

Santa Fe County in 2013

A Community Health Profile



Santa Fe County



**CHRISTUS[®]
ST. VINCENT**
Regional Medical Center

Prepared for:

**CHRISTUS St. Vincent Regional
Medical Center**

**Santa Fe County Community Services
Division**

**Santa Fe County Health Policy &
Planning Commission**

Prepared by:

O'Donnell Economics and Strategy

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[Kathy Armijo Etre, PhD](#)
CHRISTUS St. Vincent Regional Medical
Center

[Linda Atkinson](#)
New Mexico DWI Resource Center

[Jennifer Baird](#)
CHRISTUS St. Vincent Regional Medical
Center

[Patricia Boies, JD](#)
Santa Fe County Community Services
Department

[Erika Campos](#)
CHRISTUS St. Vincent Regional Medical
Center

[Heather Kerwin,](#)
New Mexico Department of Health

[Leon Lopez](#)
CHRISTUS St. Vincent Regional Medical
Center

[Angela Meisner](#)
New Mexico Tumor Registry

[Vicki Nakagawa](#)
New Mexico Department of Health

[Rachel O'Connor, MPA](#)
Santa Fe County Community Services Dept.

[Anna Rayne-Levi, MA](#)
CHRISTUS St. Vincent Regional Medical
Center

[Tom Scharmen](#)
New Mexico Department of Health

[Judy Williams, PhD](#)
Santa Fe County Health Policy and Planning
Commission, Chair

[Brian Woods](#)
New Mexico Department of Health

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Please direct comments or questions on the profile to either Patricia Boies at pboies@co.santa-fe.nm.us or Kathy Armijo Etre at kathy.armijoetre@stvin.org.

EXECUTIVE SUMMARY

Santa Fe County in 2013: A Community Health Profile provides extensive information about the health of County residents. In addition to demographic and socioeconomic data, the report presents a wide spectrum of health indicators and behaviors, as well as factors contributing to health, such as access to food and recreation.

The Santa Fe County Health Policy and Planning Commission, as part of its mandate from the Santa Fe County Board of County Commissioners, is charged with providing updates to the County health plan. CHRISTUS St. Vincent Regional Medical Center is responsible for conducting a community health needs assessment that complies with IRS 990 nonprofit tax reporting requirements. CHRISTUS St. Vincent and the County, through the County Department of Community Services, agreed to combine resources and retain a consultant to produce a single community health profile. Kelly O'Donnell, PhD., prepared the report, with much of the data obtained through the New Mexico Department of Health.

The next phase will be for the County to develop the County health plan and for CHRISTUS St. Vincent to identify community health implementation strategies. The data contained in *Santa Fe County in 2013: A Community Health Profile* will inform these two processes, which also will consider provider roles and the needs in the community. The extensive data should encourage informed dialogue about how best to improve the health of County residents, as well as provide a rich resource for community service providers and organizations to use in their own planning and grant-seeking activities.

Key findings in the community health profile are listed below, followed by a narrative summary organized along the structure of the report itself.

- Poverty rates have increased in Santa Fe County, especially for children and working age adults. One quarter of children live in poverty.
- Three-quarters of non-citizens living in the County lack health insurance.
- The alcohol-related death rate for the County's Hispanic residents is twice that of Non-Hispanic Whites and 25 percent higher than that for Hispanic New Mexicans as a whole.
- Between now and 2040, the population over 65 is expected to triple, from about 20,000 to about 61,000, and will then constitute about one-third of the County's population.
- The U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA) deems the southern portion of Santa Fe County, including the communities of Cerrillos, Madrid, and Edgewood, a primary care and dental Health Professional Shortage Area. The supply of dentists and primary care providers available to the County's low-income population is also deemed by HRSA to be insufficient.
- Over 30 percent of County mothers received no prenatal care in the first trimester, with Hispanics and Native Americans less likely to receive prenatal care.
- Although births to girls 15 through 19 have declined among all the County's racial and ethnic groups, the Hispanic teen birth rate is almost twice that of Native American teens, and four

times that of White Non-Hispanic teens. New Mexico is second only to Mississippi in the high number of births to teens.

- Drug overdose deaths are increasing, from a rate of 20 deaths per 100,000 in 1999 to 32 deaths per 100,000 in 2011, and represent the largest cause of unintentional injury death in the County. Both the hospital and the jail have seen a recent spike in the number of opiate-addicted pregnant women and their babies.
- Breast cancer incidence and mortality are higher in Santa Fe County than elsewhere in New Mexico.
- Approximately 2,500 adults (five percent of the adult population of Santa Fe County) have a serious mental illness, impairing their ability to perform major life activities.
- Obesity is increasing, both for adults and for youth. Adult obesity rose from 14.5 percent in 2004 to almost 20 percent in 2010, and almost nine percent of County high school students are obese.
- Diabetes is most prevalent among County Hispanics, with nine percent of Hispanic adults diagnosed with diabetes, compared with 3.6 percent of Native Americans and 2.7 percent of White Non-Hispanics.

Demographic and Socioeconomic Profile

Santa Fe County has a population of 142,000. Almost a quarter of County residents are age 19 and under, and 14 percent are over 65. Santa Fe County's population is less racially diverse than that of New Mexico. Hispanics make up 50.1 percent of the population, and White Non-Hispanics make up 44.4 percent. Native Americans, who constitute over nine percent of New Mexico's population, make up only 2.5 percent of County population.

Poverty is a potent and well-documented predictor of health outcomes. Between 2000 and 2011 the poverty rate in Santa Fe County increased from 12 percent to almost 18 percent, and the child poverty rate rose from 15.2 percent to 25.2 percent. Still, Santa Fe County's overall poverty rate is lower than the statewide rate of 21.5 percent, and the child poverty rate is lower than the statewide rate of 30.7 percent. Thirty-seven percent of Santa Fe's impoverished population is employed, and eight percent work full time and year round.

Homelessness compromises both health and the ability to access health care services. An estimated 1,500 homeless people currently reside in Santa Fe County. Poor health is also a leading cause of homelessness, because an illness or disability leading to job loss can often begin the downward financial spiral that culminates in life on the street. People who become homeless are far more likely than those in the general population to have pre-existing health problems, and numerous features of homelessness, including high levels of stress, lack of proper nutrition, exposure to violence and lack of adequate shelter further contribute to ill health. Two-thirds of Santa Fe's homeless have some form of mental illness.

Immigrants make up 14 percent of Santa Fe County's population. Only about a quarter of the County's 20,400 immigrant residents are U.S. citizens, and approximately 29 percent are undocumented. Over 37 percent of Santa Fe County's non-citizen immigrants live in poverty. The County's non-citizen immigrants are also over twice as likely to live in poverty as immigrants who

have gained citizenship and over three times as likely to be poor as native-born citizens. More than three quarters of non-citizen immigrants lack health insurance. Non-citizens are ineligible for both Medicare and Medicaid, and most cannot afford private insurance. In addition, 70 percent of Santa Fe County's adult non-citizen immigrants are not highly proficient in English, making navigating the already complex health care system especially difficult.

One in five Santa Fe County residents is currently uninsured. Eighty-seven percent of the County's uninsured are between the ages of 18 and 64. Since 2000, the uninsured rate among Santa Fe County's working-age adults increased from 21 percent to about 27 percent. Health care reform, through the Affordable Care Act and the Medicaid expansion, is expected to substantially increase the number of New Mexicans covered by health insurance. The largest and most immediate increase in insurance will result from the Medicaid expansion to low-income adults, scheduled to begin in October 2013. Medicaid alone could reduce the number of uninsured Santa Fe County residents by over one third, but inequities in coverage and impediments to health care access will persist. Many low income immigrants will remain uninsured even after Medicaid is expanded, because they are ineligible or subject to a five-year waiting period.

Leading Causes of Death

The leading causes of death in Santa Fe County, in order of incidence are: cancer, heart disease, unintentional injury, chronic lower respiratory diseases (primarily chronic obstructive pulmonary disease or COPD), stroke, diabetes, suicide, Alzheimer's disease and chronic liver disease/cirrhosis. Mortality rates from cancer, heart disease, COPD, stroke, diabetes and liver disease are lower in Santa Fe County than in the state overall. County mortality rates from unintentional injury, suicide and Alzheimer's disease are statistically comparable to those statewide.

Unintentional injuries, primarily drug overdoses and traffic accidents, are by far the leading cause of death for Santa Fe residents ages five through twenty-four. The leading causes of death for County residents ages 25 to 64 are cancer, unintentional injury, heart disease and suicide. Heart disease and cancer are the leading causes of death for those over 65, followed by lower respiratory diseases and stroke. Falls are the leading cause of unintentional injury deaths among the County's elderly.

In 2011, an estimated 96 Santa Fe County residents died as a result of alcohol. Alcohol is a factor in almost one half of homicides and one quarter of suicides. Alcohol is also a major contributing factor in mortality from accidents, exposure, and numerous chronic diseases including heart disease and hypertension. Between 1999 and 2011, the alcohol-related death rate in Santa Fe County increased from 44.8 to 59.5 deaths per 100,000 population.

Maternal and Infant Health

In 2011, 1,394 babies were born to Santa Fe County residents. The birth rate in Santa Fe County has declined in the past several years, as it has throughout the United States.

Over 30 percent of mothers received no prenatal care in the first trimester. White Non-Hispanic mothers were more likely to receive first-trimester care than Hispanic and Native American mothers.

Births to single mothers have increased steadily since 2000. In 2011, 47 percent of Santa Fe County births were to single mothers, and one in three children was being raised by a single parent.

Although the birth rate for Santa Fe teenagers has fallen by 38 percent since 2007, from 63.1 births per thousand girls 15 to 19 to 39.2 births per thousand, and is lower than the statewide rate, it is much higher than the U.S. rate. New Mexico is second only to Mississippi in the high number of births to teens.

Ten percent of babies born to Santa Fe County residents are low birth weight. Of babies born to mothers who received no prenatal care, one in three was low birth weight. Although the percentage of expectant mothers in Santa Fe County who received prenatal care in the first trimester increased by 10 percentage points between 1999 and 2011, the prevalence of low birth weight has also increased, suggesting that other factors, such as multiple births, are to blame.

The percentage of Santa Fe County babies born by Caesarean section decreased from 18.5 percent of all births in 1999 to 15.6 percent of births in 2011. Currently, 23 percent of New Mexico births and 34 percent of U.S. births are performed by Caesarean. Many of these procedures are not medically necessary.

Children and Youth

Poverty is a key factor in poor health outcomes for children. The child poverty rate in Santa Fe County increased from 15.2 percent in 2000 to 25.2 percent in 2011. Health insurance ameliorates some of the health impacts of child poverty. Since 2000, the uninsured rate for Santa Fe County children declined from 17 percent to 11 percent, due largely to expansions in New Mexico's Medicaid program. Roughly 3,400 Santa Fe County children currently lack health coverage. Census data suggest that at least 60 percent of the county's uninsured children could qualify for Medicaid on the basis of their family's income.

In 2011, 36 percent of Santa Fe County high school students were sexually active, and 51 percent had had sex at least once. Fifty-five percent of sexually active students used a condom the last time they had sex, and 34 percent used an IUD or hormonal contraception.

Alcohol and tobacco consumption have decreased among youth. The number of Santa Fe high school students who drink alcohol declined by over one third, from 66 percent in 2003 to 41.5 percent in 2011. Cigarette smoking decreased from 36 percent of high school students in 2005 to 22 percent in 2011. Unfortunately, the emerging popularity of hookah smoking threatens to undermine the recent progress made in reducing cigarette smoking by youth. One in four Santa Fe County high school students smokes tobacco from a hookah.

Rates of illicit drug use by high school students in Santa Fe County are comparable to those of other New Mexico teenagers. However, Santa Fe County high school students are more likely than other New Mexico teens to use painkillers to get high and to abuse inhalants.

Few Santa Fe County youth meet the U.S. Surgeon General recommendation that children and youth obtain 60 minutes of physical exercise daily, and rates of physical activity and participation in physical education (PE) classes decline as youth progress from sixth through twelfth grade. In 2011, 14 percent of Santa Fe County high school students participated in daily PE classes, down from 27 percent in 2007. Statewide, 28.4 percent of New Mexico high school students had PE daily in 2011.

The percentage of Santa Fe County middle school students who have PE at least once a week dropped from 88.1 percent in sixth grade to 33.8 percent in eighth grade.

Seniors

Santa Fe County is home to 19,700 people aged 65 and older, and that number is expected to triple in the coming years, increasing to 61,000 by 2040. People over 65, now 14 percent of the County's population, will constitute almost one-third of residents in 2040.

Santa Fe County seniors are less likely than any other age group to live in poverty, and only two percent are uninsured. However, 23 percent have no health insurance coverage beyond Medicare and may thus be under-insured. Five percent of Santa Fe County seniors report having been unable to see a doctor when they needed to due to cost.

Life expectancy from age 65 for residents of Santa Fe County increased from 19.6 years in 1999 to 22 years in 2011. Life expectancy for people who reach age 65 is longer for residents of Santa Fe County than it is for other New Mexico residents.

Santa Fe County residents assess their mental health to be better, on average, than do other New Mexicans, and Santa Fe County seniors are more likely than members of any other County age group to report their mental health as good.

Although people are living, working and remaining vital longer than ever, age impacts health and the ability to work. One in three County seniors has at least one disability. One in five County seniors is employed. The incidence and prevalence of many chronic health conditions increases greatly with age, as do dependency and mortality rates. The aging of Santa Fe County's population will increase the overall demand for health care, assisted living and social services, and require that greater health care resources to manage disabilities and chronic illnesses. At the same time, the higher demand for health care and social services will have to be met by a smaller workforce and funded with a diminished tax base.

Chronic Disease and Disability

Seven of the nine leading causes of death in Santa Fe County are chronic diseases. Mortality rates from all leading causes of chronic disease death are lower in Santa Fe County than for New Mexico overall.

Cancer is the leading cause of death in Santa Fe County. Cancers of the lung, breast and colon are the three most commonly diagnosed cancers in both Santa Fe County and New Mexico, and the three leading causes of cancer death. Breast cancer incidence and mortality are higher in Santa Fe County than elsewhere in New Mexico. Between 2004 and 2010, the percentage of Santa Fe County women over 50 who had received a screening mammogram within the past two years increased from 75 percent to 80 percent. Screening colonoscopy and sigmoidoscopy rates for Santa Fe County adults over 50 increased from 54 percent to 70 between 2006 and 2010.

Heart disease is the second leading cause of death in Santa Fe County. Heart disease mortality has declined despite increases in key risk factors including obesity and diabetes.

The percentage of Santa Fe County residents who have diabetes increased from 3.9 percent in 2004 to seven percent in 2011, but remains lower than New Mexico's.

Thirteen percent of residents (about 18,600 people) have one or more disabilities. The disability rate in Santa Fe County is roughly comparable to the statewide rate, both of which are considerably lower than the 19 percent national rate. Nationally, the disabled population is expected to double in the next 20 years as the baby boom generation ages and injured veterans return from war. People with disabilities have higher rates of unemployment and are more likely than those without disability to live in poverty.

Behavioral Health

An estimated 2,500 Santa Fe County adults (five percent of the adult population) have a serious mental illness, and 30,000 Santa Fe County residents abuse drugs and/or alcohol. Mental illness and addiction are extremely prevalent in the homeless population, affecting up to 66 percent of homeless adults. Behavioral health problems are the most common reason for emergency room visits in Santa Fe County, and the most common behavioral health diagnoses in the emergency room involve substance abuse, primarily alcohol.

Few services to address acute drug and alcohol treatment needs are available in Santa Fe County. The County's one detoxification center can serve 15 patients, and its one residential substance abuse treatment facility can serve 22 patients.

Unintentional Injury

Unintentional injury is the third leading cause of death in Santa Fe County and accounts for nine percent of all deaths. It is the only leading cause of death category for which the County's mortality rate is higher than statewide. Santa Fe County's unintentional injury mortality rate increased from 54 deaths per 100,000 in 1999 to 66.5 deaths per 100,000 in 2011.

Poisoning is the single largest cause of unintentional injury deaths, and 90 percent of unintentional poisonings are drug overdoses. Drug overdose deaths have increased in Santa Fe County from 20 deaths per 100,000 in 1999 to 32 deaths per 100,000 in 2011.

Fatal car accidents in Santa Fe County, the second cause of unintentional injury deaths, have involved alcohol 47 percent of the time. Falls are the leading cause of unintentional injury death among the elderly. Between 1999 and 2011, 87 percent of the 286 Santa Fe County residents who died as a result of unintentional falls were 65 or older.

Infectious Disease

The rate of HIV/AIDS infection in Santa Fe County (569 per 100,000) is three times the rate for New Mexico (187 per 100,000).

Rates of Hepatitis C increased in Santa Fe County from 80 cases per 100,000 in 2006 to 137 cases per 100,000 in 2011. The U.S. Centers for Disease Control recently recommended that everyone born

between 1945 and 1965 be tested for Hepatitis C, and the resulting increase in screening no doubt contributed to the rise in the incidence.

Between 2006 and 2012, an average of 26 cases of pertussis (whooping cough) were diagnosed in Santa Fe County annually. Forty percent of cases are diagnosed in children 14 and under. The incidence of pertussis is higher in Santa Fe than it is statewide.

Violence

Firearms are involved in over 50 percent of violent deaths in Santa Fe County. Suicide is the most common cause of violent death in the County. It is the seventh leading cause of death, and the second leading cause of death among residents aged five to twenty-four. The suicide rate for men is considerably higher than for women, and for men between the ages of 15 and 44, the rate is over six times that for women in the same age range. The percentage of Santa Fe County high school students who reported having attempted suicide in the past year decreased from 13.6 percent in 2003 to 10.2 percent in 2011.

Santa Fe County's rate of state-substantiated child abuse and neglect increased from six victims per 1,000 children in 2008 to nine per 1,000 in 2010. Statewide, the rate also increased from 10.2 to 12.9 victims per 1,000.

Habitual Behaviors that Affect Health

About 975 Santa Fe County residents die each year, over two-thirds as a result of one or more chronic diseases. Four health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness and death related to chronic diseases.

A 2011 study by the U.S. Centers for Disease Control and Prevention found that people who engaged in regular physical activity, consumed a healthy diet, used alcohol in moderation or not at all and refrained from smoking were 66 percent less likely to die early from cancer, 65 percent less likely to die early from cardiovascular disease, and 57 percent less likely to die early from other causes, compared to people who did not engage in such healthy behaviors.

Smoking is the leading cause of preventable death. Despite increasingly widespread knowledge of smoking's impact on health, the prevalence of smoking among Santa Fe County adults has remained fairly constant since 2004. In 2010, 17.7 percent of Santa Fe County adults were current smokers compared with 18.5 percent of New Mexico adults overall.

The percentage of Santa Fe County adults who are obese increased from 14.5 percent in 2004 to almost 20 percent in 2010. Almost nine percent of Santa Fe County high school students are obese. Youth obesity has increased substantially in both Santa Fe County and New Mexico.

Access to Food Sources

About 15,111 low income Santa Fe County residents (10 percent of the County's population) live a mile or more from a grocery store. Thirty-seven percent of Santa Fe County children and 29.5 percent

of County seniors live more than a mile from a grocery store. Fast food outlets account for 36 percent of restaurants in the County and increased by 12.5 percent between 2007 and 2009.

Health Care Utilization

Fifteen percent of Santa Fe County residents report difficulty obtaining needed health care due to cost. Cost barriers are greatest for Native Americans, adults under 50, and low-income adults.

The southern portion of Santa Fe County, including the communities of Cerrillos, Madrid and Edgewood, is deemed a primary care and dental Health Professional Shortage Area by the U.S. Department of Health and Human Services Health Resources and Services Administration (HRSA). The supply of dentists and primary care providers available to Santa Fe County's low-income population is also deemed by HRSA as insufficient to meet the community's health care needs.

The ratio of primary care physicians to County residents is an important barometer of access to care, because primary care doctors are often the first point of patient contact. Nationally, over 47 percent of all physician visits are to primary care doctors. Primary care services such as coordination between health care providers and effective communication with patients are essential to efficient health service delivery.

There is one primary care physician for every 994 County residents and one dentist for every 1,390 County residents. These key provider-to-population ratios are significantly better in Santa Fe County than in New Mexico or the U.S. overall. High ratios do not, however, guarantee access to care. Twenty percent of low-income Santa Fe residents have not had their teeth cleaned in over five years. In 2012, the Emergency Department at CHRISTUS St. Vincent treated 33 patients for dental problems. Over 50 percent were uninsured, while the remaining 45 percent were covered by Medicaid, suggesting that although Medicaid covers dental care, the program's recipients, the vast majority of whom are children, may still face significant barriers to access.

The County's sole in-patient psychiatric facility at CHRISTUS St. Vincent serves primarily adults ages 18 to 65, and has 11 beds. There is no in-patient psychiatric facility in the County that serves youth or the elderly specifically. The large and rapid increase in the County's senior population will increase demand for geriatric psychiatric services over the next decade.

Disparities

Racial and ethnic disparities are evident in numerous County health indicators. White Non-Hispanics tend to be healthier than other County residents, due, at least in part, to their higher average incomes and improved access to recreation, healthy food and health care. White Non-Hispanic mothers are more likely than Native American and Hispanic mothers to receive early prenatal care. White Non-Hispanic County residents are also more likely than Hispanic residents to receive dental care and medical screenings such as colonoscopy. The obesity rate for White Non-Hispanic residents of Santa Fe County is less than half that of Hispanic and Native American residents.

White Non-Hispanic County residents live longer, on average, than any other racial or ethnic group. Their average age at death is 74, 30 percent higher than the average age at death for Native Americans, and nine percent higher than the average age at death for Hispanics. Mortality rates for many leading

causes of death are lower for White County residents than for Hispanics. Suicide mortality, which is considerably higher for White non-Hispanics, is a notable exception.

Santa Fe County Native Americans rank better than Native Americans elsewhere in New Mexico in several health indicators, including deaths from heart disease, diabetes, and deaths involving alcohol. The prevalence of diabetes among Native American residents of Santa Fe County (3.6%) is about one third of the prevalence among Native Americans statewide. Native American residents of Santa Fe County have lower rates of mortality from Alzheimer's disease, COPD and heart disease than either Hispanic or White Non-Hispanic County residents.

Hispanics, the County's largest ethnic group, face the most health challenges in the form of heightened risk factors and higher rates of mortality. Mortality rates from leading causes of death including unintentional injury, stroke, liver disease and diabetes are all higher for County Hispanics than for White Non-Hispanics. Almost nine percent of Hispanic adults have been diagnosed with diabetes, compared with 2.7 percent of White Non-Hispanic adults. The prevalence of smoking is 25 percent higher among Hispanic adults than it is among White Non-Hispanic adults.

Despite the fact that chronic drinking is reported more frequently by White Non-Hispanics than Hispanics, and that rates of binge drinking appear comparable for the two ethnicities, the alcohol-related mortality rate for County Hispanics is almost twice that of Non-Hispanic Whites. The alcohol-related death rate for Hispanic residents of Santa Fe County is also 25 percent higher than the rate for all Hispanic New Mexicans.

Although births to girls 15 through 19 have declined among all the County's racial and ethnic groups, the birth rate for Hispanic teens (69.3 births per 1,000) is almost twice the rate for Native American teens, and over four times that for White Non-Hispanic teens.

Poverty, a potent and well-documented predictor of health outcomes, is over twice as prevalent among County Hispanics and Native Americans as it is among Whites. Native Americans and Hispanics are also less likely than White Non-Hispanics to be covered by health insurance.

Lack of insurance is particularly prevalent among immigrants. Three-quarters of non-citizens living in Santa Fe County are uninsured. Disparities in health insurance coverage for many immigrants, including some legal residents, will not be remedied by the Affordable Care Act, because many will not qualify for federal health care subsidies.

I. INTRODUCTION

Why Write this Report?

Like communities throughout New Mexico, Santa Fe County faces serious health and health care challenges. Some challenges, such as the advancing age of the baby-boom generation and increasing rates of obesity, are being experienced nationwide. Others, such as teen birth and prescription drug abuse, are especially prevalent in northern New Mexico. Some health problems may not be “solvable” at the community level, but progress can be made in reducing the prevalence and detrimental impact of virtually every negative health factor and outcome through policies and programs implemented locally. Initiating and sustaining these policies and programs, however, requires collective and sustained action by a broad spectrum of community members and organizations. This report identifies and can draw broad public attention to the health factors affecting Santa Fe County and, in so doing, can motivate key stakeholders to sit down at the same table to develop and implement a plan that addresses their shared challenges and builds on their communal strengths.

What is a Community Health Profile?

Numerous factors, many unrelated to the health care system, determine individual and community health. *Where* we live influences *how* we live and thus matters to our health.

A community health needs assessment is a holistic picture of the health of a community as reflected by its health outcomes and health factors. Health outcomes are measured in mortality and morbidity statistics. Mortality tells us what people in the community are dying of and when. Morbidity tells us about the community’s health – the illnesses and conditions community members suffer from and how individuals within the community perceive their own health. Health factors include socioeconomic characteristics like poverty and education, behaviors like smoking and diet, access to clinical care, and environmental factors such as air quality and access to healthy food. Health factors help determine health outcomes. Public policy and community action can impact health outcomes by influencing health factors.

By identifying those areas of health and health care in which the need is greatest and in which policies and programs can have the greatest impact, community health needs assessments can inform resource allocation decisions by both the public and the private sectors and serve as the foundation of evidence-based local health policies and programs.

How were Indicators Chosen and Where did the Data Come From?

Virtually every aspect of our day-to-day life – where we work, what we eat, our housing, our friends, our family, how we relax and how we perceive our world -- impacts or is impacted by our health. Thus, the potential measures of individual and community health are almost infinite. Developing a report like this one requires first choosing a set of measures that together paint a comprehensive, accurate and replicable picture of community health.

Most of the data is provided here in the form of rates as opposed to absolute numbers because rates

allow for easier comparison of statistics across differing populations, time periods and geographies. Additional data, including the absolute numbers from which some of the rates were derived, are provided in tables in the appendix.

The data for this report came from a wide variety of sources as follows:

Data from the following datasets were accessed, at least in part, through the New Mexico Department of Health, Epidemiology and Response Division Ibis on-line data query system:

- Behavioral Risk Factor Surveillance System Survey (BRFSS)
- Youth Risk and Resiliency Survey (YRRS)
- New Mexico Hospital Inpatient Database
- New Mexico Infectious Disease Database
- New Mexico Birth Certificate Database
- New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico

Data were also obtained from:

- New Mexico Tumor Registry at the University of New Mexico
- New Mexico Children Youth and Families Department, Protective Services Division
- U.S. Census Bureau County Business Patterns Program
- U.S. Census American Community Survey
- New Mexico Department of Transportation, Traffic Safety Bureau
- New Mexico Taxation and Revenue Department
- U.S. Department of Agriculture Food Atlas
- University of New Mexico Bureau of Business and Economic Research population projections program
- U.S. Department of Health and Human Services Health Resources Administration Area Resource File Database

Sources for all the data are listed below the individual graphs and tables.

Note on Race/Ethnicity

Indicators are presented by race and ethnicity whenever possible. Unfortunately, very few reliable health statistics are available for the county's extremely small African American and Asian communities. The county is also home to relatively few Native Americans, making health statistics for this population also extremely variable. Presenting indicators that are subject to large random fluctuations can lead to erroneous conclusions, and flawed data is often worse than no data at all. Thus, indicators are presented for Asian, African American, and Native American residents only when sample sizes for these populations were large enough to produce reliable estimates.

Note on Statistical Significance

An estimate, such as a year-over-year change in the prevalence of a disease, is considered "statistically significant" if there is a probability based on statistical analysis that it is evidence of an actual change and not the result of random fluctuations in the data. Small samples produce more variable estimates.

Thus, generally speaking, statistics drawn from small samples are less likely to be statistically significant than those drawn from larger samples. In other words, it is harder to say with any degree of certainty that an estimate drawn from a small sample is evidence of a real difference and worth taking note of in developing policy.

The relatively small size of Santa Fe County's population makes deriving statistically significant estimates for different population groups (i.e. different races, ethnicities, age groups, genders) extremely challenging, particularly when the data are drawn from surveys such as the Behavioral Risk Factor Surveillance Survey that sample a small fraction of the population in any year.

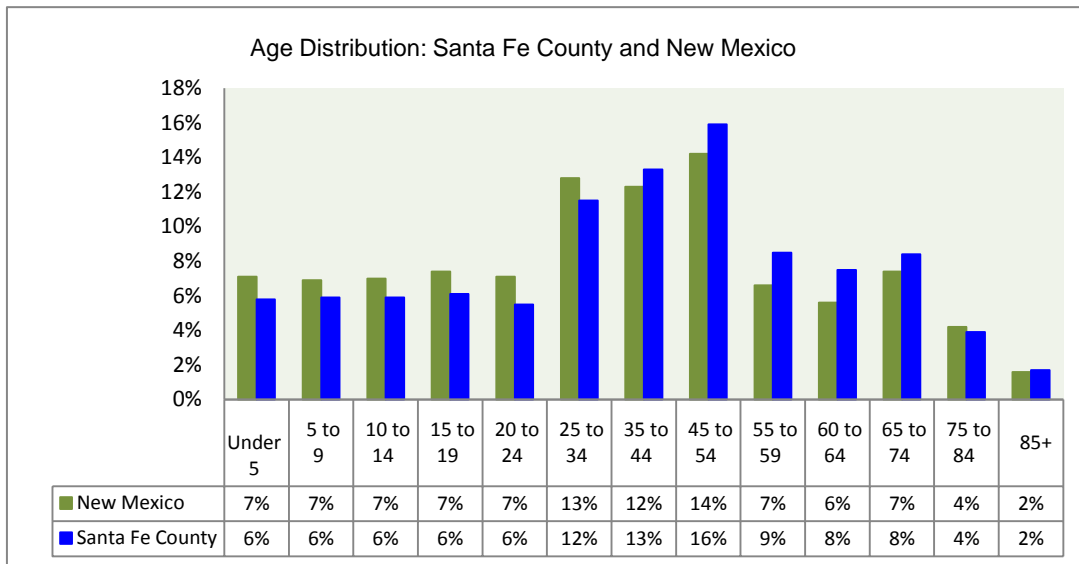
Most of the statistics presented in this report are statistically significant at the 95 percent confidence level. However, in some instances, estimates that were not statistically significant but still potentially meaningful from a population health perspective, such as apparent changes over time in the prevalence of smoking among different racial and ethnic groups, are presented in the text, but the lack of statistical significance is noted.

As a rule, estimates portrayed in graphics are statistically significant at the 95 percent confidence level. In some instances, however, graphics include some data that is statistically significant and some that is not. In those instances, the statistically significant estimates are highlighted by an asterisk. For many indicators, more detailed data, including raw counts, are provided in tables in the appendix.

II. COMMUNITY DESCRIPTION

A. Demographic Profile

Santa Fe County has a population of roughly 142,000. Children and youth ages 19 and under are 23.7 percent of the county’s population, and 14 percent of county residents are seniors. The median age in Santa Fe County is 42. Santa Fe County’s population is older, on average than that of New Mexico. New Mexico’s median age is 37. Twenty-eight percent of New Mexicans are under 19 and 13 percent are elderly.

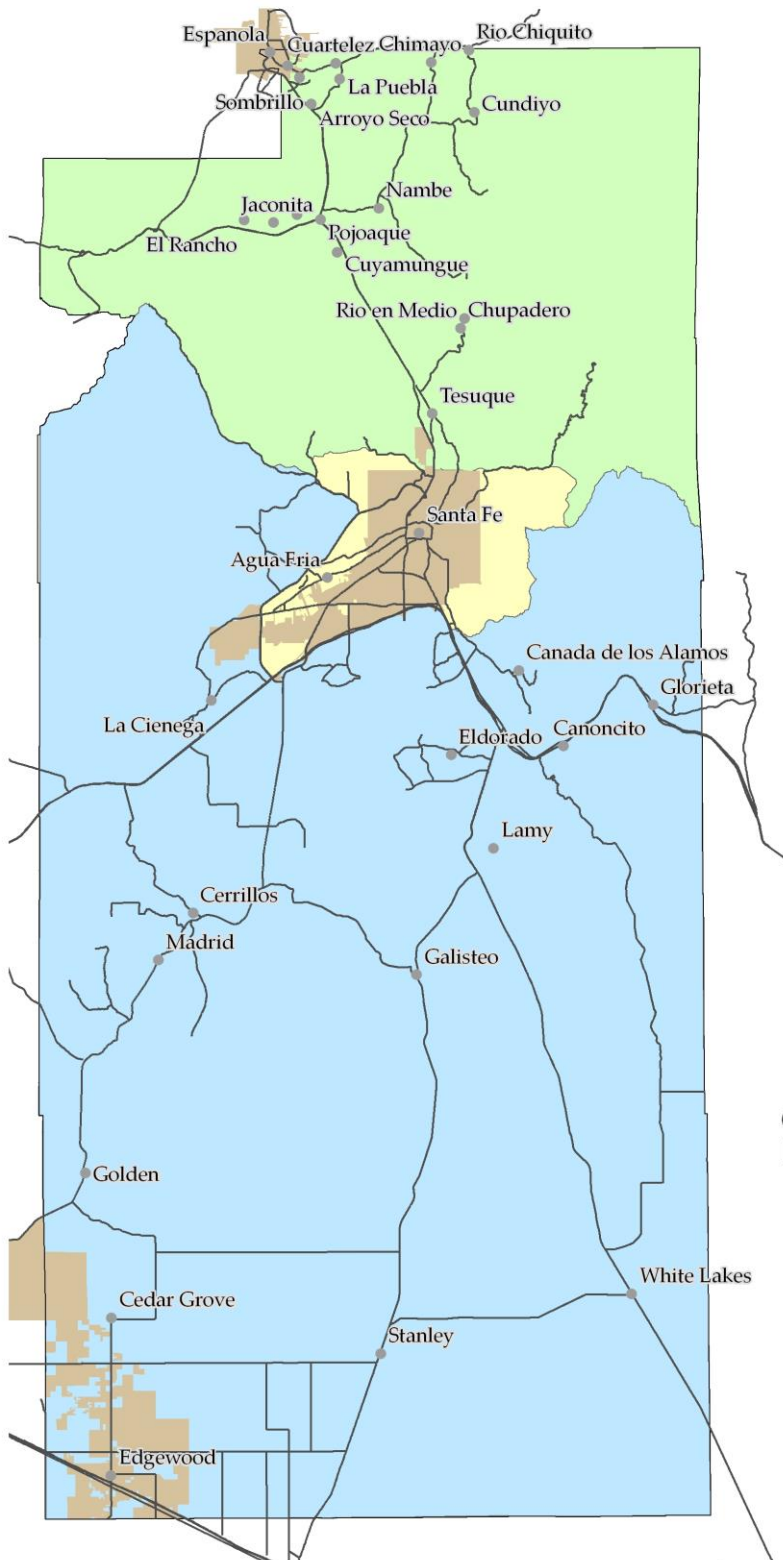


Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011. <http://www.census.gov/acs/www/>

Census data for Santa Fe County are presented for the county as a whole and by U.S. Census County Subdivision (CCD)¹. The Census Bureau defines three CCD’s within Santa Fe County – Santa Fe, Santa Fe North and Santa Fe South (see map and legend on next page).

The Santa Fe CCD includes the City of Santa Fe and surrounding area. The Santa Fe North CCD is the portion of the county north of the City of Santa Fe, including Pojoaque and a small part of the City of Espanola. Among the larger communities in Santa Fe North are Chinmayo, Nambe, Arroyo Seco, Pojoaque, and El Rancho. Santa Fe North also includes the pueblos of Tesuque, Pojoaque, Nambe, and San Idelfonso.

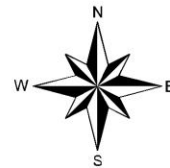
Santa Fe South CCD is the portion of the county south of the City of Santa Fe and includes the Town of Edgewood. Other large communities in Santa Fe South include Eldorado, La Cienega, and Agua Fria.



Santa Fe County

Legend

- Incorporated Areas
- Major Roads
- Census County Subdivisions
 - Santa Fe North
 - Santa Fe
 - Santa Fe South



1:420,000

1 inch approximately 7 miles



North American Vertical Datum 1988

This information is for reference only. Santa Fe County assumes no liability for errors associated with the use of these data.

Users are solely responsible for confirming data accuracy.

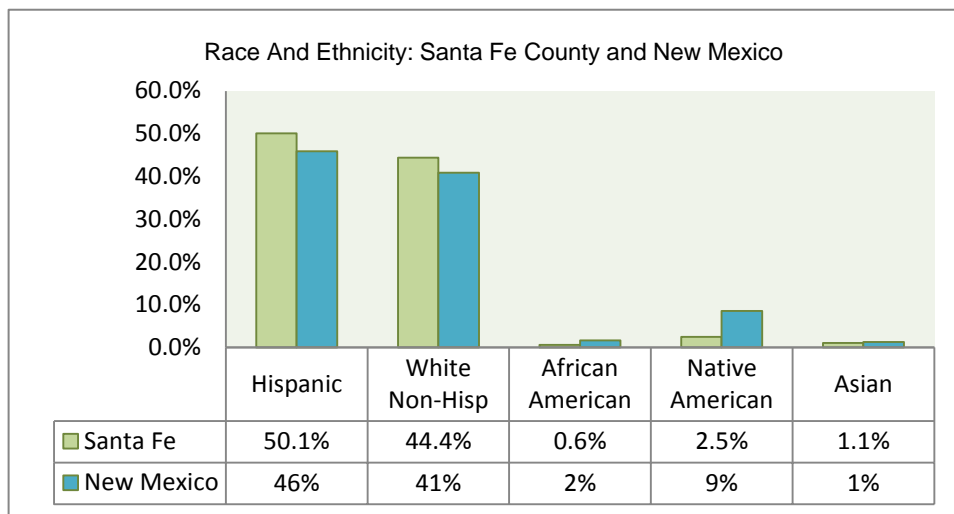


March 15, 2013

Hispanics range from almost 65 percent of the population in northern Santa Fe County to 37.5 percent of the population in southern Santa Fe County. Native Americans account for 2.5 percent of all Santa Fe county residents and 12.5 percent of the population of northern Santa Fe County. White non-Hispanics are 58 percent of residents of southern Santa Fe County and 22 percent of residents of northern Santa Fe County.

Santa Fe County and County Subdivisions by Gender, Sex, Age, Race and Ethnicity								
	Santa Fe County		Santa Fe CCD		North Santa Fe CCD		South Santa Fe CCD	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Total Pop	141,702	100%	85,858		17,824		38,020	
Male	69,013	48.7%	41,274	48.1%	8,663	48.6%	19,076	50.2%
Female	72,689	51.3%	44,584	51.9%	9,161	51.4%	18,944	49.8%
Age								
Under 5 years	8,264	5.8%	5,013	5.8%	1,411	7.9%	1,840	4.8%
5 to 9 years	8,379	5.9%	4,655	5.4%	1,146	6.4%	2,578	6.8%
10 to 14 years	8,419	5.9%	5,235	6.1%	998	5.6%	2,186	5.7%
15 to 19 years	8,702	6.1%	5,187	6.0%	1,235	6.9%	2,280	6.0%
20 to 64 years	88,195	62%	52,985	62%	10,470	59%	24,740	65%
65 years and over	19,743	13.9%	12,783	14.9%	2,564	14.4%	4,396	11.6%
Median age (yrs)	42.2		40.9		41.8		44.6	
Race/Ethnicity								
Hispanic	71,031	50.1%	45,261	52.7%	11,529	64.7%	14,241	37.5%
White non-Hispanic	62,947	44.4%	36,996	43.1%	3,908	21.9%	22,043	58.0%
African American	910	0.6%	494	0.6%	36	0.2%	380	1.0%
Native American	3,533	2.5%	788	0.9%	2,223	12.5%	522	1.4%
Asian	1,508	1.1%	1,051	1.2%	61	0.3%	396	1.0%
Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011. http://www.census.gov/acs/www/								

Despite being a “minority majority” county, taken as a whole, Santa Fe is actually *less* racially diverse than the rest of New Mexico. Hispanics make up 50.1 percent of Santa Fe County’s population and White Non-Hispanics make up 44.4 percent.



Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011.
<http://www.census.gov/acs/www/>

Native Americans, who constitute over nine percent of New Mexico’s population, are only two and a half percent of Santa Fe County’s population. African Americans, who make up roughly two percent of New Mexico’s population, constitute only six-tenths of one percent of Santa Fe County residents.

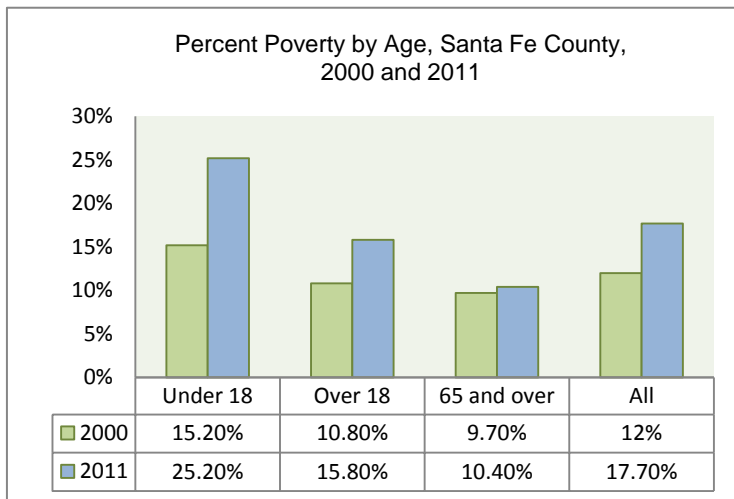
1. *Socio-economic Profile*

On average, residents of Santa Fe County have more years of education than other New Mexico residents. Eighty-seven percent of Santa Fe County adults have at least a high school diploma or GED, compared to 83.1 percent of New Mexico adults. Forty percent of Santa Fe County adults have a college degree, compared to 25.4 percent of adults statewide.

Higher levels of educational attainment are correlated with better health outcomes at least in part because education diminishes the likelihood of living in poverty, increases the chances of being employed and thus insured and improves people’s ability to communicate health needs, obtain and understand health information, navigate within the health care system and advocate for their health care rights and those of their family.²

2. *Poverty*

Between 2000 and 2011, the poverty rate in Santa Fe County increased from 12 percent to almost 18 percent. Still, Santa Fe County’s 17.7 percent poverty rate in 2011 was considerably lower than the statewide average of 21.5 percent.



Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011. <http://www.census.gov/acs>

Poverty is a potent and well-documented predictor of health outcomes³. Numerous dimensions of poverty undermine health including inadequate or uncertain access to nourishing food and shelter, lack of access to health care and health information, social stigma, acute and chronic stress, limited educational opportunities, unsafe neighborhoods and working conditions, and exposure to environmental toxins.

Poverty has been linked to higher incidence of many health conditions, including chronic diseases, some cancers, developmental delays, injury, depression and premature death.

As is the case throughout New Mexico, poverty in Santa Fe County is most prevalent among children and lowest for senior citizens, reflecting in part the larger household sizes of families with children and the modest economic safety net provided to seniors by social security retirement income. Over 25 percent of Santa Fe County children live in poverty.

The poverty rate for White Non-Hispanic residents of Santa Fe County (8.5%) is less than half the rate for Hispanic residents (19.4%). The percentage of Santa Fe County's Native American residents who live in poverty (17.5%) is half that of Native Americans statewide (35.1%).

