 **2022**

COMMUNITY HEALTH
NEEDS ASSESSMENT

 **UNM | Sandoval Regional
Medical Center**





Table Of Contents

| | | | |
|---|-----------|---|-----------|
| Message to Our Community | 3 | SRMC Priority Goals and Strategies | 28 |
| Executive Summary | 5 | 2019 CHNA Accomplishments | 28 |
| Acknowledgments | 7 | 2022 Priority Health Needs | 29 |
| About Our Community | 8 | Strategies: 2022 through 2025 | 30 |
| Population | 9 | Data Collection Methods | 32 |
| Race and Ethnicity | 11 | The Social Determinants of Health | 33 |
| Age | 13 | Economic Stability | 34 |
| Income and Poverty | 14 | Education | 37 |
| Place of Birth | 15 | Healthcare Access and Quality | 37 |
| Language | 15 | Built Environment | 39 |
| Households | 17 | Health Disparities | 41 |
| About Sandoval Regional Medical Center | 18 | Voice of the Community | 44 |
| SRMC Mission | 20 | Behavioral Health | 45 |
| SRMC Vision | 20 | Access to Care | 45 |
| SRMC Values | 20 | Chronic Disease Prevention and Management . | 46 |
| Community Engagement | 21 | Community Health Priorities | 47 |
| Partnerships and Affiliations | 22 | Behavioral Health | 48 |
| Tribal Collaboration | 23 | How are We Doing? | 49 |
| Educational Mission | 24 | How is SRMC Addressing this Priority? | 50 |
| SRMC Employees | 26 | How do We Compare? | 50 |
| Sandoval County Hospital Services Mill Levy ... | 27 | | |



Access to Care 51

 How are We Doing?51

 How is SRMC Addressing this Priority?51

 How do We Compare?52

Chronic Disease Prevention and Management ..53

 How are We Doing?53

 How is SRMC Addressing this Priority?.... 54

 How do We Compare? 54

Appendix 1: Data 56

Appendix 2:

Primary Data Collection 62

Appendix 3: CHNA Team

& Acknowledgments 63

Appendix 4: 2022 Federal

Poverty Guidelines 64

Directions to the Area 65

Map 66

Message to Our Community

At UNM Sandoval Regional Medical Center (SRMC) the health and well-being of patients is always our first priority; but excellent patient care is just one of the ways we contribute to the community. As a community hospital, our mission is to improve the overall health of the diverse communities we serve by bringing high-quality healthcare closer to home and engaging in an on-going dialogue with the community. As part of the UNM Health Sciences Center, we are privileged to foster New Mexico's next generation of healthcare practitioners and leaders by providing healthcare and medical education opportunities through partnerships with the UNM's School of Medicine and Colleges of Nursing and Pharmacy as well as Central New Mexico Community College.

Like hospitals throughout the country, SRMC has spent the last two years treating COVID-19 patients while also striving to meet the community's ongoing non-COVID-19 healthcare needs. As pandemic pressures begin to ease, we find ourselves confronting more severe versions of the same challenges we faced prior to the pandemic. Many of the issues we wrestled with prior to COVID-19 - like the unmet need for behavioral health services - were made much worse by the pandemic. In addition, some patients, either by choice or necessity, deferred routine

healthcare during the pandemic, resulting in missed opportunities to detect illnesses at their earliest stages or effectively manage chronic disease. These delays will likely result in more severe illness for years to come. The many interviews we conducted in developing this Community Health Needs Assessment revealed both the terrible toll COVID-19 has taken on our communities and the resiliency and cohesion those communities have exhibited in the face of tragedy and profound stress.

During the pandemic, treating COVID-19 patients and protecting the community took precedence over other objectives and, in some instances, slowed progress toward longer-term goals. However, despite the radical and rapid reordering of resources and priorities necessitated by COVID-19, SRMC made progress toward many of the goals established in the 2019 CHNA. SRMC was formally certified as a Level III Trauma center in March 2022. Since the last CHNA, we have also expanded access to behavioral health services by embedding social work in the SRMC emergency department, opening an outpatient behavioral health clinic adjacent to the hospital and providing behavioral healthcare to inmates at the Sandoval County Detention Center. Much of this progress was made possible by Sandoval County voters who approved a

Hospital Services Mill Levy to fund these services in November, 2018. SRMC is deeply grateful to the voters for their support.

In developing this CHNA, we reviewed volumes of data on the social, economic and epidemiologic characteristics of Sandoval County and interviewed a broad spectrum of Sandoval County residents, policy makers and healthcare providers. This process deepened our understanding of the community's needs and reaffirmed our community health priorities. The many community members interviewed for this report unanimously endorsed continuing to prioritize behavioral health, primary care and chronic disease prevention and management. The CHNA process also surfaced a number of strategies for achieving our community health goals that are detailed in the Executive Summary on the next page.

The SRMC board of directors and executive leadership team are grateful to all who have assisted us through this very important process, including our partners at Sandoval County, the City of Rio Rancho, the Town of Bernalillo, the Sandoval County Health Council, the Sandoval Health Collaborative, the Sandoval County Behavioral Health Coalition and the SRMC Community Advisory Board, to name just a few. We look forward to continuing to serve county residents and to collaborating with our many community partners to improve the health of Sandoval County communities.



Executive Summary

Sandoval Regional Medical Center has conducted the 2022 Community Health Needs Assessment (CHNA). The purpose of the CHNA is to identify the priority health needs of communities in SRMC's primary service territory, which is defined as Sandoval County. The results of the CHNA will improve our understanding of community needs and inform the development and implementation of initiatives to address these needs. This CHNA also meets Internal Revenue Services (IRS) compliance standards for non-profit hospitals. The SRMC Board of Directors has approved this report as well as the Community Health Needs Strategic Implementation Plan that will follow.

Noteworthy findings from the community health needs assessment to include:

- Sandoval County's population growth has slowed considerably and is expected to remain modest in the coming years
- The share of county residents age 65 and older is growing rapidly, while children, youth and young adults are declining as a percentage of population.
- Sandoval County is becoming more ethnically diverse
- With a median household income of \$71,118, Sandoval is one of New Mexico's most affluent counties, however, poverty rates exceed 50 percent in some rural areas of the county.
- SRMC's role as a training ground for New Mexico's next generation of healthcare providers is expanding through active partnerships with CNM and UNM's School of Medicine and Colleges of Nursing and Pharmacy.
- Social, behavioral, economic and environmental factors, often referred to as the Social Determinants of Health (SDoH), impact the health of Sandoval County residents.
- Sandoval County tends to rank better than the state overall on social determinants such as income, education and healthcare access; however, significant disparities become evident when different populations within Sandoval County are compared

on the basis of factors such as disease prevalence and life expectancy.

- Interviews with key informants including community-based healthcare practitioners and administrators, first responders, elected officials, educators, social service providers, tribal members and county administrators provided many insights including:
 - The acute shortage of healthcare workers threatens access to care. Increasing the number of healthcare workers is an essential first step in improving the health and healthcare of New Mexicans.
 - Behavioral health needs skyrocketed due to COVID-19. Every population – from the very young to the very old – needs better access to behavioral healthcare.
 - Many communities in Sandoval County were strongly united in protecting their most vulnerable members from COVID-19. Community cohesion emerged as a health asset and resiliency factor during the pandemic.
- Native communities were some of the communities hardest hit by COVID-19. However, the exercise of tribal sovereignty enabled tribes and Pueblos to protect themselves and attain some of the state’s highest vaccination rates.
- The addition of a provider liaison at SRMC has streamlined the referral process and helped ensure that the most urgent cases get seen first.
- SRMC’s many partnerships greatly enhance its ability to serve the community. Building on existing partnerships and fostering new ones will increase the depth and breadth of SRMC’s community contributions.

These findings informed our choice of three priority areas for the 2022 through 2025:

1. Increase access to behavioral health services
2. Improve access to the overall health system through increased utilization of primary care
3. Increase access to services that support the prevention and maintenance of chronic diseases

Key strategies identified through the 2022 CHNA include:

- Collaborating with Rio Rancho and Sandoval County public safety departments to develop and deploy behaviorist-staffed crisis intervention teams to help ensure that individuals experiencing behavioral health problems get the treatment they need outside of the criminal justice system.
- Expanding access to out-patient behavioral health services for Sandoval County residents.
- Increasing community capacity to address behavioral health needs with peer-to-peer mental health first aid training and certification.
- Continuing to expand the base of aligned primary care providers and access points to primary care services in and around Sandoval County.
- Expanding access to specialty care through partnerships with the UNM School of Medicine and UNM Medical Group.
- Expanding oncology and cardiology services at SRMC.
- Collaborating with local governments and community organizations to address the social determinants of health.

Acknowledgments

Sandoval Regional Medical Center would like to express our deepest appreciation to all those who provided their knowledge, expertise and support during the development of this report. A complete list of people interviewed for this report can be found in **Appendix 2**. The members of SRMC's CHNA team and other key contributors to this report are listed in **Appendix 3**.

About Our Community

SRMC's primary service area is Sandoval County, New Mexico. In 2021, the county was home to 150,052 residents, spread across 3,711 square miles. Although it is part of the Albuquerque metropolitan statistical area and includes the city of Rio Rancho, most of Sandoval County is sparsely populated and quite rural.

Sandoval County Population Density by Census Tract

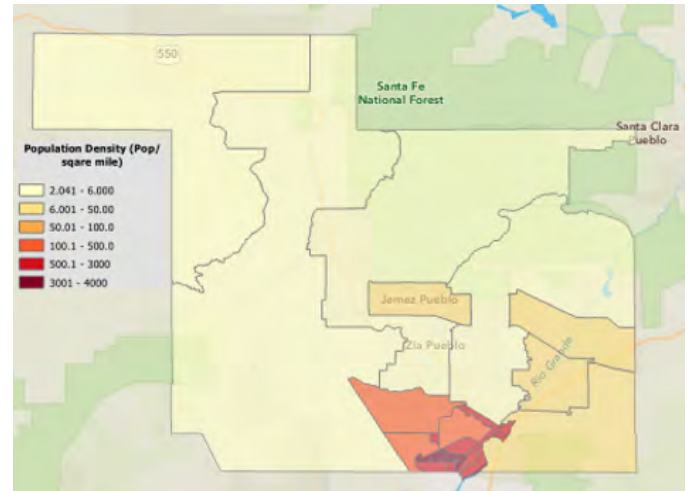


Figure 1
Source: Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR Social Vulnerability Index 2018 Database New Mexico.



Sandoval County Population, 1990 through 2021

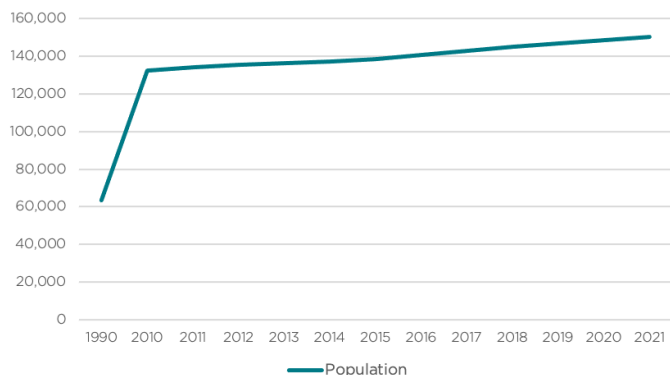


Figure 2
Source: US Census

Population

Sandoval is New Mexico's 4th most populous county. The county's population has grown an average of 1 percent annually since 2010, a rate far faster than that of neighboring Bernalillo County or New Mexico overall, both of which grew by annual rates of less than two-tenths of one percent during the same period.

Sandoval County's population grew rapidly between 1990 and 2010 (**Figure 2**). The county's population continued to grow after 2010, but at a much slower pace. New Mexico's population growth has stagnated over the last decade, with many counties experiencing net out-migration. In fact, Sandoval was one of only ten New Mexico counties that added



Actual and Forecast Rates of Population Growth in New Mexico, Sandoval County and Neighboring Counties, 2010-2040

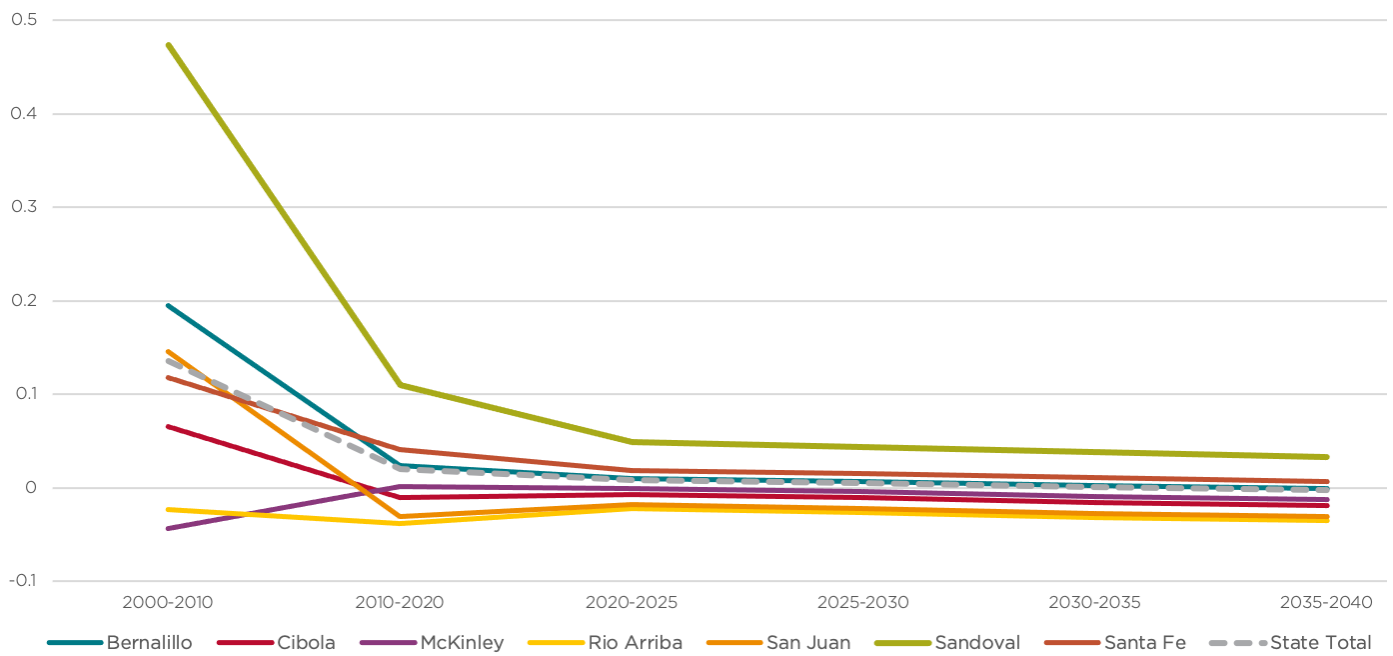


Figure 3
 Source: New Mexico Legislative Finance Committee (2021, April). Program Evaluation Unit Spotlight: State Population Trends. Retrieved from: https://www.nmlegis.gov/Entity/LFC/Documents/Program_Evaluation_Reports/Policy%20Spotlight%20-%20State%20Population%20Trends.pdf

population between 2010 and 2020. Population growth in Sandoval County and New Mexico overall is expected to remain low through 2040 due to lower birth rates, above-average mortality rates and a lackluster state economy that

has prompted New Mexicans to seek employment in other states (Figure 3).¹

¹New Mexico Legislative Finance Committee (2021, April). Program Evaluation Unit Spotlight: State Population Trends. Retrieved from: https://www.nmlegis.gov/Entity/LFC/Documents/Program_Evaluation_Reports/Policy%20Spotlight%20-%20State%20Population%20Trends.pdf

