



# PRESBYTERIAN HEALTHCARE SERVICES COMMUNITY HEALTH ASSESSMENT (CHA)

Socorro General Hospital | 2020–2022

 **PRESBYTERIAN**

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## DEAR COMMUNITY

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

Sincerely,



Meredith Root-Bowman, MPH MPA  
Director, Community Health

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

Sincerely,



Leigh Caswell, MPH  
VP, Community Health

## EXECUTIVE SUMMARY

Presbyterian Healthcare Services (Presbyterian) exists to improve the health of the patients, members, and communities we serve. We are committed to improving the health of the communities in which we operate. To that end, and in compliance with Internal Revenue Services (IRS) regulations, Presbyterian Socorro General Hospital completes a Community Health Assessment (CHA) and a Community Health Implementation Plan (CHIP) every three years. The CHA describes 1) the community served, Socorro 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](http://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.

Socorro General Hospital partnered with the Socorro County Health Council to complete a community health assessment and identify significant community health needs. According to the 2018 State of Health in New Mexico Report, there has been good progress for some health outcomes (e.g., heart disease and cancer) in the state, but that there is still more work to be done for injury, substance use (drug use and alcohol use), and psychological care.

Socorro County is a complex community that has many barriers and facilitators to achieving good health. Some of the barriers to good health in Socorro include low numbers of primary care and mental health care providers, high rates of poverty, and high rates of hypertension and tobacco use. Socorro has similar rates of fruit and vegetable consumption, obesity, and alcohol consumption, and poor mental health (i.e. feelings of sadness and hopelessness) as New Mexico in general. Some facilitators to good health in Socorro County include relatively low unemployment, high resiliency among youth, and relatively low infant mortality rates. Additionally, Socorro County ranks well for environmental quality (i.e., air, water, soil) compared to other counties in New Mexico.

Assets in Socorro County to improve health include the Free Healthy Meals for Kids program, as well as the many community based programs at Socorro General Hospital including: First Born Socorro, Infant Mental Health Services, the Heritage Program, and more. The wider county also has walking and recreation areas, suboxone providers, Girls Circle, the Teen/Youth Center, Workforce Solutions, and quality home health services.

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

1. Healthy Eating
2. Active Living
3. Prevention of Unhealthy Substance Use
4. Mental/Behavioral Health
5. Social Determinants of Health
6. Access to Care

For 2020-2022, the Socorro General Hospital community health priorities for Socorro 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 Socorro County CHIP on our website [www.presbyterian.org](http://www.presbyterian.org) for detailed goals, intervention strategies, and resources Presbyterian has committed for 2020-2022 in order to improve the health of the community we serve.

## ACKNOWLEDGEMENTS

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

# COMMUNITY HEALTH ASSESSMENT

For the purposes of the Community Health Assessment and the implementation plan, Presbyterian Healthcare Services (Presbyterian) has generally defined the “community” of each hospital as the county in which the hospital is located. Socorro General Hospital (SGH) defines its community as Socorro County, NM.

SGH is a general, acute care hospital located in Socorro, NM about 70 miles south of Albuquerque, NM. As a not-for-profit hospital with 24 licensed beds, SGH exists to improve the health of the patients, members and communities it serves in southern New Mexico.



*Socorro General Hospital in Socorro, NM*

In 2017, Presbyterian employed more than 223 people in Socorro and provided almost \$17 million in employee salaries, wages and benefits. SGH houses a full-service TriCore laboratory, offers free flu shot clinics, monthly Child Safety Seat classes, Circle of Security Parenting classes, and infant mental health services. SGH offers a home visitation program for pregnant and parenting families and participates in Socorro County events, including the Maze of Life, Child Find and back-to-school and senior health fairs. SGH has recently purchased new vascular ultrasound equipment and successfully recruited five new clinicians. Home Health Care received three awards from HealthInsight New Mexico: the 2017 Quality Award for excellence in clinical quality and patient care, a Certificate of Excellence in Quality Improvement, and a Home Health Consumer Assessment of Health Care Providers and Systems (HCAHPS) Recognition Certificates for top 25 percent national ranking.

SGH’s quality and values are made possible through a partnership between the County of Socorro, a local Board of Trustees, and Presbyterian, which has owned and managed hospital operations since 1976. Because SGH is owned by the community it serves, it is governed and guided by community leaders including business owners, government and administrative officials, and medical professionals who serve on the Community Board of Trustees. The not-for-profit structure and community-based governance ensures healthcare resources are adapted to best meet the community’s healthcare needs.

## Process and Methods for Conducting the Assessment

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

In 2016, Presbyterian designated a Community Health department with a focus on community improvement. The department is staffed by individuals with public health experience, including expertise in the field of epidemiology. Community Health supports the nine hospitals to complete, report, implement, and evaluate assessments and plans.



*Health indicator voting, Socorro County*

Presbyterian 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 communities<sup>1</sup>.

<sup>1</sup> 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 (SGH and Community Health), and the Socorro County Health Council partnered to conduct the community health assessment and identify community health priorities.

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

The meetings were attended by representatives of the health council, the hospital, the New Mexico Department of Health, Socorro County Prevention Coalition, Magdalena Schools, NMSU extension services, NMT Counseling, and community members (e.g., the mayor of Magdalena). See Appendix A for full list of participants.



*Stakeholder Responses to a Vision for a Healthy Socorro County*

## Health Indicator Prioritization

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



*Stakeholders at the Socorro County Indicator Prioritization*

1. **Healthy Eating**
2. **Active Living**
3. **Prevention of Unhealthy Substance Use**
4. **Mental/Behavioral Health**
5. **Social Determinants of Health**
6. **Access to Care**

## Community Forum

The Community Forum for Socorro County was conducted at the Magdalena Village Hall in Magdalena, NM on April 18, 2019, to gain insight into the barriers, opportunities, and potential strategies for achieving the stated priorities.

Sixteen community members participated and the director and project coordinator from Presbyterian Community Health facilitated. As outlined in IRS requirements, the forum participants included:

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

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

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

### HEALTH CHALLENGES

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

- **Behavioral Health:** Availability of resources continues to be an issue in this community. There are very few inpatient options for mental health care, resulting in the need to send acutely ill mental health patients to other communities hundreds of miles away. There is also a lack of outpatient mental health services, psychiatry services, nurse practitioner psychiatry, general access to care for providers and a lack of counseling appointment opportunities, especially in the more rural parts of the county. Additionally, stigma plays a part in people accessing existing mental health services due to previous negative experiences with providers. Licensure for new providers is also a barrier. There is a lack of resources for treatment and prevention of substance use in Socorro County. Lack of medication management, education, and lack of proper medication disposal have contributed to prescription misuse and overdoses. Youth and adults have few treatment or mental health options and self-medicate with substances. There is a lack of medication-assisted treatment providers with openings, lack of access to medication and an issue with frequency of use limits with insurance and a lack of transportation to facilities both in and out of county that provide the needed services to address substance use disorder in Socorro County.
- **Social Determinants of Health:** Transportation remains an ongoing issue in Socorro County. Access to healthcare is low in the county, and specialist care is usually found in larger cities that require reliable transportation. Patient assistance in transportation was identified as a major contributor to the transportation gaps. Medicaid will pay for medical transportation, but the community reports that drivers do not assist patients into or out of the vehicles and will refuse a trip if the patient needs too much (or any, in some cases) assistance from their door to the van.
- **Access to Care:** Lack of access to all kinds of care within Socorro County was identified as a major area of concern for forum participants. There is a general lack of providers for primary care and mental health and the majority of the providers are in Socorro, the largest town in the county. Forum participants noted that towns like Magdalena, which has roughly a population of about 882 people (2017 US Census Bureau estimate) has only one primary care provider and sits nearly 30 miles from Socorro. In addition to lack of providers was a lack of walk-in appointment slots available, so people would have to schedule primary care appointments weeks in advance or visit the Emergency Department (ED) for urgent and emergent needs due to lack of urgent cares. Insurance was also identified as an access to care issue: people with high deductible plans are less likely to go to a doctor unless the illness progresses to the point where they must seek care. Lastly, health literacy was identified as a need in the community.



- **Healthy Eating and Active Living:** This was identified as an area of importance in Socorro County. The group identified lack of access to be a major barrier to eating healthy food. One thing the group pointed out that was working was the Free Healthy Meals for Kids program at Socorro General Hospital, where free healthy meals are given to kids. There is not enough available information on how to identify and prepare nutritious foods. The community is aware that overweight, obesity, and diabetes are community problems, but it is difficult for community members to change their behavior. The participants in the forum identified a lack of sidewalks and bike trails, and limited entertainment venues contribute to barriers in engaging in outdoor activities. While there are many hiking trails in the county, they are not accessible to everyone either due to transportation needs or lack of mobility. There is little education on how to exercise to get results and a misconception that activity will be harmful when you have a chronic health condition.

## 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:** Systems exist in the community and can be supported to build capacity, which include mentors, faith community, Girls Circle, Teen/Youth Center, and Breaking the Silence. Additionally, psycho-social rehabilitation at Socorro Mental Health, behavioral health assessments, and referrals between Roots counseling create additional assets in the community. While stigma plays a role in individuals with substance use disorder seeking treatment, there are two Suboxone providers each at both Presbyterian Healthcare Services and Presbyterian Medical Services. There are additional behavioral health and medication assisted treatment providers and several prevention programs in the county. There are also support systems in the county that can be maximized including peer support specialists, community health workers, and the faith community.
- **Social Determinants of Health:** One asset the forum participants identified related to their main social determinants of health concern (transportation) was potential collaborations with the City of Socorro bus system, which could become a partner in overall strategies aimed at addressing transportation issues. Additionally, Workforce Solutions in Socorro provides gas cards to individuals to support transportation needs.
- **Access to Care:** There are several assets around access to care identified by forum participants. Increasing programming around prevention, including a specific suicide prevention grant, can increase the availability to some form of care. Home health aides, physical therapists, and care coordinators through health insurance are additional assets seen in Socorro County to help in the care continuum.
- **Healthy Eating and Active Living:** One of the community assets identified around healthy eating is the Free Healthy Meals for Kids program at Socorro General Hospital. The program serves healthy meals to children under 18 who visit the hospital cafeteria, and often caters to large groups who bus kids to the hospital to receive free meals. While there is lack of resources that cater to people of all means, Socorro County does have a significant amount of nature trails that foster outdoor recreation. Additionally, there are organizations and individuals who are committed to increasing access to those; for example, the Mayor of Magdalena has plans for a walking trail around Village Hall.

