



TRANSFORMING HEALTH, STRENGTHENING OUR COMMUNITY

CHRISTUS ST. VINCENT 2017-2019 COMMUNITY HEALTH NEEDS ASSESSMENT

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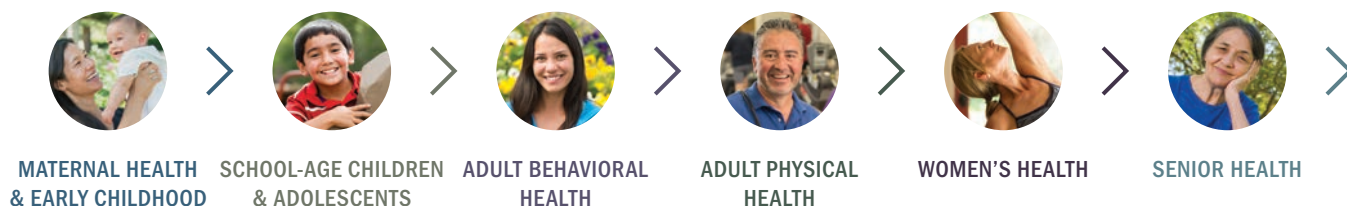
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EXECUTIVE SUMMARY

Santa Fe New Mexico is a place where big blue skies open up over an intricate tapestry of diverse geography, peoples, art, culture, spirituality and history. Some of its people have arrived recently as immigrants or tourists who are soaking in their new environment, while others have deep ties to each other, the land and traditional ways of life forged over centuries. Blessed with a stunning natural environment, enviable weather, and the joys of both green and red chile, it is no wonder that many come to Santa Fe to relax, recharge and heal from the stresses of their lives elsewhere! Below the beautiful exterior of Santa Fe lies a more complex, richer story, and with a mix of socio-cultural factors, with the power to enhance and at other times detract from its residents' health and happiness.

This 2017–2019 Community Health Needs Assessment (CHNA) describes Santa Fe County's health status and prioritizes the most substantial challenges to wellbeing experienced by its residents. Because health needs and issues tend to change as we age, CHRISTUS St. Vincent's (CSV) approach to community health follows a life-stage model.

Within this model and report, the lifespan is broken down into six distinct categories. These groupings facilitate a more focused and in-depth understanding of the barriers to health experienced within each age group. The lifespan categories targeted are: maternal and early childhood, school-age children and adolescents, adult behavioral health, adult physical health, women and seniors. Although this CHNA considers each lifespan category separately, we acknowledge the strong linkages across stages and know that what happens in one stage of life often impacts or determines what will happen in the next. Similarly, identified health challenges like depression and obesity can overlap in complex ways and supercharge the harmful effects of each other. Also, highlighted in this report are the strong effects that the social determinants of health and our community's economic and power structures influence over individual and population health outcomes and wellness. Indeed the status of one's physical and emotional health tends to mirror the health, safety and access to resources available in the larger environment. Social determinants, or conditions we experience in the place we live, can significantly influence how a person is

protected from or vulnerable to the impacts of: disease, poverty, trauma, insecure housing, domestic violence, awareness of and access to nutritional food, behavioral health, substance use disorder, educational opportunities, and other health and quality of life issues.

Social determinants have strong ties to a person's ability to access healthcare and to maintain their health throughout their lives. In Santa Fe, we tend to see individuals who live on the Southside of Santa Fe, Native Americans, high utilizers of healthcare resources, and those who identify as lesbian, gay, bisexual or transgender, struggle disproportionately. These groups also often suffer poorer health outcomes due to the barriers they experience to accessing the care they need.

Our community is uniquely designed to give us the results we see around us every day including the very dangerous and troubling ones that are catalogued in this report. If we come together in partnership to address social determinant issues, strengthen our system of care and re-engineer our community in deliberate, inclusive and strategic ways, we will create a ripple effects of equity, prosperity, and an ever-improving trajectory of wellness across the life span for generations to enjoy.

ACROSS THE COMMUNITY

Heart disease and cancer are lead causes of mortality. Health access has improved due to the Affordable Care Act. Yet, 27,411 Santa Fe County residents remain uninsured. 37% of

the Agua Fria Village population and 27% of the Airport Road corridor population do not have health insurance. These areas of town have the highest population of non-U.S. citizens who are foreign born thus they do not qualify for health insurance. Lacking an alternative, many use the Emergency Room for basic health care. CHRISTUS St. Vincent (CSV) Hospital data shows that 39% of all Emergency Room visits are for general medical visits including fever, headaches, sore throats, and other infections, which could be easily treated in the primary care setting.

MATERNAL HEALTH & EARLY CHILDHOOD

Maternal and child health has risen to become a high priority at the local, state and national levels due to advancements in brain development research. The research shows how early efforts to support babies and families can set a positive trajectory for the rest of an individual's life. Conversely, a lack of prenatal care, babies being born at a weight of less than 5.5 pounds, or infants being abused in any way, can lead to early trauma, attachment and development issues and initiate a lifetime of poor health outcomes and other preventable consequences.

Fortunately, we have strong collaboration across organizations involved in early childhood issues in Santa Fe and these entities are meeting and taking action to address access to prenatal care in the 1st trimester and to decrease the number



or low birth weight babies. Prenatal care in the 1st trimester was accessed by 74.2% of new mothers in Santa Fe in 2014. This rate is better than the state rate and the same as the national average. Numerous initiatives funded by Santa Fe County and CHRISTUS St. Vincent are underway with the hope of increasing this number to exceed the national average. Out of 1,209 births at CHRISTUS St. Vincent in 2015, only 20 mothers (1.7%) reported having late (after the 1st trimester) or no prenatal care. While this number is small, one woman not having access to early prenatal care is too many.

The rate of low birth weight babies being born in Santa Fe is 9.9 per 100,000 births, which is slightly higher than the national rate of 8.13 babies per 100,000 births. Low birth weight is impacted by a myriad of factors such as the mother's age, stress level, race, domestic violence, air pollution, previous preterm birth, multiple births, as well as drug, alcohol or tobacco use. Babies born at low birth weight may have breathing difficulties, increased risk of infection and for some, emotional or developmental issues as they age. Due to the current focus on and collaborations across the community, we believe that we will continue to see an increase of mothers accessing prenatal care in the 1st trimester and a decrease in those who deliver babies less than 5.5 pounds.

Substantiated abuse and neglect of infant children in our community is of great concern as expressed in focus groups and interviews with people from the community. They report that we have an issue protecting our children and keeping them from being abused by their caretakers and/or parents. Little from a cross-community collaboration standpoint is occurring, and the lack of action is reflected in the data. Cases of substantiated abuse of children ages zero to five years, as well as children over all, were both up by 7% in 2015 compared to 2014 rates. Community

members point to a lack of coordination and resourcing to prevent abuse of children. Sadly, child maltreatment creates a legacy of abuse and violence in the home, which is often passed down from generation to generation. It is borne out by the data in this CHNA on child abuse, domestic violence and elder abuse that there are elevated levels of violence in our residents' homes throughout the entire lifecycle.

SCHOOL-AGE CHILDREN & ADOLESCENTS

The patterns children develop in adolescence often continue throughout their life. These patterns include levels of physical activity, relationships with peer groups and family, and the abilities to overcome challenges and maintain positive connections and self-esteem. A young person's capacity in these areas is heavily influenced by the role models around them and the level of support they receive from their community. Children who have adverse experiences and survive certain traumas such as: abuse or neglect, domestic violence, household substance abuse or mental illness, divorce or incarceration of a household member, show poorer health outcomes as adults. These outcomes may include higher rates of depression, substance use disorder and obesity as well as more risk taking behavior and chronic disease finally culminating in shortened life span.

In Santa Fe, our children struggle significantly more than children from other parts of the country in their rates of depression, and to compound this issue, are lacking in significant hallmarks of resilience. Insufficient resilience means our children have a harder time bouncing back from adversity and coping with the challenges of life. Resilience is measured in this report as "the percent of youth who report a teacher or other adult who believes he/she will be a success". Almost half of Santa Fe's youth (45.8%) claim to not have anyone who believes they will be a success, and

one-third of our children (32.5%) report feeling persistent sadness or hopelessness over the past 12 months. This is 2.5% higher than the state average for youth depression.

Children in Santa Fe remain below the state and national averages for rates of obesity. Although our rates are lower, we are catching up. Experts and community members believe this is due to the prevalence of fast food and a sedentary lifestyle promoted by technology like smart phones and video games.

The Santa Fe Prevention Alliance, who works to prevent youth substance abuse, connects the high rate of childhood depression and high level of childhood poverty to youth resilience and obesity. The group also identified poverty, emotional health and nutrition as the key building block for health in this stage in life and the ones that follow.

Fortunately, much like in the category of Maternal and Early Childhood, our community is invested in School-Age Children and Adolescents through a number of collaborative groups and actions. While more can always be done, it seems that these groups are making progress and creating positive change.

ADULT BEHAVIORAL HEALTH

Santa Fe is near the top of the list of cities in the nation for per capita drug related deaths, adult suicide and alcohol dependence. Our community is performing incredibly poorly in these aspects of behavioral health, which includes mental illness and substance use disorder. It is difficult to calculate the toll that these issues take on individuals, families and our community as a whole. There is likely no bigger impact or more foundational element to health than one's emotional stability and sobriety; without these basic elements physical health cannot be achieved or maintained. As previously mentioned, adults who experienced trauma early in life are more at risk of developing mental health issues and

substance use disorders in an attempt to self-medicate with drugs and alcohol. When our residents still cannot find relief from their pain, an alarmingly high number take the final step of ending their life.

Although there is admirable community collaboration to keep the mentally ill out of our jail, current efforts do not seem sufficient to address the depth or breadth of need present in the community. More resources, coordination and programs are required if we want to reverse the curve on our behavioral health and problematic drug and alcohol use trends. Rates of death caused by overdose in Santa Fe County are more than double the national average with 70% of drug overdoses being tied to opioid painkillers or heroin. Similarly, rates of death due to suicide are also nearly twice the national average. Over one in ten visits to the CSV emergency room is for a behavioral health issue. This makes behavioral health the 4th most prevalent condition leading to an ER visit in our community. From 2010–2014, Santa Fe's death rate due to alcohol was 52.9 deaths per 100,000 people as compared with the national rate of 29.4 deaths per 100,000 population. This is consistent with New Mexico being ranked 1st, 2nd or 3rd for highest total alcohol related death rate since 1981.

Our community voiced its concerns in multiple focus groups about the lack of timely access to basic behavioral health, psychiatric services and case management for those individuals who are trying to heal or treat their mental illness and/or substance use disorder. As witnessed by the CHRISTUS St. Vincent HUGS (High Utilizer Group Services, serving the top 30 utilizing patients of the ER) program, people with both a mental illness and substance use disorder are at high risk of falling through the cracks in our system of care and thus are repeatedly presented to the ER, jail, 911 and emergency response systems when their needs go unmet. This produces bottlenecks within our healthcare,



emergency response, behavioral health, law enforcement, judicial, and other community systems, hence, driving up costs and driving down quality of care for everyone. Mobile in-home services, while under-used, are highly effective and a recommended means for serving this population, and others, who cannot attend a regularly scheduled appointment at an office or clinic.

ADULT PHYSICAL HEALTH

The majority of adults in Santa Fe have a reduced likelihood of developing chronic disease and obesity when compared to state and national data. This is due in part to the consumption of healthy foods and levels of physical activity among many adults in Santa Fe. However, there is concern that this enviable health advantage is not extended to residents who have less financial ability to afford nutritious foods, or those who have not been taught proper nutrition. Despite having better physical health outcomes, in 2014, heart disease was the leading cause of death

in New Mexico and diabetes (which is linked to obesity rates), ranked 6th as a leading cause of death.

Participants from the focus group conducted on the Southside noted that although our chronic disease and obesity rates are lower, the economic disparities between rich and poor in Santa Fe make the data seem more positive than it actually is. They expressed that there is a segment of our population with financial means who can afford preventative care, healthy food, and time for physical activity that casts the data in a different light. They fear that for people who are poor or have more moderate incomes, the rates of chronic disease, obesity and consumption of healthy foods may look dramatically different and less positive. More interventions, which target less advantaged populations, are necessary to reverse the health inequities that exist in our community.

WOMEN'S HEALTH

The wellbeing of women in our community is seriously impacted by domestic violence, obesity and homelessness. While Santa Fe's rates of obesity in women are significantly lower than the state's average, we have higher rates of domestic violence than the state average, which already surpasses the national average. For too many women in Santa Fe, their current or former intimate partner represents an intense health risk to them. Women living in a violent relationship tend to not see going to the police or using the courts as a helpful alternative. Lack of low-income housing and victim-blaming attitudes were described in focus groups as blocking vital avenues to safety for women in the community.

The number of homeless women is not easy to determine because accurate data is not readily available, even at a national level, but information from a local homeless shelter, Pete's Place, and local homeless advocates indicate this is a growing problem in our community. Homeless women are more

vulnerable to being assaulted or exploited by others on the streets and their health is impacted in a variety of ways by their lack of housing and resources. Our high rates of domestic violence support community input that Santa Fe has a high number of homeless women who are abuse survivors that fled their offenders with little or no resources.

While Santa Fe Safe, a cross-system group that meets quarterly to coordinate community efforts on domestic violence is working hard to find solutions, Santa Fe continues to experience an epidemic of violence in the home and across the lifespan. Domestic violence has been the number one most prevalent call to law enforcement in Santa Fe for years, and data shows that the problem is increasing. Abusers may deprive victims of their health through physical assault, threaten, or deny them the ability or support needed to seek treatment for physical or mental illnesses. There are also many diseases, which are exacerbated simply by the stress involved in trying to survive under these toxic conditions. Stigma against survivors, a lack of affordable housing, and an inability of systems to hold offenders accountable for their chosen behaviors, are all reasons Santa Fe struggles to get in front of this crucial health issue.

SENIOR HEALTH

As Santa Fe residents reach the age of 65 and over, new health issues emerge and the community coordination and the will to combat them are lacking. Data shows that Santa Fe lags the state and nation in protecting seniors from dangerous falls and ensuring this older population has access to immunizations for flu and pneumonia. It is unclear from available data how Santa Fe compares to the statewide rates of abuse or the national rate, but our residents express great concern about the safety of seniors in our community.

There is a notable lack of coordination across service providers around health issues impacting seniors. This is particularly apparent when one compares the multi-system, dynamic efforts that support babies and youth in Santa Fe. With New Mexico ranked as the 10th fastest growing aging population in the country, the absence of planning and action is an area of great concern. In many ways, it seems that seniors in our community are a forgotten population perhaps due to being homebound or living in long-term care facilities where their voices and needs are not as apparent.

Santa Fe has a higher rate of death due to unintentional falls than the state and the nation. Unintentional falls are the leading



cause of unintentional injury death among adults 65 years and older. The U.S. crude death rate for unintentional falls is 57 deaths per 100,000 people; New Mexico's rate is 79 deaths per 100,000 people. Santa Fe tops them both, with 90 unintentional fall deaths per 100,000 people.

Annually, flu and pneumonia lead to death for numerous seniors. Just over half of our senior population in Santa Fe County (56%) received their flu vaccines last year. This is lower than the national percent of 67% and puts our seniors at great risk for preventable diseases. Despite efforts from the City and County, clearly more outreach and resources to immunize seniors are needed.

New Mexico Adult Protective Services reports that Santa Fe County makes up 13% of the state's substantiated abuse cases for seniors, and that this represents 224 confirmed cases of elder abuse or neglect. It is difficult to tell how this compares to other counties in NM and even more complex at the national level due to the lack of standard definitions for elder abuse. Not having a clear picture of where Santa Fe stands in relationship to this important health indicator is a concern given the harm that can be inflicted on vulnerable, elderly individuals. Nationally, only one in 14 cases of elder abuse ever comes to the attention of authorities. NM Adult Protective Services (APS) received nearly 12,000 reports of adult (ages 18 and over) abuse, neglect and exploitation in FY14, of which about 6,700 (57%) were screened for investigation and approximately 1,800 were substantiated. Community members report that elder abuse is an under recognized issue in Santa Fe. Local experts feel that elder abuse occurs and is due to limited personal resources to hire quality caregivers, high rates of domestic violence, and a lack of services available to seniors in their homes. As there is little outreach to home bound seniors, it is difficult to truly determine the rate of senior neglect, exploitation, or physical abuse.



IN SUMMARY

Across these indicators we see a pipeline of pain and squandered opportunity that this community cannot afford to continue and must invest in to stop. While most of the health problems encountered in adulthood and throughout life can be tied to early trauma and the effects of poverty, heightened need and a disturbing lack of coordinated community effort are apparent in the categories of **adult behavioral health** and **seniors** when compared to other lifespan categories. This CHNA also uncovered a disturbing trend across all stages of the lifespan regarding the elevated and perhaps growing amount of **violence in the home** for residents of Santa Fe County. The epidemic levels of drug and alcohol abuse, particularly those due to prescription drug abuse and opioid addiction is a call for action to this community. The tides are rising and our health care delivery system is ill prepared for the explosive growth and needs of the aging baby boomer population. Cross-system coordination toward strategic and measured community-wide initiatives is recommended to shore up these areas of our community's system of care where we are failing and give our residents the healthy lives they deserve.



INTRODUCTION

Santa Fe New Mexico is a place where big blue skies open up over an intricate tapestry of diverse geography, peoples, art, culture, spirituality and history. Some of its people have arrived recently as immigrants or tourists who are soaking in their new environment, while others have deep ties to each other, the land and traditional ways of life forged over centuries. Blessed with a stunning natural environment, enviable weather, and the joys of both green and red chili, it is no wonder that many come to Santa Fe to relax, recharge and heal from the stresses of their lives elsewhere! Below the beautiful exterior of Santa Fe lies a more complex, richer story of a mix of socio-cultural factors that enhance and detract from its residents' health and happiness.

In the midst of Santa Fe's story and long history lies CHRISTUS St. Vincent (CSV), our sole community provider hospital. It is a product of Santa Fe's collective wish for the very best health and wellness for its residents. CSV is where our neighbors work, our babies are born, a loved one passes away and others come for quality health care. Flu shots, primary care visits, cancer treatment, physical therapy and even detox from drugs and alcohol happen every day within CSV's walls. This organization both acts on the community to shape health, and is in turn also molded by the community to be what it is today. CSV is truly of the community and for the community, and together we will strive always to bring comfort and healing to the sick.

This mandate, to uncover and treat the root causes of sickness, occurs not only in response to our place in this community, but is also a legacy of the Sisters of Charity of Cincinnati, which began St. Vincent's Hospital 151 years ago in 1865. These brave religious women, who dedicated and often gave their lives to serve the sick and poor in our county, knew their communities and did not turn away from the most challenging health problems. They embraced a commitment to the sick and were undeterred regardless of the difficulties or disasters encountered. CSV strives to live up to this model of sacrifice and compassion and play its role in extending the opportunity for all to lead healthy, loving, productive lives. Our mission today reflects this heritage and continued commitment to our community:

“ **OUR HEALING MINISTRY IS TO IMPROVE THE HEALTH AND WELLBEING OF THE COMMUNITIES WE SERVE.**

—CHRISTUS ST. VINCENT MISSION STATEMENT

The 2017–2019 Community Health Needs Assessment (CHNA) is an extension of this wish to improve health and maximize wellness across our community.

Thank you for your interest, as a reader of this report, in understanding more fully the challenges we collectively face. We hope this report contributes to the transformation of health and wellbeing in our community for generations to come.



COMMUNITY HEALTH NEEDS ASSESSMENT OVERVIEW

While there are many strengths in our community that protect and reinforce our residents' health, this 2017–2019 Community Health Needs Assessment (CHNA) chronicles health and social factors that are of great concern. Completed in collaboration with the input of over 250 community members including health service recipients, professional subject experts, government and non-profit leaders and other community stakeholders, the 2017–2019 Community Health Needs Assessment is intended to: 1) describe the current health status of our population including populations in need of support for health improvement; 2) describe and prioritize those health indicators which are most concerning; and 3) determine the root causes, including social determinants, that underlie these indicators and result in poor health.

The CHNA will be used by CHRISTUS St. Vincent (CSV) to develop community health strategies, as a roadmap to guide allocation of community health resources, and for population health planning. The report will also be used in local collaborative efforts and by any others interested in the health status of the community or for planning purposes. This effort aligns with the Affordable Care Act and the Institute for Healthcare Improvement's Triple Aim to reduce the cost of care, increase a patient's experience of care and improve overall population health. The CHNA is also intended to meet

the changes made by the Internal Revenue Code (IRS) requiring non-profit hospitals to conduct a community health needs assessment, identify priorities, and develop implementation strategies.

CHRISTUS ST. VINCENT'S COMMITMENT TO COMMUNITY HEALTH

CHRISTUS St. Vincent is firmly committed to contributing to the improvement of the health and wellbeing of our population. CSV has a dedicated Department of Community Health and a Board of Directors, Community Health and Wellness Committee. The CSV Department of Community Health is responsible for administering the community health implementation strategies, operating a program for high utilizers of the emergency room with an addiction or mental illness, as well as, a 24/7 Sobering Center and overseeing the distribution of Community Benefit funds.

The Board of Directors established the Board Committee of Health and Wellness in 2011. The committee was established to demonstrate the Board's interest in oversight for community health strategies and actions. The membership of the board committee of Health and Wellness consists of a majority of board members plus community members with expertise in health including nursing education, senior care services, pediatrics, and public relations. The scope of responsibilities for the committee include oversight of CSV compliance with the Affordable Care Act and IRS regulations for maintaining non-profit status including the

Community Health Needs Assessment, CSV Community Health Priorities, Implementation Strategies, and the Charity Policy. The Board Committee sets priorities and oversees the Community Benefit funding process. The committee is highly engaged in ensuring that the community health strategies at CSV are robust and impactful.

POTENTIALLY AVAILABLE RESOURCES

In addition to the established resources of an entire department, the CSV Department of Community Health, CSV dedicates over \$1 million in community benefit funding to local non-profits to address social determinants of health and gaps in services. Annually funds are awarded through a competitive awards process.

In FYI6, a group of local organizations that fund non-profits was convened to explore opportunities to coordinate funding. The group includes CSV, SVHSupport, Santa Fe County, City of Santa Fe, Santa Fe Community Foundation, Brindle Foundation, and Thornburg Foundation. This impetus for the group is the need to fully leverage public and foundation funding to non-profits, to plan together, to avoid duplication of funding, and to align funding. While early in the organizing, there is a shared interest in working together. To the extent that this effort works, we will be taking a big picture look at funding of services for given population groups community-wide and together create greater community impact. In joining together, resource allocation can be more fully leveraged to address the needs of special populations. It is due to the effectiveness of collaboration of leaders in our community that this is possible.

COMMUNITY COLLABORATION & SYSTEM OF CARE PHILOSOPHY

CSV knows that the answers to population, community and individual health do not lie within one agency or entity, but will only

be realized through strategic, measured and coordinated partnership across community systems. All residents, systems and groups play a role in ensuring that our community-wide system of care is robust, inclusive, innovative and able to measure and respond to the successes or missteps that it creates. Private business, non-profits, government and individual residents are invited to lend their voices and efforts to resolve the many issues contained within this CHNA. Together we can leverage each of our strengths and proactively meet the challenges of the future with ever-increasing confidence that Santa Fe is a unified, inclusive and healthy place to live and raise a family.

EVALUATION OF IMPACT OF 2013 CHNA

The first Community Health Needs Assessment (CHNA) was conducted in 2013 in partnership with Santa Fe County. The report titled, "Santa Fe Community Health Profile" covered a broad range of health indicators. That CSV and Santa Fe County coordinated efforts and resources to conduct the assessment together were the first of many positive impacts of the 2013 CHNA.

The 2013 CHNA has promoted an on-going, "living" process of continuously assessing the health needs of our population. The 2013 CHNA has served as a focal point for understanding the needs of our community and for developing an appropriate response. The collaboration that began through the 2013 CHNA led to three years of effective coordination throughout the community. Collaboration between Santa Fe County, CSV, SVHSupport, the City of Santa Fe, Santa Fe Community Foundation, Department of Health, local non-profit health and social service providers, the Federally Qualified Health Centers, Brindle Foundation, pediatricians, health and social services providers and then community stakeholders has been on-going and has

resulted in program planning and strategy development to address the most pressing of our community's health challenges.

The Santa Fe County Health Plan, produced by The Santa Fe County Health Policy and Planning Commission, was based on the 2013 CHNA. CSV also used the CHNA to guide its Community Benefit funding awards to local non-profits. Local non-profits also utilized the CHNA for the purpose of grant writing, to document the need for services they were proposing. In evaluating the content of the 2013 CHNA, feedback from the community, and the decision of the CSV Board, led us to narrow the scope and focus to include only the most critical health indicators for the 2017–2019 CHNA. The thinking behind this shift was that a more focused CHNA would lead to a deeper understanding of these priority issues, resulting in better planning and more informed decisions on these critical community health issues within CSV and throughout the community.

From the 2013 CHNA, CSV implemented 13 initiatives impacting individuals that were in keeping with our lifespan model. Some of the actions taken were completed entirely by CSV and others came about as a result of strong partnerships with other non-profits where CSV provided financial and other support. These initiatives included Health Insurance Exchange enrollment, Medicaid expansion enrollment processes (that are on-going), expanded access to prenatal care, outreach to opiate addicted pregnant women, home visitation services to new families, wrap-around care to adolescents who are high utilizers of the emergency room, an obesity prevention initiative for youth, intensive wrap-around care for high utilizers of the emergency room with an addiction or mental illness, continuation of a hospital based domestic violence program, and an attempt to establish a senior care continuum. The Adolescent HUGS (High Utilizer Group Services) program

is an example of CSV's response to the needs of youth presenting multiple times to the emergency room with the conditions identified through the CHNA including suicide attempts, drug overdoses, sexual assault, and unintended injuries (violence or alcohol related). To address the issue of adult chronic diseases documented in the CHNA, MYCD (Manage Your Chronic Disease) has been implemented for patients with diabetes, heart disease, and cancer. This program is a collaboration with the New Mexico Department of Health, CSV practitioners, and other local partners such as the Senior Citizen Centers.

While there are numerous accomplishments from the 2013 CHNA, there were a couple of initiatives that were not as successful or that we were unable to maintain for all three years. Healthy Habits, which was a collaborative initiative with the New Mexico Department of Health to address obesity in youth did not move forward because of changes in staffing at CSV and to the grant at the Department of Health. As a result, a new program was developed with a local non-profit. This new program is a summer program to reduce youth obesity and is being offered in a CSV pediatric clinic. The Senior Care Continuum, a group of local experts and stakeholders, was convened by CSV on multiple occasions and worked well together to establish proper transitions of care for seniors. Unfortunately, due to staffing changes this work was discontinued.

In addition to the efforts described above, CSV annually awarded over one million dollars in Community Benefit funds to local non-profit organizations that were strategically focused on addressing the social determinants of health and gaps in Santa Fe's system of care. For each age group along the life span, specific services were funded. For example, one of our 2013 priority population groups was individuals with addictions and mental illness. We saw that for CSV patients with an addiction and behavioral health

diagnosis, who are also homeless, that when they were discharged from the hospital, they were at heightened risk for poor health and other outcomes. Many times these individuals were not sick enough for hospitalization but definitely needed a place to recover where they could be indoors all day and have someone looking out for them. As a result, Community Benefit funding is now being provided to two local homeless shelters for the use of respite beds. These respite beds allow our patients to have a warm, safe, caring place in which to be out of the elements and to heal. Under the direction of the Board Community Health and Wellness, implementation strategies and funded programs, like our respite bed partnership, are reviewed annually for their effectiveness.

METHODOLOGY

VISION FOR OUR COMMUNITY & HEALTH INDICATORS

The 2017–2019 CHNA began in the Fall of 2015 with Community Conversations designed to identify health priorities. Together with local community partners at these Community Conversations, we articulated our desired vision for the wellbeing we wish to achieve in our community. Health indicators were then selected and have served as the priority health needs to be examined throughout this 2017–2019 CHNA. The health indicators chosen are those that most significantly impact the health and wellbeing of our community.

Three selected indicators were chosen for each of the six lifespan categories including Maternal Health and Early Childhood, School-Age Children and Adolescents, Adult Physical Health, Adult Behavioral Health, Women, and Seniors. This resulted in 18 total indicators. These indicators range from our community's elevated rates of low birth weight babies, to the high incidence of fall related deaths for seniors.

