Human Services Committee Strategic Action Plan Update 2025 – 2029

Equitable access for the people of Santa Fe to a happy, healthy, safe, and thriving life.

Updated: November 2024

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Executive Summary

The Human Services Committee (HSC or Committee) is pleased to present an updated Strategic Action Plan 2025 – 2028. In this action plan, the Committee confirms four (4) priority areas of focus with the intent to improve the health and social determinant status of Santa Fe residents.

The HSC was formed by Governing Body Resolution in 1987 and is charged by the City of Santa Fe Ordinance (2016) to advise and recommend health and human service policies, assess and advocate for human service needs, coordinate resources to maximize cost-effectiveness, evaluate local human service programs, provide technical assistance to programs, and make funding recommendations to the Governing Body to support nonprofit organizations that provide and maintain a safety net of services to meet the essential health and human service needs of individuals age 18 and over who reside in Santa Fe.

The Committee receives 2% of the gross receipts tax (GRT) and administers the Human Services Fund awarded to local nonprofits through a three-year funding cycle at approximately $1.2 million annually. The funding amount varies due to GRT fluctuations. The Committee works in partnership with the Youth and Family Services Division staff liaison to effectively describe, plan, coordinate, sustain, and improve health and human services in Santa Fe.

In 2018, the Human Services Committee adopted the Results-Based Accountability (RBA) methodology to develop a strategic framework that identifies funding priorities and related health and social determinant indicators for community health improvement. The Human Services Committee gathered information on critical community health status and inequities identified through qualitative and quantitative data, needs assessments and information gathering.

The Results-Based Accountability Framework identifies the desired *results in mind* for the HSC four key priority areas:

- **ADULT HEALTH**
- **BEHAVIORAL HEALTH**
- **COMMUNITY SAFETY**
- **EQUITABLE SOCIETY**

Vision

1. People in Santa Fe are healthy.
2. Santa Fe is a safe community.
3. Santa Fe has a fair, just and equitable society.
4. People in Santa Fe achieve their full potential.

Mission

To build and strengthen community capacity to address the most critical community health and wellness needs and to improve outcomes for adults and families throughout Santa Fe.

Result in Mind

The Human Services Committee has identified the following result-in-mind as a central focus to leverage the 2025 - 2028 action steps: Equitable access for the people of Santa Fe to a happy, healthy, safe, and thriving life.

Guiding Principles

- ○ Implementing rigorous, thoughtful grant-making focused on our identified priority areas and reducing health disparities in the City of Santa Fe.

- ○ Providing technical assistance to help organizations expand their capacity to have a greater impact and to demonstrate their contribution to improving health outcomes and reduce health disparities.

- ○ Partnering with other funders to leverage and maximize resources and to have a greater collective impact for the people of Santa Fe.

- ○ Keeping current on the health and human service needs of our community.

- ○ Promoting policies that benefit the health, safety and wellness of residents throughout the City, especially those most vulnerable and who lack equitable access to opportunities and resources

Committee Members

Chair	Tres Hunter Schnell, MSW	Retired- NM Department of Health Policy and Accountability ~~Division~~ Director
Vice Chair	Michal Anne Pepper, PhD	Licensed Psychologist
Member	Karen Baldwin	Back Road Pizza Assistant General Manager
Member	Katherine Ortega Courtney, PhD	Anna, Eight Institute for the Data-driven Prevention of Childhood Trauma Co-Director
Member	Emily Haozous, PhD, RN, FAAN	Pacific Institute for Research and Evaluation Research Scientist
Member	Jennifer Romero, MSW	Santa Fe County Community Services Deputy Director
Member	Kathleen Tunney, MA	CHRISTUS St. Vincent Community Health Manager

Acknowledgements

Results-Based Accountability Framework

The Results-Based Accountability and Strategic Planning framework offers a cohesive set of priorities, indicators, expected results, and strategies to turn a curve or achieve a result. Below is a brief description of the RBA framework (www.ClearImpact.com):

The End-Result (Conditions of result / impact in community)
- The end-result for HSC key priority areas

Priority Indicators
- County, State, and National indicators that help quantify the achievement/ end result. Indicators in each of the priority areas at the county, state and national levels that help quantify the achievement of the desired end results.

Programs/Services that propose strategies and related performance measures to improve indicators
- These are the services/ programs offered to address the need, make a collective impact, and turn the curve to improve outcomes and ultimately the conditions that lead to the end results HSC has identified.

Performance Measures
- Performance measures are developed by each grantee, with assistance from a data and evaluation consultant, according to their contracted services and programs being implemented. The performance measures capture process and performance measures the grantee is accountable to report on. The grantee's performance measures are designed to show program-level progress, while contributing to the overall priority indicator the grantee selected during their application process.

