

Sandoval County Asset Mapping Pilot Project 2016/2017: Synthesis Report

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Background

Health care spending in the United States (US) rose to over \$9,000 per capita in 2013, prior to implementation of Medicaid expansion and Marketplace insurance plans as part of the Affordable Care Act (ACA) of 2010. This represented over 17% of the Gross Domestic Product (GDP) and continued to exceed 13 other high revenue nations by a substantial margin.¹ In 2016 the upward trend continued with per capita spending increasing by 5.8% to \$9,990 per person and accounting for 17.8% of GDP. The Centers for Medicare and Medicaid Services (CMS) predict that by 2025 health care spending will account for 19.9% of the GDP.²

The size of the investment and the paradoxical results of lowest life expectancy, highest infant mortality rate and highest prevalence of chronic disease compared to the same nations³ have contributed to an increased emphasis on population health in the US. The ACA, Healthy People 2020 and the Health Systems Innovation Initiative, funded in New Mexico by the Centers of Medicare and Medicaid Services, all emphasize improved population health through increased wellness. Population health in rural Sandoval County has become a priority for the Sandoval County Health Council. In addition to an updated county needs assessment, in 2016 and 2017 the SCHC has pursued an asset mapping project to more fully understand how local community assets may be more effectively leveraged to meet priorities identified in those communities.

Sandoval County, 3716 square miles in size, has a population of 139,394 (US Census bureau estimate, July 2015). The population is diverse, with geospatial characteristics influenced by the social determinants of health including education, income level, race and ethnicity, employment and urban compared to rural environments. The County is home to a significant Native American population spread over a large geographic area and includes all or parts of the Jemez, Cochiti,

¹ Commonwealth Fund US Healthcare from a global perspective <http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective>, October 8, 2015

² CMS.gov, NHE fact sheet, March, 2017 <https://www.cms.gov/research-statistics-data-and-systems/statistics-trends-and-reports/nationalhealthexpenddata/nhe-fact-sheet.html>

³ Commonwealth Fund, US Healthcare from a global perspective <http://www.commonwealthfund.org/publications/issue-briefs/2015/oct/us-health-care-from-a-global-perspective>, October 8, 2015

San Felipe, Santo Domingo, Zia, Laguna, Sandia, San Ildefonso, Santa Clara and Santa Ana Pueblos, two Navajo chapter houses and a portion of the Jacarilla Apache Reservation. Data from the more densely populated and economically prosperous Rio Rancho area significantly influences the County wide data, thereby creating a challenge in identifying the extent to which data-substantiated health needs exist in more sparsely populated, rural areas of the County.

Affordable Care Act Enrollment and demand for services in Sandoval County

The Affordable Care Act and Medicaid expansion in conjunction with the Centennial Care 1115 demonstration waiver, beginning in January,2014, have already and will continue to have a major impact on demand for community-based as well as in-patient health care in Sandoval County. Sandoval County has experienced a 43% enrollment increase of previously uninsured Medicaid eligible and a 23% enrollment increase of previously uninsured Marketplace plan eligible. This represents a 69% increase, through 2014, in those now covered by insurance who were previously uninsured in the County. Thirty-four percent of the newly enrolled are ages 55-64 and 15% are under age 26.⁴

Sandoval County 2013-2014 Change in Hospital Payer Status

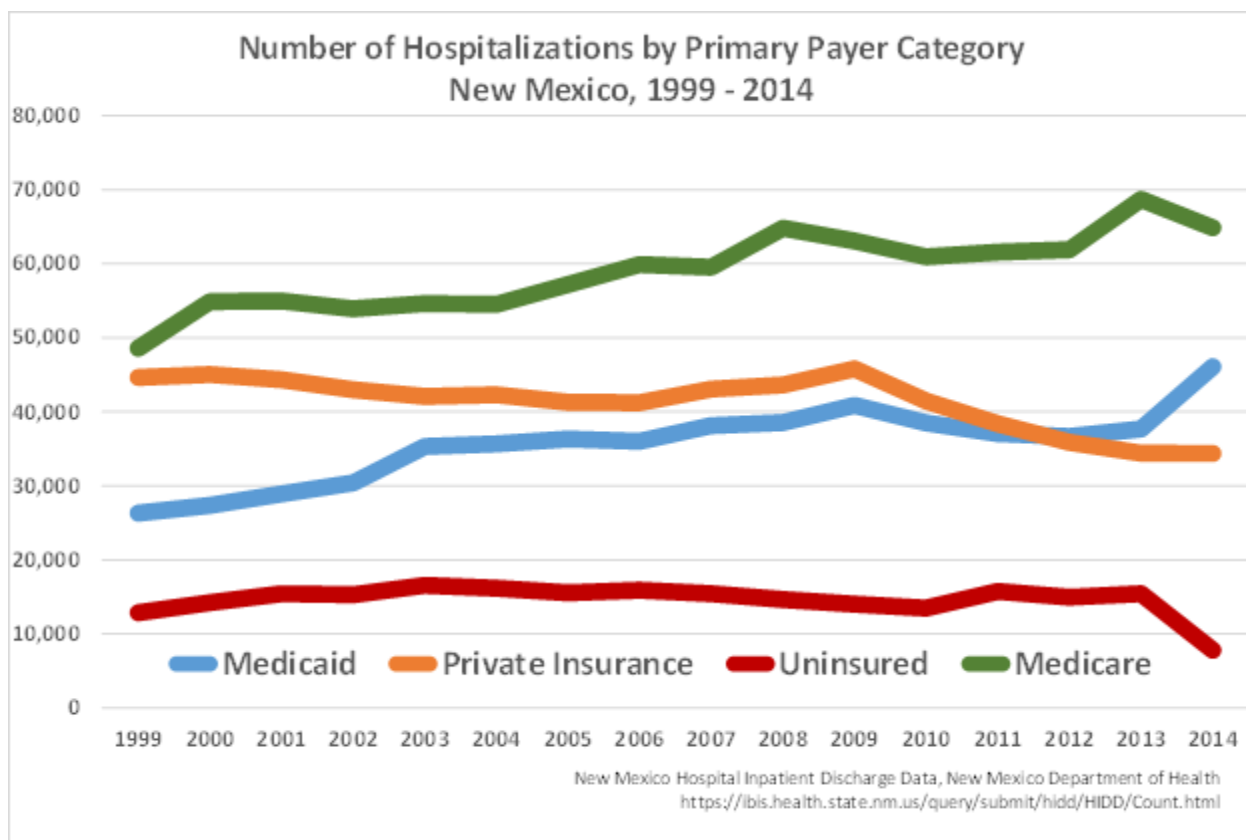
Patient Insurance	% Hospitalization by primary payer
Private Insurance	Decreased .18%
Medicaid	Increased 43.97%
Uninsured	Decreased 52.80%

Sandoval County Insurance Enrollment increase through 2014 for Medicaid and Marketplace

Insurance Type	Sandoval % Increase
Medicaid	43%
Marketplace	23
Total	69%

New Mexico Department of Health: IBIS ibis.health.state.nm.us Community Data Collaborative <https://nmcdc.maps.arcgis.com/home/>

⁴ Community Data Collaborative <https://nmcdc.maps.arcgis.com/home/>



The ACA includes new options through Managed Care Organization (MCO) enrollment for Native Americans with Medicaid eligibility set at 300% of the Federal Poverty level which provides choice for Sandoval County’s Medicaid eligible Native Americans between existing Indian Health Service referrals and MCO Medicaid. While revenue from more insured patients has been helpful to hospitals and Federally Qualified Health Centers (FQHCs), providers, will likely face an increase in demand for patient services, particularly given the increase in older enrollees. This increase in volume may increase pressures on health care providers, particularly given provider shortages that impact Sandoval County outside of the Bernalillo/Rio Rancho and adjacent Albuquerque urban areas.

New Mexico Provider Shortages (2015) compared to 2015 National Benchmarks

Provider Type	Number Short per National Benchmarks
Primary Care MD	145
Advance Practice Nurse	197
OB-GYN	43
Psychiatrist	109
Dentist	73

New Mexico Health Workforce Committee, October, 2015 report

The demand for service increase accompanied by a decrease from 100% through 2016 to 90% by 2020 in funding from the Federal Government for expansion Medicaid enrollees and

continuation of a 30% State contribution for those previously enrolled in Medicaid has created a budget crisis at the State level based on the need to provide an additional \$80M in State funding in 2017 required to match Federal Medicaid funding of over \$400M. Between January, 2014 and March 2015 New Mexico received over \$2.8B in Medicaid payments for new enrollees from the Federal government.⁵

New Mexico Department of Health

Equity is a key population health principle and a priority for the New Mexico Department of Health (DOH). The DOH has defined health equity as providing the opportunity for all population groups to attain access to health care and outcomes that maximize their potential for health. The DOH partnered with the New Mexico County and Tribal Health Councils in the Health System Innovation Initiative, funded by a Center for Medicare, Medicaid Services (CMS) grant. The goal was to redesign the State's health care systems, including hospitals and community based facilities to increase collaboration and efficiency with a focus on population health. Objectives included increasing health insurance enrollment and improving access to primary care, behavioral health, oral health and specialty care throughout New Mexico, especially in underserved, rural areas with high-risk populations, including tribal lands.⁶

Sandoval County Priority Community Health Needs:

- ❖ Access to Health Care
- ❖ Mental and Behavioral Health
- ❖ Preventive Services/Chronic Care Management
- ❖ Nutrition, Physical Activity and Obesity
- ❖ Health Literacy and Wellness
- ❖ Communities Collaborating around Health

Strengths and Strategies to Address Health-Related Challenges in Sandoval County:

- Sandoval County Health Council's commitment to data based decision making with the goal of improving access, utilization and outcomes for community members in all areas of the County
- Sandoval County Community Services program is consistent and reliable and includes services in some rural communities.
- Resiliency and family and community connectedness characterize the rural communities within Sandoval County.
- Increasing awareness of the desirability of inter community cooperation and partnership, including both public and private sectors and Native American communities to address challenges and build on "assets" more effectively and more affordably.

⁵ New Mexico Health and Human Services, May, 2016

⁶ New Mexico Department of Health, 2014-2016 Strategic Plan <http://nmhealth.org/publication/view/pl>

- Health care facilities and programs, including health care worker training and health literacy outreach that focuses on elementary school children throughout the County that leverage resources and are based on partnerships continue to expand in the Bernalillo/Rio Rancho urban areas.