Sandoval County Residents by Race and Ethnicity, 2010 & 2020

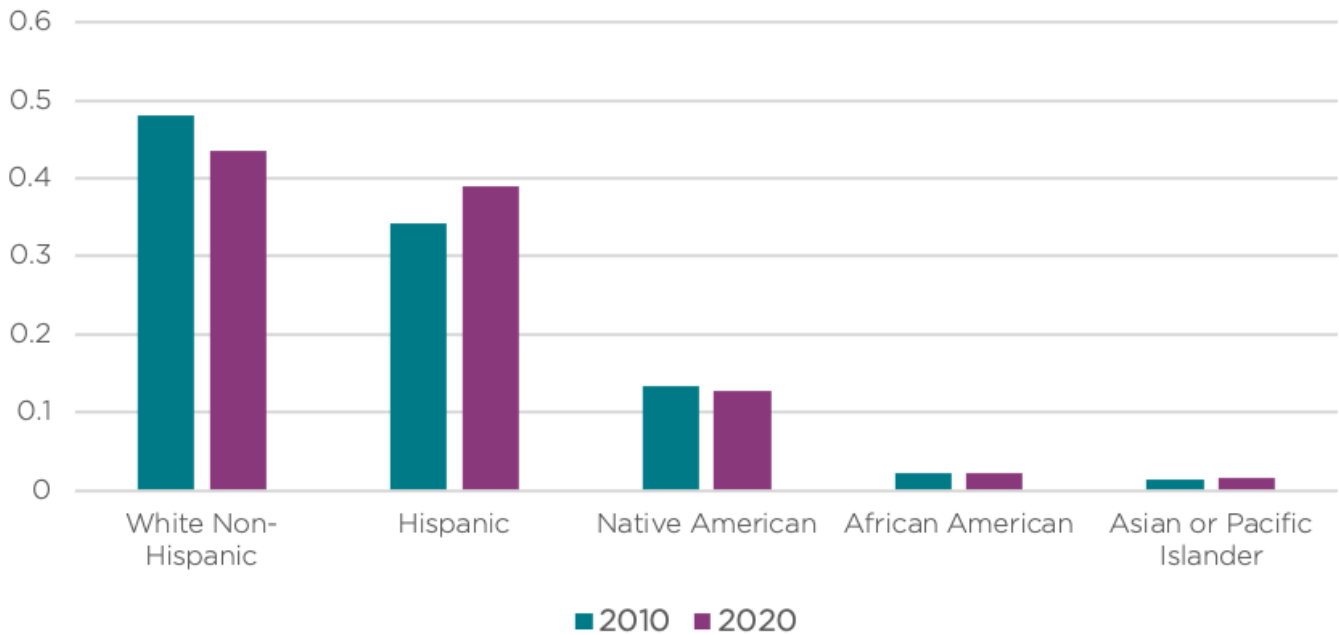


Figure 4
Source: US Census

Race and Ethnicity

Sandoval County is growing increasingly racially diverse. Between 2010 and 2020, the percentage of county residents who identified as “White non-Hispanic” declined from 48 to 44 percent while the percentage of county residents who identified as Hispanic increased from 34 percent to 39 percent (**Figure 4**).

Meanwhile, the percentage of county residents who identified as Native American remained stable at 13 percent. Sandoval County’s Native American population is large and exceptionally diverse. The county includes 10 Pueblos as well as portions of the Jicarilla Apache and Navajo Nations (**Figure 5** on next page).



Tribal Areas In Sandoval and Adjacent Counties

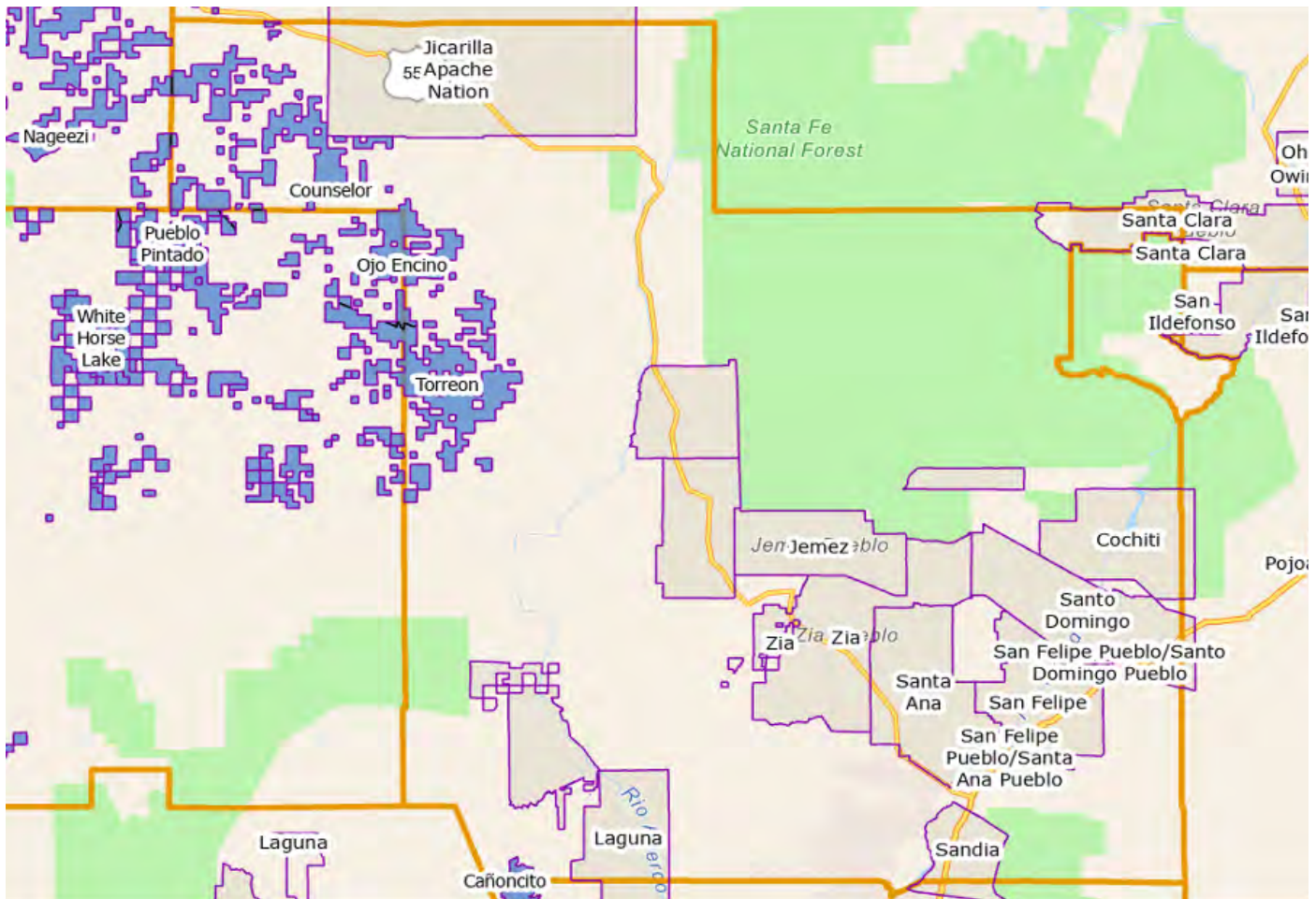


Figure 5

Sandoval County Age Distribution 2010 and 2020

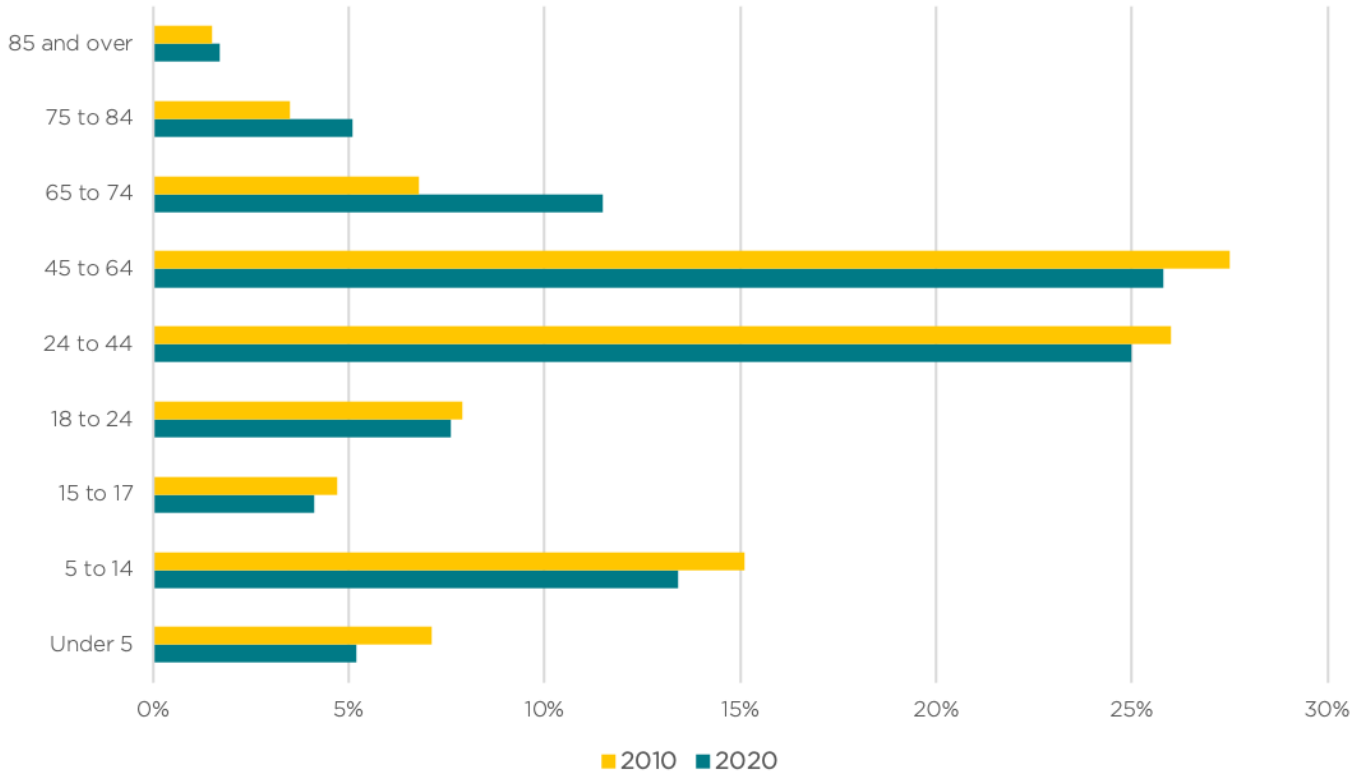


Figure 6
Source: US Census

Age

Figure 6 contrasts the age distribution of Sandoval County residents in 2010 and 2020. During that decade:

- The median age of Sandoval County residents increased from 37.4 years to 40.1 years.
- Children and youth (0 to 18 years) declined from 27 percent of the county’s population to 23 percent.
- Working-age adults ages 18 to 64 dropped from 61 percent to 58 percent of county residents.
- The county’s senior population increased by 64 percent, growing from 14,630 to 24,000 seniors.
- Seniors increased from 12 percent of county residents to 18 percent.

Sandoval County Median Household Income by Race/Ethnicity

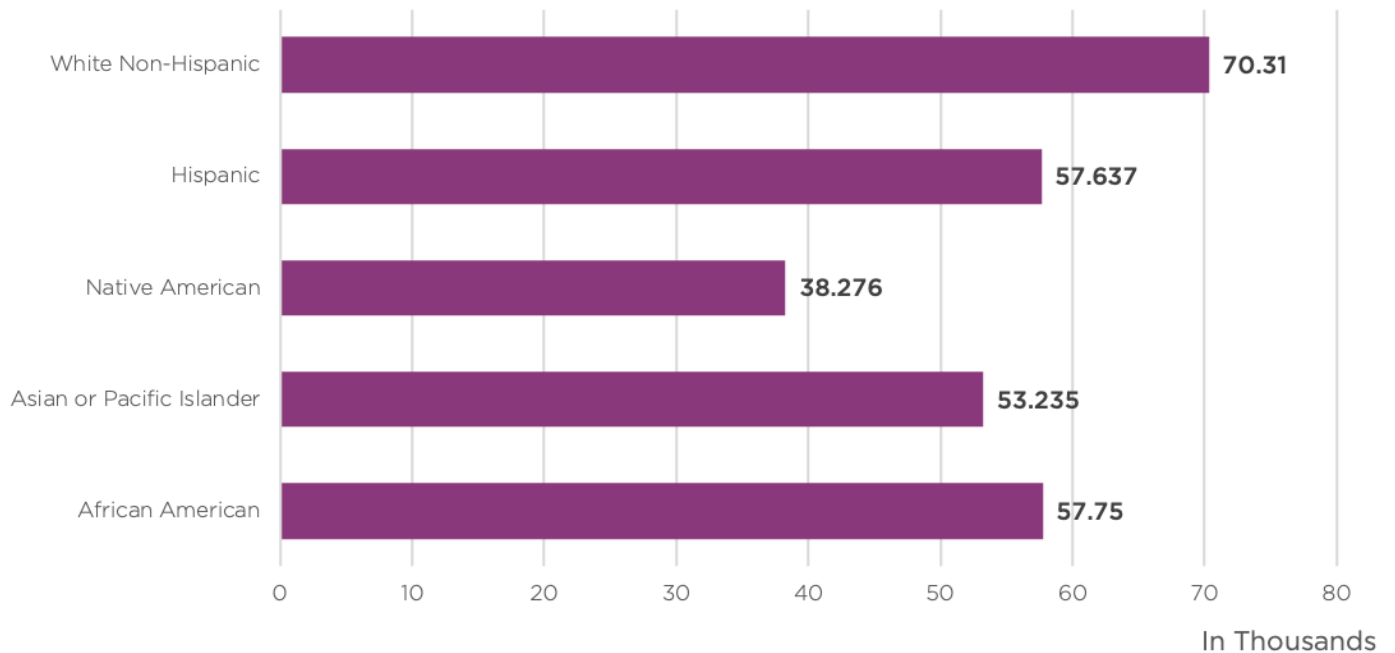


Figure 7

Source: US Census Small Area Income and Poverty Estimates 2019 as presented in County Health Rankings and Roadmaps database. Retrieved from: <https://www.countyhealthrankings.org>

Income and Poverty

Sandoval County is one of New Mexico’s most prosperous counties. The county’s median household income - \$71,118 - is second only to that of Los Alamos (\$122,001) and considerably higher than that of the state overall (\$52,021). However, in areas as large and diverse as Sandoval County, broad measures like median household income tell only

part of the story. **Figure 7** shows median household income by race/ethnicity and illustrates the significant disparities experienced by some Sandoval County residents.

Sandoval County Poverty Rates by Census Tract

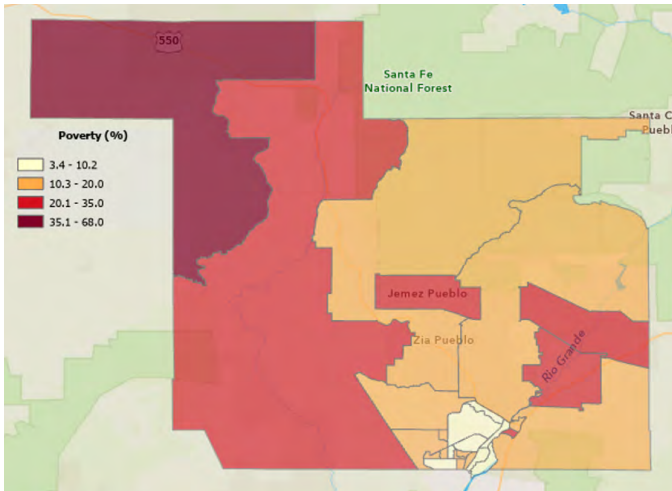


Figure 8
Source: US Census American Community Survey 2019 5-yr sample

Similarly, although the Sandoval County’s 12.7 percent poverty rate is lower than that of all but two other New Mexico counties and the state overall (19%), the prevalence of poverty varies markedly by census tract, with residents of the county’s northwestern communities experiencing poverty rates as high as 68 percent while in some parts of Rio Rancho fewer than 1 in 20 households experience poverty. (See **Appendix 4** for a table of poverty thresholds for 2022).

Place of Birth

Just over 5 percent of Sandoval County residents were born outside the United States. Thirty-five percent of these residents (about 2,700 individuals) are non-citizens. Sixty percent of foreign-born county residents were born in Latin America. Europe and Asia are the birth places of 13.9 percent and 18.5 percent of the county’s foreign-born residents respectively.

