

SHC 2019 CountyH-Council NeedsAssmt

Sandoval County Health Needs Assessment

Sandoval County Health Council

May 31, 2019

Margaret Osterfoss, DNP MS MBA RN

SANDOVAL COUNTY HEALTH NEEDS ASSESMENT: MAY 2019

Sandoval County Health Council Priorities for Action in Sandoval County,

Determinants of health in Sandoval County, New Mexico

Background

The Office of Disease Prevention and Health Promotion (ODPHP) has presented Healthy People2020 guidelines which provide context and reinforce health needs identified by the Sandoval County Health Council (SCHC). Building on the broad World Health Organization (WHO) characterization of the social determinants of health as conditions, including the health care system into which people are born, grow, live, work and age, and the WHO goal of attaining health equity in a generation,¹ Healthy People2020 has identified five determinant areas, including economic stability, education, community context, community access to health care and community physical environment.² The SCHC continues to work within the context of these health determinants in an effort to pursue improved health equity, the opportunity to maximize health outcomes for all community members,³ in Sandoval County. A critical first step in this process involves identifying small pockets as well as larger geographic areas within the County where disparities exist.

A significant challenge for SCHC efforts is the result of the County's 3716 square mile size and dispersion of its 145,179 population (American Community Survey 2013-17 5-Year estimates). Countywide social determinant data compared to New Mexico data portrays a relatively favorable situation. See Table 1

¹World Health Organization, Commission on Social Determinants of Health. 2008. Closing the gap in a generation: Health equity through action on the social determinants of health. Retrieved from: http://www.who.int/social_determinants/en

² Healthy People 2020, Social determinants of health. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

³Robert Wood Johnson Foundation, May 2017. What is health equity? Retrieved from <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>

Indicator	Sandoval County	New Mexico
Median household income	\$60,345	\$46,718
Persons in Poverty	15.3%	19.7%
Persons without health insurance	9.7%	12.5%
High School or higher education	90.4%	85.0%
Households with internet subscription	78.4%	69.9%

Table 1

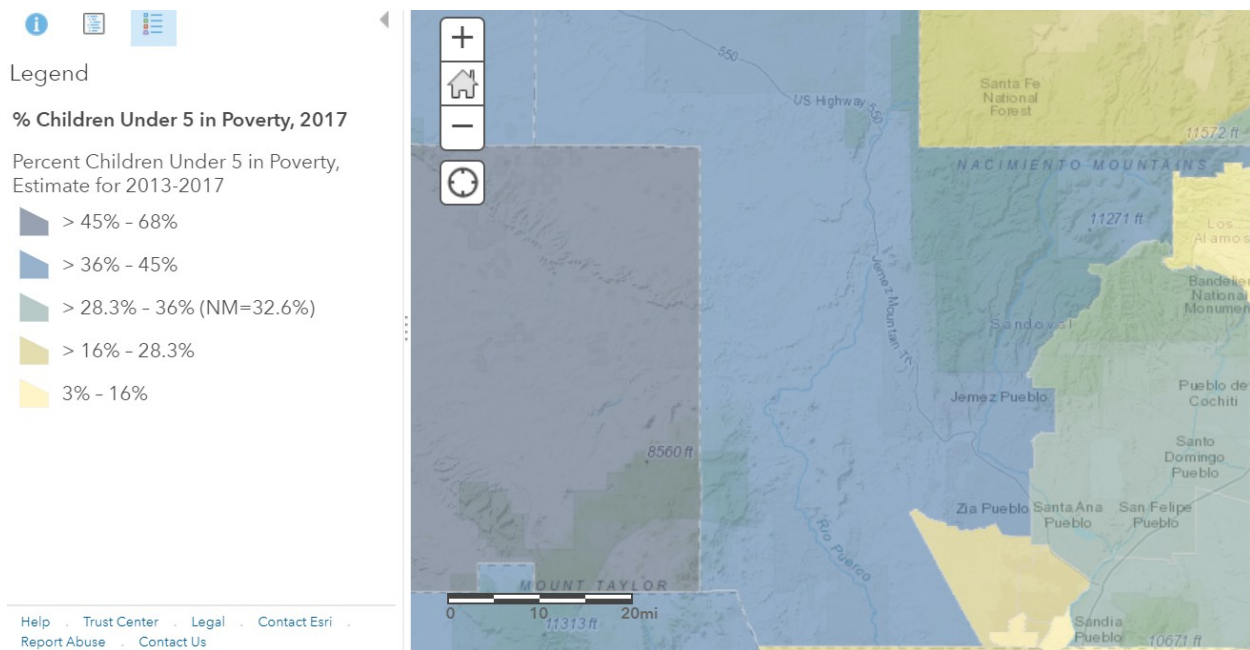
Disaggregating the countywide totals to distinct geographic areas, the data indicates a significant disparity in the social determinants of health and a health equity gap. Two thirds of the county’s population reside in the southeast “metro” corner of the county, approximately 150 square miles out of the total 3716. This portion of Sandoval County’s population is characterized by higher education and income levels, and this part of the County is where most health care services are available. Social determinant and health outcome data from this population, within this limited geographic area, effectively masks data from the much larger geographically, but sparsely populated, rural areas of the County where poverty rates are high and access to care is limited. This “nonmetro” area covers over 3500 square mile area and is home to 13 sovereign nations, including 10 pueblos, two Navajo chapter houses and a portion of the Jacarilla Apache reservation.

