HEALTH COUNCIL COUNTY HEALTH PROFILE: MCKINLEY

Created in partnership with the New Mexico Community Data Collaborative





Mission:

It is the mission of the McKinley Community Health Alliance to affect and facilitate change in systems that perpetuate health, education, economic, and environmental inequities by engaging individuals and agencies to understand and address the underlying "root" causes of poverty/income inequity, insistuational racism and multiggenerational trauma.

How were Health Council (HC) priorities selected?

There were over 50 priority areas of health across all health councils. Some HCs had only 1 stated priority and others had as many as 18. To accommodate all HCs, a subset of 17 priority areas were identified that provide each HC with data on 3 of their unique priorities. The only exception is if the HC identified fewer than 3 priorities. Data on all 17 selected priority areas are provided in this Health Profile, and are grouped into CDC and Healthy People 2030 objective categories.

How were equity indicators selected?

The National Center for Chronic Disease Prevention and Health Promotion (NCCDPHP) describes Health Equity as everyone having the opportunity to reach their "full health potential" without disadvantage from "socially determined circumstances." Equity impacts length and quality of life, disease, disability, death and access to care. Indicators to reflect equity were selected based on the Center for Disease Control and Prevention (CDC) Healthy People 2030 health objectives.

01 INTRODUCTION

- » Equity Indicators
- » Health Council Priority Areas 2021

02 DEMOGRAPHIC OVERVIEW

- » General Indicators
- » LGB Youth
- » Maps: Seniors, Children, Diversity, Income
- » Child Abuse
- » Minority Health Social Vulnerability Index (MH SVI)
- » Poverty

ontents

- » Youth Protective Factors
- » Racial Breakdowns: Life Span and Median Household Income

03 BUILT ENVIRONMENT & FOOD

- » Transportation Costs, Vehicle Access, and Transporation SVI
- » Motor Vehicle Accidents
- » Hate Crimes
- » Youth Activity & Nutrition
- » Chronic Disease: Obesity, Diabetes, Heart Disease
- » Food Access: Fast Food, SNAP Retailers, Low Income Population Access

04 HEALTH CARE ACCESS

- » Health Care Provider Coverage
- » Insured Populations
- » Veteran Services
- » Cancer Incidences by Site and Race

05 MENTAL & BEHAVIORAL HEALTH

- » Depression
- » Maps: Treatment Services, Youth Mental Health, Alcohol, SUD
- » Suicide Deaths
- » Alcohol-Related Crashes

Equity Indicators

- Income
- Food
- Housing
- Early Childhood Edu and Development
- Health Care Access
- Built Environment
- Neighborhood Safety
- Environmental
- Mental and Behavorial Health
- Social Cohesion + Community Context

Health Council Priorities 2021

Access to Care

Child Abuse + Neglect

Cancer

Hypertension and Stroke

Obesity and Diabetes

Healthy Food and Nutrition

Fitness and nutrition

Older Adults

Youth

Race, + Injustice

Children, Youth + Individuals at Risk

Substance Misuse

Behavioral + Mental health Alcohol Misuse + Underage Drinking Suicide Prevention

Transportation

Veteran Services

Capacity Building

Priority areas in RED are indicated for this specific Health Council.

COUNTY HEALTH COUNCIL OVERVIEW

Population¹: 72,902
Persons of Color¹: 90.3%
Median Household Income²: \$33,834
Population 25+ with HS Diploma²: 71.8%
Unemployment Rate, Oct. 2021: 7%
Percent below Poverty Level²: 34.8%
Child Abuse and Neglect per 1000³: 11.3

1 - 2020; 2 - 2019; 3 - 2018

15.7%

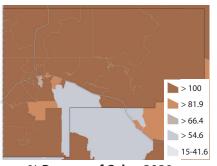
Youth in YRRS who identify as LGB, 2019

92.9%

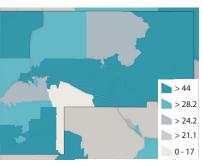
Youth in YRRS did not identify as cisgender*, 2019

5.4%

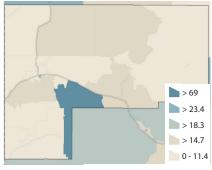
Youth in YRRS who have a caring adult outside of school, 2019



