



CHRISTUS St. Vincent 2023–2025 Community Health Needs Assessment

OUR COMMUNITY'S HEALTH AND WELLBEING JOURNEY

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Maternal & Early
Childhood Health

School-Age Children
& Adolescent
Health

Adult Behavioral
Health

Adult Physical
Health

Women's
Health

Older Adult
Health

Executive Summary

CHRISTUS St. Vincent's history of serving Santa Fe County and Northern New Mexico originates in 1865 when the Sisters of Charity of Cincinnati founded St. Vincent's Hospital—New Mexico's first hospital. From 1865 to 1977, the Sisters of Charity of Cincinnati cared for community members regardless of their ability to pay. In 1977, the current campus opened, and the Sisters turned operations over to lay administrators and the Board of Directors. In 2008, St. Vincent Hospital partnered with CHRISTUS Health to ensure its long-term viability. CHRISTUS Health is a non-profit health care system with hospitals, medical clinics, and other related services Texas, Louisiana, Mexico, Chile, and Columbia in addition to New Mexico. CHRISTUS Health shares a similar rich history and commitment to serving the sick, the poor, and the most vulnerable. CHRISTUS St. Vincent is called to be involved in our community—to contribute to the common good. Strengthening the overall health of our community involves serving individuals experiencing social and economic conditions that place them at society's margins.

The CHRISTUS St. Vincent 2023–2025 Community Health Needs Assessment (CHNA) describes Santa Fe County's health status and prioritizes the most substantial challenges to well-being experienced by its residents. We approach community health and well-being over the course of a human lifespan—Maternal & Early Childhood Health, School-age Children & Adolescent Health, Adult Behavioral Health, Adult Physical Health, Women's Health, and Older Adult Health. These groupings facilitate a focused and in-depth understanding of the barriers to health experienced within each group. We also acknowledge the strong linkages across the lifespan and know that what happens in one stage of life often impacts or determines what will happen in the next.

The CHNA also examines the impact that inequities and barriers to care have on an individual's health, as well as, the health of the overall community. It studies the effects

of social, structural, and environmental determinants of health. Also discussed are the impact of adverse childhood experiences (ACES) on health and well-being. Additionally, the CHNA highlights the experiences of American Indians, other racial and ethnic minorities, as well as, the experiences of the LGBTQIA+ community. Discrimination and prejudice have a significant impact on health outcomes because they create unfavorable conditions to wellness and can prevent access to care.

The CHNA also considers the COVID-19 pandemic's impact on Santa Fe County and surrounding communities. The pandemic highlighted some of the root causes of health inequities in our community, but it also provided opportunities for healthcare, community-based organizations, and local and state governments to work collaboratively in ways that had not existed prior to the pandemic. These strengthened relationships persist and will help the community collectively navigate a path forward.

Maternal & Early Childhood Health

Early childhood is a time of exceptional growth and development. A child's future success is strongly correlated with a strong and healthy start in life.³² Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of the next generation.

Pregnancy and the first months and years of life are key points in a child's development—it sets the trajectory for their future learning, growth, health, and emotional development. Support for babies and families includes having access to affordable and compassionate prenatal care, to services that families might need for their new infant and other children, nutrition, along with accessible high quality pediatric care and child care.

School-Age Children & Adolescent Health

Adolescence is a time of continued development and has specific health needs associated with it. Adolescents develop health and behavior patterns that can impact lifelong health and wellbeing. Chronic health conditions, including mental illnesses such as depression, can begin in adolescence and early interventions can dramatically improve outcomes.

Youth in our community do not have equal access to protective factors that improve health and well-being. We continue to see concerning data in depression, substance use, obesity, and other factors that make it more difficult for youth to flourish.

Adult Behavioral Health

Our community is plagued with problematic substance use and varying levels of mental illness. Deaths as a result of substance use and poor mental health illustrate the severity of mental health and substance use conditions in Santa Fe County, particularly in comparison to state and national rates. The cyclical and intergenerational nature of these issues also highlight why these indicators continue to be high priorities.

Adequate access to treatment is essential to solving the problem, and presently access is limited in Santa Fe and New Mexico. There are not enough mental health providers in Santa Fe County to meet the increasing demand—especially bilingual and bicultural providers. Services and intervention programs to prevent substance use disorders also are needed to comprehensively address the problem.⁸⁸

Adult Physical Health

The leading causes of death in Santa Fe County are heart disease and cancer. In 2020, Heart disease was the leading cause of death in Santa Fe County, and cancer was the second leading cause of death. The tenth leading cause of death in 2020 in Santa Fe County was diabetes.

Premature death because of heart disease, cancer, and diabetes impacts families and communities. It causes financial hardship, family strain, and emotional distress. Each of these diseases may be treated and sometimes can be cured or reversed if detected early and treated promptly. Inconsistent access to an adequate amount of nutritious food can have negative impacts on the health of individuals of all ages and can play a role in the

development of these diseases. Food insecurity, nutrition, obesity, diabetes, heart disease, cancer, and other health issues are deeply intertwined and are not stand-alone issues. Food insecurity should be understood as a sign of heightened needs and risk because of its connection to others factors that impact health outcomes.

Women's Health

Inequality of power based on gender increases women and girls' experiences of physical, sexual, and emotional violence.¹⁰⁸ In Santa Fe, like many other places nationally and globally, women's health is significantly impacted by poverty. Poverty and violence is linked with decreased utilization of preventative care services, an increased occurrence of improper nutrition, and an increased risk of homelessness.

Women and families represent a growing segment of the homeless population. For many women in violent relationships the decision to leave could lead to homelessness. Maintaining one's mental and physical health is challenging while experiencing homelessness. Additionally, health care for homeless women is challenging, and homelessness puts women at increased risk for assault, injury, and illness.¹¹⁵

Older Adult Health

Santa Fe and all the counties in northern New Mexico have a higher percentage of older adults than the rest of New Mexico. The types of services and needs of older adults are varied and require increased attention. Medical complexity brought about by aging, accompanied by loss of functioning and growing isolation, can adversely impact the well-being of older adults. Opportunities for meaningful engagement, supportive services, and health care access can make a significant difference in the quality of life of older adults.

Barriers for older adults who are trying to access needed care include transportation, difficulty navigating multiple service entities, financial burdens, competing family responsibilities, and lack of social support. Additional support is needed for those providing care for older adults. When caregivers are burdened, there are negative consequences for both the caregiver and the older adult. Currently, there are not enough services to support the existing older population. Increased capacity is needed to support today's older adults and to meet the growing demand as this segment of the population grows.



Introduction

Santa Fe, New Mexico, is steeped in the culturally rich history of the Southwest. The oldest capital city in United States, Santa Fe is the oldest European community west of the Mississippi, as well as the highest altitude of any of the U.S. state capitals, with an elevation of 7,199 feet.

The area in and around what is now Santa Fe was occupied for thousands of years by Tanoan indigenous people who built villages several hundred years ago. It was known by the Tewa inhabitants as *Ogha Po'oge* (“white shell water place”). Spain first claimed the Kingdom of New Mexico in 1540. For hundreds of years, Spanish soldiers and people tried to subjugate the Indigenous people of the area. In 1846, the United States declared war on Mexico, and by 1848 the U.S. officially gained New Mexico through the Treaty of Guadalupe Hidalgo.

The challenges and strengths of Santa Fe rise from its history and the people who have participated in shaping and forming the community it has become today. While it is the story of the resilience of the people who have struggled and thrived here for generations, intergenerational traumas persist and may give us insight into the root causes of the current health and social issues in Santa Fe County.

Genetics, behaviors, and environmental factors directly impact the health of individuals, families, and communities. Physical health and well-being are connected to the mental, emotional, spiritual, and social factors of health and well-being. These social factors, also known as the Social Determinants of Health include: access to healthy foods, transportation, literacy and education levels, income and socioeconomic status, housing status, social supports, access to health services, documentation status, sexual identity and orientation, and childhood experience. These factors impact health disparities amongst certain population groups.

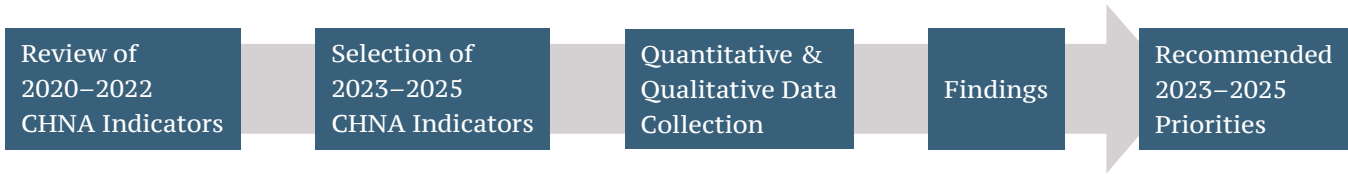
The data presented in this report tells the story of some of the most troubling health challenges in our community. These data, used effectively, can direct the

path forward. The Community Health Needs Assessment (CHNA) is intended to support and guide collaborative partnerships and leaders to shift these trends and create a legacy of health and well-being built upon disrupting inequality and building resilience so that every person in our community can thrive.

For two years, the COVID-19 pandemic profoundly impacted the Santa Fe Community. While the pandemic highlighted some of the root causes of health inequities in our community, it also provided an opportunity for healthcare, community-based organizations, and local and state government to work collaboratively in ways that had not existed prior to the pandemic. Collaborative relationships were strengthened as city, county, and state governments and community organizations “leaned in” to keep the community safe. The impact of the COVID-19 pandemic is included throughout the different sections of this CHNA—from how we engaged the community in the CHNA development to how COVID-19 impacted different health issues along the lifespan and in diverse community groups.

Purpose of the Community Health Needs Assessment (CHNA)

Located in Santa Fe, New Mexico, CHRISTUS St. Vincent Regional Medical Center is a nonprofit community-based healthcare organization with a rich history of understanding and meeting community needs. The 2010 Affordable Care Act solidified our processes by requiring all nonprofit hospitals to formally assess the health needs in the communities they serve every three years. The process identifies priorities, produces a health needs assessment document, and then develops an implementation plan to address those needs. This document is the 2023–2025 CHNA for CHRISTUS St. Vincent (CSV).



In accordance with IRS regulations, the CHRISTUS St. Vincent CHNA is made available and is widely disseminated. Physical distribution of the 2020–2022 CHNA was somewhat hampered because of the COVID-19 pandemic and the decrease of in-person meetings beginning in March 2020. However, the CHNA is posted on the CHRISTUS St. Vincent website www.christushealth.org/connect/community/community-needs. The CHNA has been utilized for reference and/or to guide planning and funding decisions by: Anchorum St. Vincent, Santa Fe County, City of Santa Fe, St. Vincent Foundation, The Community Health Funder Alliance, and local community nonprofit organizations.

2023–2025 Methodology & Community Input

COVID-19 changed the way input was gathered from the community. Rather than having in-person meetings and focus groups, as has been done in the past, CSV utilized on-line meeting platforms (e.g. ZOOM) to facilitate meetings to gather information.

CHRISTUS St. Vincent utilizes a lifespan approach in its Community Health Needs Assessment process that is divided into six domains: Maternal & Early Childhood Health; School-Age Children & Adolescent Health;

Adult Behavioral Health; Adult Physical Health; Women’s Health; and Older Adult Health. In each domain of the lifespan, three to five priority indicators are identified within the context of other factors of health and wellness.

Evaluation of 2020–2022 CHNA

The 2023–2025 CHNA process began with a review and evaluation of the 2020–2022 CHNA priority data indicators. These data were reviewed using a Results-Based Accountability process to assess whether improvements in the health and well-being of the population have occurred over the past three years.

Health Indicators

A virtual Health Indicator Café involving 51 community partners was held on November 16, 2021. The Café included experts from each of the lifespan areas who selected and prioritized the population health indicators. Breakout rooms by lifespan area were used to review the 2020–2022 indicators and to discuss emerging community issues. A participatory process informed by data, engaged the community experts in the selection of the 2023–2025 priority indicators.

The chart below summarizes the 2020–2022 data indicators and illustrates whether trends are improving (+), worsening (-), or staying the same (=).

Maternal & Early Childhood Health	
Prenatal Care in the First Trimester	+
Babies Born with Low Birthweight	-
Neonatal Abstinence Syndrome (NAS)	-
School-Age Children & Adolescent Health	
Depression and Suicide Attempts	-
Obesity	-
Resiliency in Adolescence	=
Adult Behavioral Health	
Drug Overdose Death	-
Alcohol-Related Death	-
Depression and Suicide Deaths	-

Adult Physical Health	
Heart Disease Death	=
Cancer Death	=
Food Insecurity & Fruit/Vegetable Consumption	=
Women’s Health	
Obesity	-
Domestic Violence	-
Homelessness	=
Older Adult Health	
Fall-Related Unintended Injury Deaths	-
Influenza Immunizations	+
Suicide Deaths	+

2020–2022 Super Priorities

In addition to the lifespan priority areas, the CHRISTUS St. Vincent Board of Directors selected three super priorities for 2020–2022.

The following is a summary of CHRISTUS St. Vincent initiatives and activities that focused on the 2020–2022 Super Priorities based on the needs that were identified during the CHNA process:

CHRISTUS St. Vincent 2020–2022 Super Priorities
 Behavioral Health
 Older Adult Health
 Social Determinants of Health

Goal	Behavioral Health
Objectives	<ul style="list-style-type: none"> • Decrease Suicide Rates In Our Community • Decrease Substance Abuse Related Illness • Increase Resilience
Impact	<ul style="list-style-type: none"> • Hired a Behavioral Health Program Director in 2020 • Increased the number of psychiatrists performing inpatient and outpatient services • Increased the number of outpatient mental health therapist positions • Continued 9-bed Behavioral Health Inpatient Unit and 8 person Behavioral Observation Unit within the Emergency Department • Continued hospital-wide psychiatric consult service • Integrated High Utilization Group Services (HUGS) Program, Chemical Dependency Consultation, and Violence Response Programs into the Behavioral Health Department • Established an Internal Behavioral Health Task Force to improve coordination of care • Participated in a Secondary Prevention of Suicide Program in the Emergency Department with the New Mexico Department of Health • Participated in monthly Santa Fe County Behavioral Health Leadership Team meetings • Dedicated over \$1,000,000 of Community Benefit funds to behavioral health service providers across the community including detoxification, youth suicide prevention and intervention, counseling services, etc.

Goal	Older Adult Health
Objectives	<ul style="list-style-type: none"> • Decrease Fall-Related Deaths • Increase Immunizations For Influenza • Decrease Suicide-Related Deaths
Impact	<ul style="list-style-type: none"> • Established a CSV older adult health committee that meets regularly • Continued to develop plans for a CSV Center for Healthy Aging • Established several outpatient clinics as Age Friendly, Level 1* • Dedicated \$210,000 of Community Benefit funds to older adult service providers across the community including home chores services, home modification services, healthy meal delivery, etc. • Continued as a Medicare “Accountable Care Organization” focused on quality and higher value care for seniors throughout the System of Care • Continued Senior Chronic Care Management Program for patients of CSV primary care clinics <p><i>* Becoming an Age-Friendly Health System entails reliably providing a set of four evidence-based elements of high-quality care, known as the “4Ms,” to all older adults in your system: What Matters, Medication, Mentation, and Mobility.</i></p>

Goal	Social Determinants of Health
Objectives	<ul style="list-style-type: none"> • Address Areas Of Health Disparities In The Population • Improve Housing Access For Vulnerable Populations • Increase Health Care Access For Those Without Insurance
Impact	<ul style="list-style-type: none"> • Implemented social determinant of health screenings at outpatient clinics • Participated in Santa Fe CONNECT—a network of navigators at clinics, community organizations, and city and county programs. Agencies in the network are connected through a shared technology platform allowing navigators to send and receive secure electronic referrals, address individuals' social needs, and improve individual and community health • Engaged with New Mexico Legal Aid to provide non-criminal Legal Aid services to CSV patients • Dedicated \$570,000 of Community Benefit funds to service providers across the community working directly to address social determinant of health needs including: access to healthy foods, transportation, caregiver support, shelter services, and legal services • COVID-19 Specific Activities: <ul style="list-style-type: none"> - Participated in the collaborative efforts of the City of Santa Fe and Santa Fe County to coordinate COVID-19 care, quarantine shelter, and services to the most vulnerable unhoused members of our community. - Coordination of safe discharge and family quarantine in collaboration with Consuelo's Place, the City of Santa Fe's Shelter. - CSV deliveries of personal protective equipment, food, and other supplies to area Pueblos and the Navajo Reservation - Coordinated community volunteers to sew protective gowns for healthcare workers - Identified needs of vulnerable populations served by community organizations and supported redirection of funds - Conducted community-wide mass vaccine clinics

Data Collection

Quantitative data

Quantitative data were gathered from state and national sources including from the New Mexico Department of Health's Indicator-Based Information System or IBIS <https://ibis.health.state.nm.us/>. This system includes several state and national data sources including the Bureau of Vital Records and Health Statistics (BVRHS), New Mexico Youth Risk and Resiliency Survey (YRRS), Centers for Disease Control and Prevention, National Center for Health Statistics, CDC Wonder, and the Behavioral Risk Factor Surveillance Systems Survey Data (BRFSS). Additional data sources were used to explain the

indicators in more detail, including Central Repository from statewide law enforcement agencies, the USDA, New Mexico Adult Survivor Database, New Mexico Interpersonal Violence Data Repository, and the New Mexico Office of Medical Investigator.

The quantitative data are comprised of population-level statistics for Santa Fe County, New Mexico, and the U.S. This data provides context for how Santa Fe is doing compared to state and national data. Some data are represented by individual years and others show trends across multiple years.

Qualitative data

Qualitative data were gathered to enrich the quantitative data. This additional data increases the understanding of the root causes driving the statistics. The qualitative data draws upon the expertise and experience of community members who share how these data show up in their lives and/or in the lives of the people they serve across our community.

Community Survey

New to the CHRISTUS St. Vincent 2023–2025 CHNA process was deploying a community survey. CSV, along with other CHRISTUS Health ministries, worked with Metopio—a data analytics company—to develop and distribute an online community survey. Paper copies of the survey were made available upon request. A total of 191 surveys from Santa Fe community members were completed and analyzed for inclusion in this report. While the number of surveys doesn't allow for meaningful statistical analysis, it does allow for additional voices to be heard and provides information for consideration.

Focus Groups

Nine (9) focus groups were conducted to collect qualitative data to help tell the story behind the statistical data. The focus groups allowed community members to provide direct input on the lifespan areas and share their own experiences. The focus groups were guided by open-ended questions asking participants how the data “show up” in their lives and in the lives of their families, friends, or neighbors. The focus groups were made up of individuals diverse in age, ethnic backgrounds, education level, income, and country of origin. When feasible, focus groups occurred during naturally occurring meetings to provide the highest level of accessibility to community members who might not otherwise be able to participate.

Key Informant Interviews

Key informant interviews were conducted in March 2022 with three (3) people who have in-depth knowledge of underserved population groups in the community related to health issues. The one-on-one interviews were designed to capture first-hand knowledge and stories from those with unique knowledge of intimate partner violence in our community as well as a representative of a community-based organization working to improve health equity in the Airport Road Corridor Community.

The charts to the right highlight our data collection methods for 2023–2025.

Health Indicator Café N=51

- Maternal & Early Childhood Health
- School-Age Children & Adolescent Health
- Adult Behavioral Health
- Adult Physical Health
- Women's Health
- Older Adult Health

Community Surveys N=191*

- 74% Female
- 54% 55 years & older
- 87% at least Associates Degree
- 24% Hispanic

Focus Groups N=97

- SF County Behavioral Health Leadership Team
- SF County CONNECT Navigators
- SF County Health Planning & Policy Commission
- SF County Teen Court participants
- CSV Case Managers & Care Coordinators
- Maternal & Child Health
- Older Adult Health
- LGBTQIA+ Health
- American Indian Health

Key Informant Interviews N=3

- Earth Cares
- CSV Violence Intervention & Resiliency Specialist
- Former CSV Violence Intervention & Resiliency Specialist

* The Community Survey did not yield a representative sample of Santa Fe County. While it is important to not generalize using the collected survey data, it is used as an additional source of community input.

Public Input & Board Approval

Community members and local experts were involved in all aspects of the CHNA development—reviewing and selecting indicators at the Health Indicator Café, participating in focus groups, completing community surveys, and sharing in key informant interviews. In total, over 340 key community members provided guidance and direction on the health needs and issues our community faces. The CHNA is intended to be a community document and a resource designed by and for community members, health care providers, nonprofit leaders, and providers of health and human services.

Beginning in the fall of 2021, the CHRISTUS St. Vincent Board Community Health and Wellness Committee and the CHRISTUS St. Vincent Board of Directors reviewed, provided input, and approved the CHNA throughout the process, culminating in its final approval at the July, 2022 CHRISTUS St. Vincent Board of Directors meeting.

Lifespan Areas & Priorities

As mentioned previously, CSV utilizes a lifespan approach in its Community Health Needs Assessment. Health needs evolve throughout the lifespan. For this reason, the CSV process allows for specific priorities to be identified in each area of the lifespan.

The following indicators, chosen through the Health Indicator Cafés, were approved by the CHRISTUS St. Vincent Board of Directors, and represent the **2023–2025** priority life span health indicators.

Life Span Area	Priority Indicators
Maternal & Early Childhood Health	Healthy Pregnancy <ul style="list-style-type: none"> • Prenatal Care in the First Trimester Healthy Births <ul style="list-style-type: none"> • Preterm (Premature) Birth • Babies Born with Low Birthweight • Neonatal Abstinence Syndrome (NAS) Healthy Infants & Toddlers <ul style="list-style-type: none"> • Childhood Immunizations • Access to Childcare
School Age Children & Adolescent Health	Depression & Suicide Attempts Substance Use Resiliency Obesity
Adult Behavioral Health	Drug Overdose Deaths Alcohol-Related Deaths Suicide Deaths
Adult Physical Health	Heart Disease Death Cancer Death Diabetes Diagnoses & Death Food Insecurity & Fruit/Vegetable Consumption
Women's Health	Domestic Violence Sexual Violence Chronic Homelessness
Older Adult Health	Routine Access to Care Social Isolation Caregiver Burden



2023–2025 Super Priorities

The needs of vulnerable populations in the community far exceed the capacity of local government, community organizations, or CSV alone. It is only through coordinated collaborations and partnerships that we can begin to “turn the curve*” to improve the challenges our population faces. To maximize impact and in effort to the “turn the curve,” the CHRISTUS St. Vincent Board of Directors has approved three super priorities for 2023–2025.

CHRISTUS St. Vincent intends to continue to improve care to patients with behavioral health conditions, older adult health, and those impacted by a lack of health equity, diversity, and inclusion. This focus helps assure that ground will not be lost in progress made thus far while we work to address priority needs. CSV strategies will be organization-wide and include inpatient care and outpatient clinics and will be directed toward better identification of individuals, alignment of services, and strengthening the system of care through collaboration with local partners.

The criteria used to select these priorities include: (a) people in the most need and most marginalized; (b) populations where CSV has some expertise and/or is implementing strategies or programs; (c) populations that face disparities and barriers to care; (d) issues that significantly impact patient or population health, human suffering, and are quantifiable with data; and (e) areas where there is a focus by others in the community, including planning efforts and funding.

Super Priority	Behavioral Health
Super Priority	Older Adult Health
Super Priority	Health Equity, Diversity, & Inclusion

**Turn the Curve is a Results-Based Accountability concept referring to establishing a baseline for an indicator and examining the trend over a period of time. Population conditions change slowly so instead of measuring from point to point, we examine the trends. When the trend begins to shift toward improved conditions, we are “turning the curve.”*

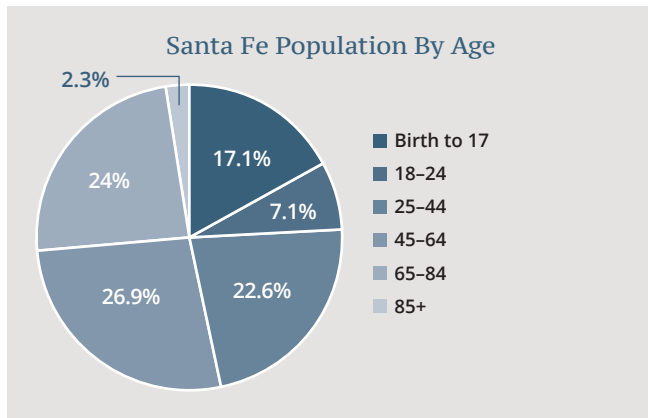
Community Demographics

	Santa Fe County	New Mexico
Population (April 1, 2020)*	154,823	2,117,522
% New Mexico population*	7.3%	100%
Land area (square miles)*	1,909.41	121,298.15
Persons per square mile*	75.5	17.0
Resident live births (2020)*	1,105	21,890
Resident deaths (2020)*	1,465	23,842
Households*	61,921	180,249
Persons per household*	2.36	2.63
Persons in poverty*	12.4%	18.2%
Children under 5 years old who live in poverty**	1,511 (24.5% of children under 5)	36,454 (30.5% of children under 5)
Children under 18 years old who live in poverty**	4,854 (18.3% of children under 18)	126,883 (26.7% of children under 18)

*Source: U.S. Census – QuickFacts, Santa Fe County, New Mexico; New Mexico – 2020 **Source: American Community Survey, 5 year estimates

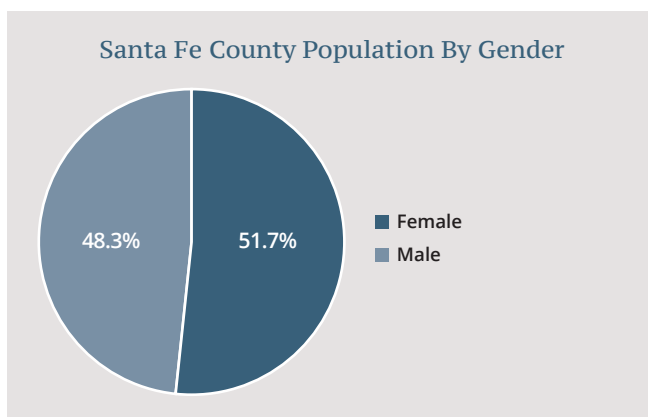
Age

The median age in Santa Fe County is 46.8 years old—about 25% higher than New Mexico’s and the United States’ median age. Twenty percent of the population is aged 19 years and younger. Nearly half (47%) of Santa Fe County’s population is aged 50 years and older, and 25.3% of Santa Fe County residents are 65 years and older and this segment of the population continues to grow. It is anticipated that more than 32% of the Santa Fe County’s population will be over 60 by 2030.



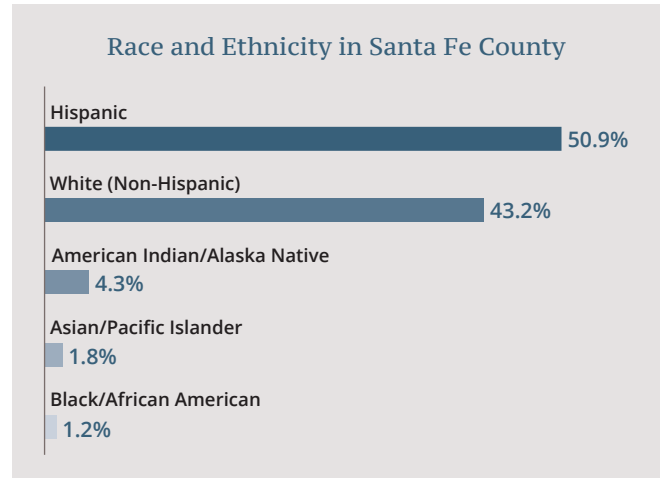
Sex & Gender

Santa Fe County has slightly more females (51.7%) than males (48.3%). Among high school students, 3% identify as transgender, gender queer, or gender fluid, and an additional 2.4% report being uncertain about their gender. This data is not available for adults in our community.