An example of this disparity is reflected by the significant childhood poverty rate differences among three of the eight “neighborhood regions” within Sandoval County. See Table 2

Area	% Children under 5 living in poverty 2017	% Change 2011 to 2017
Rio Rancho West	26.75	+13

Other Sandoval West	43.1	-.4
Other Sandoval East	35.6	+9.3
Sandoval County	27.7	
New Mexico United States	32.6 23	

Table 2^{4 5}



<https://nmcdd.maps.arcgis.com/home/webmap/viewer.html?webmap=f8951c09f28b41d2980d678d399c2a86>

Sandoval County Health Council Priorities for Intervention and Partnership

Within the data and goal framework of Healthy People2020, United States Center for Disease Control (CDC) and New Mexico Department(NMDOH) a strategic priority for the SCHC is to promote and support health equity for individuals in more remote geographic regions as well as within metro area pockets in Sandoval County that are most challenged by the social determinants of health. Small area and census track data disaggregated from overall County data and made available

⁴ New Mexico Community Data Collaborative. May 2019. Percent children living in poverty, 2017. <https://nmcdd.maps.arcgis.com/home/webmap/viewer.html?webmap=f8951c09f28b41d2980d678d399c2a86>

⁵ US Census Bureau, 2017 Quick Facts Retrieved from: <https://www.census.gov/quickfacts/fact/table/US/RHI225217>

by the US Census Bureau, American community survey, New Mexico Community Data Collaborative (NMCDC), the New Mexico Department of health (IBIS) and the New Mexico Risk and Resiliency Report for middle school and high school informs of the unmet health needs and provides the basis this SCHC health needs prioritization.

Existing Partnerships and Future Partnership Opportunities

Partners now and with future potential include: Presbyterian Healthcare Systems, New Mexico Department of Health (NMDOH), New Mexico Public Education Department (NMPED), University of New Mexico School of Family and Community Medicine and College of Nursing, Sandoval County and State of New Mexico governments, Rio Rancho, Cuba and Bernalillo Public School districts, as well as other nonprofit entities and groups, for example Kid's Cook!, Running Medicine, Community gardens, after School programs with physical activity and nutritional information focus in addition to academic, e.g. Boys and Girls Clubs of Rio Rancho and Albuquerque.

Assessment Sources

Data from county and sub county sociodemographic and geospatial data pertinent to health access and outcomes was obtained from US Census Bureau, American Community Survey, New Mexico Department of Health Indicator-Based Information System (IBIS) and New Mexico Community Data Collaborative (CDC). Primary data in conjunction with the 10 x 10 Student Ambassador Program and input from the SCHC is also included. This primary and secondary data is prioritized based on the identification of needs with measurable process and behavior change outcomes as discussed and documented at a Sandoval County Community Forum, held on April 25, 2019, attended by members of the SCHC and other community members.

- **Increase Access to Health Care: Insurance availability and provider access that maintains primary care provider teams as the key to continuity of care within an appropriate cultural context.**
- **Increase Healthy Behaviors through Health Literacy:**
Healthy eating, active living (increased exercise and decreased screen time) and mindfulness with emphasis on elementary age children and their families.
- **Improve community Mental Health including decrease in substance abuse, depression, and suicide.**
- **Improve Chronic care and disability management with focus on the aging population including diseases of the nervous system e.g. Alzheimer's and Dementia.**

Increase Access to Health Care

Healthy People 2020 describes successful access to health care as the timely use of health services to achieve the best short-and-long term health outcomes.⁶ This depends on three things: Entry into the health care system through insurance coverage, Provider availability, Patient communication and trust of the provider/team.⁷

Thirty-one percent of New Mexico's population is Medicaid eligible and the statewide uninsured rate has dropped from 16% to 11% post Medicaid expansion

⁶ Healthy People 2020 citing Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to Health Care in America. Millman M, editor. Washington, DC: National Academies Press;1993.Retrieved from:

<https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

⁷ Healthy People 2020 citing National Healthcare Quality Report, 2013 [Internet]. Chapter 10: Access to Healthcare. Rockville (MD): Agency for Healthcare Research and Quality; May 2014.

Available from: <http://www.ahrq.gov/research/findings/nhqrdr/nhqdr15/access.html>

and Marketplace creation.⁸ In Sandoval County many of the previously uninsured have obtained Medicaid coverage which increased countywide by 72% from 2013 to 2017. Looking at the County’s neighborhood geographic areas, uninsured percentages range and in rural parts of the county remain significantly higher than for the county overall. See Table 3

Area	Percent Uninsured in 2018
Sandoval County	5.3
Sandoval County East	39
Sandoval County West	21.5
Bernalillo/Placitas	11.1
Rio Rancho West	9.6
Corrales	4.8