## POSSIBLE STRATEGIES

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

BEHAVIORAL HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Youth Mental Health First Aid	Lack of Education
School-based health centers/counseling	Stigma
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Lack of knowledge of resources
Community support workers	Provider recruitment/certification registration and costs
Community collaborations of care – a faith community model	Lack of treatment
Peer Support Specialists in emergency department	Peer and provider stigma
Teen Diversion Court	
Resource awareness	
Anti-stigma marketing	

SOCIAL DETERMINANTS OF HEALTH	
Interventions to Support and Expand	Gaps or Areas for Improvement
Gas cards	Lack of transportation to appointments, market, etc. – medical and non-medical transportation
City bus system	Transportation to City of Socorro from Alamo, Magdalena, or Veguita

ACCESS TO CARE	
Interventions to Support and Expand	Gaps or Areas for Improvement
Extend primary care hours	Access to primary care providers
Presbyterian Insurance to cover transportation	Access to medical appointments
Bilingual community health workers	Health literacy, insurance enrollment

HEALTHY EATING AND ACTIVE LIVING	
Interventions to Support and Expand	Gaps or Areas for Improvement
Free Healthy Meals for Kids	Access to healthy food
Community gardens	Walking paths in smaller communities (e.g., around Magdalena Village Hall)
Bike paths, bicycle transportation for youth	
Walking paths	

## Incorporating Community Input into Presbyterian Plans

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

## 2020-2022 Health Council Priorities for Socorro County

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

1. Healthy Eating
2. Active Living
3. Prevention of Unhealthy Substance Use
4. Mental/Behavioral Health
5. Social Determinants of Health
6. Access to Care



## 2020-2022 Presbyterian Priorities for Socorro County

The top four community health priorities identified for Socorro County by Presbyterian Healthcare Services and Socorro General Hospital *listed in order of priority* are:

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

## Data and Information Sources for Secondary Data

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

## Information Gaps in Assessment

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

## State Health Status

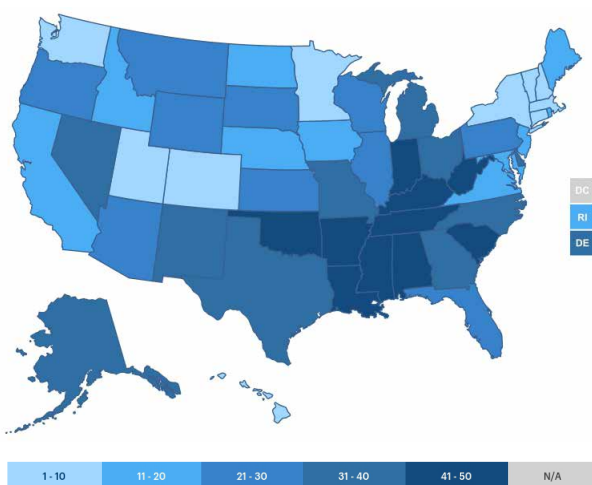
New Mexico ranks 35th for health in the United States (Figure 1), as calculated by the United Health Foundation<sup>2</sup>. This ranking is based off the following challenges:

- 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

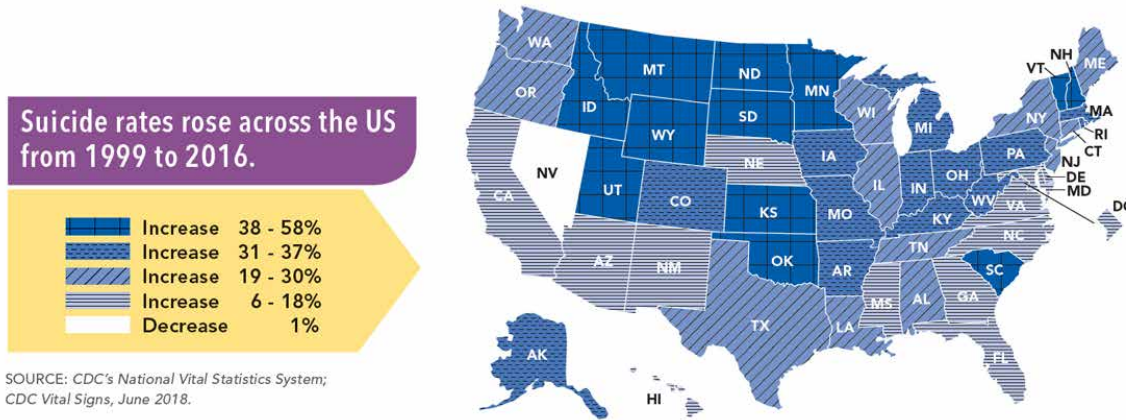
**Figure 1.** America's health rankings by state, United States, 2018



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

<sup>2</sup> United Health Foundation. America's Health Rankings Annual Report 2018 (2018). Available at: [https://assets.americashealthrankings.org/app/uploads/2018ahranual\\_020419.pdf](https://assets.americashealthrankings.org/app/uploads/2018ahranual_020419.pdf). Accessed April 29, 2019.

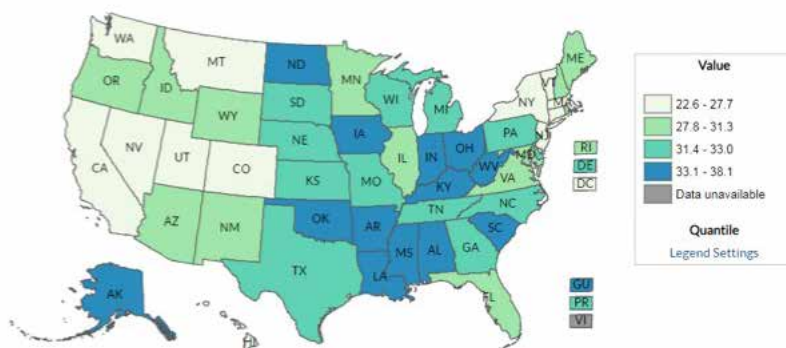
According to the NMDOH's State of Health Report<sup>3</sup>, health status in New Mexico is complex, with many assets but also places for improvement. For the first time in many years, life expectancy in the United States has decreased over the last two years, mainly due to drug overdose, suicide and 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

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 (i.e., drug and alcohol use) and psychological care.

<sup>3</sup> 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.

In the NMDOH 2017-2019 Strategic Plan<sup>4</sup>, 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 care<sup>5</sup>. According to the Health Equity in New Mexico report<sup>6</sup>, 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. LBG 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.<sup>7</sup>

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.

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

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

<sup>6</sup> 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.

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

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

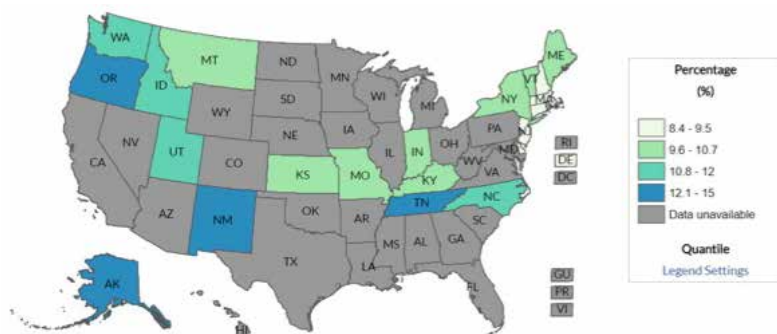
People who are transgender, genderqueer, or genderfluid also experience health inequities. This may be due to history of violence and trauma, discrimination, and unequal access to resources and remains an important consideration in assessing and addressing health within the LGBTQ+ community. Because 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.<sup>9</sup>

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).<sup>10</sup>



**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

<sup>8</sup> 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.

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

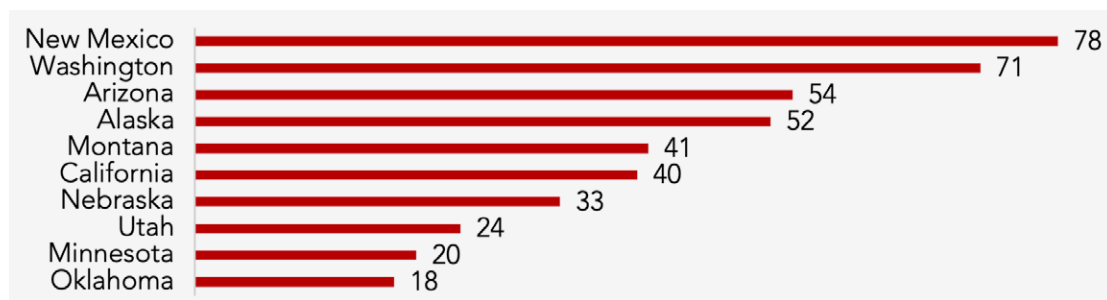
<sup>10</sup> New Mexico Aging and Long-Term Services Department. Cognitive Decline in New Mexico. Available at: <http://www.nmaging.state.nm.us/uploads/files/New%20Mexico%20-%202016%20Cog%20BRFSS%20Fact%20Sheet.pdf>. Accessed May 2, 2019.

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 Map<sup>11</sup>; the Administration for Community Living’s “Brain Health and Aging: The Basics;”<sup>12</sup> the National Council on Aging; and the “Dementia Friendly America” initiative<sup>13</sup>, 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.<sup>14</sup>

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.<sup>15</sup> As reported later in this report, unintentional injuries are the third leading cause of death for both New Mexico and the United States. In their report, UIHI highlights that murder is the third leading cause of death among American Indian/Alaska Native Women nationwide and that New Mexico has the highest number of cases of missing and murdered indigenous women of the states assessed (Figure 5).



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

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

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

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

<sup>13</sup> Dementia Friendly America. Available at: [www.dfamerica.org](http://www.dfamerica.org). Accessed May 2, 2019.

<sup>14</sup> 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.

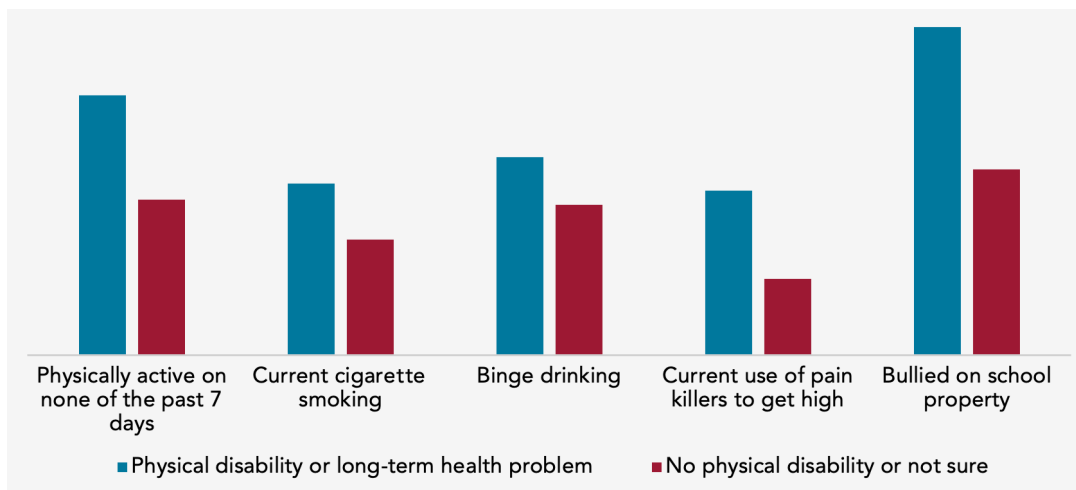
<sup>15</sup> Urban Indian Health Institute. Missing and Murdered Indigenous Women & Girls. Available at: <http://www.uihi.org/wp-content/uploads/2018/11/Missing-and-Murdered-Indigenous-Women-and-Girls-Report.pdf>. Accessed May 6, 2019.



## 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%).<sup>16</sup> 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.<sup>17</sup>

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.



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

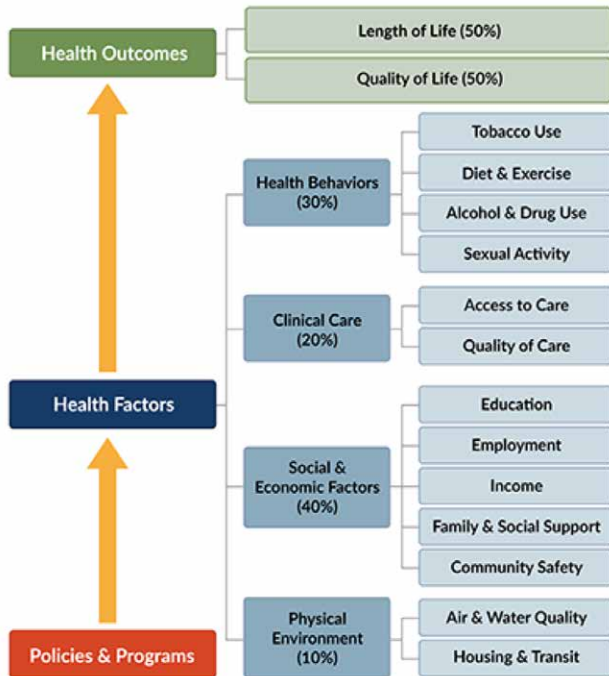
Source: NMYRRS Connections: [http://youthrisk.org/pdf/YRRS\\_Connections\\_March\\_2018.pdf](http://youthrisk.org/pdf/YRRS_Connections_March_2018.pdf)

<sup>16</sup> 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.