Race & Ethnicity

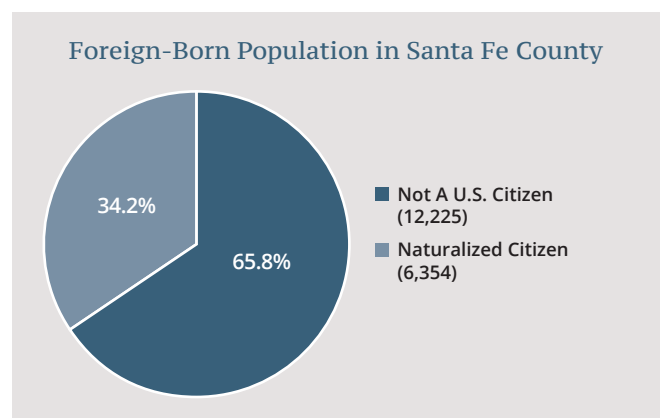
New Mexico and Santa Fe County are both minority-majority areas. This means that most of the population are people who identify as racial or ethnic minorities. In Santa Fe County, nearly 51% of residents identify as Hispanic and 4.3% identify as American Indian or Alaska Native.



Source: U.S. Census-QuickFacts, Santa Fe County, New Mexico - 2020

Foreign-Born Population

Santa Fe County’s diverse community includes individuals who were born in a country other than the United States of America. Of those not born in the U.S., 34.2% (6,354) have become naturalized citizens. The 12,225 individuals who are not U.S. Citizens include those who have permanent residency, temporary migration status, humanitarian migrants, or are undocumented immigrants.



Source: U.S. Census, American Community Survey 5-Year Estimates

Economics

Like many New Mexico communities, Santa Fe County struggles with poverty. While the median income for Santa Fe County is \$61,200, the per capita income

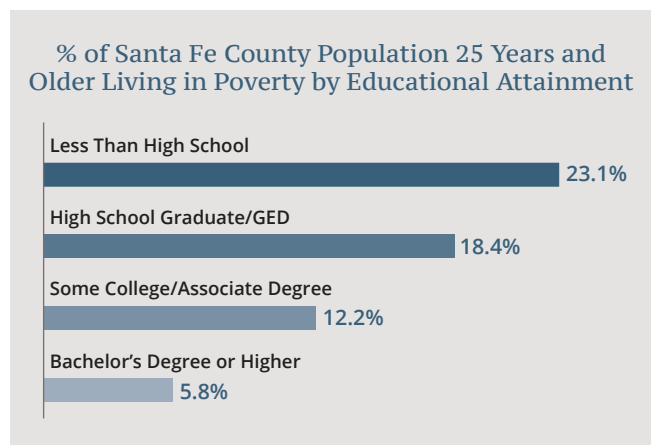
was \$38,520. There are 19,198 individuals living in poverty in Santa Fe County (12.4%). Though poverty varies by age group and location within the county, health disparities due to income will be highlighted as an issue of equity throughout this report.

Federal Poverty Guidelines - 2022			
Family Size	Annual Income 100% Poverty	Annual Income 150% Poverty	Annual Income 200% Poverty
1	\$13,596	\$20,388	\$27,180
2	\$18,312	\$27,468	\$36,624
3	\$23,040	\$34,548	\$46,068
4	\$27,756	\$41,628	\$55,500
5	\$32,472	\$48,708	\$64,944
6	\$37,200	\$55,788	\$74,388
7	\$41,916	\$62,868	\$83,820
8	\$46,632	\$69,948	\$93,264

Source: New Mexico Human Services Department

Education

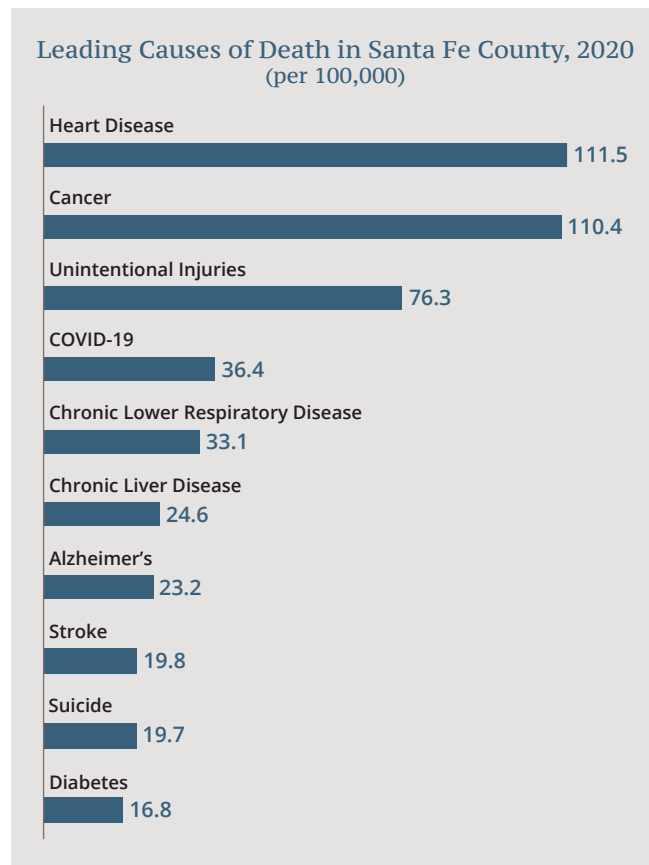
Nearly 90% of Santa Fe County residents aged 25 years and older have at least a high school diploma. Of those aged 25 years and older, 41% have at least a bachelor's degree. Educational attainment greatly impacts the chances of living in poverty.



Source: U.S. Census, American Community Survey 5-Year Estimates, 2019

Mortality

In Santa Fe County, the top two causes of death are heart disease and cancer. They often switch positions, but they remain the top two causes of death.

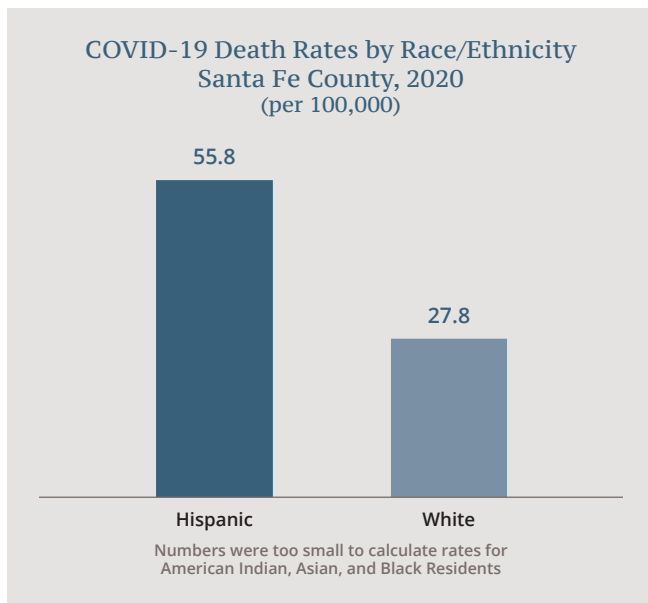


Source: <https://ibis.health.state.nm.us/query/result/mort/MortCnty/LCDAgeRate.html>

COVID-19

In 2020, COVID-19 was the fourth leading cause of death in Santa Fe County. While American Indians were disproportionately impacted by COVID-19—both in cases and deaths—the numbers are too small to calculate a rate for comparison for Santa Fe County. (See the section on Health Equity and Barriers to Care to see the COVID-19 rates for American Indians in New Mexico.) Hispanic residents had higher rates of COVID-19 death than White residents in Santa Fe.

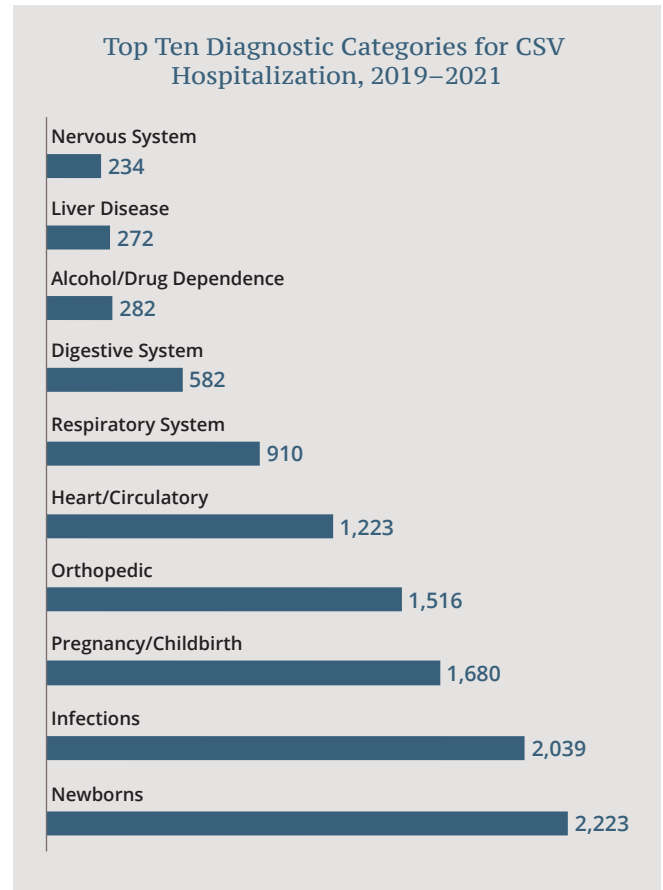
Since the beginning of the pandemic (through July 6, 2022), there have been 33,428 COVID-19 cases and 316 COVID-19 deaths in Santa Fe County. Ninety-five percent of Santa Fe County adults have had at least one vaccine shot and 90.8% of Santa Fe County adults have completed their primary series of shots.



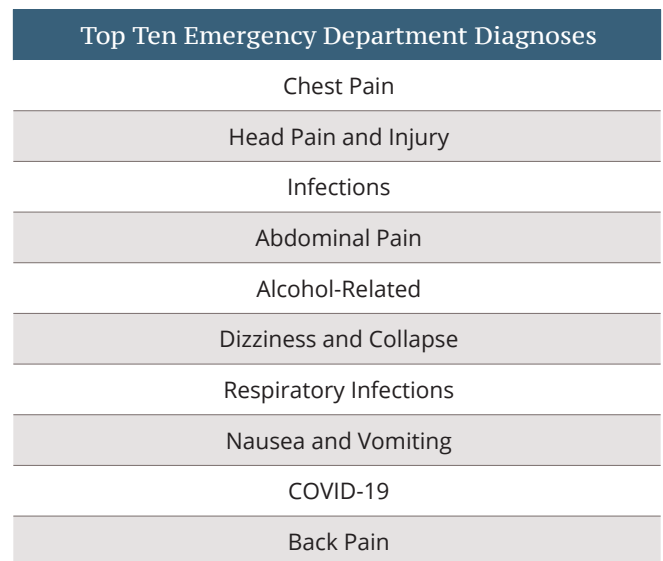
Source: New Mexico Department of Health Bureau of Vital Health and Statistics

Hospital Utilization Data

The following charts highlight the primary uses of the CHRISTUS St. Vincent inpatient hospital units, the emergency department, the inpatient behavioral health unit, and the outpatient primary care and pediatric clinics.

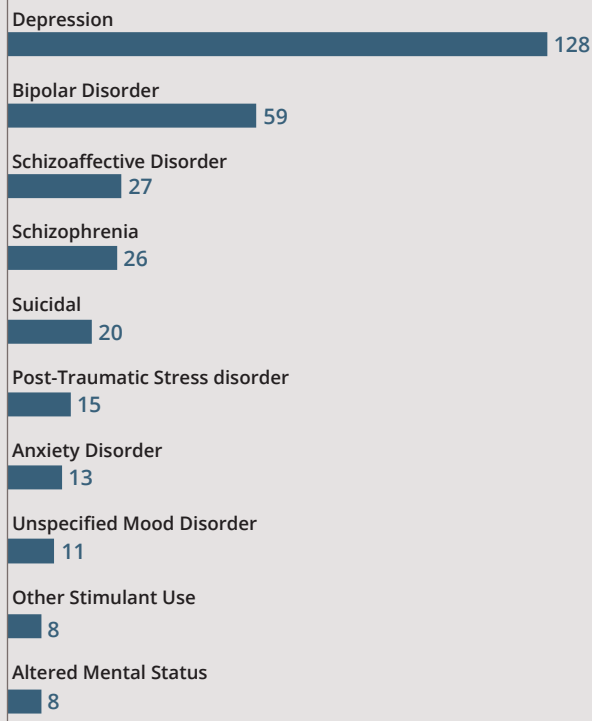


Source: CHRISTUS St. Vincent, 2019–2021



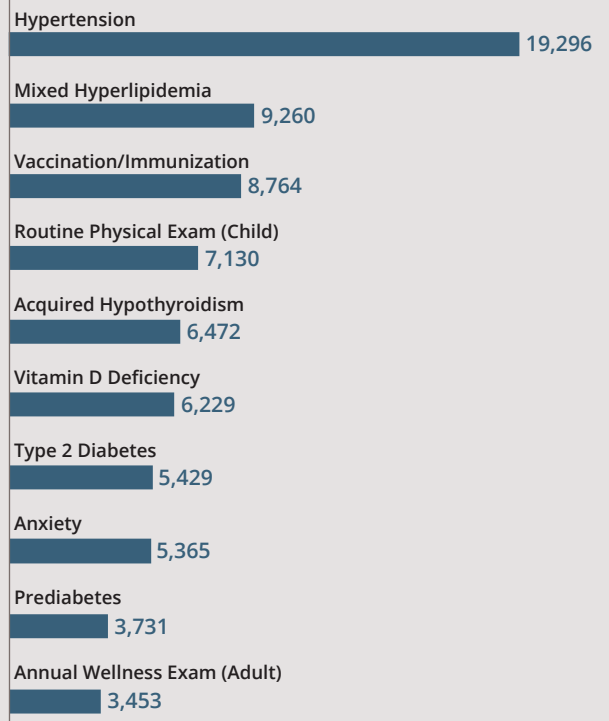
Source: CHRISTUS St. Vincent, 2019–2021

Top Primary Behavioral Health Unit Diagnoses, CY 2021



Source: CHRISTUS St. Vincent, 2021

Top Ten Diagnosis CSV Outpatient Clinics Primary Care and Pediatrics, CY 2021



Source: CHRISTUS St. Vincent, 2021



Health Equity & Barriers to Care

Health equity is achieved when every person in a community can live to their full health potential despite social and economic position or socially determined circumstances.¹ Health and wellness is not experienced the same across a community. Different groups experience the world differently and that impacts their health.

This section is intended to provide an introductory overview of several areas of health disparities and health equity concerns.

Social, Structural & Environmental Determinants of Health

Social, structural, and environmental determinants of health are conditions or factors in the places where people live, learn, work, and play that affect a wide range of health risks.² A person's health status is determined by genetics, environment, behavior, financial status, education, the social and community context in which they live, and access to health care. Poverty limits access to healthy foods which impacts health despite other positive behaviors. Similarly, safe and stable housing positively impacts health outcomes, and education is a predictor of better health outcomes.^{3, 4, 5}

Examining the social, structural, and environmental determinants of health can help us understand disparities in population health outcomes.⁶ For example, living in communities closer to industrial sites with heavy equipment traffic is likely to have a negative impact on health. Other differences in health outcomes are striking when comparing communities with unstable housing, low income, unsafe neighborhoods, or substandard education with communities of more affluence, safety, and educational attainment.

One of the most persistent social determinant issues that Santa Fe County grapples with is housing. Identified housing needs include expanded housing for the homeless, affordable housing for renters and homeowners, including options for lower-income families and the local workforce. A significant number of people who work in Santa Fe must commute from other communities for their jobs because of the high price of **housing**.

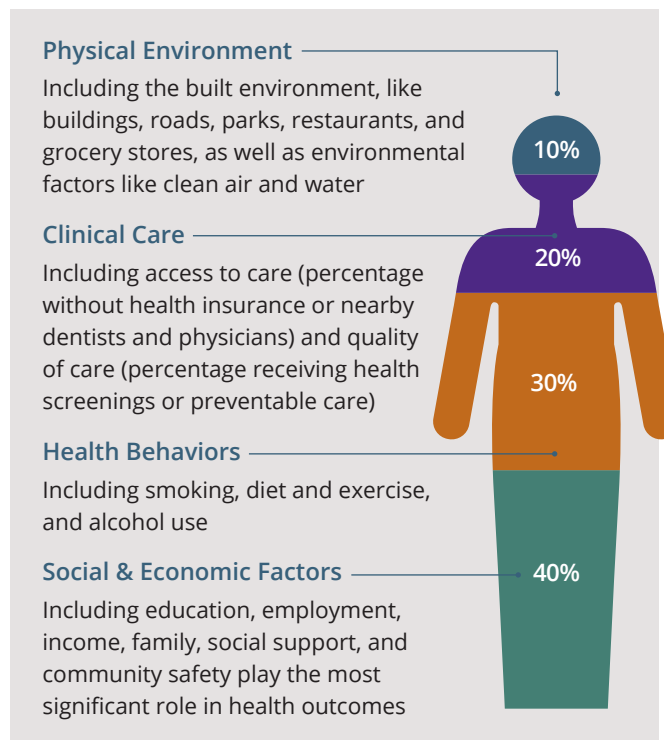
Homelessness has devastating consequences on individuals, families, and communities' health and well-being. Lack of stable housing is a significant barrier to improved health status among those identified as high

utilizers of hospital care and people with behavioral health conditions. Often these individuals are struggling with co-occurring issues of severe mental illness and substance abuse, complicated by complex social determinant of health needs. Repeatedly, these individuals grapple with the realities of lack of transportation, language barriers, not having a phone, and inability to follow up and attend appointments due to brain injuries, mental illness, and/or difficulties maintaining sobriety. Access to care for those community members who have the most complex range of social and environmental challenges continues to be an area of concern.

We also see the impact of unstable housing and homelessness on our community's youth. Homeless youth are almost **five** times more likely to report attempting suicide, **four** times more likely to report experiencing sexual violence, and **three** times more likely to get mostly Ds and Fs, than students who are not homeless.

Additionally, homeless youth are **40 times** more likely to report **heroin use** than youth with stable housing.⁷

The disparities between neighborhoods are apparent when looking at different census tracts and zip codes. The map below highlights the differences between the following Santa Fe County neighborhoods: Agua Fria Village, Hopewell Street/Triangle District, and Southeast/Museum Hill.

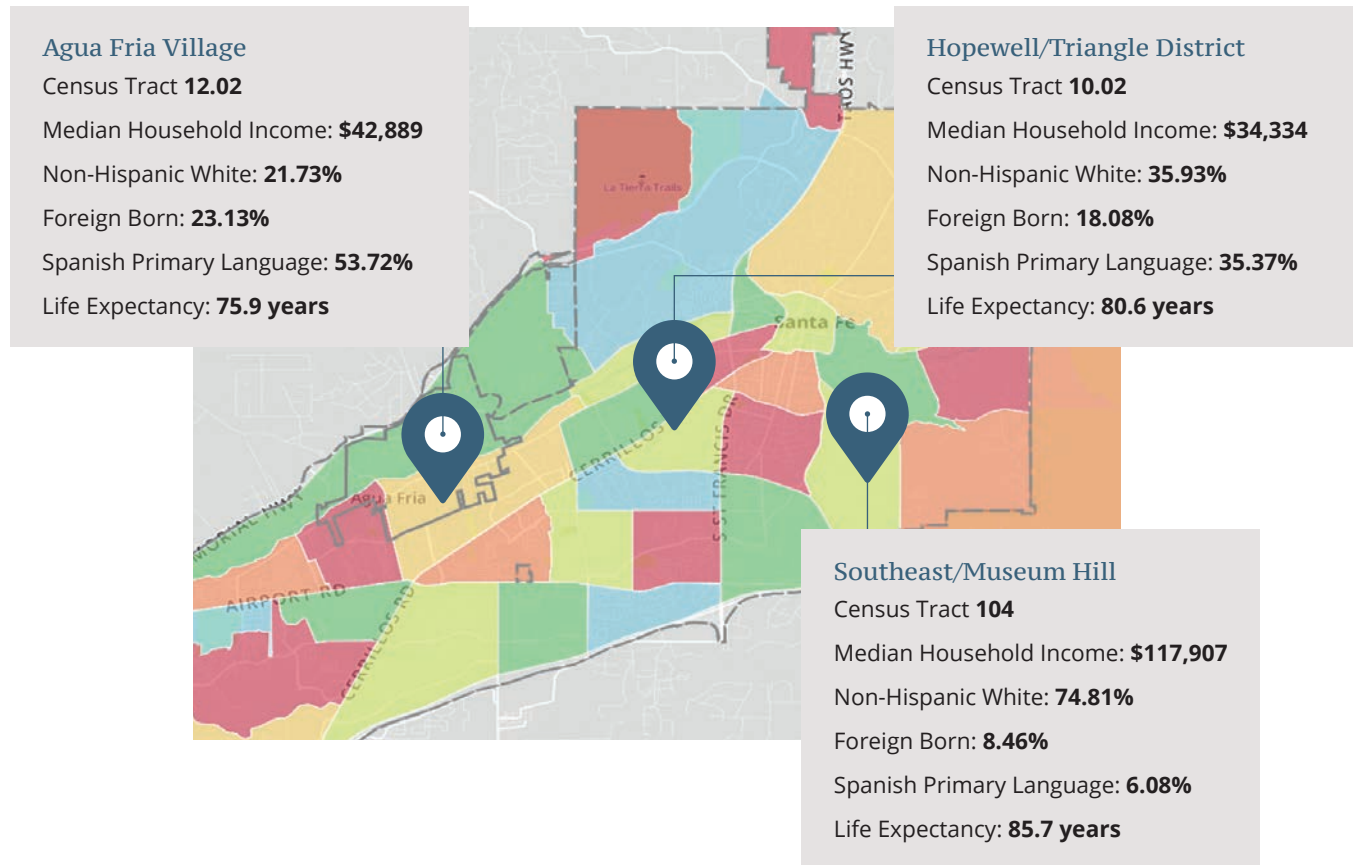


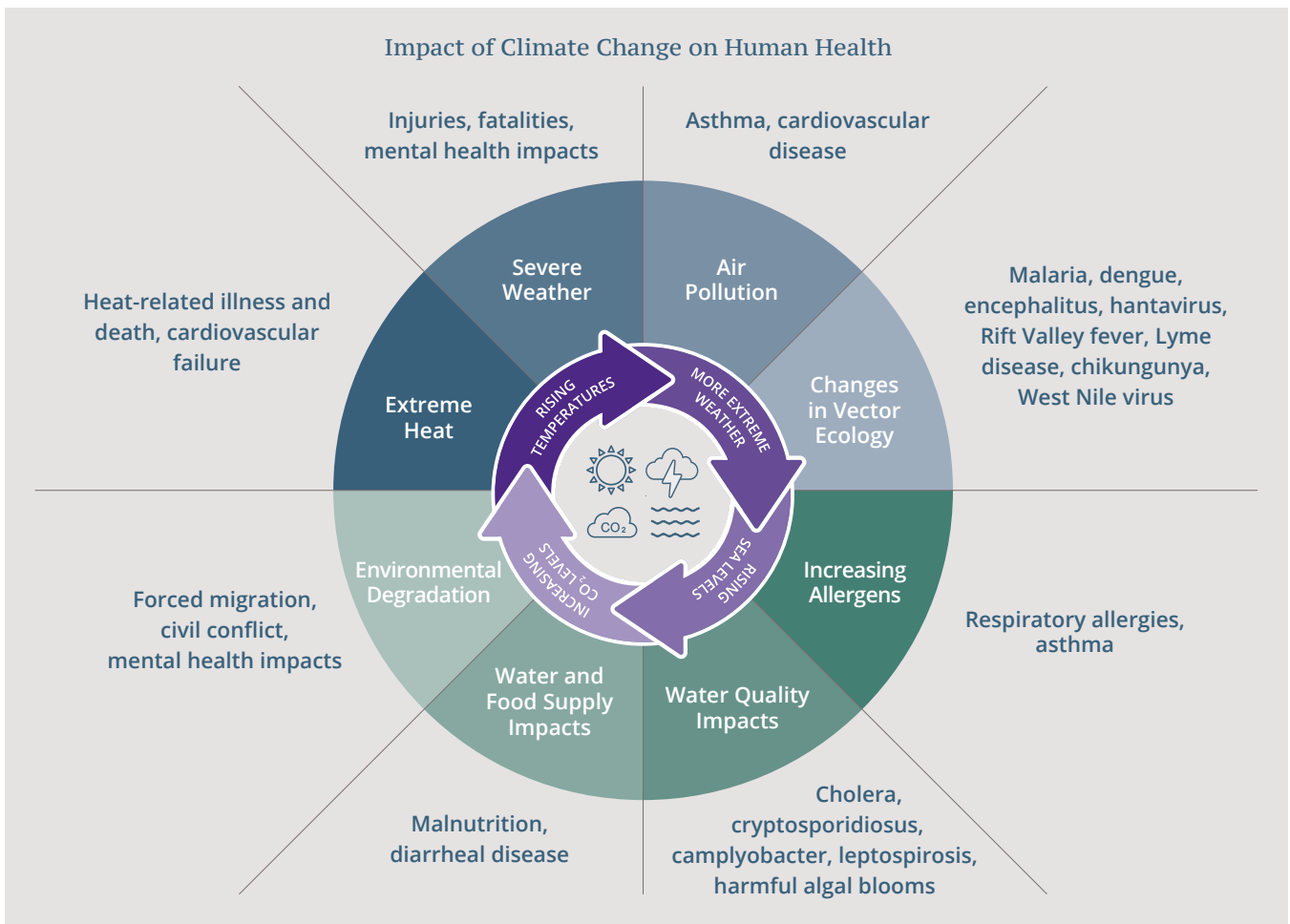
Source: Leadership Louisville Center (Infographic designed by Kate Stites, Brown-Forman Corp.)

The 87507 zip code, one of the most impacted sections of Santa Fe County by COVID-19, includes the Airport Road Corridor and Agua Fria Village. To date, 41% of COVID-19 cases have been in the 87507 zip code even though its population only represents one-third of Santa Fe County. Earlier in the pandemic, it had case counts that made up half of the total cases in Santa Fe County. Accompanying high case counts have been low vaccination rates.

CSV has worked with local officials, other medical centers, and community-based organizations to increase the vaccination rate in the 87507 area.⁸

The American Public Health Association (APHA) declared climate change as **“the greatest threat to public health today.”** APHA also notes “health risks and impacts of climate change are **not** equally or fairly distributed across people or communities.”⁹





Source: U.S. Center for Disease Control and Prevention

Climate change, together with other natural and human-made health stressors, influences health and disease in numerous ways. Some existing health threats will intensify, and new health threats will emerge.¹⁰

The CDC highlights the following health effects for the Southwest region of the U.S.:

Temperature-Related Death and Illness—Projected increases in hot days and extreme heat events in the Southwest will increase the risk of heat-associated deaths.

Air Quality Impacts—Ground level ozone air pollution, dust storms, particulate air pollution (such as from wildfires and dust storms), increase respiratory and other illness.

Vector-Borne Diseases—Heat extremes, warming, and changes in precipitation may influence the distribution and occurrence of vector-borne diseases like West Nile virus and may lead to the emergence of new disease(s).

Water-Related Illness—Prolonged droughts can affect drinking water availability, reduce water quality, and cause more people to seek medical treatment.

Food Safety, Nutrition, and Distribution—Food production in the Southwest is vulnerable to water shortages. Increased drought, heat waves, and mild winters can harm crops and livestock, exacerbate competition for water among agriculture, energy generation, and municipal uses, and increase future food insecurity. Droughts and wildfire in the Southwest have contributed to declines in traditional Indigenous staple foods, including fish, wildlife, acorns, corn, and pine nuts.

Mental Health and Well-Being—Climate change may weigh heavily on mental health in the general population and those already struggling with mental health disorders. One impact of rising temperatures, especially in combination with environmental and socioeconomic stresses, is violence towards others and self. Slow-moving disasters, such as drought, may affect mental health over many years. The loss of stability and certainty in natural systems may affect physical, mental, and spiritual health of Indigenous peoples with close ties to the land.¹¹

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) are traumatic and stressful events that children experience before the age of 18 that can directly impact health outcomes later in life. They include:

Abuse: emotional, physical, or sexual

Neglect: emotional or physical

Household/Family Dysfunction: parental separation/divorce, household substance use, household domestic violence, whether a household member was incarcerated, and/or the presence of mental illness in the household.

