



SANDOVAL REGIONAL
MEDICAL CENTER

2019

Community Health Needs Assessment



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MESSAGE TO OUR COMMUNITY



UNM Sandoval Regional Medical Center's (SRMC) overarching purpose is about putting the health and well-being of our patients first. Our mission is to improve the overall health of the community by providing the highest quality healthcare services that meet the needs of Sandoval County's diverse population, as well as providing, increasingly over time, healthcare and medical education opportunities through partnerships with UNM School of Medicine, UNM College of Nursing, UNM College of Pharmacy and Central New Mexico Community College. Through our mission and continued growth, the UNM Health Sciences Center has expanded its education and research strategy to Rio Rancho, and has begun training nurses, medical

assistants, and soon behavioral health learners. In addition, SRMC has worked in close partnership with the Sandoval County Health Council, the Sandoval Health Collaborative, the Sandoval County Behavioral Health Coalition, the SRMC Community Advisory Board, and Sandoval Economic Alliance as we prioritize the most pressing matters impacting the overall health needs of the community. We consider partnerships and personal involvement in our community a high priority.

As part of a Community Health Needs Assessment (CHNA) process, and in collaboration with our community partners, we have conducted interviews, focus groups and surveys to help direct the organization's CHNA health improvement priorities. We have also utilized existing county and state data to help validate and support community partner feedback. Through the CHNA process, we have been able to update our previous CHNA, and reaffirm our strategic priorities that will be required in order for us to meet the health needs of the population within the community over the next three years:

- Behavioral Health Services
- Access to Health Care
- Chronic Care Prevention and Management Services

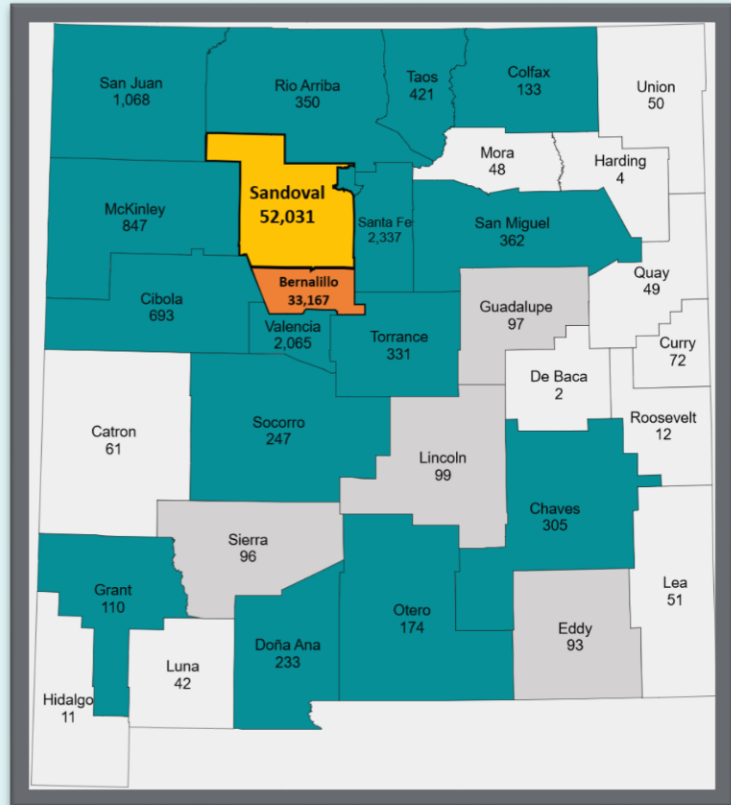
Behavioral Health and Level 3 Trauma services will be our top priority services that we will initially expanded to SRMC. This is secondary to the Sandoval County voters approving a County Mill Levy to support the expansion of these services. We are greatly appreciative of the voter confidence in SRMC, and highly motivated as we bring these vital services into the community. We look forward to our continued partnerships and working closely with the community, as we advance the Health Sciences Rio Rancho Campus' efforts as well as Sandoval Regional Medical Center's programmatic expansion. The SRMC Board of Directors and SRMC Executive Leadership are grateful to all who have assisted us through this very important process. We look forward to continuing to serve as a vital part of the community while addressing the most important health matters facing our community.

EXECUTIVE SUMMARY

Sandoval Regional Medical Center has conducted the 2016-2019 Community Health Needs Assessment (CHNA). The purpose of the CHNA is to identify key health needs for our community, which is defined as Sandoval County. The outcomes of the CHNA will be used to better understand our community in order to develop and implement hospital efforts that address these key health needs. This assessment is also a requirement and meets the compliance standards of the Internal Revenue Services (IRS). The SRMC Board of Directors has approved this report as well as the Community Health Needs Strategic Implementation Plan to follow.

Several notable findings have emerged from the community health needs assessment to include:

- ❖ The expansion of Mental and Behavioral healthcare services are needed in the county
- ❖ Access to healthcare services pose a significant challenge to Sandoval County
- ❖ Collaborative efforts around health is a key driver for connecting the community to resources to support a culture of health



ACKNOWLEDGEMENTS

Sandoval Regional Medical Center would like to express our deepest appreciation to all those who provided their knowledge, expertise and support to complete this report. A complete list of those who contributed to the report is in the appendix.

ABOUT OUR COMMUNITY

Sandoval Regional Medical Center defines its primary service area community as Sandoval County. Sandoval County is one of the most populated counties in the state, and includes many rural communities. Sandoval County has 12 Indian reservations including; Cochiti Pueblo, Jemez Pueblo, Jicarilla Apache Indian



Reservation, Laguna Pueblo, Navajo Nation, San Felipe Pueblo, Santa Ana Pueblo, Santo Domingo Pueblo, San Ildefonso Pueblo, Sandia Pueblo, Santa Clara Pueblo and Zia Pueblo. As of July 2017, the total population of Sandoval County continues to grow

indicated by the 2.6% increase in population from 2015 (138,928) to 2017 (142,705). The total square mileage is reported as 3,710.7 with a population density of 37.4 (Per square mile).ⁱ Sandoval County has the largest percentage of the population comprised of Native American and Alaska Natives as compared to other counties and compared to the state and national averages. Sandoval County is comprised of 78.6% White alone, 43.6% White, not Hispanic or Latino, 39.0% Hispanic or Latino, 13.9% American Indian and Alaska Native, 3.0%. Two or more races, 2.7% Black or African American. The vast majority of Sandoval County is made up of persons of age 18-60 years of age 46.2%, followed by 23.5% under 18 years of age, 17.1% 65 years and over and 5.6% 5 years and under. The median household income is \$58,600, which is above the federal poverty level. 3.9% of the population in Sandoval County make over \$200,000 per year, whereas 7.4% of households have an income below \$10,000. In, 2013-2017, an estimated 94.1% of people living in Sandoval County were U.S. natives. Twenty-seven percent of Sandoval County, NM citizens are speakers of a non-English language, which is higher than the national average of 21.1%. In 2017, the most common non-English language spoken in Sandoval County, NM

was Spanish. 16.7% of the overall population of Sandoval County, NM are native Spanish speakers. ⁱⁱ

ABOUT SANDOVAL REGIONAL MEDICAL CENTER

SRMC is a public institution with direct responsibility to serve the residents of Sandoval County. With 60 inpatient beds, 6 operating rooms and 552 employees, SRMC has a specific focus on providing improved access for Native Americans.

SRMC is a part of the University of New Mexico, Health Sciences Center (UNMHSC) health system. With this, patients benefit from the personal attention of a community hospital and the expertise and resources of an academic health care facility. SRMC's unique open medical staff model allows service from both University of New Mexico faculty physicians and community-based independent doctors. The health system, has four guiding principles that are used to continue to align the health priorities of the communities, we serve.