Although poverty rates are highly correlated with unemployment and under-employment, it is important to note that low wages play a role too. Almost 37 percent of Santa Fe's impoverished population (about 8,000 people) is employed, and eight percent of the county's poor work full time and year round⁴.

The poverty rate is lowest in the southern part of the county and highest in the county's northern region. The poverty rate for full-time year-round workers ranges from two percent in the southern part of the county to close to six percent in the county's northern areas and averages four percent for the county overall.

3. Homelessness

An estimated 1,500 homeless people currently reside in Santa Fe County.⁵ Homelessness compromises both health and the ability to access health care services. Poor health is also a leading cause of homelessness, as an illness or disability leading to job loss can often begin the downward financial spiral that culminates in eviction or foreclosure. People who become homeless are far more likely than those in the general population to have pre-existing health problems, and numerous features of homelessness including high levels of stress, lack of proper nutrition, exposure to violence and lack of adequate shelter further contribute to ill health.

The homeless are far more likely than members of the general population to lack health insurance, and even when affordable health care is available the transient nature of life on the street makes it very

difficult to establish a medical home and obtain the ongoing primary care necessary to control chronic conditions. Diseases like diabetes that can usually be controlled through insulin injections, diet and blood sugar monitoring become unmanageable for an individual who cannot obtain insulin, lacks access to a refrigerator in which to store insulin and must eat whatever food is provided at the soup kitchen rather than the low sugar diet recommended for diabetics. Uncontrolled diabetes can lead to kidney failure, blindness and gangrene, leaving the homeless person at an ever-greater disadvantage. Similarly, homelessness makes it very difficult to maintain the drug regimens necessary to effectively treat HIV, an infection common among the homeless, and forestall the development of opportunistic infections and AIDS. Mental illness, a condition from which an estimated two-thirds of homeless people suffer,⁶ is aggravated by life on the street and extremely challenging to treat in a mobile population.

Even simple treatments such as bed rest are out of reach for many homeless patients because homeless shelters usually require guests to leave the premises during the day and place limits on the duration of stays.

The medical-respite program operated by St Elizabeth Shelter in Santa Fe helps to address this problem by allowing homeless individuals recouping from an illness or surgery to obtain bed rest at the shelter. Shelter staff help ensure that program participants take prescribed medications and get connected with counseling and health care services. An extended-stay program allows patients on bed rest to remain at the shelter until they recover, even if that means exceeding the shelter’s usual 30-day limit.

Healthcare for the Homeless at La Familia Medical Center provides services for homeless clients that include outpatient primary care, medical case management, post-hospitalization follow-up services and referrals to medical specialists, dentists, behavioral health services and substance abuse treatment.

4. *Immigrants*

Over 14 percent of Santa Fe County residents (about 20,400 people) were born outside the U.S. Only about one quarter of this population has attained U.S. citizenship. Eighty percent of Santa Fe County’s immigrant population (16,250 people) and 93 percent of non-citizen immigrants (13,790 people) are from Latin America.

Immigrant Population by Age, Citizenship and Poverty Status, Santa Fe County 2009-2011				
	Under 18	18 and Over	Total	In Poverty
Foreign born	2,182	18,218	20,400	6,384
Naturalized	152	5,239	5,391	863
Not a US citizen	2,030	12,979	15,009	5,521
Source: American Community Survey 2009-2011				

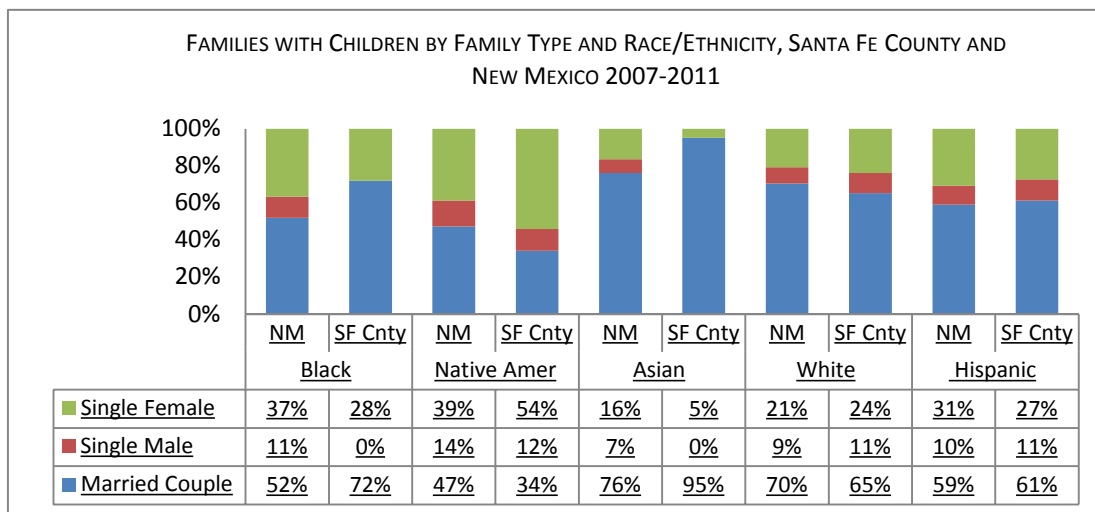
Many of Santa Fe County’s 15,000 non-citizen immigrants are legal residents of the U.S., but approximately 6,000 and, possibly many more, are undocumented immigrants. Like the homeless population, the sometimes transient and often marginalized nature of the undocumented population makes its size very difficult to estimate, especially at the local level.

Immigrants in general face many barriers to health care, including low incomes, lack of insurance, language and cultural barriers. Nationally, per capita health care expenditures for immigrants are less than half that of U.S.-born citizens.⁷

Undocumented immigrants are at an especially great disadvantage when it comes to obtaining the health care that they and their children need, even when their children are U.S. citizens. Research has found that undocumented Hispanic immigrants are far less likely than citizens to have a usual source of care or receive routine health screenings⁸ and that even when their children are U.S. citizens (as over 70% are) they obtain 74 percent less health care than U.S.-born children.⁹

Over 37 percent of Santa Fe County’s non-citizen immigrants live in poverty.¹⁰ Non-citizen immigrants are over twice as likely to live in poverty as immigrants who have gained citizenship, and over three times as likely to be poor as native-born citizens. Over three quarters of non-citizen immigrants lack health insurance.¹¹ Non-citizens are ineligible for both Medicare and Medicaid and most cannot afford private insurance. In addition, 70 percent of Santa Fe County’s adult non-citizen immigrants are not highly proficient in English,¹² making navigating the already complex health care system especially difficult.

5. Social Support



Source: US Census American Community Survey

In Santa Fe County, 66 percent of Native American families with children, 39 percent of Hispanic families with children and 35 percent of White non-Hispanic families with children are headed by a single parent. The single parent is more often female, who are also most economically disadvantaged.

Nineteen percent of adults in Santa Fe County and 21 percent of New Mexico adults do not receive the social and emotional support they feel they need.¹³

Numerous studies have shown a link between social isolation and poor health outcomes.¹⁴ Dysfunctional families, minimal contact with others, and disengagement from community life have been linked to both poor health and premature death. In fact, at least one study has likened the magnitude of the health risk created by social isolation to the risks associated with cigarette smoking.¹⁵

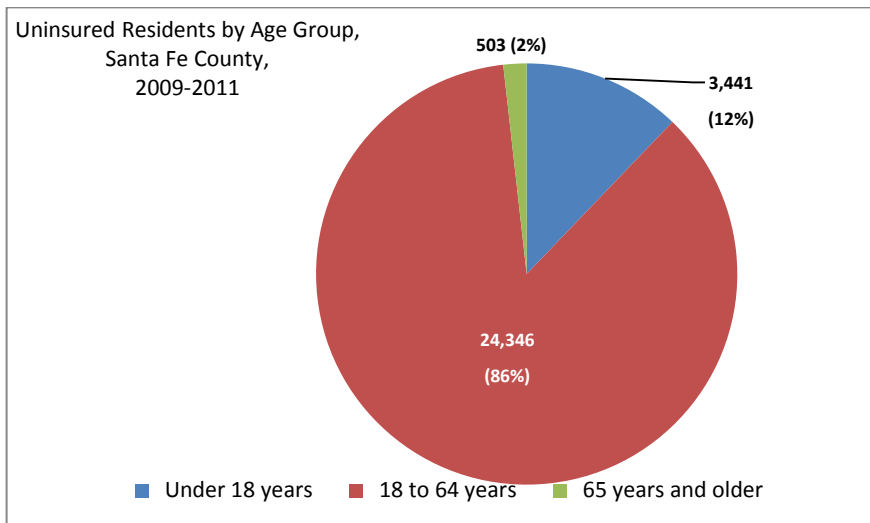
6. Health Insurance

About 28,300 Santa Fe County residents (20%) lack health insurance. The uninsured rate in Santa Fe County is comparable to the rate statewide, despite the fact that lack of insurance is highly correlated with poverty and Santa Fe's poverty rate is significantly lower than the statewide average.

Health insurance coverage is a primary determinant of access to health care. The insured obtain, on average, about 50 percent more health care than the uninsured.¹⁶ The uninsured are more likely than those with coverage to go without preventive care and to delay or forgo necessary medical treatments¹⁷ until they have no choice but to utilize the emergency room. In fact, it is estimated that approximately 250 New Mexico adults die prematurely every year due to lack of coverage.¹⁸ Most of New Mexico's uninsured are low income, and many are unable to pay their medical bills. The cost of providing health care to uninsured New Mexicans is absorbed, in large part, by the other New Mexico residents in the form of higher costs for health insurance and health care as well as higher state and local taxes.

The vast majority (87%) of the county's uninsured are between the ages of 18 and 64. Since 2000 the uninsured rate among Santa Fe County's working age adults increased from 21 percent to about 27 percent. Statewide, 28 percent of adults between 18 and 65 are uninsured.¹⁹

Seniors, in contrast, constitute less than two percent of the county's uninsured population. The high rate of insurance among seniors is due in large part to Medicare; most Santa Fe seniors also have health coverage to supplement Medicare.



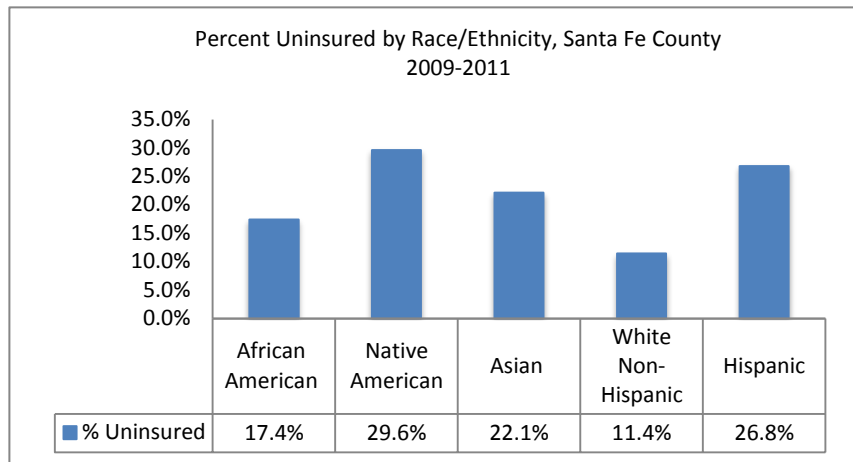
Source: US Census Bureau American Community Survey 2011 3-Year Estimates (2009-2011)

Employment is the most common source of insurance for adults in Santa Fe County, yet almost 19 percent of Santa Fe County adults who work full time and year round are uninsured. Medicaid is the most common source of health insurance for Santa Fe County children.

Forty percent of county children are enrolled in Medicaid. An additional 36 percent of children in Santa Fe are insured through their parents' employment. Twelve percent of Santa Fe County's uninsured are children. In New Mexico, Medicaid coverage is available to children under 235 percent of the federal poverty level (\$54,168 for a family of four in 2012). Over 60 percent of the county's uninsured children live in households with incomes that do not qualify them for Medicaid.

As is the case throughout New Mexico, men in Santa Fe County are more likely than women to lack health insurance. Twenty-three percent of Santa Fe County men and 16.9 percent of women are uninsured. In both Santa Fe County and New Mexico overall, Native Americans are more likely than any other racial or ethnic group to be uninsured.

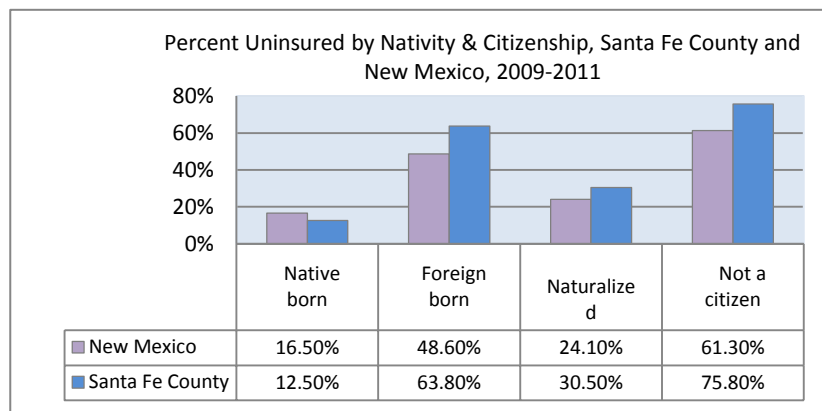
Thirty percent of Native Americans in Santa Fe County and 40 percent of Native Americans in New Mexico are uninsured. In contrast, White Non-Hispanics have the lowest uninsured rates both in Santa Fe County and statewide.



Source: US Census Bureau American Community Survey 2011 3-Year Estimates (2009-2011)

Lack of health insurance is extremely prevalent among foreign-born county residents. Almost 13,000 foreign-born residents of Santa Fe County are uninsured, and the vast majority (88%) of uninsured foreign-born Santa Fe residents are not U.S. citizens.

Overall, almost two-thirds of the county’s foreign-born residents and over three quarters of non-citizens are uninsured. The percentage of foreign-born residents who lack health insurance is considerably higher in Santa Fe County than it is for New Mexico overall.



Source: US Census Bureau American Community Survey 2011 3-Year Estimates (2009-2011).

Health Care Reform

Implementation of federal health care reform is expected to enable over 10,000 currently uninsured low-income adults in Santa Fe County to obtain health insurance coverage under Medicaid, reducing the county’s uninsured rate by at least one third.²⁰ Like many states, New Mexico has elected to expand its Medicaid program to adults with income below 138 percent of the Federal Poverty Level (\$26,344 for a family of 3) under the federal Affordable Care Act (“ACA”). Enrollment of newly-eligible adults in New Mexico Medicaid could begin as early as January 1, 2014.

Forty-five percent of Santa Fe County’s uninsured population has income below 138 percent of the federal poverty level (FPL). Medicaid is the primary source of health insurance coverage for New Mexico’s low income children, but, with the exception of pregnant women, only a tiny fraction of extremely low income parents currently qualify for Medicaid coverage.

Non-citizens who are legally present in the U.S. will qualify for the Medicaid expansion and health insurance premium assistance provided under ACA. However they will be subject to a five-year waiting period for Medicaid coverage. The more than 6,000 undocumented immigrants living in Santa Fe County, on the other hand, will not qualify for any assistance under ACA. Thus, even under the most effective and inclusive implementation of ACA, thousands of low income Santa Fe residents will remain uninsured.

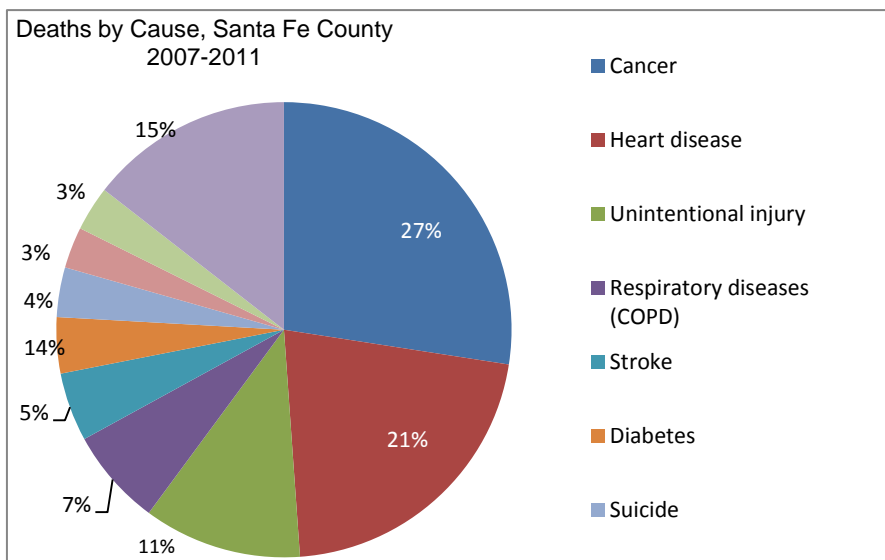
III. COMMUNITY HEALTH STATUS

A. Mortality

Mortality describes what people are dying of, and when. This section explains the leading causes of death; alcohol-related deaths; average age at time of death and premature death.

1. Leading Causes of Death

The leading causes of death in Santa Fe County, in order of incidence are: cancer, heart disease, unintentional injury, chronic lower respiratory diseases (primarily chronic obstructive pulmonary disease or COPD), stroke, diabetes, suicide, Alzheimer’s disease and chronic liver disease/cirrhosis. Mortality rates from cancer, heart disease, COPD stroke, diabetes and liver disease and lower in Santa Fe County than in the state overall. Mortality rates from unintentional injury, suicide and Alzheimer’s disease in Santa Fe County are statistically comparable to those statewide.



Identifying the leading causes of death for a community or population enables public health officials and health care providers to reduce premature death by most effectively targeting health improvement and prevention resources.

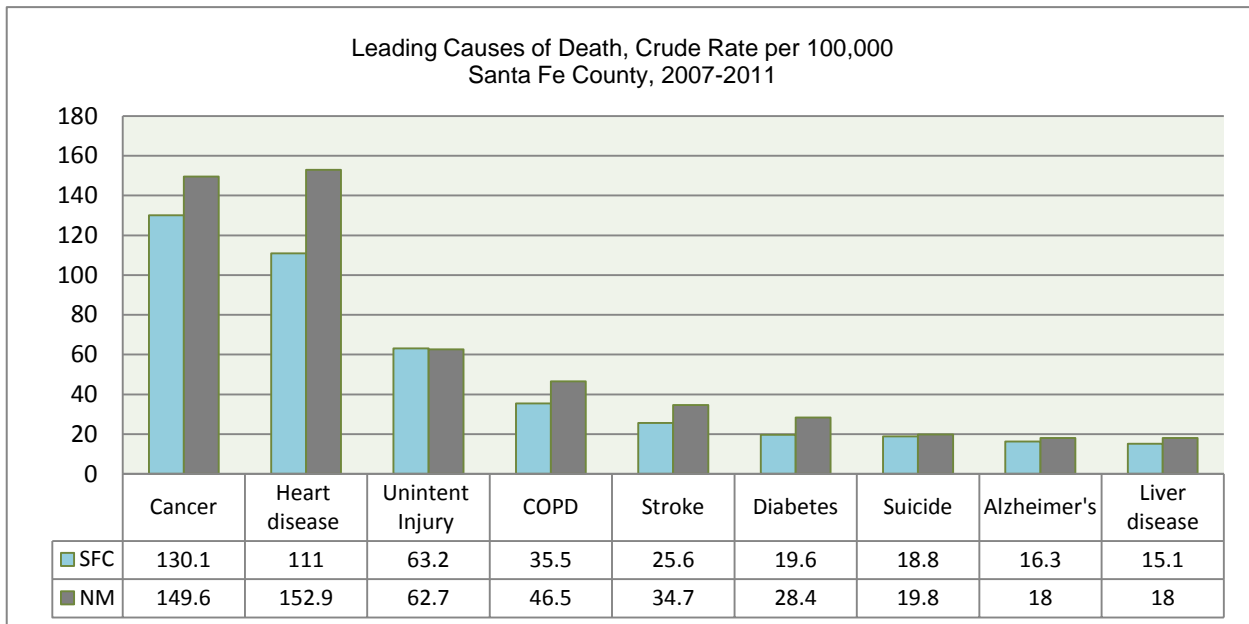
Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics,

Within Santa Fe County, death rates from cancer and heart disease are roughly comparable for Hispanic and White Non-Hispanics and lower for Native Americans. Hispanics have the highest rates of stroke and unintentional injury mortality. Mortality rates from liver disease and diabetes are much lower for White Non-Hispanics than for Hispanics and Native Americans. The mortality rate from COPD is statistically comparable across races/ethnicities in Santa Fe County.

Crude mortality rates from cancer, heart disease, COPD, unintentional injury, stroke and Alzheimer’s disease are higher for Santa Fe County Hispanics than they are for Hispanics statewide. However, these disparities disappear when mortality rates are age-adjusted. The age-adjusted mortality rate for Hispanics in Santa Fe County is actually lower than the age-adjusted mortality rate for Hispanics statewide. Age-adjusted diabetes mortality and heart disease mortality are lower for Hispanics in Santa Fe County than for New Mexico Hispanics.

Both crude and age-adjusted mortality rates from all leading causes of death except unintentional injury and suicide are lower for Non-Hispanic White residents of Santa Fe County than they are for Non-Hispanic White New Mexicans.

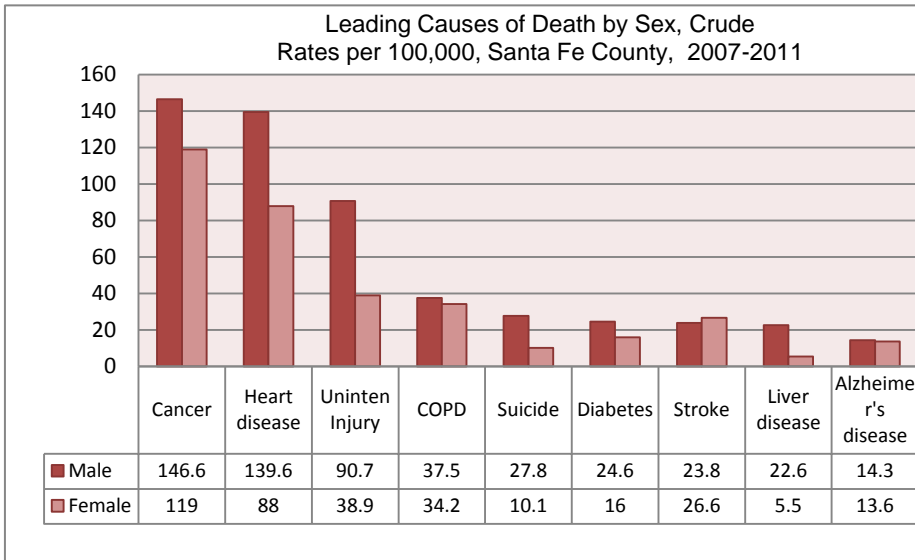
Crude and age-adjusted mortality rates for unintentional injury and suicide are lower for Native American residents of Santa Fe County than they are for Native Americans statewide. The age-adjusted mortality rate for heart disease is lower for Native Americans in Santa Fe County than for New Mexico Native Americans.



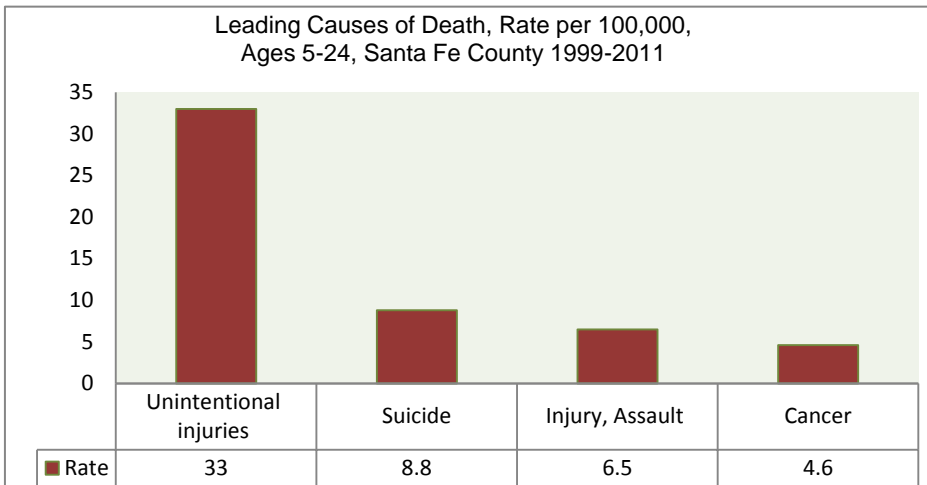
Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico

The leading causes of death are the same for males and females in Santa Fe County, but mortality rates from heart disease, cancer, unintentional injury, suicide and liver disease are higher for males. Females have higher rates of mortality from Alzheimer’s disease. Mortality rates from stroke and chronic lower respiratory diseases (primarily COPD) are statistically comparable for men and women.

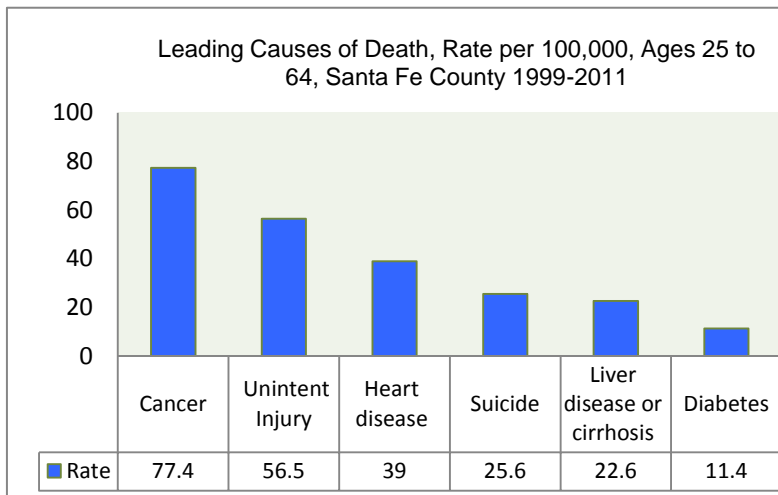
Unintentional injuries, primarily traffic accidents and drug overdoses, are by far the leading cause of death for Santa Fe residents ages five through twenty-four.



Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico

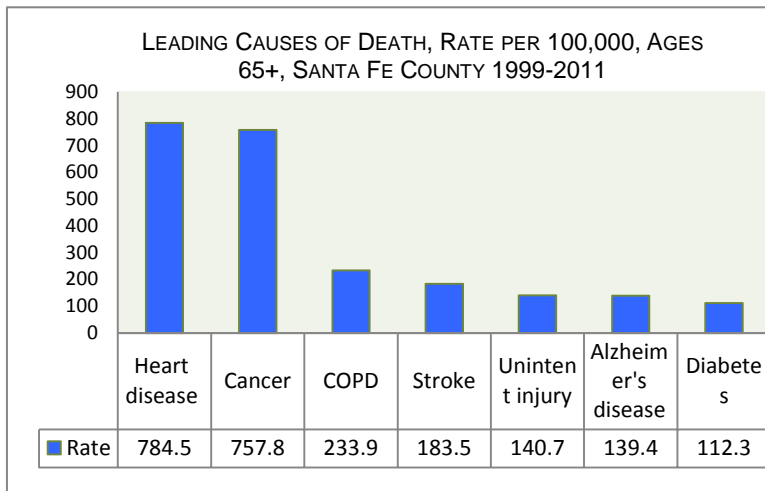


Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico



The leading causes of death for county residents ages 25 to 64 in order of incidence are cancer, unintentional injury, heart disease, suicide, liver disease and diabetes.

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico



Heart disease and cancer are the leading causes of death for county seniors, followed by lower respiratory diseases and stroke. Falls are the leading cause of unintentional injury deaths among the county's elderly.

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico

2. *Premature Death*

Premature death is measured in Years of Potential Life Lost (YPLL). Premature deaths are defined as deaths that occur before a person reaches a particular age. The New Mexico Department of Health uses age 75 as the threshold in its published calculations of premature death. Many deaths that occur in people younger than 75 are considered to be preventable and, all other things being equal, the younger someone dies, the more preventable the death.

YPLL is considerably lower in Santa Fe County than the rest of New Mexico. In 2006, the YPLL for Santa Fe County women was 4,092 years, 25 percent below the New Mexico women's total of 5,419 years and 22 percent lower than the national women's YPLL of 5,249 years. Santa Fe's total YPLL for women was also the lowest of New Mexico's 10 largest counties. The YPLL for men in Santa Fe County was 7,996, 21 percent below the total for all New Mexico men and 10 percent below the total

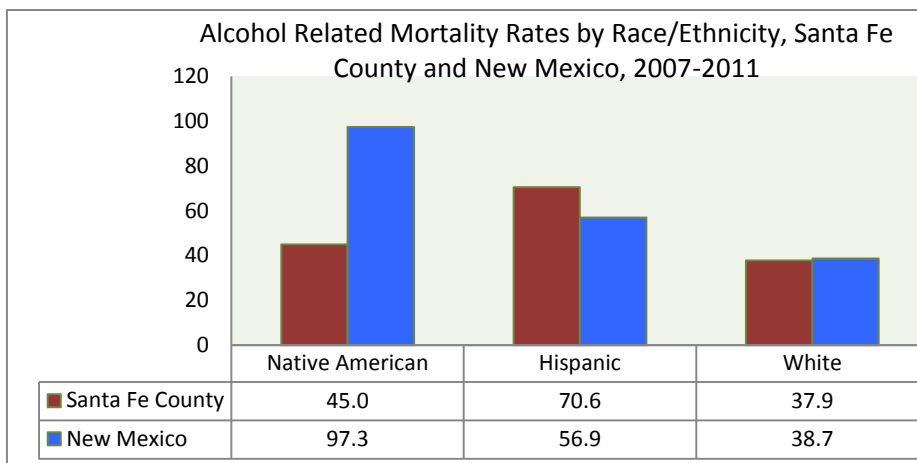
YPLL for men nationally. Santa Fe’s total YPLL for men was the second lowest among New Mexico’s 10 largest counties.

YPLL captures an aspect of population health not reflected in age-adjusted mortality rates. YPLL emphasizes the deaths of younger persons by weighting them more heavily. The YPLL of a person who dies at 55 is 20, whereas the YPLL of one who dies at 65 is 10. The death of the 55 year old thus contributes 20 years to the total YPLL, while the death of the 65 year old contributes half that amount to the total.

a. Alcohol related Deaths

In 2011, an estimated 96 Santa Fe County residents died as a result of alcohol consumption. A 2009 study by the New Mexico Department of Health estimated that each alcohol-related death constituted 27 years of potential life lost.²¹ Thus, in 2011 alone, 3,000 years of potential life were lost to alcohol in Santa Fe County. In New Mexico, alcohol-related death cost 30,700 years of potential life in 2011.

The Department of Health study also estimated that the health care, criminal justice, property damage and productivity costs of alcohol abuse in New Mexico exceeded \$2.5 billion annually, 26 times more than the state generated in revenue from liquor sales and excise taxes.



The burden of alcohol-related mortality in Santa Fe County is borne disproportionately by the County’s Hispanic population. The alcohol-related death rate for county Hispanics is almost twice that of Non-Hispanic Whites.

Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

The alcohol-related death rate for Hispanic residents of Santa Fe County is also 25 percent higher than the rate for all Hispanic New Mexicans. In contrast, the alcohol-related death rate for Native American residents of Santa Fe County is one-half the statewide rate.

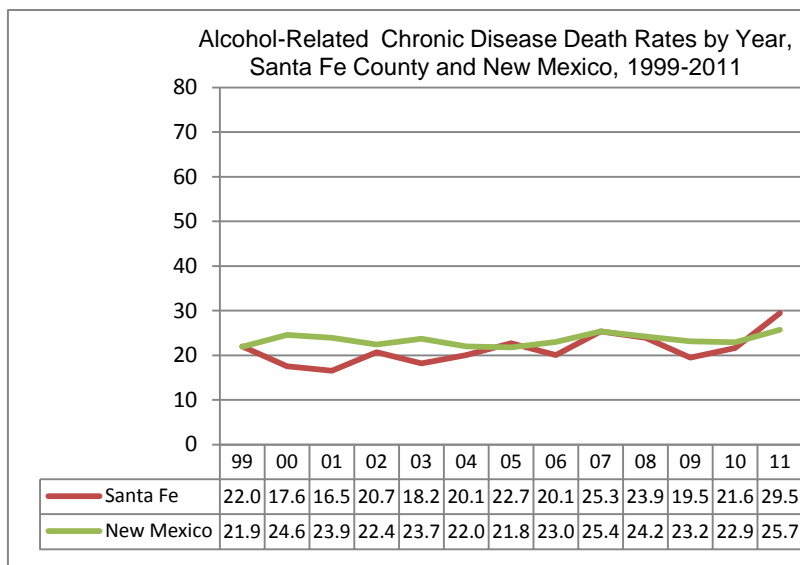
Overall, Santa Fe County’s alcohol-related mortality rate is comparable to the statewide rate. Rates of death from alcohol-related chronic disease and alcohol-related injury are both considerably higher for males than females.

Deaths directly related to alcohol include alcoholic liver disease, alcohol poisoning and DWI, but, as noted earlier, alcohol is a serious risk factor for all of the leading causes of death and thus mortality

directly attributable to alcohol is only a fraction of the deaths in which alcohol is a factor. The estimates of alcohol-related death presented here were derived by the New Mexico Department of Health using the U.S. Centers for Disease Control Alcohol-Related Disease Impact (ARDI) model.²² ARDI estimates alcohol-related deaths by multiplying the total number of deaths in a cause-of-death category by the percent of deaths in that category that are typically caused by alcohol. This percent varies from 100 percent for causes of death such as alcohol poisoning and fetal alcohol syndrome that are completely related to alcohol to much less than 100 percent for causes that are only sometimes related to alcohol use. For instance, 24 percent of deaths from acute pancreatitis, 47 percent of homicides and 23 percent of suicides are estimated to be alcohol-related.

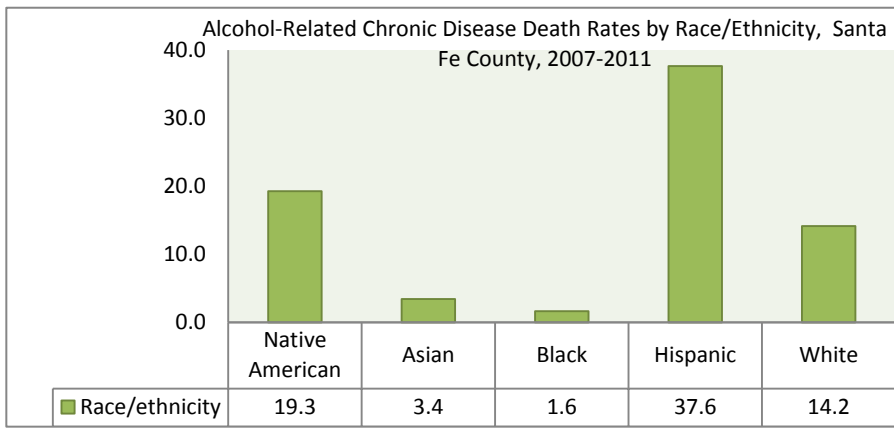
Alcohol-related deaths can be broken into two broad categories, those resulting from alcohol-related chronic disease and those resulting from alcohol-related injury.

b. Alcohol Related Chronic Disease



Measures of mortality from alcohol-related chronic disease include all or portions of deaths due to pancreatitis, alcoholic liver disease, epilepsy, hypertension, heart disease and numerous other chronic illnesses known to be correlated with alcohol.²³

Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.



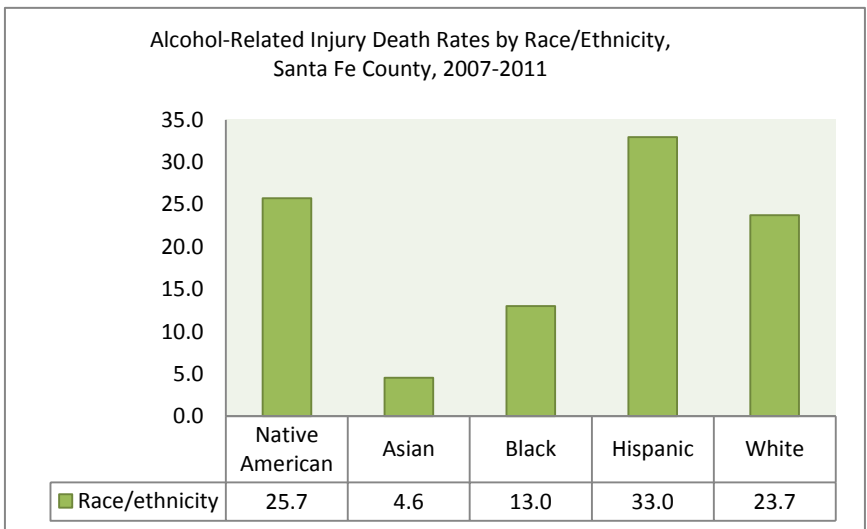
The ethnic disparity in alcohol-related deaths is particularly evident for alcohol-related chronic disease.

Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

In Santa Fe County, the alcohol-related chronic disease death rate for Hispanics is 38 deaths per 100,000, compared to 19 deaths per 100,000 for Native Americans and 14 deaths per 100,000 for White Non-Hispanics.

c. Alcohol Related Injury

Binge drinking greatly increases the risk of both intentional and unintentional injuries. In fact, all of the leading causes of injury death – motor vehicle accidents, poisonings, falls, homicide and suicide – are highly correlated with excessive alcohol consumption.



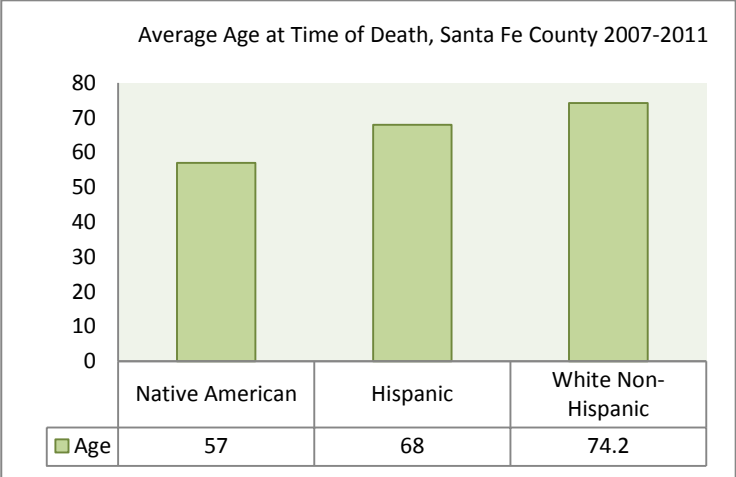
Measures of mortality from alcohol-related injury include all or portions of the deaths resulting from causes such as homicide, suicide, traffic accidents, child abuse, drowning and hypothermia.²⁴

Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

3. Average Age at Time of Death

The average age at time of death is 71 for both Santa Fe County and New Mexico. For Santa Fe County men the average age at death is 67, for County women it is 75. White Non-Hispanics, on average, live longer than any other Santa Fe County race or ethnic group. The average age at death for White residents of Santa Fe County is 74, 30 percent higher than the average age at death for Native Americans and nine percent higher than the average age at death for Hispanics.

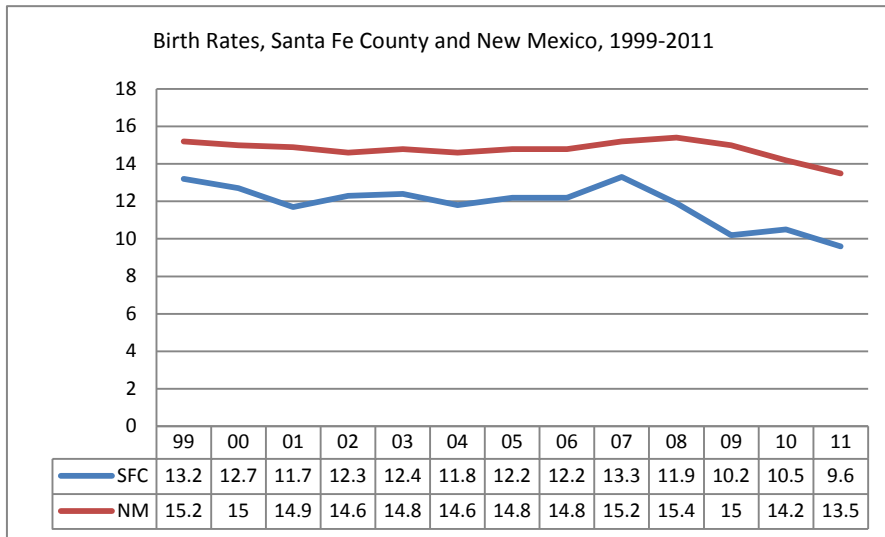
When analyzed by race/ethnicity, there is no significant difference between Santa Fe County and in New Mexico the average age at death.



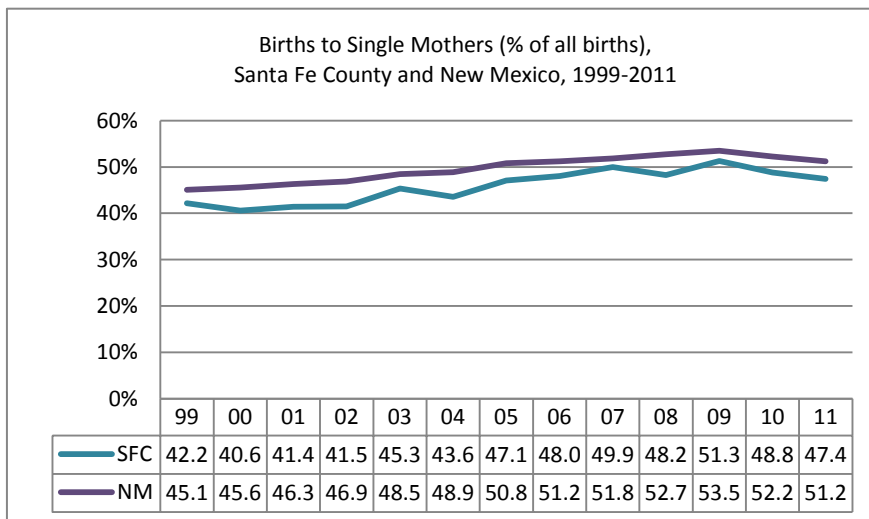
Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health

B. Maternal and Infant Health

In 2011, 1,394 babies were born to Santa Fe County residents. The birth rate in Santa Fe County has declined in the past several years, as it has throughout the United States.



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



In 2011, 47 percent of Santa Fe County births were to single mothers. Births to single mothers have increased fairly steadily since 2000, but remain slightly below the statewide percentage.