Each indicator along the lifespan is discussed independently of each other within this CHNA in order to give them

the attention they deserve. It should be understood that despite their separation within this report's content, these indicators do not exist in isolation from one another in the real world. In fact, they are deeply woven together each influencing the others. These critical issues have complex relationships to each other and often overlap and reinforce the negative community conditions we all experience. For example, individuals who are challenged with mental illness or substance use disorder may be more vulnerable to unsafe and unhealthy relationships with their intimate partners. Certainly they also tend to experience more difficulties in exiting these toxic relationships. The focus group held at the Santa Fe Prevention Alliance echoed this reality and noted how children who develop depression early in life (School-Age Children and Adolescents, Indicator 2) will likely have reduced resilience (School-Age Children and Adolescents, Indicator 3) and more difficulties maintaining a healthy weight or not becoming obese (School-Age Children and Adolescents, Indicator 1). Though the interplay between the indicators can feel impossibly complex and overwhelming to those looking for solutions to these community issues, strategic action to unravel one issue will have a domino effect of also positively impacting other related indicators. In this way, action on any of these indicators produces a ripple effect bringing healing far beyond the targeted health issue.

Across the community, CSV, Santa Fe City and County Governments, Santa Fe Community Foundation and others have adopted the Results Based Accountability (RBA) Framework as a means for agreeing upon population health and wellbeing indicators and for measuring the performance of programs who are working to improve conditions in Santa Fe. This approach is utilized around the world to facilitate community planning in improving the wellbeing of populations and using data to measure performance. CSV is using the RBA

framework within all its Community Health programs and to help ensure the effectiveness of its Community Benefit funding. The RBA framework was also used to guide Community Conversations, focus groups and structure of this CHNA.

COMMUNITY INPUT & DATA COLLECTION

The 2017–2019 CHNA involved a thorough process with significant community input to identify and focus on the most critical issues facing the various age groups within our community. This additional effort has resulted in a report that has additional power to guide policy makers, funders, providers, community leaders and the general public toward the issues that matter the most in Santa Fe. While there are certainly other issues outside of this report that deserve attention, the health issues included in this report were identified as most important by a multitude of community experts, frontline workers, advocates, public health data and concerned citizens.

Quantitative data on the priority indicators were gathered from the New Mexico Department of Health, Centers for Disease Control, Census, Santa Fe Public Schools, Healthy People 2020, Kids Count, County Comparisons and a range of studies and other key data sources. A team of University of New Mexico Master of Health Administration students was instrumental in collecting and organizing the quantitative data. The Community Health Epidemiologist, with the New Mexico Department of Health, was instrumental in working with us to obtain and refine data specific to Santa Fe County. In addition, hospitalization, emergency room and outpatient utilization data were retrieved internally and reviewed to further understand the prevalence of health care conditions on utilization at CSV and the larger healthcare delivery system.

Qualitative data, gathered from a number of sources mentioned below, helped flesh out why people believe the selected health indicators

are such a problem in Santa Fe, and how they impact real lives thus enriching and bringing meaning to the quantitative data. The “voice of the community” was gathered through key informant interviews, and focus groups. Key informant interviews were conducted with medical practitioners and individuals who have direct experience either professionally or personally and a high level of expertise in a given health concern.

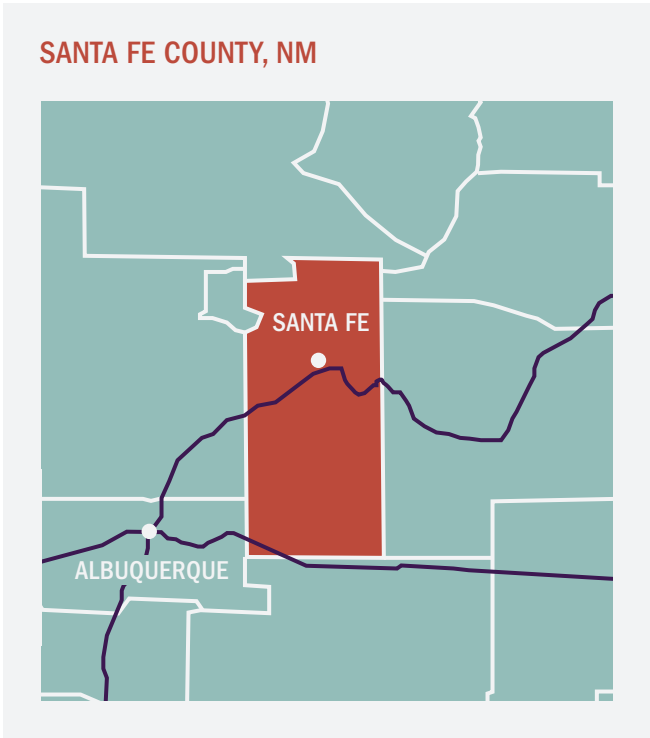
Through the focus groups a broad range and large number of individuals provided input and gave feedback on the data pertaining to each indicator. There was wide agreement that the indicators chosen were of high priority and have a significant impact on the lives of people in our community. The following five focus groups were held: Santa Fe County Health Policy & Planning Commission, City of Santa Fe Health Study Group, San Isidro Catholic Parish, Santa Fe Prevention Alliance, and a Santa Fe Community College Sociology Class.

The City of Santa Fe Health Study Group was appointed by Mayor Javier Gonzales and one of its key responsibilities is to examine the health needs of the community. The participants from this focus group were members of the community from a variety of backgrounds. The Santa Fe County Health Policy and Planning Commission (HPPC) has statutory responsibility for conducting County-wide health planning. Members of the Health Policy and Planning Commission are appointees of the Santa Fe County Commission. They are knowledgeable of the health needs of the community and are actively engaged in policy development, program planning and implementation. In addition to the membership of the HPPC, the focus group was well attended by other interested community members who added to the discussion. The Santa Fe Prevention Alliance is a multi-disciplinary group of representatives from law enforcement, the public schools, City, County and State Government, high school students,

service providers and other stakeholders committed to preventing alcohol and drug abuse. To better understand the needs of our immigrant population, a focus group was held at a Catholic parish located on the Southside of Santa Fe County. This focus group was facilitated in Spanish and held immediately following Spanish speaking mass. It was a rich and informative experience for all involved and helped us learn firsthand, the health challenges of Santa Fe's immigrant population. Another focus group was held at the Santa Fe Community College with a group of Sociology students. This class was made up of students who were veterans, adults returning to college and young adults.

DEFINITION OF THE COMMUNITY

CHRISTUS St. Vincent is the only Level III Trauma Center in North Central New Mexico, an area covering seven counties: Santa Fe, Rio Arriba, Los Alamos, Taos, Colfax, Mora and San Miguel. The CHNA is focused upon Santa Fe County, the primary service area for CHRISTUS St. Vincent. A description of the community is provided in the section titled "Our Community" in this report.



HEALTH PRIORITIES

Health needs can change or worsen along the age span. In this CHNA, CSV has taken the approach of looking at issues of wellbeing and need throughout the lifespan when addressing community health.

LIFESPAN APPROACH TO HEALTH CARE



The insights gained by studying health issues specific to age groups has contributed toward developing implementation strategies targeted to address high priority community health needs. In 2013, when presenting health highlights by population group, the CSV Board of Directors felt that they could not prioritize the needs of babies over seniors who are isolated and without family support. The lifespan approach helps to organize health care needs along a continuum so that appropriate focus can be placed accordingly.

PRIORITY NEEDS

The following table identifies the priorities identified through the Community Conversations process. Multiple disciplines from a range of organizations across the community came together to jointly select high priority needs. The process began with brainstorming lists of all health and well-being issues of concern. The issues were then ranked and voted upon. The content of the report covers the indicators in further detail.

POPULATION	INDICATOR	
MATERNAL HEALTH & EARLY CHILDHOOD	1	PRENATAL CARE IN THE FIRST TRIMESTER
	2	LOW BIRTH-WEIGHT BABIES
	3	SUBSTANTIATED CHILD ABUSE AND NEGLECT
SCHOOL-AGE CHILDREN & ADOLESCENTS	1	CHILDHOOD OBESITY
	2	YOUTH DEPRESSION
	3	YOUTH RESILIENCE
ADULT BEHAVIORAL HEALTH	1	DRUG RELATED DEATHS
	2	ADULT SUICIDE
	3	ALCOHOL DEPENDENCE
ADULT PHYSICAL HEALTH	1	CHRONIC DISEASES
	2	OBESITY
	3	HEALTHY FOOD CONSUMPTION
WOMEN'S HEALTH	1	DOMESTIC VIOLENCE
	2	OBESITY
	3	HOMELESSNESS AMONG WOMEN
SENIOR HEALTH	1	FALL RELATED UNINTENDED INJURY DEATHS
	2	IMMUNIZATIONS
	3	ELDER ABUSE

By studying these indicators through this CHNA, the areas that emerged of greatest concern are senior needs, behavioral health, and violence, which underlies many of our greatest community issues.

ORGANIZATION OF REPORT

This report is organized according to the six life span categories explained above beginning in pregnancy and ending with care for seniors. Each chapter is introduced with “Our Envisioned Future,” for the age group. By age group, an introduction to the section includes a summary of “What is being done?” This section discusses current collaboration and hospital initiatives underway to address critical needs of the population. The data are then presented with a summary of why the data

are important, how Santa Fe County is doing, and a detailed description of the story behind the data. The report is designed to inform the reader why each indicator matters, what baseline data exists, and interpret what the data may tell us, i.e. the story behind the data. Included in the story behind the data is information gained through key informant interviews and focus groups, i.e., qualitative data.

At the end of each age span section is a section on “Other factors impacting the wellbeing of (the given population)” that covers other factors described by stakeholders and experts that did not rise to the level of highest priority, yet have a clear relationship to the health harms being experienced in our community.

OUR SHARED VISION FOR A HEALTHY SANTA FE

In late 2015, we assembled partners and held Community Conversations with the goal of articulating our shared vision for a healthy Santa Fe. Participants included representatives from Santa Fe County, SVHSupport, the City of Santa Fe, Santa Fe Public Schools, Santa Fe Community Foundation, Department of Health, local non-profit health and social

service providers, Brindle Foundation, Thornburg Foundation, pediatric practitioners, and others. These stakeholders have a well-established track record of working together to address complex health and human service needs, and from this group a shared vision, framed as desired outcomes, was stated:

WE ENVISION A FUTURE WHERE:

All Babies are born healthy.

**All Children are safe, healthy
and nurtured.**

All Children are ready for school.

All Adults are mentally healthy.

All Adults are physically healthy.

**All Adults are free of substance
use disorders.**

All Women are safe and healthy.

All Seniors are healthy and safe.

OUR COMMUNITY

	SANTA FE	NEW MEXICO
POPULATION (JULY 1, 2014)	147,515	2,098,380
% NEW MEXICO POPULATION	7.03%	100%
LAND AREA (SQUARE MILES)	1,909.4	121,298
PERSONS PER SQUARE MILE (2014)	77.3	17.3
RESIDENT LIVE BIRTHS (2014)	1,310	26,242
RESIDENT DEATHS (2014)	1,113	16,780
HOUSEHOLDS	71,554	907,233

Source: United States Census Bureau, www.census.gov/quickfacts/table

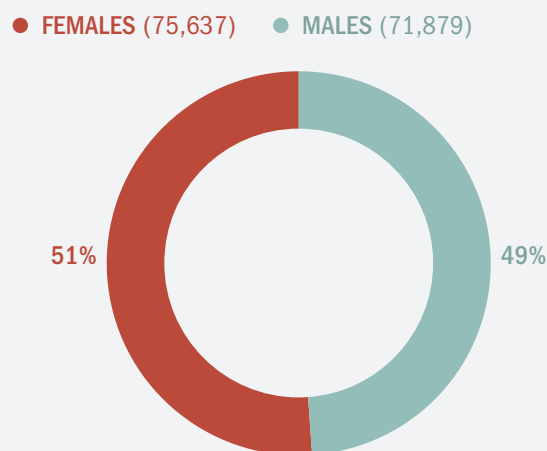
AGE

While almost a quarter (22%) of Santa Fe County's population in 2014 was under the age of eighteen, our population of 65 years and over was at 16%. However, our senior population is rising. Individuals 55–64 years of age (17%) will soon join the 65+ age group, contributing

GENDER

The 2014 population of Santa Fe County was **147,515 residents**. There were slightly more females than males with 75,637 (51%) females and 71,879 (49%) males.

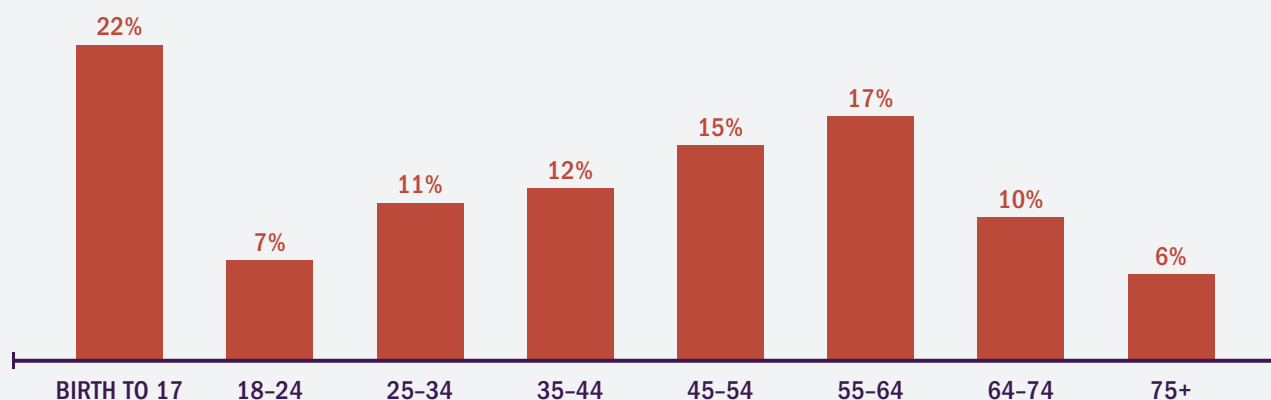
SANTA FE COUNTY POPULATION BY GENDER, 2014



Source: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://bber.unm.edu/bber_research_demPop.html

to the growth in the senior population between now and 2030. Additional information on the projected growth of individuals over the age of 65 years is discussed in the Seniors section of this report.

SANTA FE COUNTY POPULATION BY AGE GROUP, 2014

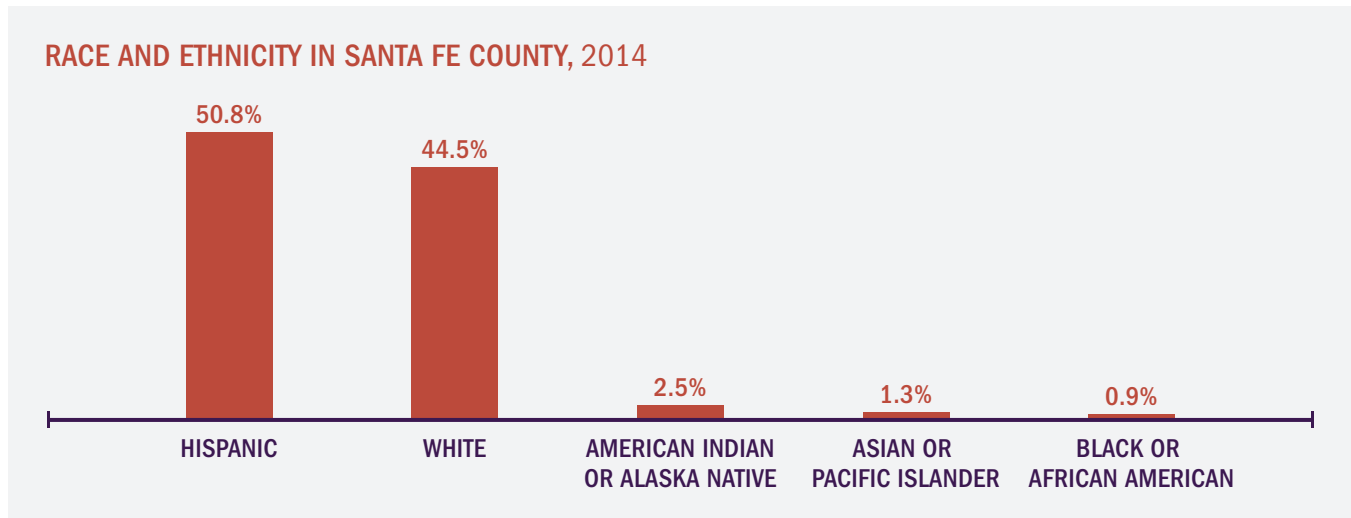


Source: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://bber.unm.edu/bber_research_demPop.html

RACE & ETHNICITY

Santa Fe County, similar to New Mexico as a whole, has a minority majority race/ethnic profile with Hispanics making up just over fifty percent of the total population.

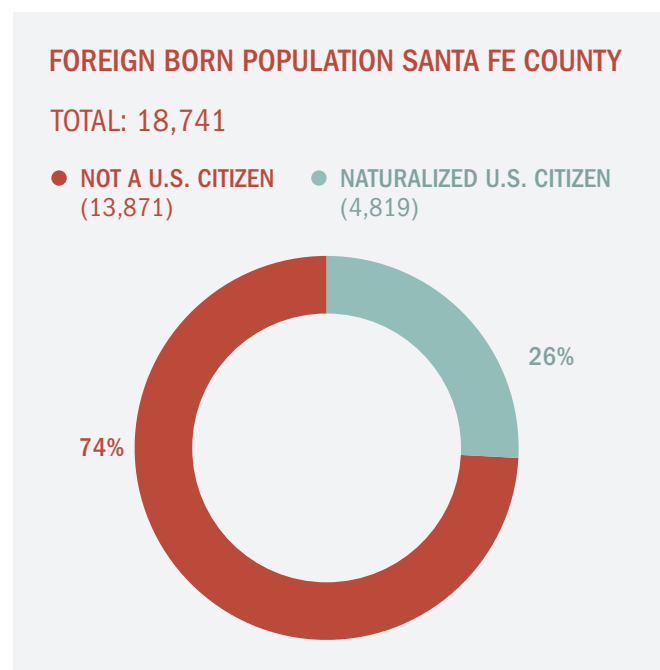
Caucasians make up forty five percent of the population; Native Americans, African Americans and Asians make up the remainder of our residents.



Source: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://bber.unm.edu/bber_research_demPop.html

FOREIGN BORN POPULATION

The U.S. Census gathers data on all households in the U.S. and shows that a significant portion of the Santa Fe County population is born outside of the United States. While the number of overall foreign-born individuals may be undercounted, it is reported that 13,871 foreign born individuals living in the Santa Fe community are not currently U.S. citizens. This number includes individuals who may be legal permanent residents, temporary migrants, humanitarian migrants, or undocumented migrants.



Source: U.S. Census Bureau, 2010–2014 American Community Survey 5–Year Estimates, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

ECONOMICS

The median household income in Santa Fe County in 2014 was \$52,958, whereas New Mexico's was \$44,803.¹ While Santa Fe's median household income is higher than New Mexico's, this does not mean we are impervious to poverty and its effects. From 2010–2014, 16.7% of Santa Fe's population (24,475 individuals) lived in poverty. The United States Census Bureau uses a set of money income thresholds that vary by family size and composition to determine who is in poverty. If a family's total income is less than the family's threshold, then that family and every individual in it is considered in poverty. The official poverty thresholds do not vary geographically, but they are updated for inflation using Consumer Price Index (CPI-U). The official poverty definition uses money income before taxes and does not include capital gains or noncash benefits (such as public housing, Medicaid, and food stamps).

Of Santa Fe's current total population, 16.7% of 24,475 individual residents are living in poverty. Of these 24,475 individuals living in poverty, the following is true:²

- 2,315 are under the age of 5 (28.2% of total population in this age group).

- 5,113 are ages 5–17 (23.5% of total population in this age group).
- 7,492 are ages 18 and under (25% of total population in age group).
- 2,023 are ages 65+ (8.4% of total population in this age group).

DESCRIPTION OF THE 2015 GUIDELINES FOR POVERTY LEVEL BASED ON SPECIFIC FAMILY SIZE:¹

PERSONS IN FAMILY/ HOUSEHOLD SIZE	POVERTY GUIDELINE/ ANNUAL INCOME
1	\$11,770
2	\$15,930
3	\$20,090
4	\$24,250
5	\$28,410
6	\$32,570
7	\$36,730
8	\$40,890

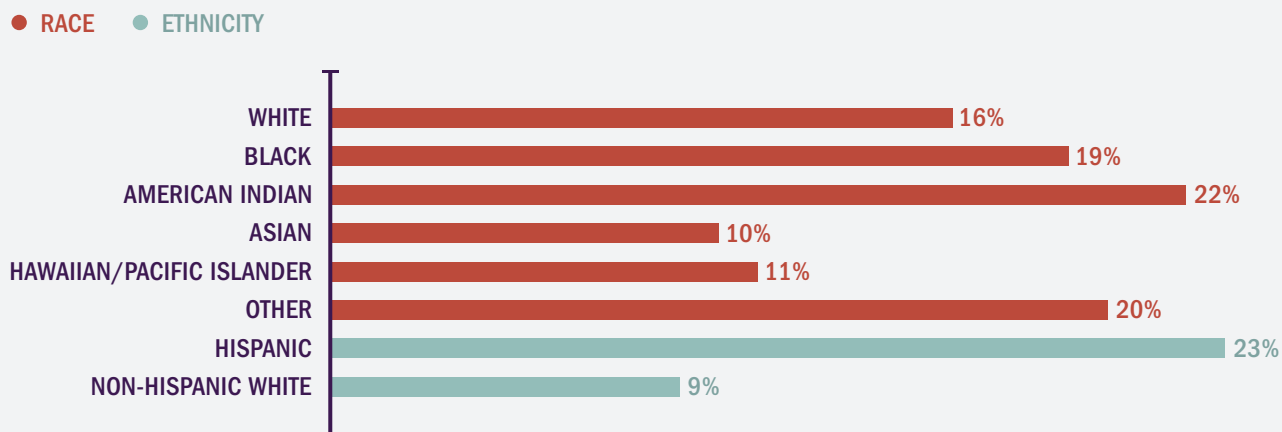


POVERTY AMONG RACE & ETHNIC GROUPS IN SANTA FE COUNTY

The chart below shows those living in poverty within the past 12 months broken down by race and ethnic groups in Santa Fe County. The percent represents those living in poverty within that race or ethnic group. For example, of the 120,336 White residents in Santa Fe County, 16% of them live in poverty.

Of the 4,222 American Indian residents of Santa Fe County, 22% of them live in poverty; 19% of Black residents living in poverty; 23% of Hispanic residents live in poverty, and so forth. A disproportionate percent of people of color live in poverty compared to White people.

POVERTY AMONG RACE AND ETHNIC GROUPS LIVING IN SANTA FE COUNTY, 2010-2015



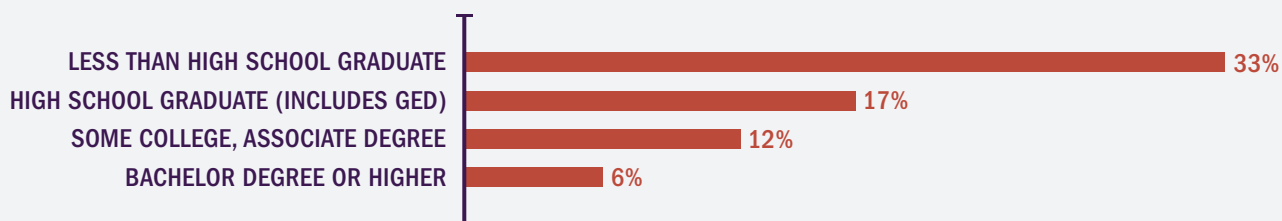
Source: U.S. Census Bureau, 2010–2014 American Community Survey 5-Year Estimates, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

POVERTY BY EDUCATIONAL ATTAINMENT

As is the norm across the nation, the higher the educational level one obtains, the less likely he or she is to live in poverty. The chart below shows the percentage of individuals in Santa Fe County over the age of twenty-five (25) living

in poverty based on educational level. Data shows that there is a higher percent of residents living in poverty who do not have a high school degree than those residents who have a bachelor degree or higher.

POVERTY BY EDUCATIONAL LEVEL SANTA FE COUNTY RESIDENTS OVER AGE 25, 2010-2014



Source: U.S. Census Bureau, 2010–2014 American Community Survey 5-Year Estimates, <http://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>

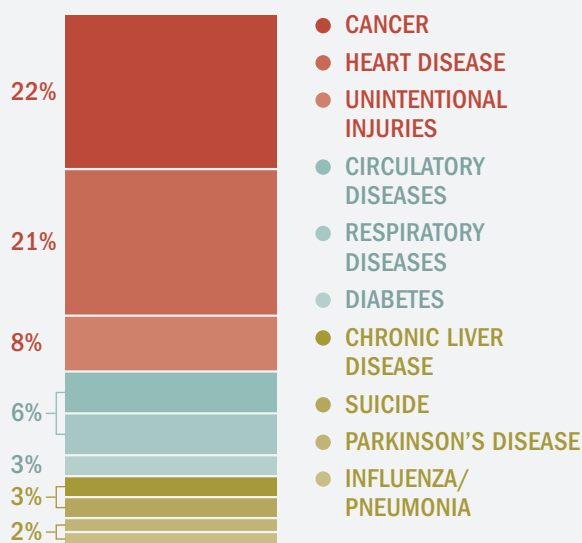
MORTALITY

Leading causes of death are causes that account for the highest number of deaths for a given population and time period. Leading cause of death rankings are based on the underlying cause of death. The National Center for Health Statistics (NCHS), a principal agency of the U.S. Federal Statistical System, lists 50 causes of death. In 2014, there were a total of 1,110 deaths in Santa Fe County. Cancer was the leading cause of death in that year, followed by heart disease, unintentional injury, circulatory disease and respiratory disease. Refer to the chart on the right for a list of the top 10 leading causes of death in 2014.

The ranking of the leading causes of death has not changed much over the past 10 years in Santa Fe County. However, the percent of deaths in some categories has changed over time. For example, more people died of circulatory disease, chronic liver disease and suicide in 2014 than in 2005. Fewer people died of unintentional injury and cancer in 2014 than in 2005. Refer to the table below for comparisons.

