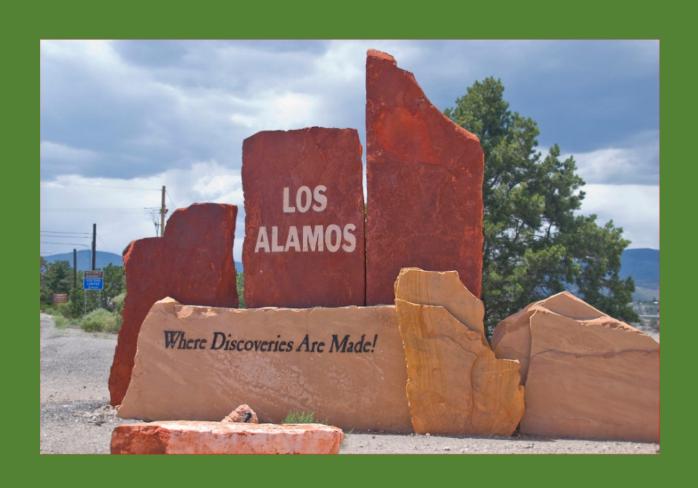


# HEALTH SERVICES GAP ANALYSIS FINAL REPORT



# **ACKNOWLEDGEMENTS**

The Community Services Department, Social Services would like to acknowledge the contribution of the Steering Committee to this report. These individuals represented Los Alamos County and sectors within the community and provided invaluable input throughout this process.

Elizabeth Allen Legal (Los Alamos Municipal Court Judge)

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Lori Coffelt Healthcare (Chief Nursing Officer, Los Alamos Medical Center)

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Eloisa Sanchez Community Services Department, Social Services Health Care Specialist

Deni Fell Community Services Department, Social Services Case Coordination Specialist

The Health Services Gaps Analysis Steering Committee would like to recognize the numerous contributors to this process including:

Carrie Fanning Family Strengths Network
Bernadette Lauritzen Los Alamos Senior Center
George Marsden Los Alamos Teen Center
Jordan Redmond Los Alamos Family Council

Lisa Zuhn Juvenile Justice Advisory Board

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# **TABLE OF CONTENTS**

SECTION	DESCRIPTION	PAGE #
1.	Executive Summary	3
2.	Methodology	5
3.	Key Findings	6
4.	Financial Impact of Recommendations to Los Alamos County	7
5.	Key Performance Indicators	10
6.	Amendment to reflect COVID-19 emergency situation	11
	APPENDICES	
Α.	Steering Committee Notes	13
В.	Primary Research	
1	Summary of Findings from Key Informant Interviews (15 respondents)	15
2	Focus Group Summary (8 groups with 94 participants)	17
3	Benchmark Communities Summary (3 counties)	25
C.	Secondary Research: Profile of Los Alamos County	
1	Demographic: Statistical description of population	30
2	Socioeconomic: Statistical description of economic activity impact	37
3	Epidemiology: Statistical description of diseases and health status	52
D.	Gap Priority Matrix: Initial ranking of health services gaps	77
E.	Resource Inventory of Los Alamos County	79
F.	Contrafactual Analysis (outcome if gaps not addressed)	80



### **EXECUTIVE SUMMARY**

In December 2019, the Community Services Department of Los Alamos County commissioned a Health Services Gap Analysis to be conducted over the Winter of 2020 with results available for the Budgetary process.

Following a Project Launch session on January 6, 2020, the selected consultant conducted fifteen key informant interviews including representatives on the ten-person Steering Committee, of which six were outside the Community Services Department. This initial session established goals of the process which were to "build capacity at the community level, focusing on needs and priorities, addressing gaps with a system that is patient-centered and community-based which will provide for focused and flexible movement forward towards a healthy community." The process was aimed at "determining the health service needs of people living in Los Alamos County by identifying existing infrastructure that provides direct services locally to County residents; demographics and population details of the County; individual health care risks and challenges faced; and systemic and provider issues impacting access to health services and to the well-being of County residents."

Key findings centered on Access to Care and Knowledge of Services, specifically that community members are familiar with the contracted services that the County funds (i.e. JJAB, FSN, Teen Center) but are not aware of the Social Services office or the direct services it provides.

The need for Affordable and Accessible Housing ranked equal to Access issues and Knowledge of Services. Concerns were expressed about the availability and access to a healthcare workforce to respond to the rising senior population and related need for specialized care.

The disease burden represented by the historic culture of alcohol acceptance and the impact of that societal practice on an otherwise extremely healthy population is of grave concern. While most chronic diseases were notably absent from the disease burden of Los Alamos County residents, three alcohol-related cancers were striking in incidence—breast, prostate and thyroid cancer. Screenings for these cancers were not perceived as readily available. Preventive measures including education about the impact of alcohol on prevalence are needed.

This concern pairs with frequently referenced mental health issues related to stress and anxiety. A paradoxical culture of a small town in which there is a culture of secrecy is attributed to security clearances specific to the County's dominant employer, Los Alamos National Laboratory. High performance expectations, issues with employment and acculturation of new residents relocated for work at the Lab were shared. The toll of acclimation experienced by trailing spouses and children was frequently cited.

Gaps were determined for seven (7) priority areas.

- (1) Health Care Access/ Healthcare Workforce deficits/Health Insurance acceptance by providers
- (2) Lack of Affordable and Acceptable Housing Stock
- (3) Culture of Alcohol Acceptance & Drug Use: Substance Use
- (4) Mental Health: High Stress/Anxiety/Needs of Residents
- (5) Silent but Sizeable 'Near Poor' Population
- (6) Growing populations of two segments stressing the need for social, mental and physical health resources—Seniors (65 years plus) and Adolescents (10-17-year old's, comprised of Tween (10-12-year old's and Teens (13-17-year old's).
- (7) Lack of affordable and available childcare



A poll of the Steering Committee fortified these findings with the following resolutions.

- (1) Collaborate with Los Alamos Medical Center (LAMC) to provide input into its future with clarification of the reduced Obstetric practice, discussion of the growing Tween (10-12-year old) and Teen (13-17-year old) populations and related pediatrics/adolescent health needs, review of the need for enhanced preventive screening for cancer and other chronic disease, and concerns related to emergency medical services and transfer for specialized care. Work with the dominant employer, Los Alamos National Laboratory (LANL) to increase preventive screenings provided on-site for cancer and other chronic disease (i.e. hypertension, high cholesterol).
- (2) Create a County owned co-location space for non-profits and medical services (including specialists from out of town) including mental health and social services providers to increase access to health care services, reduce the travel burden, and to leverage resources by sharing the office cost burden.
- (3) Address the need for a gap identified for 6-8 graders who developmentally do not fit in at the Youth Activity Centers with  $3^{rd}$  grade and up. YAC enrollment and usage data demonstrates that they are at capacity. Create a 'Tween' Activity Center for  $6th 8^{th}$  grade students.
- (4) Collaborate with Community Development Department (CDD) to support the creation of expanded and affordable Housing with focus on young adult populations and new entrants to the community to reduce homelessness, isolation and increase social attachment to Los Alamos County.
- (5) Convert the 'name' of *Social Services* to 'Health and Human Services' under the Community Services Department for increased awareness of their role.



### METHODOLOGY

Secondary research consisted of developing three (3) profiles of Los Alamos County which were compared to data for New Mexico and the United States. These were:

- (1) Demographic statistical review of population of Los Alamos County compared to New Mexico and the United States.
- (2) Socioeconomic statistical review of socioeconomic status of Los Alamos County compared to New Mexico and the United States
- (3) Epidemiologic statistical review of disease status of Los Alamos County compared to New Mexico and the United States

In addition, prior studies for specific topics including behavioral health, housing, birth care, special needs and economic development were reviewed and synthesized.

Primary research consisted of:

- (1) Development of an updated Resource Inventory
- (2) Conduct Key Informant Interviews (15)
- (3) Facilitation of eight (8) Focus Groups
- (4) Interview of Benchmark Community Surveys (3 Counties)

This resulted in a derivation of Gaps, areas in which Los Alamos County negatively compared to either the State, neighboring Counties, or perceptions of desired care.

A prioritization matrix was formed with polling by the Steering Committee to arrive at five (5) gaps with resultant policy recommendations.

A contrafactual analysis or projection of outcome if 'nothing is done'.



### **KEY FINDINGS**

A Health Services Gap Analysis reviews the County's population and needs along with identifying key gaps in existing services available to meet those needs. This analysis consists of three profiles and a Resource Inventory.

The profiles that were developed as part of this analysis can be found in their entirety in Appendix C with key findings summarized below.

### **DEMOGRAPHICS:**

- Expanding population base projected from 2020 to 2025 into 2030
- Growth in bimodal tween/teen and senior age groups
- Decrease in population of males 35-45
- Largely homogenous population with significant foreign-born segment

# **SOCIOECONOMICS:**

- Disproportionate impact of largest employer, Los Alamos National Laboratory
- High housing cost burden
- Significant 'Poor' and 'Working Poor' with high subgroup of females that are 75 years+

### **EPIDEMIOLOGY**:

- Access to Healthcare (primary and specialty care)
- Healthcare workforce deficit
- Significantly healthy population even given senior cohort
- Alcohol-related cancers
- High alcohol & drug use/mortality
- Suicidal ideation high but not actual suicide rate
- High rate of low-birth weight infants
- High disabled proportion of population living in White Rock

### **RESOURCE INVENTORY**

- Need for formal referral relationship for high-risk Obstetrics services
- Inadequate number of primary care physicians
- Need for more specialist providers (orthopedics, urology, oncology) especially senior-friendly and for special needs/disabled populations.
- Activity space for middle school population ('tweens or 6<sup>th</sup> to 8<sup>th</sup> graders)
- Co-location space for physical health, behavioral health and social services

The perception that Access to Care and Affordable Housing ranked as priority gaps was validated by other research (prior studies, profiles, key informant interviews and focus groups.)

Childcare that is affordable, accessible during atypical schedules (evening, nights, weekend) and available for children with special needs was frequently cited.

The primary resolution to these issues includes a supply of an adequate volume and type of healthcare workforce including access to specialized services. These gaps were more pronounced for families with special needs or disabled. Frequently referenced was the availability of sufficient and accessible and colocated space to house an array of part and full-time providers.



Causative factors referenced were the culture of Los Alamos County described as pressure for academic and professional achievement, high expectations and stress leading to disproportionate rates of substance use and mental health issues. The atypical demographics of an affluent, highly educated population fosters stigma for the poor or working poor. This results in an unawareness of poverty status and/or a reticence to access resources for assistance. Frequent reference was made to lack of knowledge about available resources and issues identifying appropriate services.

Two subsets of the population in Los Alamos County—adolescents (10-17 years of age) and seniors (65 years of age and over) are growing in the percentage of total population. Both age groups present specific health and social service needs.

The impacts of gaps in health services in Los Alamos County are summarized below with detail for the Demographic, Socioeconomic and Epidemiologic profiles contained in Appendix C.

(1) Health Care Access/ Healthcare Workforce/Health Insurance
Current deficits are for primary care physicians with a total of 39 currently in Los Alamos. Based on this supply, projections are to increase to 40 in 2021, 41 in 2023 and 42 in 2025. Access to primary care physicians, while favorable compared to State and National benchmarks and even Healthy People 2020 targets, is a recurrent issue mentioned during Key Informant Interviews and by Focus Group participants. Dental access was also referenced as a concern. Both workforce areas, however, are positive compared to State and National benchmarks. This should increase from a current complement of 19 to 20 in 2021, and 20 in 2023 and 2025.

Access to Mental Health providers is an issue, however, with unfavorable ranking compared to State and National benchmarks. Los Alamos County should have 47 mental health providers, giving it a deficit of 8. This issue is believed to reflect the lack of a common space for health and social service providers, with a supply of mental health providers that work part-time and need flexible hours and related space to accommodate demand. Projections based on current state are 38 providers in 2021, 40 in 2023 and 41 in 2025.

Lack of health insurance is not an issue in Los Alamos County but acceptance of Medicaid and even Commercial Health Insurance by providers was cited as a barrier to healthcare access in Key Informant Interviews and Focus Groups.

A consistent high percentage of low birth weight deliveries, a statistic more frequently seen in low income or early age (teen births) is present in Los Alamos County and should be further researched given the reduced profile of Obstetrics at Los Alamos Medical Center. This is further presented in *Clinical Conditions (Screenings & Outcomes)* 

**Breast Cancer** screenings (Mammograms) are high compared to New Mexico and the U.S. at 79.2% in 2015, the last recorded year. The rate of breast cancer incidence, however, was 154.8 per 100,000 or 14 new cases in 2015, much higher than New Mexico or the U.S. Given the high senior female population (Medicare eligible), this rate was very high in comparison with 98 cases in 2015. Lack of action will result in 20 females under 50 years of age and over 100 senior females being diagnosed with breast cancer in 2021; 22 females and 102 senior females diagnosed in 2023 and 24 females and 105 senior females diagnosed with breast cancer in 2025.

**Prostate cancer** is of equal concern for Los Alamos males compared to New Mexico and the U.S. Seventy-four males were diagnosed with prostate cancer in Los Alamos County in 2015, a rate of 116.7 per 100,000. This compares to 80/100,000 for the State and 109 for the U.S. Continued



inaction will result in a rate of 118 in 2021 (76 cases), 119 in 2023 (78 cases) and 120 in 2025 (80 cases).

**Thyroid cancer** is also an issue, with 96 cases diagnosed in 2015 or a rate of 19.2 per 100,000 compared to New Mexico at 11.4 and the U.S. at 15.8. In action will result in 98 cases in 2021, 100 in 2023 and 102 in 2025.

Emerging Overweight/Obesity, Pre-Diabetes and Diabetes Risk

**Obesity** percentages in Los Alamos County are 22.4% in 2017, with projected increases in 2021 to 23.4%, in 2023 to 23.8% and in 2025 to 24.2%. **Diabetes** prevalence could increase from 16.3 per 100,000 to 17.2 in 2021, 17.6 in 2023 and 18 in 2025. This equates to 866 residents diagnosed with diabetes in 2015, 870 in 2021, 875 in 2023 and 880 in 2025. **Fast Food**. This indicator provides a measure of healthy food access and environmental influences on dietary behaviors. This indicator has significantly increased from 2010, when Los Alamos County had a rate of 44.6/100,000 and 2014 at 55.2/100,000. New fast food options have since opened in Los Alamos County. The lack of healthy food choices could be a factor in this emerging risk.

# (2) Lack of Affordable and Acceptable Housing Stock

Almost 14% (13.8%) of Los Alamos County residents or 1,036 report housing affordability at the United States Housing & Urban Development (HUD) level of 'cost-burdened' or 30% or more of income to housing costs. In addition to this high housing burden, there is lack of acceptable housing stock, with an anticipated increase in new entrants to Los Alamos County.

Of the 1,036 households in Los Alamos County that are cost burdened, equivalent to 14% of the total, 502 or 48% are rental households, 40% are owner occupied households with a mortgage and 12% are owner occupied with no mortgage. Alternatively, as a percent of total household by these 3 types, 25% of rental households are cost burdened; 12% of owner occupied households with a mortgage and only 6% of owner occupied households with no mortgage.

A specific subset that needs resources with low housing cost burden is the growing senior component (65 years of age and over) with large houses and little to no family support structure.

The plight of Los Alamos is uniquely at the mid-level, with housing shortages acutely felt by middle income levels. Most new housing developments are either market rate, start at  $\pm$ - \$400,000, or targeting incomes of \$60,000 or less for a family of four. This leaves a supply gap of housing for income ranges of \$60,000 - \$100,000, the so called 'missing middle housing'.

# (3) Culture of Alcohol Acceptance & Drug Use: Substance Use

**Drug Overdose Mortality.** Potentially the most troubling indicator, with a dramatic increase from 2013 to 2017, the last recorded year (20.2% to 31.8% or 29 deaths). This statistic, if unchecked, will rise to even more alarming rates, to 33 per 100,000 in 2021 (30 deaths), 33.7 per 100,000 in 2023 (31 deaths) and 34.3 per 100,000 in 2025 (32 deaths).

**Alcohol-Related Deaths.** This rate approaches that of the U.S. and while lower than New Mexico, the State 'enjoys' a consistent #1 ranking for most alcohol-related deaths for the past ten years. There were 18 alcohol-related deaths in 2017, projected to increase to 20 in 2021, 21 in 2023, and 22 in 2025.



(4) Mental Health: High Stress/Anxiety in Total Population/ Focus on Needs of New Residents
There are high rates of stress/anxiety and depression reported, yet all are normal or less than New
Mexico or the U.S., even age-stratified by tweens/teens, adults or seniors. Suicidal Ideation is higher,
especially for teens at 14.5% compared to 9.4% for New Mexico. This equates to 195 annual
attempts in 2017, projected to increase to 200 in 2021, 202 in 2032 and 205 in 2025. Potential
contributors to this risk include a high rate of new residents to Los Alamos County attributed to
expansion of Los Alamos National Laboratory, and the referenced 'trailing spouses' or family
resulting in social isolation and lack of systems of support, extended family supports.

# (5) Silent but Sizeable 'Near Poor' Population

Almost 11% of working poor or 1,941 residents of Los Alamos County live at or below 185% of the Federal Poverty Level (FPL) with 2,079 or 11.5% at or below 200%.

While those at the 'poor - 100% of below (5.1% or 920) and extreme poor 50% or below (2.1% or 386)' are few, the 'working poor' are sizable at almost 12%. This group is considered 'silent' since few self-acknowledge nor accept that they are 'poor' and qualify for assistance.

Nearly a quarter (23%) of Los Alamos therefore qualifies as 'working poor' although societal mores result in a lack of acknowledgement or awareness of this status. This is further complicated by the lack of awareness of social and healthcare resources. The subset of concern is females over 75 years of age comprising a high percentage (94%) of the 5.1% of Los Alamos population that live in poverty.

# (6) Demographic groups of concern

**Two demographic groups are increasing, both presented significant health and social service gaps.**There is growth in two population segments of Los Alamos County that is stressing the need for social, mental and physical health resources.

# Significant and Growing Senior Population

Almost 20% (18.6%) of Los Alamos residents are 'seniors' or 65 years and older. This is projected to dramatically increase in 2021 to 19.5% (3,614), in 2023 to 20.5% (3,723) and to 21% in 2025 (3,734). Most concerning is the percent of seniors living in poverty (5.1%) with the majority female (94%) and most of those 75 years and older. These issues in addition to social isolation, worry over finances and lack of family support in the region add to mental health concerns.

### Emerging risk issues with a growing population of Tweens (10-12) and Teens (13-17)

Emerging risk issues for tweens (10-12 years of age) and Teens (13-17 years of age) include exposure to risk factors through social media, easy access to alcohol at the 8<sup>th</sup> grade level and bullying by peers at school and on line. In addition, unauthorized use of prescription drugs and inhalants were reported. This group constitutes 13.4% of Los Alamos residents (1,166 or 6.2% are Tweens, 1,345 or 7.2% are Teens). Incidents of homelessness are reported at higher age levels of adolescence (17 and above) with frequent couch-surfing (staying temporarily in a series of other people's homes or moving from one temporary housing arrangement to another) or sleeping in cars. This was most commonly reported among teens that declared as LGBTQ+.

# (7) Lack of affordable and available childcare

This issue was referenced by parents as a deficit to significant part-time or full-time employment. It was also cited by Grandparents raising Grandchildren and by Parents with Special Needs Children. Lack of universal pre-Kindergarten or Head Start programs in Los Alamos and limited space in existing daycare programs was provided by Focus Group participants. Lack of a Head Start program



was also cited in the Socioeconomic Profile compared to 8.2 per 10,000 per population in New Mexico and 7.2 in the United States.

# **KEY PERFORMANCE INDICATORS**

FINDING	KEY PERFORMANCE INDICATOR
1. Codified MOUs, referral relationships for	Development of MOU/Referral for OB Services
Obstetrics and other specialized services with	MOU for Specialized Services with Los Alamos
awareness by Los Alamos County residents	Medical Center (LAMC)
	Study of Birthing Center feasibility
	Feasibility study of Branch OB Office with Health
	System
2. Increased preventive health screening	Increased LAMC health screening events
	Increased LANL health screening events
	Increase in Primary Care availability
3. Enhanced mental health and substance use	Service Availability
access	Reduced or Eliminated Wait Time for Appointments
	for mental health treatment and substance abuse
	rehabilitation
	Reduced Alcohol-related disease/injury/death
4. Develop Acclimation program for new	Call or Approach to new Residents to help with
residents of Los Alamos County with focus on	Acclimation and identifying/meeting their needs
LANL or other employees, foreign nationals,	Publicity by Major Employers of LAC Resources
trailing spouses, children	Invitation to access LAC Resources paired to new
	resident profile
	Prevention, risk reduction, and education and
5 Control of the Handle C. H. and Control	mental health support
5. Create Centralized Health & Human Services	Review of Potential Space for Centralization
Center for colocation of physical health, behavioral health and social service resources	Discussion of phasing services into existing building
	in centrally located area
5. Create 'Tween' Activity Center for 6 <sup>th</sup> to 8 <sup>th</sup> grade youth	Creation of Tween Activity Center for 6 <sup>th</sup> to 8 <sup>th</sup> graders
6. Change title of 'Social Services' to 'Health &	graders     Renamed to Health & Human Services
Human Services' similar to Rio Arriba County	
7. Strengthen the Health Care Assistance	Publicized with updated Resource Directory      Dublicity about recovered additibility criterio for
Program (HCAP) coverage to include preventive	Publicity about resources and eligibility criteria for programs including proventive screenings.
screening measures, similar to that of Sandoval	<ul><li>programs including preventive screenings</li><li>Coordination for preventive screenings for</li></ul>
County.	non-eligible in Los Alamos County with efforts by
County.	LAMC and LANL.
	LAIVIC ATIU LAINL.



### AMENDMENT TO HEALTH SERVICES GAP ANALYSIS GIVEN COVID-19 SITUATION

This amendment was created by the Community Services Department to reflect the extraordinary situation created by the emergence of the COVID-19 epidemic at the end of the Health Services Gap Analysis. This epidemic halted end of project activities including two (2) planned focus groups—Collegeage individuals at University of New Mexico-Los Alamos and employees at Los Alamos National Laboratory. It also adversely impacted the ability of the Health Services Gap Analysis Steering Committee to physically convene to refine this Report.

As most States, Cities, and Counties across the country continue to be affected by COVID-19, Los Alamos County New Mexico has experienced similar issues. With only fourteen diagnosed cases, the County has followed State and Federal Guidelines to prevent any further infections.

On March 10, 2020, Los Alamos County began taking precautions and communications with its constituents before the State of New Mexico ordered a stay-at-home order. In collaboration with the New Mexico Department of Health, Los Alamos County hosted its first COVID-19 public screening. Donna Casados, Social Services Manager addressed residents to thank them for their social distancing efforts and encouraged the community to follow the advice provided by the Health Department.

The COVID-19 pandemic has also affected KSA and their ability to complete two tasks of this engagement.

- 1. Meeting with the local hospital
  - a. The goal of meeting with the local hospital leadership team was to identify ways in which the hospital and the county could increase collaboration and transparency.
  - b. Identify ways in which the hospital and the county can work together at closing the local healthcare gaps, especially in Primary Care, Pediatrics, Mental Health among others.
- 2. Early adulthood focus group to identify the following:
  - a. Identify healthcare impacts affecting individuals in early adulthood.
  - b. Identify any housing-related issues
  - c. Assist in providing tactical training skills for individuals who may not pursue college or professional job.

Los Alamos County is interested in identifying possible systemic impacts due to COVID-19. As most of this analysis was performed pre-pandemic, this report will not address those impacts or gaps. As previously identified, Los Alamos County citizens have reported isolation as a healthcare concern with an impact on Mental/ Behavioral Health. Due to a lack of mental health providers and existing social isolating guidelines, Los Alamos County has expressed the interest of exploring telehealth as a source to address healthcare needs for citizens of Los Alamos County.

<sup>&</sup>lt;sup>1</sup> https://www.msn.com/en-us/news/coronavirus?ocid=msedgdhp, accessed 7/17/2020



# **APPENDICES**

APPENDIX	DESCRIPTION
Appendix A: STEERING COMMITTEE NOTES	January 6, February 11 and March 4, 2020
Appendix B: PRIMARY RESEARCH	(1) Summary of Findings from Key Informant Interviews (15 respondents)
	(2) Focus Group Findings: Summary (8 focus groups with 94 participants)
	(3) Benchmark Community Interviews (3 regional counties)
Appendix C: SECONDARY RESEARCH: PROFILES	(1) Demographics
	(2) Epidemiology
	(3) Socioeconomics
Appendix D: GAP PRIORITY MATRIX	
Appendix E: RESOURCE INVENTORY	
Appendix F: CONTRAFACTUAL ANALYSIS	



# **APPENDIX A: STEERING COMMITTEE NOTES**

# Steering Committee, Monday, January 6, 2020

Not present: Kristine Coblentz, Philip Gursky, Alicia Justus

### Introductions:

- Elizabeth Allen 5 years in Los Alamos, Municipal Judge
- Lori Coffelt (Los Alamos Medical Center) 38 years, Chief Nursing Officer
   [47-bed acute medical center, has Obstetrics but small (250 births/year and one OB/GYN), Urologist,
   General Surgeon and Podiatrist. Orthopedic needs, but not enough to support a provider]
- Margi Harrach (Special Needs) 16 years in Los Alamos, focus on disabled/special needs population
- Linda Matteson, Acting Director of Community Service Department
- Donna Casados / Deni Fell/Eloisa Sanchez (Social Services Division Staff)

# Overview of Discussion

The Los Alamos National Lab (LANL) overshadows the town with 11,000 employees and an annual budget of \$2.45 billion. Forty percent (40%) of the laboratory's employees live in Los Alamos with the remainder commuting from Santa Fe, Espanola, Taos and Albuquerque. The Town works around the LANL schedule, not vice versa. Streets roll up at 5 p.m., many businesses are closed Friday to Monday.

