

Northern New Mexico Health Grant Group

Data for Grant-Making:
A Comparative Study of Community Health
in
Los Alamos, Rio Arriba &
Northern Santa Fe Counties

Executive Summary
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PREFACE

The Northern New Mexico Health Grant Group (NNMHGG) and Con Alma Health Foundation recognize that evidence is needed to help guide our future grant-making and galvanize targeted action and strategies to address priority health issues in New Mexico. Our work is informed and driven by the recognition that community perceptions and experiences as well as data on what happens within and outside the health care system are critical ways to assess priority health issues in Los Alamos, Rio Arriba and Northern Santa Fe Counties.

The 2002 sale and transfer of the Los Alamos Medical Center (LAMC), a non-profit corporation to a for-profit corporation could have left a gap in the safety-net system serving those communities. However, because of the vision of key leaders, some proceeds from the sale of Los Alamos Medical Center were preserved to serve the unmet health care needs of the people of Los Alamos, Rio Arriba and Northern Santa Fe Counties. To strengthen the grant-making process and assure that the NNMHGG can best target resources, we commissioned a study to assess health priorities and solutions in the three counties.

We appreciate the participation and contributions of everyone who generously shared their community stories, documents and data with us so that we could develop this initial report. We especially appreciate the participation and feedback from representatives from the non-profits, faith-based organizations, health care sector and funders who took time out of their busy schedules to have meaningful discussions on health issues affecting their communities. We also appreciate the contributions of the New Mexico Department of Health staff that were instrumental in obtaining needed data and the University of New Mexico Bureau of Business and Economic Research for providing technical feedback on collecting quality demographic data. Finally, we thank Dr. Lisa Cacari Stone for working closely with the NNMHGG in conducting the study and writing the report, Mr. Greg Tafoya and Ms. Michelle Peixinho for providing research assistance and data collection, and Con Alma Health Foundation staff for their assistance in reviewing and editing this report. We thank them all for their dedication and hard work.

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EXECUTIVE SUMMARY

In May 2002 the Los Alamos Medical Center (LAMC), a non-profit corporation, was sold to a for-profit corporation. Some proceeds from the sale of Los Alamos Medical Center were preserved to serve the unmet health care needs of the people of Los Alamos, Rio Arriba and Northern Santa Fe Counties. The Hospital Auxiliary for LAMC and Con Alma Health Foundation, working as the Northern New Mexico Health Grant Group (NNMHGG), distribute the investment income from those proceeds annually for grants that target the populations traditionally served by the Los Alamos Medical Center.

In the Spring 2008, the NNMHGG decided to conduct an assessment of health status priorities and health care systems challenges specific to the target area (Los Alamos, Rio Arriba and Northern Santa Fe Counties) in order to better inform the grant-making process. The objectives of the assessment were to:

1. Identify specific funding priorities for target area within the broader goal of addressing health needs left unmet by the sale of the Los Alamos Medical Center;
2. Incorporate CAHF Health Disparities Report as part of the broader grant-making framework (Report will be updated in 2008); and
3. Review/revise current NNMHGG grant guidelines as appropriate.

From March through May, both secondary and focus group data were collected, compiled and analyzed into this final report. A variety of secondary data gathered from public use data bases, reports, documents and directly from New Mexico Department of Health staff. Four focus groups were conducted in the Northern New Mexico area of Los Alamos, Rio Arriba and Northern Santa Fe Counties. Participants who volunteered to participate in the 1 hour to 1 ½ hour focus groups were from funding agencies/foundations, nonprofit and faith-based organizations and health care providers.

The following key findings highlight the priority issues affecting health in Los Alamos, Rio Arriba and Santa Fe Counties: demographic characteristics, socio-determinants of health, health conditions, health systems and policies. Community perceptions on priority health issues are integrated throughout the report as a way to interpret and provide contextual descriptions of the challenges facing these communities. Recommendations made by focus group participants are summarized into four core areas to: 1) expand the definition of health to include wellness and life opportunities; 2) strengthen health systems capacities and improve health policies; 3) improve health conditions; and 4) create innovative funding.

