



CHRISTUS ST. VINCENT 2020-2022 COMMUNITY HEALTH NEEDS ASSESSMENT

OUR COMMUNITY'S HEALTH AND WELLBEING JOURNEY

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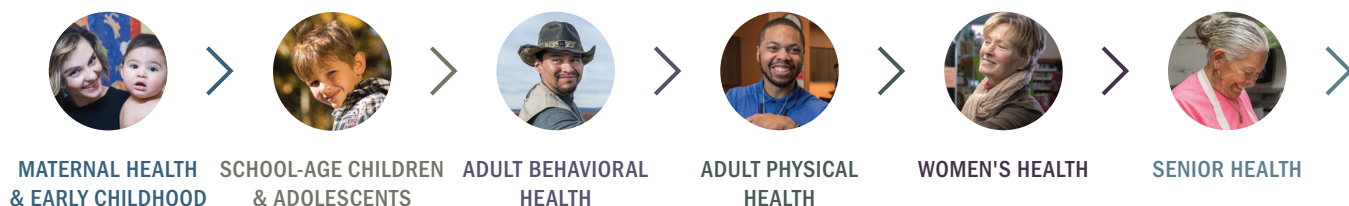
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EXECUTIVE SUMMARY

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 with a mix of socio-cultural factors and the power to enhance or detract from the health and happiness of those who call this place home.

This Community Health Needs Assessment (CHNA) describes Santa Fe County’s health status and prioritizes the most substantial challenges to wellbeing experienced by its residents. Throughout the document, we

cite those statistics that our fellow community providers identified as the trends we most need to address as a collective. In addition to helping us focus the efforts of CHRISTUS St. Vincent, we hope this assessment will be useful to other organizations applying for funding for innovative solutions to help “turn the curve”* in the areas where our residents need the most support. We approach community health and wellbeing over the course of a lifetime, because age is a common denominator for the way health needs and issues change at each stage of human development. In this report the lifespan is broken into six distinct categories. These groupings are intended to facilitate a more focused and in-depth understanding of the barriers to health experienced within each group. The six lifespan categories 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

* *Turn the Curve* is a Results Based Accountability concept referring to establishing a baseline for an indicator and examining the trend over a period of time. Population conditions change slowly so instead of measuring from point to point, we examine the trends. When the trend begins to shift toward improved conditions, we are “turning the curve.”

linkages across stages and know that sometimes, a social determinant or health event impacting one life-stage puts the next on a different course with different needs.

Given their impact across the life stages, the social determinants of health and our community's economic and power structures have over individual and population health outcomes and wellness are highlighted throughout the report. 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 and exercise, behavioral health, substance use disorders, educational opportunities, and other health and quality of life issues.

Social determinants have strong ties to a person's ability to access healthcare and maintain their health throughout their lives. In Northern New Mexico, we tend to see individuals who live in some areas in Central Santa Fe Santa Fe, Native Americans, high utilizers of healthcare resources, and those who identify as LGBTQAI+ (lesbian, gay, bisexual, transgender, questioning, asexual, intersex and others), struggle disproportionately. These groups 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 every day including the very dangerous and troubling ones that are catalogued in this report. If the community of health care, social service, government, and non-profit agencies come together in partnership to address social determinant issues, strengthen our system of care for individuals and re-engineer our community in

deliberate, inclusive and strategic ways, we will create a ripple effect of equity, prosperity, and an ever-improving trajectory of wellness across the life span for generations to enjoy.

MATERNAL AND EARLY CHILDHOOD (PRENATAL CARE AND BIRTH TO AGE 5)

Advancements in brain development research over the past decade have led to increased attention on maternal and early childhood health and wellbeing due to expanded understanding of how the experiences of pregnant women and new babies can set the stage for a lifetime. Strategies aimed at promoting long term health outcomes by addressing early stages of development are a high priority for local, state, national and global organizations.

The significant negative impact of lack of prenatal care, babies being born prematurely at a weight of less than 5.5 pounds (considered low birthweight), or infants being abused in any way, can lead to early trauma, attachment disorders and developmental issues, and initiate a lifetime of poor health outcomes and other preventable consequences. Strong collaborations across our community have





worked to address maternal health and early childhood care leading to new funding streams to address childhood trauma and the creation of the new Department of Early Childhood and the Anna Age 8 Institute.

Neonatal Abstinence Syndrome (NAS) is the condition babies endure when they are born addicted to a drug and suffer withdrawal. In Santa Fe, this is most often related to opioid use (heroin or prescription painkillers) by the mother during pregnancy and may include other drugs. Babies born with NAS have health complications, withdrawal symptoms and may experience long term developmental problems. While birth rates have declined, the rate of babies born with NAS in Santa Fe County is increasing and requires attention.

SCHOOL-AGE CHILDREN AND ADOLESCENTS (CHILDREN AGE 6-18)

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 ability to overcome challenges while maintaining 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. These are called factors of resilience because they can protect adolescents

against different types of risk. Children who have adverse experiences and survive 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 higher incidents of risk-taking behavior and chronic disease, all culminating in shortened life span.

In Santa Fe, our children struggle significantly more than those from other parts of the country in rates of depression. To compound this issue, they are lacking in hallmarks of resilience. Insufficient resilience means our children have a harder time bouncing back from adversity and coping with the challenges of life.

ADULT BEHAVIORAL HEALTH

Santa Fe is near the top of the list of cities in the nation for per capita for drug related deaths, adult suicide and alcohol dependence. Our community is performing incredibly poorly in these aspects of behavioral health, which in addition to clinical mental illness includes substance use disorder. An individual's emotional stability and resilience in the face of adversity are foundational elements of health, without them the basic elements of physical health cannot be achieved

or maintained. As previously mentioned, adults who experience 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 cannot find relief from their pain, an alarmingly high number take the final step and end their own lives.

In Santa Fe, and across New Mexico, the lack of timely access to basic behavioral health, psychiatric services and case management for individuals who are trying to heal or treat their mental illness and/or substance use disorder drives high numbers of individuals further into the margins of our community. As witnessed by the CHRISTUS St. Vincent HUGS program (High Utilizer Group Services, serving the top utilizing patients of the ER), 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 present repeatedly at the ER, in the courts, jail, 911 and tax other crisis response systems when their needs go unmet.

ADULT PHYSICAL HEALTH

Heart disease (or cardiovascular disease) and cancer are the leading causes of mortality in Santa Fe County. The main risks factors for heart disease include obesity, high blood pressure, high cholesterol, unhealthy diet, and smoking. Cancer deaths have been declining due to improved treatment, education on prevention, and early screenings, but the leading cause of cancer deaths in our community is lung cancer.

Economic disparities in Santa Fe drive inequitable health outcomes across the community. There are segments of our population who can afford preventative care, healthy food, and time for physical activity that low-income or working poor families struggle harder to provide. Individuals, families, and communities that are economically oppressed or in poverty

experience increased rates of chronic disease, obesity and other health consequences. Similarly, the consumption of healthy foods may look dramatically different for those without economic means. Extending our own perspective of what makes a population healthy and working together for root cause solutions, especially for the disadvantaged, is the only way to reverse the health inequities that exist in our community.



WOMEN

The wellbeing of women in our community is seriously impacted by domestic violence, obesity and homelessness. For too many women in Santa Fe, a current or former intimate partner represents a serious health risk. Women living in a violent relationship often discount going to the police or using the courts as a plausible helpful alternative. The risks are even greater if the victim lacks legal documentation and fears deportation or there are children involved and the victim fears the loss of custody. Lack of economic freedom or self-sufficiency and limited access to low-barrier housing services coupled with attitudes of victim-blaming have been described by community members and professionals as issues that safety issues 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. Information from a local homeless shelter, the Interfaith Shelter (known as “Pete’s Place”), and local homeless advocates indicate this continues to be a growing problem in our community. Homeless women are more vulnerable to assault or exploitation by others on the streets. The negative health impacts of homelessness can become more complex for women and those in the LGBTQAI+ community due to lack of specialized resources and appropriate health services. Our high rates of domestic violence also support the community concern that Santa Fe has a high number of homeless women who are abuse survivors fleeing their offenders with little or no resources.

SENIORS

As Santa Fe residents age, new health issues and social determinants emerge and the community resources available to help support seniors are lacking. Transportation continues to be reported as a major barrier to properly caring for health concerns. Social isolation, depression and chronic health issues leave

seniors at risk of suicide. In fact, seniors represent the largest group of people who end their lives in suicide. The suicide rate amongst seniors in Santa Fe County is double the U.S. Additionally, falls in adults over 65 are often risky and can lead to multiple health consequences that can ultimately result in death. Falls can be the result of compromised balance, vision problems or unsafe home conditions such as unsecured rugs or lack of safety bars in the bathroom. Supporting seniors in the home environment requires attending to home safety and health related conditions that can lead to falls. Another risk factor for this age group is the flu, which can be fatal for seniors. Preventing the flu is the goal of immunizations, yet only 57% of seniors receive the flu shot. Education on the benefits of immunization, as well as addressing and dispelling myths about the flu shot are important in addressing the issue. Addressing senior isolation by honoring the contributions and the wisdom of our elders is a responsibility that we must share across our communities to support health and wellbeing to support multigenerational growth and prosperity.





INTRODUCTION

The high desert landscape of Santa Fe County nestled in the shadow of the Sangre de Cristo Mountains, transitions from aspen forests to scrub brush and cacti in the span of only a few miles. The buildings seem to grow from the earth, and narrow winding streets of the city and towns have the feel of the old west or an ancient village. Under the bright blue sky, the people of this beautiful and rugged place give Santa Fe County its rich diversity. Its unique history lives and breathes each day in the people who reside in, and visit, this beautiful place. The landscape, arts, cuisine, spiritual, and cultural traditions blend to make Santa Fe County one of the most unique areas of the country. The challenges and strengths of Santa Fe rise from its history and the people who participate in shaping the community it is today. The history of Santa Fe is a complex layered story of challenges and beauty. It contains stories of the resilience of people who have struggled and thrived here for generations, and those who arrived just yesterday in search of new beginnings.

The health of Santa Fe County has been assessed in this document with the understanding of the social, historical,

and geographic factors that make up this living context. Genetics, behavior, and environmental factors directly impact the health of individuals, families and communities, and physical health and wellbeing are directly tied to the mental, emotional, spiritual and social factors of health and wellbeing. In recent years other factors that can impact health outcomes such as access to healthy foods, transportation, literacy and education levels, income and socioeconomic status, housing status, social supports, access to health services, documentation status, sexual identity and orientation, and childhood experiences have been labeled the Social Determinants of Health and are understood to drive health and wellbeing outcomes. These are the factors that impact health disparities amongst certain groups of people.

Sadly, the data presented in this report tells the story of some of the most troubling challenges in equity and health currently faced by our community. Utilized effectively however, these data can direct the path forward. The Community Health Needs Assessment (CHNA) is presented with the intention that it be used to inform collaborative partnerships

and leaders to shift these trends and create a legacy of health and well-being built upon disrupting inequality and building resilience, so that every person in our community thrives.

PURPOSE OF THE CHNA

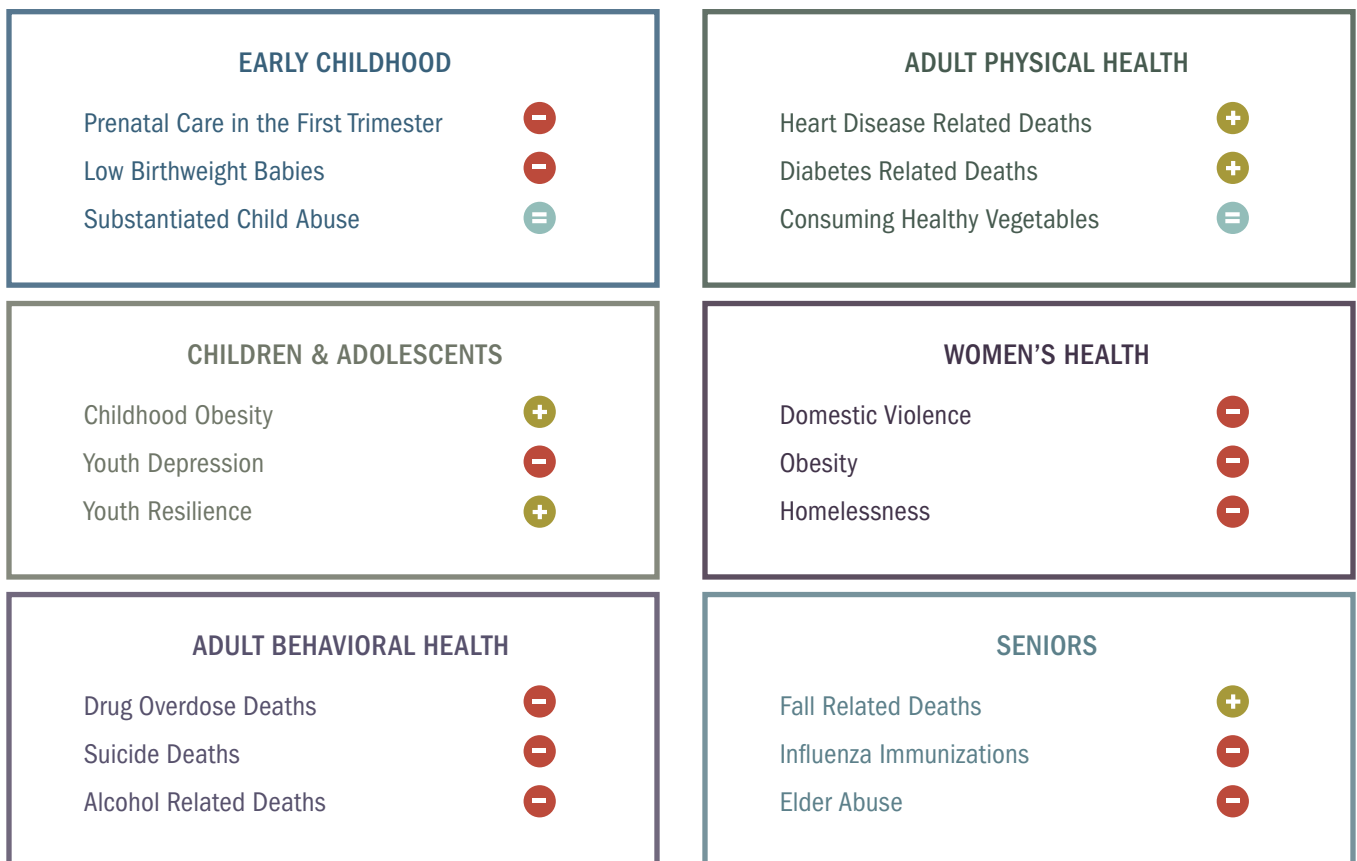
CHRISTUS St. Vincent Health System, in Santa Fe, New Mexico, is a nonprofit community-based healthcare organization. As a 153 year old organization, we have a rich history of understanding and meeting the needs of our region and then sharing how we meet those needs. In 2010, the Affordable Care Act solidified our process by requiring all non-profit hospitals to do what we have been doing for decades with some specific components and on a three-year cycle. The process includes identifying priorities, producing a health needs assessment document, and developing a subsequent Community Health Implementation Plan (CHIP) to address those needs. This document is the 2020-2022 Community Health Needs Assessment (CHNA) for CHRISTUS St. Vincent (CSV).

EVALUATION OF 2017-2019 CHNA

The published 2017-2019 Community Health Needs Assessment was intended to make information about Santa Fe's health data relevant and usable to the community. Data were organized across the lifespan. In each domain of the lifespan, three priority indicators were highlighted within the context of other factors of health and wellness. Community input helped to inform the data to ensure that the CHNA is a living document that remains relevant to the community. The following chart summarizes the 2017-2019 data indicators and shows whether trends or improving, worsening or staying the same.

The CHRISTUS St. Vincent Board of Directors selected three super priorities for 2017-2019 based upon needs presented in the CHNA:

- Behavioral Health
- Seniors
- Victims of Violence



The CHRISTUS St. Vincent response to the needs identified in the 2017-2019 CHNA involved improving care to patients from these priority population groups, investing in service delivery using Community Benefit funds, and continuing collaboration with community partners to address the needs of the priority population groups. Following is a summary of CHRISTUS St. Vincent initiatives and actions taken to improve care to the priority populations:

CHRISTUS St. Vincent Behavioral Health strategies:

- Emergency Department Behavioral Health Track—A new unit within the Emergency Department was constructed to better provide for detox, and psychiatric observation for adults and children.
- Behavioral Health Inpatient Unit—The nine-bed Behavioral Health Unit was refreshed and upgraded with new furniture in patient rooms and the general area, a refurbished nurses' station and, a security door to prevent elopement.
- An additional psychiatrist was hired to provide inpatient and outpatient care and psychology and counseling added to the service scope of CSV primary care centers (Pojoaque and Rodeo Clinics so far).
- HUGS—High Utilizer Group Services—intensive person-centered case management care for people with a chronic addiction or mental illness who are the highest utilizers of the Emergency Department or inpatient units.
- Investment in detox services through Santa Fe Recovery Center's fifteen-bed detox center.
- SBIRT was implemented in the Family Medicine Clinic.

CHRISTUS St. Vincent Victims of Violence strategies:

- Established a Violence Intervention Response Specialist to provide care victims who disclose violence while in hospital care.
- Trauma Informed Hospital Initiative — trained staff in trauma informed care. Addressed secondary trauma through training and Critical Incident Stress Management services for hospital associates.

CHRISTUS St. Vincent Senior Care strategies:

- Added Care Navigation to multiple diagnosis categories (including Cancer, Heart and Surgery) and added Transition of Care teams to help discharging patients integrate back home more easily.
- Implemented Oncology Care Enhanced Services Model for 65+.
- Launched Senior Chronic Care Management Program for patients of CSV Primary Care Offices focused on helping patients with Chronic Illness overcome barriers to care including social determinants.
- Launched Medicare "Accountable Care Organization" focused on quality and higher value care for seniors throughout the System of Care.
- Advanced strategy development for a Geriatric Center of Excellence and Community System of Care

While progress was made in improving processes, investing in new services and in community collaboration, little has improved across the populations of people with behavioral health conditions, providing for social barriers to care for seniors or for victims of violence. Amongst the population suffering with addictions or mental illness, generational trauma, and years of undertreated and underfunded services for behavioral

health have led to an uphill battle that will require continued efforts. In order to create sustainable, meaningful, equitable systematic and systemic changes behavioral health must remain a focus of intervention, funding, and attention. Further progress is needed toward the growing behavioral, social and transportation needs of our aging population at the community level. Violence continues to rise impacting the lives of victims in our community. We wish to continue building upon efforts to date to continue improvements in behavioral health, violence intervention and senior care.

A key principle of community health strategies is collaboration and partnerships. Problems that impact populations within the County are bigger than what one organization alone can address. It takes partnerships and collaboration with those who have a role to play to impact the well-being of the population. By working together with Santa Fe County, the City of Santa Fe, State Government, the Santa Fe Community Foundation, and other key community leaders dedicated to the same goals, we can make sustainable changes to improve the health and well-being of our community.

In accordance with IRS regulations, the CHNA must be made available and widely disseminated. Organizations across the community credit the 2017-2019 CHNA for easy access to community specific health data, and information about the social determinants of health that are impacting Santa Fe. CSV printed and distributed over one thousand spiral-bound paper copies of the CHNA within two years. The CHNA is

posted on the CHRISTUS St. Vincent website www.stvin.org. The CHNA has been utilized for reference and/or to guide planning and funding decisions by: Anchorum St. Vincent, Santa Fe County, City of Santa Fe, St. Vincent Foundation, Santa Fe Community College, Southwestern and Highlands nursing, social work, and social studies students, local community non-profit organizations and, Santa Fe Prevention Alliance amongst others.

2020-2022 CHNA METHODOLOGY AND COMMUNITY INPUT

The 2020-2022 CHNA process began with a review of the 2017-2019 CHNA data indicators which were reviewed to assess whether improvements in the health and well-being of the population have occurred over the past three years. The data are organized along the lifespan and following a Results-Based Accountability process. The results were presented to the Santa Fe County Health Policy and Planning commission for public review and input.

Quantitative data were gathered from archival state and national sources from the New Mexico Department of Health's Indicator-Based Information System (IBIS) <https://ibis.health.state.nm.us/>. This system includes several state and national data sources including the Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Youth Risk and Resiliency Survey (YRRS), Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER, and the Behavioral Risk Factor Surveillance System Survey Data (BRFSS). Additional data sources were used to



explain the indicators in more detail, including the Department of Housing and Urban Development (HUD), Central Repository from statewide law enforcement agencies, and the National Health and Nutrition Examination Survey. The quantitative data are comprised of population-level statistics for Santa Fe County, New Mexico and the U.S. to help provide a context for how well we are doing in Santa Fe. Some data are represented by individual years of data and others show trends across years.

Qualitative data were gathered from community members and stakeholders, service providers, and CSV employees through focus groups, key informant interviews and prioritization meetings, called Health Indicator Cafes. These data help us to tell the story behind the quantitative data. The diagram below shows the qualitative data collection approaches used and the number of participants.

In total, over 100 key community stakeholders and community members provided guidance and direction on the health needs and issues our community faces. The CHNA is intended to be a community document and a resource designed by and for community members.

To align community-wide efforts, the data collection process also considered the priorities of the City of Santa Fe and Santa Fe County.

The purpose of the qualitative data is to help tell the story behind the quantitative data to better understand the root causes driving the statistics. The qualitative data were gathered from people who know the community because they live here, and from professionals who provide direct services or are leaders in the community. The intention was to draw upon the expertise and experience of community members to enrich the story behind the data. Following is a brief description of each of the qualitative data collection methods and sources.

HEALTH INDICATOR CAFES

The Health Indicator Cafes were designed to include community service providers and local experts from each of the lifespan areas in selecting and prioritizing the indicators for the CHRISTUS St. Vincent 2020-2022 Community Health Needs Assessment. Community stakeholders were invited to participate in a Results-Based Accountability process⁵ of narrowing down the selection of three to five health indicators for each age group along the lifespan: Maternal Health

HEALTH INDICATOR CAFES N=47	FOCUS GROUPS N=76	COMMUNITY OBSERVATION SURVEYS N=17	KEY INFORMANT INTERVIEWS N=3
Maternal Health & Early Childhood	SF County Senior Center	Anchorum	Resident of Agua Fria Village
Behavioral Health & Chronic Disease	SF Indian Center	SF County	SF County Teen Court
Senior Health	SF County Teen Court	City of SF	SFPS Adelante Program
	San Isidro Catholic Church	SF Community Foundation	
	CSV Care Coordinators	Board Community Health & Wellness Committee	
		CSV Strategic Planning	
		Care Coordination	

and Early Childhood, School-Aged Children, Adult Chronic Diseases, Adult Behavioral Health, Women’s Health, and Senior Health. The community experts provided information on newly emerging issues in our community and reviewed updated data from the 2017-2019 Community Health Needs Assessment. The data were presented to the community stakeholder groups using a participatory process, allowing the community experts to inform the selection of the 2020-2022 indicators based on how well the indicator communicated the need for action, how connected it was to other social issues, and how readily available data were for that indicator. By involving community experts, we were able to identify shared priorities across the community.

FOCUS GROUPS

Five focus groups were conducted to collect qualitative data to help tell the story behind the data. Focus groups were asked to provide input on how the data “show up” in the lives of themselves, their families, or friends and neighbors. The focus groups were made up of individuals diverse in age, ethnic backgrounds, education level, income, and country of origin. One focus group was conducted in Spanish. The events were held in locations within the community during naturally occurring gatherings to provide the highest level of accessibility to community members who might not otherwise attend a focus group

KEY INFORMANT INTERVIEWS

Key informant interviews were conducted in January 2019 with people who have in-depth knowledge of underserved populations. The one-on-one interviews were designed to capture first-hand knowledge and stories from those who live in an underserved geographic area or work with youth, families, and healthcare systems. Staff from the Santa Fe Teen Court, the Santa Fe Public Schools Adelante Program, and a Clinic Manager at

CHRISTUS St. Vincent with a long-standing history in the community, participated in the interviews and provided valuable insight into the data.

COMMUNITY OBSERVATIONS

CSV conducted Community Observation surveys, known as “Windshield Surveys,” to capture the characteristics of different neighborhoods. The Community Observations were a systematic observation method made from a moving vehicle. This process was used to assess social determinants of health, disparities in the community infrastructure, the historical context of neighborhoods, and other characteristics of the community. The surveys took place in December 2018 and consisted of three groups of community leaders (seventeen individuals) who participated in observations and then engaged in a debrief discussion.

The two neighborhoods with the highest rates of poverty, lowest health insurance coverage, shortest life spans, and other problematic health indicators were selected for the Community Observations. Participants viewed areas in the city through the lens of equity, development, accessibility, opportunity, safety, and general conditions related to transportation, food access, health care services, housing quality and type, and prevalence of liquor stores or the number of payday loan services. The surveys were not intended to generate solutions or identify all possible problems, but to highlight differences in neighborhoods and the health challenges that members of our community face.

PUBLIC INPUT AND BOARD APPROVAL

CSV presented the CHNA to the Health Policy and Planning Commission (HPPC) on April 5, 2019 for public input. The HPPC reviewed and provided comments that were incorporated into the final version. CSV Board of Directors and Community Health Board reviewed, provided input, and approved the CHNA from the beginning of Fall 2018 and throughout the process.

