



TO GROW AND THRIVE...

2019 Community Health Needs Assessment

for M^cKinley County, NM & Surrounding Areas

Sponsored by

**Rehoboth M^cKinley Christian
Health Care Services
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“The impact of public health movements can take decades to present measurable results.”

– Epidemiologist, NMDOH

Introduction

In 2016 Rehoboth McKinley Christian Health Care Services published a Community Health Needs Assessment for McKinley County and Surrounding Areas. It presented a broad view of the health issues and the social determinants that impacted those health issues in the context of this very diverse and complex area. It included the demographics, the social and political structure and the history of the region.

This 2019 assessment is a follow-up on that assessment, referencing those social and economic forces, while specifically focusing on the residents of this region and what individuals need to grow and thrive in McKinley County and the surrounding area in 2019. For the sake of brevity, some of the geographic, demographic and historical information provided in the previous report are not repeated in this assessment. These remain virtually static and can be accessed in the 2016 Community Health Needs Assessment.

The 2016 study identified health issues, diseases, health behaviors and social and environmental factors in McKinley County. The goal of this study is to look at the top four priority health and social needs identified in the 2016 assessment in 2019, to see how they have changed and what initiatives have been put in place to impact them. This report seeks to share the health needs and social factors that impede or enhance the ability of women, men, youth, children and families to grow and thrive in McKinley County.

METHODOLOGY

Over one hundred primary sources were interviewed and eight focus group sessions were conducted with a range of community stakeholders for this report. These included; health-care providers, social service providers, governmental agency representatives, educators, counselors, community activists, advocacy groups, coalitions, clients and patients. Many Native Americans as well as other ethnic groups were included, with primary participation from the Navajo Nation and Pueblo of Zuni, the two tribal entities who make up the majority of the Native American population in McKinley County. Contributors are listed in Appendix A of this report. Secondary approved and acknowledged data sources were used to quantify identified issues and needs. Appendix B contains the list of all data sources used.

HEALTH PRIORITIES

The 2016 Community Health Needs Assessment for McKinley County and Surrounding Areas identified five broad areas of need as priority community health concerns for McKinley County. These five general areas encompass many specific issues faced by men, women, young adults, children and families in this region.

The five areas were:

- Substance Abuse – Alcohol & Opioids
- Social & Environmental Conditions
- Education
- Collaboration and Communication.
- Reproductive Health

This assessment begins by comparing the measurable statistics from 2016 to 2019 in these priority areas and highlighting current anecdotal information regarding each issue. Additionally, initiatives to address these issues between 2016 and 2019 are presented. Many interventions have been initiated in the last three years. Some conditions have seen improvement, while some have remained static or worsened. Environmental and contextual influences also reveal the larger picture of this very diverse and complex community.

PRIORITIZATION PROCESS

Upon publication of the 2016 CHNA, RMCHCS administrative team met and decided to prioritize work on the health needs that fell into the following categories:

- Alignment with RMCHCS mission
- Seriousness of the issue
- Associated health disparities
- Criticality in improving, maintaining health or improving access by removing barriers

The result of this consultation was the selection of “significant health needs,” organized into primary categories and a number of subcategories as structured in the CHNA.

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- Social & Environmental Conditions
- Education
- Collaboration and Communication
- Reproductive Health

As stated previously, this 2019 assessment is a follow-up on that assessment. For the sake of brevity, some of the geographic, demographic and historical information provided in the previous report are not repeated in this assessment. These remain virtually static and can be accessed in the 2016 Community Health Needs Assessment.

STUDY AREA DEFINITION

Rehoboth McKinley Christian Health Care Services studied McKinley County, NM for its 2019 CHNA and implementation plan report. This study area definition certainly makes sense when considering the hospital's inpatient discharge data, which indicates that McKinley County, NM comprised 80.4% of inpatient discharges in SY 2019 (October 2018 – September 2019).

Patient Origin - Inpatient Discharges

RMCHCS Inpatient Discharges by County SY 2019

			SY 2019 % of Acute Volume	
County	State	SY 2019 IP Discharges	% of Total	Cumulative % of Total
McKinley County	NM	1,893	80.4%	80.4%
All Others		461	19.6%	100.0%
Total		2,354	100.0%	

Source: Hospital inpatient discharge data from New Mexico Hospital Association (NMHA), accessed from Stratasan for Rehoboth McKinley Christian Health Care System; October 2018 - September 2019; Normal Newborns MS-DRG 795 excluded.

2019 MCKINLEY COUNTY KEY HEALTH INDICATORS

	MCKINLEY COUNTY '19	2016 CHNA	NN Navajo Nation	NM New Mexico	US United States
MORBIDITY & MORTALITY – *Per 100,000 people					
Life Expectancy from Birth	73 yrs.	74.4	74.1	78.2	78.6
ALCOHOL / SUBSTANCE ABUSE					
*Alcohol-related Deaths	145	114.8	169.2	131.9	59.7
*Alcohol-related Chronic Disease Deaths	85.8	57	43.5	31	9.2
*Alcohol-related Injury Deaths	59.2	51.9	N/A	28.7	DNA
Alcohol-impaired Driving Deaths	34%	42%	N/A	31%	13%
*Drug Overdose Deaths	9	14	N/A	24	10
*Unintentional Injury Deaths	112	104.8	126.5	65.3	43.2
*Motor Vehicle Traffic Crash Deaths	42	42	N/A	17	9
DIABETES					
*Diabetes Death Rates	63.8	60.3	47.7	28.4	21.2
*Diabetes Prevalence	15%	13%	22%	9%	9%
HEART DISEASE					
*Heart Disease Death Rates	129.7	133.3	72.3	143.8	168.5
INFLUENZA & PNEUMONIA					
*Influenza & Pneumonia Deaths	30.8	29.6	38.8	14.2	15.2
REPRODUCTIVE HEALTH:					
Teen Birth Rate Ages 15-19 (Births per 1,000 females in population)	46	63	N/A	39	14
Live Births with First Trimester Prenatal Care	53.8%	53.8%	49%	63.4%	77.2%
*Sexually Transmitted Diseases	989.5	1,101	N/A	628.6	152.8
% Breastfeeding Mothers	33.8%	33.8%	60.8%	43.1%	74.2%

2019 MCKINLEY COUNTY KEY HEALTH INDICATORS

	MCKINLEY COUNTY '19	2016 CHNA	NN Navajo Nation	NM New Mexico	US United States
HEALTH BEHAVIORS:					
Adult Obesity	37%	35.8%	47%	26%	26%
Adolescent Obesity	21.3%	30.5%	N/A	15.6%	13.9%
Adult Smoking	22%	20%	N/A	17%	14%
Physical Inactivity	26%	25%	N/A	18%	19%
MENTAL HEALTH:					
Adult Suicide Deaths	28.6	28.4	17.4	21.5	13.5
Youth (10-24) Suicide Deaths	26.8	26.8	26.4	14.9	8.1
ENVIRONMENT:					
Medically Uninsured					
* (Natives have free healthcare through the IHS)	17%	30%	*N/A	11%	6%
Median Household Income	\$30,336	\$29,812	\$24,512	\$47,100	\$67,100
Severe Housing Problems	29%	28%	N/A	18%	9%
Unemployed Population	8.7%	9.8%	N/A	6.2%	4.9%
% Living in Poverty	37.8%	43%	N/A	26%	11%
Children Living in Poverty	39%	43%	N/A	26%	11%
Children Eligible for Free/Reduced Lunch	100%	90%	N/A	71%	32%
Children in a Single Parent Household	53%	48%	N/A	40%	20%
Uninsured Adults	22%	30%	*N/A	13%	6%
% of Population with No Primary Care Provider	46.4%		*N/A	30.2%	21.7%
Food Insecure (10+miles from a grocery store or lack of access to fresh fruits & vegetables)	27%	24.3%	63%	16%	9%
EDUCATION:					
High School Graduation Rate	66%	71%	N/A	71%	83%
% of Adults 25 or Over with a BA+	11%	11.4%	N/A	26.7%	31.3%
SAFETY:					
*Average Violent Crime Rate	710	480	440	650	63
*Homicides	15	3	18	7	2

INFORMATION GAPS

While the following information gaps exist in the health data section of this report, please note that every effort was made to compensate for these gaps.

This assessment seeks to address the community's health needs by evaluating the most current data available. However, published data inevitably lags behind due to publication and analysis logistics.

HEALTH PRIORITY: **SUBSTANCE ABUSE** ALCOHOL & OPIODS



PREVENTION & TREATMENT

Substance abuse, primarily alcohol abuse, and its effect on almost every aspect of this community's physical, mental, social and economic health, remains the greatest issue in McKinley County and its surrounding area. It continues to be the major driver of morbidity and mortality in the county. Alcohol related harm has increased dramatically in New Mexico while decreasing in the United States overall. Economically, alcohol abuse related expenditures, i.e., arrests, incarceration, detox, rehabilitation, healthcare, cost the State of New Mexico 2.2 billion dollars, half of the General Fund, in 2010. Substantial work and funding have been committed to the prevention and treatment of substance abuse in this county in the past three years.

While the statistical changes are incremental, there are many individual success stories. However, just as this issue permeates every part of the social fabric and touches almost every family in this community, the solutions must be as varied and wide-spread as the disease itself. The statistics show that more needs to be done, but there is clearly a greater effort on the part of healthcare providers, educators and human service agencies to coordinate and collaborate on initiatives that move the needle.

STATISTICAL COMPARISONS, 2016–2019

- Alcohol-related deaths increased by 26%.
- Alcohol-related Chronic Disease Deaths increased by 50%.
- Alcohol-related Injury Deaths increased by 14%.
- Alcohol-impaired Driving Deaths decreased by 16%.
- Drug Overdose Deaths decreased by 35%.
- Unintentional Injury Deaths increased by 6%.
- Motor Vehicle Traffic Crash Deaths remained the same.

ALCOHOL

ALCOHOL-RELATED MORBIDITY & MORTALITY

Statistics show that there has been a considerable increase (26%) in deaths related to alcohol in the last three years. However, there appears to be an overall reduction in motor vehicle deaths connected to alcohol, as well as alcohol-related deaths due to hypothermia and exposure. A more aggressive and comprehensive approach to DWI prevention and treatment and systems to shelter people who are living unsheltered and are incapacitated, appear to have reduced the number of these deaths. The significant increase in chronic alcohol-related diseases aligns with information shared by physicians at the two regional hospitals, Gallup Indian Medical Center (GIMC) and Rehoboth McKinley Christian Health Care Services (RMCHCS). They report seeing more people aged 20 to 30 years old presenting with Alcoholic Hepatitis, a

serious disease which is often fatal. This disease is usually only seen in people in their 50's and 60's, who have been drinking heavily (7 or more drinks a day) for 20 plus years.

Emergency Medical Services in McKinley County report that they commonly see chronic alcoholism and alcoholic seizures on their calls. They estimate that 75% of the people they respond to on calls have alcohol abuse problems. 80% of those they transport to hospitals have alcohol-related issues. In 2017 they responded to five structure fires that resulted in fatalities, and all were alcohol-related. Two additional alcohol-related fires they attended on the Navajo Nation were caused by arson.

ISSUES

EARLY INTERVENTION

A 2012 review of Emergency Department (ED) charts at Gallup Indian Medical Center revealed that most of the men, ages 45-47, who died in the ED had their first ED visits for alcohol-related problems at ages 15 to 18 years old. It is estimated that only 10% of people with alcohol dependence receive treatment. Identifying these individuals at a younger age and getting them into treatment earlier, has become a goal of providers. The increase in younger patients with alcoholic complications has also been a catalyst for health care providers to explore the treatment of alcohol and drug addiction symptoms while a patient is medically detoxing in the hospital. Medication treatment options for substance abuse were not used in either hospital in the county until recently. There has been some resistance from the substance abuse treatment community in McKinley County to the use of medications to address addictions. However, more data proving their efficacy for some patients has recently been made available.

TARGETED TREATMENT

Some concerns were expressed that the new Behavioral Health Improvement Zone program, created by a state-funded Behavioral Health Council grant, is focused on the wrong group of alcoholics. It is focused on treating and tracking the top 200 people identified as chronic alcoholics. These individuals were chosen by the number of repeat 72-hour visits (72-hour stays are required if an individual is in Detox three or more times in a month) they made to Na'niz hoozhi Center, Inc. /Gallup Detox (NCI). This means that they are the most chronic alcoholics, the 5% at the top of the SAMSHA Substance Abuse pyramid.

These have been proven to be the most difficult individuals to rehabilitate due to very intense long-term alcoholism and the damage it has had on their bodies and brains. The bottom

"For too long we have treated substance abuse disorders only as a social/emotional disease and a moral failure. We should be approaching this as though there is no wrong door. Every patient is a different story and a different treatment option should be available."

When a patient presents at our hospital with uncontrolled diabetes or hypertension, and he is overweight, off his diet or didn't exercise, we don't refuse him medication. We give him the medication to get him back on track, and then work with him on compliance. Alcoholism is also a chronic disease and a patient can be genetically predisposed to it. We need to treat it that way and not shut the door on anyone."

—
Physician, Gallup Indian Medical Center

of the pyramid is the 70% of people who drink casually and responsibly. The middle of the pyramid is the 25% who drink excessively, display risky behaviors and are a potential danger to themselves and others. Many local professionals in the field believe that the most focus should be on that 25%, both because of their potential to make permanent changes in their lives and for the safety of the greater community.

MEDICAL DETOX

Several physicians stated that there is no true safe medical detoxification in the area. They would like to see a Certified Medical Detox program. This would have to be in a supervised medical setting. Currently, there is only Safety Detox available, where people who present to the hospital with serious withdrawal symptoms and delirium tremens stay for 72 hours and are then released. Those with less serious symptoms are often given Gabapentin or Librium and released by Emergency Departments within a shorter time. Although the Indian Health Service committed 1.5 million dollars to the NCI Program for medical detox, NCI does not always have a nurse on staff to continue administering the Librium, or beds available for observation of the patient. An NCI representative stated that getting detoxed individuals into long-term residential treatment can be a challenge since some programs require people to be 15 days sober to be accepted and many relapse during that waiting time.

ACCESS TO ALCOHOL

The convenience of accessing alcohol in McKinley County, particularly in Gallup as a border town, is a continued concern. Some medical providers expressed frustration that the city and county refuse to establish a public drunkenness law or restrict the places alcohol can be purchased. Currently, alcohol is readily available at convenience stores, gas stations and grocery stores for many hours of the day and evening. They believe this attracts more people to Gallup as an "alcohol hub". It was expressed that there is an appeasement to the commercial outlets for economic reasons.

QUALIFIED BEHAVIORAL HEALTH PROVIDERS

Just as the demand for treatment is high, the demand for qualified providers trained culturally sensitive behavioral health treatment has grown. A physician at Gallup Indian Medical Center states that their providers have 50-120 patient contacts a month. They have been understaffed for over a year, going from three psychiatrists to two. They have filled in with two additional temporary psychiatrists and have 3-4 appointment blocks assigned to a tele-psychiatrist. Several providers expressed concerns about the level of professionalism and accountability of some behavioral health providers and programs in the area. These concerns arose from stories of past treatments shared by patients. Greater transparency and agreed upon protocols and procedures is needed among all regional programs and professionals for consistency of care. This issue is not exclusive to McKinley County, though their need for more Licensed Drug and Alcohol Counselors, Psychologists and Psychiatrists is urgent. HRSA's National Center for Health

"We have no permanent psychiatrist. People do not seek treatment until they are chronically ill. It is harder to admit them for care, and our case load is so high that it is difficult to treat them. We have too much to do to even try to integrate with the in-patient Behavioral Health team and the Substance Abuse Center. We need more providers."

—
Provider, RMCHCS Behavioral Health

Workforce Analysis made Behavioral Health workforce projections from 2016 to 2030. On a national level, the supply of addiction counselors is projected to increase by 6% between 2016 and 2030, with demand exceeding supply and leading to a deficit of approximately 13,600 full-time equivalents. When adjusting for the 20% of the population reporting unmet behavioral health needs due to barriers in receiving care, demand is expected to exceed supply by approximately 38% in 2030.

AFTER CARE

There are mounting concerns among providers that there are not enough after-care programs for individuals who have completed rehabilitation. These programs encourage compliance and offer supports as an addict re-enters the community. Providers say that many of the patients they see cannot return to their families, sometimes because they have burned those bridges and often because everyone there is still drinking. More trained Peer Counselors, Case Managers and more reintegration efforts are needed. As in-patient and out-patient treatment becomes more available, follow-up becomes even more critical. This is important for both for clients to maintain long-term sobriety and for professionals to evaluate of the long-term efficacy of their programs.

INITIATIVES SINCE 2016

ADVOCACY & POLICY CHANGE

According to epidemiologists at the New Mexico Department of Health, McKinley County as a whole has made excellent strides since 2016 in efforts to address the alcohol abuse issues. Some of the credit for this goes to the efforts of the McKinley Community Health Alliance, a group of non-profits that look at policy and environmental impacts on health, and local government officials who worked with them on new regulations.

One success has been the liquor excise tax. McKinley County the only county in New Mexico to levy a tax on alcohol sales – 5-6%. The liquor excise tax revenue that will be distributed among treatment and prevention programs in 2019 is estimated to be between \$1.1 and \$1.4 million. Behavioral Health Improvement Zone Program Manager speculates that the liquor excise tax has had some effect on the use of alcohol, since the revenue from alcohol purchases has actually dropped.

Additionally, a law was recently passed reducing the hours during which liquor can be sold in McKinley County to 12 hours between 10:00 AM and 10:00 PM. This is counter balanced by the fact that, based on a recent Alcohol Outlet Density Study conducted by the New Mexico Department of Health, McKinley County 's number of liquor licenses is 200% over the state quota of one outlet per 2,000 people. There is also a statewide movement to reduce the cost of liquor licenses, as an economic stimulus for rural counties to have more breweries and distilleries, that could increase alcohol access to alcohol in McKinley County.

“Unlike tobacco, where penalties have been levied that pay for education and treatment, the alcohol industry has interfered with any systemic changes.”

—
Public Health Advocate

COORDINATED SERVICES

Concern over patients presenting at the Emergency Departments so ill from alcoholic hepatitis or chronic disease that there is little that can be done for them, and seeing patients



after detoxing return multiple times with the same issues, has lead to exploration in the use of new modalities in treating alcoholism in this region. It was clear that there was a need to have greater communication and collaboration between all the many providers in the area. This was a primary recommendation in the 2016 Needs Assessment.

In 2017, an internal medicine physician at Gallup Indian Medical Center saw the need for more coordination of treatment options within the community. She believed that she and her colleagues throughout the community should become experts on the treatment and prevention of alcoholism. To create an

opportunity where all opinions would be shared and respected, and effective programs would be supported, she convened the Alcohol Task Force. This group meets monthly to explore and discuss training opportunities, prevention efforts, treatment modalities, recovery options and medical protocols for alcoholism. This is a group of over 70 participants, including medical providers from GIMC and RMCHCS, representatives from local social service agencies, DWI, City of Gallup Behavioral Health Investment Zone, WellSpring Recovery Center, Gallup McKinley County Schools, SNAPSA, McKinley County Adult Detention Treatment Program, Navajo Nation Behavioral Health, New Mexico Department of Health, McKinley County Health Alliance.

There is now a greater communal knowledge and understanding of the various programs and treatments available in the community and where and how to refer clients when appropriate. The need to look at the medication treatment option during or after detox, came out of this group. Other initiatives that have resulted from this collaboration are: creation of several after-care programs, approval of a Withdrawal Policy/Protocol, standardization of an Alcohol Screening tool for Electronic Health Records, SBIRT trainings and the creation of an Alcohol Clinic of providers and pharmacists to coordinate the management of medications.

EARLY SCREENING & INTERVENTION

Gallup Indian Medical Center has recently stationed a Behavioral Health/Substance Abuse Counselor in the GIMC Emergency Department to use the Screening Brief Intervention Referral to Treatment (SBIRT) evaluation tool, as well as the Motivational Interviewing and the PHQZ depression screening tool to determine when a patient should be referred to Behavioral Health for treatment. They now use these screening tools on every adult (and younger if inebriated) that comes through their Emergency Department. They were the first ED in New Mexico to have integrated use of SBIRT. The Trauma Unit and other providers throughout the hospital are being trained on the use of these screening tools so that uniform guidelines are used to identify issues and refer quickly. GIMC Behavioral Health Services have established two out-patient walk-in clinics per week, on a weekday morning and a weekday evening, to make services available more quickly for those in need.

MEDICAL DETOX

Options for true medical detoxification are being explored by health facilities. Alcohol Task Force members are working on an Alcohol Withdrawal Policy/Protocol, creating a standardized template for all hospitals, clinics and providers to use to streamline the medical clearance process, and standardized protocols for every providing medical facility for prescribing

addiction medications.

MEDICATION ASSISTED TREATMENT (MAT) OPTIONS

Gallup Indian Medical Center is now using medication treatment for detox and post detox, and they believe it is a viable tool for many of the patients they see. These medications are Maltrexone (Vivitrol) which inhibits the cravings for alcohol and opioids after detox, Disulfiram (Antabuse) which causes nausea in a patient if they drink alcohol or ingest drugs, Acamprosate which lessens cravings, irritability and disorientation after detox for alcohol addiction only, and Suboxone and Methadone which are used as ongoing treatments after detox. The last two are often viewed as replacement drugs, but allow the user to function during rehabilitation.

Providers emphasize that all of these treatments should be combined with psycho-social counseling, but many believe that medication can help clear an addict's mind enough to focus on making permanent behavior changes.

According to amfAR, The Foundation for Aids Research, nationally only 51% of the nearly 3,000 residential programs that treat addiction use medications to treat alcohol and opioid addiction. This is an increase from 42% in 2016.

The Commission on Accreditation of Rehabilitation Facilities has begun requiring programs to help patients access medication for their disease, if they request it. GIMC now has a Suboxone clinic on the first and third Thursday mornings of every month. NCI/Gallup Detox is getting pharmacy license and the GIMC Emergency Department is working with them on a form to attach to the commitment form that includes the medical diagnosis, meds administered in the ED and on discharge, and time of next dose. WellSpring Recovery Center is planning to add this to their treatment options and is awaiting approval.

RESIDENTIAL IN-PATIENT TREATMENT

Currently, two long-term (28 days or more) drug and alcohol residential treatment programs for adults are available in McKinley County. In 2018, the one residential substance abuse treatment program on the Navajo Nation, in Shiprock, New Mexico, closed. Several providers commented on the complexity of getting a client into residential treatment. The wait times, documents required and time and effort to get in are seen as a barrier to many individuals. The Intake Coordinator at WellSpring Recovery Center commits many hours a week to helping potential clients with their documentation. The Adult Detention Treatment Program and GIMC are working with RMCHCS to streamline the process so that their clients who need further treatment can move into the residential program more easily.