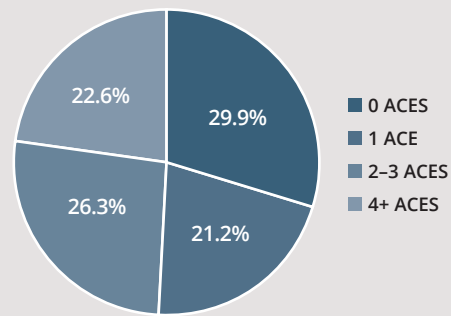
There is an association between traumatic childhood events such as childhood abuse and subsequent adult health risk behaviors and disease. The effects of Adverse Childhood Experiences (ACEs) can be seen as early as childhood and adolescence. The more ACEs a child experiences the more likely they are to experience other negative consequences later in life including substance use, heart disease, interpersonal violence, depression, suicide, and early initiation of smoking, to name a few.^{12, 13, 14}

These experiences in childhood can interrupt brain development due to elevated stress hormones in the body and brain. When large quantities of the stress hormone, cortisol, continues to be produced over long periods of time, the child's brain becomes less able to respond to stressful social situations appropriately.^{15, 16}

Adverse Childhood Experiences (ACEs) are not always obvious in survivors. Therefore, ACEs should be considered when working with people in health care, behavioral health, or social service settings. The 2019 Behavioral Risk Factor Surveillance System (BRFSS) data show that 67.6% of New Mexico adults have had at least one ACE compared to 39.8% of U.S. adults.¹⁷ In Santa Fe County, over 70% of adults report at least one adverse childhood experience, and nearly a quarter (22.6%) report four or more adverse childhood experiences.

New Mexico children experience ACEs at higher percentages compared to the United States. Nearly a quarter (23.4%) of New Mexico children have experienced one ACE and 25.6% had two or more ACEs. Compared to the national percentages of 21.6% of children that have one ACE and 18.2% of children who have two or more ACEs.¹⁸

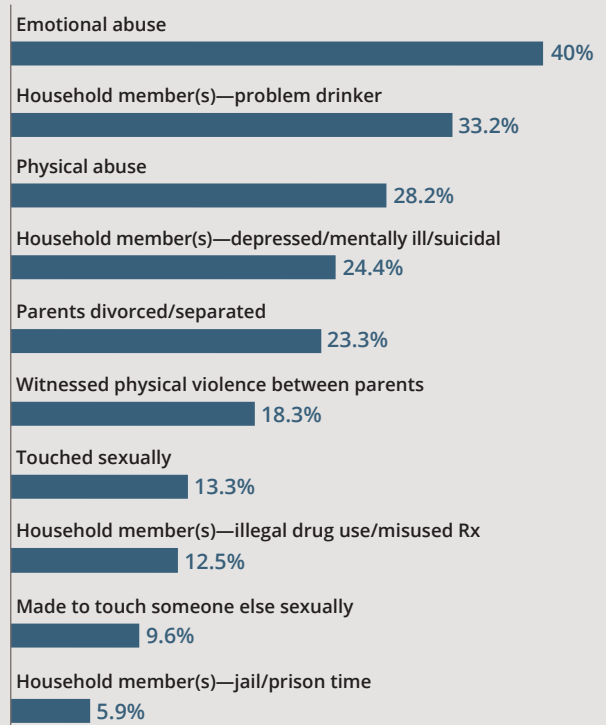
Number of ACEs Reported by Santa Fe County Adults



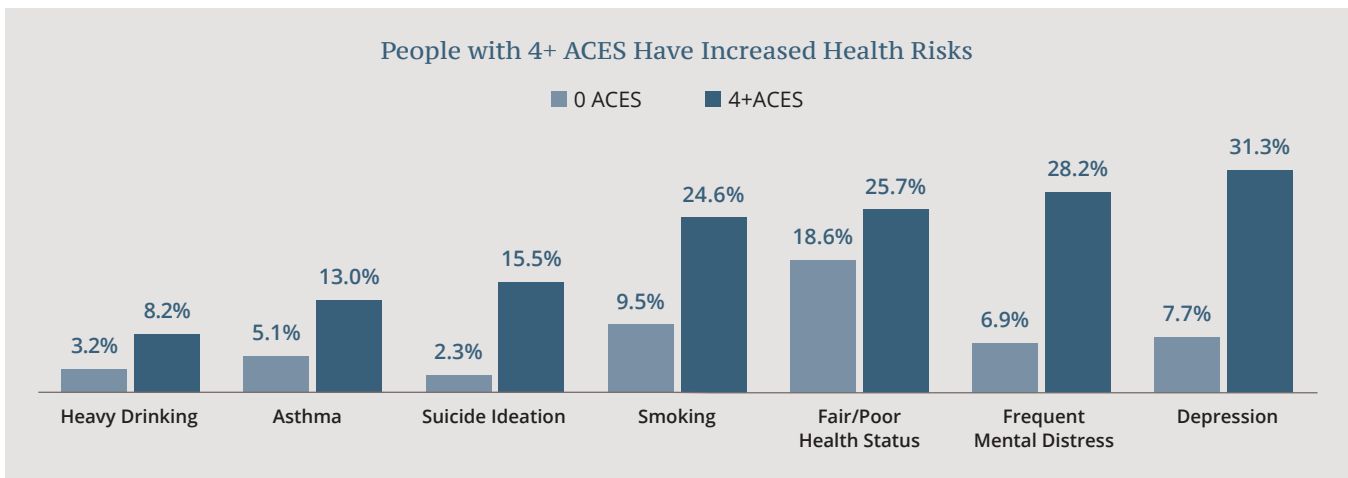
Source: NM Behavior Risk Factor Surveillance Survey, 2019

The more ACEs someone has, the greater risk of future poor health outcomes including chronic diseases, mental illness, addictions, violence, or other unhealthy behaviors. Understanding ACEs helps to link behaviors to something experienced by the individual rather than something that is wrong with the individual or purely biological in nature. Additionally, many people who have experienced ACEs develop automatic responses to stress that are based on childhood experiences and may struggle to regulate their emotions when stress is triggered. It is too early to understand what the long-term impact of the COVID-19 pandemic as an adverse childhood experience will have on the future health and well-being of individuals and communities.

Most Prevalent ACEs Reported by Santa Fe County Adults



Source: New Mexico Behavior Risk Factor Surveillance Survey, 2019



Source: NM Behavior Risk Factor Surveillance Survey, 2019

American Indian Health

Santa Fe County includes four federally-recognized tribal reservations—Tesuque Pueblo, Nambe Pueblo, Pojoaque Pueblo, and San Ildefonso Pueblo. The seven county service area of CSV includes several other pueblo tribes including San Felipe, Santo Domingo, Santa Clara, Ohkay Owingee, and Taos Pueblo. The main source of primary health care for our American Indian population is the Indian Health Service (IHS). The IHS Santa Fe Service Unit serves most of the surrounding pueblos with hospitals, clinics, and urgent care, as well as satellite clinics located in Santa Clara, Cochiti, San Felipe Pueblo, and the Santo Domingo (Kewa) Pueblo.¹⁹ The IHS is chronically underfunded and under-resourced. In 2018, most of its hospitals reportedly were operating with fewer than 50 total beds, while the agency had about 20% fewer doctors than what it believed was ideal.

Santa Fe draws American Indians from other tribes and Alaskan Natives from across the country. This provides challenges because this large percentage of American Indians living off their pueblo or reservation homelands, coined “Urban Indians” are not included in the IHS facilities budget that is derived from the count of local Pueblo residents, and does not include funding from the originating tribes of those who have relocated to Santa Fe County. This places a strain on existing limited resources. According to the National Council of Urban Indian Health, approximately 78% of American Indians reside in urban areas, but only 1% of the IHS budget is allocated for Urban Indian Health.²⁰

It shouldn’t be surprising that American Indians experience worse health outcomes when you consider the lack of financial investment into a key health system. American Indians and Alaskan Natives face significant

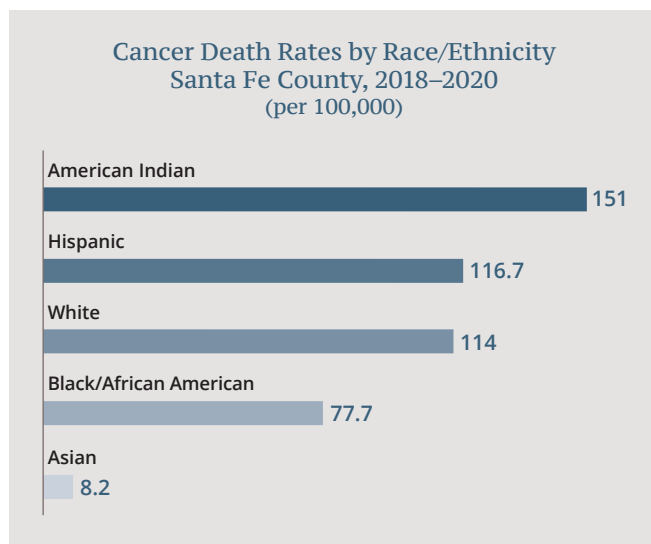
health disparities when compared to the general U.S. population. This is especially apparent in behavioral and mental health, with adjusted death rates from alcoholism (520% greater) and suicide (60% greater) compared to overall death rates in the United States.²¹

The New Mexico Behavioral Risk Factor Surveillance System (BRFSS) 2019 data reports that American-Indian/ Alaska Natives (33.3%) had a higher percentage of four or more ACES compared to White (22.0%) and Hispanic (23.7%) adults in New Mexico. As previously discussed, there is a strong correlation between the number of ACES an individual has experienced and the prevalence of harmful health behaviors and negative health outcomes.¹⁷

Data from the 2019 New Mexico Youth and Risk and Resiliency Survey indicate that American Indian youth experience some health risk factors more than the overall New Mexico youth average:

- 42.7% of New Mexico American Indian high school students reported being overweight or obese compared to 31.8% of New Mexico high school students statewide.²²
- 36.9% of New Mexico American Indian high school students reported marijuana use in the past 30 days compared to 28.4% of New Mexico high school students statewide.²²
 - Of the American Indian high school students who reported using marijuana, 43% had tried it by the age of 13.²²
 - Of the American Indian high school students who reported using marijuana, 1 in 4 have driven after using marijuana at least one in the past 30 days.²²

American Indians experience higher rates of cancer death in Santa Fe County than other racial and ethnic groups.



Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

According to the Centers for Disease Control and Prevention, American Indian and Alaska Native people are 5.3 times more likely than White people to be hospitalized due to COVID-19, the largest disparity for any racial or ethnic group. There are numerous reasons why Native Americans are particularly susceptible to the virus, including social inequities and disproportionate prevalence of preexisting conditions—such as diabetes, heart disease, asthma, and obesity—that can put them at increased risk of severe illness. Many also live in multigenerational homes with large families, which can make social distancing a challenge. Lack of access to clean running water also hampers the ability to maintain hand hygiene. Access to quality health care is also an issue.²⁴ Our American Indian focus group participants identified barriers to accessing care that included cost and lack of insurance coverage. While options for health insurance outside of IHS, including Medicaid and Medicare are available, many do not know how to navigate those systems and both systems have limitations.

The following table highlights the disparities between White residents and American Indian/Alaska Natives residents in both COVID-19 case and death rates during the first six months of the Pandemic.

The pandemic also led to a spike in risk factors for mental health, including social isolation, unemployment, overall feelings of insecurity and instability, and grief associated with the death of loved ones. Indigenous communities reported an increased prevalence of anxiety and depression, increased suicide cases, increased substance use, and increased incidence of domestic violence since the start of the pandemic. COVID-19 social distancing measures presented barriers to access behavioral and mental healthcare including closure of both inpatient and outpatient treatment facilities, inability to get an in-person appointment with a provider, and fear of leaving the home due to the possibility of contracting the virus.²¹

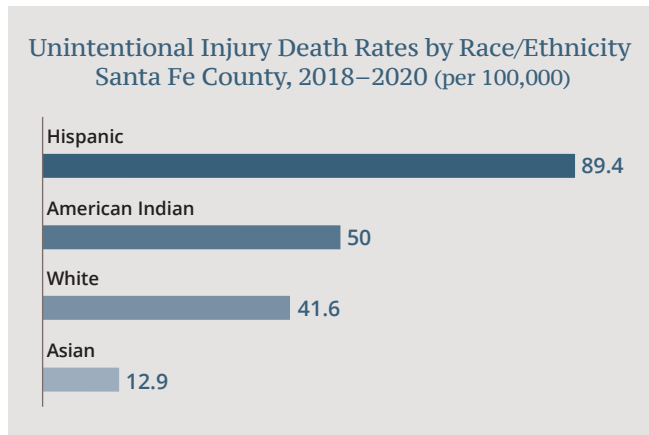
During the first wave of COVID-19, nearly all the patients in the CSV COVID-19 Unit were American Indians including many Navajo residents far from their homes and traditions. The influx of American Indians into CSV provided numerous learning opportunities for CSV medical providers, nurses, and other staff to address the holistic health needs (body, mind, and spirit) for our American Indian patients and their families. CSV identified opportunities to improve American Indian care by providing additional and ongoing cultural competency training, as well as, possibly creating a cultural navigator position to ensure that CSV provides inclusive care to ensure the best health outcomes possible.

Population	Case Rate	Death Rate
American Indian/Alaska Native individuals	3,624.4	202.1
White Individuals	233.6	11.1

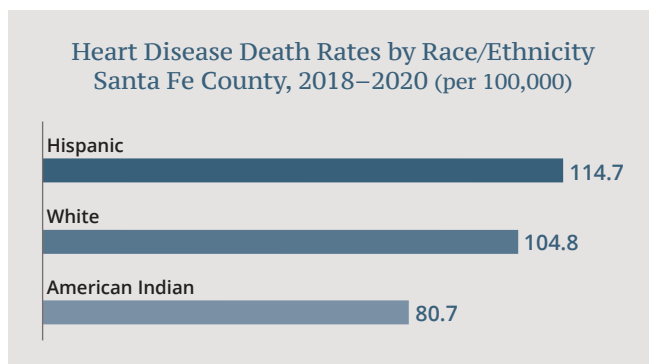
Source: U.S. News and World Report - 2020

Racial and Ethnic Minorities

Health disparities based on race and ethnicity, beyond what exists for American Indian residents, persist in Santa Fe, in New Mexico, and in the United States. Across several health indicators, Hispanic residents have worse outcomes than White residents. Additionally, Hispanic residents in Santa Fe County are more likely to report (22.3%) that their general health is fair or poor than White residents (10.5%).²⁵



Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics



Source: New Mexico Department of Health Bureau of Vital Records and Health Statistics

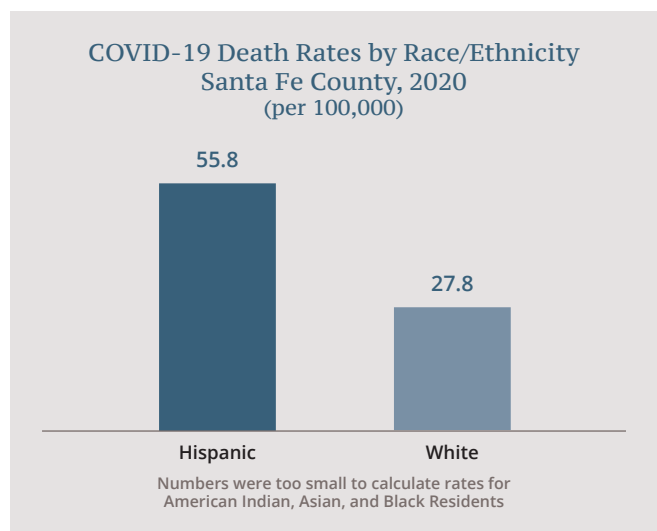
While Black residents comprise a small percentage of the Santa Fe County and New Mexico population, 1.2% and 2.6% respectively, they experience significant health disparities.²⁶ In 2019, the New Mexico Department of Health released *Health Equity in New Mexico*, 13th edition. This report highlights health disparities throughout New Mexico. Key findings include ²⁷:

- Only 57.9% of Black women accessed early prenatal care compared to 70.5% of non-Hispanic White women
- Black women have the highest infant mortality rates, followed by Hispanic women

- Black women continue to have a higher percentage of low birth weight infants than women from any other race or ethnicity
 - National research suggests this is due, in part, to negative physiological impacts of stress resulting from lifelong experiences of racism and discrimination
- Black adults have the highest heart disease death rate than the overall state rate and that of all other racial and ethnic groups
- Black residents are victims of homicide at rates several times higher than non-Hispanic White residents
- Smoking rates remain high among Black residents
- Diabetes prevalence is significantly higher among Hispanic adults than White adults
- Hispanic, American Indians and Black residents experience more dental health disease than White residents

Youth residing in New Mexico, but born outside the U.S., also experience some concerning health risks. Foreign born youth that are English speakers are **twice** as likely to report suicide attempts (22.9%) than U.S. born English speakers (8.7%). They also are more likely to experience sexual violence, use heroin, smoke marijuana, and smoke cigarettes.⁷ The risk of losing their primary caretaker to deportation is a constant and unique stressor for any child of undocumented immigrants living in the U.S.

In the United States, people of color have been disproportionately impacted by the coronavirus pandemic.²⁴ In Santa Fe County, Hispanic residents had higher COVID-19 death rates in 2020 than non-Hispanic White residents.



Source: New Mexico Department of Health Bureau of Vital Health and Statistics

LGBTQIA+

Individuals who identify as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex, Asexual, and other sexual identity or sexual orientation) are members of every community. They are diverse and include people of all races and ethnicities, all ages, and all socioeconomic statuses. The inclusion of their perspectives and needs must be considered in public health efforts to improve the overall health of every person and eliminate health disparities. Members of the LGBTQIA+ community are at increased risk for a number of health threats. Social and structural inequities, such as stigma and discrimination may result in less than optimal health outcomes for many LGBTQIA+ individuals. Social inequality is often associated with poorer health status, and sexual orientation has been associated with multiple health threats. Additionally, there is a need for culturally competent and gender affirming medical care and prevention services specific to the LGBTQIA+ community.²⁸

A 2018 New Mexico Department of Health presentation on inequities states that adults who identify as a sexual or gender minority often report the following health disparities:

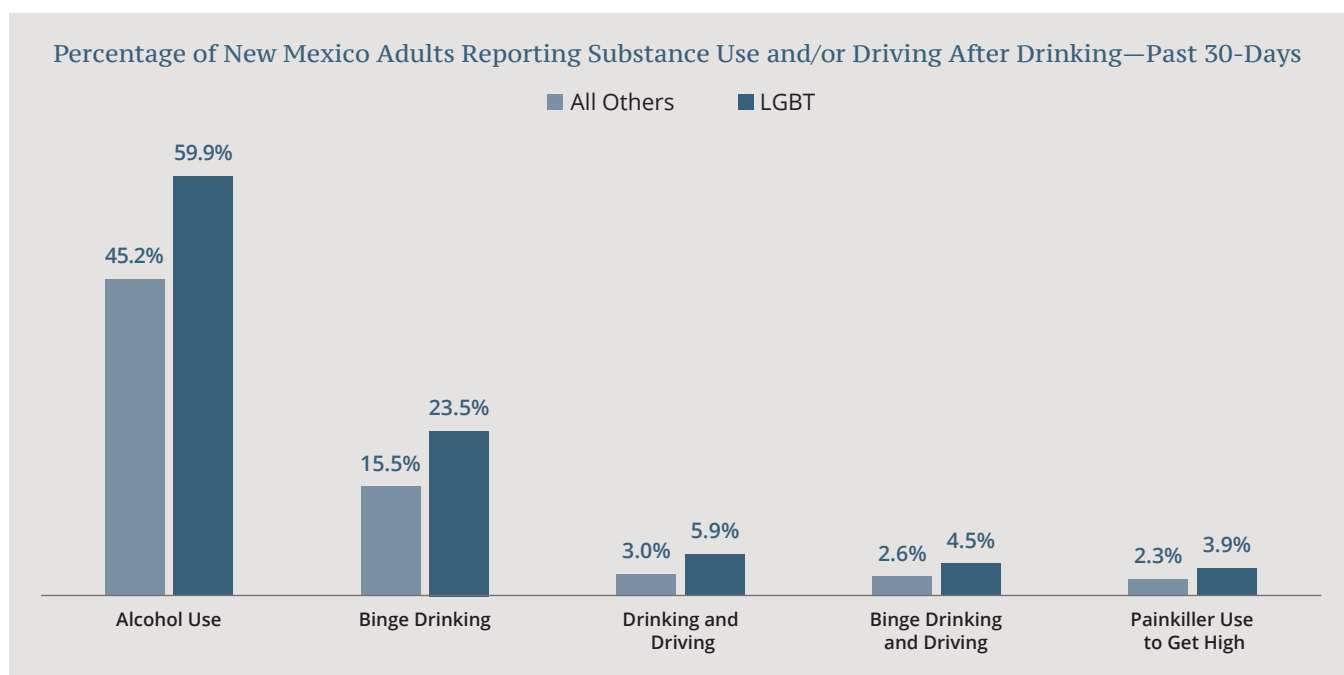
1. Difficulty accessing preventative care services (include HIV testing, mammograms, and other cancer screenings)
2. Discrimination from healthcare providers
3. Higher likelihood of disabilities

4. Increased risk for mental health issues, including depression and suicidal ideation
5. Increased use of tobacco, excessive drinking, and other substance use
6. Heightened risk of cardiovascular disease and more days of poor physical health
7. Higher rates of sexually transmitted infections²⁹

The New Mexico Office of Substance Abuse Prevention’s 2019 New Mexico Community Survey indicates that adults who identify as LGBTQIA+ report more instances of driving under the influence of substances or alcohol than those who identify as straight or cisgender.

The 2019 New Mexico Youth Risk and Resiliency Survey indicates that 13.7% of Santa Fe High School Students identify as lesbian, gay, or bisexual. An additional 5.3% report being uncertain of their sexual orientation. Three percent identify as transgender, genderqueer, or genderfluid. An additional 2.4% are uncertain about their gender identity.

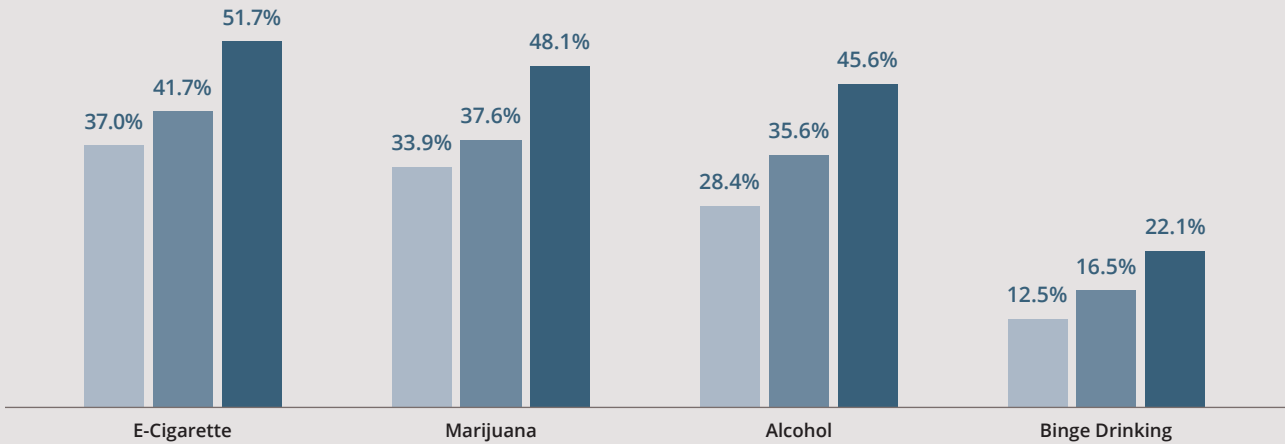
Youth who identify as lesbian, gay, bisexual, gender non-conforming, or those who are unsure are the most likely to report being kicked out their home, running away from home, or being abandoned. It is estimated that while 7% of youth are LGBTQIA+, an astounding 40% of homeless youth identify as LGBTQIA+.²⁹ Youth who identifying as LGBTQIA+ also are more likely to report substance use and mental health risks than students who identify as “straight” or “cisgender.”⁷



Source: New Mexico Community Survey, 2019

Percentage Reporting Substance Use—Past 30-Days
Santa Fe County High School Students

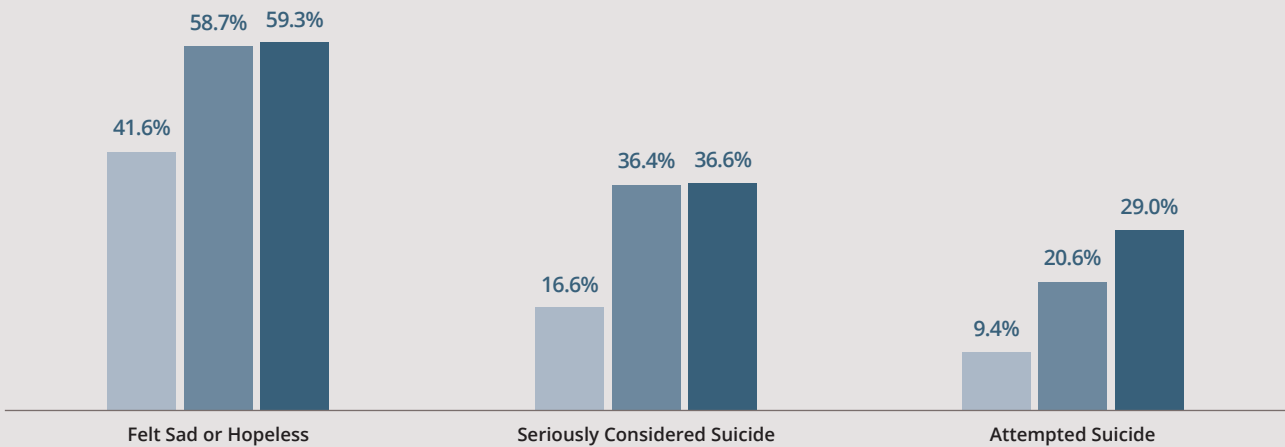
■ All Students ■ Lesbian, Gay, Bisexual, or Unsure ■ Transgender, Genderqueer/fluid, or Unsure



Source: NM Youth Risk & Resiliency Survey, 2019

Percentage Reporting Mental Health Risks
Santa Fe County High School Students

■ All Students ■ Lesbian, Gay, Bisexual, or Unsure ■ Transgender, Genderqueer/fluid, or Unsure



Source: NM Youth Risk & Resiliency Survey, 2019

For information and education on LGBTQIA+ terminology and how to be an ally, please find one of the many resources online including, www.hrc.org/resources/glossary-of-terms and www.cdc.gov/lgbthealth.



Maternal & Early Childhood Health



Indicator 1: Healthy Pregnancy

Prenatal Care in the First Trimester

Indicator 2: Healthy Births

Preterm (Premature) Birth

Babies Born with Low Birthweight

Neonatal Abstinence Syndrome (NAS)

Indicator 3: Healthy Infants & Toddlers

Childhood Immunizations

Access to Childcare

Healthy Pregnancy

69.3%

of Santa Fe pregnant women reported receiving prenatal care in the first trimester in 2019

Healthy Births

8.6%

of Santa Fe babies were born prematurely in 2020

11.5%

of Santa Fe babies were born with low birthweight (under 5.5lbs) in 2019

27.2

per 1,000 Santa Fe babies were born with Neonatal Abstinence Syndrome in 2019

Healthy Infants & Toddlers

7.9%

of Santa Fe children age 2 years and younger have access to high quality childcare

71.9%

of New Mexico children 19–35 months old received their recommended childhood immunizations on schedule

Three multifaceted priority indicators were identified to represent Maternal & Early Childhood Health in Santa Fe County:

- **Healthy Pregnancy**
 - Prenatal Care in the First Trimester
- **Healthy Births**
 - Preterm (Premature) Birth
 - Babies Born with Low Birthweight
 - Neonatal Abstinence Syndrome (NAS)
- **Healthy Infants & Toddlers**
 - Childhood Immunizations
 - Access to Childcare

The selected indicators measure the three stages within the Maternal & Early Childhood Lifespan Area—Pregnancy, Newborns, and Infants & Toddlers. The future health and stability of our community begins with the health and well-being of those being born now. Pregnancy and the first months and years of life are key points in a child’s development—it sets the trajectory for their future learning, growth, health, and emotional development.

Why Is This Important?