End-Result in Mind: Equitable access for the people of Santa Fe to a happy, healthy, safe, and thriving life.

Expected Results by Priority Area and Indicator

Goals by Priority Area	Expected Results	Priority Indicators
Improve Adult Health	- Reduce risk factors for heart disease, cancer, and diabetes - Improve diabetes prevention and control *Improve maternal health* - Reduce risk factors for falls among adults age 65+	% of diabetes deaths % of diabetes diagnosis % of obesity – adults % of persons without health insurance (under age 65) *% of women receiving prenatal care in first trimester* - Rate of fall-related deaths & hospitalizations (among adults age 65+)
Improve Behavioral Health	- Reduce risk factors for deaths of despair (suicide, overdose, substance-related injury) - Improve opportunities to promote mental well-being - Increase access to behavioral health services	% of adults with frequent mental distress % of suicide deaths % of alcohol-related deaths % of drug-overdose deaths
Improve Community Safety	- Reduce domestic violence *Reduce gun-related violence* *Increase pedestrian safety*	- Rate of domestic violence - Rate of firearm Injury and death - Rate of pedestrian death
Strengthen Equitable Society	- Increase access to affordable housing - Increase access to emergency and transitional housing - Increase access to parenting support - Increase access to food - Increase access to transportation - Increase literacy - Increase access to workforce development - Increase access to legal support for vulnerable populations	- Rate of homelessness for NM % unemployment % food insecure % adults age 25+ with high school diploma % adults age 25+ with bachelor's degree or higher

Disparity Caveat

There are numerous disparities across all facets of living conditions in Santa Fe. The Human Services Committee is committed to identifying specific disparities and influencing factors, which prevent individuals from thriving. The Committee is dedicated to removing these barriers to improve health and wellness, and to close the gap in social and health inequities impacting the people of Santa Fe.

Emerging Priorities and Unmet Needs

The Human Services Committee awarded funds to sixteen (16) non-profit community-based organizations for fiscal years 2023 - 2025. Of those, thirteen (13) of the grantees were funded to provide navigation services. Navigation services are provided by navigators who receive referrals via a closed loop referral management system and link people to services and resources in the community based on the responses provided on Social Needs screenings. Navigators provide invaluable services and, in the process, gain important insights into chronic and emerging health and well-being trends relevant to individuals being served in Santa Fe. These observations, along with other data, are utilized by Human Services Committee members to inform future indicators and policy recommendations. The Human Services Committee greatly values these insights and the work of the navigators to serve those facing myriad challenges.

The following represents input provided by navigators during a September 2024 CONNECT Navigation meeting:

Emerging/ Unmet Needs:
- Affordable housing
- Transitional housing
- Homelessness
- Transportation
- Affordable childcare
- Aging/elderly population and services/resources (guardianship, food, transportation)
- Staffing shortages
- Employment assistance
- Behavioral health support
- Practical education
- Animal care
- Expanding demographics - greater need for more services and space

Type of Support Needed:
- Financial support /funding
- Employee retention – living wages, housing
- More funding for Medicaid waivers
- Employment resources
- Education on available resources

Improved Conditions/Outcomes:
- Stronger network/greater collaboration
- Cash assistance
- Food resources
- Substance Use Disorder awareness and harm reduction practices

Funded Services

Human Services Committee (HSC) grantees began three-year contracts in July 2022 that will continue through June 2025. The funding is intended to provide safety net services to meet essential health and human service needs, and navigation services to link people with those services.

Grantees implement programming that falls under safety net services, and/or navigation services.

- **Safety Net Services:** Grantees will provide services or offer programming (i.e., parenting skills, access to healthy foods, behavioral health, health education, affordable housing, emergency/transitional housing, domestic violence shelter/support) for adults age 18+ in Santa Fe. The end goal is to ensure residents are receiving the services they are lacking.

- **Navigation Services:** Grantees will be a part of the CONNECT network and will assist individuals in accessing social systems (i.e., housing, food, transportation, utilities, trauma care, health insurance, etc.). Navigators will make referrals based on completed screenings. The end goal is to identify unmet health and social needs to achieve the HSC End-in-Mind result for all individuals who reside in Santa Fe.

	FY23 **July 2022- June 2023**	**FY24** **July 2023-June 2024**
Safety Net*	52,639**	51,506**
Navigation	1,067	1,256
Totals	53,706	52,765

*Some grantees report numbers served for their entire organization and others report only those served with city funds.

**The Food Depot reports over 40,000 individuals served, thus comprising the majority of those served with safety net services.

