

Los Alamos Community Health Council (LACHC)

Presents

**LACHC 2015-2016 Los Alamos
Community Health Needs Assessment & Call to Action**



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**With the Los Alamos Community Health Council Leadership Team
And with Input from the New Mexico Department of Health**

Acknowledgements

I would like to thank the LACHC and the many agencies and individuals involved in building community health in Los Alamos County. I would also like to thank Los Alamos County's Social Services Division, Community Services Department, and County Council for their longstanding support of community health and social services.

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The LACHC Leadership Team has worked diligently with me to develop the work plan for this Health Profile, and I deeply appreciate their involvement throughout the process.

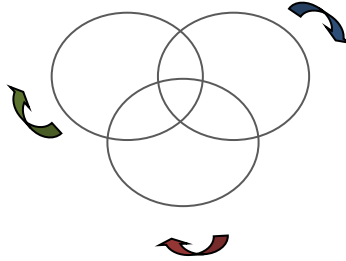
Thank you for inviting me to be a part of this important community work. It has been a privilege and a pleasure to work with you.

Sincerely,

Anne Hays Egan

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I would like to thank the LACHC for its work over the years in health planning, service coordination, community education, and its research and policy work on the local and state levels.

It is this collection of amazing people and organizations that, together, make Los Alamos a healthier place.

This report is called a Community Health Needs Assessment and Call to Action because it provides us with important snapshots of the community's health needs, services and gaps. And it offers us an important call to action through its recommendations for individuals and families, community groups and agencies, the LACHC, and local and state policymakers. The report provides us with a validation about some areas already known to us as either health strengths or weaknesses, as well as new information, and insight into some important trends which we need to address as a community.

Thanks to all who have been involved,

Sincerely

Cynthia Goldblatt

Cynthia Goldblatt
President, LACHC

2015 LACHC Health Profile for Los Alamos County

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I. INTRODUCTION

Los Alamos Community Health Council was originally established as Los Alamos County (LAC) Maternal and Child Health Council in 1995. By NM statute, it is the designated county body for health planning. Throughout the years, the association expanded to include many broadly defined areas of health; and in 2003, it changed its name to Los Alamos Community Health Council (LACHC), to reflect the wider focus on the social determinants of health (SDOH), all age groups and health issues. LACHC has published regular reports to the community as Health Profiles to provide updated information about health issues, needs, services, gaps, progress made on key health issues, as well as recommendations for activities, services, policy and funding. Over the years, the Los Alamos Community Health Council has become an important organization that involves a wide range of individuals, community groups, agencies and the county in its work. The LACHC meets monthly, and additional information can be found on its website: www.lachc.net

The Vision of Los Alamos Community Health Council is that consumers, service providers, business interests, local government and youth will work together to ensure that Los Alamos is a healthy place for all who live, work and visit here.

The Mission is that Los Alamos Community Health Council will take the lead in community health improvement through representative membership empowered to identify and address health issues in our community. This will be done through ongoing research regarding issues of concern raised by the membership, comprehensive planning, coordination and development of health programs and services for Los Alamos.

The Definition of Health as stated in LACHC bylaws, reads: "It is understood that the term 'health' includes mental and physical health, and the overall quality of life within the community as well as proper access to healthcare." This broad framework for health is often also known as "social determinants of health" or as the "public health definition of health."

The most recent full health report was the *2011-2012 LACHC Los Alamos Community Health Profile*, available in print and online versions. The most recent community needs assessment was the *2010 Los Alamos Community Needs Assessment*. The Health Profile and Community Needs Assessment have been used by community leaders and groups for community outreach and education; by nonprofit agencies for planning and fund raising; by county government for planning, policy, and funding; by the LACHC for planning and service coordination; by other funders to inform funding decisions; by the NM Alliance of Health Councils and the New Mexico Department of Health for statewide planning, policy and funding.

The goal of LACHC's Health Profile is to identify and reassess the current status of health in Los Alamos County. The Health Profile offers a broad, comprehensive picture of the health of the community, using a range of community indicators. These include data sources such as the New Mexico Department of Health, the United States Census Bureau, University of New Mexico Bureau for Business and Economic Research (UNM BBER), the Centers for Disease Control (CDC), Robert Wood Johnson's health project data, the *2010 Los Alamos County Community Needs Assessment*, the *2011-2012 LACHC Los Alamos Community Health Profile* and other local, state and national surveys and reports. LACHC's Health Profile also includes interviews and information from professionals in the field, consumers and community members. Data cited includes references to historical data (2003-2009), data and reports between 2010 and 2013, as well as updated demographic and health data, with citations from the most current data available.

II. EXECUTIVE SUMMARY

The Executive Summary provides a synopsis of key points made in the full document, without the same level of detail. It includes information about the county's overall health profile, social determinants of health that have an impact on health status, overall health rankings for the county, and Health Council recommendations to the county about ways to improve overall health status.

The Social Determinants of Health (SDOH), as defined by the World Health Organization, are

Conditions in which people are born, grow, live, work and age, including the health system. shaped by the distribution ... of resources, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status ...¹

The overall health status of a group or region can be positively impacted by the presence of many social determinants such as an excellent education, high income, good access to quality health care, involvement in recreation and wellness activities, effective nutrition, and the presence of strong family and social networks and activities. Higher community education and income levels, along with good access to health care create better than average community health, which we find in the profile for Los Alamos County. Conversely, those people with lower incomes, poor education, limited access to health care, and weak social networks, aggregated as groups over time do historically encounter more difficulties and have poorer health outcomes. There are also some important regional health issues and trends which provide opportunities and pose challenges, including the regional economy, the fast growing group of older adults in the region and the state (especially frail elderly), family stresses, changes in the healthcare system, and access or lack of access to healthcare.²

The health picture for Los Alamos County is excellent. The county is rated the healthiest county in New Mexico by Robert Wood Johnson, which uses both health indicators and other social determinants of health (SDOH) in their rankings.³ The New Mexico Department of Health also rates the county very highly on its health indicators, and those interested can review the *DOH Community Health Snapshots* to see the ratings in many different areas.⁴ The county's strongest health indicators when compared to the state as a whole include very low rates of death from many of the chronic diseases that are most costly and debilitating for families and the health care system, including heart disease, stroke, cancer, and diabetes.⁵

There are some important health challenges, trends, and issues that should be understood and addressed. The county's primary health challenges include its (1) high rate of unintentional injury from falls, usually among older adults, (2) very high rate of deaths from Alzheimer's disease, (3) high percentage of babies born with a low birth weight; (4) high level of pertussis (whooping cough); (5) youth suicide ideation and suicide deaths; and (6) youth and adult physical activity levels. Although there are a number of positive health trends in the county, the overall gradual trending is negative, with a number of negative health trends in death rates from chronic diseases, incidence of chronic diseases, prevention activities such as

¹ Definition by the World Health Organization (WHO), on its website and in WHO materials.

² *Data for Grantmaking: A Comparative Study of Community Health in Los Alamos, Rio Arriba and Northern Santa Fe Counties*, by Lisa Cacari Stone, Con Alma Foundation, 2008. Conalma.org.

³ *County Health Rankings and Roadmaps*, Robert Wood Johnson, 2015. www.rwjf.org/en/library/features/county-health-rankings.

⁴ NM DOH IBIS data system reports: <https://ibis.health.state.nm.us/community/snapshot/report/>

⁵ NM DOH IBIB data system reports.

exercise and nutrition, and indicators of mental health. Finally, the number of poor and near-poor in the county is increasing, while the levels of federal and state supports for programs serving the poor has remained relatively static or has decreased. There has been a significant shift in funding priorities for the county's Health Care Assistance Fund; 75% of the fund has been redirected to NM Human Services Department for the Safety Net Care Pool, established in 2014 and replacing the Sole Community Provider funding earmarked for our local hospital. The County Share Medicaid payment of 50% of the Health Care Assistance Fund remains the same. Taken together, this means that fewer dollars remain in the county for use by the county to help local residents with health needs. There is also limited federal funding for health care, mental health care, and subsidized and free school lunches programs for those in need. Los Alamos County has provided excellent support for health and social services for many years, and has been a model county in many respects. It recently developed a Social Services Division within the Community Services Department, in large part to recommendations in the *2010 Los Alamos Community Needs Assessment*. The new Social Services Division has integrated different health and social services functions which had previously resided in multiple departments and divisions. The Division has also established linkages with surrounding counties and key state departments and divisions, such as Medical Assistance Division within Human Services Department. In 2010-2011, the county increased its support of health planning and coordination of health and social services by funding the Los Alamos Community Health Council during the period when the state cut funding. In the last few years, in response to recommendations by the LACHC and the Juvenile Justice Advisory Board (JJAB), the county increased funding for case management for youth and families at risk, people with basic needs and in financial crisis, and older adults in need of assistance.

Social service and health agencies in the county have provided a wide range of education, health promotion, programs and services, and resources. Agencies work collaboratively to address issues in ways that are proactive, with a focus on tracking outcomes and increasing service effectiveness. Many community members volunteer at the agencies that provide services, and the county has the highest rate of older adult voluntarism in the state. Although there is a vibrant, engaged network of agencies, they often have a footprint much larger than their budgets. Some key agencies are small and can be destabilized by major shifts in funding, changes in executive leadership, or loss of key volunteers.

As part of the work to develop the *2015 LACHC Los Alamos Community Health Profile*, the LACHC conducted six different focus groups and conducted a survey which received 290 responses. The focus groups addressed community needs, resources that exist, improvements made over the past few years, and priorities for the future. The survey respondents shared their perceptions about community needs, services, and the community's challenges and assets. Focus group participants mentioned the need to address the following:

- Stressors faced by families, including the high costs of housing, costs child care and summer camp and activities for children, and financial stressors for many;
- Youth pressures and risks, suicidal ideation and suicide rates, depression, risk behaviors and family stresses;
- Behavioral health issues and reluctance of many to access behavioral health resources;
- Ongoing challenges for the poor and near-poor, and the health and mental health challenges that come with these financial crises;

- Older adult issues that include falls, Alzheimer’s disease, upper respiratory diseases, case management, the increasing demand for home-based services, help dealing with the growing number of scams, and challenges with care upon release from the hospital.

Survey respondents indicated concerns with many of these same issues. Both focus group participants and survey respondents made reference to many services in the community that are addressing these health concerns, as well as the case management services that are making a significant impact in improving people’s ability to deal with challenging conditions and more effectively access resources. When asked about what makes the community healthy and a good place to live, both survey respondents and focus group participants commented upon the natural beauty, the people, the level of civic engagement and organizations that are dedicated to the community’s health and wellbeing.

Within the overall health picture, a number of areas require attention, further study, and community-based efforts toward remediation. This report contains recommendations to address these areas.

There are five key messages that the LACHC hopes this Health Profile will provide to the community:

- A. Overall, Los Alamos is very healthy, rated the healthiest county in New Mexico.
- B. Within that overall picture of health, there are some important health challenges that need to be understood and addressed at family, agency and community levels.
- C. The county does not receive the same levels of federal and state funding to support services as do most other New Mexico counties, and the community must find ways to make up that gap.
- D. Los Alamos County government has been extremely proactive in responding to health and human service needs and is a model for much of the rest of the state.
- E. Needs will continue to grow, as will services to address them; agencies will want to continue to demonstrate outcomes and impact which would drive additional funding from a range of sources in the coming years.

III. METHODOLOGY

Los Alamos Community Health Council (LACHC) developed the Health Profile using the following methodology:

1. Reviewed demographic, health and county data from multiple sources, such as the US Census, NM Department of Health, Health Resources and Services Agency (HRSA), Centers for Disease Control, Robert Wood Johnson Community Health Project, Con Alma Health Foundation, and others.
2. Studied of additional county-specific data about health concerns, including earlier reports such as the *2010 LAC Community Needs Assessment*, *2011-2012 LACHC Los Alamos County Community Health Profile*, the *2010 LAC Economic Vitality Plan*, and the *2010 LAC Affordable Housing Plan*.
3. Conducted six focus groups with community providers, volunteers, health advocates, government staff, funders, teens, school personnel, and LACHC members.
4. Completed a survey of the community with a total of 290 responses from a broad based, diverse community constituency.
5. Received feedback and additional data from LACHC members and the LACHC Leadership Team.

The Health Profile's development has been guided by the LACHC Leadership Team, a small working group has been meeting regularly since May of 2015 to discuss and shape the Health Profile with the consultant and the Los Alamos County Social Services Manager. The final plan was approved by a meeting of the LACHC held November 5th, 2015.

Anne Hays Egan, Principal of New Ventures Consulting, was retained by the LACHC as the consultant for the Health Profile, serving as the primary researcher, focus group facilitator, and report writer. She was the author of the *2011-2012 LACHC Los Alamos County Community Health Profile*, the *2012 LACHC Health Action Plan* and the *2010 Los Alamos Community Needs Assessment*.

IV. COMMUNITY DESCRIPTION

Los Alamos is nestled in the mountaintops of the Jemez Mountain range on the Pajarito Plateau. The town rests at 7,355 feet above sea level, but the highest peak in the county tops 10,000 feet in altitude. The county is a beautiful, rugged and somewhat isolated area of Northern New Mexico. Originally chosen by the federal government as a remote location for developing atomic energy projects, the county today is a hub for scientific and high-tech research and product development. Los Alamos County's unique characteristics - its geography, history, economy, education, income and culture - have an impact on the county's health status.

Los Alamos County is the geographically smallest county in the state. It had a population of 17,950 in 2010, and an estimated population of 17,682 in 2014, representing a small population loss of 1.5%. Children and youth age 18 and younger represent 23.3% of the population, which is close to the state's average of 24.3%. Older adults, age 65 and older represent 16.5% of the population, compared to the state's average of 14.7%.

The very high levels of education and income often set Los Alamos County apart from the rest of the state. The median household income (2009-2013) is \$106,686, which is more than double the state's median income. In addition to having the highest incomes in the state, Los Alamos County is one of the highest earning counties in the country and has been cited by Kiplinger's as the "wealthiest county in the U.S." Just under two thirds of the population has earned college degrees, over a third of the population holding advanced degrees. This compares with a 25.1% state average for all college and advanced degrees. The county is cited as having the highest number of Ph.D.s per capita in the nation.⁶

Many ingredients affect quality of life, including family and social networks, employment and job diversity, income, housing, infrastructure, natural beauty, access to resources, arts and culture, recreation, voluntarism and civic engagement, and other factors. According to the U.S. Chamber of Commerce, Los Alamos County has taken bold steps toward economic sustainability during the past few years and was given the national "Siemens Award for Small Community" in 2009. American City Business Journals' *Bizjournals* identified Los Alamos as one of the top small cities in the United States for quality of life, using a group of 20 indicators. And Los Alamos County's website contains a long list of awards that the community has received over the past years.⁷

The county has the lowest child poverty rate in the U.S.⁸ This means that the county's public schools are not able to receive the same level of federal assistance for school lunch programs that is available to the rest of the state, and the community must cover costs for free and reduced cost school meals. The county's schools are consistently rated as excellent by the New Mexico Public Education Department. Los

⁶ Statistics from the 2013 U.S. Census Updates, with 2014 U.S. Census estimates and 2010 data, the *2010 Los Alamos County Community Needs Assessment, Business Week, and Kiplinger's Personal Finance*.

⁷ The *Bizjournals*' "Best of Small Cities" quality study was conducted in 2006, using secondary data analysis from the U.S. Census Bureau and the U.S. Bureau of Economic Analysis. They used a group of indicators, including employment, economic development and business growth, infrastructure, natural beauty, local schools, arts and culture and others. The Siemens awards are national awards through the U.S. Chambers of Commerce.

⁸ *Small Area Income and Poverty Estimates, U.S. Census, 2011*.

Alamos is considered to have and one of the best local public education systems in the country, and its high school has won many awards over the years, including listed as one of the top schools in the U.S.⁹

A. Population Characteristics

Although the county grew for much of the last few decades of the 20th century, it recently began to lose population. Los Alamos County had a loss of slightly more than 2% between 2000 and 2010, and continued to lose population between 2010 and 2014 with an estimated population of 17,682 in 2014. Although the population as a whole is decreasing, the long-term trend of the proportion of older adults is increasing, and is expected to increase rapidly in coming years.¹⁰ The following chart provides a further breakdown of the U.S. Census Bureau population subgroups as a percentage of the total population, for the years 2010 and 2013, as follows:¹¹

| | GROUP | 2010 % in LAC | 2013 % in LAC | 2013 % in NM |
|-----------|--------------------------------|---------------|---------------|--------------|
| AGE | Children under 5 years old | 5.2% | 5.3% | 6.7% |
| | Youth under 18 years old | 23.3% | 23.3% | 24.3% |
| | Older adults, age 65 and older | 14.6% | 16.5% | 14.7% |
| GENDER | Females | 49.1% | 49.6% | 50.4% |
| RACE | White persons | 87.8% | 89.3% | 82.9% |
| | Black persons | .6% | .7% | 2.5% |
| | American Indian persons | .8% | 1.2% | 10.4% |
| | Asian persons | 6% | 6.3% | 1.6% |
| | Persons reporting two or more | 2.6% | 2.5% | 2.4% |
| ETHNICITY | Persons of Hispanic or Latino | 14.7% | 16.1% | 47.3% |
| | White persons, not Hispanic | 76.3% | 74.4% | 39.4% |

B. The Economy, Incomes and the Cost of Living

The county’s economy is very closely tied to the fortunes of Los Alamos National Laboratory, northern New Mexico’s largest employer. Los Alamos County has placed a very strong emphasis on diversified economic development and has won a number of awards for its work in this area. LACHC’s Health Profile 2011-2012, with its emphasis on the Social Determinants of Health (SDOH), provides an analysis and recommendations very much in line with the county’s economic development priorities.

The *2010 Economic Vitality Plan* and the recent *2015 Economic Update* contain four goals for economic development:

- Support and retain LANL as the area's best wealth-producing employer;
- Diversify the economic base;
- Increase quality-of-life opportunities;
- Increase availability of affordable housing in the county.

⁹ LAHS has been consistently cited for its excellence by *Newsweek*, received the Silver Medal award from *U.S. News & World Report*, and was ranked 556th out of 21,035 public high schools in the U.S. in 2013.

¹⁰ U.S. Census data from 2010 and 2013; Con Alma Health Foundation’s report on *Healthy Aging in New Mexico*.

¹¹ Note: The categories include both race and ethnicity, which overlap.

LACHC shares similar priorities. LACHC is working with its constituency base, especially area nonprofits, funders, and local and state government bureaus to build the capacity of local organizations that provide resources that impact the health and wellbeing of area residents.

Research conducted by the UNM Bureau for Business and Economic Research (BBER) in 2006 showed that 562 nonprofits were registered in Los Alamos County, many of which are small volunteer groups. The study, called *The Economic Impact of Nonprofit Organizations in New Mexico*, also found that nonprofits statewide leverage significant resources, bringing state, federal and foundation funding to the state and the counties where they reside. These nonprofit organizations also expand staff resources through volunteers working at the many agencies. Volunteering in Los Alamos is at the highest rate statewide, and the economic contribution of volunteers in nonprofits is quite significant, and estimated to be valued in excess of \$2 million per annum.¹²

Since management of Los Alamos National Lab changed to Los Alamos National Security, LLC, (LANS) and the lab began paying gross receipts taxes, the lab payments have provided the county with significant revenue increases, some of which are invested in regional economic development. However, the revenues paid by the lab have dropped during the past few years. In addition, new legislation was introduced in 2014 redirecting a percentage of all counties' gross receipts away from local health services for indigent residents to the NM Human Services Department's Safety Net Care Pool and County Share Medicaid, in order to support hospitals and leverage federal Medicaid dollars allocated to the state. As a result, at least a third of NM counties, including Los Alamos, are now required to contribute 75% of the second 1/8th gross receipts tax toward the Pool, and 50% of the same second 1/8th gross receipts tax for the county share of Medicaid. This has a considerable effect upon the county's operations and services, during a period where the need for services has continued to increase.

Los Alamos' cost of living is significantly higher than the state's average, with very high comparative costs for housing, food, and other staples. The 2008 median home value of \$351,337 dropped to \$284,500 for the period 2009-2013. And though the more recent values are still significantly above the state's average of \$160,000, this drop may have some economic repercussions.ⁱ Although home values have dropped since 2008 as a result of the national economic crisis, rents have remained high, and available housing stock has become increasingly limited with the removal of a number of rental units from the market.¹³ These higher home values and the related rise in rental rates have made housing less affordable for many working poor and middle-income families. The *2002 Los Alamos Community Perception Study*¹⁴ found that a large number of residents were concerned about the cost of housing. A total of 57% supported the idea of building additional housing. An equal number supported selling county-owned land to promote economic development.ⁱⁱ The *2010 Los Alamos Affordable Housing Plan* identifies a need for additional housing stock for the county and suggests strategies for developing 175 new homes. This plan is being implemented, and new housing stock could alleviate a substantial portion of the current need for affordable housing. The LACHC's *2015 Community Survey* shows a continued concern about housing prices and availability.

¹² *The Economic Impact of Nonprofit Organizations in New Mexico*, UNM BBER with New Mexico Association of Grantmakers and NGO New Mexico, 2006; *2010 Los Alamos Community Needs Assessment*.

¹³ This information is based upon recent discussions of the Basic Needs Working Group, which includes updates from the LAC Housing Department, LAPD, LAC, agencies, as well as data from U.S. Census 2013 data and 2014 projections.

¹⁴ *The 2002 Los Alamos Community Perception Study* was conducted by Research and Polling for Los Alamos County.

Los Alamos County has a much lower-than-state-average poverty level; however that poverty level has been steadily rising. It stood at 2.9% in 2008, rose to 3.1% in 2010, and is currently pegged at 4.4% for the period 2009-2013. The low poverty level means that the county is not eligible for full levels of federal funding for school lunches and other programs serving the poor. So, although the poverty rate for the county is still significantly below the state average, the rate of increase is very significant. In addition, there is a growing group of near-poor, who have earnings between the mid \$20k and mid \$40k range (up to 200% of poverty), who may find themselves in economic crisis and in need of basic needs services.¹⁵

The number of working, middle-income families reporting concerns about the cost of living has increased over the past years, according to the *2010 Los Alamos Community Needs Assessment*. At that time, families earning modest incomes up to 200% of the poverty level (\$44,100 at that time), represented just over 10% of the county's population.¹⁶ Many said then that they found that their incomes often could not stretch to meet their needs. And those earning more than 200% of poverty, up to \$66,000 per year, reported their family budgets very tight if they had more than one child in preschool and a large mortgage or rent payment each month. Because the cost of living in Los Alamos is high, what is considered "normative" is much higher in Los Alamos than most other counties, which places an actual and psychological stress on families earning low to moderate incomes.

In 2015, service providers working with children, youth, families and older adults all report continued financial stresses on families. And the *2015 Community Survey* shows that financial stressors represent on one of the highest areas of concern for all survey respondents.

Predictably, those with high incomes and discretionary resources have better access to resources for wellness, nutrition, exercise and recreation. They are more easily able to engage in health promotion and prevention activities, and ensure ongoing health maintenance. Studies show that people with higher incomes and workplace-provided health care are more able to access and continue to use health and behavioral health resources, hospital care and specialized services. However, multiple studies in Los Alamos have shown that the exception to this rule is that lab families often do not seek out behavioral health resources, as they are afraid of possible negative repercussions to the family member's Q Clearance (whether or not this is actually the case).¹⁷ Access to care is often not a problem for those with higher incomes, as they usually have good insurance and disposable assets to spend on deductibles or private-pay health and mental health care on or off the hill. Those with more limited incomes have fewer options because of both financial limitations and a lack of some of the federally funded free and sliding fee scale resources such as free school lunches and community health centers found in other counties and not

¹⁵ Poverty rate change based on the changes from the 2000 to the 2010 U.S. Census, data from 2013 Census updates, local providers and federal data. Data on the near-poor from the *2010 Los Alamos Community Needs Assessment* and local providers.

¹⁶ The federal income ceiling for 200% of poverty, and certain federal and state support programs, is \$44,100. The break point for the Community Needs Assessment Survey was set at up to \$45,000. A total of 14.2% of all respondents to the survey reported incomes at \$45,000 or less. The survey is considered to be somewhat representative of the county's population, with a higher than U.S. Census average of older adult respondents, slightly skewing both the age and income categories. The income break points for the 2015 survey were adjusted upward in proportion to the relative increase in the poverty line from 2010 to 2015.

¹⁷ Key informant interviews with over 85 people and 13 focus groups for the 2010 Los Alamos Community Needs Assessment; focus groups and discussions with nonprofit providers in the field for the 2015 Health Profile all indicate that, regardless of policies regarding confidentiality of behavioral health care, many people are not willing to have it known that they have needed/used mental health or substance abuse related resources such as counseling, and they choose not to utilize their lab-based health insurance benefits. Some seek help on or off "the hill" and pay privately for care; others simply defer care and go without treatment.

available in Los Alamos County. This also means that the county government, nonprofits and the community at large has an added burden to respond to those needs the federal government does not address.

C. Education

Five elementary schools, one middle school, and one high school serve the children and youth of Los Alamos County. A total of 3,524 students were served in the 2013-2014 school year, which represents an increase over enrollment figures of 3,433 students for the 2010-2011 school year.¹⁸ The high school received a *US News & World Report* “silver star” ranking in 2009, and various awards over the years from different national rating agencies. The *LA Daily Post* reported in 2013 that the high school has continued to rise in the *US News & World Report* rankings over the years.¹⁹

Great Schools rated Barranca Mesa Elementary, Mountain Elementary, Los Alamos Middle and Los Alamos High Schools at 10 on a 10 point scale. The Los Alamos Public School District is top ranked by the New Mexico Public Education Department (PED), and all of the county’s public schools were highly rated. The high school’s PED rating placed the school in 24th place (a drop in rankings), at 82.62; the middle school was rated 7th at 94.37; Barranca Mesa and Mountain were rated 7th and 8th respectively (96.13 and 96.08). The LAPS school district itself was rated 3rd in the state, behind Southwest Intermediate Learning Center and the NM School for the Arts. LAPS has fewer students per classroom than most other New Mexico schools and significantly higher test scores for reading and math than the state average.²⁰

Los Alamos County is home to an exceptionally well-educated citizenry, creating a cultural norm that places a very high value on higher education. A total of 63.4% of the adult population in the county have a bachelors’ degree or higher, in contrast to a state’s average of 25.8% with college degrees. In addition, according to the older 2000 census, the majority of degreed persons hold advanced degrees, with a total of 36% of all residents holding Masters, Ph.Ds or other equivalent degrees.²¹

D. Poverty

Although the official poverty rate of 4.4% for Los Alamos is significantly below the state’s average of 20.4%, the poverty rate for the county has been consistently rising from 2.9% in 2008, to the current level of 4.4% in 2014. The *2010 Los Alamos Community Needs Assessment* found that “when one considers the income levels for 200% of poverty (\$44,100) and the high costs of living in Los Alamos, there could be 1500 to 1700 people struggling to meet monthly expenses, out of the total county population of 18,343 people.” Many of these people would qualify at the 200% to 250% of poverty level for programs serving those with modest incomes.²² The “near poor” are defined variously by different sources as those who qualify for Medicaid under New Mexico’s Centennial Care program, (earning up to 138%% of federal

¹⁸ Figures provided by the Los Alamos Public Schools (LAPS) and the NM Public Education Department (PED).

¹⁹ “Los Alamos Ranking Rises on *US News & World Report Best High Schools List*, by Bonnie Gordon, April 26, 2013.

²⁰ Great Schools Rankings and PED Ratings.

²¹ U.S. Census Bureau statistics 2009-2013; healthcare.gov and Kaiser Family Foundation data from 2014; and LAC Social Services Dept. summaries provided to County Council.

²² *2010 Los Alamos Community Needs Assessment*

poverty income guidelines²³), or those who qualify for Affordable Care Act health insurance and qualify for various levels of government subsidies (earning up to 400% of federal poverty income guidelines). Although some sources gather data about families at these different levels, some is not easily available at the county level. People living in poverty, or with modest incomes find that the cost of living in the county poses ongoing challenges. Providers serving those in need reported an increasing level of requests from middle income people who had financial emergencies than in previous years.²⁴

Because of its low poverty rate, the county is not able to access the same federal subsidies for programs, such as school lunch programs, as do the other counties in New Mexico. Federally subsidized school lunch programs are only available for younger students, and there are no programs for breakfasts for the poor, or for any summer lunches. Schools have worked to develop some support for students from families with limited incomes, and local food programs and faith communities have been extremely active in responding to the need. And, programs that were considered to be voluntary and piecemeal in the previous Health Profile are more structured, and there is more available than in previous years. However, much is still being handled by local charitable organizations.

Long waiting lists exist for affordable housing, and it has taken a considerable amount of time for the development of new affordable housing. The loss of some substandard affordable housing and transitional housing has placed an additional burden on the community to provide housing for those who are poor or near poor. It will take years before the needed level of new housing is online to address these unmet needs.

Agencies such as Self Help, LA Family Council, and LA Cares that work with people of limited incomes reported a rise in need between 2010 and 2013 that has continued to remain steady during the past two years. Requests for some basic needs such as food have remained steady, while requests for emergency financial assistance and housing assistance continue to increase. There are also requests for help to the Los Alamos County's Health Care Assistance Fund, to 311, Los Alamos Public Utilities Energy Assistance Fund, and various state funds.