TOP 10 LEADING CAUSE OF DEATH IN SANTA FE COUNTY, 2014

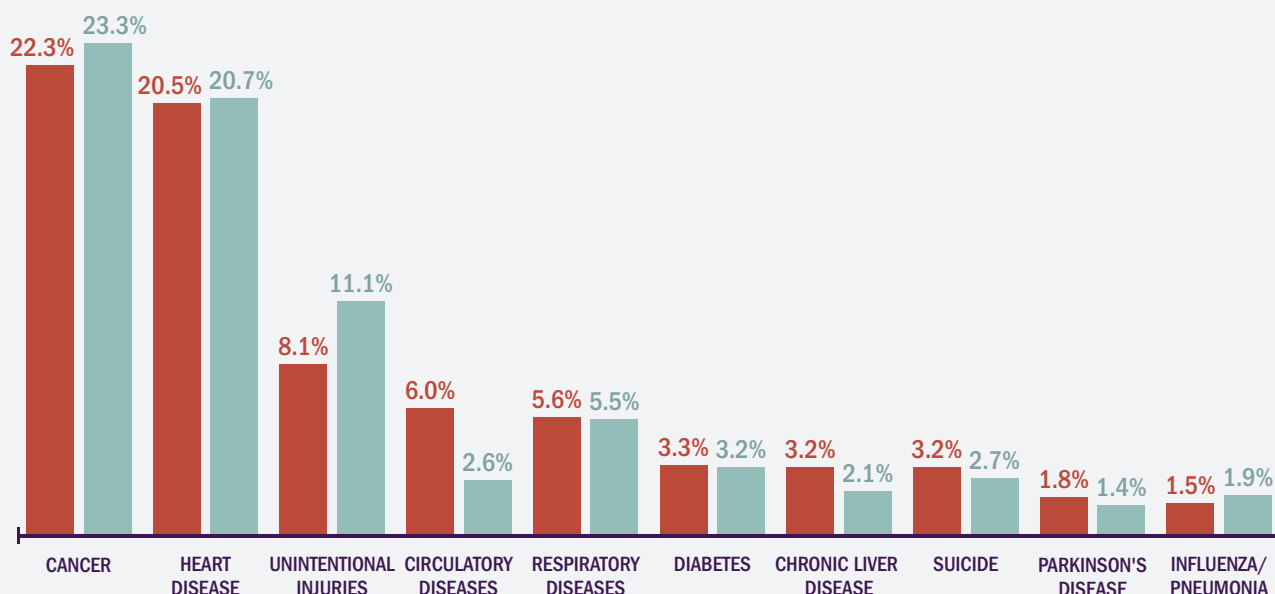
TOTAL=1,100



Source: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

A CHANGE IN CAUSE OF DEATH OVER 10 YEARS IN SANTA FE COUNTY

● 2014 (1,110 DEATHS) ● 2005 (888 DEATHS)

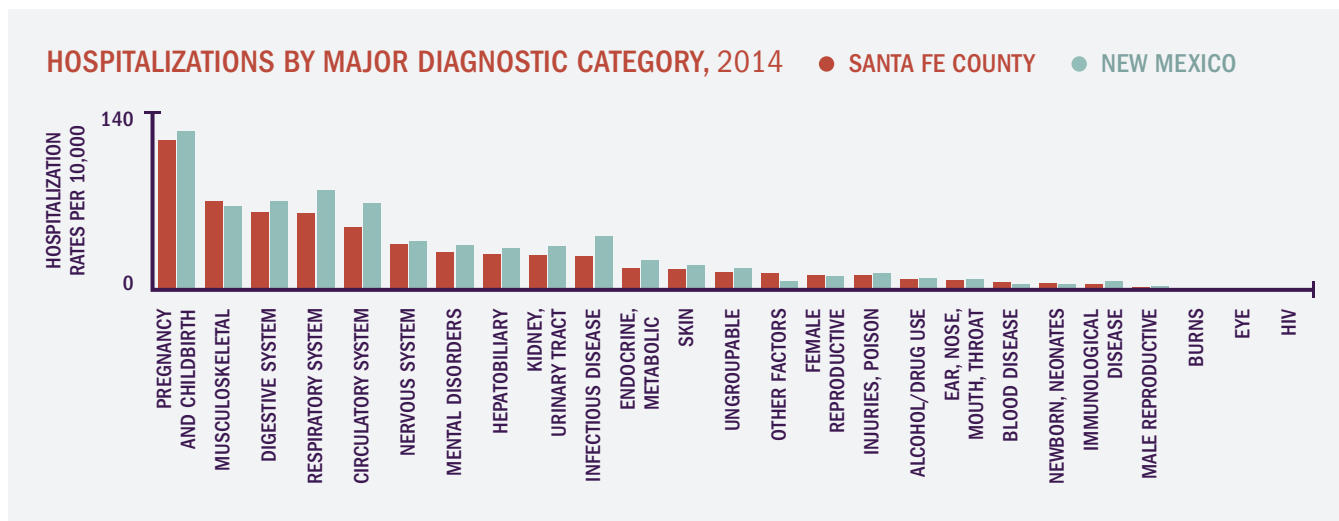


Source: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

HOSPITAL UTILIZATION

In 2014, pregnancy and childbirth, followed by musculoskeletal disorders and disease (which affect the joints) and issues with the digestive system, which include gallstones, and celiac disease, are the three top hospitalization categories in New Mexico and Santa Fe. While hospitalization rates are generally higher for the state as a whole than in Santa Fe County, the reason for hospitalizations in Santa Fe County

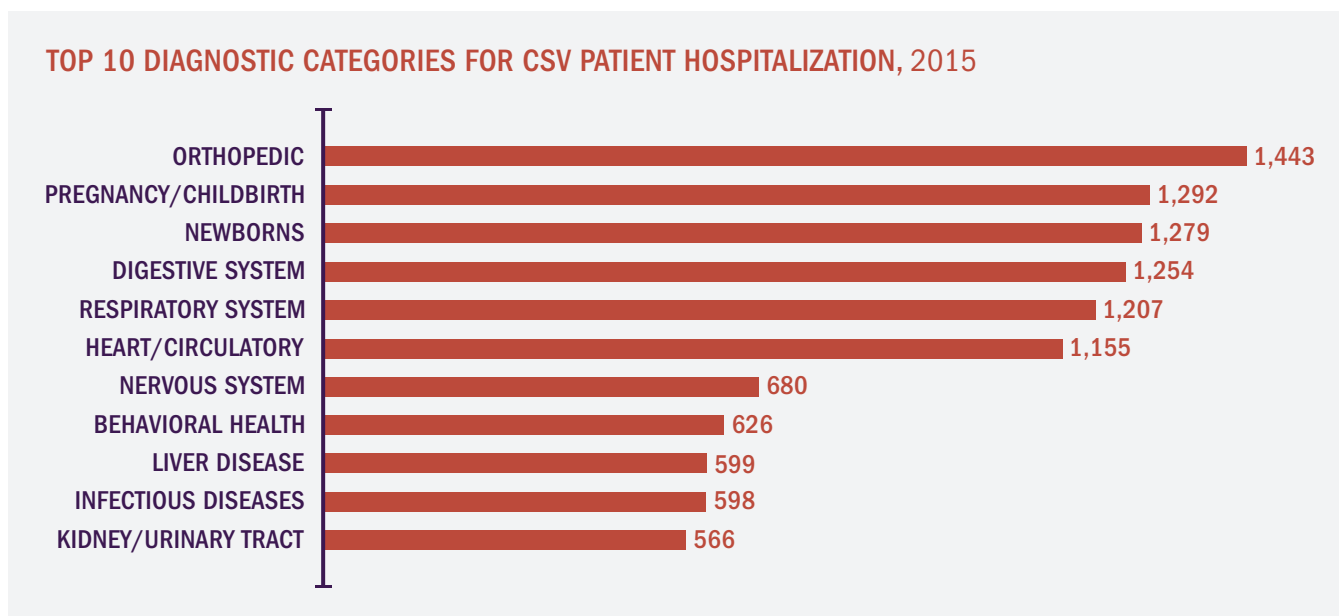
are very similar to causes for hospitalization statewide. The table below shows hospitalization rates per 10,000 people by diagnostic category for Santa Fe County and New Mexico in 2014. See the Appendix for the definitions of diagnostic categories for hospitalization diagnosis seen throughout this section of the report.



Source: New Mexico Hospitalization Inpatient Discharge Data, New Mexico Health Policy Commission

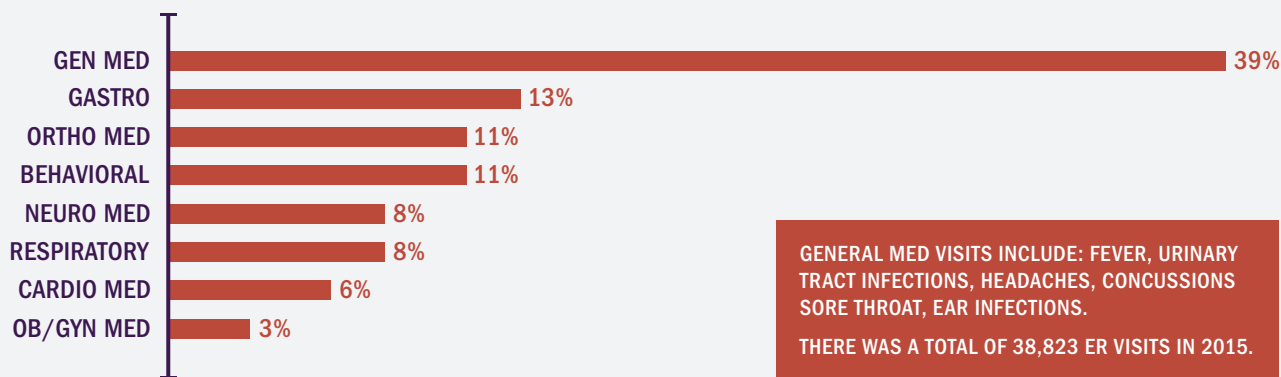
The next three graphs show the top conditions leading to hospitalization, emergency room visits, and outpatient care at CHRISTUS

St. Vincent (CSV) Regional Medical Center in Fiscal Year (FY) 2015 by diagnostic category.



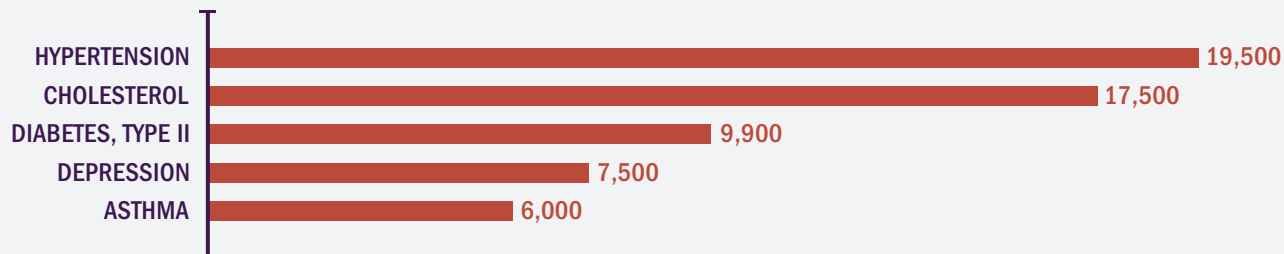
Source: CHRISTUS St. Vincent, 2016

TOP 8 CSV EMERGENCY ROOM DIAGNOSIS, 2015



Source: CHRISTUS St. Vincent Emergency Department Top Diagnoses, 2015

TOP 5 DIAGNOSES FOR CSV OUTPATIENT CARE, 2015



Source: CHRISTUS St. Vincent Physician Practices, 2016

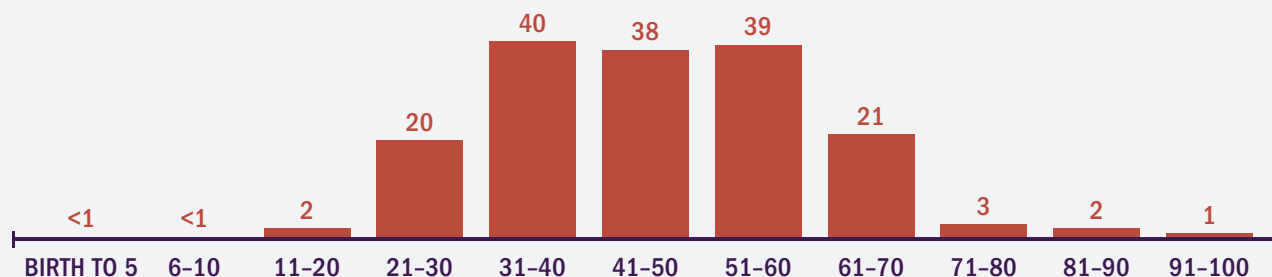
SELECT HOSPITALIZATIONS DIAGNOSIS BY AGE GROUP, CSV, FY15

Different diagnoses can be seen in different age groups. Some diagnoses are more common among older individuals while others affect all ages. For example, circulatory system illness is

more common among individual ages 50 and over, while toxic effects of drugs and respiratory illness affect individuals of all ages.

ALCOHOL AND DRUG USE, HOSPITALIZATION DIAGNOSIS BY AGE GROUP, CSV, 2015

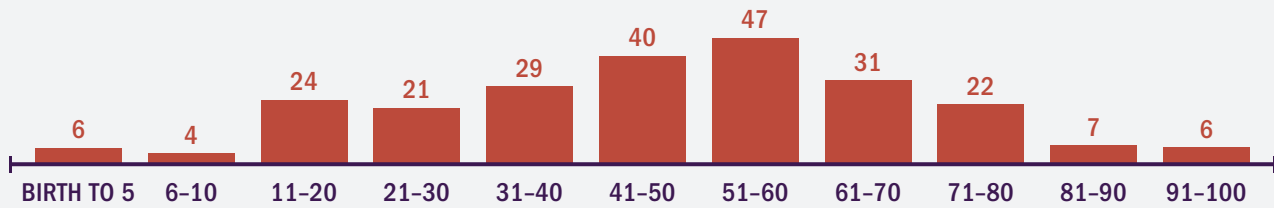
TOTAL: 166 DIAGNOSES



Source: CHRISTUS St. Vincent Hospitalizations by Diagnostic Categories, 2015

TOXIC EFFECTS OF DRUGS, HOSPITALIZATION DIAGNOSIS BY AGE GROUP, CSV, 2015

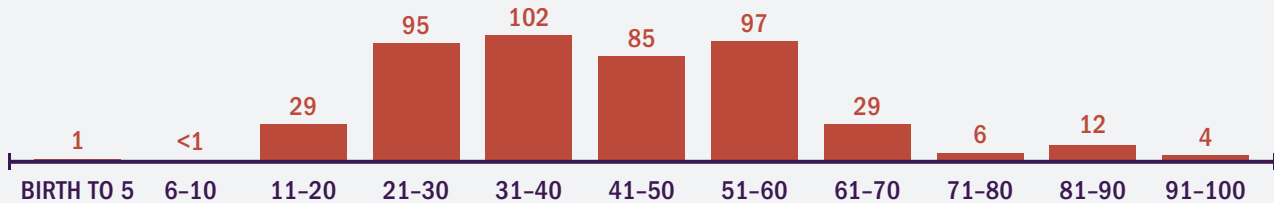
TOTAL: 237 DIAGNOSES



Source: CHRISTUS St. Vincent Hospitalizations by Diagnostic Categories, 2015

MENTAL DISORDERS, HOSPITALIZATION DIAGNOSIS BY AGE GROUP, CSV, 2015

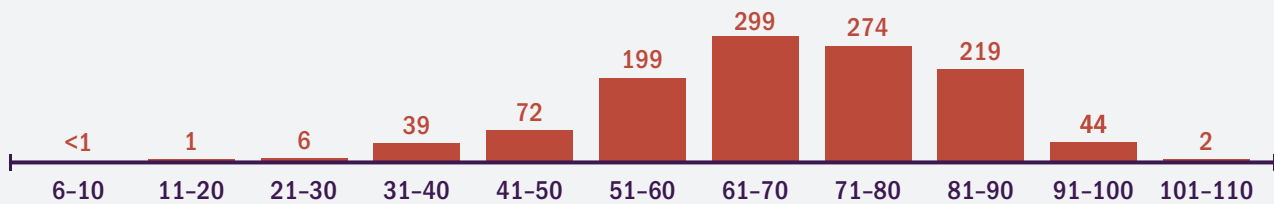
TOTAL: 460 DIAGNOSES



Source: CHRISTUS St. Vincent Hospitalizations by Diagnostic Categories, 2015

CIRCULATORY SYSTEM, HOSPITALIZATION DIAGNOSIS BY AGE GROUP, CSV, 2015

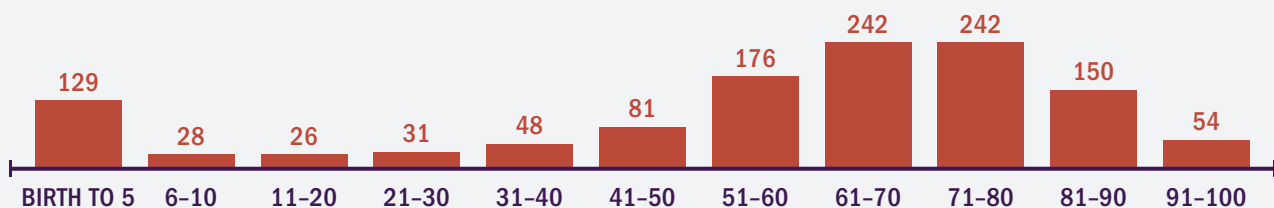
TOTAL: 1,155 DIAGNOSES



Source: CHRISTUS St. Vincent Hospitalizations by Diagnostic Categories, 2015

RESPIRATORY SYSTEM, HOSPITALIZATION DIAGNOSIS BY AGE GROUP, CSV, 2015

TOTAL: 1,207 DIAGNOSES



Source: CHRISTUS St. Vincent Hospitalizations by Diagnostic Categories, 2015

INSURANCE

“Lack of health insurance coverage is associated with delayed access to health care and increased risk of chronic disease and mortality. People without health insurance are much less likely than those with insurance to receive recommended preventive services and medications, are less likely to have access to regular care by a personal physician, and are less able to obtain needed health care services. Consequently, the uninsured are more likely to succumb to preventable illnesses, more likely to suffer complications from those illnesses, and more likely to die prematurely.”³

Due to the Affordable Care Act, “states have new opportunities to expand Medicaid coverage to individuals with family incomes at or below 133 percent of the federal poverty level (generally \$32,253 for a family of four in 2015). This expansion also included non-elderly adults without dependent children who have not previously been eligible for Medicaid in most states.” As of January 2015, **230,151** New Mexicans have gained Medicaid or Children’s Health Insurance Program (CHIP) coverage since the beginning of the Health Insurance Marketplace first open enrollment period.⁴ The Human Services Department of New Mexico estimates that more than 925,000 New Mexicans will be

enrolled in Medicaid by July 2017. This is almost half the State’s population.”⁵

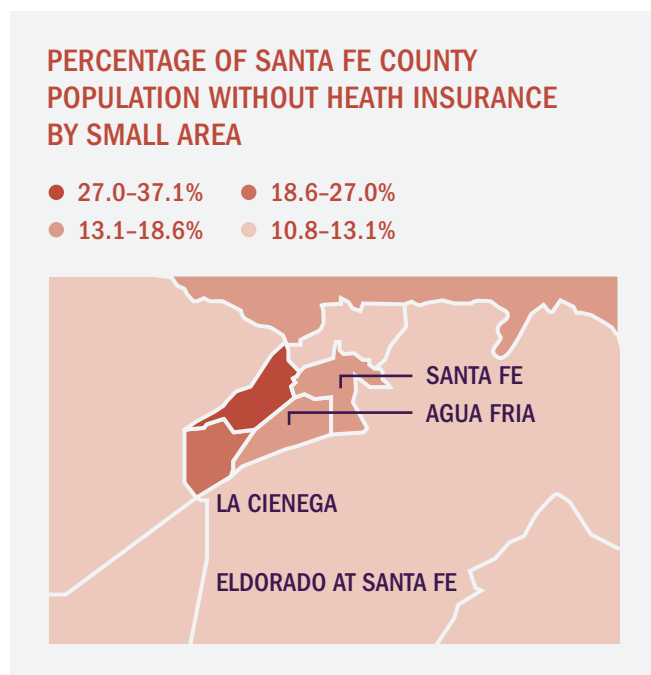
In 2010–2014, the rate of uninsured individuals in New Mexico was 17.8% and 18.7% for Santa Fe County. The latest data from the U.S. Department of Health and Human Services indicate that this percentage of uninsured has been significantly lowered and is presently, 10.2%. Once new data is available at the county level, it will be interesting to see if further decreases in uninsured individuals have been achieved in Santa Fe County.

Of those who have insurance in New Mexico, 54% have some type of government insurance such as Medicaid, a retiree plan, military coverage, or Medicare. Statewide, 47% of New Mexicans have private coverage. New Mexico is the only state where more than half its residents have government insurance.⁶

Santa Fe County is ranked 11th in the state for the most number of individuals who are without health care coverage. As previously stated, most recent local data indicates that of the total population, Santa Fe County has higher rates of uninsured individuals than the rest of the state. The breakdown of uninsured individuals in Santa Fe County by specific neighborhood is as follows:⁷

SANTA FE COUNTY SMALL AREAS	PERCENT WITHOUT HEALTH INSURANCE	NUMBER WITHOUT HEALTH INSURANCE	TOTAL POPULATION
EAST FOOTHILLS & ELDORADO	10.8%	2,530	23,522
OPERA VICINITY	12.1%	1,715	14,255
PUEBLO PLUS	17.8%	3,535	19,807
AGUA FRIA NEIGHBORHOOD & DOWNTOWN	17.7%	4,242	23,917
AGUA FRIA VILLAGE	37.1%	5,091	13,729
BELLAMAH/STAMM	18.6%	3,375	18,124
AIRPORT ROAD	27.0%	4,818	17,849
SOUTH	13.1%	2,021	15,387

Although rates of those insured have steadily increased with the Affordable Care Act, it will be challenging to continue reducing the rates of individuals who are presently uninsured. New Mexico has a significant number of Native Americans, who as tribal members, are exempt from the requirement to have health insurance and undocumented residents are not eligible for Medicaid or other government insurance. Others are simply unable to afford the premiums and opt to pay a fine instead of purchasing coverage.



HEALTH EQUITY FOR DIVERSE GROUPS: BARRIERS TO CARE AND SERVICES

Our community, like others across America, struggles to guarantee that all its residents, regardless of age, race and ethnicity, gender, sexuality and economic background are able to obtain and profit from the healthcare resources and the social services they deserve. Research consistently shows that minority populations and those in poverty are not offered parity in how they are treated by our healthcare system or in other realms central to health and wellness. In this section, we cover several populations that are particularly vulnerable

due to discrimination and inequities. The health status of Santa Fe's Southside, Native American, Lesbian, Gay, and Transgender and High Utilizer population, warrants special attention. In addition, transportation, an issue that cuts across the board for many vulnerable populations is highlighted.

SOUTHSIDE HEALTH

We draw special attention to Agua Fria Village and the Airport Road area of Santa Fe County due to the disproportionately poor health and well-being status of these geographic areas of our community. These areas have the highest number of people living in poverty, the highest concentration of non-citizen residents, the highest number of people who are uninsured and uninsurable because they do not qualify as non-residents, and the highest number of children on free and reduced lunch in our county. The schools serving these areas are Cesar Chavez Elementary, R.M. Sweeney Elementary, Ramirez Thomas Elementary, Ortiz Middle School and Capital High School.

The data mapped above shows the significant need represented by Santa Fe's Southside population. Note that 37% of the Agua Fria population and 27% of the Airport Road population are uninsured. The elementary and middle schools in these areas (Cesar Chavez Elementary and R.M. Sweeney Elementary) entered the Community Eligibility Provision (CEP) for Free Meal Reimbursement in school years 2015–2019.⁸ Through this program, the schools offer meals (breakfast, lunch and after school snack) for children at no cost.⁹ To qualify, a school must have 40% or more of its student's eligible living at or below 130% of poverty.

The other Southside schools, Ramirez Thomas Elementary, Ortiz Middle School and Capital High School, opted to join the Provision 2 program.¹⁰ Provision 2 is a federal program that renews every four years and provides free meals to all its students. Under the Provision

2 program, there is no minimum identified poverty level requirement; however, the accepted paperwork for families only occurs in the 1st year of each four year cycle.¹¹ The combined percent of children under the age of 18 years of age living below the poverty level in the Southside area encompassing Agua Fria

Village and Airport Road is 32%.¹² This is exemplified by the fact 100% of Capital High Students in the school year 2015–2016 were eligible for free lunches. The breakdown of the percentage of persons, whose income in the last 12 months is below the poverty level, by specific neighborhood is as follows:

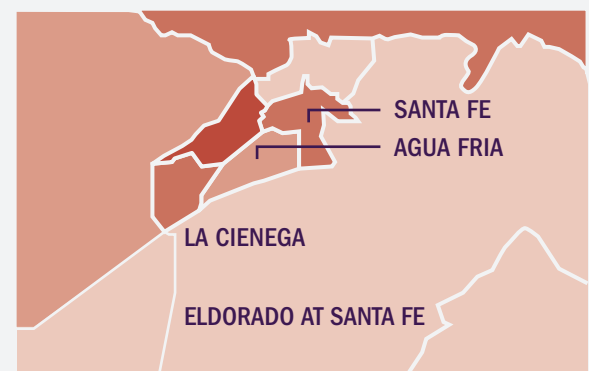
SANTA FE COUNTY SMALL AREAS	PERCENT LIVING IN POVERTY	NUMBER LIVING IN POVERTY	TOTAL POPULATION
EAST FOOTHILLS & ELDORADO	8.0%	1,870	23,522
OPERA VICINITY	11.2%	1,596	14,255
PUEBLO PLUS	19.7%	3,905	19,807
AGUA FRIA NEIGHBORHOOD & DOWNTOWN	19.4%	4,628	23,917
AGUA FRIA VILLAGE	29.5%	4,056	13,729
BELLAMAH/STAMM	13.8%	2,498	18,124
AIRPORT ROAD	22.9%	4,088	17,849
SOUTH	9.5%	1,462	15,387

A Focus Group was held at a Catholic Church in Agua Fria Village, a centralized area on the Southside. The group was attended by 56 people and was specifically held following the Spanish language Mass on a Sunday morning. The Focus Group was facilitated in Spanish and four small group discussions were held.

Of main concern to the participants was access to affordable healthcare insurance to cover physical, behavioral and dental health conditions. Individuals and families reported either being completely uninsured, or significantly underinsured and unable to afford co-payments when coverage was available. One participant stated that if she were to pay the \$20 copay, she would not have enough money for food by the end of the week. In addition, participants voiced concerns regarding direct communication with healthcare providers, and feelings of

PERCENTAGE OF PERSONS WHO'S INCOME IN THE LAST 12 MONTHS BELOW THE POVERTY LEVEL, 2010-2015

- 22.9-29.5%
- 13.8-22.9%
- 9.5-13.8%
- 8.0-9.5%



discrimination by administrative and other healthcare staff due to language barriers or legal status.

Participants reported hesitance to report situations of known domestic violence in the community, given the legal or undocumented status of both perpetrators and survivors of domestic violence, as well as mistrust of law enforcement officials. Alcohol abuse surfaced as another topic of concern among the group. The group voiced their feeling of worry about people who are addicted to alcohol or illicit drugs yet reject treatment services, or conversely when treatment services are sought, there is limited access to services. Women reported that a large number of men in their social circles must work excessively and therefore, do not have time or interest in following a healthy diet, getting regular exercise or accessing routine, preventative healthcare.

Parents in the group shared concerns about taking their children to the hospital and having to share hospital emergency rooms with individuals detoxing from alcohol or other substances. Access to affordable, healthy foods, the costs associated with organized sporting events, and limited access to parks and affordable recreational centers were also areas of concern voiced by the Southside group participants.

NATIVE AMERICAN HEALTH

Native Americans make up two percent of the total population in Santa Fe County. Since 1972, Indian Health Services (IHS) has embarked upon a series of initiatives to fund health-related activities in off-reservation settings.¹³ These efforts include a Santa Fe Service Unit, which serves nine Pueblos near or surrounding Santa Fe County as follows: San Felipe, Cochiti, Santo Domingo, Tesuque, Pojoaque, Nambe, San Ildefonso, Santa Clara and Ohkay Owingee.

The Santa Fe Service Unit is currently comprised of a hospital, clinics and urgent care in Santa Fe, as well as field clinics located in Santa Clara, Cochiti and San Felipe Pueblos. Physical, behavioral and dental health care services are provided by the IHS.¹⁴

According to the Office of Minority Health, “some of the leading diseases and causes of death among Native Americans are heart disease, cancer, unintentional injuries diabetes, and stroke. American Indians also have a high prevalence and risk factors for mental health and suicide, obesity, substance abuse, sudden infant death syndrome (SIDS), teenage pregnancy, liver disease, and hepatitis.”¹⁵

The infant death rate for Native Americans is 60 percent higher than it is for Caucasians. Native Americans also have disproportionately high death rates for unintentional injuries and suicide. Additionally, American Indians are twice as likely to have diabetes as Caucasians.¹⁶

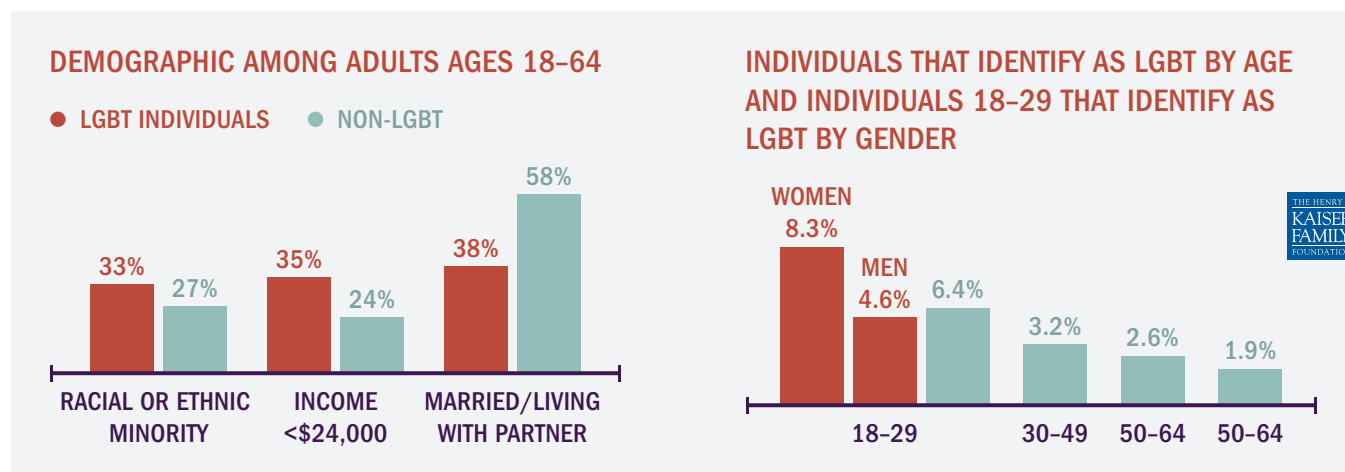
While IHS is the primary provider of healthcare services for Native Americans in Santa Fe County, the health and racial disparities disproportionately felt by Native Americans within our community are important issues for all providers.

LESBIAN, GAY, BISEXUAL & TRANSGENDER HEALTH

The Institute of Medicine defines sexual orientation as “an enduring pattern of or disposition to experience sexual or romantic desires for, and relationships with, people of one’s same sex, the other sex, or both sexes.”¹⁷ Gender Identity is “an individual’s internal sense of being male, female, or something else. Since gender identity is internal, one’s gender identity is not necessarily visible to others.”¹⁸ According to the 2010 Census, there are 5,825 same-sex couples living in New Mexico.¹⁹ Santa Fe County has 958 same-sex couples or 15.5 same-sex couples per 1,000 households and ranks seventh among all counties in the country for the highest number of same-sex couples living together.