Improving Indicators Per Priority Area and Achieving the HSC End-Result

PRIORITY AREAS	HSC - POPULATION LEVEL PRIORITIES	FY23-FY25 HSC Grantee
ADULT HEALTH	- Diabetes Deaths and Diagnosis - Obesity Prevalence - Fruit and Vegetable Consumption	1. La Familia Medical Center – Diabetes prevention 2. The Birthing Tree – Prenatal/Postnatal Care + Fruit/Veggies
BEHAVIORAL HEALTH	- Frequent Mental Distress - Suicide Deaths - Alcohol-Related Death - Drug Overdose Death	3. Solace – Navigation and advocacy 4. The Life Link – Navigation and treatment
COMMUNITY SAFETY	- Fall-Related Deaths & Hospitalizations - Homelessness - Domestic Violence	5. Coming Home Connection – Navigation and caregiving 6. Esperanza – Shelter and navigation 7. Interfaith – Navigation, shelter, basic needs 8. New Mexico Immigrant Law Center – Navigation and advocacy/legal support 9. St Elizabeth Shelter – Navigation and basic needs
EQUITABLE SOCIETY	- Unemployment - Food Insecure Households % of adults age 25+ with Post-Secondary Education - Households with Broadband - Households with Computers	10. Fathers New Mexico – Parenting support 11. Kitchen Angels – Navigation and meal delivery 12. Las Cumbres – Navigation and support 13. Literacy Volunteers – Basic literacy and workforce dev 14. Santa Fe Dreamers – Legal support 15. The Food Depot – Navigation and food provision 16. YouthWorks – Navigation and employment

Turning the Curve

Below are recommended strategies that are shown to turn the curve toward improving HSC priority indicators.

HSC PRIORITY	IMPROVE ADULT HEALTH
INDICATORS	**heart disease death rate** **diabetes death rate** **% of obesity in adults (18+)** **cancer death rate** **% receiving prenatal care in first trimester** **% with recommended physical activity** **% who report consuming two or more fruits + three or more vegetables daily** **fall-related death rate (age 65+)** **% of persons without health insurance (ages 18-64)**
EXPECTED BETTER OFF RESULTS	*WHAT WORKS* STRATEGIES
Reduce Risk Factors for Heart Disease, Cancer, and Diabetes	Increase number of public health programs to increase healthy behaviors (decrease tobacco use, improve nutrition, increase physical activity, reduce drug and alcohol use)
Improve Diabetes Prevention and Control	Improve A1C levels in residents with diabetes
Improve Maternal Health	Prevent pregnancy complications and maternal deaths and improve women's (people's) health before, during, and after pregnancy. (https://health.gov/healthypeople/objectives-and-data/browse-objectives/pregnancy-and-childbirth)
Increase Health Knowledge	Collaborate with higher education and libraries to increase access to and understanding of health information
Improve Safety in the Home	Reduce fall risk for residents aged 62 or older: conduct medication assessment; improve physical conditioning; promote use of sensible shoes; remove home hazards; improve lighting in living space; and encourage use of assistive devices
Increase number of residents with health insurance	Provide insurance enrollment support for uninsured residents ages 18+

HSC PRIORITY	IMPROVE BEHAVIORAL HEALTH
INDICATORS	% current depression (past 2 weeks) % of adults with frequent mental distress - suicide death rate % binge drinking adults (past 30 days) - alcohol-related death rate - drug-overdose death rate % of untreated adults with mental illness
EXPECTED BETTER OFF RESULTS	***WHAT WORKS* STRATEGIES**
Reduce Risk Factors for Deaths of Despair	Increase access to behavioral and mental health care services Increase number of integrated behavioral health services in community-based organizations
Reduce Risk Factors for Deaths of Despair	Increase protective factors by reducing access to lethal means (enforce red flag laws, firearm locks)
Reduce Risk Factors for Deaths of Despair	Increase access to substance and alcohol misuse treatment and services (Trauma Informed Care, Motivational Interviewing, Detox, Suboxone, Narcan access)
Reduce Risk Factors for Deaths of Despair	Increase gatekeeper training to prevent suicide injury and death
Improve Health and Wellbeing of Young Adults	Collaborate (non-profit and profit organizations) to increase screening and referral to community behavioral health resources. (https://www.ncbi.nlm.nih.gov/books/NBK284781/)
HSC PRIORITY	IMPROVE COMMUNITY SAFETY
INDICATORS	- domestic violence rate - firearm injury death rate - firearm injuries rate - pedestrian death rate
EXPECTED BETTER OFF RESULTS	***WHAT WORKS* STRATEGIES**

