Assessing the Magnitude of the Adverse Social Determinants of Health in the 100% New Mexico Initiative

Research Brief 3

Julie McCrae | Emily C. Rhodes | Angeline Spain

Summary: Families—including children, students, parents, and caregiving grandparents—across the United States can lack access to vital services important for health, well-being, and surviving day to day. Lack of access to vital services is an adverse social determinant of health (SDOH), defined as characteristics of one's environment that determine a person's health and overall quality of life. To close these gaps in local services, it is important to assess, understand, and implement solutions that prevent all individuals from having access to vital services for surviving and thriving. This brief reviews the assessment process using the 100% Community Survey implemented by New Mexico State University's 100% New Mexico Initiative to identify barriers to vital services within a county so that solutions can be tailored to meet identified needs.

Despite the United States being one of the wealthiest countries in the world, American children and families have less access to an adequate and equitable social safety net compared with other countries. Among 27 advanced economy countries, the U.S. ranks 26th in labor market and safety net spending and 27th in family allowances that support families during critical child developmental stages and crises.[1] Our system of public services is critically in need of repair. One of the prime indicators of this need is inequality in the likelihood of having a healthy life trajectory. This was borne out in stark detail during the COVID-19 pandemic, when rates of severe illness and mortality among individuals in lower income communities and people of color were double the rates of others.[2] Our health is heavily influenced by social, economic, structural, and environmental conditions, called social determinants of health (SDOH).[3] SDOH have been shown to influence our health more than health behaviors such as smoking, exercise, and drug use, making addressing them a significant national and global priority to address.[4,5]

Many adverse social determinants of health are preventable or remedial as there are effective solutions to address them.[6,7] However, many communities are unprepared or unable to foster positive health for all their residents because of limited access to or availability of vital services.[8,9] Service access is the ability to receive the appropriate resource from a proper provider, at the right time and place.[10] Populations already experiencing disadvantage or vulnerabilities have the greatest amount of difficulty accessing services.[11,12,13] These structural, systemic inequities perpetuate health disparities in the U.S. by affording some members of the population access to vital services and, for others, creating barriers that hinder access and the consistency of care across a range of health determinants.

Recognizing challenges to accessing SDOH services is an important first step to reducing barriers.[14] This brief presents a strategy for communities to assess barriers to services used in the context of the 100% New Mexico Initiative, a county-based collective impact process to address SDOH. In the brief, we describe difficulties in access reported by community members in nine counties that used the *100% Community Survey* as Step 1 in their implementation of the 100% New Mexico Initiative.[15]

100% NEW MEXICO

The 100% New Mexico Initiative aims to transform adverse SDOH into positive SDOH and reduce experiences of adversity among 100% of New Mexicans by ensuring access to ten vital surviving and thriving services.[12] Ten sector action teams that align with ten vital services (see Figure 1) work collaboratively within a county or small set of counties to identify the gaps in services, specific barriers to services, and implement evidence-informed solutions to resolve barriers to access and quality in each sector. This model considers access to these 10 services a basic human right.[16]

Figure 1. 100% New Mexico's Ten Vital Services

100% COMMUNITY SURVEY

Counties starting a local 100% New Mexico Initiative implement the *100% Community Survey* as the first of seven steps of data-driven Collective Impact (CI) that is foundational to the model.[16,17] After forming the local initiative backbone infrastructure (a CI core condition), community initiative members plan and conduct the survey. The survey serves multiple purposes: (1) to mobilize a team committed to a common agenda to assess the local factors that contribute to service barriers; (2) to use survey assessment results as a launch point to develop, adapt, implement, and test evidence-informed solutions to address barriers in each of the ten service sectors; and (3) to assess change in the extent of barriers and the nature of those barriers over time. Once the survey is completed by a community, the Center for Community Analysis at New Mexico State University analyzes the data and develops a report summarizing service needs and access barriers. Counties then use the results to research, plan, and implement evidence-informed solutions. The survey includes three sections that ask respondents about their household characteristics; their need for and access to vital services; and the extent to which they have community and family support in times of need.

