City of Santa Fe



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HUMAN SERVICES COMMTTEE

Tuesday, October 30, 2012 Community Services Conference Room Main Post Office, 3rd Floor Room 326, 120 South Federal Place 6:00pm – 7:30pm

- 1. Call to Order
- 2. Roll Call
- 3. Approval of Agenda
- 4. Approval of Minutes of May 29, 2012 Special Meeting
- 5. New Business (discussion items):
 - a. Food Depot's expansion update -- Sherry Hooper, Executive Director
 - b. Draft Five Year Plan to End Homelessness
 - c. Collaboration with SF County and CHRISTUS St. Vincent to produce a community health assessment
 - d. LEAD Program development
- 5. Matters from the Committee
- 6. Staff Report on Contracts
 - a. Approve the Committee meeting schedule for 2013
- 7. Matters from the Floor
- 8. Adjournment

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

INDEX OF

CITY OF SANTA FE

HUMAN SERVICES COMMITTEE

REGULAR MEETING

October 30, 2012

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ROLL CALL	Quorum	1
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APPROVAL OF MINUTES OF MAY 29, 2012 SPECIAL MEETING		
NEW BUSINESS: (discussion items):	Approved	2
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b. Draft Five Year Plan to End Homelessness		
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MATTERS FROM THE FLOOR	Approved	4
ADJOURNMENT	Adjourned at 7:45 p.m.	4

MINUTES OF THE

CITY OF SANTA FE

HUMAN SERVICES COMMITTEE

REGULAR MEETING

Santa Fe, New Mexico

October 30, 2012

A special meeting of the City of Santa Fe Human Services Committee was called to order by Betty Ann Rose, Chair on this date at 6:00 p.m. at the Main Post Office, Community Services Conference Room, Room 326, Santa Fe, New Mexico.

Roll Call indicated the presence of a quorum for conducting official business as follows:

MEMBERS PRESENT:

Betty Ann Rose, Chair Kathleen Rowe Steve Shepherd Dorothy Shepherd Richard Tavares

MEMBER(S) ABSENT:

Shirlee Davidson, excused Marissa Montoya-Ganzel, excused

STAFF PRESENT: Terrie Rodriguez, Youth and Family Services Division Director

OTHERS PRESENT:

Sherry Hooper, Food Depot, Executive Director Jo Ann G. Valdez, Stenographer

APPROVAL OF AGENDA

Ms. Rowe made a motion to approve the Agenda as published. Mr. Tavares seconded the motion. The motion passed unanimously by voice vote.

APPROVAL OF MINUTES: May 29, 2012 Special Meeting

Ms. Rowe made a motion to approve the Minutes of the May 29, 2012 Special Meeting. Mr. Tavares seconded the motion. The motion passed unanimously by voice vote.

NEW BUSINESS:

a. Food Depot's expansion update - Sherry Hooper, Executive Director

[Copies of the *Food Depot Newsletter Fall 2012* were distributed. A copy is hereby incorporated to these Minutes as *Exhibit "A"*.]

Ms. Hooper said Ms. Rodriguez asked her to come and talk to the Committee about their project/building. She said after many years of planning and dreaming, this building is becoming a reality for them. The Food Depot is being called on to provide more food as the need grows in Northern New Mexico. However, their facility-particularly the refrigerated space- is very limited. Therefore, they are constructing another building behind the current building to help them process more food and reach more people.

Ms. Hooper said in September of last year, the Food Depot received a pledge for one million dollars to build the facility (Building Hope Project) and has been fundraising ever since. She noted that the City of Santa Fe added 1.5 acres of land to the Food Depot's lease in 2008 in February the Food Depot Board voted to move forward with the Building Hope Project. The ground-breaking for the Building Hope Project was in April and the foundation was poured in May. They plan to move into the new building in January of 2013 and hope to be fully operational by the end of January. A grand opening is planned for late February or early March.

Ms. Hooper mentioned that the new building will have 7 times more refrigerated space for fruits, vegetables and dairy. The space for the volunteers will be 4 times larger than the present space. The Food Depot will be moving out of a 6,000 square foot building into a 16,000 square foot building.

Ms. Hooper noted that a donor has offered to do a documentary about the project. This is a \$50,000 value.

Mr. Shepherd asked what they will do with the old building.

Ms. Hooper said the Board will make a decision about this after they are in the new building; however, they have asked for a list of ideas on how people would like to see the space used. They will also do site visits at various agencies early in the year to identify their needs. They anticipate that a decision would be made in the second quarter of next year.

b. Draft Five-Year Plan to End Homelessness

Ms. Rodriguez reported that a group of about 20 people were appointed to the Mayor's Task Force to End Homelessness and there have been some significant successes that came out of the first Five-Year Plan. They asked for additional vouchers to house people and they expanded the Youth Shelter and Family services. They built five transitional housing units. They also began the One-Stop facility where the City was able to purchase the old Pete's Pets facility for a winter shelter.

The Mayor has asked that the group come up with a second Five-Year Plan for the

next five years and this will be presented to City Council on December 12, 2012. The plan asks the City for \$250,000 and \$180,000 from the County every year. The group has met with the Mayor about this and he is willing to allow the group to make the presentation to City Council.

Ms. Rodriguez said this plan focuses heavily on permanent housing. She noted that there are 60 affordable units that are planned to be built at Village Sage (by Capital High School) and 50% of these will be for people with the lowest income. There is also the "Stagecoach" project, which is an old hotel on Cerrillos Road. This will be another 60 units that will be affordable rental units. Some of these units will be for homeless people. They have received a commitment from Life Link and other providers to do this.

