Center for Health Innovation
Public Health Institute

Grant County Community Health Needs & Assets Assessment

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With Dr. Stacey Cox, Grant County Health Council (GCCHC) Coordinator, Valerie Zech, and the Transition Team

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I. Introduction

This *Grant County Community Health Needs & Assets Assessment (CHNAA)* has been created by CHI, New Mexico's Public Health Institute. There have not been in-depth community health assessments in many years. It is CHI's mission to create a document with community-rooted research that includes data and information, surveys, key informant interviews, and focus groups. This process ensures that the plan is data-driven and community informed. It has been our priority as the NM Public Health Institute to bring a wide range of community voices into the planning process.

CHI created a leadership team to guide the work of this research and report, called the Transition Team. That group of highly engaged community leaders has helped us shape the plan, through monthly meeting reviews and discussions.

The plan has also been further shaped by community voices through the work of the Grant County Community Health Council (GCCHC). The Health Councils are county health planning groups, placed in New Mexico law through House Bill 137. The GCCHC Coordinator's outreach to the community and facilitation of monthly meeting discussions involved community agencies and health advocates in the planning as it moved forward, soliciting input from the membership, along with their engagement in prioritizing goals.

We hope that the plan will be useful for local governments, agencies, networks, and groups in their work to create positive change. As the state's Public Health Agency located in Silver City, CHI is committed to providing leadership and support to Grant County as it moves forward to implement this plan.

Dr. Stacey Cox, CEO of PHI-CHI

CHI CHNAA Transition Team

Rev. Dr. Anne Hays Egan, New Ventures, Research Consultant

II. Research Methods

CHI, the state's Public Health Institute, chose to embark on a Community Health Needs & Assets Assessment (CHNAA) because there had not been an in-depth public health-related plan in almost 10 years. Although there have been many plans, CHI chose to engage New Ventures Community Building in a more intensive planning process. New Ventures worked closely with CHI and the Grant County Community Health Council in a public health planning process that engaged a broad, representative sample of the community in multiple ways. That planning has been guided by a community leadership group, called the Transition Team. That leadership team guided both the planning for the CHNAA and provided input to CHI for the restructuring of the Health Council. New Mexico House Bill 137 empowers Health Councils to serve as the primary health planning body for counties and tribal governments. This represented the broad framework that guided the planning process, which began in August, 2023 and ended in January, 2024.

The methodology chosen represented that used by most community health needs assessments, and meets and exceeds the standards set for these types of assessments. The Consultant and our Transition Team worked together, meeting monthly to guide and discuss the research process. The research methods included the following:

Data Analysis. This included an in-depth review of demographic, health, social, and economic data from secondary data sources such as the NM Dept. of Health, NM Human Services Dept., NM Dept. of Aging, Robert Wood Johnson, Kaiser Family Foundation, US Census, and NM Rural Economic Analysis Project and others. Data and information were also gathered from Grant County plans and other plans and reports. This provides a robust platform for data for planning for many groups in the county and the bootheel region for at least 5 years.

Surveys. These included both a community and a provider survey. The community survey was widely distributed thanks to the work of the Transition Team, Grant County Community Health Council (GCCHC), Grant County, Southwest Media Group, and Dr. Sabrina Pack and her students at WNMU. The community survey was in both English and Spanish languages, with 774 respondents. This represented a valid and reliable sample of the community, from almost all of the zip codes, with diversity in terms of race/ethnicity, age, and income level. There was a higher than average percentage of people over age 50 responding; a lower than average percentage of Hispanics and young adults. The most populated area of Silver City was slightly more represented than demographic averages, however, most of the outlying communities were represented. The provider survey was completed by 15 agencies of different sizes, representing healthcare, behavioral health, basic needs, social services, youth, and other fields. Although the mix of providers is somewhat representative, there were not as many agencies responding as expected, even after a great deal of outreach. It is important to note that agency responses to surveys has been worse over the past 5 to 10 years, in part because they are often over-surveyed and stressed with heavy workloads. The survey results were extremely helpful for planning.

Key Informant Interviews. The Consultant and CEO of CHI worked with the Transition Team to nominate a large group of community leaders for key informant interviews. A group of over 60 people were suggested, and the Transition Team prioritized the list, so that those interviews

were with people who represented the best possible diverse mix of fields of interest, type of work, and opinions. The Transition Team also sought to bring in additional voices through the discussions at the GCCHC and the Transition Team. These people were interviewed by the Consultant, CEO, WNMU students, and GCCHC Coordinator. The Consultant and WNMU Professor, Dr. Pratt provided training, coaching and support to the students, so that their involvement served the community and supported their program of study at WNMU. All interviews remain confidential and are reported in the aggregate, as summaries, to protect the confidentiality of each interview and person interviewed.

Grant County Community Health Council (GCCHC) Meetings. The Consultant and Coordinator provided monthly project updates at the Health Council for their information and discussion. At these meetings, the groups discussed what the data, survey, and key informant summary information meant to them. They identified what they considered to be priority community needs, assets, and goals for the GCCHC's work.

Focus Groups. There were three small focus groups that were developed by the GCCHC Coordinator in an effort to hold discussions in outlying communities and at the Health Council. This was done late in the process, when the Consultant could provide a summary of the research and analysis, and ask people for their opinions about community needs, strengths (or assets), services, and service gaps. The discussion was extremely engaging and fruitful for this plan.

The methodology can be summarized in the table below, which shows how each step, starting with #1, builds upon the one before. Meetings were held throughout the process.

	CHNAA Key Elements						
6	Plan						
5	Focus Groups						
4	Provider Survey						
3	Community Survey						
2	Key Informant Interviews						
1	Data Analysis						
	Meetings (Transition Team and GCCHC)						
		Aug	Sept	Oct	Nov	Dec	Jan

The information gathered at each step generated short summary reports for the Transition Team's discussion and input into the planning process, and for presentations to the GCCHC. The wide range of community voices, gathered using different methods, shape the priorities and the recommendations in this report. It is a plan shaped by about 1,000 people in Grant County. CHI's CEO, Dr. Stacey Cox, considers this to be a shared document that can serve as a tool we use together, to shape our future.

III. What the Data Tells Us

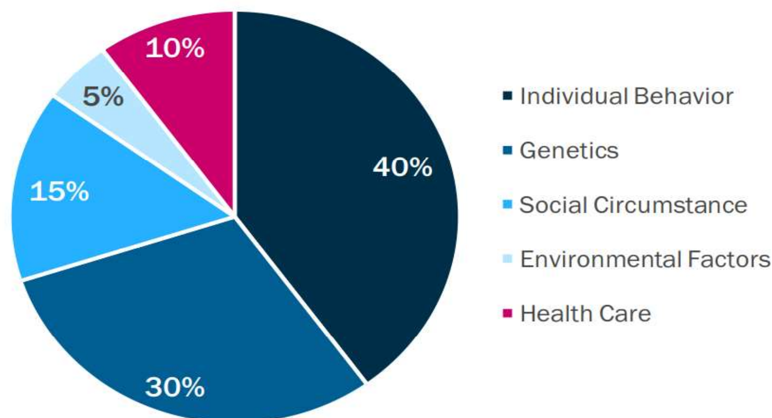
Grant County has important community needs, challenges, and assets. This section of the report provides data updates in all areas related to community and public health. For the last two decades, national and state health leaders have found that demographic factors impact health often more than one's biology and access to health care. Demographic factors like race and ethnicity, income and poverty, educational level, and zip code are important determiners of family and community health. The World Health Organization, US Department of Health & Human Services (DHHS), the Kaiser Family Foundation (KFF), Con Alma Health Foundation, and others are calling us to collectively understand and address these important issues as critical to community and public health.

Dr. Dolores Roybal, ED Emeritus of Con Alma, encouraged us to understand more about health disparities and inequities by looking at these factors. These factors were first called Social Determinants of Health (SDOHs) by the World Health Organization. SDOHs has become a basic framework through which the US most countries throughout the world consider public health. CHI, New Mexico's Public Health Institute, has conducted research and led health-related projects using this framework for over a decade.

Why Are Social Determinants Important?

Social Determinants (SDOHs) are foundational for long-term family and community health because most of our health is determined by these social, racial/ethnic, economic, cultural, and environmental factors. The graph below from the *New England Journal of Medicine*, is one of dozens found on the internet. What they share in common is an analysis, based in research, that demonstrates that genetics and healthcare are far less determinative than individual behavior and social and environmental factors.

Figure 1



Source: *We Can Do Better — Improving the Health of the American People*, The New England Journal of Medicine, September 2007

With the framework of social determinants in mind, our research and data analysis has found that the following represent some of the most important issues impacting Grant County's community health. Some of these are captured on the Grant County Government website, and already represent priorities for the County and many leaders, agencies, and community initiatives.

- Trend of population and job loss in Grant County and Southwestern NM (SWNM).
- Challenges with rental and purchased housing stock, affordability, and access.
- Transportation challenges, especially outside of Silver City.
- High rates of poverty, with very high rates of child poverty.
- High rates of food insecurity.
- Large proportion of grandparents raising grandchildren.
- Better than state averages for life expectancy.
- Better than state averages for alcohol-related health issues.
- Health challenges with heart disease and diabetes.
- High rates of unintentional injury and firearm-related deaths.
- High rates of suicide.
- Very high rates of child abuse victims reported.
- Very high rates of drug overdose-related deaths.
- Lower than state average rate of older adult fall-related deaths.
- Higher than state average proportion of healthcare providers to the overall population.
- Higher than average percentages of people with insurance and a primary care provider.

The AARP Livability Index ranks Grant County as 49/100, slightly ahead of New Mexico's state rating of 46/100. There are many variables in the Livability Index that focus on natural environments, recreation, and quality of life, which are high in the county. Lower rankings were given to Grant County by CDC's Social Vulnerability Index, at .9004/1.00, based on its mix of factors that focus more on economic, social, and health and behavioral health factors. Robert Wood Johnson's *Healthcare Rankings and Roadmaps* rates Grant County as 15th out of the 32 New Mexico Counties ranked, just above the median. The Economic Innovation Group rated Grant County very high as a "distressed community." Its Distressed Communities Index, which measures communities nationwide, ranks Grant County as (96.3/100). The indices include a heavy weighting on population and job loss, employment opportunities, health ratings, and community infrastructure.

These ratings are important as they provide insights into the county's strengths and weaknesses, or its needs and assets. All of these ratings related to the Social Determinants of Health, making them important to consider in public and community health planning. The NM Rural Economic Analysis Project tracks many social and economic factors. Its study of trends, by year, since 1970, show that Grant County has lost population, jobs, and capital in recent years, starting over 10 years ago. Grant County's job growth has been strongest in the areas of health and behavioral health, education, natural resources, and mining, according to the Silver City/Grant County Chamber of Commerce. This job growth parallels nicely with the areas of current and projected job growth identified by the NM Department of Workforce Solutions (DWS).

This section includes data about race and ethnicity, population trends, age-related trends, education, income, poverty, and housing. US Census figures show that Grant County has fewer children and more elderly than the state average. Its racial and ethnic diversity is similar to the state's, with a smaller proportion of Native Americans than state averages, and similar proportions of Hispanic and White, not Hispanic people. The County's poverty and child poverty rates are high compared to state and national averages, and growing higher. The median incomes are significantly below state averages, with a trend that does not match the state and national increases in income.[1]

Data can be confusing and "wiggly." Numbers presented through data analysis can vary based upon (1) the source, (2) years included, and (3) factors involved in a topic area. Some numbers presented are in percents where others are per 100,000 people (and some per 1,000). Some data from small and rural communities can be less reliable because of the small numbers of people in the sample. Data for some topics can change from year to year when a few incidences move the needle a lot more than the same number would in a larger community. Most of the data presented, even when numbers are slightly different, are in the same ballpark, when the issues are analyzed. Comparisons and trend analysis are often what is most helpful when looking at data for planning.

The research consultant has done her best to simplify data where possible by citing the source, providing charts and graphs, comparing Grant County to state averages, and showing County-specific and state trends.

[1] References to specific sources are provided as the detail is shared in this data section.

A. Demographic Profile

Race, ethnicity, age, poverty and income, and levels of educational attainment all shape a community's health and wellness, and represent the Social Determinants of Health, outlined in the previous section. Grant County's diversity is most reflected in the almost equal balance between non-Hispanic Whites and Hispanics.

Population Characteristics

Figure 2

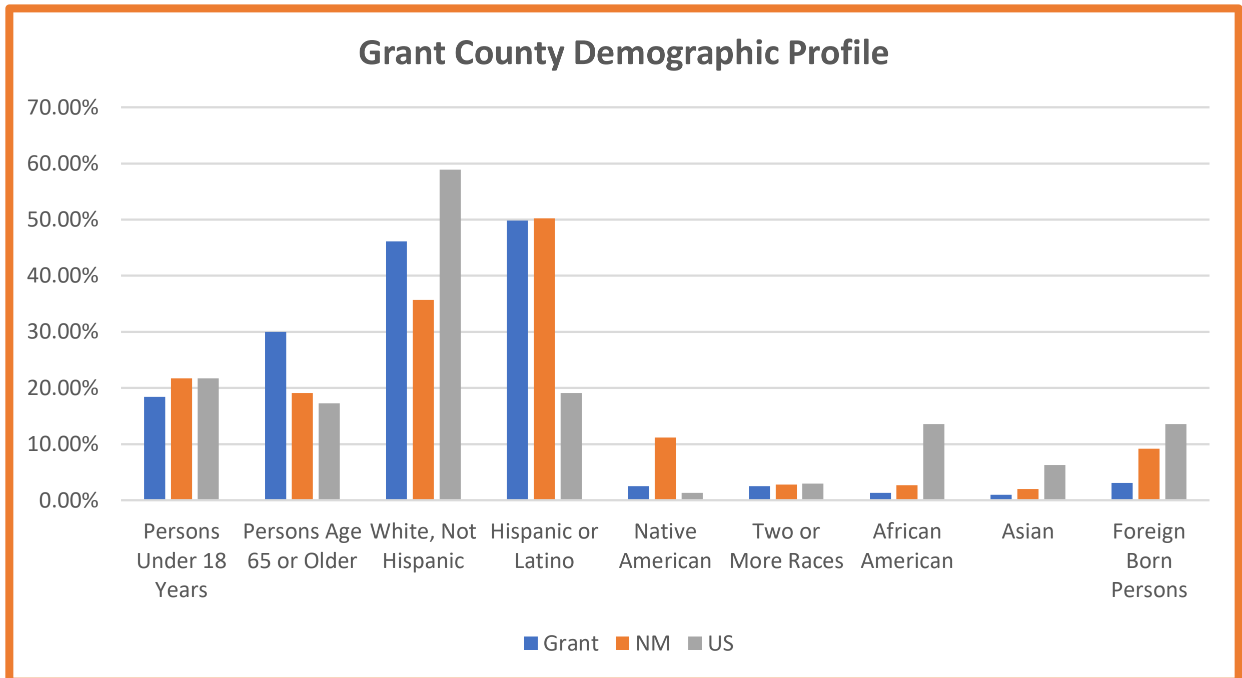


Figure 3

	Grant	NM	US	Source/Year
Persons Under 18 Years	18.40%	21.70%	21.70%	US Census, 2022
Persons Age 65 or Older	30%	19.10%	17.30%	US Census, 2022
White, Not Hispanic	46.10%	35.70%	58.90%	US Census, 2022
Hispanic or Latino	49.80%	50.20%	19.10%	US Census, 2022
Native American	2.50%	11.20%	1.30%	US Census, 2022
Two or More Races	2.50%	2.80%	3%	US Census, 2022
African American	1.30%	2.70%	13.60%	US Census, 2022
Asian	1%	2%	6.30%	US Census, 2022
Foreign Born Persons	3.10%	9.20%	13.60%	US Census, 2017-2021

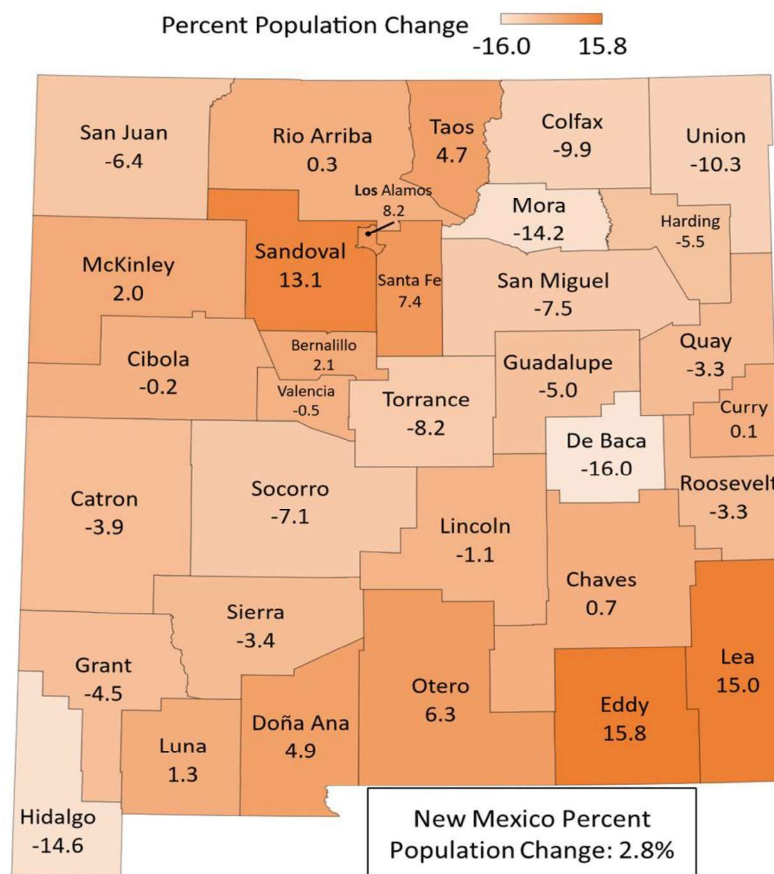
This data from the US Census that represents one point in time (2022), shows that the number of children under age 18 is less than the state average, and the proportion of older adults is much

higher than the state average. Since New Mexico will have the 4th highest proportion of elders in the US by 2030, this represents a critical demographic trend that needs to underlie all planning.

Grant County demonstrates the benchmarks of a rural county that has lost population, jobs, and capital, with a shrinking proportion of children and youth together with a growing proportion of older adults. [2]

The 5-year averages for some key population data show an overall population loss from 29,514 in 2010 to 27,686 in 2022. Today's population level represents 94% of the population that existed in 2010. The percentage of children and youth in the population decreased by almost 2% and the percentage of people over age 65 increased by almost 2%. The percentage of Hispanic/Spanish origin people decreased by almost 3%. This seems to be a trend in many rural communities.[3] It indicates shifting trends, which impacts goalsetting, planning, and prioritization of strategies for implementation and funding.

Figure 4



[2] Con Alma Health Foundation, *EngAGE New Mexico*, Kaltenbach, Wells and Lamb, 2012; and *Grandparents Raising Grandchildren,* Egan, 2017.

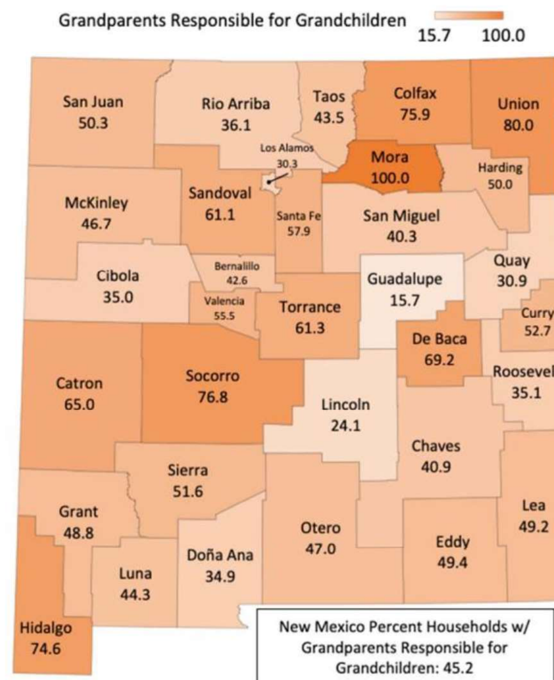
[3] *HSD Data Book*, 2022; NM Rural Economic Analysis Project, 2022; USAFacts; USA ERDS "Population & Migration," November, 2023; "Nation's Urban and Rural Populations Shift Following 2020 Census," US Census, Dec, 2022; Federal Reserve, Richmond.

Older Adults and Children

Data collected about older adults in Grant County provides us with a multifaceted picture of the demographics and what they portend for the future. There will be a significant growth in the older adult population for the SWNM COG region, especially in Catron County. Grant County will have an increase in older adults higher than the projected increase for New Mexico. Since New Mexico will have the 4th highest proportion of elders to the general population by 2030, Grant County's projected older adult population projected increase means there will be greater needs for resources and services. The NM Human Services Department, in its 2020 HSD Data Book, projects an increase of about 20% in the next 10 years. However, more current data from the US Census for 2022 (page 11) shows significant growth.[4]

A large proportion of Grant County's elders are helping to care for their grandchildren, either formally or informally.

Figure 20 Grandparents Responsible for Grandchildren, HSD Data Book 2022



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4 US Census and HSD Data Book 2022 data.

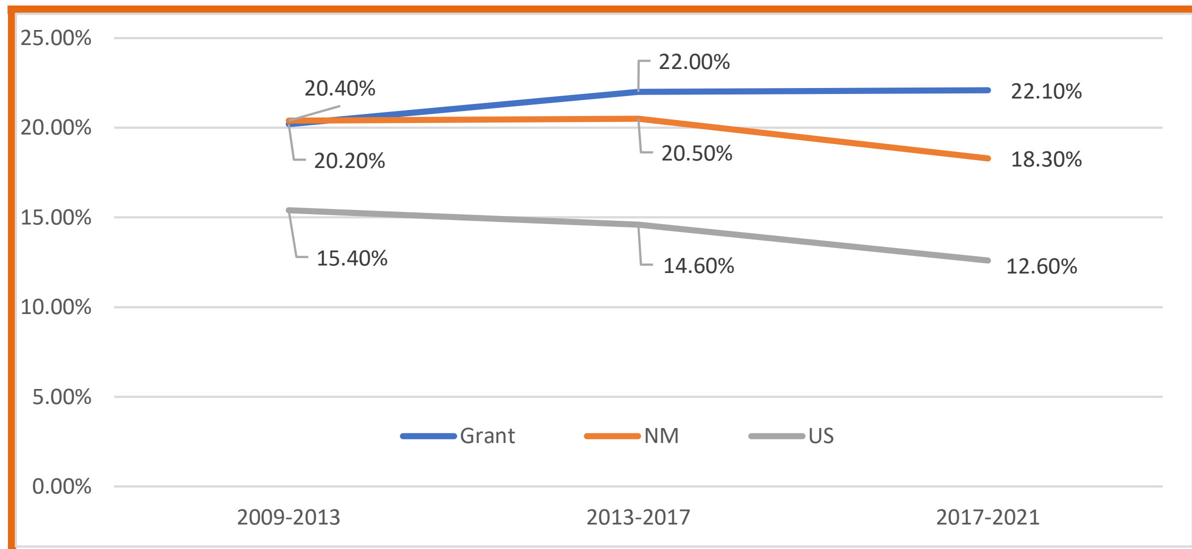
Income, Poverty, and Income Inequality

Grant County has a lower median household income than we see for New Mexico and a much lower income than the median income for the US. The County's poverty rates have not improved relative to state and national trends, showing a widening gap between the Grant County, the state and nation. Poverty levels are higher than state and national averages. Child poverty levels are higher in Grant County than in the state and nation, with a trend of increasing child poverty and a growing gap. Multiple date ranges are provided to show trends and local, state, and national comparisons.