- ❖ Selecting health targets that impact the health of New Mexicans
- ❖ Choosing Health Council Priorities
- ❖ Identifying evidence-based interventions
- ❖ Focusing intervention efforts amendable to UNMHSC

With the health of our community leading the way, SRMC staff are committed daily, to quality improvement and patient safety, which assist in earning accreditation by The Joint Commission- the largest independent, nonprofit health care accrediting agency. One way SRMC strives to extend high quality care to the community is by providing free or reduced prices to low income patients. In fiscal year 2018, SRMC provided \$1,542,819 in charitable care to our SRMC patients.

**Sandoval Regional
Medical Center**
AT A GLANCE

ED Visits: 20,433

Surgical Cases-Inpatient:
1,369

Surgical Cases-Outpatient:
2,390

Outpatient Visits: 44,048

Behavioral Health Visits:
2168



OUR MISSION

To improve the overall health of the community by providing the highest-quality health care services that meet the needs of Sandoval County's diverse population, as well as providing increasingly over time, health care and medical educational opportunities through partnerships with the UNM school of medicine, UNM college of nursing, UNM college of pharmacy and Central New Mexico Community College.

OUR VISION

UNM SRMC's vision is to be the health care and medical education provider of choice for Sandoval County

OUR VALUES

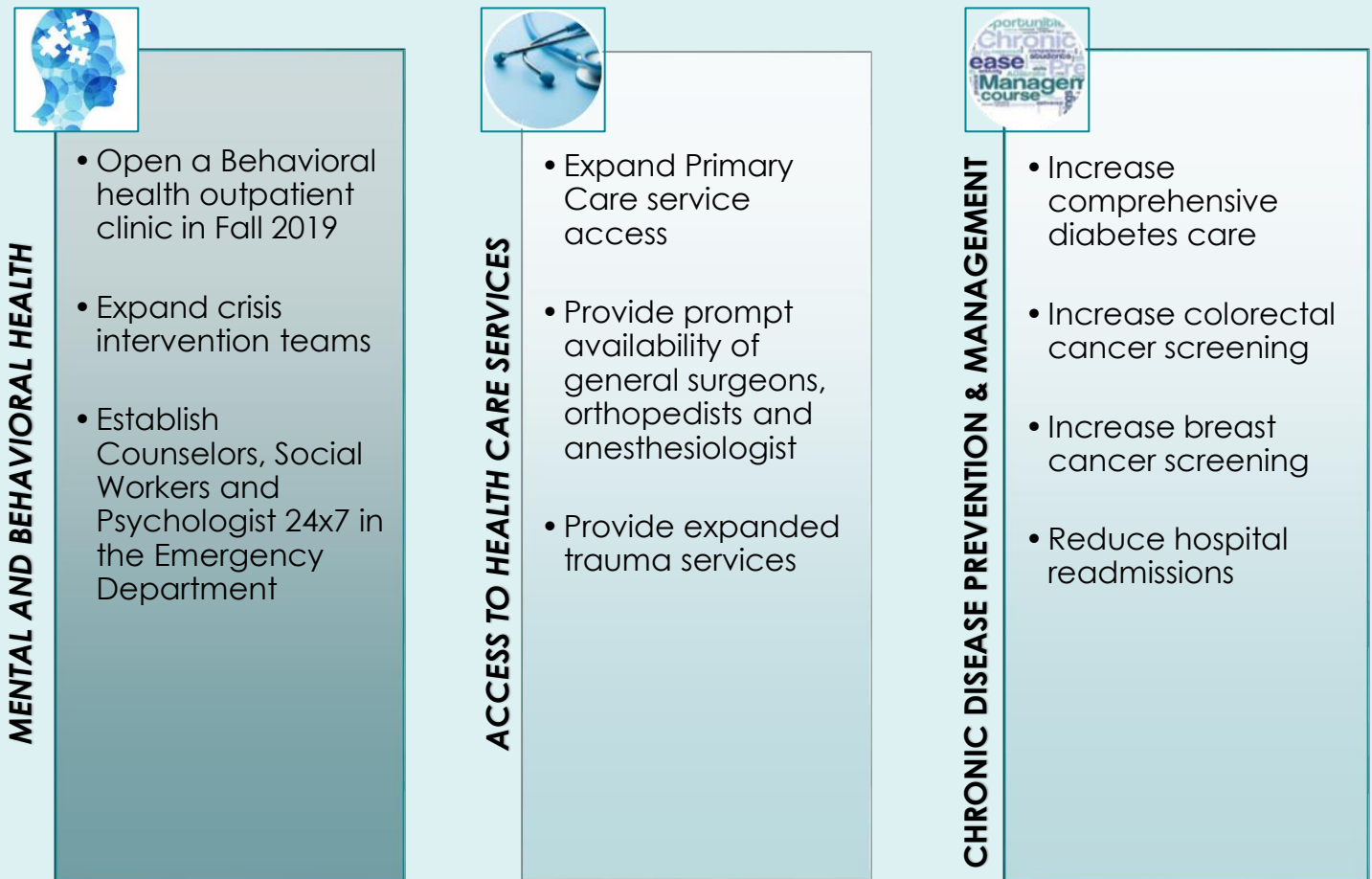
- ❖ **SERVE** our community.
- ❖ Demonstrate **EXCELLENCE** every day, in every way
- ❖ Provide **QUALITY** health care services
- ❖ Optimize patient and provider **SAFETY**
- ❖ Exemplify **TEAMWORK** to those around us
- ❖ Show **INTEGRITY** in all that we do

SRMC PRIORITIES AND GOALS

Our purpose is to Learn, Grow and Heal

SRMC will continue to work with community partners like, the Sandoval County Health Council, to assess the health needs of our community and to ensure that the priorities are staged appropriately. Health need priorities are established by health outcome data and recommendations made through primary data sources, such as key informant interviews.

For 2016-2019, the Sandoval County Health Council has identified the following health needs: 1) Access to Health Care 2). Mental and Behavioral Health 3). Preventative Services/Chronic Care Management 4). Nutrition, Physical Activity and Obesity 5). Health Literacy and Wellness 6). Communities Collaborating around Health. ⁱⁱⁱ In the context of priorities established at the Federal (ACA and Healthy People 2020) and the State of New Mexico levels, the top three community health need priorities identified for SRMC are as followed:



PARTNERSHIPS AND ADDITIONAL AFFILIATIONS

In order to better support health priorities, SRMC has collaborated with the following community members, and public health experts. These collaborations are important for connecting with the populations we serve on a more personal level.

- ❖ All Pueblo Council of Governors
- ❖ Behavioral Health Coalition Sandoval County
- ❖ Bernalillo Town Council
- ❖ City of Rio Rancho
- ❖ Corrales Town Council
- ❖ Cuba Town Council
- ❖ Eastern Sandoval County Association
- ❖ Five Sandoval Indian Pueblos
- ❖ Friends of UNM
- ❖ Kiwanis
- ❖ NAIOP
- ❖ Rio Rancho Roundtable
- ❖ National Alliance of Mental Illness (NAMI)
- ❖ West side Navajo Chapters – Ojo, Encino and Torreon
- ❖ Placitas Chamber of Commerce
- ❖ Cochiti Pueblo
- ❖ Jemez Pueblo
- ❖ San Felipe Pueblo
- ❖ Rio Rancho Regional Chamber of Commerce
- ❖ Rio Rancho Rotary Sunrise
- ❖ Sandoval County Fire Department
- ❖ Sandoval County Health Council
- ❖ Sandoval County Sheriff's Department
- ❖ Sandoval Economic Alliance
- ❖ Sandoval Health Collaborative
- ❖ UNM Health Science Center
- ❖ UNM Health Sciences Rio Rancho Campus Advisory Board
- ❖ UNM Hospitals
- ❖ UNM Medical Group

DATA COLLECTION METHODS

The SRMC CHNA is comprised of a mixed-methods approach, using both quantitative and qualitative data sources. In compliance with the Internal Revenue Service (IRS) Section 501(r)(3)(A) requirements^{iv}, a hospital is required to conduct a CHNA every three years and to adopt an implementation strategy that meet the health needs identified through the CHNA. SRMC conducted their last CHNA in October 2016. Through the 2019 CHNA process, we have been able to update our previous CHNA, and reaffirm our strategic priorities that will be required in order for us to meet the health needs of the population within the community over the next three years.

