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3 The following are summary minutes for the meeting of the **City of Las Cruces – Health**
4 **Policy Review Committee** on April 6, 2022. At 3:00 p.m. at City Hall, 700 S. Main
5 Street, Las Cruces, New Mexico.

6
7 **Members Present:**

8 Becky Corran, City Councilor, District 2
9 Yvonne Flores, City Councilor, District 6
10 Kasandra Gandara, City Councilor, District 1

11
12 **Members Absent:**

13 Kathryn Olszowy, Ex-Officio member
14 Adrian Larson, MountainView, Member

15
16 **Others Present:**

17 Paris Rubio
18 Phillip Catanach, Parks & Rec, Recreation Services Administrator
19 Marina Montoya, Parks & Rec, Administrative Assistant
20 Josh Whaley
21 John Kutinac, NM Department of Health
22
23 Becky Baum, Recording Secretary, RC Creations, LLC

24
25 **I. Call to Order:** Councilor Gandara called the meeting to order.

26
27 **II. Conflict of Interest:** There was no conflict of interest.

28
29 **III. Acceptance of the Agenda:** Councilor Corran motioned; Councilor Flores
30 seconded. The agenda was accepted.

31
32 **IV. Approval of the Minutes - February 2, 2022:** Councilor Corran motioned;
33 Councilor Flores seconded. The minutes were approved.

34
35 **V. Discussion Items:**

36
37 **1. Joshua Whaley - Donohue: Epidemiologist Presentation:** Councilor
38 Gandara gave a recap; a presentation in order to prioritize what the next issues
39 will be. Dr. Joshua Whaley gave the presentation. The pandemic exposed
40 many structural issues and exacerbated a lot of health inequities. Health equity
41 is achieved when every person has the opportunity to attain their full health
42 potential and no one is disadvantaged due to social position or other social
43 determined circumstances. They are in the process of finalizing the 2022/2024
44 strategic plan. As a team they came up with certain values.

1
2 These values include beliefs that diversity and equity and inclusion make us
3 stronger; things they do will foster cultural respect, cultural humility, and
4 recognize all perspectives and seek to cultivate a community voice where they
5 can empower themselves; mobilize those communities to take control of their
6 own endeavors. Access to health care is the first step to health in equity. A
7 graph was shown of percentage of people in the county who lack health care
8 coverage; a decade ago it was roughly a quarter of the population. In 2014
9 with expansion of Medicaid the numbers went down to roughly 10%. There
10 was a minor uptick in 2020 to 13%. The number of adults who have primary
11 care providers haven't changed much over the decade.
12

13 Health equity is about removing barriers to a healthy lifestyle and allowing
14 people to have access to things that make them resilient, recreational time,
15 food security, housing security, and etcetera. One way to measure the lack of
16 resiliency is with the Social Vulnerability Index; an index variable between zero
17 and one where zero denotes that one isn't very vulnerable and one is the most
18 vulnerable. To determine the scores there are many variables and indicators,
19 relation structure, household composition, access to transportation, and
20 etcetera. A population pyramid for the City was shown; college town with
21 younger people, it is in a pyramid shape but could be better. Roughly 60% of
22 the population is Hispanic, a third of the population is white, and 5% are Black,
23 Native American, and other races.
24

25 Poverty is a big issue in the community. Roughly 25% of adults live under the
26 poverty level; kids are at roughly 30%. Both numbers lowered slightly in 2020
27 most likely due to the additional support. Those numbers are beginning to go
28 back up as the programs end. Roughly 45% of housing stock in the City is
29 renter occupied; other 55% is owner occupied. Median rent is just over \$800;
30 a little less when looking at Doña Ana County as a whole. The median home
31 value is a little over \$161,000; median home cost is roughly \$1,200 or 32% of
32 the gross median income of the City. To receive a mortgage, they tend to limit
33 the mortgage to 30% of one's income which means the median home cost in
34 the City is overpriced for many people; it could be a lot worse. Roughly a
35 decade ago 6% of the population lacked access to any sort of vehicle; now it's
36 8%. The portion of houses that have one or two cars have been roughly the
37 same over the past decade: slight drop in two vehicle households but not
38 much.
39