Figure 5

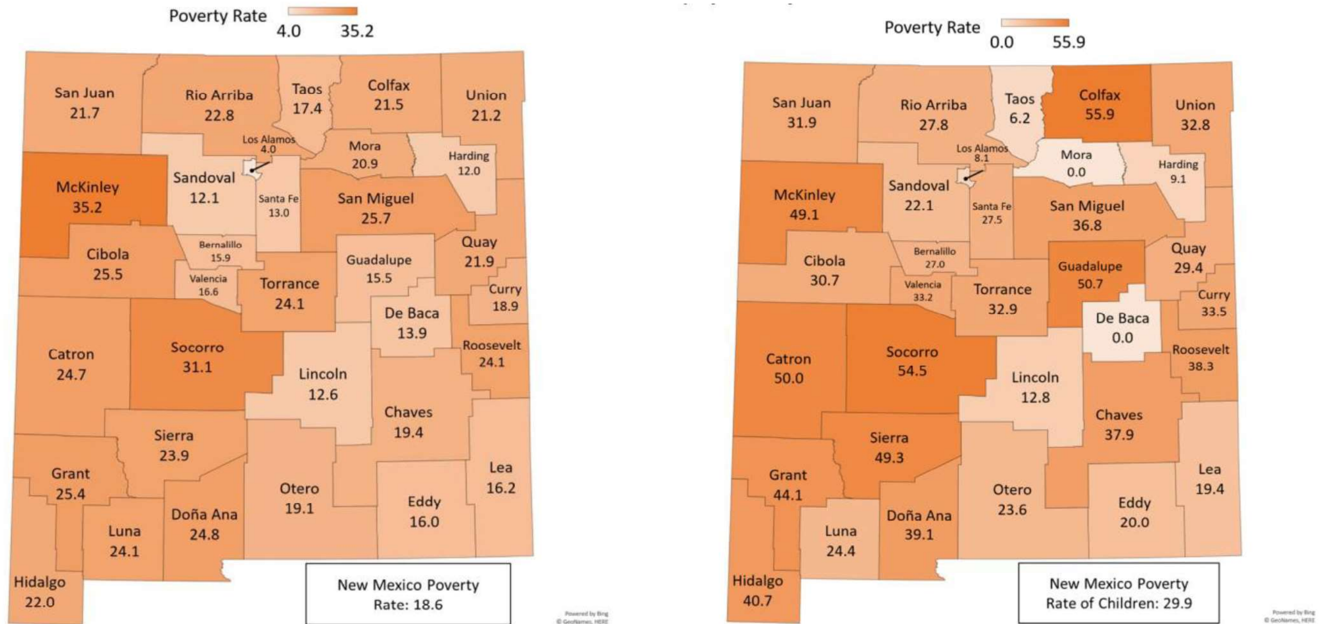
Income & Poverty	Grant	NM	US
Median household income (2016) (NMDOH IBIS)	$39,429	$46,844	$57,617
Median household income (2022) (NMDOH IBIS)	$44,895	$58,722	$75,149
Persons in poverty (2009-2013) (NMDOH IBIS)	20.20%	20.40%	15.40%
Persons in poverty (2013-2017) (NMDOH IBIS)	22.00%	20.60%	14.60%
Persons in poverty (2017-2021) (NMDOH IBIS)	22.10%	18.30%	12.60%
Persons in poverty (2022) (US Census)	19.70%	17.60%	11.50%
Children living in poverty (2009-2013) (NMDOH IBIS)	33.30%	33.00%	24.70%
Children living in poverty (2013-2017) (NMDOH IBIS)	32.00%	32.60%	22.50%
Children living in poverty (2017-2021) (NMDOH IBIS)	37.90%	27.50%	18.50%
Children with All Parents in Labor Force (percent) (2013-2017) (NMDOH IBIS)	48.60%	60.80%	65.20%
Families where No Parent has Secure Employment (NM Voices for Children, Kids Count (data from US Census 2016-2020)	18%	11%	8%
In Civilian Labor Force (2018-2022) (age 16 and older) (US Census)	45.40%	56.80%	63%
Older adults living in poverty (age 65+) (2017-2021) (NMDOH IBIS)	6.10%	12.10%	9%
Older adults living in poverty (age 65+) (2017-2021) (NMDOH IBIS)	9.30%	11.90%	9%
Older adults living in poverty (age 65+) (2017-2021) (NMDOH IBIS)	8.40%	12.60%	9.60%

Figure 6. Percentage of People in Poverty: Trends



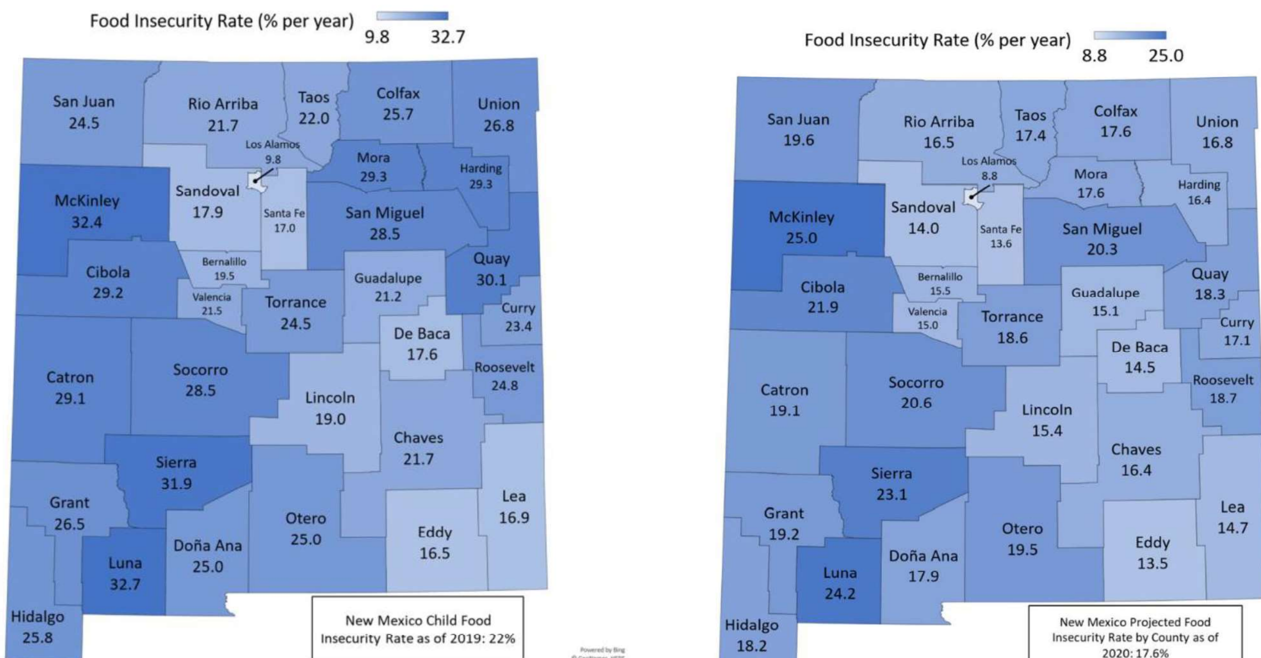
Figures 7a and 7b

Poverty Rates and Child (Under 5 Years) Poverty Rates, 2020. HSD 2022 Data Book.



The poverty rates in Grant County are significantly above state averages, at just over 25%. Child poverty rates are 44%. There are also challenges with food insecurity for children. This data from the HSD Data Book uses only one point in time. It will be important for Grant County to continue to track the very high rates of child poverty and child food insecurity compared to overall rates, as that places significant stresses on children and families, with family, social, and health impacts related to the root causes of poverty and income inequality.

Figures 8a and 8b Food Insecurity Rates and Child Food Insecurity Rates, 2020. HSD 2022



In 2016, Grant County's median income was 89% of the state's median income. However, by 2022, that percentage dropped to 80% of the state's median, representing a loss of approximately 10%. There is an even greater discrepancy between County and US median incomes. That discrepancy has grown larger over time. If it continues, it will represent a trend. Income loss and growing income disparities are part of what rural communities face in New Mexico and across the US.

Figure 9

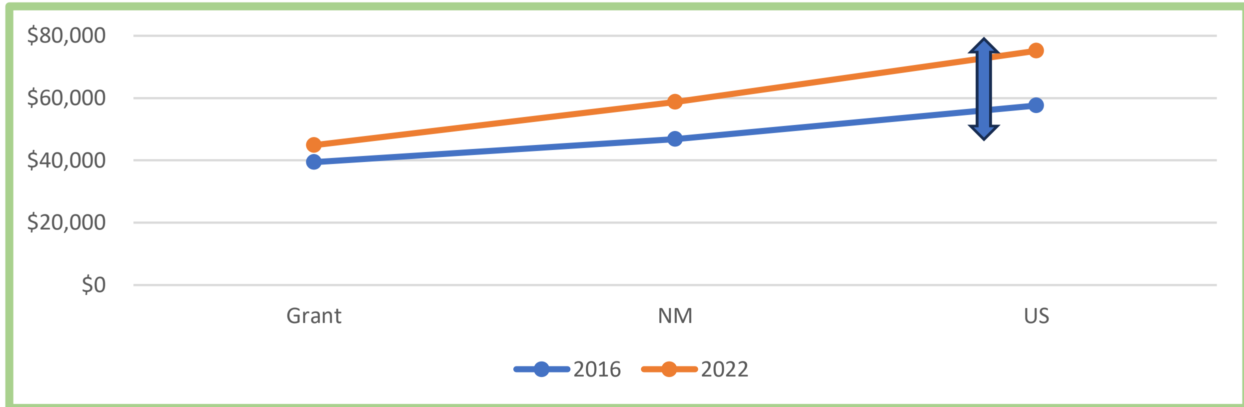
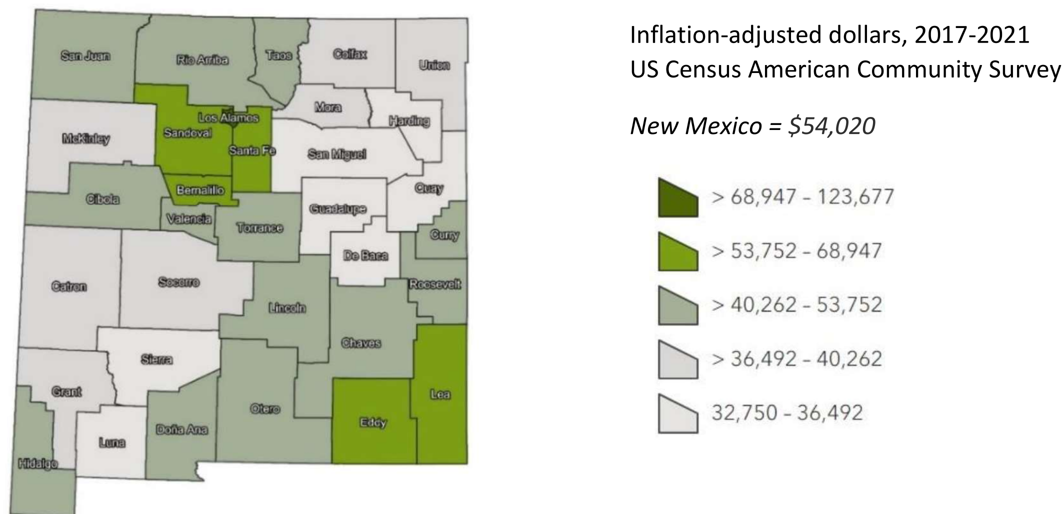


Figure 10

Median Income (NMDOH IBIS)	2016	2022
Grant	$39,429	$44,895
NM	$46,844	$58,722
US	$57,617	$75,149

Another way of looking at the income picture is to compare Grant County with others in the state. The following map represents a snapshot with a slightly different timeframe (2017 – 2021) using ranges to create 5 groupings for the map. Grant County has the second lowest median income.

Figure 11

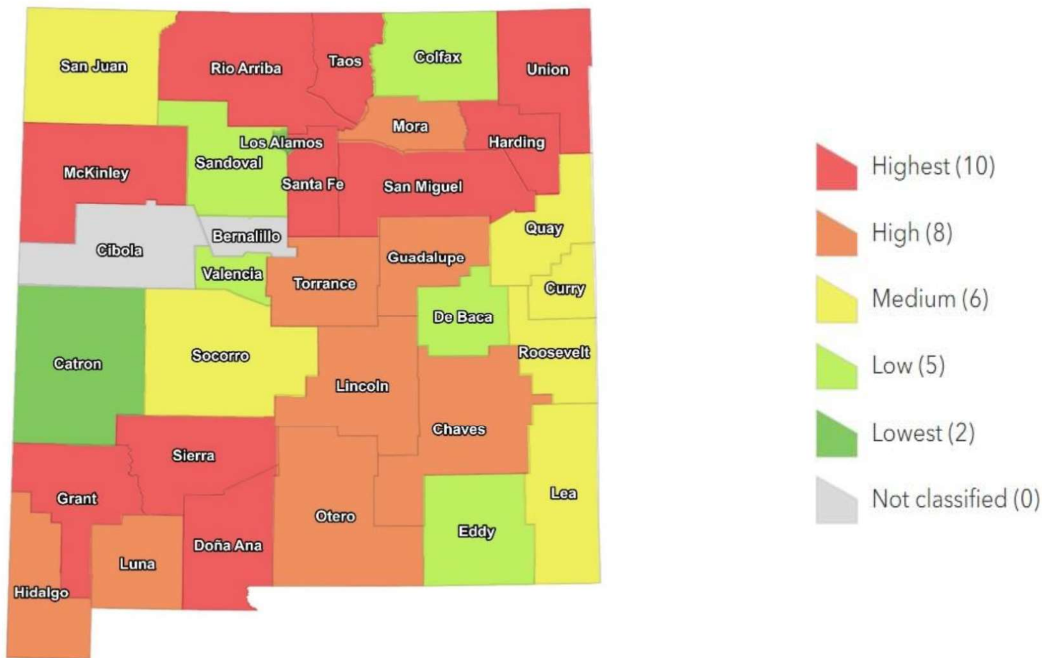


The Ginni Index is a way that the US Census reports the income gap between the richest and the poorest people. The map below compares New Mexico Counties against one another based on their Ginni Index numbers, thus the rating scale in the map below.[5] This index allows us another lens in which to view income disparities and inequities, which, as a Social Determinant, represent root causes of community health challenges.

The highest disparity counties are marked with red, with the lowest disparity counties in bright green. Grant County has some of the highest income disparities in the state. Communities with high income disparities tend to have greater unmet needs, lack of social cohesion, polarization, and lower economic growth. [6]

There are a few other counties with very high Ginni Indices; Rio Arriba, Taos, Santa Fe, Sierra, and Doña Ana, to name some. What do those counties share in common? Recent growth in population for some, with an influx of people coming to live in the county who have higher incomes than the residents who have been living there for some time. They bring new skills and resources; improve the tax base; and tend to drive up the costs of housing and increase income disparities and inequities. Some of the most longstanding Ginni Index-related issues can be found in Santa Fe County. A high Ginni Index score is very closely correlated with a growing lack of social cohesion and loss of population, jobs, and capital.

Figure 12 Ginni Index Map (2015-2018) (NMCDC)



[5] The Ginni Index measures income inequality based on highest and lowest incomes within specified geographic regions. The index runs from a 0 to 1, with 0 representing no income inequality at all (everyone with the same relative income level; 1 representing maximum income inequality. Grant County has a rating of .5, which is significant, according to US Census figures quoted by Neilsberg Research, 2023.
[6] "Introduction to Income Inequality," International Monetary Fund (not dated).

Education

Grant County's educational picture is solid, and comparable to both state and national figures. In fact, there seems to be less of a gap between the local, state, and national rates than we find in many other areas, especially poverty and the economy. There are slightly lower than state rates for bachelor's degrees and advanced degrees. Grant County has rates close to state rates for households with computers and internet subscriptions. A language other than English is spoken at home by just over a quarter of Grant County residents, ranking in between state and national rates. The US Census data for Grant County Schools looks good.

Figure 13 Education, Language, and Computing, US Census, 2017-2021

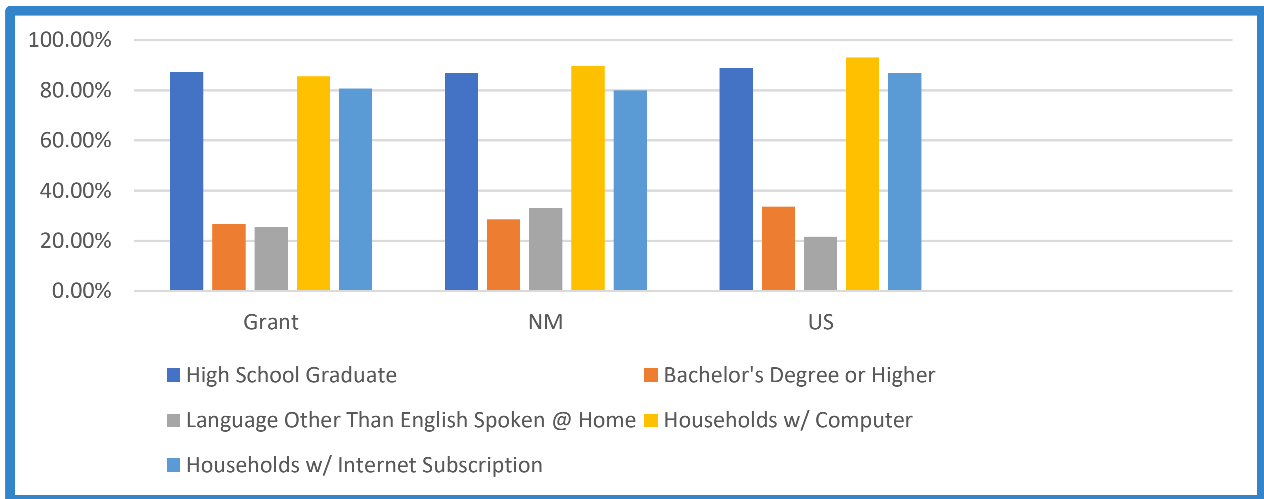


Figure 14

	Grant	NM	US	
High School Graduate	87.20%	86.80%	88.90%	2017-2021
Bachelor's Degree or Higher	26.70%	28.50%	33.70%	2017-2021
Language Other Than English Spoken @ Home	25.60%	33.00%	21.70%	2017-2021
Households w/ Computer	85.60%	89.70%	93.10%	2017-2021
Households w/ Internet Subscription	80.70%	80%	87%	2017-2021

The NM Public Education Department (PED) rates both school districts within Grant County as "C," using a rating scale of "A" to "F." The most recent public school rating available is from 2018, which is not current. One of the key factors for these ratings seems to be student performance on multiple standardized performance measurements, or tests.

More current data needs to be gathered, working in partnership with the Superintendents of the Local School Districts, so that the impact of Covid on students and families, and more recent and relevant data can be found to inform planning.

The impact of Covid on local K-12 School Districts, NMSU and other entities cannot be underestimated. Rural schools also face significant challenges with recruitment and retention of teachers and leadership staff, exacerbated by Covid.[7]

As we consider systemic issues related to public education, a recent report from the Legislative Finance Committee finds that the NM PED remains significantly understaffed, and leading the state's public schools in a "race to the bottom," with a new national rating of worst among all states. In addition, the state's teachers are some of the most poorly paid. [8]

These rural systemic issues that reflect the rural – urban divide can be seen not only in education, but throughout all areas reported, whether in staff recruitment and retention, policy, or funding.

Housing

Grant County has a higher proportion of owner occupied housing and people living in the same home for a year or more than state averages. These represent strengths. The median value of homes is much lower than the state average.

Figure 15

Housing Topics	Grant	NM	US	Source
Owner Occupied Housing	68.60%	68.20%	64.60%	2017-2021, US Census
Median Value of Homes	$125,000	$184,800	$244,900	2017-2021, US Census
Living Same Home 1 Year Ago	90%	87.40%	86.60%	2017-2021, US Census

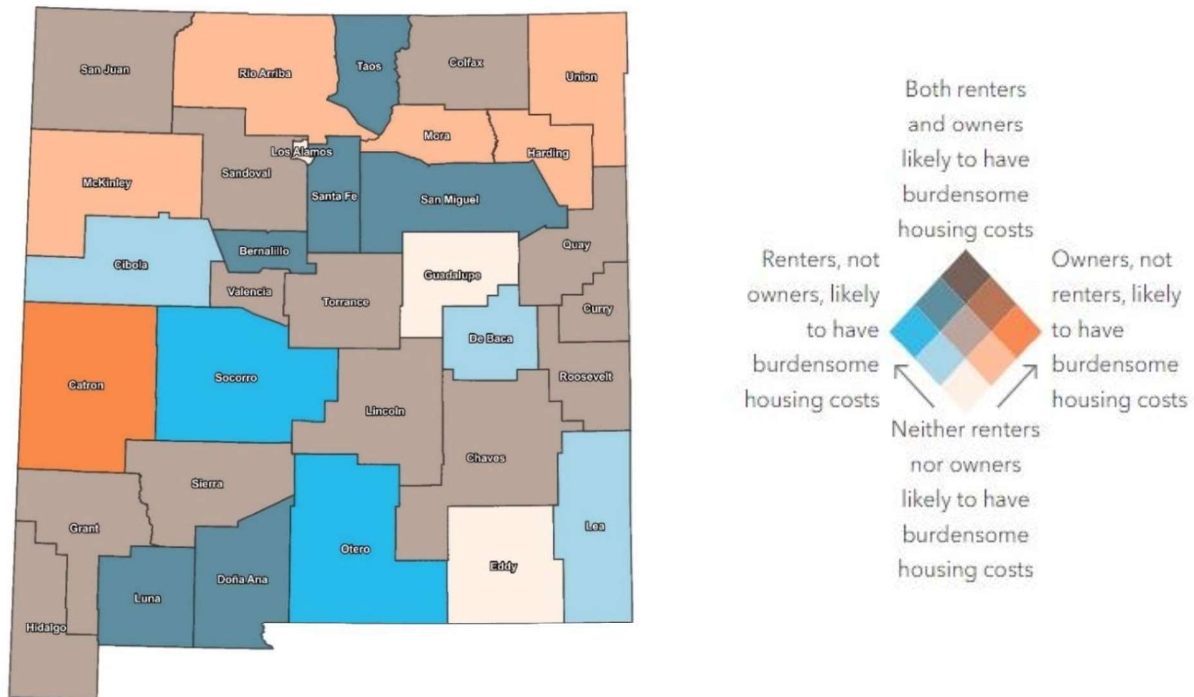
These figures reflect lower-than-current home values because they represent a 5-year average, where earlier years depress the overall figure. That is especially important to address when there are significant changes, are there are in today's housing market.