Early childhood is a time of great growth and development. Healthy development in the early years provides the building blocks for educational achievement, economic productivity, responsible citizenship, lifelong health, strong communities, and successful parenting of

the next generation.³¹ In 2020, there were 1,105 births in Santa Fe County, and 4.1% of the Santa Fe County population (6,348) were under age five years old.

A baby’s future success is strongly correlated with a strong and healthy start in life.³² Prenatal care is the foundation of a healthy pregnancy, labor, and delivery. Early and regular prenatal care is important to the health of both the baby and mother. Regular visits to healthcare providers can allow them to identify and treat complications as soon as possible.³³ **Babies of mothers who do not get prenatal care are *three times more likely to have a low birth weight and five times more likely to die than those born to mothers who do get care.***³⁴ Early prenatal visits also allow doctors to share about how to give unborn babies a healthy start to life.³⁴ The 2020 Santa Fe rate exceeded the *U.S. Healthy People 2030* goal, but Santa Fe has not consistently met that goal (no more than 9.4% of all births are pre-term).

Premature births and babies born with low birthweight are interrelated. Newborns who are born too soon, too small, or who become sick are the greatest risk of death and disability.³⁵ *The U.S. Healthy People 2030* goal is that only 9.4% of all births are considered preterm.

Babies born under 5.5 pounds are at an increased risk for health problems including neurodevelopmental disabilities and respiratory disorders. They also can have lifelong issues with social functioning, behavioral health, and additional challenges.^{35, 36} Risk factors linked to low birthrates include the age of the mothers, especially

women under 16 or over 40, lack of prenatal care, social disadvantage, maternal stress, smoking, environmental pollution in the home or outside, and lack of weight gain during pregnancy.^{37, 38, 39}

Exposure to drug and alcohol use during pregnancy also can have lifelong ramifications. Neonatal Abstinence Syndrome (NAS) is a group of conditions caused when a baby withdraws from certain drugs they are exposed to in the womb before birth. NAS is most often caused when a woman takes opioids during pregnancy. But it also can be caused by antidepressants, barbiturates or benzodiazepine use.⁴⁰ Babies born with NAS are at heightened risk of being born with low birthweight and jaundice, often requiring intensive care.^{41, 42, 43, 44} Babies born with NAS may have problems breathing, sleeping and feeding, excessive crying, body shakes and seizures, an unhealthy attachment to caregivers, and fever.⁴¹ As they grow older, they may have developmental problems with speech, language, hearing loss, and learning. They also may need early intervention services to help them walk, talk, and interact with others.^{45, 46}

Early childhood years are a time of rapid development. Routine pediatric checkups throughout the first few years of life are essential to identify and address developmental delays or concerns. Not seeing a pediatric provider at recommended intervals can mean delays are not identified nor addressed appropriately. Postponed identification and care of delays can have long-term, even lifelong, impacts.

For many families, a good start in life for their new babies includes high-quality childcare. Sadly, quality infant-toddler programs in the U.S. are not common and often are inaccessible for those children who could benefit the most. Generally, if quality childcare can be found, it consumes an enormous part of a family's budget.

Poverty in the early years of a child's life has especially harmful effects on continuing healthy development and well-being including developmental delays and infant mortality. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment. For low-income children, high-quality early childhood programs can make the difference between success and failure. However, they often only have access to low-quality care that can be detrimental to development.³²



Low quality care is often categorized by high ratios between adult caregivers and children, a lack of developmentally appropriate materials, and unsafe physical environments.

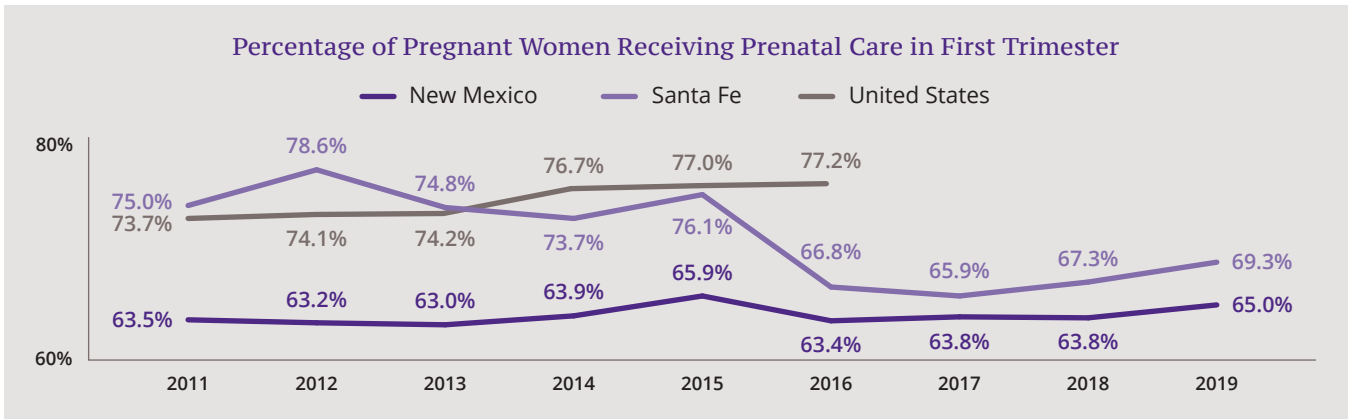
In Santa Fe County, 25% of children under the age of five years old live in poverty, compared to approximately 18% in the U.S.

Support for babies and families includes having access to affordable and compassionate prenatal care, services families might need for their new infant and other children, nutrition, along with accessible, high-quality pediatric care and childcare.

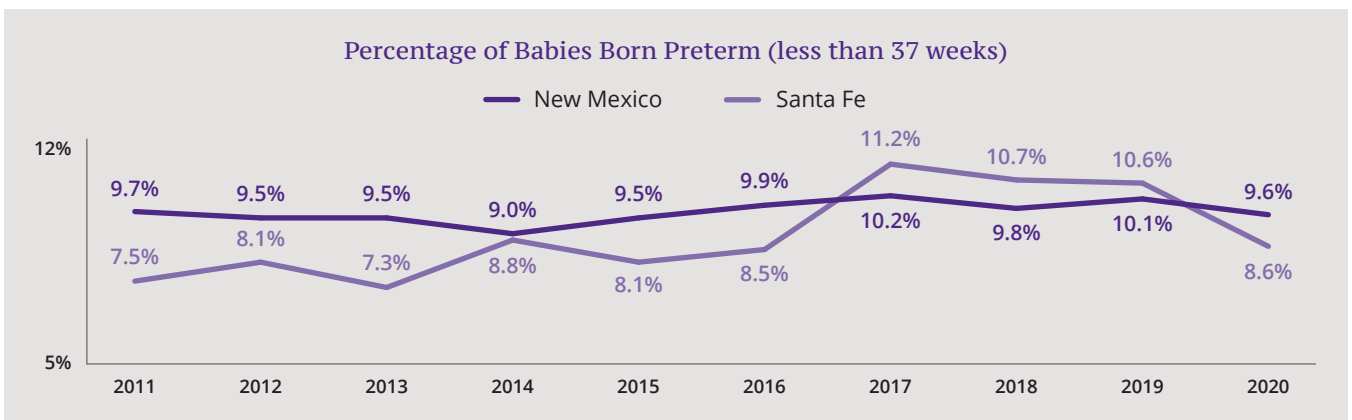
How Are We Doing?

Santa Fe County and New Mexico struggle with poor maternal and early childhood health measures—continuing to perform below national levels and goals. Unfortunately, fewer women in Santa Fe are accessing prenatal care compared to those in the nation. While there was a slight uptick in 2019, Santa Fe is still nearly 10 points below the national average, and below the *U.S. Healthy People 2030* goal of 80.5%.

While most babies born in Santa Fe County are considered to be born full-term, 8.6% of Santa Fe babies were born preterm in 2020. The 2020 Santa Fe rate exceeded the *U.S. Healthy People 2030* goal, but Santa Fe has not consistently met that goal, which is that no more than 9.4% of all births are pre-term.



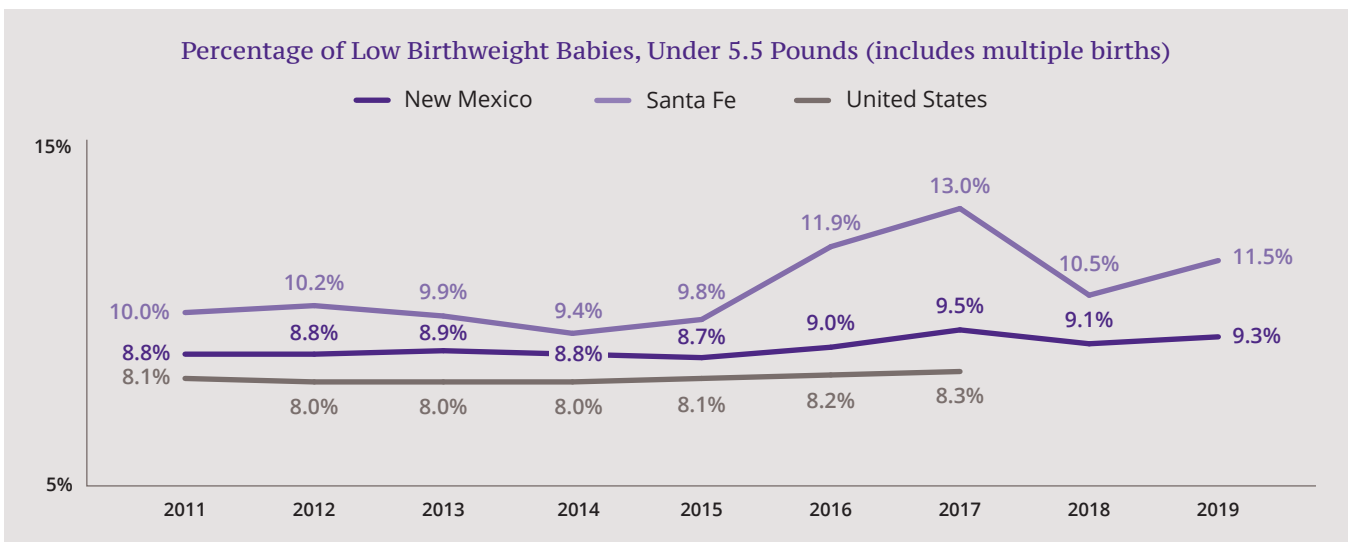
Source: New Mexico Department of Health Bureau of Vital Health and Statistics



Source: New Mexico Department of Health Bureau of Vital Health and Statistics

Preterm birth is correlated to the percentage of babies born with a low birth weight. Santa Fe continues to perform worse than the state in the percentage of low

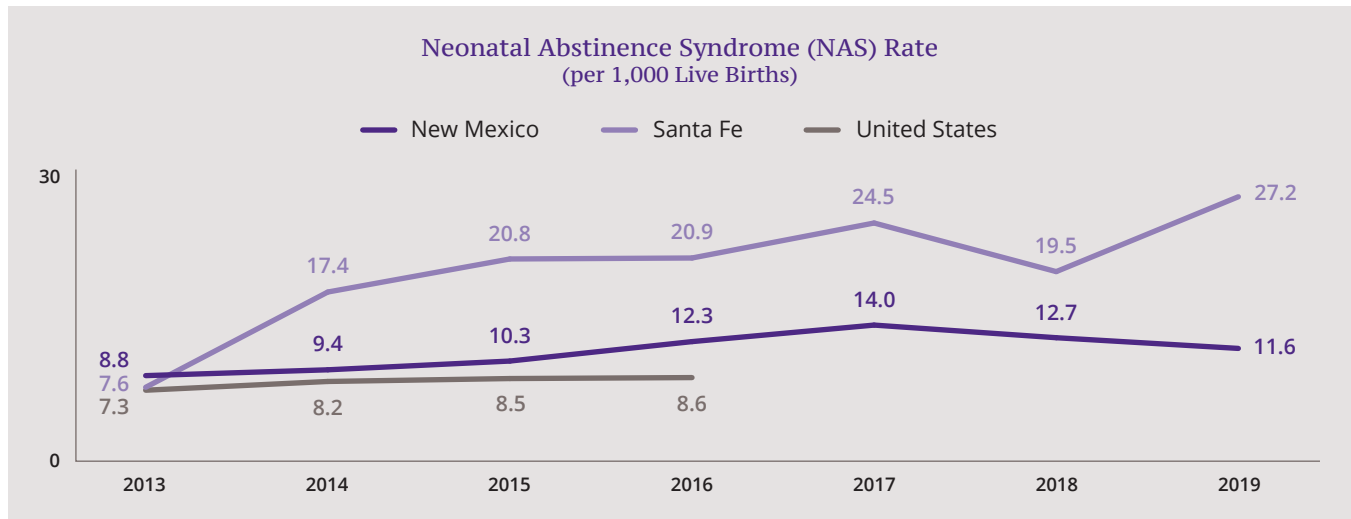
birth weight births, and both Santa Fe and New Mexico perform worse than the national average. In 2019, 11.5% of all births in Santa Fe County were considered low birth weight.



Source: New Mexico Department of Health Bureau of Vital Health and Statistics

Drug and alcohol use and misuse continues to grow dramatically throughout Santa Fe County including among those who are pregnant. In 2019, 27.2 of babies born per 1,000 live birth have Neonatal Abstinence Syndrome (NAS). In 2018, the rate was 19.5.

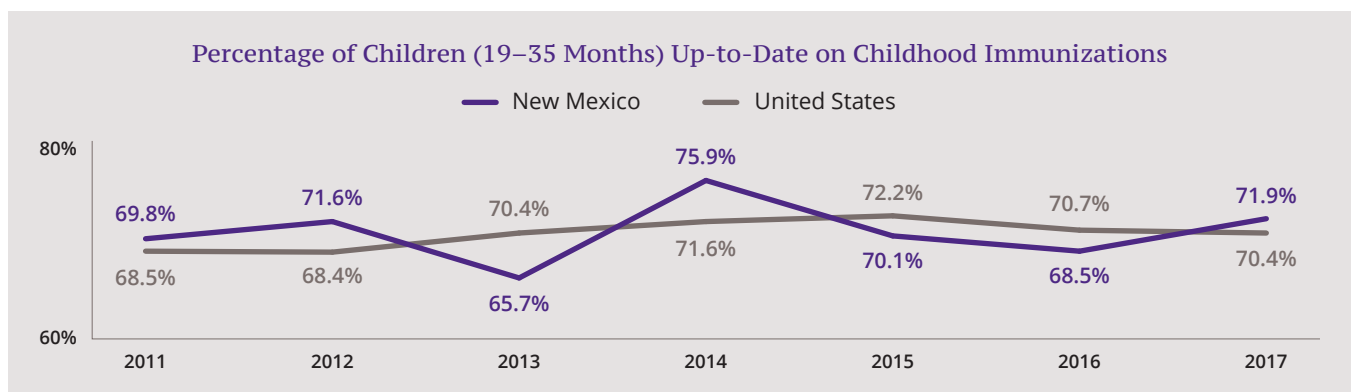
Babies born to mothers with addictions in Santa Fe is **more than double** the New Mexico rate and **more than three times** the national rate.



Source: New Mexico Hospitalization Inpatient and Discharge Database (HIDD)

Childhood immunizations are used as a proxy for pediatric care visits. In 2017, New Mexican children completed their childhood immunizations on par with the nation at 71.9%. This means, however, that nearly 30% of New Mexico children were not up to date with the recommended course of childhood immunizations. While some children are seen for routine exams by

pediatric providers and are not up to date as the result of familial, religious, or cultural reasons, there are other children who are not being seen at all. This lack of access to recommended medical care can mean developmental delays are not being identified and addressed—resulting in long-term consequences.



Source: CDC ChildVaxView and NM Department of Health

Access to high-quality childcare is limited in Santa Fe. There are not nearly enough licensed spots for children under two years of age. Childcare for prekindergarten and school age children is also limited. Only 8% of Santa Fe County children under age two had access to high-quality childcare (STAR 4 or 5). An additional 7% of children under two years old had access to a licensed childcare spot that is not at a STAR 4 or 5 level. Other families needing to access childcare are left with limited options, including unregulated childcare and leaving the workforce. This critical shortage of regulated childcare can have a profound impact on individual children and families as well as the community.

Santa Fe County, 2021	
Number of Children Under Age 2	2,466
Childcare Capacity in 4 and 5 Star Sites Under Age 2	195
Childcare Capacity All Sites Under Age 2	374

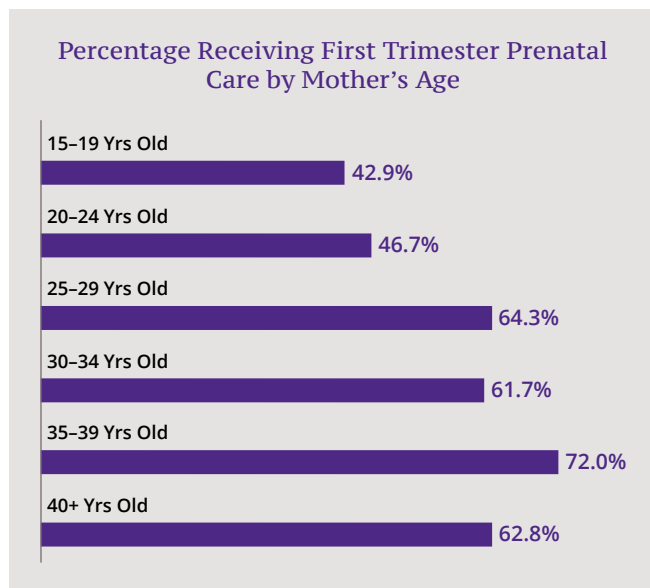
Source: <https://ibis.health.state.nm.us/indicator/view/ChildCareCapacity/Infant.Cnty.html>

What Is The Story Behind the Data?

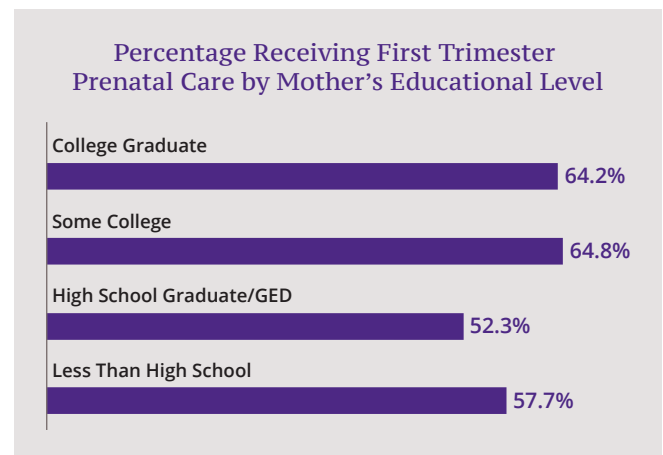
When New Mexico expanded Medicaid eligibility in 2014, it significantly expanded coverage to New Mexicans, particularly for pregnant women and children. The expansion increased access to prenatal and postnatal care. Despite this increase in access, barriers to care remain.

Disparities exist for women and their children based on mother’s age, education level, race/ethnicity, and location. Pregnant women under 25 are less likely to receive prenatal care in their first trimester than other age groups. Women with at least some college had a higher percentage of receiving first trimester prenatal care than women with a high school diploma or less education. American Indian/Alaska Natives were the least likely to receive prenatal care in the first trimester. Women living in rural and mixed urban-rural counties are less likely to receive first trimester prenatal care than women in metropolitan counties.

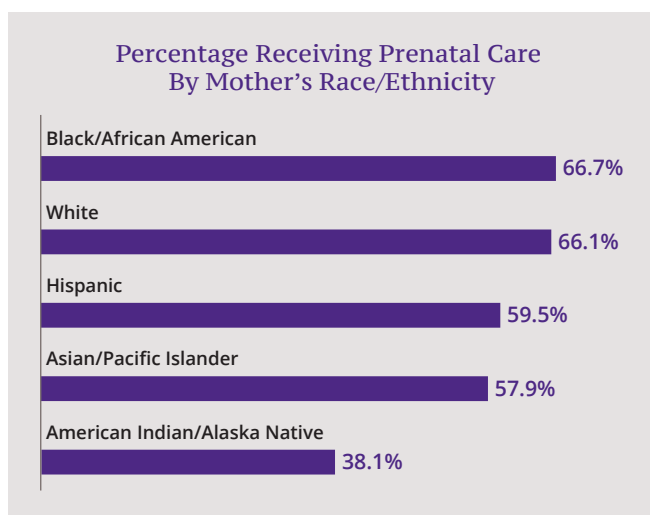
Other factors that limit access to prenatal care in the first trimester include financial difficulties regardless of income, not knowing about the pregnancy, difficulty getting an initial appointment, transportation, or an undesired pregnancy.⁴⁷



Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2020



Source: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2020



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

As overdose rates increase in Santa Fe, so has the Neonatal Abstinence Syndrome (NAS) rate. The prevalence of substance use in Santa Fe County is one reason NAS is on the rise. Maternal substance use can be inextricably linked to delayed access to prenatal care, preterm births, and low birthweight babies. Mothers may avoid care because of perceptions or experiences of stigma as well as feelings of guilt and fear.⁴⁸ Increasing access to treatment services, especially for pregnant women, could help reduce NAS. Additionally, increasing knowledge of existing Medication Assisted Treatment programs for pregnant women also is essential for directly impacting NAS rates and other related pregnancy and birth outcomes.

Lack of quality childcare is an enormous burden on Santa Fe families. It limits job opportunities, threatens economic stability and advancement, and prevents children from participating in healthy environments to learn and grow. Several focus group participants stated they didn't know what they would have done if they hadn't had family and/or friends to provide care for their young children until a spot opened up in a childcare facility.

Efforts are being made to address many of the early childhood health issues previously listed. Santa Fe has an active multidisciplinary Early Childhood Steering Committee dedicated to improving access to programs and services for babies and children including high quality childcare. In 2020, New Mexico officially launched its Department of Early Childhood Education and Care. Its mission is to optimize the health, development, education, and well-being of babies, toddlers, and

New Mexico Metropolitan Counties	70%
New Mexico Mixed Urban-Rural Counties	59.2%
New Mexico Rural Counties	62.4%

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

preschoolers through a family-driven, equitable, community-based system of high-quality prenatal and early childhood programs and services. The future health of Santa Fe is inextricably linked to the health and well-being of today's babies and children and their families.

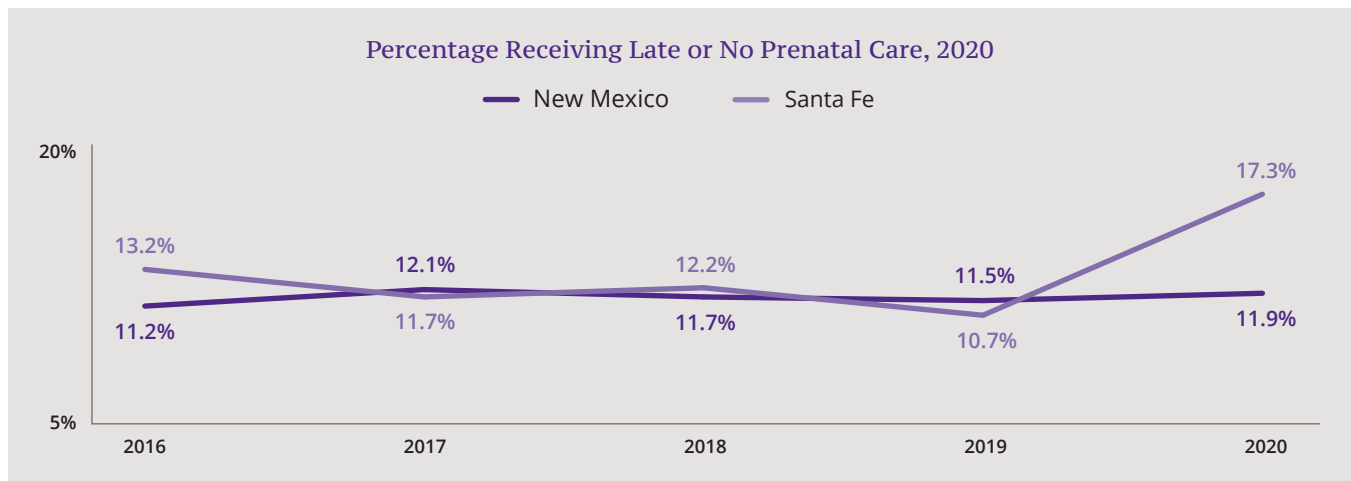
COVID-19 Impact

The COVID-19 pandemic had direct and indirect effects on maternal and early childhood health.

A literature review focusing on the direct and indirect impacts of the COVID-19 pandemic on maternal and perinatal health, found that prenatal care visits decreased during the first year of the pandemic.⁴⁹ In the U.S., an online survey of 4,451 pregnant women found nearly a third reported elevated levels of stress, with alterations to prenatal appointments cited as a major reason for this elevation.⁴⁹ This may explain the large increase in the number of Santa Fe County pregnant women delaying prenatal care or not receiving it at all in 2020 (up from 10.7% to 17.3%).

Nearly a third (31%) of mothers between the ages of 15-19 years had late or no prenatal care. Nearly a quarter (23.48%) of Santa Fe County mothers with less than a high school diploma had late or no prenatal care in 2020. A fifth (21.35%) of those that were high school graduates had late or no prenatal care and 40.5% of American Indian/Alaska Natives in Santa Fe County received late or no prenatal care in 2020.⁵⁰

Numerous studies are underway to determine the impact of the COVID-19 pandemic and overall preterm birth rates. To date, there have been several studies that demonstrate a decrease in the odds of preterm birth compared to pre-pandemic rates. One U.S. study reported a significant (25%) decrease in the odds of preterm birth during the COVID-19 pandemic compared with a similar pre-pandemic period.



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

While the reasons for a decrease are unclear, some hypotheses include decreased work hours, reduced physical and/or emotional stress of work, being home with support from family, being able to have time to exercise, and reduced exposure to environmental pollutants from reduced air pollution. Further research is needed to better understand the overall data, possible correlations, and if data demonstrates decreased preterm labor among all population groups.⁵¹

As mentioned previously, preterm births and low birth weights are interconnected. Not surprisingly, several early studies demonstrate that low birth weight rates improved during the COVID-19 pandemic.^{52, 53, 54} However, more research is needed to examine the drivers of this change and if any other conditions developed or increased with the corresponding decrease in low birth weight rates.

Pre-pandemic, Neonatal Abstinence Syndrome (NAS) had been increasing. Additionally, drug overdose deaths, particularly related to opioids has been increasing. While we don't have NAS rates yet for 2020 (year one of the COVID-19 pandemic), we anticipate an increase based on what we know about drug use and the decreased access to prenatal care during the same time frame.