KEY FINDINGS

What matters for health in Northern New Mexico?¹ Findings show that multiple factors affect the health and well-being of children and families living in Rio Arriba, Los Alamos and Santa Fe Counties. Race/ethnicity, age, income, poverty and wealth, education, type of work and social resources all matter for health. These factors influence access to social and economic resources over a person's life, across generations of families and within entire communities. Non-medical factors such as housing, working conditions, affordable and nutritious food, transportation, and language and culture all impact health and access to important health services and family supports.

Among various health conditions affecting Northern New Mexico's residents (maternal and child health, leading causes of death, infectious diseases, chronic diseases), three appeared to be the greatest challenges: 1) teen pregnancy; 2) substance abuse; and 3) alcoholism.

Health systems and policy issues that showed marked alarm included: barriers to accessing health care² such as lack of insurance coverage, higher out-of-pocket costs for the uninsured, shortage of service providers such as dentists and behavioral health providers, long-waiting lists, lack of access to health information and resources across non-profits, providers and for community members.

EXECUTIVE SUMMARY KEY FINDINGS

Finding 1. Demographics and Socio-Economic Determinants of Health

Finding 1-1 Racial and ethnic background has profound effects on an individual's health primarily because of the different social and economic experiences – advantages and disadvantages – that go along with race and ethnicity³.

- Santa Fe County had the greatest population increase between 2000 and 2006 at 10.1% compared to the U.S. at 6.4%, New Mexico at 7.5% and Los Alamos at 3.7%. Rio Arriba had a population decrease by -0.6%. While the actual size of the population for Native Americans is larger in Rio Arriba and Santa Fe Counties, Los Alamos had the greatest percent growth between 2000 and 2006. Los Alamos had a 20% increase of Hispanic/Latino, Santa Fe an increase by 11.2% and Rio Arriba a slight decrease by -1.5%.

Finding 1-2 The aging of the 20-54 year old group will bring new demands on resources for long-term health care needs to the state and Northern New Mexico area. Children and youth pose a demand for home and school-based services that promote wellness such as exercise and good oral health and prevent disease such as obesity and substance abuse.

- Los Alamos (23%) has a larger percent of 55-74 year olds than the U.S. (17%) and Rio Arriba (18%) and Santa Fe (20%). Rio Arriba has a larger percent of children and youth under age 19 at 31% compared to the US (27%) and NM (28%), Los Alamos (25%) and Santa Fe (25%).

Finding 1-3 Research shows that poverty is linked to ill health. Whereas, wealth fosters good health by providing people access to economic resources, medical care and quality of life options such as nutritious foods, better child care, safe neighborhoods with good schools, and reliable transportation.

- Los Alamos income levels exceed NM and US with 9% of households earning more than \$150K, and 25% of households with incomes between \$110K and \$149K.
- Rio Arriba has the largest % of households earning less than \$24,999 with 16% earning less than \$10,000.
- Rio Arriba has 7% of households living below poverty compared to the US (4%), NM (6%), Santa Fe (4%) and Los Alamos (1%).

Finding 1-4 Work is linked to health via social resources, health care insurance coverage, hazardous or risky workplace conditions, and psychosocial characteristics of the work environment.

- Rio Arriba had the highest unemployment rate (5%) compared to Santa Fe (3%), Los Alamos (1%), NM (4%) and US (4%).

Finding 1-5 Education is tightly linked with income and wealth which in turn are tightly linked with health.

- Los Alamos has the highest educated population with 36% graduate or professional degrees and 24% with bachelor's degrees. Rio Arriba has lower educational attainment with 27% of the population who have less than a 12th grade education compared to Santa Fe at 16% and Los Alamos at 3%.
- Espanola School District had the highest drop-out rate in 2005-06 at 6.8% followed by Santa Fe at 4.2%.
- Rio Arriba (33.2%) and Santa Fe (40.5%) had higher growth in owner occupied vs. renter occupied housing than Los Alamos (9.8%).