E. Exercise and Recreation

The county's location offers residents an immense array of recreational opportunities from outdoor hiking and cycling to bird watching. The county maintains a large parks-and-recreation program, with pools and other facilities, camps and a schedule of organized activities. Residents are more physically active than those in most other counties in the state and report engaging in frequent exercise and recreational activities. Recreational facilities note very heavy use of facilities and programs. There are also a number of area nonprofits that provide recreational programs for children, youth and families, including the Family YMCA, area scouting programs and programs offered through faith communities.

²³ Adults qualify for Medicaid, through NM's Medicaid expansion if incomes are at 138% of poverty (\$23,850 for a family of 4 in 2014). Pregnant women qualify at 185%, and children at 200% , based upon www.healthinsurance.gov, the Kaiser Family Foundation's Health Care Reform *State Health Facts*, and NM Human Service Department's Income Eligibility Guidelines.

²⁴ 2012-2013 Los Alamos Health Action Plan and focus group discussions held in 2015 (see Appendices).

A. Arts and Culture

Los Alamos County has a wide variety of visual and performing arts and cultural opportunities, and an excellent library. A large number of arts and culture organizations and voluntary associations provide activities for children, youth, adults and families, including performances and exhibits throughout the year. In addition, many residents are involved in the arts as volunteers, performing in the community orchestra or displaying their work.

B. Faith Communities

The county has a large proportion of faith communities (churches, synagogues and other faith-based programs). Faith communities provide a rich mix of programs and activities in addition to worship, and contributions to churches represent one of the largest areas of giving.²⁵

C. Voluntarism²⁶ and Civic Engagement

The people of Los Alamos County are noted for their civic engagement and spirit of voluntarism. There are approximately 400 different civic organizations: unaffiliated groups, associations, clubs, faith communities and nonprofit organizations. These many groups focus on every aspect of life in the county, and involve many thousands of volunteers and volunteer hours focused on making the communities better places to live and work. The Los Alamos Volunteer Association (LAVA, formerly RSVP) reports the highest level of volunteering by older adults in the state of New Mexico. And, many nonprofit organizations are able to accomplish their work because of the role that volunteers play in their work. The economic impact of these many volunteers has not been calculated, but is estimated to be in excess of \$2 million per year.²⁷

D. County Government

Although a combined city/county government has become more popular with many counties in the U.S., Los Alamos County is the only county in New Mexico with a city/county charter form of government. This allows the County to function as a subdivision of the State, as well as a home-rule municipality, providing one integrated governance structure, the County Council.

The Los Alamos County Council approved the creation of a Social Services Division in 2013, and the Community Services Department developed and staffed this division in 2013. The Social Services Division oversees health and social services planning, manages the county's social services contracts and funding for health and social services, coordinates case management for people in need, oversees the Health Care Assistance Fund, and coordinates the work of the Los Alamos Community Health Council and the local DWI Council.

²⁵ Statistics from Guidestar, Urban Institute's database and local UWNNM funding reports.

²⁶ According to Energize, a leading national volunteer resource firm, the term "voluntarism" refers to all forms of voluntary activity and civic engagement; the term "volunteerism" refers specifically to volunteers, volunteering, and the field of volunteer management. The author chose the broader term "voluntarism" as it reflects all forms of civic engagement.

²⁷ Estimates used by the 2010 *Community Needs Assessment*, 2011-2012 *LACHC Los Alamos Community Health Profile* and the 2012-2013 *Health Action Plan*.

J. Quality of Life

Many ingredients affect quality of life, including employment, job diversity, income, housing, infrastructure, natural beauty, access to resources, education, faith communities, helping organizations, voluntarism, arts and culture, recreation and other factors. The Robert Wood Johnson Foundation has characterized Los Alamos as the healthiest county in New Mexico. An increasing number of groups have conducted studies to identify the best small communities to live, and Los Alamos is often mentioned in these reports. The U.S. Chamber of Commerce cited Los Alamos as a model for economic development, and, using a group of 20 indicators; American City Business Journals' *Bizjournals* identified Los Alamos as one of the top small cities in the United States for quality of life. And, Los Alamos was designated Google's ecity in New Mexico.²⁸ The county's *2015 Economic Vitality Update* provides a long list of awards given the county for its quality of life, including *Condé Nast's* "Best Small Town in America" award.²⁹

²⁸ Ecity designation is an award provided by Google which honor the strongest online business community in each state.

²⁹ The Bizjournals' "Best of Small Cities" quality study was conducted in 2006, using secondary data analysis from the U.S. Census Bureau and the U.S. Bureau of Economic Analysis. US Chamber of Commerce. Robert Wood Johnson Foundation's Community Health Rankings. Google, as reported by Los Alamos Commerce & Development Corp.

V. HEALTH PROFILE

Overall, Los Alamos is a very healthy place to live. Robert Wood Johnson's *County Health Ratings and Roadmaps* has consistently listed the county as the healthiest county in the state. The NM Department of Health rates Los Alamos County as excellent on most of its health indicators. Within that broad, very positive picture, a number of specific health indicators are weak and need attention, as does a serious lack of access to care and social services for those with limited incomes. This section will summarize the health profile strengths and weaknesses of the residents of Los Alamos County, make comparisons between the county's ratings in the *2011-2012 Health Profile*, and identify trends.³⁰

A. Health Overview

The health picture for the county since 2003 (when the Health Profiles were started) is a picture of strong health in most areas, punctuated by consistent targeted challenges. Most children, youth and adults are healthy, well informed, are actively engaged in maintaining healthy lifestyles, with excellent access to and utilization of care.

The *Robert Wood Johnson (RWJ) County Health Rankings* for 2014 and the New Mexico Department of Health (NM DOH) Health "Turning the Curve" and "Community Snapshot" reports show that Los Alamos has a much higher-than-state average for almost all of the health indicators.³¹

Los Alamos residents also are considered to be healthier than most New Mexicans, on average, based on the NM Department of Health (DOH) *Community Health Snapshots* and *Community Health Indicators*, as well as the Robert Wood Johnson (RWJ) *County Health Indicators*. Con Alma Health Foundation's reports, the NM DOH *Youth Risk and Resiliency Survey (YRRS)* all show Los Alamos to have excellent overall health. All of these resources were used for data for this section of this report.³²

This picture of health creates a profile of a county with citizens that are extremely healthy when compared to the state as a whole, who engage in many health prevention activities, have excellent access to health care, and actively manage their health conditions. This combination of factors makes the county the healthiest county in the U.S., according to the *Robert Wood Johnson County Health Rankings*.³³

³⁰ The Appendices provide additional detailed information, including a list of websites where additional data can be found.

³¹ The NM DOH *Community Highlight Reports* are developed from the NM DOH health data, stored in the IBIS information system. The DOH information available on Alzheimer's is based upon hospitalization rates rather than incidence, and is incomplete; UNM data is more comprehensive but dated.

³² Data comes from the NM DOH IBIS data system, other DOH epidemiological data, and UNM data on Alzheimer's.

³³ The RWJ County Health Rankings include data from traditional health sources as well as broader data that comprise the Social Determinants of Health, including income, educational attainment and other factors.

Health Indicators

Comparison Values

(NM DOH in IBIS³⁴) (Rates are per 100,000 unless otherwise noted.)

| | Trend | LAC | NM | US |
|---|-------|--------------|-------|-------|
| Diseases of the Heart Death Rate, 2009-2013 | + | 105 | 151 | 169.8 |
| Stroke Death Rate, 2011-2013 | - | 20.2 | 31 | 36.9 |
| Female Breast Cancer Deaths, 2008-2012 | + | 14.9 | 20.1 | DNA |
| Diabetes Deaths, 2011 - 2013 | - | 8.4 | 27.5 | 21.2 |
| Lung Cancer Deaths, 2008-2012 | | 14.6 | 32.5 | 47.4 |
| Teen Birth Rate, 2009-2013 (girls aged 15 to 17) (per 1,000) | - | 4.4 | 26.3 | 15.4 |
| Percentage of Live Births, Low Birthweight, 2011-2013 | + | 10.8% | 8.8% | 8% |
| Influenza and Pneumonia Deaths, 2010-2012 | - | 25.1 | 20.6 | 17.5 |
| Incidence of Thyroid Cancer (2008-2012) | + | 15.2 | 14 | DNA |
| Alzheimer's Disease Related Deaths (UNM Site Map Report, (2008) | | 37.2 | 18.8 | DNA |
| Pertussis Cases (2010-2014) | | 35.5 | 22.2 | 9.1 |
| Fall Related Unintentional Injury Rate, Adults 65+, 2009-2013 | | 131.2 | 87 | 55.4 |
| Alcohol-Related Death Rates, 2009-2013 | - | 26.6 | 52.2 | DNA |
| Alcohol-Related Chronic Disease Death Rates, 2009-2013 | - | 10.4 | 25.2 | DNA |
| Alcohol-Related Injury Deaths, 2009-2013 | + | 16.2 | 27 | DNA |
| Drug-Induced Deaths, 2009-2013 | - | 15.7 | 23.4 | DNA |
| Motor Vehicle Traffic Crash Death Rates, 2009-2013 | + | 6 | 15.2 | 10.5 |
| Unintentional Injury Death Rates, 2009-2013 | - | 41 | 61 | 39.4 |
| Suicide Death Rates, 2009-2013 (US 2013) | - | 14.9 | 19.8 | 12.6 |
| Suicide Death Rates, Youth 15-24 Years, 2009-2013 (US 2013) | - | 34.1 | 14.9 | 8.1 |
| Hepatitis B, Acute and Chronic Infections per 100,000 (2006-2009) | - | 18.8 | 7.1 | DNA |
| Chlamydia Cases per 100,000 Population (2012) | - | 208.6 | 573.2 | DNA |
| Child Abuse Allegations: (2014) (per 1,000 children) | + | 1.7 | 16.7 | DNA |
| Percentage of Students Who Felt Sad/Hopeless Almost Daily (2013) | + | 23.3% | 30.5% | DNA |
| Life Expectancy from Age 65 (2011-2013) (number of years) | + | 22.1 | 20.1 | 19.3 |
| Youth w/ Caring, Supportive Relationship in Family, (Grades 9-12, 2009) | - | 50.6% | 48.2% | DNA |
| Adult Smoking Prevalence, 2012 (%) | - | 8.8% | 19.4% | DNA |
| Youth Smoking Prevalence, 2009 (%) | + | 17.7% | 24.0% | 19.5% |
| Obesity Among Adults, 2011-2013 (%) | - | 19.3% | 26.6% | 26.9% |
| Adolescent Obesity, 2013 (odd-numbered years) (%) | + | 5.8% | 12.6% | 13.7% |
| Adult Physical Activity, percentage, 2011 & 2013 | - | 33.1% | 46.4% | 50.8% |
| Adolescent Physical Activity, percentage in 2013 (%) | - | 30.3% | 31.1% | 50.8% |
| Adults Eating 5+ Fruits Vegetables Daily, 2005 & 2007 (%) | - | 21.5% | 18.1% | DNA |
| Youth Eating 5+ Servings Fruits Vegetables Daily, 2003-2009 (%) | + | 27.9% | 22.5% | DNA |
| Health Insurance Coverage (percent uninsured, 2013 (%) | + | 5.3% | 26.7% | 17.1% |
| Immunization: Influenza Vaccination, Adults Age 65+, 2005-2009 (%) | + | 77.1% | 21.9% | 16.8% |
| Prenatal Care in the First Trimester, 2013-2014 (%) | - | 64% | 63.5% | 74.2% |
| Primary Care Providers, Ratio of Population to Providers, 2008 | + | 643 | 1409 | 1067 |

³⁴ NM DOH IBIS is the Indicator Based Information System, providing community highlight and snapshot data; years reported vary based on the indicator's available data. Data reported in both percentages and ratios (normally per 100,000). All measures are cited. Dark green to dark red coloring represent range from excellent to very weak.

B. Specific Health Indicators

Most studies and data sources indicate that Los Alamos residents have very strong, positive health factors, behaviors, and habits. However, there are some important areas where the county's health indicators are weak, and should be understood and addressed. There are also areas where the county's health indicators are strong compared to state averages, but still represent relatively weak areas; and are low ranking relative to the county's other health indicators. It is also important to consider the county's health trends, as there are areas where the county's health trends are positive, and areas where the overall trend is negative, and these should be identified so that they can be addressed.

County residents have a much lower incidence of chronic illnesses such as cardiovascular disease, cancer, diabetes, and injuries compared to the state averages. The county has the longest average lifespan and also the highest rate of Alzheimer's disease. There are a significant number of falls (usually happening to older adults), and a higher than state average rate of deaths due to pneumonia and influenza. The county has lower than state average levels of inactivity, binge drinking and ratio of liquor stores to the population. Ten percent of Los Alamos County's population report "poor or fair health," compared to 17% for New Mexico as a whole. The county's rates for adult smoking, obesity, drinking, sexually transmitted diseases (STDs), and teen births are significantly below the state average.

Chronic illness and death from heart disease, stroke and diabetes represent a large percentage of all health risks in New Mexico. In its *New Mexico: Burden of Chronic Diseases*, the Centers for Disease Control (CDC) noted that almost one-quarter of state residents report some type of heart disease; approximately, one third demonstrate one or more indicators for stroke; and, 7% of state residents have a non-pregnancy-related diagnosis of diabetes. Los Alamos County has a heart disease rate of almost half the state's reported rate. LAC's stroke death rate is less than half the state's rate, and diabetes affects approximately one-sixth as many people in Los Alamos as it does statewide. Having such positive health indicators in the areas identified as greatest risks for the state as a whole creates an extremely strong picture for residents, and for overall health in the county.³⁵

Los Alamos has a higher-than-average number of older people living in the county, more than 15% of the population. The county's average lifespan is an average of 87.1 years old at death.³⁶ The rates of Alzheimer's are more than double that state average. The county also has a very high rate of unintentional injuries from falling, a problem primarily encountered by the elderly. Many of the health issues and needs that relate to an older population are predictable, and can be proactively addressed through a mix of outreach and education along with additional community and home-based resources. The county can expect a growth in the numbers of older adults, especially the very old.³⁷

³⁵ *New Mexico: Burden of Chronic Diseases*, by the Centers for Disease Control, 2009. Also, *Heart Disease and Stroke in New Mexico*, by NM Department of Health, 2008.

³⁶ DOH IBIS data, 2013.

³⁷ According to the Con Alma Health Foundation, U.S. Census data and the Alzheimer's Association, the state will expect a significant growth in the older adult population, between a 50% and 80% increase, moving NM from 39th in the U.S. in proportion of older adults in 2010 to 4th in 2030. According to the American Gerontological Society and other resources, the fastest growing segment of the population in the U.S. older adults. Within the older adult age cohort, the very old (age 85 and older) is the fastest growing group within the older adult population.

Los Alamos residents have a higher-than-average rate of thyroid cancer, with the highest levels during a spike between 1996 and 2001. Since the early 2000s, the rate of males with thyroid cancer has dropped to average levels. However, the rate for women remains high, or about twice the state's average.³⁸

The Hepatitis infection rate for the county remains high, slightly more than 2.5 times the state's average.

Both intentional and unintentional injuries are in the list of leading causes of death for county residents between 1999 and 2010. However, because overall negative ratings are much lower-than-average, injuries do not show up on the NM DOH table as weaknesses. Additionally, rates of death from these causes have improved, especially in recent years.³⁹

Prevention activities are also historically strong in Los Alamos. Nutrition, physical activity, low obesity rates and low smoking rates have all characterized youth and adults in the county. However, the health indicators for nutrition and physical exercise have dropped during the most recent reporting period, with a DOH "warning" rating on reported levels of adult physical activity. Prenatal care rates are slightly better than the state's average, but dropping from the last Health Profile. Immunization rates for the county have always been excellent, and continue to improve.⁴⁰

The teen birth rate is about one-sixth the state's rate. The county's rate of chlamydia cases is roughly 40% of the state's average.⁴¹ Substance abuse-related illness and death rates are much lower than state averages. Motor vehicle and other accident-related deaths are significantly lower than state norms.

Important youth risk behaviors impact the health of teens in the county. The *2013 NM Youth Risk and Resiliency Survey (YRRS)*⁴² shows that a significant number of high school aged youth engage in risk behaviors, including absences and truancy, smoking cigarettes, drinking, using drugs (primarily marijuana), and engaging in sexual activity. Health risks were identified earlier in the Los Alamos PRIDE survey, and shown to increase in the year that young teens move to high school, with many risk factors spiking at the 9th grade.⁴³ The most recent YRRS 2013 study shows that Los Alamos youth in grades 9-12 have a higher than state average for a number of risk factors, including: bullying at school, levels of physical and sexual dating violence, non-suicidal self-harm, spit tobacco use, drinking while driving, extreme binge drinking, and use of certain types of drugs (ecstasy, methamphetamine, and heroin). Los Alamos youth are less physically active than other youth in the state, however they have better nutrition, less smoking and fewer hours spent watching TV. Los Alamos teens are less sexually active than their peers in the state, and those

³⁸ Statistics according to "Investigation of Excess Thyroid Cancer Incidence in Los Alamos County," NM DOH Division of Epidemiology, 1996; NM DOH EPHT Health Effects: Thyroid Cancer Data, 2001-2005; "LANL Doctor to Revisit Area's Thyroid Cancer Spike," 2006, John Arnold, RedOrbit.

³⁹ It is possible to have unintentional and intentional injuries as one of the county's leading causes of death, while at the same time showing it as a strength, with a death rate of half of the state's average because : 1) LAC's status indicators are, on average, much lower than the state's, so within the county's much lower than average indicators, the injuries are high relative to the county's own internal measurements; also, the incidence of fall-related unintentional injuries within the unintentional injury category is high, and a serious concern.

⁴⁰ Although child immunization rates were not listed in the DOH Community Snapshots, *NM KIDS Count 2010* reported Los Alamos as having an 89% child immunization rate.

⁴¹ Indicator Report – Chlamydia Rates. DOH IBIS. 2012 data. Chlamydia is the most common bacterial sexually transmitted disease; it can cause irreversible damage and affect fertility in women; the county's rate has increased substantially.

⁴² YRRS is a tool used by all DOH funded prevention programs in New Mexico. The LAC Pride Survey is a local survey conducted by the Juvenile Justice Advisory Board (JJAB).

⁴³ The Pride Survey is an in depth survey of middle and high school aged youth, which includes cross tab correlational data analysis and trend analysis. In past years, it was administered by JJAB.

sexually active are much more likely than peers to use condoms for birth and STD control. Statistics from the NM DOH IBIS system included in the *Community Health Snapshots* also include suicidal ideation and suicide as a major health hazard for teens in Los Alamos. The greatest risk behaviors for local young teens in 7th and 8th grade include: having ever carried a weapon, bullying, suicidal ideation and attempts at suicide, cigarette smoking and exposure to secondhand smoke, alcohol use and binge drinking, early marijuana use, and drug use (synthetic marijuana, cocaine, inhalants, prescription drug abuse, and using painkillers to get high). Young teens are less likely to use condoms with sexual intercourse than their peers elsewhere. They are much more physically active than their peers and more active than statics indicate they will be in later teen years.

In terms of behavioral health (mental health and substance abuse), the *2009 New Mexico Substance Abuse Epidemiology Profile* indicated more risk areas than did the DOH NM *Health Snapshots*. When adults in Los Alamos County responded to a survey question asking whether they had experienced frequent mental distress during the past 30 days,⁴⁴ 14.7% of the county population reported 14 or more days when they considered their mental health as ‘not good.’ These ratings were the fourth highest in the state, behind Grant, Eddy and Torrance counties, significantly above the state’s average of 10.6%. However, more recent statistics show an improvement.⁴⁵

The county has the lowest uninsured rate in the state. In *2011-2012 Health Profile*, we reported that the county had just over 10% of the population without health insurance. That uninsured rate has dropped further to just over 5%, probably due at least in part to the Medicaid expansion and the Affordable Care Act. Having a third-party payor source increases access to, and options for, care. Having a higher percentage of people covered by health insurance during recent years is extremely important, because the County’s Health Care Assistance Fund has redirected significant levels of funding from its 2nd 1/8th gross receipts tax to NM Human Services Department’s programs..

According to Robert Wood Johnson, the county’s access to care is significantly better than the state’s average in terms of health insurance coverage, primary care physicians, preventable hospital stays, and diabetic and mammography screenings. Regarding wellness indicators, the RWJ data show that county residents have very significant assets such as access to healthy foods and access to recreational resources. In fact, Los Alamos County is ranked #1, or best in New Mexico, by RWJ. Los Alamos has a much lower than state average hospitalization rate, at 4.4 per 10,000 between 1999 and 2009. The lower hospitalization rate could be due in part to overall excellent access to health care and aggressive management of the disease. Hospitalizations have historically been highest for infants and older adults.⁴⁶

C. Health Strengths

The county’s health strengths include these indicators with lower than state average incidence:

- Death rates from diseases of the heart, stroke, lung cancer, diabetes;
- Deaths from unintentional injuries, alcohol, drugs and vehicle crashes;
- Teen birth rates;

⁴⁴ Question in the Behavioral Risk Factor Surveillance Survey (BRFSS) was “In the past 30 days, how many days was your mental health not good?” People were reported as having frequent mental distress with 14 or more days. This is the most recent data.

⁴⁵ Go to the section on Behavioral Health in this report.

⁴⁶ DOH Indicator Reports: *Lifetime Prevalence by County, New Mexico 2007-2009* and *Complete Indicator Profile of Asthma Hospitalizations per 10,000, based on 2000 U.S. Census*.

- Incidence of chlamydia;
- Child abuse allegations;
- Youth and adults who report smoking;
- Obesity levels.

The comparison between these Los Alamos health indicators and the state's average indicators provides a graphic description of the county's significant health strengths:

| Health Indicator Strengths (NM DOH in IBIS ⁴⁷) (Rates are per 100,000 unless otherwise noted.) | Comparison Values | | | |
|--|--------------------------|-------------------|-----------|-----------|
| | Trend | Count or % | NM | US |
| Diseases of the Heart Death Rate, 2009-2013 | + | 105 | 151 | 169.8 |
| Stroke Death Rate, 2011-2013 | - | 20.2 | 31 | 36.9 |
| Female Breast Cancer Deaths, 2008-2012 | + | 14.9 | 20.1 | DNA |
| Diabetes Deaths, 2011 - 2013 | - | 8.4 | 27.5 | 21.2 |
| Lung Cancer Deaths, 2008-2012 | | 14.6 | 32.5 | 47.4 |
| Teen Birth Rate, 2009-2013 (girls aged 15 to 17) (per 1,000) | - | 4.4 | 26.3 | 15.4 |
| Alcohol-Related Death Rates, 2009-2013 | - | 26.6 | 52.2 | DNA |
| Alcohol-Related Chronic Disease Death Rates, 2009-2013 | - | 10.4 | 25.2 | DNA |
| Alcohol-Related Injury Deaths, 2009-2013 | + | 16.2 | 27 | DNA |
| Drug-Induced Deaths, 2009-2013 | - | 15.7 | 23.4 | DNA |
| Motor Vehicle Traffic Crash Death Rates, 2009-2013 | + | 6 | 15.2 | 10.5 |
| Unintentional Injury Death Rates, 2009-2013 | - | 41 | 61 | 39.4 |
| Suicide Death Rates, 2009-2013 (US 2013) | - | 14.9 | 19.8 | 12.6 |
| Chlamydia Cases per 100,000 Population (2012) | - | 208.6 | 573.2 | DNA |
| Child Abuse Allegations: (2014) (per 1,000 children) | + | 1.7 | 16.7 | DNA |
| Percentage of Students Who Felt Sad/Hopeless Almost Daily (2013) | + | 23.3% | 30.5% | DNA |
| Life Expectancy from Age 65 (2011-2013) (number of years) | + | 22.1 | 20.1 | 19.3 |
| Youth w/ Caring, Supportive Relationship in Family, (Grades 9-12, | - | 50.6% | 48.2% | DNA |
| Adult Smoking Prevalence, 2012 (%) | - | 8.8% | 19.4% | DNA |
| Youth Smoking Prevalence, 2009 (%) | + | 17.7% | 24.0% | 19.5% |
| Obesity Among Adults, 2011-2013 (%) | - | 19.3% | 26.6% | 26.9% |
| Adolescent Obesity, 2013 (odd-numbered years) (%) | + | 5.8% | 12.6% | 13.7% |
| Adults Eating 5+ Fruits Vegetables Daily, 2005 & 2007 (%) | - | 21.5% | 18.1% | DNA |
| Youth Eating 5+ Servings Fruits Vegetables Daily, 2003-2009 (%) | + | 27.9% | 22.5% | DNA |
| Health Insurance Coverage: Percent Uninsured 2013 | + | 5.3% | 26.7% | 17.1% |
| Immunization: Influenza Vaccination, Adults Age 65+, 2005-2009 (%) | + | 77.1% | 21.9% | 16.8% |
| Prenatal Care in the First Trimester, 2013-2014 (%) | - | 64% | 63.5% | 74.2% |
| Primary Care Providers, Ratio of Population to Providers, 2008 | + | 643 | 1409 | 1067 |

D. Health Weaknesses

Los Alamos has a number of health indicators that are below the state’s average. Individuals, organizations and community leaders will want to focus coordinated strategies to build greater overall health status in these areas of concern. These weak health status indicators have been taken primarily from the NM DOH Community Profiles, as well as other DOH reports, and from CDC data. Tables and graphs that follow list health indicator weakness, gathered from a number of those health data sources. Los Alamos has some health challenges, and health indicators that are weak relative to the state averages. Progress has been made with low birthweight babies and thyroid cancer. However, there are concerns about the other areas.⁴⁸

| Health Indicator Weaknesses (NM DOH in IBIS ⁴⁹) (Rates are per 100,000 unless otherwise noted.) | Trend | Count or % | Comparison Values | |
|--|-------|------------|-------------------|-------|
| | | | NM | US |
| Percentage of Live Births, Low Birthweight, 2011-2013 | + | 10.8% | 8.8% | 8 |
| Influenza and Pneumonia Deaths, 2010-2012 | - | 25.1 | 20.6 | 17.5 |
| Alzheimer’s Disease Related Deaths (UNM Site Map Report, (2008)* | | 37.2 | 18.8 | DNA |
| Pertussis Cases (2010-2014) | | 35.5 | 22.2 | 9.1 |
| Fall Related Unintentional Injury Rate, Adults 65+, 2009-2013 | | 131.2 | 87 | 55.4 |
| Suicide Death Rates, Youth 15-24 Years, 2009-2013 (US 2013) | - | 34.1 | 14.9 | 8.1 |
| Hepatitis B, Acute and Chronic Infections per 100,000 (2006-2009) | - | 18.8 | 7.1 | DNA |
| Adult Physical Activity, percentage, 2011 & 2013 | - | 33.1% | 46.4% | 50.8% |
| Adolescent Physical Activity, percentage in 2013 (%) | - | 30.3% | 31.1% | 50.8% |

The data table related to access to care for people with limited incomes has a somewhat different configuration, necessitated by the difference in the type of data reported and analyzed.

That data can be found in the table on the following page.

⁴⁷ NM DOH IBIS. The data on Alzheimer’s is old, and it is very difficult to tease out new county-specific data on the incidence of Alzheimer’s, only Alzheimer’s related deaths. All measures are cited.

⁴⁸ Statistics according to NM Department of Health, *Health Snapshots*, and data from NM DOH IBIS.

⁴⁹ NM DOH IBIS . All measures are cited.

| Care for People with Limited Incomes (Social Determinants of Health) | LA County | Sources |
|---|--|--|
| Percentage of People Living at or Below Poverty Line, 2015 | 4.4% | US Census |
| Percentage of People Living at or Below Poverty Line (\$22,050 in 2009 for family of 4) | 3.1% | US Census |
| Percentage of People Living at or Below Poverty, 2000 | 2.9% | US Census |
| Percentage in CNA Survey Reporting Incomes Roughly Below 200% of Poverty (\$45,000) | 13% | 2010 LAC Community Needs Assessment (CNA) |
| Percentage in Survey Reporting Moderate Income Levels (\$46,000 to \$65,000) | 8.9% | 2010 LAC Community Needs Assessment (CNA) |
| Physicians Accepting Medicaid ⁵⁰ | Few | Health Resources & Services Agency (HRSA) and LACHC |
| Number of federally funded community health centers (CHC) | None | HRSA and LACHC |
| Number of federally funded community mental health centers (CMHC) | None | 2010 LAC Community Needs Assessment |
| School Lunch Program | Partial | Public Health very active, local access |
| Public Health Resources | Strong | |
| Medical Coverage Options | Improving for Many, with Some Serious Gaps | Medicaid expansion and the Affordable Care Act (ACA) have both helped reduce the uninsured by just over 50%. The county's Health Care Assistance Fund has been redirected by statute to NM HSD, in part to leverage federal Medicaid dollars, thus reducing the types of health care costs the HCAF can cover locally. |
| Financial Assistance for Health Care Costs | | |
| Local Social and Health Related Resources | Strong and Growing | 2010 LAC Community Needs Assessment identified needs, services available and gaps. Agencies work collaboratively to address needs, and the county has provided funding for both basic needs and case management services. |
| Nonprofit Organizations | | |
| New Mexico State Office Branches in LAC | | |
| Employment | Varies | Employment options are often limited, especially for those without college degrees. The county and the regional economic development agency are working to diversify the business base. |
| Affordable Housing | Increasingly Limited | Some affordable housing and an emergency housing motel were demolished; plans are underway for expanding the stock of affordable housing, guided by the 2010 LAC Affordable Housing Plan. |
| Affordable Transportation | Excellent | Excellent local and regional public transportation. |
| Affordable Child Care | Limited and Variable | Excellent child care resources in the county, however, average costs average \$1,250/month. The state provides subsidies to the very poorest families. |
| Case Management | Strong and Growing | Case management provides supportive services to help people in financial need and crisis. LA County has significantly expanded funding to agencies providing case management, and case management services through the Social Services Dept. |

⁵⁰ The most recent statistics from HRSA show that no practicing physicians in Los Alamos currently accept Medicaid. However, according to experts within LACHC, a number of private practice physicians accept Medicaid on a limited basis but may not wish to advertise this availability. Agencies also accept patients and clients on Medicaid, to include Los Alamos Family Council, Sombrillo Nursing Home, and LAMC. The Social Services Division and LACHC leaders have found that a number of providers also do not accept the "slim" or lowest level health insurance plans provided through the Health Insurance Exchange, or Healthcare.gov subsidized plans.