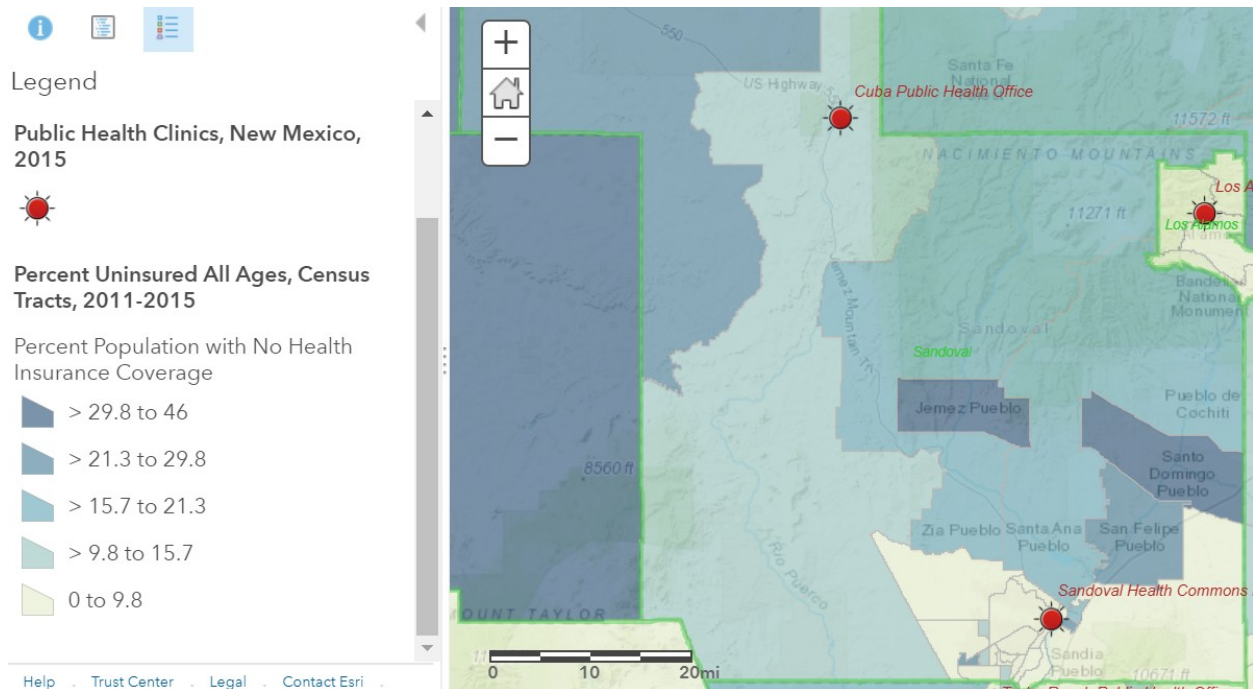
Table 3⁹

While demand for health care services has increased as a result of increased insurance coverage, those without insurance continue to be less likely than the insured to have preventive screenings or chronic care management. In Sandoval County the very large increase in Medicaid/insurance enrollment has resulted in an increase in demand for services with limited availability. Sandoval County is designated by the Health Resources and Services Administration (HRSA) as a health professional shortage area. A maximum HRSA Need Score is 26 and Sandoval County ranges from a score of 14-20 for primary care, 19-22 for mental health and 16-23 for dental health.¹⁰ Looking at the provider map for Sandoval County, it is clear that these shortages are exacerbated in rural parts of the County.

⁸ Kaiser Family Foundation, Nov 2018. Medicaid in New Mexico. Retrieved from: <http://files.kff.org/attachment/fact-sheet-medicaid-state>

⁹ New Mexico IBIS, Health Insurance coverage. Percent uninsured 2013-2017. Retrieved from <https://ibis.health.state.nm.us/indicator/view/HlthInsurCensus.Sarea.html>

¹⁰ HPSA Provider shortage area data Retrieved from: <https://dat.hrsa.gov/tools/shortage-area/hpsa-find>



This shortage reflects a significant impediment to meeting the third Healthy People access to care criteria which emphasizes the importance of communication and trust resulting from an ongoing relationship with a Primary Care provider/team. An example of the primary care provider shortage was reported in a February 2019 Albuquerque Journal article indicating that Presbyterian Health Services Albuquerque and Rio Rancho primary care practices were no longer able to accept new patients. Although the addition of urgent/emergent care facilities in Metro Sandoval County meets a need for episodic, after-hours care, these facilities do not address the need for ongoing preventive screening, chronic care management or follow up care as set forth by the Healthy People access guidelines. Primary care provider access is a priority that should be addressed in partnership with County and State government as well as with profit and nonprofit health care organizations and health insurance carriers.

Access Recommendations:

¹¹ NMDCDC. Public health clinics 2015 and Percent uninsured 2011-2015. <http://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=22b0860b410c47c598c0eb25aecdb0b3>

- Continue partnerships at the provider, County and State levels that support health insurance navigation resulting in Medicaid, Medicare, Marketplace or private insurance enrollment and reenrollment that matches individual and family eligibility and needs. (Healthy People 2020 access criteria number one)
- Develop partnerships with health care provider organizations, insurance carriers, State and County government to expand primary care provider team access, which may include physicians, advance practice nurses, nutritionists and community health workers, in all areas of Sandoval County but with particular awareness of gaps in rural parts of the county and emphasis on facilitating communication and trust through cultural sensitivity.(Healthy People 2020 access criteria numbers two and three)

Increase Healthy Behaviors Literacy

Healthy eating, active living (increase exercise and decrease screen time) and mindfulness with emphasis on elementary age children and their communities

Access, Education, Immersion Opportunities,

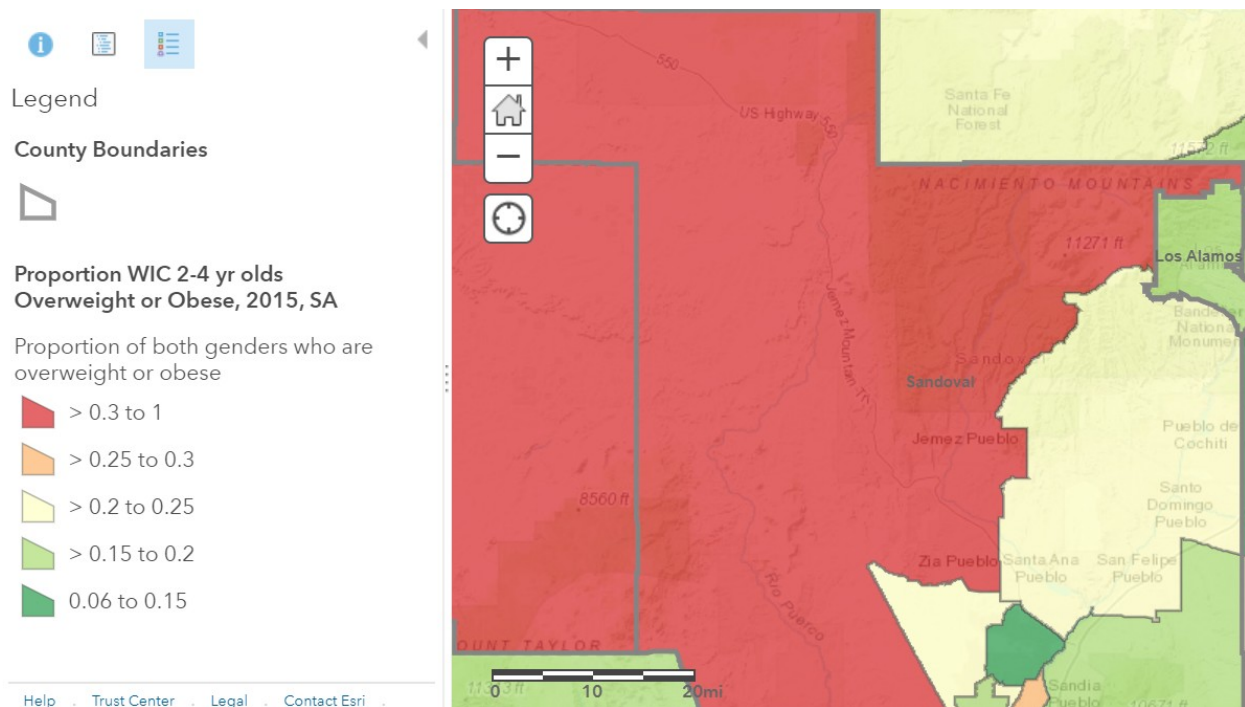
Since 2016, the SCHC has provided leadership for strategies and implementations that support healthy eating and active living, including the 10 x 10 student ambassador health literacy program, developed by the Sandoval Health Collaborative for grades one through three with participation from several self-selected schools in Cuba, Rio Rancho and Bernalillo school districts and Boys and Girls Clubs of New Mexico in Rio Rancho and Albuquerque.