LIFESPAN AREAS AND PRIORITY INDICATORS

Health status changes throughout the lifespan. For this reason, an in-depth focus on leading indicators of health were studied for each age grouping along the lifespan. The organization for high priority community health needs allows for attention and care across the entire lifespan.

The following indicators were chosen through the Health Indicator Cafes and represent the priority health needs to be addressed over the next three years (2020-2022).



LIFE SPAN AREA	INDICATORS
Maternal Health & Early Childhood	Prenatal Care in the First Trimester
	Babies Born with Low Birthweight
	Neonatal Abstinence Syndrome (NAS)
School-Age Children & Adolescents	Obesity
	Depression and Suicide Attempts
	Resiliency in Adolescence
Adult Behavioral Health	Alcohol-Related Death
	Drug Overdose Death
	Suicide
Adult Physical Health	Heart Disease Death
	Cancer Death
	Food Insecurity and Fruit/Vegetable Consumption
Women's Health	Obesity
	Domestic Violence
	Homelessness
Senior Health	Fall-Related Death
	Immunization
	Suicide

2020-2022 CHNA SUPER PRIORITIES

Documented throughout the remainder of this report, the needs of our population exceed what can be addressed by government, community, organizations or CHRISTUS St. Vincent alone. Only through collaboration with partners who have a role to play can we begin to “turn the curve”* on the challenges our population faces.

CHRISTUS St. Vincent has chosen to focus its efforts on three super priorities:

- Behavioral Health
- Senior Care
- Social Determinants of Health

The criteria used to select these priorities include: (a) people most in need and most marginalized, (b) populations where CHRISTUS St. Vincent has some expertise and/or is implementing strategies or programs, (c) populations that face health disparities and barriers to care, (d) issues that significantly impact patient or population health, human suffering and is quantifiable with data, and (e) areas where there is focus by others in the community including planning efforts and funding.

By focusing on these areas, over the 2020-2022 period CHRISTUS St. Vincent intends to continue to improve care to patients with behavioral health conditions, seniors, and those whose health is adversely affected by social determinants such as where they live. This focus will help assure that ground will not be

lost in progress made thus far. CSV strategies will be organization-wide, inpatient and outpatient and will be directed toward better identification of individuals, alignment of services, and strengthening the system of care through collaboration with local partners.



* Turn the Curve is a Results Based Accountability concept referring to establishing a baseline for an indicator and examining the trend over a period of time. Population conditions change slowly so instead of measuring from point to point, we examine the trends. When the trend begins to shift toward improved conditions, we are “turning the curve.”

COMMUNITY DEMOGRAPHICS

	SANTA FE	NEW MEXICO
Population (July 1, 2017)	148,750	2,088,070
% New Mexico population	7.1%	100%
Land area (square miles)	1,909.41	121,298.15
Persons per square mile	75.5	17.0
<i>Source: U.S. Census—QuickFacts, Santa Fe County, New Mexico; New Mexico—2017</i>		
Resident live births (2017)	1,287	25,209
Resident deaths (2017)	1,173	17,861
<i>Source: Estimates of the Components of Resident Population Change: July 2016 to July 2017 2017 Population Estimates</i>		
Households	61,651	770,435
Persons per household	2.34	2.65
Persons in poverty	12.2%	19.7%
<i>U.S. Census—QuickFacts, Santa Fe County, New Mexico; New Mexico—2017</i>		
Children under 5 years old who live in poverty	1,852 (27% of children under 5 in Santa Fe)	42,236 (32.6%)
Children under 18 who live in poverty	6,160 (22% of children under 18 in Santa Fe County)	142,793 (29.1%)
<i>U.S. Census - Poverty Status in the Last 12 Months, 2017 American Community Survey 5-Year Estimates</i>		

AGE

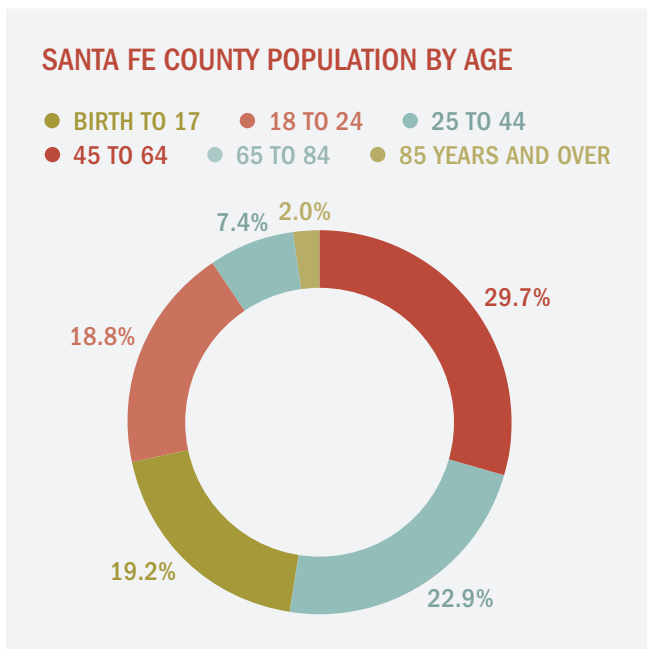
Just over 19% of the population in Santa Fe is under 18. There are roughly 28,314 youth under 18 years old in our community, with about 22% living in poverty. Over one fourth of our youngest and most vulnerable children have limited access to food, shelter, basic childcare, quality education and other necessities due to financial circumstances.

The number of adults 65 years and older is increasing. Between 2013 and 2017, Santa Fe County had a 3% increase in the population of adults 65 and over. CSV payer data for

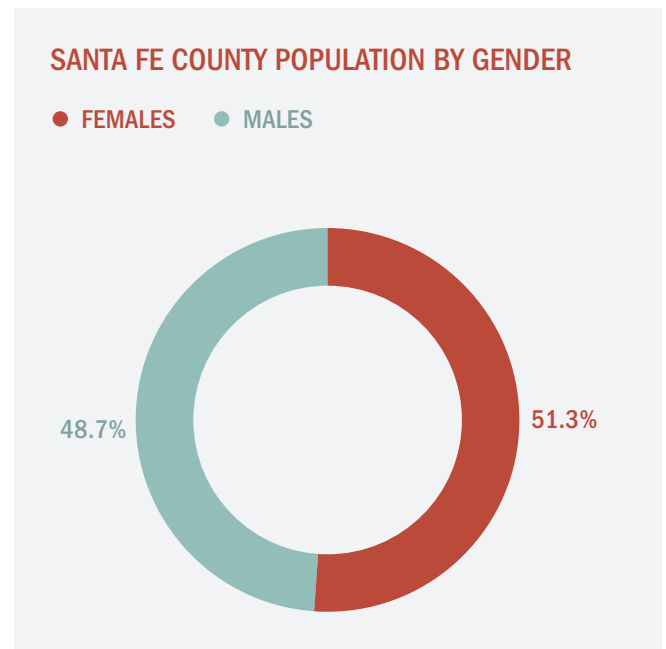
outpatient and acute outpatient diagnoses show a 20% increase in Medicare payments between 2015-2019, indicating a growing senior population utilizing CSV services.

SEX & GENDER

Santa Fe County has slightly more females (51%) than males (49%) and 3.9% of high school students report they are transgender, gender queer, or genderfluid, and 3.0% questioning. These data are not available for adults.



Source: U.S. Census - American Community Survey 5-Year Estimates



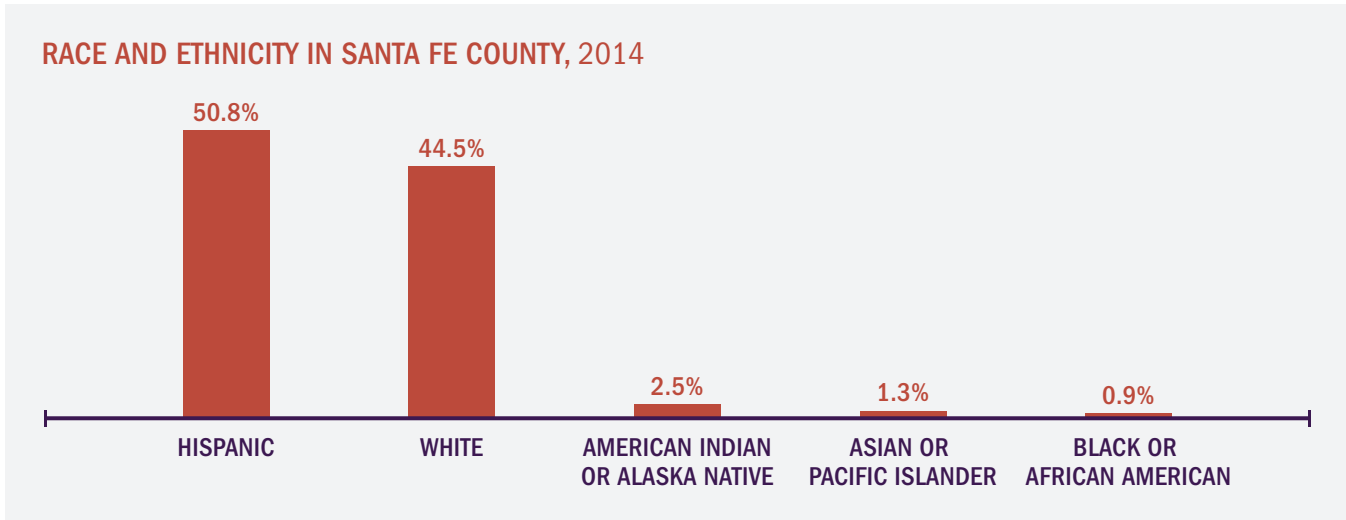
Source: U.S. Census - American Community Survey 5-Year Estimates



RACE & ETHNICITY

New Mexico is a minority-majority state as the majority of the population is made up of people who are identified as racial or ethnic minorities. Santa Fe County also represents

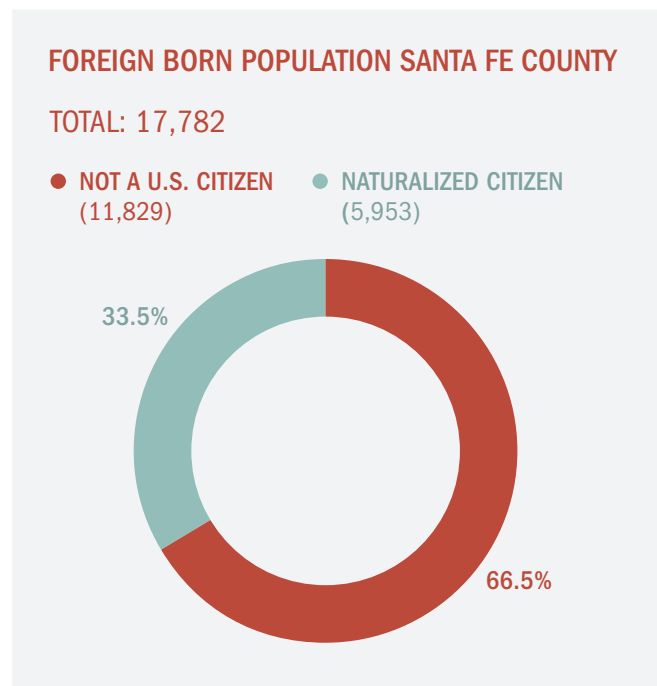
this race and ethnicity demographic, with 51.0% of the population identifying as Hispanic. The American Indian/Alaska Native population make up 4.3% of the population.



U.S. Census—QuickFacts, Santa Fe County, New Mexico; New Mexico—2017

FOREIGN-BORN POPULATION

The community in Santa Fe County includes many people who were born in another country. There are an estimated 11,829 people who are not U.S. Citizens that live in Santa Fe County. This number includes people who have permanent residency, temporary migration status, humanitarian migrants, or undocumented immigrants. In Santa Fe County 59.0% of National Citizen Survey respondents felt the community was open and accepting toward people of diverse backgrounds.⁶



Source: U.S. Census - American Community Survey 5-Year Estimates

ECONOMICS

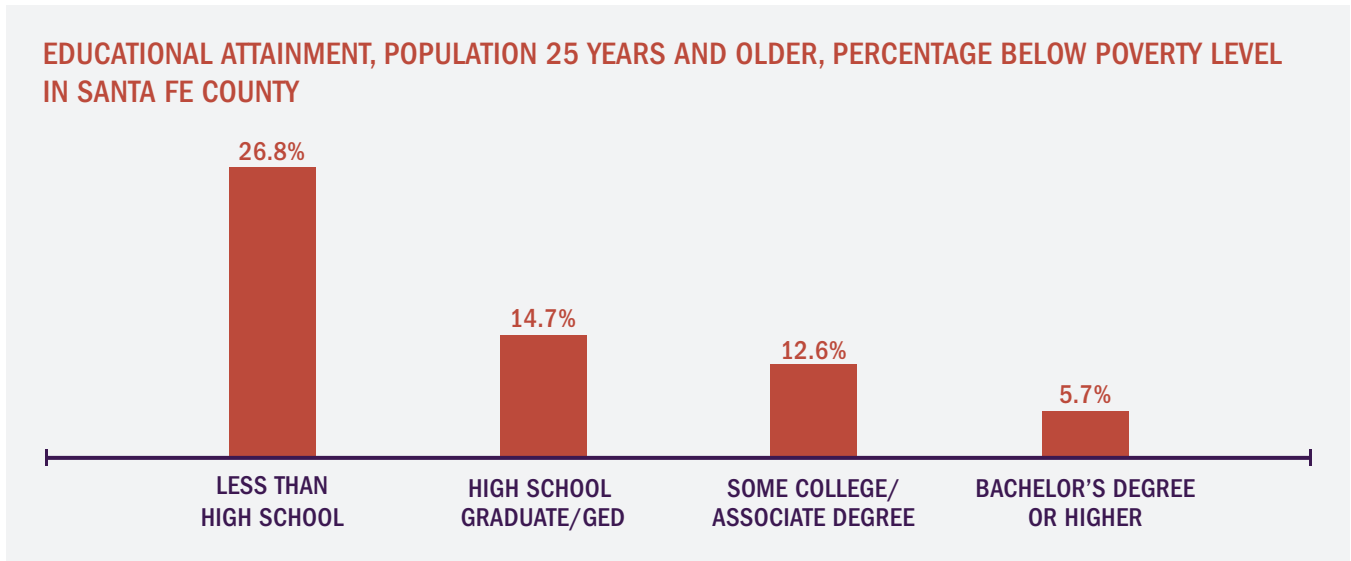
Like many New Mexico communities, Santa Fe County struggles with poverty. While the median income for Santa Fe County is \$58,821, the per capita income for Santa Fe was \$35,719 in 2017.⁷ There are roughly 20,817 people living in poverty in Santa Fe County (14.4%). Throughout this report, health and behavioral health disparities due to income will be highlighted as an issue of equity.

POVERTY BY EDUCATIONAL ATTAINMENT

There are significant disparities related to educational attainment for people who live in poverty. Poverty impacts people’s ability to attain higher education, access the work force, and increase their income.

FEDERAL POVERTY GUIDELINES ANNUAL GUIDELINES APRIL 2018 THRU MARCH 2019	
PERSONS IN FAMILY/ HOUSEHOLD SIZE	POVERTY GUIDELINE/ ANNUAL INCOME
1	\$16,764
2	\$22,716
3	\$28,680
4	\$34,644
5	\$40,608
6	\$46,572
7	\$52,524
8	\$58,488

Source: New Mexico Human Services Department



Source: U.S. Census - American Community Survey 5-Year Estimates

MORTALITY

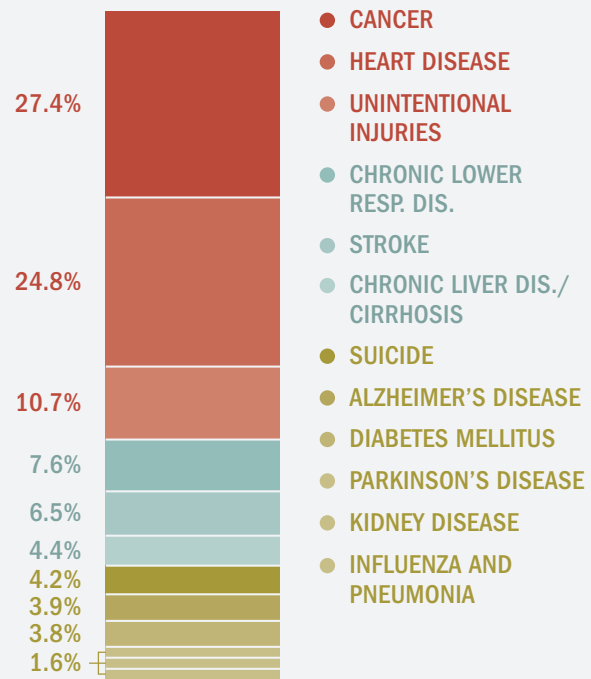
The top three leading causes of death in Santa Fe County are cancer, heart disease, and unintentional injuries. Human life potential is understood to average 75 years, and premature death is calculated by subtracting the age of death from 75. Communities can estimate the years of potential life lost to better understand the impact of premature death in that community. The number of years of potential life lost each year for Santa Fe County is 30,466.⁸

MORTALITY BY RACE/ETHNICITY

There are different leading causes of death related to race and ethnicity in our community and across the country. These health disparities are important for our community to consider and address.

TOP 10 LEADING CAUSE OF DEATH IN SANTA FE COUNTY, 2015-2017

TOTAL=2,841



Source: NM Death Data, BVRHS <https://ibis.health.state.nm.us/indicator/view/DthRateLdgCause.Cause.html>

TOP 4 LEADING CAUSES OF DEATH IN NEW MEXICO BY RACE/ETHNICITY 2015-2017

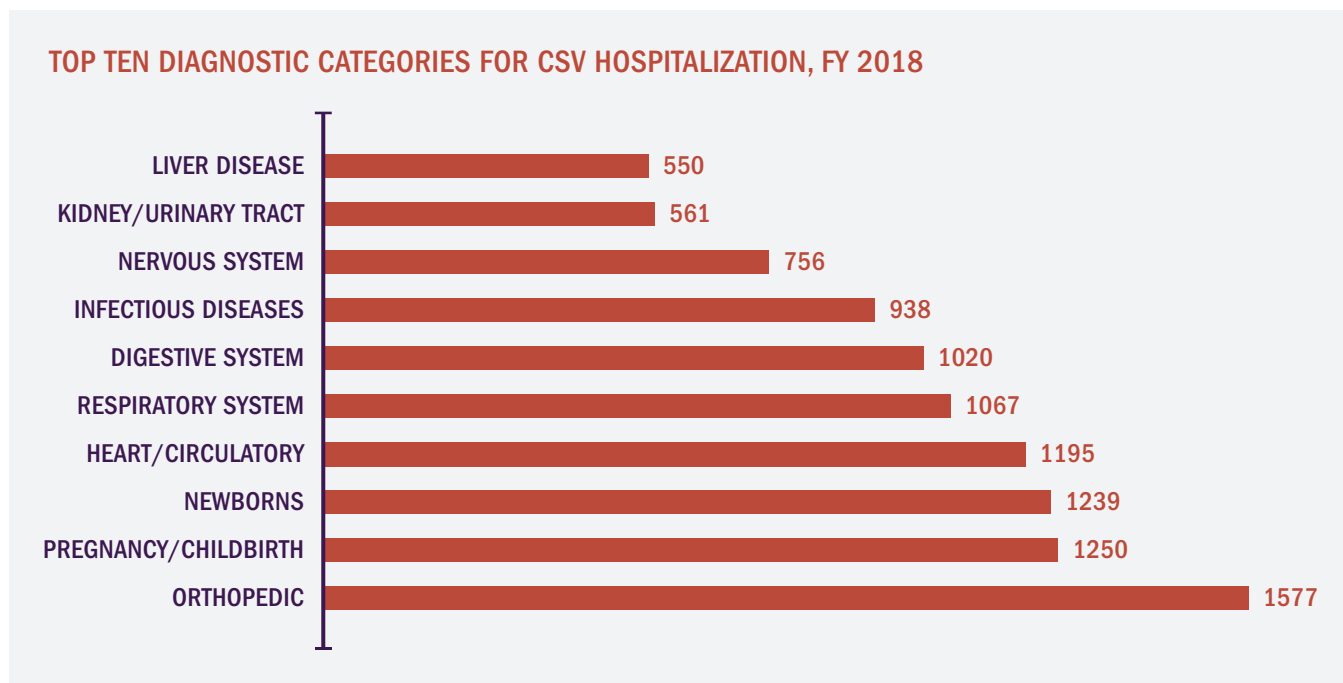
RACE ETHNICITY	1-LEADING CAUSE OF DEATH	2-LEADING CAUSE OF DEATH	3-LEADING CAUSE OF DEATH	4-LEADING CAUSE OF DEATH
American Indian or Alaska Native	Cancer	Unintentional injuries	Heart disease	Chronic Liver Disease & Cirrhosis
Asian or Pacific Islander	Cancer	Heart disease	Stroke	Unintentional injuries
Black or African American	Heart disease	Cancer	Unintentional injuries	Diabetes Mellitus
Hispanic	Cancer	Heart disease	Unintentional injuries	Stroke
White	Heart disease	Cancer	Chronic Lower Respiratory Diseases	Unintentional injuries

Source: NM Death Data, BVRHS <https://ibis.health.state.nm.us/indicator/view/DthRateLdgCause.Cause.html>

HOSPITALIZATION UTILIZATION

In 2018, orthopedic related causes were the top reason for hospitalization followed by pregnancy. Orthopedic related hospitalizations

include injuries and diseases of muscles, bones or joints and joint replacements.



Source: CHRISTUS St. Vincent, FY 2018

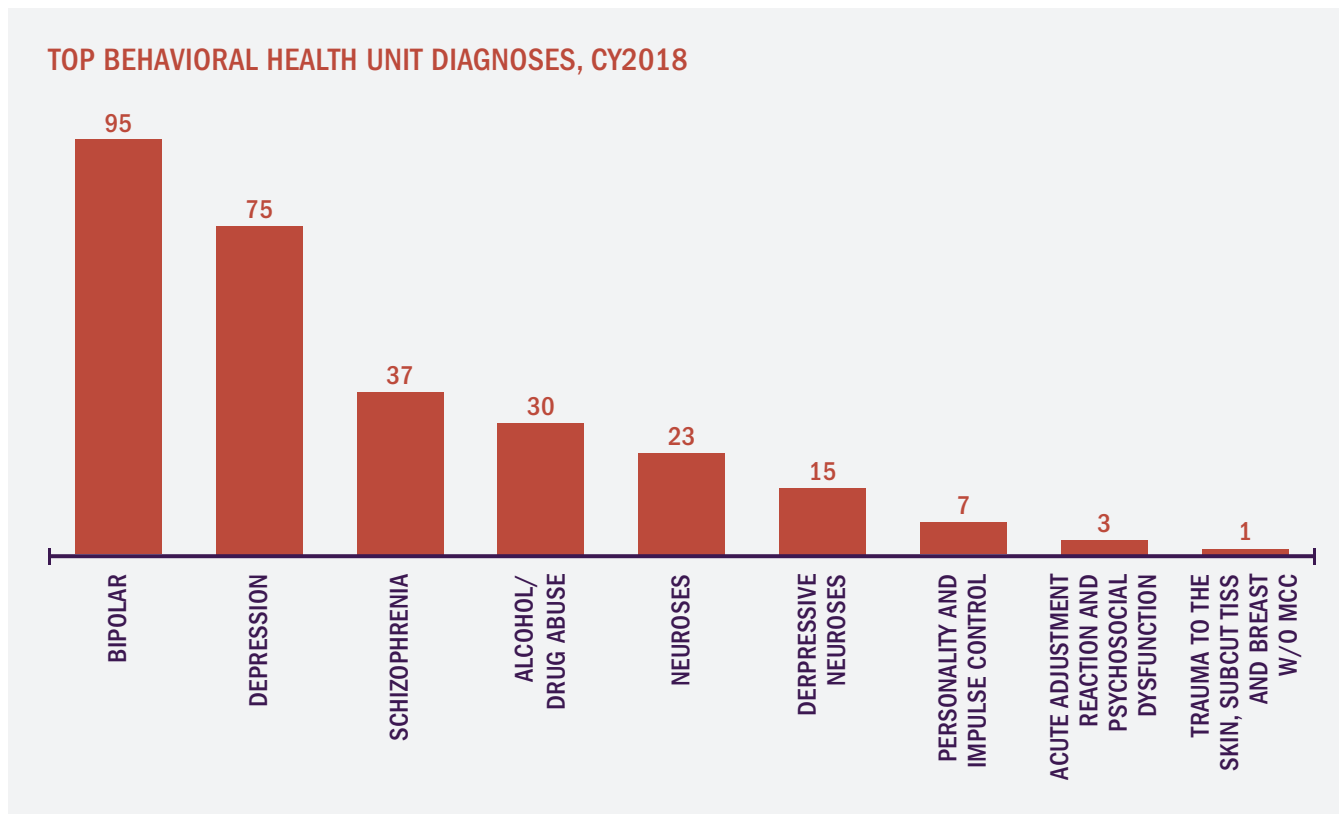
The top 10 reasons for emergency department visits are listed in the following chart. Behavioral health disorders and substance abuse are listed within the top 10 reasons for emergency room visits.

