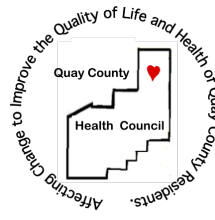
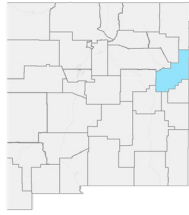


HEALTH COUNCIL COUNTY HEALTH PROFILE: QUAY

Created in partnership with the New Mexico Community Data Collaborative



Mission:

THE MISSION of the Quay County Health Council is affecting change to improve the quality of life and health of Quay County residents.

How were Health Council (HC) priorities selected?

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

How were equity indicators selected?

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

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

Equity Indicators

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

Health Council Priorities 2021

Access to Care
Child Abuse + Neglect
Cancer
Hypertension and Stroke
Obesity and Diabetes
Healthy Food and Nutrition

Fitness and nutrition
Older Adults

Youth
Race, + Injustice
Children, Youth + Individuals at Risk
Substance Misuse

Behavioral + Mental health
Alcohol Misuse + Underage Drinking
Suicide Prevention
Transportation
Veteran Services
Capacity Building

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

COUNTY HEALTH COUNCIL OVERVIEW

Population¹: 8,746
 Persons of Color¹: 46.8%
 Median Household Income²: \$29,035
 Population 25+ with HS Diploma²: 78%
 Unemployment Rate, Oct. 2021: 5.4%
 Percent below Poverty Level²: 20.4%
 Child Abuse and Neglect per 1000³: 18.5

1 - 2020; 2 - 2019; 3 - 2018

16.2%

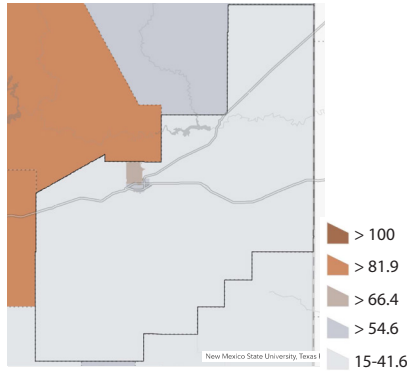
Youth in YRRS who identify as LGBTQ, 2019

4%

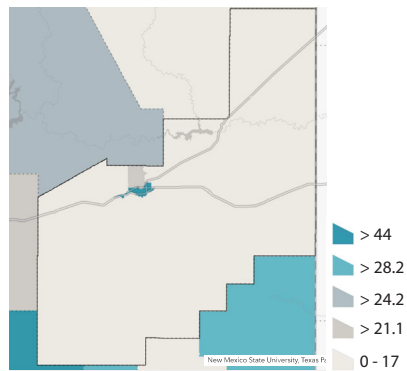
Youth in YRRS did not identify as cisgender*, 2019

93%

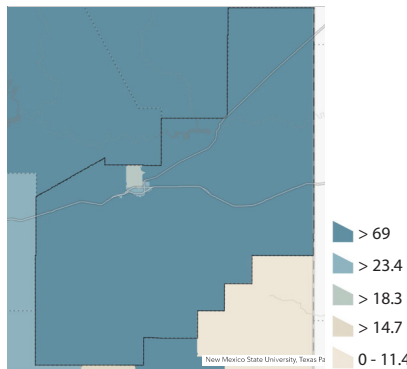
Youth in YRRS who have a caring adult outside of school, 2019



