Santa Fe County Health
Action Plan

April 8, 2014

Santa Fe County Community Services Department
Santa Fe County Health Policy and Planning Commission
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I. Executive Summary

The Santa Fe County Health Policy and Planning Commission (HPPC) is charged by the Santa Fe County Board of County Commissioners with recommending health policies, conducting an assessment of the health care needs of County residents, and preparing a health action plan. In 2013, “Santa Fe County in 2013: A Community Health Profile” was completed, sponsored jointly by the HPPC, Santa Fe County Community Services Department, and CHRISTUS St. Vincent Regional Medical Center.

All the problems identified in the Community Health Profile negatively affect the health of County residents. Utilizing the socioeconomic, demographic, and health findings of the Community Health Profile, and following community input and a priority-setting process, the HPPC has prepared this Health Action Plan for the County and the community as a whole.

The HPPC identified overarching issues and also topic-specific health goals. The overarching issues affect all aspects of health in Santa Fe County. They include demographic issues — poverty, disparities by ethnicity, and the growing aging population, and also provider issues — the availability of sufficient workforce to provide health care, the importance of prevention as well as treatment, and the need for greater coordination of services across agencies. These overarching issues must be considered when addressing the more specific health goals.

The HPPC identified six high-priority health goals for the County, and the community as a whole, to pursue during Fiscal Years 2015-2017 (July 2015 through June 2017):

1. Increase enrollment of residents in health insurance
2. Reduce alcohol abuse
3. Reduce drug abuse
4. Reduce low birth weight
5. Reduce suicides
6. Increase consumption of healthy food

The HPPC chose health indicators to measure progress on the goals over time. Recognizing that some actions can be undertaken primarily by the County and others by organizations within the community, the Health Action Plan proposes communitywide actions and sets forth specific actions for County government for each high priority goal.

Many organizations and individuals participated in discussions and meetings and contributed to this Health Action Plan. Thank you to all who participated.
Acknowledgements

Members of the Santa Fe County Health Policy and Planning Commission initiated the process along with staff at Santa Fe County Community Services Department. Several HPPC members generously donated their time to the preparation and completion of the Health Action Plan. The Santa Fe County Board of County Commissioners provided support for the plan and process.

HPPC members and County staff met with many groups, providers and individuals to develop the priorities and actions contained the plan. It is impossible to list everyone by name. As a sample, we have listed in the Appendix those groups and organizations that participated in the large community forum held at Santa Fe Community College, which provides a flavor of the depth of community engagement. The HPPC and County staff look forward to continuing this collaboration throughout the implementation of the plan.

Santa Fe County Health Policy and Planning Commission

Judith Williams, Chair          Bryan Conkling
Kathleen Rowe, Vice Chair      Shirlee Davidson
John Abrams                   Vivian Heye
Bertha Blanchard              Reena Szczepanski
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II. The Health Action Plan

The Santa Fe County Health Policy and Planning Commission (HPPC) is appointed by the Santa Fe County Board of County Commissioners (BCC). The HPPC was established to research and advise the BCC and the Santa Fe County Community Services Department on developments in health care locally and nationally, provide updates on the community health action plan, and obtain input on issues of importance to the community.

The “Santa Fe County in 2013: A Community Health Profile” was sponsored jointly by the Community Services Department, the HPPC, and CHRISTUS St. Vincent Regional Medical Center. The Community Health Profile provides extensive information about the health of County residents and includes a great deal of socioeconomic and demographic data. It is available online at www.santafecountynm.gov.

Utilizing the findings of the Community Health Profile, the HPPC undertook the development of a Health Action Plan for Santa Fe County. The HPPC developed an initial list of problems and a draft set of criteria to select priorities. They then convened a community provider forum at Santa Fe Community College with over 90 participants to discuss the findings of the Community Health Profile and identify major issues and possible approaches. After careful deliberation, the HPPC organized the information and input two categories: overarching issues that affect all aspects of health, and topic-specific goals.

A. Overarching Issues

The overarching issues that affect all aspects of health in Santa Fe County include demographic issues: poverty, ethnic and income disparities, and a growing aging population; and provider issues – the availability of adequate and appropriate manpower, the importance of prevention as well as treatment, and the need for greater coordination of services across agencies. All these overarching issues must be considered when addressing the more topic-specific health goals.