E. Trends
 1. Positive Trends

There are a number of important positive and negative health trends that community members and organizations may want to review.

Positive trends include continued improvements in the death rate from heart disease, an improvement in the incidence of low birthweight babies, and a number of other areas.

| Positive Trends with Health Indicators (NM DOH in IBIS) (Rates are per 100,000 unless otherwise noted.) | Trend | Count or % | Comparison Value | |
|--|-------|------------|------------------|-------|
| | | | NM | US |
| Diseases of the Heart Death Rate, 2009-2013 | + | 105 | 151 | 169.8 |
| Female Breast Cancer Deaths, 2008-2012 | + | 14.9 | 20.1 | DNA |
| Percentage of Live Births, Low Birthweight, 2011-2013 | + | 10.8% | 8.8% | 8 |
| Incidence of Thyroid Cancer (2008-2012) | + | 15.2 | 14 | DNA |
| Alcohol-Related Injury Deaths, 2009-2013 | + | 16.2 | 27 | DNA |
| Motor Vehicle Traffic Crash Death Rates, 2009-2013 | + | 6 | 15.2 | 10.5 |
| Child Abuse Allegations: (2014) (per 1,000 children) | + | 1.7 | 16.7 | DNA |
| Percentage of Students Who Felt Sad/Hopeless Almost Daily (2013) | + | 23.3% | 30.5% | DNA |
| Life Expectancy from Age 65 (2011-2013) (number of years) | + | 22.1 | 20.1 | 19.3 |
| Youth Smoking Prevalence, 2009 (%) | + | 17.7% | 24.0% | 19.5% |
| Adolescent Obesity, 2013 (odd-numbered years) (%) | + | 5.8% | 12.6% | 13.7% |
| Youth Eating 5+ Servings Fruits Vegetables Daily, 2003-2009 (%) | + | 27.9% | 22.5% | DNA |
| Health Insurance Coverage: Percent Uninsured 2013 | + | 5.3% | 26.7% | 17.1% |
| Immunization: Influenza Vaccination, Adults Age 65+, 2005-2009 (%) | + | 77.1% | 21.9% | 16.8% |

2. Negative Trends

Negative trends include a further loss of strength in a number of important areas, including a reduction of the level of strength in the death rates from many other chronic diseases such as stroke and diabetes, although the county's rate is still much stronger than the state average. The death rate from influenza and pneumonia has worsened, and it is already a concern. And the Hepatitis B infection rate, already high, has worsened. Mental health issues such as suicide rates are continuing to decline. The rate for Chlamydia, though significantly below the state average, has doubled since the last Health Profile, and people should be aware of the increase in incidence of this sexually transmitted disease (STD). Nutrition and physical activity rates, though strong compared to state averages, are on the decline.

| Health Indicators Negative Trends (NM DOH in IBIS⁵¹) (Rates are per 100,000 unless otherwise noted.) | Comparison Values | | | |
|--|--------------------------|-------------------|-----------|-----------|
| | Trend | Count or % | NM | US |
| Stroke Death Rate, 2011-2013 | – | 20.2 | 31 | 36.9 |
| Diabetes Deaths, 2011 - 2013 | – | 8.4 | 27.5 | 21.2 |
| Teen Birth Rate, 2009-2013 (girls aged 15 to 17) (per 1,000) | – | 4.4 | 26.3 | 15.4 |
| Influenza and Pneumonia Deaths, 2010-2012 | – | 25.1 | 20.6 | 17.5 |
| Alcohol-Related Death Rates, 2009-2013 | – | 26.6 | 52.2 | DNA |
| Alcohol-Related Chronic Disease Death Rates, 2009-2013 | – | 10.4 | 25.2 | DNA |
| Drug-Induced Deaths, 2009-2013 | – | 15.7 | 23.4 | DNA |
| Unintentional Injury Death Rates, 2009-2013 | – | 41 | 61 | 39.4 |
| Suicide Death Rates, 2009-2013 (US 2013) | – | 14.9 | 19.8 | 12.6 |
| Suicide Death Rates, Youth 15-24 Years, 2009-2013 (US 2013) | – | 34.1 | 14.9 | 8.1 |
| Hepatitis B, Acute and Chronic Infections per 100,000 (2006-2009) | – | 18.8 | 7.1 | DNA |
| Chlamydia Cases per 100,000 Population (2012) | – | 208.6 | 573.2 | DNA |
| Youth w/ Caring, Supportive Relationship in Family, (Grades 9-12, | – | 50.6% | 48.2% | DNA |
| Adult Smoking Prevalence, 2012 (%) | – | 8.8% | 19.4% | DNA |
| Obesity Among Adults, 2011-2013 (%) | – | 19.3% | 26.6% | 26.9% |
| Adult Physical Activity, percentage, 2011 & 2013 | – | 33.1% | 46.4% | 50.8% |
| Adolescent Physical Activity, percentage in 2013 (%) | – | 30.3% | 31.1% | 50.8% |
| Adults Eating 5+ Fruits Vegetables Daily, 2005 & 2007 (%) | – | 21.5% | 18.1% | DNA |
| Prenatal Care in the First Trimester, 2013-2014 (%) | – | 64% | 63.5% | 74.2% |

F. Topical Health Issues

1. Older Adult Health Risks: Falls, Pneumonia/Influenza, and Alzheimer’s Disease

The county has a higher than state average number of older persons and a longer than average life expectancy of 22.1 years at age 65, the highest in the state.⁵² Additionally, county residents have very high rates of influenza and pneumonia related deaths, fall related deaths, and Alzheimer’s Disease. There is a growing population of frail elderly who need more in-home and support services.

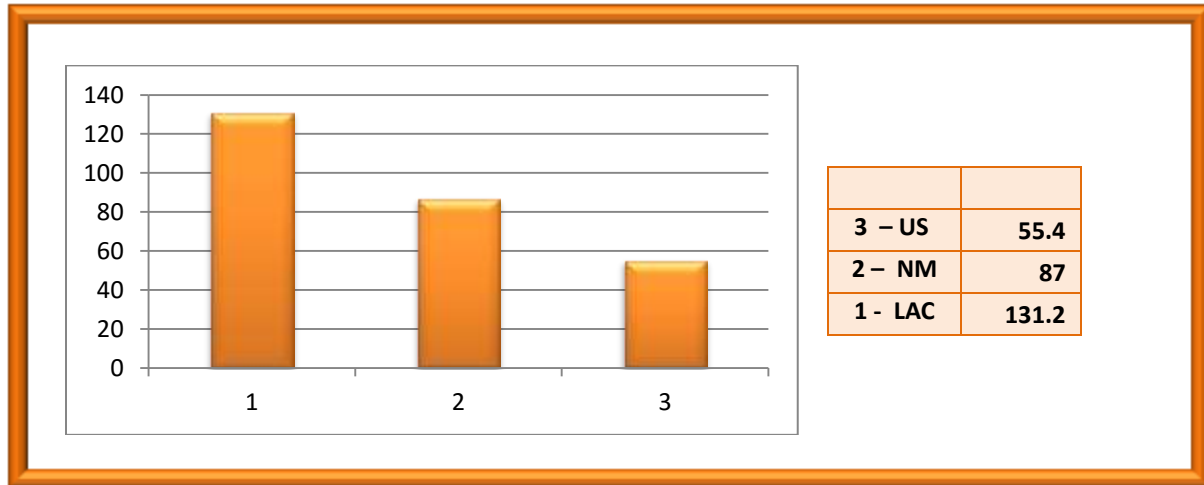
The accident rate related to falls is very high in Los Alamos, compared to rates in the state. The county’s average rate of unintentional injuries caused by falls is 131.2 per 100,000 compared to the state rate of 87, and the even lower national rate of 55.4. Accidents from falls have been rapidly increasing over the past decade. These trends are expected to continue to rise with the increase in the proportion of older

⁵¹ NM DOH IBIS. All measures are cited.

⁵² NM Indicator Report – Life Expectancy from Age 65. IBIS. Data from 2005-2009.

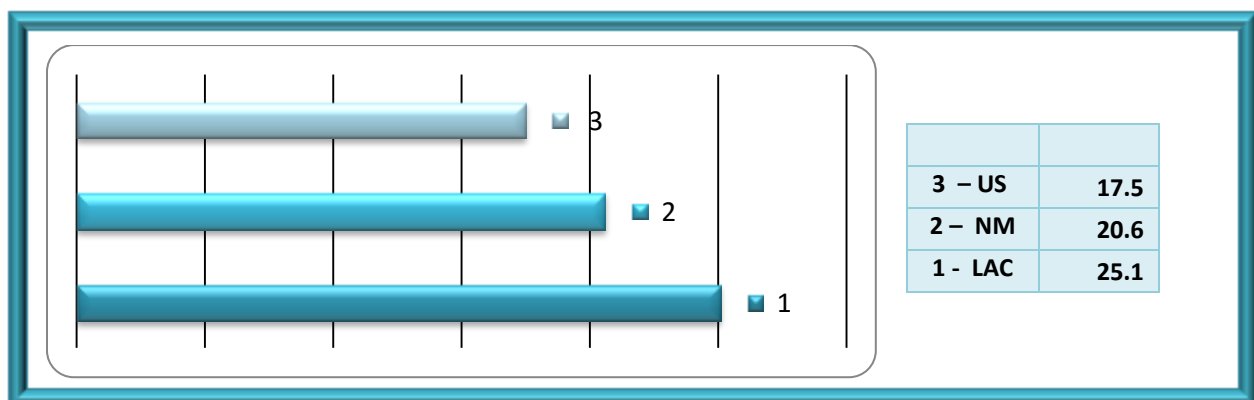
adults expected during the coming decades.⁵³ In addition, professionals in the field indicate that there are not only growing numbers of falls and complicated health issues that require case management, but also an increase in the number of issues reported to NM Adult Protective Services (APS).

Unintentional Injury Rate from Falls



It is important to note that the county has a high death rate from pneumonia. The county's death rate of 25.1 per 100,000 is higher than state (20.6/100,000) or national (17.5/100,000) rates of death from pneumonia. A wide range of studies has been conducted nationally demonstrating the correlation among age, weather, nutrition and incidences of pneumonia.⁵⁴ The very old, aged 85 and above, have an especially high rate of pneumonia and pneumonia related deaths. Pneumonia is more common during periods of significant weather change, and people with poor diets and cognitive impairment tend to suffer higher rates of pneumonia. As people live longer and the number of older people in Los Alamos grows, this health indicator will become increasingly important to track.

Death Rate from Pneumonia and Influenza



⁵³ Older adult fall data comes from DOH IBIS, 2009-2013.

⁵⁴ CDC World Pneumonia Day, *Healthy People 2010*; articles in *The Lancet Journal*, and others.

Because of their longevity and the prevalence of respiratory illnesses in the county, many health risks are related to age, especially for the very old. These include very high prevalence rates of asthma, influenza and pneumonia and related deaths. NM DOH has reported higher than average incidence rates for all of these respiratory illnesses for Los Alamos County. Most of these respiratory illnesses have a disproportionate impact on the elderly.

Los Alamos residents have a much higher rate of Alzheimer’s related deaths than the rest of the state, with a rate of 37.2 per 100,000 compared to the state’s rate of 18.8.

Alzheimer’s Disease Death Rates



The higher rates of dementia are positively correlated with longer life spans, and the rate of Alzheimer’s among those aged 84 and older runs close to 50%. This data has significant implications for families, caregivers, respite care providers, community organizations, and the community as a whole. It will be important to continue to track the fall rate data, and see if it changes as a result of some current concerted education, outreach and prevention efforts by agencies serving older adults that are a part of the LACHC Older Adult Service Network. This is especially significant when considering the fact that the number of people age 65 and older is expected to increase by 50% to 80% in New Mexico between 2014 and 2025.⁵⁵

2. Problems with Access to Care for Those with Limited Incomes

Statistics from the Centers for Disease Control (CDC) and the World Health Organization (WHO), New Mexico State health data, and such reports as the Con Alma comparative study and the *2010 Los Alamos Community Needs Assessment*, all point to the very real health inequities suffered by county residents with limited incomes. The recent needs assessment indicated that approximately 570 individuals (or 3.1% according to the US Census) live below the poverty line. Based upon the survey and data, it was estimated at that time that approximately 10% more lived between the poverty line and 200% of poverty.⁵⁶ The

⁵⁵ Alzheimer’s Association data. https://www.alz.org/downloads/facts_figures

⁵⁶ *The 2010 LAC Community Needs Assessment* cited 2010 US Census figures for families living below the poverty line, which is \$20,050 per year for a family of four. Approximately 10% more people live on limited incomes of approximately 200% of poverty, as measured by the US Census and community survey responses included in the *2010 LAC Community Needs Assessment*.

numbers of poor have significantly increased since that time from 3.1% to 4.4% of population, and it appears that the numbers of near-poor have increased as well.⁵⁷

Los Alamos County does not have access to many of the federally funded programs such as school lunch programs and federally subsidized health and behavioral health care. Until recently, there was no federal funding at all for free or reduced cost school lunches for low income students. However, with the growing poverty rate, some of the county schools have recently been able to receive some federal assistance. However, for the most part, school lunches and snacks for low income students are provided by a mix of faith communities, nonprofits, and school personnel. The county does not have the very important “safety net” locally based Community Health Centers (CHCs), Federally Qualified Health Centers (FQHCs), or Community Mental Health Centers (CMHCs) that channel millions of federal dollars to health facilities in all other counties in New Mexico. The behavioral health services from Presbyterian Medical Services (PMS), a CMHC, are brought onsite for a limited number of hours per week. Behavioral health services offered by Los Alamos Family Council are not CMHC funded but do include Medicaid, other insurance, sliding fee scale and free services. Those with limited incomes may seek other health services such as primary care in Santa Fe or Rio Arriba Counties. Some may be using the Emergency Department/ER inappropriately when unable to locate local practitioners that accept Medicaid; although Medical Associates of Northern New Mexico offers walk-in and urgent care within the LAMC hospital complex to address that issue and improve access to care.

The County’s HRSA rankings list no doctors that accept Medicaid. LACHC members and the Social Services Division are finding that a growing number of providers do not accept Medicaid or certain Health Insurance Exchange of health insurance, such as coverage offered by the State’s New Mexico Health Connections. Even though the LAC numbers of people covered by some type of insurance (including Medicaid) are the best in the state (at 95%), those people who are near poor with no coverage, or limited health coverage with high deductibles have difficulties with access to care. The Health Care Assistance Fund (HCAF) monies are now diverted to the state’s Human Service Department programs, and to leverage federal Medicaid dollars. And, there are some insurance programs that heavily ration access to care. There are growing concerns among a number of professionals about these groups that have problems with access to care because of lack of coverage, limited coverage, limited access to local health care professionals, no coverage, or limited help (behavioral health only) through HCAF.

The level of support from Los Alamos County for behavioral health care (mental health and substance abuse) and case management for people in crisis has increased significantly in past years, and a great deal of progress has been made addressing people with mental health and substance abuse needs, and helping them to access needed resources and help, to prevent a downward spiral. However, these issues are often complex, protracted, with a high level of recidivism with substance abuse. So, additional funding is needed for agencies that provide behavioral health services as well as expanded case management offered by the county. Multiple providers working with the poor and those with limited incomes report that they have many more families in need of help than they are funded to serve. Most try to stretch to help as many people as possible. One crisis in a family’s health, work, childcare, transportation or finances can catapult that family into a downward spiral. The stresses of living day-to-day without adequate resources are great.

⁵⁷ It is easier to calculate those who live below the poverty line because that number is reported on all Fact Sheets by county by the U.S. Census; numbers of near poor can only be approximated based upon different types of reports by research organizations and extrapolations from survey data studied together with data from state programs that provide assistance to the near poor.

Case management is a very important resource often needed by families to help them manage the stress and avail themselves of all of all possible resources available either in the county or nearby.⁵⁸

G. Youth Risk Behaviors

NM DOH Community Snapshot data includes a DOH reference to low levels of adolescent physical activity, which should be a cause for concern. The level of physical activity for high school-aged teens is reported to be lower than state averages in two state reports.⁵⁹ Data was collected from self-reports of daily physical activity and involvement in a school physical education (PE) class. At Los Alamos High, PE is offered to students during their freshman year. It is important to note that local agency leaders reported that many physical activities in the county involve a large number of youth. The Family YMCA serves hundreds of youth aged 12-17 through physical activities, representing about half of the teen population. LAC's Recreation Department data shows very heavy use of recreational facilities throughout the year by people of all ages, including teens. This DOH ranking appears to be somewhat skewed, with data that is not consistent with other local information, gathered in a manner that reflects teen involvement in PE classes rather than all types of physical activity. The *2013 NM Youth Risk and Resiliency Survey (YRRS)* highlights a cluster of significant health risk factors for youth in the county, both high-school and middle-school-aged youth. These include smoking, drinking, using drugs, sexual activity, bullying and dating violence, suicidal ideation, and suicide. Many of these risks have been at issue for years, reported in earlier surveys and LACHC Health Profiles.

The chart below outlines some of the key youth health risks.

⁵⁸ Interviews and discussions with behavioral health providers, funders, LACHC's three goal area working groups, JJAB, and the Social Services Division indicate that people who are providing counseling and case management are finding that an increasing number of people are seeking help; that problems are more complex and challenging in recent years; that many people in financial crisis have behavioral health issues; and that many families with school age children need help with parenting skills.

⁵⁹ *Youth Risks and Resiliency Survey, 2013* by NM DOH, and the *NM DOH data, 2009 - 2013*.

Health Issues for Teens in Grades 9 -12

| | Indicator | Los Alamos | NM | Sources & Notes |
|-------|------------------------------------|------------|-------|--|
| Y.i | Report being sad, feeling hopeless | 23.3% | 30.5% | YRRS, 2013. Improvement in the rate from earlier years |
| Y.ii. | Non suicidal self-harm | 21% | 20.2% | 2013 YRRS. |
| | Seriously considered suicide | 14.7% | 15.6% | “ “ |
| | Made suicide plan | 13% | 13.7% | “ “ |
| | Attempted suicide | 6.5% | 9.4% | |
| | Suicide deaths per 100,000 | 34.1 | 14.9 | DOH Indicator Report –Suicide Deaths, Youth 15-24 (2009-2013) ⁶⁰ |
| Y.iii | Current cigarette smoking | 11.9% | 14.4% | 2013 YRRS. LAC figures below NM average, represents significant improvement over 2009 figures. |
| | Current drinking | 22.7% | 28.9% | |
| | Report drinking before age 13 | 18.1% | 22.3% | |
| Y.iv. | Ever used marijuana | 20.6% | 27.8% | 2013 YRRS. |
| | Inhalants | 4.4% | 5.5% | |
| | Cocaine | 4.9% | 5.3% | |
| | Ecstasy | 4.7% | 4.7% | |
| | Methamphetamines | 3.7% | 3.7% | |
| Y.v | Daily physical activity | 30.3% | 31% | 2013 YRRS. |
| Y.vi | Ever had sexual activity | 24.6% | 39.9% | 2013 YRRS. |
| | Currently sexually active | 16.5% | 26.8% | |
| Y.vii | Bullied on school property | 22.6% | 18.2% | 2013 YRRS. |
| | Physical dating violence | 12.3% | 9.4% | |
| | Sexual dating violence | 14.3% | 10% | |

According to the *2011 Los Alamos Pride Survey* and Search Institute research on risks and assets, important correlations exist between different types of risk behaviors. The Search Institute’s research has demonstrated that the more assets youth develop, the less likely they are to engage in a wide range of risk behaviors.⁶¹ Those youth that engage in risk behaviors like cigarette smoking and skipping school have a much higher chance of engaging in other risk behaviors such as drinking, using drugs, becoming sexually active, and engaging in delinquent activity.

Another significant finding from the Pride Survey is that such risk behaviors as smoking and alcohol use jump dramatically between the 8th and 9th grades. One of the highest-risk periods for youth comes when they enter high school, in the 9th grade. Risk behaviors are disproportionately high for 9th graders. The YRRS data has recently begun to track information about bullying, and there is more bullying on the high school grounds than one sees on average across the state. Los Alamos high school teens also experience more dating violence and dating sexual violence than do teens in the rest of the state.

⁶⁰ Data is gathered by different sources, and suicide death data rates have wide swings year to year because of the population sample, age ranges used, percentage and incidence, and actual numbers of suicides relative to the population each year.

⁶¹ *Discovering What Kids Need*, by The Search Institute, Developmental Assets Research. LAC Assets in Action and other programs involved with JJAB base many programs on the Search Institute’s research, and 40 developmental assets. Search Institute research for Big Brothers Big Sisters of America (BBBSA) showed that 4 assets are especially important in building resiliency: strong school attendance, good grades, strong support network, involvement in extracurricular activities.

Health Issues for Pre-Teens in Grades 7 - 8

| | Indicator | Los Alamos | NM | Sources & Notes |
|-------|---|------------|-------|---|
| Y.i | Report being sad, feeling hopeless | 23.3% | 30.5% | YRRS, 2013. Improvement in the rate from earlier years |
| Y.ii | Think about suicide | 23.4% | 20.9% | 2009 YRRS. |
| | Attempted suicide | 9.3% | 7.8% | “ ” |
| | Suicide deaths per 100,000 | 34.1 | 9.4 | DOH Indicator Report – Suicide Deaths, Youth 15-24 (2009-2013). ⁶² |
| Y.iii | Current cigarette smoking | 8.2% | 4.6% | 2013 YRRS. |
| | Ever drank alcohol | 18.9% | 25.7% | |
| | Report drinking before age 11 | 9% | 11.9% | |
| Y.iv | Ever used marijuana | 15.4% | 15.7% | 2013 YRRS. |
| | Inhalants | 9.7% | 9.3% | |
| | Cocaine | 5.6% | 3.3% | |
| | Prescription drugs without prescription | 8.2% | 5.5% | |
| Y.v | Physically active 5 days per week | 69.4% | 57.1% | 2013 YRRS. |
| | Daily physical activity | 41.1% | 35% | |
| Y.vi | Ever had sexual activity | 24.6% | 39.9% | 2013 YRRS. |
| | Currently sexually active | 16.5% | 26.8% | |
| Y.vii | Bullied on school property | 45.2% | 46% | 2013 YRRS. |

H. Physical Health Risks: Low-Birth-Weight Babies, Hepatitis B, Injuries

1. High Incidence of Low-Birthweight Babies (less than 5 lbs., 6 oz.)

Los Alamos continues to have a very high rate of babies born with a low birthweight, even with a higher than state average of prenatal care. However, in the last few years, the trend has improved. Data used in the *2011-2012 Health Profile* showed the county to have an almost 50% lower-than-state-average birth weight for newborns, a health status issue for some time. Since then, there has been some progress on this health indicator, but more progress needs to be made. Earlier DOH reports and versions of the Health Profile have highlighted this topic, and, even though the percentage of low-birth-weight babies in the county is high, the average number of babies born before full term (i.e. 37 weeks) is low and stronger than in many other counties.⁶³

In past years, the county has had a higher average mother's age, with 35% of births to mothers age 35 and older.⁶⁴ Older birth mothers often have lower-weight babies, which may contribute to other challenges. Normally, high levels of prenatal care and healthy birth weights are strongly correlated. However, Los

⁶² Data is gathered by different sources, and suicide death data rates have wide swings year to year because of the population sample, age ranges used, percentage and incidence, and actual numbers of suicides relative to the population each year.

⁶³ NM Indicator Report – Birth Outcomes: Preterm Singleton Births. DOH IBIS. Data from 2007-2009.

⁶⁴ Data from the *2007 Los Alamos County Health Profile*.

Alamos mothers receive very high levels of prenatal care, yet consistently high rates of low baby birth weights create a kind of medical puzzle.

A number of reasons for the lower-than-average birth weight rate could exist. Dr. Randy Nederhoff, Director of the Neonatal Unit at Los Alamos Medical Center (LAMC), has indicated that the higher-than-average number of Asian birth mothers might contribute to lower birth weights, primarily because these mothers are typically smaller and have smaller babies. Recent studies support this theory, showing that low birth weights among babies of Asian mothers are positively correlated with the mother's normally small size.⁶⁵ Many health professionals have also indicated a probable correlation between low-birth-weight babies and high altitude. At the present time, LAMC is the highest altitude hospital site of baby deliveries in the nation. A study conducted in 1997 by Jensen and Moore demonstrated that high altitude increases the risks of delivering low-birth-weight babies. On average, birth weight decreases 102 g per 3,300 feet. In addition, low birth weight seems to be an independent variable, not correlated with other health factors such as prenatal care, maternal weight gain, smoking or other maternal health issues.⁶⁶

The issue needs to be watched, however, because there are more than a few mitigating factors, and because there has been recent progress, this is not as large of a concern as the data point alone might indicate.

2. Hepatitis B Acute and Chronic Infections

Los Alamos County has the highest rate in the state for Hepatitis B infections, at 18.8 per thousand compared to the state average of 7.1 per thousand.⁶⁷ However, the county has a very low incidence of the related risk factors such as substance abuse and STDs that are positively correlated with the disease.

Hepatitis B infection is often positively correlated with close contact transmission, transmission in utero, substance abuse and shared needles. It is a common cause of death associated with liver failure, cirrhosis and liver cancer. Los Alamos has extremely high rates of Hepatitis B but very low rates of reported alcohol abuse (often correlated), and very low rates of liver cancer (often resulting).

⁶⁵ Data from "Low Birth Weight," Health Resources and Services Administration (HRSA), HHS MCH Bureau. Reprinted from *Child Health USA 2010*.

⁶⁶ Jensen, Gwenn and Moore, Lorna: "The Effect of High Altitude and Other Risk Factors on Birthweight: Independent or Interactive Effects?" *Public Health Briefs*, 1997.

⁶⁷ There is no new or more current data in the IBIS database from that provided in the 2011-2012 Health Profile.

| County | Number of Hepatitis B Cases per 100,000 |
|-------------------|--|
| Eddy | 2.8 |
| Rio Arriba | 3.4 |
| Dona Ana | 4.5 |
| Taos | 6.2 |
| Lea | 6.3 |
| NM | 7.1 |
| Sandoval | 7.3 |
| Santa Fe | 8.4 |
| Bernalillo | 9.3 |
| Valencia | 11.5 |
| Los Alamos | 18.8 |

This health issue seems to be an anomaly, However, Dr. Charles Wiggins, epidemiologist at UNM, believes that much of the Hepatitis B infection is being diagnosed in young adults from other countries that have high infection rates who are assigned to the lab for either short term post-doctoral work or as permanent staff. Hepatitis B has a very long incubation period, and liver cancer also has a long latency period. Therefore, it could be decades before the cancers related to current Hep B infections are diagnosed and show in the data. A vaccine for Hepatitis B is available, and the state has engaged in a strong Hep B Prevention Initiative.⁶⁸

3a. Thyroid Cancers: Higher-than-average Rates of Thyroid Cancer, Especially in Women

The incidence of thyroid cancer in New Mexico roughly doubled between 1992 and 2005, according to the NM Department of Health. In 2005, Los Alamos County had had the highest rate of thyroid cancer for a number of years, and the thyroid cancer rates were roughly three times higher in females than males, as well as higher for Whites. The cancer incidence increases throughout the aging process for males, but peaks in its rate for females between ages 50 and 59, declining as they age. This cancer has a very high treatment success rate and represents a small percent of all cancers in New Mexico. The most recent Health Profile reported a significant improvement in the incidence rate of thyroid cancer. Since 2005, the rate of thyroid cancer in Los Alamos has improved, especially among men, whose incidence is now below the state's average for men. However, the rate remains very high for women.⁶⁹ Since that time, the rate has continued to improve rather dramatically.

Although state and LANL epidemiologists have defined the rate of thyroid cancer, experts are still studying the data and conducting additional research in order to better determine trends and causation. Dr. Charles Wiggins, UNM Tumor Registry, and Dr. Laurie Wiggs, LANL, are conducting research on the impact of improved screening on detection, and consequently, reported incidence. In a November 2011 interview, Wiggins said detection equipment for thyroid cancers has become increasingly sophisticated during the last 10 to 15 years, now able to detect tumors of much smaller sizes than was previously possible. Additionally, the average size of newly detected thyroid tumors is dropping, which may support

⁶⁸ NM Community Health Highlight Report, Los Alamos County, 2006-2009. IBIS Health Indicators. Interview w/ Charles Wiggins.