Finding 1-6 Research demonstrates that socio-economic conditions and context matter for health.

- Participants in the non-profit and faith-based focus group in Rio Arriba and the funders focus group repeatedly discussed the significance of defining health broadly to include a web of factors that are considered "root causes" of and well-being such as income, poverty, education, land ownership, and cultural traditions.
- The cycle of poverty and its impact on children's well-being: "We have to go to the root causes of medical issues; a lot of it is poverty. It's a cyclical process. For example, in our organization we get kids when they are already damaged. They come in at a point to where they need help, we have to help them. But then we have to throw them back into the hopper. It is a revolving door, we are just spinning wheels. Poverty is basic along with lack of education. We need to keep kids focused along with academics."

Finding 1-7 Hunger/food insecurity and lack of transportation in rural areas were two frequently discussed issues by the participants in Rio Arriba and the funders focus groups.

- “For home visitors the biggest cost of serving new parents and infants is transportation. Our workers have to travel to visit families in Dulce, Jicarilla and the Apache nation. It takes them all day to drive there from Espanola. We work with rural clinics, and this has created a need to budget and fund raise for transportation, New Mexico is a rural state.”
- “Families need basic sustenance; many do not have enough food. We provide a food depot and have a bag of groceries for families once per month. Some families have nothing to eat, at first I was surprised to learn that some families had not eaten for four days.”

Finding 1-8 Other factors that impact health are language and culture. Both play a pivotal role for communities in Northern New Mexico and for persons who are limited English proficient (Native Americans, Hispanics and immigrants).

- Los Alamos (27.5%) and Santa Fe (25.4%) had a greater percent change among persons who reported they speak a language other than English compared to Rio Arriba (11.8%). Among those who speak Spanish, 35.6% reported speaking English less than “very well” in Santa Fe which is higher than the state, Los Alamos and Rio Arriba, but lower than the US change of 65.5%.
- Rio Arriba (248.9%) and Santa Fe (223.4%) had the greatest growth of foreign-born population compared to Los Alamos (46.7%), NM (85.8%) and the US (57.4%). It is important to note that the majority of New Mexico’s residents are US born (86% statewide, 94% Los Alamos, 96% Rio Arriba, and 90% Santa Fe).

Finding 2. Health Conditions

Health priorities discussed by focus group participants were substance use (alcohol use, alcoholism, drug abuse and prescription drugs), teen pregnancy, diabetes, obesity including childhood obesity, child and adolescent mental health. Among these, teen pregnancy, substance abuse and alcoholism were identified as the most pressing health issues.

Finding 2-1 Maternal & Child Health

- Rio Arriba has a higher **rate of childbearing** at 84.6 than Santa Fe at 59.4 and Los Alamos at 57.3 (number of births per 1,000 women ages 15-44).
- From 2004 to 2006, Rio Arriba had the highest **teen birth rate** at 40.5 which is higher than the state rate at 35.7 and significantly higher than Santa Fe at 27.3 and Los Alamos at 5.1.
- Adolescent pregnancy rates are cyclically connected to poverty levels. Poor adolescents are more likely to give birth, and mothers who gave birth as teenagers are more likely to be poor.
- While the teen pregnancy rate is low for Los Alamos, providers, non-profits and faith-based community members express concern about teen pregnancy and the need for parenting support.

Finding 2-2 Leading Causes of Death

- Challenges for Rio Arriba include the higher **rates** in nine of the eleven leading causes of death compared to Los Alamos and Santa Fe: 883.2 for all causes, 177.69 for diseases of the heart, 160.28 for cancer deaths, 106.65 for unintentional injuries, 49.88 for diabetes, 32.15 for chronic liver disease and cirrhosis, 23.26 for suicide, 22.55 for homicide, and 16.41 for flu and pneumonia. The death rates for Rio Arriba are higher than the New Mexico state rates in seven of the eleven leading causes of death.
- Challenges for Los Alamos include the highest rates of circulatory, cerebrovascular diseases at 26.69 and 34.25 for chronic lower respiratory diseases.
- Santa Fe ranks second to Rio Arriba with a moderate rate of unintentional injury (accidents) at 58.98 and for flu and pneumonia at a rate of 11.93. Santa Fe ranks second to Los Alamos for chronic lower respiratory diseases at 36.11.

