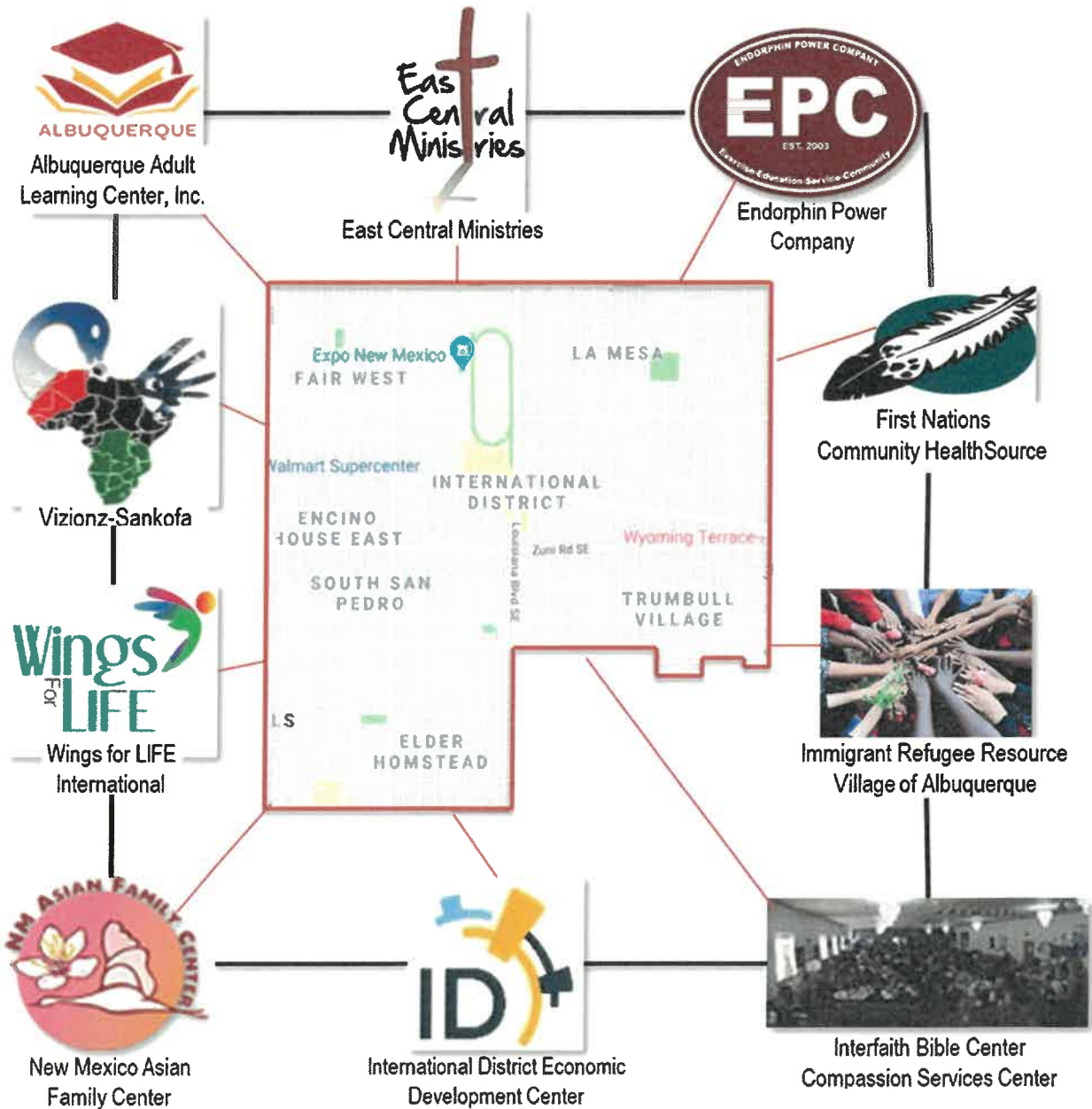


Community Needs Assessment of the International District Albuquerque, New Mexico

by Linda Stone, MPH
May 2023



ACKNOWLEDGMENTS

I sincerely thank Cathy Sanchez, Senior Public Health Analyst for Bernalillo County, for her unwavering support and guidance. Her vision, motivation, and patience inspired me to understand the community needs assessment process and the International District. I also thank the International District Direct Service Provider Collective members for their time, patience, and willingness to share their stories with me. Without their participation, this report would not have been possible.

International District Direct Service Provider Collective Members

- John Bulten (East Central Ministries)
- Khadijah Bottoms (Vizionz-Sankofa)
- Ann Edenfield Sweet (Wings for Life)
- Jeff Holland (Endorphin Power Company)
- Alex Horton (International District Economic Development)
- Joanne Landry (Compassion Service Center)
- Gloria Rael (Albuquerque Adult Learning Center)
- Cathy Sanchez (Bernalillo County)
- Nkazi Sinandile (Immigrant Refugee Resources Village of Albuquerque)
- Sachi Watase (New Mexico Asian Family Center)

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EXECUTIVE SUMMARY

In the summer of 2022, the International District Direct Service Provider Collective (IDDSPC) was formed to create healthier communities in Albuquerque’s International District. The International District is one of Bernalillo County’s most ethnically diverse and densely populated areas. It is also characterized by high levels of poverty, unemployment, and chronic diseases. The IDDSPC comprises Bernalillo County and ten organizational stakeholders that provide an array of services to address the International District’s physical health, behavioral health, cultural, and social needs. In September 2022, the IDDSPC members agreed to participate in a Community Needs Assessment (CNA) to better understand the International District’s needs and existing resources. In December 2022, the IDDSPC completed its first CNA, which collected input and data from the IDDSPC members about the International District’s strengths, assets, resources, service gaps, and unmet needs. This CNA analyzes the collected data and outlines the findings to assist the IDDSPC and Bernalillo County in developing strategies to address the community’s health needs and identified issues.

STAKEHOLDER INVOLVEMENT IN THE COMMUNITY NEEDS ASSESSMENT

The International District Direct Service Provider Collective (IDDSPC) was established in July 2022 to achieve a shared vision of the International District’s future objectives and improve community health. Through collaborative efforts, the IDDSPC addresses community needs by providing a continuum of health and support services. Members share decision-making and leverage resources to address the area’s existing and emerging challenges. The IDDSPC members comprise Bernalillo County and ten organizations that address one or more of the following services: education, advocacy, healthcare, family support, housing, behavioral health, refugee resources, and services to families of prisoners, and they are enumerated in Table 1. The IDDSPC member organizations were the survey respondents in this CNA. Their input was incorporated into creating the CNA survey and this report.

Table 1. IDDSPC Members and Service Sectors

MEMBER ORGANIZATION	CNA PARTICIPANT	SERVICE SECTOR
Albuquerque. Adult Learning Center	Gloria Rael, Executive Director	Education
Bernalillo County	Cathy Sanchez, Senior Public Health Specialist	Public Health Policies, Public Safety, Community Engagement
Compassion Service Center	Pastor Joanne Landry, Executive Director	Faith-Based Support, Basic Subsistence Assistance Including Meals, Counseling
East Central Ministries	John Bulten, Executive Director	Medical, Behavioral Health, Urban Farming, Housing, Youth
Endorphin Power Company	Jeff Holland, Executive Director	Housing, Behavioral Health, and Cultural Supports
First Nations Community HealthSource	Linda Stone, Chief Executive Officer	Health, Dental, Behavioral Health, Cultural Supports, Social Supports
Immigrant Refugee Resource Village of Albuquerque	Nkazi Sinandile, Executive Director	Refugee Support Services, including Vocational, Educational, Housing, Transportation, and Other Areas
International District Economic Development	Alex Horton, Executive Director	Economic Development Services, including Business Incubators, Resources, and Business Opportunities
New Mexico Asian Family Center	Sachi Watase, Executive Director	Family Support Services
Vizionz-Sankofa	Khadijah Bottoms, Executive Director	Refugee Support Services, including Housing, Employment, Job Training, Education, and Advocacy
Wings for Life	Ann Edenfield Sweet, Executive Director	Rehabilitation, Education, Advocacy, Skills-Trainings, Family Services

COMMUNITY NEEDS ASSESSMENT PROCESS

Addressing community needs and finding appropriate solutions require a clear understanding of the problems at hand, including their root causes, barriers, and consequences. Concerns about the effect of increasing socioeconomic inequalities, such as homelessness, unemployment, substance abuse, chronic disease, and the disproportionate impact of the COVID-19 pandemic on underprivileged communities, prompted IDDPSC members and Bernalillo County to consider a Community Needs Assessment (CNA). This CNA was needed to better understand the International District's needs, barriers, service gaps, and available resources. IDDPSC members agreed unanimously that a CNA process would improve their overall understanding of the COVID-19 pandemic's impact, support positive and sustainable changes in the International District, and serve as a foundation for creating opportunities to alleviate existing socioeconomic disparities. At a meeting in September 2022, IDDPSC members shared their ideas, vision, and areas of interest. They suggested questions for the assessment about capital and funding limitations experienced by organizations, safety issues, and concerns, populations being served, populations not being served, barriers to care, and ways to improve interagency collaboration to better serve the community. IDDPSC members identified these objectives: (1) obtain statistically valid information on health, socioeconomic, and environmental factors related to the residents' health; (2) generate population survey data; (3) ensure that IDDPSC members are primary participants in the CNA assessment survey; and (4) complete a report for the IDDPSC to use to develop a strategic plan to improve the International District's health. These objectives aligned with the CNA steps outlined by the Centers for Disease Control (CDC):

- Step 1: Plan for the CNA.
- Step 2: Conduct the CNA survey.
- Step 3: Review and rate the data.
- Step 4: Record and review consolidated data.
- Step 5: Develop a community action plan.

In October 2022, the CNA survey was finalized with input from the IDDPSC. The survey included questions about each organization: its mission statement, service eligibility requirements, services provided, number of employees, funding sources, cultural programs, and a description of the populations served. In addition, based on the IDDPSC's recommendations, questions about two major social determinants of health experienced by residents of the International District--housing, and unemployment--were added to the survey to better understand their causes and to raise possible solutions. Survey respondents were also asked to assess the International District's overall health status, health concerns, health priorities, service needs, barriers, and service gaps. The survey asked respondents about their policy concerns as well as their recommendations for changing the service system and addressing unmet service needs. The CNA also incorporated questions from the CDC's Community Needs Assessment about healthy lifestyles and safe environments (Appendix 1).¹ By December 2022, 8 of the 10 IDDPSC member organizations had completed the survey.

Figure 1. CDC Steps for Conducting a Community Needs Assessment (CNA)



PROJECT TIMELINE

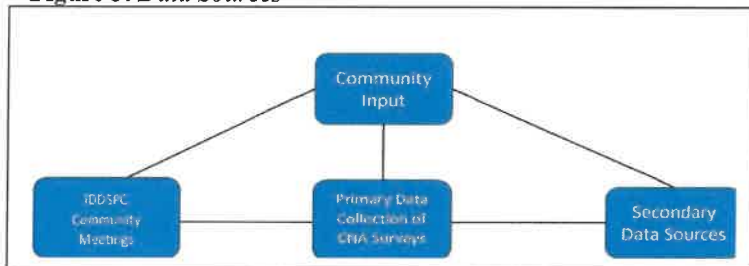
The project timeline was carefully designed and implemented to ensure the process produced a high-quality assessment of the International District and its needs. Respondents were offered the option to receive the questions orally or by email. Half of the surveys were administered orally, and half were self-administered. The IDDSPC met in July, August, September, and December of 2022 to review the process and evaluate its progress; its members were encouraged to participate in the assessment. In November 2022, the survey's timeline needed an extension to allow more time for completion. Data analysis began in January 2023. A CNA report was completed in March 2023 and presented to the County in April 2023. A community presentation occurred in May 2023.



DATA COLLECTION METHODS

Both primary and secondary data sources were used in this assessment. The primary sources were surveys, questionnaires, community meetings, and direct responses by the Executive Directors of each IDDSPC member organization. The secondary sources were reports, summaries, and population data prepared by federal, state, county, and city agencies, including the U.S. Census, Data USA, the CDC, the New Mexico Department of Health, the Bernalillo County Community Health Council, ABQ Data, and New Mexico Behavioral Community Data Collaborative.

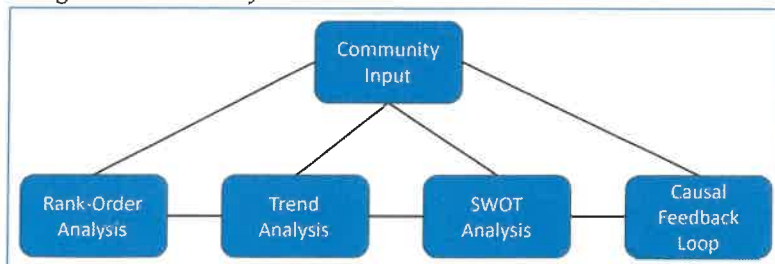
Figure 3. Data Sources



DATA ANALYSIS AND RESULTS

The data were analyzed and ranked in order of priorities and trends. Also, strengths, weaknesses, opportunities, and threats (SWOT) and causal feedback loop analyses were completed to assess trends and interrelationships. Finally, the responses received from two or more IDDSPC members were summarized as issues and recommendations to address.

Figure 4. Data Analysis



REAL CONCERNS OF REAL PEOPLE

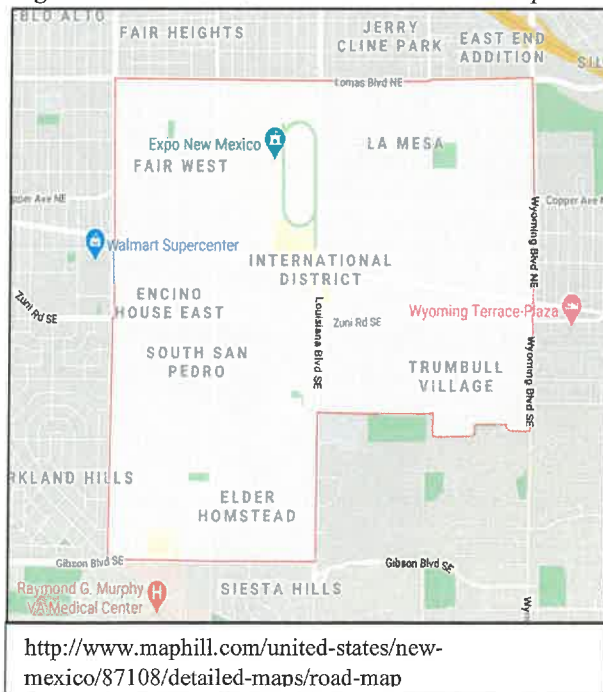
This report combines quantitative and qualitative elements to detail real concerns of real people. The IDDSPC members' stories about how they helped IDDSPC residents are preserved in client success stories in this report. Also, members' visions about desired objectives for the International District are interspersed in the report. With the right help and support, the International District's community can measurably improve the overall health status of its members and create a healthier environment.

COMMUNITY PROFILE

SERVICE AREA

The International District is located in the southeast quadrant of Albuquerque, New Mexico. It predominantly comprises ZIP Code 87108 and contains census tracts 5.01, 9803, 6.05, 6.03, 9.05, 9.06, 9.04, 9.08, and 9.07. It spans 3.9 square miles, and its borders are bound by the city's major arteries of San Mateo, Lomas, Wyoming, and Gibson Boulevards. In addition, the service area encompasses the main commercial thoroughfares of Central Avenue, Zuni Road, Gibson Boulevard, San Pedro Drive, Louisiana Boulevard, and some of the city's major tourist attractions, including the New Mexico Fairgrounds, Ta-Lin International Market, and the Albuquerque Library.² The International District is also the home to the communities of Fair West, La Mesa, South San Pedro, Trumbull Village, and Elder Homestead.³ Serving the International District are two elementary schools (Emerson and La Mesa Elementary Schools), two middle schools (Wilson and Van Buren Middle Schools), and one high school (Highland High School, which is located 1.7 miles outside the International District).

Figure 5. International District Service Area Map

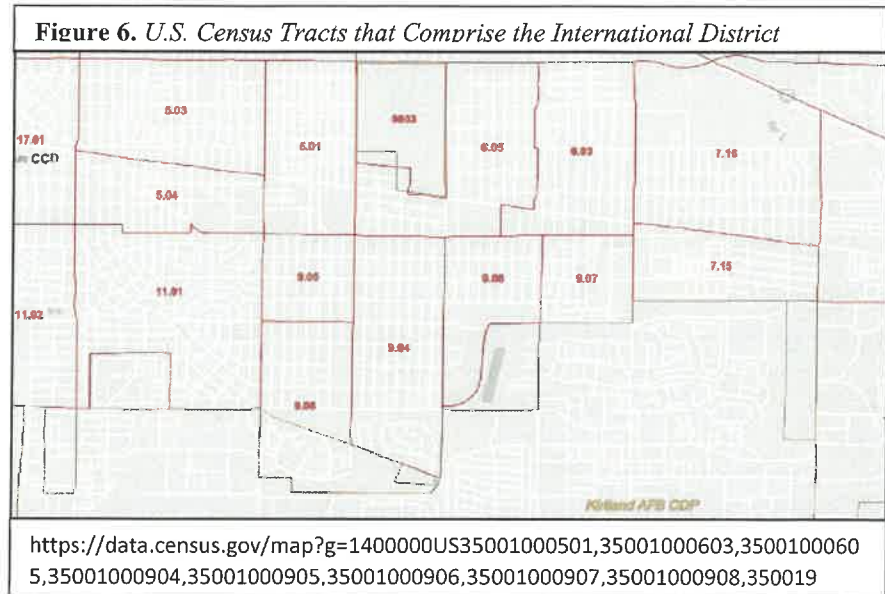


POPULATION DEMOGRAPHICS

The International District is one of Albuquerque's most ethnically diverse and densely populated areas. In 2020, its population was estimated at 25,469,⁴ with a population density of 6,198 people per square mile.⁵ More than half of its residents (74%) were people of color, much higher than the State of New Mexico's

percentage of 61%.⁶ The racial and ethnic composition of the International District's population reflects its rich cultural diversity: 31% White Hispanic, 21% White, 14% White non-Hispanic, 12% other race, 11% biracial or multiracial, 6% Native American, 4% African American, and 1% Native Hawaiian/Pacific Islander.⁷ The Bernalillo Community Health Council projects a 46% population growth within the International District by 2040.⁸

The International District population's median age was 36.3 years,⁹ slightly younger than the overall State of New Mexico's median age of 38.6.¹⁰ Nearly 26% of the district's population over 25 lacks a high school diploma.¹¹ Nine percent of its population is unemployed, which is close to the State of New Mexico's rate of 9.8% and higher than the national rate of 8.2%.¹² In 2021, the International District's median per capita household income was \$14,523,¹³



substantially lower than the State of New Mexico's median household income of \$54,020.¹⁴ Thirty-five percent of the International District's population lived below the poverty level, twice that of Bernalillo County (17%) and 75% higher than the State's rate of 20%.¹⁵ ¹⁶ By census tract, the International Districts' poverty rates were between 25.3% and 66.6%.¹⁷

The county's Supplemental Nutrition Assistance Program (SNAP) enrollments were highest among African Americans, American Indians, and Hispanics.¹⁸ Over 3700 children in the International District lived at 100% below the federal poverty level.¹⁹ Twenty percent of the International District households reported having no access to personal transportation, while 46% reported having access to only one vehicle.²⁰

The number of individuals experiencing homelessness in the International District is not known. However, according to a January 2021 Point-in-Time count from the New Mexico Coalition to End Homelessness, Albuquerque had 1,524 homeless individuals, including those in the International District.²¹ Forty-five percent of Albuquerque's homeless adults had a serious mental illness, 43% had a substance use disorder, and 59% were chronically homeless.²² The average age of those surveyed was 41. More than 40% of the unsheltered homeless individuals were American Indian, Hispanic, or Latino.²³



An IDDSPC Client Success Story

When Lola, a Burundi refugee, arrived in New Mexico, she was terrified and unable to communicate with those around her. But, through our English as a Second Language Program, Lola worked hard and thrived with help from our dedicated instructors. With support from the Immigrant Refugee Resource Village of Albuquerque (IRRVA), she not only graduated high school but went on to study at Central New Mexico Community College. Today Lola is no longer scared; in fact, she is excited and hopeful for her future. Today the timid girl from Burundi wants to give back and help others. Lola is studying to become a doctor!