Sandoval County Asset Mapping Pilot Project

Asset mapping is a process that was developed by two community activist/faculty members at Northwestern University in 1993. This process focuses on how community capacity building can result in outcomes that are a better fit and more sustainable when initiatives are based on input from within a community rather than superimposed from out-of-community perspectives. Skills and capacities of residents along with strengths of local organizations, public institutions, businesses, infrastructure in place, local economy and the physical characteristics of the surrounding environment are all assets or, if currently underutilized, potential future assets. This process has been applied in urban community settings and has utilized focus group assisted with computer mapping technology to facilitate participant identification of physical and other asset locations.⁷ While this technology facilitated approach may not be an optimum fit for rural communities, the concepts of “when” to use asset mapping apply. Asset mapping is useful in identifying existing resources and can provide important guidance for new program start up as well as ongoing program policy decisions. Additionally, it is a way to mobilize community members and encourage involvement.⁸

Pursuing asset mapping in Sandoval County was a recommendation included in the 2015 Sandoval County Community Assessment, which the SCHC has pursued in 2016 and 2017. Because of the diverse geospatial and demographic characteristics of Sandoval County, the SCHC provided direction to develop a community capacity building process designed to focus specifically on rural communities. As a result, the format developed in the original Northwestern University asset mapping models has been modified and a pilot model developed with the goal of facilitating asset identification. The model includes four components: community specific demographic data, identifiable physical/infrastructure/program resource assets as well as input from local “gatekeepers” and from a range of “grassroots” community members in rural Sandoval County.

The goal of this asset mapping pilot project is to develop a process that focuses on asset identification in small rural communities and looks for community directed ways to increase interest and focus on how community leadership, public and private, and community members can work more effectively to increase the potential for positive community outcomes. The process is based on a philosophy of respect for the culture and insights of those living within a

⁷ Kreutzmann, J, & McKinght, J, Building communities from the inside out. Institute for Policy Research. Published 1993

⁸ UCLA Center for Policy Research, http://healthpolicy.ucla.edu/programs/health-data/trainings/Documents/tw_cba20.pdf

community as well as a recognition of their responsibility to identify community goals and assets already in hand that can be built upon. The project output is to develop a process that gathers community based input regarding how to create opportunities, or enhance efforts already underway, through which communities can take charge of identifying and moving toward their own goals by identifying and utilizing assets and developing viable, available partnerships rather than focusing on limitations and depending on prepackaged initiatives offered from outside resources, that may not work with community uniqueness or be sustainable over time. In addition, data obtained from this pilot will provide recommendations for process modification and improvement.

Asset Mapping Reports, Sandoval County, New Mexico, 2016 and 2017

As part of the 2016 and 2017 asset mapping project the following activities and reports have been completed:

- Sandoval County Asset Mapping Survey Plan (Appendix A)
- Sandoval County Asset Mapping Data: Cuba and Pena Blanca (Appendix B)
- Sandoval County Community Capacity Building Events: Cuba and Pena Blanca (Appendices C & D)

Summary: Sandoval County Asset Mapping Community Survey Plan (full report Appendix A)

This report identifies and details the components of the pilot process plan that create the groundwork for community based input, including: Demographic data at the community level, assessment of physical assets and resources and input from leaders and “gatekeepers”. Tools for data gathering and formatting are also included as follows:

- Community demographic information recorded in table format
- Structured walking/driving survey to observe physical and infrastructure assets recorded in a table format identifying infrastructure and physical assets.
- Interview guide to structure conversations with a range of community leaders and members to record their view of community assets.
- Local informants’ information summary.

These four components give a range of perspectives including both quantitative and qualitative data and are intended in combination to provide a range of community asset perspectives that lay the groundwork and context for input from a broader range of community members regarding their perspective of the assets in their community. The opportunity for this community capacity building input is most likely in conjunction with an ongoing or special community event that brings a broad range of community members together.

(See **Appendix A for the full report** of the Sandoval County Community Asset Survey Plan, completed April 30, 2016).

Summary: Sandoval County Community Asset Mapping: Cuba and Pena Blanca (full report Appendix B) This report uses the format and tools developed in the Sandoval County Asset Mapping Survey Plan to present demographic data, observation of physical and infrastructure assets and input from community leaders/ “gatekeepers” specific to Cuba and Pena Blanca.

Cuba:

Resource and infrastructure assets include:

Schools (Head Start through high school), churches, Sandoval county services for seniors and Sandoval County Fairground. Roadrunner provides a monthly food pantry. PMS provides services in Cuba at the SBHC and in satellite locations and there is a dialysis clinic. Numerous recreational activities are available in the adjacent National Forest and Wilderness areas. Industry and jobs are limited although some tourism related businesses exist, including fast foods and convenience stores with gas stations. A number of buildings are not in use and in need of repair.

A summary of key informant input specific to Cuba included:

Challenges in developing/using community assets

- Long-time community members slow to accept change for example, reluctant to upgrade deteriorating buildings
- Significant incidence of chronic health conditions, including obesity, Type II diabetes and subsequent kidney disease requiring dialysis
- Significant incidence of mental illness and substance abuse, heroin use and suicide increasing
- Health Literacy: Nutritional education needed. High nutritional value food access and preparation knowledge gaps
- Health Literacy in Schools: Personal responsibility, Sexually transmitted disease, birth control, substance abuse, mental health support
- Small Community size causes confidentiality concerns when seeking treatment

Successes in developing/using community assets

- Nacimiento Foundation umbrella for a variety of community service activities: Safe walking/trails, Food Bank, Farmers’ Market, Community Garden, Family support
- Public Health Office: Open, safe, nonjudgmental assistance re substance abuse, birth control. Sexually transmitted disease
- Sandoval County programs and services
- UNM Prevention Office, data compilation, program development

Suggestions for improving use of assets, underutilized assets

- Leadership role of Town government, Mayor
- Expand town’s incorporated area to increase tax base
- Expand year round use of Sandoval County Fairgrounds
- Expansion of internet and cell phone technology to area around Cuba

- Expansion of opportunities for telemedicine

Existing Collaborations, partnerships. How are they working?

- Good collaboration reported & observed among town government (Mayor), Sandoval County, Nacimiento Foundation, Public Health and Public Schools, PMS clinic “Prom Scare” program is a good example of school based health center and public health programs cooperating

New collaboration opportunities that could be helpful

- Increased role for private sector/business community
- Increased role for town government
- Town/County increased collaboration
- Increase collaboration regarding importance of nutrition education and access
- Health literacy program expanded in schools/Explore pilot implementation with Sandoval Economic Alliance

Pena Blanca

resources and infrastructure assets include:

Elementary and middle schools located on Cochiti Pueblo, Bernalillo High School

Catholic and Baptist churches

Library operated by volunteers

Community Recreation Center: major activity center for youth and gathering place for community, operated by, Sandoval County Irma Gonzales, supervisor.

Senior services limited to food delivery, up until 2014 had senior center meals (stopped due to lack of volume)

3 food banks: Roadrunner, Cochiti Middle School, St Vincent de Paul

Limited employment opportunities

Recreational activities on adjacent Pueblo land

Businesses limited: Small grocery and one bar,

Sangre de Cristo Rehabilitation Center and restaurant/gallery currently being developed by Father Brennan, local priest and president of Board of Directors at Sangre de Cristo Center.

A summary of key informant community asset input in Pena Blanca:

Challenges in utilizing community assets

- Funding limitations: small population, town unincorporated no government/local taxing
- Multiple jurisdictions/Cochiti and Santo Domingo Pueblos & Sandoval County
- Lack of employment opportunities
- Mental and behavioral health unmet needs
- Support needed for caregivers of younger and older family members with mental health/behavioral health issues
- Contact between schools and town limited as many of faculty/staff living on site at school or in Santa Fe or Albuquerque metro area
- Small town: Confidentiality issues regarding residents at Sangre de Cristo House

Successes in using community assets

- Some outreach regarding school health issues, including mental health currently occurring between schools and Cochiti and Santo Domingo Pueblos
- Sandoval County coordination/funding of broad community services
- Residents at Sangre de Cristo House volunteer with Road Runner food deliveries (once/month)
- Sangre de Cristo and local horse owner doing equine therapy
- Small town, somewhat isolated location is good for the Sangre de Cristo House

Suggestions for improving use of assets, underutilized assets

- Continue to Increase community benefits/cooperation associated with Sangre de Cristo House, while maintaining client confidentiality
- Increase use of assets that make sense between public schools and Santo Domingo (some students attend Cochiti Elementary) as well as Cochiti Pueblos.

Existing Collaborations, partnerships. How are they working?

- Sangre de Cristo House has created 4 jobs filled by locals (9 employees total)
- Sangre de Cristo House is opening a restaurant this summer to provide job training for residents, venue for locals to sell arts and crafts, meal delivery to community residents (funding through a grant has been approved)
- Sangre de Cristo House is planning to initiate a GED program open to the community
- Partnerships with Cochiti primarily with schools (on Cochiti Pueblo and housing for some of staff is included).
- Sporadic, informal partnerships between Santo Domingo and Sandoval County community center activities. Currently positive (Vary with Pueblo administrations which change annually)
- Less history of partnership between Santo Domingo and school (92 students from SD are now attending Cochiti elementary and middle school, Current SD governor has increased prospects for partnership. Recent offer to share a mental/behavioral health counselor.
- Volunteers from Santo Domingo do fitness program, cardio, weights, circuit training, at school 5 nights each week, year 'round, bring nutritionist from time to time

New collaboration opportunities that could be helpful

- Mental health services made available to community in conjunction with Sangre de Cristo House resources
- Increase consistency of schools working with Pueblos, minimizing changes with Pueblo leaders
- Increased consistency of Sandoval county government working with Pueblos
- Access by Pena Blanca community members to health care services closer to home
- Economic improvement in area based on proposed restaurant and other
- Improved information sharing among local entities
- Marketing of outdoor recreational/natural scenic areas opportunities by Santo Domingo and Cochiti Pueblos

Results from pilot asset surveys in Pena Blanca and Cuba, New Mexico identified a core of assets that are already enhanced, in some cases, through various partnerships within

the community, with adjacent communities and with governmental, Sandoval County and State of New Mexico. Gaps and further opportunities for collective asset building were identified. The next step should include broader community member involvement in an asset identification and verification process designed to obtain additional information and encourage community buy in to the asset mapping process.