TOP 10 EMERGENCY DEPARTMENT VISIT REASONS
Respiratory Disorders
Pain (Chronic & Acute)
Nausea And Vomiting
Alteration In Level Of Consciousness (Seizures, Head Injury, Concussions, Ams, Etc)
Substance Abuse
Chest Pain
Abdominal Pain
Behavioral Health Disorders
Infections
Bleeding Disorders

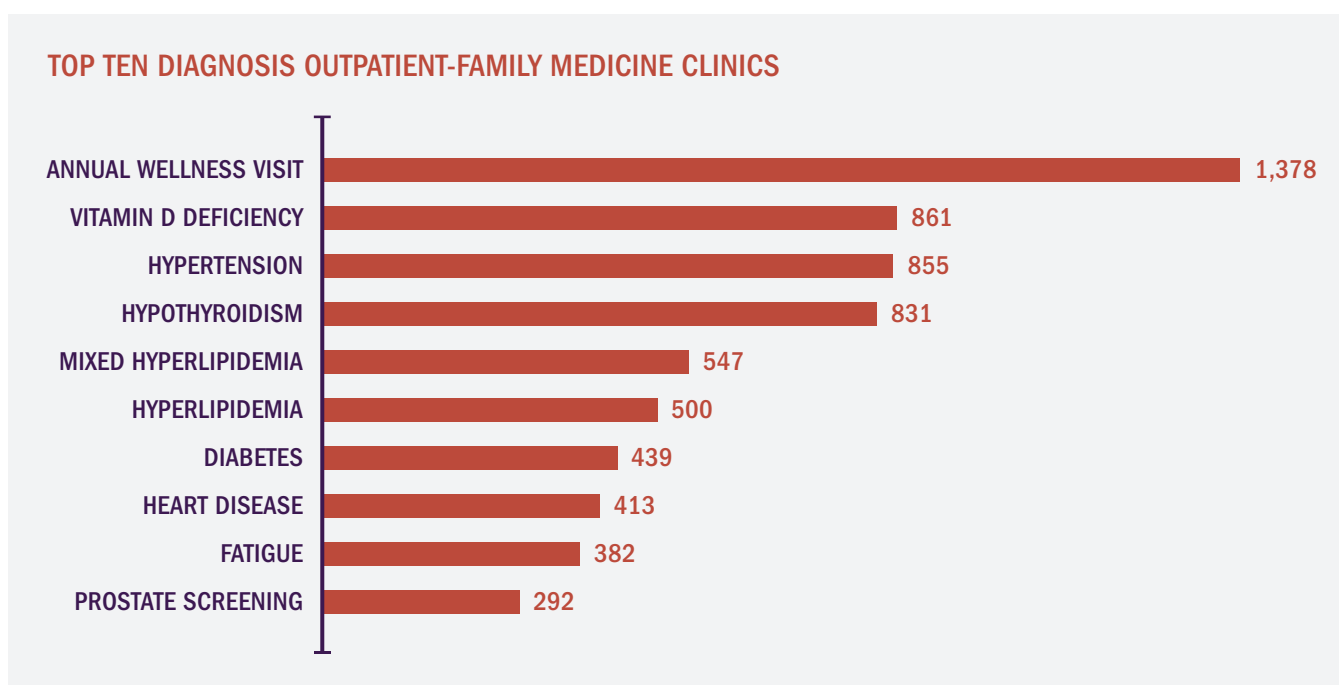
Source: CHRISTUS St. Vincent, FY 2018

CHRISTUS St. Vincent operates an inpatient Behavioral Health Unit. In calendar year 2018, the top diagnosis in the Behavioral Health Unit was bipolar disorder followed by depression. The Behavioral Health Unit offers short term stabilization care.

The next graph displays the most common diagnoses in the outpatient family medicine clinics CSV operates.



Source: CHRISTUS St. Vincent, FY 2018



Source: CHRISTUS St. Vincent, FY 2018

HEALTH DISPARITIES: POPULATIONS WITHOUT EQUAL ACCESS TO CARE AND SERVICES

Health equity is achieved when every person in the community has the opportunity to live to their full health potential despite social and economic position or socially determined circumstances.⁹ Inequity in health is a challenge faced by all communities in America, and Santa Fe is no exception. Disparities are reflected in the differences in quality of life, rates and disparities of disease, severity of disease, and access to treatment. Social determinants of health are conditions or factors in the places where people live, learn, work, and play that affect a wide range of health risks.¹⁰ A person's health status is determined by genetics, environment, behavior, financial stability, education, the social and community context in which they live, and access to health care. For example, poverty limits access to healthy foods which impacts health despite positive behaviors, and higher education is a predictor of better health outcomes.^{11, 12, 13}

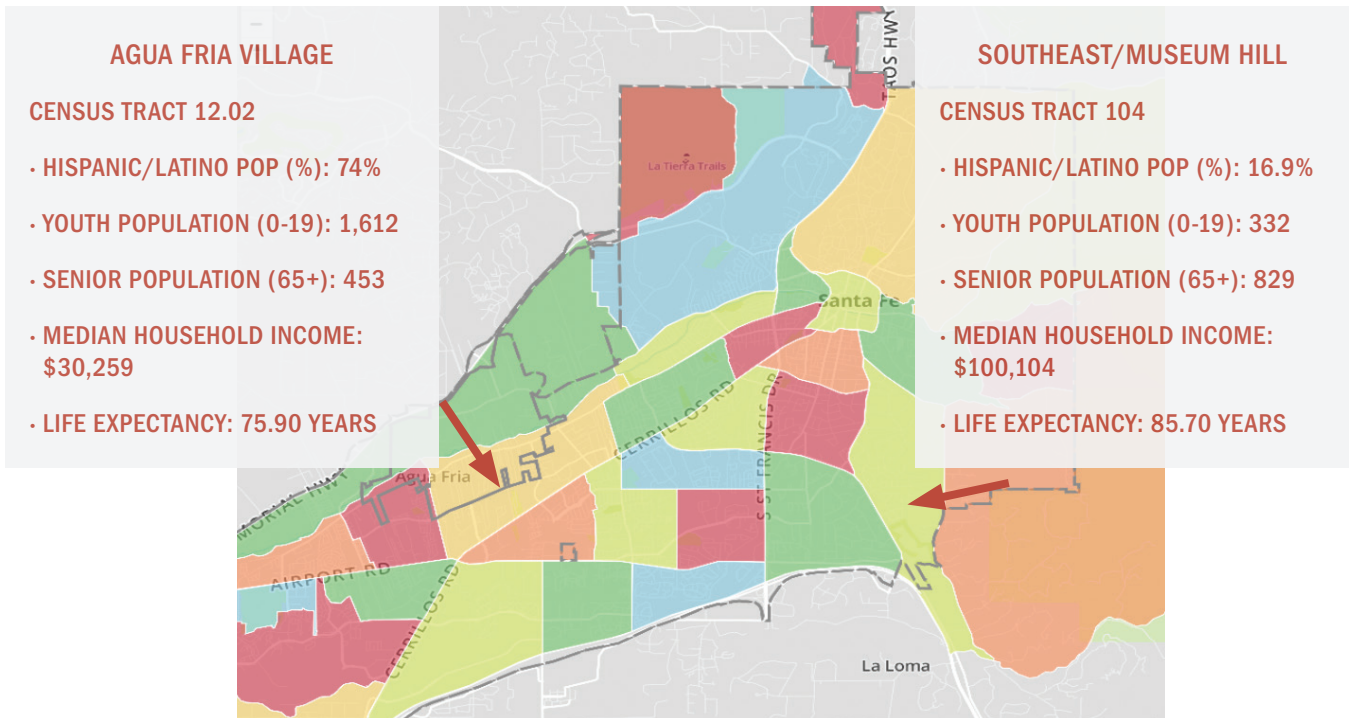
Examining social determinants can help us understand disparities in population health outcomes.¹⁴ Differences in health are striking in communities with unstable housing, low income, unsafe neighborhoods or substandard education. Improving health, well-being, and longevity in our community starts with addressing negative social determinants of health by increasing access to healthy food, availability of jobs and other economic or educational opportunities, community services, clean air, and safe outdoor spaces. All of those create a network of resources that are needed to care for ourselves and our families.¹⁵

In 2017, the National Center for Health Statistics, with support from the Robert Wood Johnson Foundation, produced data at the neighborhood level for life expectancy.¹⁶ These data show the census tracts with the highest and the lowest median household income have a

life expectancy discrepancy of nearly a decade. These areas also have significant racial and ethnic differences, with largely Hispanic and Latino populations represented in the low-income neighborhoods.^{16, 17}



Shown in the following diagram, census tract 12.02, Agua Fria Village, has a median household income of \$30,259 and a life expectancy of 75.9 years, with 74% of its population identifying as Hispanic or Latino.^{16,17} In contrast, census tract 104, home to Museum Hill, has a median household income of \$100,104, a life expectancy of 85.70 years, and only 17% of its residents identifying as Hispanic or Latino.^{16,17} There can be innumerable contributing factors, but a life expectancy



5 years under (Agua Fria) and 5 years over (Museum Hill) the county average between tracts with an almost \$70,000 median household income difference, and 57% variance in Hispanic/Latino population is noteworthy. These neighborhoods are 4 miles apart and lie at the ends of the same street (St. Michael's Drive).¹⁷ When stratified further, the average age of death for American Indians in Santa Fe County, is 61 years, which is 20 years below the county average.¹⁴

SOCIAL DETERMINANTS OF HEALTH: SPECIAL FOCUS ON HOPEWELL STREET AND AGUA FRIA VILLAGE

The two areas of Santa Fe with the highest poverty are the Hopewell Street area and Agua Fria Village. These two areas show how where we live can impact overall health and are clearly influenced by the conditions and characteristics of where we live.¹⁶ Community Observation Surveys were conducted using the Windshield Survey technique.^{18, 19} Using a protocol built

upon the social determinants of health, participants viewed different communities from a moving vehicle with the goal of identifying conditions that impact health and wellbeing including housing, public gathering spaces, sidewalks, distance to food, etc.

The Hopewell Street area is characterized by the highest concentration of public housing and poverty in the city of Santa Fe. Individuals and families living in the Hopewell Street area who lack transportation have to walk at least a half mile to get to a stop light or cross walk, and must cross up to six lanes of traffic to get to the nearest grocery store on St. Michael's Drive. During the Windshield Survey, pedestrians were observed jaywalking, putting personal safety at risk and causing a public safety hazard for drivers. Shopping carts were seen near the entrances of public housing apartment units signaling use for people walking from the grocery store.

Agua Fria Village, which is technically outside of the city limits despite its nestled location within Santa Fe, is situated on the Historic Trail of El Camino Real which was once occupied by old, established, homesteads with multiple homes per lot. The Agua Fria Village has assets such as the Nye Early Childhood Center, the Santa Fe River Trail, the La Familia Medical Center, large parks, and a large community garden. This is an extremely car-dependent area and is inconsistent in the quality and continuation of sidewalks. Agua Fria is a narrow street and lacks a shoulder wide enough for a bike with sections of the road having little to no street lighting.



Agua Fria extends to Airport Road on its southwestern side where food access is also an issue especially for those lacking transportation. The majority of Airport Road and the surrounding area, including Capital High School, is in a food desert, which the USDA defines as access to a grocery store is more than a mile away.²⁰ This area is home to the highest concentration of children under the age of 18 in the city.^{17, 21}

The Airport Road corridor and the Southside are experiencing rapid growth compared with other areas of the city,²¹ and industrial traffic including large trucks were observed through the Airport Road corridor as people moved between mixed-use, residential and commercial zones. Two new elementary/junior high schools (kindergarten through eighth grade) opened in the area for the 2014-2015 school year: Nina Otero Community School was built to reduce over-crowding, and El Camino Real Academy replaced the former Agua Fria Elementary.²² The need for these new schools speaks to the growth in this area. Nina Otero and El Camino Real Academy both have about 800 students enrolled and are the largest schools in Santa Fe behind the two public high schools of Santa Fe High and Capital High.²² The majority of students in this area (Ortiz Middle School, El Camino Real Community School, Nina Otero Community School, Ramirez Thomas Elementary, Cesar Chavez Elementary, Sweeny Elementary, Capital High School) receive free and reduced school meals.²³ The number of children receiving free lunch is another indicator of economic instability of the many families living in this area.

A bilingual focus group conducted after Spanish Mass at San Isidro Catholic Church, in the heart of the Agua Fria Village, with over 40 participants revealed healthcare access is a significant issue. Language barriers, immigration status, fear of deportation, and feelings of discrimination were shared as factors impacting access. It was noted that even though some agencies provide bilingual services, they frequently do not have a Spanish speaker or signs at the reception desk, and many community members do not know how to request appropriate language services.

AMERICAN INDIAN HEALTH

Santa Fe County encompasses four federally-recognized tribal reservations—Tesuque Pueblo, Nambe Pueblo, Pojoaque Pueblo, and San Ildefonso Pueblo. The seven-county service area of CSV includes several pueblo tribes including San Felipe, Santo Domingo, Santa Clara, Ohkay Owingee, Jemez and Taos Pueblo. The main source of primary health care for our American Indian population is the Indian Health Service (IHS). The Santa Fe Service Unit serves most of the surrounding pueblos with a hospital, clinics, and urgent care, as well as satellite clinics located in Santa Clara, Cochiti, San Felipe Pueblo, as well as a newly expanded and renovated location at Santo Domingo (Kewa) Pueblo.²⁴

Built on ancestral pueblo land, Santa Fe is a rich cultural center, hosting one of the largest Native arts show in the world, and the site of the Institute of American Indian Arts, the Santa Fe Indian School, and many Native galleries and museums. Santa Fe draws Alaskan Natives and other American Indian tribes from across the country. This provides challenges because a large percentage of American Indians living off their reservation homelands, coined “Urban Indians” are not included in the IHS facilities budget that is derived from the count of local Pueblo residents, and does not include funding from the originating tribes of those who have relocated to Santa Fe County. The undercount places a strain on existing limited resources. According to the Office of Minority Health, approximately 78% of American Indians do not reside on their home reservation, and only 1% of the IHS budget is allocated for Urban Indian Health.^{25, 26} The IHS has been historically underfunded. From 1998-2010, IHS was forced to operate on its 1998 budget, during a time when healthcare spending per capita more than doubled.¹⁴

It is no wonder the health outcomes for American Indians and Alaska Natives are poor. Across multiple indicators, American Indians

face the worst rates of health status, mortality, trauma, psychological distress, suicide, poverty, murdered and missing women, and utilization of health services.¹⁴ The American Indian population is dwindling, and every death in tribal communities is a threat to the existence of each pueblo nation, sovereignty, spiritual beliefs, environmental stewardship, and land ownership.



A focus group was held at the Santa Fe Indian Center to hear community member perspectives on the data indicators and the story behind that data in their own experiences. Identified barriers to service access included cost and lack of insurance coverage. The group also discussed the generational nature of risky behaviors. The challenges of supporting young people in promoting positive physical activities lie in the high cost of exercise equipment and lack of transportation. For those who suffer from addictions, detox services are limited and access to treatment is difficult because treatment facilities often require

sobriety before admission. Comorbidity, or the existence of multiple chronic diseases, was identified as a huge issue within this group, with an increase in the prevalence of major chronic diseases in these community members starting at younger ages. Feelings of hopelessness may exist when dealing with multiple issues, and the group reflected on the long-lasting effects of risky behaviors in creating chronic health conditions.

Across focus groups, participants consider poverty to be a major issue and contributor to food insecurity. Participants stated that often young people have to work to help contribute to paying bills and providing food for their families. Food insecurity, nutrition, obesity, diabetes and other health issues are discussed in the context of health and wellness and are understood as interconnected issues.

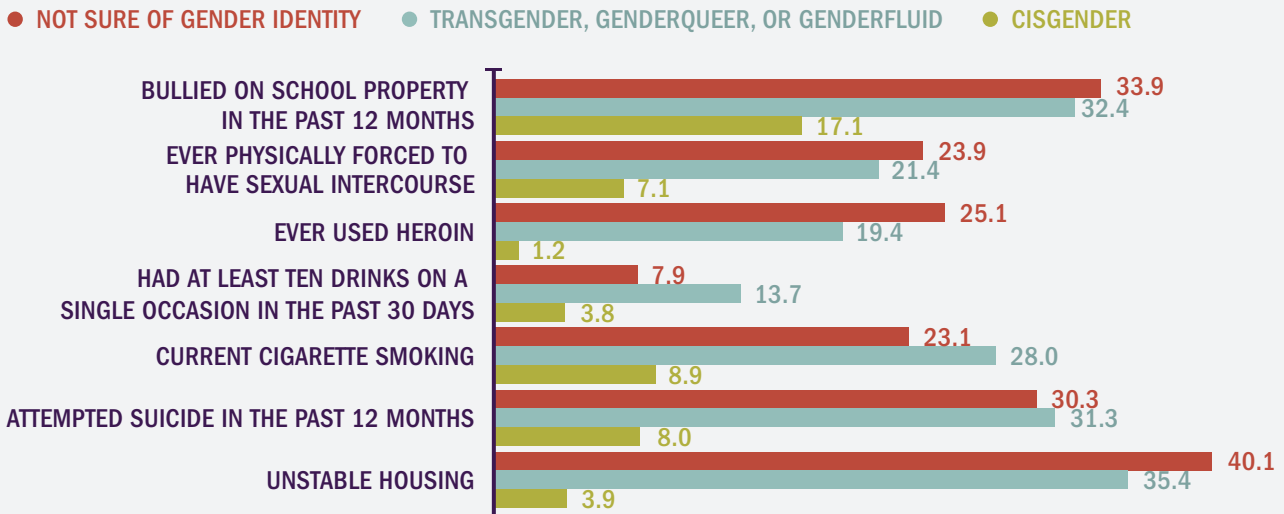
The Santa Fe Indian Center focus group highlighted assets of the respective communities. For instance, due to the cultural importance of elders, seniors do not tend to be isolated as in the non-Native community and have the protective factor of being cared for by their communities. The group also did not feel like prescription drug overdose was as big of an issue as it is for other communities. The Santa Fe Indian Center is connected with the Santa Fe Community Foundation's MoGro initiative, which provides vouchers for weekly shares of fresh produce at the Santa Fe Indian Health Service (IHS) Unit location. The SF Indian Center also provides emergency funding for community members who are at risk of becoming homeless.

LGBTQAI+ HEALTH

Staying current with the expanding vernacular that allows people to identify their sexual orientation and gender identity are important to an accurate understanding of the needs of every member of our community. The Lesbian, Gay, Bisexual, Transgender, Questioning/ Queer, Intersex, Asexual and other sexual identity or sexual orientation (LGBTQAI+) population experience significant inequity in health outcomes. Please note that sexual orientation refers to the sexual or romantic disposition of an individual, while gender identity is a person's internal experience of gender which may be male, female, both, or fluid. When a person's gender identity matches their assigned sex at birth the term for their gender identity is "Cisgender". A person may be transgender if their gender identity is different from their assigned sex at birth, and a person who experiences internal feelings of both genders may identify as "genderfluid". For more information and education on LGBTQAI+ terminology and how to be an ally please find one of the many resources online including the CDC <https://www.cdc.gov/lgbthealth/youth-resources.htm> or the Safe Zone Project <https://thesafezoneproject.com/resources/>.



RISK BEHAVIORS BY GENDER IDENTITY, GRADES 9–12



Source: *New Mexico Youth Risk and Resiliency Survey*

The health risks are greater for LGBTQAI+ youth than adults. The high school New Mexico Youth Risk and Resiliency Survey added a question on gender identity in 2017 to begin gathering data for this population. When crossed with risk behaviors, the survey results indicate higher likelihoods of risk factors among LGBTQAI+ youth than cisgender youth for: unstable housing, attempted suicide, current cigarette smoking, early drinking, use of heroin, and victims of forced sexual intercourse and bullying. Among students who responded as “not sure of gender identity,” unstable housing was much greater (40.1%) than among students who were cisgender (3.9%). In Santa Fe, about 3.9% of YRRS Survey respondents identified as transgender, genderfluid, or genderqueer, higher than the NM respondent rate of 3.1%, and likely much higher in actuality.

ADVERSE CHILDHOOD EXPERIENCES (ACES)

Adverse Childhood Experiences include the following events:

- Abuse: emotional, physical, sexual
- Neglect: emotional, physical
- Family Dysfunction: household substance use disorders, household mental illness, witnessed violence against a household member, parental separation or divorce, incarceration of a household member

The more ACEs a child experiences, the more likely they are to experience other negative consequences later in life including substance use, heart disease, interpersonal violence, depression, suicide, and early initiation of smoking, to name a few.^{27, 28, 29}

These experiences in childhood can interrupt brain development due to elevated stress hormones in the body and brain. When large quantities of the stress hormone cortisol continue to be produced over long periods of time, the young child’s brain becomes less able to respond to stressful social situations appropriately. These children become quick to anger, and less able to think rationally even in situations most people would not consider stressful.^{30, 31}

Trauma can play out over generations in numerous unlikely ways. For example,

- Grandmother - A person with 1-2 ACEs, such as child abuse or family violence has an increased likelihood of mental illness, substance issues, incarceration, teen pregnancy and school failure.
- Mother - The grandmother's child is at higher risk of child abuse or family violence, as well as having a parent with mental illness, substance use disorders or incarceration. With these added ACEs the person is more likely to live in poverty, engage in risky sexual behavior, participate in or witness violence in the community, and attempt suicide.
- Daughter - Her child now has an increased risk of child abuse, neglect, domestic violence, mental illness, substance use disorders, incarceration of a family member, and loss of a parent.

Adverse Childhood Experiences (ACES) are not always obvious in survivors therefore ACEs should be considered when working with people in health care, behavioral health or social service settings. Chronic diseases, mental illness, addictions, violence or other unhealthy behaviors may be linked to ACEs. Understanding ACES helps to link behaviors to something experienced by the individual rather than something that is wrong with the individual or is purely biological in nature.

HOUSING NEEDS

Housing has become a more persistent issue relative to the overall health of our community. Housing was raised as a concern throughout the focus groups, key informant surveys, and community conversations. In providing services to high utilizers of hospital care and people with behavioral health conditions, the lack of stable housing is a significant barrier to improved health status.

The City of Santa Fe has identified housing as a priority and is implementing the Built for Zero model to assess the current state of homelessness, housing services, and create a plan to address chronic homelessness in the city of Santa Fe. Housing needs that have been identified by housing groups in the community include expanded housing for the homeless, affordable housing for the spectrum from rentals to homeownership, low-income families, and the local workforce. A significant number of people who work in Santa Fe must commute from other areas for their jobs because the high price of housing meaning more people on the road and another increased risk for unintentional injury.

HIGH UTILIZER HEALTH

High utilizers of emergency or hospital services are amongst the most vulnerable people with the most complex health and social needs. These individuals utilize the CHRISTUS St. Vincent Emergency Department, 911 Emergency Dispatch, the Fire Department ambulance Emergency Medical Services, and the Santa Fe County Detention Center for episodic interventions versus getting help with a longer-term solution. They are likely to have co-occurring issues of severe mental illness, homelessness and addiction, and tend to be well-known by many. They stand out



as people who seem “beyond care” and often times appear impervious to assistance, or even disinterested in being helped.

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. Sitting 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 benefit is not realistic and may even damage these vulnerable individuals further by placing needed service right beyond their reach.

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. Addressing the needs of these individuals requires collaboration across the community with service providers and government resources.

It is to the benefit of the overall community to work together to improve efficiencies and effectiveness of the service delivery system. If a community comes together to create inclusiveness and reaches out to underserved populations through whatever means necessary, the whole community benefits.



MATERNAL HEALTH & EARLY CHILDHOOD >

**INDICATOR 1:
PRENATAL CARE IN
THE FIRST TRIMESTER**

**INDICATOR 2:
BABIES BORN WITH
LOW BIRTHWEIGHT**

**INDICATOR 3:
NEONATAL ABSTINENCE
SYNDROME**



MATERNAL HEALTH AND EARLY CHILDHOOD RESOURCES

New Vistas Early Childhood Development Program

505.471.1001

- Parenting education and support
- Family counseling
- Health services: Nutritional counseling
- Social work services
- Speech, physical and occupational therapy

Las Cumbres Community Services

505.955.0410

- Prenatal-age 3
- Home visiting
- Fatherhood programs
- Que Cute Healthy Babies Program

United Way of Santa Fe

505.819.0137

- Great Start Family Support: 0-4 weeks
- First Born Home Visiting: 3 home visits, 0-3 years
- Early Education and Pre-k program
- Parenting Classes

Young Fathers of Santa Fe

505.919.8109

- FREE Parenting Skills
- Life skills
- Spanish available

REPORT SUSPECTED CHILD ABUSE OR NEGLECT

Call #SAFE (#7233) from a cell phone

Or call 1-855-333-SAFE (7233)

Pull Together support line

1.800.691.9067

Call for advice on:

- Choosing a caregiver for your kids
- Caring for babies and toddlers
- Resources in your community
- Your child's self-esteem
- Bullying
- Gang involvement
- And more!

There are also many services and apps that you can use to track your baby's growth and development, find one that works for you and your family for extra support!