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

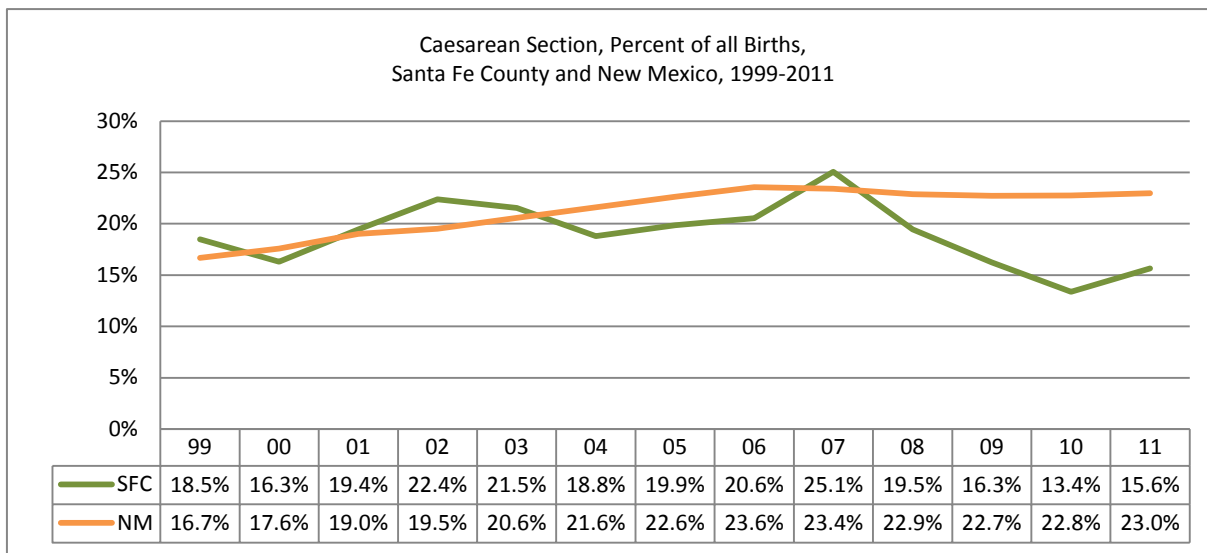
1. Caesarean Births and VBAC

The percentage of Santa Fe County babies born by Caesarean section (C-section) decreased from 18.5 percent of all births in 1999 to 15.6 percent of births in 2011. During that period the percentage of

New Mexico infants born by C-section steadily climbed from 16.7 percent to 23 percent. Currently about one-third of the babies born in the United States are delivered by C-section.

Caesarean section, although commonplace, remains major surgery and can entail serious complications including blood clots, excessive bleeding, infection, longer recovery time and injury to the bladder, uterus or bowel. Many of the procedures currently being performed are not medically necessary.

Many factors, including the induction of labor, increased prevalence of maternal risk factors such as obesity and diabetes, concerns about liability by practitioners and facilities, and increases in multiple births and maternal age have contributed to the national increase in C-Sections. Having had a previous C-section increases the likelihood of delivering by C-section again.

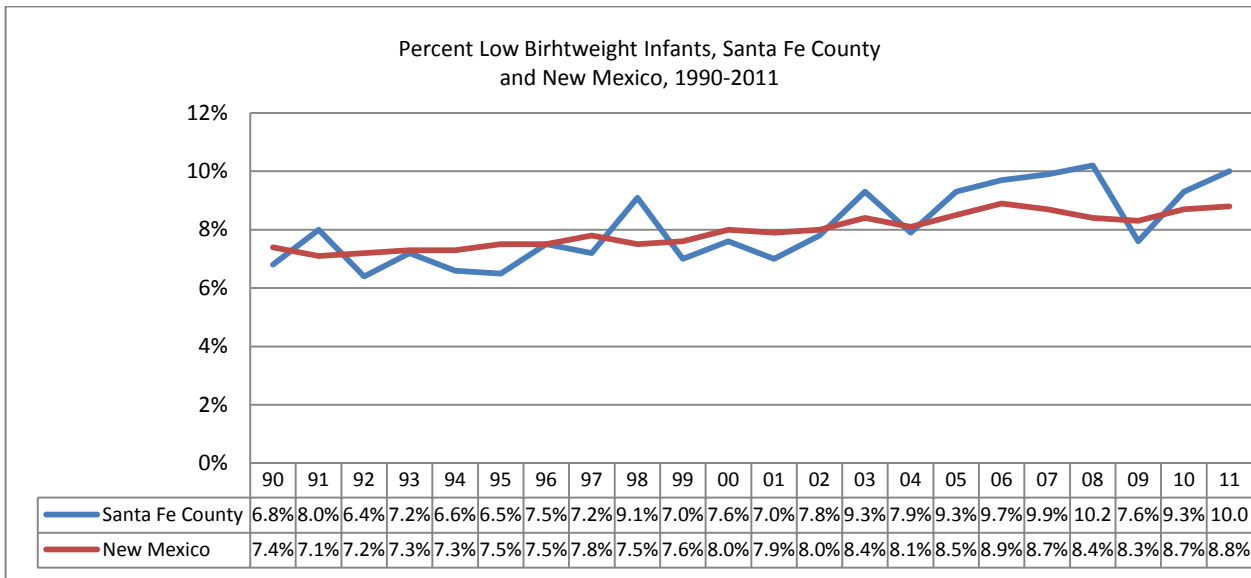


New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

Vaginal Births After Caesarean (VBAC) in Santa Fe County dipped from 1.2 percent of all births in 1999 to .3 percent in 2004 before inching back up to 1.3 percent in 2011. Although most women who have delivered by Caesarean remain candidates for subsequent vaginal births, many opt for Caesarean delivery again because they don't fully understand their options or the relative risks. Others are dissuaded from attempting VBAC by risk-averse providers, facilities and health insurers.²⁵

2. *Low Birth Weight*

In 2011, 10 percent of babies born to Santa Fe County residents and 8.8 percent of babies born to New Mexico residents were low birth weight.²⁶ Infants born weighing less than 2,500 grams (about 5 pounds, 8 ounces) are considered low birth weight. Since 1990 the percentage of low birth weight babies has increased in both Santa Fe County and New Mexico.

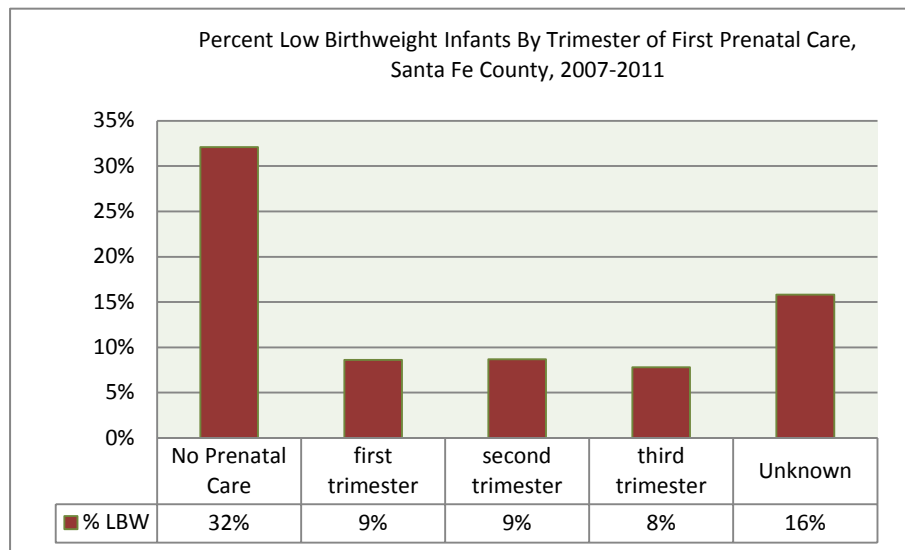


Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

In Santa Fe County, rates of low birth weight were twice as high for mothers who used tobacco during pregnancy than for those who didn't smoke. Fifteen percent of babies born to mothers who smoked were low birth weight, compared to 7.6 percent of births for mothers who did not smoke.

Lack of prenatal care is also highly correlated with low birth weight. Thirty-two percent of women in Santa Fe County who received no prenatal care gave birth to low birth weight babies.

Low birth weight often results when babies are born before 37 weeks of gestation.



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

Multiple birth is the leading cause of both pre-term birth and low birth weight in the U.S. In recent years, in vitro fertilization has increased the incidence of multiple births and thus low birth weight in the U.S.²⁷ Overall, three percent of births in Santa Fe County are multiple births. However, 19 percent of Santa Fe County's low birth weight babies were multiple births. Women under 18 and over 40 are also more likely to give birth to low birth weight infants.

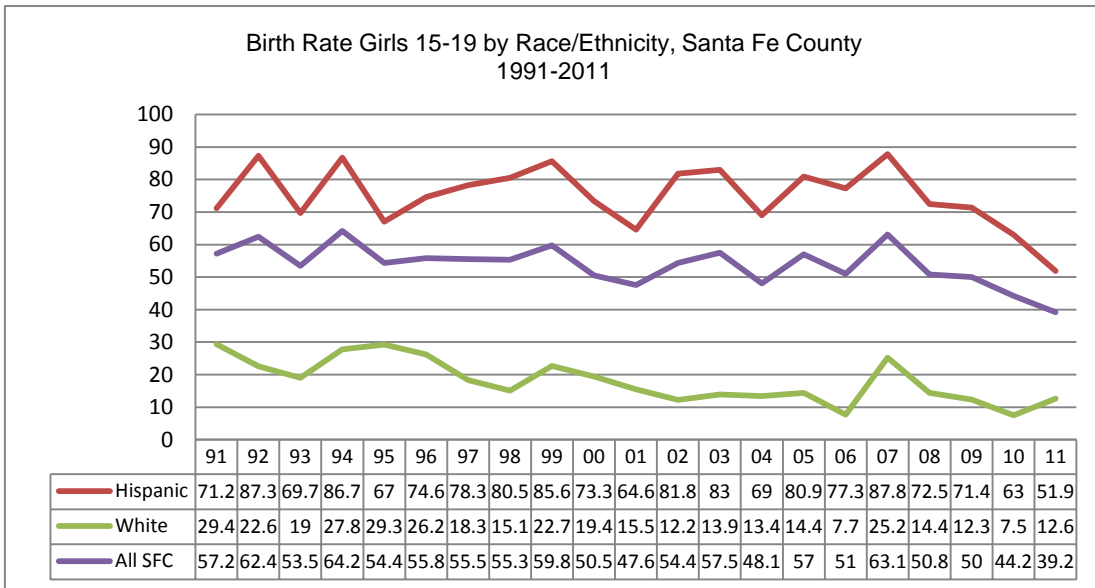
Low birth weight increases the risks of numerous health problems and infant death. Low birth weight infants who survive often require intensive medical intervention at birth, are at increased risk of life threatening conditions, including heart disease,²⁸ throughout life, and may require special education

services or other forms of special support or remediation. Health care costs are substantially higher for low birth weight infants in both the short and long term.²⁹

3. Teen Births

Santa Fe County, like the rest of New Mexico, has experienced a significant decline in teen births. Since 2007, the birth rate for Santa Fe teenagers has fallen by 38 percent, from 63.1 births per thousand girls ages 15 to 19³⁰ to 39.2 births per thousand. During the same period the birth rate for New Mexico teens fell by 27 percent, from 65.2 births per thousand to 47.8 births per thousand. Santa Fe County’s teen birth rate is lower than the statewide average, but it remains higher than the U.S. rate.

Most teen pregnancies are unintended. Over three-quarters of Santa Fe new mothers ages 15 through 17 say they wanted the pregnancy later or never. Sixty percent of new mothers ages 18-19 and 41 percent of mothers ages 20 to 24, would have preferred to defer or forego pregnancy and motherhood.³¹



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

Childbearing by teenagers increases health risks for both mothers and infants and diminishes maternal opportunities for education and economic advancement, greatly increasing the chance that the child will be raised in poverty. Children who begin life at a disadvantage often never overcome their early challenges and can impose significantly higher costs on the health care, education and social welfare systems.

Despite recent declines, New Mexico remains second only to Mississippi in births to teens.³² Since the early nineties, teen birth rates in every state have decreased substantially. The U.S. teen birth rate has declined by 44 percent since its most recent peak in 1991.³³

Major factors thought to have contributed to the reduction in teen births include strong pregnancy prevention messages aimed at teenagers, increased use of contraception and dual contraceptive use (for instance using both condoms and hormonal birth control).³⁴

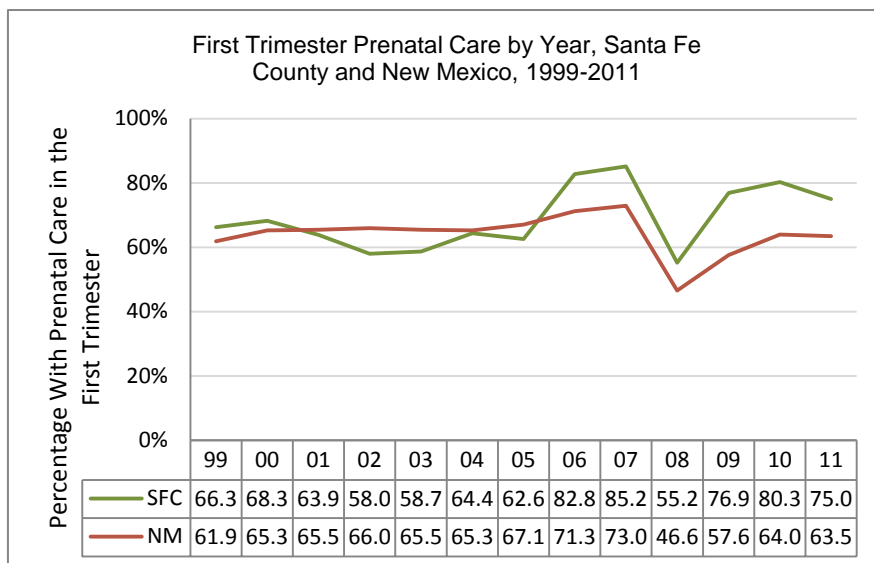
4. *Infant Mortality*

In 2011, the infant mortality rate was 6.5 infant deaths per 1,000 births in Santa Fe County and 6.1 deaths per 1,000 births in New Mexico. Infant mortality is death of infants under one year of age. The difference between infant mortality rates for the state and the county is not statistically significant. In 2006, the infant mortality rate was 4.2 deaths per 1,000 in Santa Fe County and 6.5 deaths per 1,000 in New Mexico. This difference in the 2006 and 2011 county infant mortality rate is also not statistically significant.

Between 2006 and 2011, 35 Hispanic infants (7.2 per 1,000 births) and 17 White Non-Hispanic infants (7.7 per 1,000 births) died in Santa Fe County. The difference between the mortality rates for Hispanic and White Non-Hispanic infants was not statistically significant.

In New Mexico, congenital malformations, deformations and chromosomal abnormalities account for 20 percent of infant deaths and are the leading cause of infant mortality. The second most common causes of infant mortality in New Mexico are disorders related to prematurity and low birth weight.

5. *Prenatal Care*

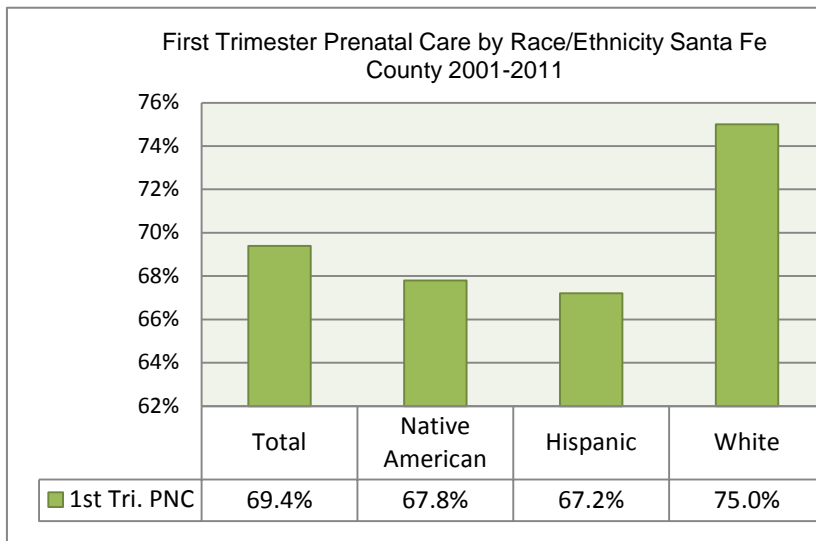


Babies born to mothers who received no prenatal care are three times more likely to be born at low birth weight and five times more likely to die in infancy than those whose mothers received prenatal care³⁵. The percentage of expectant mothers in Santa Fe County who received first trimester prenatal care increased by about 10 percentage points between 1999 and 2011.

Source: New Mexico Birth Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

The increase in prenatal care was statistically significant. Rates of first trimester prenatal care in Santa Fe County are roughly comparable to those for New Mexico.

The first twelve weeks (trimester) is one of the most critical periods of pregnancy. Prenatal care that begins in the first trimester is important because it helps to identify medical problems and risk factors early, helps to establish healthy habits, and connects parents with support and educational resources that can benefit them throughout pregnancy. The benefits of early prenatal care are greatest for women at risk for poor birth outcomes, including low income women and teenagers.³⁶



Three-quarters of White Non-Hispanic mothers received prenatal care in the first trimester, compared to two-thirds of Native American and Hispanic mothers. The racial and ethnic disparity in rates of prenatal care is statistically significant.

Source: New Mexico Birth Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health

6. *Opiate-Addicted Pregnant Women and Babies*

Opioid dependence during pregnancy is compounded by multiple risk factors contributing to adverse maternal, neonatal and long-term developmental consequences for the baby. Across the state the number of pregnant women affected by substance abuse, particularly prescription opioid abuse, has grown, presenting challenges for the medical care of the mother and her baby.

In Santa Fe County, there has been a significant increase in the number of babies born at the CHRISTUS St. Vincent Regional Medical Center who had been exposed to prescription opiates, heroin, and cocaine during pregnancy. More babies were also born to mothers who were on methadone and subutex, drugs used to treat opiate addiction. The Santa Fe County Detention Center also reports an increase in pregnant-addicted inmates, with a record high of 15 in July 2012. The County Detention Center's only recourse for many of these inmates was to take them to the Milagro Program at U.N.M. in Albuquerque; this presents challenges of sending security guards for the several day stay at that program, getting the women pre-natal care and taking them regularly to treatment.

The need for early identification of pregnant-addicted women is critical as abrupt discontinuation of opioids in an opioid-dependent pregnant woman can result in preterm labor, fetal distress or fetal death.

7. *Early Childhood Development*

The most effective behavioral health prevention and intervention services are those provided to very young children and their families. Early childhood mental health is defined as the healthy social and emotional development of a child from birth to 3 years. Mental health services for young children seek to promote healthy social and emotional development; prevent mental health problems and treat the mental health problems of very young children in the context of their families. Early childhood mental health services are structured as a three-tiered hierarchy, the bottom and broadest tier of which are

universal services, such as social marketing campaigns, targeted to all parents and caregivers that promote social-emotional wellness and good infant mental health. The second tier in the infant mental health service hierarchy is prevention. Prevention services specifically target families and children that are above-average risk for developing social or emotional problems. Prenatal and postnatal home visiting services for teen parents and families already involved with the juvenile justice and child protective systems are an example of prevention services. Treatment services, the top tier of the infant mental health service hierarchy, are intensive early interventions provided to young children and their families that assess, diagnose and treat children with mental health and developmental disorders.

Several programs in Santa Fe County seek to identify and address behavioral health issues in very young children and their families.

- *United Way of Santa Fe County Children's Project* provides home visitation from the time of birth, an early learning center, out of school reading and tutoring programs, and parent education.
- *Las Cumbres Community Services Community Infant Program* provides early childhood mental health for young children birth to six struggling with social/emotional challenges.
- They work closely with the parents, pre-schools and providers in prevention and treatment of potentially severe behavioral problems.
- *New Vistas* provides evaluation and assessment, early intervention and treatment for children birth to three with developmental delays and disabilities. *New Vistas* also provides speech, physical & occupational therapy, case management, family counseling, health services, nutritional counseling, and family support.
- *Presbyterian Medical Services* provides home visiting services, *Head Start* and *Early Head Start* including Center and home based programs.
- *Santa Fe Public Schools Nye Early Childhood Program* provides comprehensive pre-school services and therapies to children with disabilities, ages three to five.

C. *Children and Youth*

In 2011 33,600 Santa Fe County residents were under the age of 19. Children and youth comprise 23 percent of the county's population and 28 percent of New Mexico's population.

1. *Child Poverty*

The child poverty rate in Santa Fe County increased from 15.2 percent in 2000 to 25.2 percent in 2011, but it still remains below the New Mexico statewide rate of 30.7 percent. Although this statistic was mentioned earlier in the text, it bears repeating because the overwhelming majority of bad outcomes for children are in one way or another linked to poverty. The extremely large increase in child poverty over the last decade thus has serious health implications for Santa Fe County's children and families.

2. *Health Insurance*

In Santa Fe County, 3,400 children lack health insurance coverage. Health insurance is another key determinant of child health outcomes and providing health insurance to low-income children can help to ameliorate the deleterious impacts of poverty.³⁷

Medicaid is the largest single insurer of children in both Santa Fe County and New Mexico. Since 2000, the uninsured rate for Santa Fe County children has declined from 17 percent to 11 percent, due largely to expansions in New Mexico Medicaid. Still, 12 percent of the County’s uninsured are children. It is estimated that over 60 percent of the County’s uninsured children could qualify for Medicaid on the basis of their family’s income.³⁸ Coverage rates for children in Santa Fe County are slightly lower than rates for the state overall, although the differences are not statistically significant.

3. Immunization

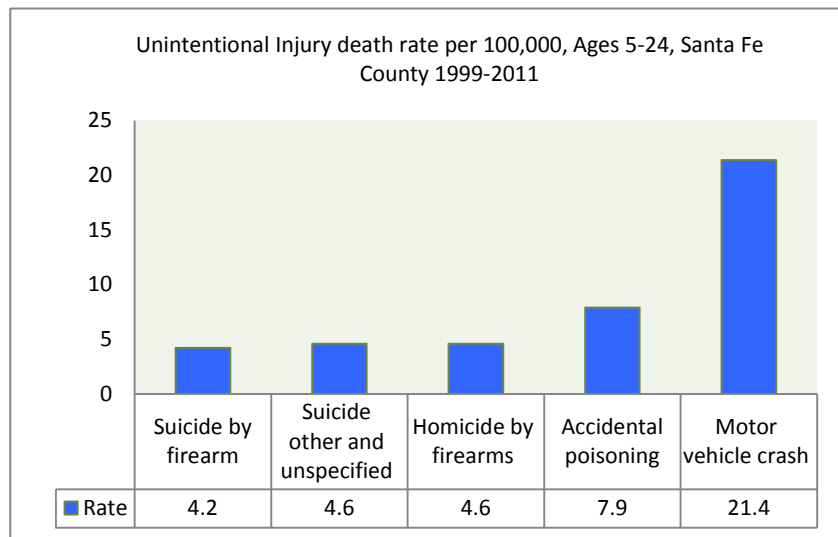
Vaccines are critical to disease prevention. It is recommended that by the age of two all children have received four doses of diphtheria-tetanus-pertussis (DTP), three doses of polio, one dose of measles-mumps-rubella (MMR), three doses of Hepatitis B, three doses of Haemophilis Influenza, type B (Hib), and one dose of Varicella vaccine.

In 2011, 74 percent of Santa Fe County children and 86 percent of children in New Mexico had received the recommended vaccine series by their second birthday.³⁹ Santa Fe County has New Mexico’s fourth lowest childhood vaccination rate. The reasons for the county’s below-average immunization rate are not entirely clear, but may include a relatively large number of parents who object to childhood vaccination or choose to vaccinate later than is recommended because of concerns about side effects, lack of health care access for low income families,⁴⁰ and data anomalies due to the limited sample of providers surveyed to estimate immunization rates.⁴¹

4. Mortality Among Children and Youth

In 2011, there were 26 deaths of Santa Fe County residents under the age of 24, accounting for about two-point-five percent of all county deaths that year. Nine of the deaths were infants under the age of one.

Unintentional injury is, by far, the leading cause of death for Santa Fe County residents ages five to 24.



Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit

Motor vehicle crashes account for most unintentional injury deaths in this age group, followed by accidental poisoning, which is usually the result of illicit or prescription drug overdose.

5. Sexual Behaviors and Contraception

Early sexual activity has numerous potential consequences for youth, including unplanned pregnancy and sexually transmitted diseases (STDs). Despite recent declines, New Mexico continues to have the nation's second highest teen birth rate. Santa Fe County's teen birth rate is lower than the statewide average, but it remains higher than the U.S. rate. Nationally, over half of new STD infections are among people 15-24 years old.⁴²

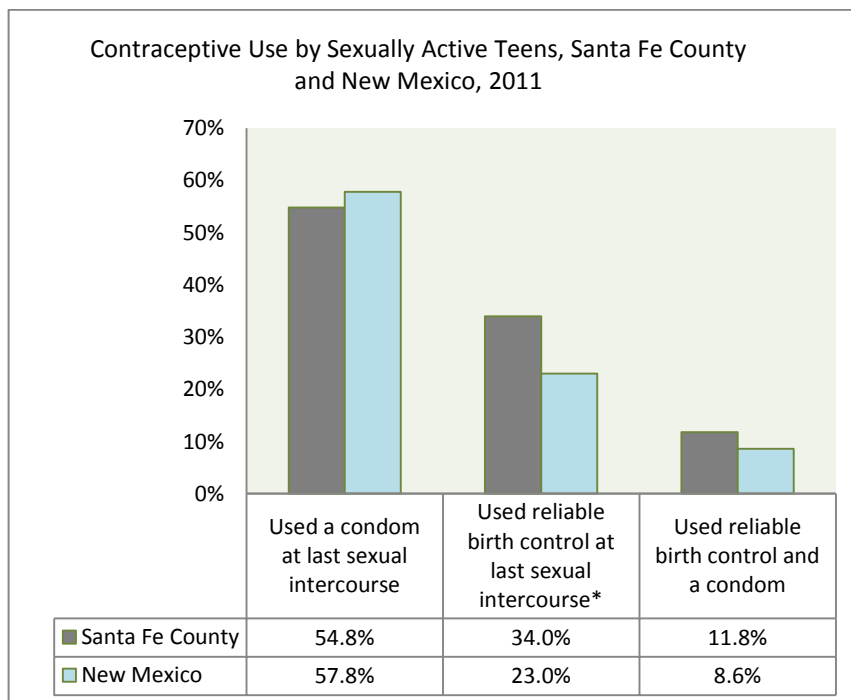
Sexual Activity High School Students, Santa Fe County 2003-2011					
	2003	2005	2007	2009	2011
Ever had sex	59.6%	53.7%	56.7%	47.6%	51.0%
Sexually active	40.4%	41.8%	39.4%	32.9%	36.1%
Used a condom	62.7%	53.3%	65.1%	59.6%	54.8%
Intercourse before 13	12.9%	13.3%	10.3%	9.1%	9.5%

Source: New Mexico Youth Risk and Resiliency Survey, Santa Fe County, 2011

The percentage of Santa Fe County high school students who have had sex or are currently sexually active declined slightly between 2003 and 2011.

In 2011, 36 percent were sexually active, and 51 percent had had sex at least once. These differences, however, were not statistically significant.

The percentage of Santa Fe County high school students who said they had used a condom the last time they had intercourse decreased from 63 percent in 2003 to 55 percent in 2011, slightly below the 58 percent rate reported by youth statewide.

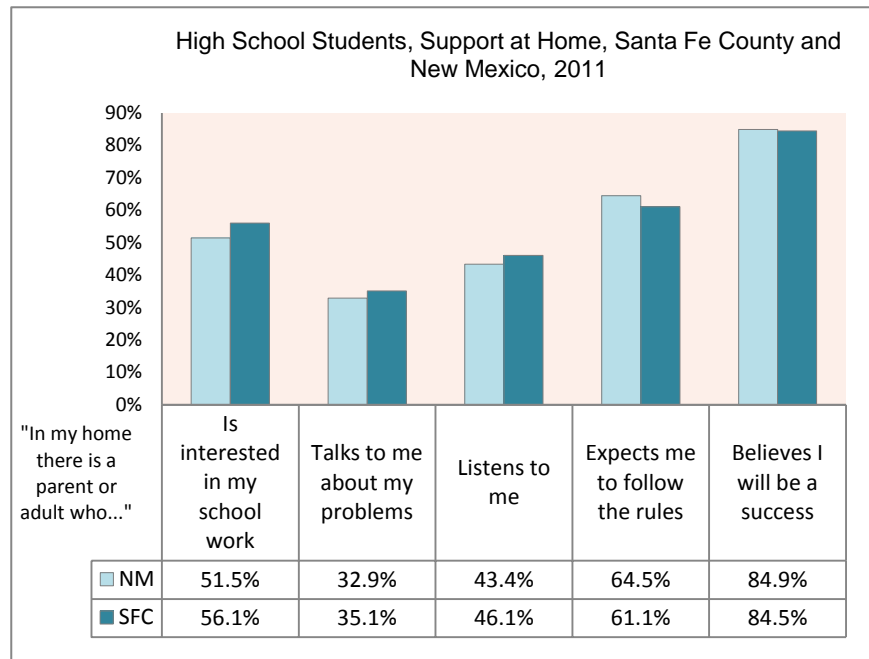


Santa Fe County high school students are more likely than other New Mexico high school students to use reliable birth control. Thirty-four percent of sexually active Santa Fe County high school students and 23 percent of New Mexico high school students used an IUD or hormonal contraception such as birth control pills, injections, implants or rings the last time they had sexual intercourse.

*Statistically Significant difference

6. Social Support

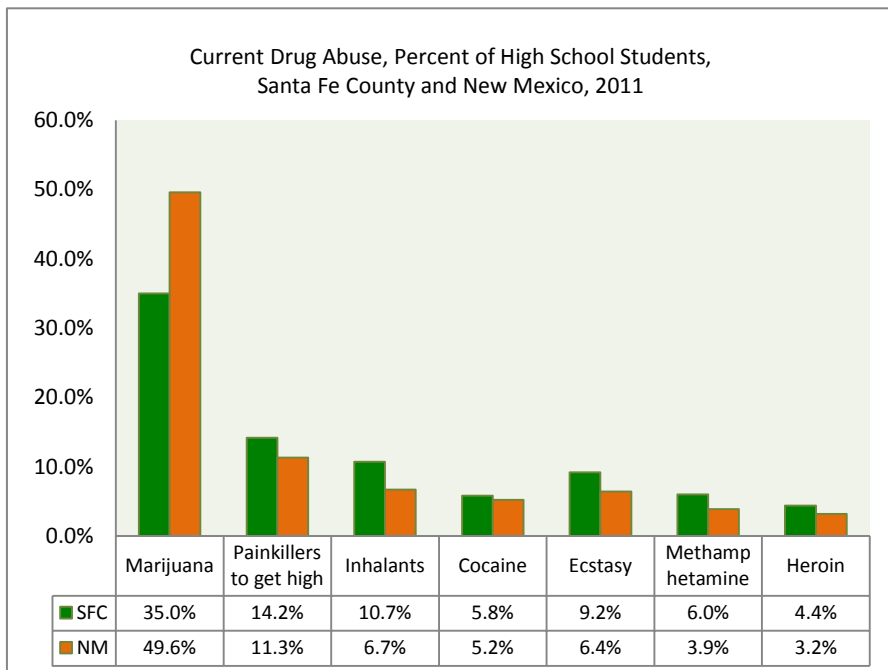
Social support at home, at school and in the community is key to the emotional and physical well-being of children and youth. In 2011, 35 percent of high school students in Santa Fe County said there was an adult at home with whom they could discuss their problems, 36 percent felt that at least one adult at their school cared about them, and just over half had a peer with whom they could discuss their problems.



Source: New Mexico Youth Risk and Resiliency Survey, Santa Fe County, 2011

Forty-four percent of Santa Fe County high school students were involved in sports or other extra-curricular activities at school and 36 percent were involved in-group activities in their community. Santa Fe County youth are comparable to New Mexico youth on most measures of social support.

7. Drug Abuse



For the most part, rates of illicit drug use by high school students in Santa Fe County are statistically comparable to those of other New Mexico teenagers. However, teens in Santa Fe County are more likely than other New Mexico teens to use painkillers to get high and to abuse inhalants.

One third of Santa Fe teenagers say they currently smoke marijuana, but 58 percent have tried it at least once and one quarter used marijuana prior to their 13th birthday.

D. Seniors

Today, almost 20,000 residents of Santa Fe County are 65 or older. Seniors currently make up roughly 14 percent of the County’s non-institutionalized population but this percentage is expected to increase dramatically in the coming years as increasing numbers of baby-boomers reach age 65. Between now and 2040, Santa Fe County’s senior population is expected to increase three-fold, from about 20,000 to about 60,000.

1. Demographics

The median age for Santa Fe County seniors is 72 years old. Women make up 55 percent of the county’s senior population. One in three seniors has one or more disability.

Santa Fe County Seniors, 2007-2011		
	65 years and over	All Ages
Total population	19,743	141,702
Male	45%	49%
Female	55%	51%
Median age (years)	72.6	42.6
African American	0.9%	0.6%
Native American	1.6%	2.5%
Asian	0.7%	1.2%
Hispanic	34.1%	50.4%
White Non-Hispanic	62%	44%
Married	53.7%	47.5%
Widowed	21.7%	5.2%
Divorced	18.3%	16.4%
Separated	1.1%	1.7%
Never married	5.3%	29.2%
Civilian veteran	25.1%	10.3%
US Native	93%	87%
Foreign born	7%	13%
Not a U.S. citizen	2.3%	5.9%
In labor force	21.2%	66.6%
Employed	19.8%	61.3%
Seeking employment	1.4%	5.3%
Not in labor force	78.8%	33.4%
Source: American Community Survey 5 year estimates 2007-2011		

Twenty percent are employed. Ninety-one percent receive social security retirement benefits, which average about \$17,000 annually. Almost half of County seniors also receive retirement income, which averages \$31,000 annually.⁴³

One in five County seniors is widowed. Seven thousand Santa Fe County (35%) seniors live alone. People over age 65 who live alone are at risk for social isolation, limited access to supportive services and inadequate assistance in emergency situations. As such, lone seniors often lose their independence

or become institutionalized earlier than seniors who live with someone else. Because women live longer, on average, than men, older women are more likely than men to live alone.

2. *Mental and Physical Health*

Santa Fe County residents assess their mental health to be better, on average, than do other New Mexicans, and Santa Fe County seniors are more likely than members of any other age group to consider their mental health to be good.

In contrast, Santa Fe County seniors are more likely than members of other county age group to report that their physical health was “not good” in 14 or more of the past 30 days. Still, the self-assessed physical health of Santa Fe seniors is better than that of seniors statewide.

3. *Access to Health Care*

Santa Fe County seniors are less likely than any other age group to live in poverty. Similarly, only two percent of Santa Fe County seniors are uninsured. However, 23 percent have no health insurance coverage beyond Medicare. Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. Thus, although technically “insured” the 25 percent of county seniors who lack secondary coverage may be under-insured and thus have difficulty obtaining all of the health care they need due to cost. When surveyed, 5.1 percent of Santa Fe County seniors reported that they had been unable to see a doctor when they needed to due to cost.⁴⁴

Health care services are available for seniors who are covered by Medicare, but appointments often require a wait of months, as many physician practices maintain waiting lists or simply do not agree to accept new Medicare covered patients. Most older New Mexicans who need them prefer to receive long-term services at home, yet while the state leads the nation in the percent of Medicaid dollars used to pay for home and community-based services as compared to nursing homes, access to these programs is limited due to long waiting lists, as well as by income and level of care criteria. For those seniors who do not qualify for Medicaid, home health care and hospice services are available under Medicare, but only on an intermittent, short-term basis, and only when medically necessary and ordered by a physician. Hospice services are restricted to those individuals who have a projected life expectancy of six months or less.

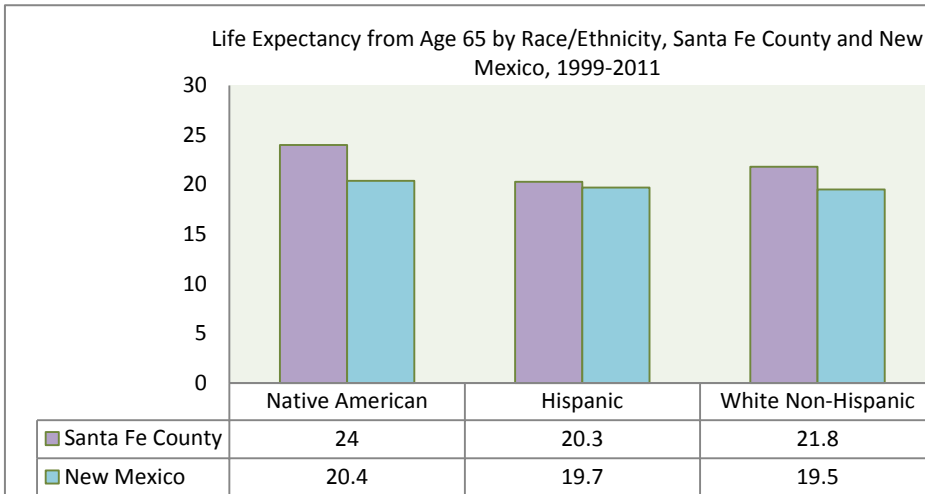
An array of non-skilled personal care services and medical equipment can be obtained by seniors, but generally require a great investment of time to arrange, and are costly. New Mexico maintains a call-center called the Aging and Disability Resource Center, to assist individuals and families to identify and obtain long-term care services that they need. However, this center is not widely known. Similarly, the state maintains a web-based, social services directory populated with a substantial number of local services and providers. Searches can be targeted to very specific needs and geographic areas, but again, this directory is not well-publicized.

In Santa Fe County, not unlike New Mexico and the nation as a whole, there are limited providers of non-medical, homemaker and personal care services, as these services are not covered under the Medicare program at all, and are covered under the Medicaid program only for those who meet income and level of care criteria. Long-term care insurance, a product that generally reimburses policy-holders

for a set dollar amount or a specified time period, helps to a limited degree; however, it traditionally has only sparse participation by seniors and can be costly.

4. *Life Expectancy from Age 65*

Life expectancy at age 65 is an indicator of the health of a community’s older population, because it is a measure that is independent of mortality at younger ages.

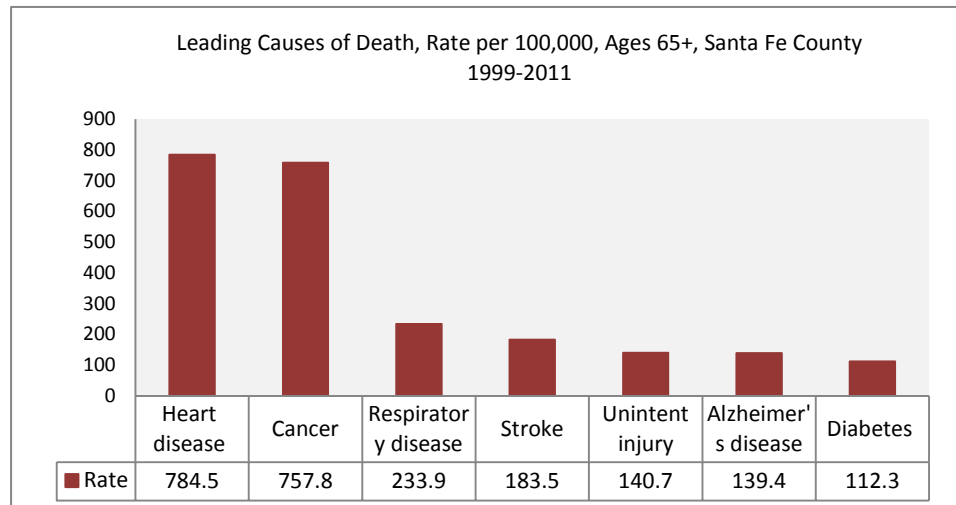


Between 1999 and 2011, life expectancy from age 65 for residents of Santa Fe County increased 12 percent, from 19.6 years to 22 years. Life expectancy for people who reach age 65 is longer for residents of Santa Fe County than it is for other New Mexico residents.

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health

Both in Santa Fe County and statewide, Native Americans have a longer life expectancy from age 65 than either Hispanics or White Non-Hispanics. The life expectancy from age 65 for White Non-Hispanic residents of Santa Fe County is one and a half years longer than that of Hispanics.

Heart disease and cancer are the leading causes of death for County seniors, followed by lower respiratory diseases and stroke. Falls are the leading cause of unintentional injury deaths among the County’s elderly.



Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health

E. Chronic Disease and Disability

Chronic diseases are diseases that are prolonged, non-contagious, and are rarely cured completely. Seven of the nine leading causes of death in Santa Fe County – cancer, heart disease, lower respiratory disease, diabetes, Alzheimer’s disease, stroke and liver disease – are chronic diseases.

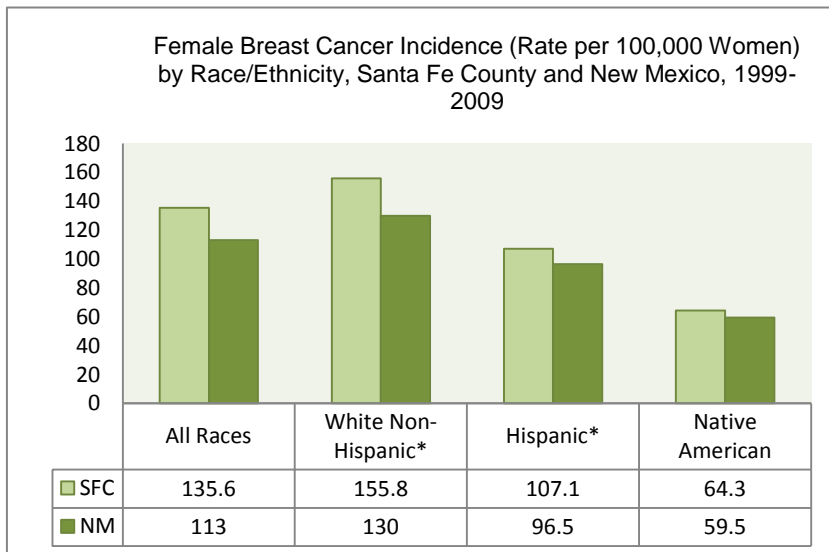
Some chronic diseases are unavoidable, but most result from the complex interplay of multiple factors that often include lack of physical activity, poor diet, smoking and/or alcohol consumption. Chronic diseases often precipitate or exacerbate other health problems. As people age, their chance of having multiple chronic diseases increases.