# Issues/Gaps:

- ✓ Reticent to admit Mental Health, Substance Abuse, Domestic Violence due to Security Clearance
  - This includes issues with Youth
- ✓ High Income, highly educated
- ✓ Now once employees retire from LANL, tend to stay post-retirement (used to leave)
- ✓ Has an Occupational Medicine department, Employee Assistance Program (up to 10 visits/year)
- ✓ Extensive travel to LANL, Long wait times, Kids in crisis
- ✓ Domestic violence is a big issue with high stigma attached, often not reported
- ✓ Verbal account of high sexual battery not reported
- ✓ Ethnic groups (Chinese, Russian) relocate to area for LANL, uncomfortable, not accultured
- ✓ Post-doctoral largely foreign-born, on 2 to 3-year contracts

### Medical:

- Presbyterian Medical Center in Espanola with Clinics and FQHCS
- For Los Alamos Medical Centers, issue with low volume of patient impacts provider supply, cost of living is high especially housing
- Staff often lives "Off the Hill"

### CSCHCN (Children with Special Health Care Needs):

- Adults (Website by diagnosis—also data sent on 1/22 and pilot survey on 1/27)
- Age disparities (age out of LAPS-school systems as of 22<sup>nd</sup> birthday, often transition out
  of community due to lack of resources outside LAPS)
- Aging in Place is an issue with large (and growing) Senior community
- Recommend creation of a Special Needs Clinic to avoid out-of-town travel

# Daycare:

Deficit in available and affordable child care

Seniors:

Often no family in New Mexico, no children to care for Seniors

Granny dumping syndrome, Long-Term Care is scarce (1 Nursing Home, 1 Assisted Living) (Sombrillo Nursing Facility in Los Alamos, Aspen Ridge Assisted Living,

Beehive Homes of White Rock)



Youth: Hang around town, often at Library, 3<sup>rd</sup> to 8<sup>th</sup> grade at Youth Activity Centers Some Y camps have grant funds to staff as teens

### White Rock:

- Bedroom community for Los Alamos
- Library, Youth and Senior Activity Centers
- 2 Elementary Schools
- Larger tracts of land for housing
- Smaller population
- Reduced number of community events
- Ride or walk to town vs. Los Alamos

"On the Hill" housing in Los Alamos: Apartments, duplexes,

### Cultural:

- Profile of Los Alamos resident is a \$1,000 car with a \$10,000 bike
  - Not materialistic
- Many millionaires
- Hikers/Skiers/Active

# Steering Committee #2, Wednesday, March 4, 2020

Lori Coffelt and Philip Gursky were not able to make this meeting.

- Elizabeth Allen
- Donna Casados
- Kristine Coblentz
- Deni Fell
- Margi Harrach
- Alicia Justus
- Linda Matteson
- Eloisa Sanchez

The second steering committee meeting focused on the revised timeline to meet Los Alamos County budget process, review of summary findings from the three (3) profiles—Demographic, Socioeconomic and Epidemiologic, discussion of the Resource Inventory and identification of initial Gaps.

Upcoming events that were discussed with the group included Focus Groups and Benchmark Community Surveys.



# APPENDIX B1: SUMMARY OF FINDINGS FROM KEY INFORMANT INTERVIEWS

COMPOSITION	ROLE			
Key Informant Interviews for Health Services Gap Analysis				
Linda Matteson	Acting Director, CSD			
Donna Casados	Social Services Manager			
Deni Fell	Social Services Case Coordination Specialist			
Eloisa Sanchez	Social Services Health Care Specialist			
Kristine Coblentz (also on Steering	Program Director, Healthy Schools Initiative			
Committee)	Los Alamos Public Schools			
Carrie Fanning	Executive Director, Family Strength Network			
Bernadette Lauritzen	Executive Director, Los Alamos County Senior Centers			
George Marsden	Director, Teen Center, Board Member for Los Alamos Pride, and			
	Chair of DWI Planning Council			
Jordan Redmond	Contractor for Youth Activity Center, Director of Los Alamos Family			
	Council, JJAB Board President			
Lisa Zuhn	Executive Director, Juvenile Justice Advisory Board (JJAB)			

### THEMES:

- (1) Housing shortage lack of adequate housing stock and issues with housing affordability
- (2) Silent poor unwillingness or unawareness of poverty or social and health care resources to counter this, even among working poor (23% of total population). Females over 75 years of age have disproportionate poverty (94% of the 5.1% of individuals that live in poverty).
- (3) Justice system issues related to substance use, domestic violence and teen risk factors with groups of concern comprised of youth, young adult males, and grandparents raising grandchildren.
- (4) Education high expectations with related stress, need for activities for 6<sup>th</sup>-8<sup>th</sup> grade 'tweens' with emerging risks, ability to provide alternate life paths other than high achieving college and post-graduate education and acculturation for children moving to Los Alamos for parental work.
- **(5) Mental Health counseling –** issues with availability of counselors, high percentage of part-time staff, inadequate space to accommodate part-time counselors
- (6) Family resources need to meet the acculturation issues of trailing spouses and foreign nationals with resources and socialization for young mothers that are socially isolated.
- (7) LBGTQ+ perception that there are no culturally appropriate services, concerns about safety, transitional homelessness and bullying.
- (8) Seniors issues with social isolation, transportation, financial assistance, poverty and safety.
- (9) Space compromised space for most services reported with lack of centralization or colocation.



	Community Services Division	Legal Resources	Juvenile Justice System	Education	Young Mothers with Children	LGBTQ+ Population	Seniors	Grandparents raising Grandchildren
Housing Issues	Х						Х	Х
Silent Poor	Х			Х		Х	Х	Х
Justice System	х							Х
High Stress, Expectations		Х		Х	х	Х		Х
Mental Health	Х			Х	х		Х	Х
Substance Use	х			х				Х
DWI, Legal Issues	х	Х	Х					Х
Safety (Bullying, Social Isolation)			Х	х	Х	Х	Х	
Foreign Nationals				Х	Х			
Trailing Spouses				х	х			
Space	Х		Х	Х	Х			



# APPENDIX B2: FOCUS GROUPS

### SUMMARY:

Eight (8) focus groups were conducted, seven (7) of which were facilitated by KSA.

The groups were identified by the Steering Committee members in the inaugural meeting on January 6<sup>th</sup>, with invitees determined by Donna Casados, Social Services Manager. Further identification occurred in the Key Informant Interview process.

Ms. Casados reached out to the related agencies serving these populations, who recruited attendees, augmented by local marketing.

The groups of interest referenced were:

- (1) Grandparents raising Grandchildren
- (2) Providers serving individuals with Mental or Behavioral Health issues
- (3) Lesbian, Bisexual, Gay, Transgender, Queer+
- (4) Women with Small Children (BabyNet and Family Strengths Network)
- (5) Seniors
- (6) Parents/Guardians of Children with Special Healthcare Needs and Disabled
- (7) Teens (conducted by KSA at Teen Activity Center)
- (8) Teens (conducted by Kristine Coblentz at Leadership Class)

Further discussion occurred about possible Focus Groups at the March 4<sup>th</sup> Steering Committee meeting. The two groups referenced were employees of Los Alamos National Laboratory and College students at University of New Mexico-Los Alamos. Unfortunately, despite outreach on March 12<sup>th</sup> to both contacts, the COVID epidemic resulted in inability to host these sessions.

A summary of topics discussed in each Focus Group is displayed with an overview of Los Alamos County Staff, Steering Committee attendees and KSA facilitators provided.



### FOCUS GROUP: 'GRANDPARENTS RAISING GRANDCHILDREN'

**Participants:** Six (6)

Date: Monday, February 10, 2020

### **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist |

Marcos Alcorn, KSA

## Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.

# Topic 1. Access to Care

- Access to Care was discussed with concerns about the lack of mental health providers to care for children with Post-Traumatic Stress Disorder (PTSD), often related to parental substance use and subsequent incarceration.
- Grandparents also suffer from PTSD by having their life plan altered with few providers available to deal with these issues.
- Lack of access to providers even when Grandparents/Grandchildren are insured is often due to being 'out of network'.

# **Topic 2. Legal Services**

- Grandparents reported that it is difficult to understand what their legal rights are in regards to their grandchildren, especially if they have suddenly 'inherited' their care without full guardianship.
- Participants reported that there is little legal assistance available to help with detailed rights given an absent parent (child).

### **Topic 3. Financial Assistance**

• New expenses have arisen such as childcare, food, education and health insurance issues that were not planned for due to unanticipated care of grandchildren with little resources available to provide guidance.

### FOCUS GROUP: MENTAL HEALTH PROVIDERS

Participants: Eleven (11)

Date: Tuesday, February 11, 2020

### **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist | Marcos Alcorn, KSA | Elizabeth Allen/ Alicia Justus, Steering Committee members

### Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.

### **Topic 1. Access to Care**

- There are inadequate number of providers to meet the demand for mental health counseling
- There is a long waiting list to see a provider.



- Local providers are often considered out of network, even for residents with health insurance.
- Perception that there is no child psychiatry available in Los Alamos (full with waiting list, Brian Haigh).

# **Topic 2. Access to Information**

• There is insufficient knowledge about resources available for mental health counseling.

# FOCUS GROUP: LBGTQ+ (LESBIAN, BISEXUAL, GAY, TRANSGENDER, QUEER+)

Participants: Six (6)

Date: Monday, February 10, 2020

# **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist | Marcos Alcorn, KSA -

# Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.

### **Topic 1. Access to Care**

- Perception that no providers in Los Alamos that are culturally sensitive to the needs of LGBTQ+.
- Long waiting lists to see a physician

# **Topic 2. Access to Information**

- Not enough information to access available resources in Los Alamos County
- Not aware of services offered by Social Services or the Department of Health
- No knowledge of new Sexually Transmitted Disease Clinic provided by Department of Health
- STD education not provided in Los Alamos Public Schools until 11<sup>th</sup> grade (inaccurate, taught in 6<sup>th</sup> to 8<sup>th</sup> grade per State of New Mexico requirement)

# **Topic 3: Housing**

- No homeless shelter for LGBTQ+ youth who are kicked out of their homes
- Perception and 'word' that LGBTQ+ frequently access temporary housing options

### **Topic 4: Safety**

•LGBTQ+ suffer from bullying on the streets of Los Alamos.

**FOCUS GROUP: TEN (10) BABYNET & FAMILY STRENGTH NETWORK**. Baby Net is a subset from the Los Alamos Community Health Council and collaborates with Family Strength Network to address gaps.

Participants: Ten (10)

Date: Wednesday, February 12, 2020

# **Staff and Consultants in Attendance:**

Linda Matteson, Acting Director of Community Services Department | Donna Casados, Social Services Manager/ Deni Fell, Social Services Case Coordination Specialist | Marcos Alcorn, KSA | Elizabeth Allen & Kristine Coblentz, Steering Committee members

# Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.



### **Topic 1. Access to Care**

- Not enough providers to meet demands of infants and children in Los Alamos
- Reduction of Obstetrics Service at Los Alamos Medical Center is access issue for pregnant women
- Lack of sufficient prenatal care providers in Los Alamos
- Not enough pediatricians for follow-up care
- Increase in home births in Los Alamos
- No women's health clinic in Los Alamos
- Perception that there is no mental health provider for postpartum depression in Los Alamos

## **Topic 2. Financial Assistance**

- Working poor in Los Alamos despite unawareness of status or unwillingness to accept assistance
- Stigma in receiving public assistance
- Cost of Childcare is a significant issue as is availability of any part-time childcare
- Concerns that working poor parents and single parents have insufficient savings for emergencies

# **Topic 3. Childcare/Education**

- No universal pre-Kindergarten or Head Start programs in Los Alamos
- No childcare for special needs children or infants
- Limited space in childcare programs

# **FOCUS GROUP PARTICIPANTS: SENIORS**

Participants: Twelve (12)

Date: Wednesday, February 12, 2020

# **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist | Marcos Alcorn, KSA

# Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.

# **Topic 1. Access to Care**

- No specialized care perceived as available in Los Alamos (referenced were orthopedics & ENT)
- No mental health providers that can deal with Seniors and their issues

### Topic 2. Safety

- Most individuals in this focus group live alone
- Concerns about falling at home alone

### **Topic 3. Financial**

- No financial assistance to purchase technology in case of emergency
- Individuals in this focus group live on fixed incomes with insufficient savings for emergencies

# **Topic 4. Housing**

• 92% (11/12 participants) live alone in a big home

# **Topic 5. Transportation**

• No transportation available in emergency situations or for regular medical appointments.



# **FOCUS GROUP: SPECIAL NEEDS**

Participants: Fifteen (15)

Date: Wednesday, February 12, 2020

### **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist | Marcos Alcorn, KSA | Margi Harrach & Kristine Coblentz, Steering Committee members

## Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.

# **Topic 1. Access to Care**

- No providers in Los Alamos for services to special need populations
- Specifically, no neurologist, Physical/Occupational/Speech therapists need to travel outside area

# Topic 2. Housing

• No affordable housing options for individuals with special needs that live alone or in-home living for individuals that can't take care of themselves

# **Topic 3. Financial**

- No employment opportunities for individuals living with special needs
- No financial assistance programs to assist with out-of-pocket expenses not covered by health insurance

# **Topic 4. Transportation**

•Limited public transportation available to special needs individuals.

# **FOCUS GROUP: TEENS**

Participants: Ten-Twelve (10-12)

Location: Teen Activity Center

Date: Wednesday, February 12, 2020

### **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist | Marcos Alcorn & Tracy Kulik, KSA | Kristine Coblentz, Steering Committee member

# Welcome, Introductions, Review Agenda

Donna Casados of Los Alamos County welcomed everyone and announced the purpose of the meeting and introduced Marcos Alcorn. After introductions, Marcos briefly described the project and the focus group questions.

### **Topic 1. Access to Information**

- Not enough information or easy access (i.e. website, electronic) for resources in Los Alamos
- Need format and method of access (i.e. smartphone) that works for them

### Topic 2. Space

- Lack of outdoor space/ activities
- Lack of space other than Teen Center for indoor activities.

# **Topic 3. Transportation**

• Public transit other than Atomic Transit needed with better schedules.



# **FOCUS GROUP: TEENS (LEADERSHIP CLASS)**

Participants: Twenty (20)

Location: Los Alamos High School

Date: Wednesday, March 11, 2020

### **Staff and Consultants in Attendance:**

Donna Casados, Social Services Manager & Deni Fell, Social Services Case Coordination Specialist | Kristine Coblentz, Steering Committee member

# Welcome, Introductions, Review Agenda

Kristine Coblentz facilitated this meeting and described the project and the focus group questions.

# **Topic 1. Access to Information**

- Information perceived as inaccurate
- Need transparency when gathering information

### Topic 2. Space

- Need areas where teens can get exercise
- Need areas where teens feel safe

# **Topic 3. Coping Skills**

- Teens perceive that they and peers lack self-confidence
- Teens perceive high ability to shame themselves or peers by others
- Need help with Time Management
- Need assistance in development and teen growth without ready supply of solution set.

# **Topic 4. Alternative Paths to Success**

- o Careers
- Not all college preparation (testing and application for scholarship)
  - Art/Theater
  - Vocational
  - Culinary
  - Coding
  - Robotics



Grandparents Raising Grandchildren	Mental/Behavioral Health	LGBTQ+
February 10, 2020	February 11, 2020	February 11, 2020
6 Individuals	11 Individuals	6 Individuals
1 – Access to Care  • Lack of mental health providers to	<ul><li>1 – Access to Care</li><li>Not enough providers to meet</li></ul>	1 – Access to Care  • No providers in Los Alamos
provide services to children with PTSD.	demand.  • Long waiting list to see a provider.	culturally sensitive physicians to provide care.
<ul> <li>Lack of access to providers even with Health Insurance being out of network.</li> </ul>	<ul> <li>Local providers considered out of network for individuals with other health insurance.</li> </ul>	<ul><li>Long waiting list to see a physician.</li><li>2 – Access to information</li></ul>
<ul> <li>Grandparents suffering from PTSD by proxy not having providers available.</li> <li>2 - Legal Services</li> </ul>	<ul> <li>No Child Psychiatry in Los Alamos.</li> <li>2 – Access to information</li> <li>Not having information or access to</li> </ul>	<ul> <li>Not having information or access to all available resources in the community.</li> </ul>
Hard to understand legal rights over the child.	resources in the community.	<ul> <li>Not knowing services available by social services and DOH.</li> </ul>
No legal assistance to understand best avenue to care for child with absent parents.		<ul> <li>No knowledge of newly STD clinic by DOH.</li> <li>STD education is not provided in</li> </ul>
3 – Financial Assistance		schools until the 11 <sup>th</sup> grade.
New expenses arise such as childcare,		3 – Housing
health insurance issues when taking		No homeless shelter for LGBTQ+
care of grandchildren.		youth who get kicked out of
4 - Housing Concerns about losing existing		their homes. 4 – Safety
housing due to new expenses such as		<ul> <li>Bullying in the streets of Los</li> </ul>
childcare, etc.		Alamos.



BabyNet & Family Resources	Seniors	Spec	ial Needs
February 12, 2020	February 12, 2020	February 12, 2020	
10 Individuals	12 Individuals	15 Ir	ndividuals
<ul> <li>10 Individuals</li> <li>1 - Access to Care</li> <li>Not enough providers to meet demand.</li> <li>Reduced OB service at LAMC creating need.</li> <li>Lack of prenatal care providers</li> <li>Not enough pediatricians for follow up care.</li> <li>Increase in homebirths in Los Alamos.</li> <li>No women's health clinic in Los Alamos.</li> <li>No Mental Health providers for postpartum depression.</li> <li>2 - Financial Assistance</li> <li>Working poorSome Los Alamos residents not willing to accept assistance.</li> <li>Stigma - Shame and vulnerability for receiving assistance.</li> <li>Cost of Childcare and no part time childcare.</li> <li>Concerns for working poor parents and single mothers not having enough savings for emergencies</li> <li>3 - Childcare/Education</li> <li>No universal pre-K or Head Start programs</li> <li>No childcare for special needs children/</li> </ul>	<ul> <li>1 – Access to Care</li> <li>No specialized care such as orthopedic, ENT.</li> <li>No Mental Health providers that understand how to deal with Seniors</li> <li>2 – Safety</li> <li>Most individuals in the room live alone.</li> <li>Concerns of falling.</li> <li>3 – Financial</li> <li>No assistance to purchase technology to warn or call for assistance in an emergency.</li> <li>Individuals living on fix incomes not having enough support/ money for emergency situations or impromptu situations or unexpected maintenance</li> <li>4 – Housing</li> <li>92% of individuals in group live alone in big homes.</li> </ul>	15 Individuals  1 – Access to Care  No providers in community for services to special need populations.  No Neurologist, PT, OT, ST. They have to travel out for these services.  2 – Housing  No affordable housing options for individuals with special needs that live alone or in-home living for individuals who can't take care of themselves.  3 – Financial  No employment opportunities for individuals living with special needs.  No financial assistance programs to assist with out of pocket expenses not covered by health insurance.  4 – Transportation  Limited public transportation services available to special needs individuals.  5 – Education  At the end of the 19-20 school year in June 2020, we had 742 students with disabilities receiving services through	
infants  • Limited space	<ul><li>5 – Transportation</li><li>No transport in emergency or</li></ul>	IEPs. This include preschool throu	
- Elimited Space	regular medical appointments.		
Teens: Teen Center	Teens 2: LAHS	College/Working Young Adults	LANL
March 3, 2020	March 11, 2020	_	
10 throughout, 12 Individuals	20 individuals, age 13-17 ('Leaders')	Individuals 18-24	Employees
<ul> <li>1 – Access to Information</li> <li>Not having information or access to all available resources in the community.</li> <li>Not having access to information in a format that would work for them.</li> <li>2 – Space</li> <li>Lack of outdoor space/ activities available to all.</li> <li>Lack of space other than the youth center available for indoor and outdoor activities.</li> <li>3 – Transportation</li> <li>Public transit other than Atomic Transit with better schedules.</li> <li>4- Alternate Paths</li> <li>Careers</li> <li>Not all college preparation (testing</li> </ul>	<ul> <li>1 – Access to Information</li> <li>Not having accurate information.</li> <li>Having transparency when gathering information.</li> <li>2 – Space</li> <li>Areas where teens can go out and exercise that are safe</li> <li>3 - Coping Skills</li> <li>Not having self-confidence.</li> <li>Ability to cope with shame placed by others.</li> <li>Time Management.</li> <li>Assist developing teen growth and not providing the answer/ solutions</li> </ul>	COULD NOT COMPLETE DUE TO COVID-19	



# APPENDIX B3: COMMUNITY BENCHMARK INTERVIEWS

### (1) SANDOVAL COUNTY

Monday, February 10, 2020 at 3 p.m. MST

Sandoval County (Bernalillo) – population 145,179

Participants: Carlos Del Campo, Program Manager and Veronica Lopez, HCAP

### Staff and Consultants in Attendance:

Donna Casados, Community Services Department, Social Services Manager Marcos Alcorn, Principal, KSA Tracy Kulik, CEO, KSA

Anne Ryan oversees Community Services Community Services Director

Phone: (505) 867-7556

Email: aryan@sandovalcountynm.gov

The Community Services Department is one of the largest within the County and has three primary program areas: Community Health, Prevention and Intervention, and Senior Services. CSD also operates the Pena Blanca Multigenerational Center and the Sandoval County Ropes Course. The Senior Services provides a program for Frail & Elderly Seniors, with Child and Adult Protective Services (CPS & APS) operated by the state in Rio Rancho and Albuquerque.

### **Community Health Services**

Carlos del Campo, Program Manager (with County for 4 years, prior with State-eligibility prior Healthcare for the Homeless in Albuquerque, prior at Lovelace Health System (ABQ) Email: cdelcampo@sandovalcountynm.gov Veronica Lopez, HCAP (with County for 8 years)

Overview of Community Health (Carlos):

- (1) Emergency Medical Services
- (2) State and County employee services
- (3) Dental
- (4) Medical (2 clinics in Rio Rancho and 1 in Cuba)
- (5) SNAP/LIEHP/TANF
  - a. SNAP Supplemental Nutrition Assistance Program (food stamps)
  - b. LIHEAP Low Income Home Energy Assistance Program
  - c. TANF Temporary Assistance for Needy Families (old Welfare)
  - d. WIC Women, Infants, Children Nutrition (Family Planning every other Thursday)
  - e. Immunizations
  - f. Harm Reduction
- (6) HCAP Health Care Assistance Program

Outreach services are offered in elementary schools, family clinics and at the Mexican consulate in Albuquerque. The County Director (Anne Ryan) is flexible if individuals qualify for Medicaid or Medicare



(Parts A & B), and don't have Dental, they can access through the County or through Presbyterian Medical/ Dental Services

HCAP offers access to Physical, Behavioral, Dental Health in addition to Audiology services.

Full dental including dentures is available with Vision covered up to \$500/year.

For Medicaid lots of services. If Medicare, tied into QMB and SLMB if no MediGap coverage.

- To be qualified for the QMB program, you must be a Medicare beneficiary and: Be enrolled in Medicare Part A (Hospital or In-patient insurance), Be a resident of the state where you are applying for your QMB benefits, and Have limited income and assets or financial resources.
- Medicaid QMB is a type of Medicare savings program that helps pay Medicare premiums. The Medicaid QMB (Qualified Medicare Beneficiary Program) pays a portion of the Medicare Part A (hospital insurance) and/or Part B (medical insurance) premium.

SLMB – Specified Low Income Medicare Beneficiary for Dual Eligible (MA/MC) is defined as: "A Medicaid program that pays for Medicare Part B premiums for individuals who have Medicare Part A, a low monthly income, and limited resources."

Food Distribution occur through

- 1) Our Lady of Sorrows
- 2) St. Felix
- 3) Rio Rancho Senior Center

Use CHIS, the New Mexico Medicaid portal

### GAPS:

- (1) Reimbursement for Oxygen
- (2) Coverage for Lab Work (blood, urine) if more involved, refer to University of New Mexico
- (3) Outside Clinics (CT Scans, etc.) again refer to University of New Mexico which uses Sliding Scale Fee Schedule
- (4) Behavioral Health high Hispanic population, under-utilize benefit. Only 1-2 visits per month Benefit offers coverage up to \$1,500 per year (reduced to \$1,000 per year due to low use)
- (5) Dental Health high utilization (was 100 claims/month, now 280-350). Dentures, Crowns in addition to cleaning.
- (6) No Jail care



(2) RIO ARRIBA COUNTY
Tuesday, February 11, 2020 at 12 noon MST
Lauren Reichelt
Health & Human Services Director
(505) 662-8068/ 753-3143

Participants: Lauren Reichelt, Health & Human Services Director, Rio Arriba County

### **Staff and Consultants in Attendance:**

Donna Casados, Community Services Department, Social Services Manager Marcos Alcorn, Principal, KSA Tracy Kulik, CEO, KSA

Rio Arriba County – population of 39,006 with large rural component, borders Colorado to South (90% of population or 35,000 live in the South portion of the County, largely in Espanola. Portion of Northern County are 'frontier' with 4 to 7 people per square mile) (505) 662-8068/753-3143

The Health Commons was structured as a one-stop shop designed to meet all of your health care needs in one easy trip. The building is divided into three wings: a medical wing; a behavioral health wing; and a maternal child health wing. Rio Arriba Health and Human Services Department shares the space with El Centro Family Health (a primary care clinic), and the Espanola Public Health Office (serving mothers and infants).

It is governed by the Rio Arriba Community Health Council is the designated Health and Human Services planning council for the Board of Rio Arriba County Commissioners. The RACHC maintains a regularly updated Comprehensive Community Health Profile and plan.

Capacity of Rio Arriba County to directly bill New Mexico Medicaid. There are three (3) FQHCs in Rio Arriba County, 9 community clinics and 9 Senior Centers. Presbyterian Medical Center, Espanola, is the local provider with referral options to Christus Health System in Santa Fe, New Mexico.

### Three FQHCs:

- (1) El Centro Family Health
- (2) Presbyterian Medical Center Rio Rancho Family Health
- (3) La Clinica del Pueblo

**Nine Senior Centers:** [congregate meals, home delivered meals, transport, recreation, adult day care (Espanola only), Personal Care Options – in home services (if qualified—Medicaid or Medicare eligible)]

- (1) Alcalde
- (2) Arboleda
- (3) Chama
- (4) Coyote
- (5) Dixon
- (6) El Rito
- (7) Espanola (Adult Day Care Center)
- (8) Tierra Amarilla
- (9) Truchas

Priority and Origination in Substance Abuse, specifically, Heroin Addiction. Started with SAMHSA grants to help deal with high heroin dependency with Medicaid to cover Substance Abuse treatment including a Residential Treatment Center.



Restructured healthcare delivery with current focus on the Jail system.

In addition, the County has high diabetes rates, large and growing senior population and Youth with substance use issues.

Low Cancer or Cardiac incidence/prevalence.

Services offered by Rio Arriba County include intensive care management of current or recovering substance users, with promotoras or Community Health Workers from the Hispanic population.

The past configuration of the triad (County, El Centro FQHC and Espanola Health Department) at their current location is changing since the volume has outstripped the space.

**Nursing Home** 

Substance Use (Case Management) – County

Medical (El Centro)

Espanola (Maternal Child Health augmented by Las Cumbres)

### **GAPS**

- 1) Space
- 2) Sustainability challenging for Counties to bill Medicaid, sustain grant funding
- Interface with Law Enforcement in provision of services in Jail (education and certification programs)
- 4) CHW/Promotoras Centennial, need to attach to FQHCs to bill Medicaid; RACHC as pilot to have County based program working with the Department of Financial Assistance of New Mexico

### 5) Youth Services:

- a. Youth Needs Juvenile probation (diversion program)
- b. Communities in Schools (Espanola)
- c. Parents cycling in and out of jails/ Grandparents assuming care of children or children becoming homeless or in shelters due to incarcerated parents)

HCAP – Sheila Vigil oversees this program for Rio Arriba County.

