SANDOVAL COUNTY COMMUNITY HEALTH ASSESSMENT

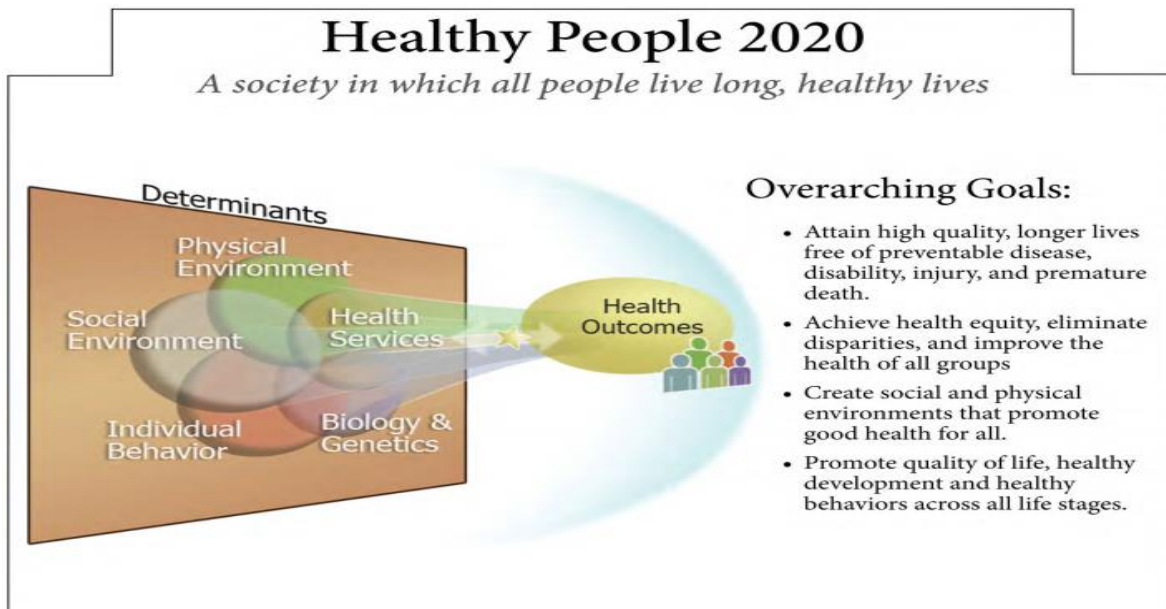**Table of Contents**

I. Executive Summary

Summary

The goal of this report is to provide information to the local community, to assist in decision-making, planning, and collaboration, and to improve the health of all Sandoval County residents. This report provides perspective on community health, community needs, the public health system and opportunities for improvement. The intent of this report is to facilitate recommendations for planning, policy, and actions in order to develop a strategic plan. This assessment will fulfill the New Mexico Department of Public Health (NMDOH) requirements for council capacity building, and sharing of the Sandoval County Health Profile. Furthermore, it will create a foundation for linking Sandoval County to the goals and objectives of Healthy People 2020 (HP 2020). This amalgamation will play a significant role in mobilizing Sandoval County from disease to health by addressing:

- Community and clinical health promotion and disease prevention
- Health disparities and equity
- Social and physical health determinants
- Lifestyle and health behavior change

http://www.healthypeople.gov/sites/default/files/HP2020_SpotlightOnHealthHRQOL.pdf

Our Community

Sandoval County encompasses three thousand seven hundred and sixteen (3,716) square miles of diverse geography and people. It includes the incorporated municipalities of Bernalillo, Cuba, Corrales, Jemez Springs, Rio Rancho and San Ysidro, numerous unincorporated communities, the chartered community of Cochiti Lake, all or portions of nine Indian Pueblos: Cochiti, Jemez, Laguna, San Felipe, San Idelfonso, Sandia, Santa Ana, Santa Clara, Santo Domingo, and Zia; three Navajo Chapters and a section of the Jicarilla Apache Reservation. The County has evolved from primarily rural and sparsely populated to being home to over one hundred thirty thousand (136,575) people. Ninety (90) percent of the populations live in three (3) incorporated communities - Bernalillo, Corrales and Rio Rancho. These communities are located in the Southeast corner of the county. Sandoval County's rural- urban dichotomy has presented obstacles in bringing together health, human and community services to identify critical issues throughout the County and provide health services to the most rural parts of the County. Furthermore, it is integral to recognize Native American sovereignty when assessing Sandoval County, particularly in the creation and implementation of any recommendations and/or coordination of services.

