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## **CHAPTER VII. HEALTH RESOURCE UTILIZATION AND ACCESS**

Along with the rest of the State, Sandoval County residents face daunting barriers in accessing integrated health services. Barriers include long travel times, lack of transportation, lack of knowledge about services, language and cultural issues, lack of insurance, medical costs, confusion about coverage, tribal jurisdiction, and missed workdays<sup>1</sup>. Providers have little opportunity to identify and refer rural residents to available service providers, and are frustrated by the difficult managed care referral system. Finally, the existing health and social service reimbursement system does not reward prevention, early intervention, or coordinated disease management.

As a result, at-risk families receive fragmented and ineffective services, especially in the County's large rural areas. Although there are many efforts underway to provide a continuum of care for specific population groups, the systems are not currently in place for a majority of residents of Sandoval County.

### **BARRIERS TO HEALTH CARE**

Numerous questions regarding health access were included in the Health Alliance 2002 and 2007 community surveys. A number of comparisons of health access in 2002 and 2007 are included. Respondents to the 2002 Sandoval County Community Health Alliance survey were asked to identify health care services their household utilized over the past year (Table VII-1). A total of 604 respondents identified one or more health services. There is a pattern of relatively low use of doctors and dentists in the rural areas, i.e. utilization of doctors and dentists in the Cuba, Jemez Valley, and Bernalillo School Districts, are substantially lower than in Rio Rancho and APS (Corrales). In the Fall 2002 Sandoval County Community Health Survey, 28% of the respondents reported

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<sup>1</sup> Sandoval County Community Health Alliance Consumer Survey (605 responses), Fall 2001

that during the last year someone in their household had to postpone or not obtain health care because they couldn't afford to pay for the service. Lack of health insurance (55%) was the most common reason health care wasn't affordable, followed by lack of funds for co-pays (39%) and inadequate insurance coverage (23%) (Table VII-2).

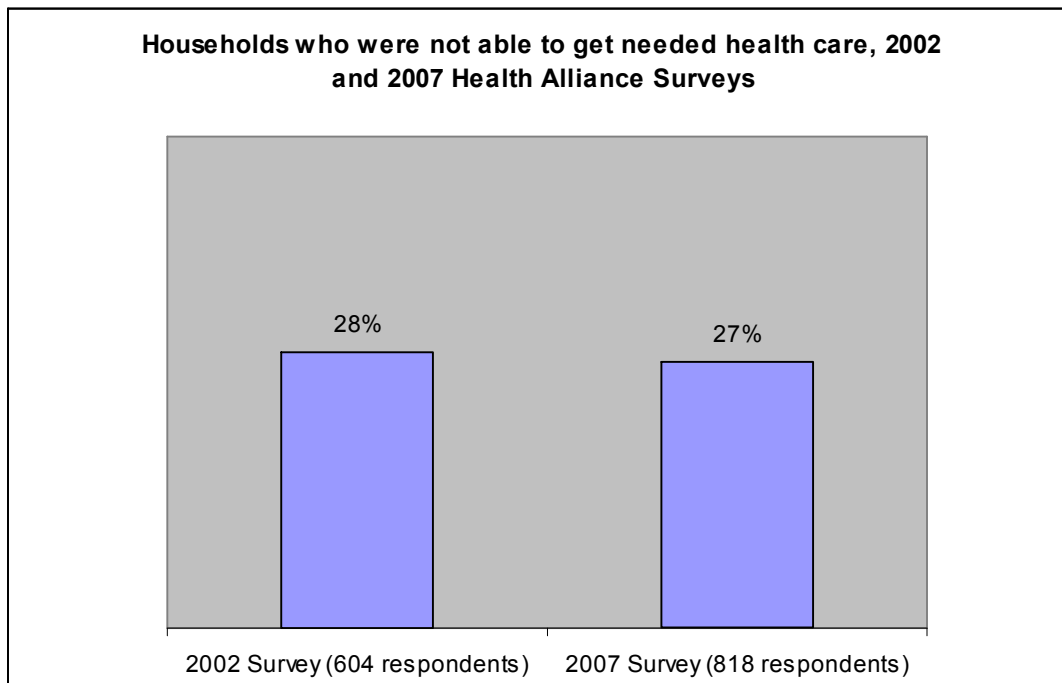
**Table VII - 1 Utilization of Health Care Service by Household Member in Last Year**

HEALTH SERVICE TYPE	SCHOOL DISTRICT OF RESIDENCE					
	APS	Bernalillo	Cuba	Jemez Valley	Rio Rancho	TOTAL
	Percent of respondents reporting that health service was used by a household member within past year					
Dentist	59%	45%	35%	26%	60%	49%
medical doctor (other than pediatrician or obstetrician)	66%	47%	36%	21%	53%	47%
hospital emergency room	28%	28%	12%	10%	31%	26%
nurse practitioner	24%	20%	20%	12%	21%	20%
Other Comm. Health Clinic	3%	22%	27%	19%	17%	19%
hospital other non-emergency	14%	22%	15%	10%	17%	18%
Physician assistant	17%	11%	14%	7%	12%	12%
Chiropractor	7%	8%	6%	17%	12%	10%
Indian Health Clinic	0%	15%	14%	7%	2%	8%
physical therapist	14%	9%	2%	5%	9%	8%
mental health specialist	3%	8%	2%	5%	11%	8%
Osteopathic doctor	3%	12%	8%	2%	3%	7%
Therapeutic masseuse	10%	5%	3%	7%	7%	6%
Midwife	0%	4%	0%	0%	6%	4%
Occupational therapist	3%	4%	2%	2%	5%	4%
speech therapist	0%	2%	6%	7%	4%	3%
Acupuncturist	3%	5%	2%	2%	3%	3%
Native American Healer	0%	5%	5%	7%	1%	3%
Herbalist	3%	3%	2%	2%	3%	3%
Homeopathic doctor	0%	3%	0%	2%	3%	2%
number of respondents	29	234	65	42	233	603