MATERNAL HEALTH & EARLY CHILDHOOD >

FLIP OVER FOR IMPORTANT RESOURCES FOR YOU AND YOUR FAMILY.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



MATERNAL HEALTH AND EARLY CHILDHOOD CHILDREN AGES 0-5 AND THEIR MOTHERS

PRENATAL CARE

65.9%
of Santa Fe pregnant women reported receiving prenatal care in the first trimester in 2017^{32, 33}

LOW BIRTHWEIGHT BABIES

13.0%
of Santa Fe babies were born with low birthweight (under 5.5lbs) in 2017^{32, 33}

NEONATAL ABSTINENCE SYNDROME

24.5
of Santa Fe babies were born with NAS per 1,000 in 2017³⁴

In 2017, 1,287 babies were born in Santa Fe County. The future health of our community begins with the health and wellbeing of the next generation. Pregnancy and the first year of life are key points in development and this critical time is an opportunity for health care providers, family, and community to support the wellbeing and healthy development of children and to foster nurturing families. A strong foundation for parents, babies, and families leads to healthier and more stable children, schools, and communities. Research has revealed that the first few months and years of babies' lives set the trajectory for their future learning, growth, health, and emotional development. Therefore, maternal and child health has risen as a priority in public investment. The State of New Mexico in 2019 passed new legislation establishing a state agency dedicated to Early Childhood and funding the Anna Age 8 Institute.

Poverty in the early years of a child's life has especially harmful effects on continuing healthy development and wellbeing including

developmental delays and infant mortality. Children born into poverty are less likely to have regular health care, proper nutrition and opportunities for mental stimulation and enrichment. In Santa Fe County, about 27% of children under the age of five live in poverty compared to 20% in the U.S.

Support for babies and families includes having access to affordable and compassionate prenatal care, services families might need for their new infant and other children, nutrition, and education on healthy brain development.

The three leading health indicators for pregnant women and young children are:

- Pregnant women receiving prenatal care in the first trimester
- Babies born prematurely and with low birthweight (under 5.5 lbs.)
- Babies born addicted to a drug and suffering withdrawals: Neonatal Abstinence Syndrome (NAS)



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



INDICATOR 1: PRENATAL CARE IN THE FIRST TRIMESTER

WHY IS THIS IMPORTANT?

For each of us, having a healthy life begins during our mother's pregnancy. One of the best ways to have a healthy baby is to get early and regular prenatal care. Prenatal care in the early phases of a pregnancy enhances the likelihood of having a healthy birthing experience and a healthy child.^{35, 36, 37} Prenatal care supports the wellbeing of mother and baby and helps identify and treat complications and promote healthy behaviors.^{35, 36, 37} Prenatal care visits can include important conversations with providers about the pregnancy, any questions that need to be answered, and can reduce the risk of complications throughout the pregnancy. Visits may include blood tests, physical exams, conversations about lifestyle, medication recommendations or corrections, and education about healthy eating and exercise that can support both the mother's and baby's

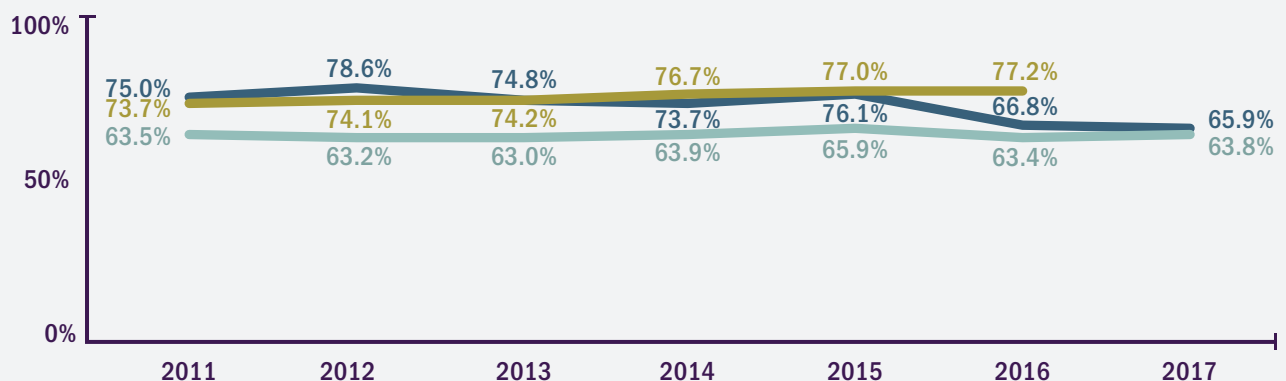
future health and wellbeing. Early prenatal care, especially with a first child, increases a woman's chances of having a healthy baby at full term.^{37, 38}

HOW ARE WE DOING?

Unfortunately, fewer women in Santa Fe are accessing prenatal care in the first trimester than in previous years. Santa Fe has hovered close to the national prevalence of prenatal care in the first trimester (75%) for many years but saw an undesirable reduction in 2016 to 66.8% and an even further reduction in 2017 to 65.9%. This is more than a 10% decrease from 2015 (77.0%) in documented prenatal care visits. Santa Fe County has maintained a higher percentage than New Mexico as a whole, staying around 64% since 2011. However, the recent downward trend puts us close to New Mexico's prevalence, and below the U.S. Healthy People 2020 goal to achieve 77.9% of all births from mothers who receive prenatal care early in their pregnancy.³⁹

PERCENTAGE RECEIVING PRENATAL CARE IN FIRST TRIMESTER

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



WHAT IS THE STORY BEHIND THE DATA?

New Mexico expanded Medicaid eligibility in 2014 under the Affordable Care Act renaming the program Centennial Care. This expansion allows medical coverage for residents with household incomes up to \$17,236 for a household of one adult, which is 138% of the Federal Poverty level. Coverage was also prioritized for pregnant women and expanded eligibility to pregnant women with a household income up to 250% of poverty, or a household income up to \$31,225.⁴⁰ The Medicaid expansion helped increase women’s access and ability to receive prenatal care, however barriers still exist. Community members tell us that the rural nature of our communities may prevent people from accessing prenatal care, and young maternal age is related to lower utilization of prenatal care. The table below shows that women in rural areas in New Mexico are less likely than women in urban areas to receive prenatal care. This is likely due to difficulties accessing services, including obstetrics availability, transportation and costs, as well as a shortage of services available and waitlists for the services that are available.



Other factors that limit access to prenatal care in the first trimester include education (including a desire to receive education electronically versus from a qualified provider), financial difficulties regardless of income, not knowing about the pregnancy, difficulty getting an initial appointment, transportation or undesired pregnancy.³⁷ Many community members tell us services are available, however, women who are undocumented are hesitant to seek care because of fear of deportation, lack of insurance, and other barriers such as lack of transportation to appointments.

	NEW MEXICO METROPOLITAN COUNTIES	NEW MEXICO MIXED URBAN-RURAL COUNTIES	NEW MEXICO RURAL COUNTIES
Percentage of women receiving prenatal care in the first trimester	66.8%	61.1%	60.8%

Source: New Mexico Bureau of Vital Records and Health Statistics, Birth Certificate Data



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



The graphs below demonstrate the disparities in access to prenatal care related to mother's educational level, race and ethnicity. Mothers with less than a high school degree are less likely to receive prenatal care than mothers with a

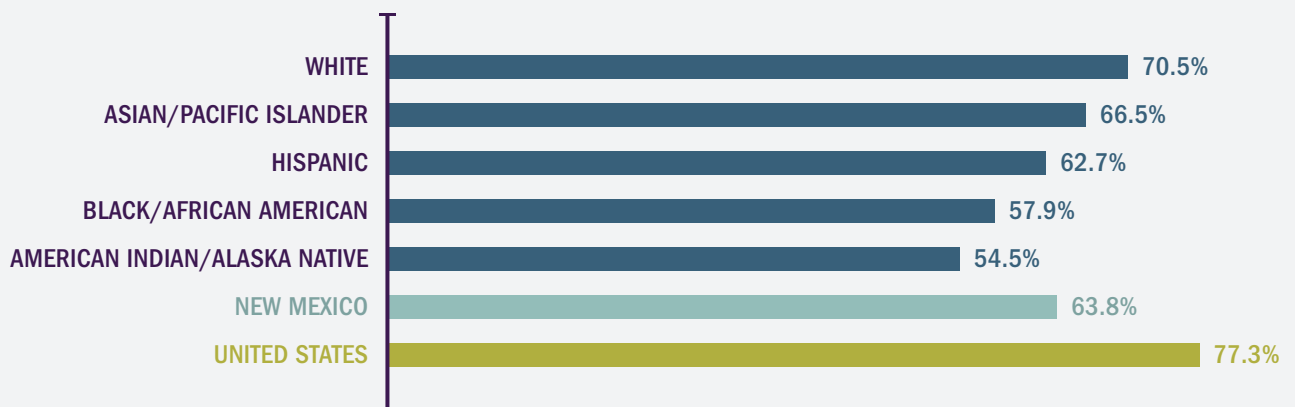
diploma or G.E.D. Non-Hispanic whites are more likely to receive prenatal care than any other ethnic group in New Mexico and at a rate higher than the rest of the state.

PERCENTAGE WITH FIRST TRIMESTER PRENATAL CARE, BY MOTHER'S EDUCATION LEVEL, NM-2017



Source: New Mexico Bureau of Vital Records and Health Statistics, Birth Certificate Data

PERCENTAGE WITH FIRST TRIMESTER PRENATAL CARE, BY RACE/ETHNICITY, NM-2017



Source: New Mexico Bureau of Vital Records and Health Statistics, Birth Certificate Data



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



INDICATOR 2: BABIES BORN WITH LOW BIRTHWEIGHT

WHY IS THIS IMPORTANT?

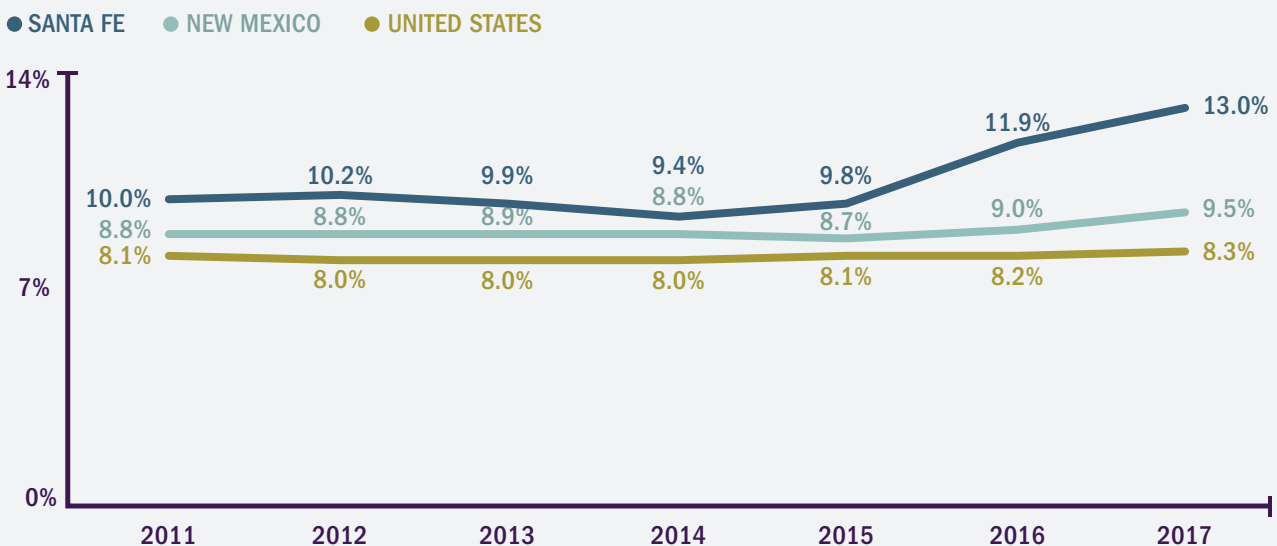
Newborns who are born too soon, too small, or who become sick are at the greatest risk of death and disability.⁴¹ Babies born under 5.5 pounds are at increased risk for health problems such as neurodevelopmental disabilities, respiratory disorders, and can have lifelong issues with social functioning, behavioral health and more.^{41, 42} Risk factors linked to low birthweight include the age of the mother, especially women under 16 or over 40, lack of prenatal care, social disadvantage, maternal stress, smoking, environmental pollution in the home or outside, lack of weight gain during pregnancy, and alcohol or drug use by the mother during pregnancy.^{43, 44, 45} However, low birthweight is usually the outcome of multiple maternal factors including

genetics—New Mexico is one of the 7 shortest states in the U.S. for men and three shortest states for women.⁴⁶ Our focus is on preventable prematurity and low birthweight.

HOW ARE WE DOING?

Most babies born in Santa Fe and the rest of New Mexico are born at a healthy weight. However, in 2017, 13.0% (n=156) of the babies born in Santa Fe had low birthweight (under 5.5lbs). This has been steadily getting worse since 2014 when 9.4% of babies were low birthweight. With high quality care, low birthweight babies are likely to thrive and grow up healthy. CSV provides intensive newborn care to babies born with low birth weight and other complications, including advanced feeding support, assisted ventilation, and other specialized care provided to babies with special needs.

LOW BIRTHWEIGHT BABIES, BORN UNDER 5.5 LBS, INCLUDES MULTIPLE BIRTHS



Source: New Mexico Bureau of Vital Records and Health Statistics, Birth Certificate Data



ADULT PHYSICAL
HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



WHAT IS THE STORY BEHIND THE DATA?

Across the different focus groups, and despite our State's Medicaid expansion, access to early prenatal care can be more limited for people who are already struggling to pay their bills or hold down a job. Access to healthy food may not be available to fully nurture a pregnant woman. Other issues that impact low birthweight include the use of substances and smoking during pregnancy. The increasing use of e-cigarettes, although the health consequences are not clear for pregnant women and their children, traditional cigarettes do increase chances of low birthweight.⁴⁷ Opioid use during pregnancy is another issue. Neonatal Abstinence Syndrome (NAS) is on the rise and is associated with low birth weight.⁴⁸ Gestational diabetes is an increased concern for Native Americans because they experience social inequities that cause a higher prevalence of diabetes. Gestational diabetes among Native Americans is higher (17.8%) than Hispanics (10.6%), Whites (4.8%), or other race/ethnicities (13.0%).⁴⁹ However, in New Mexico, in 2017 American Indians and Alaska Natives had the lowest percentage, across race or ethnicity categories, of babies born with low birthweight (8.8%).⁵⁰ It is the African American community in New Mexico that experiences a disproportionate impact of low birthweight babies with 16.7% of babies born under 5.5 pounds.

INDICATOR 3: NEONATAL ABSTINENCE SYNDROME

WHY IS THIS IMPORTANT?

Neonatal Abstinence Syndrome (NAS) is the condition babies endure when they are born addicted to a drug and suffer withdrawal. In Santa Fe, this is most often related to use of opioids (heroin or prescription painkillers) or other drugs by the mother during pregnancy. Babies born with NAS are at heightened risk of being born with low birthweight and jaundice, often requiring intensive care.^{51, 52, 48, 53} They may have signs and symptoms such as problems breathing, sleeping and feeding, excessive crying, body shakes and seizures, an unhealthy attachment to caregivers, and fever.⁵¹ As they grow older, children who experience NAS may have developmental problems with speech, language, hearing loss, and learning. They may need early intervention services to help them walk, talk and interact with others.^{54, 55}





MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



HOW ARE WE DOING?

Neonatal Abstinence Syndrome (NAS) has rapidly increased from 7.6 babies born per 1,000 live births in 2013, to 24.5 in 2017. Neonatal Abstinence Syndrome diagnoses in the United States has increased 380% from 1999 to 2013.⁴⁸ Although these increases follow the national trend, NAS is a serious concern for Santa Fe and New Mexico, especially given the prevalence of substance abuse and drug overdose deaths throughout the state.

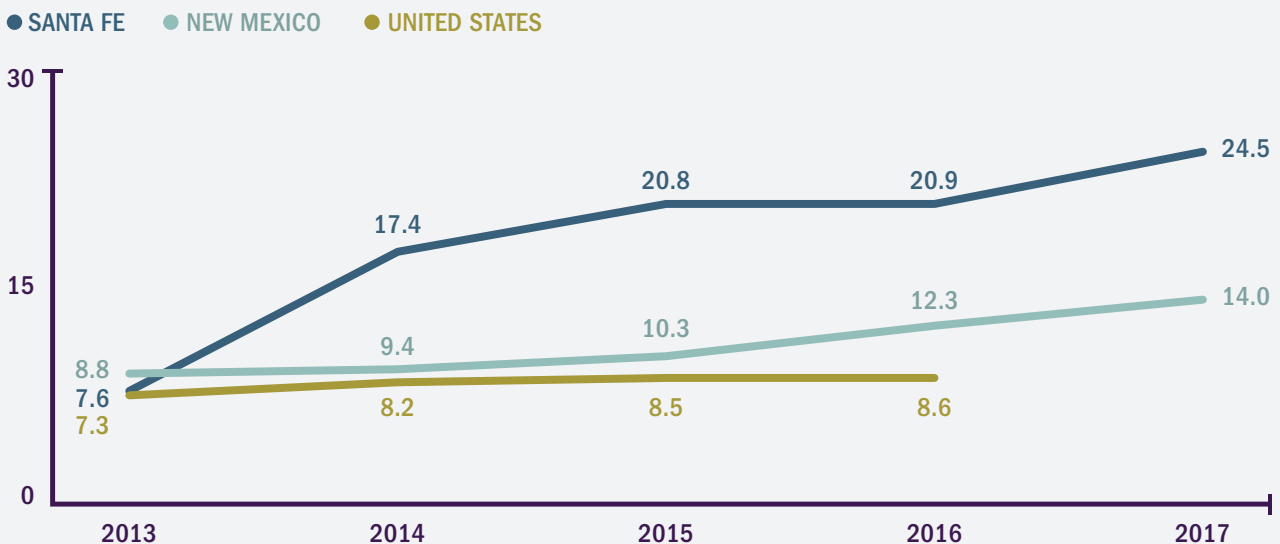
accessibility to treatment services, especially for pregnant women, could help reduce NAS. Women who are misusing substances may be less likely to seek prenatal care which can lead to additional complications with the pregnancy. Other factors that may be preventing women using substances from getting treatment or prenatal care are perceptions or experiences of stigma and feelings of guilt and fear.⁵⁶

WHAT IS THE STORY BEHIND THE DATA?

The misuse of substances, including prescribed medications, and problematic substance use including the use of illicit drugs while pregnant are risk factors for complications during pregnancy and NAS.⁵³ The prevalence of substance use in Santa Fe County is one reason NAS may be on the rise. Focus group participants believe that increasing ease and

If you or someone you know is struggling with substance use and has recently discovered, they are pregnant please contact **LA FAMILIA MEDICAL CENTER** to discuss the Medically Assisted Treatment program for pregnant women funded by CSV Community Benefit for compassionate, specialized prenatal care.

NEONATAL ABSTINENCE SYNDROME (NAS), RATE PER 1,000 LIVE BIRTHS



Source: New Mexico Hospitalization Inpatient and Discharge Database (HIDD)



SCHOOL-AGE CHILDREN & ADOLESCENTS >

**INDICATOR 1:
ADOLESCENT DEPRESSION
AND SUICIDE ATTEMPTS**

**INDICATOR 2:
ADOLESCENT OBESITY**

**INDICATOR 3:
RESILIENCE**



SCHOOL-AGE CHILDREN AND ADOLESCENTS RESOURCES

National Suicide Prevention
1.800.273.8255
24/7-365 days a year

**New Mexico Crisis and Access Line Text
or Talk Line 1.855.NMCRISIS (662-7474)**

Spanish Suicide Prevention Hotline
1.800.784.2432

A BLOG SPECIFICALLY DESIGNED FOR YOUTH:
<https://youmatter.suicidepreventionlifeline.org/>

Sky Center 505.473.6191
Free counseling for youth and families

GERARD'S HOUSE 505.424.1800
For grieving children, teens and families

Youth Shelters and Families Services
505.983.0586

Teen Parent Center 505.467.2827

Teen Health Centers 505.988.9821
Santa Fe High school 505.467.2439
Capital High school 505.467.1081

Big Brothers/Big Sisters 505.983.8360

PMS Community Wellness Center
505.986.9633

TIPS FOR BUILDING RESILIENCY IN YOUTH:
[https://youth.gov/youth-topics/substance-abuse/
risk-and-protective-factors-substance-use-abuse-
and-dependence](https://youth.gov/youth-topics/substance-abuse/risk-and-protective-factors-substance-use-abuse-and-dependence)



SCHOOL-AGE CHILDREN & ADOLESCENTS >

FLIP OVER FOR IMPORTANT RESOURCES FOR YOU AND YOUR FAMILY.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



SCHOOL-AGE CHILDREN AND ADOLESCENTS

CHILDREN AND YOUTH AGES 6-18

DEPRESSION

39.8%

of Santa Fe high school students reported feeling sad or hopeless for more than two weeks in 2017⁵⁷

SUICIDE

8.8%

of Santa Fe high school students reported attempting suicide in 2017⁵⁷

OBESITY

14.6%

of Santa Fe high school students are obese in 2017⁵⁷

RESILIENCY

72.5%

of Santa Fe high school students reported having a teacher or other adult who believes they will be a success in 2017⁵⁷

Each stage of human development is essential in building social, physical, and emotional health and wellbeing. Young children and adolescents develop behavior patterns that inform the rest of their lives. Youth are an important asset to our community and our young people deserve to grow and live healthy, active, fulfilling lives. Our community can create an environment where children and adolescents thrive with access to healthy and delicious foods, safe and stable places to live, and are surrounded by peers and adults who support and believe in them. Youth flourish when they learn meaningful skills, are given opportunities to use them, and are recognized by others for applying those skills as they transition into adulthood.⁵⁸

Unfortunately, some youth in our community do not have equal access to protective factors like these. We are seeing troubling increases

in suicide attempts and depression, obesity, and other factors that make it more difficult for youth to flourish. These conditions can influence youth behaviors, unhealthy choices, and risk taking. Beyond the stage of adolescence, these conditions can lead to lifelong issues and negative health outcomes. Obesity increases the risk for chronic diseases such as heart disease and diabetes, and chronic mental illness.⁵⁹

The three leading indicators for Children and Adolescents include:

- Adolescent depression and suicide attempts
- Obesity amongst adolescents
- Resiliency, as measured by the percentage of adolescents who have a teacher or other adult who believes they will be a success



ADULT PHYSICAL
HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



INDICATOR 1: ADOLESCENT DEPRESSION AND SUICIDE ATTEMPTS

WHY IS THIS IMPORTANT?

Young people represent the future of our community. During the adolescent stage of development many patterns can be formed that impact lifelong health and wellbeing. Chronic health conditions, including mental illness such as depression, can begin in adolescents and early interventions can dramatically improve outcomes. Causes of mental illness are usually due to complex interactions between a person's genes and their environment. Studies indicate social inequities, such as discrimination and poverty, are related to developing mental illness.⁶⁰ Mental instability makes everyday life difficult, such as work, school, and socializing.⁶¹ Community members report that cultural differences often influence whether or not mental illness is viewed as personal weakness or a medical condition, and that conversations about suicide are often avoided. The community believes stigma prevents people from seeking help for mental illness and that there is little value placed on going to a therapist or counselor. National studies back this up.⁶²

“ There is stigma around getting help. You are looked at as emotionally weak or fragile.

-Focus group participant at Santa Fe Teen Court

HOW ARE WE DOING?

In the last Youth Risk & Resiliency Survey (YRRS, 2017), Santa Fe County high school students reported increases in feeling so sad or hopeless in the past year that it kept them from doing regular activities. This is an indication of depression which can lead to suicide. A troubling prevalence of self-reported suicide attempts among youth (8.8%) indicates the severity and the risk our young people face when depression is unrecognized and untreated. CSV's Emergency Department regularly takes care of youth who have attempted or are thinking about and planning suicide.

