



Agenda

DATE 4/21/16 TIME 2:07 PM
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HOSPITAL AND HEALTHCARE STUDY GROUP
500 Market Street, Suite 200

Roundhouse Room
Thursday, April 28, 2016
6:00 pm – 8:00 pm

- I. PROCEDURES
 - A. Welcome
 - B. Introductions of Committee (as needed)
 - C. Approval of Minutes – March 8, 2016
 - D. Approval of Agenda
- II. INFORMATIONAL ITEM(S)
 - A. Presentation on the 2013 Healthcare Assessment for Santa Fe County
- III. DISCUSSION
 - A. Public Forums – Topics and Schedule
 - i. National Landscape and Affordable Care Act – Date?
 - ii. State of the Hospital – Date?
 - iii. Other(s)?
 - B. Formation of Working Groups
 - i. Workforce/Talent Development Retention
 - ii. Access to Services and Affordability
 - iii. Public Health and Wellness Literacy
 - iv. Other(s)?
- IV. ITEMS FROM THE CHAIR
- V. ITEMS FROM THE COMMITTEE
- VI. ITEMS FROM THE PUBLIC
- VII. NEXT MEETING DATE - TBD
- VIII. ADJOURN

Persons with disabilities in need of accommodations, contact the City Clerk's Office at 955-6520, five (5) working days prior to meeting date.

**SUMMARY OF ACTION
HOSPITAL AND HEALTHCARE STUDY GROUP
SANTA FE CONVENTION CENTER, PERALTA ROOM
Thursday, April 28, 2016, 6:00 pm**

<u>ITEM</u>	<u>ACTION</u>	<u>PAGE</u>
WELCOME AND CALL TO ORDER		1
ROLL CALL	NO QUORUM	1-2
APPROVAL OF MINUTES March 8, 2016	NO ACTION	2
APPROVAL OF AGENDA	NO ACTION	2
<u>INFORMATIONAL ITEMS</u>		
PRESENTATION ON THE 2016 HEALTHCARE ASSESSMENT UPDATE	INFORMATION/DISCUSSION	2-5
<u>DISCUSSION</u>		
PUBLIC FORUMS	INFORMATION/DISCUSSION	6-9
FORMATION OF WORKING GROUPS	TABLED	9
ITEMS FROM THE CHAIR	TABLED	10
ITEMS FROM THE COMMITTEE	TABLED	10
ITEMS FROM THE PUBLIC	TABLED	10
NEXT MEETING DATE	TBA	10
ADJOURNED	ADJOURNED	10

**HOSPITAL AND HEALTHCARE STUDY GROUP
SANTA FE CONVENTION CENTER
PERALTA ROOM
Tuesday, April 28, 2016**

I. PROCEDURES

A. WELCOME

The meeting of the Hospital and Healthcare Study Group was called to order by Chair David Coss at 6:00 pm, on Tuesday, April 28, 2016, at the Santa Fe Convention Center, Peralta Room, Santa Fe, New Mexico.

Chair Coss said he will try to keep to the 8:00 pm ending for the meeting. Christus will be doing a presentation of their update of the Needs Assessment that they did with the County.

B. ROLL CALL

MEMBERS PRESENT

David Coss, Chair
John Beeson, MD
Councilor Peter Ives
Diane Spencer
David Delgado
Jay P. Jolly
Louise M. Able, MD
Sharon Argenbright
Kathy Armijo Etre, PhD
Rev. Holly Beaumont, PhD
Cleo Fowler
Lily Love, MD
Ann S. Fullerton
(Five Vacancies)

MEMBERS ABSENT

Earl Potter, Vice Chair, Excused
Lynore M. Martínez, MD
Former Councilor Patti Bushee
Mary Angel Martínez
Charlotte Roybal
Terrie Rodriguez
Rudy Blea
Judith K Williams, PhD
Patricia A. Boies
Robert D. DiAmbrosia, MD
Carolyn Roberts, MSN, RN

A quorum was not established.

OTHERS PRESENT

Marisol Atkins
Karen Ebler
Gillian Corcoran

Heidi Smith
Danna Varela
Angelo Valencia
Anna Hansen
Kate Nobel, Housing and Economic Development
Elizabeth Martin, Stenographer

C. APPROVAL OF MINUTES

March 8, 2016

A quorum was not achieved, therefore there was no action taken.

D. APPROVAL OF AGENDA

A quorum was not achieved, therefore there was no action taken.

II. INFORMATIONAL ITEM(S)

A. PRESENTATION ON THE 2016 HEALTHCARE ASSESSMENT UPDATE

Ms. Etre will give the presentation. She introduced her consultant, Marisol Atkins, and a team of students from the Masters in Health Administration at the University of New Mexico who were part of the process. Ms. Atkins introduced herself.

Ms. Etre presented her slide presentation and said the final report will be completed at the end of June. The final approval will be in September. The presentation and data sheets are incorporated herewith into these minutes as Exhibit "1".

Ms. Atkins presented the data.

Rev. Beaumont asked how long is this presentation.

Chair Coss said an hour and a half.

Chair Coss said we will move through the data and have questions at the end.

Dr. Able said some numbers are hard to interpret due to the culture and populations in each county.

Mr. Delgado said the Medicaid cuts are a \$400 million problem. The State

problem is over \$4 million. The match is 4 to 1.

Ms. Etre said she was interested in hearing how this data shows up in everyone's life.

Rev. Beaumont said she suggests the remaining time be open to any questions we have instead of being assigned a response.

Rev. Beaumont asked will the power point be available on line with slides. She would like to have access to it. Particularly the slide showing how some nonprofits are increasingly dependent on Christus.

Ms. Etre said nonprofits are not increasingly dependent on Christus. We formed a group of funders to look at how we are spending our money in this community. We are collecting data on who is funding what and for what purpose and what it is like to complete applications for all the funding sources.

Rev. Beaumont asked where can she get access.

Chair Coss said it will be part of the minutes.

Chair Coss said he wants more discussion on public forums, but we have some time for questions.

Dr. Able said people need jobs and housing. We can't fix their health. They have no job or money or place to live. She sees in her practice patients losing their jobs and struggling financially.

Ms. Etre said on the southside people have three jobs.

Dr. Able said it goes back to we need employment.

Ms. Argenbright said we have a lot of ways to save money but she would like to talk about the impact of the Medicaid cuts. If we are not meeting the alcohol, drug abuse and overdose now these stats in New Mexico will get worse.

Ms. Fowler said for clarification you said there are 19% uninsured. We have non citizens. What about that 10%. If we could get the rest of those people insured, what about those 14,000 people.

Ms. Fowler said those who are eligible. 9.5% are not citizens. 10% are potentially insurable.

Ms. Etre said that is a great point. Those who do not qualify except for the health insurance exchange with limited plans with huge copays.

Ms Fowler asked are these people who have not had the chance to be brought into the insurance system.

Mr. Jolly said 42% of who we serve are insured. 52% are at or less than poverty level. The high copay point is well taken. The plan acts like being uninsured but the people can't afford the insurance premiums.