Demographic Profile

When considering the countywide measures that can affect health, it is important to understand the demographic makeup of Sandoval County.

TOPIC	UNITED STATES	NEW MEXICO	SANDOVAL COUNTY
Percentage American Indian + Asian + Black + Hispanic + Other *	N/A	58.6%	51.5%
Persons under 5 years, percent, July 2013	6.3%	6.7%	6.0%
Persons under 18 years of age, percent, July 2013	23.3%	24.3%	25.1%

Persons 65 years and over, percent, July 2013	14.1%	14.3%	14.7%
Median household Income	$53,000	$45,000	$58,000
Persons without health insurance under age 65, percent ⚠	15.3%	21.6%	16.1%
Persons living in poverty, percent ⚠	14.5 %	21.9%	13.7 %
Persons per square mile	87.4	17	35.5

* As classified by NM IBIS

⚠ These geographic levels of poverty and health estimates are not comparable to other geographic levels of these estimates. Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable

http://www.census.gov/quickfacts/table/PST045214/00,35043,35

- 9.4% of Sandoval County residents age 25 and over with no high school diploma (including equivalency). Significantly higher than US average at 6.9% and higher than state at 8.1%. ☐

- 76.42 % graduation rates compared to state 70.4 % percentage during the 2012 cohort. ☐

- 8.01% unemployment in rates compared to 6.9% US and 6.9% New Mexico 212 percentages. ☐

- 20.9% children under age 18 living under poverty, compared to 30.1% for the state and 22.2 % for the US. ⭕

- Sandoval County violent crimes reported per 10,000 population. Rio Rancho reported 270 compared to 571 State level. ☐

- 65.4% reported some college education compared to 58.6 % for the State and 71.0% for the US. ⭕

☐ The community is performing WORSE than the state/ country, and the difference is statistically significant.
☐ The community is performing BETTER than the state/country, and the difference is statistically significant.
⭕ The community is NOT performing better or worse than the state/country, and the difference is not statistically significant.

https://ibis.health.state.nm.us/community/snapshot/report/CommunityInd/GeoCnty/43.html?PageName=
http://www.countyhealthrankings.org/app/new-mexico/2015/measure/factors/43/description

Sandoval County Health Council

Background

The Sandoval County Family Health Advisory Council (FHAC) was established by the County Commissioners in 1991 in response to passage of the New Mexico Maternal and Child Health Plan. The FHAC was comprised of Sandoval County health and social service providers whose purpose was to coordinate maternal and child service delivery for county residents.

Recognizing that health issues of mothers and children need to be addressed within the context of healthy communities, FHAC members recommended in 2000 that the Sandoval County Commissioners establish a broad-based Community Health Alliance. In September 2001, the Commissioners established the Sandoval County Health Alliance.

Following a two-year period of loss and of state funding, the Sandoval County Health Council (SCHC) was reestablished by the Commission in June of 2013.

The SCHC is fortunate to have 15 health care provider and consumer representatives drawn from throughout Sandoval County. These representatives play a vital role in communicating the needs of their constituencies and promoting council information and activities. The SCHC provides for cross-fertilization of issues and ideas between organizations that might otherwise not have the opportunity to work together.

The broad-based nature of the council provides an ideal forum for introducing and implementing environmental strategies that impact community norms, laws, policies, regulations, enforcement, community awareness and media efforts, and require input and collaboration from many community partners.

http://www.sandovalcounty.com/departments/community-services/community-health/healthcouncil/about-schc

II. Community Health Status

Components of Community Health Assessment Process

As an objective, this report expands and builds upon the 2014 Sandoval County Community Health Assessment by including information from additional focus groups, key informants, and data provided from various sources. Data- rich evaluations provide a greater understanding of community demographics, socioeconomic characteristics and factors that impact community health. The 2015 Sandoval County Community Health Assessment will be shared with hospitals, health centers, schools, non-profit organizations, state/city departments and community groups.

