



PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Presbyterian Española Hospital | 2020–2022

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DEAR COMMUNITY

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

Sincerely,



Meredith Root-Bowman, MPH MPA

Director, Community Health

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

Sincerely,



Leigh Caswell, MPH

VP, Community Health

EXECUTIVE SUMMARY

Presbyterian Healthcare Services (Presbyterian) exists 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 Española Hospital completes a Community Health Assessment (CHA) and a Community Health Implementation Plan (CHIP) every three years. The CHA describes 1) the community served, Rio Arriba 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.

Presbyterian Española Hospital partnered with the Rio Arriba Community Health Council to complete a community health assessment and identify significant community health needs. Rio Arriba County is a complex community that has many barriers and facilitators to achieving good health. Some of the barriers to good health in Rio Arriba include low numbers of primary care providers, low rates of people with insurance, high rates of poverty, high percent of homeless youth, high percent of youth obesity, and high rates of hypertension and tobacco use. Rio Arriba has similar rates of adult vaccines, cancer screenings (cervical and colorectal), poor mental health, alcohol use, and healthy weight among adults as New Mexico in general. Additionally, Rio Arriba County ranks well for environmental quality (air, water, soil) compared to other counties in New Mexico.

Assets in Rio Arriba County to improve health include the Rio Arriba Community Health Council’s “A New Normal” campaign, The Northern Rio Arriba Communities Health Coalition (NRACHC), substance use harm reduction and treatment services, Hoy Recovery Program, Law Enforcement Assisted Diversion (LEAD) program, Behavioral Health Investment Zone funding and Las Cumbres Community Services. There are training and education opportunities, the Northern New Mexico College, a Rio Arriba Community Health Council Gun Violence Task Force, teen programs, and New Mexico Department of Workforce Solutions. Rio Arriba County Health and Human Services enrolls people in health insurance and nine food pantry locations. Rio Arriba County participates in “Double Up food Bucks” Food Hub activities, and “Veggie RX”, and has many farmers growing food, to name just some of the assets.

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

1. Access to Care
2. Behavioral Health
3. Children and Youth at Risk
4. Families
5. Elders
6. Chronic Care Management
7. System Integration
8. Economic Development and Workforce Development

For 2020-2022, the Presbyterian Española Hospital community health priorities for Rio Arriba County listed in **order of priority** are:

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

The CHIP that accompanies this CHA is a comprehensive plan that Presbyterian developed with community partners to impact the prioritized health needs from the CHA. Please see the Rio Arriba 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 help of representatives from the Department of Health, the volunteer community leaders that make up each of Presbyterian's hospital Boards of Directors, community organizations, community members, and the Rio Arriba Community Health Council and its assessment lead, Anne Hays Eagan. In addition, Presbyterian would like to thank the many individuals, programs, 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, and many more. Special thanks to the Presbyterian Community Health Advisory Board for their valuable input and stewardship of this process. Presbyterian would like to thank everyone who attended community forums and provided comments, suggestions, and resources to complete this assessment. Through close and continued collaboration, Presbyterian, with the help of the Rio Arriba Community Health Council and other 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. Presbyterian Española Hospital (PEH) defines its community as Rio Arriba County, New Mexico.

PEH is located in Española, New Mexico, in the beautiful Española Valley in Northern New Mexico. PEH is an acute care hospital with 80 licensed beds, and exists to improve the health of the patients, members, and communities it serves in Northern New Mexico.

PEH has been in operation since 1948 and has been managed by Presbyterian since 1977. PEH was one of eight New Mexico hospitals to earn the 2018 HealthInsight Hospital Quality Award. HealthInsight Quality Award hospital recipients are recognized for their high performance on quality of care outcome measures and patient satisfaction. They were selected based on national rankings in three categories: the results of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey, a national survey of patients’ experience of hospital care; healthcare-associated infections; and readmissions. In addition, PEH was one of three 2018 HealthInsight Hospital Quality Award winners also recognized with HCAHPS Performance Recognition Certificates at the New Mexico Hospital Association Annual Meeting in Albuquerque on September 26, 2018. HCAHPS certificates were awarded to hospitals that demonstrated high-quality performance for providing patients with an excellent experience of hospital care.



Presbyterian Española Hospital in Española, New Mexico

In 2017, there were 384 people employed at PEH, including 46 physicians, nurses, and advanced practice clinicians. PEH offers a community diabetes resource center, a First Born Program for new parents, and home healthcare services. There is a new coumadin clinic to improve care. PEH offers Healthplex gym memberships to the community and sponsored a health fair with free flu shots and free bike helmets. Leadership at PEH volunteer at the local Chimayó Elementary School as part of Presbyterian’s Day of Service.

Process and Methods for Conducting the Assessment

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

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

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

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

Health councils serve as a convener to bring together diverse stakeholders and community members to impact health. In 2019, the passage of the County and Tribal Health Plan Act reinforces the recognition that these councils are an integral and essential part of New Mexico’s Public Health System.

In 2019, Presbyterian (PEH and Community Health), and the Rio Arriba Community Health Council partnered to conduct the community health assessment and identify community health priorities.

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

Health Indicator Prioritization

In Rio Arriba County, health priorities and strategies were determined in a number of meetings of community stakeholders organized by the health council’s contractor, Anne Hays Egan. These included a Town Hall Meeting and a Youth Summit. The Youth Summit was held on April 15, 2019 at Moving Arts Española. At the Youth Summit, stakeholders identified the top five to six ideas for organizations to collaborate on and create an action plan for each idea; discussed summer jobs and programming for 16 20-year-old youth; discussed youth summer internships, jobs and programming for 16 20-year-old youth; and discussed whether organizations were interested in expanding these programs through collaboration. The Town Hall was February 15, 2019 at PEH. At this meeting, Ms. Egan presented what had been done at past meetings and facilitated discussions on goal-setting, community needs, mapping services and gaps, community assets, and goal-setting and ranking. Questions posed to stakeholders at the Town Hall meeting included: 1) What do you see as community needs? 2) Where are services, resources and gaps? 3) What is being done to address the gaps? 4) What do you see as most important for services and resources for the next 3-5 years? 5) What needs to transpire to make those services a reality? 6) What assets does the community bring? Other meetings included Key Informant Interviews with nine community stakeholders, and six additional community meetings (held with residents of Chimayo and Tierra Amarilla, a Town Hall Interactive Discussion Meeting, a Senior Programs Lunchtime Meeting, with Hoy Recovery clients & staff, and two Advisory Committee Discussions). More than 95 people attended community meetings.

The priority areas that were identified by community members through this process, are, in no particular order:

1. **Access to Care**
2. **Behavioral Health**
3. **Children and Youth at Risk**
4. **Families**
5. **Elders**
6. **Chronic Care Management**
7. **System Integration**
8. **Economic Development and Workforce Development**

The Health Council determined eight priorities, shaped the priorities into eight goal areas, and will expand into strategies and benchmarks for work in each of these areas, and track progress within and across goal areas. The council linked these priorities to Healthy People 2020 health indicators and targets to each of the priorities and goal areas, so that the specific health indicators and benchmarks can inform the general framework of these priorities and goal areas. Their priorities also link with those of the New Mexico Department of Health, with its State Health Improvement Plan, and especially with the NM DOH Public Health Department’s broad-based focus on building community health by addressing Social Determinants and risk factors. The priorities also link well to those of the Alliance of Community Health Councils, especially in the areas of public policy, system development and funding.

2020-2022 Health Council Priorities for Rio Arriba County

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

1. Access to Care
2. Behavioral Health
3. Children and Youth at Risk
4. Families
5. Elders
6. Chronic Care Management
7. System Integration
8. Economic Development and Workforce Development



2020-2022 Presbyterian Priorities for Rio Arriba County

The top four community health priorities identified for Rio Arriba County by Presbyterian Healthcare Services and PEH listed in **order of priority** are:

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

Community Forums

FORUM DETAILS

More than 95 community members and stakeholders participated and the health council's contractor, Anne Hays Egan facilitated. As outlined in IRS requirements, the forum participants included:

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

A large number of data, notes, and ideas were captured during the forums, meetings, and interviews. For brevity only information relevant to the priority areas is included here. More information can be found in the Rio Arriba Community Health Council's Assessment document, which can be requested from the health council².

HEALTH CHALLENGES

Forum participants from Rio Arriba County recognize several and often interrelated challenges that residents face when making choices about their lifestyle and health behaviors. Below are summaries of what participants voiced about each priority area.

- **Behavioral Health:** There is limited access to mental health resources and insurance providers. Stakeholders felt that there is a lot of addiction in Rio Arriba. Youth Summit participants felt that addiction is becoming the norm. Drug overdose deaths and suicides have worsened in recent years. More outreach and treatment are needed.

² <http://www.rachc.org/>

- **Social Determinants of Health:** There are multi-generational experiences of poverty; loss of population, jobs and capital; and people feel that there is marginalization related to factors of poverty, race and ethnicity, and educational attainment. The community is seeing violence on social media, at homes, school, and street neighborhoods. Youth Summit participants felt that there is bullying and gangs. There is violence on television and in the political climate and among leaders. People felt that there is a lot of trauma, addictions, oppression, and poverty. Some perceive that individual and community problems stem from a lack of good parenting, specifically to teach accountability and consequences. There are a lack of youth programs and sports during summer and holiday breaks. There is a lack of free programs for kids. Participants felt that homelessness was an issue in Rio Arriba County.
- **Access to Care:** Participants see barriers to accessing to care and accessing insurance benefits. Much of this is due to lack of financial resources and poverty of the area. There is a need for more prevention, healthy eating, and weight maintenance programs. Forum discussion centered on the growing unmet needs and service gaps. Residents would like to see funding for linkages among providers for more comprehensive and well-integrated care in different systems.
- **Healthy Eating and Active Living:** Community members report that there is a lot of hunger in Rio Arriba County, especially in the rural communities. Gas is expensive and people living in rural communities have difficulty coming into town to purchase food.

COMMUNITY ASSETS

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

- **Behavioral Health:** Rio Arriba is participating in “A New Normal” campaign, which is led by the Rio Arriba Health Council. The objective of the campaign is to build a community that is united to support recovery and raise awareness about substance use as a chronic disease. There is the Hoy Recovery Program, which provides outpatient and residential treatment services. Presbyterian Medical Services provides substance use treatment service as well as El Centro Family Health. There is La Clinica del Pueblo del Rio Arriba which provides counseling, parenting classes, and outpatient services. Additionally, district attorneys, public defenders and law enforcement are working on a Law Enforcement Assisted Diversion (LEAD) program to get people who have been charged with low-level drug charges into treatment instead of jail. There is Behavioral Health Investment Zone funding to support funding and treatment. For pregnant women there is intensive case management with Las Cumbres, FIT program and other supports.
- **Social Determinants of Health:** Participants suggested that parenting classes in pre-kindergarten could be an opportunity for decreasing violence. Classes could teach accountability and healthy relationships. Stakeholders felt other opportunities could be to offer de-escalation training and coordinating and advertising wrap-around services in the community. Another opportunity could be early childhood intervention programs to promote social emotional learning and creative base learning. Violence reduction strategies centered on enforcement of gun laws. There is a Rio Arriba Community Health Council Gun Violence Task Force. Participants also felt that respect, trust, connection and non-judgement could facilitate improving health. Opportunities to facilitate that include introducing more Trauma-informed education and holding voluntary surrender of weapons events. Stakeholders also felt that increasing partnerships with faith-based communities and offering services for elders/grandparents are opportunities for improvement. The economy and individual opportunities for economic growth are major determinants of all other health opportunities and outcomes. New Mexico Department of Workforce Solutions has workforce development goals and the Northern Area Local Workforce Board has also set specific targets. Assets that may aid in this are programs to keep at risk teens in school including Rio Arriba County Youth Services Program, YMCA Teen Center, “NCCBS” (North Central Community Based Services in Chama, NM).