Ms. Fowler said people below the poverty level are Medicaid recipients.

Mr. Jolly said we provide care at a nominal fee for people at that level. That gets stretched thin because of the number of people.

Ms. Fowler asked is the fact that they have Medicaid increase your income and allow you to serve more people.

Mr. Jolly said could be. We used to have a higher percentage then Medicaid eligibility went up and we saw patients leave because they had choices.

Dr. Beeson said what worries him is that funding has been stable but is going to change drastically in the next 14 to 18 months. Due to the numbers of people on Medicaid they will have to cut services.

Mr. Delgado said even with existing HSD suggestions they can only come up with \$230 million. It will be a different landscape of uncertainty. Everyone is being aggressive to understand their position in getting Medicaid. Outreach programs are trying to capture that group. It is to everyones best interest to get people insured.

Ms. Hansen asked why is the percentage so high in Agua Fria Village Is it a high percentage of undocumented.

Ms. Etre said yes and the highest concentration of poverty, uninsured, single headed households and kids not reading at grade level. The worst of everything shows up there.

Ms. Atkins said this study was done in 2013 by the neighborhoods.

Ms. Hansen said there are no resources there, shopping for food and other things that contribute to this.

Ms. Etre said yes, poverty is the bottom line. The Airport Road area is still considered a food desert. It is poverty in Agua Fria Village. We saw people struggling on Sunday when we did our focus group. People are working two or three jobs to make a living.

Dr. Beeson said he is concerned about the age distribution and how it shifts over the next 15 years. He thinks Santa Fe will be one of the oldest cities, age wise, in the nation. We don't have many senior programs here. Medical care is expensive. It will take intense focus to be ready for that.

Ms. Etre said Open Hands used to have program. They closed 5 years ago and there has been no replacement.

Dr. Beeson said it is surprising to see that we have twice the number of falls in our elderly population here than the average in New Mexico.

Chair Coss said thank you for the data and information. It looks like we need to focus on behavioral health and getting people insured. He agrees with the Doctor, until we turn our economy around the population will get older and older due to no jobs here. We are seeing 4 years of government abandoning their people. It is a national shame that we passed healthcare reform but to get the last 4 votes we had to exclude the undocumented. You see National, State, City and County government making a balanced budget and practicing austerity. As long as that is what they all do it will get worse. Santa Fe may be able to put money into this, maybe Las Cruces and Albuquerque, but most of New Mexico can't do that. We are facing increasing poverty and we are being abandoned by our governments and told to figure it out at a local level. We better start focusing the most on behavioral health. That is what dings the hospital and City budget. Crimes, emergency room visits and abusive patterns. When you look at this data the thought that you are an immigrant you can't get healthcare is deplorable. They have free helthcare in Europe. This county needs to catch up. We are so scarred to raise taxes on anyone so we walk away from Medicaid money. We need to repeal the Richardson tax cuts for the rich.

Rev. Beaumont said the system is dependent on healthcare jobs. In advocacy work this is a depressing time. It is not like there have been any ah ha moments. It is the Baby in the River parable. We are talking about how many band-aids we can put on instead of taking a better look. We have jumped in this Titanic that austerity is the answer to all our problems when in fact it is causing us more problems. Transportation and housing take a big chunk. Regarding wages we have the highest minimum wage in the state. It is not being enforced. There are a lot of things we can do to address economic despair. To get a business license or have it renewed they have to address things. We are lax about that in Santa Fe. There are things we can do but she is sitting here wondering how this became the subject for this Committee.

Ms. Fowler said she appreciated the information and all the work that has gone into it. She would like to move to the agenda to address things.

Chair Coss said thank you. Even without a quorum will have minutes and discussion.

III. DISCUSSION

A. PUBIC FORUMS - TOPICS AND SCHEDULE

Chair Coss said at the last meeting we settled on the national landscape and the Affordable Care Act. Councilor Ives volunteered to chair the working group.

Councilor Ives said he would be happy to coordinate a public forum on that.

Ms. Fowler said she thinks that with the complexity of the national landscape and Affordable Care Act we cannot have a forum on that but could have a working group. It is beyond the scope of having this group address it.

Chair Coss said we can set it aside for now.

Chair Coss said the other one was the state of the hospital.

Ms. Fowler said we could have a public forum on that. We can have both the hospital and the union do a presentation and have people comment.

Chair Coss said he agrees. It would be best if the union and the hospital picked a date and planned a forum. The City will help with the venue and advertising. We can work together to put it on.

Ms. Etre asked what do you envision that to be.

Dr. Able said soliciting information on what the community needs.

Ms. Etre asked shouldn't Presbyterian be part of the conversation.

Dr. Able said they are not a hospital yet.

Ms. Etre said they are planning to be.

Dr. Able said she was sure they would do that. They had a public forum last Friday that she went to at the Community College. They presented their plans for a new hospital.

Chair Coss said his concern is that Presbyterian is going to build a hospital but Presbyterian is not here yet and they don't have a workforce. No one has been to Presbyterian hospital. What can they say about it at the forum. Here is a hospital with a unionized workforce that is stepping up.

Mr. Delgado said these are interesting comments. He thinks the Chair's issue on the labor force is a real issue that people want to talk about. Should Presbyterian come address that question. It is a fair question. Is that the right forum. Regarding the state of the hospital, we need an agenda and a structure for it. Hopefully we will not get into a point, counter point and will talk about what is going on at the host. Before that forum we need a structure on how the meeting will be conducted.

Ms. Fowler said people don't want to come and hear a presentation. Maybe have opening remarks. Her view of a public forum is to get comments from the people. Allow the public to have their say.

Mr. Delgado said getting direct comments is helpful. We talked about health education related to the community. You could possibly accomplish both. Allow the host to talk about what they are doing and get comments on that. It is not overly productive to just say what do you think of the hospital. We need a balance in there. If it is called the state of the hospital, the hospital needs to provide information.

Rev. Beaumont said it is really important to differentiate between St. Vincent and Christus, which is an out of state organization and the second largest employer in Santa Fe. It has had an impact on the workforce. It does not have anything to do with Presbyterian coming in. It has to do with how they are treating their workforce, their patient care and the health of the community.

Chair Coss said that would be part of the opportunity created.

Mr. Delgado said to give you an example of how more information would be more helpful, Christus Health does not own the hospital. This is an example of where better education of the community would be important. Employee and labor issues should be talked about with what the hospital is doing in those areas as well.

Ms. Fowler said some of the structural issues could be worked out in a smaller session. One of the problems is calling it a public forum and not getting input from public. They will leave. Lets work out the details in a smaller format.

Chair Coss said he would like the union and the hospital and any other members of the Committee who want to be involved in this to become a subgroup and work on dates and structure, then report back to this Committee. Earl is attending a funeral in New York. He could convene it with you Cleo. This is a key piece we have wanted for a couple of years now.

Dr. Beeson said he wants to understand the issue you want to bring forward. He is worried that the main public forum is related to the hospital. The hospital is a small piece of what is happening. We need to do outreach and make sure the community understands what the problems are. There are far larger issues outside the hospital. He hopes we can do one that is broader.

