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Executive Summary

The Community Health Needs Assessment (CHNA) is intended to identify the health needs of a community to assist in the strategic planning of Sandoval Regional Medical Center (SRMC). The assessment results assist in prioritizing health needs that lead to the allocation of appropriate resources and the creation of new partnerships to improve the health of the population within the community. In a community with an aging population, increased chronic disease, more prevalence of obesity, a struggling economy, and an increasing number of uninsured citizens, healthcare organizations are being challenged to maximize the use of their collective resources to respond to the needs of the communities they serve.

The purpose of the CHNA is to compile information about the local community healthcare needs and health behaviors to help SRMC align its health improvement strategic initiatives with those of the individuals in the community. SRMC used various methods to compile healthcare data starting with multiple community health forums it organized, as well as compiling health data from different sources such as the U.S. Census Bureau and the New Mexico Department of Health.

In 2016 Sandoval Regional Medical Center worked in close partnership with the Sandoval County Community Health Council to further assess the overall health needs of the community. It was the goal of this council to conduct a comprehensive, multifactor assessment that would not only fulfill each organization’s regulatory requirements, but also provide a consistent and standardized database that each organization could use to guide the development and implementation of their individual strategic plans while promoting opportunities to work collaboratively to address the health needs of county residents.

Community engagement and feedback were essential to the collection of data that was relied upon to draw the conclusions of the CHNA. Feedback was solicited from various individuals in the community and the data was gathered through different methods such as interviews with key community leaders, discussions with various consumer focus groups and with local healthcare professionals. Providers with comprehensive knowledge of the various changes currently happening in the healthcare industry, both locally and nationally, were instrumental in assessing the needs. These community leaders had knowledge and insight of local issues affecting healthcare; issues such as low income health risk factors and the medically underserved populations in the community. These individuals were knowledgeable of the current healthcare industry dynamics and local policies.

The assessment included the collection and analysis of currently published health, social, economic, and other data as well as qualitative input directly from residents gathered from focus groups and community forums. Whenever possible, data was then broken down and reported by urban and rural communities. A summary of key data follows, along with implications for healthcare planning.
Background and Introduction

Demographics and Vital Statistics
The Sandoval Regional Medical Center primary service area comprises the municipalities Rio Rancho and Bernalillo with a total 2014 population of residents and Sandoval County, which has a population of 139,394 residents. The Sandoval County population is mostly white (44.6%) and Hispanic (37.7%). SRMC also serves various tribal groups in the county and the Native American percentage in Sandoval County is 8.8%.

During the past two decades the fastest growing segment in the county has been the 65 year olds and over. From the 2000 census to the 2010 census, the percentage of the population below the age of 18 years old decreased from 29.5% to 26.7% in Sandoval County and in 2014 the population below the age of 18 was 26.2%. According to updated 2010 Census data, the Sandoval County population is expected to add an additional 20,000 residents by the year 2023. This will drive community needs for a growing range of acute care services including heart and vascular, stroke, diabetes and cancer care for the aging population as well as preventive and wellness services to promote healthy lifestyles.

Challenges of Poverty
Although Rio Rancho has been among one of the more affluent cities in New Mexico, with the Rio Rancho area having 2010 - 2014 median household income of $59,243 (in 2014 dollars) as compared to $44,968 for the state, the remaining areas of the county are mostly rural and have a lower household income. The county overall had a median household income of $57,092 from 2010 – 2014 (in 2014 dollars). The overall poverty rate in Sandoval County reflects higher poverty in rural areas since the level of individuals below the poverty level in Sandoval County is 12.6% as compared to 11.3% in Rio Rancho (2010 – 2014).

Lower socioeconomic status is associated with an increased risk for many diseases, including cardiovascular disease, arthritis, diabetes, chronic respiratory diseases and cervical cancer as well as mental distress. Sandoval County hospitals and other providers will need to provide affordable care to those communities that have higher incidences of these diseases.

Maternal and Child Health
There were a total of 1,499 births to Sandoval County residents in 2014 and 7,478 births to Sandoval County residents from 2010 to 2014. This was slightly lower than the five year period of 2008 to 2012 in which there were 7,804 births to Sandoval County residents. Of these in the five year period ending in 2014, 70.1% of the mothers initiated prenatal care in the first trimester, 5.5% initiated prenatal care in the third trimester and only 0.6% with no prenatal care. Prematurity is the leading cause of newborn death and a major determinant of illness and disability among infants. According to March of Dimes statistics, the premature birth rate in 2014 for New Mexico was 9.2%, as compared to the national preterm birth rate of 9.6%. For New Mexico this represents a decrease over the past two years, as the rate in 2012 was 11.5%.

From 2010 to 2014, 9.1% of babies born to residents of Sandoval County weighed less than 2500 g, with the U.S. target being 7.8%. The infant mortality rate in Sandoval County from 2010 – 2014 was 5.2
deaths per 1,000 live births. This rate is lower than the rate of 5.7 for New Mexico over the same period.