KNOW THE WARNING SIGNS:

Warning signs of depression aren't always obvious, but more common symptoms include: persistent irritability, anger, or social withdrawal, as well as major changes in appetite or sleep.³ Asking someone if they are thinking about suicide does NOT increase their likelihood of following through with the act. In fact, opening the door for a conversation about their feelings and what is going on in their life can prevent suicide and save lives.⁴



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS

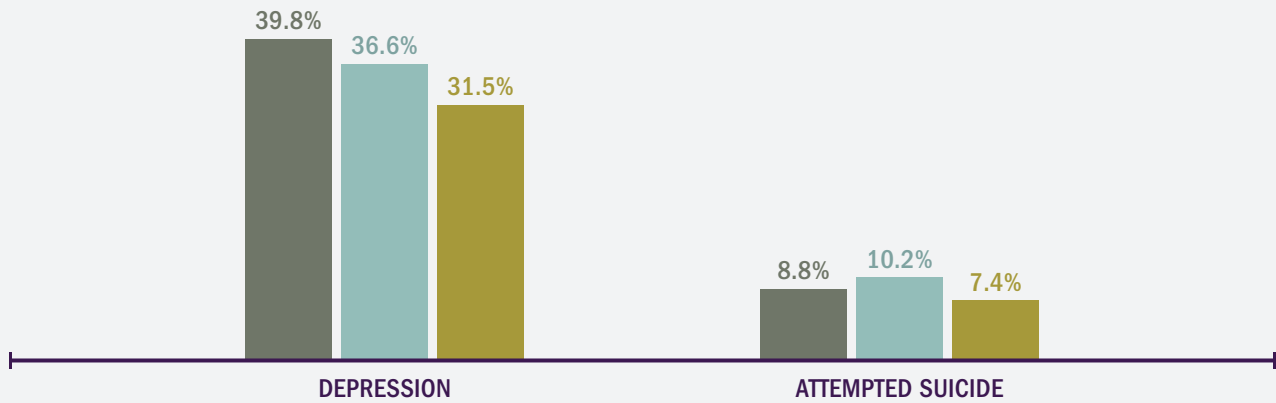


ADULT BEHAVIORAL HEALTH



ADOLESCENT DEPRESSION AND SUICIDE ATTEMPTS, 2017

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: *New Mexico Youth Risk and Resiliency Survey*

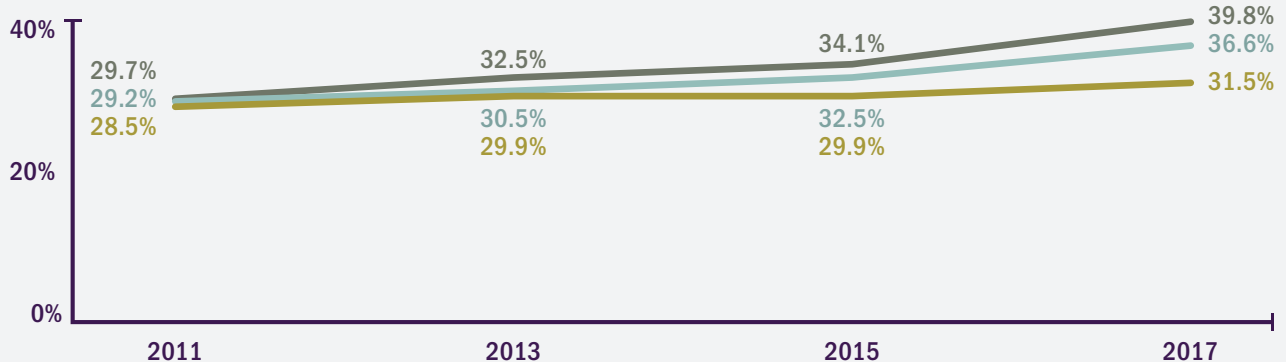
Santa Fe County high school students report a higher prevalence of depression (39.8%) compared to New Mexico (26.6%) and the U.S. (31.5%). When youth report feeling so sad or hopeless that it keeps them from doing usual activities, it is a sign that they may be struggling with depression. Depression is closely linked

with suicide attempts. Almost 9% of Santa Fe youth (8.8%) self-reported attempting suicide in the past 12 months.

Focus group participants suggest that talking about stress and mental wellness in the context of physical health allows for more understanding about the role of mental

ADOLESCENT DEPRESSION INCREASES STEADILY, PERCENTAGE WHO SAID THEY FELT SAD OR HOPELESS FOR MORE THAN 2 WEEKS IN A ROW IN THE PAST YEAR

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: *New Mexico Youth Risk and Resiliency Survey*



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



health and less stigmatization. Simple stress-management coping skills such as deep breathing, turning off electronic devices, imagery of a relaxing place or soothing person,

or muscle relaxation techniques can be taught in the school or home to help young people calm down and think things through before reacting. Youth who learn stress-management coping skills show increased resiliency according to the focus group participants.

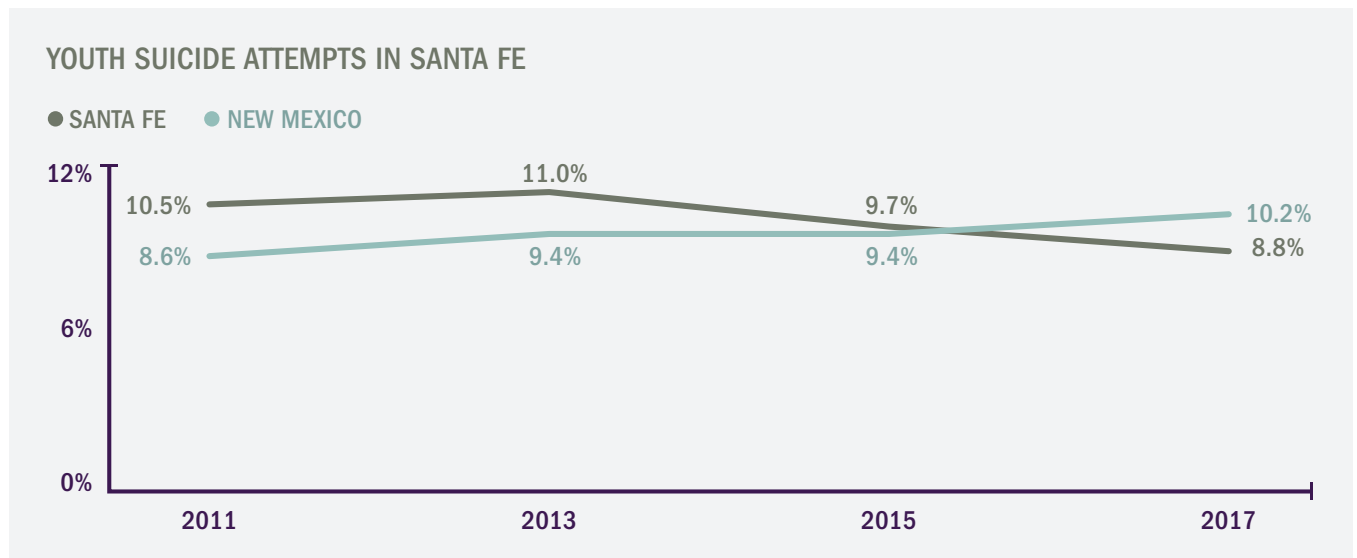
Females are more likely to report feeling sad or hopeless, engaging in non-suicidal self-injury, and making a suicide plan among high school students in Santa Fe County.

HIGH SCHOOL FEMALES	HIGH SCHOOL MALES
Felt Sad or Hopeless	
40.2%	30.5%
Self-Harm Cutting	
40.2%	30.5%
Made a suicide plan	
16.5%	12.8%

WHAT IS THE STORY BEHIND THE DATA?

The first generation of digital natives are now teens and while they all love the connectedness and access to information (including on health topics like pregnancy or tips to help overcome depression) from their devices, they feel pressure to be liked or project a great life. They may feel judged by “likes.” They may exchange in risky behavior such as using social media to exchange explicit and inappropriate

Source: *New Mexico Youth Risk and Resiliency Survey*



Source: *New Mexico Youth Risk and Resiliency Survey*



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



photographs, seek online friendships, experience cyberbullying, and may lack sleep due to staying up all night on their phone or computer. Though there are also positives, it is a factor cited in increase in anxiety, especially for girls.^{63, 64, 65, 66, 67}

Community members felt that substance use plays an integral role in the mental health and well-being of young people. Substance use is often thought of as an underlying issue, and youth reported in focus groups that substances like alcohol, marijuana, and e-cigarettes, are readily available to them and substance use may also be used as a coping mechanism for mental health issues, including depression and anxiety.

Youth tell us that self-harm is a major issue in our community, and that young people who are struggling with depression or anxiety who do not self-harm use drugs instead. They shared information on cutting, a common type of self-harm. Cutting is the deliberate act of harming your own body using a sharp object

“ It is not as serious as suicide attempts, but I know a lot of people who self-harm as a result of the stress, as self-coping.

-Youth focus group participant

to make small superficial injuries that typically heal quickly. It is often a response to emotional pain and is a way to cope with those feelings, intense anger or frustration. Youth Risk and Resiliency Survey (YRRS) data for Santa Fe County indicate 19.7% of high school students report engaging in non-suicidal self-injury (2017).

Adults in focus groups express concern that social isolation for youth is linked with obesity, depression, and suicide. Youth mention the lack of activities for young people in the places where they live and attend school, including the lack of free or inexpensive activities, which can have an isolating effect. Teen focus group participants discuss the pressures they feel to perform and test well. They also mention pressure from family and friends increases stress and that achieving balance is a struggle. In many cases both parents are working, and youth sometimes feel isolated because they have more time alone, less quality family time, and fewer homemade meals.

Firearms are the leading mechanism for suicide, so if you or someone you know is struggling, be sure to remove guns from the home or have them securely locked.



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



INDICATOR 2: ADOLESCENT OBESITY

WHY IS THIS IMPORTANT?

Adolescents affected by obesity are at an increased risk for impaired glucose tolerance which can lead to Type 2 diabetes, cardiovascular disease in adulthood, hypertension and high blood pressure, among other complications.^{68, 69} Females who are obese during adolescents face increased reproductive and gynecologic health risks as well as psychological challenges including low self-esteem, distorted body image and strained peer relationships.^{70, 71, 72, 73} Healthy eating habits and physical activity can help prevent obesity.

HOW ARE WE DOING?

Obesity among Santa Fe County high school students has increased from 11.2% in 2015 to 14.6% in 2017. Almost 15 out of every 100 teenagers in Santa Fe are considered obese. Obesity for adolescents is calculated by dividing their self-reported weight (in kilograms) by the square of their height (in meters) to create a Body Mass Index (BMI) score. Students who score in the 95th percentile are considered obese. This is not a precise measurement but gives us a good indication of students who may be overweight and at risk of other health issues.

Obesity among adolescents in Santa Fe is similar to the rest of the U.S. (14.0%). YRRS data indicate youth are eating fewer servings of fruits and vegetables, which may be contributing to increases in obesity.



In 2013 28.0% of high school students report eating five or more servings of fruit/vegetables each day, in 2015 it decreased to 19.6% and down to 18.4% in 2017.



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



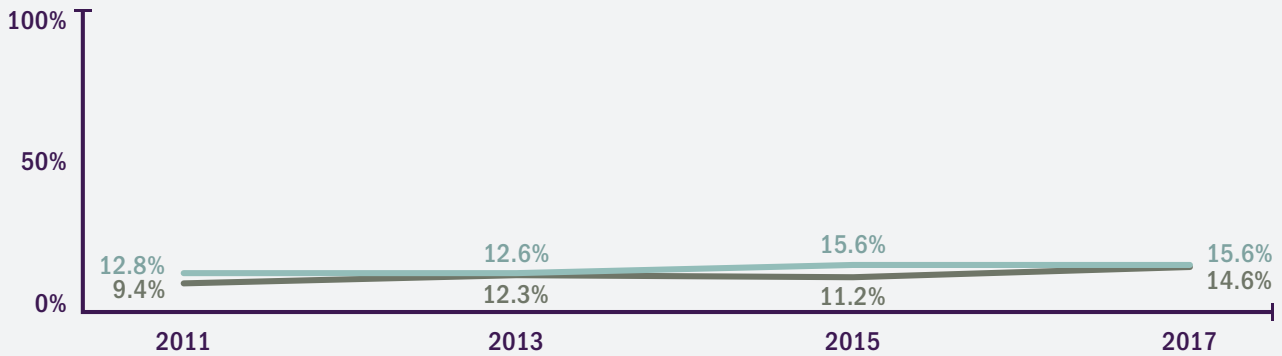
ADULT BEHAVIORAL
HEALTH



ADOLESCENT OBESITY

Percentage With A BMI 30+ Based on Self-Reported Height and Weight

● SANTA FE ● NEW MEXICO



Source: *New Mexico Youth Risk and Resiliency Survey*

WHAT IS THE STORY BEHIND THE DATA?

Community members see a link between poverty and eating unhealthy foods, including fast food, which is less expensive, easily accessible, and may be connected to obesity. Our community also has “food deserts” where residents do not have access to affordable fresh and nutritious foods like fruits, vegetables, and whole grains. Teens and other community members mention families having limited time to prepare home-cooked meals because both parents are working, sometimes multiple jobs, leading to frequent consumption of fast food and pre-prepared pre-packaged foods. Some barriers that were identified by focus groups that keep youth from participating in physical activities like sports include the cost of

equipment and uniforms. Participation is even less likely if it requires a membership to the gym or facility. These costs can be limiting for families with low-incomes, limited transportation, or those experiencing financial hardships.

INDICATOR 3: RESILIENCE

YOUTH WHO HAVE A TEACHER OR OTHER ADULT WHO BELIEVES THEY WILL BE A SUCCESS

WHY IS THIS IMPORTANT?

Resiliency helps buffer young people from negative situations or conditions.^{74, 75} Youth in Santa Fe who report having a teacher or other adult who believes they will be a success are less likely to be involved in physical fighting, skipping school, being bullied, attempting suicide or using substances like cigarettes, alcohol, and other drugs.⁵⁷ Caring adults can

“**Parents who are working might not have the time to make healthier meals for their kids.**

-Youth focus group participant



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



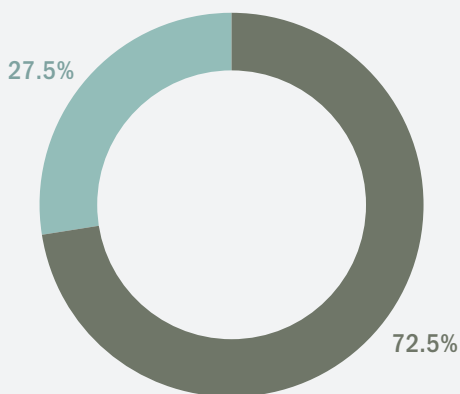
add to the resiliency of children and youth by engaging in supporting them, expressing care and concern for their wellbeing, and letting them know they believe in their success.

HOW ARE WE DOING?

Most Santa Fe youth (72.5%) say they have an adult, outside of the home, who believes in them. However, the percentage has reduced slightly since 2015 when 76.5% reported this to be very much or even a little true. We are not able to compare this indicator with the U.S. because other states do not collect resiliency measures. Santa Fe has slightly lower resiliency than New Mexico where 75.5% report having a teacher or other adult who believes they will be a success.

SANTA FE YOUTH HAVE A TEACHER OR OTHER ADULT WHO BELIEVES THEY WILL BE A SUCCESS

● VERY MUCH, PRETTY MUCH, OR A LITTLE TRUE ● NOT TRUE



Source: New Mexico Youth Risk and Resiliency Survey

WHAT IS THE STORY BEHIND THE DATA?

Most youth in our focus group reported they have an adult they can talk to or trust with difficult issues. However, some say they feel teachers do not have the time or freedom to spend as much one-on-one time with students. They perceive that the majority of teachers' time is dedicated to students who are college bound, so other students often get left out. Youth are concerned that teachers, school counselors or school staff would not maintain confidentiality with their parents or other school administration if they have more serious issues. Confidentiality is a further concern when seeking counseling because it is easy for students to find out who is going to see the counselor. Youth and adults both reflected on the impact on relationships in cross-generational communication due to expanded use of technology, social media, and texting. Santa Fe County participated in an Opportunity Youth Survey to capture youth risk and resiliency data among "disconnected youth." These are youth who may not be in school or working. They are young people with high amounts of housing instability (36%), who report not having enough food to eat (41%), lack health insurance (50%), are LGBTQAI+ (28.7%), and 8.5% are transgender/gender non-conforming. Youth who are considered disconnected are more likely to be victimized, and either engaged in or exposed to high risk behaviors and situations.



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



RECONNECTING YOUTH WITH HIGH RISK FACTORS 2017 RECONNECTING YOUTH SURVEY – SANTA FE			
	DISCONNECTED YOUTH (AGES 14-18)	CONNECTED YOUTH (AGES 14-18)	YRRS HIGH SCHOOL
Seriously Considered Suicide	33.3%	31.9%	16.5%
Attempted Suicide	17.5%	12.1%	9.4%
Ever Physically Forced to Have Sex	26.3%	20.7%	7.3%
Binge Drinking	53.9%	37.9%	14.6%
Marijuana Use	71.3%	56.0%	25.3%
Heroin Use	20.0%	7.8%	2.8%

Source: *New Mexico Youth Risk and Resiliency Survey*

WAYS TO BUILD RESILIENCY

Parents and other adults involved in the lives of youth can help build resiliency in youth.

Following are tips:

- Have clear, consistent, rules about what youth can and cannot do at school and at home.
- Turn off electronics for quality time and bedtime.
- Honor your commitments to youth by following through on actions and promises (Don't make promises you can't keep).
- Support programs, teachers, students, and staff who strive to make school the safest and best part of each student's day.
- Ask young people about their interests and encourage them to think about going to college or technical school after they graduate high school.
- Tell youth you believe in them and their ability to reach their goals.
- Show interest in young people's schoolwork.
- Encourage youth to pursue their interests and get involved in drama, debate, art, music, math league, sports, social clubs, or other hobbies and areas of interest.
- Give youth opportunities to use their skills and recognize them for trying. Help them understand that making mistakes is acceptable and provides essential learning opportunities.



ADULT BEHAVIORAL HEALTH >

**INDICATOR 1:
DRUG OVERDOSE DEATHS**

**INDICATOR 2:
ALCOHOL-RELATED DEATHS**

**INDICATOR 3:
DEPRESSION AND
SUICIDE DEATHS**

ADULT BEHAVIOR HEALTH RESOURCES

DETOX FACILITIES

Santa Fe Recovery Center Detox
505.471.4985 (Non-Medical Detox)
• \$10 UA Fee
• Must not be on benzos, opiates, or methadone

Albuquerque- MATS 505.468.1550
• Medical Detox
• Must be a resident of Bernalillo Co. or report homelessness

Central Desert Behavioral Health
505.243.3387
• Medical Detox-55 yrs. +

INPATIENT TREATMENT PROGRAMS

Santa Fe Recovery
505.471.4985 (Non-medical)
• 30 Days
• Must bring 30-day supply of medications

Albuquerque Turquoise Lodge
505.841.8978
• Must have qualifying diagnosis
(Pregnancy & HIV + status given priority)

Rio Rancho-Four Winds 505.702.8547
• 30-90 Days
• Application online

Espanola Hoy Recovery
505.753.2203
• 30-90 Days
Patient must call to complete phone interview

NATIVE AMERICAN TREATMENT SERVICES

Espanola New Moon Lodge
505.852.2788
• Must be Native American

Silver City Yucca Lodge
575.537.8825
• Must be Native American

OUTPATIENT TREATMENT PROGRAMS

Santa Fe Recovery Center
505.471.4985

The Life Link 505.438.0010

Alcoholics Anonymous 505.982.8932

Cocaine Anonymous (24 hr.)
505.344.9828

MEDICATION ASSISTED TREATMENT PROVIDERS

CSV Outpatient Behavioral Health
505.913.5540

Presbyterian Medical Services
• Adults—Santa Fe Community
Guidance Center 505.986.9633

Adolescents—Wellness Center
505.471.5006

**New Mexico Treatment Services
(Methadone Clinic)**
505.982.2129

New Mexico Medicinal Cannabis Program
505.827.2321
• Application Online

SUICIDE PREVENTION

Crisis Response Hotline
505.820.6333

Suicide Prevention Lifeline
1.800.273.8255

**National Spanish-language Suicide
Hotline** 1.800.784.2432

New Mexico Suicide-Prevention Hotline
1.866.435.7166

**Sky Center—Suicide prevention
and educational outreach.**
505.473.6191

SHELTERS AND EMERGENCY HOUSING

St. Elizabeth's Shelter for Men
505.982.6611
• Must be sober

Casa Familia for Women and Children
505.983.2042
• Must be sober

**Interfaith Community Shelter at Pete's
Place** 505.795.7494
• Wet shelter; open to women year-round and men in the winter

**Esperanza Shelter for Victims of
Domestic Violence** 505.474.5536

LONG TERM HOUSING SUPPORT

The Life Link 505.438.0010
• Must have 12 months documented homelessness to qualify for HUD housing voucher
• Walk in intakes Mon-Fri to initiate services

Casa Cerrillos 505)471.3456
• Must have 12 months documented homelessness to qualify for HUD housing voucher

Casa Milagro 505.474.7684
• Must have 12 months documented homelessness to qualify for HUD housing voucher
• Community living with other residents up to 1 yr. with supportive case management
• Must be sober 6+ months

Jimmy Velarde House 505.983-7153
• BH Group Home

DEPRESSION SCREENING: Might you or someone you know need help?

Take this quiz to find out: Mental Health America's Depression Screen
<https://screening.mentalhealthamerica.net/screening-tools/depression>



ADULT BEHAVIORAL HEALTH >

FLIP OVER FOR IMPORTANT RESOURCES FOR YOU AND YOUR FAMILY.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH

ADULT BEHAVIORAL HEALTH

DRUG OVERDOSE

27.2
per 100,000 deaths in Santa Fe County are drug overdoses ^{33, 76, 77}

ALCOHOL-RELATED DEATH

57.8
per 100,000 deaths in Santa Fe County are alcohol-related ^{33, 76, 77}

SUICIDE

26.9
per 100,000 deaths in Santa Fe County are suicides^{33, 76, 77}

The term behavioral health includes mental illness and substance use disorders and addictions. Behavioral health issues are common and can affect people from any background, age, and life circumstance. People can experience immediate, temporary, recurrent, or severe behavioral health issues. For example, someone could experience a life event, such as the loss of a loved one, which may lead to depression and interfere with daily functioning for a period of time. There are immediate situations, which need to be addressed and stabilized as well as more severe chronic behavioral health conditions which indefinitely impact or limit functioning in daily life activities. For people who suffer from severe mental illness their condition can be exacerbated by long-term medication use, such as, complex schizophrenic psychosis with associated deterioration of physical and mental abilities due to long term medication use. Behavioral health is equally important to individual, family and community health and wellness as physical health in maintaining

healthy relationships, adapting to change, and the ability to live fulfilling lives. Mental illness is comprised of all diagnosable mental disorders and health conditions which have significant impact on thinking, emotion, or behavior, and cause distress and problems with day to day functioning. Disorders include alcohol-misuse, drug addictions, eating disorders, mild depression, post-traumatic stress disorder (PTSD), or serious mental illnesses like schizophrenia.⁷⁸ Supporting behavioral health promotes overall well-being by preventing or intervening in mental illness, substance use disorders and addictions.

The Centers for Disease Control estimates that 50% of all Americans will experience a mental disorder or mental illness at some point in their lifetime.⁷⁹ Research shows close to half of the people who experience a mental illness will also experience a substance use disorder.^{80, 81} The mortality indicators prioritized are often considered long-term consequences or problems related to these underlying issues. For example, suicide is a



ADULT PHYSICAL
HEALTH



WOMEN'S HEALTH



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priority area and depression and anxiety are often precursors to suicide. Alcohol-related deaths are often the consequence of binge drinking, chronic heavy drinking, and other risky substance use behaviors including Driving Under the Influence (DUI). It is important to consider the ripple effects of mental illness and substance use disorders on families and the community. For example, children who grow up with a caregiver who has an untreated mental illness or who abuses substances may experience and develop symptoms of trauma, which can increase risk for health and behavioral consequences later in life.

WHAT YOU NEED TO KNOW ABOUT TRAUMA

Trauma can be from one event, a series of events, or circumstances that have lasting adverse effects on physical, social, emotional or spiritual well-being. When someone experiences trauma there are many ways we react to it, crying, laughter, isolation, and more. Our reactions are not always what you might expect.

The three priorities for Adult Behavioral Health include:

- Drug overdose death
- Alcohol-related death which includes injuries, motor vehicle crashes, chronic disease, and poisoning
- Depression and suicide deaths for adults

INDICATOR 1: DRUG OVERDOSE DEATHS

WHY IS THIS IMPORTANT?

Drug misuse has many repercussions in our community, including crime, relational stress and violence, job instability, and sometimes life-long struggles with addiction. Drug use is associated with other short and long-term societal problems including crime, violence, homelessness, loss of productivity, and the spread of bloodborne diseases such as HIV and hepatitis.⁸² Children whose parents or caregivers use substances are at increased risk for substance misuse, medical problems, psychosocial, and behavioral problems.⁵¹

HOW ARE WE DOING?

For decades New Mexico has had a higher drug overdose death rate than the rest of the nation, and Santa Fe's drug overdose death rate (27.2 per 100,000) is even higher than New Mexico (24.6). Our overall state overdose death rate has not changed over the past three years, staying close to 24.6 deaths per 100,000. Although we saw a reduction in drug overdose deaths in Santa Fe in 2017. (27.2 per 100,000), Santa Fe is still slightly higher than New Mexico (24.6) and much higher than the U.S. (19.8). Our state has ranked highest in drug overdose rates in the nation for many years and has fallen in the rankings the last few years largely because overdoses on the east coast and in Appalachia have increased rapidly. Overdoses in those regions have been driven by Fentanyl, a very powerful synthetic opioid which did not enter the market in New Mexico as early as in other states. However, Fentanyl is now being linked to local overdoses and has been seized in Santa Fe and other parts of New Mexico.



