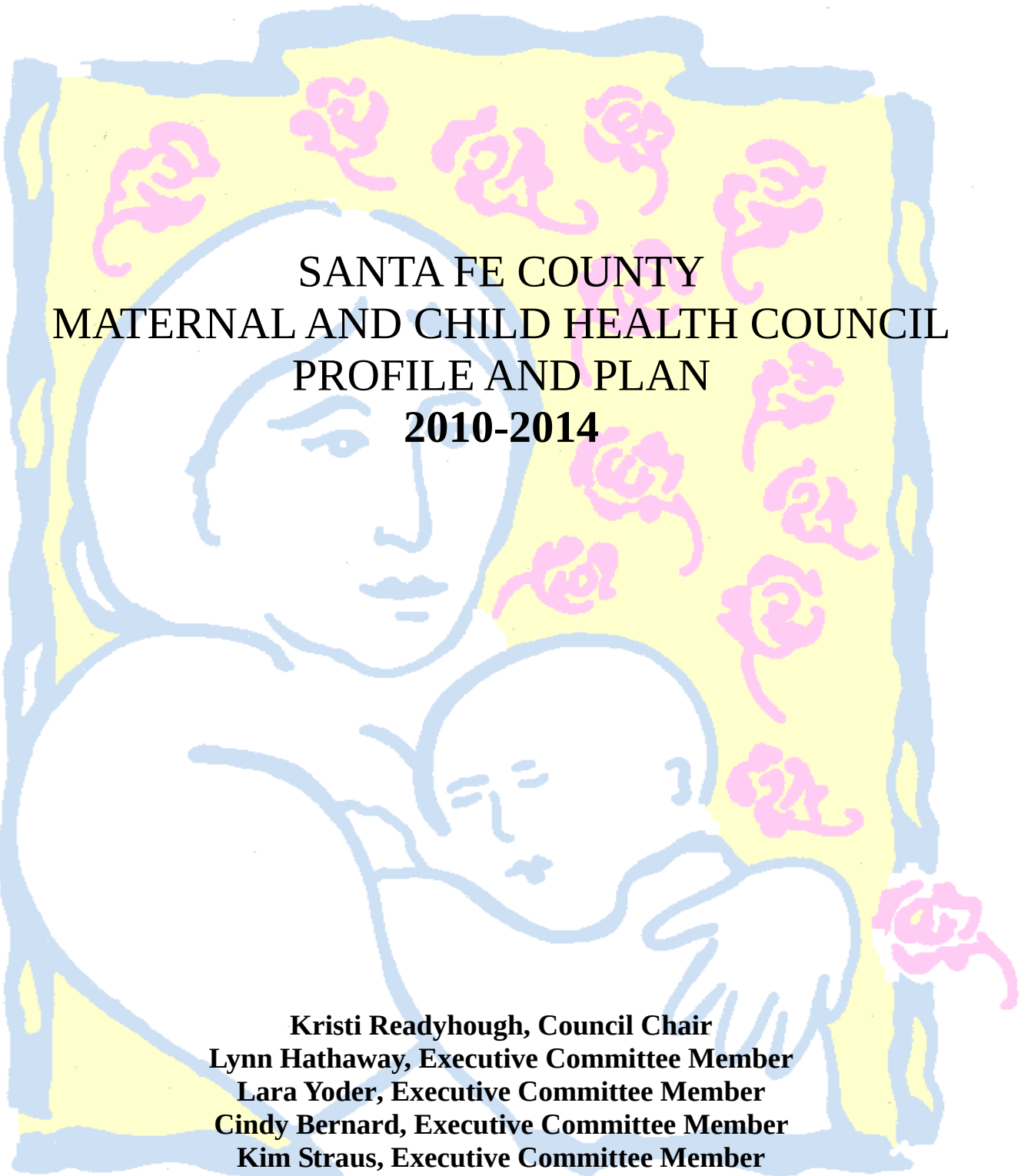

SANTA FE COUNTY
MATERNAL AND CHILD HEALTH COUNCIL
PROFILE AND PLAN
2010-2014

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COMMUNITY HEALTH PROFILE

Executive Summary

What happens-or doesn't happen to children in the earliest years of their lives is of critical importance, both to their immediate well-being and to their future…Every child must be ensured the best start in life-their future, and indeed the future of their communities, nations and the whole world depends on it.
(UNICEF, www.unicef.org)

The Santa Fe County Maternal and Child Health Profile and Plan shall serve as a guide and a plan of action for the Santa Fe County Maternal and Child Health Planning Council (Council) for the years 2010 - 2014. The Council has identified its priorities and goals following a review of its vision and mission statements as well as consideration of changes and trends emerging in maternal, child and family health in Santa Fe County.

Santa Fe County is fortunate to have many resources that promote home environments that support the strengths of families and the healthy development of their young children. However, the need for more services is increasing and sustainable funding support is decreasing. In 2005, the most current year for county-specific poverty data, an estimated 26% of NM children lived in families who were poor compared to a US child poverty rate of 18.3%. (Source: Children's Cabinet Report Card, 2009).

Increasing numbers of vulnerable children experience the lifelong effects of unintended pregnancy, substance abuse, domestic violence, maternal depression, inadequate health care, linguistic isolation, and single parent households. Not uncommonly, many of these factors occur as a cluster in the lives of an individual child. And often there is a disparity of negative consequences for children who are members of vulnerable populations by reason of homelessness, ethnicity and/or legal status. Early intervention to ease or alleviate the consequences of detrimental circumstances is the best investment available to a community that is concerned for its future well-being. Positive results in indicators of health and well-being are found in programs that include outreach, expertise, and relationship-based services to children and families.

The Council will continue to be a voice for the importance of the first years of childhood and to advocate for political and community attention to the needs of young families. The Council intends to continue a planning and advisory role in matters of maternal and child health through collaboration and partnership with state, county and city government, community members and stakeholders. Additionally, the Council will increase commitment and capacity in those who serve young families through training and networking opportunities. It will also advocate for sustainable funding and support of comprehensive and appropriate maternal, child and family services to the County's Health Policy and Planning Commission and the Board of County Commissioners. The Council looks forward over the next four years to continuing its support of specific programs that offer critical opportunities to promote and enrich the health and development of very young children. It also remains committed to partnering with other agencies to best fulfill its mission and continuing to work to improve the quality and availability of early childhood programs and services.

Introduction

I. CHANGES AND TRENDS: BACKGROUND

The Santa Fe County Maternal and Child Health Profile and Plan reports changes and trends in maternal and child health demographics to create a profile reflective of the health and well-being of Santa Fe County's women of child-bearing age and their families. The community environment of Santa Fe is the background to the profile. Changes in population and economic demographics set the stage on which health and well-being data indicators evolve over time.

Data gathered in this report correlate to the state of affairs experienced by residents of Santa Fe County, New Mexico. The state's national standing for indicators of child health and well being has been described as dismal. For example, New Mexico ranks at the bottom with 26% of children under 19 living in poverty (Children's Cabinet Report Card, 2009), with 38% living in families where no parent has full time, year-around employment (Kids Count 2006; Annie Casey Foundation, 2007). New Mexico is also among the five states with the highest teen birth rate. http://nmchildrenscabinet.com/2009Report.pdf.

Statewide advocacy efforts appear to be influencing the public will to address the health and well being of children in this state. The New Mexico Legislature continues to fund the County Maternal and Child Health Plan Act as it has since its inception in 1991. Santa Fe Board of County Commissioners passed a resolution to "Stand for Children," in July 2001 and again in August 2005. Governor Bill Richardson declared 2006 as the Year of the Child. The Children's Cabinet, created in the Office of the Lt. Governor, Diane Denish, intends to ensure that state government at every level is meeting the education and growth needs of New Mexico's children.

II. DEVELOPING THE PROFILE

The Santa Fe Maternal and Child Health Council Profile and Plan was created with collaboration from council members who represent a wide range of community programs and partners. Other community partners, whose members do not currently sit on the council, also shared time and experience with council members as they strove to create the current Profile and Plan.

MCH staff and an outside consultant, Jill Reichman, conducted a limited community needs assessment. Community input was sought via survey instruments and focus groups. Survey and focus group research data that resulted from these research activities are incorporated into the current Profile and Plan. The raw data can be found in Appendixes A and B.

The most current health indicator data for Santa Fe County are included when possible. State and national level data are cited when county information is not available.

Community Description

A. GENERAL POPULATION TRENDS AND CHARACTERISTICS

Santa Fe County's population grew to 147,413 in 2006 (New Mexico's Indicator-Based Information System, 2009). The City of Santa Fe has grown an estimated 11% to 69,961 since the 2000 US Census whereas the County has grown an estimated 15% since then (Santa Fe Trends, 2009). Growth in "rural"

areas is occurring primarily along the urban fringe of the City of Santa Fe with anticipated major growth southwest of the current city limits in the next 20 years.

Fifty percent of the county's population identified themselves as Hispanic/Latino, whereas 44% identified as White, Non-Hispanic. Three percent of the population is Native American, less than 1% is Black, and 1% is Asian/Pacific Islander (U.S. Census, State and County Quick Facts, 2007). An estimated 10% of the population of Santa Fe County is foreign born (US Census – Foreign Born In SF County 10.1 %).

B. MATERNAL AND CHILD POPULATION

Women of child bearing age, ages 15 - 44, comprise 40% (27,280) of the female population and 20% of the total population. Adolescent women (ages 15 - 19) account for 17% (4,563) of women of childbearing age (New Mexico Department of Health, Santa Fe County Health Profile, 2003.
http://dohewbs2.health.state.nm.us/VitalRec/County%20Profiles/SantaFeProfile.pdf

In 2006 1,680 infants were born in Santa Fe County (IBIS, 2009). Two-thirds of children less than five years of age are of Hispanic/Latino ethnicity (US Census, 2000)
http://www.health.state.nm.us/OPMH/2008ReportCard.pdf.

According to staff at the Women's Health Services Unit at Christus St.Vincent Regional Medical Center, approximately one-half of newborn families were Spanish speaking in 2006. La Familia Medical Center's maternity practice delivered about 39% of Santa Fe County births, 90% of whom are Spanish speaking (La Familia Medical Center, Annual Report 2006). Six percent of the population is less than 5 years of age. Twenty-one percent of the population in the county is less than 18 years of age (U.S. Census, State and County Quick Facts, 2007). One-third of the Hispanic population is less than 19 years of age (U.S. Census, State and County Quick Facts, 2007).

C. FAMILY CHARACTERISTICS

Forty-six percent of children less than 18 years of age live in the home of a married-couple family (U.S. Census, 2000). The percentage of births to single mothers in New Mexico in 2006 was 51.2% (New Mexico Voices For Children Kids Count Data Book, 2008). In New Mexico, 41,085 children were living with grandparent-headed households. These comprise nearly 8.1% of all children living in the state. There are another 10,572 children living in households headed by other relatives (2.1% percent of all children in the state). Of the children living in households headed by grandparents or other relatives in New Mexico, 21,279 are living there without either parent present. http://www.grandfactsheets.org/doc/New%20Mexico%2008.pdf. Thirty-six percent of county residents greater than five years of age speak a language other than English at home, Spanish being the most common. However, not all linguistically isolated households are within the immigrant community (U.S. Census, State and County Quick Facts, 2007). According to the Pew Research Center, the U.S. Latino population will soar to 438 million by 2050 and will triple in size and account for most of the nation's population growth from 2005 through 2050. Hispanics will make up 29% of the U.S. population in 2050, compared with 14% in 2005.
http://pewhispanic.org/reports/report.php?ReportID=85.