<sup>17</sup> 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](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

## 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.<sup>18</sup>



**Figure 7. County Health Rankings Model**

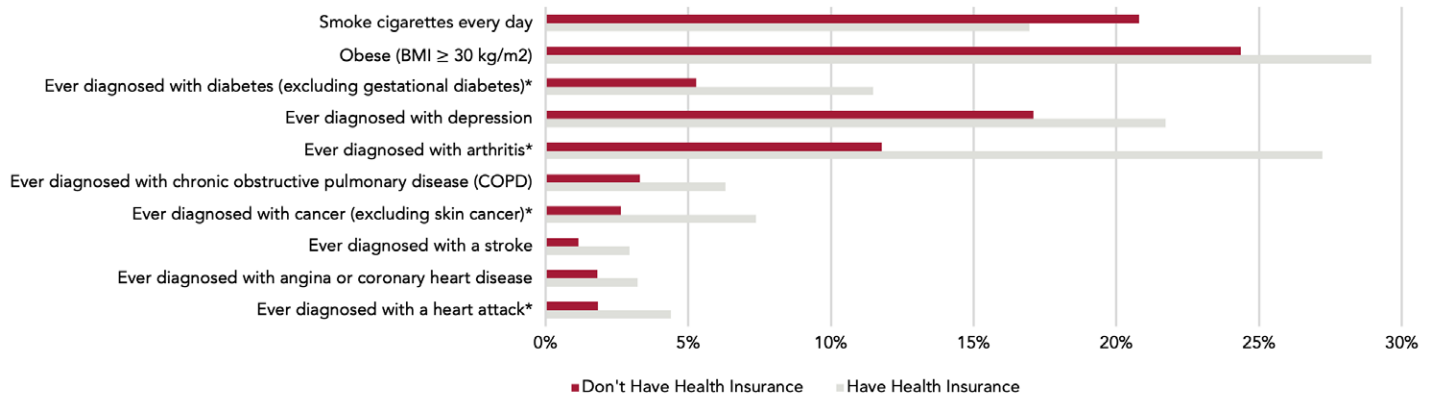
Source: County Health Ranking 2018

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.

<sup>18</sup> County Health Rankings and Roadmaps (2018) County Health Ranking Model. Available at: <http://www.countyhealthrankings.org/county-health-rankingsmodel>. Accessed: August23, 2019.

## 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.



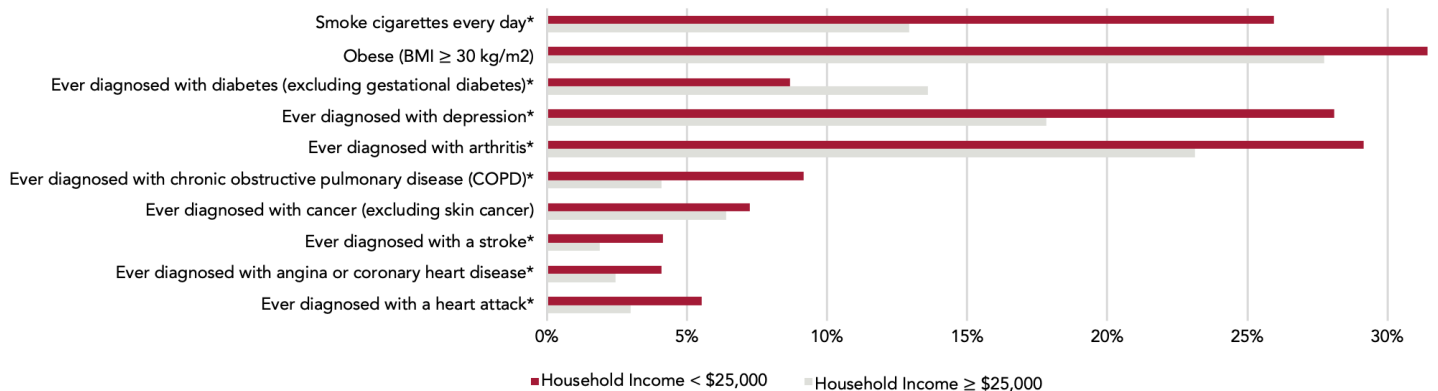
**Figure 8.** Health indicators by insurance status, New Mexico, 2017

\*Statistically different (confidence intervals do not cross)

Source: 2017 NMBRFSS

## Health Inequities among People Who Are Low-Income

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



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

\*Statistically different (confidence intervals do not cross)

Source: 2017 NMBRFSS

## Social Determinants of Health Initiatives in Healthcare

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

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

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

*Source: Accountable Health Communities, Bernalillo County*

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

## 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 Secretary<sup>19</sup>. 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 2023<sup>20</sup>. 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 2019<sup>21</sup>.

<sup>19</sup> 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

<sup>20</sup> 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

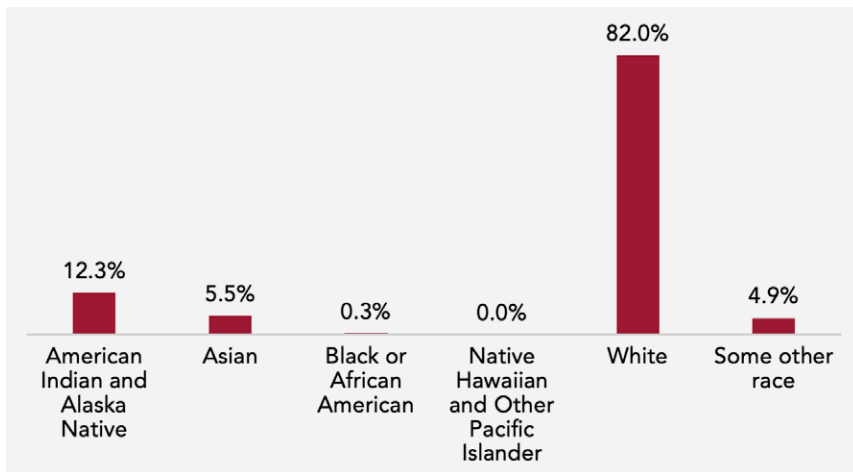
<sup>21</sup> New Mexico First. New Mexico First Blog. 2019 Legislative Outcomes: New Mexico First Successfully Advances Consensus-Driven Legislative Priorities. Available at: [http://nmfirst.org/legislative\\_updates/2019-legislative-outcomes](http://nmfirst.org/legislative_updates/2019-legislative-outcomes). Accessed August 23, 2019.

## Description of Community Served – Socorro County

According to U.S. Census 2018 estimates, there are 16,735 people living in Socorro County. There are 2.7 people per square mile living in Socorro County (2010 Census Summary File). The county seat of Socorro is the city of Socorro, which has a population of 8,608 (2017 ACS 5-year) and is the site of the New Mexico Institute of Mining and Technology. According to the Socorro County Chamber of Commerce some of the top employers include: New Mexico Tech, Aerojet Rocketdyne, Alamo Navajo Health Center, City of Socorro, Dicaperl, Good Samaritan Village, La Promesa Elementary School, Magdalena Municipal Schools, McDonald’s, National Radio Astronomy Observatory, New Mexico Bureau of Geology and Mineral Resources, New Mexico Tech, Smith’s Food & Drug Center, Socorro Consolidated Schools, Socorro County, Socorro Electric Co-Op, Socorro General Hospital, Solaro Energy, Tresco, Inc., Tripp’s Inc., UPS Customer Center, Very Large Array Office Site, Walmart Supercenter, and White Sands Missile Range.<sup>22</sup>

### Demographics

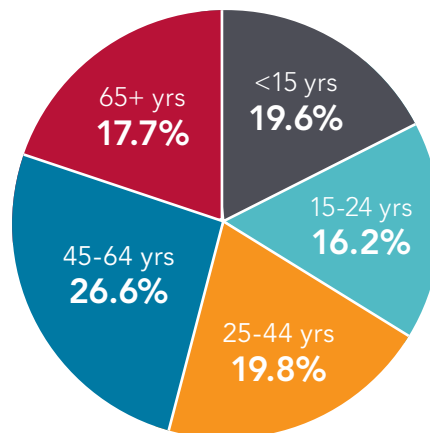
A total of 47.0% of the population of Socorro County is female and 49.7% of the population is Hispanic (2017 ACS 5-year). The majority of people in Socorro identify as white (Figure 10). However, 12.3% of people identify as American Indian or Alaska Native, 5.5% identify as Asian, 4.9% identify as some other race, 0.3% identify as black or African American, and 0% of people identify as Native Hawaiian/Pacific Islander.



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

Source: 2017 ACS 5-year estimates

Socorro County has a similar percent of youth < 15 years of age than the United States (19.1%) (2017 ACS 5-year). Most people in Socorro 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 Socorro (17.7%).



**Figure 11.** Percent of age group, Socorro County

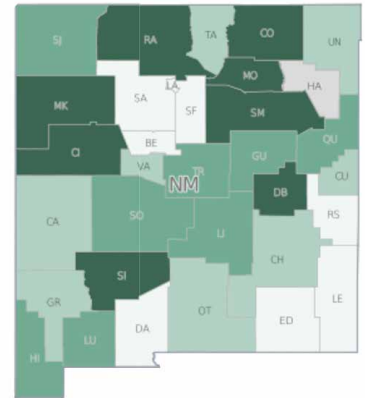
Source: 2017 ACS 5-year estimates

<sup>22</sup> Socorro County Chamber of Commerce. Major Employers. Available at [http://www.socorrochamber.org/page/major\\_employers](http://www.socorrochamber.org/page/major_employers). Accessed May 8, 2019

In Socorro County, people were more likely to speak a language other than English at home (38.9%) 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 is lower than the percent of people living with a disability in Socorro (27.3%). The median household income in Socorro County is \$34,008 (2017 ACS 5-year).

## County Health Status

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

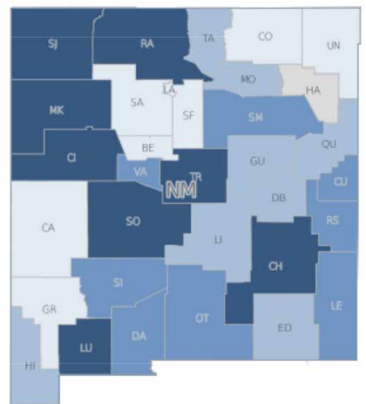


RANK 1 - 8 9 - 16 17 - 24 25 - 32 NOT RANKED (NR)

**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). Socorro County ranks 26 out of 32 counties (one county is not ranked).



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

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

Source: 2019 County Health Rankings & Roadmaps

(<http://www.countyhealthrankings.org/app/new-mexico/2019/overview>)

<sup>23</sup> 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 data<sup>24</sup>. Socorro County has fewer primary care and mental health care providers for their population size compared to the state (Table 2).

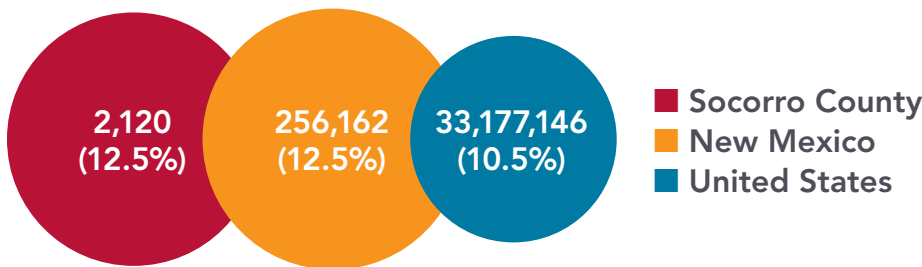


	SOCORRO		NEW MEXICO
	Number of Providers	Ratio of Population to Providers	Ratio of Population to Providers
Primary Care	8	2,130:1	1,340:1
Mental Health	27	620:1	260:1

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

Source: 2019 County Health Rankings & Roadmaps

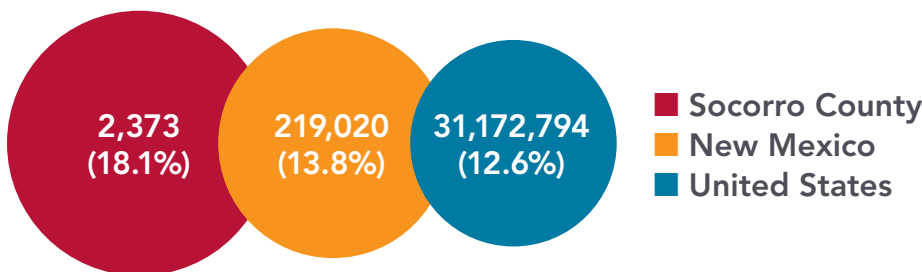
Health insurance is also an important measure of access to care. Socorro County had a similar percent uninsured as New Mexico overall. However, people are more likely to be uninsured in Socorro County than in the U.S. overall (Figure 14).