The Sandoval County Health Council (SCHC) appointed an Ad-Hoc Committee to oversee the implementation of the community health assessment. The Ad-Hoc Committee is comprised of council and non-council members, including the NMDOH Health Promotions Specialist assigned to support the council. The Committee initiated the development of the community health assessment by disseminating the Sandoval County Health Profile to key informants in the community. After examining and sharing the Sandoval County Health Profile indicators, key informant interviews and focus groups were conducted in various communities, organizations and institutions. The Committee sought to engage a wide range of community involvement and representation from various sectors of the county.

Using a collaborative process, the Committee developed five (5) open-ended questions to ask each key informant and focus group. The full council reviewed and approved these questions. The Committee wanted to gain insight into the strengths, resources and challenges across the different communities represented in the county. To this end, the following questions were used for data aggregation:

Community Health Assessment Key Informant/Focus Group Questions:

1: What do you see as the positive aspects of this community?

2: What are the major gaps or needs of the community?

3: What changes would you like to see in your community?

4: What are you or others doing or plan to do to address the gaps or build on the successes?

5: In what manner do you or your organization reach out to share with or communicate with the community to inform them of your activities?

Participants were not limited to only respond to the questions above. The questions were open ended and broad enough for the participants to discuss any health indicators or community issues not present in the Sandoval County Health Profile.

For the purpose of this report key findings have been amalgamated with reported data found in the "Sandoval County Provider Summit: Survey Results" created by the United Way of Central New Mexico, "Community Snapshots'" provided by New Mexico's Indicator-Based Information System (NM-IBIS), "Quick Facts" from the United States Census Bureau, and "County Health Rankings" from the Robert Wood Johnson Foundation through the University of Wisconsin Population Health Institute School of Medicine and Public Health. Additional data/information can be found at the following sites:

http://www.countyhealthrankings.org/app/newmexico/2015/rankings/sandoval/county/outcomes/overall/snapshot

http://www.sandovalcounty.com/uploads/Downloads/Divisions/CommunityServices/HealthCouncil/2014SandovalHealthAssess.pdf

Findings

A health status assessment provides a strong understanding of the community's overall health and wellness standing. Data lies at the foundation of the community health assessment process. Analysis of the data reveals demographic and socioeconomic characteristics. It reveals strengths and risk factors that impact community health, such as

behavioral risk factors and environmental health indicators. Many different data sources are utilized to discover the overall health status of the community including mental health, social determinants of health, and infectious diseases, among others. While Sandoval County is regularly recognized as one of New Mexico's healthiest counties there are certain indicators that need to be taken in to account if we wish to maintain and improve this status as we continue our mission of promoting, creating and supporting healthy communities. Following are areas that have been identified via county-wide individual and focus group conversations:

AREAS OF OPPORTUNITY

Access to care and services:

- Resources for homeless and families in crises.
- Navigation, outreach and education to community and social services.
- Continuity of social and community services once accessed
- Location: "Distance between hospitals and clinics can overwhelm or be a barrier to seek treatment"[1].

"Better access to quality and support for health care needs, this includes continued care, not just episodic care."
"There is a lack of resources."
"There is no directory of services in Sandoval County."

Youth Development:

- Availability of shelters/ housing for homeless youth.
- Youth outreach and development centers (non-sport related).
- Afterschool programs (accessibility and transportation).
- Youth focused mental and behavioral services.

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[1] **United Way of Central New Mexico, Sandoval County Provider Summit: Survey Results**

"Finding programs for the youth to be involved in, more funding needed in youth shelters. Have the schools become uniform from the tribes when they all come together in high school."
"More things for children to do, more mentorship and mentoring for the kids."
"Lack of resources for students."

Mental Health:

- Limitations in mental and behavioral health.
- Resources in specialized care (detox).

Sandoval County "needs a detox center."
"More awareness in drug issues."
Sandoval County needs "more mental health facilities and short and long term admitting"

Transportation:

- Unavailability of public transportation.
- Underutilization of healthcare related transportation as offered through Centennial Care.
- Key informants also site geographical distance and access to health, community, and social services as an adverse determinant of health.

"Transportation is needed to cover distances; professionals need to be in the rural areas."
In rural areas (Placitas), "there is no public transportation."
"If any, buses are often empty because of the schedules and where they go. The Railrunner is useless as it isn't frequent enough."

Housing:

- Affordable housing.
- Transitional housing and shelters.