(See **Appendix B for the full report** of the Sandoval County Asset Mapping Community Survey for Cuba and Pena Blanca, completed April 30, 2016)

Summary: Sandoval County Community Capacity Building Events: Roadrunner Foodbank, Cuba (full report in Appendix C)

Background

The Roadrunner delivery in Cuba is held the third Wednesday of every month. Those eligible must obtain annual certification based on income verification. Most live in Sandoval County in and around the town of Cuba. However, many come over 35 miles on unimproved roads from very small community chapter houses located on Navajo reservation lands including Torreon, Counselor, La Jara, and Ojo Encino. Some come from Gallina and Youngsville, located in neighboring Rio Arriba County. Turn out ranges up to 600 participants out of the approximately 8000 population in the Cuba service area.

Purpose, Methodology, Participants

The purpose of this activity was to obtain anecdotal information from Roadrunner Food Pantry participants on July 20, 2016 in Cuba, New Mexico who volunteered to share their thoughts about their communities' assets. Participation was entirely voluntary. The home community identified by the participant was included but names were not recorded or associated with responses. There were 26 participants and four attendees, who were offered the opportunity to participate, declined.

The methodology and process were in no way intended to meet standard research criteria, and anecdotal findings should not be considered as representative or conclusive, but are intended to provide guidance for ongoing asset mapping efforts. Three questions were ask verbally, in every day English, and responses were noted in written form by the interviewers on sticky notes that were then placed on poster boards with the corresponding question at the top, in order that other participants could view responses. **The questions were:**

- 1. What are the things you like about your community, including people, places, organizations, services or anything else?**
- 2. How could these be improved?**
- 3. Where do you spend time when you are not at home or at work?**

Summary Roadrunner Food Bank, Cuba NM:

Most food pantry participants were willing to share their opinion in a one-on-one verbal format. Responses fell consistently within a few theme areas generally related on the positive to the importance of access to services and positives of a close-knit community where there is interest in helping each other. Value was frequently attached to environment and associated work or recreational activities. When asked how these assets could be improved, lack of availability of and access to services and infrastructure were consistently mentioned. An unspoken “asset” characteristic of many is the ability to survive in communities where it is a challenge to meet the range of needs with existing assets. Overall, prior input from key community informants and observations of physical assets of the community (phase 2 of this project) were consistent with and substantiated by food pantry respondents, who provided additional specifics in terms of the practical reality in terms of their daily lives. This consistency can provide a positive foundation for prioritization of ongoing community asset building and utilization.

(See **Appendix C for complete report** of community capacity building findings from the Cuba Roadrunner Food Bank, completed July 20, 2016)

2017: Demographic data update, Key Informant Updates Cuba and Pena Blanca

Pena Blanca Community Capacity Building Events: Roadrunner Food Bank, St Vincent de Paul food and clothing bank, Earth Day Community Cleanup (full report Appendix D)

Demographic, income and education level data for Pena Blanca, Cuba and Cochiti and Santo Domingo Pueblos have been updated.

Key Informant Updates: Cuba

In the 2017 phase of the asset mapping project additional, “updated” information was obtained regarding newly initiated and ongoing local programs in one-on-one conversations with new as well as key informants who were initially interviewed in Spring, 2016 in Cuba and Pena Blanca. In Cuba four staff members of the Cuba Schools School Based Health Center (SBHC) operated by Presbyterian Medical Services provided perspective that focused on student health outcomes. They identified need in the areas of up to date immunizations, family planning, sexually transmitted infections and oral health. Medical providers tend to be from out of state and change frequently, which makes establishing trusting relationships challenging. More health education regarding alcoholism, drug use and diabetes as well as improved student comfort in access services were identified as areas in which partnerships could improve outcomes.

It was also noted that the ability of students to access WIFI outside of the school building is limited and that gathering places at businesses with WIFI could encourage follow up with homework assignments and provide a student positive activity.

An Early Childhood Coalition (ECC) partnership has initiated a community specific program encouraging partnership with outlying communities. The group was initiated in conjunction with an early childhood grant through UNM for which funding is running out and a grass roots group is currently reaching out with open monthly meetings seeking broad based support to encourage and provide resources for parent education and family engagement. This effort recognizes the importance of reaching out and establishing partnerships with more remote communities in the area and is an excellent example of an asset mapping model.

Another example is a complete listing of contact information compiled by the public health nurse, Karolyn Schaefer, for area resources, including early childhood education and development programs, schools, social services, Women, Infant and Children (WIC) services, PMS clinics, libraries, housing, and Navajo chapter Houses. As with the ECC, outlying areas are recognized and partnership related communication facilitated. The list is headed “Checkerboard Area Resources” to acknowledge the importance of local communities.

The University of New Mexico Prevention Research Office, Alejandro Ortega, continues to provide data and seeks grant funding as the basis for initiatives. This year water bottle refill equipment installation is an important health literacy initiative and supports adequate hydration with water as a priority in comparison to high sugar soft drinks.

Key Informant Updates 2017: Pena Blanca

Additional input was obtained regarding: Sangre de Cristo House, plans for extended Transition House (1 year residency), as well as restaurant/gallery, community garden, two Baseball fields, and Library/Recreation Center and limited internet access in the community.

Expansion of Sangre de Cristo House services to the local community is under Board of Director consideration. The opening of the restaurant to create a focal community gathering place and add jobs and development of a community garden to incorporate health education and community involvement on the part of youth are moving forward, continuing to look for additional partners to provide funding and input. Baseball fields have added a community asset for the youth and the recreation/center library has gathered data regarding community seniors’ priorities for additional services. These are examples of evolving, expanding partnership and development of existing and new community assets.

Internet access is limited because Centurytel, the original provider in Pena Blanca, reportedly does not have capacity for new accounts and available Verizon internet service is characterized as “unreliable”. This impacts the ability to use the three new computers located in the library. Computer ownership is reportedly limited and when a free computer training session was offered at the Community Center there was lack of community response.

Lack of available employment and insecurity in leaving the community to work elsewhere, along with lack of training are other impediments. When a free GED course was offered at the Community Center, no one participated

Key informant input reflects insight into community process and continuing effort to provide services and facilities that have the potential for facilitating increased self -motivation and

involvement on the part of residents. Substance addiction and trafficking create an atmosphere of fear, unease, and as one resident described it “psychic drag.” Community members’ desire for services is mirrored by efforts of partners to address those needs. Increased broad-based grass roots community support, participation and commitment to taking responsibility and participating in community asset maximization across all age groups in an environment with ongoing social safety net support and improved economic development would increase likelihood of positive outcomes

Three Community Capacity Building events: Pena Blanca

In addition to key informant updates, three community capacity building events in Pena Blanca created the opportunity to obtain “grass roots”, anecdotal input from a variety of community members who volunteered to share their perspectives. These events included a Roadrunner Food Pantry operated by Sandoval County and limited to participation by those 55 years and older, a St Vincent de Paul clothing/food distribution held in the St Vincent de Paul building sponsored by the Catholic volunteer lay organization open to all community members, and the Annual Community Clean Up and lunch coordinated by Sandoval County supervisor, Irma Gonzales and held at the Community Center. The intent was to obtain input from a variety of grass roots perspectives based on age as well as involvement in the Pena Blanca community. The home community identified by each participant was noted but names were not recorded or associated with responses. A series of four questions were ask one-on-one in everyday English and responses were written on sticky notes placed on poster boards under the appropriate question to allow other participants to view responses.

The questions were:

- 1. What do you like about your community, including organizations, services, people, places or anything else?**
- 2. How could things be improved?**
- 3. Who is working together? (Partnerships now/suggestions for future)**
- 4. Where do you go for health care?**

Summary: Pena Blanca Community Capacity events input

Input from the three community capacity building events in Pena Blanca reinforced the positively valued assets of small, rural, peaceful, close knit and helpful. These interpersonal and “pastoral” setting assets appear to be supported by the Recreation/Community Center, the new baseball fields creating an activity for children and youth and the promise of more jobs and vitality associated with the anticipated opening of the restaurant and gallery and the ongoing support of the three food distributions each month on a schedule that provides good coverage.

Areas identified as needing improvement were consistent with the positive asset vision. These included concern and fear associated with local substance abuse and mental health, a strong interest in more activities for children/youth and senior citizens, and employment

opportunities and an interest in working to improve community cooperation and working together through community meetings.

Important partnerships include Sandoval County through the community center, St Vincent de Paul food and clothing distribution, the church and community improvements initiated by Father Brennan, including the restaurant and associated jobs and baseball fields. In addition, there is interest in improved partnering with the adjacent Santo Domingo and Cochiti pueblos relative to senior and youth activities and access to health care.

(See **Appendix D** for the full report of 2017 demographic and key informant updates in Cuba and Pena Blanca and input from 3 community capacity building events in Pena Blanca: Roadrunner Food Bank, St Vincent de Paul clothing and food bank, and Community Clean-Up Day, completed May 15, 2016)

Recommendations: Community Capacity Building Pilot Project

The tools used for the pilot process, including demographic data, observation of physical assets, key informant information and community capacity building events have been effective in gathering baseline data. Community demographic data should be updated as new data becomes available. For example, data from tribal areas became available for the first time in May, 2017 and was included in this report. Updates from key informants are also important to reflect an overview of change and movement within communities and were included in the 2017 report for both Cuba and Pena Blanca. The tools should be modified and improved as guided by experience.

Specific questions for the broader community input events were modified for the Pena Blanca events after the first event in Cuba to include more emphasis on awareness of partners/potential partners as well as a question regarding where health care is obtained. The format of gathering information one-on-one using every day, understandable vocabulary proved important in terms of establishing a willingness to respond. Obtaining input in a more private situation, in which other community members do not hear an individual's response, seems to be conducive particularly to more input regarding how things could be improved. Modification of format and specific questions should be an ongoing process.

The Sandoval County Health Council sponsored asset mapping project appears to have worked synergistically in conjunction with ongoing efforts coming from within the Cuba and Pena Blanca communities in beginning steps to identify and increase awareness of and commitment to improvement of local social determinants of health. Local identification of priorities and awareness of assets that can help to achieve goals through partnerships appear to be moving forward incrementally in both communities.