Councilor Ives said that is a good suggestion. It makes sense. The notion of access and affordability are great topics to take input on. His inclination is to say establish working groups to lay out the format before the forum and it would be more productive. Another one is what is the proper role for public/private cooperation on healthcare. The upper end funders are meeting to coordinate funding. That is significant. It might be that some real dollars will be put into finding solutions.

Ms. Argenbright said nurse retention is near and dear to her heart. She has been a nurse educator for years and would like a subgroup on nurse retention and could report on it at the next meeting.

Chair Coss said sure.

Ms. Fowler said back to community forums. Our Resolution states that we have to have 4 community forums. In the meantime we can figure out what our other forums will be and list the forums. She hates to put off any further movement because we are already almost in May.

Chair Coss said let's get started with a group to work on one.

Ms. Hansen said she hopes you will move them to communities who will attend and reach out to underserved communities to include them.

Rev. Beaumont said she has mixed feelings about that. If you are going to spend an evening telling the underserved how underserved they are, that is not appropriate. The people who need to get pressed on this are the decision makers. She would welcome a forum where we invite as many legislators as possible and rub their noses in the reality due to the decisions they have made.

Chair Coss said this group can work out a good forum.

Ms. Spencer said she agrees with a lot of things. The first community forum is an elephant in the room and it is the hospital. We should be hearing from the people effected. The first forum should be the state of the hospital and how it effects you. Go to those areas and see how they are affected. This group can do some fairly immediate improvements to patient care in a short amount of time.

Mr. Delgado said we have met a couple of times. The first couple of meetings expanded into all the things we need to address. Now he hears the real reason this group was put together was the hospital. That was not his understanding of this group. Secondly 4 community meetings are what was intended. When we talked about this a year and a half ago it was 4 community meetings. There was a very specific intention of this study group.

Ms. Spencer said propose a date for the first community forum and in the meantime a smaller group of us meet in 2 weeks and talk about how it will develop.

Councilor Ives said fundamentally he agrees with Dave. The purpose of this gathering is not to address the hospital and the union. It is the broader context of health care. This was never why this was formed.

Dr. Able said let's talk more about other forums. Maybe promoting jobs, the root cause.

Councilor Ives said various working groups could be looking at issues that forums would be built around. Healthcare is one of the 3 pillars of the Santa Fe economy. It is everything, not the hospital.

Ms. Spencer said it is not about the hospital and the workforce it is about patient care.

Chair Coss said he was going to adjourn the meeting. We are already past our 8:00 pm time. We will continue this discussion at the next meeting. The rest of the agenda will be added to our next agenda and hopefully we will have a quorum.

Adjourned 8:13 pm

i. NATIONAL LANDSCAPE AND AFFORDABLE CARE ACT - DATE?

Discussed above.

ii. STATE OF THE HOSPITAL - DATE?

Discussed above.

iii. OTHER

Discussed above.

B. FORMATION OF WORKING GROUPS

Tabled to the next meeting.

i. WORKFORCE/TALENT DEVELOPMENT RETENTION

ii. ACCESS TO SERVICES AND AFFORDABILITY

iii. PUBLIC HEALTH AND WELLNESS LITERACY

iv. OTHER

IV. ITEMS FROM THE CHAIR

Tabled to the next meeting.

V. ITEMS FROM THE COMMITTEE

Tabled to the next meeting.

VI. ITEMS FROM THE PUBLIC

Tabled to the next meeting.

VII. NEXT MEETING DATE - TBA

VIII. ADJOURN

The meeting was adjourned at 8:15 pm.