Data collection for the 2019 SRMC CHNA is comprised of:

- ❖ Sociodemographic and geospatial data sources specific to New Mexico and Sandoval County
- ❖ Interviewing key health officials with expertise or special knowledge in public health
- ❖ Incorporating data from federal, tribal, regional, state, or local health or other departments or agencies with current data or other information relevant to the health needs of community served by the hospital facility
- ❖ Interviewing or conducting focus groups with leaders, representatives or members or medically underserved, low-income and minority populations and populations with chronic disease needs in the communities served by the hospital

The SRMC CHNA will be available to the public via our website:

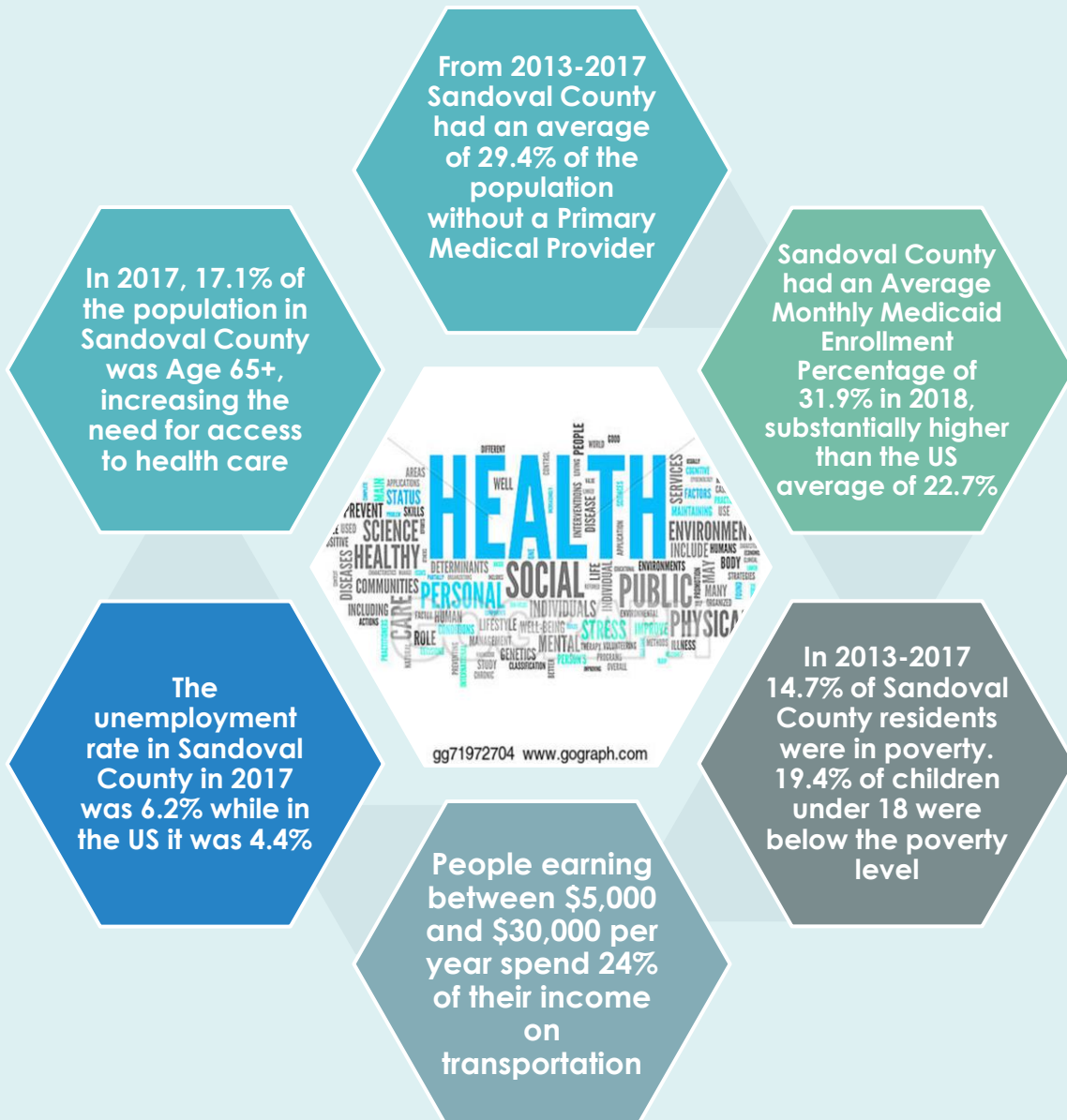
<https://hsc.unm.edu/health/locations/sandoval-regional-medical-center.html>

and is disseminated in multiple venues as we move towards continuing to meet the needs of our community.

**See Appendix for data collection tools

THE DETERMINANTS OF HEALTH

The determinants of health include the social and economic environmental condition, the physical environment and a person's individual behaviors^v. Social and economic factors can influence individual and community health. Examples include income status, education and access to health care services. Lower socioeconomic status is associated with increased risk for diseases and other health conditions, to include mental health conditions and disorders. SRMC, along with other health care facilities in Sandoval County, strive to understand, and provide care that positively influences the health of the community. Below is a snapshot of some of the factors that influence the health of Sandoval County.



HEALTH STATUS OF SANDOVAL COUNTY

The Robert Wood Johnson (RWJ) Program, County Health Rankings and Roadmaps in collaboration with the University of Wisconsin Population Health Institute (UWPHI) has created the County Health Rankings and Roadmaps (CHR&R) program. CHR&R is intended to illustrate what is known about people health. This information is used to improve the health of people in their neighborhoods, schools and workplace.^{vi}

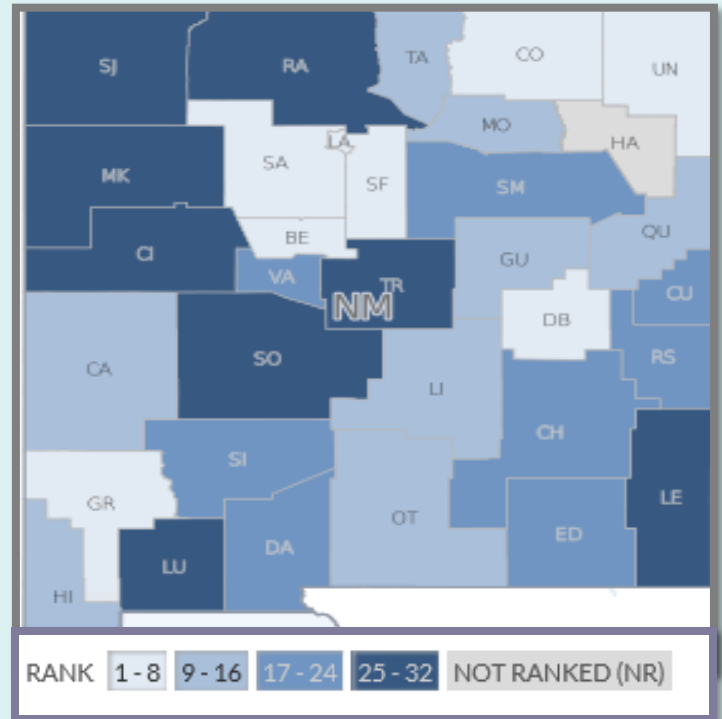
CHR&R has ranked the overall health of each county in New Mexico. The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1.

New Mexico being ranked 37th in the nation, has some of the worst health ranking for social indicators of health

The healthy community ranking criteria is based on the following health factors:

- ❖ Health Behaviors
- ❖ Clinical Care
- ❖ Social and economic
- ❖ Physical environment factors

Ranked at # 3, Sandoval County is ranked one of the healthiest communities in New Mexico



Despite the fact that Sandoval County ranks as one of the top healthiest counties in New Mexico, many challenges still exist. Access to health care is a significant area of concern for many of the rural communities in Sandoval County. By understanding the vast geographic landscape and diversity of our state and county, SRMC has the ability to continue to develop and implement strategies that can meet the needs of our communities. For instance, SRMC is currently collaborating with local transportation companies to enhance transportation mechanisms to the Rio Rancho city center, which is close proximity to SRMC.