Figure 2. 100% New Mexico Seven Model Steps

SURVEY ADMINISTRATION

The core team for the local 100% New Mexico Initiative develops a plan to distribute the survey to respondents community wide. The Center for Community Analysis monitors survey completion and communicates with county leads about overall progress and sample representativeness compared with county demographic characteristics so that counties can adjust their recruitment efforts. Each county (n=9) met their completion rate targets in the initiatives' first three years. Representativeness varies by county.

Surveys are distributed through avenues available within each of the 10 Sector Action Teams (see Figure 1), and through broader methods to reach the general public. Distribution occurs through listserv emails, posting on agency websites, promotion through social media, and through in-person sector events, such as at food distribution sites and schools. Strategies to reach the community more broadly include going door to door, eliciting participation at grocery stores and community fairs, through family, friends and neighbors, and publishing in print media such as mailers, newspapers, and community-wide newsletters. Surveys are made available electronically by providing a link and QR code, in hard copy for in-person events and locations, and in English and Spanish.

Between 2019 and 2022, 5,573 individuals completed the *100% Community Survey*. Table 1 shows the number of responses by county and the urban-rural classification for each county.[18]

Table 1. Number of Survey Responses for Each County

County	Response Count	Urbanicity*
Santa Fe	1,297	Small metro
Dona Ana	1,226	Small metro
Bernalillo	901	Medium metro
Socorro	515	Noncore rural
Otero	478	Micropolitan
Rio Arriba	425	Micropolitan
San Miguel	370	Micropolitan
Valencia	343	Medium metro
Catron	198	Noncore rural
Total number of survey responses	*5,753*	

*Small metros (population <250,000); medium metros (250,000-999,000); micropolitan (10,000–49,999); noncore counties are rural with no urban center.
Note. All survey respondents are 18 years of age or older.

SURVEY RESULTS

Access to Vital Services

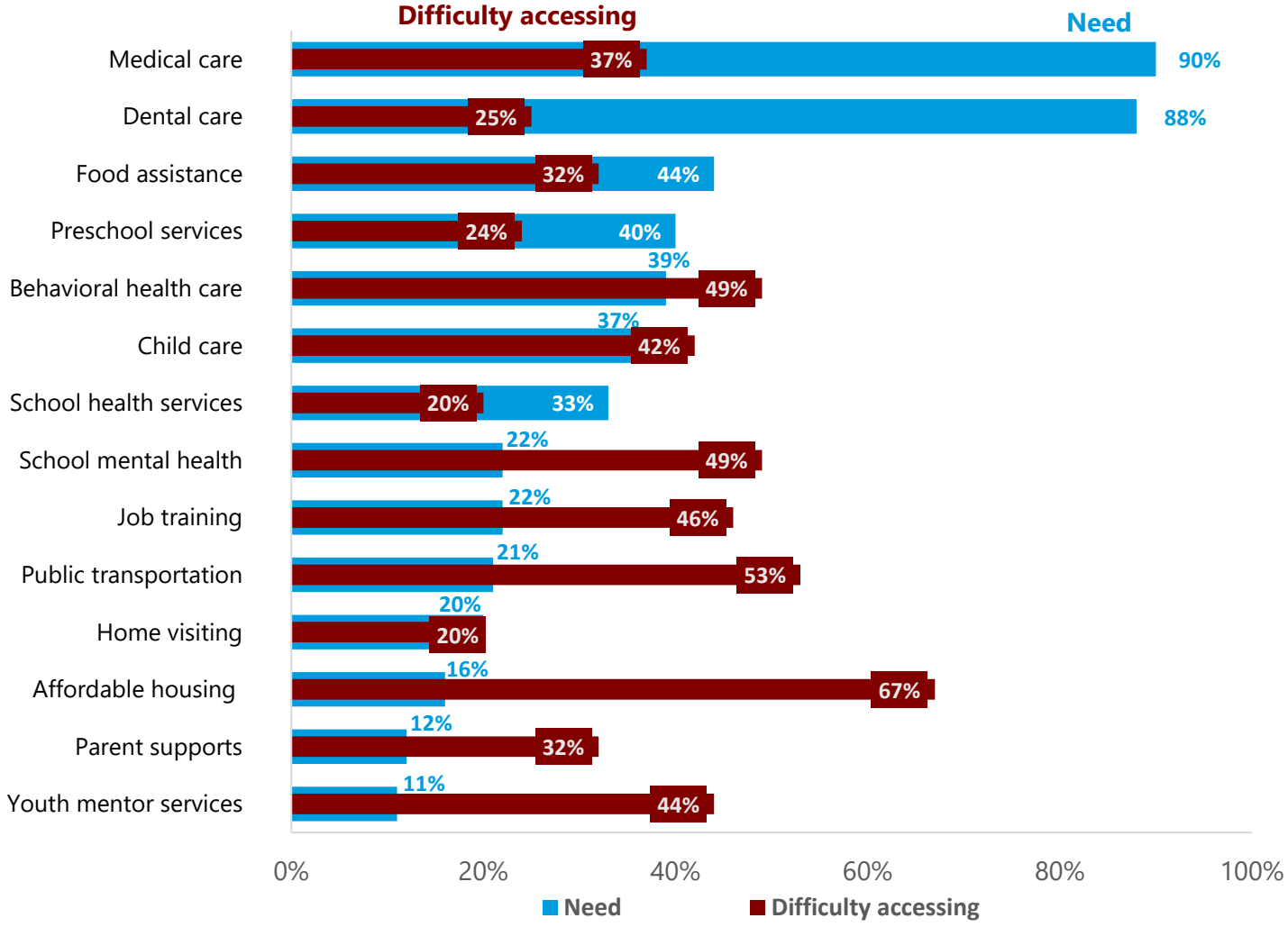
Participants reported having a wide range of needs for each vital service and the extent of barriers accessing services (see Figure 3, blue bar). Most commonly, participants indicated needing medical services (90%) and dental care (88%). Figure 3 also shows the proportion of survey participants who reported difficulty accessing each service among those who reported need for the service (see red bar). For example, among the 90% of participants indicating need for medical care, 37% indicated having difficulty accessing medical care.