A Centers for Medicare & Medicaid Services report describes concerning declines in health care utilization during the COVID-19 pandemic for the nearly 40 million children enrolled in Medicaid and the Children's Health

Insurance Program (CHIP) nationwide. Data reflect a steep decline in children's engagement in both primary and preventive care, driven by stay-at-home orders in states across the nation.⁵⁵

From January through May 2020, the number of Medicaid and CHIP-enrolled children under age two receiving vaccinations **declined by more than 30 percent**. From March to May 2020, there were sharp declines in key health services including an over 40% decrease in health screenings, 44% fewer outpatient mental health services, and an almost 75% reduction in dental services. While child health services utilization has begun to increase, use of these essential child health services has not yet returned to pre-pandemic levels.⁵⁵

Access to childcare has also been constrained by COVID-19. Data from a July 2020 survey by the National Association for the Education of Young Children (NAEYC) illustrates the struggle child care providers are experiencing because of COVID-19. While most of the New Mexico providers who answered the survey were operational, 94% were serving fewer children than they were prior to the pandemic. Overall enrollment was down by 65%. Nearly 40% of respondents had to cut wages, furlough, or lay off staff. At the same time, expenses increased. Childcare programs are struggling to reopen which merely exacerbates the reality as families struggle to find affordable, quality childcare.⁵⁶



School-Age Children & Adolescent Health

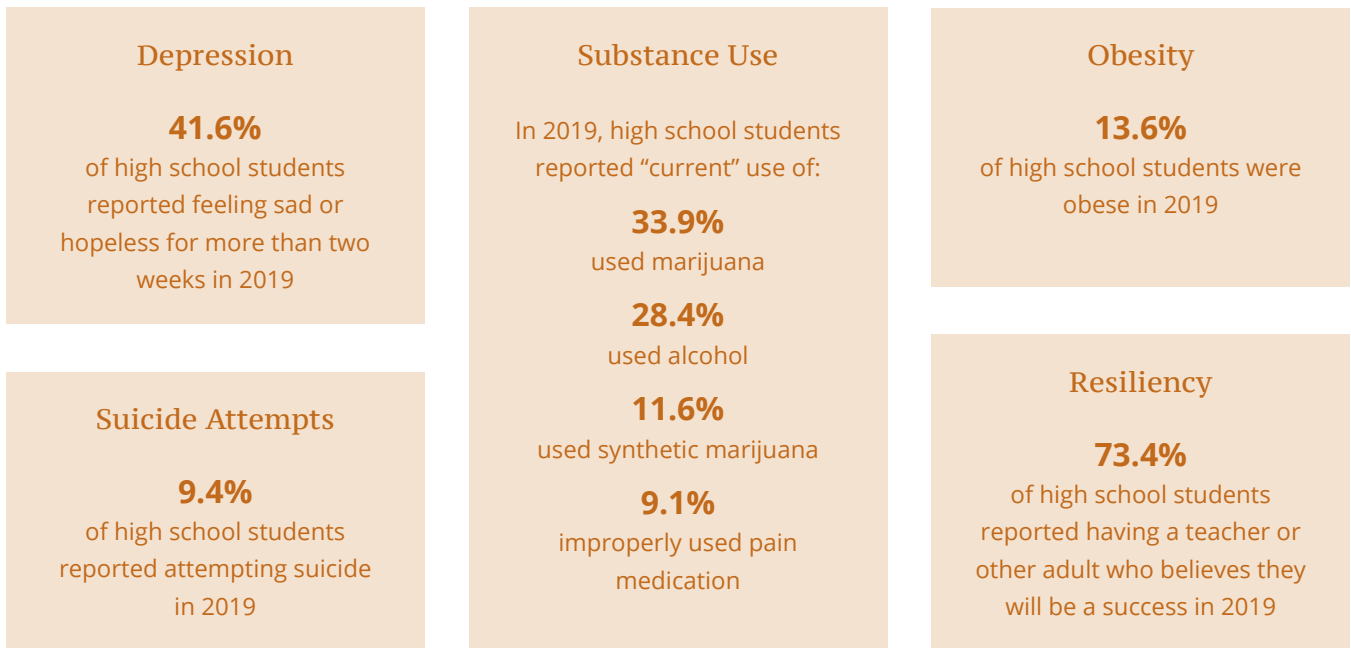


Indicator 1:
Depression &
Suicide Attempts

Indicator 2:
Substance Use

Indicator 3:
Resiliency

Indicator 4:
Obesity



Four priority indicators were identified to represent School-Age Children & Adolescent Health in Santa Fe County:

- **Depression & Suicide Attempts**
- **Substance Use**
- **Obesity**
- **Resiliency**

The selected indicators attempt to gain a comprehensive picture of the physical and mental health of adolescents. Adolescence is the transition between childhood and adulthood and is a time of continued development and has specific health needs associated with it. Unfortunately, youth in our community do not have equal access to protective factors that improve health and well-being. We continue to see troubling data in depression, substance use, obesity, and other factors that make it more difficult for youth to flourish.

Why Is This Important?

Adolescents develop health and behavior patterns that can impact lifelong health and well-being. The selected priority indicators are each linked to long-term health outcomes and offer insights to opportunities for interventions that can create a healthier future for our communities.

Youth flourish when they learn meaningful skills, when they are given opportunities to use them, and are recognized by others for applying those skills as they transition into adulthood.⁵⁷ The effects of Adverse

Childhood Experiences (ACES) can be seen as early as adolescence—underscoring the importance of prevention and early intervention.

Chronic health conditions, including mental illnesses such as depression, can begin in adolescence and early interventions can dramatically improve outcomes. Causes of mental illness are often due to complex interactions between a person’s genes and their environment. Studies indicate social inequities, such as discrimination and poverty, are related to developing mental illness.⁵⁸ (See the section on Health Equity and Barriers to Care for more information about how inequities impact health outcomes.) Mental instability makes everyday life including school and socializing difficult.⁵⁹ National studies demonstrate that stigma prevents people from seeking help for mental illness.⁶⁰

Substance use among adolescents has multiple ramifications. Substance use:

- affects the growth and development of teens, especially brain development;
- occurs more frequently with other risky behaviors, such as unprotected sex and dangerous driving; and
- contributes to the development of adult health problems, such as heart disease, high blood pressure, and sleep disorders.

Additionally, the earlier a teen starts using substances, the greater their chances of continuing to use substances and developing substance use problems later in life.⁶¹

Obesity impacts both mental and physical health. Adolescents affected by obesity are at an increased risk for impaired glucose tolerance which can lead to Type 2 diabetes, cardiovascular disease in adulthood, hypertension, high blood pressure, among other complications.^{62, 63} Females who are obese during adolescence face increased reproductive and gynecological health risks. Psychological challenges of obesity include low self-esteem, distorted body image, and strained peer relationships.^{64, 65, 66, 67} Healthy eating habits and physical activity can help prevent obesity. Adult focus group members expressed concern for the mental health consequences that adolescents may face as the result of bullying over their weight.

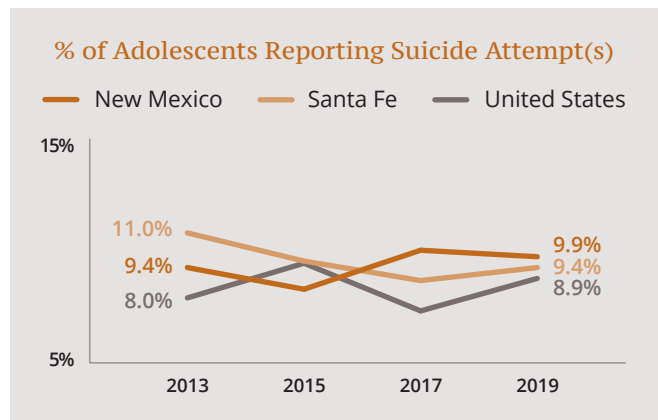
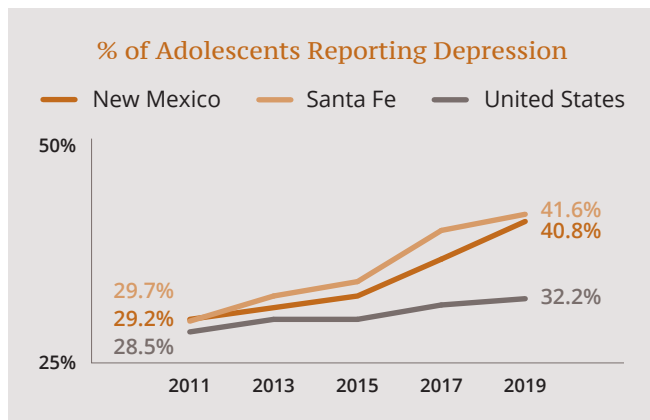
Resiliency helps buffer and protect young people from negative situations or conditions.^{68, 69} Youth in Santa Fe who report having a teacher or other adult who believes they will be a success are less likely to be involved in physical fighting, skipping school, being bullied, attempting suicide, or using substances like cigarettes, alcohol, and other drugs.⁷⁰ Caring adults add to the

resiliency of children and youth by supporting them, expressing care and concern for their well-being, and letting them know they believe in their success.

How Are We Doing?

In the most recently available Youth Risk & Resiliency Survey (YRRS, 2019), Santa Fe high school students reported increased feelings of sadness or hopelessness in the past year which has kept them from doing regular activities. There is also a corresponding increase in the prevalence of self-reported suicide attempts among high school students (9.4%).

The percentage of self-reported depression among Santa Fe high school students is higher than New Mexico and nearly 10 percentage points higher than the national average. Data from the New Mexico Office of the Medical Investigator’s 2020 Annual Report indicates that 79% of the suicide deaths of New Mexico residents under the age of 19 years are males. Gunshot wounds are the most common method of suicide deaths (55.3%). While more males die by suicide than females (likely due to the lethality of method used), the data indicates that adolescent females, overall, are more likely than adolescent males to report feeling depressed and to make plans and suicide attempts.



Source: United States and New Mexico High School Youth Risk and Resiliency Survey

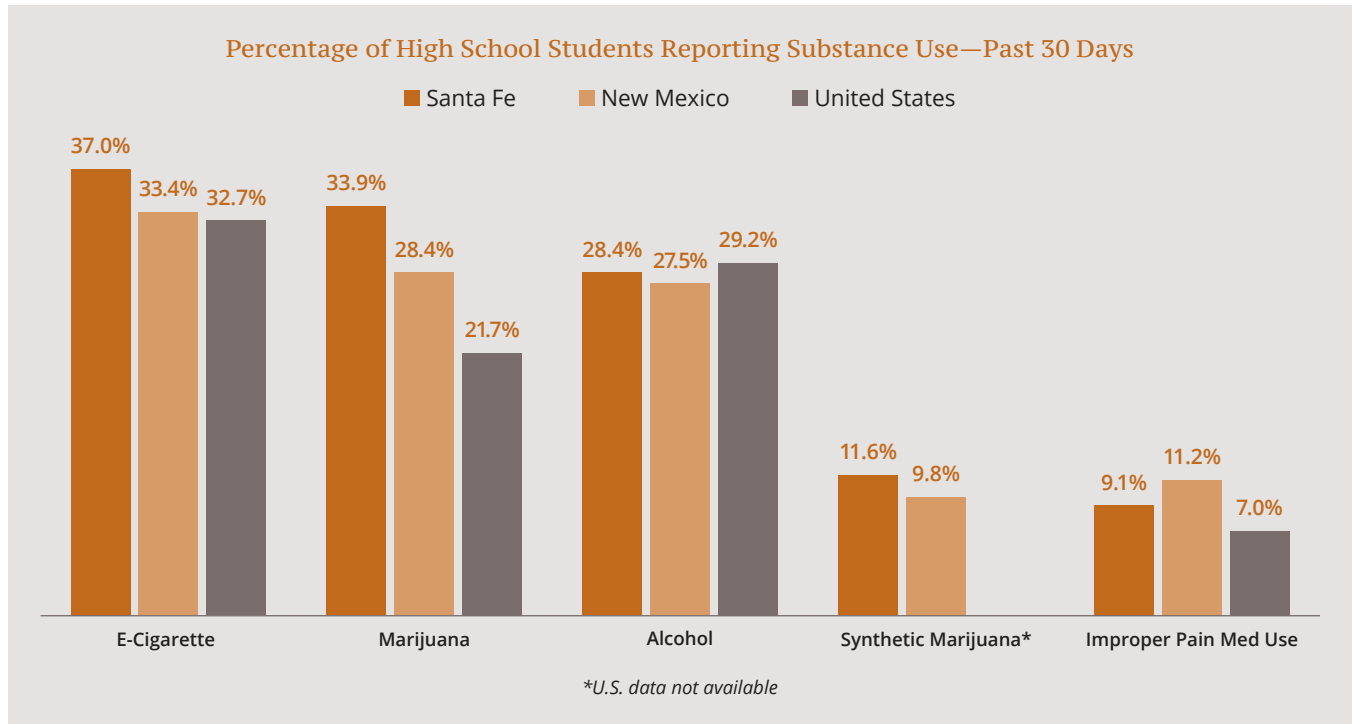
Santa Fe County High School Students Reporting	Females	Males
Felt Sad or Hopeless	53.0%	30.1%
Made a Suicide Plan	15.4%	11.5%
Attempted Suicide	10.6%	7.9%

Source: New Mexico Youth Risk and Resiliency Survey, 2019

Substance use among Santa Fe high school students is common. The five most frequently used substances reported by high school students are E-Cigarettes, marijuana, alcohol, synthetic marijuana, and improper use of pain medication. Nearly 30% (28.7%) of Santa Fe high school students have been offered drugs on school property. Teen focus group participants shared that accessing drugs is easy, and if they or if any of their friends wanted to buy drugs, they could do it with ease.

If a youth in your life is experiencing depression and/or thoughts of suicide, contact the New Mexico Crisis and Access Line 24/7 at 1.855.NMCRISIS (662.7474).

Locally, the Sky Center provides free counseling for youth and families. Contact the Sky Center at 505.473.6191.



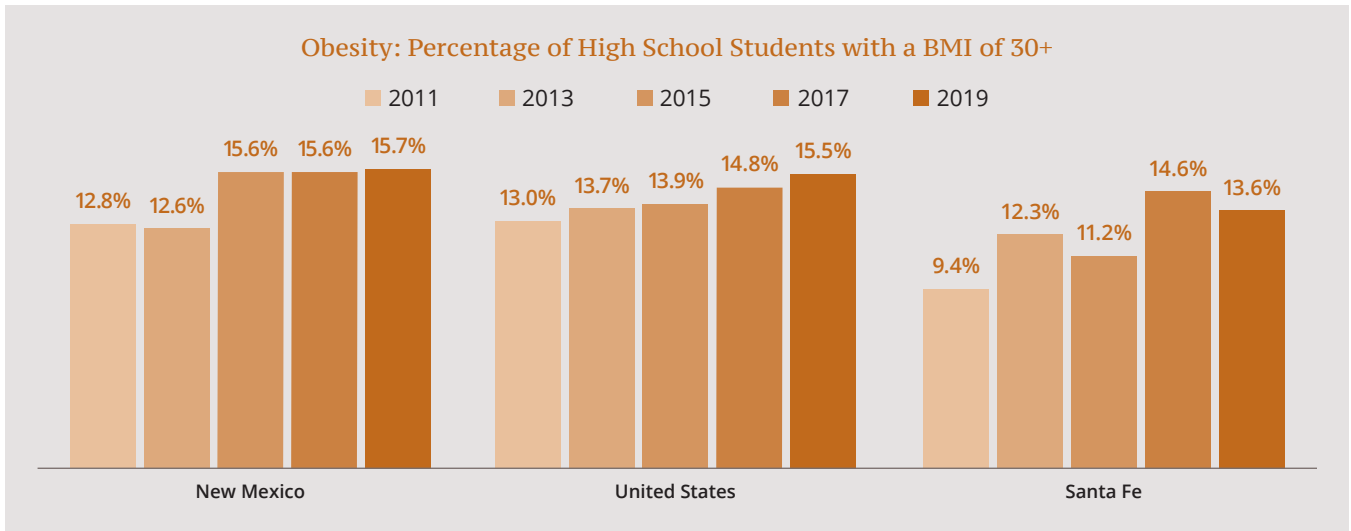
Source: United States and New Mexico High School Youth Risk and Resiliency Survey/Youth Risk Behavior Survey

Over half of high school students reported having had alcohol, and over one-fifth have used marijuana at least once. The accompanying chart highlights the alarming number of high school students who tried alcohol or marijuana before the age of 13 years old.

An individual’s weight can have a significant impact on their current and future health. Obesity among Santa Fe high school students has increased from 9.4% in 2011 to 13.6% in 2019. There was a slight decrease from 2017 to 2019 from 14.6% to 13.6%.

Percentage of Santa Fe County High School Students Reporting	
Ever Drank Alcohol	57.1%
First Alcoholic Drink Before Age 13	22.5%
Ever Used Marijuana	20.9%
Used Marijuana Before Age 13	17.6%

Source: New Mexico Youth Risk and Resiliency Survey, 2019



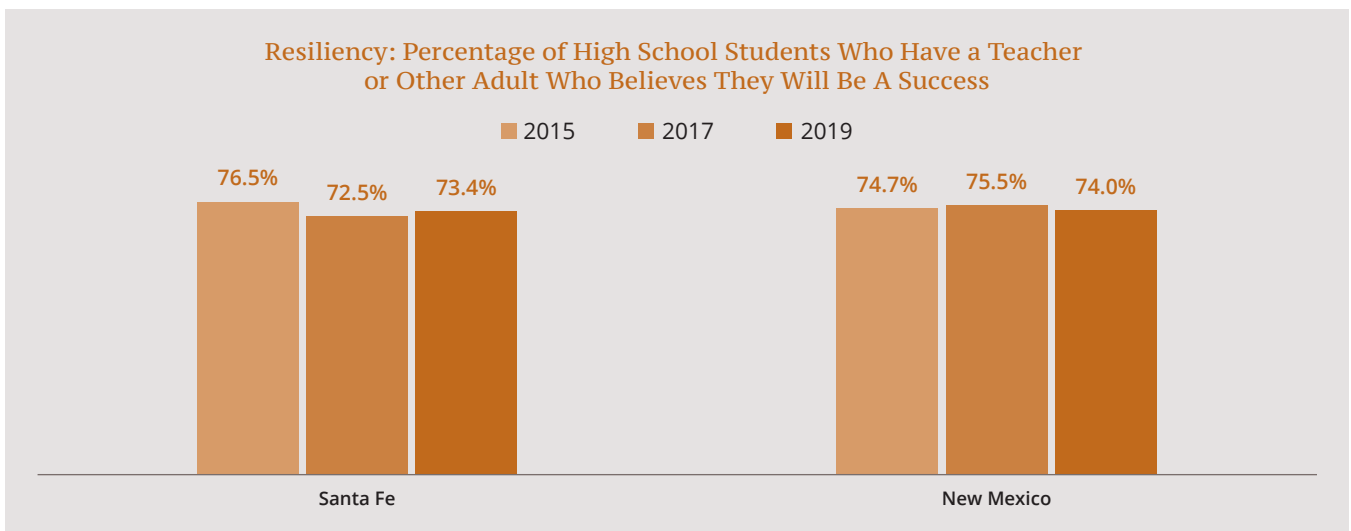
Source: United States and New Mexico High School Youth Risk and Resiliency Survey/Youth Risk Behavior Survey

Poor nutrition and lack of physical activity contribute to obesity. New Mexico Youth Risk and Resiliency Survey data illustrates some of the concerning eating and physical activities habits among Santa Fe high school students.

Underpinning poor mental and physical health, can be an inability to navigate life stressors and overcome challenges. Building and strengthening resiliency among youth can lead to improvement in other health outcomes. Nearly a quarter (73.4%) of Santa Fe high school students report that they have an adult in their lives who believes they will be a success.

Physical Activity and Nutrition At A Glance Percentage of Santa Fe County High School Students Reporting	
Daily Physical Activity	24.7%
Daily Physical Education In School	15.4%
Screen Time (TV/Computer/Video) Three or More Hours Daily	56.0%
Five Servings of Fruit or Vegetables Daily	19.9%

Source: New Mexico Youth Risk and Resiliency Survey, 2019



Source: United States and New Mexico High School Youth Risk and Resiliency Survey/Youth Risk Behavior Survey

While the data is encouraging, there is concern for the more than 25% of high school students who don't have an adult in their life who believes in their success. These students are more at risk for negative mental and physical health outcomes than their peers with a supportive adult in their lives.

What Is the Story Behind the Data?

The effects of Adverse Childhood Experiences (ACEs) can be seen as early as childhood and adolescence. ACEs include abuse, neglect, and family dysfunction. The more ACEs a child experiences the more likely they are to experience other negative consequences in life including substance use, heart disease, interpersonal violence, depression, suicide, and early initiation of smoking, to name a few.^{12, 13, 14} There also is a link between ACEs and obesity. While it is important to examine nutrition, healthy food access, and physical activity in determining the causes of obesity, it also is important to consider psychosocial determinants.⁸⁰

Teen focus group participants shared that it is hard for families to eat healthy meals together because of work schedules. They also expressed that the cost of healthy food and the time it takes to prepare them can outweigh the benefits. They also noted that physical education is no longer required in middle and high school as it has been in years past.

When risk factors continue from childhood to adolescence, they are associated with increased likelihood of youth substance abuse. However, not all youth who experience risk factors will develop substance abuse problems. Some individuals are exposed to protective factors that may keep them from using substances. The presence of multiple protective factors can lessen the impact of a few risk factors. For example, strong protection, such as parental support and involvement, could diminish the influence of strong risks, such as having peers who abuse substances.⁷¹

Poverty is a strong factor in the accumulation of adverse childhood experiences (ACEs) and subsequent toxic stress correlated with unfavorable health outcomes in adulthood.⁷²

18% of Santa Fe County children and adolescents under the age of 18 years old live in poverty.

Teen focus group participants mentioned the lack of activities for young people in the places where they live and attend school, including the lack of free or inexpensive activities. These limitations can negatively impact physical and mental health. It also decreases the opportunity for youth to have a positive adult (e.g., coaches, instructors, etc.) in their life. This can diminish resiliency factors. Not being able to access productive activities can increase boredom and provide opportunities to engage in risky activities like vandalism as well as drug and alcohol use.

Teens expressed concerns about violence in the community and the easy accessibility of guns for both teens and adults.

Teen focus group participants reported having peers who have struggled with depression and have made suicide attempts. Participants expressed concerns about the ability to access mental health care in the community. They also shared concerns that guidance counselors and therapists would not maintain confidentiality if they have more serious issues that are required by law to be reported. This impacts their willingness to access care. Young people who become system savvy in these ways can keep concerning behaviors hidden and require caring adults to develop trust with them to be able to provide them the help and support they need.

All of the youth in our focus group believed they have at least one adult in their lives that believes in them and their success. Many expressed having more than one person their lives like this, and they believed many of their friends felt similarly. The data, however, demonstrated that there are approximately 25% of youth who don't have a supportive adult in their lives. Youth who are disconnected are more likely to experience negative social, behavioral, and health outcomes. Disconnection can happen when young people drop out of school where they are connected to a system of supportive services and adults or if they are marginalized for identifying as LGBTQIA+. According to True Colors United, a nonprofit focused on supporting young people who are experiencing homelessness and identify as LGBTQIA+, 40% of homeless youth are LGBTQIA+ as a result of their family's refusal to acknowledge their sexual orientation or identity and causing this disconnection.⁷³

Nearly nine percent (8.63%) of youth between 16 years and 19 years old are neither working nor are they enrolled in school.⁷⁴ Nearly six percent (5.9%) of Santa Fe High School students report being homeless. This is slightly higher than the New Mexico average of 5.2%. Additionally, 8.6% of Santa Fe high school students responded that they have been kicked out, ran away, or were abandoned. Youth who identify as lesbian, gay, bisexual, gender non-conforming, or those who are unsure are the most likely to report being kicked out of their home, running away from home, or being abandoned. They are also more likely to report substance use and mental health risks than students who identify as “straight or cisgender.”⁷⁵

COVID-19 Impact

Early research indicates that U.S. children performed less physical activity and engaged in more sedentary behavior during the early-COVID-19 period as compared to before the pandemic and at levels that are considered suboptimal.^{76, 77} The pandemic necessitated school and park closures as well as cancellations of team sports and organized activity classes to mitigate the spread of the COVID-19. The closures and cancellations appear to have had a profound impact on children’s physical activity and sedentary behavior levels—especially among older children (ages 9–13). There is concern for how these behavioral changes might become ingrained or “permanent” behaviors.⁷⁷

As previously discussed, there have been concerning mental health trends among adolescents and adults in our community, state, and nation even before the COVID-19 pandemic began. Early findings indicate that these issues were exacerbated by the pandemic and especially among individuals with pre-existing psychological problems. There have been increased symptoms of depression, anxiety, and post-traumatic stress disorder among youth of various age groups. Providers at hospitals across the U.S. are reporting alarming increases in rates of attempted suicides and deaths by suicide among youth—especially teenagers. Clinicians have described pediatric patients presenting with suicidal ideation to hospitals nationwide as having “worse mental states” compared to similar patients typically seen before the pandemic.⁷⁸



Additionally, school closures reduced access to mental health screening and care for vulnerable students. For many students, particularly those from low-income households and racial and ethnic minority groups, schools and their health centers represent the only source of mental health services.⁷⁸

Youth also are affected by the impact of the pandemic on their parents and other caregivers, including unemployment, financial and emotional stress, and fear of infection. Youth spent more time in their homes because of quarantine requirements. For some, their homes were abusive or otherwise dysfunctional, and the pandemic may have amplified the level of abuse or dysfunction.⁷⁸

While it is not yet clear on how many youth or adults developed substance use disorders during the pandemic, we do know that the conditions were “optimal” for developing or exacerbating substance use disorder. It is understood that stress, trauma, mental illnesses, and other types of mental distress make people more vulnerable to developing substance use disorders.⁷⁹ For youth, these “optimal” conditions combined with limited access to positive adults in their life (beyond those in the same household) is a perfect recipe for poor mental health and substance use.



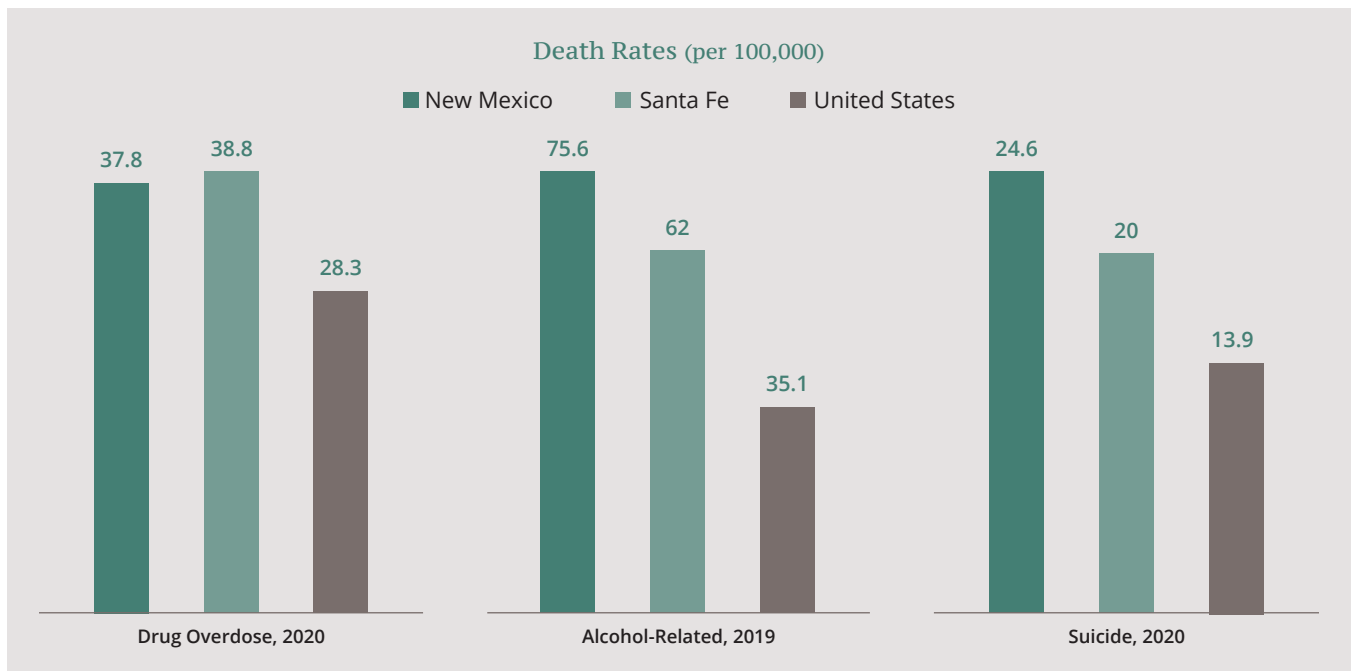
Adult Behavioral Health



Indicator 1:
Drug Overdose Deaths

Indicator 2:
Alcohol-Related Deaths

Indicator 3:
Suicide Deaths



Three priority indicators were identified to represent Adult Behavioral Health in Santa Fe County:

- **Drug Overdose Deaths**
- **Alcohol-Related Deaths**
- **Suicide Deaths**

Our community is plagued with problematic substance use and varying levels of mental illness. Deaths as a result of substance use and poor mental health illustrate the severity of mental health and substance use conditions in Santa Fe County, particularly in comparison to state and national rates. The cyclical and intergenerational nature of these issues also highlight why these indicators continue to be high priorities.

Why Is This Important?