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS

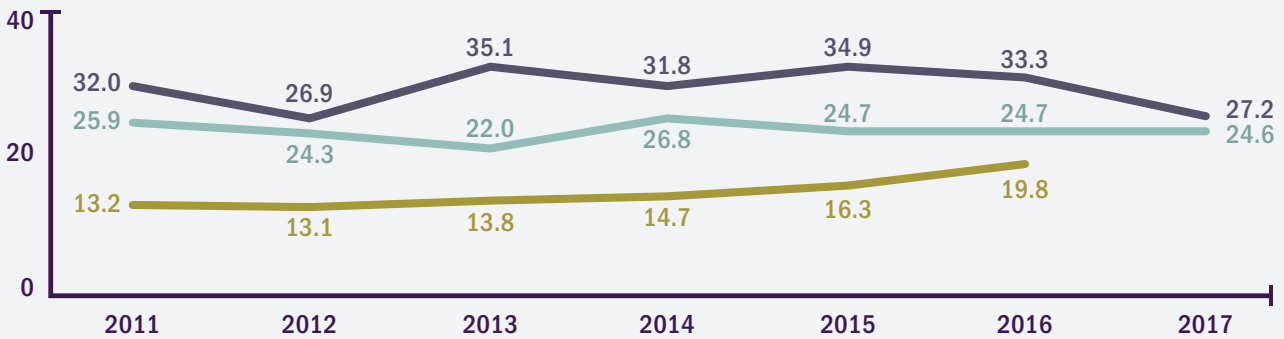


ADULT BEHAVIORAL
HEALTH



DRUG OVERDOSE DEATHS

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS

WHAT IS THE STORY BEHIND THE DATA?

Traumatic experiences, including Adverse Childhood Experiences, are associated with substance use disorders. Community members tell us they believe substance use is often a coping mechanism for mental health problems, a way of self-medicating. Drug overdose deaths heavily impact those in prime working ages (age 23 to 44). The sudden and premature loss of life causes grief and loss for individuals and families impacted directly, as well as economic impacts in the community due to the loss of skilled worker contributions.

Professionals who work with drug and alcohol addictions believe that the high rate of accidental overdoses is due to the integrity of the drugs, often compromised when pills are bought on the street. Opioids are the leading driver of overdose deaths, but other drugs involved in overdoses include benzodiazepines, cocaine, and methamphetamine. Community members in our focus groups shared personal experiences with painkillers being

easily prescribed without significant enough education on the dangers of addiction or the risk of overdose.

Opioids account for nearly three in four drug overdoses, including prescription painkillers and heroin, and the majority of overdoses (86%) are determined by the Office of the Medical Examiner to be unintentional.²

AGE CATEGORIES	NEW MEXICO DRUG OVERDOSE DEATH RATES PER 100,000
15-24	13.4
23-34	42.3
35-44	47.3
45-54	29.8
55-64	9.8

Source: New Mexico Bureau of Vital Records and Health Statistics



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



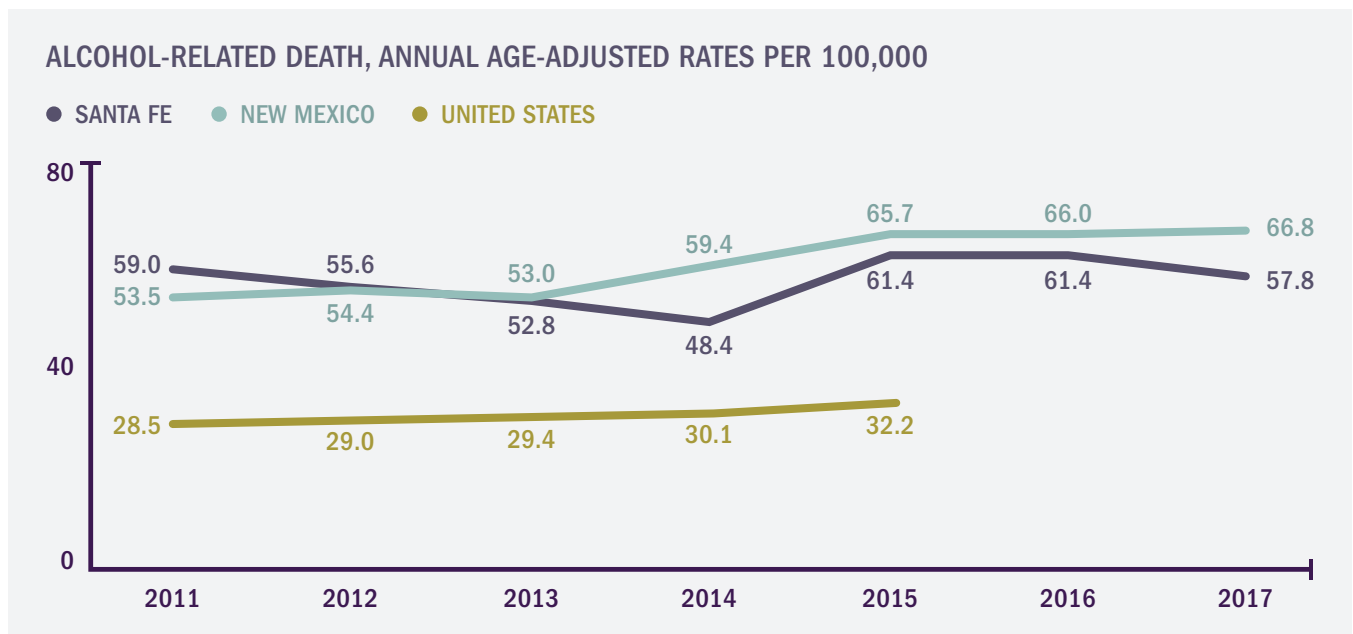
INDICATOR #2: ALCOHOL-RELATED DEATHS

WHY IS THIS IMPORTANT?

Alcohol-related death rates include those lives lost in motor vehicle crashes, injuries, poisoning, and chronic disease such as liver disease. Excessive alcohol use is linked with other devastating problems in New Mexico, including domestic violence, crime, poverty and unemployment, mental illness, and other medical problems. Alcohol abuse costs New Mexico at least \$2.5 billion dollars per year in lost productivity, healthcare expenditures, property and administrative costs in the welfare and criminal justice systems.⁸³ Alcohol has also been identified by the American Cancer Society as a carcinogen, linked many forms of cancer including mouth, throat, voice box, esophagus, liver, colon and rectum, and breast cancers.⁸⁴

HOW ARE WE DOING?

New Mexico continues to endure severe consequences related to excessive alcohol use. Since 1981 New Mexico has ranked the first, second, or third highest in alcohol-related death rate in the nation.² Santa Fe's alcohol-related death rate (57.8 per 100,000) is lower than the state (66.8) but is almost double the U.S. (32.2). There are 54 causes of death partially attributable to alcohol which include 35 alcohol-related chronic diseases (e.g. liver cirrhosis, alcohol dependence); and 19 alcohol-related injuries (e.g. motor vehicle crashes, poisonings, falls, homicide, suicide).



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



WHAT IS THE STORY BEHIND THE DATA?

Generational alcohol abuse is an issue in Santa Fe County. Growing up in a family with heavy drinking creates unhealthy norms for children and cycles of unhealthy consumption including chronic or binge drinking may continue. In fact, 77.0% of Santa Fe high school students who drank in the past 30-days, consumed the alcohol either at their own home or somebody else's home, indicating youth access alcohol from people they know and drink in social settings.⁵⁷

Focus group participants report that there is a lack of programs that provide detox, making it difficult to access treatment since most treatment requires people to be sober before receiving services. Another barrier is that many people have limited access to support programs and struggle to pay for treatment due to lack of insurance or insurance coverage that does not cover alcohol treatment.

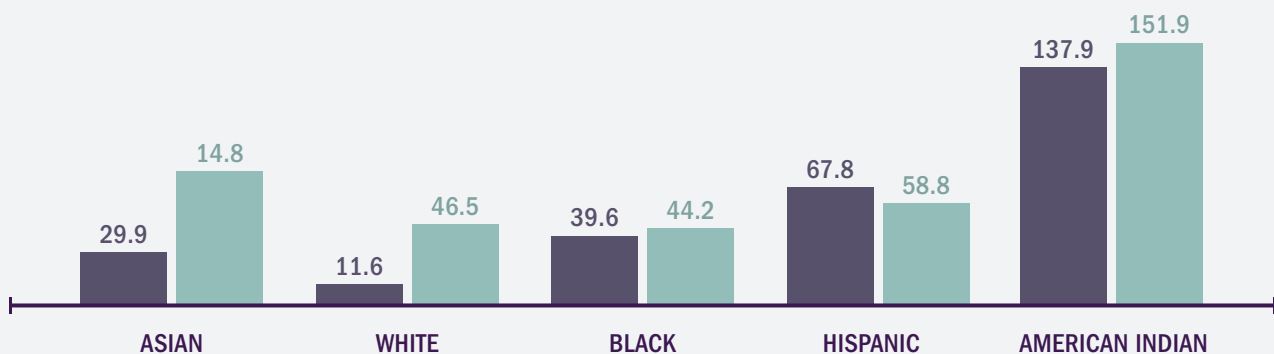
Without early intervention, the issues of substance use can be exacerbated and make recovery more difficult. Data indicates that

Did you know? **HEAVY DRINKING** is defined by the CDC as having two or more drinks a day for men, and one or more drinks a day for women.

Whites receive treatment more readily than other race/ethnicities. Even though alcohol dependence and disorders are more common among Whites in the US, they are less likely to experience alcohol-related consequences such as cirrhosis of the liver, alcohol-related motor vehicle crash deaths, and overall alcohol-related death rates which are disproportionately higher among Hispanics and Native Americans.^{85, 86} The disparities in access to treatment and services for Hispanic and Native American individuals, families, and communities likely lead to increased incidences of death for these groups.

ALCOHOL-RELATED DEATH RATES BY RACE/ETHNICITY
Age-Adjusted Rates Per 100,000 2012-2016

● SANTA FE ● NEW MEXICO



Source: New Mexico Bureau of Vital Records and Health Statistics



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



INDICATOR 3: DEPRESSION AND SUICIDE DEATHS

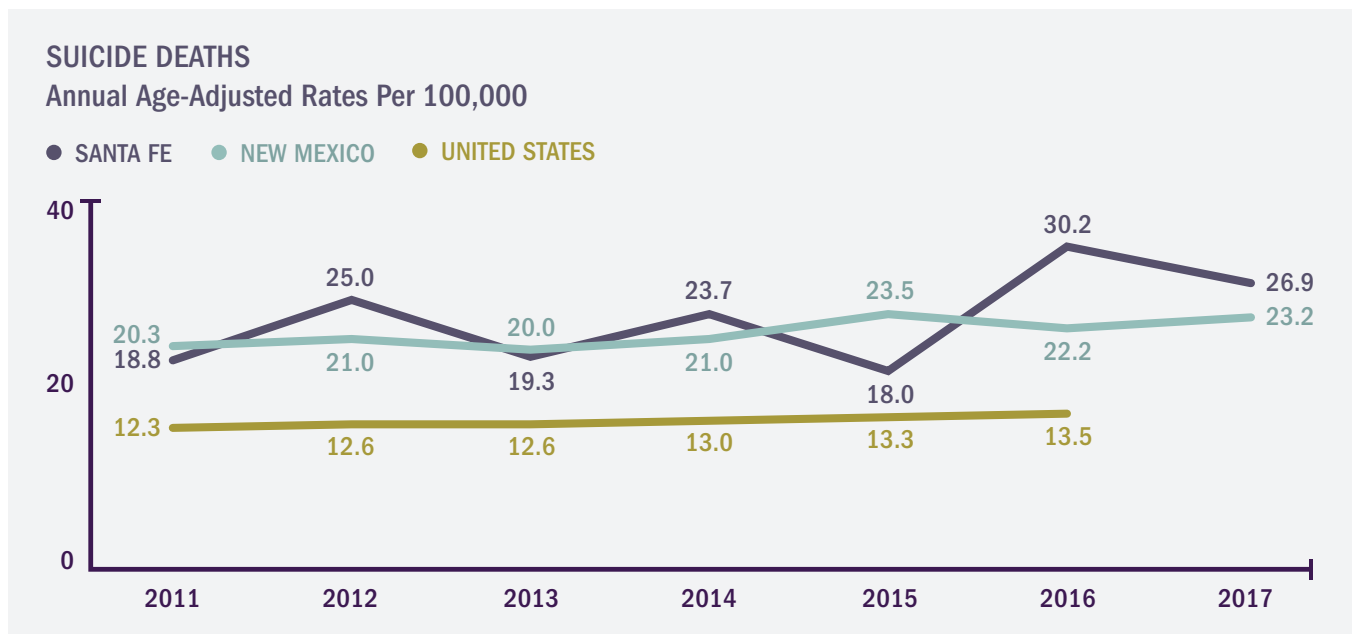
WHY IS THIS IMPORTANT?

Approximately one in five adults in America experiences a mental illness in a given year; that is 44.7 million people or 18.3% of all Americans.⁸⁷ The National Institute of Mental Health states that depression is one of the leading causes of disability worldwide.⁸⁸ Depression and anxiety are the most prevalent mental illnesses. Having untreated mental illness adversely impacts our daily functioning and untreated is a risk factor for suicide.

HOW ARE WE DOING?

New Mexico's suicide rate has consistently been higher than the U.S. and Santa Fe's is even higher than New Mexico's suicide rate. In New Mexico, suicide rates are highest among Whites, followed by American Indians, then Hispanics, Blacks, and Asians.

The main risk factors for suicide include prior suicide attempts, depression and other mental disorders, substance abuse, family history of mental illness or substance use disorders, family history of suicide, family violence, having a gun in the home, incarceration, and medical illness.⁸⁹



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



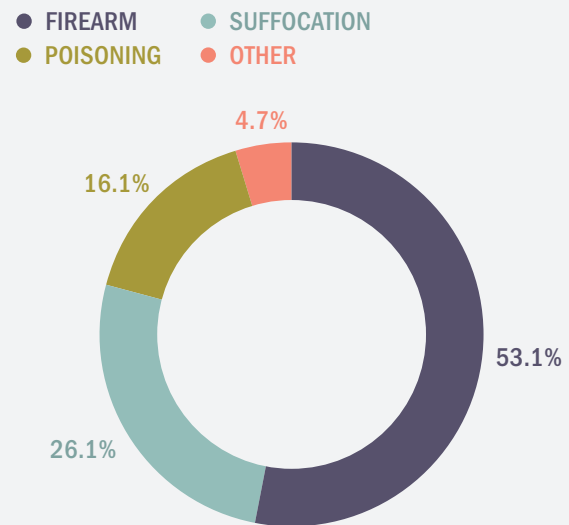
Males have a higher rate of suicide death (33.6) than women (9.9), primarily because they use more lethal means, such as firearms, when attempting suicide.² Remove firearms from the home of anyone struggling with suicidal thoughts.

WHAT IS THE STORY BEHIND THE DATA?

A common theme in our focus group conversations is the general lack of access to services for behavioral health in Santa Fe and New Mexico. Very few participants knew where to go if they were struggling with depression or had thoughts of suicide. People see a strong link between alcohol abuse and suicide and also think difficult situations like financial hardship, relationship stress, and chronic or terminal illness increase suicidal thoughts. Often suicide is carried out by people who others do not suspect are struggling and impacts every community across all economic, racial and ethnic groups. Loved ones can be left with unbearable guilt about what they may have done or said differently to prevent the suicide, blame themselves, and can suffer depression and other complex emotions as a result.

Santa Fe has a high cost of living, and it can be expensive to get treatment. Even when insured, child care and lost wages may impact a person's decision to access services. The financial strain and limited support may impact quality of life and hope for the future. Another issue shared

NEW MEXICO SUICIDE DEATHS 2013-2017



Source: New Mexico Bureau of Vital Records and Health Statistics

in focus groups is how chronic health issues or a terminal diagnosis can impact people's mental health, or cause feelings of depression. Chronic health issues impact mental health as people fear their quality of life may decrease or they feel like they are losing control.

Losing a loved one to suicide can be a type of trauma. Losing someone to suicide impacts the whole community and affects each person differently. Often people experience complicated grief, including feelings of rejection, anger, shame, and confusion, which can impact them for years.



ADULT PHYSICAL HEALTH >

INDICATOR 1:
HEART DISEASE DEATHS

INDICATOR 2:
CANCER DEATHS

INDICATOR 3:
FOOD INSECURITY

ADULT PHYSICAL HEALTH RESOURCES

INSURANCE

BeWellNM 1.855.996.6449
New Mexico Health Insurance Exchange.
Health coverage can be very low cost.
These Santa Fe County providers can help with enrollment:

La Familia 505.982.4425
505.438.3195
505.984.5048

Health Care for the Homeless
505.988.1742

PMS Ortiz Mountain Health Center
505.471.6266

PMS Santa Fe Community
Guidance Center 505.986.9633

CHRISTUS St. Vincent 505.913.5220

Santa Fe County Health Care Assistance Program 505.992.9849
If you live in Santa Fe County, don't qualify for Medicaid, and meet certain income guidelines, the Santa Fe County Health Care Assistance Program will reimburse approved providers for your care.

- Offered only through approved primary care, substance abuse, mental health, and dental providers
- Not a substitute for insurance
- Does not cover hospital care
- Open to County residents regardless of immigration status
- Income requirements vary according to household size

FINANCIAL ASSISTANCE FOR MEDICAL EXPENSES

Federal Social Security Office
505.473.3707

La Familia Health Care for the Homeless
505.988.1742

Premium Assistance for Maternity
1.888.997.2583

For those who don't qualify for Medicaid and insurance doesn't include maternity care.

Prescription Discount Card Program
1.888.886.5822

Project Access 505.250.3105

- Provides safety net health care services through volunteer physicians and providers in Santa Fe County.
- Help uninsured individuals learn about health coverage options.
- Services are available for individuals with income below 200 percent of the federal poverty level.

TANF (Temporary Aid for Needy Families)
505.222.9160

Together RX Discount Drug Program
1.800.250.2839

TRANSPORTATION FOR DOCTOR APPOINTMENTS

Safe Ride Services 1.800.797.7433

Santa Fe Trails Bus Route
505.955.2001

ASSISTANCE WITH BILLS AND RENT

Assurance Wireless 1.866.321.5880
• Federal Lifeline Assistance Program

Goodwill Industries 505.216.3307
• Support Services for Veterans with Children

The Housing Trust 505.989.3960
• Assistance with first-time home buyers, rent, assistance for terminally ill.

HELP New Mexico 505.986.9003

Life Link 505.438.0010 x13
• Assistance with first month's rent, move costs, assistance when rent is overdue.

LIHEAP 1.800.283.4465
• Low-income home energy assistance program.

• Financial assistance for heating/cooling expenses

PNM Good Neighbor Fund (Salvation Army) 1.888.342.5766

Safe link Wireless 1.800.723.3546
• Low-income telephone assistance program

• Financial assistance for phone expenses

Salvation Army Family Services
505.988.8054

• Financial assistance for bills only

St. Vincent de Paul-1088 Early Street
505.989.8328

• Monday or Thursday 10am-12pm

FOOD ASSISTANCE

Certain Requirements for assistance

Bienvenidos 505.986.0583

- Food bank, sleeping bags, clothing available
- For Homeless Individuals/Families- Sack lunches- Monday 10am-1:30pm, Tues-Thurs. 10 am-2:30pm
- Grocery Boxes- Mon 10am-1:30pm, Tues-Thurs 10am-2:30pm. Photo ID and proof of residence required

Commodity Food Surplus program
505.242.6777

- For families of children under the age of 6 and individuals over 60. Income guidelines similar to WIC. Proof of income required. Monthly distribution at the County Fairgrounds, 3229 Rodeo Road, on 3rd Tuesday 9:30–1:30

Food Stamps (SNAP) 505.827.1932

Kitchen Angels 505.471.7780

- Delivered to your home. Must be in medical crisis, homebound and under 60 years old

WIC-Women, Infants and Children
505.478.2602

- Vouchers for groceries and the Farmers Market

Medicaid 505.476.9200

- Food bags *No Requirements*

Christ Lutheran Church
505.983.9461

- Distribute food bags on Thursdays 9am-11am, First come first serve

Feeding Santa Fe 1222 Siler Road-
www.feedingsantafe.org

- A bag of food per person, no questions asked.
- Thursday mornings 6am-9am

St. Johns United Methodist Church
505.982.5397

- Bag of groceries, Tuesdays or Thursdays from 10-12



ADULT PHYSICAL HEALTH >

FLIP OVER FOR IMPORTANT RESOURCES FOR YOU AND YOUR FAMILY.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH

ADULT PHYSICAL HEALTH

HEART DISEASE DEATH

113.2

per 100,000 deaths in Santa Fe County are from heart disease 2014-2016^{33, 76, 77}

CANCER DEATH

120.4

per 100,000 deaths in Santa Fe County are from cancer 2014-2016^{33, 76, 77}

FOOD INSECURITY

12.6%

of Santa Fe County residents report being food insecure in 2016^{77, 90, 91}

Heart disease and cancer are the top two leading causes of death for adults in Santa Fe. Food insecurity was also selected as a priority due to concerns of inequity represented by the data indicating that certain neighborhoods in Santa Fe have less access to affordable, healthy foods, and experience higher obesity rates than other areas.

The differences in life expectancy based on zip code are disturbing. Poorer neighborhoods experience more food insecurity and much shorter life expectancy (see Health Disparity section of this CHNA). Obesity is a condition that contributes to both cancer and heart diseases, as well as diabetes and a variety of other health problems. Obesity is increasing for all ages across the life span. The input of community members was strongly considered in the selection of these priorities and the importance of monitoring obesity, physical activity, and support programs that address those issues as they may also have an impact on heart disease and cancer rates and are linked with food insecurity.

The leading adult health indicators are:

- Heart disease deaths
- Cancer
- Food insecurity

INDICATOR 1: HEART DISEASE DEATHS

WHY IS THIS IMPORTANT?

Heart disease is the second leading cause of death in Santa Fe, accounting for approximately 25% of all deaths. Heart disease is also the leading cause of death in New Mexico, accounting for over 20% of all deaths and is the leading cause of death in the U.S. for both men and women, killing about 630,000 Americans, or one in every four deaths.³³ The main risk factors for heart disease or cardiovascular disease, include obesity, high blood pressure and high cholesterol, unhealthy diet, and smoking.⁸⁶



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



HOW ARE WE DOING?

Santa Fe typically has lower rates of heart disease than New Mexico and the U.S.

However, 230 people die each year in Santa Fe due to heart disease. Men have a 65% higher mortality rate from heart disease than females.

WHAT IS THE STORY BEHIND THE DATA?

Focus group participants affirmed heart disease is a big issue as well as diabetes and obesity. Participants say heart disease is prevalent, but the decreasing death rate can be attributed to pharmaceutical interventions, stents, and other advances in treatment. Obesity plays a big role in heart disease. People think we are working more as a society which negatively impacts the ability to prepare and eat healthy meals and is thought to cause less time for exercise. The stress of juggling responsibilities is a big

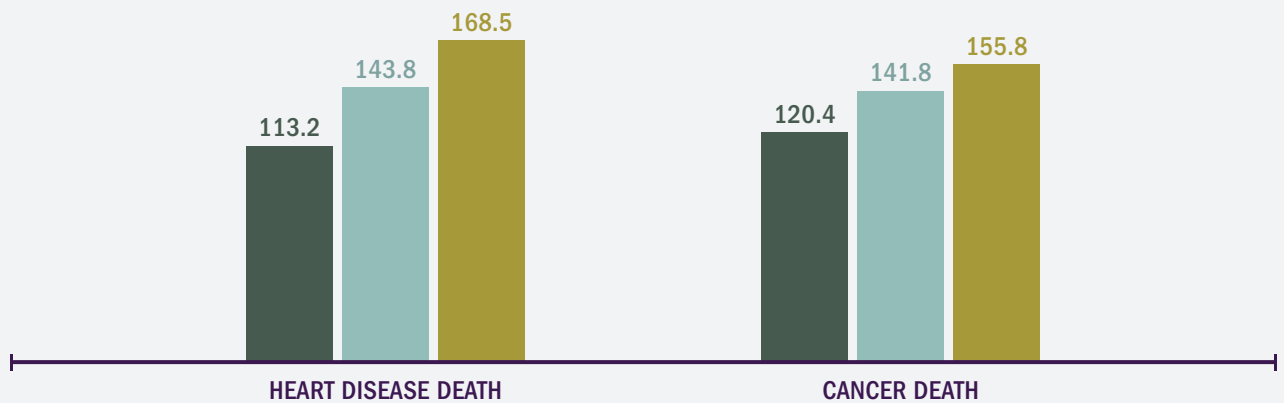
factor in health and wellness that may lead to negative health outcomes. Chronic pain and other health conditions may also lead to obesity because someone in pain cannot exercise as much and may gain weight unintentionally. Through the Community Observations (Windshield Surveys), participants observed the danger of riding a bike and walking in some neighborhoods with tight roads, fast-moving traffic, and sidewalk inconsistency, make it very difficult to find clear, safe routes. There

“ Finally, God taps you on the shoulder, I'm going to show you that you need to slow down. Then you are forced to make adjustments in your life.