DWI (Louise Sanchez) http://www.rio-arriba.org/departments\_and\_divisions/dwi.html

# **Program Components:**

- Prevention
- Enforcement
- Screening of DWI offenders
- Compliance Monitoring/Tracking of DWI Offenders
- Coordination/Planning and Evaluation
- Offender Programs
- Public Information and Education
- Treatment for DWI offenders (Intensive Outpatient Services)
- Detoxification Incarceration Treatment(Inpatient Services within the Tierra Amarilla Detention Center)
- Juvenile Justice Program (Working with adjudicated delinquent youth)

RAC STOP (Rio Arriba County Substance Treatment, Outreach & Prevention Program)



# (3) SANTA FE COUNTY

Wednesday, February 12, 2020 (was to be at 3:30 p.m. delayed due to snow) Jennifer Romero
Health Care Assistance Administrative Program Manager
(505) 995-9525

**Participants:** Jennifer Romero, Health Care Assistance Administrative Program Manager

### Staff and Consultants in Attendance:

Donna Casados, Community Services Department, Social Services Manager Marcos Alcorn, Principal, KSA Tracy Kulik, CEO, KSA

# Santa Fe County - Population 150,056

The Community Services Department is comprised of the following divisions:

- 1. Community Safety
- 2. Community Operations
- 3. Health Services
- 4. Senior Services

Santa Fe County Community Services does not provide direct healthcare services, it is more of a contract management operation. In that regard, Santa Fe County created the Santa Fe Connect. Santa Fe Connect is a network of navigators to link people to services and resources in the community. Currently Santa Fe County has two hospitals, three FQHC's (La Familia Medical Center, Pecos and First Choice) with around 669 individuals within the network.

Among the services most accessed by the Santa Fe County community through navigators are: Transportation, Basic Needs and Housing (Largest need). Currently they are 13 contracts under Santa Fe Connects with the goal of using the screening tool and electronic referral platform for community network and referrals.

Even though Santa Fe County has a good network of services it still has some gaps:

- Ambulance Services
- Cremation Assistance

Currently structure of Santa Fe County Community Services is comprised of the following:

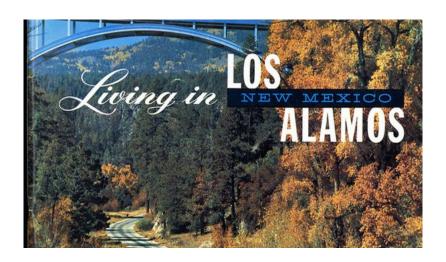
- Director
- Administrator Manager
- Internal Navigator
- External Navigator
- Behavioral Health Navigator

Services in a correctional facility are provided to inmates by a different contract not managed by this division.



APPENDIX C1: DEMOGRAPHIC PROFILE





# HEALTH SERVICE GAP ANALYSIS DEMOGRAPHIC REPORT

A STATISTICAL DESCRIPTION OF THE POPULATION OF LOS ALAMOS COUNTY COMPARED TO NEW MEXICO AND THE UNITED STATES

JANUARY 15, 2020

### **DEMOGRAPHIC PROFILE OF LOS ALAMOS COUNTY**

This report summarizes relevant data about the demographics of residents of Los Alamos County. In all instances, the data for Los Alamos County is compared to New Mexico and the United States.

DESCRIPTION
POPULATION
General Population, 2017
Population by Gender, 2017
Population by Age, Number, 2017
Population by Age, Percent, 2017
RACE/ETHNICITY
Population by Race Alone, Number, 2017
Population by Race Alone, Percent, 2017
Population by Ethnicity, 2017
CHANGE IN POPULATION FROM 2000 TO 2010 CENSUS
Change in Total Population
Change in Population by Gender
Change in Population by Race
Change in Population by Ethnicity
FAMILIES
Total Families with Children
Families with Children by Race
Families with Children by Ethnicity

### **DATA SOURCES:**

- 14% of the population of Los Alamos, NM are seniors Source: Census.gov
- 30% of those seniors living in Los Alamos, NM are living alone Source: Census.gov
- 1% of Los Alamos senior households have an annual income of less than \$10k and 9% less than \$20k *Source:* Census.gov ACS
- 36% of Los Alamos, NM residents 60 and over received food stamps in the last year Source: Census.gov ACS
- The average Social Security Income in Los Alamos is \$17,287/year Source: Census.gov ACS
- The median household income for a Los Alamos senior is \$93,839 Source: Census.gov ACS
- Compared to other states, New Mexico ranks 26th for Long Term Care and 33rd for America's Health Rankings Source:
   AmericasHealthRankings.org
- There are **263** working seniors in Los Alamos *Source*: Census.gov ACS
- 28% of the seniors in Los Alamos are veterans Source: Census.gov ACS



### **DEMOGRAPHICS OF LOS ALAMOS COUNTY**

# **DEMOGRAPHIC CHARACTERISTIC**

### General Population, 2017

AREA	TOTAL POPULATION	TOTAL LAND AREA	POPULATION DENSITY (Persons Per Square Mile)
Los Alamos County, NM	18,031	109.20	165.12
New Mexico	2,084,828	121,309.99	17.19
United States	321,004,407	3,532,315.66	90.88

Source: U.S. Census Bureau, American Community Survey, 2013-17 5-year estimate.

### **NARRATIVE**

A total of 18,031 people live in the 109.20 square mile report area known as Los Alamos County, New Mexico.

Population density is 165.12 persons per square mile, more densely populated than the U.S. at 90.88 persons per square mile but significantly less than the New Mexico sparsely populated figure of 17.19 persons per square mile.

# Population by Gender, 2017

AREA	MALE	FEMALE	% MALE	% FEMALE
Los Alamos County, NM	9,135	8,896	50.66%	49.34%
New Mexico	1,032,086	1,052,742	49.5%	50.5%
U.S.	158,018,753	162,985,654	49.23%	50.77%

A total of 9,135 males reside in Los Alamos County, representing 50.66% of the total population. This is greater than the national average percentage of 49.23% and the New Mexico average of 49.5%.

# • Population by Age, Number, 2017

Age Group	LOS ALAMOS	NEW	UNITED
(Population)	COUNTY, NM	MEXICO	STATES
0-4 years	974	131,062	19,853,515
5-17 years	3,186	366,665	53,747,764
18-24 years	1,167	205,471	31,131,484
25-34 years	1,912	278,395	44,044,173
35-44 years	2,061	244,717	40,656,419
45-54 years	2,852	258,110	43,091,143
55-64 years	2,780	271,726	40,747,520
65+ years	3,099	328,682	47,732,389

Population by Age, Percent, 2017

Age Group (Percentage)	LOS ALAMOS COUNTY, NM	NEW MEXICO	UNITED STATES		
0-4 years	5.4%	6.29%	6.18%		
5-17 years	17.67%	17.59%	16.74%		
18-24 years	6.47%	9.86%	9.7%		
25-34 years	10.6%	13.35%	13.72%		
35-44 years	11.43%	11.74%	12.67%		
45-54 years	15.82%	12.38%	13.42%		
55-64 years	15.42%	13.03%	12.69%		
65+ years	17.19%	15.77%	14.87%		
C					

Source: U.S. Census Bureau, American Community Survey, 2013-17 5-year estimate.

The population of Los Alamos County is much older than that of New Mexico or the United States.

Almost thirty percent (29.54%) of Los Alamos County is under the age of 25 years, much less than New Mexico (33.74%) or the U.S. (32.62%).

A similar percentage of 35-54 years of age residents reside in Los Alamos County at 37.85% compared to 37.47% for New Mexico and 39.81% for the U.S.

A much higher fraction are 55 years of age and older at 32.61% for Los Alamos County compared to 28.80% for New Mexico and 27.56% for the U.S.

Residents of Los Alamos County aged 65 years and older comprise 17.19% of the population, compared to 15.77% of the New Mexico population and 14.87% of the U.S.



### **DEMOGRAPHIC CHARACTERISTIC NARRATIVE** Whites comprise the highest percentage Population by Race Alone, Number, 2017 of residents of Los Alamos County at **LOS ALAMOS** NEW UNITED Race 86.58%. This is a 12-13% higher figure (Population) COUNTY, NM **MEXICO** STATES than for New Mexico or the United States. White 15,611 1,547,843 234,370,202 **Black** 42,187 40,610,815 1,074 29,991 17,186,320 Asian Blacks are a very small fraction, with Native American/ Asians constituting the second highest 197,191 212 2,632,102 Alaska Native group, slightly higher than the U.S. but Native Hawaiian/ much higher than for New Mexico. 0 1,390 570,116 **Pacific Islander Other Race** 479 197,944 15,533,808 Multiple races are equivalent to both New 600 68,282 **Multiple Race** 10,081,044 Mexico and the U.S. Source: U.S. Census Bureau, American Community Survey, 2013-17, 5-year 'Other' race is smaller than the U.S. and Population by Race, Percentage, 2017 much lower than for New Mexico. LOS ALAMOS UNITED Race NEW (Percentage) COUNTY, NM **MEXICO STATES** Native Americans represent a much White 86.58% 74.24% 73.01% Black 0.31% 2.02% 12.65% smaller percentage of Los Alamos County 5.96% 1.44% 5.35% than for New Mexico. Asian Native American/ 1.18% 9.46% 0.82% **Alaska Native** Native Hawaiian/ 0% 0.07% 0.18% **Pacific Islander** 2.66% 9.49% 3.28% Other Race **Multiple Race** 3.33% 3.28% 3.14% Los Alamos County residents of Hispanic Population by Ethnicity Alone, 2017 or Latino ethnicity represent 17.25% of Ethnicity LOS ALAMOS NEW UNITED **STATES** the population. This is equivalent to the (Percentage) COUNTY, NM **MEXICO** U.S. but much lower (2.8 times) than that **Total Population** 18,031 2,084,828 321,004,407 **Hispanic or Latino** 3,110 1,004,103 56,510,571 of New Mexico at 48.16%. % Hispanic/Latino 17.25% 48.16% 17.6% Non-Hispanic 14,921 1,080,725 254,493,836 The corollary, the non-Hispanic % Non-Hispanic/ percentage is slightly higher but close to 82.75% 51.84% 82.4% Latino

Source: U.S. Census Bureau, American Community Survey, 2013-17, 5-year



estimate

the U.S. at 82.75% compared to 82.4%.

# **DEMOGRAPHIC CHARACTERISTIC**

# • Change in Total Population, 2000-2010



### **NARRATIVE**

Population Change, Percent by Tract, US Census 2000 - 2010

- Over 10.0% Increase (+)
- 1.0 10.0% Increase (+)
- Less Than 1.0% Change (+/-)
- 1.0 10.0% Decrease ( )
- Over 10.0% Decrease ( )
- No Population or No Data
- Los Alamos County, NM

	AREA	2000 CENSUS	2010 CENSUS	TOTAL POPULATION CHANGE	% POPLN CHANGE
	Los Alamos County, NM	18,343	17,950	-393	-2.14%
	New Mexico	1,819,044	2,059,179	240,135	13.2%
	U.S.	280,405,781	307,745,539	27,339,758	9.75%

Source of Data: U.S. Census Bureau, Decennial Census, 2000-2010, Source of Map: Geographic Census Tract

· Change in Population by Gender



Source of Data: U.S. Census Bureau, Decennial Census, 2000-2010, Source of Map: Geographic Census Tract

Narrative: Between 2000 and 2010, the population of Los Alamos County decreased by 393 persons or (2.14%). This decrease can impact funding of community resources and utilization of healthcare and social service providers. The decrease compares to an increase for New Mexico in that decennial census of 13.2% and 9.75% in the U.S.

The only area showing an increase was the central to north western corner of the County.

A total of 9,135 males reside in Los Alamos County, representing 50.66% of the total population. This is greater than the national average percentage of 49.23% and the New Mexico average of 49.5%.

This percentage, however, is decreasing since the decennial census. Central and Eastern Los Alamos County showed the highest declines.

Male Population, Percent by Tract, ACS 2013-17

- Over 52.0%
- 50.1 52.0%
- 48.1 50.0%
- Under 48.1%
- No Male Population Reported
- No Data or Data Suppressed
- Los Alamos County, NM

Explanation from initial Key Informant Interviews:

- (1) Lack of Employment Opportunities
  Outside of Lab
- (2) Untreated or treated elsewhere Behavioral Health Issues
- (3) Stigma related to other Social Issues



### **DEMOGRAPHIC CHARACTERISTIC** NARRATIVE The population significantly increased in • Change in Population by Race Alone, 2000 to 2010 percent of Whites, decreased for 'Other Race' Race LOS ALAMOS NEW UNITED and increased for 'Multiple Races.' (Percentage Change) COUNTY, NM **MEXICO STATES** White 9.47% 26.73% 5.8% Black no data 52.71% 15.43% The low percentage of Black or American American Indian/ Indian made it hard to compute this data. 78.2% 22.56% no data Native American Asian no data 68.84% 43.72% Native Hawaiian/ no data 45.85% 47.37% Pacific Islander Other Race (63.44%) (13.11%)24.2% Multiple Race 117.21% 31.63% 32.61% Source of Data: U.S. Census Bureau, Decennial Census, 2000-2010 Los Alamos County uniquely lost population • Change in Population by Ethnicity Alone, 2000 to 2010 that was non-Hispanic from 2000 to 2010, with Ethnicity NEW **LOS ALAMOS** UNITED a decline of 5.46% unlike that of New Mexico (Population & COUNTY, NM MEXICO **STATES** Percentage Change) and the United States that realized near 5% **Total Population** 18,031 2,084,828 321,004,407 increases. Hispanic or Latino 188,017 15,152,943 491 **Population Change** Hispanic/Latino 22.78% 24.56% 42.93% Percent Change Non-Hispanic (884)52,117 12,099,099 **Population Change** Non-Hispanic/ Latino Percent (5.46%)4.95% 4.92%



Change

# • Families with Children

Los Alamos

# **NARRATIVE**

Households with Children (Age 0-17), Percent by Tract, ACS 2013-17

Over 35.0%

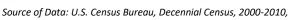
31.6 - 35.0%

28.1 - 31.5%

Under 28.1%

No Data or Data Suppressed

Los Alamos County, NM



Source of Map: Geographic Census Tract

AREA	Total Households	Total Family Households	Families with Children (Under 18)	Families with Children, % of Total Households
Los Alamos County, NM	7,525	4,969	2,119	28.16%
New Mexico	770,435	491,535	236,819	30.74%
U.S.	118,825,921	78,298,703	37,326,953	31.41%

A <u>lower</u> percentage of households in Los Alamos County (28.16%) are occupied by Families with Children than New Mexico (30.74%) or the United States (31.41%).

Source: U.S. Census Bureau, American Community Survey, 2013-17 5-year estimate. Terms: Household – housing unit occupied by householder alone or by householder and individuals.

Family Household – Household in which householder lives with one or more individuals related by birth, marriage or adoption.

# • Families with Children by Race Alone

Race	LOS ALAMOS	NEW	UNITED
(Percentage)	COUNTY, NM	MEXICO	STATES
White	43.04%	45.33%	44.16%
Black	0%	54.9%	57.18%
Asian	50%	52.78%	52.95%
Native American/	83.87%	59.68%	57.19%
Alaska Native			
Native Hawaiian/ Pacific Islander	No data	73.45%	61.36%
Other Race	27.05%	57.19%	67.77%
Multiple Race	22.88%	54.94%	59.56%

Families with Children by Race Alone comprise a much smaller fraction of the overall population (only 28.16% for Los Alamos County). Of these, the highest percentage are Native Americans, followed by Whites, Asians, 'Other' Race and Multiple Race. Comparison to New Mexico and the U.S. is difficult due to the lack of a statistically significant population of Blacks or Native Hawaiians in Los Alamos County.

• Families with Children by Ethnicity Alone

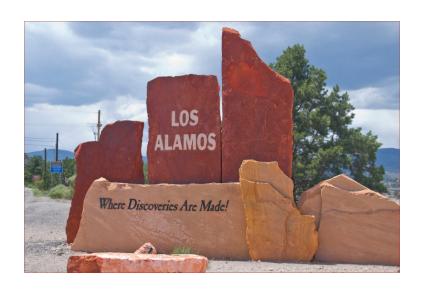
Ethnicity	LOS ALAMOS	NEW	UNITED STATES
(Percentage)	COUNTY, NM	MEXICO	UNITED STATES
Hispanic or Latino	353	125,965	7,513,790
% Hispanic/Latino	53.89%	57.86%	64.91%
Non-Hispanic	1,766	109,961	29,657,936
% Non-Hispanic/	40.94%	40.16%	44.45%
Latino	40.94%	40.10%	44.45%

Families with Children by Ethnicity Alone shows that 53.89% of this group is Hispanic or Latino compared to 57.86% for New Mexico and 64.91% for the U.S.



APPENDIX B: (2) SOCIOECONOMIC PROFILE





# HEALTH SERVICES GAP ANALYSIS SOCIOECONOMIC PROFILE

A STATISTICAL DESCRIPTION OF THE ECONOMY OF LOS ALAMOS COUNTY
AND ITS IMPACT ON THE SOCIAL STATUS OF RESIDENT
COMPARED TO NEW MEXICO AND THE UNITED STATES

JANUARY 24, 2020

**KSA** 

March 2020 37 | Page

# SOCIOECONOMIC PROFILE OF LOS ALAMOS COUNTY

This report summarizes relevant data about the socioeconomics of residents of Los Alamos County. Where relevant, detail by gender, age group and/or race and ethnic background are provided. In all instances, the data for Los Alamos County is compared to New Mexico and the United States. The few areas for which Los Alamos County experiences lower socioeconomic status than New Mexico or the United States are noted in bold, red font.

# **TABLE OF CONTENTS**

DESCRIPTION	DESCRIPTION
INCOME	EMPLOYMENT
Median Family Income	Unemployment Rate
Median Family Income by Family Composition	Major Employers in Los Alamos
Median Family Income by Race/Ethnicity	EDUCATION
Per Capita Income	Head Start
Per Capita Income by Race Alone	Student Reading Proficiency, 4 <sup>th</sup> grade
Per Capita Income by Ethnicity Alone	High School Graduation Rates
Families earning over \$75,000 per Year	Population with no High School degree
Families earning over \$75,000 per Year by Race	Population with Bachelor's degree or more
Families earning over \$75,000/Year by Ethnicity	HOUSING
Public Assistance Income	Housing Cost Burden (30% or more Income)
HEALTH INSURANCE	Housing Cost Burden by Housing Type (Rental, Owner Occupied
HEALTH INSURANCE	with Mortgage and Owner Occupied without Mortgage)
Persons Eligible for, and receiving Medicaid	FOOD
Persons receiving Medicaid by Age Group	Food Insecurity Rate (Low Food Access)
Uninsured Adults	Fast Food Establishments
Uninsured Children	Fast Food Establishment Growth
POVERTY RATES	Population receiving SNAP benefits
Population below 50% of Federal Poverty Level	Children eligible for Free Lunch
– extreme poverty	Cilidren engible for Free Editor
Population below 100% of Federal Poverty	Food Access/WIC-Authorized Stores
Level – poor	1 000 Accessy Wic-Authorized Stores
Population below 100% of Federal Poverty Level by Gender	TRANSPORTATION
Population below 100% of Federal Poverty Level by Race	Households with no Motor Vehicle
Population below 100% of Federal Poverty Level by Ethnicity	Use of Public Transportation
Population below 185% of Federal Poverty	
Level – live in debt	TEEN BIRTHS
Population below 200% of Federal Poverty	
Level – working poor	CRIME
LEVEL WOLKING POOL	RECREATION ACCESS
	INCONTACTION ACCESS



# SOCIOECONOMICS OF LOS ALAMOS COUNTY

		S	OCIOECO	<b>NOMIC CH</b>	ARACTER	ISTIC			NARRATIVE
NCOME									
• Med	lian Fa	amily	Income						This indicator reports
			l Family	Averag	e Family	Mediar	Fam	nily	median family income
AREA			seholds	_	ome		ome		based on the latest 5-
Los Alamos		4	,969	\$14	6,406	\$133	3,523		year American Community Survey
New Mexic	0	49	1,535	\$75	5,588	\$57	,436		estimates. A family
United States		78,2	98,703	\$95	5,031	\$70	,850		household is any housing unit in which
<ul> <li>Med</li> </ul>	lian Fa	amily	Income by	y Family Co	ompositio	n			the householder lives
AREA	Marr without	out	Married with Children	Single- Males without Children	Single – Males with Children	Single- Females without Children	F	ingle – emales with hildren	with one or more individuals related to him or her by birth, marriage, or adoption
Los Alamos	\$140,0	093	\$135,093	\$148,314	\$86,188	\$80,268	_	60,787	Family income include
New Mexico	\$71,1	.86	\$73,143	\$46,279	\$36,176	\$40,201	\$	22,209	the incomes of all fam members age 15 and
United States	\$81,1	.08	\$91,621	\$55,687	\$41,054	\$46,626	\$	26,141	old.
• Med	lian Fa	amily	Income by	y Race/Eth	nicity of H	Iouseholde	er		Source: U.S. Census Bureau,
AREA	W	hite	Black	Asian	Amer India			Hispan Latin	1 2013-2017 by Census Tract.
Los Alamos	\$13	6,296	No data	\$155,388	\$139,8	86 \$128,	062	\$98,29	90
New Mexico	\$75	5,318	\$53,759	\$73,388	\$36,63	\$58,1	188	\$45,67	75
United States	\$79	,837	\$46,688	\$92,200	\$47,08	\$62,4	158	\$48,93	32
• Per	Capita	Inco	me						Per Capita Income for
AREA	•		Total oulation	Total I	ncome (\$)	Per C	apita (\$	Income )	\$52,125. This includes
Los Alamos			.8,031	\$939	,872,900		\$52,:		all reported income
New Mexic	0	2,0	084,828	\$52,65	6,257,500		\$25,2	256	from wages, salaries, interest or dividends,
<b>United Stat</b>	es	321	,004,407	\$10,008,	063,515,70	00	\$31,:	177	public assistance,
• Per	Capit	a Inco	me by Ra	ce Alone					retirement and other
AREA	Wh	nite	Black	Asian	America Indian			Other Race	sources.
Los Alamos	\$52,	,271	\$36,073	\$58,019	\$21,96	4 \$45,6	96	\$42,852	Source: U.S. Census Bureau, American Community Surve
New Mexico	\$27,	,804	\$24,859	\$31,911	\$14,35	9 \$17,2	24	\$18,064	2042.47.5
United States	\$34,	,221	\$21,117	\$36,158	\$18,82	2 \$17,9	48	\$17,051	



# **NARRATIVE**

# **INCOME**

Per Capita Income by Ethnicity Alone

AREA	Total Hispanic/ Latino	Total Non-Hispanic/ Non-Latino
Los Alamos	\$33,420	\$56,024
New Mexico	\$18,859	\$31,452
United States	\$18,321	\$33,924

• Families Earning over \$75,000

AREA	TOTAL FAMILIES	FAMILIES EARNING OVER \$75,000/ YEAR	PERCENT FAMILIES EARNING OVER \$75,000/ YEAR
Los Alamos	4,969	3,923	78.95%
New Mexico	491,535	184,380	37.51%
United States	78,298,703	39,926,465	47.16%

• Families Earning over \$75,000 by Race Alone, Total & Percent

AREA	White	Black	Asian	Amer.	Multi	Other
AREA	white	Diack	Asiaii	Indian	Race	Race
Los	3,407	9	266	31	153	57
Alamos	(78.5%)	(100%)	(85.3%)	(100%)	(100%)	(46.7%)
New	155,900	3,055	3,166	8,154	3,868	10,210
Mexico	(40.7%)	(35.2%)	(48.2%)	(21.3%)	(36.8%)	(23.3%)
United	30,255,983	2,646,293	2,363,628	166,706	617,568	830,211
States	(50.4%)	(29.7%)	(59%)	(29%)	(41.9%)	(25.8%)

• Families Earning over \$75,000 by Ethnicity Alone, Total & Percent

AREA	Hispanic/ Latino	Non-Hispanic/ Non-Latino
Los Alamos	409	
LOS Alamos	409	3,514
	(62.4%)	(81.5%)
New Mexico	59,201	125,179
	(27.2%)	(45.7%)
United States	3,749,216	33,447,049
	(30%)	(50.1%)

Public Assistance Income

AREA	Total Households	Total Households with Public Assistance and Percent
Los Alamos	7,525	11 (0.15%)
New Mexico	770,435	21,421 (2.78%)
United States	118,825,921	3,041,626 (2.56%)

Source: US Census Bureau, American Community Survey. 2013-17

Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated persons.

Source: US Census Bureau, American Community Survey. 2013-17

This indicator reports the households receiving public assistance. Public assistance includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or noncash benefits such as Food Stamps.



SOCIOECONOM	C CHARACTERISTIC			NARRATIVE	
<b>HEALTH INSURA</b>	NCE				
Persons 6	eligible for, and receiving,	Medicaid, 2017		This indicator reports the	
AREA	TOTAL POPULATION (For Whom Health Insurance Can Be Determined)	Population with Any Health Insurance	Population and Percent Receiving Medicaid	percentage of the population with insurance enrolled in Medicaid (or other means-tested public	
Los Alamos	17,947	17,171	885 (5.2%)	health insurance). This indicator is relevant	
New Mexico	2,050,101	1,793,939	606,373 (33.8%)	because it assesses vulnerable populations which are more likely to	
United States	316,027,641	282,850,495	61,856,728 (21.9%)	have multiple health access, health	
<ul> <li>Population</li> </ul>	on receiving, Medicaid by	Age Group (# and %)	, 2017	status, and social support	
AREA	Under Age 18	18-64	65+	needs; when combined	
Los Alamos	250 (5.6%)	474 (4.5%)	161 (5.3%)	with poverty data, providers can use this	
New Mexico	285,626 (54.3%)	270,069 (22.5%)	50,678 (15.7%)	measure to identify gaps in eligibility	
United States	29,582,082 (38%)	25,886,378 (13.5%)	6,388,268 (13.8%)	and enrollment.	
Source: US Census Bu	reau, American Community Su	· , , , , , , , , , , , , , , , , , , ,	( /		
	Total Population (for	Population		insurance is considered a	
AREA	whom insurance is	without Medical	Percent without	<i>key driver</i> of health status.	
	determined)	Insurance	Medical Insurance	This indicator reports the	
Los Alamos	17,947	776	4.32%	percentage of residents	
New Mexico	2,051,101	256,162	12.5%	without health insurance coverage. Lack of	
United States	316,027,641	33,177,146	10.5%	insurance is a primary	
Source: US Census Ви	ireau, Small Area Health Insura	nce Estimates. 2017.		barrier to healthcare access including regular primary care, specialty care, and other services that contributes to poor	
▲ Unincuro	d Children, 2017			health status.  This indicator reports the	
• Uninsure	u Ciliuren, 2017		Population	percentage of children	
AREA	Total Population (Under age 18)	Population with Medical Insurance	without Medical Insurance	under age 18 without health insurance coverage.	
Los Alamos	4,667	4,561 (97.7%)	106 (2.4%)	Los Alamos County children are half as likely	
New Mexico	508,395	481,184 (94.7%)	27,211 (5.3%)	as New Mexico or United States children to be	
United States	76,244,403	72,436,020 (95%)	3,808,383 (5%)	uninsured.	