Language

More than one-quarter (27%) of Sandoval County residents ages 5 and older speak a language other than English at home. Ninety percent of these individuals are



bilingual and speak English “very well.” Spanish is the most common non-English language spoken in Sandoval County, but many county residents speak Native American languages including Dine, Jicarilla, Towa, Keres and Tiwa.²

The ability to speak a language in addition to English is a valuable asset. On the other hand, limited proficiency in English can pose serious challenges in a host of areas including education, employment and healthcare access. Ten percent of Sandoval County residents have limited ability to communicate in English. **Figure 9** shows the prevalence of limited English ability in Sandoval County.

Sandoval County Residents with Limited Ability to Speak English (%)

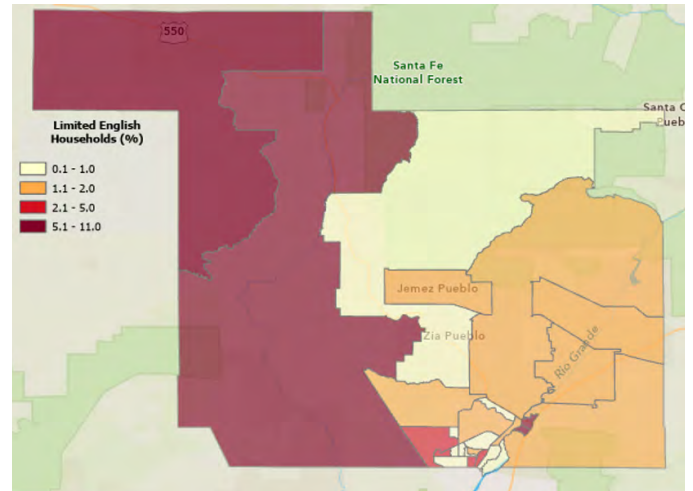


Figure 9
Source: Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis, and Services Program. CDC/ATSDR. Social Vulnerability Index 2018 Database New Mexico.



²University of New Mexico Center for Development and Disability. Tribal Education Status Report 2014-2015 <http://www.cdd.unm.edu/ecln/FIT/pdfs/fit-annual-meeting-2019/presenter-information/improving-increasing-EI-services-to-NA-families/native-american-languages-spoken-in-nm.pdf>

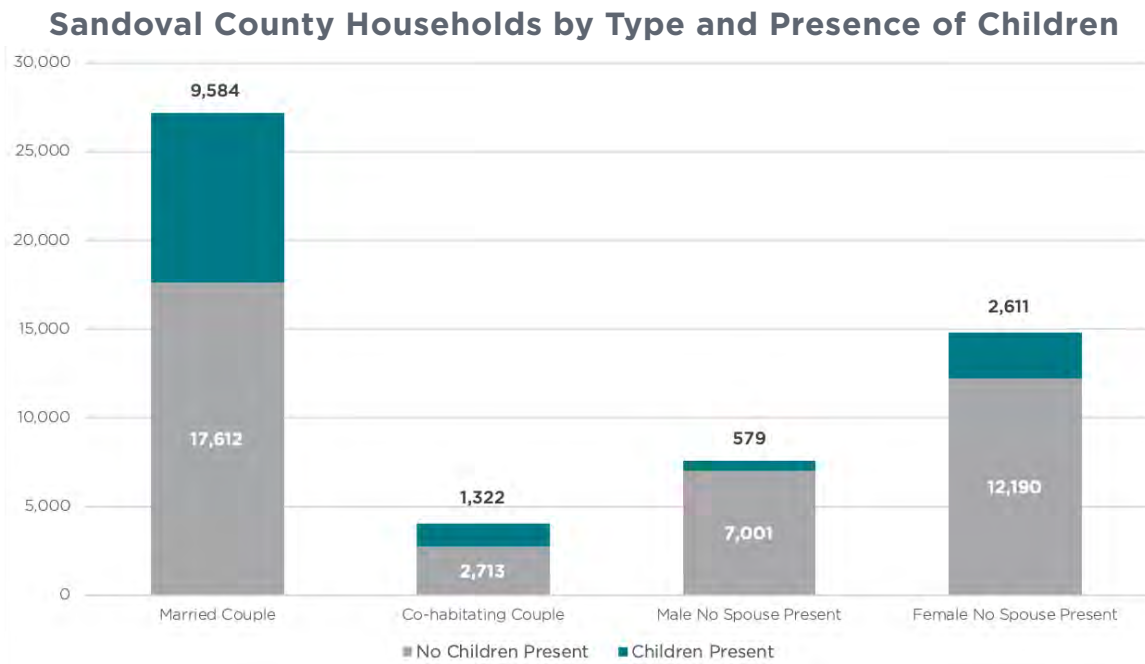


Figure 10
Source: US Census American Community Survey 2019 5-yr sample

Households

Sandoval county’s 150,052 residents reside in 51,001 households. Married couples make up the majority of the county’s households. Thirty-two percent of Sandoval County households include at least one member under age 18 (**Figure 10**) and 33 percent of county households include at least one member who is 65 or older.

People who live alone make up 13 percent of Sandoval County households. Lone seniors constitute over two-thirds (5,000) of these households. Seniors are the fastest growing population in both New Mexico and Sandoval County. Lone seniors are vulnerable to social isolation under the best of circumstances. The pandemic has increased isolation and its attendant risks.

About Sandoval Regional Medical Center

SRMC is a non-profit community hospital located in Rio Rancho, New Mexico. SRMC's primary service area is Sandoval County, New Mexico. SRMC is part of the University of New Mexico (UNM) Health Sciences health system. UNM Health Sciences consists of UNM School of Medicine, College of Nursing, College of Pharmacy, College of Population Health, UNM Hospital, UNM Comprehensive Cancer Center and UNM Medical Group. Being part of UNM Health Sciences means that SRMC patients benefit from both the personal attention of a community hospital and the advanced expertise and resources of an academic medical system.

SRMC's unique open medical staffing model enables both University of New Mexico faculty physicians and community-based independent doctors to treat SRMC patients.

SRMC's facilities include:

- 60 inpatient beds
 - Two 24-bed medical/surgical units
 - 12 ICU beds
- 6 operating rooms
- 2 procedure rooms
- Emergency Department with 18 exam rooms and 2 trauma rooms



SRMC's 40,000 square foot Medical Office Building houses Primary Care, Medicine Specialties and Surgical Specialties.

SRMC is also home to The UNM Health Sciences Center for Orthopaedic Surgery and Rehabilitation. The 50,000-square-foot facility is adjacent to the hospital and opened in November 2021. It includes a research laboratory, radiology, clinic exam rooms, two bio-safety level-2 workstations, a cadaver lab and a rehab pool. The center is an expansion of UNM Health Sciences' orthopaedics and rehabilitation services that uses a multidisciplinary approach and combines education, research and clinical work.

The 2021 Strategic Goals for the UNM Health System are to³:

1. Provide exceptional patient care, foster excellent education and conduct impactful research and community engagement.
2. Act with respect and show compassion for all.
3. Provide safe, high quality, accessible service in all missions.
4. Ensure a high performing organization

SRMC Services in FY 2021 at a Glance

- **Emergency Department Visits: 18,229**
- **Surgical Cases**
 - Inpatient: 532
 - Outpatient: 2,480
- **Outpatient Visits**
 - Primary Care: 15,337
 - Specialty Care: 30,262
 - Behavioral Health Clinics: 4,575
- **Inpatient Discharges: 2,911**
 - ICU: 320
- **Other Services**
 - Pharmacy: 2,942,371
 - Laboratory: 328,222
 - Radiology: 47,139



³University of New Mexico Health Sciences Center 2021 Strategic Plan Retrieved from: https://hsc.unm.edu/_docs/about/hsc-sp-fy-2021-20-08-07.pdf

guided by integrity, transparency, accountability and financial stewardship.

5. Improve health, research and education outcomes for our diverse communities, internally and externally.
6. Promote open communication, trust, inclusion and advocacy.

SRMC Mission

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

SRMC Vision

UNM SRMC's vision is to be the local clinical health network of choice for Sandoval County residents, providing best-in-class quality and access to academic medicine in a patient-friendly environment.

SRMC Values

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

In 2021 SRMC ranked 6th out of 3,100 hospitals in a national ranking of socially responsible hospitals. The social responsibility ranking is comprised of grades for health equity, healthcare value, patient safety and patient satisfaction.

In 2021:

- **SRMC provided \$2.3 million in uncompensated care for indigent patients**
- **Medicaid, Medicare and other publicly-funded insurance programs made up 57 percent of SRMC's receipts**

Community Engagement

SRMC engages with the community it serves in a variety of ways including partnerships with Pueblos and tribes, community groups, government agencies and other institutions; educational forums for community members; and regular presentations to the Sandoval County Commission. Although the pandemic greatly reduced public events and other opportunities to meet in-person, SRMC remained actively involved with the Sandoval County community in 2021 through activities such as:

- Partnering with Sandoval County Emergency Management and Rio Rancho Fire Rescue to host multiple 'Stop the Bleed' injury prevention education trainings for all Rio Rancho Public Schools safety and security officers and school health staff.
- Delivering Teen Driver Impact programming to Bernalillo High School students.
- Presenting online community health forums covering topics such as: COVID-19 information, heart health, managing post-pandemic anxiety and fall avoidance.
- Providing behavioral healthcare to inmates at the Sandoval County Detention Center through our Mill Levy funding.
- Hosting Tribal meetings with special invitations for Pueblo and Tribal leaders, Tribal health program staff and the Indian Health Service leadership.
- Collaborating with Rio Rancho Public Schools and the New Mexico Department of Health on youth mental health first aid training.
- Quarterly reports to the Sandoval County Commission by hospital CEO
- Collaborating with NMDOH, the City of Rio Rancho and Sandoval County to operationalize a COVID-19-19 mass vaccine clinic for the community, providing over 17,000 COVID-19-19 vaccines.
- Providing free flu shots to the community via our annual drive-thru flu vaccine clinic hosted in the fall.

Partnerships and Affiliations

High quality healthcare is a collaborative effort. SRMC delivers on its commitment to improving the health and well-being of community members through a multitude of partnerships and affiliations.

2022 SRMC Partnerships and Affiliations:

- All Pueblo Council of Governors
- Behavioral Health Coalition Sandoval County
- Town of Bernalillo
- City of Rio Rancho
- Village of Corrales
- Town of Cuba
- Eastern Sandoval County Association
- Five Sandoval Indian Pueblos, Inc.
- Friends of UNM SRMC
- Kiwanis
- NAIOP
- Local Collaborative 16- Native American Behavioral Health Network
- National Alliance on Mental Illness (NAMI)
- Cochiti Pueblo
- Jemez Pueblo Health Center
- San Felipe Pueblo
- Rio Rancho Regional Chamber of Commerce
- Rio Rancho Rotary Sunrise
- Sandoval County Fire Dept
- Santo Domingo Health Center, Kewa Pueblo Health Corporation
- Presbyterian Medical Services (Cuba and Rio Rancho)
- UNM Health Sciences Office for Community Health
- UNMH Native American Health Services
- Sandoval County Health Council
- Sandoval County Sheriff's Department
- Sandoval Economic Alliance
- Sandoval Health Collaborative
- UNM Health Sciences
- UNM Health Sciences Rio Rancho Campus Advisory Board
- UNM Hospital
- UNM Medical Group
- Rio Rancho Public Schools
- Rio Rancho Police Department
- Rio Rancho Fire Department
- UNM Health Sciences Center of Excellence for Orthopaedic Surgery and Rehabilitation
- United Way of Central New Mexico
- American Heart Association
- Sandoval County
- Native Health Initiative

Tribal Collaboration

Sandoval County includes ten Pueblos and parts of the Navajo and Jicarilla Apache nations. For many of county's tribal communities, SRMC is the nearest hospital. In 2021, 11.5 percent of SRMC's patients were Native American (more data on SRMC patient demographics can be found in Appendix 1).

Increasing Native Americans' access to the highest quality healthcare is central to SRMC's community mission. SRMC's Office of Native American Affairs drives this agenda through intense outreach and activities that include:

- Advocating on behalf of Native American patients and their families.
- Helping SRMC staff understand and respond to the cultural needs of Native American patients and thus deliver the highest quality healthcare.
- Providing education and information on Native American health issues.
- Coordination with tribal health centers and IHS clinics on matters pertaining to billing, patient care and scheduling.
- Fostering linkages and trusting relationships with Native American individuals and communities that



provide the foundation for current and future collaborations.

Since 2016, SRMC has been part of a one-of-a-kind Community Care Coordination Partnership with tribal health programs at Santa Ana, Zia, Kewa, Jemez and Cochiti Pueblos to reduce hospital readmissions by coordinating post-discharge care.

Educational Mission

As part of the UNM healthcare system, SRMC serves as a training ground for New Mexico's next generation of healthcare professionals, including doctors, nurses, physician assistants, pharmacists, EMT's and a variety of other healthcare professions. New Mexico, like much of

the nation, faces a severe shortage of healthcare providers across a wide range of occupations and specialties. Like many of New Mexico's other pressing health challenges, the burden of the provider shortage is not distributed evenly and weighs most heavily on lower-income and more rural communities. Communities of color also face disproportionate barriers to care due to provider scarcity. Even in communities with enough practitioners, linguistic and cultural differences between providers and patients can hinder the optimal delivery of care and thus contribute to disparate health outcomes.

Increasing the number of healthcare



students that graduate and/or train in New Mexico is critical to boosting the number of healthcare practitioners statewide and building a healthcare workforce that better reflects New Mexico's unique racial, ethnic and cultural composition.

With increased funding, SRMC's educational mission is expanding. During the 2021-2022 school year, SRMC provided training opportunities for learners including:

- Fellows - fully credentialed physicians pursuing post-residency training - in the areas of urogynecology, gastroenterology, sports medicine and anesthesia/chronic pain.



- Residents - learners who have earned their medical degrees but are not yet board-certified or fully credentialed. Residents rotate through SRMC in specialties including orthopedic surgery, general surgery, OB/GYN, emergency medicine, plastic surgery, internal medicine, urology, family medicine, radiology, dermatology and ear, nose and throat.
- Medical students - roughly 200 students from UNM School of Medicine rotate through SRMC annually.
- Nursing students - 95 nursing students from UNM, CNM and Santa Fe Community College will train at SRMC during the 2021-2022 school year.
- Paramedicine students - 42 future emergency medical technicians (EMTs) will receive training at SRMC in 2022.

Other learners at SRMC during the 2021-22 school year include pharmacy students, physical therapy students and students studying to become radiology technicians.

Race & Ethnicity: SRMC Employees and Sandoval County Residents

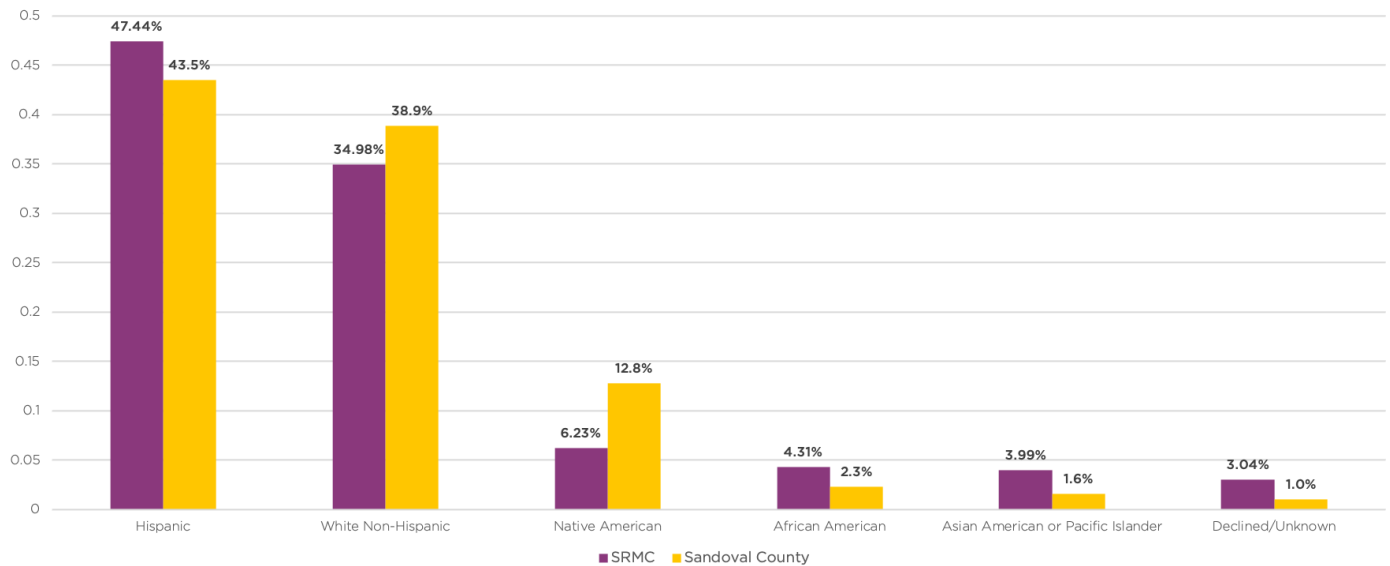


Figure 11

SRMC Employees

With 626 employees, SRMC is one of Sandoval County’s major employers. The hospital’s core mission – caring for people – is extremely labor intensive and requires staff that are well-educated, highly skilled, compassionate and committed. The COVID-19 pandemic has exerted a heavy toll on the healthcare workforce and staff shortages are one of the greatest challenges facing healthcare institutions, including SRMC, in 2022.