Reduce the incidence of interpersonal and community violence	Collaborate with Santa Fe County to increase violence prevention strategies
Increase intimate partner violence risk reduction and prevention programs	Increase access to Healthy Relationship programs for couples experiencing conflict resulting in violence. (Skills such as empowerment, communication, conflict resolution, active listening)
Reduce firearm injury and death	Improve secure storage of firearms, such as in a safe or lock box to prevent unauthorized access and use of firearms, including by children and those at risk for harming themselves or others.
Reduce firearm injury and death	Collaborate with law enforcement and the courts to utilize New Mexico's extreme risk firearm protection order law
Reduce firearm injury and death	Reduce community firearm violence by implementing interventions that focus on a small number of individuals caught in cycles of violence.
Improve pedestrian safety on city trails and roadways	Improve safe behaviors of bicycle riders and pedestrians on city trails; Improve motorist observance of crosswalks; discourage illegal road crossings by pedestrians
HSC PRIORITY	**STRENGTHEN EQUITABLE SOCIETY**
INDICATORS	**homelessness rate** **number of unhoused/unsheltered** **% unemployed** **% food Insecure** **% adults age 25+ high school graduate (includes equivalency)** **% adults age 25+ with bachelor's degree or higher**
EXPECTED BETTER OFF RESULTS	***WHAT WORKS* STRATEGIES**
Increase Affordable Housing	Recommend to City of Santa Fe Governing Body to reinstate Affordable Housing Policy without *fee in lieu of* for developers

Increase Affordable Housing	Increase number of affordable rentals to reduce cost burden for residents aged 62 or older (City of Santa Fe Five Year Affordable Housing Strategic Plan, Draft: 05.07.2024 – pg. 35)
Increase Affordable Housing	Increase number of affordable rentals to reduce cost burden for female headed households (City of Santa Fe Five Year Affordable Housing Strategic Plan, Draft: 05.07.2024 – pg. 35)
Increase Affordable Housing	Increase number of micro community units with transition to independence program (https://santafenm.gov/news/safe-outdoor-spaces-pilot-project-approved)
Increase access to parenting supports	Improve access to affordable childcare
Increase access to parenting supports	Improve access to supportive services for young parents
Increase access to nutritional food	Increase access to nutritional food for food insecure households
Increase access to reliable transportation	Improve access to citywide affordable public transportation
Increase access to legal services for vulnerable populations	Improve access to legal services for undocumented residents
Increase access to literacy services for vulnerable populations	Improve access to literacy services
Increase access to workforce development	Improve access to affordable training and education programs that assist with job application and preparation

CONNECT:
A City of Santa Fe + Santa Fe County Partnership

PARTNERSHIP
In November 2020 the City of Santa Fe and Santa Fe County formalized their partnership and shared vision through a memorandum of agreement to partner on CONNECT ensuring that all residents in Santa Fe are connected to critical services and resources to improve their health and wellbeing.

PURPOSE
CONNECT is a network of navigators at clinics, community service organizations, and city and county programs that link people to the services and resources they need to address social determinants of health.

SHARED VISION
All Santa Fe City and County residents regardless of income have access to high quality health care and are linked to the resources they need for health and well-being.

SHARED GOALS
- Residents and providers collectively identify problems and co-create solutions.
- Navigators link individuals to resources within a cohesive provider network.
- Social, economic, and physical environmental resources are available to all individuals.
- Information systems are coordinated, and data is evaluated to improve services and population health, while reducing health care costs.
- Non-medical needs such as secure housing, utilities, reliable transportation, nutritious food, and safe physical and social environments are key to health and well-being.

Through CONNECT, the City of Santa Fe and Santa Fe County work with community partners to break down communication and funding silos and foster relationships between health and social service providers as well as those between individuals seeking assistance and the navigators who guide them through the system. These relationships are the essence of CONNECT.

APPENDIX 1- Priority Indicator Matrix

This table outlines county level priority indicators selected by the Committee in 2018 that were updated in 2021 and again in 2024. The table presents a comparison of Santa Fe County to the State of New Mexico and the US, where available.

Indicators	Santa Fe	NM	US
Adult Health			
Heart disease deaths[i] BVRHS - 2022 Santa Fe & NM, US CDC 2021, Rate per 100,000	117.9	149.4	173.8
Diabetes deaths[ii] BVRHS - Santa Fe & NM 2022, U.S. 2020, Rate per 100,000	19.8	30.0	24.8
Obesity among adults[iii] BRFSS - Santa Fe 2022, NM & US 2023	22.9%	35.3%	34.3%
Cancer deaths[iv] BVRHS 2022, Rate per 100,000	114.1	123.3	156.6
% receiving prenatal care in first trimester[v] BVRHS 2022	63.0%	64.9%	77.0%
Recommended physical activity[vi] BRFSS - Santa Fe 2015, 2017, 2019, NM & US 2023 *150 minutes of aerobic physical activity per week	65.7%	61.6%	59.9%
Adults who reported consuming two or more fruits and three or more vegetables daily BRFSS 2021	--	6.2%	7.4%
Persons without health insurance (under age 65) American Community Survey 2020-2023 [vii]	12%	11.1%	9.5%
Fall-Related deaths (among adults age 65+) [viii] BVRHS – 2022, Rate per 100,000	43.8	66.7	70.8
Behavioral Health	Santa Fe	NM	US
% Current depression (past 2 weeks) [ix] BRFSS – 2022	20.1%	23.0%	22.0%
% Adults with frequent mental distress[x] % reporting their mental health was not good 14 or more days in the 30 days, BRFSS - 2022	13.7%	15.9%	15.8%
Suicide deaths[xi] BVRHS - Santa Fe County & NM 2022, US 2021, Rate per 100,000	24.1	24.2	14.1
% Binge drinking adults (past 30 days) [xii] BRFSS - Santa Fe County 2022, NM & US 2023	12.0%	12.5%	15.2%
Alcohol-Related deaths[xiii] BVRHS - Santa Fe County & NM 2022, US 2021 Rate per 100,000	79.1	93.8	47.9
Drug-Overdose deaths[xiv] BVRHS - Santa Fe County & NM 2022, US 2021, Rate per 100,000	50.5	49.0	33.6
Untreated adults with mental illness[xv] Mental Health America (MHA), 2023	- -	46.4%	54.7%