D. CHILD CARE

In New Mexico, 63% of women with children less than three years of age are in the labor force (National Child Care Information Center, 2007). If this percentage holds true for Santa Fe County, there is a need for 3,100 infant/toddler spaces. In Santa Fe County, there are very few resources for infant, alternative hours, or sick childcare. There are 54 licensed day care centers and 19 licensed day care homes in Santa

Fe County for a total of 73 programs. There are five new centers that do not have ratings (www.NewMexicoKids.org, 2009). Almost 600 families (17% increase from previous year) are receiving childcare assistance through the Children, Youth and Families Department Child Care Bureau (Bureau of Business Research, 2009).

New Mexico, CYFD utilizes the star rating system for childcare providers. In the last four years, the percentage of licensed and star-quality accredited child care providers has increased from 14.7% to 67.5%. (Project LAUNCH, Santa Fe County Environmental Scan May 29, 2009). The star rating system is described below:

1-Star – Basic documentation and health and safety items required to obtain a license (40 providers)
2-Star – Focus on a functional environment, positive interactions between caregivers and children, and three handbook elements (21 providers)
3-Star – Developmentally appropriate curriculum and lesson planning. Assessment of children's progress, rotation of materials, and completion of an Environmental Rating Scale (3 providers)
4-Star – Results of children's assessment used to create curriculum and lesson planning, lower adult to child ratios and group sizes (3 providers)
5-Star – National Accreditation (7 providers)

Source: www.NewMexicoKids.org 2009.

E. ECONOMIC SECURITY INDICATORS

1. POVERTY

Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on healthy development and well-being, including developmental delays and infant mortality. Well-being in later childhood, teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment. http://ibis.health.state.nm.us/docs/2009HHCountyReports/SantaFe.pdf.

Although the Census Bureau does not calculate poverty rates for this age group, the National Center for Children in Poverty estimates that 36.8% of New Mexican children under the age of three live in poverty http://www.nmvoices.org/taxpolicy.htm. Fifteen percent of the Santa Fe County's total population lives in poverty, and 18.3% of those are less than 18 years of age (New Mexico Children's Cabinet, 2009. http://nmchildrenscabinet.com/2009Reprt.pdf).

The Annie Casey Foundation's Kids Count Data Center found in 2007 that 38% of all children in New Mexico were living in families where no parent had full-time year-round employment. There were only four other states with higher percentages. In Santa Fe County, 39% of single parent families with children were below poverty level, and most of those were single mothers.

Marital status is also linked to low income and child poverty. Single households are more likely to receive some form of public assistance. Nationally, only a small percentage of the fathers of these children pay any type of child support. (NM Vital Statistics, 2006). More than half (51.2%) of 2006 New Mexico births were to single mothers. The percent of births to single mothers has more than doubled in the last 22 years and increased by 9.2% from 2002 to 2006 (New Mexico Department of Health Statistics Report, 2008).

The median household income in Santa Fe County is $51,601 (New Mexico Voices for Children, Kids Count Data Book, 2008, http://www.census.gov/). Unemployment rates are consistently lower than the

state or nation, averaging 3.4% in 2008 (NM Department of Workforce Solutions, http://laser.state.nm.us). Due to recent economic conditions, however, the unemployment rate for Santa Fe County has increased to over 5 percent. Both low and high unemployment rates create a need for increased childcare slots in the community.

The effect on these families is compounded by the fact that, in general, women earn an average of 70 cents of every dollar that a man earns. Women who work full-time, year-round, earn on average 79 cents on the dollar (New Mexico Women's Health Profile, 2009).

2. HOUSING

The median household income in 2007 was $51,601 whereas the median price of a single-family home was $346,125. The City and County housing authorities provide 770 units of public housing but the wait for either program is typically one to two years. About 54% of commuters to the area used to live in the city of Santa Fe, but are moving into the county or Rio Rancho where the median price of a single-family home is around $240,000. Approximately 22.6% of resident workers moved within the past year (*City of Santa Fe Housing Needs Assessment*, 2007).

A review of existing home and land availability in the central region of Santa Fe County demonstrates a dearth in affordable housing for county residents. Development capacity is sufficient to accommodate projected population growth, but extending current city and county affordable housing guidelines to all new developments will only address the need for affordable housing by 55%.

New Mexico ranked 43rd among states in per capita personal income. The State's minimum wage is $6.55/hour, which covers only 52% of the hourly wage needed to afford a two-bedroom apartment at the Fair Market Rent. Families receiving the maximum TANF benefit would need to spend 169% of their income on rent to afford a two-bedroom apartment. In the city of Santa Fe, the minimum wage is $9.92 (effective January 2009), while the cost of renting a one-bedroom apartment is $655 and a two-bedroom is $825 per month. The hourly wage needed to rent a one-bedroom apartment in Santa Fe is $10.12 (New Mexico Supportive Housing Plan 2007). The Universal Living Wage website indicates that the wage needed to rent an efficiency apartment in Santa Fe is $11.27, whereas a 1-bedroom apartment requires an hourly wage of $13.98. For homeless and those on SSI, the hourly wage is $0 to $3.50 which leaves them unable to afford to rent anything. Congressional District Profiles were produced in December 2008 by the National Low Income Housing Coalition to look at housing affordability for renter households (NLIHC 2008). New Mexico's 3rd District shows that 66% of total renter households were severely burdened by spending greater than 50% of income on housing cost. Present funding for Section 8 and public housing voucher programs can meet the needs of only one-quarter of homeless families. The waiting list for Santa Fe County Housing Authority is around 18 months. The Civic Housing Authority waiting list is about three years.

There were 917 people identified as homeless in Santa Fe County in 2007 and only 314 beds available (Plan to End Homelessness Report, 2007). By federal definition, homelessness means individuals who lack a fixed, regular, and adequate nighttime residence. Santa Fe Public Schools is working with between 420 to 530 homeless children and youth annually. Youth Shelters and Family Services reports that there are approximately 60-100 homeless youth on the streets per night. La Familia Medical Center also has a homeless outreach program serving 1,200 annually through their Healthcare for the Homeless program.

The "Characteristics and Needs of Families Experiencing Homelessness" (2008) report states that 84% of families experiencing homelessness are female-headed with 60% having children under the age of 18 and

42% with children under age 6. These women have limited education, with 53% not having a high school diploma. Over 92% of homeless mothers have experienced severe physical and/or sexual abuse during their lifetime. These mothers struggle with mental health issues and have three times the rate of PTSD (36%) and twice the rate of drug and alcohol dependence (41%). The report goes on to state that children experience high rates of chronic and acute health problems while homeless. The constant barrage of stressful and traumatic experiences also has profound effects on their development and ability to learn.

3. FOOD SECURITY AND DIET QUALITY

The New Mexico Pregnancy Risk Assessment Monitoring Survey (NM PRAMS, 2008) reports that 85% of women reporting "said their family has enough food." NM PRAMS also reports that 84% of new mothers initiated breastfeeding, and among those women, 57% breastfed at least 9 weeks. A Christus St. Vincent Regional Medical Center lactation initiation report indicates that of randomly selected new mothers, roughly 80% initiated breastfeeding after delivery. In 2006, the Women, Infants, and Children (WIC) program distributed food vouchers to 13,733 of the 29,918 families with live births (New Mexico WIC Annual Report, 2007). La Familia WIC reports 99% initiation breastfeeding rates of clients enrolled. Breastfeeding contributes to feelings of attachment between a mother and her child. (United States Breastfeeding Committee, 2002.) The kinds of attachments children form at age one can predict later outcomes such as quality of peer relationships, social competency and school achievements.

4. FAMILY ASSISTANCE PROGRAMS

a. Women, Infants, and Children Program (WIC)

In Santa Fe County, the WIC food dollar volume was $2,096,819.15 out of a budget of $52,000,000.00 statewide. The program provides financial and nutritional assistance to eligible pregnant breastfeeding and postpartum women and their infants (New Mexico WIC Annual Report, 2007).

b. Family Infant and Toddler (FIT) Program

This program provides early intervention services and supports to families of children age birth to three years who have or are at risk for developmental delays including developmental delays due to environmental issues such as foster care or drug abuse. Three hundred thirty seven children are served in Santa Fe County (New Mexico Family, Infant, Toddler Program, Annual Performance Report, 2005-2006).

c. Headstart

For children to be eligible, their families must be at or below current federal poverty guidelines; a maximum of 10% may be "over guidelines." Santa Fe County Headstart is funded to serve 471 children. Fifty-four are in Early Head Start, of which 33 receive home-based services. Of the rest, 394 children are in Head Start and 20 children in Pre-K. One hundred forty income-eligible children are on the waiting list, an increase of 39 percent since 2005. The estimated yearly cost per child for Head Start is $5,000.00; for center-based Early Head Start, the cost rises to $10,000.00. Torrance County Headstart serves children in southern Santa Fe County (SSFC). Thirty children receive home-based early Headstart services and fifteen children from SSFC are bused to Headstart in Moriarty. (2007).

d. Children's Medical Services

Children's Medical Services (CMS) responds to the medical concerns of children and families, providing assessment, specialty clinics, service and financial resources coordination. CMS has initiated a dental program providing sealants to elementary school children and fluoride treatments to young children. The

Office of Oral Health provided more than 7,000 children with dental sealants or applications of topical fluoride last year through its school-based prevention program.
http://www.health.state.nm.us/documents/dentalmonth2-10-09.pdf.

CMS has also expanded their newborn screening program from 6 to 26 different conditions in 2007. http://www.health.state.nm.us.PowerPoint/NBS%Presentation_files/frame.htm.

e. TANF/Food Stamps
The monthly TANF caseload was 728 clients in December 2008, an increase of 28% from December 2007. The monthly Food Stamp Caseload was 5614 in December 2008 an increase of 36.9% from December 2007 (Bureau of Business Research, 2009, http://bber.unm.edu/).

f. Teen Parent Center
The Teen Parent Center provides opportunities for pregnant and parenting adolescents to stay in school and to actively participate in the care of their infants and children during the school day. The Teen Parent Center, on the Santa Fe High School campus, has a census of 39 students (including fathers). There are 21 babies and toddlers in the school-sponsored nursery (November, 2007).

Community Health Status/Health Disparities

When possible, Santa Fe County data will be provided for this section. If not available, or not current, state and/or national statistics will be cited. Also please note that data on health disparities will be cited in this section of the document when available.

A healthy birth means that the mother is healthy and the pregnancy is wanted: it means that the family is stable and prepared for a new baby. The percentage of babies born to healthy mothers in Santa Fe County has remained at a low of 24% for the past six years (2002-2008)
http://www.nmhealth.org/documents/NewsRelease_PRAMS_1-26-09.pdf

Of all mothers in New Mexico, including Santa Fe County, 59% intended their pregnancy whereas 41% did not ever want a pregnancy (New Mexico Pregnancy Risk Assessment Monitoring System, 2008).

A. DEVELOPMENTAL SCREENINGS

New Mexico has the 4th highest percent of children in the country receiving a standardized screening for developmental or behavioral problems http://nschdata.org/DataQuery/DataQueryResults.aspx. The increase in developmental screenings may be a result of an expansion of Home Visiting Services in Santa Fe County where home visitors help empower parents to seek screening through their doctors offices.