40 Food availability shows about 20% of adults are able to get five servings of
41 vegetables a day until about 2015: large plummet in 2017 and 2019. For
42 children it was only 25% until 2019 when it dropped to 18%. There is no data
43 for 2020 or 2021. The federal government did provide universal lunch for K
44 through 12 during the pandemic so the children's numbers should rise. The
45 program will end in June or July. There are health effects from living in poverty.
46 One is mismatched diseases, obesity, diabetes, and etcetera. People who are

1 the most food insecure tend to end up with the most obesity because the food
2 they do have access to is nutritionally deficient. Roughly 36% of the adult
3 population who are obese have a BMI greater than 30; kids in 2019 were at
4 15%. Those numbers will likely increase from the pandemic. Diabetes have
5 gone back down to the rates from 2012 but hasn't gotten better.
6

7 Mental health is also something that chronically deprived people suffer from.
8 A chart was shown of adults who have reported at least 14 or more days of
9 poor mental health over the last 30 days; 15%. The kids had a broader
10 question of feeling sad or hopeless; it was at 41.1% because of the way it was
11 asked. The data will be collected again in 2021 and the numbers are expected
12 to be higher. Overdose tends to happen with mental health problems and lack
13 of access to health care or access to resources for a healthy life, self-
14 medication. For many years and into 2020 the deaths were high, no giant
15 spike because of the pandemic. However, there was a giant spike in alcohol
16 related deaths in 2020. The broad sweep up at the end of 2020 was also for
17 suicide deaths; 21 deaths per 100,000. All deaths together was 62 per
18 100,000; broad increase into 2020.
19

20 There have been six new COVID cases a day; positivity rates are below 3%;
21 good indication that there's not undetected spread going on. One way to get
22 out of the pandemic is through vaccination. Early on there was concern that
23 health inequities would keep people from becoming vaccinated. The secretary
24 of state put together a team of epidemiologists to monitor and evaluate the
25 efforts to roll out the vaccine. A map was shown of the difference between
26 population and what percentage had available vaccines; if Hispanic population
27 is 60% they should receive 60% of the vaccine. This data and others were
28 used to help evaluate areas to eliminate barriers to health, policy wise. A chart
29 was shown of the SVI of the county versus the percent of fully vaccinated
30 individuals, no statistical relationship here. They were successful at getting
31 the vaccine to the most vulnerable people.
32

33 Other local vaccination rates were shown. There is roughly 95% of the
34 population that has at least one dose. There have been an increase within the
35 past six to eight weeks of people receiving their initial dose but haven't come
36 back to complete. Roughly 55% of children have had their vaccinations.
37 There was discussion on the obesity rate in the US; potentially about a third.
38 John Kutinac thanked the Board for reaching out. He added that there were
39 many lessons learned during the pandemic and communication and
40 relationships are needed. There are still a lot of work to do but he hopes the
41 partnerships continue to be cultivated. Systematic issues need to be
42 addressed but funding doesn't always happen in a systematic manner; more
43 silos tend to create more inequities.
44

45 Many entities received the same funding and so the healthcare groups got
46 together collectively to make sure that they weren't stepping on others toes or

1 covering the same area more than once. As they move forward with funding
2 partnerships will be vital to make sure the money is being used wisely. Several
3 policy review committees have been created as well as a Strategic Plan to help
4 guide the City with what they do. The City is taking an interest in health and
5 social determinants of health; focused on poverty which the City Manager is
6 working with Council to find ways to help it. Housing is another priority of the
7 City; roughly seven to 11 housing projects in the queue. Erica Surova was
8 hired by the Resiliency Leaders to break down the silos. She will also be
9 working on an occupational health survey for the City; something a previous
10 intern began.