-Senior center focus group participant who had a stroke

LEADING CAUSES OF MORTALITY, RATE PER 100,000 DEATHS, 2014-2016

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



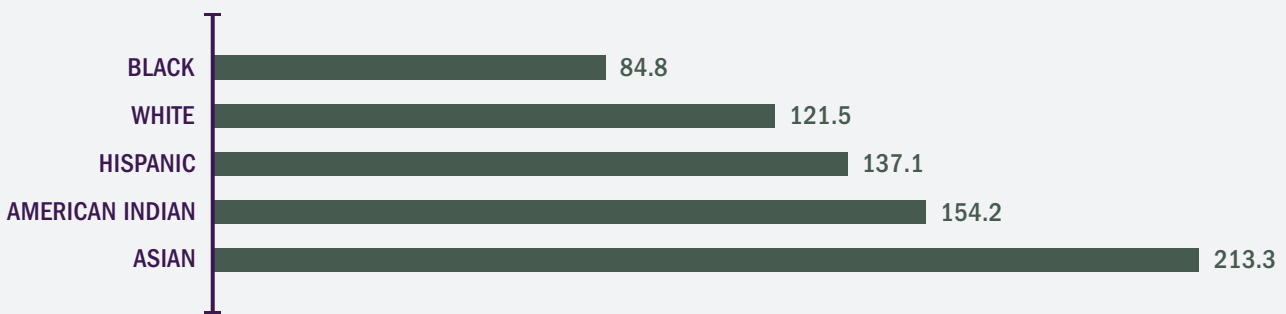
ADULT BEHAVIORAL
HEALTH



are no statistically significant differences in cardiovascular disease prevalence between different racial/ethnic groups, however, there

are statistically significant differences in heart disease mortality between race/ethnicity (see graph below).

HEART DISEASE DEATHS BY RACE/ETHNICITY IN NEW MEXICO, AGE ADJUSTED RATES PER 100,000, 2015-2017



Source: New Mexico Bureau of Vital Records and Health Statistics

INDICATOR 2: CANCER DEATHS

WHY IS THIS IMPORTANT?

One in every five deaths in New Mexico is attributed to cancer and it is the primary cause of death in Santa Fe County, leading to approximately 250 deaths per year.⁹² Cancer causes untold financial hardship, family strain, and emotional distress. Many cancers can be cured if detected early and treated promptly and the detection and treatment of pre-cancerous conditions can actually prevent some cancers from developing.

HOW ARE WE DOING?

Cancer is the leading cause of death in Santa Fe and the second leading cause of death in New Mexico and in the US.⁷⁶ Cancer deaths have been declining steadily over the past two decades, largely due to improved treatment,

“ My dad smoked cigars for a long, long time. I know he has a predisposition to cancer, and that worries me. I have a lot of other things I need to be worrying about.

-Youth focus group participant

education on prevention, and more rigorous screening. The most dangerous cancers differ slightly between men and women, but three of the top five cancers are similar for both men and women; lung and bronchus, colon and rectum, and pancreatic. Every year more than 8,700 new cases of malignant cancer are diagnosed in New Mexico residents and nearly 650 people are diagnosed with a malignant cancer each year in Santa Fe.⁹³ The following tables display the most common cancers and the most deadly cancers among men and women in New Mexico.



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



MOST COMMON CANCERS IN NEW MEXICO (NOT NECESSARILY MOST FATAL) NEW MEXICO TUMOR REGISTRY—NEW CANCER (2017)					
	LEADING	2ND	3RD	4TH	5TH
MEN	Lung & Bronchus	Prostate	Colon & Rectum	Urinary Bladder	Kidney & Renal Pelvis
WOMEN	Breast	Lung & Bronchus	Corpus & Uterus	Colon & Rectum	Thyroid

Source: https://nmtrweb.unm.edu/_pdf/new-mexico-cancer-report-2017.pdf

CANCER DEATH RATES IN NEW MEXICO NEW MEXICO TUMOR REGISTRY—AGE-ADJUSTED RATES PER 100,000 (2010-2014)					
	LEADING	2ND	3RD	4TH	5TH
MEN	Lung & Bronchus	Prostate	Colon & Rectum	Pancreas	Liver and Intrahepatic Bile Duct
WOMEN	Lung & Bronchus	Breast	Colon & Rectum	Pancreas	Ovary

Source: https://nmtrweb.unm.edu/_pdf/new-mexico-cancer-report-2017.pdf

WHAT IS THE STORY BEHIND THE DATA?

Cancer touches the lives of many in Santa Fe County. Nearly all participants in CSV focus groups had experience with cancer either themselves, someone in their immediate family, or a person they know and care about. Cancer takes a toll on families, emotionally, financially, socially, and professionally and can occur at any age, with the majority of cases diagnosed among older adults. Smoking is a common risk factor for many cancers. Smoking prevalence has declined, which may be contributing to lower rates of cancer. Other

risk factors include poor nutrition, heavy alcohol use, obesity, exposure to pollutants, radiation, ultraviolet radiation from sunlight, food additives, and pesticides.⁹⁴ Many cancers can be prevented, treated, and cured, especially if found early. Receiving preventative screenings such as mammograms, pap tests, and colonoscopies can help catch early signs and symptoms. Other preventative actions include maintaining a healthy diet and weight, refraining from alcohol and tobacco use, and decreasing exposure to environmental pollution.



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



INDICATOR 3: FOOD INSECURITY

WHY IS THIS IMPORTANT?

Inconsistent access to an adequate amount of nutritious food can have a negative impact on the health of individuals of all ages. The USDA estimates that 328,000 people in New Mexico, including nearly 125,000 children, suffered from food insecurity in 2016.⁹¹ About 1 in 6 adults (16.0%), and 1 in 4 children (25%) are living in homes without consistent access to adequate food. Food insecurity is also linked with an increased risk of obesity, diabetes, and hypertension.^{95, 96}

“ We get a lot of veggies from local farmers in the summer and fall—we are surrounded by farming.

—El Rancho Senior center focus group participant

HOW ARE WE DOING?

Santa Fe’s food insecurity percentage (12.6%) is slightly lower than New Mexico’s (15.8%) but some areas of our community have higher percentages than others. Inequity in food insecurity is clearly demonstrated in Agua Fria Village, the Airport Road corridor, and in the Triangle District/Hopewell area where there are higher percentages of families receiving Supplemental Nutrition Assistance Program (SNAP) benefits (aka food stamps). New Mexico’s food insecurity prevalence has been declining since 2011 when 20.1% of residents were considered to have low or very low food security. Santa Fe County does have one of the lowest percentages of food insecurity in the state, however, daily consumption of five or more fresh fruits and vegetables has been declining since 2011.



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH

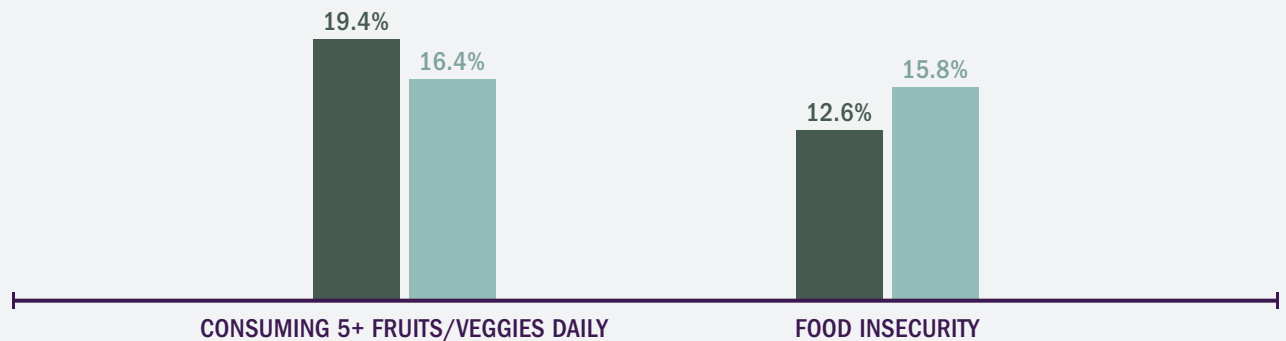


SENIOR HEALTH



FOOD INSECURITY AND FRUIT/VEGGIE CONSUMPTION, 2016

● SANTA FE ● NEW MEXICO



Source: Behavioral Risk Factor Surveillance System (consumption) and USDA (food insecurity)

WHAT IS THE STORY BEHIND THE DATA?

Food insecurity may reflect a household's need to make a trade-off between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Our community recognizes that poverty is directly linked to not having enough food or eat less health, convenient food if working multiple jobs or non-standard shifts. Food insecurity, nutrition, obesity, diabetes, and other health issues must be understood in the context of health and wellness, as they are deeply intertwined and are not stand-alone issues. Food insecurity is talked about much less often than other health issues but focus group participants and service providers say food insecurity is a significant issue in our community. Food insecurity should be understood as a sign of heightened need and risk because of its connection to other factors that impact health.

Some neighborhoods in Santa Fe area are considered food deserts. A food desert is defined by the USDA as an area lacking fresh

fruits, vegetables, and other healthful whole foods, usually found in impoverished areas, due to a lack of grocery stores, farmers' markets, and health food providers within a mile. One of the striking observations during the Windshield surveys was the impact of grocery store locations on people who have limited transportation options. In some areas of the community, reaching the grocery store involves a half mile walk and crossing busy six lane roads presenting dangers and inconvenience.

Care coordinators at CSV know of several services offering food assistance, but often these services require transportation for food pick up, and delivery services are limited based on criteria of age and disability or can be costly. Transportation and the ability to pay for services are often limitations for the people who need these services most.



organic girl
good clean greens

I ♥ baby kale!

a superb salad mix with baby kale

tender baby kale and other baby greens
-the perfect blend of nutrition and taste

washed³

NET WT 11.5 OZ (326g)

Taylor Farms
Organic

baby spring mix

a medley of baby lettuces
thoroughly washed & ready to enjoy

delicious
recipes
on back

NET WT 11.5 OZ (326g)





WOMEN'S HEALTH >

INDICATOR 1:
OBESITY

INDICATOR 2:
DOMESTIC VIOLENCE

INDICATOR 3:
HOMELESSNESS
AMONG WOMEN



WOMEN'S HEALTH RESOURCES

SHELTERS

Esperanza Shelter for Victims of Domestic Violence- 505.474.5536

Casa Familia for Women and Children 505.983.2042
• Must be sober

Interfaith Community Shelter at Pete's Place 505.795.7494
• Wet shelter; open to women year-round and men in the winter

COUNSELING/ SUPPORT SERVICES

Crisis Line 800.721.7273

Café Sojourner 505.913.9833
• Women only support/emergency babysitting/ case management.
• Monday, Tuesday, Wednesday, Friday, 8:30-2:30

Solace Crisis Treatment Center 505.988.1951
• Treats ALL traumas, including sexual abuse.
• Primary Dx, must be an anxiety disorder like PTSD or acute stress.
• Provides crisis stabilization assessment and therapy to reduce symptoms such as: Distressing memories, feeling like the trauma is happening again, numbness or withdrawal, trouble sleeping, irritability or outbursts of anger.

Abused Deaf Women's Advocacy Services 1.202.726.0093

Las Cumbres Community Services 505.955.0410
• Prenatal-age 3
• Home visiting
• Fatherhood programs
• Que Cute Healthy Babies Program

United Way of Santa Fe 505.819.0137
• Great Start Family Support: 0-4 weeks
• First Born Home Visiting: 3 home visits, 0-3 years
• Early Education and Pre-k program
• Parenting Classes



WOMEN'S HEALTH >

FLIP OVER FOR IMPORTANT RESOURCES FOR YOU AND YOUR FAMILY.



WOMEN'S HEALTH

OBESITY

23.3%
of women in Santa Fe
were obese (BMI of 30+)
in 2017⁹⁷

DOMESTIC VIOLENCE

9.0
per 1,000 Santa Fe
residents in 2017⁹⁸

HOMELESSNESS

416
women were served by
Interfaith Shelter in Santa Fe
in fiscal year 2018⁹⁹

Women's health is impacted worldwide by both biological and social-emotional factors such as social norms that limit educational opportunities, disparities in pay, emphasis on reproductive roles, lack of paid maternity leave, and inequality of power based on gender which increases women and girls' experiences of physical, sexual, and emotional violence.¹⁰⁰ In Santa Fe, like many other places globally, women's health is also significantly impacted by poverty. According to the U.S. Census, women are more likely than men to experience poverty, which has serious implications for children.¹⁰¹ Poverty means income is insufficient for bare necessities and is linked with lack of insurance and decreased utilization of preventative care services, improper nutrition, and homelessness. Gender based disparities impact the health across generations.

The three priority indicators for women's health are:

- Obesity in Women
- Violence Against Women
- Homelessness

INDICATOR 1: OBESITY

WHY IS THIS IMPORTANT?

Obesity for the BRFSS is determined by the Body Mass Index (BMI), a measure of body fat calculated by height and weight. Anyone with a BMI of 30 or greater is considered obese. Obesity among women increases the risk of several chronic health issues, including diabetes, cardiovascular disease, and major cancers, especially breast cancer and endometrial cancer.^{102, 103} Obesity related health consequences for women can negatively impact pregnancy outcomes and may even lead to lower intentions of breastfeeding.¹⁰² Breastfeeding can support growth and development for babies as well as improved health and protection against disease for both mothers and babies.¹⁰⁴ Other factors related to obesity for women include negative body image leading to unhealthy behaviors, stress as the majority take on the larger percentage of household responsibilities in addition to working outside the home, decreased regular exercise, and increased poverty.^{105, 106} Obesity



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



takes a toll on organs in the body, but also on joints, bones, and muscles, especially low back and knees, making it less comfortable to engage in rigorous physical activity, which is an essential component of health.

HOW ARE WE DOING?

Santa Fe women have consistently been below the U.S. and New Mexico in self-reported obesity prevalence. Unfortunately, obesity among Santa Fe women increased almost 10% in one year from 14.4% in 2016 to 23.3% in 2017, and steady increases at the state and national levels is concerning for the future health of our communities.

WHAT IS THE STORY BEHIND THE DATA?

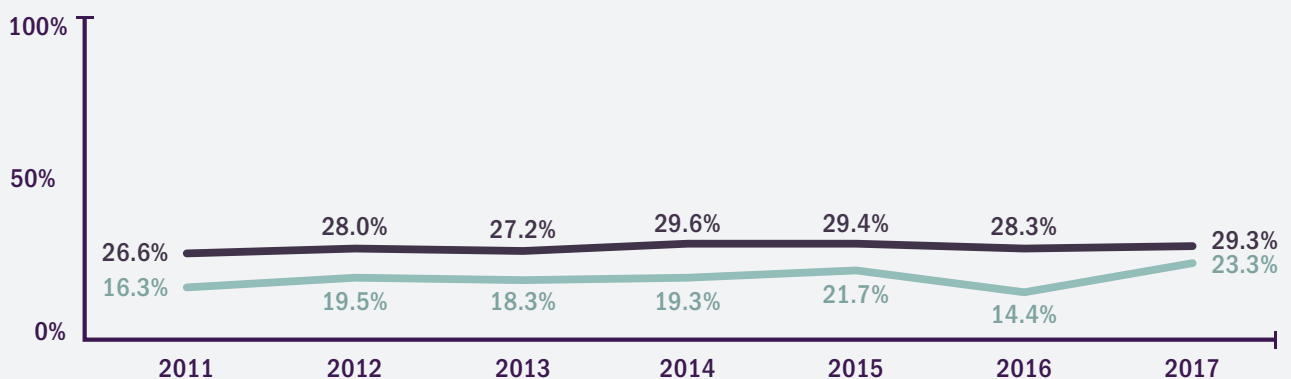
Community members identify several factors which may be linked to the discouraging increase in obesity among women in Santa Fe County. Focus group participants believe younger women tend to be focused on short-term weight management establishing a pattern of unhealthy eating habits, making

it more difficult to lose weight as they age. There are additional health impacts from dieting and body image. For example, young women who believe they are obese are more likely to smoke in an attempt to lose weight.¹⁰⁷ Poverty, sugar addictions, fast food and eating unhealthy foods are all factors that can lead to obesity. On average, a woman's metabolism declines at the same age that the demands of children's extracurricular activities and transportation needs increase (Women 35-45, Children 10-16). Studies continue to show strong links between sugar intake, especially sugar-sweetened beverages, weight gain, and diabetes.^{108, 109, 110, 111}

People with lower educational attainment, and lower household income are more likely to be overweight in New Mexico. Poverty and socioeconomic status are linked with obesity and unhealthy eating due to caloric rich and highly processed foods which tend to be more accessible and affordable.¹⁰⁶ Households making under \$15,000 have an obesity prevalence of 35.9% compared to 27.3% among households

OBESITY AMONG WOMEN, SELF REPORTED BMI 30+

● SANTA FE ● NEW MEXICO



Source: Behavioral Risk Factor Surveillance System



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HEALTH



OBESITY BY EDUCATION LEVEL

Less than High School	High School or GED	Some Post High School	College Graduate
33.6%	29.1%	28.1%	24.3%

Source: Behavioral Risk Factor Surveillance System

making \$75,000 or more. Poverty and neighborhood factors have also been linked to extreme weight gain and excessive weight due to a number of environmental and lifestyle factors, including fewer grocery stores, limited access to fresh fruits and vegetables, more convenience stores that sell high-processed foods, as well as limited sidewalks, parks and recreational areas.¹¹²



INDICATOR 2: DOMESTIC VIOLENCE

WHY IS THIS IMPORTANT?

Experiences of violence are directly connected to health. Women are victimized more often than men, and the physical injuries, chronic pain, and also depression and other mental health issues are more prevalent among women who endure violent relationships.¹¹³ Intimate partner violence is connected to other forms of violence and serious health and economic consequences. In addition to death and injury, physical violence is associated with cardiovascular, gastrointestinal, endocrine, and immune system conditions largely due to the chronic stress resulting from violence in the home. About one in five adult women report having experienced severe physical violence from an intimate partner in their lifetime, and one in six have experienced sexual violence from an intimate partner.¹¹⁴ Children might become injured during a domestic violence incident and research shows large overlaps with domestic violence and child abuse and neglect.¹¹⁵ Exposure to domestic violence is considered a form of child abuse due to the long-lasting trauma experienced by children who have witnessed violence in the home. The trauma of such experiences on women and children can have lasting effects and impact entire families and communities.



ADULT PHYSICAL
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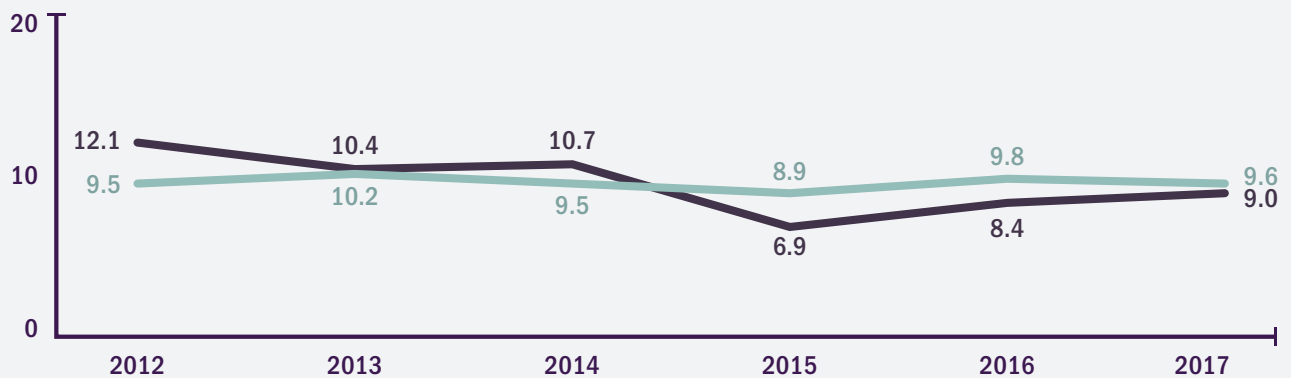
HOW ARE WE DOING?

Domestic violence increased in Santa Fe from 6.9 per 1,000 in 2015 to 9.0 in 2017.^{98, 116} New Mexico was ranked as sixth highest in the nation for domestic violence in 2014. New Mexico's intimate partner violence among women is similar to national prevalence; about 37.6% of New Mexico women report experiencing intimate partner violence in their lifetime which is similar to the U.S. (37.3%).⁹⁸ These numbers are considered to be lower than the number of actual experiences due to under reporting. Understanding which populations in our community are most affected by domestic violence can be challenging. For example, Santa Fe police are unable to provide accurate statistics on domestic violence by

racial/ethnic groups due to the inability of data tracking systems to separate cases by this categorization.¹¹⁷ New Mexico has the highest number of missing and murdered indigenous women and girls (MMIWG) across the entire country,¹¹⁷ and it is important for our community to understand the prevalence and disparities of violence in Santa Fe. A large portion of MMIWG cases are related to domestic and sexual violence.¹¹⁷ Understanding and addressing the prevalence of domestic violence for specific populations will help to keep all Santa Fe residents safe and prevent further violence against indigenous women and girls.

DOMESTIC VIOLENCE, INCLUDES MEN, RATE PER 1,000

● SANTA FE ● NEW MEXICO



Source: New Mexico Department of Health, Incidence and Nature of Domestic Violence in New Mexico XVII



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& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



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HEALTH



WHAT IS THE STORY BEHIND THE DATA?

Domestic violence cases are underreported, and many women are afraid to report any type of sexual or physical assaults, especially if they are at risk for homelessness. Data suggests nearly 60% of domestic violence incidents go unreported in New Mexico.⁹⁸ Domestic violence situations are highly complex, and survivors are often making decisions based on many considerations beyond their own personal safety. Community members say domestic violence perpetrators are often

experiencing stressful situations like the loss of a job, a break-up, or other negative events. Alcohol and/or drug use is reported among 53% of abusers and survivors of domestic violence are at increased risk for substance use disorders and mental illness.⁹⁸ Education on how to talk about violence is a need identified by the community, as well as resources and support for people experiencing other forms of violence.

NEW MEXICO LEGISLATION ON STRANGULATION

On July 1, 2018, Senate Bill 61 was signed into law adding strangulation and suffocation definitions to the family violence protection act, the crimes against household members act, and the abuse and neglect act clarifying that the crime of Aggravated Battery Against a Household Member maybe committed by suffocation or strangulation which would increase the charge from a misdemeanor to a 3rd degree felony. Strangulation and suffocation will qualify on the list of reasons for orders of protection, in which case it will allow a Judge to set forth the removal of guns from that household and the loss of gun rights to the perpetrator in a domestic violence case. In addition, House bill 40 requires that all law enforcement training institutes include strangulation information as part of their curriculum. Most importantly, this new legislation has brought new awareness to the seriousness and frequency of suffocation and strangulation in domestic violence relationships and gave the judicial system a mechanism to respond adequately.

POVERTY AND DOMESTIC VIOLENCE

In 2016, most unmarried survivors who sought domestic violence services in New Mexico were poor; they met federal poverty requirements for 150% (\$18,210) and 133% (\$16,750). There is no way to capture the number of survivors with financial means who access private services and/or who travel out of state

for services. Of the 32% of women who return to a violent relationship, they do so “for the children,” or out of fear because they have “no support and lack resources.” Domestic violence is also a leading cause of homelessness among women and children.⁹⁸



ADULT PHYSICAL HEALTH



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INDICATOR 3: HOMELESSNESS AMONG WOMEN

WHY IS THIS IMPORTANT?

Women and families represent a growing segment of the homeless population. Health care for these women is challenging, and homelessness puts women at increased risk for injury and illness.¹¹⁸ One guest of the Interfaith Shelter, age 65 reports, “The most powerless men in America are homeless men—the only people they have power over are homeless women.”

HOW ARE WE DOING?

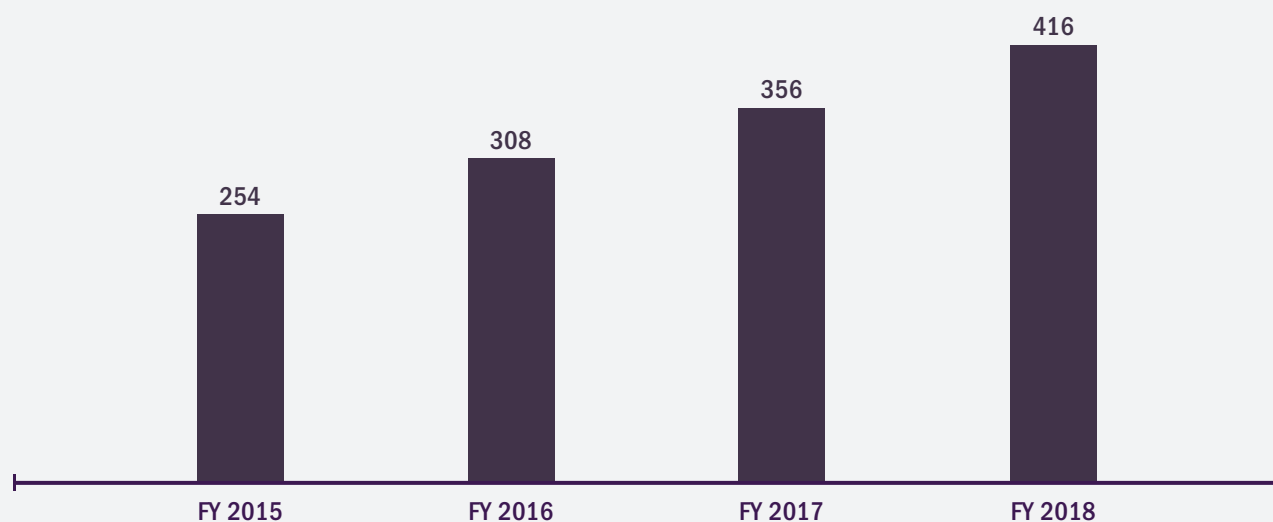
Data for homelessness are challenging to track and cannot often be used to compare to other cities and states yet we are seeing startling increases in homeless women served by Santa Fe area shelters. The summer shelter served

93 women and children in 2016 (3,219 bed nights), which increased to 176 women and children served in 2017 (4,023 bed nights). The increase may be related to increased knowledge of summer services since Interfaith Shelter did not provide summer shelter to women and children prior to 2016. The graph below displays unique individual women served year-round.