**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. Socorro 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).

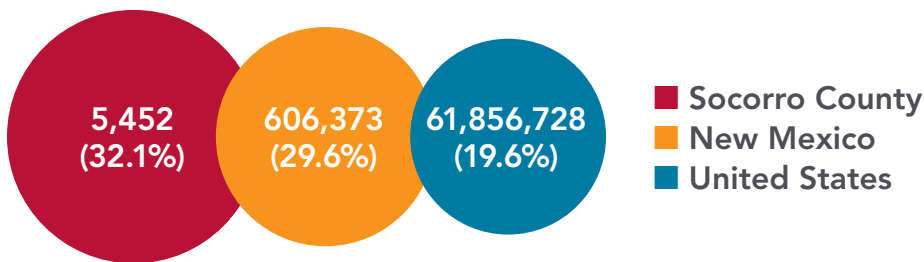


**Figure 15. Number and Percent of Adults who Went Without Health Care Because of Cost**

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (18+ population)

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

Medicaid is publicly funded medical insurance. Medicaid provides health coverage eligible low-income adults, children, pregnant women, elderly adults and people with disabilities. Medicaid is administered by New Mexico and is funded by New Mexico and the federal government. New Mexico was one of 37 states that opted to expand Medicaid under the Patient Protection and Affordable Care Act (ACA). After this change, the uninsured rate fell more than 50%, compared to 40% nationally<sup>25</sup>. Socorro 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**

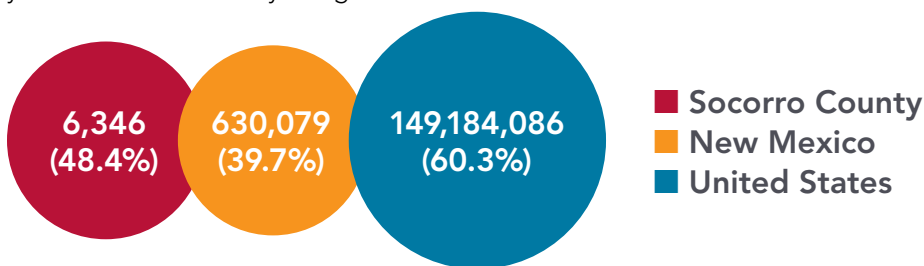
Source: 2017 ACS 5-year estimates

Socorro had a similar rate of preventable hospitalizations among Medicare recipients than New Mexico. In Socorro, there are 2,205 hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees versus 3,212 in New Mexico (2019 Community Health Rankings & Roadmaps).

Prenatal care is the health care a person gets while pregnant. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular, recommended prenatal care reduces the risk of pregnancy-related complications for the mother and infant and increases a woman’s chances of having a healthy baby at full term. In Socorro County, 60.1% 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).

**60%** OF MOTHERS INITIATED PRENATAL CARE IN THE 1ST TRIMESTER IN SOCORRO COUNTY

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 Socorro County is higher than in New Mexico but lower than in the United States.



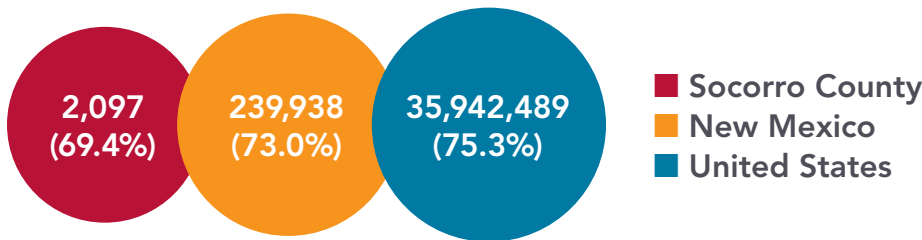
**Figure 17. Number of Percent of Adults who Received a Flu Vaccine in the Past Year**

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (18+ population)

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



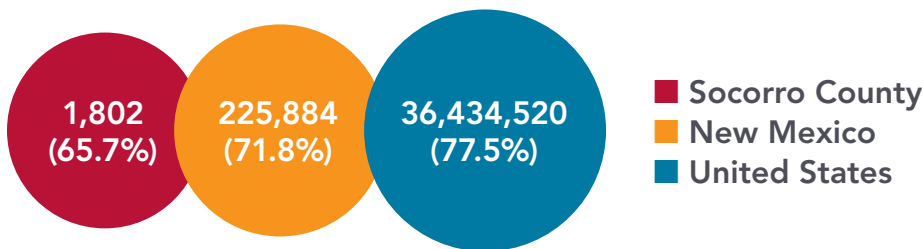
*Streptococcus pneumoniae*, or pneumococcal disease, is a type of bacteria that causes ear and sinus infections to pneumonia and bloodstream infections. Pneumococcal disease is common in young children, but older adults are at greatest risk of serious illness and death. There are two kinds of vaccines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



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

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (65+ population)

Cancer is the second leading cause of death in New Mexico. Regular screening can prevent breast, cervical and colorectal cancers early. “Screening” means checking for cancer before a person has symptoms. It is recommended that women age 50-74 get a mammogram every two years to screen for breast cancer. The prevalence of women who are up-to-date for this recommendation is lower in Socorro 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 screening<sup>26</sup>. A total of 75.7% of women aged 21-65 have had a Pap smear in the past three years in Socorro County compared to 80.3% in New Mexico<sup>27</sup>.

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 colonoscopy<sup>28</sup>. It is recommended that adults aged 50 to 75 should be screened for colorectal cancer. Duration of screening depends on the test. A total of 50.7% of adults are up-to-date for colorectal cancer screening in Socorro County compared to 60.9% in New Mexico<sup>29</sup>.

<sup>26</sup> 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](https://www.cdc.gov/cancer/cervical/basic_info/screening.htm). Accessed August 23, 2019.

<sup>27</sup> NM-IBIS, Behavioral Risk Factor Surveillance System, 2012-2016 (County), 2016 (NM)

<sup>28</sup> 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](https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm). Accessed August 23, 2019.

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

## Presbyterian Utilization in Socorro County

From January 2018 to December 2018, Presbyterian served 6,574 patients through outpatient and primary care services, 426 through inpatient services, and 6,324 patients in the emergency department.

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

NUMBER OF PATIENTS BY COUNTY OF ORIGIN, ADJACENT COUNTIES ONLY						
Type of Service	Socorro, NM	Bernalillo, NM	Catron, NM	Sierra, NM	Torrance, NM	Valencia, NM
Outpatient/Primary Care	5,490	291	251	78	17	169
Emergency Department	4,936	202	191	45	100	433
Inpatient	354	8	16	28	2	8

**Table 3. Patients Served at Presbyterian Healthcare Services Locations within Socorro County, Adjacent Counties Only**

*Source: 2018 Presbyterian Services Data for Facilities Located within Socorro County*

In the last year (January 2018 to December 2018), 6,324 patients were seen at the Socorro General Hospital emergency department and approximately 1,953 of those patients utilized the emergency department two or more times that year. Eleven percent (11%) of patients utilizing the emergency department had five or more visits to the emergency department in the last year. Five patients visited the emergency department between 20 and 52 times in one year (Table 4).

	TOTAL PATIENTS VISITING ER	2+ VISITS	5+ VISITS	20-35 VISITS
<b>Number</b>	6,324	1,953	224	5
<b>Percent</b>	100%	31%	11%	2%

**Table 4. Patient Utilization at Socorro General Hospital Emergency Department 2018**

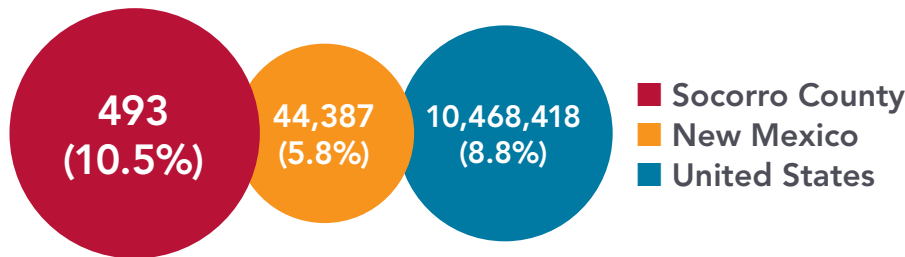
*Source: 2018 Presbyterian Services Data for Socorro County (5+ inclusive of 2+; 20+ inclusive of 2+, 5+, etc.)*

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

1. Medical clearance examination for jail
2. Viral upper respiratory tract infection
3. Acute urinary tract infection
4. Chest pain not otherwise specified
5. Nausea, vomiting and diarrhea
6. Headache
7. Abdominal pain, epigastric
8. Nausea and vomiting

## Social Determinants of Health - Socorro County

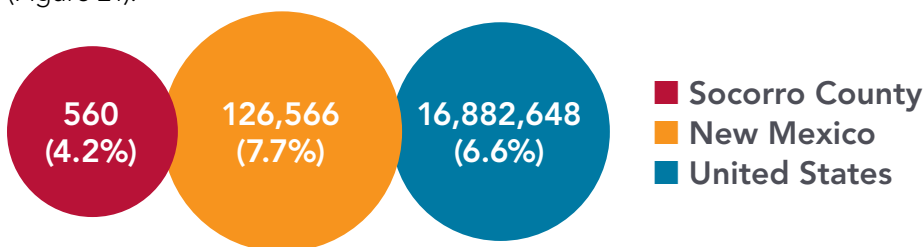
As a rural state, most counties in New Mexico do not have extensive public transportation systems. Therefore, assessing access to a vehicle is an important determinant to whether patients in Socorro can get to health care appointments, the pharmacy, the grocery store, work and school, community centers,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



**Figure 20.** Number and Percent of Households with No Vehicle

Source: 2017 ACS 5-year estimates

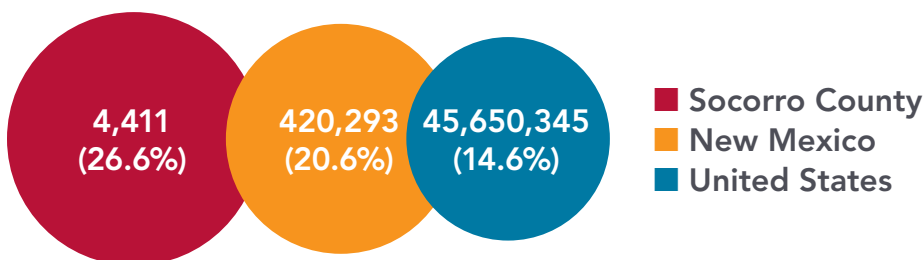
Employment and poverty can have profound impacts on a person's health, both directly (e.g., access to work-based insurance, paying for health care bills) and indirectly (e.g., stress from financial strain, feelings of hopelessness). Socorro County has a lower unemployment rate among people aged 16 years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



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

Source: 2017 ACS 5-year estimates

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

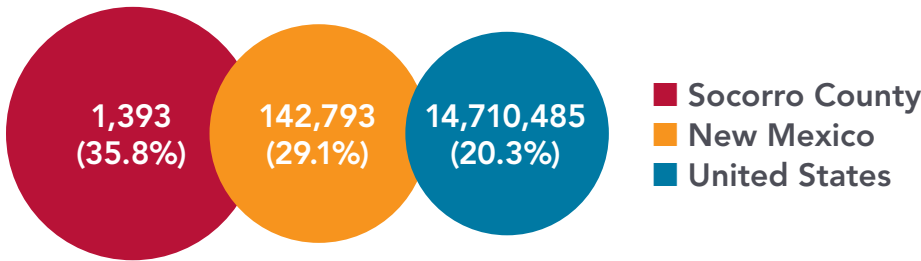


**Figure 22.** Number and Percent of People Living in Poverty

Source: 2017 ACS 5-year estimates

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

**“APPROXIMATELY ONE IN THREE CHILDREN IN SOCORRO COUNTY LIVE IN POVERTY.”**



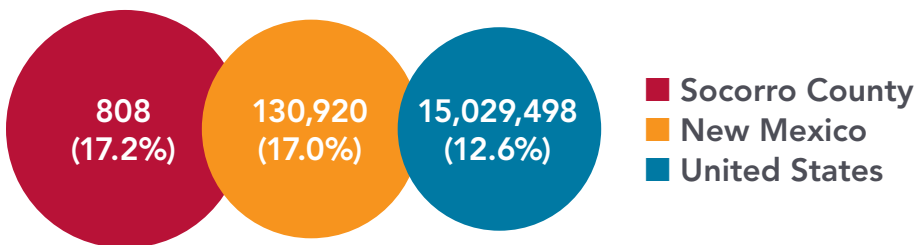
**Figure 23. Number and Percent of Children (Aged <18 years) Living in Poverty**

Source: 2017 ACS 5-year estimates

The New Mexico Department of Health defines unstable housing (e.g., homelessness) among youth as living 1) a friend, family member, or other person because the student had to leave their home, or their parent or guardian cannot afford housing; 2) in a shelter or emergency housing; 3) in a motel or hotel; or 4) in a car, park, campground, or other public place. Students are also considered to be unstably housed if they stated that they did not have a usual place to sleep or any other option besides in a home with their parent or guardian. In Socorro County, 7.7% of high school students (grades 9-12) lived in unstable housing compared to 6.8% for the state<sup>30</sup>. 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.