- Affordability for at risk communities to stay in their homes through "basic repair" programs.

Sandoval County needs, "more affordable housing", "youth and adult shelters", and "basic repair programs."

Cultural Barriers:
- Native American Communities (cultural competency, recognition of sovereignty, and collaboration).
- Language (diverse communities).

"There are cultural barriers in the county"
"There are gaps in cultural sensitivity in our county health care centers and institutions"
"More Native American speakers are needed."
Sandoval County needs, "more Spanish speakers who work in health care facilities"

Others:
- Development of places to be physically active
- Lack of funding
- Water scarcity
- Isolation of rural areas

"We need safer bike trails and a skate park"
"Limited funding does not let Heaven House expand services"
"Funding for: farmers markets, community gardens, and other sources to promote healthy foods"

AREAS OF STRENGTH

In Sandoval County, "people are close to their roots, it is rich in their cultural diversity; the small communities allow for people to pull together to help each other and this gives a sense of caring"

Community: Resiliency, community pride, and interconnectedness are adjectives commonly utilized by key informants when describing areas of strength for Sandoval County. Sandoval County self-identifies as an involved and welcoming community with low crime rates and poverty levels.

Diversity: Diversity of people and geography were commonly cited as areas of strength. Diversity in communities lend for inclusivity, and stronger communities. Cultural competency in communities "could theoretically improve the ability of health systems and their clinicians to deliver appropriate services to diverse populations, thereby improving outcomes and reducing disparities"[2].

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[2] **Can Cultural Competency Reduce Racial and Ethnic Health Disparities? A Review and Conceptual Model**

Following is a picture of commonly identified COMMUNITY HEALTH INDICATORS comparing Sandoval County to the United States, New Mexico and Healthy People 2020 goals:

COMMUNITY HEALTH INDICATORS

- Health Resource Availability
- Behavioral Risk Factors and Obesity
- Diabetes
- Cancer

- Heart Disease and Stroke
- Children
- Mental Health
- Maternal and Child Health

Indicator	US Value	Sandoval County Value	New Mexico Value	Status	Healthy People 2020
Uninsured	16.8%	*17.7%*	*15- 18%*	O (green)	❖ (yellow)
Primary Care Provider Ratio	1,067:1	*1, 539: 1*	*1,409: 1*	O (red)	*N/A*
Preventable Hospital Stays	41	*35*	50	O (green)	❖ (yellow)
Percentage of Adults Who had a Dental Visit in the Last 12 Months	71.3%	*70.3%*	*66%*	O (green)	*N/A*
Adults Who are Overweight or Obese	26.9%	*26.7%*	*26.6%*	O (red)	❖ (red)
Physical Activity	50.8%	*44.9%*	*46.4%*	O (yellow)	❖ (yellow)
Sexually Transmitted Infections/ Chlamydia	138/DNA	*367/761*	*571/573*	O (red)	❖ (red)
Diabetic Monitoring	90%	*68%*	*74%*	O (yellow)	❖ (yellow)

Diabetes Death Rates	21.2%	24.1%	27%	🟡	N/A
Hospitalizations with Diabetes	DNA	10.6%	13.7%	🟢	N/A
Mammography Screening	70.7%	62.2%	56.4%	🟢	N/A
Average Annual Lung Cancer Deaths per 100,000 population	47.4	30.1	32.5	🟡	🟡
Stroke Deaths per 100.000 population	36.9	30.6	31	🟢	🟢
Heart Disease Deaths per 100,000 Population	169.8	133.4	151.0	🟢	🟢
Adolescent Obesity	13.7%	13.9%	12.6%	🟡	🔴
Youth Cigarette Smoking Prevalence	15.7%	17.6%	14.4%	🟡	🔴
Youth with a Caring Supportive Relationship with in the Family	DNA	48.3%	48.2%	🟡	N/A
Teen Birth Rate per 1,000 Female Population, Ages 15-19	15.4%	16.3%	26.3%	🟡	🔴
Mental Health Providers	386:1	372:1	295:1	🟡	N/A
Suicide per 100,000 Population	12.6%	18.3	19.8	🟡	🔴
Suicide Among Youth Ages 10-24 per 100,000 Population	8.1%	15.1	16.7	🟡	🔴
Poor Mental Health Days	2.3	3.4	3.6	🟡	N/A

Low Birthweight	8.0%	8.7 %	8.8%	🟡	✦
Prenatal Care in first Trimester	DNA	70.1%	63.6%	🟢	✦
Child Abuse Allegations Ratio Per 1,000 Children	DNA	15.9	16.7	🟡	N/A

🟢✦ *Better than the central tendency (Mean or median)*

🔴✦ *Worse than the central tendency (Mean or median)*

🟡✦ *Average/ central tendency*

N/A as of to date Healthy People 2020 has not established a measure.