The Rehoboth McKinley Christian Health Care System Behavioral Health residential rehabilitation program, now called the WellSpring Recovery Center, was established in 2015. It has grown from a 30-day program to a 90-day program, accommodating 69 clients at all



The WellSpring Recovery Center is located in East Gallup

times, with a waiting list average of 15. It offers clients an additional 120 days of residential rehabilitation, so clients can have 7 months of in-patient recovery. The program has a rotating GED literacy program with a 100% graduation rate, art therapy, a gym and a ceramics studio program, Healing Hands, that sells the client made pottery through Southwest Indian Foundation. After the first 45 days of treatment, a 20/20 program is available to clients who apply. The 20/20 program offers the opportunity for the client to spend 20 hours a week in counseling and 20 hours a week working at a job in the community. Case Managers work with local businesses for job opportunities. This enables clients to gain employment, save money, continue counseling and re-enter the community incrementally while still living in the facility.

The McKinley County Adult Detention Treatment Program was created in February of 2018 as an in-house substance abuse treatment program for inmates in adult detention. The program is currently exclusively for incarcerated males, although there is a plan to develop a similar program for female inmates who are held in a separate pod of the same facility. This is a 28-day drug and alcohol treatment program using the evidence-based MATCH program. It is designed for up to 40 participants, but the goal is to have no more than 30 at a time. Inmates apply for this program and, if accepted, live together in a separate pod. They can be awaiting sentencing, serving a short sentence or waiting for transfer to state prison. Clients have 50 hours of intensive programming a week for 5 weeks. They collaborate with several organizations for GED preparation, STD testing, classes on sexual assault and domestic violence, as well as resume building and soft-skills training. The hours spent working in the program are viewed by the courts as community service and count against fines, so that many clients leave incarceration having worked off all of their fines. This program is meant to be an initial step in recovery for clients. Approximately 80% of the graduates enter some form of continuing substance abuse treatment and continue to attend 12-step programs.



Healing Hands ceramic art and artist

ALTERNATIVE SENTENCING - DRUG COURT

There is an initiative to create a drug court for alternative sentencing in McKinley County. Many providers see addicts who are prosecuted and spend time in detention for petty offenses related to their alcohol or drug addiction. They believe they could be better served by being sent to out-patient or in-patient treatment as an alternative to incarceration, and that it would reduce the cost of detention. Conversations with the local criminal justice system, including the McKinley County Magistrate Court, have been initiated.

BEHAVIORAL HEALTH INVESTMENT ZONE

The Behavioral Health Investment Zone (BHIZ) created in 2016 by the community through an initiative of the Behavioral Health Council of the State of New Mexico, has changed over the past two years. The City of Gallup is now the fiscal manager of the program that administers three million dollars in grants. This includes \$1.5 million from the Behavioral Health Council and \$1.5 million from the Liquor Excise Tax based on gross receipts from the sale of alcohol.

The largest amount of these funds, \$500,000, go to Na'nizhoozhi Center, Inc./Gallup Detox (NCI). NCI has 24,000 intakes a year, many of which are repeats. The grant funds three counselors, one case manager and support staff. The focus of the funding is tracking the top 200 recidivists to Detox since 2016. Of those top 200, only 25% have been tracked. 24 have died and 24 have not returned to Detox. \$105,000 of these grant funds goes to the RMCHCS Substance Abuse Treatment Program to pay part of the salary for one case manager in the 69 -bed residential treatment program. These funds also cover 9 hours of Intensive Out-patient therapy at DWI or the out-patient Hozho Center.

OUTPATIENT TREATMENT PROGRAMS

The previously unstaffed county-funded DWI program has been recently revived and is using the evidence-based Matrix model for their 90-day Intensive Out-Patient (IOP) treatment.



It includes three days a week of group therapy and one individual counseling session a week with a therapist. They also offer AcuDetox, and acupuncture addiction treatment, and Alcoholics Anonymous meetings. They have converted to digital records that allow them to track clients after completion of the program, and have HIPA waivers to allow follow-up and tracking. Most of their clients come before or after sentencing for DWI. They visit Adult Detention once a week to inform inmates about their program.

Hozho Center, based in Gallup, has been a known drop-in center in the area for those struggling with alcoholism and mental health issues for many years. Certified Peer Support Counselors, Spiritual Counselors and one on-call Medicine Man are funded exclusively through a \$50,000 grant from the New Mexico Behavioral Health Council from the Office of Peer Recovery & Engagement. They see between 250 and 400 people a month. 100% of their clients are Na-

tive American, 95% of them are Navajo and over 90% of their regular clients in treatment are court ordered. 80% of clients work; 40% of clients are women and prefer female counselors.

They are working with Capacity Builders, Inc., an organization that works with non-profits to look at their systems and analyze how they can improve them and grow as an organization. They are also working with Gallup Indian Medical Center on the MSPI program to do motivational interviewing and and storytelling as part of their treatment.

Zuni Recovery Center in the Pueblo of Zuni, offers out-patient rehabilitation services to those recovering from substance abuse in the Zuni community.

BEHAVIORAL HEALTH WORKFORCE DEVELOPMENT

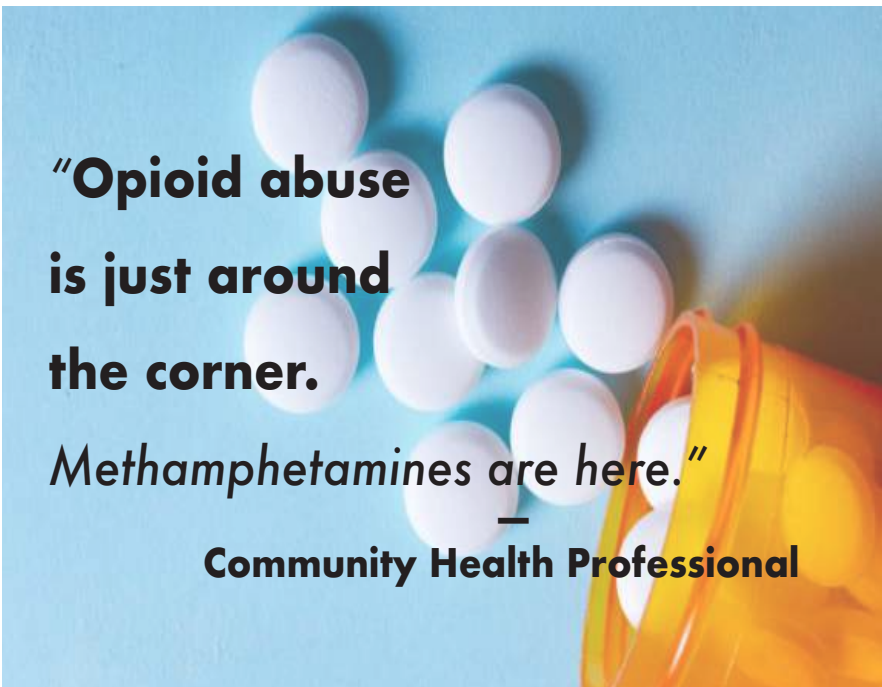
RMCHCS established a 3-year partnership project with Navajo Technical University (NTU) in 2015, funded by Health Resources & Administration Services (HRSA) to train 25 Behavioral Health Technicians. The curriculum for the Associates of Arts certificate program was created by NTU. Other partners included Navajo TANF, Navajo Workforce Development, Navajo Behavioral Health Services, NCI/Gallup Detox, Inc., Behavioral Health Collaborative, and Zuni Recovery Center. They are on track to make it a Bachelor of Arts program in 2019. Many students have interned at WellSpring Recovery Center, and several graduates have been hired permanently.

OPIOIDS

Prevention & Treatment

In 2017, 70,237 drug overdose deaths occurred in the United States. Although, according to the Center for Disease Control and Prevention, drug overdose deaths have increased significantly - by 9.6% from 2016 (19.8 per 100,000) to 2017 (21.7 per 100,000), drug overdose deaths in McKinley County decreased by 35% in the past year. According to the CDC, opioids, primarily synthetic, (other than methadone) represented the largest percentage, 67.8%, of the drug overdose deaths.

However, a concerning statistic from the Centers for Disease Control and Prevention states that American Indians/Alaska Natives had the highest drug overdose death rates in 2015 and the largest percentage increase in the number of deaths over time (519%). In a 2-year period between 2014 and 2016 there were 7,300 overdose deaths on the Navajo Nation alone.



**"Opioid abuse
is just around
the corner.**

Methamphetamines are here."

**—
Community Health Professional**

ISSUES

A POTENTIAL THREAT

Although the opioid issue has been on the radar in McKinley County and the surrounding sovereign nations for some time, it has long been overshadowed by the significant issue of alcohol abuse. According to the CDC, New Mexico is not among the five states with the highest rates of death due to drug overdose, nor the 23 states with the most significant increases in drug overdose death rates between 2016 and 2017.

However, the state of Arizona, whose border is less than 30 miles from McKinley County, is one of those 23 states with a significant increase. As national, and specifically Native, statistics show, opioid abuse is a growing problem in communities in this region. The McKinley County DWI program reports that most of their clients have issues with both marijuana and alcohol, and that approximately 70% of their clients test positive for methamphetamines. Similar percentages of dual use were reported by other behavioral health providers.

A Chief Medical Officer said that, though they do not yet see a great number of people with opioid addiction, they will begin developing protocols on how to deal with the onslaught, since it is probably coming. Currently, many, if not all, of the local rehabilitation facilities offer treatment for opioid/drug abuse as well as alcoholism. A robust response that is tailored to this threat will be required in the coming years.

ADOLESCENT & JUVENILE SUBSTANCE ABUSE / BEHAVIORAL HEALTH

There is widespread agreement in the provider community as well as among school counselors and educators that there is a real need in McKinley County for more juvenile and adolescent treatment programs and providers for substance abuse and mental health, often co-occurring issues. Out-patient behavioral health providers are seeing children and adolescents referred by parents, schools and courts, but are overwhelmed. It can take weeks to get an appointment. There is a tremendous need for in-county residential mental health and substance abuse programs for juveniles and adolescents. Currently, young people with these issues are sent out of county or out of state, for treatment. They are kept far from their families, who often cannot afford to visit them, and they usually have serious re-adjustment problems when returning to the community and their homes.

INITIATIVES SINCE 2016:

PREVENTION & EDUCATION

The McKinley County SNAP SA Coalition, an education and advocacy organization that includes representatives of non-profits, law enforcement and educators, focuses on awareness and prevention, specifically in the adolescent population, to address underage drinking and prescription drug abuse. In the past year they have launched several initiatives, including a campaign to make parents aware of their liability if alcohol is accessed by underage youth in their home, a medication safe disposal program in collaboration with pharmacies to limit youth access to unused prescription drugs and DWI road stops to identify impaired drivers. They plan to offer administration of Naloxone training in the future.



POLICIES & PROTOCOLS

Naloxone - It is speculated that the reduction in deaths from drug overdose in McKinley County can be partially attributed to the widespread use by first responders of naloxone, which can revive overdose victims.

Pain Management - In March of 2017, the Indian Health Service (IHS) chartered the National Committee on Heroin, Opioids and Pain Efforts (HOPE Committee) to promote appropriate and effective pain management, reduce overdose deaths from heroin and prescription opioid misuse, and improve access to culturally appropriate treatment. In 2018 the Navajo Nation filed a federal lawsuit against pharmaceutical companies, distributors and pharmacies for their roles in the opioid epidemic impacting the Nation.

JUVENILE & ADOLESCENT TREATMENT

Gallup Indian Medical Center (GIMC) has established a partnership with Gallup McKin-

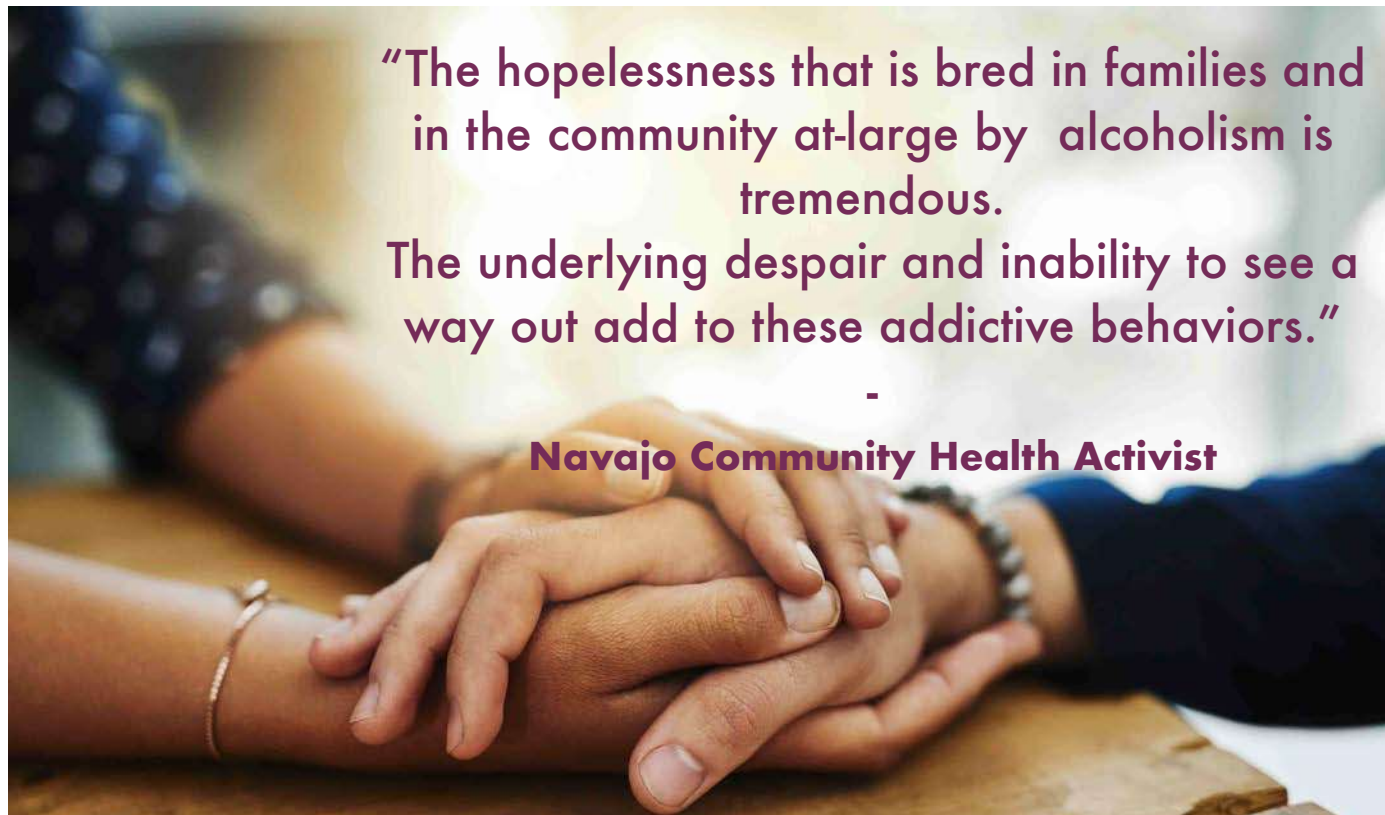
ley county Schools (GMCS) that allows middle and high schools to treat students who have been through all the disciplinary steps before expulsion. They can be brought to the GMC behavioral health clinic during the school day and, as an alternative to expulsion the student can choose to receive six one-on-one counseling sessions, which can be during school hours if the parents are unable to bring them at other times. They see approximately 7-8 students a month in this way.

Gallup McKinley County Schools, in response to the tremendous mental and emotional health issues their students are facing, is encouraging their school counselors at every grade level to become trained certified mental health counselors. There are concerns about this because the school district does not have the funds to pay for this training. It has been suggested that through a partnership with Navajo Technical University (NTU), they might receive training and certification as Behavioral Health Technicians (BHT) at a reduced tuition.

The Behavioral Health Council of the State of New Mexico recognizes the need for more juvenile treatment resources throughout the state and hopes to be able to offer grants through the SOAR Program for Opioid and Alcohol Treatment Centers for Juveniles. They are also working on Youth Peer Counselor credentialing in Mental Health and Substance Abuse. RMCHCS is in the planning and licensing stages of establishing a juvenile residential substance abuse treatment center on the campus of the adult WellSpring Recovery Center. This would allow for a separation of the populations, but a sharing of some providers, services, food service and recreational facilities.

SCHOOL-BASED CLINICS

GMCS would like to see GMC and RMCHCS partner to have school-based clinics in more schools. Currently the only one in McKinley County is at Gallup High School operated by Presbyterian Medical Services (PMS). These could help providers identify substance abuse problems early, as well as serve families and reduce use of the Emergency Departments for non-emergencies.



"The hopelessness that is bred in families and in the community at-large by alcoholism is tremendous.

The underlying despair and inability to see a way out add to these addictive behaviors."

- Navajo Community Health Activist

HEALTH PRIORITY: **SOCIAL AND ENVIRONMENTAL CONDITIONS**



Poverty/Economic Equity, Employment, Housing, Access to Services, Transportation, Safety

The economic and social environment of an area has a tremendous impact on the health of its residents. Poverty, jobs that pay a livable wage, affordable adequate housing, access to services and a sense of safety are critical to the quality of life in McKinley County. They influence the educational opportunities, the access to health care and the mental and physical health of the 72,488 residents of this county and region, 6.7% of whom are Caucasian, 14.1% of whom are Hispanic and 79.2% of whom are Native American.

In a county of 5,450 square miles, the population averages 13 people per square mile, making it a predominantly rural county with one major population center, Gallup, which is the most populous city between Albuquerque and Flagstaff, Arizona. Because 57.4% of McKinley County residents live in rural areas, access to work, education, health care and services becomes a major factor in their lives. 29.2% of all these residents are below the age of 18 years old. This offers the community an opportunity to provide a young skilled workforce for new innovative jobs that could impact the high level of poverty or to maintain the status quo of limited employment opportunities and consistently lower wages that creates a growth-crippling “brain drain” of the younger population.

Other social factors, such as crime and violence, have an obvious serious impact on the health of those who experience them first-hand. Trauma and its effect is now known to cause not only mental and emotional damage, but also to generate physical challenges. This is particularly visible in people suffering from

STATISTICAL COMPARISONS, 2016–2019

- Median Household Income (HHI) has **increased by 1.7%**.
- % of Population Living in Poverty has **decreased by 12%**.
- % of Population Unemployed has **decreased by 11%**.
- % of Population Considered Food Insecure has **increased by 11%**.
(10+miles from grocery store or access to fresh fruit & vegetables)
- % of Children Living in Poverty has **increased by 8%**.
- % of Children Living in Single Parent Homes has **increased by 10%**.
- Children Eligible for Free/Reduced Lunch has **increased by 11%**.
- % of Population with Severe Housing Problems has **increased by 1%**.
- % of Medically Uninsured Adults has **decreased by 26%**.
- Average Violent Crime Rate **increased by 48%**.
- Homicides **increased by 400%**.

Adverse Childhood Experiences (ACEs). Exposure to trauma in childhood has been shown to have long-term impacts that often show up in adulthood. High crime levels, can also have a devastating social effect on an entire community, creating a sense of chaos and anxiety. The perception of being safe or unsafe is as powerful as the reality in shaping the general comfort and quality of life in a community.

POVERTY / ECONOMIC SECURITY & EQUITY

Although the Median Household Income (HHI) in McKinley County has slightly increased, by 1.7%, in the past three years, that percentage is a small fraction of the increase in New Mexico's HHI, 12%, and the increase in the United States HHI, 22%, over the same period. The good news is that the percentage of population living in poverty has decreased significantly, by 12%.

It is possible that the decrease of 1% in the unemployment rate has had some impact on poverty, as well as the 11% decrease in severe housing problems. Unfortunately, the number of people considered "Food Insecure" has increased, which can be both an economic problem and an access problem created by lack of available outlets selling nutritious foods, and a lack of reliable transportation to those outlets.

More distressing is the 8% increase in the percentage of children living in poverty in McKinley County. This correlates to the 10% increase in single parent homes. Although a single parent home can be a very a secure nurturing environment, financial pressures are greater on a single income household.

Nationally, 27.3% of single parent households live in poverty. The number of children who are eligible by federal guidelines for free or reduced price lunches has increased by 11%. This statistic is partially because the Gallup McKinley County Schools had such a high percentage (95 -97%) of children who qualified for this program, they chose to put 100%

"Lower income and education levels put older adults at higher risk for a number of health problems. Older adults with annual incomes under \$15,000 were more likely to have diabetes and be physically inactive. They were three times more likely to smoke cigarettes, twice as likely to report their health as 'fair' or 'poor' compared to those with incomes over \$50,000."

—
**The State of Health in New Mexico
2018/NM Dept. of Health**

"I have seen many of the same symptoms in the patients I see here as I've seen in other impoverished populations – anxiety, substance abuse, depression and family strife. However, in McKinley County, most of the patients I see have less of a sense of hope than those I've seen in other impoverished areas. Even in devastated urban areas the people see possibilities in education or a job – not here. There is very little opportunity for people who want to change their life."

—
Psychiatrist, Gallup Indian Medical Center

of the students in GIMC in the free lunch program.

EMPLOYMENT OPPORTUNITIES/ WORKFORCE

A consistent observation of most interviewees for this assessment was the lack of jobs and employment opportunities in McKinley County. According to the U.S. Census Bureau, only 51.2% of work-eligible adults over 16 years of age in McKinley County are employed in the civilian labor force. Even if retirees and stay-at-home parents are counted as available people in the workforce, this is a low number. Of those employed, 50.2% are female, which is reflective of the gender breakdown of the entire population of the county which is 51.6% female. There are 992 business establishments with employees, and 3,428 Non-Employer (single self-employed) business establishments in McKinley County. Of all these firms, 2,629 are female-owned firms. This shows that only a little over 25% of all the businesses in McKinley County provide employment for anyone other than their owner.

In a breakdown of total workers in Gallup by industry, done by the NM Pathways Project, almost 70% of all employees are concentrated in 5 industries. They are, listed by most employees: Health Care and Social Assistance – 23.3%, Retail Trade – 14.2%, Accommodations and Food Services – 12.6%, Educational Services – 11.1% and Public Administration – 8.4%. The remaining 30% of employees are distributed among 13 industries.

ISSUES

QUALIFIED WORKFORCE

The lack of living wage jobs in the county encompasses two competing issues: not enough employment opportunities that pay above the \$7.50 minimum wage, and an under-educated and under-qualified workforce. Only 74.8% of the population of McKinley County over age 25 have finished high school or above. Only 10.8% of those have a bachelor's degree or above. This 10.8% includes the professional staff of two healthcare systems and the staff of the University of New Mexico Gallup Branch.