B. ASTHMA

Asthma is the most common chronic disease of childhood (American Lung Association). The incidence of asthma in children is increasing at 4.3% per year. It especially affects minority children, particularly Hispanic and Native American (New Mexico Department of Health,
http://dohewbs2.health.state.nm.us/VitalRec/County%20Profiles/SantaFeProfile.pdf).

C. CHILDHOOD OBESITY

Childhood obesity is also a rapidly growing problem in the United States. According to the CDC Pediatric Nutrition Surveillance System (2006) the prevalence of overweight children ages 2-5 years in New Mexico was 14.8% compared with 13.9% in the U.S. The highest rates of overweight were among American Indian or Alaskan Native (19.4%) and Hispanic (18.0%) children.

In 2007, 13% of US high school students were obese. This rate has nearly tripled in the past two decades. The prevalence of overweight has more than doubled among American children and tripled among adolescents in the past 20 years. Of the children diagnosed with type 2 diabetes, nearly 75% of them were also obese. They also were more likely to have asthma, high blood pressure and high cholesterol than children diagnosed with type 1 diabetes. In New Mexico, 28.9% of children ages 10-17 are overweight or obese compared to 30.6% nationally. Minorities suffer from obesity at a higher rate than whites. In New Mexico, 19.2% of those diagnosed with childhood obesity are white compared to 34.6% Hispanic. http://www.leadershipforhealthycommunities.org/images/stories/csg_ff_childhoodobesity1.pdf

D. CHILDHOOD IMMUNIZATIONS

Factors that contribute to low rates of childhood immunizations include:

- disruptions in Medicaid coverage
- lack of insurance coverage
- lack of a consistent medical provider
- inconvenient hours and long waits
- confusing immunization schedules.

Children who are not immunized risk exposure to childhood illnesses that are potentially life-threatening. Most of these illnesses can be avoided with proper immunizations (New Mexico Children's Cabinet Report Card, Draft, February 16, 2005).

As with other rural states, New Mexico has had problems with timeliness of childhood immunizations. Researchers have documented a precipitous decline in New Mexico's immunization rates between 1996 and 2001 (Schillaci MA, Waitzkin H, Carson EA, Lopez CM, Boehm DA, et al. *Immunization coverage and Medicaid managed care in New Mexico: a multimethod assessment*. Ann Fam Med 2(1): 13–21. 2004). This decline resulted in New Mexico dropping from 30th among states in immunization coverage during 1996, to 51st during 2001.

"After 2001, New Mexico experienced a turn-around in immunization rates, increasing from approximately 63% to 83.5% in 2004. As a result, New Mexico's ranking changed from last or near last in the nation to 15th. Consequently, New Mexico received the National Immunization Program award from the Centers for Disease Control and Prevention (CDC) as the state that showed the greatest improvement between 2000 and 2004. Since 2004, however, immunization rates in New Mexico declined to 76.2% in 2006 and ranked 46th in the nation," (Centers for Disease Control and Prevention "Statistics and Surveillance: Immunization Coverage in the U.S." http://www.cdc.gov/vaccines/stats-surv/imz-coverage.htm#nis. Please see: *The Impact of Changing Medicaid Enrollments on New Mexico's Immunization Program.* Schillaci MA, Waitzkin H, Sharmen T, Romain SJ (2008) *PLoS ONE* 3(12): e3953. doi:10.1371/journal.pone.0003953.

In Santa Fe County, the rate of the full and complete schedule of immunizations for toddlers between 24 and 35 months is 78.3%, compared to 77.9% in New Mexico (New Mexico IBIS, 2009).

Using *promotora* outreach, La Familia Medical Center systematically follows up with immunization schedules and has an overall immunization rate of 96%, up from 88% in 2004 (La Familia Medical Center Annual Report 2006).

E. LOW BIRTH-WEIGHT

Any evaluation of fetal weight must be considered in the context of gestational age. Low birth-weight is defined as an infant weight of less than 2,500 grams (5.5 pounds) at the time of delivery and is one of the most important factors in determining the survival and health of an infant. Low birth weight has been show to increase infant mortality, morbidity, incidence of learning disabilities and medical costs. Conversely, high birth-weight has been associated with a higher risk for obesity and Type 2 diabetes later in life. Santa Fe County's low birth weight rate climbed to 9.3% in 2005 from 7.9% in 2004 (New Mexico Department of Health, Vital Statistics Natality Summary, 2006).

The upward trend may be attributed to the increase of multiple births due in part to increased use of fertility drugs. However, even when multiples are excluded, low birth-weight rates are on the rise (Centers for Disease Control and Prevention, National Vital Statistics Reports, Vol. 54, No. 2, September 8, 2005).

Forty percent of Latinos between 19 and 64 years of age in the U.S. lack health insurance. Lack of access to prenatal care threatens Latino populations who have the highest birth rate among racial/ethnic groups in the U.S. However, there is evidence that Mexican-American cultural norms and social support systems may contribute to a paradoxically low rate of low birth-weight, and low mortality rates that erode with increased maternal acculturation. This situation is striking in the light of the strong and consistent association between socioeconomic status and birth outcomes. In studies controlling for diet and smoking, acculturation is still a significant predictor of low birth weight. Supporting informal systems of care and their integration with formal prenatal services can be potentially achieved through expanded use of lay health practitioners (American Journal of Public Health, December 2004, Vol. 94, No. 12).

La Familia Medical Center serves a majority of Latino/Hispanic births. The facility maintains a low birth-weight rate of 5 percent. (La Familia Medical Center Annual Report 2006).

F. INFANT AND CHILD MORTALITY RATE:

Injuries are the leading cause of death in children ages 0 to 4. Since the first year of life is more precarious than later years of childhood, negative social conditions (such as poverty and an unhealthy physical environment) have a bigger impact on newborns.

In New Mexico, the infant death rate for all causes has decreased from 6.3 per 1,000 births between 1991 and 2000 to 4.4 per 1,000 births in 2002-2006. The infant death rate for Santa Fe County is lower than for New Mexico (5.9 per 1,000) and the US (6.9) rates.
http://ibis.health.state.nm.us/docs/2009HHCountyReports/SantaFe.pdf.

According to the New Mexico Children's Cabinet Report Card, unintended Fatal Injuries are caused by: motor vehicle crashes, drowning, poisoning, and playground injuries. One-half of child fatalities in automobile accidents are because they are not wearing a seat belt. Child death is only the tip of the iceberg since for each death due to injury, there are 160 children admitted to a hospital and 2,000 emergency room visits (Annie E Casey Foundation, *Kids Count Data Book*, 2005). In 2005, there were

14.5 unintentional fatal injuries in children 1-4 years for every 100,000 children in that age group. Motor vehicle crashes were the most common cause of death in this age group (2008 New Mexico Children's Cabinet Report Card).

Intentional fatal injuries are caused by homicide, assault and shaken baby syndrome. The leading cause of intentional injuries in young children is child abuse. Causes of child abuse are family stress, domestic violence, substance and alcohol abuse, and parents who are adolescents. Children experiencing abuse and neglect are at an increased risk of adverse health effects and behaviors in adulthood (The Commonwealth Fund, *Child Trends and Center for Child Health Research*, September 2004; The Permanente Journal, *The Relation Between Adverse Childhood Experiences and Adult Health: Turning Gold into Lead*, Felitte, Vincent J. http://xnet.kp.org/permanentejournal/winter02/goldtolead.html).

In 2005, the number of children in state custody increased a dramatic 21% in 18 months, with the apparent cause being an increase in methamphetamine use and production (Diana Heil, Officials: Child In Meth Lab Is Risky Situation, The Santa Fe New Mexican, August 18, 2005).

Over 2,000 allegations of child abuse and neglect were reviewed by the New Mexico Child Abuse and Neglect Citizen Review Board in 2007-2008. Of the children reported, 71% came into custody with prior reports to CYFD indicating possible abuse and neglect. In Santa Fe County, there were 73 children reviewed by the Citizen Review Board, with 48% being children 1-5 years old and 73% who were Hispanic www.nmcrb.org.

In 2006-2007 the Santa Fe Rape Crisis Center received 320 calls, 183 walk-ins and performed 260 sexual assault exams. They also interviewed 156 children age 3-17 years old.

G. LICIT AND ILLICIT SUBSTANCE DEPENDENCE AND ABUSE IN NEW MEXICO:

Although statistics for Santa Fe County are not easy to find, for New Mexico in general, the rates of illicit drug dependence or abuse among youths aged 12-17, based on the 2005-2006 National Survey on Drug Use and Health, were between 4.58% and 4.83%.

The rates for alcohol dependence or abuse for the same time period and based on the same survey were 5.97% and 6.62%, the second highest rating category .

For those needing but not receiving treatment for illicit drug use in the past year among youths aged 12 to 17, the rates were between 4.19% - 4.46%.

For those needing but not receiving treatment for alcohol use in the past year among youths aged 12 to 17, the rates were 5.68% – 6.24%, also in the second highest rating category. All the above statistics, as well as other pertinent data on drug, tobacco and alcohol use can be found at SAMHSA: Office of Applied Studies, National Survey on Drug Use and Health, 2005-2006. Other useful behavioral health information, by state, is also available at the SAMHSA website (www.SAMHSA.gov).

Smoking retards fetal growth. It is the single largest modifiable risk factor for low birth-weight and infant mortality, estimated to account for 20 - 30% of low birth-weight births (New Mexico Department of Health, *Santa Fe County Health Profile*, 2003).

In Santa Fe County, of the 17% who smoked before pregnancy, six percent smoked during the last trimester and five percent report their infants are exposed to second-hand smoke. Of the 48% who drank alcohol before pregnancy, seven percent drank during the last three months of pregnancy, and 15 percent

drank frequently and/or binged (New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS, 2005).

Prenatal alcohol exposure ranks among leading known non-genetic cause of mental retardation and neurodevelopment disorders, long-term cognitive, behavioral, and psychosocial difficulties.

General Info about substance abuse in Santa Fe County with rates can be found at http://ibis.health.state.nm.us/indicator/index/Alphabetical.html

According to the New Mexico Child Abuse and Neglect Citizen Review Board (2009 Annual Report and Recommendations, www.nmcrb.org) , of the Santa Fe County parents reviewed, 75% of parents had a history of substance abuse (compared to 65% statewide), 55% were impacted by unemployment or inadequate financial resources, 55% were impacted by homelessness or inadequate housing, 54% were impacted by domestic violence (compared to 48% statewide), and 36% had mental or emotional illness (compared to 30% statewide).

H. MENTAL ILLNESS AND SUBSTANCE USE: CO-OCCURING DISORDERS

In the United States, mental illness affects 50% of the population over the course of a lifespan, and 20 – 25% of the population annually. Among adults and children, about 1 in 10 annually experience mental illness serious enough to affect functioning. Nearly 2 – 3% of adults and 5% of children experience severe enough symptoms to cause major disability. Of the 1 in 4 who experience mental illness, less than half receive care. As a result, mental illness is the leading illness-related cause of disability, a major cause of death through suicide, school failure, poor overall health, incarceration and homelessness (2008 Interim Report, New York State Office of Mental Health).

Mental health issues and substance abuse often co-occur in individuals. The 2006 Behavioral Health Prevalence Estimates for New Mexico (WICHE Mental Health Program, April 2008) show a 1% difference between males and females for co-occurring (COD) mental health and substance use disorders. The following tables show prevalence estimates of adults with COD by gender, age group and race/ethnicity for Santa Fe County.