⁶⁹ The most recent data showing is from 2005, from NM Environmental Public Health Tracking System.

this hypothesis. Wiggins and Wiggs will continue research, publishing findings in this important area of work. More research and information is available at Mesa Public Library.⁷⁰

Incidence of Thyroid Cancer per 100,000 Population by County⁷¹

| | 2005-2008 | 2008-2012 |
|------------|-----------|-----------|
| Dona Ana | 6 | 10.9 |
| San Juan | 6.4 | 9.6 |
| McKinley | 7.6 | 9.3 |
| Rio Arriba | 9.9 | 16.5 |
| Valencia | 10 | 14.6 |
| NM | 11.3 | 14 |
| Eddy | 11.9 | 12 |
| Bernalillo | 13.4 | 16.1 |
| Santa Fe | 13.7 | 17.8 |
| Sandoval | 16 | 15.9 |
| Torrance | | 42.3 |
| Los Alamos | 23.4 | 15.2 |

3.b. Female Breast Cancer

Although breast cancer represents just 20% of all cancer deaths for both sexes in New Mexico, fully one-third of all cancer cases in women in New Mexico are breast cancer. For women in New Mexico, breast cancer is the most commonly diagnosed cancer and the second leading cause of cancer death. More than half of the breast cancers in the state are detected at early stages, when they can be most successfully treated. Access to routine primary health care, regular mammograms, and early detection all have an impact on breast cancer survival rates. Since the vast majority of county residents have good access to quality health care and good self-care, these health status indicators are good. NM DOH provides a “watch” rating, which indicates that the indicator is good but could still improve.⁷² Overall, rates of female deaths from breast cancer have been improving in New Mexico since 2001, according to UNM’s NM Tumor Registry. Los Alamos indicators have also been improving during this same period. Hispanic and Native American women have lower-than-state average rates, whereas White non-Hispanic women have higher-than-average rates. DOH data from 2006 to 2008 showed that Los Alamos has a breast cancer rate that is very close to the state’s average, and data from 2008-2012 show the rate as dropping further, and stands at 14.9 compared to the state average of 20.1, demonstrating excellent progress; however, the data set is small, so data may be skewed. If the trend maintains or continues to drop, this is an excellent and significant change.

⁷⁰ Data provided by the New Mexico Tumor Registry, analysis by NM Environmental Public Health Tracking Network, *NM EPHT Health Effects: Thyroid Cancer Data, 2005*. “Thyroid Cancer Rates Still Alarming,” R. Wong, *Albuquerque Journal*, 4/08

⁷¹ Age-adjusted rates, based on U.S. Census 2000;. NM DOH Indicator Reports, IBIS.

⁷² NM DOH IBIS *Los Alamos Community Health Highlights – Cancer Deaths from Breast Cancer*, Data from 2001-2005.

4. Deaths from Injuries

Deaths from injuries represent some of the leading causes of death in both the state and the county. Even though the county has an injury-related death rate approximately one half of the state's rate, which is listed as a strength in one of the tables, it remains one of the county's leading causes of death. Given a number of recent spikes in suicides in Los Alamos, and the increasing number of frail elderly prone to falls, the area appears to represent an important priority for community outreach, education and prevention.

I. Behavioral Health Issues

NM DOH IBIS data on adult behavioral health shows that 19% of adults in Los Alamos County have doctor diagnosed depression. However, according to the NM Behavioral Risk Factor Surveillance System lower than average number of adults self-reported number of days people were feeling sad or depressed (6.9%); and lower than state averages for binge drinking (13.3% LAC vs. 14.7% NM).

A number of people interviewed for the *2010 LAC Community Needs Assessment* mentioned that many adults who have sensitive Q clearances go "off the Hill" for mental health and substance abuse counseling and treatment. Analysis of county of residence in some of the behavioral health aggregate statistics would provide one means to further investigate this theory.

LACHC agency representatives with expertise in family systems and behavioral health have indicated that many families experience isolation and resulting depression or anomie. People are often transplanted to Los Alamos, with family and support systems far away. Like military families, the families in Los Alamos move when one parent has a job offer, usually at LANL. The other parent becomes "the trailing spouse," sometimes finding work in their field but often underemployed. By the time many families have teenage or adult children, those with longevity in the community develop roots and have strong social and support networks. However, young and middle-aged families that are recent transplants express frustration to others, including service providers. Although a number of strong nonprofits such as the Family YMCA, Family Strengths Network, First Born of LAMC, and faith communities provide a range of services to families, the issue of isolation seems to be a significant one. This area will require further study and discussion within LACHC, and between LACHC and other collaborative networks.

A number of providers have reported deep concerns about the behavioral health needs of adults as well as families in the community, the stresses of working at the lab and fears that some people report about not wanting to seek counseling or therapy "on the record" where they fear (correctly or incorrectly) that there would be an insurance paper trail. A few of the working groups mentioned both a concern about the "culture of secrecy" that has pervaded Los Alamos for decades and concerns about the increased stresses at the lab under new management and as the lab comes up for another federal renewal cycle. People also express a significant level of pride in the lab and its contributions to the field, and its highly skilled workforce; and gratitude that the lab remains the major regional employer.

J. Age-Related Issues

A number of important age-related issues that impact overall county health and quality of life are explored in this report, primarily in Section III. They are identified based upon earlier studies including the *2010 Community Needs Assessment*, the *2011-2012 Health Profile*, focus groups, survey and discussions gathering information for the current Health Profile, secondary data analysis of health and demographic data, and other sources.

Young Children and Their Families

Many working families in the county have young children, often two or three children in the family. During the family's early years of career building, the parent or parents often make modest incomes, yet rent/mortgage and child care represent large outlays that often tax the family budgets of many young families. Currently, a family with two small children in preschool daycare programs will pay \$2,000 to \$2,500 per month for childcare for pre-school age children. Costs for caring for children during the summer when school is not in session can be quite expensive, even when there are scholarships available for different summer camps and other activities. The *2010 Community Needs Assessment* identified affordable childcare as a major need for these working families with young children. The 2015 focus groups identified this as a continued, growing need that places significant financial stress on many young families.

Youth

Los Alamos County youth in grades 6-8 are considered to be relatively low risk when compared to peers in other counties, according to the state's *2013 Youth Risk & Resiliency Study (YRRS)*. However, the trend for middle school youth has been by and large a negative one when compared with 2009 data, with greater risk factors and reported problems. During the summer of 2015, the county experienced a spate of vandalism from middle schoolers. Many agencies involved with JJAB, and the Los Alamos Family Council (which runs the Youth Activity Center for younger aged middle schoolers) indicate that the pre-teen aged youth need many more guided after school and summer activities. In focus groups in 2010, 2011 and 2015, teens indicated that the pre-teens need more structured activities, something like the Teen Center. Many teens express concerns about pre-teen risk behaviors (truancy, smoking, drinking, sexual activity and acting out/delinquent behavior).

The *NM 2013 YRRS* reports many issues among high school youth. These include a number of risk behaviors, including school absences and truancy, cigarette smoking, alcohol use, sexual activity and depression. Rates for drinking, marijuana use and sexual activity have been high for some time, however there has been a recent improvement in reported marijuana use. In meetings and surveys between 2010 and 2013, youth reported a need for after school activities; they, JJAB and the LACHC were very strong proponents for the development of a Teen Center. That Teen Center has been developed through a large renovation project with the county property on Central and 15th St. The Teen Center has a vibrant mix of after school, night and week-end activities. Its spacious and welcoming design, central location and experienced staff provide a needed and well-used community resource, and safe place for teens to hang out.

Los Alamos is unique in its high school open-campus format; in the percentage of students graduating, going to college; and in the number of National Merit Scholarship winners. These are all very strong positive Social Determinants of Health. The county's schools also have unique characteristics that may negatively impact

youth and families. JJAB's Youth Resource Advocates and the LACHC Sustainability Working Group both indicate that the pressures upon students to excel at the highest levels create a great deal of stress for many students, both the high achievers and others. Students with "A" averages have been known to say that they feel like they aren't successful because they don't have a higher, "A-plus" average. Students with "B" averages who would be considered successful in most other schools consider themselves failures in this high-pressure academic environment. Many schools do not have cafeteria facilities, which can cause difficulties for those who do not bring a lunch and who do not have resources to purchase a lunch nearby. Because of the relatively low poverty rate, not all schools have federal funding for school lunch programs, with the greatest challenge at the high school. So, many groups in the county continue to work to try to fill that gap, with only moderate success.

Older Adults. The county has a larger ratio of older adults than found, on average, in the rest of the state, according to the U.S. Census and the New Mexico Department of Health. Los Alamos County also has the highest rate of older adult volunteering and civic engagement, as reported by Los Alamos Retired and Senior Organization (LARSO). In addition, the percentage of older adults relative to the overall population is expected to increase over the coming decade, with the oldest group of older adults increasing even more rapidly than the age cohort as a whole. Risks faced by older adults include respiratory illnesses, falls, isolation, and Alzheimer's. As they grow older and more frail, older adults often need support services in order to remain in their homes. Services will need to expand to meet these growing needs.⁷³

⁷³ Data from the U.S. Agency on Aging, UCSF Institute for Health and Aging, and other resources.

VI. COMMUNITY PERCEPTIONS OF NEEDS, SERVICES, AND GAPS

The *LAC 2010 Community Needs Assessment* interviewed more than 200 people individually and in small groups to discuss their perceptions of health needs, gaps, services and priorities, and conducted surveys with responses from 287 adults and 42 youth. Many non-profit and government agencies also were contacted. The *2011-2012 LACHC Los Alamos Community Health Profile*, and the *2012-2013 LACHC Health Action Plan* both addressed issues that were identified in the community needs assessment.

For this Health Profile, the consultant worked with the LACHC Leadership Team to conduct focus groups and a community survey. There were six different focus groups which included service providers, funders, county government representatives, community volunteers, adults, teens, and people utilizing services. In addition, the Los Alamos Family Council provided a presentation to and led a discussion with the Kiwanis Club, where they outlined a map of Community Services. The survey involved a diverse group of respondents that includes a wide range of ages, income levels, and affiliations with the community. Males and young people were not as heavily represented in the survey as were females and older age cohorts. This section will provide a summary of both the focus groups and the survey.

A. Perceptions of Need : 2010-2012

The individual key informant interviews, focus groups and surveys in 2011 all identified very similar needs, and the primary areas of need were affordable child care and after school care for young children through early teen years; affordable summer programs for children and young teens; affordable housing and other basic needs for the poor and those in financial crisis. They also identified the need for more accessible behavioral health services, especially specialty care; delinquency prevention and expanded resources for youth at risk, expanded school lunch programs, and a teen center. A number discussed the need for more parenting skills and life skills resources for parents and families. People saw the need for expanded job opportunities, economic development and more diversified employment. There were many concerns about older adults, especially for expanded in-home services for the frail elderly to help them remain in their homes.

As a result of these needs that were identified in 2010 and addressed in the *2011-2012 Health Profile*, the LACHC created strategies for three goal areas for its work:

1. Older Adults
2. Basic Needs and Families in Financial Crisis
3. Youth and Families

In 2012-2013, Los Alamos County implemented a number of the recommendations made in the needs assessment, including the development of a Social Services Division within the Community Services Department. In subsequent years, the county provided additional funding to support both services and case management to continue to address these needs. There has been substantial work, and some significant progress made in addressing the issues, and responding to the needs. The following represents a timeline of recent work:



B. Focus Group Perceptions of Need: 2015

For this Health Profile, the consultant worked with the LACHC Leadership Team to conduct focus groups and distribute a survey. There were six different focus groups which included service providers, funders, county government representatives, community volunteers, adults, teens, and people utilizing services. The survey involved a diverse group of respondents that includes a wide range of ages, income levels, and affiliations with the community. Males and young people were not as heavily represented in the survey as were females and older age cohorts. This section will provide a summary of both the focus groups and the survey.

Focus Groups

In the 2015 focus groups, discussions and survey, people described many of the same needs that were identified in previous years, commented on progress being made in many areas, and described areas where the need still needs to be addressed because it is either continuing or growing. The areas include:

1. Older Adults
 - a. Continued high number of falls;
 - b. High rate of upper respiratory diseases;
 - c. Very high incidence of Alzheimer's disease;
 - d. Social isolation;
 - e. Need for more funding for in home services for those in low and middle income brackets;
 - f. Reticence of those with significant resources to use those for in home care when needed;
 - g. Behavioral health needs of older adults;
 - h. Lack of adequate transitions services when moving from the hospital back home;
 - i. Limited options for the very frail elderly needing extensive supports.

2. Basic Needs and Families in Financial Crisis
 - a. Continued increase in basic needs requests;
 - b. Behavioral health needs of people in financial crisis;
 - c. Limited government program office hours “on the hill” rather than in Santa Fe or Española;
 - d. Affordable housing;
 - e. Affordable child care;
 - f. Affordable summer child care;
 - g. School lunches and summer lunches for children and teens in financial need.

3. Children, Youth and Families
 - a. Affordable child care for young children;
 - b. More after school programming, especially for middle school aged pre-teens, perhaps a place like the Teen Center for middle school aged kids;
 - c. Affordable summer camp and other summer activities;
 - d. Parenting skills and supports especially for young families;
 - e. Support for single parent families;
 - f. More resources for students that are “B” and “C” students, often overlooked;
 - g. Additional Youth Resource Advocates/case managers in each school, to identify and work with many students and families who are stressed, and at risk children and their families;
 - h. Ongoing work by JJAB and funded agencies to address and mitigate youth risks and hopefully reduce risk behaviors, especially the level of suicidal ideation and suicide.

4. Behavioral Health
 - a. More counseling resources for people with limited incomes on Medicaid or sliding fee scale;
 - b. Education of lab families and the community about the confidentiality policies and regulations that can be expected and the impact that counseling/therapy may have on one’s employment;
 - c. Encouragement of community members to access educational, skill building and therapeutic resources much like people access other health resources.

1. Older Adults

Older adult needs pose an increasing concern for both providers and community members alike. Concerns by and about older adults featured strongly in the 2015 surveys, focus groups and discussions with providers and the LACHC membership. People talked about the fact that Los Alamos County has the longest average lifespan in the State, along with the highest rate of falls in the State, a high incidence of upper respiratory diseases, and the highest incidence of Alzheimer’s in the state. Many older adults need help identifying potential risks, and taking action to strengthen their health to prevent falls and illnesses wherever possible. Because of the state and county demographics, we anticipate a rapidly growing number of frail elderly in need of a range of support services in order to remain safely in their homes.⁷⁴ This includes the need for subsidized services for those who have low to moderate incomes but who do not qualify for Medicaid. It also includes the need for outreach and support to help older adults who do actually have sufficient resources to consider using those for home care when the time comes for needed

⁷⁴ According to the Con Alma Health Foundation and other experts, New Mexico is moving from being 39th in the nation in proportion of older adults to the total population in 2010 to being 4th in the nation in 2030.

in-home support services. Some of the Long Term Care policies that have been sold offer few resources, and there is a need to help people to analyze their policies (if they have them), to determine whether their policies are effective. And, there is an increasing need to work with older adults to look at options for the future. The growing group of older adults now retiring may need more community-based and assisted living services, because an increasing proportion of the upcoming generation of elderly do not have the same level of retirement benefits and assets as those now in their eighties and nineties. Providers expressed concerns about the isolation of older adults, and the difficulties that older adults face when released from hospital back home when support services are not available. Often, people are released to home where a frail older adult is trying to care for their very frail recently hospitalized spouse with few supports. Or worse, an elderly person is returned home alone. There are not enough community supports, and there are gaps in services, even with the service coordination that is happening among the older adult service providers.

Responses by services providers and the county in the past five years have been excellent and well-coordinated. Los Alamos County provides ongoing funding to a number of agencies that work with the elderly, including the Los Alamos Retired and Senior Organization that manages the Senior Centers. Recently, the county began funding a part time case manager to work at LARSO to help older adults access and coordinate services, which has been extremely effective. However, the case manager's time is already overcommitted, and the need continues to grow. Most service providers are working at or beyond capacity, and the loss of some services that had been provided by Visiting Nurse Services (VNS) does need to be addressed. Older adult service providers and Los Alamos County meet regularly to discuss issues, coordinate care and develop joint community outreach and education efforts. They have conducted fall prevention workshops, and are completing a very successful community outreach campaign to teach area businesses how to work with someone who appears to have cognitive impairment.

2. Basic Needs

All of the basic needs providers in the county that serve people with financial emergencies have reported significant increases in the level of need since 2009, although the rate of increase in some types of requests has lessened during 2014-2015. Los Alamos County has increased its support for basic needs, with contracts with providers and case management services being offered from the Social Services Division. The basic needs providers meet monthly to coordinate services and improve service effectiveness, address key issues and needs, and develop innovative strategies and policy recommendations. "Off the hill" providers, mainly state offices, do provide services in the community. However, there does continue to be a problem scheduling and maintaining ongoing involvement by different branches of state government that provide types of financial assistance, although the new Social Services Division has played an important role to facilitate the scheduling of key needed services. This response by the county has made a significant impact in the community's ability to respond to the poor, near poor and those with financial crises. However, because the poor and working poor constitute about 10% of the population, and given the time for recovery from the fiscal crisis, employment issues, and high cost of living, there will continue to be a need for the foreseeable future.

Affordable child care, after school care for children of all ages, and affordable summer programs were still cited as a major need. Even though there are some excellent pre-school, after school and summer programs, many families cannot afford the costs, especially if they have multiple children who need to be scheduled into programs. There are some excellent scholarship programs, but they often do not address

the need for a continuing or long term discount. Most programs, whether for-profit, nonprofit or county – based cannot reduce their own costs, as staff salaries are low, and child care workers are often among the lowest paid. Although most of the providers working in this arena have offered sliding scale fees and/or scholarships, they are not enough to address the need either in terms of amount or ongoing or continuous discount required. Addressing this need requires the continued efforts of the providers to respond to needs on a case by case basis, as well as a broad, systemic approach to the issue.

3. Children, Youth and Families

Children, youth and family needs, delinquency prevention, mentoring and counseling continue to be issues in 2015. Many of the providers closest to the issue indicate that there are growing financial stresses and challenges for families; and financial stresses for families represents one of the top issues identified by survey respondents. Agency representatives also indicate that many families seem to lack some basic parenting skills, and many need to be willing and able to access behavioral health resources. Providers indicate that the divide between the “haves” and the “have nots,” the people that live “on the hill” vs. those that live “off the hill”, and between the excellent 4.0-plus GPA students and everyone else continue to add to the pressures that youth and families face. There are many families that qualify for school lunches, but the federal program is only available at some of the schools; local churches and nonprofits provide lunches for those not covered by the federal program and for youth in need during the summer. The extremely high expectations that the culture of achievement places on children and youth results in high achievement levels, but also creates unintended consequences of devaluing diversity and limiting options for students. Some providers have discussed their concerns about the “culture of secrecy” created by the work of the lab and its impact on families. Providers are extremely concerned about the mental health risks of stress on youth, the high level of suicidal ideation and suicides. One issue that was mentioned in previous years that is a more significant concern today is the young adult cohort, age 18-25 and their needs. This age group is often invisible. Many of these young adults are working and going to school locally, and others have returned home after college.

In a focus group session with teens, the teens remarked about the stresses caused by what many consider to be unrealistically high expectations about performance. They indicated that too much attention is paid to the “super-achievers” leaving the rest of the teens feeling left out and undervalued. They mentioned that families who have low to moderate incomes struggle to make ends meet and also struggle with community perceptions, feeling like they are seen as less worthwhile and less valuable. People mentioned that there are large divides between “haves” and “have nots,” those who live “off the hill” and those “on the hill,” and racial ethnic and gender divides. Girls mentioned a number of instances where boys had acted disrespectfully, inappropriately, including fondling and sexualizing behavior at school, with little repercussions for the boys but frequent administrative action taken with the girls. Teens also commented on the need for a wider range of activities, and said that the new Teen Center is filling a critically important community need.

The youth related organizations have been addressing many of these issues, along with Los Alamos Public Schools, faith communities, the Juvenile Justice Advisory Board (JJAB), Los Alamos Family Council’s Youth Activities Center, the Los Alamos Family Y, the LACHC Sustainability Working Group, and the LAC Social Services Division. Many of the providers work collaboratively through JJAB, to discuss important issues and trends, coordinate services, and develop responses to critical community issues, such as youth suicide the county’s funding for services for youth, and for the development of the new Teen Center represents a very

strong investment in children, youth and families. The county has also funded case management for youth and families through Youth Resource Advocates (YRAs). The YRAs (through JJAB, the schools and the Teen Center) have provided youth at risk and their families with a critically needed resource. The YRAs work in the schools and at the Teen Center, talking with youth about any issues of concern, and being available to them. Youth come to the YRAs with a wide range of problems and concerns. YRAs work with the young person (and the family wherever possible and appropriate) to address problem areas and access needed resources. YRAs have a close working relationship with many different community organizations and resources. JJAB and the agencies they fund provide a wide range of asset building resources for youth and families, and JJAB has been collecting data regarding youth and family services and outcomes, the impact of each agency's work, and the overall financial and social return on the investments made by JJAB and the county.

4. Behavioral Health Issues

Behavioral health services that are affordable and accessible continue to be mentioned as an important need for youth and families. Through the 2015 working group discussions, and meetings with the LACHC and the LACHC Leadership Team, local providers mentioned that they are repeatedly told by that many people who might seek help do not do so because they perceive that their family member's Q clearance might be negatively impacted. Also, the issue was repeatedly mentioned in the confidential key informant interviews for the *2010 Los Alamos Community Needs Assessment*. Whether or not this is the case seems to be less important than the fact that LANL families seem to be afraid to access health benefits because of possible repercussions, and this perception has been widely cited. The behavioral health crisis of 2012, where 15 providers had massive funding cuts, has had a negative impact on services available to county residents. In addition, some of the providers who are based elsewhere and come to Los Alamos are reported to have schedules that are not meeting the demand.

5. Employment

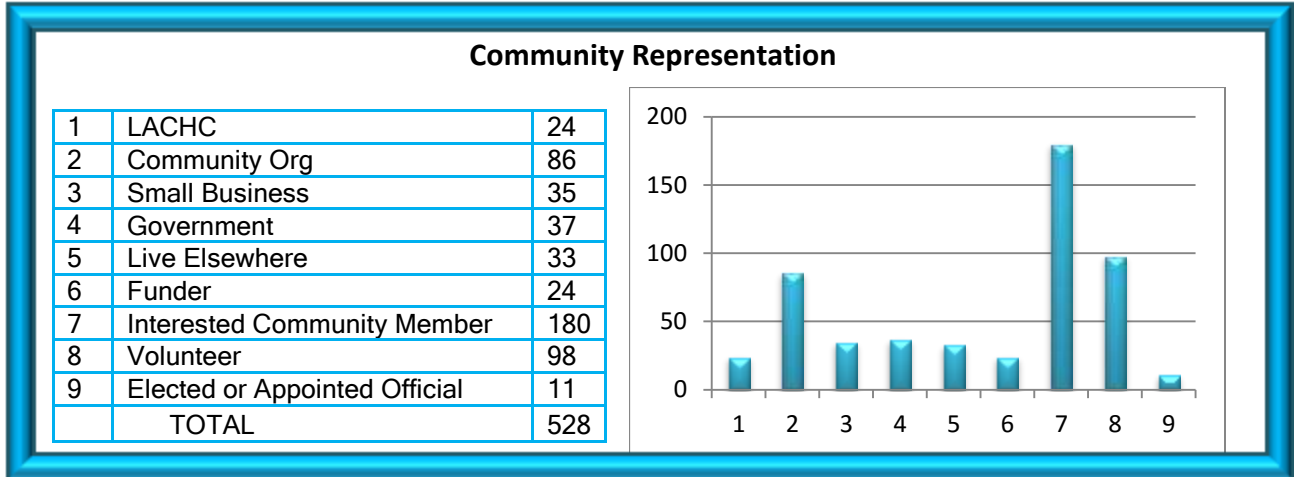
Job opportunities and more diversified employment are especially important needs in the community. The County Community & Economic Development Department (CEDD) has recently issued a *2015 Economic Vitality Update*, which provides a report on the plan and strategies for promoting the community and attracting new businesses to the region. Attack Research and Descartes Labs represent two start-ups that have grown substantially and are part of the economic diversification in the region. The county provides a wide range of services to businesses looking to start, relocate or expand.

The Appendices include summaries of each of the six focus groups, with significantly more detail.

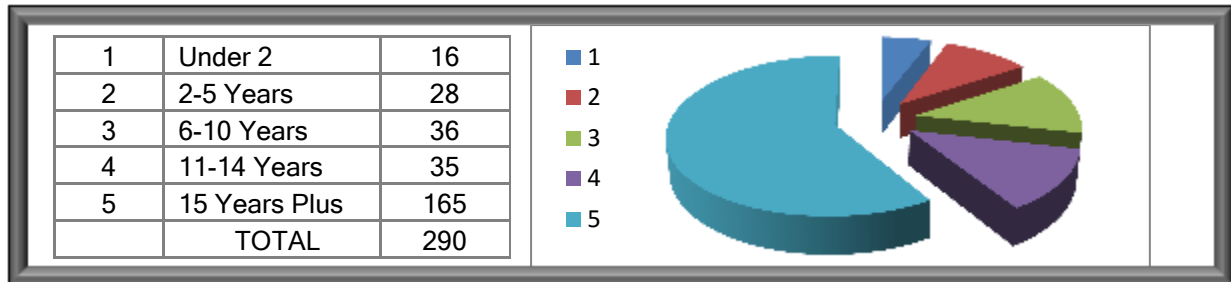
C. Survey Responses

The LACHC conducted a community survey online using Survey Monkey during August and September of 2015. The survey was publicized through the LACHC networks, Los Alamos County, the school district, and in the *LA Daily Post*. There were a total of 290 completed surveys, with 258 completed online and 32 completed using paper surveys provided by basic needs service providers to people served by them. Although the LACHC did not use a randomization process, the LACHC Leadership Team and members actively worked to inform as diverse and wide an audience as possible.

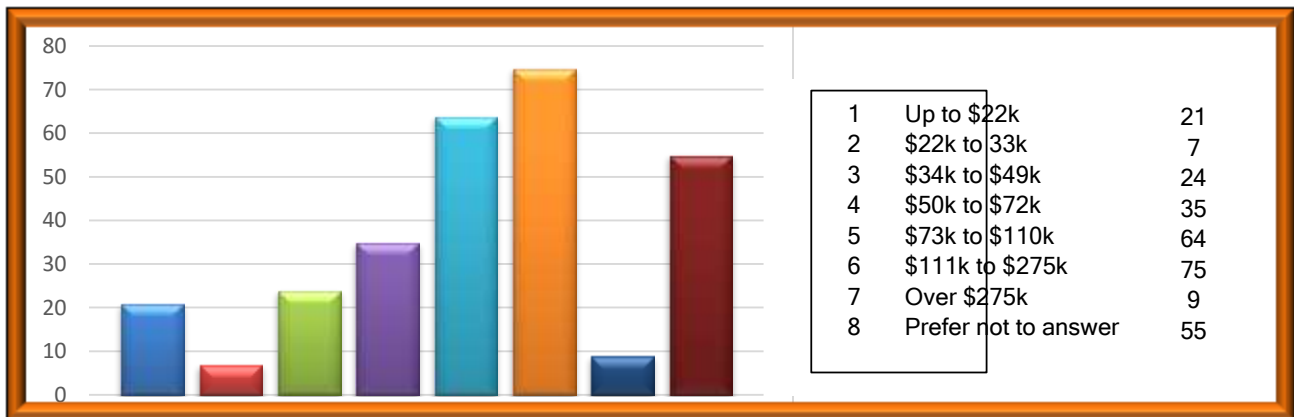
The survey did reflect a broad mix of the community. People were asked to identify their involvement in the categories listed below, and the majority of survey respondents checked multiple categories (thus the total of 528 answers for 290 respondents).



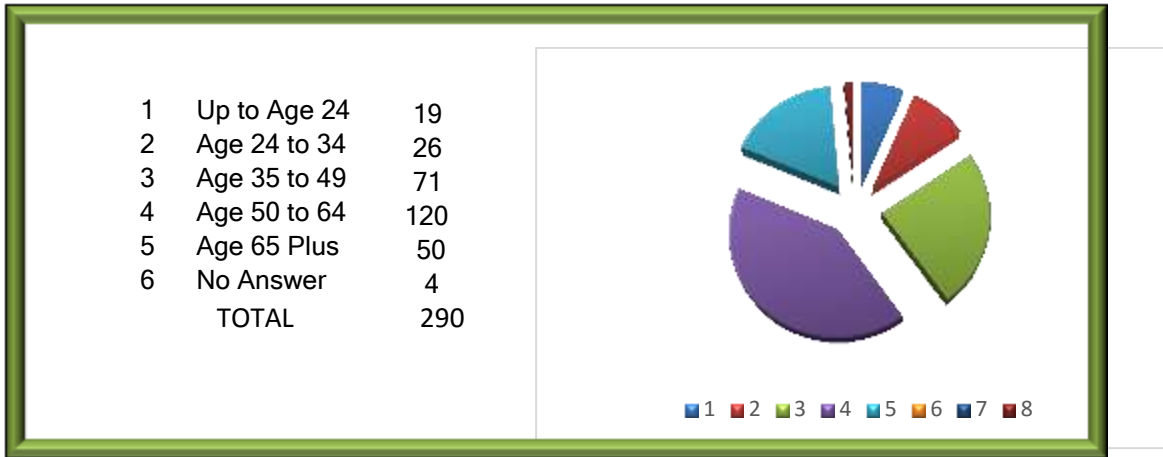
For the most part, people responding to the survey have lived in the community for five years or longer.