Cuba: New Early Childhood Coalition, Checkboard Area Resources list and ongoing School based health center, Nacimiento Foundation and UNM prevention research programming and projects.

Pena Blanca: Ongoing Community Center programming, including interest among senior citizens in expanded activities, three food pantries with coordinated dates, and Sangre de Cristo

Rehabilitation Center. New projects include restaurant/gallery opening this summer, plans for a community garden, use of baseball fields for team play, and consideration of expansion of Sangre De Cristo Rehabilitation Center services to Pena Blanca residents. Concern remains at both grass roots and key informant levels regarding resources and partnerships needed to resolve drug trafficking and production within the community, in addition to access to mental health and substance abuse treatment.

Rural communities, in which “everyone knows everyone,” have the strength of cohesion but at the same time the potential disadvantage of long time differences in priorities. Focus on assets and how to make them more effective is a slowly evolving process, based on scarce resources, including access to computers and internet, potential fragmentation of leadership, lack of awareness of available resources and partnership opportunities and motivation to change based on perception that improved outcomes are a possibility.

With the goal of facilitating partnership to improve the social determinants of health in rural Sandoval County communities, the SCHC can play an important role by updating and acting on community specific data, facilitating communication, and identifying new, while continuing to support existing effective, partnerships based on community input. Because communities are dynamic, staying in touch is critical to guiding ongoing SCHC support.

An example of ongoing SCHC support in Cuba could include support for the early childhood education program by providing a liaison to expansion of health literacy materials developed by the Sandoval Health Collaborative which could be made available to parents with children from birth through preschool. An example in Pena Blanca could be assistance in partnership development around the community garden, which in addition to the planned emphasis on youth involvement, could include senior citizens in a mentoring role and also create a opportunity for a nutrition focused component. Another example is that United Way partnership through program-specific funding could be a helpful piece in both communities. Expansion of internet access to rural communities, which likely would require initiation and subsidization at the State level, would be a very significant improvement worthy of SCHC input into the policy process. Overall, follow up is necessary to assist in transforming data based input from community members into outcomes over time.

While the SCHC’s priority may be looking for ongoing community capacity building in Cuba and Pena Blanca, the scope of the project could be broadened by applying the model in an additional rural Sandoval County community. It seems likely that the process of working with trusted “gatekeepers” in these communities and acknowledging to grass roots community members that their input is important, can be a viable step to lay the groundwork for increased willingness from community members to take responsibility and participate in sustainable community improvement. This process is incremental and facilitated by identification, buy-in and some level of internal consensus regarding community assets, priorities and potential partnerships. Support from outside of the communities to provide facilitation for these assets, priorities and partnerships will continue to be important.

Appendix A

Sandoval County Asset Mapping Community Survey Plan

Rural Community Pilot Surveys

Margaret Osterfoss, DNP, MS, MBA, RN

April 30, 2016

Introduction

This report outlines a Structured Community Survey Plan for asset mapping to be implemented in rural Sandoval County, New Mexico communities. The asset mapping process can take a community needs assessment to the next step through engagement in problem solving within a community and with external partners to implement solutions utilizing the assets, both human and infrastructure, within the community. The process is based on a philosophy of respect for the culture and insights of those living within a community as well as a recognition of their responsibility to identify community goals, identify assets already in hand that can be built upon to address local priorities internally and through available partnerships. The goal is to maximize and build on community asset potential and promote sustainability of local goals and efforts. The first step in this process is to increase community awareness of existing physical and human resource assets and gather community input as to how to maximize/expand asset utilization.

Background

Rural Sandoval County includes almost all of the county's total area of 3716 square miles with only 10% of the county's total population of 139,000 (2015 US Census Bureau estimate). The percentage of families living below the poverty level by rural census tracts ranges from 14% to over 50% (CDC). Rio Rancho, Bernalillo, Placitas and Corrales account for less than 200 square miles and approximately 90% of the county's total population. The overall poverty level for the county is 14% (US Census bureau). Sandoval County is designated as a health service provider shortage area and the majority of health care services are located in the Rio Rancho, Bernalillo corner of the county. The Affordable Care Act and Medicaid expansion (Centennial Care) have resulted in a substantial increase in potential demand for health care services in the County. Between 2013 when Medicaid expansion was initiated and the Marketplace opened, the uninsured in Sandoval County decreased by 54.8% with increases in Medicaid enrollment of 43% and Marketplace enrollment of 23%. Of the newly insured 34% are ages 55-64 and only 15% under 26 (IBIS, 2016).

Additionally, according to the New Mexico Health Workforce Committee report (October, 2015), New Mexico has a significant statewide provider shortage in all areas, including primary care, dental and mental health. Based on the combination of increased demand and continued provider shortages, the gap in accessing health care has further widened for rural Sandoval County, during the last three years. In addition, the New Mexico State budget shortfall for 2017, including matchings funds of \$80M to obtain a Federal Medicaid match of over \$300M, (Public Health New Mexico, 3/7/16) puts further stress on the health care system and makes assistance from the State level less likely.

On the other hand, rural Sandoval County is home to populations with a long history of diverse cultural assets, including resiliency and commitment to family and community and local leaders, who are looking for ways to enhance existing assets and develop new ones, while maintaining

the character and culture of the region. The spectacular natural beauty and outstanding outdoor recreational opportunities are also significant assets in rural Sandoval County.

Against this background, it makes sense for leadership from the Sandoval County Health Commission and Sandoval County government to support a process for rural communities to identify existing assets, including potential but currently underutilized assets and to look for ways assets can be leveraged through new or existing partnerships, among local communities and countywide between the public and private sectors.

Asset Mapping Community Survey Pilot Plan

The asset mapping community survey pilot is a first step to a more extensive community based process. The plan includes three components and associated tools:

- Community demographic information recorded in table format (Appendix A)
- Structured walking/driving survey to observe physical and infrastructure assets recorded in a table format identifying infrastructure and physical assets.(Appendix B)
- Interview guide to structure conversations with a range of community leaders and members to record their view of community assets.(Appendix C)
- Local informants' information summary. (Appendix D)

These four components give a range of perspectives including both quantitative and qualitative data and are intended in combination to provide a range of community asset perspectives. An additional step in the asset mapping process is input from a broader range of community members regarding their perspective of the assets in their community. The opportunity for input into community capacity building is most likely in conjunction with an ongoing or special community event that brings a broad range of community members together.

The asset mapping process is not intended to be imposed upon communities. It is a process that builds on community interest in identifying assets and considering the possibility of building on those assets through internal and external collaboration. The process depends on establishing an initial level of commitment and trust on the part of leaders in the community. Since over time, ideas and programs from outside the community come and go, the asset mapping process is intended to involve community buy in and direction. The community survey process is an information gathering effort and a first step in providing asset mapping data for the SCHC. Based on Council determination, the information can be circulated back to the community in an effort to recognize and celebrate assets and for community consideration regarding next steps of collaboration and partnerships within the community and with other communities, governmental and private-nonprofit entities. The four tools used in this pilot should be reviewed after they have been implemented and modified as appropriate.

Appendix A: Community Survey Demographic Data

	Community	Sandoval County	New Mexico
Population			
Median Income			
% in following			
Age:0-19			
20-44			
45-64			
65+			
Race/Ethnicity			
Amer Indian			
African Amer			
Hispanic			
Asian			
White			
Education:Less than HS			
HS completed			
College			
Youth Risk Factors:			
Bing drinking			
Heroin			
Painkillers			
Overwt/Obese			
Considered Suicide			

NOTES

**Appendix B: Community Assets Survey:
Resources/Infrastructure**

Community	Date
RESOURCE/ASSET	DESCRIPTION
Schools: Elementary/Middle	
High School	
School Based Health Center	
Library	
Community Center	
Senior Center/Services	
Hospital	
FQHC	
Dental	
Mental Health	
Grocery Store	
Fast Foods	
Businesses	
Parks/Open space	
Recreational Facilities	
Recreational Activities in area	
Clubs/Organizations Community nonprofit groups	
Safety of roads and sidewalks	
Repair/Maintenance of buildings	
Food Pantry	
Housing availability/price	
Employment opportunities	
Other Assets	

Appendix B

Sandoval County Pilot: Asset Mapping Community Survey

Report of findings using asset survey tools in Pena Blanca & Cuba, NM

Margaret Osterfoss, DNP, MS, MB, RN

April 30, 2016

Structured Community Survey Pilot Project Preliminary Findings: Cuba and Pena Blanca, New Mexico

Surveys conducted in March and April, 2016

Cuba and Pena Blanca were selected as pilot sites for structured community surveys. Community demographic, economic data, including a sampling of youth risk factor information was obtained from the US Census American Factfinder site, New Mexico Department of Health, IBIS site and the New Mexico 2013 Youth Risk and Resiliency Report. Specific categories include age, race/ethnicity, income, education and youth risk factors for Cuba and Pena Blanca, compared to Sandoval County and New Mexico data. See Table 1

	Cuba	Pena Blanca	Sandoval County	New Mexico
Population (2014)	5200	737	131,561	2,059,179
Median Income	\$26,582	\$36,964		\$44,968
Below 100%FPL	45.3%	21.5%	14.7%	20.9%
Age 0-19	36.0%	23.1%	28.1%	27.3%
20-44	29.8%	26.4%	30.7%	32.2%
45-64	22.4%	36.3%	27.7%	26.1%
65+over	11.8%	14.0%	13.6%	14.2%
Race/Ethnicity				
American Indian	75.5%	8.4%	12.5%	10.3%
African Amer	0%	.9%	2.6%	2.8%
Asian	.1%	0%	1.4%	1.3%
Hispanic	13.3%	73.5%	36.4%	47.0%
White	9.6%	13.9%	46.1%	39.6%
Education				
Less than HS	13.8%	17.0%	18.7%	20%
HS Completion	81%	83%	96%	84%
Some College	5.2%	0%	47.7%	46.6%
Youth Risk				
Seriously considered suicide	15.7%	19%	16.5%	17.1%
Poverty	40.1%	19.9%	19%	30%
Heroin	8%	3.4%	3.1%	2.9%
Painkiller High	11.6%	10.9%	9.7%	8.5%
Overwt/Obese	44.8%	38.2%	29.1%	27.6%