The teen birth rate (Age 15-17) for Sandoval County residents for the period 2010 to 2014 is 12.5 per 1,000 girls age 15-17, which is lower than the rate for the period 2008 to 2012 of 18.1 per 1,000 girls age 15-17.

**Chronic Disease and Mortality: Cancer, Heart Disease and Unintentional Deaths**

From 2012 to 2014, the three leading causes of death in Sandoval County were cancer, heart disease and unintentional deaths. The number of deaths per 100,000 people in the county included: cancer of 142.1, heart disease deaths of 139.2 and unintentional deaths of 58.1. These three causes were followed by chronic lower respiratory disease of 38.9, stroke of 25.8 and diabetes 25.2. Each of these causes of death was below the New Mexico average.

According to the U.S. Centers for Disease Control and Prevention (CDC), chronic diseases are responsible for 70 percent of deaths and 75 percent of healthcare spending nationally. Between the period of 2008 to 2012 these top three leading causes of death accounted for 59.7% of the deaths in Sandoval County. The CDC also identifies four common risk factors that cause chronic disease; lack of physical activity, poor nutrition, tobacco use and excessive alcohol consumption.

Chronic disease is costly to the individual, healthcare providers and insurance companies. The cost of heart disease in the United States was estimated to be $444 billion in 2010. With the rapidly growing older population in the county, these diseases will only become more prevalent unless more preventive action is taken. Without proper insurance, people will be unable to keep their conditions under control and will end up in the hospital and emergency departments for issues that could be managed more cost effectively by regular visits to a physician.

Diabetes continues to be a chronic problem in the state of New Mexico as it is the 6th leading cause of death in the state. Diabetes complications can be costly as it can lead to premature death, cardiovascular disease, blindness, kidney disease and other health issues. From 2010 to 2012 there was a four-fold difference between the Native American rate and the White rate and a two-fold difference between the Hispanic rate and the White rate. For the period 2012 – 2014, the Sandoval County diabetes death rate was 25.2 deaths per 100,000 people as compared to the New Mexico rate of 28.4.

**Mental Health/Social and Emotional Wellness**

According to the National Institute of Mental Health, one in four adults across the nation experiences a mental health disorder in any given year. According to the National Survey on Drug Use and Health, 11.4% of adolescents between the ages of 12 -17 had a least one major depressive episode in 2014. In Sandoval County 31.6% of youth reported feelings of sadness or hopelessness in 2013 which is slightly higher than the 30.5% for the state. In addition, in Sandoval County 17.5% of youth reported seriously considered suicide as compared to 16.3% for the state.

The suicide death rates in both New Mexico and Sandoval County have been increasing beginning with the three-year period of 2004 – 2006. The Sandoval County suicide death rate per 100,000 people
increased from 12.5 in 2004 – 2006 to 21.1 in 2010 – 2012 to 21.6 in 2010 - 2014. This was much higher than for the entire state, which increased from 18.1 to 20.4 to 20.5 over the same periods.

**Substance Abuse**

New Mexico has historically had one of the highest alcohol-related death rates in the country. The impacts from excessive alcohol use includes poverty, unemployment, chronic liver disease, motor vehicle crashes and other injuries, mental illness and a variety of other medical problems. These alcohol related health issues can also be magnified by the lack of health insurance coverage by a portion of the population.

Nationally, the most common reasons that people who need treatment do not receive it are the lack of health insurance, they cannot afford the treatment or they are concerned with the possible negative effects on their job. Between 2010 and 2014 there were 58.5 alcohol-related deaths per 100,000 people in Sandoval County. In the same time period there were 19.4 deaths due to drug overdose per 100,000 people in Sandoval County.

**Growing Obesity Prevalence**

The problem of obesity in the United States has reached epidemic levels and Sandoval County is also experiencing high rates of obesity for adults and children. According to New Mexico Department of Health statistics, in 2014 27.4% of adults in Sandoval County are obese (defined as having a body mass index that is equal to or greater than 30.0 kg/m2). This rate is comparable to the U.S. rate of 29.6% and the New Mexico rate of 28.4%. Among children, the overweight/obesity problem is reflected in the fact that more than 13.9% of adolescents in Sandoval County self-reported as obese. Like many chronic health conditions, obesity is more common among lower-income and less-educated populations. Obesity is a central risk factor for chronic disease and increases the risk of many conditions, including diabetes, heart disease, lung disease, stroke, cancer and osteoarthritis.

Preventing and reducing obesity has the potential to greatly improve public health, reduce healthcare costs and restore economic losses due to disability. Outreach and interventions targeting children and high-risk adult populations are critical to reduce obesity in the community. In addition to medical care, resources for exercise, healthful foods and ongoing public education are essential.

**Access to Care**

Access to healthcare for low-income and uninsured patients, while up from 2002, remains a concern. The U.S. 2010 Census reported that 86.8% of the U.S. population had health insurance, compared to 80.1% for New Mexico and 86% for Sandoval County, which is lower than the Healthy People 2020 goal of 100%.