According to the New Mexico Pathways Project, employers in McKinley County say a lack of skills and competencies is the main reason for entry-level and mid-skill vacancies. There are concerns about the preparation available for a skilled future workforce. Only 54.9% of the households in McKinley County have a computer and only 39.6% of them have broadband internet. Finding qualified staff was mentioned by several interviewees. Recruiting educationally competent first responders has become harder, according to

"There is a learned helplessness. The people I see are very stressed by poverty, lack of employment and a sense that nothing will change. Many were raised by alcoholics who were raised by alcoholics, and now their children are 'growing into the life', as they refer to it.

It has been a common pattern through the past few generations that the women in the family work outside the home to support the family, while the men drink and the grandparents raise the children."

**—
Provider, WellSpring Recovery Center**

one Emergency Medical Technician. He states that many people he interviews can only read at a fourth-grade level. Getting them well-trained and up to level can be expensive.

LIVING WAGE JOBS

As stated by a provider in one of the residential behavioral health programs, jobs that pay over the minimum wage of \$7.50 are scarce and desperately needed, especially for the clients they work with who are already less employable due to past addiction and sometimes criminal records. A job can make a difference in their ability to remain sober and begin a new life.

WAGE THEFT

Wage theft is a serious issue in McKinley County. Many employers ignore the minimum wage laws. There are currently seven wage theft claims being processed in McKinley County. This includes people not being paid the amount previously arranged for a job, not being paid at all or not being paid time-and-a-half for overtime hours worked. There is a lack of enforce-

ment of labor laws, and misinformation regarding the statute of limitations on these cases, and amount-owed limitations. 40% of those who have filed a wage theft complaint have had to take out a loan during the litigation to support their families, according to McKinley County Legal Aid.

In April of 2017, through the partnership of Somos Gallup, an affiliate of Somos Un Pueblo Unido, McKinley Collaborative for Health Equity, New Mexico Legal Aid - McKinley County, and McKinley Community Health Alliance, an impact statement was published on wage theft and employment violations against Native American and Latino immigrant workers in Gallup. This piece revealed many statistics and verification of



Storefront lenders line a strip mall in Gallup

wage theft, violations and barriers faced by these groups.

PREDATORY LENDING

There are 622 licensed small loan companies in New Mexico that are allowed to make loans of \$5,000 or less, short-term installment loans, tax-refund anticipated loans and commercial loans. There are a large number of these establishments in Gallup.

For many years, consumer advocates and social service agencies have reported seeing clients trapped in debt, often not sure how much they owe or how much interest they have paid or continue to pay. There is a general consensus that these types of financial interactions contribute to keeping low-income people in poverty.

IMMIGRANT ECONOMIC ISSUES

Poverty issues that affect many people in McKinley County affect the immigrant population equally, including lack of jobs that pay living wages. Many of them work 2 or 3 jobs. Statistics mirror national immigrant statistics: 68% of immigrants in McKinley County have low wage jobs and have experienced wage theft, 50% have felt discriminated against at work, 50% have a job for which they received no training and 40% have been injured on the job.

Access to information on their rights and availability of legal assistance is a problem for many immigrants.

INITIATIVES SINCE 2016:

EMPLOYMENT / WORKFORCE DEVELOPMENT OPPORTUNITIES

The NM Pathways Project, begun in the winter of 2018, funded by the W.K. Kellogg Foundation was created as a 3-year plan (2018-2020) in four New Mexico counties, Bernalillo, Dona Ana, San Juan and McKinley County, and one self-selected Pueblo community. The project uses collected data, critical input from the community, and predictive analytics to develop a three-year plan to develop a collaborative Community of Progress (COP). The goal is to unify economic workforce development, ensure competency and soft skills training and credentials,

while propelling workers in areas of employment that meet community needs.

The particular focus is on sustained economic security for single-parent families, displaced workers, job seekers, younger workers ages 24-34 and those underemployed living below 200% of the federal poverty level.

The University of New Mexico announced this summer that within their Science and Technology Corporation, the tech-transfer office, eleven start-ups launched this fiscal year to market UNM technologies, and every one of them plans to stay in New Mexico. In the past, most of their tech start-ups left the state to begin operations. This offers new opportunities for the state, for students and for potential employees.

The Northwest New Mexico Council of Governments that includes McKinley County, embarked on comprehensive

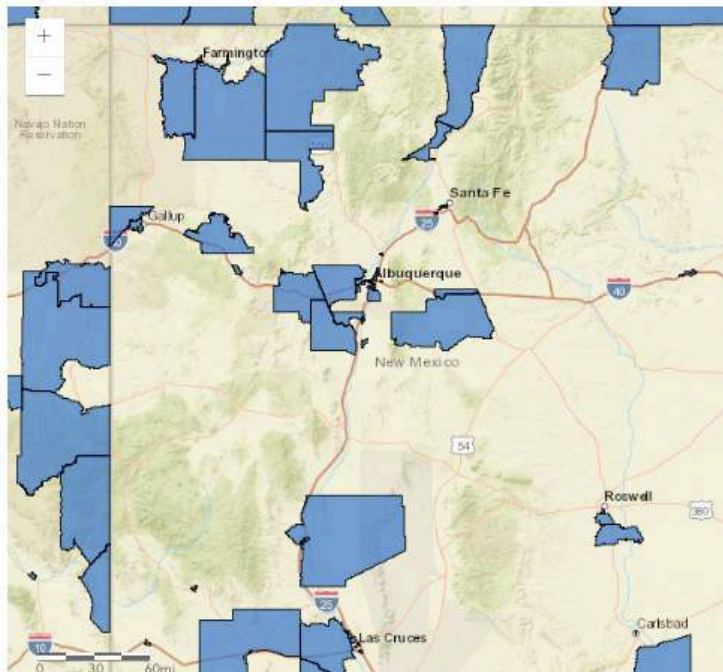
economic development plan, McKinley County Vision 2020 Comprehensive Plan, in the summer of 2018. After the information gathering phase, which involved holding meetings with professionals in multiple disciplines to discuss issues, needs and visions for the future, the document is being reviewed and refined for publication early in 2020.

In 2018, Gallup was named by the Governor of New Mexico to be one of 63 census tracts in New Mexico to be designated a Qualified Opportunity Zone. This program is to encourage direct investment in lower-income areas of the state. By offering a new federal tax incentive. Investors bring capital investment and receive tax benefits. The longer they keep up their investment, the more benefits they receive. If it is properly promoted to the right investors, this opportunity could yield new and better paying jobs in the community.

WAGES / WAGE THEFT / PREDATORY LENDING

In April of 2019, the Governor of New Mexico announced a plan to raise the minimum

New Mexico Opportunity Zones Map



wage throughout New Mexico from \$7.50 an hour to \$9.00 an hour in January of 2020, and to continue incremental raises to reach a \$12.00 an hour minimum wage in New Mexico by 2023. This could have a significant impact on many low-wage earners, as well as many employers.

In June 2018, a Navajo Nation Council Delegate introduced a resolution to the Navajo Nation Council recommending that the State of New Mexico require small loan companies to disclose and explain terms, conditions and details of loan agreements to Native American borrowers in their own native language. This proposal is under review.

Legal Aid of McKinley County successfully advocated for usury laws. The state representative from McKinley County sponsored the Small Loan Act which passed in the state legislature. It eliminates lenders charging processing and handling fees on loans, making loans for less than 4 months and offering loans with balloon payments. It also set an interest cap of 175% on all loans, and mandates that clearly understandable information on loan terms be provided to the borrower.

A statewide Community Justice Worker program, modeled on the IHS's Community Health Representative (CHR) program, was recently implemented in McKinley County. The goal is to bring legal aid services to clients rather than waiting for them to come to them. The CHR in Gallup reaches out in Chapter Houses and other groups to make them aware of their rights and the services Legal Aid offers. She can also do one-on-one counseling with people who request it. She expressed that they often see the need for more financial literacy and understanding of budgeting and how to handle finances among their clients.

AFFORDABLE HOUSING / HOMELESSNESS

According to the Robert Wood Johnson Foundation County Health Rankings and Roadmaps, 29% of McKinley County still has severe housing problems. This has increased by a small percentage since 2016 and represents almost 1/3 of the total population. This compares with 18% of New Mexico residents and 9% of the top counties in the United States. Homelessness is defined by the federal government as a non-permanent, unstable home situation. This includes families living temporarily in shared housing in homes or motels, which is very common, and unaccompanied youth living on the streets or on friend's couches. Although the homeless population in Gallup are generally assumed to be primarily the transient population of people who come to Gallup to drink alcohol, sleep in the arroyos in groups and hitchhike back and forth to their homes, the reality is far more complex.

ISSUES

HOMELESS CHILDREN

The McKinney-Vento program, a federal program named after its bill sponsors, requires a school district to identify all homeless students and to educate them, as well as help with any other needs that might interfere with their access to education, such as lack of clothing, food, book bags, sleeping bags, hygiene products and transportation to and from school. According to the McKinney-Vento Coordinator for Gallup McKinley County Schools, in 2015 they enrolled 99 students in the McKinney-Vento program. In 2017 they enrolled 244 students in the program. They now have buses that drop-off and pick-up children at the motels along Route 66. In 2018 they identified 679 homeless students in their district. Of these, 658, 96%, were promoted, 12 did not pass their grade and 9 dropped out of school.

HOUSING AVAILABILITY

There are 26,280 housing units in McKinley County, 71.5% of which are owner occupied. The median value of owner-occupied housing units is \$62,800, and the median household income in McKinley County is \$30,336. The median gross rent for an apartment is \$651 a month. 36% of households who are renting in McKinley County have high-cost burdens because of their rent, according to the U.S. Census. This indicates a relatively high average rent for a rural area, and a lack of lower cost housing available for rental or purchase. The reason there has not been more mid- to low-income housing built to accommodate the need was reported by housing professionals to be the unaffordability of construction. This is based on lack of skilled construction workers and the expense of shipping in most of the building supplies needed.

SUBSIDIZED HOUSING:

Many of the social service representatives interviewed stated that their clients struggled to attain permanent housing. The Gallup Housing Authority controls subsidized housing in McKinley County. Tenants pay on a sliding scale based on income. Legal Aid representatives and early education providers expressed frustration that when a tenant works an additional job or a spouse gets employment to improve the family's income, their rent goes up substantially, sometimes to an unaffordable level or a level that causes them to have to leave because they make too much money. They feel it is a disincentive to those who work harder, since many apartments and houses are unaffordable without the subsidy.

The Hooghan Hózhó is one prominent example of Gallup's low income housing building units located near the downtown. Photo: City of Gallup.



A representative from Battered Families expressed frustration that, in one week they had three clients who were evicted from public subsidized housing due to damage to the property that was caused by their abusers. Though their goal is to get each of their clients permanent, supportive housing, he expressed that the housing authorities seemed to make decisions in an arbitrary manner rather than on a case by case basis. They are resistant to rent to anyone with a bad credit history, but often the credit issues have more to do with their abuser, since most of the victims have very little control in their lives.

There is a 3-18 month waiting list for subsidized housing and applicants are told to call the Housing Authority weekly for openings. Additionally, no one with a criminal record, even for non-violent issues, or who is an undocumented immigrant is eligible for subsidized housing.

In a written statement published in summer of 2018, the Gallup Housing Authority expressed that adding more housing for low-income people was a bad idea, that it would create the image of Gallup as a town for “poor people” and attract more low-income people to come to Gallup for affordable housing.

HOMELESSNESS / NON-PERMANENT HOUSING

Indian Health Service (IHS) Public Health Nurses report that many of the patients and families they see are living in low-cost motels with multiple families in one room or in Hogans (traditional Navajo eight sided homes) on the reservation, housing several family units with no running water or electricity. Approximately 35% of people living on the Navajo Nation have no electricity or running water. Many of their patients move from house to house of friends and relatives. It creates impermanence in their routines and makes them difficult to monitor.

Substance abuse professionals report that lack of access to a safe, permanent home often causes those leaving rehabilitation to return to life on the streets or to friends and family members who are still drinking.

Early intervention programs such as Avenues and First Born also report many families they work with living in motels with 15 -20 adults and children or living in poor conditions on reservation land. They state that the neglect they sometimes see is often not because the parents are bad parents, but because they are so stressed over housing and income issues.

Head Start providers report that many of their parents are living with relatives, in cars or in motels. They see several families evicted

or in sudden need of housing every year. They turn to McKinley County Legal Aid to help with evictions and, if they are Native, to the Southwest Indian Foundation for emergency help with temporary housing funds for a motel, but the funds available are limited. They are concerned with the effect this impermanence has on the very young children they teach.

A nurse administrator at RMCHCS expressed her concern about discharging homeless patients who do not need to remain in the hospital, but still need medical attention. They cannot be helped by home health care because they have no home. She has seen homeless people discharged after gall bladder surgery or other procedures return with infections, largely due to lack of good hygiene and proper wound care, due to transience and homelessness. She expressed the desire for a family shelter in Gallup.

With the closing in 2018 of Care 66, there are even fewer beds for adults who are homeless, and none for children. Although there are limited shelter beds at NCI / Gallup Detox for adults and there is a domestic violence shelter for adult victims and their children, they are both temporary shelter and designated for specific populations. This administrator referenced a program in Phoenix, Arizona called, Circle the City which provides respite housing for the homeless that includes wrap-around case management that includes medical care, referrals and home health services.

“Despite the challenges, I see great resilience in my patients. The Christian organizations in this community have been a strong source of support for many of my patients, and their Native spiritualism has also sustained them.”

—
**Psychiatrist,
Gallup Indian Medical Center**

INITIATIVES SINCE 2016

EMERGENCY FOOD & SERVICES

Many local faith-based groups have long been involved in feeding and sheltering the homeless in Gallup. A group is working on creating a “Dream Center” that offers housing, food, clothing as well as referrals to other services. The Church of the Streets Program, Lifechangers Program, and Oxford House Sober Living Program have all been initiated by faith-based groups in 2019 to serve those living on the streets dealing with alcohol and drug issues. One church has now installed portable showers that are available to those who need to use them.

Catholic Charities provides meals weekdays, and the Little Sisters of the Poor maintain a soup kitchen.

A local alliance of churches and Rehoboth McKinley Christian Health Care Services called Immediate Action Group (IAG) has been furnishing a Saturday morning meal that is served to all who come for several years. During the meal, opportunities are taken to interact with the guests and, if possible, refer them to services. Each of these groups serve an average of 50-75 people every meal. These efforts are primarily focused on homeless transient adults, not families.

“We get the chance to feed them before they get to the liquor store. We keep them alive and let them know people care about them. They are used to people pushing them away.”

**Founder & President,
Immediate Action Group**

HOMELESS SHELTERS / HOUSING FIRST

A large coalition of interested parties representing Rehoboth McKinley Christian Health Care Services, various non-profit agencies, the Gallup McKinley County Schools McKinney-Vento program for homeless children, local government and veteran’s groups have organized a Housing First Coalition, looking at the housing first model. They have been meeting with representatives from the New Mexico Coalition to End Homelessness and the Vecino Group, who have facilitated housing for the homeless in Denver, Colorado and other cities. The goal of this coalition is to, “learn about ways to provide permanent supportive housing development in innovative ways to house the homeless in the Gallup McKinley County area”.

VETERAN’S HOUSING

The Housing First Coalition has initially focused on housing homeless veterans and mentally and physically disabled individuals. This housing would be designed to be not only clean, attractive and safe, but also provide social service resources to give these individuals an opportunity to live stable lives. There is wide-based support for this effort as a first step toward addressing the homeless and housing problems in McKinley



New Housing built by Southwest Indian Foundation in 2018

County. However, the Executive Director of the Gallup Housing Authority, who has control of the HUD housing vouchers that are needed to supplement other funding, is strongly opposed to this proposal, so the project has temporarily stalled.

In July, after a year-long audit revealed questionable expenditures of the Navajo Nation Veterans Administration Veteran Housing Program, and publicity about many Navajo veteran's living in very poor housing for years while submitting paperwork for new housing to the program repeatedly, a \$1.2 million allocation for veteran's housing on the Navajo Nation was unanimously approved by the Navajo Nation Council.

OTHER HOUSING SOLUTIONS

Over the past 20 years Southwest Indian Foundation (SWIF) has built 275 homes on the Navajo Nation. Between April 2018 and April 2019, 10 new homes were built on the reservation. Their goal is to continue building 10–15 homes a year on the Navajo Nation. It takes their crew an average of 16 weeks to construct a residential modular house in their warehouse workshop. The home is constructed in two pieces and, once they have laid the foundation on the site, they transport it there and put it together. After the basic home is built, they add the

trim and other amenities. SWIF also builds ramps for disabled people and does some repairs to homes as needed. They have a small crew, but through a long-time partnership with the United States military, units of service men and women come to Gallup throughout the year, volunteering for two weeks or more to build these houses. Battered Families recently received funding to hire a Housing Coordinator to help their clients retain their homes or access permanent supportive and safe housing.



Gallup's lack of public transportation is just one challenge in improving access to services.

McKinley County Legal Aid works with the Human Rights Commission's New Beginning Program to provide permanent housing for survivors of

domestic violence. They also are involved with defending tenant's rights and fighting evictions due to sexual or domestic violence when, as often happens, the victim as well as the perpetrator is evicted from housing after a violent incident. They have worked with the Pueblo of Zuni to develop protection and safety laws for violence in the home.

ACCESS TO SERVICES

Poor access to resources and services was a consistent issue that came up in many interviews. Access has many facets. Barriers to access can be lack of transportation, lack of money to pay for a service, inability to navigate a system, or scarcity of goods and services. Almost every individual or group interviewed had stories of people who were unable to get the care or the aid they needed, despite its availability due to lack of money, transportation or knowledge. In

other cases, such as access to fresh foods, it was often a lack of product or very few outlets in remote locations that made access difficult.

ACCESS TO HEALTH CARE

An encouraging statistic is the 26% reduction, from 30% to 22%, of medically uninsured adults in this county. However, 22% is 40% higher than the number of uninsured New Mexico adults and 3 ½ times the number of uninsured adults in the U.S. This figure does not include the 79% Native American population of the region, which has free health care through the Indian Health Service. However, many Native Americans have insurance through employment or are on Medicaid, allowing them to use other providers. Nearly 1/3 of the 900,000 New Mexicans on Medicaid joined since the 2013 Medicaid expansion through the Affordable Care Act. New Mexico leads all other states in Medicaid enrollment, with 43% of its residents in the program. Approximately 60% of RMCHCS's patients are Native American. However, it is clear that being insured does not always guarantee access.

ISSUES

AFFORDABILITY OF MEDICAL CARE

A physician at RMCHCS stated that he sees many patients who, due to income and the requirements of insurances, cannot afford the medicines or medical aids they need. He has found barriers to ordering CPAP machines, inhalers and wheel chairs. Often, hours of staff time are spent negotiating with insurances and pharmacies to get the items or the medication needed. New medications for Hepatitis C can cost \$1,000 and some of his patients can't even afford a \$20 co-pay. He can sometimes refer patients to the Northside Presbyterian Medical Services (PMS) Federally Qualified Health Center that takes Medicaid and charges the uninsured on a sliding scale. Another RMCHCS pediatrician recounted receiving a desperate call from parents of a child he had seen, from a pharmacy late at night asking what they could do since they did not have the \$14 for their child's prescription. He went to the pharmacy and paid for it to make sure the child got his medicine. He said this is not unusual.

In the summer of 2018, it was revealed that the federal budget recommended a 2 percent decrease in federal spending for the Indian Health Service (IHS) at a time when hospital costs were expected to increase in 2019 by as much as 12%. In addressing this threat, the United States Senator from New Mexico stated that since the 1970's, the Navajo area IHS hospitals have had to cut back on the level of service that the federal government has been able to provide to the Navajo people, despite the fact that the government agreed, with the signing of the Treaty of 1868, that the Navajos would receive health care comparable to that offered nationwide. According to the Gallup Independent newspaper, the IHS budget "proposed a 48% reduction in preventative health care and the total removal of funding for the agency's Community Health Representative (CHR) Program, which would affect all of the chapters on the reservation."

Rural hospitals throughout the nation struggle to maintain services in the current environment of high med-

"You try your best to be a patient advocate. You can't judge them. They all have a story. Sometimes you have to draw on more strength than you think you have. Sometimes, I feel I'm burning out."

**—
Family Practice Physician**

ical needs, growing health care costs and large healthcare systems swallowing up smaller ones to create economies of scale. In New Mexico, rural hospitals struggle to retain staff. Availability of providers compared to the increasing prevalence of chronic diseases, primarily alcoholism, diabetes and related illnesses, continues to be a serious problem.

ACCESS TO MEDICAL PROVIDERS

The ratio of people per primary care provider in McKinley County (1,390 people to 1 provider) is 4% higher than New Mexico's ratio, and 32% higher than the top counties in the United States. For other care providers (specialists) McKinley County has 1,770 people per provider, 57% more people per provider than New Mexico and 69% more than the top counties in the United States. Though the number of people per dentist is at a lower average than New Mexico's number and only 11% higher than the average in top counties in the nation, affording a dentist continues to be a problem for much of the population, according to agency representatives interviewed.

Anecdotally, interviewees referenced their clients experiencing long waiting times just to get medical appointments. This results in a high amount of usage of Emergency Departments for non-emergency issues at both hospitals in McKinley County. Often people are referred to specialists in Albuquerque that are unavailable in Gallup, but they do not have the transportation or funds to pay.

A physician at RMCHCS expressed that he would like to have a Family Practice Residency program that would offer trustworthy physician advocates and advanced care. He also feels they need more Registered Nurses rather than Medical Assistants. He feels MA's do not usually know what questions to ask patients to determine their needs and cannot prescribe or explain how a prescription should be taken or its effects, to a patient. Many of their patients have very complex health problems that require skilled nurses.



Physicians, medical assistants and nurses who will be a part of the RMCHCS Family Medicine Residency Program, which is awaiting ACGME accreditation as of May 2020.

According to a GIMC physician they often can only fill 38 of their 77 beds because of lack of nursing staff. Administration representatives from both Gallup Indian Medical Center and Rehoboth McKinley Christian Health Care Services shared that they are constantly searching for more family practice physicians, nurses, specialists and mental health professionals. Recruitment of medical professionals in rural areas is a continuing challenge throughout New Mexico and the nation.

PROVIDER BURN-OUT

Some medical staff when interviewed mentioned their concerns about provider burn-out. The patient loads at both hospitals, especially in their clinic settings, are very high since the needs are great and both are often short-staffed. Frequently, staff are asked to work double-shifts or fill in unexpectedly. Both hospitals clearly have highly committed and engaged staff, however, many have expressed they are under a great amount of stress.

Additionally, both medical systems see a tremendous amount of poverty, family dysfunction, alcohol-related disease and traumatic injuries. It was suggested in interviews that there should be more administrative support for programs addressing the issue of “compassion fatigue”. It was also recommended that they need more training for physicians and nurses on how to talk to families in traumatic situations and more support for debriefing and listening with all staff, including aides and security guards, when a traumatic incident occurs.