Ms. Rodriguez said they are also hoping to increase services at the Resource Opportunity Center (ROC) and they will be presenting options to City Council for them to choose from and some of them will have funding attached to them. This includes \$40,000 for a Project Manager. Ms. Rodriguez mentioned that they made a presentation to the County Health Policy and Planning Commission about this.

c. Collaboration with SF County and CHRISTUS St. Vincent to produce a community health assessment

[Copies of the handout "Review of Mortality Data 09/24/2012 for the Santa Fe County Health Needs Assessment were distributed. A copy is hereby incorporated to these Minutes as Exhibit "B".]

Ms. Rodriguez said CHRISTUS/St. Vincent Regional Medical Center will continue to work on a Community Health Assessment in collaboration with Santa Fe County.

Ms. Rowe noted that CHRISTUS/St. Vincent Regional Center will be hiring a consultant to assist with the community health assessment and the County and CHRISTUS will pay for the consultant.

d. LEAD Program Development

Ms. Rodriguez said LEAD is a Pre-Booking Diversion Model for Low-Level Drug Offenses. Processing low-level drug offenders through the criminal justice system is a costly and generally ineffective way to change problematic behavior and impact public safety. As current economic realities force regional criminal justice stakeholders to reexamine spending, pre-booking diversion programs offer a viable, cost-effective alternative to the status quo that can positively impact troubled individuals and neighborhoods.

Ms. Rodriguez said some of the schools have put mental health counselors in junior high and high schools and as a result, the suicide rates have gone down. New Mexico is no longer the number one state for suicides.

Ms. Rodriguez said the LEAD Task Force held their first meeting yesterday and there was agreement that there is a need for more treatment services and a way to connect people to these types of services. She mentioned that the LEAD model is based on a pilot model/project form Chicago, which is entirely funded by private funding.

Ms. Rodriguez noted that prescription drugs (opiate drugs) are a problem in our state. She mentioned that KOB-TV did a presentation and video called "No Exceptions" on this problem.

She noted that Wal-Mart received over 400 lbs of prescriptions that were turned in.

Copies of the suggested LEAD value based Statements were distributed. A copy is hereby incorporated to these Minutes as *Exhibit "C"*. Please see *Exhibit "C"* for the specifics of this presentation.

Ms. Rodriguez offered to provide updates to the Committee.

MATTERS FROM THE COMMITTEE

Ms. Rodriguez said the Request for Proposal process is coming up and she would like some of the Committee members to work with her on revising the RFP. Chair Rose, Ms. Rowe and possibly Ms. Davidson will meet to discuss this further.

STAFF REPORT ON CONTRACTS

a. Approve the Committee meeting schedule for 2013

There was consensus to approve the Committee meeting schedule for 2013.

MATTERS FROM THE FLOOR

There were no matters from the floor.

ADJOURNMENT

Having no further business to discuss, the meeting adjourned at 7:45 p.m.

Approved by:

Betty Ann Rose, Chair

Respectively submitted by: Ío Ann G. aldez, Stenographer



What is the Building Hope Project?

The Food Depot is being called on to provide more food – more nutritious food – as the need grows in Northern New Mexico.

But our facility – particularly our refrigerated space – is very limited. So we're constructing another building behind our current building to help us process more food, better, to reach more hungry people.

We hope we can count on you for a gift to help us with this campaign, which we're calling Building Hope! This is an amazing community, and one that has been incredibly supportive to The Food Depot as we work to get food to those who need it. We truly appreciate the financial contributions you make to our ongoing programs! We hope you will also make an additional donation now to help us with this special project.

The current warehouse is stretched beyond capacity and has no room to grow. Because of this, The Food Depot is sometimes forced to turn away valuable food donations due to lack of storage space. This is particularly true when the food is perishable, and at the same time this is often the kind of food we need most!

Once the new facility is built, The Food Depot will be able to distribute 10 million meals per year, year after year!



We are halfway to our goal of \$3.6 million. We need your help today to finish the project. A donation of any amount will help! With a contribution of \$100 you can sponsor one square foot, which will provide 650 meals to people in need, year after year. If you can give more, you can help us reach our goal faster and get food out to those in need. Small gifts are just as important in showing Northern New Mexico that you care about helping The Food Depot meet the long term needs of the community.

Benefits of the new Food Distribution and Education Center:

- Four times more dry storage space
- Seven times more refrigerator space
- Twenty-two times more freezer space
- Four times more volunteer work space
- Opportunities for increased
 volunteer support
- Increased capacity to respond to disasters
- Ability to offer cooking and nutrition classes, food safety training and job training

What is The Food Depot?

The Food Depot, Northern New Mexico's food bank, plays a unique role in the fight against hunger. We provide food donations to non-profit food programs that in turn distribute the food to individuals and familie We partner with 120 non-profit food programs throughout nine counties in Northern New Mexico, covering more than 26,000 square miles! Last Vea The Food Depot provided enough food for nearly 5 million meals to hungry Northern New Mexicans. We acquire food from grocery store farms, bakeries, restaurants, and small manufacturers and distributors. We are also part of several networks such as Feeding America, The New Mexico Association of Food Banks, and The New-Mexico Human Services Departmen dive us access to food that opatreduced cost.

Why Do We Nee Food Distributic Education Cente

The capacity of the current watch of the tree been reached and our food state bution has plateaued. But the state to provide more food, and more full tious food, continues to grow on ently, each quarter, our particulation of the provide food to more show the show people.

Since the economic downtour Food Depot's partner food and have averaged a 30 percent incluin the demand for emergency face. assistance. As the economy worsens, working families are more and more at risk. For many, an unexpected car repair, an illness or accident becomes a crisis, which forces them to choose between groceries, rent, utilities and health care. The need has grown and now The Food Depot needs to grow to meet the need.

