

Torrance County Community Health Improvement Plan

Fiscal Years 2011-2014

July 1, 2010 – June 30, 2014

(Approved by PHTC on June 3, 2009)

(Approved by Torrance County Commission on June 10, 2009)

Prepared by the Partnership for a Healthy Torrance County

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1. Executive Summary: The Torrance County Community Health Improvement Plan has been developed to guide the community in the health improvement process during the next four years. The plan is designed to be re-evaluated and adjusted to reflect changes in the community. It serves as a strategic plan for the community health council to address the health priorities identified by the Partnership for a Healthy Torrance County (PHTC), and also reflects the state priorities identified by the New Mexico Department of Health.

The PHTC is appointed annually by the Torrance County Commission in accordance with the MCH Act. It consists of a combination of voting members, ex-officio members and general members. Voting members serve for a two-year term and are required to serve on a working or ad hoc committee. The PHTC meets on a monthly basis with the exception of July and August.

The current Torrance County Community Health Profile (FY 2009) is an update to the profile and needs assessment developed in the spring of 2007. A bilingual community survey, designed with the assistance of the Torrance County Project Office (TCPO) and New Mexico Highlands University School of Social Work, was utilized to gather residents' perceptions of the strengths and areas of concern for Torrance County. In addition to the surveys, PHTC members and TCPO staff conducted a series of 19 focus groups with community organizations and 9 key person interviews with recognized community leaders. The community profile was developed as the result of a detailed needs assessment and gap analysis and constitutes the basis for the continuing process of planning, development, implementation and evaluation essential for the development of the Torrance County Community Health Improvement Plan. Ongoing dialogue about problem identification and emerging issues has continued into 2009 through monthly PHTC and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. The profile was again updated in May 2009 and the PHTC identified broad priorities that encompass the most pressing health needs for Torrance County. This Community Health Improvement Plan is the culmination of the updated strategic planning process and was approved by the full council on June 3, 2009 and the Torrance County Board of Commissioners on June 10, 2009.

The primary community assets identified through the community survey process are: the rural environment; availability of affordable housing; the number of churches and quality of programs; and local schools. The factors most often identified as major problems for Torrance County families include inadequate: employment opportunities; recreational facilities and activities; road conditions; urgent care; law enforcement; and medical services. The major barriers that prevent residents from using services already available in the community are identified as: awareness of services; times that services are available; location; cost; and transportation. Finally, the PHTC membership looked at the primary and secondary data included in the profile and the capacity of the council and community to affect significant change and ranked current health priorities based on the following criteria: urgency, impact, feasibility, current action or investment, and relationship to state priorities.

Four health priorities were identified and ranked as follows: 1) Access to Community Based Resources to Reduce Health Disparities; 2) Substance Abuse Prevention; 3) Domestic and Community Violence; and 4) Teen Pregnancy and Births to Single Parents. The strategic plan that follows includes a Community Action Plan which outlines our established goals, objectives, community partners and resources, and the resulting health status

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outcomes and indicators that we aim to improve.

2. Introduction:

a. Purpose of the Plan: The Partnership for a Healthy Torrance County (PHTC) developed this comprehensive plan to guide the community health improvement process. The Plan reflects current most pressing health needs and priorities as determined by community members, identifies community-wide goals and objectives for addressing those priorities, and is intended to be fully re-evaluated every four years to adjust to changes in the community. It serves as a strategic plan for the community health improvement council (PHTC),² but is also intended for use by resource developers, planners, community health service providers, and the community at large. The Community Health Improvement Plan is informed by data included in the Torrance County Community Health Profile. Both documents will be publicly available through the community libraries in Estancia, Moriarty and Mountainair, as well as through the PHTC webpage at www.tcponm.com

b. Brief Community Description: Torrance County covers 3,355 square miles and is a sparsely populated (5.1 people/ sq. mi.) frontier county. The primary municipalities are Moriarty and Edgewood in the north and Estancia and Mountainair in the central and southern regions, but a significant portion of the population lives in unincorporated County. Ranching and farming communities as well as several culturally unique Mexican land grant communities still impart significant influence on the rural nature of life in much of the County. Torrance County is located in central NM and borders seven counties: Bernalillo, Santa Fe, San Miguel, Guadalupe, Lincoln, Socorro and Valencia. The northern region is a rapidly developing commuter corridor characterized by bedroom communities with residents commuting to Albuquerque or Santa Fe for work ~ 48.3% of residents are employed outside of the county. The Town of Edgewood is aggressively pursuing growth and economic development and the City of Moriarty is focused on attracting new businesses. Clines Corners to the east is an expanding travel center located at the juncture of I-40 and NM Hwy 285. For the central and southern regions, large dairies, ranches and greenhouses are the major employers and the region attracts a large immigrant population, legal and undocumented, who provide a labor base for the employers. Corrections Corporation of America's correctional facility is the other significant employer and plans are in motion for a wind-power facility, a biomass generating facility and a new hotel. There is a significant amount of residential development in the Mountainair area where large ranches and landholdings are being broken into planned area developments or subdivisions where the average parcel ranges from 40 to 160 acres.