Indicators	Santa Fe	NM	US
Community Safety	**Santa Fe**	**NM**	**US**
Domestic violence[i] Rate per 1,000 NM Interpersonal Violence Data Central Repository - SF & NM 2021, US -National Crime Victimization Survey 2018-2022	5.0	10.0	4.9
Firearm injury death[ii] BVRHS, NM & US 2021/ Santa Fe 2017-2021, Rate per 100,000	17.8	27.0	14.6
Firearm injuries[iii] Emergency Department Admissions Syndromic Surveillance Data, 2022, Rate per 10,000	2.8	7.3	--
Pedestrian deaths[iv] NHTSA FARS 2003, Rate per 100,000	--	4.4	2.3
Equitable Society	**Santa Fe**	**NM**	**US**
Homelessness [v] HUD 2023, Rate per 10,000	--	18	20
Number of unhoused/unsheltered[vi] New Mexico Coalition to End Homelessness, Point In Time Count 2024, U.S. Annual Homeless Assessment 2023	--	4649	653,100
% Unemployed[vii] New Mexico Department of Workforce Solutions – Aug. 2024	4.0%	4.5%	4.2%
% Food insecure[viii] Feeding America Meal Gap Report 2022	12.2%	15.2%	13.5%
% Of adults age 25+ high school graduate (includes equivalency) [ix] U.S. Census ACS 2018-2022	21.0%	25.9%	26.4%
% Of adults age 25+ with bachelor's degree or higher[x] U.S. Census ACS 2018-2022	42.2%	29.1%	34.2%

[i] Domestic Violence - New Mexico Department of Health, Incidence and Nature of Domestic Violence In New Mexico XX: An Analysis of 2021 Data From The New Mexico Interpersonal Violence Data Central Repository. Rates per 1000 in Santa Fe County Compared to Domestic Violence Rate in New Mexico, 2017-2021. Data Sources: Repository from statewide law enforcement agencies, service provider agencies, and district and magistrate courts, which demonstrate the prevalence of domestic violence in New Mexico; US – Bureau of Justice Statistics, National Crime Victimization Survey, 2018-2022 https://bjs.ojp.gov/document/cv22.pdf   Retrieved   from: https://nmcsap.org/wp-content/uploads/DV_Report_2021_Betty_Caponera_dec22web.pdf in December 2023.

 [ii] Firearm Death – New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Death certificate information. The firearm death rate is defined as the number of deaths attributed to firearm injury per 100,000 population, age-adjusted to the U.S. 2000 standard population. Firearm deaths were defined by underlying cause of death based on the International Classification of Diseases, version 10 (ICD-10) codes. NM & US: https://ibis.doh.nm.gov/indicator/view/InjuryFirearmDeath.Year.NM_US.html on   October   3,   2024.   Santa   Fe   County   data   (2017-2021)   retrieved   from https://ibis.doh.nm.gov/indicator/view/InjuryFirearmDeath.Cnty.html on October 4, 2024.

[iii] Firearm Injury – New Mexico Department of Health, Syndromic Surveillance Emergency Department Data. (2022). Only includes visits to the Emergency Department (ED) and only data from non-federal facilities (No HIS or VA). Syndromes are based upon free text searches of the chief complaint field (what the patient says they're in the ED for) and discharge

diagnosis (clinical findings). These were developed and tested by CDC. Data were provided by NM DOH epidemiologist Nora.Holzinger@dog.nm.gov on September 19, 2023.

[iv] Pedestrian Deaths – National Highway Traffic Safety Administration (NHTSA) of the U.S. Department of Transportation (DOT), Fatality Analysis Reporting System (FARS). (2003). The FARS database collects information on fatal vehicle crashes in the United States. Numbers retrieved from https://www-fars.nhtsa.dot.gov/States/StatesCrashesAndAllVictims.aspx on September 27, 2024. Rates per 100,000 by state retrieved from https://www-fars.nhtsa.dot.gov/States/StatesPedestrians.aspx on September 27, 2024.