- **Access to Care:** The percent of people with health insurance has increased slightly in the past couple of years, which may be due to outreach and enrollment programs through PEH and the Rio Arriba Community Health and Human Services. A program at Rio Arriba County Health and Human Services enrolled just under 2,000 people in health insurance programs in the past three years. PEH is increasingly seen as the “go-to” resource for people in the community and region and works in close partnership with other providers and the community.
- **Healthy Eating and Active Living:** There are a number of assets to increase food security in Rio Arriba County including nine food pantry locations, including the Ojo Sarco food pantry, Santa Fe Food Depot, and the San Martin de Porres Soup Kitchen in Española. The Food Depot partners with the Santa Fe Farmers Market for produce donations. Española Farmer’s Markets are offering “Double Up food Bucks” where patrons can double their Supplemental Nutritional Assistance Program (SNAP) benefits when buying produce from the Farmer’s Markets. Rio Arriba County Health and Human Services also provides access to healthy food for families through partnership with local organizations. People can get access to healthy, affordable, fresh foods through the Farmer’s Market, Food Co-Op, Food Hub activities, and “Veggie RX.”

POSSIBLE STRATEGIES

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

BEHAVIORAL HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
A New Normal	Stigma
Medication Assisted Treatment	Lack of resources
LEAD program	
Behavioral Investment Zone programs	
Treatment for pregnant women	

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Parenting classes	Multi-generational experiences of poverty
Education and training (e.g. de-escalation and trauma-informed care)	Violence
Gun Violence Task Force	Lack of youth programs
Programs for youth (RIO ARRIBA COUNTY YOUTH SERVICE PROGRAM, Teen Center, NCCBS)	

Incorporating Community Input into Presbyterian Plans

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

ACCESS TO CARE	
Interventions to Support and Expand	Gaps or Areas for Improvement
Insurance enrollment program	Lack of access to providers and insurance
Community engagement at PEH	

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support and Expand	Gaps or Areas for Improvement
Food pantries	Access to food, transportation
Double Up Food Bucks	Poverty
Veggie Rx	

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 B](#).

Information Gaps in Assessment

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

if they qualify because of their immigration status and fear of deportation, but that this was not measured. Lastly, some concepts that communities wanted to prioritize are difficult to quantify, such as racism and social justice, but are incorporated as part of the assessment discussion, where applicable.

State Health Status

New Mexico ranks 35th for health in the United States (Figure 1), as calculated by the United Health Foundation³. 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

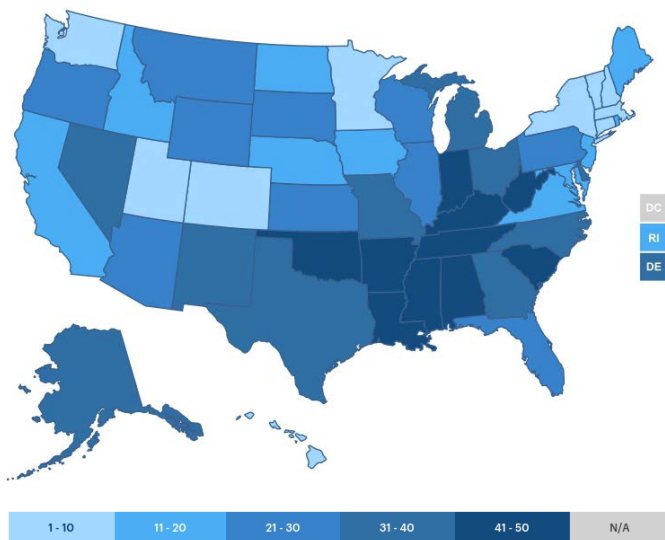


Figure 1. America's health rankings by state, United States, 2018

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

³ United Health Foundation. America's Health Rankings Annual Report 2018 (2018). Available at: https://assets.americashealthrankings.org/app/uploads/2018ahrannual_020419.pdf. Accessed April 29, 2019.

According to the NMDOH's State of Health Report⁴, health status in New Mexico is complex, with many assets but also places for improvement. For the first time in many years, life expectancy in the United States has decreased over the last two years, mainly due to drug overdose, suicide and Alzheimer's disease. New Mexico's life expectancy has decreased even more precipitously than the United States (a decrease of 0.3 years) due to drug overdose, motor vehicle injuries, heart disease, and infant mortality. New Mexico has lower death rates than the United States for heart disease and cancer, but higher rates for unintentional injuries (e.g., drug overdose, motor vehicle injuries, and older adult falls). New Mexico also has substantially higher death rates than those of the United States for suicide and for cirrhosis and chronic liver disease, which is primarily due to alcohol use. Compared to other states, New Mexico has seen an increase in suicide rates between 1999-2016 (Figure 2).

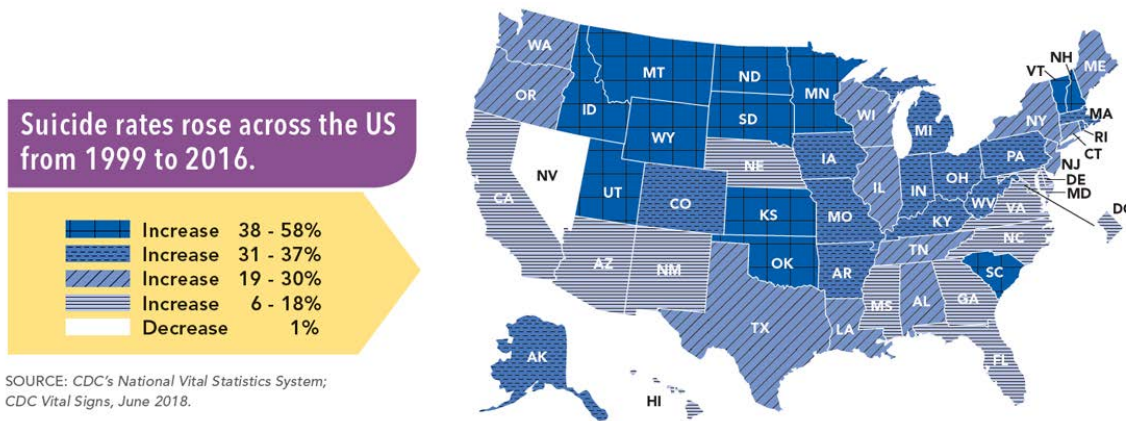


Figure 2. Changes in suicide rates by state, United States, 1999-2016

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

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

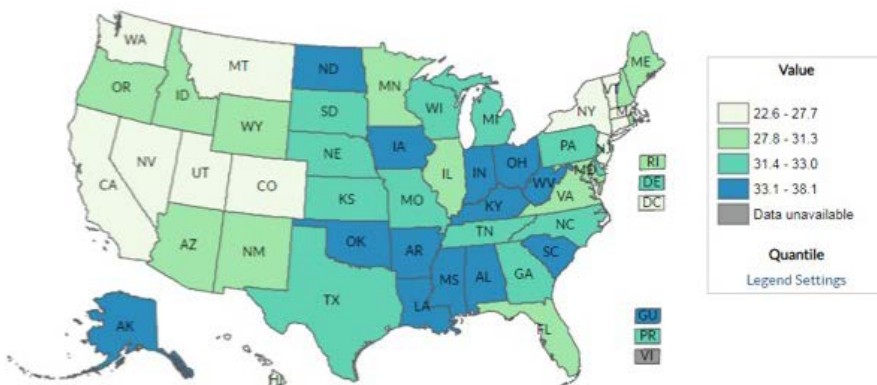


Figure 3. Percent of adults aged 18 years and older who have obesity by state, United States, 2017

Source: 2017 Behavioral Risk Factor Surveillance System

⁴ New Mexico Department of Health, the State of Health in New Mexico (2018). Available at: <https://nmhealth.org/publication/view/report/4442/>. Accessed April 29, 2019.

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

In the NMDOH 2017-2019 Strategic Plan⁵, the state health department sets the following health priorities:

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

Health Equity

Addressing equity in healthcare systems is a vital piece of community health. According to the Robert Wood Johnson Foundation, health equity means that everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and the lack of access to good jobs with fair pay, quality education and housing, safe environment, and health care⁶. According to the Health Equity in New Mexico report⁷, 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.⁸

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

Additionally, mental health is a continuing area of focus for the LGBTQ+ community. In 2015, about half of lesbian, gay, bisexual, and not sure youth surveyed by the NM YRRS reported feeling sad or hopeless and had higher rates than their straight counterparts for non-suicidal self-harm and suicide attempts, with bisexual youth having the highest rates.

⁵ New Mexico Department of Health, FY17-FY19 Strategic Plan (2019). Available at: nmhealth.org/publication/view/plan/2229/. Accessed April 29, 2019.

⁶ 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.

⁷ 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.

⁸ 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.

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.⁹

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.¹⁰

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

Older Adults, Elders, and Aging New Mexicans

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

In 2016, 12.4% of adults aged 65+ reported that they were experiencing cognitive decline, which was relatively higher than other states participating in the survey module (Figure 4). This is likely an underestimate, as the survey only asks community-dwelling adults and the information is self-reported. For those with worsening memory problems, 58.2% say it has created functional difficulties (i.e. caused them to give up day-to-day activities and/or interfered with work or social activities).¹¹

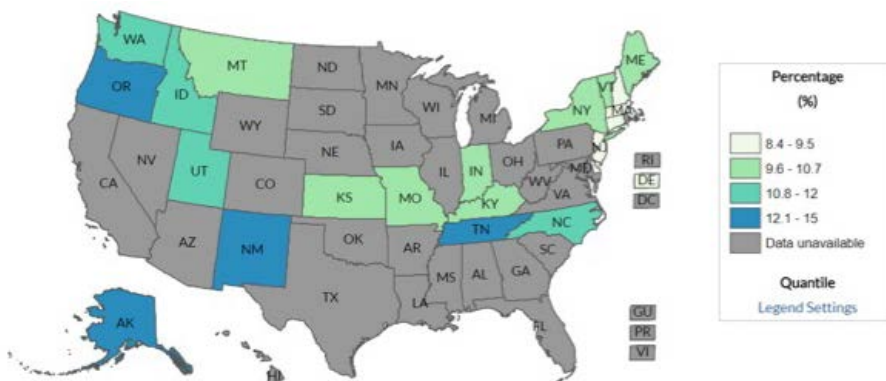


Figure 4. Percentage of older adults who reported subjective cognitive decline or memory loss that is happening more often or is getting worse in the preceding 12 months, United States, 2016.

Source: 2016 Behavioral Risk Factor Surveillance System

⁹ 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.

¹⁰ New Mexico Department of Health. 2017 NM-YRRS Results: Gender Identity. NM-YRRS Connections Report. September 2018. 5(4).

¹¹ 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-%20202016%20Cog%20BRFSS%20Fact%20Sheet.pdf>. Accessed May 2, 2019.

