

A stylized graphic of a torch with a white handle and a white flame, set against a dark red background. The flame is composed of several curved, overlapping shapes. The torch is positioned on the left side of the page, with the flame extending towards the center.

COMMUNITY ASSESSMENT

AMERICAN HEART ASSOCIATION

New Mexico



The American Heart Association
is on a mission to be a relentless force for longer, healthier lives.

The American Heart Association's 2024 Goal

Every person deserves the opportunity for a full, healthy life. As **champions for health equity**, by 2024, the American Heart Association will advance cardiovascular health for all, including identifying and removing barriers to health care access and quality.

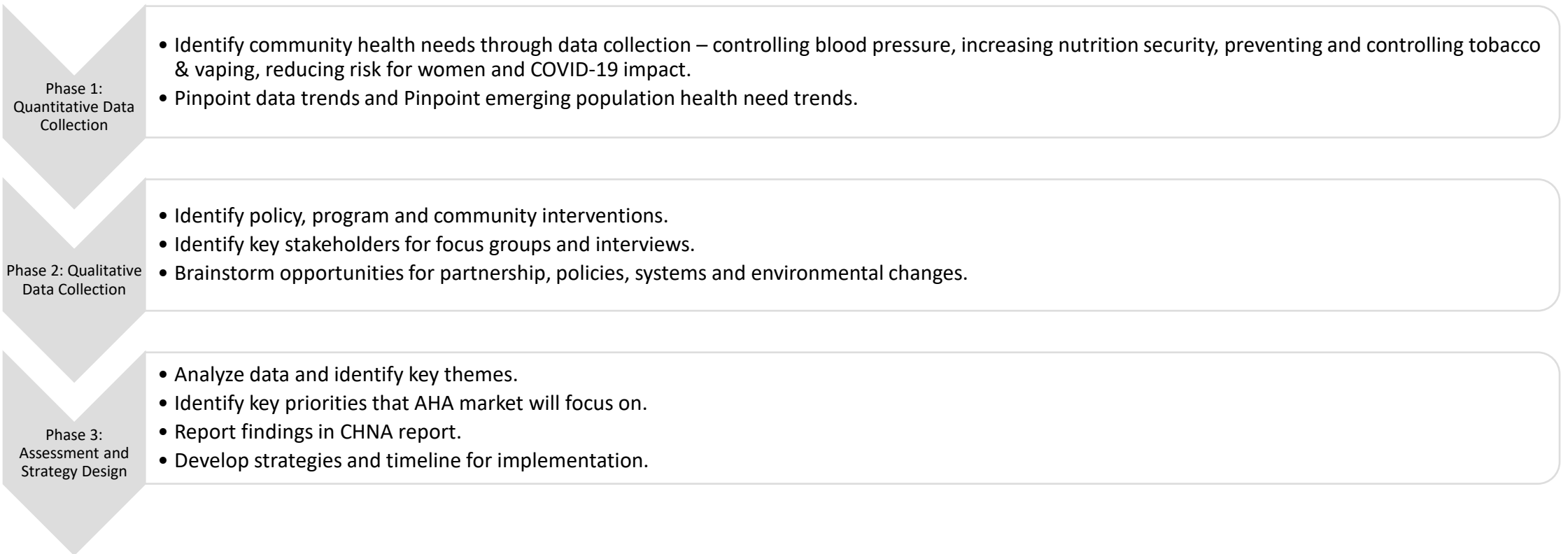
Heart disease is the no. 1 killer worldwide, and stroke ranks second globally. Even when those conditions don't result in death, they cause disability and diminish quality of life. We want to see a world free of cardiovascular diseases and stroke.