The 10 x 10 program is based on Healthy People 2020, NMDOH and CDC recommendations and founded on a 2008 hypothesis by the World Health Organization that the health equity gap can be closed in a generation, if we start with children. Investment in the early years provides one of the greatest potentials to reduce health inequities within a generation.¹² Within the US 20% of children and adolescents are diagnosed as obese based on Body Mass Index.¹³ In parts of Sandoval County Women Children and Infants Program (WIC) data indicates up to

¹² World Health Organization, Commission on social determinants of health. 2008. Closing the gap in a generation. Retrieved from https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf

¹³ CDC. May 2018. Healthy weight. Retrieved from <https://www.cdc.gov/healthyweight/children/index.html>

40% of children under four are obese with some improvement between 2013 and 2015.¹⁴



<https://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=43ae795011d2487fbf6bb8142affa81b>

Diseases associated with obesity in childhood include: Type II diabetes, asthma, cardiovascular risk factors, joint damage, as well as lowered self-esteem, depression and increased likelihood to be the target of bullying.

The 2017 New Mexico Sandoval County middle school Youth Risk and Resiliency Survey provides additional documentation of the need for an increase in healthy behavior, beginning at the elementary school level.

¹⁴ NMCDC. Percent WIC 4 to 6 year olds overweight or obese. 2015. Retrieved from: <https://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=43ae795011d2487fbf6bb8142affa81b>

Selected items from *Risk behaviors at a glance, Sandoval County and New Mexico middle school (grades 6-8)*

Indicator	Sandoval County (percent)	New Mexico (percent)
Described self as overweight	24.1	26.3
Trying to lose weight	46.7	47.0
No days of physical activity in last week	11.3	12.9
Daily physical activity	39.1	36.8
Daily PE at school	28	40
Three hours of TV per day	22.5	23.6
Three hours of video or computer use per day	36.7	37.9
Daily breakfast	52.4	47.2

Table 4¹⁵

Nutrition and exercise both play a role in maintaining healthy weight, with calorie intake more significant than the number of calories that can be burned even with vigorous exercise. High sugar/simple carbohydrate foods and beverages (sodas and juices) are more quickly metabolized into fat reserves while complex carbohydrates including fruits and vegetables as well as proteins are metabolized more slowly and can be used over a longer time as energy.¹⁶ Although food insecurity and Supplemental Nutrition Assistance Program (SNAP) subsidy may encourage the purchase of less expensive, processed, high sugar and calorie foods, food pantry deliveries in Sandoval County make a difference by expanding choices of more nutritious options by including fresh fruits and vegetables, especially when accompanied by information regarding food preparation.

Lack of exercise and selection of excessive screen time over exercise time by young children and adolescents results in not only serious physical health but also cognitive and social interaction concerns. Healthy People cites improved cardiovascular health, bone strength, decreased depression and improved cognitive and concentration skills as a result of exercise.¹⁷ To accomplish this, CDC

¹⁵ New Mexico Middle School Risk and Resiliency Survey, 2017. Sandoval County. Retrieved from: <http://www.youthrisk.org/pdf/YRRS-2015-MS-countyreport-sandoval.pdf>

¹⁶ Chow G. 2018. Digestion and metabolism of carbohydrates. Retrieved from: <https://healthyeating.sfgate.com/digestion-metabolism-carbohydrates-8090.htm>

¹⁷ Healthy People 2020, Physical Activity Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>

guidelines recommend 60 minutes of moderate exercise daily for children starting at age six, including aerobic, muscle and bone strengthening.¹⁸ Key informant faculty and staff involved in 10 x 10 delivery, when asked about physical education and recess time, indicate that PE time ranges from a high of two times per week to a low of one time every other week, depending on school staffing. Recess is generally 45 minutes per day, but interviewees report that while some students are very physically active during that time, others stand or sit and talk with friends.¹⁹

Excessive screen time, including TV, computer games and phone apps has become another issue of concern for young children. Nationally children are spending up to seven hours per day watching a screen. This replaces physical activity and sleep with sitting, often accompanied by snacking, and predisposes to obesity and a number of associated health issues. School related computer time does not count, but beyond that the American Association of Pediatrics recommends no screen time under age two and less than one hour daily up to age five.²⁰ Although children in the 8 to 14 age group spend between six and nine hours per day on TV and other screen time, the CDC recommendation is no more than two hours per day.²¹ Mindfulness, generally defined as an emphasis on multisensory awareness of, focus on, and sensitivity to the present, including others, is a skill that in many ways is the antithesis of absorption in the artificial world of screen time.