Source: Sandoval County Community Health Survey, Fall 2001

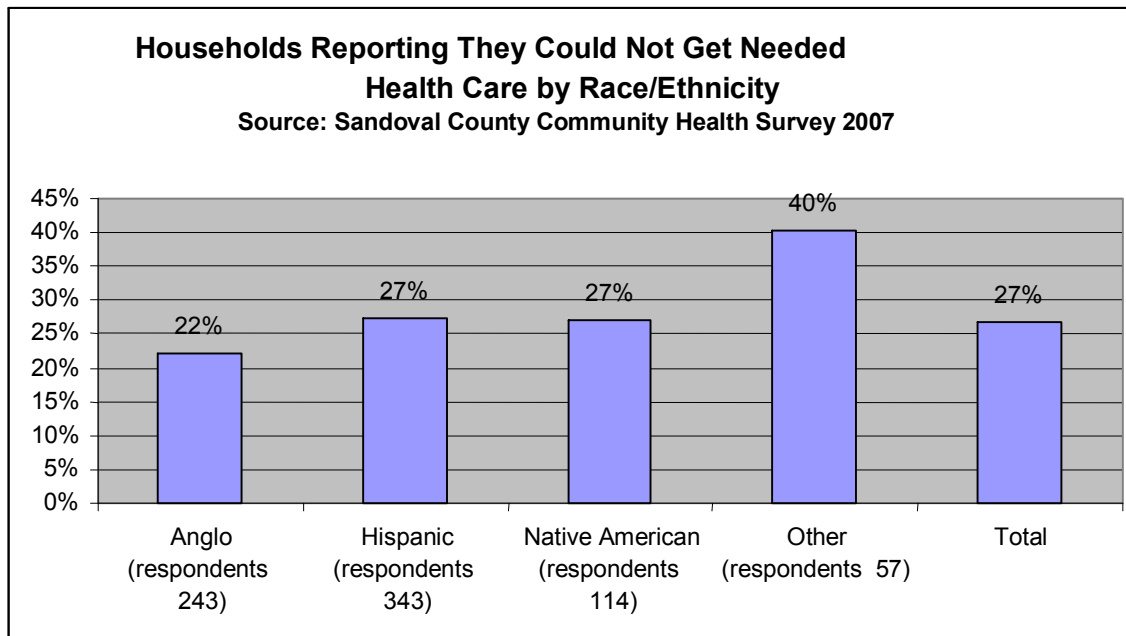
**Table VII - 2 Why Health Care Wasn't Affordable, 2001**

Why Respondents Couldn't Afford Health Care		
	#	% of respondents*
No health insurance	98	55%
Didn't have money for co-pay	70	39%
Insurance didn't cover required service	41	23%
<i>*Respondents who postponed or didn't get health care</i>	179	
Sandoval County Community Health Survey, Fall 2001		



**Figure VII - 1 Households Unable to Get Health Care 2002 and 2007**

In 2007, respondents were also asked to report if a member of their household did not get needed health care within the past year. The response was virtually the same as in 2002; 27% reported that they could not get health care (Figure VII – 1). Figure VII - 2 presents the 2007 results by race/ethnicity; a higher rate of Hispanic and Native American respondents (27% each) reported they couldn't get health care, compared to 22% of the Anglo respondents. It is important to note that in both 2002 and 2007 the survey samples were intentionally biased toward individuals that receive government income supports (including food stamps, Medicaid, Medicare, WIC, and TANF).



**Figure VII - 2 Households Reporting They Could Not Get Needed Health Care by Race/Ethnicity, 2007**

The 2007 survey respondents were also asked to identify the type of healthcare they couldn't get. Dental care (69%), physical medical care (43%), and vision care (40%) were cited the most frequently by survey respondents. It is interesting to note that greatest percent of respondents reporting that they did not receive needed dental and physical medical care came from Rio Rancho; in fact Rio Rancho residents reported the highest rate of "unmet need" in seven of the twelve health service categories included in the survey (Table VII - 4).

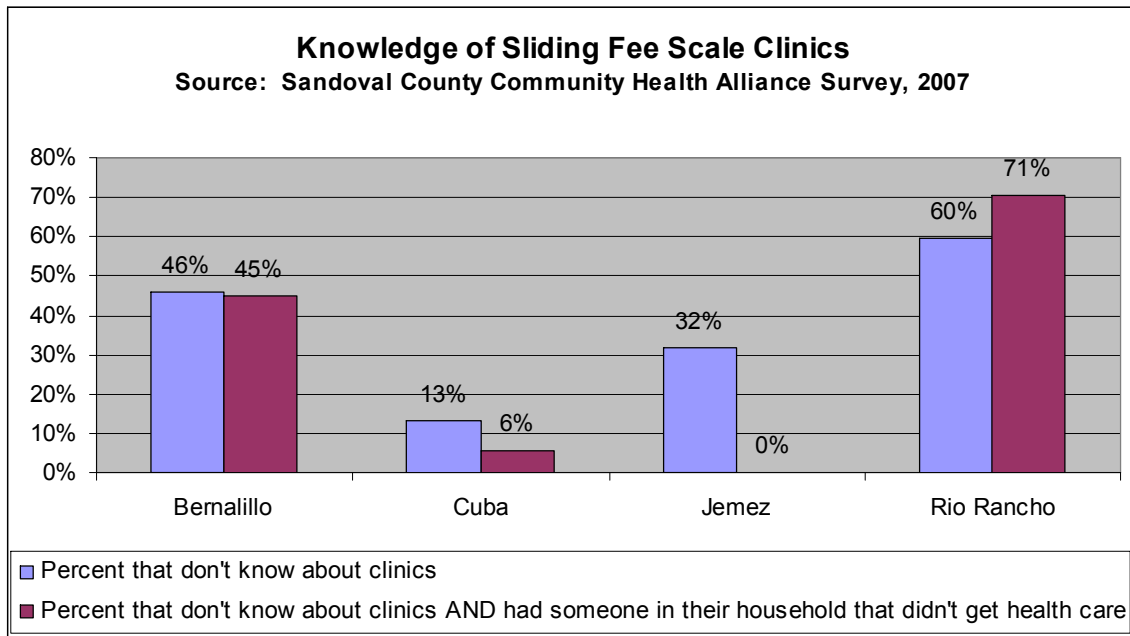
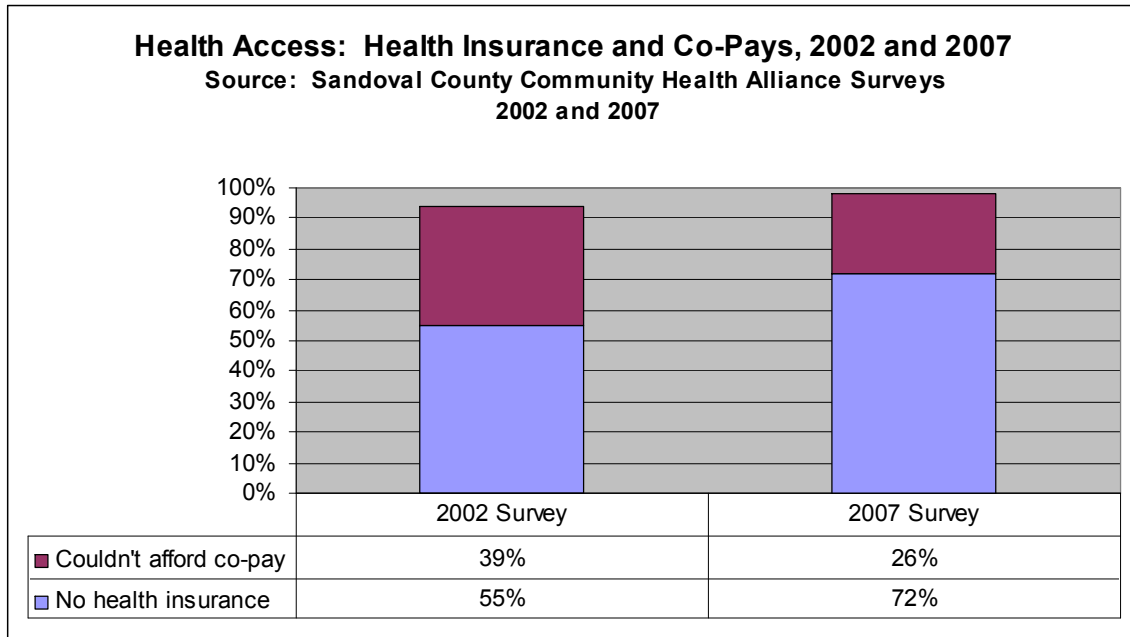
Further statistical analysis is required to determine if these differences are statistically significant. However, responses to survey questions regarding knowledge about sliding fee scale clinics supports the hypothesis that Rio Rancho residents are relatively unaware of available, more affordable services. 71% of the Rio Rancho respondents reported that they did not know about the County's sliding fee scale clinics, compared to 46% in Bernalillo, 32% in Jemez Valley, and 13% in Cuba (Figure VII - 4).