Population estimates for 2007 reveal a Hispanic population of 37.6% and 62.4% of non-Hispanic origin; Hispanics comprise 45.4% of the child population ages 0-19. Source: Bureau of Business and Economic Research, UNM, Population Estimates by Age, Sex, Race, July 1, 2007. The 2007 total residents living below poverty is 22.7% for Torrance County, compared to 17.9% for NM; children (ages 0-17) living below poverty is 33.6% for Torrance, compared to 25.2% for NM. Source: 2008 Kids Count Data Book, NM Voices for Children. The 2007 community assessment revealed the following needs most frequently identified by Torrance County families: employment opportunities, recreational facilities and activities, urgent care, law enforcement, and medical services. And the barriers most commonly identified as preventing residents from using existing services in the County were: awareness of services, hours of availability of services, location, cost and transportation. Finally, community members identified the primary community assets as: the rural environment, availability of affordable housing,

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number of churches and quality of programs, and the local schools. Source: Partnership for a Healthy Torrance County, Torrance County 2007 Community Survey.

c. Description of the Planning Process: The PHTC defines “health” as the physical, mental, emotional and spiritual well-being of each individual. The PHTC believes that New Mexico, specifically Torrance County is a healthy community in which to live and grow. The local community is in the best position to address the health and social needs of its residents. Public and private partnerships are crucial to the success of community activities designed to foster healthy conditions at the community and family levels.

The PHTC membership is representative of the diverse population within the community and recognizes the health concerns of multiple sectors including, but not limited to: consumers of all ages, community program providers, administrators, local, county and state officials, law enforcement officials, agency representatives, school personnel, faith-based organizations, community and business leaders, medical and mental health providers. The council's major activities include: • Conducting health needs assessments and gap analysis • Developing and supporting policies that impact community health • Collecting and providing community input on current services and improvement strategies • Providing support and assistance in the continuing process of planning, development, implementation, and evaluation of an efficient, coordinated, integrated health and social service delivery system • Serving as a central point of contact in the Torrance Community for health issues and information, and coordinating related activities via the Torrance County Project Office • Developing, updating and maintaining a resource directory of health resources for use by the Torrance Community • Providing support for identification, coordination, and integration of County efforts in obtaining funding for health related issues • Assisting in the marketing of PHTC programs and activities • Collaborating with local, county, state, federal, and private partners to identify and assure resources are made available at the community level

The PHTC looked closely at the need for consolidation of the various councils, collaboratives and task forces in Torrance County working on many of the same issues and involving the same people. As a result, the council has successfully brought together under the umbrella of the PHTC the following working committees: Substance Abuse Prevention Task Force (SAPTF); Torrance County Behavioral Health Alliance (TCBHA); Torrance County Domestic Violence Task Force; and KXNM Community Radio Task Force. The SAPTF encompasses the Torrance County Drug-Free Communities Initiative, the Estancia Valley Partners for Children & Families CYFD Enforcement of Underage Drinking Laws Initiative and the Torrance County DWI Program. The TCBHA, comprised of consumers and providers, serves as the Torrance Community representation to the Judicial District 7 Local Collaborative and the State Purchasing Collaborative for behavioral health services. The Domestic Violence Task Force includes the Torrance County Domestic Violence Program plus representation from legal, judicial, and private sectors. The KXNM radio task force includes a cross-section of the community that would not typically be addressing health and social services and thus brings a more diverse perspective to providing education and information to the Torrance community.