<ul> <li>HEALTH INSURANCE</li> <li>Uninsured Population by Gender, 2017</li> <li>Total Uninsured Males</li> </ul>	Total			The disparity in gender is among males with an								
Total Uninsured Males	Total											
Total Uninsured Males	Total		Uninsured Population by Gender, 2017									
ADEA		Males Total Uninsured Females										
AREA (# and %)		(# and	l % <b>)</b>	higher than females.  This disparity is								
Los Alamos 490 (5.4%)		286 (3.	2%)	standard across the New								
New Mexico 138,908 (13.8%)	1	17,254 (	11.2%)	Mexico and U.S. regions.								
United States 17,944,127 (11.6%)	1!	5,233,019	9 (9.4%)									
<ul> <li>Uninsured Population by Age Group, 20</li> </ul>	17	· · · · · · · · · · · · · · · · · · ·	•	The highest rates of								
	ge 18-64		Age 65+	uninsured are for adults								
Los Alamos 2.1%	6.4%		0.5%	ages 18-64. Access to								
New Mexico 6.6%	18.1%		1.2%	Medicare and the Children's Health								
United States 5.7%	14.8%			Insurance Program								
3.770	lower the uninsured											
	rates for these ages.											
<ul> <li>Uninsured Population by Race Alone, Pe</li> </ul>	ercent			The highest uninsured								
Non-Hispanic Non-Hispanic	Native Other	BALLET D	rates are 'Other Race'									
AREA WHITE BLACK Asian	American	Race	Multi Race	with similar disparities								
Los Alamos 4% 0% 0%	2.4%	21.8%	6.5%	at the State and national								
New Mexico         7%         9.6%         7.5%		17.8%	10.3%	levels. The lower								
United States         7.2%         12.3%         9%	21.6%	23.6%	9.2%	uninsured rate for Native Americans in Los								
				Alamos is commendable.								
Uninsured Population by Ethnicity Alone	e Percent			Hispanic and Latino								
Total Hispanic/Latino		Hisnanic	/non-Latino	have higher uninsured								
AREA (# and %)	ΔRFA											
Los Alamos 218 (7.1%)	(# and %)		geographic areas,									
	558 (3.8%) 110,974 (10.5%)			including Los Alamos								
New Mexico 145,188 (14.7%)			•	County in which								
United States 11,829,368 (21.2%)	21,3	47,779 (8	3.2%)	Hispanics have 1.9 times the uninsured rates as								
				non-Hispanics.								



Source: US Census Bureau, Small Area Health Insurance Estimates. 2017.

# SOCIOECONOMIC CHARACTERISTIC POVERTY RATES

**NARRATIVE** 

• Population Below 50% of Federal Poverty Level (FPL) – EXTREME, 2017

AREA	Total Population	Population at or Below 50% FPL	% at or Below 50% FPL
Los Alamos	18,031	386	2.1%
New Mexico	2,084,828	186,825	9%
United States	321,004,407	20,276,204	6.3%

In Los Alamos County, 2.1% or 386 individuals live in households with income below 50% of the Federal Poverty Level (FPL). Below 50% of FPL is considered 'extreme'.

Source: US Census Bureau, American Community Survey. 2013-17.

• Population Below 100% of FPL - Poor, 2017

AREA	Total Population	Population at or Below 100% FPL	% at or Below 100% FPL
Los Alamos	18,031	920	5.1%
New Mexico	2,084,828	420,293	20.2%
United States	321,004,407	45,650,345	14.2%

Poverty is considered a *key driver* of health status. In Los Alamos County, 5.1% or 920 individuals live in households with income below the Federal Poverty Level (FPL).

• Population below 100% by Gender, 2017

AREA	MALE	FEMALE	Total Male Below 100% FPL	Total Female Below 100% FPL
Los Alamos	9,135	8,896	386 (4.3%)	534
	,	,		(6%)
New Mexico	1,032,086	1,052,742	192,619 (19.2%)	227,674 (21.9%)
United States	158,018,753	162,985,654	20,408,628	25,241,719
	130,018,733	102,985,054	(13.3%)	(15.8%)

• Population below 100% of FPL by Race, 2017

AREA	White	Black	Native American	Asian	Multi Race
Los Alamos	715	0	30	48	20
	(4.6%)		(14%)	(4.5%)	(3.3%)
New Mexico	273,759	9,459	65,053	2,896	13,767
	(18%)	(24%)	(33%)	(9.9%)	(20.6%)
United States	27,607,156	9,807,009	681,207	2,011,217	1,800,443
	(12%)	(25.2%)	(26.8%)	(12%)	(18.4%)

• Population below 100% of FPL by Ethnicity, 2017

AREA	Male	Female	Total Hispanic/ Latino Below 100% FPL	Total Non- Hispanic or Latino Below 100% FPL
Los Alamos	9,135	8,896	282 (9.2%)	638 (4.3%)
New Mexico	1,032,086	1,052,742	244,409 (24.9%)	175,884 (16.6%)
United States	158,018,753	162,985,654	12,269,402 (22.2%)	33,380,893 (13%)

The population living at or below 100% of the Federal Poverty Level is considered as qualifying for Medicaid, and the ACA or Health Marketplace Exchange won't consider an application for health insurance coverage.

Racial differences in Poverty Levels are evident only for Native Americans in Los Alamos County. This is in contrast to the disparities in poverty levels for Blacks and Multi-Race.

For ethnicity, despite strong disparities for Hispanic/Latino in New Mexico and the United States, the poverty rate for Hispanics and Latinos in Los Alamos County, while significantly lower than the State and Nation, is still twice that of non-Hispanic/non-Latinos.

SOCIOECO	NOMIC CHARA	ACTERISTIC		NARRATIVE
POVERTY F				
Population Below 185% of FPL – living in debt, 2017				In Los Alamos County, 10.82% or 1,941
AREA	Total	Population at or	% at or Below	individuals are living in households with
ANEA	Population	Below 185% FPL	185% FPL	income below 185% of the Federal
Los Alamos	18,031	1,941	10.8%	Poverty Level (FPL). This indicator is
New Mexico	2,084,828	804,773	38.6%	relevant because poverty creates barriers to access including health services,
United States	321,004,407	94,262,439	29.4%	healthy food, and other needs that
				contribute to poor health status.
		L – qualify for ACA a	assistance,	This level of poverty may qualify
typically cons	idered the 'wor	king poor', 2017		individuals for a health insurance
AREA	Total Population	Population at or Below 200% FPL	% at or Below 200% FPL	premium tax credit and potentially, a cost-sharing subsidy to lower monthly health insurance premiums in the ACA
Los Alamos	18,031	2,079	11.5%	Health Marketplace Exchange.
New Mexico	2,084,828	865,123	41.5%	
United States	321,004,407	102,523,670	31.9%	
SOCIOECONON		RISTIC		
<b>EMPLOYMENT</b>				NARRATIVE
Unempl	loyment Rate, 2	019		Total unemployment in Los Alamos
AREA	Labor Force	# Employed	# and %	County for October 2019 equals 288, or 3.1% of the civilian non-institutionalized
			Unemployed	population age 16 and older (non-
Los Alamos	9,395	9,107	288 (3.1%)	seasonally adjusted). This indicator is
			43,833	relevant because unemployment creates
New Mexico	968,393	924,560	(4.5%)	financial instability and barriers to access
United States	165,638,906	160,033,858	5,605,048	including insurance coverage, health services, healthy food, and other
Source: US Departme	ent of Lahor Rureau	of Labor Statistics. Oct	(3.4%)	necessities that contribute to poor health
Source. 05 Departme	int of Eubor, Bureuu	of Eubor Statistics. Oct.	2013	status.
<ul> <li>Major Industr</li> </ul>	ries:			
	mos National La			11,473
·		% of whom live in Lo	s Alamos)	
✓ Smith's Food & Drug				
✓ Los Alamos National Bank				
	<ul><li>✓ Los Alamos Medical Center</li><li>✓ National Security Technologies</li></ul>			
	nos County	iologies		
	nos Public Scho	ols		
	te Credit Union	0.0		
50.1101	to create official			



### SOCIOECONOMIC CHARACTERISTIC **NARRATIVE EDUCATION Head Start** This indicator reports the number and rate of Head Start program facilities **Head Start Total Children Head Start** per 10,000 children under age 5. Head **AREA Program Rate Under 5 years Programs** Start facility data is acquired from the (per 10,000) 0 US Department of Health and Human Los Alamos 960 NA Services (HHS) 2018 Head Start 144,981 206 8.21 New Mexico locator. Population data is from the **United States** 20,426,118 18,886 7.18 2010 US Decennial Census. Source: US Department of Health & Human Services, Administration for Children and Families. 2019. Student Reading Proficiency, 4th grade This indicator reports the percentage % Students % Students of children in grade 4 whose reading **Total Students** Scoring **Not Scoring** skills tested below "proficient" level AREA with Valid **Proficient or Proficient or** for the English Language Arts portion **Test Scores** Better **Better** of the state-specific standardized test. Los Alamos 269 57% 43% An inability to read English is linked to 25.7% New Mexico 25,097 74.3% poverty, unemployment, and barriers **United States** 3,569,598 50.8% 49.2% to healthcare access, and health Source: US Department of Education, EDFacts. Accessed via DATA.GOV. 2016-17. literacy/education. Within the report area 87.5% of High School Graduation Rates, 2017 students are receiving their high **Total Student Total Diplomas AREA** school diploma within four years. Cohort Issued This is greater than the 258 Los Alamos 297 Healthy People 2020 target of (86.9%) 82.4%. This indicator is relevant 17,865 New Mexico 24,654 because research suggests (72.5%)education is one the strongest 2,688,701 predictors of health (Freudenberg & **United States** 3,095,906 (86.8%) Ruglis, 2007) Population with No High School Diploma, 2017 **Total Student Total Diplomas** There are 260 persons aged 25 and **AREA** Cohort Issued older without a high school diploma Los Alamos 12,704 260 (2%) (or equivalency) in Los Alamos New Mexico 1,381,630 207,487 (15%) County. This represents 2% of the 27,437,114 (12.7%) **United States** 216,271,644 total population aged 25 and older. Population with Bachelor's Level Degree or Higher, 2017 This indicator is relevant because educational attainment is linked to **Total Student Total Diplomas AREA** Cohort Issued positive health outcomes. Los Alamos 12,704 8,315 (65.5%) 65.5% of the population aged 25 and New Mexico 1,381,630 371.294 (26.9%) older, or 8,315 individuals in Los **United States** 216,271,644 66,887,603 (31%) Alamos County have a Bachelor's level Source: US Census Bureau, American Community Survey. 2013-17. degree or higher. This self-reported indicator is • Bullying on School Property and Electronically, %, Grades 9-12, 2017 troubling since it is significantly **Bullying Percent on Bullying Percent AREA** higher than that of New Mexico. In **School Property** Electronically



This self-reported indicator is troubling since it is significantly higher than that of New Mexico. In addition, the trend has increased since 2011 (measured every 2 years—2011 rates shown in parentheses.)



# LOS ALAMOS PUBLIC SCHOOL (LAPS) SYSTEM

Elementary	To Date
Pre School	108
K	254
1st	247
2nd	241
3rd	253
4th	282
5th	302
6th	306
Total K-6	1885
Total Pre-6	1993
Homebound	2
Secondary 7th	295
8th	274
LAMS Total	569
TFA 9th	307
LAHS 10th	328
LAHS 11th	267
LAHS 12th	296
TFA & LAHS Total	1198
***************************************	THE PARTY
Total K-12	3083

LEGEND:				
Elementary (1) Aspen Elementary (2) Barranca Elementary (3) Chamisa Elementary (4) Mountain Elementary (5) Pinon Elementary				
Middle	Middle LAMS Los Alamos Middle School (Grades 7-8)			
Freshman	TFA	Topper Freshman Academy (Grade 9)		
High School	LAHS	Los Alamos High School (Grades 10-12)		
School Gradi	ng.	https://laschools.net/academics/school-grading/	Ī	

	Elementa	erv.		ı	18
School	Grade	Classes	Totals		
3011001					
	K	3	50	1 2	0
Α	1st	3		1-3 teachers	9
s	2nd	3		Gr 1-3 Avg	19
p	3rd	3	58	State Avg 1-3	22
e	4th	3		4-6 teachers	9
n	5th	3		Gr 4-6 Avg	25
	6th	3		State Avg 4-6	24
	TOTAL	21			
	PK 3	3	29		
1	PK4	3	31		
_	K	3	56		
В	1st	3		1-3 teachers	9
a	2nd	3		Gr 1-3 Avg	19
r	3rd	3	56	State Avg 1-3	22
r	4th	3		4-6 teachers	9
a	5th	3		Gr 4-6 Avg	22
n	6th	3	62	State Avg 4-6	24
С	Total K-6	21			
a	Pre School	3		`	
	TOTAL	24		l	
С	K	2			
h	1st	2	33	1-3 teachers	6
a	2nd	2		Gr 1-3 Avg	18
m	3rd	2	37	State Avg 1-3	22
i	4th	2		4-6 teachers	6
	5th	2		Gr 4-6 Avg	21
S	6th	2		State Avg 4-6	24
а	TOTAL	14	262		
M	K	3	62	l	
О	1st	3	62	1-3 teachers	9
u	2nd	3	54	Gr 1-3 Avg	20
n	3rd	3	64	State Avg 1-3	22
t	4th	3	64	4-6 teachers	9
a	5th	3		Gr 4-6 Avg	23
i	6th	3	66	State Avg 4-6	24
n	TOTAL	21	449		
	PK 3	2		1	
1	PK4	2		1	
	K	2	52	1	
	1st	2		1-3 teachers	6
P	2nd	2		Gr 1-3 Avg	19
i	3rd	2		State Avg 1-3	22
n	4th	2		4-6 teachers	6
0	5th	2		Gr 4-6 Avg	23.2
n	6th	2		State Avg 4-6	24
I "	Total K-6	14	303	State Hvg 4-0	
	Pre- School				
	TOTAL	18			
	nos Dublio Cobo			ina Cablantz on 1/	/2020

Source: Los Alamos Public Schools, provided by Kristine Coblentz on 1/9/2020.



### **NARRATIVE**

Social Determinants of Health: "The conditions in which people are born, grow, live, work and age."

Studies indicate that from 40-60% of health status is based on social determinants versus quality health care.

# **HOUSING**

Housing Cost Burden (30% or more of income)

AREA	Total Households	Cost Burdened Households
Los Alamos	7,525	1,036 (13.8%)
New Mexico	770,435	225,147 (29.2%)
United States	118,825,921	38,077,410 (32%)

Source: US Department of Housing and Urban Development. 2016

Almost 14% (13.8%) of households in Los Alamos County are considered to be 'cost-burdened' where 30% or more of annual income is allocated to housing costs. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

Housing Cost Burden by Type

AREA	Cost Burdened Households	Cost Burdened Rental Households	Cost Burdened Households with Mortgage	Cost Burdened Households no Mortgage
Los Alamos	1,036 (13.8%)	502	411	123
New Mexico	225,147 (29.2%)	110,262	89,328	25,557
United States	38,077,410 (32%)	20,138,321	14,130,580	3,808,509

Housing Cost Burden by Rental

AREA	Rental Households	Cost Burdened Rental Households	% Cost Burdened Rental Households
Los Alamos	1,982	502	25.3%
New Mexico	247,505	110,262	44.6%
United States	42,992,786	20,138,321	46.8%

Housing Cost Burden by Owner Occupied with Mortgage

AREA	Owner Occupied Households with Mortgage	Cost Burdened Owner Occupied with Mortgage	% Cost Burdened Owner Occupied with Mortgage
Los Alamos	3,388	411	12.1%
New Mexico	290,369	89,328	30.8%
United States	48,185,314	14,130,580	29.3%

Housing Cost Burden by Owner Occupied with No Mortgage

			0 0
	Owner Occupied	Cost Burdened	% Cost Burdened
AREA	Households	Owner Occupied	Owner Occupied
	No Mortgage	No Mortgage	No Mortgage
Los Alamos	2,155	123	5.7%
New Mexico	232,561	25,557	11%
United States	27,647,821	3,808,509	13.8%

Source: U.S. Census Bureau, American Community Survey, 2013-2017, 5-year estimates.

This indicators shows households that spend more than 30% of household income on housing costs by Type of Household payment.

Of the 1,036 households in Los Alamos County that are cost burdened, equivalent to 14% of the total, 502 or 48% are rental households, 40% are owner occupied households with a mortgage and 12% are owner occupied with no mortgage.

Alternatively, as a percent of total household by these 3 types, 25% of rental households are cost burdened; 12% of owner occupied households with a mortgage and only 6% of owner occupied households with no mortgage.

The plight of Los Alamos is uniquely at the mid-level, with housing shortages acutely felt by middle income levels. Most new housing developments are either market rate, start at +/- \$400,000, or targeting incomes of \$60,000 or less for a family of four. This leaves a supply gap of housing for income ranges of \$60,000 - \$100,000, the so called 'missing middle housing'.



# **NARRATIVE**

# **FOOD**

Food Insecurity Rate (Low Food Access)

AREA	Total Population	Population with Low Food Access (# & %)
Los Alamos	18,031	10,280 (57%)
New Mexico	2,084,828	685,387 (32.8%)
United States	321,004,407	69,266,771 (21.5%)

Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016 and US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the 2017 report, Low-Income and Low-Supermarket-Access Census Tracts, 2010-2015. This indicator is relevant because it highlights populations and geographies facing food insecurity.



### Population with Limited Food Access, Percent by Tract, FARA 2015

Over 50.0%

20.1 - 50.0%

5.1 - 20.0% Under 5.1%

No Low Food Access

Los Alamos County, NM

Fast Food

1 001 1 000				
AREA	Total Population	Fast Food Establishments (# & Rate/100,000)		
Los Alamos	18,031	13 (72.42)		
New Mexico	2,084,828	1,459 (70.9)		
United States	321,004,407	237,922 (77)		

This indicator provides a measure of healthy food access and environmental influences on dietary behaviors. This indicator has significantly increased from 2010, when Los Alamos County had a rate of 44.6/100,000 and 2014 at 55.2/1,000.



# Fast Food Restaurants, Rate (Per 100,000 Pop.) by ZCTA, CBP 2016

Over 100.0

75.1 - 100.0

50.1 - 75.0

Under 50.1

No Fast Food Restaurants

🔲 Los Alamos County, NM

### Fast Food Restaurant Growth

Fast Food establishments in Los Alamos County have grown at a rapid pace over the past seven years, from 2010 to 2016.

Fast Food Restaurants,

Rate per 100,000 Population by Year, 2010 through 2016

Report Area	2010	2011	2012	2013	2014	2015	2016
Los Alamos County, NM	44.57	44.57	61.28	55.71	55.71	72.42	72.42
New Mexico	65.41	66.82	69.35	70.13	70.37	70.8	70.85
United States	69.14	70.04	72.84	73.68	74.07	75.59	77.06

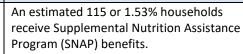


# **NARRATIVE**

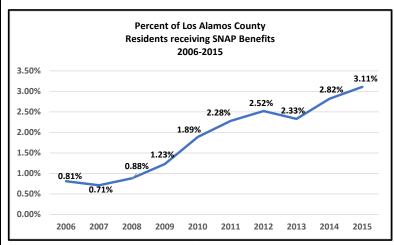
# **FOOD** (continued)

 Population receiving SNAP benefits (Supplemental Nutrition Assistance Program)

AREA	Total Population	Population Receiving SNAP Benefits (# & %)
Los Alamos	18,031	553 (3.1%)
New Mexico	2,084,828	465,538 (22.3%)
United States	321,004,407	44,567,069 (13.9%)



The value for the report area is less than the national average of 12.7%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.



• Children Eligible for Free/Reduced Price Lunch

AREA	Total Population	Population Eligible for Free Lunch (# & %)
Los Alamos	3,662	441 (12%)
New Mexico	336,053	239,689 (71.3%)
United States	50,737,716	24,970,187 (49.2%)

Source: US Department of Agriculture, Food and Nutrition Service, USDA - SNAP Retailer Locator. Additional data analysis by CARES. 2019.

Within the report area 441 public school students or 12.04% are eligible for Free/Reduced Price lunch out of 3,662 total students enrolled. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

# Food Access-WIC Authorized Stores

AREA	Total Population	WIC Authorized Stores (# & Rate/100,000)
Los Alamos	18,031	2 (11/100,000)
New Mexico	2,084,828	370 (17.7/100,000)
United States	321,004,407	50,042 (15.6/100,000)

Source: US Department of Agriculture, Economic Research Service, USDA - Food Environment Atlas. 2011.

This indicator reports the number of food stores and other retail establishments per 100,000 population that are authorized to accept WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children) benefits and that carry designated WIC foods and food categories. This indicator provides a measure of food security and healthy food access for women and children in poverty as well as environmental influences on dietary behaviors.



# SOCIOECONOMIC CHARACTERISTIC TRANSPORTATION • Households with no Motor Vehicle AREA Total Occupied Households with No Households Households

AREA	Total Occupied	Households with No
AKEA	Households	Motor Vehicle (# & %)
Los Alamos	7,525	265
		(3.5%)
New Mexico	770,435	44,387
		(5.8%)
United States	118,825,921	10,468,418
		(8.8%)

• Use of Public Transportation

AREA	Total Population Employed, Age 16+	Population Using Public Transit to Work (# & %)
Los Alamos	9,040	296 (3.3%)
New Mexico	875,493	9,801 (1.1%)
United States	148,432,042	7,607,907 (5.1%)

Source: US Census Bureau, American Community Survey. 2013-17.

This indicator reports the percentage of population using public transportation as their primary means of commuting to work. Public transportation includes buses or trolley buses, streetcars or trolley cars, subway or elevated rails, and ferryboats.



Workers Traveling to Work Using Public Transit, Percent by Tract, ACS 2013-17

Over 4.0% 1.1 - 4.0%

0.1 - 1.0%

No Workers Using Public Transit

No Data or Data Suppressed
Los Alamos County, NM



# SOCIOECONOMIC CHARACTERISTIC TEEN BIRTHS • Teen Births

NARRATIVE

**Female Population** Births to Mothers, **AREA** Ages 15-19 & Rate Ages 15-19 534 Los Alamos (10.4/1,000) 73,069 4,165 New Mexico (57/1,000) 392,962 10,736,677 **United States** (36.6/1,000)

This indicator reports the rate of total births to women age of 15 - 19 per 1,000 female population age 15 - 19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services.

Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

• Births to Women Age 15-19, Rate (per 1,000 Population) by Race / Ethnicity

AREA	Non-Hispanic White	Non-Hispanic Black	Hispanic or Latino
Los Alamos	No Data	No Data	27.3
New Mexico	31.3	42.9	70.5
United States	24.6	54.9	62

Source: US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control & Prevention, National Vital Statistics System, 2006-2012.

# SOCIOECONOMIC CHARACTERISTIC NARRATIVE

# **CRIME**

### Violent Crime Rate

AREA	Violent Crimes	Violent Crime Rate (Per 100,000 Population)
Los Alamos	31.5	178.1
New Mexico	12,755	623.9
United States	1,205,137	384.8

Source: Federal Bureau of Investigation, FBI Uniform Crime Reports for period from 2014-2016. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Inter-University Consortium for Political and Social Research. 2019.

This indicator reports information about violent crime offenses reported by law enforcement. In Los Alamos County, 31.5 violent crimes occurred during the 2014-16 three-year period. The violent crime rate of 178.1 is lower than the statewide rate of 623.9 and national average of 384.8 per 100,000 population. Violent crime includes homicide,

rape, robbery, and aggravated

assault.

# SOCIOECONOMIC CHARACTERISTIC

# **RECREATION ACCESS**

# Recreation and Fitness Facility Access

AREA	Total Population	Recreational & Fitness Establishments (# & Rate/100,000)				
Los Alamos	18,031	7 (39/100,000)				
New Mexico	2,084,828	173 (8.4/100,000)				
United States	321,004,407	33,980 (11.10/100,000)				
Carrage LIC Carrage Bros	Course US Consus Burgay, County Business Batterns, Additional Data Anglysis By CARES					

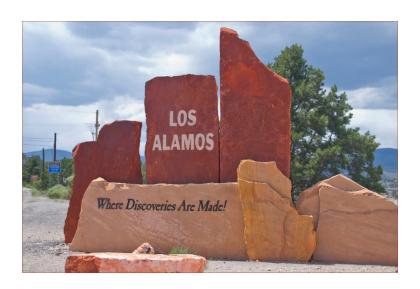
Source: US Census Bureau, County Business Patterns. Additional Data Analysis By CARES. 2016. This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. Access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

**NARRATIVE** 



APPENDIX C3: EPIDEMIOLOGIC PROFILE





# HEALTH SERVICE GAP ANALYSIS EPIDEMIOLOGY REPORT

A STATISTICAL DESCRIPTION OF THE HEALTH STATUS AND DISEASE PROCESS IN LOS ALAMOS COUNTY COMPARED TO NEW MEXICO AND THE UNITED STATES

JANUARY 29, 2020

**KSA** 

March 2020 52 | Page

# **EPIDEMIOLOGY OF LOS ALAMOS COUNTY**

This report summarizes relevant data about the health of residents of Los Alamos County and relates those to Health Outcomes. Where relevant, detail by gender, age group and/or race and ethnic background are provided. The few areas for which Los Alamos County experiences worse health than New Mexico or the United States are noted in bold, red font.

DESCRIPTION
ACCESS
Access to Primary Medical Care
Access to Mental Health Providers
Access to Dentists
Lack of a Consistent Source of Primary Medical Care
HEALTH STATUS
Poor General Health
Lack of Emotional or Social Support
Poor Dental Health
Low Birth-Weight Births
Teen Births
WORKFORCE
Ratio of Primary Care Physicians to Population
Population Living in Health Professional Facility Shortage Area (HPSA)
Federally Qualified Health Centers
HEALTH BEHAVIORS
Alcohol
Fruit and Vegetable Consumption
Physical Inactivity
Soda Consumption
Tobacco Consumption
CLINICAL CONDITIONS
Behavioral Health
Mental Health
Substance Use
Cancer
Cardiac
Communicable Disease
Dental Disease
Diabetes
Respiratory
Stroke
DISABILITIES
MORTALITY
Premature Mortality and Years of Potential Life Lost



# ACCESS NARRATIVE

# • Access to Primary Care

AREA	Total Population Primary Care Physicians, 2014		Rate of PCP per 100,000 Population
Los Alamos	18,031	27	149.74
New Mexico	2,084,828	1,549	74.3
United	321,004,407	247.060	75.6
States	321,004,407	247,069	/3.0

number of primary care physicians per 100,000 population.