Limitations of current warehouse:

- Limited dry storage for non perishable food-off site storage is being leased
- Limited refrigerated, and freezer space-nutritious food has been turned away
- Very small area for volunteersvolunteers are on a waiting list
- Compromised efficiency due to overcrowded space

The Future of The Food Depot

The new building will help us distribute more food more efficiently now, and also plan for a day when emergency food is needed less, and we are able to turn to new programs like getting more food from local sources, providing information on how to eat well, and much more. With the Building Hope Project, The Food Depot will be better equipped to meet the needs as hunger and food insecurity grow in Northern New Mexico.

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The Building Hope Project Timeline

July 2008: City of Santa Fe adds 1.5 acres of land to The Food Depot's lease

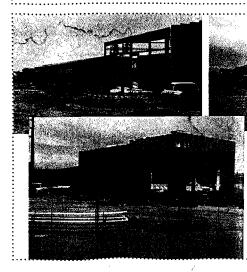
February 2009: Board votes to move forward with The Building Hope Project



April 2012: Ground-breaking for The Building Hope Project

May 2012: Foundation was poured

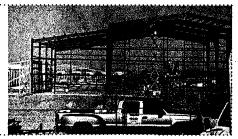
June 2012: Metal and wood frame was erected





July 2009: Design build model adopted for program; contract agreement with Sarcon Construction

September 2011: Facility redesign and budget adjustment to meet economic conditions. One million dollar pledge secured



July 2012: Roughing in of plumbing and electrical

January 2013: Move into new warehouse and facilities (projected)

February 2013: Grand opening of new Food Distribution and Education Center (projected)

Building Hope One Square Foot at a Time!



Join The Food Depot and Build Hope Today to End Hunger in Northern New Mexico Tomorrow.

All donors who make gifts of \$100 or more will be recognized, by name, on a donor wall in the new Food Distribution and Education Center.

\$100 = 1 square foot = 650 meals, year after year



(Times: 3pm or 4pm) Friday, September 7 Friday, September 14 Friday, September 21 Friday, September 28

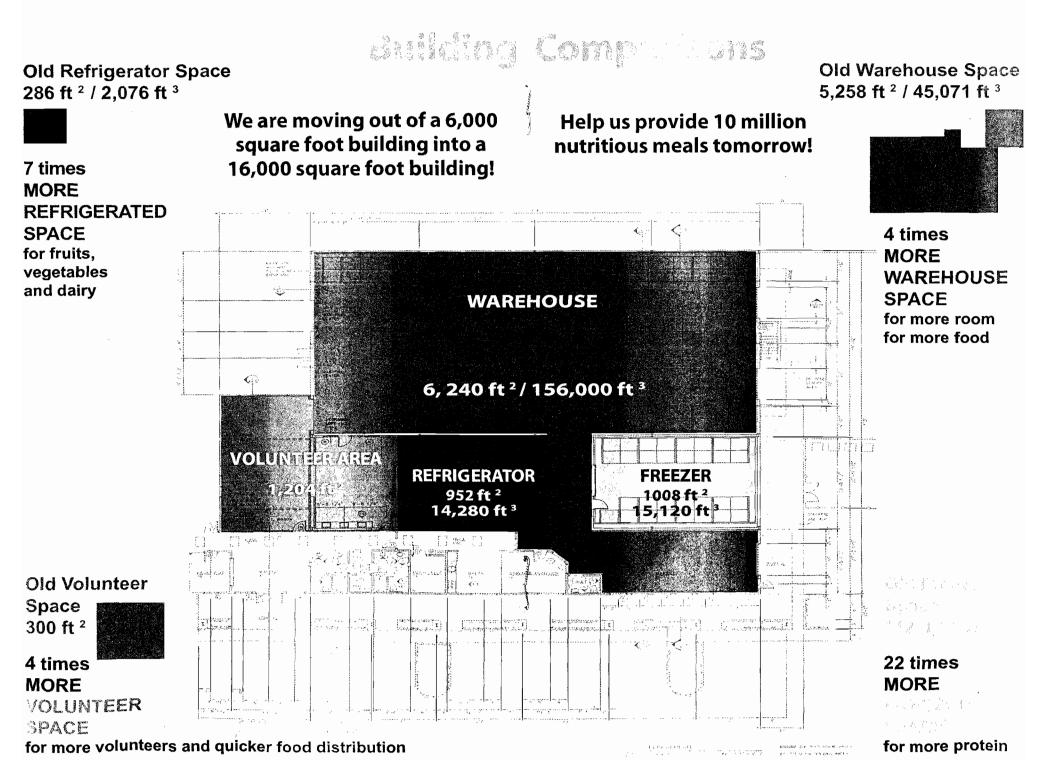
How Can I Build Hope?

- Make a personal donation to the Building Hope Project
- Encourage a group of friends (book club, Bible study, sports team) to pitch in and make a collective donation in the name of your group
- Ask your friends and family to make a donation to The Building Hope Project in your name for a special occasion such as a birthday or anniversary
- Honor a loved one by making a donation in his/her name to The Building Hope Project
- Host a Building Hope fundraising event-contact The Food Depot for more details
- Ask your religious organization if The Food Depot can be a "second collection" – contact The Food Depot for more details
- Find out if you, or any of your friends work for a corporation with matching gift programs. Encourage them to make a gift and have their gifts matched by the corporation

Now offering HARD HAT TOURS!

Don't miss out on your chance for a sneak peek of the new Food Distribution and Education Center! Space is limited, only 10 people per tour...reserve your space now! Have a group of your own? Contact us to arrange for a private tour!