In 2002 and 2007 respondents were also asked why they did not get needed care (Tables VII-3 and VII-4 and Figures VII-5 and VII-6). There was a considerable increase in 2007 in the percent of respondents reporting that they did not receive health care services due to lack of health insurance -- 55% in 2002 and 73% in 2007. In 2007 Rio Rancho survey respondents reported "lack of health insurance" at the highest rate (79%). The percent of survey respondents reporting that they couldn't afford the co-pay decreased in 2007 as compared to 2002, from 39% to 26% (Figure VII - 3). It appears that due to the decrease in the number of insured survey respondents, co-pays became irrelevant to many residents.

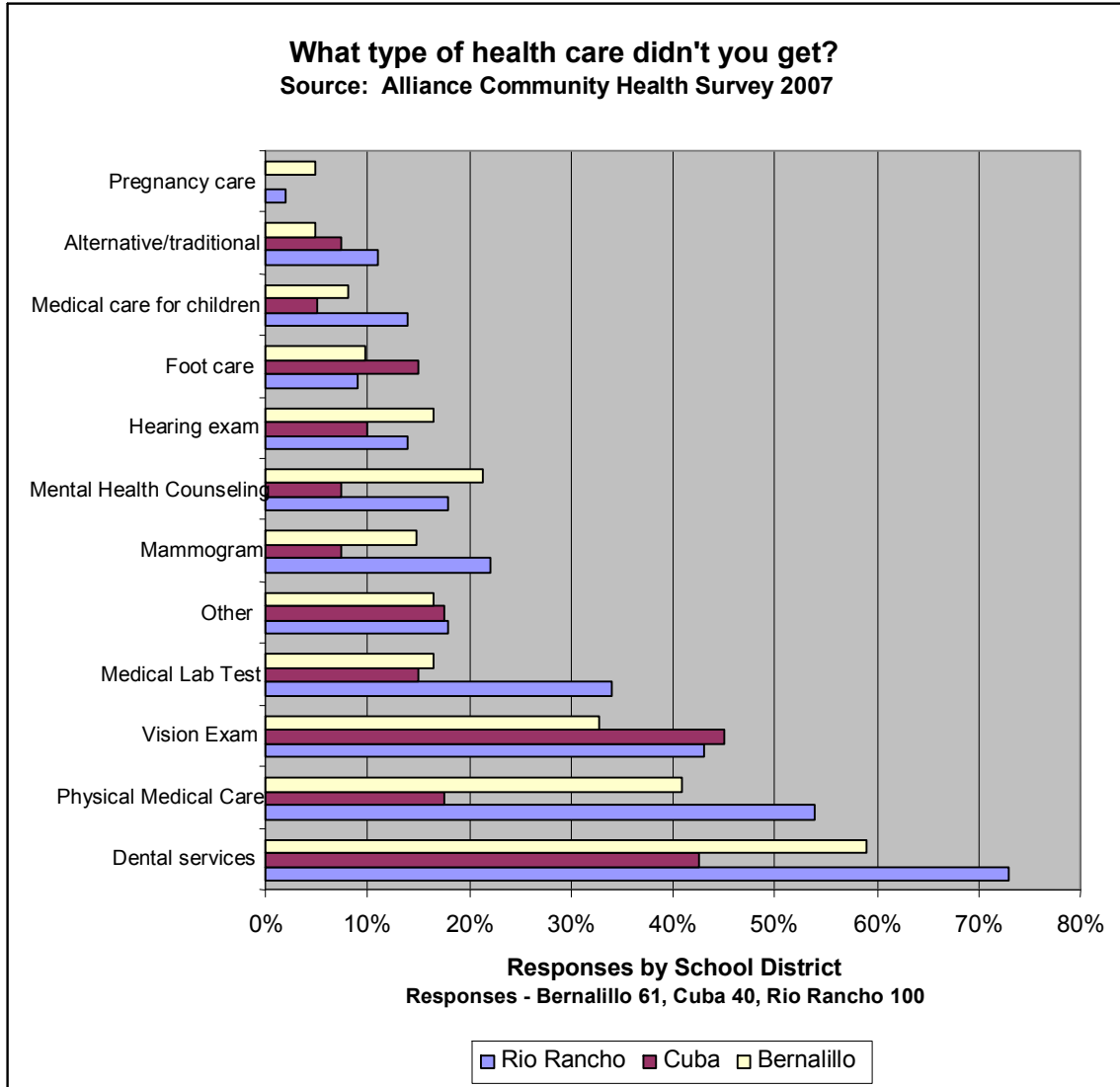
**Table VII - 3 Why Couldn't Get Health Care, 2007**