A diverse healthcare workforce that is representative of the patient populations it serves is critical to increasing access, improving health outcomes and improving health equity. SRMC’s workforce closely

resembles the population of Sandoval County. **Figure 11** shows the racial and ethnic compositions of SRMC’s workforce and the population of Sandoval County.

SRMC Human Resources in 2021

- **626 employees**
 - 58% are Sandoval County residents
 - 72% are female
- **\$36.7 million payroll**
 - \$21 million paid to residents of Sandoval County

Sandoval County Hospital Services Mill Levy

In November 2018, Sandoval County voters approved a 1.9 mill hospital services mill levy,⁴ which generated new funds from local property taxes to support trauma care and expand outpatient behavioral health services in Sandoval County. SRMC receives roughly \$6.5 million in annual revenue via the mill levy, over 80 percent of which is expended on the additional staff and equipment needed to obtain and maintain designation as a Level III Trauma Center. Level III designation expedites trauma care by enabling SRMC to treat more serious cases, thereby reducing the number of patients that must be transferred to Albuquerque for advanced care. The remaining mill levy revenue allows SRMC to deliver outpatient behavioral health care services on the campus and in the community. In addition to increasing SRMC's capacity to treat conditions including depression, substance use disorders, anxiety and post-traumatic stress disorders for in-patients as well as those seen in SRMC's ER and outpatient clinics, mill levy funds support the hospital's provision of behavioral

health services to inmates in the Sandoval County Detention Center.



⁴Property tax increments are measured in mills (dollars of tax per \$1,000 in taxable value). In New Mexico, taxable value is 33% of assessed value. Thus a \$1.9 mil property tax on a house valued at \$300,000 equates to about \$190/year.

SRMC Priority Goals and Strategies

SRMC has made considerable progress toward the goals established in the 2019 CHNA, which included improving access to care in the areas of behavioral health, primary care and chronic disease prevention and maintenance. Notable accomplishments in each of the 2019 priority areas are summarized below.

2019 CHNA Accomplishments

Behavioral Health

- Opened an outpatient behavioral health clinic adjacent to the hospital and expanded behavioral providers at the SRMC primary care clinic.
- Added social work to address behavioral health issues in the emergency department.

- In collaboration with Sandoval County's public safety department, applied for and received a state planning grant to develop crisis intervention teams to help individuals with behavioral health problems get the help they need and stay out of jail.

Access to Healthcare

- Partnered with UNM Medical Group to open a primary care clinic in Rio Rancho.
- Partnered with local primary care providers including El Pueblo Health Services and Presbyterian Medical Services (PMS) clinics in Rio Rancho and Cuba.
- Received Level 3 Trauma Certification.



- Provider liaison to support collaborative work and improve referrals management.
- Opened UNM Center of Excellence for Orthopaedic Surgery and Rehabilitation on the SRMC campus, focused on providing joint, sports, spine, pain management and therapy services.

Chronic Disease Prevention and Management

- Continued to provide comprehensive diabetes care.
- Relunched a multidisciplinary bariatric surgery program.
- Added Retinal Screening in primary care assess for diabetic retinopathy.
- New infusion center.
- Reduced readmissions.

2022 Priority Health Needs

Priority health needs for the 2022 SRMC CHNA were identified through ongoing engagement with the community and by analysis of data from a variety of internal and external sources including: hospital quality metrics, epidemiological data, structured interviews with hospital and community-based stakeholders and subject matter experts, demographic statistics and population projections. Over 90 percent of stakeholders interviewed for this report felt that despite progress, SRMC should continue to focus on increasing access to behavioral health, primary care and chronic disease prevention and maintenance over the next three years.



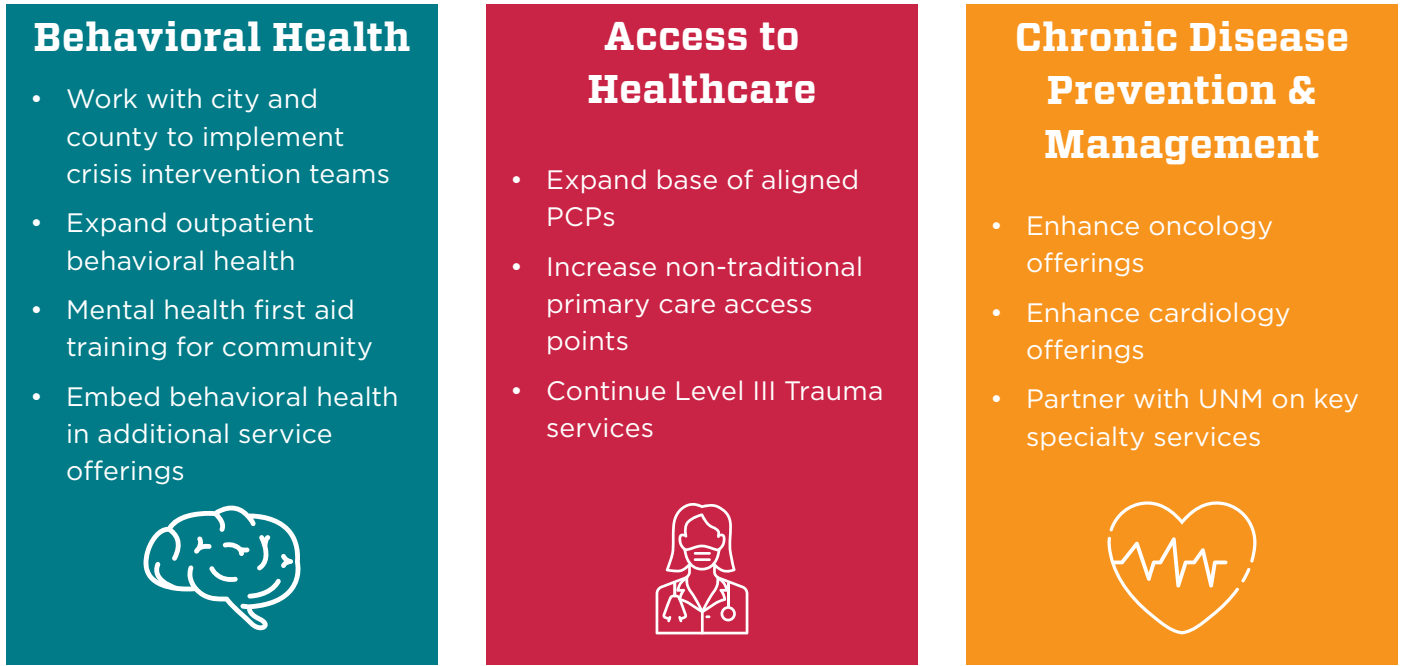


Figure 12

Strategies: 2022 through 2025
Behavioral Health

- Collaborate with Rio Rancho and Sandoval County public safety departments to develop and deploy behaviorist-staffed crisis intervention teams to divert individuals experiencing behavioral health problems from the criminal justice system.
- Continue to use funding from the Sandoval County Hospital Services Mill Levy to advance outpatient behavioral health services for Sandoval County residents.

- Continue to strategize with Sandoval County on expanding services for county residents.
- Increase community capacity to address behavioral health needs with peer-to-peer mental health first aid training and certification.
- Continue to extend behavioral healthcare across hospital service lines.

Access to Care/Primary Care

- Continue to expand the base of aligned primary care providers (PCPs) in and around Sandoval County through targeted outreach.

- Coordinate with UNMMG in offering practice management services to aligned community physicians.
- Work with UNM Medical Group and UNM School of Medicine to develop a “primary care practice of the future” model.
- Further develop non-traditional access points to primary care services such as telehealth and employer-sponsored clinics. Strengthen relationships with local Federally Qualified Health Centers (FQHCs) like El Pueblo Health Services and Presbyterian Medical Services.
- Continue to use funding from the Sandoval County Hospital Services Mill Levy to provide Level III Trauma services at SRMC.
- Develop protocols and infrastructure to manage specific patient groups with a focus on the Native American population.
- Collaborate with local governments and community organizations to address the social determinants of health.

Chronic Disease

- Develop more comprehensive oncology offerings that include the addition of medical and surgical oncologists, specifically focusing on breast, colorectal and prostate cancer services as well as local patients needing chemotherapy service
- Increase SRMC’s access and depth in providing medical cardiology services to patients in the service area, including cardiac diagnostics and cardiac rehab services.
- Recruit cardiologists.
- Recruit surgeons in support of SRMC’s trauma, bariatric and surgical oncology service offerings
- Partner with SOM and UNMMG leadership in advancing key specialty services.

Data Collection Methods

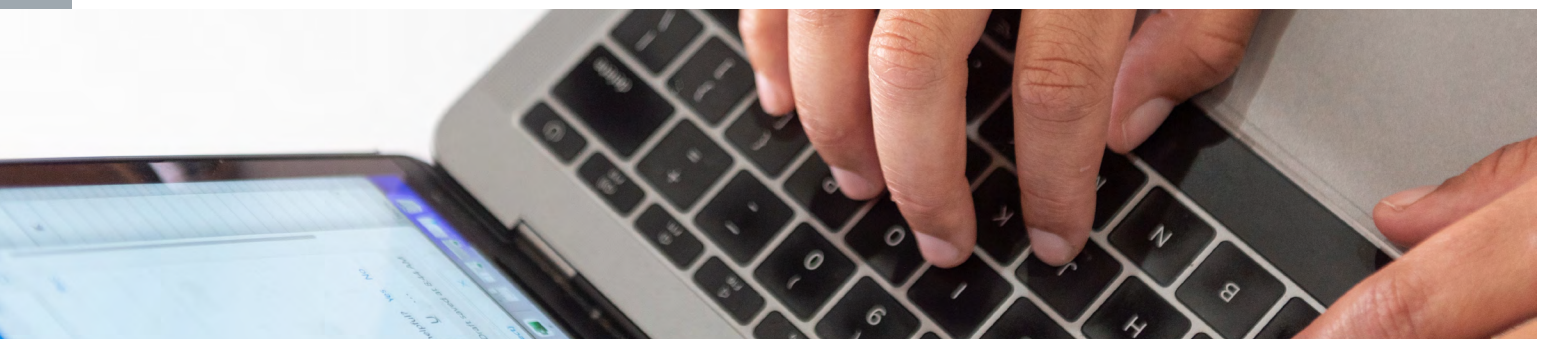
The 2022 SRMC CHNA utilizes a variety of data from numerous primary and secondary sources to characterize the health needs and priorities of Sandoval County residents. Primary data were collected via 17 structured interviews with subject matter experts, community leaders and other stakeholders both internal and external to SRMC. Interviews were conducted by Zoom or by telephone between November 2021 and February 2022. The interview guide is included in Appendix 2.

Sources for secondary data include:

- US Census American Community Survey - demographic and socioeconomic data for Sandoval County, New Mexico and the U.S.
- New Mexico Community Data Collaborative - geospatial data for Sandoval County and New Mexico.

- New Mexico Department of Health Indicator Based Information Systems Program - epidemiological data for Sandoval County and New Mexico.
- SRMC quality and patient metrics.
- Centers for Disease Control and Prevention/ Agency for Toxic Substances and Disease Registry/ Geospatial Research, Analysis and Services Program. CDC/ATSDR Social Vulnerability Index 2018 Database New Mexico.

The SRMC CHNA will be available to the public via our website: <https://unmhealth.org/about/community-health-needs-assessment.html>



The Social Determinants of Health

SRMC strives to provide the residents of Sandoval County and surrounding communities with the best possible medical and behavioral health care. However, the delivery of healthcare services is just one of a number of factors that influence health outcomes. In fact, it is estimated that medical care accounts for **between 10 and 20 percent of the modifiable contributors to healthy outcomes** for a population.⁵ Social, behavioral, economic and environmental factors, often referred to as the Social Determinants of Health (SDoH), have been shown to exert a far more powerful influence on population health than do medical interventions.⁶

The social determinants of health (SDoH) are social factors that impact health, well-being and quality of life. Examples of SDoH include access to:

- Safe, affordable housing
- Reliable transportation
- Educational opportunities
- Employment opportunities
- Adequate income
- Nutritious foods
- Walkable streets
- Language and literacy skills

Source: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



⁵Hood, C. M., K. P. Gennuso, G. R. Swain, and B. B. Catlin. 2016. County health rankings: Relationships between determinant factors and health outcomes. *American Journal of Preventive Medicine* 50(2):129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>

⁶Magnan, S. 2017. Social Determinants of Health 101 for Health Care: Five Plus Five. NAM Perspectives. Discussion Paper, National Academy of Medicine, Washington, DC.

The World Health Organization defines the Social Determinants of Health (SDoH) as “the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels.”⁷ The SDoH affect a wide range of health, functioning and quality-of-life outcomes and risks, including access to and the quality of medical care. Healthy People 2030 groups the SDoH into the five domains depicted in **Figure 13**.⁸

This section highlights some of the more pressing SDoH in Sandoval County in each of the five domains. The intent is not to provide a comprehensive inventory of SDoH; but rather to illustrate the types of challenges that confront county residents as they seek to optimize their physical and behavioral health. Unless otherwise noted, the social determinants reported in the foregoing tables align with objectives established by the Centers for Disease Control and Prevention in Healthy People 2030.

The Social Determinants of Health

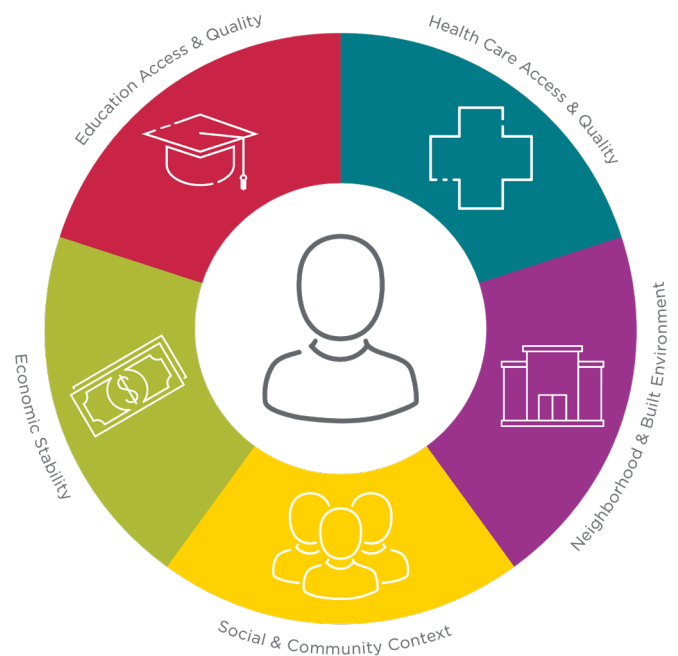


Figure 13
Source: US Department of Health and Human Services. Healthy People 2030. Retrieved from: <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

Economic Stability

Economic stability is critical to good health. People with low incomes have trouble affording necessities like adequate housing, healthy foods and prescription drugs. Insufficient income is also a stressor that can exacerbate medical and behavioral health issues.