For many services, roughly one-half or more of those with reported needs said it was difficult to access the services. Difficult-to-access services include:

- Affordable housing (67%)
- Public transportation (53%)
- Behavioral health care (49%)
- School-based mental health services (49%)
- Job training (46%).

Rates of difficult access were lowest for school-based health care (20%), home visiting (20%), and preschool services (24%), and moderate for dental care (25%), food assistance (32%), childcare (42%), parent supports (32%) and youth mentor services (44%). However, given that these are vital services for surviving and thriving that 100% New Mexico aims to ensure access to for 100% of those who need them, there is significant room for strengthening access in each service area.

Figure 3. Proportion of Survey Participants Who Indicated Need For, and Difficulty Accessing, Vital Services (*n*=5,573)[a]



[a]The total number of responses varies by service sector. The *100% Community Survey* asks participants about 12 services, as shown in Figure 3. The 100% New Mexico Initiative's 10 Vital Services include home visiting and preschool services as one Vital Service, and school-based mental health services and school-based health services as one Vital Service resulting in 10 total Vital Services.

Challenges to Accessing Vital Services

Initiative sector action teams that are part of communities' 100% New Mexico Initiative need information this information about the extent of service barriers, and they also need to know the nature of these barriers to orient solutions. Survey participants who indicated they had difficulty accessing a service were asked to report specific difficulties they had accessing the service from a list of 10–12 barriers. The most common three barriers for each service are reported in Figure 4.

Figure 4. Top Three Challenges Accessing Vital Services

Medical care

1. Takes too long to get an appointment
2. I can't find a quality provider
3. Costs too much

Child care

1. Costs too much
2. I can't find a quality provider
3. Wait list is too long

Behavioral health care

1. I can't find a quality provider
2. Costs too much
3. Appointment times don't work for me

Preschool services

1. Wait list is too long
2. Costs too much
3. I can't find a quality provider

Public transportation

1. It doesn't run during the times that I need it
2. It doesn't go where I need to go
3. It takes far too long to use

Food security

1. I was told I don't qualify or know I don't qualify
2. I feel badly about going
3. Appointment times don't work for me

Affordable housing services

1. I was told I don't qualify or know I don't qualify
2. I don't know where to get this service
3. I don't have reliable transportation

Job training

1. They don't offer the type of training I want
2. I don't know where to get this service
3. I don't have anyone to watch my child during the training