Why Resident Can't Get Health Care				
	Rio Rancho	Cuba	Bernalillo	Total
No health insurance	79%	48%	69%	72%
I couldn't afford the co-pays	28%	28%	16%	26%
Couldn't afford medication	26%	23%	25%	25%
Health insurance didn't cover needed service	18%	25%	18%	21%
There is no affordable health clinic in my area	20%	15%	16%	18%
Didn't know where to go	16%	5%	20%	15%
Couldn't afford employer's co-pay	20%	3%	5%	12%
No transportation	8%	15%	11%	11%
Couldn't get off work	7%	8%	11%	8%
I couldn't get an appointment	4%	8%	15%	8%
Too nervous or afraid	6%	3%	5%	5%
No one to take care of children	5%	3%	7%	5%
Couldn't find doctor who accepts Medicaid	5%	0%	5%	4%
Managed care hassles	1%	5%	3%	2%
Couldn't find doctor who speaks my language	3%	0%	0%	2%
Couldn't find doctor who accepts Medicare	1%	3%	2%	1%
Total Respondents	100	40	61	201
Source: Alliance Community Health Survey 2007				

**Figure VII - 3 Health Access: Health Insurance and Co-Pays, 2002 and 2007**



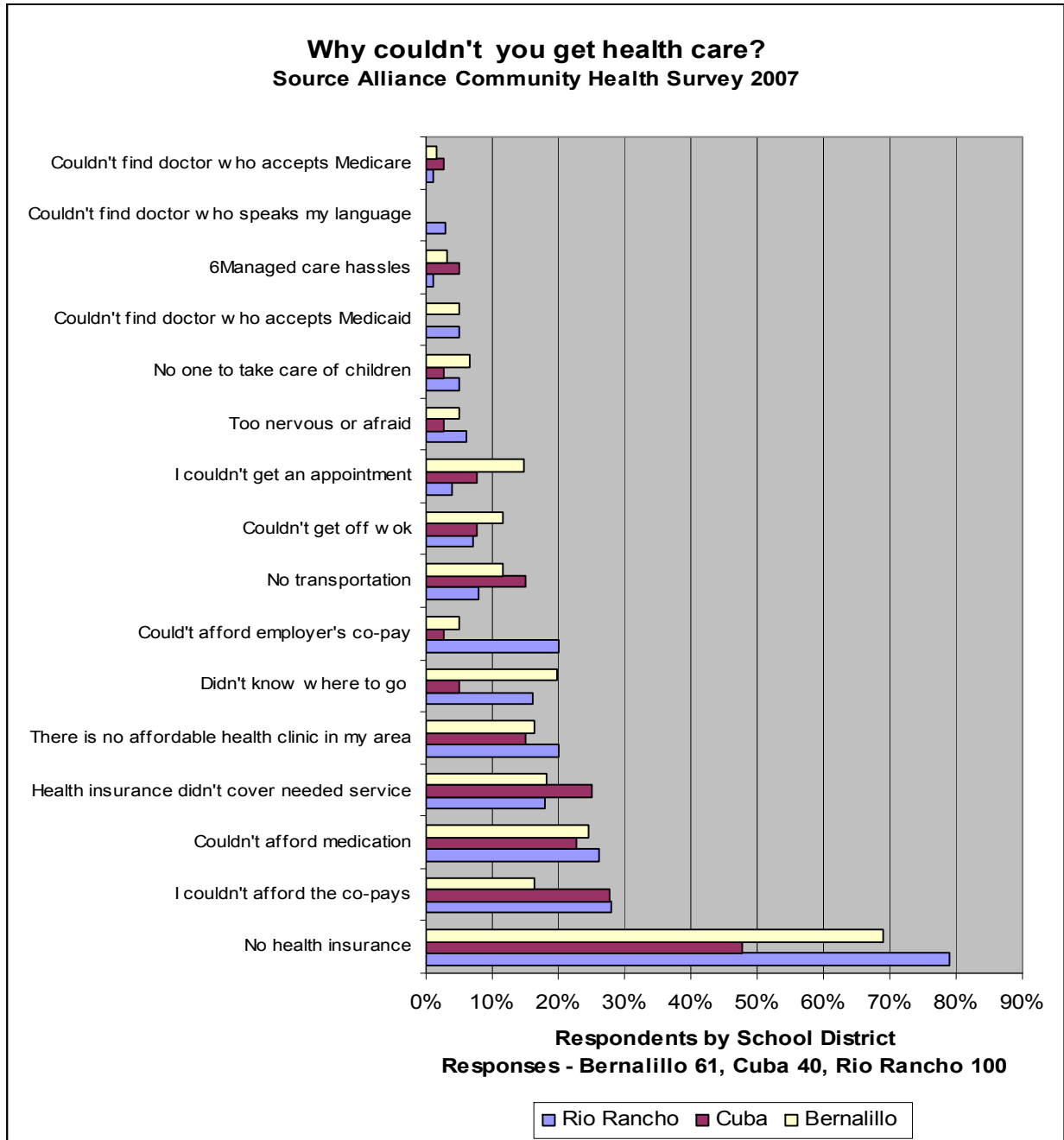
**Figure VII - 4 Knowledge of Sliding Fee Scale Clinics**



**Figure VII - 5 Type of Health Care Didn't Get in Past Year**

**Table VII - 4 Type of Health Care Households Members Did Not Get, 2007**

<b>What Type of Health Care Didn't you Get?</b>				
<b>School District</b>	<b>Rio Rancho</b>	<b>Cuba</b>	<b>Bernalillo</b>	<b>Total</b>
<b>Dental services</b>	73%	43%	59%	65%
<b>Physical Medical Care</b>	54%	18%	41%	43%
<b>Vision Exam</b>	43%	45%	33%	40%
<b>Medical Lab Test</b>	34%	15%	16%	25%
<b>Other</b>	18%	18%	16%	18%
<b>Mammogram</b>	22%	8%	15%	17%
<b>Mental Health Counseling</b>	18%	8%	21%	17%
<b>Hearing exam</b>	14%	10%	16%	14%
<b>Foot care</b>	9%	15%	10%	10%
<b>Medical care for children</b>	14%	5%	8%	10%
<b>Alternative/traditional</b>	11%	8%	5%	8%
<b>Pregnancy care</b>	2%	0%	5%	2%
<b>TOTAL (someone in family didn't get care)</b>	100	40	61	201