Figure 7. A Statistical Infographic of the Population Demographics of the International District

THE INTERNATIONAL DISTRICT

ALBUQUERQUE, NM

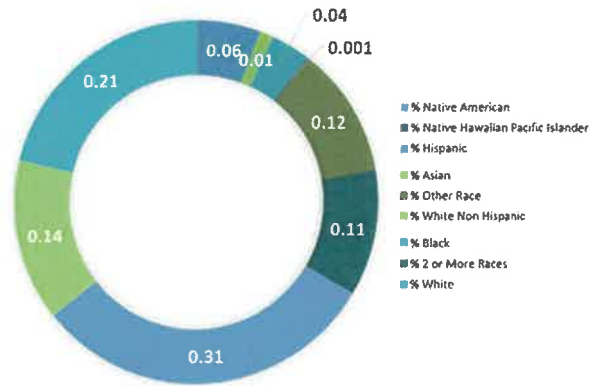
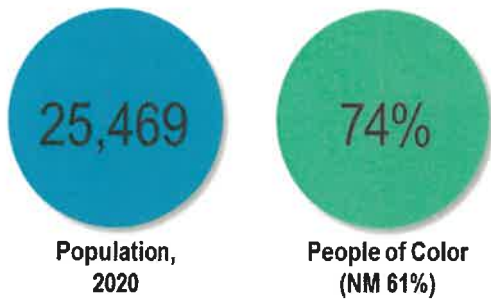
Bernalillo County



Created in partnership with NMCDC
<https://nmcddc.maps.arcgis.com/home/index.html>

OBJECTIVE:

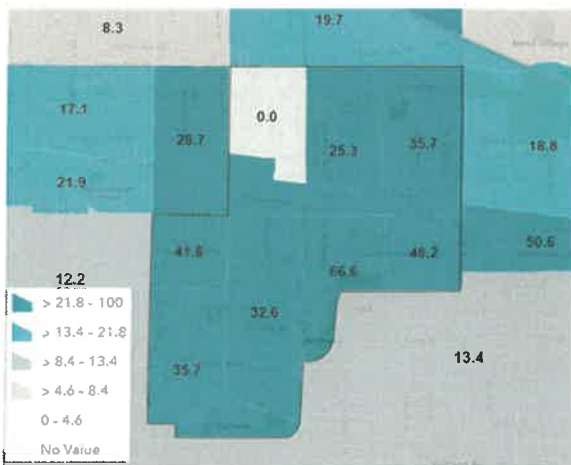
To provide evidence-based data in support of increasing funding for the capacity-building efforts of direct service organizations and workers in the ID who provide a wide range of services to the residents who are in need of care.



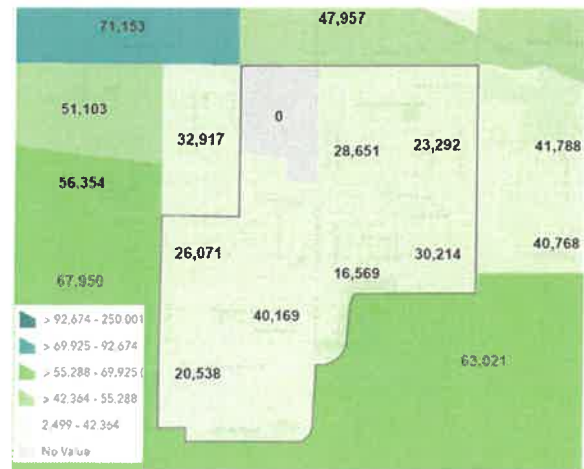
25.8%
Age 25+ without a High School Diploma, 2018

Race and Ethnicity Demographics in the ID, 2020

9%
Unemployed Civilian Labor Force Population, 5-year Estimate 2016-2020



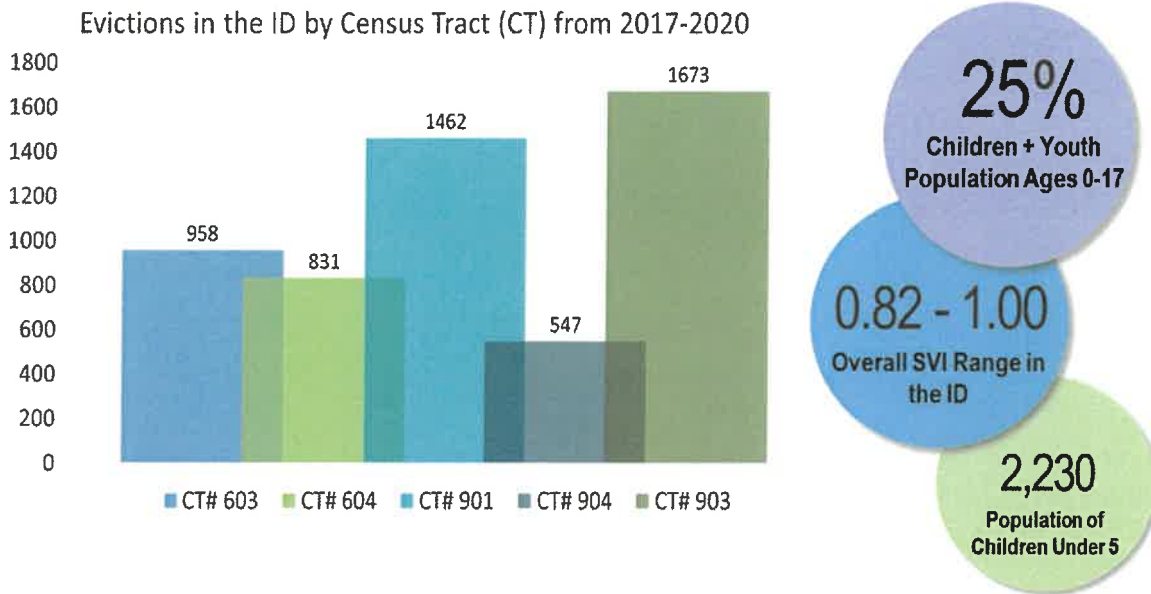
% Population below poverty level in past year



Median HH Income in past year (inflation incl)

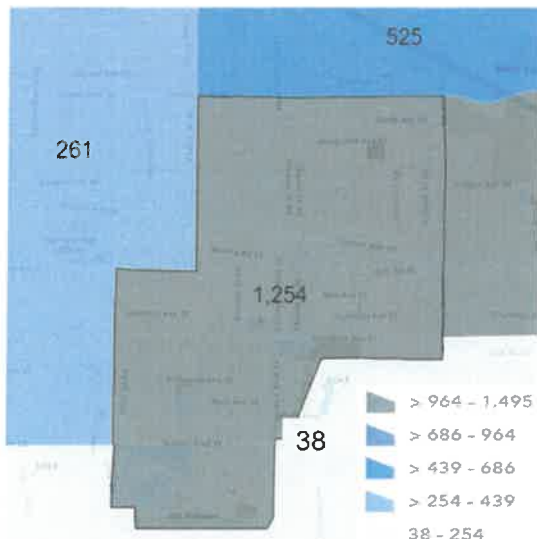
Figure 8. A Statistical Infographic of the Early Childhood Risk Factors in the International District

Early Childhood Risk Factors

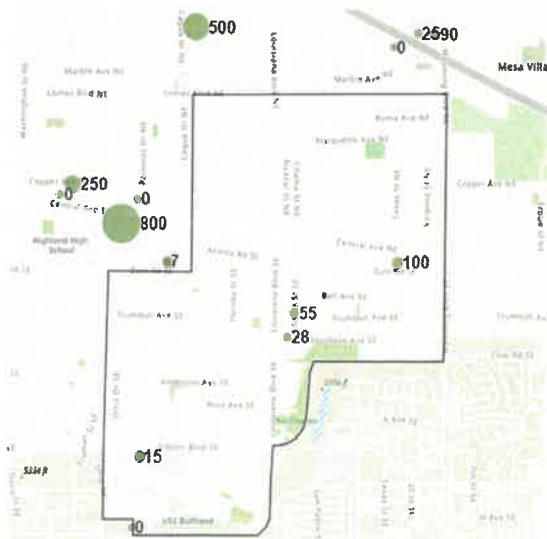


3,793
of children 0-17 BELOW
100% Federal Poverty
Level, 2018

427
of children 0-17 without
health insurance, 2018



Number of Juvenile Justice Referrals, 2018



of Substance Use Disorder Treatment Slots

POPULATION HEALTH

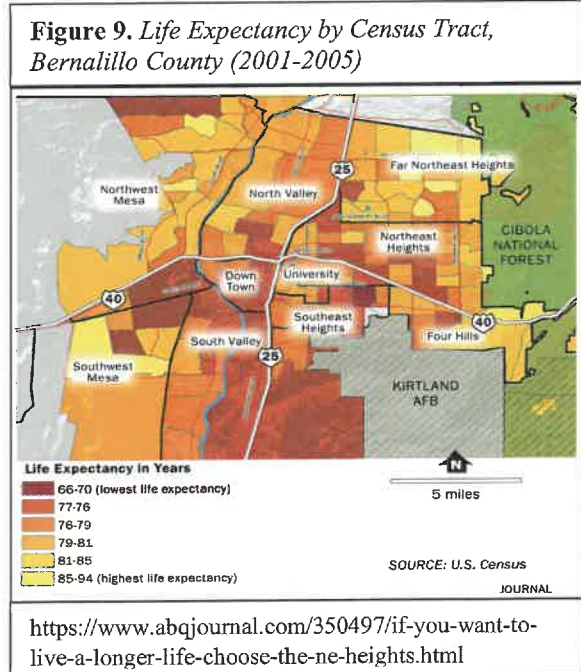
The health of a population is connected to social, economic, and environmental conditions in which individuals are born, work, play, and age. Health disparities arise from the unequal distribution of resources. Health is crucial to a person's quality of life and functional abilities, and its importance is felt at all stages of life. A minimum level of health is essential for individuals to succeed in every stage of life, and community health is critical to community success. The International District is densely populated and has high levels of poverty and unemployment. These characteristics are often linked to poor health outcomes. For those without a steady income, access to healthcare, including preventive care services, is limited. Table 2 shows the leading causes of death in Bernalillo County and statewide, demonstrating the county's higher rates of cancer, stroke, drug overdoses, and Alzheimer's disease. These trends underline the importance of achieving better health outcomes for the International District's population.

From Table 2, it is evident from national, state, and local health data that individuals living in Bernalillo County, including the International District, experience worse health outcomes than the average New Mexico citizen. Life expectancy rates reflect overall population health. Life expectancy rates in Bernalillo County in 2001 and 2005 indicated substantial variability. In 2005, low-income and non-White individuals were reported to have shorter life spans than those in middle- and high-income white communities. Statistically, a person born in Southeast Albuquerque could be expected to live 70 years or less, while a person born in other areas of Bernalillo County could live into their 90s.²⁴

Table 2. Health Disparities: Comparison Between County, State, and National Trends

Leading Causes of Death			
	Bernalillo County	NM	The U.S.
Heart Disease	143.2	147.3	165
Cancer (overall)	141.8	139.2	152.5
Unintentional Injuries	65.1	67.5	49.4
Chronic Lower Respiratory Disease	43.3	44.2	40.9
Stroke	36.8	34	37.6
Drug Overdose	27.1	24.6	21.7
Alzheimer's Disease	25.8	21.9	31
Suicide	21.5	22.9	14
Diabetes	20.3	26	21.5
Chronic Liver Disease and Cirrhosis	20.0	25.2	N/A

<https://ibis.doh.nm.gov/community/indicators/HealthStatusOutcomes/GeoCnty>



"The International District's community can work collaboratively to support healthy families. This requires creating a referral network, leveraging resources, and providing services that address the community's needs."



—an IDDSPC member



DISTRICT SERVICE PROVIDER COLLECTIVE PARTNER ORGANIZATIONS

Community assets can be used to improve a population’s quality of life. Different backgrounds and life experiences collectively contribute to new ideas for solving longstanding challenges. The International District is one of the most culturally diverse areas in Albuquerque. In 2009, residents left behind its unofficial name, “War Zone,” by embracing an official designation as the “International District” to highlight the area’s diversity rather than its high crime rate. The IDSSPC organizations are assets to the community, serving people from all walks of life throughout the International District. They provide an array of vital services that address community health, behavioral health, and cultural and socioeconomic needs. A description of IDSSPC partnering organizations, including their mission, address, hours of operation, staffing, and services, is presented in Table 3.

Table 3. IDSSPC Partnering Organizations by Description, Mission, Address, Hours, Staffing, and Services

 <p>ALBUQUERQUE Adult Learning Center, Inc.</p>	<p>Albuquerque Adult Learning Center, Inc. (ABQ-ALC), a 501(c)3 established in 2010 (formerly known as Albuquerque GED®, Inc.), is a non-profit organization with significant experience providing literacy to high school equivalency preparation, post-secondary transition assistance, and career preparation assistance. As a community-based and grass-roots organization, it focuses on serving adults in the most underserved communities within the Albuquerque Metro area. All services are FREE to youth 16-17 and adults 18+.</p> <p>Programs include English as a Second Language, Family Literacy, Adult Basic Literacy through High School Equivalency Preparation and Credential, Post-Secondary, and Career Pathway assistance. ABQ-ALC’s hybrid learning programs offer in-person (day and evening) and distance learning options primarily at City and County Community Centers.</p> <p style="text-align: center;">https://www.abqalc.org/</p>
<p><i>Mission: To create and support thriving adults in a safe and communal environment through student-focused adult education and career services.</i></p> <p><i>Vision: Fostering an individual’s desire for education, opportunity, and independence.</i></p>	
<p>Address: 239 Elm Street NE Albuquerque, NM 87102 Hours: Monday-Friday, 9 am-5 pm Funding Sources: Federal, County, State, City, and Private Grants Total Employees: 9 Total Volunteers: 6 Services: Literacy-level instructions, pre-high school and high school equivalency instructions in reading, language, and math, and transition support with career pathways. Service Eligibility Requirements: 16 years and older</p>	
 <p>East Central Ministries</p>	<p>East Central Ministries (ECM) is a faith-based community development organization working in the International District since 1999. Our service-related programs were developed through community engagement and participation. ECM’s programs include: One Hope Centro de Vida Health Center, Case Management (Pathways & Housing), Youth Pre-school, Food Co-operative, The Common Good Thrift Store, and Growing Awareness Urban Farm. Since the early days, ECM has evolved in many directions and has become an integral part of the community. https://www.eastcentralministries.org</p>
<p><i>Mission: To improve the holistic health and wellness of our community by partnering with our neighbors to create programs, projects, and spaces which bring people together in positive and safe environments.</i></p> <p><i>Vision: To create a safe and thriving community ensuring people and their families have a supportive environment for opportunities and growth without barriers.</i></p>	
<p>Address: 123 Vermont Street NE Albuquerque, NM 87108 Hours: Monday-Friday, 9 am-5 pm Funding Sources: Donations Total Employees: 16 Total Volunteers: Varies Cultural Practitioners: 3 Services: Housing, youth after-school tutoring and family support, case management, One Hope Health Center, Growing Awareness Urban Farm, community food co-op, Common Good thrift stores. Service Eligibility Requirements: Everyone willing to work toward their state goal is accepted.</p>	



Endorphin Power Company (EPC) Since 2003, hundreds of volunteers have spent thousands of hours working to make the EPC one of Albuquerque's most respected and admired non-profit organizations in the field of addiction. We provide single-occupancy transitional housing for people experiencing homelessness because of substance abuse. We provide a safe, clean, and sober living environment where people become part of a healthy community and are encouraged to set and reach goals. Every month, our calendar is packed with events, some ongoing and others one-time experiences. <https://www.endorphinpower.org>

Mission: In keeping with our vision, our mission is to create and support thriving adults in a safe and communal environment through student-focused adult education and career services. We accomplish this by using individualized approaches to learning.

Vision: We at Endorphin Power Company see substance and homelessness as both an individual and social problem. Our goal is to address that problem on both levels at once. We want to contribute to the greater good of local and global communities by promoting the benefits of healthy-living, healthy connections, and environmental consciousness.

Address: 509 and 532 Cardenas Dr. SE Albuquerque, NM 87108

Hours: Monday-Friday, 9 am-5 pm

Funding Sources: Donations

Total Employees: 2

Total Volunteers: Varies

Cultural Practitioners: Varies

Services: Housing, intensive case management, fitness center, support groups, and activities.

Service Eligibility Requirements: 18 years and older, 30 days clean and sober, not need to be medically monitored. It has 19 beds on the main campus and six at the step-down facility.



First Nations Community HealthSource (FNCH) is New Mexico's urban Indian health center and a Federally Qualified Health Center in Albuquerque. Established in 1972, FNCH provides an integrated and culturally competent health delivery system that addresses our community members' physical, social, emotional, and spiritual needs. FNCH uses an integrated system of care that addresses the holistic care needs of our patients. FNCH operates three clinic sites, five school-based health centers, and one wellness center in Albuquerque. The agency is accredited by the Accreditation Association for Ambulatory Healthcare and designated as a patient-centered medical and dental home. FNCH is a training site for medical, dental, behavioral health, and medical and dental support students. <https://www.fnch.org>

Mission: First Nations Community HealthSource is committed to providing a culturally competent comprehensive health delivery system integrating traditional values to enhance the physical, social, emotional, and spiritual needs of American Indian/Alaskan Native families and other underserved populations residing in Albuquerque and the surrounding areas.