This indicator reports the

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2014

# • Access to Mental Health Providers

AREA	Total Population	Mental Health Providers	Ratio of Mental Health Providers to Population	Mental Health Care Provider Rate (Per 100,000 Population)
Los Alamos	18,031	39	480.5	208.1
New Mexico	2,084,828	7,924	263.4	379.6
United States	321,004,407	643.219	493	202.8

This indicator includes psychiatrists, psychologists, social workers, and counselors that specialize in mental health.

Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017

# Access to Dentists

AREA	Total Population	Total Dentists	Dentists, Rate Per 100,000 Population
Los Alamos	18,013	18	101.21
New Mexico	2,084,828	1,287	61.7
United States	321,004,407	210,832	65.7

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015

# • Lack of a Consistent Source of Primary Medical Care

AREA	Total Survey Population	Total Adults Without Regular Doctor	Percent Adults Without Regular Doctor
Los Alamos	17,036	3,031	17.8%
New Mexico	1,543,870	455,971	29.5%
United States	236,884,668	52,290,932	22.1%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

This includes all dentists—
those with a Doctorate in
Dental Surgery (DDS) or in
Dental Medicine (DMD)
licensed by New Mexico to
practice dentistry and are still
practicing.

This survey data is self-reported from adults 18 years and older who do not have a professional that they think of as their personal doctor of healthcare professional.



# **HEALTH STATUS**

# • Poor General Health

AREA	Total Population	Self-Reported Population in Poor or Fair Health	Crude Percent	Age- Adjusted Percent
Los Alamos	13,462	1,255	9.2%	8.6%
New Mexico	1,521,911	270,900	17.8%	17.2%
United States	232,556,016	37,766,703	16.2%	15.7%

# • Lack of Social or Emotional Support

AREA	Total Population	Self-Reported Population with Self- Reported Inadequate Social/Emotional Support	Crude Percent	Age- Adjusted Percent
Los Alamos	13,462	1,446	10.6%	10.1%
New Mexico	1,521,911	307,426	20.2%	20.1%
United States	232,556,016	48,104,656	20.7%	20.7%

## • Poor Dental Health

AREA	Total Population	Self-Reported Population with Self- Reported 6 or More Teeth Removed	Percent of Adults Self-Reporting Poor Dental Health
Los Alamos	13,462	684	5%
New Mexico	1,521,911	216,728	14.2%
United States	232,556,016	36,842,620	15.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

# NARRATIVE

Within Los Alamos County,
New Mexico, 9.2% of adults
age 18 and older self-report
having poor or fair health in
response to the question
"Would you say that in general
your health is excellent, very
good, good, fair, or poor?".
This indicator is relevant
because it is a measure of
general poor health status.

This survey question reports the percent of adults 18 and older that self-report that they have insufficient social or emotional support some or all of the time. This support is critical for daily life, good mental health and is linked to educational achievement and economic stability.

This reflects adults age 18 and older who report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection.

# PREMATURE DEATH

# • Premature Death, Years of Potential Life Lost

AREA	Total Population (3-years from 2015-17)	Total Premature Deaths (2015-17)	Total Years of Potential Life Lost, 2015-17 Average	Years of Potential Life Lost, Rate per 100,00 population
Los Alamos	50,605	123	2,212	4,371
New Mexico	5,836,294	27,215	516,758	8,854
United States	908,082,355	3,744.984	63,087,358	6,947

Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, ageadjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

# • Premature Death, Years of Potential Life Lost

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017
Los Alamos County, NM	3,487.2	5,913.8	3,251.4	3,255	4,612.6	3,307.9	4,371
New Mexico	8,086.8	8,163.4	8,359.2	8,286.74	7,924.5	8,207.1	8,799.84
United States	7,705.2	7,535	7,345	7,090.49	6,703.7	6,601.2	6,900.63



# **HEALTH STATUS (continued)**

# • Low-Birth Weight, 2015-17

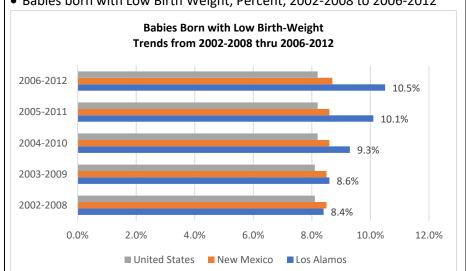
Total Live Births	Low Birth Weight	Low Birth Weight, Percent of Total				
1,288	135	10.5%				
204,764	17,814	8.7%				
29,300,495	2,402,641	8.2%				
	Total Live Births 1,288 204,764	Total Live Births  1,288  204,764  Low Birth Weight  135  17,814				

Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health, 2015-17

Low birthweight is defined as less than 2,500 grams (5 pounds, 8 ounces). LBW increases the risk for infant mortality and morbidity. As birthweight decreases, the risk for death increases. Low birthweight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services. Health care costs and length of hospital stay are higher for low birthweight infants.

**NARRATIVE** 

• Babies born with Low Birth Weight, Percent, 2002-2008 to 2006-2012



This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Los Alamos County, NM	8.4%	8.6%	9.3%	10.1%	10.5%
New Mexico	8.5%	8.5%	8.6%	8.6%	8.7%
United States	8.1%	8.1%	8.2%	8.2%	8.2%

## • Teen Births, Births per 1,000 girls in population, 2015-2017

• Teeli Birtis, Birtis per 1,000 giris in population, 2013-2017					
AREA	Female Population, ages 15-19	Birth to Mothers, Ages 15-19	Teen Birth Rate per 100,000 population, 2015-17		
Los Alamos	1,793	8	4.5		
New Mexico	205,501	6,196	30.2		
United States	30,970,358	633,901	20.5		

Source: Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

The female population ages 15-19 in New Mexico is 55.1% Hispanic, and among the teens giving birth, 81% were Hispanic (NM IBIS, 2017). Rates are higher among young people living in poverty, living in foster care, or facing persistent racism and discrimination.



# WORKFORCE

# • Ratio of Primary Care Providers to Population, 2016

AREA	Total Population	Primary Care Providers	Providers per 1,000 Population
Los Alamos	18,031	39	2.1
New Mexico	2,084,828	2,993	1.4
United States	321,004,407	83,460	2.6

Source: New Mexico Health Care Workforce Committee, University of New Mexico Health Sciences Center

*Note:* A ratio of approximately 1.7 is the current benchmark for total primary care providers per 1,000 population.

The number in the population for every primary care provider represents the number of persons a single primary care provider serves. Lower numbers represent better access to primary care. The federal government uses this metric as a key metric for a county to be designated a "health professional shortage area," or HPSA. The threshold for the population to provider ratio is 3,500 to 1 (3,000 to 1 if there are unusually high needs in the community). In other words, it is desirable for a county to maintain a ratio under 3,500.

NARRATIVE

# • Population Living in a Health Professional Facility Shortage Area (HPSA)

AREA	Primary Medical	Mental	Dental	Health Profession Shortage
Los Alamos	0	0	0	0
New Mexico	65	64	46	165
United States	3,985	3,623	3,438	11,028

Federally Qualified Health Centers

AREA	Total Population	Federally Qualified Health Centers	Rate of FQHCs Per 100,000 Population
Los Alamos	18,031	0	0
New Mexico	2,084,828	140	6.8
United States	321,004,407	9,192	2.94

Facility HPSAs include three categories:

# Other Facility (OFAC)

Public or non-profit private medical facilities serving a population or geographic area designated as a HPSA with a shortage of health providers.

# Correctional Facility

Medium to Maximum-security federal and state correctional institutions and youth detention facilities with a shortage of health providers.

# • State Mental Hospitals

State or county hospitals with a shortage of psychiatric professionals (mental health designations only).

This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. February 2019.

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. November 2019



# HEALTH BEHAVIORS

# **ALCOHOL CONSUMPTION**

# Alcohol Consumption

AREA	Total Population (18+)	Estimated Adults Drinking Excessively	Crude Percentage	Age- Adjusted Percentage
Los Alamos	13,656	1,955	15.7%	16.8%
New Mexico	1,521,911	208,502	13.7%	14.2%
United States	235,375,690	32,248,349	13.7%	14.9%

Source: Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse.

# • Alcohol Expenditures

AREA	State Rank	Z-Score (US)	Z-Score (State)	Average Alcohol Expenditures	Percent of Food-At- Home Expenditures
Los Alamos	33	2.61	2.45	Suppressed	Suppressed
New Mexico	No data	0.05	0	\$825.03	14.12%
United States	No data	No data	No data	\$839.54	14.29%

Source: Nielsen, Nielson SiteReports, 2014.

### Alcohol-Related Total Deaths

AREA	Total Adult Population (2013-17)	# Deaths among Adults (2013-17)- five-year related to Alcohol	Deaths per 100,000 Population, Age- Adjusted Rate per 100,000 population (2013-17)
Los Alamos	90,641	30	28.5
New Mexico	10,504,397	6,789	62.2
United States	1,510,134,705	440,000	29

Source: New Mexico Indicator-Based Information System, accessed January 23, 2020 https://ibis.health.state.nm.us/indicator/view/alcoholrelateddth.year.nm\_us.html

## • Alcohol-Chronic Disease Related Deaths

AREA	Total Adult Population (2013-17)	# Deaths among Adults (2013-17)- five-year period related to Alcohol & Chronic Disease	Deaths per 100,000 Population, Age- Adjusted Rate per 100,000 population (2013-17)
Los Alamos	90,641	9	9.9
New Mexico	10,504,397	3,715	32.8
United States	1,510,134,705	440,000	29

### Sources:

New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health.

Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://gps.unm.edu/.

U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, [http://www.cdc.gov/nchs/]

This indicator reports the percentage of Los Alamos County residents that self-report heavy alcohol consumption (more than 2 drinks per day for men and 1 per day for women). Future health determinants are cirrhosis, cancer and untreated behavioral health issues.

**NARRATIVE** 

This indicator reports estimated annual alcohol expenditures for alcoholic beverages purchased at home as a percent of total food expenditures. Expenditure data is suppressed for single counties. Rank data are no available except for large geographic areas.

The consequences of excessive alcohol use are severe in New Mexico. New Mexico's total alcohol-related death rate has ranked first, second, or third in the US since 1981; and 1st for the period 1997 through 2010 (the most recent year for which state comparison data are available).

Chronic heavy drinking (defined as drinking, on average, more than two drinks per day for men, and more than one drink per day for women) is associated with alcoholism or alcohol dependence, and can contribute to a number of diseases, including alcoholic liver cirrhosis. For the past 15 years, New Mexico's death rate from alcoholrelated chronic disease has consistently been first or second in the nation, and 1.5 to two times the national rate. The national death rate from alcoholrelated chronic disease in 2015 (13.9) was the same as that in 1990. In contrast, New Mexico's rate increased 52 percent from 1990 to 2015.



# HEALTH BEHAVIORS NARRATIVE

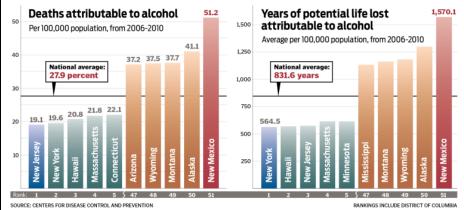
# • Alcohol-Related Injury Deaths

AREA	Total Adult Population (2013-17)	# Alcohol-Related Injury Deaths among Adults (2013-17)-five-year period	Deaths per 100,000 Population, Age- Adjusted Rate per 100,000 population (2013-17)
Los Alamos	90,641	18	19.6
New Mexico	10,504,397	3,073	29.3
United States	1,510,134,705	320,000	21.0

Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

Binge drinking (defined as having five drinks or more on an occasion for men, and four drinks or more on an occasion for women) is a high-risk behavior associated with numerous injury outcomes, including motor vehicle fatalities, homicide, and suicide. Since 1990, New Mexico's death rate for alcohol-related (AR) injury has consistently been among the highest in the nation, ranging from 1.4 to 1.8 times the national rate.

• Years of Potential Life Lost due to Alcohol, 2006-2010



New Mexico leads the nation in Deaths Attributable to Alcohol (Indicator 1 with increase of Age-Adjusted Rate from 51.2 for 2006 to 2010 to 62 from 2013-2017); and also, Years of Potential Life Lost attributable to Alcohol at 1,570.1 total compared to 831.6 for the U.S. for the time period of 2006-2010.

# HEALTH BEHAVIORS

# FRUIT/VEGETABLE CONSUMPTION

# Fruit/Vegetable Consumption

AREA	Survey Population of Adults (2013, 2015, 2017)	Average Self-Reported Respondents eating 5+ servings of Fruit & Vegetables per day	Percent of Respondents eating 5+ Fruits/ Vegetables per Day
Los Alamos	13,972	9,529	68.2%
New Mexico	1,460,839	1,133,611	77.6%
United States	227,279,010	171,972,118	75.7%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12.

# Fruit/Vegetable Expenditures

AREA	State Rank	Z-Score (US)	Z-Score (State)	Average Fruit/Vegetable Expenditures	Percent of Food- At-Home Expenditures
Los Alamos	7	1.36	0.68	Suppressed	Suppressed
New Mexico	No data	0.6	0	\$775.81	13.3%
United States	No data	No data	No data	\$774.71	12.7%

Source: Nielsen, Nielson SiteReports, 2014.

# Food Insecurity

AREA	Total Population	Food Insecure Population, Total	Food Insecurity Rate per 100,000
Los Alamos	18,031	2,290	12.7
New Mexico	2,084,828	324,000	15.5
United States	321,004,407	41,933,950	12.5

Source: Feeding America, 2017.

Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts are likely to have reduced risk of heart attack, stroke, type 2 diabetes, and certain cancers. The 2015-2020 Dietary Guidelines for Americans recommend that adults eat 2 cups of fruit and 2.5 cups of vegetables per day for a standard 2,000 calorie diet, with varying recommendations based on an individual's age, gender, and activity level.

**NARRATIVE** 

Food insecurity reports the estimated percentage of the population that experienced food insecurity at some point. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

# **PHYSICAL INACTIVITY**

# Adults with No Leisure Time Physical Activity

AREA Total Adult Population, 20 years+, 2016  Los Alamos 13,641		Population self- reporting no Leisure Time Physical Activity, 20 years+, 2016	Percent Population self- reporting no Leisure Time Physical Activity, 20 years+, 2016				
Los Alamos	13,641	1,746	12.5%				
New Mexico	1,540,019	303,279	19.1%				
United States	241,280,347	56,248,204	22.8%				

• Adults with No Leisure Time Physical Activity by Gender

AREA	Total Males self-reporting No Leisure Time Physical Activity (# & %), 20 years+, 2016	Total Females self-reporting No Leisure Time Physical Activity (# & %), 20 years+, 2016
Los Alamos	1,034 (15.5%)	717 (9.3%)
New Mexico	139,697 (18.2%)	163,580 (19.9%)
United States	25,551, 381 (21.4%)	30,696,841 (24%)

Source: Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2013-17.

Within Los Alamos County, 1,746 or 12.5% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?".

This self-reported question is further detailed by gender.

# **SODA EXPENDITURES**

••••••••••••••••••••••••••••••••••••••					
AREA	State Rank	Z-Score (US)	Z-Score (State)	Average Soda Expenditures	Percent of Food- At-Home Expenditures
Los Alamos	1	-1.27	-2.93	Suppressed	Suppressed
New Mexico	New Mexico No data 0.27 (		0	\$246.35	4.2%
United States	No data	No data	No data	\$236.04	4.1%
Source: Nielsen,	, Nielson Sit	eReports, 2	014.	•	•

expenditures for carbonated beverages as a percentage of total food-athome expenditures.

This indicator reports soft drink consumption by estimating

**KSA** 

# HEALTH BEHAVIORS NARRATIVE

# **TOBACCO**

# Tobacco Expenditures

AREA	State Rank	Z-Score (US)	Z-Score (State)	Average Tobacco Expenditures	Percent of Food- At-Home Expenditures
Los Alamos	1	-2.37	-1.80	Suppressed	Suppressed
New Mexico	No data	0.72	0	\$617.77	1.3%
United States	No data	No data	No data	\$822.70	1.6%

Source: Nielsen, Nielson SiteReports, 2014.

• Tobacco Usage – Current Smokers

AREA	Total Population (18+)	Estimated Adults Regularly Smoking Cigarettes	Crude Percentage	Age-Adjusted Percentage
Los Alamos	13,656	1,296	9.5%	10.5%
New Mexico	1,521,911	284,597	18.7%	19.0%
United States	235,375,690	41,491,223	17.8%	18.1%

Source: Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse

# • Tobacco Usage – Quit Attempts

AREA	Survey Population (Adults Age 18+)	Estimated Adults Self- Reporting Attempts to Quit Cigarette Smoking in past 12 months	Crude Percentage
Los Alamos	1,972	1,393	70.7%
New Mexico	311,727	189,705	60.9%
United States	45,526,654	27,323,073	60%

Source: Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse

This indicator reports estimated expenditures for cigarettes, as a percentage of total household expenditures. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

In Los Alamos County, an estimated 1,296, or 9.5% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

An estimated 70.65% of adult smokers in the report area attempted to quit smoking for at least 1 day in the past year.



CLINICAL CO	NDITIONS			NARRATIVE
BEHAVIOR	AL HEALTH			
MENTAL H	EALTH			
<ul> <li>Depression</li> </ul>	n – Medicare Pop	ulation		Percentage of the Medicare
AREA	Medicare Fee- For-Service	Medicare FFS with Depression	Percent of Medicare FFS with Depression	fee-for-service population with depression.
Los Alamos	2,702	384	14.2%	

16.1%

17.9%

United States 33,725,823 6,047,681 Source: Centers for Medicare and Medicaid Services. 2017

228,157

• Mortality Rate for Suicide

Los Alamos New Mexico

AREA	Total Population	Average Annual Deaths from Suicide, 2012-2016	Crude Death Rate (Per 100,000)	Age- Adjusted Rate
Los Alamos	18,031	3	15.5	suppressed
New Mexico	2,084,828	468	22.5	22.2
United States	321,004,407	44,061	13.7	13.3

36,764

Source: Centers for Disease Control and Prevention. National Vital Statistics System. Accessed via CDC

Wonder, 2013-2017.

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates and also age-adjusted rates where data is available.

• Suicide Mortality, Age-Adjusted Rate by Year, 2004 through 2016

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Mexico	18.8	17.76	17.92	20.29	20.86	18.23	20.14	20.34	21.3	20.3	21	23.74	22.49
United States	10.99	10.93	11	11.29	11.6	11.76	12.11	12.34	12.6	12.6	13	13.28	13.47



# SUBSTANCE USE

# **DRUG OVERDOSE MORTALITY**

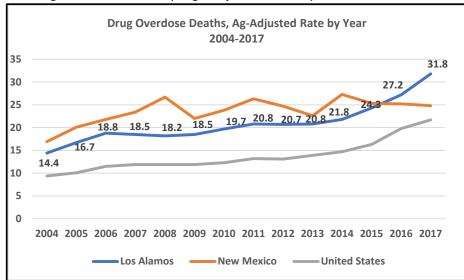
Drug Overdose Mortality

AREA	Total Adult Population (2013-17)	# Deaths among Adults (2013-17)- five-year period related to Alcohol & Chronic Disease	Deaths per 100,000 Population, Age-Adjusted Rate per 100,000 population (2013-17)
Los Alamos	90,641	29	31.8
New Mexico	10,504,397	2,470	24.6
United States	1,510,134,705	440,000	29

This indicator reports the rate of death due to drug overdose of Los Alamos County residents. It is reported as crude death rate and age-adjusted death rate (where data is available).

Source: Centers for Disease Control and Prevention. National Vital Statistics System. Accessed via CDC Wonder, 2013-2017.

• Drug Overdose Mortality, Age-Adjusted Rate, by Year, 2004-2017



New Mexico's drug overdose death rate has been one of the highest in the nation for most of the last two decades, having more than tripled since 1990. While deaths due to illicit drugs have remained steady during the past decade, deaths due to prescription drugs (particularly opioid pain relievers) have increased dramatically. In addition to the high death rates, drug abuse is one of the costliest health problems in the U.S. In 2007, it was estimated that prescription opioid abuse, dependence, and misuse cost New Mexico \$890 million. As seem below, the rates of drug overdose mortality in Los Alamos County have significantly increased in the past four years, eclipsing that of New Mexico in 2016 & 2017.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Los Alamos County, NM	14.35	16.72	18.83	18.47	18.19	18.45	19.73	20.84	20.65	20.75	21.75	24.33	27.23	31.83
New Mexico	16.94	20.08	21.76	23.39	26.69	22.04	23.82	26.31	24.66	22.63	27.29	25.31	25.19	24.84
United States	9.38	10.07	11.49	11.88	11.89	11.94	12.30	13.19	13.14	13.80	14.68	16.29	19.79	21.70

### **NARRATIVE CLINICAL CONDITIONS CANCER SCREENING** Percent of women aged 67-69 Cancer Screening – Mammogram who self-report a **Females Female Medicare** Total mammogram Medicare **Enrollees with** Medicare **AREA** % in the past two years. **Enrollees** Mammogram in **Enrollees** Ages 67-69 past 2 years Los Alamos 2,397 202 159 79.2% 17,687 10,076 57% **New Mexico** 180,688 **United States** 26,937,083 2,544,732 1,607,329 63.2% Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Cancer Screening – PAP Test **Female** Self-Report Crude Age-Adjusted **AREA Population PAP Test in** Percent of women aged 18 Percent Percent age 18+ past 3 years and older who self-report a 74.9% Los Alamos 12,240 9,351 76.4% PAP test in the past three New Mexico 1,129,469 849,361 75.2% 75.9% years. **United States** 176,847,182 137,191,142 77.6% 78.5% Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Cancer Screening – Sigmoidoscopy or Colonoscopy Population Total Crude Age-Adjusted AREA **Population** 'Ever' Screened Percent Percent Age 50+ for Colon Cancer Percent of adults 50 years of 72.5% 70% Los Alamos 3,850 5,310 age and older who self-report New Mexico 306,192 59.4% 56% 515,474 'ever' having a sigmoidoscopy **United States** 75,116,406 48,549,269 64.6% 61.3% or colonoscopy. Source: Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse. 2006-12. **CANCER INCIDENCE** This indicator reports the age Breast Cancer Incidence (Average Annual New Cases), 2011-2015 adjusted incidence rate (cases **New Cases of Total** Age-Crude per 100,000 population per AREA **Population Breast Cancer** Adjusted Rate year) of females with breast under age 50 under age 50 Rate cancer adjusted to 2000 U.S. Los Alamos 26,013 14 53.8 48.3 standard population age New Mexico 3,377,387 1,297 38.4 42.7 groups. Total New Cases of Age-Crude Breast cancer is the most **AREA Population Breast Cancer** Adjusted Rate common cancer diagnosed in over age 50 over age 50 Rate women. It is estimated that Los Alamos 18,557 98 528.1 529.7 7,068

Note: The incidence of female breast cancer for ALL AGES in 2016 was 124.2 with 245,299 new cases reported.

Source: New Mexico Tumor Registry, University of New Mexico Health Sciences Center,

one in eight women will develop breast cancer sometime during her life. Breast cancer can occur at any age, but most cases occur in women over age 50.



**New Mexico** 

1,913,686

http://hsc.unm.edu/som/nmtr/; accessed January 23, 2020.

369.3

369.7

# CLINICAL CONDITION NARRATIVE

# **CANCER INCIDENCE (continued)**

### Cervical Cancer Incidence

AREA	Total Population affected (females)	New Cases of Cervical Cancer	Crude Cervical Cancer Incidence Rate per 100,000	Age-Adjusted Rate Cervical Cancer Incidence Rate per 100,000
Los Alamos	44,570	4	8.9	6.5
New Mexico	1,722,717	126	7.3	7.3
United States	803,266,518	62,645	7.9	7.5

Source: The New Mexico Tumor Registry, University of New Mexico Health Sciences Center, <a href="http://hsc.unm.edu/som/nmtr/">http://hsc.unm.edu/som/nmtr/</a>; accessed January 23, 2020.

# Colon & Rectal Cancer Incidence

AREA	Total Population affected	New Cases of Colorectal Cancer	Crude Colorectal Cancer Incidence Rate per 100,000	Age-Adjusted Rate Colorectal Cancer Incidence Rate per 100,000
Los Alamos	89,968	31	34.5	31
New Mexico	10,472,086	3,985	38.1	33.1
United States	1,581,326,71 9	699,747	44.3	39.2

# Lung Cancer Incidence

AREA	Total Population affected	New Cases of Lung Cancer	Crude Lung Cancer Incidence Rate per 100,000	Age-Adjusted Rate Lung Cancer Incidence Rate per 100,000
Los Alamos	89,968	32	35.6	24.5
New Mexico	10,472,086	4,897	467.6	467.6
United States	1,581,326,719	224,000	141.7	141.7

# • Prostate Cancer Incidence

AREA	Total Population affected (adult men)	New Cases of Prostate Cancer	Crude Prostate Cancer Incidence Rate per 100,000	Age-Adjusted Rate Prostate Cancer Incidence Rate per 100,000
Los Alamos	45,399	74	163.0	116.7
New Mexico	1,655,016	1,460	88.2	80
United States	778,060,201	953,204	122.5	109

Source: The New Mexico Tumor Registry, University of New Mexico Health Sciences Center, http://hsc.unm.edu/som/nmtr/; accessed January 23, 2020 Invasive cervical cancer represents approximately 2% of all new cancer cases and 2% of all cancer deaths in New Mexican women. Regular screening with Pap tests and/or human papillomavirus (HPV) tests, can detect precancers caused by HPV, which, when treated, can stop cervical cancer before it develops.

Of cancers that affect both men and women, colorectal cancer is the second leading cause of new cancer cases and cancer deaths in New Mexico.

Lung cancer is by far the leading cause of cancer death among both men and women. Most lung cancers are diagnosed at a late stage, when the prognosis is poor. Each year, lung cancer accounts for over 13% of all new cancer cases and nearly 27% of all cancer deaths in the U.S. This equates to 224,000 cases and 158,000 deaths. The five-year survival rate is 18%.

In New Mexico, prostate cancer is the most commonly diagnosed cancer for African American, Asian, Hispanic and White men, and is the second most commonly diagnosed cancer for American Indian men. Prostate cancer is the leading cause of death from cancer for American Indian men, the second leading cause of death from cancer for African American and White men, and is the third leading cause of cancer death for Asian and Hispanic men in New Mexico.