**Figure VII - 6 Why Respondents Couldn't Get Health Care in Past Year, 2007**

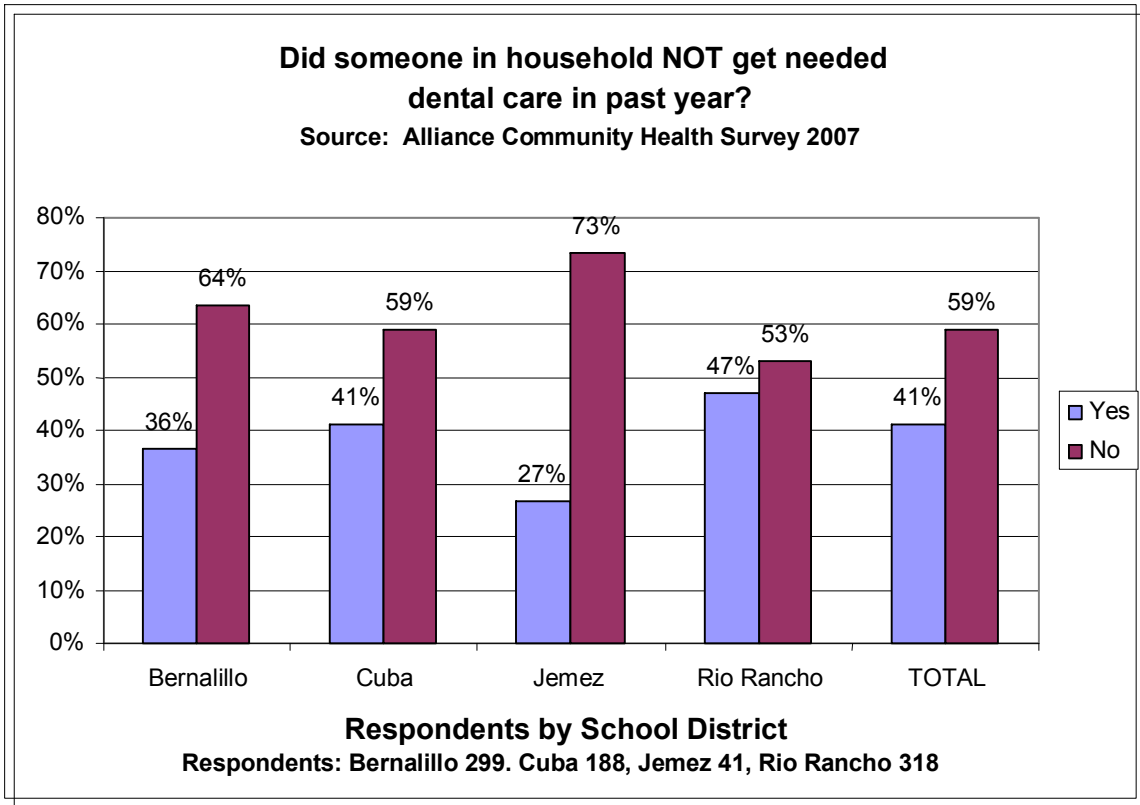
## ORAL HEALTH ACCESS

Improved access to oral health care is an Alliance priority. The Health Alliance will be doing substantial analysis of oral health access over the coming year, including an in-depth analysis of the 2007 oral health survey questions.

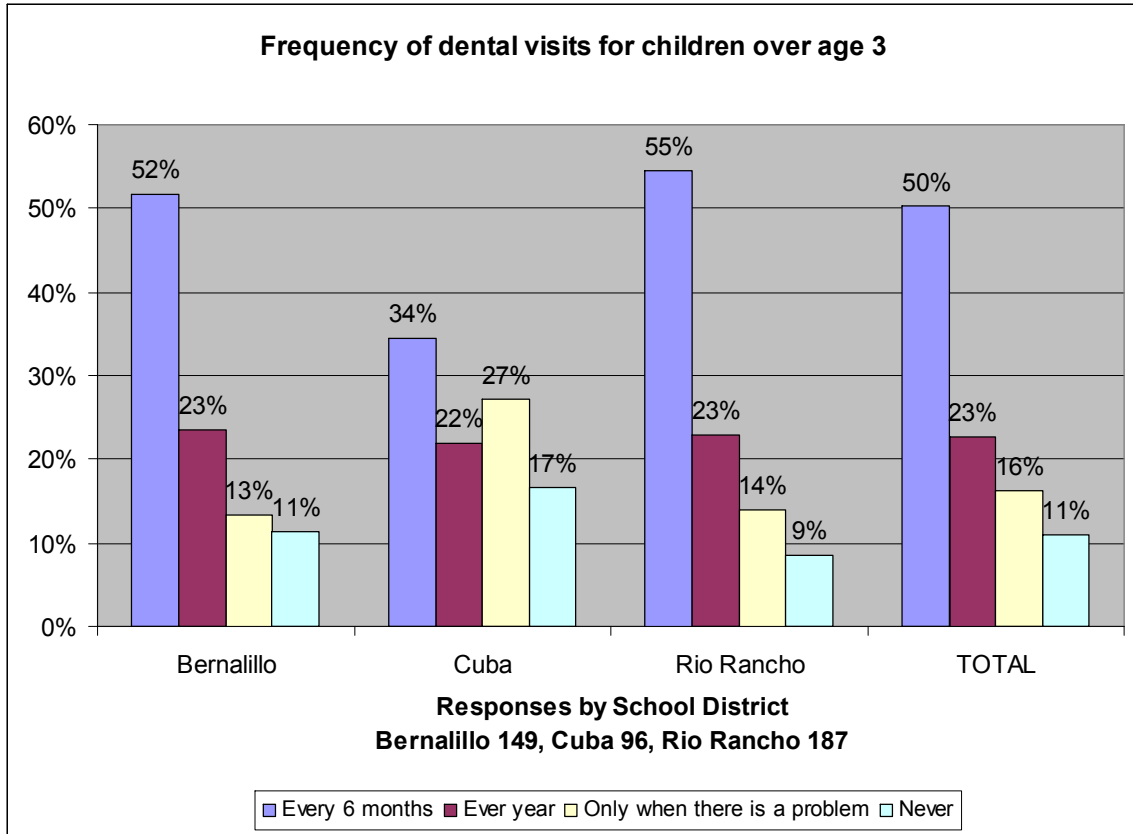
Fall 2002 survey respondents were asked if they utilized a dentist in the past year. Utilization ranged from 60% in Rio Rancho to 26% in Jemez Valley. In 2007, in addition to the general question asked about health care access, respondents were also specifically asked if someone in their household did not get needed dental care in the past year. For this question, 53% of Rio Rancho residents reported that they did not get needed care. Further analysis is needed to better understand the discrepancy between these two questions about dental care.