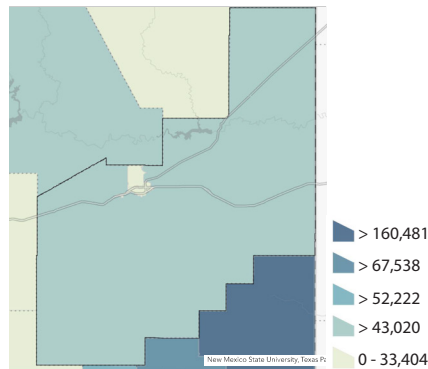
% Persons of Color, 2020



% Ages <18, 2019



% Ages 65+, 2019

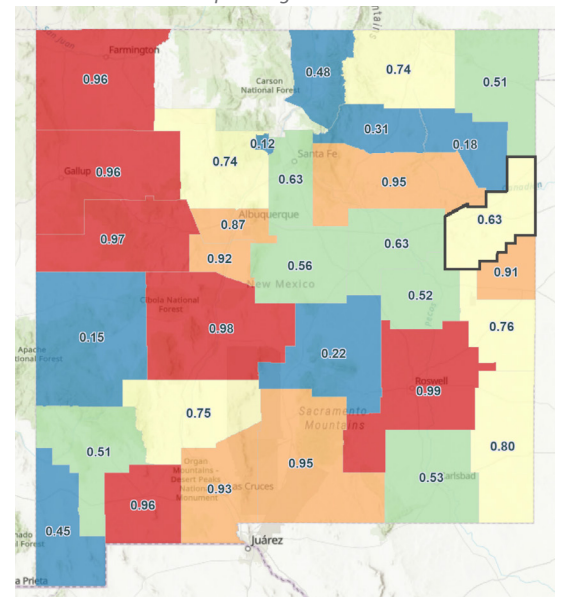


Median Household Income, 2019

<https://arcg.is/1jqDnT0>

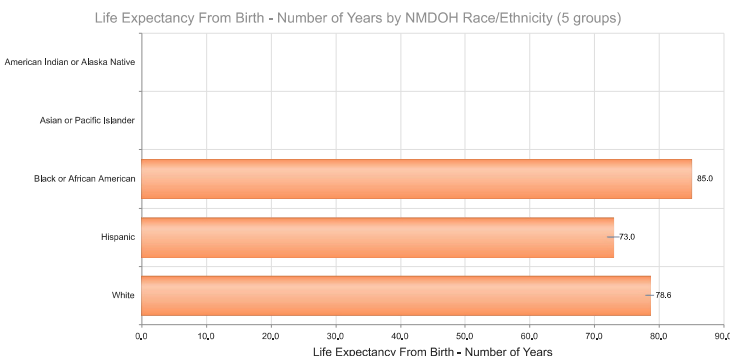
Minority Health SVI 2018_NM_CNTY

<https://arcg.is/1CrDur1>

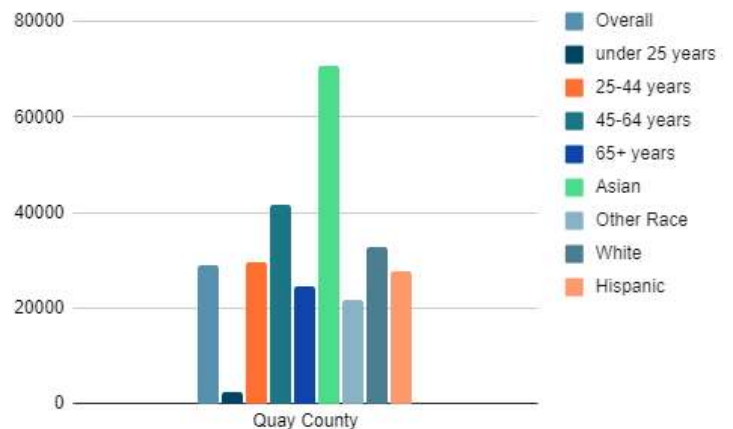


Most Vulnerable Least Vulnerable

Life Expectancy by Race, 2019



Median Household Income by Demographics, 2019



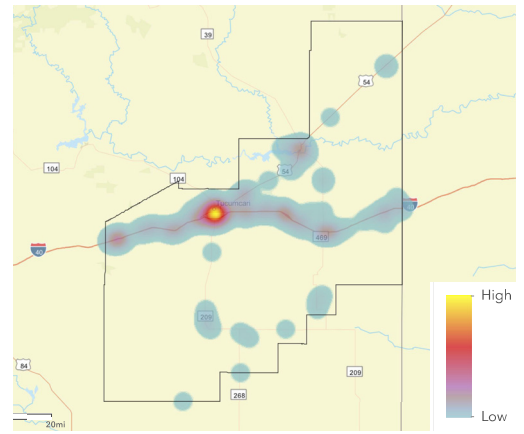
*Cisgender: Describing or connected with people whose sense of personal identity and gender is the same as their birth sex - Oxford Dictionary definition

EQUITY (SDOH) INDICATOR: BUILT ENVIRONMENT

From 2010-2020, **20% of all hate crimes** in NM occurred on **sidewalks, streets, alleyways, and highways.**