Respondents reflected a mix of income levels, as follows:

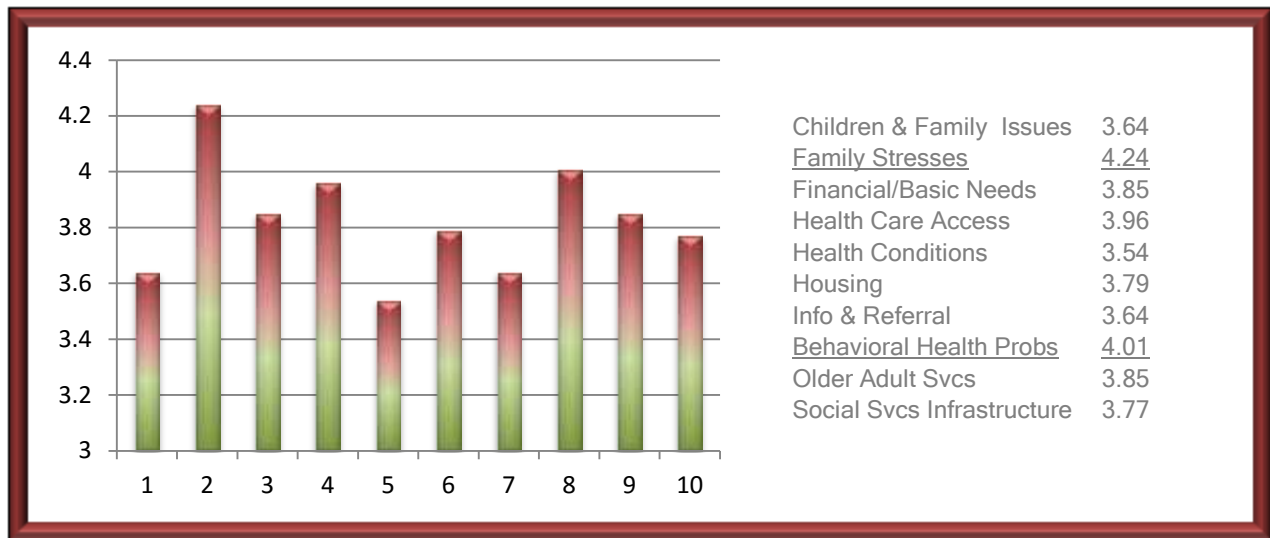


All age ranges were involved in the survey, however older middle age and elderly age cohorts represented the vast majority of respondents.



The survey asked people to respond to a number of questions about community health issues and the community’s responses to health related needs. The respondents had a great deal to say about what they saw as important community needs, areas where progress has been made, and community assets. The answers are summarized by each question.⁷⁵

In Question #1, people were asked to rate their level of concern about the following community health issues (level of concern: 1 = not at all concerned; 5 = very concerned).

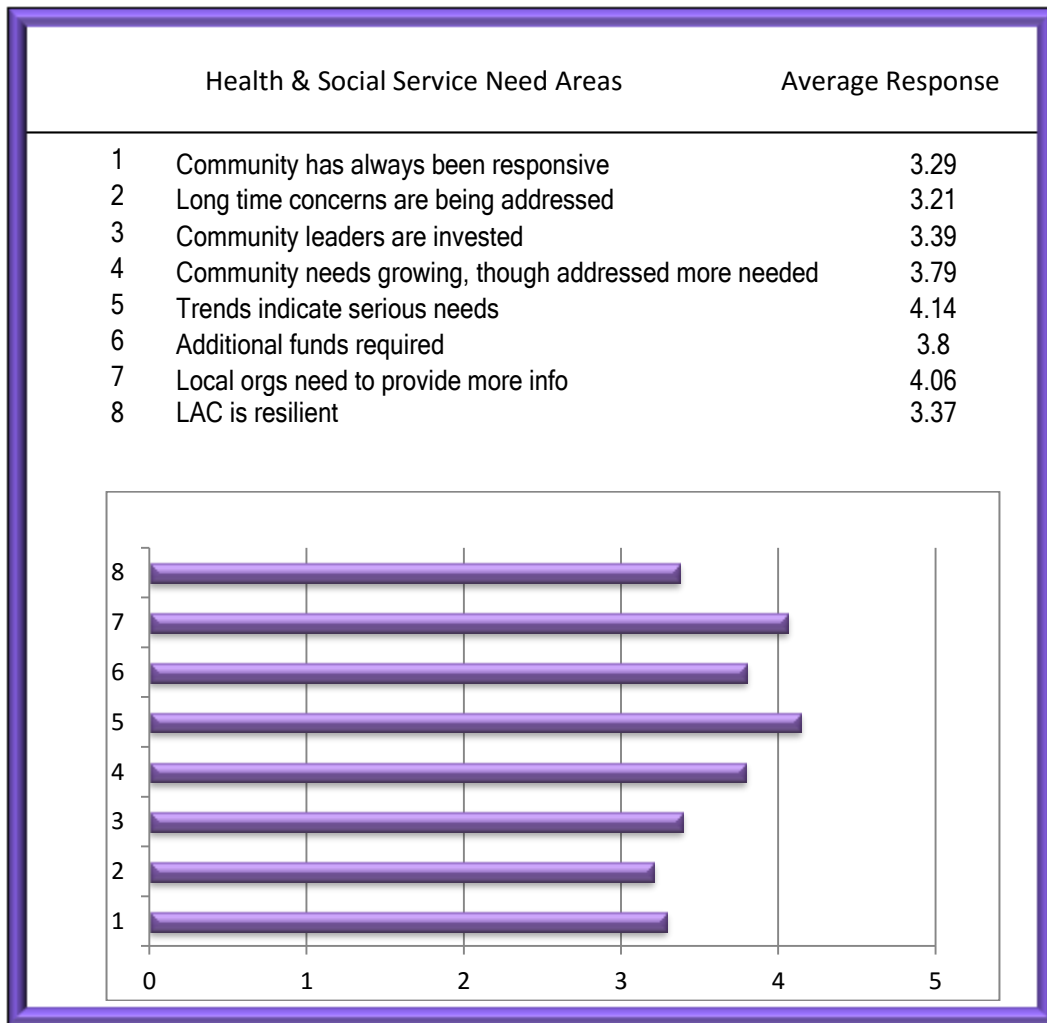


Survey respondents expressed some level of concern about all of the 10 issues listed, however they were most concerned about family stresses and behavioral health problems. They were least concerned about

⁷⁵ The questions requesting short answers were reviewed, with the most frequently occurring topics noted; a detailed and comprehensive word study analysis or cross-tab analysis was outside of the scope of this project.

health conditions, information and referral and the social service infrastructure. The categories in this question are the same categories used in the more extensive survey conducted for the 2010 needs assessment, and people expressed similar levels of concern as they did in 2010. However, in 2015, people expressed a lower level of concern about health issues and a higher level of concern about family stressors, financial concerns and behavioral health problems than in 2010.

The second question of the survey asked people to rate how well do they felt the community has been able to respond to its health and social needs (level of agreement: 1 = strongly disagree; 5 = strongly agree).



People see the community as being somewhat responsive and resilient, with community leaders somewhat invested in community issues. They believe that long time community issues are being addressed, and that additional funding is required. The strongest concern lies in their belief that local organizations need to provide more information about their work, and that trends indicate that there are

serious community needs that will become very serious in future years, which must be planned for and addressed now.

Question #3 asked people to comment further on what they consider to be the most important challenges facing the community in each of the LACHC's three goal areas, providing short answers.

The most common responses in the area of Basic Needs were:

- Affordable housing;
- Hunger, and assistance with food, clothing and other needs for people in financial crisis;
- Help with health care costs for those in without full coverage through insurance or Medicaid;
- Financial literacy training;
- Affordable child care;
- Funding and other support to agencies and faith communities that work with the poor.

The primary issues cited regarding concerns facing Children, Youth and Families included:

- High level of stress on families;
- Financial pressures for young families;
- Parenting classes and resources for families, especially young parents;
- Counseling resources for parents, teens and children;
- More free or low cost after-school and summer resources for children and teens;
- Greater support for children, youth and families that are "outliers," (i.e. don't fit the typical Los Alamos high-achieving/high-earning profile).

When asked about the needs of Older Adults, people most frequently shared the following:

- Numbers of older adults are increasing, with growing levels of need;
- Support services and In-home services;
- Resources to help frail elderly deal with isolation;
- Expended assisted living resources;
- Financial assistance to those who need help;
- Information about what resources are available;

Question #4 asked people to comment on where they see the community as having made progress in LACHC's three areas of focus.

The areas where people said the community had made progress in the area of Basic Needs were:

- Agencies that provide help, such as Self Help, the food pantry (LA Cares) and Family YMCA scholarships;
- LA County Social Services Division;
- Section 8 housing vouchers and housing rehabilitation;
- More information is being shared, but more information about resources is needed.

When asked about the needs of Children, Youth and Families, respondents most frequently cited:

- Building the new Teen Center
- JJAB's work coordinating and funding services and Youth Resource Advocates;
- Community programs like the Family YMCA, Family Strengths Network, Youth Activities Center;
- Programs brought into the schools, including peer support and counseling;

The following were the most commonly seen comments about progress made with Older Adults:

- Programs offered by the Senior Center, and expansion of Senior Center facilities in White Rock;
- Los Alamos Retirement Community (LARC) including Aspen Ridge Assisted Living and Sombrillo Nursing Home;
- Community training about how to deal with dementia;
- Improvements in public transportation.

There were a number of comments in each of the three areas about the fact that people do not know enough about what is being done by different community agencies to meet needs, and the impact of services. And, a few people commented that they did not know about the LACHC and its work.

In question #5, respondents described what they think are the things that make Los Alamos a healthy community, or the community's greatest assets. The most frequently cited assets were:

- Beauty of the natural surroundings, with hiking trails and many recreational opportunities;
- The people, who are caring, generous, and volunteer for many causes;
- Intelligence and high level of education;
- Safe communities with a low crime rate;
- Community resources;
- Small, vibrant community with a good quality of life;
- Public schools;
- Economy, Los Alamos National Labs, economic vitality and "can do" spirit;
- Open and effective local government.

D. Summary

The combination of perspectives from community members, agency providers, working groups, and the LACHC itself provide us with a picture of paradoxes. On the one hand, Los Alamos is extremely healthy, wealthy and well educated. It is a beautiful community filled with many natural and human resources, with an excellent quality of life. On the other hand, there are some serious family, school, and workplace-related stresses, increasing financial pressures, and troubling trends with youth behavioral health and suicide. The community has a high proportion of older adults, which means a high level of civic engagement among the young old, and a preponderance of health issues like falls and Alzheimer's disease for the frail elderly. This set of paradoxes provides a more nuanced view of this very healthy and unique

community, embracing its strengths and weaknesses, its trends and changes, and its very real promise to continue to be a healthy place, attending to those areas where the community can be strengthened.

Los Alamos Community Assets and Challenges

| Community Assets | Community Challenges |
|--|--|
| | |
| Healthiest Community in NM | A Few Targeted Health Issues and Trends |
| Wealthiest Community in US | High Cost of Living for Lower Income People, with Growing Poverty Rate |
| High Paying Professional Jobs | Limited Middle Income Jobs; Some Service Jobs are Hard to Fill |
| High Achieving Culture | Stresses Related to Very High Expectations |
| High Achieving High School Culture | Youth Stresses, Extremely High Expectations, Middle Groups of Students Feel Overlooked |
| Large Number of Older Adult Volunteers who Invest in the Community | Growing Number of Frail Older Adults with Long Lifespans who May Need More Supports |
| Los Alamos National Labs | Regional Economy Depends upon LANL |
| High Level of Civic Engagement, Voluntarism and Community Groups | |
| County Government Invested in Building Community | |
| Natural Beauty | |

VI. COMMUNITY INFRASTRUCTURE

The picture of the county's community resources is, overall, a strong one, as is the county's health profile. There are a diverse mix of agencies that, for the most part, provide excellent services with demonstrated outcomes; and agencies work collaboratively to plan and address needs. However, a number of key agencies are small and there is a fragility within the smaller agencies that provide core community services. Building greater depth with staffing and succession planning as well as diversified funding will be important organizational development tasks for the smaller agencies.

A. Broad Community Infrastructure

The county's health infrastructure includes both formal and informal groups, as well as individual, family and community resources that impact the health and wellness of the county's residents. It is this mix of formal and informal resources, together with the community's employment, educational level and other factors that create a diverse mix of factors that either facilitate or impede family and community health. This mix, or Social Determinants of Health, is strongly affected by the community infrastructure. This Health Profile is primarily focused on population health indicators, health trends, and the community agencies that are involved with health services. However, it is important to identify the wide array of agencies, voluntary groups and clubs that promote health and wellness, as well as informal networks that impact health. This is especially true for Los Alamos, because the community has such active and strong voluntary networks and a great deal of civic engagement. Groups are overlapping and layered, forming a complex community mix of activities that impact individual, family and community health. These include:

Community-wide networks that coordinate services and address key health issues, such as the Los Alamos Community Health Council (LACHC), Juvenile Justice Advisory Board (JJAB), DWI Planning Council (DWIPC), Local Behavioral Health Collaborative (LC1), and the Community Health Care Roundtable (CHCR). These networks focus on identifying key health issues, coordinating services, community-wide planning and public policy.

Community funders like United Way and the LANL Foundation provide funding for health services, health education and promotion.

County government provides an infrastructure to support and promote health and wellness through policies set by the County Council, public information, and funding for services. The Community Services Department and Social Services Division staff also work with community agencies and networks. Over the past four years, since the previous Health Profile, the county has invested very heavily in strengthening community health.

Agencies provide a broad array of health and human services, prevention, and wellness resources to county residents. These are primarily county-based nonprofit agencies, such as Los Alamos Family Council (LAFC), Los Alamos Visiting Nurses (LAVNS), Los Alamos Retired and Senior Organization (LARSO), Los Alamos Heart Council (LAHC), Self Help, LA Cares, Family Strengths Network, and the Family YMCA. A number of agencies that provide services in Los Alamos are actually based in Santa Fe or Española to include Presbyterian Medical Services (PMS) and Las Cumbres Learning Services (which originated in Los

Alamos). Some agencies providing services are for-profit businesses such as Los Alamos Medical Center (LAMC) and Teambuilders. (A full list of agencies is provided in Section III C.)

Recreational and civic groups and clubs such as Girl Scouts and Boy Scouts, Assets in Action, Parent-Teacher Groups, Lunch Buddies/Big Brothers Big Sisters, and the Ski Club promote strong healthy values and behaviors like exercise, healthy living, character building, and civic engagement.

The county has many different faith communities, including churches, synagogues and other faith-based groups that focus on building healthy, productive, and resilient lives. Faith communities provide a support network for members, and often offer assistance to people in need.

Though not considered central to health indicators, arts and cultural organizations improve the quality of life for people and communities and, as such, contribute to the overall health and wellbeing of a village, town, or city. Los Alamos County has many performing and visual arts organizations and clubs, offering many opportunities for residents to attend events and/or participate in arts groups.

Formal and informal peer networks can provide support and encourage the development of healthy or unhealthy social norms and behaviors. An example of a positive formal peer network would include recovery groups such as Alcoholics Anonymous. Examples of positive informal peer networks might include book clubs or a group of retired friends who have lunch together every week. An example of a negative informal peer group might include a group of people who hang out at the bar most days after work, or groups of 9th graders who hang out together and experiment with smoking, alcohol, drugs and other risk behaviors (see JJAB Pride Survey regarding risk behaviors of 9th graders).

Families, of whatever kind, represent a core building block for community and civil society. Family dynamics and family events have a significant impact on an individual's physical and mental health.

B. The Community Safety Net

A strong community health and behavioral health infrastructure requires the presence of key primary care, dental care, behavioral health, hospital, urgent care, social services and safety net services for people with limited incomes. Currently, Los Alamos County has most of these elements (with the exception of urgent care). However, access to adequate primary care and behavioral health services is very limited for the poor, who need to travel to neighboring counties for many types of care. Although basic needs services are present, they are thin. Youth risks tax the current infrastructure. Growing older adult needs tax the social service infrastructure for older adults.

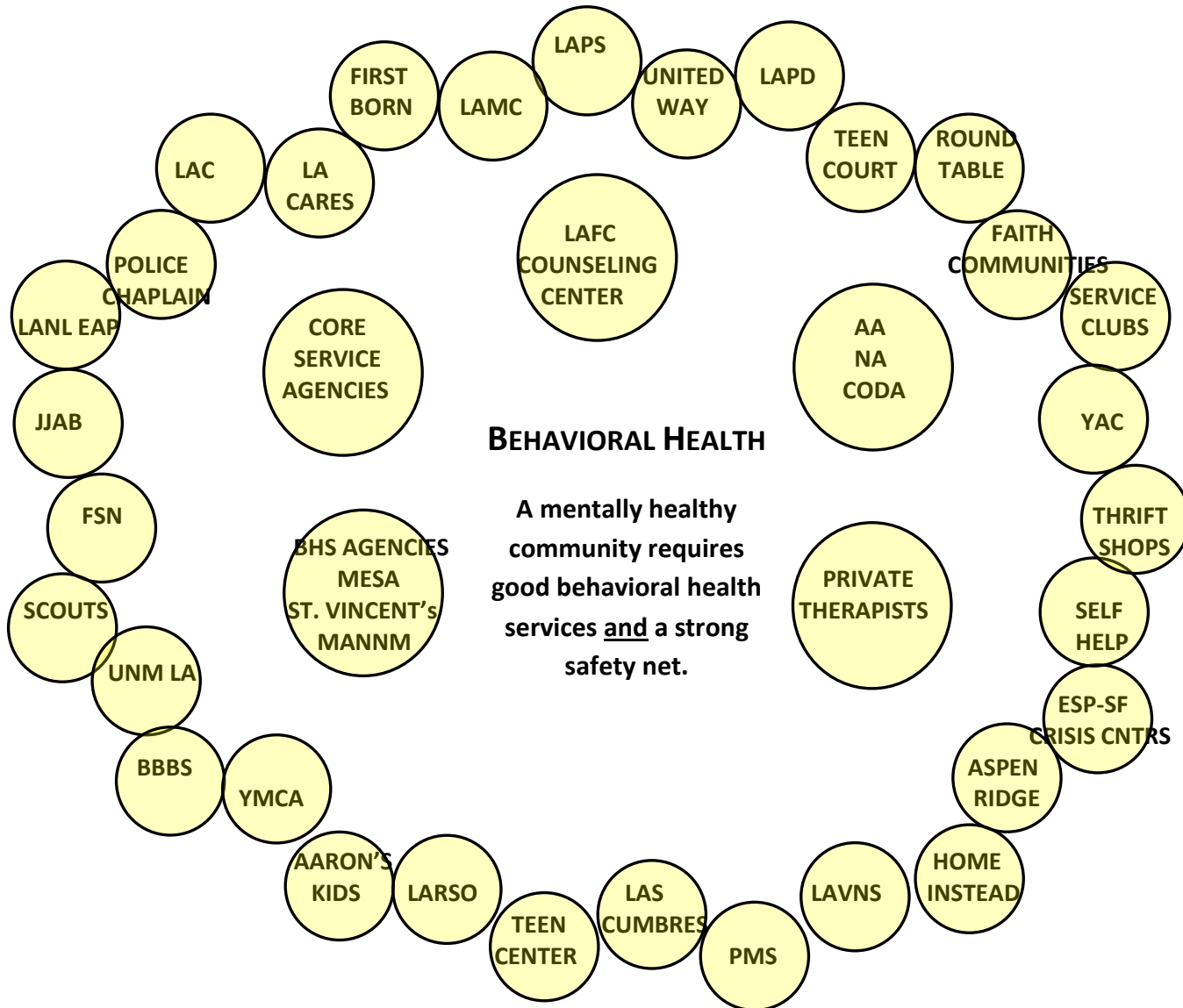
THE COMMUNITY SAFETY NET
Community Health: Physical, Mental, Environmental

**SAFETY NET
 NEEDS**

- Affordable child care
- Affordable housing
- Teen substance abuse programs
- Teen group homes
- Women's DV support and TX
- Case management
- In-home behavior mgmt. programs

**SAFETY NET
 NEEDS**

- Vocational service & job placement
- Alternative school placement
- Homeless shelters
- Transitional Housing
- Financial assistance



Community services for the extended family that is Los Alamos: those who live, work and go to school in the community
 Community Safety Net Service Map developed by Los Alamos Family Council, edited for inclusion in the Health Profile

C. The Formal Service Infrastructure

Los Alamos County has most key elements of the community health infrastructure in place, from county government to community networks, a local hospital, health and social service agencies, voluntary and civic groups. The county has a much higher-than-average ratio of healthcare professionals to the population, an award-winning hospital, and many excellent services. Numerous specialists are available locally, especially considering the county's small population base. According to the NM Department of Health and *BizJournals*, Los Alamos is the only county in New Mexico that does not show a shortage of health professionals.⁷⁶ However, professionals in the field have indicated that some specialty areas are hard to access, and there are not enough health care professionals that accept people on either Medicare or Medicaid. Finally, the closing of the local Urgent Care facility has created a new gap in services, requiring that people go to either Espanola or Santa Fe for urgent care needs, or go to Los Alamos Medicaid Center's Emergency Department.

The greatest strengths in the county's health infrastructure include the array of health resources and health professional staffing levels, quality of the hospital, county funding support for various services, a vast array of health-related social services, health promotion and prevention resources, the expansion of Medicaid, and the Care Assistance Fund (which predominantly funds behavioral health services for people with limited incomes not covered by Medicaid or any other program).

The greatest weaknesses include the lack of federally funded primary health, behavioral health and dental services provided by Community Health Centers, Federally Qualified Health Centers and Community Mental Health Centers (which exist in other New Mexico counties, and which Los Alamos residents must access in surrounding counties). The limited number of health professionals accepting Medicare and Medicaid weakens the health service infrastructure, and should be a concern as the community looks at the growing numbers of elderly in the community. Many people report that they need more information about resources and services, and although the 211 Information System has greatly expanded the information available, there is still need to further develop that system and, more importantly, local awareness of the resource. Case management services that were extremely limited four years ago have been significantly strengthened through the work of the county, the Juvenile Justice Advisory Board, Los Alamos Retired and Senior Network and basic needs service providers like Self Help.

Los Alamos represents an anomaly in so many areas of its life, its health profile, and its community service infrastructure. The majority of the population has excellent jobs and benefits, with incomes significantly above state and national averages, and the county has the highest average level of liquid assets of any county in the US.⁷⁷ A vibrant volunteer force contributes in numerous areas, and a strong sense of civic engagement is evident in Los Alamos. The majority is well served by the market health infrastructure. However, the roughly 13% living in poverty or on limited incomes find the market system does not meet their needs.

Los Alamos has great strengths, punctuated by a number of focused weaknesses. The *2010 Los Alamos Community Needs Assessment* identified a number of important community infrastructure issues that needed to be addressed, such as support for case management, the development of a Social Services

⁷⁶ HSRA federal website, data on health professional levels, and health professional shortage areas.

⁷⁷ Income figures come from the 2010 US Census data; the information on assets is from a 2011 Kiplinger's annual survey.

Division within the Community Services Department, and greater funding for basic needs services, and resources for older adults and youth at risk. The LACHC, the county, local agencies, and United Way have worked closely together over the intervening years to address many of these issues. As a result, priority services to those most in need and at risk have been further developed, and the community infrastructure has been strengthened. The LACHC identified case management as a service especially needed by a number of targeted groups, such as older adults with dementia, youth at risk or in crisis, people with limited incomes in crisis, and people with behavioral health issues. Case management is a service that cuts across the different types of health needs and age groups, and helps people at risk access needed resources more effectively, stop and often reverse ongoing declines, and address issues that create life challenges. The case management services in all of these areas have made a significant impact.

The *2010 LAC Community Needs Assessment* also addressed the infrastructure of the county department most closely related to health and social service work. At that time, the county was managing different elements of health and social services across multiple departments. As a result of that study and the work of the LACHC, the county took action to create the Social Services Division which now manages all of the different elements of health and social services. This department provides important leadership, service coordination, case management and focus to health and social service work, including moving the Health Care Assistance Fund's work from the Finance Department to Social Services. The Social Services Division now manages all health and social service related planning, manages all related contracts, provides case management to people in crisis, and manages the Health Care Assistance Fund. The current staffing levels of the Social Services Division cover much of the need; however, people in crisis create emergent demands which are not covered by the part time staffing levels set for some jobs. The county may want to investigate options such as contracting out this work to agencies already involved with basic needs and/or behavioral health work, or expanding the staffing levels, especially for the case manager position.

Because of its relatively low poverty rate (compared with the state's rate) Los Alamos does not qualify for certain types of federal subsidies, and its infrastructure lacks the Community Health Centers and Community Mental Health Centers that exist in every other county. It is unlikely that agencies in Los Alamos County will be able to garner the same proportionate level of foundation, state and federal funding that flow to peer agencies from other counties with higher levels of poverty and reported need. However, in the area of youth needs, JJAB has been able to garner sufficient funding, and the county funding for youth and families is leveraged by JJAB for additional state and foundation funding. It may be possible to develop similar leveraged funding with the Older Adult Service Network, as the needs for older adults will continue to increase. We do not expect that the community will be able to engage in similar leveraging in the area of basic needs, primarily because the county's poverty rate is so far below the state's average rate. The county should be commended for its proactive approach in dealing with priority issues and emerging needs. Agencies involved in these areas of need are engaged in excellent work, achieving important outcomes and making a real difference in the lives of people.

In general, the county's support for what the community considers priorities will always be an important and necessary ingredient in maintaining appropriate levels of service. In addition, local residents will need to provide more individual and family financial support to the causes they consider priorities. Without county, individual and family financial support, the infrastructure will always be fragmented, and the gap between those with limited incomes and the rest of the population will continue to widen. The table below provides a summary analysis of the key elements of the county's health system, identifying strengths and weaknesses.

Los Alamos County Health Care & Social Services Infrastructure – System of Care

| | Category | Criteria | L | Comments |
|---|--|---|---|---|
| A | Hospital | Hospital, with a range of high quality services | X | Excellent Joint Accreditation Rating, American College of Radiology Gold Standard |
| B | Urgent Care Walk-In Care | Local Urgent Care facility or function to offer care; reduce hospital ER use Medical Associates of NNM provides walk-in same day and urgent care | X | Meets many urgent needs and reduces potential overuse of the ER/Emergency Dept. |
| B | Primary Care | Adequate number of primary care health professionals | X | Ratio is much better than state average. |
| | | Adequate number of behavioral health professionals | X | Ratio is better than state average; however few accept Medicaid or sliding fee scale. |
| | | Adequate dental resources | X | Ratio is better than state average |
| C | Public Health | Public health services | X | Active public health, providing range of services |
| D | Accept govt. insurance. | Number of health professionals accepting Medicare reimbursement | / | Limited number take Medicare, based upon already existing relationship and type of coverage. |
| | | Number of health professionals accepting Medicaid | 0 | None listed in multiple registries. Trend - cut patient ratios due to reduction in reimbursement rates. |
| E | Federal funding for local health care | Funding for Community Health Center (CHC). (Underwrites free and sliding fee scale services). | 0 | No federally funded primary care clinics or services available locally. |
| | | Funding for behavioral health in Community Mental Health Center | 0 | Federal 330 funding supported local Community Mental Health Center (CMHC) in past years. LAC no longer has a CMHC and no federal funds. |
| F | Local financial help for medical costs | Health Care Assistance Fund (HCAF) | X | Funding for HCAF cut drastically in recent years by change in state funding formula. |
| | | Local agencies and churches | / | A few resources are available. |
| G | County funding for services | Local funding for different services | X | County funds a range of social services providers, and healthcare services; however, gaps and growing needs need funding. |
| H | Insurance coverage | Percentage of population with some type of health insurance | X | Excellent level of coverage, approximately 95% of county residents have coverage. |
| I | Health-related social services | Education and prevention services, primarily nonprofit | X | Strong prevention activities; however, state DOH funding has been cut. |
| | | Other health related services for children, adults and elderly | X | Range of local programs; more resources needed to meet future growth and address state cuts. |
| | | Exercise and wellness resources | X | Excellent array of programs and groups, and accessible areas for outdoor activities. |
| | | Voluntary associations & groups | X | Large number of volunteers and volunteer groups |
| J | Service collaboration and integration | JJAB – youth services and activities | X | Excellent level of service coordination and funding for services for youth. |
| | | LC1 Behavioral Health Collaborative | X | State funding and state staffing support cut, LC1 not functioning well at this time. |
| | | DWI Planning Council | X | Active planning and coordination. |
| | | Community Health Care Roundtable | X | Long term policy and “watchdog” group |
| | | LACHC | X | Health and social services planning, community education, service coordination, and policy work. |

The community infrastructure includes a diverse mix of agencies that provide a range of services from outreach and prevention to programs and activities, primary care and intervention, and institutional care. For a community its size, Los Alamos has an amazing array of organizations and resources, most of which have received some type of designation, certification or award for quality or service excellence. These agencies have a much larger “footprint” and impact that their budgets and staff would indicate. Many are small with professional staff whose work is augmented by volunteers. Budgets are usually quite lean and not significantly diversified, which means that a reduction in funding from any one source can pose a real risk to services and operations. Agencies have become quite skilled at leveraging the resources they do have and working to maximize their resources for programs and services. Over the past five years, agencies involved with health and human services, children and youth, basic needs, and older adults have all worked to identify program and service outcomes, to collect data about their outcomes, and to work collectively to look at the impact of specific types of services (like case management) on the target population served. Agencies have developed a good base of skills with measuring individual agency outcomes. Measuring community or collective impact across multiple agencies represents a much higher order and more complex type of evaluation, which the LACHC and Los Alamos agencies can continue to work to build over time. The Juvenile Justice Advisory Board (JJAB) is working on interagency outcomes and collective impact, as well as identifying strengths and weakness in the service infrastructure.