Other oral health access findings from the 2007 survey include (Figures VII-7 to VII-9) :

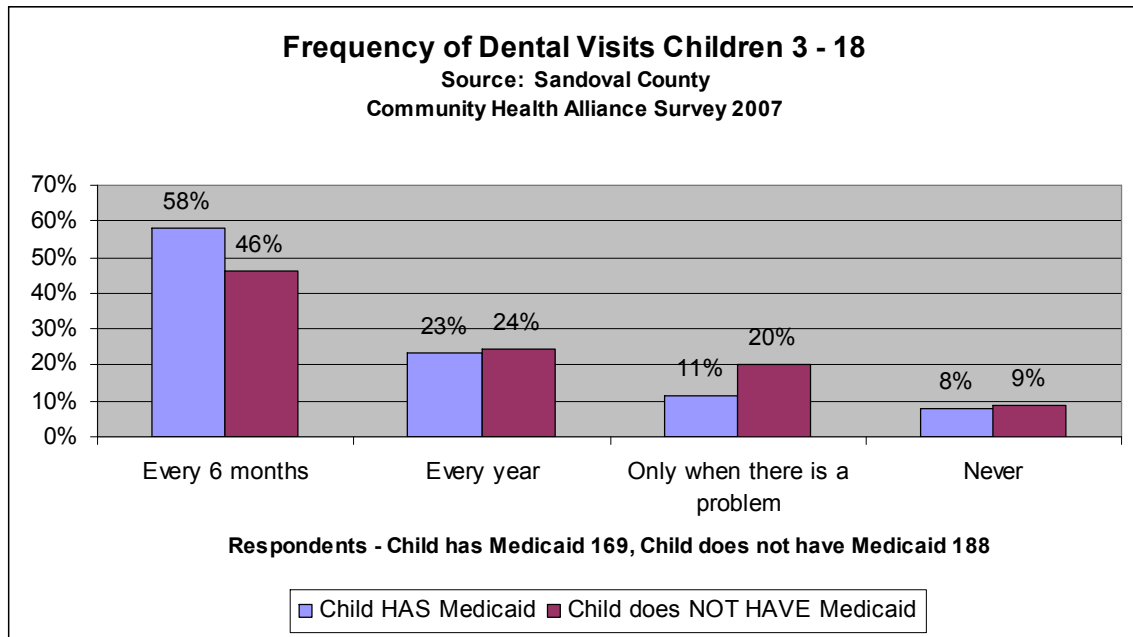
- 81% of children on Medicaid saw a dentist at least once a year, as compared to 70% of children who are not on Medicaid.
- Only 58% of children on Medicaid saw a dentist every six months, and only 41% of children not on Medicaid.
- 16% of households with a school aged children reported that a child missed school in the past year due to a dental problem.
- 23% reported that an adult in their household had missed work in the past year due to a dental problem.
- There appears to be a strong relationship between a parent's and a child's oral health.



**Figure VII - 7 Access to Needed Dental Care**



**Figure VII - 8 Frequency of children’s dental visits by School District**



**Figure VII - 9 Frequency of Children’s Dental Visits by Medicaid Enrollment**

In 2000, an estimated 15,500 of Sandoval County residents (17.3%) did not have health insurance<sup>2</sup>. Between October 2000 and October 2003, the number of County residents enrolled in Medicaid increased by 4882. However, based on national trends, many other individuals have lost their health insurance due to rising premium costs and a reduction in the number of employers who offer health insurance. The consequences of being uninsured:

- 13% of people with insurance skip recommended tests or treatments -- compared to 39% for uninsured people
- People with insurance don't fill prescriptions due to cost 12% of the time -- compared to 30% for uninsured people.
- People with insurance postpone or did not seek care for a serious condition 8% of the time -- compared to 48% for uninsured people.
- People with insurance did not take their children to see a doctor in the last 12 months -- compared to 37% for uninsured people.
- 1% of children from households with insurance are missing current immunizations -- compared to 20% for uninsured children<sup>3</sup>.

In addition to the uninsured, many people with medical insurance are unable to afford all of the health care they need. In the Fall 2001 Sandoval County Community Health survey, 24% of respondents with private insurance through a government or private employer reported that they, or a member of their household, had to postpone or not obtain health care because they couldn't afford it<sup>4</sup> (Table VII-4).

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<sup>2</sup> Demographics, Health Insurance Coverage and Employer Attitudes, 1/29/01, Economics and Analysis, Eugene Oregon

<sup>3</sup> Source: Albuquerque Journal, 10/1/01 from Kaiser Family Foundation

<sup>4</sup> 124 survey respondents reported Medicaid as their insurance. However, there was clearly some misunderstanding since virtually none of the respondents would have been eligible (only 13 respondents were pregnant.)

## SCHOOL BASED HEALTH CENTERS

The three school-based health centers located in the Bernalillo, Jemez Valley, and Cuba School District offer a great opportunity to increase access to healthcare services for the County's students. In FY 2007 the Health Alliance dedicated a Council meeting to presentations by the three school districts and discussions regarding how the Alliance can support expanding school-based health center services. This effort will continue in FY 2008. Residents of the three school districts expressed strong support for providing a variety of health care services at school based health centers (Table VII – 6).