Data collected by the National Health Interview Survey (NHIS) showed that 2.3 percent of adults aged 18 and older (5.2 million individuals) identify as lesbian, gay, or bisexual. A Gallup poll found that between 3.4 percent and 3.9 percent of adult Americans ages 18 and older identified as LGBT (9 million individuals). An estimated 0.3% of the U.S. population (700,000 people) identifies as transgender.

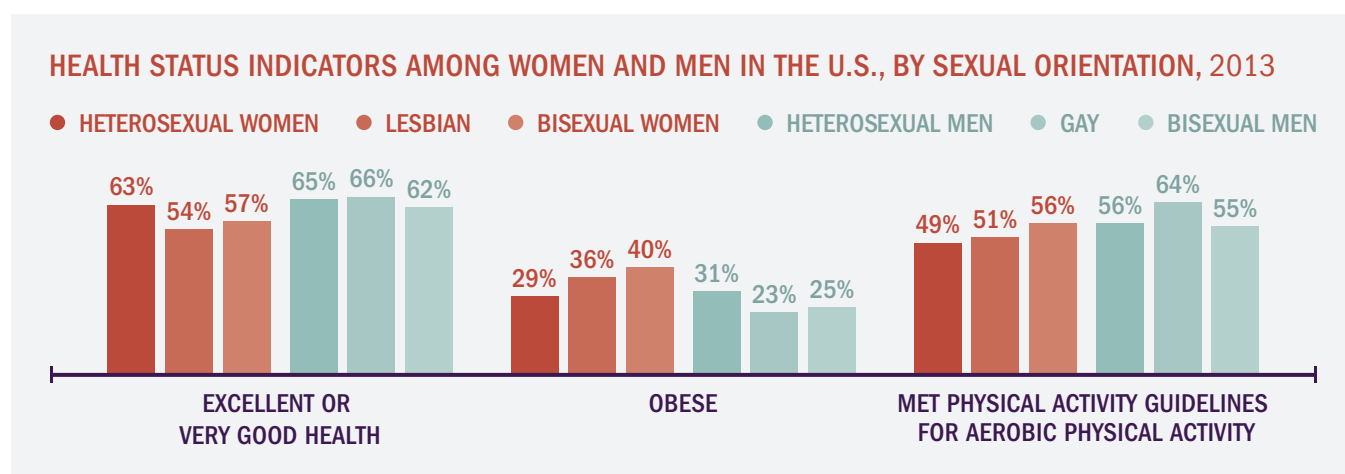
The charts below show the income disparities experienced by the LGBT community and also the increase in younger generations identifying as lesbian, gay, bisexual or transgender. According to the Kaiser Institute, while LGBT populations face many of the same health concerns as the general population, they often experience them at higher rates—not to mention they also have unique health issues.



Source: Gates, G., Newport, F. (2013). Gallup poll Special Report: 3.4% of U.S. Adults Identify as LGBT

The chart below from the Centers for Disease Control illustrates that lesbian and bisexual women are struggling more with obesity than gay or bisexual men and heterosexual women. Lesbian and bisexual women also ranked themselves as having poorer health than heterosexual women, heterosexual men,

gay men or bisexual men. Gay and bisexual men tended to have lower reported levels of obesity and higher reports of sufficient physical activity. Gay men reported the highest levels of physical activity and aerobic exercise as compared to all other groups.



*Note: Among adults ages 18–64. Source: Centers for Disease Control and Prevention, National Health Statistics Reports. (July 2014). Sexual Orientation and Health Among U.S. Adults: National Health Interview Survey, 2013

The 2010 National Transgender Discrimination Survey Report on Health and Healthcare reported that respondents who identify as transgender report high levels of postponing medical care when sick or injured because of discrimination (28%). Perhaps the largest barriers to care are outright refusal of health services or lack of provider knowledge. In this same survey, 19% of respondents reported being refused care due to their transgender or gender non-conforming status and half of the sample reported having to teach their medical providers about transgender care. Individuals who are transgender also face much greater risk of suicide. In the national survey listed above, a staggering 41% of respondents reported attempting suicide, which is nine times the national rate. This places transgender or gender nonconforming people at exceptionally high risk of suicide.²⁰

HIGH UTILIZER HEALTH

Access to care for those community members who have the most complex range of social and environmental challenges continues to be an area of concern. The most vulnerable in our community are those most heavily impacted by social determinants of health. These community members are likely to have co-occurring issues of intense mental illness, homelessness and addiction, and tend to be well known by many service providers, non-profits, and systems like 911, the Santa Fe Fire Department ambulance and EMS services, CHRISTUS St. Vincent and the Santa Fe County Detention Center. They stand out as people who seem “beyond care” and often times appear impervious to assistance, or even disinterested in being helped. Many people believe that directing services to other people who appear more “ready” or outwardly appreciative is a more responsible use of resources. These common assumptions could not be further from the truth.

The advantages of more fully understanding and tending to statistical outliers are just being realized. Care and attention is usually paid when there is a high quantity of people needing a service. In this case, by looking at a very small subset of individuals with the extreme behaviors of very high ER visits (20 or more visits a year and up to 100 plus visits annually), we can drill down to see where our community is failing its most vulnerable residents and what must be done to shore up our system of care for these individuals and others.

There is a 5/50 rule that has been well documented across the country by insurance providers that the top five percent of highest utilizers of any community tend to make up 50% of healthcare costs.²¹ This type of unnecessary and usually preventable utilization blocks advancement toward CSV achieving the Institute for Healthcare Improvement’s Triple Aim. The Triple Aim is a framework for understanding how healthcare can optimize its performance by driving down the cost of care, increasing a patient’s experience of care and improving population health.

Local experts and CSV agree that to improve overall health and wellness, a holistic approach that prioritizes assessing and thoughtfully responding to a person’s social determinants of health must be taken. Social determinants of health are those factors at home, work or in other spheres of a person’s life that can promote or mitigate health risks. For example, a safe neighborhood or access to nutritional food can positively impact a person’s health outcomes across their lifetime, whereas the impacts of poverty, isolation and a lack of access to healthy foods or education about healthy eating can set individuals up for significant increases in chronic disease and other substantial health harms. Social determinant based factors like a person’s housing situation, safety in their relationships, ability to access



transportation, maintain sobriety and/or effectively manage a behavioral health condition are other examples of factors which can in many ways determine a person's risk for certain diseases. These factors also impact the likelihood that an individual will be able to access the care they need to manage a poor health outcome and heal from it.

Through direct action to address social determinants of health, not only are individual health and quality of life improved, but also the health of whole communities and populations is optimized. Having even a small number of individuals with unaddressed social determinant needs creates a ripple effect throughout the community reducing the quality of care for all through congested emergency response and healthcare systems. These systems cannot work efficiently when individuals who are not sufficiently supported build a pattern of over reliance on 911, the emergency room and even the jail and detention centers to respond to their unmanaged symptoms and resulting behaviors. The reverse is also true. If a community comes together to create inclusiveness and reaches out to underserved populations through whatever means necessary, the whole community benefits.

A real world example of how complex social determinants of health can work to a person's and community's disadvantage, but also can

be remedied through strategic action, can be seen from CSV's programs working with high utilizers of the emergency room (ER). High utilizers of ER services tend to fit the profile of having co-occurring mental illness and substance use disorder. High utilizers of the ER are typically socially isolated and have experienced intense early and on-going trauma including child abuse and sexual assault. Often, they are also homeless. CSV's has two ER high utilizer programs, one for youth, conducted in partnership with a local non-profit called the SKY Center, and one for adults, which was co-funded by SF County and SVH Support. Each program has witnessed time and time again how high utilizers of the ER can fall below the net of social and healthcare services that are available. When this occurs, even though these highly vulnerable individuals may qualify or be insured for a certain level of care, they cannot access it. The reason access is such an issue for this population is multifaceted. Repeatedly these individuals grapple with the realities of lack of transportation, language barriers, not having a phone, an inability to follow up and make appointments due to brain injuries, mental illness and/or difficulties maintaining sobriety. Even waiting in a waiting room for services may be impossible for certain people with anxiety disorders or post-traumatic stress disorder (PTSD). Providers across the community must be knowledgeable about the

symptoms and limitations people may have based on the social determinant challenges they face and be able to adapt to ensure that these populations are sufficiently cared for. Simply conducting business as usual and expecting this population to be able to benefit is not realistic, and may even damage these vulnerable individuals further by placing needed service right beyond their reach.

Through CSV's high utilizer programs, HUGS (High Utilizer Group Services) and Adolescent HUGS, certain strategies have been employed to partner with these individuals and make highly specialized, mobile, intensive wrap-around case management and care for them a reality. With this type of thoughtful and relationship-based approach, CSV has shown through program data that these individuals respond to strategies that account for their particular barriers to health and make strides toward wellness and overcome significant challenges! On average, adult HUGS clients reduce their use of the emergency department due to achieved health improvements by one third to over one half within the first six months of receiving personalized services from a HUGS Navigator. Given that these individuals have struggled with addiction or mental health issues for decades, these results speak to what is possible for this population of unmet social and healthcare need.

SPOTLIGHT ON TRANSPORTATION NEEDS

From all accounts (focus groups, stakeholder interviews, and expert panels), lack of adequate transportation continues to be an issue impacting the overall ability of low income and disabled residents to access the care and services they need. This service gap transcends all age-spans and indicators. Although there are a few agencies that distribute bus passes or taxi vouchers to a limited number of clients for specific purposes, for many, just getting to their appointments for healthcare, counseling, social services or other supports can take

hours, or simply not be possible. A range of cognitive and physical impairments also prevent people from being able to use the community transportation services rendering them home-bound or confined to a range of resources that are within walking distance. Santa Fe is served by Santa Fe Ride, which provides excellent service to a limited number of individuals who know about the service, apply and qualify. For these individuals there is a reduced rate of two dollars to ride a shuttle to and from a certain location. This service must be booked in advance or it has been reported that participants can wait for hours or a full day to be transported.

Existing transportation services work well for most, but do not meet the needs of this community's most at-risk individuals. Commonly, individuals with issues of poverty, addiction and mental health issues have difficulty paying even a reduced rate or daily bus fare. These individuals may also be limited in their ability to apply for a service like Santa Fe Ride without assistance, or to schedule all their appointments in advance. Additionally, knowing how to navigate the bus system may be beyond their capacity and having the time to use existing services to get to multiple appointments on different sides of town can create the opportunity for missed appointments and frustration. Certainly this community would benefit from knowing that no one is missing out on the opportunity to heal because they simply can't get there. Collaborating to see that all residents have access to the transportation they need, particularly for appointments that address the social determinants of health, seem a logical, basic and worthy expenditure of time and money.



MATERNAL HEALTH & EARLY CHILDHOOD



OUR ENVISIONED FUTURE:

ALL BABIES ARE
BORN HEALTHY

ALL CHILDREN ARE SAFE,
HEALTHY AND NURTURED

ALL CHILDREN ARE
READY FOR SCHOOL

INDICATOR 1:
PRENATAL CARE IN THE
FIRST TRIMESTER

INDICATOR 2:
LOW BIRTH WEIGHT BABIES

INDICATOR 3:
SUBSTANTIATED ABUSE
AND NEGLECT



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



MATERNAL HEALTH & EARLY CHILDHOOD

The health of the next generation, as well as the future public health challenges faced by families, the health care system and whole communities, are in many ways determined by the physical and emotional health and wellbeing of mothers and their infant children. Even before birth, the likelihood of certain positive or negative outcomes are set into motion through the support, resources and care women receive during pregnancy and while making family planning decisions. Pregnancy is a critical window of time to identify existing health risks for women and their unborn children, and to prevent future health problems for both. Once born, a young child's wellbeing and continued healthy development are ensured with the existence of a nurturing family, community and environment.

In 2014, 1,310 babies were born in Santa Fe County. An ever-increasing body of evidence shows the economic and social advantages of proactively investing in human beings early in life in order to prevent harm due to poor social, emotional and physical development. This evidence puts a priority on the holistic wellness and education of our youngest residents, and unlike other levels of intervention, places emphasis on creating a healthy start for people instead of mitigating issues that may have already become entrenched over time later in life.

"Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and wellbeing, including developmental delays and infant mortality. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by

early childhood poverty. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment."²²

WHAT IS BEING DONE?

In the 2013 CHNA, data showed that 24% of mothers (approximately 300 individuals) who gave birth did not receive prenatal care in the first trimester of pregnancy. Given the importance of very early prenatal care, community partners including Santa Fe County, SVHSupport, United Way of Santa Fe County, Las Cumbres, and other local early childhood service providers are engaged in finding ways to locate the approximate 300 individual mothers who may not be seeking early prenatal care. In collaboration with community partners, strategies for extending outreach and identification of pregnant women who may be at risk or in need of additional support are being developed and implemented. The Early Childhood Task Force, led by United Way of Santa Fe County, has established a comprehensive family and early childhood center in Agua Fria Village at the former Agua Fria School. Furthermore, in an effort to identify all pregnant women for the purpose of assuring access to prenatal care, a data task force led by Santa Fe County is working together to gather data and strategically implement resources. The Mayor's Children, Youth, and Family Community Cabinet supported by the Santa Fe Birth to Career Collaboration at the Santa Fe Community Foundation are working collectively with community members and partners to improve the outcomes of birth to career success, wellbeing and equity for all children, youth,



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



and young adults to age 24 in Santa Fe. Efforts focus on low-income and at-risk target populations. CSV is a participant in each effort.

Efforts related to outreach, prenatal groups, substance abuse treatment and access to more intensive nursery care for high-risk patients and their babies are currently underway. La Familia has implemented a program sponsored by Santa Fe County, Santa Fe Community Foundation and CHRISTUS St. Vincent to address the needs of opiate addicted, pregnant women to assure their babies are born healthy. This was in response to the critical need for the service in 2013 due to the increased number of pregnant opiate addicted women. CHRISTUS St. Vincent implemented "Healthy Babies" in 2014 to make prenatal care accessible to all people in our community regardless of ability to pay.

A snapshot of some of the biggest influences and vulnerabilities in the health and well-being of mothers and babies in Santa Fe County is shown through three primary indicators: 1) prenatal care received in the first trimester; 2) low birth weight babies; and 3) substantiated abuse and neglect.

INDICATOR 1: PRENATAL CARE IN THE FIRST TRIMESTER

WHY IS THIS IMPORTANT?

Having a healthy life begins in pregnancy. One of the best ways to promote a healthy birth is to get early and regular prenatal care. "Pregnant women who receive early and

consistent prenatal care (PNC) enhance their likelihood of giving birth to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. Regular recommended prenatal care increases a woman's chances of having a healthy baby at full term."²³

HOW ARE WE DOING?

Maternal and child health has risen to become a high priority at the local, state and national levels due to advancements in brain development research. The research shows how early efforts to support babies and families can set a positive trajectory for the rest of an individual's life. Conversely, a lack of prenatal care, babies being born at a weight of less than 5.5 pounds, or infants being abused in any way, can lead to early trauma, attachment and development issues and initiate a lifetime of poor health outcomes and other preventable consequences.

2,315 OF SANTA FE'S CHILDREN UNDER
THE AGE OF 5 LIVE IN POVERTY. THIS
REPRESENTS ALMOST 1/3 OR 28% OF
TOTAL POPULATION IN THIS AGE GROUP.



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS

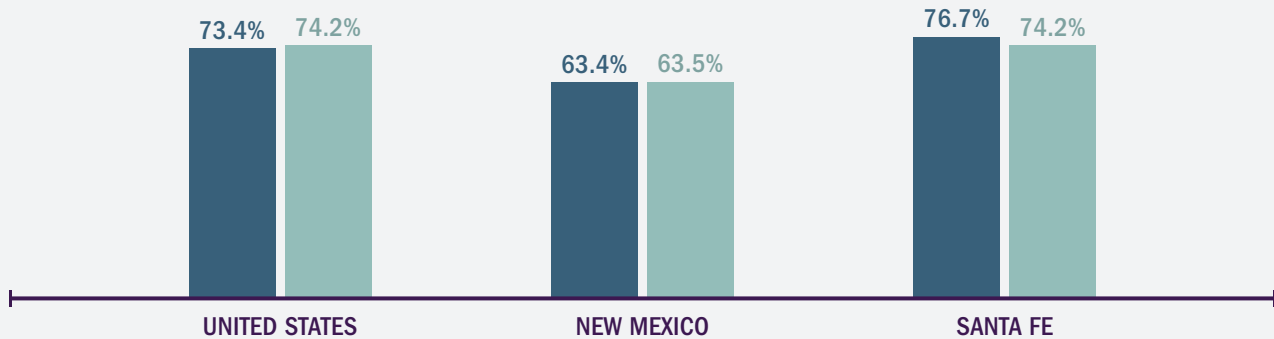


ADULT BEHAVIORAL
HEALTH



LIVE BIRTHS FOR WHICH PRENATAL CARE WAS RECEIVED IN THE FIRST TRIMESTER

● 2011-2012 ● 2013-2014



Source: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health

In Santa Fe County, in 2014 74.2% of pregnant women receive prenatal care in the 1st trimester, higher than the percent than the state as a whole and the same as national averages. Numerous initiatives funded by CHRISTUS St. Vincent (CSV), SVHSupport, and Santa Fe County are underway and seem to be making a difference. Out of 1,209 births at CHRISTUS St. Vincent in 2015, only 20 (1.7%) had late (after the 1st trimester) or no prenatal care. Although only 20 women with late or no prenatal care does show progress, even one is too many. Given the current collaboration across the community, we believe that we will continue to see an increase of mothers accessing prenatal care in the 1st trimester.

WHAT IS THE STORY BEHIND THE DATA?

We are working to better understand what is standing in the way of women accessing prenatal care in their first trimester of pregnancy. Experts in our community identify the following factors: education, poverty and/

or delayed access to Medicaid. Mothers of varying ages may delay seeking prenatal care, as they may not be aware they are pregnant, be in denial of being pregnant or may not fully understand the potential impacts of delaying prenatal care. Teen mothers express experiencing initial feelings of isolation and judgment by both family and community members and therefore, may prolong enrollment in prenatal care. Drug and alcohol addiction is another factor in pregnant women not accessing prenatal care. Women who have a substance use disorder may not reveal their pregnancy because they cannot stop using drugs/alcohol and/or are ashamed of their addiction.

New Mexico chose to expand Medicaid eligibility, a State's choice under the Affordable Care Act (ACA). Medicaid expansion makes all pregnant women, regardless of immigration status, eligible for health care coverage. This allows all pregnant women in the community access to quality prenatal care. During a Focus Group conducted among our immigrant



ADULT PHYSICAL
HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



population, it was reported that health care for pregnant women and their children is accessible. Residents were knowledgeable about community resources and reported being able to access prenatal care.

INDICATOR 2: LOW BIRTH WEIGHT BABIES

WHY IS THIS IMPORTANT?

"Low birth weight (less than 2,500 grams or 5.5 lbs.) is the single most important factor affecting neonatal mortality."²⁴ Low birth weight infants who survive are at increased risk for health problems ranging from neurodevelopmental disabilities to respiratory disorders. Risk factors linked to low birth weight include age of the mother and stress. National research demonstrates that the role of stress is significant and disproportionately impacts African American populations and also those individuals with multiple social determinant challenges like domestic violence, insecure housing, unsafe neighborhoods, poverty, lack of insurance and low family

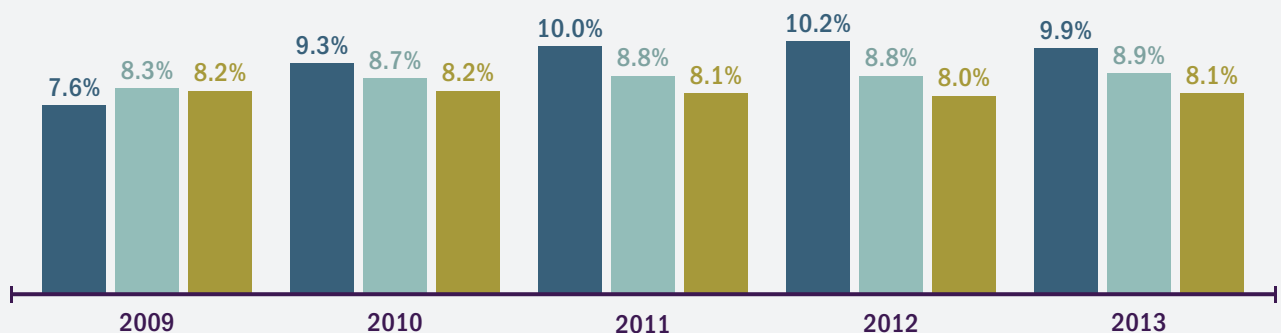
support. The Institute of Medicine asserts that discrimination and larger societal and economic contexts of people's lives must be addressed in order to move the needle on this important indicator.

HOW ARE WE DOING?

It is difficult to determine based on the data alone which groups of mothers tend to be impacted more by this health issue. Common opinion among local experts tends to point toward young mothers who may not realize they are pregnant or who may be hiding a pregnancy. This opinion is based on practice experience and anecdote, but is yet to be confirmed through data. Research also shows that nationally, victims of domestic violence are at increased risk of OB/GYN issues including delivering babies with low birth weight. The community as a whole continues to look at this issue as an area of concern, specifically as Santa Fe continues to have higher incidences of low birth weight babies than both the state and national averages.

LIVE BORN INFANTS WITH BIRTH WEIGHT UNDER 5.5 POUNDS BY YEAR, 2009-2013

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health; Maternal and Child Health Bureau—Health Resources and Services Administration, mchb.hrsa.gov



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



WHAT IS THE STORY BEHIND THE DATA?

In general, risk factors in the mother that may contribute to low birth weight include teen pregnancy, multiple pregnancies, previous low birth weight infants, poor nutrition, heart disease or hypertension, substance use disorder, stress and insufficient prenatal care. Environmental risk factors include smoking, lead exposure, and other types of air pollutions.²⁵ Of local concern is the under-diagnosing of opioid addiction in pregnant mothers, which can significantly impact a baby's weight at time of birth. Of additional importance is the prevalence of e-cigarette usage, which is believed to be contributing to these elevated numbers.

INDICATOR 3: SUBSTANTIATED ABUSE AND NEGLECT

WHY IS THIS IMPORTANT?

Substantiated abuse and neglect is of great concern as expressed in focus groups and interviews with people from the community. We have an issue protecting our children and keeping them from being abused by their caretakers and/or parents. Little cross-community collaboration to protect our children is occurring, and the lack of action is reflected in the data. Cases of substantiated abuse of children ages zero to five years, as well as children over all, are both up over 7% in 2015 from 2014 rates. Community members point to a lack of coordination and resourcing to prevent abuse of children. They also question the capacity of the current system to protect our children and break generational cycles of abuse. Sadly, child maltreatment creates a legacy of abuse and violence in the home often passed



down from generation to generation. It is borne out by the data on child abuse, domestic violence and elder abuse that there are elevated levels of violence in our residents' homes throughout the entire lifecycle.

Abuse and neglect in childhood or youth are considered Adverse Childhood Experiences (ACEs). Based on information provided by the Center for Disease Control and Prevention, ACEs have been linked to risky health behaviors, chronic health conditions, low life potential, and early death. As the number of ACEs increases, so does the risk for the above-mentioned, negative outcomes.²⁶

ACEs or early childhood trauma can have short—and long—term impacts on an individual's emotional and physical life well into adulthood. Adults who experienced abuse or neglect during childhood are more likely to suffer from a range of serious physical ailments. The effects vary depending on the specific circumstances, frequency or intensity of abuse or neglect, support available to a child, and personal characteristics of the child. "Child maltreatment can impact the child



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



physically, psychologically, developmentally, or usually in some combination of all three ways. Ultimately, due to related social and financial costs to public entities such as healthcare, human services, child welfare, judicial and law enforcement and educational systems, abuse and neglect impact not just the child and family, but society as a whole.”²⁷

HOW ARE WE DOING?

The Administration of Families & Children, a division of the Department of Health & Human Services, conducted their annual study of child maltreatment and reported that in 2014, New Mexico had a child victim rate of 15.2 per 1,000 children. This rate placed New Mexico in the top five states for highest child victimization, and a significantly higher rate than the national rate of 9.4 per 1,000 children. The rate of child abuse in New Mexico has been increasing much faster than the national rate.²⁸

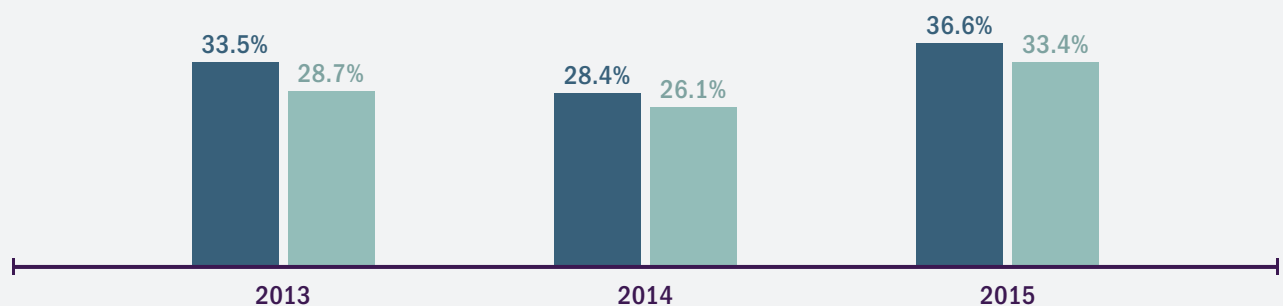
National rates of abuse and neglect are consistently highest among our youngest children²⁹ and this appears to hold true within our local community. Child neglect is most prevalent throughout the state, though physical, emotional and sexual abuse also occurs. Despite increased efforts to prevent child maltreatment and support families with young children, incidences of reported and substantiated abuse and neglect of Santa Fe County children in this age group continue to rise.

WHAT IS THE STORY BEHIND THE DATA?

As the number of substantiated cases of child abuse and neglect of children under five years of age has increased since 2014, one must question whether this is due to more instances of actual abuse and neglect, or whether reporting is increasing. This observed 8% increase is unlikely to be due to an increase in reporting. We must conclude that actual instances of abuse of children are up in Santa Fe.

CHILDREN WHO WERE SUBJECT TO PROTECTIVE SERVICES INVESTIGATION WITH SUBSTANTIATED ABUSE OR NEGLECT IN SANTA FE COUNTY

● 0-5 YEARS ● ANY AGE



Source: sm06a01c (FACTS System). A child subject to a PS investigation may be counted more than once if subject of other investigation(s) within the period of time reported herein. Children counted, as subject to a PS investigation, will be higher than the number of total investigations, as many PS reports involve more than one child in a household



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



Most community stakeholders believe a key underlying factor contributing to abuse and neglect of young children is stress primarily due to poverty, food insecurity, substance abuse/addiction, and overall family instability. Additionally, mentioned was how domestic violence, driven by offenders who seek power and control over their partners and sometimes their children, also has a strong correlation to abuse and neglect. Community members question whether the local child welfare office, law enforcement, courts, and social service systems is adequately resourced to effectively deal with the issues of child abuse and neglect. These opinions seem to be substantiated by the fact that the number of protective service investigations for substantiated child abuse have gone up since 2014. This apparent lack of getting in front of this issue creates skepticism in some community members for the adequacy of the current system to protect our children.

OTHER FACTORS IMPACTING THE WELLBEING OF MATERNAL HEALTH & EARLY CHILDHOOD

Immunizations—The immunization rates of young children in our community is good news. We have improved significantly over

the past three years, from 74% of all children being immunized in 2011 to 85% in 2014. Santa Fe remains above both the current state and national vaccination rates that are 65.7% and 70.4% respectively.³⁰

Infant Mortality—Infant mortality has decreased in Santa Fe County since 2011 from 9–6.1 per 1,000 live births. However, this number remains slightly above the New Mexico average of 5.7 and the national average of 5.9. It is important to keep in mind that cause of death varies over the first year of life. Congenital malformations, deformations and chromosomal abnormalities are the leading cause of infant death. Disorders related to short gestation, low birth weight, and sudden infant death syndrome (SIDS) are of significant concern when looking at death in the post neonatal period.³¹



SCHOOL-AGE CHILDREN & ADOLESCENTS



OUR ENVISIONED FUTURE:

ALL CHILDREN ARE SAFE,
HEALTHY AND NURTURED

INDICATOR 1:
CHILDHOOD OBESITY

INDICATOR 2:
YOUTH DEPRESSION

INDICATOR 3:
YOUTH RESILIENCE



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



SCHOOL-AGE CHILDREN & ADOLESCENTS

In Santa Fe County, adolescents (ages 10–19) and young adults (ages 20–24) make up 29% of the population.³² What happens in adolescence, including behaviors adopted, largely determines long-term health status including risk for developing chronic diseases later in life.³³

According to the Centers for Disease Control and Prevention (CDC), although adolescence and young adulthood are generally healthy times of life, health and/or social issues can influence children and youth. Issues that can impact youth may include suicide, motor vehicle crashes, alcohol-involved motor vehicle crashes, substance use and abuse, smoking, sexually transmitted infections, teen pregnancies, and homelessness.³⁴ The family, peer groups, neighborhoods, schools, and communities in which they live also influence our youth.³⁵

Adolescence is a time of experimentation and independence.³⁶ Focusing on healthy behaviors and positive influences helps to insure our youth flourish.³⁷ Factors that lead to healthy outcomes for youth include healthy adult and family relationships, safe home environments, and healthy activities.³⁸ School success also is a predictor of long-term health and well-being outcomes in adulthood.³⁹

WHAT IS BEING DONE?