1. Cancer

Cancer is the leading cause of death in Santa Fe County. Cancers of the lung, breast and colon are the three most commonly diagnosed cancers in both Santa Fe County and New Mexico. They are also the three leading causes of cancer death. Research shows that people who are uninsured or otherwise lack access to health care are more likely to be diagnosed with late-stage cancers that might have been treated more effectively or cured if diagnosed earlier.⁴⁵ Chronic diseases are often discussed in terms of “prevalence” and “incidence”. “Prevalence” refers to the number of people living with a chronic condition. As used here, “incidence” refers to the number of cases reported in a given year.

a. Breast Cancer

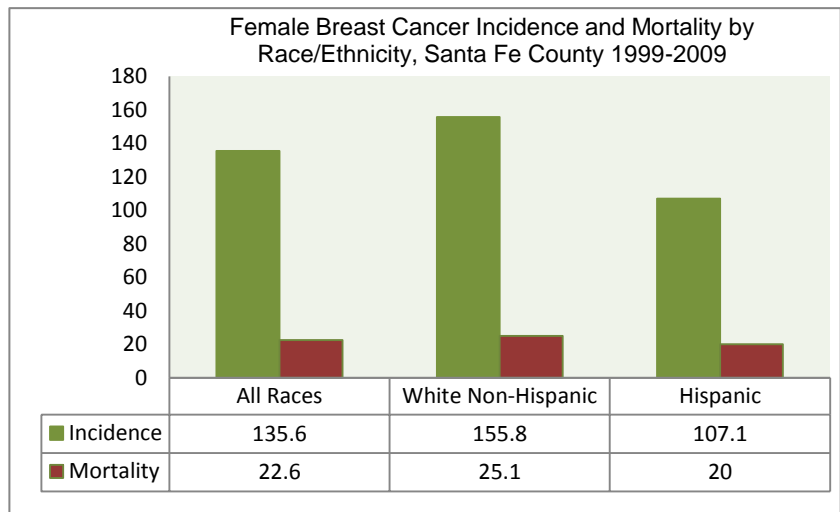
Between 1999 and 2009 an average of 115 Santa Fe County women were diagnosed with malignant breast cancer each year, and an average of 18 County women died of breast cancer annually.



Breast cancer is the most commonly diagnosed cancer among New Mexico women, and the second leading cause of cancer death. The Santa Fe County incidence of breast cancer is higher than the New Mexico incidence for Hispanic and Non-Hispanic White women.⁴⁶ Both in Santa Fe County and New Mexico, White Non-Hispanics are more likely than either Hispanic or Native American women to develop breast cancer.

*Statistically significant difference between Santa Fe County and New Mexico
Source: New Mexico Tumor Registry.

Between 1999 and 2009, the female breast cancer mortality rate in Santa Fe County averaged 22.6 deaths per 100,000 for all races combined, 25.1 for White Non-Hispanics, and 20 deaths per 100,000 for Hispanics.



Source: New Mexico Tumor Registry

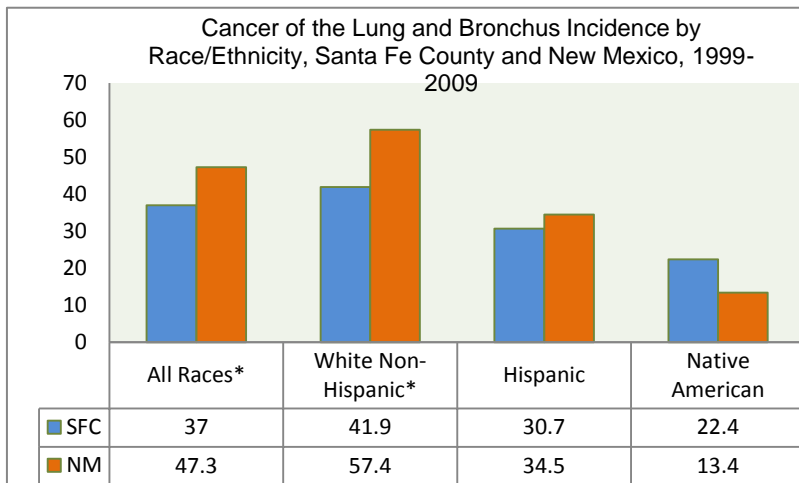
Between 1990 and 2007, breast cancer death rates in the United States decreased by over three percent per year among women younger than 50, and by two percent per year among women 50 and older. New Mexico, however, was one of 14 states in which the breast cancer mortality rate did not decline. The decline in U.S. breast cancer mortality has been attributed to improvements in breast cancer treatment and early detection. That said, the decline in U.S. breast cancer mortality was not equal across populations. Poverty, lack of insurance, unequal access to medical care and race all appear to play a role in disparate breast cancer survival rates.⁴⁷

Over 50 percent of all breast cancers diagnosed in New Mexico are detected at early stages. In New Mexico, the five-year survival rate among women diagnosed with early-stage breast cancer between 1999 and 2003 was 98 percent. Survival rates fell to 81 percent when the cancer was detected at a regional stage, and 25 percent when detected at a distant stage.⁴⁸ Racial, ethnic and socioeconomic factors have all been correlated with the stage at which breast cancer is diagnosed.⁴⁹

Regular screening mammography for women over 40 is considered the best way to detect early-stage breast cancer.

b. Lung cancer

Lung cancer is the second most frequently diagnosed cancer and the leading cause of cancer death in New Mexico.



Source: New Mexico Tumor Registry

*Statistically significant difference between Santa Fe County and New Mexico

Incidence and mortality from lung cancer are lower in Santa Fe County than New Mexico. Between 1999 and 2009 new lung cancer cases were diagnosed at an average annual rate of 37 per 100,000 in Santa Fe County and 47.3 per 100,000 in New Mexico.

In Santa Fe County and statewide lung cancer incidence and mortality are highest for White Non-Hispanics. Between 1999 and 2009, the lung cancer mortality rate for all races in Santa Fe County was 28.3 deaths per 100,000. The mortality rate was 30.9 for White Non-Hispanics and 26 for Hispanics.

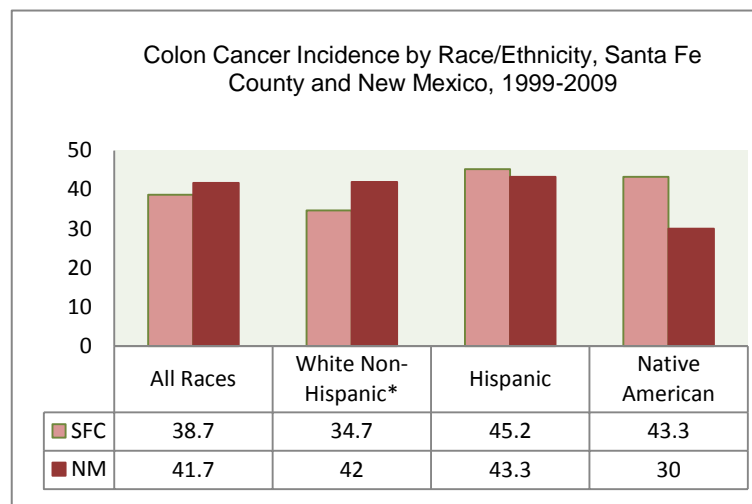
In New Mexico, fewer than one in five cases of lung cancer are diagnosed at early stages. The five-year relative survival rate among New Mexicans diagnosed with early stage lung cancer is under 50 percent.⁵⁰

c. Colorectal cancer

Colorectal cancer is the third most frequently diagnosed cancer in New Mexico and the third leading cause of cancer death. The incidence of colon cancer is slightly lower in Santa Fe County than New Mexico for White Non-Hispanics and comparable to statewide incidence for Hispanic and Native American residents.

Between 1999 and 2009, an average of 38.7 new cases of colon cancer per 100,000 residents were diagnosed each year in Santa Fe County. The New Mexico incidence for that period was 41.7 diagnoses per 100,000.

In Santa Fe County the colon cancer incidence and mortality rates are highest for Hispanics and lowest for White Non-Hispanics. Between 2007 and 2011, the Santa Fe County colon cancer mortality rate was 11 for White Non-Hispanics and 18.4 for Hispanics. However, this difference is not statistically significant.



*Statistically significant difference between Santa Fe County and New Mexico. Source: New Mexico Tumor Registry

Five-year survival from colorectal cancer is almost 90 percent when the cancer is diagnosed before it has extended beyond the inner intestinal wall. In contrast, the five-year survival for widely advanced (metastatic) disease is only about 10 percent. Colorectal cancer screenings such as colonoscopy and sigmoidoscopy can detect early stage cancer, maximizing the chance of long-term survival.

d. Cancer Screening

Many cancers can be cured if detected early and treated promptly. Many can also be prevented by lifestyle changes.

An increasing percentage of Santa Fe County residents over 50 are obtaining key cancer screenings. Between 2004 and 2010 the percentage of Santa Fe County women over 50 who had received a screening mammogram within the past two years increased from 75 percent to 80 percent. Screening colonoscopy and sigmoidoscopy rates for Santa Fe County adults over 50 increased from 54 percent to 70 percent between 2006 and 2010. Over two-thirds of White Non-Hispanics and just over one-half of Hispanics had obtained one or both of these procedures at least once in their lifetime.

2. Heart Disease

Heart disease is the second leading cause of death in Santa Fe County, accounting for 111 deaths per 100,000 residents in the years 2007-2011.

The heart disease death rate has declined in Santa Fe County, New Mexico and the US over the last three decades. The Santa Fe County heart disease mortality rate has remained consistently below the statewide rate.

The decline in heart disease deaths has occurred despite increases in key risk factors including overweight, obesity and diabetes. The U.S. Centers for Disease Control and Prevention attributes the decline in U.S. heart disease deaths to improvements in treatment, including the use of aspirin, as well as better treatment and control of heart disease risk factors including hypertension, high LDL cholesterol and current cigarette smoking.⁵¹

3. COPD

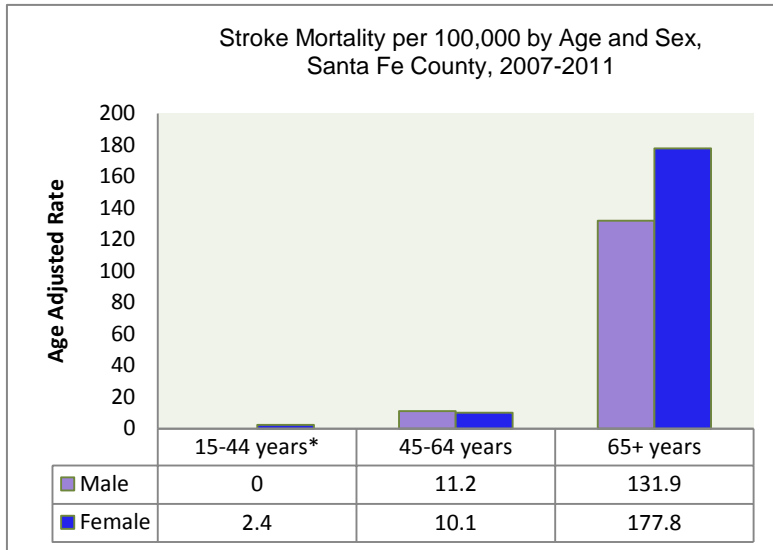
Chronic obstructive pulmonary disease (COPD) is a progressive disease with symptoms that include coughing, wheezing, shortness of breath and chest tightness. Most COPD is caused by cigarette smoking, although long-term exposure to lung irritants such as air pollution, chemical fumes, or dust may also be risk factors.

In 2011, 65 Santa Fe County residents died of COPD. COPD is the county's fourth leading cause of death. Between 1999 and 2011 the COPD mortality rate in Santa Fe County averaged 35.3 deaths per 100,000, significantly lower than the New Mexico COPD mortality rate of 47.2 deaths per 100,000.

Death rates from COPD are roughly equivalent for Santa Fe County Hispanics and White Non-Hispanics and considerably lower for Native American county residents.

4. *Stroke*

Cerebrovascular diseases are diseases that affect the blood vessels in the brain. A stroke occurs when insufficient blood flows to the brain. The reduction in deaths from stroke observed prior to 2005 was likely due to improved control of risk factors such as blood pressure and cholesterol and treatment advances that increased survival rates. Unfortunately, increases in risk factors such as diabetes and obesity threaten to negate the advances made in stroke prevention and treatment.



Stroke is the fifth leading cause of death in both Santa Fe County and New Mexico. Like all the leading causes of death except unintentional injury, the rate of death from stroke in Santa Fe County (28.2 deaths per 100,000 in 2011) is lower than the statewide rate (32.5 deaths per 100,000).

*Rates for this population are statistically unstable due to small sample size
Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

The 2007-2011 average stroke mortality rate for Hispanic residents of Santa Fe County was 30.4 deaths per 100,000, compared to 23 deaths per 100,000 for White Non-Hispanic county residents.

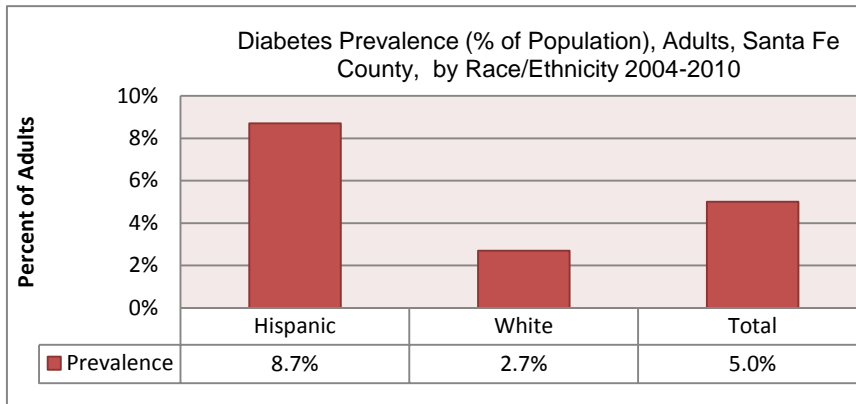
5. *Diabetes*

Diabetes is a group of diseases characterized by high blood glucose levels that result from defects in the body's ability to produce and/or use insulin. In Type 1 Diabetes, also known as Juvenile Diabetes, the body does not produce insulin. Type 1 is not preventable nor is it curable. Its cause is not known. In Type 2 Diabetes, the cells do not respond properly to the insulin produced by the body and/or the body does not produce enough insulin. Type 2 is the most common form of diabetes and is largely preventable through diet, exercise and weight maintenance. Over the last decade New Mexico, like the rest of the country, has experienced a sustained increase in Type 2 Diabetes, which has been correlated with increases in obesity.

Diabetes is the sixth leading cause of death in Santa Fe County. Five percent of Santa Fe County residents and 7.7 percent of New Mexico residents have been diagnosed with diabetes.

Over the last decade, the prevalence of diabetes has increased in New Mexico. The percentage of Santa Fe County respondents to the Behavioral Risk Factor Survey who reported that they have been

diagnosed with diabetes by a doctor also increased between 2004 and 2010. However, perhaps due to small annual sample sizes for the County, the year-over-year changes were not statistically significant.

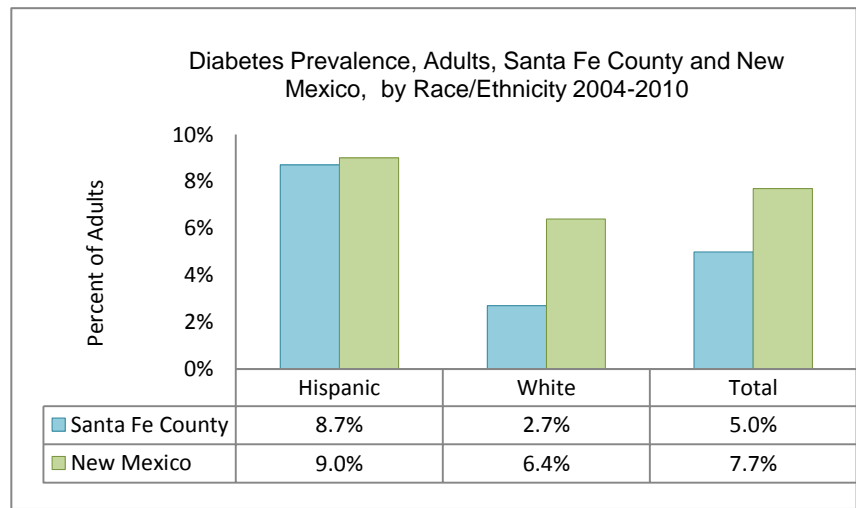


In Santa Fe County diabetes is most prevalent among Hispanics and least prevalent among White Non-Hispanics. Almost nine percent of the county’s adult Hispanic residents have been diagnosed with diabetes, compared to 2.7 percent of White Non-Hispanic adults.

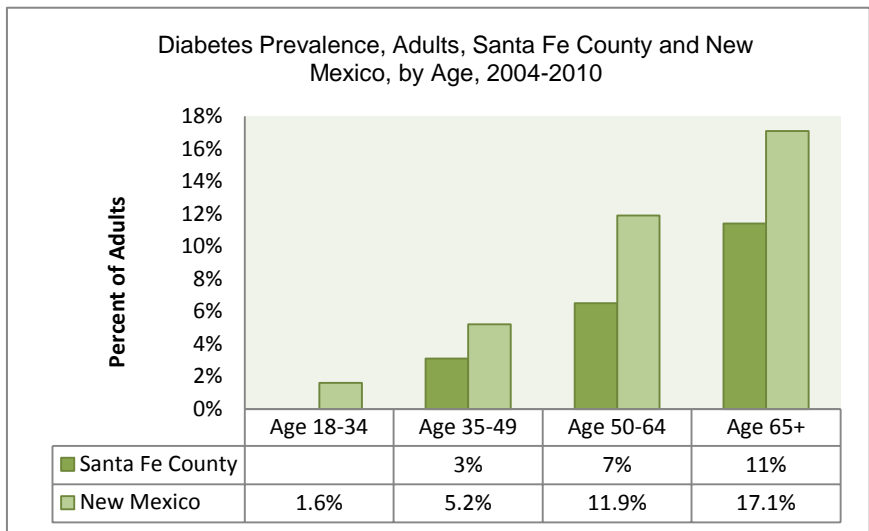
Source: New Mexico Department of Health, Epidemiology and Response Division.

The prevalence of diabetes among Native American residents of Santa Fe County (3.6%) is about one-third of that among Native Americans statewide. Diabetes is also less prevalent among Non-Hispanic White residents of Santa Fe County than it is among White New Mexican in general. The prevalence of diabetes in Santa Fe County’s Hispanic population, however, is comparable to its prevalence for Hispanics statewide.

Both in Santa Fe County and New Mexico, diabetes rates are highest among people over age 50. Seven percent of Santa Fe County residents between 50 and 64 and 11.9 percent of New Mexico residents between 50 and 64 have been diagnosed with diabetes. Eleven percent of Santa Fe County residents 65 and over and 17.1 percent of New Mexico residents 65 and over have been diagnosed with diabetes.



Source: New Mexico Department of Health, Epidemiology and Response Division



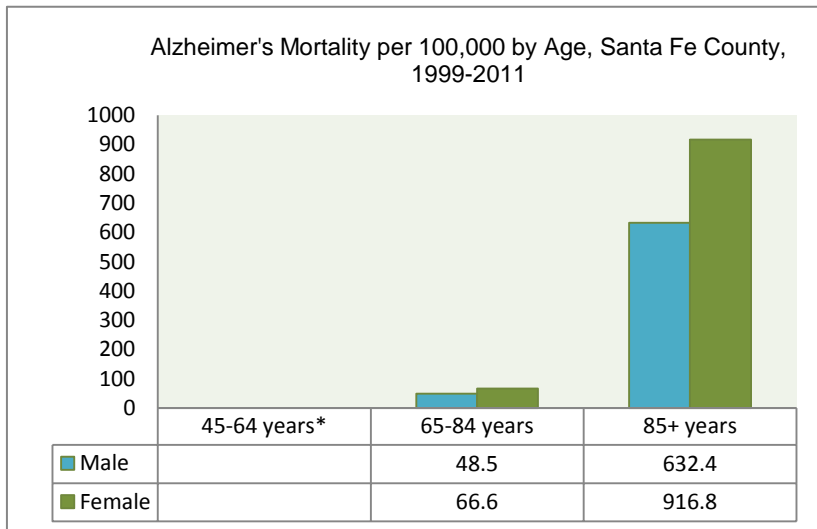
Source: New Mexico Department of Health, Epidemiology and Response Division.

It is estimated that about one-third of people with diabetes do not know they have the disease. Therefore, published prevalence rates likely underestimate the actual percentage of the population that is diabetic.

The health consequences of diabetes accrue and become increasingly severe over time. Diabetes affects many major organs, including the heart, blood vessels, nerves, eyes and kidneys. Diabetics are at greatly increased risk of numerous health conditions including heart attack, stroke, atherosclerosis, high blood pressure, neuropathy, osteoporosis and Alzheimer’s disease.

6. *Alzheimer’s Disease*

Alzheimer's disease, the sixth leading cause of death among Santa Fe County’s elderly and the eighth leading cause overall, is a form of dementia that gradually gets worse over time. It affects memory, thinking, and behavior, ultimately resulting in total incapacitation and death.



Source: New Mexico Department of Health.

Approximately 95 percent of Alzheimer’s patients develop symptoms after age 65 and rates of Alzheimer’s disease increase dramatically with age; Alzheimer’s disease is *not* a part of the normal aging process, however.

Alzheimer’s disease is always fatal and its cause remains largely unknown. However, certain risk factors including long-term high blood pressure and diabetes that can be altered by behavior and/or managed with proper treatment appear to increase the risk of developing the disease.⁵² People who have a close blood relative with the disease are at higher risk of developing it themselves. Long term

high blood pressure and diabetes also appear to increase the risk of developing Alzheimer's disease. Research also suggests that people with fewer years of education are at higher risk for Alzheimer's and other dementias than their more-educated peers.⁵³

The rate of death from Alzheimer's disease is 22.4 deaths per 100,000 for White Non-Hispanic county residents and 18 deaths per 100,000 for Hispanic county residents. It is higher for females than it is for males.

Nationally, African Americans and Hispanics have higher rates of Alzheimer's disease. It is not clear whether the higher prevalence of Alzheimer's disease in these populations nationally is due to genetics, higher rates of certain risk factors or some combination of the two.⁵⁴ The higher prevalence of Alzheimer's disease among Hispanics observed nationally is not evident in Santa Fe County or New Mexico.

There is no cure for Alzheimer's disease and slowing the progression of the disease is extremely difficult. Treatment, however, can help manage symptoms and dramatically improve quality of life.

7. *Arthritis*

Twenty-three percent of Santa Fe County residents and 25 percent of New Mexico residents have been diagnosed with arthritis by a doctor.

Arthritis is inflammation of one or more joints. It is characterized by pain, stiffness and swelling in the affected areas. There are many different types of arthritis. The most common is osteoarthritis, a chronic condition that is part of the normal aging process and results from the deterioration of cartilage due to normal wear and tear on the joints.

Most seniors and many younger adults show some symptoms of arthritis. Risk factors for arthritis include a family history of arthritis, being overweight, having a job that involves a lot of bending and lifting, and sports injuries.

Arthritis can be debilitating. Its prevalence is very likely to increase as greater numbers of baby boomers enter their sixties and seventies. Increasing rates of overweight and obesity are also likely to exacerbate the public health impact of arthritis.

8. *Asthma*

Twelve and a half percent of Santa Fe County adults and 13.5 percent of New Mexico adults currently have asthma. Asthma is a chronic condition in which the airways become inflamed, causing coughing, wheezing and shortness of breath. Asthma can usually be managed with good primary health care, appropriate medications, and lifestyle changes that help asthma patients avoid the situations and substances that trigger their attacks.

Asthma is one of the leading causes of hospital admissions for children both nationally and statewide.⁵⁵ Twenty-four percent of Santa Fe County high school students have been diagnosed with asthma at some point in their lives and 11 percent report currently having asthma.⁵⁶ Asthma rates for Santa Fe

County youth are virtually identical to those reported statewide. Nationally, the prevalence of asthma has more than doubled since 1980.

9. Hypertension

Twenty percent of Santa Fe County adults and 26 percent of New Mexico adults have been diagnosed with hypertension, also known as high blood pressure. Hypertension makes the heart work harder than normal to circulate blood through the blood vessels. It usually has no symptoms but is a major risk factor for stroke, heart attacks, heart failure, aortic aneurysm, peripheral arterial disease and chronic kidney disease. Risk factors for hypertension include, but are not limited to age, family history, overweight and obesity, physical inactivity, excessive sodium intake, excessive alcohol intake and smoking.

10. Disability

Approximately 18,600 residents of Santa Fe County (about 13% of the County's population) have one or more disabilities.⁵⁷ The disability rate in Santa Fe County is roughly comparable to the statewide rate, both of which are considerably lower than the 19 percent national rate.⁵⁸

The prevalence of disability increases with age: 2.7 percent of Santa Fe County residents under the age of five have a disability compared to over 33 percent of seniors⁵⁹.

Ambulatory disabilities, defined by the US Census as "serious difficulty walking or climbing stairs,"⁶⁰ are the most common type of disability in both Santa Fe County and New Mexico. Just over five percent of Santa Fe County residents ages 18 to 64 and 19.8 percent of county seniors have an ambulatory disability.

Cognitive disabilities, defined as "serious difficulty concentrating, remembering, or making decisions" due to a "physical, mental, or emotional condition"⁶¹ are the second most common type of disability among non-elderly adults. For County residents over 65, ambulatory (19.8%), hearing (18%) and independent living (11.1%) disabilities are the most common. Independent living disabilities are defined as "difficulty doing errands alone such as visiting a doctor's office or shopping" due to "a physical, mental, or emotional condition."

Santa Fe County disability rates differ slightly by race and ethnicity: 13.6 percent of Hispanic residents, 12.6 percent of White Non-Hispanic residents and 11.2 percent of Native American county residents have a disability.⁶²

Nationally, the disabled population is expected to double in the next 20 years as the baby boom generation grows older and injured veterans return from war. People with disabilities have higher rates of unemployment and are more likely than people without a disability to live in poverty.⁶³

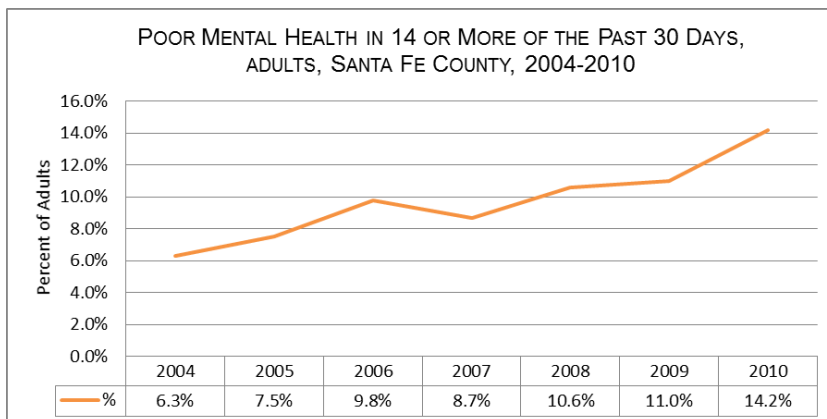
11. Behavioral Health

Behavioral health is a broad term that encompasses a spectrum of issues, from maintaining emotional health and handling everyday stress to coping with chronic and severe mental illness. Behavioral health also includes substance abuse disorders.

Behavioral health care is the multi-disciplinary continuum of services to treat or prevent mental, behavioral, or addictive disorders, including mental health care, psychiatry, marriage and family counseling and addictions treatment.

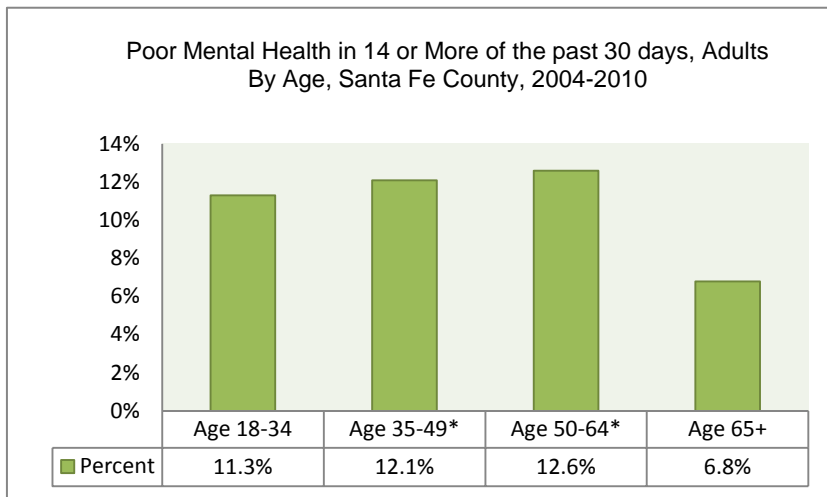
a. Mental Disorders

Mental disorders are characterized by alterations in thinking, mood, or behaviors that cause emotional distress and/or impaired functioning. It is estimated that one in four U.S. adults suffers from a mental disorder.⁶⁴ Mental disorders include depression, anxiety, bipolar disorder, schizophrenia, panic disorder, obsessive compulsive disorder, and post-traumatic stress syndrome. Mental disorders are often linked to situational stress and can be exacerbated by loss of employment, divorce, loss of a loved one, or other life stressors.



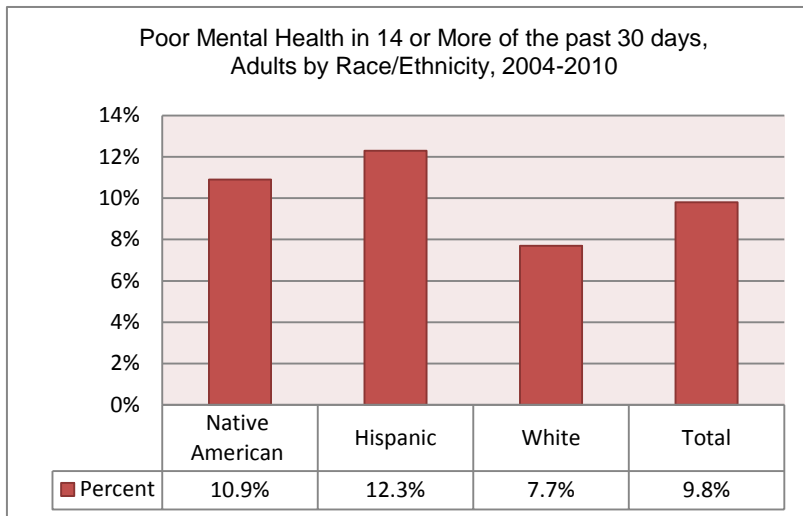
Some mental disorders are not curable, but all are treatable. Yet many Santa Fe residents with mental illness receive inadequate treatment or forego treatment entirely because they are uninsured or underinsured.

Source: New Mexico Behavioral Risk Factor Surveillance System, Injury and Behavioral Epidemiology Bureau, New Mexico Department of Health



*statistically significant difference from Age 65+

Source: New Mexico Behavioral Risk Factor Surveillance System, Injury and Behavioral Epidemiology Bureau, New Mexico Department of Health



Hispanic adults reported poor mental health more frequently than either White Non-Hispanic or Native American county residents.

Source: New Mexico Behavioral Risk Factor Surveillance System, Injury and Behavioral Epidemiology Bureau, New Mexico Department of Health.

b. Serious Mental Illness

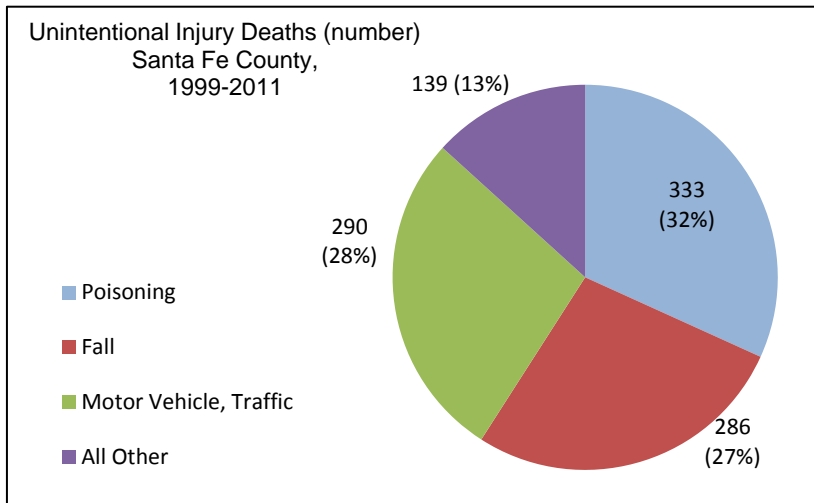
Serious mental illness is the subset of mental disorders that impair an individual’s ability to perform major life activities, such as working or living independently.⁶⁵ For a person with serious mental illness, maintaining stability requires treatment including medication and psychotherapy as well as services such as supported housing, employment assistance, crisis intervention and transportation.

Based on national statistics,⁶⁶ it is estimated that approximately 2,500 Santa Fe County adults (5% of the adult population) have a serious mental illness and that 30,000 Santa Fe County residents abuse drugs and/or alcohol.⁶⁷ Prevalence of mental illness and addictions in the homeless population is significant. Up to 66 percent of people who are homeless are seriously mentally ill and/or addicted and in need of treatment.⁶⁸

Behavioral health is the most common reason for emergency department (E.D.) visits in Santa Fe County, with the most common E.D. behavioral health diagnoses involving substance abuse, primarily of alcohol (see Section III. L, “Health care Utilization” for more).

G. Unintentional Injury

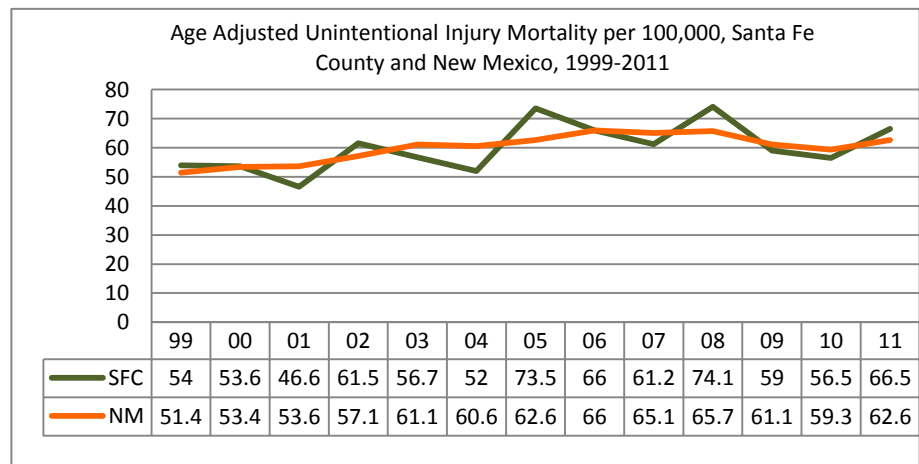
Each year an average of 81 Santa Fe County residents die from unintentional injuries. Unintentional injury accounts for nine percent of all deaths in Santa Fe County and is the third leading cause of death. Poisoning, primarily from drug overdose, is the single largest cause of unintentional injury deaths in Santa Fe County, followed by traffic accidents and falls.



Santa Fe County’s unintentional injury mortality rate increased from 54 deaths per 100,000 in 1999 to 66.5 deaths per 100,000 in 2011. During the same period, the unintentional injury death rate in New Mexico increased from 51.4 to 62.6 deaths per 100,000. The rate increase in Santa Fe County was statistically significant, but the New Mexico increase was not.

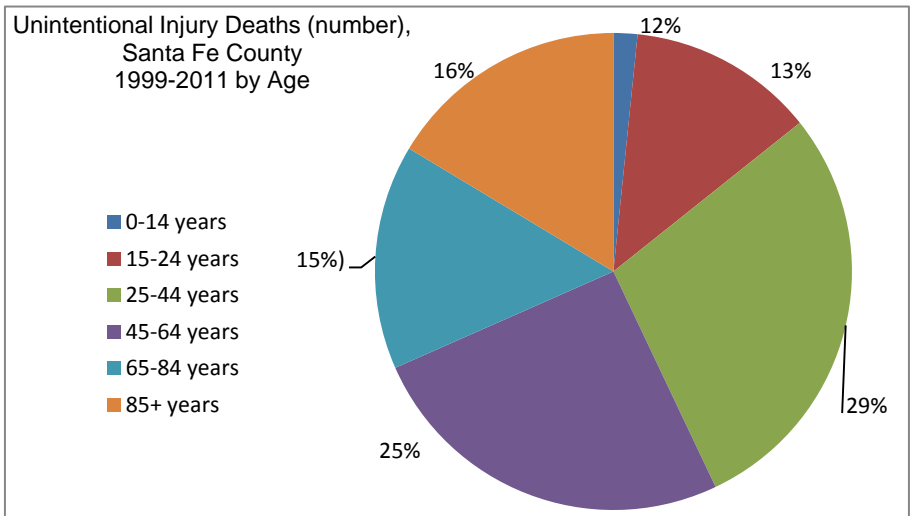
Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

Santa Fe County males have a significantly higher unintentional injury death rate (77.8 deaths per 100,000) than females (41.3 deaths per 100,000). In Santa Fe County, the differential between male and female death rates is especially large for adults in the 45-65 age range.

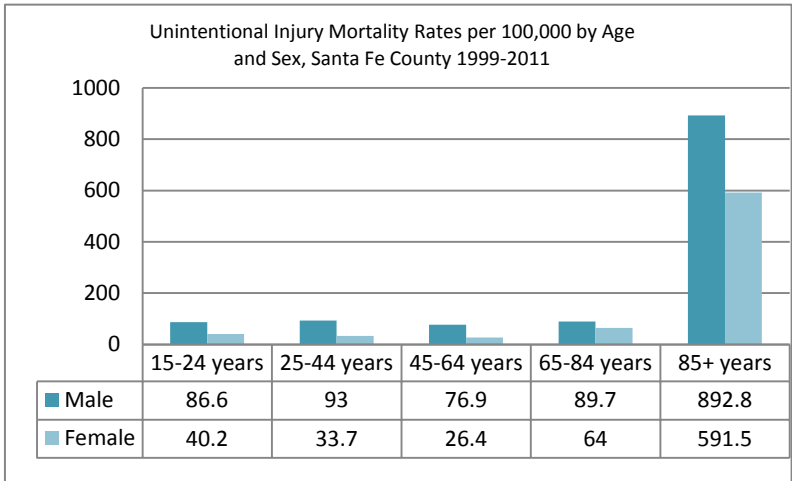


Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

The unintentional injury death rate for adult males in this age range is 76.9 deaths per 100,000, almost three times the rate for women.



Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.



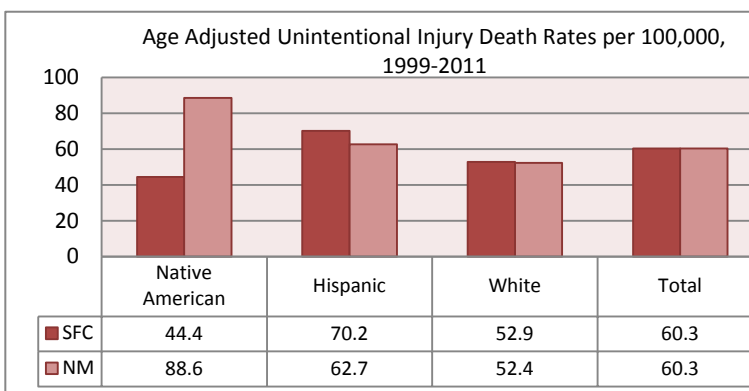
County residents 85 and older have the county’s highest rate of unintentional injury deaths (645 per 100,000) with falls as the leading cause.

Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

Viewed by age group, unintentional injury is the leading cause of death for County residents between the ages of 1 and 44, accounting for one quarter of the deaths for those aged 1 to 14 years, half of all deaths for those aged 15 to 24 and one third of the deaths for those aged 25 to 44. Poisoning is the leading cause of unintentional injury deaths for adults between 25 and 44. Traffic accidents are the leading cause of unintentional injury deaths for those between 15 and 24.

Within Santa Fe County, the age-adjusted unintentional injury mortality rate for Hispanics is higher than the rates for Whites and Native Americans.

Age-adjusted rates of unintentional injury death for Santa Fe County's White and Hispanic residents are comparable to rates for Whites and Hispanics statewide. The unintentional injury mortality rate for Santa Fe County Native Americans is lower than the rate for New Mexico Native Americans.



Source: New Mexico IBIS Mortality Data. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

Unintentional Injury Mortality Rates per 100,000, Santa Fe County 1999-2011				
	Motor Vehicle	Falls	Poisoning	Total
1-14 years	2.9	0	0	2.9
15-24 years	41.6	1	16.4	59
25-44 years	18.3	1.3	36.4	56
45-64 years	14.9	5.3	21.5	41.6
65-84 years	14.2	46	5.7	65.9
85+ years	32	612.7	0	644.8
Total	16.8	16.1	18.7	51.6

The unintentional injury death rate does not fully reflect the burden of unintentional injury. While many residents of both Santa Fe County and New Mexico die from unintentional injuries, many more are hospitalized or treated in emergency rooms, physician offices and clinics. Many unintentional injuries are preventable, particularly those resulting from substance abuse. Poisoning is the single largest cause of unintentional injury deaths. Ninety percent of unintentional poisonings are drug overdoses.

Source: New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

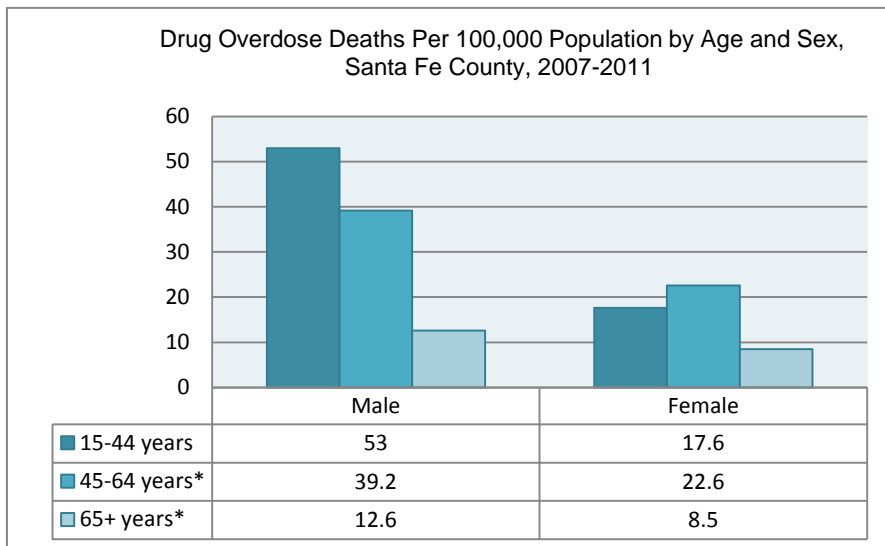
1. Drug Overdose

Drug overdose is a leading and highly preventable cause of death in Santa Fe County and New Mexico. Between 1999 and 2011, overdose deaths increased in New Mexico from 15 deaths per

100,000 to 26 deaths per 100,000, and in Santa Fe County from 20 deaths per 100,000, in 2011 to 32 deaths per 100,000. The statewide increase in overdose deaths was statistically significant. The Santa Fe County increase was not.

The drug overdose mortality rate is highest for adults between the ages of 15 and 44. For male residents of Santa Fe County the rate is 59 deaths per 100,000, three times higher than the rate for women in the same age group. The overdose death rate is also considerably higher for Hispanics (29.4 deaths per 100,000) than it is for White Non-Hispanics (19 deaths per 100,000).

In recent years, the nature of drug addiction and overdose have changed substantially in New Mexico, Santa Fe County and throughout the U.S., with the highest rates of death resulting from abuse of prescription painkillers, rather than illicit substances like heroin and cocaine.



For many years illicit drugs, particularly heroin, were the leading cause of overdose deaths in New Mexico, but since 2007, the overdose death rate from prescription drugs such as oxycodone, morphine, and methadone has exceeded the death rate from illicit drugs.