Los Alamos Medical Center (LAMC) is a Joint Commission Accredited Hospital, with very high ratings from the Joint Commission, and hospital re-admission rates which are some of the lowest in the state, which means that fewer people become ill again and require readmissions within thirty days of discharge. The County’s Emergency Medical Services (EMS) has over 150 volunteers with an average response time that is one of the lowest in the state. Rehabilitation services and assisted living are provided by Los Alamos Retirement Community (LARC) in Sombrillo and Aspen Ridge agencies. Medical Associates of Northern New Mexico (MANNM) provides walk-in and urgent care and is located in the LAMC hospital complex. There are no behavioral health inpatient, partial inpatient or day treatment facilities in Los Alamos, with the closest facilities located in Santa Fe and Albuquerque. Adult Day Care, which offers supervised day care for older adults, is available through Los Alamos Retired and Senior Organization (LARSO). LARSO also provides a wide range of programs and services to older adults through its facilities in Los Alamos and White Rock, including congregate meals, home-delivered meals, case management, and many other programs and is considered to be one of the most effective programs in the state. The Los Alamos Volunteers Association (LAVA) at LARSO recruits many thousands of volunteers for organizations in the county, logging the most volunteer hours in New Mexico. Hospice services are provided to people in their homes; there is no hospice facility in the county. Visiting Nurse Services (VNS) is an accredited agency that provides a range of medical, nursing, and home care services to people who need supports in the home, often covered by Medicare and private insurance. Non-medical home care is provided on a fee-for-service basis by a number of different agencies, including Home Instead, whose staff attend the LACHC. Most residents receive an excellent level of primary care from local physicians and physician groups; Los Alamos is the only county in New Mexico that is not a health professional shortage area (HPSA). Many specialty services are available locally, and more are available in Santa Fe, Española, and Albuquerque.

People in financial crisis or facing other emergencies have a number of resources that can provide local assistance. United Way of Northern New Mexico recently partnered with Self Help to develop a 211 Information Line, which provides information and referral for people who need to find emergent or non-emergent resources. In addition, Los Alamos County has a 311 information line that provides information about county resources. The basic needs infrastructure includes a number of agencies, most quite small,

and heavily dependent upon volunteers. These include Self Help, LA Cares, Los Alamos Family Council, Family Strengths Network, the County's Utility Assistance Program, Social Services Division case management, Los Alamos Health Care Assistance Fund, local faith communities and civic groups. United Way of Northern New Mexico works actively with this network and funds many of these services, but is not itself a service provider.

The needs of children, youth and families are served by a diverse network of agencies in the community. The Juvenile Justice Advisory Board (JJAB) serves as an overarching planning and service coordination body; and JJAB has been able to leverage local, state and foundation funding. It is one of the most active and effective in the state, leveraging significant additional revenues to the county. The family and recreation providers like the Family YMCA offer some of the most diverse programming in the state, and have been able to continue to build programs, offer scholarships, and expand services to the Española area. The development of the new Teen Center is a tribute to broad-based community support for area teens and families. The Los Alamos Family Council offers after school programs and activities to children from third through eighth grades, providing an important resource for children and families. The Los Alamos Public Schools continue to receive some of the highest ratings in the state, and are consistently top ranked in national ratings, and partners with many groups to provide resources for students, onsite. The LACHC Community Resiliency Working Group has been closely involved with the schools to develop strategies for building student and family resiliency and involving community groups in the schools. Faith communities have been very involved in working with children, youth and families within their own congregational life and programming, as well as being a supportive presence in schools and partnering with local agencies. Child care providers offer excellent early care and education for young children, and more resources are needed, especially resources for infants and toddlers.

The county has the largest per capital library card holder rate in the state, and Mesa Library is an excellent resource for the community, offering a wide range of programs, and space for research and after-school study. The Local United Way has raised funds to support many important community agencies and projects. The community arts provide excellent opportunities for artists and community members alike, and enrich the quality of life. The recreational programs, hiking and bicycle paths and natural beauty of the area provide for wonderful opportunities for exercise and wellness. Los Alamos National Labs continues to be the largest regional employer, providing thousands of jobs for the area, with many secondary jobs created that are related to the lab. The business sector has continued to develop new entrepreneurial initiatives and small businesses, invest in regional economic development, and the local Chamber of Commerce is a very strong presence in the community. The county has an active and engaged leadership with the elected County Council and appointed County Manager and senior staff. The county's Community Services Department has provided significant levels of staffing and funding support for many community programs and services. The high level of county funding and support for these services and community support for services has allowed the county to address at least some of the gap created by not having the same level of federal funding as other counties.

Within this network of service collaboration, there are some important issues to note:

- New state legislation was passed in 2014 redirecting a percentage of all counties' gross receipts tax away from local Health Care Assistance Funds (HCSFs) and health programming for indigent residents to the NM Human Services Department, in order to support hospitals through its Safety Net Care Pool (SNCP), and leverage federal Medicaid dollars allocated to the state. At least a third of counties, including Los Alamos, are required to contribute a total of 125% of the second 1/8th gross receipts tax as a result of SNCP quarterly payments combined with County Share Medicaid quarterly payments. The changes have created a situation causing a shortfall in the LAC Health Care Assistance Fund, and county general funds will need to be transferred into the HCAF over the long term.
- The ratio of medical professionals to the overall population is quite high, with few shortages reported compared to the rest of the state of New Mexico. However, this means that the county's ratios create a situation where the county providers cannot receive federal funding for Federally Qualified Health Centers (FQHCs) Community Health Centers (CHCs) and Community Mental Health Centers (CMHCs), reducing the size and scope of sliding fee and free services available to the community. Los Alamos is the only county in the state that is not designated for FQHC, CHC and CMHC funding.
- Although there are many excellent services available on the hill, there are a number of gaps. It is difficult for people to access some medical specialty areas, and must travel to Santa Fe, Española, or Albuquerque for services.
- There have been increasing needs for services, especially for youth and families at risk, the poor and near-poor, and the growing number of older adults particularly the frail elderly.
- Despite growing county funding to support services and case management, there is still a need that has been clearly articulated by services providers and supported by the research.
- Even though many agencies track and report outcomes, there needs to be greater accountability and work within LACHC's priority areas to gather outcomes from a mix of agencies that work on similar issues to look at collective impact; JJAB has begun doing this in the area of children, youth and families.
- The county's overall profile of being the healthiest, wealthiest and best educated county in the state creates the "Los Alamos Effect," where the county is judged by others as being "not in need." Los Alamos County and area providers often find it difficult to obtain federal and state funds, and it is difficult to win competitive grants and contracts.⁷⁸

Nonprofit organizations have played an important role in the county's social determinants of health and its economic development. In the 2006 *Economic Impact of Nonprofit Organizations in New Mexico*,⁷⁹ the study found a large number of registered non-profit organizations in Los Alamos County. Many of these are small volunteer groups, clubs and associations. Such nonprofits have a significant multiplier effect, providing important services that strengthen the capacity and resiliency of the community and its residents. They bring in additional revenues from foundation, state and federal grants, and they expand staffing through volunteers. Los Alamos Retired and Senior Organization (LARSO) RSVP recruits more than

⁷⁸ Data from HRSA and from national CHC/CMHC database; 2010 Los Alamos Community Needs Assessment mapping, 2011-2012 LACHC Los Alamos Community Health Profile, LACHC Health System Innovation Focus Group discussion.

⁷⁹ Study conducted by NGO New Mexico, New Mexico Association of Grantmakers, and UNM Bureau for Business and Economic Research (BBER), 2006.

500 volunteers who log in excess of 100,000 volunteer hours annually, strengthening county programs and services.

G. Summary of System Capacity

It is clear from reviewing the county's health and social services infrastructure that there are many significant system strengths and some important weaknesses:

1. Excellent health care quality, access and affordability are available to those with good insurance that pays providers competitive rates. This high level of quality, access and affordability is available for the majority of the population, and 95% of the community has health coverage (increase from 90% in past years).
2. Healthcare access is somewhat more difficult for people on Medicare; however, a mix of providers and institutions is available. Needs are growing for more services for older adults. Many agencies serving the elderly are aware of the level of need and current limitations in service capacity and are planning for expanded services.
3. Healthcare access is extremely difficult for people on Medicaid, who often must travel to nearby communities to access primary care if they can find transportation for such. There are no primary care physicians listed on national registers who state they accept Medicaid, and those that do are not listed, providing services "under the radar" with a very few number of slots for these patients. This population also uses the Emergency Room inappropriately as a substitute for primary care. There are limited behavioral health services for people on Medicaid or those with no payor source. The primary provider for behavioral health services for the poor is Los Alamos Family Council (LAFC); Presbyterian Medical Services (PMS) also has limited office hours in the complex that houses LAFC.
4. Healthcare access is even more limited for those with no insurance coverage. Many of these go to Community Health Centers (CHCs) in Rio Arriba or Santa Fe Counties (El Centro, Clinicas del Pueblo or La Familia), again if they can access transportation. In the past, the county had a strong Health Care Assistance Fund (HCAF) to cover hospital costs and other services for the poor who do not have Medicaid. However, the new HCAF state funding formula has stripped state funding, and the fund is now totally supported from the LA County budget.
5. A range of health-related prevention and early intervention social services exists. However, the need for many types of services is increasing, and as these demands continue to increase for the elderly, those with limited incomes, and youth and families at risk, a large portion of agencies providing such services has faced state and county budget cuts even as they are stretching to serve more people. The county has provided funding for many case management services based upon recommendations in past years from the LACHC, and this funding has allowed agencies to provide critically needed services to more people. These agencies, and the LACHC Goal Area Working Groups are requesting additional funding for expanded case management in the schools and for older adults.

6. Providers are engaged in a growing level of interagency service coordination to address needs, service gaps and strategies for providing care. This service coordination enables agencies and community leaders to plan more effectively, coordinate services across the continuum of care, identify gaps and barriers, address concerns, improve quality, and respond to emerging and growing needs. This will continue under the auspices of LACHC, JJAB, United Way, and the county's Social Services Division.
7. Agencies and groups have been collecting data about needs, services provided, and outcomes for a number of years. JJAB, United Way, the county's Social Services Division and other funders identify goals and outcomes as part of their funding, and agencies provide reports regarding their services and outcomes achieved. LACHC Working Groups facilitate the ongoing discussion about how different service outcomes are making an impact in the community. This work needs to continue, and it requires an infrastructure, expertise and funding that are needed, especially as the community moves to develop greater capacity with measuring interagency outcomes and collective impact.
8. Limited community information and referral (I&R) service exists, even with the development of the new United Way 211 service that is being handled by Self Help. Although this information and referral service is an excellent resource, many people are still not aware of this service. Additional community outreach and marketing is needed by the county, United Way, Self Help and the LACHC.
9. Los Alamos County government has provided significant funding for many different types of agency programs and collaborative networks, such as LACHC, and most of the agencies listed in this report. During the past five years, the county appointed and elected leadership has been extremely responsive to recommendations made in the *2010 Los Alamos Community Needs Assessment*, the *2011-2012 LACHC Los Alamos Community Health Profile*, and the *2012 Health Action Plan*. Specific improvements include county funding for the case management services working with the JJAB Youth and Family Resource Advocates (YRAs, FRAs) in the schools and Teen Center, case management through LARSO, case management through the Social Services Division, and funding the Health Care Assistance Fund. The Social Services Division has been able to take functions that were previously spread across different departments and integrate them, develop stronger guidelines for outcome-based funding, and reporting to the community. Quarterly reports are posted by the Social Services Division to the community on the division's web page. The county's commitment to these issues and agencies demonstrates an excellent level of leadership and support. This funding is critically needed in the county because a number of programs do not have the same foundation, state and federal funding opportunities as peer organizations in other communities with higher levels of poverty, health problems, and other challenges, and some federal funds are simply not available to LAC as they are to all of the other counties in the state.
10. Because the county is the primary funder for a number of agencies, it is natural to create a type of long-term dependence on this key funding. This can be unhealthy for both the agencies and the county. Building a set of strategies to help agencies identify and access diversified funding and sustainability should be a major priority for the county, agencies, United Way, JJAB and the LACHC.

11. Additional support is needed, especially from community donors. Community outreach by LACHC, other collaboratives, and funders will be important to relaying this message.
12. Community-wide networks exist, and they have strengthened community outreach and information and improved interagency collaboration. Some have generated additional funding for agencies in the network. More work is needed to build the capacity of these intermediary networks, and they will need to continue to demonstrate their outcomes and value to the broader community.

VII. LACHC RECOMMENDATIONS

The LACHC makes the following recommendations for community members, services and service coordination, policy and funding. These recommendations are based upon an analysis of the health indicators, demographic and health trends, service gaps, policy and funding.

A. Community Members

Los Alamos community members have excellent health, and the LACHC would like to commend the community for its proactive approach to managing health. Our most important recommendation to individuals and families is to continue to manage personal and family health through prevention, nutrition, exercise, immunizations, and regular visits to health care professionals. Take a look at the areas that are strengths, weaknesses and the trends and address any of your own health issues that relate to those areas, especially those areas that require improvement. During the past number of years, both adults and youth have reduced their reported levels of exercise, so we strongly recommend that individuals and families redouble their efforts to maintain a healthy exercise programs, which can help build long term health and resiliency. We encourage families to seek help when the stress or family problems seem overwhelming, and use many of the excellent nonprofit and school-based resources that exist for families. For those with limited incomes, we encourage you to seek help when you see a crisis or downward spiral, working with one of the agencies focused on basic needs services or the county's case management services. For older adults, we encourage you to continue your engagement in the community, and work to maintain health through the local Senior Centers and health resources; take action before you think you should to assess your home for fall risks; engage in fall-prevention exercises and work with trusted people to develop plans for your care. And, we encourage all community members to continue with your high level of civic engagement. Your involvement in the community and your relationships are a big factor in promoting health.

Community members should focus on proactively addressing and managing the following health issues, which are flagged by the NM Department of Health and the LACHC as health concerns:

1. Unintentional injuries created by falls, primarily affecting older adults. Older adults should take fall prevention workshops, have balance assessments, and evaluate their homes to determine where there are potential risks for falls. Active exercise and strength training can help to maintain health and reduce the rate of health decline during later years.
2. Alzheimer's disease, primarily affecting older adults. Individuals and their families should study the warning signs of Alzheimer's disease and work with healthcare professionals to identify potential risks, develop and maintain a strong nutrition program, and, if found to be at risk, develop a medication and life planning regimen to address the impact of Alzheimer's.
3. Pertussis (Whooping Cough), primarily affecting children, represents a significant health hazard for community members. Families with young children should review the risks and warning signs, and talk with their medical professionals about how to reduce risks.
4. Respiratory diseases and asthma affect people of all ages, and individuals should monitor their risks and, if in a high risk category (young children or the elderly), should take flu shots and pneumonia vaccines.
5. Suicidal ideation and suicide among youth is an extremely dangerous health hazard and requires concerted individual, family and community responses. Families concerned about their children

should seek the advice of a mental health professional and youth and families should talk with a JJAB Resource Advocate . Schools, JJAB and nonprofit organizations should continue to work together to coordinate community-wide strategies, and the county and JJAB should continue to fund both YRAs, as well as programs and activities that are focused on building resiliency and youth and family assets.⁸⁰

6. Access to care and community resources is a serious challenge for the poor and the near poor, and resources need to continue to be available for these people in need. This includes basic needs resources such as food, clothing, rental and utility assistance and support to access medical resources. Case management services are needed as well. The county, United Way and other funders should continue to fund these important services.
7. Physical exercise is important, especially for adults, who have reduced their level of physical exercise during recent years. Adults should look for ways to increase their physical exercise, enjoying the many recreational opportunities in the community.

B. Groups and Organizations

Many of the groups and organizations in the community have an impact on individual, family and community health and the quality of life, whether or not this is explicit in the mission statement. The parks and trails, arts, library, transportation system, civic groups, nonprofits, businesses, government, and faith communities create a robust and vibrant world “on the hill.” And each has the opportunity to promote aspects of physical, mental, emotional, spiritual and community health.

C. Services and Service Coordination

Older Adults. The agencies most involved in working with older adults include the Los Alamos Retired and Senior Organization (LARSO), RSVP at LARSO, Los Alamos Medical Center (LAMC), Fire Department, EMTs, Los Alamos Retirement Community (LARC) with Aspen Ridge and Sombrillo, Visiting Nurse Services, Home Instead and other non-medical personal care agencies, the Family YMCA, other recreation facilities, and faith communities.

Older adults provide significant levels of volunteer service in the community, giving critically needed staffing to many nonprofits, guiding the work of civic organizations, and offering leadership to many community groups. Previous research indicated that the economic value of older adult volunteering is approximately \$2 million per year.⁸¹ Because older adults are such an important community resource, it will be important for major community institutions to continue to track this work, provide support, nourishment and incentives for volunteering.

Agencies should continue to work collaboratively focusing on improved service coordination, identifying services needs and gaps and addressing broader community issues. It is this collaborative group, the Older Adult Service Network (OASN), that identified the growing need for case management, which has been

⁸⁰ Many youth serving organizations build programs based upon the work of the Search Institute, which found that youth who are more resilient tend to have a preponderance of positive developmental assets. These includes things such as having positive family relationships, strong network of friends, and others.

⁸¹ Research for the 2010 Los Alamos Community Needs Assessment and the 2011-2012 LACHC Los Alamos Community Health Profile.

funded by the county; and this group identified the need to provide information to area businesses about how to deal with someone who may have dementia. By 2020 and 2025, Los Alamos will have a much larger proportion of older adults to the population at large, many with fewer assets than we have come to consider normative for most people in their retirement years. More services will be needed, to include more in-home services for frail elderly to help them remain in their homes. Most people will be able to afford to pay for some or all of these in-home costs, and these people who have the resources should be encouraged to use them for their own care as the needs arise. But for those with limited resources, the community will need to address this important issue in a proactive and systemic way. The very high rate of older adult falls in the county speaks to the dangers inherent in living alone with limited assistance; or the challenges faced by a frail elderly couple. The high incidence of Alzheimer's disease in Los Alamos along with its ravaging effects underscore the importance of dealing proactively with the issue.

The combination of older adult health risk factors leads the LACHC to recommend developing an expanded mix of services in future years, to include more case management, expanded in-home services, as well as legal assistance and advocacy to help older adults avoid or mitigate the effects of scams and fraud. If the county's governmental and agency leaders can work together to develop plans for needed services based upon the projected demographic growth of older adults, taking into account a lower asset base for at least a portion of that age cohort, then the community can move confidently into the future knowing that these critical issues are being addressed. More case management, post-hospital release support services, and in-home services need to be planned for and funded now, along with support for interagency coordination for these services. There will also be a need for more assisted living facilities that serve a range of income levels and living options. These issues should be paramount in county planning activities, as well as part of the county budgeting process.

Basic Needs. There are many agencies, faith communities and groups that provide services to help those with basic needs or in financial crisis. These include Self Help, LA Cares, LA Family Council, Presbyterian Medical Services, Los Alamos County Social Services Division, LA Public Schools, funders like United Way, as well as faith communities, civic organizations, law enforcement, and various government agencies working in areas of housing and income support that schedule office hours "on the hill." The service infrastructure is more robust and better connected and coordinated than in 2010, and the LACHC's Basic Needs Working Group offers an important venue for service planning and interagency coordination. Los Alamos County's population is poorer than it was five and ten years ago, and more diverse. It will be important for the community to understand these population shifts and their potential impact on people and community institutions. Although the service providers are working effectively in concert, the funding levels for basic needs are limited partly because of the demographics which reduce federal, state and private foundation funding opportunities.⁸²

Because the county receives less than proportionate share of federal and state funds for a range of services including school lunch programs, community health services, and fewer local available Health Care Assistance Fund dollars because of the state's redirection of those gross receipt funds, the county will need to continue to provide funding for these services if they are to be maintained. Los Alamos

⁸² This "Los Alamos Effect" is created partially from the demographic profile with a much lower than average state poverty level as well as perceptions among state and other funders that Los Alamos is quite wealthy, and without financial problems or needs. It is a perception that creates barriers to already competitive funding that organizations seek for a range of services.

County has been in the forefront of planning for and funding critically needed community services, including the Los Alamos Community Health Council, the Health Care Assistance Fund, case management, and other basic needs services. During a time of economic contraction, the county was bold in its vision, leadership, planning and funding for these services that support basic needs for the poor and near poor, and those that find themselves in sudden financial crisis due to a medical emergency, job loss or other emergent situation. LACHC recommends that the county continue to provide support for these basic needs services through contracts with basic needs providers, and through expanded levels of funding for case management through the Social Services Division as well as SSD in partnership with local providers. The LACHC encourages the provider network and the SSD to continue to gather data regarding problems with access to health care, the causes, and make recommendations for both local and state level responses. The LACHC also strongly supports agency and United Way outreach to the community to increase individual contributions to this important community work. United Way provides leadership to the Basic Needs Working Group and is actively involved in promoting service coordination, accessing those resources that do exist, raising and distributing funds to support agencies that offer basic needs services.

Youth and Family serving agencies, schools and some faith communities work collaboratively through JJAB to address the needs of youth and families by offering a range of programs and services in the community and schools. These include recreation and activity programs offered through the Teen Center, Youth Activity Center and other agencies. Many asset development and skill building programs are provided by Family Strengths Network, the Family YMCA and the Teen Center, Youth Activities Center and many school based programs. During the past number of years, services have been well planned and coordinated to discuss community needs, services and gaps, develop community-wide strategies, fund services and track outcomes and impact. JJAB has worked closely with the Community Services Department and the County Council to develop and fund case manager Youth Service Advocates in many of the schools and the Teen Center to help youth at risk and their families. JJAB has leveraged many funding sources over the years, to bring new funding to the community; and it has been involved in outcome-based funding and evaluation of programs that it funds. The LACHC Community Resiliency Working Group has been focused on coordinating services, especially working with colleagues in the schools. The LACHC recommends that the county continue its level of funding for programs for children, youth and families and, if possible, as many in the field indicate a need for YRAs in each of the schools. It will be very important for community leaders to investigate the potential for providing some type of expanded financial assistance for low and moderate income families overwhelming financial strain for child care and summer camp/child care. Agencies like the Family YMCA already provide significant scholarship assistance, and child care providers are often strapped financially, so the solutions are a bit challenging, and were addressed in the *2010 Los Alamos Community Needs Assessment*.

D. State Policy

The LACHC is very active on the state level working to support state policies that promote community health and Community Health Councils (CHCs). The LACHC is seen by the state network and NM DOH as one of the strong CHCs, often used as a model for others.

A state policy that has a significant negative impact on Los Alamos and the Los Alamos Community is the way that Health Care Assistance Fund financing is determined, which places the county at a disadvantage because of the vagaries of the funding formula. There are also recommendations for further modifications in the funding formula which would essentially take county health care reserve funds, further reducing

options available at the county level. It would be extremely helpful if the LACHC could work with the Los Alamos County's policy consultant, the NM Alliance of Community Health Councils and the New Mexico Association of Counties to develop strategies for modifying the funding formula to reduce any further attempts to reduce county revenues and, if possible, increase the potential level of funding from the state.

Another state issue is the state's placement of Income Support and other workers for limited hours "on the hill," which needs to be more carefully monitored, ensuring regular hours and better access.

E. Local Policies

Local policies areas that are affected by this Health Profile include:

1. Behavioral health policies at LANL and perceptions about policies. Although the lab's policies regarding maintenance of confidentiality for all employees seeking behavioral health services is quite clear, there are perceptions that people could experience negative career and Q clearance repercussions if they or a family member seeks counseling or therapy. There remains a stigma associated with seeking help for mental health or substance abuse issues, and it is especially pronounced with lab families who have repeatedly reported over the years that there is fear about getting help, and what might happen if it were to be found out. The high level of fear seems to be partly related to the stigma of asking for help (especially in an achievement-driven culture); partly related to urban myths about the impact that seeking help would have upon one's Q clearance and professional advancement; and partly related to real-life negative experience that people have had with information "leaking out." Having policies at both the DOE and lab levels further complicates issues. The LACHC recommends that the community create a panel of community leaders to work with the lab's leadership to clarify policies and develop a community outreach campaign that provides information about this sensitive and critically important issue.

Proportionate Levels of Service to Funding Agreements. Coverage proportionate to the funding levels for services for behavioral health services and services for children needs to be provided and monitored. Many agencies receive funding from the state and other funders to provide services in the community. However, these are quite sparse. Some providers offer limited service with very limited access; other providers of some behavioral health services are seldom visible. There needs to be a way for the state and other funders to monitor these services to ensure that the services promised in proposals are actually delivered. The LACHC should provide some oversight to this issue, serving as an intermediary with the state and with identified providers that may not be fully delivering promised services or outcomes.

2. Ongoing funding for key areas of current and emerging health needs. Because of the county's demographic profile related to aging and increasing poverty, and specific types of youth risks and behavioral health needs, it will be important for the county to continue to provide financial support to agencies through its current competitive contracting process, as well as provide support to various case management functions for youth at risk and older adults.
3. Support for the Social Services Division. The Social Services Division of the Community Services Department has organized areas of work that had been previously spread across different departments, developed more outcome-based funding, responded to growing and emerging

needs, and outreached to surrounding counties and state departments and divisions to create linkages. It will be important for the Los Alamos County government to continue to maintain and support the Social Services Division and to expand that division, if possible, to ensure adequate staffing levels to cover the workload, which includes a wide range of projects and activities being handled by that division. This will enable the different functions to be handled more effectively. .

4. Development of a CHC-Type Service Network. Since there is no funding for county-based CHC, CHMC or FQHC services, the LACHC recommends that primary care, behavioral health and acute care providers create a service network to analyze service available, gaps and funding options; to develop recommendations for ways that nonprofit agencies, practice groups and providers can maximize both care and reimbursement rates for care, creating service and funding mixes that are more effective; and make recommendations for ways that the system of care can be strengthened.
5. Reporting on outcomes and impact. Increasingly, agencies and government entities are required to provide reports about outcomes and impact to funders, stakeholders and communities served. United Way, JJAB and Los Alamos County have all focused increasingly on aligning agency outcomes with community needs and funding priorities, and the ability of agencies to demonstrate outcomes has significantly improved over the past five years. Agencies involved in working with JJAB share agency outcomes and JJAB focuses on how the combined services have a community impact. United Way funded agencies also track outcome data and evaluate outcomes. The Basic Needs providers have been tracking how effectively they are able to address needs such as providing emergency shelter, partner with law enforcement and local temporary housing providers to address the issue. Major providers such as Self Help, LA Cares, the Social Services Division, and others collect data about requests, services and progress clients make toward resolving their difficulties. We would recommend that the LACHC work with the county, JJAB, and United Way to continue to improve outcome evaluation reporting with agencies as well as groups of agencies working within areas of focus, such as youth at risk, basic needs and older adults. This will increasingly allow agencies, funders, local government, leaders, and community members to see both agency outcomes and combined impact over time. This is an extremely important tool to determine mid-range and longer term return on investment (ROI) in key areas of need, service delivery and funding and will help the community align policy and funding to those strategies that most effectively address need and create measurable improvements.

LACHC realizes that Los Alamos County has lower levels of funding from the lab Gross Receipts Taxes (GRT) and that there are limited options. We propose to work with county leaders to plan for service integration, prioritize service development goals and funding options as we have done in a number of past years. We also plan to work with the county, United Way, JJAB and others to continue to coordinate services, evaluate outcomes and impact, develop policy, advocate for those who do not have access or voice, and communicate these important issues to the community. We celebrate our very healthy and vibrant community, and look forward to working together with all of you to continue to build community health in areas of need.

The Health Council thanks the county for its leadership in planning, and its funding for and support of important services.

VIII. ACCOMPLISHMENTS OF LACHC AND ITS MEMBER AGENCIES

This section highlights important accomplishments of LACHC and its member agencies. LACHC comprises organization and community members who represent some of the most knowledgeable health system resources in the county. This section describes the important role that Health Councils play in New Mexico's counties, the economic impact of our community nonprofit sector, as well as LACHC and member agency accomplishments.

A. Essential Elements of Community Health Councils

According to the NM DOH Public Health Division, Community Health Councils provide an important roadmap for building and maintaining healthy communities. New Mexico is one of 13 states that do not have local health departments involved in health planning; identifying health needs, services and gaps; defining priorities; service coordination; policy formulation; and reporting on local health status to the community. The councils, therefore, are a critical element of the state's public health infrastructure and play a vital role in community health.⁸³

No other county groups are assigned to these health planning, coordination and policy tasks. Statewide, New Mexico Health Councils have been instrumental not only in these important planning, coordination and policy functions, but also in helping to ensure that already existing resources are identified and utilized and available resources leveraged. While DOH was funding Community Health Councils, they were able to leverage state support at a ratio of 3 to 1, using the state's investment to draw other funds.⁸⁴

When NM DOH ceased funding Community Health Councils, starting with FY2010, this struck a significant blow to local communities. Very few were able to replace funding at DOH levels; most were not able to secure funding to staff core operations; and much of the leveraged funding was lost because DOH money was the core funding that attracted other sources of revenue.

A few Community Health Councils were able to maintain some level of funding; Los Alamos Community Health Council is one of those statewide supported by their county. Los Alamos County has provided an initial 2-year funding contract to maintain LACHC core functions of planning, coordination and policy work, including this LACHC Health Profile. The county's support also allows LACHC to build and diversify its revenue base, becoming more sustainable in future years. The county's ability to respond to this need and provide funding in a timely fashion has been one of the most important factors in maintaining LACHC's important ongoing work.