US Census 2021 data (most current) on housing shows the median value of homes has risen to $153,900 with an occupancy rate increase to 71.5%. This data demonstrates the volatility created by today's higher housing costs. It makes it especially difficult for people seeking to move into a new home or those looking to rent. Homeowners are hard-hit by high mortgage interest rates and lack of availability of housing stock, an ongoing rural challenges. Renters are heavily impacted by the rapidly rising rental costs and lack of access of rental property. When we look at this issue in context, we find that Grant County faced a significant housing cost burden in the last decade, as we see in the table below, which shows the percentage of households for which gross rent or mortgage is 30% or more of household income. Dark brown areas have the highest burden for renters and owners.

[7] "Challenges Facing Rural Schools in America," *State Education Standard*, January, 2021, National Association of State Boards of Education; NM PED Community Schools reports and data subcommittee (Egan et. Al.)
[8] "LFC Hearing Brief," September, 28, 2023.

Figure 16 Housing Cost Burden, 2017-2021 (NMCDC)

Data on the housing cost burden, gathered by the NM Community Data Collaborative, CHI's data center, indicates that Grant County has a very high housing cost burden. It is shown on the map in the darkest of colors. This demonstrates that both renters and owners have burdensome housing costs. It is interesting to note that many of the rural counties also share housing cost burdens.



These raise significant concerns when one considers (1) data on the combined impact of housing cost burden with poverty, food insecurity, low median incomes, and high income inequality; together with (2) information and reports on the rising level of homelessness, increased housing costs, and limited housing stock. These are issues that create concern throughout New Mexico and across the US. New Mexico's homeless rate has increased by 48% over the past year, according to a new report from the Legislative Finance Committee. [9]

There seems to be growing concern at state and national levels about this issue, with many reports and resources that share strategies and effective practices for addressing high housing costs and homelessness.

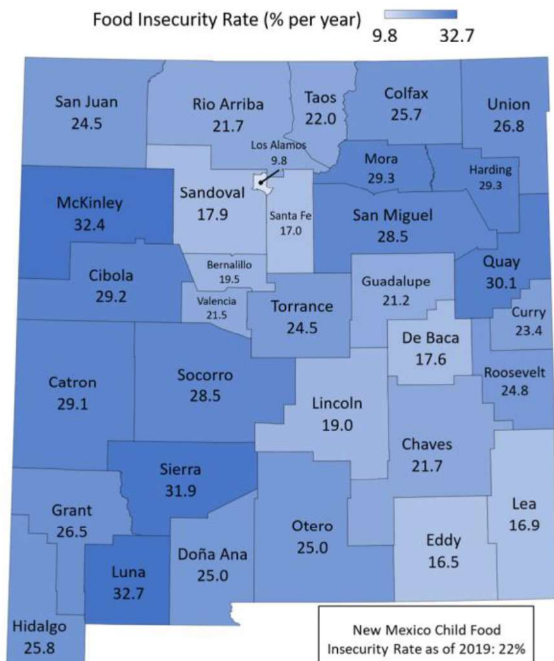
[9] Homelessness Supports and Affordable Housing, Legislative Finance Committee Report, May, 2023. "New Mexico confronts 48% spike in homelessness with housing programs and rental assistance," Scott, Cronkite News, December 18, 2023. "How Housing Costs Drive Homelessness, Pew Charitable Trusts, December 2023.

Basic Needs

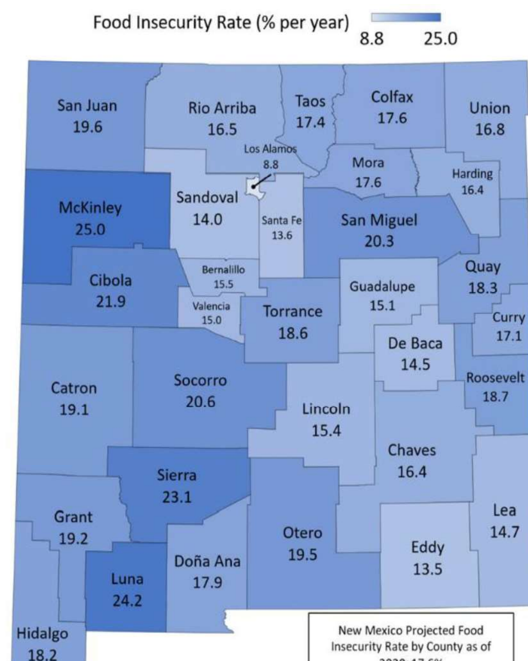
The core basic needs are food, water, and supports for safe and healthy living. Grant County has high reported food insecurity rates from 2020 (19.2% vs. 17.6% for New Mexico). Some other rural counties have higher rates.

Figures 17a and 17b

Food Insecurity Rates
Children, 2019. HSD 2022 Data Book



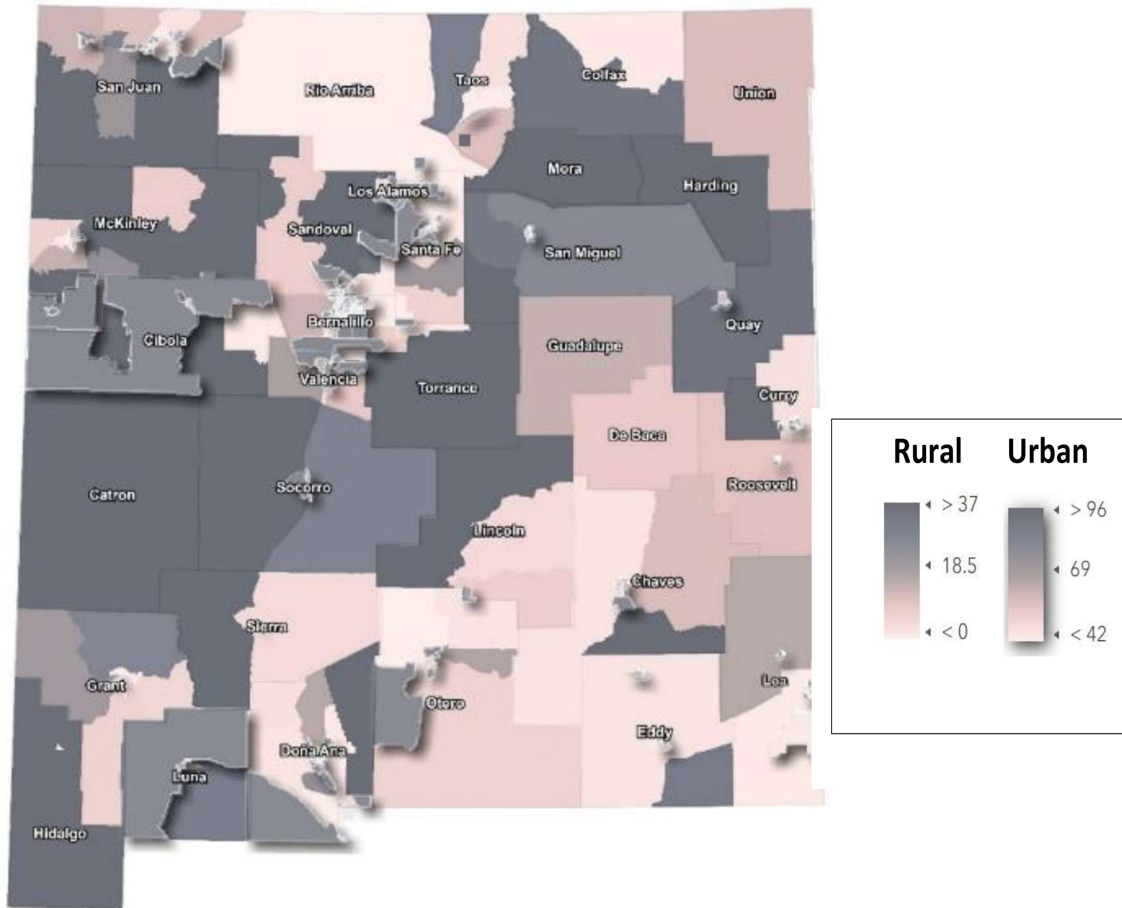
Food Insecurity Rates
All Persons, 2020. HSD 2022 Data Book



The food insecurity rate data from HSD is from 2019 and 2020, and thus does not include the full impact of Covid-related job losses on families. It is probable that the food insecurity rate has grown, especially given reports from food-related agencies. According to the data from New Mexico Voices for Children, which manages the Annie E Casey Foundation *NM Kids Count Data Book*, a total of 18% of families in Grant County have no adult in the household working, compared to an 11% rate for New Mexico, and 8% for the US. Lack of a regular income represents a root cause for poverty and food insecurity. Research shows that Grant County has a strong food distribution network for commodities and supplemental food, especially for a rural area. This includes distribution in some of the outlying communities. The map on the next page illustrates the limited food availability outside of Silver City, with some of the most outlying areas in the southeastern part of the county having few food resources in their area.

Figure 18 Access to Food (NMCDC)

Another important issue to consider related to basic needs and food insecurity is how easy or hard it is to access food. Rural counties have many challenges with access, especially in very small communities, where people need to travel long distances to either shop in grocery stores, or receive food through USDA commodities and food pantries. Southeastern Grant County has especially significant challenges.



Access Issues in Rural Grant County

Lack of access is a major issue in rural communities across the US and poses a challenge for people seeking food, resources, health and behavioral health care, specialty care, and other goods and services. Long distances from small communities to larger hub communities for specialty care pose increasing challenges for the poor and those on limited incomes, the elderly, those in remote communities, and people without their own source of transportation.

The transportation issue itself represents a major challenge for most rural communities, including Grant County. The County developed Corre Caminos, which was an excellent response to the challenge, which had its own challenges during Covid.

Researchers have demonstrated that rural community access issues are also impacted by the difficulty rural communities have with recruitment and retention of staff. This is an issue for health and behavioral healthcare providers, as well as local governments, schools, agencies, and local businesses. There is more turnover in staff in rural communities and it takes longer to recruit and hire staff that have the qualifications and represent a good fit for the rural community.[10]

Some access issues are exacerbated by state policies, especially licensing and credentialing of multiple types of health, behavioral health, and social service professionals and paraprofessionals. The combination of challenges with adequately timed training related to provider needs, credentialing silos, policy requirements, and funding silos create a disproportionate burden on rural communities and smaller-sized providers.[11]

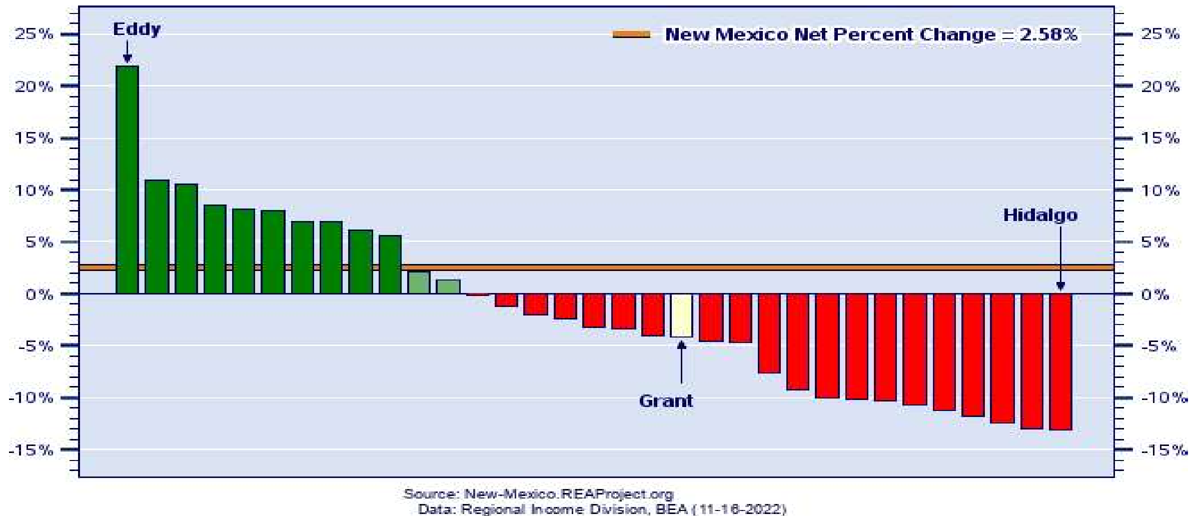
[10] Rural Health Information Hub, "Healthcare Access in Rural Communities," website.

[11] "Policy Goals to Improve Behavioral Health Needs of Individuals, Employers and Communities in Rural New Mexico," Wilger and A. Egan, CHI, 2020; Middle Rio Grande Economic Development Association Phase II Report, A. Egan, MRGEDA and PHS, 2019.

Jobs and the Economy

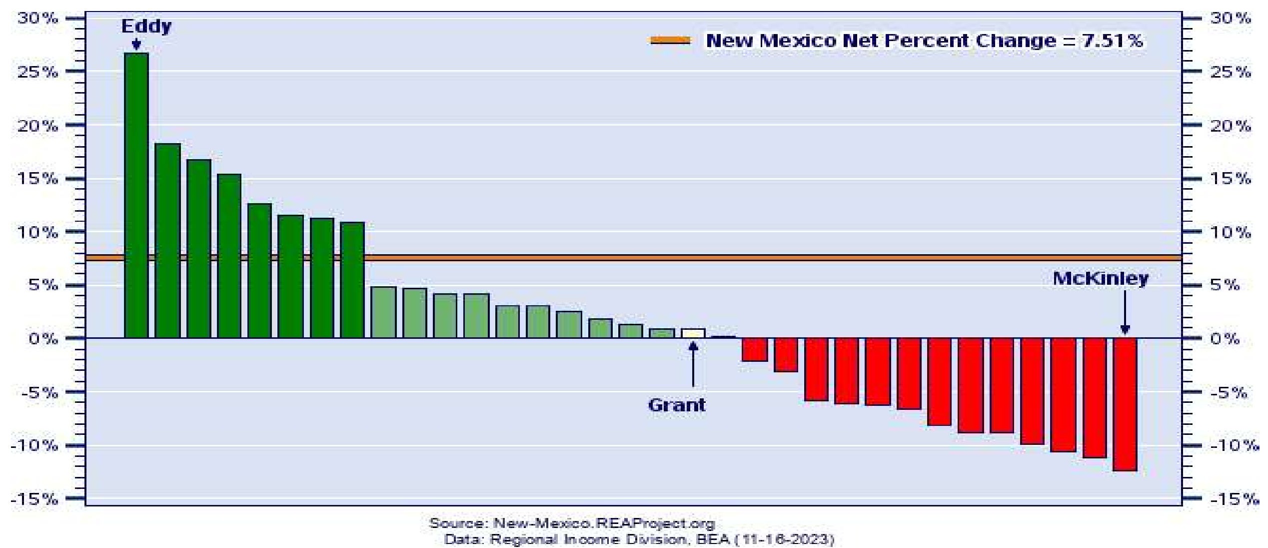
Between 2010 and 2021, Grant County had a 4.2% loss in employment, according to the NM Rural Economic Analysis Project (NM REAP). The County's loss was less than Hidalgo (-13.05%), and slightly more than Luna (-3.41). The SWNM region struggles economically. According to the *Grant County NM Workforce Development Plan, 2020*, the economy is most reliant on jobs in healthcare and social services, education, and mining, with growth in some and reduction in others.

Figure 19 Percent Growth in Employment, 2010 compared to 2021, NM REAP



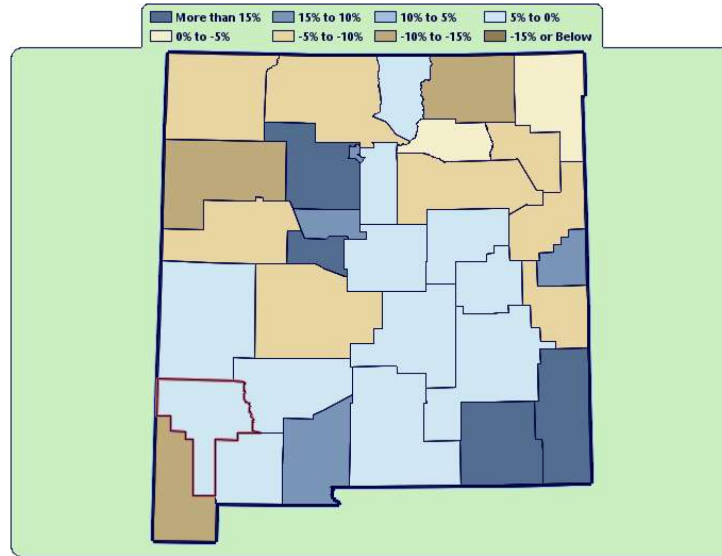
However, it appears that there has been significant improvement for Grant County and/or a data lag between 2021 and 2022, as the new chart from NM REAP shows.

Figure 20 Percent Growth in Employment, 2010 compared to 2022, NM REAP



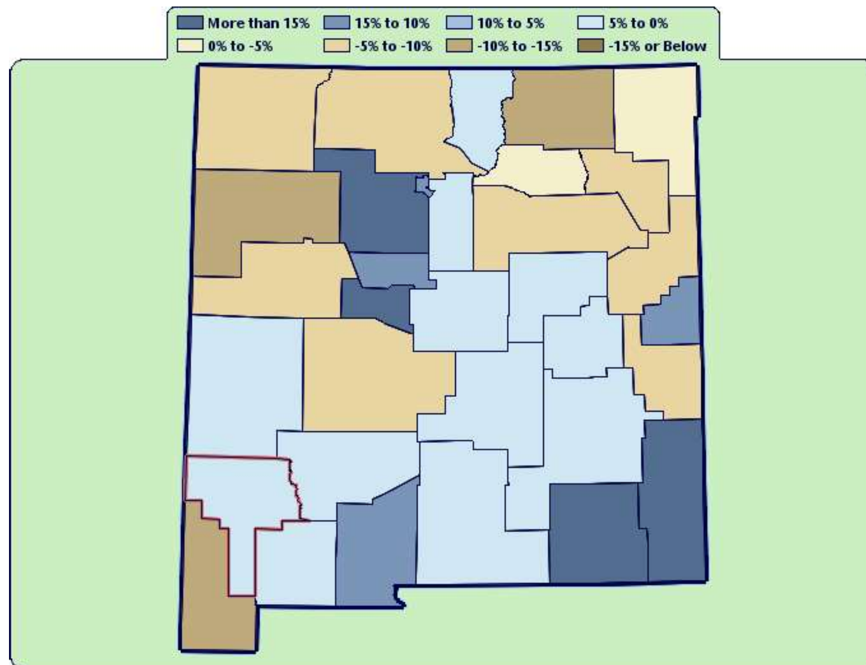
As one can see from the chart, Grant County is has gained traction with jobs and economic development in the early years of this decade.

Figure 22 Percent Growth in Employment, 2010 compared to 2022, NM REAP



However, the increase in jobs seems to have outstripped the increase in personal income, which may mean that more low-wage jobs have been added to the economy. However, there seems to be some positive movement, and, with projected growth in higher paying healthcare and social service jobs, this may be the beginning of a positive trend.

Figure 23



B. Health and Behavioral Health

Grant County is considered to be a healthy county according to Robert Wood Johnson's (RWJ) *County Ratings and Roadmaps, 2023*. RWJ is one of the national leaders in health research. It uses multiple criteria to develop its ratings on health factors and health outcomes. Health outcomes represent the overall health of a county, at this point in time. Grant County is rated by RWJ in the higher middle range of counties in New Mexico (50% - 75%). Primary causes of death and self-reported behavioral health indicators are some of the criteria used in their ranking for health outcomes. Social Determinants are not primary factors in the RWJ rankings, which is interesting.

Health factors are those things that we can modify to improve our length and quality of life. RWJ ranks Grant County among the healthiest counties in the state, in the highest quartile (75% - 100%). The healthcare system, natural environment, and health practices like vaccinations represent some of the key criteria that shape the rankings by Health Factors RWJ.

Although community health is primarily shaped by the Social Determinants of Health, quality of life measures and the leading causes of death provide an important lens for which to understand the population's primary health challenges and strengths. The following two charts are adapted from the "Data Report" by Leah Sanchez, for the CHI SWNM Behavioral Health Project.

Figure 24 Quality of Life Measures, Robert Wood Johnson, *County Ratings and Roadmaps, 2023*

Quality of Life Measure	Grant County	New Mexico	United States
Poor or Fair Health (adults)	16%	14%	12%
Poor Physical Health Days (adults, per month)	3.3	3.1	3.0
Poor Mental Health Days (adults, per month)	4.6	4.3	4.4
Sad or Hopeless (grades 9-12, 2021)	45%	44%	36.7%
Low Birth Weight Infants	10%	9%	8%

Figure 25 Leading Causes of Death, (age-adjusted rates per 100,000 population)[12]

	Grant	New Mexico	United States
Heart Disease	164.7	145.5	173.8
Cancer	116.1	131.3	146.6
COVID-19	134	128	104.1
Unintentional Injuries	76.7	95.8	64.7
Unintentional Injuries *(drug overdose not included)*	37.5	61.4	32.3
Chronic Lower Respiratory Disease	36	40.5	34.7
Chronic Liver Disease	22.3	39.7	14.5
Drug Overdose	39.2	34.4	32.4
Cerebrovascular Disease/Stroke	26.8	33.6	41.1
Diabetes Mellitus	23.5	27.3	25.4
Suicide	29.3	24.1	14***

****Suicide is not actually in the Top 10 leading causes of death in the US, but the rate is presented here for comparison. Kidney disease is the 10th leading cause of death in the US.*

The NM Department of Health tracks data about health status, healthcare, and other factors in its indicator-based data system. These indicators provide an important collage picture of the health strengths and weaknesses of each county. This table on the next page provides data on many of the key factors, but not all that are tracked by NMDOH IBIS.

Areas where the County ranks better than state averages are shaded in green; areas where the County is worse are shaded in orange. Deeper shades indicate stronger differences. Greatest health challenges include influenza and pneumonia, childhood asthma, child abuse, disability rates, drug overdose and firearm-related deaths. Health strengths are seen in lower than stated averages for stroke, alcohol-related, and Covid-related deaths, life expectancy, and older adult fall rate and Alzheimer's disease rates. The County has some excellent physical health indicators, with low levels of stoke deaths, and only slightly elevated heart disease- and diabetes-related deaths. Key older adult health indicators are strong, as are alcohol-related indicators.