Finding 2-3 Infectious Diseases

- Santa Fe has the greatest challenges including a higher number of cases for STD's including chlamydia, gonorrhea and syphilis and the highest rate for the prevalence of HIV/AIDS.
- Rio Arriba (103.36) had the second highest rate of HIV/AIDS per 100,000 persons.

Finding 2-4 Chronic Diseases

- Challenges for Rio Arriba include higher rates for diabetes (10.7) and obesity (20.5) than Los Alamos and Santa Fe.
- Santa Fe has the highest incidence rate of cancer at 477.4 which exceeds the state rate of 415.0 followed by Los Alamos at 443.3 and Rio Arriba at 378.7.

Finding 2-5 Substance Abuse

- Challenges for Rio Arriba include the most serious problems for six of the eight indicators in which data were reported: adult binge drinking (17.8), adult chronic heavy drinking (6.2), youth drinking and driving (22.3), youth marijuana use (42), youth cocaine, methamphetamine or inhalant use (14.1) and adult smoking (25).
- Challenges for Santa Fe include higher youth binge drinking (48.2), adult drinking and driving (2.3), youth drinking and driving (22.2), and youth smoking (33.8).
- Los Alamos has lower rates of alcohol, drug and tobacco problems.
- For youth drinking and driving, the prevalence of past 30 day drinking and driving was highest in Rio Arriba, which ranked the sixth highest percent in the state followed by Santa Fe.
- Youth marijuana use is highest in Santa Fe County which ranks third highest county in state, Rio Arriba is 9th highest.

Finding 3. Health Systems and Policy

Focus groups participants consistently expressed concern about barriers to accessing health care such as lack of insurance coverage including dental coverage, lack of preventative care, lack or late entry into prenatal care, shortage of service providers, or lack of providers such as dentists and behavioral health providers (prevention, treatment and after care), long-waiting lists and access to and exchange of information, referrals and resources among community members but also providers.

Finding 3-1 Health insurance coverage is a critical factor in making health care accessible to children and families living in Northern New Mexico. Research has consistently documented that lower educational levels, type of employment and income are key determinants of the high rates of non-insurance among low-income and minority populations, especially Hispanics and Native Americans.

- A total 25% of New Mexicans are uninsured. Among the uninsured population, most are adults 19-30 (75% of the uninsured). Children comprise 25% of the uninsured. Hispanics comprise 43.5% of the uninsured population and Native Americans 13.3%. Non-Hispanic Whites represent 12.8% of the total uninsured population.
- Counties provide critical support and access to needed services to the local hospitals, primary health care, dental, pharmacy and behavioral health.
- In 2007, county expenditures totaled \$15.7 million for Santa Fe, \$1.1 million in Rio Arriba and almost \$1 million in Los Alamos.
- Out-of-pocket costs for New Mexicans is higher for persons who are uninsured (\$858 vs. \$669).

Finding 3-2 Counties have had significant flexibility and latitude in how to administer local funds for indigent health care, including eligibility determination.

- All three counties have a 90 day residency requirement in order to be eligible for county funded health services. As of 2007, Los Alamos and Santa Fe Counties reimburse hospitals and providers for health services rendered to LEGAL immigrants while Rio Arriba does not.
- Los Alamos has the highest immunization rate compared to the other two counties and state (92.1%) while Santa Fe is the lowest (77.2%). Rio Arriba has the lowest access to prenatal care at 15.8% compared to Los Alamos at 2.6% and Santa Fe at 5.0%.

Finding 3-3 New Mexico has had a disproportionate amount of professional shortage areas and has struggled with recruitment, training and hiring a diverse workforce that is reflective of the composition of our communities.