During the assessment process, it came to light that the health councils and Presbyterian were less familiar with state-level resources to promote healthy aging. Therefore, Community Health invited Dr. Janice Knoefel, from The University of New Mexico Memory and Aging Center, and Tracy Wohl, of the New Mexico Aging and Long-Term Services Department, to present a webinar to Community Health staff and interested health councils. The webinar was held on April 30, 2019 and was attended by at least four of the ten health councils Presbyterian works with as well as a number of Community Health staff and community health workers and New Mexico Department of Health Staff. The presentations were also sent out to health councils that could not attend. Dr. Knoefel presented on the increase in dementia among older adults; what dementia looks like; prevention measures for dementia, including increasing healthy eating (especially leafy greens, nuts, and fish), decreasing alcohol consumption, increasing sleep, and increasing physical activity; screening options for dementia; and treatment and management of dementia. Ms. Wohl then presented on community-level strategies that communities can incorporate into their plans to promote healthy aging, including the New Mexico State Dementia Plan 2017 Update; training for caregivers by the Alzheimer’s Association (“Savvy Caregiver Training”); the CDC’s Healthy Brain Initiative’s State and Local Public Health Partnerships to Address Dementia, The 2018- 2023 Road Map¹²; the Administration for Community Living’s “Brain Health and Aging: The Basics”¹³; the National Council on Aging; and the “Dementia Friendly America” initiative¹⁴, 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.¹⁵

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.¹⁶ As reported later in this report, unintentional injuries are the third leading cause of death for both New Mexico and the United States. In their report, UIHI highlights that murder is the third leading cause of death among American Indian/Alaska Native Women nationwide and that New Mexico has the highest number of cases of missing and murdered indigenous women of the states assessed (Figure 5).

¹² Centers for Disease Control and Prevention. Healthy Brain Initiative. Available at: <https://www.cdc.gov/aging/healthybrain/roadmap.htm>. Accessed May 2, 2019.

¹³ Administration for Community Living. Brain Health: You can make a difference! Available at: <https://acl.gov/node/293>. Accessed May 2, 2019.

¹⁴ Dementia Friendly America. Available at: www.dfamerica.org. Accessed May 2, 2019.

¹⁵ 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.

¹⁶ 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.

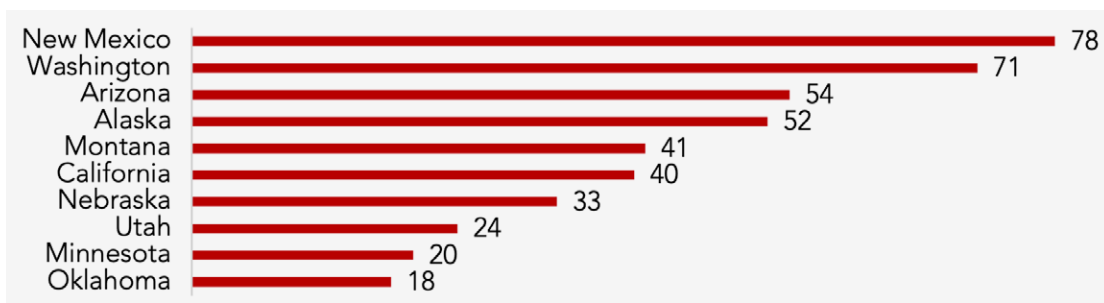


Figure 5. Number of Cases for the Top 10 States with Highest Number of Missing and Murdered Indigenous Women Cases

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%).¹⁷ 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.¹⁸

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.

¹⁷ 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.

¹⁸ Centers for Disease Control and Prevention, Disability and Health Data System (DHDS). New Mexico - 2017. Available at: https://www.cdc.gov/ncbddd/disabilityandhealth/dhds/index.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fncbddd%2Fdisabilityandhealth%2Fdhs.html. Accessed: August 19, 2019

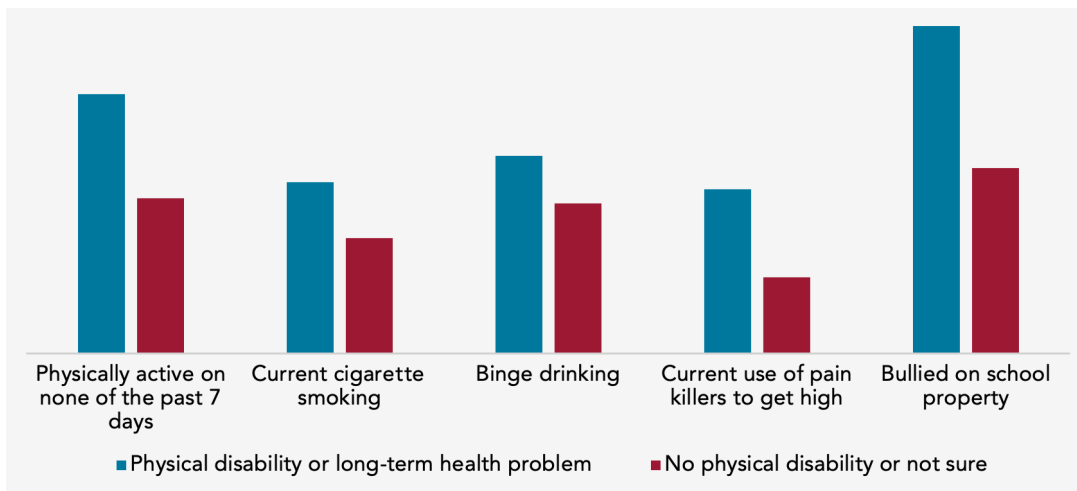


Figure 6. Risk behaviors by physical disabilities among high school students, New Mexico

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

Social Determinants of Health

Clinical care (access and quality of healthcare) accounts for only 20% of the health outcomes for a given population. The other eighty percent of health outcomes (80%) are impacted by health behaviors, social and economic factors, as well as physical environment. Social determinants of health (SDOH) are the conditions in which people are born, grow, live, work and age. They may enhance or impede the ability of individuals to attain their desired level of health.¹⁹

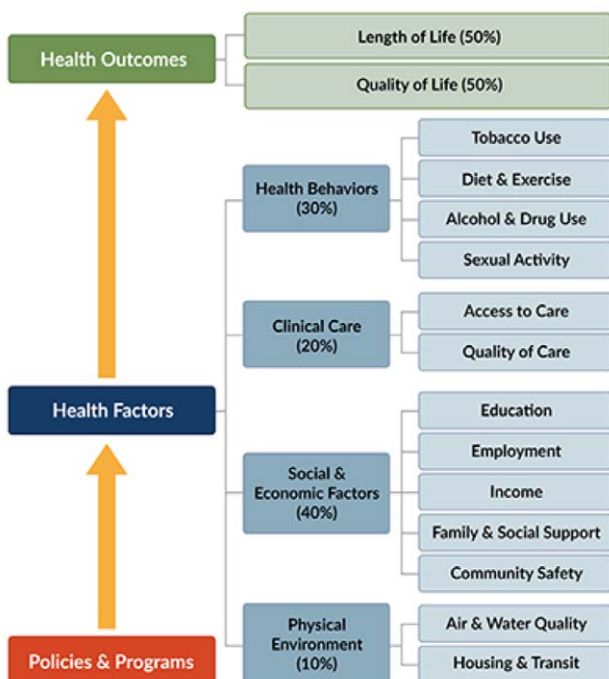


Figure 7. County Health Rankings Model

Source: County Health Ranking 2018

¹⁹ County Health Rankings and Roadmaps (2018) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/county-health-rankingsmodel>. Accessed: August 23, 2019.

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

Health Inequities among People without Health Insurance

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

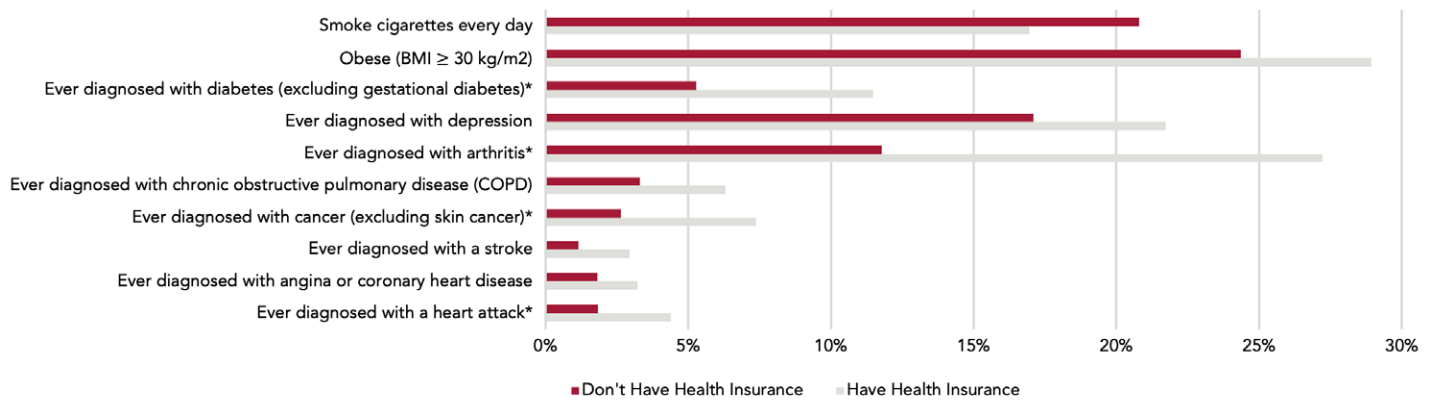


Figure 8. Health indicators by insurance status, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 New Mexico Behavioral Health Risk Factor Surveillance System

Health Inequities Among People Who Are Low-Income

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

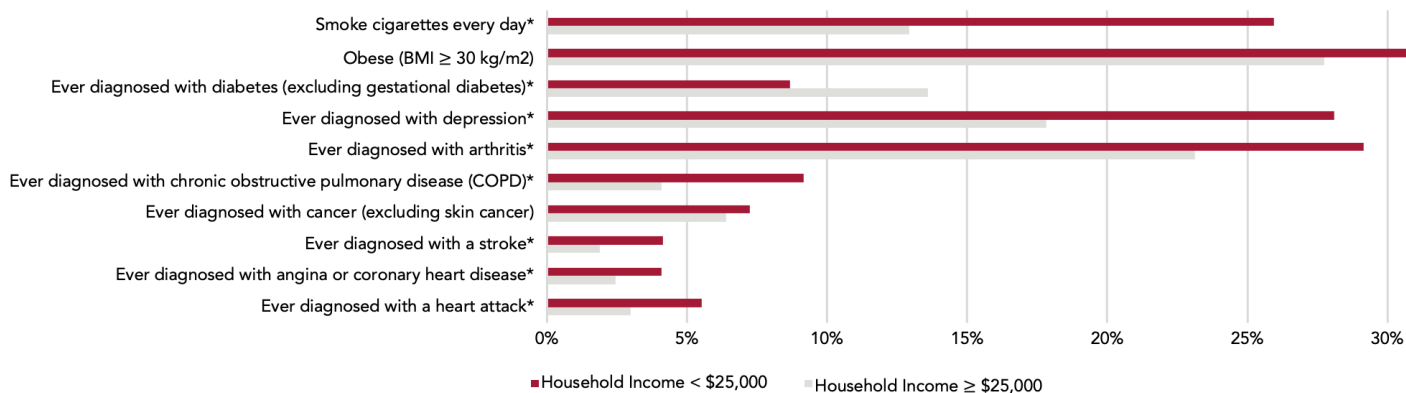


Figure 9. Health indicators by annual household income, New Mexico, 2017

*Statistically different (confidence intervals do not cross)

Source: 2017 New Mexico Behavioral Health Risk Factor Surveillance System

Social Determinants of Health Initiatives in Healthcare

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

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

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

Source: Accountable Health Communities, Bernalillo County

In the first year of implementation of the project (2018), 45.7% of Medicaid/Medicare community-dwelling beneficiaries who completed the AHC screening tool (screening for the five core social needs) reported having at least one need. Of the unique beneficiaries screened, 13.8% were stratified as high-risk (having at least one health-related social need and two or more emergency department visits in the past 12 months), thus qualifying for custom navigation to community resources by one of the Community Health Workers to help resolve their needs. Of those who were identified as high risk, 13.2% have accepted navigation services and are currently receiving personalized navigation by a Community Health Worker. 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 Secretary²⁰. 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 2023²¹. 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 2019²².

