

REC CLERK RECORDED 03/06/2013

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

January 4, 2013

Santa Fe, New Mexico

This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Judith Williams at approximately 9:00 a.m. on the above-cited date at 2052 S. Galisteo, Suite B, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum as follows:

Members Present:

Judith Williams, Chair
Kathleen Rowe, Vice Chair
John Abrams
Bertha Blanchard
James Bond
Shirlee Davidson
George Gamble
Reena Szczepanski
Sun Vega
Anna Vigil

Member(s) Excused:

Richard Rodriguez
Catherine Kinney
[One vacancy - Countywide]

Staff Present:

Patricia Boies, MCH/HPPC Coordinator
Rachel O'Connor, Health & Human Services Division Director

Others Present:

Kelly O'Donnell, Economist, Contractor
Kathy Armijo Etre, Christus St. Vincent
Leon Lopez, Christus St. Vincent
Jennifer Baird, Christus St. Vincent
Rebecca Pedersen, Molina Healthcare
Pamela Herrera, Molina Healthcare



COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

HEALTH POLICY & PLAN
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I Hereby Certify That This Instrument Was Filed for
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Witness My Hand And Seal Of Office
Geraldine Salazar
Deputy County Clerk, Santa Fe, N

III. INTRODUCTIONS

Those present introduced themselves.

IV. APPROVAL OF AGENDA

Chair Williams requested that item VIII. B, Other Matters from the Commission, be heard directly following item VI. Commissioner Abrams moved to approve the agenda as modified. His motion was seconded by Commissioner Davidson and passed by unanimous voice vote

V. APPROVAL OF MINUTES: December 7, 2012

Commissioner Bond moved approval of the December minutes. Her motion was seconded by Commissioner Abrams and passed by unanimous voice vote.

VI. MATTERS OF PUBLIC CONCERN

None were presented.

VIII. MATTERS FROM THE COMMISSION

B. Other Matters from the Commission

Ms. Boies reported that the Governor has not taken action on the Medicaid expansion under the Affordable Care Act. Expanding access to the uninsured will add up to 170,000 individuals in New Mexico. The economic advantages have also been expounded upon in an effort to urge the Governor to sign off on the expansion.

Ms. Boies said staff is requesting that HPPC join with many others in urging the Governor to expand Medicaid. She distributed an information packet regarding Medicaid opportunities in New Mexico and a draft letter signed by organizations representing thousands of New Mexicans urging the Governor to implement the Medicaid Expansion for low-income adults under the federal Affordable Care Act.

Commissioner Szczepanski introduced a motion that the HPPC recommend to the Board of County Commissioners that the BCC and the HPPC issue a joint letter to the Governor, urging her to implement the Medicaid expansion under the federal Affordable Care Act. Commissioner Blanchard seconded and the motion passed by unanimous [10-0] voice vote.

VI. PRESENTATION

A. Needs Assessment Update

Ms. Boies advised the Commission that this was a preliminary report.

Kelly O'Donnell, an economist by training, said she was contracted to do the needs assessment analysis, which is essentially compiling a great deal of data on the health status of Santa Fe County residents. At this point, the report has approximately 100 indicators and the preliminary report provides a "taste" of the final report.

Ms. O'Donnell stated one of the objectives of the assessment is that it could be updated on a fairly regular basis. She reviewed the criteria used for data/statistics and noted that county level statistics are difficult to gather and many times Santa Fe County is mentioned when it is in fact New Mexico.

The data compilation process is complete and that data will be developed into a coherent, cohesive narrative illustrating what Santa Fe County looks like in social and economic factors which have strong impact on health. In regard to age distribution, Santa Fe County is slightly older than the rest of New Mexico. Poverty was mentioned as the single greatest contributor to poor health outcome. Santa Fe County has one of the lowest poverty rates in the state. While Santa Fe County is better than the statewide average, New Mexico is one of the two poorest states in the country. Native Americans in Santa Fe County do much better than Native Americans elsewhere in the state.

The leading causes of death in Santa Fe County and the state were identified as cancer, diabetes, Alzheimer's, heart disease, respiratory disease, liver disease and cirrhosis, unintentional injury, and suicide.

Unintentional injury as a cause of death in Santa Fe County is generally poisoning/drug overdose. Falls are the largest source of unintentional injury leading to death in the elder population. The Youth Risk and Resiliency Survey (YRRS) reported that 14 percent of Santa Fe County high school students reported using prescription painkillers to get high; Ms. O'Donnell characterized that as alarming.

New Mexico's suicide rate is about twice the national average and that of Santa Fe County is comparable to the state overall. According to the YRRS 17 percent of Santa Fe County middle school students have made plans to kill themselves compared to the state overall of 11 percent. While the successful suicide rate of children in middle school in Santa Fe County was almost zero it clearly represents unmet emotional and mental health issues in that population.

She noted the disparity in mortality by racial and ethnic classification is most evident in unintentional death: in Santa Fe County Native American deaths from alcohol are half the State's average while Hispanic deaths are 25 percent higher.

The leading causes of death were reviewed and were roughly comparable to the statewide statistics. The leading cause of death in Santa Fe County is cancer, and statewide it is heart disease. The death rate for hepatitis C has grown substantially in Santa Fe County and manifests in a considerably younger population than the rest of the nation.