There are a number of collaborative initiatives to assist youth to overcome the challenges they face. Many non-profits in the community also focus their efforts to support children

during these ages through the provision of both traditional and non-traditional, as well as innovative, services.

The Santa Fe Prevention Alliance, funded by the Office of Substance Abuse and Prevention, Office of National Drug Control Policy and Santa Fe County, and led by the Santa Fe Public Schools, has made preventing DWI, and drug and alcohol abuse by minors its highest priority. The Alliance consists of thirty plus community partners from the SF Public Schools, healthcare, law enforcement, the faith community, Santa Fe City and County programs, substance abuse treatment programs and other non-profits who meet regularly and have a public policy, education and program agenda.

Solace Trauma Treatment Center hosts a Multi-Disciplinary Team (MDT) that focuses on the investigation and prosecution of crimes against children. Collaborative partners in this effort include, law enforcement, Children Youth and Families Department, Santa Fe courts and District Attorney's Office, the Sexual Assault Nurse Examiner (SANE) program, local nonprofits and staff from advocate, mental health, forensic pediatrics and forensic interviewing.

Following an analysis of adolescent high utilization of the Emergency Room, CHRISTUS St. Vincent implemented Adolescent High Utilizer Group Services (HUGS) in 2013. The emergency room is in many ways a window into the most complex health and social problems our youth face. For those children who sought CSV's ER services at the highest rate, the most frequent diagnoses included suicide attempts and/or ideation,



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drug or alcohol overdose, sexual assault, anxiety, depression, and injuries sustained as a result of violence. Through the Adolescent HUGS program, hospital physicians, nurses or counselors can refer these children and their families for free services to the SKY Center. The SKY Center provides children and their families with intensive, wrap around services aimed at meeting the specific needs of each child while helping to strengthen their families, support system and overall wellbeing.

A snapshot of some of the biggest influences and vulnerabilities in the health and wellbeing of school-age children and adolescents in Santa Fe County is shown through three primary indicators: 1) childhood obesity; 2) youth depression; and 3) youth resilience.

INDICATOR 1: CHILDHOOD OBESITY

WHY IS THIS IMPORTANT?

"Overweight and obese youth are more likely to grow up to be overweight or obese as adults. They are at increased risk of exhibiting chronic

disease risk factors such as diabetes, high blood pressure and high cholesterol as youth and into adulthood. Overweight and obese youth also experience bullying from their peers."⁴⁰

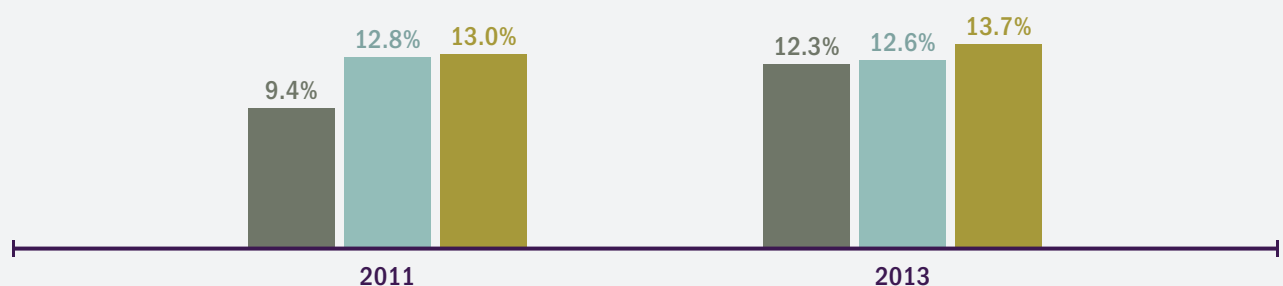
"Obese" is defined as having a Body Mass Index (BMI) that is at or above the 95th percentile based on age and sex. There is some new national data showing that BMI may not be as predictive of future health problems as percentage of body fat. We will continue to give attention to this debate.

HOW ARE WE DOING?

Though youth and adolescents in Santa Fe County currently remain below both state and national averages in this area, there has been a large increase in youth obesity in the county from 2011–2013. If these rates of growth continue to increase at this fast pace, our youth will quickly exceed both state and national rates of childhood obesity.

HIGH SCHOOL STUDENTS WHO SELF REPORT HEIGHT AND WEIGHT CORRESPONDING TO THEIR AGE AND GENDER

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Youth Risk and Resiliency Survey



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WHAT IS THE STORY BEHIND THE DATA?

Youth advocates believe this data underreports actual rates of obesity in adolescents by 20–30 percent. Youth respondents may be under reporting, as they are either unaware about what constitutes obesity or embarrassed to acknowledge that they are obese.

Interviewees believe that factors influencing obesity rates may include poor modeling by adults, mixed messages about food and excessive access to unhealthy and “fast” foods. For example, children may be instructed by parents not to eat certain foods, but questioned when they do not finish their food. It is further believed that many youth and adolescents are required to essentially fend for themselves in making food choices given the increase in two income households and extended hours worked

by some caretakers to make ends meet. When children are hungry, they are more likely to make poor food choices. Multiple stakeholders in our community experience that obesity rates are higher among girls than boys, which has a significant impact on the self-esteem of developing girls. They are further concerned about the use of food as a reward, as well as technology such as cellphones and video games that promote a sedentary lifestyle.

Despite the various concerns about the specific impacts of childhood obesity, there is firm consensus that adults—at home and in schools—need to work harder to instill in very young children the importance of healthy eating habits and regular exercise. In addition, many believe that the food industry, social services and local providers need to work harder to make education about and healthy foods more available and affordable to all families in the community.

INDICATOR 2: YOUTH DEPRESSION

WHY IS THIS IMPORTANT?

Feelings of sadness or hopelessness are a risk factor for depression. “Students who report feelings of sadness or hopelessness are more likely than other students to report suicide attempts, cigarette smoking, binge drinking and illicit drug use.”⁴¹ Teens can face unrealistic academic, social or family expectations that lead to disappointment. Teens can also be bombarded by conflicting messages from parents, friends and society.⁴² When an adolescent’s mood disrupts his or her daily functioning, attention is warranted. Adult guidance and support can make a big difference.





HOW ARE WE DOING?

In 2014, an estimated 2.8 million adolescents aged 12–17 in the United States had at least one major depressive episode in the past year. This number represented 11.4% of the U.S. population aged 12–17. A depressive episode is defined as a period of two weeks or longer during which there is either depressed mood or loss of interest or pleasure, and at least four other symptoms that reflect a change in functioning, such as problems with sleep, eating, energy, concentration, and self-image.⁴³

The prevalence of feelings of sadness or hopelessness among youth in NM and the U.S. has remained relatively stable over the past several years. In 2013, the NM rate of 30.5% was similar to the U.S. rate 29.9%. However, in Santa Fe County, youth depression increased from 29.7–32.5% between 2011 and 2013. This increase is alarming. The increase from 2013–2015 among New Mexico high school students is also a concern.

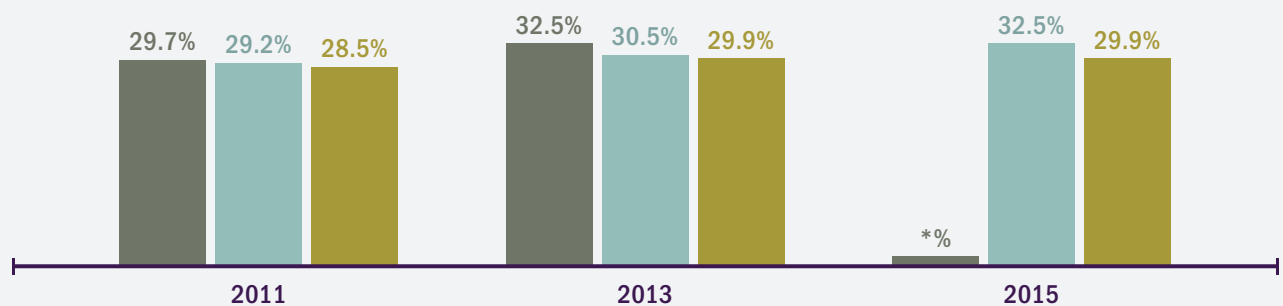
WHAT IS THE STORY BEHIND THE DATA?

Increases in youth depression are believed to be the result of growing issues and instability amongst the family unit and the limited community programs and supports available to youth and their families. Some experts believe that many youth in our community are disconnected or simply trying to survive. In many cases in our community, children feel depressed due to familial breakdown or bullying by peers, both of which impact a child's sense of belonging and self-esteem.

It is important that youth and adolescents know that it is possible to overcome these feelings and lead a normal, happy life. Community experts and focus group participants believe that family support and healthy role models are critical in helping youth to move through feelings of depression and sadness.

HIGH SCHOOL STUDENTS THAT REPORT BEING SAD OR HOPELESS ALMOST EVERY DAY FOR 2 OR MORE WEEKS IN A ROW IN THE PAST 12 MONTHS

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Youth Risk and Resiliency Survey (YRRS), New Mexico Department of Health and Public Education Department, with technical assistance and support from the U.S. Centers for Disease Control and Prevention; *2015 data for Santa Fe County not yet available



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INDICATOR 3: YOUTH RESILIENCE

WHY IS THIS IMPORTANT?

Youth resilience is the ability of youth to draw upon their inner strength when faced with adversity, heal the effects of trauma, and thrive. According to a Center of Social Policy report on youth resiliency, “brain research shows that some experience in managing stress, including learning from failure, is important for healthy youth development and well-being. Youth who have never had to address challenges or have never experienced failure are not fully prepared for adulthood.”⁴⁴ In homes where youth experience prolonged adversity without the support of a nurturing adult, they may be exposed to toxic stress. “Toxic stress can disrupt brain development, and adolescence is the developmental period in which can lead to long term problems in healthy relationships and managing thoughts and actions.”⁴⁵

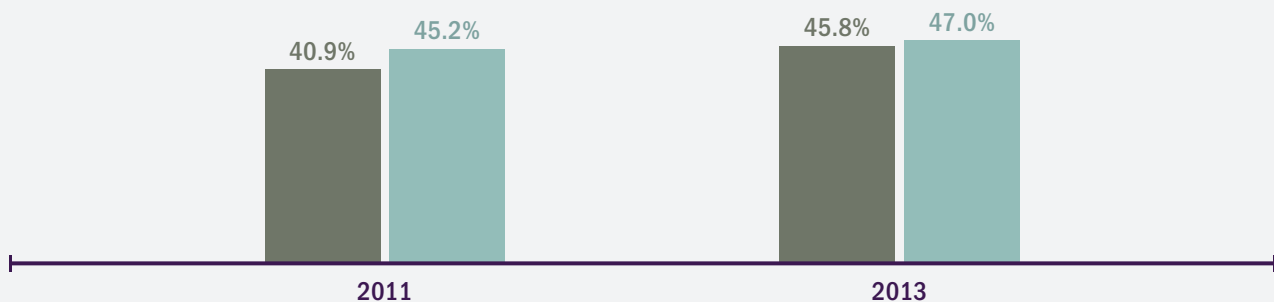
Growing evidence shows that a consistent relationship with a safe, caring, reliable and competent adult can make a significant difference along with opportunities for healthy activity within the community, school or other venues. Youth who report having a teacher or other adult who believes he/she will be a success are less likely to use alcohol, drugs, or tobacco; to be involved in violence; to experience suicidal ideation; or to engage in high risk sexual practices. Youth are “resilient when they are able to call forth their inner strength to positively meet challenges, manage adversities, heal the effects of trauma and thrive given their unique characteristics, goals and circumstances.”⁴⁶

HOW ARE WE DOING?

National comparison data on this particular measure is not available. Despite significant improvement between the years of 2011 and 2013 where youth resilience increased from 41% to almost 46%, Santa Fe still lags behind

HIGH SCHOOL STUDENTS WHO REPORT A TEACHER OR OTHER ADULT BELIEVES HE/SHE WILL BE A SUCCESS

● SANTA FE ● NEW MEXICO



Source: New Mexico Youth Risk and Resiliency Survey (YRRS), New Mexico Department of Health and Public Education Department, with technical assistance and support from the U.S. Centers for Disease Control and Prevention



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the state numbers of youth who report they have someone who believes they will be a success. This is an important measure in judging resilience and the type and quality of supports available to the children in our community. It is disheartening to think that so many of our youth do not perceive there is anyone in their corner cheering them on to succeed. This has far ranging implications on their actual ability to overcome obstacles, achieve a sense of wellbeing, and live up to their potential.

WHAT IS THE STORY BEHIND THE DATA?

Focus group participants report that with new testing requirements in schools, teachers have less time and energy to support their students and pay attention to potential signs of trouble. Furthermore, many grandparents raise their grandchildren due to parents' unavailability due to incarceration or substance use disorders; both youth and their grandparents alike are faced with feelings of resentment and frustration. This can lead to depression and lack of hope for child and

adult alike. Focus group participants report the need for more mentorship programs, as well as opportunities for youth to be connected with healthy adult role models.

Community experts express the importance of providing positive feedback and encouragement to youth in order to support healthy development. Some experts believe parents and other adults may focus too often on negative behavior rather than positive traits. However, others express the need to be realistic with youth by teaching them how to deal with challenges while becoming empowered individuals capable of dealing with both success and failure.

OTHER FACTORS IMPACTING THE WELLBEING OF SCHOOL-AGE CHILDREN & ADOLESCENTS

Teen pregnancy—Teen pregnancy rates amongst youth in Santa Fe have steadily decreased over the years and remain significantly lower than statewide averages (17.1 per 1000 in Santa Fe versus 20.1 per 1000 in New Mexico). Statewide efforts are taking place to both further reduce



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the numbers of teen parents, while providing additional educational and other supports for young parents.

Alcohol and substance abuse—The National Institute on Alcohol Abuse and Alcoholism (NIAAA) reports that children who begin drinking by age 13 have a 38 percent higher risk of developing alcohol dependence later in life. The risk is even higher for those who start drinking early and have a family history of alcoholism.⁴⁷ Substance abuse by youth in Santa Fe County remains significantly higher than the statewide average based on a 2013 survey. Specific examples include the following:⁴⁸

- 31.3% of Santa Fe youth report using marijuana versus 27.8% statewide.
- 10.3% of youth in the community report taking pain medications to get high versus 8.5% statewide.

- 5.8% of Santa Fe area youth report using heroin versus 2.9% statewide.
- 5.3% of Santa Fe youth report extreme binge drinking versus 4.0% statewide.

Local experts and focus group participants identified a number of factors that attribute to these rates. These included lack of parental supervision, parents' own excessive use of alcohol and/or substances, children and youth using substances to cope with challenging environments, depression or the desire to escape unwanted feelings. Focus group participants believe parental involvement is crucial for reducing the increase in substance abuse by Santa Fe County youth, though concerns exist across the board regarding the availability of adequate treatment opportunities for youth—and their families—who struggle with alcohol and substance abuse issues.



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OUR ENVISIONED FUTURE:

ALL ADULTS ARE
PHYSICALLY HEALTHY

ALL ADULTS ARE
MENTALLY HEALTHY

ALL ADULTS ARE FREE OF
ADDICTIONS TO SUBSTANCES

INDICATOR 1:
DRUG RELATED DEATHS

INDICATOR 2:
ADULT SUICIDE

INDICATOR 3:
ALCOHOL DEPENDENCE



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SCHOOL-AGE CHILDREN
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ADULT BEHAVIORAL HEALTH

This Adult Behavioral Health section includes information about issues central to both mental health and substance use disorders that include drug and alcohol abuse and addictions. Mental disorders are highly prevalent in the United States—approximately, one in five adults have a mental disorder.⁴⁹ Substance use disorder is another health issue that significantly affects the American public: an estimated 20.2 million people have a substance use disorder.⁵⁰ Over the years, the stigma around substance abuse has changed: opinions are shifting from viewing it as a crime to a serious health issue. *The Diagnostic and Statistical Manual of Mental Disorders* (DSM) has included drug abuse and drug dependence as credible mental disorders.

Elevated rates of addiction and/or mental illness can create a ripple effect of illness, grief, unused potential, strained relationships, economic cost and a reduction in quality of life for those who are afflicted. The impact ripples across the community through the lives of loved ones, children, friends, employers, the criminal justice system, the health care system and many others, thus eroding the foundations of our community. Individuals who have both a behavioral health and substance use issue have what is known as dual diagnosis or co-occurring disorders. A reported 7.9 million adults have both a mental disorder and a substance use disorder.⁵¹ The picture for these individuals can be further complicated when other social determinant and health issues are layered on top. Most commonly, these individuals can also be at a heightened risk for homelessness, violence, trauma, isolation, and disease. It is only recently

that healthcare has come to see and build a comprehensive response to the serious impact these conditions have on a person's physical health and ability to maintain health over the lifespan. An individual's ability to care for themselves, understand their health conditions and treatments, acquire their medications and take them appropriately, schedule and get to doctor's or counselor's appointment, as well as other steps necessary for health maintenance, may be impaired and require support.

Undiagnosed and untreated early childhood trauma and later onset PTSD may contribute to these issues, and multi-generational patterns can impact onset and acuity. In addition to causing stress and creating dysfunction within the social and emotional realms of health and wellness, behavioral health issues strongly impact the physical wellbeing of both the individuals and their families. In addition, people with addictions and/or mental illness have significantly higher rates of chronic disease and illness. Having these compound conditions can result in significant consequences. New Mexico Indicator-Based Information System (NM-IBIS) reported that from 2010–2014, Santa Fe County averaged 25.5 deaths per 100,000 for alcohol-related chronic disease deaths.⁵² Alcohol, tobacco or other drug abuse are linked to eight of the ten leading causes of death in New Mexico.⁵³

Santa Fe ranks consistently among the top highest rates in the nation for drug related deaths, adult suicide and alcohol dependence. By all accounts our community is performing very poorly in these areas. There is a link between adults who experienced trauma early in life and developing mental health illness and substance use disorders in an attempt to



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self-medicate. When our residents still cannot find relief from their pain, an alarmingly high number take the final step of committing suicide and ending their life.

Rates of death caused by overdose in Santa Fe County are more than double the national average with 70% of drug overdoses being tied to opioid painkillers or heroin. Similarly, rates of death due to suicide are also nearly twice the national average. Over one in ten visits to the CSV emergency room is for a behavioral health issue making behavioral health the 4th most prevalent condition leading to an ER visit in our community. In 2014, Santa Fe's death rate due to alcohol was 52.9 deaths per 100,000 people as compared with the national rate of 29.4 deaths per 100,000. This is consistent with New Mexico being ranked 1st, 2nd or 3rd for highest total alcohol related death rate since 1981.

Behavioral health issues often underlie other presenting medical conditions. For example, an individual may come in to the Emergency Room with a fractured wrist that was the result of a fall while they were intoxicated. The medical condition is a fracture, but the underlying cause is alcohol related. Similarly, end stage liver disease treated in the CSV Intensive Care Unit is often the result of long-term alcohol abuse, and a person may visit the ER symptomatic of a chronic disease that is uncontrolled due to a patient feeling depressed and overwhelmed and not taking their medication as prescribed.

WHAT IS BEING DONE?

Judge Mary Marlowe established the Santa Fe Behavioral Health Alliance in 2013 with the goal of reducing the number of people with

mental illness in the criminal justice system. The Alliance is a collaboration of Santa Fe behavioral health, CSV and justice agencies. It meets quarterly to review progress and share agency plans. The Alliance is focused on improving the behavioral health treatment system for individuals with co-occurring substance use disorder and mental illness who are supervised (or at risk of being supervised) by the criminal justice system. The Alliance aims to improve the coordination of care from criminal justice, crisis response, reentry services, and wrap around care, including intensive case management.

To respond to the need for more comprehensive care and treatment of individuals with behavioral health issues, CHRISTUS St. Vincent implemented the High Utilizer Group Services (HUGS) program beginning in 2010. The top 30 highest utilizers of the Emergency Room are provided with intensive case management and wraparound services in order to link these individuals to vital medical and community services. These individuals are typically homeless, have been abusing alcohol or drugs since adolescence, are unemployed, have a behavioral health diagnosis, are isolated from family, and have significant health problems. For these individuals with many complex medical and social issues, Emergency Room utilization has been reduced by an average of 30% to over 50% during the six months of the program and continues to decrease even after program participants graduate. The purpose of the HUGS program is to partner with individuals to become re-integrated into the community system of care, such that after the six months of the program, they can be assisted through the



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pre-existing programs for which they qualify. The Emergency Room utilization reductions are significant but not nearly as important as the improvements in quality of life which come as a result of participant's efforts to seek treatment for addiction and mental health issues, access primary care, reunite with family and loved ones, acquire stable housing, and involve themselves in meaningful daily activities.

Other community programs that serve the needs of high utilizing populations with co-occurring behavioral health and substance use disorder are: Santa Fe Fire Department, Mobile Integrated Health Program (MIHO), Santa Fe Community Guidance Center's Program for Assertive Community Treatment (PACT) and the Law Enforcement Assisted Diversion program (LEAD) which is funded by the City and County of Santa Fe and the Open Society Foundations and administered by The Life Link. Santa Fe County also provides funding for the Santa Fe Crisis Response Team, which is overseen by the Santa Fe Community Guidance Center. This is a mobile service that goes to the homes of those in need. It is triggered by calls from EMS and law enforcement to respond to individuals having a mental health crisis.

In addition, CHRISTUS St. Vincent operates a Sobering Center that provides 24 hour/7 days a week care in a fifteen bed, residential, social-detox facility. Individuals—both male and female—are provided short stays (3–7 days) in the center while receiving support services, assessment and referrals to other community partners and longer-term treatment facilities. In 2015 the Sobering Center completed 1,182 intakes for clients seeking its detox

services. Significant about the individuals who enter the Sobering Center is the reason why they enter. While the Court mandates a small number of people who come, the vast majority of the clientele come voluntarily.⁵⁴ This shows that these individuals do wish to "change their behavior and feel that they can succeed."⁵⁵

Although there is community collaboration within the Santa Fe Behavioral Health Alliance and other providers including CSV working hard to assist those with a mental health or addiction issue, current efforts do not seem sufficient to address the depth or breadth of need present in the community. More resources, coordination and programs are required if we want to turn the curve on these trends.

INDICATOR 1: DRUG RELATED DEATHS

WHY IS THIS IMPORTANT?

Studies show that substance abuse has both genetic and environmental components. Many people addicted to drugs or alcohol use these substances to self-medicate for a range of behavioral health issues, including depression, anxiety disorders, schizophrenia and others. According to Substance Abuse and Mental Health Services Administration (SAMHSA), an estimated 20.2 million adults had a substance use disorder in 2015.⁵⁶ Furthermore, of this reported number, a reported 7.9 million adults had both a substance use disorder and mental disorder.⁵⁷ This condition is known as co-occurring mental and substance use disorders.

New Mexico's drug overdose death rate has more than tripled since 1990 and has been one of the highest in the nation for most of the last two decades. In 2014, New Mexico was second



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in the United States for overdose death at a rate of 26.4 deaths per 100,000 population.⁵⁸ Since 2000, the number of drug overdose deaths in New Mexico increased 102%; in 2014, an average of seven people died every week of an opioid-involved drug overdose. In Santa Fe County between 2010–2014 there were a total of 208 drug overdose deaths; 83% involved prescription opioids or heroin.⁵⁹ In addition to the high death rates, “drug abuse is one of the most costly health problems in the U. S. In 2007, it was estimated that prescription opioid abuse, dependence, and misuse cost New Mexico \$890 million.”⁶⁰

HOW ARE WE DOING?

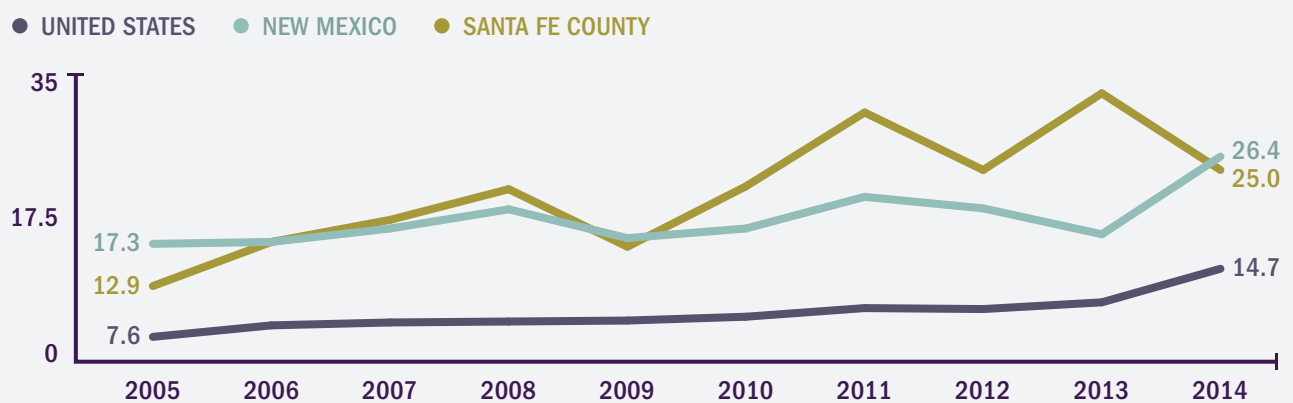
Tragically, the rates of death caused by overdose in Santa Fe County are more than double the national averages. It is rare to speak with a community member who does not know someone who is opioid addicted or has not been directly or indirectly impacted by a drug overdose death. This is an area for continued and escalated community investment and involvement.

WHAT IS THE STORY BEHIND THE DATA?

Opioids are the biggest contributor to overdose deaths in New Mexico. According to the New Mexico Office of the Medical Investigator, 70% of drug overdose deaths in New Mexico in 2014 involved opioid painkillers or heroin. In that same year, nearly 2 million opioid prescriptions were filled in New Mexico, double the amount prescribed a decade ago.⁶¹ Nearly half of young people who inject heroin report abusing prescription opioids before starting to use heroin, and indicate that heroin becomes easier and cheaper to access than prescription opioids.

With the steady increases in the numbers of individuals reporting conditions of chronic physical pain (pain that may be rooted in non-physical issues), and being prescribed painkillers, abuse of prescription pain medications and therefore, heroin, continues to rise. One key informant reported that their

AGE-ADJUSTED DRUG OVERDOSE DEATH RATES PER 100,000 POPULATION, 2005–2014



Source: Centers for Disease Control and Prevention Web-Based Injury Statistics Query and Reporting System



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experience points to an emerging community trend of heroin being cut with benzodiazepines in order to give the user a more intense high. This combination ingested with alcohol can be lethal given the sedative effects in shutting down the vital systems within the body. The increase in opioids being prescribed for pain, patients then later transitioning to heroin, and the erratic and more deadly heroin supply and polysubstance use all have a significant impact on the increased death rate in New Mexico.⁶²

There is broad concern expressed by multiple focus groups that our community does not have enough long-term treatment for addiction that works extensively on underlying issues of trauma. Also noted were the lack of a medical detox facility in Santa Fe and a lack of services for mothers who need to enter treatment with their children. Though brief, detox services currently exist in Santa Fe to support individuals to achieve initial sobriety, however, their time within these services is limited and linking these individuals into all the community services they need may not be possible. More long-term case management for those with a substance use disorder is necessary to link people to programs and services that will support their sobriety. These services may include housing resources, counseling, and psychiatry, social services, parenting support, legal resources, domestic violence shelters and other providers/services.

Experienced professionals across systems believe there are urgent needs going unattended. There is a noted system of care gap for a comprehensive, community health care specializing in the treatment of chronic pain with modalities for treatment other than prescription drugs or that wean people safely

off these drugs. Commitment and expertise within this type of medical setting and others for working with complex patient situations, as well as co-occurring and social determinant issues are needed.

Traditional models that require the patient or client to come to an office on a schedule for services can only have limited success with a population that often times has issues with unstable housing, transportation, limited phone use, possible cognitive impairment, likely periods of relapse, and behavioral health issues. Mobile services, where care is provided in the individual's natural setting, are more effective with this population. Finally, the lack of availability of psychiatric care, particularly to low income groups, could lower the incidence of drug related deaths, as individuals would not be so driven to control their mental health symptoms through drugs and alcohol.