Description of Community Served - Rio Arriba County

According to U.S. Census 2018 estimates, there are 39,006 people living in Rio Arriba County. There are 6.9 people per square mile living in Rio Arriba County (2010 Census Summary File). The county seat of Rio Arriba is the unincorporated community of Tierra Amarilla, which has a population of 799 (2017 ACS 5-year). The largest city in Rio Arriba County is Española, which is also partially in Santa Fe County. According to the U.S. Census, the top industries in Rio Arriba County include: health care and social assistance, accommodation and food services, retail, trade, ambulatory health care services, food services and drinking places, restaurants and other eating places, accommodation, and traveler accommodations.²³

DEMOGRAPHICS

A total of 51.0% of the population of Rio Arriba County is female and 71.4% of the population is Hispanic (2017 ACS 5-year). The majority of people in Rio Arriba identify as white (Figure 10). However, 26.1% of people identify as some other race, 17.3% identify as American Indian or Alaska Native, 1.1% identify as black or African American, 0.6% identify as Asian, and 0% of people identify as Native Hawaiian/Pacific Islander.

²⁰ 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

²¹ 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

²² 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.

²³ 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.

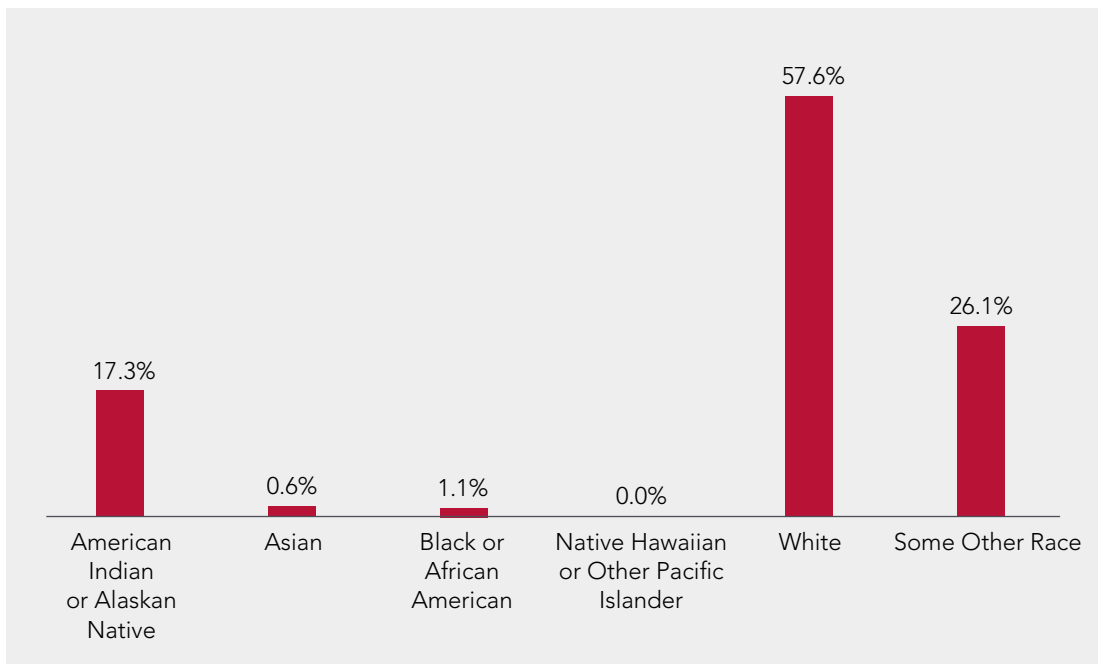


Figure 10. Race alone or in combination with one or more races, Rio Arriba County by percentage

Source: 2017 ACS 5-year estimates

Rio Arriba County has a similar percent of youth < 15 years of age than the United States (19.1%) (2017 ACS 5-year). Most people in Rio Arriba are working age 25-44 or 45-64 years of age (Figure 11). The percent of people over the age of 65 years is slightly lower for the United States (14.9%) than for Rio Arriba (17.4%).

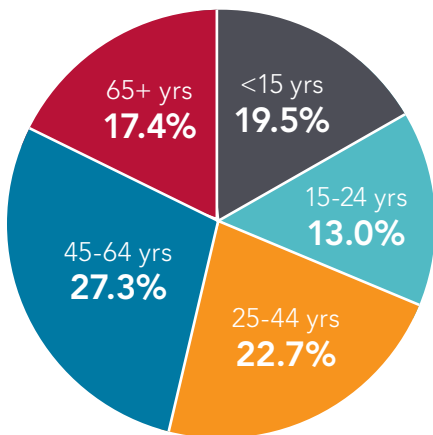


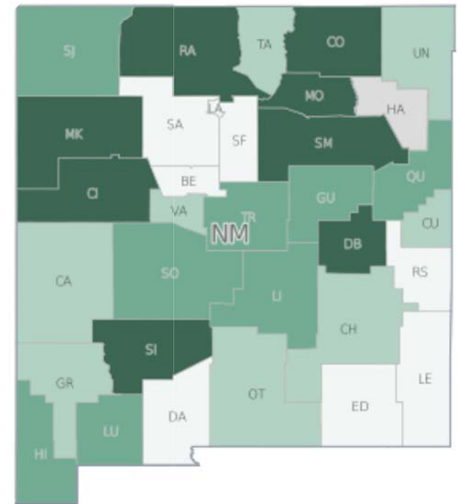
Figure 11. Percent of age group, Rio Arriba County

Source: 2017 ACS 5-year estimates

In Rio Arriba County, people were more likely to speak a language other than English at home (61.2%) compared to the United States (21.3%) (2017 ACS 5-year). A total of 12.6% of people in the United States had a disability (e.g., hearing, vision, cognitive, ambulatory, self-care, or independent living difficulty). This was lower the percent of people living with a disability in Rio Arriba (15.3%). The mean income in Rio Arriba County was \$33,422 (2017 ACS 5-year).

County Health Status

Rio Arriba’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 low compared to other counties in New Mexico. The health outcome ranking for Rio Arriba County is 31 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.²⁴

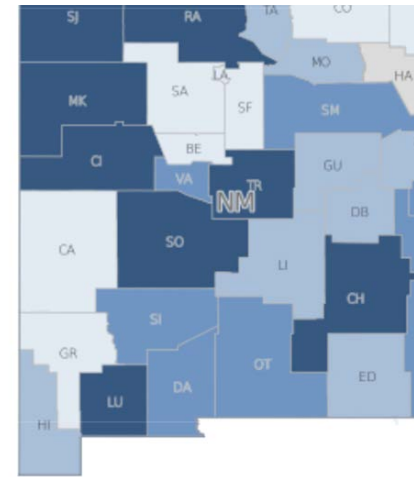


RANK 1 - 8 9 - 16 17 - 24 25 - 32 NOT RANKED (NR)

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

Source: 2019 County Health Rankings & Roadmaps

Robert Wood Johnson Foundation’s County Health Rankings & Roadmaps also summarizes and ranks county health factors. The health factor ranking measure is based off a county’s health factors (tobacco use, diet and exercise, alcohol use, drug use, and sexual activity), clinical care (access to care and quality of care), social and economic factors (education, employment, income, family and social support, and community safety), and the physical environment (air and water quality, housing and transit). Rio Arriba County ranks 27 out of 32 counties (one county is not ranked).



RANK 1 - 8 9 - 16 17 - 24 25 - 32 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>)

²⁴ 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 data²⁵. Rio Arriba County has fewer primary care providers for their population size compared to the state, but a similar number of mental health providers to population (Table 2).

		RIO ARRIBA COUNTY	NEW MEXICO
	Number of Providers	Ratio of Population to Providers	Ratio of Population to Providers
Primary Care	15	2,670:1	1,340:1
Mental Health	191	210:1	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. Rio Arriba County had a higher percent of people who are uninsured than New Mexico and the U.S. overall (Figure 14).

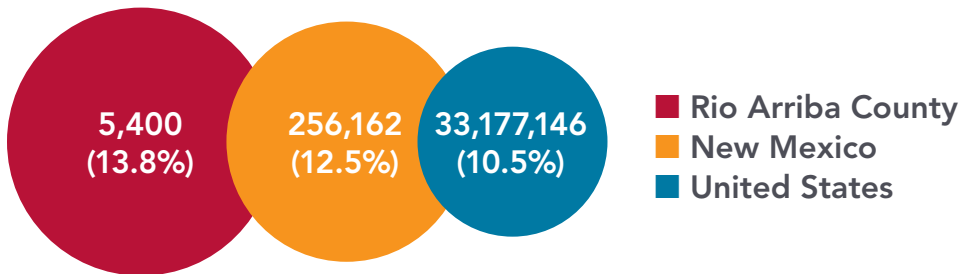


Figure 14. Number and Percent of the Population Who Do Not Have Health Insurance

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. Rio Arriba County has a 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 both New Mexico and the United States (Figure 15).

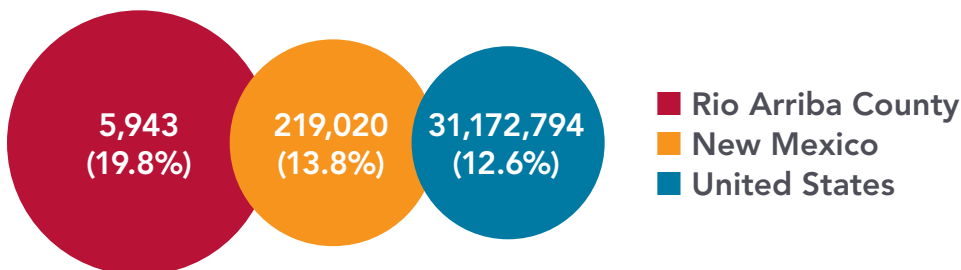


Figure 15. Number and Percent of Adults who Went Without Health Care Because of Cost

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

²⁵ County Health Rankings. Ratio of population to primary care physicians. Available at: <http://www.countyhealthrankings.org>. Accessed May 6, 2019. Note: For primary care providers, data for the ratios were collected from American Medical Association, American Hospital Association, US Census Bureau, Centers for Medicare & Medicaid Services, Bureau of Labor Statistics, and National Center for Health Statistics. The American Medical Association maintains the Physician Masterfile, which contains information on nearly all the Doctors of Medicine and Doctors of Osteopathic Medicine in the nation. For mental health providers, the ratios were calculated using 2018 data from the NPI Registry

Medicaid is publicly funded medical insurance. Medicaid provides health coverage to eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by New Mexico and is funded by New Mexico and the federal government. New Mexico was one of 37 states that opted to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). After this change, the uninsured rate fell more than 50%, compared to 40% nationally²⁶. Rio Arriba County had a higher percent of people on Medicaid than the U.S. and New Mexico (Figure 16).

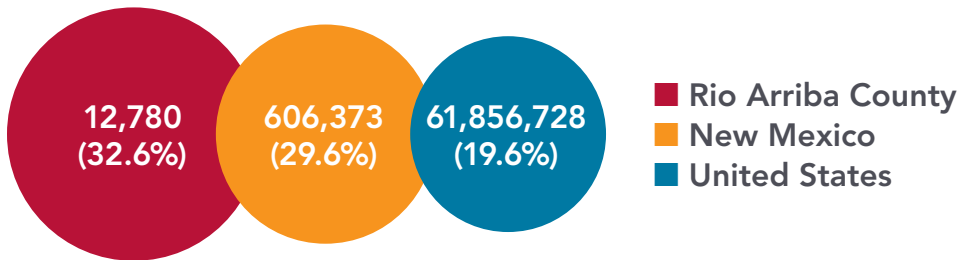


Figure 16. Number and Percent of Insured Population Receiving Medicaid

Source: 2017 ACS 5-year estimates

63% OF MOTHERS INITIATED PRENATAL CARE IN THE 1ST TRIMESTER IN RIO ARRIBA COUNTY

Rio Arriba has a similar rate of preventable hospitalizations among Medicare recipients than New Mexico. In Rio Arriba, there are 3,579 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees versus 3,212 in New Mexico (2019 Community Health Ranking & Roadmaps).