RSVP to Jill Gentry at (505) 471-1633 x 16 or jgentry@thefooddepot.org



Why I Build Hope



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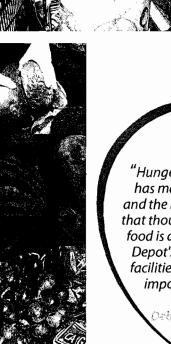
Activence with the

Of course, we at The Food Depot are overflowing with enthusiasm for The Building Hope Project and the tremendous potential it provides for ending hunger in Northern New Mexico. This enthusiasm is not limited to the Board of Directors and staff of The Food Depot, however. Individuals, businesses, foundations, government officials, and volunteers have all rallied to support The Building Hope Project. In their own words, here are the reasons why:

"The Food Depot provides a safety net to the most vulnerable in Northern New Mexico by ensuring the hungry, especially children, are able to access food. The Food Depot's Building Hope Project to build a new warehouse and facilities will help ensure that the freshest and most nutritious food is available and accessible to those in need. I am a supporter and I hope you will consider helping with this extremely important project, too!" Gasy storg, Augentin in a straight Marico

'Hunger is a hidden problem here in northern New Mexico. The reality is that some 40,000 people, many of them children, access a food program each week, and many more simply do without. The two of us are committed to seeing that people in our beloved state have enough food, and it is important to us as well that the food be fresh and healthful. The Food Depot, through its Building Hope Project, is building a new warehouse and related facilities so that greater quantities of fresh nutritious foods are available and accessible to people very much in need. We support The Food Depot's work, and hope you will too. Cherry Advert Area con and Bill Jamison





"Hunger is a hidden problem in Northern New Mexico; because it is hidden we all more than likely know someone, maybe even a child that is unsure where they will get their next meal. For that reason, I am supporting The Food Depot's Building Hope Project to build its new facility to help ensure the freshest and most nutritious food is available and accessible to our neighbors in need."

Scott Strakins

"Hunger isn't always visible, but New Mexico" has many, many residents who are hunary, and the number is growing. Hunger hurts, and that thousands of people are without adequate food is a problem that affects us all. The Food Depot's Building Hope Project to increase its facilities, including space for fresh food, is an important and necessary response to this problem, and she I support." Deborah Madison. Cookbook author

and chef



"As a volunteer with The Food Depot, I have observed the inner-workings and am truly impressed with the hard working employees and their positive attitude. They serve so many agencies with a smile and receive tremendous appreciation in return. It's an honor to support this amazing organization with time and money." Chervi Brown, volunte

Why We Build Hope



 Controls from Businesses and Entrolations that support the Public g Hope Project.

"Our passion is babies. When their brains are developing rapidly before they are born and in their first years, they need good nutrition and everything else that goes with having a healthy, happy start in life. Our hope is that all babies in New Mexico thrive and the infant supplies provided by The Food Depot help make that possible for so many families. But storing diapers and other supplies takes up lots of room so we're enthusiastic supporters of the building campaign."

Inwonfelder, President
 Foundation

"In 2006, the U.S. Department of Agriculture ranked New Mexico as worst in the nation for food insecurity. Too many families were going to bed hungry every night. That ranking prompted PNM to join together with other organizations to form the New Mexico Coalition to End Hunger. The coalition has made a lot of progress since that time, but hunger remains a fact of life for thousands of New Mexico families. That's why we're so pleased to be able to support the efforts of The Food Depot, which helps provide millions of meals to families throughout northeast New Mexico. Working together with organizations such as the Food Depot, we believe we can continue to make a positive difference in the battle against hunger in New Mexico." Diane Operation

"Century Bank has a long history of supporting a wide variety of non-profits in the communities that we serve. Due to the current economic downturn, feeding the hungry has become critically important. While food donations have been plentiful, it was sad to learn that The Food Depot was turning donations away due to lack of storage and freezer space. When we learned that The Food Depot was embarking on a campaign to build a new warehouse, we quickly became a supporter. We are proud to support The Food Depot's efforts to expand their facilities as they continue to fight hunger in Santa Fe and Northern New Mexico." *Tell Stabat, Century School*



Anentic estand Foundations Stretch Your Donation Dollar!

An anonymous national foundation has issued a 2:1 matching challenge to The Food Depot: if we raise \$200,000 from businesses and foundations, they will give us \$100,000 towards the Building Hope Project.

The Food Depot has enjoyed tremendous support from the local business community in Santa Fe. We need the support of our local businesses now more than ever! We have a very limited amount of time to raise the \$200,000—your gift today will make a huge difference!

Now your header a more port the Building Hope Project:

- Make a donation to the Building Hope Project Fund
- Encourage your employees to donate and match their donations
- Offer a special purchase opportunity with the proceeds benefitting the Building Hope Project
- Display the Building Hope Thermometer banner at your business location for a week
- Set out a "Donate to the Building Hope Project" jar at the register
- Be creative! Let us know what your ideas are!

Naming opportunities are still available for gifts of \$25,000 and greater. Contact The Food Depot or <u>see www.thefooddepot.org</u> for more information about naming opportunities.

Building Hope Business and Foundation Major Donors



Donate to the Building Hope Project Today

Give the gift that keeps on giving



Join The Food Depot to raise \$3.6 million to build a new Food Distribution and Education Center!

Your donation will provide food for Northern New Mexicans in need, year after year.

For more details, go to *www.thefooddepot.org.*

How to donate:

Devina: www.thefooddepot.org 장 Phone: (505) 471-1633 x 12 항 (승규는 1222 Siler Road, Santa Fe, NM 87507 You can END HUNGER ONE Square Foot at a time!