COD by Gender		COD by Age		COD by Race/Ethnicity	
Male	48.7%	18 – 20	5.7%	White	24.0%
Female	51.3%	21 – 64	93.3%	Native American	19.5%
	100%	65+	1.0%	Hispanic	52.5%
			100%	Other	4.0%
					100%

ACCESS TO HEALTH CARE

A. HEALTH CARE COVERAGE

According to a survey by the NM Human Services Department, 26% of all New Mexicans lacked health insurance for the entire 12 months prior to the survey. Eighteen percent of children less than 18 years of age lack health insurance. Almost 90% of New Mexico's poor children belong to minority families (New Mexico Health Policy Commission, Quick Facts, 2008).

New Mexico ranks in the bottom nationally in the number of women without health insurance (28%) compared to 18% nationally (New Mexico Women's Health Profile, 2009).

In New Mexico, pregnant women and infants are eligible for Medicaid at 225% of national poverty levels. http://dohewbs2.health.state.nm.us/VitalRec/County%20Profiles/SantaFeProfile.pdf.

In 2006, 10,914 of children in Santa Fe County were enrolled in Medicaid. (New Mexico Health Policy Commission, Quick Facts, 2008). The U.S. Indian Health Service, with clinics in many of the Pueblos and the Santa Fe Indian Hospital, serve a large Native American population. A funding crisis in the Albuquerque Service Unit, serving the Santa Fe County area, is affecting critical services to Native American people. Access to health care is being compromised due to reduced medical provider resources and funding for contract service provision. Gaps in services result in diagnosis or treatment delays that exacerbate the severity of the patient's condition (*2005 Need and Resource Assessment*, Department of Health and Human Services, Nambe Pueblo).

During the summer of 2005, Santa Fe County initiated a mobile health van in cooperation with St. Vincent's Regional Medical Center and Presbyterian Medical Services. Beginning in late 2006, Santa Fe County now operates the van through the Community Services Department. Free health assessments, health education, and assistance in locating health care payment options are available. To-date, the mobile unit serves primarily senior citizens at senior citizen centers. The unit staff has expanded by including shopping center parking lots on their itinerary as a means of broadening the profile of clients seen (Santa Fe County Mobile Health Unit Staff Nurse, 2009).

The Santa Fe County Healthcare Assistance Program is administered by the Board of County Commissioners in its capacity as the County Indigent Hospital and Health Care Board established under the "Indigent Act." The program provides assistance for the cost of ambulance and medical services provided by eligible providers to medically indigent patients who are legal residents of the county. In New Mexico, the indigent fund receives $75.6 million, primarily through Gross Receipts Taxes, with Santa Fe County receiving $4.4 million (New Mexico Health Policy Commission, Quick Facts, 2008).

B. COMMON DENOMINATORS OF MATERNAL AND CHILD HEALTH RISK FACTORS

Common denominators of unfavorable maternal and child health indicators are inextricably inter-related in their negative influence. For example, research studies show how depression, domestic violence and substance abuse separately affect parenting and child well-being, but little is known about the combined impact of these problems on low income families (National Center for Children in Poverty, Depression, Substance Abuse and Domestic Violence, 2004, www.nccp.org, retrieved in 2009).

Unfavorable maternal and child health indicators have more profound consequences on the health and well being of families belonging to vulnerable populations who for a variety of socioeconomic and or political reasons are restricted in their access to community services. The circumstances shared by members in populations disenfranchised for reasons of ethnicity, homelessness and/or legal status vary radically. However, the health disparities they experience between themselves and those belonging to the dominant culture are unfortunately very much the same.

C. POVERTY

Poverty is the extent to which an individual does without resources. There are two kinds of poverty:

1. Situational: caused by circumstances, i.e., death, illness, divorce.
2. Generational poverty: being in poverty for two generations or longer.

By the second generation of poverty, people live in the tyranny of the moment. Without material security, an individual must be a problem-solver in a reactive environment (Ruby K. Payne, Ph.D., *A Framework for Understanding Poverty*, 2005 (www.ahaprocess.com, retrieved in 2009).

Poor children lack access to resources for adequate healthcare, nutrition and educational opportunities. Consequences of deprivation persist into adulthood and these children are far more likely to raise their own children in poverty (New Mexico Voices for Children, www.nmvoices.org, retrieved in 2009). Twelve percent of the Santa Fe County population lives at or below the poverty level. http://hsc.unm.edu/partners/forbetterhealth/countyreportcards/santafe.shtml#).

In 2005, the most current year for county specific data, an estimate of 26% of NM children lived in families who were poor, as compared to 18.5% of all US children. 18.3% of children live in poverty in Santa Fe County (http://nmchildrenscabinet.com/2009Report.pdf.). Over sixteen percent of women in New Mexico live at or below poverty compared to 11.6% nationally (New Mexico Women's Health Profile, 2009).

D. PRENATAL CARE ACCESS

Sixty-three percent of New Mexico mothers had adequate prenatal care. Only 58% of unmarried women, compared to 67% of married women, had at least adequate prenatal care (NM PRAMS, 2008). Prenatal care for Santa Fe County during the first trimester in 2006 was 83% of live births (Source: http://ibis.health.state.nm.us/indicator/view/PrenCare.Cnty.html).

Adequacy of initiation and number of visits was 92% overall. Medicaid eligibility for prenatal care and delivery is provided to patients up to 225% of poverty. Nearly half of births are to Medicaid-enrolled women (New Mexico Department of Health, *Santa Fe County Health Profile*, 2003).

- At the end of fiscal year 2006, funding for high-risk pregnancy care was temporarily unavailable. It has been restored this fiscal year with local contractors--Santa Fe Imaging and La Familia Medical Center.
- The Pre-natal Health Education Program at La Familia saw 70% of pregnant women in their first trimester. (Project LAUNCH, Santa Fe County Environmental Scan May 29, 2009, p. 23).
- Currently, there are 11 certified nurse midwives and 10 licensed midwives residing in Santa Fe County (DOH Maternal and Child Health Bureau, 2009).

E. DOMESTIC VIOLENCE

Women who are abused during pregnancy are more likely to have children of low birth weight and less likely have access to prenatal care. Women who are abused are less likely to be emotionally available to their children. Six to eight percent of pregnant women in New Mexico report physical abuse prior to and/or during pregnancy (New Mexico Pregnancy Risk Assessment Monitoring System, PRAMS, 2008).

Six percent places Santa Fe County and New Mexico as having the fourth highest percentage of women reporting abuse by a husband or partner during pregnancy in the nation (PRAMS, 2008). Law enforcement in Santa Fe County reported a total of 2,166 domestic violence calls in 2006, up 22% since 2004. In fiscal year 2005-2006, 890 unduplicated clients received services at Esperanza Shelter for

Battered Families, up 17% from 2005. During this time, there was also an increase in the number of cases involving weapons from 38% to 39.5%. There were 2 domestic violence related homicides reported in 2006 (Incidence and Nature of Domestic Violence in New Mexico VII, July 2007). Nationally, almost 1/3 of female homicide victims are killed by an intimate partner (Quick Facts, 2008). In New Mexico in 2005, 20 homicides were the result of domestic violence, 3 of which occurred in Santa Fe County http://www.nmcadv.org/images/Stat's_Link/UNMDVHRT_2008_DVReport.pdf. Nationwide, between 3.3 million and 25 million children experience domestic violence in their home each year. Twenty-five percent of victims of domestic violence are pregnant women. Seventy percent of the children in domestic violence shelters are physically abused or neglected. Young criminal offenders are four times more likely to come from abusive homes. Seventy percent of men in court-ordered treatment for domestic violence witnessed it as a child (The Violence and the Family Project, American Psychological Association, 2005).

F. MATERNAL AGE

Three quarters of teen pregnancies are unintended. Teen birth places both the young mother and her child at risk for a variety of medical, social and economic problems. Children born to teen parents are more likely to suffer poor health, experience learning and behavior problems and live in poverty. Teen parents typically complete less education, earn less money and are more likely to be single parents (New Mexico Children's Cabinet Report Card, 2008).

The rate of live births to adolescent women 15 - 17 averages 26.7 per 1,000 between 2004-2006. http://ibis.health.state.nm.us/docs/2009HHCountyReports/SantaFe.pdf.

In Santa Fe County, there were 214 teen births for women ages 15-19 in 2006, 161 of those were La Familia Medical Center patients (La Familia Medical Center Annual Report 2006).

The live birth rate for women over 35 years of age has increased from 40 to 42 per 1,000 (New Mexico Department of Health, Santa Fe County Health Profile, 2003). The proportion of births to older mothers is steadily increasing. Older women are at increased risk for complications of pregnancy and adverse birth outcomes such as preterm birth and small for gestational-age birth. Assisted conception has resulted in an increase in multiple births that carry higher risks for both infant and mother (*Making Every Mother and Child Count, Report of Maternal and Child Health in Canada*, Catalogue No. H124-13/2005, 2005).

G. MATERNAL MARITAL STATUS

Over the past thirteen years, births to single mothers have increased from 36% to 51%, which constitutes a 71% increase (New Mexico Department of Health, Vital Statistics Natality Summary, 2006). Forty-five percent of children living in female-headed households live below the poverty line (Economic Supplement Table POV05, CPS, August, 2007).

H. MATERNAL DEPRESSION

Prevalence data of maternal depression in Santa Fe County could not be obtained. Nevertheless, it is possible to extrapolate information from other sources to consider the impact of maternal depression in the community. Compared to the states collecting information on postpartum depressive symptoms, NM mothers reported the highest rate (20%) for the 2004-2005 birth period (NM PRAMS, 2008). New Mexico ranks 49th in the country in the number of women who commit suicide (Institute for Women's Policy Research, 2004).

Postpartum depression is a serious life challenge for new mothers and their infants. Maternal and postpartum depression are associated with physical abuse, lack of partner or familial support, and financial hardships or stress. Risks associated with postpartum depression include: tobacco use in the last 3 months of pregnancy, physical abuse before or during pregnancy, partner-related stress during pregnancy, traumatic stress, and financial stress during pregnancy (NM PRAMS, 2008).

Without treatment, pregnant women with depression seek less prenatal care, don't eat as well or get enough rest - - increasing the risk of miscarriage, pre-term or low birth-weight births.
According to a new Commonwealth Fund–supported study, mothers with depressive symptoms are less likely to engage in important developmental behaviors with their infant, like playing and talking, showing picture books, and following daily routines. At 2 to 4 months post partum, 18 percent of the mothers in the study reported depressive symptoms. Those most likely to report such symptoms were under age 20, belonged to a minority group, were not living with the biological father of the child, had a low income, and had less than a high school education. When new mothers experience depression—a common occurrence due to postpartum symptoms and the demands associated with parenting infants—their ability to safely and effectively care for their children may be impaired.
http://www.commonwealthfund.org/Content/Publications/In-the-Literature/2006/May/Maternal-Depressive-Symptoms-at-2-to-4-Months-Post-Partum-and-Early-Parenting-Practices.aspx.
Children of depressed mothers are more likely to demonstrate socio-emotional and behavioral problems, developmental delays, and have more medical office and emergency room visits and sleep problems. Infants and toddlers are more likely to be fussy, less attentive and less active (The Commonwealth Fund; Innovations; State/Local/Regional Innovations/Improving Quality, www.cmwf.org retrieved in 2009).

