

State of New Mexico CBP Programs

Site Name & ID#: _____ **SFPS CBP 514** _____

Community Survey Findings Sheet- 2014

Prevention Goals and Objectives (relevant to the NMCS)

Goal 2: Reduce underage and adult binge drinking in Santa Fe County.

Obj. 1: Increase enforcement of local liquor laws that prohibit sales of alcohol to youth by increasing the number of SID operations by 10% in Santa Fe County by June 30, 2014.

Obj 5: Reduce youth social access to alcohol by reducing the number of adults who provide alcohol to minors by 1% as reported in the FY14CS by implementing a Prom/Grad Campaign with 2 public high schools and 2 private high schools in Santa Fe City and County by June 13, 2014.

Goal 3: Reduce adult & underage drinking and driving in Santa Fe County.

Obj. 2a: Increase perceived risk of arrest for MIP/MUI and DWI stop, arrest and conviction by 5% by publicizing DWI arrests & convictions, and Operation Descansos outcomes throughout Santa Fe County by June 30, 2014.

Brief Description of Community & Population

Santa Fe is the capital of New Mexico located at 7,000 ft. in the Southern Rocky Mountains. The population of Santa Fe County is 144,546 people with approximately 72,500 (50%) of the people living in the City of Santa Fe (2010 Census). The number of people living in Santa Fe County who are 18 years of age or older is approximately 114,480. Of these individuals, 9% (10,855) are 18-24 years old. The City of Santa Fe is a tourist destination, with a deep commitment to the arts and culture. The community considers itself tri-ethnic, comprised of Hispanics, Native Americans and Anglos. It is estimated that approximately 12% of the population in Santa Fe are primary Spanish speakers. Almost half (42%) of Santa Fe Public School students report speaking a language other than English at home half the time or more; 20% are foreign born (2011 YRRS). The Catholic faith has historically governed much of community life, with many important cultural influences and institutions. At first glance, economic statistics give the impression that Santa Fe is a relatively comfortable community, with a median average income of \$55,220 (2010 Census). However, this statistic hides that Santa Fe is truly a community of disparities. Almost a quarter (24%) of children are uninsured and 19% live in poverty. The cost of living in Santa Fe County is high--18% higher than the US average; the unemployment rate in 2010 was 7.1% (US Census Bureau of Labor Statistics). Families who live in poverty confront disparities daily, dealing with trauma and hunger. According to the 2011 YRRS, 16% of SFPS youth say they don't have enough to eat. In 2005, there were 104,648 licensed drivers in Santa Fe County.

Data Collection Method and Brief Sample Description (e.g., information from your data collection protocol)

A total of 480 surveys were completed for the Santa Fe County Community Survey; 68% were completed electronically and 32% were completed using pen and paper. The following table provides an overview of the specific survey locations:

Survey Location	Frequency	Percent
MVD	88	18.3
Meetings	29	6.0
SFCC	38	7.9
Local -Electronic	292	60.8
PIRE MVD-e-survey	33	6.9
Total	480	100.0

Incentives were given for both electronic and pen and paper methods of data collection. Internet survey respondents had the option of entering into a drawing for an iPod Shuffle. One iPod Shuffle was given away to a randomly chosen winner. Pen and paper respondents were offered a Mojo granola bar upon completion of the survey.

An email invite to complete the survey was sent to:

- City and County employees
- Youthworks staff, members and colleagues
- Santa Fe Prevention Alliance and colleagues
- Santa Fe Prep, St. Michael’s HS, Desert Academy PTA groups
- Managers and owners of rental complexes in Santa Fe
- Leaders of various neighborhood associations in the City of Santa Fe
- Santa Fe Opiate Safe members and colleagues
- Staff and colleagues of substance abuse treatment clinics in Santa Fe.

Flyers w/ tear off tabs of the survey link were placed at Santa Fe Community College (SFCC) workstations . Flyer read as follows:

COMPLETE A SHORT SURVEY AND ENTER A DRAWING FOR A FREE IPOD SHUFFLE!