DRIVING EQUITABLE HEALTH IMPACT



COMMUNITY ASSESSMENT APPROACH & METHODS



TOP 3 PRIORITIES

American Heart Association **New Mexico** plans to focus on the following community needs:



Control
Blood
Pressure



Increase
Nutrition
Security



Control
Tobacco and E-
Cigarette Use

NEW MEXICO DEMOGRAPHICS

| ALL TOPICS | New Mexico | United States |
|--|------------------|--------------------|
| Population estimates, July 1, 2018, (V2018) | 2,095,428 | 327,167,434 |
| Race and Hispanic Origin | | |
| White alone, percent | 82.0% | 76.5% |
| Black or African American alone, percent (a) | 2.6% | 13.4% |
| American Indian and Alaska Native alone, percent (a) | 10.9% | 1.3% |
| Asian alone, percent (a) | 1.8% | 5.9% |
| Native Hawaiian and Other Pacific Islander alone, percent (a) | 0.2% | 0.2% |
| Two or More Races, percent | 2.6% | 2.7% |
| Hispanic or Latino, percent (b) | 49.1% | 18.3% |
| White alone, not Hispanic or Latino, percent | 37.1% | 60.4% |
| Income & Poverty | | |
| Median household income (in 2017 dollars), 2013-2017 | \$46,718 | \$57,652 |
| Per capita income in past 12 months (in 2017 dollars), 2013-2017 | \$25,257 | \$31,177 |
| Persons in poverty, percent | 19.7% | 12.3% |
| Health | | |
| With a disability, under age 65 years, percent, 2013-2017 | 10.4% | 8.7% |
| Persons without health insurance, under age 65 years, percent | 10.7% | 10.2% |

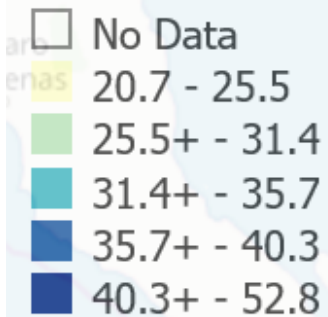
HEALTH FACTORS

CONTROL BLOOD PRESSURE

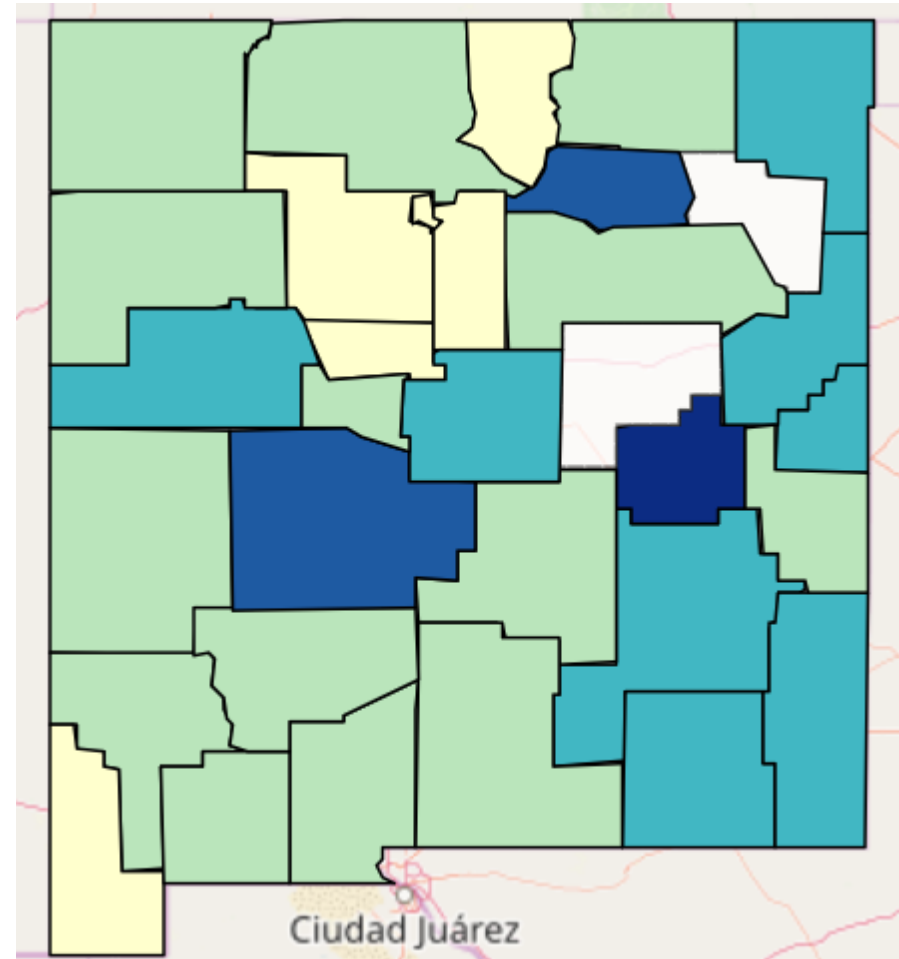
Prevalence of NM Adults with High Blood Pressure By County, 2017