A lack of health insurance may cause people to skip preventive care and to use hospital emergency departments for routine care. A disproportionate share of access concerns is also occurring among minority and non-English speaking populations.
**Countywide Threats to Health**

The UNM Health Sciences Center compiled a health analysis for Sandoval County titled “2020 Vision.” In its assessment, it ranked each county within New Mexico in three categories which were overall rank, health outcomes, and health determinants.

The health outcomes ranking was based off two components; mortality at 50% weighting and morbidity at 50% weighting. The mortality category was determined only by the age-adjusted death rate. The morbidity category was determined by four factors being; low birth weight, diabetes, cancers and general health status. For the health outcomes category Sandoval County was ranked eighth in the state.

The health determinants category was driven by four categories; health behaviors, socioeconomic factors, health care and physical environment. Within these categories, there were multiple factors that drove overall health of individuals.
Many of the health behaviors are identified in this report and correlations can be made between overall health and these factors. Those key items in health behaviors identified by UNM Health Sciences Center include:

- Teenage Birth Rate
- Immunizations
- Obesity
- Overweight Adolescents
- Tobacco Use
- Tobacco Use in Pregnancy
- Alcohol-Related Death Rate
- Drug Induced Death Rate

Socioeconomic factors were also factored into the overall health rankings. Those components making up this category included:

- Unemployment Rate
- Family Poverty Level
- Children Poverty Level
- High School Dropout Rate
- Median Household income

Health care factors are made up of:

- No Health Insurance
- Enrolled in Medicaid
- Health Providers
- Dentists
- First Trimester Prenatal Care

Physical environment factors are made up of:

- Criteria Air Pollutants
- Asthma Hospitalizations

These health outcomes and health determinants were identified by UNM Health Sciences Center as threats to overall health not only in New Mexico, but also to Sandoval County residents. The Health Sciences Center ranked Sandoval County fourth overall in the state, behind Los Alamos County, Santa Fe County and Lincoln County. For health outcomes, Sandoval County was ranked eighth in the state and for health determinants; Sandoval County was ranked third, behind Los Alamos County and Santa Fe County.
Description of the Community Served

The city of Rio Rancho includes the densest population within Sandoval County, but SRMC also serves more rural communities such as Bernalillo, Corrales, Cochiti, Cuba and others.

Population

The population of Sandoval County in 2015 was estimated at 139,394. The population has increased 6.0% since 2010 census.

5.6% of the population is less than 5 years old, 15.9% is over 64 years old 37.8% percent of the population is of Hispanic origin. 5.7% of the population is foreign-born.
Sandoval County Population Density

Source: http://quickfacts.census.gov/qfd/states/35/35043.html

Source: https://ibis.health.state.nm.us/query/result/pop/PopMain/Count.html
Sandoval

Population Distribution, 2015

Prepared by BBER 06/30/2016 Source: Annual Estimates of the Resident Population

SOURCE: Bureau of Business and Economic Research UNM

Population Sandoval County, by Race/Ethnicity

White 45%
Hispanice 38%
Asian 1%
American Indian or Alaska Native 14%
Black or African American 2%

SOURCE: www.census.gov
Population by Race/Ethnicity, 2012 (Estimates July 1, 2015)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Sandoval</th>
<th>percent</th>
<th>NM</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>139,394</td>
<td>13.7%</td>
<td>2,085,109</td>
<td>10.3%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>19,097</td>
<td>1.5%</td>
<td>214,766</td>
<td>1.5%</td>
</tr>
<tr>
<td>Asian</td>
<td>2,091</td>
<td>2.5%</td>
<td>31,277</td>
<td>2.4%</td>
</tr>
<tr>
<td>Black or African American</td>
<td>3,485</td>
<td>2.5%</td>
<td>50,043</td>
<td>2.4%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>52,551</td>
<td>37.7%</td>
<td>994,597</td>
<td>47.7%</td>
</tr>
<tr>
<td>White</td>
<td>62,170</td>
<td>44.6%</td>
<td>794,427</td>
<td>38.1%</td>
</tr>
<tr>
<td>Total</td>
<td>100.0%</td>
<td></td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

(a) Includes persons reporting only one race.
(b) Hispanics may be of any race, so also are included in applicable race categories.

Race, Ethnicity, Age, Language, Sex (REALS)
(July 1, 2015 - June 30, 2016)

Source: SRMC REALs Data
Source: SRMC REALs Data
### Patient Age Group

<table>
<thead>
<tr>
<th>Patient Age Group</th>
<th>Count</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 17</td>
<td>2707</td>
<td>10.78%</td>
</tr>
<tr>
<td>18 to 34</td>
<td>5341</td>
<td>21.27%</td>
</tr>
<tr>
<td>35 to 64</td>
<td>12637</td>
<td>50.32%</td>
</tr>
<tr>
<td>65 and Greater</td>
<td>4413</td>
<td>17.57%</td>
</tr>
<tr>
<td>Blank</td>
<td>15</td>
<td>0.06%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>25113</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: SRMC REALs Data

### Patient Language

- **English** 93.86%
- **Spanish** 4.0%
- **Other** 0.3%
- **Unavailable** 1.0%
- **Navajo** 0.4%
- **Am. Sign Language** 0.1%
- **Vietnamese** 0.1%
- **Keres** 0.2%
- **Farsi** 0.0%
- **Tiwa** 0.1%

