

REC'D CLERK RECORDED 5/15/2013

MINUTES OF THE
SANTA FE COUNTY
HEALTH POLICY & PLANNING COMMISSION

March 1, 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 La Familia Medical Center, 1035 Alto Street, Santa Fe, New Mexico.

Roll call indicated the presence of a quorum as follows:

Members Present:

Judith Williams, Chair
John Abrams
Bertha Blanchard
Reena Szczepanski
Shirlee Davidson
George Gamble
Catherine Kinney

Member(s) Excused:

Kathleen Rowe, Vice Chair
James Bond
Anna Vigil
Sun Vega
[Two vacancies]

Staff Present:

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

Others Present:

Courtney Cameron, DOH
Jim Roeber, DOH



III. INTRODUCTIONS

Those present introduced themselves.

COUNTY OF SANTA FE)
STATE OF NEW MEXICO) ss

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IV. APPROVAL OF AGENDA

I Hereby Certify That This Instrument Was Filed for
Record On The 15TH Day Of May, 2013 at 01:25:13 PM
And Was Duly Recorded as Instrument # 1705682
Of The Records Of Santa Fe County

Witness My Hand And Seal Of Office
Deputy Marcella Salazar Geraldine Salazar
County Clerk, Santa Fe, NM

Staff requested that item VII, matters from the Commission, be heard before the presentation.

Commissioner Blanchard moved approval of the agenda as amended. Her motion was seconded by Commissioner Gamble and passed by unanimous voice vote.

V. APPROVAL OF MINUTES: February 2013

Commissioner Abrams moved approval of the February minutes. His motion was seconded by Commissioner Kinney and passed by unanimous voice vote.

VI. MATTERS OF PUBLIC CONCERN

None were presented.

VIII. MATTERS FROM THE COMMISSION

A. Director's Report

Ms. O'Connor reported on the following matters:

- The BCC approved an SCP funding budget in line with the claims. Christus St. Vincent was provided \$2.304+ million which will be leveraged up to \$7.4+ million.
- NM HSD faces a serious challenge in SCP due to a miscalculation on their part
- HPPC created an Indigent Workgroup composed of Commissioners Williams, Kinney, Ms. O'Connor, Mr. Smith, and Ms. Boies to monitor the state's healthcare expansion program and identify to what extent people on Medicaid will be able to access services. Staff is investigating how to enroll people on Medicaid.
- Sequestration may impact the County's ability to provide congregate and home delivered meals through senior services. Other potential problems include cuts in behavioral health services, medication for AIDS patients and a potential 2 percent cut on Medicare reimbursement.
- The County mobile health van has contracted with a part-time nurse working two days a week; a nurse practitioner has yet to be retained. John Cassidy at La Familia has offered to assist in locating a nurse practitioner.
- Santa Fe County will be joining forces with Española Hospital to provide pneumonia and shingles vaccination clinics in the senior centers in the northern part of the county. Other partnerships will be developed in other parts of the county.
- A recommendation to invite Española Hospital CEO Brenda Romero to speak to the HPPC and also to request her assistance in finding a nurse practitioner was offered.
- The Santa Fe County Profile/Needs Assessment – the final draft was received from consultant Kelly O'Donnell, and staff is conducting an edit. Commissioner suggestions for additional data and reorganization were integrated into the final

draft. For the next phase, the health action plan, an award has been made to consultant Nandini Pillai Kuehn.

Legislative Update

Chair Williams reported that HB 2 includes a \$195,000 appropriation to study the role of health councils throughout the state. Another bill to study the role of tribal and county health councils was introduced. The senate and house have separate but similar bills to create a health insurance exchange with a broad composition of members limiting representation from the health insurance industry. If the Governor vetoes the proposed healthcare legislation, the legislature is prepared to take legal action. The state needs to have a data system operating by October 2013 to implement the single-payer system.

Commissioner Szczepanski said there are problems with all the health insurance exchange bills. The goal at this point is to keep the bills moving and get one or more on the Governor's desk. She said the federal exchange, which was developed with the notion that 10 states would join, now has 30 states and too limited a budget. It would be better for New Mexico to have a state-based exchange, which would still allow the state to work in partnership with the federal government.

VI. Presentation Alcohol-related Deaths in New Mexico

Jim Roeber, DOH Alcohol Epidemiologist, mentioned Senate Memorial 77 that looks at the Liquor Control Act regulating the sale and distribution of alcohol. The likely result of the bill is an increase in liquor outlets and sales.

Mr. Roeber said there is a perception that the alcohol problems in New Mexico revolve around DWI and alcoholism, but it is much broader than that. According to a five-year actual cause of death study, alcohol ranked third after tobacco and obesity. Drug overdose – prescription and illegal – is eighth.

Alcohol-contributed death is excessive alcohol consumption which includes binge and heavy drinking. Binge drinking is a major contributor to interpersonal violence; 47 percent of homicides are alcohol attributed; 23 percent of suicides are considered alcohol attributed; unintended pregnancies and sexually transmitted diseases, fetal alcohol syndrome and SIDS are all related to binge drinking or short-term episodic drinking which has downstream consequences. The CDC estimates that excessive alcohol consumption costs \$260 billion a year in the US with 75 percent correlated to binge drinking.

The definition for heavy drinking is daily consumption for males of two drinks, for females one drink. He recognized the thresholds were low but these amounts put an individual at risk to develop alcohol dependency and a range of alcohol-related chronic disease outcomes.