**7.7% OF HIGH SCHOOL STUDENTS LIVE IN UNSTABLE HOUSING IN SOCORRO COUNTY**

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 similar percent of households in Socorro County and New Mexico in general access SNAP. More households in Socorro County accessed SNAP than in the United States.



**Figure 24. Number and Percent of Households Accessing SNAP**

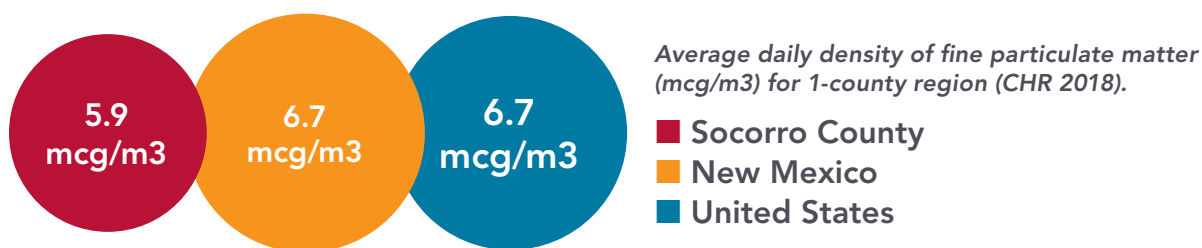
Source: 2017 ACS 5-year estimates

<sup>30</sup> 2017 NM-YRRS



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 6,777 people, or 37.9% of the population in Socorro County did not have access to healthy food in Socorro County. Additionally, an estimated 3,905 people or 21.9% of the population in Socorro County did not have access to healthy food and are considered to be low-income<sup>31</sup>.

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 environments<sup>32</sup>. Higher values suggest worse environmental quality, and lower values suggest better environmental quality. The EQI for Socorro County is -0.64411 and ranked 22 out of 33 counties in New Mexico. This means that Socorro County had better environmental quality than many other counties in the state.



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

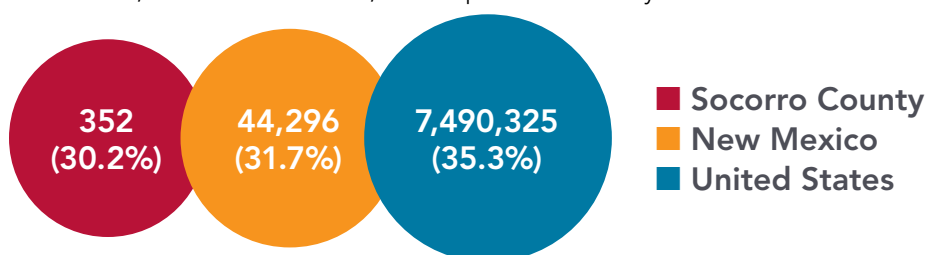
Source: Community Commons.org

## Health Factors

In Socorro County, about 1 in 4 (22.2%) high school students ate five or more servings of fruits and vegetables every day, compared to 19.9% for the state<sup>33</sup>. Adults in Socorro are more likely to eat five or more fruits and vegetables per day (18.2%) compared to the rest of the state (16.2%)<sup>34</sup>.

Eating healthier improves school learning and behavior. Only one in three high school students in Socorro County has breakfast every day. This is similar to 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 memory<sup>35</sup>.

**“ ONLY ONE IN THREE HIGH SCHOOL STUDENTS IN SOCORRO COUNTY HAS BREAKFAST EVERY DAY**



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

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

<sup>31</sup> USDA: 2018 USDA Food Environment Atlas

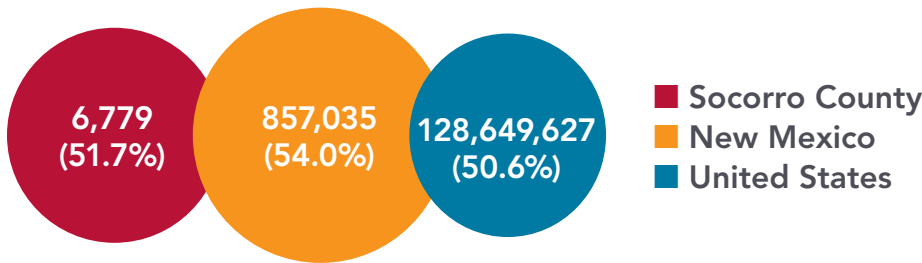
<sup>32</sup> Environmental Protection Agency. Health Research. EPA's Environmental Quality Index Supports Public Health. Available at: <https://www.epa.gov/healthresearch/epas-environmental-quality-index-supports-public-health>. Accessed August 23, 2019.

<sup>33</sup> 2017 NM YRRS

<sup>34</sup> NM-IBIS: BRFSS (2013-2017 for County, 2017 for NM)

<sup>35</sup> 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.

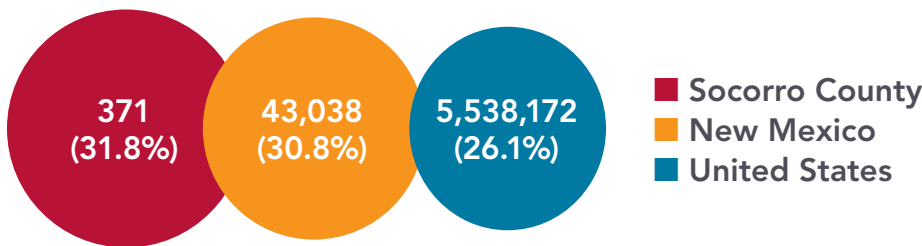
Physical activity is important for normal growth and development and reduces the risk of chronic diseases conditions such as heart disease and cancer. Increasing physical activity can also improve mental health and wellbeing<sup>36</sup>. It is recommended that adults get 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week. Adults in Socorro County are equally likely to meet these physical activity recommendations than adults in New Mexico and the United States in general (Figure 27).



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

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 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 day<sup>37</sup>. Youth in Socorro County are equally likely to be physically active than youth in the rest of the state and the United States. However, less than half of students are physically active every day, suggesting that there is still room for improvement.



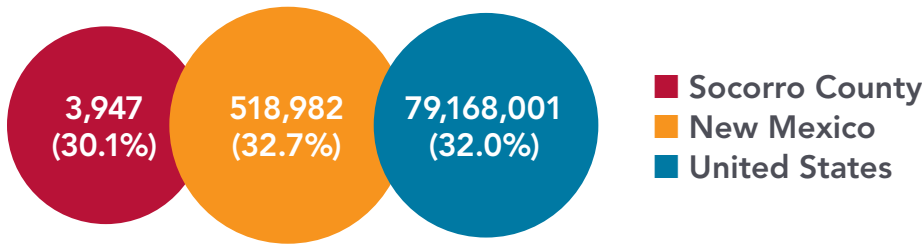
**Figure 28. Number and Percent of High School Engaging in Physical Activity Every Day**

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

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

<sup>37</sup> Centers for Disease Control and Prevention. CDC Healthy Schools. Physical Education and Physical Activity. Available at: [www.cdc.gov/healthyschools/physicalactivity/facts.htm](http://www.cdc.gov/healthyschools/physicalactivity/facts.htm). Accessed August 23, 2019.

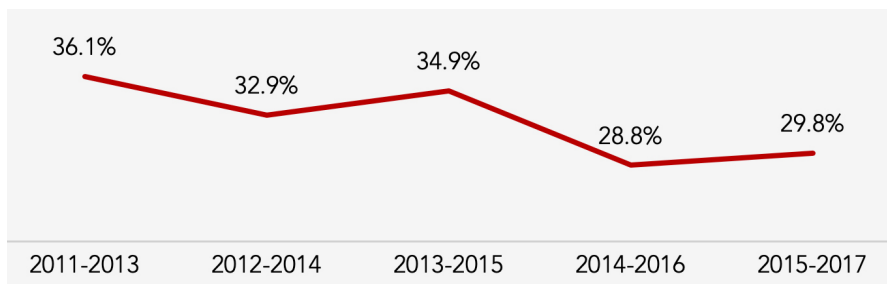
Achieving and maintaining a healthy weight is not only about lifestyle choices such as healthy eating and physical activity, but also about food environments and access to ways to be physically active. Healthy weight is frequently measured using body mass index (BMI). There are many limitations to using BMI as a measure of health. For example, BMI is not a diagnostic measure of health risk<sup>38</sup>. 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 Socorro County are equally 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: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (18+ population)

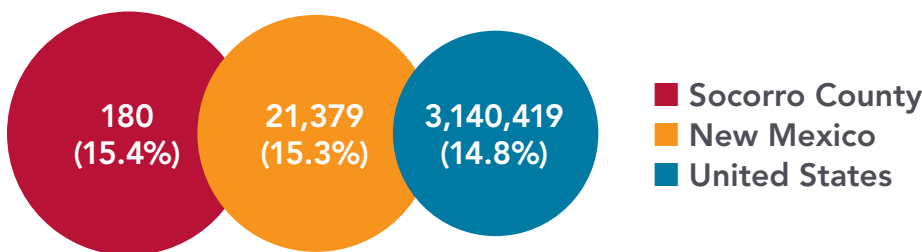
The percent of adults who are a healthy weight in Socorro County has decreased slightly (17.5%) from 36.1% in 2011-2013 to 29.8% in 2015-2017.



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

Source: NM-IBIS, 2011-2017 BRFSS

In the United States, the number of children with obesity has continued to increase over the past twenty years<sup>39</sup>. 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 charts<sup>40</sup>. Socorro County’s childhood obesity prevalence is similar to the state and the United States (Figure 31).



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

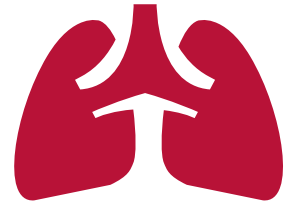
Source: 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

<sup>38</sup> Centers for Disease Control and Prevention. Healthy Weight. Assessing Your Weight. Available at: [www.cdc.gov/healthyweight/assessing/index.html](http://www.cdc.gov/healthyweight/assessing/index.html). Accessed August 23, 2019.

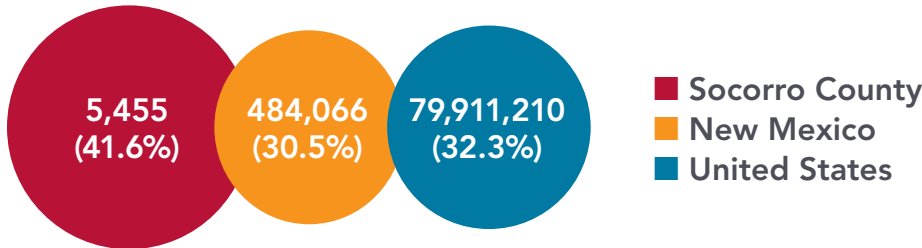
<sup>39</sup> Centers for Disease control and Prevention. Available at: <https://www.cdc.gov/healthyweight/children/index.html>. Accessed August 23, 2019.