Table 1

Cuba, New Mexico

Community Assets Survey: Resources/Infrastructure

Community: Cuba, NM

Date: 4/30/16

RESOURCE/ASSET	DESCRIPTION
Schools: Elementary/Middle	PMS Early Headstart/Headstart Cuba elementary, middle
High School	Cuba High School
School Based Health	PMS operated at Cuba High School
Library	Cuba Community Library
Fairgrounds	Sandoval County
Senior Center/ Frail Elderly Services	Sandoval County, lunch/home delivery if needed, activities, exercise Home assistance, transportation, equip loan
Hospital	Rio Rancho/Albuquerque
Cuba Public Health	RN, family planning, education, needle exchange, immunizations, illness, referral
Primary Health Care Satellite Clinics	Cuba PMS, includes OB GYN; Jemez Valley Satellites: Torreon, Counselor, Ojo Encino
Dental	Cuba PMS
Mental Health	Cuba PMS, Jemez Valley
Dialysis	Dialysis Clinic Inc, started in 2014
Fast Foods	Numerous
Grocery store	Save Way, some produce and non frozen meat Prepared, frozen & canned foods, supplies, Several convenience stores with gas stations
Businesses Industry	Motels, restaurants, fast foods, feed stores, Walgreens, grocery, gift shops, auto parts 2 fertilizer plants: Menefee Mining & Horizon Agproducts
Parks/Open space	St Francis of Assisi Park; Adjacent to National Forest and Wilderness areas
Recreational Facilities	Walking trails: Senior Center, Library and schools
Recreational Activities in area	Santa Fe National Forest, Continental Divide Trail, Chaco Canyon Nat'l Monument; hiking

Community nonprofit groups	Nacimiento Foundation: Step into Cuba walking/hiking; Community Garden; Farmers' Market, Checkerboard Community Food Bank, Family assistance programs
Safety of roads and sidewalks	Hwy 550-5 lanes: adjoining sidewalk erratic and in need of repair in some areas Most side streets unpaved
Building Repair/Maintenance	A number of aging buildings need refurbishment
Food Bank/Delivery	Yes; Roadrunner monthly delivery
Housing availability/price	\$108,000 median price, inventory available
Employment opportunities	Labor, hospitality, repair; limited professional
Other Assets	

Summary of Information from Community Informants: Cuba

Community Assets: Community: Cuba Date:4/30/16

Asset	Description
Individuals/Leaders	Mark Hatzenbuler, Mayor Tony Archuleta, Superintendent Of schools Richard Kozell MD, founder Nacimiento Foundation, PMS Beth Hamilton, Nacimiento, director Karolyn Schaeffer RN, DOH Public Health Office Christina Montoya, School Board Mickey Herrera, Save-Way Grocery Jo-Lynn Hughes, retired RN
Groups/Organizations	Nacimiento and subsidiary organizations: Step into Cuba,Checkerboard Food Bank, community garden, family asst. UNM Prevention Research
Businesses	Save-Way grocery and gift shop Motels, restaurants, feed store, fast foods; gas stations & quick stops, fertilizer industrial operation
Schools	One site, Elementary through HS Immaculate Conception: Elementary
Churches/Faith-based	9 in town
Sandoval County Government programs	Fairgrounds/ County fair, Senior Programs: Frail/Elderly Food delivery, home services Senior lunch and recreation center

State of New Mexico	Public Health Office
Health Care	PMS clinic, Public health Nurse School based health clinic
Social Services	Nacimiento Foundation: Food Bank, Community Garden, Family Assistance Public Health Office: sign up for WIC, SNAP, Birth Control Enroll:Medicaid/Marketplace
Infrastructure	Town ordered by EPA to build a new sewer processing plant at cost of \$10M; funding challenges
Natural Resources in Area	Natural beauty and outdoor recreation in Wilderness and National Forests areas Access to Chaco Canyon National Monument
Other	Location on US 550: primary route between Farmington(2hrs) and Albuquerque metro area (1hr)

Additional input from local informants (Cuba):

Challenges in developing/using community assets

- Long-time community members slow to accept change for example, reluctant to upgrade deteriorating buildings
- Significant incidence of chronic health conditions, including obesity, Type II diabetes and subsequent kidney disease requiring dialysis
- Significant incidence of mental illness and substance abuse, heroin use and suicide increasing
- Health Literacy: Nutritional education needed. High nutritional value food access and preparation knowledge gaps
- Health Literacy in Schools: Personal responsibility, Sexually transmitted disease, birth control, substance abuse, mental health support

- Small Community size causes confidentiality concerns when seeking treatment

Successes in developing/using community assets

- Nacimiento Foundation umbrella for a variety of community service activities:

Safe walking/trails, Food Bank, Farmers’ Market, Community Garden, Family support

- Public Health Office: Open, safe, nonjudgmental assistance re substance abuse, birth control. Sexually transmitted disease
- Sandoval County programs and services
- UNM Prevention Office, data compilation, program development

Suggestions for improving use of assets, underutilized assets

- Leadership role of Town government, Mayor
- Expand town’s incorporated area to increase tax base
- Expand year round use of Sandoval County Fairgrounds
- Expansion of internet and cell phone technology to area around Cuba
- Expansion of opportunities for telemedicine

Existing Collaborations, partnerships. How are they working?

- Good collaboration reported & observed among town government (Mayor), Sandoval County, Nacimiento Foundation, Public Health and Public Schools, PMS clinic

“Prom Scare” program good example of school based health center and public health programs cooperating

New collaboration opportunities that could be helpful

- Increased role for private sector/business community
- Increased role for town government
- Town/County increased collaboration
- Increase collaboration regarding importance of nutrition education and access
- Health literacy program expanded in schools/Explore pilot implementation with Sandoval Economic Alliance

Priority health care needs	Status
Primary Care	PMS Clinic & Satellites & SBHC

OBGYN/Ophthalmology	PMS Clinic in Cuba
Substance abuse/mental health	PMS Clinics More services needed, long waits, suicides reported, substance (heroin) use increasing
Oral health	Dentist PMS Cuba
Maternal/child health, family planning	PMS clinic, Public Health Office
Other Education: high school completion	Public Health Office, Dialysis Center, SBHC No GED program available

Local Informants :

Richard Kozell, MD

Beth Hamilton, Nacimiento Foundation

Karolyn Schaefer, RN, PHN

Alejandro Ortega, UNM Prevention Research Center

Summary of Information from Community Informants: Pena Blanca

Community Assets: Community: Pena Blanca, NM Date: 4/30/16

Asset	Description
Individuals/leadership	Father Brennan (Priest) Irma Gonzales (County) Mrs. Branch (schools)
Groups/Organizations	Sandoval County Cochiti Public Schools Sangre de Cristo House nonprofit St Vincent de Paul Society
Businesses	Sangre de Cristo House
Schools	Cochiti Elementary and Middle Schools
Churches/Faith-based	Our Lady of Gaudalupe White Stone Baptist
County, State, US govt programs	Sandoval County, Community Center programing for all ages
Health Care	Not available in Pena Blanca
Social Services	Not available in Pena Blanca
Infrastructure	Buildings related to Sangre de Cristo House-improvement of old convent in progress
Natural Resources in Area	Cochiti Lake, Tent Rocks Nat'l Monument

Pena Blanca: Additional Input from Community Informants

Challenges in utilizing community assets

- Funding limitations: small population, town unincorporated no government/local taxing
- Multiple jurisdictions/Cochiti and Santo Domingo Pueblos & Sandoval County
- Lack of employment opportunities
- Mental and behavioral health unmet needs
- Support needed for caregivers of younger and older family members with mental health/behavioral health issues
- Contact between schools and town limited as many of faculty/staff living on site at school or in Santa Fe or Albuquerque metro area
- Small town: Confidentiality issues regarding residents at Sangre de Cristo House

Successes in using community assets

- Some outreach regarding school health issues, including mental health currently occurring between schools and Cochiti and Santo Domingo Pueblos
- Sandoval County coordination/funding of broad community services
- Residents at Sangre de Cristo House volunteer with Road Runner food deliveries (once/month)
- Sangre de Cristo and local horse owner doing equine therapy
- Small town, somewhat isolated location is good for the Sangre de Cristo House

Suggestions for improving use of assets, underutilized assets

- Continue to Increase community benefits/cooperation associated with Sangre de Cristo House, while maintaining client confidentiality
- Increase use of assets that make sense between public schools and Santo Domingo (some students attend Cochiti Elementary) as well as Cochiti Pueblos.

Existing Collaborations, partnerships. How are they working?

- Sangre de Cristo House has created 4 jobs filled by locals (9 employees total)
- Sangre de Cristo House is opening a restaurant this summer to provide job training for residents, venue for locals to sell arts and crafts, meal delivery to community residents (funding through a grant has been approved)
- Sangre de Cristo House is planning to initiate a GED program open to the community
- Partnerships with Cochiti primarily with schools (on Cochiti Pueblo and housing for some of staff is included).
- Sporadic, informal partnerships between Santo Domingo and Sandoval County community center activities. Currently positive (Vary with Pueblo administrations which change annually)
- Less history of partnership between Santo Domingo and school (92 students from SD are now attending Cochiti elementary and middle school, Current SD governor has increased prospects for partnership. Recent offer to share a mental/behavioral health counselor.
- Volunteers from Santo Domingo do fitness program, cardio, weights, circuit training, at school 5 nights each week, year ‘round, bring nutritionist from time to time

New collaboration opportunities that could be helpful

- Mental health services made available to community in conjunction with Sangre de Cristo House resources
- Increase consistency of schools working with Pueblos, minimizing changes with Pueblo leaders
- Increased consistency of Sandoval county government working with Pueblos
- Access by Pena Blanca community members to health care services closer to home
- Economic improvement in area based on proposed restaurant and other
- Improved information sharing among local entities
- Marketing of outdoor recreational/natural scenic areas opportunities by Santo Domingo and Cochiti Pueblos

Priority health care needs	Status
----------------------------	--------

Primary Care	Not available in Pena Blanca, identified as need with chronic care management
Substance abuse/mental health	Not available, identified as need
Oral health	School program -2x/year (specifics not clear)
Maternal/child health	Not Available in Pena Blanca
Other	Must obtain health services in Albuquerque/Santa Fe

Information gathered from the following community members:

Father Terrance Brennan (Priest and Sangre de Cristo House nonprofit board chair)

Irma Gonzales (Sandoval County), Shawna Branch (Cochiti Public Schools)

Maria Trujillo (Sangre de Cristo House), Val (kitchen worker Sangre de Cristo)

Conclusion

Asset mapping tools were developed to compile basic community demographic information from existing New Mexico and US data bases, to gather observational information from walking/driving tours through the community and to collect and summarize information from community informants. In combination these tools are designed to give a preliminary assessment of community assets, including individual, governmental, schools, community nonprofit organizations and local businesses. Partnerships, formal and informal, that exist among stakeholder groups can be identified and opportunities to expand those collaborative efforts identified.