[12] When sample sizes were small, multiple years were used when possible:
Cerebrovascular Disease/Stroke: all NM County & State rates from 2017-2021; US from 2021;
Unintentional Injury: all NM County & State rates from 2017-2021; US from 2021
Chronic Lower Respiratory Disease: all NM County & State rates from 2017-2021; US from 2021
Diabetes: all NM County & State rates from 2017-2021; US from 2021
Suicide: all NM county and state rates from 2017-2021; US from 2021
Drug Overdose: all NM county and state rates from 2017-2021; US from 2021

Figure 26 Health Data from the NM Department of Health (NMDOH) Data[13]

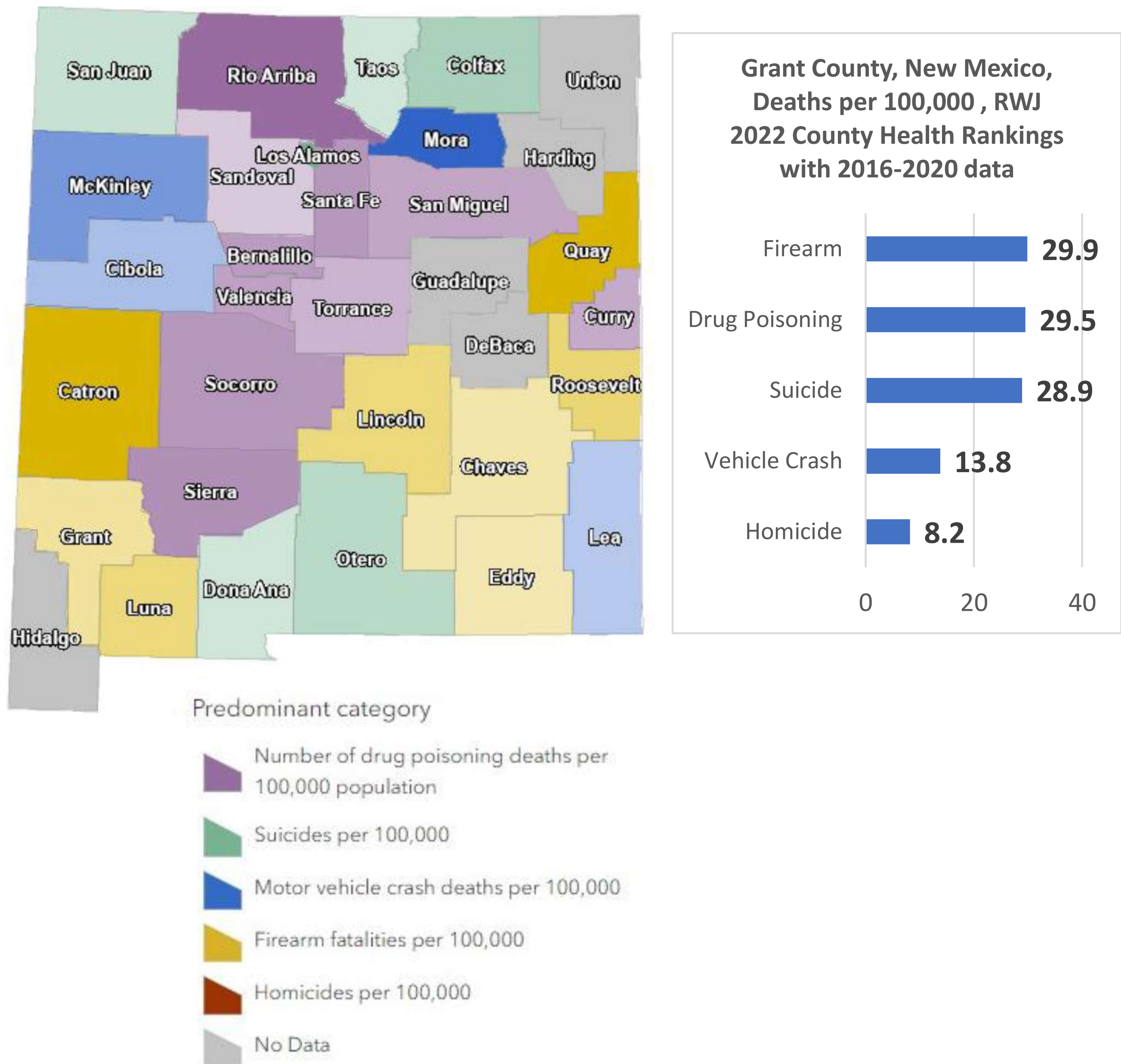
Indicator	Grant	NM	US	Reference
Teen Birth Rate	24.4	23.8	Similar	2018-2020, per 1,000, NMDOH IBIS
Deaths from Influenza and Pneumonia	20.6	13.7	Worse	2016-2020, per 100,000, NMDOH IBIS
Childhood Asthma-Related ED Visits	48.4	27.2	Worse	2016-2018, per 100,000, HSD 2022 Data Bk
Syphilis Cases Reported	0	33.1	Better	2020, per 100,000, NMDOH IBIS
Pertussis Cases Reported	0.7	8.1	Better	2016-2020, per 100,000, NMDOH IBIS
COVID-Related Death Rate	40.4	105.8	Better	2020, per 100,000, HSD 2022 Data Bk
Heart Disease Deaths	162.6	151.9	Similar	2019-2021, per 100,000, NMDOH IBIS
Stroke Deaths	23.2	34.0	Better	2015-2017, per 100,000, NMDOH IBIS
Diabetes Death Rate	30	26.9	Similar	2018-2020, per 100,000, NMDOH IBIS
Female Breast Cancer Death Rate	20.2	19.2	Similar	2013-2017, per 100,000, NMDOH IBIS
Lung Cancer Deaths	27.8	28.1	Similar	2013-2017, per 100,000, NMDOH IBIS
Unintentional Injury Deaths	72.4	69.9	Similar	2015-2019, per 100,000, NMDOH IBIS
Firearm-Related Death Rate	27.4	20.3	Similar	2016-2020, per 100,000, NMDOH IBIS
Motor Vehicle Traffic Crash Deaths	15.5	18.8	Similar	2016-2020, per 100,000, NMDOH IBIS
Adults with Disabilities	24.2	19.2	Ukn	2020, percent, HSD 2022 Data Bk
Alzheimer's-Related Death Rate	11.8	23.2	Ukn	2016-2020, per 100,000, HSD 2022 Data Bk
Older Adult Fall Death Rate	89.4	94.4	Similar	2014-2018, per 100,000, NMDOH IBIS
Child Abuse Victims Reported	30.5	15.1	Worse	2020, per 100,000, NMDOH IBIS
Alcohol Related Death Rate	62.4	71.9	Similar	2016-2020, per 100,000, NMDOH IBIS
Alcohol-Related Chronic Disease Deaths	29.5	37.3	Similar	2015-2019, per 100,000, NMDOH IBIS
Alcohol-Related Chronic Liver Disease Deaths	18.1	21.9	Similar	2015-2019, per 100,000, NMDOH IBIS
Alcohol-Related Injury Death Rate	29.8	29.9	Similar	2015-2019, per 100,000, NMDOH IBIS
Drug Overdose Death Rate	38	26.2	Similar	2015-2019, per 100,000, NMDOH IBIS
Students Reporting Feeling Sad or Hopeless (grades 9-12, daily, past 2 wks)	45.40%	44.2%	Similar	2021(Youth Risk & Resiliency Survey, YRRS), percent, NMDOH IBIS
Suicide Death Rate	29.3	24.2	Similar	2017-2021, per 100,000 NMDOH IBIS
Students Reported Attempting Suicide	13.6%	10.4%	Similar	2021, percent, Youth Risks/Resiliency, 2021
Life Expectancy from Birth	77.2	76.9	N/R	2018-2020, NMDOH IBIS

(NMDOH IBIS data may vary slightly from HSD, RWJ and other data, based upon sources and years used.)

[13] NMDOH IBIS is the Indicator Based Data System

There are a number of factors that are considered in the unintentional injury and suicide reports. Robert Wood Johnson tracks health data and provides ratings for counties. The following map shows that the primary factor in its unintentional injury rate is firearm fatalities. The other causes for unintentional injury can include drug poisoning (drug overdose), vehicle crashes, and homicide. Suicide is considered an intentional injury. One of the challenges with drug overdose reporting is that there needs to be a judgment call by medical experts about whether the overdose was intentional or unintentional.

Figure 27 Primary Causes of Unintentional and Intentional Injury NMCDC



Data about youth can be found in the Youth Risks and Resiliency Survey (YRRS) reports. The following represent data from its most recent reports for middle school and high school youth in Grant County. The YRRS collects data differently for middle and high school youth with respect to some indicators, starred below. The information comes from surveys of youth, and is self-reported data. There are high rates of reported bullying, fighting and mental health concerns.

Figure 28 YRRS Data on Middle and High School Youth

Indicator	Middle		High	
	Grant	NM	Grant	NM
Bullied at school	48.80%	41.50%	30.90%	13.60%
Bullied online	31.10%	27.10%	20.70%	12.50%
Been in physical fight	44.00%	39.80%	17.70%	20.20%
Carried weapon (including gun/high school)	55.60%	35.90%	17.30%	10.60%
Used alcohol (MS)/Current Use (HS)	24%	22.40%	33%	19.50%
Used marijuana (MS)/Current Use (HS)	13.80%	10.80%	36.20%	20.30%
Feeling sad or hopeless			45.40%	44.20%
Frequent mental distress	20.80%	25.20%	27%	32.70%
Thoughts of suicide (MS) Seriously considered (HS)	21.20%	27.10%	18%	20.10%
Skipped school for safety concerns			17.70%	14.90%

Healthcare System

The healthcare system that exists in Grant County can make a significant difference in health outcomes, especially for specific areas that can be managed and improved through effective care management and treatment. Grant County has a significant number of Federally Qualified Health Centers (FQHCs) that provide primary care, vision, dental, and behavioral health services. The FQHC for Grant County is Hidalgo Medical Services, which has clinics and programs in Animas, Bayard, Cliff-Gila, Mimbres, Santa Clara, and Silver City, providing a wide range of services. FQHCs represent the backbone of primary health and behavioral health care in New Mexico, as they provide care to people covered by Medicaid, which is not the case with all providers. FQHCs also provide uncompensated and sliding fee scale care. There are other health and behavioral health providers in Grant County that provide a range of services, which creates a more robust system of care. A few include Silver Health Care, Recovery Management Center (RMC) and others. (See the Behavioral Health Map Directory in the Appendices.)

Figure 29 HMS FQHC Locations and Coverage as of July 2023 (NMCDC)

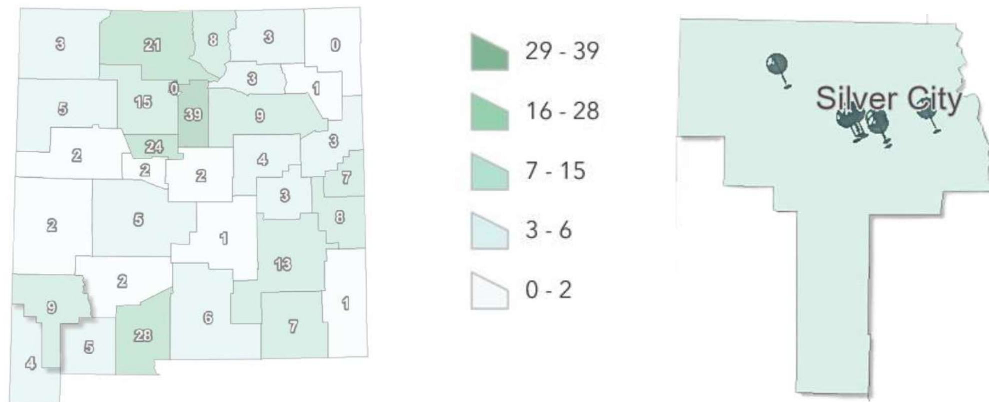


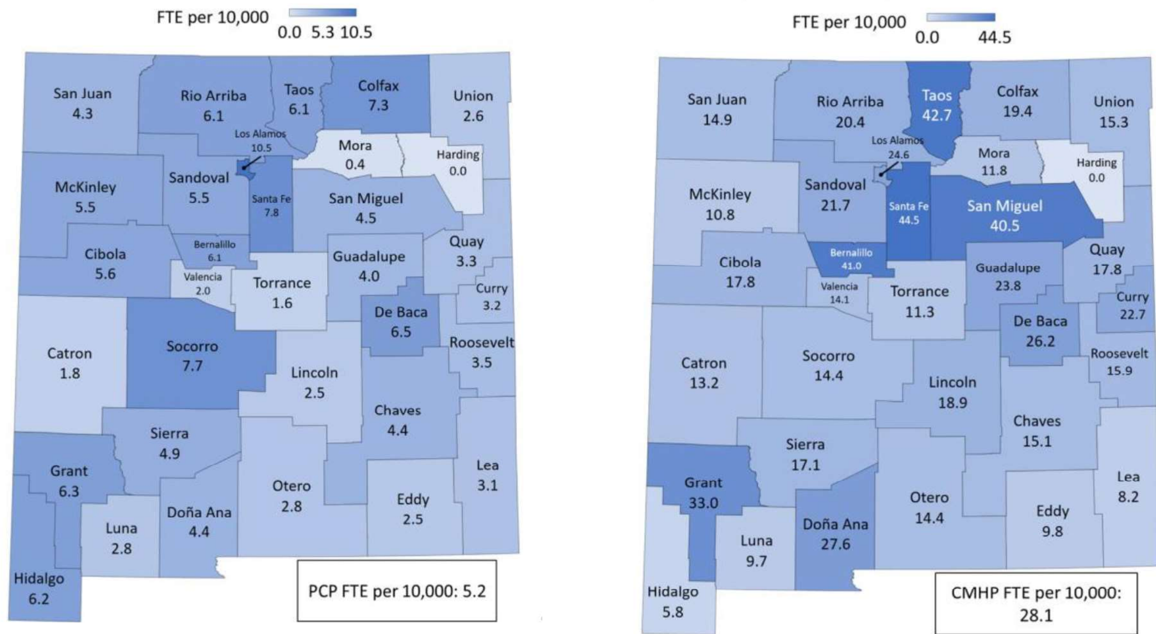
Figure 30 Listing of HMS Clinics and Programs (HMS Website)

HMS Community Health Center
HMS Med Square Clinic
HMS Silver High School Wellness Center
HMS Tranquil Skies
HMS Tu Case
HMS Community Health Center
HMS Med Square Clinic
HMS Silver High School Wellness Center
HMS Tranquil Skies
HMS Tu Case

Another important measure of system capacity is the number of primary care and mental health professionals in the county. Grant County has a good number of primary care professionals and an excellent number of mental health professionals, These are shown on the map below. The data shows the number of professionals per 10,000 people.

Many primary care (health and mental health (behavioral health) professionals accept Medicaid and Medicare. However, some do not, which does reduce access to care for the poor, uninsured, and elderly.

Figures 31a and 31b Core Primary Care and Mental Health Professionals, HSD 2022 Data Book



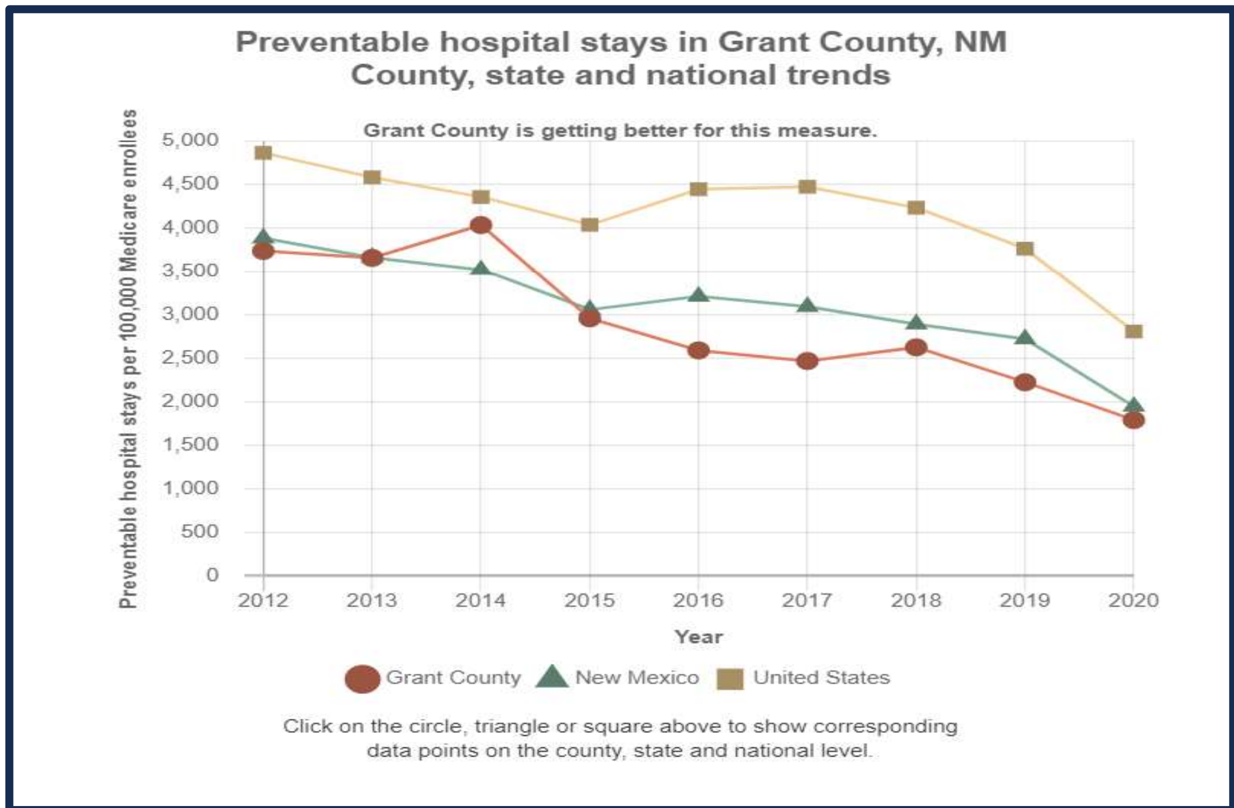
Grant County has higher than state average per capita primary care physicians and mental health providers. It also has a higher level of insurance coverage among residents and a higher percentage of peoiple with a medical home.

Figure 32

Health Access Indicator	Grant	NM	US	Source
Persons with a Primary Care Provider	74.10%	68.70%	75.50%	2004-2020, percent, NMDOH IBIS
Persons without Insurance Coverage	7.80%	11.50%	10.40%	2008-2018, percent, NMDOH IBIS

In Grant County, a total of 1,789 hospital stays could have been prevented through more proactive management of health conditions and post-hospital intensive supports (for those stays that represent readmissions). Gila Regional has improved its preventable hospital stay rates, which are lower than the rates for the state and nation. Preventable hospital stays are measured at per 100,000 population. This means that the actual number of stays is less than 1,789, since the population of Grant County is just over one quarter of the 100,000 measure.

Figure 33



IV. Main Themes in Other Grant County Plans

The following represents a list of many of the plans developed over recent years that seem most relevant to the needs assessment. Those plans listed cover a wide variety of topics: (1) land, water, transportation, and assets, (2) job creation and economic development, (3) health and behavioral health, (4) education, and (5) general county and city planning. This represents a diverse mix of plans. What they do share in common is a concern about the need to upgrade and maintain Grant County's physical environment and quality of life, to include health and behavioral health, education, environment and infrastructure, and the agencies serving the communities and County. Many of the plans refer to the community needs and cite demographic, health, and economic data and trends which indicate the need for countywide ongoing economic development, community development, and addressing key health and social issues. A good number of the plans are more than 4 years old, and most cite data that is now 4 to 5 years old. The key findings, recommendations, and actions taken can guide the work of the Community Needs & Assets Assessment, as needed. Data and data trends can be updated.

This is not a comprehensive listing of all plans written. Many of these plans are listed on the Southwest New Mexico Council of Governments (SWNM COG) website, which provides extensive information on planning in Grant County and the SWNM region. (Home - Southwest New Mexico Council of Governments (swnmcog.org).

2023 Statistical Abstract: Selected Information on District V, by SWNM Council of Governments (2023) SKM_C360i23061211110 (swnmcog.org)

Community Action Plan for Silver City, NM (2018). (https://swnmcog.org/wp-content/uploads/2022/06/2018-Local-Foods-Local-Places.pdf) Technical assistance (TA) plan for Local Food Local Places, by the Environmental Protection Agency. The public input part of the TA process led to the development of goals and an action plan.

Grant County Asset Management Plan (2018). (https://bhinc.com/wp-content/uploads/2021/09/GrantCountyAMP_Final_12-6-18.pdf) Plan for managing the growing needs for maintenance of county assets, with a primary emphasis on roads.

Grant County Collaborative Senior Services Plan (2019). (https://swnmcog.org/wp-content/uploads/2022/06/Grant-Collaborative-Senior-Services_Plan.pdf) Identifies older adult and community needs, resources and gaps, and outlines priorities developed by planning committee for improving health and wellbeing for older adults.

Grant County Community Health Council Health Profile. (https://www.nmhealthcouncils.org/commhealth-assessments) Summary of community needs, equity indicators, and health priorities.

Grant County Comprehensive Plan (2017). (https://swnmcog.org/wp-content/uploads/2022/06/2017-Grant-County-Comprehensive-Plan.pdf) Identifies strengths

(quality of life, outdoor opportunities, anchor institutions) and weaknesses (population decline, loss of tax base, economic development).

Grant County Comprehensive Outdoor Recreation & Trails Master Plan (2022). (https://swnmcog.org/wp-content/uploads/2022/12/Grant-CountyPlan.pdf) Provides a comprehensive analysis of current conditions, community priorities, challenges, opportunities, and recommendations for further development of recreation and trails.

Grant County Economic Development Plan (2012). (https://swnmcog.org/wp-content/uploads/2022/06/Grant-County-Economic-Development-Master-Plan.pdf) Provides an analysis of the county's economic trends and situation, with recommendations for economic development strategies.

Grant County Gila Regional Healthy Hospital/Healthy Community Initiative (2012-2017). Provides a summary of services provided in the 4-Star medical facility, their economic impact, and the need for county tax support for the hospital.

Grant County Hunger Information Sheet (not dated). https://swnmcog.org/wp-content/uploads/2023/02/Grant-CO-Hunger-Information-Sheet.pdf. Provides excellent bullet points about hunger in Grant County and New Mexico, primarily from 2021 data. Quotes high levels of food insecurity for adults and children.

Grant County Resilience Action Plan (2023). This solution-focused plan includes a needs assessment along with specific recommendations for addressing areas of need. The areas prioritized in the report include the economy, natural disasters and the environment, leadership, health, and housing. It includes current data, a summary of the Social Vulnerability Index for Grant County, and risk matrices that address severity of impact and likelihood of occurrence as well as and the severity of impact and the ability to mitigate.

Grant County Workforce Development Plan Executive Summary (2020). (https://swnmcog.org/wp-content/uploads/2023/03/GCWDP_Executive-Summary.pdf) Summary offers an analysis of workforce needs and opportunities, using a broad systems approach. Workforce development priorities include the area of healthcare, with a system development flow chart outlining what is needed for healthcare workforce development.

Grant County Workforce Development Strategic Plan (2020). (https://swnmcog.org/wp-content/uploads/2023/03/Grant-County-Workforce-Development-Plan-Final.pdf) Analyzes Grant County's workforce job development, recruitment, and retention landscape. This includes challenges related to rural location challenges, education and training, job development, recruitment, and retention as well as barriers faced by workforce to include childcare and transportation costs. The plan has recommendation related to reshaping opportunities to include remote work.