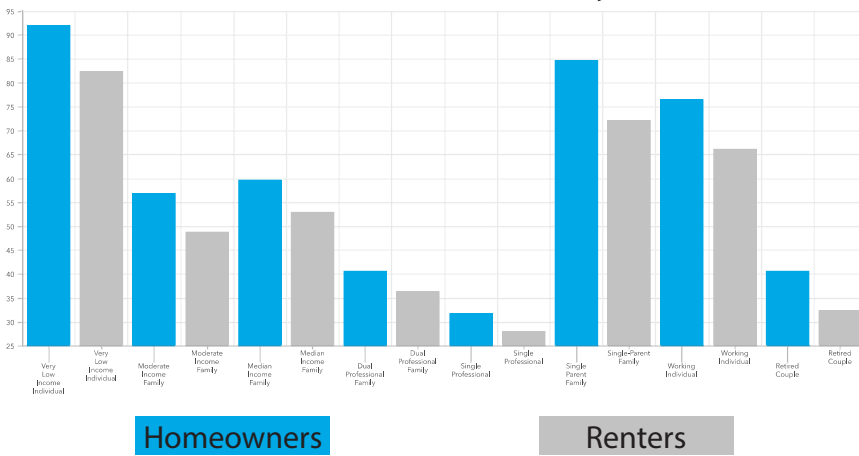
6.4%

Households without a vehicle, 2018
<https://arcg.is/nWX05>



Motor Vehicle Accidents, 2017
<https://arcg.is/1XizSD0>

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



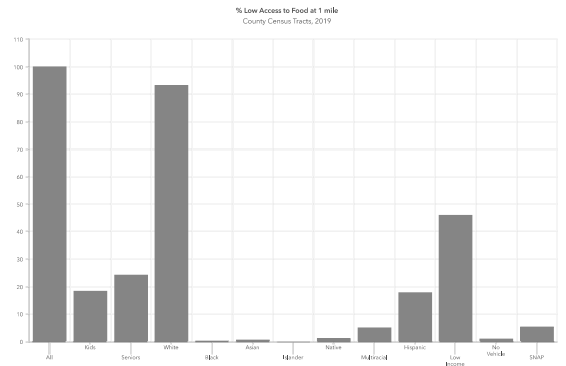
0.14/1.00

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

EQUITY (SDOH) INDICATOR: FOOD

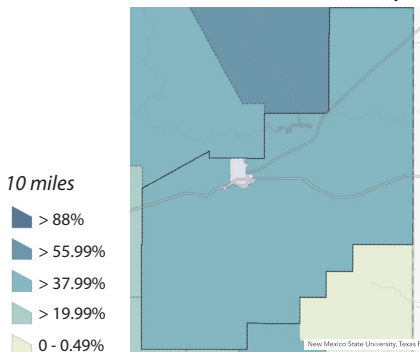
- Adults with Obesity³: 27.3%
- Adult Diabetes Prevalence³: 10.3%
- Stroke Prevalence in Adults¹: 3.2%
- Heart Disease Prevalence in Adults¹: 6%
- Number of Fast Food Restaurants²: 7
- Number of SNAP Retailers¹: 15

1 - 2019; 2 - 2018; 3 - 2017



Maximum Low Income Low Access Populations across Census Tracts in County, by Demographic, at 1 mile, 2019

% Low Access Low Income, 2019



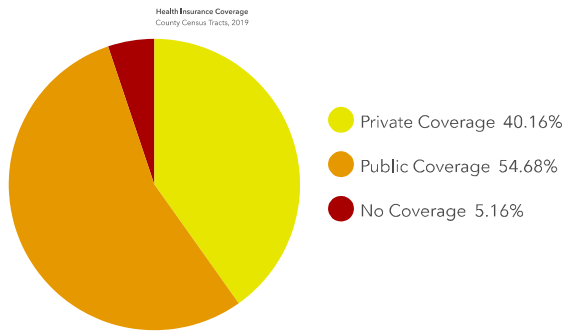
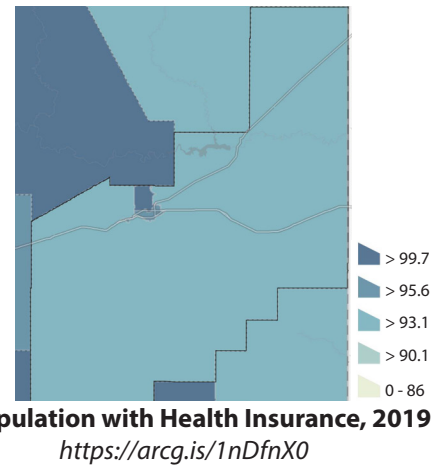
% Low Access Low Income at 10 miles, 2019
<https://arcg.is/G8imH>