Results from pilot asset surveys in Pena Blanca and Cuba, New Mexico identified a core of assets that are already enhanced, in some cases, through various partnerships within the community, with adjacent communities and with Sandoval County. Gaps and further opportunities for collective asset building were identified. The next step should include broader community member involvement in an asset identification and verification process designed to obtain additional information and encourage community buy in to the asset mapping process.

Appendix C

Sandoval County, New Mexico Asset Mapping Data:

Roadrunner Food Pantry, Sandoval County Fairgrounds, Cuba, New Mexico

July 20, 2016

Submitted to Sandoval County Health Council

Margaret Osterfoss, DNP, MBA, RN

Jera Davis, BA

Asset Mapping Data:

Roadrunner Food Pantry, Sandoval County Fairgrounds, Cuba, New Mexico

July 20, 2016

Background

The Roadrunner delivery in Cuba is coordinated by the Nacimiento Foundation, Beth Hamilton, Director, and is held the third Wednesday of every month. Those eligible must obtain annual certification based on income verification. Most live in Sandoval County in and around the town of Cuba. However a significant number come over 35 miles on unimproved roads from very small community chapter houses located on Navajo reservation lands including Torreon, Counselor, La Jara, and Ojo Encino. Some come from Gallina and Youngsville, located in neighboring Rio Arriba County. Turn out ranges up to 600 participants out of the approximately 8000 population in the Cuba service area.

Purpose, Methodology, Participants

The purpose of this activity was to obtain anecdotal information from Roadrunner Food Pantry participants on July 20, 2016 in Cuba, New Mexico who volunteered to share their thoughts about their communities' assets. Participation was entirely voluntary. The home community identified by the participant was included but names were not recorded or associated with responses. There were 26 participants and four attendees, who were offered the opportunity to participate, declined.

Communities self -identified as home by participants:

Community	Number
La Jara	2
Ojo Encino	2
Regina	2
Torreon	3
Cuba	13
Gallina	3
Youngsville	1
Total	26

The methodology and process were in no way intended to meet standard research criteria, and anecdotal findings should not be considered as representative or conclusive, but are intended to provide guidance for ongoing asset mapping efforts. Three questions were ask verbally, in every day English, and responses were noted in written form by the interviewers on sticky notes that were then placed on poster boards with the corresponding question at the top, in order that other participants could view responses. The questions were:

1. What are the things you like about your community, including people, places, organizations, services or anything else?

2. How could these be improved?

3. Where do you spend time when you are not at home or at work?

The following summarizes themes identified in responses for each question.

Question 1: What are the things you like about your community? (People, places, organizations, services or anything else)

#1 Community Services connected with or supported by facilities: Senior center, food pantry, schools, churches, health center, post office, library, court house

#2 Community: Friendly, close knit, volunteers willing to help others

#3 Environment/recreation/mountains

#4 Other Services: Head Start, community garden, soil conservation program, other programs for the needy

#5 Businesses: grocery store, gas station, restaurants

#6 Hard to find anything good (2)

See Appendix A for complete responses to question 1.

Question 2: How could things be improved?

#1 Improve infrastructure: cell phone, internet, water system, roads, sidewalks, better lighting

#2 Improve services: medical, ambulance, fire, police, transportation to medical services, coordinate volunteer efforts

#3 Offer more activities and opportunities for children/youth

#3 Jobs and job training for adults

#4 Price-competitive retail providers

#5 Increase awareness of existing programs and services

#6 Improve outdoor park/green spaces

See Appendix B for complete responses to question 2

Question 3: Where do you spend time when you are not working or at home?

#1 Cuba/Albuquerque/Rio Rancho: services, including medical, supplies

#2 Outdoors/wood gathering/recreation

#3 Stay at home

See Appendix C for complete responses to question 3

Summary:

Most food pantry participants were willing to share their opinion in a one-on-one verbal format. Responses fell consistently within a few theme areas generally related on the positive to the importance of access to services and positives of a close knit community where there is interest in helping each other. Value was frequently attached to environment and associated work or recreational activities. When asked how these assets could be improved, lack of availability of and access to services and infrastructure were consistently mentioned. An unspoken “asset” characteristic of many is the ability to survive in communities where it is a challenge to meet the range of needs with existing assets.

While conceptualizing how partnerships could enhance assets may be challenging for some of these participants, the need for increased awareness of existing services along with the addition of more services and opportunities for greater self-sufficiency in the form of job opportunities within the “home” community were clear and consistent themes. Several respondents referenced the need for improved coordination and information regarding existing available assets.

Overall, prior input from key community informants and observations of physical assets of the community (phase 2 of this project) were consistent with and substantiated by food pantry respondents, who provided additional specifics in terms of the practical reality in terms of their daily lives. This consistency can provide a positive foundation for prioritization of ongoing community asset building and utilization.

Recommendations for future asset mapping activities:

- Add a question asking what partnerships/cooperation among or within community entities could improve assets (make things better).
- Add a question specifically regarding health care access and utilization.
- Gather information from other identifiable groups within the Cuba community, for example, students in middle and/or high school and senior citizens utilizing senior center services and facilities, to include potentially different perspectives.
- Gather information in additional Sandoval rural communities to provide a broader representation of rural assets themes.

Appendix A

Question 1

What are the things you like about your community, including people, places, organizations, services or anything else?

Gallina (3 responses)

Restaurant (small diner)

School

Recreation

Weather

Programs to help needy, e.g. foodbank

Healthcare

Torreón (3 responses)

Services available through Chapter House: Annual event that includes animal vaccinations etc

Ongoing reading and senior programs, health insurance

Hard to think of anything good-Cuba (25 miles) have more facilities

La Jara (2 responses)

Small community close knit

Love environment

NRCS (soil conservation) program for ranchers

Food pantry in Cuba

Ojo Encino (2 responses)

Environment, church, free school lunch program

No strengths-not much in Cuba except grocery store and gas station

Youngsville/Regina (3 responses)

Quiet/peaceful

Good people

Small grocery

Post office

Cuba (13 responses)

Mountains /outdoor recreation (5)

Friendly, close knit, help others in need, volunteers (5)

Library

County fairgrounds

Senior center (3)

Food bank (3)

Nacimiento Foundation programs e.g. community garden, food pantry (1)

Health center (4) School based health center (1)

Head Start

Churches

Stores

Appendix B

Question two

How could things be improved?

Gallina(3)

Cell phone tower

Water system that works

Opportunities/jobs

Stores, gas station

Road repairs

La Jara (2)

More Soil Conservation personnel (NRCS)

Internet

A store

Ojo Encino (2)

Police

Better water

Ambulance service

Fire service

Laundromat

Road repairs

Torreón (4)

More health care providers

A second van (chapter house) for transportation

Law enforcement: drug dealing

Jobs/adult job training/ Training for adults to use computers (3)

Jobs for youth on reservation

Park/grass/trees

Tourist facilities, attractions

Reopen senior center

Park/grass/trees

Youngsville (1)

More programs for youth, more jobs, more community events

Regina (2)

Don't expect much in Regina

Add services in Cuba: physical and occupational therapy

Cuba (13)

Hard to be accepted by community even after living in area for 14 years

Racism between Spanish speakers and Native Americans

Larger grocery store

Mini Walmart

Pave Pedestrian Walk and parking lot adjacent to library

Drinking water (2)

Clean up sidewalks

Keep lines painted on highway

Town should help locals improve their driveways

More lighting at night and shady areas in park

Jobs for young people

Opportunities lacking

Drug problems

More activities for children/youth (3)

Businesses closing: Town should subsidize businesses to stay

Better health care/ loss of providers
Better transit to health care
Food pantry more than once per month
School swimming pool open to public in summer
More awareness of community services available now (2)
Food pantry should be first come first served (2)

Appendix C

Question three

Where do you spend time when you are not at home or at work?

La Jara (2)

Mountains
Cuba for supplies, senior center, library

Ojo Encino (2)

Walking outside
Bernalillo or Farmington

Torreón (3)

Mountains
Stay at home
Provide transportation for others
Haul water
Cuba: school, library, retail

Regina (2)

MD in Rio Rancho
Sam's Club
Fishing, outdoor recreation, pool in subdivision
Community garden in Cuba

Gallina (4)

Mountains, gathering wood

Going to appointments for supplies in Cuba or Espanola

Stay at home

Cuba (12)

Mountains, outdoor recreation in Cuba area (3)

Ojo Caliente

Albuquerque/Rio Rancho –

Supplies every 2 weeks to once a month (4)

Medical specialist, noted loss of providers in Cuba (1)

Farmington vs Bernalillo (road better to Bernalillo)

In Cuba or area:

Post Office

Food pantry

Library,

School

Swimming

Appendix D

Asset Mapping in Cuba and Pena Blanca, New Mexico, 2017

Three Community Capacity Events and Key Informant Updates

Sandoval County Health Council

Margaret A. Osterfoss DNP, MBA, RN

May 15, 2017

Asset Mapping Findings and Recommendations:

Community Capacity building events in Pena Blanca and key informant updates in Cuba and Pena Blanca, Sandoval County, New Mexico, 2017.

Background

The Sandoval County Health Council (SCHC) has taken an active interest in identifying and implementing health and social service related programming to improve life quality and health outcomes in the County. Sandoval County's large area of 3716 square miles and population of 139,394 (US Census Bureau estimate, July, 2015) present unique challenges given sparse and diverse population in rural areas outside of the Bernalillo and Rio Rancho urban areas. Some demographic, income, education and youth risk factor information for Cuba, Pena Blanca and New Mexico are included in Table 1 and for the Cochiti and Santo Domingo Pueblos adjacent to Pena Blanca in Table 2. A SCHC Sandoval Countywide needs assessment (2015) identified priorities that include access to health care, mental and behavioral health, preventive services and chronic care management, nutrition, physical activity and obesity, health literacy and wellness and the value of communities collaborating around health.