* Not statistically significant

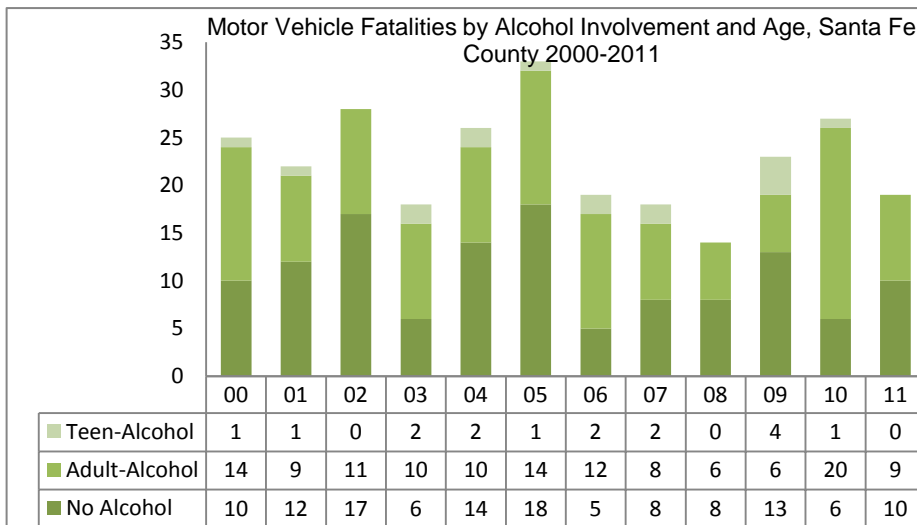
Source: New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

Evidence of the increasing popularity of prescription painkillers as drugs of abuse can also be found in the Youth Risk and Resiliency Survey. In 2011, almost 14 percent of Santa Fe County high school students reported using prescription painkillers to get high, compared to five-point-five percent who reported using cocaine and four-point-eight percent who reported using heroin.⁶⁹

Sales of highly-controlled prescription opioid pain relievers (OPRs) increased 131.3 percent in New Mexico between 2001 and 2010. During the same period, the state's drug overdose death rate increased 61.8 percent.⁷⁰ OPRs include such drugs as Oxycodone, which is marketed as Oxycontin and is the opioid ingredient in Percocet and Percodan, Hydrocodone (marketed as Vicodin), Morphine and Methadone. According to the U.S. Drug Enforcement Agency, since 2001, the amount of Oxycodone sold in New Mexico has increased almost 300 percent. Oxycodone has been the leading cause of prescription overdose death since 2008. In 2010, the Santa Fe-Rio Arriba-Taos counties area had the state's third highest Oxycodone sales rate at 24.3 grams per 100 persons.⁷¹

2. *Motor Vehicle Accidents*

Each year, an average of 22 Santa Fe County residents die in traffic accidents. Motor vehicle accidents are the leading cause of death for Santa Fe County residents 24 and under.



The motor vehicle mortality rate is highest for males ages 15-24, and lowest for females over age 25. Forty-seven percent of the fatal traffic accidents that occurred in Santa Fe County between 2000 and 2011 involved alcohol and six percent involved teenagers who had been drinking.

Source: University of New Mexico for New Mexico Department of Transportation Traffic Safety Bureau.

3. *Falls*

Falls are the leading cause of unintentional injury death among the elderly. Between 1999 and 2011, 87 percent of the 286 Santa Fe County residents who died as a result of unintentional falls were 65 or older.

H. *Infectious Disease*

Infectious diseases are diseases caused by organisms including viruses, bacteria and fungi. Some infectious diseases can be passed from person to person through the air, via skin-to-skin contact, or through the exchange of body fluids. Other infectious diseases are transmitted via bites from insects or animals. Infectious diseases can also be acquired by ingesting contaminated food or water or other exposures in the environment.

1. *HIV*

HIV is the human immunodeficiency virus, the virus that can lead to AIDS. HIV/AIDS destroys immune system blood cells, diminishing the body's ability to fight disease. There is no cure for HIV/AIDS, but medications can dramatically increase quality of life and life expectancy.

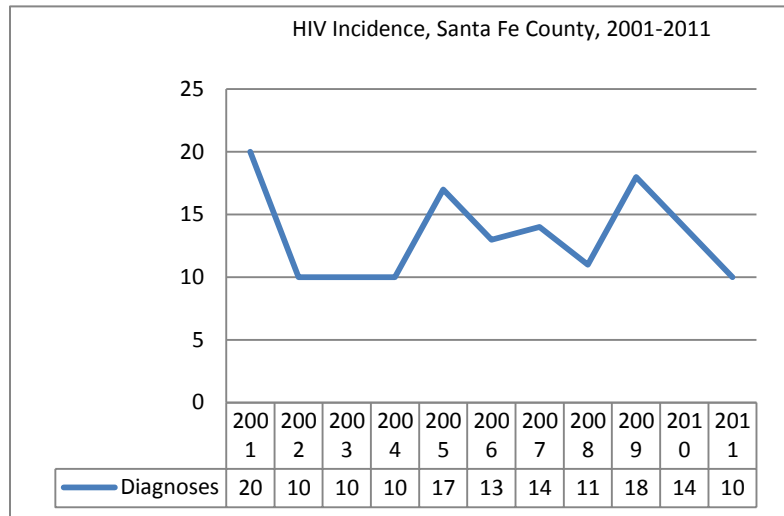
In 2012, 708 Santa Fe County residents were known to be HIV positive (see table below). Seventy-seven percent of HIV-positive Santa Fe County residents have been diagnosed with AIDS. The rate of

HIV/AIDS infection in Santa Fe County (569 per 100,000) is three times the rate for New Mexico (187 per 100,000).⁷²

HIV incidence is the number of new diagnoses in any given year. The incidence of HIV in Santa Fe County, though variable from year to year, appears fairly constant over the last decade.

Ninety-three percent of HIV-positive Santa Fe County residents are male, and 62 percent are Non-Hispanic White, with the vast majority 45 years and older. Over 80 percent of HIV-positive Santa Fe County residents are homosexual or bisexual males, 16 percent are intravenous drug users. About 10 percent have both risk factors

Many people with HIV exhibit no symptoms for years after becoming infected. However, all people who are HIV-positive, including those who are asymptomatic, should be seen regularly by an HIV specialist and most can benefit greatly from HIV medications. These medications can dramatically slow the progress of the disease and forestall the onset of AIDS by years or even decades. Untreated early HIV infection is associated with many diseases, including cardiovascular disease, kidney disease, liver disease and cancer.



Source: HIV Surveillance Program, Epidemiology and Response Division, New Mexico Department of Health

	Prevalence of HIV and AIDS in Santa Fe County, 2012								
	HIV			AIDS			Total		
	N	%	Rate ²	N	%	Rate ²	N	%	Rate ²
TOTAL	164	100%	131.8	544	100%	437.3	708	100%	569.1
Sex									
Male	151	92%	250.4	506	93%	839.0	657	93%	1089.4
Female	13	8%	NC	38	7%	59.3	51	7%	79.6
Race/Ethnicity									
Native American	5	3%	NC	15	3%	NC	20	3%	395.1
Black	6	4%	NC	16	3%	NC	22	3%	1518.3
Hispanic	66	40%	117.5	153	28%	272.4	219	31%	389.9
White Non-Hispanic	82	50%	137.2	356	65%	595.6	438	62%	732.8
Age ³									
13-24 years old	11	7%	NC	1	<1%	NC	12	2%	NC
25-34 years old	27	16%	162.2	14	3%	NC	41	6%	246.3
35-44 years old	27	16%	149.1	42	8%	232.0	69	10%	381.1
45-54 years old	52	32%	237.0	210	39%	957.2	262	37%	1194.2
55+ years old	47	29%	96.7	277	51%	570.1	324	46%	666.9
Exposure Risk									
Men Who Have Sex With Men (MSM)	115	70%	--	397	73%	--	512	72%	--
Intravenous Drug Use (IDU)	10	6%	--	24	4%	--	34	5%	--
MSM/IDU	14	9%	--	63	12%	--	77	11%	--
High-Risk-Heterosexual	9	5%	--	25	5%	--	34	5%	--
Other	1	1%	--	2	<1%	--	3	0%	--
Perinatal Exposure	0	0%	--	1	<1%	--	1	0%	--
No Risk Indicated	15	9%	--	32	6%	--	47	7%	--

Source: HIV Surveillance Program, Epidemiology and Response Division, New Mexico Department of Health.

2. *Hepatitis*

Hepatitis is swelling and inflammation of the liver. It is often caused by a viral infection. Hepatitis A, B and C, discussed below, are viral infections with somewhat differing symptoms, prognoses and routes of transmission. Acute hepatitis starts and resolves quickly, as is usually the case with Hepatitis A. Chronic hepatitis, often the result of Hepatitis C infection, is a long-term condition that cannot always be cured. In some instances, chronic hepatitis can lead to liver damage, liver failure, or even liver cancer. The symptoms of hepatitis include abdominal pain, fatigue, jaundice and loss of appetite.

a. Hepatitis A

The Hepatitis A virus is primarily spread through contaminated food and water. It is an acute infection that is rarely fatal. In the U.S. most Hepatitis A infections occur in young adults during travel to countries with high incidence of the disease. The disease can be prevented by vaccination. An average of one Santa Fe County resident and 11 New Mexico residents is diagnosed with Hepatitis A each year.

b. Hepatitis B

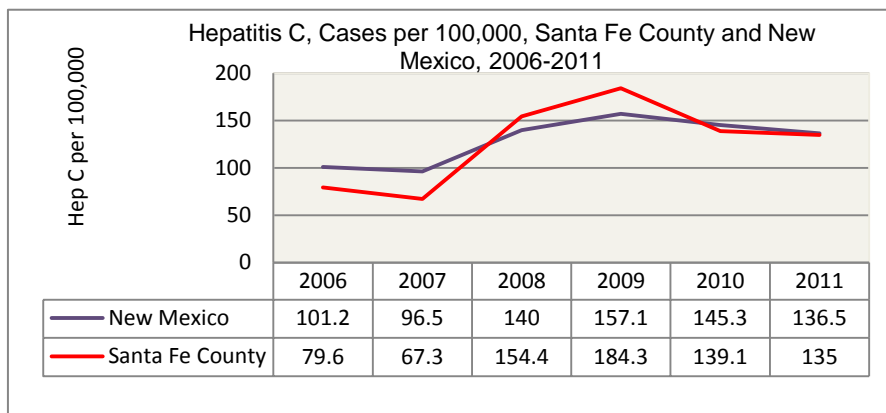
Hepatitis B is transmitted through the sharing of needles by injection drug users, sexual contact and household interactions with people who are infected with the disease. Infants can contract the infection from their mothers during birth. The incidence of Hepatitis B is highest in men between the ages of 25 and 49 years.

An average of 11 new cases of Hepatitis B are reported in Santa Fe County each year. Hepatitis B occurs in Santa Fe County at a rate of 8.4 cases per 100,000, roughly the same as that of New Mexico.⁷³ Hepatitis B infection is a common cause of deaths from liver failure, cirrhosis and liver cancer. The Hepatitis B vaccination is very effective. It is a recommended childhood vaccine and is required for school entry in New Mexico.

c. Hepatitis C

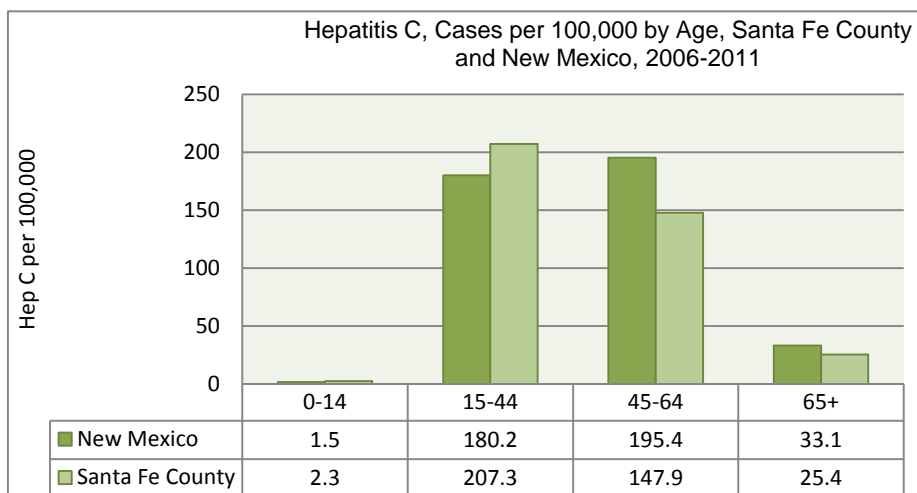
Hepatitis C is a blood borne-illness. Needle sharing by injection drug abusers is the most common route of transmission. Rates of Hepatitis C increased in Santa Fe County from 80 cases per 100,000 in 2006 to 137 cases per 100,000 in 2011. The rate of diagnosed Hepatitis C infection in Santa Fe County is roughly comparable to the rate of diagnosed infection observed statewide. Increased rates of screening are responsible for at least part of the increase in the incidence of Hepatitis C. The CDC recently recommended that everyone born between 1945 and 1965 be tested for Hepatitis C.⁷⁴

In Santa Fe County the rate of Hepatitis C infection is highest for people between the ages of 15 and 44. Statewide and in the U.S. overall, the rate of Hepatitis C infection is highest for people between 45 and 64, many of whom contracted the disease decades ago.⁷⁵



Source: Infectious Disease Epidemiology Bureau, New Mexico Department of Health, Epidemiology and Response Division

Several states, including Pennsylvania and Massachusetts have noted increases in the rate Hepatitis C infection in younger adults that appear associated with injection drug abuse.⁷⁶ The higher-than-average rate of Hepatitis C among relatively young people in Santa Fe County is very likely associated with Northern New Mexico’s high rate of intravenous drug abuse.



Hepatitis C disease is caused by the hepatitis C virus (HCV) which infects the liver. It is the most common blood-borne disease in the United States. Symptoms of acute infection include nausea, vomiting, diarrhea, loss of appetite, jaundice, fever and fatigue.

Source: Infectious Disease Epidemiology Bureau, New Mexico Department of Health, Epidemiology and Response Division

Although some people clear the Hepatitis C virus after the initial infection, 75 to 85 percent go on to develop chronic Hepatitis C. Approximately one percent to five percent of people with chronic Hepatitis C will die from liver failure or liver cancer. There is no vaccine for Hepatitis C.

Over 90 percent of people who become infected with Hepatitis C are asymptomatic at the time of infection and may not show any signs of disease for several years. It is estimated that about 75 percent of people infected with hepatitis C do not know it. Preventive health care, ongoing monitoring, and behavioral changes can substantially improve health outcomes for persons with Hepatitis C and prevent the disease from spreading.

3. *Influenza and Pneumonia*

a. *Influenza*

Seasonal influenza (flu) is a contagious respiratory illness caused by influenza viruses. The flu can cause severe illness and life-threatening complications especially in seniors, young children, pregnant women, and people with impaired immune systems. The best way to prevent seasonal flu is by getting an annual flu shot.

The influenza mortality rate is 12 deaths per 100,000 in Santa Fe County, 14 deaths per 100,000 in New Mexico and 16 deaths per 100,000 for the US⁷⁷. Between 1999 and 2011, there were an average of 32 hospitalizations for flu annually in Santa Fe County.⁷⁸

b. *Pneumonia*

Pneumonia is an inflammatory condition of the lung usually caused by a virus or bacteria. Pneumonia often arises as a complication from other illnesses such as the flu. Pneumonia can be life threatening, especially in the elderly and people with compromised immune systems. There are over 30 potential causes of pneumonia but *Streptococcus (S.) pneumoniae* (pneumococcus) is the most common.

There are an average of 11 cases per 100,000 of pneumococcus annually in Santa Fe County. Sixty-eight percent of cases are in adults 45 and older.

4. *Pertussis*

Pertussis, also known as whooping cough, is a highly contagious respiratory disease caused by the bacterium *Bordetella pertussis*. Pertussis causes uncontrollable, violent coughing which often makes it hard to breathe. Pertussis most commonly affects infants and young children and can be fatal, especially in babies less than one year old.

Between 2006 and 2012, an average of 26 cases of Pertussis were diagnosed in Santa Fe County annually. Forty percent of cases are diagnosed in children 14 and under. The incidence of Pertussis in Santa Fe County (18.7 cases per 100,000) is higher than the statewide rate of 12.4 cases per 100,000.⁷⁹

Immunization is effective protection against pertussis. Because immunization protection begins to wane five to ten years after the final dose of pertussis vaccine, booster shots are recommended for teenagers and adults every ten years.

5. *Tuberculosis*

Tuberculosis (TB) is a contagious bacterial infection, usually of the lungs. It is spread when people with active infection cough or sneeze. Nine out of ten people who are exposed to TB never develop symptoms and cannot spread the bacteria to others. However, TB infection can become active in the bodies of people with weakened immune systems, including elderly adults and those infected with HIV. Symptoms of active TB include chronic cough, fever, weight loss and night sweats. TB can be fatal if left untreated. Risk factors for active TB infection include: infection with TB within the last two years, HIV, and other health conditions such as diabetes that compromise the immune system and substance abuse.

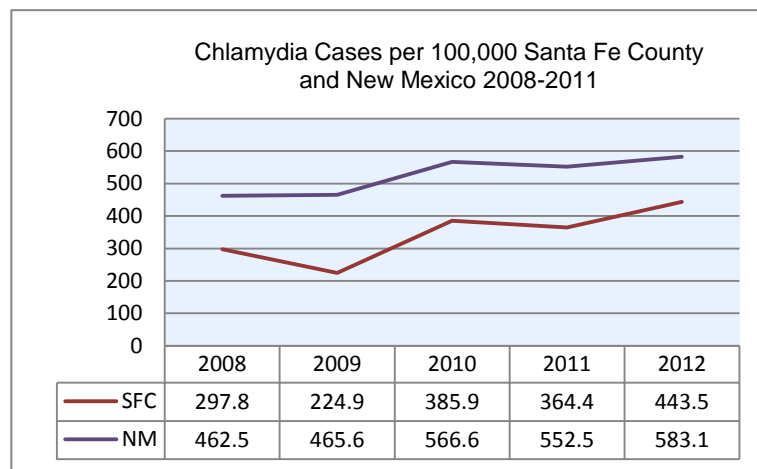
Three cases of tuberculosis on average are diagnosed in Santa Fe County annually. Nationally, the highest prevalence of tuberculosis is among the homeless. The CDC reports that while one percent of the US population experiences homelessness in a given year, 5.8 percent of persons with TB reported being homeless within the past year.⁸⁰

6. Sexually Transmitted Diseases

a. Chlamydia

Chlamydia is the most common sexually transmitted disease. The symptoms of chlamydia are usually mild, but the disease can have severe complications, including infertility. Chlamydia is the leading preventable cause of infertility, and screening and treatment are the best means of preventing it.

The incidence of chlamydia in Santa Fe County increased from 298 cases per 100,000 in 2008 to 364 cases per 100,000 in 2011. In 2012, there were 646 chlamydia cases, for a rate of 443.5 per 100,000. Santa Fe County's chlamydia rate has risen in parallel to New Mexico's, but has remained about one-third below the state rate.



Source: 2008-2011: Infectious Disease Epidemiology Bureau, New Mexico Department of Health, Epidemiology and Response Division; 2012: provisional data from Daniel Burke, STD Epidemiology Program Manager, New Mexico Department of Health.

The chlamydia rate for females is almost four times that for men. This is largely because females are screened for chlamydia at much higher rates than males.

The U.S. Centers for Disease Control attributes the increase in reported cases of chlamydia over the past two decades in the U.S. to increased screening, more sensitive diagnostic tests, increased emphasis on case reporting from providers and laboratories, and improvements in the information systems used for reporting.⁸¹ Similarly, the increased incidence of chlamydia in both Santa Fe County and New Mexico may reflect an increase in diagnoses rather than an increase in infections.

b. Gonorrhea

Gonorrhea is a highly contagious sexually transmitted disease. Most men and approximately half of women who become infected with gonorrhea exhibit symptoms that include painful urination, pelvic pain and discharge. An average of 33 cases of gonorrhea were diagnosed in Santa Fe County annually between 2008 and 2011. During that period, the incidence of gonorrhea was 23 cases per 100,000 in Santa Fe County, 68 cases per 100,000 in New Mexico and 103 cases per 100,000 US residents. In 2012, 43 cases were diagnosed, for a rate of 29.5 per 100,000.

About 50 percent of women infected with gonorrhea are asymptomatic. Gonorrhea is a bacterial infection and can be cured with antibiotics. Untreated, gonorrhea can lead to complications including

life threatening infections and infertility. Gonorrhea can also be passed from mother to infant during birth.

c. Syphilis

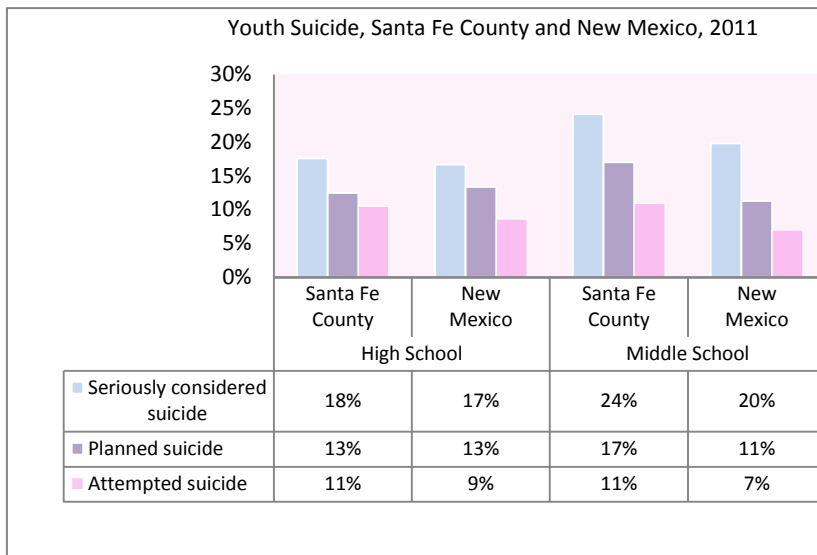
Syphilis is a sexually transmitted bacterial disease. In the U.S. about three quarters of syphilis cases are diagnosed in men who have sex with men. The presence of syphilis sores increases the likelihood of contracting HIV from an infected sex partner by two to five-fold.⁸² Between 2008 and 2011 an average of 6 cases of syphilis were diagnosed in Santa Fe County annually. During that period the incidence of syphilis averaged four-point-two cases per 100,000 in Santa Fe County and five cases per 100,000 in New Mexico.

I. Violence

Violence is a serious and preventable public health threat. Between 1999 and 2011, 445 Santa Fe residents died from suicide, homicide and assault. Over three quarters of violent deaths were due to suicide. Firearms were used in 50 percent of suicides and 52 percent of homicide cases. Domestic violence is a factor in roughly one-in-three homicides of women.⁸³

I. Suicide

Suicide is the seventh leading cause of death in Santa Fe County and the second leading cause of death among county residents aged five to 24. In 2011, the age-adjusted suicide rate was roughly 19 deaths per 100,000 for Santa Fe County, 20 deaths per 100,000 for New Mexico, and 12.4 per 100,000 for the U.S.⁸⁴ Santa Fe County’s suicide death rate has not changed substantially since 1999.



The percentage of Santa Fe County high school students who reported having attempted suicide in the past year decreased from 13.6 percent in 2003 to 10.2 percent in 2011. The percentage of New Mexico high school students who reported having attempted suicide in the previous year also declined from 14.3 percent in 2003 to 8.6 percent in 2011.

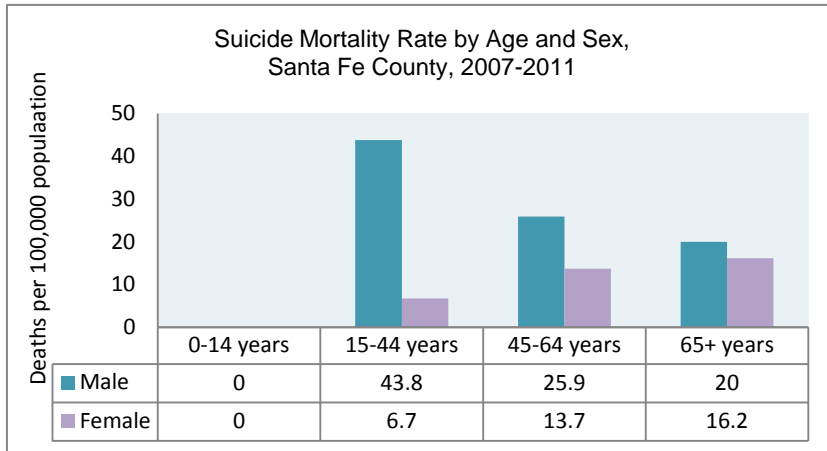
Source: New Mexico Youth Risk and Resiliency Survey, Santa Fe County, 2011

Close to 18 percent of Santa Fe County high school students say they have seriously considered suicide and 12.5 percent report having made plans to commit suicide.

Although the suicide rate for Santa Fe County residents 14 and under was essentially zero between 2007 and 2011, results of the 2011 Youth Risk and Resiliency Survey indicate that suicide was still a serious issue for many Santa Fe County middle school students. In fact, suicide is the second leading cause of death among adolescents in New Mexico, and Santa Fe County middle school students are

more likely than other New Mexico middle school students to plan and/or attempt suicide. Past suicide attempts are highly correlated with completed suicides.

Seventeen percent of Santa Fe County middle school students said that they had made plans to kill themselves compared to 11.3 percent of New Mexico middle school students. Just under 11 percent of Santa Fe County middle school students reported having attempted suicide compared to seven percent of New Mexico middle school students.



For those between the ages of 15 and 44, the suicide mortality rate (24.2 per 100,000) is roughly comparable to that of Santa Fe residents ages 45-65 (24.1 per 100,000) and only slightly higher than that for Santa Fe County residents 65 and over (20.8 per 100,000).

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health

The rate of suicide for Santa Fe County men is considerably higher than for women. The suicide rate for men between the ages of 15 and 44 is over six times the suicide rate for women in the same age range.

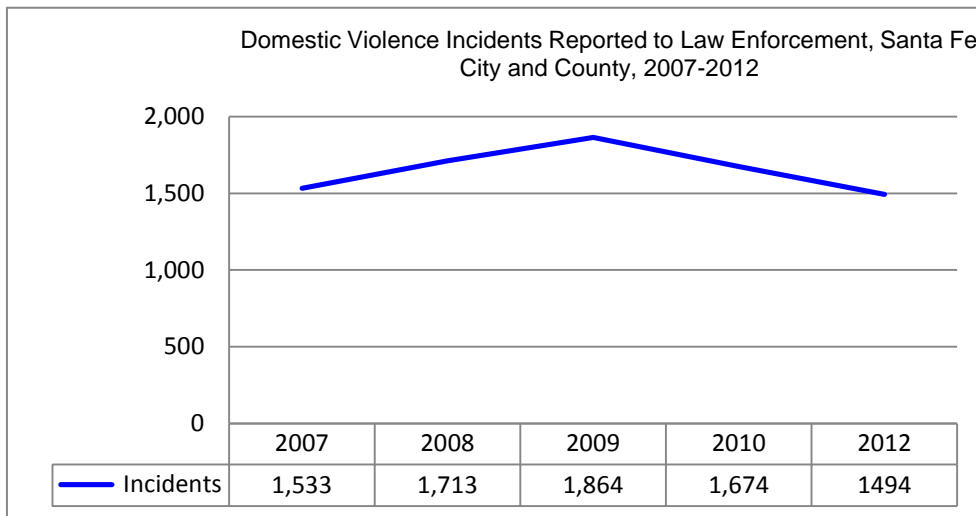
Between 2007 and 2011 the suicide rate in Santa Fe County was 24.2 deaths per 100,000 for White non-Hispanics and 15.4 deaths per 100,000 for Hispanics. Due to the small number of African American, Asian and Native American county residents, it is not possible to reliably estimate suicide rates for these populations.

Nationally, approximately 90 percent of suicide victims have a diagnosable mental health condition.⁸⁵ Other risk factors for suicide include substance abuse, a family history of suicidal behavior, parental psychiatric disorders, stressful life events, and access to firearms. Over 50 percent of completed suicides use a firearm.⁸⁶

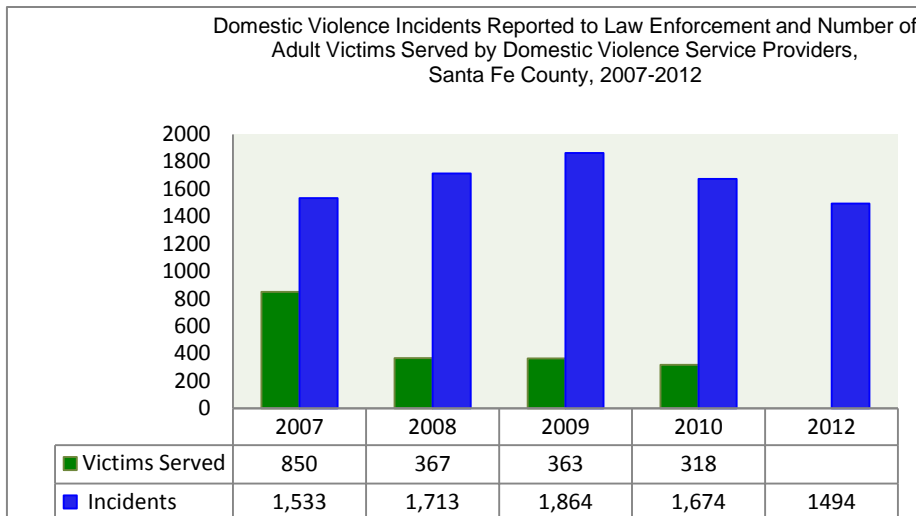
2. Domestic Violence

In 2012, 1,494 incidents of domestic violence were reported to Santa Fe City and County law enforcement.⁸⁷ Fifty-two percent of reported incidents involved drugs or alcohol. There were 810 child witnesses to the incidents of domestic violence reported in 2012.

Domestic violence rates and data have historically been hard to quantify and track because of the stigma, secrecy and intimidation -- both mental and physical -- often associated with the crime. It is estimated that only about one-quarter of all physical assaults, one-fifth of all rapes, and one-half of all stalkings perpetrated against females by their partners are reported to law enforcement.⁸⁸



Source: Betty Caponera, Ph.D. Incidence and Nature of Domestic Violence In New Mexico XI: An Analysis of 2011 Data From The New Mexico Interpersonal Violence Data Central Repository. Epidemiology and Response Division, New Mexico Department of Health. August 2012



A statewide survey of New Mexico adults conducted in 2005 found that one in three women and one in seven men were victims of domestic violence at some time in their life.⁸⁹ In 2010, New Mexico ranked seventh nationally for the highest number of domestic violence homicides per capita.⁹⁰

In addition to the immediate threat it poses to both physical and emotional health, exposure to violence as a child has been linked to many chronic diseases later in life, including cancer, stroke and heart disease.⁹¹

Services for survivors of domestic violence and sexual assault are spread thin, both in Santa Fe County and statewide. This is particularly true for victims who live on tribal lands, in rural areas or who are homeless. Victims who are immigrants, disabled, have substance abuse issues, identify as lesbian, gay, bisexual or transgendered, or have heightened safety needs experience even greater difficulty

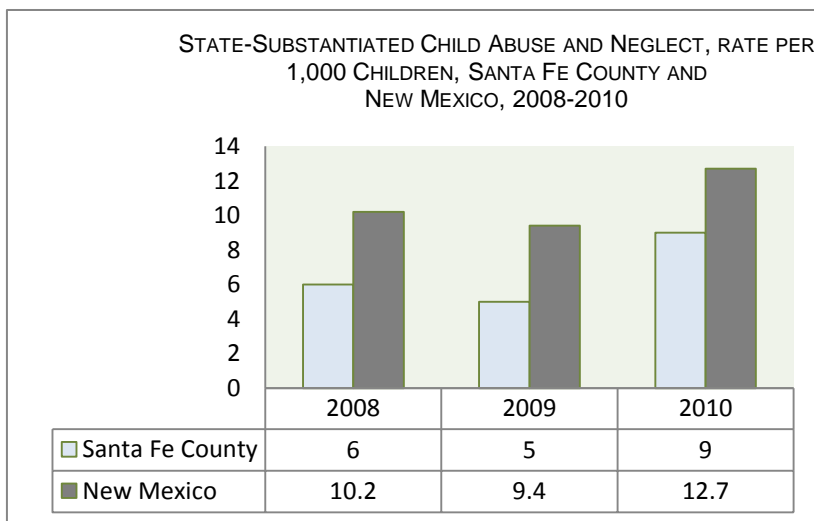
obtaining the supports they need due to the scarcity of resources tailored to their specific circumstances.

Santa Fe County domestic violence experts stress the need for better coordination between the various entities impacted by domestic violence, including private business, faith communities, non-profits, judicial and law enforcement, government, schools, social services and health care to support victims. Santa Fe County has an active and well attended Coordinated Community Response Council (<http://www.santafe-ccrc.org/>) that works to align community resources, but additional efforts are needed to maximize the ability of the community to support victims in their efforts to escape abuse and rebuild their lives.

Reducing the stigma associated with domestic violence can help victims to come forward and seek the support they need. To that end, Santa Fe County abuse experts seek to heighten the respect and support survivors receive in the community. Experts also emphasize the need to increase victims' access to affordable child care, legal aid, and healthcare services including behavioral health and substance abuse treatment. Finally, abuse experts say Santa Fe County needs a new or renovated shelter facility and increased transitional housing opportunities.

3. *Child Abuse and Neglect*

Santa Fe County's rate of state-substantiated child abuse and neglect increased from six victims per 1,000 children in 2008 to nine per 1,000 in 2010. Statewide, the rate also increased from 10.2 to 12.9 victims per 1,000. The extreme economic stress placed on families by the recession may have contributed to the increased rate of abuse.⁹²



Child maltreatment is classified as physical neglect, physical abuse and sexual abuse, although one case of abuse can involve multiple types of maltreatment. Physical neglect is the most commonly substantiated form of child maltreatment, both in Santa Fe County and statewide, and sexual abuse is the least.

Source: New Mexico Children Youth and Families Department Protective Services Division, 360 Degrees County Profiles.

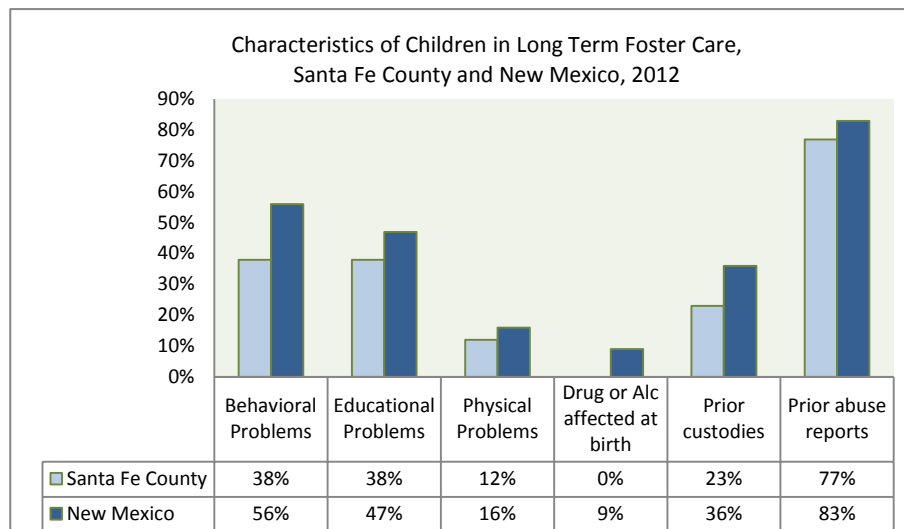
http://www.cyfd.org/pdf/psprofiles/County_Profiles

The number of child sexual abuse cases in Santa Fe County has declined significantly since 2004. During that period, the number of substantiated sexual abuse cases also declined statewide, but not nearly to the extent observed in Santa Fe County.⁹³

Some victims of child abuse and neglect are taken into protective state custody and placed in foster care. The cases of children who remain in long term foster care for a significant period of time are subject to annual review by the New Mexico Child Abuse and Neglect Citizen Review Board (CRB). The CRB is the independent monitor of children placed in custody of the Children, Youth and Families Department (CYFD). CRB reviews the child’s behavioral health, physical health, educational and developmental needs as well as the current foster care placement and long term placement plan.

In 2012, the CRB reviewed 26 cases in Santa Fe County. Almost two thirds (62%) of the Santa Fe County foster children reviewed by the CRB were Hispanic. The remaining 38 percent were White Non-Hispanic. All of the children in long term foster care in Santa Fe County were victims of physical neglect; 15 percent were also victims of physical abuse and four percent were victims of sexual abuse.

Among the Santa Fe County children whose cases were reviewed by the CRB in 2012, 38 percent had behavioral problems, 38 percent had educational difficulties and 12 percent had physical and/or medical problems.



Source: New Mexico Child Abuse and Neglect Citizens Review Board 2012 Annual Report and Recommendations.

Child abuse and neglect can cause both physical and emotional harm and produce behavioral changes, developmental delays and even life-long disabilities. Adults who were abused or neglected as children are more likely to suffer from an array of emotional and physical ailments including allergies, arthritis, asthma, bronchitis, high blood pressure, and ulcers, and are more likely to abuse their own children.⁹⁴ Because it is associated with so many long-and-short-term physical, emotional and societal problems, the public costs of child abuse and neglect are substantial.

J. Habitual Behaviors that Affect Health

An average of 975 Santa Fe County residents die each year, over two-thirds as a result of one or more chronic diseases. Four health risk behaviors—lack of physical activity, poor nutrition, tobacco use, and excessive alcohol consumption—are responsible for much of the illness and death related to chronic diseases.

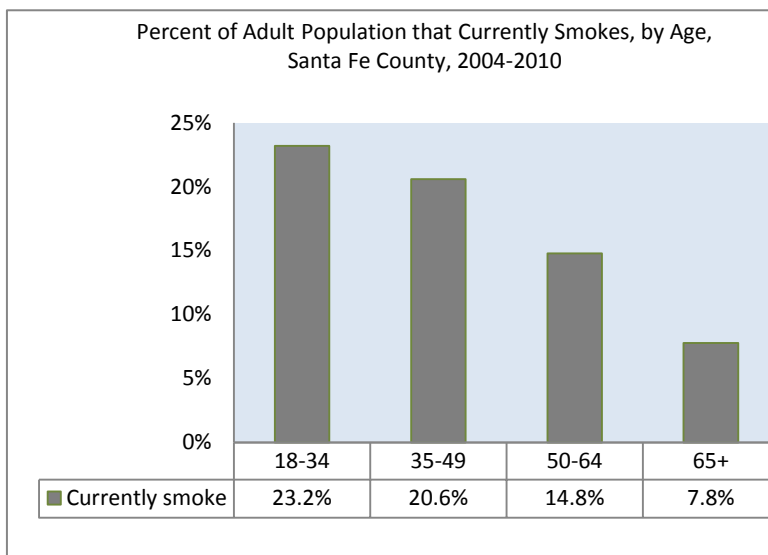
A 2011 study by the U.S. Centers for Disease Control and Prevention found that people who engaged in regular physical activity, consumed a healthy diet, used alcohol in moderation if at all and didn’t smoke were 66 percent less likely to die early from cancer, 65 percent less likely to die early from

cardiovascular disease, and 57 percent less likely to die early from other causes compared to people who did not engage in any of the healthy behaviors⁹⁵.

1. *Smoking*

Smoking is the leading cause of preventable death. Despite increasingly widespread knowledge of smoking’s impact on health, the prevalence of smoking among Santa Fe County adults has remained fairly constant since 2004. In 2010, 17.7 percent of Santa Fe County adults were current smokers compared to 18.5 percent of New Mexico adults overall.

Cigarette smoking and other tobacco use can cause cancer, respiratory illnesses, and numerous other conditions related to the leading causes of death. Roughly 50 percent of lifetime smokers will die prematurely as a direct consequence of smoking. Approximately 2,100 New Mexicans die from tobacco use annually and another 42,000 live with tobacco-related diseases.⁹⁶



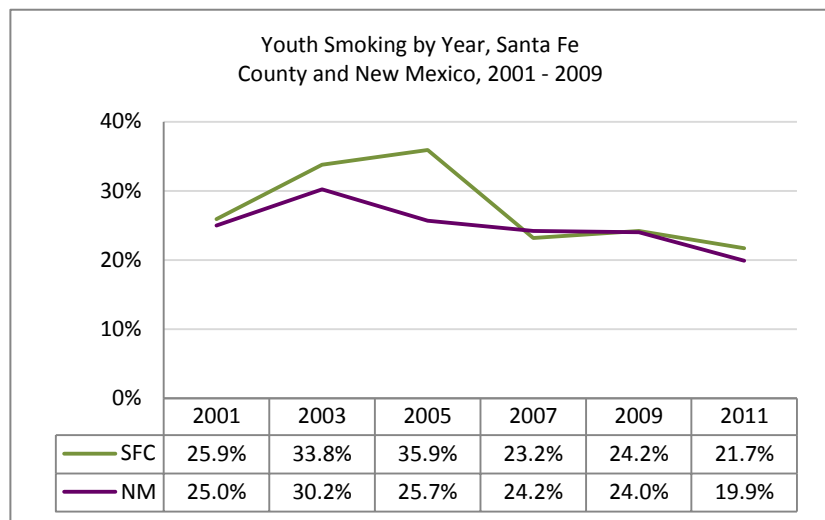
Fifteen percent of Santa Fe County women and 21 percent of county men are current smokers. The prevalence of smoking declines with age. Twenty-three percent of Santa Fe County residents between the ages of 18 and 34 are current smokers, compared to eight percent of seniors. In Santa Fe County, 19 percent of Hispanic adults and 14 percent of White Non-Hispanic adults are current smokers.

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau

a. *Youth Smoking*

Youth who smoke increase their current chances for respiratory problems and diminish their overall physical fitness. And because cigarettes are highly addictive, youth who smoke are likely to become adults who smoke. The risks for many of the chronic diseases caused by smoking increase with the duration and cumulative number of cigarettes smoked. Thus, all else being equal, the earlier a person starts smoking the greater the risk for numerous serious lifetime health consequences.

Cigarette smoking by youth has declined substantially in Santa Fe County and New Mexico since its most recent peak in 2005. That year, 36 percent of Santa Fe youth and 26 percent of New Mexico youth smoked cigarettes. In 2011, 22 percent of Santa Fe youth and 20 percent of New Mexico youth smoked cigarettes.



Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department

Unfortunately, the emerging popularity of hookah⁹⁷ smoking threatens to undermine the recent progress made in reducing cigarette smoking by youth. In fact, the percentage of Santa Fe County high school students who smoke hookah now exceeds the percentage smoking cigarettes. One in four Santa Fe County high school students and one-in-five New Mexico high school students smokes tobacco from a hookah. In addition, just under 10 percent of high school students in both Santa Fe County and New Mexico report using chewing or “spit” tobacco.

2. *Excessive Alcohol*

In 2011, 96 Santa Fe County residents died as a direct result of alcohol abuse, and several hundred more died from chronic diseases for which excessive alcohol consumption is a significant risk factor. Excessive alcohol consumption is the third leading cause of preventable death and is a risk factor for all other leading causes of death as well as numerous other health and social problems.