Development of the Community Health Improvement Plan was a collaborative effort between members of the PHTC and its working committees, the Torrance Community, and staff of the Torrance County Project Office (TCPO). The TCPO conducted a community survey and needs assessment in early 2007 as part of the

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Community Profile process. We surveyed the community at large by including the survey tool in all electric billings sent out by the Central New Mexico Electric Cooperative. To ensure broad representation of the population, PHTC members and TCPO staff also administered the survey to 13 community groups (including Spanish speaking immigrants), conducted 19 focus groups and 9 key person interviews. We also made the survey available online through SurveyMonkey. TCPO staff compiled data and the Council Coordinator prepared summaries and graphic representations. The Coordinator obtained secondary data through publicly available and verifiable data sources. The full council reviewed the profile in April 2007 and the PHTC identified new council priorities based upon the assessment and data supports. The PHTC Planning and Development Committee subsequently formulated the strategic plan to address identified priorities. Ongoing dialogue about problem identification and emerging issues has continued into 2009 through monthly PHTC and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. The profile was again updated in May 2009 and the PHTC identified broad priorities that encompass the most pressing health needs for Torrance County. This Community Health Improvement Plan is the culmination of the updated strategic planning process and was approved by the full council on June 3, 2009 and the Torrance County Board of Commissioners on June 10, 2009.

3. Vision and Mission of the Council:

a. Vision Statement: A healthy community is one where all people have the opportunity to lead productive lives and develop to their fullest potential. The health and well being of Torrance County residents is dependent on the vibrant cultural traditions and ecological integrity of our region. It is rooted in the soil of stable families, schools, bodies of governance, service agencies, and a cohesive local economy. Health and well-being reflect in qualities of resiliency in the face of challenge, life-giving connectedness to people and place, creative expression in home and work, and loyalty to community. Knowing that health and well-being are both individual and collective, all residents of Torrance County have the opportunity and responsibility to learn, grow and participate in making decisions that support abundant life in our shared home.

b. Mission Statement: The mission of the Partnership for a Healthy Torrance County is to improve the quality of daily living for all Torrance County residents through shared services, collaboration, and enhancement of health and social service programs.

4. Community Health Assessment:

a. Summary of profile: Prior to development of the Community Health Improvement Plan, the PHTC updated the community profile and needs assessment, known as the Torrance County Community Health Profile. Community members were given the opportunity to provide their opinions about strengths, weaknesses, and the issues most affecting their lives in the Torrance County 2007 Community Survey. Highlights from the Torrance County Community Health Profile follow; all data sources can be found in the profile.

- Survey respondents identify the rural environment as what they like best about the Torrance Community.

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However, fewer employment opportunities are available in a rural environment. Median household incomes are below NM averages and both are well below those for the US. Of particular concern is that 33.6% of children under 18 are at or below poverty level, which is significantly higher than the NM average (25.2%) and well above the US average (18.0%). On the bright side is the Mid-Region Council of Governments (MRCOG) projection of a 72.1% increase in employment for Torrance and a 299.3% increase for southern Santa Fe County, due primarily to the rapid growth in Edgewood.

- Among the top problems faced by families who responded to our survey are the needs for greater employment opportunities, recreational facilities & activities (including youth programs), urgent care, and substance abuse prevention & treatment.
- The need to reduce risk behaviors in youth is evident from a number of indicators. While teen birth rates (ages 15-17) for Torrance are well below the state average, there has been a significant increase in births to teens of ages 18-19 (from 75.9 to 157.5 births/ 1,000 population). Births to single mothers in Torrance County (56.2%) now surpass the NM average of 51.4%. Students surveyed in our school districts are above the NM average for youth who prefer hard liquor as their alcohol of choice and who report drinking in their homes or taking alcohol from their homes. Although the high school drop-out rates (based on Senior year) for our school districts range from 0 to 1.4%, a very different picture is presented when we look at the percentage of 9th graders in school year 2001-2002 who were graduating Seniors in May 2005: Estancia was at 66%; Moriarty 54%, and Mountainair 67%.
- Torrance County Domestic Violence Program data regarding offenders, along with increasing risk behaviors by youth associated with violence are indicators of a growing problem with violence in our community.
- The County's high rate of drug and alcohol-related deaths, in addition to the risky youth behaviors noted previously, indicate that substance abuse is still a considerable health issue for the Torrance community.
- The client bases of our partnering agencies substantiate the growing undocumented immigrant population with little access to health care. Comments from respondents to the 2007 Torrance County Community Survey also reveal an aging and ailing population that is uninsured and not yet old enough to receive Medicare benefits.
- Torrance County still remains a designated Health Professional Shortage Area. The results of the community needs assessment reflect community opinion that there is a need for urgent care, after-hours care and emergency services.
- Most respondents travel more than 20 miles to receive health care; location and transportation are identified by respondents as barriers to accessing services; and approximately 26% of households in Torrance County are without a car. Still the primary barrier to accessing services, as identified by respondents, is awareness of what services are available within the Torrance Community.

b. Major health issues or problems

- Access to Services: The community needs assessment strongly supports the need for transportation services and for mechanisms to create greater awareness of available services and activities. Health disparities for our growing immigrant population and the ailing and aging population can also be lessened through greater

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access to services. Another key issue that relates to access is the perceived lack of community-based after hours, urgent care and emergency services. The PHTC will address these issues as described below.