The asset mapping project, initiated by the SCHC in 2016, has piloted a process for two rural communities, Pena Blanca and Cuba, New Mexico to identify existing assets, including potential but currently underutilized assets and areas for improvement, to identify existing partnerships and encourage consideration of ways assets can be leveraged through new or existing partnerships among local communities and countywide between the public and private sector.

Purpose, Methodology, Participants

The methodology and process in key informant interviews and in community capacity building events are not intended to and do not meet standard research criteria. Anecdotal findings should not be considered as representative or conclusive, but rather have the intent to inform the SCHC regarding future asset mapping efforts and efforts to facilitate health related programming in rural Sandoval County communities

Key Informant Updates: Cuba

In the 2017 phase of the asset mapping project additional, "updated" information was obtained regarding newly initiated and ongoing local programs in one-on-one conversations with new as well as key informants who were initially interviewed in Spring, 2016 in Cuba and Pena Blanca. In Cuba four staff members of the Cuba Schools School Based Health Center (SBHC) operated by Presbyterian Medical Services provided perspective that focused on student health outcomes.

They identified need in the areas of up to date immunizations, family planning, sexually transmitted infections and oral health. Medical providers tend to be from out of state and change frequently, which makes establishing trusting relationships challenging. Programs in place to promote prevention include the opportunity for dental hygienist inspections and cleanings, including fluoride varnish and sealant with the hygienist rotating to outlying clinics in

Torreón, Counselor and Ojo Encino twice each year. Parent follow up regarding oral health was noted to be problematic in some cases and least likely in large families. In addition, all students 14 years or older are screened annually for SDIs and family planning services are available. A licensed social worker therapist is available twice weekly. Her services were described as potentially underutilized by some in need based on confidentiality concerns. Important partnerships with the PMS SBHC include teachers, administrators and Cuba's public health nurse. Internal PMS communication as well as communication with the schools, more health education regarding alcoholism, drug use and diabetes as well as improved student comfort in access services were identified as areas in which partnerships could improve outcomes. It was also noted that the ability of students to access WIFI outside of the school building is limited and that gathering places at businesses with WIFI could encourage follow up with homework assignments and provide a student positive activity.

Another noteworthy asset mapping change in Cuba is the Nacimiento Foundation's consideration of focusing on healthy outdoor walking activities in conjunction with the University of New Mexico Prevention Office and the Roadrunner food delivery that occurs in partnership with Sandoval County at the County Fair facility. Although the Foundation's role continues to be vital for the Cuba area, this creates an opportunity for other community based groups to take initiative in community leadership.

One example is the Early Childhood Coalition that has initiated a community specific program encouraging partnership with outlying communities including Torreón, Ojo Encino and Counselor as well as Cuba. The group was initiated in conjunction with an early childhood grant through UNM for which funding is running out and a grass roots group is currently reaching out with open monthly meetings for broad based support in order to encourage and provide resources for parent education and family engagement. A game and book lending library with open access has been established at the elementary school with the specific goal of providing activities, including reading and games, for parents to do with young children. This effort recognizes the importance of reaching out and establishing partnerships with more remote communities in the area and is an excellent example of an asset mapping model.

Another example is a complete listing of contact information compiled by the public health nurse, Karolyn Schaefer, for area resources, including early childhood education and development programs, schools, social services, Women, Infant and Children (WIC) services, PMS clinics, libraries, housing, and Navajo chapter Houses. Again, outlying areas are recognized and partnership related communication facilitated based on access to contact information. The list is headed "Checkerboard Area Resources" in an effort to acknowledge the importance of local communities.

The University of New Mexico Prevention Office, Alejandro Ortega, continues to provide data and grant funding as the basis for initiatives. This year water bottle refill equipment has been installed in partnership between the schools and the Prevention Office. This is an important health literacy initiative and healthy support of adequate hydration with water as a priority in comparison to high sugar soft drinks.

These examples all demonstrate an effort to increase grass roots participation in providing leadership and taking responsibility for the community.

(See Appendix A for a listing of those interviewed in Cuba in 2017).

Key Informant Updates 2017: Pena Blanca

Sangre de Cristo House: Currently 14 residents from throughout New Mexico. Average stay three to four months. Waiting list of 45 women. An alumni group has been started to follow up with former residents. Out of eight contacted, six are going to school and staying sober. Five full time and two part-time staff, provides opportunity for local employment. Restaurant/gallery will provide additional transitional job opportunities. Opportunities for improved collaboration include working the Santo Domingo Pueblo where residents can get WIC benefits and Cochiti Pueblos. Expanding services to address need in Pena Blanca area have been recommended by Marie Trujillo, director and are currently under consideration regarding implementation by the Board of Directors.

Restaurant/Gallery/Community Garden/Two Baseball fields/Extended Transition House (1year) for residents with potential funding from US Department of Agriculture grant:

These projects, in addition to the Sangre de Cristo House, have been initiated by Father Terrance Brennan, who served as local priest until March, 2017 and continues to seek partnerships for funding and personally guides implementation. The fact that farming has stopped for the most part and jobs are very limited in the community, is viewed as having a negative impact on the spirit of the local residents. The intent of the restaurant is to create a community center for meeting as well as to provide local jobs and the opportunity for Sangre de Cristo residents and community members with emphasis on the youth. Santa Fe Community College has agreed to partner by providing cooking classes and there is consideration of including a community accessible kitchen. In addition, other businesses, including Home Depot, have provided volunteer work groups in conjunction with the remodel. In all of these efforts, the goal is to partner with the community and particularly the youth through sports, the community garden and the restaurant. Youth are seen as “pushing back” against abuse and providing hope for a better future for Pena Blanca. Seeking partnerships to move the community garden forward is a priority this Spring.

Recreation Center and Library

These facilities are owned by Sandoval County and operated under the supervision of and with implementation by Irma Gonzales and have recently been included under the Senior Services division of Sandoval County Community Services. Irma who is a notary helps local residents to interpret communications from agencies and provides office assistance. She creates a monthly activity calendar based on suggestions from community members and the volunteer community board, plans and coordinates community events with a core of local volunteers and is a sounding board for many community members. In addition, she oversees the afterschool recreation program.

Volunteers have offered computer training and GED classes and although there have been sign ups, there has been a lack of follow through on the part of community members. The center has two laptops available for use by community members and adequate WIFI is available. Although the library has four new desktops, Centurytel has no available extensions and the Verizon WIFI in place is reportedly spotty. Very few community members have computers and overall WIFI access is limited.

Challenges in maximizing community assets include lack of jobs, lack of transportation and the high percentage of residents living in poverty. Job training by potential employers who provide transportation to jobs could make a difference. New and existing partnership opportunities that are or could be helpful would include job training and transportation to jobs in Albuquerque and Bernalillo and outreach to community members, including renewed efforts to provide GED instruction with the goal of increasing resident confidence in the ability to find employment opportunities outside of Pena Blanca. Additional job opportunities in conjunction with the restaurant/gallery also offer hope. The involvement of Sangre de Cristo Center residents as volunteers has been helpful.

(See Appendix A for listing of key informant interviewees in Pena Blanca)

Three Community Capacity Building events: Pena Blanca

In addition to key informant updates, three community capacity building events in Pena Blanca created the opportunity to obtain “grass roots” anecdotal input from a variety of community members who volunteered to share their perspectives. These events included a Roadrunner Food Pantry held the second Thursday of every month at the Pena Blanca Community Center, staffed and operated by Sandoval County and limited to participation by those 55 years and older, approximately 50 households, a St Vincent de Paul clothing/food distribution held in the St Vincent de Paul building sponsored by the Catholic volunteer lay organization open to all community members on the third Saturday of each month and the Annual Community Clean up and lunch coordinated by Sandoval County supervisor, Irma Gonzales and held at the Community Center. The intent was to obtain input from a variety of grass roots perspectives based on age as well as involvement in the Pena Blanca community. The home community identified by each participant was noted but names were not recorded or associated with responses. A series of four questions were ask one-on-one in everyday English and responses were written on sticky notes placed on poster boards under the appropriate question to allow other participants to view responses.

The questions were:

- 1. What do you like about your community, including organizations, services, people, places or anything else?**
- 2. How could things be improved?**
- 3. Who is working together? (Partnerships now/suggestions for future)**
- 4. Where do you go for health care?**

Summary of frequent Responses at community capacity data gathering events in Pena Blanca

Question 1: What do you like about your community, including organizations, services, people, places or anything else?

#1 Community members know each other, help in time of need, work together

#2 Small, rural, peaceful community

#3 Community Center related services (kids' programming, library)

#4 Three foodbanks (tied with) Church and Father Brennan

See Table 3 for detail by event

Question 2: What are the things that could things be improved?

#1 Substance abuse: alcohol and drugs

#2 More activities for children and youth

#3 More community meetings, improve working together

#4 More activities for active seniors

#5 More businesses and jobs in town

See Table 4 for detail by event

Question 3: Partnerships, Who's working together? Suggestions? Opportunities?

#1 Community Center/Sandoval County

#2 St Vincent de Paul food and clothing and utility bill support

#3 Church

#4 Father Brennan initiated and supported restaurant, rehabilitation center (jobs)

Baseball fields and teams for children/youth

See Table 5 for detail by event

Question 4: Where do you go for health care?

#1 Albuquerque, Bernalillo, Rio Rancho

#2 Santa Fe

#3 Try to stay well, don't go

See Table 6 for detail by event

Senior Activities Survey developed and conducted by Community Committee at Roadrunner food distribution (limited to those 55 or older)

25 responses in survey total. The following each received 20 or more positive responses re possible activities for seniors.

#1 Field trips

#2 Bead work

#3 Arts and crafts

#4 Bingo

#5 Activities at Senior centers at Santo Domingo and Cochiti Pueblos

See Table 7 for detail

Findings from Community Capacity building events

Input from the three community capacity building events in Pena Blanca reinforced the positively valued assets of small, rural, peaceful, close knit and helpful. These interpersonal and “pastoral” setting assets appear to be supported by the community center, the new baseball fields creating an activity for children and youth and the promise of more jobs and vitality associated with the anticipated opening of the restaurant and gallery and the ongoing support of the three food distributions each month on a schedule that provides good coverage.