Poverty is a potent and well-documented predictor of health outcomes. Numerous dimensions of poverty undermine

⁷WHO (World Health Organization). 2012. What are the social determinants of health? Available at: http://www.who.int/social_determinants/sdh_definition/en/ (accessed June 8, 2017).

⁸<https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

health including inadequate or uncertain access to nourishing food and shelter, lack of access to health care and health information, social stigma, acute and chronic stress, limited educational opportunities, unsafe neighborhoods and working conditions and exposure to environmental toxins. Poverty has been linked to higher incidence of many health conditions, including chronic diseases, some cancers, developmental delays, injury, depression and premature death.⁹



Social Determinants of Health in Sandoval County: Economic Stability

| | Sandoval County | New Mexico | United States |
|--|-----------------|------------|---------------|
| Median Household Income | \$71,118 | \$52,021 | \$68,703 |
| Child Poverty ¹ | 14% | 24% | 17% |
| Unemployment ² | 4.8% | 4.9% | 3.7% |
| Severe Housing Problems ³ | 16% | 17% | 18% |
| Limited Access to Healthy Foods ⁴ | 13% | 14% | 6.1% |

¹Percentage of people under age 18 in poverty.

²Percentage of population 16 and older unemployed but seeking work.

³Percentage of households with at least 1 of 4 housing problems: overcrowding, housing costs that exceed 30 percent of household income, lack of kitchen facilities, or lack of plumbing facilities.

⁴Percentage of population who are low-income and do not live close (1 mi in urban areas, 10 mi in rural areas) to a grocery store. <https://www.ers.usda.gov/data-products/food-access-research-atlas/documentation/>

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2021. www.countyhealthrankings.org

Table 1

⁹Braveman, P.A., Cubbin, C., Egerter, S., Williams, D.R., & Pamuk, E. (2010). Socioeconomic disparities in health in the United States: What the patterns tell us. *Am J Public Health*. 100(S1):S188-S196.

A safe and stable home is the foundation of physical and mental wellbeing, making it possible for community members to access and benefit from other health interventions and supportive services. Sixteen percent of Sandoval County residents experience at least one of the following housing problems: overcrowding, housing costs that exceed 30 percent of household income, lack of kitchen facilities and/or lack of complete plumbing facilities.

Sandoval County fares better than New Mexico and the US on keys measures of economic stability including median household income, the percentage of children living in poverty and the percentage of households that experience one or more housing problems. Sandoval County's food insecurity rate is roughly comparable to that of the US and lower than that of the state. Unemployment in Sandoval County tracks unemployment statewide and is considerably higher than the national rate.



Education

Better educated people tend to be healthier. Educational attainment is highly correlated with income and income increases access to healthcare; but research indicates that education also benefits health in ways that are independent of income. Education increases people's access to and ability to understand health information. Education also improves access to employment that is less physically demanding, more likely to offer health insurance and entails fewer occupational health risks than the jobs available to people with little education.¹⁰

Young children who attend high quality preschool are better prepared for success in elementary school and are more likely

to graduate from high school than young children who do not have access to early childhood education.¹¹ Sandoval County's rate of preschool enrollment by 3- and 4-year-olds is higher than that of New Mexico and the nation. The percentage of Sandoval County adults who have completed high school is also higher than that of New Mexico or the US overall.

Healthcare Access and Quality

Health insurance coverage is a primary determinant of access to health care. The uninsured are more likely than those with coverage to go without preventive care and to delay or forgo necessary medical treatments until they have no choice but to utilize the emergency room. In fact, it is estimated that approximately 250 New

Social Determinants of Health in Sandoval County: Education

| | Sandoval County | New Mexico | United States |
|-------------------------------------|-----------------|------------|---------------|
| High School Completion ¹ | 90% | 86% | 88% |
| Preschool Enrollment ² | 56.2% | 46% | 48.9% |

¹Percent of adults 25 and over w/ a HS diploma or equivalent, Source: ACS 2018 5-yr estimates
²Percent of 3- and 4-year-olds enrolled in preschool. Source: 2019 1-yr ACS

Table 2

¹⁰Tulane University School of Public Health and Tropical Medicine. (2021, January 27) Education as a Social Determinant of Health. Blog post. Retrieved from: <https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/>

¹¹Heckman, J. J., Moon, S. H., Pinto, R., Savelyev, P. A., & Yavitz, A. (2010). The Rate of Return to the High/Scope Perry Preschool Program. *Journal of Public Economics*, 94(1-2), 114-128.

Mexico adults die prematurely every year due to lack of health insurance coverage.¹²

The ratio of primary care physicians to county residents is an important barometer of access to care because primary care doctors are often patients' first point of contact with the healthcare system. Primary care services such as coordination between health care providers and effective communication with patients are essential to efficient

health service delivery. In 2018, there were approximately 1,613 Sandoval County residents for every primary care physician. Sandoval County has a higher ratio of residents to primary care doctors than either New Mexico or the nation. Sandoval County performs better than the state but worse than the nation on the percentage of Medicare enrollees who receive annual flu vaccines and mammography.

Social Determinants of Health in Sandoval County: Healthcare Access and Quality

| | Sandoval County | New Mexico | United States |
|---|-----------------|------------|---------------|
| Percent of Adults Lacking Health Insurance ¹ | 10% | 12% | 10% |
| Primary Care Physicians ² | 1,613:1 | 1,336:1 | 1,320:1 |
| Preventable Hospital Stay Rate ³ | 2,690 | 2,894 | 4,236 |
| Flu Vaccination Rate ⁴ | 43% | 40% | 48% |
| Mammography Rate ⁵ | 36% | 35% | 42% |

¹Percentage of population under age 65 without health insurance.

²Ratio of population to primary care physicians.

³Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees (2018).

⁴Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination.

⁵Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2021. www.countyhealthrankings.org.

Table 3

¹²Families USA. 2012. The Deadly Consequences of Being Uninsured. <http://familiesusa2.org/assets/pdfs/Dying-for-Coverage.pdf>

Built Environment

People’s homes impact their health in a variety of ways. Over 82 percent of Sandoval County households live in homes they own, a rate considerably higher than that of the state or the nation. Homeownership can provide families with stable housing and increased financial security. Higher rates of homeownership can also improve community cohesion. Compared to renting, homeownership has been linked to better educational outcomes for kids, increased civic engagement, lower crime and improved health care outcomes.¹³

In the wake of COVID-19, ready access to broadband has become more

critical than ever. In 2019, 87 percent of Sandoval County residents had access to high speed internet at home, a rate considerably higher than that of the state and roughly equivalent to that of the nation.

Many parts of Sandoval County are geographically remote. Even in the county’s densely populated urban areas, public transportation is extremely limited. Thus, access to a reliable vehicle is critical to employment, education and health. Less than 2 percent of Sandoval County residents lack reliable access to a vehicle, a rate far lower than that of New Mexico or the US.

Social Determinants of Health in Sandoval County: Built Environment

| | Sandoval County | New Mexico | United States |
|---|-----------------|------------|---------------|
| Homeownership Rate ¹ | 82.4% | 68.1% | 64.1% |
| Broadband Access at Home ² | 87.0% | 79.0% | 86.4% |
| Percent of Households with No Vehicle Available ³ | 1.9% | 5.8% | 8.6% |
| ¹ Percent of households that own their home. Source: ACS 2019 1-Year Estimates Table DP04 | | | |
| ² Percentage of households with broadband internet connection. Source: ACS 2019 1-yr Estimates Table S2801 | | | |
| ³ Source: ACS 2019 1-yr Estimates Table B08201 | | | |

Table 4

¹³Yun, L., & Evangelou, N. (2016). Social Benefits of Homeownership and Stable Housing. National Association of Realtors. Retrieved from: <https://cdn.nar.realtor/sites/default/files/documents/Homeownership-Stable-Housing2016.pdf>

Social support at home and in community can help mitigate stress and other health risk factors. Sandoval County has fewer suicides per capita than the state overall; but the county’s suicide rate is considerably higher than that of the nation. Sandoval county’s rates of violent crime, teen birth and adult physical inactivity are all better than those of New Mexico or the nation. The rate of cigarette smoking among county adults is roughly comparable to those of the state and the nation.



Social Determinants of Health in Sandoval County: Social and Community Context

| | Sandoval County | New Mexico | United States |
|---------------------------------------|-----------------|------------|---------------|
| Suicide Rate ¹ | 20 | 24 | 14 |
| Violent Crime Rate ² | 246 | 650 | 386 |
| Adult Smoking Rate ³ | 16% | 16% | 17% |
| Teen Birth Rate ⁴ | 18 | 32 | 21 |
| Physical Inactivity Rate ⁵ | 15% | 19% | 23% |

¹Number of deaths due to suicide per 100,000 population (age-adjusted)

²Number of reported violent crime offenses per 100,000 population.

³Percentage of adults who are current smokers (age-adjusted).

⁴Number of births per 1,000 female population ages 15-19.

⁵Percentage of adults age 20 and over reporting no leisure-time physical activity.

Source: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2021. www.countyhealthrankings.org.

Table 5

Health Disparities

Social determinants - factors such as race or ethnicity, sex, gender identity, age, disability, socioeconomic status and geography - all influence an individual's ability to attain good health. Health disparities are preventable differences in health outcomes experienced by different population groups that stem from broader

societal inequities such as systemic racism and unequal access to resources. They are, in effect, tangible evidence of the impact of the social determinants of health. Health disparities are reflected in differential mortality rates, disease prevalence, risk factors and self-reported health status.



Table 6 illustrates some health disparities related to race and ethnicity in Sandoval County.

There are a few things to note about Table 6. First, all of the indicators demonstrate

statistically significant differences between White non-Hispanics and at least one other racial/ethnic group in Sandoval County. In most cases, outcomes are better for White non-Hispanic county residents; but this is not always the case.

Social Determinants of Health in Sandoval County: Social and Community Context

| | | Hispanic | Native American | African American | Asian or Pacific Islander | White Non-Hispanic | Total |
|-----------------|--|----------|-----------------|------------------|---------------------------|--------------------|---------|
| Length of Life | Life Expectancy (from birth) ¹ | 80.6 | 71.1 | 84.5 | 83.2 | 79.4 | 78.7 |
| | Years of Potential Life Lost Due to Injury (rate per 100,000) ² | 2,084.8 | 3,493.4 | 1,961.2 | 990.8 | 1,559.1 | 2,011.0 |
| | Child Mortality Rate ³ | 39 | 92 | No Data | No Data | 40 | 50 |
| Quality of Life | Births w /1st trimester prenatal care ⁴ | 77.5% | 53.1% | 72.0% | 80.8% | 75.3% | N/A |
| | Adults that describe their mental health as 'not good' in 6 or more of the past 30 days ⁵ | 22.1% | 10.5% | No Data | No Data | 26.6% | 22% |
| | Adults that have been diagnosed w/ diabetes ⁶ | 13.6% | 32.7% | No Data | No Data | 7% | 12.1% |

¹New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health (2019)

²Years of potential life lost before age 75 per 100,000 population (age-adjusted). 2017-2019. National Center for Health Statistics - Mortality Files accessed via County Health Rankings and Roadmaps

³Number of deaths among children under age 18 per 100,000 population. National Center for Health Statistics - Mortality Files 2016-2019.

⁴New Mexico Birth Data - Percentage With Prenatal Care in the First Trimester. Access via New Mexico Department of Health Indicator-Based Information System (NM-IBIS)

⁵Adults that describe their mental health as 'not good' in 6 or more of the past 30 days. Source: Behavioral Risk Factor Surveillance System accessed via NM-IBIS

⁶Behavioral Risk Factor Surveillance System access via New Mexico Department of Health Indicator-Based Information System (NM-IBIS)

Table 6

¹⁴Statistically significant results are results that are unlikely to have been arrived at by chance.

For example, Native American residents of Sandoval County are significantly less likely than White county residents to report experiencing poor mental health in at least 6 of the previous 30 days.

The CDC's Healthy People 2030 provides an excellent example of the ways in which social determinants drive health disparities:

“People who don’t have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes and obesity — and even lowers life expectancy relative to people who do have access to healthy foods. Just promoting healthy choices won’t eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation and housing need to take action to improve the conditions in people’s environments.”

Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Retrieved [date graphic was accessed], from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



Voice of the Community

Analysis of epidemiological, demographic and other secondary data can help identify the factors that influence the health of Sandoval County residents; but direct input from community members is critical to understanding and prioritizing community health needs. The perspectives of community members were obtained through 17 structured key informant interviews. Key informants included community-based healthcare practitioners and administrators, first responders, elected officials, educators, social service providers, tribal members and county administrators. These community voices are presented by broad theme in the next pages. The interview

guide and a list of specific interviewees is included as **Appendix 2** at the end of this report.

The health priorities identified through the 2022 CHNA process - increasing the supply of behavioral healthcare, improving healthcare access and chronic disease prevention and management - were the same as those identified in 2019. Interviewees felt that SRMC and the community should continue to build upon the significant progress made in each of these areas since the last CHNA. Two respondents also felt that increased access to specialty care should be added to the hospital's list of priority community health needs.



Behavioral Health

Community Voices

- “Behavioral healthcare was already in short supply before COVID-19, the pandemic has made the problem much, much worse.”
- “We are seeing more patients in our clinics with generalized anxiety and depression.”
- “Children and youth are struggling to integrate back in to the classroom. We’re seeing more behavioral issues and violence in the schools than we saw before COVID-19.”
- “Social isolation and the inability to access some peer supports have made it harder for people experiencing addiction to get the help they need to stay clean and sober.”
- “We need more community-based behavioral health services throughout the county.”
- “There is a need for more Spanish speaking behavioral health providers. Interpreters are great; but they aren’t always ideal in a behavioral health context.”

Resources Highlighted

- “Telemedicine has increased access to behavioral healthcare for some patients. It has definitely decreased our no-show rates for behavioral health appointments.”
- “Collaboration between SRMC and the local public safety community to improve interactions between first responders and people experiencing behavioral health problems should be a top priority.”
- “Integrating behavioral healthcare into the primary care clinics has been a big step forward.”
- “The new Rio Rancho behavioral health clinic has definitely improved access.”

Expand Access to Care

Community Voices

- “Primary care is the gateway to the larger healthcare system, if we want better access in Sandoval County, we need more primary care providers.”
- “Sandoval County is like two counties in one – a southern urban county and the huge rural expanse to the north. Lack of transportation and the need to travel long distances to obtain care are huge obstacles for some county

residents, especially in rural areas.”

- “Even with the expansion of insurance coverage under the Affordable Care Act, the high cost of healthcare and especially prescription drugs remains a barrier for many members of our community.”
- “We see the impact of too little primary care all the time in the emergency department.”
- “The healthcare workforce shortage, which has been made worse by COVID-19, is limiting access to care. We need to recruit and retain more providers.”
- “A lot of healthcare was deferred due to the pandemic, either because hospitals couldn’t perform elective surgeries or because people were just scared to come in. The consequences of delayed care are being felt now and will be for years to come.”
- “Telehealth is a useful tool, but it can miss things that would be picked up in an office visit. There has to be access to both remote and in-person primary care.”

Resources Highlighted

- “Community cohesion has really

emerged as a health asset during COVID-19. Members of this community are looking out for each other more.”

- “Tribal sovereignty has enabled native communities to protect themselves from COVID-19 and attain some of the state’s highest vaccination rates.”
- SRMC has been recognized by the National Committee for Quality Assurance (NCQA) as a Patient Centered Medical Home (PCMH). PCMHs have been shown to cost-effectively improve the quality of care as well as the satisfaction of both patients and staff. PCMH recognition shows SRMC’s commitment to continuous quality improvement and a patient-centered approach to care.

Chronic Disease Prevention and Management

Community Voices

- “Access to specialty care is limited in Sandoval County. We especially need more rheumatologists, endocrinologists and psychiatrists.”
- “Diabetic care management during COVID-19 has been very difficult. People are not coming in for eye and foot exams. Patients have also received

less one-on-one counseling on diet and lifestyle changes. Many patients who need that motivation aren't getting it."

- "Our community has high rates of chronic illnesses like diabetes and hypertension. More health education opportunities – classes we can send patients to learn how to manage their chronic conditions – would be very helpful."