### Top 10 Languages

<table>
<thead>
<tr>
<th>Patient Language</th>
<th>Count</th>
<th>% Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>23572</td>
<td>93.86%</td>
</tr>
<tr>
<td>Spanish</td>
<td>1008</td>
<td>4.01%</td>
</tr>
<tr>
<td>Unavailable</td>
<td>243</td>
<td>0.97%</td>
</tr>
<tr>
<td>Navajo</td>
<td>88</td>
<td>0.35%</td>
</tr>
<tr>
<td>Other</td>
<td>73</td>
<td>0.29%</td>
</tr>
<tr>
<td>Keres</td>
<td>39</td>
<td>0.16%</td>
</tr>
<tr>
<td>Vietnamese</td>
<td>31</td>
<td>0.12%</td>
</tr>
<tr>
<td>Tiwa</td>
<td>27</td>
<td>0.11%</td>
</tr>
<tr>
<td>Am. Sign Language</td>
<td>21</td>
<td>0.08%</td>
</tr>
<tr>
<td>Farsi</td>
<td>11</td>
<td>0.04%</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>25113</td>
<td>100%</td>
</tr>
</tbody>
</table>

Source: SRMC REALs Data
Source: SRMC REALs Data

Income and Poverty

The population in Sandoval County is 136,575 (2014 Estimate) a 93.1% population growth since 1990 and it ranks 1st in New Mexico for its increase in residents. The County's population is ethnically diverse. For Sandoval County, the average per capita income (2010 - 2014) was $26,916 and median household income was $57,092. For the state of New Mexico, per capita income is $23,948 and the median household income is $59,243. According to the U.S. Census Bureau, between 2010 and 2014 12.6% of the population in Sandoval County lived below the poverty line as compared to 20.4% for the state of New Mexico. According to the Bureau of Labor Statistics, the unemployment rate (not seasonally adjusted) in Sandoval County in August 2016 was 7.1% as compared to 6.9% for the state.

The Federal Poverty Level varies by family size; for a family of four the rate is $24,300 in 2016.
Percent Below 100% FPL Poverty, Sandoval County, 2008-12

Source: ACS 2008-12, Selected Characteristics of People as Specified Levels of Poverty, Last 12 months. Table S1703

<table>
<thead>
<tr>
<th>Group</th>
<th>Population for whom poverty could be determined</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>White alone</td>
<td>46,028</td>
<td>15%</td>
</tr>
<tr>
<td>Black</td>
<td>3,866</td>
<td>5%</td>
</tr>
<tr>
<td>Hispanic, any race</td>
<td>61,648</td>
<td>15%</td>
</tr>
<tr>
<td>American Indian</td>
<td>16,536</td>
<td>30%</td>
</tr>
<tr>
<td>Under 18 years</td>
<td>34,306</td>
<td>16%</td>
</tr>
<tr>
<td>18-64 yrs</td>
<td>80,125</td>
<td>13%</td>
</tr>
</tbody>
</table>

See the following site for information on federal poverty level:
http://aspe.hhs.gov/poverty/12poverty.shtml
Most Recent Sandoval County Data for Leading Causes of Death:

[Bar chart showing leading causes of death for Sandoval County and New Mexico from 2012-2014]
Risk and Resiliency:

A risk and resiliency measure is intended to identify behaviors and characteristics that can result in children becoming more vulnerable to mental health problems. While these factors do not always result in poor mental wellbeing, it is important to recognize these factors and potential impact to overall health.

For the statistics noted below, the measures were self-reported by the students in two different surveys. The Behavior Risk Factor Surveillance Survey conducted by the NM Department of Health and the Youth Risk and Resiliency Survey conducted by school districts.

Adolescent Obesity:

The New Mexico Department of Health has identified adolescent obesity as an important health factor since overweight and obese youth are more likely to grow up to be overweight or obese as adults. As a result, these adolescents are at increased risk of exhibiting chronic disease risk factors such as diabetes, high blood pressure and high cholesterol as youth and into adulthood.

This is also a concern nationally and the Centers for Disease Control and Prevention (CDC) have initiated the Common Community Measures for Obesity Prevention Project, which has recommended strategies for obesity prevention. The 24 strategies are divided into six categories: 1) strategies to promote the availability of affordable healthy food and beverages, 2) strategies to support healthy food and beverage choices, 3) a strategy to encourage breastfeeding, 4) strategies to encourage physical activity or limit sedentary activity among children and youth, 5) strategies to create safe communities that support physical activity, and 6) a strategy to encourage communities to organize for change.

In 2013, obesity among adolescents in Sandoval was at 13.9% as compared to the state average of 12.6% as noted identified in the table below. The New Mexico Department of Health assessed this area where improvement is needed in Sandoval County.
Smoking:

Smoking is the leading preventable cause of death in the United States. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers’ first smoking before age 18. One in five adults and one in five youth smoke in New Mexico. About half of all lifetime smokers will die early because of their tobacco use. In New Mexico, about 2,600 people die from tobacco use annually and another 42,000 are living with tobacco-related diseases. Annual smoking-related medical costs in New Mexico total $844 million.