11
12 Councilor Flores asked if there was a breakdown of ethnicity and tribal
13 populations in obesity and diabetes and whether diabetes happened due to
14 starvation of a poor diet. Dr. Whaley stated that it's like building up a drug
15 resistance to insulin; pancreas is creating insulin to process the excess sugar
16 but the cells aren't responding to it. The federal government universal meals
17 for children will be expired in June or July; the normal lunch programs for
18 schools will continue. Councilor Gandara suggested thinking about whether
19 the City would like to help compensate those meals. The schools have
20 expanded their food program. Councilor Gandara suggested having the LCPS
21 come and speak in regards to the data related to how many schools already
22 do the food program. The schools tend to send home food during breaks as
23 well to make sure kids have some food.

24
25 Councilor Gandara would like to campaign to find ways of funding to work with
26 strategies of mitigating the problems. Councilor Corran would like to use the
27 funding coming in towards health; mental, physical, food insecurity, and
28 etcetera. The Telshor Funds have been used for many things such as food,
29 pay for electricity, and etcetera. Councilor Flores mentioned the ARPA funding
30 states in the CFR that it can be used towards infrastructure that was affected
31 incidental to distributing certain things. Dr. Whaley has knowledge and
32 expertise with software to map out and dig deep; partner with NMSU and their
33 research abilities to get to the root.

- 34
35 **2. Erica Surova - RL Survey to include NMSU and Ngage's Data:** Erica
36 Surova gave the presentation. The Center for Community Analysis is not
37 under any department at NMSU but rather under the provost office. They are
38 primarily funded through the Kellogg Foundation and partnerships in the
39 community, City of Las Cruces, schools, and etcetera. The main goal is to
40 work with community organizations, school district, and government agencies
41 to look at access to education and health with the goal of using data to inform
42 decision making so families and children have better outcomes.

43
44 A survey was done with NMSU but Ms. Surova is unable to release it until the
45 administration looks at it. The 100% Community Survey was done in 2019;
46 Resilience Leaders distributed it and received over 1,200 responses. It looked

1 at 10 basic services; there is a link on Councilor Gandara's website that shows
2 the full responses. First they asked people if there were certain services
3 needed and if so if there were difficulties getting them and what those
4 difficulties were; 89% needed medical care, 35% needed mental or behavioral
5 health services, 87% needed dental healthcare. The population of the survey
6 was distributed online, in the paper, and through iPads to community centers,
7 promotoras, and etcetera.
8

9 The people who stated they needed medical services typically had higher
10 education level, didn't live in a Colonia, and were non-Hispanic compared to
11 other populations; if someone was having issues with paying for things they
12 typically wouldn't worry about seeing their physician. One question was on
13 familial support; there was more in Colonia's and non-English speaking
14 population. People may be going to family members or their church for help;
15 there is also a stigma of seeking mental health medical needs. There were
16 38% who had difficulty with needing healthcare with almost 50% in mental
17 health. There are similar patterns as with the medical services to the mental
18 health services, correlations with income. The middle income area who are no
19 longer on Medicaid wrote comments where they can no longer afford going to
20 the doctor. Childcare is similar where as soon as someone begins to earn
21 more money they no longer have services to help. This same pattern is seen
22 across the state; until their income reaches roughly \$70,000 they have more
23 difficulty getting services.
24

25 Some of the difficulties in receiving medical care included waitlist as there isn't
26 enough doctors, the copays were a big barrier, not being able to find providers,
27 not having insurance coverage, and the lack of specialists especially in Doña
28 Ana County. There is a similar pattern in mental behavioral healthcare; can't
29 find quality providers, waitlist is too long, cost is too much, and etcetera. Ms.
30 Surova commented that the governor passing the law to take away mental
31 health copays was a massive lift of a barrier. The money is coming out of the
32 premiums. Many people, especially children, have been unable to find
33 providers that are culturally competent or qualified in the eyes of the
34 respondents.
35