Address: 5608 Zuni SE Albuquerque NM 87108, 625 Truman NE Albuquerque NM 87110, 7317 Central Avenue NE, Albuquerque NM 87108, 6416 Zuni SE Albuquerque NM 87108

Hours: Monday-Friday, 8 am-7 pm; Saturday, 8 am-12 pm

Funding Sources: Federal, State, County, City, Private Grants

Total Employees: 280

Total Volunteers: Varies

Cultural Practitioners: 3

Services: Medical, dental, mental health, substance use, cultural wellness, Traditional Healing, housing, emergency housing assistance, street outreach, essential subsistence assistance, Medicaid/SNAP enrollment, WIC, case management, victims of crime and human trafficking case management, emergency financial assistance, community health workers, patient navigators, peer support recovery workers, free warm meals, support groups, cultural activities, community activities, street outreach, and mobile clinic outreach.

Service Eligibility Requirements: Everyone is eligible for services. (Services are provided regardless of ability to pay.)



Immigrant Refugee Resource Village of Albuquerque (IRRVA) is a 100% volunteer-driven African community-based organization. IRRVA also fiscally sponsors New Mexico's Women's Global Pathways. Established in 2007, IRRVA promotes social and economic justice and empowerment, serves widows, immigrants, asylum seekers, refugees, and victims of rape and torture, helps families adjust to their new home, trains and supports individuals to be self-sufficient economically, educationally, and socially, and provides leadership development support to all people who are from Africa, Asia, the Middle East, Haiti, Mexico, Cuba, and the U.S. IRRVA's main focus is to build strong financial futures for vulnerable children, their families, and communities. The majority of participants in our organization were born and raised in refugee camps. We also support community members who are homeless and those on the verge of homelessness. We assist individuals, and families in gaining access to safety-net programs that support personal and family well-being, and economic self-sufficiency <https://www.irrva.org>

Mission: To promote empowerment and provide support to the most vulnerable immigrants, refugees, asylum seekers, and other vulnerable, under-served local people in Bernalillo, New Mexico, to build healthy and productive children and their families and will promote community involvement in supporting the needs of the families.

Address: 120 Mesilla Street NE Albuquerque, NM 87108
Hours: Monday-Friday, 9 am-5pm
Funding Sources: Federal, State, County, City, Private Grants
Total Employees: 0
Total Volunteers: 100%

Services: Medicaid/Medicare assistance, food bank, adult tutoring, read to excel/tutoring youth, computer literacy training, job search, needlework, beading and art classes, nutritional and clothing assistance, access to legal services, emergency housing, disability benefits, community gardening education, social security, supplemental income, access to affordable housing, utility assistance, interpretation, outreach, education, advocacy, direct services, cultural events, and activities.
Service Eligibility Requirements: At-risk families and individuals, refugees, immigrants, asylum seekers, and individuals experiencing homelessness.



Interfaith Bible Center/Compassion Services Center (CSC), established in 1954, is a loving, compassionate ministry that offers variable services to fit your needs. Partnerships have expanded over the past year, providing additional shelter and access to hot, private showers. "The Compassion Services Center is a Homeless Resource Center in Southeast Albuquerque. The CSC feeds, clothes, offers respite, counseling, hygiene kits, showers, and use of a washer and dryer, to the homeless that need these resources. We are a non-profit/enhancement of services at the center. Single-stall, portable showers are now available for unhoused neighbors in the International District, part of a community effort to provide more services at the center.
<https://www.compassionservicesabq.org>

Mission: To love and meet the needs of my community in any way that our small church can. Many of the folks we help are homeless senior citizens, children, and of all ages, males, and females. To help motivate and bring them to a better quality of life by offering them food, shelter, showers, and resources.

Address: 7501 Trumbull SE Albuquerque NM 87108
Hours: Monday-Friday, 6:30 am-10 am, 12 pm-7 pm, 7:30 pm-9:30 pm
Funding Sources: Donations
Total Employees: 12
Total Volunteers: Varies
Services: Free breakfasts, lunches, dinners, support services, career development trainings, shelter placements, showers, and resources.
Service Eligibility Requirements: Everyone is accepted.



International District Economic Development Center (IDEDC) "Entrepreneurs can take a side hustle to the next level as a formal taxpaying operation." The IDEDC helps the business owner and helps move families out of poverty. The IDEDC serves as a business incubator, assisting and connecting businesses in the International District to resources and opportunities. The strategic investment will support economic growth from the ground up, helping entrepreneurs succeed and filling the gaps that have created significant barriers for the community. "We wanted the IDEDC to be a hub for entrepreneurs, a hub for business, and a hub for commerce in the area." Horton states. <https://www.facebook.com/abqeconomic>

Mission: To partner with International District locals and like-minded others to develop people, businesses, and places that flourish.

Vision: Together with International District residents and entrepreneurs, we want to see the International District revitalized for this generation and the next.

Address: 708 San Mateo SE Albuquerque NM 87108



New Mexico Asian Family Center (NMAFC), established in 2006, NMAFC is a community-based organization rooted in social justice working to advance the visibility, rights, and equitable access to services of Asian, Pacific Islander, and Native Hawaiian (APINH) families. NMAFC is a community-based organization rooted in social justice working to advance the visibility, rights, and equitable access to services of Asian, Pacific Islander, and Native Hawaiian (APINH) families across the state. Through a root-cause analysis centered on anti-racism, NMAFC has intentionally invested in survivor-led and centered direct social services, prevention programming and civic engagement work, nurtured spaces for youth and family leadership development, and sought to ground its services in the traditional modalities of healing through practices that have been with our families across generations. Having started by providing counseling and case management services in a house, NMAFC has now grown to be the largest and most comprehensive social service provider in the state of New Mexico, tailoring its services to the APINH population. All programs are led by those most impacted and are designed in conjunction with our women and families, who help to identify needs within NM. Although our services are tailored to the APINH population, they are open to anyone. All our services and programs offered in-house are provided free of charge and available in multiple APINH languages. We utilize telephonic interpretation and local community Language Access Liaisons (LALs) for languages not spoken in-house. Website: www.nmafc.org Facebook: @nmasianfamilycenter | Instagram: @nm_asian_family_center | Twitter: @nmasianfamily

Mission: We provide culturally sensitive programs and services creating a Pan-Asian community that advocates for and supports itself.

Address: P. O. Box 37346 Albuquerque, NM 87176

Hours: Monday-Friday, 9 am-4 pm

Total Employees: 17

Total Volunteers: 0

Cultural Practitioners: 17

Services: Case management, resource navigation including assistance with basic needs and applications for public benefits, resource referrals, legal consultation or representation, counseling, health, and financial literacy, peer support groups, healing circles, youth leadership development, basic translation, and interpretation.

Service Eligibility Requirements: Eligibility requirements vary by program. Most services and programs are open to low to extremely low-income immigrants, refugees, asylum seekers, victims of gender-based violence or other crimes, problem gamblers, parents and childcare-givers, and people who speak languages other than English.



Wings For LIFE International Established in 1995, Wings for LIFE (WFL) is a non-profit organization that transforms lives to break the generational cycle of incarceration. WFL springs from the passion for caring for people and the deep concern to help families of prisoners who have been largely shunned or ignored by our society. In our society where children are all at risk in one way or another, children whose parent(s) are in prison face even more challenges. WFL provides an arena for effective ways to rebuild assets in the lives of young people, which can greatly reduce or prevent their involvement in at-risk behaviors.

Wings for LIFE (Life-skills Imparted to Families through Education) (WFL) is an educational, skill-based, empowerment program providing life skills, education, job training, counseling, and life-sustaining support for families who have someone incarcerated and citizens returning from prison and their families. WFL's mission is to help break the generational cycle of incarceration. WFL is the only program in NM that offers programs to educate and support families with an incarcerated loved one; and, strengthens families and returning citizens to build a future that will reduce crime, homelessness, and incarceration. WFL has a 4% recidivism rate for returning citizens participating in our programs. In NM, the cost of incarcerating a youth was \$233,000, and for an adult, \$42,500 (2021). WFL is a National and State award-winning program reducing the potential for future incarcerations at substantial savings to our state. Nationally, 1 in 3 adults has a criminal conviction that impacts their future and employability. NM is the 3rd highest in the nation for kids with imprisoned parents; 52,000+ children in NM have an incarcerated parent. 65% of families with a parent incarcerated are unable to meet basic needs such as food, housing, and medical care. In 2019, the last full year of in-house programs, we served 6,755 people. Now through in-person programming, Zoom, and Live Facebook, we reach over 15,000 each year. <https://WingsFLorg>

Mission: To transform lives to break the generational cycle of incarceration.

Address: 2015 Wyoming Blvd NE Suite J Albuquerque, NM 87112 **Mailing Address:** 8226 Menaul Boulevard NE #130 Albuquerque NM 87110

Hours: Monday-Friday, 10 am-5 pm

Funding Sources: State, Other Funding Sources

Total Employees: 43

Cultural Practitioners: 4

Total Volunteers: Varies

Services: Rehabilitation and education service that empower families, build relationships, mentor, support, and teach life skills, address the unique needs of clients, and strengthen families.

Service Eligibility Requirements: Everyone is eligible for services, and all services are free.



Vizionz-Sankofa is a charitable organization providing direct social services to Black Refugees and Immigrants as well as Black/African Americans. Others are welcome. Some services are Rental, Employment, Job Training, Education, and Advocacy. Vizionz-Sankofa's mission is to educate, elevate and empower African Americans and African Refugees and Immigrants. Vizionz-Sankofa will engage in the fight to end homelessness in the International District of Albuquerque. <https://www.myvizionz.org>

Vision: It is our view that the African Refugee and Immigrant population in the State of NM have hardly been equipped and empowered to thrive and contribute to community development due to linguistic and socio-cultural challenges they face on arrival to the United States.

Goals: Achieve a human capacity development of the African Refugee population towards community development and strength. Advocate for an inclusive mutual relationship between the Refugee and Immigrant population and their host community.

Address: 1258 Ortiz Dr. SE, Suite 118 Albuquerque, NM 87108

Populations Served by IDDSPC

The IDDSPC provides services to low-income populations. Assessing the populations served by them is crucial for understanding access to and barriers to their services, as well as the unmet needs of those populations. Table 4 summarizes quantitative and qualitative information about the services and populations served by the IDDSPC’s partnering organizations. The quantitative data shows that 75% of the organizations serve all ages, while 25% serve adults only. Qualitative data reveals that more than half of the organizations target specific populations, including minorities, refugees, immigrants, asylum seekers, trauma victims, LBGTQS+ individuals, and those who are homeless or incarcerated. Seventy-one percent of the individuals served by IDDSPC organizations were homeless, 63% were unemployed, and 31% were disabled. In addition, this data provides insight into the populations’ demographics and the types of services needed to best serve them. By gathering and analyzing this information, the IDDSPC can more effectively design services tailored to the needs of the populations they serve.

“Ultimate goal is for health and to have an accessible community center that is staffed by people who speak the language spoken by their residents.”

—an IDDSPC member



Table 4. Populations and Individuals Served by IDDSPC Partnering Organizations

IDDSPC	Type of Populations Served	Special Populations Served	Avg # of Individuals Served 2020-2021	% Homeless Served	% Reside in ID	% At Poverty Level	% Unemployed	% Disabled
Albuquerque Adult Learning Center	Adults	Low-income	240	5	9	4	51	4
Services: Literacy-level instructions, pre-high school and high school equivalency instructions in reading, language, and math, and transition support with career pathways.								
Interfaith Bible Center/Compassion Center	Children Adults Seniors	Low-income, homeless victims of trauma	7200	95	100	100	90	50
Services: Free breakfasts, lunches, dinners, support services, career development training, shelter placements, showers, and resources.								
East Central Ministries	Children Adults Seniors	Low-income	1670	10	85	100	25	20
Services: Housing, youth afterschool tutoring and family support, case management, One Hope Health Center, Growing Awareness Urban Farm, community food co-op, Common Good thrift stores.								
Endorphin Power Company	Adults	Low-income	32	100	100	--	0	--
Services: Housing, intensive case management, fitness center, support groups, and community activities.								
First Nations Community HealthSource	Children Adults Seniors	Low-income, refugees, immigrants, asylum seekers, victims of violence and crimes, non-English speaking, LBGTQS+, homeless, urban Indians	11,865	30	100	80	40	30
Services: Medical, dental, mental health, substance use, cultural wellness, Traditional Healing, housing, emergency housing assistance, street outreach, basic subsistence assistance, Medicaid/SNAP enrollment, WIC, case management, victims of crime and human trafficking case management, emergency financial assistance, community health workers, patient navigators, peer support recovery workers, free warm meals, support groups, cultural activities, community activities, street outreach, and mobile clinic outreach.								

New Mexico Asian Family Center	Children Adults Seniors	Refugees, immigrants, asylum seekers, victims of violence and crimes, non-English speaking	377	<1	93	83	--	--
Services: Case management, resource navigation including assistance with basic needs and applications for public benefits, resource referrals, legal consultation or representation, counseling, health, and financial literacy, peer support groups, healing circles, youth leadership development, basic translation, and interpretation.								
Wings for Life	Children Adults Seniors	Low-income families with an incarcerated family member	14,065	90	57	88	--	50
Services: Rehabilitation and education service that empower families, build relationships, mentor, support, and teach life skills, address the unique needs of clients, and strengthen families.								
Women's Global Pathways—Immigrants and Refugee Resource Village of Albuquerque	Children Adults Seniors	Low-income, refugees, immigrants asylum seekers, homeless	30	--	10	100	70	
Services: Medicaid/Medicare assistance, food bank, adult tutoring, read to excel/tutoring youth, computer literacy training, job search, needlework, beading and art classes, nutritional and clothing assistance, access to legal services, emergency housing, disability benefits, community gardening education, social security, supplemental income, access to affordable housing, utility assistance, interpretation, outreach, education, advocacy, direct services, cultural events, and activities.								



An IDDSPC Client Success Story

Nikki, a caring and proud Native American grandmother, did everything she could to help her daughter. But unfortunately, her daughter had been in and out of jail, and the care of her two young children fell to Nikki. Unable to provide for these poor babies on her own, Nikki made the long journey to Wings for Life (WFL). WFL became a lifeline for the grandchildren and Nikki. Providing diapers, formula, and clothes, Nikki took advantage of parenting classes and private tutoring for the children. Nikki was at WFL every week despite the long commute, attending support groups, and seeking guidance from knowledgeable staff. She attended so often, that she called WFL her home away from home! WFL put Nikki and her precious grandchildren on the road to a better tomorrow.

COMMUNITY NEEDS ASSESSMENT KEY FINDINGS

The CNA asked questions about two major social determinants of health—housing and unemployment—that impact residents of the International District and the causes of homelessness and unemployment.

HOMELESSNESS

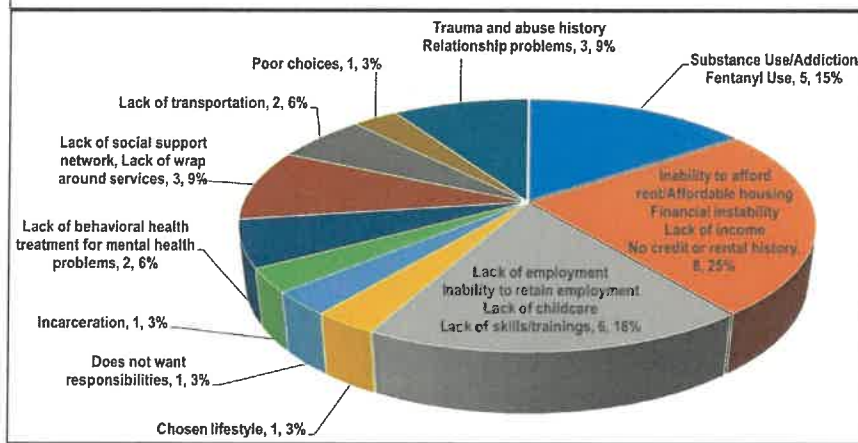
Homelessness is a major social determinant of health that International District residents disproportionately experience. It is defined as not having a home or permanent place of residence. It includes individuals who are living on the street, in a shelter, hotel, car, transitional housing, or doubling up with family or friends. On average, one out of two clients served by member organizations of the IDDSPC is homeless. The respondents of the CNA were asked to identify and rank the leading causes of homelessness experienced by their clients. Twenty-five percent of the respondents identified their clients' inability to afford housing, financial instability, lack of income, or poor credit or rental history as the

primary cause of homelessness. Eighteen percent of respondents identified the lack of employment, the inability to sustain employment, the inability to work due to lack of childcare, or the lack of skills or training as the second most significant contributor to their clients' homelessness. Fifteen percent of respondents identified substance abuse, including overdose of Fentanyl, as another contributor, while nine percent reported trauma and abuse history, relationship problems, and the lack of social support networks or wrap-around services to support precariously housed individuals. Six percent of the respondents identified the lack of behavioral health treatment programs and transportation services. Three percent of the respondents identified clients not wanting the responsibilities associated with being housed, choosing homelessness as a lifestyle, incarceration, or poor life choices as contributors to homelessness.