- De Baca County: 52.8% - Highest
- Taos County: 20.7% - Lowest
- Bernalillo County: 25.5% - Albuquerque
- NM: 28% - state average

Percentage with High Blood Pressure



Grouping: Jenks Natural Breaks

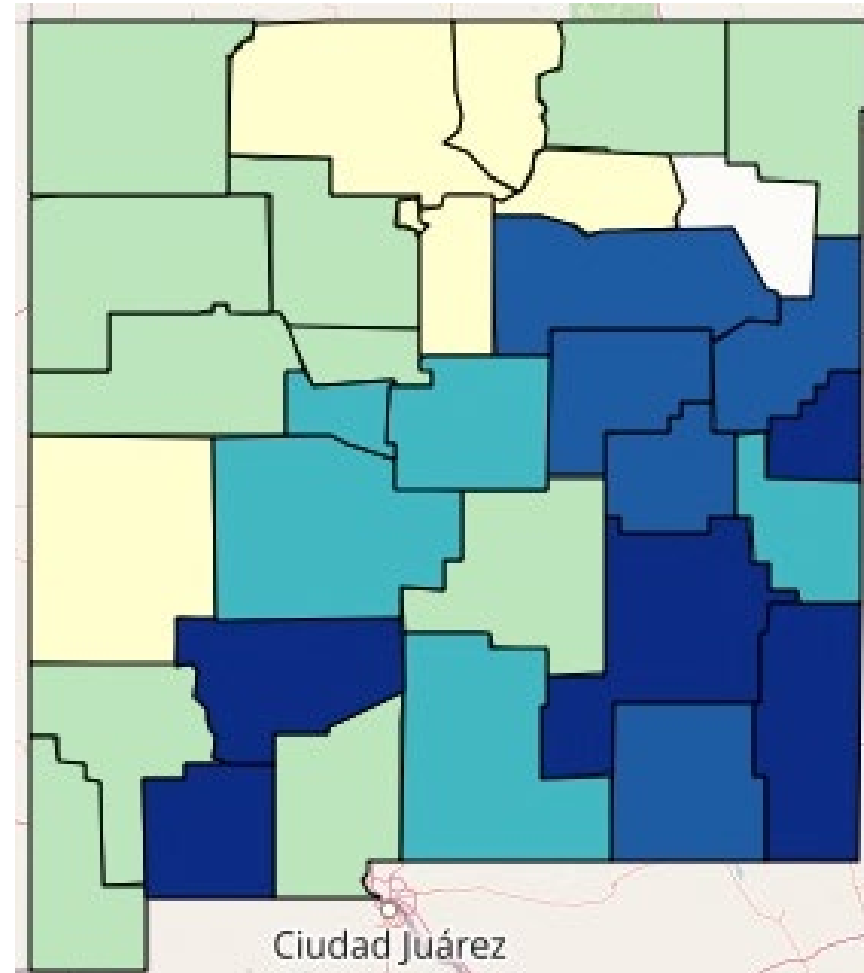
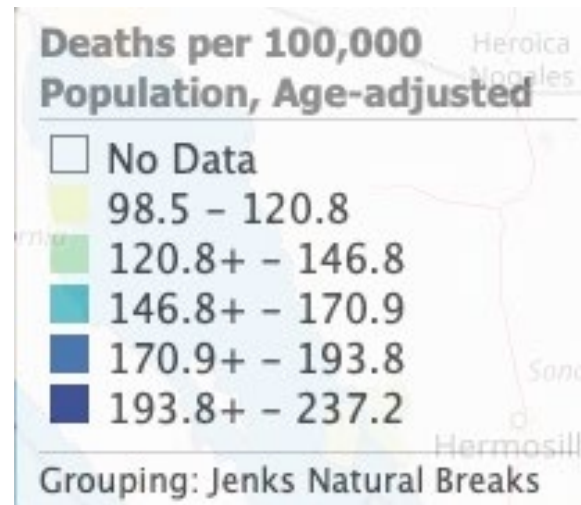


