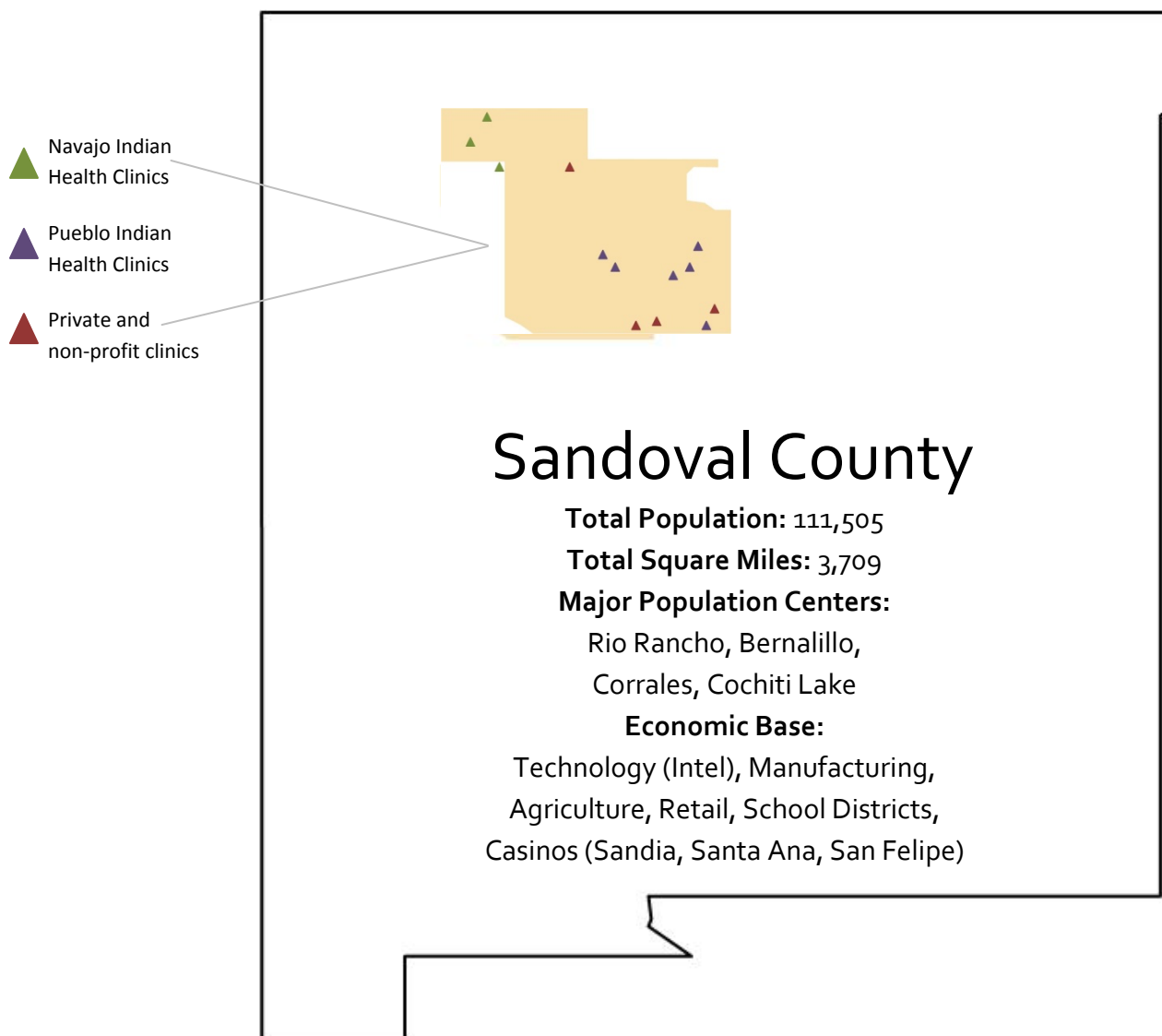




**“Working with our community partners,
UNM Health Sciences Center will help New Mexico
make more progress in health than any other state by 2020”**