You could win a free iPod Shuffle by completing a **short survey**!!. The survey is completely anonymous and at no time will your name be associated with the information you provide. If you are willing to complete this short survey, please go to:xxxxxxx. For further information about the survey please contact March Waller at toll-free at xxxxxxxx or Shelly Moeller at xxxxxxxx.

Two surveyors collected data at the local MVD office on four different occasions, during 4-hour time frames each session. The surveyors work for the Santa Fe County DWI program (donated time!). The evaluator learned after two data collection sessions that they wore their DWI Program t-shirts while recruiting respondents at the MVD. The evaluator informed them that

this may bias survey responses and requested that they not wear identifying clothing during the final two data collection sessions.

The Santa Fe Prevention Alliance intern collected surveys during an event on healthy lifestyles the Santa Fe Community College.

Other pen and paper surveys were collected during meetings held by or attended by the Santa Fe Prevent Alliance core team.

The response rate was lower this year compared to the past two years. Some factors that may have affected data collection were:

- A new superintendent was hired for SFPS last year (Fall 2012). There have been many changes within the district with this new leadership. The administration did not give permission for the survey to be sent to SFPS employees, SFPS PTA Groups or SFPS parent volunteers, as had occurred in previous years.
- A new Mayor was elected at the same time data collection started. The police chief retired and a new city manager was hired just before data collection. Permission to send the survey to City employees took longer than usual, and when granted, there was only two weeks left of data collection.
- Data collection occurred from March 24 through May 9 - 6 weeks of data collection. Spring break occurred in April for the Santa Fe Community College and SFPS, as well as many of the private schools. High school graduation and prom occurred in April and early May.

I. Demographic Characteristics

Descriptive statistics are provided for age, gender, race/ethnicity, education, New Mexico residency, military service and sexual orientation.

Table 1. Demographic characteristics of community

Number of eligible respondents	N= 480
Characteristics	%
Age q08	
18-20	7.1
21-25	9.4
26-30	11.9
31-40	19.8
41-50	23.8
51-60	20.2
61-70	6.3
71 or older	1.7
Biological Sex q09	
Male	45.2
Female	54.8
Race/Ethnicity race4cat	
White	27.9
Hispanic	63.5
Native American	3.3
Other	5.2
Education level edu	
High school or less	26.0
Some college	27.1
College or above	46.9
New Mexico Residency q12	
Less than 1 year	2.3
1-5 years	6.3
More than 5 years	91.4
Active Duty in the Armed Forces, Military Reserves or National Guard q14	1.1
Veteran of the Armed Forces q15	6.5
Identify as LGBT q17	5.6

II. Access to alcohol and perception of risk/legal consequences

Means, ranges and distributions of each response category are provided below for the outcomes of interest.

Table 2. Perceptions of risk/legal consequences of alcohol consumption (male and female).

Access to alcohol	Mean (SD)	Range	%				
			Very difficult	Somewhat difficult	Somewhat easy	Very easy	Don't know
Ease of access to alcohol by teens in the community (n=479) rq01	1.62 (.703)	1-4	1.3	7.9	36.5	45.2	9.0
Ease of access to alcohol by teens in the community from stores and restaurants (n=33) q02	3.00 (.845)	1-4	24.2	45.5	12.1	6.1	12.1
Perception of risk/legal consequences	Mean (SD)	Range	Very likely	Somewhat likely	Not very likely	Not at all likely	Don't know
Likelihood of police breaking up parties where teens are drinking (n=477) rq03	2.68 (.897)	1-4	16.0	35.8	24.8	9.2	13.5
Likelihood of police arresting an adult for giving alcohol to someone under 21 (n=476) rq04	2.91 (.994)	1-4	29.4	28.4	18.3	9.2	14.7
Likelihood of someone being arrested if caught selling alcohol to a drunk or intoxicated person (n=477) rq05	2.68 (.974)	1-4	21.4	32.7	26.2	12.4	7.3
Likelihood of being stopped by police if driving after drinking too much (n=478) rq06	3.00 (.857)	1-4	29.1	41.4	18.0	5.4	6.1
Likelihood of being convicted if stopped and charged with DWI (n=476) rq07	3.27 (.866)	1-4	45.8	30.7	11.8	4.6	7.1

Note: Fill in (n=) using the number produced by frequency codes (i.e., the codes for %).