Invest in Building Hope

\$100 = 1 square foot = 650 meals, year after year

\$1000 = 100 square feet = 6500 meals, year after year

E pard of Directors

Bobbi Hall, President Penny Sandoval, Vice President Jeff Szabat, secretary Lisa Adkins David Barton Joann Card Carol Johnson Bert Leyva Kris Murphey Jill Rhymes, M.D. Carmen Rodriguez Rabbi Marvin Schwab Scott Alexander Thomas Cross Jill Gentry Sherry Hooper George Lopez Viola Lujan Anne Padilla Justin Peters Ben Roybal Fred Santistevan Henry Trujillo Robert Zarate

EXHIBIT

Review of Mortality Data

09/24/2012

Santa Fe County Health Needs Assessment-DRAFT

I) OVERVIEW

"Where we live matters to our health. The health of a community depends on many different factors, including the environment, education and jobs, access to quality healthcare, and individual behaviors." *County Health Rankings: 2012 Rankings, New Mexico, Robert Wood Johnson Foundation, University of Wisconsin, Population Health Institute, p.1.* <u>www.countyhealthrankings.org/new-mexico</u>

"Social Determinants of health are the circumstances in which people are born, grow up, live, work, and age as well as the systems put in place to deal with illness. These circumstances are in turn shaped by a wider set of forces: economic, social policies, and politics." World Health Organization in Catholic Health Association of the United States, Assessing and Addressing Community Health Needs, 2012. p.40.

About IBIS: Source: <u>http://ibis.health.state.nm.us/home/Background.html</u> AKA Lois!

Indicator-Based

NM-IBIS stands for New Mexico's Indicator-Based Information System for Public Health. Outcome measures found in the NM-IBIS System are indicators of important public health constructs. The New Mexico Department of Health regularly examines outcome measures to:

- Track and evaluate progress toward goals.
- Guide policy decisions, priorities and long-range strategic plans.
- Develop, focus, and streamline data collection and reporting capacity.
- Provide comprehensive information of New Mexico's health and health care system.

The Department is working to standardize health status and health system indicators across programs, and to publish those indicators.

Why an IBIS?



An ibis is the symbol for the ancient Egyptian god Thoth. He was often depicted as an ibisheaded man holding a pen and a palette. He was the god of writing and learning, wisdom, and many other things. Some sources say he was god of magic and medicine (which were not distinct concepts at the time.) Thoth is credited with the invention of writing and numbers.

II) LEADING CAUSES OF DEATH & HEALTH INDICATORS

NOTE: For each leading cause of death below there are four (4) slides:

a) New Mexico & Santa Fe County, Trended

b) Age & Sex

c) Race/Ethnicity

d) Small area

- 1) CANCER--Neoplasm, Malignant
 - A- Lung
 - B- Colon
 - C- Breast
- 2) HEART DISEASE-- Circulatory, Heart Disease
- 3) UNINTENTIONAL INJURIES-- Motor Vehicle Crashes and Falls
 - 4) CHRONIC LOWER RESPIRATORY DISEASES
 - 5) STROKE—Circulatory, Cerebrovascular Disease
 - 6) DRUG OVERDOSE
 - 7) DIABETES MELLITUS
 - 8) CHRONIC LIVER DISEASE, CIRRHOSIS
 - 9) SUICIDE
 - 10) ALZHEIMER'S DISEASE (Not reviewed in this report).

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

The leading cause of death at this writing in NEW MEXICO is Heart Disease and not Cancer.

NOTE: For each health indicator below there are fewer than 4 slides

- 1) Adult Obesity
- 2) Meets Physical Activity Recommendations
- 3) Current Cigarette Smoking
- 4) First Trimester Prenatal Care
- 5) Births to Teens
- 6) Youth Obesity
- 7) Youth Smoking
- 8) Percentage of Children in Poverty

CANCER-Neoplasm, Malignant Deaths #1

LUNG CANCER DEATHS

Lung Cancer Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No. 5 . Lung Cancer Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: In 1999 the lung cancer deaths per 100,000 (Age-adjusted) were nearly identical for Santa Fe County and the State of New Mexico. Then until 2003, the Santa Fe rate began to drop, while the state's rate remained steady. In 2003, Santa Fe County's rate rose considerably but not quite reaching the state's rate. In 2004 the Santa Fe County rate plummeted to half of the state's rate! From 2004 until 2007, Santa Fe County's lung cancer deaths climbed every year until almost reaching the state's rate in 2007 (nearly replicating the 1999 figures). From 2007 until 2010 Santa Fe County's lung cancer deaths dropped again, reaching lows in 2009 and 2010. The good news is that in Santa Fe County lung cancer deaths have declined *overall* between 1999 and 2011, with exceptions during the years 2003 and 2007.

Lung Cancer Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.6 .Lung Cancer Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: Between the ages of 45-64 twice as many males died of lung cancer between 2007 and 2011 in Santa Fe County, but during the same time period, considerably more females died.

Lung Cancer Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No7 .Lung Cancer Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 White folks led the pack in lung cancer deaths, followed by Hispanics. Asian/Pacific Islanders and African Americans/Blacks died of lung cancer at a lower rate (14.7 vs. 15.5 per 100,000 or nearly half the rate of Whites at 28.4 per 100,000).

SMALL AREAS: Residents of Santa Fe County South (area 99) lead lung cancer deaths, followed by residents of Bellamah (area 97).

COLON CANCER DEATHS

Colon Cancer Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No.9. Colon Cancer Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: Colon Cancer deaths in Santa Fe County have been somewhat below New Mexico colon cancer rates from 1999 through 2011, with the following exceptions: In 2000 Santa Fe County dipped considerably below New Mexico. The following year (2001) Santa Fe County shot up to nearly the exact New Mexico rate. Santa Fe County then dipped again in 2002, 2004, 2009 and 2011. In 2003 the rates were almost identical (15.7 and 15.8 per 100,000). In 2005 and 2008 the rates were very close. IN 2006, 2007 and 2010 SANTA FE COUNTY OVERTOOK THE STATE IN COLON DEATHS.

Colon Cancer Deaths by Age and Sex, Santa Fe County, 2007-2011 (See Powerpoint slide No.10 .Colon Cancer Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The majority of colon cancer deaths in Santa Fe County were among males over 65 years old, followed by men between 45 and 64. The females were not very far behind in the above two age groups.