David Coss, Chair

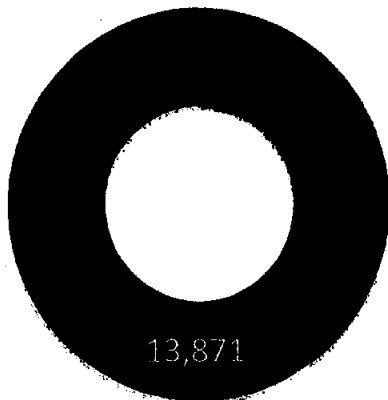


Elizabeth Martin, Stenographer

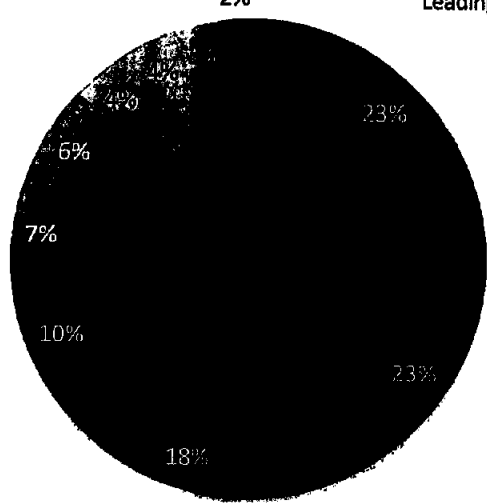
SANTA FE COUNTY DEMOGRAPHICS

Indicator	Data	Notes																		
<div>Total Santa Fe County population 2014: 147,515</div>	<div>Santa Fe County Population by Age</div> <table><thead><tr><th>Age Group</th><th>Percentage</th></tr></thead><tbody><tr><td>Birth to 17</td><td>22%</td></tr><tr><td>18 - 24 years</td><td>7%</td></tr><tr><td>25 - 34 years</td><td>11%</td></tr><tr><td>35 - 44 years</td><td>12%</td></tr><tr><td>45 - 54 years</td><td>15%</td></tr><tr><td>55 - 64 years</td><td>17%</td></tr><tr><td>64 - 74 years</td><td>10%</td></tr><tr><td>75 + years</td><td>6%</td></tr></tbody></table> <td></td>	Age Group	Percentage	Birth to 17	22%	18 - 24 years	7%	25 - 34 years	11%	35 - 44 years	12%	45 - 54 years	15%	55 - 64 years	17%	64 - 74 years	10%	75 + years	6%	
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<div>Senior Population</div> <div>Santa Fe's 65+ population projected to be 26% of total pop. by 2030</div>	<div>New Mexico Population Distribution by Age 2000 and Projected 2030</div> <p>Source: U.S. Census Bureau Research & Polling, Inc.</p> <td></td>																			
<div>Race/ Ethnicity</div>	<div>% of total population by race/ethnicity</div> <table><thead><tr><th>Race/Ethnicity</th><th>Percentage</th></tr></thead><tbody><tr><td>Hispanic</td><td>50.8</td></tr><tr><td>White</td><td>44.5</td></tr><tr><td>American Indian or Alaska Native</td><td>2.5</td></tr><tr><td>Asian or Pacific Islander</td><td>1.3</td></tr><tr><td>Black or African American</td><td>0.9</td></tr></tbody></table> <td></td>	Race/Ethnicity	Percentage	Hispanic	50.8	White	44.5	American Indian or Alaska Native	2.5	Asian or Pacific Islander	1.3	Black or African American	0.9							
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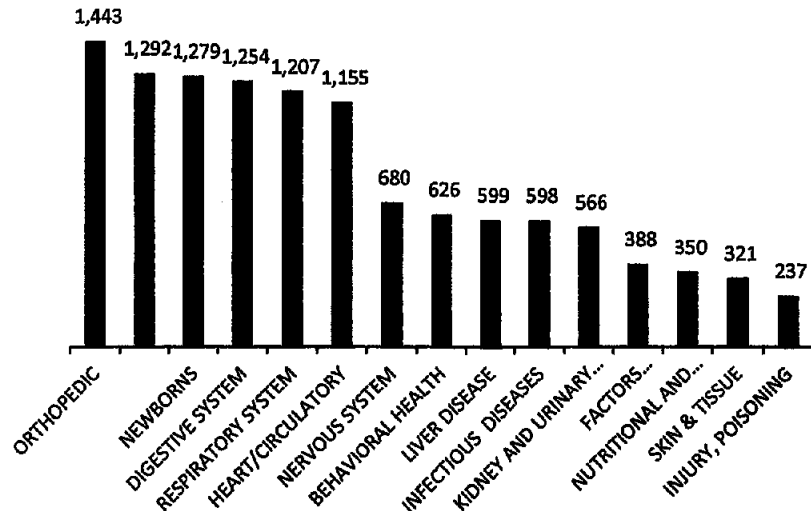
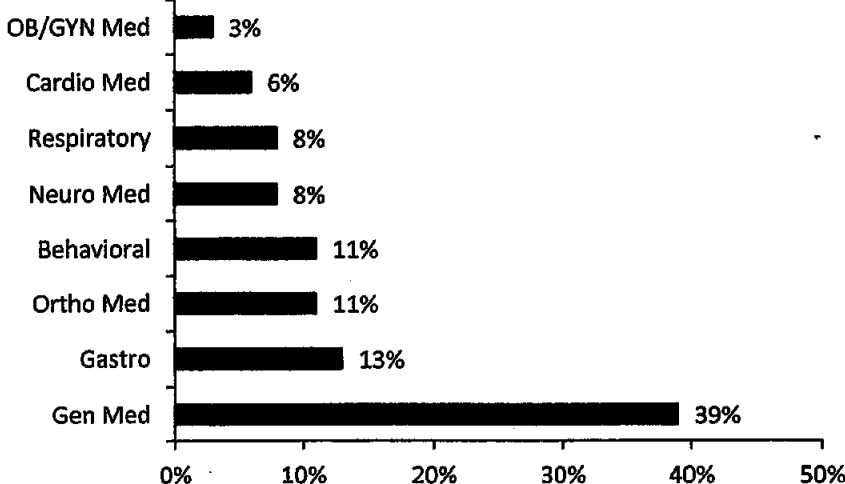
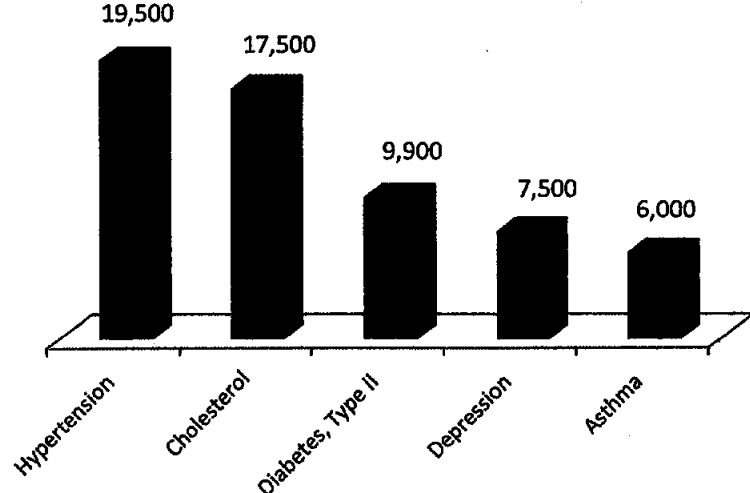
SANTA FE COUNTY DEMOGRAPHICS

Indicator	Data	Notes																		
Foreign Born Population	<div>Foreign Born Population Santa Fe County Total: 18,741</div> <div></div> <div>■ Naturalized U.S. Citizen ■ Not a U.S. Citizen</div>																			
Poverty	<div><div>Income</div><div>Poverty</div></div> <div><div>Median Household Income 2014: ■ Santa Fe Co: \$52,958 ■ U.S.: \$53,657 ■ New Mexico \$44,803</div><div>24,475 individuals of the total population. (16.7%) ■ 2,315 under the age of 5 (28.2%) ■ 5,113 ages 5-17 (23.5%) ■ 2,023 ages 65 + (8.4%)</div></div>																			
Federal Poverty Guidelines	<div>The following table describes the 2015 guidelines for poverty level based on specific family size:</div> <table><tr><th>Persons in family/household size</th><th>Poverty guideline/annual income</th></tr><tr><td>1</td><td>\$11,770</td></tr><tr><td>2</td><td>\$15,930</td></tr><tr><td>3</td><td>\$20,090</td></tr><tr><td>4</td><td>\$24,250</td></tr><tr><td>5</td><td>\$28,410</td></tr><tr><td>6</td><td>\$32,570</td></tr><tr><td>7</td><td>\$36,730</td></tr><tr><td>8</td><td>\$40,890</td></tr></table>	Persons in family/household size	Poverty guideline/annual income	1	\$11,770	2	\$15,930	3	\$20,090	4	\$24,250	5	\$28,410	6	\$32,570	7	\$36,730	8	\$40,890	
Persons in family/household size	Poverty guideline/annual income																			
1	\$11,770																			
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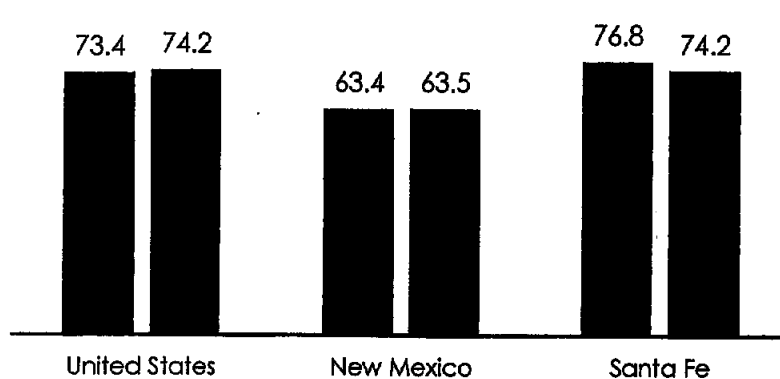
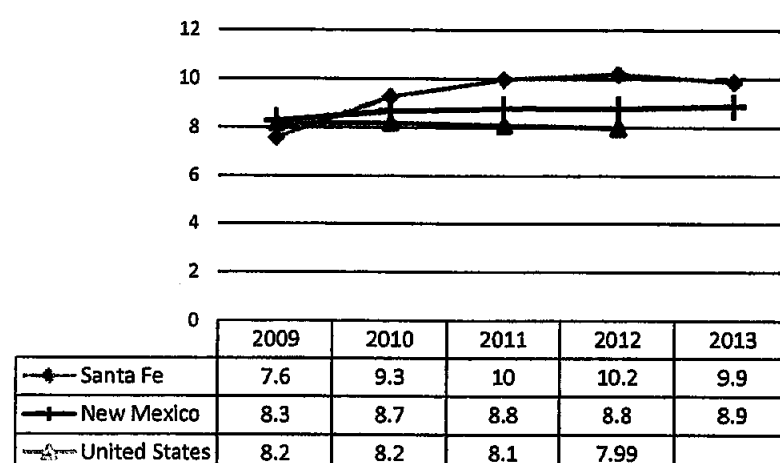
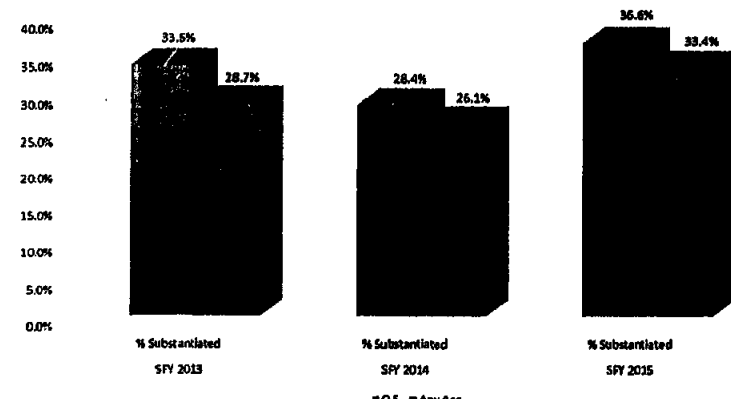
SANTA FE COUNTY DEMOGRAPHICS