I. PRE-PREGNANCY WEIGHT

Pre-pregnancy obesity is associated with increased risk of the following problems: pregnancy-induced hypertension, gestational diabetes, certain congenital anomalies, Cesarean delivery, pre-term birth and late fetal death (*Making Every Mother and Child Count, Report of Maternal and Child Health in Canada,* Catalogue No. H124-13/2005).

Forty-one percent of women reported on the New Mexico Pregnancy Risk Assessment Monitoring Survey (NM PRAMS, 2008) that they had a weight problem before pregnancy and 8 percent reported pre-existing or gestational diabetes.

ADOLESCENTS: TOMORROW'S PARENTS

New Mexico youth face immense challenges as they grow and mature. The New Mexico Youth Risk and Resiliency Survey provides valuable information about how youth are facing these challenges.

The questions in the YRRS are based on the Search Institute's "40 Developmental Assets" survey. These assets represent the positive relationships, opportunities, skills, and values that promote the positive development of all children and adolescents (Search Institute A&B Information Booklet http://www.search-institute.org/, retrieved in 2009).

Santa Fe County students, grades 9 – 12, answered the questions on the YRRS in the following ways:

Protective Factors in the Home	
Caring relationship with parent or other adult in the home	57%
High expectations in the home	71%
Behavioral boundaries in the home	64%
Protective Factors in the School	
Caring relationship teacher or other adult in the school	37%
High expectations in the school	43%
Involvement in school activities	38%
Behavioral boundaries in the school	56%
Protective Factors in the Community	
Caring relationship with an adult in the community	62%
High expectations with adult in the community	58%
Meaningful participation in the community	36%
Protective Factors with Peers	
Caring relationship with peer	63%
Positive peer influence	27%
Positive peer influence RT substance abuse	25%
Other Resiliency Factors and Traits	
Empathy	44%
Impulsiveness	25%
Sensation seeking	12%
Religiosity; goes to church/religious service	30%

(Source: NM YRRS, Santa Fe County, 2007.)

Adolescent High Risk Behavior
High-risk behavior patterns represent repeated involvement in behaviors that compromise a young person's well-being (Search Institute's A&B Information Booklet).

Cigarette smoking
Twenty-three percent of students reported smoking in the past 30 days. Fifty-two percent reported being in the room with someone who was smoking in the past week (NM YRRS, Santa Fe County, 2007).

Alcohol use
Fifty-two percent of students in grades 9-12 reported alcohol use in the last 30 days. Thirteen percent reported drinking and driving during the same thirty-day time frame. Thirty-three percent reported they rode with a drinking driver in the past 30 days (NM YRRS, Santa Fe County, 2007).

Illicit drug use
Six to ten percent of students report use of cocaine, inhalants (in the past 30 days), methamphetamine and ecstasy (in the past 12 months). Thirty-one percent of students report using marijuana in the past 30 days (NM YRRS, Santa Fe County, 2007).

School drop-out rate
Santa Fe County is fifth in the state with a drop-out rate of 4.5 percent. This represents the percentage of high-school students who failed to finish high school in 2006-2007 (New Mexico Department of Health, *New Mexico IBIS-Santa Fe County Demographic Characteristics, 2009).*

Perpetrators and victims of violent activities in the past thirty days

- Twenty-eight percent reported carrying a weapon
- Eleven percent carried a gun
- Ten percent carried a weapon to school
- Forty-one percent reported being in a physical fight in the past 12 months
- Thirteen percent skipped school because it felt unsafe (NM YRRS, Santa Fe County, 2007).

In the last twelve months

- Ten percent were threatened or injured with a weapon at school
- Nine percent were physically hurt by a boy/girlfriend
- Nearly eight percent had been physically forced to have sexual intercourse (NM YRRS, Santa Fe County, 2007).

Sexual Activity

- Ten percent had sexual intercourse at or younger than 13 years of age
- Fifty-seven percent have had sexual intercourse
- Eighty-five percent report being sexually responsible, but 35% did not use a condom before sex
- Twenty-two percent uses birth control as primary pregnancy prevention. Twenty-two percent used alcohol or drugs before last sex (NM YRRS, Santa Fe County, 2007).

Physical Activity, Nutrition and Access to Food
Eighty-one percent did not eat five fruit or vegetable servings a day and 65% did not do the minimum recommended physical activity. Seventeen percent reported there is often or sometimes not enough to eat in their family (NM YRRS, Santa Fe County, 2007).

Health Care Utilization
During FY2008, Santa Fe School Based Teen Health Centers provided services to about 949 teens (PMS Teen Health Center Questionnaire, 2008).

Depression and Suicidal Ideation
Twenty-nine percent felt sad and hopeless every day for two weeks in the past year and 17% seriously considered suicide, while 11% attempted suicide in the past year (Santa Fe YRRS, 2007).

Homelessness
In 2008, Youth Shelters served 599 unduplicated youth through one of the following programs (Emergency Shelter, Transitional Living Program, Street Outreach program). They also have a Homeless Pregnant and Parenting Youth Intervention Project where they served 80 individuals 21 and younger last year. An additional service provided is a mother's group that meets weekly. Their counseling center and clinical program served 375 young people and families in 2008 within all their programs (Youth Shelters, retrieved in 2009).

Health-Related Services: Capacity, Access and Use:

The University of New Mexico's Locum Tenens Program, intended to provide primary care practice relief to rural and medically underserved practices and physicians issued 771 days of placement in fiscal year 2005 (New Mexico Health Policy Commission Quick Facts, 2008).

Santa Fe County is designated a "health professional shortage area" for medical and dental professionals. La Familia Medical Center, First Choice in Edgewood and Ortiz Mountain Health Center in Cerrillos are designated as clinics for "medically underserved areas and populations." http://hpsafind.hrsa.gov/.

Outcome Indicator	2002 Baseline	2006 Data
Number of primary care provider hours available evenings & weekends	La Familia is open until 8 pm on Wednesday; Women's Health Services is open until 8 pm Mon.-Thurs. and Sat. am; St. Vincent First Care open until 8:30 pm every day, including weekends.	• La Familia: every other Wednesday until 8 pm • Women's Health Svc: until 7 pm Wednesday • Urgent Care Santa Fe: 5-10 pm weekdays, 10 am – 10 pm weekends • On-Call Urgent Medical Care 5 pm – 10 pm weekdays, 9 am – 5 pm weekends • St. Vincent First Care: 10 am – 10 pm every day • First Choice Medical Center in Edgewood is open 50 hours each week. • Ortiz Mountain Health Center is open until 7 pm on Tuesdays
Number of non-clinic locations where primary care is available	Healthy Tomorrows van, two teen health centers (one at each high school in Santa Fe), Health Care for the Homeless at 5 outreach sites.	Healthy Tomorrows Van, two teen health centers (one at each high school in Santa Fe), Health Care for the Homeless at five outreach sites.
Ratio of all health care providers to population	1:1724	Physicians: 1:295 Pharmacists: 1:1316 Dentists: 1:1236 RNs & LPNs: 1:107 DOM's: 108
Vacancy rate for RNs & LPNs at St. Vincent Regional Medical Center	18-21% vacancy rate	Currently at least 18% (70 vacancies out of 400 nursing positions)
Inappropriate emergency room encounters due to substance abuse or behavioral health problems	[Not available]	Nationally, and estimated 27% of all injured adult patients are candidates for alcohol intervention
Number of school sites providing primary care, behavioral health, and dental health care	PMS Teen Health Centers at two high schools, Healthy Tomorrows mobile van, mobile dental van	Same; Governor's school-based health centers initiative may result in additional sites.

Santa Fe County Health Policy and Planning Commission, Call to Action, 2006.

Current Provider vacancies, Santa Fe County Total: 23 (Physician 9; Counselor 1; Dentist 3; FNP 2; PA 2; Pharmacist 1; RN 2; Other 4) (Jan. 2008).
http://hsc.unm.edu/partners/forbetterhealth/countyreportcards/santafe.shtml#.

In conducting its environmental scan, Project LAUNCH cites the following healthcare service gaps. There is a lack of affordable and accessible:

- Behavioral/mental health services (specifically youth/children)
- Oral health/dental services
- Health education/ family engagement/parent education programs
- Substance abuse treatment
- Providers that take Medicaid
- Prevention programs -- e.g. components addressing obesity, nutrition, diabetes and general child/family wellness issues.

"Despite numerous high-quality programs providing care in the County, there is still a demonstrated need for the services listed above for low-income communities. Quality bilingual services throughout the county and within each category are a key issue. New Mexico is among the top three in the country for low-income uninsured children and families," (Project LAUNCH, Santa Fe County Environmental Scan May 29, 2009, p. 6).

Summary and Interpretation:

Each year the MCH Council taps the expertise of its members and invites community leaders to discuss recent trends affecting children and families. The purpose is to inform and guide the Council in its goal of planning, coordinating and supporting community-based programs that support the needs of 0-3 youth and their families. These meetings provide an opportunity for collaborative reflection on emerging community problems, resources, and solutions.

Notwithstanding the presence of public and private non-profit entities that attempt to address the needs of the community, there remains an ever-increasing demand for services. In response to the economic downturn that began in December 2007, there is a community-wide sense of urgency regarding the enormity of societal trends that threaten the well-being of young children and their families.

A summary of the aforementioned health trends illustrates that since the last Profile and Plan was published:

1. Early childhood programs and providers are often unable to meet the demand for services. Education and compensation levels are not coequal with the critical importance of infant-parent attachment and early brain development.
2. There are high rates of depression and substance abuse and long waits for admission into existing behavioral health programs.
3. Families are stressed by job losses and the rising cost of living. Hunger and homelessness are increasing. A large portion of the population remains uninsured.
4. Violence and domestic abuse rates are high among young people who parent before they are emotionally able. High school drop-out and teen parenting rates continue to be problematic.
5. The immigrant population continues to be underserved.
6. Community members experience lapses in care coordination, linkages, collaboration and referrals.

7. Overall there is a decreasing number of services and there is an increasing amount of need.

After reviewing current health indicators for Santa Fe County and assessing the needs of the community, the MCH Council proposes to mitigate the impact of public and private service cuts which have been exacerbated by current depressed economic conditions. The Council endeavors to decrease barriers to access of existing programs by increasing the means by which community programs contact one other, collaborate, and cross-refer. Increasing cross-agency collaboration will aid families who are attempting to navigate a complex and patchwork network of community providers as well as help bridge the gaps that exist among providers that serve the community. Making connections and creating provider networks is a strength of the MCH Council. However, despite the recent success of the Council in this regard, the Council acknowledges that, among other issues, transportation to and from appointments with providers remains a barrier to access.

A second goal of the MCH Council is to address the urgent need for infant and toddler care in the county. Because working families are overburdened with reduced work hours, furloughs, or lay-offs due to current economic conditions, they need time to look for work or apply for benefits. They are often unable to find affordable high quality childcare options, causing additional stress on those who are already overwhelmed. Even caregivers who are not seeking employment need respite from the demands of caring for infants and small children. The need for childcare is especially critical on Santa Fe's south side. Moreover, child care/development programs are facing the challenge of meeting the needs of immigrant families, and programs have difficulty finding bilingual staff. It is understood that increasing numbers of immigrant families are without the traditional support system offered by their families or families they know and trust.