According to national evidence, social and economic factors are the cause of approximately 40 percent of health outcomes. Poverty affects an individual’s ability to afford health insurance, healthy food, and other necessities of life. In Santa Fe County, between 2000 and 2011 the poverty rate increased from 12 to almost 18 percent, and child poverty from 12 to over 25 percent. Raising the minimum wage should help, which Santa Fe County did on February 25, 2014, increasing the minimum wage to $10.66 an hour (the same as the City of Santa Fe).

Disparities in health outcomes are a significant issue. Age-adjusted mortality rates for alcohol-related mortality, diabetes, liver disease, unintentional injury and stroke are all higher among Hispanics than white non-Hispanics. Diabetes and teen pregnancy also show significant racial/ethnic disparities. Hispanic and Native American residents are also less likely to be insured.
The rising population over 65 is another overarching issue. Between now and 2040, the number of County residents over 65 will triple to about 61,000, and will constitute one-third of the County’s population. Veterans comprise 25 percent of this population. Consideration must be given to this aging population as a whole, and to the particular needs of veterans as a group, in addressing the topic-specific goals.

The overarching provider issues were also discussed in the Community Health Profile. Finding a primary care provider was identified as a problem by seniors on Medicare. Also noted as in short supply were mental health and substance abuse providers. The issue of availability of health care providers, along with the importance of prevention as well as treatment and the need for greater coordination of services across agencies and providers, must be considered in developing and implementing actions and measuring progress on any of the health priorities of this health action plan.

B. Priority Goals

The HPPC defined topic-specific goals, based on the problems identified in the Community Health Profile and drawing from the input at the community provider forum, HPPC members, and County Commissioners.

All the problems identified in the Community Health Profile negatively affect individuals and groups in Santa Fe County. Many County and community programs address the goals, but the HPPC believes that working across community stakeholders to maximize impact will require additional, focused effort by the County and community stakeholders. The HPPC recognizes that resources are not adequate among County staff and community stakeholders to mobilize and invest additional resources in all problems thoroughly at the same time.

Therefore, the HPPC developed criteria to select priority Goals:

- Prevalence of an issue (number of persons affected);
- Severity of impact on those affected;
- Community readiness to address;
- Urgency;
- Appropriate for community wide stakeholder engagements (rather than being primarily the responsibility of one organization).

The prioritization process yielded six very high or high priority goals. The most immediate opportunity for making a difference in health outcomes for County residents is provided through the Affordable Care Act and Centennial Care (the new Medicaid program in New Mexico) and other insurance enrollment. Maximizing enrollment in Centennial Care and health insurance generally would positively affect all other priorities in this action plan. Therefore, the HPPC gave increasing enrollment of residents in health insurance a “very high” priority. The other five priorities chosen for this action plan were given a “high” priority.
Starting in July 2014 and continuing through June 2017, County staff is working on the very high and high priority goals, meeting with community stakeholders and collaborative groups to define communitywide actions for this action plan, and working together to implement them. Where feasible, County staff will continue to align existing County programs and develop new ones to maximize the County’s contribution to these priority goals. HPPC members are partnering with County staff in identifying actions.

As resources allow in future years, County staff and HPPC will seek opportunities to address the remaining goals, engage community stakeholders in developing the communitywide actions for the plan, and work together to implement them.

C. Indicators

The HPPC also concluded that it would be valuable to identify and track over time one, or at most two, indicators for each goal, to assess and report progress to the community. These indicators were selected to be standard population-based measures that are easily available from other sources, such as the New Mexico Department of Health (and not requiring special data collection efforts by County staff). For FY 2015-17 priority goals, community stakeholder input has been obtained, and the indicator has been confirmed. For other goals, the indicator is a draft indicator, and will be considered by community stakeholders in future years when the County engages with the community to assess the priorities and consider plans for those goals.