The following points were highlighted for Ms. O'Donnell's attention:

- Add mortality data on HIV/AIDS and pneumonia,
- Verify where stroke is ranked within the top seven – noting it is the third leading cause of death in the US
- Highlight within the report that the CDC recommends everyone be tested for hepatitis C, and as a result there will be an increase in the number of those infected
- If possible, include data on children born with addiction
- Provide to the HPPC a list of indications and everything to be included in the final report for HPPC review
- Contact OptumHealth, Behavioral Health Purchasing Collaborative, and DOH as resources for mental illness data

- Contact Santa Fe Public Schools as a resource for immunization information
- HPPC is particularly interested in behavioral health
- Data on homelessness, although difficult to quantify, would be useful in terms of access to care
- Information on undocumented residents is also important – non-citizens will be excluded from the Medicaid expansion. As the healthcare reforms take effect, the uninsured population will get smaller and be increasingly concentrated in immigrants
- Con Alma was mentioned as source for data related to the aging population and specific health needs

Ms. Boies pointed out that the working draft is not due until January 31st.

Ms. O'Donnell said Santa Fe County has the fourth lowest rate of immunizations in the state and that can be attributed to vaccine objectors and data problems.

Ms. Etre said ER admission data would be included in the report.

Diet, exercise, tobacco and alcohol were mentioned as the leading contributors to mortality. A significant decline in cigarette smoking with youth was noted, however, there is an increase in hookah smoking. Interestingly, hookah-smoking youth score very low on other risk factors, i.e. drinking.

The YRRS was recognized as a valuable tool that revealed underage drinking is more prevalent in Santa Fe County than the entire state.

One in five of Santa Fe County residents lacks health insurance and most are working adults.

A Medicaid six-month re-enrollment requirement was mentioned as an unspoken method of throttling back on Medicaid.

The report will include a description of Santa Fe County's physical environment to include air quality, water quality, access to outdoor recreation, liquor store and fast food density, and access to grocery stores.

The consultant was advised that the HPPC wants positive health aspects of the County – air quality, smoking regulations, etc. – included in the assessment.

Questions raised included: Does the data capture the needs of Santa Fe County's population base on the older side? Are there enough care facilities, hospice facilities? Is there a need for in-patient hospice? Given the illness defined within this aging population do we have the appropriate facilities?

There are no in-patient hospice beds at Christus St. Vincent according to Ms. Etre.

Ms. O'Donnell said there will be provider data in terms of numbers and maps highlighting providers. Commissioner Blanchard said the fact that Christus has bought up many physician practices in Santa Fe has expanded the acceptance of Medicaid.

Data on domestic violence is available and it was suggested that this is significant. Child abuse data has been compiled within the draft.

Ms. Boies said that Christus St. Vincent has been conducting an ongoing focus group effort with a wide variety of organizations. Some of the qualitative information from those groups may help flesh out the themes in the hard data. The content analysis of the themes will be pulled together mid-January.

Ms. Etre agreed that the focus groups will enrich the narrative. Ms. O'Donnell agreed the focus groups would provide additional color to the data.

It was the Commission's understanding that the County Needs Assessment would be a quantitative report and not include the focus group data/qualitative issues and data.

Ms. O'Donnell said the final product will include an executive-type summary and she thanked the Commission for their input.

VIII. MATTERS FROM THE COMMISSION

A. Director's Report

Ms. Boies presented Ms. O'Connor's report as follows:

- A weekend nurse and a part-time nurse have been hired for Mobile Health Van, while a nurse practitioner is still being sought.
- A Prescription Drug Take Back has been scheduled for February 9th

The revised HPPC roster was distributed and corrections were solicited. The Commissioners are required annually to submit a conflict of interest disclosure form; staff will distribute the form and Commissioner Vigil offered provide her notary services at the next meeting

B. Other Matters from the Commission (con't)

Commissioner Rowe expressed concern regarding the dismal attendance at the diabetes workshop. Ms. Boies said scheduling the workshop on December 27th was not conducive to attendance.

Commissioner Rowe recommended employing incentives to bring in more participants.

VIII. FUTURE AGENDA ITEMS

There was Commission consensus to change February's meeting date to the second Friday, February 8th, to make possible a review of the working draft report Ms. O'Donnell is contracted to provide by January 31st. Ms. O'Donnell would be requested to attend the February meeting. The final report is due at the end of February.

Staff was encouraged to obtain the indicators and outline by January 8th from Ms. O'Donnell. Commission comments would then be sent to Ms. Boies for compilation and forwarding to Ms. O'Donnell.

Chair Williams underscored that there is one health status report. Commissioner Rowe pointed out the terminology "health status" as opposed to "needs assessment." Health status provides a picture of the community and that will develop into the needs.

Ms. Boies said the report has been identified in documents as the Santa Fe County Community Health Needs Assessment. It has been clear that Santa Fe County will develop its own action plan from the report data.

Chair Williams said the gap study, including a provider forum, will be developed following the Health Status report and before the County's action plan.

There was Commission consensus that the report was to be quantitative. Staff was directed to review this matter and insure that there is a clear and final understanding regarding the focus groups.

Concern was raised that the Commission would not have an adequate opportunity to review the final report and that the HPPC should sign off on the document before submission to the BCC.

The following dates for the Health Status/Community Health Needs Assessment:

- January 9th receive indicators and working outline
- January 31st receive working draft report
- Commission comments on draft to staff
- February 8th HPPC meeting, Kelly O'Donnell to attend
- February 28th final report – there may be flexibility in that date

Ms. Boies expressed confidence that there would be opportunity for the Commission to ascertain that comments conveyed on the working draft are covered before the final report is officially issued.

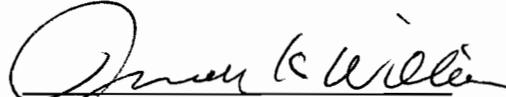
IX. ANNOUNCEMENTS

- A. Next PC meeting: Friday, February 8, 2012, 9 a.m., 2052 Galisteo St.**

X. ADJOURNMENT

This meeting was declared adjourned at approximately 11:10 a.m.

Approved by:



Judith Williams, Chair
Health Policy & Planning Commission

Respectfully submitted by:

 Karen Farrell, Wordswork