Indicator	Data				Notes
Uninsured Population Santa Fe County 19% of total population is uninsured	Santa Fe County Small Areas	% Population No Health Insurance	Population With No Health Insurance	Population	
	East Foothills + Eldorado	10.80%	2,530	23,522	
	Opera Vicinity	12.10%	1,715	14,225	
	Pueblos Plus	17.80%	3,535	19,807	
	Agua Fria Neighborhood + Downtown	17.70%	4,242	23,917	
	Agua Fria Village	37.10%	5,091	13,729	
	Bellamah/Stamm	18.60%	3,375	18,124	
	Airport Road	27.00%	4,818	17,849	
	South	13.10%	2,021	15,387	
Leading Causes of Mortality	<div><p>2%</p><p>Leading Causes of Mortality, 2014</p><p>23%</p><p>23%</p><p>18%</p><p>10%</p><p>7%</p><p>6%</p><p>4%</p><p>2%</p></div> <div><ul style="list-style-type: none">■ Heart Disease■ Cancer■ Other■ Unintentional Injury■ Circulatory Disease■ Respiratory Disease■ Suicide■ Diabetes■ Liver Disease■ Parkinson's Disease</div>				

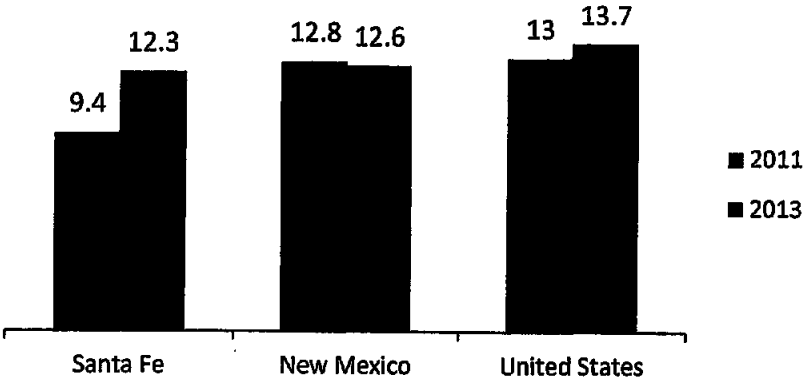
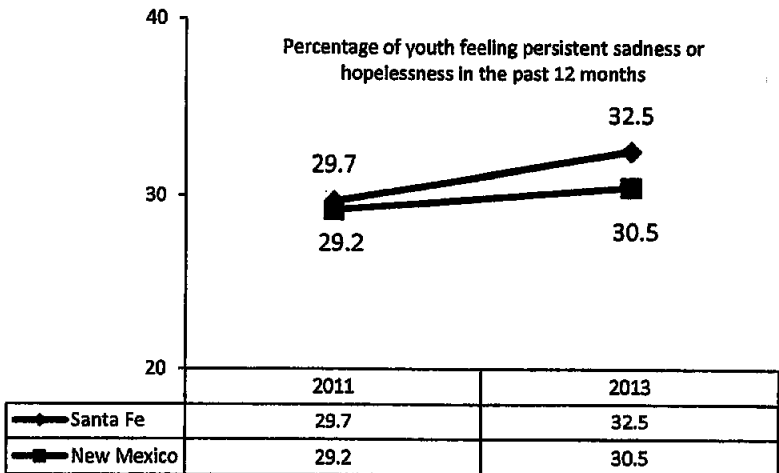
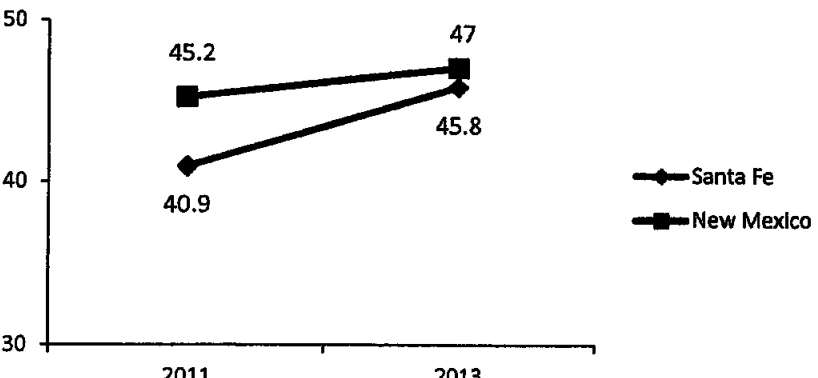
CHRISTUS ST. VINCENT UTILIZATION