# **CANCER DEATHS**

• Breast Cancer Deaths per 100,000 population, 2013-2017

AREA	Total Population affected (females)	Breast Cancer Deaths	Crude Breast Cancer Death Rate per 100,000	Age-Adjusted Rate Breast Cancer Death Rate per 100,000
Los Alamos	44,827	10	22.3	14.1
New Mexico	5,303,760	1,289	24.3	19.2
United States	814,946,978	207,086	25.4	20.3

• Colorectal Cancer Deaths: Rate per 100,000 population, 2013-17

AREA	Total Population affected over 3-year period	Colorectal Cancer Deaths	Crude Colorectal Cancer Death Rate per 100,000	Age-Adjusted Rate Colorectal Death Rate per 100,000
Los Alamos	90,641	11	12.1	8.5
New Mexico	10,504,397	1,709	16.3	13.8
United States	1,605,251,406	267,566	16.7	14.3

• Lung Cancer Deaths

AREA	Total Population affected over 3-year period	Lung Cancer Deaths	Crude Lung Cancer Death Rate per 100,000	Age-Adjusted Rate Lung Cancer Death Rate per 100,000
Los Alamos	90,641	22	24.2	16.4
New Mexico	10,504,397	3,586	34.1	28.1
United States	1,605,251,406	760,148	47.4	40.1

Prostate Cancer Deaths

AREA	Total Population affected over 3-year period	Prostate Cancer Deaths	Crude Prostate Cancer Death Rate per 100,000	Age-Adjusted Rate Prostate Death Rate per 100,000
Los Alamos	45,815	15	32.7	28.1
New Mexico	5,200,637	1,023	19.7	19.3
United States	790,304,428	145,732	18.4	19

N.M. Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

U.S. Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov)

Among New Mexican women, breast cancer is the most commonly diagnosed cancer, and is the second leading cause of death from cancer.

Of cancers that affect both men and women, colorectal cancer is the second leading cause of new cancer cases and cancer deaths in New Mexico.

Among New Mexicans, lung cancer is the second most commonly diagnosed cancer in both men and women, and is the leading cause of cancer death overall. Approximately 90% of lung cancer cases in men and 80% in women are attributable to cigarette smoking (New Mexico Cancer Plan 2012-2017).

In New Mexico, prostate cancer is the most commonly diagnosed cancer for African American, Asian, Hispanic and White men, and is the second most commonly diagnosed cancer for American Indian men. Prostate cancer is the leading cause of death from cancer for American Indian men, the second leading cause of death from cancer for African American and White men, and is the third leading cause of cancer death for Asian and Hispanic men in New Mexico.

# CANCER MORTALITY NARRATIVE

# • Cancer Mortality

AREA	Total Population	Average Annual Deaths, 2011-2016	Crude Death Rate (per 100,000)	Age-Adjusted Death Rate (per 100,000)
Los Alamos	18,031	38	154.2	112
New Mexico	2,084,828	3,546	170.08	141.6
United States	321,004,407	593,931	185	158.1

• Cancer Mortality Age-Adjusted Rate per 100,000 by Gender

AREA	Male Cancer Death Rate, per 100,000 population 2011-2016	Female Cancer Death Rate, Per 100,000 population 2011-2016
Los Alamos	140.2	89.3
New Mexico	166.4	122.3
United States	188.8	135.7

• Cancer Mortality, Age-Adjusted Rate per 100,000 by Race/Ethnicity

AREA	Non-Hispanic White Cancer Death Rate	Non- Hispanic Black Cancer Death Rate	Non-Hispanic Asian Cancer Death Rate	Non-Hispanic American Indian Cancer Death Rate	Hispanic Cancer Death Rate
Los Alamos	120.9	No data	No data	No data	No data
New Mexico	146.2	154.1	88.1	115.8	135.6
United States	163.2	185.9	97.8	105.2	110.9

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Rates by gender show higher male than female cancer death rates.

The only race/ethnic groups with statistically significant numbers is for Non-Hispanic Whites.



### **CLINICAL CONDITIONS NARRATIVE CARDIAC** • Hypertension-High Blood Pressure (Adult), 2017 3,083, or 22.6% of adults aged 18 and older have ever been Total **Total Adults with High Percent Adults with** told by a doctor that they have **AREA Population Blood Pressure High Blood Pressure** high blood pressure or (18+)hypertension. Los Alamos 3.083 22.6% 13,656 New Mexico 1,521,911 385,565 25.3% United States 235,375,690 65,476,522 27.9% • High Blood Pressure - Medicare Population, 2017 Total This is higher for the 65 years of **Medicare Beneficiaries** Medicare % AREA age and older population, with with HBP **Enrollees** 1,259 or 46.6% (roughly twice) 1.259 Los Alamos 2.702 46.6% reporting a hypertension New Mexico 228,157 108,393 47.5% diagnosis. **United States** 33,725,823 19,269,721 57.1% Percentage of Medicare Population with High Blood Pressure by Age **LESS THAN 65 YEARS 65 YEARS AND OLDER** Of adults in Los Alamos County Los Alamos 28.8% 47.7% diagnosed with hypertension, **New Mexico** 34.5% 50.1% 1,996 or 14.6% reported NOT **United States** 42.6% 59.9% taking their high blood pressure High Blood Pressure Management, 20017 medication when indicated. Total **Total Adults Not taking Percent Adults not AREA Population HBP Medication (when** taking HBP (18+)needed) Medication (needed) Los Alamos 13,656 1,996 14.6% 24.9% New Mexico 1,521,911 379,012 **United States** 51,175,402 21.7% 235,375,690 Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. This indicator reports the High Cholesterol (Adult), 2017 percentage of adults aged 18 Survey **Total Adults Self**and older who self-report that AREA **Population** Report High Percent they have ever been told by a Cholesterol (Adults 18+) doctor, nurse, or other health Los Alamos 11,352 4,766 41.9% professional that they had high New Mexico 1,094,015 389,796 35.6% blood cholesterol. **United States** 180,861,326 69,662,357 38.5% The issues with high • High Cholesterol (Medicare Population), 2017 cholesterol continue to be Total **Total Beneficiaries** displayed with the elderly AREA **Medicare FFS** Percent report High population in Los Alamos **Beneficiaries** Cholesterol County. Hyperlipidemia is one Los Alamos 2,702 1,219 45.1% of the few health indicators New Mexico 228,157 78.979 34.6% that is worse than that of New **United States** 33,725,823 13,714,033 40.6% Mexico or the United States. Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health



Indicators Warehouse. 2006-12.

# **CLINICAL CONDITIONS NARRATIVE**

# **CARDIAC** (continued)

• Heart Disease – Adult, 2011-2012

AREA	Survey Population (Adults 18+)	Total Adults Self- Report Heart Disease	Percent
Los Alamos	17,037	659	3.9%
New Mexico	1,542,982	59,625	3.9%
United States	236,406,904	10,407,185	4.4%

• Heart Disease – Medicare Population, 2011-2012

AREA	Medicare Fee- For-Service	Medicare FFS with Heart Disease	Percent of Medicare FFS with Heart Disease
Los Alamos	2,702	462	17.1%
New Mexico	228,157	48,713	21.4%
United States	33,725,823	9,076,698	26.9%

659, or 3.9% of adults aged 18 and older in Los Alamos County have ever been told by a doctor that they have coronary heart disease or angina. Coronary heart disease is a leading cause of death in the U.S. and is related to high blood pressure, high cholesterol, and heart attacks.

# **CARDIAC MORTALITY**

• Coronary Heart Disease Mortality, 2011-2016

AREA	Total Population	Average Annual Deaths, 2011-2016	Crude Death Rate (per 100,000)	Age-Adjusted Death Rate (per 100,000)
Los Alamos	18,031	16	86.5	61.9
New Mexico	2,084,828	2,407	115.4	97.3
United States	321,004,407	366.195	114.1	97.1

• Coronary Heart Disease Mortality, Age-Adjusted Rate by Gender

AREA	Male CHD Death Rate, per 100,000 population 2011-2016	Female CHD Death Rate, Per 100,000 population 2011-2016
Los Alamos	91.7	36.6
New Mexico	132.5	67.9
United States	131.5	70

Coronary Heart Disease Mortality, Age-Adjusted Rate by Race/Ethnicity

AREA	Non-Hispanic White CHD Death Rate	Non- Hispanic Non-Hispanic Black CHD Asian CHD Death Rate Death Rate		Non-Hispanic American Indian CHD Death Rate	Hispanic CHD Death Rate
Los Alamos	65.9	No data	No data	No data	No data
New Mexico	102.7	121.6	51.4	68.5	90.1
United States	99.5	112.6	55.2	73.1	74.4

Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17

Within Los Alamos County, the rate of death due to coronary heart disease (ICD10 Codes I20-125) per 100,000 population is 61.9. This rate is less than the Healthy People 2020 target of less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

This indicator offers the same data for those 65 year of age and older.

The only group by race or ethnicity with sufficient data was Non-Hispanic Whites with two-thirds of the death rate from coronary heart disease than for the State, and 40% less than that of the U.S.



# CLINICAL CONDITIONS COMMUNICABLE DISEASE This is to be a few sections of the communication of the communication

# • STI - HIV Screening

AREA	Survey Population (Adults 18+)	Total Adults Self- Report 'Ever' HIV Screening	Percent
Los Alamos	15,899	11,381	71.59%
New Mexico	1,395,590	919,671	65.9%
United States	214,984,421	134,999,025	62.8%

This indicator reports the selfreported percentage of Los Alamos County adults 18 to 70 years of age they have NEVER had a HIV screening

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12.

# • STI – HIV Prevalence

AREA	Population Age 13+	Population Living with HIV	HIV Prevalence Rate (Per 100,000)
Los Alamos	14,911	8	53.5
New Mexico	1,724,024	3,215	186.5
United States	268,159,414	971,524	362.3

This indicator reports the prevalence rate (existing cases) of HIV.

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016.

# • HIV Prevalence by Race/Ethnicity

AREA	Non-Hispanic WHITE	Non-Hispanic BLACK	HISPANIC
Los Alamos	52.7	No data	No data
New Mexico	138.0	476.5	176.04
United States	174	1234.8	462

This indicator reports the prevalence rate (existing cases) of HIV by Race/Ethnic Group. Due to the small sizes, data is not available for any subgroup except non-Hispanic Whites.

# • STI - Chlamydia Incidence

AREA	Total Population (18+)	Total Chlamydia Infections	Chlamydia Incidence Rate (Per 100,000)
Los Alamos	18,031	40	224.9
New Mexico	2,084,828	13,108	628.6
United States	321,004,407	1,598,354	497.3

This indicator reports the incidence rate (new cases) of chlamydia cases per 100,000 population.

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016.

# • Chlamydia Incidence by Year

# Chlamydia Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Los Alamos County, NM	95.63	73.6	80.83	159.78	110.66	111.42	109.76	208.54	84.28	106.75	157.44	224.91
New Mexico	441.64	506.48	481.09	466.79	472.92	566.88	547.37	571.05	587.1	553.5	605.82	628.65
United States	330.3	345.4	367.7	398	405.7	422.8	453.4	453.4	443.5	456.1	474.97	497.28



# CLINICAL CONDITIONS COMMUNICABLE DISEASE (continued)

• STI - Gonorrhea Incidence

AREA	TOTAL POPULATION	TOTAL GONORRHEA INFECTIONS	GONORRHEA INCIDENCE RATE (PER 100,000)
Los Alamos	18,031	1	5.5
New Mexico	2,084,828	3,516	168.6
United States	321,004,407	468,514	145.8

This indicator reports the incidence rate (new cases) of gonorrhea cases per 100,000 population.

**NARRATIVE** 

Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2016.

• Gonorrhea Incidence Rate by Year, 2005 through 2016

# Gonorrhea Incidence Rate (Per 100,000 Pop.) by Year, 2005 through 2016

Report Area	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Los Alamos County, NM	37.19	26.29	10.78	5.51	0	0	10.98	10.98	0	11.24	11.25	5.62
New Mexico	81.06	89.3	91.34	70.71	53.9	59.52	88.5	90.38	92	107.7	119.37	168.62
United States	114.9	120.1	118.1	110.7	98.2	100	103.3	106.7	105.3	110.7	122.96	145.76

# CLINICAL CONDITIONS DENTAL DISEASE

Access to Dentist (repeated from 'ACCESS')

Total Population	Total Dentists	Dentists, Rate Per 100,000 Population
18,013	18	101.21
2,084,828	1,287	61.7
321,004,407	210,832	65.7
	Population 18,013 2,084,828	Population         Total Dentists           18,013         18           2,084,828         1,287           321,004,407         210,832

Source: U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015

Poor Dental Health (repeated from 'Health Status')

AREA	Total Population	Self-Reported Population with self- reported 6 or more teeth removed	Percent of Adults self-reporting Poor Dental Health
Los Alamos	13,462	684	5%
New Mexico	1,521,911	216,728	14.2%
United States	232,556,016	36,842,620	15.7%

This includes all dentists—those with a Doctorate in Dental Surgery (DDS) or in Dental Medicine (DMD) licensed by New Mexico to practice dentistry and are still practicing.

**NARRATIVE** 

This reflects adults age 18 and older who report that six or more of their permanent teeth have been removed due to tooth decay, gum disease or infection.

### • Dental Utilization

AREA	Total Population (Age 18+)	Total Adults without Recent Dental Exam	Percent Adults without Recent Dental Exam
Los Alamos	13,656	2,130	15.6%
New Mexico	1,5221,911	516,983	34%
United States	235,375,690	70,965,788	30.2%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12

This indicator reports the percent of adults that self-reported that they have not visited a dentist, dental hygienist or dental clinic within the past year. This is relevant because it indicates the likelihood of developing future problems.



## **CLINICAL CONDITIONS**

### **NARRATIVE DIABETES**

#### • Diabetes - Adult

AREA	Survey Population (Adults 20+)	Total Adults Self- Report Diabetes	Percent
Los Alamos	13,531	866	5%
New Mexico	1,539,723	137,373	7.9%
United States	243,852,590	25,204,602	9.3%

• Adults with Diabetes by Gender

AREA	Males with Diabetes (# and %)	Females with Diabetes (# and %)
Los Alamos	430 (5%)	436 (5%)
New Mexico	70,711 (8.5%)	66,664 (7.3%)
United States	12,561,953 (10%)	12,193,905 (8.7%)

Source: Centers for Disease Control & Prevention, National Center for Chronic Disease and Health Promotion, 2016.

This indicator reports the percent of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. The second statistic offers this data by gender.

• Diabetes Population by Year (Adult then just Medicare)

Report Area	2011	2012	2013	2014	2015	2016	2017
Los Alamos County, NM	14.40%	14.50%	14.90%	15.47%	15%	15.72%	16.28%
New Mexico	24.92%	25.20%	25.23%	25.34%	25.42%	25.45%	25.64%
United States	27.52%	27.62%	27.54%	27.43%	27.36%	27.33%	27.24%

• Diabetes Management – Hemoglobin A1C Test

AREA	Medicare Fee- For-Service Enrollees	Medicare FFS with Diabetes	Medicare FFS with Diabetes with Annual HB A1c	% Medicare FFS with Diabetes with Annual HB A1c
Los Alamos	2,387	152	136	90.1%
New Mexico	180,688	19,289	14,116	73.2%
United States	26,937,083	2,919,457	2,501,671	85.7%

Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas, 2015

This indicator provides selfreported data on the percent of diabetic Medicare patients who had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year.

#### **OVERWEIGHT/OBESE**

• Adults that self-report Overweight, 2016

AREA	Total Population (Age 18+)	Total Adults self- reporting Overweight	Percent Adults self- reporting Overweight
Los Alamos	16,326	5,449	33.4%
New Mexico	1,474,996	527,781	35.8%
United States	224,991,207	80,499,532	35.8%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2016.

Over one-third (33.4%) of **Los Alamos County** residents self-report that they are overweight (BMI between 25 and 30).



#### **NARRATIVE CLINICAL CONDITIONS OVERWEIGHT/OBESE** Over one-fifth of Los Alamos Adults that self-report Obesity (Body Mass Index > 30.0), 2016 Total Adults self-Percent Adults self-County residents (22.4% of Total adults aged 20 and older) self-**AREA Population** reporting Body Mass reporting Body Mass report that they have a Body Index > 30.0 Index > 30.0 (Age 20+) Mass Index (BMI) greater than Los Alamos 13,589 3,139 22.4% 30.0 (obese). 1,538,106 New Mexico 409,344 26.6% **United States** 241,490,773 69,953,947 28.8% Males are higher for Female Percent of Adults that self-report Obesity by Gender, 2016 self-reported obesity in all **Males self-reporting Body** Females self-reporting three comparative areas, AREA Mass Index > 30.0 Body Mass Index > 30.0 although for the United (# and %) (# and %) States, this gap is narrowing. Los Alamos 1,727 (24.2%) 1,411 (20.6%) New Mexico 208,478 (27.5%) 200,868 (25.7%) **United States** 34,425,823 (29.1%) 35,528,108 (28.6%) The rate of self-reported • Percent of Adults that are Obese by Year, 2004-2016 obesity has increased for Los Alamos County New Mexico 2005 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 Report Area 2006 and the U.S. since 2004 with 19% 19.2% 18.8% 18.4% 19.7% 19.9% 19.5% 20.1% 21.2% 22.4% Los Alamos County, NM 15.3% 16.32% 18% movement into the 20th 24% 24.9% 25.8% New Mexico 18.9% 19.8% 20.6% 21.7% 22.4% 23.3% 23.1% 23% 23.1% 23.4% percentile for Los Alamos United States 23.1% 23.8% 24.8% 25.6% 26.2% 27.2% 27.1% 27% 26.8% 27.1% 27.4% 27.7% 28.3% County area in 2014 (eight years after New Mexico). Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2016. **CLINICAL CONDITIONS NARRATIVE RESPIRATORY** This indicator reports the • Asthma - Prevalence percentage of adults aged 18 **Survey Population Total Adults Self-AREA Percent** and older who self-report that (Adults 18+) **Report Asthma** they have ever been told by a Los Alamos 16,886 2,239 13.3% doctor, nurse, or other health New Mexico 1,543,499 219,680 14.2% professional that they had **United States** 237,197,465 31,697,608 13.4% asthma. This indicator is Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional relevant because asthma is a data analysis by CARES. 2011-12. prevalent problem in the U.S. exacerbated by poor environmental conditions **STROKE** Within Los Alamos County, Cerebrovascular Disease (Stroke) Deaths – Adult, 2015-2017 there are an estimated 31.3 **Total Deaths Crude Death** Age-Adjusted **Total** deaths due to stroke **AREA Death Rate** from CVA Rate **Population** (cerebrovascular disease) per (per 100,000) (per 100,000) (Stroke) 100,000 population. Los Alamos 54,939 31.3 17 36.8 2,540 34 33.6 New Mexico 6,308,753 This is less than the Healthy 37.3 37.1 **United States** 908,082,355 33,872 People 2020 target of less Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC



WONDER. 2013-17.

than or equal to 33.8.



In Los Alamos County, there are 1,978 residents living with a disability or 11% of the total population. This compares to 26% of the adult population in the U.S.

People have more than one disability by type. Given a total of 1,978 disabled and 3,224 disabilities, there are 1.63 disabilities per disabled in Los Alamos County, New Mexico.



EXPLORE LIVE MAP AT: http://arcg.is/0WGK000

Source for Los Alamos: U.S. Census Bureau, American Community Survey, data as of Dec 31, 2018

Source for N.M. and U.S.: Centers for Disease Control & Prevention, August 27, 2018

DICADILITY T							inty, r	VEW MEAIL	U.	
DISABILITY TA		_					ъ.	2725	110	
TYPE	CT 1	CT 2	CT 4	CT 5	TOTA	AL   %	Dis.	NM	US	
	322	425	287	944	1,97	8 1	1%			
Hearing	136	167	125	337			24% 7%		6%	
Vision	100	41	72	140	353	1	1%	6%	5%	
Cognitive	111	131	89	369	700	2	22%	13%	11%	
Ambulatory	95	228	151	245			22%	14%	13%	
Self-Care	45	41	44	89	219	1	7%	4%	4%	
Independent	76	69	104	239	488	: 1	15%	8%	7%	
Living										
TOTAL	563	677	585	1,419	9 3,22	4 1	00%			
% of TOTAL DISABLITIES	17%	21%	18%	44%	100%	6		28.6%	25.69	
% of TOTAL DISABLED	16%	21%	15%	48%	100%	6				
DISABILITY TA	ABLE 1B.	DISABIL	ITY BY R	RACE/ET	HNICITY B	Y C.T.				
RACE/	CT 1	CT 2	CT 4	CT 5	TOTAL	% D	is.	NM	US	
ETHNICITY										
White	294	385	258	857	1,794	120			20%	
Black			9		9	_	11%		25%	
Amer Indian	21	40	0	12	73		39%		30%	
Asian	7			21	28	7%			10%	
Other Race			14	33	47	100				
Multi Race			6	21	27	7%				
	322	425	287	944	322	1,9'	78			
% of TOTAL DISABLED	16%	21%	15%	48%	100%					
Hispanic	12	59	57	205						
% Hispanic	4%	14%	20%	22%						
DISABILITY TA										
AGE GROUP	CT 1	CT 2	CT 4	CT 5	TOTAL		% E	Dis.		
Under 5										
5-17	19	89		69	177		5.5			
18-34	38	54	11	212	315		11.3			
35-64	122	77	64	213	476		6.0			
65-74	23	122	57	187	389		23.0			
75 & Over	120	83	155	263	621		48.7			
TOTAL	322	425	287	944	1,978	8 10		)%		
% of TOTAL DISABLED	16%	21%	15%	48%	100%					
DISABILITY TA								NM		
GENDER	CT 1	CT 2	CT 4	CT 5	TOTAL		% Dis.		US	
Male	185	193	135	443	956	48%				
Female	137	232	152	501	1,022	520				
TOTAL	322	425	287	944	1,978	100	%			
% of TOTAL DISABLED	16%	21%	15%	48%	100%					

SOURCE: U.S. Census, American Community Survey, 2011-2015: http://factfinder2.census.gov; prepared by T Scharmen, thomas.scharmen@state.nm



#### **NARRATIVE MORTALITY** UNINTENTIONAL INJURY MORTALITY This indicator reports the rate Unintentional Injury (Accident) Mortality of death due to unintentional AVERAGE ANNUAL AGE-**CRUDE** injury (accident) per 100,000 TOTAL **DEATHS FROM ADJUSTED** AREA **DEATH RATE** population. **POPULATION** UNINTENTIONAL DEATH (per 100,000) INJURY, 2012-2016 RATE 18,031 10 55.5 49.2 Los Alamos The crude and age-adjusted **New Mexico** 2,084,828 1,431 68.6 67.2 rates for Los Alamos County **United States** 321,004,407 148.873 46.4 44 are higher than that of the U.S., Unintentional Injury Mortality, Age-Adjusted Rate by Gender but lower than New Mexico. AREA MALE **FEMALE** The disparity appears to be for Los Alamos 62.5 35.5 males, with a higher rate for New Mexico 89.9 44.9 New Mexico and the U.S. 59.9 29.1 **United States DRUG OVERDOSE MORTALITY (repeated from Mental Health)** This indicator reports the rate Drug Overdose Mortality of death due to drug overdose **Average Annual Crude Death** Age-**Total** of Los Alamos County AREA Deaths by Drug Rate (Per Adjusted **Population** residents. It is reported as Overdose, 2011-16 100,000) Death Rate 17,914 crude death rate and age-Los Alamos 14.5 suppressed 3 adjusted death rate (where **New Mexico** 2,084,504 500 23.9 25 data is available). This **United States** 318,689,254 49,715 15.4 15.6 indicator is only somewhat Source: Centers for Disease Control and Prevention. National Vital Statistics System. Accessed via CDC Wonder, 2013-2017. reliable due to stigma in accurate reporting. **ALCOHOL RELATED DEATHS)** The consequences of excessive Alcohol-Related Deaths, 2014-2018 alcohol use are severe in New Crude Age-Adjusted Mexico. New Mexico's total Total **Total Alcohol** Alcohol **Alcohol Related** alcohol-related death rate has **AREA Population Related Deaths** Related Death Rate per ranked first, second, or third in (2014-18)Death Rate 100,00 (2014-18)2014-2018 the US since 1981; and 1st for population the period 1997 through 2010 Los Alamos 90.641 31 34 31 (the most recent year for which New Mexico 10,504,397 7,183 64.6 65.6 state comparison data are **United States** 1,510,134,705 483,240 34 32 Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES available). The negative consequences of excessive alcohol use in New Mexico are also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries. mental illness, and a variety of other medical problems. Nationally, one in ten deaths among working age adults (age 20-64) is attributable to alcohol.



In New Mexico this ratio is one

in six deaths.

#### PREMATURE DEATH (repeated from Health Status)

• Premature Death, Years of Potential Life Lost

AREA	Total Population (3-years from 2015-17)	Total Premature Deaths (2015-17)	Total Years of Potential Life Lost, 2015-17 Average	Years of Potential Life Lost, Rate per 100,00 population
Los Alamos	50,605	123	2,212	4,371
New Mexico	5,836,294	27,215	516,758	8,854
United States	908,082,355	3,744.984	63,087,358	6,947

Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, ageadjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

#### Premature Death, Years of Potential Life Lost

Report Area	1997-1999	2000-2002	2003-2005	2006-2008	2009-2011	2012-2014	2015-2017
Los Alamos County, NM	3,487.2	5,913.8	3,251.4	3,255	4,612.6	3,307.9	4,371
New Mexico	8,086.8	8,163.4	8,359.2	8,286.74	7,924.5	8,207.1	8,799.84
United States	7,705.2	7,535	7,345	7,090.49	6,703.7	6,601.2	6,900.63



## APPENDIX D: GAP PRIORITY MATRIX

Priority of Gaps	Count	Percent
Health Care Access/ Healthcare Workforce/Health Insurance	5	56%
Lack of Affordable and Acceptable Housing Stock	5	56%
Culture of Alcohol Acceptance & Drug Use: Substance Use	5	56%
Mental Health: High Stress/Anxiety/Needs of New Residents	4	44%
Silent but Sizeable 'Near Poor' Population with high stigma and unawareness of resources	4	44%
Demographic groups of concern that are growing in size with risk factors	2	22%
Other: Lack of affordable childcare	2	22%



#### APPENDIX E: RESOURCE INVENTORY

CATEGORY	DE	TAIL OF SUB-C	ATEGORIES OF	SERVICES (an Exce	el file details these	by Agency/Or	ganization with S	Services, Contact	Information pro	vided)	
Basic Needs	Food Pantries	Heating Fuel	Housing/ Shelter	Material Goods/ Personal Care	Temporary Financial Assistance	Transport	Utilities	Clothing			
Consumer Services	Consumer Assistance & Protection	Consumer Regulation	Tax Organization Assistance Services	Financial & Budgeting Assistance							
Criminal Justice and Legal Services	Courts	Criminal Justice	Judicial Service	Law Enforcement Agencies	Law Enforcement	Legal Assistand Modalities	-0-	Juvenile Justice			
Education	Schools	Education Programs	Educational Support Services	Senior or Target Group Programs							
Environment and Public Health/Safety	Environment Protection	Public Health	Public Safety	Safety Inspections							
Health Care	Dental Services	Disability Services	Emergency Medical Care	General Medical Care	Health Screen/ Diagnosis	Health Supportive Services	Home ( are	Human Reproduction	Indigent Health	Inpatient & Outpatient Health	Rehab
Income Support and Employment	Employment Assistance	Public Assistance	Social Insurance	Temporary Financial Assistance	Employment Training						
Individual and Family Life	Domestic Animal Services	Family Violence	Individual & Family Support	Leisure Activities	Mutual Support	Senior Services	Social Development & Enrichment	Spiritual Enrichment	Volunteer Programs	Counseling (i.e. Triple P)	
Mental Health and Substance Abuse	Counseling Approaches	Counseling Services	Counseling Settings	Crisis Hotlines	Mental Health Care Facilities	Mental Health Treatment		Substance Abuse Services	Spectrum of SUD: OP, IOP, Residential		_
Community Services	Arts & Culture	Community Economic Development.	Community Groups	Community Planning	Disaster Services	Donor Services	Information Services	Military Service	Organizational Development	Services aimed at Special Needs	
Target Populations	Age Groups	Disabled & Chronic Health	Ethnic Groups/ National	Families & Individuals needing Support	Religious Groups	Sex/ Gender	LBGTQIA				•

AN EXCEL SPREADSHEET DISPLAYS THIS INFORMATION IN DETAIL WITH CONTACT INFORMATION.