Already there is an increased awareness of the demand for childcare in the state. There is a need to build workforce and workforce competency in daycares, preschools, and other child development arenas. Even well-prepared providers are often not trained in the field of infant mental health—an area that is increasingly understood to be critical to a child's long-term healthy development into adulthood. This is exacerbated by the reluctance of funders to support consultation and training. Research shows that healthy attachment between a caregiver and child is critical to the future emotional and cognitive health and development of the child.

On the positive side, there are currently more partnerships with programs funded for home visiting and more money is being spent on healthy early childhood development. Since the last MCH plan update, new programs have been implemented such as the Home Visiting Network, the Home Visiting Collaborative, the Breastfeeding Task Force as well as other Public and Private non-profit efforts. These groups have a growing commitment to families.

The Santa Fe County Maternal and Child Health Council looks forward to addressing challenges facing Santa Fe's youngest children and their families through concerted efforts to improve access to high quality infant care. We will also strive to strengthen family connectedness in order to improve the health, development and well-being of children and the communities in which they live.

COMMUNITY HEALTH IMPROVEMENT PLAN:

Table of Contents

Executive Summary

What happens or doesn't happen to children in the earliest years of their lives is of critical importance, both to their immediate well-being and to their future…Every child must be ensured the best start in life--their future, and indeed the future of their communities, nations and the whole world depends on it. (UNICEF, www.unicef.org)

The Santa Fe County Maternal and Child Health Plan shall serve as a guide and a plan of action for the Santa Fe County Maternal and Child Health Planning Council (Council) for the years 2010 - 2014. The Council has identified its priorities and goals following a review of its vision and mission statements as well as consideration of changes and trends emerging in maternal, child and family health in Santa Fe County.

Santa Fe County is fortunate to have many resources that promote the strengths of families in creating a home environment that supports the healthy development of young children. However, the need for more services is increasing and sustainable funding support is decreasing. In 2005, the most current year for county-specific poverty data, an estimated 26% of NM children lived in families who were poor as compared to 18.5% of all US children. (Source: Children's Cabinet Report Card). In Santa Fe County specifically, 18.3% of children lived in impoverished families (Children's Cabinet Report Card, 2005). New Mexico is among the top three states in the country for low-income uninsured children and families (Project LAUNCH Santa Fe County Environmental Scan, 2009, p. 6).

Increasing numbers of vulnerable children experience the life-long effects of unintended pregnancy, substance abuse, domestic violence, maternal depression, inadequate health care, linguistic isolation, and single parent households. Not uncommonly, many of these factors occur as a cluster in the lives of an individual child, and often there is a disparity of negative consequences for children who are members of vulnerable populations by reason of homelessness, ethnicity and/or legal status. Early intervention to ease or alleviate the consequences of detrimental circumstances is the best investment available to a community that is concerned for its future well-being. Positive results in indicators of health and well-being are found in programs that include outreach, expertise, and relationship-based services to children and families.

The Council will continue to be a voice for the importance of the first years of childhood and to advocate for political and community attention to the needs of families. The Council intends to continue a planning and advisory role in matters of maternal and child health through collaboration and partnership with state, county and city government, community members and stakeholders. In addition, the Council will continue to build commitment and capacity in those who serve families through training and networking opportunities. It will also advocate for sustainable funding and support of comprehensive and appropriate maternal, child and family services to the County's Health Policy and Planning Commission and the Board of County Commissioners. The Council looks forward over the next four years to continuing its support of several specific programs that offer critical opportunities to promote and enrich the health and development of very young children. It also remains committed to partnering in collaborative efforts with other agencies to best fulfill its mission and continue to work to improve the quality and availability of early childhood programs and services.

Despite the presence of public and private non-profit entities that attempt to address the needs of the community, there remains an ever-increasing demand for services. In response to the economic downturn that began in December 2007, there is a community-wide sense of urgency regarding the enormity of societal trends that threaten the well-being of young children and their families.

After reviewing current health indicators for Santa Fe County and assessing the needs of the community, the MCH Council proposes to mitigate the impact of public and private service cuts that have been exacerbated by current depressed economic conditions. The Council endeavors to decrease barriers to access of existing programs by increasing the means by which community programs contact one other, collaborate, and cross-refer. Increasing cross-agency collaboration will aid families who are attempting to navigate a complex and patchwork network of community providers as well as help bridge the gaps that exist among providers who serve the community. Making connections and creating provider networks is a strength of the MCH Council.

A second goal of the MCH Council is to address the urgent demand for infant and toddler care in the county. Because working families are overburdened with reduced work hours, furloughs, or lay-offs due to current economic conditions, They often require time to look for work or apply for benefits. These families are often unable to find affordable high quality childcare options, causing additional stress on those who are already overwhelmed. Even caregivers who are not seeking employment need respite from the demands of caring for infants and small children. The shortage of childcare is especially critical on Santa Fe's south side. Moreover, child care/development programs are facing the challenge of meeting the needs of immigrant families, and programs have difficulty finding bilingual staff. It is understood that increasing numbers of immigrant families are without the traditional support system offered by their families or families they know and trust.

Already there is an increased awareness of the need for childcare in the state. There is a shortage of workforce and workforce competency in daycares, preschools, and other child development arenas. Even well-prepared providers are often not trained in the field of infant mental health—an area that is increasingly understood to be critical to a child's long-term healthy development into adulthood. This is exacerbated by the reluctance of funders to support consultation and training. It is well understood that healthy attachment between a caregiver and child is critical to the future emotional and cognitive health and development of the child.

On the positive side, there are currently more partnerships with programs funded for home visiting and more money is being spent on healthy early childhood development. Since the last MCH plan update, new programs have been implemented such as the Home Visiting Network, the Home Visiting Collaborative, the Breastfeeding Task Force as well as other Public and Private non-profit efforts. These groups have a growing commitment to families with young children.

The Santa Fe County Maternal and Child Health Council looks forward to addressing the challenges facing Santa Fe's youngest children and their families with a concerted effort to improve access to high quality infant care. We will also strive to help strengthen families with young children by aiding cross-agency collaboration. Continuity of care will help to improve the health, development and well-being of children and the communities in which they live.

Introduction

The Santa Fe County Maternal and Child Health Plan shall serve as a guide and a plan of action for the Santa Fe County Maternal and Child Health Planning Council (Council) for the years 2010 - 2014. The Council has identified its priorities and goals following a review of its vision and mission statements as well as consideration of changes and trends emerging in maternal, child and family health in Santa Fe County.

COMMUNITY DESCRIPTION

"Santa Fe County is both representative of New Mexico and an anomaly; many complexities arise reviewing the services that serve its youth. On one hand, Santa Fe is the state capital and the oldest city in the state, host to numerous world class art institutions (opera, museums, galleries). The city has pockets of wealth and a reputation that belies its small city demographic. A myriad of agencies serve Santa Fe County families and children—a wide variety of quality programs ranging from cutting edge home visiting programs for first-time parents to extensive family-centered work on developmental delays. Networks of providers at the county level work collaboratively with each other and with state-level agencies.

However, the problems that plague Santa Fe families, and its children, are the problems typical of New Mexico. Families in Santa Fe are afflicted with poverty, unemployment, food insecurity, lack of access to quality services, high rates of teen pregnancy, and language and cultural barriers. Though Santa Fe County is a relatively small county, as is the city of Santa Fe, transportation within city limits and from rural areas is a barrier and prevents access to services. The shortage of providers -- more profound in other New Mexican counties -- also affects recruitment and retention… Santa Fe County is both rural and semi-rural. A significant percentage of the population lives in poverty, or is categorically 'working poor' and reflect the general ethnic and socioeconomic distribution of the population of the state." (Project LAUNCH/Santa Fe County Environmental Scan, May 29, 2009, p. 3).

METHODOLOGY

The planning process of the MCH Council began by hiring an outside consultant, Jill S. Reichman. The council reviewed the data collection methodologies and documents prepared for previous iterations of the Profile and Plan. It was decided that the surveys would continue to provide useful information. The surveys were mailed to the same set of pediatric and perinatal providers and attempts were made to follow-up with providers who did not respond in a timely fashion. The questions on this survey asked about barriers to access, trends in health indicators, problems and/or issues the providers felt needed attention, etc. Please see Appendix A.

Concomitantly, focus group questions were created that represented a shift from the previous round of questions. The questions focused mostly on identifying service gaps in the community and barriers to access for the participants. Four focus groups were conducted. Participant responses were tape recorded and transcribed by the MCH council coordinator. The themes that emerged from the focus groups were discussed at MCH council meetings and became the basis for the MCH Council's current priorities and goals. See Appendix (B) for more information about the focus groups.

BACKGROUND INFORMATION ABOUT THE MCH COUNCIL

The Santa Fe County Maternal and Child Health Council (SFCMCHC) was first funded through the New Mexico Department of Health in 1991 by the New Mexico State Legislature's County Maternal and Child

Health Plan Act. Continued funding is contracted annually from the New Mexico Department of Health to the Santa Fe Board of County Commissioners to support the Council's work. SFCMCHC members are appointed by the Board of County Commissioners to act in an advisory role in matters of maternal and child health.

VISION STATEMENT

Santa Fe County will be a family-friendly and family-focused community where children will have opportunities to thrive.

MISSION STATEMENT

To plan, coordinate and support sustainable community-based programs, infrastructure and funding resources that have a positive and lasting impact on the health and well-being of women of childbearing age and their families.

FUNCTIONS OF THE SANTA FE COUNTY MCH COUNCIL

- Advise the Board of County Commissioners and the Health Planning and Policy Commission on matters of maternal and child health.
- Advocate for accessible, affordable, and culturally and linguistically appropriate services for women of child-bearing age and families with children from birth to age of three years.
- Promote the capacity for optimal health and social, emotional and cognitive development of infants and toddlers.
- Maintain awareness of health disparities and advocate for vulnerable populations in Santa Fe County.
- Support parents as expert caregivers through home-visiting opportunities and parenting skill development.
- Facilitate community-wide grassroots collaborations and partnerships with other agencies that work to promote the health and well-being of women of child-bearing age and children.
- Create awareness of the critical developmental importance of the first three years of life through educational information, marketing campaigns, training opportunities, and promotion of child/family-oriented public policies.
- Seek sustainable funding to support the coordination and implementation efforts of these functions.

SFCMCHC has a proven track record of mobilizing agencies to work together to find ways to improve the coordination of services for families in the community. The development of the County's Zero to Three Strategic Plan, the Learning Communities of Commitment Training Series and the establishment of the home-visiting network are some examples of the Council's ability to engage agencies in planning and coordination efforts. Continued participation in community collaborations with agencies that have similar missions remains an important goal of the MCH Council.

The Council was instrumental in the establishment of the Santa Fe Community Infant Program, which serves approximately 45 families by providing professional therapeutic home-visiting for infant mental health-related services. The SFCMCHC continues to provide stewardship to this program.

Since 1998, the SFCMCHC updates, prints and distributes (in English and Spanish) the "Santa Fe County Resource Directory for Families with Young Children." Typically, 2,500 directories are printed and distributed each year.

In addition, the SFCMCHC works with Christus St. Vincent's Regional Medical Center to develop and distribute parent information and resource packets that are given to all new families at discharge from the birthing center in the Women's Services department. Printed in both English and Spanish, the packets include information about caring for a newborn, breastfeeding, a resource directory for families with young children, and the first month of a newsletter, entitled "Baby's First Wish," published by New Mexico State University. This newsletter contains a subscription card that parents may mail in to receive free, monthly newsletters about the developmental stages of their infant's growth until the age of three years old. It will be offered on line in the near future and parents will receive information on how to access the website. The MCH Council continually identifies and evaluates other resources that can be added to the packet.