DNA Either the comparison factor or confidence interval data not available

https://ibis.health.state.nm.us/community/snapshot/report/CommunityInd/GeoCnty/43.html?PageName

http://www.countyhealthrankings.org/app/new-mexico/2015/measure/factors/43/description

Recommendations

- *Mapping and Assessment*

Moving forward to the new funding cycle it will be beneficial to supplement Sandoval County's health needs assessment process with comprehensive asset and policy maps. As part of this assessment key informants articulated lack of resource knowledge stating: "No one agency communicates with other agencies". When meshing a needs assessment with asset and policy mapping tools Sandoval County and community partners can evaluate new potential partners, avoid operating in silos, and strategically advocate for new policies that can have positive impact on Sandoval communities. Furthermore, asset mapping is a tool that bolsters community, outreach, engagement, and collaboration. The utilization of these assessments and mapping will provide a data-rich exploration of our communities, enabling a more detailed and comprehensive analysis of Sandoval County.

Resources:

Asset mapping:

http://communityscience.com/knowledge4equity/AssetMappingToolkit.pdf

http://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf

https://www2.ed.gov/admins/lead/account/compneedsassessment.pdf

http://www.crenyc.org/_blog/News_and_Views/post/Why_do_a_Needs_Assessment/

http://www.healthypeople.gov/sites/default/files/BrainstormCommunity.pdf

- *Linking to Healthy People 2020*

Moving from disease to health is the overarching goal for Healthy People 2020. By linking Sandoval County's goals and objectives to HP2020, we will be able to prioritize goals and create a strategic plan of action. Healthy People 2020 imparts evidence-based objectives for improving the health of all Americans. Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaboration across communities and sectors
- Empower individuals toward making informed health decisions
- Measure the impact of prevention activities

Healthy People 2020 is designed to help communities prioritize areas and identify ways to create social and physical environments that promote good health for all.

http://www.healthypeople.gov/2020/About-Healthy-People

http://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-health

Healthy people 2020 Toolkits:

State toolkit:

http://www.healthypeople.gov/2010/state/toolkit/08partners2002.pdf?visit=1

County Self-Assessment:

http://www.healthypeople.gov/sites/default/files/SelfAssessment.pdf

Communication Plan

http://www.healthypeople.gov/sites/default/files/CommunicationPlan.pdf

Prioritizing Toolkit:

http://www.healthypeople.gov/sites/default/files/PrioritizingIssues.pdf

Acknowledgements

Organizations
- Community Health Workers at UNM College of Nursing and Midwifery
- Cuba Middle School Student Council
- Cuba Senior Center
- El Pueblo Health Center
- New Mexico's Indicator-Based Information System (NM-IBIS)
- Placitas Senior Center
- Robert Wood Johnson Foundation Program
- Sandoval County Health Council
- United Way of Central New Mexico

Community Members
- Tonna Burgos- Executive Director of Student Services Rio Rancho Public Schools
- Andrea Casus- RAC Juvenile Intervention Specialist
- Sarah Cobb- Field Representative (retired) Senator Tom Udall's Office
- Pete Comancho- Retired Lt. for Rio Rancho Police Department
- Larry Davis- Vice Principal Bernalillo High School
- Linda Mathes-Diablo- RAC Director at New Day Youth and Family Services
- Beth Hamilton – Community Member
- Michael Lucero- Juvenile Justice Intervention Specialist
- James Maxon- Sandoval County Fire Chief

Sandoval County Health Council 2015

Rick Adesso	James Maxon
Marg Elliston	Jeff McBee
Jami Grindatto	Cheri Nip-Secretary
Allison Kozeliski, MSN, RN- Chair	Jaime Pino
Richard Kozoll, MD-Vice-Chair	Carrie Sarnicky
Orlando Lucero	Jamie Silva-Steele
Jan Martin, NP	Patricia Sourk
	Dixie Trebbe