Prenatal care is the health care a person gets while pregnant. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular, recommended prenatal care reduces the risk of pregnancy-related complications for the mother and infant and increases a woman’s chances of having a healthy baby at full term. In Rio Arriba County, 63.0% 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 Rio Arriba County is similar to that in New Mexico but lower than in the United States.

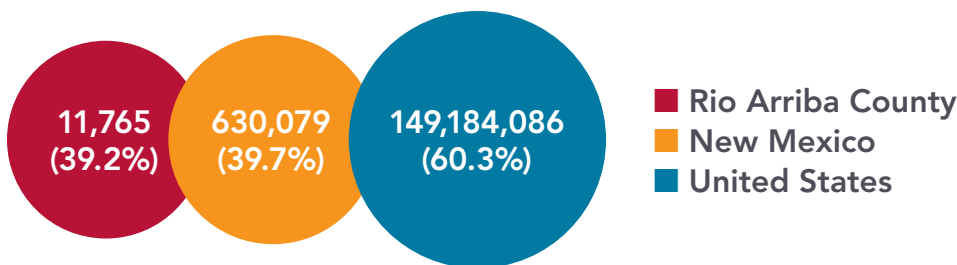


Figure 17. Number of Percent of Adults who Received a Flu Vaccine in the Past Year

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

²⁶ Healthinsurance.org, Medicaid, New Mexico. New Mexico and the ACA’s Medicaid expansion. Available at: <https://www.healthinsurance.org/new-mexico-medicaid/>. Accessed May 5, 2019.

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

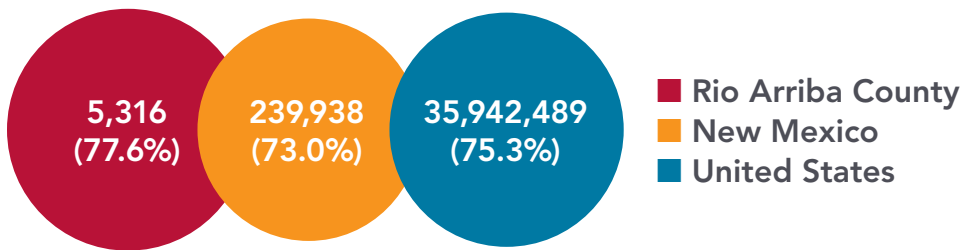


Figure 18. Number and Percent of Adults aged 65+ who Received a Pneumococcal Vaccine

Source: 2017 BRFSS; 2017 ACS 5-year estimates (65+ population)

Cancer is the second leading cause of death in New Mexico. Regular screening can prevent breast, cervical, and colorectal cancers early. “Screening” means checking for cancer before a person has symptoms. It is recommended that women age 50-74 get a mammogram every two years to screen for breast cancer. The prevalence of women who are up-to-date for this recommendation is lower in Rio Arriba than in New Mexico and the United States (Figure 19).

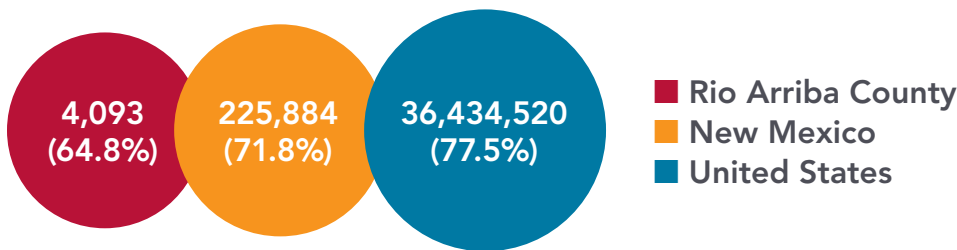


Figure 19. Number and Percent of Women aged 50-74 who have had a Mammogram in the Past Two Years

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 screening²⁷. A total of 80.3% of women aged 21-65 have had a Pap smear in the past three years in Rio Arriba County compared to 78.0% in New Mexico²⁸.

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 colonoscopy²⁹. It is recommended that adults aged 50-75 should be screened for colorectal cancer. Duration of screening depends on the test. A total of 60.1% of adults were up-to-date for colorectal cancer screening in Rio Arriba County compared to 60.8% in New Mexico³⁰.

²⁷ 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.

²⁸ NM-IBIS, Behavioral Risk Factor Surveillance System, 2012-2016 (County), 2016 (NM)

²⁹ 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.

³⁰ NM-IBIS, Behavioral Risk Factor Surveillance System, 2012-2016 (County), 2016 (NM & US)

Presbyterian Utilization in Rio Arriba County

From January 2018 to December 2018 Presbyterian served 18,688 patients through outpatient and primary care services, 2,052 through inpatient services, and 15,742 patients in the emergency department.

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

NUMBER OF PATIENTS BY COUNTY OF ORIGIN IN NEW MEXICO							
Type of Service	Total # of Patients	Rio Arriba	Santa Fe	Los Alamos	Taos	Sanoval	San Miguel
Outpatient/ Primary Care	18,688	12,034	3,144	470	1,703	314	79
Emergency Department	15,742	10,920	2,930	137	875	92	47
Inpatient	2,052	1,422	334	31	194	7	4

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

Source: 2018 Presbyterian Services Data for Santa Fe County

In the last year (January 2018 to December 2018), 15,742 patients were seen at the Presbyterian Española Hospital emergency department and approximately 5,931 of those patients utilized the ED two or more times that year. Fourteen percent (14%) of patients utilizing the emergency room had five or more visits to the ER in the last year. Nine patients visited the ER between 20 and 49 times in one year (Table 4).

	TOTAL PATIENTS VISITING ED	2+ VISITS	5+ VISITS	20-35 VISITS
Number	15,742	5,931	819	9
Percent	100%	38%	14%	1%

Table 4. Patient Utilization at Presbyterian Española Hospital Emergency Department 2018

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

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

1. Encounter for medical clearance examination for jail
2. Viral upper respiratory tract infection
3. Abdominal pain, generalized
4. Acute urinary tract infection
5. Chest pain, not otherwise specified
6. Viral syndrome
7. Influenza
8. Abdominal pain, epigastric
9. Alcohol intoxication
10. Cough

Social Determinants of Health – Rio Arriba

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

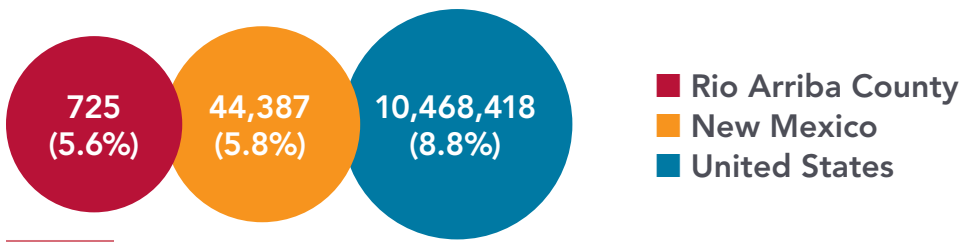


Figure 20. Number and Percent of Households with No Vehicle

Source: 2017 ACS 5-year estimates

Employment and poverty can have profound impacts on a person’s health, both directly (e.g., access to work-based insurance, paying for health care bills) and indirectly (e.g., stress from financial strain, feelings of hopelessness). Rio Arriba County has a higher unemployment rate among people aged 16 years or more than New Mexico and the United States (Figure 21).

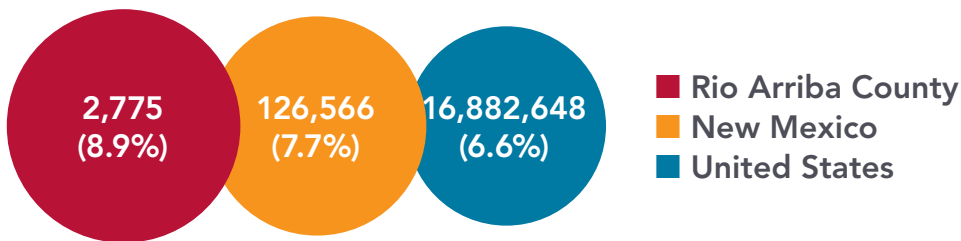


Figure 21. Number and Percent of People aged 16+ who are Unemployed

Source: 2017 ACS 5-year estimates

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

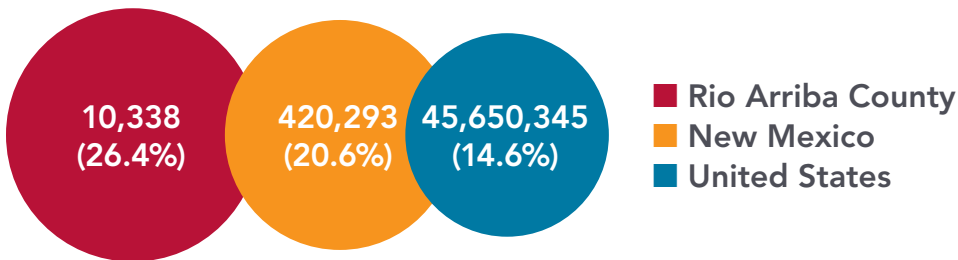


Figure 22. Number and Percent of People Living in Poverty

Source: 2017 ACS 5-year estimates

“MORE THAN ONE IN THREE CHILDREN IN RIO ARRIBA COUNTY LIVE IN POVERTY.”

Children are more likely to be living in poverty than the general population. Rio Arriba County has a higher percent of children living in poverty compared to people in New Mexico and the United States (Figure 23).

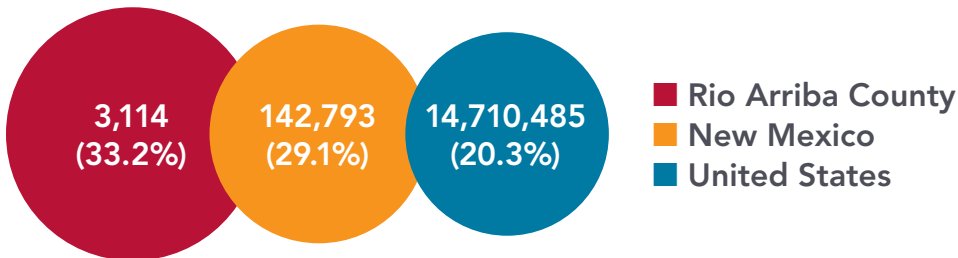


Figure 23. Number and Percent of Children (Aged <18 years) Living in Poverty

Source: 2017 ACS 5-year estimates

14.2% OF HIGH SCHOOL STUDENTS LIVE IN UNSTABLE HOUSING IN RIO ARRIBA COUNTY

The New Mexico Department of Health defines unstable housing (e.g., homelessness) among youth as living 1) with a friend, family member, or other person because the student had to leave their home, or their parent or guardian cannot afford housing; 2) in a shelter or emergency housing; 3) in a motel or hotel; or 4) in a car, park, campground, or other public place. Students are also considered to be unstably housed if they stated that they did not have a usual place to sleep or any other option besides in a home with their parent or guardian. In Rio Arriba County, 14.2% of high school students (grades 9-12) lived 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 larger percent of households in Rio Arriba County access SNAP than in the United States but the percent is smaller than in New Mexico.