PALLIATIVE CARE

Several medical professionals from both medical centers, and a hospital chaplain expressed seeing great need for a palliative care and hospice unit for people with chronic illnesses that are terminal but not critical and need daily care to relieve suffering. Only two small nursing homes in the area offer this level of care and both are consistently full. These professionals see elderly patients who have no support in their homes to be cared for properly and need an environment in which to die comfortably. Because of the Navajo taboo of dying at home, many Navajo families want their loved ones to die in the hospital. When someone does die in a house or Hogan, the house is often burned down by the family.

Non-Native patients in the area often go to Grants, Albuquerque or Phoenix for hospice care, since only GMC has hospice beds, and those are only for Natives. The chaplain stated that she has witnessed when families are able to see their loved ones die in the hospital in peace with the least amount of pain possible, they are comforted and extremely grateful.

People are being sent to Albuquerque to see specialists and have long waits to get into clinics closer to home. If they have no insurance or Medicaid, they often lack access to care other than through the Emergency Departments.

HEALTH DISPARITIES

Immigrants face compounded challenges in accessing services. Besides often being low-income, they are attempting to navigate systems that they do not understand using a language that is not their native tongue. The “Real ID” effort has created great fears in the immigrant community and made helping them more difficult for immigrant support organizations, such as Somos Un Pueblo Unido. Undocumented immigrants are excluded from government subsidized housing, Medicaid and Medicare. Access to health care and preventive care is often a problem. Many are able to use the Northside PMS Clinic, since it has a sliding scale, but face challenges if they need hospitalization..

Although the primary cause of death in the United States is cardiovascular disease, the good news is that the incidence of heart disease in McKinley County has dropped slightly, is considerably lower on the Navajo Nation, and is lower in McKinley County than the rates of both New Mexico and in the United States. However, the incidence of adult obesity in the county has risen by 3% since 2016 to 37% of the population, which is 42% higher than the percentage for New Mexico and the U.S. The percentage of obese adults on the Navajo Nation is

47%, 27% higher than McKinley County and 80% higher than New Mexico and the U.S. These figures are reflected in some serious physical illnesses that are particularly prevalent, especially in certain groups in McKinley County. In many cases, this prevalence is tied to racial or economic demographics and the lack of access these groups experience.

Diabetes is still a serious threat to people in this region. The diabetes death rate in McKinley County has gone up by 5% since 2016. It is 35% higher than the diabetes death rate on the Navajo Nation, 125% higher than the rate of diabetes deaths in New Mexico, and 168% higher than diabetes deaths in the top U.S. counties. The prevalence of diabetes in McKinley County as a percentage of the overall population has also increased by 5% since 2016. However, it is 46% lower than the prevalence of diabetes on the Navajo Nation. That is still 66% higher than the prevalence of diabetes in either New Mexico or the United States. Much of the causes of these rates can be traced to the changes in diet in our nation, the county and particularly on the Navajo Nation where access to fresh healthy foods is limited and where convenience stores that primarily sell snack foods and drinks that contain high levels of sugar and sodium are main sources for food on the reservation.

According to The State of Health in New Mexico 2018, New Mexico Department of Health, American Indians in New Mexico experience the highest rate of pneumonia and influenza deaths, 34.6 per 100,000, approximately double the New Mexico and United States rates. McKinley County, with a rate of 30.8 and the Navajo Nation at the rate of 29.6, are not much lower than the total rate for all Native Americans in New Mexico. Although the reason for higher flu complications is not well understood, social and economic factors that result in reduced access to early health care intervention and crowded living conditions are considered high risk factors for these advanced pulmonary illnesses.

INITIATIVES SINCE 2016

ACCESS TO MEDICAL CARE / HEALTH DISPARITIES



COPE community health worker Terrilyne Joe checking the blood pressure of her patient. Photo by Cecille Joan Avila / Partners In Health

Community Health Representatives (CHR's) have been a critical part of the Indian Health Service since the 1960's. More recently, with a boost from a Centers for Disease Control (CDC) Racial & Ethnic Approaches to Community Health (REACH) grant, the Community Outreach and Patient Empowerment (COPE) program, has trained 80 CHR's on the Navajo Nation as Nursing Assistants.

These CHR's are working with people on the Navajo Nation in Chapter Houses and in their homes to make medical appointments, provide pre-natal care and monitor of diabetes, blood pressure and other chronic diseases as well as to

identify illnesses at an earlier stage. They also receive ongoing in-service training from COPE to do health education and find ways to share medical terms and descriptions in understandable English and Navajo. This program has remained robust through the support from the international non-profit, Partners in Health.

In the spring of 2019, Rehoboth McKinley Christian Health Care Services, in partnership with VIE Diagnostics, are in the process of developing a Mobile Health Unit designed to reach Native Americans on the Navajo Nation who are in remote areas and have difficulty accessing health care. Supported by a grant from HRSA's Rural Health Care Services Outreach Program and funds from Rotary Clubs in Gallup and Pennsylvania, the van is equipped with a laboratory, x-ray machine, EKG machine, ultrasound equipment and a satellite dish for internet access and telemedicine capability. It has two exam rooms and is staffed by culturally sensitive trained clinical staff including a Nurse Practitioner and radiology and laboratory technicians. They will provide preventative screenings, pre and post-operative care, chronic disease management and health education, particularly focusing on diabetes and nutrition. Emphasis will also be on preventative care and early intervention to avoid pneumonia and other complications due to delay of care.

Southwest Indian Foundation has designated funds available for families who have a medical condition arise. These fund travel expenses when a loved one is sent out of town for care, time off work loss of income, or unique medical needs.

ACCESS TO MEDICAL PROVIDERS

Gallup Indian Medical Center recently added eight specialists - orthopedists, surgeons, OB/GYN's and pediatricians to their staff. They now have the most specialists of any IHS hospital. They continue to have nursing shortages and often refer patients to RMCHCS, particularly renal patients, according to their Acting Director of the Emergency Department.

Rehoboth McKinley Health Care Services (RMCHCS) is developing an accredited Rural Family Medicine Residency Program. In December 2018, RMCHCS successfully achieved accreditation to serve as a Sponsoring Institution for its own Family Medicine Residency Program. The purpose of the program is to increase the number of physicians serving in the region, thus addressing the shortage of primary care physicians in rural areas. The program will focus on attracting local medical students and, in particular, Native American students, who would like to complete their residency close to home. The plan is to have the first cohort of four residents begin their three-year residency in 2021, with a total of twelve residents at RMCHCS and other partnering facilities.

The University of New Mexico developed a six-week program for second-year medical students called Practical Immersion Experience (PIE). It is designed to give medical students practical experience by shadowing and working with Family Medicine physicians for six weeks. RMCHCS and Gallup Indian Medical Center have both partnered with family practice physicians to host these students. Besides giving them this hands-on learning experience, the goal is to expose them to the challenges and benefits of medical care in a rural community and the

Currently only 80 Community Health Representatives, with a case load of 80-100 patients, are available on the Navajo Nation for a population of over 175,000 people living in an vast area of over 24,000 square miles.

experience of a smaller hospital setting. They encourage them to consider practicing in one of these communities in the future, to fill much needed positions. This program has brought dozens of medical students to the area over the past several years, some of whom have returned or plan to return when they complete their programs.

Recently, the New Mexico Department of Health, (NMDOH) created a professional development Certified Community Health Worker program to train more people to become CHR's. This program now includes training for medical coding to allow the provider to bill Medicaid and Medicare for services. Dine' University and Navajo Technical University are establishing this training in their curriculums. New Mexico is the first state to have this CHR billing program.

Gallup Indian Medical Center is partnering with Gallup McKinley County Schools to create a Health Care Career Boot Camp that would bring McKinley Academy students to GIMC for a day to experience health care up close. They are also working on creating a longitudinal experience for a few students to shadow a provider over the course of a year.

For many years, volunteer nurses from Doylestown Hospital in Doylestown, Pennsylvania, through a partnership with the non-profit Americans for Native Americans (ANA), come to McKinley County for two weeks to provide physicals, eye exams and ear exams for the students in several elementary schools in the Gallup McKinley County Schools district and in the Pueblo of Zuni. They provide much needed check-ups that are often the only health care their parents can access.

PROVIDER BURN-OUT

RMCHCS has recognized the need to support their providers and professional staff with ways to reduce burn-out and stress. A newly organized Wellness Committee has begun meeting to brainstorm creative techniques designed to restore energy levels and rejuvenate the mind body and spirit. They are asking for input from all their staff and volunteers to help formulate programs that are both mainstream and alternative to support their providers and staff.



A new documentary film, "The Providers", about the physician shortage, stress and importance of rural health care providers in northern New Mexico. It was presented in Gallup in summer 2019, followed by a panel discussion.

It is a small step focused on revealing some of the personal challenges dedicated providers face in serving underserved populations.

PALIATIVE CARE

Interviewees shared that GIMC has developed excellent in-patient and out-patient palliative care programs for their patients. They have three internists who rotate through their

palliative care out-patient clinic, coordinating care with the patients' family doctors. They also have palliative care in-patient suites which are staffed by hospice staff and overseen by a new physician who has a specialty in family medicine and geriatrics. The average stay is one week, and the unit is always full. Because it is an Indian Health Service hospital, this is only available to Native Americans.

ACCESS TO HEALTHY FOODS

As the obesity and diabetes rates show, despite genetic disposition and other health influences, nutrition has been determined to have a great impact on these conditions in McKinley County. Lack of access to healthy foods, especially fresh fruits and vegetables, is considered a major contributor to the overall health of adults and children in the area. According to the guidelines of the USDA and Harvard studies on how far people must travel to access fresh fruits and vegetables, anyone who is 40 miles or more from access to healthy food is considered "food insecure". Everyone living on the Navajo Nation qualifies as "food insecure". That also applies to many of the remote areas of McKinley County.

ISSUES

According to the non-profit, Partners in Health, only 13 grocery stores exist to serve almost 156,823 people living on the 27,000 square miles of the Navajo Nation. A study found that the average resident on the reservation drives three hours to a grocery store. Convenience stores and gas stations are a primary source of food for many families on the reservation. Much of the food sold in them is processed, which is often high in sugar, carbohydrates and sodium. One in five adults on the Navajo Nation suffer from diabetes, the third highest rate of diabetes of all nations in the world. One in every two Navajo children have been identified as unhealthily over weight. With 79% of the population of McKinley County Native American, primarily Navajo, these statistics reflect those of the entire community.

According to the IHS Public Health Nurses who visit patients throughout the area, many have wells that have contaminated water sources due to uranium and coal mining or unsanitary conditions. In many cases, if residents are aware of this, they choose to drink sodas rather than their well water or bottled water. In many of the families they see even small children drink primarily sodas, which are high in fructose.

INITIATIVES SINCE 2016

In 2015-2016 Navajo leadership helped levy a small surcharge on potato chips and some other high calorie/low nutrition products, creating the first "junk food tax" in the United States. The Teec Nos Pos Trading Post on the reservation was the first site for the Fruits and Vegetables Prescription Program (FVRx), initiated by Partners in Health and COPE. It has now expanded to many stores on the Navajo Nation.

Doctors give patients prescriptions (vouchers) for a month's worth of free



fruits and vegetables for themselves and their families. These vouchers can be redeemed at any participating store that has fresh produce. Partners in Health reimburses the store for all the produce distributed through these vouchers. Not only does this encourage the stores to offer these healthy foods for those who have the FVRx, but also makes these foods available to everyone in the area. COPE has also initiated the Grow Navajo/Buy Local program and the Navajo Store program to support independent farmers and stores. They also run the Food Corps program that works with young people to learn how to grow fruits and vegetables and to eat and cook healthy foods.

In El Morro/ Ramah, 50 miles south of Gallup near the Pueblo of Zuni, there is now a Farmer's Market on Saturday mornings in the warmer months where a range of locally grown fresh fruits and vegetables are sold. Additionally, El Morro Feed and Seed store has begun selling locally grown produce. Local farmers from the small surrounding communities have found this an excellent outlet for their produce, and people from throughout the area now have a place to buy fresh produce. The goal is to strengthen the local food sufficiency in this remote area.

In July 2018, the Dine' Food Sovereignty Alliance conducted a 2-day Healthy Kids Symposium at Navajo Technical University. The symposium brought local leaders, principals, educators parents and farmers together to explore the relationship between healthy nutritious diets and student performance. They also discussed ways include local produce into the schools' food programs and how to share traditional values such as culture and language into the school's curriculums through the food they serve. There was an emphasis on using local expertise to help with school gardens that give students hands-on experience with agriculture and food.



School bus on the unpaved Indian service route 5010 near Sanostee, New Mexico.
Photo: Don J Usner/Searchlight New Mexico

ACCESS TO TRANSPORTATION

Consistently, lack of reliable transportation was mentioned by interviewees as a major issue for many of the clients they see. The Indian Health Service Public Health Nurses said that often visiting patients on the Navajo Nation becomes very difficult due to lack of passable roads in snow or mud. Many families do not have a reliable vehicle, only have one for the whole family, are unable to afford repairs or gasoline, which causes no-shows to appointments. The Navajo IHS Service Units have a transit system between each hospital, but they only run three times a day and often are not handicap accessible. OB/GYN nurses have said pregnant patients sometimes don't make it to the hospital due to lack of reliable transportation.

ISSUES

The Executive Director of Strong Families stated that children getting to school on time can be a challenge. School buses won't cross bridges or use roads that are too muddy. Often, children in these remote areas have no alternative transportation, but are penalized for lateness or absenteeism. They have been meeting with superintendents and school boards to discuss ways of handling this, since children are not in control of their situations.

McKinley County Legal Aid shared that they see many repossessions. Often, they are brought cases in which a car dealer falsifies a loan application to get the buyer a bank loan to sell the car, knowing that it will probably be repossessed because the buyer's income will not sustain the loan payments. They state that they often see clients struggle with keeping appointments because bus routes on the reservation are limited, many roads are unpaved and become impassable due to rain or snow.

As the only Level III Trauma Center in the area, the Gallup Indian Medical Center ED gets the most traumatic incidents in the region. Since there is no medical ambulance ground transportation from Gallup to Albuquerque, anyone who has severe trauma must be flown to Albuquerque at great expense and stress for their loved ones.

Those on the reservation often rely on private transport to get to medical appointments, which is sometimes unreliable in timing and can be expensive. For long distances such as Albuquerque, an Amtrak train goes through downtown Gallup twice a day, one east and one west. Timing is not always what people need and the price is unaffordable for many.

INITIATIVES SINCE 2016

Gallup Transit has been working with non-profits like the Community Pantry and Senior Centers to establish routes and time tables that are more amenable to people getting to work or services.

PUBLIC & PERSONAL SAFETY

Public and personal safety is essential to the health of any community. A lack of trust in public safety in a community can affect the climate of its businesses, neighborhoods, tourism and overall progress. Crime impacts the mental and physical health of all its citizens. Violence

"Gallup New Mexico is notorious and deadly for Native people. Ranked as the most dangerous city in. New Mexico by a 2014 FBI report, violent, unnatural deaths for Native people has become an everyday fact of life."

—
Nick Estes, "Blood Money: Life & Death in Gallup, NM, April 2017"

is a public health problem of epidemic proportions in New Mexico, which had the second highest intentional injury rate in the United States in 2016. The average violent crime rate in McKinley County was 710 per 100,000 people, compared to 440 on the Navajo Nation, 650 in all of New Mexico and 63 in the United States. That represents a 47.9% increase in violent crime in McKinley County since 2016.

The average number of homicides per 100,000 people was 15, (a 400% increase since 2016) in McKinley County, 18 on the Navajo Nation, 7 in New Mexico and 2 in the safest counties in the United States. According to the FBI Crime Report, property crime is also high in McKinley County at an average of 81.2 versus the national average of 22.7. Those interviewed expressed a common perception that Native Americans and others coming into Gallup to drink alcohol create much of the violence in the community. However, many Native Americans are victims. Of all homicides in New Mexico, an average of 23.7 per 100,000 were American Indian males.

According to the New Mexico Department of Health, 15% of all assault deaths, and 53% of female homicides in New Mexico were perpetrated by an intimate partner or someone the victim knew personally – not a stranger or an outsider. Despite the identity of perpetrators and victims, this issue belongs to the entire community

Domestic violence and sexual violence have also been identified as major issues in this region for many years. Both types of assault are consistently seen by medical providers and social service agency representatives in the area. There is wide consensus that both these violent acts, particularly sexual assault, are grossly under-reported, especially within the Native communities. According to the New Mexico Department of Health, 15% of assault deaths in New Mexico were intimate partner violence (IPV – domestic). More than half, 53.1%, of female homicides were IPV related, compared to 3.6% of male homicides.

The New Mexico Behavioral Risk Factor Surveillance System revealed that 10.7% of all New Mexico adults had been raped or had experienced an attempted rape in their lives. 17% of all female New Mexicans have experienced sexual violence, versus 4% of all males. In the state, the highest percentage (11.5%) of sexual assault victims were Caucasians, compared to 8% of Hispanics and 6.8% of Native Americans. Adults who identified as lesbian, gay, bi-sexual, transgender, queer or questioning (LGBTQ) were 2 ½ (26.7%) times more likely to have experienced sexual assault compared to straight adults.

ISSUES

PUBLIC SAFETY/NON-VIOLENT CRIMES

There is a dichotomy faced by the City of Gallup between public safety and community image. Gallup struggles to balance the image of a creative, diverse and lively small city that has capitalized on its large Native population and Native influence with the tagline, “The Indian Jewelry Capital of the World”, with the image of a small city with big city crime problems - a place that is overrun by a transient population, mostly Native, that comes there to drink freely and commit petty crimes. Large numbers of robberies, burglaries and simple assaults occur each year in a place that in 2014 was tagged, “The Most Dangerous City in America for Native

“We are the frontline of care for these patients. We constantly encounter substance abuse, mental illness, suicide, domestic violence and sexual abuse. We are focused on physical health and often feel overwhelmed with so many of these issues that need to be properly addressed by trained counselors.”

**Public Health Nurse,
Indian Health Services**

Americans”.

Although public drunkenness is not illegal in Gallup, the Community Service Aide (CSA) harm reduction program was created several years ago to keep people from freezing to death on the streets, and to improve public safety. These unarmed uniformed, City of Gallup employees, travel throughout the city in vans picking-up people on the streets who are obviously inebriated. These people are taken to the NCI Gallup Detox Center where they are held for 12 hours to detox in a large holding cell. In the past year, there have been complaints that this program is not having a positive impact on the problem, and that the CSA's are not properly trained or legally authorized to handle individuals safely.

ASSAULT / PERSON ON PERSON VIOLENCE

In the scope of conversations with providers in the domestic violence and sexual violence fields, three main issues were identified. These issues included lack of law enforcement and ineffective prosecution of perpetrators, lack of trained counselors for survivors, and a severe lack of funding and resources to match the growing numbers and demands for services. Of the State of New Mexico's \$6 Billion budget, \$8 Million is allocated to domestic violence programs, and \$2 Million is allocated to sexual assault programs.

DOMESTIC VIOLENCE

Battered Families & My Sister's House are programs in Gallup that provide shelter and support for survivors of domestic violence including out-patient counseling and case management services. Their clients come from throughout McKinley County and the Navajo Nation up to Shiprock, west to Arizona and east to Albuquerque. In 2017 they provided 4,200 shelter nights. In the first half of 2018 they had already provided 3,600 shelter nights and are on track to double the number of nights of shelter in 2019.

The director of the program believes that the public needs to be better educated on domestic violence - its prevalence, how to prevent it, how to report it, and how to support survivors of it.



Navajo Police Training Academy class celebrates their graduation in Chile, Arizona in June 2018

ISSUES

LAW ENFORCEMENT

Time and lack of resources can be the enemy. The Navajo Nation, as a sovereign nation, has its own police force and no other law enforcement has jurisdiction there, except the FBI in federal cases such as kidnapping or homicide. In a 700 square mile area on the Navajo Nation there are only two Navajo Police officers on duty to respond to both domestic violence and sexual assault calls. It can take hours, sometimes days, for a police officer get to a victim on the reservation, where there is 1 sexual assault reported every 4 days and 1 domestic assault reported every 9 days. Often, by then, the perpetrator is gone or has talked the victim out of pressing charges. Even when a victim perseveres in charging the perpetrator, it can take 2-3 years to prosecute these cases.

LEGAL SERVICES

A representative from Battered Families shared that most of their clients are dealing with the judicial system - assault charges, restraining orders, divorce, child custody or other issues. Usually, neither the survivor nor the perpetrator can afford a private attorney, so they access free services. In the past, Battered Families had an attorney on staff, but they no longer have funding for that position. They now work with McKinley County Legal Aid and Dine' Legal Services. Both of these organizations have very full caseloads. Often conflicts of interest arise because both parties are using the same legal sources.

At least 80% of the cases Battered Families works with involve alcohol or drug abuse. Frequently, the courts refuse to file restraining orders because the perpetrator has been ruled incompetent for trial due to mental health or substance abuse issues. This can put a victim in potential danger. Legal Aid staff say that many survivors will not follow-through with a claim against the perpetrator out of fear of retaliation from that person or his family. It can take from 5 months to a year for an accused abuser to come to trial.

INITIATIVES SINCE 2016

EXPANDED SERVICES

Within the past three years, Battered Families amended their by-laws to state that they serve women and men and their families. They have also developed programs for the perpetrators of domestic violence.

PREVENTION

Battered Families is launching a pilot education program called "Community Response to Domestic Violence". It is for community groups, schools and businesses. It covers what is domestic violence and what is not, who its victims are, how it affects a family and a community, what community resources are available and how to create a safety plan, among other topics. Battered Families has recently begun teaching a class to inmates in the McKinley County Adult Detention Center Treatment Program. There are four 2-hour sessions on understanding domestic violence and accountability for one's actions. They also offer this class to the Navajo Nation National Indian Council Employee Assistance Program.

SUPPORT SYSTEMS

Legal Aid of McKinley County works with the Human Rights Commission on the New Beginnings Program providing housing for survivors of Domestic Violence. They have also worked with the Pueblo of Zuni to develop protection and safety laws and to create a Public Defenders Office so that every defendant has access to an attorney.

SEXUAL ASSAULT

Approximately 80% of the victims that Sexual Assault Services of Northwest New Mexico in Gallup see are Native American. Only 5% of all rapes in Gallup ever go to trial. Most rapes that are reported are pled out, or the charges are dropped, either because the victim withdrew the charges under

Statistically, 1 in every 2 Native women will be raped in her lifetime.

pressure, or the perpetrator was deemed mentally unfit for trial. The lack of family supports, lack of timely testing for evidence and lack of counseling for victims of rape in Gallup, often result in a reluctance on the part of victims to report their rape.

ISSUES

CO-OCCURRING ISSUES

Psychiatrists and therapists at both of Gallup's hospitals report that most of the adult women and many of the adult men they see have been sexually molested as children. Most say that when they told someone they were not believed and were often blamed. Many choose to self-medicate with alcohol and drugs.