Resources Highlighted

- "The provider liaison at SRMC has really helped improve and streamline the referral process and helped ensure that specialists see the most urgent cases get seen first."
- "They are huge opportunities for SRMC to collaborate with local governments and other organizations in Sandoval County on community outreach and health education."
- "The need to provide remote care during COVID-19 has increased at-home utilization of medical equipment like blood pressure and glucose monitors. In this way it has improved the ability of some community members to take a more active role in their own care."

- "SRMC's new infusion center enables intravenous administration of medications to treat a wide variety of illness and conditions."
- "SRMC's multi-disciplinary bariatric surgery program provides cutting-edge, minimally invasive weight loss surgery and the full spectrum of pre- and post-operative services that bariatric patients need to achieve sustainable weight loss and reduce the many comorbidities associated with obesity, including diabetes, high blood pressure, heart disease and sleep apnea."

Community Health Priorities

Based on analysis of the data collected for the 2022 Community Health Needs Assessment, SRMC has identified three community health priorities to guide our work over the next three years. Specifically, SRMC will work with community partners to increase access to behavioral healthcare, primary care and tools for chronic disease prevention and management. This section of the CHNA explores each of these priorities in more depth by identifying key indicators for each priority, considering how Sandoval County compares to New Mexico and

the US on each of these indicators and discussing SRMC's accomplishments, current initiatives and future plans in each of these areas. It is also important to note that virtually all hospitals in New Mexico are currently experiencing an unprecedented clinician shortage.¹⁵ Thus, attracting and retaining more healthcare professionals is critical to achieving any of the priority goals.

Behavioral Health

Behavioral health is a broad term that encompasses mental health, substance use disorders and general psychological well-being.¹⁶ Behavioral health conditions therefore run the gamut from severe mental illnesses such as schizophrenia to substance use disorders such as alcoholism to mood disorders such as depression. Like other health challenges, behavioral health problems typically result from a complex interplay of biological,

genetic, social and environmental factors. Many behavioral health problems are chronic conditions that must be monitored and managed throughout the lifespan. Poorly managed behavioral health conditions increase the risk that patients will develop other chronic conditions such as diabetes, obesity, asthma and arthritis.¹⁷ The reverse is also true: chronic illnesses such as cancer, heart disease and diabetes can increase the likelihood of developing a behavioral health condition.¹⁸

Even prior to the COVID-19 pandemic, there was broad consensus that New Mexico's healthcare system did not have the resources to meet the behavioral health needs of the population.¹⁹ The COVID-19 pandemic has exerted a tremendous toll on psychological well-being and, as our key informant interviews indicate, dramatically increased the

¹⁵Uyttebrouck, O. & Boetel, R. (2021, 30 December). New Mexico hospitals have worst shortages of staff in US. *Albuquerque Journal*. Retrieved from: <https://www.abqjournal.com/2457678/more-than-half-of-nm-hospitals-report-staffing-shortages.html>

¹⁶Centers for Medicare and Medicaid Services. Behavioral health; 2020. Retrieved from: <https://www.cms.gov/behavioral-health>.

¹⁷Chapman DP, Perry GS, & Strine TW. (2005). The vital link between chronic disease and depressive disorders. *Prev Chronic Dis*. Retrieved from: http://www.cdc.gov/pcd/issues/2005/jan/04_0066.htm.

¹⁸National Institutes of Mental Health. Chronic Illness and Mental Health: Recognizing and Treating Depression. Retrieved from: <https://www.nimh.nih.gov/health/publications/chronic-illness-mental-health>

¹⁹Altschul, D. B., Bonham, C. A., Faulkner, M. J., Farnbach Pearson, A. W., Reno, J., Lindstrom, W., Alonso-Marsden, S. M., Crisanti, A., Salvador, J. G., & Larson, R. (2018). State Legislative Approach to Enumerating Behavioral Health Workforce Shortages: Lessons Learned in New Mexico. *American journal of preventive medicine*, 54(6 Suppl 3), S220-S229. Retrieved from: <https://pubmed.ncbi.nlm.nih.gov/29779546/>

need for a broad range of psychological services in Sandoval County.

Several factors limit access to behavioral healthcare both in Sandoval County and nationwide. Provider shortages make it hard to obtain care in a timely fashion, because there are simply too few practitioners to meet community needs. Treating behavioral healthcare as a form of specialty care rather than a component of primary care also limits access by making care more logistically difficult to access, increasing the stigma some associate with needing behavioral healthcare and increasing out-of-pocket costs to patients. Therefore, integrating behavioral health into primary care as

well as other aspects of healthcare is an important strategy for improving access.

How are We Doing?

Deaths of despair, also known as deaths from diseases of despair, include deaths from suicide, drug overdose and causes that are 100 percent attributable to alcohol. The term “diseases of despair” was coined in a 2013 study that explored the marked increase in mortality observed among middle-aged white Americans between 1999 and 2013. The study’s authors concluded that the increase in deaths was largely attributable to drug and alcohol poisonings, suicide and chronic liver diseases and cirrhosis. Both Sandoval County and New Mexico have

Deaths of Despair, Rate per 100,000, 5-Year Moving Averages

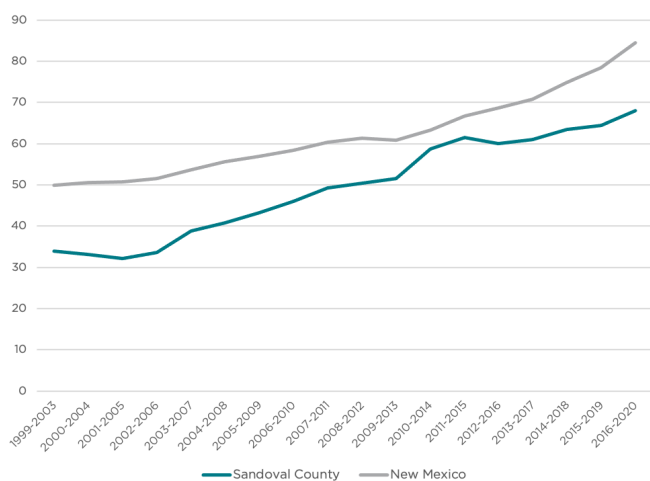


Figure 14

Frequent Mental Distress Among Adults

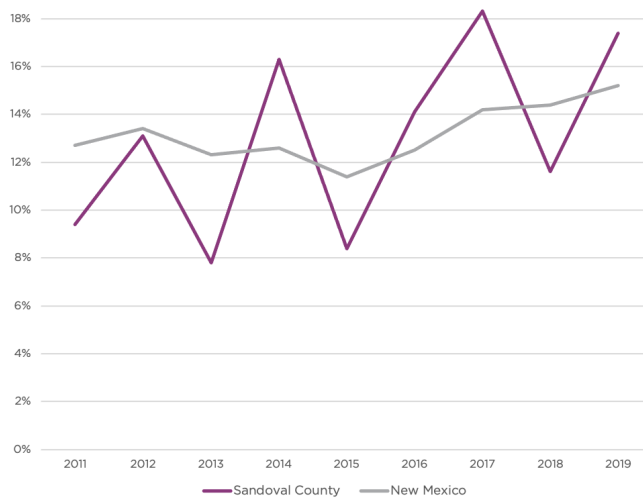


Figure 15

experienced increases in the rate of age-adjusted deaths of despair since 2011. The stresses of the COVID-19 pandemic will likely exacerbate this trend.

The percentage of adults who report experiencing frequent mental distress (i.e. mental health that they characterize as “not good” 14 or more days in the preceding month) is also trending upward in both Sandoval County and New Mexico. Again, it is important to note that these data pre-date COVID-19, which is likely to

have increased mental distress.

How is SRMC Addressing this Priority?

- SRMC offers behavioral health support in its primary care settings.
- SRMC uses voter-approved funding from the 2018 Hospital Services Mill Levy to provide behavioral health services both at the hospital and in the community.

How do We Compare?

See table below.

How Does Sandoval County Compare in Behavioral Health

| | Sandoval County | New Mexico | United States |
|--|-----------------|------------|---------------|
| Frequent Mental Distress ¹ | 15.3% | 14.8% | 13.6% |
| Drug overdose mortality rate ² | 19 | 26 | 21.6 |
| Suicide Rate ³ | 20 | 24 | 14 |
| Mental Health Providers ⁴ | 286:1 | 248:1 | 380:1 |
| Poor mental health days ⁵ | 4.4 | 4.5 | 4.1 |
| Disconnected Youth ⁶ | 10% | 10% | 10.70% |
| Alcohol impaired driving deaths ⁷ | 45% | 30% | 27% |

¹Mental Health “Not Good” 14+ days. Percentage of adults reporting 14 or more days of poor mental health per month (age-adjusted). Behavioral Risk Factor Surveillance System. 2018

²Number of drug poisoning deaths per 100,000 population. National Center for Health Statistics - Mortality Files

³Number of deaths due to suicide per 100,000 population (age-adjusted). National Center for Health Statistics - Mortality Files. 2015-2019

⁴Ratio of population to mental health providers.2020.

⁵Average number of mentally unhealthy days reported in past 30 days (age-adjusted). 2018.

⁶Disconnected youth are teenagers and young adults between the ages of 16 and 24 who are neither working nor in school. American Community Survey, 5-year estimates 2015-2019

⁷Percentage of driving deaths with alcohol involvement. Fatality Analysis Reporting System. 2015-2019

Table 7

Access to Care

Almost all key informants interviewed for this report listed long travel times and lack of transportation among primary health challenges confronting Sandoval County in 2022. In addition to geographic and logistical barriers, low incomes and lack of insurance limit county residents' access to care. Geographic barriers to care can be bridged through transportation, telehealth and by increasing the number of providers in rural communities. Financial barriers can be addressed by helping patients enroll in health insurance and by providing financial assistance to indigent patients. Increasing the number of patients who have a primary care provider (PCP) also improves access because PCPs help to identify emerging health issues, act as a gateway to the broader healthcare system

and can advocate to help ensure their patients receive the care they need.

How are We Doing?

Enactment of the Affordable Care Act (ACA) in 2010 and the ensuing expansion of New Mexico Medicaid dramatically reduced the number of adults in Sandoval County who lack health insurance. The ACA also appears to have reduced the percentage of adults who report not having been able to afford needed healthcare. However, those gains appear to be leveling out and the percentage of adults who forego healthcare due to cost appears to be climbing back up towards 20 percent in Sandoval County, perhaps reflecting growth in health insurance, cost sharing and out-of-pocket expenses.

How is SRMC Addressing this Priority?

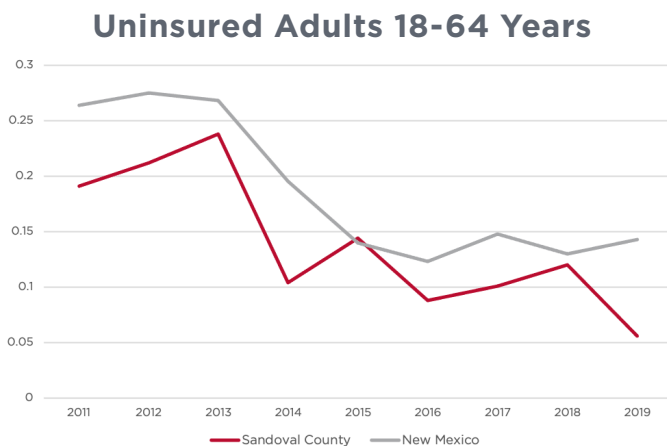


Figure 16

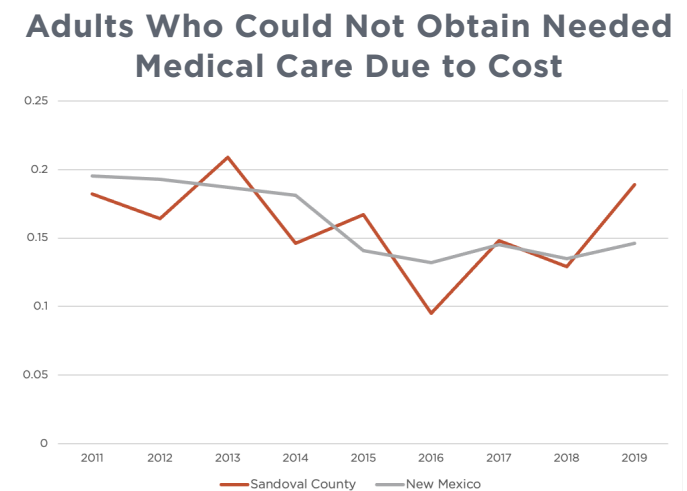


Figure 17

- Primary care serves as the gateway to the rest of the healthcare system. SRMC improves access to care by providing primary care services and partnering with other primary care providers in the community.
- SRMC has a financial aid program for residents of Sandoval County called “SRMC Cares.”
- Lack of providers is a significant barrier to healthcare for many New Mexicans. SRMC is helping to address New Mexico’s healthcare workforce shortage by serving as a training ground for students from a variety of healthcare disciplines.

Sandoval County’s rate of uninsured adults is lower than New Mexico’s, but comparable to that of the US. Roughly 30 percent of adults in Sandoval County and New Mexico have a usual source of primary care. The percentage of adults who report being unable to obtain needed medical care due to cost is higher in Sandoval County than it is in New Mexico or the US. See the table below.

How do We Compare?

How Does Sandoval County Compare in Healthcare Access

| | Sandoval County | New Mexico | United States |
|---|-----------------|------------|---------------|
| Percent of Adults Lacking Health Insurance ¹ | 10% | 12% | 10% |
| Uninsured Children ² | 5% | 5% | 5% |
| Has Primary Care Provider ³ | 29.5% | 30.2% | 23.3% |
| Unable to Get Care Due to Cost ⁴ | 15.5% | 14.1% | 13.4% |

¹Percentage of population under age 65 without health insurance. 2018. Small Area Health Insurance Estimates
²Percentage of children under age 19 without health insurance. 2018. Small Area Health Insurance Estimates
³Behavioral Risk Factor Surveillance System. 2019. Accessed via NM-IBIS
⁴Behavioral Risk Factor Surveillance System. 2019. Accessed via NM-IBIS

Table 8

Chronic Disease Prevention and Management

The CDC defines chronic diseases as conditions that last a year or more, require ongoing medical attention, and/or limit the activities of daily living. Examples of chronic disease include diabetes, asthma, arthritis and cancer. Like other forms of illness, chronic diseases result from the interaction of biological, genetic, environmental and social factors. Behavioral risk factors like tobacco use, excessive alcohol consumption, poor diet and lack of physical activity also play a role in many chronic conditions.

How are We Doing?

- Chronic diseases are the leading causes of death in Sandoval County, New Mexico and the US

- Two-thirds of New Mexico adults are overweight or obese. Obesity is associated with an increased risk for a number of chronic diseases, including heart disease, stroke, diabetes and some cancers. Rates of overweight and obesity in Sandoval County are similar to statewide rates, which have been inching upward over the past decade
- Similar to rates of overweight and obesity, the percentage of New Mexico adults that have diabetes trended slightly upward between 2011 and 2019.
- Lung cancer is the leading cause of cancer deaths in New Mexico. Most lung cancers are the result of smoking.²⁰ Between 2011 and 2019 the percentage of Sandoval County adults

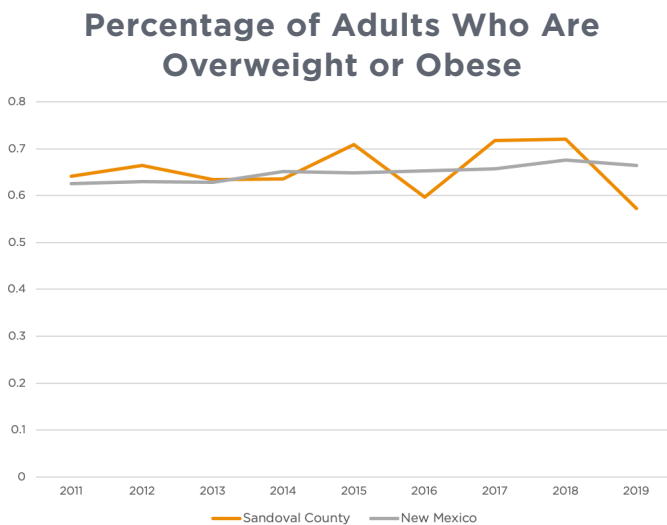


Figure 18

²⁰Centers for Disease Control and Prevention. What Are the Risk Factors for Lung Cancer? Retrieved from: https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm

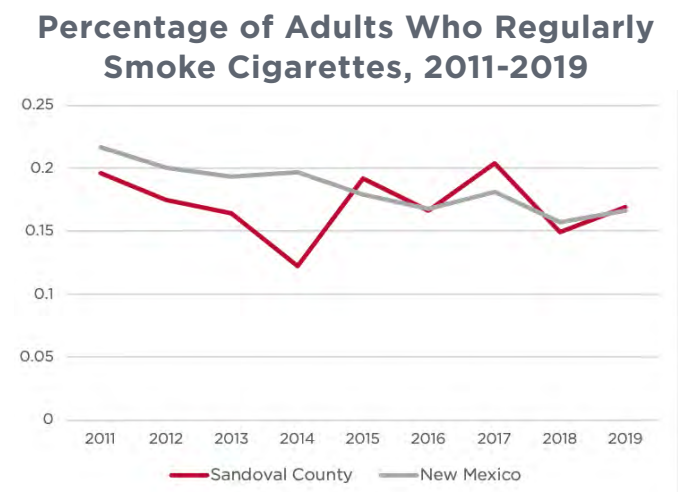


Figure 19

who say they smoke declined from 19.6 percent to 16.9 percent.