Continuum of Care

Obesity

Oral Health

Community Profile

Psychosocial Vulnerabilities

- * Variety in ethnic composition—languages spoken include English, Spanish, Navajo, Keres, Towa, Tiwa
- * Few jobs in rural areas, particularly Jemez and Cuba
- * Great variance in poverty level throughout county
- * High levels of domestic violence
- * American Indian and Hispanic students are at particular risk for alcohol, tobacco or drug use
- * Access to insurance a problem
- * No hospitals in Sandoval County. 25 primary health clinics
- * Inadequate supply of childcare providers
- * Affordable housing unavailable
- * Large group of grandparents raising grandchildren

Populations with different planning needs

- * Parts of county suffer from poor schools and high rates of substance abuse, domestic violence and DWI
- * 8.8% of population speaks English “less than very well”
- * Home-bound seniors, chronically mentally ill, individuals with disabilities, developmental disabilities, multiple disabilities, 40 NM Commission for the Blind clients, 9% of population is deaf or hard-of-hearing, 3% deaf
- * Homeless population

Psychosocial Response Capacity

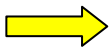
- * Expertise in emergency, public health, behavioral health, social service professionals and those who serve special needs populations
- * Sandoval County Community Health Alliance, Family Support Program
- * Community ties within small tribal communities

Emergency Response & Recovery Planning

- * Several emergencies in recent years—immediate response and evacuation worked well; gaps in communications and jurisdictional issues in recovery
- * Infrastructure development and direct contact is greatest need
- * Gap in emergency operations plan may be due to few tribal agencies participating in alliance
- * Emergency Operations Plan does not include child care facilities or special needs populations