- Substance Abuse: Adult substance use is evident from the data supports. A large percentage of Torrance youth are high-risk due to socioeconomic factors and family history. Youth substance abuse prevention efforts now are important in order to decrease the long-term adult substance abuse levels.
- Domestic and Community Violence: The data supports clearly identify violence as a prevalent problem in Torrance County. This is evident in self-reported behaviors by youth and in the growing number of victims and offenders seen through the Torrance County Domestic Violence Program.
- Births to Teens ages 18-19 and Births to Single Parents: Teen births increase the probability of low educational attainment levels and lower paying employment for the parent(s). Births to single parents increase the societal burden in terms of increased demand for social services such as Medicaid.

c. Ranking of health issues or problems: The major health issues noted above were selected as community health priorities for Torrance County. They each meet three or more of the following criteria: 1) Urgency – the issue has either gotten worse or continues to be worse than state or national rates; 2) Impact – the issue has serious and multiple impacts on people in the community; 3) Feasibility – the community is ready and willing to address the problem through local action; 4) Current Action or Investment – People have been engaged in addressing the issue and activities are under way that should be continued; and 5) Relationship to State Priorities – the problem/ issue is one that others are working on and could benefit through statewide collaboration.

5. Priority Areas:

a. Priority selection and rationale

Based on assessment outcomes, data supports, and compatibility with existing programs, the Partnership for a Healthy Torrance County identified the following community health priorities in April 2007 and again in May 2009. All have serious and multiple impacts on people in the community. The priority ranking was determined following review of the 2009 profile and community needs assessment.

- ▶ First Priority: Access to Community Based Resources to Reduce Health Disparities

We have previously described the problems related to access and the health disparities for our immigrant population as well as the ailing and aging population not yet old enough to receive Medicare benefits. Torrance is the 4th largest county in the state and much of the county is geographically isolated. It is crucial that we increase transportation services and improve our communication infrastructure to increase awareness of available services and how to access them. This issue ranks first because it meets all of the criteria noted above and is an over-arching issue which impacts the other priorities.

- ▶ Second Priority: Substance Abuse Prevention

Substance Abuse and Domestic Violence were ranked almost equally. Substance Abuse was ranked second because of the extensive risk and health indicators where Torrance rates worse than state or national rates and because of its close ties to the state priority of suicide prevention.

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- ▶ Third Priority: Domestic and Community Violence

Domestic and Community Violence is a problem that is certainly getting worse in our community as is evidenced by self-reported youth risk behaviors contributing to violence. The data supports for adult violence are not quite as strong as for adult substance abuse which is why it ranks third. However, anecdotal evidence informs us that domestic violence has historically been under-reported.

- ▶ Fourth Priority: Teen Pregnancy and Births to Single Parents

Although we are experiencing an increase in our overall teen birth rate for ages 15-19 and in births to single mothers, this issue is rated fourth because Torrance has made improvements in its rate of births to teens between the ages of 15-17 and because the magnitude of the problem was viewed as less in relation to substance use and community violence.

b. **Problem analysis for each priority area:** Some of the key determinants/ risk factors and resulting consequences/ impacts identified by the council’s working committees are noted in the following tables for each identified priority.

► **First Priority: Access to Community Based Resources to Reduce Health Disparities**

Determinants / Risk Factors			Problem	Consequences / Impacts		
Community / Policy	Family / Peers	Individual		Individual	Family / Peers	Community / Policy
Insufficient information/ awareness	Low income Loss of income	Lack health insurance	Access to Community Based Resources	No care	Burden on families of untreated chronic disease	Inappropriate use of hospital emergency rooms
Lack of services in rural areas	Lack of transportation	Can't afford health insurance		Delayed care		
Limited hours of service	Lack of legal residency status	Work schedules prevent access to care during available times		Inappropriate care	Sharing medications	Overloaded hospital emergency rooms and long wait times
High cost of employer-based health insurance		Language barriers		Complications of untreated health conditions	Bankruptcy	Costs of indigent care, care for uninsured
				Low birth-weight babies		Increased costs for social services system
				Shortened life span		