Community Health Assessment

Each year the MCH Council taps the expertise of its members and invites community leaders to discuss recent trends affecting children and families. The purpose is to inform and guide the Council in its goal of planning, coordinating and supporting community-based programs that support the needs of 0-3 youth and their families. These meetings provide an opportunity for collaborative reflection on emerging community problems, resources, and solutions.

Despite the presence of public and private non-profit entities that attempt to address the needs of the community, there remains an ever-increasing demand for services. In response to the economic downturn that began in December 2007, there is a renewed sense of urgency regarding the enormity of societal trends that threaten the well-being of young children and their families.

A summary of the health trends discussed in the Profile illustrates that:

1. Early childhood programs and providers are often unable to meet the demand for services. Education and compensation levels are not coequal with the critical importance of infant-parent attachment and early brain development.
2. There are high rates of depression and substance abuse and long waits for admission into existing behavioral health programs.
3. Families are stressed by job losses and the rising cost of living. Hunger and homelessness are increasing. A large portion of the population remains uninsured.
4. Violence and domestic abuse rates are high among young people who parent before they are emotionally able. High school drop-out and teen parenting rates remain problematic.
5. The immigrant population continues to be underserved.
6. Community members experience lapses in care coordination, linkages, collaboration and referrals.
7. Overall there is a decreasing number of services and there is an increasing amount of need.

After reviewing current health indicators for Santa Fe County, conducting focus groups, collating and ranking survey data and assessing the needs of the community, the MCH Council proposes to mitigate the impact of public and private service cuts that have been exacerbated by current depressed economic conditions. The Council endeavors to decrease barriers to access of existing programs by increasing the

means by which community programs contact one other, collaborate, and cross-refer. Increasing cross-agency collaboration will aid families who are attempting to navigate a complex and patchwork network of community providers as well as help bridge the gaps that exist among providers who serve the community. Making connections and creating provider networks is a strength of the MCH Council. However, despite the recent successes of the Council, the Council acknowledges that transportation to and from appointments with providers remains a barrier to access.

A second goal of the MCH Council is to address the urgent need for infant and toddler care in the county because working families are overburdened with reduced work hours, furloughs, or lay-offs due to current economic conditions. Parents who require time to look for work or apply for benefits are unable to find affordable high quality childcare options, causing additional stress on those who are already overwhelmed. Even caregivers who are not seeking employment need respite from the demands of caring for infants and small children. The shortage of childcare is especially critical on Santa Fe's south side. Moreover, child care/development programs are facing the challenge of meeting the needs of immigrant families, and programs have difficulty finding bilingual staff. It is understood that increasing numbers of immigrant families are without the traditional support system offered by their families or families they know and trust.

There is a need to build workforce and workforce competency in daycares, preschools, and other child development arenas. Even well-prepared providers are often not trained in the field of infant mental health—an area that is increasingly understood to be critical to a child's long-term healthy development into adulthood. This is exacerbated by the reluctance of funders to support consultation and training. It is well understood that healthy attachment between a caregiver and child is critical to the future emotional and cognitive health and development of the child.

Already there is an increased awareness of the need for childcare in the state. Currently, there are more partnerships with programs funded for home visiting and more money is being spent on healthy early childhood development in general.

Many public and private non-profit entities have already partnered with the MCH Council on the topic of infant care in Santa Fe County. For example, CYFD has formed a statewide task force to examine affordable childcare. The New Mexico Child Development board is working on child care issues as part of the Head Start Reauthorization bill. CYFD has received funding for the Santa Fe Early Childhood Training and Technical Assistance Program (CTTAP) to conduct a study of childcare services in Santa Fe. Brindle Foundation is currently focusing on infant care and will be a valuable partner as the Council works toward accomplishing its priorities. The RAND Corporation will also be conducting an evaluation of the FirstBorn home visiting program and United Way of Santa Fe, through its Project LAUNCH funding, is conducting an environmental scan that will provide invaluable information about which infant and toddler care services currently exist and where there are service gaps in the community.

Priority Areas

MCH COUNCIL PRIORITIES AND GOALS

The priorities for the MCH Council have been identified following review of its vision and mission statements, recent information gathered through focus groups and resource surveys, the New Mexico Department of Health's outline description of a comprehensive maternal and child health plan, and priorities established in Santa Fe County's Strategic Plan for the 0-3 Population.

Funded by the Santa Fe Board of County Commissioners who passed a resolution in July 2001 to "Stand for Children: the County's Strategic Plan for the 0-3 Population (the 0-3 Plan)" was developed under the leadership of SFCMCHC with representation from twelve agencies and organizations. It includes five priority areas with goals and strategies for implementation:

- home-visiting
- infant and toddler care
- infant and parent mental health
- prenatal, infant and toddler health
- opportunities for parents with new children.

As they pertain to the Council's selected annual priorities, the 0-3 Plan's priorities are incorporated into the work accomplished on behalf of the Council by coordination staff.

I. FISCAL YEAR PRIORITIES: 2010-2014

1. INFANT CARE

The health of infants and toddlers, as defined by the World Health Organization, encompasses "complete physical, mental and social well-being and not merely the absence of disease or infirmity." With nearly 8,300 children under the age of five, Santa Fe County has a significant opportunity to recognize the value of investing in early childhood.

> "For local governments, the first five years represent a critical opportunity to support, promote and enrich the health and development of very young children. These efforts have a lasting consequence not just for children-but for their communities as well. Investment in early childhood pays dividends to local governments across time, and across systems as disparate as education, health care, and law enforcement" (Growing Up Healthy: What Local Governments Can Do To Support Young Children and Their Families. Rebecca Parlakian, Zero To Three Policy Center) http://www.zerotothree.org/site/DocServer/GrowUpHealthy.pdf?docID=1722.

Nationally, there are efforts to increase the quality of early childhood experience. The National Infant and Toddler Child Care Initiative Mission and Vision is to work collaboratively with Child Care and Development Fund administrators and other partners in their efforts to move forward system initiatives to improve the quality and supply of infant and toddler child care.

On the state level, in an effort to address the problems of early childhood services in New Mexico, CYFD announced that New Mexico will receive significant ARRA stimulus funding to support and enhance needed services for children and families during these challenging economic times. The stimulus funding for child care allows CYFD to expand the number of children supported with child care subsidies by as many as 2,200 and creates an opportunity to improve child care quality by enhancing existing quality initiatives and piloting innovative quality programs. http://www.recovery.state.nm.us/agencies/cyfd.html.

CYFD recognizes that Santa Fe County is unique in the challenges it faces in providing high quality child care. They have commissioned the Santa Fe Community College Early Childhood Training and Technical Assistance Program to conduct a study on the accessibility of child care in the community.

The City of Santa Fe Children and Youth Commission at least as early as 2005 identified in its Strategic Plan the lack of childcare and early childhood development programs in Santa Fe County. These service gaps persist.

Since 2005, the Brindle Foundation, as part of its Early Opportunities Initiative, has been funding programs that focus on early childhood development (prenatal to age 5). They have identified the lack of infant care in Santa Fe County as an urgent issue, and their Board of Directors has decided to focus their future funding efforts toward programs that target infant care. They identified the need by holding numerous conversations with professionals, by conducting surveys with grantees and friends, and by leading discussions in forums such as the Santa Fe County Maternal and Child Health Council.

Dovetailing with the aforementioned efforts and initiatives, the Santa Fe County Maternal and Child Health Council has identified infant care as one of the priorities it will focus on for the next four years. Through an extensive planning process, the MCH council has determined there is a need to work with other agencies to address issues related to child care.

2. STRENGTHENING FAMILY CONNECTEDNESS FOR IMPROVED COMMUNITY HEALTH AND CHILD DEVELOPMENT (AND WELLNESS)

Healthy People 2010 recognizes that communities, States, and national organizations will need to take a multidisciplinary approach to achieving health equity — an approach that involves improving health, education, housing, labor, justice, transportation, agriculture, and the environment, as well as data collection itself. Healthy People 2010 identifies the need to encompass key values, ideas, and strategies that will underscore the growing conversation on social conditions and their impact on health. Perhaps most obvious is the acknowledged need to improve housing, education, transportation, and other resources for health — domains not currently within the public health arena. http://www.cdc.gov/pcd/issues/2007/oct/07_0136.htm.

Families that encounter adverse childhood experiences are more common than recognized or acknowledged. A well-known study—ACE (Adverse Childhood Experiences)—gathered data in three categories pertaining to personal abuse: recurrent physical abuse, recurrent emotional abuse, and sexual abuse. Other categories examined by the ACE study related to growing up in a dysfunctional household. Dysfunction in this context implies growing up with an alcoholic person or drug user, a caregiver in prison, a caregiver chronically depressed, mentally ill or suicidal, the mother treated violently, or the parents separated, divorced, or in some way lost to the participant during childhood. The study of over 17,000 people revealed that adverse childhood experiences had a powerful correlation to adult health half a century after the exposure/experiences occurred. http://download.journals.elsevierhealth.com/pdfs/journals/0749-3797/PIIS0749379798000178.pdf. 1998, retrieved in 2009).

Santa Fe County families are faced with poverty, domestic violence, unemployment, lack of transportation, lack of access to quality services, language and cultural barriers. There are many agencies working with families but both agency staff and families feel there are barriers preventing them from accessing the resources that might strengthen their family.

It is for the above mentioned reasons that there's a demand now more than ever to increase cooperation among agencies within the county to meet the needs of our most vulnerable populations. It is imperative that we create linkages between and among service agencies with the

goal of increasing access for families, thereby reducing barriers that exist due to a current patchwork and hard-to-navigate infrastructure of provider agencies.

The Santa Fe County Maternal and Child Health Council has identified "Strengthening Family Connectedness for Improved Community Health and Child Development (and wellness)" as the second priority it will focus on for the next four years.