Housing New Mexico: A Call to Action (2022), NM Mortgage Finance Authority (MFA). (https://housingnm.org/uploads/documents/New_Mexico_Housing_Strategy_Complete_Report_Sept_2022.pdf) The MFA's report, working with Root Policy Research, identifies the root causes and effects of the growing housing crisis in New Mexico. They describe the different aspects of the problem and provide a series of tools and resources for addressing housing shortages, lack of affordability, and homelessness. These include a roadmap, practical solutions, and big ideas.

Managing Substance Use Disorder in Rural Southern New Mexico: Gaps, Barriers, and Recommendations (2023). The plan is focused on multiple counties. It identifies regional gaps as housing, transportation, health care system, employment, substance use disorder (SUD) treatment, and the justice system. It includes a series of service delivery and community recommendations in each of the listed areas. Because the report studies all Southern NM counties, including Dona Ana County, it is not specific to Grant County, even though Grant County is included in the large group of counties.

Policy Goals to Improve Behavioral Health Needs of Individuals, Employers and Communities in Rural New Mexico (2020) (https://chi-phi.org/2020/10/09/policy-goals-to-improve-behavioral-health-needs-of-individuals-employers-and-communities-in-rural-new-mexico). This policy report from CHI is focused on 5 rural counties in Southwestern NM, including Grant County. It includes an assessment of challenges with service delivery, workforce recruitment and retention, licensing, policies, and funding. It includes a series of policy, funding, and system development recommendations.

Southwest New Mexico REDI Action Plan Assessment (2019). (https://swnmcog.org/wp-content/uploads/2022/10/SWNM-REDI-Action-Plan.pdf) Identifies the county's downward economic trend as well as areas where the county falls below state averages for health, behavioral health and substance use, child abuse, school performance, job-related skill development, and economic development. It provides an assessment of county assets and strategic opportunities.

Town of Silver City Comprehensive Plan (2005 to 2021) and plans for Hurley, Bayard, and Santa Clara. (https://swnmcog.org/) These plans published between 2005 and 2021, with the plans from Silver City and Bayard being the most recent. They address key municipal issues, to include land use, water, housing, transportation, infrastructure, economic development, and hazards. Some plans include both short and long-term goals.

V. Community Voices: Responses to the Survey

A total of 774 people completed the community survey, with 772 responses in English and 2 in Spanish. The Spanish responses were added to the English survey, so that all responses could be analyzed together. People from throughout the county responded to the survey, with the bulk of the responses from the Silver City zip code areas, roughly proportionate to the population. The response rates from the outlying communities was relatively good, with at least 16 to 20 people responding from the mining district. However, the response rates in the towns of Bayard, Hurley, and Santa Clara were lower than the proportion of the population. The percentage of responses from Silver City was slightly higher than the proportion of Silver City residents to the Grant County total population. A total of 3.52% of the respondents indicated they lived in other outlying communities. The responses were diversified.

Figure 34 Survey Responses by Zip Code (Survey Q #5)

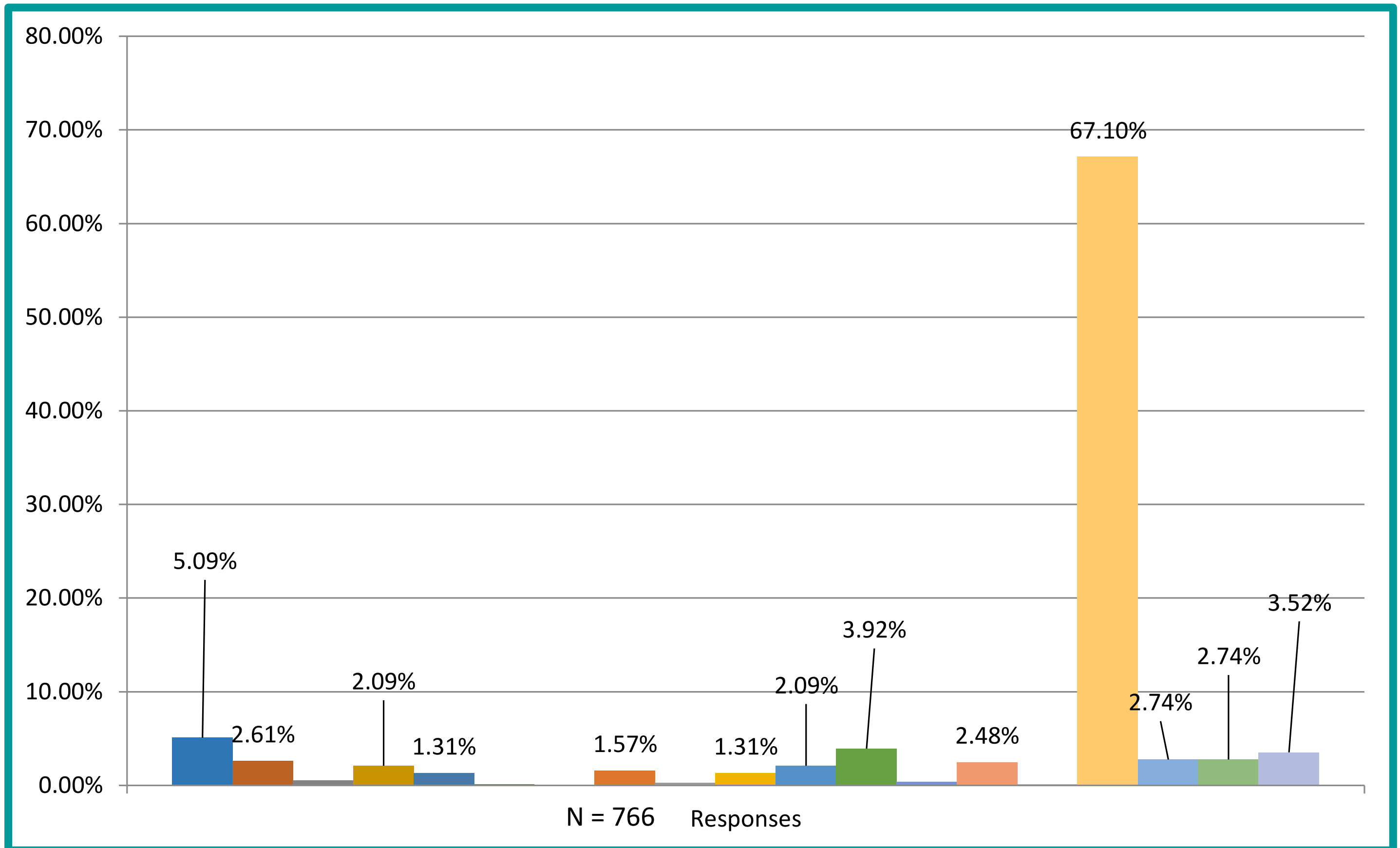
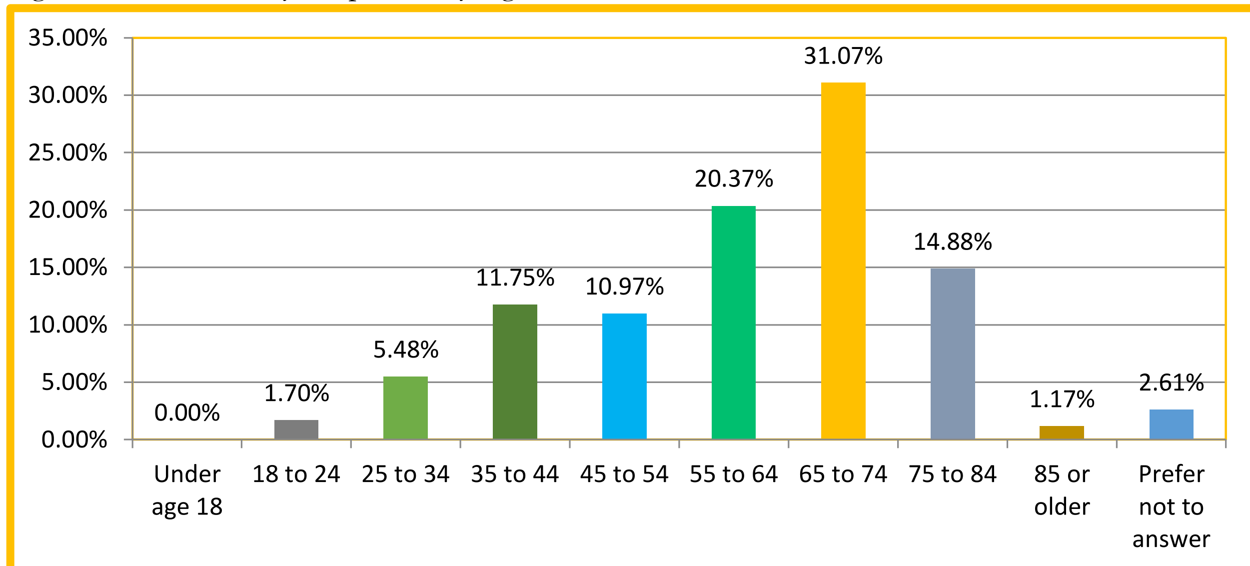


Figure 35 Percentage of Survey Respondents Compared to Percentage of the Overall Population

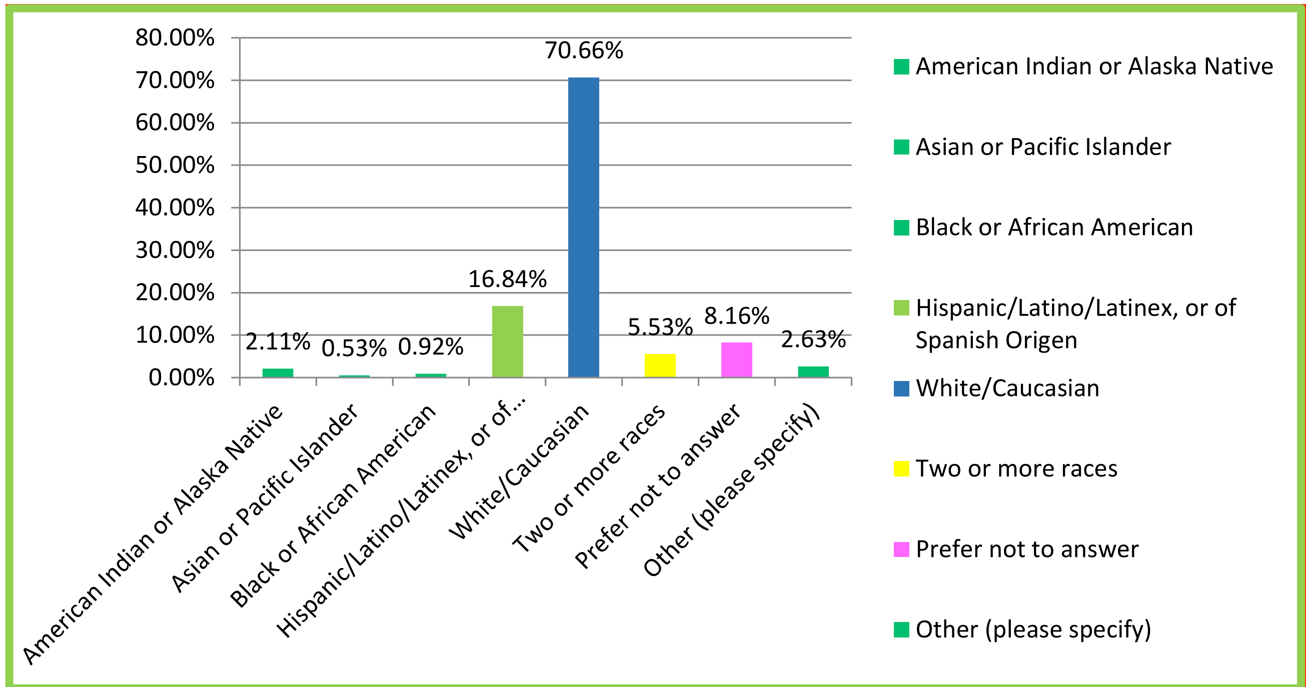
Zip Code of Survey Respondent	Percent of Surveys	Percent of Population
88022 (Arenas Valley)	5.09%	0.36%
88023 (Bayard)	2.61%	8.12%
88025 (Buckhorn)	0.52%	0.84%
88026 (Santa Clara)	2.09%	5.85%
88028 (Cliff)	1.31%	1.77%
88034 (Faywood/Rural Eastern Grant County)	0.13%	1.77%
88036 (Lower Mimbres/Royal John Region)	0.00%	Not listed
88038 (Gila)	1.57%	1.40%
88040 (Hachita)	0.26%	0.35%
88041 (Faywood, Hanover and San Lorenzo)	1.31%	3.51%
88045 (Hurley/Rural Southern Grant County)	2.09%	5.61%
88049 (Mimbres)	3.92%	3.58%
88051 (Rural Western Grant County/Red Rock)	0.39%	0.41%
88053 (Pinos Altos)	2.48%	0.99%
88055 (Red Rock Area)	0.13%	0.16%
88061 (Silver City)	67.10%	64.12%
88062 (Silver City)	2.74%	Postal zip not listed
88065 (Tyronne)	2.74%	2.63%
Other unincorporated community	3.52%	Category not included

Figure 36 Survey Responses by Age



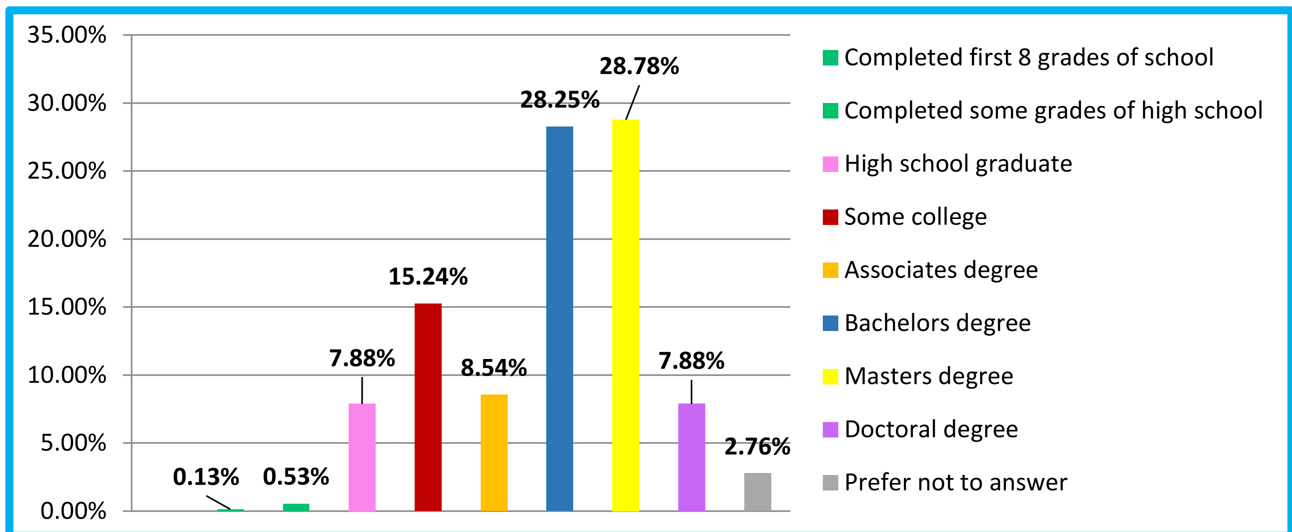
Survey responses were higher among older adults, with lower proportionate responses from younger people. Although Grant County's percentage of elderly is higher than state averages and percentage of youth and young adults is lower, the survey's respondents had a more pronounced trend, which is indicative of the future population trend.

Figure 37 Survey Responses by Race and Ethnicity



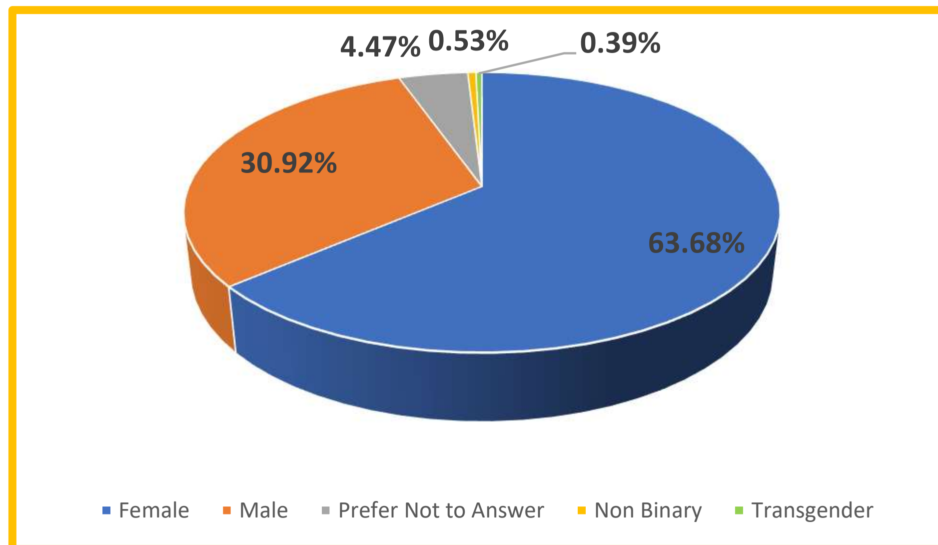
The survey responses somewhat reflect the diversity of the Grant County population, with an overrepresentation of Whites and an underrepresentation of Hispanic population groups. Since White is a racial category that includes the majority of the Hispanic population, and Hispanic is a cultural, not racial, designation, it is probable that a number of people simply checked one category, as White. A significant percentage of survey respondents indicated they preferred not to answer, which could include a proportion of Hispanic people. However, even adjusting for those factors, there is still an underrepresentation of Hispanics. The Hispanic population in Grant County, constitutes 49.8%, or half, of the County's population. This might reflect some of the cultural ethos of underrepresentation and inequity, community outreach, and/or survey fatigue. The consultant has made an effort to address this by looking at some of the survey responses both by racial/ethnic category; by zip codes representing the mining district, where a significant proportion of Hispanic people live; and through focus group discussions in small communities.

Figure 38 Survey Responses by Level of Educational Attainment



The majority of those responding to the survey have a bachelors or master's degree or some college. This represents a higher proportion of people with a college or advanced degree than exists in the general population, and lower proportion of people with a high school diploma or some college.

Figure 39 Survey Responses by Gender



Slightly fewer than two thirds of the respondents to the survey were female (63.68%), with just less than one third (30.92%) male. A total of 4.47% preferred not to answer. Just under 1% of those responding identified as either non-binary or transgender. This reflects a higher proportion of women responding and lower proportion of men than in the overall population. Research indicates that women are more likely to self-select to respond to surveys than men, which other research indicates that women respond more actively to mail or paper surveys.[14]

[14] Findings from the US Department of Education and Research Gate.

Survey Question #1: What do You See As The Most Important Strengths of Grant County?

When asked to list the community strengths, or assets, the survey respondents overwhelmingly identified the people, community, and sense of community as their top choice. The next priorities included the natural resources and Gila, friendliness and caring, and the weather. Other priorities included diversity, the small town, location, access, and history and culture. [15]

Figure 40 Survey Responses on Most Important Strengths

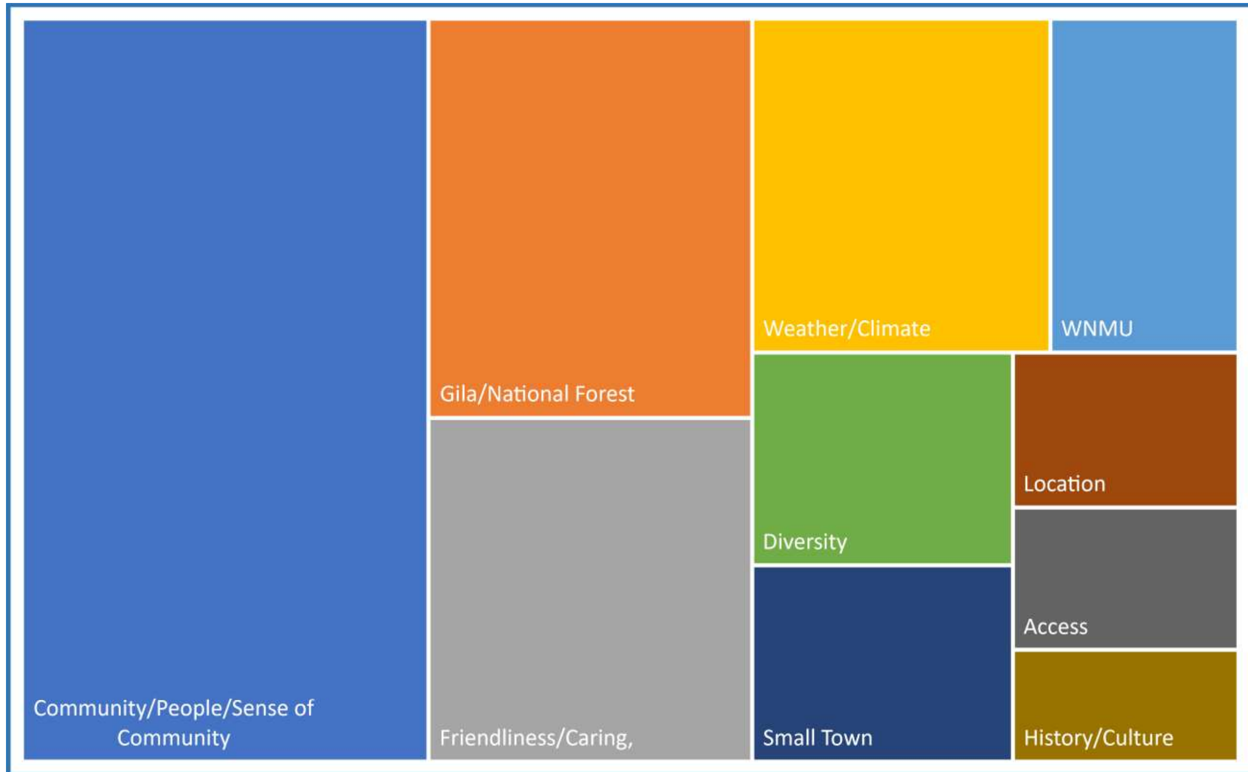


Figure 41 Data Most Important Strengths

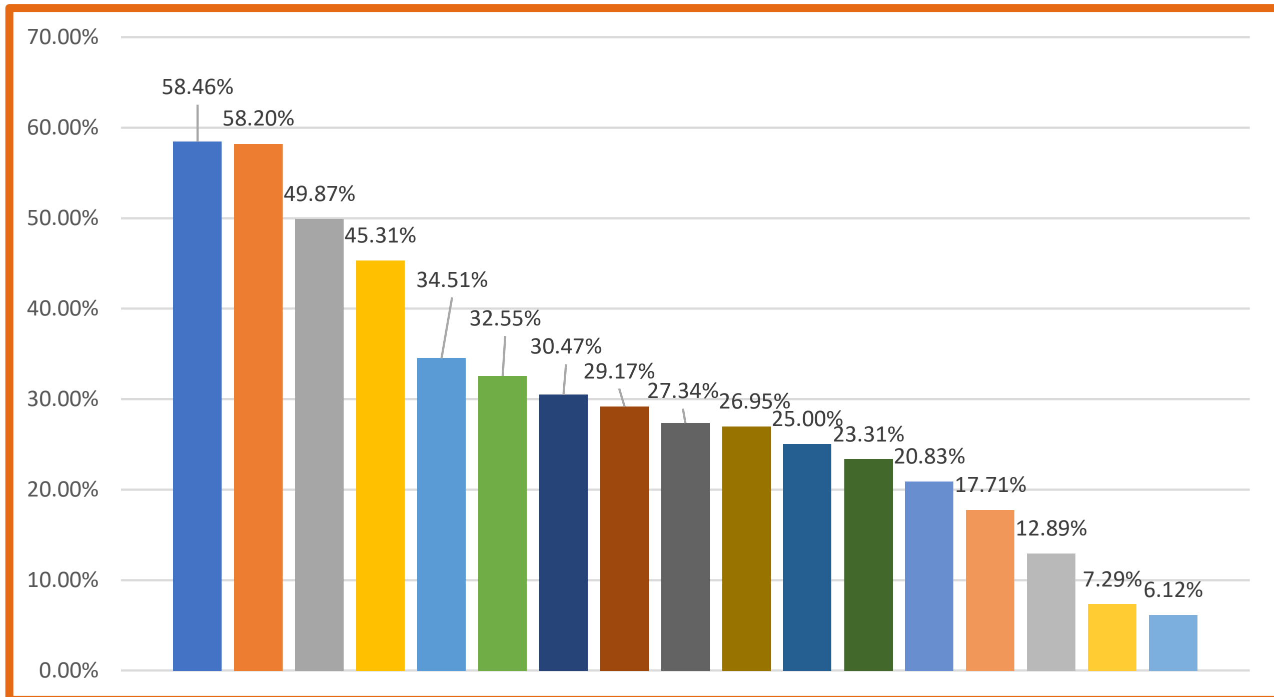
Community/People/Sense of Community	337
Gila/National Forest	144
Friendliness/Caring	124
Weather/Climate	111
WNMU	70
Diversity	62
Small Town	57
Location	39
Access	36
History/Culture	28

[15] Because there were many written answers, the consultant worked with the lists generated by Survey Monkey and answers, and placed some answers from the listings together into these topic areas, which focus on the top priorities, rather than the detail.