For the years 2012 – 2014, the New Mexico Department of Health reported that the rate of adult smoking at 14.7% in Sandoval County as compared to 19.2% for the entire state.
Life Expectancy/Chronic Diseases:

Life Expectancy is often used to gauge the overall health of a community. Shifts in life expectancy are often used to describe trends in mortality. Being able to predict how populations will age has enormous implications for the planning and provision of services and supports. Small increases in life expectancy translate into large increases in the population. As the life expectancy of a population lengthens, the number of people living with chronic illnesses tends to increase because chronic illnesses are more common among older persons. The UNM Bureau of Business and Economic Research estimated that for 2015 there were 22,113 residents in Sandoval County age 65 and older.

For the period of 2012 – 2014, the New Mexico Department of Health reported that the life expectancy of residents in Sandoval County to be 79.3 years as compared to 78.2 years for the state of New Mexico.
Chronic Diseases:

Chronic diseases are conditions that persist for long periods of time; one lasting three months or more as defined by the U.S. National Center for Health Statistics. These types of diseases generally cannot be prevented with vaccines or cured by medications. Behaviors that can contribute to chronic diseases are tobacco use, lack of physical activity and poor eating habits.

The death rates shown below are age-adjusted to make the county and state populations comparable. The rates are the number of deaths per 100,000 thousand people susceptible to the disease.
Heart Disease:

Heart disease is the leading cause of death in New Mexico and accounts for over 20% of all deaths. In Sandoval County between the years of 2012 – 2014 there were 139.2 deaths attributable to heart disease per 100,000 populations. This is lower than the state total, which had 151.0 deaths per 100,000 over the same period.

Cancer:

Cancer is the second leading cause of death in New Mexico and is a major cause of illness and suffering. In Sandoval County between the years of 2007 – 2011 there were 142.1 deaths attributable to cancer per 100,000 populations. This is lower than the state total, which had 149.6 deaths per 100,000 over the same period.
Approximately 3,000, or one in every five deaths in New Mexico, are caused by cancer every year and a number of cancers can be cured if detected early and treated promptly. Detection and treatment of pre-cancerous conditions can actually prevent cancer from developing.

Diabetes:

Diabetes is the 6th leading cause of death for New Mexicans and the 7th leading cause in the U.S. Diabetes complications, which are costly to individuals, families and to society, include premature death, cardiovascular disease, blindness, end stage kidney disease, and lower extremity amputations. People with diabetes are two to four times more likely to develop cardiovascular disease and stroke; about 65% of deaths in people with diabetes nationwide are due to these conditions. Costs of diabetes extend beyond medical costs, such as costs due to lower productivity, disability and loss of productive life due to premature death, and care-taking by family members. Effective and accessible diabetes prevention
and management programs and resources are necessary to reverse the increasing rates of diabetes in our communities.

In Sandoval County between the years of 2012 – 2014 there were 25.2 deaths attributable to diabetes per 100,000 populations. This is lower than the state total, which had 28.4 deaths per 100,000 over the same period.
Stroke:

Stroke is the fifth leading cause of death in New Mexico. In Sandoval County between the years of 2012 and 2014 there were 25.8 deaths attributable to diabetes per 100,000 populations. This is lower than the state total, which had 31.0 deaths per 100,000 over the same period.
Unintentional Injuries/Deaths:

Alcohol Related Deaths

The consequences of excessive alcohol use are severe in New Mexico. New Mexico's total alcohol-related death rate has ranked 1st, 2nd, or 3rd in the U.S. since 1981; and 1st for the period 1997 through 2007 (the most recent year for which state comparison data are available). The negative consequences of excessive alcohol use in New Mexico are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.

In Sandoval County between the years of 2010 - 2014 there were 48.86 alcohol-related deaths per 100,000 populations. This is lower than the state total, which had 54.0 deaths per 100,000 over the same period.
Suicide Deaths:

In NM, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. In 2014, suicide was the eighth leading cause of death in New Mexico; and the second leading cause of death by age group for persons 15-39 years of age. From 2010 to 2014, suicide accounted for an average of 12,712 Years of Potential Life Lost (YPLL) per year in NM, fourth after unintentional injury, cancer, and heart disease deaths. The YPLL is a measure of premature mortality in a population that describes the impact of injury-related deaths on a society compared to other causes of death. Over the last 20 years, suicide death rates in New Mexico have been at least 50% higher than national rates. Suicide deaths have been increasing in both New Mexico and the United States. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide. Other risk factors associated with suicide include a family history of suicide, a family history of child maltreatment, previous suicide attempt(s), a history of alcohol and substance abuse, feelings of hopelessness, isolation, barriers to mental health treatment, loss (of relationships, social connections, work, finances), physical illness and easy access to lethal methods, such as firearms.