36 Other questions asked included school based health services and mental
37 behavior health services in the schools. One in every four needed healthcare
38 services. Almost half stated they had difficulty getting mental and mediator
39 health services through the schools. Difficulties included lack of counselors
40 and providers, not offering the needs, not having the services available, not
41 knowing they were available, and there were a lot of write in responses in
42 regards to IEP's; can't get services because the child doesn't have an IEP.
43 Children can see a counselor at school once or for a short time but to receive
44 regular services the child must have a disability and have an IEP. To receive
45 an IEP one must have an evaluation from the school, highly gifted or a problem
46 child. Many parents and children don't even know these services exist in the

1 school. There is always a balancing act to provide the services but let people
2 know it's there so counselors aren't just sitting around.
3

4 There were a lot of comments in the survey, generally about health. There
5 was a repeated idea of the surveyor works hard, might get a raise, and then
6 can't afford services anymore. Many people have to decide whether they can
7 go to the doctor or afford childcare due to not having as much help; the
8 childcare was able to increase to help more people. This survey was done in
9 2019 with a recent survey within New Mexico University; Resilience Leaders
10 wish to do a new one. Currently people seem to be surveyed out and so they
11 are waiting to do another one. The New Mexico Alliance of Health Councils
12 are looking at how to consolidate community assessments. There have been
13 discussions; working with Community Action Agency's as well to find ways of
14 creating surveys that speak to multiple stakeholders. The local action agency
15 has been talking with Sharon Finarelli who is the Executive Director of the New
16 Mexico Alliance Health Councils.
17

18 John Kutinac stated that his biggest pet peeve is that there are constant
19 surveys in the community but then nothing is done. He believes they owe it to
20 the community to let them know the data. There is a social media campaign
21 sending out the data to the community and there are 10 sectors trying to find
22 gaps and barriers. The City partners with Burrell College to bring a health fair
23 to the City staff; it's also opened up to the public. This was to help with
24 premiums as there was an increase in insurance. Every couple months Burrell
25 College would come to do various tests, checkups, and screenings. The City
26 is now looking at beginning a health clinic. The county received a large grant
27 for accessing health literacy; it was around COVID. Northern Doña Ana
28 County is where they are focusing. The lessons learned from this will be able
29 to be applied across the board for health care. People identify with warm
30 handouts. Ned Ruben is doing a survey that has received interesting data to
31 support the next steps.
32

33 Councilor Gandara stated that Burrell College doesn't have enough places to
34 go out and do more experiential learning. The need to expand that education
35 needs to be a separate conversation. MMC Family Medicine Residency has
36 been a blessing; Mountain View has begun a residency program as well. The
37 county is working with Memorial to build a psychiatric residency program.
38 Three out of six of this group of residents are from Burrell College. The
39 Leakage Study and Economic Development are focusing on three areas: value
40 added ag, medical, and retail. The leakage in the medical area tends to be
41 around specialty doctors. Councilor Gandara hopes there will be a leakage
42 study presentation next month. She added that the mental health industry is
43 facing the same issues as others but doesn't have enough to overcome them,
44 not enough psychiatric doctors and social workers. They need to think of ways
45 to have the doctors stay here. Councilor Flores added that they also need to
46 think of ways for people to afford it.

1
2 It is unknown whether the community realizes that there is no copay on mental
3 health care; currently the issue seems to be lack of providers. Many providers
4 are still doing online healthcare which can have issues with broadband and
5 internet. Some people prefer telehealth due to concerns with face to face
6 interactions. One student stated they didn't want to do telehealth because of
7 their roommates. There was a suggestion of having a dorm room or area
8 students can go to for privacy for telehealth. There was discussion on mobile
9 units for people to go to for privacy.