INDICATOR 2: ADULT SUICIDE

WHY IS THIS IMPORTANT?

Mental illness is a serious community health issue in the United States. In 2014, the National Survey on Drug Use and Health (NSDUH) reported that approximately one in five adults (43.6 million individuals) had Any Mental Illness (AMI). The NSDUH categorizes AMI as a "mental, behavioral, or emotional disorder (excluding developmental and substance use disorders)."⁶³ Furthermore, in 2014, an estimated 9.8 million adults had a Serious Mental Illness (SMI). The NSDUH classifies SMI as "a mental, behavioral, or emotional disorder (excluding developmental and substance abuse disorders)" that results in "serious functional impairment."⁶⁴ Mental



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illness, especially Serious Mental Illness, is a severe health risk as it can culminate into extreme actions by an individual.

Suicide ideation, attempts and completions are a "serious public health issue and a major cause of morbidity and mortality. In 2014, suicide was the eighth leading cause of death in New Mexico; and the second leading cause of death by age group for persons 15–39 years of age. From 2010–2014, suicide accounted for an average of 12,712 Years of Potential Life Lost (YPLL) per year in NM, making it fourth highest cause of YPLL, after unintentional injury, cancer, and heart disease deaths. The YPLL is a measure of premature mortality in a population and describes the impact of injury-related deaths on a society compared to other causes of death."⁶⁵

Over the last 20 years, suicide death rates in New Mexico have been at least 50% higher than national rates. Suicide deaths have been increasing in both New Mexico and the United States. Mental health disorders,

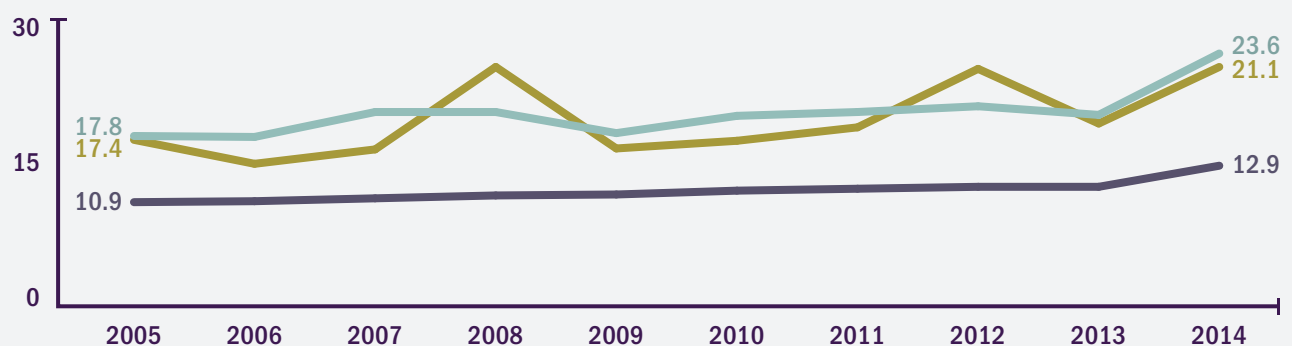
particularly clinical depression, increase the risk of attempted and completed suicide. "Other risk factors associated with suicide include a family history of suicide, a family history of child maltreatment, previous suicide attempt(s), a history of alcohol and substance abuse, feelings of hopelessness, isolation, barriers to mental health treatment, loss (of relationships, social connections, work, finances), physical illness and easy access to lethal methods, such as firearms."⁶⁶

HOW ARE WE DOING?

Santa Fe County and the state of New Mexico are approaching nearly twice as many suicide deaths per 100,000 residents each year than the nation as a whole. This is a vitally important issue given the severe effects suicide has on the individual who takes his or her life, as well as on the family and community members left to grapple with the aftermath of such a tragic event.

AGE-ADJUSTED SUICIDE DEATH RATES, 2005-2014

● UNITED STATES ● NEW MEXICO ● SANTA FE COUNTY



Source: Centers for Disease Control and Prevention Web-Based Injury Statistics Query and Reporting System; NM IBIS



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WHAT IS THE STORY BEHIND THE DATA?

Due to the shortage of behavioral health providers, including psychiatrists and master's level counselors and social workers, and the access barriers to mental health services, General Practitioners or Family Practice Physicians are often left to identify and treat psychiatric conditions and mental health issues. Patients with behavioral health issues often need on-going support and stabilizing services like counseling and medication management and this can be difficult. Focus groups discussions revealed that participants believe that the system to connect emergency response, medical, and psychiatric providers is limited, and this lack of communication among these entities prohibits follow-up care, information sharing and coordination for individuals in need of ongoing treatment. A lack of case management to help people navigate the complex system of care was also identified as a reason that people in need of ongoing behavioral health treatment fall through the cracks and continue to see their mental health worsen.

The Santa Fe Detention Center is often the last rung of this community's safety net to keep mentally ill and unstable individuals off the streets. Residents with mental health issues usually end up in jail when they commit petty crimes related to their behavioral health issues. This is an inappropriate setting for them to receive the care they need. Recent additional staff funded by Santa Fe County to provide discharge planning for people leaving the jail was identified as a step in the right direction to making sure that individuals get linked to community treatment resources upon release.



The lack of supportive housing for individuals suffering from mental illness who cannot manage their activities of daily living remains a critical gap in service in this community.

INDICATOR 3: ALCOHOL DEPENDENCE

WHY IS THIS IMPORTANT?

"The consequences of excessive alcohol use are severe in New Mexico. New Mexico's total alcohol-related death rate has ranked 1st, 2nd, or 3rd in the U.S. since 1981; and 1st for the period 1997 through 2007 (the most recent year for which state comparison data are available). The negative consequences of excessive alcohol use in New Mexico are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and injuries, mental illness, and a variety of other medical problems."⁶⁷

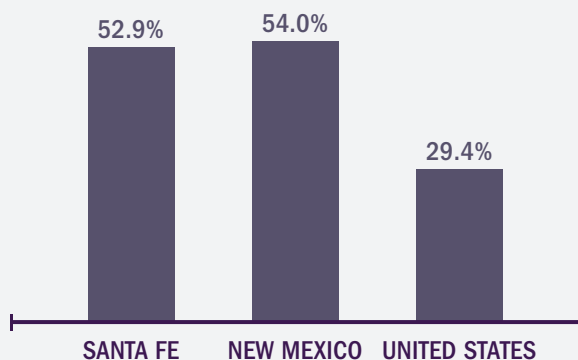


HOW ARE WE DOING?

Nearly 88,000 people (approximately 62,000 men and 26,000 women⁶⁸) die from alcohol-related causes annually, making it the fourth leading preventable cause of death in the United States.⁶⁹

In 2014, alcohol-impaired driving fatalities accounted for 9,967 deaths in the U.S. (31 percent of overall driving fatalities).⁷⁰ Sadly, Santa Fe County has significantly higher rates of alcohol related deaths per 100,000 individuals than does the nation as a whole. NM-IBIS reported that from 2009–2013, Santa Fe County had a rate of 27.3 deaths per 100,000, whereas, New Mexico had a rate of 27 per 100,000. NM-IBIS reported that the five leading causes of alcohol-related injury death in New Mexico were: fall injuries, motor vehicle traffic crashes, non-alcohol poisoning, suicide, and homicide.⁷¹

AGE-ADJUSTED ALCOHOL-RELATED DEATH RATES PER 100,000 POPULATION, 2010-2014



Source: Bureau of Vital Records and Health Statistics (BVRHS),
New Mexico Department of Health

WHAT IS THE STORY BEHIND THE DATA?

Residents who attended focus groups assert that alcohol is the most obvious, accessible and abused substance in our community and that cultural attitudes that exist can promote early initiation to drinking. This is particularly dangerous as drinking alcohol at a young age is correlated with much higher rates of substance use disorder in adulthood. The Surgeon General's Call to Action reported that "approximately 40 percent of individuals who report drinking before age 15 also describe their behavior and drinking at some point in their lives in ways consistent with a diagnosis for alcohol dependence. This is four times as many as among those who do not drink before age 21."⁷² As a result of these cultural attitudes and a lack of available education and intervention for our residents, the incidences of alcohol-related deaths are alarmingly high. Alcohol is often used as a coping mechanism for underlying and perhaps even undiagnosed issues of mental illness and trauma. This means that a community that fails to adequately address mental health issues will also see high rates of addiction as people turn to substances like alcohol and drugs to try to escape their pain and in essence manage their symptoms.

Residential treatment services in Santa Fe are limited to the Santa Fe Recovery Center and are insufficient to meet the service needs of the community. While the Recovery Center is a valuable community partner, current need for treatment far exceeds the community capacity to meet that need and people may seek care outside our community and, for some, even the state in an effort to get the care they need.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



At times individuals who are ready to enter treatment and cannot find a provider in a timely manner will become discouraged and continue their pattern of drinking. This is a missed opportunity for our residents who battle addiction and perpetuates a cycle of addiction.

The harms of requiring individuals with an existing addiction to remain sober and free from drugs in order to obtain and maintain secure housing is one reason why those who are addicted cannot get the help they need and can end up dying from exposure or issues related to chronic use. The Housing First model has shown success in other communities to first provide adequate housing for individuals struggling with addictions and then introduce harm reduction techniques and the possibility of long-term and residential treatment to address a person's drinking. An advantage of the Housing First Model is that those with different types of addictions can be more easily reached by service providers who can bring services like case management and preventative

medical care to them. The idea of "wet" housing, where an individual is not evicted if they relapse is an option worth exploring to help move those with alcohol addictions move toward safety and eventual sobriety.

OTHER FACTORS IMPACTING THE WELLBEING OF ADULT BEHAVIORAL HEALTH

Access to timely and effective treatment options for individuals and families struggling with substance abuse addiction or mental illness has decreased significantly over the past few years due to drastic changes in Medicaid funded providers of behavioral health services across the state. Both local and statewide systems of behavioral healthcare that were working to increase timely access and quality of treatment services were transitioned to a number of service providers from outside the state. The closing of providers and transitioning of clients did not serve the needs of those seeking services.



ADULT PHYSICAL HEALTH



OUR ENVISIONED FUTURE:

ALL ADULTS ARE
PHYSICALLY HEALTHY

ALL ADULTS ARE
MENTALLY HEALTHY

ALL ADULTS ARE FREE OF
ADDICTIONS TO SUBSTANCES

INDICATOR 1:
CHRONIC DISEASES

INDICATOR 2:
OBESITY

INDICATOR 3:
HEALTHY FOOD
CONSUMPTION



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



ADULT PHYSICAL HEALTH

The implications of chronic illness and lack of physical wellbeing on individuals, families and the community at large are significant. In addition to feeling physically impaired, individuals struggling with chronic illness such as heart disease, stroke and diabetes often experience major losses in the areas of work, finances, and family relationships. Individuals experiencing chronic disease and poor health may experience a decrease in income and therefore, ability to provide for their families. As a result, they may become more dependent on public resources and social services for survival. The impacts of disease on psychosocial wellbeing are significant, with higher incidences of depression and feelings of hopelessness among individuals experiencing chronic disease.

WHAT IS BEING DONE?

CHRISTUS St. Vincent has implemented “Manage Your Chronic Disease” (MYCD). This program supports individuals with chronic illness to eat healthy, be physically active, and find support among their peers. It is an evidenced-based program developed by Stanford Health System. A new system to manage and provide comprehensive patient follow-up and coordination by patient navigators has also been initiated by CSV.

INDICATOR 1: CHRONIC DISEASES

WHY IS THIS IMPORTANT?

“In general, overall heart disease death rates have been decreasing for decades. However, heart disease and cancer deaths remain the

top two leading causes of death in NM and the U.S.”⁷³ Stroke is the fifth leading cause of death in the state; diabetes is the 6th leading cause of death for New Mexicans. “Diabetes complications, which are costly to individuals, families and to society, include premature death, cardiovascular disease, blindness, end stage kidney disease, and lower extremity amputations. People with diabetes are two to four times more likely to develop cardiovascular disease and stroke; about 65% of deaths in people with diabetes nationwide are due to these conditions. Costs of diabetes extend beyond medical costs to costs of lower productivity, disability, premature death, and caretaking by family members. Effective and accessible diabetes prevention and management programs and resources are necessary to reverse the increasing rates of diabetes in our communities.”⁷⁴





ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



HOW ARE WE DOING?

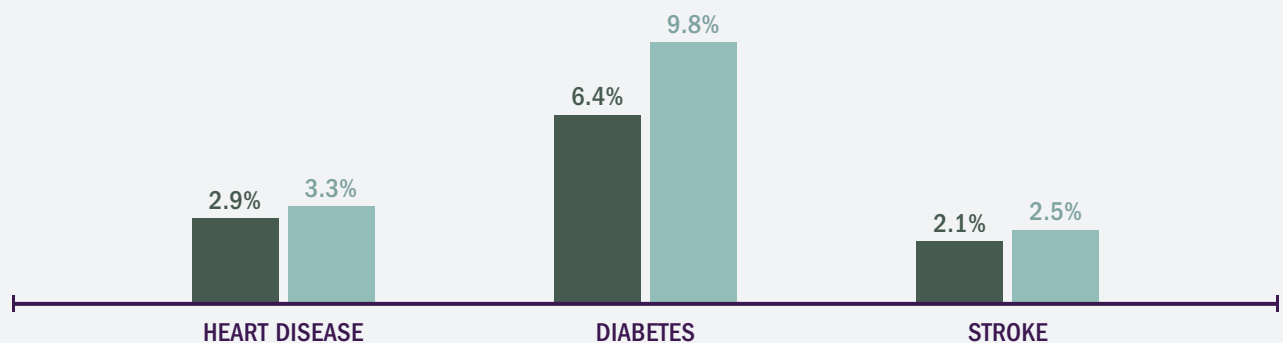
In 2012, nearly half of all adults in the United States had one or more chronic health conditions.⁷⁵ One in four adults had two or more chronic health conditions. Chronic disease rates in Santa Fe compare well to both the national and state rates, yet we should continue to strive to lower these rates due to the impact they have on people's lives. The data presented on this indicator is based on self-report by adults who participated in a telephone survey through the national Behavioral Risk Factor Surveillance System (BRFSS), the nation's premier system of telephone surveys that collects state data about health risk behaviors, chronic health conditions, and use of preventive services among U.S. residents. As a result, it is possible that the information self-reported is lower than the actual prevalence of chronic illness in the community.

WHAT IS THE STORY BEHIND THE DATA?

Community informants believe that socioeconomic status plays a big role in chronic disease. Access to healthcare is significant in both primary and secondary prevention of heart disease, while lack of access to health supports such as quality food and regular physical activity contribute to the incidence and prevalence of chronic illness. In addition, social and cultural norms can have both a positive and negative contribution to behaviors. For example, some individuals and families are aware of the importance of healthy eating and regular exercise and therefore, family meals and physical activity, such as hiking and biking, may be a regular part of a family's life. In contrast, some family activities may include the regular consumption of unhealthy foods and extensive sedentary time, such as watching movies or playing video games together. Diet and exercise are critical in maintaining wellness, as are following prescription regimens and not smoking.

ADULTS WHO REPORT HAVING A DOCTOR DIAGNOSED DISEASE, 2012-2014

● SANTA FE ● NEW MEXICO



**Note: The state numbers do not include individuals living in the 32 pueblos or the Navajo Nation. Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with New Mexico Department of Health*



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



INDICATOR 2: OBESITY

WHY IS THIS IMPORTANT?

"Obesity is associated with an increased risk for a number of chronic diseases, including heart disease, stroke, diabetes, and some cancers (endometrial, colon, kidney, esophageal, and post-menopausal breast cancer)."⁷⁶ In both New Mexico and the United States, the percentage of adults who are obese, has more than doubled since 1990. Excess weight also contributes to the development of arthritis, a chronic disease that is the leading cause of disability amongst adults in the nation and the state. Obesity, along with diabetes and substance misuse, has been identified as a high priority for the New Mexico Department of Health.

HOW ARE WE DOING?

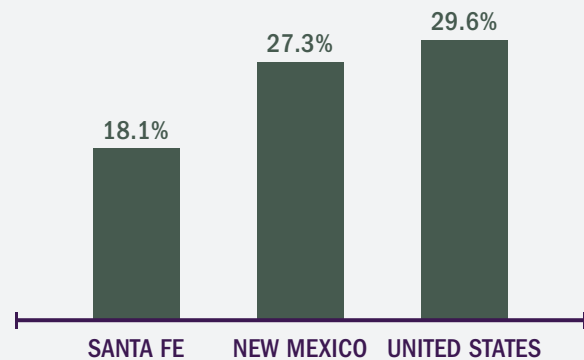
Santa Fe County has a significantly lower adult obesity rate than New Mexico and the nation as a whole. Although our rates are lower, they are rising and impact a large number of Santa Fe's residents, which is the reason this continues to be a critical health indicator.

WHAT IS THE STORY BEHIND THE DATA?

These data were self reported and therefore, may actually be higher at the county, state and national levels. Unlike the majority of the state, Santa Fe County has a high population of affluent individuals who come to the community for the arts and culture that the city offers. Community informants believe that Santa Fe's lower obesity rate is explained by the high number of individuals in the community who have financial means and resources, which allow for the consumption of healthy foods and engagement in regular, physical activity.

There may also be reluctance on the part of some immigrants to participate in the in the CDC survey which could further skew Santa Fe County's data.

SELF REPORTED OBESITY AMONG ADULTS, 2010-2014



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with New Mexico Department of Health

INDICATOR 3: HEALTHY FOOD CONSUMPTION

WHY IS THIS IMPORTANT?

"Fruits and vegetables contain essential vitamins, minerals, fiber, and other compounds that may help prevent chronic diseases. Compared with people who consume a diet with only small amounts of fruits and vegetables, those who eat more generous amounts as part of a healthful diet are likely to have reduced risk of chronic diseases, including stroke and perhaps other cardiovascular diseases, and certain cancers."⁷⁷

"Fruits and vegetables also help people to achieve and maintain a healthy weight, because they are relatively low in energy density."⁷⁸ To promote



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



health and prevent chronic diseases, the 2005 Dietary Guidelines for Americans recommend 2 cups of fruit per day for a standard 2,000 calorie diet, with recommendations based on an individual's age, gender, and activity level.⁷⁹

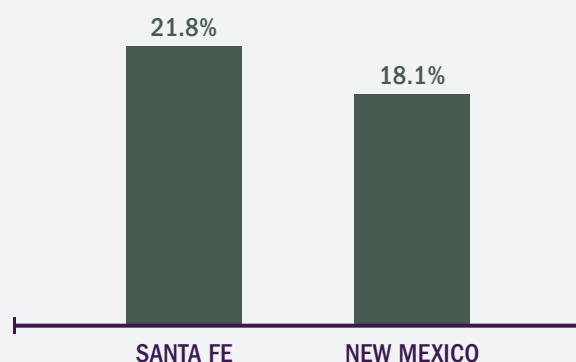
HOW ARE WE DOING?

The Centers for Disease Control and Prevention report that in 2013, 13.1% of individuals in the United States met fruit intake recommendations and only 12% of individuals in New Mexico met the vegetable intake recommendations.⁸⁰ Fortunately, this is an area where Santa Fe County appears to be doing better than both the national and state averages. However, these data suggest that close to 80% of the adults in our community are not getting the recommended numbers of fruits and vegetables per day, which leaves significant room for improvement. This is an issue as fruits and vegetables are essential in maintaining a healthy diet.

WHAT IS THE STORY BEHIND THE DATA?

Previously described in the obesity indicator, Santa Fe County has large rich, poor disparity with a high population of affluent individuals who come to the community for the arts, weather and culture. As a result, it is believed by key community informants that in comparison to other areas of the state, a high number of individuals in Santa Fe have financial means and resources allowing for the consumption of healthy foods and engagement in regular physical activity.

ADULTS WHO REPORT CONSUMING 5+ FRUITS AND VEGETABLES DAILY, 2011-2013



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with New Mexico Department of Health

OTHER FACTORS IMPACTING THE WELLBEING OF ADULT PHYSICAL HEALTH

Tobacco Use—During 2012–2014, 15.7% of the population smoked. One in five adults and one in five youth smoke in New Mexico. “About half of all lifetime smokers will die early because of their tobacco use. In New Mexico, about 2,600 people die from tobacco use annually and another 42,000 are living with tobacco-related diseases. Annual smoking-related medical costs in New Mexico total \$844 million. According to the CDC’s SAMMEC (Smoking Attributable Mortality, Morbidity, and Economic Costs) website, smoking is responsible for a significant proportion of the deaths due to: malignant neoplasms (e.g., lung, esophageal, and laryngeal cancers); cardiovascular diseases (e.g., ischemic heart disease, cerebrovascular disease); and respiratory diseases (e.g., bronchitis, emphysema, chronic airway



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



obstruction). Combined, smoking-related deaths make smoking the leading behavioral cause of death in the United States, yet smoking is the leading preventable cause of death.”⁸¹

Dental Care—“Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. Research has shown associations between chronic oral infections and heart and lung disease, stroke, diabetes, low-birth-weight, and premature births.”⁸²

Focus group participants shared their difficulty in accessing dental care, in particular, oral surgery. The cost is prohibitive so they go without and live with pain or other complications. Homeless populations in particular suffer from unmet dental needs and dental pain. This is reported as a large gap in service that impacts these individuals health, self-esteem, ability to become employed and other quality of life issues.

Food Insecurity—“An estimated 86% of American households were food secure throughout the entire year in 2014, meaning that they had access at all times to enough food for an active, healthy life for all household members. The remaining households (14%) were food insecure at least some time during the year, including 5.6% with very low food security, meaning that the food intake of one or more household members was reduced and their eating patterns were disrupted at times during the year because the household lacked money and other resources for food.”⁸³

In addition to concerns about overall food security, many shared the concern of accessing *healthy foods*. The issue of access and affordability of nutritious foods came up in different focus groups. Participants stated that when food is scarce or people do not have time to prepare a meal, poor food choices are made. In addition, participants in the Southside focus group reported the high costs of healthy foods often serve as a barrier to consumption.



WOMEN'S HEALTH



OUR ENVISIONED FUTURE:

ALL WOMEN ARE
SAFE AND HEALTHY

INDICATOR 1:
DOMESTIC VIOLENCE

INDICATOR 2:
OBESITY

INDICATOR 3:
HOMELESSNESS
AMONG WOMEN



WOMEN'S HEALTH

According to the World Health Organization, gender has a significant impact on health, as a result of both biological and social-emotional differences. "The health of women and girls is of particular concern, as females are often disadvantaged by discrimination, unjust treatment and lack of equal opportunities due to longstanding sociocultural factors. Some of the sociocultural factors that impact the ability for women and girls to benefit from quality health services in order to attain optimal health include:

- Inequality of power between men and women.
- Social norms that decrease education and paid employment opportunities.
- Exclusive focus on women's reproductive roles.
- Experiences of physical, sexual and emotional violence.

Nevertheless, on average, women worldwide live an average of four years longer than men, with breast cancer being the leading cause of death worldwide among women aged 20–59 years."⁸⁴

Additionally, while poverty is an important barrier to positive health outcomes for both men and women, poverty tends to place a higher burden on women and children. According to the National Women's Law Center, the following is true regarding single mothers and their children in the U.S.:⁸⁵

- Over half of all poor children (56.7%) lived in families headed by women.
- Nearly 666,000 single women with children (14%) who worked full time in 2014 lived in poverty.

- The poverty rate for female-headed families with children was 39.8%, compared to 22% for male-headed families with children, and 8.2% for families with children headed by a married couple.
- More than half of Native American female-headed families with children (56.9%) live in poverty. Nearly half of Black (45.6%), Hispanic (46.3%), and foreign-born (44.8%) female-headed families with children live in poverty while about a third of White Non-Hispanic (32%) and Asian American (28.9%) female-headed families with children live in poverty.

WHAT IS BEING DONE?

Santa Fe Safe meetings coordinate this community's response to domestic violence. These meetings are both educational and intended to orchestrate a systems approach to supporting and protecting victims and their children and holding offenders of abuse accountable. There is cross-system attendance at the Santa Fe Safe meetings including participation from our local domestic violence shelter, Esperanza Shelter, law enforcement, the courts, Children Youth and Families Department, Solace Trauma Treatment Center and other non-profits, CSV as well as City, State and County governments.

CSV initiated a program, Bridge to Safety, in late 2010. As part of this program, all new employees are trained to know the signs and symptoms of abuse as well as a brief response model to connect victims to an expert who can help them with safety planning, resources and referrals. CSV also optimized its domestic violence screening questions and screens



ADULT PHYSICAL
HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



all patients through its ER for abuse. CSV welcomes local domestic violence advocates to meet with clients who have experienced abuse and are agreeable to being provided with information and referrals. Employees who have been or are being abused are also offered additional services and safety planning as needed. Solace Trauma Treatment Center and CSV partner to support Santa Fe's Sexual Assault Nurse Examiners program. This program, which operates both out of Solace's facility and the CSV Emergency Room, offers sexual assault exams, support and referrals to victims of sexual assault.

Noting the increase in homeless women in Santa Fe, as well as their vulnerability to being preyed on physically and sexually, Pete's Place Shelter successfully fundraised this year to stay open over the summer months to house women and children. Pete's Place is the only shelter in New Mexico that accepts individuals who use drugs and alcohol.

INDICATOR 1: DOMESTIC VIOLENCE

WHY IS THIS IMPORTANT?

Domestic violence is inextricably tied to health. Victims of abuse experience a range of health impacts depending on the types of abuse offenders choose to inflict on them, the severity of the abuse and length of exposure. Physical injuries from an offender beating a victim is the most understood link but is only the tip of the iceberg when exploring possible health harms. According to the Academy on Violence and Abuse, survivors of abuse also commonly experience mental health issues such as depression, anxiety and post traumatic



disorder as well as physical health issues as varied as reproductive and gynecological issues, chronic pain, cardiovascular disease, dental disease, infectious and sexually transmitted diseases and gastrointestinal disease as a direct result of their partner's or former partner's abusive behavior.⁸⁶

The data on the prevalence and devastating impact of domestic violence are compelling. Below are data snapshots of this issue on global and national levels.

The following are facts reported by the World Health Organization:

- "Violence against women—particularly intimate partner violence and sexual violence—are major public health problems and violations of women's human rights.
- Globally, as many as 38% of murders of women are committed by an intimate partner.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



- Factors associated with increased risk of perpetration of violence include child maltreatment or exposure to violence in the family, harmful use of alcohol, attitudes accepting of violence and gender inequality.
- Factors associated with increased risk of experiencing intimate partner and sexual violence includes low education, exposure to violence between parents, abuse during childhood, attitudes accepting violence and gender inequality.”⁸⁷

The Huffington Post reported the following in February of 2015:

In the United States, three women a day are murdered by a current or former male partner.

- The number of American troops killed in Afghanistan and Iraq between 2001 and 2012 was 6,488. The number of American women who were murdered by current or ex male partners during that time was 11,766. That’s nearly double the amount of casualties lost during war.

- There are 18,500,000 visits for mental health care due to intimate partner violence every year in the U.S.
- Domestic violence is the third leading cause of homelessness among families.
- Only 25% of physical assaults perpetrated against women are reported to police.
- Men who experienced domestic violence as children are three to four times more likely to perpetrate abuse as adults.⁸⁸

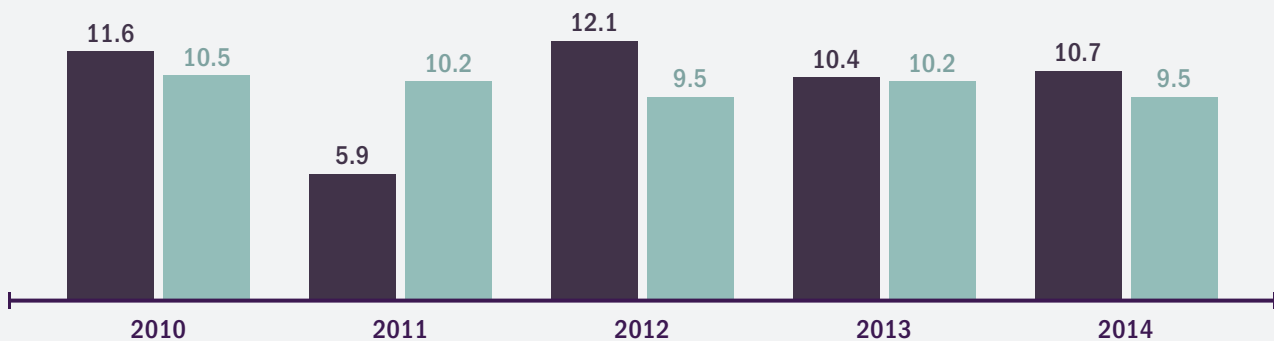
Additionally, in the U.S. approximately 324,000 pregnant women are battered each year by their intimate partners. That makes abuse more common for pregnant women than gestational diabetes or preeclampsia.⁸⁹

HOW ARE WE DOING?