In Sandoval County between the years of 2010 - 2014 there were 21.6 suicide deaths per 100,000 populations. This is lower than the state total, which had 20.5 deaths per 100,000 over the same period.
Unintentional Injury Deaths:

From 1999 through 2014, unintentional injury was consistently the leading cause of death among people 1 to 44 years of age in New Mexico and the 3rd leading cause of death for all ages. Poisoning was the leading cause of unintentional injury death from 2007 through 2014, followed by motor vehicle traffic-related injury and fall-related injury. About 90% of unintentional poisoning deaths in NM are due to drug overdose.

In Sandoval County between the years of 2010 - 2014 there were 58.1 unintentional injury deaths per 100,000 populations. This is lower than the state total, which had 63.0 deaths per 100,000 over the same period.
Deaths Due to Drug Overdose:

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. While deaths due to illicit drugs have remained steady during the past decade, deaths due to prescription drugs (particularly opioid pain relievers) have increased dramatically. In addition to the high death rates, drug abuse is one of the most costly health problems in the U.S. In 2007, it was estimated that prescription opioid abuse, dependence, and misuse cost New Mexico $890 million (based on a national methodology derived by Birnbaum et al. (2011)).

In Sandoval County between the years of 2010 - 2014 there were 19.4 deaths due to drug overdose per 100,000 populations. This is lower than the state total, which had 24.3 deaths per 100,000 over the same period.
Births:

Factors in New Mexico's high teen birth rates are poverty, education, rural vs. urban population and access to services.

Poverty is one of the most important contributing factors to teenage pregnancy. In 2014, New Mexico ranked 1st among all states and the District of Columbia in percentage of children living in poverty (30% of children age 0-17 in poverty).

Teens that have dropped out of school are more likely to become pregnant and have a child than their peers who stay in school. The NM high school dropout rate in 2012 was 29.6%, compared to 24.5% nationally.

Teen parenthood is most common in rural areas. In the 26 rural counties in NM, the teen birth rate was 51.1/1,000, whereas the teen birth rate in the seven urban counties, the teen birth rate was 33.8/1,000.
There is a lack of access to family planning services with all but one of NM counties classified as a health professional shortage area.

**Teen Birth Rates**

![Teen Birth Rate for Girls Age 15-17 by County, New Mexico, 2009-2014](chart_image)
Prenatal Care in the First Trimester:

Women who receive early and consistent prenatal care (PNC) enhance their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular, recommended prenatal care increases a woman's chances of having healthy baby at full term.
Birth Weights:

Low birthweight is defined as less than 2,500 grams, or about 5 pounds, 8 ounces. In Sandoval County between the years 2012 and 2014, 8.7% of live born infants had a low birthweight as compared to 8.8% for the state of New Mexico.
Infant Mortality:

The infant mortality rate in Sandoval County from 2010 – 2014 was 5.2 deaths per 1,000 live births. This rate is lower than the rate of 5.7 for New Mexico over the same period.
<table>
<thead>
<tr>
<th>General Causes of Infant Death</th>
<th>Sandoval</th>
<th></th>
<th>NM</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of Deaths</td>
<td>Percent</td>
<td>Number of Deaths</td>
<td>Percent</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
<td>10%</td>
<td>765</td>
<td></td>
</tr>
<tr>
<td>Medical Conditions</td>
<td>4</td>
<td>10%</td>
<td>86</td>
<td>11%</td>
</tr>
<tr>
<td>Perinatal Conditions</td>
<td>19</td>
<td>49%</td>
<td>365</td>
<td>48%</td>
</tr>
<tr>
<td>Congenital Malformations</td>
<td>8</td>
<td>21%</td>
<td>189</td>
<td>25%</td>
</tr>
<tr>
<td>SIDS</td>
<td>0</td>
<td>0%</td>
<td>13</td>
<td>2%</td>
</tr>
<tr>
<td>Unintentional and Accidental Injury</td>
<td>4</td>
<td>10%</td>
<td>39</td>
<td>5%</td>
</tr>
<tr>
<td>Assault and Homicide</td>
<td>0</td>
<td>0%</td>
<td>8</td>
<td>1%</td>
</tr>
<tr>
<td>Other Injury Causes</td>
<td>0</td>
<td>0%</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Other and Undetermined Causes</td>
<td>4</td>
<td>10%</td>
<td>63</td>
<td>8%</td>
</tr>
<tr>
<td>Other causes</td>
<td>0</td>
<td>0%</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

Medical conditions refer to diseases and conditions of the infant.

Perinatal Conditions refer to short gestation and problems during pregnancy and immediately after delivery.

SIDS—Sudden infant death syndrome.
Health Insurance Coverage:

In Sandoval County for 2014, the percentage uninsured between the ages of 0 to 64 was 13.0% as compared to 17.1% for the state of New Mexico.
Children in Poverty:

Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and well-being, including developmental delays and infant mortality. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment.