10
11 There is a dashboard on the website with a map associated with it. They
12 looked at segregation in public schools; originated quite a few years ago when
13 Ms. Surova did her thesis. There was talk of adding more schools which would
14 require rezoning; the data needs to be updated to begin conversations on what
15 segregation means and how it plays out in the community and schools. The
16 free and reduced price lunch is a tricky number because during COVID
17 everyone was on free and reduced lunch. LCPS took out kids automatically
18 put on due to extra funding so that they could receive more truthful numbers.
19 The number is similar to the patterns from 2016. This is the proxy for students
20 living in poverty. The district average for elementary schools was shown; an
21 index is shown with degree of separation. In order to make the schools have
22 an even distribution, 45% of the children living in poverty would need to be
23 moved to different schools. This is a nationwide issue; it is said that it's more
24 segregated today than pre-segregation. Some of the reasons why include
25 income inequality has increased, housing issues, and etcetera.

26
27 The private and charter schools aren't as much of a problem; this week the
28 charter school numbers were added in to see where they stand. Ms. Surova
29 commented that if you're a student of color you're much more likely to be in a
30 high poverty school rather than if you were white or Hispanic student. Across
31 the US, 45% of Hispanic students are in high poverty schools compared to only
32 15% of white students. Those in high poverty schools are less likely to go on
33 to college, there are more behavioral health needs, less teachers with
34 experience, and etcetera. Councilor Flores commented that a smaller
35 percentage of white people then get all of the advantages and privileges. The
36 way schools are broken by districts helped dramatically until after 1990s and
37 2000s. There were several lawsuits and so the government allowed the states
38 to determine how they wanted to do the districts. Councilor Flores told a story
39 of her sons going to a magnet school; even though it was desegregated, the
40 students would segregate themselves. In LCPS programs for dual credit the
41 students that tend to take advantage of the programs are typically white
42 students not in poverty.

43
44 A graph was shown of the relationship between third grade reading scores
45 proficiency and free or reduced priced lunch; 2019 data had to be used. It's
46 the same pattern as what Ms. Surova saw in 2016; as poverty rate increases

1 the reading rate decreases. A map was shown of the poverty rates in the
2 actual schools. They also did this on the neighborhood level from data
3 uploaded from the New Mexico Data Collaborative; shows poverty rates from
4 census data. If they draw boundaries based on what's convenient then the
5 same neighborhood segregation will spill over into school segregation. Ms.
6 Surova added drug overdose data, child abuse rates, and etcetera are higher
7 in the poverty areas and same schools. An important takeaway is thinking
8 about how the City draws the boundary or policy related to housing and
9 integrated housing policies. There have been experiments where money was
10 poured into schools with high poverty. Instead of desegregating schools they
11 had kids in housing developments for poor children and put half of them in low
12 poverty schools which had a much better impact than putting money in. You
13 don't want to create neighborhoods of poverty.

14
15 The maps and survey results are in the links and will be updated; charter
16 school information will be updated. John Kutinac asked how much dialogue
17 there's been between the school and the school mental health; he would like
18 to help see how they can build better programs to address the needs in the
19 schools. One opportunity could be to make the schools a Community School;
20 the City is striving to change all schools into the Community Schools. There
21 are conversations at the Community Schools level; some feel stuck and are
22 trying to bring more into the fold. Currently they are doing asset mapping and
23 needs assessments. There was discussion on Medicaid, schools, and City;
24 trying to go for the same money. Amy and Sonja are looking at developing
25 MOU's. Councilor Gandara stated that every elementary school needs a
26 counselor and social worker; need more FTE's. There was discussion of
27 starting pilot projects because the new balanced schedule is coming out; kids
28 going to school earlier but with more breaks.