III. ATOD consumption

Means, ranges, and frequencies are provided below for overall sample and by biological sex for the behavioral outcomes of interest.

Table 3.1 Percentages of cigarette and tobacco any use outcomes overall and by sex.

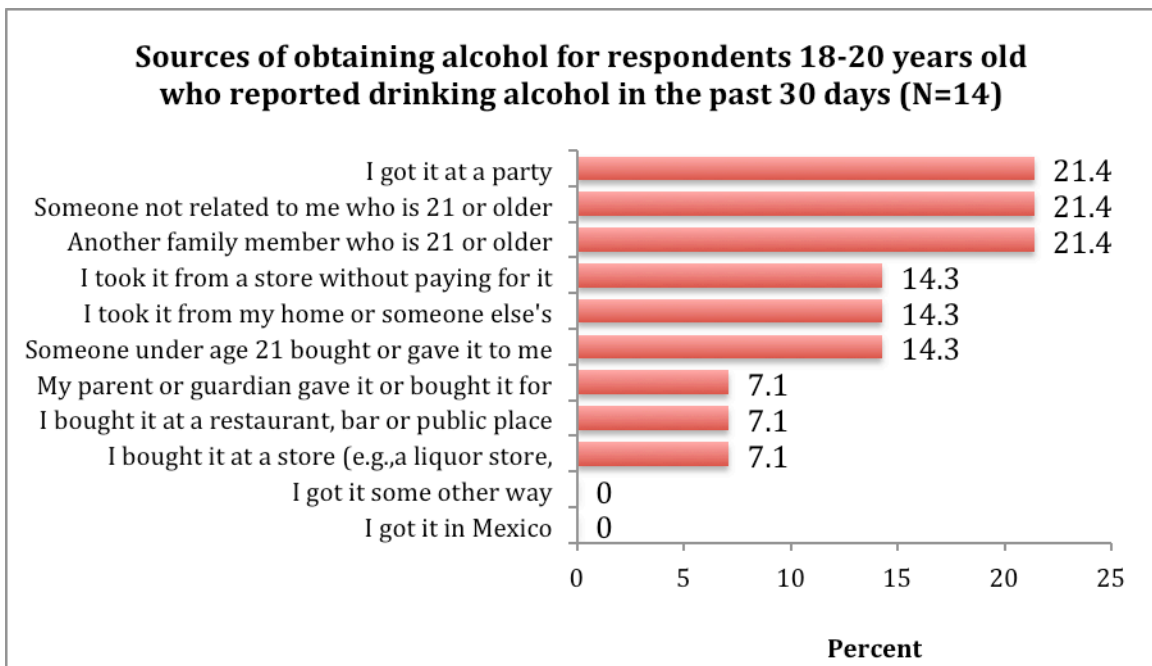
Outcomes	%		
	Overall	Male	Female
Cigarette: any use rq18	28.1	33.3	27.3
Tobacco: any use rq19	3.1	11.1	0.0
	Overall	Male	Female
Provided tobacco for minors past year (n=32) q25	3.1	11.1	0.0

Table 3.2. Means, ranges and percentages of alcohol use outcomes overall and by sex.

Outcomes	Overall			Male	Female
	% of Yes	Mean (SD)	Range	% of Yes	% of Yes
Past 30-day alcohol use (n=468) rq20	49.1	7.06 (7.063) days	1-30	47.3	51.8
Five or more drinks on one occasion in the past 30 days (n=462) q21	17.1	4.77 (5.136) times	1-30	19.6	15.5
Driven under influence in the past 30 days (n=462) q22	3.0	4.21 (4.282) times	0-15	3.0	3.2
Driven in the past 30 days after having had 5 or more drinks (n=463)	2.6	NA	0-1	3.9	1.6
Provided alcohol for minors past year (n=458)	2.2	NA	0-1	2.5	2.0

*Fill in (n=) using the number of cases in variables past30_d, binge_d and dd30_d respectively.