Question #2: Most Important Areas of Community Need in Grant County

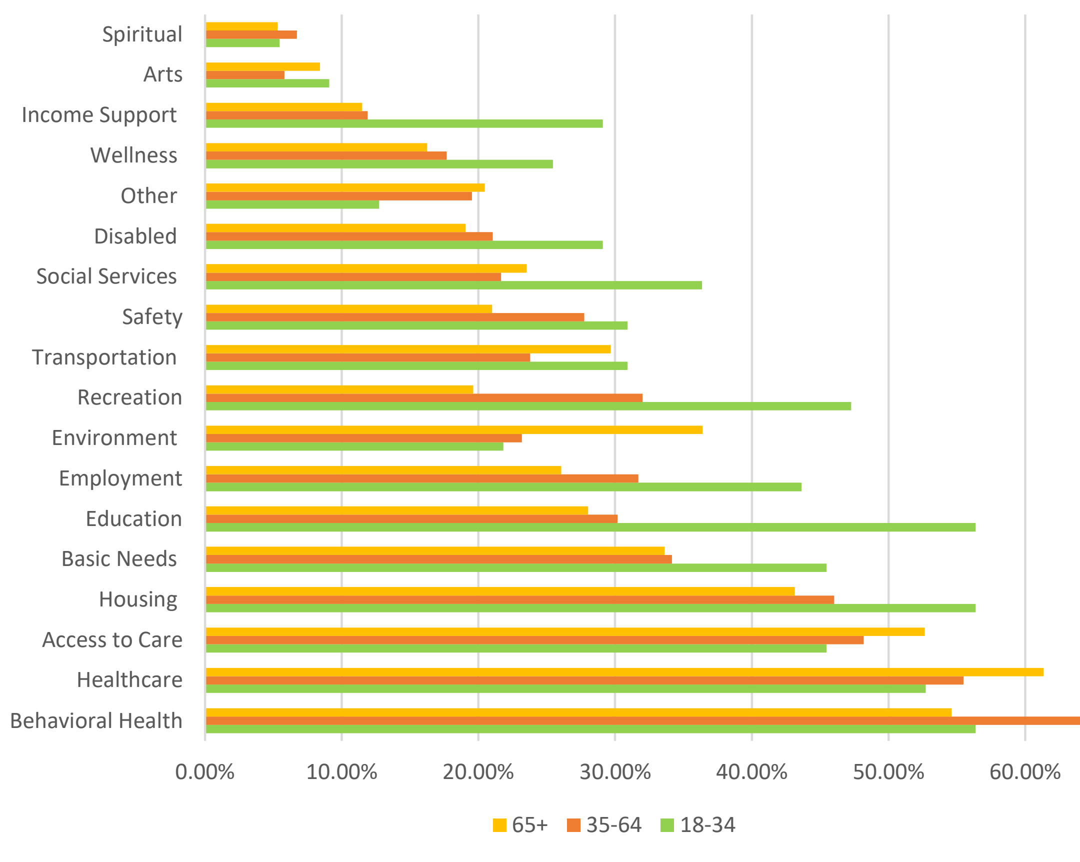
The community survey provides us with a clear picture of what the community considers to be the most important needs to be addressed. These include: behavioral health, healthcare, access to care, and housing. Also important are basic needs, education, and employment. This question is also analyzed by key demographic characteristics in the following pages.

Figure 42 Most Important Areas of Need – Graph with Data



Area of Need	Percent
Behavioral Health (mental health and substance use)	58.46%
Healthcare (all types of healthcare)	58.20%
Access to Care (ability to access needed care from whatever type of agency)	49.87%
Housing (emergency, transitional and/or permanent housing)	45.31%
Basic Needs (food, clothing, utilities)	34.51%
Education (public and private education, workshops and seminars, job training)	32.55%
Employment (all types of employment)	30.47%
Environment (protection of natural resources, managing fires)	29.17%
Recreation (parks, indoor and outdoor facilities, recreation activities)	27.34%
Transportation (public transportation, ride sharing)	26.95%
Safety (safety in public spaces, at home, lighting)	25.00%
Social Services (all types of social services)	23.31%
Disabled (services and resources for the disabled)	20.83%
Wellness (prevention, individual and group wellness activities, resources)	17.71%
Income Support (public and private programs and benefits to support income)	12.89%
Arts (visual arts and performing arts in whatever setting)	7.29%
Spiritual (faith communities, spiritual activities, and resources)	6.12%

Figure 43 Q#2 by Age



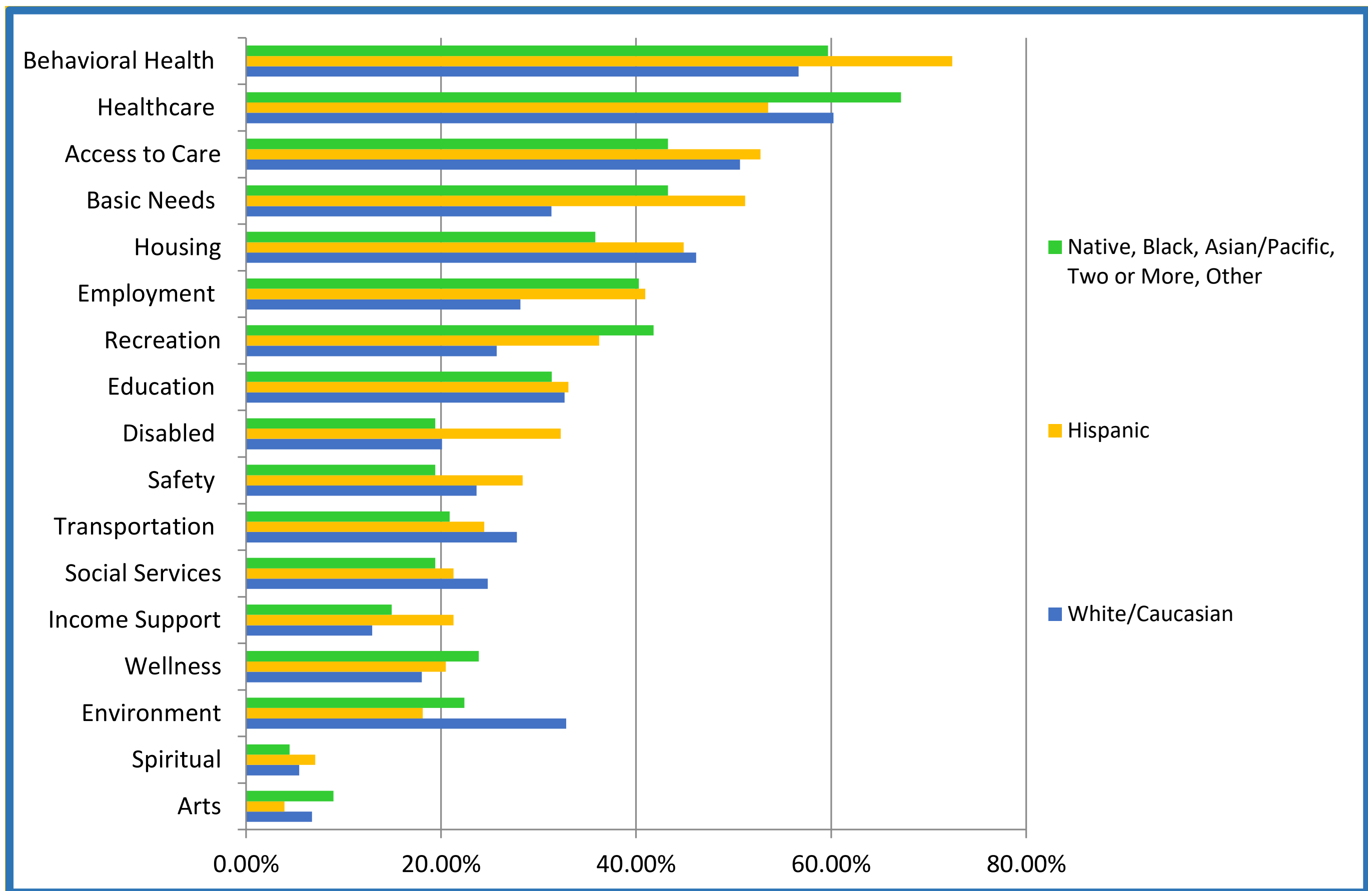
The most pronounced age-related issues and differences in opinion become much clearer when the age breakdowns are simplified into three main categories: young, middle-aged, and older adults. The differences between middle-aged and older respondents are rather small. The most pronounced age issue comes from the dramatically differing responses of younger respondents.

- Young adult priorities: education, employment, housing, income support, recreation, basic needs, employment, and social services.
- Middle-aged adult priorities: behavioral health, healthcare, access to care, and housing.
- Older adult priorities: healthcare, access to care, housing, and the environment.

Reported safety concerns seem to decrease with age. Do housing, income, and employment issues impact young adult safety concerns? Healthcare concerns are most significant for older adults, which reflects their growing needs.

How do these age-related differences in perceived needs impact short and longer term planning?

Figure 44 Q #2 by Race and Ethnicity



The analysis by race and ethnicity clustered the categories of Native, Black, Asian American/Pacific Islander, Two or More Races and Other together as part of an overview, in order to illustrate priorities, especially as identified by the Hispanic population, which represents almost 50% of the population in the County, and is underrepresented in this survey. The totals for all racial and ethnic groups are shown as well. Please note that total number will be greater than 100% as some of the respondents checked multiple categories, such as White (race) and Hispanic (ethnicity).

- The priority concerns for all groups included behavioral health, healthcare, access to care, basic needs, housing, and employment.
- Hispanic respondents have a greater concern for behavioral health and access to healthcare than White respondents.
- Hispanics reported a slightly lower rating for healthcare.
- Disabilities represents a high priority for Hispanics, which aligns with the disability data, showing Grant County has a higher rate of disabilities than state averages
- The environment represents a very strong priority for Whites, with recreation a higher priority for Hispanics.
- Native, Black, Asian/Pacific Islander and other population groups rate healthcare as their top need, above all other areas.

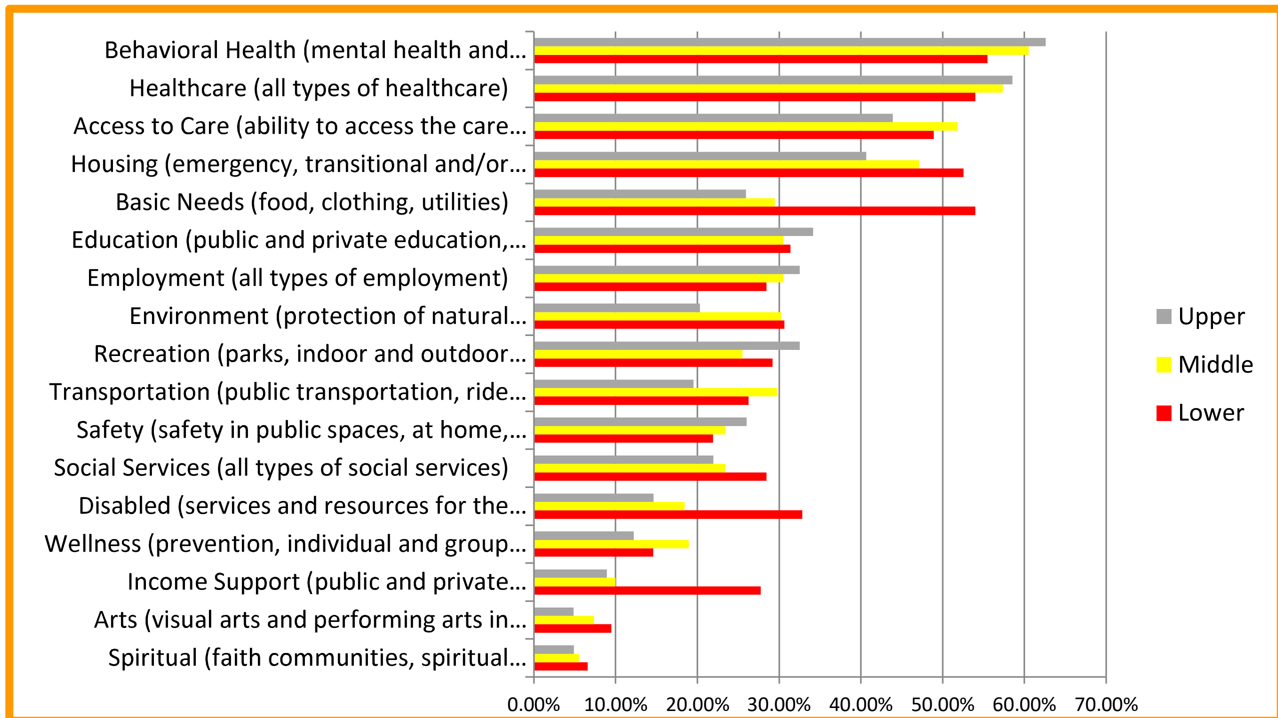
The five top priorities for each of the racial and ethnic groups are highlighted in green. This can provide useful information for identifying priority needs and goal areas for population groups that have either been underrepresented in the survey (Hispanics) and all those that have dealt with health, social, economic, and other inequities, and disparities. It is hoped that this breakdown will help organizations to consider the racial and ethnic lens in order to develop goal areas that are considered not only overall priorities, but priorities for people who are underrepresented.

Figure 45 Q#2 by Race and Ethnicity - Detail

Answer Choices	White	Hispanic	Two or More	Native*	Black	Asian PI*
Access to Care	50.66%	52.76%	36.00%	43.75%	71.43%	75%
Arts	6.75%	3.94%	12.50%	0.00%	14.29%	0%
Basic Needs	31.33%	51.18%	47.50%	50.00%	14.29%	25%
Behavioral Health	56.66%	72.44%	60.00%	68.75%	57.14%	5%
Disabled	20.08%	32.28%	20.00%	25.00%	14.29%	0%
Education	32.65%	33.07%	37.50%	12.50%	42.86%	25%
Employment	28.14%	40.94%	40.00%	37.50%	57.14%	5%
Environment	32.83%	18.11%	30.00%	12.50%	0.00%	5%
Healthcare	60.23%	53.54%	62.50%	75.00%	71.43%	75%
Housing	46.15%	44.88%	37.50%	43.75%	28.57%	0%
Income Support	12.95%	21.26%	17.50%	12.50%	0.00%	25%
Safety	23.64%	28.35%	15.00%	43.75%	0.00%	0%
Social Services	24.77%	21.26%	17.50%	18.75%	28.57%	25%
Recreation	25.70%	36.22%	42.50%	43.75%	42.86%	25%
Spiritual	5.44%	7.09%	5.00%	6.25%	0.00%	0%
Transportation	27.77%	24.41%	20.00%	12.50%	28.57%	50%
Wellness	18.01%	20.47%	22.50%	31.25%	14.29%	25%

Native American and Asian/Pacific Islander respondents had multiple choices for the lower-rated top priorities, so these were highlighted in a lighter shade. There is the greatest amount of alignment among racial/ethnic groups for healthcare, behavioral health, and access to care as top priorities.

Figure 46 Q#2 by Income Levels



Income represents another important factor to consider in developing strategies for and funding top community priorities. Those with the lowest incomes are the most at risk and in need of services, resources, and support. When the many different income levels are clustered into lower, middle, and upper categories, an important picture emerges. There are clear differences in responses between lower and middle/upper income groups. Housing, social services, and basic needs are negatively correlated to income (less important for those at higher income levels). Behavioral health and healthcare are positively correlated (more important for those at higher income levels). However, all people responding did rate behavioral health, healthcare, access to care, and housing as top priorities. The lack of support for basic needs among upper income people should represent a concern for planners and basic needs agencies.

Lower Income

- Top priorities include behavioral health, healthcare access to care, and housing.
- Income support, services for the disabled, and basic needs are identified as priorities twice as much with this group than other groups.

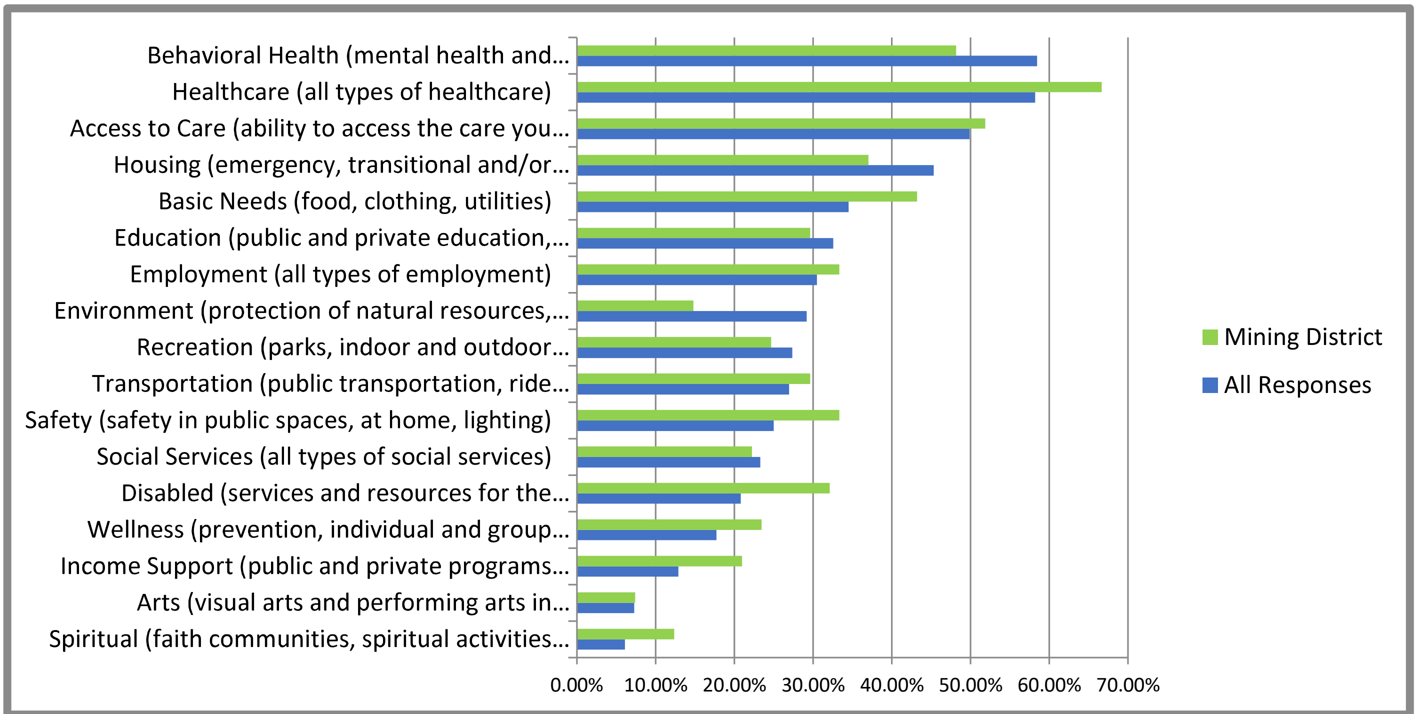
Middle Income

- Top priorities include behavioral health, healthcare access to care, and housing.
- Middle income residents rate access to care, transportation, and wellness higher than do the other two groups.

Upper Income

- Top priorities include behavioral health, healthcare, access, and education as top priorities, all areas where this group rating is higher than ratings by other groups.