[v] Homelessness – HUD Annual Homeless Assessment Report (2023) Point-in-Time estimates by State and CoC 2007-2023 This report outlines the key findings of the Point-In-Time (PIT) count and Housing Inventory Count (HIC) conducted in January 2023. Specifically, this report provides 2023 national, state, and CoC-level PIT and HIC estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth. New Mexico data retrieved from New Mexico Coalition to End Homelessness (2024) Point In Time Count, The Point-In-Time (PIT) count is the annual process of identifying and counting individuals and families experiencing sheltered and unsheltered homelessness within a community on a single night in January, as outlined and defined by the U.S. Housing and Urban Development Department (HUD). 2024 HIC and PIT Count of Homeless Persons: Data Submission Guidance (hudexchange.info). US. Data retrieved from https://www.huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html on September 23, 2024

[vi] Number of Unhoused / Unsheltered – HUD Annual Homeless Assessment Report (2023) Point-in-Time estimates by State and CoC 2007-2023 This report outlines the key findings of the Point-In-Time (PIT) count and Housing Inventory Count (HIC) conducted in January 2023. Specifically, this report provides 2023 national, state, and CoC-level PIT and HIC estimates of homelessness, as well as estimates of chronically homeless persons, homeless veterans, and homeless children and youth. New Mexico data retrieved from New Mexico Coalition to End Homelessness (2024) Point In Time Count, The Point-In-Time (PIT) count is the annual process of identifying and counting individuals and families experiencing sheltered and unsheltered homelessness within a community on a single night in January, as outlined and defined by the U.S. Housing and Urban Development Department (HUD). The count includes the following components: **Sheltered Count** is the count of people experiencing homelessness who are sheltered in emergency shelter or transitional housing on a single night; **Unsheltered Count** uses surveys and street outreach to account for individuals and families experiencing unsheltered homelessness on the night of the count; and **Housing Inventory Count (HIC)** an inventory of provider programs within a CoC that provides a total number of beds and units dedicated to serving people experiencing homelessness, and, for permanent housing projects, individuals who were homeless at entry, per the HUD homeless definition . The HIC counts beds in four Program Types: Emergency Shelter; Transitional Housing; Rapid Re-Housing; and Permanent Supportive Housing. 2024 HIC and PIT Count of Homeless Persons: Data Submission Guidance (hudexchange.info). US. Data retrieved from https://www.huduser.gov/portal/datasets/ahar/2023-ahar-part-1-pit-estimates-of-homelessness-in-the-us.html on September 23, 2024

[vii] Unemployed - New Mexico Department of Workforce Solutions. (2024). The percentage of people in the labor force who are unemployed. People are classified as unemployed if they do not have a job, have actively looked for work in the prior 4 weeks, and are currently available for work. Retrieved from https://www.dws.state.nm.us/en-us/Researchers/Data/Labor-Force-Unemployment on September 29, 2024.

[viii] Food Insecurity – Feeding America, Map the Meal Gap (2023). Food insecurity is defined by the United States Department of Agriculture as the lack of access, at times, to enough food for an active, healthy life. Food insecurity is associated with numerous adverse social and health outcomes and is increasingly considered a critical public health issue. Key drivers of food insecurity include unemployment, poverty, and income shocks, which can prevent adequate access to food. Data Source: U.S. Census Bureau Current Population Survey and the U.S. Department of Agriculture Economic Research Service. Prevalence by Santa Fe County, New Mexico, and US. Retrieved from https://map.feedingamerica.org/county/2022/overall on September 28, 2024.

[ix] High School Graduation - U.S. Census Bureau. (2022). Data Source: 1) U.S. Census Bureau, 2022 American Community Survey 5-Year Estimates. https://factfinder.census.gov. American Community Survey population estimates are the calculated number of people living in an area as of a specified point in time, usually July 1st. The estimated population is calculated using a component of change model that incorporates information on natural increase (births, deaths) and net migration (net domestic migration, net international migration) that has occurred in an area since the latest decennial census. Definition: Adults age 25+ whose highest education is high school graduate (includes equivalency).

Retrieved from: https://data.census.gov/table/ACSST5Y2022.S1501?q=education%20US&g=040XX00US35 September 2024.

[x] Bachelor's Degree or Higher - U.S. Census Bureau. (2022). American Community Survey 5-Year Estimates. https://factfinder.census.gov. American Community Survey population estimates are the calculated number of people living in an area as of a specified point in time, usually July 1st. The estimated population is calculated using a component of change model that incorporates information on natural increase (births, deaths) and net migration (net domestic migration, net international migration) that has occurred in an area since the latest decennial census. Definition: Adults age 25+ with bachelor's degree or higher.