Table 5. Causes of Homelessness by Number and Percent of IDDSPC Partnering Organizations

CAUSES OF HOMELESSNESS	# of org who agree	%
Inability to afford rent/affordable housing, financial instability, lack of income, no credit or rental history	8	25%
Lack of employment, inability to retain employment, inability to work due to lack of childcare, lack of skills and trainings	6	18%
Substance use/Addiction, Fentanyl use	5	15%
Trauma and abuse history, relationship problems	3	9%
Lack of social support network, lack of wrap-around services to support precariously housed	3	9%
Lack of behavioral health treatment for mental health problems	2	6%
Lack of transportation	2	6%
Not want responsibilities	1	3%
Chosen lifestyle	1	3%
Incarceration	1	3%
Poor choices	1	3%

Figure 10. Causes of Homelessness as Identified by IDDSPC Partnering Organizations (A Graphic Representation of the Data Presented in Table 6)



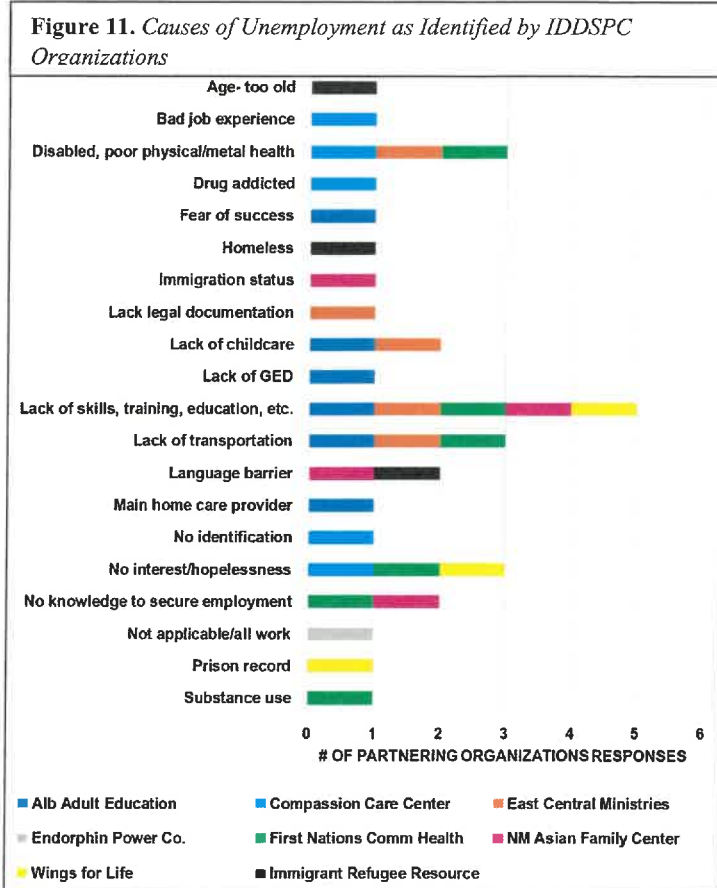
HOMELESSNESS AREAS THAT NEED TO BE ADDRESSED

Table 6. Summary of Homelessness Issues that Need to be Addressed

Lack of income	The lack of income impacts the ability to secure and sustain housing. In addition, no credit or rental history also affects housing. “Over 81% of people served last year are low to moderate income and cannot afford rent.”
Lack of employment	The need for more skills and training affects the ability to secure employment. Therefore, childcare services are essential for securing and retaining employment. “Can’t find a job.” “Young people without skills, education or job placement skills.”
Substance Use	“Substance use, especially with Fentanyl use.”
Mental health	Mental health services were identified as a service gap contributing to homelessness. The lack of available services perpetuates chronic homelessness. “Lack of appropriate treatment.”
Lack of an adequate support system	Support services are needed to address victimization needs and wrap-around services that address social determinants of health needs. “Getting abused by their partner; clients would leave their home.” “Lack of wrap-around services for supporting the precariously housed.”

UNEMPLOYMENT

Unemployment is disproportionately high in the International District. Unemployment is defined as people who are jobless or seeking employment. On average, 6 out of 10 individuals served by IDDSPC organizations are unemployed. The CNA asked respondents to identify and rank common factors contributing to their clients' unemployment. Most respondents (63%) identified a lack of skills, training, and education as the primary cause of their clients' unemployment. Thirty-eight percent of respondents selected being disabled, experiencing poor physical and mental health, or lacking transportation as the second major cause of their clients' unemployment. One-quarter of respondents identified the lack of childcare, language barriers, substance abuse, or the need to be more knowledgeable about securing employment as the third major cause of their clients' unemployment. Twelve percent of respondents identified being too old, being the main care provider, having a negative job experience, being fearful of success, being homeless, being an immigrant, lacking legal documentation, lacking a general-equivalency diploma (GED), lacking identification, or having a prison record as a significant cause of their clients' unemployment.



UNEMPLOYMENT AREAS THAT NEED TO BE ADDRESSED

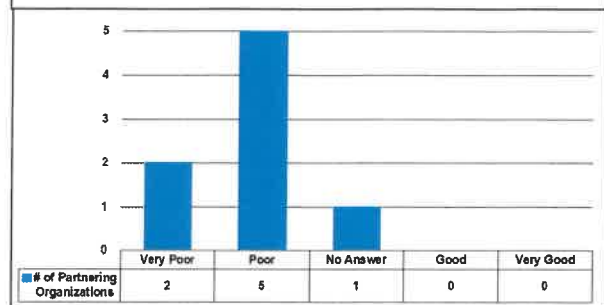
Table 7. Summary of Unemployment Issues that Need to be Addressed

Increase training and educational opportunities	<i>“Lack of skills; our students come with significant life skills but need guidance and confidence to pursue their goals.” “Lack of high school equivalence or fear of success.”</i>
Increase services for transportation	Access to support services such as transportation was identified as essential for securing and sustaining employment.
Increase mental health and health services	<i>“Some people are highly employable. But unfortunately, some people are not employed because of their addiction.”</i>
Increase employee assistance programs with education about how to secure employment	Education about how to secure employment may help individuals become employed. <i>“People need help with how to find employment.”</i>
Increase services for childcare	Access to support services such as childcare was identified as essential for securing and sustaining employment.

HEALTH STATUS OF THE INTERNATIONAL DISTRICT

The International District’s health status is a major concern for its members. A community’s health is its members’ collective physical and mental well-being. Good health allows community members to achieve the economic, social, and physical development fundamental to one’s well-being.²⁵ Good health enables people to realize their aspirations, cope with their environment, and achieve a high quality of life. The CNA survey asked respondents to rate the International District’s overall health status using a five-point Likert scale: *excellent*, *very good*, *good*, *poor*, and *very poor*. One respondent did not respond to this question. Of those who responded, none described the International District’s overall health as excellent, very good, or good. All respondents rated the International District’s overall health status as either poor (63%) or very poor (25%), indicating that the community needs to improve its members’ health status and ensure the economic, social, and physical development necessary for a good quality of life (Figure 12).

Figure 12. How IDDSPC Partnering Organizations View the Health Status of the International District



HEALTH STATUS AREAS FOR IMPROVEMENT

Table 8. Summary of Health Areas in Need of Improvement

Poor health status	<i>“Overall poor health.”</i>
Very poor health status	<i>“Many chronic health conditions.”</i>

HEALTH CONCERNS

Respondents were asked to identify health concerns that affected the populations served (Figure 13). These health concerns caused worry among IDDSPC organizations. Their ratings were as follows: 88% of respondents identified accidents, lack of health insurance coverage, limited access to eye, dental, and healthcare, or violence and trauma as crucial health concerns. Seventy-five percent of respondents identified domestic violence, environmental issues, historical trauma, mental or emotional issues, or substance abuse. Sixty-three percent of respondents identified alcohol abuse, chronic pain, heart disease, human trafficking, lack of prenatal care, limited access to cultural healers, liver disease, obesity, pneumonia, strokes, or racism as key health concerns. Half of the respondents identified breast cancer, diabetes, high blood pressure, lack of prenatal care, limited access to prescriptions, lung disease, tobacco, pneumonia, or poor maternal, infant, and child health. Over a third of respondents (38%) identified vision problems, homicide, immunizations, sexually transmitted diseases, suicide, trauma, colorectal cancer, Hepatitis C, HIV, or tuberculosis. Thirteen percent of respondents identified homelessness, lack of open green spaces, lack of transportation, or pedestrian safety.

Health Concerns

Figure 13. Identified Health Concerns by Number of IDDSPC Partnering Organizations

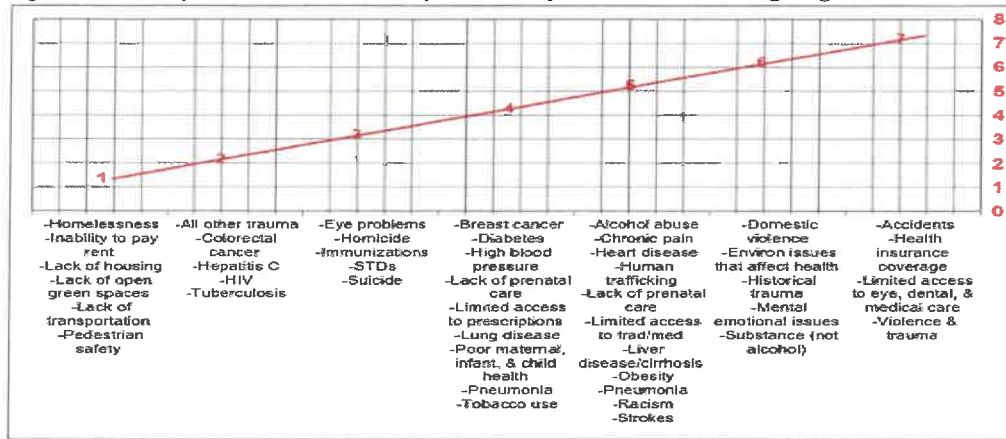


Table 9. Health Concerns Expressed by IDDSPC Partnering Organizations

All Adult Education	Compassion Care Center	East Central Ministries	Endorphin Power Company	First Nations Comm Health	NM Asian Family Center	Wings for Life	Immigrant Refugee Resource
Accidents	Accidents	Accidents	Accidents	Accidents	Accidents		Accidents
Environment issues that affect health	Alcohol abuse	Diabetes	Alcohol abuse	Alcohol abuse	Alcohol abuse		Alcohol abuse
Getting or keeping health coverage	Chronic pain	Domestic violence	All other trauma	Alcohol abuse	Breast cancer		Breast cancer
Homelessness	Diabetes	Environment issues that affect health	Breast cancer	All other trauma	Chronic pain		Breast cancer
Inability to pay rent	Domestic violence	Getting/keeping health coverage	Chronic pain	Breast cancer	Colorectal cancer		Chronic pain
Lack of open green spaces	Getting or keeping health coverage	Heart disease	Diabetes	Chronic pain	Diabetes		Domestic violence
Limited access to affordable prescription	Heart disease	High blood pressure	Domestic violence	Colorectal cancer	Environment issues that affect health		Environment issues that affect health
Limited access to trained healer	High blood pressure	Historical trauma	Environment issues that affect health	Domestic violence	Eye problems		Eye problems
Limited access to dental care	Historical trauma	Human trafficking	Eye problems	Environment issues that affect health	Getting/keeping health coverage		Getting/keeping health coverage
Limited access to eye care	Human trafficking	Immunizations	Getting/keeping health coverage	Heart disease	Heart disease		Heart disease
Lack of housing	Immunizations	Limited access to dental care	Hepatitis C	Hepatitis C	Historical trauma		High blood pressure
Lack of transportation	Lack of parental care	Limited access to medical care	High blood pressure	Historical trauma	Human trafficking		Historical trauma
Lack of parental care	Limited access to eye care	Limited access to medical care	Historical trauma	HIV	Immunizations		Homicide
Domestic violence	Limited access to medical care	Limited access to prescription	HIV	Homicide	Limited access to eye care		Human trafficking
Limited access to medical care	Liver cirrhosis	Mental/emotional health issues	Homicide	Human trafficking	Limited access to dental care		Immunizations
Mental/emotional health issues	Mental/emotional health issues	Obesity	Human trafficking	Lack of parental care	Limited access to medical care		Lack of parental care
Obesity	Obesity	Stroke	Limited access to eye care	Limited access to eye care	Limited access to trained healer		Limited access to eye care
Perfection safety	Stroke	Violence & trauma	Limited access to dental care	Limited access to medical care	Liver cirrhosis		Limited access to dental care
Racism	Violence & trauma		Limited access to medical care	Limited access to prescription	Lung cancer		Limited access to medical care
Substance use other than alcohol			Limited access to trained healer	Limited access to trained healer	Lung disease		Limited access to medical care
Tobacco use			Liver cirrhosis	Liver cirrhosis	Mental/emotional health issues		Limited access to prescription
Violence & trauma			Lung cancer	Lung cancer	Pneumonia		Limited access to trained healer
			Lung disease	Lung disease	Pneumonia		Liver cirrhosis
			Pneumonia	Pneumonia	Poor maternal, infant & child health		Lung cancer
			Poor maternal, infant & child health	Poor maternal, infant & child health	Prostate cancer		Lung disease
			Obesity	Prostate cancer	Obesity		Mental/emotional health issues
			Pneumonia	Racism	Racism		Pneumonia
			Poor maternal, infant & child health	Sexually transmitted diseases	Stroke		Poor maternal, infant & child health
			Prostate cancer	Stroke	Substance use (not alcohol)		Prostate cancer
			Racism	Suicide	Suicide		Racism
			Sexually transmitted diseases	Tuberculosis	Tuberculosis		Sexually transmitted diseases
			Stroke	Violence & trauma	Violence & trauma		Stroke
			Substance use (not alcohol)				Substance use (not alcohol)
			Suicide				Tobacco use
			Tobacco use				Violence & trauma
			Violence & trauma				

HEALTH CONCERNS THAT NEED TO BE ADDRESSED

Table 10. Summary of Health Concerns that Need to be Addressed

Accidents	Respondents identified accidents as a major health concern. <i>“All types of accidents are included.”</i>
Lack of health insurance	The lack of insurance affects access to healthcare and contributes to poor health status. <i>“Not having insurance affects health in every way.” “This includes getting and keeping coverage.”</i>
Limited eye, dental, healthcare	Vision, dental, and healthcare services are limited. <i>“These needs are significant, but the services are limited.”</i>
Violence and trauma	The International District’s population experiences high rates of victimization. <i>“Victims of violence and trauma need services to address their victimizations.” “All trauma types including physical, emotional and psychological trauma.” “Victimization also includes historical trauma.”</i>
Lack of access to behavioral needs	Unmet behavioral health needs are a health concern. <i>“Substance abuse and mental health service needs are significant.”</i>



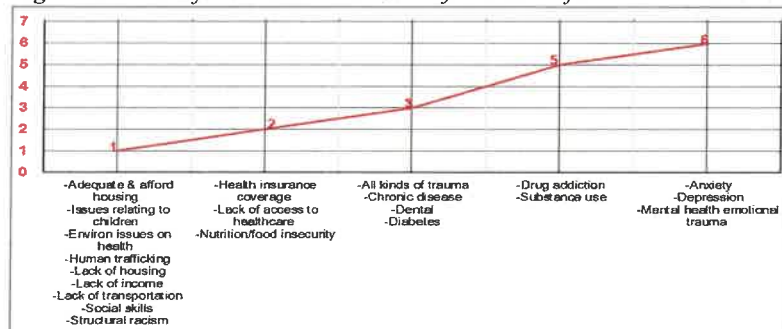
An IDDSPC Client Success Story

Josephine is an elderly Native American grandmother living in Albuquerque with her daughter and two grandchildren. One day, she fell while bringing groceries into the home. Her daughter immediately called First Nations Community HealthSource (FNCH) for an appointment. FNCH was able to see her through the walk-in clinic that same day. She was scheduled for an x-ray appointment at a local hospital. Also, the FNCH healthcare provider conducted a complete medical workup. Her lab results indicated borderline diabetes. Josephine was connected with FNCH's diabetes program, which provided diabetes prevention education, safe exercise routines, healthy diet information, and follow-up appointments to monitor her borderline diabetes. With regular visits and testing, her blood sugar levels decreased to normal levels, and she changed her daily routine to include walking a mile every day to stay healthy.

HEALTH PRIORITIES

Given these health concerns, IDDPSC members were asked to rank their health priorities in order of importance using a scale from 1 (highest priority) to 5 (lowest priority) for their clients (Figure 14). The majority of respondents (75%) identified anxiety, depression, and mental health or emotional issues as the highest priority for their clients, followed by 63% who identified drug addiction and substance abuse, then 38% who identified trauma, chronic diseases, oral health, or diabetes, and lastly, 25% who identified health insurance coverage, healthcare access, and nutrition or food insecurity (Table 11). Other responses included adequate and affordable housing, issues relating to children, environmental issues affecting health, lack of income and transportation, social skills, and structural racism.

Figure 14: Identified Health Priorities by Number of IDDPSC Partnering Organizations



HEALTH PRIORITIES THAT NEED TO BE ADDRESSED

Table 11. Summary of Health Priorities that Need to be Addressed

Mental health	Mental health needs, including anxiety, depression, mental health, and emotional trauma, are significant.
Substance abuse	Substance abuse needs are a significant health need. <i>“Drug addiction and substance use with major health needs.”</i>
Trauma	Awareness of the trauma history and experiences of the International District’s residents has implications for providing trauma-informed care. <i>“This includes all types of trauma.”</i>
Health	Participants noted chronic health conditions of obesity, diabetes, and dental as being major health areas.
Health insurance	The lack of health insurance was tied to access to healthcare and prevention services.

SERVICE AND POLICY NEEDS

The CNA asked respondents to identify and rank their top service needs in order of importance using a scale from 1 (highest priority) to 10 (lowest priority). Over half of the respondents identified healthcare, dental care, eye care, affordable healthcare, or health insurance as their clients' most pressing service needs. These service needs were followed by affordable housing, mental health, supportive behavioral healthcare, employment assistance, and transportation services. Thirty-eight percent of respondents prioritized neighborhood safety, case management or navigation services, substance abuse, and treatment centers as major client service needs. Having a safe neighborhood that allows people to walk at night, having well-lit streets, reducing gun violence, and making communities feel safe also appeared as crucially important needs. Other mentioned needs were essential subsistence services, such as shelters, showers, clothing, social needs, motivation, friendship, engagement, childcare, income support, youth mentoring, afterschool programs, outreach, services to protect women, financial aid, public benefits, historical trauma, senior services, 24-hour expanded care services, and a different form of policing (Table 12). Members of the partnering organizations gave more weight to some service needs than others. Healthcare and affordable housing topped the list in importance (Table 13).

Table 12. Service Needs: Highest Priority to Lowest Priority

Healthcare with Dental & Vision	6	Highest Priority ↑
Affordable healthcare		
Health insurance		
Affordable housing / Housing or utility assistance / Inability to pay rent	5	
Mental health	4	
Supportive behavioral health services including local support groups	4	
Food & nutrition	4	
Job assistance for employment / Training	4	
Transportation services	4	
Neighborhood safety / Street lighting / Make communities safe / Gun violence	3	
Case management & navigation	3	↓ Least Priority
Substance use / Treatment centers	3	
Language translation	2	
Legal services	2	
Shelter	1	
Showers	1	
Clothing	1	
Social	1	
Motivation	1	
Friendship	1	
Engagement	1	
Participation	1	
Acceptance	1	
Childcare	1	
Income support	1	
Supportive community engagements & neighborliness	1	
Youth mentoring & engagement	1	
Regulation of predatory business that target the poor	1	
Afterschool program activities that promote education & community	1	
Outreach	1	
Anything geared to protect women	1	
Traditional healing	1	
Social support needs	1	
Financial Support	1	
Public benefits	1	
Historical trauma / adverse childhood experiences	1	
Not know how to access resources	1	
Senior services	1	
Expanded services with 24-hour care	1	
Policing but not regular policing/Community appropriate law enforcement practices	1	

SERVICE AND POLICY AREAS THAT NEED TO BE ADDRESSED

Table 13. Summary of Service and Policy Issues that Need to be Addressed

Healthcare	Healthcare needs include health, dental, and vision.
Housing	Respondents expressed concerns about the lack of affordable housing and the inability to pay rent for those housed and unhoused as major needs.
Food and Nutrition	Access to healthy food and nutrition was a service need for International District's residents.
Job Assistance for Employment and Training	Employment needs around securing employment and trainings were service needs.
Transportation	Transportation services are essential for health as well as employment.