Figure 47 Q#2 by Mining District Comparisons



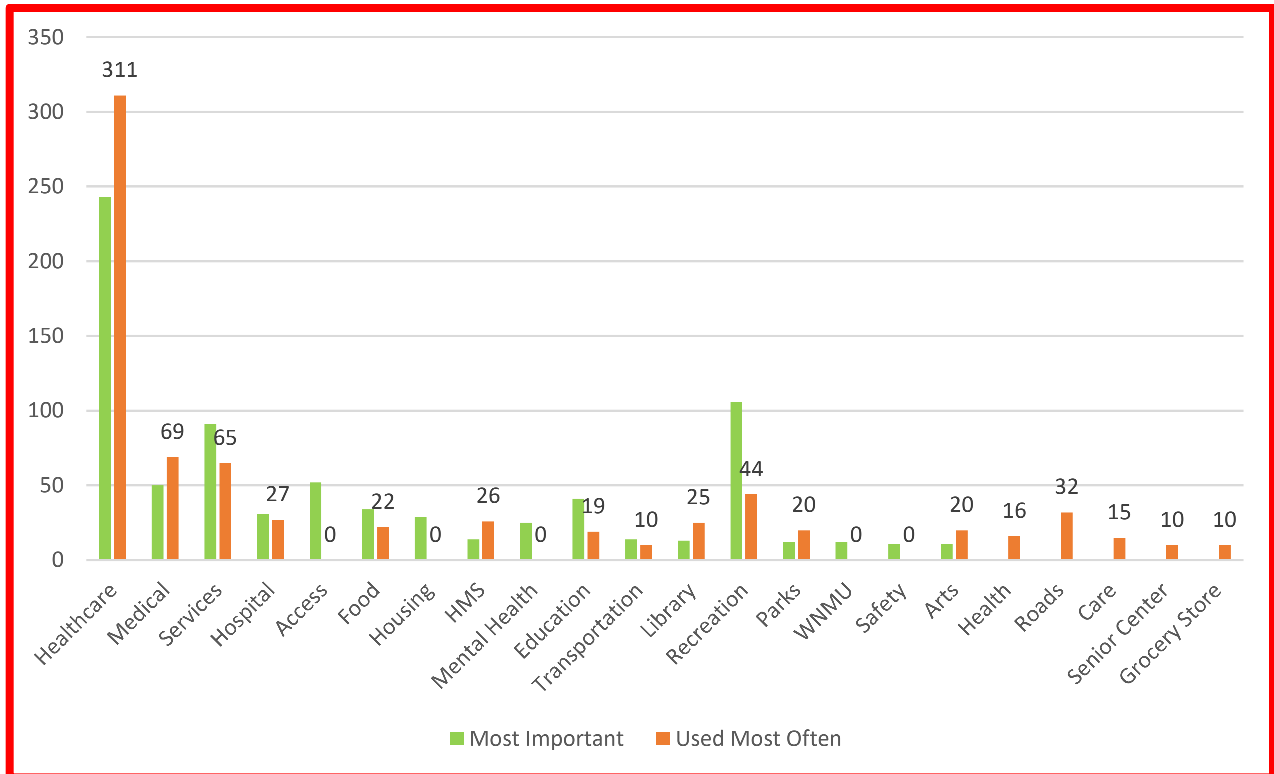
The Mining District, consisting of Bayard, Santa Clara, Hurley, and Mimbres zip codes, represents a significantly Hispanic population within Grant County. Responses to survey questions were analyzed comparing the Mining District with all Grant County responses. Some differences were seen, a few of which are rather significant.

1. Healthcare issues led the list both in the Mining District and Grant County, but with a different emphasis. Compared to Grant County overall, the residents of the Mining District were more concerned with general healthcare and less concerned with behavioral health issues.
2. Although the housing values in the Mining District are lower than the average county value and the average age of housing older, residents emphasized basic income over housing. The mining district has a relatively high owner-occupied housing rate, but has a lower median family income.
3. Three other issues show a divergence. Mining District residents select environmental issues at half the county rate. But they stressed income support at nearly double the county rate. Mining District residents also indicated a far greater need for services for the disabled,

These issues can help inform the prioritization of goals and development of strategies.

Questions #3 and #4: What services do you consider to be most important? What services do you use most often?

Figure 48 Questions about services considered most important and most used



People wrote in their priorities for services they consider most important and they use most often. A word study was completed, reviewing the Survey Monkey top words, the written comments, and their intent, to fit them into categories.

Most Important:

- Healthcare
- Recreation
- Services (of various types)
- Medical
- Access

Used Most Often:

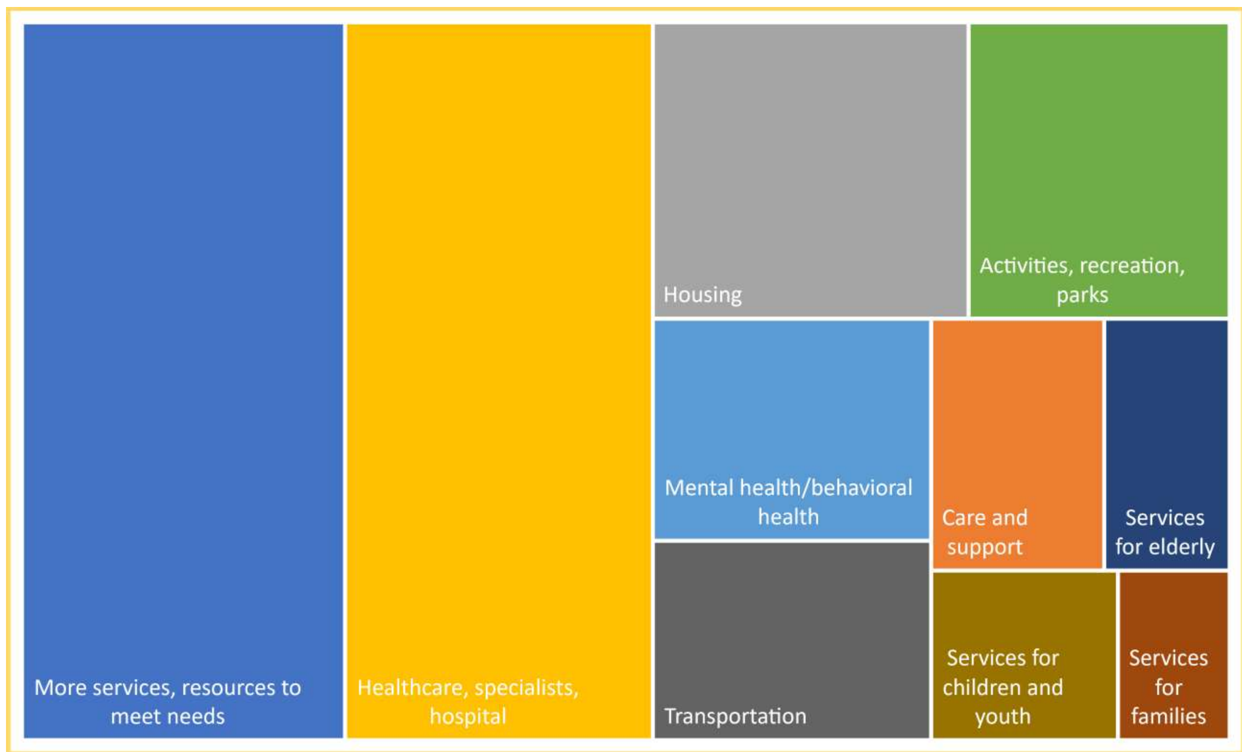
- Healthcare
- Medical
- Services
- Recreation

There seems to be a strong correlation between services that people consider most important and those they use most often. There were a few topics that do not translate well into "use often," such as access to care, which is considered to be important. What is interesting, and not surprising, is that recreation and service utilization, though used often, are considered much more important. That provides helpful information for planning. The reverse is true for healthcare, and not surprising. It indicates that people are using healthcare resources perhaps more than they think is important, or more than they would like to use them (as is the case for many older adults that have chronic conditions that require more time that one would like). This is also important for planning, as the utilization of the health and behavioral health resources seems high.

What is interesting is that mental health or behavioral health are not in the top tier of services people say they use or consider important. However, in the ratings in Question 2, behavioral health was at the top of the list. There is not an easy answer as to why this did not come up more in the description of services.

Q#6. What do you wish we had more of, here in Grant County, to build a healthier community?

Figure 49 Q#6 Suggestions for What's Needed to Build a Healthier Community



There was a great deal written about what services are needed to build a healthier community. People had many ideas, opinions, and suggestions. Material came from their own experiences, knowledge of Grant County and the issues, as well as what seemed like a fair amount of frustration. There were so many suggestions for either expanding services or making them better or different, with much related to healthcare, behavioral health, children and youth, elders, infrastructure, and the Social Determinants of Health-related issues.

People want to see services that are better targeted at individual, family, and community needs and what they believe can and should happen in Grant County. They want more information about services, with better interagency coordination.

It was humbling to read the many comments, which indicated to this consultant that people care a great deal about people's needs, the community, agencies, resources, and the quality of life. They seem very engaged. There also appears to be a bit of emotion in what they write, indicating both that many of the respondents care a great deal, and are both frustrated and hopeful. It they did not care, and did not think what they said would make a difference, it stands to reason that they would not invest their time, energy, and expertise.

What is helpful to know is that many of the issues and good number of specific comments made by community members in response to this question were also shared in some form by the focus groups, key informants, and in the Health Council meetings.

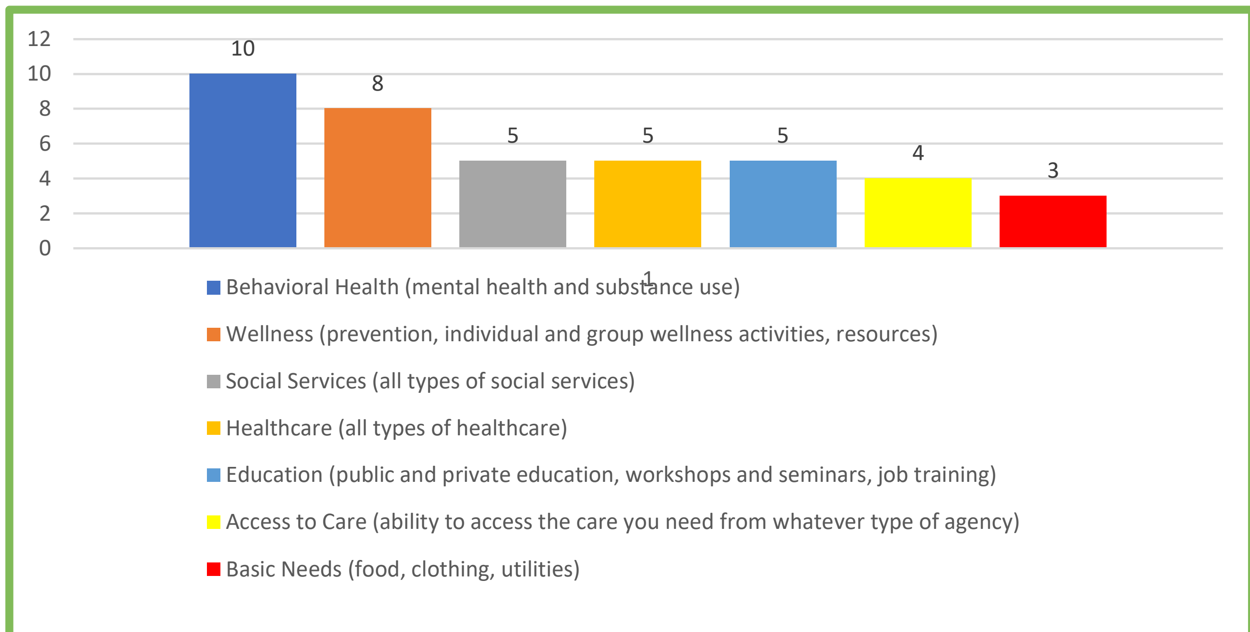
VI. Agency Voices: Responses to the Survey

A small sample of 15 agencies/providers responded to the CHNAA Provider Survey. Their answers about community assets and needs were similar to those in the same project's community survey.

- Greatest community assets: the community and its people.
- Priorities for a healthier community: more support services, health and behavioral healthcare, housing, resources for children and older adults, economic development, and healthy food, outdoor activity, and wellness.

What types of services are provided by the group of agencies responding to the survey?

Figure 50 Types of Services



Reported average wait times range from no wait or a short wait up to 72 hours to a week for most providers. Respondents reported the following as the most serious staff recruitment challenges:

- Not enough resumes received.
- Many resumes do not demonstrate needed qualifications.
- Limited response rates to ads.
- Many candidates offered positions decline to move to the area because of challenges with housing, schools, or other factors.

Staff retention seems stronger for these providers. Most of those surveyed have HR policies, healthcare coverage, and personal time off.

When asked about their greatest strengths, what agencies mentioned most often was the work environment: people working well together, staff with strong skills, and their ability as an agency to help people in the community.

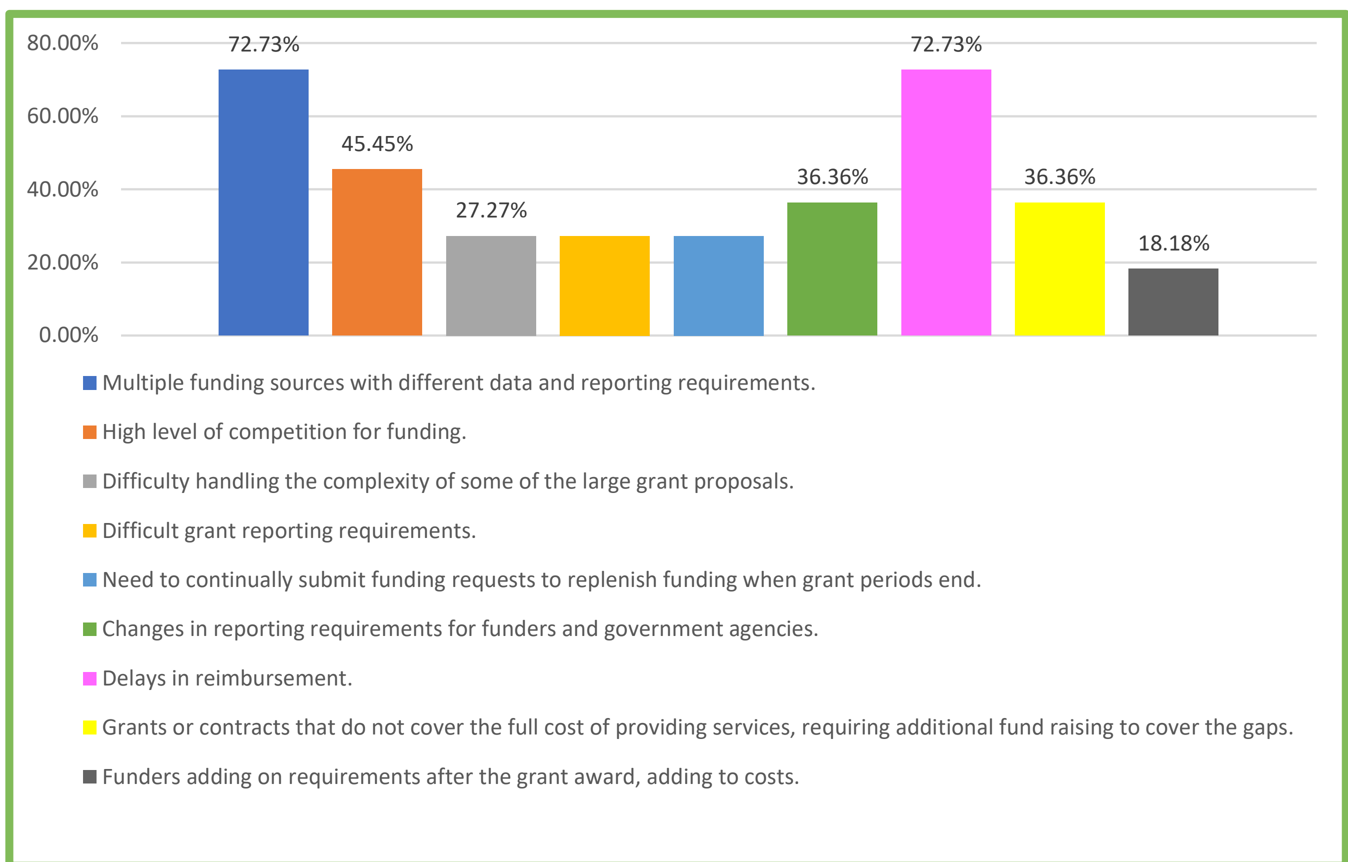
Their most common challenges include recruitment of volunteers, funding, policies and other administrative hurdles, staff recruitment, and retention, and addressing increasing need. Their most important capacity

building issues include more staff and space. They mentioned the need for more funding and better policies. There were a wide range of additional challenges and capacity building priorities mentioned.

The providers surveyed reported many of the problems that nonprofits across the country have reported in surveys conducted by The Urban Institute with the National Center for Nonprofits. All of these issues listed were reported by nonprofits nationally as challenges. The greatest challenges for these agencies include different data and reporting requirements, delays in reimbursement, competition for funding, changes in reporting requirements, and funding that does not cover the full cost of delivering services.

What are the key issues for the agencies surveyed?

Figure 51 Key Issues for Providers



Providers mentioned that they face challenges with recruitment and retention. They report being stretched to provide services beyond what they are funded to produce. The agencies reported that to meet the growing needs of people with behavioral health and social service challenges, they require an increase of approximately 50% over their current budgets.

Although Grant County has a reported total of approximately 400 nonprofits, many of these are very small civic organizations, clubs, or specialty groups. The subset of nonprofits involved in health, behavioral health, social services, and basic needs is a much smaller in number, and needs to be determined. This provides a good preliminary scan of Grant County nonprofits.

VII. Community Leaders Share: Key Informant Interviews

There were a total of 36 key informant interviews conducted by the Consultant, CHI's CEO, the GCCHC Coordinator, and WNMU students of Dr. Pack's research class. All interviewers used the same question format and sent their interview summaries to the Consultant, who is completing a summary grid with points made by each key informant. The specifics of what each informant shared are confidential unless the person had a quote they agreed to be used. This work is part of a separate but related project, the *CHI Grant County Community Health Needs & Assets Assessment*.

Grant County Assets

Key informants listed the same top priorities as did people in the community surveys. They include: the people, community, and natural resources. In an interview format, it was possible to obtain more nuanced discussion, with some mentioning elected leaders, agencies, diversity, and employers.

Community Needs

The vast majority of those interviewed mentioned many of the same priority needs as we find in the community survey. These include: behavioral health, healthcare, access to care, housing, transportation, and jobs. There was frequent mention of concern about the growing number of homeless. People also discussed concerns about the lack of activities for children and youth. Some mentioned concerns about the detention center and high rates of recidivism. Infrastructure issues were also identified, both the aging physical infrastructure as well as the service delivery infrastructure, with both needing more development and support.

Services

Key informants mentioned a variety of services as being important to Grant County, including: basic needs, behavioral health, crisis response, early childhood, schools, health clinics, and workforce development. There were frequent mentions about the importance of food programs. When asked about service gaps, people identified the need for more and better behavioral health services, transportation, youth programs, home-based care for the elderly and disabled, Some also mentioned the importance of greater interagency collaboration and service coordination.

Systemic Issues to be Addressed

- Create stronger organizational cultures of collaboration and engagement, rather than top-down practices.
- More interagency collaboration around specific types of services.
- Better interagency communication, opportunities for agencies to share helpful resources and tips.
- Ongoing engagement of county, key community providers, jail in groups that are working to develop solutions.
- Greater understanding of and support for already-existing resources and services.
- More communication with the community about services and resources, including a directory and county website; resource packets handed out at key location.

- Need for systemic support and funding for wraparound services, prevention,
- Address behavioral health stigma and stop treating behavioral health issues as a crime.
- Address problems with sending people with mental health issues to detention, and the revolving door issue.
- Creative, out-of-the-box thinking around solution-focused innovations which are locally rooted and holistic.
- Address lack of alignment issues, especially different state requirements and capacity issues (housing vouchers can be issued, but few landlords participate; certification problems, i.e., LPPCs cannot supervise social workers; different requirements for frontline workers).
- Few resources for people with behavioral health needs.
- Develop practical strategies to address huge challenges with workforce recruitment and retention.

Policy Recommendations

- Address geographic and rural funding disparities with greater proportion of funding to rural areas.
- Funding for rural healthcare, based on what works in rural communities.
- Develop policies that address systemic challenges with workforce shortages.
- Address the issue of jails being "dumping ground" for people with mental health issues; reduce incarceration and recidivism rates.
- Invest in the younger generations, for the future.
- Address homelessness by not encouraging people to come into the community when they are in need of significant help, as there are few resources.
- Fix the problems with red tape and administrative burdens.
- Create more business-friendly local and state policies.
- Develop more jobs.
- Create a culture that fosters work.

Funding Recommendations

- More funding for behavioral health, housing, and behavioral health workforce.
- Provide local supports for those who want to live outdoors.
- Offer more support to prevention services and resources.
- Create innovative ways for providers to be supported in applying for funding.
- More supports and home care for older adults; for modernization of Senior Centers.
- More resources for emergency response.
- Develop strategies for bringing in more revenue for nonprofits, healthcare/behavioral health providers, and local government to increase wages.
- Create a more collaborative network of providers working together to apply for, receive, and distribute funding, without the largest providers taking such a large share.
- Fund meditation in the schools.

Strategies That Work

- Websites for information to community members.
- Community directory.
- Information to agencies about funding opportunities, and shared funding applications.
- Ongoing meetings with the community for input, and discussions about progress being made on specific goal areas.
- Ongoing community engagement with legislators, to address concerns, make recommendations, and ensure that voices are heard and needs met.
- Hold legislators accountable for passing laws and supporting funding for needed behavioral health and justice services and hold the providers accountable.
- Meditation in schools works. Excellent model in Los Alamos Public Schools.

VIII. Health Council Perspectives

As part of its restructuring, developmental, and rebuilding work, the Grant County Community Health Council (GCCHC) has been involved in sustained outreach to the community in an effort to engage more people and agencies in the work of Health Council-mandated health planning work.

Health Council Structure

The New Mexico House Bill 137 establishes the role of Health Councils as the primary health planning bodies of county and tribal governments. Unfortunately, this mandate is only minimally funded at a recurring level by state government. It is therefore not surprising that many health councils work under the umbrella of a larger, leading organization such as county or tribal government or a nonprofit to provide leadership and structure, as well as administrative, financial, and fund development support. Grant County and CHI have worked together to have CHI serve as the umbrella for the GCCHC, beginning in 2023.

CHI has staffed the GCCHC with a Coordinator. She has been working to actively engage community members and agencies in the Health Council, utilizing the needs assessment process as one of the avenues of engagement. Health Council meetings have been held monthly, with regular communication with a mailing list that is being developed into a membership.

The Health Council meetings provided an opportunity for interested community members and agencies to share their perspectives on the needs assessment process and priorities. In their discussion, people expressed the following opinions and suggestions. These have been incorporated into the analysis and recommendations, and will help shape the GCCHC's priorities for its own work. The Community Health Needs & Assets Assessment (CHNAA) project leadership group, called the Transition Team, will incorporate the GCCHC's discussions and prioritization process into its final recommendations to Grant County.

Grant County Assets

At the Health Council meetings, the participants listed many of the same assets as were listed by the community survey, provider survey, key informants, and focus groups. Those mentioned most often included: the people, community, agencies, and services for those most in need.

Community Needs

The GCCHC mentioned many of the same priority needs as we find in the data, surveys, key informant interviews, and focus groups. These include: behavioral health, healthcare, access to care, basic needs, housing, services and resources for older adults, and transportation. There was frequent mention of concern about the growing food insecurity, housing costs and homelessness, and pressures on older adults including grandparents raising grandchildren and access to care. Some expressed a desire for more interagency and cross-sector collaboration, working with agencies and resources already involved in the areas of need.

Services

When asked about service gaps, people identified the need to know more about the types of services that exit, provided by which agencies. They discussed the importance of developing a directory. Some indicated that community members are not as aware as they could be about the services that exist and how to access them.

GCCHC Focus Groups

The Health Council Coordinator scheduled a number of focus groups, with an effort to reach out to smaller, outlying communities. These focus groups included the following:

- GCCHC Health Council Meeting in November
- Santa Clara in November
- Cliff/Gila in November

Over 30 people attending these meetings. A summary of the primary themes related to community assets, needs, and recommendations for services is outlined above. In the community-based focus groups in Santa Clara and Cliff/Gila, there were also discussions about changes needed in service delivery systems, policies, and funding. There was also some discussion around these topics at the GCCHC, including information people shared in writing as part of a discussion exercise.