⁸³ "The Ten Essential Public Health Services and Health Councils" was developed by Ron Hale, Training and Resource Development Section of the NM DOH Public Health Department, Community Health Improvement Group. Adapted from the National Public Health Standards Program, 2011.

⁸⁴ Consultants to MCH Councils Anne Hays Egan and Ron Hale identified significant revenues Health Councils are able to draw to counties through leveraging DOH funding with additional funds from county, foundation, legislative appropriation and other funds. "County MCH Councils Leverage Significant Revenues," by Anne Hays Egan with Ron Hale, MCH DOH, 2003-2004.

B. The Economic Impact of Nonprofits

A total of 264 Los Alamos County nonprofit organizations registered with the Internal Revenue Service and are noted in Guidestar's most recent database figures for November 2011.⁸⁵ The National Center for Charitable Statistics (NCCS) reports that, as of November 2011, 160 nonprofits in the county with budgets greater than \$25,000 filed IRS 990 forms. Many of the nonprofits in Los Alamos County are small, unstaffed voluntary civic organizations and clubs with budgets under \$25,000 per year. However, a significant number of agencies have larger budgets and paid staff. According to NCCS, nonprofits of all types and categories in Los Alamos contributed more than \$40 million to the county's economy and reported assets of slightly more than \$425 million.⁸⁶

*The Economic Impact of Nonprofit Organizations in New Mexico*⁸⁷ found that nonprofits make significant economic contributions to their home communities through employment of local residents, spending in the local economy, bringing additional grant and contract income to the local economy, and the value of volunteer hours.

In general, nonprofit employment represented 5.8% of all employment in the state in 2003, more than twice as many as state government and more than manufacturing, agriculture, mining, oil and gas, and utilities combined. The sector itself employed 44,321 workers of which 16,984 represent new jobs and \$498 million in wages and salaries that would otherwise not exist in the state. Across New Mexico, almost 50% of nonprofit jobs are in healthcare related agencies, 25% in social services, and 11% in education.

The UNM BBER study on the economic impact of nonprofits found a very significant multiplier effect. Expenditures by employees and vendors of nonprofit organizations create an additional 7,608 jobs in the state, which exceeds the multiplier effect of most sectors of the state's economy. The multiplier effect generates an additional \$177.8 million in earnings for New Mexico.

When looking at the nonprofit sector in Los Alamos County, it is evident that nonprofits with earnings and assets add significantly to the county's economy. If the multiplier effect of the county's nonprofits is even somewhat similar to the state's average (no reason exists to think otherwise), the economic contribution of the sector is immense. Then, if one were to add the economic contribution of the county's volunteers, the contribution would be staggering.

The contribution of older adult volunteers in FY 2011 through RSVP alone comprises 400 volunteers per quarter and a total of 101,000 volunteer hours per year. If volunteer hours are valued at \$16 to \$20 per hour, the total annual value of this group of volunteers to the county is conservatively valued at \$1.616 to \$2.02 million. Add to that volunteer board members, program volunteers, students, and administrative

⁸⁵ Guidestar is a major national research and information resource for nonprofit data. They provide profiles and summary data, based on IRS 990 forms filed by nonprofit agencies.

⁸⁶ The National Center for Charitable Statistics is another major nonprofit research and data institution, providing an analysis of IRS 990 and other publicly reported charitable data, research reports and publications. They include all nonprofit categories, such as c(3)s, c(4)s, c(6)s, including faith communities, reporting to the IRS. The data reported in November 2011 comes from IRS data reported by agencies since 2008. The data source is the IRS Exempt Organizations Business Master File, November, 2011.

⁸⁷ *The Economic Impact of Nonprofit Organizations in New Mexico* was published by UNM's Bureau for Business and Economic Research in 2006, co-sponsored by NGO New Mexico and the New Mexico Association of Grantmakers, Jeffrey Mitchell, primary researcher, with contributions from Carlota Baca, Dolores Roybal and Anne Hays Egan. Summary data from "The Economic Impact of Nonprofit Organizations in New Mexico, Executive Summary," Dolores Roybal, 2006, NGO New Mexico.

volunteers, and it becomes clear that volunteer contributions alone have a significant economic impact in the millions of dollars, in addition to the other areas of economic impact described above.

Often, the value of the nonprofit sector is described in terms of services, outcomes and impact, and, the value of these services, outcomes and impact can and should be tracked by agencies and collaboratives. However, the economic impact is often not addressed, but in many counties like Los Alamos, the economic impact of the nonprofit sector is, indeed, very large.

C. LACHC Historic and Recent Accomplishments and Self-Evaluation of Strengths and Weaknesses

Since it was founded and its mission approved by the Los Alamos County Council in the early 2000s, LACHC has produced a number of Health Profile reports to the community, printed a community resource brochure, hosted an informational website and provided an important venue for interagency networking and collaboration.

During the spring of 2009, DOH announced that it would cease funding all Community Health Councils. For FY 2010, the year after DOH funding ceased and before county funding began, Los Alamos Family Council continued the leadership and staffing for LACHC. They did this on a voluntary basis, without funding. Without this support, LACHC may have languished or ceased to exist. Many Community Health Councils in New Mexico were unable to find new funding and so have significantly reduced their work. LACHC has been able to continue, at first because of LAF's leadership, and subsequently to continue to develop because of the county's generous funding.

Funding from LAC for FY2011-FY2012 was seen as an extremely important accomplishment. The group felt that county funding for LACHC after DOH cuts was extremely important as a critical strategy to ensuring the survival of LACHC and its work in the community. LACHC members plan to keep the county informed about health issues, LACHC activities and accomplishments, and the community impact of the LAC's investment.

LACHC's Health Profile is seen as one of the major accomplishments of the Health Council. No other source of health data and analysis exists in the same format for the broad community. In addition, member agencies have found the Health Profile provides information that is extremely important for presentations and grant proposals. For many years, LACHC's Health Profile has been the primary tool used to communicate health issues to the County Council, other leadership groups, agency funders, and the community at large.

Respondents noted that LACHC has been involved with other LAC collaborative groups such as JJAB, DWI Planning Council, and the local behavioral health collaborative. Members felt that LACHC played a central role in facilitating interagency discussions and collaborative activities within its own framework, and this remains a highly valued activity for the membership.

They suggested that the Health Profile information be used in different ways to communicate LACHC's activities and impact. In looking to the future, the group plans to use the Health Profile to determine priorities and goals. The Health Profile will be developed and ready for presentation to the County Council at its December meeting.

1. LACHC's Planning and Service Coordination Activities

The LACHC has provided continuing community leadership for health planning and service coordination. This includes the development and publication of the LACHC Los Alamos Community Health Profile every three years which provides a series of snapshots about the community's health, health trends and issues, resources and services, service gaps, the health and social services infrastructure, the work of the LACHC, and recommendations. The LACHC has three primary goal areas for its work:

- Older Adults – Managed by the Older Adult Service Network
- People in Financial Need and Crisis – Managed by the Basic Needs Working Group
- Children, Youth and Families – Managed by the Sustainability Working Group and JJAB

Each of these groups meets on a regular basis, and service providers, civic groups and interested community volunteers work together to discuss needs, service gaps and services provided, and work to improve interagency service coordination. These groups include agencies that have the best “on the ground” expertise in the field and they are the ones that identify new community issues and important problems, such as the recent spate of youth suicides. And these groups develop strategies for addressing these important community issues, such as the case management work being done by Youth Resource Advocates.

2. LACHC's Policy Work

Between 2011 and 2013, LACHC members identified public policy as an important area where LACHC could be more effective. The Health Council has continued to develop its strength in this area, working with county departments and the County Council on local policy and budget issues, and with the NM Alliance of Community Health Councils, and with the county government on state policy issues. LACHC should continue to share its Health Profile and recommendations with the County Council, identifying areas of community health strength, available services and gaps, and recommendations for policies, services and funding. These recommendations focus on community needs and the service network as a system rather than on individual agency needs. Recent public policy accomplishments include LACHC's support to the LAC Community Development Department in its effort to develop local, more accessible HUD affordable housing; its support of JJAB in its work to develop plans for a Teen Center and to develop support for the case manager Youth Resource Advocates (YRAs), support for development of a case management function for older adults through the Los Alamos Retired and Senior Program (LARSO), and support for the development of the Social Services Division in the Community Services Department.

3. LACHC as an Advocate for Consumers and those With Limited Voice

The LACHC has often spoken about the needs of those who live on the margins in the community: the poor, those with severe mental illness, people with substance abuse that interferes with daily functioning, youth and families at risk and struggling, and frail elderly who may be isolated and at risk. At the planning and policy levels, LACHC is an extremely effective advocate for these groups. However, the LACHC needs to work to expand its involvement of these consumer groups in its subcommittees/working groups and the LACHC membership.

4. Constituencies that Need to be More Involved in the LACHC

Currently, the LACHC has approximately 45 different individuals and groups involved in the Health Council and its subcommittees. To expand its reach and be more inclusive, the LACHC should look to recruit members who are representatives from the following groups:

- Prevention programs
- Public school administrators and counselors;
- Child Care/Preschool Programs
- Faith Communities
- Local businesses
- LANL (Community Outreach Department) and/or LANL Wellness

Summary:

In general, LACHC members believe that LACHC has remained true to its mission during the past years. It has provided a Health Profile to the community every 2 to 3 years - the only community resource containing information about the county's health statistics, health profile, key issues, trends, and recommendations. Much of the networking and collaboration that happens among agencies involved in the broad area of health is fostered by LACHC. The Health Council has provided important support to community initiatives such as the HUD application and JJAB work to build a Teen Center. LACHC offers important broad health information, collaboration and policy input regarding community needs that are not covered in the same way by any other group.

The membership felt that LACHC could build a larger, more inclusive group and indicated that LACHC could and should be more involved in public policy work, especially advocating for the needs of people that have difficulties accessing the healthcare system.

As part of the self-evaluation in August-September, and in later meeting discussions and feedback, LACHC members have expressed a high level of satisfaction with the direction of LACHC, the involvement of the membership in guiding the work, and the increased emphasis on public policy. They are also pleased with current funding resources, the emphasis on building a diversified base of support, and long-term sustainability of the Health Council. Membership has expressed repeated satisfaction with LACHC Health Profile framework and drafts, and individuals have been actively providing additional information and feedback.

H. Member Agency Accomplishments

Members of LACHC represent a wide spectrum of programs and services within the 24 agencies and 37 people that are active members. Member agencies are involved in many aspects of health, broadly defined using the World Health Organization's framework of the social determinants of health. These agencies provide the following types of services:

- Alzheimer's information and education for local businesses;
- Asset-based character-building programs for youth;
- Assistance with basic needs and emergency situations;
- Assisted living for the elderly and those with disabilities;
- Basic needs and financial crisis case management;
- Basic public health services such as immunizations, student health visits, well-baby checkups;
- Behavioral health (mental health and substance abuse) individual and family counseling and groups;
- Center-based programs and activities for older adults;
- Community information, education and outreach;
- Courts and court related programs;
- Disease-specific association information and prevention;
- DWI resources;
- Fall prevention activities;
- Funders for agency programs and collaboratives;
- Health promotion and prevention;
- Higher education classes and workshops;
- Hospital care;
- In-home services for older adults;
- LAC Community Services Department and the Social Services Division;
- LAC Health Care Assistance Fund;
- LAC Office of Emergency Management;
- Law enforcement;
- Nursing in the public schools;
- Older adult case management;
- Older adult programs;
- Parenting skills programs (primarily for new parents and young families);
- Placement of older adult volunteers in area nonprofits;
- Prevention and stress management programs for youth and families;
- Programs for new mothers and their newborns;
- Recreation, after school, camp and other programs for youth and families;
- Retirement and nursing home facilities for older adults;
- Service coordination, collaboration and funding for youth programs;
- Teen Center youth programs and services;
- Transportation services for older adults;
- Youth and family case management.

Appendices

Links to Key Health Data Sources and Important Websites
LACHC Membership List
Summary of Working Group Goal Area Discussions
Survey Form

Links to Key Health Data Sources and Important Websites

1. New Mexico Department of Health Indicator Based Information System (IBIS)
<https://ibis.health.state.nm.us/>
The IBIS system provides “Community Health Snapshot” reports by county, as well as indicator reports on a wide range of health indicators. The important trends have been summarized and charts provided in the LACHC Health Profile. However, if people want to research other health issues, the DOH IBIS system provides additional data and information.
2. Robert Wood Johnson (RWJ) County Health Rankings and Roadmap
<http://www.countyhealthrankings.org/>
The RWJ county health rankings consider key health indicators as well as the Social Determinants of Health (SDOH) such as income, education and other factors. They are a leading national voice in the field of community health.
3. New Mexico Alliance of Health Councils
<http://www.nmhealthcouncils.org/www.nmhealthcouncils.org/nmhealthcouncils>
The NM Alliance of Health Councils is the statewide association of Community Health Councils, and is involved in planning, technical assistance, statewide initiatives, public policy and funding for the CHC network.
4. University of New Mexico Health Sciences Center
<http://hsc.unm.edu/>
The UNM HSC includes different health departments including the Cancer Center, HSC Library and Informatics Center.
5. New Mexico Department of Children, Youth and Families (CYFD)
<https://cyfd.org/>
NM CYFD provides a range of prevention resources, programs, services and funding.
6. New Mexico Aging and Long Term Services Division (ALTSD)
<http://www.nmaging.state.nm.us/>
NM ALTSD is the state Agency on Aging, responsible for managing federal Title XX funding for services for older adults and the disabled, with a range of resources on the website.
7. New Mexico Human Services Department (HSD)
<http://www.hsd.state.nm.us/>
The state Human Services Department is responsible for Medicaid and the state’s Medicaid Expansion, Income Support Division and other programs for people with low to moderate incomes.
8. Los Alamos County Social Services Division
<https://www.losalamosnm.us/cs/socialservice/Pages/default.aspx>
The LAC Social Services Division in the Community Services Department provides a range of services including planning and service coordination, funding, and case management.
9. Los Alamos Community Health Council (LACHC)
www.lachc.net
The LACHC is the state’s designated health planning body operating at the county level, and provides health planning, interagency collaboration and coordination, health research and policy. LACHC publishes a community Health Profile every three years.

LACHC Membership List

BESC
Comfort Keepers
Familia Dental
First Born
FSN
Heart Council
HISC
JJAB
JJABFRA
JJAB-MS
LA Cares
LA Public Health Nurse
LA Retirement Community
LAC
LAC Council Representative
LAC Mesa Library
LAC Social Services
LAFC
LAFD
LAMC
LAPD
LAPS Prevention Program
LARSO
Las Cumbres
LAVA
LAVNS
LDS Church
Mesa Vista Wellness
NM Nursing Association
NMDOH
NMDOH ERD
NMSU CES
PMS
S3 (insurance agent)
San Ildefonso
Self Help
Somos Amigos
Teen Court
Therapist
UWNNM
VNS
YMCA
YMCA/ Teen Center

Summary of the Discussion with the Older Adult Working Group – June 11, 2015

The Older Adult Working Group met to discuss community needs, services, gaps and recommendations for priorities for services, policy and funding. The following represents a summary of that discussion.

A. Group's Priority Issues and Work

1. Dementia Friendly Community Training. Starting in May 2014, the working group began contacting local organizations to provide information and training on how to be a more dementia friendly community. Local businesses and other organizations have been extremely receptive.
2. Hoarding. OAN members work with local authorities to help individuals, their families and the community respond effectively to those who are hoarding and posing a risk to themselves and their neighbors.
3. Fall Prevention and Home Safety. Information and classes have been provided during recent years, along with identification of and support for people who are at risk.
4. Home Services. Although many in the community may need or benefit from some level of home-based services, few want to pay for them out-of-pocket, even when they have the resources, as seems to be the case with the majority of older adults. A lot of people do not understand that non-medical home care is not covered by Medicare or health insurance.
5. Long Term Care. A number of people have reported purchasing LTC policies, and find that they are close to worthless, which is a shock to them and can create unanticipated additional expenditures and cause financial hardship.
6. Aging and Frail Elders. The county continues to have the highest rate for dementia as well very high fall rates, and the longest average lifespan. This translates into a large and growing group of frail elders.
7. Fraud. Although Los Alamos has long been a target for miscreants perpetrating fraud, it appears that there is an increase in the scope of fraud, with a greater number of types of fraud reported, including local contractors and people who are coming to the hill to work. It is a very serious, growing problem.
8. Caregivers Taking Over Finances. It appears that there is also a growing trend with caregivers taking over client finances, sometimes responsibly but other times using the access to skim funds from the client's account.
9. Homelessness. There has never been a homeless older adult in Los Alamos until recently, and agencies worked collaboratively to address the need and arrange for housing and support services. Homelessness will become more prevalent in the future.

The older adult network also reported concerns that many older adults are not aware of their vulnerabilities and risks and/or do not take action to address certain health and social issues for many reasons. More middle aged people are bringing their frail elderly family members to live with them,

adding greater stress to the already overtaxed community service infrastructure. There are limited rehabilitation facilities, and many agencies have waiting lists for services.

B. Trends

The trends that the Older Adult Network is seeing are large scale, significant and pose serious risks to individuals and families. These trends will stress and tax the community in future years if they are not addressed proactively and soon. These include:

1. Increasing numbers of people who enter retirement years, with the large group of baby boomers now in or soon to enter retirement;
2. Fast growing ratio of the frail elderly, or “old-old,” aged 85 and older, who require significant supports and community resources;
3. Continued health challenges for the elderly, with the county having the highest rate of dementia in the state, very high fall rates, and other health challenges that the elderly continue to face (even in a county with much higher than average positive health factors);
4. Elderly population with fewer resources than the current group of people who are aged 75 and older, partly due to a change in the benefit packages of many employers, and other financial trends;

These trends are part of statewide and national demographic and financial trends. New Mexico is moving from being the 39th in the U.S. in the ratio of older adults to total population in 2010, to being 4th in the U.S. in 2030. This trend will create a significant stress on many communities, especially those like Los Alamos that already have a higher than average proportion of older adults.

C. Service Needs and Gaps

Service providers are already finding that the growing needs of older adults are stressing and outstripping agency capacity, even with recent county funding of a part time case manager for older adults. The service needs projected for the next five to ten years will include the following:

1. Higher staffing levels for current and future case management for elderly with health issues and the frail elderly, and more support for interagency coordination;
2. More support for targeted areas of need, including follow-up for high-risk people upon discharge from the hospital;
3. Current and future fast growing needs for a broader array of and more available services for older adults, including home care, adult day care, Alzheimer’s adult day care, housing, transportation and other services;

4. Need for more legal services to help older adults prepare appropriate legal documents, prevent scams, protect their assets, and take action on fraud when it occurs (recent poll from LARSO indicated that 28% of respondents had no plans in place);

D. Community Impact, Policy and Funding

Older adults continue to play a strong leadership role in the community, with volunteering in Los Alamos County at the highest level of any county in the state (RSVP). Their volunteering in many agencies provide for unpaid staffing which is often not reported or underreported. Older adults are engaged in many civic and community activities that enrich Los Alamos and White Rock. Older adults are the community's "living treasures" and add immensely to the quality of life.

The elderly also represent a group at risk, and in need of services and resources. Although the federal Agency on Aging has funded and continues to fund services through the state Aging and Long Term Services Department, this funding is flat, and expected to remain flat or be reduced in future years. The county's longstanding support for services and its recent support for case management has played a significant role in the ability of agencies to respond to community needs. However, additional investments will need to be made in order for agencies to respond to this fast growing trend and the high level of attendant needs that are forecasted for the community.

The Older Adult Network is committed to working with the LACHC to educate and inform the community's leadership; discuss options for policy and funding that can address these challenges; and develop plans that are both programmatically indicated and financially feasible.

Summary of the LACHC Basic Needs Working Group Meeting June 16th

- A. Key Issues – the group mentioned a number of key issues that affect community residents, and the community's overall health, which include:
1. Affordable housing;
 2. Temporary or emergency housing;
 3. Assistance with rent and utilities;
 4. Food assistance;
 5. Other financial emergencies;
 6. Help with behavioral health needs;
 7. Affordable child care;
 8. Affordable summer child care;
 9. Accessible and affordable health care (many have limited moderate level incomes that do not qualify for Centennial Care, but for whom high deductibles pose a significant risk);
 10. Case management needs for people in financial crisis; children youth and families; and older adults – all of whom face increasing numbers of and more complex financial challenges.

The providers who were present represented a mix of agencies and county departments. Most of the providers had multiple experiences with all of the issues described, and reported that, for the most part, they were seeing a continued need for basic needs services, with some changes in the types of needs presented. For a number of years during the height of the Economic Crisis, many providers saw increases in requests for all types of basic needs services. However, during the past year or so, the requests for emergency food assistance have remained constant, whereas the requests for housing, rental and utility assistance, and health related needs have continued to increase, with many clients presenting a wide range of complicated issues that pose significant risk to the families involved. The group discussed the importance of having the LACHC Health Profile Update address the unique economic trends one finds in Los Alamos: although the poverty rate is much lower than the state's rate, LAC's rate rose from 3% to 4% which represents a significant proportionate increase; in addition, the county has a large and growing group of near poor and people with moderate incomes (roughly 12%-15% of the population) who find that the increasing cost of living poses a significant challenge and, for some, a real threat.

The following list provides a summary of the key points that people made as the group discussed the most important basic needs issues:

1. Affordable housing – although there are some new affordable housing resources, the demolition of the large affordable housing complex off of Central Avenue has meant a net loss in affordable housing units. There continues to be a growing need for Section 8 housing for the poorest of the residents, but also an even larger need for affordable housing for those with limited or moderate incomes who cannot afford market rates, but who do not qualify for Section 8 housing.

2. Temporary or emergency housing – there is no longer any emergency housing available in the county, as the motel that provided emergency and temporary housing has been closed. However, the police have been given debit cards through a partnership with Self Help, and they are able to put people into emergency housing. This program is working much better than the old voucher program, and Self Help projects that funds available will cover the anticipated utilization for the coming year.
3. Assistance with rent and utilities – is a growing need according to those present that provide for rental and utility assistance. The trend is continuing to grow, and many families are so financially strapped that any emergency or setback puts them in a situation where they are not able to cover the rent for the coming month.
4. Food assistance – is an ongoing need, but those providing food baskets report that the need seems to have stabilized over the last year. However, there are pockets of unmet need that are significant, that need to be addressed, and this includes children and youth in the summertime, without the school programs; and those children attending schools that do not have a lunch program that offers subsidized lunches (only a portion of the schools have been able to develop this program). Because of its demographics and poverty rate, Los Alamos does not qualify for federal subsidies for a school lunch program, so all costs are borne by local entities.
5. Other financial emergencies – represent a challenge for the near poor and those with moderate incomes who encounter a health emergency or chronic health challenge, job cut, or other unanticipated problem.
6. Help with behavioral health needs – is seen as a significant challenge for the community for a number of reasons. Many people who have family problems do not seek mental health or substance abuse insurance covered services for fear of the potential impact on their Q clearance (even though this is stated to not have an impact). In addition, the behavioral health services that are available through the Core Service Agency are limited; and behavioral health services have been reduced because of funding cuts, Medicaid rationed care, and the lack of access for people who do not have insurance coverage for behavioral health services. The county's Health Care Assistance Fund's resources are severely limited because of the state's funding formula which has actually drained funds from the county. Finally, people mentioned that the community is one that has created a culture of achievement and high expectations, where people do not want to admit to problems; this also includes a "culture of secrecy" where people feel it is important to keep problems hidden and present a successful appearance.
7. Affordable child care – has long been a challenge in the community, and in most communities throughout the state. Even families with moderate to moderately high incomes find that the costs of child care can be prohibitive when there are two or three young children in the family. Average costs for child care for children of pre-school age run approximately \$1200 per month per child. And, child care workers are among the lowest paid in the industry, so reductions in costs are not possible. The challenge is that many families face a potential cost of \$2500 or more per month in child care expenses, which often means that one parent chooses to stay home to care for the children. CYFD provides subsidies for child care for the very poor, but they have a long waiting list,

and few families in the county would qualify for their subsidy. Although there are some excellent after school programs for older elementary school, middle school and high school aged children, there is nothing available for younger elementary school aged children, which adds to family scheduling and financial challenges.

8. Affordable summer child care – is a significant challenge for many families of varying income levels. Even though Los Alamos County and the Family YMCA offer scholarships, some of the discounts are based on a lottery system, and others are for only one child, or a small portion of costs. When families budget for summer activities for a 10 week period for two to three children, the costs are quite high.
9. Accessible and affordable health care (many have limited moderate level incomes that do not qualify for Centennial Care, but for whom high deductibles pose a significant risk) – many county residents are near poor or people with moderate incomes who do not qualify for government subsidies such as Medicaid, SNAP/food stamps, or Section 8 housing, and their health insurance may be partially subsidized through the Health Insurance Marketplace but providing coverage with gaps and high co-pays and deductibles. Because the county’s Health Care Assistance Fund is severely limited, there are often few options for those people who find themselves caught “in between the cracks.”
10. Case management needs for people in financial crisis; children youth and families; and older adults – all of whom have significant, more complex challenges which pose health risks to their families and, ultimately, to the community itself. The current case management system (children and youth through the schools and at the Teen Center; basic needs at Self Help and the county; and older adults through LARSO) is demonstrating a great deal of success with demonstrated outcomes. However, the level of need has been fast outstripping the available resources and more help is needed.

When asked to make recommendations regarding policy and funding, the group suggested the following:

1. Continue to provide information and analysis to the county’s leadership, and demonstrate the results of the county’s ongoing and generous funding during the past years;
2. Continue to develop and implement local policies that provide support for priority needs, especially since the county suffers from the “Los Alamos Effect,” and has fewer federal and other grant resources available to it than other counties in New Mexico;
3. Expand funding for case management so that the growing need in all three areas can continue to be addressed;
4. Continue to fund basic needs services, and develop strategies to address those areas where there are serious gaps as outlined above;
5. Work with the LACHC to develop and support local and state policies that address the problems faced by the poor and the near poor, and those struggling with financial challenges.

Summary of Meeting with JJAB – June 23, 2015

Discussion About Children, Youth and Families

The JJAB team met to discuss community needs, services and gaps, services needed and policy and funding recommendations. As part of the preparation for the meeting, Ellen Ben Naim and Alan Kirk and staff had prepared an in-depth report on services, progress made, and a number of data charts.

A. Community Needs, Problems and JJAB Responses

The group members indicated that family stressors have continued to increase, with an increasing number of referrals to CYFD involving domestic violence, mental health and substance abuse issues. There seems to be a significant increase in youth stressors, with an increase in youth suicidal ideation and suicide, and a growing number of teens that left school for various reasons in 2014-2015. Teens have reported to staff and at the JJAB retreat that they don't feel they are accepted for being who they are, don't feel heard, and are upset with the adults who they believe model values that are troubling to them. They, and many working with them cite the longstanding "Culture of Secrecy" and the culture of excellence and exceptionalism (or the "Los Alamos Effect") as having many unhealthy unintended consequences for youth, families and the community. Youth and adults who work with them report that there is a significant level of pressure on kids to succeed with a great emphasis on STEM fields; families have very high performance expectations; developmental expectations from schools are often too high; and the kids themselves have developed a tiered social structure that validates the elite who succeed academically. One school VP reported that youth face social isolation, and indicated concerns about the levels of depression and anxiety. JJAB staff report a concern that the suicide rate may actually be higher than reported, because they have heard of a number of teens and young adults who have left the community and committed suicide elsewhere.

The composition of youth has been changing over the past 3 to 5 years. Whereas in the past, about 90% of students came from lab families, that is no longer the case. As the lab's workforce is shrinking and more senior management staff live in Santa Fe, a lower proportion of youth are from lab families. This is being called the "normalization of Los Alamos." As a result, there are more middle income families and families with limited incomes who need affordable housing and other resources that are in short supply. Santa Fe Civic Housing comes to LAC once a month, however, more state resources are needed on the hill, with regular, recurring hours. Even with this "normalization," there is still a very clear divide between the kids who are "on the hill," and those that commute from "off the hill." And, the "Los Alamos Effect" creates greater problems and exacerbates the divide between the "haves" and the "have nots." Families that live in Los Alamos that have relatively good or moderate incomes are financially stressed; and low income families are often in dire straits. Staff are seeing that a lot of families are working multiple jobs to make ends meet.

The Teen Center, YAC and other sites provide a place where kids can connect with fewer social, academic and class barriers, and these are critically needed community resources. In addition, they provide an important place for middle school and high school youth to hang out and engage in positive, asset-building activities after school, since most parents work long hours. For those kids whose parents work in LAC who live off the hill, these resources are critically important.

The group reported that more youth and young adults are returning back home, which creates stresses for them and their families. Some college students are dropping out of the high-end/high-pressure colleges and returning home to work and go to school at UNM LA or UNM. However, there are few resources for young adults, which needs to be addressed, especially given the trend of young people returning home to live with parents.

People discussed a concern that adults are not modeling the values they profess, and this is being discussed by youth and young adults as a problem for them. The youth and young adults report that they see many adults as not trustworthy because they are not living their values or modeling healthy coping behaviors.

The group discussed a cluster of addictive behaviors that they see among youth and their families that they believe are used as numbing behaviors: alcohol abuse, abuse of other substances, workaholism, sexual behaviors, video game addiction and other acting out. These trends should be reflected in DOH data and the YRRS.