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

Risk factors for asthma attacks include exercise, respiratory infections, and exposure to environmental factors such as allergens, tobacco smoke, and indoor and outdoor air pollution. Air pollution can make asthma symptoms worse and trigger asthma attacks. People with asthma are more likely to have symptoms when ozone and particle pollution (types of air pollution) are in the air<sup>41</sup>. In 2016, there were 41.2 emergency department visits for asthma per 10,000 population (age-adjusted) in Socorro County compared to 36.0 for New Mexico in general (NM Tracking: 2016 ED data).



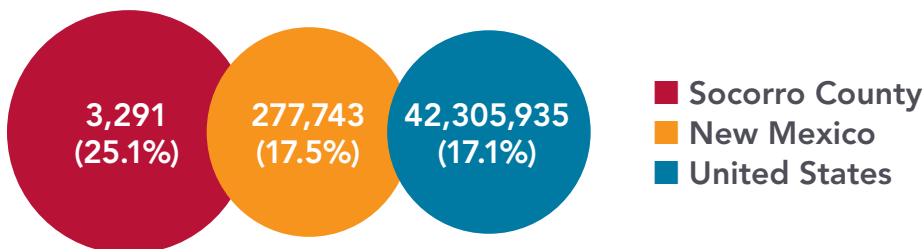
High blood pressure (i.e., the force of blood pushing against the walls of your arteries is too high) raises the risk for heart disease and stroke, which are both leading causes of death in New Mexico. High blood pressure, also known as hypertension, frequently has no symptoms, so it is important for 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 Socorro County is slightly higher than the prevalence in New Mexico in general (Figure 32).



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

Source: BRFSS, 2013-2017 (County), 2017 (NM & US); 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 asthma<sup>42</sup>. 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 Socorro County is 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: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (18+ population)

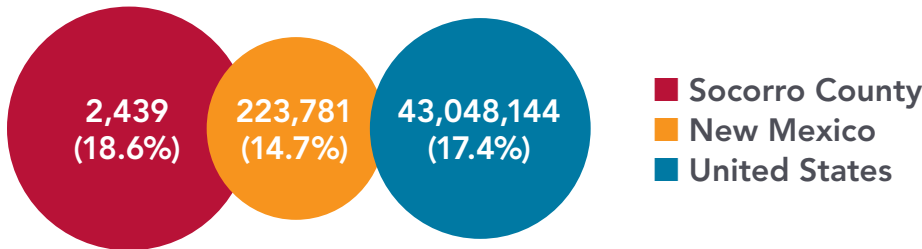
<sup>41</sup> Centers for Disease Control and Prevention. Asthma. Available at: <https://ephtracking.cdc.gov/showAsthmaAndEnv>. Accessed August 23, 2019.

<sup>42</sup> Centers for Disease Control and Prevention. Smoking and Tobacco Use. Health Effects. Available at: [www.cdc.gov/tobacco/basic\\_information/health\\_effects/index.htm](http://www.cdc.gov/tobacco/basic_information/health_effects/index.htm). Accessed August 23, 2019.



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 18<sup>43</sup>. The prevalence of tobacco use among high school students in Socorro County (42.2%, which is approximately 492 total students) is significantly higher than the prevalence of tobacco use among high school students in the state (33.8%, which is approximately 47,230 high school students)<sup>44</sup>.

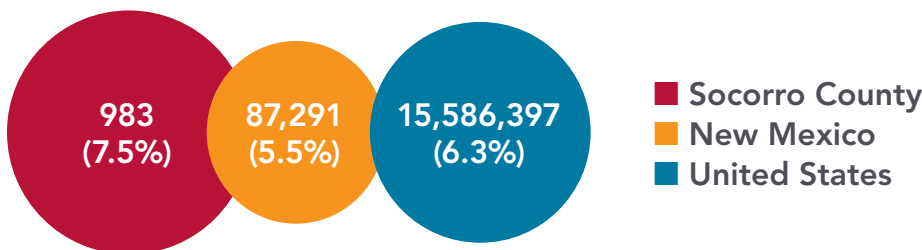
Excessive alcohol use, including underage drinking (any alcohol consumption under the age of 21 years), binge drinking (drinking five or more drinks on an occasion for men or four or more drinks on an occasion for women), and heavy drinking (15 drinks or more per week for men and eight drinks or more per week for women) can lead to increased risk of health problems such as injuries, violence, liver diseases, and cancer<sup>45</sup>. The prevalence of binge drinking is slightly higher in Socorro County than in New Mexico (Figure 34).



**Figure 34. Number and Percent of Adults who Binge Drink**

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (18+ population)

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



**Figure 35. Number and Percent of Adults who Drink Heavily**

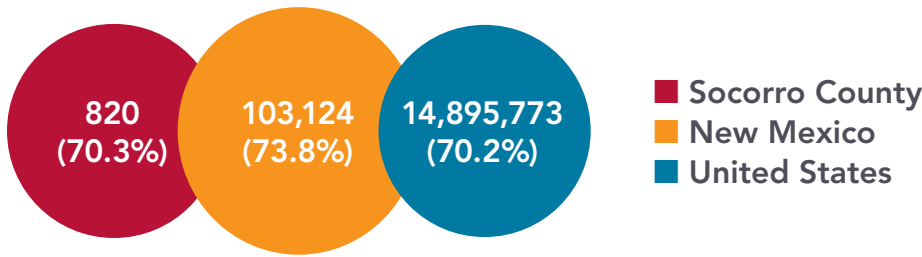
Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 2017 ACS 5-year estimates (18+ population)

<sup>43</sup> 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](http://www.cdc.gov/tobacco/data_statistics/fact_sheets/youth_data/tobacco_use/index.htm). Accessed August 23, 2019.

<sup>44</sup> 2017 NM YRRS & 2017 ACS 5-year (15-19 population)

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

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 Mexico<sup>46</sup>. The prevalence of high school students who do not currently (past 30 days) drink is similar in Socorro County than in New Mexico and the United States (Figure 36).



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

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

New Mexico has the highest alcohol-related death rate in the United States.<sup>47</sup> Alcohol-related death includes 54 causes of death determined by the CDC.<sup>48</sup> The most common cause of alcohol-related death in New Mexico is chronic liver disease. The alcohol-related death rate (deaths per 100,000 population) in Socorro County has remained fairly stable for the past ten years. The rate has increased 3.5% between 2007 and 2017 from 65.5 to 67.8 in Socorro County. Fortunately, there are a number of proven strategies for communities to effectively reduce excessive drinking and alcohol-related death including increasing alcohol excise taxes, decreasing hours and days of sale, decreasing alcohol outlet density, increasing alcohol screening and brief intervention.<sup>49</sup>



**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 Socorro County is 3.6% (an estimated 42 high school students) and the prevalence of methamphetamine use among high school students is 3.2% (an estimated 37 high school students)<sup>50</sup>. 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 Socorro County, the rate of drug overdose deaths has bounced up and down for the past ten years from 17.2 deaths per 100,000 in 2007 to 7.2 per 100,000 in 2017 (Figure 38).

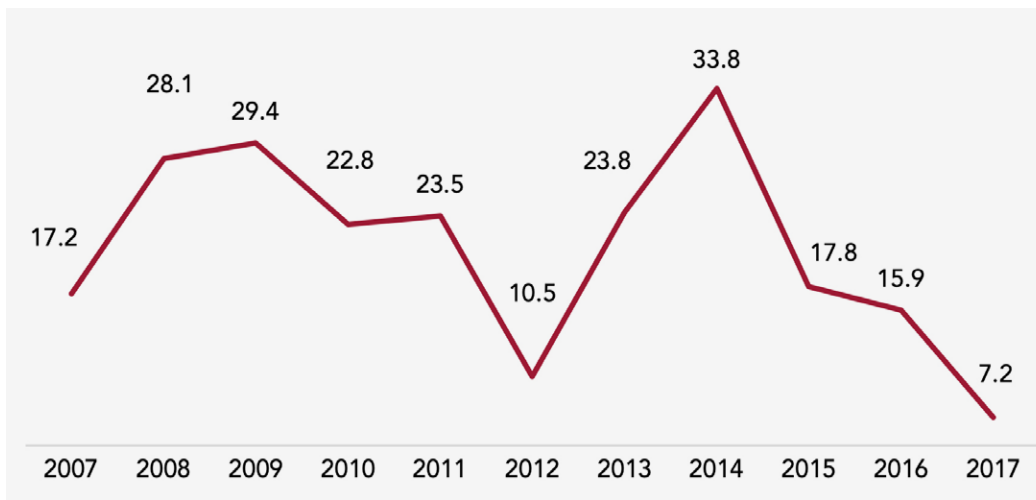
<sup>46</sup> New Mexico Department of Health. Data report from the 2015 New Mexico Youth Risk & Resiliency Survey. Alcohol and Related Behaviors. Available at: [http://youthrisk.org/pdf/YRRS\\_Alcohol\\_Report\\_2015.pdf](http://youthrisk.org/pdf/YRRS_Alcohol_Report_2015.pdf). Accessed August 23, 2019.

<sup>47</sup> 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.

<sup>48</sup> CDC. Alcohol-Related Disease Impact (ARDI) Application. Available at: [https://nccd.cdc.gov/DPH\\_ARDI/default/default.aspx](https://nccd.cdc.gov/DPH_ARDI/default/default.aspx). Accessed May 6, 2019.

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

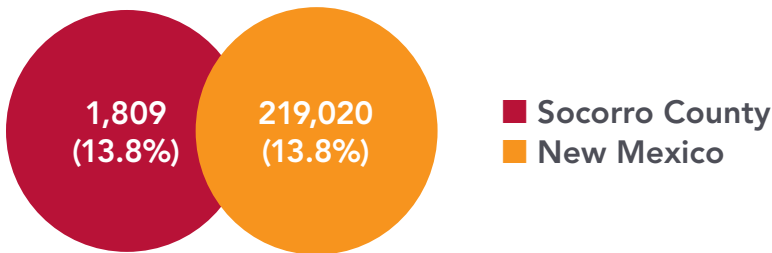
<sup>50</sup> 2017 NM YRRS & 2017 ACS 5-year (15-19 population)



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

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

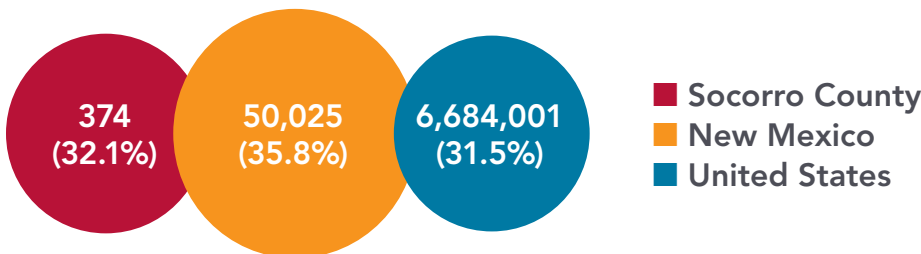
Mental health is an important part of a person’s overall health. Poor mental health and mental illness (e.g., depression and anxiety) are not the same. A person can have poor mental health and not have a mental illness diagnosis. Mental illness, especially depression, can increase a person’s risk for chronic conditions such as stroke, type 2 diabetes, and heart disease<sup>51</sup>. Socorro County has the same 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).