Figure 1. Sources of obtaining alcohol for respondents 18-20 years old who reported drinking alcohol in the past 30 days. rq24_2 – rq24_12 (Note: please use data generated from syntax and graph in Excel)



IV. Prescription drug use.

Means, frequencies and graphs are provided below by biological sex for the prescription drug outcomes of interest.

Table 4.1. Means and percentages of prescription drug use outcomes overall and by sex.

Outcomes	%			
	Overall		Male	Female
	% of Yes	Mean (SD)	% of Yes	% of Yes
Past 30-day prescription painkiller use* (n=460) q30	12.1	4.66 (7.397) days	11.7	13.3
Great risk of harm using Rx pain killers for a non-medical reason (n=464) rq27	87.7	NA	87.4	93.7
Prevalence of receiving prescription painkiller past year (n=461) q28	25.6	NA	26.7	26.9
Past 30-day painkiller use to get high (n=460) q29	4.6	NA	8.3	2.0
Given/shared prescription drugs with someone past year (n=465) q34	3.3	NA	2.4	4.4
Medication locked or safely stored away (n=308) q35	56.2	NA	51.6	58.5

Note. Ns are for overall estimates only.

*Fill in (n=) using the number of cases in variable q30.

Table 4.2. Prescription drug use outcomes by age groups

Ages	Great risk of harm using Rx pain killers for a non-medical reason % (n=421) rq27	Prevalence of receiving prescription painkiller % (n=123) q28	Past 30-day painkiller use to get high % (n=22) rq29	Past 30-day prescription painkiller use % (n=58) q30	Given/shared prescription drugs with someone % (n=16) q34	Medication locked or safely stored away % (n=173) q35
18-20	84.8%	24.2%	12.5%	15.6%	6.2%	38.5%
21-30	85.7%	21.4%	8.2%	13.3%	3.1%	53.3%
31-40	93.5%	24.7%	6.5%	13.0%	3.2%	61.2%
41-50	90.1%	30.6%	1.8%	11.7%	3.6%	55.1%
51+	94.6%	29.5%	1.6%	11.8%	3.1%	57.6%

Figure 2. Reasons for prescription drug use among all current users. rq32_1 – rq32_11 (Note: please use data generated from syntax and graph in Excel)