In Sandoval County for 2014, 16.3% of children under the age of 18 were living in poverty as compared to 28.0% for the state of New Mexico.
Health Data Collection Process

Sandoval Regional Medical Center developed and implemented a comprehensive process to identify the general health needs of the community that it serves. Various methods of collecting data were used, including information collected by a public health agency and a local health council as well from other internal sources. These internal sources included feedback from hospital administrators, hospital providers and community assessments done by other UNM departments. The information collected was not just limited to health factors, but also key social determinants were used that have an impact on long-term health and behaviors. These can have both a positive and negative correlation to health outcomes. Factors included income statistics, economic status, education, employment and housing. These factors can also be looked at to compare needs within different areas of the overall community, both urban and rural. SRMC organized and participated in various public health forums and multiple focus groups. As outlined by the IRS, the forums included persons with special knowledge of or expertise in public health, federal, tribal, regional, state, or local health and leaders, representatives or members of the underserved.

SRMC participated in the health forum on May 31, 2016 which included discussions related to healthy eating, active living, prevention of unhealthy substance abuse, behavioral health and economic development.

SRMC also met with various tribal councils. The tribal health forums held by SRMC occurred on the following dates:

- Five Sandoval Indian Pueblos Inc., December 21, 2015
- All Pueblo Council of Governors, July 20, 2016 Santa Clara Pueblo
- Cochiti Pueblo Tribal Council, April 18, 2015
- Santa Ana Pueblo, August 21, 2015
- Jemez Pueblo Governor, December 14, 2015
- Sandia Pueblo, December 18, 2015
- Taos Pueblo Governor and staff, July 19, 2015

The SRMC leadership that met with these organizations included the CEO, Chief Medical Officer, Executive of Patient Experience and Program Manager for Native American Affairs.

The forum participants included local community leaders who had very specialized knowledge of the needs of each tribal organization, individuals with from federal, state and tribal governments who had a comprehensive understanding of the local healthcare industry and local hospital administrators.

Sandoval Regional Medical Center partnered with Sandoval County Health Council. The health council’s purpose was to describe the current health status of the county with the intent of working with local healthcare providers to help meet the needs of the citizens in the community. SRMC used the data
collect to help prioritize the needs of the community and align these needs with the resources and strengths of the hospital.

Health Data Results

The Sandoval County Health Care Needs Assessment is done within the context of priorities established by the ACA, HealthyPeople 2020, the New Mexico DOH and the New Mexico Alliance of Health Councils. In addition to socio demographic and geospatial data pertinent to Sandoval County health access and outcomes, input regarding health needs was obtained for this assessment from a range of individuals with expertise and experience in public health at the New Mexico State Department of Health, Sandoval County Health Council, providers directly involved with a variety of community and hospital based health care and prevention programs, and tribal and business community representatives. Prioritizations were determined by baseline health outcomes data and recommendations made by interviewees, within the context of priorities established at the Federal (ACA and HealthyPeople 2020) and State of New Mexico levels. The top six community health needs for 2016-2019 identified by the Sandoval County Health Council are as follows:

- Access to Health Care
- Mental and behavioral health
- Preventive services and chronic care management
- Nutrition, Physical Activity and Obesity
- Health Literacy and Wellness
- Communities Collaborating around Health

SRMC will continue to address these issues with various services that the hospital provides such as:

- Cardiology
- Family Medicine
- General Surgery
- Gynecology
- Neurology
- Psychiatry
- Rheumatology
- Urology
- Behavioral Health
- Breast surgery and Plastic/Reconstructive surgery (breast cancer)
- Pulmonary clinic
- PFT lab
- Bariatric surgery

In addition to the health findings the feedback through various focus groups identified many challenges facing the community. These challenges ranged from expanding the current level of medical services in the community to economic conditions in Sandoval County and the impact these conditions have on
various infrastructure that can impede the access to healthcare. These challenges include, but are not limited to:

- Transportation/access to healthcare
- Pediatric mental health and substance abuse services
- Expansion of the indigent fund
- City and county services such as providing access to roads year during winter months and signage issues
- Delayed development in the Rio Rancho City Center due to economic conditions
- Limited funding for non-profit organizations
- Hazardous winter driving conditions in outlying rural areas
- Limited access to pharmacy services in rural areas
- Poor financial literacy
- Poor performing schools in many rural areas
- Lack of a complete provider resource directory

**Prevention and Health Concerns**

The Community Health Needs Assessment was compiled to document the needs of the community and to better understand the trends of the community served with the goal of proactively meeting the community needs in the future. The lives of the residents in Sandoval County can be improved through enhanced communication across governmental agencies and non-governmental groups. Sandoval County is much like the state of New Mexico in its cultural diversity as well as the wide range of residents who live in rural communities that are underserved and the city of Rio Rancho which has much better access to healthcare.

One outcome of this assessment is to anticipate future needs of the community and to redirect resources to maximize the effectiveness of both financial and human resources. There are areas with higher concentrations of poverty and also areas with fewer providers to serve the local communities. The goal of having a close working relationship with other stakeholders in the community is to adequately address those needs that were identified above such as economic enhancements and transportation infrastructure.

**Community Concerns and Priorities**

SRMC follows a similar strategy as that which the UNM Health Sciences Center’s follows for selecting health priority targets. The Health Sciences Center uses four guidelines in evaluating its priorities, which include:

1. Selecting health targets that impact the health of New Mexicans.
3. Identifying evidence-based interventions.
4. Focusing on efforts on interventions amenable to UNMHSC.