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

Source: BRFSS, 2015-2017 (County), 2017 (NM & US); 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 Socorro is similar to 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)

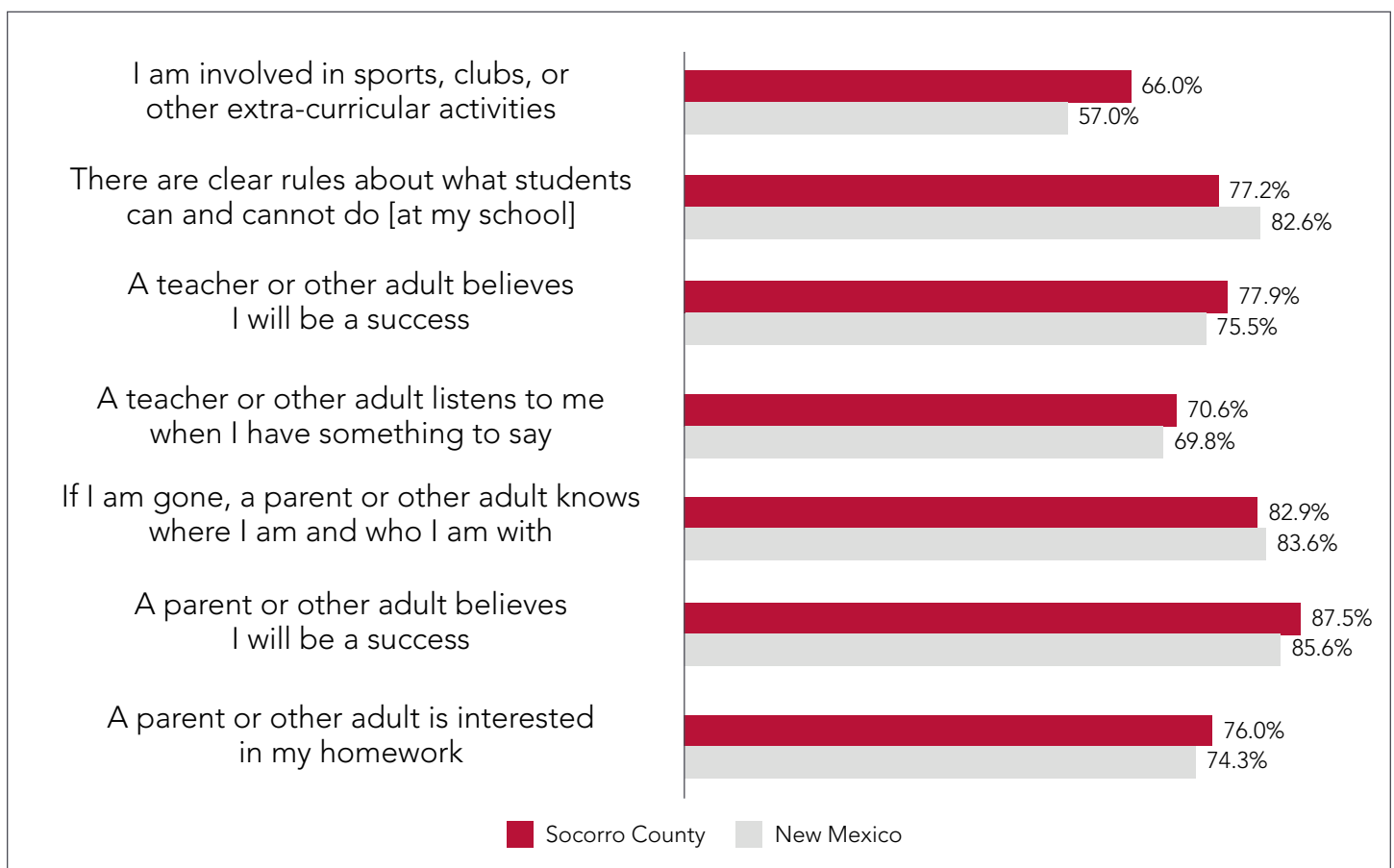
<sup>51</sup> Centers for Disease Control and Prevention. Mental Health. Learn About Mental Health. Available at: <https://www.cdc.gov/mentalhealth/learn/index.htm>. Accessed August 23, 2019.

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 violence<sup>52</sup>. A total of 8.0% of high school students have been sexually assaulted in Socorro 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 levels<sup>53</sup>. In Socorro County, there were 79 substantiated cases of child abuse from July 2017-June 2018 compared to 6,479 cases statewide<sup>54</sup>.



High school students in Socorro generally report similar 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.



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

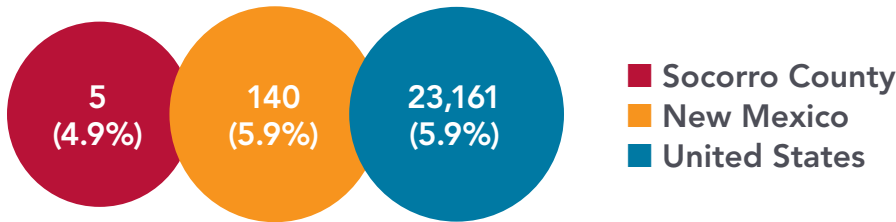
Source: 2017 NM YRRS

<sup>52</sup> Centers for Disease Control and Prevention. Preventing Sexual Violence. Available at: <https://www.cdc.gov/features/sexualviolence/index.html>. Assessed August 23, 2019.

<sup>53</sup> Centers for Disease Control and Prevention. Violence Prevention. Child Abuse and Neglect Prevention. Available at: <https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html>. Accessed August 23, 2019.

<sup>54</sup> 54 CYFD FY2018. [https://cyfd.org/docs/360ANNUAL\\_FY18\\_FINAL.PDF](https://cyfd.org/docs/360ANNUAL_FY18_FINAL.PDF)

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 Socorro County is 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 Socorro County for 2017 are listed in Table 5. The leading causes of death for Socorro County are similar to those for New Mexico with the exception of diabetes.

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

**Table 5. Leading Causes of Death**

Source: NM-IBIS: 2017 Death Certificate Data

Table 6 summarizes the number of deaths in five years and deaths per 100,000 population (age-adjusted) for leading causes of death and substance use-related (alcohol and drug) causes of death. For example, there were 167 deaths from heart disease in 2013-2017 in Socorro County, an average of 33 deaths a year.

CAUSE OF DEATH	NUMBER OF DEATHS (5-YEARS)	DEATHS PER 100,000 POPULATION (AGE-ADJUSTED)
Heart Disease	167	161.1
Cancer	170	149.5
Unintentional Injuries	69	78.8
Alcohol-related death	35	35.6
Chronic lower respiratory diseases (asthma, COPD, etc.)	52	46.4
Diabetes	46	45.2
Cerebrovascular disease (stroke)	45	44.1
Suicide	26	28.6
Chronic liver disease	21	21.3
Alzheimer's disease	20	19.9
Influenza and pneumonia	20	19.7
Drug overdose	15	19.6
Homicide	5	4.8

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

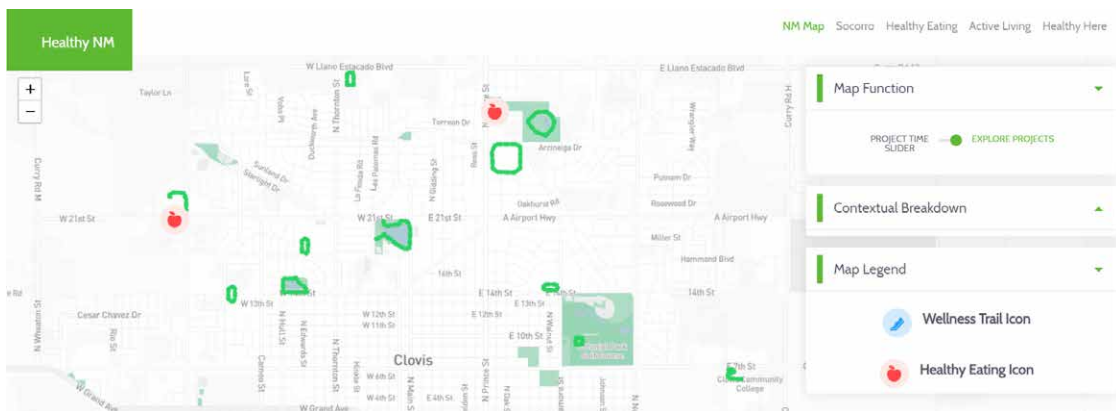
Source: Source: NM-IBIS: 2013-2017 Death Certificate Data

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 Socorro County is 79 years, and Socorro County is currently ranked 14 out of 33 counties.<sup>55</sup> Life expectancy is higher in Socorro County than in neighboring Valencia County, Torrance County, Cibola County, Sierra County, and Lincoln County. Life expectancy is lower in Socorro County than in Catron County.

## Impact

Beginning in 2016, Presbyterian 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/community/committed-to-community-health/Pages/default.aspx](http://www.phs.org/community/committed-to-community-health/Pages/default.aspx). See **Appendix E** for the 2016-2019 CHIP dashboard and progress. The long-term success and sustainability of many large-scale initiatives depend on the strength of the partnerships and network of organizations helping to make change. Evaluation of the strength and impact of our role in collective work is incredibly valuable because it can help us know how well we are working together to identify essential partners, gauge the level of partner involvement, how well we are leveraging resources, and strategizing for how to improve the work of the collaborative. The high degree of trust for Presbyterian as a backbone and convening body for collective work can be seen in the Healthy Here Collective Impact Report (2017). Additionally, the impact of our work thus far, the large number of partners, and our investment in healthy eating and active living by county and statewide can be explored through an interactive experience at [www.Healthy-NM.org](http://www.Healthy-NM.org). Below is a sample of projects to explore on the interactive site.

<sup>55</sup> NM-IBIS: 2017 Life expectancy from birth, Death Certificate Data



Through the assessment process, our community is heartened to see some progress in indicator areas, including some positive increases from the last CHA time period in Socorro County. It is important to Presbyterian and our community to maintain these gains and continue to sustain successful strategies as we add new areas of priority.

## Potential and Continuing Resources

In addition to SGH, there are many health service and social service resources present in Socorro County (see Appendix D for a resource list). Other health care resources in Socorro County include Socorro General Medical Group, Socorro Community Health Center, Southwest Vascular and Vein Center, Magdalena Area Medical Center, Presbyterian Medical Group and the Alamo Navajo School Board Inc. Health Services. Available behavioral health care services include Socorro Mental Health, which is operated by Presbyterian Medical Services, Heritage Program, and Infant Mental Health Services at Socorro General Hospital. There are also some home health services available in Socorro County, including Ambercare, Addus HomeCare, La Vida Felicidad Inc., Socorro General Hospital Home Healthcare and Hospice. There is a Socorro High School Teen Health Center and there are New Mexico Department of Health Public Health Offices in Socorro.

Resource directories like SHARE NM are important to highlight so that residents are aware of available resources that exist in the county to address each of the priority areas. Resources to support behavioral health efforts include Girls Circle, Teen/Youth Center and Breaking the Silence. The City of Socorro bus system is a resource identified by community members that could potentially address transportation issues. Home health aides, physical therapists, and care coordinators available via health insurance benefits are additional assets seen in Socorro County. A resource to promote healthy eating and active living includes the Free Healthy Meals for Kids program at Socorro General Hospital. Socorro County has many nature trails that foster outdoor recreation. The Socorro County Health Council continues to be a community-based organization championing community health and wellness, prevention and awareness. The health council helps strengthen the network of community partnerships, create seamless coordination of comprehensive resources and promote community health and wellness, prevention and awareness.