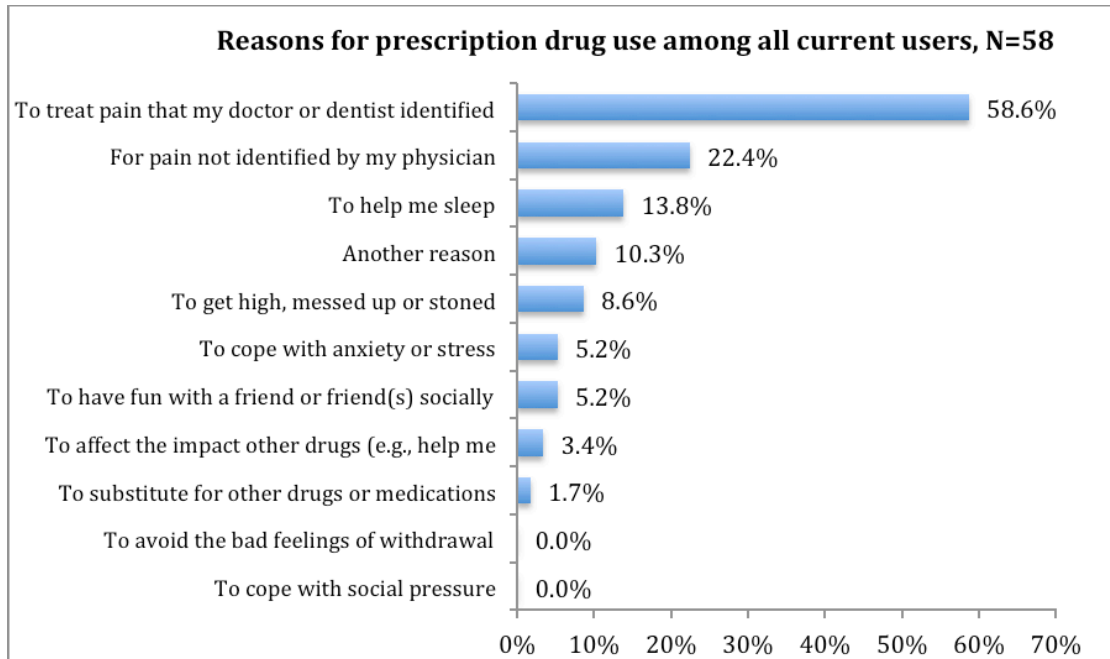
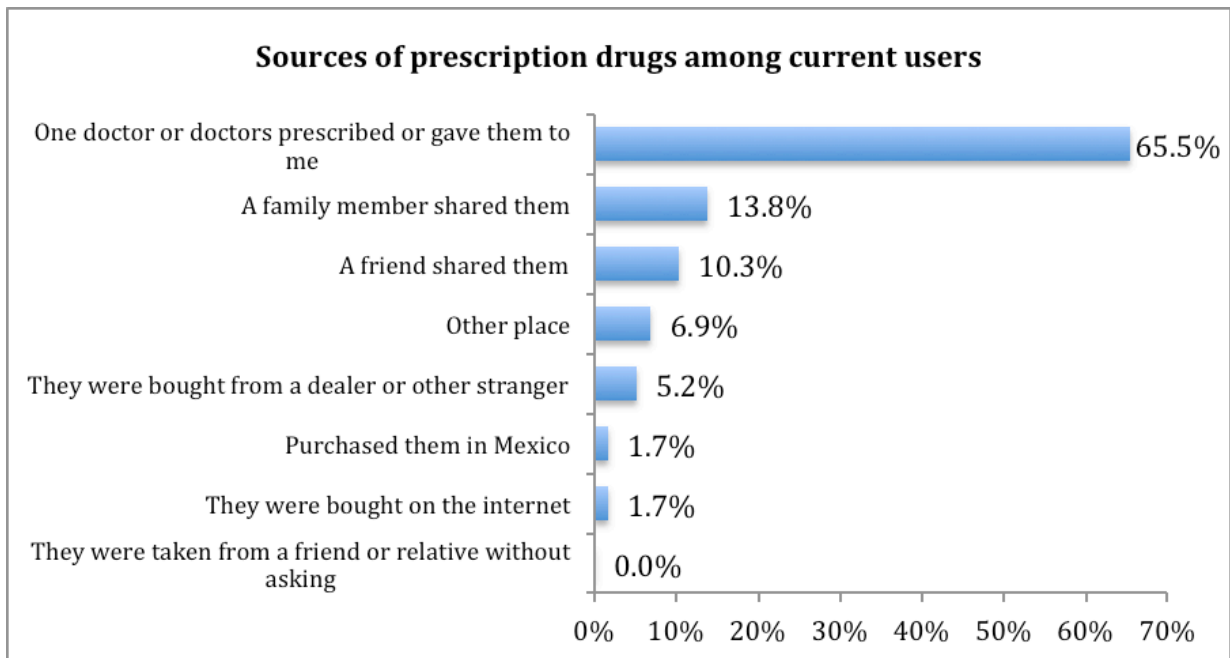


Figure 3. Sources of prescription drugs among current users. rq33_1 – rq33_8 (Note: please use data generated from syntax and graph in Excel)



V. Mental health

Means, ranges, frequencies and graphs are provided below for the mental health outcomes of interest.