How is SRMC Addressing this Priority?

- SRMC provides comprehensive diabetes care
- SRMC’s accredited bariatric surgery program helps obese patients obtain and sustain weight loss goals, improving their quality of life and helping them avoid some of the serious comorbidities, such as diabetes, that are associated with obesity.

How do We Compare?

Sandoval County’s rates of adult obesity and diabetes are lower than those of New Mexico, but higher than national averages. The county’s food insecurity rate is also lower than that of New Mexico, but comparable to that of the US.

HIV is considerably less prevalent in Sandoval County than it is in New Mexico and the nation.

Years of Potential Life Lost (YPLL) is a measure of premature mortality. It is calculated as the sum of the years of life lost annually by persons who died before age 75. For comparison purposes,

How Does Sandoval County Compare in Chronic Disease

| | Sandoval County | New Mexico | United States |
|--|-----------------|------------|---------------|
| Diabetes prevalence ¹ | 9% | 10% | 11% |
| Food insecurity ² | 12% | 15% | 12% |
| HIV Prevalence ³ | 149 | 205 | 372.8 |
| Adult Obesity ⁴ | 28% | 27% | 30% |
| Premature Death (YPLL rate) ⁵ | 7612 | 9092 | 6900 |

¹Percentage of adults aged 20 and above with diagnosed diabetes. United States Diabetes Surveillance System. 2017

²Percentage of population who lack adequate access to food. Mind the Meal Gap. 2018

³Number of people aged 13 years and older living with a diagnosis of human immunodeficiency virus (HIV) infection per 100,000 population. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2018

⁴Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2. United States Diabetes Surveillance System. 2017

⁵Years of potential life lost before age 75 per 100,000 population (age-adjusted). National Center for Health Statistics - Mortality Files. 2017-2019

Table 8

it is expressed as a rate per 100,000 population. Premature death often results from chronic disease. Sandoval County's

premature death rate is lower than that of New Mexico, but higher than that of the United States.



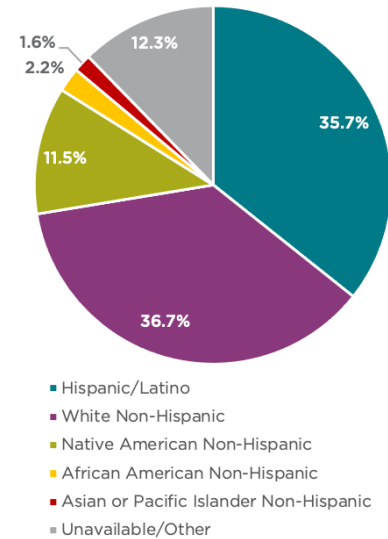
Appendix 1: Data

SRMC Patient Statistics

Patients by Race/Ethnicity *Blended

| Race/Ethnicity | # Patients | % Patients |
|--|---------------|---------------|
| Hispanic/Latino | 12,785 | 35.7% |
| White Non-Hispanic | 13,140 | 36.7% |
| Native American Non-Hispanic | 4,128 | 11.5% |
| African American Non-Hispanic | 798 | 2.2% |
| Asian or Pacific Islander Non-Hispanic | 581 | 1.6% |
| Unavailable/Other | 4,398 | 12.3% |
| Grand Total | 35,830 | 100.0% |

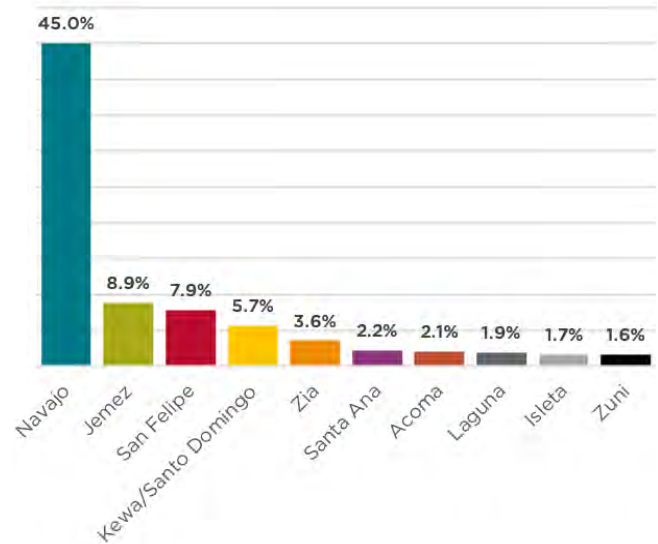
Hispanic/Latino ethnicity of any race. Patient count by unique MRN (not visits).



American Indian/Alaska Native Tribal Affiliation

| Tribal Affiliation (New Mexico Top 10) | # Patients | % Patients |
|--|--------------|--------------|
| Navajo | 1859 | 45.0% |
| Jemez | 369 | 8.9% |
| San Felipe | 328 | 7.9% |
| Kewa/Santo Domingo | 234 | 5.7% |
| Zia | 147 | 3.6% |
| Santa Ana | 89 | 2.2% |
| Acoma | 88 | 2.1% |
| Laguna | 78 | 1.9% |
| Isleta | 71 | 1.7% |
| Zuni | 68 | 1.6% |
| American Indian/Alaska Native Total | 4,128 | 80.7% |

Patient count by unique MRN (not visits). Top 10 excludes "other".

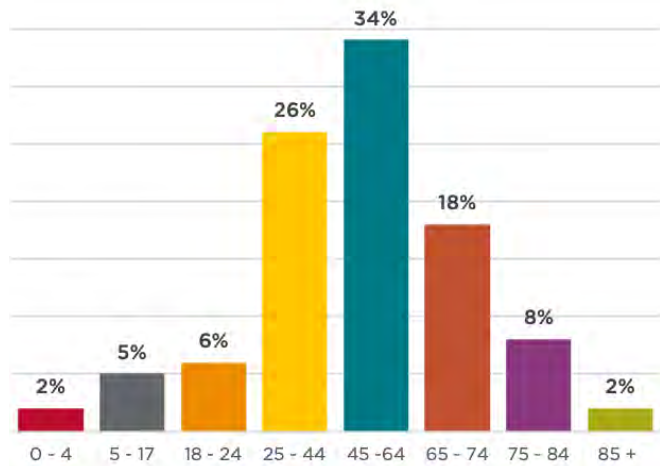


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Patients by Age Group

| Age Group | # Patients | % Patients |
|-------------|------------|------------|
| 0-4 | 589 | 2% |
| 5-17 | 1862 | 5% |
| 18-24 | 2114 | 6% |
| 25-44 | 9171 | 26% |
| 45-64 | 12100 | 34% |
| 65-74 | 6343 | 18% |
| 75-84 | 2939 | 8% |
| 85+ | 712 | 2% |
| Grand Total | 35,830 | 100.0% |

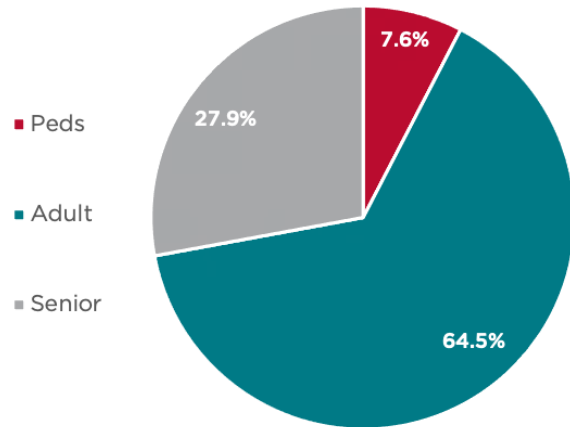
Patient count by unique MRN (not visits).



Patients by Age Category

| Age Group | # Patients | % Patients |
|-------------|------------|------------|
| Peds | 2,728 | 7.6% |
| Adult | 23,108 | 64.5% |
| Senior | 9,994 | 27.9% |
| Grand Total | 35,830 | 100.0% |

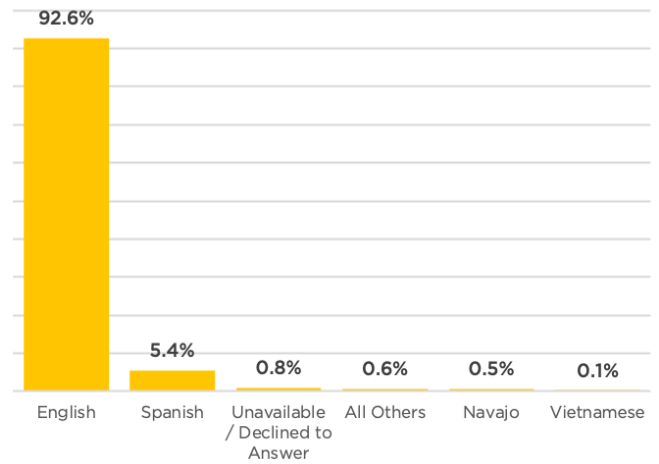
Peds age 0-17, Adult age 18-64, Senior age ≥65. Patient count by unique MRN (not visits).



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Patients by Primary Language

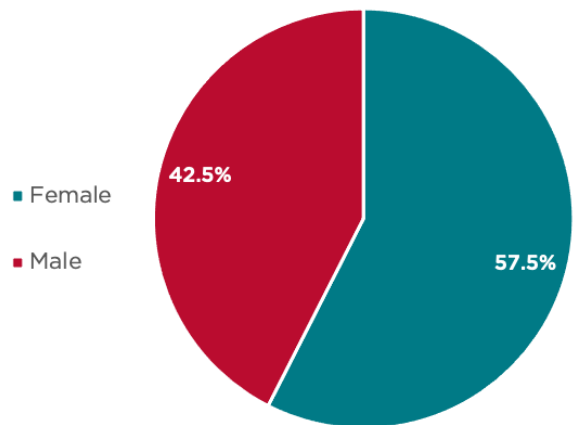
| Age Group | # Patients | % Patients |
|----------------------------------|------------|------------|
| Language | # Patients | % Patients |
| English | 33,180 | 92.6% |
| Spanish | 1,944 | 5.4% |
| Unavailable / Declined to Answer | 270 | 0.8% |
| All Others | 217 | 0.6% |
| Navajo | 170 | 0.5% |
| Vietnamese | 49 | 0.1% |
| Grand Total | 35,830 | 100.0% |



Patient count by unique MRN (not visits). All others: Arabic, ASL, Cantonese, Chinese, Dari, Dutch, Farsi, French, German, Japanese, Keres, Korean, Russian, Sango, Swahili, Tiwa, Towa and Zuni.

Patients by Sex

| Sex | # Patients | % Patients |
|-------------|------------|------------|
| Female | 20,600 | 57.5% |
| Male | 15,230 | 42.5% |
| Grand Total | 35,830 | 100.0% |



Patient count by unique MRN (not visits).

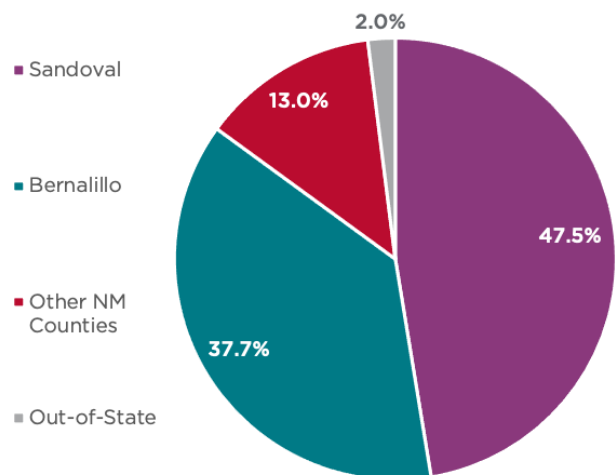
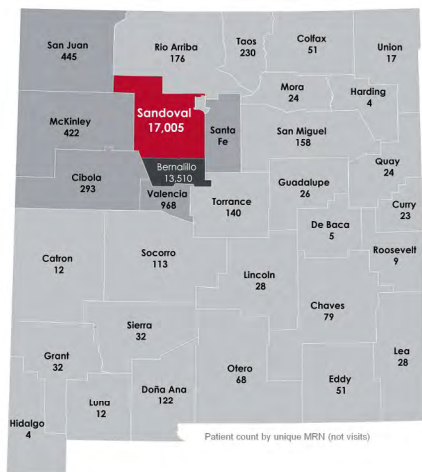
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Patients by County of Residence

| County | # Patients | % Patients |
|------------|------------|------------|
| Sandoval | 17,005 | 47.5% |
| Bernalillo | 13,510 | 37.7% |
| Santa Fe | 1,007 | 2.81% |
| Valencia | 968 | 2.70% |
| San Juan | 445 | 1.24% |
| McKinley | 422 | 1.18% |
| Cibola | 293 | 0.82% |
| Taos | 230 | 0.64% |
| Rio Arriba | 176 | 0.49% |
| San Miguel | 158 | 0.44% |
| Doña Ana | 122 | 0.34% |
| Torrance | 140 | 0.39% |
| Socorro | 113 | 0.32% |
| Chaves | 79 | 0.22% |
| Los Alamos | 89 | 0.25% |
| Otero | 68 | 0.19% |
| Eddy | 51 | 0.14% |
| Colfax | 51 | 0.14% |

| County | # Patients | % Patients |
|-------------------------|---------------|--------------|
| Grant | 32 | 0.09% |
| Lincoln | 28 | 0.08% |
| Sierra | 32 | 0.09% |
| Curry | 23 | 0.06% |
| Guadalupe | 26 | 0.07% |
| Mora | 24 | 0.07% |
| Quay | 24 | 0.07% |
| Lea | 28 | 0.08% |
| Luna | 12 | 0.03% |
| Union | 17 | 0.05% |
| Catron | 12 | 0.03% |
| Roosevelt | 9 | 0.03% |
| Hidalgo | 4 | 0.01% |
| De Baca | 5 | 0.01% |
| Harding | 4 | 0.01% |
| New Mexico Total | 35,207 | 98.3% |
| Out-of-State | 623 | 1.7% |

Patient count by unique MRN (not visits). Out of state may include Unknown.