VOICE OF THE COMMUNITY

Sandoval Regional Medical Center conducted five key informant interviews as well as a focus group comprised of 17 representatives of local health providers, tribal entities, public schools, and other local agencies that service low-income families in Sandoval County. The voice of these community representatives is critical for ensuring that the prospective of community continues to be a driver of this assessment as well as the strategic implementation plan to follow. Below are themes that arose from these community representatives conversations.

MENTAL AND BEHAVIORAL HEALTH



COMMUNITY VOICE HIGHLIGHTS:

- ❖ Approximately 1:5 people have anxiety and or depression in our county. We need to ensure resources are available to support people with these conditions
- ❖ There is a shortage of Behavioral Health Providers in Sandoval County and in New Mexico. This needs to be addressed by stronger recruitment efforts and better workforce development
- ❖ The expansion of Mental and Behavioral health services is needed in Sandoval County. SRMC is leader in the development of this expansion
- ❖ We see patients with suicidal ideation daily.
- ❖ SRMC has identified that BH services for youth will be incorporated into the strategic planning for the upcoming years
- ❖ More education for patients, is needed so patients can understand behavioral health so they can make behavioral changes

COMMUNITY RESOURCES HIGHLIGHTED:

- ❖ With the passing of the Mill Levy, more BH resources will be available to Sandoval County through SRMC
- ❖ Commitments driven by the Mill Levy should be the highest priority out of respect for our community"

ACCESS TO HEALTH CARE SERVICES



COMMUNITY VOICE HIGHLIGHTS:

- ❖ Limited transportation to and from rural community areas play a significant role in the ability to access health services
- ❖ Stronger collaborations are needed to better understand all of the resources available in Sandoval County and in New Mexico
- ❖ The next step for SRMC should be to expand access to specialists like social worker, surgeons and behavioral health professionals
- ❖ The senior population continues to grow in Sandoval County. SRMC needs to address access issues now for this population so we can expand services appropriately in a preventive way and not a reactive way
- ❖ Health and access to healthcare should be considered a broader issue that includes access to healthy food, physical activity opportunities and housing. Community hospitals need to be a bridge for all of these components.
- ❖ There is a shortage of primary care providers in New Mexico
- ❖ Access to language services is critical for our patient population
- ❖ There is wealth of resources in New Mexico, Sandoval county health experts just need to know how to help and use these resources
- ❖ Creating links in the community is vital to improving the health of all New Mexicans
- ❖ The Project Echo™ Model is a transformative way to creating a stronger integrated system to support our community. We need to utilize this model more effectively

COMMUNITY RESOURCES HIGHLIGHTED:

- ❖ Native American Affairs Manager
- ❖ UNM Project Echo Telemedicine Services
- ❖ SRMC Medical Specialty Services
- ❖ The Department of Health, Population Health and Chronic Disease Division
- ❖ Sandoval County Health Commons



COMMUNITY VOICE HIGHLIGHTS:

- ❖ A specific focus on integrated healthcare should be a top priority as it has come to be expected by the community
- ❖ Heart disease and cancer are two significant health issues in our county. We need to support our community by providing more preventative services and resources to the community
- ❖ Healthcare service providers should consider the “health goals” of the individuals living in our community before deciding on what services or resources are needed and provided to community members
- ❖ The diversity of our community brings patients who speak multiple languages. Healthcare providers need training and resources to ensure that they care for patients in a way that is meaningful for them
- ❖ Providers, patients and their families should create a team approach when it comes to disease management
- ❖ “If we truly partner with the community, community well-being will improve”
- ❖ “How are we addressing illnesses and health, before it becomes chronic disease?”

COMMUNITY RESOURCES HIGHLIGHTED:

- ❖ SRMC is seeking NCQA Patient Centered Medical Home (PCMH) certification that aims to reduce cost, improved patient experience and better health outcomes
- ❖ SRMC Bariatric Surgery Program
- ❖ Sandoval County Health Council
- ❖ 10x10 Health Literacy Ambassador Program

#1: MENTAL AND BEHAVIORAL HEALTH

Mental health includes our emotional, psychological, and social well-being. Mental health illnesses can occur at any time across the life span. These illnesses affect a person's thinking, emotional state and behavior and disrupt the person's ability to work, go to school, or carry out other daily activities or engage in satisfying interpersonal relationships. Mental health disorders are associated with increased risk for other chronic health conditions and certain mental disorders, such as depression and increase the risk of death from suicide. Mental health challenges can range from diagnosable mental disorders, to symptoms that may not be severe enough to warrant diagnosis with a specific condition but still have a significant impact on a person's life. Mental health challenges may be caused by a combination of genetic, biological, psychological, and environmental factors.

❖ How are we doing?

- In 2017, suicide was the ninth leading cause of death in NM, the second leading cause of death by age group for persons 5-34 years of age and the fourth leading cause of death by age group for persons 35-44 years of age
- New Mexico's drug overdose death rate has been one of the highest in the nation for most of the last two decades. New Mexico's death rate has more than tripled since 1990
- 19.6% of the total population (per 100,000 age-adjusted) deaths are attributed to drug overdose

PRIORITY # 1

HOW IS SRMC ADDRESSING THIS PRIORITY?

- From 2012-2016, SRMC provided a 12 bed Senior Behavioral health center program for short-term inpatient patients. In 2016, SRMC lost Sandoval County Mill Levy funds. This resulted in discontinuing the Behavioral health program
- Due to the discontinuation of the BH program, SRMC continues to collaborate within our UNM HSC system to support patients through evaluation and transfer to the UNM Main hospital facility for care
- In 2017 alone, SRMC had 713 patients receive services with a drug or alcohol principle diagnosis
- In 2019, The Mill Levy was passed providing funds to increase BH services to Sandoval County. SRMC will use these funds to reinstitute a multi-disciplinary, comprehensive behavioral health program
- SRMC collaborates with the Behavioral Health Coalition as well as with many community organizations to connect resources to patients with mental health illnesses and disorders
- SRMC collaborates with the New Mexico Health Council's around the state to support their assessment findings and develop collective strategies to address the needs of New Mexico communities

❖ How do we compare with the U.S.?

- Approximately 50% of the US population will have a diagnosable mental health disorder in their lifetime
 - Sandoval County and New Mexico have much higher suicide rates than the US Average
 - In 2016, NM had the fourth highest age- adjusted suicide rate among the 50 states and the District of Columbia for the past 20 years
 - Percentage of driving deaths with alcohol involvement in Sandoval County is 40% from 2012 to 2016 - well above the national average of 29%
-

#2: ACCESS TO HEALTH CARE SERVICES

Access to health care is important for promoting and maintaining health.^{vii} For instance, people who do not have a primary medical care provider may not get the timely health care that they need to prevent illnesses and may suffer unnecessarily from avoidable complications from those illnesses. Lack of health insurance coverage has been associated with delayed access to health care and increased risk of chronic disease and mortality. Poverty is a key driver of health status. Poverty creates barriers to access of health services, healthy food and other provisions that contribute to poor health status.

❖ How are we doing?

- Uninsured rates among racial/ethnic groups in New Mexico range from 8% to 16%
- From 2013-2017 Sandoval County had an average of 29.4% of the population without a Primary Medical Provider
- According to HRSA(2013), Regionally, Sandoval County has fewer Primary Care Physicians per 100,000 people compared to Bernalillo and Santa Fe counties and the average rate for New Mexico
- Sandoval County had a 1.14 ratio of providers per 1,000 population in 2016
- 14.67% of Sandoval County is in poverty
- Since 2013, Medicaid being a source of coverage has increased from 10.5% to 20.3 % in 2016
- 6% of the total population die from unintentional injuries (Accidents), in Sandoval County

PRIORITY # 2

HOW IS SRMC ADDRESSING THIS PRIORITY?

