

Data for Grant-Making:

*A Comparative Study of Community Health in
Los Alamos, Rio Arriba & Northern Santa Fe Counties*



Northern New Mexico Health Grant Group

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Lisa Cacari Stone, Ph.D.
Researcher & Author

WITH CONTRIBUTIONS BY

Greg Tafoya, M.P.H.
Data Analyst

Michelle Peixinho, B.A., L.M.
Focus Group Co-Moderator



*The Heart & Soul of
Health in New Mexico*

Executive Summary Key Findings

What matters for health in Northern New Mexico?³

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 care⁴ 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.



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 ethnicity⁵.

- 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.

- 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.

FINDING 3-3 Preventative services play a key role in early detection of disease and in promoting population health.

- 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 3-4 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.

Executive Summary Recommendations

The recommendations in this report draw from the priority health and health care needs identified by the secondary data analysis and the focus group discussions. 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 NNaMHGG should act to solve perceived health and health care issues and how to prioritize funding. Key themes discussed by focus group participants were synthesized and compared to the results of the data analysis (demographics, socio-determinants of health, health conditions, and health systems and policies). Next, these findings were compared to a recent review of the literature on interventions to reduce health disparities. Consistent with the findings and the literature, multifaceted interventions targeting different leverage points within and outside the health care system are highlighted below.

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.

RECOMMENDATION 1-2 Raise awareness and mobilize action to improve health through a broad range of interventions.

- Participate in public education campaigns conducted in partnership with public-health entities, private sector, universities and community-based organizations to encourage comprehensive approaches to address health inequalities among communities in Northern New Mexico.

- Reduce poverty through programs that focus on the educational attainment of children and youth. Education is the cornerstone to promoting and protecting intergenerational health and well-being. Education is also a vehicle for securing employment and attaining economic security, programs that prepare children early in life for school success and continue to support academic engagement are critical for future health.
- Promote public-private investments that protect mortgages and home ownership for low and middle income families.
- Promote workforce development, especially in the health professions at the K–12 and community college levels.
- Protect the rights of all to equally participate in the labor market through monitoring and compliance of federal Equal Employment Opportunity laws, the guarantee of minimum living wages and provision of employer sponsored health insurance.
- Invest in local farmer's markets and food banks that provide access to nutritional and affordable food to local residents, especially in rural areas.
- Foster public-private collaborations and alliances to address transportation issues in rural areas.

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.

RECOMMENDATION 2-2 Build awareness of and strengthen investments in early prevention of infections (pneumonia and flu), diseases (HIV and STD's), chronic conditions (asthma, diabetes, obesity, heart disease) and risks behaviors (substance use, teenage pregnancy, unintentional injuries, violence) among private and public health systems and governments.

- Support science-based and culturally appropriate prevention strategies for children and youth at the individual, family, school and community levels (teenage pregnancy, youth drinking and driving, smoking and drug use).
- Advocate for government and private investments in preventative screenings and early detection of diseases and health risks at community health centers, hospitals and other health providers.
- Promote school and mobile health clinics and their capacities to offer comprehensive preventative services (immunizations, vaccinations, dental, behavioral health and physical health).
- Increase opportunities for free screenings and health, nutrition and wellness information at public accessible places beyond the health care system (i.e. Wal-Marts/grocery stores, community events, churches, etc.).

RECOMMENDATION 2-3 Focus state health care reform efforts and health disparities initiatives on culturally appropriate disease management efforts.

- Align efforts among state, tribal and local governments, managed care organizations, community health centers, hospital systems and public health entities to improve access to prescription drugs and other medical devices/tools that empower individuals to monitor and control their disease (i.e. HIV, diabetes).
- Foster the health literacy of patients to manage their health and promote cultural and language literacy among providers to assist diverse patients in understanding and managing their health conditions.

Recommendation 3. Strengthen the capacities of community-based organizations to improve health care access and solve problems

RECOMMENDATION 3-1 Help community-based organizations (CBOs) to develop a one-stop shop.

- Assist in developing a centralized assessment and referral.

RECOMMENDATION 3-2 Support and assist CBOs 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 Help build the capacity of organizations to provide services 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.

RECOMMENDATION 3-6 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 3-7 Support mechanisms for enlarging the pool of health professionals to provide culturally competent care, particularly in underserved areas.

- Foster the regeneration of new talent into educational and training programs for health professionals through local leadership and community-based strategies.
- Collaborate with K–12, colleges and universities on innovative initiatives that promote the recruitment, training and hiring of local residents into the health professional schools (i.e. dentists, nurses, pharmacists, physicians).

RECOMMENDATION 3-8 Promote culturally and language appropriate services.

- Encourage health and social service providers to adopt and use the National Standards for Culturally and Linguistically Appropriate Services in Health Care.
- Work with the New Mexico Department of Health, Human Services, Children Youth and Families, IHS and tribes to explore innovative mechanisms for promoting language access (i.e. the use of federally funded Medicaid waiver and reimbursements to New Mexico for language access).
- Sponsor local health and behavioral care professionals, para-professionals and community health workers to participate in accredited medical interpreters training and train-the-trainer programs.

RECOMMENDATION 3-9 Promote efforts that reduce discrimination, bias and misinformation among health providers and local health systems.

- Work with other public health stakeholders to disseminate clarifications of federal, state, county and tribal eligibility and benefits criteria for various classifications of immigrants, i.e. those who are legal but fall within a five-year bar for federally funded health care and unauthorized pregnant women and children).
- Encourage health professional training schools and universities and state licensing entities to incorporate anti-discrimination and internalized racism techniques into their cultural competency curriculums and licensing requirements.
- Encourage state quality improvement and pay-for-performance requirements and initiatives to include cultural and language competency indicators.

Recommendation 4. Engage community leaders in policy development and policy change efforts.

RECOMMENDATION 4-1 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 organizations.”
- “In terms of a policy, we could introduce a memorial and do away with the provisions that put a cap on insurance pools.”

RECOMMENDATION 4-2 Provide opportunities for residents in Northern New Mexico to build policy advocacy skills and to meaningfully engage in state health care reform initiatives (i.e. Hispanic/Latino, Native American, immigrants, people living with disabilities, youth and elders).

- Sponsor local forums that foster exchange of information and dialogue around key elements of health reform.

- Assist in fact-finding and gathering research on the impact of health care reform on communities in Northern New Mexico (i.e. take-up patterns via employer-sponsored coverage; innovative coverage for low income adults; state administrative obstacles to enrollment and retention; and incentives to promote innovative coverage initiatives that are culturally, linguistically and financially appropriate for various subgroups).
- Support community-based organizations and leaders in using media advocacy efforts to hold elected and appointed officials accountable to the use publicly financed health care including the flow of funds to managed care organizations.

Recommendation 5. Create innovative funding mechanisms

RECOMMENDATION 5-1 Move from being the one-shot funding to systemic change.

RECOMMENDATION 5-2 Avoid funding specific programs for specific agencies. Foundations could “tweak their funding mechanisms” so that collaborators are effective.

RECOMMENDATION 5-3 When programs are successful, continue funding those areas to sustain the improvement.

RECOMMENDATION 5-4 Small funders have a unique opportunity to be advocates.

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

RECOMMENDATION 5-6 Foundations can play a role in convening people and coming together and sharing with each other.

RECOMMENDATION 5-7 Keep grant processes simple and streamlined.