Behavioral health encompasses traditional mental health and substance use disorders, as well as overall psychological well-being.⁸¹ Mental health is an important part of a person’s health and well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, relate to others, and make healthy choices. Mental health is important at every stage of life.⁸² Substance use disorder (SUD) is a complex condition where there is uncontrolled use of a substance despite harmful consequences. People with SUD have an intense focus on using a substance(s) to the point where the person’s ability to function in day-to-day life becomes impaired.⁸³

Mental and physical health are equally important and can be interdependent on each other. Depression, for example, increases the risk for many types of physical health problems, including chronic and long-lasting conditions like diabetes and heart disease. Similarly, the presence of chronic conditions can increase the risk for mental illness.⁸² Additionally, many people experience substance use disorder along with another psychiatric disorder. Alcohol and drug use is one of the leading causes of preventable illnesses and premature death nationwide.⁸³ Mental illnesses are among the most common health conditions in the United States and are among the most common causes of disability.^{82, 84}

More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime.⁸²

1 in 5 Americans will experience a mental illness in a given year⁸²

The overdose epidemic is a widespread public health emergency, contributing to an increase in emergency department visits, non-fatal overdoses, and widespread outbreaks of infectious diseases linked to intravenous

drug use. It burdens public health and health care systems with heavy economic costs from death, lost productivity and avoidable expenditures.⁸⁵

Excessive alcohol use is responsible for **more than 95,000 deaths in the United States each year**, or 261 deaths per day. These deaths shorten the lives of those who die by an average of almost 29 years, for a total of 2.8 million years of potential life lost.⁸⁶ Alcohol-related deaths are due to health effects from drinking too much over time and include various types of cancer, liver disease, and heart disease among others. It also includes the impact of consuming a large amount of alcohol in a short period of time including deaths due to poisonings that involved another substance in addition to alcohol (i.e. drug overdoses), suicide, and motor vehicle crashes.⁸⁶ Children with parents struggling with substance use disorders are more likely to experience child maltreatment and neglect, as well as, witness familial overdoses, creating often-undiagnosed trauma reactions and a need for therapeutic intervention.⁸⁷

New Mexico long has had some of the highest death rates from alcohol and drugs in the country, and the problem persists. **Since 1990, drug overdose deaths in New Mexico have increased by 572 percent and alcohol-related deaths have increased by 165 percent.**⁸⁸

Despite recent increased access to treatment in New Mexico, an estimated 134,000 New Mexicans are living with a substance use disorder and receiving

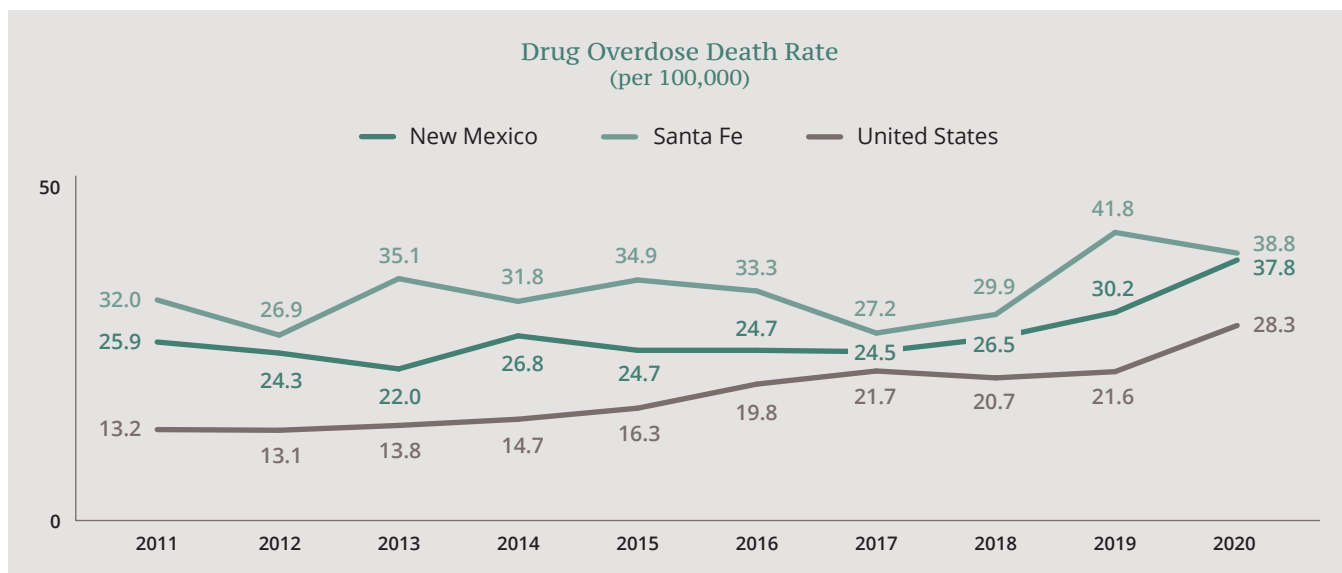
no treatment. The largest gaps are for alcohol disorders, with over 73,000 people in need of treatment, but not receiving it.⁸⁸

Suicide and suicide attempts cause serious emotional, physical, and economic impacts.⁸⁹ When people die by suicide, their surviving family and friends may experience shock, anger, guilt, symptoms of depression or anxiety, and may even experience thoughts of suicide themselves. The financial toll of suicide on society also is costly. Suicides and suicide attempts cost the nation over \$70 billion per year in lifetime medical and work-loss costs alone.⁸⁹

How Are We Doing?

Santa Fe County adults continue to struggle with poor behavioral health. Santa Fe's drug overdose rate is worse than the New Mexico average, and it jumped alarmingly from 2018 to 2019 from 29.9 to 41.8. Santa Fe's rate was nearly double the national rate in 2019. In 2020, the Santa Fe overdose rate decreased slightly from 41.8 to 38.8, while the overall New Mexico and United States rates increased, to 37.8 and 28.3 respectively.

From 2015–2019, methamphetamine was the number one drug contributing to overdose deaths in New Mexico. Methamphetamine use in combination with an opioid may increase risk for opioid overdose. Heroin ranked second among drugs contributing to overdose deaths between 2015 and 2019. From 2015–2019, 40% of heroin overdose deaths involved methamphetamine.⁹⁰



Source: New Mexico Department of Health Bureau of Vital Health and Statistics

There has been a major increase of illicitly manufactured fentanyl in the New Mexico Street Drug Market since fall 2019, resulting in a statewide shift from heroin injection to fentanyl smoking. Fentanyl is now widely prevalent in Santa Fe. Fentanyl is a short-acting opioid that is 50 to 100 times more potent than morphine.

The NM DOH reports a 93% increase in fentanyl overdose deaths between 2018 and 2019.⁹⁰

Drug-related deaths, particularly opioid-related deaths, have been in the forefront of local, state, and national news over the last few years. At the same time, alcohol-related deaths have continued at a steady increase—particularly in Santa Fe County.⁹¹ Alcohol-related deaths in New Mexico are more than double than the United States' rate in 2019.

New Mexico's 2019 alcohol-involved death rate is 72% higher than its opioid death rate.⁹¹

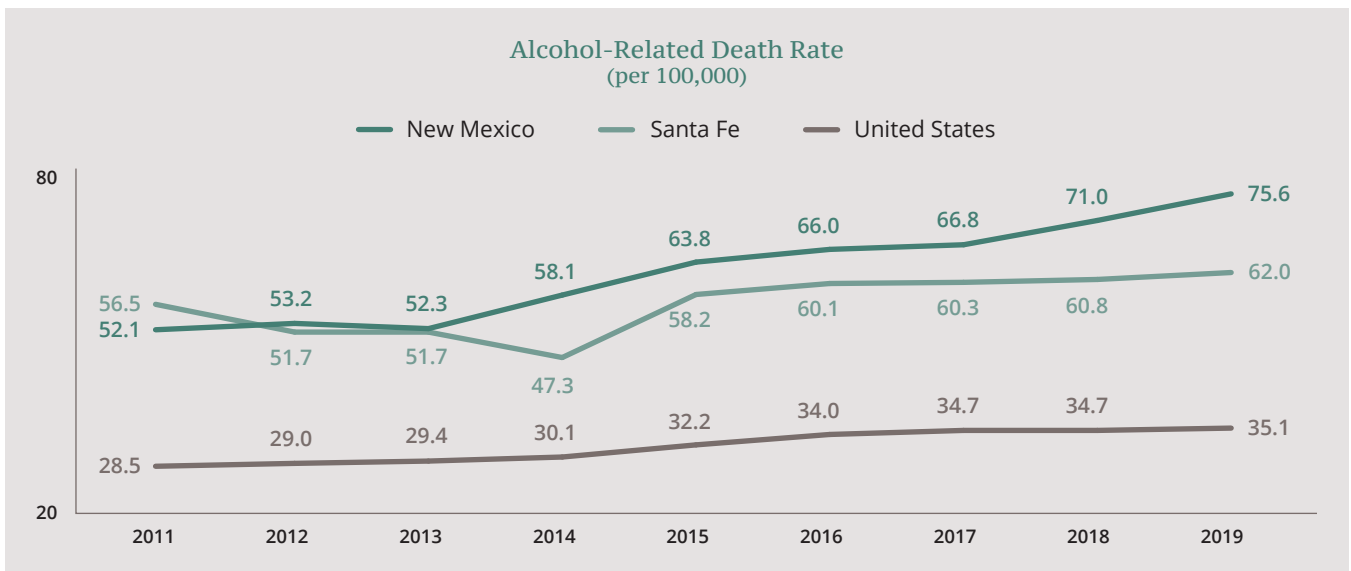
In 2019 in the United States, over 47,000 people died by suicide and the rate of suicide has increased every year since 2006.⁹² New Mexico and Santa Fe consistently have

rates that are above the United States rate—in 2019, **Santa Fe's rate was nearly double the United States' rate.** In Santa Fe, there was a distressing jump in the suicide rate from 21.9 to 27 between 2018 and 2019. While the Santa Fe rate reduced to 20.0 in 2020, it still remains substantially higher than the United States rate.

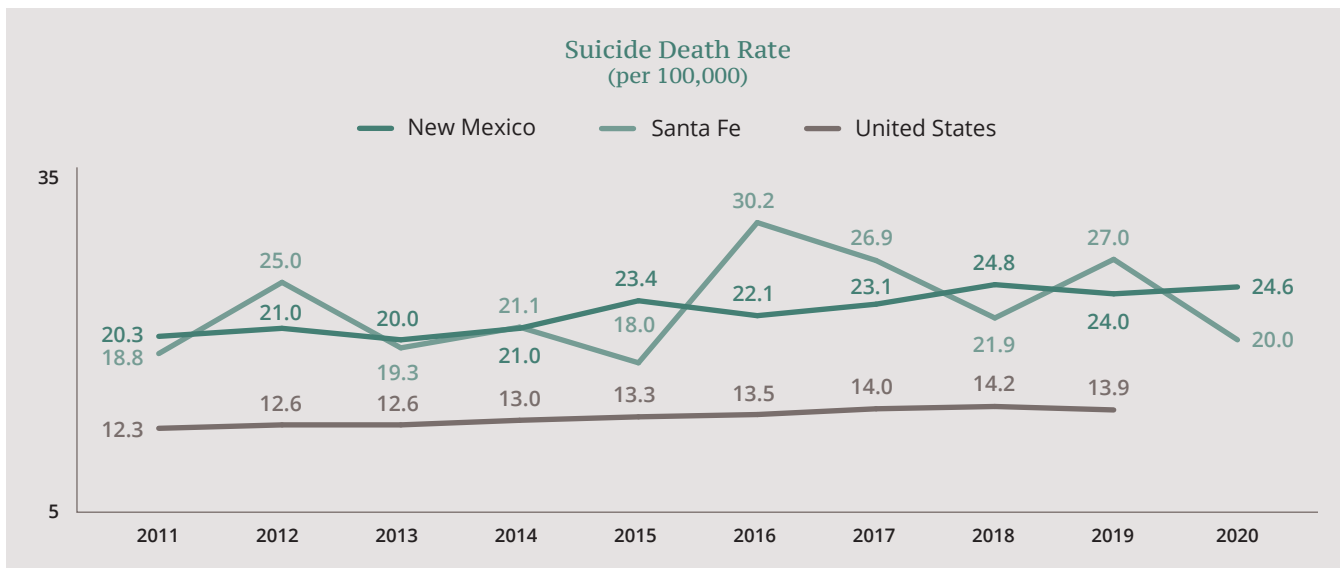
What Is The Story Behind The Data?

Substance use is often multigenerational and is driven by complex underlying issues, including poverty and trauma. In addition to the human toll of substance use, the social and economic costs of substance use continue to rise every year. Healthcare, domestic violence, child abuse and neglect, loss of productivity, incarceration, and crime are all costs of substance use.

Substance Use Disorder has a debilitating effect on families and has long-lasting consequences for New Mexico's children. Sixty-four percent of the 49,000 substantiated New Mexico Children, Youth, and Families Department allegations between 2014 and 2018 involved alcohol, drugs, or both as a factor. Abuse, neglect, and substance abuse in the home are defined as adverse childhood experiences (ACES).⁸⁸ Research links ACES with future drug use problems. Children in New Mexico experience childhood trauma at one of the highest rates in nation. The Centers for Disease Control and Prevention (CDC) believe prevention of ACES could reduce heavy drinking by up to 24 percent.⁸⁸



Source: New Mexico Department of Health Bureau of Vital Health and Statistics



Source: New Mexico Department of Health Bureau of Vital Health and Statistics and CDC Wonder

Adequate access to treatment is essential to solving the problem, and presently access is limited in Santa Fe and New Mexico. Consistent feedback from focus group participants included the limited ability for individuals to access mental health and substance use treatment and services—including outpatient care, inpatient rehabilitation, transitional care services, etc. There are not enough mental health providers in Santa Fe County to meet the increasing demand—especially bilingual and bicultural providers. Additional barriers to care are accessible, reliable, and affordable transportation. Services and intervention programs to prevent substance use disorders also are needed to comprehensively address the problem.⁸⁸

While COVID-19 expanded telehealth opportunity and usage, it is not felt equitably. Reliable and affordable internet access is limited in the more rural areas of Santa Fe County and New Mexico. Additionally, some focus group participants noted the reluctance of some individuals to use telehealth services for behavioral health visits even if it is an option they could access.

Numerous focus group participants conveyed concerns about the increase in isolation and accompanying feelings of depression, isolation, etc. because of COVID-19—exacerbating existing issues and creating new issues for some.

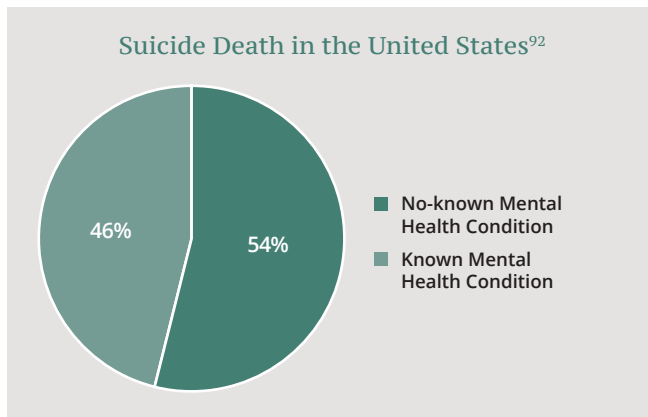
The COVID-19 pandemic also made the nation’s drug overdose epidemic worse. A prevailing theme is that the epidemic now is driven by illicit fentanyl, fentanyl analogs, methamphetamine, and cocaine, often in combination or in adulterated forms. Overdoses related to prescription opioids and heroin remain high and also are increasingly contaminated with illicit fentanyl.⁹³

Focus group participants consistently commented about their concern for the growing prevalence of fentanyl and the impact that it is having on the overdose rates.



A recent CDC report highlights the complexity of suicide. While a mental health condition may be a contributing factor for many people, the report notes that "many factors contribute to suicide among those with and without known mental health conditions." A relationship problem was the top factor contributing to suicide, followed by a crisis in the past or in the upcoming two weeks, and problematic substance use.⁹²

The CDC report recommends a comprehensive public health approach to suicide prevention and it identifies several strategies that states and communities can undertake, including such measures as teaching coping and problem-solving skills to help people manage challenges, expanding options for temporary assistance for those in need and connecting people at-risk to effective and coordinated mental and physical health care.⁹²



Source: American Psychiatric Association, 2018

COVID-19 Impact

Researchers are just beginning to understand the impact that the COVID-19 pandemic has had on mental health; more research and studies likely will emerge over next few years. According to the World Health Organization (WHO), the global prevalence of anxiety and depression increased by 25% in the first year of the COVID-19 Pandemic.⁹⁴ The unprecedented stress caused by social isolation is one significant explanation for the increase in anxiety and depression. Also related were limitations for people's ability to work, seek support from loved ones and engage in their communities. Loneliness, fear of

infection, suffering and death for oneself and for loved ones, grief after bereavement and financial worries have also all been cited as stressors leading to anxiety and depression. Among health workers, exhaustion has been a major trigger for suicidal thinking.⁹⁴

Compounding the increase in the prevalence of mental health problems were the disruptions to mental health services—leaving gaps for those who need it most. WHO reports that by the end of 2021 the situation had somewhat improved but today too many people remain unable to get the care and support they need for both pre-existing and newly developed mental health conditions. While online access to care has increased, access remains a challenge in resource-limited communities.⁹⁴

Researchers also have observed increases in substance use and drug overdoses in the United States since the COVID-19 pandemic was declared a national emergency in March 2020. The the COVID-19 pandemic also presents unique challenges for people with substance use disorders and those in recovery.⁹⁵

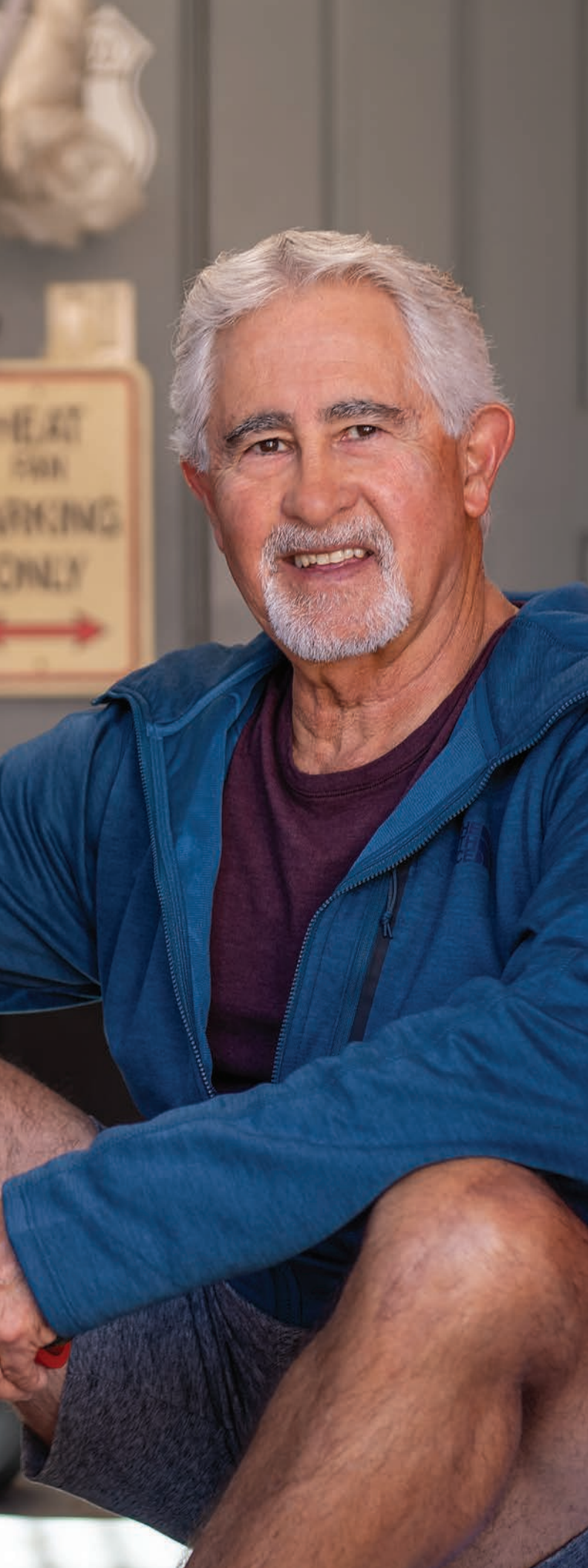
According to the National Institute of Drug Abuse, data indicate there have been large increases in drug use in the United States since the national emergency was declared in March 2020. There have increases in the number of positive urine drug screens ordered by health care providers and legal systems. Positive screens for fentanyl, cocaine, heroin, and methamphetamine all have increased from previous years. Studies in the United States and other countries also suggest many people increased their use of alcohol and cannabis (marijuana), especially people with clinical anxiety and depression and those experiencing COVID-19-related stress.⁹⁵ Social isolation and pandemic-related stress are likely contributing factors to increases in substance use and poor substance use outcomes.⁹⁵

People in treatment for substance use disorders faced unique challenges during the pandemic. Physical distancing, quarantine, and other public health measures have disrupted access to medication and other support services for many people.



For those in recovery from a substance use disorder, social support is crucial. Social isolation is a risk factor for continued substance use (relapse). Physical distancing measures and quarantine may be especially difficult for people in recovery because they limit access to meetings of peer-support groups and other sources of social connection. Although in-person recovery supports were limited during the pandemic, virtual meetings and telehealth counseling have expanded and may be useful for some, though not all.

Data on how many people have developed substance use disorders in 2020 in the United States have not yet been released. However, addiction scientists have long understood that stress, trauma, mental illnesses, and other types of mental distress make people more vulnerable to developing substance use disorders. Since the pandemic began, public health officials have noted increased reports of mental distress for many populations, including individuals with no history of mental illness, younger adults, racial and ethnic minorities, essential workers, and unpaid adult caregivers.⁹⁵



Adult Physical Health

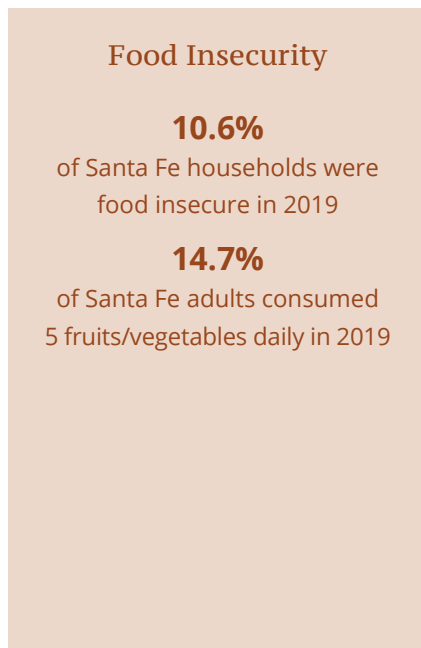
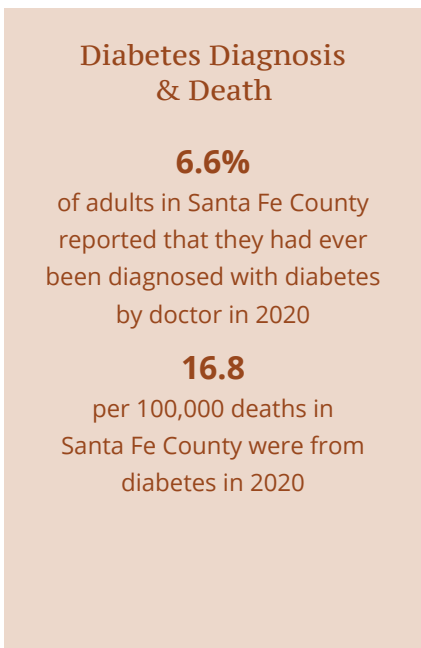


Indicator 1:
Heart Disease Death

Indicator 2:
Cancer Death

Indicator 3:
Diabetes Diagnosis and Death

Indicator 4:
Food Insecurity and Fruit/
Vegetable Consumption



The priority indicators selected to represent Adult Physical Health are:

- **Heart Disease Death**
- **Cancer Death**
- **Diabetes Diagnosis and Death**
- **Food Insecurity and Fruit/Vegetable Consumption**

These indicators represent the leading causes of death in Santa Fe County as well as diseases and health behaviors that are significantly impacted by inequities.

Why Is This Important?

Chronic diseases represent seven of the top 10 causes of death in the United States. Six in 10 Americans live with at least one chronic condition, such as heart disease, stroke, cancer, or diabetes. Chronic diseases are the leading causes of disability in the US and the leading drivers of the nation’s \$3.8 trillion annual health care costs.⁹⁶

The leading causes of death in Santa Fe County are heart disease and cancer. In 2020, heart disease was the leading cause of death in Santa Fe County, and cancer was the second leading cause of death. And diabetes was the 10th leading cause of death.

The primary risk factors for heart disease or cardiovascular disease include obesity, high blood pressure, high cholesterol, unhealthy diet, alcohol consumption, smoking, and inactivity.⁹⁷ Cancer risk factors

include exposure to chemicals or other substances, as well as certain behaviors. They also include things people cannot control, like age and family history. Limiting exposure to avoidable risk factors may lower the risk of developing certain cancers. The most studied avoidable risk factors are alcohol consumption, cancer-causing substances, diet, obesity, tobacco, exposure to radiation, and sunlight.⁹⁸

Another chronic health problem in Santa Fe is diabetes, a disease that occurs because the body is unable to use blood sugar (glucose) properly. The exact cause of this malfunction is unknown, but genetic and environmental factors play a part. Risk factors for Type 2 diabetes include obesity, high levels of cholesterol, high blood pressure, and depression. Poor nutrition and lack of exercise may also contribute to Type 2 diabetes. A diet high in calories, fat, and cholesterol increases your body’s resistance to insulin. Exercise makes muscle tissue respond better to insulin.¹⁰⁰ This is why regular aerobic exercise and resistance training can lower diabetes risk.

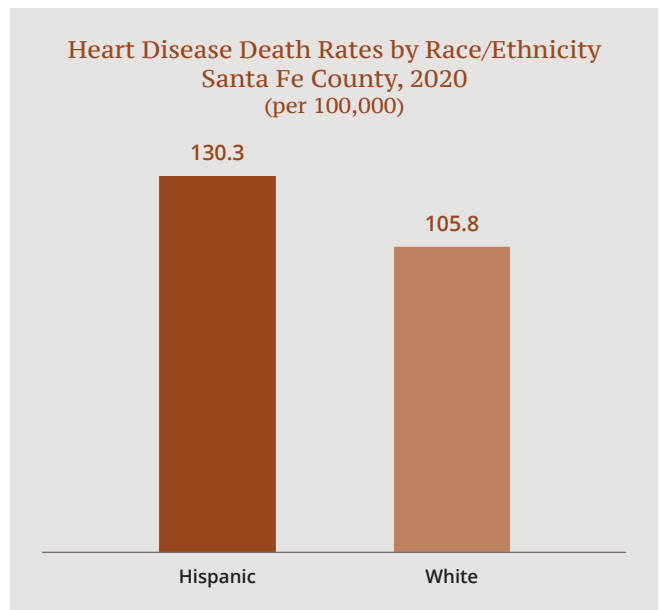
Obesity has been rising in Santa Fe County. In 2011, 17.7% of residents were obese. In 2019, 29% of residents were obese.⁹⁹

Adult Physical Health

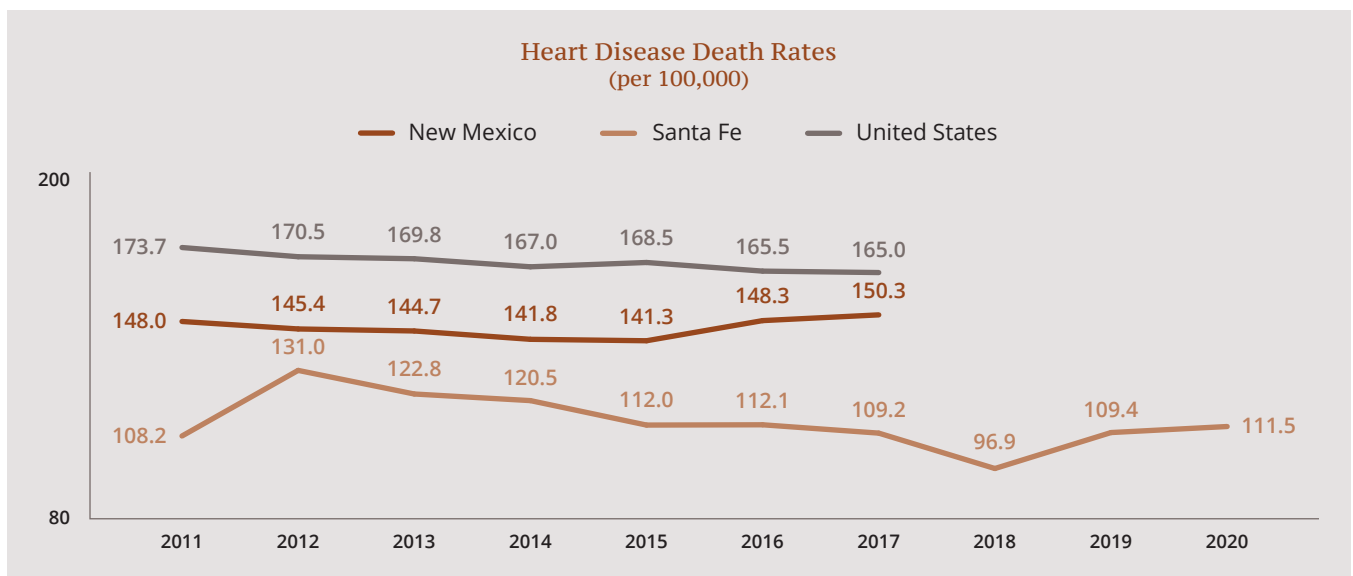
Premature death because of heart disease, cancer, and diabetes impacts families and communities. It causes financial hardship, family strain, and emotional distress. Each of these diseases may be treated and sometimes can be cured or reversed if detected early and treated promptly. The detection and treatment of precancerous conditions can prevent some cancers from developing. Inconsistent access to an adequate amount of nutritious food can have negative impacts on the health of individuals of all ages and can play a role in the development of these diseases. Healthy habits, access to routine health care including preventative testing, and early detection all play a role in decreasing deaths from heart disease, cancer, and diabetes.