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

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

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

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

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

### Presbyterian Community Health Staff

**Meredith Root-Bowman, MPH, MPA**

Director, Community Health

**Sharz Weeks, MPH**

Project Coordinator

**Leigh Caswell, MPH**

Vice President, Community Health

**Laura Tomedi, PhD, MPH**

Community Health Epidemiologist

**Natahlia Enoah, MS**

Project Coordinator

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

Medical Director, Community Health

### Presbyterian Community Health Advisory Board Members

**Karen Armitage, MD**

Interim Dean, UNM College of Population Health

**Sandra Begay, MS**

Director, City of Albuquerque Environmental Health Department

**Matt Ennis, PhD**

Entrepreneur in Residence  
Presbyterian Healthcare Services

**Jerry Montoya**

Health Promotion Program Manager  
New Mexico Department of Health

**Corinne Shefner-Rogers, PhD**

International Public Health Social and Behavior Change Communication/C4D Consultant

**Helen Wertheim**

Board Member  
Presbyterian Healthcare Services

**Barbara Balik Ed.D.**

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

**Dawn Drumm, MD**

Population Health Fellow  
Presbyterian Healthcare Services

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

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

**Richard Scott, CFRE**

President,  
Presbyterian Healthcare Foundation

**William Wiese, MD, MPH**

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



## Socorro General Hospital Employees

### Sharon Long

Manager, Home Health

### Beth Beers

Director, Community-Based Programs

### Adrian Morris

Training Center Instructor  
Chair of Socorro County Health Council

### Veronica Pound

Hospital Chief Executive

## Socorro General Hospital Board of Trustees

Lorraine Archuleta, Chair

Lynn Brandvold

Peter Romero

Timothy Barrett, DO

Blake Gerard

Susann Mikkelson

Rick Penner

Joann Salome

Bethany Wells, MA

Allen Bassler, MD

Norma Lorang

Nanci Aiken, PhD

W. Nicholas Fleming

Ron Gilworth

Janine Morgan-Aragon

Veronica Pound

Robert Tacker

To view the board members' full bios visit this link

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

## New Mexico Department of Health Representatives

### Vacant

Health Promotion Program Manager  
New Mexico Department of Health

### Jackie Muncy

Health Promotion Program  
New Mexico Department of Health

### Vacant

Community Epidemiologist  
New Mexico Department of Health

## Additional Community Meeting Participants

### Savannah Morris

Socorro County Prevention Coalition

### Lupita Rincones

NMSU ICAN

### Holly Hagg

Magdalena School

### Samantha Winter

SCOPE

### James Nelson

Village of Magdalena

### Kirstina Ward

NMT ASAP

### Theresa Kappel

NMT ASAP

### Laura Barhel

NMT Counseling

### Kirstin Keller

MRGEDA

### Phillip Smith

FBC Socorro

### Richard Rumpf, Mayor

Village of Magdalena

### Susan Martinez

PMS-SMH-MAHC

# APPENDIX B: SOCORRO INDICATOR PRIORITIZATION POSTER

Socorro County Health Priorities for 2020-2022

Indicator	Healthy People 2020 Leading Health Indicator	2019 Socorro Measure	2017 Socorro Measure	2015 Socorro Measure	2013 Socorro Measure	2011 Socorro Measure	2009 Socorro Measure	2007 Socorro Measure	2005 Socorro Measure	2003 Socorro Measure	2001 Socorro Measure	2000 Socorro Measure	Change Over Time	Write-in!				
National Baseline	1.16 cup equivalent per 1,000 calories	34.5% of high school students consumed at least 1 cup of milk in 2017 (NHANES)	16.2% of adults consumed 1 cup of milk in 2017 (NHANES)	30.2% of high school students consumed at least 1 cup of milk in 2017 (NHANES)	51.7% of adults used physical activity in 2017 (NHANES)	28.8% of high school students completed at least 150 minutes of physical activity in 2017 (NHANES)	28.6% of adults were at a healthy weight in 2017 (NHANES)	17.2% of high school students were obese in 2017 (NHANES)	41.8% of adults had hypertension in 2017 (NHANES)	28.0% of adults smoked cigarettes in 2015-2017 (NHANES)	42.4% of adults had a stroke in 2017 (NHANES)	18.8% of adults were binge drinkers in 2017 (NHANES)	70.3% of high school students were not current smokers in 2017 (NHANES)	3.8% of high school students used tobacco in 2017 (NHANES)	13.8% of adults experienced frequent mental distress in 2017 (NHANES)	33.1% of high school students experienced frequent mental distress in 2017 (NHANES)	88.3% of adults had a primary care provider in 2017 (NHANES)	41.2 ED visits per 10,000 adults aged 18 to 24 in 2017 (NHANES)
National 2020 Target	1.16 cup equivalent per 1,000 calories	20.1%	33.9%	14.5%	61.2%	12.0%	21.0%	24.2%	94.2%	12.8%	5.8%	7.5%	83.9%	49.6 ED visits per 10,000				
Socorro Ranking	19 of 31	21 of 31	18 of 31	15 of 31	21 of 29	20 of 31	4 of 31	6 of 29	7 of 31	4 of 29	18 of 31	6 of 31	14 of 29	27 of 31	20 of 29	11 of 31		
Socorro Measure	22.2% of high school students consumed at least 1 cup of milk in 2017 (NHANES)	18.2% of adults consumed 1 cup of milk in 2017 (NHANES)	30.2% of high school students consumed at least 1 cup of milk in 2017 (NHANES)	51.7% of adults used physical activity in 2017 (NHANES)	28.8% of high school students completed at least 150 minutes of physical activity in 2017 (NHANES)	28.6% of adults were at a healthy weight in 2017 (NHANES)	17.2% of high school students were obese in 2017 (NHANES)	41.8% of adults had hypertension in 2017 (NHANES)	28.0% of adults smoked cigarettes in 2015-2017 (NHANES)	42.4% of adults had a stroke in 2017 (NHANES)	18.8% of adults were binge drinkers in 2017 (NHANES)	70.3% of high school students were not current smokers in 2017 (NHANES)	3.8% of high school students used tobacco in 2017 (NHANES)	13.8% of adults experienced frequent mental distress in 2017 (NHANES)	33.1% of high school students experienced frequent mental distress in 2017 (NHANES)	88.3% of adults had a primary care provider in 2017 (NHANES)	41.2 ED visits per 10,000 adults aged 18 to 24 in 2017 (NHANES)	
Socorro Change Over Time	Yearly 7.2% decrease between 2005-2017	Yearly 14.4% decrease between 2005-2017	Yearly 14.4% decrease between 2005-2017	4.9% increase between 2011-2017	58.2% increase between 2007-2017	17.5% decrease between 2015-2017	64.1% increase between 2005-2017	29.2% decrease between 2011-2017	6.3% decrease between 2011-2017 and 2015-2017	58.2% increase between 2005-2017	14.8% increase between 2011-2017	57.3% increase between 2005-2017	14.3% decrease in births and 2006-2017	17.2% decrease between 2011-2017 and 2015-2017	14.8% decrease between 2005-2017	3.8% decrease between 2017-2017	106.6% decrease between 2015-2018	
Write-in!	Green arrow	Red arrow	Green arrow	Green arrow	Green arrow	Red arrow	Red arrow	Red arrow	Green arrow	Red arrow	Red arrow	Green arrow	Green arrow	Green arrow	Red arrow	Green arrow	Green arrow	

## APPENDIX C: SOCORRO COUNTY INDICATOR PRIORITIZATION VOTING RESULTS

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
22.2% of high school students consumed 5+ fruits or vegetables daily in 2017 (NM-YRRSS)				0
18.2% of adults consumed 5+ fruits or vegetables daily in 2017 (BRFSS)				
30.2% of high school students ate breakfast daily in 2017				0
51.7% of adults met physical activity recommendations in 2017*				0
31.8% of high school students engaged in daily physical activity in 2017				0
29.8% of adults were at a healthy weight in 2017				0
37.9% of high school students were obese in 2017				0
41.6% of adults had hypertension in 2017		1	1	2
25.0% of adults smoked cigarettes in 2017				0
42.4% youth used tobacco (5 types) in 2017			2	2
18.6% of adults were binge drinkers in 2017				0
70.3% of high school students were not current drinkers in 2017				0
3.6% of high school students used heroin in 2017				0
3.2% of high school students used methamphetamine in 2017				
13.8% of adults experienced frequent mental distress in 2017				0
32.1% of high school students experienced sadness and hopelessness in 2017		1	2	3
68.3% of adults had a primary care provider in 2017				0
41.2 ED visits for asthma per 10,000 people occurred in 2016 (age-adjusted)				0
<b>Write-ins</b>				
Non-Medical Transportation		2	4	6
<b>Upstream Indicators</b>				<b>Total Votes</b>
Percent of Population Living in Poverty	1	1		2
Drug Overdose Deaths per 100,000 Population				0
Ratio of Population to Mental Health Providers	2	4	1	7
Environmental Quality Index				0

Measure	Data-Driven Priority Votes	Personal Priority Votes	Actionable Priority Votes	Total Votes
Percent of Adults who Went Without Care Because of Cost				0
Percent of Adults Who Received Pneumococcal Vaccination Ever			1	1
Percent of Population with Limited Access to Healthy Foods				0
Ratio of Population to Primary Health Care Physicians	2			2
Percent of Households not Receiving SNAP				0
<b>Midstream Indicators</b>				<b>Total Votes</b>
Sexual Assault (percent of High School Students)		1	1	2
% of population with health insurance				0
Percent of Moms Receiving Prenatal Care in the 1st Trimester	4	2	1	7
<b>Downstream Indicators</b>				<b>Total Votes</b>
Homicide Deaths per 100,000 population				0
5 Leading Causes of Death				0
Alcohol-Related Deaths per 10,000 Population	1			1
Substantiated Child Abuse Claims per Population <18 years	2	2	1	5
Percent of Adults who Received Influenza Vaccination in the Last Year				0
Life Expectancy (years)				0
Suicide Deaths per 100,000 Population				0
Unemployment Rate				0

## APPENDIX D: SECONDARY DATA LINKS

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

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

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

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

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

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

New Mexico Children, Youth, and Families Department (CYFD), Fiscal Year 2018 Report, available at [https://cyfd.org/docs/360ANNUAL\\_FY18\\_FINAL.PDF](https://cyfd.org/docs/360ANNUAL_FY18_FINAL.PDF), accessed April 2019

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

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

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

# APPENDIX E: 2016 – 2019 COMMUNITY IMPLEMENTATION PLAN DASHBOARD

Socorro County Community Health Plan 2016-2019 Community Health Implementation Evaluation	
Strategy or Intervention	Status
<b>Healthy eating – increase access to and consumption of healthy foods for Socorro County residents</b>	
Increase access to healthy food for youth and families in Socorro County ■ Offer the CYFD At-Risk and Summer feeding program through the Socorro General Hospital cafeteria	G
Support cooking and nutrition education to Socorro County residents for youth and adults ■ Increase availability and awareness of classes	R
Increase use of and produce at Socorro County Farmers’ Markets ■ SNAP 2 for 1 and other incentives ■ Increase distribution to and utilization of Farmers’ Markets incentives by families with young children and senior adults in Socorro County ■ Incentivize more farmers to increase produce availability	G
Investigate increased availability of fresh produce to rural and urban communities in Socorro County ■ Support availability of healthy food at community gatherings, activities ■ Investigate pricing and business strategies to increase availability of affordable, fresh food	G
Support development, maintenance, and use of community and school gardens in Socorro County ■ Provide stipends for community members to maintain gardens ■ Share information to community on availability and use of gardens ■ Work with and towards a community garden through NM Tech	R
<b>Active Living - Increase physical activity for County residents</b>	
Support evidence based or theory driven chronic disease and/or diabetes management and prevention initiatives	Y
Support increased physical activity through access to trails ■ Support efforts to expand and connect existing walking trails to Socorro General Hospital	Y
Support organized groups in Socorro County that encourage and educate about active living and health ■ Provide education about active living ■ Increase number of volunteers and volunteer hours of SGH employees to support organized active living events in Socorro County ■ Provide incentives or rewards for participating in active living opportunities ■ Support Safe Routes to School and Healthy Kids initiatives in Socorro County	G
<b>Prevention of Unhealthy Substance Use – Prevent the unhealthy use of substances, including tobacco, prescription medication, alcohol and illicit substances</b>	
Support positive youth development ■ Support continuation and expansion of prevention efforts in schools ■ Support Teen Court and other programs in Alamo, NM	Y
Support Healthy Kids initiatives in Socorro County	G
<b>Behavioral Health</b>	
Support First Born Socorro Program ■ Support expansion of Infant Mental Health programs and services	G

## Socorro County Community Health Plan 2016-2019 Community Health Implementation Evaluation

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

## APPENDIX F: OTHER SOURCES OF HEALTH SERVICES

### Health Care

- Socorro General Hospital
- Socorro General Medical Group
- Socorro Community Health Center
- Southwest Vascular and Vein Center
- Magdalena Area Medical Center
- Presbyterian Medical Group
- Alamo Navajo School Board Inc. Health Services

### Behavioral Health

- Socorro Mental Health – Presbyterian Medical Services
- Heritage Program outpatient behavioral health program for adults 55+
- Infant Mental Health Services at Socorro General Hospital

### Home Health Care/Assisted Living

- Ambercare
- Addus HomeCare
- La Vida Felicidad Inc.
- Socorro General Hospital Home Healthcare and Hospice

### Other

- Socorro High School Teen Health Center
- New Mexico Department of Health Public Health Offices
- Tresco Adult Services
- First Born Socorro



 **PRESBYTERIAN**

[www.phs.org](http://www.phs.org)

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