Special Recognition to the 2015 Assessment Committee

Maggie Greenberg –Past SCHC Member and Committee Chair
Becky Jones – DOH Liaison
Allison Kozeliski – SCHC Member
Dick Mason – Community Member – Past SCHC Member
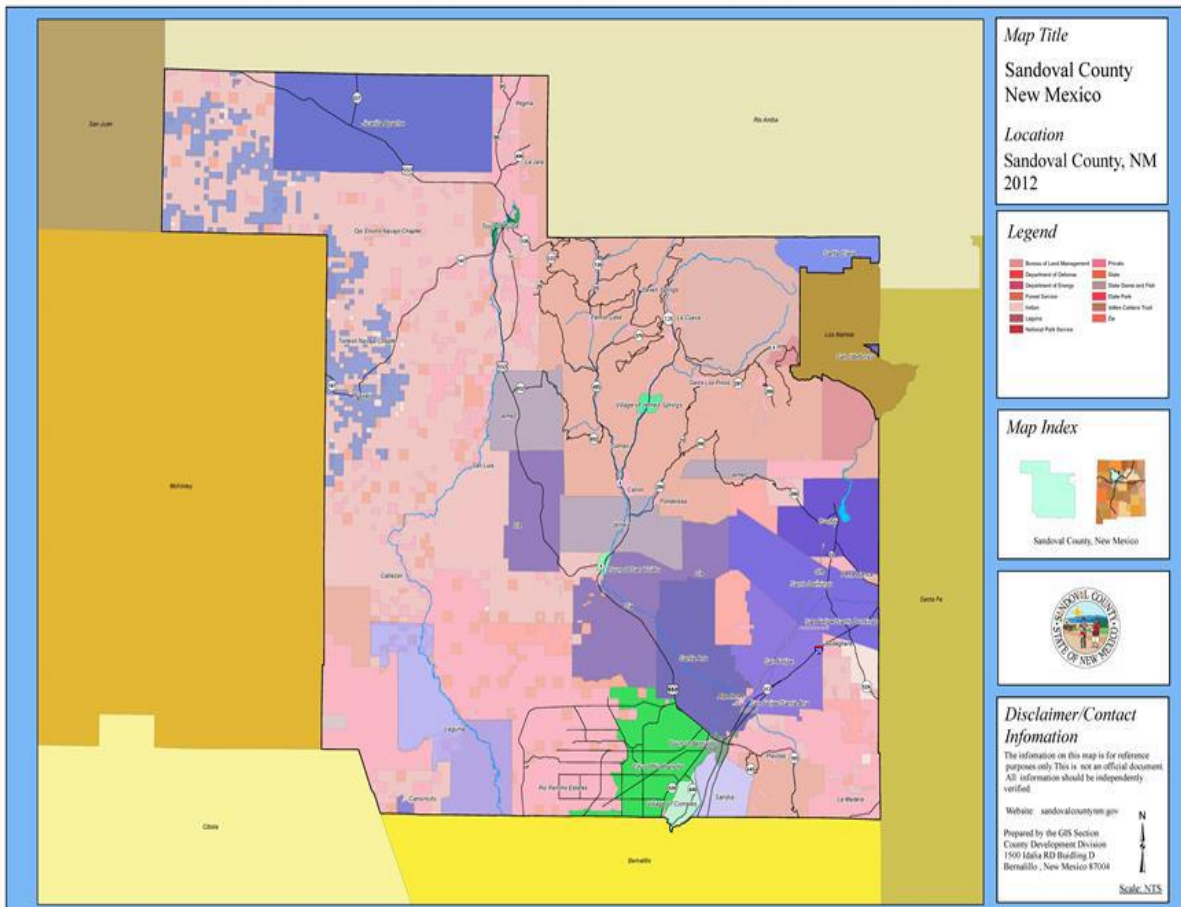Joyce Naseyowma-Chalan- Past SCHC Member - Community Member
Alejandro Ortega – Community Member
Jaime Pino – SCHC Member

*Please contact the Sandoval County Health Council for more information
http://www.sandovalcounty.com/healthcouncil

MAP OF SANDOVAL COUNTY- New Mexico