D. Table Summary of Health Action Plan Goals

The table below lists the Health Action Plan Goals and indicators for the six highest-priority goals. Proposed actions to be taken by the community and the County toward reaching each of these goals are detailed in the matrix that follows.
<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>High number of residents without health insurance</td>
<td>Increase enrollment of residents in health insurance</td>
<td>Percentage of residents with health insurance</td>
</tr>
</tbody>
</table>
| Alcohol abuse among adults and youth | Reduce alcohol abuse | Percentage of adults engaging in binge drinking during the past 30 days  
Percentage of youth (6th through 8th grades) using alcohol during the past 30 days |
| Drug abuse among adults and youth | Reduce drug abuse | Rate of deaths due to drug overdose  
Percentage of youth (6th through 8th grades) using illicit drugs during the past 30 days |
| Low birth weight babies | Reduce low birth weight | Percentage of babies weighing less than 2500 grams (about five and a half pounds) |
| Suicide deaths | Reduce suicides | Rate of deaths due to suicide  
Percentage of middle- and high-school students who have seriously thought of killing themselves |
| Lack of healthy food consumption | Increase consumption of healthy food | Percentage of adolescents who consume five or more fruits and vegetables per day  
Percentage of adults who consume five or more fruits and vegetables per day |

Other issues that were deemed medium or low priority, in comparison to the six high priority goals, will be watched and addressed in future years as County resources allow. Some of the lower priority issues may be positively affected by actions on the high priority goals.
To Be Addressed in Future Years, as County Resources Allow

<table>
<thead>
<tr>
<th>Problem</th>
<th>Goal</th>
<th>Proposed indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic violence</td>
<td>Reduce domestic violence</td>
<td>Rate of reported incidence of domestic violence</td>
</tr>
<tr>
<td>Obesity among children and adults</td>
<td>Reduce obesity among children and adults</td>
<td>Percentage of adults with Body Mass Index equal to or over 30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of high school students with Body Mass Index equal to or over 30</td>
</tr>
<tr>
<td>Diabetes</td>
<td>Reduce diabetes</td>
<td>Percentage of adults who have been diagnosed with Type II diabetes</td>
</tr>
<tr>
<td>Teen pregnancy</td>
<td>Reduce pregnancy among adolescent girls</td>
<td>Rate of births to teens 15-17 years old</td>
</tr>
<tr>
<td>Vaccination for preventable diseases</td>
<td>Increase effective vaccination coverage for adults</td>
<td>Percentage of adults who have received flu shot or vaccine in last 12 months</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Percentage of adults over 65 who have had pneumonia vaccination</td>
</tr>
</tbody>
</table>

Note that actions are being taken now on these “future years” goals, by community providers or the County itself or both. For example, the Community Services Department, working with the Department of Health and CHRISTUS St. Vincent, used its mobile health van to give free flu and pneumonia vaccinations across the County, and will continue to do so. For purposes of concentrated effort over the next two years, however, and for strategic use of County resources, this County Health Action Plan focuses on the six highest-priority goals.

F. Connection with Other County Plans

This health action plan, which builds on “Santa Fe County in 2013: A Community Health Profile,” is one of a number of forward-looking initiatives within Santa Fe County government. They include:

- The Food Policy Council, a joint effort of the County and the City of Santa Fe, which has produced a Draft Food Plan, “Planning Santa Fe’s Food Future,” to be finalized in 2014. Many of the communitywide actions in the healthy food consumption section of this health action plan are taken from the Draft Food Plan, which also covers broader areas relating to local agriculture.
- The DWI Planning Council, whose plan has identified specific initiatives to address the alcohol priority goal, working with the Santa Fe Prevention Alliance and others.

- The Santa Fe County Sustainable Growth Management Plan, which includes the goal “Support local food systems and food security.”

- The 2014 Draft Santa Fe County Economic Development Plan, which has sections related to health and wellness and to improving access to healthy food, and indeed states as a goal that “the County should facilitate an environment that produces healthy residents and grants access to care for all who need it.”

County government plays a crucial role in supporting these related initiatives in order to improve the health of County residents.
III. Action Plan for FY 2015-17 Priority Goals

Priority #1. Goal: Increase enrollment of Santa Fe County residents in health insurance