HEALTH FACTORS

CONTROL BLOOD PRESSURE

Heart Disease Deaths per 100,000 Population by County, NM, 2017

- Sierra County: 237.2 – Highest
- Mora County: 98.5 – Lowest
- Bernalillo County: 143.2 – Albuquerque
- NM: 147.3

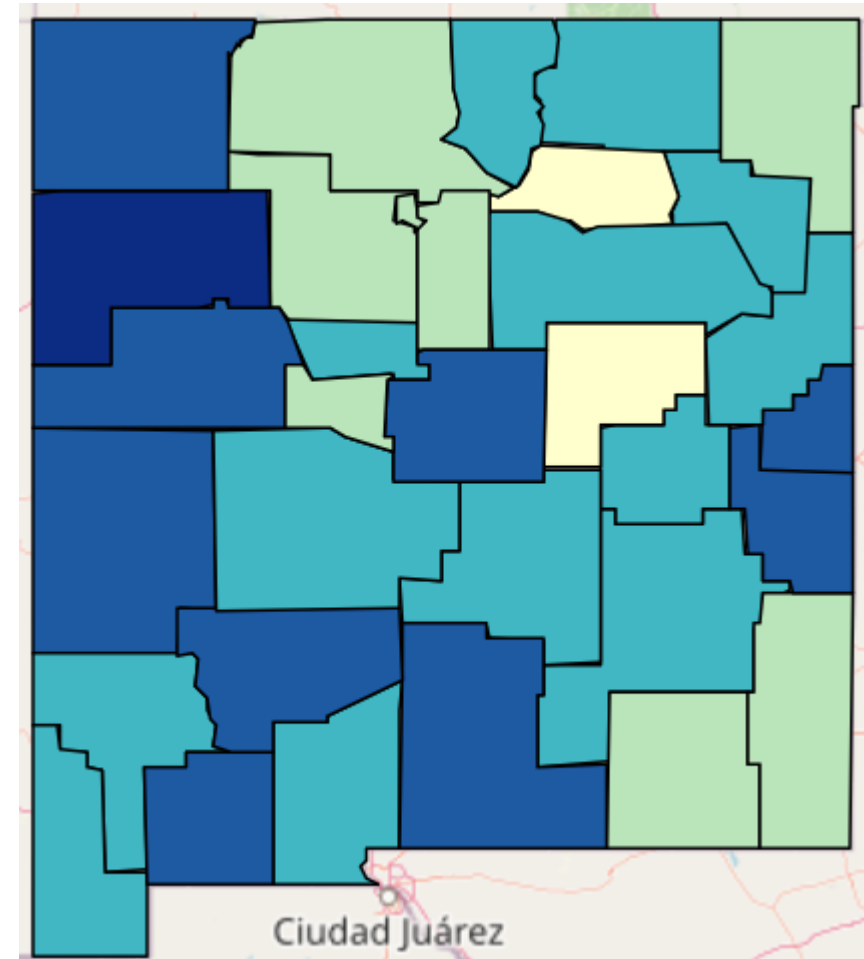
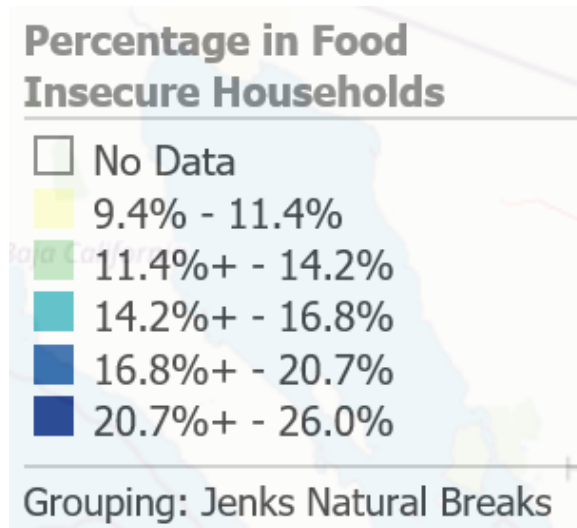