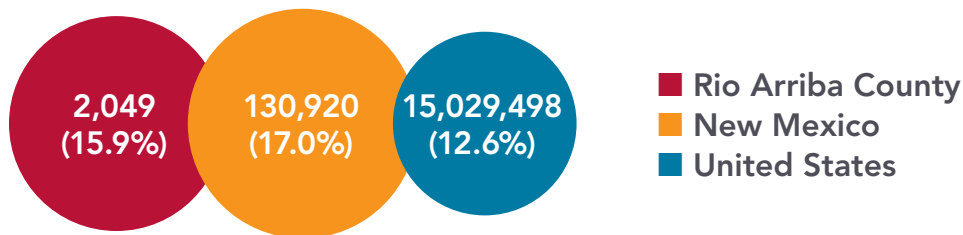


Figure 24. Number and Percent of Households Accessing SNAP

Source: 2017 ACS 5-year estimates

The United States Department of Agriculture (USDA) assesses access to healthy foods in communities. This is defined as the percent of population who do not live close (1 mile in urban areas or 10 miles in rural areas) to a grocery store. An estimated 20,049 people, or 49.8% of the population in Rio Arriba County do not have access to healthy food. Additionally, an estimated 9,115 people or 22.6% of the population in Rio Arriba County did 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 Rio Arriba County was -0.4957. This means that Rio Arriba County had better environmental quality than many 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.

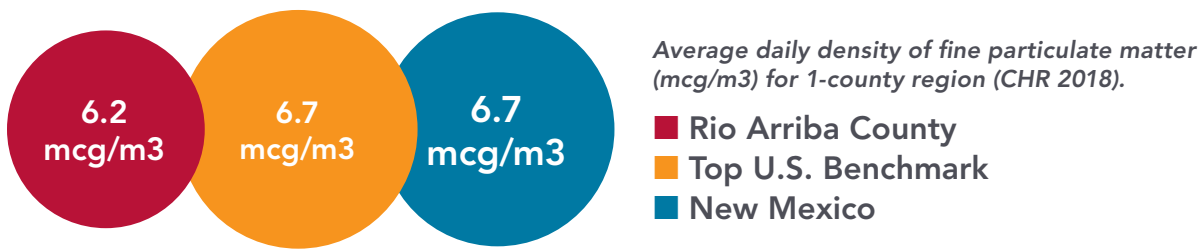


Figure 25. Air Pollution Fine Particulate Matter (PM 2.5)

Source: Community Commons.org

Health Factors

In Rio Arriba County, about 1 in 4 (26.6%) high school students ate five or more servings of fruits and vegetables every day, compared to 19.9% for the state³⁴. Adults in Rio Arriba were slightly less likely to eat five or more fruits and vegetables per day (13.7%) 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 Rio Arriba County had breakfast every day. This was slightly lower than the percent for the state in general and lower than the percent for the United States (Figure 26). Programs such as school breakfast programs can improve the percent of students eating breakfast every day. Student participation in the School Breakfast Program is associated with higher academic grades and standardized test scores, reduced absences, and improved memory³⁶.

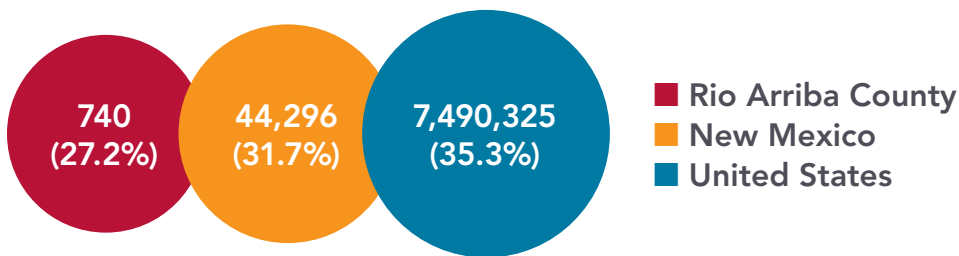


Figure 26. Number and Percent of High School Students Eating Breakfast Every Day

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

Physical activity is important for normal growth and development and reduces the risk of chronic diseases conditions such as heart disease and cancer. Increasing physical activity can also improve mental health and 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 Rio Arriba County were slightly less 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 RIO ARRIBA COUNTY HAVE BREAKFAST EVERY DAY ”

³⁴ 2017 NM YRRS

³⁵ NM-IBIS: 2017 BRFSS

³⁶ 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.

³⁷ Centers for Disease Control and Prevention. Physical Activity. Physical Activity Basics. <https://www.cdc.gov/physicalactivity/basics/index.htm>. Accessed August 23, 2019.

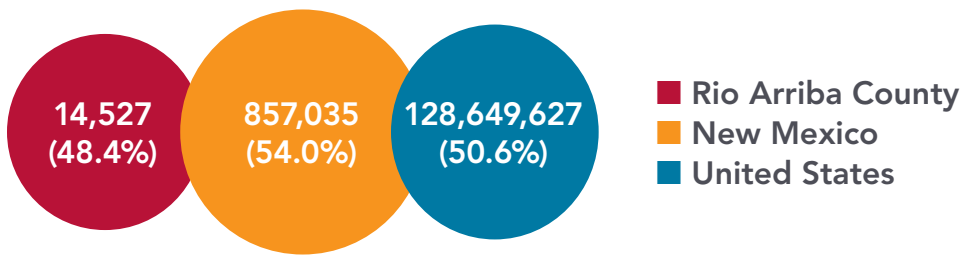


Figure 27. Number and Percent of Adults Meeting Physical Activity Recommendations

Source: NM-IBIS, 2017 Behavioral Risk Factor Surveillance System 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 Rio Arriba County were slightly less likely to be physically active than youth in the rest of the state and slightly more likely than the United States. However, less than a third of students were physically active every day, suggesting that there is still room for improvement.

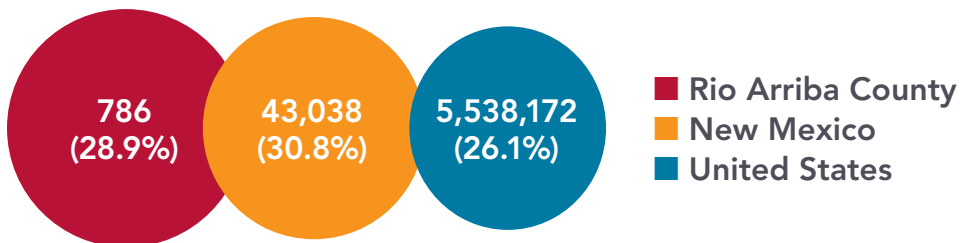


Figure 28. Number and Percent of High School Engaging in Physical Activity Every Day

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 with which to begin conversations about healthy eating and physical activity. BMI is a person's weight in kilograms divided by the square of their height in meters. A BMI of 18.5 to 24.9 is generally considered to be a healthy weight range. Adults in Rio Arriba County were slightly more likely to be at a healthy weight than adults in New Mexico or the United States (Figure 29).

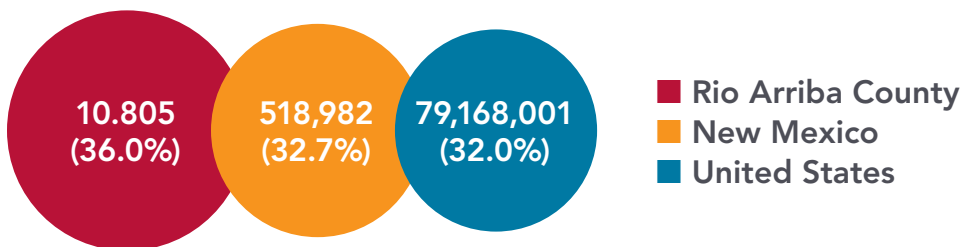


Figure 29. Number and Percent of Adults at a Healthy Weight

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

The percent of adults who are a healthy weight in Rio Arriba County has increased slightly (22.4%) from 29.4% in 2011 to 36.0% in 2015-2017 (Figure 30).

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.

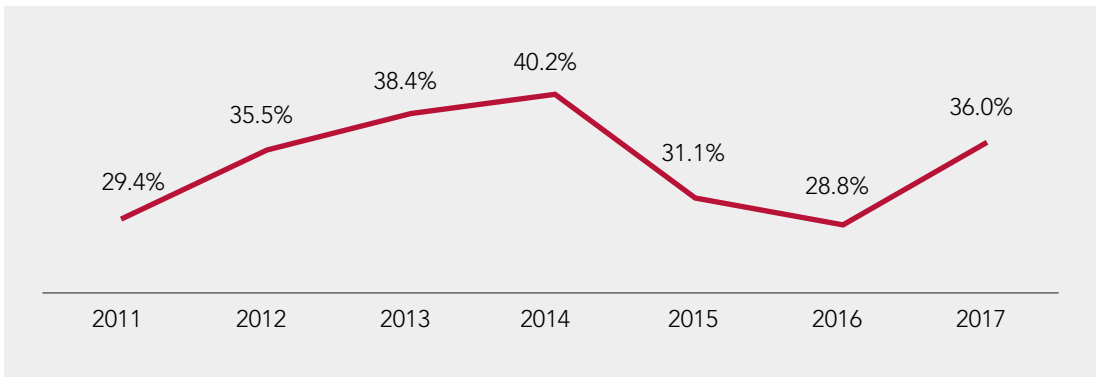


Figure 30. Percent of Adults Who Are at a Healthy Weight

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. Rio Arriba County’s childhood obesity prevalence is slightly higher than the state and the United States (Figure 31).

	NUMBER	PERCENT (%)
Rio Arriba County	454	16.7%
New Mexico	21,379	15.3%
United States	3,140,419	14.8%

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

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

Risk factors for asthma attacks include exercise, respiratory infections, and exposure to environmental factors such as allergens, tobacco smoke, and indoor and outdoor air pollution. Air pollution can make asthma symptoms worse and trigger asthma attacks. People with asthma are more likely to have symptoms when ozone and particle pollution (types of air pollution) are in the air⁴². In 2016, there were 54.5 emergency department visits for asthma per 10,000 population (age-adjusted) in Rio Arriba 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 Rio Arriba 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.

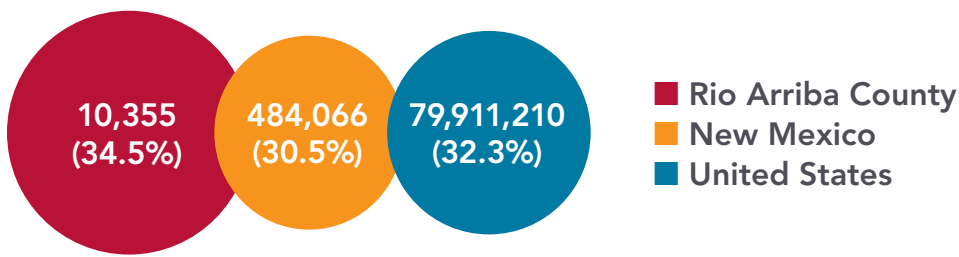


Figure 32. Number and Percent of Adults with Diagnosed High Blood Pressure

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2013-2017 for county, 2017 for state and national) 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 Rio Arriba County was slightly higher than the prevalence in New Mexico or the United States.

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

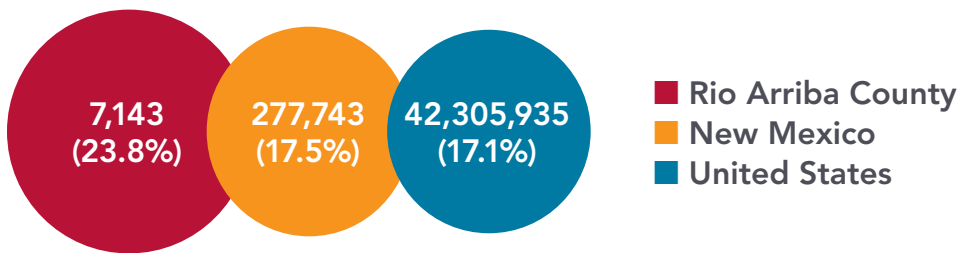


Figure 33. Number and Percent of Adults who Smoke Cigarettes

Source: NM-IBIS, Behavioral Risk Factor Surveillance System (2015-2017 for county, 2017 for state and national) 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 Rio Arriba County (55.5%, which is approximately 1,510 total students) is higher than the prevalence of tobacco use among high school students in the state (33.8%, which is approximately 47,230 high school students)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 was lower in Rio Arriba 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 5-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.