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Proposed Communitywide Actions</th>
<th>County Government Planned Actions</th>
<th>Performance Measures for County Government Planned Actions</th>
</tr>
</thead>
</table>
| Percentage of residents with health insurance (US Census Bureau, American Community Survey) | 1. Develop multi-faceted strategy for disseminating information about Centennial Care/Medicaid and about the New Mexico Health Insurance Exchange (NMHIX) and for facilitating enrollment. Include tracking problems residents encounter and connect with the NMHIX and HSD on resolving them.<br>2. Work with nonprofits and businesses to access health care for their employees.<br>3. Work to compile public information about benefits such as free screenings provided under the Affordable Care Act (ACA) by age, gender.<br>5. Market information through radio, paper, found media, and leaflets made available in community locations.<br>**Partners/Support:** Project Access, FQHCs, CSV, HPPC, MCOs, the courts, Healthy Tomorrows Van, Chamber of Commerce, other business group, businesses, Santa Fe Public Schools, Pojoaque Schools | 1. Partner with Project Access and primary care providers to coordinate outreach and enrollment in Centennial Care/Medicaid and NMHIX.<br>2. Provide information, in both English and Spanish, about enrolling in Medicaid and NMHIX on County website, with links to NMHIX website and locations where primary care providers are doing enrollment.<br>3. Enter contract to do outreach and enrollment in rural Santa Fe County, in both English and Spanish.<br>4. Create information blasts that reach all communities in the County using print and radio, in English and Spanish.<br>5. Utilize Mobile Health Van to disseminate information.<br>6. Increase capacity at County Corrections to enroll inmates into Medicaid prior to their release.<br>7. Train County staff to do Medicaid enrollment and integrate enrollment into DWI process.<br>**Lead:** SFC Community Services Department | 1. The County and its partners have a coordinated approach to enroll people into health insurance or Centennial Care/Medicaid.<br>2. Materials are widely available to County residents on new benefits through the ACA and enrolling in Centennial Care/Medicaid and the NMHIX.<br>3. Increased numbers of people in rural areas are enrolled.<br>4. Increased numbers of people receive information about how to enroll.<br>5. Increased numbers of people receive information through the Mobile Health Van.<br>6. All eligible detainees are enrolled into Medicaid prior to release.<br>7. Increased numbers of people are enrolled in Medicaid.
**Priority #2. Goal: Reduce alcohol abuse**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>Proposed Communitywide Actions</th>
<th>County Government Planned Actions</th>
<th>Performance Measures for County Government Planned Actions</th>
</tr>
</thead>
</table>
| **Percentage of youth using alcohol during the past 30 days (YRRS)**      | 1. Support expansion of Screening, Brief Intervention, and Referral to Treatment (SBIRT) in primary care and hospital settings.  
2. Identify and implement evidence-based practices to reduce alcohol consumption and binge drinking, with attention also to programs for veterans.  
3. Support an increase in alcohol excise tax.  
Partners/Support: County DWI program, Santa Fe Fire Department, Santa Fe Prevention Alliance (SFPA), law enforcement; schools, Probation and Parole, Courts, District Attorney’s Office, Public Defender’s Office, and primary care and treatment providers | 1. Complete the evaluation of the Screening, Brief Intervention, and Referral to Treatment Pilot (SBIRT) and work with community partners to expand SBIRT initiative with DWI offenders.  
3. Support law enforcement in increasing the number of checkpoints and saturation patrols.  
4. Work with SID, SFPD, SFPA and other law enforcement agencies to reduce over-serving and access of alcohol to youth through enforcement operations and improved public awareness.  
5. Increase public awareness campaigns on the consequences of binge drinking and DWI (including audiences who lack experience with the legal or treatment systems such as immigrants and young adults).  
6. Collaborate with treatment providers to increase access to both substance abuse and behavioral health services for DWI offenders.  
7. Collaborate with SFPA to reduce adult and underage drinking and continue to fund evidence-based prevention efforts in schools.  
8. Coordinate underage drinking prevention efforts with Juvenile Probation and Parole by supporting the Restorative Justice Program for youth and working with the Juvenile Court to develop effective family interventions that work to break the generational cycle of abuse.  
*Lead: SFC Community Services Department* | 1. Evaluation completed and use of SBIRT increased, if appropriate.  
2. Continued collaboration to identify and implement alcohol density best practices at the local government level.  
3. Increased checkpoints and saturation patrols.  
4. Increased enforcement of current over-service laws in Santa Fe County  
5. Increased awareness of consequences of binge drinking and DWI.  
7. Collaboration continued and funding provided for evidence-based prevention efforts in schools.  
8. Coordination and support for Restorative Justice Program and development of effective interventions. |
| **Percentage of adults engaging in binge drinking during the past 30 days (BRFSS)** |  |  |  |
## Priority #3. Goal: Reduce drug abuse