- In 2018, 69% of the total visits to SRMC were patients accessing outpatient services at SRMC. Since 2012, SRMC has continued to expand services provided to our community. Currently SRMC provides the following services:
 - Cardiology
 - Family Medicine
 - Bariatric surgery
 - General surgery
 - Neurology
 - Urology Gynecology
 - Rheumatology
 - Breast surgery
 - Plastic/reconstructive surgery (breast cancer)
 - Pulmonary
- In 2018, there were almost 14,000 Emergency Department encounters from Sandoval County alone. This type of data is driving the expansion of specialists available at SRMC
- With the passing of the Sandoval County Mill Levy, SRMC will seek accreditation for a Level III trauma center to address the needs of our community
- SRMC will continue to develop and utilize resources to support enhanced access for the most rural areas of Sandoval County through the use of telemedicine models for several aspects of care

❖ **How do we compare with the U.S?**

- The uninsured rate in New Mexico is 13% compared to the U.S. rate of 11%
- 18.47% of Sandoval County children under the age of 18 are living in poverty compared to the U.S. at 21.9% This attitudes to the inability to access health care services
- At 52.41%, Sandoval County has a significantly higher percentage of low food access compared to the U.S (23/61%)
- 3.6 million people in the U.S. do not obtain medical care due to transportation barriers

#3: CHRONIC DISEASE MANAGEMENT & PREVENTION

The Centers for Disease Control and Prevention (CDC) defines chronic diseases broadly as conditions that last 1-year or more, and require ongoing medical attention or limit activities of daily living or both. There are multiple risk factors, like alcohol and tobacco use, that contribute to chronic diseases. Chronic disease conditions such as obesity and diabetes are associated with an increased risk for a number of other chronic diseases, including heart disease, stroke, diabetes, and a number of cancers.^{viii}

❖ How are we doing?

- Heart disease is the leading cause of death in New Mexico and accounts for over 20% of all deaths
- In 2016, stroke was the fifth leading cause of death in New Mexico.
- Asthma is one of the most common chronic diseases in New Mexico, with an estimated 150,000 adults and 47,000 children currently have the disease.
- 9.2% of adults in Sandoval County have asthma
- Among New Mexican women, breast cancer is the most commonly diagnosed cancer.
- In 2015-2017, the New Mexico American Indian population had the highest diabetes mortality rate, 71.2/100,000, being statistically significantly higher than that of every other group.
- In 2017, estimated cancer deaths in New Mexico is 3,630. 239 of those deaths were Sandoval County residents.
- Sandoval County has higher stroke & diabetes death rates than both New Mexico and the U.S.

PRIORITY # 3

HOW IS SRMC ADDRESSING THIS PRIORITY?

- SRMC embraces the growth of expertise by supporting healthcare and medical education opportunities through partnerships with UNM School of Medicine, UNM College of Nursing, UNM College of Pharmacy and Central New Mexico Community College
- SRMC is currently pursuing accreditation from the American College of Surgeons for the Metabolic and Bariatric Surgery Accredited and Quality Improvement program in order to provide chronic disease management services
- SRMC is actively working on seeking NCQA Patient Centered Medical Home (PCMH) certification that aims to reduce cost, improved patient experience and better health outcomes
- SRMC is engaged in process improvement activities to increase adherence to preventive screenings for breast and colorectal cancer
- SRMC works in collaboration with the Sandoval County Health Council to develop joint strategies to support the community

❖ **How do we compare with the U.S?**

- In 2017, diabetes was the 6th leading cause of death for New Mexicans and the 7th leading cause in the U.S.
 - Chronic diseases are the leading causes of death and disability in the U.S. similar to Sandoval County
 - Beginning in the late 1980s and early 1990s, the breast cancer mortality rate for women, started to decrease for both New Mexican and U.S.
 - In 2017, the estimated cancer deaths in the U.S. was 600,920
-

APPENDIX

CHNA REPORT PREPARATION TEAM:

This report was developed under the care and guidance of Sandoval Regional Medical Center Executive Leadership team and the Quality Department. The following individuals contributed to the data collection, writing and editing of this report.

Courtney McKinney

Jamie Silva-Steele

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Ivette Liard

James Little

Readers:

Abigayl Camacho

Paula Bustillos

Jamie Montoya

THE PROCESS FOR CONSULTING WITH PERSONS REPRESENTING THE COMMUNITY'S INTEREST

SRMC sought input from the SRMC Community Advisory Board, who represent a broad interest and diversity of Sandoval County. The SRMC Community Advisory board conducts surveys throughout each year to better understand our community. SRMC also conducted a focus group hosted by the Sandoval County Health Council for the purpose of the 2019 CHNA.

Below are the tools utilized for primary data collection, which includes; key informant interviews and focus groups. Addition information is also provided below from various data sources that support the information outlined under each priority.

FOCUS GROUP TOOL:

Thank you to the Sandoval County Health Council for hosting this community focus group:

Tool Questions:	Focus Area:
<p>1) In the 2015 Sandoval County Community Health Assessment, under the recommendations section, it is discussed linking the Sandoval County's goals with the Healthy People 2020 priorities and goals. Has that movement occurred? In addition, if so, what is the impact on the strategic planning process of the county?</p> <p>2) Do you feel like we are moving towards a culture of health in Sandoval County? If so, how?</p> <p>3) Have any new collaborations been activated since the 2015 Assessment? If so, why and how?</p> <p>4) In regards to the mapping and assessment pilot project, have modifications been made to the methodology since the 2016/2017 initiative?</p> <p>a. Will this project continue to expand? What impact do you think this will have on the community?</p>	<ul style="list-style-type: none">• Review of prior community assessment conducted by the Sandoval County Health Council• Socio-economic barriers for Sandoval County• Healthcare polices• Resources to the community<ul style="list-style-type: none">◦ Healthy Food◦ Housing◦ Healthcare services

KEY INFORMANT INTERVIEW TOOLS:

We wish to thank you all of the individuals that took time to share their expertise through key informant interviews. Thank you to Pam Demarest, Joyce Naseyowma-Chalan, Sam MacBride, Rita Condon, and Christopher Morris. The

Tool Questions:	Focus Area:
<p>1). What are the challenges facing our community?</p> <p>2).What resources do you think SRMC should provide to our community?</p> <ul style="list-style-type: none"> • If we already provide such resources, are there ideas for improvement? <p>2) What do you think the barriers are for accessing healthcare services in Sandoval County?</p> <p>3). Based on your role and expertise, do you agree with these priorities? Our key priorities are:</p> <ul style="list-style-type: none"> • Increasing Mental and Behavioral health services • Building an integrated system of primary care and navigation support. • Improving Chronic Disease Presentation Strategies <p>4). Would you add anything? Why or why not.</p> <p>5).Are there any considerations we should be mindful of, while conducting the community assessment?</p> <p>6). What does SRMC do well to connect with the community?</p> <p>7). What is the biggest challenge of SRMC while connecting with the community?</p>	<ul style="list-style-type: none"> • Community Resources available to Sandoval County • Barriers for Sandoval County • Opportunities for collaboration • Healthcare resources infrastructure and models • Expansion of services specific for SRMC • Gaps in knowledge for addressing needs

following tools were used for these interviews.