Indicator	Data	Notes																																
<div>Inpatient Hospitalizations</div> <div>Top diagnoses</div>	 <table><thead><tr><th>Diagnosis</th><th>Count</th></tr></thead><tbody><tr><td>ORTHOPEDIC</td><td>1,443</td></tr><tr><td>NEWBORNS</td><td>1,292</td></tr><tr><td>DIGESTIVE SYSTEM</td><td>1,279</td></tr><tr><td>RESPIRATORY SYSTEM</td><td>1,254</td></tr><tr><td>HEART/CIRCULATORY</td><td>1,207</td></tr><tr><td>NERVOUS SYSTEM</td><td>1,155</td></tr><tr><td>BEHAVIORAL HEALTH</td><td>680</td></tr><tr><td>LIVER DISEASE</td><td>626</td></tr><tr><td>INFECTIOUS DISEASES</td><td>599</td></tr><tr><td>KIDNEY AND URINARY...</td><td>598</td></tr><tr><td>FACTORS...</td><td>566</td></tr><tr><td>NUTRITIONAL AND...</td><td>388</td></tr><tr><td>SKIN & TISSUE</td><td>350</td></tr><tr><td>INJURY, POISONING</td><td>321</td></tr><tr><td></td><td>237</td></tr></tbody></table>	Diagnosis	Count	ORTHOPEDIC	1,443	NEWBORNS	1,292	DIGESTIVE SYSTEM	1,279	RESPIRATORY SYSTEM	1,254	HEART/CIRCULATORY	1,207	NERVOUS SYSTEM	1,155	BEHAVIORAL HEALTH	680	LIVER DISEASE	626	INFECTIOUS DISEASES	599	KIDNEY AND URINARY...	598	FACTORS...	566	NUTRITIONAL AND...	388	SKIN & TISSUE	350	INJURY, POISONING	321		237	
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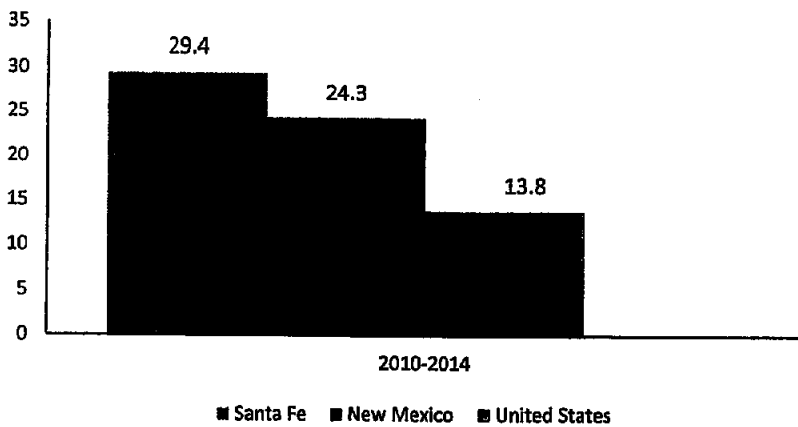
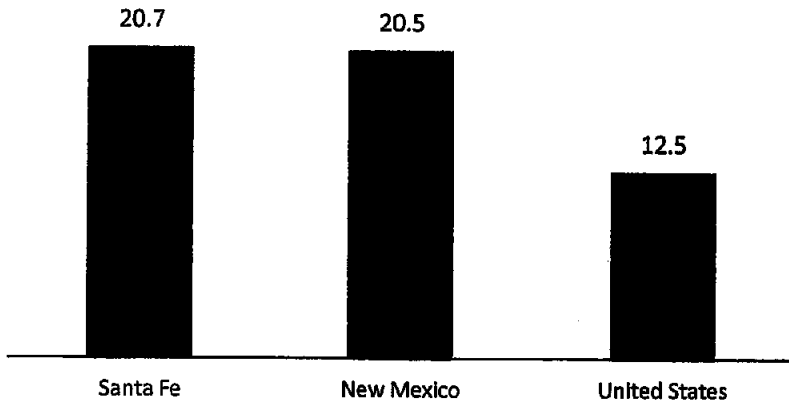
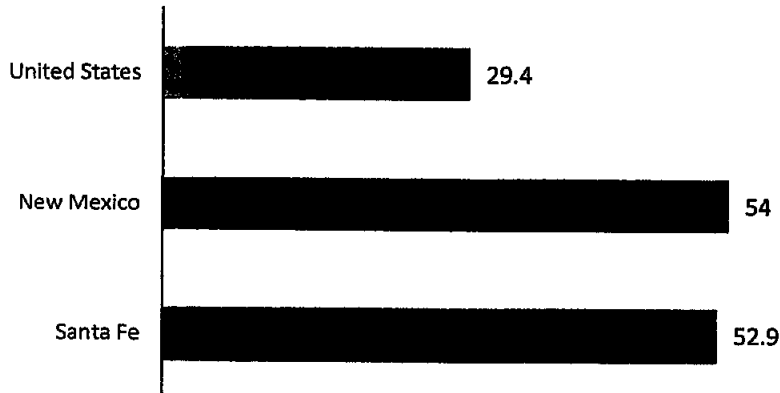
MATERNAL HEALTH & EARLY CHILDHOOD

Indicator	Data	Notes																								
Prenatal care in the first trimester	<p>Percentage live births prenatal care received in the first trimester</p> <p>■ 2011-2012 ■ 2013-2014</p>  <table><tr><th>Location</th><th>2011-2012</th><th>2013-2014</th></tr><tr><td>United States</td><td>73.4</td><td>74.2</td></tr><tr><td>New Mexico</td><td>63.4</td><td>63.5</td></tr><tr><td>Santa Fe</td><td>76.8</td><td>74.2</td></tr></table>	Location	2011-2012	2013-2014	United States	73.4	74.2	New Mexico	63.4	63.5	Santa Fe	76.8	74.2													
Location	2011-2012	2013-2014																								
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Santa Fe	76.8	74.2																								
Low birth weight babies	<p>Percentage of live born infants with birth weight under 5.5 pounds</p>  <table><tr><th></th><th>2009</th><th>2010</th><th>2011</th><th>2012</th><th>2013</th></tr><tr><td>—●— Santa Fe</td><td>7.6</td><td>9.3</td><td>10</td><td>10.2</td><td>9.9</td></tr><tr><td>—+— New Mexico</td><td>8.3</td><td>8.7</td><td>8.8</td><td>8.8</td><td>8.9</td></tr><tr><td>—▲— United States</td><td>8.2</td><td>8.2</td><td>8.1</td><td>7.99</td><td></td></tr></table>		2009	2010	2011	2012	2013	—●— Santa Fe	7.6	9.3	10	10.2	9.9	—+— New Mexico	8.3	8.7	8.8	8.8	8.9	—▲— United States	8.2	8.2	8.1	7.99		
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—▲— United States	8.2	8.2	8.1	7.99																						
Child abuse and neglect (under 5)	<p>Children Subject to Protective Services Investigation in Santa Fe County Percentage Substantiated, Age 0-5 vs. Total Children of Any Age</p>  <table><tr><th>SFY</th><th>% Substantiated (0-5)</th><th>% Substantiated (Any Age)</th></tr><tr><td>SFY 2013</td><td>33.6%</td><td>28.7%</td></tr><tr><td>SFY 2014</td><td>28.4%</td><td>26.1%</td></tr><tr><td>SFY 2015</td><td>36.6%</td><td>33.4%</td></tr></table> <p>■ 0-5 ■ Any Age</p>	SFY	% Substantiated (0-5)	% Substantiated (Any Age)	SFY 2013	33.6%	28.7%	SFY 2014	28.4%	26.1%	SFY 2015	36.6%	33.4%													
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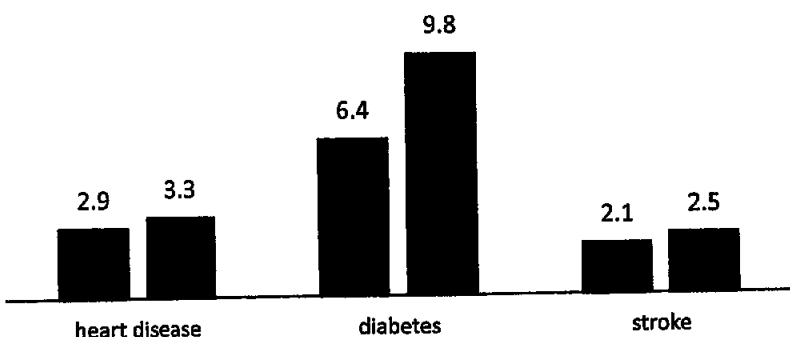
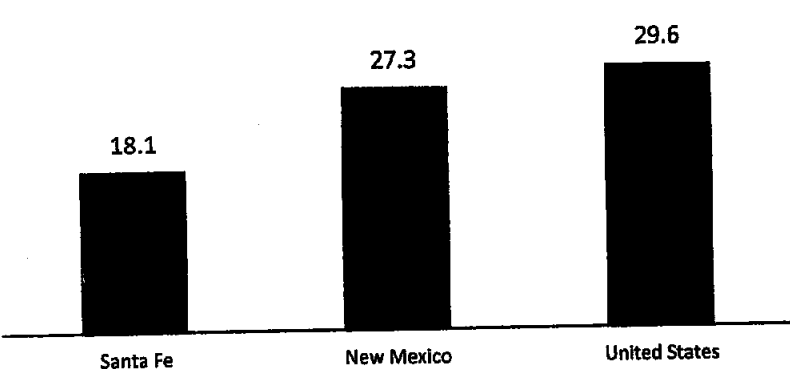
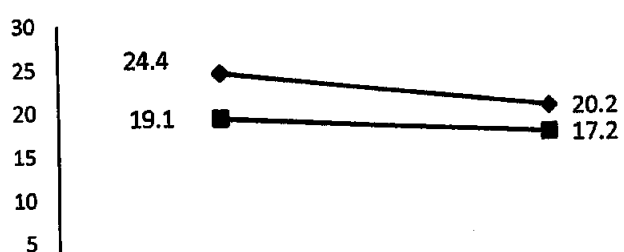
SCHOOL AGE CHILDREN AND ADOLESCENTS