High School Youth Physical Health Factors, YRRS, 2017

- Overweight or Obese: 39.5%
- Daily PE in School: 6.5%
- Exercise Daily: 34.2%
- 5 Servings of Fruit or Vegetables/day: 11.8%
- Daily Soda: 18.8%
- 3+ hours/day of Screen Time: 51.7%

EQUITY (SDOH) INDICATOR: HEALTH CARE ACCESS

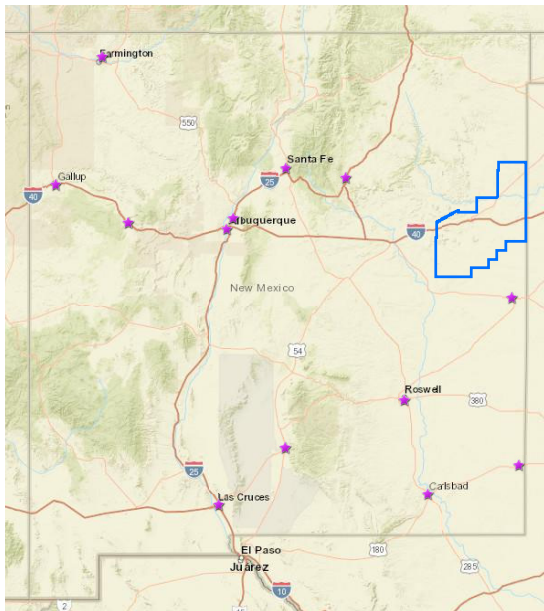
Quay County's Health Professional Shortage Area (HPSA) has a score of **15 (medium priority for assignment of Clinicians)**. The number of full-time equivalent (FTE) practitioners needed in this HPSA is 1.21. There are currently 1.50 practitioners providing ambulatory patient care. In this area, 20.3% of the population is below the poverty level out of a designation population of 8,143. This area was designated as an HPSA on 11/1/2021 and last updated on 11/1/2021.



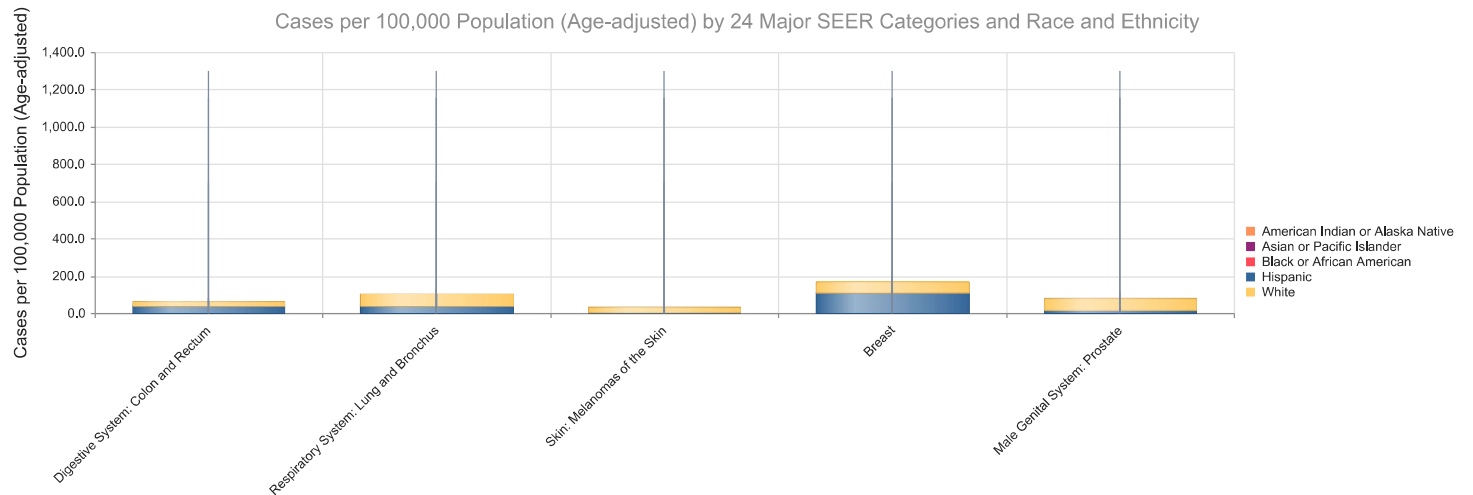
WHAT IS CULTURAL COMPETENCE IN HEALTH CARE?