► Second Priority: Substance Abuse Prevention

Determinants / Risk Factors			Problem	Consequences / Impacts		
Community / Policy	Family / Peers	Individual		Individual	Family / Peers	Community / Policy
Availability: Easy access to drugs, alcohol	Peer pressure Social acceptability	Perceptions of risk / harm Low self-esteem	Substance Abuse	Death: overdose	Broken families	Increase in crime
Social norms regarding us	Multigenerational substance abuse	Mental health issues: depression, anxiety, PTSD		Death: suicide	Child abuse & neglect	Social costs of family services
Economic conditions: poverty, unemployment	Dysfunctional families	Boredom		Loss of employment	Domestic violence	Costs to health care system
Lack of positive role models		Social isolation		Loss of resources	Burden of health care costs	Costs of DWI, teen pregnancy, domestic violence
Limited community activities		Learned behavior		Health issues	Continuing cycles (multigenerational)	
Lack of treatment resources				DWI		
Stigma attached to treatment				Pregnancy		

▶ Third Priority: Domestic and Community Violence

Determinants / Risk Factors			Problem	Consequences / Impacts		
Community / Policy	Family / Peers	Individual		Individual	Family / Peers	Community / Policy
Economic conditions: poverty, unemployment	Social acceptability	Low self-esteem	Domestic and Community Violence	Injury or death: victim	Broken families	Social costs of family services
Lack of positive role models	Multigenerational violence in family	Early trauma		Incarceration and/or restitution costs: offender	Child abuse & neglect	Costs to judicial & law enforcement systems
Stigma attached to treatment	Dysfunctional families	Mental health issues: depression, anxiety, PTSD		Loss of employment	Substance abuse	Costs to health care system
	Gang influences	Social isolation		Loss of resources	Burden of health care costs	
		Learned behavior		Health issues	Continuing cycles (multigenerational)	

► Fourth Priority: Teen Pregnancy and Births to Single Parents

Determinants / Risk Factors			Problem	Consequences / Impacts		
Community / Policy	Family / Peers	Individual		Individual	Family / Peers	Community / Policy
Lack of comprehensive sex education	Intergenerational – parents were teen parents	Unprotected sex Drugs & alcohol	Teen Pregnancy and Births to Single Parents	Single parenting	Latchkey kids	Higher welfare/ social costs
Lack of birth control resources	Violence – domestic and community	Desire to get pregnant		Drop out of school	Grandparents raising kids	Fewer job opportunities for people with limited education
Cultural factors	Peer pressure	Desire to sustain relationship w/ partner		Live in poverty	Economic challenges of raising children	Higher crime
Limited opportunities for post-secondary education and/or job skills training				Have more kids	Continuing cycles (multigenerational)	

c. Overall strategies chosen to address priority areas

► Access to Community Based Resources to Reduce Health Disparities

Goal 1: Raise community awareness about services and how to access them

Strategies targeting the individualized environment:

- Provide Information: improve information dissemination through coordinated outreach and promotional events
- Enhance Skills & Provide Support: utilize Comenzando bien bilingual prenatal education curriculum for Hispanic women, coupled with home visitation, to create a supportive environment that promotes healthy behaviors and empowers participants to become assertive, informed consumers of health services

Strategies targeting the shared environment:

- Change Physical Design: establish a public FM radio station with mobile broadcasting capability
- Provide Support: provide resource development support for providers throughout the County, including funding development assistance and planning

Goal 2: Improve access to community-based health care

Strategies targeting the shared environment:

- Enhance Access / Reduce Barriers: increase support for public and demand response transportation system operating as part of a coordinated regional transportation network; research models of urgent care facilities in rural areas, including critical population thresholds

► Substance Abuse Prevention

Goal 1: Strengthen collaboration among provider agencies, nonprofit organizations and federal, state, local and tribal governments to support community coalition efforts to prevent and reduce substance abuse

Strategies targeting the individualized environment:

- Enhance Skills: increase capacity of individual members and the task force as a group to function as a community force for change by providing a community substance abuse prevention forum, spring and fall youth leadership summits

Strategies targeting the shared environment:

- Change or Modify Policies: advocate for continued and expanded participation by schools in the Youth Risk and Resiliency Survey (YRRS)
- Enhance Access / Reduce Barriers: develop collaborative grant proposals to increase funding to support community substance abuse prevention programs

Goal 2: Decrease alcohol, tobacco and other drug (ATOD) use by youth and, over time, adults

Strategies targeting the individualized environment:

- Provide Support: increase support for after-school youth development and recreational resources

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- Enhance Skills & Provide Support: increase collaboration with community partners to provide community service and service learning opportunities

Strategies targeting the shared environment:

- Change or Modify Policies: increase collaboration with Schools to administer the Torrance Youth Survey for the Drug-Free Communities Initiative in 2010, 2012 & 2014
- Provide Information: implement a social marketing campaign to address social hosting and providing alcohol to minors

► **Domestic and Community Violence**

Goal 1: Enhance safety and well being of children in Torrance County

Strategies targeting the individualized environment:

- Enhance Skills: promote positive parenting and child development education
- Provide Support: improve care coordination, mentoring and support services (e.g. home visits, TANF information) where necessary

Strategies targeting the shared environment:

- Provide Information: raise awareness of early trauma and its long-term effects

Goal 2: Increase personal and family safety and resiliency for residents of Torrance County

Strategies targeting the individualized environment:

- Enhance Skills: promote positive parenting and child development education
- Provide Support: provide client information and referrals to help increase protective factors for clients (e.g. adult literacy, GED preparation, adult education, employment opportunities)

Strategies targeting the shared environment:

- Provide Support: promote school-based and community-based programs that teach anger management, bully proofing, problem solving, conflict resolution and interpersonal non-violent communication

► **Teen Pregnancy and Births to Single Parents**

Goal 1: Reduce risk behaviors that contribute to teen pregnancy, unintended pregnancy and STD's

Strategies targeting the shared environment:

- Change of Modify Policies: advocate for improved reproductive health education in the schools; advocate for continued and expanded participation by schools in the Youth Risk and Resiliency Survey (YRRS)

Goal 2: Reduce rate of teen pregnancy and increase graduation rates of at-risk youth

Strategies targeting the individualized environment:

- Enhance Skills & Provide Support: work with community partners to increase participation in and service learning opportunities for Teen Outreach Program (TOP)

6. Community Action Plan Grid: The following pages will provide specific action plans chosen by our community to address the priorities discussed above. These action plans include:

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- ⊕ **Goals** – broad, long-term statements of intent with respect to community health
- ⊕ **Objectives** – specific statements of what the community wants to accomplish. Objectives are specific, measurable, achievable, time-framed, and can usually be accomplished within a year's time frame.
- ⊕ **Community Resources** – the people and things that can be mobilized to accomplish the goals and objectives
- ⊕ **Changes in Health Status Outcomes** -- statements of exactly how the health of community members will be improved
- ⊕ **Indicators** -- the ways in which those health status changes will be measured

CHI PLAN: Community Action Plan Grid

Health Priority One: Access to Community-Based Resources to Reduce Health Disparities

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Raise community awareness about services and how to access them</p>	<p>Objective 1.1 Improve information dissemination through coordinated outreach and promotional events at a minimum of once per quarter effective July 2011</p> <p>Objective 1.2 : Utilize Comenzando bien bilingual prenatal education curriculum for Hispanic women, coupled with home visitation, to create a supportive environment that promotes healthy behaviors and empowers participants to become assertive, informed consumers of health services by January 2012</p> <p>Objective 1.3 Establish a public FM radio station to be operational by August 2011</p>	<ul style="list-style-type: none"> • TCPO, DOH, CYFD & SAMHSA funding • Torrance County Project Office staff & Amigas de La Familia • Partnership for a Healthy Torrance County and associated committees: Substance Abuse Prevention Task Force, Domestic Violence Task Force, Behavioral Health Alliance, and Tri-County Rural Health Coalition • PHTC Executive Committee • KXNM 88.7 FM Community Radio Task Force • Torrance County Government • Torrance County Commission • Soil & Water Conservation Districts • Public Health Offices • Community health providers 	<ul style="list-style-type: none"> • 10% increase in utilization of community-based health and social services measured against 2008 baseline data by end of calendar year 2013. • Increase in information infrastructure capacity with establishment of public radio station by August 2011.

	<p>Objective 1.4 Provide resource development support for providers throughout the County, including funding development assistance and planning ~ ongoing as opportunities are identified</p>	<ul style="list-style-type: none"> • Community non-profit organizations 	
<p>Goal 2: Improve access to community-based health care</p>	<p>Objective 2.1: Increase support for public and demand response transportation system operating as part of a coordinated regional transportation network by July 2011 and ongoing</p> <p>Objective 2.2: Research models of urgent care facilities in rural areas, including critical population thresholds, by January 2012</p>	<ul style="list-style-type: none"> • Mid Region Council Of Governments Board • Regional Planning Organization Transportation Advisory Committee • LogistiCare • Access2Care • PHTC and PHTC Executive Committee • TCPO TO GO Transportation • EMS Director • TCPO Community Health Improvement Staff 	<ul style="list-style-type: none"> • 10% increase in access to medical and behavioral health treatment by December 31, 2012 as measured by Medicaid funded transportation services through TCPO TO GO. • Increase in infrastructure capacity with establishment of centralized transit center by July 2012.