Retrieved from: https://data.census.gov/table/ACSST5Y2022.S1501?q=education%20US&g=040XX00US35 on September 23, 2024.

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[i] Heart Disease Deaths - New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Deaths per 100,000 Population, age-adjusted to the U.S. 2000 standard population, deaths associated with ICD10: I00-I09, I13, I20-I51. ICD Stands for International Classification of Diseases. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. The U.S. is currently using the 10th revision (ICD-10). For lists of ICD codes used in NM-IBIS, please visit [http:/resource/ICDCodes.htmll].

Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health (https://www.nmhealth.org/about/erd/bvrhs/vrp/) 2) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program (http://gps.unm.edu/) 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov). Retrieved from https://ibis.doh.nm.gov/query/result/mort/MortCnty/AgeRate.html on September 18, 2024.

[ii] Diabetes Deaths – New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Deaths per 100,000 population, age-adjusted to the U.S. 2000 standard population, deaths associated with ICD10: E10-E14. ICD Stands for International Classification of Diseases. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. The U.S. is currently using the 10th revision (ICD-10). For lists of ICD codes used in NM-IBIS, please visit [http:/resource/ICDCodes.htmll].

Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health (https://www.nmhealth.org/about/erd/bvrhs/vrp/) 2) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program (http://gps.unm.edu/) 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

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[iii] Obesity Among Adults - Behavioral Risk Factor Surveillance System (BRFSS). (2022 and 2023). Weight classification by Body Mass Index (BMI) (variable calculated from one or more BRFSS questions) Response: % of adults with a BMI 30.0 - 99.8 (obese) using self-reported height and weight. Data Sources: 1) Santa Fe County: PLACES. Centers for Disease Control and Prevention (https://www.cdc.gov/places); 2) NM & US: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. (https://www.cdc.gov/brfss/brfssprevalence). Retrieved from https://places.cdc.gov/?view=county&locationIds=35049 on September 26, 2024.

[iv] Cancer Deaths – New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Deaths per 100,000 population, age-adjusted to the U.S. 2000 standard population, deaths associated with ICD10: C00-C97. ICD Stands for International Classification of Diseases. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. The U.S. is currently using the 10th revision (ICD-10). For lists of ICD codes used in NM-IBIS, please visit [http:/resource/ICDCodes.htmll].

Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health (https://www.nmhealth.org/about/erd/bvrhs/vrp/) 2) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program (http://gps.unm.edu/) 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

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[v] Prenatal Care in the First Trimester - New Mexico Data: Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health (https://www.nmhealth.org/about/erd/bvrhs/vrp/) National Data: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov) US (2022) Retrieved from https://www.cdc.gov/nchs/data/nvsr/nvsr73/nvsr73-02.pdf on September 26, 2024. Santa Fe County data retrieved from https://ibis.doh.nm.gov/query/result/birth/BirthCntyPNC/PNCTri1.html

On September 27, 2024. Data from 2018-2022 for New Mexico provided by epidemiologist Leela Battula at NM DOH <Leela.Battula@doh.nm.gov>

[vi] Adults with Recommended Physical Activity - Behavioral Risk Factor Surveillance System (BRFSS). (2015, 2017, 2019 and 2023). Percent of adults who self-report participating in 150 minutes or more of aerobic physical activity per week (variable calculated from one or more BRFSS questions) Response: Yes. Retrieved from: 1) Santa Fe County: Adults with Recommended Physical Activity by County, New Mexico, 2015, 2017, 2019. (https://ibis.doh.nm.gov/indicator/view/PhysicalActAdult.Cnty.html) on September 25, 2024, 2) NM & US: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. BRFSS Prevalence & Trends Data [online]. 2015. (https://www.cdc.gov/brfss/brfssprevalence) on September 25, 2024.

[vii] Persons without health insurance (under age 65) - US Census Bureau, Quick Facts. (2020-2023). Percent of persons without health insurance, under age 65. Data sources: US, Current Population Survey, Annual Social and Economic Supplement (CPS ASEC); State level, American Community Survey (ACS), one-year estimates; County level, The Small Area Health Insurance Estimates (SAHIE), one-year estimates; Sub-county level, Cities, towns and census designated places; ACS, five-year estimates. The Census Bureau produces health insurance data from three surveys and one model-based program. Retrieved from: https://www.census.gov/quickfacts/fact/table/santafecountynewmexico,NM,US/PST045219x , accessed September 25, 2024.