HEALTH FACTORS

INCREASE NUTRITION SECURITY

Food Insecurity Rate by County, All Persons, 2017

- McKinley County: 26% - Highest
- Guadalupe County: 9.4% - Lowest
- Bernalillo County: 14.9 – Albuquerque
- NM: 15.5% - state average
- United States: 12.5%

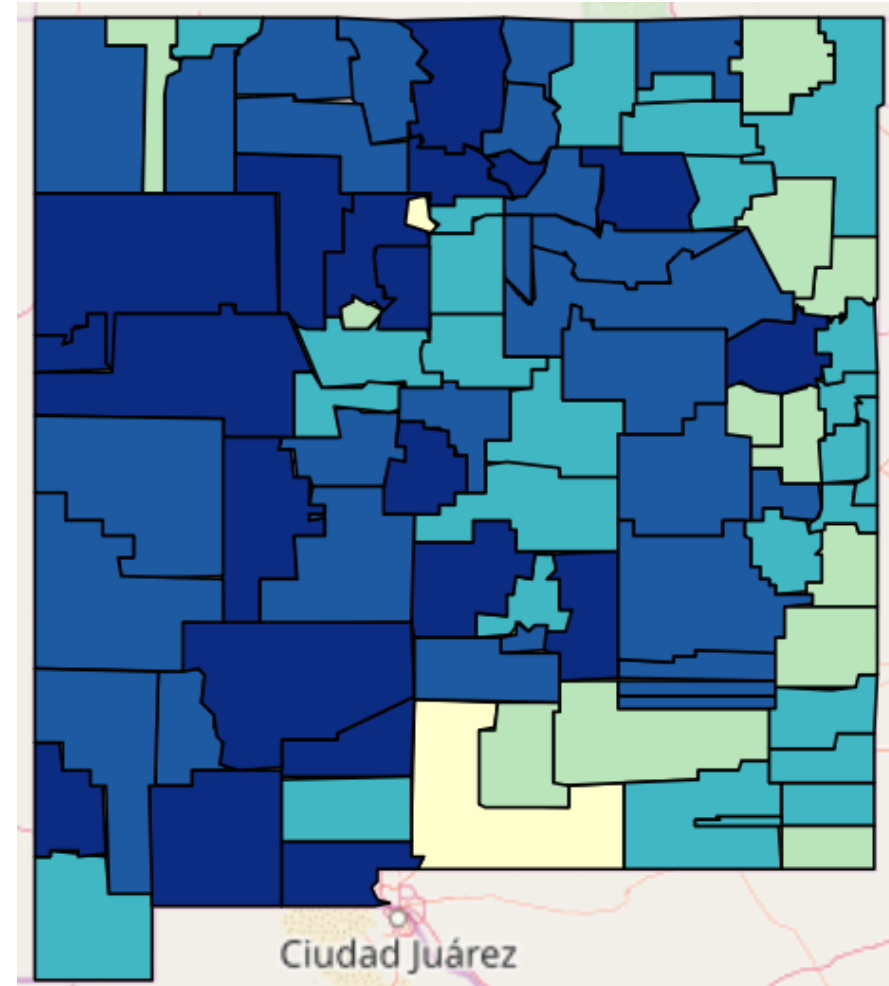
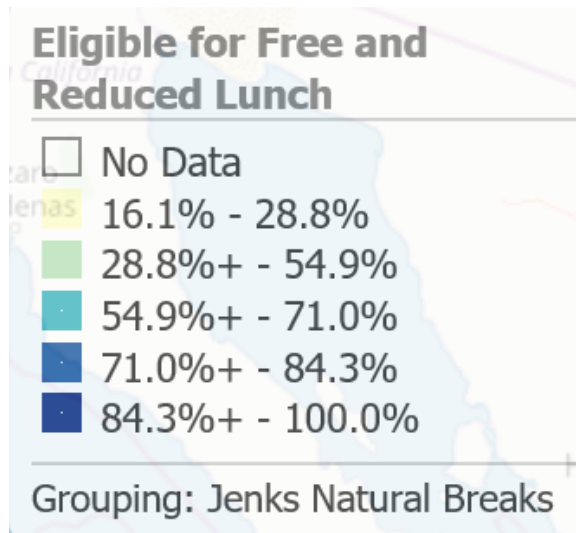