School-based health services

1. My child's school doesn't offer this service
2. They don't offer the type of services my child needs
3. They don't speak my or my child's language

School-based mental health services

1. Too few mental health professionals at the school
2. They don't offer the type of services my child needs
3. My child's school doesn't offer this service

Home visiting

1. I don't know where to get this service
2. I do not qualify
3. I don't have time/can't get off work

Youth mentor services

1. I don't know where to get this service
2. The program is not right for my child
3. Uncomfortable with my child interacting with someone I don't know

These results show differences in the types of barriers for each service, but also several commonalities. Several services are reported to have long wait times or wait lists: medical care, child care, and preschool services. Medical care, child care, behavioral health care, and preschool are all considered too costly for many individuals who need to access the service. Concern about finding a quality provider was also common for these services.

Participants reported that a few services—including behavioral health care, food security assistance, and public transportation—were inaccessible because appointment times or times of available service didn't match their needs.

Not knowing where to get a service was a common barrier for job training, home visiting, and youth mentor services. Participants who needed food security assistance and affordable housing services reported that not qualifying for the service was the most common barrier. For several services—job training, school-based health services, school-based mental health services, and youth mentor services—many participants reported that the service did not meet their or their child's specific needs. The survey results also show that school-based health and mental health services are not uniformly offered in schools.

Targeting Solutions. These barriers, which generally reflect challenges in capacity, quality, cost, program restrictiveness, services not matching community members' needs, and lack of understanding about where to receive services, shed light on local-level solutions that sector action teams may want to prioritize. Part of 100% New Mexico's model is for communities to review the barriers from the survey results and access resources about solutions that action teams could pursue. Examples of evidence-informed solutions are part of the materials and assistance provided by the Anna, Age Eight Institute and described in the book *100% Community: Ensuring 10 Vital Services for Surviving and Thriving*, which serves as the blueprint for the initiative.[15] As the model has evolved, more focus and resources are being developed to build 100% Family Centers in each county. These centers will provide one central location to house all ten services. The Center would provide services on site, online, and through the help of navigators on staff.

CONCLUSIONS

The 100% Community Survey is a community-administered survey that aims to assess service barriers in the context of a community-based coalition to address SDOH. The survey is a unique contribution to existing measures of SDOH. Most existing SDOH assessments are indices that describe SDOH in a community rather than describing the barriers to linking populations in need with services to resolve SDOH.[19] Examples are the Area Deprivation Index,[20] Community Vital Signs,[21] and County Health Rankings.[22] While these aptly characterize indicators of SDOH using known community characteristics such as poverty level, unemployment, and number of childcare centers, they lack a human-centered actionable component. This lack could further distance community members from being involved in solutions. The strength of the current assessment process is that it provides local stakeholders with a starting point in the complex process of identifying service barriers and system-level needs to address adverse SDOH on a countywide level. Additional assessments and ongoing support for local data analysis can strengthen the process. To address adverse SDOH that can represent the root causes of many public health and education challenges, including adverse childhood experiences, the 100% Community Survey can serve as the starting point that engages initiative members, community stakeholders, and decision makers within multiple state departments, including those related to transportation, public health, education, labor and employment, and human services.

RECOMMENDATIONS

The 100% Community Survey is a new tool for states to use to assess barriers to accessing services relevant to social determinants of health and health equity. Other research being conducted by Chapin Hall will assess the tool's ability to capture SDOH by comparing survey results with other established measures of SDOH for New Mexico's population. We also recommend the following approaches to strengthen survey methodology and its application.

1. Ensure survey results are representative of the population. While each county has a recruitment target and adjusts recruitment strategies to ensure underrepresented groups are included, using representative sampling strategies would strengthen the approach considerably.

2. Build support for the survey among leaders in state agencies to align existing system and local assessments that guide policy, programming, and funding focused on health, safety, and education. States and communities are typically engaged in multiple assessment processes that are likely complementary but may duplicate effort and result in siloed learnings without a coordinated approach.

3. Share the results of the survey with state, county, and city lawmakers as well as school board members, to focus attention on the magnitude and costs of adverse SDOH. These costs are interrelated, for example, food and housing insecurity can influence a student's capacity to learn and a family's capacity to find treatment for medical, dental, and mental health challenges.