BARRIERS TO REPORTING SEXUAL VIOLENCE

Under-reporting of sexual assaults is a major problem seen by many providers. Nationally, only 17% of all rapes are reported. It is thought that number is even lower for McKinley County. Several reasons for this were shared. One reason is that the majority of perpetrators are someone known to the victim. According to a representative of Sexual Assault Services, 85% of all rapes committed in McKinley County were perpetrated by a member of the victim's family or someone they knew. Frequently immense pressure to not report an assault is put on Native victims by their families, or the perpetrator's family.

An additional reason stated for not reporting an assault is the Navajo taboo against speaking out loud about anything negative. It is traditionally believed that speaking of a negative experience attracts more negative experiences to the person or family. This belief not only discourages the victim from reporting an assault, it also often keeps them from seeking counseling where they would have to talk about their rape.

Another major obstacle for victims is what happens when they do report an assault. There was not a certified Sexual Assault Nurse Examiner (SANE nurse) or trained physician to provide sexual assault exams in McKinley County for over a year. Zuni Comprehensive and Ft. Defiance Indian Health Service hospitals were the nearest hospitals with a SANE nurse. However, they were so overwhelmed with rape survivors that they refuse to take any rape victims from Gallup. What this meant for any adult or child who reported being raped in McKinley County, other than Zuni's on Zuni land, is that they had to be sent 1 ½ - 2 hours away to Farmington or Albuquerque for a rape kit to be administered, which can often be a 5-hour wait. During that time, the victim cannot clean-up themselves in any way, are not examined for STI's or other injuries, and do not receive any trauma counseling.

"This problem is a grassroots community problem. It must be acknowledged as an issue. We need the created leaders and the appointed leaders to recognize it and take it on for us to solve it."

—
**Director & Therapist,
Sexual Assault Services of
Northwest New Mexico**

INITIATIVES SINCE 2016

REPORTING

Sexual Assault Services in Gallup is partnering with Hummingbird Forensic Interviewers from Farmington to provide forensic interviews to deal with child sexual assault reporting in McKinley County. They are looking for donated office space that could accommodate both agencies. In Gallup in January 2019 they worked with 6 children

who reported sexual assault, in February there were 3 children who reported, in March, 3 children reported and in April, 9 children reported. These numbers mirror those in Farmington, but it is believed that as awareness grows, the number of children reporting sexual assault will grow in Gallup since the incidence is widely considered higher. Children who report must receive a SANE exam within three days of reporting the rape to press charges.

In early 2019, Gallup Indian Medical Center hired a certified Sexual Assault Nurse Examiner to staff their Emergency Department. This is the first SANE nurse in the region for over a year. This means that anyone (even non-Natives) who presents in the GIMC Emergency Department reporting to have been raped can have a rape kit done on them in a timely way.

Sexual Assault Services also has developed a rapid response team of volunteer professionals to appear at the ED when a rape is reported to offer support and guidance on resources to the survivor, if they desire.

The UNM Gallup Branch is exploring the possibility of providing SANE training for certification to nurses in order to serve the large number of survivors of rape in McKinley County.

PREVENTION / EDUCATION

The Executive Director of Sexual Assault Services of Northwest New Mexico, McKinley County is creating a curriculum to take to the Chapter Houses on the Navajo Nation to build awareness, understanding and advocacy about sexual assault in the Navajo community. She is looking for champions among leaders in that community and in Gallup.

“Navajo tradition actually honors gay people, referring to them as ‘Two Spirit’ people, and attributing special powers to them. The belief is that if you have a Two Spirit person in your family, you will always have a strong family. They bring a special sacred light to their families. The question is, how do we bring that light to the whole community?”

**Community Health Activist,
McKinley County Health Alliance**

GENDER PREJUDICE & VIOLENCE

While the U.S. as a whole has developed a wider understanding and acceptance of gender differences and has moved to ensure that the fundamental rights of LGBTQI individuals, many areas in the United States are continuing to struggle in their local communities with appropriate protections and social acceptance of LGBTQI individuals. LGBTQI residents of McKinley County and the surrounding sovereign Native nations continue to experience multiple layers of discrimination and homophobia.

A survey of Navajo LGBTQI experiences on the Navajo Nation conducted by Dine’ College’s Dine’ Policy Institute indicated that Navajo LGBTQI people experience high numbers of suicide and violence as a result of their identities and sexuality. Though anecdotally there are many LGBTQ people on the Navajo Nation and Zuni, most are not publicly open about their gender roles because of discrimination. Many reported having been physically attacked, and several murders on the reservation over the past few years were thought to be linked to homophobia. On the reservation homosexuality is commonly considered taboo, particularly among the elders. Dr. Morony Benally of Dine’ Technical University, has done research on the treatment of LGBTQI Navajos living on the Navajo Nation. In his research, 21% of LGBTQI individuals self-identified as having been sexually assaulted in the past 6 months.

"I thought something was wrong with me. I thought, maybe if I leave this world, all this hurt that I have within myself would go away. I thought about suicide... the only thing that stopped me was my grandmother. I could not leave her alone."

33 year-old Navajo lesbian woman speaking at a DinAPride festival, June 2018

Dr. Wesley Thomas, Dine' Technical University, has studied the history of Dine' culture and ancestral ways of viewing gender. Historically, in pre-colonial times, the Navajo culture accepted gender fluidity. Homosexuals and Trans-sexuals were called "Nadleeh", meaning "Two Spirit" people. This was a term of respect that is now often used in a derogatory manner. "Two Spirit" people were thought of as magical and bringing light to a family and others.

ISSUES

DISCRIMINATION / ABUSE

A psychiatrist at Gallup Indian Medical Center reported that he sees a large number of lesbian and gay Native patients. The families seem to accept them in most cases, but the community does not seem to. A representative of the McKinley County Health Alliance, a gay Navajo himself, expressed that despite the existence of a Dine' Equality Day and McKinley County Gay Pride Day, there is still great prejudice and hatred of gay people on the reservation and in McKinley County. It was expressed that there was a notable lack of support from city, county, state and tribal officials at these events.

Many Natives choose to keep their sexual identity secret. In 2005 the Navajo Nation Council passed a "Defense of Marriage" law, effectively making it illegal for gay men and women to marry a same-sex partner on the Nation. Several members of the LGBTQI community expressed that they do not go to local hospitals for care because they feel judged, and not treated with respect. They also fear a lack of confidentiality. Young LGBTQI people often leave the area, despite a desire to remain close to home, because of prejudice. This contributes to a "brain drain" of talent and intellect from the region and McKinley County.

LGBTQI Issues identified by Legal Aid representatives in cases presented to them included:

- Denial of services or inappropriate unprofessional treatment by health and social service providers
- Challenging and difficult interactions with law enforcement
- A lack of personal safety
- Difficulty attaining employment



- Homelessness - transgender people are much more likely to lose their homes, be rejected by their families, and live on the streets.
- Problems in getting services because of difficulty obtaining a Real ID.
- Lack of programs for LGBTQ people on the reservation. There is still a strong stigma and there are none of the protective laws on the reservation that exist in this state or country.
- Very little local data has been kept on LGBTQI individuals, which makes identifying and addressing their needs more difficult.
- Self-medicating through alcohol and drug abuse is common. Substance Abuse, alcohol and methamphetamine use, is on the increase, and it is often difficult for LGBTQI people to be accepted into treatment.

According to some who are part of or work with this population, the LGBTQI community in McKinley County is fractured, and there is a lack of committed dialogue among its leaders. There are several different groups that do not talk to each other or support each other's work. This creates gaps in services, and the lack of a central social venue for the community in McKinley County. As a result, many LGBTQI people go to Albuquerque where there are more services, but also more drugs and challenges. Some, in desperation, become caught up in survival sex work. This is particularly the case for trans-sexual individuals. Suicide and addiction are very prevalent in this population.

INITIATIVES SINCE 2016

McKinley County Legal Aid is striving to deliver advocacy in McKinley County for the entire community, as well as the LGBTQI community through the "Safe to Be You" initiative. Using the Community Health Representative model to develop and train Community Justice Workers (CJWs) for direct outreach and case management, they take the services of a resource center to clients who face barriers to service. They currently have their first CJW intern. They also work with the federal agency, Legal Services Corporation's Transgender Resource Center in Albuquerque, to service the McKinley County LGBTQI community. They are developing a holistic model that offers STI testing, translation services, food, housing help, counseling and legal aid.

First Nations Health Clinic in Gallup was established several years ago to serve LGBTQI individuals with respect and understanding. It has grown in its outreach over the past three years. It provides rapid results HIV and Hepatitis C testing as well as other health services, such as referrals and health information. They have identified at least 16 HIV positive people on the Navajo Nation this year. A physician from GIMC produces an Annual Navajo Area HIV Report to which they contribute their results. Many Natives choose to be tested at First Nations Health because of the confidentiality. Natives frequently fear seeing people they know in IHS hospitals.

First Nations Health provides HIV prevention program workshops such as, Native Men Many Voices, a two-day program for gay and bi-sexual men, focusing on HIV prevention and behavior change; Native Sista, a one-day workshop for Native transgender women, focused on HIV prevention, assertiveness training and confidence building, and Healthy Relationships, for people, gay or straight, living with HIV. They also offer case management services, helping their clientele access jobs, medical care and social services. Their funding comes from the New Mexico Department of Health. First Nations Health would like to offer LGBTQI 101 classes for providers at the hospitals and other social service agencies to increase understanding and sensitivity toward LGBTQI people, how to speak to them and treat them respectfully.

The McKinley Community Health Alliance has helped grow collaborations among its

agencies, First Nations Health Clinic and Legal Aid to increase awareness and address the needs of the LGBTQI community.

There are now more Gay Student Associations in the high schools in McKinley County. University of New Mexico – Gallup Branch recently started an LGBTQ Center.



Diné Pride is the official LGBTQ+ celebration for the Navajo Nation. Hosted annually in Window Rock, Arizona - events in June 2020 will include an Indigenous Youth Summit, Welcome Reception & Showcase, Festival, After-Party, & entertainment with indigenous LGBTQ+ performers. Special events are held year-round throughout the Four Corners area. Photo: Tachii'nii Photography.

HEALTH PRIORITY: EDUCATION AND FAMILY SUPPORTS



Although there are several excellent private and parochial schools in McKinley County, and many children are also home-schooled, the vast majority of children in McKinley County are enrolled in some form of publicly supported education. This includes Head Start, charter schools and Gallup McKinley County Schools. Of the 10,915 students in the GMCS system, 9,080 (83%) are Native Americans. The next largest group are 1,149 (10%) Hispanics, followed by 544 (5%) Caucasians, 100 (.01%) Asians and 40 (.003%) African Americans. These demographics reflect those of the general population in this area.

The importance of education in the growth and strength of a community cannot be over emphasized. Humans learn from birth until death. Educational opportunities and how available they are at every stage of life, are directly linked to an individual's future sphere of options.

EARLY EDUCATION

Research has proven that the first five years of a child's life are particularly important, since that is when 90% of a brain's neurological foundation is built. It has been proven that children learn more quickly in the early years. Their chances of doing well in school, and becoming productive adults are closely related to their early childhood experiences. Because of this, safe, nurturing, non-stressful educational opportunities are essential for young children to flourish later in life.

In New Mexico an average of 58% of 3 and 4-year-olds did not attend any form of pre-school or school program in the past three years, making it rank 33rd of 50 states in early education. The good news is that McKinley County's percentage is less, making it the 9th best county in New Mexico.

However, at 50%, it still means that half of all 3 and 4-year-olds in the county received no pre-school education. This manifests in some children starting school already behind, and often continuing to struggle educationally for the next twelve years.

"You can almost always tell if a four or five-year-old has not been in a pre-school setting. Often, they are reticent to touch anything in the room, are unable to do basic fine motor tasks and show fear of socializing."

—
Kindergarten teacher, GMCS

EARLY INTERVENTION

Early intervention involving parents and babies has proven to be an effective way to support healthy parenting and focus on a child's brain stimulation and growth from the very beginning of life. Programs such as First Born, a home visitation program for parents with their first child, Growing in Beauty, a program for Navajo parents of children born with disabilities and Avenues which is a home visitation program for parents and new babies, not necessarily the first, are all available in McKinley County.

In early intervention, parents agree to have free home visits after the child is released from the hospital. The same provider visits the family each time, focusing on the newborn child, using curriculum materials to help parents understand child development and the child's needs.

They also try to help parents resolve other issues with referrals and parenting skills coaching. The family stays in the program until the child enters pre-school, usually at age 3. Avenues serves 80 families at a time. Their referrals come from Children Youth & Families (protective custody), Navajo Women, Infants & Children Program, Zuni Protective Services, as well as through word-of-mouth. All of their funding comes from the State of New Mexico through the Early Intervention program.

ISSUES

EMPLOYMENT, HOUSING & TRANSPORTATION

“Gallup is primarily a service economy, especially for those without higher education. These jobs do not support a family owning, or even renting, a family-sized home or a car.”

—Early Intervention Specialist, Avenues

The greatest needs these specialists see in the families they work with are in the areas of employment, housing and transportation. They believe that often the neglect or lack of communication between parents and children are simply caused by the daily stress on the parents trying to obtain or retain jobs, housing and transportation. They visit families living in motels, hogans on and off the reservation and in cars.

NON-TRADITIONAL FAMILIES

Early Intervention providers report that 80 – 85% of their families are Navajo and Zuni. Approximately 30% of fathers are present in the family and are involved in the program if they are present, or if they are the only caretaker. 70% of their families are single mothers or other relatives raising the babies. They see many families with drug and alcohol issues. Grandparents are often the caretakers of the baby, if parents are drinking or doing drugs.

TRUST

Establishing trust is a big issue with many of their clients. They believe there have been too many promises made and promises broken in their lives, and there is a historical mistrust of Caucasians and their programs. Many groups have come to Gallup, helped people and then left when their grant funds ended.

MENTAL HEALTH / TRAUMA

Providers say some parents they see exhibit stress, anxiety or have substance abuse issues, all of which can translate to how they interact with their child. They believe most of the reticence of some parents to look at, play with or stimulate their child stems from how they were raised and the boarding school experiences that impacted many of the elders who raised them.

LANGUAGE DEVELOPMENT

An Avenues founder is a Speech Therapist who specializes in speech development. She tests children, works with them on speech and helps them access audiology help if needed. However, she says there is often a gap between school expectations and home life. Often the children do not have strong language abilities because they are not spoken to. or read to. Navajos are traditionally quiet, and traditionally do not engage children in conversations.

INITIATIVES SINCE 2016

NON-TRADITIONAL FAMILIES

Over the past few years, as the numbers have grown of grandparents raising young children, they have learned how to work with them in the same way they work with parents. Sometimes in a multi-generational family the grandmothers start out suspicious of what they are telling them or the mother. Usually after a few visits they warm up and get involved.

TRUST

Early intervention providers have worked to establish a strong trust by being consistent, both with personnel and with persistence in seeing their clients wherever they are. They make every effort to visit the children and parent whether they move from place to place or drop out for a while. Some agencies have a “three missed visits and you’re out” rule. They do not. They try very hard to keep families in the program until the child ages out.

MENTAL HEALTH / TRAUMA

The founder of Avenues is a Licensed Mental Health Counselor. They have a contract with the state to address infant mental health. She focuses her work on helping parents learn about brain development and ways to interact with their child that both stimulate brain development and create a bond between parent and child. They are starting a new program developed by the University of Washington, called “Teaching First Relationships”.

It is focused on teaching the caregiver cues to what certain behaviors in a child might mean, helping them to better understand how to interpret expressions and behaviors at an early age, and respond appropriately. One of the tools they use is to take a short video on a cell phone of the caregiver and child interacting. Then they review it with them, after which, they erase it. When they started a few years ago, they had three babies with “shaken baby syndrome”. In the past three years they have not seen one.



Young Navajo cowboy posing in front of Pyramid Rock, Gallup.

LANGUAGE DEVELOPMENT

Providers help parents see that talking with their babies and young children helps their brain development and helps them develop language. Some parents think services or school will take care of any speech or language problems. The provider stresses that, although she will help them, they must do the work to help their child develop language skills. Often there are few books in the homes and some parents who have low literacy. Providers use “strength-based counseling”, focusing on the positive things parents do with the child to encourage their efforts.

EARLY CHILDHOOD EDUCATION

The focus on early childhood education and universal pre-school has never been stronger in the United States, as many states move to universal kindergarten and K-4 programs. In McKinley County there are some excellent private and faith-based pre-school and childcare options. Gallup McKinley County Schools now offer K-4 and have expanded this program to meet the needs.

However, the need for affordable quality child care and quality pre-school remains an intractable issue for many citizens of McKinley County. A counselor in Gallup McKinley County Schools expressed that affordable quality child care is a great need. She has seen infants being cared for by 4 and 5-year-olds. An Investigative Case Worker at McKinley County Children, Youth & Families Department said that more affordable child care options, particularly for infants, could help more families have two adults working and remove some of the stress. It could also stop the sometimes dangerous practice of have relatives watch the children, who are not always sober or appropriate.

An option for low-income families, federally funded Head Start, continues to thrive in this area. The Head Start programs in Gallup, on the Navajo Nation and the Pueblo of Zuni serve thousands of young children each year. There are 70 Head Start programs on the Navajo Nation. The Pueblo of Zuni Head Start program serves 149 children, and Gallup Head Start has 194 students and an additional 20 Pre-K students. They have two classes a day for 3 & 4-year-olds and always have a waiting list. These programs not only provide excellent early education and social and physical experiences to 3 and 4-year-old children, but also provide help to their families to find solutions and resources for issues, such as housing, financial need and counseling. An example of the potential effectiveness of these programs is in these statistics, provided by the Pueblo of Zuni, showing the growth of their Head Start students over the school year between Fall 2016 and Spring 2017.

Widely Held Expectations (Testing of 149 children)

	Fall 2016	Spring 2017
Social		
& Emotional	10 Exceeded / 57 Met / 75 Below	107 Exceeded / 37 Met / 5 Below
Physical	20 Exceeded / 57 Met / 72 Below	89 Exceeded / 54 Met / 6 Below
Language	17 Exceeded / 77 Met / 55 Below	92 Exceeded / 50 Met / 7 Below
Cognitive	4 Exceeded / 67 Met / 78 Below	83 Exceeded / 58 Met / 8 Below
Literacy	3 Exceeded / 52 Met / 94 Below	76 Exceeded / 69 Met / 4 Below
Mathematics	4 Exceeded / 47 Met / 98 Below	57 Exceeded / 82 Met / 10 Below

Although testing is only one way of showing the impact of the program, these figures show excellent achievements. Additionally, many of the families of these children faced serious challenges. Of the 149 children served, 52 were in single parent families, 80 of the families were below 100% of the federal poverty level, 24 of the families received public assistance, 88 of the families were in the Supplemental Nutritional Assistance Program (SNAP – food stamps). Of the children in their Head Start, 4 were in foster care, 2 were in homeless families and 8 were identified as needing Special Education.

ISSUES

FOOD INSECURITY

Many of Gallup Head Start and Gallup public school families struggle with basic needs. Head Start provides breakfast, lunch and a snack during the school day for all of their children. All of the children in the GMCS school district receive free breakfast and lunch. Head Start and the public elementary schools receive bags of food from the Community Pantry, through the Food for Kids program funded by a non-profit, Americans for Native Americans (ANA). Food bags are sent home with their students in need on Fridays to ensure that their families have enough food for the weekend. In most cases they have 25-30 bags to distribute. They estimate that 5-10 times that many families in their schools could use this extra help. However, a public elementary counselor states that she has seen instances when the children have to hide the food they bring home from their older siblings or parents, who take it and sell it at the Flea Market.



Volunteers at the Community Pantry of McKinley County

HEALTH ISSUES

Several of the Gallup Head Start families live in motels in Gallup and their access to healthy food is very limited. Often the children are eating junk food from vending machines. Approximately 5-7% of Gallup Head Start children are very overweight. At Pueblo of Zuni Head Start, in testing Body Mass Index (BMI), 25% of the children were rated overweight or obese. Over the course of a year, 45 of 144 children required medical treatment. Treated were: 7 for anemia, 1 for asthma, 5 for hearing difficulties, 33 for vision problems and 1 for high levels of Lead.

MENTAL HEALTH /BEHAVIORAL ISSUES

Some of Head Start's children exhibit emotional or mental health issues in their behavior. They are able to refer them to a private counselor at Presbyterian Medical Services (PMS), a Federally Qualified Health Center (FQHC) in Gallup. Pueblo of Zuni Head Start referred 20 of their families to social services for help. A counselor in a GMCS elementary school says that she sees social and emotional issues in children as young as 3, 4 and 5 in Pre-School, Pre-K and Kindergarten. They see a great need for parental guidance and training. Many of the children have no language base, show signs of neglect and lack of parental support. They all feel there should be more providers who can provide trauma-informed therapy and behavioral health treatment for very young children.

MEDICAL ACCESS

Many of Gallup Head Start's parents are transitioning into Medicaid, even though most of their parents are Native Americans, primarily Navajo, and can therefore use the Indian Health Service (IHS) at no charge. At Pueblo of Zuni Head Start 123 of the 144 children were on Medicaid, 2 had private insurance and 9 had no insurance, but used IHS. Of the 144 children who qualified, 61 were enrolled in the Women, Infants & Children (WIC) supplemental

nutrition program.

Both Head Starts see more fathers and grandparents (25-30%) as primary caretakers of their students. Often, they have challenges accessing a child's medical records if the grandparents have not been legally assigned as guardians, which is an involved legal process that can take up to a year.

DENTAL CARE

Dental health is a very big issue with children in both Head Start programs. They see baby teeth decay and many caries. According to a provider, early childhood dental caries are at an epidemic level in the Zuni community. Many of the children in Head Start have 5 or more caries at ages 3 and 4. They can wait as much as 3 months for an appointment with a dentist at Gallup Indian Medical Center, and when they go, can wait hours till they are seen.

AFFORDABLE HOUSING

There are huge housing issues for Gallup Head Start families, since all are low-income. Approximately 75% of their families live with extended family members. There are long waiting lists for apartments, and all require a security deposit and first month rent, which is a significant amount of money for them. Several families live in motels on a transitory basis. Those people can rarely get assistance if they are struggling to pay the daily rate. Decent affordable housing remains a huge issue for families in the Gallup McKinley County Schools as well.

McKinley County Community Services Block Grant will give utilities assistance and Southwest Indian Foundation (SWIF) will help with 1 month rent assistance, but neither will help with a security deposit. SWIF will sometimes pay 2 days rent for a motel room. There seems to be a disincentive for their parents to achieve more financial independence. They see families who are in subsidized housing and working two to three jobs to better their situation, finding that when their income increases, the Gallup Housing Authority, which has long waiting lists, raises their rent significantly, they lose some of their food stamps and other benefits go away. They feel penalized for trying to improve their lives.