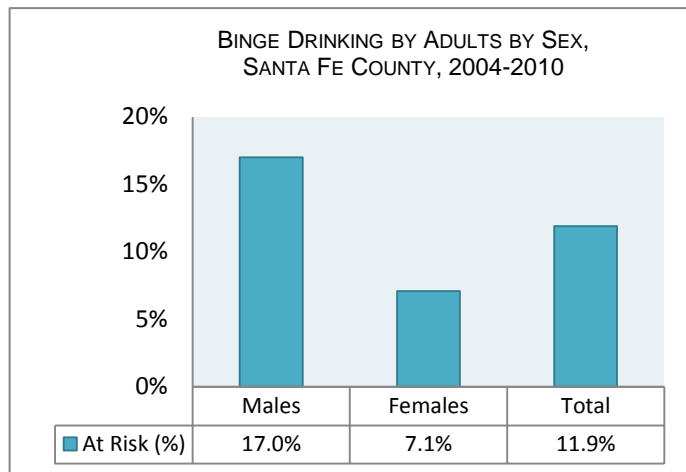
People who abuse alcohol are at increased risk of cardiovascular impairments, psychiatric problems such as depression and anxiety, suicide, cancers of the mouth, throat, esophagus, liver, colon, and breast, liver diseases, gastrointestinal disease and neurological problems such as dementia and stroke.⁹⁸ Societal problems associated with excessive alcohol consumption include domestic violence, child abuse, unemployment and diminished workforce productivity.

The two most common forms of excessive alcohol consumption are binge and chronic drinking. Binge drinking is defined as “a pattern of drinking that brings a person’s blood alcohol concentration to 0.08 percent or above.”⁹⁹ This typically happens when men consume five or more drinks and when women consume four or more drinks¹⁰⁰ in about two hours¹⁰¹. Chronic drinking is defined for men as the consumption of 60 or more drinks in 30 days and for women as the consumption of at least 30 drinks in the past 30 days.

Excessive alcohol consumption has both immediate and long-term health consequences. The immediate consequences of excessive alcohol are most often related to binge drinking. In 2010, 12.7 percent of Santa Fe County adults and 11.5 percent of New Mexico adults had engaged in binge

drinking at least once in the past month. The rate of binge drinking has remained relatively constant in the county since 2004.

The self-reported rate of binge drinking is higher for men than women. Seventeen percent of Santa Fe County men and seven percent of women report at least one occasion of binge drinking in the past 30 days. The prevalence of binge drinking declines with age. Almost 15 percent of Santa Fe County adults between 18 and 35 and just 3.5 percent of seniors report binge drinking. Twelve percent of both Hispanic and White Non-Hispanic adults and 10 percent of Native American adults in Santa Fe County report binge drinking.



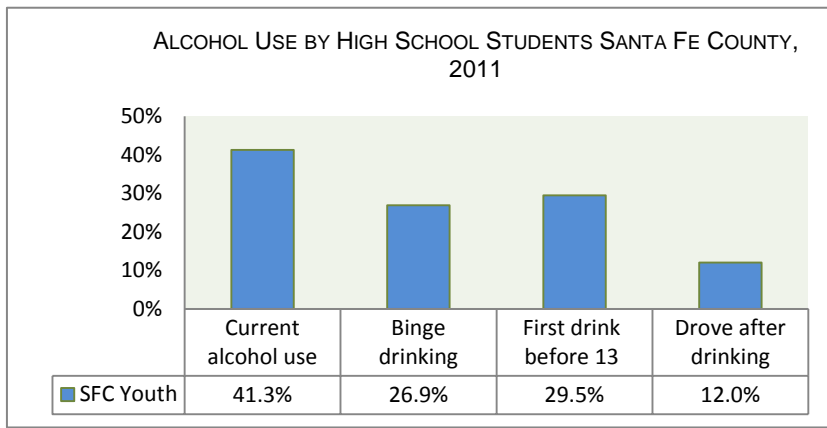
Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau

Binge drinking increases the risk of unintentional injuries such as those resulting from traffic accidents and falls, unintended pregnancy, sexually transmitted disease, domestic violence, child abuse, assault, and alcohol poisoning, which can be fatal. In addition, binge drinkers are at risk of all the longer-term consequences of excessive alcohol consumption, including cardiovascular, gastrointestinal and neurological impairments, liver diseases and numerous cancers.

In 2010, 6.3 percent of Santa Fe County adults and 4.5 percent of New Mexico adults were at risk from chronic drinking. Seven percent of Santa Fe County White Non-Hispanics and 3.7 percent of Hispanics report chronic alcohol consumption. However, the difference is not statistically significant, perhaps due to the small sample size for the survey. Data were not sufficient to estimate rates of chronic drinking by Santa Fe County Native Americans. Rates of chronic drinking do not vary substantially by sex and are fairly consistent across age groups for Santa Fe County adults under 65 (4.5%), with 2.6 percent of Santa Fe County seniors reporting chronic drinking.

a. Alcohol Abuse by Youth

The percentage of Santa Fe County high school students who drink alcohol declined from 66 percent in 2003 to 42 percent in 2011. In 2011, 27 percent of Santa Fe County students reported binge drinking, Thirty percent had their first alcoholic drink before age 13, and 12 percent had driven after drinking. The rates at which Santa Fe County high school students engage in these behaviors are comparable to those reported statewide.



Regardless of whether it meets the adult criteria for binge or chronic drinking, underage drinking is a form of excessive alcohol consumption because it is illegal and because youth often lack the physical and/or emotional maturity to control their consumption of alcohol, the circumstances in which they consume alcohol or their behavior when intoxicated.

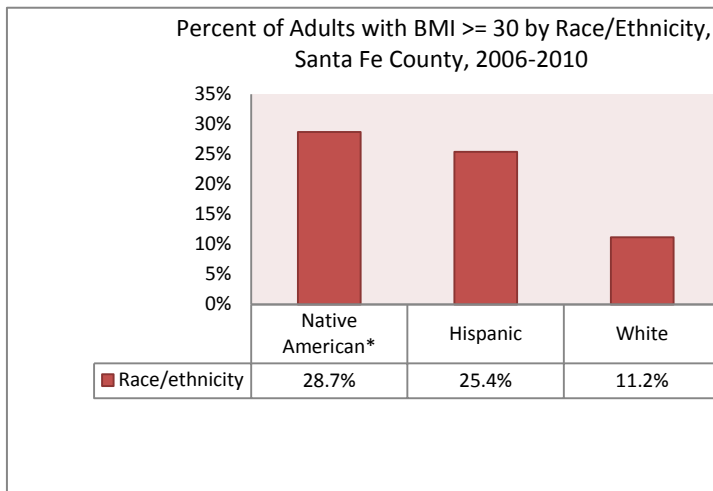
Source: New Mexico Youth Risk & Resiliency Survey High School Survey Results 2011. www.youthrisk.org.

The consequences of even infrequent alcohol use by youth can be serious and immediate. Alcohol consumption by youth can also have severe long-term consequences including addiction, chronic disease and the foreclosure of future opportunities. People between the ages of 12 and 20 drink 11 percent of all alcohol consumed in the United States. More than 90 percent of the alcohol consumed by youth is consumed during binge drinking episodes.¹⁰²

Hard liquor is the preferred drink of over 40 percent of Santa Fe County’s youth drinkers, followed by beer. The most common way for high school students to obtain alcohol was to be given it (36%). One quarter of students reported giving someone money to purchase alcohol for them. It is worth noting that providing alcohol to someone who is under 21 is a felony in the state of New Mexico.

3. Obesity

Obesity increases the risk of numerous diseases including cancer, heart disease, stroke and Type 2 Diabetes and is now second only to smoking as the leading cause of preventable death in the United States. The percentage of Santa Fe County adults who are obese increased from 14.5 percent in 2004 to almost 20 percent in 2010.¹⁰³



*Highly variable statistic due to small sample size

Source: Centers for Disease Control and Prevention (CDC). Behavioral Risk Factor Surveillance System Survey Data, New Mexico Behavioral Risk Factor Surveillance System, Injury and Behavioral Epidemiology Bureau, New Mexico Department of Health.

In Santa Fe County, the obesity rate among Hispanics (25.4%) is over twice that of White Non-Hispanics (11.2%) and the obesity rate for Native Americans (28.7%) is higher still. The obesity rate for Santa Fe County residents with less than a high school education is over 50 percent higher than the rate for college graduates.¹⁰⁴

Still, obesity remains less prevalent in Santa Fe County than in other parts of New Mexico.

a. Youth Obesity and Weight-Related Behaviors

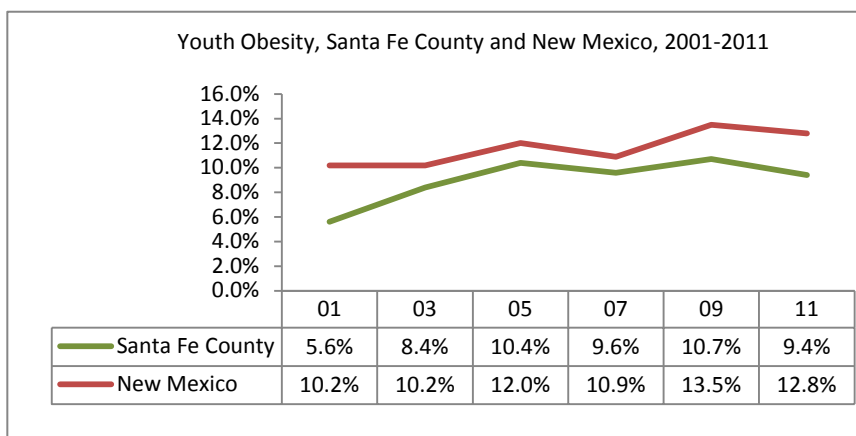
Obesity is also increasing among Santa Fe County's youth.¹⁰⁵ In 2001, 5.6 percent of Santa Fe County high school students and 10.2 percent of New Mexico high school students had a Body Mass Index in the 95th percentile for their age and sex. In 2011, Santa Fe County's youth obesity rate was 8.7 percent, lower than the 12.8 percent rate statewide¹⁰⁶, but still cause for serious concern.

The obesity rate for Santa Fe County youth is lower than the adult rate but it follows similar patterns with regard to race and ethnicity. In Santa Fe County, White Non-Hispanic youth have the lowest obesity rate (6.5%) and Native American youth have the highest rate (14.2%). However, these differences, although large, are not statistically significant.

The prevalence of obesity in the U.S. has more than doubled among adults and more than tripled among children and adolescents since 1980. Obesity and the health complications related to obesity such as Metabolic Syndrome and Type 2 Diabetes, once adult afflictions, are now being diagnosed in children. In 2011, 15 percent of New Mexico kindergarteners and 22 percent of third graders were obese.¹⁰⁷ Native American children have especially high rates of childhood obesity. According to the New Mexico Department of Health, one-in-three New Mexico Native American third graders were obese in 2011 compared to 20 percent Hispanic and 12.5 percent White Non-Hispanic third graders.¹⁰⁸

Childhood obesity has a broad spectrum of serious consequences. Being overweight or obese increases the risk for numerous medical problems including heart disease, high blood pressure and diabetes. Being obese as a teenager increases the risk of becoming an obese adult by 70 percent.¹⁰⁹ But even when childhood obesity doesn't persist into adulthood, having been obese as a child increases an individual's risk of lifelong health problems.¹¹⁰ Childhood overweight and obesity can also undermine emotional well-being and intensify social isolation.

Even children who are not overweight can engage in a variety of behaviors related to weight and weight loss that undermine their health. In 2011, 24.1 percent of Santa Fe County middle school students described themselves as “overweight” and 47.2 percent described themselves as “trying to lose weight.”



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

Almost 24 percent of Santa Fe County’s middle school students reported having fasted for 24 hours or more in an effort to lose weight. Purging in an effort to lose weight by using laxatives or vomiting was reported by roughly eight percent of both middle school and high school students in Santa Fe County.

Since 1990, the percentage of people who are obese has more than doubled in both New Mexico and the United States. The precise cause of the obesity epidemic in the United States and internationally is not known, but likely factors include sedentary lifestyle and over-consumption of high calorie, nutrient-poor processed foods.

Although obesity has been steadily increasing across all economic strata, there is a well documented correlation between lower socio-economic status and obesity.¹¹¹ People who experience chronic insecurity and hunger can also be obese because the only foods they can afford are high in calories and poor in nutrients. Researchers have offered numerous explanations for the relationship between poverty and obesity, including economic stresses, reduced access to affordable healthful foods, limited opportunities for safe and varied physical activity and targeted marketing of energy-dense foods in low income communities.¹¹²

4. *Physical Activity*

The U.S. Surgeon General recommends that adults get at least 150 minutes of moderate intensity exercise per week¹¹³. Regular physical activity decreases the likelihood of becoming obese and can help prevent or reduce the impact of numerous chronic diseases. Physical inactivity imposes large costs on society because it increases illness, decreases productivity and contributes to premature death. Lack of regular physical activity increases the risk of obesity and thus the risk of dying prematurely from a host of obesity-related illnesses including heart disease. Regular physical activity also reduces the risk of developing conditions such as diabetes and high blood pressure and can help control or even reverse these conditions in people who have already developed them. Regular exercise reduces the risk of developing certain cancers including colon cancer and can be effective in combatting feelings of depression and anxiety. Because regular exercise helps to build and maintain healthy bones, muscles and joints, it can reduce the number of falls and the severity of injuries from falls in older adults.¹¹⁴

Eighty one percent of Santa Fe County adults report having engaged in some form of physical activity outside of work in the past month.¹¹⁵ Eighty seven percent of White Non-Hispanic adults and 73 percent of Hispanic adults reported activity.

a. Youth Physical Activity

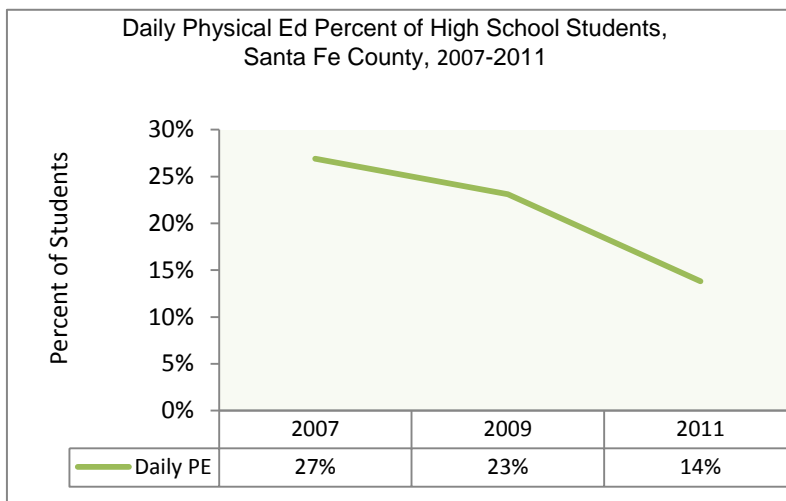
The U.S. Surgeon General recommends that children and youth obtain 60 minutes of physical exercise daily. Data from the Youth Risk and Resiliency Survey show that few Santa Fe County youth meet this recommendation and that rates of physical activity and participation in physical education classes decline as youth progress from 6th through 12th grade.

In 2011, 85 percent of Santa Fe County high school students and 86 percent of New Mexico high school students had exercised for at least 60 minutes in at least once in the past week.

Participating in regular physical activity has numerous physical and emotional health benefits for young people. Youth who exercise regularly increase muscle and bone strength, decrease body fat, and enhance cardio-vascular fitness. Regular exercise has also been shown to reduce symptoms of depression and anxiety and improve mood in young people. Regular physical activity helps children and adolescents develop healthy physical activity behaviors that can last a lifetime.

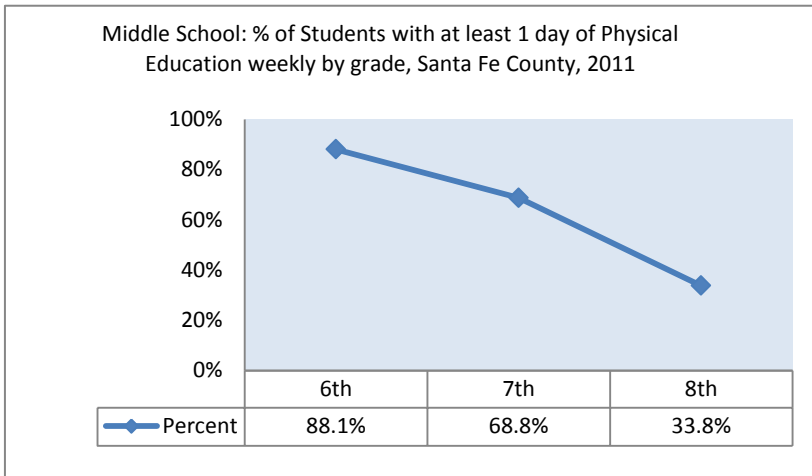
In contrast, research shows small but consistent associations between sedentary screen time and poorer mental health in youth.¹¹⁶ Close to 60 percent of Santa Fe County high school students and 53.3 percent of New Mexico high school students report at least three hours of total “screen time” (television, gaming and computer use not related to school) daily.

The education system can play an important role in promoting physical fitness. In 2011, 14 percent of Santa Fe County high school students participated in daily Physical Education (PE) classes, down from 27 percent in 2007. Statewide, 28.4 percent of New Mexico high school students had PE daily in 2011. The percentage of Santa Fe County middle school students who have PE at least once a week drops from 88.1 percent in 6th grade to 33.8 percent in 8th grade.

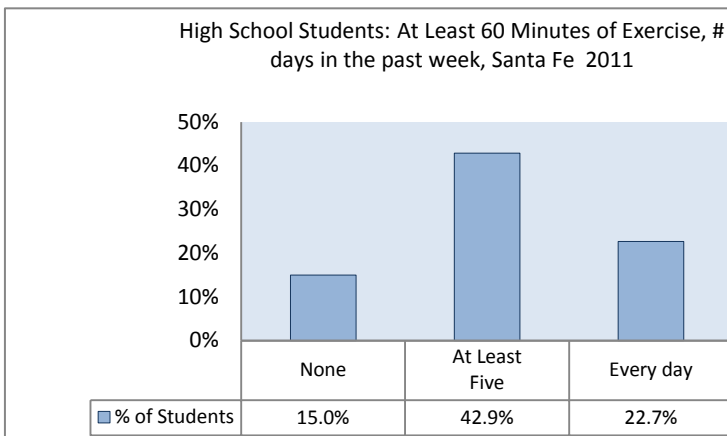


Female high school students in Santa Fe County are less physically active than their male counterparts. Only 13.8 percent of female high school students obtain the 60 minutes of daily exercise recommended by the U.S. Surgeon General, compared to 31.8 percent of males. In contrast, rates of physical activity for male and female Santa Fe County middle school students are fairly comparable.

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



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

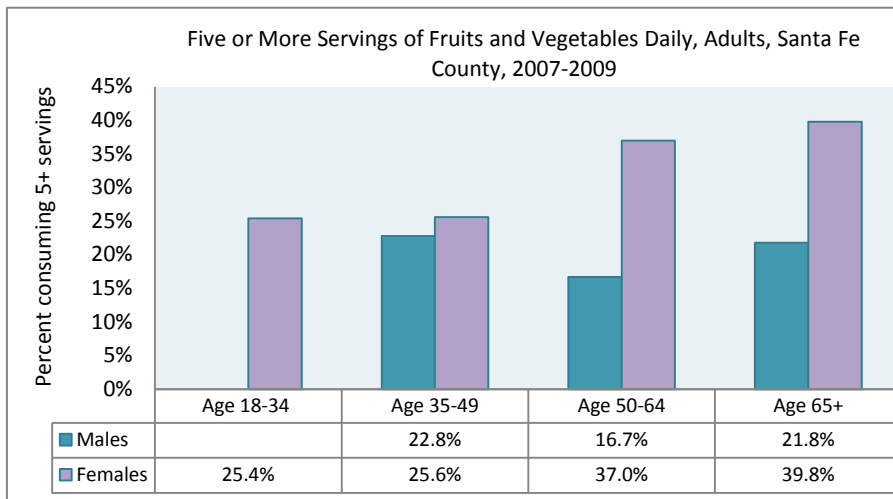


Source: New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education

5 Diet

A diet high in fruits and vegetables can reduce the risk for many of the leading causes of death including stroke, diabetes, certain cancers and heart disease. Fruits and vegetables are rich in nutrients and fiber and generally low in calories and thus play an important role in weight management.

The ideal quantity of fruits and vegetables that should be consumed by any individual depends on individual characteristics such as age, gender and activity level, but the Centers for Disease Control recommends that all Americans increase their fruit and vegetable consumption and the *Dietary Guidelines for Americans* recommend eating a healthful diet consisting of at least five servings of a variety of fruits and vegetables daily¹¹⁷. Although the percentage of Santa Fe County adults who meet or exceed this target increased from 21 percent in 2005 to 28 percent in 2009 and has consistently surpassed the rate for New Mexico overall, it remains far less than optimal.



In Santa Fe County just under 28 percent of White Non-Hispanic adults and 19 percent of Hispanic adults consumed at least five servings of fruit and/or vegetables daily.¹¹⁸ Santa Fe County women are more likely than men to consume the recommended amounts and women over 50 are more likely than any other group to consume at least five servings per day.¹¹⁹

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau

K. Physical and Environmental Factors that Affect Health

1. Clean Air

The air quality in Santa Fe County is exceptionally good. In fact, The American Lung Association ranks Santa Fe as the cleanest city in the nation in all three categories of air quality: annual particle pollution, short-term particle pollution and ozone pollution.¹²⁰ Similarly, a 2011 global survey conducted by the World Health Organization (WHO) found Santa Fe to have cleaner air than virtually any other city on the planet.¹²¹ The survey from WHO measured the levels of airborne particles smaller than 10 micrometers (PM10s) in almost 1,100 cities worldwide and found Santa Fe second only to the Canadian Yukon city of Whitehorse for air quality.

2. Access to Nutritious Food

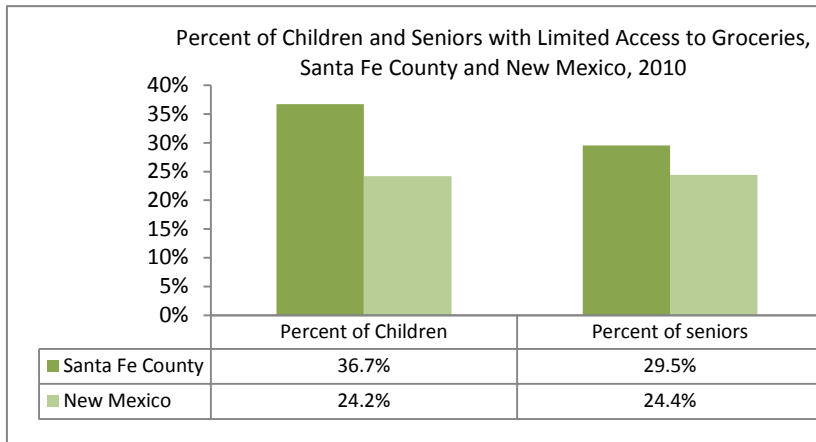
Nutrition is a critical component of health. Maintaining a healthy diet requires access to a wide variety of fresh, wholesome and affordable foods.

a. Access to Grocery Stores

Residents of rural areas and low income urban neighborhoods that lack grocery stores often must shop for food at convenience stores. Most food sold in convenience stores is highly processed, of low nutritional value and relatively expensive. People who buy their groceries at convenience stores have limited access to fresh fruits, vegetables, whole grains and meats and cannot take advantage of the cost savings by buying in bulk.

About 15,111 low-income Santa Fe County residents (10% of the population) live a mile or more from a grocery store, compared to 32 percent of the population as a whole. A slightly larger share (13%) of

New Mexico residents (about 271,208 residents) are both low income and lack ready access to grocery stores.



Thirty seven percent of Santa Fe County children and 29.5 percent of county seniors live more than a mile from a grocery store. The percentages of children and seniors with limited geographic access to a grocery store are higher for Santa Fe County than for New Mexico overall.

Source: United States Department of Agriculture (USDA) Economic Research Service Food Environment Atlas. <http://www.ers.usda.gov/data-products/food-environment-atlas.aspx>

b. Food Assistance: SNAP, WIC and Free and Reduced Price School Lunches

In 2010, 14.9 percent of Santa Fe County’s population, roughly 21,100 people, were classified as “food insecure,¹²²” which means that they lived in a household in which access to food adequate to support a healthy life was limited or uncertain. Public food subsidies can be a cornerstone of health for people who suffer from food insecurity and hunger.

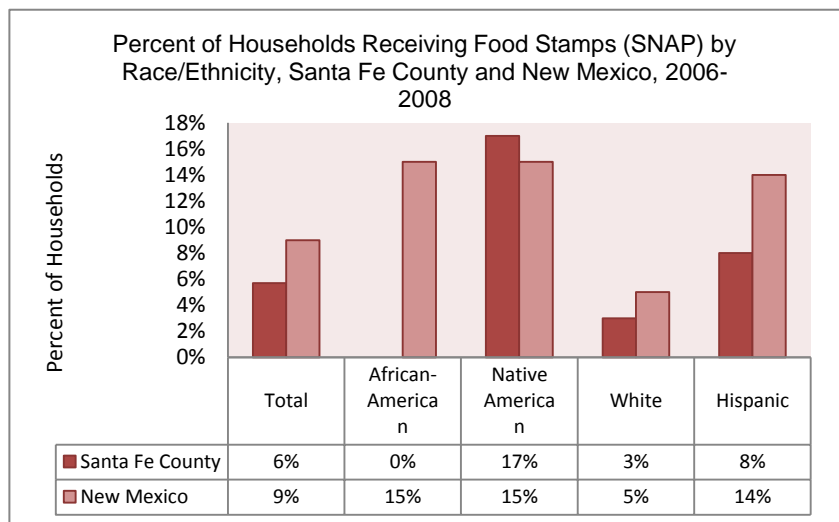
SNAP

Approximately 7.4 percent of Santa Fe County residents and 11.4 percent of New Mexico residents receive benefits through Supplemental Nutrition Assistance Program (SNAP), the federal entitlement program previously known as Food Stamps. SNAP beneficiaries receive their benefits monthly on an electronic benefits transfer card that they can use to purchase food at stores participating in the SNAP program.

WIC

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. WIC provides vouchers that can be used by low-income pregnant, postpartum and breastfeeding women and children up to age five who are at nutritional risk to purchase specific nutritious staple foods such as infant formula, cereal, juice, eggs, milk, cheese, peanut butter, and dried beans or peas at participating retail stores.

Between 2008 and 2011, the number of stores in Santa Fe County authorized to accept SNAP increased by 25 percent, from 52 stores in 2008 to 65 stores in 2011. Statewide, the number of SNAP authorized stores increased 21 percent between 2008 and 2011.



Source: Annie E Casey Foundation Kids Count Data Center.
<http://datacenter.kidscount.org/>

During that period the number of Santa Fe County stores that accepted WIC vouchers decreased by 14 percent from 14 stores to 12 stores and the number of New Mexico stores authorized to accept WIC declined three percent. In both Santa Fe County and New Mexico, rates of SNAP reciprocity are highest among Native Americans and lowest for White Non-Hispanics.

Food Assistance Authorized Stores, Santa Fe County 2011		
	SNAP	WIC
Authorized Stores	65	12
% Change in Authorized Stores since 2008	25%	-14%
Authorized stores/1,000 population	0.45	0.08
% Change in Authorized Stores/1,000 since 2008	24%	-14%
Source: United States Department of Agriculture (USDA) Food Environment Atlas		

3. *School Nutrition Programs*

Free and reduced price lunches and breakfasts are a crucial source of nutrition for children from low-income families. For the 2011-2012 school year, 67.7 percent of New Mexico public school students and 63.1 percent of Santa Fe County public school students were eligible for free and reduced-price meals at school.

In addition to lunches, some schools and districts provide summer food programs. In 2011 and 2012, between 1,500 and 2,000 children (or about one in seven students) participated in the Santa Fe public schools' summer food program.

4. *Fast Food Outlets*

Thirty-six percent of restaurants in Santa Fe County are fast food outlets. Statewide, fast food accounts for 50 percent of all restaurants.¹²³ Between 2007 and 2009, the number of fast food restaurants in Santa Fe County increased by 12.5 percent, from 80 restaurants in 2007 to 90 restaurants in 2009. During that period the number of fast food restaurants in New Mexico increased by 4.2 percent.¹²⁴

The widespread availability of fast food appears to be a major contributor to increased rates of obesity in the U.S. The dramatic rise in obesity and obesity-related disease in the U.S. over the past four decades has corresponded with a significant increase in the number of fast food restaurants. Because fast food outlets have proliferated at a much faster rate than other kinds of restaurants, fast food's share of the total restaurant market has also increased substantially.¹²⁵

Fast food often contains a low ratio of nutrients to total calories and excessive amounts of saturated fat, sodium and sugar. Fast food portion sizes, which have also increased significantly in recent decades, tend to be larger than is healthful. Because fast food is relatively inexpensive and abundant even in neighborhoods where access to healthier foods is limited, its adverse effects are born disproportionately by low income populations.¹²⁶

5. *Liquor Store Density*

A high density of liquor stores has been linked to higher levels of crime and violence.¹²⁷ Liquor stores become focal points for criminal and nuisance activity that can spill over into surrounding neighborhoods. Research has also shown that higher liquor store density is correlated with increased rates of childhood accidents, assaults, and child abuse injuries.¹²⁸

Because liquor stores often advertise extensively on storefronts, higher liquor store density also increases exposure to liquor advertising, which can be particularly detrimental to children and youth.

There is approximately one liquor store for every 10,000 Santa Fe County residents and one liquor store for every 20,000 New Mexico residents. The density of liquor stores has decreased in both Santa Fe County and New Mexico over the past several years, probably as a result of economic conditions and the more vigorous enforcement of the New Mexico Liquor Control Act, which penalizes the sale of liquor to minors and intoxicated persons by licensed liquor establishments.

It is also important to note, however, that a decline in the number of liquor stores does not necessarily mean fewer liquor outlets because package liquor is sold by many establishments that are not primarily liquor stores. A liquor store is defined as a retail store that primarily sells packaged alcoholic beverages, such as beer, wine, and spirits. Although liquor store density may reflect the relative availability of package liquor in a community, liquor stores are not the only outlets at which package liquor is sold. In fact, grocery stores, convenience stores, gas stations and pharmacies often sell large volumes of package liquor, and in many instances liquor sales by these establishments have the same detrimental impact on neighborhoods as stores devoted solely to the sale of liquor.

6. *Access to Recreation*

Physical fitness is a key component of both physical and emotional health. The level of physical activity has been shown to increase with proximity to recreational opportunities. In fact, one study found that people who live within a half-mile of a park exercised at least five times more per week than those who lived further away.¹²⁹ Research has established a linkage between limited access to public parks and recreation facilities, reduced physical activity and increased rates of obesity.¹³⁰ Nationwide, lower income communities tend to have fewer public parks and recreation facilities.¹³¹ Reduced access to recreation in low income communities has thus been posited as one of the factors contributing to the disproportionate incidence of obesity and obesity-related health problems among low-income people.

With its exceptional air quality, abundant sunshine, generally mild weather, miles of open space and varied terrain, Santa Fe County offers plentiful recreational opportunities. In 2012, Santa Fe also had 12 recreational facilities per 100,000 residents compared to eight recreational facilities per 100,000 residents statewide.

A facilities-based measure such as that presented here is a limited barometer of recreational opportunities because many of the most common and beneficial forms of physical activity including walking and biking do not require a specific facility. The USDA's Economic Research Service has attempted to construct an index of natural amenities ranging from one to six, where one is the lowest amenity score and six is highest amenity score. Counties with features such as varied topography; lakes, ponds, or oceanfront; warm, sunny winters; and temperate, low-humidity summers score are considered to have higher levels of natural amenities. Santa Fe County scored five on the USDA natural amenities index^{132, 133}.

In an effort to preserve distinctive features of the county's natural landscape and increase recreational opportunities for county residents the Santa Fe County Open Space program is developing a county-wide network of cultural, historical, recreational and natural open spaces and trails. Santa Fe County currently maintains 6,458 acres of open space and 155 miles of trail at 23 sites. The County also maintains 18 public parks totaling 152 acres. The City of Santa Fe maintains 570 acres of parkland at 94 sites citywide. City parks offer a wide variety of recreational amenities including tennis and basketball courts, soccer fields and playground equipment. Most city parks include a multi-purpose field.

Santa Fe County Open Space, Trails and Parks, 2013			
Open Space and Trails (23)	Acres	Parks	Acres
Arroyo Hondo Open Space	86.8	Agua Fria Park (Romero Park)	30.00
Cerrillos Hills State Park	1098.2	Bennie J. Chavez Community Center Park	0.50
Edgewood Open Space	29.8	Stanley Community Park	0.50
El Penasco Blanco Open Space	93.4	Lamy Park	50.00
El Rancho Open Space	5.5	Chimayo Headstart Multi-purpose Court	0.20
Lamy Open Space	91.2	Pojoaque Tennis Court	0.20
Little Tesuque Creek Open Space	161.0	Pojoaque High School Tennis Court	0.20
Los Potrerros Open Space	40.0	Galisteo Community Park (Phillip C Watts II Memorial Park)	0.25
Madrid Open Space	57.3	Sombrillo Tennis Court	0.20
Old Pecos Trail Open Space	4.8	Burro Lane Park	3.33
Ortiz Mountain Open Space	1350.0	Leo Gurule Park	4.00
Rio en Medio Open Space	121.3	La Puebla Park	5.02
Talaya Hill Open Space	290.5	El Rancho Community Center Basketball Court	0.10
Thornton Open Space	1904.1	Rio en Medio Park	0.25
South Meadows Open Space	22.2	Nambe Community Center Park	1.00
Santa Fe River Greenway	254.6	La Cienega Park	45.88
Santa Fe Rail Trail	29.1	Edgewood Senior Center Park	10.00
Spur Trail	7.3	Cerrillos Park	0.10
Arroyo Hondo Trail	23.2		151.7
Los Caminitos Wilderness	573.0		
San Pedro Open Space	160.0		
Arroyo de la Piedra Open Space	54.4		
Canada Ancha Trail			
	6457.7		

L. Health Care Utilization

Health care utilization is impacted by numerous factors, including insurance (discussed previously), health status, cost, and provider availability.

1. Determinants of Utilization

a. Subjective assessment of health

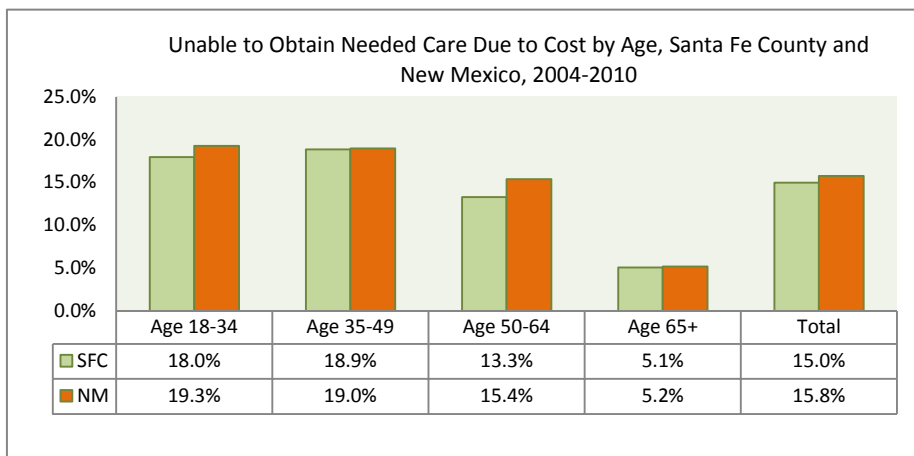
Santa Fe County adults characterize their physical health as “poor” with about the same frequency as New Mexico residents. This similarity in subjective assessment of individual health status is striking

because on the basis of many objective criteria Santa Fe County residents appear to be considerably healthier than New Mexicans overall.

Twelve and a half percent of Hispanic and Native American county residents consider themselves to have been in poor health for the majority of the past 30 days, compared to 7.7 percent of White Non-Hispanic county residents. Santa Fe County seniors are more likely than younger adults to consider their health to be poor.

b. Cost

Fifteen percent of Santa Fe County residents report difficulty obtaining needed health care due to cost. Cost barriers are greatest for Native Americans, County adults under age 50, and individuals with annual income below \$25,000.



Twenty three percent of Santa Fe County seniors have no health insurance coverage beyond Medicare (See “Health Insurance”).

Source: New Mexico IBIS Behavioral Risk Factor Surveillance System. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit

Medicare covers mostly acute care services and requires beneficiaries to pay part of the cost, leaving about half of health spending to be covered by other sources. When surveyed, 5.1 percent of Santa Fe County seniors reported that they had been unable to see a doctor when they needed due to cost.

2. Facilities and Service Delivery System

Feedback from community members through focus groups provided valuable input on the health care delivery system. Health care consumers, providers and professionals from throughout the community expressed a desire for a system that was more patient-centered and better coordinated, and expressed frustration with the lack of communication between providers.

The implementation of electronic health records that is currently underway will help improve provider-to-provider communication by enabling providers to access information about their patients’ health care utilization. But being aware of and even in contact with other providers is not enough to ensure efficient and effective care. Also necessary are professionals such as case managers, community health workers and social workers whose job is to coordinate care and help consumers effectively navigate the health care and social welfare systems so they can efficiently obtain the care and supports best targeted to their specific needs.

Health care consumers felt that health care would be more effective if providers were better listeners and, in some instances, more respectful of their patients. Among the consumers most likely to feel

judged or disrespected by health care providers were those who were low income or lacked insurance, the mentally ill, clients seeking treatment for substance abuse or mental illness, and victims of domestic violence. Access to affordable medications was a barrier to care noted by both insured and uninsured consumers.

Health care work force issues were another common concern for focus group participants. Attracting and retaining quality health care professionals was seen as both a top priority and a significant challenge. Bilingual professionals are in particularly high demand. Health care professionals desired more access to on-the-job continuing education and training to keep up with rapid advancements in technology and standards of care.

Service providers and health care practitioners participating in the focus groups derived satisfaction from impacting people's lives and were grateful for the community resources that enabled them to connect their clients with services and supports that they themselves could not provide. Providers noted that people's needs are often more complex than the health issue that initially brings them in for treatment, and effectively addressing an individual's health needs often requires a spectrum of services, many of which must come from other providers and services systems. For example, a doctor who sees a patient for arthritis may note that the patient is socially isolated and potentially malnourished. By connecting the patient with the daily lunch program at a local senior center the doctor can dramatically improve both the patient's well-being and the effectiveness of the prescribed arthritis treatments. Treating the "whole person" and connecting patients with external resources to meet their individual needs was a source of great satisfaction for providers who participated in the focus groups.

Professionals felt that they were not fully aware of many of the community resources from which their clients could benefit, particularly in the areas of substance abuse treatment, domestic violence services, and services for populations including seniors, veterans, the mentally ill, undocumented immigrants, homeless, first-time parents, and Native Americans. Social workers and case managers in the public schools, the hospital, social service agencies, and private practice all said it was difficult to keep track of the many resources available in the community. A web-based resource directory accessible to practitioners throughout the community would help them access care for their clients more effectively.

Focus group participants emphasized the importance of safety net services including those for addicts, victims of domestic violence or sexual assault, low-income and uninsured individuals, high risk adolescents, seniors and the mentally ill. These programs are vital to health of the individuals they serve and the well-being of the community at large.

a. Primary Care Physicians

The southern portion of Santa Fe County, including the communities of Cerrillos, Madrid and Edgewood, is deemed a primary care and dental Health Professional Shortage Area by the U.S. Department of Health and Human Services Health Resources and Services Administration.¹³⁴ The supply of dentists and primary care providers available to Santa Fe County's low income population is also deemed insufficient to meet the community's health care needs.

The ratio of primary care physicians to county residents is an important barometer of access to care, because primary care doctors are often the first point of patient contact and nationally 47 percent of all physician visits are to primary care doctors.¹³⁵ In addition, primary care services such as coordination between health care providers and effective communication with patients are essential to efficient health service delivery.

In 2010 there was approximately one primary care physician for every 994 Santa Fe County residents. Nationally, there is approximately one for every 1,475 US residents.¹³⁶

b. Dental Care

Access to dental services is essential to good oral health and overall physical health. In 2007, there were 72 actively practicing dentists per 100,000 Santa Fe County residents. On average, urban counties in the U.S. with fewer than 250,000 residents have 53 dentists per 100,000 residents. Santa Fe County's ratio of one dentist for every 1,390 residents is higher than the national average, 64 percent higher than the statewide ratio, and 36 percent higher than the Santa Fe County ratio was in 1998.

Available dental workforce is a key determinant of access, but other factors, especially income, play an equally important role in determining whether county residents can obtain the dental care they need. For instance, 20 percent of County residents with annual income below \$25,000 report that they have not had their teeth cleaned in five or more years compared to eight percent of county residents overall.

Visits to hospital emergency departments for dental problems are another indicator of unmet need for dental care. In 2012, 33 people were treated at CHRISTUS St Vincent Regional Medical Center's E.D. for dental problems. Over 50 percent of these patients were uninsured; the remaining 45 percent were covered by Medicaid, suggesting that although Medicaid covers dental care, Medicaid patients, the vast majority of whom are children, may still face significant barriers to regular dental care.

c. Behavioral Health

Many residents of Santa Fe County have trouble accessing the behavioral health and addiction treatment services they need, due, in part, to lack of providers.

Behavioral health services must address an array of needs at varying levels of intensity. The six core mental health treatment services are clinical assessment, medication management, therapies, psychosocial rehabilitation, and community support.

The County's one in-patient psychiatric facility at CHRISTUS St Vincent Medical Center has 11 beds and serves primarily adults ages 18 to 65. There is no in-patient psychiatric facility in Santa Fe County that serves youth or the elderly specifically. The large and rapid increase in the county's senior population will increase demand for geriatric psychiatric services over the next decade.

Few services are available to address acute drug and alcohol treatment needs. The county's one detoxification center, the CHRISTUS St Vincent Center, offers non-medical detox and brief withdrawal and can serve 15. The county's one residential substance abuse treatment facility, Santa Fe Recovery Center, can serve 22. Following a three-to-seven day sobering and assessment program, Recovery Center clients continue with counseling, participate in group sessions and classes. The Santa Fe Recovery Center does not provide crisis care. Additional resources for persons with drug and alcohol problems include the CHRISTUS St. Vincent Care Connection, which conducts clinical assessments and provides case management, the Santa Fe Community Guidance Center and Life Link.