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Proposed Communitywide Actions</th>
<th>County Government Planned Actions</th>
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</tr>
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</table>
| Rate of overdose deaths per 100,000 population (DOH Injury and Behavioral Epidemiology Bureau) | 1. Identify strategies to control unauthorized access to highly controlled prescription drugs.  
2. Increase medication assisted treatment capacity for opioid addiction, with attention also to appropriate referrals for veterans.  
3. Train medical and dental providers in best practices for pain management to reduce risk of opioid addiction and diversion, including utilization of the Prescription Monitoring Program and awareness of veterans’ mental health issues.  
4. Advocate for permanent prescription drug disposal options and publicize opportunities to dispose of unused prescription drugs.  
5. Educate the community, including youth and families, about opioid and other drug addiction and overdose deaths including risks, rescue strategies, treatment resources and prevention approaches  
6. Work with Santa Fe Opiate Safe and others to impact HSD policies which restrict the prescribing of Suboxone to certain health care professionals.  
7. Educate the community, including youth, on the limited immunity law (12-12-28 NMSA 1978) and practices to encourage intervention in potential overdose situations. | 1. Increase the number and quality of physicians authorized and trained to prescribe suboxone in the County.  
2. Fund increased capacity to provide medication-assisted treatment in the County.  
3. Convene group to understand current policy on Narcan use and any other evidence-based interventions to reduce deaths from overdose.  
4. Continue to participate in Santa Fe Opiate Safe work group and Law Enforcement and Assistance Diversion Task Force.  
5. Work with County Corrections to develop program for education and distribution of Narcan upon release.  
6. Hold regular drug take back days.  
7. Increase the capacity of the Mobile Health Van to do harm reduction.  
8. Work with law enforcement agencies to install permanent lock boxes for prescription drugs.  
(See also Priority #4 Goal for actions to reduce number of pregnant women addicted to opiates.) | 1. The number of physicians trained to prescribe suboxone increases.  
2. Increased numbers of County residents receive medication-assisted treatment.  
3. Report on expanded use of Narcan in the County.  
4. Awareness, consideration, and support of additional innovative ideas for reducing drug abuse as developed within these two work groups.  
5. A position and program is in place at County Corrections for education and distribution of Narcan upon release.  
6. Participation in drug take back days increases.  
7. Nurse on Mobile Health Van is trained and able to implement harm reduction program in targeted areas.  
8. New permanent lock boxes are installed at two locations in the County. |

<table>
<thead>
<tr>
<th>Percentage of youth using illicit drugs during the past 30 days (YRRS)</th>
<th><strong>Partners/Support:</strong> SFC Community Services Department and S.O.S Work Group, Santa Fe Fire Department; Youthworks and Student Wellness Action Teams, Project LEAD, CSV, behavioral and mental health providers, DOH, pharmacists and law enforcement; Schools.</th>
<th><strong>Lead:</strong> SFC Community Services Department</th>
</tr>
</thead>
</table>

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12 Santa Fe County Health Action Plan
## Priority #4. Goal: Reduce low birth weight

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Proposed Communitywide Actions</th>
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<th>Performance Measures for County Government Planned Actions</th>
</tr>
</thead>
</table>
| Percentage of babies weighing less than 2500 grams (about 5 ½ pounds) | 1. Improve education re: signs of pregnancy and value of prenatal care, including outreach to teens.  
2. Implement programs to decrease smoking among pregnant women.  
3. Include nutritional awareness in prenatal care programs.  
4. Design incentives for the newly pregnant to access prenatal care, including transportation assistance if transportation is a barrier.  
5. Target messages at high-use centers (e.g., WIC, SNAP) to identify those not using prenatal programs.  
7. Clarify MCO policy about how newly enrolled women are linked with prenatal care programs.  
8. Increase dissemination about prenatal care and its availability within MCO networks as women are enrolled into Medicaid.  
9. Screen for and identify opioid use risk in pregnant women.  
10. Fund the development of treatment services for high-risk women and infants.  
11. Urge cooperation of providers most likely to serve pregnant women with opioid use; urge providers to screen for all drug use during pregnancy (including alcohol).  
12. Develop and support initiatives that lead to the overall health of pregnant women. | 1. Support expansion of home visiting services and/or other evidence-based services that address low birth weight in the County.  
2. Disseminate information about current programs and services available for prenatal care across the County.  
3. Fund a community-based program for medication-assisted treatment services for pregnant women addicted to opiates.  
4. Create public awareness campaign and outreach efforts for pregnant women addicted to opiates. | 1. Funding and other support are provided for expansion of home visiting services and/or other evidence-based services that address low birth weight.  
2. Information about current programs and services available for prenatal care is distributed widely across the County.  
3. Medication-assisted treatment services for pregnant women addicted to opiates are funded by Santa Fe County.  
4. Public awareness campaign and outreach efforts are conducted so people are aware that help is available. |