A counselor reports that she has seen children living in unimaginable structures made of cardboard with no electricity or running water. There are also families of their students living in cars at truck stops and in motels.

EMPLOYMENT

Head Start staff works with parents to find jobs through job fairs. Most of the available jobs are in food service. Most of their Head Start mothers work and many of the fathers do not work. This is often explained because many of the mothers have a high school or college degree and many of the fathers do not.

TRANSPORTATION

Head Start children are usually bused, so they can get the children to and from school. Travel for the parents to parent programs and events is sometimes harder. Also, their buses go only to the edges of Gallup and as far as Gamerco. Their enrollment goes beyond the McKinley County line, as far as Pine Dale, Window Rock and Thoreau. Even though the Navajo Nation has 26 Head Start programs in this area, if the parents work in Gallup, they prefer to have their children in Gallup Head Start, so they can drop them off on the way to work and

pick them up on the way home. Transportation is a huge issue for many GMCS students as well. The buses can only go to the school bus stops. Some stops are 10 miles away from homes with dirt roads and mud, when it rains. This impacts attendance and parent participation, when it is so difficult for them to get to the school. Small vans that can get to the homes would be a great help.

INITIATIVES SINCE 2016

HEALTH ISSUES

Gallup Head Start has a Health Specialist that works with all of the families and children on their health issues. A nutritionist at RMCHCS, visits the classrooms to do presentations with the children on healthy foods. Every class has 30 minutes of outside play daily in a safe newly rebuilt internal playground.

MENTAL HEALTH / BEHAVIORAL ISSUES

Counselors at GMCS schools have been working on creative ways to help with behavioral modification. One counselor goes into classrooms to do interactive presentations with the children about being kind, respectful, thoughtful and caring. She also presents about personal space, being a good citizen and good and bad choices. She uses a teddy bear wearing a school uniform to make it fun for the children.

MEDICAL ACCESS

Gallup Head Start has a special Health Fair in late summer, where volunteer nurses provide immunizations and check-ups for the children, and nutrition information for the parents. It is free and well-attended.

DENTAL CARE

The Pueblo of Zuni Head Start implemented the "Bright Smiles, Bright Futures Dental Health Curriculum." It involves nutrition and oral health education for children and parents.

Through Indian Health Services

(IHS), all 149 children received dental exams. Those with dental problems were referred to a dentist who would take Medicaid in Grants, New Mexico, 75 miles away. Recently, a dentist that takes both New Mexico Medicaid and Arizona Access Medicaid (which many Navajos have) moved to Gallup, so they now have a referral dentist.



IHS Dental Hygienist helps to educate a family at GIMC, Gallup.

PARENT & FAMILY ENGAGEMENT

School counselors at GMCS expressed that there is a great need for more hands-on parental supports and training. Gallup Head Start has three Family Advocates from the Educational Development Center at Gallup McKinley County Schools, that do IEP's (Individual Education Plans) for children with learning issue or other special needs. They meet with the parents and

work with them with their child. They have 9 children currently using this service. Sometimes they have challenges getting the parents involved, but it helps that Head Start requires a certain amount of parent involvement in the school to keep their child in Head Start. Pueblo of Zuni Head Start initiated an optional Family Partnership Agreement program that helped families set goals for their family. Twelve families out of 149 participated.

FUNDING

In July 2018 during the summer session of the Navajo Nation Council, based on an emergency request, since federal funding for Head Start was being held up, the Navajo Nation voted to fund the Navajo Head Start Programs for \$6.3 million. This was to support them until February of 2019.

ELEMENTARY EDUCATION

Although student proficiency testing as an accurate measure of actual student learning and achievement has come into question in the last few years, it remains the one consistent measurement tool of students and schools. In New Mexico, the Partnership for Assessment of Readiness for College & Career (PARCC) test has been the standardized measuring tool of student achievement from kindergarten to twelfth grade, and the yard stick for rating the educational standards of schools, for several years.

The New Mexico Indian Education Act requires each school district with tribal lands located within its boundaries to provide an annual districtwide Tribal Education Status Report. The 2017 – 2018 school year report provides the testing and PARCC scores (a testing tool that only begins in 3rd grade) by grade as well as valuable attendance and behavioral records. Below is a snapshot of the status of elementary education in McKinley County:

Kindergarten – Reading – 54% proficient or above

Grade 1 – Reading – 58% proficient or above

Grade 2 – Reading – 66% proficient or above

**In the Kindergarten through 2nd grade, children are tested by the Istation Assessment for reading only.*

PARCC Assessment Scores:

Grade 3 – Reading – 21% proficient or above /Math – 27% proficient or above

Grade 4 – Reading – 19% proficient or above /Math – 20% proficient or above

Grade 5 – Reading – 18% - proficient or above /Math 18% proficient or above

These scores show that between 73% and 82% of elementary school children in the Gallup McKinley County Schools are considered not proficient in reading and math. They are similar to the PARCC scores of children throughout New Mexico, with an average of 77% of elementary children not being proficient in reading and 79% not being proficient in math. New Mexico ranks 50th in reading proficiency and 47th in math proficiency among all 50 states.

However, these numbers have improved over the past several years. In July 2018, the Superintendent of Gallup McKinley County Schools announced that more than 600 students in the district who had tested not proficient in reading and math in the past, had scored as proficient in the most recent PARCC tests. This reflects efforts to improve the learning environment and study supports within the district.

STATISTICAL COMPARISONS, 2016–2019

The high school graduation rate in McKinley County (66%) decreased by 7%. That's 7% below New Mexico's graduation rate and 20% below counties in the U.S.

The percentage of adults 25 or over in McKinley County with a bachelor's degree or higher slightly decreased to 11% of the population. The percentage of New Mexicans with a BA or higher is 26.7%, and in the United States is 31.3%.

PARCC Assessment Scores:

- Grade 9 – Reading: 27% proficient or above / Algebra 1: 15% proficient or above
- Grade 10 – Reading: 31% proficient or above / Algebra 2: 11% proficient or above
- Grade 11 – Reading: 38% - proficient or above / Geometry: 11% - proficient or above / Science: 16% proficient or above

Many of the same issues that affect younger children impact these elementary school children as well. Along with the family challenges such as housing, employment and transportation, these children have the added pressures of academics and socialization.

ISSUES

ACADEMICS / LITERACY

Reading proficiently is necessary for a child to progress in school, since reading is a basis of learning for every subject. Children who are not proficient readers by the critical point of 4th grade are at risk of struggling for the next 8 years and never catching up, are at a higher risk for dropping out of school and at a higher risk for as drug use.

MENTAL HEALTH

The goal of a school counselor is to address the emotional, social and physical needs of each child to be academically successful. However, more and more there is a need for mental health counseling and school counselors are expected to get the additional professional training to recognize signs of suicide ideation and assess mental health issues, even in the youngest children.

PARENTING, LACK OF PARENT INVOLVEMENT & NEGLECT

When parents are worried about food, shelter and gas money on a daily basis, they have difficulty dealing with their children's social and emotional health. Educators and counsel-

“This is really an exciting time, because this is really truly awesome data. It's not an accident. We did not arrive at this point without having worked hard to get here.”

—Assistant Superintendent of Curriculum and Instruction, Gallup McKinley County Schools

ors believe that many parents do not know how to parent because they were not nurtured themselves. In many cases, very young children are being left for long periods of time with siblings who are only 2-3 years older. They also see a great deal of educational neglect – children not being made to go to school, not being read to, not being helped with or made to do homework and parents not attending parent-teacher conferences and school activities. Children, Youth & Families Department (CYFD) reports the they see more physical abuse than in the past, but most of their cases are for neglect, such as lack of clothing, food, health and hygiene care and attention. Neglect is considered the most emotionally and psychologically damaging form of abuse because it inhibits the development of a child's sense of self-worth.

ATTENDANCE

Attendance, even for very young children, is an issue. Children with chaotic home lives, are not able to, or are not being encouraged to, get up and go to school. The schools make every effort to keep a child in school and not to drop them from the rolls. They do home visits and sometimes transport children themselves. Some expressed a need for more incentives for attendance. Overall, GMCS elementary school attendance is 90.33%.

INITIATIVES SINCE 2016

ACADEMICS / MENTAL HEALTH

There is a Student Assistance Team (SAT) that tracks and reviews students that are performing below grade level, have attendance issues, behavior issues or are English Language Learners (ELL). When a teacher identifies any of these issues, he or she meets with the parents and refers the student to the SAT. The team evaluates the student and develops a plan for what interventions are needed. There are progress monitoring and written evaluations on a regular basis. Because of the number of students who require this, it can be demanding on the counselors and teachers. Of the 411 students from Kindergarten to 5th grade in one elementary school, 225 of them were being serviced by the Student Assistance Team.

ACADEMICS / LITERACY

In 2012, ATD Fourth World, a non-profit, created Story Garden, an inter-generational



Children play in the interactive Story-Garden area of the Gallup flea market.

family literacy space that takes place weekly at the Gallup Flea Market. It offers books, puzzles, art activities and educational resources to children and their caregivers in a place they can sit and play and read free of charge. Between 2012 and 2016 over 2,400 children and 2200 adults participated in Story Garden. In a 2016 survey, hundreds of parents and caregivers relayed its impact, saying,, their child had become an avid reader because of it, they could talk to their child more freely since they had been there reading together, their child's teacher said he was more confident and spoke up in school since they had been coming to Story Garden and, for an divorced father, it was an affordable place to

spend time with his daughter when he had her with him.

ATTENDANCE

GMCS has begun to partner with the Children, Youth and Family Department (CYFD) of the State of New Mexico and with the Juvenile Probation Officer, to help children and parents stay together. They are working on creating a "Sunshine Club" with rewards for good attendance. Using an Early Warning System to identify students with excessive absences, the Student Assistance Teams work with students who are chronically absent, to identify the problems and work with them and parents to improve attendance. Johnson O'Malley funding to the district has supported increased attendance.

CHILDHOOD HEALTH

With the increase of pre-diabetes in their student population, even at a pre-school level, they have been working with GMC's Diabetes Education Training Service to develop prevention activities in the school and after-school, by offering introduction to a range of physical activities such as, swimming, hiking, basketball and golf. They also are working with the School Food program to offer healthier options in the cafeterias. They recently put salad bars in some of the elementary cafeterias.

MIDDLE SCHOOL EDUCATION

Middle School has been identified as one of the most critical points in a young person's development. It is the time when they establish themselves academically and set their path toward further education and a career. Young people reach adolescence, begin to discover their sexuality and begin to develop their social roles and identities at this time. They are often exposed to risky behavioral choices, can become disconnected and are at risk of dropping-out of school. The convergence of all of these has proven to be very stressful. Many counselors and educators identified this group as the most at risk for drug and alcohol use, sexual identity confusion and experimentation and suicide ideation. Shown below are the recent PARCC test scores for students in the Gallup McKinley County Schools.

PARCC Assessment Scores:

- Grade 6 – Reading – 26% proficient or above / Math – 14% proficient or above
- Grade 7 – Reading – 28% proficient or above / Math – 12% proficient or above
Science – 22% proficient or above
- Grade 8 – Reading – 24% - proficient or above / Math – 11% - proficient or above
- **Middle School attendance averaged 89.8%**

Overall, the reading scores for 6th, 7th and 8th graders improved over 3rd, 4th and 5th graders, while math scores declined. They continue to track lower than other New Mexico schools, but have improved over the past year.

Additionally, results of the most recent New Mexico Youth Risk & Resiliency Survey (YRRS), which measures risky behaviors, conducted with Middle and High School students every two years, indicates that there are encouraging trends in New Mexico related to some of high-risk behaviors.

Over the last decade these changes in New Mexico youth behaviors have occurred:

- First drink of alcohol before the age of 13 decreased by 33%.
- Binge drinking decreased by 60%.

- Current cigarette use decreased by 56%.
- Current Heroin use decreased by 28%.
- Percentage of 6th – 8th graders who are currently sexually active decreased by 14%
- Physical fighting on school property decreased by 44%.

McKinley County's statistics in these areas are slightly higher than New Mexico's, but they have also improved. In McKinley County, here are encouraging trends:

- Those who ever had sexual intercourse decreased by 53%.
- First sexual intercourse before age 11 decreased by 47%.
- Had sexual intercourse with 3 or more people in lifetime decreased by 35%.

However, other issues in physical and mental health continue to adversely impact youth in McKinley County and can affect their academic achievement.

ISSUES

PHYSICAL HEALTH

In the Youth Risk and Resiliency Survey (YRRS) 22.9% of McKinley County Middle School students described themselves overweight, versus 26.9% of Middle School students throughout New Mexico. However, 55.2 % of McKinley County 6 – 8 graders reported they were trying to lose weight and 40.8 % said they fasted for weight loss, versus 47% of New Mexico 6-8 graders trying to lose weight and 18.9% fasting.

The trends in physical activity within this group have also improved. Almost decade ago, 41.9% of this age group reported being active 5 days per week. The last survey shows that 54.9% reported that activity level. Participation in team sports and daily PE at school peaked in 2013 and dropped significantly by 2015. However, the 2017 survey shows steady increases in both areas. Students reporting watching three or more hours of television a day have dropped significantly, from 35.7% in 2009 to 23.3% in 2017. However, in the same period, there has been a 31% increase in three hours or more of computer or video viewing per day in McKinley County. These figures take on significance when matched with the current statistics on adult obesity in McKinley County.

McKinley County	2016	New Mexico	U.S. – Best Counties
37%	35.8%	26%	26%

While New Mexico and the U.S adult obesity rates have dropped since 2016, McKinley County's has risen. Preparing future generations to have healthier habits and reduce these figures has become a goal of the school systems.

MENTAL HEALTH

Mental health providers report that they are seeing more young people and adolescents referred by family physicians or the school. They see a great deal of sexual abuse, and Post-Traumatic Stress Syndrome. Many of the adolescents a psychiatrist at Gallup Indian Medical Center sees are in fragmented families, often brought about through the historical trauma of subjugation, as well as the disruption of the boarding schools of traditional child-rearing. Often, if they are from the reservation, the manual or agrarian work they have seen their parents or grandparents do is not an option for them. They have very uncertain futures. There is also a great deal of rural isolation, and not much community support.

A case worker at Children, Youth & Families, (CYFD - protective services) stated that

there is a need for qualified foster parents, particularly for older children. Many of these young people have mental and emotional issues due to trauma. If the child is an adolescent or teenager, it is much more challenging to place them, since many families are not prepared to deal with teenagers and their needs. Often with the older children they have been in 3-5 homes already and left, so foster parents won't take them. Teenagers who are removed from the home have to be sent out of county to foster homes or shelters in Albuquerque.

On an average of 5-10 times a month CYFD sees teens who have serious psychological, emotional and often substance abuse issues and there is no juvenile/ adolescent in-patient care for them here in McKinley County. They have to be sent far away in Albuquerque, Santa Fe, Arizona or Colorado for care. Reintegration into their families is very difficult.

PARENTING ISSUES:

Approximately 2/3 of the children a GMC psychiatrist sees do not seem to have had a clear example of healthy parenting. He sees a pattern of "learned helplessness" and a fear of enforcing rules. A behavioral health provider at RMCHCS says lack of parenting skills is a huge issue with adolescent patients she sees. She sees neglect and parents refusing to take responsibility for the child's behavior.

An administrator at Gallup McKinley County Schools expressed that he believes that lack of good parenting skills is the main reason for many student issues. He states that, when told of infractions, often parents do not see the problem with drugs or weapons being brought into the schools. They often ask their children what they want to do about their problem at school, as if the child is in charge. He feels the problem is not poverty or demographics, it is parents either not being around, having grandparents raising the children, or a "learned helplessness" that enables the child to control the situation. He feels some parents expect the school to raise their children.



Photo: Robert Alexander/Getty Images

SUICIDE IDEATION

According to the Coordinator of Counseling at Gallup McKinley County Schools, there has been a significant increase in suicide ideation among Middle School students in the past few years. Fifty potential suicides throughout all grades, were prevented among their student body last year. Two suicides occurred, both students who killed themselves at home. Neither had presented with any warning signs or expressed ideation of suicide. GMCS has developed a strong program to address suicide ideation by training all of their counselors in motivational interviewing, Ask, Persuade, Evaluate, Refer, Treat (ASPERT).

GENDER IDENTITY ISSUES

More students, particularly in Middle School, are struggling with their sexual identity and presenting as LGBTQI. They have not seen much bullying of LGBTQI students to date. A child and adolescent behavioral health provider at RMCHCS stated that many middle school age young people she sees present with sexual identity confusion and anxiety. It is thought that with

a wider exposure to various sexual orientations through the media, some social peer pressure has developed for adolescents to choose their sexual orientation and align themselves with a specific group at a time when they are just discovering their sexuality.

SUBSTANCE ABUSE

Although any use of alcohol by an adolescent is not a positive thing, it appears that the degree of alcohol experimentation and use among Middle School students has declined. According to the Youth Risk & Resiliency Survey, the percentage of 6th–8th graders who ever drank alcohol dropped from 33.2% in 2009 to 18% in 2017. The number who drank alcohol before age 11 dropped from 12.2% to 7.5%, and those who currently use alcohol dropped from 20.5% to 14.4%. The administrator at GMCS that deals with disciplinary issues states that alcohol use is not a major issue.

The same administrator says that, hands-down, drugs, primarily opioids and marijuana, are the biggest problems, and they come up at every level, from Kindergarten to 12th grade. They have had kindergarteners come to school with drug paraphernalia, 3rd graders with marijuana and other drugs. Counselors have determined that approximately 80% of the kids with drugs are not addicts but are using them experimentally.

These statistics on drug use by McKinley County 6th–8th graders from the 2017 New Mexico Youth Risk and Resiliency Survey are concerning:

- 38.1% of have ever used marijuana versus 14.3% of NM 6-8 graders.
- 18.3% used marijuana before age 11, versus 4% of NM 6-8 graders.
- 43.4% currently use marijuana versus 8.7% of NM 6-8 graders.
- 10.8% have ever used painkillers to get high versus 2.9% of NM 6-8 graders.

Percentages of other drug use such as, cocaine, inhalants and prescription drugs without a prescription were similar or less than other New Mexico 6-8 graders.

A counselor at WellSpring Recovery Center stated that they are often contacted by schools seeking treatment for their students for both substance abuse and mental health issues. There is no residential adolescent/juvenile treatment center in McKinley County or the region. The one Indian Health Service Residential Behavioral Health facility in Shiprock closed its juvenile facility. Young people who require residential treatment are sent to Santa Fe, Phoenix, Arizona or farther away. They are far from their homes and families, many families cannot afford to visit, and when they return, re-entry is more difficult.

INITIATIVES SINCE 2016

PHYSICAL HEALTH

Gallup McKinley County Schools has a Wellness Committee that is represented by every grade level as well as counselors and administration. They focus on health and wellness programs, activities and needs for both students and staff. Special physical and healthy eating activities are promoted with incentives and fun competitions. They have also worked on clean water, and healthy options in the cafeterias, including salad bars.

The Gallup Service Unit of the Indian Health Service has been working with the Navajo Nation President's Office on a series of physical activities for youth on the reservation. This is connected to the Navajo Nation Special Diabetes Project. There is a Run across the Navajo Nation event that starts in Window Rock and goes continuously for two weeks. They are also holding Wellness Running Camps. Additionally, the IHS Health Promotion team is working on community gardens at the Coyote Canyon Chapter House and the Red Rock Chapter House.

MENTAL HEALTH

Gallup McKinley County Schools have entered into an arrangement with Gallup Indian Medical Center (GIMC) to take any student who has been through all of the steps of the school district's Hearing Authority for either drug use, behavior issues or risky behaviors. The student is given the choice of expulsion or being evaluated. If evaluation is chosen, the student is taken to GIMC by Gallup-McKinley County Schools (GMCS). Once transported by the counselor and local law enforcement (for supervised transport), they are screened and, if indicated, regular sessions with a Behavioral Health Out-patient therapist is begun.

The school will allow students to receive this counseling during school hours if they are unable to go outside of school, and will transport them, if needed. This was established through a Memorandum of Understanding with GIMC. For this program, Gallup Indian Medical Center will accept non-Native as well as Native students.

The goal is to keep students in school and get them the help they need to progress. GMCS's long-range goal is to have most if not all of their counselors, pre-school to high school, become LMHC's (Licensed Mental Health Counselors). This will be a challenge because there are no school district funds available to pay for the training or the test. The individual counselor must cover those costs and there is not a salary increase related to having this additional license. However, it would qualify them for CEU's, and could be a useful certification for future employment. The greatest benefit would be to the students, since the counselors would be trained in how to deal with grief, homelessness, stress, anxiety and suicide ideation.



Suicide Prevention worker Coloradas Mangas overlooking the Mescalero Apache Reservation. Photo: Adria Malcolm/New Mexico In Depth

SUICIDE

The school district has worked very closely with the Indian Health Service's Methamphetamine- Suicide Prevention Intervention program,(MSPI), which is GIMC's Substance Abuse and Suicide Prevention program for youth. This program provides trainings for all their staff, and awareness and education programs for their students and parents. Through this collaboration they have begun training counselors and teachers at every level in Mental Health/Behavioral Health prevention and have gotten these trainings qualified for CEU's. They also work with the Navajo Nation's Suicide Prevention Program, "Building Communities of Hope", to provide assemblies in their schools that emphasize resilience and resistance to stress.

GENDER IDENTITY ISSUES

GMCS is offering a professional conference for counselors and educators on gender

identity, the social pressures and bullying issues. Two of their High Schools and one Middle School have student Gay/Straight Alliance Clubs, started by students. When a student is transitioning from one gender to another, the school helps create an Individualized Health Plan for him or her. They have not seen much bullying of LGBTQ students to date. They are also focusing on helping parents understand what is bullying and what is not. They collaborated with the New Mexico Attorney General's Office in Santa Fe to present two programs for students and parents on Cyberbullying, Sexting, Sex Trafficking, Social Media and Privacy.

SUBSTANCE ABUSE

GMCS has seen a 1-2% reduction in alcohol and drug abuse infractions among their students. There is still marijuana use outside of school, but they have not identified much use of methamphetamines. They credit the new counseling program for some of these results. GMC's Behavioral Health Department has expanded to have a Licensed Drug & Alcohol Counselor that runs three concurrent substance abuse groups, one for adults, one for adolescents and one for patients receiving Saboxone.

Rehoboth McKinley Christian Health Care Services is in the exploratory and planning stages to build a residential adolescent substance abuse and behavioral health treatment center on the campus of their residential Substance Abuse Treatment Center. As stated previously, the need for this is tremendous.

HIGH SCHOOL EDUCATION

High School graduation rates have long been a measure of the success of individuals, school systems and communities. Individually, a high school diploma is considered the launching pad for future education, training and employment. It is a marker of a vital workforce for the financial growth of a community. However, in McKinley County, high school graduation is regularly unattained by almost 35% of high school students. The contributing factors to this statistic largely exist outside of the education system but still affect it.