Areas identified as needing improvement were consistent with the positive asset vision. These included concern and fear associated with local substance abuse and mental health, a strong interest in more activities for children/youth and senior citizens, and employment opportunities and an interest in working to improve community cooperation and working together through community meetings.

Important partnerships include Sandoval County through the community center, St Vincent de Paul food and clothing distribution, the church and Father Brennan initiated community improvements including the restaurant and associated jobs and baseball fields. In addition, there is interest in improved partnering with the adjacent Santo Domingo and Cochiti pueblos relative to senior and youth activities and access to health care.

Key informant input reflects insight into community process and continuing effort to provide services and facilities that have the potential for facilitating increased self -motivation and involvement on the part of residents. Substance addiction and trafficking creates an atmosphere of fear, unease, and as one resident described it “psychic drag.” Community members’ desire for services is mirrored by efforts of partners to address those needs. Increased broad-based grass roots community support, participation and commitment to taking responsibility and participating in community asset maximization across all age groups in an environment with ongoing social safety net support and improved economic development would increase likelihood of positive outcomes.

Recommendations

The Sandoval County Health Council sponsored asset mapping project appears to have worked synergistically in conjunction with substantial ongoing efforts coming from within the Cuba and Pena Blanca communities to support and improve their social determinants of health. Local identification of priorities and awareness of assets that can help to achieve goals through partnerships appears to be moving forward incrementally in both communities.

Cuba: Early Childhood Coalition, Checkboard Area Resources list, Ongoing SBHC services

Pena Blanca: Ongoing community center programming, including interest among senior citizens in expanded activities, Restaurant/Gallery opening this summer, plans for community garden, use of baseball fields for team play, three food pantries and consideration of expansion of Sangre De Cristo Rehabilitation Center services to Pena Blanca residents. Concern remains at both grass roots and key informant level regarding resources and partnerships needed to resolve drug trafficking and production within the community, in addition to access to treatment.

The SCHC should continue to stay informed, facilitate communication among potential partners and offer support and reinforcement for these efforts. Furthermore, additional rural Sandoval County communities could be explored. It seems likely that the process of working with those who are leaders and trusted “gatekeepers” in these communities and acknowledging to grass roots community members that their input is important, can be a step to lay the groundwork for increased willingness to take responsibility and participate in sustainable community improvement. This process is incremental and is facilitated by identification, buy-in and some level of internal consensus regarding community assets, priorities and potential partnerships. Support from outside the community to provide resources for these assets, priorities and partnerships will continue to be important.

Table 1

Cuba and Pena Blanca, New Mexico

Community demographic, economic data, including a sampling of youth risk factor information was obtained from the US Census American Factfinder 2011-2015, New Mexico Department of Health, IBIS site and the New Mexico 2013 Youth Risk and Resiliency Report. Specific categories include age, race/ethnicity, income, education and youth risk factors for Cuba and Pena Blanca, compared to Sandoval County and New Mexico data.

	Cuba	Pena Blanca	Sandoval County	New Mexico
Population (2014)	5200	737	131,561	2,059,179
Median Income	\$26,582	\$36,964	\$58,982	\$44,968
Below 100%FPL	45.3%	21.5%	14.7%	20.9%
Age 0-19	36.0%	23.1%	28.1%	27.3%
20-44	29.8%	26.4%	30.7%	32.2%
45-64	22.4%	36.3%	27.7%	26.1%
65+over	11.8%	14.0%	13.6%	14.2%
Race/Ethnicity				
American Indian	75.5%	8.4%	12.5%	10.3%
African Amer	0%	.9%	2.6%	2.8%
Asian	.1%	0%	1.4%	1.3%
Hispanic	13.3%	73.5%	36.4%	47.0%
White	9.6%	13.9%	46.1%	39.6%
Education				
Less than HS	13.8%	17.0%	18.7%	20%
HS Completion	81%	83%	96%	84%
Some College	5.2%	0%	47.7%	46.6%
Youth Risk				
Seriously considered suicide	15.7%	19%	16.5%	17.1%
Poverty	40.1%	19.9%	19%	30%
Heroin	8%	3.4%	3.1%	2.9%
Painkiller High	11.6%	10.9%	9.7%	8.5%
Overwt/Obese	44.8%	38.2%	29.1%	27.6%

Table 2

Santo Domingo and Cochiti Pueblos

Demographic Data Source: US Census Bureau My Tribal Area 2011-2015 estimates

	Santo Domingo	Cochiti
Total Population	3422	1751
Native American/Alaskan Native	3268	679
Median age	31	43.6
10 yrs and under	488	184
18 yrs and over	2487	1345
65 yrs and over	378	335
Income		
Median Income	\$36,250	\$46,471
Families below 100% FPL	35.9%	15.2%
Families with related children under 18 yrs old below 100% FPL	41.1%	25.6%
Families with related children under 5 yrs old below 100% FPL	50%	38.2%
Education		
High School or higher	73.4%	88.6%
Bachelors or higher	6.8%	22.6%
Health Insurance		
private	291	822
public	1592	830
Indian Health Service: No other	1579	358

Table 3

Pena Blanca Community Capacity Building Events,

Summary of responses

Things I like about my Community (People, places, organizations, services)

	Roadrunner Pantry (Over 55 yrs old)	St Vincent de Paul Pantry (all ages)	Community Clean-up (center volunteers)
Communities represented	Pena Blanca, Sile N=12	Sile, San Felipe, Bernalillo, Santo Domingo, Cochiti, Cochiti Lake, Pena Blanca N=19	Pena Blanca, Sile N=10
Community Center/kids Programs/Library Irma	6		2
3 Food Pantries	2		
Church/Father Brennan	1		1
Community members/know everyone/help each other/work together	2	15	3
Diversity/Culture	1	2	
Family oriented		1	1
No violence or gangs	1		
Small, rural, peaceful/High quality water	2	8	2
Outdoor activities			1
Nothing		1	

Table 4

Things that could be improved

	Roadrunner Food Pantry (Over 55 yrs)	St Vincent's de Paul Food/Clothing Pantry	Community Clean up (Center volunteers)
Communities Represented	Pena Blanca, Sile N=19	Sile, San Felipe, Bernalillo, Santo Domingo, Cochiti Lake Cochiti, Pena Blanca N=23	Sile, Pena Blanca N=12
Bus/Railrunner/shuttle service, most without vehicles and jobs out of town		5	
Drugs/alcohol/Meth abuse/mental health People afraid to seek help. Confidentiality concerns. Psychic drag on community. No see, no hear, no tell	4	8	2
Get rid of drug dealers, bar		4	
People manipulate the system		1	
Community lost, Needs Leadership/organization		2	
Community meetings/Community board/improve working together	3	2	4
Stop graffiti, improve security, more police		3	
Get rid of police they harass people		2	
More jobs in town, more businesses Restaurant, bakery, grocery, convenience	2	4	
More activities for children/youth	5	1	3
GED program		1	
Medical and dental providers		1	
a park, sidewalks		3	
Clean up trash in yards/roads/trash bins	2	3	
	Roadrunner Food Pantry	St Vincent de Paul food/clothing pantry	Community Clean up

Slow traffic on main road, fix roads		3	
More access to open space around town(Pueblos own)	1	1	
Activities for active seniors		3	5
No need for improvement		1	

Table 5

Partnerships/ Who is working together? Suggestions? Opportunities?

INPUT	Roadrunner Food Bank (55yrs old)	St Vincent de Paul Clothing/Food Pantry	Community Clean up (Center volunteers)
Communities represented	Pena Blanca, Sile N=5	Pena Blanca, Sile, Santo Domingo, San Felipe, Cochiti, Cochiti Lake, Bernalillo N=19	Pena Blanca, Sile N=12
Sandoval County/community center/kids' programs/other programs	4		10
San Francisco Center re jobs and volunteers for community activities like food pantry	1	1	
Father Brennan: center restaurant, baseball fields/3little league teams PB and pueblos	1	3	1
St Vincent de Paul: food, clothing, utility bills	1	8	
Roadrunner Food Pantry	1		1
Church	1	7	
Not aware of any partnerships/People came to be with themselves		2	

Table 6

Where do you get health care?

	Roadrunner Food Bank (55 yrs old)	St Vincent de Paul clothing/food (all ages)	Community Clean Up Center volunteers
Communities Represented	Pena Blanca, Sile N=14	Pena Blanca, Sile, Santo Domingo, San Felipe, Cochiti, Cochiti Lake, Bernalillo, N=20	Pena Blanca, Sile N=12
Albuquerque/Bernalillo/Rio Rancho	3	6	5
Santa Fe	4	5	4
IHS		1	
VA		1	
Santo Domingo open to all		2	
Lost insurance when retired avoids needed care	1		
Nothing avail in PB	1		
Never had insurance, try to stay well	3		
Caretaker burnout driving family to appointments and providing care at home	2		
People don't know what is available, need to be told	1		

Table 7

Pena Blanca Community Council Survey of Senior citizen activity interests,

Survey compiled by Pena Blanca Community Council and administered by Irma Gonzales at May 11, 2017 Roadrunner Food distribution (N=25)

Activity	Yes	NO
Would you be interested in attending a Sr center in Placitas, Bernalillo, Cochiti or Santo Domingo?	16	5
Do you like to do bead work?	21	4
Do you like to go on field trips?	22	3
Do you like to do arts & crafts?	20	2
Do you like to play cards?	12	11
Do you like to play Bingo?	20	5
Do you like to play pool?	10	11
Do you like to quilt?	13	8
Other Sr Center Activities	movies, cooking, sewing, workout, ceramics, picnics, color, polka party	

Appendix A Key Informants providing updated information

Cuba:

Karolyn Schaefer, Public Health Nurse

Alejandro Ortega, University of New Mexico Office of Prevention

Christine Montoya, PMS, manager Cuba School Based Health Center

Rebecca Romero, PMS, scheduler, Cuba SBHC

Agnus Trujillo, PMS, medical assistant, Cuba SBHC

Shelia, PMS dental hygienist, Cuba area SBHCs

Pena Blanca:

Irma Gonzales, Sandoval County, Recreation and Senior Activities

Father Terry Brennan, Sangre de Cristo Rehabilitation Center

Marie Trujillo, director Sangre de Cristo House

Ezekial, coordinator St Vincent de Paul in Pena Blanca