Colon Cancer Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No11 .Colon Cancer Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011)

Notes: American Indians died of colon cancer during the years 2007-2011 at an Imost a triple rate higher than Whites (30.3 to 11 deaths per 100,000). Hispanic deaths fell nearly in the middle at 18.4 deaths per 100,000.)

SMALL AREAS: Residents of Santa Fe County, Pueblos Plus (area 94) and Santa Fe County, Agua Fria & Downtown (area 95) lead the colon cancer deaths, followed by residents of Santa Fe County, Airport Road (area 98).

BREAST CANCER DEATHS

Breast Cancer Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No.13 .Breast Cancer Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: In 1999 and 2000 the breast cancer deaths per 100,000 (Age-adjusted) were much higher Santa Fe County than the State of New Mexico. Then in 2001, the Santa Fe County and State rates where nearly the same. In 2002, Santa Fe County again had more breast cancer deaths per 100,000 than the state. In 2003, Santa Fe County's rate dropped below the state's but in 2004 rose again above the state's rate. In 2005 the Santa Fe County death rate for breast cancer was nearly identical to the state's. Santa Fe County's rate was lower than the state's in 2006, 2007 and 2008 and again higher than the state's in 2009 and 2011. The good news is that in Santa Fe County breast cancer deaths have declined *overall* between 1999 and 2011.

Female Breast Cancer Deaths by Age and Sex, Santa Fe County, 2007-2011 (See Powerpoint slide No.14. Breast Cancer Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: Over double the number of women over 65 years old died of breast cancer during the five year period between 2007 and 2011.

Breast Cancer Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.15. Breast Cancer Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 African American/Black women were in the largest race/ethnic group who died of breast cancer (19.2 per 100,000) followed by Asian/Pacific Islanders (14.7). Whites were next at 12.4 followed by American Indians at 11.1 Hispanic women during the years between 2007 and 2011 died at a much lower rate of 7.7 per 100,000.

SMALL AREAS: Women residents of Santa Fe County, Agua Fria & Downtown (area 95) led breast cancer deaths, followed by residents of Santa Fe County, Airport Road (area 98).

HEART DISEASE, Circulatory # 2

Heart Disease Deaths

Heart Disease Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No. 17 .Heart Disease Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: Since 1999 the heart disease deaths per 100,000 (Age-adjusted) in Santa Fe County have been considerably lower than the State of New Mexico. Overall, within Santa Fe County, the deaths from heart disease have dropped from 169.7 per 100,000 (1999) to 105.9 (2008) and up again in 2010 and 2011 but only slightly. The good news is that in 2011 the Santa Fe County rate rose to 107.1 almost dipping to its low of 105.9 in 2008.

Heart Disease Deaths by Age and Sex, Santa Fe County, 2007-2011 (See Powerpoint slide No.18. Heart Disease Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: Between the ages of 45-64 *over three and a half as many males died of heart disease* than females in the same age group from 2007 and 2011 in Santa Fe County. The gap considerably narrows after age 65, but males continued to die of heart disease at a higher rate than women.

Heart Disease Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.19 .Heart Disease Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 African Americans/Blacks died at a much higher rates of heart disease (183.1) followed by Hispanics (118.1) and Whites (108.4). American Indians (60.6) and Asian/Pacific Islanders (22.7) had much lower rates.

SMALL AREAS: Residents of Santa Fe County South (area 99) led heart disease deaths, followed by residents of Bellamah (area 97).

UNINTENTIONAL INJURIES #3

Deaths in Motor Vehicle Crashes and Falls Deaths

Motor Vehicle Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No.21. Motor Vehicle Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: From 1999 to 2011 Santa Fe County had fewer motor vehicle deaths than the State of New Mexico for all but three years (2005, 2006 & 2009). The years 2005 and 2006 were particularly tragic for Santa Fe County with 29.2 and 24.4 deaths per 100,000 (Age-adjusted). The good news is that the rate dropped to 13.8 in 2010 and 12.5 in 2011, the lowest rate since 1999.

Motor Vehicle Deaths by Age and Sex, Santa Fe County, 2007-2011 (See Powerpoint slide No.22. Motor Vehicle Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: Almost three times the number of motor vehicle deaths in Santa Fe County involved 15-44 year old males during the 5 year period between 2007 and 2011. Considerably more males than females died in motor vehicle crashes UNTIL the ages of 65 and above. At the age of 65, males and females die at a lower rate per 100,000, but females die at a slightly higher rate than males. (10 per 100,000 for males; 10.8 per 100,000 for females).

Motor Vehicle Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.23. Motor Vehicle Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 a surprising significant number of Asian/Pacific Islanders died in motor vehicle injuries at the highest rate per 100,000 (32.7). Whites were next at 16.4 followed by American Indians at 15.5. Hispanics (11.4) and African Americans/Blacks (10.5) died in the fewest motor vehicle crashes.

SMALL AREAS: Residents of Santa Fe County, South (area 99) died at the highest rate in motor vehicle crashes, followed by residents of Santa Fe County, East Foothills/El Dorado (area 92) and Santa Fe County, Opera Vicinity (area 93).

Falls Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No.25. Falls Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: From 1999 to 2011 Santa Fe County had far more Falls Deaths than in the State of New Mexico. During this 13 year period Santa Fe County had fewer Falls Deaths in only three years (1999, 2004 & 2010).

Falls Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.26.Falls Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The number of Falls Deaths are nearly equally distributed between males and females and almost all occurate tween after the age of 65.

 Falls Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011

 (See Powerpoint slide No.27. Falls Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011)

Notes: White elders died as a result of falls (18.4 per 100,000) at a slightly higher rate than do their Hispanic neighbors (16.8). American Indians die of Falls at a much lower rate (8.1 per 100,000).