Tool Questions:	Focus Areas
<p>1). Approximately 30% of Sandoval County residents do not have a primary care provider. What is SRMC doing to address this?</p> <p>2). What are the key drivers for SRMC focusing on opening a Level III trauma center?</p> <p>3). Many data sources indicate that pediatric and adolescent health should be a priority for Sandoval County. In what ways is SRMC addressing this priority?</p> <p>4). What initiatives is SRMC engaged in to address the significant challenge of low food access for Sandoval County residences?</p> <p>5). Sandoval County is ranked as one of the top healthiest counties in NM. What do you attribute this to? What are some of the next steps that SRMC is taking to move Sandoval County to # 1?</p>	<ul style="list-style-type: none"> • SRMC strategies for expansion • How priorities for SRMC are developed • Collaborations and initiatives involving the community • Workforce development

Tool Questions:	Focus Areas
<p>1). What are the challenges facing our community?</p> <p>2). Based on your role and expertise, do you agree with SRMC priorities indicated below? Would you add anything to this list? Why or why not.</p> <p>3). What resources do you think SRMC should provide to our community?</p> <p>4). Given the diversity of Sandoval county, is access to interpreter language services a concern for you or any member of our care team?</p> <p>5). What is SRMC doing to improve the care provided to patients? (i.e. QI initiative, provider education, etc.)</p> <p>6). What is the biggest challenge for SRMC to connect with the community?</p>	<ul style="list-style-type: none"> • Resources available in New Mexico • Access to Interpreter language services • Provider education and training

OTHER HOSPITAL FACILITIES WHO PARTICIPATED IN THE SRMC CHNA PROCESS

While SRMC conducted their 2019 CHNA independently, SRMC is a part of the University of New Mexico Health System. The UNM Health System is comprised of UNM Hospitals, SRMC, Community-based clinics and the UNM Medical Group. The vision of UNM Health Sciences is to work with community partners to help New Mexico make more progress in health and health equity than any other state. The UNM Health System has 10,500+ employees, 40+ healthcare academic programs, which serves over 200,000 patients a year. (UNM Health Sciences, Community Engagement, 2018).

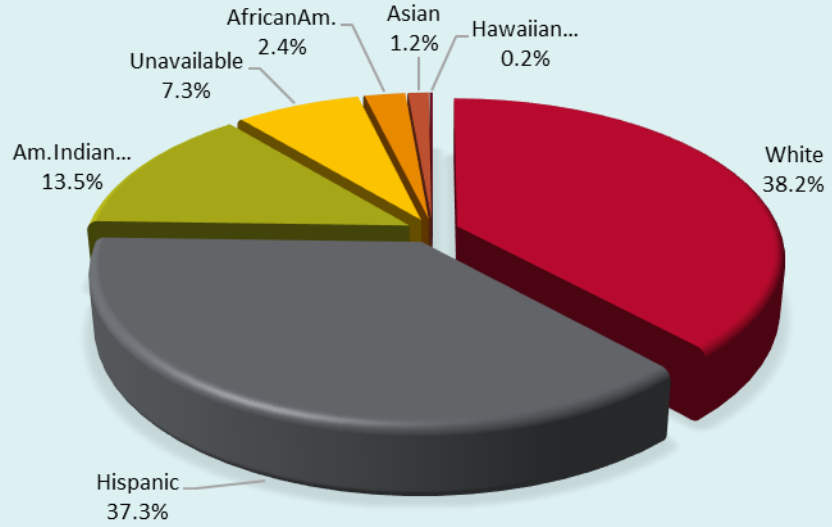
ADDITIONAL SANDOVAL COUNTY LEVEL DEMOGRAPHIC INFORMATION:

Sandoval County comparative to New Mexico State		
	Sandoval County	State of New Mexico
Population	142,025	2,081,015
Land Area (square miles)	3,710.7	121,298
Median household income	\$58,600	\$46,800
% below 18 years of age	23.9%	23.6%
% 65 and older	16.5%	16.5%
% Non-Hispanic African American	1.9%	1.8%
% American Indian and Alaskan Native	14.3%	10.6%
% Asian	1.6%	1.7%
% Native Hawaiian/Other Pacific Islander	0.2%	0.2%
% Hispanic	38.1%	48.5%
% Non-Hispanic white	44.2%	38.1%
% not proficient in English	1%	5%
% Females	50.9%	50.5%
% Rural	17.1%	22.6%
Source: County Health Rankings & Roadmaps 2018 – Census Population Estimates 2016		

Calendar Year 2018 SRMC Patient Race/Ethnicity Patients by Race/Ethnicity *Blended

Race/Ethnicity	MRN Count	MRN %
White/Anglo	13029	38.2%
Hispanic/Latino	12717	37.3%
American Indian/Alaska Native	4599	13.5%
Unavailable / Other / Declined	2480	7.3%
Black/African American	814	2.4%
Asian	414	1.2%
Hawaiian Native or Other Pacific Islander	59	0.2%
Grand Total	34112	100.0%

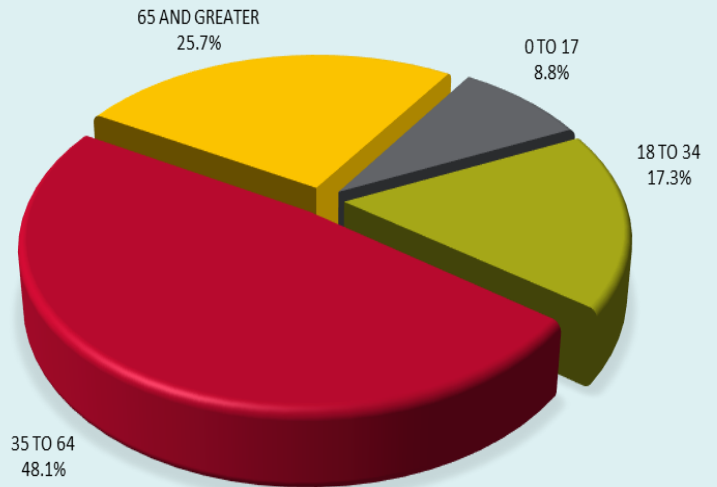
*Patients of Hispanic ethnicity counted as Hispanic/Latino, of any race.
 Non-Hispanic patients counted under their selected race.
 Unavailable, Other & Two or more races counted as Unavailable/Other
 Count of patients by unique MRN (not visits)



Patients by Age Group

Age Group	MRN Count	MRN %
0 TO 17	3005	8.8%
18 TO 34	5916	17.3%
35 TO 64	16418	48.1%
65 AND GREATER	8773	25.7%
Grand Total	34112	100.0%

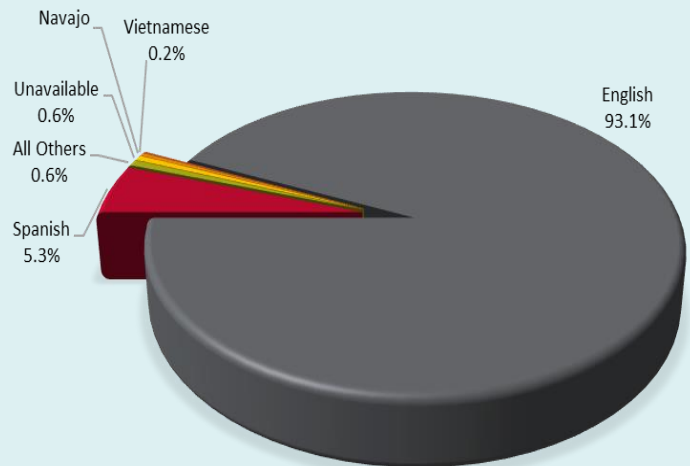
Count of patients by unique MRN (not visits)
 Critical & "Doe" ED Patients age > 100 added to unavailable
 Unavailable excluded from graph



Calendar Year 2018 SRMC Patients by Primary Language

Language	MRN Count	MRN %
English	31744	93.1%
Spanish	1792	5.3%
All Others	217	0.6%
Unavailable / Declined to Answer	188	0.6%
Navajo	104	0.3%
Vietnamese	67	0.2%
Grand Total	34112	100.0%

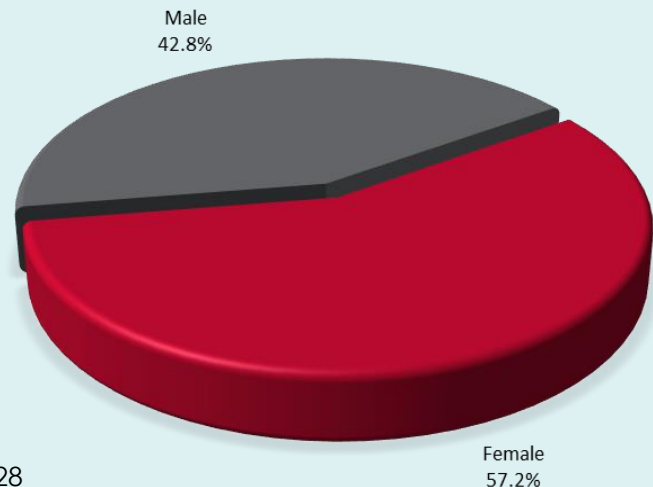
Count of patients by unique MRN (not visits)