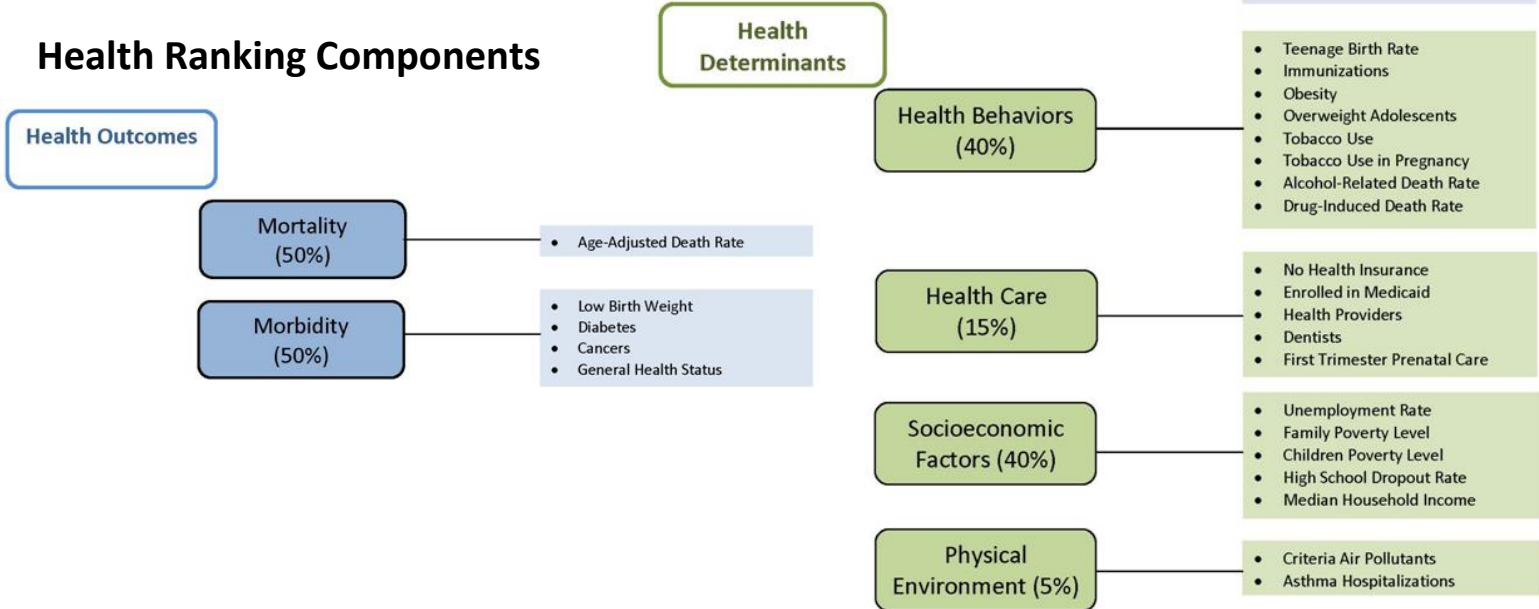
Community Environmental Health Concerns

- * Solid waste illegal dumping
- * Food safety at home
- * Water quality: new standards & private wells
- * Indoor air quality/ Ambient air quality/ Fire



County	Overall Rank	Health Outcomes	Health Determinants
Los Alamos	1	2	1
Santa Fe	2	4	2
Lincoln	3	1	7
Sandoval	4	8	3
Taos	4	3	8
Bernalillo	6	9	4
Otero	6	7	6
Colfax	8	9	5
San Juan	9	6	10
Dona Ana	10	5	16
Grant	11	11	11
Curry	12	14	12
Roosevelt	12	12	14
McKinley	14	12	21
Lea	15	25	9
Eddy	16	22	13
San Miguel	16	20	15
Cibola	18	18	18
Torrance	18	14	22
Valencia	18	16	20
Chaves	21	22	17
Sierra	22	17	24
Rio Arriba	23	24	19
Quay	24	19	25
Luna	25	21	26
Socorro	26	26	23

Health Ranking Components



	Estimated # of Hlth Professionals Needed per Population	Licensed Health Professional Residing in County	Provider Gap
Physicians	203	120	83
Nurse Practitioners	101	8	93
Pharmacists	86		
Physician Assistants	101	10	91
Occup. Therapists		16	
Physical Therapists			
Dentists	38	34	4
Registered Nurses	613	428	185
LPNs		94	
Cert. Nur. Midwives		10	
Licensed Midwives		1	

HSC Educational Activities in Sandoval County:

- 44 UNM SOM student and/or resident grads practicing in Sandoval County
- Current HSC students from Sandoval County:
 - 4 medical students
 - 2 BA/MD students
 - 6 Nursing student
 - 10 Pharmacy students
 - 1 Physical Therapy student
 - 2 Radiological Sciences students
 - 2 Dental Hygiene students
 - 19 EMS students
 - 5 Medical Lab Sciences students
- 17 Student/resident months supported by AHEC
- 164 Emergency Medical Services grads
- 13 Ctr for Disaster Medicine members
- 1 month med student w/ community preceptor
- 109 hours training/technical assistance, Center for Developmental Disabilities
- 6 RIOS Net Providers

HSC Services Provided to Sandoval County

- 193.7 Primary Care Locum Tenens coverage days
- 392 Dialysis Outreach Clinics
- 1,928 calls to NM Poison Center
- 4 Neurology Outreach Clinics
- 1,854 hours of client services, Center for Developmental Disabilities
- 530 hours provided by Psych Dept/ Center for Rural & Community Behavioral Health
- 484 county residents served at UNM Cancer Research & Treatment Center
- 33,947 total Sandoval County patient visits at UNMH and clinics
 - 3,939 charity care
 - 2,903 uninsured
 - 27,105 compensated care
- \$6,031,752 in uncompensated cost of care of Sandoval County residents

URBAN VS. RURAL HEALTH DISPARITIES

Urban Center: Rio Rancho (Intel)

Sample Rural Community: Village of Cuba

	Sandoval County	Rio Rancho (urban)	Cuba (rural)
Population	122,298	71,607	590
% Hispanic	33	27.7	60.3
% Native American	13.5	2.4	26.8
% Speak language other than English	31.8	16.4	73.2
Per capita income	19,174	20,322	11,192
% Below poverty level	10.3	5.1	41.3
% HS Graduates	86	91.2	65



Urban

RIO RANCHO ◆

Urban center, low % minority population, low % poverty level, high education level; health disparities much more prevalent in rest of county