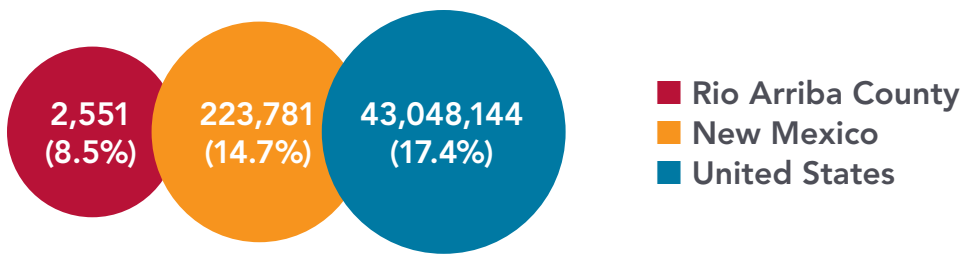


Figure 34. Number and Percent of Adults who Binge Drink

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

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

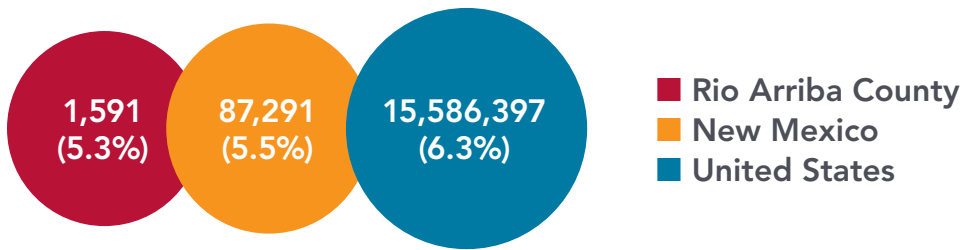


Figure 35. Number and Percent of Adults who Drink Heavily

Source: NNM-IBIS, 2017 Behavioral Risk Factor Surveillance System 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 was lower in Rio Arriba County than in New Mexico and the United States (Figure 36).

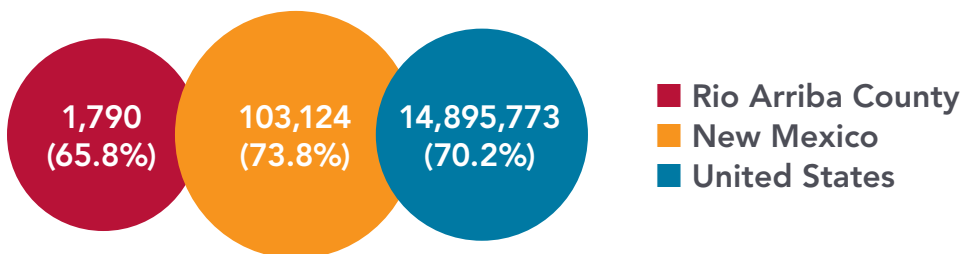


Figure 36. Number and Percent of High School Students Who Do Not Currently Drink

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

New Mexico has the highest alcohol-related death rate in the United States⁴⁸. Alcohol-related death includes 54 causes of death determined by the CDC⁴⁹. The most common cause of alcohol-related death in New Mexico is chronic liver disease. Rio Arriba county has remained fairly stable for the past ten years. The rate has decreased 3.7% between 2007 and 2017 from 124.7 to 120.1 in Rio Arriba County. 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.

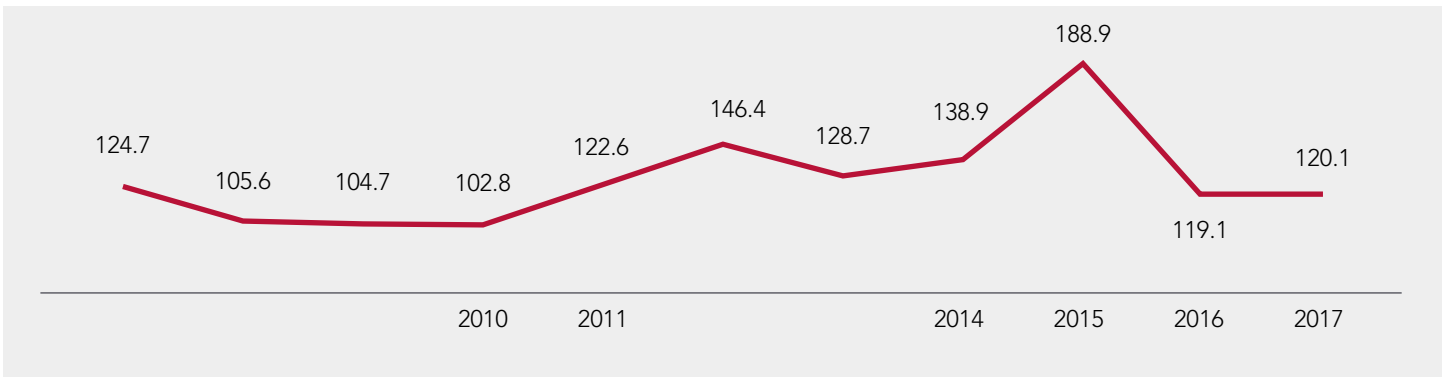


Figure 37. Age-Adjusted Alcohol-Related Deaths per 100,000 Population

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 Rio Arriba County was 5.4% (an estimated 147 high school students) and the prevalence of methamphetamine use among high school students was 6.0% (an estimated 163 high school students)⁵¹. Deaths due to drug overdose have gathered increased attention nationally. In New Mexico, the drug overdose rate has plateaued after a sharp increase, largely due to prescription opioids. In Rio Arriba County, the rate of drug overdose deaths has increased from 49.1 deaths per 100,000 in 2007 to 90.9 in 2017 (Figure 38).



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

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

Mental health is an important part of a person’s overall health. Poor mental health and mental illness (e.g., depression and anxiety) are not the same. A person can have poor mental health and not have a mental illness diagnosis. Mental illness, especially depression, can increase a person’s risk for chronic conditions such as stroke, type 2 diabetes, and heart disease⁵². Rio Arriba County has a similar prevalence of adults who report that they had 14+ poor mental health days in the past 30 days than New Mexico in general (Figure 39).



⁵¹ 2017 NM YRRS & 2017 ACS 5-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.

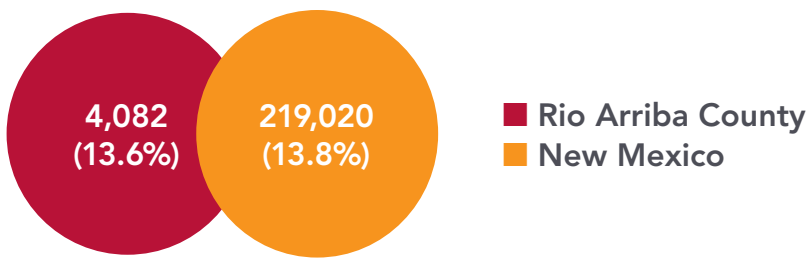


Figure 39. Number and Percent of Adults who had 14+ Poor Mental Health Days in the Past 30 Days

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

The prevalence of high school students (grades 9-12) who reported persistent feelings of sadness and hopelessness in Rio Arriba was slightly higher than the prevalence for New Mexico and the United States (Figure 40).

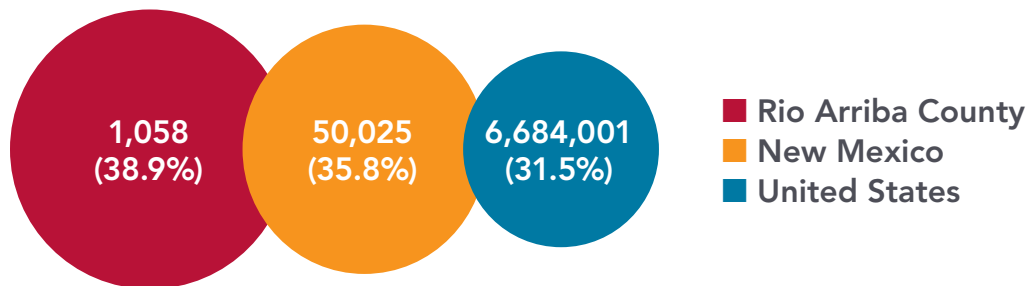


Figure 40. Number and Percent of High School Students Who Report Persistent Feelings of Sadness and Hopelessness

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

Sexual violence is any sexual activity where consent is not freely given. Survivors may experience chronic pain, headaches, and sexually transmitted diseases. They are often fearful or anxious and may have problems trusting others. Promoting healthy and respectful relationships can help reduce sexual violence⁵³. A total of 12.1% of high school students have been sexual assaulted in Rio Arriba 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 Rio Arriba County, there were 176 substantiated cases of child abuse from July 2017 to June 2018 compared to 6,479 cases statewide.⁵⁵

High school students in Rio Arriba generally report slightly lower resiliency factors than students in New Mexico overall (Figure 41). Resiliency factors act as “protective” factors that may help prevent youth from engaging in risky sexual, drug, or violent behavior. They may also help reduce poor health outcomes and reduce likelihood or impacts of traumatic experiences.

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>. Assessed August 23, 2019.