Calendar Year 2018 SRMC Patients by Sex

Sex	MRN Count	MRN %
Female	19520	57.2%
Male	14592	42.8%
Grand Total	34112	100.0%

Count of patients by unique MRN (not visits)



ADDITIONAL STATE AND LOCAL DATA HEALTH STATISTICS & INDICATORS

Select Causes of Death (number of deaths) – 2017 Sandoval County has 6.8% of the State's population			
	Sandoval County	New Mexico	Sandoval County % of total New Mexico
Heart Disease	223	3,895	5.7%
Malignant Neoplasms (Cancer)	239	3,616	6.6%
Unintentional Injuries (Accidents)	88	1,462	6.0%
Chronic Lower Respiratory Diseases	73	1,143	6.4%
Cerebrovascular Diseases (Stroke)	82	878	9.3%
Diabetes Mellitus	49	673	7.3%
Chronic liver disease and cirrhosis	41	605	6.8%
Alzheimer's Disease	37	572	6.5%
Intentional Self-harm (Suicide)	22	491	4.5%
Influenza and Pneumonia	21	338	6.2%
All Other	321	4,999	6.4%
Total Deaths 2017	1,196	18,672	6.4%

Source: NM-IBIS – Chronic Diseases

Estimated Number of New Cases for Selected Cancers - 2017			
	Sandoval County (1)	New Mexico (2)	United States (2)
All Cancers Combined	737	10,040	1,688,780
Prostate	35	960	161,360
Female Breast	127	1,410	252,710
Lung & Bronchus	75	1,010	222,500
Colon and Rectum	58	800	135,430
Melanoma of the Skin	20	490	87,110
Non-Hodgkin Lymphoma	42	400	72,240
Corpus Uterus	29	350	61,380
Urinary Bladder	47	390	79,030

Source: (1) New Mexico Tumor Registry – Cancer in New Mexico 2017 & (2) American Cancer Society – Cancer Facts & Figures 2017

2017 Mental Health Status Indicators Sandoval County, State and U.S. Source: NM-IBIS- Sandoval County – Mental Health Status & Community Health Highlights Report for Sandoval County

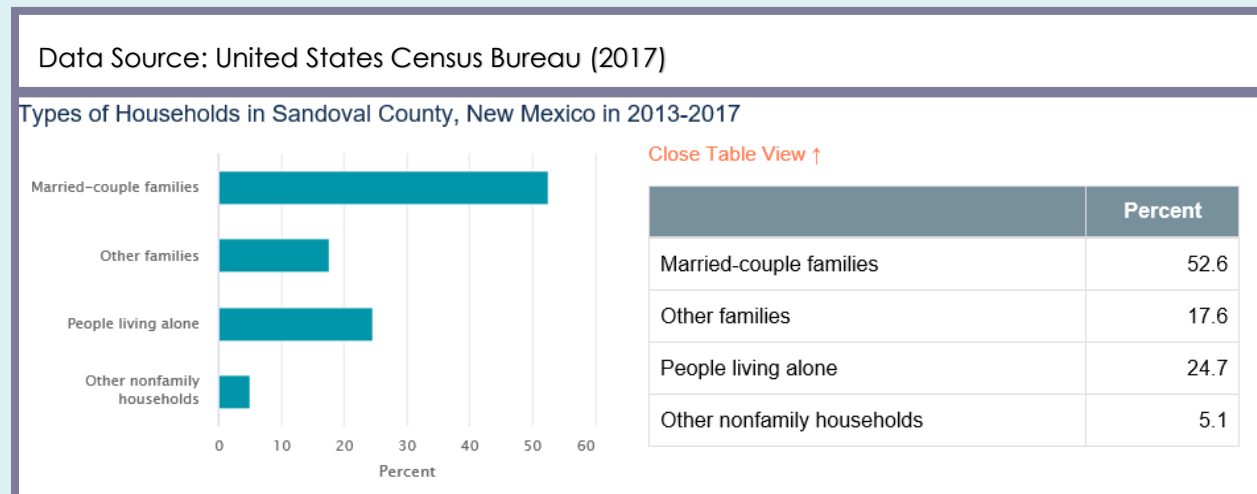
Indicator	Sandoval County	New Mexico	United States
Adult Suicide Attempts, 2016 (Percentage who attempted suicide)	0.0%	0.9%	DNA
Youth Who Attempted Suicide in the Past Year, Grades 9-12, 2017	9.4%	9.9%	DNA
Youth Injured in Suicide Attempt in the Past Year, Grades 9-12, 2017	1.8%	3.4%	DNA
Emergency Department Admissions for Self Injury, 2010-2014 (per 100,000 population)	167.5	163.2	DNA
Suicide Deaths 2013-2017 (per 100,000 Population, Age-adjusted)	18.7	21.9	13.5
Suicide Deaths, 2017	22	491	47,173
Adult Mental Distress, 2017 (Percentage with Mental Distress 6+days)	22.3%	20.2%	DNA
Youth With Persistent Feelings of Sadness and Hopelessness in the Past Year, Grades 9-12, 2017 (Percentage Feeling Sad/Hopeless)	37.0%	35.8%	31.5%
Current Depression, Adults Aged 18+, 2016 (Percentage with Depression)	11%	9.8%	DNA
Adult Suicidal Ideation, 2016 (Percentage who Considered Suicide)	3.2%	5.6%	DNA
Youth Who Seriously Considered Suicide in the Past Year, Grades 9-12, 2017 (Percentage who Considered Suicide)	18.8%	17.8%	DNA
Mental Health Providers, 2017	Ratio 320:1	Ratio 270:1	Ratio 470:1
Binge Drinking (past 30 days), Adults Aged 18+, 2014-2016	17.1%	13.9%	DNA
Heavy Drinking (past 30 days), Adults Aged 18+, 2014-2016	6.1%	5.2%	DNA
Alcohol-Related Deaths 2013-2017 (per 100,000 Population, Age-adjusted)	53.3	62.2	34
Youth Current Marijuana Use, Grades 9-12, 2017	30.0%	28.2%	DNA
Drug Overdose Deaths 2013-2017 (per 100,000 Population, Age-adjusted)	19.6	24.6	DNA
Opioid Overdose Related Emergency Department Visits 2012-2016 (per 100,000 Population, Age-adjusted)	42.5	66.9	DNA
Child abuse victims, 2017 (abuse victims per 1,000 population, under age 18)	52.8	17.6	DNA
*DNA = Data Not Available			

Source: Census.gov

ADDITIONAL INFORMATION ON RISK FACTORS

Screening & Risk Factors: Colorectal Screening		
	New Mexico	United States
Ever had colorectal endoscopy (sigmoidoscopy or colonoscopy), Ages 50+, 2016	62.7	69.8
FOBT in last year and/or flex sig in last 5 years and FOBT in last 3 years and/or colonoscopy in last 10 years, Ages 50-75, 2016	58.8	67.7
Home-Based Fecal Occult Blood Test (FOBT) in Past Two Years, Ages 50+, 2016	11.1	15.0
Home-Based FOBT in the past two years or ever had a colorectal endoscopy, Ages 50+, 2016	67.0	74.1
Source: http://statecancerprofiles.cancer.gov		

Screening & Risk Factors: Women's Health		
	New Mexico	United States
Had a mammogram in past 2 years, Ages 40+, 2016	63.4	72.6
Had a mammogram in past 2 years, Ages 50-74, 2016	71.8	78.3
Source: http://statecancerprofiles.cancer.gov		