In the case of SRMC, it uses those four listed above, but will select health targets that impact the health of Sandoval County residents and focus on efforts on interventions amenable to SRMC.

The Health Sciences Center also assesses the impact on health beyond incidence, prevalence and severity by considering health disparity and health equity. Health disparity measures differences in health status among different populations, such as racial, ethnic, socioeconomic, geographic, etc. Health equity is the absence of systematic disparities in health or in the major social determinants of health.

The UNM Health Sciences Center also considered the New Mexico Health Council’s findings in its assessment. The New Mexico Health Council identified five large areas of concern; diabetes and obesity, teenage pregnancy prevention, substance abuse, access to care, and mental health. These are consistent with many of the needs identified by this assessment in Sandoval County. In response to the Sandoval County Community Health Council findings, the assessment committee identified priority needs that can have the largest impact on improving the quality of life for all Sandoval County residents. SRMC will continue to focus on the following community health needs:

- Access to Health Care
- Mental and behavioral health
- Preventive services and chronic care management
- Nutrition, Physical Activity and Obesity
- Health Literacy and Wellness

The Health Council also developed a set of strategies to guide community stakeholders in the planning and implementation of initiatives designed to respond to the needs identified in the Community Needs Assessment.

Resources

There are multiple existing assets and resources the region to support UNM SRMC in meeting the identified community needs.

In addition to the healthcare facilities located in Albuquerque, there are three hospitals located on Albuquerque west side metro area providing services to Sandoval County residents which include Lovelace Westside hospital, Presbyterian Rust Medical Center and UNM SRMC. Between the three hospital services offered include 24-hour emergency, trauma, labor and delivery, surgical services including oral care sedated procedure, bariatric, DWI behavior program and inpatient geriatric psychiatry. There are two Federally Qualified Health Centers in the urban metro area and three rural areas of the county. Bernalillo High School and Cuba High School have school-based health centers to provide primary care, behavioral health services and preventative care to adolescents in the county. The health council identified fewer resources in the less urban areas of the County.
Appendix A

This Sandoval County Health Care Needs Assessment was done within the context of priorities established by the ACA, HealthyPeople 2020, the New Mexico DOH and New Mexico Alliance of Health Councils. Sandoval County specific data is available on the New Mexico Department of Health, Indicator-Based Information System, (IBIS) as well as the New Mexico Community Data Collaborative (CDC) and the US Census Bureau Quick Facts and American Community Survey. Additional sources of data include: the 2015 New Mexico Workforce Development Committee Report and the 2015 Assessment Cuba, NM report by the University of New Mexico Prevention Research & Center and Step Into Cuba Alliance.

Individuals providing input with expertise in public health:

- Thomas N. Scharmen, M.A., M.P.H., Epidemiologist, Office of Community Assessment, Northwest Region, Public Health Division, New Mexico Department of Health
- Data sources, data location, data mapping, disaggregated data related to public health
- Social determinants of health
- Dawn Hunter, JD, Director Office of Policy and Accountability, New Mexico Department of Health
- Accountability and population health parameters, equity and disparities, State Innovation Model coordinator for Department of Health
- Alejandro Ortega, BS, University of New Mexico Health Sciences Center, Community based Research Specialist, Prevention Research Center, Cuba NM

Individuals providing input with leadership roles having current information regarding health needs in Sandoval County

- Rick Adesso, president, Sandoval County Health Council
- Allison Kozeliski, Immediate past president, Sandoval County Health Council
- Richard Kozell, MD, MPH, Presbyterian Medical Services, Nacimiento Foundation, Cuba, Sandoval County Health Council
- Jan Martin, DNP, RN  Assistant professor UNM College of Nursing, Sandoval County Health Council
- Beth Hamilton, Executive Director Nacimiento Community Foundation, Cuba, NM, Sandoval County Health Council
- Jaime Pino, BA, Keres Voter Rights, Sandoval County Health Council, Zia Pueblo
- Jamie Silva-Steele, UNM Sandoval Regional Medical Center, President and CEO
- Angela Ward, Presbyterian Rust Medical Center, Administrator
- Richard Draper, Director, Sandoval Health Collaborative
- Ron Hale, Executive Director, New Mexico Alliance of Health Councils, State Innovation Model work with State Health Councils
- Mark Hatzenbuler, Mayor, Cuba, NM
Individuals representing medically underserved, low income and minority populations with chronic health disease needs

- Father Terrance Brennan, JD, Board Chair, Sangre De Cristo House, Women’s Rehabilitation Center, Pena Blanca, NM
- Lawrence Medina, MBA, Executive Director Sangre De Cristo House, Women’s Rehabilitation Center, Pena Blanca, NM
- Jaime Pino, BA, Zia Pueblo, Sandoval County Health Council
- Karolyn Schaeffer RN, Nurse Manager, Cuba Public Health Office, Cuba, NM,
- Local Collaborative 16, representation from Pueblos of Santo Domingo, Cochiti, Jemez, Zia, Santa Ana, San Felipe, Sandia and the Navajo Nation