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

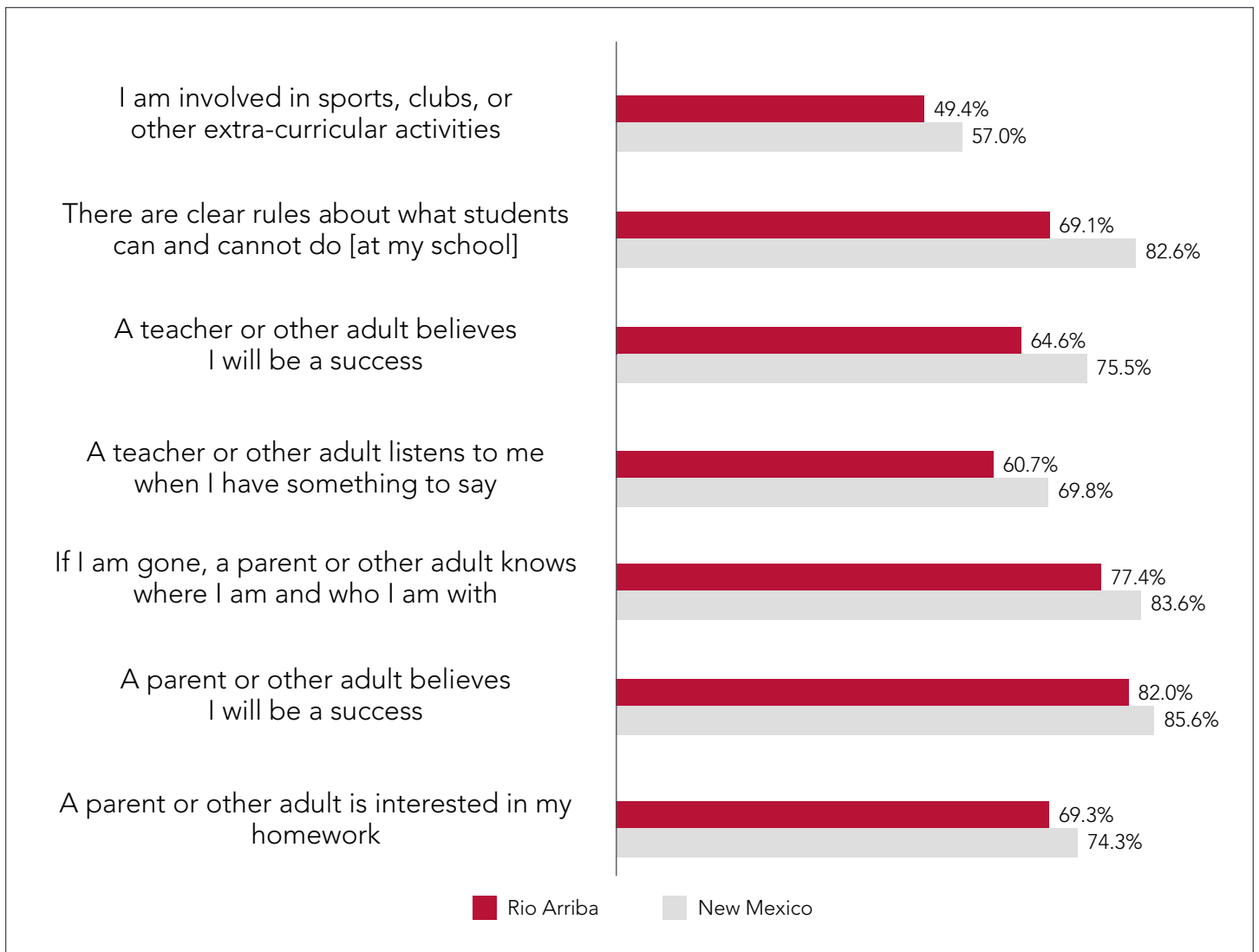


Figure 41. Resiliency/Protective Factors among High School Students (Responded “Very Much True” or “Pretty Much True” to the Following Statements), New Mexico and Rio Arriba County

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 Rio Arriba County was similar to the state and the United States (Figure 42).

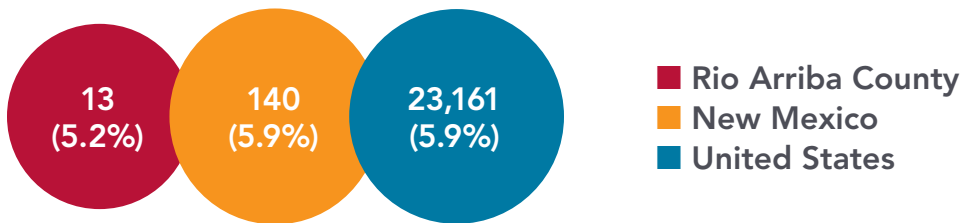


Figure 42. Infant Mortality Number and Rate (deaths per 1,000 births)

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

The five leading causes of death in Rio Arriba County for 2017 are listed in Table 6. The leading causes of death for Rio Arriba County are similar to those for New Mexico with the exception of chronic liver disease and cirrhosis.

RIO ARRIBA COUNTY	RANK	NEW MEXICO
Cancer	1	Heart disease
Heart Disease	2	Cancer
Unintentional injuries	3	Unintentional injuries
Cerebrovascular disease (stroke)	4	Chronic lower respiratory diseases (asthma, COPD, etc.)
Chronic lower respiratory diseases (asthma, COPD, etc.) and chronic liver disease and cirrhosis (tied for 5th cause)	5	Cerebrovascular disease (stroke)

Table 6. Leading Causes of Death

Source: NM-IBIS: 2017 Death Certificate Data

Table 7 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 277 deaths from heart disease in 2013-2017 in Rio Arriba County, an average of 55 deaths a year.

CAUSE OF DEATH	NUMBER OF DEATHS (5-YEARS)	DEATHS PER 100,000 POPULATION (AGE-ADJUSTED)
Heart Disease	277	147.2
Cancer	278	139.3
Unintentional Injuries	349	133.6
Alcohol-related death	296	121.7
Chronic lower respiratory diseases (asthma, COPD, etc.)	158	89.9
Diabetes	151	69.9
Cerebrovascular disease (stroke)	89	36.7
Suicide	93	36.4
Chronic liver disease	81	32.6
Alzheimer's disease	51	26.9
Influenza and pneumonia	55	23.0
Drug overdose	50	21.0
Homicide	18	9.5

Table 7. Number and Rates of Selected Causes of Death, Rio Arriba County

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

For the first time in recorded history, life expectancy in the United States is decreasing, while countries around the world continue to see an increase in life expectancy. Life expectancy is defined as the average expected number of years of life remaining from a given age, within a given population and is based on current mortality experience of people in the same population. The life expectancy from birth for Rio Arriba County is 75 years, and Rio Arriba County is currently ranked 28 out of 33 counties. Life expectancy is lower in Rio Arriba County than in neighboring Santa Fe County, Taos County, Los Alamos County, Sandoval County, and San Juan County⁵⁶.

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 C** 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.

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



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

Potential and Continuing Resources

In addition to the many health service and social service resources present in Rio Arriba County – see [Appendix D](#) for a resource guide/list – there are a number of assets and resources available in the county to address health needs. Some of these resources and community-based organizations are in positions to augment local efforts to improve health. Some of these resources and organizations include the Food Depot, which delivers food to Rio Arriba County, the Farmers’ Market in Española, Rock Christian Fellowship, and St. Martin de Porres Soup Kitchen, which are all food-related resources identified in the community. There are several mental and behavioral health resources in Rio Arriba County, including PHS Española Hospital, El Centro Family Health, La Clinica del Pueblo, Las Clinicas del Norte, Presbyterian Medical Services, Hoy Recovery Center, Inside Out Peer Recovery, and Delancey St. Foundation on the Ohkay Owingeh reservation. Other organizations that provide social services, community programming, and other health related initiatives throughout the region include the NM Crisis Center in Española, Workforce Development Offices, and senior centers throughout the county. Additionally, resources can be found in the Share New Mexico online resource directory and the RACHC Directory, found here www.rachc.org/category.php.

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

Health councils and Center for 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, key informant interviewees, forum participants, and those unable to attend forums were encouraged to contact Presbyterian Community Health with any additional comments and input. Additional input on the detailed implementation plans was gathered from the Rio Arriba Community Health Council contractor and New Mexico Department of Health representatives.

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

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

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RIO ARRIBA HEALTH COUNCIL (MARCH 13, 2019)

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Blue Cross Blue Shield

Elisa Lucero

Operation Kids First

Roger Montoya

Moving Arts

Amber Leich

Rio Arriba County

Rex Davison

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Care Net de Espanola

Ambrose Baros

Hoy Recovery Program

Al Duran

Rio Arriba County Seniors

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Maura Taylor

SELF HELP

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Teresa Naranjo

Library

Anna Vargas

EPS Schools

Kathryn MacDavitt**Lupe Salazar**

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Shaia D'Ourso

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Aaron Martinez

Moving Arts Espanola

Denipah Cook

Moving Arts Espanola

Roger Montoya

Moving Arts Espanola

A large number of persons who gave input and participated in interviews and discussion groups did not provide their names. Some of these were patients at recovery treatment centers and youth.

APPENDIX B: 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 C: 2016 – 2019 COMMUNITY IMPLEMENTATION PLAN DASHBOARD

Rio Arriba 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 Rio Arriba County residents	
Increase access to healthy food for youth and families in Rio Arriba County <ul style="list-style-type: none"> ■ Assess the feasibility of offering CYFD At-Risk and Summer feeding program through the PEH hospital cafeteria ■ Continue participation in the Food Council ■ Support local procurement and farming education efforts ■ Increase availability of fresh produce to rural, urban and native communities in Rio Arriba County 	G
Increase use of Rio Arriba County Farmers’ Markets and Food Coop <ul style="list-style-type: none"> ■ SNAP 2 for 1 and other incentives 	G
Support cooking and nutrition education to Rio Arriba County residents for youth and adults <ul style="list-style-type: none"> ■ Support organized groups both in and outside of Española that provide nutrition, wellness, cooking, and farming education and programs 	Y
Active Living - Increase physical activity for Rio Arriba County residents	
Support increased physical activity through access to trails <ul style="list-style-type: none"> ■ Support efforts to expand and connect existing walking trails to Presbyterian Española Hospital 	G
Support organized groups in Rio Arriba County that encourage and educate about active living and health <ul style="list-style-type: none"> ■ Develop, map, and publicize trails ■ Engage providers in referring patients to utilize wellness trails 	G
Prevention of Unhealthy Substance Use – Prevent the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances	
Support positive youth development <ul style="list-style-type: none"> ■ Support initiatives to address needs of grandparents raising grandchildren ■ Support farming education for young people ■ Support home visiting programs for parents and families 	G
Build relationships with Christus St. Vincent Hospital, New Mexico Department of Health, the Santa Fe County Health Policy and Planning Commission and other local entities to support healthy eating, active living, prevention of unhealthy substance use, and other health priorities identified by these entities and unaddressed directly by this plan	Y

Rio Arriba County Community Health Plan 2016-2019 Community Health Implementation Evaluation

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

APPENDIX D: OTHER SOURCES OF HEALTH SERVICES

MEDICAL	MENTAL AND BEHAVIORAL HEALTH	SPECIALTY CARE/OTHER
PHS Hospital, Espanola (Regional)	PHS Hospital, Espanola	Las Cumbres Early Childhood (FIT)
El Centro Family Health (FQHC) Multi-Site throughout RAC	El Centro Family Health (FQHC) Multi-Site throughout RAC	Dream Tree Project Shelter & Transitional Housing for Youth (Regional)
La Clinica del Pueblo (FQHC) Tierra Amarilla	La Clinica del Pueblo (FQHC) Tierra Amarilla	NNM Crisis Center (Domestic Violence), Espanola
Las Clinicas del Norte (FQHC) El Rito	Las Clinicas del Norte (FQHC) El Rito	RAC Senior Centers (9 Senior Centers throughout the Region)
Public Health Department	Presbyterian Medical Services (FQHC) - Valley Behavioral Health, Espanola	Workforce Development Offices (Northern Area Local Workforce Board) (Regional)
Children's Medical Services	Hoy Recovery Center, Espanola	PHARMACIES
Jicarilla Emergency Medical Services	Inside Out Peer Recovery	El Centro Family Health (FQHC) Multi-Site throughout RAC
Abiquiu Elementary School Based Clinic (run by Las Clinicas del Norte)	Delancey St. Foundation (Ohkay Owingeh)	Walgreen's Pharmacy, Espanola
Carlos Vigil Middle School Based Clinic (run by El Centro)	DENTAL	Fairview Pharmacy, Espanola
Escalante High School Teen Wellness Center, Tierra Amarilla	El Centro Family Health (FQHC) Multi-Site throughout RAC	Garcia Pharmacy, Espanola
Espanola School Based Clinic (run by El Centro)	La Clinica del Pueblo (FQHC) Tierra Amarilla	Bestcare Pharmacy, Espanola
Santa Clara IHS Clinic	Las Clinicas del Norte (FQHC) El Rito	CVS Pharmacy, Espanola
OTHER SOCIAL/ COMMUNITY SERVICES	Santa Clara IHS Clinic	Rio Drugs, Chama
Northern New Mexico College (Regional)	FOOD RESOURCES	Wal-Mart, Espanola
McCurdy School	Food Depot (based in Santa Fe, serves RAC)	
Income Support Division	Farmer's Market, Espanola	
North Central Community Based Services (NCCBS), Chama	Rock Christian Fellowship, Espanola	
Hands Across Cultures	St Martin de Porres Soup Kitchen, Espanola	
Barrios Unidos		
TEWA Women United		
More Listed in RACHC Directory		

Listings provided by Rio Arriba County Health Council