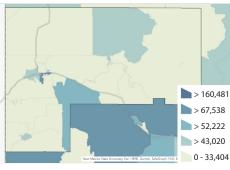
% Persons of Color, 2020



% Ages <18, 2019



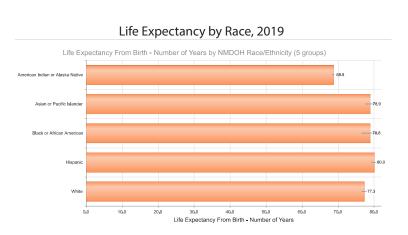
% Ages 65+, 2019

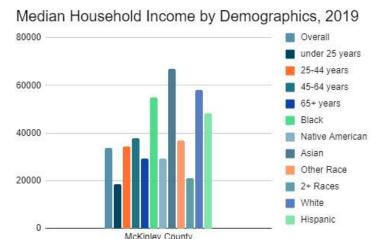


Median Household Income, 2019

Minority Health SVI 2018_NM_CNTY https://arcq.is/1CrDur1 0.74 0.51 0.74 0.95 0.87 0.63 0.92 0.56 0.91 0.52 0.76 0.99 0.75 0.80 0.53 0.93 Most Vulnerable Least Vulnerable

https://arcg.is/1jqDnT0





EQUITY (SDOH) INDICATOR: BUILT ENVIRONMENT

From 2010-2020, **0% of all hate crimes** responded to by the McKinley County Sheriffs Dept. occurred on **sidewalks**, **streets**, **alleyways**, **and highways**.

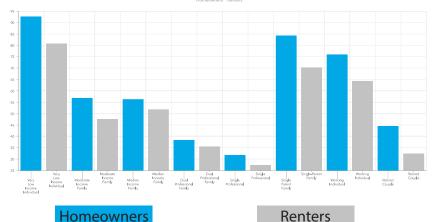
11.3%

Households without a vehicle, 2018 https://arcq.is/nWX05

Navaga Nation Reservation Low

Motor Vehicle Accidents, 2017 https://arcq.is/1XizSD0

Maximum Transportation Cost as a % of Income by Households Type Across Census Tracts in the County, 2019



0.83/1.00

Housing Type + Transportation SVI, 2018 (0 = Least Vulnerable to 1 = Most Vulnerable)

EQUITY (SDOH) INDICATOR: FOOD

Daily Soda:

Adults with Obesity³:

Adult Diabetes Prevalence³:

Stroke Prevalence in Adults¹:

Heart Disease Prevalence in Adults¹:

Number of Fast Food Restaurants²:

Number of SNAP Retailers¹:

38.3%

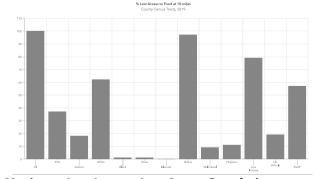
19.4%

5.8%

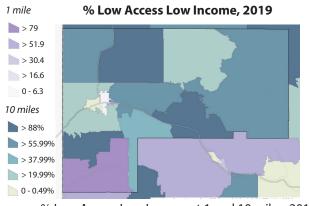
8.8%

72

1 - 2019; 2 - 2018; 3 - 2017



Maximum Low Income Low Access Populations across Census Tracts in County, by Demographic, at 10 miles, 2019



% Low Access Low Income at 1 and 10 miles, 2019 https://arcg.is/G8imH

g, = 0	
38.2%	
30.0%	
30.8%	
28.3%	

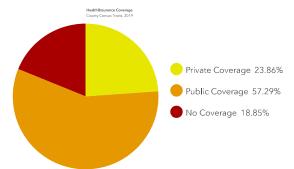
High School Youth Physical Health Factors, YRRS, 2017

3+hours/day of Screen Time 56.6%

22.9%

EQUITY (SDOH) INDICATOR: HEALTH CARE ACCESS

McKinley County's Health Professional Shortage Area (HPSA) has a score of **17** (medium priority for assignment of Clinicians). The number of full-time equivalent (FTE) practitioners needed in this HPSA is 10.21. There are currently 13.70 practitioners providing ambulatory patient care. In this area, 34.8% of the population is below the poverty level out of a designation population of 71,737. This area was designated as an HPSA on 5/29/1979 and last updated on 9/9/2021.