How Are We Doing?

Santa Fe typically has lower rates of heart disease than New Mexico and the United States. However, heart disease is the leading cause of death in Santa Fe County. In 2020, the data below illustrates that Hispanic individuals have higher rates of heart disease than White individuals in Santa Fe County.



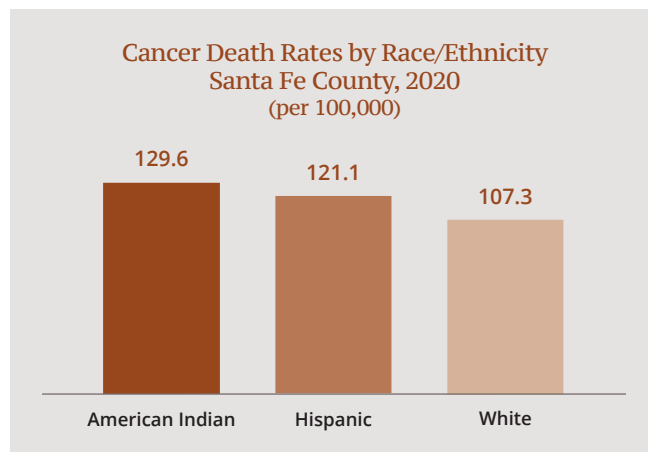
Source: New Mexico Department of Health Bureau of Vital Health and Health Statistics



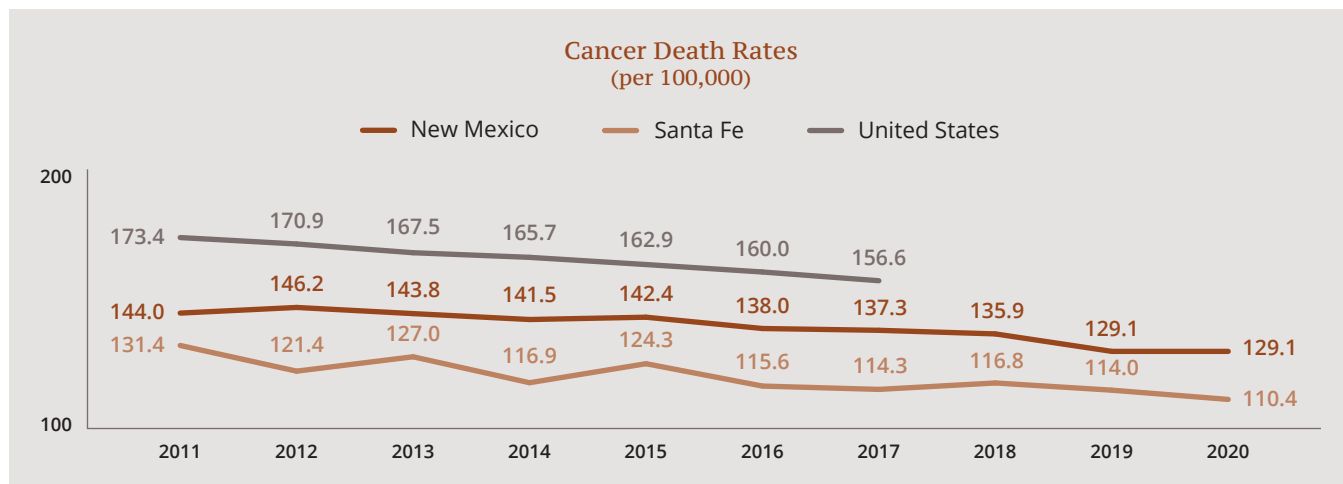
Source: New Mexico Department of Health Bureau of Vital Health and Health Statistics:

Deaths from cancer are lower in Santa Fe than New Mexico and the United States, and the cancer death rate in Santa Fe has been declining since 2011. Cancer was the second leading cause of death in Santa Fe County in 2020. Fortunately, there have been numerous advances in available cancer treatments that make living with cancer more manageable and more common than dying.

In 2020, American Indians and Hispanic residents had higher rates of cancer deaths than the White population in Santa Fe County.



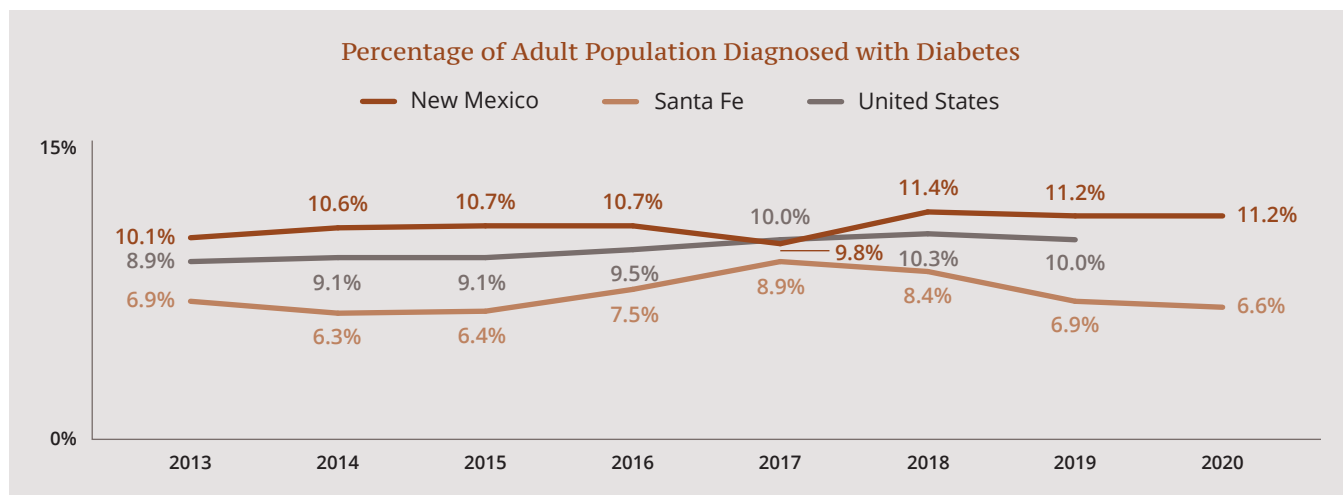
Source: New Mexico Department of Health Bureau of Vital Health and Health Statistics



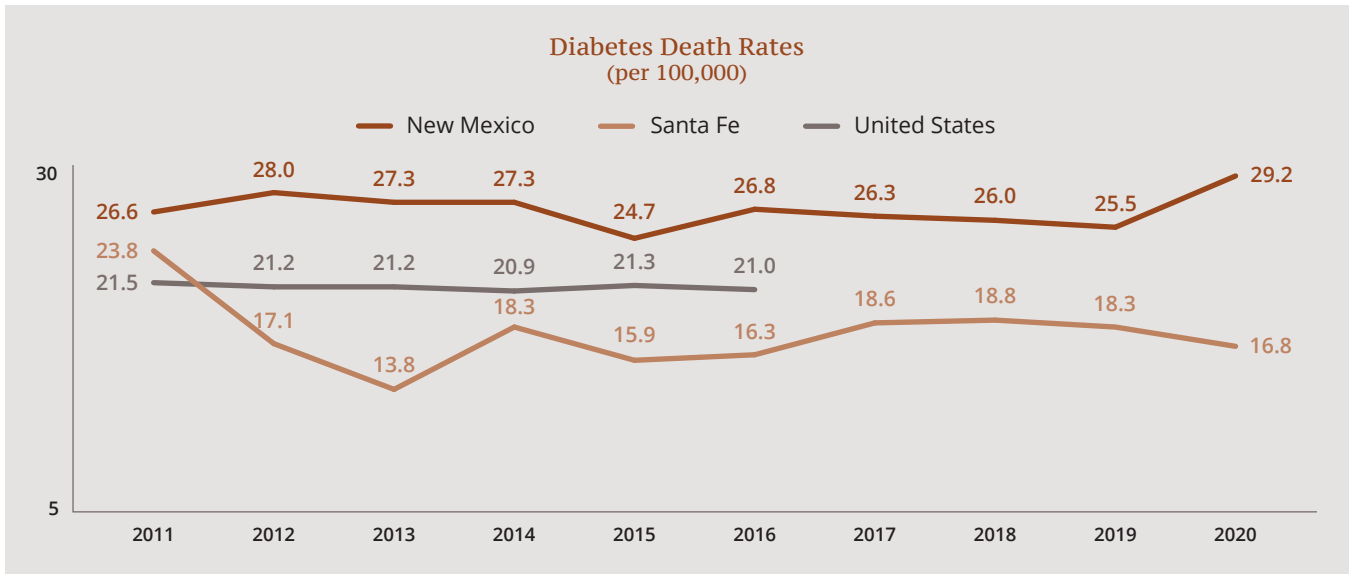
Source: New Mexico Department of Health Bureau of Vital Health and Health Statistics

Typically, Santa Fe has lower rates of diabetes diagnosis and death than New Mexico and the nation, ranking as the 10th leading cause of death in Santa Fe County.

Since 2011, diabetes diagnosis and death has declined, though Hispanic residents are **more than three** times likely to die of diabetes than non-Hispanic White residents.¹⁰¹



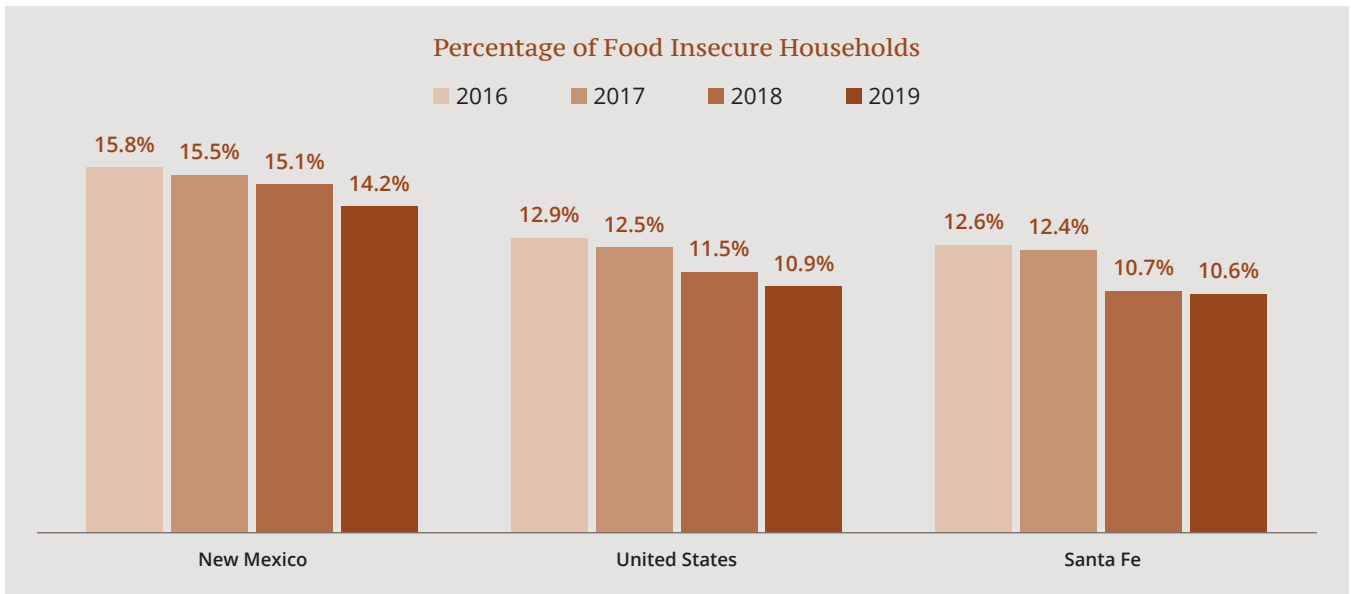
Source: New Mexico Department of Health Bureau of Vital Health and Health Statistics



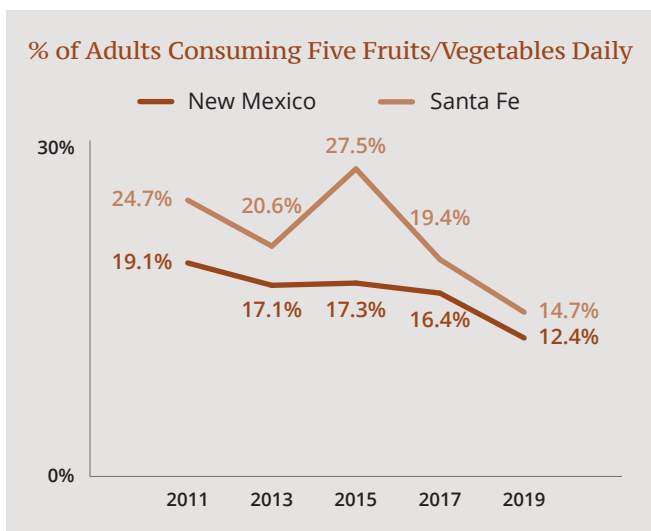
Source: New Mexico Department of Health Bureau of Vital Health and Statistics

While Santa Fe’s food insecurity percentage (10.6%) is similar to the United States’ percentage (10.9%), it is lower than New Mexico’s (14.2%). New Mexico’s food insecurity prevalence has been declining since 2011 when 20.1% of residents were considered to have low or very low food security. Santa Fe County does have one of the lowest percentages of food insecurity in the state. However, daily consumption of five or more fresh fruits and vegetables among Santa Fe adults has been steadily declining since 2011.

Not surprisingly, our community does not experience food security equally. Inequity in food security is particularly demonstrated in Agua Fria Village, the Airport Road corridor, and the in Triangle District/Hopewell area where there are higher percentages of families receiving Supplemental Nutrition Assistance Program benefits (aka food stamps). (See Health Equity and Barriers to Care Section for more information.)



Source: USDA



Source: Behavioral Risk Factor Surveillance System

% of Supplemental Nutrition Assistance Program Beneficiaries (Food Stamps)	
Santa Fe County	10.51%
Agua Fria Village	15.44%
Airport Road Corridor	22.01%
Triangle District/Hopewell Area	25.16%

Source: American Community Survey, 2015-2019

What Is The Story Behind The Data?

An individual’s likelihood to develop numerous chronic diseases, including heart disease, cancer, and diabetes, are a combination of genetic, environmental, and lifestyle factors—including the impact of adverse childhood experiences. (See Health Equity and Barriers to Care Section for more information about the lifelong impact of adverse childhood experiences.) Prevention, early detection and diagnosis, and/or early interventions may play a critical role in whether a disease occurs and the course it takes.

Unfortunately, the ability to limit risk factors isn’t equitable among community members. Individuals and families with limited income are more likely to live in areas where there are environmental concerns than those who can afford to move away from such factors. Additionally, many risk factors are interdependent with one’s ability to access a healthy diet and activities. Moreover, access to preventative care and early

treatment and diagnosis is dependent on whether a person has health insurance. Many with health insurance struggle to afford required copays and deductibles. While some individuals may have access to various “charity care” programs, they might presume they are not eligible and not try to access these services.

For some individuals, chronic diseases have a legacy of intergenerational trauma. Having family members who have struggled with a chronic illness that eventually may have resulted in significant disability or death can often create an aversion to going to the doctor or receiving preventative care. In turn, this can delay identifying and effectively addressing potential health concerns.

Almost 17% of Santa Fe County adults aged 18 to 64 years old do not have health insurance. Not having insurance is a barrier to early detection and treatment.¹⁰² Additionally, nearly 23% of Santa Fe County residents live at or below 150% of the poverty line.¹⁰³ This reality delays detection and treatment which can have a profound impact on health outcomes.

Attending routine health exams and receiving preventative screenings such as mammograms, pap smears, and colonoscopies can help catch early signs and symptoms. There have been significant advances in cancer treatment and its availability to patients. This may have impacted the overall decline in cancer deaths—a diagnosis of cancer is not necessarily a death sentence when caught and treated early.

Food insecurity may reflect a household’s need to make a trade-off between important basic needs, such as housing or medical bills and purchasing and preparing nutritionally adequate foods. Poverty is directly linked to not having enough food or only having access to less healthy foods of convenience. While there are programs for food assistance in the community, it often requires transportation for food pickup and time to prepare the ingredients. Delivery services may be limited based on age or disability and fee-based delivery services are often a luxury people can’t afford.

CSV Case Managers report that patients struggle to access fresh foods because of transportation barriers and rising costs.

There are neighborhoods in the Santa Fe area that are considered food deserts. The USDA defines a food desert as an area lacking fresh fruits, vegetables, and other healthy whole foods, usually found in impoverished areas due to a lack of grocery stores, farmers' markets, and healthy food providers within a mile. In Santa Fe County, 9% of residents live in a food desert.¹⁰⁴ Additionally, some community members may not live in an official food desert but reaching the grocery store involves a half mile walk and crossing a busy six lane road or taking a longer route to access crosswalks. For example, residents of the Hopewell neighborhood have close access to grocery stores, but the location of safe crosswalks means a pedestrian might have to walk over a mile in each direction to safely cross St. Michael's Drive.

Food insecurity, nutrition, obesity, diabetes, heart disease, cancers, and other health issues are deeply intertwined. Food insecurity should be understood as a sign of heightened needs and risk because of its connection to others factors that impact health outcomes.

COVID-19 Impact

The COVID-19 pandemic has resulted in enormous personal and societal losses, with over a million deaths nationwide. As of July 5, 2022, there have been 88 million confirmed COVID-19 cases in the United States, and 1.02 million Americans have died from COVID-19.¹⁰⁵ In New Mexico, there have been 568,434 confirmed COVID-19 cases and 7,957 deaths as of July 6, 2022, at 2:49 p.m. MT.¹⁰⁶

To fully understand the consequences of the pandemic on adult physical health, we need to examine its overall impact on incidence, management, and outcomes of chronic disease. This is particularly important on communities that historically experience health inequities. The COVID-19 pandemic has had direct and indirect effects on people with chronic disease.⁹⁶ Heart disease, diabetes, cancer, chronic obstructive pulmonary disease, chronic kidney disease, and obesity are all conditions that increase the risk for severe illness from COVID-19.⁹⁶

Unfortunately, COVID-19 decreased health care utilization for preventive care and chronic disease management.⁹⁶ One study reported that nearly half of Americans (47%)

said they delayed or canceled health care services since the pandemic started.¹⁰⁷ For example, cancer screenings dropped during the pandemic which has resulted in the diagnoses of fewer cancers and precancers. Modeling studies have estimated that delayed screening and treatment for breast and colorectal cancer could result in almost 10,000 preventable deaths in the United States. We have lost ground in chronic disease prevention.⁹⁶

The prolonged stress experienced by adults as the result of the pandemic is seriously affecting mental and physical health, including changes to weight, sleep, and alcohol use. Since the start of the pandemic, a majority of adults (61%) reported experiencing undesired weight changes with 42% saying they gained more weight than they intended. Of this group, adults reported gaining an average of 29 pounds (with a median gain of 15 pounds). Significant weight gain poses long-term health risks.¹⁰⁷

According to the National Institutes of Health, people who gain more than 11 pounds are at higher risk of developing Type 2 diabetes mellitus and coronary heart disease. People who gain more than 24 pounds are at higher risk of developing ischemic stroke. Additionally, people who are overweight are more likely to develop serious illness from the coronavirus.¹⁰⁷ Adults also reported changes in sleep and increased alcohol consumption, which negatively impacts overall health. Another stark reality of the impact of COVID-19 is that 53% of U.S. adults said they have been less physically active than they wanted to be since the pandemic started.

Some population groups, including those with low socioeconomic status and those of certain racial and ethnic groups, including African American, Hispanic, and American Indian, have a disproportionate burden of chronic disease and COVID-19 infection—in diagnosis, hospitalization, and mortality. These groups are at higher risk because of exposure to suboptimal social determinants of health. Education, type of employment, poor or no access to health care, lack of safe and affordable housing, lack of access to healthy food, structural racism, and other conditions all affect a wide range of health outcomes. The COVID-19 pandemic has exacerbated existing health inequities and spotlighted underlying root causes.⁹⁶



Women's Health



Indicator 1:
Domestic Violence

Indicator 2:
Sexual Violence

Indicator 3:
Chronic Homelessness

Domestic Violence

7.3

per 1,000 Santa Fe County residents reported domestic violence incidents to law enforcement in 2020

Sexual Violence

198

Total sex crimes reported to law enforcement in Santa Fe County in 2020

Homelessness

75

Women chronically experience homelessness (2020)

The following were selected as priority indicators of women's health:

- **Domestic Violence**
- **Sexual Violence**
- **Chronic Homelessness**

Each of these priority indicators disproportionately impact women and negatively influence their mental and physical health and well-being.

Why Is This Important?

Gender based disparities impact health across generations. Inequality of power based on gender increases women and girls' experiences of physical, sexual, and emotional violence.¹⁰⁸ In Santa Fe, like many other places nationally and globally, women's health is significantly impacted by poverty. According to the U.S. Census, women are more likely than men to experience poverty.¹⁰⁹ Poverty and violence are linked with decreased utilization of preventative care services, improper nutrition, and homelessness.

The Centers for Disease Control and Prevention recognizes violence as an urgent public health problem. From infants to the elderly, it affects people in all stages of life and can lead to extensive physical, emotional, and economic problems.¹¹⁰ Women are disproportionately victimized by both intimate partner and sexual violence. Physical injuries, chronic pain, and depression and other mental health issues are prevalent among women who endure violent relationships.¹¹¹ Intimate partner violence is connected to other forms of violence and serious health and economic consequences. In addition to death and injury, physical violence is associated with cardiovascular, gastrointestinal, endocrine, and immune system conditions largely due to the chronic stress resulting from violence in

the home. About one in five adult women report having experienced severe physical violence from an intimate partner in their lifetime, and one in six have experienced sexual violence from an intimate partner.¹¹²

Research shows large overlaps with domestic violence and child abuse and neglect.¹¹³ Exposure to domestic violence is considered a form of child abuse due to the long-lasting trauma experienced by children who have witnessed violence in the home. The trauma of such experiences on women and children can have lasting effects and impact entire families and communities.

Sexual violence in the United States is pervasive. Rape, Abuse, & Incent National Network (RAINN), the nation's largest anti-sexual violence organization, shares the following troubling statistics:¹¹⁴

- Every 68 seconds an individual is sexually assaulted in the United States
- One out of every six American women has been the victim of an attempted or completed rape in her lifetime
- Nine out of 10 sexual assault victims are women

The impact of sexual violence is far reaching and includes numerous physical, emotional, and psychological effects such as pregnancy and sexually transmitted infections, sleep disorders, panic attacks, post-traumatic stress disorder, depression, self-harm, and suicide.¹¹⁴

Violence and homelessness are connected. Women and families represent a growing segment of the homeless population. For many women in violent relationships the decision to leave could lead to homelessness. Maintaining one's mental and physical health is challenging while experiencing homelessness. Additionally, health care for homeless women is difficult, and homelessness puts women at increased risk for assault, injury, and illness.¹¹⁵

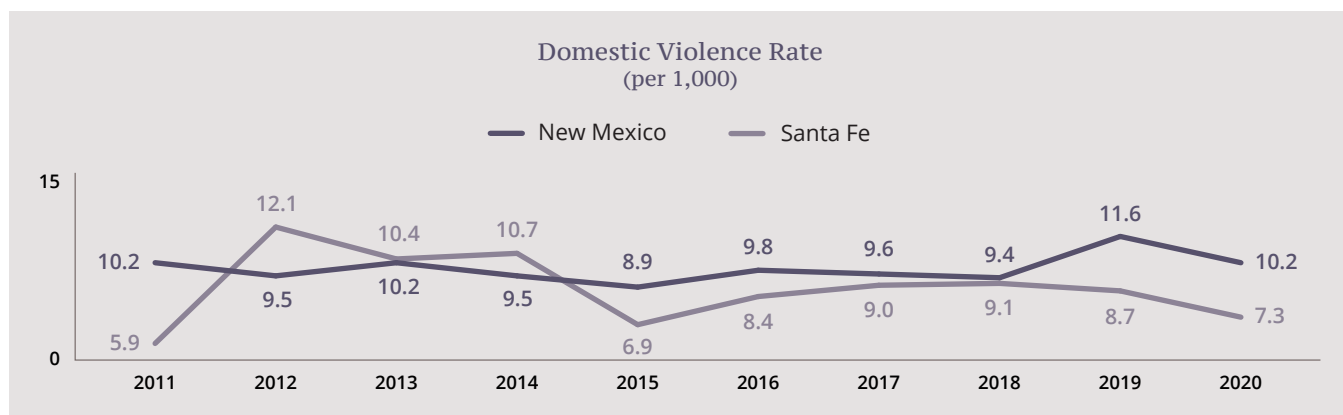
How Are We Doing?