An IDDSPC Client Success Story

Maria was an overwhelmed mom to six young children. Yet, despite her circumstances, Maria knew she wanted more out of life. So, Maria turned to Albuquerque Adult Learning Center (AALC) for help paying for community college. After several successful semesters, Maria is now studying to become a Certified Public Accountant. On top of this, Maria became a board member of Albuquerque Education's student body and began to tutor other students. She was even featured in the Albuquerque Journal and will soon receive the Spirit Award. AALC helped Maria with her education and made her a role model for her six children and her community.

BARRIERS TO CARE

A deep understanding of the barriers to care experienced by community members is critical for increasing their access to care and improving health outcomes. Respondents were asked to identify and rank barriers to care experienced by their clients using a scale from 1 (most important) to 10 (least important). A lack of housing was rated the top barrier, followed by a lack of substance abuse and mental health treatment, unemployment, or a lack of cultural support. Also, respondents identified the lack of education, transportation, income, and for food security as the third most significant barrier experienced by their clients. Other barriers identified by each organization were lack of health education, family support system, lack of trust, immigration issues, lack of childcare, unsafe streets, lack of green space, lack of community infrastructure, food insecurity, adverse childhood experiences, and lack of insurance. Service-related barriers included lack of domestic violence treatment, oral health, social support, case-management services, and 24-hour assistance.

"The International District has for too long been neglected, and a "Band-Aid" approach to funding these local programs costs double with the interventions coming too late. In canvassing for a community organizer, I observed that too many residents are not opening their doors. Isolation and fear in one's community breed its own health issues, including mental health and suicide."

—an IDDSPC member



Table 14. Ranking of Barriers to Care by IDDSPC Partnering Organizations

Other Barriers	Impact of Barrier
Lack of housing	High transient, moves, chronic displacement of people and their lives based on high rents and inadequate housing options.
Lack of substance abuse treatment and mental health treatment	We have many folks living in tents on our sidewalks.
Mental health	Returning to in-person resulted in mental health symptoms and trauma including significant anxiety, depression, during and before pandemic.
Lack employment	Inability to get equitable wages to support themselves and families.
Cultural Language	Inability to compete for jobs.
Lack of HS Diploma or education	Many students seek food resources poor eating and poor health.
Food insecurity, lack of affordable nutrition	Seek online services when most need 1:1 or in person to succeed.
Transportation	People don't get preventative care and do get medical debt
Lack of affordable health care, health care, preventative care	Single incomes and stresses of family life too much for one person.
One parent household, inability for parent to get help if single parent if breadwinner poverty stricken with kids	
Financial	Family typically supports each other with positive influence and often this community does not have someone to guide them to these services.
Lack of health education	Many lack citizenship and hide away in fear of being deported.
Lack of family support system	Creation of a permanent underclass of workers.
Lack of trust of the system	Many students are parents and need reliable childcare.
Immigration issues	People don't feel safe to walk, get to know neighbor or take family to park.
Childcare	Affects mental and emotional health.
Unsafe Streets	Too much concrete, fencing, barbed wire for conducive community sense of well-being. Pedestrian fatalities due to poor sidewalks and major streets with high speeds through community.
Lack of greenspace	
Community infrastructure	
Most beds taken up by men and leave out women harder because lack of access to females, including women with children and complete families	
Criminality with warrants and judicial system because might get on radar with law	
Domestic violence / Scarcity	
24-hour services to get help	
Oral health care / Social supports	
Case management	
Lack of knowledge about how to access services / health insurance	
No family services	
Prison Record / Isolation	
ACES and not know how to make changes	

BARRIERS TO CARE ISSUES THAT NEED TO BE ADDRESSED

Table 15. Summary of Barriers to Care Issues that Need to be Addressed

Lack of access to housing	The lack of housing causes high levels of transiency and displacement, a barrier to care. <i>“Highly transient, moves around a lot, chronic displacement of people and their lives based on high rents and inadequate housing options.” “We have many folks living in tents on our sidewalks.”</i>
Lack of access to substance use and mental health services	Unaddressed mental health and substance use services are barriers to care. <i>“Returning to in-person resulted in mental health symptoms and trauma including significant anxiety, depression, during and before the pandemic.”</i>
Lack of access to employment	The lack of employment creates financial instability. <i>“Inability to get equitable wages to support themselves and their families.”</i>
Lack of access to cultural services	Cultural services are important to refugees, immigrants, and other community members to address their health and other needs.
Lack of access to educational services	Educational services, both in-person and online, are needed to help people succeed. <i>“The lack of a high school diploma or education” “Many people seek online seeking when most need 1:1 or in-person to succeed.”</i>

SERVICE GAPS

Identifying gaps in the service system is needed to facilitate addressing community needs. A service gap occurs when services that should be provided are not currently being provided. When asked to identify and rank the importance of service gaps in the International District using a scale of 1 (most important) to 10 (least important), the majority of respondents listed the lack of or limited access to affordable housing, transportation, mental health providers, safety patrols, and accessible addiction treatment options as the top five service gaps. Other service gaps included comprehensive planning for the homeless, more senior support programs, case managers, job training programs, education beyond middle school, postsecondary education completion, substance abuse prevention, policing services to deal with mental health issues, and more support groups. Additionally, one respondent suggested a comprehensive city plan for International District economic development, more medical bridges for those discharged from treatment centers, immediate admissions to outpatient programs without long waits for appointments, financial assistance, 24-hour services, more community programs, and more public-health policies that target vulnerable populations.



An IDDSPC Client Success Story

Jennifer was at the end of her rope. Not only was she in danger of getting the electricity and water turned off, but her landlord also threatened eviction. With nowhere to turn, she came to East Central Ministries (ECM). Jennifer thought ECM would help with the bills and send her on her way. But Jennifer was given more help than she could have ever dreamed. Jennifer's case manager helped her become a better mom and community member through budgeting courses, stress management, and personalized care. Today Jennifer is attending school and is in the process of obtaining her CDI. Although Jennifer walked into ECM to get help with her bills, she walked out of ECM a confident woman with a bright future.

Table 16. Service Gaps Identified by IDDSPC Partnering Organizations

<ul style="list-style-type: none"> • Adequate Housing / Affordable Housing that foster community building and engagement, more affordable housing including voucher programs and comprehensive city planning unhoused, homeless 	<ul style="list-style-type: none"> Alb Adult Education East Central Ministries First Nations Comm HealthSource
<ul style="list-style-type: none"> • Transportation 	<ul style="list-style-type: none"> Alb Adult Education Immigrant Refugee Resource
<ul style="list-style-type: none"> • Limited mental health physicians, more behavioral health 	<ul style="list-style-type: none"> Alb Adult Education First Nations Comm HealthSource
<ul style="list-style-type: none"> • Adequate policing of neighborhoods • More community safety teams and less APD 	<ul style="list-style-type: none"> Alb Adult Education East Central Ministries
<ul style="list-style-type: none"> • More accessible treatment options for those in addiction 	<ul style="list-style-type: none"> East Central Ministries Immigrant Refugee Resource
<ul style="list-style-type: none"> • More senior support programs 	<ul style="list-style-type: none"> NM Asian Family Center Immigrant Refugee Resource
<ul style="list-style-type: none"> • Not enough case managers • Not enough treatment / More funding • Low skilled job training programs • Lack of education beyond middle/high school • Low post secondary education completion • Substance abuse rates • Lack of trained police to deal with mental health • Smaller community solutions for issues of mental health such as walking/support groups • Comprehensive city plan for the International District Economic Development • More medical bridges for those getting out of treatment • Immediate admission to services like being able to walk out of detox into counseling or inpatient treatment • Financial help to have a way to live while trying to complete programs • 24-hour services that cover all services • More employment, educational, prevention education and specialty care services • More community-based assistant program • More public health policies that protect the vulnerable 	<ul style="list-style-type: none"> Alb Adult Education Compassion Care Center East Central Ministries Endorphin Power Company First Nations Comm HealthSource Wings for Life

SERVICE GAPS THAT NEED TO BE ADDRESSED

Table 17. Summary of Service Gaps that Need to be Addressed

Lack of housing	The service system needs more affordable housing programs to address the high rates of homelessness. “High homelessness.” “The homeless stay homeless and get discouraged.” “High homelessness and high crime.” “Not able to secure or sustain housing.” “More affordable housing programs including voucher programs.”
Transportation	The lack of access to transportation services is a service gap.
Mental health	Respondents identified the lack of mental health services as a service gap. “High mental health problems and transient populations.”
Safety patrols	Safety patrols by trained police or community members are needed to help the community stay safe. “Regular police shootings.” “Lack of trained police to deal with mental health.” “More community safety, fewer police patrols.”
Accessible treatment options	Increasing the available treatment options is essential to meet the International District’s needs. “Criminal justice system encounters and victimization.” “Chronic health conditions, poor health.” “Lack of community-based assistance programs.” “Chronic and health disparities and social determinants of health.” “More 24-hour services.” “Not enough treatment.”

UNMET SERVICE NEEDS

Identifying and prioritizing unmet service needs is an essential step towards ensuring that the existing service system in the International District is responsive to the needs of the community members it serves. An unmet service need is defined as a need not adequately addressed by existing services. Respondents ranked the top five unmet service needs among its clients in order of importance, with a scale of 1 (most important) to 10 (least significant). The identified needs included coordinating International District nonprofits to develop affordable housing solutions, strategic planning, and visioning for creating systemic and policy changes, increased involvement of grassroots and outreach organizations, more safe places for community members, and increased behavioral-health services (Table 18). Other recommendations

included increasing the behavioral health workforce with more social workers, creating a cross-referral system to connect participants to International District services, increasing adult education and pre-apprenticeship training programs, and providing more English-as-a-Second-Language (ESL) services to support refugee and immigrant populations. By taking into account the identified unmet needs and creating a timeline of actionable steps to address them, service providers can ensure that the community’s needs are met in a timely manner.

“In my vision of the International District, we have a much more coordinated and integrated community, being generally guided by a larger comprehensive plan that helps move the needle on housing, healthcare, employment, infrastructure, and general community safety and wellness solutions.”

—an IDDSPC member



Table 18. IDDSPC Partnering Organizations’ Priorities for Unmet Service Needs

1	• Coordination of our ID nonprofits to develop more of our own affordable housing solutions.
2	• More strategic planning and visioning for creating systemic and policy changes. • Reach out to more grassroots organizations to find out how they are and talk to them including outreach organizations.
3	• Create safe places for community.
4	• Increase mental health support services, encourage mental health.
5	• Increase social workers to work with International District.
6	• Develop Cross referral system to connect members to services in the International District.
7	• More adult education services in the International District.
8	• Add pre-apprenticeship programs in the International District.
9	• Add ESL services to support refugee and immigrant populations.

(1=Most Important, ID=International)

UNMET SERVICE NEEDS FOR IMPROVEMENT

Table 19. Summary of Unmet Service Needs that Need to be Addressed

Direct International District’s nonprofits to develop more affordable housing solutions	Affordable housing programs are a significant unmet service need in the International District <i>“Stabilize individuals with housing, encourage the city and county to create more housing.” “Collaboration, resource sharing, networking, and increased funding.”</i>
Strategic planning and visioning for creating systemic and policy changes	Strategic planning and visioning for creating system changes and policies are needed in the International District. Planning. Visioning should include substance use recovery programs, health services, opportunities for healthy lifestyles, social skills and community engagement, family support, and basic subsistence programs. Also, increased funding to expand and enhance existing services is an unmet service need. <i>“Create more recovery programs that reconcile parents and children, motivate individuals to attend to their health.” “Encourage more exercise and positive social skills.” “Build self-esteem.” “Build community engagement.” “Increase community-based assistance programs.” “Increase family</i>

	<i>support programs, basic subsistence programs such as housing, transportation, food, etc.” “Increased funding creates opportunities for existing programs to expand or enhance existing services.”</i>
Involvement of more grass-roots organizations in solutions	Greater involvement by grassroots and outreach programs may address International District’s health.
Create safe places in the community.	Creating safe communities and places for community members to socialize and engage in healthy lifestyle activities is essential. “Increase safety and decrease isolation.”
Increase mental health services.	Mental health services and increased behavioral health workforce capacity are significant unmet needs in the International District. “Increase mental health support and increase social workers to work with International District service providers.”



An IDDSPC Client Success Story

Paul didn't think life was worth living anymore. Alcohol became his way to escape from the world around him, but it was never enough. One day Paul tried to take his own life. He wasn't successful but sustained multiple injuries. Subsequent surgeries left a depressed Paul out on the streets and homeless. Local shelters helped at night, but the days were long and hot. He had nowhere to turn until he made the decision to see Endorphin Power Company (EPC). The staff of EPC helped Paul find a real place to live. Once he was safe in a house, Paul received behavioral health services to help with his depression and alcoholism. Now Paul is seeking full-time employment. He has been sober since enrolling in EPC's program. Paul wakes up with hope, a feeling he thanks EPC every day.

SYSTEM CHANGE RECOMMENDATIONS

IDDSPC members expressed that system changes are essential for improving the quality of life among International District residents and addressing the root causes of social problems. A service system is a configuration of organizational networks designed to deliver services to address needs, interests, and desires. System changes recommendations are intended to improve the responsiveness of the service system in meeting community needs. Respondents identified and ranked city and community planning for issues such as housing, street safety, and economic development as the highest priority for their clients, followed by mobile healthcare, 24-hour access to basic medical services, and increased capacity for health and social support services (Table 20). In addition, increased housing development was identified as a priority, along with increased grassroots programs, housing Wings for Life in the International District, and having elected officials speaking the native language of the refugees receiving case management services. These changes are recommended for improving the health and wellness of community members in the International District, with an emphasis on providing access to health and social support services, creating a safe environment, and fostering economic stability.

Table 20. Ranking of Recommendations for Changing the System

RANK	RECOMMENDATION
1	Universal healthcare, mobile health, 24-access with mobile health services, increased health, and social services capacity.
2	Adult education programs and other educational programs.
3	Increase housing development, mental health services, and social workers.
4	Less bureaucracy, address anti-donation clause.
5	Increase care coordination, referral networking, access to income sources, access to insurance, essential subsistence services, family services, and community awareness about existing services.
6	House Wings for Life’s headquarters in the International District.
7	Elected officials should visit programs that serve the refugee and immigrant communities.

(1=Most Important)

SYSTEM CHANGE AREAS FOR IMPROVEMENT

Table 21. Summary of System Changes that Need to be Addressed

Universal healthcare, mobile health services, 24-hour access with mobile health program for essential medical services. Increased capacity for health and social support services.	Increased health and social services, mobile health services, and 24-hour services to improve access. <i>“Healthier and better quality of life.” “Lives will be saved.” “Universal healthcare.”</i>
Increase education programs.	Increased education programs can lead to increases in employment and income.

POLICY RECOMMENDATIONS

Public health policies can result in regulations, laws, and plans that prevent disease and improve health. These policies can bring about significant positive impacts in communities, including saving lives, improving quality of life, and reducing human suffering. Local policies can also directly affect the economic prosperity of communities. The top-ranked policy recommendation was investing in affordable, supportive housing that includes addiction recovery services. The second most highly ranked policy recommendation was the implementation of universal healthcare and improved coordination between hospitals and community-based programs to ensure greater continuity of care. Third on the list of policy recommendations was immigration reform, followed by universal childcare, educational support for young and returning students, post-incarceration support, and coordination of programs across populations. When effectively implemented, these policy recommendations can significantly improve the health and well-being of the International District’s communities by creating thriving, vibrant, and sustainable environments for all members of society (Table 22).

Table 22. Ranking of Policy Recommendations for Improving Health

1	• Invest in affordable and supportive housing, investment in supportive housing with addiction recovery. Safer housing.
2	• Universal healthcare. Referrals from hospitals to community-based programs for follow up and continued care.
3	• Immigration reform.
4	• Universal child care.
5	• More educational support for young and returning students.
6	• Post incarceration support including housing, education, and employment opportunities.
7	• Coordinate programs across populations.

(1=Most Important)

POLICY AREAS FOR IMPROVEMENT

Table 23. Summary of Policy Issues that Need to be Addressed

Invest in affordable and supportive housing, addiction recovery housing, and safer housing or basic medical services. Increased capacity for health and social support services.	Affordable, supportive, and safe housing was the top policy recommendation. <i>“Invest in affordable and supportive housing.”</i>
Universal healthcare with support referrals from hospitals to community programs.	Affordable, accessible, and coordinated healthcare services.

DATA ANALYSIS

STRENGTHS, WEAKNESSES, OPPORTUNITIES, AND THREATS ANALYSIS

The survey responses were grouped into four categories to aid in pattern and trend identification, strengths, weaknesses, opportunities, and threats. The Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis used these four criteria to evaluate internal and external factors and their strengths and weaknesses. These criteria are strengths of the International District community, weaknesses or gaps in the available community services, opportunities that exist in the community to address needs, and threats or challenges that diminish the community's ability to manage its needs. The results of this analysis should be helpful in terms of guiding future analyses, community collaborations, and strategic plans to improve the health of the International District's residents. This information is summarized in Table 24.