Several key informant interviews with teachers and other partners involved in delivering the 10 x 10 program, reported that the lessons on nutrition, exercise and mindfulness were the most pertinent and helpful in the 10-lesson program. In addition to key informant interviews, a survey tool has been used to obtain pre and post program data for the 2017/18, 2018/19 and summer 2018 programs. A descriptive statistics (table) format has been used to summarize process and outcome data. Examples of process outcomes are interest in future program participation by both students and parents and a reported increase in conversations at home regarding healthy eating and exercise. Outcome increases pre to post reported by both parents and students include frequency of daily exercise and fruit

¹⁸ CDC. Youth Physical Activity Defined. Retrieved from:
<https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>

¹⁹ Osterfoss M. 2019. 10 x 10 2019 evaluation. Key informant interviews.

²⁰ Towne, 2018. The effects of screen time on health. Retrieved from:
<https://www.iowaclinic.com/blog/articles/the-effects-of-screen-time-on-fitness--health/>

²¹ CDC. 2018. Screen time versus lean time. Retrieved from
<https://www.cdc.gov/nccdphp/dnpao/multimedia/infographics/getmoving.html>

and vegetable consumption.^{22 23} Key informant interviews with program deliverers have focused on content and delivery recommendations.

Healthy Behavior Recommendations:

- Continue to support and expand support frequency and access of food pantry efforts Countywide, including simple recipes, food preparation demonstrations, collaboration with Kid’s Cook! that could include preparation of a family meal event.
- Continue to support 10 x 10 Student Ambassador program as it continues to use survey and key informant data to evaluate and improve the program content, venues, and delivery and seeks ways to include other partnerships that could increase hands-on experience and increase engagement, for example Running Medicine, Girls on the Run, Kid’s Cook!, community gardening/hydroponic gardening/dome gardening.
- Seek partnership with Sandoval County Community Health Department Sprouting Sandoval cooking and gardening initiatives in conjunction with the 10 x 10 program.
- Support required Countywide labeling of sugar content and percent of daily requirement for all items containing more than 25 grams of added sugar (American Heart Association guidelines set daily maximums at 25 gr for women and 37gr for men) on menus, counter displays and drink dispensers at fast food and carry-out food purveyors.

Improve Community Mental Health, including decrease in substance abuse, depression, and suicide

The SCHC recognizes the ongoing need for prevention, identification, diagnosis and treatment of mental health issues, including substance abuse, depression and suicide. The combined impact of these issues in Sandoval County is very significant in comparison to the United States as a whole, but very consistent with New Mexico overall. The New Mexico Health Care Workforce Committee 2018 Report cited the following 2016 statistics: New Mexico’s drug overdose rate was approximately 25% higher than the U.S. average. New Mexico also continued to

²² Osterfoss, M 5/25/18. Final Report: 10 x 10 Health Ambassador Program Evaluation Report for SCHC

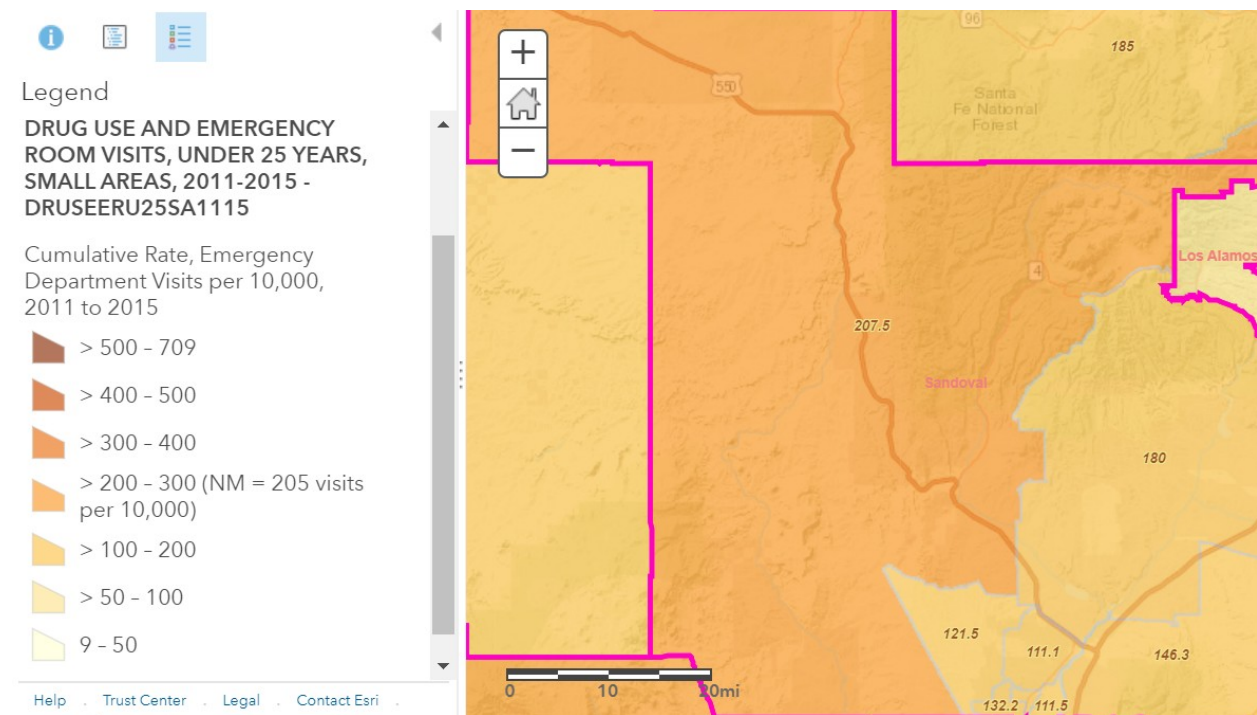
²³ Osterfoss, M 1/30/2018. Summer 2018 Boys and Girls Club of Rio Rancho 10 x 10 Evaluation for SCHC

have the highest alcohol-related mortality rate in the U.S, and suicide mortality was 50% higher than national rates.²⁴