CHI PLAN: Community Action Plan Grid (continued)Health Priority Two: **Substance Abuse Prevention**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Strengthen collaboration among provider agencies, nonprofit organizations and federal, state, local and tribal governments to support community coalition efforts to prevent and reduce substance abuse.</p>	<p>Objective 1.1 Increase capacity of individual members and the task force as a group to function as a community force for change by providing a community substance abuse prevention forum, spring and fall youth leadership summits, and training on key issues annually.</p> <p>Objective 1.2 Advocate for continued and expanded participation by schools in the Youth Risk and Resiliency Survey (YRRS) by September 2011 and then widely disseminate YRRS results when released in 2012</p> <p>Objective 1.3 Develop collaborative grant proposals to increase by 5% funding to support community</p>	<ul style="list-style-type: none"> • PHTC Substance Abuse Prevention Task Force • Torrance County Behavioral Health Alliance and JD7 Local Collaborative • Local behavioral health providers • SAMHSA Drug-Free Communities Initiative • Torrance County DWI Program • Teen Court • Children, Youth & Families Enforcement of Underage Drinking Laws • Talking Talons Youth Leadership • NM Prevention Network • Estancia, Moriarty and Mountainair School Districts • Torrance County Drug Court • Torrance County Magistrate DWI 	<ul style="list-style-type: none"> • 10% increase in environmental strategies utilized by coalition to reduce substance use among youth by 2012. • 10% increase in evidence-based programs for prevention and/or treatment of substance abuse by 2012.

	<p>substance abuse prevention programs by January 2012.</p>	<p>Court</p> <ul style="list-style-type: none"> • Local and state law enforcement • Local service organizations 	
<p>Goal 2: Decrease alcohol, tobacco and other drug (ATOD) use by youth and, over time, adults</p>	<p>Objective 2.1: Increase support for after-school youth development and recreational resources by September 2013.</p> <p>Objective 2.2: Increase collaboration with community partners to provide community service and service learning opportunities for youth by September 2011.</p> <p>Objective 2.3: Increase collaboration with Schools to administer the Torrance Youth Survey for the Drug-Free Communities Initiative in 2010, 2012 & 2014</p> <p>Objective 2.4: Implement a social norms marketing campaign to address social hosting and providing alcohol to minors by January 2012</p>	<ul style="list-style-type: none"> • Teen Outreach Program (TOP) • Teens Need Teens (TNT) • Drug-Free TRES • Estancia, Moriarty and Mountainair School Districts and School Health Advisory Councils (SHAC) • Estancia, Moriarty and Mountainair Police Departments • Torrance County DWI Program • Teen Court • Children, Youth & Families Enforcement of Underage Drinking Laws • Talking Talons Youth Leadership • Local businesses • Local service organizations 	<ul style="list-style-type: none"> • Decrease in past 30 day use by youth of alcohol, tobacco and marijuana by 5% by the year 2014 • Increase in average age of onset for use by youth of alcohol, tobacco and marijuana by 1 year by the year 2014 • Increase in perception by youth of risk of use of alcohol, tobacco and marijuana by 5% by the year 2014 • Increase in perception by youth of parental disapproval of use of alcohol, tobacco and marijuana by 5% by the year 2014

CHI PLAN: Community Action Plan Grid (continued)Health Priority Three: **Domestic and Community Violence**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Enhance safety and well being of children in Torrance County</p>	<p>Objective 1.1 Promote positive parenting and child development education by December 2011</p> <p>Objective 1.2 Raise awareness of early trauma and its long-term effects by January 2013</p> <p>Objective 1.3 Provide care coordination, mentoring and support services (e.g. home visits, TANF information) where necessary by December 2012</p>	<ul style="list-style-type: none"> • NM Association for Infant Mental Health • Michigan Competency Model including Ages and Stages teaching tool • Torrance County Children’s Trust Fund Program & Amigas de La Familia • Torrance County Head Start and Early Head Start • Local health providers • Estancia and Moriarty Public Health Offices • Committee for Children curriculum resources • Torrance County Behavioral Health Alliance/ JD7 Local Collaborative • Torrance County Domestic Violence Task Force 	<ul style="list-style-type: none"> • Reduce the number of substantiated and unsubstantiated reports of child abuse by 10% by 2014.