In 2009, the Santa Fe City and County Addressing Alcohol Abuse Task Force identified medically monitored care for sobering, expanding SBIRT (Screening, Brief Intervention, Referral to Treatment),

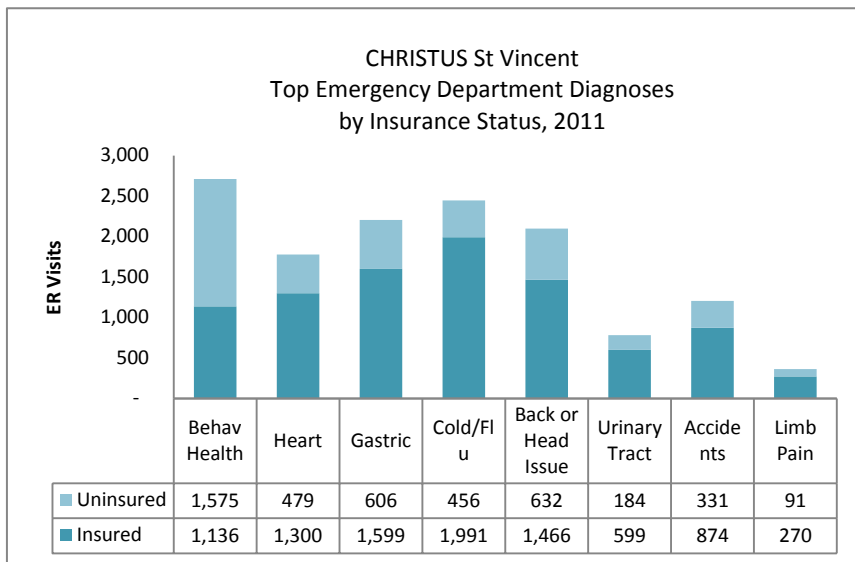
and increasing the number of residential treatment beds as priority drug and alcohol treatment service needs.¹³⁷ Other significant gaps in services include permanent and transitional housing (housing is frequently lost due to relapse), overnight sobering shelter, access to outpatient community psychiatry, a crisis stabilization unit, and support systems for addicts leaving the detention center.

Two comprehensive out-patient community mental health centers are located in Santa Fe, but they serve several northern counties and have a combined capacity of approximately 240. These centers -- Life Link, Inc., and Presbyterian Medical Services Santa Fe Community Guidance Center -- employ, or contract with, the range of practitioners including clinical social workers and counselors, psychiatrists, psychologists, mental health aides, and peer counselors to meet the broad array of needs within their client populations.

Behavioral health services for specialized populations in Santa Fe County include St. Elizabeth’s Homeless Shelter, Interfaith Shelter, Pastoral Counseling, La Familia Medical Center, Women’s Health Services, Sangre de Cristo Community Health Partnership and Santa Fe Indian Hospital.

Many behavioral health services are provided in the CHRISTUS St Vincent Emergency Department (CSV ED). Behavioral health and substance abuse issues are among the top ten reasons for visits to the CSV ED. However, these statistics under-estimate the impact of mental illness and substance abuse on the County’s acute care delivery system, because many diagnoses such as unintentional injuries, violence and gastro-intestinal bleeding are the direct result of substance abuse and/or mental illness.

Almost 60 percent of patients seen for behavioral health/substance abuse complaints in the CSV ED are uninsured. Less than 20 percent of CSV’s behavioral health patients account for over 80 percent of the behavioral health related ED visits and hospitalizations.



Behavioral health visits and hospitalizations for this relatively small, but extremely high-need patient group have been reduced over 60 percent through the provision of intensive community-based supports including out-patient medication management, counseling and primary care.

Source: CHRISTUS St. Vincent Medical Center

CHRISTUS St Vincent Emergency Department: Top 3 Behavioral Health Diagnoses, by Payer Type, July 2011-2012					
	Total	Private	Medicaid	Medicare	Uninsured/Indigent
Non-dependent use of drugs or alcohol	1322	94	295	110	815
Alcohol dependence syndrome	1034	380	147	267	239
Anxiety, dissociative & somatoform disorders	382	92	89	86	114

Source: CHRISTUS St Vincent Medical Center

d. Adolescent and Youth Behavioral Health

Adolescence is a critical period in brain development during which neural pathways and lifetime behavior patterns are established. Hormonal changes can significantly impact mood and behavior, increasing the prevalence of depression and risk-taking behaviors including substance abuse and other forms of self-harm. Many mental health disorders, including depression, anxiety disorder and attention-deficit disorder, first present in adolescence and pre-existing mental health disorders often intensify during this period. Mental and emotional health problems can compromise school performance and family relationships, leading to school dropout, substance abuse, risky sexual behaviors and criminal activity. Nationally, over two thirds of children in the juvenile justice system have a mental health disorder.¹³⁸

It is estimated that one in five adolescents has a diagnosable mental health disorder¹³⁹ and that one quarter of adolescents will experience a major depressive episode before they reach adulthood.¹⁴⁰ Fortunately, adolescence is also a developmental stage at which youth are highly responsive to interventions and positive role models. Decision making and impulse control can be improved and risk-taking behaviors can be lessened through positive engagement strategies that provide a social support structure for youth.

The continuum of core adolescent behavioral health services includes treatment for sex offenders, intensive outpatient substance abuse services and residential treatment. Santa Fe County lacks residential treatment for adolescents with behavioral problems, necessitating that adolescents be sent out of the community or state for treatment in-patient treatment.

Current behavioral health resources for children and adolescents and their families in Santa Fe County include:

- *Teambuilders Counseling/Zia Behavioral Health* provides a comprehensive array of services to children and adolescents including multi-systemic therapy, individual, group and family therapy, crisis response, behavior management, respite, and comprehensive community service support. *Zia Behavioral Health* also provides psychiatric services.
- *Presbyterian Medical Services (formerly Su Vida)* provides comprehensive community services, case management and outpatient therapy for youth and children. (*Presbyterian Medical Services* also provides Adult Behavioral Health Services through *Santa Fe Community Guidance Center*.)
- *Youth Shelters & Family Services* provides outpatient therapies and emergency shelter to youth as well as services to pregnant teens.

- *New Mexico Teen Suicide Intervention Project at Sky Center* provides free counseling for children, youth and families, suicide prevention and crisis intervention services in the schools.
- *Southwest Family Guidance Center* provides individual therapy family therapy, school-based services, home-based therapy and child therapy.

e. Hospitals, Hospices and Nursing Facilities

Three short-term general hospitals are located in Santa Fe County. CHRISTUS St Vincent Regional Medical Center with 268 beds is the largest. Physicians Medical Center of Santa Fe has 19 beds and Santa Fe PHS Indian Hospital has four beds. CHRISTUS St Vincent is the largest hospital facility north of Albuquerque and the region’s only Level III trauma center.

Santa Fe County currently has five providers of hospice care: *Ambercare, Vistacare, PMS, Del Corazon and Heritage*. The county currently lacks a “bricks-and-mortar” hospice facility.

Santa Fe County also has two skilled nursing facilities with a total of 238 beds.

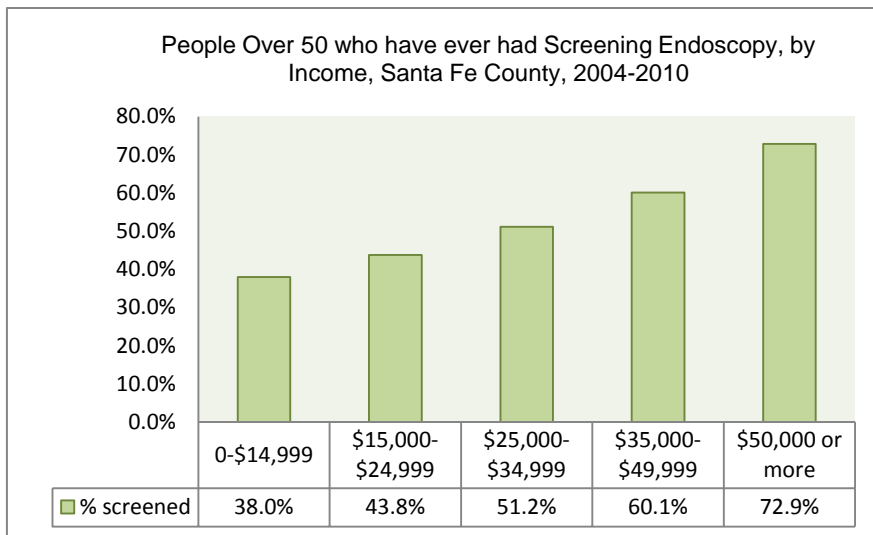
Santa Fe County Health Care Facilities	
Hospitals	3
Total Beds	291
Skilled Nursing Facilities	2
Total Beds	238
Medicare Certified Beds	52
Home health agencies (CMS certified)	5
In-patient Behavioral Health Facilities	1
In-patient Behavioral Health Beds	11
In-Patient Substance Abuse Treatment	1
In-patient Substance Abuse Beds	22
In-patient Detox (w/o addiction treatment)	1
In-patient Detox Beds	15
Comprehensive Community Mental Health Centers	2
Ambulatory Surgery Centers	4
Hospices	5
Community Mental Health Centers	2
Federally Qualified Health Centers	3
Source: U.S. Department of Health and Human Services Health Resources and Services Administration Area Resource File 2011-2012 release, Santa Fe County, 2009 data and CHRISTUS St Vincent	

f. Preventive Care Utilization

Preventive health care addresses health problems before they start. Preventive care can dramatically and cost-effectively improve individual and population health. Examples of preventive care include examinations and screening tests tailored to an individual's age, health, and family history. Utilization of health screenings is an indicator of access to preventive health care. Rates of common health screenings in Santa Fe County equal or exceed those statewide, but screening rates are lower for Hispanics and lower income county residents.

Screening Endoscopy

Colonoscopy and sigmoidoscopy are the forms of endoscopy used to screen for colon and rectal cancer. It is recommended that people over 50 receive a screening colonoscopy every five years and sigmoidoscopy every ten years.¹⁴¹ Screening colonoscopy and sigmoidoscopy rates for Santa Fe County adults over 50 increased from 54 percent to 70 percent between 2006 and 2010 and are higher than rates statewide. Over two-thirds of White Non-Hispanics and just over one-half of Hispanics had received endoscopy.



Source: New Mexico IBIS Behavioral Risk Factor Surveillance System. New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau, Survey Unit.

Influenza Vaccination by Seniors

Vaccines are critical to disease prevention and one of the most effective and efficient ways to protect public health. Roughly 68 percent of Santa Fe County seniors and 70 percent of New Mexico seniors have received a flu shot within the past 12 months. Flu vaccine rates are similar for men and women and for Hispanics and Non-Hispanics.

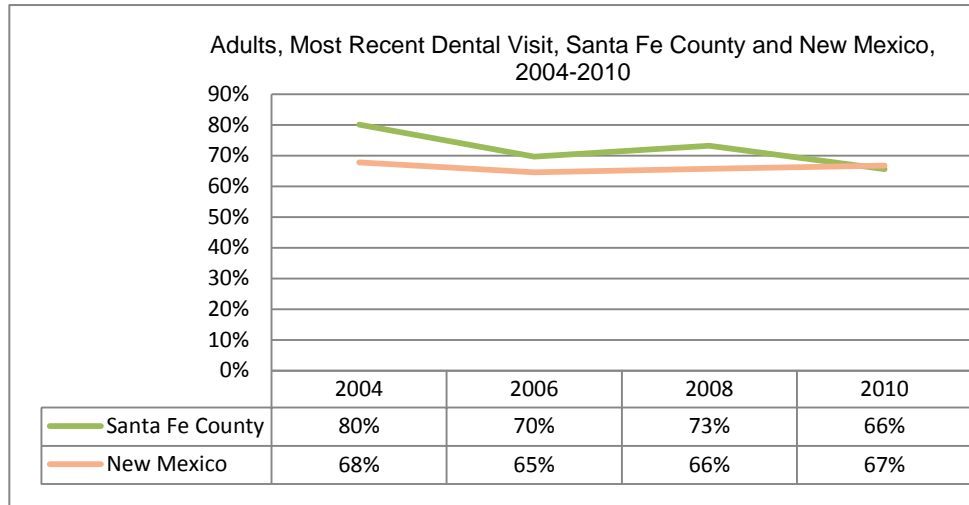
Screening Mammography for Women Fifty Years and Older

Eighty percent of Santa Fe County women over the age of 50 have received a screening mammogram within the past two years. The rate of screening mammography in Santa Fe County is similar to the statewide rate.

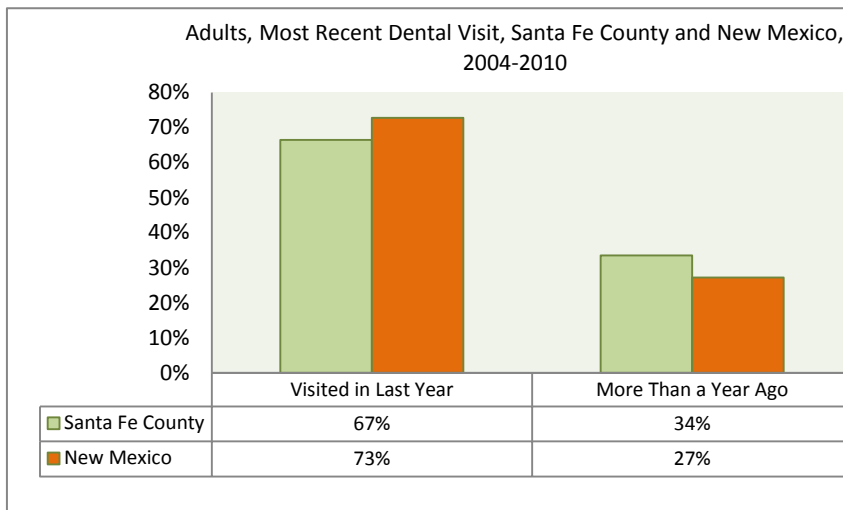
Screening mammograms are used to check for breast cancer in women who have no signs or symptoms of breast cancer. Early detection of breast cancer enables treatment to begin earlier in the course of the disease, possibly before it has spread. Screening mammography has been shown to reduce the number of deaths from breast cancer among women ages 40 to 70, especially for women over age 50.¹⁴²

Dental Care

The percentage of Santa Fe County adults who reported having visited a dentist within the last 12 months declined from 80 percent in 2004 to 66 percent in 2010.

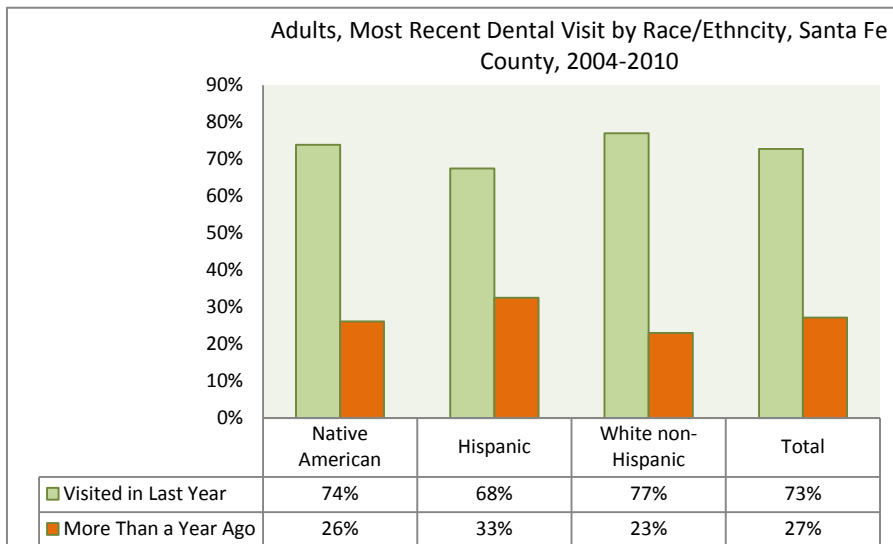


Source: Behavioral Risk Factor Surveillance System Survey, New Mexico Department of Health



On average, between 2004 and 2010, 73 percent of Santa Fe County adults report having visited the dentist within the last year, compared to 67 percent of adults statewide.

Source: Behavioral Risk Factor Surveillance System Survey, New Mexico Department of Health.



Native American and White Non-Hispanic county residents were more likely than Hispanic residents to have seen a dentist in the past year.

Source: Behavioral Risk Factor Surveillance System Survey Data, New Mexico Department of Health

Regular dental exams help protect oral health and overall physical well-being. Exams and cleanings prevent tooth decay and enable the early detection and treatment of oral health problems. However, access to dental care is severely limited by financial barriers, limited availability of dentists in poor neighborhoods and rural areas, and insufficient participation by dentists in the Medicaid program. Fifty three percent of low income Santa Fe County residents had seen a dentist within the past year compared to 87 percent of residents with annual income over \$50,000.

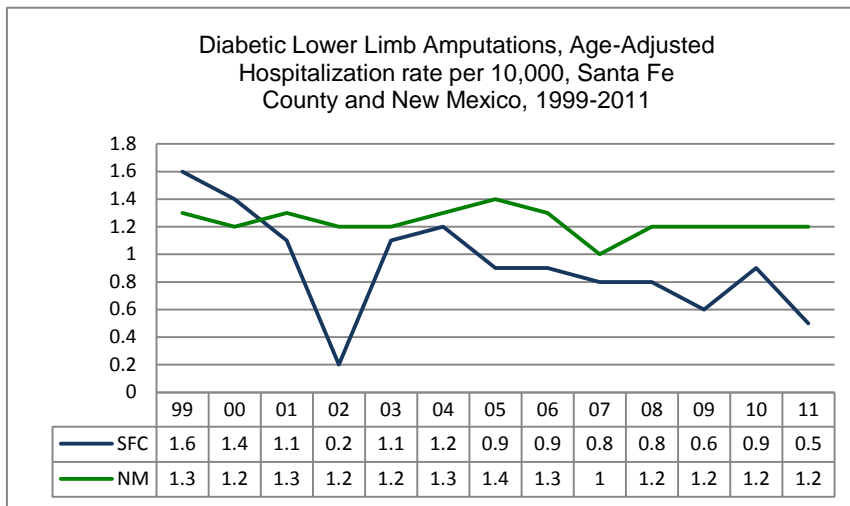
Rates of dental coverage are considerably lower than rates of health insurance coverage.¹⁴³ Even for those with dental insurance, out-of-pocket costs for dental care can be prohibitively high.

3. *Ambulatory Sensitive Conditions*

Hospitalizations for ambulatory sensitive conditions are another measure of access to primary care. Ambulatory care sensitive conditions are conditions such as asthma, diabetes and hypertension, which can be effectively managed in an out-patient setting, dehydration, a life-threatening condition in the frail elderly that can be prevented with routine and ongoing monitoring of fluid balance, and perforated appendix, another life-threatening condition that can be prevented with prompt surgical evaluation. The rate at which community members are hospitalized for these and other ambulatory sensitive conditions is indicative of their access to appropriate out-patient primary care.

Between 1999 and 2011, hospitalizations of Santa Fe County residents for asthma remained relatively constant at an age-adjusted rate of seven per 10,000 while statewide asthma admissions declined from 10 per 10,000 in 1999 to just under eight per 10,000 in 2011.

Hospitalizations for perforated appendix in Santa Fe County were similarly constant and comparable to hospitalizations statewide. The age-adjusted Santa Fe County hospital admission rate for dehydration was fairly constant between 2006 and 2011, but notably lower than the rate statewide.



Lower limb amputations among diabetics, on the other hand, have declined since 2004.

Source: New Mexico Hospital Inpatient Discharge Data, New Mexico Health Policy Commission and New Mexico Department of Health

Utilization of the emergency department for ambulatory sensitive conditions is another indicator of access to preventive primary care. In 2012, 29 percent of patients treated in the CHRISTUS St Vincent Medical Center emergency department for ambulatory sensitive conditions were uninsured.

CHRISTUS St Vincent Emergency Department: Selected Outpatient Ambulatory Sensitive Diagnoses, by Payer 2012					
	Grand Total	Private	Medicaid	Medicare	Uninsured/ Indigent
DIABETES	244	54	41	76	71
HYPOGLYCEMIA	17	6	3	4	4
DEHYDRATION	329	110	58	91	70
HYPERTENSION	279	71	18	120	70
OBSTRUCTIVE BRONCHITIS	79	17	11	40	11
ASTHMA	323	79	100	41	101
DENTAL	33	3	14	0	16
KIDNEY INFECTION	262	63	67	27	105
BACK TOTAL	171	43	36	38	54

Source: CHRISTUS St. Vincent Medical Center

4. Acute Care Utilization

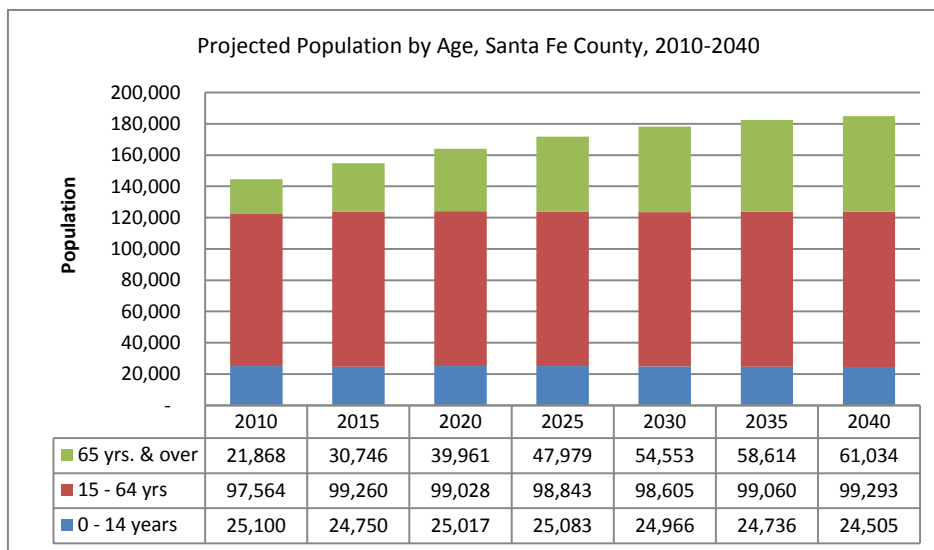
Acute care is active short-term healthcare for a severe injury or illness, an urgent medical condition, or during recovery from surgery. Acute care is usually received in a hospital, ambulatory surgery center or urgent care center.

**CHRISTUS St. Vincent Regional Medical Center: Most Common In-Patient Diagnoses
by Payer, 2011**

	TOTAL	Private	Medicaid	Medicare	Uninsured/ Indigent
Birth	1364	537	1027	0	59
Rehabilitation	326	76	20	222	8
Heart & Vascular	548	133	50	321	38
Pneumonia	268	66	41	140	19
Bone	303	119	10	169	5
Behavioral Health	257	39	55	46	112
Gastro-Bleed	142	24	30	59	26
Acute Cold/Flu	141	12	20	102	7
Urinary Tract issue	138	15	8	108	6
Back	126	58	22	38	6
Wounds	112	24	18	46	20

5. The Resource Implications of an Aging Population

As is the case throughout the U.S. and much of the world, an ever-increasing percentage of Santa Fe County’s population is 65 and older. The population of Santa Fe County is slightly older on average than the New Mexico population overall. The escalating pressure on scarce healthcare resources that will be experienced throughout the country and the state as increasing numbers of baby boomers enter old age will impact Santa Fe County even earlier and with greater intensity.



Between now and 2040, Santa Fe County’s elderly population is expected to increase by almost three-fold, from 22,000 to 61,000. People over 65, now 14 percent of the county’s population, will constitute almost one-third of county residents in 2040.

Source: University of New Mexico Bureau of Business and Economic Research

People in the labor force generate most of the income, pay most of the taxes and provide most of the services necessary to meet the needs of the population that is either too old or too young to work. Today in Santa Fe County the population of people not counted in the total potential labor force (children 14 and under and adults 65 and over, sometimes referred to by demographers as the “dependent population,” although they do pay taxes) is roughly half the size of the population of working-age adults (the “productive population”). In 2040, Santa Fe County’s dependent population will be only 14 percent smaller than its productive population.¹⁴⁴

Although people are living, working and remaining vital longer than ever, age inevitably impacts health and the ability to work. The incidence and prevalence of many chronic health conditions increases greatly with age, as do dependency and mortality rates. The aging of the county’s population will increase the overall demand for healthcare, assisted living and social services and require that a larger share of county health care resources be shifted to the management of disabilities and chronic illnesses. At the same time, the increased ratio of dependent to productive population will mean that the higher demand for healthcare and social services will have to be met by a smaller workforce and funded with a diminished tax base.

IV. DISPARITIES

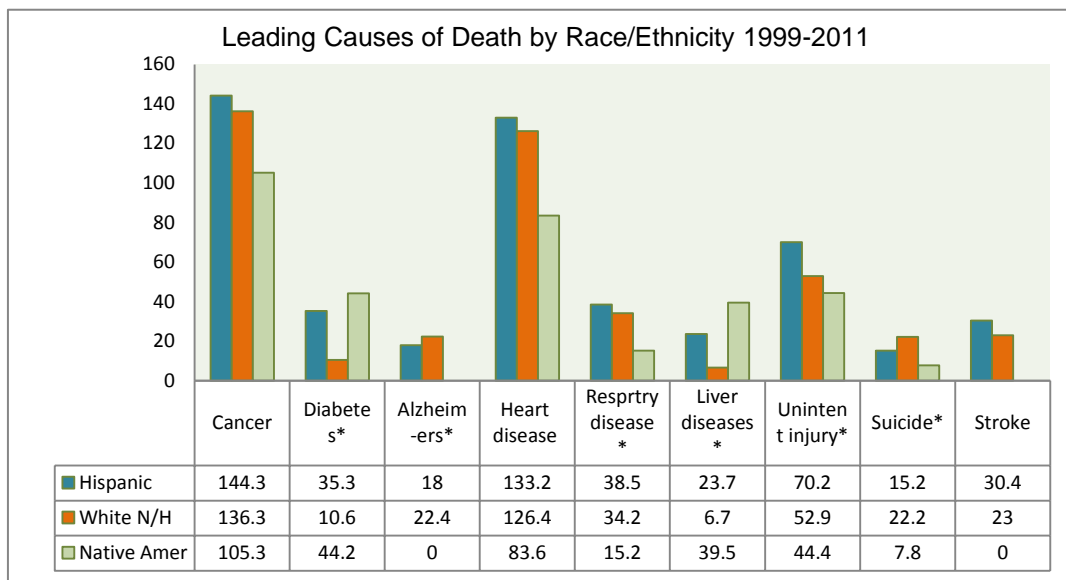
In Santa Fe County, numerous health outcomes vary significantly by race and ethnicity. Disparities in health outcomes often arise from disparities in health factors such as unequal access to health insurance, health care and grocery stores that sell affordable, healthy food.

A. Disparate Outcomes

With the exception of unintentional injury, mortality rates from all the leading causes of death are lower in Santa Fe County than they are in New Mexico. However, age-adjusted mortality rates from several leading causes of death differ by race and ethnicity.

In Santa Fe County, age-adjusted mortality rates from diabetes, liver disease, unintentional injury and stroke are all higher among Hispanics than White Non-Hispanics. The suicide mortality rate for White Non-Hispanics is higher than for Hispanics.

Native Americans have lower rates of mortality from Alzheimer’s disease, COPD and heart disease than either Hispanics or White Non-Hispanics. Native American residents of Santa Fe County also fare far better than Native Americans elsewhere in New Mexico on numerous health outcomes, including deaths from heart disease, diabetes, motor vehicle accidents and suicide, as well as deaths involving alcohol.



*Statistically significant difference

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico

1. Alcohol-Related Mortality

Despite the fact that chronic drinking is reported more frequently by White Non-Hispanics than Hispanics and their rates of binge drinking appear comparable, the alcohol-related mortality rate for county Hispanics is almost twice that of Non-Hispanic Whites. The alcohol-related death rate for Hispanic residents of Santa Fe County is also 25 percent higher than the rate for all Hispanic New Mexicans. In contrast, the alcohol-related death rate for Native American residents of Santa Fe County is one-half the rate for Native Americans statewide.

2. Life Expectancy for Age 65

Life expectancy at age 65 is an indicator of the health of a community's older population because it is a measure that is independent of mortality at younger ages. The life expectancy from age 65 for White Non-Hispanic residents of Santa Fe County is one and a half years longer than that of Hispanics.

3. Average Age at Time of Death

White Non-Hispanics, on average, live longer than any other Santa Fe County race or ethnic group. The average age at death for White residents of Santa Fe County is 74, 30 percent higher than the average age at death for Native Americans and nine percent higher than the average age at death for Hispanics.

4. Behavioral Health

Over 12 percent of Hispanic adult respondents to the Behavioral Risk Factor Survey report experiencing poor mental health in 14 or more of the past 30 days compared to less than eight percent of White Non-Hispanic adults.

5. Diabetes

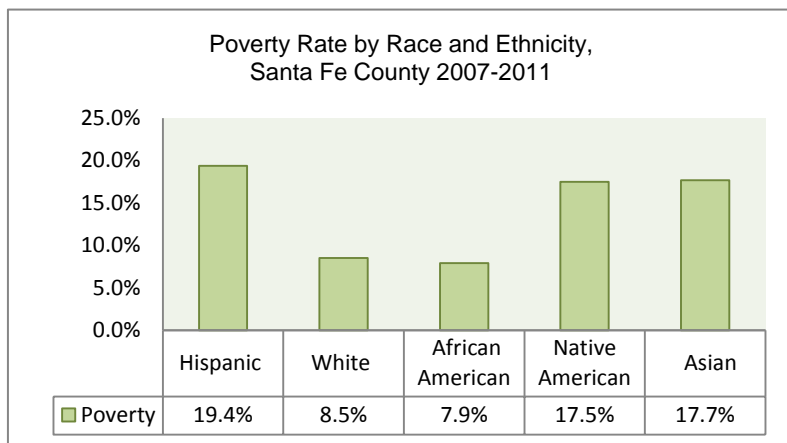
In Santa Fe County diabetes is most prevalent among Hispanics and least prevalent among White Non-Hispanics. Almost nine percent of the county's adult Hispanic residents have been diagnosed with diabetes compared to 2.7 percent of White Non-Hispanic adults. The prevalence of diabetes among Native American residents of Santa Fe County (3.6%) is about one third of the prevalence among Native Americans statewide.

6. Teen Birth Rate

Although birth rates have fallen among all racial and ethnic groups, substantial disparities in teen birth rate remain. In the years between 2007 and 2011 the birth rate in Santa Fe County averaged 69.3 for Hispanic teens, 36.7 for Native American teens and 14.5 for White Non-Hispanic teens.

B. Health Factor Inequities

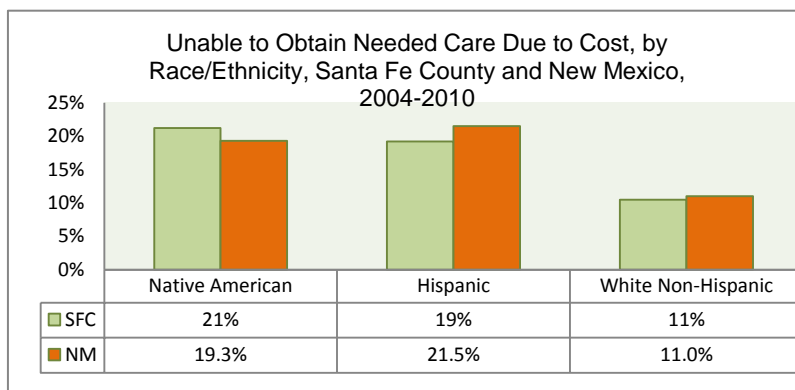
1. Poverty



Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011. <http://www.census.gov/acs/www/>

The poverty rate among Santa Fe County Hispanics and Native Americans is over twice that of Non-Hispanic Whites.

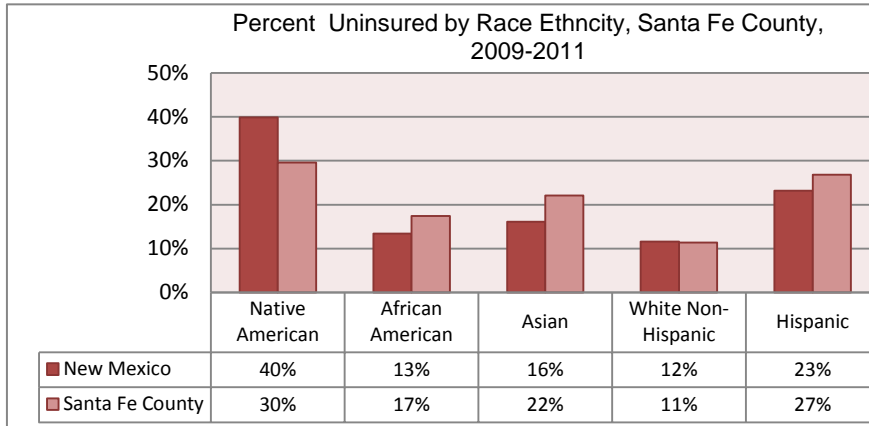
Poverty is a potent and well-documented predictor of health outcomes. Aspects of poverty that undermine health include inadequate or uncertain access to nourishing food and shelter, lack of access to health care and health information, social stigma, acute and chronic stress, limited educational opportunities, unsafe neighborhoods and working conditions and exposure to environmental toxins. Poverty has been linked to higher prevalence of many health conditions, including chronic diseases, some cancers, developmental delays, injury, depression and premature death.¹⁴⁵



Native Americans are more likely to be uninsured than any other racial or ethnic group in Santa Fe County. In Santa Fe County 30 percent of Native Americans, 27 percent of Hispanics and 11 percent of Non-Hispanic White residents lack health insurance coverage.

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau

2. *Health Insurance*



Almost two-thirds of foreign-born residents and over three quarters of non-citizens residing in Santa Fe County are uninsured. Disparities in health insurance access for many immigrants, including legal residents, will not be fully remedied by the Affordable Care Act.

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2009-2011.
<http://www.census.gov/acs/www/>

Despite the fact that most of Santa Fe County’s foreign-born uninsured are low income and will thus qualify on the basis of income for Medicaid when it is expanded to cover low income adults, many will not be able to obtain coverage due to their immigration status. Undocumented immigrants are not eligible for any benefits under the Affordable Care Act. Immigrants who are “legally present” in the U.S. qualify for benefits but must wait five years before enrolling.

3. *Prenatal Care*

Three-quarters of White Non-Hispanic mothers received prenatal care in the first trimester compared to two-thirds of Native American and Hispanic mothers.

4. *Health Screenings*

In Santa Fe County, Hispanics report lower rates of recommended screenings than Non-Hispanic Whites. Sixty-seven percent of Non-Hispanic Whites over 50 have received screenings for colorectal cancer compared to 53 percent of Hispanics. One half of Non-Hispanic Whites and only one third of Hispanics have been tested for HIV at least once. Over three quarters of White Non-Hispanic County residents report having visited a dentist within the past 12 months compared to 68 percent of Hispanic residents.

5. *Health Behaviors*

White non-Hispanic residents of Santa Fe County are less likely to be obese than either Native American or Hispanic residents. The obesity rate among Hispanics (25.4%) is over twice that of White Non-Hispanics. The obesity rate for Native Americans is 28.7 percent. Nineteen percent of Hispanic adults are current smokers compared to just under 14 percent of White Non-Hispanic adults.

V. CONCLUSION

The broad spectrum of economic, social and health indicators presented in this report paints a vivid picture of community health in Santa Fe County. Numerous areas identified in this report warrant further analysis and attention of policy makers.

Encouraging trends include increases in expectant mothers receiving timely prenatal care and decreases in teen birth. Reductions in cigarette smoking and alcohol consumption by youth are also positive signs.

The large increase in the percentage of Santa Fe County children who live in poverty is a major public health concern because child poverty contributes to numerous negative health outcomes both in childhood and throughout life. Also troubling are increases in obesity and the prevalence of diabetes. Finally, the rate of death from unintentional injury in Santa Fe County – car accidents and drug overdoses for the young and falls for the elderly – remains higher than the rate statewide.

The size of the county's senior population is expected to triple in less than 30 years, placing tremendous strain on the county's health and social welfare infrastructure.

Today, one in five Santa Fe County residents lack health insurance, making it extremely difficult for many to access the health care they need and imposing a heavy burden on the County's indigent care system. The implementation of key aspects of federal health care reform in January 2014, including the expansion of New Mexico Medicaid to cover low income adults, will help thousands of the County's uninsured to obtain coverage. However, many low-income immigrants, including some who are in this country legally, will remain uninsured even after the Medicaid expansion.

Finally, although Santa Fe County ranks better than most of New Mexico on many health indicators, racial and ethnic disparities in health factors and outcomes remain. White Non-Hispanics tend to be healthier than other County residents, due at least in part to their higher incomes and the improved access to health care that results. Santa Fe County Native Americans fare better than Native Americans elsewhere in New Mexico on most key health indicators. Hispanics, the County's largest ethnic group, face the most health challenges in the form of heightened risk factors and higher rates of mortality.

Appendix: Data and Detail

TABLE 1: DISABLED POPULATION

	New Mexico			Santa Fe County		
	Total	With a disability	Percent with a disability	Total	With a disability	Percent with a disability
	Estimate	Estimate	Estimate	Estimate	Estimate	Estimate
Total civilian non-institutionalized population	2,027,333	272,588	13.40%	142,450	18,603	13.10%
Population under 5 years	144,304	1,438	1.00%	8,213	225	2.70%
hearing disability		1,076	0.70%		143	1.70%
vision disability		870	0.60%		164	2.00%
Population 5 to 17 years	373,122	15,963	4.30%	21,972	1,123	5.10%
hearing disability		2,658	0.70%		230	1.00%
vision disability		3,654	1.00%		387	1.80%
Cognitive disability		10,503	2.80%		806	3.70%
ambulatory disability		2,442	0.70%		145	0.70%
self-care disability		2,654	0.70%		203	0.90%
Population 18 to 64 years	1,240,244	144,980	11.70%	90,371	9,784	10.80%
hearing disability		35,571	2.90%		2,470	2.70%
vision disability		29,099	2.30%		2,442	2.70%
Cognitive disability		61,465	5.00%		4,268	4.70%
ambulatory disability		76,259	6.10%		4,640	5.10%
self-care disability		26,255	2.10%		1,486	1.60%
independent living disability		51,019	4.10%		3,159	3.50%
Population 65 years and over	269,663	110,207	40.90%	21,894	7,471	34.10%
hearing disability		51,579	19.10%		3,939	18.00%
vision disability		23,998	8.90%		1,285	5.90%
Cognitive disability		29,613	11.00%		1,960	9.00%
ambulatory disability		69,589	25.80%		4,328	19.80%
self-care disability		25,012	9.30%		1,284	5.90%
independent living disability		46,244	17.10%		2,433	11.10%
RACE AND ETHNICITY						
African American	40,085	5,161	12.90%	N	N	N
Native American	188,500	21,931	11.60%	3,994	449	11.20%
Asian	26,791	1,965	7.30%	1,841	153	8.30%
White Non-Hispanic	820,020	126,423	15.40%	62,601	7,889	12.60%
Hispanic	940,605	116,016	12.30%	71,989	9,779	13.60%

Source: American Community Survey 2009-2011, Table S1810

TABLE 2: EDUCATIONAL ATTAINMENT

Educational Attainment, New Mexico, Santa Fe County and Sub-County Regions										
Subject	New Mexico		Santa Fe County		Central Santa Fe		North Santa Fe CCD		South Santa Fe CCD	
	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent	Estimate	Percent
Population 25 years and over	1,316,741	1,316,741	101,511	101,511	60,087	60,087	12,240	12,240	29,184	29,184
Less than 9th grade	100,842	7.7%	5,555	5.5%	4,115	6.8%	836	6.8%	604	2.1%
Some High School, no diploma	122,275	9.3%	7,863	7.7%	5,073	8.4%	1,184	9.7%	1,606	5.5%
High school graduate	351,167	26.7%	20,771	20.5%	11,787	19.6%	3,152	25.8%	5,832	20.0%
Some college, no degree	311,023	23.6%	20,871	20.6%	11,635	19.4%	2,499	20.4%	6,737	23.1%
Associate's degree	96,405	7.3%	6,277	6.2%	3,427	5.7%	1,012	8.3%	1,838	6.3%
Bachelor's degree	192,909	14.7%	21,504	21.2%	12,438	20.7%	1,866	15.2%	7,200	24.7%
Graduate or professional	142,120	10.8%	18,670	18.4%	11,612	19.3%	1,691	13.8%	5,367	18.4%
Percent high school graduate	(X)	83.1%	(X)	86.8%	(X)	84.7%	(X)	83.5%	(X)	92.4%
Percent bachelor's degree or	(X)	25.4%	(X)	39.6%	(X)	40.0%	(X)	29.1%	(X)	43.1%

Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011.

<http://www.census.gov/acs/www/>

TABLE 3: POVERTY

Poverty Rates by Age, Sex, Race, Ethnicity, Educational Attainment and Employment, Santa Fe County and Sub-County Regions 2007-2011					
Subject	New Mexico	Santa Fe County	Santa Fe	North SFC	South SFC
Total Population	21.5%	14.4%	15.7%	18.6%	9.1%
AGE					
Under 18 years	30.7%	21.4%	24.2%	28.1%	11.8%
18 to 64 years	19.9%	13.5%	15.0%	16.3%	8.9%
65 years and over	11.8%	7.3%	7.0%	12.6%	5.1%
SEX					
Male	20.8%	13.6%	14.5%	18.5%	9.3%
Female	22.2%	15.1%	16.9%	18.7%	8.9%
RACE AND HISPANIC ORIGIN					
Hispanic	27.6%	19.4%	20.4%	22.7%	13.2%
White (non-Hispanic)	11.7%	8.5%	9.7%	5.7%	6.9%
African American	24.4%	7.9%	13.3%	7.7%	0.0%
Native American	35.1%	17.5%	16.9%	20.7%	8.1%
Asian	17.8%	17.7%	26.0%	3.3%	0.0%
EDUCATIONAL ATTAINMENT					
Less than high school graduate	33.8%	29.5%	30.6%	36.0%	18.6%
High school graduate (includes GED)	19.9%	14.1%	14.4%	16.7%	12.1%
Some college, associate's degree	14.2	9.8%	10.2%	10.6%	8.8%
Bachelor's degree or higher	5.4	5.6%	6.3%	4.4%	4.8%
EMPLOYMENT STATUS					
Employed	10.7%	8.6%	9.8%	10.4%	4.8%
Unemployed	42.8%	28.7%	31.1%	32.3%	20.0%
WORK EXPERIENCE					
Worked full-time, year-round in the past 12 months	5%	3.6%	3.8%	5.8%	2.0%
Worked part-time or part-year in the past 12 months	24.5%	18.0%	20.6%	20.7%	10.8%
Did not work	28.7%	19.2%	19.5%	23.7%	15.6%
Source: U.S. Census Bureau American Community Survey 5-Year Estimates 2007-2011. http://www.census.gov/acs/www/					

Note: Poverty estimates for 2007-2011 are averages of the five years and therefore differ from estimates for 2011 alone. The larger sample afforded for the 5 year span makes estimates by race/ethnicity and sub-county areas less sensitive to random variation and thus more reliable.