Alcohol and substance abuse

New Mexico's alcohol related death rate is 1.5 to 2 times the national rate and while the national death rate remained constant between 1990 and 2010, New Mexico's alcohol related death rate increased by 52%. Alcohol related deaths in 2016 in Sandoval County were 31 per 100,000 population. There were 221 alcohol related motor vehicle injuries in Sandoval County in 2016. Between 2013-2017 there were 47.5 per 100,000 population opioid related visits to emergency rooms.²⁵

Drug and alcohol related visits to ED for persons under 25yrs of age



NMCDC. Drug use and emergency room visits under 25 years, 2011-2015. Retrieved from:

²⁴ New Mexico Health Care Workforce committee Report, 2018, Retrieved from: https://www.nmhanet.org/files/NMHCWF_2018Report.pdf

²⁵ New Mexico IBIS, Retrieved From <https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/43.html>

<https://www.arcgis.com/home/webmap/viewer.html?useExisting=1&layers=fae5523ed4d140b795cfdaa4faf474f0>

As with alcohol and substance abuse, suicide is a very serious concern in New Mexico and Sandoval County. Suicide rates are 50% higher in New Mexico than in the United States overall. In addition to clinical depression, risk factors include substance abuse, physical abuse, access to a lethal weapon and lack of available treatment.²⁶

New Mexico Youth Risk and Resiliency Survey data of mental health related issues at the middle and high school levels substantiates the importance of this issue in Sandoval County. See Table 5

Indicator	Middle School Sandoval %	Middle School New Mexico %	High School Sandoval %	High School New Mexico %
Current drinking	4.5	8.5	27.5	27.5
Binge drinker	2.8	5.0	10.9	11.2
First Drink before age 11	7.7	9.2	Not available	Not available
First Drink before age 13	Not available	Not available	22.4	21.4
Current marijuana use	9.8	8.7	30.0	27.9
Painkillers to get high	Not available	Not available	8.5	6.6
Prescription drugs without prescription	6.9	5.4	Not available	Not available
Planned suicide	20.1	20.2	15.0	16.0
Attempted suicide	6.7	8.8	9.4	10.2

Table 5²⁷

The high level of risk for negative mental health outcomes related to either depression or substance abuse in Sandoval County is compounded by provider

²⁶ New Mexico IBIS Retrieved from:

https://ibis.health.state.nm.us/indicator/complete_profile/SuicDeath.html

²⁷ New Mexico Youth Risk and Resiliency Report, 2017 Retrieved from: <http://www.youthrisk.org/countyreports/>

shortages, particularly in rural areas which encompass over 3,000 miles of the County. The New Mexico Healthcare Workforce 2018 Report acknowledges substantial disparities due to limitations in the size of the behavioral health workforce. The Commission surveyed 80 behavioral health clinical directors statewide regarding barriers that impact the behavioral health workforce and the top four barriers were identified as: Salaries and benefits, High quality education programs and training, Reimbursement rates and High need/high stress/ impoverished populations.²⁸ Sandoval County has the largest psychiatrist gap in New Mexico, a shortage of 12 in meeting the benchmark of one psychiatrist for every 6500 population. In 2018 there were 10 psychiatrists in Sandoval County. This compares to an “overage” based on the one for 6500 population criteria of 84 in Bernalillo County and 29 in Santa Fe County.²⁹ The review noted that although professional supply is limited, New Mexico is above National average in terms of patients who have been treated with the outcome of improved function and recommends multiple strategies to expand and strengthen the mental health workforce.

Community Mental Health Improvement Recommendations

- Review and support various New Mexico Health Care Workforce Committee, 2018 recommendations with Sandoval County health care provider partners and at the County and State government levels, including provider increases and improved training opportunities for adjunct (APNs, PNAs, counselors, social workers) as well as psychiatrists, including establishing Medicaid reimbursement for adjunct personnel.
- Work with health care provider partners to facilitate timely identification and improve referral of patients incoming to EDs for on-going care in more appropriate venues.
- Work with NMDOH and NMPED to target resources at effective awareness and education programs starting in elementary school.

Improve Chronic Care and Disability Management, including needs of the Aging Population

²⁸ New Mexico Health Care Workforce committee Report, 2018, https://www.nmhanet.org/files/NMHCWF_2018Report.pdf

²⁹ New Mexico Health Care Workforce Committee Report, 2018 https://www.nmhanet.org/files/NMHCWF_2018Report.pdf

A significant number of New Mexico and Sandoval County residents live with a disability. Many chronic health conditions result in disability. The NMDOH has implemented a Disabilities Adjusted Life Years (DALY) system that incorporates years lost through both morbidity and mortality associated with chronic health conditions. The issues associated with DALYS are loss of individual quality of life and increased demand for health care resources resting on the health care system as well as on families. Leading causes of DALYS include cerebrovascular disease, ischemic heart disease, diabetes, COPD, back and neck pain, drug use disorders, depression, self-harm and road injuries. New Mexico's most frequent DALYS are associated with drug use disorders, which along with self-harm and road injuries exceed National levels.³⁰

Care required associated with DALYS is potentiated by an aging population. Seventeen percent of Sandoval County's population is 65 years or older (compared to 16.9% New Mexico and 15.6% U.S.).³¹ In addition, 11.9% of the over 65 population statewide live in poverty. This compounding effect builds upon the impact of the disability itself and puts additional pressure on families, home health assistance, as well as out and inpatient health care facilities, with a life quality effect on individuals and their families and a significant personnel and financial impact on community resources.