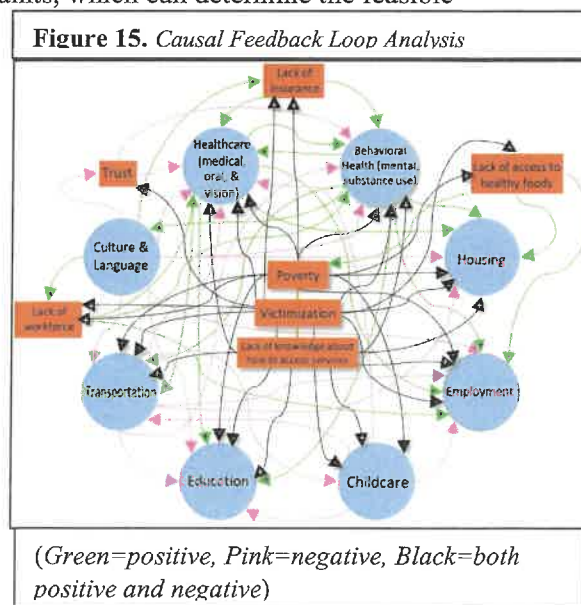
Table 24. Strengths, Weaknesses, Opportunities, and Threats (SWOT) Analysis

STRENGTHS	WEAKNESSES	OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> • Cultural diversity • DSPC commitment & services • County support & involvement • Refugee & immigrant programs • Asian family support program • Rehabilitation programs for prisoners & their families • Comprehensive health care & behavioral health programs • Adult learning center with English as a second language program, adult, & youth education programs • Job development programs • Food co-op & Growing Awareness Urban Farm programs to increase food security • Compassionate care services that address basic subsistence needs of homeless individuals • Transitional housing for people in recovery • Cultural services • Economic development programs 	<ul style="list-style-type: none"> • High unemployment • Low education levels • Unaffordable housing & childcare • Lack of transportation services • Imprisonment & incarceration history • Lack of identification cards • Poor credit history / Poor choices • Poverty or low income • Abusive relationships • Victimization (domestic violence, human trafficking, crimes, gun violence, etc.) • Lack of adequate community/social supports • High homelessness rates • Untreated mental health issues • Untreated substance abuse issues • Lack of English language skills • Disabled • Lack of healthy food security • Lack of health insurance • Environmental issues affecting health • Safety issues (unsafe streets & public areas) • Lack of basic subsistence needs • Trauma history • Lack of legal assistance • Lack of knowing how things work in the U.S. • Cultural barriers • Lack of health education • High chronic disease rates • Low life expectancy rates • Limited program funding • High literacy needs • Lack of effective public health policies • Lack of family support programs • Lack of behavioral health programs • Limited healthy lifestyle opportunities 	<ul style="list-style-type: none"> • Leverage resources • Coordinate care • Create referral networks • Take advantage of funding opportunities • Create strategic visioning & planning to create systemic & policy changes • Engage state, city, & county resources • Create mobile health services • Establish 24-hour call-in resource center • Expand education, job growth, behavioral health, recovery, affordable housing, healthcare, & other services • House WINGS' new headquarter in the ID • Promote food security networks & programs • Create partnerships w/other programs, including the County • Increase economic development • Increase housing development • Engage elected officials to meet w/programs & provide support • Increase workforce, including case management & social workers • Decrease bureaucracy wants • Support universal healthcare • Promote healthy lifestyle • Increase community safety • Increase health literacy & English as a second language • Create more green open spaces • Support immigration reform • Support universal childcare • Increase youth & adult education programs • Increase healthy food resources • Increase prevention education • Increase employment prospects • Increase police training to include how to work with individuals with mental health needs • Increase services that can bridge care for those that are discharged from inpatient to outpatient programs to ensure continued care • Increase housing voucher programs • Increase programs that address violence including gun violence • Increase programs serving women & children 	<ul style="list-style-type: none"> • Lack of funding • Competing interests among collaborators • Workforce shortages • Lack of support by key stakeholders

CAUSAL FEEDBACK LOOP ANALYSIS

A causal loop analysis provides insight into the relevant causes and effects of a need or problem within the International District and the broader environment. It identifies the system's underlying feedback structures and intervention points and the natural constraints, which can determine the feasible recommendations. This analysis reveals that poverty, lack of knowledge, and victimization are pervasive in the International District and have a cumulative impact on almost every area of functioning, as well as impacting barriers to care. The plus sign (+) in Figure 15 indicates a positive relationship in which an increase in a causal variable leads to an increase in the effect variable. In contrast, a minus sign (-) means a negative relationship in which an increase in the causal variable leads to a decrease in the effect variable. Any solutions for the International District must use a systems perspective and avoid isolating issues. The most prominent feature of this casual loop analysis was the pervasive impact of poverty in almost every single area. The cumulative effects of poverty, lack of knowledge, and victimization affect nearly every single area of functioning (Figure 15).

Figure 15. Causal Feedback Loop Analysis



CONCLUSIONS

International District residents experience significant challenges addressing their basic needs, health, well-being, education, employment, and financial wellness. They lack steady income, stable housing, and access to healthcare. Consequently, they struggle to maintain financial stability and provide their families with a safe and healthy living environment. These residents also experience significant health disparities that diminish their quality of life and ability to function. The findings of the community need analysis from responses from IDDSPC member organizations are consistent with secondary data obtained from various levels of government, as discussed above. When taken together, these multiple data sources underscore the adverse effects of low socioeconomic status and the barriers to receiving needed services that are highlighted throughout this report.

The International District’s needs are interrelated and have overlapping themes. The SWOT and the causal feedback loop analyses highlight the critical links between needs and their interrelationships. Addressing these needs requires making changes to strengthen and improve the system in which they operate. Bi-directional leveraging of existing resources, service coordination, and increased funding should help address needs, gaps, and barriers. Income, as an example, is a powerful social determinant of health for International District communities. With sustainable income, area residents can maintain financial stability and provide their families with a safe and healthy living environment. A lack of income, on the other hand, diminishes their ability to meet basic needs, including transportation, childcare, employment, housing, and food. Some families must decide whether to pay rent and be hungry or buy groceries and risk eviction. A sustainable income can expand one’s opportunities. Solutions that address the International District’s needs must ensure that services are accessible, affordable, and culturally appropriate.

In the International District, investment in affordable and supportive housing is a policy recommendation for improving community health. This should include housing that incorporates addiction recovery services and other forms of support for those in need. Universal healthcare, coordinated care between hospitals and community-based programs, and immigration reform are also vital aspects of improving the health of this community. Universal childcare and educational support for young and returning students, as well as post-incarceration support and coordination of services across different populations, are essential to creating a healthier and more equitable society. If implemented and maintained, these policies will certainly improve the community's quality of life and economic prosperity.

Table 25. *Priority Listing of Needs Identified in the Community Needs Analysis*

PRIORITY (1=Top Priority)	NEED
1	Comprehensive behavioral health services, including mental health and substance use services.
2	Comprehensive healthcare service needs, including medical, dental, and vision care.
3	Employment
4	Housing
5	Education
6	Transportation
7	Childcare
8	Safety
9	Cultural and Linguistic Competence

(1=Top Priority)

"If I give people something to be proud of and take care of and create a sense of self, I tend to cherish more, so invest more in people and neighborhoods from curb appeal and help them get jobs. So that is what I would do."

—an IDDSPC member



- **Comprehensive behavioral health service needs, including mental health and substance use services**, were ranked first among the needs of International District residents. Mental health includes emotional, psychological, and social well-being.²⁶ Substance use can contribute to the development of mental illness and vice versa. Untreated mental health and substance use problems can result in disability, unemployment, homelessness, incarceration, suicide, and diminished quality of life. Significant issues can prevent or hinder International District residents from seeking or receiving proper treatment. IDDSPC members identified the lack of transportation, health insurance, treatment programs, and knowledge about behavioral health conditions as barriers. They also acknowledged the need for more behavioral health resources, including case managers, clinicians, and 24-hour services to assist the community in addressing substance use and mental health needs.
- **Comprehensive healthcare service needs, including medical, dental, and vision care**, were ranked second among International District residents' needs. Access to healthcare services is essential for health, wellness, and life expectancy. Unfortunately, International District residents face various obstacles to receiving healthcare services, such as lack of transportation, health insurance, treatment programs, and knowledge about health conditions. A lack of access to healthcare services negatively affects health, wellness, and life expectancy. To address this need, IDDSPC members recommended 24-hour services and mobile health resources, including medical, dental, and vision care, to increase access to healthcare services.
- **Employment** was ranked third among the needs of International District residents. Employment is a social determinant of health and a health equity issue that is linked to healthcare access. Employment is essential to one's health and wellness because it provides income stability, a sense of purpose, social networks and support, opportunities for skills development, intellectual challenges, personal growth, and a sense of balance in life. Unemployment harms health by causing stress, homelessness, poverty, or unhealthy coping behaviors. Several issues can prevent or hinder individuals from securing employment. IDDSPC members identified limited training information and opportunities, a lack of available jobs, and limited career and educational opportunities as barriers. IDDSPC members also identified a need for more coordination of services and communication among providers to help job seekers find the best solution for their needs.
- **Housing** was ranked fourth among the needs of International District residents. Homelessness is a complex problem that is exacerbated by many issues, including poverty, housing shortages, the lack of knowledge and resources, transportation, and personal preferences. Homelessness can be transitional, episodic, or chronic. It is closely connected to physical and mental health declines, shorter life spans, and high rates of health problems, including HIV, substance use, mental illness, tuberculosis, victimization, and incarceration or criminalization. IDDSPC members identified these factors as critical barriers to securing and sustaining housing. As a result, people experiencing homelessness are at a greater risk of suffering physical and mental health issues, shorter life spans, and high rates of health problems. To effectively address homelessness in the International District, a strategic plan must be developed to identify and address

its root causes. Any plan should include increased access to income and housing programs, the development of more affordable housing, and the creation of shelters to provide safe, secure housing for those now living without basic necessities. Education and resources should be provided to homeless persons to help them access and maintain housing. By working together to address these issues, the IDDSPC can help reduce homelessness in the International District and improve the health of its residents.

- **Education** was ranked fifth among the needs of International District residents. Education is an essential part of life and is key to achieving psychological stability, financial security, and societal equality. It provides opportunities to grow, learn, and develop positive social skills and a work ethic. It is a prominent factor in living a happy, healthy, and prosperous life. A lower level of education is linked to lower income, which in turn is linked to poor health. Unfortunately, many individuals in the International District need help with educational opportunities. Additionally, there needs to be more knowledge of educational resources. To address this, IDDSPC members recommended increasing educational programs that offer in-person and virtual services.
- **Transportation** was ranked sixth among the needs of International District residents. Access to transportation is associated with increased mobility, which can improve quality of life. On the other hand, inadequate transportation can increase social isolation and the risk of early mortality, depression, dementia, and unemployment. As barriers, IDDSPC members identified inadequate income, shortage of public transportation services, lack of a vehicle, inadequate infrastructure, and unfair policies affecting travel.
- **Childcare** was ranked seventh among the needs of International District residents. Childcare is an essential service that cares for children so parents can tend to other obligations. Childcare services promote income stability and health, allowing parents to secure employment and sustainable incomes. However, significant issues prevent or hinder access to childcare. For example, IDDSPC members identified the inability to afford childcare services as a barrier and acknowledged that childcare affects other social determinants of health.
- **Safety** was ranked eighth among the needs of International District residents because it is essential to ensuring community members' health. Environmental safety concerns in the International District include roads and worksites, street lighting, public areas, and play areas. Several issues can undermine safety, such as a lack of knowledge regarding accessible resources, the absence of safety patrols, limited security services, drug use, gang activity, property destruction, theft, and other illegal activities, and environmental hazards such as toxic substances and physical hazards. To help address these issues, IDDSPC members recommended creating strategies and policies that promote safety and reduce crime risk.
- **Cultural and Linguistic Competence** was ranked ninth among the needs of International District residents. Cultural and linguistic competence means tailoring services to meet the social, cultural, and linguistic needs of refugees, asylum seekers, immigrants, and indigenous populations to ensure equitable service delivery. Members of the IDDSPC identified a lack of language translation and cultural competency as prominent barriers that prevent or hinder individuals from seeking services. These barriers not only affect access to care but can also impact other social determinants of health. For example, language significantly affects how individuals engage in health-seeking behavior and access preventive healthcare. It is essential to create a supportive environment that is culturally sensitive and linguistically appropriate to ensure quality care and promote health equity.

A summary of the needs and recommended solutions are outlined in Table 26.

Table 26. Summary of Key Findings about Community Needs and Potential Solutions

COMMUNITY NEEDS	KEY FINDINGS	POTENTIAL SOLUTIONS
Unemployment	<ul style="list-style-type: none"> • Students lack the skills and confidence to pursue goals. • Community members lack high school equivalence and experience fears of success. • Some people are highly employable but are not employed. • Community members need help with securing employment. • Community members need access to transportation and childcare to secure and sustain employment. 	<ul style="list-style-type: none"> • Increase training and educational opportunities. • Increase transportation services. • Increase mental health and health services. • Increase employee assistance programs with education about how to secure employment. • Increase childcare services.
Housing	<ul style="list-style-type: none"> • The lack of employment and income are barriers to sustaining and securing housing. • The lack of skills and training are barriers to securing employment, which is needed to sustain housing. • Untreated substance abuse and mental health problems are barriers to securing housing. • Support services and wrap-around services are needed to support housed individuals. 	<ul style="list-style-type: none"> • Increase income opportunities. • Increase substance abuse and mental health treatment. • Increase education and training opportunities. • Increase wrap-around and support services to help community members secure and retain housing.
Health Status	<ul style="list-style-type: none"> • Poor to very poor health status. • High rates of chronic diseases. 	<ul style="list-style-type: none"> • Increase access to health and behavioral services.
Health Concerns	<ul style="list-style-type: none"> • All types of accidents are a significant concern. • Lack of health insurance adversely impacts access to care and health status. • Limited eye, dental, and healthcare services contribute to poor health status. • High rates of trauma and victimization affects the International District’s community. • Untreated mental health and substance abuse problems are major health concerns. 	<ul style="list-style-type: none"> • Increase access to health, oral health, vision, and behavioral health services. • Ensure services are trauma-informed and address the needs of victims of violence and trauma. • Increase disease and accident prevention education services.
Health Priorities	<ul style="list-style-type: none"> • Mental health needs are a health priority. • Substance abuse needs are a health priority. • Trauma needs are a health priority. • Chronic health conditions are a health priority. • Addressing the lack of health insurance is a health priority. 	<ul style="list-style-type: none"> • Increase mental health and substance abuse treatment services. • Increase trauma-informed care. • Increase access to healthcare services that include chronic disease prevention education. • Increase insurance screenings to determine eligibility for third-party insurance such as Medicaid and Medicare.
Service Needs	<ul style="list-style-type: none"> • Healthcare, including health, dental, and vision. • High volume of unhoused individuals and individuals who cannot afford housing. • Access to healthy food and nutrition. • High unemployment and training needs. • Transportation is essential for health and employment. 	<ul style="list-style-type: none"> • Increase access to health, dental, and vision services. • Increase affordable housing options. • Increase healthy food and nutrition options. • Increase transportation services.
Barriers to Care	<ul style="list-style-type: none"> • Homelessness causes high levels of transiency and displacement, which impacts access to care. • Untreated substance use and mental health conditions create barriers to accessing care. • Unemployment creates financial instability, which affects housing and access to care. 	<ul style="list-style-type: none"> • Increase affordable housing opportunities with case management services. • Increase access to substance use and mental health services. • Increase employment and training opportunities. • Increase access to cultural services.

	<ul style="list-style-type: none"> • Unaddressed cultural needs are essential to refugees and immigrants. • The lack of education affects employment and other areas, including health and financial stability, and becomes a barrier to care. 	<ul style="list-style-type: none"> • Increase educational programs.
Service Gaps	<ul style="list-style-type: none"> • The community experiences high rates of homelessness. • Transportation is essential for employment and other services. • Untreated mental health problems exist among transient populations. • Community safety is a concern. Community members should feel safe. • Community members need help to address many problems, including criminal justice, healthcare, assistance, and 24-hour support. 	<ul style="list-style-type: none"> • Increase affordable housing programs. • Increase access to transportation services. • Increase access to mental health treatment programs. • Increase community safety patrols. • Increase treatment options, including victimization, health, and 24-hour support services.
Unmet Service Needs	<ul style="list-style-type: none"> • Coordination of services to address housing needs. • Strategic planning for visioning and planning systems and policy changes. • Grassroots and outreach programs should be more involved in addressing International District's needs. • Community members should be able to socialize and engage in healthy lifestyle activities in a safe environment. • Mental health services are affected by the limited behavioral workforce. 	<ul style="list-style-type: none"> • Collaboration, resource sharing, coordination, networking, and increased funding. • Planning and visioning should include substance use, recovery programs, health services, healthy lifestyle opportunities, community engagement, family support programs, and increased funding. • Involve grassroots and outreach programs in the system of care. • Create safe communities through the implementation of community-based safety measures. • Increase access to mental health services. • Recruit more behavioral health clinicians.
System Changes	<ul style="list-style-type: none"> • Consider services that meet community members where they are in the community. • Provide mobile health services. • Provide services that have 24-hour access. • The lack of education leads to an increase in unemployment and poverty. 	<ul style="list-style-type: none"> • Increase access to healthcare and social services through mobile and universal healthcare. • Increase access to services by providing 24-hour services. • Increase education and training services.
Policy Recommendations	<ul style="list-style-type: none"> • Invest in programs that address health and social priorities, including housing, addiction recovery housing, safe housing, healthcare, and social support services. • Invest in universal healthcare with support referrals from hospitals to community programs. 	<ul style="list-style-type: none"> • Invest in programs that will address the health priorities of community members. • Invest in supportive, affordable, and safe housing. • Invest in affordable, accessible, and coordinated healthcare services.

To effectively address health inequities in International District, it is essential to understand the social, economic, environmental, and structural determinants that contribute to these disparities. These determinants encompass a range of conditions, including access to healthcare, healthy food, housing, employment, transportation, education, and social networks. Structural inequities are deeply ingrained systemic disadvantages experienced by particular social groups that influence community health outcomes. Such inequities, which arise from policy, law, governance, and cultural factors related to race, ethnicity, gender identity, socioeconomic status, sexual orientation, and other domains, contribute to inequitable experiences of the social determinants of health. Addressing the root causes of socioeconomic disparities requires a multifaceted approach that requires understanding the complex mechanisms of social determinants of health, designing community-level interventions in partnership with community stakeholders, evaluating interventions in terms of their impact on population health and community-level

health improvements, and continuously improving and sustaining population health and community conditions through ongoing stakeholder engagement. IDDDSPC offered recommendations for addressing International District’s needs at the individual, community, and population levels. These recommendations are critical for addressing systemic changes. Examples of DPSC’s recommendations and multi-level impacts are described in Table 27.

Table 27. Effects of Policy Recommendations on Individuals, the Community, and the Population

COMMUNITY NEED	INDIVIDUAL-LEVEL	COMMUNITY-LEVEL	POPULATION LEVEL
Improve the health and wellness of International District residents through employment opportunities.	Increase skills and knowledge.	Increase community collaborations. Increase key stakeholder involvement and support.	Increase employment rates.
Improve the health and wellness of International District residents through educational opportunities.	Increase English literacy. Increase high school/GED graduation rates.	Increase community collaborations. Increase key stakeholder involvement and support.	Increase secondary education graduation rates.
Improve the health and wellness of International District residents through access to healthcare services.	Increase preventative health screenings. Increase physical activities and healthy diets.	Increase care coordination. Increase key stakeholder involvement and support.	Decrease obesity rates. Decrease diabetes rates. Increase life expectancy rates.
Improve the health and wellness of International District residents through access to behavioral health services.	Increase behavioral health screenings. Decrease substance use rates.	Increase care coordination. Increase key stakeholder involvement and support.	Decrease alcohol-related deaths. Decrease suicide rates.

POLICY RECOMMENDATIONS

Policy recommendations relate to changing laws, regulations, and procedures that guide behaviors. The IDDDSPC made several policy recommendations to ensure that all families have a stable, safe, and healthy living place (Table 28).