He reviewed behavioral risk factor surveillance survey data – an annual survey of a representative sample of New Mexico adults – and in 2002 about 16.5 percent of NM adults reported excessive drinking. The overlap between binge drinking and heavy drinking is very slight. Binge drinking is an independent risk factor and drives three-quarters of the total of alcohol-related costs.

Ms. O'Connor said the majority of NM's alcohol related issues relate to party drinkers and their behavior. Mr. Roeber said SM 77 proposes to open the liquor act for consideration and it's important that the state recognize the burden of alcohol is far broader than DWI and alcoholism.

Mr. Roeber provided data indicating NM male adults are 2.5 times more likely to binge drink than females. The consumption amount of binge drinkers for males was 8 drinks and females 5.9 – taking them far above .08 BAC.

Alcohol-attributable death data clearly demonstrates the issue is far bigger than DWI. Two major components include acute causes/injuries and disease/chronic causes. A higher proportion of deaths are disease related in NM than other states. NM has the highest related liver disease rate in the US and has had for many years.

Mr. Roeber characterized alcohol-related problems in NM as endemic with a rate of roughly twice that of the US for 30 years. Data revealed a concentration of alcoholic-related issues in the western states (including Alaska) but NM is far and away the leading state. He noted that southern states are recently emerging with alcohol issues.

Commissioner Abrams commented on a possible correlation of high rate of consumption and blue laws.

Mr. Roeber noted that liver disease is the highest form of alcohol related death in NM by a factor of three. Alcohol-related deaths include drug overdose where the decedent had a BAC of .10 or higher, motor vehicle crash, dependency depicting a mix of chronic disease and injury.

Over the last 20 years there has been a substantial decrease in alcohol-attributable death rates in vehicle crashes.

Most of the preventive efforts the state has enacted have been DWI-focused, stated Mr. Roeber. The other forms of alcohol-related deaths have been increasing dramatically with little focus. Prevention efforts should be broadened to encompass the range of issues – which is really excessive consumption.

NM data shows the vast majority of alcohol problems is hitting the middle range adults with extremely high rates in Native American population for both males and females and relatively very high in the Hispanic male population. Rio Arriba and McKinley counties have been the drivers of NM death rates. Santa Fe County is on the low end of the state rate; however, the state rate is twice the US rate.

The state has developed a measure called alcohol-attributable years of potential life loss; an average 30,000 years of potential life is lost to alcohol in NM. He stressed that focus needs to be placed on the adult population.

He lauded the work of the Santa Fe Underage Drinking Prevention Alliance and suggested expanding their work to adults.

Mr. Roeber said they are reviewing subsets of high drinking populations. Data also revealed a high level of over-service in bars and clubs that prompted the three-strike rule.

Ms. O'Connor said NM had never revoked a liquor license and in 2006 the three-strikes law was implemented. After three violations in which an establishment was found guilty of either sales to intoxicated patrons or sales to minors, an establishment would lose its license. The regulation was heavily implemented in the Four Corners area. Following implementation of the law, Mr. Roeber said there was a 15 percent drop in the number of drinks sold in bars and clubs in the state, suggesting that changes did occur in the behavior of servers and managers in bars and clubs, thus reducing risky behavior.

State statute sets liquor outlets at 1 per 2,000 people; a comparison of local option districts to the state statute showed that Española, City of Santa Fe and Gallup were all at least 200 percent above the threshold.

It was suggested that overlaying this information over the alcohol-related death information would be valuable.

As far as preventive measures, Mr. Roeber mentioned that the state should be implementing all of the evidence-based components to curb alcoholism within the state: regulating physical availability, enhancing minimum drinking age enforcement, increasing price, altering the drinking context, educational efforts, and efforts to counter drinking and driving. With the implementation of sobriety checkpoints and enforcement efforts when Ms. O'Connor served as the state's DWI Czar from 2005 to 2009, the alcohol-related motor vehicle crash rate decreased by 40 percent.

The US Preventive Services Task Force reviewed 90 different screening and prevention interventions and ranked them. SBIRT, Screening, Brief Intervention and Referral to Treatment, ranked very high for effectiveness. It is an evidence-based practice model which is proven to be successful in modifying the consumption/use patterns of at-risk substance users and in identifying individuals who need more extensive, specialized treatment. SBIRT is initiated by a physician starting with an informal survey of the patient's drinking habits.

Mr. Roeber recommended reviewing the communityguide.org/alcohol/index for intervention information. He mentioned that the website has a strong endorsement for electronic screening and brief intervention and that he would be working with the Santa Fe County DWI staff on this.

In response to a question regarding binge drinkers not being alcoholics, it was noted that abuse and dependency are not the same.

It was mentioned SBIRT should be included in state's new Medicaid package for physician reimbursement.

B. Other Matters

None were offered.

VIII. FUTURE AGENDA ITEMS

The following items were mentioned: fleshing out follow-up steps to the profile and the health action plan, including the provider forum.

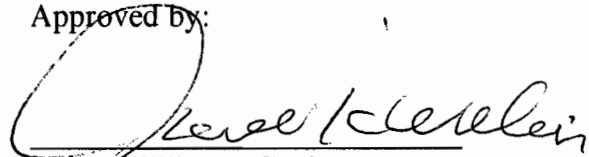
IX. ANNOUNCEMENTS

A. Next HPPC meeting: Friday, April 5, 2013, 9 a.m., 2052 Galisteo St.

X. ADJOURNMENT

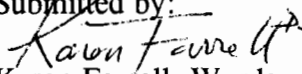
This meeting was declared adjourned at approximately 11:10 a.m.

Approved by:



Judith Williams, Chair
Health Policy & Planning Commission

Submitted by:


Karen Farrell, Wordswork