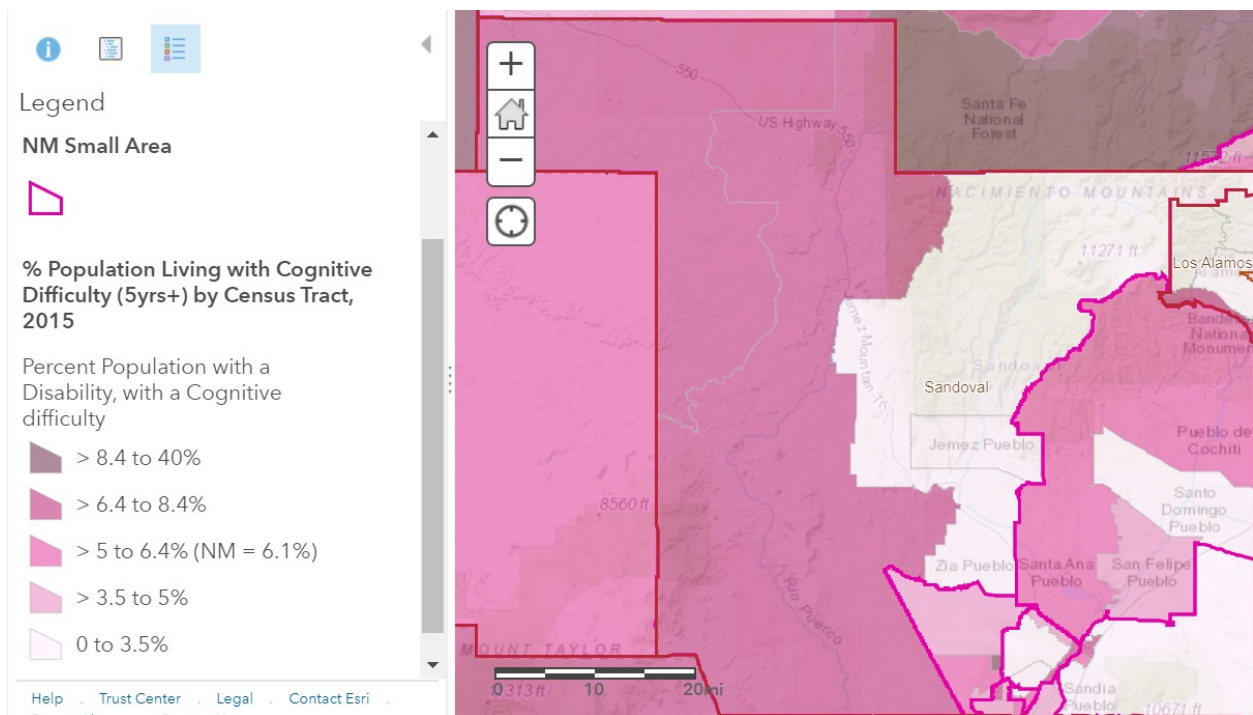
Furthermore, the aging population correlates with an increase in Alzheimer's disease and Dementia that require extensive support services. Sandoval County Alzheimer's incidence rate exceeds that of New Mexico. The New Mexico Aging and Long-Term Services Department, 2017 report projects a 38% increase in Alzheimer's and Dementia in New Mexico over the next six years increasing the total requiring services from 38,000 at present to 53,000 by 2025. The need for services increases as patients progress from short term memory loss to inability to independently perform routine self-care functions. 80.5% of those with Alzheimer's have an additional chronic disease.³² In New Mexico, in addition to day care and inpatient care, 106,000 friends and family members provide unpaid care for Alzheimer's patients. Thirty-five percent of these caretakers indicate that

³⁰ New Mexico Department of Health. April 2018. The state of health in New Mexico retrieved from <https://nmhealth.org/publication/view/report/4442/>

³¹ IBIS Community health highlights report, 2018 retrieved from <https://ibis.health.state.nm.us/community/highlight/introduction/GeoCnty/35.html>

³² New Mexico Aging and Long-term Services Department, 2017. New Mexico plan for Alzheimer's disease and related dementias. Retrieved from http://act.alz.org/site/DocServer/State_Plan_draft_8-14-13.pdf?docID=24462

their own health has declined as a result of care giving.³³ A CDC breakdown of services required by Alzheimer’s patients Nationally include adult day center (30%), Residential community care (39.6%), home health agency (31.4%), Hospice (44.7%) and Nursing home (50.4%). Medicare patients must qualify for Medicaid disability in order to cover the cost of this care resulting in a major impact on State and family resources.



NMDCD. Feb 2019. Disability demographics updated. <https://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=aac61f06dbdf40fc8a75f630f8da5c3a>

Given the combination of poverty and rurality in Sandoval County, meeting the needs of those with disabilities becomes a critically important challenge.

Recommendations: Improve chronic care and disability management/Impact of aging population

Increase awareness of the growing impact of disability

³³ New Mexico Aging and Long-term Services Department, 2017. New Mexico plan for Alzheimer’s disease and related dementias. Retrieved from http://act.alz.org/site/DocServer/State_Plan_draft_8-14-13.pdf?docID=24462

- Work with health care provider partners to increase outreach to families to provide information and assistance with resources including home health care providers, increase provider training and accessibility, including in the 3600 miles of rural Sandoval County.
- Add awareness of downstream disability outcomes to urgency of increasing mental health services to decrease disabilities from drug use disorders, road accidents and self-injury.
- Work with County and State government as well as health care provider partners to implement a strategic plan to include financial resources and provider expertise and availability to cope with surge in Alzheimer's/Dementia.

Conclusion

The Sandoval County community health needs identified as priorities in this 2019 report include:

- Health Care Access,
- Healthy Behavior Literacy,
- Community Mental Health
- Chronic Care and Disability Management

The SCHC has shown leadership and initiative in considering and addressing elements of these issues. An ongoing example is emphasis on Healthy Behavior Literacy as implemented in the 10 x 10 Healthy Habits Student Ambassador program.

A strategic plan for each of the above needs and a prioritized implementation plan, including identification of partners and check points, is recommended. These strategic and implementation plans will require evaluation and on going updating and revision in order to maximize outcome effectiveness. Based on the magnitude of each need area, partnerships with health care providers and educators, State and Local governments, Sovereign Nations as well as other businesses and individuals within the County will be critical to improved implementation and outcomes.