<b>Table VII - 5 Services Which “should be” at School-Based Health Centers</b>					
<b>Source: Sandoval County Community Health Survey, 2007</b>					
<b>School District</b>	<b>Bernalillo</b>	<b>Cuba</b>	<b>Jemez</b>	<b>Rio Rancho</b>	<b>TOTAL</b>
<b>Sex education</b>	68%	82%	73%	77%	75%
<b>Dental Care</b>	74%	83%	73%	69%	74%
<b>Substance abuse counseling</b>	69%	75%	78%	76%	73%
<b>Sports exams</b>	70%	74%	78%	74%	73%
<b>Mental health and emotional counseling</b>	67%	72%	73%	76%	72%
<b>Family counseling</b>	64%	65%	61%	67%	65%
<b>Crisis care</b>	61%	64%	51%	68%	64%
<b>Medical treatment</b>	57%	63%	46%	57%	57%
<b>Health care for student's children</b>	57%	54%	51%	59%	57%
<b>Chronic disease care</b>	55%	63%	61%	54%	57%
<b>STD testing and treatment</b>	51%	59%	41%	62%	57%
<b>Giving birth control</b>	52%	56%	39%	53%	53%
<b>Pregnancy care</b>	53%	56%	41%	49%	52%
<b>Respondents to questions regarding school based health centers</b>	276	179	41	300	796
Source: Sandoval County Community Health Alliance Survey 2007					

## TELEHEALTH

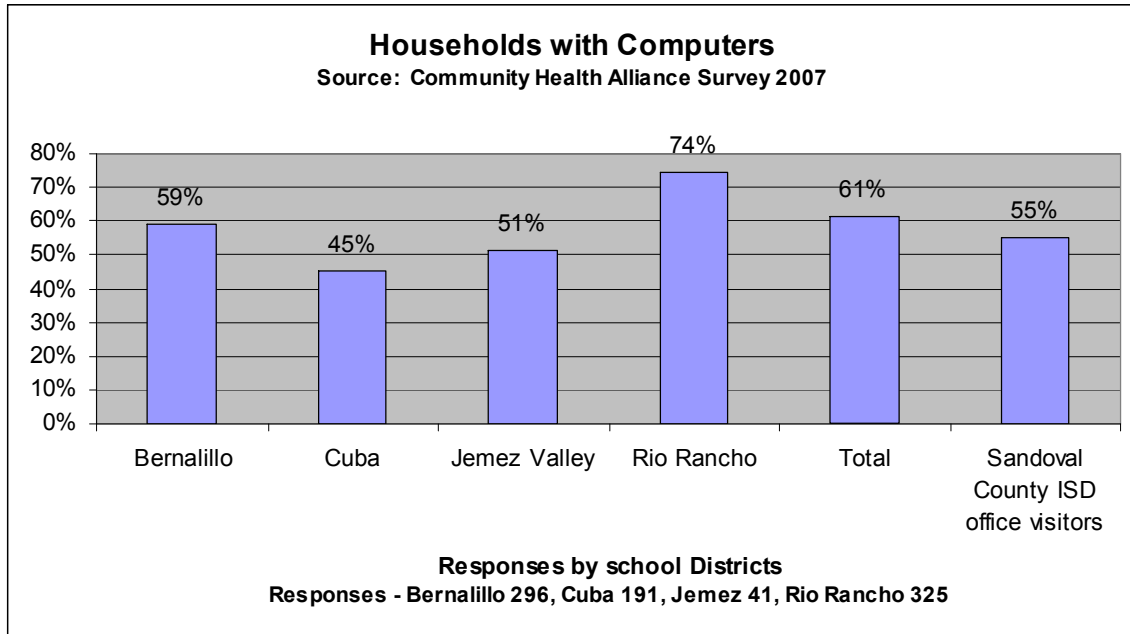
As internet service becomes available to more people and in more remote geographic areas, many new opportunities to increase access to services through telehealth initiatives. The goal of the Sandoval County Broadband Initiative is to bring high speed broadband internet service to the 3700 square miles of the County's urban and rural areas. The Health Alliance members participated in a Sandoval County telehealth study which included an assessment of potential pilot projects. A summary of the pilot projects is presented in Table VII – 7.

<b>#</b>	<b>Potential Pilot Description</b>	<b>Barriers to implementation<sup>1</sup> (excluding broadband connection)</b>	<b>Ease of Service Implementation Ranking<sup>2</sup></b>
1	Teleconference between the Health Commons and the Cuba Public Health Office to bring FSP services to Cuba area (including nutritional counseling, domestic violence, and child development services).	Low	1
3	Provide teleconference videos between youth and their incarcerated parents via the PB&J Impact program (first sites Health Commons and Bernalillo School District).	Low	2
4	Support the work of the UNM Project Pueblo Connections (PPC) to serve families of people with disabilities (first sites Family Support Centers on Jemez and Zia Pueblos).	Low	3
10	Transmit Diabetes classes from Health Commons to Rural Health Clinics and Senior Centers.	Medium	4
2	Teleconference to bring the State Income Support Division Office services in the Town of Bernalillo to the Cuba public health office, the Health Commons, and interested tribal sites with broadband connections.	Medium	5
5	Connect Sandoval County Primary Care Providers to the Broadband Cloud to Allow Participation in the UNM ECHO HEP C Consultation Program.	Medium	6
8	Integrate telemedicine into early intervention home visits	High <sup>3</sup>	7
6	Implement tele dental services between pre-school programs and Health Commons Dental Program.	High	8
7	Install audio, video and telemetry equipment in ambulance(s) in remote areas to permit communication between Emergency Medical Technicians and a physician.	High	8
9	Connect a school to a primary care clinic with school-based Telemedicine Program.	High	8
11	Home health	High	8
12	Bring New Heart Program to rural Sandoval County community	High	8
<sup>1</sup> Low = Service can begin once broadband connection and equipment is in place, High = many program barriers need to be addressed prior to service implementation. <sup>2</sup> Based on subjective assessment of how quickly services could be delivered once broadband connection and equipment are in place <sup>3</sup> The REACH program already provides these services; however there are technological issues that need to be addressed in terms of bringing broadband services to homes.			