4. Strengthen the process and structure for using survey results to address barriers and improve access to vital services. Establish and be accountable to a continuous quality improvement (CQI) or plan-do-study-act cycle to use survey results to develop an evidence-informed plan to address barriers, implementing strategies to improve access to vital services, and studying the extent to which SDOH improve over time. This shared measurement is part of a collective impact approach.

5. Use the survey results to consider the necessary service array for one-stop service hubs and community schools that are designed to work with families and community members holistically and inclusively and could address multiple gaps in services at once.

SUMMARY OF THE 3-BRIEF SERIES

This brief is part of a 3-part series designed to overview a statewide process to transform adverse SDOH into positive SDOH. The 100% New Mexico Initiative, using the 100% Community Model,[15] is a framework and set of approaches behind a movement that aims to ensure that all children and families have access to vital services for surviving and thriving. This is a public health, preventive approach that when implemented helps coordinate efforts of service sectors that are not typically closely intertwined in their policies and practices. The model emphasizes building the skills and experiences of community coalition members to effectively engage local and state lawmakers and decision makers to increase political will and action to address urgent and ubiquitous struggles with health inequity and concentrated adversity. The 100% Community Survey provides data to launch community-specific solutions that are meant to be systemic, impactful, and drawn from the existing strengths and resources of a community. Approaching its fourth implementation year, our research points to 100% New Mexico's accomplishments as creating substantial state and local infrastructure and rolling out multiple specific tools and trainings to support county coalition partners. Collective impact, with the data-driven survey component and focus on evidence-based and community-driven solutions, is an apt fit because addressing SDOH, childhood adversity, and health equity are deeply rooted, complex, and historical problems without a single solution, sometimes called wicked problems.[23] The survey is a tool that can be used to assess and create a plan to address adverse SDOH using collective impact strategies.

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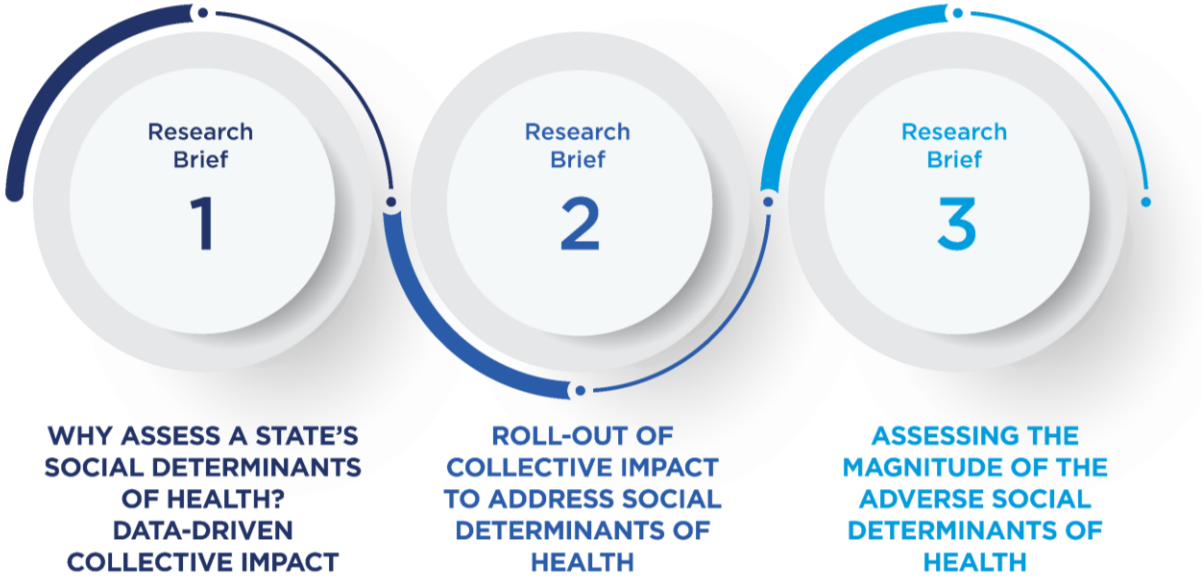

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Correspondence
Julie McCrae, Senior Researcher, Chapin Hall at the University of Chicago
jmccrae@chapinhall.org; 720-442-1785