TABLE 4: FEDERAL POVERTY LEVEL

Federal Poverty Level, 2012	
Household Size	Income
1	\$11,170
2	15,130
3	19,090
4	23,050
5	27,010
6	30,970
7	34,930

TABLE 5: HEALTH INSURANCE COVERAGE

Health Insurance Coverage, Santa Fe County and New Mexico, 2009-2011						
	New Mexico			Santa Fe County, New Mexico		
	Total	Uninsured		Total	Uninsured	
		Number	Percent		Number	Percent
Civilian population	2,027,333	399,283	19.7%	142,450	28,290	19.9%
AGE						
Under 18	517,426	53,217	10.3%	30,185	3,441	11.4%
18 to 64	1,240,244	342,055	27.6%	90,371	24,346	26.9%
65 years and over	269,663	4,011	1.5%	21,894	503	2.3%
SEX						
Male	991,753	212,692	21.4%	68,803	15,827	23.0%
Female	1,035,580	186,591	18.0%	73,647	12,463	16.9%
RACE AND ETHNICITY						
African American	40,085	5,382	13.4%	1,020	177	17.4%
Native American	188,500	75,168	39.9%	3,994	1,184	29.6%
Asian	26,791	4,308	16.1%	1,841	407	22.1%
White Non-Hispanic	820,020	95,455	11.6%	62,601	7,130	11.4%
Hispanic	940,605	218,415	23.2%	71,989	19,295	26.8%
NATIVITY AND CITIZENSHIP STATUS						
Native born	1,825,586	301,165	16.5%	122,099	15,306	12.5%
Foreign born	201,747	98,118	48.6%	20,351	12,984	63.8%
Naturalized	68,587	16,508	24.1%	5,391	1,643	30.5%
Not a citizen	133,160	81,610	61.3%	14,960	11,341	75.8%
EMPLOYMENT STATUS						
Population 18 and older	1,509,907	346,066	22.9%	112,265	24,849	22.1%
In labor force	957,182	249,969	26.1%	76,385	19,822	26.0%
Employed	866,553	203,326	23.5%	69,185	16,113	23.3%
Unemployed	90,629	46,643	51.5%	7,200	3,709	51.5%
Not in labor force	552,725	96,097	17.4%	35,880	5,027	14.0%
WORK EXPERIENCE IN THE LAST 12 MONTHS						
Population 18 years and older	1,509,907	346,066	22.9%	112,265	24,849	22.1%
Worked F/T, year round	609,325	123,350	20.2%	45,541	8,515	18.7%
Worked less than f/t, year roun	369,204	123,288	33.4%	32,278	10,492	32.5%
Did not work	531,378	99,428	18.7%	34,446	5,842	17.0%
INCOME AS A PERCENTAGE OF THE FEDERAL POVERTY LEVEL						
Pop. w/poverty estimate	2,013,299	396,908	19.7%	140,613	28,185	20.0%
Under 138% FPL	590,157	181,038	30.7%	34,582	13,672	39.5%
138% to 199% FPL	265,844	70,165	26.4%	15,452	4,426	28.6%
Over 200% FPL	1,157,298	145,705	12.6%	90,579	10,087	11.1%

Source: US Census Bureau American Community Survey 2011 3-Year Estimates (2009-2011)

TABLE 6: HEALTH INSURANCE COVERAGE BY AGE

Insurance Coverage by Age, Santa Fe County, 2009-2011			
Insurance Coverage	Children 0-18		Percent
	Employer-based coverage only	10,793	
Direct-purchase only	1,648	5%	
Other coverage (Medicare&VA)	145	0%	
Medicaid only	12,190	40%	
TRICARE/military only	280	1%	
two or more types of coverage	1,688	6%	
Uninsured	3,441	11%	
Total:	30,185	100%	

Type of Coverage	Over 65	Percent
Medicare only	4,993	23%
Medicare+Employer based	5,313	24%
Medicare+Direct Purchase	4,984	23%
Medicare+Medicaid	775	4%
Other Combinations	5,326	24%
Uninsured	503	2%
Total	21,894	100%

Type of Coverage	Adults 18-64	Percent
Employer-based only	40,812	45%
Direct-purchase only	12,196	13%
Medicare only	732	1%
Medicaid only	4,893	5%
TRICARE only	575	1%
VA only	766	1%
Two or more types of coverage	6,051	7%
Uninsured	24,346	27%
Total	90,371	100%

TABLE 7: CAESAREAN BIRTH(C-SECTION) AND VBAC

Santa Fe County Live Births by Birth Method 1990-2011												
Year	Counts						Percentages					
	Vaginal	VBAC	C-Section			All Births	Santa Fe County			New Mexico		
			Primary	Repeat	Total		Vaginal	C-section	VBAC	Vaginal	C-Section	VBAC
1990	21,468	633	3,308	1,754	5,062	27,317						
1991	21,734	664	3,342	1,924	5,266	27,784	79.0%	19.2%	1.4%	78.6%	18.5%	2.3%
1992	21,785	746	3,410	1,885	5,295	27,907	81.6%	17.1%	1.3%	78.2%	19.0%	2.4%
1993	22,140	737	3,147	1,771	4,918	27,831	80.1%	18.6%	1.3%	78.1%	19.0%	2.7%
1994	21,884	802	3,219	1,673	4,892	27,586	81.9%	17.0%	1.1%	79.6%	17.7%	2.6%
1999	21,855	704	2,921	1,607	4,528	27,133	82.9%	15.4%	1.7%	79.3%	17.7%	2.9%
2000	21,715	705	3,076	1,705	4,781	27,206	80.3%	18.5%	1.2%	80.5%	16.7%	2.6%
2001	21,324	622	3,202	1,953	5,155	27,101	82.2%	16.3%	1.5%	79.8%	17.6%	2.6%
2002	21,739	562	3,287	2,117	5,404	27,708	79.2%	19.4%	1.4%	78.7%	19.0%	2.3%
2003	21,555	517	3,442	2,280	5,722	27,799	76.9%	22.4%	0.7%	78.5%	19.5%	2.0%
2004	21,783	445	3,703	2,423	6,126	28,355	77.8%	21.5%	0.7%	77.5%	20.6%	1.9%
2005	21,926	372	3,871	2,653	6,524	28,822	81.0%	18.8%	0.3%	76.8%	21.6%	1.6%
2006	22,496	373	4,186	2,861	7,047	29,918	79.7%	19.9%	0.5%	76.1%	22.6%	1.3%
2007	23,184	248	4,207	2,959	7,166	30,605	78.5%	20.6%	0.9%	75.2%	23.6%	1.2%
2008	22,943	279	5,203	1,700	6,903	30,156	74.0%	25.1%	0.9%	75.8%	23.4%	0.8%
2009	21,958	347	4,891	1,669	6,560	28,873	79.8%	19.5%	0.6%	76.1%	22.9%	0.9%
2010	21,077	386	4,479	1,847	6,326	27,795	82.2%	16.3%	1.5%	76.1%	22.7%	1.2%
2011	20,608	364	4,439	1,826	6,265	27,251	85.5%	13.4%	1.1%	75.8%	22.8%	1.4%
Total	478,879	13,205	79,476	43,293	122,769	615,414	83.1%	15.6%	1.3%	75.6%	23.0%	1.3%

TABLE 8: BIRTHS TO GIRLS 15-19

Births to Girls 15-19, Number and Rate per 1,000, Santa Fe County by Year												
Year	All			Native American			Hispanic			White Non-Hispanic		
	Births	Girls 15-19	Births/1,000	Births	Girls 15-19	Births/1,000	Births	Girls 15-19	Births/1,000	Births	Girls 15-19	Births/1,000
Total	**	86662	**	240	4629	51.8	3834	51302	74.7	519	28603	18.1
1990	**	3227	**	8	125	64	130	1924	67.6	24	1133	21.2
1991	186	3253	57.2	13	130	100	139	1951	71.2	33	1123	29.4
1992	210	3363	62.4	6	136	44.1	177	2027	87.3	26	1151	22.6
1993	188	3517	53.5	17	145	117.2	147	2109	69.7	23	1208	19
1994	233	3631	64.2	10	148	67.6	188	2168	86.7	35	1258	27.8
1995	208	3824	54.4	16	160	100	152	2270	67	39	1329	29.3
1996	219	3925	55.8	8	168	47.6	173	2319	74.6	36	1373	26.2
1997	225	4052	55.5	10	183	54.6	186	2375	78.3	26	1424	18.3
1998	228	4123	55.3	13	204	63.7	192	2385	80.5	22	1455	15.1
1999	247	4131	59.8	8	212	37.7	204	2382	85.6	33	1451	22.7
2000	209	4139	50.5	6	218	27.5	175	2386	73.3	28	1440	19.4
2001	197	4138	47.6	19	224	84.8	155	2398	64.6	22	1416	15.5
2002	225	4138	54.4	8	230	34.7	197	2410	81.8	17	1391	12.2
2003	238	4138	57.5	14	237	59.2	201	2422	83	19	1367	13.9
2004	199	4138	48.1	11	243	45.3	168	2434	69	18	1343	13.4
2005	236	4138	57	15	249	60.2	198	2446	80.9	19	1319	14.4
2006	211	4137	51	8	255	31.3	190	2458	77.3	10	1295	7.7
2007	261	4137	63.1	10	262	38.2	217	2470	87.8	32	1271	25.2
2008	210	4137	50.8	8	268	29.9	180	2482	72.5	18	1247	14.4
2009	207	4137	50	12	274	43.8	178	2494	71.4	15	1222	12.3
2010	183	4137	44.2	10	280	35.7	158	2506	63	9	1198	7.5
2011	161	4102	39.2	10	278	36	129	2486	51.9	15	1188	12.6

New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

TABLE 9: FIRST TRIMESTER PRENATAL CARE

First Trimester Prenatal Care by Race/Ethnicity Santa Fe County 1990-2011												
Year	All Births			Native American			Hispanic			White Non-Hispanic		
	FTPNC	Births	% FTPNC	FTPNC	Births	% FTPNC	FTPNC	Births	% FTPNC	FTPNC	Births	% FTPNC
Total	23,655	34,534	69%	964	1,443	67%	14,427	21,881	66%	7,771	10,484	74%
1990	847	1,441	59%	32	67	48%	474	849	56%	335	510	66%
1991	986	1,496	66%	49	69	71%	537	853	63%	390	555	70%
1992	973	1,490	65%	45	75	60%	528	871	61%	388	528	74%
1993	955	1,413	68%	47	75	63%	524	830	63%	367	483	76%
1994	1,038	1,497	69%	36	54	67%	569	884	64%	416	537	78%
1995	979	1,491	66%	51	75	68%	538	857	63%	382	544	70%
1996	1,145	1,581	72%	29	47	62%	659	931	71%	442	577	77%
1997	1,149	1,586	72%	47	67	70%	665	950	70%	423	544	78%
1998	1,112	1,576	71%	45	68	66%	674	970	70%	374	507	74%
1999	1,119	1,688	66%	48	60	80%	689	1,092	63%	358	507	71%
2000	1,119	1,638	68%	43	60	72%	662	1,025	65%	395	525	75%
2001	976	1,527	64%	48	67	72%	550	942	58%	348	474	73%
2002	940	1,622	58%	49	67	73%	526	1,049	50%	340	465	73%
2003	970	1,652	59%	59	78	76%	579	1,100	53%	299	431	69%
2004	1,024	1,591	64%	47	63	75%	612	1,027	60%	336	463	73%
2005	1,041	1,662	63%	45	74	61%	696	1,154	60%	283	403	70%
2006	1,398	1,688	83%	56	69	81%	907	1,129	80%	389	439	89%
2007	1,578	1,852	85%	39	62	63%	1,100	1,295	85%	406	455	89%
2008	930	1,686	55%	26	65	40%	629	1,137	55%	251	436	58%
2009	1,117	1,452	77%	42	63	67%	760	979	78%	279	366	76%
2010	1,214	1,511	80%	45	59	76%	813	996	82%	322	402	80%
2011	1,045	1,394	75%	36	59	61%	736	961	77%	248	333	75%

TABLE 10: FIRST TRIMESTER PRENATAL CARE BY RACE AND ETHNICITY

First Trimester Prenatal Care by Race/Ethnicity Santa Fe County 2001-2011						
	1st Trimester PNC	All Births	% 1st Trimester PNC	95% CI LL	95% CI UL	
Total	12,233	17,637	69.4%	69%	70%	
Native American	492	726	67.8%	64%	71%	
Hispanic	7,908	11,769	67.2%	66%	68%	
White	3,501	4,667	75.0%	74%	76%	

TABLE 11: LOW BIRTH WEIGHT INFANTS

Low Birth Weight Infants Santa Fe County by Race/Ethnicity 1990-2011									
	Total			Native American			Hispanic		
	Live Births			Live Births			Live Births		
Year	LBW	Total	% LBW	LBW	Total	% LBW	LBW	Total	% LBW
	2808	34534	8.10%	110	1443	7.6%	1853	21881	8.5%
1990	98	1441	6.80%	2	67	3.0%	65	849	7.7%
1991	**	1496	**	2	69	2.9%	84	853	9.8%
1992	**	1490	**	3	75	4.0%	65	871	7.5%
1993	101	1413	7.20%	6	75	8.0%	62	830	7.5%
1994	98	1497	6.60%	7	54	13.0%	50	884	5.7%
1995	**	1491	**	5	75	6.7%	55	857	6.4%
1996	**	1581	**	2	47	4.3%	75	931	8.1%
1997	**	1586	**	2	67	3.0%	74	950	7.8%
1998	**	1576	**	6	68	8.8%	93	970	9.6%
1999	**	1688	**	3	60	5.0%	75	1092	6.9%
2000	**	1638	**	2	60	3.3%	78	1025	7.6%
2001	107	1527	7.00%	7	67	10.4%	70	942	7.4%
2002	**	1622	**	8	67	11.9%	78	1049	7.4%
2003	**	1652	**	4	78	5.1%	108	1100	9.8%
2004	**	1591	**	9	63	14.3%	81	1027	7.9%
2005	**	1662	**	10	74	13.5%	94	1154	8.2%
2006	**	1688	**	3	69	4.4%	111	1129	9.8%
2007	183	1852	9.90%	7	62	11.3%	135	1295	10.4%
2008	**	1686	**	6	65	9.2%	121	1137	10.6%
2009	111	1452	7.60%	6	63	9.5%	75	979	7.7%
2010	141	1511	9.30%	3	59	5.1%	103	996	10.3%
2011	140	1394	10.00%	7	59	11.9%	101	961	10.5%

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

TABLE 12: INFANT MORTALITY

Infant Mortality Counts and Rates per 1,000 Births, Santa Fe County 2006-2011												
Year	Santa Fe County Total			Native American			Hispanic			White Non-Hispanic		
	Deaths	Live Births	Rate	Deaths	Live Births	Rate	Deaths	Live Births	Rate	Deaths	Live Births	Rate
	51	9583	5.3	2	377	5.3	35	6497	5.4	12	2431	4.9
2006	7	1688	4.2	0	0	0	4	1129	3.5	3	439	6.8
2007 **		1852	**	0	0	0	10	1295	7.7	2	455	4.4
2008	9	1686	5.3	1	65	15.4	8	1137	7	0	0	0
2009 **		1452	**	0	0	0	3	979	3.1	1	366	2.7
2010	8	1511	5.3	0	0	0	4	996	4	4	402	10
2011	9	1394	6.5	1	59	17	6	961	6.2	2	333	6

Source: New Mexico Birth Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

TABLE 13: INFANT MORTALITY BY RACE AND ETHNICITY

Infant Mortality Counts and Rates per 1,000 Births, Santa Fe County 2006-2011					
Race and Ethnicity of Mother	Deaths	Live Births	Rate	95% CI LL	95% CI UL
Total	51	9583	5.3	3.9	6.8
Native American	2	377	5.3	0	12.6
African American	2	64	31.2	0	73.9
Hispanic	35	6497	5.4	3.6	7.2
White, Non-Hispanic	12	2431	4.9	2.2	7.7

Source: New Mexico Birth Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

TABLE 14: LIFE EXPECTANCY

Life Expectancy from Age 65 (LEA65) in Years by Race/Ethnicity, Santa Fe County		
Race and Ethnicity	Population*	LEA65
Total	1777538	21.2
Native American	73075	24
Asian	25429	42
African American	19207	20.5
Hispanic	856364	20.3
White	803463	21.8

* person-years at risk

TABLE 15: LIFE EXPECTANCY

Life Expectancy from Age 65 (LEA65) in Years, Santa Fe County and New Mexico, 1999-2011				
	Santa Fe County		New Mexico	
Year	Population*	LEA65	Population*	LEA65
Total	1,777,538	21.2	25,271,162	19.6
1999	127,966	19.6	1,808,082	18.6
2000	129,160	20.5	1,828,560	19.1
2001	130,658	20.4	1,851,512	19
2002	132,160	21.5	1,874,575	19.3
2003	133,661	20.5	1,897,640	19.2
2004	135,162	22.1	1,920,743	19.9
2005	136,664	21.4	1,943,810	19.6
2006	138,165	21.4	1,966,876	19.7
2007	139,666	21.1	1,989,979	19.8
2008	141,167	21.1	2,013,046	19.9
2009	142,669	22.1	2,036,112	20.2
2010	144,546	21.8	2,065,171	20.1
2011	145,894	22	2,075,056	20.3
* person-years at risk				

TABLE 16: AGE ADJUSTED MORTALITY RATES

Age Adjusted Mortality Rates By Race and Ethnicity, Leading Causes of Death, Santa Fe County 1999-2011												
	All			Native American			Hispanic			White		
	Deaths	Population*	Deaths/100,000	Deaths	Population	Deaths/100,000	Deaths	Population*	Deaths/100,000	Deaths	Population*	Deaths/100,000
Total	8,278	1,732,902	465.9	159	73,075	366.2	3,554	856,364	514.1	4,565	803,463	437
Cancer	2,570	1,732,902	137.6	43	73,075	105.3	994	856,364	144.3	1,533	803,463	136.3
Diabetes	375	1,732,902	20.4	17	73,075	44.2	243	856,364	35.3	115	803,463	10.6
Alzheimer's disease	329	1,732,902	20.5	1	73,075	3.9	108	856,364	18	220	803,463	22.4
Heart disease	2,224	1,732,902	128.4	29	73,075	83.6	868	856,364	133.2	1,327	803,463	126.4
Stroke	497	1,732,902	29.1	7	73,075	22.2	229	856,364	35.7	261	803,463	25.3
COPD	614	1,732,902	35.5	4	73,075	15.2	242	856,364	38.5	368	803,463	34.2
Chronic liver disease	293	1,732,902	14.8	23	73,075	39.5	191	856,364	23.7	79	803,463	6.7
Unintentional Injury	1,036	1,732,902	60.8	29	73,075	44.4	551	856,364	70.2	456	803,463	52.9
Suicide	340	1,732,902	18.9	6	73,075	7.8	128	856,364	15.2	206	803,463	22.2

TABLE 17: BREAST CANCER

Breast, Hispanic, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	62655	63970	65334	66936	67901	68809	69447	70126	71156	606334
Total Cases	35	31	39	35	32	38	35	44	36	325
Crude Rate	55.86	48.46	59.69	52.29	47.13	55.23	50.4	62.74	50.59	53.6
Age-Adjusted Rate	71.48	57.43	72.33	58.97	53.57	65.49	57.95	70.7	54.6	62.22
Statewide Age-Adjusted Rate	61.28	63.04	53.08	53.23	48.21	60.81	55.4	52.58	54.84	55.63
Cancer Incidence Rates in Santa Fe County, New Mexico										
Breast, Non-Hispanic White, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	59908	60212	60319	61334	62098	62482	63112	63769	64359	557593
Total Cases	97	88	74	92	81	93	91	95	120	831
Crude Rate	161.91	146.15	122.68	150	130.44	148.84	144.19	148.98	186.45	149.03
Age-Adjusted Rate	125.39	113.19	92.3	108.65	89.25	109.11	97.65	92.93	121.7	105.51
Statewide Age-Adjusted Rate	94.96	85.87	88.53	89.67	83.17	86.71	79.88	78	80.24	85.06
Cancer Incidence Rates in Santa Fe County, New Mexico										
Breast, American Indian, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	4691	4879	5008	5108	5152	5245	5252	5309	5353	45997
Total Cases	~	~	5	0	~	~	~	~	~	21
Crude Rate	85.27	40.99	99.84	0	19.41	57.2	19.04	75.34	18.68	45.66
Age-Adjusted Rate	103.07***	43.87***	149.82***	0.00***	19.21***	60.67***	17.56***	88.03***	23.55***	55.06
Statewide Age-Adjusted Rate	49.66	43.63	41.69	32.88	38.39	44.84	43.76	41.23	44.11	42.15

***Statistically unreliable due to small sample size
 SourNew Mexico Tumor Registry

TABLE 18: BREAST CANCER MORTALITY RATES

Breast Cancer Mortality Rates, Santa Fe County, 1999-2011			
Single Years	Deaths	Population (person-years)	Deaths/100,000 (Age-adjusted)
Total	245	1,777,538	12.4
1999	23	127,966	19.8
2000	22	129,160	17.5
2001	14	130,658	10.4
2002	18	132,160	13.6
2003	15	133,661	10.2
2004	22	135,162	15.1
2005	19	136,664	12.7
2006	17	138,165	10.7
2007	16	139,666	8.9
2008	12	141,167	7.3
2009	23	142,669	13.4
2010	18	144,546	9.8
2011	26	145,894	13.8

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

TABLE 19: COLON CANCER

Colon and Rectum, Hispanic, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	62655	63970	65334	66936	67901	68809	69447	70126	71156	606334
Total Cases	20	24	26	21	19	31	29	24	28	222
Crude Rate	31.92	37.52	39.8	31.37	27.98	45.05	41.76	34.22	39.35	36.61
Age-Adjusted Rate	46.3	50.58	58.18	39.06	35.1	59.51	49.47	40.4	45.81	46.65
Statewide Age-Adjusted Rate	48.62	47.77	47.44	44.52	46.37	43.93	41.01	39.58	38.85	43.83
Cancer Incidence Rates in Santa Fe County, New Mexico										
Colon and Rectum, Non-Hispanic White, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	59908	60212	60319	61334	62098	62482	63112	63769	64359	557593
Total Cases	22	29	29	33	31	32	27	30	32	265
Crude Rate	36.72	48.16	48.08	53.8	49.92	51.21	42.78	47.04	49.72	47.53
Age-Adjusted Rate	28.63	43.14	39.2	39.62	40.11	40.13	30.85	30.67	35.35	36.02
Statewide Age-Adjusted Rate	49.68	48.59	46.19	46.41	49.6	47.55	43.84	45.26	39.87	46.14
Cancer Incidence Rates in Santa Fe County, New Mexico										
Colon and Rectum, American Indian, 1999-2007										
Year	99	00	01	02	03	04	05	06	07	1999-2007
Population at Risk	4691	4879	5008	5108	5152	5245	5252	5309	5353	45997
Total Cases	0	0	0	0	0	0	0	0	0	8
Crude Rate	0	0	19.97	39.15	58.23	0	19.04	18.84	0	17.39
Age-Adjusted Rate	0.00***	0.00***	46.05***	43.12***	114.58***	0.00***	41.26***	18.28***	0.00***	28.75***
Statewide Age-Adjusted Rate	21.08	24.58	37.22	32.97	30.69	42.84	33.37	29.17	35.61	32.14

***Statistically unreliable due to small sample size

Source: New Mexico Tumor Registry

TABLE 20: COLON CANCER MORTALITY RATES

Colon Cancer Mortality Rates, Santa Fe County, 1999-2011			
Single Years	Deaths	Population (person-years)	Deaths/100,000 (Age-adjusted)
Total	259	1,777,538	13.9
1999	15	127,966	13.6
2000	14	129,160	11.5
2001	20	130,658	17
2002	14	132,160	10.4
2003	22	133,661	15.7
2004	17	135,162	12.3
2005	21	136,664	15
2006	25	138,165	16.7
2007	25	139,666	17.5
2008	23	141,167	16
2009	18	142,669	10.9
2010	27	144,546	14.9
2011	18	145,894	10.5

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

TABLE 21: LUNG CANCER

Cancer Incidence Rates in Santa Fe County, New Mexico										
Lung and Bronchus, Non-Hispanic White, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	59908	60212	60319	61334	62098	62482	63112	63769	64359	557593
Total Cases	31	32	39	26	28	31	37	32	45	301
Crude Rate	51.75	53.15	64.66	42.39	45.09	49.61	58.63	50.18	69.92	53.98
Age-Adjusted Rate	47.81	47.35	54.89	35.06	35.47	40.54	40.91	33.4	49.31	42.56
Statewide Age-Adjusted Rate	57.52	59.22	56.45	63.9	56.13	59.64	60.82	56.23	55.6	58.32

Cancer Incidence Rates in Santa Fe County, New Mexico										
Lung and Bronchus, Hispanic, 1999-2007										
Year	1999	2000	2001	2002	2003	2004	2005	2006	2007	1999-2007
Population at Risk	62655	63970	65334	66936	67901	68809	69447	70126	71156	606334
Total Cases	15	16	14	11	11	13	15	13	17	125
Crude Rate	23.94	25.01	21.43	16.43	16.2	18.89	21.6	18.54	23.89	20.62
Age-Adjusted Rate	32.09	38.7	29.26***	22.27***	22.26***	24.80***	28.86	22.14***	29.98	27.69
Statewide Age-Adjusted Rate	35.36	35.09	33.11	33.64	33.73	31.84	30.38	27.89	31.18	32.25

***Statistically unreliable due to small sample size
 Source: New Mexico Tumor Registry

TABLE 22: LUNG CANCER MORTALITY

Cancer of the Lung and Bronchus, Mortality, Santa Fe County 1999-2011			
Single Years	Deaths	Population (person-years)	Deaths/100,000 (Age-adjusted)
Total	492	1,777,538	26.2
1999	39	127,966	36
2000	34	129,160	30
2001	35	130,658	28.1
2002	35	132,160	27.7
2003	43	133,661	32.4
2004	24	135,162	17.5
2005	36	136,664	24.3
2006	34	138,165	23.3
2007	55	139,666	35
2008	41	141,167	26
2009	38	142,669	24.2
2010	32	144,546	17.6
2011	46	145,894	24

Source: New Mexico Tumor Registry

TABLE 23: UNINTENTIONAL INJURY MORTALITY

Unintentional Injury Mortality by Race/Ethnicity, Santa Fe County 1999-2011			
	Deaths	Population (person-years)	Deaths/100,000
Total	1,050	1,777,538	60.3
Native American	29	73,075	44.4
Asian	3	25,429	19
African American	9	19,207	41.5
Hispanic	551	856,364	70.2
White	456	803,463	52.9

Source: New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

TABLE 24: UNINTENTIONAL INJURY MORTALITY

Unintentional Injury Mortality by Leading Causes and Age, Santa Fe County 1999-2011				
Age		Deaths	Population (person-years)	Deaths/100,000
Total	Total	918	1,777,538	51.6
	Motor Vehicle	299	1,777,538	16.8
	Falls	286	1,777,538	16.1
	Poisoning	333	1,777,538	18.7
1-14 years	Total	9	308,462	2.9
	Motor Vehicle	9	308,462	2.9
15-24 years	Total	122	206,728	59
	Motor Vehicle	86	206,728	41.6
	Falls	2	206,728	1
	Poisoning	34	206,728	16.4
25-44 years	Total	266	474,803	56
	Motor Vehicle	87	474,803	18.3
	Falls	6	474,803	1.3
	Poisoning	173	474,803	36.4
45-64 years	Total	221	530,995	41.6
	Motor Vehicle	79	530,995	14.9
	Falls	28	530,995	5.3
	Poisoning	114	530,995	21.5
65-84 years	Total	139	210,988	65.9
	Motor Vehicle	30	210,988	14.2
	Falls	97	210,988	46
	Poisoning	12	210,988	5.7
85+ years	Total	161	24,971	644.8
	Motor Vehicle	8	24,971	32
	Falls	153	24,971	612.7

Source: New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

TABLE 25: DRUG OVERDOSE MORTALITY

Drug Overdose Mortality Rate by Age and Sex Santa Fe County 2007-2011				
Age		Deaths	Population (person-ye	Deaths/100,000 Pop.
Total	Total	171	713,943	24
	Male	117	347,919	33.6
	Female	54	366,023	14.8
0-14 year	Total	0	0	0
	Male	0	0	0
	Female	0	0	0
15-44 year	Total	91	255,381	35.6
	Male	69	130,088	53
	Female	22	125,293	17.6
45-64 year	Total	69	226,449	30.5
	Male	42	107,128	39.2
	Female	27	119,321	22.6
65+ years	Total	11	106,827	10.3
	Male	6	47,774	12.6
	Female	5	59,053	8.5

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics New Mexico Department of Health.

TABLE 26: DRUG OVERDOSE MORTALITY

Drug Overdose Deaths 1999-2011 Santa Fe County			
Years	Deaths	Population (person-years)	Deaths/100,000 Pop.
Total	4881	25,271,162	20
1999	261	1,808,082	14.8
2000	271	1,828,560	15.2
2001	260	1,851,512	14.4
2002	293	1,874,575	16.3
2003	348	1,897,640	19
2004	304	1,920,743	16.3
2005	367	1,943,810	19.8
2006	409	1,966,876	21.4
2007	439	1,989,979	22.5
2008	513	2,013,046	26.4
2009	427	2,036,112	21.6
2010	468	2,065,171	23.3
2011	521	2,075,056	25.9

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

TABLE 27: DRUG OVERDOSE MORTALITY RATE BY AGE AND SEX

Drug Overdose Mortality Rate by Age and Sex Santa Fe County 2007-2011				
Age		Deaths	Population (person-years)	Deaths/100,000 Pop.
Total	Total	171	713,943	24
	Male	117	347,919	33.6
	Female	54	366,023	14.8
0-14 years	Total	0	0	0
	Male	0	0	0
	Female	0	0	0
15-44 years	Total	91	255,381	35.6
	Male	69	130,088	53
	Female	22	125,293	17.6
45-64 years	Total	69	226,449	30.5
	Male	42	107,128	39.2
	Female	27	119,321	22.6
65+ years	Total	11	106,827	10.3
	Male	6	47,774	12.6
	Female	5	59,053	8.5

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

TABLE 28: DRUG OVERDOSE MORTALITY

Drug Overdose Deaths 1999-2011 Santa Fe County			
Years	Deaths	Population (person-years)	Deaths/100,000 Pop.
Total	4881	25,271,162	20
1999	261	1,808,082	14.8
2000	271	1,828,560	15.2
2001	260	1,851,512	14.4
2002	293	1,874,575	16.3
2003	348	1,897,640	19
2004	304	1,920,743	16.3
2005	367	1,943,810	19.8
2006	409	1,966,876	21.4
2007	439	1,989,979	22.5
2008	513	2,013,046	26.4
2009	427	2,036,112	21.6
2010	468	2,065,171	23.3
2011	521	2,075,056	25.9

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics.

TABLE 29: DRUG OVERDOSE MORTALITY BY RACE/ETHNICITY

Drug Overdose Death by Race/Ethnicity 2007-2011 Santa Fe County			
	Deaths	Population (person-years)	Deaths/100,000 Pop.
Total	171	713,943	24.2
Native American	6	31,100	20.1
Hispanic	101	345,129	29.4
White	61	317,726	19

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, NM Department of Health.

END NOTES

¹ CCDs are geographic delineations established by the Census Bureau for purely statistical purposes. The boundaries of CCDs usually are delineated to follow visible features, and coincide with census tracts where applicable.

² The link between education and health outcomes has been established in numerous studies. A good overview of this literature is provided in: The health effects of education: a meta-analysis. *Eur J Public Health* (2008) 18 (4): 417-421. doi: 10.1093/eurpub/ckn028 First published online: April 23, 2008.

<http://eurpub.oxfordjournals.org/content/18/4/417.full#ref-1>

³ Holt JB. The topography of poverty in the United States: a spatial analysis using county-level data from the Community Health Status Indicators project. *Prev Chronic Dis* 2007;4(4). http://www.cdc.gov/pcd/issues/2007/oct/07_0091.htm. Accessed [date]

⁴ Source: Author calculations based on data from the American Community Survey table S1701, 2007-2011 American Community Survey 5-Year Estimates

⁵ Due to its transient and often marginal nature, the homeless population is very difficult to count and estimates of the number of homeless people in Santa Fe vary widely. The point-in-time count of the county's homeless population conducted for the US Department of Health and Human Services is roughly 350, which is widely believed by service providers to be a gross undercount of the population's true size. In contrast, La Familia Medical Services, which serves Santa Fe County's homeless population, estimates that there are between 4,000 and 5,000 homeless county residents (see La Familia Health care for the Homeless at

http://www.lafamiliasf.org/files/La_Familia-Health_Care_for_the_Homeless.pdf). The 1,500 estimate is based on anecdotal reports by homeless advocates and service providers.

⁶ Armijo-Etre, K. and Shaening, M. 2010. *The Face of Behavioral Health in North Central New Mexico A CHRISTUS St. Vincent Regional Medical Center Sponsored Study: 2010*

⁷ Stimpson, Jim P., Fernando A. Wilson, and Karl Eschbach. "Trends in Health Care Spending for Immigrants in the United States." *Health Affairs* 2010; 29(3): 544–50.↵

⁸ Rodríguez, Michael A., Arturo Vargas Bustamante, and Alfonso Ang. "Perceived Quality of Care, Receipt of Preventive Care, and Usual Source of Health Care Among Undocumented and Other Latinos." *Journal of General Internal Medicine* 2009; 24(Suppl 3): 508–13.↵

⁹ *Am J Public Health*. 2005 August; 95(8): 1431–1438. doi: 10.2105/AJPH.2004.044602

¹⁰ American Community Survey 2009-2011

¹¹ Ibid.

¹² Ibid.

¹³ Estimates of social and emotional support for adults are based on responses to the question: "How often do you get the social and emotional support you need?" on the CDC's Behavioral Risk Factor Surveillance System Survey (BRFSS). The percent of the adult population that responded that they "never," "rarely," or "sometimes" got the support they needed were counted as having inadequate social support.

¹⁴ County Health Rankings <http://www.countyhealthrankings.org/health-factors/family-and-social-support>

¹⁵ House JS. Social isolation kills, but how and why? *Psychosom Med*. 2001;63:273-274

¹⁶ Hadley, J. and Holahan, J. 2003. How Much Medical Care Do The Uninsured Use, And Who Pays For It? *Health Affairs*. <http://content.healthaffairs.org/content/early/2003/02/12/hlthaff.w3.66.citation>

¹⁷ Families USA. About the Uninsured. <http://familiesusa.org/issues/uninsured/about-the-uninsured/>

¹⁸ Families USA. 2012. The Deadly Consequences of Being Uninsured. <http://familiesusa2.org/assets/pdfs/Dying-for-Coverage.pdf>

¹⁹ The Census Bureau's survey methodology for estimating health insurance status changed substantially between 2000 and 2009. The estimates for 2000 were based on a different survey instrument (The Current Population Survey) and estimation techniques than those generated for 2009-2011 (The American Community Survey). Thus,

the resulting estimates are not directly comparable and the Census Bureau advises caution in interpreting trends. That said, the increase in health insurance coverage of children in New Mexico evident from comparison of the 2000 and 2009/2011 Census estimates is consistent with the large expansion of New Mexico Medicaid that resulted from implementation of the State Children's Health Insurance Program occurred during that period.

²⁰ Author estimate based on the number of uninsured, non-immigrant Santa Fe County adults. The estimate does not include any "wood work" effects, ie. increased enrollment by individuals already eligible for Medicaid that may be prompted by the expansion. (The number of New Mexicans who ultimately enroll in Medicaid as a result of ACA will depend to some degree on the extent of public outreach and enrollment assistance efforts. Future economic conditions will also impact the size of the potentially eligible population.)

²¹ Roeber, J. (2009). *The Burden of Alcohol in New Mexico and the Next Steps to Reduce It*. Santa Fe, NM: NM Department of Health. [Power Point]

²² Centers for Disease Control and Prevention. CDC ARDI Methods webpage (<http://apps.nccd.cdc.gov/ardi/AboutARDIMethods.htm>).

²³ US Centers for Disease Control and Prevention Alcohol-Related ICD-9 Codes.

http://apps.nccd.cdc.gov/DACH_ARDI/Info/ICDCodes.aspx

²⁴ Ibid.

²⁵ US Department of Health and Human Services. National Institutes of Health. 2010 Consensus Statement on VBAC published in *Obstetrics & Gynecology* ("The Green Journal"): Vol. 115, No. 6, June 2010, pp. 1279-1295.

²⁶ Less than 2,500 grams at birth

²⁷ Centers for Disease Control and Prevention, Preterm Birth

<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PretermBirth.htm>

²⁸ Barker, BMJ. Fetal Origins of Coronary Heart Disease. *British Medical Journal* Volume 311 15 July 1995.

<http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2550226/pdf/bmj00601-0037.pdf>

²⁹ Petrou S, Sach T, Davidson L. The long-term costs of preterm birth and low birth weight: results of a systematic review. *Child Care Health Dev.* 2001 Mar;27(2):97-115.

³⁰ Births to girls under 15 are extremely infrequent. Two births were recorded for Santa Fe County girls under 15 in both 2010 and 2011.

³¹ New Mexico Pregnancy Risk Assessment and Monitoring System. <http://nmhealth.org/PHD/PRAMS/index.shtml>

³² U.S. Department of Health and Human Services Maternal and Child Health Bureau

³³ Hamilton BE, Ventura SJ. 2012. Birth rates for U.S. teenagers reach historic lows for all ages and ethnic groups. Hyattsville, MD: National Center for Health Statistics. NCHS data brief, no 89. <http://www.cdc.gov/nchs/data/databriefs/db89.pdf>

³⁴ Ibid.

³⁵ U.S. Department of Health and Human Services' Maternal and Child Health Bureau

<http://www.mchb.hrsa.gov/programs/womeninfants/prenatal.html>

³⁶ Kiely, JL. and Kogan, MD. Centers for Disease Control and Prevention. The Reproductive Health of Women: Prenatal Care. <http://www.cdc.gov/reproductivehealth/ProductsPubs/DatatoAction/pdf/rhow8.pdf>

³⁷ Moore, Redd, Burkhauser, Mbwana and Collins. 2009. CHILDREN IN POVERTY: TRENDS, CONSEQUENCES, AND POLICY OPTIONS. *Child Trends*. http://www.childtrends.org/files/child_trends-2009_04_07_rb_childreninpoverty.pdf

³⁸ Source: Author calculations from US Census American Community Survey data

³⁹ Source: New Mexico Department of Health Immunization Program Vaccines for Children Provider Immunization Coverage Surveys (CASA method)

⁴⁰ Santa Fe Maternal and Child Health Council cites disruptions in Medicaid coverage, lack of insurance coverage, lack of a consistent medical provider, inconvenient hours and long waits and confusing immunization schedules. See: SANTA FE COUNTY MATERNAL AND CHILD HEALTH COUNCIL PROFILE AND PLAN 2010-2014

⁴¹ The New Mexico Department of Health cites incomplete immunization data as the most probable explanation for the below-average estimated immunization rates in Santa Fe County. Currently, data on childhood immunizations is collected by surveying a sample of providers. To the extent that the sample is not representative, inaccurate estimates of vaccine coverage may result. Full implementation of the New Mexico Statewide Immunization Information System (NMSIIS), a computerized Internet database application that records and tracks immunization dates will likely eliminate this problem and also help to ensure that children and adults receive

recommended vaccines in a timely manner. Source: personal communication with Cynthia Rawley, New Mexico Department of Health

⁴² Ibid.

⁴³ American Community Survey 5 year estimates 2007-2011

⁴⁴ Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau

⁴⁵ American Cancer Society, Decades of Detection. *Progress and Challenges of the National Breast and Cervical Cancer Screening and Treatment Programs*. <http://www.acscan.org/pdf/breastcancer/dod-report.pdf>

⁴⁶ New Mexico Tumor Registry

⁴⁷ Vona-Davis L, Rose DP. *J Womens Health (Larchmt)*. 2009 Jun;18(6):883-93. doi: 10.1089/jwh.2008.1127.

⁴⁸ Female Breast Cancer Rates Indicator Report. Cancer Prevention and Control Section, Chronic Disease Prevention and Control Bureau, New Mexico Department of Health, Public Health Division

⁴⁹ Vona-Davis L, Rose DP. *J Womens Health (Larchmt)*. 2009 Jun;18(6):883-93. doi: 10.1089/jwh.2008.1127.

⁵⁰ New Mexico Department of Health. Indicator Report - Cancer Deaths - Lung Cancer, New Mexico

⁵¹ CENTERS FOR DISEASE CONTROL AND PREVENTION. ACHIEVEMENTS IN PUBLIC HEALTH, 1900-1999: DECLINE IN DEATHS FROM HEART DISEASE AND STROKE -- UNITED STATES, 1900-1999. *MMWR WEEKLY* AUGUST 6, 1999 / 48(30); 649-656 [HTTP://WWW.CDC.GOV/MMWR/PREVIEW/MMWRHTML/MM4830A1.HTM](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm4830a1.htm)

⁵² Alzheimer's Association, 2012 Alzheimer's Disease Facts and Figures, *Alzheimer's & Dementia*, Volume 8, Issue 2. http://www.alz.org/downloads/facts_figures_2012.pdf

⁵³ Alzheimer's Association. Risk Factors.

<http://www.alzheimerintranet.ca/english/login/default.asp?s=1&t=english:home>

⁵⁴ Ibid.

⁵⁵ New Mexico Department of Health. Breathing Free: An Asthma Plan for New Mexico, 2009.

<http://www.nmhealth.org/eheb/documents/Asthma/State%20Asthma%20Plan.pdf>

⁵⁶ 2007 and 2009 New Mexico Youth Risk and Resiliency Survey, New Mexico Department of Health and Public Education Department, with technical assistance and support from the U.S. Centers for Disease Control and Prevention

⁵⁷ Source: US Census Bureau American Community Survey 3-Year Estimates

⁵⁸ Brault, Matthew W., "Americans With Disabilities: 2010," *Current Population Reports*, P70-131, U.S. Census Bureau, Washington, DC, 2012, available at <http://www.census.gov/prod/2012pubs/p70-131.pdf>

⁵⁹ Ibid.

⁶⁰ US Census Bureau. American Community Survey 2011 Definitions.

http://www.census.gov/acs/www/Downloads/data_documentation/SubjectDefinitions/2011_ACSSubjectDefinitions.pdf

⁶¹ Ibid.

⁶² New Mexico Department of Health, Behavioral Risk Factor Surveillance System data

⁶³ Brault, Matthew W., "Americans With Disabilities: 2010," *Current Population Reports*, P70-131, U.S. Census Bureau, Washington, DC, 2012, available at <http://www.census.gov/prod/2012pubs/p70-131.pdf>

⁶⁴ *The Numbers Count: Mental Disorders in America* (2009).

⁶⁵ *Serious Mental Illness among Adults (2008)*. U.S. Substance Abuse and Mental Health Administration. Retrieved from <http://www.oas.samhsa.gov/2k2/SMI/SMI.htm>

⁶⁶ Substance Abuse and Mental Health Services Administration, *Results from the 2011 National Survey on Drug Use and Health: Mental Health Findings*, NSDUH Series H-45, HHS Publication No. (SMA) 12-4725. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2012

⁶⁷ Armijo Etre, K. and Shaening, M. 2010. *The Face of Behavioral Health in North Central New Mexico A CHRISTUS St. Vincent Regional Medical Center Sponsored Study: 2010*

⁶⁸ Ibid.

⁶⁹ New Mexico Youth Risk and Resiliency Survey, High School Results 2011, Santa Fe County

⁷⁰ New Mexico Department of Health. "Sales of Prescription Opioids and Overdose Deaths Grow at Astounding Rate over Decade", May 16 2012.

<http://www.health.state.nm.us/CommunicationsOffice/2012%20News%20Releases/NewsRelease-20120516-OpioidDEARepor-EN.pdf>

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- ⁷¹ Mexico Department of Regulation and Licensing, Board of Pharmacy Prescription Monitoring Program, 2012.
- ⁷² Source: HIV Surveillance Program, Epidemiology and Response Division , New Mexico Department of Health
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