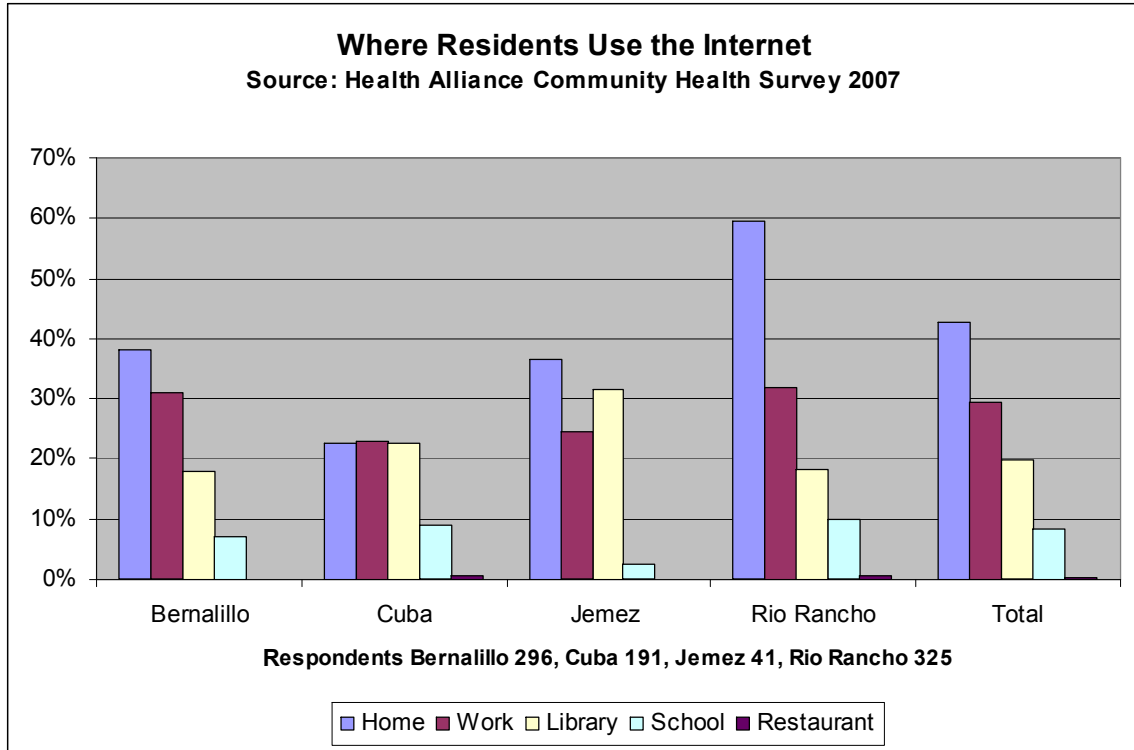
To assess County residents' accessibility to internet services, the 2007 Community Health Survey included a series of questions regarding access to and familiarity with computers and the internet. Given that the rural areas have much poorer internet access, particularly in the Cuba area, it was not surprising that the respondents from the Cuba area reported the least access to and familiarity with computers and the internet. Other findings include:

- 61% of respondents reported they have a computer in their home, ranging from 73% of the respondents from the Rio Rancho School District to 43% of the respondents from the Cuba School District (Figure VII – 10).

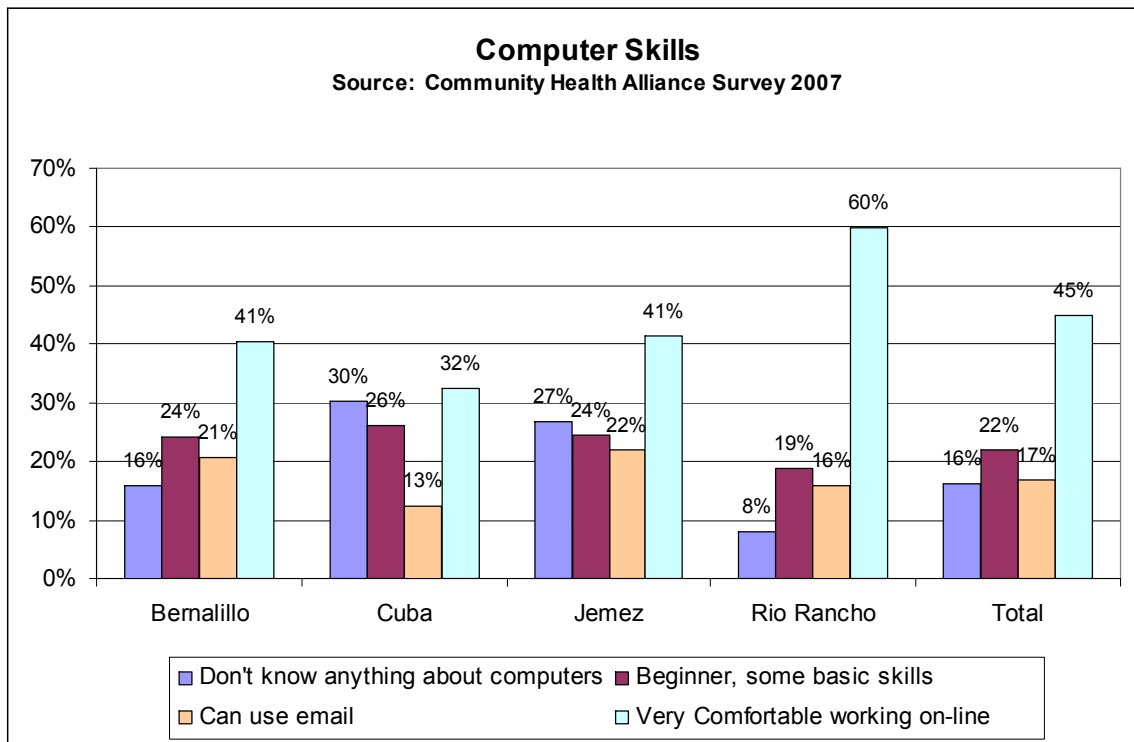
- The internet is most commonly used in respondent’s home, although there is quite a range in utilization between the school districts, with the greatest in-home usage in Rio Rancho and the lowest in the Cuba area (Figure VII – 11).
- The range of computer skills of the survey respondents also varied substantially between the School Districts, with 60% of Rio Rancho residents reporting that they felt very comfortable working on-line, compared to 32% in the Cuba School District (Figure VII – 11).



**Figure VII - 10 Household with Computers by School District**



**Figure VII - 11 Where County Residents Use the Internet**



## **STATE ASSISTANCE REQUESTED TO UNDERSTAND CAPACITY ISSUES**

There are many unanswered questions regarding the capacity of the existing community health system to meet needs. Many unanswered questions are beyond the capacity of a local health council to answer. It would be very valuable if the State could assist in providing the following information by geographic area:

- An inventory of state and federal pass-through program funds awarded to local health and social service providers, along with a description of the services provided.
- An annual summary of Medicaid and Medicare funds expended by type of services provided (e.g. primary care, dental care, transportation, etc.). This data would be most useful if provided by geographic area (zipcodes and/or communities), ethnicity, age, and gender.
- An annual summary of behavioral health services funded through Value Options.
- A breakdown of “Indigent Fund” expenditures that are outside of the control of the County’s Indigent Fund Program.