# where discoveries are made



# CONTRAFACTUAL ANALYSIS: KEY INDICATORS AT 1 (2021), 3 (2023) & 5 (2025) YEARS IF 'DO NOTHING'

A STATISTICAL DESCRIPTION OF THE IMPACT OF INACTION OR TREND ANALYSIS OF LOS ALAMOS COUNTY

March 12, 2020



#### **EXECUTIVE SUMMARY**

A sizable population of 5-8% is projected at the 5-year future with more significant growth anticipated in the next ten years due to funding increases of 30% for the dominant employer, the Los Alamos National Laboratory.

While the historical trend shows a 2019 population of 19,101; recent funding increases to the Los Alamos National Laboratory (LANL) and related construction indicate a 5-8% increase in population growth by 2025-2030 resulting in a total of 22,000 to 24,000 in total population.

From the 2018 Economic Vitality Strategic Plan (p. 30), "LANL is working to fill projected vacancies created by retirees with new employees, hiring approximately 1,000 in 2016, another 1,000 in 2017, 800 in 2018 and an estimated 800 in 2019. The County is working with the Lab to support recruitment efforts to bring new workers and their families to live and work in Los Alamos."

Table 1. Population Trend for Los Alamos County, New Mexico with 1, 3- and 5-year projections

LOS ALAMOS COUNTY	2010	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025	2030
POPULATION	17950	17830	18239	18804	19101	19,660	21,000	21,200	21,500	21,700	21,900	22,000	24,000

Source: U.S. Census 200, Population Division, Annual Estimate of Resident Population, April 1, 2010 to July 1, 2018 (PEPANRES)

Table 2. New Mexico Projections for Population in Los Alamos County in 5-year increments

<b>County Projection</b>	2010-2015	2015-2020	2020-2025	2025-2030
Los Alamos % change	0.04	0.01	5-7%	8-14%

Source: bber-old.unm.edu/demo/PopProjTable2.htm (Bureau of Business & Economic Research)

Table 3. Population in Los Alamos County by Age Group, 2017

Age Group	LOS ALAMOS	NEW	UNITED
	COUNTY NM	MEXICO	STATES
0-4 years	974	131,062	19,853,515
5-17 years	3,186	366,665	53,747,764
18-24 years	1,167	205,471	31,131,484
25-34 years	1,912	278,395	44,044,173
35-44 years	2,061	244,717	40,656,419
45-54 years	2,852	258,110	43,091,143
55-64 years	3,153	271,726	40,747,520
65+ years	3,499	328,682	47,732,389

Population by Age, Percent, 2017

Age Group (Percent)	LOS ALAMOS COUNTY, NM	NEW MEXICO	UNITED STATES
0-4 years	5.4%	6.29%	6.18%
5-17 years	17.67%	17.59%	16.74%
18-24 years	6.47%	9.86%	9.7%
25-34 years	10.6%	13.35%	13.72%
35-44 years	11.43%	11.74%	12.67%
45-54 years	15.82%	12.38%	13.42%
55-64 years	16.76%	13.03%	12.69%
65+ years	18.61%	15.77%	14.87%

Source: U.S. Census Bureau, American Community Survey, 2013-17 5-year estimate.



#### **PREFACE**

The indicators shown below represent key gaps in Health Services presented by Demographic, Socioeconomic and Health (Epidemiologic) factors in Los Alamos County and supported by process and qualitative research (interviews, focus groups). This summary presents the cost of 'doing nothing' over the next 1, 3 and 5 years or a contrafactual case.

The demographic issues are serious as a decline in population base exacerbates case rates and percentage impact of individual indicators. Socioeconomic impact for Los Alamos County is not as key a factor as for many county or regional analyses due to the affluent nature of the community, although the invisible 'near poor' are presented as a potential issue with detail provided by age group, gender and occupation. Epidemiologic or health factors are the focus of this study, and are presented for key areas although it must be stated that the current and historical health status of Los Alamos County is superb compared to any metric—to Healthy People 2020 goals (many of which it exceeds), to the State of New Mexico, to the United States and to neighboring Benchmark Counties or Communities.

The areas recurrently referenced as gaps for healthcare services that contribute to diminished health status include:

- (1) Health Care Access/ Healthcare Workforce deficits/Health Insurance acceptance by providers
- (2) Lack of Affordable and Acceptable Housing Stock
- (3) Culture of Alcohol Acceptance & Drug Use: Substance Use
- (4) Mental Health: High Stress/Anxiety/Needs of Residents
- (5) Silent but Sizeable 'Near Poor' Population

It should be noted that these five (5) gaps link to other issues. The growing senior population and the issue with inadequate healthcare access due to a small workforce are highly linked to lower screening rates for clinical conditions resulting in the few unfavorable health outcomes that were noted. Similarly, the silent but sizeable 'near poor' segment is related to subsistence issues of housing.

The study is in the final stages of completion, with a Steering Committee comprised of ten (10) members, six of whom represent different sectors of Los Alamos County, currently being polled for consensus on identified gaps. The remaining four (4) individuals are employees of Los Alamos County, in the Community Services Department.

These are shown in the following ballot with related data source inputs. Not all identified gaps lend themselves to a quantitative, contrafactual or 'cost of doing nothing' analysis.

Areas that were referenced but do not have a clear contrafactual analysis are not 'checked.'



## Steering Committee Rank of Gaps (due by noon on July 23, 2020)

1. Below please find the six (6) identified Health Services Gaps for Los Alamos County based on the process followed in 2020. Please rank your top 3 Gap Priorities.

We have provided 'Other' if you believe a Gap is missing.

	beleet Top's (ONLT's)
	Health Care Access/ Healthcare Workforce/Health Insurance
	Lack of Affordable and Acceptable Housing Stock
	Culture of Alcohol Acceptance & Drug Use: Substance Use
	Mental Health: High Stress/Anxiety/Needs of New Residents
res	Silent but Sizeable 'Near Poor' Population with high stigma and unawareness of sources
	Demographic groups of concern that are growing in size with risk factors
	OTHER (please fill in any other findings that you derived from this process)

Select Ton 3 (ONLY 3)



#### **EXECUTIVE SUMMARY**

#### 1) HEALTH CARE ACCESS/ HEALTH CARE WORKFORCE/HEALTH INSURANCE

Los Alamos County Health Care Workforce, 2015-16 and 1, 3 and 5-year projections

					PROJECTION			
HEALTH CARE WORKFORCE	RATIO PER 1,000 POPULATION/%	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025	
Primary Care	2.07 per 1,000	39	18,804	2017	40	41	42	
Providers								
Dentists	1.01 per 1,000	18	17,785	2015	19	20	20	
Mental Health	2.08 per 1,000	39	17,785	2015	38	40	41	
Uninsured	4.3%	776	17,947	2017				
Lack of Access to Prenatal Care	68.5%	115	168	2017	69%	70%	72%	

Sources: 2015-2016 - New Mexico Health Care Workforce Committee, University of New Mexico Health Sciences Center 2025 - Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://gps.unm.edu/

#### **CLINICAL CONDITIONS**

Los Alamos County Cancer Incidence, 2015-16 and 1, 3 and 5-year projections

						ROJECTIO	ON
CANCER TYPE INCIDENCE	RATE PER 100,000 POPULATION	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
Cervical	6.5	4	44,570	2011-15	6.5	6.5	6.5
Breast	154.8	14	26,013		155.2	155.4	155.7
Prostate	116.7	74	45,399		116.9	117	117.2
Thyroid	19.2	96	47,791		19.5	19.7	19.8

#### **EMERGING OVERWEIGHT/OBESITY AND DIABETES RISK**

Los Alamos County: Overweight/Obese & Diabetes Incidence, 2015-16 and 1, 3 and 5-year projections

				PROJECTION			
CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025
Overweight	33.4%	5,449	16,326		34%	35%	35%
Obese	22.4%	3,139	13,589	2016	23.4%	23.8%	24.2%
Diabetes	5%	866	13,531		5.6%	5.7%	5.9%

#### 2) LACK OF AFFORDABLE AND ACCEPTABLE HOUSING STOCK

Los Alamos County: Housing Type and Cost Burden, 2015-16 and 1, 3 and 5-year projections

					PROJECTION		
CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
TOTAL COST BURDENED DUE TO HOUSING	13.8%	1,036	7,525	2013- 17	14%	14.5%	15%
Rent	25.3%	502	1,982	2011	25.5%	25.7%	26%
Mortgage	12.1%	411	3,388	2011-	12.1%	12.2%	12.3%
No Mortgage	5.7%	123	2,155		5.7%	5.8%	5.8%



#### 3) CULTURE OF ALCOHOL ACCEPTANCE & DRUG USE: SUBSTANCE USE

Los Alamos County: Alcohol Consumption, Deaths, Drug Overdose Death and 1, 3 and <u>5-year projections</u>

					PROJECTION		
CATEGORY	PERCENT/ RATE PER 100,000 POPULATION	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
Alcohol Use	16.8%	1,955	13,656		17%	17.2%	17/4%
Alcohol related deaths	31/ 100,000	31	90,641	2006-12	32/ 100,000	32.2	32.3
Alcohol Related Injury Deaths	196/ 100,000	18	90,641	2014-18 2013-17	19.6/ 100,000	19.7	19.7
Drug Overdose Deaths	31.8/ 100,000	29	90,641	2004-17	33.0/ 100,000	33.7	34.3

#### 4) MENTAL HEALTH

Los Alamos County: Depression, Suicidal Ideation, Suicide Deaths, 2015-16 and 1, 3 and 5-year projections

					PROJECTION		
CATEGORY	PERCENT. RATE PER 100,000 POPULATION	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
Depression	14.2%	384	2,702	2017- 2019	15%	15%	15.5%
Suicidal Ideation	21.2%	DNA	DNA	2003, 2015	23.7%	24.2%	24.7%
Suicide Attempts	14.5% (2003) to 9.4% (2015)				10%	11%	11.5%
Suicide Deaths	15.5/ 100,000	3	18,031	2013-17	16/ 100,000	16	16

#### SIGNIFICANT AND GROWING SENIOR POPULATION

Los Alamos County: % Seniors, Poverty Level, 2015-16 and 1, 3 and 5-year projections

						PROJECTION		
CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025	
% Seniors	18.61%	3,499	328,682		19.2%	20.4%	21%	
Seniors in Poverty	5.1%	155 (75+) 10 (65-74) = 165	3,254	2017	5.2%	5.3%	5.5%	

#### MERGING RISK ISSUES WITH TWEEN (10-12) AND TEEN (13-17) POPULATION

Los Alamos County: % Tweens, Teens & Risk Factors, 2015-16 and 1, 3 and 5-year projections

						P	ROJECTION	
CATEGORY	PERCENT	%	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025
Tweens	6.2%	12 /10/	1,166	18,804	2017	14.2%	14.7%	15%
Teens	7.2%	13.4%	1,354	18,804		14.2%	14.770	15%
Bullying-school	31.5%					32%	32%	33%
Electronic	22.6%					23%	24%	25%
Substance Use-Drugs	16.6%					17%	17%	17.5%
Alcohol	22%					22%	23%	23%



### 5) SILENT BUT SIZEABLE 'NEAR POOR' POPULATION

Los Alamos County: % by FPL, 2015-16 and 1, 3 and 5-year projections

				P	ROJECTIO	N	
CATEGORY	FPL (At or Below)	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
Extreme Poor	50%	2.1%	386		1.9%	2.0%	2.0%
Poor	100%	5.1%	920	2017	5.1%	5.1%	5.1%
Living in Debt	185%	10.8%	1,941		11%	11.2%	11.2%
Working Poor	200%	11.5%	2,079		11.8%	12%	12.2%



#### **DETAIL OF FINDINGS**

#### 1. HEALTH CARE ACCESS/ HEALTH CARE WORKFORCE

Table 5. Access to Primary Medical Care per 100,000 population, 2017

AREA	TOTAL POPULATION	PRIMARY CARE PHYSICIANS, 2017	PCP, RATE PER 100,000 POPULATION
Los Alamos County	18,804	39	207.4
New Mexico	2,095,428	1,779	84.9
United States	327,167,434	372,204	87.9

The ratio of primary care physicians to total population is 180.98, favorable compared to New Mexico or the United States.

Figure 1. Total Adults without a Regular Doctor

Report Area	Survey Population (Adults Age 18+)	Total Adults Without Any Regular  Doctor	Percent Adults Without Any Regular  Doctor
Los Alamos County, NM	17,036	3,031	17.79%
New Mexico	1,543,870	455,971	29.53%
United States	236,884,668	52,290,932	22.07%

Percent Adults Without Any Regular Doctor

0% 40%

Los Alamos (17.79%)

New Mexico (29.53%)

United States (22.07%)

Note: This indicator is compared to the state average

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County

Almost twenty-percent (17.8%) of adults perceive that they don't have access to a regular primary care physician in Los Alamos County per the most recent Behavioral Risk Factor Surveillance System (BRFSS) study sponsored by the Centers for Disease Control & Prevention (CDC). While this is 'favorable' compared to New Mexico and the United States, and has improved over a ten-year period, analysis of individual provider types results in perceived gaps. Healthy People 2020 benchmarks are 1.7 per 1,000 for primary care providers which is a favorable indicator for Los Alamos County. This figure may represent the need for more intense care due to the high senior population. The response reflects survey, not actual healthcare ratios, and may reflect perceptions of waiting times.

Figure 23. Rate of Dentists per 100,000 population in Los Alamos County, 2015

#### **Access to Dentists**

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists - qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Los Alamos County, NM	17,785	18	101.21
New Mexico	2,085,109	1,287	61.7
United States	321,418,820	210,832	65.6

Dentists, Rate per 100,000 Pop.



New Mexico (61.7)
 United States (65.6)

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County



Figure 3. Adults with Dental Exam in Past Year, 2016

AREA	NUMERATOR	DENOMINATOR	PERCENTAGE
Los Alamos County	152	185	74%
New Mexico	9,428	14,127	62%
United States			66%

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, 2016.

The Healthy People 2020 goal of 69% is much lower than the 74% of Los Alamos County residents that have seen a dentist in the past year, with much higher rankings than the State (62%) and U.S. (66%).

Figure 4. Ratio of Mental Health Providers to Los Alamos County Population, 2017

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Los Alamos County, NM	18,738	39	480.5	208.1
New Mexico	2,087,378	7,924	263.4	379.6
United States	317,105,555	643,219	493	202.8



Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, County Health Rankings, 2017. Source geography: County

The rate of mental health providers per population is lower than that of New Mexico and the United States. The clinical conditions that present, with Findings #2 and #3 (culture of alcohol and drug acceptance and mental health issues, respectively) argue for more mental health and substance use counseling resources. Contributing to these issues is item #18 in the Gap Poll (Staff) and #16 (Space) listed in Table 4. Key Informant Interviews shared that there is a supply of mental health professionals that could alleviate this issue, but they are largely part-time due to family concerns and space available, sometimes shared space is not conducive to staggered shifts to improve access.

#### **Health Insurance Coverage**

<ul> <li>Health Insurance by Type, 2017</li> </ul>				
TYPE	<b>Total Population</b>	Insured	Percent	
Employer		12,759	71.1%	
Individual	47.047	1,525	8.5%	
Medicare		2,350	13.1%	
Medicaid	17,947	465	2.6%	
Military/VA		72	0.4%	
Uninsured		776	4.3%	

Health insurance is considered a **key driver** of health status. This indicator reports the type of health insurance carried by residents of Los Alamos County.

Source: US Census Bureau, Small Area Health Insurance Estimates. 2017.

Uninsured, by Number and Percent, 2017

AREA	Total Population (for whom insurance is determined)	Population without Medical Insurance	Percent without Medical Insurance
Los Alamos	17,947	776	4.32%
New Mexico	2,051,101	256,162	12.5%
United States	316,027,641	33,177,146	10.5%

This indicator reports the percentage of residents without health insurance coverage. Lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other services that contributes to poor health status.

<ul> <li>Persons e</li> </ul>	<ul> <li>Persons eligible for, and receiving, Medicaid, 2017</li> </ul>				
AREA	TOTAL POPULATION (For Whom Health Insurance Can Be Determined)	Population with Any Health Insurance	Population and Percent Receiving Medicaid		
Los Alamos	17,947	17,171	885 (5.2%)		
New Mexico	2,050,101	1,793,939	606,373 (33.8%)		
United States	316,027,641	282,850,495	61,856,728 (21.9%)		

Source: US Census Bureau, Small Area Health Insurance Estimates. 2017.

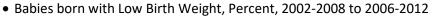
This indicator reports the percentage of the population with insurance enrolled in Medicaid. This indicator is relevant because it assesses vulnerable populations more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure identify gaps in eligibility and

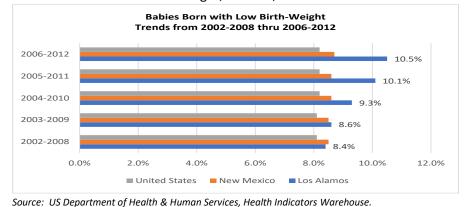
enrollment.

•	Low-Birth	Weight,	2015-17
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AREA	Total Live Births	Low Birth Weight	Low Birth Weight, Percent of Total
Los Alamos	1,288	135	10.5%
New Mexico	204,764	17,814	8.7%
United	20 200 405	2 402 641	0.20/
States	29,300,495	2,402,641	8.2%

Low birthweight is defined as less than 2,500 grams (5 pounds, 8 ounces). LBW increases the risk for infant mortality and morbidity. As birthweight decreases, the risk for death increases. Low birthweight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services. Health care costs and length of hospital stay are higher for low birthweight infants.





This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Trend-Line for Low Birth-Weight expressed in 6-year increments from 2002 to 2012

Report Area	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
Los Alamos County, NM	8.4%	8.6%	9.3%	10.1%	10.5%
New Mexico	8.5%	8.5%	8.6%	8.6%	8.7%
United States	8.1%	8.1%	8.2%	8.2%	8.2%



<ul> <li>Prenatal Care in First Trimester, 2017</li> </ul>				
AREA	% First Trimester Prenatal Care	Numerator	Denominator	
Los Alamos	68.5%	115	168	
New Mexico	63.8%	15,131	23,708	
United States	77.3%	DNA	DNA	

Source: Birth Certificate Data, Bureau of Vital Records and Health Statist, 2015-ics (BVRHS), New Mexico Department of Health.2017 (DNA – Data Not Available)

The percent of early (first trimester) prenatal care in Los Alamos County is not favorable compared to the U.S., but is higher than that of New Mexico.

Both contribute to the unfavorable Low Birth Weight adverse health outcome. The Healthy People 2020 goal is 77.9%.

#### Health Care Access/ Health Care Workforce/Health Insurance

Los Alamos County Health Care Workforce, 2015-16 and 1, 3 and 5-year projections

					PROJECTION			
HEALTH CARE WORKFORCE	RATIO PER 1,000 POPULATION/%	NUMERATOR	R DENOMINATOR YEA		2021	2023	2025	
Primary Care	2.07 per 1,000	39	18,804	2017	40-42	41	42	
Providers								
Dentists	1.01 per 1,000	18	17,785	2015	19	20	20	
Mental Health	2.08 per 1,000	39	17,785	2015	38	40	41	
Uninsured	4.3%	776	17,947	2017	772	765	760	
Lack of Access								
to Prenatal	68.5%	115	168	2017	120	125	130	
Care								

Sources: 2015-2016 - New Mexico Health Care Workforce Committee, University of New Mexico Health Sciences Center 2025 - Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, <a href="http://gps.unm.edu/">http://gps.unm.edu/</a>

Access to Mental Health providers is an issue, however, with unfavorable ranking compared to State and National benchmarks. Los Alamos County should have 47 mental health providers, giving it a deficit of 8. This issue is believed to reflect the lack of a common space for health and social service providers, with a supply of mental health providers that work part-time and need flexible hours and related space to accommodate demand.

Lack of health insurance is not an issue in Los Alamos County but acceptance of Medicaid and even Commercial Health Insurance by providers was cited as a barrier to healthcare access in Key Informant Interviews and Focus Groups.

Lack of access to Prenatal Care, frequently referenced in Focus Groups and Key Informant Interviews, appears to be reflected in the percent of low birth weight deliveries, a statistic more frequently seen in low income or early age (teen births) despite neither of these factors being relevant in Los Alamos County.



#### **CLINICAL CONDITIONS**

Figure 5. Estimated Number of Adult Females with Regular PAP test (screening for Cervical Cancer), 2012

Report Area	Female Population Age 18+	Estimated Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage	
Los Alamos County, NM	12,240	9,351	76.4%	74.9%	
New Mexico	1,129,469	849,361	75.2%	75.9%	
United States	176,847,182	137,191,142	77.6%	78.5%	

Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted) Los Alamos (74.9%) New Mexico (75.9%) United States (78.5%)

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Fc
Services, Health Indicators Warehouse. 2006-12. Source geography: County actor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human

Table 6. Estimated Number of Females with Cervical Cancer, 2011-2015

AREA	Total Population	New Cases of Cervical Caner	Cervical Cancer Cases per 100,000		
Los Alamos	44,570	4	6.5		
New Mexico	1,722,717	126	7.3		
United States	803,266,518	62,645	7.5		

Sources for All following Figures and Tables:

- 1. Numerator: The New Mexico Tumor Registry, University of New Mexico Health Sciences Center, http://hsc.unm.edu/som/nmtr/
- 2. Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://gps.unm.edu/
- 3. Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database

Figure 6. Estimated Number of Medicare Females with regular Mammogram (screening for Breast Cancer), 2015

Report Area	Total Medicare Enrollees	Female Medicare Enrollees Age 67- 69	Female Medicare Enrollees with Mammogram in Past 2 Years	Percent Female Medicare Enrollees with Mammogram in Past 2 Year
Los Alamos County, NM	2,387	202	159	79.2%
New Mexico	180,688	17,687	10,076	57%
United States	26,937,083	2,544,732	1,607,329	63.2%



Note: This indicator is compared to the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source geography: County

#### Figure 7. Mammogram screening Trend-Line (screening for Breast Cancer), 2015

Breast Cancer Screening by Year, 2009 through 2015

Percent of Female Medicare Beneficiaries Age 67-69 with Mammogram trend

Report Area	2009	2010	2011	2012	2013	2014	2015
Los Alamos County, NM	76.10%	76.63%	75%	81.46%	84.38%	80.30%	79.21%
New Mexico	59.60%	58.83%	56.10%	56.37%	68.38%	57.06%	56.97%
United States	65.87%	65.37%	62.90%	62.98%	62.82%	63.06%	63.16%

Figure 8. Breast Cancer Incidence Rate per 100,000 population of women, 2011-2015

Report Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Los Alamos County, NM	1,227	19	154.8
New Mexico	125,444	1,410	112.4
United States	18,800,721	234,445	124.7

Breast Cancer Incidence Rate (Per 100,000 Pop.)

0 200

Los Alamos (154.8)

New Mexico (112.4)

United States (124.7)

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles. 2011-15. Source geography: County

Table 7. Breast Cancer Incidence, Females, 2011-2015

Breast Cancer Incidence (Average Annual New Cases), Females under 50 years of age 2011-2015

AREA	Total Population under age 50	New Cases of Breast Cancer under age 50	Crude Rate	Cases per 100,000 Age-Adjusted
Los Alamos	26,013	14	53.8	48.3
New Mexico	3,377,387	1,297	38.4	42.7

Breast Cancer Incidence (Average Annual New Cases), Females over age 50, 2011-2015

AREA	Total Population over age 50	New Cases of Breast Cancer over age 50	Crude Rate	Cases per 100,000 Age-Adjusted
Los Alamos	18,557	98	528.1	529.7
New Mexico	1,913,686	7,068	369.3	369.7

Source: New Mexico Tumor Registry, University of New Mexico Health Sciences Center, <a href="http://hsc.unm.edu/som/nmtr/">http://hsc.unm.edu/som/nmtr/</a>; accessed January 23, 2020.

Note: The incidence of female breast cancer for ALL AGES in 2016 was 124.2 with 245,299 new cases reported.

Table 8. Prostate Cancer Incidence Rate per 100,000 population of males, 2011-2015

AREA	Total Male	New Cases of	Cases per 100,000	
ANEA	Population	Prostate Cancer	Age-Adjusted	
Los Alamos	45,399	74	116.7	
New Mexico	1,655,016	1,460	80	
United States	788,060,201	953,204	109	

Table 9. Thyroid Cancer Incidence, 2015-16 and 1, 3 and 5-year projections

AREA	Total Population	New Cases of Thyroid Cancer	Cases per 100,000 Age-Adjusted		
Los Alamos	47,791	96	19.2		
New Mexico	48,553,586	5,461	11.4		
United States			15.8		



#### **CLINICAL CONDITIONS**

Table 10. Los Alamos County Cancer Incidence, 2015-16 and 1, 3 and 5-year projections

					PROJECTION				
CANCER TYPE INCIDENCE	RATE PER 100,000 POPULATION	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025		
Cervical	6.5	4	44,570		5	5	6		
Breast	154.8	14	26,013	2011-15	16	18	18		
Prostate	116.7	74	45,399	2011-15	75	76	78		
Thyroid	19.2	96	47,791		98	100	102		

**Conclusion:** The rates of cancer cases for breast, prostate and thyroid cancer are higher than the State and National incidence. Breast cancer rates are higher for women under 50 and much higher for women over 50 years of age in Los Alamos County. The higher rates of breast cancer screening (mammograms) is refuted by the concerns expressed in Key Informant Interviews and Focus Groups about lack of available screening appointments. The Los Alamos National Laboratory (LANL) instituted on-site screenings in response to issues with high deductibles, but only has about 30 slots available with an eligible workforce of 3,500 females.