WHAT IS THE STORY BEHIND THE DATA?

Trauma and poverty are at the root of homelessness. Inability to pay rent, untreated mental illness or substance abuse disorders^{119, 120, 121} or a serious medical incident leaving women unable to work can all lead to homelessness. Many individuals who are homeless have experienced

INDIVIDUAL WOMEN SERVED IN THE SEASONAL NIGHT SHELTER AT SANTA FE INTERFAITH SHELTER



Source: Interfaith Community Shelter⁹⁹



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the loss of a primary partner and lack the financial stability to remain in their homes and maintain their bills. Many individuals who are homeless qualify for supportive services such as Social Security or Social Security Disability, but do not have the resources or capacity to complete the rigorous applications without intensive support. Essential documents can be lost or stolen when a person becomes

homeless, and fees to replace them are often a barrier. In addition, if one of these women were to receive social security or disability, it is often not enough to cover housing expenses. Many agencies and non-profit organizations have come together to work on addressing the complex needs of our community members that have fallen through the cracks of the system.

“ Girls facing homelessness tell us they look out for each other and warn each other about staying certain places where women have been sexually assaulted.

-CSV Care Coordinator focus group participant





SENIOR HEALTH >

**INDICATOR 1:
FALL-RELATED UNINTENDED
INJURY DEATHS**

**INDICATOR 2:
INFLUENZA IMMUNIZATIONS**

**INDICATOR 3:
SUICIDE DEATHS
AMONG SENIORS**



SENIOR HEALTH RESOURCE PAGE

COMMUNITY SERVICES

Kitchen Angels 505.471.7780

- Food Delivery Services (for those who do not qualify for meals on wheels)
- Not Age Limited-Adults who are homebound also qualify
- Volunteer opportunities delivering meals to homebound individuals.

Coming Home Connections

505.988.2468

- Home Care Assessment and Care Planning
- Pet Care
- Medication Support, pick-up and delivery
- Companionship Services
- Home-helper Services
- Meal Prep and nutrition Support
- Occupational Therapy
- Management of specific medical conditions (Parkinson's, HIV/AIDS, Cancer, Bowel and Bladder assistance, ALS)
- Respite Care
- 24/7 Hospice Support Service

Las Cumbres 505.955.0410

- Adult and Respite Services

Presbyterian Medical Services (PMS) 505.986.9633

- Services for seniors

Nutrition Services 505.955.6949

- Meals Monday-Friday for Elderly

TRANSPORTATION

Aging and long-term services 505.476.4912

Adult Protective Services 505.476.4912

Santa Fe Ride: 505.473.4444

Santa Fe County Senior Services 505.992.3069

Monday-Friday, 8:30 AM to 4:00 PM

Christus St. Vincent Care Coordination 505.913.4256

Adult Protective Services 505.476.4912

FLU IN OLDER ADULTS: SYMPTOMS, COMPLICATIONS, AND MORE

<https://www.healthline.com/health/flu/flu-in-elderly-symptoms-complications>

National Suicide Prevention Lifeline: 1.800.273.8255

- 24/7 free assistance and confidential support for those who struggle with this issue.



SENIOR HEALTH >

FLIP OVER FOR IMPORTANT RESOURCES FOR YOU AND YOUR FAMILY.

MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH

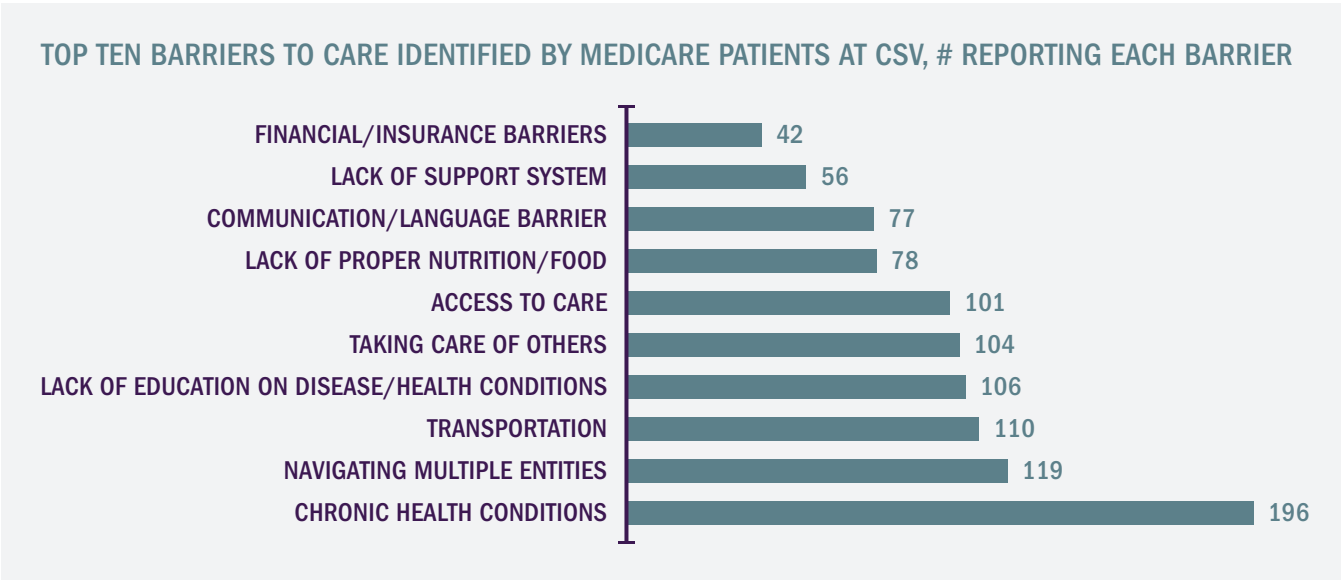


SENIOR HEALTH

<p>FALL-RELATED DEATHS</p> <p>77.7 Death rate per 100,000 in Santa Fe in 2017^{34, 77}</p>	<p>INFLUENZA IMMUNIZATION</p> <p>57.7% Of Santa Fe seniors report getting vaccinated in 2017⁹⁷</p>	<p>SUICIDE</p> <p>31.7 Death rate per 100,000 among adults age 65+ in Santa Fe^{33, 76, 77}</p>
----------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------

Senior health focuses on supporting the well-being and quality of life of elders in our community. The population of seniors in our community is increasing, with adults over age 65 making up almost a quarter, 23.2% of Santa Fe County’s population.¹²² Elders in our community are often managing chronic conditions as they age and may be facing complex challenges to stay healthy. Heart disease and cancer as already mentioned, arthritis, respiratory diseases, dementia,

osteoporosis, influenza, and diabetes are common health issues among seniors. Increased attention to depression, suicide, and substance abuse among older adults is needed. There are many barriers for seniors who are trying to access needed care including transportation, difficulty navigating multiple entities, financial costs, family responsibilities, and lack of social support. In a survey of 500 seniors with one or more chronic illness, the following barriers to care were cited:



Source: CSV Hospital Data from 508 Medicare Patients 2018



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SENIOR HEALTH



The type of services and needs of elders in the community are unique and require increased attention. Medical complexity brought about by aging accompanied by loss of functioning and growing isolation can adversely impact the well-being of seniors. Opportunities for meaningful engagement, supportive services and health care access can make a significant difference in the quality of life for seniors. The community benefits from the wisdom and experience of healthy, engaged seniors.

The three leading indicators for Seniors are:

- Fall related deaths
- Influenza Immunizations
- Suicide among adults age 65 and older

INDICATOR 1: FALL-RELATED UNINTENDED INJURY DEATHS

WHY IS THIS IMPORTANT?

Falling is one of the leading causes of unintended injury and deaths for adults 65 and over. Falls commonly result in hospital admissions and loss of independence for seniors.¹ Seniors are more likely to have difficulty with balance, vision, and walking, which increases the risk of falling.¹²³ Falling is one of the highest risk incidents for adults over 65 because a fall can result in serious health consequences.^{123, 1} In addition to health consequences, quality of life may be impacted by a person's inability to drive, increase isolation, or cause chronic pain. The risk of falling quadruples for the first

2 weeks after discharge from the hospital,¹²⁴ highlighting the vulnerability of this patient population and the adverse effects hospitalization might have on older adults. Moreover, of patients who have sustained falls while hospitalized, 29% will fall again at home, 35% will be readmitted for fall related injury, and 5% will die within a month.^{125, 126}

FALL-RELATED HOSPITALIZATIONS BY AGE GROUP AND SEX, NEW MEXICO 2015-2017, PER 10,000 POPULATION	
Males 65+	113.4
Females 65+	166.3

Source: <https://ibis.health.state.nm.us/indicator/view/InjuryFallsHosp.Age.Sex.html>

HOW ARE WE DOING?

The rate of fall-related deaths for seniors was 77.7 per 100,000 in Santa Fe County for 2017 which is higher than the U.S. rate of 61.6 per 100,000. Falls and the risk of falling have been increasing across the nation.¹ Although, Santa Fe's fall-related death rates have decreased over the past three years, the loss of life due to falls is highly preventable. As a community, we need to continue focusing on fall prevention to ensure elders in our community maintain good health, especially as the number of adults over 65 increases.



MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS

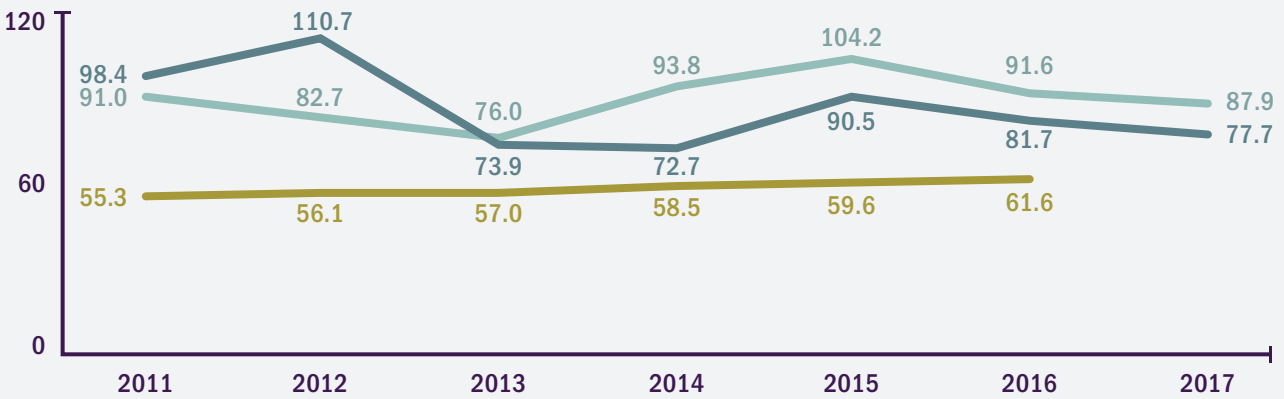


ADULT BEHAVIORAL HEALTH



FALL-RELATED DEATH (AGE 65+), RATE PER 100,000

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS

WHAT IS THE STORY BEHIND THE DATA?

Across America life expectancy is increasing. As a result, people are living longer and are becoming more frail which increases the likelihood of injury from a fall. Falls can be prevented for seniors through exercise to maintain fitness, increase strength and improve balance. Seniors tell us balance is very important and encouragement and venues for more balancing exercises, such as yoga, to support them in maintaining and increasing balance is needed.

FALL RATES	
Females	31.5%
Males	27.1%

SUCCESS STORY: Focus group participants shared a success story about a senior who could not lift ten pounds, but after only four weeks of physical therapy was able to lift thirty pounds.

Focus group participants shared that there is an increased emphasis on fitness in Senior Centers. This good news aligns well with research and education on fall prevention that focuses on encouraging older adults to stay active.¹ In addition to strength, service providers are concerned with regular check-ups and increased education on osteoporosis to support seniors in strengthening bones and preventing serious injuries from falls. Another influencing factor impacting falls for seniors is the need for home assessments to inspect the home for potential fall risks such as rugs and other obstacles as well the need for assistance in making home modifications to improve safety.



ADULT PHYSICAL
HEALTH



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SENIOR HEALTH



If two or more of the following warning signs are present with an individual, they may have an increased risk for falling and they should speak to their health care provider.

“ I had a fall and broke my wrist (I was being careless), but I have been paying attention to my balance since then.”

-Senior center focus group participant

6 WARNING SIGNS OF FALLS: FOR INDIVIDUALS OVER 65 YEARS OF AGE

Previous Falls	One fall in the past 6 months
Fear of Falling	Afraid that you will fall
Medication/Drugs	Using sedatives, fluid pills, recreational drugs, blood pressure pills or more than four medications.
Balance and Mobility	Any problems with balance or unable to rise from a chair
Medical Conditions	Stroke or Parkinson's disease, osteoporosis, arthritis, dementia or Alzheimer's disease
Vision Problems	Blurred/double vision, difficulty seeing steps or walking in dim light

TIPS TO REDUCE THE RISK OF FALLING

1. Slow down and take time to be safe.
2. Be physically active for a total of 30 to 60 minutes most days.
3. Have your vision and hearing checked regularly.
4. Discuss your medication and supplements with your doctor or pharmacist.
5. Eat a healthy balanced diet, drink plenty of water and limit your alcohol.
6. When walking outside, be aware of your surroundings and watch where you step.
7. Use safety equipment such as canes, walkers, grab bars and rubber bath mats.
8. Wear non-slip shoes, boots and slippers that fit well and seek treatment for foot problems.
9. Use a night-light and keep a flashlight by your bed.
- 10 Complete a home safety checklist.¹²⁷



MATERNAL HEALTH
& EARLY CHILDHOOD



SCHOOL-AGE CHILDREN
& ADOLESCENTS



ADULT BEHAVIORAL
HEALTH



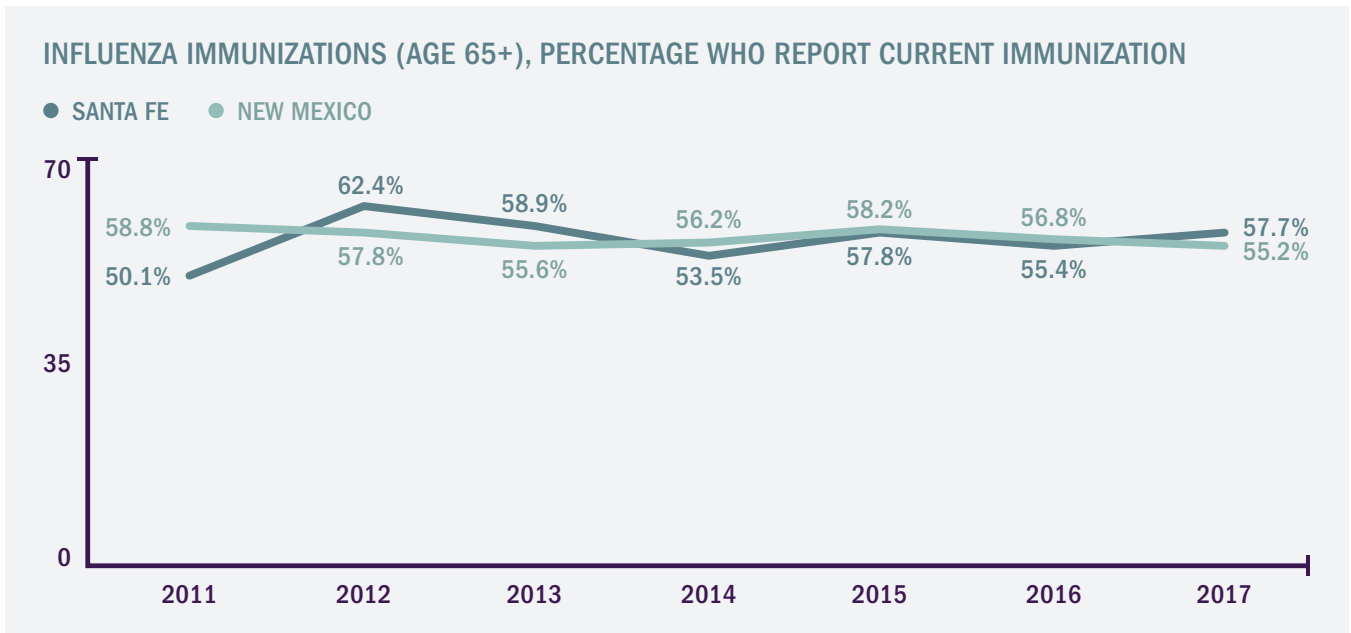
INDICATOR 2: INFLUENZA IMMUNIZATIONS

WHY IS THIS IMPORTANT?

Elders are disproportionately affected by illness, chronic health conditions and death related to the flu.¹²⁸ Nearly 70% of seasonal flu-related hospitalizations are people 65 and older.¹²⁹ Flu shots are effective in preventing flu, and decrease the risk of complications related to the flu for elders. The benefit of increasing annual influenza immunizations for seniors is to prevent the incidence of flu, but also to reduce health complications from the flu.

HOW ARE WE DOING?

Santa Fe County data indicate 57.7% of seniors report having a current immunization, slightly better than New Mexico (55.2%). This is similar to the National average for seniors living in rural areas (57.2%), compared to 61.4% of seniors in urban areas.¹ Rural areas in the United States tend to have more health complications and fewer flu immunizations.



Source: Behavior Risk Factor Surveillance System



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



Immunization rates vary by ethnicity. African American Seniors have the lowest immunization rates followed by Hispanics.

IMMUNIZATION—INFLUENZA VACCINATION ADULTS 65+ BY RACE/ETHNICITY—NM 2013-2017	
RACE/ETHNICITY	PERCENTAGE IMMUNIZED
American Indian/ Alaska Native	62.3%
Black/African American	43.4%
Hispanic	57.0%
White	56.7%

Source: Behavior Risk Factor Surveillance System

WHAT IS THE STORY BEHIND THE DATA?

Misperceptions about the flu shot abound across the community. Focus group participants expressed that they avoid flu shots because they believe they will get sick if they get immunized, and others are skeptical about using vaccines at all. Although free immunization clinics are held in Santa Fe, people admit to being afraid of getting immunized, having concerns about side effects, and cost.¹²⁸

At one focus group, participants mentioned fear by undocumented immigrants in seeking flu shots because of the requirement to provide personal information. CSV is working to minimize barriers like these and reduce the amount of personal information collected at free flu shot clinics. The concern is that personal information can result in deportation. Spanish-speaking focus group participants also say there is a lack of information in Spanish, making it difficult to become educated about the benefits. To address misconceptions, some focus group participants requested more community-based education to teach effectiveness of flu shots. The group shared information consistent with research on how the shot may not fully prevent people from getting the flu, but the shot will likely reduce the severity of the flu if people get it, which would help to minimize deaths related to the flu.^{129, 128}





MATERNAL HEALTH & EARLY CHILDHOOD



SCHOOL-AGE CHILDREN & ADOLESCENTS



ADULT BEHAVIORAL HEALTH



INDICATOR 3: SUICIDE DEATHS AMONG SENIORS

WHY IS THIS IMPORTANT?

Seniors represent the largest group of suicide deaths in New Mexico by age group. Seniors who are socially isolated have an increased risk of death, including suicide. In addition to isolation, loneliness, depression, chronic health issues, mental health issues, and substance abuse are risk factors for suicide in seniors. Seniors in rural areas and senior men have increased suicide rates.¹ There is a need in Santa Fe to provide support and ensure elders in our community are engaged in meaningful activities, feel appreciated, loved, and are able to contribute their wisdom.

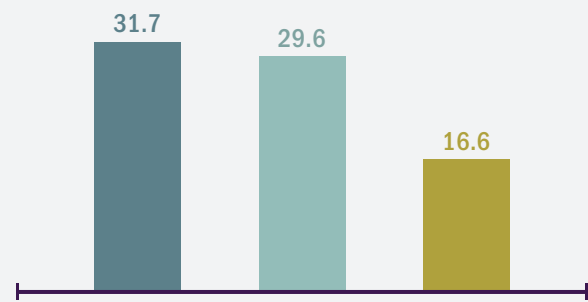
seniors has increased by 12% since 2014.¹ There is a need in Santa Fe to provide support and ensure elders in our community feel connected, appreciated, and loved, and have access to behavioral health services.

HOW ARE WE DOING?

New Mexico's suicide rate has increased by over 20% between 2014 and 2018.¹ The suicide death rate for adults age 65+ of 31.7 per 100,000 in Santa Fe is higher than the state of New Mexico (29.6) and the United States (16.6). In the U.S., the suicide rate among

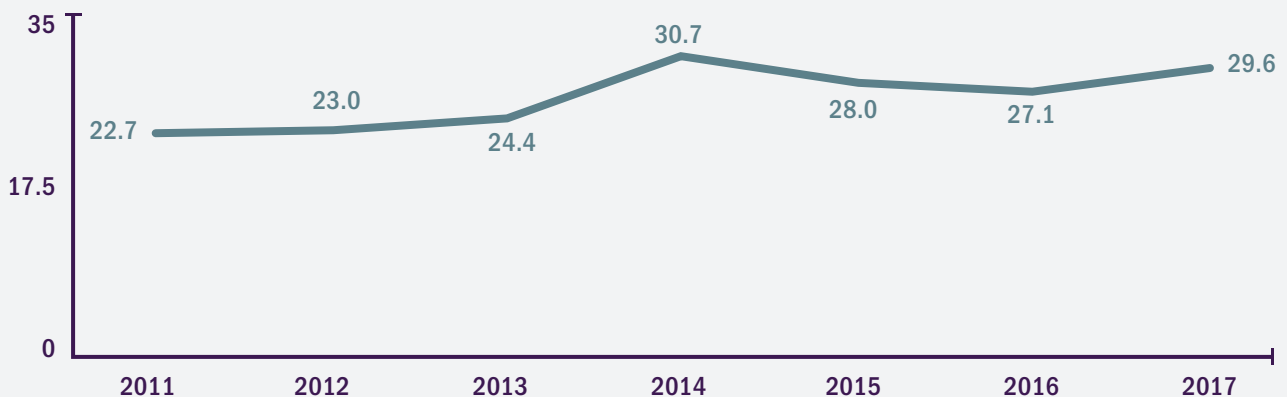
SUICIDE DEATH RATES AMONG ADULTS (AGE 65+) RATE PER 100,000 DEATHS 2017

● SANTA FE ● NEW MEXICO ● UNITED STATES



Source: New Mexico Bureau of Vital Records and Health Statistics and NCHS

NEW MEXICO SUICIDE DEATHS AMONG PEOPLE (AGE 65+), RATE PER 100,000



Source: New Mexico Bureau of Vital Records and Health Statistics



ADULT PHYSICAL HEALTH



WOMEN'S HEALTH



SENIOR HEALTH



SUICIDE DEATHS, ADULTS 65+ BY SEX SANTA FE COUNTY, NM 2015-2017, CRUDE RATES	
Males	113.367 per 100,000
Females	22.5 per 100,000

Source: New Mexico Bureau of Vital Records and Health Statistics

WHAT IS THE STORY BEHIND THE DATA?

Numerous factors have a bearing on depression and suicide among seniors. Isolation and feeling disconnected, limited physical mobility or access to transportation, chronic medical conditions, loss of independence, and loneliness affects many seniors. Focus group participants gave examples of seniors isolating themselves, especially when they are sick or have a chronic illness. Having led productive and active lives, it can be difficult asking for help or assistance when they experience the loss of functioning in activities of daily living. For example, impairments that result in the loss of a driver's license can be devastating.

Lack of transportation leads to further isolation. Public transportation is limited and Santa Fe no longer has taxi service which could be funded through vouchers from Medicare. Alternatives (such as Uber or Lyft) require a credit card, a smartphone, internet access, and the ability to use an app, which can be daunting or unaffordable for senior citizens or unavailable for people with minute-based phone service. In addition, seniors can feel vulnerable using a service that does not look like a taxi driven by a stranger. Amongst our senior population are people who move to Santa Fe to pursue the arts or retire and do not

necessarily have family or deep connections in the community. According to CHRISTUS St. Vincent Care Coordinators, basic needs can be difficult to access or be too expensive for seniors, especially those on a fixed income. Financial insecurity also contributes to the mental health of seniors, contributing to anxiety or depression.

RESILIENCY IN OUR COMMUNITY:

Native American elders are less likely than other race/ethnicities to die by suicide. Focus group participants attribute this to strong community and family commitment to take care of their elders.

THE WARNING SIGNS OF SUICIDE FOR SENIORS

- Drastic changes in behavior, including eating and sleeping habits
- Withdrawing from friends and previously enjoyable activities like hobbies, sports, and sex
- Social isolation
- Feelings of loss of sense of purpose and independence
- Preparing for death by making a will or other final arrangements, including giving away prized possessions
- Preoccupation with death and dying
- Losing interest in personal appearance
- Alcohol or medication abuse
- Daring and risky behavior

ACKNOWLEDGMENTS

We would like to thank the many individual professionals who contributed their time to collect data, review drafts, edit the document, and provide their professional expertise.

CHNA REPORT PREPARATION TEAM

This report was developed under the direction 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

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CHRISTUS ST. VINCENT BOARD OF DIRECTORS

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