

HEALTH DISPARITIES

The VCP recognizes that health care and health improvement programs/services are not accessed equally by all Valencia County residents for a number of reasons including language barriers, cultural biases, not knowing how to navigate or not trusting the system, and transportation issues. The following health disparity populations have been identified by the council:

1. Undocumented/ Monolingual residents
2. Transitioning prison population and families of prisoners
3. Native Americans
4. Elderly

SUMMARY OF PROFILE HIGHLIGHTS & OVERALL INTERPRETATION

Valencia County is composed of rural communities and rapidly developing suburban style neighborhoods situated for the most part along the Rio Grande Valley and adjacent mesas with one outlying community in the northwest corner of the county. The population is predominantly White non-Hispanic, Hispanic, and Native American. Many resident families can trace back their presence in the County for generations. Others immigrated more recently and have become integrated into the various communities. Currently, the development of large tracts of land on the West mesas adjacent to Los Lunas and Belen have encouraged an influx of home buyers mostly from Albuquerque 20 miles to the North. Adequate infrastructure development has not been concurrent with this expansion. The older communities along the Rio Grande corridor tend to be independent and exclusive and to eschew progress (the building of another bridge across the river, the development of a hospital and health commons) in defense of their historical identities. Meadow Lake, El Cerro and Monterey Park on the East mesa and Highland Meadows to the West, along with other unincorporated communities, have historically struggled with the shortage of retail, regulatory and health services.

A review of the gaps and barriers associated with the identified areas of concern reveals several overarching themes. These are:

- Need for increased services (health care, mental health care, Prevention and treatment)
- Need to change community norms
- Need to address poverty as a core issue
- Need to increase numbers of staff, both in provider services and law enforcement
- Need for outreach to increase client and staff awareness of available services and benefits
- Need for positive role models for youth
- Need for increased numbers with insurance coverage

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- Need for sustainable funding for services
- Need for improved cross agency coordination
- Need to increase cultural competency
- Need to increase community connectedness

Some of these themes, such as poverty, are so large as to seem insurmountable, but are so intrinsic to health they must remain a constant consideration by the Valencia Community Partnership. Other areas, such as outreach and coordination, already have mobilized efforts around them which could be developed into coordinated health council strategies aimed at impacting identified health indicators. As the VCP identifies priorities for its community Health Improvement Plan based on key information from this health profile, referring back to these themes will help provide a structure around which strategies can be built.

Also important to the strategic planning process is the organizational development of the Partnership itself. Just as an annual review and update of the County Health Profile is necessary to ensure the validity of the Partnership's health improvement efforts, so too is a structured process for review and modification of council functioning. The organization cannot support the efforts of its task forces without increasing its own capacity for operational functioning, marketing of council initiatives, and recruitment of participation and membership that is truly representative of the county. This dual process of assessing, prioritizing, strategizing and evaluating both health indicators and council functioning will allow the Partnership to respond more effectively to community needs, while positively impacting long and short term health improvement aims.