Community Action Plan(GRID)

Health Priority One: Infant Care

Goals	Objectives	Community Partners/Resources	Health Status Outcomes/Indicators
Goal 1: Increase effectiveness of current infant care system	Objective 1.1 Assess levels of resources (programs/systems/training) by May 2011 Objective 1.2 Implement networking activities/ strategies and points of impact within current system by May 2012 Objective 1.3 Strategize points of impact and continue networking/ forum opportunities by December 2012 Implement strategies by May 2013 Objective 1.4 Continue network-sustainable Networking/forums Continue to implement Determine strategies to sustain activities by May 2014	Santa Fe Community College TTAP(Training and Technical Assistance Program) CYFD Child Care Bureau CYFD Licensing Bureau NAEYC Christus St. Vincent CYFD Family Nutrition Bureau (home care providers) Private providers	• Map current infant care system in Santa Fe County. • Map informal infant care network. • Map current regulated network. • Documentation of networking and meetings. • Monthly DOH reports. • Logical partners. • Document actions taken. • Continue to document networking activities. • Document actions taken.
Goal 2: Advocacy for a sustainable infant care network	Objective 2.1 Raise awareness of general issues/concerns within the community by May 2011 Objective 2.2 Advocacy for networking activities by May 2012 Objective 2.3 Advocacy for points of impact by May 2013 Objective 2.4 Advocacy for sustainability (legislative) strategies by May 2014	Santa Fe Community College TTAP(Training and Technical Assistance Program) CYFD Child Care Bureau CYFD Licensing Bureau NAEYC Christus St. Vincent Regional Medical Center CYFD Family Nutrition Bureau (home care providers)	Meeting log updated by council staff and members Document advocacy activities and networking activities Documentation of actions taken. Documentation of networking or expansion of it Documentation of networking around sustainability

Health Priority Two: Strengthening Family Connectedness for Improved Community Health and Child Development (and wellness)

Goals	Objectives	Community Partners/Resources	Health Status Outcomes/Indicators
Goal 1: Strengthen/promote family connectedness in the community (for families with young children) and distribute information through a variety of mechanisms.	Objective 1.1a Identify provider resources and assess need for an electronic information hub by May 2011 Objective 1.1b Assess/revise/distribute Welcome Baby Packets/resource directory/ MCH bulleting listserve Objective 1.2a Network with providers and assess/research mechanisms for electronic information hub by May 2012 Objective 1.2b Assess/revise/distribute Welcome Baby Packets/resource directory/ MCH bulletin listserve Objective 1.3a Implement efficient networking systems/electronic information hub by May 2013 Objective 1.3b Assess/revise/distribute Welcome Baby Packets/resource directory/ MCH bulletin listserve Objective 1.4a Research/investigate expand networking system to include consumers and investigate sustainability of networking system by May 2014 Objective 1.4b Assess/revise/distribute Welcome Baby Packets/resource directory/ MCH bulletin listserve	United Way Resource directory Various providers Christus St. Vincent Regional Medical Center Faith Community Neighborhood Assns. Chamber of Commerce Advocacy groups Youth Provider's Coalition City of Santa Fe Children and Youth Commission State agencies County government City government	Providers meetings. Provider needs assessment Identify other communities that are doing this successfully. Interactive online directory that includes search options. Providers meeting attendance Discussion with County IT dept. Develop BLOG for providers internal use. System created. Troubleshoot/refine. Evaluate system through provider questionnaire. Refined resource directory. Provider survey. Financial sustainability.

Appendix A

Home Visiting Network (18 responses)	Major	Minor	No barriers
Financial Instability	13	1	
Poverty	13		
Substance abuse	11	2	
Family violence	11	2	
Access to health care	10	6	
Teen pregnancy	10	5	
Family isolation	10	4	
Teen dropout rates	9	5	
Infant care(0-2)	8	5	
Child care (3-5)	8	5	
Healthy lifestyle/childhood obesity	8	5	1
Prenatal/infant drug exposure	8	3	
Transportation	7	8	
Father involvement	6	6	1
Home visitation services	3	10	1
Infant mental health	2	10	
Breastfeeding	2	9	2
Lead level exposure		10	1

MCH Council members (5 responses)	Major	Minor	No barriers
Access to Health Care	5		
Infant Care (0-2)	5		
Family Violence	4	1	
Infant mental health	4	1	
Teen Dropout Rates	4	1	
Financial Instability	4	1	
Poverty	4	1	
Transportation	3	2	
Father involvement	3	2	
Healthy Lifestyle/childhood obesity	3	1	
Substance abuse	3	1	
Prenatal/infant drug exposure	3	1	
Child care (3-5)	3		
Teen pregnancy	2	2	
Family isolation	2	2	
Home visitation services	1	3	1
Lead level exposure	1	3	1
Breastfeeding		3	2

Appendix B

Young Fathers Program
Focus Group – December 17, 2008

A group of young fathers (20-25) and one mother participated in a focus group session. Their children ranged in age from prenatal – 8 years old. The main obstacle they face is finding affordable childcare for their children. The mothers stay home or family members take care of their children. They stated childcare is hard to find and it's expensive.

They indicated they would also like more places to take their children similar to the Children's Museum where their children could grow and develop. They agreed that accessing healthcare for themselves and their families wasn't a problem, but there were numerous complaints about the local emergency room. One participant intimated that he dropped his insurance coverage because it was too expensive although his partner and child still have coverage.

This group of fathers didn't think transportation was a problem because all of them have their own cars to get around.

Another concern is the need for better paying jobs because of the high cost of living in Santa Fe.

Some are on a waiting list for public housing and are living with their parents until they can obtain affordable housing for themselves. One participant has been on the waiting list for three years.

They utilize the Santa Fe County Resource Directory that the MCH council distributes in the community but didn't know about home visitation services offered to young families.

Nambe Head Start Program
Head Start and Pre-K Focus Group – January 7, 2009

A group of 25 parents and grandparents participated in a focus group session. Their children ranged from 6 months – 5 years. The majority of the children were 4 years old.

Obstacles they identified in their community were: water quality, child care in general and affordable childcare in particular, access to immunizations and emergency care.

The group indicated that they receive their health care from Espanola, Los Alamos and Santa Fe. A problem one father expressed is the coordinated efforts to transfer medical records between facilities when care is utilized outside their area.

None of them had transportation issues and all indicated that they didn't have problem accessing care for their children.

One parent indicated that local access would be nice for flu shots and routine checkups instead of having to travel to other communities for these services.

Child care is a major barrier; they have to travel to Espanola or Santa Fe to find any kind of child care services. Consequently, most children are cared for by family or friends with no regulation or oversight. One parent claimed she knows of homes where they are caring for more children than they should.

Immunizations are not offered to all kids free of charge. There are some children who don't qualify for Medicaid who aren't being immunized since their parents can't afford it.

Participants in the focus group suggested there is a need for more family services and activities. Examples included a library with a story hour and a public playground.

Water quality was mentioned as a concern because most families who live in the area drink from private wells. One parent felt unsafe well water may affect the health of children in the area.

Emergency room waits continue to be a problem in Santa Fe, Espanola and Los Alamos. One father shared his experience waiting 8+ hours in the emergency room at Christus St. Vincent Hospital. He said the Los Alamos emergency room was a little better than the other two.

The only emergency service they have in Nambe is the fire department where there is a paramedic team. The paramedics are prompt in their response time and consequently folks in the community rely on the fire department to take care of emergency situations in their homes.

Pregnant Teens at SFPS Teen Parent Center
Focus Group – January 8, 2009

A group of five pregnant teens (sophomore – seniors) participated in a focus group session. All of them were due in February and March of 2009.

According to the teens, the service that is hardest to obtain is public housing. None of them have current housing needs because they are living at home but they have heard it's difficult to get public assistance for housing. None of them have applied yet.

Thus far, the teens have experienced few problems with access to prenatal care. One interviewee receives services at La Familia and the other four have private doctors. They don't have any problems with appointments although one girl indicated that her doctor doesn't seem to give her information (ie. doesn't call when results come in or doesn't tell her when something is wrong). She stated that her mother picked the doctor.

All the girls have identified pediatricians they will use for postnatal care.

Transportation is not an issue for these participants.

When asked whether childcare is a concern, the seniors claimed they are going to Santa Fe Community College and will take their baby there. None of them have been put on the waiting list and one indicated that her scholarship will pay for her childcare. Another interviewee stated she won't have childcare issues because her boyfriend's parents will care for the baby since they are retired. One indicated that she will have a family member care for her baby.

All of the girls had insurance or Medicaid to pay for their healthcare except one who has no insurance. This is the same interviewee who receives prenatal services at La Familia.

The Teen Parent Center staff participated informally in the focus group. They explained that as part of their program they train the teens how to navigate the system to find services that support them. Their concern was that the new moms aren't going to be diligent in renewing their children's Medicaid support.

When asked to explain how they found out about the Teen Parent Center, the participants cited: school a counselor, friend that already goes there, WIC referral, etc.

Teen Mothers at SFPS Teen Parent Center
Focus Group – January 8, 2009

A group of eighteen teen mothers participated in a focus group session. Their babies range from month – 3 years old. One of the teen moms has two children.

Most don't have any problems accessing health care or getting transportation to and from appointments. A few said if they need transportation, their parents help them out. None of them use public transportation.

All of their children are enrolled in Medicaid. Either their parents or hospital staff informed them about Medicaid as an option.

The majority of the moms take their babies to Arroyo Chamiso or Camino Entrada. A few others use La Familia or private doctors. They don't have any problems taking their babies to the doctor.

Their primary childcare option is their family. A mom who has a child at Headstart uses her mother or her boyfriend's mother to care for the baby when the Headstart program is closed. Despite their receiving help with childcare from their families, the interviewees felt there is not enough childcare in the community and if they didn't have family to help out, it would be a problem. One mom stated that "You have to know people" in order to find out where one can take one's baby.

When asked what they were going to do with their babies once they leave the Teen Parent Center, none of the girls had thought about it.

When asked about housing, one girl stated that she thought housing was expensive in Santa Fe. Although the staff has encouraged the girls to apply for public housing, none of them have.

Questions for Early Head Start Tierra Contenta
Focus Group January 15, 2009

1. List at least 3 programs/services that would help the health or well being of you and your family. (example: childcare, transportation, help with breastfeeding, counseling services, substance abuse counseling, healthcare, interpretation/translation)

Consejeisa
Interpretacion
Breastfeeding
Childcare (5)
Counseling services (2)
Breastfeeding
WIC (2)
La Familia Medical Center (2)
Women's health clinic (health)
On site physicians and dentists
Transportation (5)
After school care.
Healthcare (2)
Translation (2)
More clinics
More men's help and information about clinics.
PMS Headstart

2. Do you have a hard time trying to <u>find</u> services to help you? If so, what makes it so hard?

No (4)
atencion medican
no aceptan pacientes nuevo
childcare, there aren't enough programs for childcare it took me 2 years to find a place for my daughter to be in.
yes, there's no information about it. No directions.
I did not have a hard time finding services.
Yes, sometimes they give a hard time, trying to explain what do you need in order to help you with your child.
Nat
Yes, there's no information about where to go to do a check up.
Yes, where to look.

3. Which community services have helped the health and well-being of your family the most?

Early head start-Tierra Contenta (3)
Head start (5)
I think Presbyterian Headstart program
Urly gestar (early headstart?)
WIC (2)
Childcare
Women's Health Clinic
San Isidro Church
Low income healthy tomorrows
dental
La Familia

4. Is there anything else you would like to see in our community that you think would help keep you and your family healthy and well?

Otro early head start en santa fe y mejar,
preparacion de maestras para education de los ninos.
Podar ased dpo-le saro(?)
More information that can help families to find proper programs for their needs.
More clinics(2)
More information.
More head starts.
Early head start.
Affordable insurance.
Affordable after care.
Help with paying for aftercare.
I would like to see more activities centers and more information about health.
Un centro de early head start
Nat
Another early head start would be better.
Pre-K
Translation
Counseling for children.

5. How did you find out about the Head Start Program?
   Visitante de casa.
   Por una amiga.(2)
   My sister was in the program a few years ago.
   Referral (friends)
   Our other son attended headstart. I heard about by my social worker at school (SFHS Teen Parent Center)
   A friend told us.
   Por medio de una visitante de casa.
   My fresh por mi amiga
   From friends and family.
   Walk in.
   TV, employee

The group was also asked how old their children were. They ranged from 3 months – 24 year old.
They were then asked where they receive their healthcare. Most go to La Familia and Rodeo Family Medicine. A few go to Women's Health Services and other private doctors.
Most of their children go to Arroyo Chamiso and Camino Entrada with a few that go to La Familia and private doctors.
There was a complaint that it takes at least 3 months to get an appointment at La Familia.