McKinley County Health Coverage, 2019



Dept of Veterans Services Offices, 2019 https://arcg.is/1nDfnX0

> 99.7 > 95.6 > 93.1 > 90.1 0 - 86

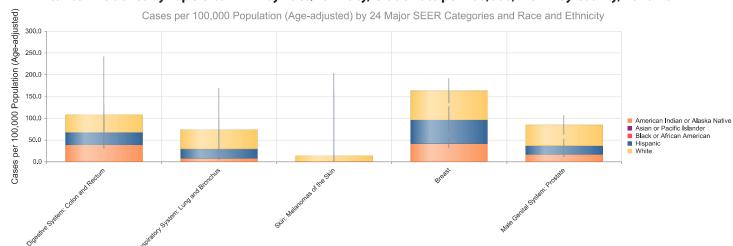
% Population with Health Insurance, 2019 https://arcq.is/1nDfnX0

WHAT IS CULTURAL COMPETENCE IN HEALTH CARE?

Individual values, beliefs, and behaviors about health and well-being are shaped by various factors such as race, ethnicity, nationality, language, gender, socioeconomic status, physical and mental ability, sexual orientation, and occupation. Cultural competence in health care is broadly defined as the ability of providers and organizations to understand and integrate these factors into the delivery and structure of the health care system. The goal of culturally competent health care services is to provide the highest quality of care to every patient, regardless of race, ethnicity, cultural background, English proficiency, or literacy. Some common strategies for improving the patient-provider interaction and institutionalizing changes in the health care system include:

- 1. Provide interpreter services
- 2. Recruit and retain minority staff
- 3. Provide training to increase cultural awareness, knowledge, and skills
- 4. Coordinate with traditional healers
- 5. Use community health workers
- 6. Incorporate culture-specific attitudes and values into health promotion tools
- 7. Include family and community members in health care decision making
- 8. Locate clinics in geographic areas that are easily accessible for certain populations
- 9. Expand hours of operation
- 10. Provide linguistic competency that extends beyond the clinical encounter to the appointment desk, advice lines, medical billing, and other written materials -Health Policy Institute at Georgetown University

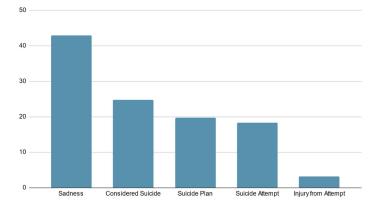
Cancer Incidence by Top 5 Site in NM by Race/Ethnicity, Crude Rate per 100,000, McKinley County, 2016-18



EQUITY (SDOH) INDICATOR: MENTAL & BEHAVIORAL HEALTH

19.9%
Of Adults experienced
Depression in 2019



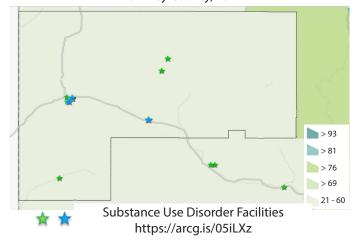


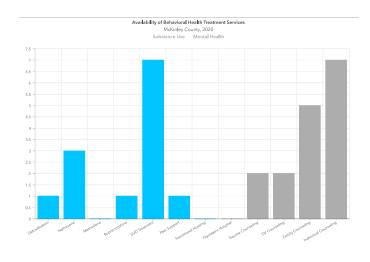
26.64
Deaths from Suicide per 100,000 persons, 2019

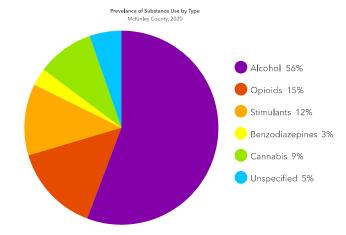


% of people with a SUD who need treatment

Mental and Behavioral Health, Demand & Services, McKinley County, 2021







People Living with Substance Use Disorders by Type, All Ages, 2020