Table 28. Policy Recommendations

Policy Recommendations	
Require public-owned land to include green spaces	Improve universal access to a continuum of affordable, quality healthcare
Ensure the availability of healthy food outlets in all communities	Improve universal access to a continuum of affordable, quality behavioral healthcare
Institute restaurant menu labeling	Ensure universal access to affordable preventative health measures
Establish cultural competency standards	Improve community safety & reduce violence & victimization
Require childcare accommodations by employers	Advance racial equity and inclusive policies
Invest in public health infrastructure	Advance diversity equity, and inclusive policies
Reduce poverty	Advance socioeconomic equity policies
Improve economic stability	Incentivize programs serving former prisoners
Increase economic opportunities	Invest in environmental justice
Improve education access and quality	Invest in programs for special populations
Improve access to affordable, stable, and safe housing	Invest in programs that support seniors

The International District community is highly diverse in culture and heritage, a characteristic that can be leveraged to create innovative solutions to complex problems. Cultural diversity can build a strong sense of local identity and solidarity by encouraging community to collaboratively address specific needs and problems. Diverse influences can change community behaviors, including their ways of living and their perception of other communities. Over 60% of IDDSPC members offer cultural services, such as traditional dancing, singing, music, meals, Native American sweat lodge ceremonies, healers, and gatherings, to promote healing, improve health, and build a strong sense of local identity and solidarity. Additionally, cultural sensitivity is essential to assisting refugees, immigrants, and indigenous populations, as is communicating in ways appropriate to people with limited formal education and limited proficiency in English. By understanding and appreciating the different cultures within the International District, the community can come together to address specific needs and problems, improve employment opportunities, and raise individual incomes and the overall economy.

RECOMMENDED NEXT STEPS

Although the IDDSPC has successfully served the community, it acknowledged that creating crucial alliances and engaging in strategic planning is necessary to address the district's many health inequities. More resources and funding are urgently needed to address the International District's health inequities. IDDSPC member organizations have completed the CNA. Data were collected, and the results were analyzed. International District residents now need to weigh in, and key stakeholders, including funders, must coordinate to create a focused, well-prioritized community action plan. To this purpose, it is advised that surveys, focus groups, or listening sessions be held with International District inhabitants to obtain their feedback on their needs, obstacles, and service recommendations. Strategic planning workshops addressing the highest priority requirements should include participation from important stakeholders, including funders and neighborhood organizations servicing the International District. The IDDSPC can spur beneficial improvements to enhance the well-being and general standard of living of the residents of the International District by securing more financing and fostering new partnerships.

"Local investment in the International District must be made with significant financial investments including infrastructure like sidewalks, lighting, community parks/green spaces, dental clinics and health integrated centers with educational satellite spaces for health interventions and presentations that fully connect education to health."

—an IDDSPC member



Appendix 1. IDDSPC Member Responses to the Centers for Disease Control Community Needs Assessment Questions About Physical Activity, Nutrition, Tobacco, Chronic Disease Management, and Leadership

The following tables depict the IDDSPC responses to the Center for Disease Control’s Community Needs Assessments. Using a five-item Likert Scale (Strongly Agree, Somewhat Agree, No Opinion/Do not Know, Somewhat Disagree and Strongly Disagree), respondents were asked about the extent to which they agree that the activities occur (indicated in red) and should occur (indicated in green) in the International District. Topic areas included physical activity, nutrition, chronic disease management, and leadership.

To what extent: PHYSICAL ACTIVITIES

What is Current

vs

What Should Be

	0% 100%	0% 100%
1. Require sidewalks to be built for all developments (e.g., housing, schools, commercial).	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 40% Strongly Disagree, 0%</p>	<p>Strongly Agree, 67% Somewhat Agree, 33% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
2. Adopt a land use plan.	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 20% Strongly Disagree, 20%</p>	<p>Strongly Agree, 67% Somewhat Agree, 33% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
3. Require bike facilities (e.g., bike lanes, bikeways, multi-use paths) to be built for all developments (e.g., housing, schools, commercial).	<p>Strongly Agree, 50% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 50%</p>	<p>Strongly Agree, 75% Somewhat Agree, 25% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
4. Adopt a complete street plan to support walking and biking infrastructure.	<p>Strongly Agree, 40% Somewhat Agree, 20% No Opinion/ Do Not Know, 0% Somewhat Disagree, 20% Strongly Disagree, 20%</p>	<p>Strongly Agree, 100% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
5. Maintain a network of walking routes (e.g., institute a sidewalk program to fill gaps in the sidewalk).	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 33%</p>
6. Maintain a network of biking routes (e.g., institute a bike lane program to repave bike lanes when necessary).	<p>Strongly Agree, 50% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 50%</p>	<p>Strongly Agree, 75% Somewhat Agree, 25% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
7. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds).	<p>Strongly Agree, 50% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 50%</p>	<p>Strongly Agree, 75% Somewhat Agree, 25% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>

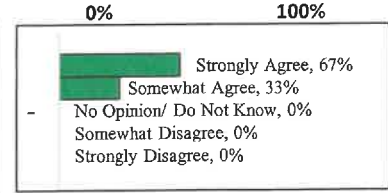
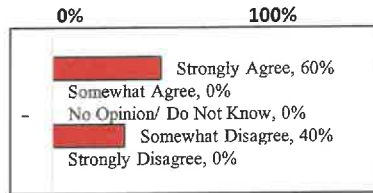
To what extent: PHYSICAL ACTIVITIES

What is Current

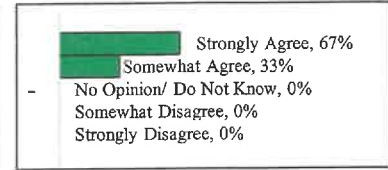
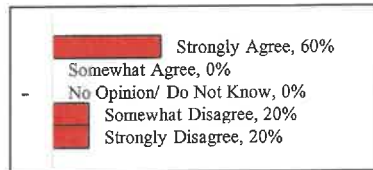
vs

What Should Be

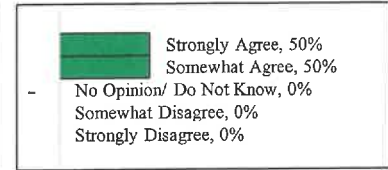
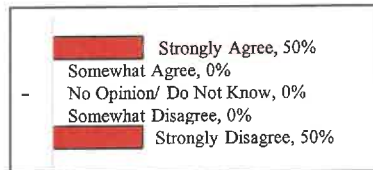
8. Maintain a network of parks (e.g., establish a program to repair and upgrade existing parks and playgrounds).



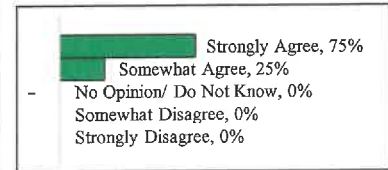
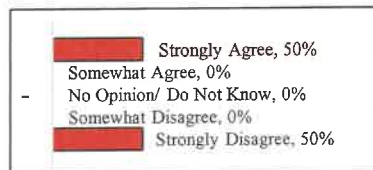
9. Provide access to parks, shared-use paths, trails, or open spaces within reasonable walking distance of most homes.



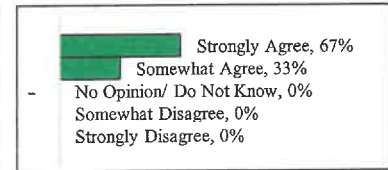
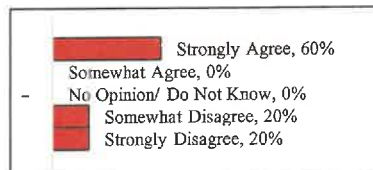
10. Institute mixed land use.



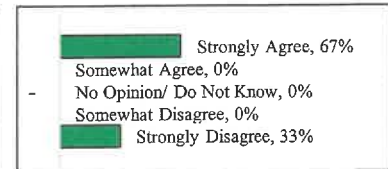
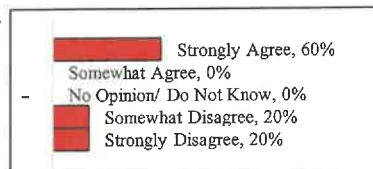
11. Provide access to public recreation facilities (e.g., parks, play areas, community, and wellness centers) for people of all abilities.



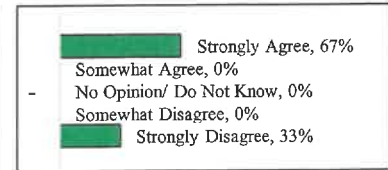
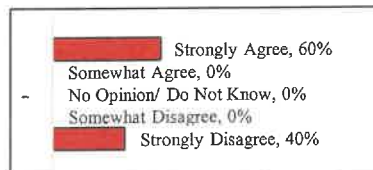
12. Enhance access to public transportation (e.g., bus stops, light rail stops, vanpool services, subway stations) within reasonable walking distance.



13. Provide street traffic calming measures (e.g., road narrowing, central islands, roundabouts, speed bumps) to make (e.g., neighborhoods, major intersections) where people are or could be physically active (e.g., walk, bike) safer.

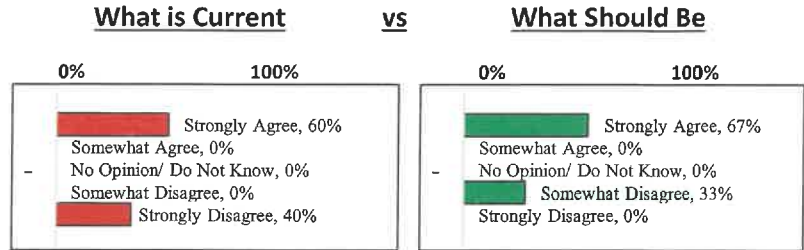


14. Adopt strategies (e.g., neighborhood crime watch, lights) to enhance personal safety in areas (e.g., playgrounds, parks, bike lanes, walking paths, neighborhoods) where people are or could be physically active (e.g., walk, bike).

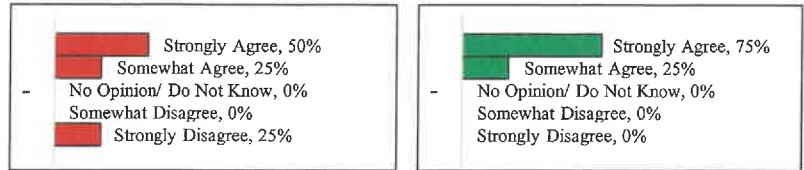


To what extent: NUTRITION

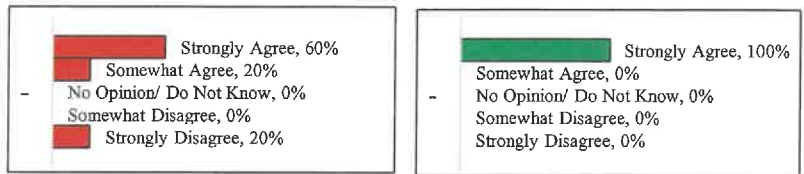
1. Adopt strategies to encourage food retailers (e.g., grocery, corner, or convenience stores; bodegas) to provide healthy food and beverage options (e.g., fresh produce) in underserved areas.



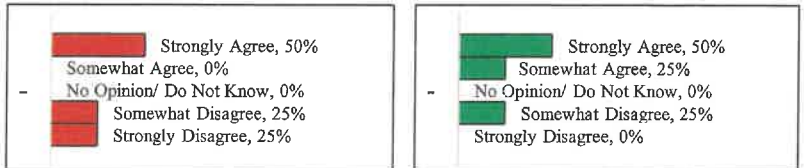
2. Encourage community gardening initiatives.



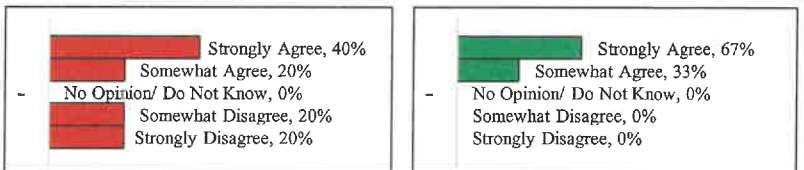
3. Enhance access to public transportation (e.g., bus stops, light rail stops, vanpool services, subway station) to supermarkets and large grocery store.



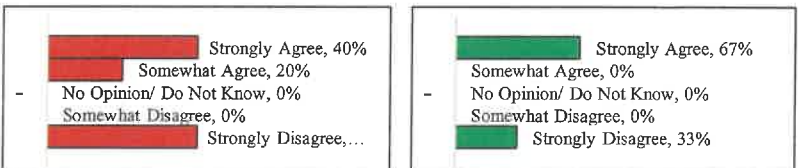
4. Connect locally grown foods to local restaurants and food venues.



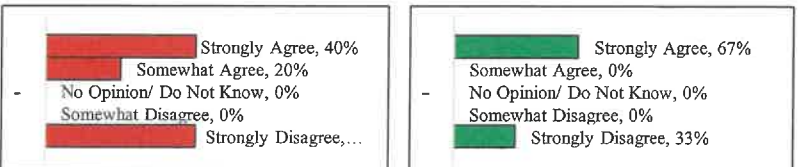
5. Promote (e.g., signage, product placement, pricing strategies) the purchase of fruits and vegetables at local restaurants and food venues.



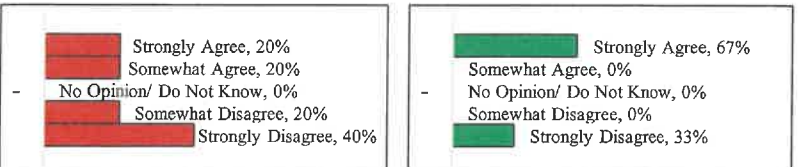
6. Institute healthy food and beverage options at local restaurants and food venues.



7. Institute nutritional labeling (e.g., 'low fat', 'light,' 'heart healthy', 'no trans-fat') at local restaurants and food venues.

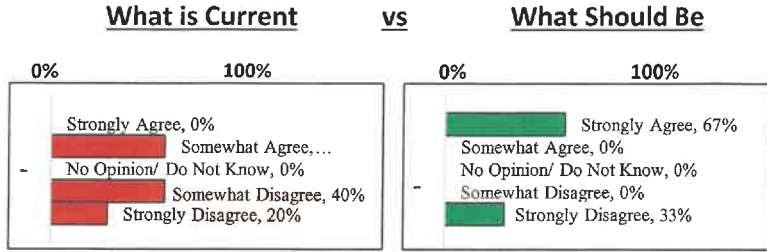


8. Provide smaller portion sizes at local restaurants and food venues.

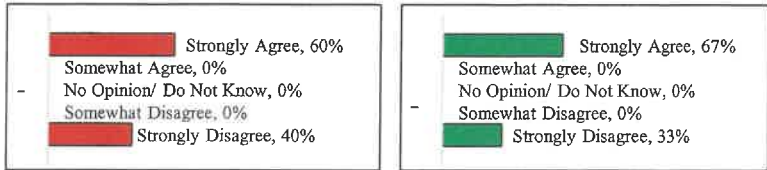


To what extent: NUTRITION

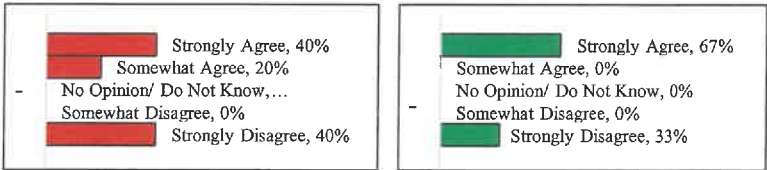
9. Ban local restaurants and retail food establishments from cooking with trans fats.



10. Adopt strategies to recruit supermarkets and large grocery stores in underserved areas (e.g., provide financial incentives, lower operating costs, and provide job training services).



11. Provide comfortable, private spaces for woman to nurse or use a breast pump in public places (e.g., government buildings, restaurants, retail establishments) to support and encourage residents' ability to breastfeed.