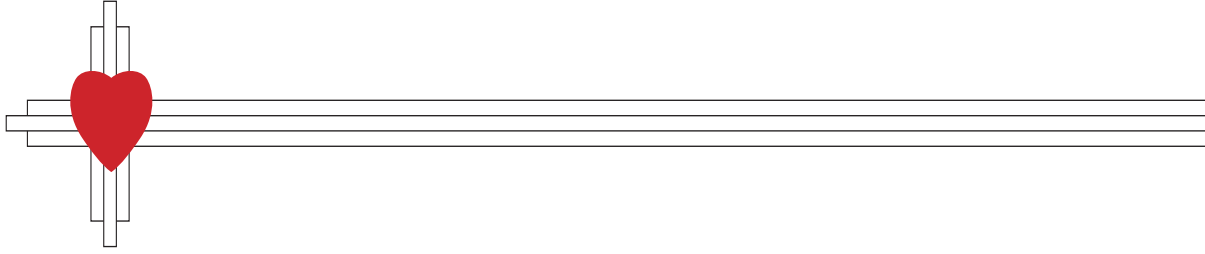
<p>Goal 2: Increase personal and family safety and resiliency for residents of Torrance County</p>	<p>Objective 2.1: Promote school-based and community-based programs that teach anger management, bully proofing, problem solving, conflict resolution and interpersonal non-violent communication by December 2011</p> <p>Objective 2.2: Provide client information and referrals to help increase protective factors for clients (e.g. adult literacy, GED preparation, adult education, employment opportunities) by September 2011</p>	<ul style="list-style-type: none"> • Torrance County Domestic Violence Program • Torrance County Domestic Violence Task Force • NM Children, Youth & Families Department • Torrance County Counseling • Trish Daino, LISW • Magistrate Court • District DV Court • District Attorney's Office • Hogares, Inc. • HSD Income Support Division • Torrance County Safety Committee 	<ul style="list-style-type: none"> • Reduce rates of domestic violence in Torrance County by 5% by 2014 • Increase number of victims/survivors who access counseling and other referrals by 10% by 2012 • Increase percentage of offenders who complete court-ordered services and other referrals by 10% by 2012 • Reduce rates of recidivism by 10% by 2014
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CHI PLAN: Community Action Plan Grid (continued)Health Priority Four: **Teen Pregnancy and Births to Single Parents**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p>Goal 1: Reduce risk behaviors that contribute to teen pregnancy, unintended pregnancy and STD's</p>	<p>Objective 1.1 Advocate for improved reproductive health education in the schools, with improvements instituted by August 2012</p> <p>Objective 1.2 Advocate for continued and expanded participation by schools in the Youth Risk and Resiliency Survey (YRRS) by September 2011 and then widely disseminate YRRS results when released in 2012</p>	<ul style="list-style-type: none"> • PHTC • Estancia and Moriarty Public Health Offices • Esperanza Medical Center • Mountainair Family Health Center • Mustang Health Center • Estancia, Moriarty and Mountainair school districts • Substance Abuse Prevention Task Force (SAPTF) 	<ul style="list-style-type: none"> • Decrease in youth who used alcohol or drugs before sex (among sexually active) by 5% as evidenced in 2013 YRRS results for Torrance County • Decrease in no condom use (among sexually active youth) by 10% as evidenced in 2013 YRRS results for Torrance County
<p>Goal 2: Reduce rate of teen pregnancy and increase graduation rates of at-risk youth</p>	<p>Objective 2.1: Work with community partners to increase participation in and service learning opportunities for Teen Outreach</p>	<ul style="list-style-type: none"> • PHTC • Department of Health Family Planning Program • TOP Youth Development Facilitator 	<ul style="list-style-type: none"> • 75% of teens participating in TOP will complete high school diploma or GED • TOP program participants will

	<p>Program (TOP) by August 2011</p>	<ul style="list-style-type: none"> • TOP Youth Partnerships Coordinator • Estancia and Moriarty Public Health Offices • Esperanza Medical Center • Town of Estancia • Estancia Public Schools & SHAC • Substance Abuse Prevention Task Force 	<p>have 33% lower pregnancy rate than overall Torrance County rate</p>
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The FY 2011-2014 Torrance County Community Health Improvement Plan was presented to and approved by the Torrance County Board of Commissioners on June 10, 2009.



*Thank you for your interest in the continued health
improvement of our Torrance Community.*

If you would like additional information about the Partnership for a Healthy Torrance County or this strategic plan, please contact the Community Health Council Coordinator or the Director at the Torrance County Project Office.

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