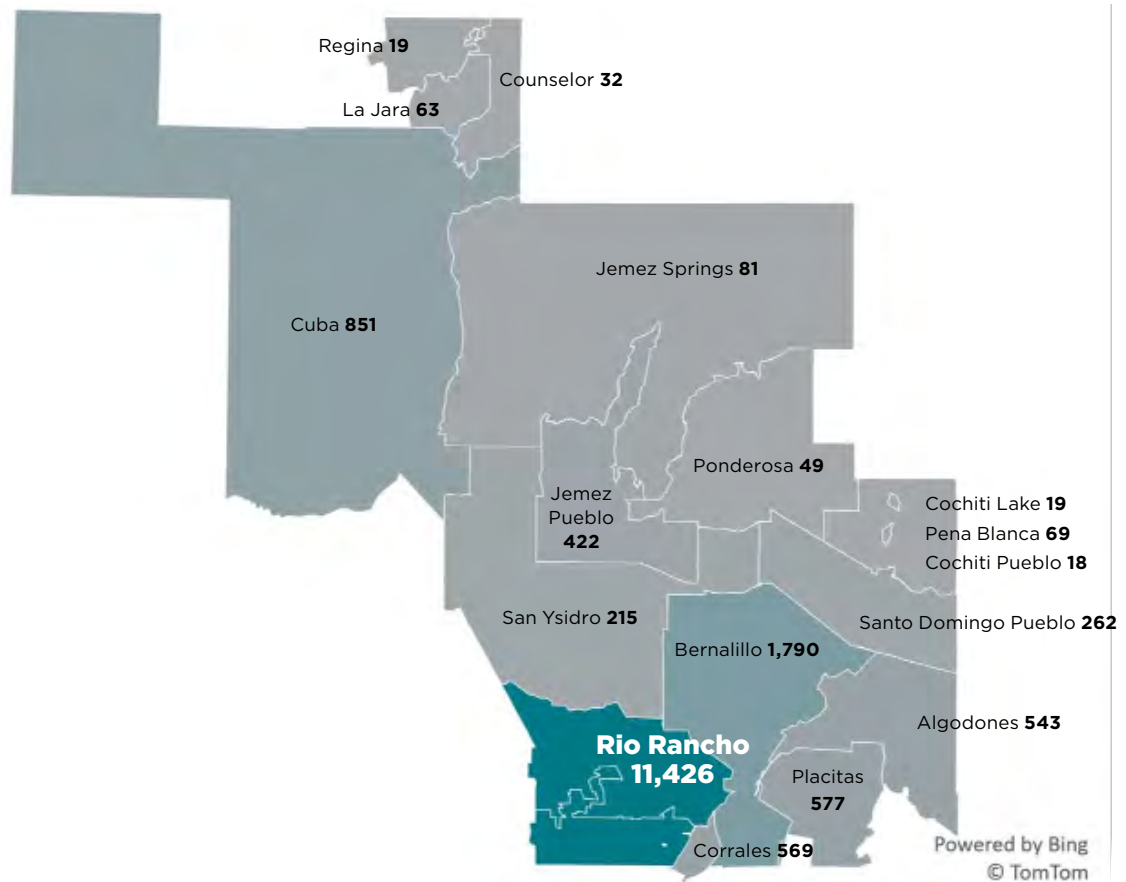


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Sandoval County Patients by City

| City | # Patients | % Patients |
|----------------------|------------|------------|
| Rio Rancho | 11,426 | 67.2% |
| Bernalillo | 1,790 | 10.5% |
| Cuba | 851 | 5.0% |
| Placitas | 577 | 3.4% |
| Algodones | 543 | 3.2% |
| Corrales | 569 | 3.3% |
| Jemez Pueblo | 422 | 2.5% |
| Santo Domingo Pueblo | 262 | 1.5% |
| San Ysidro | 215 | 1.3% |

| City | # Patients | % Patients |
|-----------------------|---------------|---------------|
| Jemez Springs | 81 | 0.5% |
| Pena Blanca | 69 | 0.4% |
| La Jara | 63 | 0.4% |
| Ponderosa | 49 | 0.3% |
| Counselor | 32 | 0.2% |
| Cochiti Lake | 19 | 0.1% |
| Cochiti Pueblo | 18 | 0.1% |
| Regina | 19 | 0.1% |
| Sandoval Total | 17,005 | 100.0% |

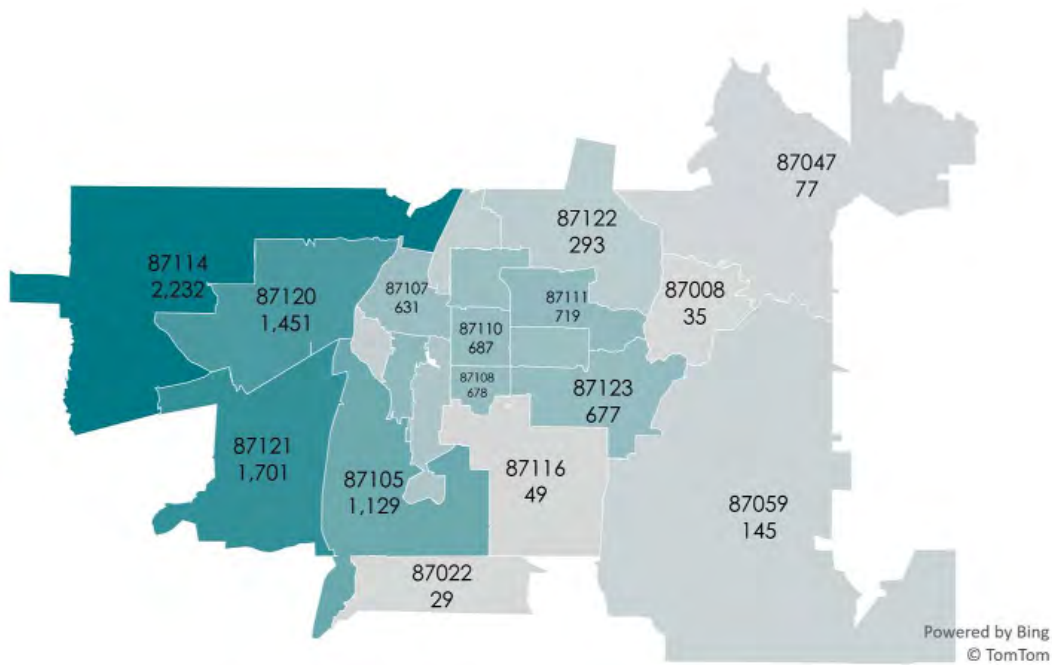


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Bernalillo County Patients by Zip Code

| City | Zip Code | # Patients | % Patients |
|--|----------|---------------|------------|
| Albuquerque | | 13,221 | |
| Downtown | 87102 | 765 | 5.7% |
| Old Town/Los Duranes | 87104 | 231 | 1.7% |
| SW/South Valley | 87105 | 1,129 | 8.4% |
| UNM/Nob Hill | 87106 | 466 | 3.4% |
| Los Ranchos | 87107 | 631 | 4.7% |
| International District/ Trumbull | 87108 | 678 | 5.0% |
| Far Northeast Heights (Osuna/Academy) | 87109 | 641 | 4.7% |
| Uptown/Winrock | 87110 | 687 | 5.1% |
| Far NE Heights (Tanoan/ High Desert) | 87111 | 719 | 5.3% |
| NE Heights (Chelwood Park/ Hoffmantown) | 87112 | 619 | 4.6% |
| North Valley | 87113 | 252 | 1.9% |

| City | Zip Code | # Patients | % Patients |
|---|--------------|---------------|---------------|
| Westside (Paradise/ Ventana) | 87114 | 2,232 | 16.5% |
| Southeast/KAFB | 87116 | 49 | 0.4% |
| Westside (Taylor Ranch) | 87120 | 1,451 | 10.7% |
| Westside (Five Points) | 87121 | 1,701 | 12.6% |
| Far NE Heights (N.ABQ Acres) | 87122 | 293 | 2.2% |
| NE Heights (Four Hills) | 87123 | 677 | 5.0% |
| Cedar Crest | 87008 | 35 | 0.3% |
| Isleta | 87022 | 29 | 0.2% |
| Sandia Park | 87047 | 77 | 0.6% |
| Tijeras | 87059 | 145 | 1.1% |
| Kirtland AFB (Not shown in map) | 87117 | 3 | 0.02% |
| Bernalillo Total | | 13,510 | 100.0% |



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Appendix 2:

Primary Data Collection

Interview Tool

- 1. What are the most significant health-related challenges facing Sandoval County in 2021?**
 - a. Has COVID-19 changed your response to this question? If so, how?
- 2. What characteristics of Sandoval County communities are most important for supporting the health and well-being of county residents?**
 - a. Has COVID-19 changed your answer to this question. If so, how?
- 3. What are the barriers to accessing healthcare services in Sandoval County?**
- 4. Does SRMC help to decrease these barriers?**
 - a. In what ways?
 - b. What other ways could SRMC reduce barriers to care?
- 5. The key priorities identified through the last (2019) Community Health Needs Assessment were:**
 - a. Increasing access to behavioral health services.
 - b. Building an integrated system of primary care and navigation support.
 - c. Chronic disease prevention and maintenance.
 - Are these still the right priorities?
 - What would you add and/or subtract from the list? Why?
- 6. Can you suggest ways SRMC could improve its connection and/or responsiveness to community needs?**
- 7. Are there any other considerations we should be mindful of while conducting this community assessment?**



Appendix 3:

CHNA Team & Acknowledgments

Many individuals and institutions contributed data and/or insight to this report. Special thanks go out to SRMC's Community Advisory Board - Anne Ryan, Erica Wendel-Oglesby, Dick Mason, Mike Silva, Dr. Kristyn Yepa, Cheryl Everett, Christopher Daul, vice-chair Charlotte Garcia and board chair Donnie Leonard; Dr. Christopher Morris, Darlene Fernandez, Dr. Matthew Wilks, Dr. Mathew Ley, Abigayl Camacho, Lindsey Bomke, Ivette Laird, Pam Demarest, Dr. Joyce Naseyoma-Chalan the SRMC Board of Directors and Board Chair Dr. Douglas Ziedonis. Special thanks also go out to the many other community members interviewed for this report including: Richard Draper, executive

director Sandoval Health Collaborative; Tanya Lattin, Village of Corrales Fire Commander; Dr. Santiago Ayala, medical director, Presbyterian Medical Services Family Health Center; Jamie Espinoza, site administrator Presbyterian Medical Services Family Health Center, Bernalillo mayor Jack Torres; Dr. Steven Hartman, medical director El Pueblo Health Services; state senator Benny Shendo (Jemez Pueblo); and the members of the Sandoval County Health Council - Dr. Lester Brasher, Dr. Barbara Butcher, Angela Coburn, Jan Martin, Courtney McKinney, Phillip Savilla, Dr. Gurdeep Singh, Morris White, Dr. Kristyn Yepa, Christine Hollis, Council Vice Chair Thom Allena and Council Chair, Rick Adesso.



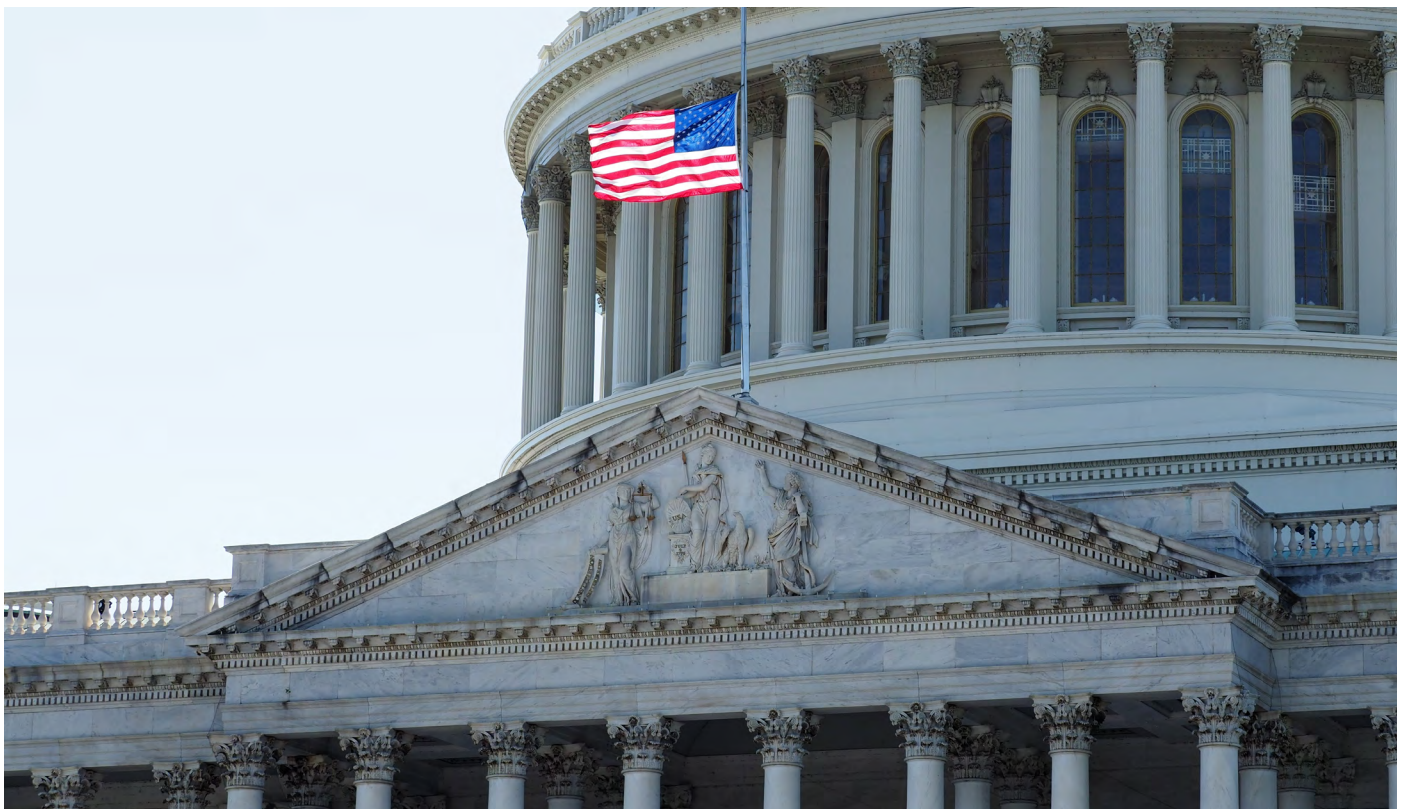
Appendix 4:

2022 Federal Poverty Guidelines

2022 Poverty Guidelines for the 48 Contiguous States & The District Of Columbia

| Persons in Family / Household | Poverty Guideline |
|-------------------------------|-------------------|
| 1 | \$13,590 |
| 2 | \$18,310 |
| 3 | \$23,030 |
| 4 | \$27,750 |
| 5 | \$32,470 |
| 6 | \$37,190 |
| 7 | \$41,910 |
| 8 | \$46,630 |

For families/households with more than 8 persons, add \$4,720 for each additional person. Source: US Department of Health and Human Services. Retrieved from: <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>



Directions to the Area

From Albuquerque

1. Take I-25 North toward Santa Fe
2. Take Exit 242 for NM-165 E toward US-550 W/Bernalillo/Placitas
3. Keep left at the fork, follow signs for US-550/Sandoval County Station
4. Turn left onto NM-165 W/US-550 N; continue to follow US-550 N
5. Drive 3.2 miles and turn left onto Paseo Del Volcan Rd.
6. Drive 6.0 miles and turn right onto Broadmoor Blvd NE
7. Follow the road as it curves to the left.

**The facilities will be on your right-hand side.*

From Santa Fe

1. Take I-25 South to Albuquerque
2. Take Exit 242 for US-550 W/NM-165 E toward Rio Rancho/Placitas
3. Turn right onto US-550 N
4. Drive 3.2 miles and turn left onto Paseo Del Volcan Rd.
5. Drive 6.0 miles and turn right onto Broadmoor Blvd NE
6. Follow the road as it curves to the left.

**The facilities will be on your right-hand side.*

From Southern Blvd & Unser Blvd

1. Take Unser Blvd North
2. Turn right onto Paseo Del Volcan Rd.
3. Drive 1.1 miles and turn left onto Broadmoor Blvd NE
4. Follow the road as it curves to the left.

**The facilities will be on your right-hand side.*

From Intersection of Iris Rd. & NM-528

1. Head northwest on Iris Rd. NE
2. Turn left onto Paseo Del Volcan Rd.
3. Drive 2.7 miles and turn right onto Broadmoor Blvd NE
4. Follow the road as it curves to the left.

**The facilities will be on your right-hand side.*



UNM Sandoval Regional Medical Center

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Rio Rancho, NM 87144

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NM
HEALTH