12. Protect a woman's right to breastfeed in public places.

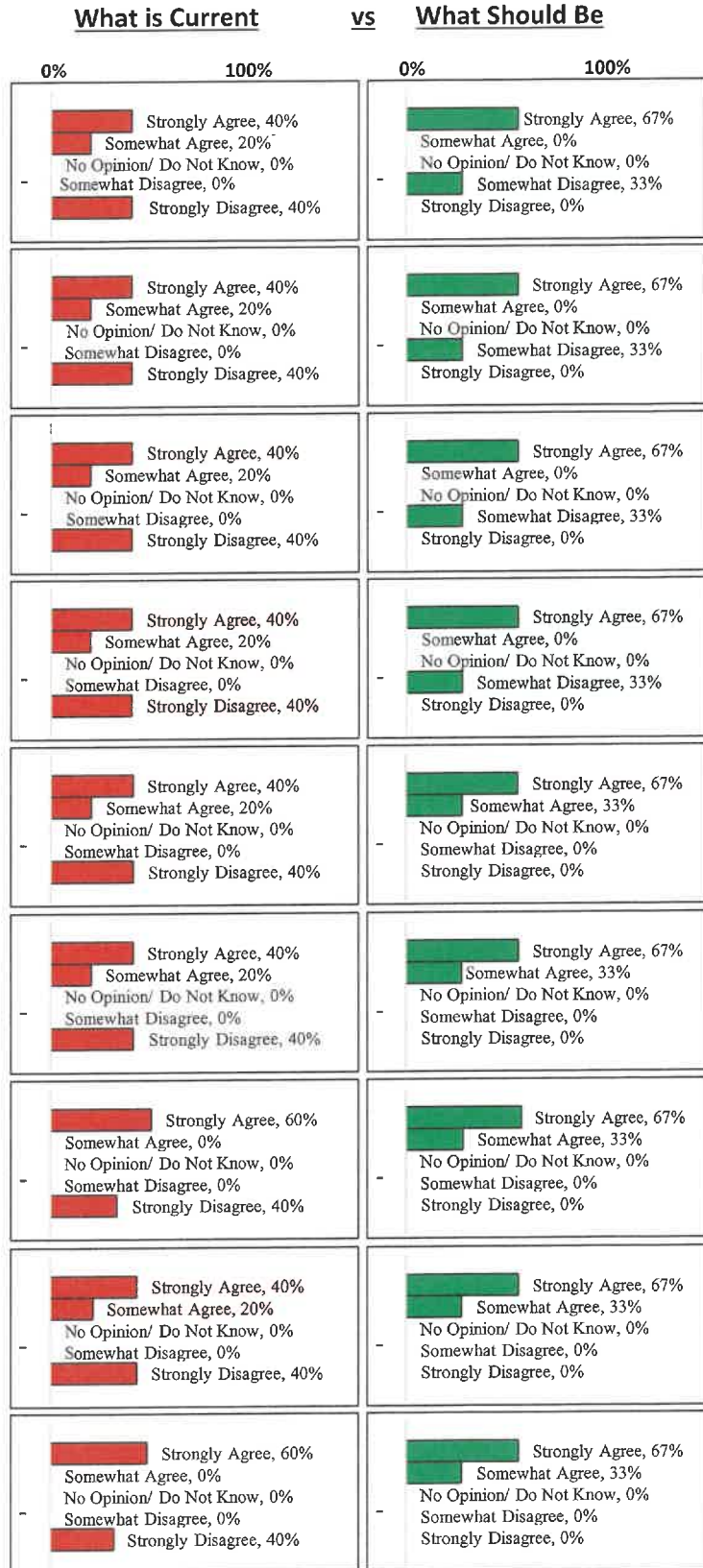


To what extent: TOBACCO

	What is Current	vs	What Should Be
	0% 100%		0% 100%
1. Institute a smoke-free policy 24/7 for indoor public places.	<p>Strongly Agree, ... Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 25% Strongly Disagree, ...</p>		<p>Strongly Agree, 50% Somewhat Agree, 50% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
2. Institute a smoke-free policy 24/7 for outdoor public places.	<p>Strongly Agree, 17% Somewhat Agree, 33% No Opinion/ Do Not Know, 0% Somewhat Disagree, 17% Strongly Disagree, 33%</p>		<p>Strongly Agree, 67% Somewhat Agree, ... No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 33%</p>
3. Institute a tobacco-free policy 24/7 for indoor public places.	<p>Strongly Agree, 20% Somewhat Agree, 40% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, ...</p>		<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 33%</p>
4. Ban tobacco advertisement (e.g., restrict point-of-purchase advertising or product placement).	<p>Strongly Agree, 50% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 50%</p>		<p>Strongly Agree, 67% Somewhat Agree, 33% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
5. Regulate the number, location, and density of tobacco retail outlets.	<p>Strongly Agree, 25% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 25% Strongly Disagree, 50%</p>		<p>Strongly Agree, 50% Somewhat Agree, 25% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 25%</p>
6. Restrict the placement of tobacco vending machines (including self-service displays).	<p>Strongly Agree, 25% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 25% Strongly Disagree, 50%</p>		<p>Strongly Agree, 75% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 25% Strongly Disagree, 0%</p>
7. Enforce the ban of selling single cigarettes.	<p>Strongly Agree, 20% Somewhat Agree, 20% No Opinion/ Do Not Know, 0% Somewhat Disagree, 20% Strongly Disagree, ...</p>		<p>Strongly Agree, 100% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
8. Increase the price of tobacco products and generate revenue earmarked for tobacco control efforts (e.g., taxes, mitigation fees).	<p>Strongly Agree, 20% Somewhat Agree, 20% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 60%</p>		<p>Strongly Agree, 67% Somewhat Agree, 33% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
9. Provide access to a referral system for tobacco cessation resources and services.	<p>Strongly Agree, 50% Somewhat Agree, 25% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 25%</p>		<p>Strongly Agree, 67% Somewhat Agree, 33% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 0%</p>

To what extent: CHRONIC DISEASE MANAGEMENT

1. Enhance access to chronic disease self-management programs (e.g., Weight Watchers for overweight/obesity).
2. Adopt strategies to educate its residents on the importance of obesity prevention.
3. Adopt strategies to educate its residents on the importance of controlling high blood pressure.
4. Adopt strategies to educate its residents on the importance of controlling cholesterol.
5. Adopt strategies to educate its residents in the importance of controlling blood sugar or insulin levels.
6. Adopt strategies to educate its residents on heart attack and stroke symptoms and when to call 911.
7. Adopt strategies to educate its residents on the importance of preventative care.
8. Provide emergency medical services (e.g., 911, transport system).
9. Adopt strategies to address chronic disease health disparities.



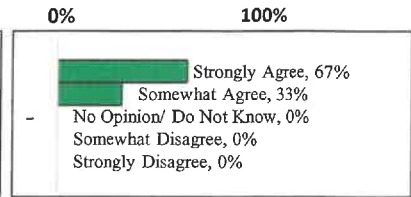
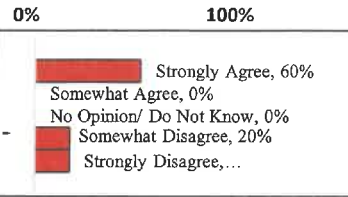
To what extent: LEADERSHIP

What is Current

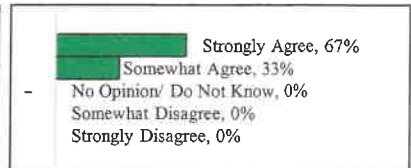
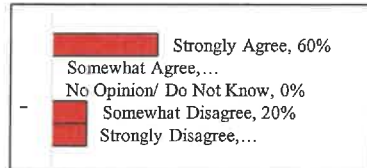
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What Should Be

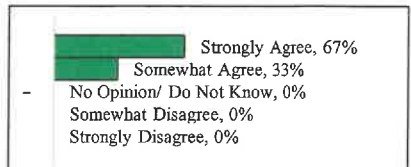
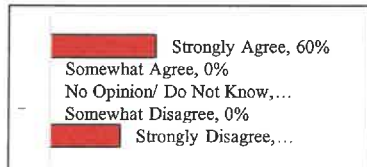
1. Participate in community coalitions and partnerships (e.g., food policy council, tobacco-free partnership, neighborhood safety coalition) to address chronic diseases and associated risk factors.



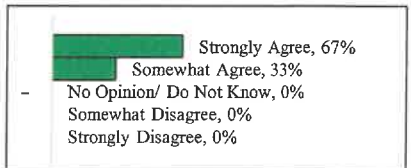
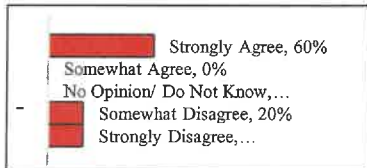
2. Participate in the public policy process to highlight the need for community changes to prevent and reduce chronic disease risk factors (e.g., poor nutrition, physical inactivity, tobacco use and exposure).



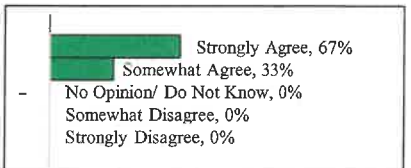
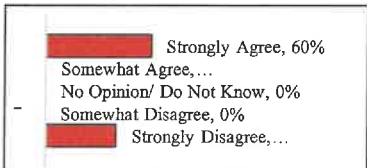
3. Finance public shared-use paths or trails (by passing bonds, passing mileages, levying taxes, or getting grants).



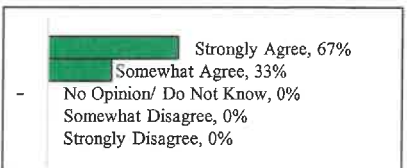
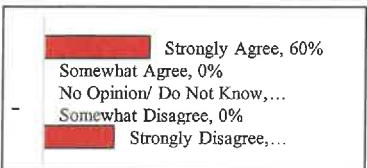
4. Finance public recreation facilities (by passing bonds, passing mileages, levying taxes, or getting grants).



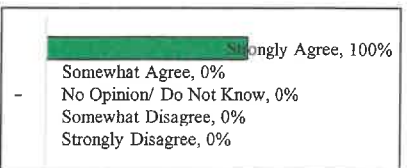
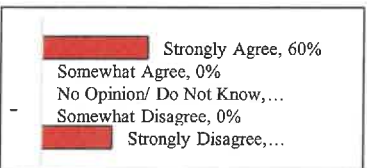
5. Finance public parks or greenways (by passing bonds, passing mileages, levying taxes, or getting grants).



6. Finance pedestrian enhancements (e.g., sidewalks, street crossing enhancements).



7. Address the community's operating budget to make walking, bicycling, or other physical activities a priority.



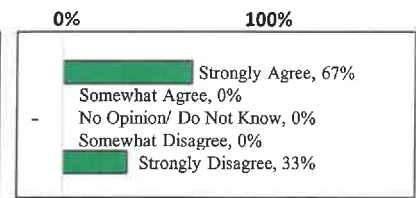
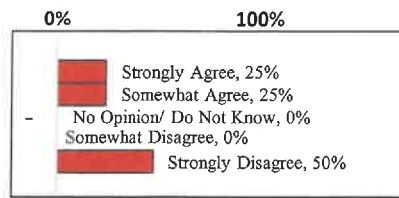
To what extent: LEADERSHIP

What is Current

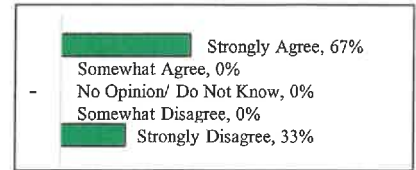
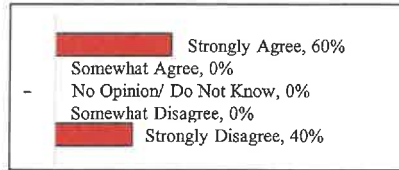
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What Should Be

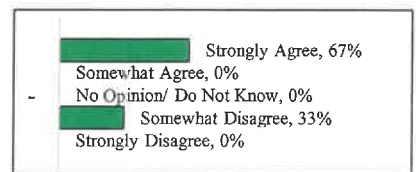
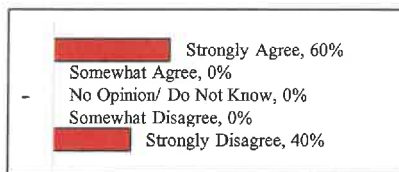
8. Finance public sports facilities (by passing bonds, passing mileages, levying taxes, or getting grants).



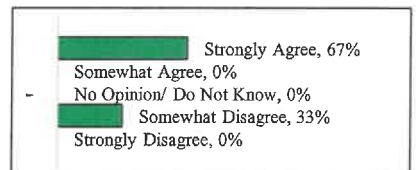
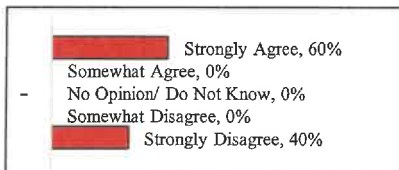
9. Finance bicycle enhancements (e.g., bike lanes, bike parking, road diets).



10. Promote mixed land use through regulation or other incentives.



11. Institute a management program to improve safety within the transportation system.



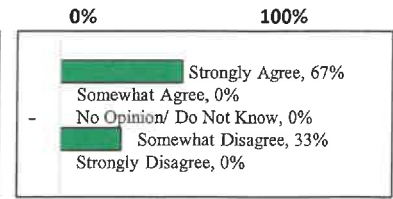
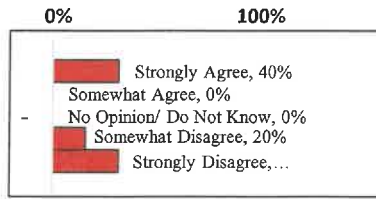
To what extent: PHYSICAL ACTIVITIES

What is Current

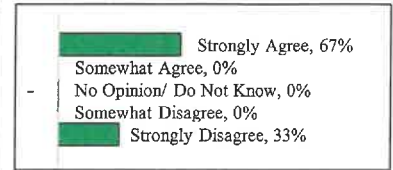
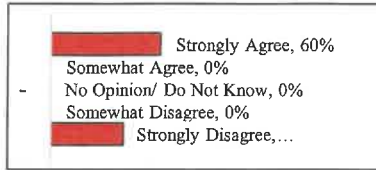
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What Should Be

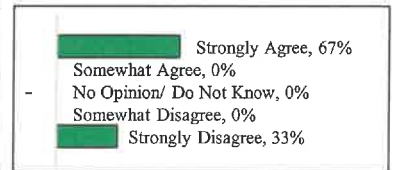
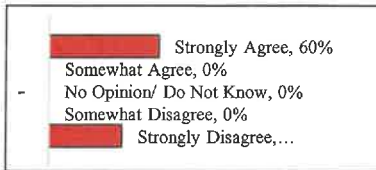
1. Promote stairwell use (e.g., make stairs appealing, post motivational signs near stairs to encourage physical activity).



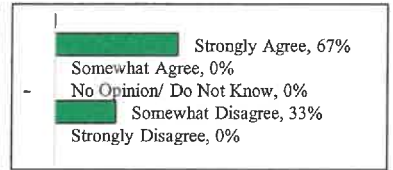
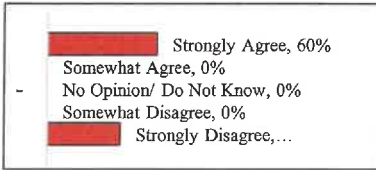
2. Provide a safe area outside (e.g., through lighting, signage, crime watch) to walk or be physically active.



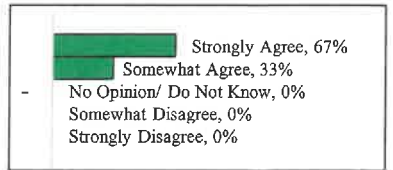
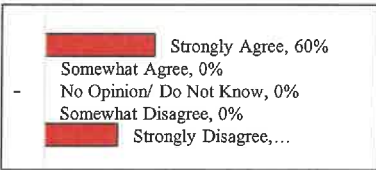
3. Designate a walking path on or near a building property.



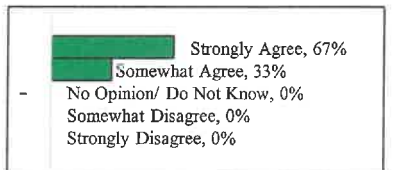
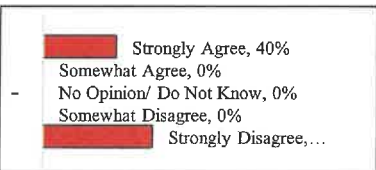
4. Encourage nonmotorized commutes (e.g., active transportation such as walk or bike) to the facility.



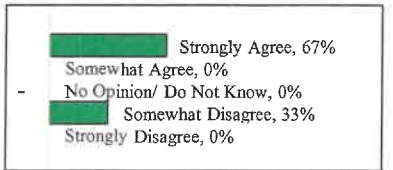
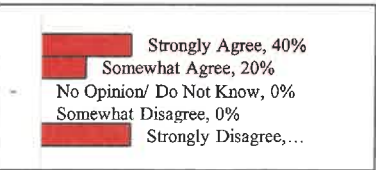
5. Enhance access to public transportation (e.g., bus stops, light rail stops, vanpool services, subway station) within reasonable walking distance.



6. Provide access to onsite fitness center, gymnasium, or physical activity classes.



7. Provide a changing room or locker room with showers.



To what extent: PHYSICAL ACTIVITIES

What is Current

vs

What Should Be

	0% 100%	0% 100%
8. Provide bicycle parking (e.g., bike rack, shelter) for patrons.	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 33% Strongly Disagree, 0%</p>
9. Provide access to a broad range of competitive and noncompetitive physical activities that help to develop the skills needed to participate in lifetime physical activities.	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 33% Strongly Disagree, 0%</p>
10. Provide opportunity for unstructured play or leisure-time physical activity.	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 33% Somewhat Disagree, 0% Strongly Disagree, 0%</p>
11. Prohibit using physical activity as punishment.	<p>Strongly Agree, 40% Somewhat Agree, 20% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 33%</p>
12. Restrict screen time to less than 2 hours per day for children over 2 years of age.	<p>Strongly Agree, 40% Somewhat Agree, 20% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 33%</p>
13. Provide direct support (e.g., money, land, pavilion, recreational facilities, sponsorships, advertising) for supporting community-wide physical activity opportunities (e.g., sports teams, walking clubs).	<p>Strongly Agree, 60% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 0% Strongly Disagree, 40%</p>	<p>Strongly Agree, 67% Somewhat Agree, 0% No Opinion/ Do Not Know, 0% Somewhat Disagree, 33% Strongly Disagree, 0%</p>

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- ¹ Centers for Disease Control. *Community Needs Assessment Participant Workbook*. 2013. https://www.cdc.gov/globalhealth/healthprotection/fetp/training_modules/15/community-needs_pw_final_9252013.pdf
- ² https://en.wikipedia.org/wiki/International_District,_Albuquerque,_New_Mexico
- ³ https://en.wikipedia.org/wiki/International_District,_Albuquerque,_New_Mexico
- ⁴ New Mexico Data Collaborative Statistical Infographic of International District
- ⁵ U.S. Census Reporter. <https://censusreporter.org/profiles/86000US87108-87108/>
- ⁶ New Mexico Data Collaborative Statistical Infographic of International District
- ⁷ New Mexico Data Collaborative Statistical Infographic of International District
- ⁸ Bernalillo Community Health Council. *Bernalillo County community health profile*. 2019. https://bchealthcouncil.wildapricot.org/resources/Documents/BERNALILLO_COUNTY_COMMUNITY_HEALTH_PROFILE_V062520_W_LINKS.pdf
- ⁹ <https://www.city-data.com/zip/87108.html>
- ¹⁰ <https://www.city-data.com/zip/87108.html>
- ¹¹ New Mexico Data Collaborative Statistical Infographic of International District
- ¹² <https://www.census.gov/quickfacts/NM>
- ¹³ <https://namecensus.com/demographics/new-mexico/87108/>
- ¹⁴ <https://www.census.gov/quickfacts/NM>
- ¹⁵ New Mexico Data Collaborative Statistical Infographic of International District
- ¹⁶ <https://www.census.gov/quickfacts/NM>
- ¹⁷ New Mexico Data Collaborative Statistical Infographic of International District
- ¹⁸ Bernalillo Community Health Council. *Bernalillo County community health profile*. 2019. https://bchealthcouncil.wildapricot.org/resources/Documents/BERNALILLO_COUNTY_COMMUNITY_HEALTH_PROFILE_V062520_W_LINKS.pdf
- ¹⁹ Bernalillo Community Health Council. *Bernalillo County community health profile*. 2019.
- ²⁰ <https://namecensus.com/demographics/new-mexico/87108/>
- ²¹ New Mexico Coalition to End Homelessness. 2019. *Point-in-time Count*. <https://www.cabq.gov/family/documents/2019-albuquerque-pit-count-final.pdf>
- ²² New Mexico Coalition to End Homelessness. 2019. *Point-in-time Count*. <https://www.cabq.gov/family/documents/2019-albuquerque-pit-count-final.pdf>
- ²³ New Mexico Coalition to End Homelessness. 2019. *Point-in-time Count*. <https://www.cabq.gov/family/documents/2019-albuquerque-pit-count-final.pdf>
- ²⁴ Bush M. If you want to live a longer life, choose the NE Heights. *Albuquerque Journal*. 2014. <https://www.abqjournal.com/350497/if-you-want-to-live-a-longer-life-choose-the-ne-heights.html>
- ²⁵ Centers for Disease Control. Well-being concepts. <https://www.cdc.gov/hrqol/wellbeing.htm>
- ²⁶ www.nlm.nih.gov/health/topics/caring-for-your-mental-health#:~:text=Mental health includes emotional, psychological,health and quality of life.