#### 3. EMERGING OVERWEIGHT/OBESITY AND DIABETES RISK

CLINICAL CO	ONDITIONS										
DIABETES								NARRAT	IVE		
• Diabetes - A	dult							ndicator rep			
AREA	Survey Population (Adults 20+)		n Total Adults Self- Report Diabetes		Dorcont		percent of adults aged 20 and older who have ever				
Los Alamos	13,531		866		5%			been told by a doctor that			
New Mexico	1,539,723		137,373		7.9%		•	have diabete			
United States	243,852,590	2	5,204,602		9.3%			ator is releva			
Adults with D	iabetes by Gender						diabetes is a prevalent				
AREA	Males with [						problem in the U.S.; it may indicate an unhealthy				
Los Alamas	(# and			(# and %)			lifestyle and puts individuals				
Los Alamos	430 (5)			436 (5%) 66,664 (7.3°			at risk for further health				
New Mexico		70,711 (8.5%)					issues	s. The secon	d statistic		
United States	12,561,953 sease Control & Prevent			2,193,905 (8		otion	offers this data by gender.				
2016.	seuse Control & Frevent	ion, National C	enter jor chron	me Disease and	a rieului Froinc	,tion,					
Diabetes Pope	ulation by Year (Ad	ult then just	t Medicare)								
Rep	oort Area	2011	2012	2013	2014	20:	15	2016	2017		
Los Alamos Count	y, NM	14.40%	14.50%	14.90%	15.47%	6 15% 15.72% 1			16.28%		
New Mexico		24.92%	25.20%	25.23%	25.34%	2	5.42%	25.45%	25.64%		
United States		27.52%	27.62%	27.54%	27.43%	2	7.36%	27.33%	27.24%		

• Diabetes Management - Hemoglobin A1C Test % Medicare Medicare FFS **Medicare Fee-**Medicare FFS with with Diabetes **AREA** FFS with **For-Service Diabetes** with Annual HB Enrollees Diabetes with Annual A1c HB A1c Los Alamos 2,387 152 136 90.1% 19,289 14,116 New Mexico 180,688 73.2%

United States 26,937,083 2,919,457 2,501,671 85.7%

Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas, 2015

This indicator provides self-reported data on the percent of diabetic Medicare patients who had a hemoglobin A1c (hA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year.

#### **OVERWEIGHT/OBESE**

• Adults that self-report Overweight, 2016

AREA	Total Population (Age 18+)	Total Adults self- reporting Overweight	Percent Adults self- reporting Overweight
Los Alamos	16,326	5,449	33.4%
New Mexico	1,474,996	527,781	35.8%
United States	224,991,207	80,499,532	35.8%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2016.

Over one-third (33.4%) of Los Alamos County residents self-report that they are overweight (BMI between 25 and 30).

• Adults that self-report Obesity (Body Mass Index > 30.0), 2016

AREA	Total Population (Age 20+)	Total Adults self- reporting Body Mass Index > 30.0	Percent Adults self- reporting Body Mass Index > 30.0
Los Alamos	13,589	3,139	22.4%
New Mexico	1,538,106	409,344	26.6%
United States	241,490,773	69,953,947	28.8%

Over one-fifth of Los Alamos County residents (22.4% of adults aged 20 and older) selfreport that they have a Body Mass Index (BMI) greater than 30.0 (obese)

• Percent of Adults that are Obese by Year, 2004-2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Los Alamos County, NM	15.3%	16.32%	18%	19%	19.2%	18.8%	18.4%	19.7%	19.9%	19.5%	20.1%	21.2%	22.4%
New Mexico	18.9%	19.8%	20.6%	21.7%	22.4%	23.3%	23.1%	23%	23.1%	23.4%	24%	24.9%	25.8%
United States	23.1%	23.8%	24.8%	25.6%	26.2%	27.2%	27.1%	27%	26.8%	27.1%	27.4%	27.7%	28.3%

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016.

The rate of self-reported obesity has increased for Los Alamos County New Mexico and the U.S. since 2004 with movement into the 20<sup>th</sup> percentile for Los Alamos County area in 2014 (eight years after New Mexico).

Los Alamos County: Overweight/Obese & Diabetes Incidence, 2015-16 and 1, 3 and 5-year projections

	, , , , , , , , , , , , , , , , , , , ,						PROJECTION		
CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025		
Overweight	33.4%	5,449	16,326		35%	36%	37%		
Obese	22.4%	3,139	13,589	2016	23%	25%	27%		
Diabetes	5%	866	13,531		6%	7%	8%		



#### 2. LACK OF AFFORDABLE AND ACCEPTABLE HOUSING STOCK

#### SOCIOECONOMIC CHARACTERISTIC

**HOUSING** 

Social Determinants of Health: "The conditions in which people are born, grow, live, work and age."

Studies indicate that from 40-60% of health status is based on social determinants versus quality health care.

		1
•	Housing Cost Burden (30% or more of income)	

AREA	Total Households	Cost Burdened Households
Los Alamos	7,525	1,036 (13.8%)
New Mexico	770,435	225,147 (29.2%)
United States	118,825,921	38,077,410 (32%)

Source: US Department of Housing and Urban Development. 2016

Almost 14% (13.8%) of households in Los Alamos County are considered to be 'cost-burdened' where 30% or more of annual income is allocated to housing costs. The information offers a measure of housing affordability and excessive shelter costs. The data also serve to aid in the development of housing programs to meet the needs of people at different economic levels.

**NARRATIVE** 

Housing Cost Burden by Type

AREA	Cost Burdened Households	Cost Burdened Rental Households	Cost Burdened Households with Mortgage	Cost Burdened Households no Mortgage
Los Alamos	1,036 (13.8%)	502	411	123
New Mexico	225,147 (29.2%)	110,262	89,328	25,557
United States	38,077,410 (32%)	20,138,321	14,130,580	3,808,509

Housing Cost Burden by Rental

AREA	Rental Households	Cost Burdened Rental Households	% Cost Burdened Rental Households
Los Alamos	1,982	502	25.3%
New Mexico	247,505	110,262	44.6%
United States	42,992,786	20,138,321	46.8%

Housing Cost Burden by Owner Occupied with Mortgage

AREA	Owner Occupied Households with Mortgage	Cost Burdened Owner Occupied with Mortgage	% Cost Burdened Owner Occupied with Mortgage
Los Alamos	3,388	411	12.1%
New Mexico	290,369	89,328	30.8%
United States	48,185,314	14,130,580	29.3%

Housing Cost Burden by Owner Occupied with No Mortgage

	Owner Occupied	Cost Burdened	% Cost Burdened	
AREA	Households	Owner Occupied	Owner Occupied	
	No Mortgage	No Mortgage	No Mortgage	
Los Alamos	2,155	123	5.7%	
New Mexico	232,561	25,557	11%	
United States	27,647,821	3,808,509	13.8%	

Source: U.S. Census Bureau, American Community Survey, 2013-2017, 5-year estimates.

This indicators shows households that spend more than 30% of household income on housing costs by Type of Household payment.

Of the 1,036 households in Los Alamos County that are cost burdened, equivalent to 14% of the total, 502 or 48% are rental households, 40% are owner occupied households with a mortgage and 12% are owner occupied with no mortgage.

Alternatively, as a percent of total household by these 3 types, 25% of rental households are cost burdened; 12% of owner occupied households with a mortgage and only 6% of owner occupied households with no mortgage.

The plight of Los Alamos is uniquely at the mid-level, with housing shortages acutely felt by middle income levels. Most new housing developments are either market rate, start at +/- \$400,000, or targeting incomes of \$60,000 or less for a family of four. This leaves a supply gap of housing for income ranges of \$60,000 - \$100,000, the so called 'missing middle housing'.



3. Table 1	3. Table 11. Area Median Income for Los Alamos County, 2019											
\$ OF AMI	1	2	3	4	5	6	7	8				
Extremely												
Low Income (30%)	\$25,400	\$29,000	\$32,650	\$36,250	\$39,150	\$42,050	\$44,950	\$47,850				
Very Low Income (50%)	\$42,300	\$48,350	\$54,400	\$60,400	\$65,250	\$70,100	\$74,900	\$79,750				
Low Income (80%)	\$52,850	\$60,400	\$67,950	\$75,500	\$81,550	\$87,600	\$93,650	\$99,700				

Source: Housing & Urban Development Exchange

#### LACK OF AFFORDABLE AND ACCEPTABLE HOUSING STOCK

Los Alamos County: Housing Type and Cost Burden, 2015-16 and 1, 3 and 5-year projections

					P	ROJECTI	ION
CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
TOTAL COST							
BURDENED DUE TO	13.8%	1,036	7,525		14%	15%	15%
HOUSING				2012 17			
Rent	25.3%	502	1,982	2013-17	26%	28%	29%
Mortgage	12.1%	411	3,388		12%	12%	12%
No Mortgage	5.7%	123	2,155		6%	6%	6%



#### 3. CULTURE OF ALCOHOL ACCEPTANCE & DRUG USE: SUBSTANCE USE

#### **ALCOHOL CONSUMPTION**

#### • Alcohol Consumption

AREA	Total Population (18+)	Estimated Adults Drinking Excessively	Crude Percentage	Age- Adjusted Percentage
Los Alamos	13,656	1,955	<b>15.7%</b>	16.8%
New Mexico	1,521,911	208,502	13.7%	14.2%
United States	235,375,690	32,248,349	13.7%	14.9%

Source: Centers of Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via Health Indicators Warehouse, 2006-12.

#### Alcohol Expenditures

AREA	State Rank	Z-Score (US)	Z-Score (State)	Average Alcohol Expenditures	Percent of Food-At- Home Expenditures
Los Alamos	33	2.61	2.45	Suppressed	Suppressed
New Mexico	No data	0.05	0	\$825.03	14.12%
United States	No data	No data	No data	\$839.54	14.29%

Source: Nielsen, Nielson SiteReports, 2014.

#### Alcohol-Related Deaths, 2014-2018

AREA	Total Population (2014-18)	Total Alcohol Related Deaths (2014-18)	Crude Alcohol Related Death Rate 2014-2018	Age-Adjusted Alcohol Related Death Rate per 100,00 population
Los Alamos	90,641	31	34	31
New Mexico	10,504,397	7,183	64.6	65.6
United States	1,510,134,705	483,240	32	34

Sources: NMDOH BVRHS death files and UNM-GPS population files; CDC ARDI; SAES

#### • Alcohol-Related Injury Deaths, 2013-17

AREA	Total Adult Population (2013-17)	# Alcohol-Related Injury Deaths among Adults (2013-17)-five-year period	Deaths per 100,000 Population, Age- Adjusted Rate per 100,000 population (2013-17)
Los Alamos	90,641	18	19.6
New Mexico	10,504,397	3,073	29.3
United States	1,510,134,705	320,000	21.0

 Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

## This indicator reports the

NARRATIVE

percentage of Los Alamos County residents that self-report heavy alcohol consumption (more than 2 drinks per day for men and 1 per day for women). Future health determinants are cirrhosis, cancer and untreated behavioral health issues.

This indicator reports estimated annual alcohol expenditures for alcoholic beverages purchased at home as a percent of total food expenditures. Expenditure data is suppressed for single counties. Rank data are no available except for large geographic areas.

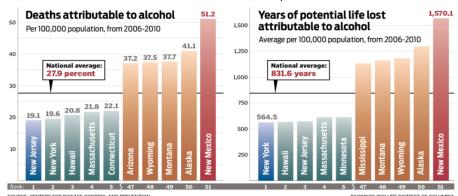
The negative consequences of excessive alcohol use in New Mexico include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems. Nationally, one in ten deaths among working age adults (age 20-64) is attributable to alcohol. In New Mexico this ratio is one in six deaths.

Binge drinking (defined as having five drinks or more on an occasion for men, and four drinks or more on an occasion for women) is a highrisk behavior associated with numerous injury outcomes, including motor vehicle fatalities, homicide, and suicide. Since 1990, New Mexico's death rate for alcohol-related (AR) injury has consistently been among the highest in the nation, ranging from 1.4 to 1.8 times the national rate.



#### HEALTH BEHAVIORS NARRATIVE

• Years of Potential Life Lost due to Alcohol, 2006-2010



New Mexico leads the nation in Deaths Attributable to Alcohol (Indicator 1 with increase of Age-Adjusted Rate from 51.2 for 2006 to 2010 to 62 from 2013-2017); and also, Years of Potential Life Lost attributable to Alcohol at 1,570.1 total compared to 831.6 for the U.S. for the time period of 2006-2010.

#### **SUBSTANCE USE**

#### **DRUG OVERDOSE MORTALITY**

#### • Drug Overdose Mortality

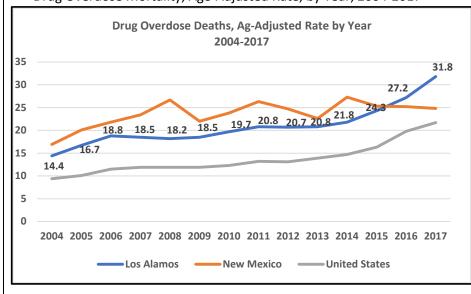
AREA	Total Adult Population (2013-17)	# Deaths among Adults (2013-17)- five-year period related to Alcohol & Chronic Disease	Deaths per 100,000 Population, Age-Adjusted Rate per 100,000 population (2013-17)
Los Alamos	90,641	29	31.8
New Mexico	10,504,397	2,470	24.6
United States	1,510,134,705	440,000	29

Source: Centers for Disease Control and Prevention. National Vital Statistics System. Accessed via CDC Wonder, 2013-2017.

#### NARRATIVE

This indicator reports the rate of death due to drug overdose of Los Alamos County residents. It is reported as crude death rate and age-adjusted death rate (where data is available).

Drug Overdose Mortality, Age-Adjusted Rate, by Year, 2004-2017



New Mexico's drug overdose death rate is one of the highest in the US for the last two decades, tripling since 1990. While deaths due to illicit drugs remained steady during the past decade, deaths due to prescription drugs (particularly opioid pain relievers) increased dramatically. Drug abuse is one of the costliest health problems in the U.S. In 2007, it was estimated that prescription opioid abuse, dependence, and misuse cost New Mexico \$890 million. The rates of drug overdose mortality in Los Alamos County significantly increased in the past four years, eclipsing that of New Mexico in 2016 & 2017.

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Los Alamos County, NM	14.35	16.72	18.83	18.47	18.19	18.45	19.73	20.84	20.65	20.75	21.75	24.33	27.23	31.83
New Mexico	16.94	20.08	21.76	23.39	26.69	22.04	23.82	26.31	24.66	22.63	27.29	25.31	25.19	24.84
United States	9.38	10.07	11.49	11.88	11.89	11.94	12.30	13.19	13.14	13.80	14.68	16.29	19.79	21.70

#### **CULTURE OF ALCOHOL ACCEPTANCE & DRUG USE: SUBSTANCE USE**

Los Alamos County: Alcohol Consumption, Deaths, Drug Overdose Death and 1, 3 and 5-year projections

					P	ROJECT	ON
CATEGORY	PERCENT/ RATE PER 100,000 POPULATION	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
Alcohol Use	16.8%	1,955	13,656	2006-12	17%	19%	21%
Alcohol related deaths	31/ 100,000	31	90,641	2014-18	33	35	36
Alcohol Related Injury Deaths	19.6/ 100,000	18	90,641	2013-17	20	23	26
Drug Overdose Deaths	31.8/ 100,000	29	90,641	2004-17	31	35	38

#### 4. MENTAL HEALTH

BEHAVIOR	AL HEALTH							
MENTAL H	EALTH	NARRATIVE						
• Depression	n – Medicare Po	Percentage of the Medicare						
AREA	Medicare Fee-	fee-for-service population with						
AREA	For-Service	Depression	FFS with D	Depression	depression.			
Los Alamos	2,702	384	14.	2%				
New Mexico	228,157	36,764	16.	1%				
<b>U</b> nited States	33,725,823	6,047,681	17.	9%				
Source: Centers for N	Nedicare and Medicai	This indicator reports the						
Mortality Ra	ite for Suicide				rate of death due to			
	Total	Average Annual	Crude Death	Age-	intentional self-harm			
AREA	Population	Deaths from	Rate (Per	Adjusted	(suicide) per 100,000			
	Population	Suicide, 2012-2016	100,000)	Rate	population. Figures are			
Los Alamos	18,031	3	15.5	suppressed	reported as crude rates and			
New Mexico	2,084,828	468	22.5	22.2	also age-adjusted rates where			
United States	321,004,407	44,061	13.7	13.3	data is available.			
Source: Centers for Wonder, 2013-201	Disease Control and I 7.							
<ul> <li>Suicide Mo</li> </ul>	rtality, Age-Adjı							
Suicido Morta	lity Ago Adjusto	ed Rate (Per 100 000	Pop \					

Suicide Mortality, Age-Adjusted Rate (Per 100,000 Pop.) by Year, 2004 through 2016

Report Area	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
New Mexico	18.8	17.76	17.92	20.29	20.86	18.23	20.14	20.34	21.3	20.3	21	23.74	22.49
United States	10.99	10.93	11	11.29	11.6	11.76	12.11	12.34	12.6	12.6	13	13.28	13.47



#### **MENTAL HEALTH**

Los Alamos County: Depression, Suicidal Ideation, Suicide Deaths, 2015-16 and 1, 3 and 5-year projections

					P	ROJECTI	ON
CATEGORY	PERCENT/ RATE	NUMERATOR	DENOMINATOR	YEARS	2021	2023	2025
Depression	14.2%	384	2,702	2017	390	400	410
Suicidal	21.2%	DNA	DNA	2019	22%	22%	22%
Ideation	21.270	DNA	DINA	2019	2270	2270	22/0
Suicide	14.5% (2003) to			2003,	15%	15%	15%
Attempts	9.4% (2015)			2015	15%	15%	15%
Suicide Deaths	15.5/	3	18,031	2013-17	3	4	4
Suicide Deatils	100,000	3	10,051	2015-17	3	4	4

#### 5. SIGNIFICANT AND GROWING SENIOR POPULATION

Population by Age, Number, 2017								
Age Group (Population)	LOS ALAMOS COUNTY NM	NEW MEXICO	UNITED STATES					
0-4 years	974	131,062	19,853,515					
5-17 years	3,186	366,665	53,747,764					
18-24 years	1,167	205,471	31,131,484					
25-34 years	1,912	278,395	44,044,173					
35-44 years	2,061	244,717	40,656,419					
45-54 years	2,852	258,110	43,091,143					
55-64 years	3,153	271,726	40,747,520					
65+ years	3,499	328,682	47,732,389					

Population by Age, Percent, 2017

Age Group (Percent)	LOS ALAMOS COUNTY, NM	NEW MEXICO	UNITED STATES
0-4 years	5.4%	6.29%	6.18%
5-17 years	17.67%	17.59%	16.74%
18-24 years	6.47%	9.86%	9.7%
25-34 years	10.6%	13.35%	13.72%
35-44 years	11.43%	11.74%	12.67%
45-54 years	15.82%	12.38%	13.42%
55-64 years	16.76%	13.03%	12.69%
65+ years	18.61%	15.77%	14.87%

 ${\it Source: U.S. Census \, Bureau, American \, Community \, Survey, \, 2013-17} \\ {\it 5-year \, estimate.}$ 

#### SIGNIFICANT AND GROWING SENIOR POPULATION

Los Alamos County: % Seniors, Poverty Level, Specialist Access, 2015-16 and 1, 3 and 5-year projections

CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025
% Seniors	18.6%	3,499	328,682		20%	20%	21%
Seniors in Poverty	5.1%	155 (75+) 10 (65-74) = 165	3,254	2017	6%	8%	8%

Source: Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://gps.unm.edu, 2017



#### EMERGING RISK ISSUES WITH TWEEN (10-12) AND TEEN (13-17) POPULATION

Population by Age, Number, 2017								
Age Group (Population)	LOS ALAMOS COUNTY NM	NEW MEXICO	UNITED STATES					
0-4 years	974	131,062	19,853,515					
5-17 years	3,186	366,665	53,747,764					
18-24 years	1,167	205,471	31,131,484					
25-34 years	1,912	278,395	44,044,173					
35-44 years	2,061	244,717	40,656,419					
45-54 years	2,852	258,110	43,091,143					
55-64 years	3,153	271,726	40,747,520					
65+ years	3,499	328,682	47,732,389					

Population	by Age.	Percent.	2017

Age Group	LOS ALAMOS	NEW	UNITED
(Percent)	COUNTY, NM	MEXICO	STATES
0-4 years	5.4%	6.29%	6.18%
5-17 years	17.67%	17.59%	16.74%
18-24 years	6.47%	9.86%	9.7%
25-34 years	10.6%	13.35%	13.72%
35-44 years	11.43%	11.74%	12.67%
45-54 years	15.82%	12.38%	13.42%
55-64 years	16.76%	13.03%	12.69%
65+ years	18.61%	15.77%	14.87%

Source: U.S. Census Bureau, American Community Survey, 2013-17 5-year estimate.

#### Risk factors include:

- 1) Access to Alcohol
- 2) Use of Prescription Drugs/Inhalants
- 3) Bullying At School and Electronic
- 4) Stress/Anxiety
- 5) Accidental Injury
- 6) Homelessness/Couch-Surfing
- 7) Food Insecurity

#### EMERGING RISK ISSUES WITH TWEEN (10-12) AND TEEN (13-17) POPULATION

Los Alamos County: % Tweens, Teens, 2015-16 and 1, 3 and 5-year projections

	PROJECTION						
CATEGORY	PERCENT	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025
Tweens	6.2%	1,166	18,804	2017	7%	7%	7%
Teens	7.2%	1,354	18,804	2017	7.3%	7.5%	7.6%



#### 5. SILENT BUT SIZEABLE 'NEAR POOR' POPULATION

The poverty level is a metric of the U.S. Census Bureau to define poverty. It is a specific income level considered to be the minimum a person or family needs to meet basic needs. If a family's annual pre-tax income is below this income level, then they are considered poor. Over seven million families in the U.S. live in poverty — a figure that has held steady since 1990. The national poverty rate was 11.8% in 2018.

SOCIOECONON	IIC CHARACTERIS	STIC		
POVERTY RATE	S			NARRATIVE
Population Be	elow 50% of Federa	In Los Alamos County, 2.1% or		
AREA	Total	Population at or Below	% at or Below 50%	386 individuals live in households
AREA	Population	50% FPL	FPL	with income below 50% of the
Los Alamos	18,031	386	2.1%	Federal Poverty Level (FPL).
New Mexico	2,084,828	186,825	9%	Below 50% of FPL is considered
United States	321,004,407	20,276,204	6.3%	'extreme'.
Source: US Census Bu	ıreau, American Commi	unity Survey. 2013-17.	·	

• Population Below 100% of FPL - Poor, 2017

AREA	Total Population	Population at or Below 100% FPL	% at or Below 100% FPL
Los Alamos	18,031	920	5.1%
New Mexico	2,084,828	420,293	20.2%
United States	321,004,407	45,650,345	14.2%

• Population below 100% by Gender, 2017

AREA	MALE	FEMALE	Total Male Below 100% FPL	Total Female Below 100% FPL	
Los Alamos	9,135	8,896	386 (4.3%)	534 (6%)	
New Mexico	1,032,086	1,052,742	192,619 (19.2%)	227,674 (21.9%)	
United States	158,018,753	162,985,654	20,408,628 (13.3%)	25,241,719 (15.8%)	

• Population below 100% of FPL by Race, 2017

AREA	White	Black	Native American	Asian	Multi Race
Los Alamos	715	0 30		48	20
	(4.6%)		(14%)	(4.5%)	(3.3%)
New Mexico	273,759	9,459	65,053	2,896	13,767
	(18%)	(24%)	(33%)	(9.9%)	(20.6%)
United States	27,607,156	9,807,009	681,207	2,011,217	1,800,443
	(12%)	(25.2%)	(26.8%)	(12%)	(18.4%)

• Population below 100% of FPL by Ethnicity, 2017

	AREA	Male	Female	Total Hispanic/ Latino Below 100% FPL	Total Non- Hispanic Below 100% FPL
Los Alamos		9,135	8,896	282	638
	LOS AlaillOS	9,133	8,890	(9.2%)	(4.3%)
	New Mexico	1,032,086	1,052,742	244,409	175,884
	New Mexico	1,032,080	1,052,742	(24.9%)	(16.6%)
	United States	158,018,753	162,985,654	12,269,402	33,380,893
	Officed States	130,018,753	102,965,054	(22.2%)	(13%)
ĺ					

Poverty is considered a *key driver* of health status. In Los Alamos County, 5.1% or 920 individuals live in households with income below the Federal Poverty Level (FPL).

The population living at or below 100% of the Federal Poverty Level is considered as qualifying for Medicaid, and the ACA or Health Marketplace Exchange won't consider an application for health insurance coverage.

Racial differences in Poverty Levels are evident only for Native Americans in Los Alamos County. This is in contrast to the disparities in poverty levels for Blacks and Multi-Race.

For ethnicity, despite strong disparities for Hispanic/Latino in New Mexico and the United States, the poverty rate for Hispanics and Latinos in Los Alamos County, while significantly lower than the State and Nation, is still twice that of non-Hispanic/non-Latinos.

SOCIOECO	NOMIC CHARA			
POVERTY I	RATES		NARRATIVE	
Population Be	elow 185% of FF	L – living in debt, 2	017	In Los Alamos County, 10.82% or 1,941
AREA	Total Population	Population at or Below 185% FPL	% at or Below 185% FPL	individuals are living in households with income below 185% of the Federal
Los Alamos	18,031	1,941	10.8%	Poverty Level (FPL). This indicator is
New Mexico	2,084,828	804,773	38.6%	relevant because poverty creates barriers
United States	321,004,407	94,262,439	29.4%	to access including health services,
				healthy food, and other needs that contribute to poor health status.
•		PL – qualify for ACA king poor', 2017	assistance,	This level of poverty may qualify individuals for a health insurance
AREA Total Population		Population at or Below 200% FPL	% at or Below 200% FPL	premium tax credit and potentially, a cost-sharing subsidy to lower monthly health insurance premiums in the ACA
Los Alamos	18,031	2,079	11.5%	Health Marketplace Exchange.
New Mexico	2,084,828	865,123	41.5%	
United States	321,004,407	102,523,670	31.9%	

The largest demographic living in poverty are Females 75+, followed by Females 25 - 34 and then Males 18 - 24.

14% 12% 10% Share 8% 6% 4% 2% 0% 5 6 - 11 12 - 14 15 16-17 18-24 25-34 35-44 45-54 55-64 65-74 Female Male 2013 2014 2015 2016 2017

Figure 9. Los Alamos Residents Living in Poverty by Age and Gender, 2017

Source: U.S. Census Bureau, American Community Survey, 2017

**In comparison,** the poverty rate in the United States in 2018 was highest among people between the ages of 18 and 24 years old, with a rate of 18.28 percent for male Americans and 23.1 percent for female Americans. The lowest poverty rate for both genders in the United States was found in individuals between the ages of 65 and 74 years old.

Figure 10. United States Living in Poverty by Age and Gender, 2018



#### SILENT BUT SIZEABLE 'NEAR POOR' POPULATION

Los Alamos County: % by FPL, 2015-16 and 1, 3 and 5-year projections

						PR	OJECTION	
CATEGORY	FPL	PERCENT	NUMERATOR	DENOMINATOR	YEAR	2021	2023	2025
Extreme Poor	50%	2.1%	386	18,031	2017	2%	2%	2.1%
Poor	100%	5.1%	920			5%	5.1%	5.1%
Living in Debt	185%	10.8%	1,941		2017	11%	11.2%	11.5%
Working Poor	200%	11.5%	2,079			12%	12.1%	12.3%