HEALTH FACTORS

INCREASE NUTRITION SECURITY

NM Students Eligible for Free and Reduced Lunch by School District, 2017

- Wagon Mound Public Schools: 100% - Highest
- Los Alamos Public Schools: 16.1% - Lowest
- Albuquerque Public Schools: 66.5%
- All New Mexico schools- 68.9%

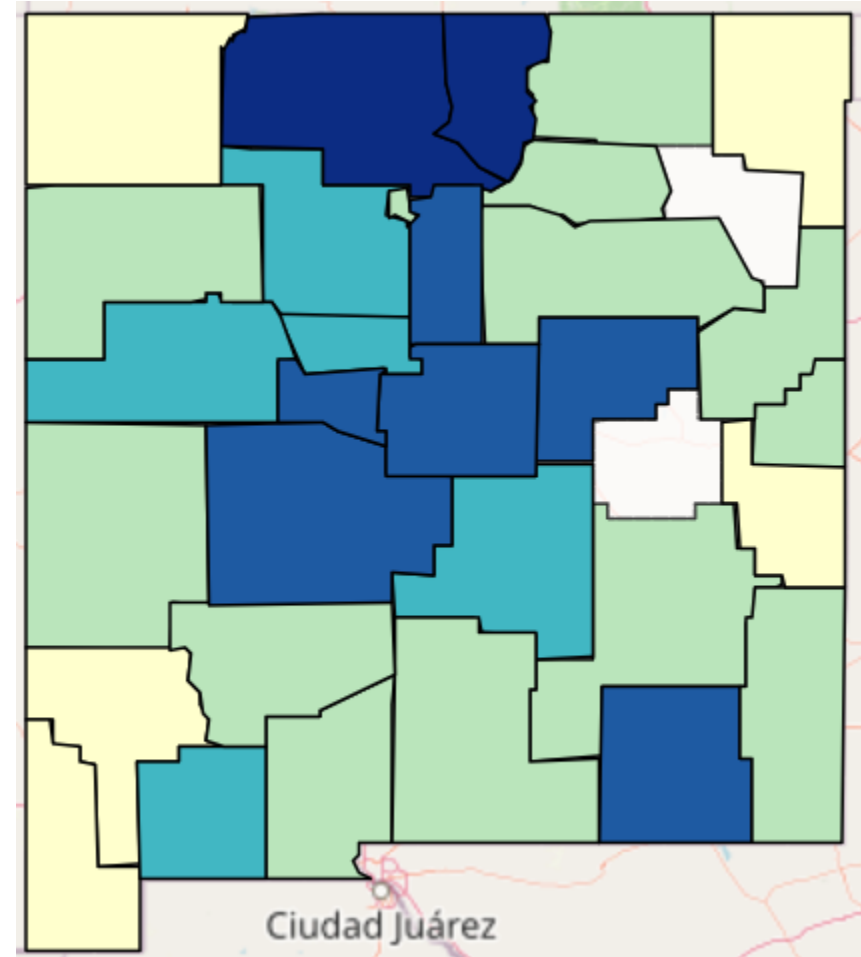
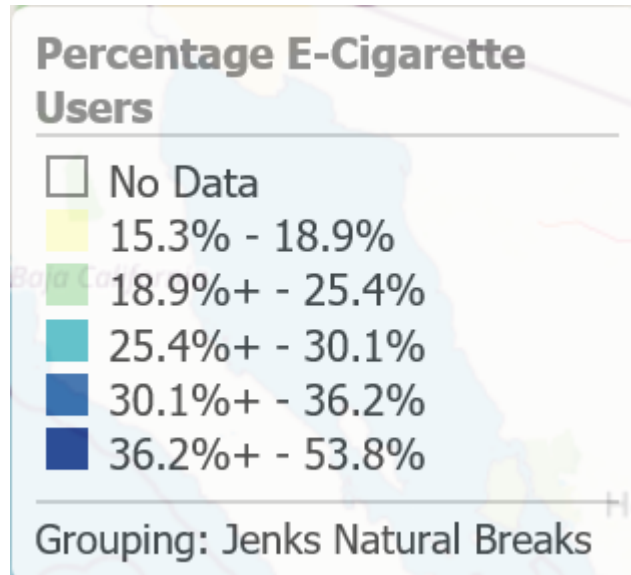