Changes Needed in Service Delivery Systems

- Directory, in paper format and online, with regular updates.
- Service hub to provide information and referral (I&R) to help people access basic needs and other services, track needs and referrals, and identify where services have gaps, inadequate depth to manage the need, and/or long waiting lists. This would help Grant County advocate for policies and funding to address needs, service delivery challenges and gaps.
- Better coordinated behavioral health services, across the continuum of care, which could be addressed by a hub organization. Better coordination among different community groups involved in behavioral health, with the potential of creating one overarching behavioral health-focused community umbrella group, with strong, effective leadership.
- Analysis of the potential for re-instituting the behavioral health inpatient unit at Gila Regional, since so many people with behavioral health needs travel long distances for inpatient care.
- Support for Tu Casa to be fully funded to provide crisis stabilization services.
- Development of a housing strategy to meet the issues of both homelessness and lack of affordable housing in the region. This would include a housing plan with strong community leadership and support, with practical strategies that could be implemented in stages, with diversified funding.
- Creation of a better integrated mix of services and resources for older adults, who are increasingly in need and often isolated. People in poverty or with limited incomes face greater challenges meeting monthly budgets, and are reported to be more food insecure. A large proportion of elderly are raising or helping to raise grandchildren. Housing affordability and accessibility represents a growing concern.

Policies

- Reform to streamline much of the red tape related to grant proposals and reporting, which are particularly difficult for small and rural agencies and exacerbate the rural-urban divide.
- Policies that simplify requirements for rural health, behavioral health, and social service staff, to facilitate recruitment.
- Reduction of silos within and between state departments.
- Policies that provide more undesignated block grant type funding to counties, to allow the local leadership more latitude in deciding how funds should be spent.
- Incentives for interagency collaboration.

Funding

- More funding for basic needs, housing, behavioral health.
- Specific types of funding for rural areas like Grant County.
- Funding specifically designated to build out a better understanding of what works in rural communities, to shift the state frameworks for policy and funding from an urban-centered model.
- Funding for those critically needed collaborative tasks that are often discussed but not funded.

IX. Goals That Come From the Community and the Data

There was a great deal of alignment between what the data showed as critical needs and what community voices identified as priorities. The discussions at the GCCHC throughout the fall provided an opportunity for people involved with the Health Council to identify not only priority areas, but challenges that come from trying to select just a few top priorities when many represent cross-cutting themes.

It can be hard to address one area without seeing interrelationships. On the other hand, focusing specific goals and strategies that are "do-able" that gain traction and community support is equally important. There is a balance in the implementation between working on the interrelationships and getting things done.

A. Need-Based and Topic-Related Goals

Primary need-related goal areas include the following, based on the data, surveys, key informant interviews, focus groups, and discussions at Health Council and Transition Team meetings.

1. **Behavioral Health** (mental health and substance use, across the continuum of care).
2. **Housing** (emergency shelter, transitional housing, accessible and affordable housing, expansion of housing stock).
3. **Healthcare** (especially specialty care)
4. **Access to Care** (isolation, transportation, age, disability, service gaps, wait lists.)
5. **Basic Needs** (food, clothing, utilities).
6. **Elderly and Disabled** (services and resources to address basic needs, isolation, and transportation, especially home-based services, and respite care).

Two other social determinant-related goal areas that impact them and were mentioned as priorities by people surveyed and key informants include:

7. **Economic Development** (ongoing support for healthcare and social service jobs to address recruitment and retention issues and build the local workforce and the economy)).
8. **Education** (public education and workforce development training.)

Some of these goal areas have clearly defined plans and leadership organizations working to make a positive difference, with specific goals and strategies with initiatives that bring in funding for the region. Other goal areas have multiple organizations involved in sometimes loosely coordinated work and/or multiple task forces working in the same areas, creating multiple community meetings, confusion about roles, responsibilities, and goals. Other areas have some informal activity. All areas need more focus, organizational leadership and support, structure, roles and responsibilities, and funding. The Consultant's Recommendations (next section) and Plan Summary (Appendices) provide specific suggestions for how each of these goal areas can move forward with practical action steps and achievable results based on what local voices say works and what works in other rural communities in New Mexico and the US.

I. Structures and Systems That Impact Public Health Goals

The data and information from earlier reports, research, and community feedback point to a shared understanding about systemic challenges that need to be addressed. Making inroads on these will free up more collective energy to make progress with strategies in the priority goal areas outlined above. There is strong agreement across those different information sources to suggest:

- More information sharing about services and resources, through paper flyers, online directory, and Q codes (already in progress with CHI and the GCCHC).
- Reduction in the duplication of community issue-related task forces and some services.
- Shift in focus away from some of the interagency infighting toward healthy and respectful communication and collaboration.
- Collective action to implement strategies that work, starting with those most easy to implement, targeted those most in need.
- Use the "Keep it Simple" strategy for getting traction with new strategies.
- Greater interagency collaboration, with incentives and supports for collaborating.
- Mobilizing key leaders and leadership organizations to guide specific areas in a clearly outlined and agreed upon set of strategies that involve community members and organizations.
- Enhancement of "hub" functions for information sharing, information and referral, collaboration and interagency coordination, and funding opportunities.
- Changes in state policies to address and rectify urban bias, silos in service requirements and funding, rural funding inequities, and need to pilot and develop practical rural strategies.
- More funding to address under-serviced and under-funded areas and pilots for new ideas.

II. Building on Community Assets to Get to Yes

An overwhelming majority of people in Grant County indicate that the people and the communities within the County represent its best assets. A large number of people mention the value of diversity in the community. Many mention that the place is special because of both its history and its natural surroundings, both of which need to be respected and preserved. Building on that shared sense of what is good and those community assets is important to building support and traction on goals and strategies.

Some people mentioned that Grant County has a history of engaging in lots of planning with difficulty moving forward to implement plans. There are many plans, some of which have reported on progress and others that seem to be "shelf documents." There is a growing sense of urgency to get past community divisions and get stuff done.

Many people in survey feedback, key informant interviews, and meetings expressed a deep concern about what appears to be a growing division in the County, with disagreements that impede progress on key issues. Some of this comes from a shared sense of loss over the years: population decline, job loss, Covid-related health challenges and losses, job losses, and loss of purchasing power with rising prices. The social determinant-related stressors One of the consultant's biggest "ah ha" moments in the research came in analyzing the Ginni Index, which is a primary measure of income inequality. Experts in the field have written that communities with the greatest income inequality (like Grant

County) face an unravelling of social cohesion. This has a significant impact on building and implementing collective, community-driven plans that work. Long term, the lack of social cohesion has an equally long term negative impact on public health.

Building on the assets can make a difference. Grant County has a strong belief that it is a great place to live because of the people, communities, history, diversity, and natural resources. There also is an expressed hope that, together, we can make things better.

Responding to concerns in healthy ways; addressing and mitigating structural issues; focusing on practical, "winnable" strategies; and harnessing the assets and the hope – that will enable Grant County to move forward in these important goal areas.

X. Consultant's Recommendations

The following represent broad recommendations in each of the three areas described in the preceding sections, along with recommendations for how to move from plan to implementation, with some early wins, which build greater community support for the goals, strategies, and groups working in the goal areas.

These recommendations are made to the community at large, with a focus on a few of the leading organizations, each of which has an important role to play, with specific strategies and responsibilities which can be fully developed through subsequent meetings focused on implementation. These organizations include CHI, the Grant County Community Health Council (GCCHC), Grant County and local municipal governments, as well as key local organizations involved in each of the priority goal areas. The role of the GCCHC is to (1) lead health planning and provide coordination in some of the goal areas prioritized by the GCCHC, ensuring that the services are provided by providers, coordinating wherever feasible; (2) support, provide information about, and publicize the work of already-existing initiatives and task forces; encourage people from those groups to be involved with the GCCHC and Health Council members to become involved in those initiatives/task forces that are of greatest interest to them. When these are finalized, I will create a spreadsheet of goals and priorities, much like what is at the end of the Senior Services Plan, which serves as a "plan in a nutshell."

I. Goal Areas

The GCCHC has held discussions and sought feedback through its newsletter on goal priorities for its work as the County Health Council. The priorities that the GCCHC has identified as tentative goal areas, to be reviewed and finalized by the Transition Team, include: (1) behavioral health, (2) housing, (3) food insecurity, and (4) older adults/disabled. Some of these may be areas that are led by other already-existing or new organizations and coalitions that involve some of the top community leaders, in order to get traction (behavioral health and housing). GCCHC would serve as the umbrella, with strong CHI leadership, as the issues are complex. Food insecurity is a growing need and would make for an excellent goal choice, especially if some of the key agencies, like The Commons, Silver City Gospel Mission, and food commodities folks became active with the GCCHC. The emphasis on older adults is an excellent one, as there is an already-existing task force involved in this area. Since Grant County has a much higher than state average of disabled, and it is a priority for Hispanic and mining district survey respondents, it is the consultant's recommendation is it be added to the older adult category (parallel to the national and state "elderly and disabled" category).

A. Behavioral Health

This includes mental health and substance use, across the continuum of care. It represents a top priority for many community members, agencies, local governments, and leaders. Service providers are underfunded with very stretched resources. There are multiple community groups meeting around behavioral health, which makes for confusion in the community and among providers. This also fragments the potential for agreement on goals; dissipates the energy needed to move forward to accomplish goals and build traction for the work; and fragments potential funding sources. The consultant recommends the following.

1. Provide information to Grant County about behavioral health resources and maintain the information periodically online and on paper, with input from providers. This started in December, with the Behavioral Health Map developed by the GCCHC Coordinator, Dr. Egan of New Ventures, and Dr. Pack of Southwest Media.
2. Identify a lead agency and/or small interagency leadership team to guide the behavioral health community and interagency planning, with top level community leadership.
3. Create a workplan that incorporates issues, strategies, and recommendations from this and other relevant plans and builds on already-existing services and initiatives. Identify roles, responsibilities, priority strategies, deliverables, resources needed, and timeframes. Ensure it aligns with relevant requirements from state and federal agencies that certify/monitor behavioral health agencies (BHAs), federally qualified health centers (FQHCs), hospitals, and crisis response. Include current providers and groups working in this area, with strong, identified and highly respected local leadership.
4. Develop strong, publicly identified leadership and messaging.
5. Incorporate the work of different behavioral health-related task forces into the new initiative, with incentives for the leadership of each to participate.
6. Identify the roles, responsibilities, and relationships of key current lead organizations in Grant County to the initiative.
7. Identify ways that crisis intervention and crisis response can interface with current local behavioral health services, creating a hub if needed. If this is considered a good option, develop additional funding that would support both planning work as well as current underfunded agency-based behavioral health-related support services, information and referral, interagency collaboration, and planning.
8. Secure more funding for behavioral health services through collaborative state and local policy work, grants, contracts, piloting new strategies, and expanded utilization of Medicaid.
9. With school district leadership, HMS, and the NM Association of School-Based Health Centers analyze how schools have and can continue to expand in-school behavioral health services for students and families. HMS does have some school-based services. There are options for expanding Medicaid-billable services through certain providers. [16]

[16] "Improving Access to School-Based Behavioral Health Services Through Medicaid," Marceno and Llamas, The Commonwealth Fund, September 2023; "Medicaid Funding to Build Sustainability in Community Schools Nationwide," Egan, New Ventures for Community Schools, NEA, July 2022. Dr. Cox secured significant funding recently for Silver City Schools.

B. Housing

Housing includes emergency shelter, transitional housing, accessible and affordable housing, as well as expansion and renovation of current housing stock. Data shows that people are increasingly challenged to find accessible and affordable housing for multiple reasons. Research demonstrates that, although the issue is complex and difficult to manage, especially for rural communities, the following strategies work in multiple rural communities and are recommended by leading national organizations.

1. Review the Legislative Finance Committee's report, "Homelessness Supports and Affordable Housing," from May 2023 and housing resources provided as part of policies and models in the Appendices. Review the supportive housing and other options provided by the NM Coalition to End Homelessness.
2. Develop strategies to support and expand funding for already-existing services for people who are homeless and housing-challenged. These include Grant County Housing Authority, SPIN, Silver City Gospel Mission, and agencies that offer support services.
3. Investigate support and technical assistance that may be available from the Western NM Housing Authority, Mortgage Finance Authority (MFA), the NM Coalition to Prevent Homelessness, the NM Rural Ombudsman's Office, and others.
4. Support the already-existing work in housing, to include sharing information about funding resources through the GCCHC Newsletter.

C. Basic Needs and Acccess to Care

Basic needs agencies in Grant County have provided a significant amount of help and support for food, clothing, utilities, and services that help people manage their daily lives. services and support for people, especially in the areas of food and utility assistance. There is a lot of interagency work with information and referral, helping people to connect with needed supports. Even with these significant accomplishments, there is still a great deal of unmet need, which is growing.

1. Share information about resources with the GCCHC and the community at large, in support of basic needs agencies.
2. Provide information to the GCCHC and agencies about funding opportunities for basic needs services. Seek out federal funding opportunities through the Congressional Delegation.
3. Publicize and support basic needs fundraisers that may be scheduled, encouraging GCCHC, mailing list, and local business support for those agencies.

Access to care is especially challenging in rural counties and those smaller communities within the county itself. Problems with access to care are exacerbated by long distances for travel, lack of access to private transport, limited public transportation options, age and disability, and financial constraints. The Grant County Corre Caminos transportation system provides an important rural model, giving, on average, over 8,000 rides per month, travelling over an average of 32,000 miles.[17]

[17] Corre Caminos on the Grant County Website.

1. Support the Corre Caminos program with information to help people access already-existing resources. Provide suggestions to Grant County about possible routes, realizing that their development is contingent upon a critical mass of people for ridership and funding. The current routing system represents the backbone for rural transport locally and between Grant, Hidalgo, and Luna Counties.
2. Contact Managed Care Organizations (MCOs) and provide information to the membership and public about the transport options available to those on Medicaid through the MCOs.
3. Contact the Senior Center Director at HMS for information about any transport options that exist through the HMS Senior Programs.
4. Gather and share information about current transportation options, especially for those living in outlying communities. Share this information publicly.
5. Work with local healthcare organizations to gather information about client/patient transportation challenges, whether they provide rides, and how people are addressing the challenge.
6. Gather information from healthcare, behavioral health, social service, and housing organizations about their waiting lists and develop a set of recommended strategies for how waiting times can be reduced.

D. Older Adults and the Disabled

The elderly and disabled represent a growing percentage of the Grant County population, projected to grow even more between 2024 and 2030. There are a much larger than state proportion of grandparents raising grandchildren. Although there are a significant portion of the elderly that have excellent assets, income, and resources which raises the average income level, many in the field report there are a growing number of older adults that are food insecure with housing challenges. The GCCHC has an already-existing task force working on older adult issues, which needs GCCHC and community ongoing support.

The goals and strategies developed in the *Grant County Collaborative Senior Services Plan* (summarized in the list of plans) are still relevant today and represent a consensus prioritization of about 40 community leaders, in 2019 and 2020. Some of those community leaders are on the Transition Team and active in the GCCHC, and can help guide the GCCHC through the plan and strategies, as adapted to a post-Covid environment.

1. Support and develop the membership, and leadership of the GCCHC Older Adult Task Force, with updated goals and strategies developed through a review of the *Senior Services Plan* and this report and plan.
2. Support the Older Adult Task Force's implementation of strategies through its collaborative work with agencies and individuals involved in supporting the elderly and disabled.
3. Publicize information about resources and services for older adults/disabled through the GCCHC Newsletter. Publicize information about the work of the Older Adult Task Force.
4. Share information about funding opportunities in the GCCHC Newsletter and support local collaborative grantseeking.
5. Support age-friendly policies recommended by the Task Force, GCCHC, PHI, Grant County, and legislators.

These four areas described above represent the priority goals developed by the GCCHC. There are three other areas that impact these four goal areas.

E. Healthcare

Grant County has a solid array of the traditional health and wellness institutions and support services, such as the hospital, HMS Federally Qualified Health Centers (FQHCs), health clinics, and health and wellness organizations. However, the depth and breadth of services in anchor organizations does not have the funding many providers would like to see. In addition, SWNM has had many challenges in maintaining specialty care. The GCCHC can engage in the following, as capacity allows.

1. Support information sharing about healthcare services, including ways that people can access specialty care that exists in other, larger hub communities.
2. Continue to update this plan through regular GCCHC meetings, at least annually, for the NMDOH-mandated Community Health Improvement Plan, as long as current levels of funding are maintained or increased, to allow for needed Health Council staffing and resources.
3. Encourage providers to analyze the services that represent the greatest areas of need and risk (outlined in the data section). Support providers through sharing information about their service. Publicize prevention, early intervention, and care in those identified priority areas. Identify and share information about funding sources those areas that are underfunded.
4. Identify specialty care most needed and utilized by community members that requires them to travel long distances for the care. This includes both specialty health, psychiatric and mental health, substance use disorder, and other services. Support the development of strategies to bring in some of these specialists to Silver City, even if only 1 or 2 days per month. Discuss transportation needs with primary care and behavioral health agencies and publicize transport options. (See the *Grant County Collaborative Senior Services Plan*.) [18]
5. Engage in discussions with hospital leadership to determine whether it is possible to reopen the Behavioral Health Unit. If not, identify expanded services for the Emergency Department (ED), partnerships with detox, rehab, and inpatient facilities with Gila Regional and/or HMS (this overlaps with Strategy #12 in the Behavioral Health Goal Area).

F. Economic Development

Job creation, staff recruitment and retention, and economic development represent important cornerstones for communities and counties. These address challenges caused by poverty - a key Social Determinant of Health (SDOH) and root cause for many social and community challenges. The GCCHC can stay in touch with the work being done in economic development, especially healthcare job development, by the SWNM COG and provide support to local and regional initiatives.

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[18] *Grant County Collaborative Senior Services Plan*, Egan, for Hidalgo Medical Services, 2019. (SWNM COG website and listed in the summary of Grant County plans.

G. Education

Public education, early childhood education, workshops, workforce development training, and other youth and community education and training activities all represented priorities in the community survey and key informant interviews.

II. Structures and Systems

One of the greatest challenges that rural areas face is stretched and fragmented systems of care – for everything from health and behavioral health to aging, basic needs, housing, access to care, and transportation.[19] In different planning and system development projects, this consultant has heard County Managers express increasing concern about this growing divide, and the need for policy and funding reform to address this structural, or systemic issue.

This section is focused on the consultant's recommendations for county, regional and state level work, with leadership from Grant County, PHI-CHI, Grant County Prospectors, other NM Counties and Associations. The GCCHC may want to support whatever policy initiatives are developed, along with other Health Councils. There are many potential strategies which could be coordinated with other counties through governmental and nonprofit associations.

1. Review the rural policy models that have worked in other states (consultant's spreadsheet for the SWNM BH Mapping Project).
2. Consult with the NM Rural and Frontier Ombudsman's office regarding policy and funding plans and areas they will support.
3. Analyze groups already working on policies to support rural counties, and provide leadership where appropriate. Identify where changes can be made at the departmental level, without requiring a legislative policy change, and where legislative policy changes are needed.
4. Develop a short- and long-term rural policy platform, beginning with policies that PHI-CHI finds most important and effective for the upcoming legislative session. Other policy initiatives can be developed for future years, working in collaboration, and others in subsequent years, focusing on early wins.
5. Work to obtain funding to pilot rural models and funding for building the Grant County rural infrastructure.

III. Community Assets

There are agencies of all types (governmental, nonprofit, business) and a large number of people who are deeply committed to Grant County and its communities. There are many agencies and leaders working hard to build the infrastructure and expand services for those most in need. There is also a duplication of efforts, especially around multiple task forces in areas of priority need, which dissipates community energy and fragments focus and strategies.

[19] "Rural Infrastructure," American Farm Bureau Federation, and "Barriers to Rural Service Infrastructure," Rural Health Information Hub, "Redefining Rural," Economic Innovation Group," "A Tale of Two Countries, America's Rural/Urban Economic Divide," Hughes, Harvard Kennedy School, August 2020. Websites.

If it is possible and seems a good fit, it might be helpful if key leaders could come together in some sort of Roundtable, like Grant County Prospectors, to provide energetic, powerful, well-structured, and strongly publicized leadership and strategies for the future. This might involve a strong campaign for the future, with publicity, social media, and events, which would need to find funding.

The assets in Grant County are significant. A large group of residents are loud and clear in the ways they indicate that the communities and people of Grant County are its most important assets. The natural environment and the diversity in Grant County are also mentioned often. If efforts could be funded to capitalize on those assets and give more clear and powerful direction to some of the most pressing issues (behavioral health, housing), there could be some exciting traction that could be developed. People want positive change.

XI. Summary Table of Goals and Strategies

	Topic Goal Area	Strategy	Complexity 1L to 5H	Cost 1L to 5H	Support 1L to 5H	Responsible Parties Role of GCCHC
A	Behavioral Health					
		Provide and update BH Directory.	1	1	5	GCCHC with CHI & SWM
		Support BH Task Force (if developed, w/ support from County).	5	2	4	CHI for BH; GCCHC support
		Engage in outreach to BH providers.	3	2	2	GCCHC
		Publicize BH info & include provider presentations at GCCHC.	4	2	2	GCCHC
B	Housing					
		Support local Housing Coalition.	3	1	4	GCCHC support
		Engage in outreach to Coalition leaders and members.	3	2	2	GCCHC
		Publicize info & include housing presentations at GCCHC.	4	2	2	GCCHC
C	Basic Needs	Food Insecurity and Access to Care				
		Engage in outreach to basic needs providers.	3	2	1	GCCHC with key providers
		Once key basic needs providers are active in GCCHC, develop a Task Force.	4	3	1	GCCHC with Task Force
		Publicize basic needs info & include provider presentations at GCCHC.	4	2	2	GCCHC
		Provide support to the Task Force.			2	GCCHC
D	Older Adults					
		Formalize roles & responsibilities of GCCHC Older Adult Task Force, leadership, key strategies.	4	2	3	
		Publicize issues and resources.	4	2	2	GCCHC
		Provide support to the Task Force.			2	GCCHC

	Capacity Building Goal Area	Strategy	Complexity 1L to 5H	Cost 1L to 5H	Support 1L to 5H	Responsible Parties Role of GCCHC
A	GCCHC Structure					
		Develop Advisory Board from the Transition Team and nominations from GCCHC.	3	2	4	CHI Transition Team with GCCHC Coordinator and GCCHC
		Update the GCCHC mission & vision.	3	2	3	GCCHC Coordinator, BH Prevention Director & CEO with Advisory Board and
		Update GCCHC policies.	3	2	2	Transition Team w/ GCCHC Coordinator
B	Outreach & Engagement					
		Develop membership definition and build membership through outreach, promotion, engagement, and community self-selection as either members or friends.	4	2	2	Coordinator guided by Advisory Board
		Continue to build social media and other outreach and engagement strategies, including information about resources and funding.	4	3	3	Coordinator guided by Advisory Board