**Partners:** Santa Fe Baby Fund at Santa Fe Community Foundation, MCOs, DOH, Corrections, primary care providers, CSV, faith community, promotoras, schools and colleges

*Lead: SFC Community Services Department*
## Priority #5. Goal: Reduce suicides

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Proposed Communitywide Actions</th>
<th>County Government Planned Actions</th>
<th>Performance Measures for County Government Planned Actions</th>
</tr>
</thead>
</table>
| **Percentage of middle school and high school students who have seriously thought of killing themselves (YRRS)** | 1. Increase enrollment in health care insurance for those with mental health issues.  
2. Develop and fund crisis psychiatric services in Santa Fe County.  
3. Complete a needs assessment regarding the need for mental health services amongst Santa Fe County’s growing geriatric population.  
4. Increase screening for mental health issues in schools within Santa Fe County, with immediate response.  
5. Train health care providers on how to conduct suicide assessments, with attention also to the needs of veterans.  
6. Assess post suicide intervention supportive responses in Santa Fe County.  

*Partners/Support: Presbyterian Medical Services, Santa Fe County Fire Department, CSV, Life Link, Santa Fe Recovery Center, SFPS, Public Defenders Office, NAMI, La Familia Advocacy groups such as Center for Law and Poverty and/or Voices for Children* | 1. Work to increase enrollment in Centennial Care/Medicaid for those with mental health issues.  
2. Incorporate mental health screening into Mobile Health van activities.  
3. Develop a resource guide for mental health services in Santa Fe County.  
4. Hold a joint depression screening day with CHRISTUS St. Vincent.  
5. Work with Corrections to increase resources for discharge planning.  
6. Work with the courts, DAs, Public Defenders, jail staff, providers and others to insure access to a continuum of care.  
7. Coordinate with local behavioral health collaborative.  
8. Promote planned activities for Mental Health Awareness Month.  
9. Increase access to state and local suicide hotline call-in numbers throughout the County.  

*Lead: SFC Community Services Department* | 1. All detainees are enrolled in Medicaid prior to their release from the County jail.  
2. Increased depression screening and appropriate referral is provided through the Mobile Health Van.  
3. Finalization of a resource guide for mental health services in Santa Fe County.  
4. At least one screening day is held jointly each year.  
5. Re-entry specialist at Corrections is funded.  
6. Continue participation in the work group “It Takes a Village” and consider recommendations emerging from this group.  
7. Increased coordination with behavioral health collaborative.  
8. Well-publicized and well-attended activities are conducted during Mental Health Awareness Month.  
9. Publication of suicide hotline call-in numbers in resource directories and via other outreach, in both English and Spanish. |
### Priority #6. Goal: Increase consumption of healthy food