SMALL AREAS: Residents of Santa Fe County, South (area 99) died at the highest rate as a result of falls, followed by residents of Santa Fe County, Agua Fria & Downtown (area 95). The next highest concentration of Falls Deaths took place in the Santa Fe County, East Foothills/El Dorado (area 92).

CHRONIC LOWER RESPIRATORY DISEASE DEATHS # 4

CLRD/COPD include Emphysema and Chronic Bronchitis Deaths

Chronic Lower Respiratory Disease Deaths by Year, Santa Fe and New Mexico, 1999-2011 (See Powerpoint slide No.28. Chronic Lower Respiratory Disease Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: Since 1999 Chronic Lower Respiratory Disease deaths per 100,000 (Age-adjusted) in Santa Fe County have consistently been quite a bit lower than the State of New Mexico for the same time period. However, during the years 2006, 2010 & 2011, the Santa Fe deaths per 100,000 were quite high, in general. Only during 2002 and 2008 did Santa Fe see somewhat lower death rates--29.4 and 29.5, respectively. In 2011 the number reached 37.9 compared to the State of New Mexico at 45.6 deaths per 100,000.

Chronic Lower Respiratory Disease Deaths by Age and Sex, Santa Fe County, 2007-2011 (See Powerpoint slide No.29. Chronic Lower Respiratory Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The vast majority of Chronic Lower Respiratory Disease Deaths took place in elders over the age of 65. In this age group, more females died than males. In contrast, the 45-64 year old males died at a slightly higher rate than their female counterparts.

Chronic Lower Respiratory Disease Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011

(See Powerpoint slide No.30 . Chronic Lower Respiratory Deaths by Race/Ethnicity, Santa Fe County & New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 Santa Fe County Hispanics died at the highest rate owing to Chronic Lower Respiratory Disease (40.8 deaths per 100,000) followed by Whites (33.6 deaths per 100,000).

SMALL AREAS: Residents of Santa Fe County South (area 99) had the highest number of chronic lower respiratory disease deaths, followed by residents of Santa Fe Bellamah (area 97), Santa Fe County, Airport Road (area 98) and Santa Fe County, Agua Fria Village (area 96).

STROKE DEATHS # 5

Circulatory, Cerebrovascular Disease Deaths

Stroke Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No.32. Stroke Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: Since 1999 Chronic Lower Respiratory Disease deaths per 100,000 (Age-adjusted) in Santa Fe County have consistently been lower than the State of New Mexico for the same time period. Since 1999 the stroke deaths in Santa Fe County have generally decreased. (The year with the fewest stroke deaths was 2005 with 17.5 deaths per 100,000).During 2005, the State of New Mexico rate was almost double the Santa Fe County rate. In 2011 the Santa Fe County rate (28.2) was lower that the State's rate (32.5).

Stroke Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.33. Stroke Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The vast majority of Stroke Deaths took place in elders over the age of 65. In this age group, more females died than males. In contrast, the 45-64 year old males died at nearly the same rate as their female counterparts.

Stroke Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.34. Stroke Deaths by Race/Ethnicity, Santa Fe County & New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 Santa Fe County Hispanics died at the highest rate owing to stroke (30.4 deaths per 100,000) followed by Whites (23 deaths per 100,000). American Indians had the lowest stroke death rate at 11 per 100,000.

SMALL AREAS: Residents of Santa Fe County South (area 99) had the highest number of stroke deaths; Santa Fe County, Opera Vicinity (area 93) had, by far, the lowest number.

DRUG OVERDOSE DEATHS # 6

Drug Overdose Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No.36. Drug Overdose Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: Since 1999 Drug Overdose Deaths per 100,000 (Age-adjusted) in Santa Fe County have been somewhat higher than the State of New Mexico for seven of the thirteen years. (2003, 2007 and 2010 were virtually identical). The year 2011 was the year with the highest rate (31.9) of Drug Overdose Deaths since 1999 in Santa Fe County. The State of New Mexico has a similar disturbing trend.

Drug Overdose Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.37. Drug Overdose Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The vast majority of Drug Overdose Deaths occurred in males ages 15-44, followed by males ages 45-64. The highest group of female Drug Overdose deaths are in the 45-64 age group.

Drug Overdose Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.38. Drug Overdose Deaths by Race/Ethnicity, Santa Fe County & New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 Santa Fe County Hispanics died at the highest rate owing to Drug Overdose Deaths (29.4 deaths per 100,000) followed equally by American Indians and African Americans/Blacks (20.1 deaths per 100,000). Whites followed closely behind at 19 deaths per 100,000.

SMALL AREAS: Residents of Santa Fe County, Pueblos Plus (area 94) had the highest number of drug overdose deaths, followed by Santa Fe County, Agua Fria Village (area 96). The lowest number of drug overdose deaths reported was Santa Fe County, Airport Road (area 98).

DIABETES DEATHS # 7

Diabetes Mellitus

Diabetes Deaths by Year, Santa Fe and New Mexico, 1999-2011.

(See Powerpoint slide No. 40. Diabetes Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: In 1999 there were 14.8 deaths attributed to diabetes per 100,000 in Santa Fe County attributed to Diabetes. The next year (2000) the rate jumped to 23.5. The lowest number of deaths per 100,000 was in 1999. The highest rate (29 deaths per 100,000) was reported in 2003. The 2011 rate was 23.5 deaths per 100,000. Interestingly, the State of New Mexico reported 31.8 deaths per 100,000 in 1999 dropping to 26.5 per 100,000 in 2011.

Diabetes Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.41. Diabetes Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The vast majority of Diabetes Deaths occurred in males over the age of 65, followed by females in the same age group.

Diabetes Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.42. Diabetes Deaths by Race/Ethnicity, Santa Fe County & New Mexico, 2007-2011)

Notes: Native Americans died of diabetes at a higher rate (54 deaths per 100,000) than any other race/ethnic group followed by African American/Blacks (34.1 deaths per 100,000) and Hispanics (31.2 deaths per 100,000). Only 11.5 deaths per 100,000 were attributed to Whites.