Indicator	Data	Notes												
Childhood Obesity	<p>Percentage of YRRS respondents whose self reported height & weight corresponding to a BMI equal to or greater than the 95th percentile for their age and gender</p>  <table border="1"> <thead> <tr> <th>Location</th> <th>2011</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>Santa Fe</td> <td>9.4</td> <td>12.3</td> </tr> <tr> <td>New Mexico</td> <td>12.8</td> <td>12.6</td> </tr> <tr> <td>United States</td> <td>13</td> <td>13.7</td> </tr> </tbody> </table>	Location	2011	2013	Santa Fe	9.4	12.3	New Mexico	12.8	12.6	United States	13	13.7	
Location	2011	2013												
Santa Fe	9.4	12.3												
New Mexico	12.8	12.6												
United States	13	13.7												
Youth Depression	<p>Percentage of youth feeling persistent sadness or hopelessness in the past 12 months</p>  <table border="1"> <thead> <tr> <th></th> <th>2011</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>—♦— Santa Fe</td> <td>29.7</td> <td>32.5</td> </tr> <tr> <td>—■— New Mexico</td> <td>29.2</td> <td>30.5</td> </tr> </tbody> </table>		2011	2013	—♦— Santa Fe	29.7	32.5	—■— New Mexico	29.2	30.5				
	2011	2013												
—♦— Santa Fe	29.7	32.5												
—■— New Mexico	29.2	30.5												
Youth Resilience	<p>Percentage of youth who report a teacher or other adult believes he/she will be a success</p>  <table border="1"> <thead> <tr> <th></th> <th>2011</th> <th>2013</th> </tr> </thead> <tbody> <tr> <td>—♦— Santa Fe</td> <td>40.9</td> <td>45.8</td> </tr> <tr> <td>—■— New Mexico</td> <td>45.2</td> <td>47</td> </tr> </tbody> </table>		2011	2013	—♦— Santa Fe	40.9	45.8	—■— New Mexico	45.2	47				
	2011	2013												
—♦— Santa Fe	40.9	45.8												
—■— New Mexico	45.2	47												

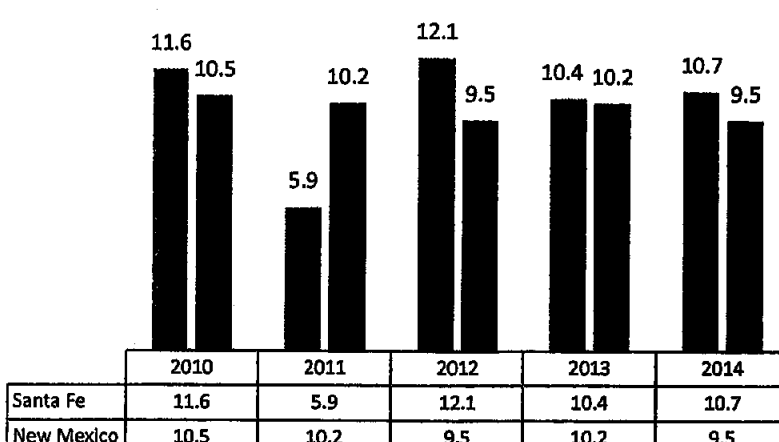
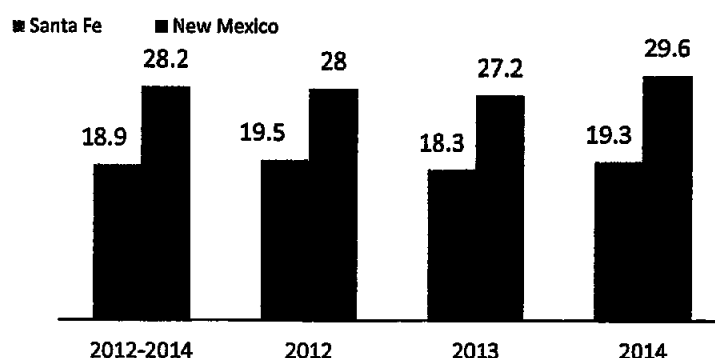
ADULT BEHAVIORAL HEALTH