Acknowledgement:

Thanks to Tom Scharmen, MPH, NMDOH epidemiologist, and leader in developing the New Mexico Community Data Collaborative web site, including disaggregated sub county “neighborhood” data, for collaboration with identification of NMCDC maps with pertinent data for this 2019 Sandoval County Health Needs Assessment.

References

1. World Health Organization, Commission on Social Determinants of Health. 2008. Closing the gap in a generation: Health equity through action on the social determinants of health. Retrieved from: http://www.who.int/social_determinants/en
2. Healthy People 2020. 2010. Social determinants of health. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
3. Robert Wood Johnson Foundation. May 2017. Retrieved from: <https://www.rwjf.org/en/library/research/2017/05/what-is-health-equity-.html>
4. New Mexico Community Data Collaborative. May 2019. Percent children living in poverty, 2017. <https://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=f8951c09f28b41d2980d678d399c2a86>
5. US Census Bureau, 2017 Quick Facts Retrieved from: <https://www.census.gov/quickfacts/fact/table/US/RHI225217>
6. Healthy People 2020 citing Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to Health Care in America. Millman M, editor. Washington, DC: National Academies Press;1993. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>
7. Healthy People 2020 citing National Healthcare Quality Report, 2013 [Internet]. Chapter 10: Access to Healthcare. Rockville (MD): Agency for Healthcare Research and Quality; May 2014. Retrieved from: <http://www.ahrq.gov/research/findings/nhqrdr/nhqrdr15/access.html>
8. Kaiser Family Foundation, Nov 2018. Medicaid in New Mexico. Retrieved from: <http://files.kff.org/attachment/fact-sheet-medicaid-state>
9. New Mexico IBIS. Health Insurance coverage. Percent uninsured 2013-2017. Retrieved from: <https://ibis.health.state.nm.us/indicator/view/HlthInsurCensus.Sarea.html>
10. HPSA Provider shortage area data Retrieved from: <https://dat.hrsa.gov/tools/shortage-area/hpsa-find>
11. NMCDC. Public health clinics 2015 and Percent uninsured 2011-2015. <http://nmcdc.maps.arcgis.com/home/webmap/viewer.html?webmap=22b0860b410c47c598c0eb25aecdb0b3>
12. World Health Organization, Commission on social determinants of health. 2008. Closing the gap in a generation. Retrieved from https://www.who.int/social_determinants/final_report/csdh_finalreport_2008.pdf
13. CDC. May 2018. Healthy weight. Retrieved from: <https://www.cdc.gov/healthyweight/children/index.html>

14. NMCDC. Percent WIC 4 to 6 year olds overweight or obese. 2015. Retrieved from:
<https://nmcrc.maps.arcgis.com/home/webmap/viewer.html?webmap=43ae795011d2487fbf6bb8142affa81bRe>
15. New Mexico Middle School Risk and Resiliency Survey, 2017. Sandoval County. Retrieved from:
<http://www.youthrisk.org/pdf/YRRS-2015-MS-countyreport-sandoval.pdf>
16. Chow G. 2018. Digestion and metabolism of carbohydrates. Retrieved from:
<https://healthyeating.sfgate.com/digestion-metabolism-carbohydrates-8090.htm>
17. Healthy People 2020, Physical Activity Retrieved from:
<https://www.healthypeople.gov/2020/topics-objectives/topic/physical-activity>
18. CDC. Youth Physical Activity Defined. Retrieved from:
<https://www.cdc.gov/healthyschools/physicalactivity/guidelines.htm>
19. Osterfoss M. 2019. 10 x 10 2019 evaluation. Key informant interviews
20. Towne, 2018. The effects of screen time on health. Retrieved from:
<https://www.iowaclinic.com/blog/articles/the-effects-of-screen-time-on-fitness--health/>
21. CDC. 2018. Screen time versus lean time. Retrieved from
<https://www.cdc.gov/nccdphp/dnpao/multimedia/infographics/getmoving.html>
22. Osterfoss, M 5/25/18. Final Report: 10 x 10 Health Ambassador Program Evaluation Report for SCHC
23. Osterfoss, M 1/30/2018. Summer 2018 Boys and Girls Club of Rio Rancho 10 x 10 Evaluation for SCHC
24. New Mexico Health Care Workforce committee Report, 2018, Retrieved from:
https://www.nmhanet.org/files/NMHCWF_2018Report.pdf
25. New Mexico Health Care Workforce committee Report, 2018, Retrieved from:
https://www.nmhanet.org/files/NMHCWF_2018Report.pdf
26. New Mexico IBIS Retrieved from:
https://ibis.health.state.nm.us/indicator/complete_profile/SuicDeath.html
27. New Mexico Youth Risk and Resiliency Report, 2017 Retrieved from:
<http://www.youthrisk.org/countyreports/>
28. New Mexico Health Care Workforce committee Report, 2018,
https://www.nmhanet.org/files/NMHCWF_2018Report.pdf
29. New Mexico Health Care Workforce Committee Report, 2018
https://www.nmhanet.org/files/NMHCWF_2018Report.pdf
30. New Mexico Department of Health. April 2018. The state of health in New Mexico. Retrieved from
<https://nmhealth.org/publication/view/report/4442/>
31. IBIS Community health highlights report, 2018. Retrieved from
<https://ibis.health.state.nm.us/community/highlight/introduction/GeoCnty/35.html>
32. New Mexico Aging and Long-term Services Department, 2017. New Mexico plan for Alzheimer's disease and related dementias. Retrieved from
http://act.alz.org/site/DocServer/State_Plan_draft_8-14-13.pdf?docID=24462
33. New Mexico Aging and Long-term Services Department, 2017. New Mexico plan for Alzheimer's disease and related dementias. Retrieved from
http://act.alz.org/site/DocServer/State_Plan_draft_8-14-13.pdf?docID=24462