Crownpoint High School's 2019 Graduation Ceremony

diabetes, to be overweight or obese, to smoke cigarettes and to be physically inactive. They are three times as likely to report that their health was "fair" or "poor" compared to those who were college graduates. This shows the importance of examining the hurdles and barriers that prevent high school students in McKinley County from completing their education.

ISSUES

AT RISK YOUTH / PREMATURE DEATHS

According to the NMDOH, the three leading causes of death among New Mexicans aged 15-24 years in 2017 were unintentional injury (predominantly motor vehicle crashes and drug overdoses), suicide and homicide, all frequently associated with alcohol and drug use. The Robert Wood Johnson Foundation County Health Rankings & Roadmaps has identified that more Americans are dying prematurely, notably more in the younger generation. After years of decline, premature death rates began to rise in 2012 driven primarily by younger adults. Native Americans and African Americans experienced a higher rate of years of life lost than other racial and ethnic groups, and rural counties continued to have the highest premature death rates.

SUBSTANCE ABUSE

High school students have similar rates of mental health, drug and alcohol and family issues. However, their use of stronger and more addictive drugs is of concern. These are statistics on drug use by McKinley County 9th– 12th graders from the 2017 New Mexico Youth Risk and Resiliency Survey:

- 34.2.% currently use marijuana versus 27.9% of New Mexico 9-12 graders.
- 10% use synthetic marijuana versus 5.5% of New Mexico 9-12 graders.
- 7.1% use painkillers to get high, versus 6.6% of New Mexico 9-12 graders.
- 5.8% use cocaine versus 4.9% of New Mexico 9-12 graders.
- 4.2% use inhalants versus 4.9% of New Mexico 9-12 graders.
- 3.9% use Methamphetamines versus 3% of New Mexico 9-12 graders.
- 0.6% use Heroin versus 2.8% of New Mexico 9-12 graders.

ATTENDANCE / EXPULSION / DROPPING-OUT

High School attendance in McKinley County averaged 86.35% in 2018, revealing that almost 15% of high school students were frequently absent. Outside influences in young people's lives often have much to do with truancy, behavioral issues and poor academic performance. Once these lead to expulsion or dropping-out of school entirely, the impact on their future is even greater. The administrator of the Hearing Authority (the last place for school disciplinary actions) says that most expelled students do return to school. However, they often have 20+ year-olds in high school trying to finish. He says that the busiest time of the year for him is at the start of school when parents start calling, fighting to get their kids back in school.

"The Social Determinants of Health are the same for our students, and they impact their educational health as well."

—Administrator, University of New Mexico Gallup Branch

DISCONNECTED YOUTH

Disconnected youth are teenagers and young adults between the ages of 16 and 24 who are neither in school nor working. Being disconnected from both can be damaging and dispiriting. Disconnected youth are at risk for poor health and economic outcomes as adults. Overall, according to the most recent statistics from the Social Science Research Council, 12.3% of American young people are disconnected. However, 25.4% of all Native American youth, 16 to 24, are disconnected. New Mexico is ranked 40th out of 50 states in the percentage of 16-19-

year-olds who are not in school and not working. McKinley County has the 4th highest percentage of disconnected youth in the state at 15%.

HOMELESS YOUTH

Currently an estimated 679 out of the almost 11,000 students in the GMCS are considered homeless. Homelessness is defined by the federal government as a non-permanent unstable home situation. This includes children living in tents, motels, over-



Gallup's multitude of cheap motels along route 66 also serve as temporary housing for many families without homes.

crowded apartments, with friends and other temporary situations. It is often difficult to identify these students due to fear of authorities, possible illegal status or transient parents. McKinney-Vento is a federal law requiring public schools to identify homeless students and work to keep them in school while offering supports. The director of this program visits small hotels along Route 66, sometimes finding 15-20 people in a room, multiple families and many children, some sleeping in bath tubs, some without an adult in the room. She tries to get referrals from social service agencies.

In 2015 they enrolled 99 homeless students in the McKinney-Vento program. In 2017 they enrolled 244. In 2018 they identified 679 homeless students and have worked to enroll all of them this year. Of special concern is helping with attendance and testing these children for mental health issues and special needs. She sees their need for consistency and appropriate supports in their lives and works with the families to get services. Homelessness for teens apart from their families is an added disconnection, when a student has no home as well as no school or job. School can become the only refuge for these students.

HIGHER EDUCATION PREPAREDNESS

Despite the lower graduation rates, many students are very engaged in their education and aspire to higher educational opportunities. An administrator at the University of New Mexico, Gallup Branch stated that college preparedness is often an issue. The majority of their students are the first in their family to attend college. Many of their parents or families need more information on college and college life. They need more access to college information to support their student and understand their needs. Cultural norms sometimes conflict with the requirements of higher education. Preparedness, promptness, making deadlines, attendance, are not always emphasized in their home lives, but are very important to do well in college.

BASIC NEEDS FOR COLLEGE STUDENTS

Many students are contending with meeting basic needs such as food, shelter, transportation, access to health care and internet access for classes. Sometimes they are embarrassed to share their problems or do not know where to get help. UNM Gallup has an on-campus computer lab for those without computers or internet access.

COST OF COLLEGE

The cost of even a state subsidized university is prohibitive to many students. Very few are able to attend full-time, since they need to work. State funding does not kick in if they cannot complete their Associate Degree in 3 years. 90% of their students are on financial aid.

CAREER TRAINING

The need for a more highly skilled workforce and the need for jobs makes career training for specific skilled work especially important. It is also a way to retain and to bring back students who have dropped out, or are in danger of dropping out, of school. This is an effort that rehabilitation and detention programs are looking at and that is needed for the many disconnected youth to help people reintegrate into society and earn a livable wage.

INITIATIVES SINCE 2016

ATTENDANCE / EXPULSION / DROPPING-OUT

Gallup McKinley County Schools has recently adopted a "Zero Expulsion Policy". For any infraction, other than illegal ones that involve Law Enforcement, parents are notified, students go through a series of counseling requirements and are followed by a Student Assistance Team (SAT). So far, this has been effective and kept more students from dropping-out of school.

Additionally, they have developed a partnership with the Indian Health Services Behavioral Health Department that allows them to bring students directly to a counselor at Gallup Indian Medical Center (GIMC) for counseling during school hours. In a 3-year comparison (2015-16 to 2017-18), the number of hearings held dropped from 575 to 359 in (37%), the number of Long-Term Suspensions dropped from 86 to 36 (58%), and the number of 365 Day Expulsions dropped from 29 to 9 (69%).

"We can't control the students who drop-out, but we can make sure that our policies aren't the reason."

—
Coordinator of Counseling, Gallup
McKinley County Schools

HOMELESS YOUTH

The Title I Program Manager at GMCS is very dedicated to registering, and supporting these students, materially and otherwise. They provide clothing, school supplies and food as well address any other barriers to their accessing education. She partners with local non-profits such as the Community Pantry, to provide needed items such as personal hygiene products. Working with the families of these students to get social services and transportation is also part of her mission. In 2018 of the 679 students identified as homeless, 9 dropped out of school, 12 did not pass their grade, and 658 (96%) were promoted to the next grade.

HIGHER EDUCATION PREPAREDNESS

Upward Bound is a new program that is school based working with middle and high school students by tutoring them, offering college preparation, advising, and inviting them to campus activities. Qualification for this program are middle and high school students whose parents have not received a college degree or are low-income. Student advisors are assigned to 100 plus students to keep in touch with them.

A new program called McKinley Academy opened this year in collaboration with UNM

Gallup. It is a full time, 9th through 12th high school at UNM with special teachers and some UNM teachers. 250 students get a college prep course and can take college courses at no cost. They are given laptops, textbooks and supplies. The goal is to help them matriculate into college, particularly UNM.

Middle College High School Gallup, a collaboration with UNM allows high school Juniors and Seniors to take college credit courses at UNM Gallup that could lead to graduating from high school with college credits and, in some cases, an associate's degree.

BASIC NEEDS FOR COLLEGE STUDENTS

Other colleges have started their own food pantry, thrift shop and even available beds for homeless students. Despite being a commuter college, this could still help. They have negotiated a reduced rate with Gallup Express bus system, and they are coordinating the bus schedules with the college's class schedules. Transportation is still challenging for students coming from Zuni.

Several new initiatives have been put in place to support their students. For a long time, there was no onsite counseling at the college for students. Now, they are partnering with the UNM Main Campus Student Health & Counseling Department for students to receive counseling sessions with licensed mental health counselors through via telemedicine mental health. A U.S. Department of Education Trio Grant have made it possible for their Student Support Services to work with 157 students who are the first to attend college in their families, students with documented disabilities and students who are identified as low income. The office is fully staffed and has Peer Tutors. They are able to provide an array of services with remarkable outcomes. The goal is to impact graduation rates.

CAREER TRAINING

The UNM Gallup Campus Center for Career & Technical Education offers training in trades such as welding, so that graduates can often enter the workforce upon graduation. Because of limited space they would like to have a larger space in order to expand the program. Child Care is no longer offered to students, but they would like to expand their Early Childhood Multi-cultural education program to provide it for student parents as an integrated part of the curriculum.

GMCS is working to make their students more aware of careers and helping them direct their learning and training toward a career. New Mexico Workforce Development has programs for Elementary, Middle and High School to make students aware of the possibilities. There is a Career and Technology track at UNM that High School students can be part of that includes broadcasting, Cosmetology and Car Repair, but they would like to eventually have a complete vocational high school, partnering with other entities to serve a range of students.



As the largest of the four UNM branch campuses, we serve approximately 2200 students UNM-Gallup offers a variety of certificates in vocational programs, as well as 19 associate's degree options in either vocational or academic disciplines. Many students concentrate on basic coursework at UNMG's affordable tuition rates before transferring to four-year institutions.
Photo: UNM-Gallup.

HEALTH PRIORITY: COLLABORATION & COMMUNICATION



In the 2016 Community Health Needs Assessment for McKinley County and Surrounding Areas, the need for collaboration among human service agencies, health care providers, the multiple governmental entities in the region and the private sector was emphasized as one of the top four priority needs.

Many of the priority areas of need in this community and beyond, such as substance abuse, poverty, and homelessness remain stubbornly challenging issues that show steady but incremental improvements. However, communicating better, working together and sharing resources to address issues, are clearly within the grasp of those who have the determination to collaborate.

Collaboration is not easily measured. It cannot be accurately evaluated through numbers or statistics. People working in silos, unaware of the work of others on solutions to the same issues, was apparent in the interviews conducted for the 2016 CHNA. Through the 100 plus interviews and focus group sessions completed for this 2019 assessment, more positive attitudes and greater efforts toward collaboration were clearly evident. Examples of new collaborative initiatives seeking creative solutions to some daunting community needs appear throughout this assessment.

Listed here are some that stand-out:

The Alcohol Task Force, initiated by a physician at Gallup Indian Medical Center (GIMC), which consists of more than 70 providers and agency representatives, has broken down many pre-existing barriers. It effectively continues to create a stronger sharing of processes, techniques and resources among health care providers, educators, social service representatives and government entities to address substance abuse prevention, treatment and recovery.

McKinley County Legal Aid, First Nations Health Clinic, LGBTQI support groups and the McKinley County Health Alliance are partnering to improve the quality and availability of health screenings and follow-up **care for the LGBTQI community in McKinley County, the Pueblo of Zuni and the Navajo Nation**. They continue to seek partners from Native groups to improve understanding and services among Native LGBTQI populations.

Sexual Assault Services of Northwest New Mexico in Gallup currently partners with many organizations to support various initiatives and share resources for economies of scale. They are working with the University of New Mexico Gallup Branch to get Sexual Assault Nurse Examiner training offered in their curriculum. They have formed an alliance with Hummingbird Forensic Interviewers from Farmington, to share office space so they can offer child victim services in McKinley County. They have collaborated with the McKinley County Health Alliance on grant applications. A relationship with the Community Pantry helps provide food for their clients. Their director has set a goal to grow awareness of the prevalence of sexual assault in McKinley County, break down traditional barriers to addressing it and collaborate with agencies and health care entities to provide more services to survivors in the community.

Battered Families is pursuing Memorandums of Understanding (MOU's) with regional hospitals, clinics and agencies so that there can be a stronger referral system in place for victims of domestic violence, and to ensure that their rapid response team will be welcome wherever the incident is discovered or reported. They are offering prevention classes at the McKinley County Adult Detention Substance Abuse Treatment Program and at the DWI Program and would like to offer classes at other local behavioral health and recovery programs. For many years they have provided programs on healthy relationships and making good

decisions to young people in the Navajo Nation's Summer Youth Employment Program for domestic violence prevention.

The director of **Strong Families** stated that many immigrants they see who have been incarcerated, homeless or dealing with substance abuse, have lost their identification. This is a huge stumbling block in their ability to get a job, housing and social services. Strong Families is working with the Hozho Center, National Indian Youth Council, Community Pantry and others to create a system to identify these people and help them get their ID's and documentation.

SNAPSA is a coalition of representatives from various non-profits, social service agencies school districts and law enforcement, whose focus is to reduce underage access to alcohol and drugs, reduce prescription sharing, and work with schools on effective disciplinary policies related to substance abuse. They recently sponsored boxes in pharmacies and stores for the disposal of prescription drugs and held a "Give Back Day" throughout the county. They use the



Collaboration in action at Gallup's annual Balloon Rally

New Mexico Community Survey, Youth Risk & Resiliency Survey and reports from the school district to measure the needs, issues and effectiveness of their work. They have helped with DWI road stops for drinking while driving. They are exploring working with first responders and health care workers to train the public in administering Narcan in the case of an overdose. They have involved education and law enforcement in publicizing policies regarding parents who host parties at which there is underage drinking.

The Indian Health Service's Methamphetamine & Suicide Prevention Program is training educators, counselors,

community members, gatekeepers, medical personnel and first responders on QPR, Youth and Adult Mental Health First Aid. They also do Applied Suicide Intervention Skills (ASIST) trainings. This 2-day training teaches how to talk to someone contemplating suicide and how to help them create a safety plan. They are working with RMCHCS and the Behavioral Health Collaborative on some trainings and the Navajo Nation on better outreach to Chapter Houses. The manager of this program expressed that, overall within social services, she believes collaboration has improved in the last few years.

Both Rehoboth McKinley County Christian Health Care Services and Gallup Indian Medical Center have made strides in collaboration with agencies, through participation and sponsorship of various issue-focused collaboratives and task forces. There has also been an increase in referrals between the hospitals. One provider at GIMC stated that they often refer patients to RMCHCS, especially renal patients. The WellSpring Recovery Center has reached out to community professionals with various skills and education to partner with them in providing services to their clients to help with post-recovery re-entry. Most significantly, providers at both facilities have greatly benefitted through a robust mutually shared Continuing Medical Education program.

Of all the organizations that have expanded their collaborative efforts in the past three years, the one that stands out is Gallup McKinley County Schools (GMCS). In an effort to address their students' issues of substance abuse, suicide, health, bullying and college preparedness, they partner with expert resources to face issues head-on.

They now have an arrangement with Gallup Indian Medical Center (GIMC) to take any student who has been through the schools' Hearing Authority for either drug use, behavior issues or risky behaviors, to GIMC Out-Patient Behavioral Health for screening. They can then receive regular sessions with GIMC therapists. This was established through a Memorandum of Understanding with GIMC. They will accept non-Native as well as Native students in this program. This makes it possible for a student to get help and stay in school rather than be suspended or expelled.

Gallup McKinley County Schools has worked very closely with the **Methamphetamine- Suicide Prevention Intervention program**, MSPI, the IHS's Substance Abuse and Suicide Prevention program for youth, to provide awareness and education programs for students and parents. Through this collaboration they have also begun training counselors and teachers at every level in Mental Health/Behavioral Health prevention with sessions that qualify for CEU's. GMCS also works with the Navajo Nation's Suicide Prevention Program, "Building Communities of Hope", to provide assemblies in their schools that emphasize resilience and resistance to stress.

With the increase of pre-diabetes in their student population, even at a pre-school level, they have been working with **GIMC's Diabetes Education Training Service** to develop prevention activities in the school and after-school, by offering a range of physical activities such as, swimming, hiking, basketball and golf. They also are working with the School Food program to offer healthier options in the cafeterias.

They are also collaborating with the New Mexico Attorney General's Office in Santa Fe to have some of their lawyers present at two programs for students and parents on Cyberbullying, Sexting, Sex Trafficking, and Social Media and Privacy in September. They are inviting human service agencies to have information tables about their services at these sessions.

The school district is collaborating with UNM Gallup Campus on several initiatives. One is a Career and Technology track at UNM that High School students can participate in, including broadcasting, cosmetology and car repair. Another, McKinley Academy, opened in fall of 2019 as a full time 9th through 12th high school at UNM with special teachers and UNM teachers. They take 250 of the students who apply. Students are given laptops, textbooks and supplies. The goal is to help them matriculate into college, particularly UNM.

Despite evidence of real effort and growth in collaboration within the organizations in this community over the past several years, there are still opportunities to break down long-standing barriers. The open sharing of data continues to be a challenge. Some interviewees expressed frustration with what they perceive as a resistance on the part of the Navajo Nation to acknowledge and understand some of the issues facing their people, such as addiction and physical and sexual abuse. They see an unwillingness to work cooperatively with agencies, hospitals and services outside the reservation. Others shared that there is still not enough honest and open communication between various entities and groups in the community.

"It is really easy to fall through the cracks here. It would be nice if this community would acknowledge these needs and try to address them in a community-wide effort. We need a comprehensive initiative - city, county, schools, social service agencies, the entire community, to find solutions. It's our patients, it's our community. Why can't we care enough to do something?"

—
Pediatrician, RMCHCS

HEALTH PRIORITY: REPRODUCTIVE HEALTH



“Reproductive health addresses the reproductive processes, functions and systems at all stages of life.”

World Health Organization (WHO)

Reproductive health affects the very heart of families and communities. The strength of a community is partially dependent on the continued growth of its population and the health and development of its children. Across her lifespan, a woman's health status matters to herself, her family and her community. Women access the health system more than men, both for themselves and on behalf of their children. It has been said that, the most important financial decision a woman will make in her life is whether to have a child. Many become pregnant and give birth, a significant health event, then typically become their child's primary caregiver, a role that greatly influences household health overall.

Elder and long-term care issues affect women more because they have longer average life spans, higher rates of disability and chronic health problems and lower incomes than, which puts them at greater need for community resources.

Overall reproductive health in McKinley County has improved. Though teen births are 18% higher than the rate in New Mexico, the McKinley County number has dropped by 27% over the past three years, a positive direction. However, the racial and ethnic disparity in teen births in New Mexico continues. Hispanic and Native American (14.1% and 79.2% of McKinley County's population, respectively) teens had birth rates at least twice as high as the rate among Caucasian teens in New Mexico.

Low-birth weight newborns continue to be a small percentage of all births and are less in McKinley County than in New Mexico. The number of mothers receiving pre-natal care in McKinley County in the first trimester of pregnancy, has grown slightly, though it is still below the state and national averages. Sexually transmitted infections (STI's), still a significantly high number in McKinley County, have dropped 10%, while both New Mexico and the United States are seeing increases in STI's. One serious threat to the reproductive health of the region is the gap in services and providers needed to support its families.



STATISTICAL COMPARISONS 2016 - 2019:

	McKinley Co. 2019	McKinley Co. 2016	New Mexico	Top U.S. Co.
Teen Births Per 1,000:	46 Decreased 27%	63	39	14
% of Low Birthweight Newborns:	8%	8%	9%	6%
% of Mothers Receiving Pre-Natal Care in the 1st trimester of pregnancy	56.7% Increased 5%	53.8%	63.8%	75%
% Sexually Transmitted Infections Per 100,000:	989.5 Decreased 10%	1,101.1	628.6 Increased 7%	152 Increased 14%
% New Mothers Breastfeeding in the 1st three months:	33.8 %	33.8%	30.8%	31.7%

ISSUES

PROVIDERS / SERVICES

One major concern, expressed by many of those interviewed, is the shortage of reproductive health providers at all levels of care. There is a great need for obstetricians, gynecologists, midwives and obstetrical nurses in the region. A representative from the Navajo Birth Cohort Study, a long-term study by the National Institutes of Health (NIH) and the Centers for Disease Control (CDC) of the children, ages 0-5, of Navajos who have lived and or worked, on the reservation or reservation land in and near uranium mines, stated that IHS hospitals are overflowing and there are long waits to be seen or to get scheduled when procedures are required. This can be medically dangerous for patients.

A Health and Human Services (HHS) study shows that the average funding per person of the Indian Health Service is \$3,000 a patient, less than Medicaid and the Federal Prison system spend per patient. Based on those the Navajo Cohort Study sees, and where care is provided, they state that there is great discrepancy in care, particularly for pregnant women. Researchers estimate that fewer than half of the country's rural counties still have a hospital that offers obstetrics care. According to the University of Minnesota Rural Health Research Center, when obstetrics services leave town, women go to fewer doctors' appointments, more babies are born premature, and women in labor are more likely to go to emergency departments or deliver outside of any hospital setting.

Rehoboth McKinley Christian Health Care Services (RMCHCS) and Gallup Indian Medical Center (GIMC) deliver an average of 300 babies each a year. Many McKinley County

expectant parents choose to deliver their babies outside of the area. One of the reasons stated for this is that neither of the local hospitals has a Newborn Intensive Care Unit (NICU). The expense associated with a NICU for the number of births at each hospital has made it cost prohibitive for either facility.

Despite expressing a desire to have their children locally, several parents expressed a fear of being separated from their child if a problem occurred during birth. Currently, newborns who need a NICU at either hospital have to be flown out at a cost of approximately \$30,000. Families often cannot afford the time off work or cost to travel to Albuquerque to be with them. The University of New Mexico Hospital for Obstetric Services in Albuquerque has a Newborn Unit, Intermediate Newborn Care Unit and a Newborn Intensive Care Unit, delivering an average of 4,000 babies a year.

“61% of Navajo mothers reported not taking vitamins during the month before pregnancy, 3% reported having pre-existing diabetes, 14% developed gestational diabetes during pregnancy, and 57% of Navajo mothers had an elevated BMI.”

-Navajo Nation Maternal & Child Health Epidemiology statement

CONTINUITY OF CARE / TRACKING:

Many patients skip from one hospital to another and between several Indian Health Service (IHS) hospitals. It is not unusual to have patients present for delivery who have not previously been seen at that hospital. It is difficult to get records from other facilities on such short notice. Not only do RMCHCS AND GIMC have different Electronic Health Records (EHR) systems, but each of the regional IHS hospitals have different systems and various departments within RMCHCS also have different EHR systems. Labor & Delivery's system is different from the hospital clinics, so communication is more difficult, even internally. This can create a dangerous situation, when health problems are not identified before or at delivery. Nurses at both hospitals expressed that they would love to combine efforts with other regional hospitals, use the same protocols and work in tandem to deliver more babies in McKinley County.