HEALTH FACTORS

PREVENT & CONTROL TOBACCO AND E-CIGARETTE USE

YOUTH E-CIGARETTE USE PREVALENCE, GRADES 9-12 BY COUNTY, NM 2017

- Taos county: 53.8% - Highest
- Grant County: 15.3% - Lowest
- Bernalillo County: 27.6% - Albuquerque
- NM: 24.7%



HEALTH FACTORS

PREVENT & CONTROL TOBACCO AND E-CIGARETTE USE

TOLL OF TOBACCO IN NEW MEXICO

- HIGH SCHOOL STUDENTS WHO USE E-CIGARETTES: 34.0% (37,800)
- HIGH SCHOOL STUDENTS WHO SMOKE: 8.9% (9,900)
- MALE HIGH SCHOOL STUDENTS WHO SMOKE CIGARS (FEMALE USE MUCH LOWER): 11.0% (6,200)
- KIDS (UNDER 18) WHO BECOME NEW DAILY SMOKERS EACH YEAR: 600
- ADULTS IN NEW MEXICO WHO SMOKE: 15.2% (245,200)

DEATHS IN NEW MEXICO FROM SMOKING

- ADULTS WHO DIE EACH YEAR FROM THEIR OWN SMOKING: 2,600
- KIDS NOW UNDER 18 AND ALIVE IN NEW MEXICO WHO WILL ULTIMATELY DIE PREMATURELY FROM SMOKING: 40,000

SMOKING-CAUSED MONETARY COSTS IN NEW MEXICO

- ANNUAL HEALTH CARE COSTS IN NEW MEXICO DIRECTLY CAUSED BY SMOKING: \$844 MILLION
- MEDICAID COSTS CAUSED BY SMOKING IN NEW MEXICO: \$222.8 MILLION
- RESIDENTS' STATE & FEDERAL TAX BURDEN FROM SMOKING-CAUSED GOVERNMENT EXPENDITURES: \$758 PER HOUSEHOLD
- SMOKING-CAUSED PRODUCTIVITY LOSSES IN NEW MEXICO: \$596.8 MILLION

TOBACCO INDUSTRY INFLUENCE IN NEW MEXICO

- ESTIMATED ADVERTISING SPENDING BY TOBACCO INDUSTRY IN NEW MEXICO EACH YEAR: \$37.1 MILLION

COMMUNITY STAKEHOLDERS FOCUS GROUP QUESTIONS

Over the course of this assessment our staff conducted a statewide stakeholder conversations, partners and community members were asked:

- What are the major barriers for our community in addressing key issues?
- What coalitions or existing efforts are already in place?
- What are the emerging trends and threats that we should be aware of?
- What are the most valuable things that could be done to improve key issues in the next 2-3 years?

NEXT STEPS

- Develop a plan to address prioritized needs.
- Join local groups working on key priority areas.
- Confirm policy, system and environmental change plans.
- Develop benchmarks and assess progress over time.