<table>
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<tr>
<th>Indicator</th>
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</table>
| Percentage of adolescents who consume 5 or more fruits and vegetables a day (BRFSS) | 1. Complete “Planning Santa Fe’s Food Future” (Santa Fe Food Policy Council).  
2. Improve elders’ ability to access fresh nutritious food at senior centers and when shopping for affordable food, including education on food assistance programs.  
3. Provide free or subsidized meals to students, the homeless, the low-income.  
4. Increase public awareness of food assistance programs, including SNAP and Santa Fe Farmers Market “Double Days.”  
5. Empower the community with tools to ensure a reliable supply of healthy foods, including integrating emergency preparedness and aligning public transportation routes with food outlets.  
6. Support Farm to School activities in local schools and establish school procurement systems that increase the availability of local food.  
7. Increase number of public elementary schools instituting recess before lunch, which improves intake of school meals.  
8. Engage the community to support the regional food economy, including campaign to buy locally, education on GMO, and developing food and agriculture business resource guides.  
9. Promote the benefits of breastfeeding to pregnant women.  
9. Increase accessibility, availability, affordability and identification of healthy foods including provision of full-service grocery stores, farmers markets (including increasing the number of vendors at Southside Farmers Market), mobile vending carts, and restaurant initiatives.  
*Partners/Support: Santa Fe Food Policy Council, Project REACH, and school, government, and nonprofit partners identified in “Planning Santa Fe’s Food Future.”* | 1. Along with the City, provide funding for the Food Policy Council.  
2. Support state legislation for New Mexico grown fresh fruits and vegetables for school meals, and advocate for state funding.  
3. Provide free or subsidized meals to seniors, both to homebound and at senior centers.  
4. Provide education on nutrition to seniors.  
5. Integrate fresh food into meals provided at SFC senior centers.  
*Lead: SFC Community Services Department, Senior Services Division*  
*SFC Growth Management Department, strategies under Goal 15 of the Santa Fe County Sustainable Growth Management Plan, “Support local food systems and food security.”* | 1. Annual County budget includes funds for Food Policy Council.  
2. BCC resolution is passed in support of New Mexico grown fresh fruits and vegetables for school meals, and County advocates for Legislative funding.  
3. The number of meals delivered to homebound seniors via senior program increases from 28,000 to 32,000. The number of congregate meals served at senior centers increases from 28,000 to 35,500.  
4. Nutrition education is provided quarterly at all seven senior centers.  
5. 70 percent of produce served through senior centers is fresh (with frozen used primarily when fresh is not available or practical).  
6. Community gardens at Eldorado and at Edgewood provide fresh produce for seniors. |
IV. Planned Next Steps

The Health Action Plan, together with *Santa Fe County in 2013: A Community Health Profile*, is responsive to the mandate to the HPPC from the Board of County Commissioners to assess the needs of County residents, update County health plans and obtain input from the community. Progress will be assessed and reported to the BCC and the community.

The HPPC and County staff will work together in the future to complete the following:

1. County staff will focus on the County government planned actions listed for each of the priority goals. Some of these actions already are underway.

2. The progress on each priority goal will be reviewed annually, including status of the indicator and the action plan. This annual review will occur in collaboration with community partners and other community stakeholders, soliciting input from those invested in a goal on areas that have gone well and opportunities for improvement in the next year. The review process will include discussion of the overarching issues in relation to the goal.

3. The relative priority of goals will be assessed annually, based on current information, to determine if reprioritization of goals is needed.

4. A Community Health Report Card will be produced annually, to include for each priority goal a brief summary of the status of the indicator, accomplishments, and plans for the next year by the County and other key community stakeholders and collaborative groups.

5. Future action plans will be considered, based on the annual assessment and the availability of resources.

6. As initiatives within the Plan’s priorities are developed, County staff and the HPPC will report regularly to the Board of County Commissioners on projects, collaborations and agreements.
V. Appendices

Appendix 1. Data Sources and Abbreviations

For more on data sources and health indicators generally, see “Santa Fe County in 2013: A Community Health Profile”. The Community Health Profile is available online at the Santa Fe County website, at www.santafecountynm.gov.

Behavioral Risk Factor Surveillance System Survey (BRFSS), U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau
New Mexico Birth Certificate Database, Office of Vital Records and Statistics
New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau
US Census Bureau, American Community Survey
Youth Risk and Resiliency Survey (YRRS)

Appendix 2. Organizations Attending June 2013 Community Provider Forum

AARP
Area Agency on Aging
Blue Cross/Blue Shield (Centennial Care)
Care Connection
CHRISTUS St. Vincent Emergency Services
City of Santa Fe Fire Department — Ambulance
City of Santa Fe Youth and Family Services
City of Santa Fe Senior Services
DOH Public Health Services for Santa Fe County
DOH Substance Abuse
DWI Program, Santa Fe County
El Centro Family Health, Espanola
Espanola Hospital
Espanola Hospital — Ambulance
Esperanza Shelter for Battered Families
Farm to Table
First Choice Community Health Care, Edgewood
Food Depot
Health Care for The Homeless
Hoy Recovery Program
Indian Health Service Hospital
Interfaith Community Shelter
Juvenile Justice Advisory Board
Kitchen Angels
La Familia Medical Center
Las Cumbres Community Services - Infant Mental Health
Life Link
Literacy Volunteers of Santa Fe
Los Alamos Medical Center
Maternal and Child Health Planning Council
Millennium Treatment
Molina Healthcare of New Mexico (Centennial Care)
NM Association for Home and Hospice Care
NM Coalition To End Homelessness
NM Nurses Association
NM Poison and Drug Information Center
NM School for the Deaf