In 2020, Santa Fe's domestic violence rate was 7.3 compared to New Mexico's rate of 10.2. Santa Fe County ranks 11th in the state for domestic violence rates.¹¹⁶ However, these rates are considered to be lower than actual experiences due to underreporting. Prevalence of intimate partner violence among women in New Mexico is similar to prevalence in the nation. Of New Mexico women, 37.6% report intimate partner violence in their lifetime, compared to 37.3% in the nation.¹¹⁶ Additionally, New Mexico has the highest number of Missing and Murdered Indigenous Women and Girls (MMIWG) across the entire country and a large portion of MMIWG cases are related to domestic and sexual violence.¹¹⁷

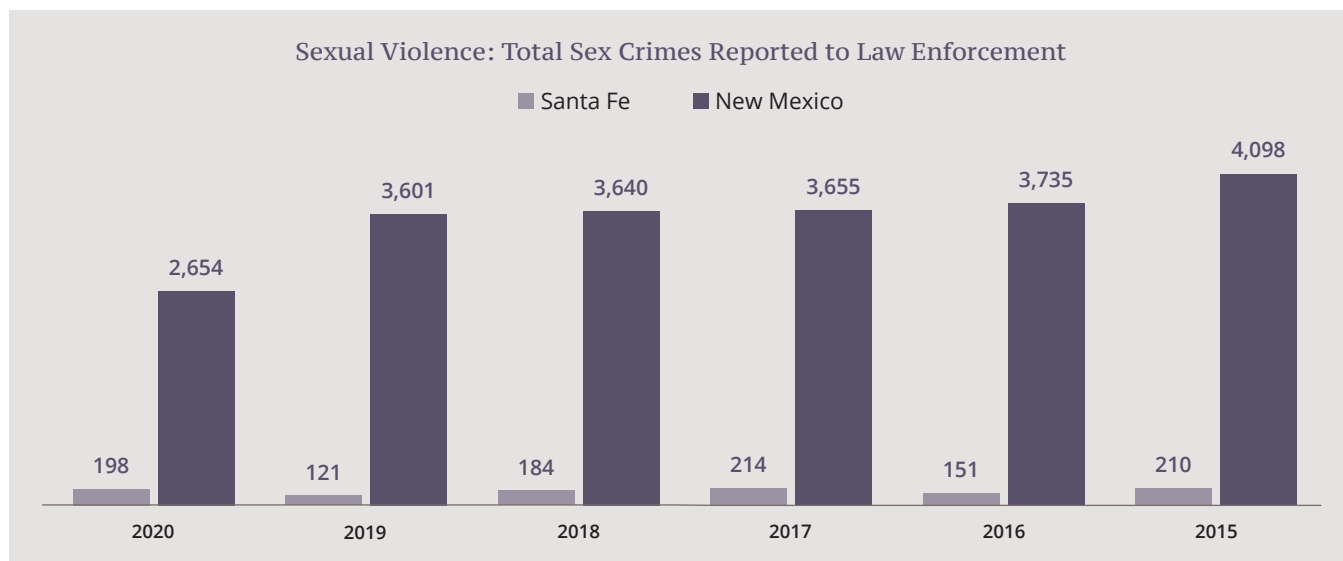
Esperanza Shelter, the domestic violence shelter primarily serving Santa Fe County and the eight Northern Pueblos, had 362 participants (302 non-residential and

60 residential) in FY 2020-21. They also reported 952 crisis calls in FY 2020-2021, which is 337 more calls than the previous year.¹¹⁸

While both men and women are victims of sexual violence, women are disproportionately impacted. New Mexico is 7th in the United States in rates of sexual violence. In 2020, there were 198 sex crimes reported to law enforcement in Santa Fe. Like domestic violence, crimes of sexual violence are underreported to law enforcement. Solace Crisis Treatment Center in Santa Fe County served 353 individuals in its Advocacy and Clinical service lines in FY 2020-2021. In 2020-2021, Solace reached an additional 18,625 individuals through prevention presentations.¹¹⁹

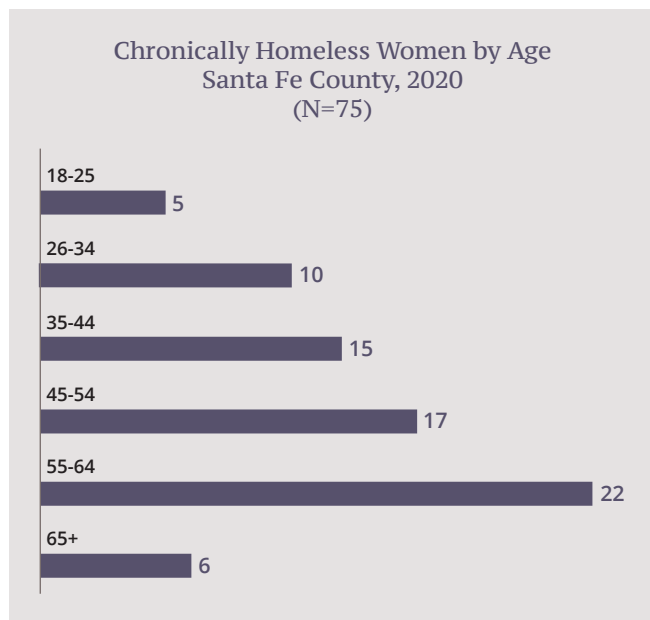
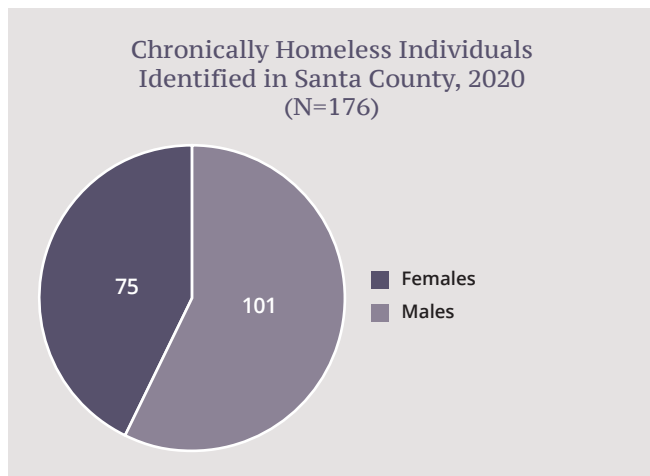


Source: NMDOH & Central Repository



Source: SEX CRIMES TRENDS IN NEW MEXICO: An Analysis of Data from The New Mexico Interpersonal Violence Data Central Repository 2016-2020

In addition to violence, chronic homelessness subjugates women living in Santa Fe County—particularly older women. Nearly 43% of individuals experiencing chronic homelessness in Santa Fe County are women. Of all Santa Fe women experiencing chronic homelessness, 33% are 55 years and older. Chronic homelessness is defined as one year of continuous homelessness for any person with a qualifying disability, or 12 months of homelessness within the past three years.¹²⁰



Source: Santa Fe Homeless and Housing Interim Needs Report During COVID (August 2020)

What Is the Story Behind the Data?

Domestic violence and sexual assault cases are vastly underreported. Many women are afraid to report any type of sexual or physical assaults, especially if they are at risk for homelessness. Domestic violence situations are complex, and survivors often make decisions based on many considerations beyond their own personal safety. For many women, the primary reason for staying in a domestic violence situation is housing.

Most of the women who seek domestic violence services for shelter and/or other services have low incomes/no incomes. For women who report returning to a domestic violence situation “for the children” or because they are “scared,” finances and lack of resources are often the core fears behind their return. The New Mexico Adult Survivor Database (ASD) reveals that survivors who left a violent relationship and did not return had a median annual income \$2,080 greater than those who left and returned.¹²¹ This highlights the role that economics plays in an individual's vulnerability to living in violence. Greater emphasis must be focused on providing basic housing, food, clothing, transportation, and access to employment and health care for survivors and their families to allow them to leave and stay away from a violent environment.¹²¹ Since there is no way to capture the number of survivors with financial means who access private services, and/or who travel out of state for services, it is not possible to determine the true proportion of survivors who are considered poor.¹²¹

Similarly, most individuals accessing sexual assault services are low-income. More than 90% of the individuals serviced by Solace Crisis Treatment Center Services are considered low to extremely low-income. The Centers for Disease Control and Prevention recognizes poverty as a risk factor for sexual violence.¹¹⁰ Poverty can increase an individual's chances of being in environments that put them at an increased risk for sexual assault—including homelessness, living in under resourced/higher crime neighborhoods, etc.

Trauma and poverty are the root of homelessness. Inability to pay rent, untreated mental health, or substance use disorders^{122, 123, 124} or a serious medical incident leaving women unable to work can all lead to homelessness. Additionally, for many experiencing homelessness, violence becomes a routine part of their lives as they are vulnerable to perpetrators and the nature of their living situation puts them in risky positions.

Education on how to talk about violence is needed to help those currently experiencing it and to prevent the next generation of perpetrators and victims. Long-term antidotes for domestic violence and sexual assault include reframing the social norms that males and females are taught throughout their lives—beginning in childhood. For example, females generally are expected to be accommodating, polite, and nurturing, while males are typically expected to be strong, aggressive, and bold. Social messaging about expected behaviors often results in females being vulnerable to sexual, physical, and emotional victimizations.¹²⁵

While there are community providers addressing prevention, more is needed. For example, Resolve New Mexico provides school-based and independent violence prevention/self-defense training as well as training on consent. Presently, Solace spends about 10% of its time and resources on prevention services. They envision a future where they spend 90% of their time on prevention and 10% on intervention/crisis services. As they develop their strategic plan to launch their next 50 years, they are setting a goal of 50/50 prevention/intervention services. Building robust prevention and education programs requires additional resources because intervention services need to continue at the same levels until societal shifts are made. Resources are an ongoing struggle to create sustained change.

COVID-19 Impact

There is growing evidence that the COVID-19 pandemic has made intimate partner violence more common and often more severe. The pandemic didn't create abuse or abusers, but it exacerbated the underlying issues, and it gives abusers more control and tools to abuse. Isolation has always been one of the most powerful weapons in the abuser's arsenal, and COVID-19 public health orders required social isolation. Around the world, emergency departments saw increases from 2019 to 2020 in domestic violence incidence. One study at Brigham and Women's Hospital in Boston reports that radiology scans and superficial wounds consistent with domestic abuse from March 11, 2020, to May 3, 2020, exceeded the totals for the same period in 2018 and 2019 combined.¹²⁶

In 2020, there were 20,000 hotline calls to sexual assault programs in New Mexico—a 20–25% increase from the previous year.¹²⁷ Solace Crisis Treatment Center, which serves Santa Fe and the northeastern counties, indicated that crisis calls since 2020 have become more intense and complex. As the pandemic persisted, so has the abuse.

Additionally, the usual options for trapped women, like calling hotlines, were even less available than usual during the pandemic because they didn't have privacy to make those calls. Remaining at home, also prevented women from not being able to talk to others outside their home or to show up at a shelter or service provider.

The COVID-19 pandemic required organizations to adapt their services to meet the growing health concerns. Organizations had to be flexible to continue serving survivors. Esperanza Shelter adapted its communal emergency shelter model to place individuals and families in hotel rooms rather than in its shelter. The pandemic negatively impacted their clients' abilities to find or keep employment and barriers to affordable housing were also exacerbated during the pandemic. The result is that individuals stayed longer in Esperanza's residential services than in previous years. The average number of days per client spent in shelter increased from 46.04 days in 2018–2019 to 63.18 days in FY 2019–2020.¹²⁸ To accommodate social distancing, the shelter is undergoing renovations that include retrofitting rooms.

Esperanza's non-residential services also were impacted by the pandemic. Since in-person individual and group sessions were not feasible, the staff began to offer sessions through online HIPAA-compliant platforms.^{118, 128} Solace Crisis Treatment Center also pivoted to online programming because of the pandemic. Individual and group sessions switched to online, HIPAA compliant platforms, and education and prevention programs also were delivered online.¹¹⁹

Those experiencing homelessness are at high risk of contracting COVID-19 as homelessness typically prevents people from social distancing. Early in the pandemic, the Santa Fe community came together to figure out how to protect those experiencing homelessness. Local community organizations, healthcare, and the government worked collaboratively to develop and implement plans to house and vaccinate those experiencing homelessness and those on the brink of homelessness. To limit people living on the streets, staying with friends/family, and in communal shelters where COVID-19 had an increased likelihood of spreading, individuals were relocated to a repurposed hotel and dormitory. The result—there was not an outbreak of COVID-19 among those experiencing homelessness in Santa Fe. Additionally, a statewide moratorium on evictions and an influx of federal funding helped prevent some individuals and families from becoming homeless.



Older Adult Health



Indicator 1:
Routine Access to Care

Indicator 2:
Social Isolation

Indicator 3:
Caregiver Burden

Routine Access to Care

85.2%
of Santa Fe County residents aged 65 years+ went to a routine health visit in the past year (2019)

Social Isolation

91%
of New Mexico Adults ages 65 years and over are at Risk for Social Isolation (2015–2019)

Caregiver Burden

43.9%
of caregivers have been providing care for two or more years

66.6%
of caregivers are spending up to eight hours a week providing care

11.9%
of caregivers provide care over 40 hours a week

The three priority health indicators selected to represent older adult needs are:

- **Routine Access to Care**
- **Social Isolation**
- **Caregiver Burden**

These indicators represent access to regular physical health care, vulnerability to compromised mental health, and the impact that caring has on both the caregiver and the individual.

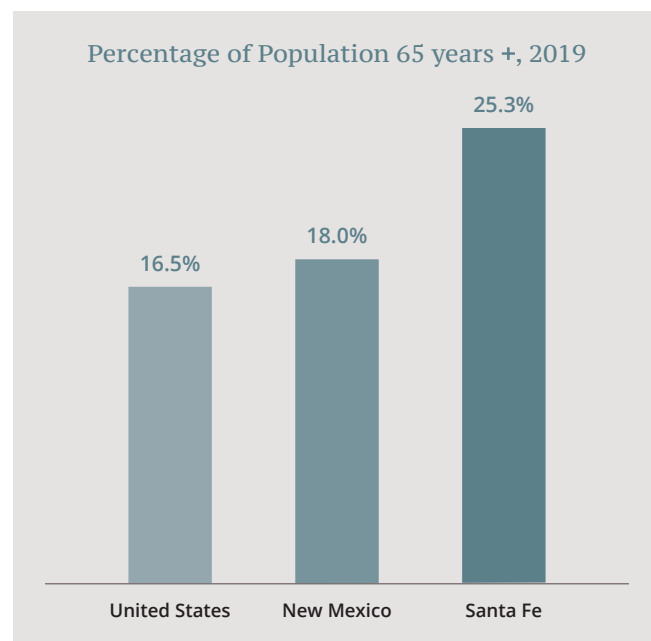
Why Is This Important?

In the United States, approximately 10,000 baby boomers turn 65 years old each day and will for the next 15 years. New Mexico's older adult population has risen faster than the nation's statistics and currently comprises 18% of the total population of the state. Santa Fe and all the counties in northern New Mexico have a higher percentage of older adults than the state. Currently, 47% of Santa Fe residents are 50 and older. Those 65 years and older in Santa Fe County represent 25.3% of the population. The U.S. Census projects that New Mexico's population of those age 60 years and older will increase to 32.5% by the year 2030, compared to 25% in the country. If the current trends continue, Santa Fe County will have an even higher percentage of those 60 years and older than the projection of 32.5% for New Mexico in 2030.

The types of services and needs of older adults are varied and require increased attention. Medical complexity brought about by aging, accompanied by loss of function and growing isolation, can adversely impact the well-

being of older adults. Opportunities for meaningful engagement, supportive services, and health care access can make a significant difference in the quality of life of older adults.

Barriers for older adults who are trying to access needed care include transportation, difficulty navigating multiple service entities, financial burdens, competing family responsibilities, and lack of social support. Currently, there are not enough services to assist the existing older population. Increased capacity is needed to support today's older adults and to meet the growing demand as this segment of the population grows.



Source: U.S. Census

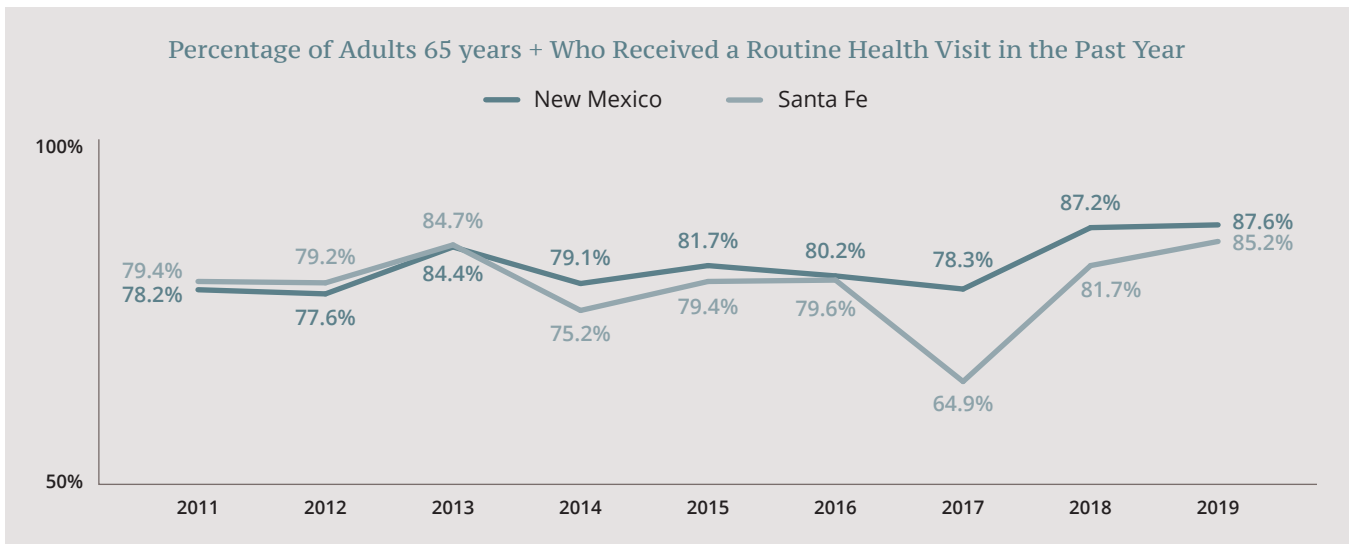
How Are We Doing?

Just over 85% of Santa Fe residents aged 65 years and over reported having a routine health visit in a year’s time—which is slightly below the percentage for New Mexicans in the same age range. Routine health visits are an opportunity for a provider to review medications, check on health concerns, discuss lifestyle topics, and recommend any screenings or tests.¹²⁹

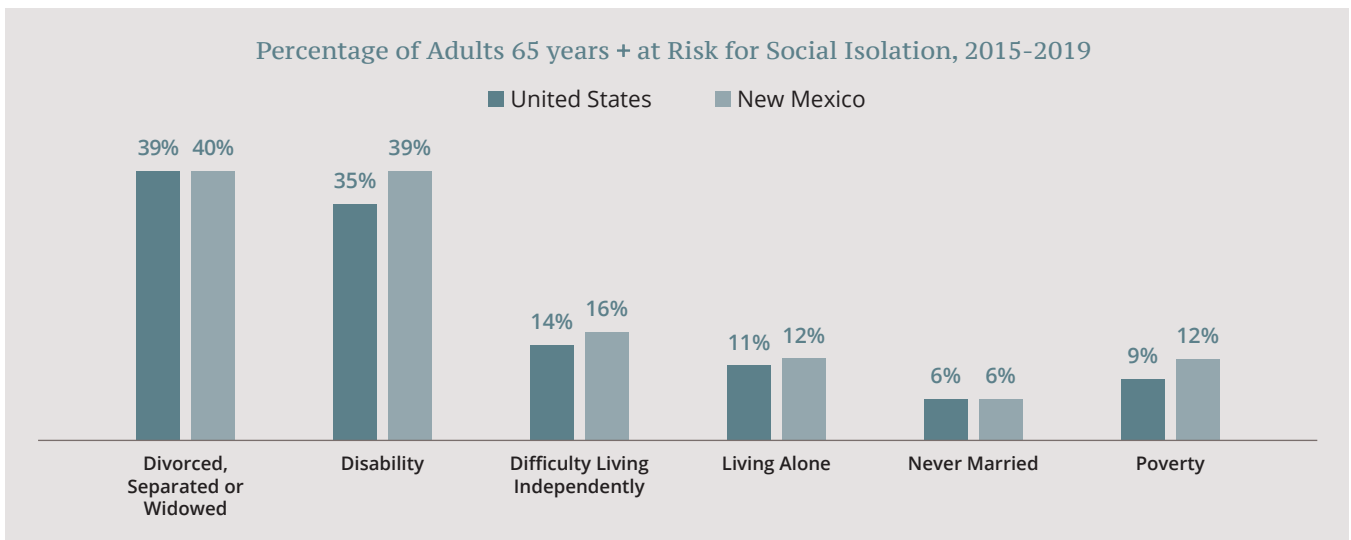
Of New Mexicans aged 65 years and older, 91% are at risk for social isolation. The U.S. Census Bureau calculates the percentile of those age 65 and older who are at risk

for social isolation if they live in poverty, have a disability, live alone, are divorced, separated, or widowed, are never married, and have difficulty living independently.

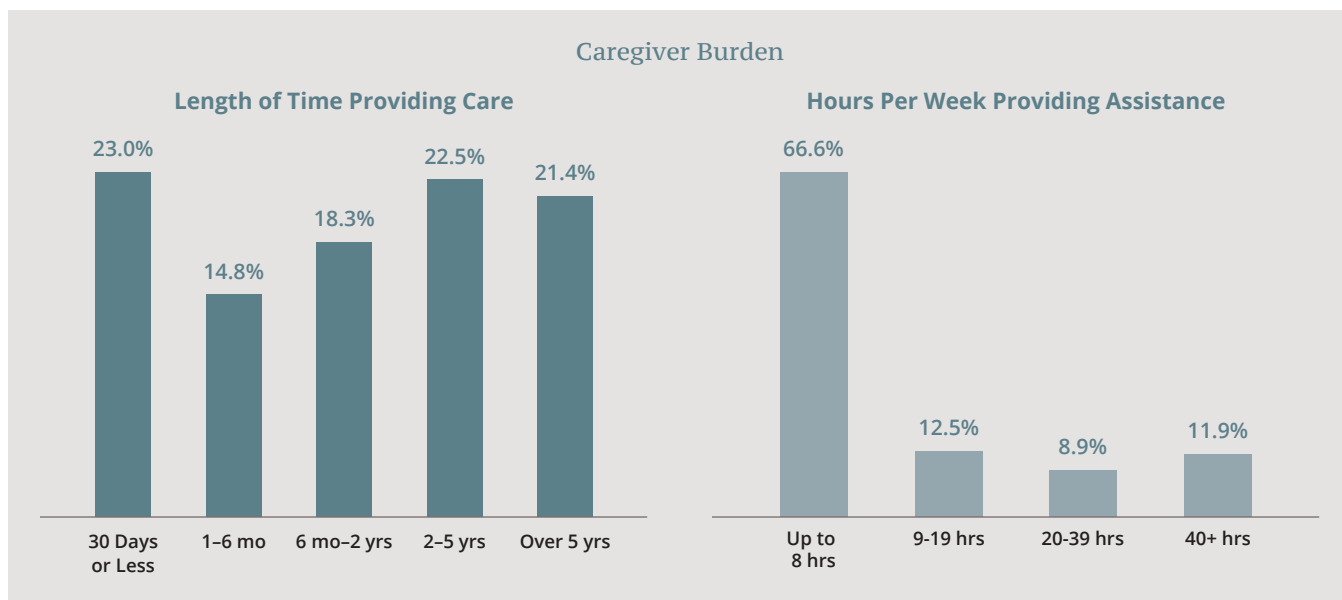
Nearly a quarter (24.8%) of Santa Fe adults provide regular care for a family member or a friend. The largest percentage are giving care to their mother (21%). Nearly half of caregivers have been providing care for two or more years, and two-thirds are spending up to eight hours a week providing care. Over 10% of caregivers provide more than 40 hours a week. The amount and length of time providing care may increase the stress and burden felt by the caregiver which negatively impacts the caregiver and the one receiving the care.



Source: Behavioral Risk Factor Surveillance System, 2019



Source: U.S. Census



Source: Behavioral Risk Factor Surveillance System, 2017

What Is the Story Behind the Data?

There are several stages to the aging process, and it does not necessarily follow a linear path. To adequately address healthy aging, it is essential to address the unique, while interconnected needs of each stage. It is key for those in the independence and interdependence stages to focus on maintaining healthy habits and routines with an emphasis on delaying the onset of “age-related” illnesses. The longer individuals can live mostly independently with a high quality of life, the more satisfied they will be.

Stages of Aging

Independence	Crisis Management
Interdependence	End of Life
Dependency	

Adults don’t all experience aging the same way. In addition to individual genetic factors and existing health conditions, social determinants also influence the aging process. Some of those include:

- Previous and current household income
- Precarious vs. stable housing
- Access to healthcare
- Access to healthy food
- Past psychological trauma or behavioral health diagnosis
- Social relationships—friends and family
- Location/proximity to resources

Of Santa Fe County adults aged 65 years and older, 9% live in poverty. The percent is slightly higher (10.43%) for Santa Fe County women in the same age group.¹³⁰ Individuals experiencing poverty or that are classified as low-income are more likely to experience adverse health outcomes, including shorter life expectancy and higher death rates.¹³¹

Individuals who struggle with social determinant of health-related factors are at risk of experiencing poor health, morbidity, and mortality. For older adults in particular, social determinant of health factors can significantly impact their health and aging experience, especially their ability to live independently and age in place.¹³²

Conversely, the availability of community-based resources and transportation options for older adults can positively affect health status. Studies have shown that increased levels of social support are associated with a lower risk for physical disease, mental illness, and premature death.¹³³

All the participants in our Healthy Aging Focus Group identified lack of services as a concern in our community. This concern indicated needs across the spectrum of aging adults, from more active older adults looking to maintain their current health to those with significant limitations. Lack of services and a vital caregiving workforce impacts the priority indicators identified for our community's older adults which includes routine access to care, isolation, and caregiver burden.

Routine access to healthcare helps older adults maintain a healthy lifestyle and manage any chronic conditions. For those with known health conditions, routine visits can provide an opportunity to monitor the condition(s) and adjust treatment(s) as needed. Regular and routine healthcare visits may prolong an individual's independence and delay needing advanced care. Focus group participants identified transportation as a barrier to care—particularly to medical appointments. Santa Fe has limited public transportation options, particularly if someone is struggling financially.

Research has linked social isolation and loneliness to higher risks for a variety of physical and mental conditions including high blood pressure, heart disease, obesity, a weakened immune system, anxiety, depression, cognitive decline, Alzheimer's disease, and even death.¹³⁴ The effects of isolation are compounded as home care agencies have long waiting lists, and for some the cost of receiving home health services is prohibitive. In these situations, those needing services are "lucky" if they have friends or family who can provide some of the needed services. The level of needs and time commitment required can be too much for many friends and family. For some, they are juggling providing care along with jobs and young family. For others, they also are older adults and the help required can be physically taxing.

The older you are, the more likely you are going to need long-term care. Women outlive men by about five years on average, so they are more likely than men to live at home alone when they are older. Chronic conditions such as diabetes and high blood pressure increase the likelihood of needing care. Poor diet and exercise

increase the chances of needing long-term care. Those who live alone are more likely to need paid care than those who are married or single with a partner.¹³⁵

Only 37% of people think they will need long-term care, but 69% will need it.¹³⁶ Santa Fe County and the surrounding northern New Mexico counties have limited access to long term care options. In Santa Fe, there are only two skilled nursing facilities and zero long-term acute care facilities. There are 22 home care agencies, but all are struggling for staff, and many older adults cannot afford the services. As a result of the limited options for paid caregivers, many older adults must rely on informal (i.e. family and friends) caregivers and this solution has its own challenges.

In the U.S.:

51% will use nursing homes

86% will use an informal caregiver

61% will use home health care

19% will use assisted living¹³⁶

Regardless of the age of the caregiver, providing the level of support needed may be emotionally and mentally exhausting. When caregivers feel burdened, there are negative consequences for both the caregiver and the older adult. The caregiver's own health may start to decline because they do not have time to focus on their physical and mental health. Once the caregiver's health declines, it places the older adult in possible jeopardy because they depend on the caregiver. Additionally, in severe cases, the caregiver may begin to neglect or harm the older adult they are caring for because they either are having their own health issues or because they become resentful of the time and care that is required of them.

COVID-19 Impact

Older adults are at increased risk for negative health outcomes if they contract COVID-19. This means that older adults with COVID-19 might need hospitalization, intensive care, or a ventilator, or they might even die. The risk of severe illness increases for people in their 50s and then increases further in 60s, 70s, and 80s. People 85 and older are the most likely to get very sick.¹³⁷

In 2020 and 2021, many older adults avoided attending routine health visits because of concerns of contracting COVID-19. While CSV and other community healthcare providers expanded access to telehealth visits, many older adults reported not having the technology and/or Internet access to utilize these video visits. Additionally, others reported not being comfortable having healthcare visits over video.

COVID-19 also was reported as a factor in increasing isolation. In addition to the previously presented data, focus group participants reported that isolation is a significant problem for our community's older adults. Because of COVID-19, area senior centers closed and most other social activities were paused to prevent the spread of the virus among more vulnerable populations. For some, poor mental or physical health leaves individuals homebound with little support, which can worsen those conditions.

According to a review article from the Journal of International Aging Research, early COVID-19 research suggests that the pandemic has worsened caregiver burden. It has increased caregiving intensity and hours of care among unpaid, informal family caregivers. Some of the reported health impacts include higher stress, pain, and depression, along with decreased social connectedness and quality of life. The article's authors did note that generally research has not focused on the possible positive aspects of caregiving like its role as a source of purpose in life or creating an opportunity to explore ways to boost certain valuable personal resources among caregivers.¹³⁸ We don't know, presently, the complete impact that COVID-19 has had on caregivers.



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CHNA Report Preparation Team

This report was developed under the direction and guidance of the CHRISTUS St. Vincent Department of Community Health. The following individuals contributed to the data collection, analysis, writing, and editing of this report.

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CHRISTUS St. Vincent Board Of Directors

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