Santa Fe County has higher rates of reported domestic violence than both the state and the nation as a whole. Even more alarming is that experts believe that actual incidences of domestic violence are significantly

TRENDS IN THE DOMESTIC VIOLENCE, RATE PER 1,000 POPULATION, 2010-2014

● SANTA FE COUNTY ● NEW MEXICO



Source: Caponera, B., "Domestic Violence Trends in New Mexico: 2010–2014." New Mexico Department of health, August 2015



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



underreported due to feelings of guilt and shame experienced by survivors, as well as threats and fear instilled by perpetrators.

WHAT IS THE STORY BEHIND THE DATA?

It is difficult to capture the actual numbers of people being abused, as well the degree to which domestic violence impacts all areas of women's health. Living in a state of fear and ongoing trauma has a profound influence on the physical, spiritual and behavioral health of women and their children. Community concern exists regarding the increase in the rate of domestic violence in Santa Fe County over the past year, and the degree to which providers across systems, such as law enforcement, support services and the judicial system, are working collaboratively and with enough resources to identify and treat this issue as a community health priority.

Despite some organization's and individuals' strenuous efforts, it does not seem that Santa Fe is dedicating the necessary resources to get ahead of this community health issue. Domestic violence continues to be the number one most prevalent call to law enforcement. Community members and advocates have deep concern about this community's ability to protect victims and the low number of victims getting relief through the successful prosecution and incarceration of their offenders. Stigma against survivors, people ignoring the abuse they witness, and generational patterns of abuse are seen as contributory factors as to why Santa Fe is so challenged in this area. Victims also lack resources to make their escape from their offenders a reality. When they do leave, they often find themselves and their children homeless and vulnerable to a number of

other harms. Substance use disorders and/or behavioral health issues further complicate a survivor's options for leaving. Short-term and long-term housing for domestic violence survivors is a significant gap in services within this community. Another needed resource are outpatient clinics across Santa Fe that have an integrated, hardwired and aligned approach to identifying and providing resources to victims of abuse.

INDICATOR 2: OBESITY

WHY IS THIS IMPORTANT?

According to the Journal of the American Board of Family Medicine, obesity can negatively impact the health of women in many ways. "Being overweight or obese increases the relative risk of diabetes and coronary artery disease in women. Women who are obese have a higher risk of low back pain and knee osteoarthritis. Obesity negatively affects both contraception and fertility as well. Maternal obesity is linked with higher rates of cesarean section as well as higher rates of high-risk obstetrical conditions such as diabetes and hypertension. Pregnancy outcomes are negatively affected by maternal obesity (increased risk of neonatal mortality and malformations). Maternal obesity is associated with a decreased intention to breastfeed, decreased initiation of breastfeeding, and decreased duration of breastfeeding. There seems to be an association between obesity and depression in women, though cultural factors may influence this association. Obese women are at higher risk for multiple cancers, including endometrial cancer, cervical cancer, breast cancer, and perhaps ovarian cancer."⁹⁰



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



HOW ARE WE DOING?

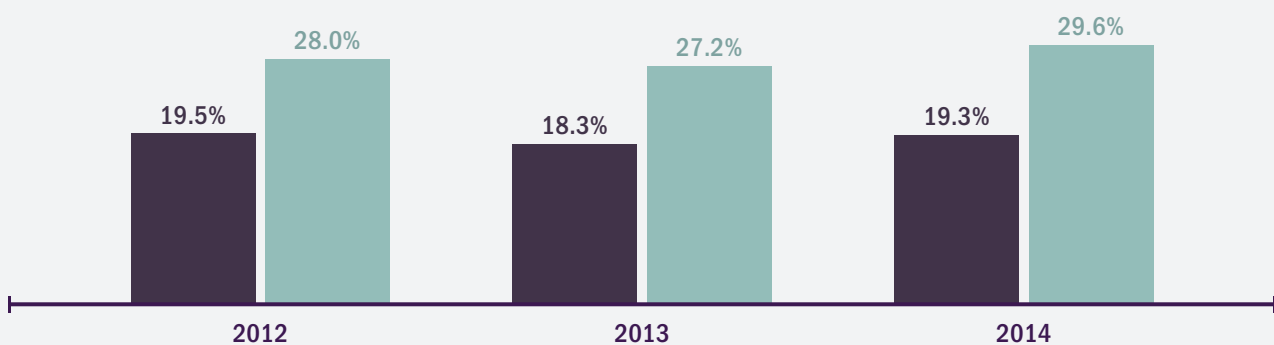
Estimates from the National Center for Health Statistics of the Center for Disease Control and Prevention report that 60% of adult women in the United States are overweight and just over one-third of overweight adult women are obese.⁹¹ Santa Fe County women have significantly lower levels of obesity than both the national and state averages, and these rates have remained fairly consistent over the past few years. Despite Santa Fe having lower rates, data shows the number of women impacted by this health risk is considerable.

WHAT IS THE STORY BEHIND THE DATA?

Focus group participants voiced concern that Santa Fe's high number of affluent residents may skew these results to seem more positive than they actually are. Key community informants believe that in comparison to other areas of the state, a high number of individuals in Santa Fe have financial means and resources, which allow for the consumption of healthy foods and engagement in regular, physical activity. These factors may drive down our overall rates of obesity in Santa Fe County. The issue is that women who live in areas of town that are less privileged struggle more with this issue. Efforts should target areas of town with lower income families for stronger support with this important health issue.

WOMEN WHO REPORT A BODY MASS INDEX 30 OR GREATER, 2012-2014

● SANTA FE COUNTY ● NEW MEXICO



Source: Center for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with New Mexico Department of Health



ADULT PHYSICAL
HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



INDICATOR 3: HOMELESSNESS AMONG WOMEN

WHY IS IT IMPORTANT?

Seeking attention for health care issues becomes a low priority for women who do not know where they or their children will sleep or find their next meal. Death and risk of chronic illness are higher for homeless women in comparison to their housed counterparts, as stress, nutrition and common illnesses (such as colds or the flu) often escalate to more severe health problems. Perhaps the most troubling health issues for homeless women relate to violence, substance abuse, and mental health issues that may contribute to, and are certainly impacted by, the circumstances of women being homeless. As reported by the Colorado Coalition, "Compared to the general population of women, homeless women's health disparities include higher rates of mortality, poor health status, mental illness, substance abuse, victimization and poor birth outcomes. The higher prevalence of illness among homeless women is due, in part, to exposure to the elements, violence, poor nutrition, inadequate social support and infectious diseases."⁹²

HOW ARE WE DOING?

Limited data currently exists with regard to overall rates and prevalence of homelessness amongst women in the Santa Fe community, as well as statewide and even nationally. However, information provided by a local shelter shows a significant increase in the numbers as follows:

- In calendar year 2015, 250 individual women were served.

- In the first quarter alone of 2017–2019, 186 individual women were served.

It is very concerning that this community grapples to even know the extent of the problem we are facing when it comes to women and homelessness. This is an obvious area where the community must improve its understanding if it wishes to address this critical health issue.



WHAT IS THE STORY BEHIND THE DATA?

The likely increase in women experiencing homelessness is of great concern specifically given the aforementioned risks for this population of women. Contributing to the multiple harms these women experience, is a statement made by a local 65 year-old woman in desperate need of shelter services, "...the most powerless men in America are homeless men, and the only people they have power over are homeless women."



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



A local homeless shelter worker spoke to the powerlessness of homeless women in explaining the common dynamic where homeless women form a relationship with the most physically intimidating homeless man that they can in order to ensure their safety on the streets. Too often their partners turn against them over time making their journey to becoming housed all the more difficult.

Focus group members from multiple groups expressed concern about the lack of housing in Santa Fe for low income people. This was identified as the biggest and most obvious obstacle facing homeless women. Further the lack of supportive housing for women suffering from intense mental illness or other disabilities confounds the high and growing number of homeless women in our community.

OTHER FACTORS IMPACTING THE WELLBEING OF WOMEN'S HEALTH

Substance Use Disorder—Substance use disorder (including alcohol and drugs) remains a significant concern for women in the Santa Fe community. Local advocates for the homeless report seeing more women who used to be employed and housed falling victim to opiate addictions that began from their legitimate use of pain killers.⁹³

Breast Cancer—Breast cancer death was the 2nd leading cause of cancer death among women in Santa Fe County (after lung cancer) during 2010–2014.⁹⁴

Heart Disease—During 2010–2014, heart disease was the 2nd leading cause of death among New Mexico females (119.0 deaths per 100,000 population, age-adjusted). In Santa Fe County during 2010–2014, heart disease was the 2nd leading cause of death (103.3 deaths per 100,000 population; age-adjusted). In Santa Fe County during 2010–2014, Hispanic females had a slightly higher rate than Non-Hispanic White females (105.3 versus 102.4 deaths per 100,000 population; age-adjusted).⁹⁵

Sexually Transmitted Diseases (STDs)—STDs remain a significant public health problem in the United States and New Mexico. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible and costly clinical complications, such as reproductive health problems, fetal and perinatal health problems, cancer, and facilitation of the sexual transmission of HIV infection. “Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women.”⁹⁶ CDC estimates that undiagnosed and untreated STDs cause at least 24,000 women in the United States each year to become infertile.⁹⁷



SENIOR HEALTH



OUR ENVISIONED FUTURE:

ALL SENIORS ARE
SAFE AND HEALTHY

INDICATOR 1:
FALL RELATED UNINTENDED
INJURY DEATHS

INDICATOR 2:
IMMUNIZATIONS

INDICATOR 3:
ELDER ABUSE



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The way people talk about and experience aging has changed. Current attitudes, desires and expectations around aging have also undergone a dramatic shift from previous generations. Helping Santa Fe keep pace with these realities and ensuring that Santa Fe is a community that is “age friendly” and “age sustaining” will take planning and effort. New Mexico has the 10th fastest growing aging population in the country with a projected 62% increase by 2030.⁹⁸ In 2013, 14% (44.7 million) of the U.S. population was over the age of 65 and is projected to nearly double, reaching 22% by 2040.⁹⁹ The projected population in 2020 for individuals 65+ living in New Mexico is 419,690.¹⁰⁰

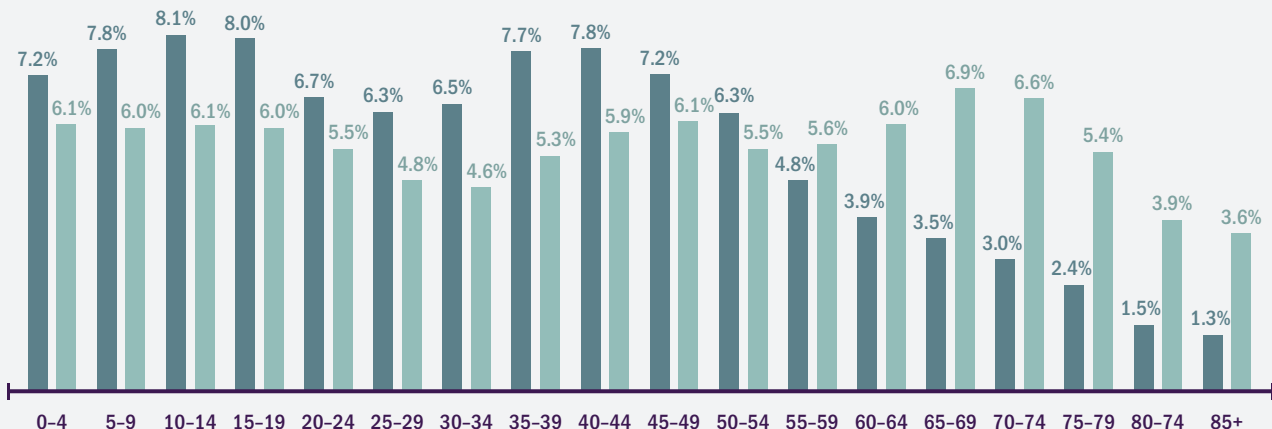
Currently sixteen percent (16%) of Santa Fe County’s population is over 65. A 62% increase in Santa Fe County’s aging population means that there will be 38,236 people over the age of 65 by 2030 outnumbering those under the

age of fifty-five. As a result, when this occurs, the senior population will be the majority age group in Santa Fe. The growth in the senior population is due to the aging of the Baby Boomers, increase in life expectancy and declining births. Life expectancy is expected to increase from the current 72.5–86 years for males and from 79.3–92 years for females by 2050.¹⁰¹

Aging can be viewed as a burden to our systems, or we can value our seniors as assets and treasures. Their experiences and wisdom is certainly a resource that is often overlooked. A healthy life style including diet, exercise, and maintaining a sense of purpose can extend the quality of life.¹⁰² Our community should embrace our older residents and promote healthy aging by providing resources, supports and opportunities for meaningful engagement. Yet aging does present challenges that must be planned for.

NEW MEXICO POPULATION DISTRIBUTION BY AGE, 2000 AND PROJECTED 2030

● 2000 ● PROJECTED 2030



Source: U.S. Census Bureau. Research & Polling, Inc.



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The increase in the aged will place pressure on publicly funded health and long-term care programs for older people.¹⁰³ Seniors consume a disproportionate percentage of health care expenses. Although seniors made up 13% of the U.S. population in 2002 and they consumed 36% of total health care expenses.¹⁰⁴

With increased age, the prevalence of disability, frailty, and chronic diseases (i.e. Alzheimer's disease, cancer, cardiovascular and cerebrovascular diseases, etc.) can increase. "Nearly 85.6% of seniors have been diagnosed with at least 1 chronic condition, and 56% have at least 2."¹⁰⁵ The widespread prevalence of chronic disease among older adults can lead to increased visits to health professionals, more medications prescribed, and a decline in overall wellbeing and quality of life. Among health care costs for older Americans, 95% are for chronic diseases.¹⁰⁶

Difficulties managing activities of daily living, including personal hygiene, driving, and proper nutrition, begin to occur in the later years of life. "The inability to perform daily activities can restrict engagement in life and enjoyment of family and friends. Lack of mobility narrows an older person's world and ability to do the things that bring enjoyment and meaning to life. Loss of the ability to care for oneself safely and appropriately means further loss of independence and leads to the need for high levels of quality care giving such as in-home assistance or a nursing homes."¹⁰⁷

The need for caregiving for older adults by formal, professional caregivers or by family members, and the need for long-term care services and supports, will increase sharply during the next several decades.¹⁰⁸ Caregiving can come at a heavy price to family caregivers

who are not supported by employer-funded benefits. Working caregivers: 1) tend to neglect their own health and are less likely to participate in preventative wellness exams; 2) are more prone to depression, fatigue and other stress-related conditions; 3) are also more likely to miss work, come to work late, and cut back on hours over non-caregiving employees; 4) have higher smoking and alcohol abuse rates (among male caregiving employees); and 5) are more likely to report high blood pressure, diabetes, depression, cholesterol issues, and pulmonary disease.¹⁰⁹

WHAT IS BEING DONE?

With the exception of the efforts of Santa Fe County and City to support Senior Citizen Centers and flu shot programs, little is underway in our community to plan or develop cross-community initiatives and collaboration for seniors. Unlike other indicators along the lifespan where efforts are apparent, there are not broad, collaborative community initiatives underway for seniors. There is a noted gap in day programs for seniors with disabilities, including individuals with memory impairments. Also, individuals with limited family and community support or who have dementia or Alzheimer's are at particular risk. Homeless seniors are at particularly high risk for assaults, burglary and other crimes against them.

The Santa Fe Fire Department (SFFD) is aware of the lack of in-home services for seniors and their increased risk for fall injuries. SFFD's Mobile Integrated Health Office (MIHO) is working to evolve over time to be able to go to the homes of seniors and complete home safety assessments, identifying and in some



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cases, solving environmental issues and fall risks. There are many other opportunities for agencies to identify and meet the physical and psychosocial needs of seniors in our community. Having programs that are mobile and can go to these individuals is of primary importance and will create much-needed equity for this oftentimes forgotten group. Senior Care has been identified as a priority in the Santa Fe County Health Plan. Special focus is being placed on: fall related unintended injury deaths, immunizations and elder abuse.

INDICATOR 1: FALL RELATED UNINTENDED INJURY DEATHS

WHY IS IT IMPORTANT?

"Falls are the leading cause of unintentional (accidental) injury death among adults 65 years of age and older in the United States and in New Mexico. One-third of Americans over age 65 will fall each year."¹¹⁰ Two-thirds of those who fall will do so again within next six months. "A serious injury from a fall can limit mobility and independent living. Falls can also increase the risk of early death. Many people who fall often develop a fear of falling, and may become more sedentary. The risk of falling increases with age and is greater for women than men."¹¹¹

The majority of injuries from falls that led to death were hip fracture and traumatic brain injury. Among people aged 65–69, one out of every 200 falls results in a hip fracture. That number increases to one out of every 10 for those aged 85 and older. One-fourth of seniors who fracture a hip from a fall will die within six months of the injury. The most profound effect of falling is the loss



of functioning associated with independent living.¹¹² Yet, most falls are preventable and not a normal part of aging.

A 2013 CDC Study documents the impact of falls on hospitals, quality of life, health care costs, and increased the need in caregiving:¹¹³

Impact on hospitals: "Falls are the leading cause of fatal injury and the most common cause of nonfatal trauma-related hospital admissions among older adults."¹¹⁴ "Fall related hospital stays are almost twice as long for elderly patients who are admitted to the hospital than for any other reason."¹¹⁵ In the U.S., every 13 seconds, an older adult is treated in the emergency room for a fall; every 20 minutes, an older adult dies from a fall. More than 2.5 million injuries treated in emergency departments annually, including over 734,000 hospitalizations and more than 21,700 deaths are due to falls.

Quality of life: Falls threaten seniors' safety and independence and generate enormous economic and personal costs.¹¹⁶ "Falls, with or



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without injury, also carry a heavy quality of life impact. A growing number of older adults fear falling and, as a result, limit their activities and social engagements.”¹¹⁷ This can result in further physical decline, depression, social isolation, and feelings of helplessness.¹¹⁸

Health care costs: In 2013, the total cost of fall injuries was \$34 billion. The financial toll of older adult falls is expected to increase as the population ages and may reach \$67.7 billion by 2020.

WHY DO FALLS OCCUR?

Falls are attributed to: 1) Lack of physical activity. The failure to exercise regularly will result in poor muscle tone, decreased bone mass, loss of balance, and reduced flexibility; 2) Impaired vision. Age-related vision diseases, as well as not wearing glasses that have been prescribed impair vision; 3) Medications. Sedatives, anti-depressants, and anti-psychotic drugs, plus taking multiple medications can lead to increased risk of falling; 4) Diseases. Health conditions such as Parkinson’s disease, Alzheimer’s disease and arthritis cause weakness in the extremities, poor grip strength, balance disorders and cognitive impairment; 5) Surgeries. Hip replacements and other surgeries leave an elderly person weak, in pain and discomfort and less mobile than they were before the surgery; 6) Environmental hazards. One third of all falls in the elderly population involve hazards at home including poor lighting, loose carpets and lack of safety equipment.¹¹⁹ However, falls are not an inevitable part of growing older. Many falls can be prevented, by making the home safer and using products that help keep seniors become more stable and less likely to fall.

HOW ARE WE DOING?

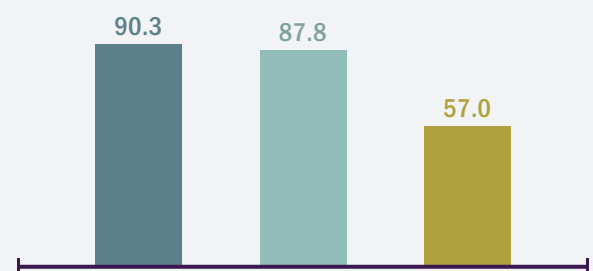
Between 2010–2014, Santa Fe remains above the state and national levels in the number of unintentional injury deaths due to falls in people age 65 years or older.

WHAT IS THE STORY BEHIND THE DATA?

Many seniors live alone and without family or social supports. Our community lacks resources to help seniors take advantage of many proven fall prevention measures including accommodations made to the home, assistance with medication management, and classes to help develop balance and teach fall prevention. In addition, focus group participants report a shortage of geriatric providers available to provide follow-up care and limited options for rehabilitation upon discharge from the hospital. Financial assistance and a designated entity to provide the labor to install ramps, grab bars and other safety equipment or home modification is another glaring omission from our service system.

FALL RELATED UNINTENDED INJURY DEATHS, PER 100,000 ADULTS AGE 65 OR OLDER, 2010-2014

● SANTA FE COUNTY ● NEW MEXICO ● UNITED STATES



Source: Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health



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INDICATOR 2: IMMUNIZATIONS

WHY IS IT IMPORTANT?

"Recommended immunizations for adults aged 65 years and older include a yearly immunization against influenza (flu) and a one-time immunization against pneumococcal disease."¹²⁰ According to the CDC, hospitalization due to influenza was highest among people ages 65 and over.¹²¹ The second highest was the age group 50–64 years olds.¹²² According to the American Thoracic Society, "for U.S. seniors, hospitalization for pneumonia has a greater risk of death compared to any other top 10 reasons for hospitalization."¹²³ "Most of the deaths and serious illnesses caused by influenza and pneumococcal disease occur in older adults and others at increased risk for complications of these diseases because of other risk factors or medical conditions. Barriers to adult immunization include not knowing immunizations are needed, misconceptions about vaccines, and a lack of recommendations from health care providers."¹²⁴

HOW ARE WE DOING?

Santa Fe County is not faring well in its rates of immunization rates. Just over half of our 65+ population received their flu vaccine between 2010 and 2014, significantly below the state and nation.

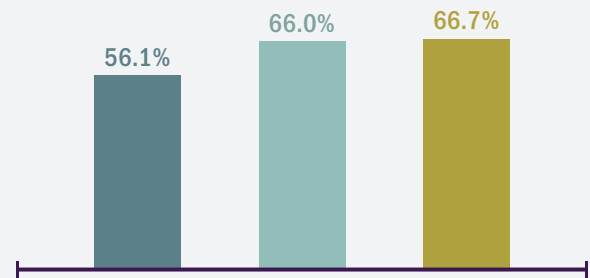
WHAT IS THE STORY BEHIND THE DATA?

Though efforts have been made by the New Mexico Department of Health and Santa Fe County to increase the numbers of individuals over 65 who receive immunizations. Local experts and advocates for seniors report that many local seniors are home bound and

lack reliable transportation in order to access free or low-cost programs that administer the vaccines. Additional outreach and in-home services are needed to reach seniors lacking immunizations. This concrete step of allocating the needed immunization resources would provide a direct link to improving senior's health in our community.

ADULTS AGE 65 AND OLDER WITH A CURRENT INFLUENZA IMMUNIZATION, 2010-2014

● SANTA FE COUNTY ● NEW MEXICO ● UNITED STATES



Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia: U.S. Department of Health and Human Services, Center for Disease Control and Prevention, with New Mexico Department of Health

INDICATOR 3: ELDER ABUSE

WHY IS IT IMPORTANT?

"Elder abuse refers to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable older adult."¹²⁵ Types of elder abuse include physical abuse, neglect, threats, intimidation, sexual abuse, isolation and financial exploitation. An intimate partner, caregiver in an institution or home, family member, or others who prey upon elders can commit elder abuse. The abuse of



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elders may or may not be a crime depending on the tactics used by offenders. Elder abuse is an issue that cannot solely be left to courts and law enforcement to handle. Its prevention and intervention will require coordination across all community systems. The abuse of elders puts seniors at risk for a range of health harms from physical traumas originating from a battering incident to emotional harms such as depression, anxiety and other mental illnesses that develop in response to this toxic environment. Other conditions including chronic health conditions and physical health issues are exacerbated when abuse is present. This occurs because the affected individual is often under significant stress and may have his or her ability to participate in their care and treatment of their disease limited by their offender or the circumstances of the abuse.

HOW ARE WE DOING?

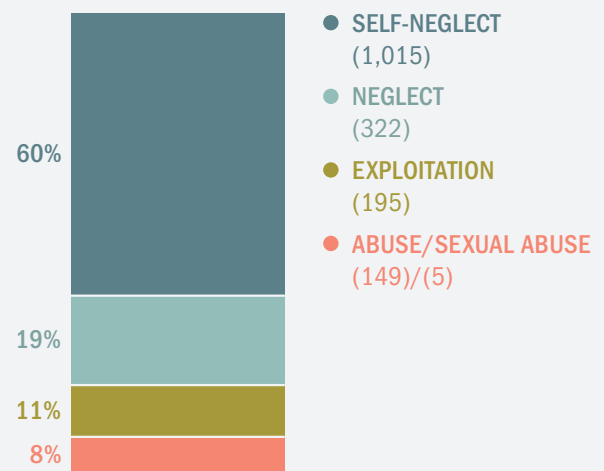
Nationally, only one in 14 cases of elder abuse ever comes to the attention of authorities.¹²⁶ NM Adult Protective Services (APS) received nearly 12,000 reports of adult (ages 18 and over) abuse, neglect and exploitation in FY14, of which about 6,7000 (57%) were screened for investigation and approximately 1,800 cases were substantiated.¹²⁷ Of substantiated cases, 93% were victims aged 60 or over. The chart to the right shows the percent of substantiated cases of abuse for adults aged 60 or over by type of maltreatment in FY14.

Self-neglect (60% of cases) was the most common type of substantiated maltreatment followed by neglect (19% of cases) and exploitation (11% of cases).

Elder abuse data in NM is reported by region as identified by APS. There are five regions; Santa Fe County lies in the Northeast Region. Of substantiated maltreatment cases in FY14 (N=1,686), 13%, cases (N=224) were in Region II. It is difficult to say how NM elder abuse rates compare nationally. Unfortunately, there is not a standard definition of "elder abuse" across all states so comparison is difficult. It is certainly troubling that we struggle to be informed about the prevalence of this indicator, which is central to the health of many seniors.

PERCENT OF SUBSTANTIATED CASES OF ABUSE FOR ADULTS AGED 60 AND OVER BY TYPE OF MALTREATMENT, 2014

TOTAL=1,686



Source: NM Aging and Long-Term Services Department, Report #15-60

WHAT IS THE STORY BEHIND THE DATA?

Abuse was identified, across the lifespan, from children to women and finally here with seniors as a critical and under resourced community health issue. Local experts largely attribute



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elder abuse to underlying issues of limited resources, including the inability of many seniors to pay for quality caregiving. Experts from our community believe that a large number of caregivers who tend to elders are poorly trained, poorly screened and poorly paid.

Seniors who can pay for services independent of public programs such as Medicare, have access to a higher quality of care by professionals and/or family members. Focus groups discussed that vulnerability among seniors is multifaceted and may include cognitive and physical degeneration. For many older people, the threat of having to leave their homes or live in an institution can keep them silent about abuse they may be enduring. Similarly, offenders of elder abuse may threaten seniors in order to ensure their silence. The lack of mobile, in-home services for seniors and isolation many seniors experience as they age, also means that there can be few eyes on these individuals, and people in the home, to check on their welfare.

OTHER FACTORS IMPACTING THE WELLBEING OF SENIOR HEALTH

Food insecurity occurs when a person does not have reliable access to a sufficient quantity of affordable, nutritious food. According to the New Mexico Aging and Long Term Care Department, New Mexico ranks 8th nationally in percentage of people above the age of 60 living with food insecurity. 46% of New Mexico Seniors report having to choose between buying food and paying for utilities (compared to 35% nationally); 30% of our seniors seek help from food pantries.¹²⁸

Seniors living alone are at an increased risk of hunger due to health conditions, “lack of reliable social support, poverty, lack of transportation, and functional limitations that limit their ability to obtain or prepare food.”¹²⁹ Food-insecure seniors have been found to have significantly reduced intakes of vital nutrients, which could have tremendous implications for overall health.¹³⁰

Another factor mentioned by community members, which negatively impacts Santa Fe County’s senior population, is undiagnosed mental health issues. The National Institute of Mental Health reports that 34 million Americans age 65 and older suffer from some form of depression. In spite of this, a Mental Health America survey showed that approximately 68% of adults aged 65 and over knows little or almost nothing about depression and only 38% saw it as a “health” problem. In other words, this survey may suggest that many elderly individuals are not well informed of the symptoms and physical causes that may contribute to feelings of sadness and hopelessness. Additionally, older adults reported being more likely than any other group to “handle it (depression) themselves.” Much of society believes that it is “normal” for people to get depressed as they grow older, which is untrue. Educating the general population and changing this belief are critical to resolving this community concern.¹³¹

ACKNOWLEDGMENTS

We would like to thank the many individual professionals who contributed their time to collecting data, reviewing drafts, editing the document, and providing their professional expertise.

CHNA REPORT PREPARATION TEAM

This report was developed under the care and guidance of the CHRISTUS St. Vincent Department of Community Health. The following individuals contributed to the data collection, analysis, writing, and editing of this report.