Table 5.1 Percentages of mental health outcomes overall and by sex

Outcomes	%		
	Overall	Male	Female
Critical threshold for depression ¹ (n=437) sumq36	4.7	3.2	5.7
Having mental health or drug/alcohol problems in the past year (n=456) q37	19.7	21.3	18.5
Suicidal thoughts in the past year (n=457) q38	4.6	4.0	5.2
Received professional help on mental health or drug/alcohol problems in the past year (n=456) q39	17.3	12.9	20.9
Accessed mental health or substance abuse services when needed ² (n=439) q42	Always	Sometimes	Never
	14.6	7.5	5.7

Note. Ns are for overall estimates only.

¹% of 13 points or above.

²Overall estimates only.

Table 5.2 Distribution of depressive symptoms in the past 4 weeks.

Depressive symptoms (total N =432)	%				
	All of the time	Most of the time	Some of the time	A little of the time	None of the time
You feel so sad nothing could cheer you up q36_1	.9	2.8	8.1	17.6	70.6
You feel nervous q36_2	1.4	3.5	23.1	33.6	38.4
You feel restless or fidgety q36_3	1.2	4.4	15.2	32.5	46.7
You feel hopeless q36_4	1.2	1.2	8.2	12.4	77.2
You feel that everything was an effort q36_5	1.6	3.7	11.6	24.3	58.8
You feel worthless q36_6	1.2	2.5	5.8	9.3	81.3
You feel anxious q36_7	3.3	6.8	16.2	30.2	43.6

Figure 4. Sources of professional help among help seekers in the last year. rq40_1 – rq40_12 (Note: please use data generated from syntax and graph in Excel.)