Healthcare Services				
	Years of Data	Sandoval County	New Mexico	United States
Health Insurance Coverage (Percentage Uninsured)	2013-2017	13.7%	18.1%	12.7%
Medicaid Enrollment, Average Monthly Medicaid Enrollment as a Percentage of Population	2018	31.9%	40.0%	22.7%
Percentage of Persons with a Primary Medical Provider	2013-2017	70.6%	71.5%	76.8%
Percentage of Adults who had a dental visit in the last 12 months	2014&2016 (Combined)	70.2%	61.7%	66.4%
Source: NM-IBIS – Sandoval County – Community Health Status Indicators				

#	NAME OF ENTITY	LEVEL OF DESIGNATION	LEVEL DESCRIPTION
1	University of New Mexico	Level I	Level I Trauma Center: Has 24/7 trauma and specialty care available for all services, participates in clinical research on trauma care and has residents training in trauma.
2	University Medical Center of El Paso, TX	Level I	
3	Covenant Medical Center, Lubbock, TX	Level II	
4	Del Sol Medical Center, El Paso, TX	Level II	
5	Carlsbad Medical Center	Level III	
6	CHRISTUS St. Vincent Regional Medical Center	Level III	Level II Trauma Center: Has 24/7 trauma and specialty care available for all services.
7	Eastern NM Medical Center	Level III	
8	Gallup Indian Medical Center	Level III	
9	Gerald Champion Regional Medical Center	Level III	
10	San Juan Regional Medical Center	Level III	Level III Trauma Center: Has 24/7 trauma and some specialty care services available.
11	Miner's Colfax Medical Center	Level IV	
12	Nor-Lea General Hospital	Level IV	
13	Roosevelt General Hospital	Level IV	
14	Sierra Vista Hospital	Level IV	Level IV Trauma Center:
15	Sandoval Regional Medical Center	Developing Level III	Has an Emergency Department with trauma team activation and can rapidly facilitate transport to a higher level of care if necessary.
16	Cibola General Hospital	Developing Level IV	
17	Union County General Hospital	Developing Level IV	

Sandoval County Residents Encounter Counts At University of New Mexico Hospital Behavioral Facilities Calendar 2018

Age 0 - 17	
EMERGENCY Count	111
INPATIENT Count	108
OUTPATIENT Count	413
RECURRING OP Count	192
Total	824

Age 18 and Up	
EMERGENCY Count	384
INPATIENT Count	148
OUTPATIENT Count	640
RECURRING OP Count	1281
SHORT STAY OUT PATIENT Count	3
Total	2456

All Age (Pediatric and Adult Combined)	
EMERGENCY Count	495
INPATIENT Count	256
OUTPATIENT Count	1053
RECURRING OP Count	1473
SHORT STAY OUT PATIENT Count	3
Total	3280

SRMC Patients With a BH Principal Diagnosis From Bernalillo or Sandoval County 2018	
Age 0 - 17	
EMERGENCY COUNT	35
OUTPATIENT COUNT	76
RECURRING OUTPATIENT COUNT	41
Total	152
Age 18 and Up	
EMERGENCY COUNT	180
INPATIENT COUNT	10
OUTPATIENT COUNT	1968
SHORT STAY COUNT	10
Grand Count	2168
All Age (Pediatrics and Adult Combined)	

EMERGENCY COUNT	215
INPATIENT COUNT	10
OUTPATIENT COUNT	2044
SHORT STAY COUNT	10
RECURRING OUTPT COUNT	41
Total	2320
SRMC Patients With a Drug or Alcohol Principal Diagnosis From Bernalillo or Sandoval County FY 2017	
Age 0 - 17	
EMERGENCY COUNT	15
Age 18 and Up	
EMERGENCY COUNT	459
INPATIENT COUNT	74
OUTPATIENT COUNT	144
SHORT STAY COUNT	21
Total	698
All Age (Pediatric and Adult Combined)	
EMERGENCY COUNT	474
INPATIENT COUNT	74
OUTPATIENT COUNT	144
SHORT STAY COUNT	21
Total	713

ADDITIONAL RESOURCE FOR NEW MEXICO AND SANDOVAL COUNTY:

Through the review of various data sources, SRMC has identified other potential valuable resources, publicly available to the residents of Sandoval County. Although this list is not exhaustive, SRMC would like to share these resources as a way to assist in continuing to understand and acknowledge all of the people that come together to care for Sandoval County and surrounding areas in New Mexico.

- ❖ If you or someone you know is in a life-threatening position, please call 911.
- ❖ If you or someone you know is considering suicide, please call one of the following hotlines to talk to someone:
- ❖ National Suicide Prevention Lifeline: Call (English): 1-800-273-8255 Call (Spanish): 1-888-628-9454 para obtener asistencia en español Speech and Hearing Impaired: 1-800-799-4889 (TTY) On-line chat: <https://www.suicidepreventionlifeline.org> Text: Text HOME to 741 741
- ❖ Agora Crisis Center: Call: 505-277-3013 or 1-855-505-4505 On-line chat: www.agoracares.org/
- ❖ New Mexico Crisis and Access Line: Call: 1-855-662-7474 Warm Line call or text: 1-855-466-7100
- ❖ Veteran Crisis Line: Call: 1-800-273-8255, Option 1 Deaf or hard of hearing: 1-800-799-4889 Chat: Crisis Chat <https://www.veteranscrisisline.net/get-help/chat> Text: 838255
- ❖ Veteran Caregiver Support Line: Call: 1-855-260-3274
- ❖ Youth America Hotline: Peer Counseling Hotline: 1-877-968-8454 (YOUTHLINE)
- ❖ Veterans Peer Support Line: 1-877-Vet2Vet (1-800-877-838-2838)
- ❖ Graduate Student Hotline: 1-800-GRADHLP (1-800-472-3457) (may roll-over to other crisis line service)
- ❖ Postpartum Depression Hotline: 1-800-773-6667 (1-800-PPD-MOMS) (call may roll over to other crisis line service)
- ❖ For sites where you can locate a list of potential behavioral health services, please contact:
- ❖ New Mexico Association of School-based Health Centers: http://www.nmasbhc.org/SBHC_Locator.html
- ❖ PullTogether.org: <https://pulltogether.org> 1-800-691-9067 or e-mail info@pulltogether.org
- ❖ New Mexico Children, Youth & Families Department Behavioral Health Services: <https://cyfd.org/behavioral-health> or 1-505-827-8008

- ❖ Behavioral Health Treatment Services Locator from Substance Abuse and Mental Health Services Administration (SAMHSA): <https://findtreatment.samhsa.gov/> 1-800-662-4357 (HELP) or 1-800-487-4889 (TTY)
- ❖ The SKY Center: <http://nmsip.org/services/sky-center/> 1-505-473-6191. Also available in Spanish
- ❖ Mental & Behavioral Health Service Providers in Bernalillo County: <http://ccpi.unm.edu/visualizations/mental-behavioral-health-service-providers>
- ❖ SHARE New Mexico Resource Directory: <https://sharenm.org>
- ❖ United Way of Central New Mexico: <http://www.navigateresources.net/uwcnm/Subcategory.aspx?;0;;N;0;81916;Health/Medical%20Mental%20Health>
- ❖ Resources for veterans and their families: <https://www.treatmentworksforvets.org>
- ❖ State of New Mexico Behavioral Health Services Network of Care: <http://newmexico.networkofcare.org/mh/index.aspx> and <http://newmexico.networkofcare.org/mh/content.aspx?id=11893>
- ❖ If you would like to be involved in community suicide prevention or are interested in trainings for suicide awareness and prevention, please contact one of the following groups:
- ❖ The Sky Center New Mexico Suicide Intervention Project <http://nmsip.org/>: 505-473-6191
- ❖ Southern New Mexico Suicide Prevention and Suicide Support Coalition: <http://endsuicide.net/>
- ❖ New Mexico Suicide Prevention Coalition: Contact New Mexico Suicide Prevention Program Coordinator jacalyn.dougherty@state.nm.us

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