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KEY INFORMANT INTERVIEWS

We wish to thank the individuals who generously gave of their time and shared their expertise through the Key Informant Interviews. Thank you to Joahanna Bell, Betty Betts, Dom Capello, Bob Christy, Teresa Flanagan, William Mansfield, *MD*, Lynore Martinez, *MD*, Andres Mercado, *EMT*, Erica Padilla, Shana Rushton, *EMT*, Fen Sartorius, *MD*, and Louise Yakey.

FOCUS GROUPS

We also wish to acknowledge the participants of the Focus Groups for sharing your experiences and helping to “tell the story behind the data”. Your sharing enriched the data and deepened our understanding of health needs in our community. Thank you to those of you who participated in the following Focus Groups: Santa Fe County Health Policy Planning Commission, City of Santa Fe Health Study Group, San Isidro Catholic Church, Santa Fe Prevention Alliance, and Santa Fe Community College Sociology Class.

COMMUNITY PARTNERS

We also wish to thank our many community partners for your willingness to work together in identifying the critical health issues, the contribution of your immense expertise and time, and most of all your shared commitment to improving the health and wellbeing of our community. To the organizations and individuals who participated in Community Conversations, and the many collaborative initiatives and meetings we share, thank you. We are grateful for the partnerships with Santa Fe County, Santa Fe Community Foundation, the City of Santa Fe, Santa Fe Prevention Alliance, Santa Fe Opiate Safe, Early Childhood Task Force, and our many other community partners. The important work underway in our community would not be possible without you.

CHRISTUS ST. VINCENT BOARD OF DIRECTORS

And a very special acknowledgment goes to the CHRISTUS St. Vincent Board Community Health and Wellness Committee members and the Board of Directors whose commitment to improving the health and wellbeing of our community is unwavering.

APPENDIX 1: DEFINITIONS OF NEW MEXICO DEPT. OF HEALTH HOSPITAL DIAGNOSIS

<i>Edited Definition</i>	<i>Original Definition</i>	<i>Any Descriptors</i>
<i>Pregnancy & Births</i>	<i>Pregnancy, Child births & Puerperium</i>	<i>Puerperium is the period of about six weeks after childbirth during which the mother's reproductive organs return to their original non-pregnant condition.</i>
<i>Musculoskeletal</i>	<i>Musculoskeletal, Connective Tissue</i>	<i>These disorders and diseases affect the joints and the surrounding muscle tissue. Examples: Fibromyalgia and Rheumatoid arthritis.</i>
<i>Digestive System</i>	<i>Digestive System</i>	<i>Digestive System consists of stomach, liver, esophagus, small intestine, large intestine, pancreas, gallbladder, bladder, vomit, and the abdominal wall. Examples are: gallstones, Celiac Disease, and hemorrhoids.</i>
<i>Respiratory System</i>	<i>Respiratory System</i>	<i>Includes the trachea, bronchi, bronchioles, lungs and diaphragms. Examples: pneumonia.</i>
<i>Circulatory System</i>	<i>Circulatory System</i>	<i>Three independent systems that work together: the heart (cardiovascular), lungs (pulmonary), and arteries, veins, coronary and portal vessels (systemic). Examples: arrhythmia, and ischemia.</i>
<i>Nervous System</i>	<i>Nervous System</i>	<i>Made up of brain and spinal cord, nerves, ganglia, and parts of the receptor organs that receive and interpret stimuli and transmits impulses to the effector organs.</i>
<i>Mental Disorders</i>	<i>Mental Disorders</i>	<i>Disorders that affect your mood, thinking, and behavior. Examples: depression, anxiety disorders, schizophrenia, eating disorders and addictive behaviors.</i>
<i>Hepatobiliary</i>	<i>Hepatobiliary</i>	<i>Having to do with the liver, gallbladder, bile ducts or bile. Diseases caused by viral, bacterial, and parasitic infections, neoplasia, toxic chemicals, alcohol consumption, poor nutrition, metabolic disorders, and cardiac failure. Examples: Liver Cirrhosis and Hepatitis.</i>
<i>Kidney, Urinary Tract</i>	<i>Kidney, Urinary Tract</i>	<i>Disorders can involve one or more kidneys, one or both ureters, the bladder or the urethra. In men, the prostate, one or both testes, or the epididymis.</i>
<i>Infectious Disease</i>	<i>Infectious / Parasitic Diseases</i>	<i>Infectious diseases are disorders caused by organisms, such as, bacteria, viruses, fungi or parasites. Examples: AIDS, and chickenpox. A parasitic disease is an infectious disease caused or transmitted by a parasite. Example: Malaria.</i>
<i>Endocrine, Metabolic</i>	<i>Endocrine, Nutritional, Metabolic</i>	<i>Metabolic disorders occur when the metabolism process fails and causes the body to have either too much or too little of the essential substances needed to stay healthy. Endocrine is vital in whether you develop diabetes and other hormone-related disorders. Examples: osteoporosis, cystic fibrosis, hypothyroidism, and obesity.</i>
<i>Skin</i>	<i>Skin, Subcutaneous Tissues, Breast</i>	<i>Tissue: muscle, nerve, epithelial, and connective. Subcutaneous means under the skin. Examples: fibrocystic breast and lupus.</i>

<i>Ungroupable</i>	<i>Ungroupable</i>	<i>Missing diagnoses and/or procedures.</i>
<i>Other Factors</i>	<i>Factors Influencing Health</i>	<i>Includes income and social status, education, physical environment, social support networks, genetics, health services and gender.</i>
<i>Female Reproductive</i>	<i>Female Reproductive</i>	<i>Two main parts: the uterus and the ovaries.</i>
<i>Injuries, Poison</i>	<i>Injuries, Poison, Toxic Drugs</i>	<i>Conditions and diseases related to injuries, poisoning and/or toxic drugs.</i>
<i>Alcohol/Drug Use</i>	<i>Alcohol / Drug Use</i>	<i>Hospitalization due to alcohol or drug use is usually linked with addiction.</i>
<i>Ear, Nose, Mouth, Throat</i>	<i>Ear, Nose, Mouth, Throat</i>	<i>Conditions and diseases that affect the ear, nose, throat, and mouth. Examples: colds, sinusitis, and rhinitis.</i>
<i>Blood Disease</i>	<i>Myeloproliferative Diseases</i>	<i>Disorders and diseases that cause blood cells, platelets, white blood cells, and red blood cells, to grow abnormally in the bone marrow.</i>
<i>Newborns, Neonates</i>	<i>Newborns, Neonates (Perinatal)</i>	<i>Neonatal: relating to newborn children. Measures births and post-birth visits.</i>
<i>Immunological Disease</i>	<i>Blood, Blood Forming Organs, Immunological Disorders</i>	<i>An immune disorder is a dysfunction of the immune system. Examples: lupus, nutritional anemias, hemolytic anemias, aplastic and other bone marrow failure syndromes, and coagulation defects.</i>
<i>Male Reproductive</i>	<i>Male Reproductive</i>	<i>Includes the scrotum, testes, spermatic ducts, sex glands and the penis.</i>
<i>Burns</i>	<i>Burns</i>	<i>Injury caused by heat or flame. 1st Degree Burn: Affects the outer layer of skin (epidermis). 2nd Degree: Epidermis and the second layer of skin (dermis). 3rd Degree Burn: reaches into the fat layer beneath the skin; can destroy nerves.</i>
<i>Eye</i>	<i>Eye</i>	<i>Conditions relating to the eye. Examples: cataracts and glaucoma.</i>
<i>HIV</i>	<i>HIV</i>	<i>Human Immunodeficiency Virus (HIV) attacks and weakens the immune system. Results in infections.</i>

ENDNOTES

- ¹ Department of Numbers: New Mexico Household Income. <http://www.deptofnumbers.com/income/new-mexico/>
- ² U.S. Census Bureau, Data Integration Division, Small Area Estimates Branch, Small Area Income and Poverty Estimates \ (SAIPE). <http://www.census.gov/did/www/saipe/>
- ³ NM IBIS. Health Indicator Report of Health Insurance Coverage. Retrieved 8/7/17 from: https://ibis.health.state.nm.us/indicator/view/HlthInsurCover.Uninsured.O_64.Year.NM_US.html
- ⁴ U.S. Department of Health and Human Services, <http://www.hhs.gov/healthcare/facts-and-features/state-by-state/how-aca-is-working-for-new-mexico/index.html>
- ⁵ Albuquerque Journal, March 5, 2016. <http://www.abqjournal.com/735238/nm-faces-417m-medicare-shortfall.html>
- ⁶ Santa Fe New Mexican, http://www.santafenewmexican.com/news/local_news/survey-n-m-uninsured-rate-plunges-thanks-to-medicare-expansion/article_af5d9d23-5200-529b-a3e9-9d78ccd9a3f2.html
- ⁷ 2010–2014 American Community Survey—Percentage of Civilian Non-Institutionalized Population with No Health Insurance
- ⁸ New Mexico National School Lunch Program Free, Reduced and Paid Data for October School Year SY 2015–2016
- ⁹ Santa Fe Public Schools, Student Nutrition Services 2015–2016: <http://www.sfps.info/documentcenter/view/11488>
- ¹⁰ New Mexico National School Lunch Program Free, Reduced and Paid Data for October School Year SY 2015–2016
- ¹¹ BTS 2015 Provision 2. <http://www.ped.state.nm.us/nutrition/>
- ¹² American Community Survey. United States Bureau of the Census. Census tract and county 5-years estimates; NM IBIS <https://ibis.health.state.nm.us/query/builder/ACS/ACSEconomic/Pov18.html>
- ¹³ U.S. Department of Health and Human Services, Office of Minority Health. <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>
- ¹⁴ Indian Health Services—The Federal Health Program for American Indians and Alaska Natives <https://www.ihs.gov/Albuquerque/healthcarefacilities/santafe/>
- ¹⁵ Office of Minority Health, Health. Retrieved 8/7/17 from: <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>
- ¹⁶ Indian Health Services—The Federal Health Program for American Indians and Alaska Natives <http://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=62>
- ¹⁷ Institute of Medicine (IOM). (2011). The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding. <http://www.nationalacademies.org/hmd/Reports/2011/The-Health-of-Lesbian-Gay-Bisexual-and-Transgender-People.aspx>
- ¹⁸ Healthy People 2020: Lesbian, Gay, Bisexual, and Transgender Health. <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health?topicid=25>
- ¹⁹ The Williams Institute: The Fiscal Impact of Extending marriage to Same-Sex Couple in New Mexico. December 2013. http://williamsinstitute.law.ucla.edu/wp-content/uploads/Census2010Snapshot_New-Mexico_v2.pdf
- ²⁰ Los Angeles Times, January 28, 2014. <http://articles.latimes.com/2014/jan/28/local/la-me-ln-suicide-attempts-alarming-transgender-20140127>
- ²¹ Compass Healthcare Consumerism Blog. August 4, 2015. <http://www.compassphs.com/blog/consumer-driven-health-plan/super-utilizers-of-healthcare-great-stats-from-health-affairs/>
- ²² New Mexico IBIS. Poverty Among Children Under Age 18. Retrieved 8/7/17 from: https://ibis.health.state.nm.us/indicator/complete_profile/NMPopDemoChildPov.html

- ²³ New Mexico IBIS. Complete Health Indicator Report of Prenatal Care in the First Trimester Retrieved 8/7/17. from: https://ibis.health.state.nm.us/indicator/complete_profile/PrenCare.html
- ²⁴ The World Health Organization: Newborn Health. http://www.who.int/maternal_child_adolescent/topics/newborn/care_of_preterm/en/
- ²⁵ Labor and delivery—Low Birth Weight: Umm.edu. 2008-10-22. Retrived 2011-01-5.
- ²⁶ Center for Disease Control and Prevention; http://www.cdc.gov/violenceprevention/acestudy/about_ace.html
- ²⁷ The Leadership Council, (citing National Clearinghouse on Child Abuse and Neglect. (2003) Long term consequences of child abuse and neglect. Retrieved 8/7/17 from: <http://www.leadershipcouncil.org/1/res/costs.html>
- ²⁸ Administration of Families & Children; <http://www.acf.hhs.gov/sites/default/files/cb/cm2014.pdf#page=31>
- ²⁹ American Humane Organization. <http://www.americanhumane.org/children/stop-child-abuse/fact-sheets/child-abuse-and-neglect-statistics.html>
- ³⁰ Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health; Maternal and Child Health Bureau—Health Resources and Services Administration, mchb.hrsa.gov.
- ³¹ Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health; Maternal and Child Health Bureau—Health Resources and Services Administration, mchb.hrsa.gov.
- ³² U.S. Census Bureau. 2008 population estimates: National characteristics, national sex, age, race and Hispanic origin. Washington: 2008. Available from: http://www.census.gov/popest/data/historical/2000s/vintage_2008/index.html
- ³³ National Research Council and Institute of Medicine. Committee on Adolescent Health Care Services and Models of Care for Treatment, Prevention, and Healthy Development. Adolescent health services: Missing opportunities. Lawrence RS, Gootman JA, Sim LJ, editors. Washington: National Academies Press, 2009. Available from: http://books.nap.edu/openbook.php?record_id=12063&page=1
- ³⁴ Healthy People 2020. US Department of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>. April 13, 2016
- ³⁵ National Research Council, Panel on High-Risk Youth, Commission on Behavioral and Social Sciences and Education. Losing generations: Adolescents in high-risk settings. Washington: National Academies Press; 1993. Available from: http://www.nap.edu/openbook.php?record_id=2113&page=1
- ³⁶ McNeely C, Blanchard J. The teen years explained: A guide to healthy adolescent development. Baltimore: Johns Hopkins Bloomberg School of Public Health, Center for Adolescent Health; 2009. Available from: <http://www.jhsph.edu/adolescenthealth>
- ³⁷ Halfon N, Hochstein M. Life course health development: An integrated framework for developing health, policy and research. Milbank Q. 2002;80(3):433-79. Available from: www.milbank.org/uploads/documents/featured-articles/html/Milbank_Quarterly_Vol-80_No-3-2002.htm
- ³⁸ Aufseeser D, Jekielek S, Brown B. The family environment and adolescent well-being: Exposure to positive and negative family influences. Washington: Child Trends; and San Francisco: National Adolescent Health Information Center, University of California, San Francisco; 2006. Available from: <http://nahic.ucsf.edu/downloads/FamEnvironBrief.pdf>

- ³⁹ Marin P, Brown B. The school environment and adolescent well-being: Beyond academics. [Research Brief]. Washington, DC: Child Trends; 2008 (publication #2008-26). Available from: http://www.childtrends.org/wp-content/uploads/2013/04/child_trends-2008_11_14_rb_schoolenviron.pdf [PDF - 476 KB]
- ⁴⁰ New Mexico Department of Health, IBIS, Obesity Adolescence Prevalence. Retrieved 8/7/17 from: <https://ibis.health.state.nm.us/indicator/view/ObesityYouth.Cnty.html>
- ⁴¹ New Mexico Department of Health, IBIS. Mental Health in Youth. Retrieved 8/7/17 from: http://ibis.healthstate.nm.us/indicator/view/mentHlthYough.Year.NM_US.html.
- ⁴² Depression in Teens. <http://www.mentalhealthamerica.net/conditions/depression-teens>
- ⁴³ Major Depression Amongst Adolescents. (2016, April) Retrieved from: <http://www.nimh.nih.gov/health/statistics/prevalence/major-depression-among-adolescents.shtml>
- ⁴⁴ Youth Resilience, (2016, April) Center for the Study of Social Policy. http://www.cssp.org/reform/strengtheningfamilies/practice/body/HO-3.1e-YT_Youth-Resilience.pdf.
- ⁴⁵ School Mental Health Project, Department of Psychology, UCLA. Retrieved 8/7/17 from: <http://docplayer.net/35647023-Protective-factors-resiliency.html>.
- ⁴⁶ Ibid.
- ⁴⁷ American Psychological Association: Early drinking leads to alcohol dependence later in life. January 2008, Vol 39, No. 1. <http://www.apa.org/monitor/jan08/earlydrinking.aspx>
- ⁴⁸ New Mexico Youth Risk and Resiliency Survey (YRRS), New Mexico Department of Health and Public Education Department, with technical assistance and support from the U.S. Centers for Disease Control and Prevention
- ⁴⁹ <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>
- ⁵⁰ <http://www.samhsa.gov/disorders>
- ⁵¹ <http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>
- ⁵² <https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/49.html>
- ⁵³ New Mexico Department of Health; <https://ibis.health.state.nm.us/topic/healthoutcomes/SubstanceAbuse.html#ref1>
- ⁵⁴ Interview with Teresa Flanagan
- ⁵⁵ Ibid
- ⁵⁶ <http://www.samhsa.gov/disorders>
- ⁵⁷ Ibid
- ⁵⁸ Centers for Disease Control and Prevention Web-Based Injury Statistics Query and Reporting System.
- ⁵⁹ <http://santafepreventionalliance.com/wp-content/uploads/2016/05/Michael-Landen-Prescribing-and-Drug-Overdose-Deaths-in-NM-May-7-2016.pdf>
- ⁶⁰ Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health; <https://ibis.health.state.nm.us/community/highlight/profile/DrugOverdoseDth.Cnty/GeoCnty/49.html>
- ⁶¹ New Mexico Prescription Drug Monitoring Program
- ⁶² <http://santafepreventionalliance.com/wp-content/uploads/2016/05/Michael-Landen-Prescribing-and-Drug-Overdose-Deaths-in-NM-May-7-2016.pdf>
- ⁶³ <http://www.nimh.nih.gov/health/statistics/prevalence/any-mental-illness-ami-among-us-adults.shtml>
- ⁶⁴ NIH Serious Mental Illness (SMI) Among U.S. Adults: <http://www.nimh.nih.gov/health/statistics/prevalence/serious-mental-illness-smi-among-us-adults.shtml>
- ⁶⁵ <https://ibis.health.state.nm.us/indicator/view/YPLL.Sarea.html>
- ⁶⁶ New Mexico Environmental Public Health Tracking. Retrieved 8/7/17 from: https://nmtracking.org/epht-view/dataportal/indicator/important_facts/SuicDeath.html

- ⁶⁷ New Mexico Department of Health. Retrieved 8/7/17 from: <https://nmhealth.org/data/view/substance/269/>
- ⁶⁸ Centers for Disease Control and Prevention (CDC). Alcohol and public health: Alcohol-related disease impact (ARDI). Available at: http://nccd.cdc.gov/DPH_ARDI/Default/Report.aspx?T=AAM&P=f6d7eda7-036e-4553-9968-9b17ffad620e&R=d7a9b303-48e9-4440-bf47-070a4827e1fd&M=AD96A9C1-285A-44D2-B76D-BA2AE037FC56&F=&D=
- ⁶⁹ Stahre, M.; Roeber, J.; Kanny, D.; et al. Contribution of excessive alcohol consumption to deaths and years of potential life lost in the United States. Preventing Chronic Disease 11:E109, 2014. PMID: 24967831
- ⁷⁰ National Center for Statistics and Analysis. (2015, November). 2014 Crash Data Key Findings (Traffic Safety Facts Crash Stats. Report No. DOT HS 812 219). Washington, DC: National Highway Traffic Safety Administration. Available at: <http://www-nrd.nhtsa.dot.gov/Pubs/812219.pdf>
- ⁷¹ <https://ibis.health.state.nm.us/community/highlight/report/GeoCnty/49.html>
- ⁷² http://www.camy.org/_docs/resources/fact-sheets/Call_To_Action.pdf
- ⁷³ New Mexico Department of Health, IBIS. Retrieved 8/7/17 from: https://ibis.health.state.nm.us/indicator/complete_profile/CardioVasDiseaseHeartDeath.html
- ⁷⁴ New Mexico Department of Health; <https://ibis.health.state.nm.us/topic/healthoutcomes/ChronicDisease.html>
- ⁷⁵ Ward BW, Schiller JS, Goodman RA. Multiple chronic conditions among U.S. adults: a 2012 update. Prev Chronic Dis. 2014;11:130389. DOI: <http://dx.doi.org/10.5888/pcd11.130389>.
- ⁷⁶ New Mexico Department of Health, IBIS. Retrieved 8/7/17 from: https://ibis.health.state.nm.us/indicator/view/DiabDeath.Year.NM_US.html
- ⁷⁷ World Cancer Research Fund, American Institute for Cancer Research. Food, nutrition, physical activity and the prevention of cancer: a global perspective. November 2007. <http://www.dietandcancerreport.org>
- ⁷⁸ CDC. Can eating fruits and vegetables help people to manage their weight? (Research to Practice Series No. http://www.cdc.gov/nccdphp/dnpa/nutrition/pdf/rtp_practitioner_10_07.pdf
- ⁷⁹ Report of the Dietary Guidelines Advisory Committee on the Dietary Guidelines for Americans, 2005 <http://www.health.gov/dietaryguidelines/dga2005/report> 4. Recommended Community Strategies and Measurements to Prevent Obesity in the United States, Laura Kettel Khan, PhD. CDC, MMWR July 24, 2009 / 58(RR07);1-26. Retrieved 12/9/2010 from: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5807a1.htm?s_cid=rr5807a1_e.
- ⁸⁰ Centers for Disease Control and Prevention; <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6426a1.htm>
- ⁸¹ NM Department of Health; <https://ibis.health.state.nm.us/community/highlight/profile/TobaccoSmokeAdult.Cnty/GeoCnty/49.html>
- ⁸² NM Department of Health; <https://ibis.health.state.nm.us/topic/healthcare/utilization/Oral.html>
- ⁸³ NM Department of Health; https://ibis.health.state.nm.us/indicator/view/FoodInsec.Overall.Year.NM_US.html
- ⁸⁴ World Health Organization—http://www.who.int/topics/womens_health/en/
- ⁸⁵ National Women's Law Institute; <http://nwlc.org/resources/national-snapshot-poverty-among-women-families-2014>
- ⁸⁶ World Health Organization. Retrieved from: <http://www.who.int/mediacentre/factsheets/fs239/en/>
- ⁸⁷ World Health Organization. Retrieved 8/7/17 from: <http://www.who.int/mediacentre/factsheets/fs239/en/>
- ⁸⁸ The Huffington Post; http://www.huffingtonpost.com/2014/10/23/domestic-violence-statistics_n_5959776.html

- ⁸⁹ Gazmararian JA; et al. 2000. "Violence and Reproductive Health; Current Knowledge and Future Research Directions." *Maternal and Child Health Journal*. 4(2):79–84.
- ⁹⁰ Journal for the American Board of Family Medicine; <http://www.jabfm.org/content/24/1/75>
- ⁹¹ Office of Women's Health; <http://womenshealth.gov/publications/our-publications/fact-sheet/overweight-weight-loss.html#a>
- ⁹² Colorado Coalition for the Homeless. Policy Brief: Characteristics of Homeless Women. http://www.coloradocoalition.org/userfiles/TheCharacteristicsofHomelessWomen_lores3.pdf
- ⁹³ Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Department of Health
- ⁹⁴ Ibid.
- ⁹⁵ Ibid.
- ⁹⁶ Healthy People 2020, Reproductive and Sexual Health. Retrieved 8/7/17 from: <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Reproductive-and-Sexual-Health>
- ⁹⁷ Center for Disease Control and Prevention; <http://www.cdc.gov/std/infertility/default.htm>
- ⁹⁸ Senior Report. (2015) <http://www.americashealthrankings.org/reports/Senior>
- ⁹⁹ Aging Statistics. US Administration on Aging. http://www.aoa.acl.gov/aging_statistics/index.aspx. April 9, 2016
- ¹⁰⁰ State Projections of Persons 65 and over. (2016, April) http://www.aoa.acl.gov/aging_statistics/future_growth/future_growth.aspx#age
- ¹⁰¹ Aging into the 21st Century. Administration on Aging (AoA), http://www.aoa.acl.gov/Aging-Statistics/future_growth/aging21/health.aspx, April 9, 2016
- ¹⁰² Healthy Living in Your 70s and Older. 2016. www.healthcommunities.com/healthy-aging/healthy-living-tips-70s-older-elderly.shtml#sthash.MtaDhsXL.dpuf
- ¹⁰³ Weiner, J., Tilly, J., Population ageing in the United States of America: implications for public programmes. *Oxford Journals, International Journal of Epidemiology*. V31,4. <http://ije.oxfordjournals.org/content/31/4/776.full>
- ¹⁰⁴ Ibid. Stanton, M.W.
- ¹⁰⁵ Percentage of Adults age 65 years and over (Total, Male & Female), with one or more, two or more, or three or more of a possible six chronic conditions: United States, 2008. http://www.cdc.gov/nchs/data/health_policy/adult_chronic_conditions.pdf
- ¹⁰⁶ Stanton, M.W., The high concentration of U.S. Health Care Expenditures. *Research in Action*, Issue 19. <http://archive.ahrq.gov/research/findings/factsheets/costs/expriach>. April 16, 2016
- ¹⁰⁷ Nurse Registry. Caregiving: A noble but difficult pursuit. Retrieved 8/7/17 from: <https://www.nurseregistry.com/blog/caregiving-noble-pursuit/>
- ¹⁰⁸ <http://www.americashealthrankings.org/about/senior>
- ¹⁰⁹ Neal, M., Wagner, D., "Working Caregivers: Issues, Challenges, And Opportunities For The Aging Network." NFCSP Issue Brief. May 2016. <https://www.towson.edu/chp/departments/interprofessional/documents/working-caregivers.pdf>
- ¹¹⁰ The State of Aging and Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013. <http://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>
- ¹¹¹ New Mexico Department of Health, IBIS. Retrieved 8/7/17 from: https://ibis.health.state.nm.us/indicator/view/InjuryDeathFalls.Year.NM_US.html
- ¹¹² <http://shellpoint.org/blog/2012/08/13/10-shocking-statistics-about-elderly-falls/>
- ¹¹³ The State of Aging and Health in America 2013. Atlanta, GA: Centers for Disease Control and Prevention, US Dept of Health and Human Services; 2013. <http://www.cdc.gov/aging/pdf/state-aging-health-in-america-2013.pdf>

- ¹¹⁴ National Council on Aging. Retrieved 8/7/17 from: <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts>.
- ¹¹⁵ American Academy of Family Practitioners. Retrieved 8/7/17 from: <http://www.aafp.org/afp/200/0401/p2159.html>.
- ¹¹⁶ 10 Shocking Statistics About Elderly Falls Falls Prevention Facts. <https://www.ncoa.org/resources/falls-prevention-fact-sheet>
- ¹¹⁷ National Council on Aging. Retrieved 8/7/17 from: <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts/>
- ¹¹⁸ <https://www.ncoa.org/news/resources-for-reporters/get-the-facts/falls-prevention-facts/>
- ¹¹⁹ 6 Things that cause elderly to fall. (2016) Retrieved from: <https://www.agingcare.com/Articles/Falls-in-elderly-people-133953.htm>
- ¹²⁰ New Mexico Department of Health, IBIS. Retrieved 8/7/17 from: https://ibis.health.state.nm.us/indicator/important_facts/ImmunPneumoAdult.html
- ¹²¹ Centers for Disease Control and Prevention: 2013–2014 Influenza Season <http://www.cdc.gov/flu/pastseasons/1314season.htm>
- ¹²² Ibid
- ¹²³ American Thoracic Society: Top 20 Pneumonia Facts—2015: <https://www.thoracic.org/patients/patient-resources/resources/top-pneumonia-facts.pdf>
- ¹²⁴ New Mexico Department of Health, IBIS. Retrieved 8/7/17 from: http://ibis.health.state.nm.us/indicator/view/ImmunInfluenzaAdult.NM_US.html
- ¹²⁵ U.S. Administration on Aging. Retrieved 8/7/17 from: <http://www.caregiverslibrary.org/caregiving-ministries/ministry-home/elder-abuse-article.aspx>.
- ¹²⁶ National Research Council. (2003) Elder mistreatment: Abuse, neglect and exploitation in an aging America. Washington, D.C.: The National Academies Press. <http://www.ncea.aoa.gov/library/data/>
- ¹²⁷ Aging and Long-Term Services Department, Adult Protective Services Spending, Investigation Management, and Client Outcomes Report, May 12, 2015 Report #15-06
- ¹²⁸ Aging in New Mexico. (2016) Retrieved from: http://www.nmaging.state.nm.us/uploads/FileLinks/bfde5e90da214f88a7211f760f5b9620/ALTSD_General_FY13-3-3-14.pdf
- ¹²⁹ Wolfe WS, Frongillo EA, Valois P. Understanding the experience of food insecurity by elders suggests ways to improve its measurement. *J Nutr.* 2003;133:2762–9.
- ¹³⁰ Lee JS, Frongillo EA. Nutritional and health consequences are associated with food insecurity among US elderly persons. *J Nutr.* 2001;131:1503–9.
- ¹³¹ National Mental Health Association, “American Attitudes about Clinical Depression and its Treatment,” (March 27, 1996).

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