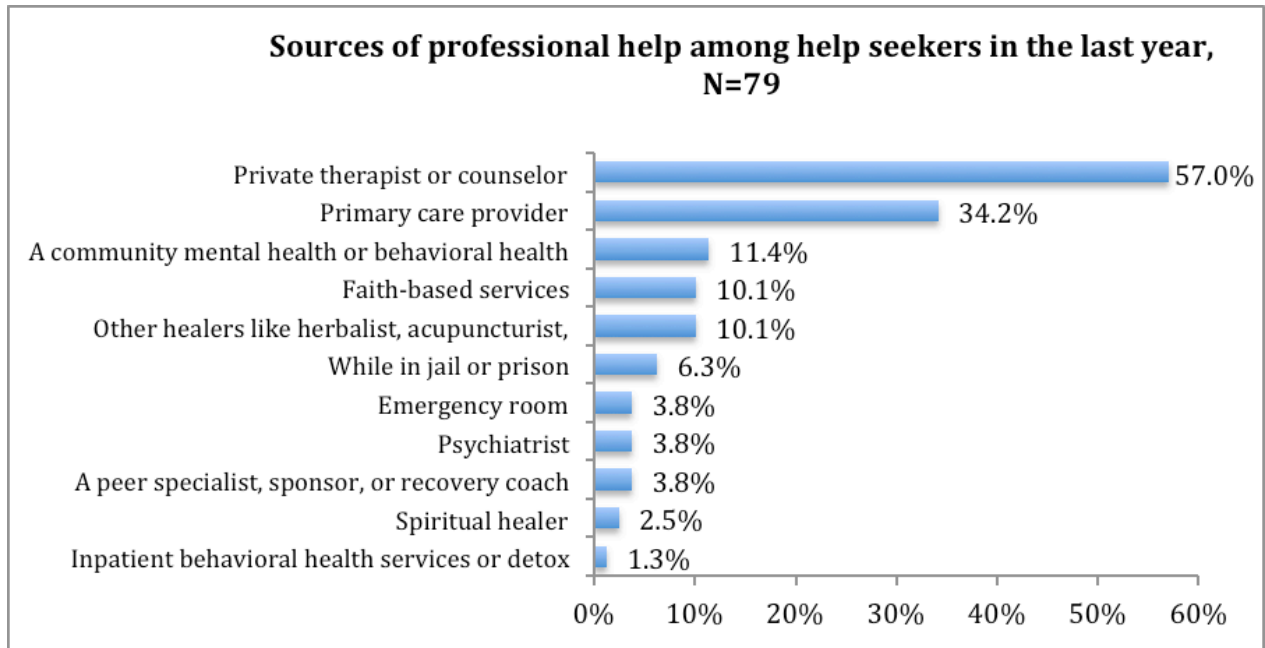
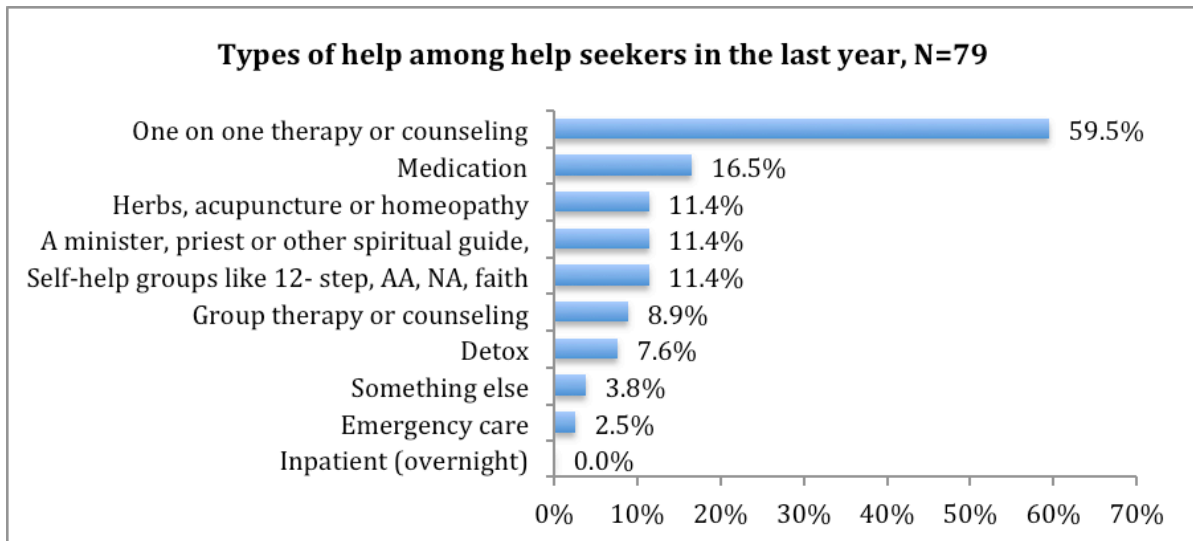


Figure 5. Types of help among help seekers in the last year. rq41_1 – rq41_10 (Note: please use data generated from syntax and graph in Excel)



Summary of 2014 Community Survey Findings

All of the community survey findings that are relevant to the Prevention Alliance have not yet been presented. Santa Fe Public Schools closes its office in July. The last Alliance meeting was in June 2014 before CS data was analyzed. The next meeting is in late August. Before findings are reported to the full Alliance, data will be shared with the Steering Committee to gain input on what data, outside of program indicators, would be most useful to share with the full Alliance.

- Findings from supplemental questions added to the survey per request by the Santa Fe County DWI Program (data not in this report) have been shared. These questions ask about knowledge of: 1) Vehicle Forfeiture Ordinance, 2) Cab Ride Home Program, 3) penalties for providing alcohol to a minor (specifically the 4th degree felony and Social Host Ordinance) and 4) DWI enforcement efforts. Data was used as baseline measures for the DWI Program 3-Year Strategic Plan.
- Indicator data (binge drinking, drinking and driving, perceived risk of DWI legal consequences, provide alcohol to a minor, pain killer use, sharing of medication, and medication storage) have been shared with the Core Team.