29
30 **VI. Future Discussion/Task Listing:** Councilor Flores suggested having Ms. Surova
31 in the Community Schools Board and perhaps housing discussions. Councilor
32 Gandara would like for her intern to do a presentation next month on the distress
33 index tools specifically to the 88001 area and how they are responding to it: roughly
34 93%. There is a meeting next week with the group Lift Las Cruces if anyone is
35 interested in joining; at Central Office April 12th at 11:00 a.m. They did a crime
36 overlay; LCPD is out in the area all the time. This presentation would discuss what
37 resources are available, get an understanding of community, and what they can
38 do next. There is an opportunity to purchase the report; it's \$500. Councilor
39 Gandara thought the City would purchase it for deeper understanding in the
40 community. There are providers there, non-profit, private sector, Greater
41 Chamber, and etcetera. They would love the Department of Health to be a part of
42 the discussion. Councilor Gandara doesn't want to duplicate or work in silos but
43 rather partner with others to do more for the community.

44
45 John Kutinac stated that one of his goals is to look where the money is and find
46 out who is doing what to bring people and programs together. There is a lot of

1 money for overdose education and prevention but nothing seems to be happening.
2 There are a few places where they utilize community health workers but the
3 question is can community health workers be used in other settings that haven't
4 been thought of; all about training, need, and sustaining the positions. Funding
5 cycles in and out over periods of years. There is funding from the county DOT and
6 there have been meetings to discuss the funding. It would be a good idea to have
7 Jamie come in to discuss that information. Councilor Flores commented that there
8 is Title One funding, Community Schools money, and etcetera; they need to
9 overlap without canceling each other out. There are monthly meetings with the
10 City and county to look at various things. Councilor Gandara commented that the
11 county rural area is such a large area with great need that many times the City
12 feels they should do their own as the city's need is so great.

13
14 Pre-COVID Health PRC had quite a number of people at the table; many places
15 were represented. Councilor Flores is hopeful that the representatives return. She
16 had some people reach out to her and state they want to be involved. The Board
17 needs to invite people from the hospitals, Department of Health, and etcetera.
18 There is an infrastructure grant funding that will be applied for. Councilor Gandara
19 listed next steps which included mapping out funding and inviting people to the
20 meeting. Councilor Flores believes the PRC's are siloed and should be more like
21 TSI. Councilor Gandara would be happy to have TSI present but warned them of
22 rolling quorums; perhaps just invite Lisa LaRocque. Councilor Corran believes
23 they need to have a discussion on specific funding, such as cannabis funding.
24 They can also discuss Resilience Leaders and what that group is doing. There
25 was a suggestion on asking the schools to come and talk about their needs; Dr.
26 Tim Hand who believes in Entergy. Dr. Hand believes they can either go back to
27 status quo or move forward and build better.

28
29 Councilor Corran believes DACC has resources; pipeline with NMSU to have
30 public health. Amy presented at a breakfast on the programs which are open for
31 open enrollment; she also presented to the management group at DOH. Councilor
32 Corran believes DACC should be identified as a Community School. Councilor
33 Gandara added that the LC3 Behavioral Health Collaborative have done an
34 amazing number of assessments. There was a comment on the makeup of the
35 resolution for this PRC: three Councilors who are voting and four ex-officio's
36 members, the Department of Health who doesn't have a representative at the
37 moment, NMSU who is Dr. Elswick, and the two hospitals. The PRC can change
38 how the resolution is written or invite whoever they want to come as a public
39 participant. Councilor Gandara hopes that once the task force is finished those
40 people will return to this PRC. There is a member from Mountain View but they
41 haven't attended for a while; there isn't one from Three Crosses but the resolution
42 can be changed. They will talk with Dawn to make sure they come; there's an
43 application process that goes through Council for approval. Councilor Flores
44 suggested asking Carla to send out information on the PRC meetings to respective
45 district newsletter lists.

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1. CLC Occupational Health Survey:

VII. Next Meeting Date - May 4, 2022:

VIII. Adjournment: Councilor Corran motioned; Councilor Flores seconded.



Chairperson