RACIAL AND ETHNIC HEALTH DISPARITIES

Prominent racial and ethnic groups in Sandoval County:

Native American (16%) and Hispanic (32%)

Tribal Communities: 7 Pueblos and 3 Navajo Chapters

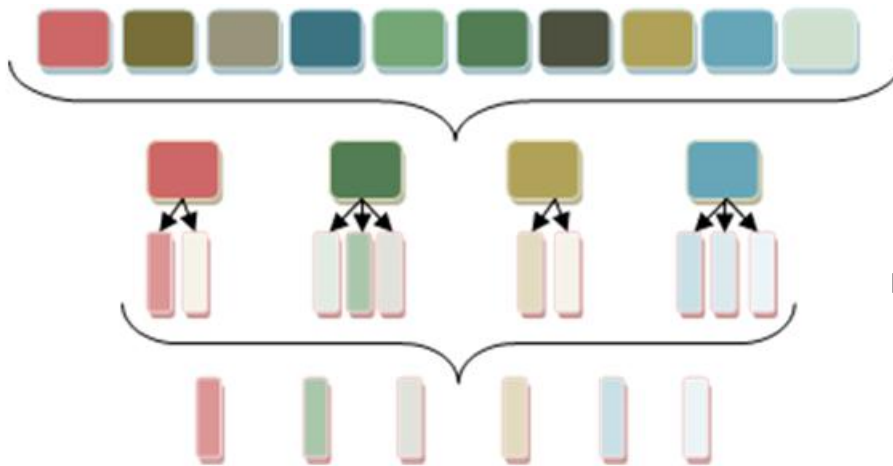
	NM	Hispanic*	Native-American*
% Poverty	20.6	27.8	46
Teen mothers	44	47.8	70
% Low Birth Weight	7.5	7.5	6.5
Infant Mortality	6.4	6	6.8
Heart Disease Mortality	24	22	15.4
Cancer Mortality	20.8	18.7	16.8
Accidents- all	6.8	9.8	12.6
MV Accidents	2.9	4.3	8.2
Diabetes mortality	3.9	5.5	7.4
Suicide	2.6	2.7	3.5
Chronic Lower respiratory	5.8	3.7	2.1
Years Productive Life Lost	7,931	8,540	11,777
Homicide Rates	10.3	14.4	15.4
Obesity	24.7	27.3	31.6

*Rates for racial and ethnic groups statewide; DOH does not report rates in small populations.

CATEGORY	US	NM	Sandoval County
Behavioral/Social Factors			
Prevalence of Smoking (percent adult population) <i>The percentage of adults who smoke tobacco products regularly.</i>	21	21	17
Prevalence of Youth Smoking (percent high school students) <i>The percentage of middle and high school students who smoke tobacco products regularly.</i>	23	24	
Prevalence of Obesity (percent adult population) <i>The percentage of the adults estimated to be obese, defined by having a body mass index (BMI) of 30.0 or higher. BMI is equal to your weight in pounds divide by your height in inches squared and then multiplied by 703.</i>	24	23	24
Lack of Physical Activity (percent adult population) <i>The percentage of adults who do not participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise.</i>	24	23	
Oral Health (percent adults missing 6 or more teeth) <i>The percentage of adults with six or more permanent teeth removed because of tooth decay or gum disease.</i>	33		
Motor Vehicle Deaths (per 100,000) <i>The number of deaths due to motor vehicle crashes per 100,000 population</i>	15	23	19
Homicide Rate (per 100,000 population) <i>Number of deaths resulting from intentional use of power, threatened or actual, against another person, group or community, per 100,000 residents</i>	6	8	
Drug Deaths (per 100,000 population) <i>Number of deaths in which drugs are the primary cause, whether unintentional or intentional, per 100,000 population</i>	11	18	11
Alcohol-related Deaths (per 100,000 population) <i>Number of deaths attributed to alcohol per 100,000 population</i>	27	48	39
Teen Birth Rate (per 1,000) <i>Number of births to females age 15-17 per 1,000 of same age group female population.</i>	22	37	19
Occupational Fatalities (per 100,000 workers) <i>Number of agricultural or non-agricultural work-related fatalities by county of occurrence.</i>	5		
Demographics			
High School Graduation (percent adults 25 or older) <i>The percentage of adults 25 years or older who have graduated from high school.</i>	84	82	86
Per Capita Personal Income <i>Mean income computed for every man, woman and child in a particular group.</i>	\$33,689	\$31,474	\$29,476