[viii] Fall-related Unintentional Injury Death Among Adults 65+ Years of Age (2022). New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (https://www.nmhealth.org/about/erd/bvrhs/vrp/), 2) Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov), 3) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. (http://gps.unm.edu/). 1990-2019 data retrieved from: https://ibis.doh.nm.gov/indicator/view/InjuryFallsDeath.Year.NM_US.html. 2021-2024 data were prepared by NMHealth Office and Injury and Violence Prevention Epidemiology Unit. For any questions about this data, please email tosin.ogunmayowa@doh.nm.gov.

[ix] Current Depression – Behavioral Risk Factor Surveillance System (BRFSS). (2022). Percentage of adults who reported ever being told by a health professional that they have a depressive disorder, including depression, major depression, minor depression or dysthymia. Retrieved from: 1) Santa Fe County: PLACES. Centers for Disease Control and Prevention (https://www.cdc.gov/places); NM & US: America's Health Rankings analysis of CDC, Behavioral Risk Factor Surveillance System, United Health Foundation, AmericasHealthRankings.org, (https://www.americashealthrankings.org/explore/measures/Depression_a), accessed on September 25, 2024

[x] Frequent Mental Distress – Behavioral Risk Factor Surveillance System Survey (BRFSS) Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. (2022). Percentage of NM residents 18 years or older experiencing "Frequent Mental Distress", defined as answering 14 days or more to the question, "Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health NOT good. Santa Fe and U.S. data retrieved from CDC PLACES https://places.cdc.gov/?view=county&locationIds=35049 on September 25, 2024.
NM data retrieved from America's Health Rankings https://www.americashealthrankings.org/explore/states/NM on September 25, 2024.

[xi] Suicide Deaths - New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Deaths per 100,000 population, age-adjusted to the U.S. 2000 standard population, deaths associated with ICD10: X60-X84, Y87.0, *U03. ICD Stands for International Classification of Diseases. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. The U.S. is currently using the 10th revision (ICD-10). For lists of ICD codes used in NM-IBIS, please visit [http:/resource/ICDCodes.htmll].

Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health (https://www.nmhealth.org/about/erd/bvrhs/vrp/) 2) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program (http://gps.unm.edu/) 3) U.S. Data Source: Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov).

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[xii] Binge Drinking - Behavioral Risk Factor Surveillance System Survey (BRFSS) Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. (2022). Definition: Adults age 18+, Binge drinking is a pattern of alcohol consumption that brings the blood alcohol concentration (BAC) level to 0.08% or above. This pattern of drinking usually corresponds to 5 or more drinks on a single occasion for men or 4 or more drinks

on a single occasion for women, generally within about 2 hours. BRFSS Question: *Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (for men) or 4 or more (for women) on any occasion?* Data Sources: CDC PLACES, Santa Fe and U.S. data retrieved from https://places.cdc.gov/?view=county&locationIds=35049 on September 27, 2024. New Mexico data retrieved from BRFSS Prevalence & Trends Data retrieved from: https://www.cdc.gov/brfss/brfssprevalence/ on September 25, 2024.

[xiii] Alcohol-related Deaths - New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Deaths per 100,000 population, age-adjusted to the U.S. 2000 standard population. Alcohol-related death is defined as the total number of deaths attributed to alcohol per 100,000 population, age-adjusted to the U.S 2000 Standard Population. The alcohol-related death rates reported here are based on definitions and alcohol-attributable fractions from the CDC's Alcohol-Related Disease Impact (ARDI) website http://apps.nccd.cdc.gov/ardi/Homepage.aspx. Data Sources: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (https://www.nmhealth.org/about/erd/bvrhs/vrp/); 2) Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov); 3) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. (http://gps.unm.edu/) Retrieved from https://ibis.doh.nm.gov/query/result/mort/MortCnty/AgeRate.html on September 23, 2024

[xiv] Drug Overdose Deaths – New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (2022). Deaths per 100,000 population, age-adjusted to the U.S. 2000 standard population. Drug overdose death is defined as the number of deaths caused by drug overdose per 100,000 population, age-adjusted. Drug overdose deaths are those in which drug overdose is the primary cause, whether unintentional or intentional. Data Sources: 1) New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health. (https://www.nmhealth.org/about/erd/bvrhs/vrp/), 2) Centers for Disease Control and Prevention, National Center for Health Statistics, CDC WONDER Online Database (http://wonder.cdc.gov), 3) New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program. (http://gps.unm.edu/) Retrieved from https://ibis.doh.nm.gov/query/result/mort/MortCnty/AgeRate.html on September 23, 2024

[xv] Untreated Adults with Mental Illness. Mental Health America. (2023). Adults with any mental illness who did not receive treatment. Data Source: All of the data presented in the MHA State and County Dashboard is collected through the MHA Online Screening Program, a collection of 11 free, anonymous, confidential, and clinically validated screens that are among the most commonly used mental health screening tools in clinical settings. Retrieved from: https://mhanational.org/issues/2023/mental-health-america-adult-data#six on September 25, 2024.