CONTRACEPTION / EDUCATION / TESTING

According to Indian Health Service Public Health Nurses, access to birth control and family planning education needs to be expanded. They see many women having a third or fourth child when their other children have already been taken from them by child protective services. A Navajo Nation Epidemiology report stated that 62% of the Navajo mothers who said they were not trying to get pregnant, were not using contraception. Public Health Nurses also state that more testing, education, preventative measures and treatment need to occur to



combat the high level of sexually transmitted infections they see.

The 2016 Sexually Transmitted Disease (STD) report from the Centers for Disease Control and Prevention (CDC) found that nationally, syphilis cases increased 17.6% since 2015, including a 35% increase among women, to rates not seen since 1992. In New Mexico the increases were even greater, a 61% increase in syphilis cases and a 40% increase in rates of gonorrhea.

PRE-NATAL CARE

Although the percentage of expectant mothers who receive prenatal care in McKinley County has increased slightly since 2016, it is still low, 11% below the percentage in New Mexico and 24% below the national average. 43% of Navajo mothers do not receive prenatal care in the first trimester. RMCHCS labor and delivery nurses see many women who have had no prenatal care. They see obese mothers, and most of the mothers they see have an elevated Body Mass Index (BMI), another risk factor. 20% - 30% of their patients have a high A1C and 25% - 30% have gestational diabetes.

Most of the delivering mothers they see are anemic. Though they give them iron and pre-natal vitamins, mothers are often non-compliant. This causes them to be weaker at birth and bleed more post partem.

ENVIRONMENTAL ISSUES

There are many environmental factors involved in why so many expectant mothers are not accessing pre-natal care. Poverty, poor housing conditions, lack of transportation and addictions all impact this issue. Public Health Nurses stated that some women they see are afraid of pre-natal care because they don't want their blood tested. If they have been using alcohol or drugs, they can have their child taken from them if they test positive. These nurses often see children born with Fetal Alcohol Syndrome. They report that mothers who are using alcohol and methamphetamines do not seem to understand how these drugs affect the fetus they are carrying.

Lack of transportation to regular prenatal visits is a major barrier to complying with appointments. Often women having a second, third or fourth child will skip prenatal care. The nurses at RMCHCS feel that the need for prenatal care needs to be explained more clearly so expectant mothers understand that every pregnancy is different and that every birth is different, so every mother and every baby, needs to be monitored.

“Medical help is growing dangerously distant for women in rural America. At least 85 rural hospitals – about 5% of the country’s total – have closed since 2010, and obstetrical care has faced even starker cutbacks as rural hospitals calculate the hard math of survival, weighing the cost of providing 24/7 delivery services against dwindling birthrates, doctor and nursing shortages and falling revenues. More than 179 rural communities have lost obstetrical care since 2004.”

—The New York Times, December 30, 2018

MATERNAL MENTAL & EMOTIONAL HEALTH

Nurses at both hospitals report that approximately 40% of their pregnant and delivering mothers have mental health issues. Some live in fragmented and chaotic households. Many have anxiety and depression caused by trauma, poverty, abuse, loss of their mate, and alcoholism, which is a constant undercurrent in this community. Although the nurses ask about domestic violence, many patients will not say whether they have experienced it. It usually becomes obvious when pregnant women who have been hurt present at the hospital and are worried about their baby in utero.

Navajo Nation Epidemiology reports that 20% of Navajo mothers said they did not always have enough food to eat during pregnancy. 8% of Navajo mothers reported having experienced physical abuse during pregnancy, by their husband or partner, and 20% reported symptoms of depression after delivery. There are not always social workers or counselors available in the hospitals to talk with these patients.

MATERNAL & CHILD HEALTH

The Women, Infants and Children Program (WIC), a federal nutritional supplement program for low-income parents and children, administered by the Department of Health in New Mexico, has not been in operation in McKinley County for almost one year.

This program measures the development of children ages 0-5, shares nutrition and health information with parents and caregivers, and provides vouchers to purchase healthy foods. It is often the only health care that lower income families can access for their babies and young children. Lacking a WIC program in a county is a serious gap in services. Although the program continues on the Navajo Nation, the access to healthy foods, with or without vouchers, continues to be a challenge on the reservation. Public Health Nurses stated that Women, Infant & Children (WIC) programs throughout the region need to be more accessible and do more outreach. WIC is often the only pediatric care that the children they see receive. The importance of immunizations also needs to be encouraged. Establishing early healthy eating habits in young children is especially important in a county with an obesity rate of 37%.



BREAST FEEDING

Breast feeding makes a valuable contribution to the health of a child. Research done by the federal Women, Infants & Children Program, shows that most mothers in the United States want to breastfeed and start out doing so. However, nationally, despite the recommendation to breastfeed exclusively for the first 6 months, less than 50% of infants were exclusively breastfed through 3 months and only about 25% were exclusively breastfed through 6 months. These

rates suggest that mothers may not be getting the support they need from health care providers, family members, or employers to meet their breastfeeding goals. However, the rates of exclusive breastfeeding through 3 and 6 months have generally been increasing each year.

Although still low, McKinley County has a higher percentage of breast-feeding mothers in the first trimester at 33.8%, than both New Mexico at 30.8%, and the United States at 31.7%. Zuni Pueblo (part of McKinley County) has a rate of 56.7% mothers breast feeding in the first three months. Obstetrical nurses at Rehoboth McKinley Christian Health Care Services consistently promote breastfeeding because it is free and gives the baby more nutrients and antibodies. They say that one of the reasons many new mothers do not breastfeed is that the mother is often the only breadwinner in the family and has to return to work. Also, some grandmothers in Native families discourage it, either because they themselves did not breast feed, or because they want to feed the baby themselves using a bottle. RMCHCS has a Lactation Counselor who is available at all times, day and night, for nursing mothers to call for advice and support.

The early postpartum period is a critical time for establishing and supporting breastfeeding. Recognizing this, one of the World Health Organization (WHO) Healthy People 2020 objectives is to increase the proportion of live births that occur in facilities that provide the recommended care for lactating mothers and their babies. This indicator is measured as the percentage of births in facilities that are designated through the WHO/UNICEF “Baby-Friendly” Hospital Initiative. Over 1 million babies are now born in Baby-Friendly facilities each year and the Healthy People 2020 objective has been met. New Mexico, at 54.3% of their hospitals having the “Baby Friendly” designation, has the third highest number of births occurring in Baby-Friendly facilities, of all 50 states. This is partially because of the large number of Indian Health Service hospitals in New Mexico, all of which are now “Baby-Friendly” facilities.

INITIATIVES SINCE 2016

PROVIDERS / SERVICES

According to a 2018 report from the Epidemiology & Response Division of New Mexico Department of Health, “The Level of Maternal and Neonatal Care at New Mexico and Border Area Hospitals in 2016”, more pregnant women in 2016 were admitted to birthing hospitals with written policies and procedures for obstetric hemorrhages (97%) than for hypertensive emergencies (83%) or thromboembolism prophylaxis (82%). More pregnant women were admitted to a hospital in 2016 that had a stage-based emergency management plan with checklists that were reviewed within the last three years for these issues. Additionally, their report states that 95% of pregnant women who were admitted to a birthing hospital in 2016 had access to onsite services for laboratory, general radiology, and obstetrical ultrasounds to detect risks. These are improved statistics for at-risk mothers and babies in the region.

CONTINUITY OF CARE / TRACKING

In response to the challenge of getting records on mothers that present for birth in a timely manner, a Mid-wife at Rehoboth McKinley Christian Health Care Services has developed a “Passport” for expectant mothers. It is a card that includes lists of all the tests, shots and ultrasounds that the mother has had. It also shows the record of prenatal visits and child birth classes attended. It was suggested that they offer a small incentive to those mothers who keep them and bring them with them when they come to have their babies. They would like to share the Passport with GMC and other IHS hospitals so wherever the pregnant mother presents, they will have some idea of what tests and results the patient has had.

MATERNAL & CHILD HEALTH

Community Outreach & Patient Empowerment (COPE) has a Healthy Moms, Healthy Babies, Healthy Homes program that offers parenting programs as well as health education programs for families. They prioritize women of child-bearing age, since gestational diabetes is common, and can lead to larger, and sometimes, hypoglycemic babies. They are promoting this program with pediatricians, obstetricians and mid-wives in the area. Providers recommend families who are food insecure. Each team works with approximately 10-15 families. They offer them monthly classes on nutrition and healthy cooking. Those that complete 4 out of 6 classes get vouchers for food that can supplement WIC and SNAP vouchers. COPE does initial and follow-up testing to see if behaviors change.

The Navajo Birth Cohort Study, reviewing the long-term impact of uranium mining, requires the enrollee mother to be newly pregnant, have lived on the reservation for at least 5 years and be an IHS patient. They offer gift cards for enrollment and free pre-natal care and have between 500 and

1,000 enrollees. They do blood and urine testing throughout the pregnancy. The father is tested initially, but the pregnant mother is regularly surveyed for eating habits and the home environment through in utero visits. After the birth of the baby, regular monthly or bi-monthly blood, urine and developmental tests are done on the child. If two or more disabilities are identified, the child is referred to services. They share information with Public Health Nurses and Community Health Representatives. Though they primarily make home visits to take blood and urine tests and get basic



health information, representatives also help participants resolve any problems identified. They have developed a network of support among non-profits such as COPE, Partners in Health and the Community Pantry. They are often able to take food and water to the mothers they visit and have set-up a table with brown bag lunches in the lobby of GIMC for anyone who needs them while they are waiting.

COPE supports the established Community Health Representative (CHR) program on the Navajo Nation, with whom they have a Memorandum of Understanding (MOU). CHR's provide healthcare through home visits, Chapter House screenings and nutrition advice through a CDC funded Racial & Ethnic Approaches to Community Health (REACH) grant. There are 80 CHRs on the Navajo Nation seeing 80-100 patients each. CHRs are managed through 8 IHS hospitals on the Nation and Gallup Indian Medical Center to serve 175,000 people on the reservation. COPE provides ongoing in-service training through the IHS service units. They create flip charts with images to help patients see medical issues and translate medical terms into understandable language for patients, working collaboratively with the IHS Public Health Nurses.

SOLICITATION OF FEEDBACK

RMCHCS invites all community members to provide feedback on its previous and existing CHNA and Implementation Plan reports.

Please address any written comments on the CHNA and Implementation Plan and/or requests for a copy of the CHNA and Implementation Plan to:

Rehoboth McKinley Christian Health Care Services
ATTN: Administration
1901 Red Rock Drive
Gallup, NM 87301
Email: chna@rmchcs.org

Please find the most up to date contact information on the RMCHCS CHNA webpage:

https://www.rmch.org/getpage.php?name=community_health_needs&sub=About%20Us

APPENDIX A

CONTRIBUTORS

We would like to thank these individuals, organizations and groups for their generous contributions of time, experience and expertise to this assessment.

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APPENDIX B

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APPENDIX C

COMMUNITY RESOURCE LIST

Health Care

← Results Found: 31



Rehoboth McKinley Christian Health Care Services

Providers: Over 400 doctors in twelve specialties, such as; Family Medicine, Obstetrics & Gynecology, Emergency Medicine, Podiatry, Services as Substance ...

[1901 Red Rock Dr., Gallup, NM 87301](#)

[\(505\) 863-7000](#)

[Visit Website](#)



Dr. Lawrence Andrade MD PC

Doctor Lawrence Andrade provides care for the entire family from 2 months old to geriatric care, with the exception of Obstetrics. We have a staff of 5 hard ...

[517 E. Nizhoni Blvd., Gallup, NM 87301](#)

[\(505\) 722-6603](#)

[Visit Website](#)

[Ortho Dental P.C.](#)

Ortho Dental P.C.

[1748 W. Maloney Ave., Gallup, NM 87301](#)

[505-592-0482](#)

[San Juan Center for Independence](#)

San Juan Center for Independence

[Rio West Mall Ste. #200, 1300 W. Maloney, Gallup, NM 87301](#)

[\(505\) 726-2709](#)

[Manuelito Navajo Children's Home](#)

Manuelito Navajo Children's Home

[P.O. Box 58, Gallup, NM 87305](#)

[\(505\) 863-5530](#)

[Gallup Limb & Brace Co.](#)

Gallup Limb & Brace Co.

[927 W. Aztec, Gallup, NM 87301](#)

[\(505\) 722-5756](#)



















[Dental Innovations](#)













Dental Innovations

[214 West Aztec Ave, Gallup, NM 87301](#)

[\(505\) 863-4457](#)

High Desert Nephrology Associates	High Desert Nephrology Associates	1801 Red Rock Dr., Gallup, NM 87301 (505) 863-7993
Healing Hands Wellness Center	Healing Hands Wellness Center	1808 E. Aztec Ave. No 7, Gallup, NM 87301 (505) 722-3979
Delta Dental of New Mexico	Delta Dental of New Mexico	2500 Louisiana Blvd NE, Suite 600, Albuquerque, NM 87110 5058557125
Gallup McKinley County Schools*	Gallup McKinley County Schools*	700 South Boardman, Gallup, NM 87301 (505) 722-7711 
Apex Network Physical Therapy	Apex Network Physical Therapy	510 West Maloney, Suite C, Gallup, NM 87301 (505) 488-2615
Lidio Rainaldi D.D.S.	Lidio Rainaldi D.D.S.	501 Nizhoni Blvd., Gallup, NM 87301 (505) 863-9363
UNM-Gallup Small Business Development	UNM-Gallup Small Business Development	106 W. Hwy 66, Gallup, NM 87301 (505) 722-2220
UNM Health Special Clinic	UNM Health Special Clinic	2130 Eubank NE, Albuquerque, NM 87112 (505) 272-7494
Gallup Health Cooperative	Gallup Health Cooperative	600 E COAL AV, GALLUP, NM 87301-6006 (505) 726-9642

Red Rock Care Center	Red Rock Care Center	3720 Churchrock Rd., Gallup, NM 87301  (505) 722-2261 
BeeHive Homes of Gallup	BeeHive Homes of Gallup	600 Gurley Ave., Gallup, NM 87301  (505) 863-8900 
Dr. Walter E. Balfour	Dr. Walter E. Balfour	219 W. Coal, Gallup, NM 87301  (505) 863-6448 
Gallup Eye Group	Gallup Eye Group	816 Boardman Drive, Gallup, NM 87301  (505) 339-2015 
Santa Fe Recovery Center - Four Corners Detox Recovery Center	Santa Fe Recovery Center - Four Corners Detox Recovery Center	2105 Hasler Valley Rd, Gallup, NM 87301  (505) 471-4985 
Gallup Lions Club	Gallup Lions Club	3300 E. Azrec, Gallup, NM 87305  (505) 863-2580 
New Mexico Cancer Center	New Mexico Cancer Center	2240 College Dr, Gallup, NM 87301  (505) 828-3787 
Blue Cross & Blue Shield of New Mexico	Blue Cross & Blue Shield of New Mexico	5701 Balloon Fiesta Parkway NE, Albuquerque, NM 87113  (505) 816-2090 
Little Sisters Of the Poor/Villa Guadalupe	Little Sisters Of the Poor/Villa Guadalupe	1900 Mark Ave., Gallup, NM 87301  (505) 863-6894 

Full Circle Chiropractic	Full Circle Chiropractic	208 E. Nizhoni Blvd., Gallup, NM 87301  (505) 722-7575 
New Mexico Cancer Center Foundation	New Mexico Cancer Center Foundation	2240 College Dr., Gallup, NM 87301  (505) 857-8460 
Four Directions Wellness Resources, L...	Four Directions Wellness Resources, LLC	1825 Milda Ave., Gallup, NM 87301  (505) 863-6030 
McKinley County Humane Society	McKinley County Humane Society	1315 B Hamilton Road, Gallup, NM 87301  (505) 863-2616 
Dr. Robert L. D'Orazio	Dr. Robert L. D'Orazio	305 E. Nizhoni Blvd., Gallup, NM 87301  (505) 863-5747 
Eye Associates of New Mexico	Eye Associates of New Mexico	311 E Nizhoni Blvd, Gallup, NM 87301  (505) 722-2268 

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Transportation




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	<div>Fire Rock Navajo Casino</div> <div>Fire Rock Casino is the inaugural gaming property for the Navajo Nation. The casino opened in November 2008 and quickly grew into a must-visit entertainment ...</div>	<div>249 East State Hwy 118, Church Rock, NM 87311</div> <div>(505) 905-7100</div> <div>Visit Website</div>
Guardian Flight/Gallup Med Flight	<div>Guardian Flight/Gallup Med Flight</div>	<div>2111 West Historic Hwy 66, Hanger 2, Gallup, New Mexico 87301</div> <div>(505) 726-0053</div>
Gallup Rural Transit	<div>Gallup Rural Transit</div>	<div>1900 Warehouse Lane, Gallup, NM 87301</div> <div>(505) 722-0777</div>

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Family, Community & Civic Organizations



Keyword


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Community Pantry	Community Pantry	1130 E. Hassler Valley Road, Gallup, NM 87301 (505) 726-8068
New Mexico Job Corps	New Mexico Job Corps	1500 Indian School Rd. N.W., Albuquerque, NM 87104 (505) 222-4140
Gallup Rotary Club	Gallup Rotary Club	P.O. Box 571, Gallup, NM 87305 (505) 863-4421
Gallup Journey, Inc.	Gallup Journey, Inc.	105 S. 3rd Steet, Gallup, NM 87301 (505) 722-3399
Navajo United Way	Navajo United Way	264 Loop Rd., Window Rock, AZ 86515 (928) 871-6661
Little Sisters Of the Poor/Villa Guadalup	Little Sisters Of the Poor/Villa Guadalup	1900 Mark Ave., Gallup, NM 87301 (505) 863-6894
Gallup McKinley County Chamber of Com...	Gallup McKinley County Chamber of Commerce	106 W. Hwy 66, Gallup, NM 87301 (505) 722-2228

Bi-County Fair, Inc.	Bi-County Fair, Inc.	P.O. Box 3689, Milan, NM 87021  (505) 870-1716 
Brothers In Arms DBA Vet. Helping Vet...	Brothers In Arms DBA Vet. Helping Vet.	908 East Buena Vista Ave., Gallup, NM 87301  (505) 879-3333 
Goodwill Industries of NM	Goodwill Industries of NM	1820 E. Hwy 66, Gallup, NM 87301  (505) 863-9684 
Gallup McKinley County Schools*	Gallup McKinley County Schools*	700 South Boardman, Gallup, NM 87301  (505) 722-7711  
Gallup Shooters, Inc.	Gallup Shooters, Inc.	#88 Mentmore Road, Gallup, NM 87301  (505) 722-6063 
Catholic Charities of Gallup	Catholic Charities of Gallup	506 W. Hwy 66, Gallup, NM 87301  (505) 722-0999 
Gallup MainStreet ACD	Gallup MainStreet ACD	230 S Second Street, Gallup, NM 87301  (505) 879-0366 
Alamogordo Chamber of Commerce	Alamogordo Chamber of Commerce	1301 N. White Sands Blvd., Alamogordo, NM 88310  1-575-437-6120 
Manuelito Navajo Children's Home	Manuelito Navajo Children's Home	P.O. Box 58, Gallup, NM 87305  (505) 863-5530 

Gallup Lions Club	Gallup Lions Club	3300 E. Aztec, Gallup, NM 87305  (505) 863-2580 
McKinley County Humane Society	McKinley County Humane Society	1315 B Hamilton Road, Gallup, NM 87301  (505) 863-2616 
McKinley County Crimestoppers	McKinley County Crimestoppers	P.O. Box 240, Gallup, NM 87305  1-877-722-6161 
Big Brothers Big Sisters Mountain Region	Big Brothers Big Sisters Mountain Region	100 E. Aztec Ave., Gallup, NM 87301  (505) 726-4285 
Grants Cibola Chamber of Commerce	Grants Cibola Chamber of Commerce	100 N. Iron Street, Grants, NM 87020  (505) 287-4802 
TDFL	TDFL	631 N. 6th St., Gallup, NM 87301  (505) 593-3737 
Relay For Life-Gallup	Relay For Life-Gallup	510 Linda Vista, Gallup, NM 87301  (505) 722-2175 



Government, Education & Individuals




Keyword


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	UNM-Gallup Campus UNM-Gallup offers a wide variety of academic, career technical, community education and workforce development programs. Certificates and degrees are ...	705 Gurley Avenue, Gallup, NM 87301 (505) 863-7500 Visit Website
NM Workforce Connection-Gallup	NM Workforce Connection-Gallup	2918 East Highway 66, Gallup, NM 87301 (505) 863-8181
Hozho Academy	Hozho Academy	306 State Road 564, Gallup, NM 87301 (505) 722-8922
New Mexico Job Corps	New Mexico Job Corps	1500 Indian School Rd. N.W., Albuquerque, NM 87104 (505) 222-4140
UNM-Gallup Small Business Development	UNM-Gallup Small Business Development	106 W. Hwy 66, Gallup, NM 87301 (505) 722-2220
City of Gallup-	City of Gallup-	P.O. Box 1270, Gallup, NM 87305
Gal-A-Bowl	Gal-A-Bowl	1900 E. Aztec, Gallup, NM 87301 (505) 863-9669

Teach for America	Teach for America	38 Samon Dr., Thoreau, NM 87323 (505) 879-0510
Rehoboth Christian School	Rehoboth Christian School	P.O. Box 41, Rehoboth, NM 87322 (505) 726-9621
Tohatchi Area of Opportunity & Servic...	Tohatchi Area of Opportunity & Services	1658 S. 2nd St., Gallup, NM 87301 (505) 722-9287
Army Recruiting Gallup	Army Recruiting Gallup	1300 W Maloney Ave Suite 140, Gallup, NM 87301 (505) 863-3932
Middle College High School	Middle College High School	705 Gurley Ave., Gallup, NM 87301 (505) 722-9945
Gartner Insurance	Gartner Insurance	714 S. Second St., Gallup, NM 87301 (505) 863-2344
Gallup McKinley County Schools*	Gallup McKinley County Schools*	700 South Boardman, Gallup, NM 87301 (505) 722-7711 
Northwest New Mexico Solid Waste Auth...	Northwest New Mexico Solid Waste Authority	101 Red Bluffs Drive, Thoreau, NM 87323 (505) 905-8400
McKinley County	McKinley County	201 West Hill St., Gallup, NM 87305 (505) 863-1400

Girls Scouts of NM Trails	Girls Scouts of NM Trails <div> 4000 Jefferson Plaza NE, Albuquerque, NM 87109 </div> <div> (505) 343-1040 </div>
Barbara Stanley	Barbara Stanley <div> 3707 Chaco Drive, Gallup, NM 87301 </div>

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