CATEGORY	US	NM	Lea County
Health Access			
Uninsured population (percent under 65) <i>The percentage of population age 18-64 not covered by private or public health insurance.</i>	16	23	21
Primary Care Physician to Population Ratio (1:3,500) <i>Total of active non-federal general practitioners, family physicians, general internal medicine, and non-specialist pediatricians relative to the population group.</i>	3.7	1.2	
Prenatal Care (percent pregnant women) <i>Percentage of live births for which prenatal care was received in the first trimester.</i>	84	71	78
Immunization Coverage (percent children 19-35 months) <i>Percentage of children ages 19 to 35 months who have received the suggested early childhood immunizations, including recommended dosages for DTP, poliovirus, MCV, HiB, HepB.</i>	77	76	80
Health Outcomes			
Low Birthweight (per 1,000 live births) <i>Neonates, regardless of gestational age, whose weight at birth is less than 2,500 grams. A neonate is a live born infant.</i>	8	9	
Infant Mortality (per 1,000 live births) <i>Deaths at any time from birth, but not including, one year of age.</i>	7	6	7
Infectious Diseases (per 100,000 population) <i>The occurrence of Acquired Immune Deficiency Syndrome (AIDS), tuberculosis and hepatitis (all types)</i>	23		
Prevalence of Diabetes (percent adults) <i>Adults told by their doctor that they have diabetes.</i>	8	7	9
Limited Activities in Previous Month (percent adults) <i>Percent of adults who could not perform work or household tasks due to physical, mental or emotional problems.</i>	19		
Cardiovascular Deaths (per 100,000 population) <i>Deaths caused by diseases of the heart and arteries, especially heart attacks and strokes.</i>	258	205	189
Cancer Deaths (per 100,000 population) <i>Deaths caused by a group of diseases characterized by uncontrolled growth and spread of abnormal cells.</i>	184	161	167
Total Mortality (per 100,000 population) <i>Measure of all causes of death.</i>	798	770	710
Suicide Deaths <i>Number of deaths attributed to suicide per 100,000 population.</i>	11	17	12
Premature Death (years lost per 100,000 population) <i>Years of potential life lost prior to age 75 is a measure of premature mortality that is calculated over the age range from birth to age 75.</i>	7,562		
Asthma Hospitalization Rates <i>Number of Hospitalizations for ages under 15 per 10,000 population.</i>		22	9.5

To focus our efforts on health outcomes we can improve, we will...



Select **HEALTH TARGETS** that impact the health of New Mexicans

Choose **HEALTH COUNCIL PRIORITIES**

Identify **EVIDENCE-BASED INTERVENTIONS**

Focus our efforts on **INTERVENTIONS AMENABLE TO UNMHSC**

To assess impact on health beyond incidence, prevalence and severity, we will consider:

- **Health disparity:** differences in health status among different populations (racial, ethnic, socioeconomic, geographic, etc.)
- **Health equity:** the absence of systematic disparities in health or in the major social determinants of health. Equity is an ethical principle.

Example of Health Intervention:

Diabetes/Obesity/Inactivity

Sandoval County has a higher rate of diabetes than the NM average. Diabetes is the 7th leading cause of death in the US. Obesity, a risk factor for Type II diabetes, is present in over half of US adults, even rates are even higher in women, poor people, and people of color. More than half of US adults are physically inactive, even though regular physical activity can cut the risk for developing depression, diabetes, heart disease, high blood pressure, obesity, stroke, and certain kinds of cancer.

Evidence based interventions include:

- Case management interventions to improve glycemic control
- Disease management programs
- Worksite programs to control overweight and obesity
- Point-of-decision prompts to encourage use of stairs
- Enhanced school-based physical education

Top NM Health Council Priorities