1. *What do the findings indicate about the general progress (or intended progress), on your stated goals and objectives, and/or prevention needs in your community?*

- Perceived risk of arrest and legal consequences of UAD decreased by 8% and has been decreasing since 2009. One contributor to a moderate perceived risk of arrest for UAD is that UAD policy in the County does not account for intoxication, only possession and purchase of alcohol by a minor.
- The perceived risk of being stopped for DWI increased 4% and perceived risk of conviction for DWI increased 9%. Operation Desconsos' efforts have continued over the FY, in addition to an aggressive media campaign conducted by the SDC DWI program about the consequences of DWI. The observed decline in perceived risk for arrest after being stopped is curious. The number of DWI arrests decreased 5% from 2012 to 2013 (source: DWI Dashboard). The DWI Dashboard is published each month in the local newspaper. Perhaps this decline has led residents to think that people are not getting arrested. However, as noted above, CS data show a large decrease in reported drinking and driving. Perhaps the perceived risk of DWI conviction influences behavior more than the perceived risk of DWI arrest. These data show the need to continue to publish arrest and crash data, in addition to conviction data. Adding conviction data to the DWI Dashboard is a current discussion among the Prevention Alliance and the Santa Fe County DWI Program. The challenge is obtaining these data in real time.
- The findings on prescription drug use by age (Table 4.2) inform all the Prevention Alliance efforts to reduce and prevention Rx pain killer abuse among youth and adults. These data will be used as assessment data and reported to the Alliance upon agreement of the Steering Committee.

2. *What do these findings suggest about any changes needed with respect to prevention objectives and strategies in the community? What needs to happen, at the state, in the community, or in your program in order to begin to address these needs?*

- Findings show that one third, or 34%, of people sought professional mental health counseling/help in the last year from their primary care provider. This data show the

need for SBIRT in primary care settings. Support from BHSD in working with Centennial Care to add codes to cover SBIRT services would greatly benefit all communities throughout NM.

3. *What additional questions or analyses would add to your understanding of the community and the prevention needs better? (E.g., examining data by race/ethnicity, age, geography, or examining mental health measures by substance use prevalence.)*
 - The question about storage of medication (locked or safely stored) would provide more valuable information if the population was asked specifically how they stored their medications. "Safely stored" is subjective. Asking this question as a multiple choice in which people identify how they actually store their medications would provide more useful information for planning media/public education messages and other intervention activities to improve the storage of medications.
 - The Prevention Alliance has suggested adding a question on medication disposal (is - participation in Drug Take Back, throw away, or **storing** unused, unwanted medications).
 - Crossing mental health outcomes and depressive symptoms with binge drinking will increase Alliance understanding about the link between substance abuse and mental health disorders. Analyzing these data by age will inform work activities and potential media campaign(s)/educational efforts.

4. *These are convenience data, therefore, it's likely that there is some amount of bias in your findings. How might your data be biased and what does that mean for their interpretation?*
 - A quarter of the sample, approximately 26.2%, is truly random - data that was collected at the MVD and Santa Fe Community College. About two thirds of the sample, the 60.8% collected electronically, is somewhat random in that the link was sent to thousands of unknown resident populations; however, for the most part, these residents were employees of the County or City of Santa Fe. Therefore, the majority (an estimated 90%) of residents who received the electronic link to the survey represent employed people living in Santa Fe. The positive aspect to the sampling methodology is that it is the same methodology used every time the survey has been conducted so at least a similar population is being compared year to year. The negative aspect is that the sample does not represent the population of the County. The groups that are underrepresented in the sample include; young adults, seniors, Spanish speakers, people employed by non-government sectors, unemployed/underemployed and the faith community.

The Core Team had an in depth discussion about how to reach more Santa Fe residents. It seems that there has to be a way, through social media, or just email, to get the survey invite out to more residents. Some ideas for next time around are to put the link on the Santa Fe Prevention Web Site (which is not yet complete). Another idea is to appeal more to the Alliance members to put the link and invite on their website, reach out to their colleagues, friends, and faith community. A third idea is to collect more pen and paper surveys at the MVD and SF Community College. The challenge with pen and paper is that it is the expensive route to data collection. The Core Team is also discussing how to reach more parents and guardians using the electronic version of the survey.
 - Results must be interpreted with caution because the sample size is small.