- While none of New Mexico's counties reached the national benchmark for a physician FTE at 2.42, Los Alamos FTE was 2.41, Santa Fe (1.83) and Rio Arriba (1.04).
- Dentists and dental hygienist rates per 1,000 population vary across counties. Los Alamos had the highest rate of dentists (.80) and dental hygienist (.80) followed by Santa Fe at .75 for dentists and .43 for dental hygienist. Rio Arriba had the lowest rates at .23 for each.
- The rate of RNs per 1,000 population was highest in Los Alamos (7.84), followed by Santa Fe (7.58), whereas Rio Arriba was 4.80.
- Santa Fe had the highest rate of licensed pharmacists at .74 followed by Los Alamos at .50 and Rio Arriba at .30.

FOCUS GROUP RECOMMENDATIONS

Four focus groups were conducted with funders, non-profits and faith-based organizations, and health care providers in the three county area of Northern New Mexico. The co-moderator's questions were designed to elicit advice on how the NNMHGG should act to solve the issues identified in the findings section and how to prioritize funding. Key themes discussed by focus group participants are synthesized into four recommendations below.

Focus Group Recommendation 1. Expand the definition of health to include wellness and life opportunities

Recommendation 1-1 Recognize that health is influenced by factors outside the health care system.

- Build on community assets and embrace the notion of wellness.

Focus Group Recommendation 2. Improve health conditions

Recommendation 2-1 Expand and implement nutrition and health education programs.

- Make sure people have access to high quality nutritious foods at an affordable price, especially if it supports the local growers.
- Offer health education for healthy lifestyles and provide lifestyle counseling.

Focus Group Recommendation 3. Strengthen health systems capacities and improve policies

Recommendation 3-1 We need help to develop a one-stop shop.

- Assist in developing a centralized assessment and referral.

Recommendation 3-2 We need support and assistance with streamlining electronic records.

- My agency has actually started electronic record-keeping, having all our agencies go there, being able to transfer files across the board.

Recommendation 3-3 Help non-profits improve communications and information exchange.

- We need a resource book (maybe it exists), this would be helpful.

Recommendation 3-4 It is important to build capacity of community-based organizations and supports to address health care and social needs.

- To strengthen family networks and in changing the outlook of that community.
- Expand drug counseling support systems.

Recommendation 3-5 Build on the assets of community colleges and universities.

- Recruit students into health care professions.
- Tap into UNMHSC and the medical students there, we have a wonderful resource via the medical school.

Recommendation 3-6 Assist in policy development that supports the capacities of non-profits.

- Tap into the tag on motorcycle registrations which could be used to support community-based organization.
- In terms of a policy, we could introduce a memorial and do away with the provisions that put a cap on insurance pools.

Recommendation 3-7 Help build the capacity of organizations to provide services and so they can be more effective.

- Offer grants in terms of systems change and development, collaboration and capacity building.
- Support the leaders in these organizations.
- Train non-profits to build those skills and support their efforts.

Focus Group Recommendation 4. Create innovative funding mechanisms

Recommendation 4-1 Move from being the one-shot funding to systemic change.

Recommendation 4-2 Avoid funding specific programs for specific agencies. Foundations could “tweak their funding mechanisms” so that collaborators are effective.

Recommendation 4-3 When programs are successful, continue funding those areas to sustain the improvement.

Recommendation 4-4 Small funders have a unique opportunity to be advocates.

Recommendation 4-5 Provide more sustained funding – multi-year funding leads to systemic change.

Recommendation 4-6 Foundations can play a role in convening people and coming together and sharing with each other.

Recommendation 4-7 Keep grant processes simple and streamlined.

¹In this report, health is defined as the state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

² Health care is the prevention, treatment, and management of illness and the preservation of mental and physical well being through the services offered by the medical, nursing, and allied health professions. According to the World Health Organization, health care embraces all the goods and services designed to promote health, including “preventive, curative and palliative interventions, whether directed to individuals or to populations” World Health Organization Report. (2000).

Chapter 1: Why do health systems matter?. WHO.

³ Commission to Build a Healthier America, Robert Wood Johnson Foundation (RWJF).