Indicator	Data	Notes								
Drug Related Deaths	<p>Number of deaths caused by drug overdose per 100,000</p>  <p>2010-2014</p> <p>■ Santa Fe ■ New Mexico ■ United States</p> <table><thead><tr><th>Location</th><th>Deaths per 100,000</th></tr></thead><tbody><tr><td>Santa Fe</td><td>29.4</td></tr><tr><td>New Mexico</td><td>24.3</td></tr><tr><td>United States</td><td>13.8</td></tr></tbody></table>	Location	Deaths per 100,000	Santa Fe	29.4	New Mexico	24.3	United States	13.8	
Location	Deaths per 100,000									
Santa Fe	29.4									
New Mexico	24.3									
United States	13.8									
Suicide	<p>Number of suicide deaths 2010-2014</p>  <p>Santa Fe New Mexico United States</p> <table><thead><tr><th>Location</th><th>Deaths</th></tr></thead><tbody><tr><td>Santa Fe</td><td>20.7</td></tr><tr><td>New Mexico</td><td>20.5</td></tr><tr><td>United States</td><td>12.5</td></tr></tbody></table>	Location	Deaths	Santa Fe	20.7	New Mexico	20.5	United States	12.5	
Location	Deaths									
Santa Fe	20.7									
New Mexico	20.5									
United States	12.5									
Alcohol Dependence	<p>Alcohol-related deaths per 100,000 2010-2014</p>  <p>United States New Mexico Santa Fe</p> <table><thead><tr><th>Location</th><th>Deaths per 100,000</th></tr></thead><tbody><tr><td>United States</td><td>29.4</td></tr><tr><td>New Mexico</td><td>54</td></tr><tr><td>Santa Fe</td><td>52.9</td></tr></tbody></table>	Location	Deaths per 100,000	United States	29.4	New Mexico	54	Santa Fe	52.9	
Location	Deaths per 100,000									
United States	29.4									
New Mexico	54									
Santa Fe	52.9									

ADULT HEALTH

Indicator	Data	Notes												
Chronic diseases: heart disease, strokes, diabetes	<p>Percentage of adults with a doctor diagnosed disease 2012-2014</p> <p>■ Santa Fe ■ New Mexico</p>  <table><thead><tr><th>Disease</th><th>Santa Fe</th><th>New Mexico</th></tr></thead><tbody><tr><td>heart disease</td><td>2.9</td><td>3.3</td></tr><tr><td>diabetes</td><td>6.4</td><td>9.8</td></tr><tr><td>stroke</td><td>2.1</td><td>2.5</td></tr></tbody></table>	Disease	Santa Fe	New Mexico	heart disease	2.9	3.3	diabetes	6.4	9.8	stroke	2.1	2.5	
Disease	Santa Fe	New Mexico												
heart disease	2.9	3.3												
diabetes	6.4	9.8												
stroke	2.1	2.5												
Obesity	<p>Percentage of obesity in adults 2010-2014</p>  <table><thead><tr><th>Location</th><th>Percentage</th></tr></thead><tbody><tr><td>Santa Fe</td><td>18.1</td></tr><tr><td>New Mexico</td><td>27.3</td></tr><tr><td>United States</td><td>29.6</td></tr></tbody></table>	Location	Percentage	Santa Fe	18.1	New Mexico	27.3	United States	29.6					
Location	Percentage													
Santa Fe	18.1													
New Mexico	27.3													
United States	29.6													
Healthy food consumption	<p>Percentage of adults who consume five or more fruits & vegetables per day</p> <p>◆ Santa Fe ■ New Mexico</p>  <table><thead><tr><th></th><th>2011</th><th>2013</th></tr></thead><tbody><tr><td>Santa Fe</td><td>24.4</td><td>20.2</td></tr><tr><td>New Mexico</td><td>19.1</td><td>17.2</td></tr></tbody></table>		2011	2013	Santa Fe	24.4	20.2	New Mexico	19.1	17.2				
	2011	2013												
Santa Fe	24.4	20.2												
New Mexico	19.1	17.2												

WOMEN

Indicator	Data	Notes																		
Domestic Violence	<p>Domestic violence rates per 1000</p> <p>■ Santa Fe ■ New Mexico</p>  <table><tr><th></th><th>2010</th><th>2011</th><th>2012</th><th>2013</th><th>2014</th></tr><tr><td>Santa Fe</td><td>11.6</td><td>5.9</td><td>12.1</td><td>10.4</td><td>10.7</td></tr><tr><td>New Mexico</td><td>10.5</td><td>10.2</td><td>9.5</td><td>10.2</td><td>9.5</td></tr></table>		2010	2011	2012	2013	2014	Santa Fe	11.6	5.9	12.1	10.4	10.7	New Mexico	10.5	10.2	9.5	10.2	9.5	
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Santa Fe	11.6	5.9	12.1	10.4	10.7															
New Mexico	10.5	10.2	9.5	10.2	9.5															
Obesity	<p>Percentage of women with BMI 30 or greater</p> <p>■ Santa Fe ■ New Mexico</p>  <table><tr><th></th><th>2012-2014</th><th>2012</th><th>2013</th><th>2014</th></tr><tr><td>Santa Fe</td><td>18.9</td><td>19.5</td><td>18.3</td><td>19.3</td></tr><tr><td>New Mexico</td><td>28.2</td><td>28</td><td>27.2</td><td>29.6</td></tr></table>		2012-2014	2012	2013	2014	Santa Fe	18.9	19.5	18.3	19.3	New Mexico	28.2	28	27.2	29.6				
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Santa Fe	18.9	19.5	18.3	19.3																
New Mexico	28.2	28	27.2	29.6																
Homeless-ness	<p>2015: 250 individual women were served at the Interfaith Shelter</p> <p>2016: 186 individual women have been served Jan-March 2016</p>																			

SENIORS

Indicator	Data	Notes								
Fall related unintentional injury deaths	<p>Falls per 100,000 age 65 or older</p> <table><thead><tr><th>Location</th><th>Falls per 100,000 age 65 or older</th></tr></thead><tbody><tr><td>Santa Fe County</td><td>90.3</td></tr><tr><td>New Mexico</td><td>87.8</td></tr><tr><td>U.S.</td><td>57</td></tr></tbody></table>	Location	Falls per 100,000 age 65 or older	Santa Fe County	90.3	New Mexico	87.8	U.S.	57	
Location	Falls per 100,000 age 65 or older									
Santa Fe County	90.3									
New Mexico	87.8									
U.S.	57									
Immunizations	<p>Percentage of adults age 65 and older with a current Influenza immunization</p> <table><thead><tr><th>Location</th><th>Percentage of adults age 65 and older with a current Influenza immunization</th></tr></thead><tbody><tr><td>Santa Fe</td><td>56.1</td></tr><tr><td>New Mexico</td><td>66</td></tr><tr><td>United States</td><td>66.7</td></tr></tbody></table> <p>2010-2014</p>	Location	Percentage of adults age 65 and older with a current Influenza immunization	Santa Fe	56.1	New Mexico	66	United States	66.7	
Location	Percentage of adults age 65 and older with a current Influenza immunization									
Santa Fe	56.1									
New Mexico	66									
United States	66.7									
Elder abuse	<p>Elder abuse is a term referring to any knowing, intentional, or negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult.</p> <p>1 in 14 cases of elder abuse are reported.</p> <p>Despite the accessibility of APS in all 50 states (whose programs are quite different), as well as mandatory reporting laws for elder abuse in most states, an overwhelming number of cases of abuse, neglect, and exploitation go undetected and untreated each year.</p>									