There is also an increased level of partnering between the schools, Teen Center, and JJAB. Family Resource Advocates (FRAs) / Youth Resource Advocates (YRAs) provide youth and their families (grades K-12) with case management. There are an increasing number of referrals from the school teachers, counselors and administrators to the YRAs in the schools. The YRAs now have very heavy caseloads (approximately 50 youth/families). Many youth and families have a range of complicated issues, including basic needs, family problems, with a range of youth risks and youth acting out. In addition, there is a high level of Asperger's Syndrome, autism and behavioral acting out with LAC youth. The FRAs / YRAs use a family systems approach and work with both the youth and the family whenever possible.

The Teen Center provides a range of activities and has long since outgrown its space. The new Teen Center, with 10,000 square feet, will provide more programs as well as hang-out space. In addition to staff and YRAs available at the Teen Center, the local Child Psychiatrist, Brian Haigh, is spending time at the Teen Center to talk with teens. There is an LAHS Facebook "confessions page" online and there has been an increase in posts by teens discussing stress, anxiety and a significant level of family difficulties at home.

FRAs / YRAs are involved very intensely with many families, as an increasing number of families need referrals for basic needs, so the advocates work closely with Mental Health Professionals, Self Help, LA Cares, TANF/SNAP, WIC, LIHEAP, LAC utility assistance program, county's case managers and the Health Care Assistance Fund, as well as faith communities. More resources are needed to address what is a clear trend, with more families unable to meet basic needs at different points during the year, and more youth

without resources for food, clothing and basic necessities. Summer is a difficult time for many families, and even though there are scholarships available for summer programs, the cost for multiple weeks for multiple children is prohibitive for a growing number of families. There is an increasing need among younger children and families, and affordable child care is a growing concern.

The Youth Resource Advocates and Family Resource Advocates have played an extremely important role in helping teens and families. However, more support is needed, because the YRAs / FRAs caseloads continue to increase, and the number of people with complex needs continues to grow.

B. Community Strengths and Assets

The group indicated that there are many important community assets which should be identified, and used to address the needs and concerns. These include the strong networks developed in this small community, faith based groups, civic groups and volunteers, and the many recreational activities.

The LACHC has provided an important umbrella for many community organizations, and a coordination function that has resulted in an increased community awareness about issues, services available and services needed. The LACHC's work in the areas of local and state policy and funding have helped to increase community support for key policies, increases in services such as case management, and funding both from the county and state. The county's leadership, policy development and financial support for services for children, youth and families have been critically important, and their continued investment in case management has resulted in a very strong return on investment.

C. Recommendations

The group made the following recommendations for services, policy and funding to the LACHC:

1. Increase in case management to allow for a full time case manager assigned to each school site to address the growing needs of youth and families;
2. More resources, especially after school resources for children aged pre-K through age 7, as there are no programs equivalent to YAC and Teen Center for this age group;
3. More mental health and substance abuse resources for youth and families, especially for those with limited incomes not covered by insurance or Medicaid, including having those resources that come up to the hill to provide more access and more available hours;
4. Strengthen the options for providers and practitioners to be able to bill insurance companies and Centennial Care MCOs that managed Medicaid;
5. More effective use of the resources currently available (including the Ministerial Alliance, Family Strengths Network, CYFD, police and judicial system, LAFC, PMS, LAC Social Services, etc.), continued networking among agencies involved with families;
6. Increase access to victim advocates, including a SANE advocate at the hospital, and better coordination with DV Task Force, and Police Department (which has funding for victim advocates);

7. Convene a Single Parent Family Panel to discuss the challenges faced by these families;
8. Address the “Culture of Secrecy” in Los Alamos, and the need for adults to model values and healthy behavior.
9. Develop and implement a community wide Mental/Behavioral Health Action Plan for Los Alamos County

Summary of Meeting with Community Resiliency Working Group – July 29, 2015 Discussion About Children, Youth and Families

The Community Resiliency Working Group met to discuss community needs, services and gaps, services needed and policy and funding recommendations.

Community Needs, Issues and Problems

The group members indicated that family stressors have continued to increase, and issues like the Q clearance have a “trickle down effect” on families and the community in that people do not seek help. There is a perception by people who live in Los Alamos and Rio Arriba Counties that it is not safe to seek help for mental health and substance abuse problems. This has been mentioned as an issue for about 15 years, but there doesn’t appear to be much change.

Just as the adult culture is focused on achievement, so is the youth culture, and “GPA is gold.” Youth and parents seem to have unrealistically high expectations, and many feel that kids with less than a 4.0 GPA are “failures.” It is reported that some parents ground kids who don’t get all “As.”

The Public Health Department has been focused on developing a Mental Health Task Force in the schools, as some perceive that confidentiality is a serious issue in schools. The system needs to use something other than vouchers, which are stigmatizing.

There is little available for the kids in the middle, those kids who are B students, who are considered good solid achievers in most other school districts. Since there is not much available for them, they create their own groups like the “stoners” or “near tops,” and often engage in risky behavior. There needs to be more available for those kids who are doing well, but who do not place in the top academic tiers. Another group that requires attention is the incoming freshman high school class, who are “friskier than a group of bunnies,” and who often engage in risk behaviors during that year, according to YRRS and PRIDE survey data.

Youth report that they feel very much judged in Los Alamos. There are a number of dividing lines:

- Straight A students
- Haves
- Live on the hill
- Everyone else
- Have nots
- Live off the hill

The language used in the community reflects these divides, such as “gifted,” “normal,” and “other.” The school funding formula provides extra funding for those children who are gifted and challenged, but nothing extra for those kids who are in the middle.

Recently, a gang of middle schoolers broke into hotels on the hill. There need to be more activities for younger children and middle schoolers.

There need to be more mechanisms to provide ways for kids to have more control over setting expectations and developing their own priorities. Group members gave examples of where kids who were not considered achievers in Los Alamos found skills and gifts in other settings, like a student who discovered culinary skills at summer camp. The culture needs to value diversity more -- diversity of skills and talents, cultural and racial diversity, and economic diversity.

Another group that is often lost and hard to reach is the 18-25 year old young adult group, many of whom live at home with parents, and have few organized social outlets.

In addition to family stresses and mental health and substance abuse issues, there are increasing financial pressures and financial needs. Families often feel a great deal of shame associated with asking for financial assistance and do not want to admit they need help.

Another stressor for families and the community is the LANL 2017 reauthorization date. People are "walking on eggshells," and many are worried about how the DOE reauthorization will be handled. With some of the job losses at LANL, the workload for those remaining has increased. The recent electricity related accident has also added pressure, as OSHA came to LANL for an onsite visit, and people report feeling "under the telescope."

Although LANL funding from the federal government is down, it has not dropped precipitously. However, LANL's GRT funding for the county has dropped by about 30% because of the lab's reporting new areas where it reports revenue excluded from GRT taxation.

Although there are more Medicaid providers in the area, there still is not much of a presence on the hill, and there seems to be an overall shortage of behavioral health providers, whether private pay, insurance or Medicaid. There are also fewer state resources on the hill. Some state offices or private providers had hours once a week, but that presence has diminished.

Community Resources and Strategies to Respond

A number of people who work in the schools have been working to develop intermural and non-competitive or non-cut sports activities that are inclusive and "non-elite." Case managers and Youth Resource Advocates (YRA) have played a significant role in helping youth cope with stress and develop resiliency. Although the YRAs have made significant inroads and been instrumental in helping kids and families, the need outstrips the available resources, and there need to be YRAs in each school and at the Teen Center. The county funding for YRAs has been critically important to that program's success, and the outcomes that are being reported demonstrate a very strong return on investment. The program needs to have ongoing funding. Example of the effectiveness of YRAs is that, recently, they have reported successful interventions with youth dealing with serious issues/suicidal ideation. The hospital and Public Health nurse are able to call the YRAs who respond immediately to work with the kid and the family.

Churches have also been playing a key role and are active on campus. They provide activities like Biblical Burritos on Wednesday mornings. The Lutheran Church pastor comes in with burritos for breakfast, and kids have a safe space to hang out, have breakfast and talk with safe adults. The focus is on providing a friendly, safe and nurturing environment that helps kids build resiliency. The church also provides snacks before testing, to help reduce pressure and let the kids know that they are appreciated and supported.

Peer-to-peer programs like Natural Helpers provide another important resource for kids. Natural helpers trains youth volunteers in how to spot people at risk or in trouble, develop basic listening and support conversational skills, and offer information and referral.

Resources Needed

The groups suggested that the community needs to develop the following resources:

- Affordable day care/child care, especially specialized child care for infants and toddlers, and children with special needs;
- Expansion of the free and reduced school lunch program to all schools (currently this is being self-funded, not federally funded because LAC does not meet the federal poverty requirements);
- Legal support or Legal Aid – to provide counseling, information and referral and orders of protection for domestic disputes (people have to go off of the hill for orders of protection);
- Counseling and other supports available nights and week-ends
- Affordable summer activities for children and youth, such as less expensive summer camp and day care;
- Affordable housing
- Employment diversity – more jobs other than LANL and service jobs, employment options for those people “in the middle”;

The group mentioned that, in the last few years, many nonprofit organizations, schools and the county have worked to identify needs and develop resources to address those needs. These groups working with youth and families have accomplished a great deal, and are committed to continuing to develop resources and activities that help children, youth and families, and enable the community to be a more diverse, welcoming and healthier place. An important part of the strategy to build health and resiliency is for those working with children and youth to model healthy behavior, and help kids to develop and use their own unique talents and assets.

One of the group members provided the following concluding comments:

“We have such a culture of secrecy here, which has been helpful and appropriate for the lab, but not for the rest of our lives. We need to open up, be more transparent, and celebrate the beauty that is Los Alamos. There is not a bad view in the house. If we can celebrate our diversity and create a place for all at the table, that is beautiful.”

Summary of the Teen Center Focus Group, September 17, 2015

The following is a summary of a discussion with teens in a focus group held at the Teen Center on September 17th.

Community Needs, Issues and Problems

Teens felt like there was not a lot for teens to do in Los Alamos County, in spite of the many programs and services that have been developed over the years. They commented that the community “rolls up its streets” at dark, and that there are not enough activities or restaurants. They suggested turning the empty Smith’s into a bowling alley/arcade/paintball/trampoline /laser tag park, science and tech space, and/or pre-teen center space. They said that, although the Teen Center has met a very important need for teens to have a space to hang out, activities and fun things to do, there is not enough for middle school aged youth in 7th and 8th grades. They mentioned that the Youth Activities Center is a great resource for younger kids, but since it serves kids from the 3rd through 8th grades, the middle school pre-teens don’t want to be involved in a program that serves grade school kids. Teens said that too many kids smoke and do drugs in the restrooms at Mesa Library, and have sex outside behind the library.

People in the group mentioned quite forcefully that they find that the community has a culture of “all work and no play,” and they feel that the adults don’t know how to play, and model values that many teens find troubling. Kids are concerned that parents have very high expectations, want their children to make straight “As” and often punish their teens when their GPAs fall below an “A” average. Some teens felt that the public schools are difficult, intense, with a lot of drama. Teens report that the testing is a big stressor, and that there is a very heavy homework load. They are concerned about the high suicide rate, and believe it is related to the high-stress/high-expectation/high-performance culture. They recommended that there be more support groups in the school and in the community. Many teens don’t seem to be aware of some of the support resources that do exist, such as the JJAB school-based and Teen Center based Youth Resource Advocates, so they agreed that more outreach is needed. Teens also commented that their peers often do not seek out some of the school counselors, because some of the counselors talk with them about other kids’ problems, saying things like “you should talk with so-and-so because they have a similar problem...” Teens are concerned that some of the school counselors do not abide by policies of confidentiality.

The group also strongly felt that sex education is a concern, and said that they need to better understand their bodies, and the schools should provide ongoing sex education, not just sex education in the 8th and again in the 11th grades as teens are experimenting during the intervening years. They suggested that education include gay, lesbian and transgender relationships and sex. A number mentioned that they don’t talk about sex with their parents, who seem uncomfortable with these discussions. And they expressed concern that if people see a teen going to the Hope Center, they get a bad reputation, even though they are trying to obtain birth control in order to act responsibly.

Teens expressed concern that the county is not “teen-friendly.” They feel that there are negative stereotypes of teens, and that they aren’t treated well, or considered too young to understand. They feel that there are negative stereotypes of teens as drinking and taking drugs, and they mentioned that there is a need for more education of kids and parents about drugs, especially some of the new and designer

drugs and “hookas.”. They also believe that many parents and other adults have negative stereotypes of teens whose parents do not have professional jobs at the lab, especially teens from Española, and some parents prohibit their teens from associating with kids from the valley, which is troubling to them. When asked if they felt the community accepted diversity, the kids said “absolutely not.”

The girls in the group reported deep concerns about what they experienced as sex-role or gender stereotypes at the high school, where boys are treated differently from and better than girls. They were quite angry about what they consider to be a double standard set for girls and boys. They felt that guys receive more attention in class and are treated more respectfully by the teachers. With respect to dress code, the girls said that if a boy is dressed inappropriately with pants hanging down, he is often just told to pull up his pants; however if a girl’s bra strap is showing, she is often sent to the principal’s office. Another example of the double standard was that they said boys can wear tank tops and girls cannot; that even with the dress code, the Homecoming King wore a tank top and leggings in front of the whole school. Another example shared was of a guy who tried to carry a girl into the boy’s bathroom; she punched him to get away, but she was the one who got into trouble. The girls also said that many boys do not treat them with respect, and handle girls inappropriately and fondle them, with no repercussions. Girls feel that the lack of response to boys’ inappropriate behavior creates a culture of double-standards, sexism and sexual harassment. Girls said they are often chosen last in fitness class, considered “dumb girls.” The boys and girls in the group suggested that the teachers and other adults at LAHS be given workshops on sex role stereotyping, setting double standards and training in how to treat boys and girls in a more equal fashion. They suggested that students be taught about how to treat one another in more respectful ways, and be given skill training in how to respond to unwanted sexual advances, sexual harassment and violence. The teens also highlighted a need for education about and overall modelling of how to build healthy relationships which promote mutual respect. (Note: the YRRS statistics show that Los Alamos high school students report a much higher than state average for dating violence and dating sexual violence, which does relate to this issue that teens raised in the focus group discussion.)

Teens expressed concern about their peers who live with violence at home or sexual abuse and wanted to know how teens can deal with these family crises. They suggested that there be more support, and expressed concern that if there is police intervention at the home, then that becomes public knowledge, is published, and everyone at school knows what happened, and it makes it more difficult for the teen involved. There were especially concerned about the specificity of reports, including names, ages and details listed in the police blotter which are shared in the local media.

Community Resources

The teens reported that there are a number of helpful community resources. The new Teen Center has been an incredible resource that they called a “home away from home.” And they indicated they are very appreciative that the county developed the new space.

The bus system provides excellent transportation, especially helpful for teens that need to get around without a car or bicycle. The LAHS academic time and Saturday school have been extremely helpful, as have been study groups.

They felt that the programs like JJAB, Youth Mobilizers, the Youth Activity Center, Youth Conservation Corps have all provided meaningful activities and an important outlet for kids to develop, learn skills, have

fun and (in some cases) serve the community. They recommend that some activities be expanded, and more added to the school curriculum such as dance, aerobics and Zumba.

Recommendations

Teens recommended that the community look at developing something like the Teen Center for middle-schoolers and pre-teens in the 7th and 8th grades, perhaps using some of the space at Smith's, or other locations that have room for multiple activities. They suggested adding activities both in school and out of school. And they suggested stronger advertising about the programs that do exist.

They recommended that the Teen Center offer more drawing and music classes, and have a sign-in sheet at LATC to reserve the use of the music practice room and performance space. They suggested having more Teen Council and leadership opportunities at the Teen Center. And they suggested that there be more support groups for teens both at the Teen Center and at school.

They suggested developing specific support groups for teens that have been the victims of sexual harassment or abuse. They also recommended that the community develop some type of "Safe House" for teens that need safe space away from home, and explained that many times teens spend a lot of time out in the community and get in trouble because they don't want to be at home or don't feel safe at home. Teens emphasized that teens and pre-teens need to have safe and supervised places where they can hang out, otherwise they can get into trouble.

Teens suggested that the bus system consider operating longer hours and providing week-end service.

They recommended that there be more community free concerts, including music that teens would enjoy. Right now, student bands are pushed to week-days, and many who want to attend events do not because of homework and other activities.

They recommended that there be more free activities. So many good activities are expensive. It can cost \$40 for two to go to the movies. The cheapest forms of entertainment are alcohol and drugs, and there are adults who are willing to buy alcohol for kids.

Teens recommend that agencies that work with children and youth and community leaders host a town meeting where teens present these concerns and recommendations to the community at large, including parents, agency representatives, school officials, and county government.

They recommended that LAPS develop better policies regarding unequal treatment of girls and boys, and develop clearer guidelines that can reduce inappropriate sexual activity and sexual misconduct.

They also recommended that the school have sex ed in 9th and 10th grades, as well as in 8th and 11th grades.

And they recommended there be better supervision during after school and evening hours at Mesa Library, to reduce smoking, alcohol and drug use and sexual activity.

Summary of LACHC HP Working Group Discussion September 3, 2015

The LACHC convened a focus group discussion about community needs, service barriers and gaps, community resources and strengths, and other issues on September 3rd. The discussion was part of the process for informing the Health Profile as well as developing the local framework for the DOH Health System Innovation project. The group provided a representative sample of the community, including health and behavioral health providers, social service and basic needs agencies, youth serving organizations, volunteers, interested community members, and elected and appointed local government representatives.

Community Needs

The group reported that the community faced significant behavioral health needs. Those counselors and other professionals that practice often find that their schedules fill up quickly, and there are not enough providers that accept Medicaid and Medicare or sliding fee scale clients. Those providers that do provide services to people with limited incomes need to offer a greater range of services and more hours “on the hill.” There needs to be more affordable health care for part time workers and those without coverage (who don’t qualify for Medicaid and/or who have financial challenges). The county’s Health Care Assistance Fund is not funded by the state as we find in other counties because of the vagaries of the state formula, and must be funded by the county, which means that fewer resources are available.

More urgent care services are needed for children. There need to be more resources for substance abuse, opioid dependency and suicide prevention and early intervention, based locally. There also need to be more fall risk assessments for the elderly, and outreach and support regarding fall assessment and fall prevention. LAC has the highest rate of Alzheimer’s in the state, and there need to be more Alzheimer’s and dementia resources and services. There needs to be an increase in the affordable housing available and greater support for access to affordable housing. The community also needs to develop housing and support services for the seriously mentally ill and those in crisis. LAC needs transitional living facilities and emergency housing. There need to be more supports for court referred people.

There needs to be better service integration, more effective follow-up for patients moving from one level of care to another, such as transition from hospital to community, or hospital to nursing/rehab facility. More funding and financial assistance is needed for home based services, especially for the elderly and disabled.

Case managers have been funded by the county, and the case management has made a significant difference in the community’s ability to address the needs of people in financial crisis, frail elderly and youth and families at risk. However, increased levels of support are needed.

Barriers to Services, Gaps in Services

Although there are many excellent service providers and services in the community, there are still not enough mental health providers, or enough case management for people in need or in crisis. There is no certification for fall prevention training programs in NM.

New Mexico is moving from being 39th in terms of percentage of older adults in the population in 2010, to having the 4th highest ratio in 2030. Los Alamos has the longest average lifespan in the state, so the numbers of frail elderly needing to access services will dramatically increase. Barriers include the need for transportation and home based services.

The current health care system is increasingly difficult to navigate, especially for people that are on Medicaid and trying to navigate access to services with MCOs, and people who have no insurance or limited coverage who are trying to obtain financial assistance and/or sliding fee scale services.

Service providers working with people with mental health challenges often need to coordinate with other providers and/or handle referrals and placements, especially during crisis situations. Current state law serves as an impediment to providing effective services, and these state laws and policies need to be reviewed and revised.

The housing infrastructure in the county is aging, and some of the affordable housing has been removed, creating an increased level of need. Because much of the housing is quite expensive, lack of affordable housing is a barrier to relocation for some people.

People don't seek help for behavioral health issues, because of the perceived stigma, lack of knowledge about resources and/or perceptions about the Q clearance. Providers that work with families report that many families who need to seek help do not for fear that use of insurance for mental health/substance abuse counseling or family therapy would be reported to LANL, and would negatively impact the employee's Q clearance and employment status.

The "Los Alamos Effect" is a barrier to funding. People outside of the county often don't realize that there are problems, and it is difficult to get grants because of the "LA Effect"

Although the state has a number of services that they are supposed to provide "on the hill," such as Income Support, Section 8 Housing, Orders of Protection and other services, they are scheduled too infrequently and too sporadically. Over the years, different state offices will post hours, then when they are not busy, they stop coming, and then reschedule again when there are complaints. The Orders of Protection for domestic violence situations are only available one day a week, which means that families in crisis really do not have this resource available locally, and must go to Santa Fe or Española.

There are challenges to the recruitment and retention of healthcare professionals, and other professionals, which needs to be addressed.

The lack of full federal funding for school lunch program for all schools poses a real challenge. Only some of the schools receive support, meaning the community picks up much of the cost. With the growing rate of poor and near-poor, this poses an increasing challenge to the community providers, the schools, and the county. Currently, nonprofits and faith communities provide lunches during the summer, but this stretches their capacity, and it is difficult to maintain this critically needed service.

Resources and Strengths

Los Alamos is one of the most beautiful areas of the state, with great natural resources and a community filled with people who care deeply about one another and the community as a whole. The community has the highest rate of volunteering in the state, with a level of civic engagement that contributes to a very high quality of life. There are many recreational facilities and trails. The community has a vibrant Farmer's Market and Food Co-Op. There are 157 trained EMTs willing to provide a range of services. LARSO's RSVP places a large number of volunteers with community volunteer opportunities, usually with local nonprofit organizations and civic groups.

Los Alamos County has a significant level of commitment to and investment in the community, and their involvement makes a large impact. The Social Services Department and the Social Services Manager have been critically needed, very effective community resources. The schools are excellent. The community benefits from its local RTD transportation, Mesa Library, and many other free services. There is a low crime rate and the quality of life is excellent for the vast majority of people.

The many nonprofits provide excellent services to the community, and include groups such as the Senior Centers (LARSO), Juvenile Justice Advisory Board (JJAB), Youth Activity Center (YAC), Family YMCA, Los Alamos Medical Center (LAMC), LA Cares, Self Help, Family Strengths Network, LA Family Council, the Teen Center and many other organizations. There is ongoing interagency networking, collaboration and service coordination among the agencies. The LACHC is an important community resources that guides health planning, provides information to the community, makes policy recommendations, and oversees many collaborative initiatives in the areas of older adults, basic needs, and youth and families.

LANL, the lab, is the primary employer for the region, as well as a supporter of regional economic development. The LANL Foundation provides important funding for education related work in the region.

Priorities for Services and Policy

The following were listed as priorities for services and policy:

- More MH/SA services and better access to services
- Suicide prevention
- Services for the elderly
- More bilingual providers

- Resources and programs for building healthy relationships (healthy parenting, healthy dating, domestic violence prevention)
- Financial assistance for home-based services
- Affordable child care
- More attention to the unique needs and risks of middle school aged children, more programs and resources to provide support for the high-risk transition from middle school to high school
- Education, outreach to key community constituencies including County Council, so that they can be better informed about issues, needs, programs and services, and their impact
- Different structure for the local food bank to promote greater sustainability
- Match the level of social service funding to the level of funding provided for public art
- Incentives to attract and retain health care and social service professionals to the area
- Continued and increased county support for community, health and social services
- Changes in state policy and law regarding behavioral health referrals and commitments, and domestic violence orders of protection (DV resources also need to be available on a daily basis)

Funding Recommendations

The group recommended that the county continue to fund services and case management, and further recommended that the county place a higher priority upon services to those in need, and fund these services at the same level that they fund Art in Public Places. Members mentioned that it would be helpful if the county's funding were based more upon Maslow's Hierarchy of Needs, ensuring that basic needs, health care, social services and programs that serve youth, families and the elderly were funded as a top priority. People also mentioned that, with the demographic trend and increasing numbers of older adults, it will be important for the county to address this issue, and make more funding available to help people to remain in their homes with support services.

Role of the LACHC

The LACHC members indicated that the LACHC's roles and responsibilities included the following:

- Advocacy
- Creating networks
- Advisory to County Council
- Leveraging funding
- Service planning and coordination
- Information to the community about needs, services, service integration and the impact of services

What do we want to tell the Los Alamos Community, the NM Department of Health and the Governor?

- “We are blessed here, but not all participate in the same blessings.”
- LANL needs to have a greater recognition of the behavioral health needs of its employees and their families, and the impact of unaddressed needs on the community, as well as the impact of perceptions about the Q Clearance.
- More immunizations are needed for adults; doses were cut by 1/3 from last year’s allocation.
- We still don’t have affordable care for a significant number of people.
- Invite the Governor to a LACHC meeting.

LACHC Community Survey

This community health survey has been developed by the Los Alamos Community Health Council in order to gather information from a diverse network of individuals and community groups. The survey is focused on broad community “Social Determinants of Health” which include traditional areas of health and wellness, as well as questions about economic, community and social issues that have been shown by the World Health Organization and other health experts to have a direct bearing on individual, family and community health. Your answers are confidential, and answers are aggregated in any reporting in order to ensure confidentiality. Please complete this survey as soon as possible, but no later than September 11th. Thank you very much for your participation. Your involvement is helping us to build community health.

The mission of the LACHC is to take the lead in community health improvement through representative membership empowered to identify and address health issues in our community. This is done through ongoing research regarding issues of concern raised by the membership, comprehensive planning, coordination and development of health programs and services for Los Alamos.

1. Please rate the following community health issues, indicating your level of concern about each issue. (Rating scale: 1 = Not at all concerned to 5 = Very concerned).
 - a. Children, youth and family issues, including access to and availability of affordable services and resources such as child care, after school programs, summer and day programs.
 - b. Family stresses, and youth and families at risk, including youth suicidal ideation and suicides.
 - c. Financial problems and basic needs services for the poor, families with limited incomes and those in financial crisis.
 - d. Health care, including access to care, affordability of medical resources, and access to specialists.
 - e. Health conditions such as heart attacks, strokes, cancer, and upper respiratory diseases.
 - f. Housing, including affordable housing and rental units.
 - g. Information about services and resources, including access to information about community resources and social service programs.
 - h. Mental health and substance abuse problems, including access to needed services, concerns about Q clearance issues and accessing services, local availability of services, service confidentiality, and prevention.
 - i. Older adults, including services and resources for growing numbers of elderly, Alzheimer’s, fall prevention, more help in the home, more options for independent and assisted living, and other community resources.
 - j. Social service delivery infrastructure, including funding and support for community services and resources.

2. How well do you feel the community has been able to respond to its health and social needs? (Rating Scale: 1 = Strongly disagree to 5 = Strongly agree)

- a. The community has always been responsive to local issues and local concerns.
- b. There are a number of issues that have been concerns for some time, which are being addressed by community leaders and local organizations.
- c. Community leaders and local government have invested in local services.
- d. Community needs have been growing and, even though they are being addressed, the growing needs are overwhelming the current service delivery system.
- e. Trends indicate that there are serious community needs that will become very significant in future years which must be planned for and addressed now.
- f. Additional funds are required in order to address community needs effectively.
- g. Local community organizations need to provide additional information to the community about their services, outcomes achieved, their impact, and the community's return on investment.
- h. Los Alamos is a resilient community, has been able to handle issues that face us, and will continue to do so because of the resources that we have and the depth of skills that exist.

3. For the past four years, the LACHC has focused on work in the three areas listed below. What do you consider to be the most important challenges facing the community in each of these areas? (Text box provided for short answers)

- Basic needs and financial assistance to the poor and those in financial crisis;
- Children, youth and families
- Older adults and their families

4. Where has the community made progress in LACHC's areas of focus? (Text box, short answers)

- Basic needs and financial assistance to the poor and those in financial crisis;
- Children, youth and families
- Older adults and their families

5. What are the things that make Los Alamos a healthy community, or what are the community's greatest assets? (Text box, short answers)

6. What are the most important things that the community needs to do to address health concerns and create greater individual, family and community health? (Text box, short answers)

7. Please indicate which of the following represent your affinity with the community. (Check all that apply.)

- LACHC member
- Nonprofit or community organization
- Small business
- Government agency
- Work or go to school in the community and live elsewhere
- Funder
- Interested community member

- Volunteer
- Elected or appointed official

8. Please indicate your family household configuration, and who lives together in your household.

- Single, divorced or widowed
- Couple
- Two parent family
- Single parent family
- Couple with elderly parents
- Family with elderly parents
- Other household configuration

9. What is your housing status?

- Rent
- Own home
- Live with family/others

10. What is your age?

- Young person (up to age 24)
- Young adult (age 25 to 34)
- Adult (age 35 to 49)
- Adult (age 50 to 64)
- Older adult (age 65 and up)

11. What is your family's average annual income? (This information helps with analysis.)

- Up to \$22,000
- Between \$22,000 and \$33,000
- Between \$34,000 and \$49,000
- Between \$50,000 and \$72,000
- Between \$73,000 and \$110,000
- Between \$111,000 and \$275,000
- Over \$275,000
- Prefer not to answer

12. My gender is

- Female
- Male

13. I have lived in the community for:

- Under 2 years
 - Between 2 and 5 years
 - Between 6 and 10 years
 - Between 11 and 14 years
 - 15 years or more
-