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

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



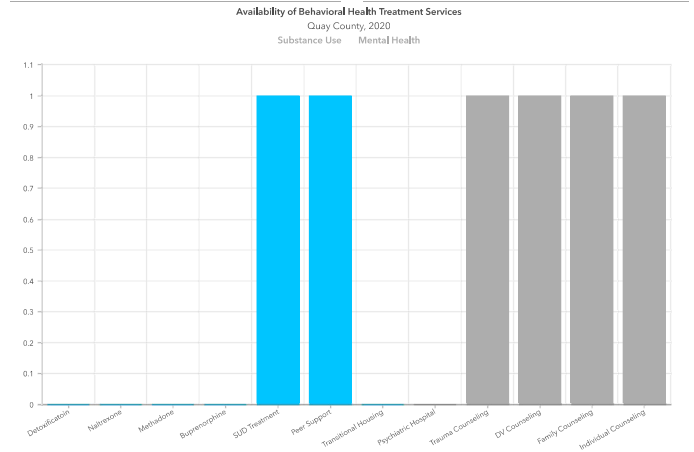
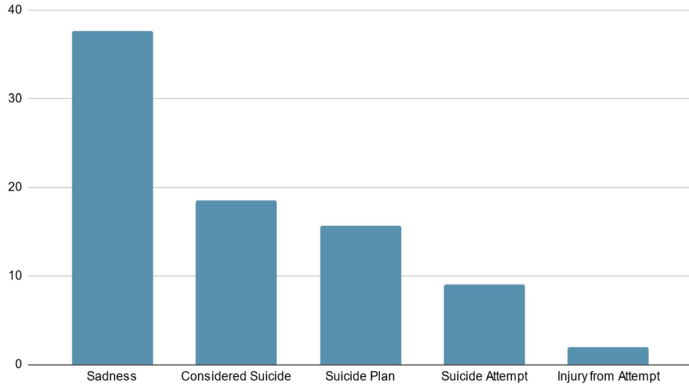
Cancer Incidence by Top 5 Site in NM by Race/Ethnicity, Crude Rate per 100,000, Quay County, 2016-18



EQUITY (SDOH) INDICATOR: MENTAL & BEHAVIORAL HEALTH

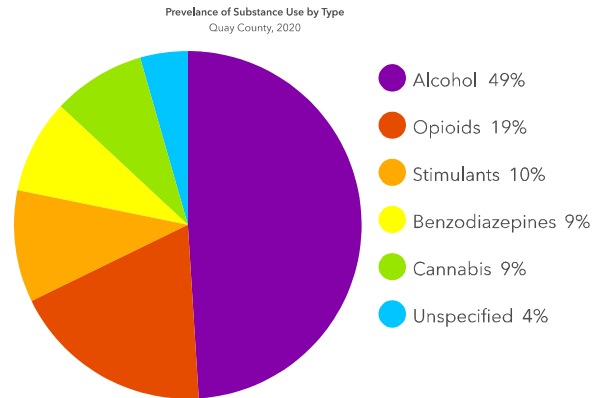
17.6%
Of Adults experienced
Depression in 2019

High School Youth Mental Health, % Responded Yes, 2017
Quay County

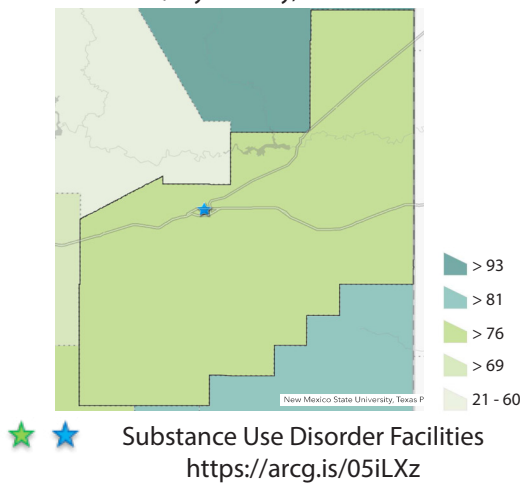


38.43
Deaths from Suicide per
100,000 persons, 2019

7
Alcohol-related Crashes in 2017



% of people with a SUD who need treatment
Mental and Behavioral Health, Demand & Services,
Quay County, 2021



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