SMALL AREAS: Residents of Santa Fe County Airport Road (area 98) had the highest number of diabetes deaths while Santa Fe County, East Foothills/El Dorado (area 92) had, by far, the lowest number.

SUICIDE DEATHS # 8

Injury, Intentional Self-Harm

Suicide Deaths by Year, Santa Fe and New Mexico, 1999-2011

(See Powerpoint slide No. 44. Suicide Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: What stands out in the suicide data is that in Santa Fe County over a thirteen year period, the lowest rate (14.9 deaths per 100,000) occurred in 2006; the highest rate (25 deaths per 100,000) occurred in 2008. The range is much larger than in New Mexico in which the lowest rate (17.7 deaths per 100,000) occurred in 2006. The highest rate (20.4 deaths in 100,000) occurred in 2001. The 2011 Santa Fe death rate was 18.7 while the State of New Mexico rate was 20.3.

Suicide Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.45. Suicide Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: The vast majority of suicide deaths occurred in males between the ages of 15-44, followed by males between ages 45-64 and males over 65. Females over 65 make up the largest group of suicide deaths closely followed by females between 45-64.

Suicide Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.46. Suicide Deaths by Race/Ethnicity, Santa Fe County & New Mexico, 2007-2011)

Notes: Whites die at their own hands (24.2 deaths per 100,000) in far bigger numbers than do the other races/ethnicities. African Americans/Blacks are the next largest group (20 deaths per 100,000), followed by Hispanics (15.4 deaths per 100,000). American Indians are reported to die by suicide in 7.4 deaths per 100,000.

SMALL AREAS: Residents of Santa Fe County, Opera Vicinity (area 93) and Santa Fe County, Agua Fria/Downtown (area 95) reported the highest number of suicide deaths.

NOTE: Up until September 24, 2012 the Santa Fe County Health Needs Assessment project coordinated by the CHNA committee/task force has focused on data collection and review.

III) NEXT STEPS

History of past Santa Fe County Health Needs Assessments/Profiles (including Maternal Health Council and Santa Fe Health Council)

History & background of current committee/task force and membership

Purpose(s) of writing a community health needs assessment/profile

Methodology

Demographics

Community Resources and Engagement

Health Disparities/Health Status (comparison to adjacent counties might be considered).

Recommendations to the community, CSVRMC, Santa Fe County, City of Santa Fe, and Santa Fe Public Schools, among other essential entities.

Presentations of the CHNA/Profile to the Santa Fe Community

Identifying providers who can benefit from the Assessment/Profile

Publishing and distributing the assessment, health report cards with specific recommendations

What else? Other suggestions? Recommendations?

CHRONIC LIVER DISEASE DEATHS # 9

Chronic Liver Disease and Cirrhosis

Chronic Liver Disease Deaths by Year, Santa Fe and New Mexico, 1999-2011 (See Powerpoint slide No.48. Chronic Lower Respiratory Disease Deaths by Year: Santa Fe County and New Mexico, 1999-2011)

Notes: Although Santa Fe County has had as few chronic liver disease deaths as 8 per 100,000 (2002) there were 21 chronic liver disease deaths per 100,000 in 2011. The State of New Mexico's lowest rates, 14.4 deaths per 100,000 in 2004 and 14.5 deaths per 100,000 in 2005, its 2011 rate of 20.4 deaths per 100,000 is slightly lower than Santa Fe County's 2011 rate.

Chronic Liver Disease Deaths by Age and Sex, Santa Fe County, 2007-2011

(See Powerpoint slide No.49. Chronic Liver Disease Deaths by Age and Sex, Santa Fe County, 2007-2011)

Notes: Chronic Liver Disease kills far more males than females. The majority of these deaths occur in males ages 45-64, followed by males over 65 years old. A significant number of males ages 15-44 also die of chronic liver disease. Almost the same number of females ages 45-64 die of chronic liver disease (20.5 deaths per 100,000) as do males ages 15-44 (20.6 deaths per 100,000).

Chronic Liver Disease Deaths by Race/Ethnicity, Santa Fe County and New Mexico, 2007-2011 (See Powerpoint slide No.50. Chronic Liver Disease Deaths by Race/Ethnicity, Santa Fe County & New Mexico, 2007-2011)

Notes: During the years 2007 to 2011 Santa Fe County American Indians died at the highest rate owing to chronic liver disease (35.4 deaths per 100,000) followed by Hispanics (24.9 deaths per 100,000). Whites die of chronic liver disease at a lower reported rate of 6.9 deaths per 100,000.

SMALL AREAS: Residents of Santa Fe County, Pueblos Plus (area 94) and Santa Fe County, Agua Fria/Downtown (area 95) have the highest reported chronic liver disease deaths.

Source for all data: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health.

ALZHEIMER'S DISEASE DEATHS # 10



Suggested LEAD Value-based Statements

- Our current approach to low-level drug offenses is ineffective and unsustainable.
- The current approach to low-level drug offenses only moves a relatively small fraction of offenders off the streets, for brief periods of time, and at a significantly higher cost than non-criminal justice system interventions.
- With public coffers shrinking and demand for services growing, we can no longer afford to rely exclusively on criminal sanctions to address problematic, drug related behavior.
- Law enforcement and prosecutor resources should be reserved for serious crimes, not low-level drug possession crimes.
- Incarcerating someone with an addiction does not reposition them to make positive life changes.
- Alternative interventions may provide less costly ways to intervene without compromising public safety, and may also be more successful in changing behavior.
- Addiction should be treated as a health issue.
- Our current treatment and social service system needs to be enhanced and expanded to address those struggling with addictions.