

# Sierra County

## CUQL Community Health Plan

June 2009 Update

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## **EXECUTIVE SUMMARY**

Sierra County is a rural county made up of a number of small communities with 12,699 individuals spread out over approximately 4,180 square miles. We are rich in natural resources with the largest lake in New Mexico, hot mineral springs, the Rio Grande, three state parks and a large part of the Gila Wilderness. Residents most value our clean air, good climate and the quiet, friendly small-town atmosphere. Historically, the region is known for healing and recreation and has become an international tourist destination.

Demographically, the county's median income per household is \$22,577 compared with \$29,929 statewide and \$36,276 in the US ( 2008 data ). In The county,24% of the population and 40% of children are living below the poverty level with these figures is higher in the Southern part of the county. Almost 30% of the population in Sierra County is over age 65 compared with 12.7% statewide. The poverty, small population and rural nature of the county are spokes of the wheel that we must work with in community health planning.

Over the past decade Sierra County has experienced significant change. Young and retiring professionals have moved here and become active in shaping the community. Several high profile projects including the International Spaceport, a resort-retirement community and a motorplex-residential development, promise economic opportunity while providing a challenge to sustain our highly valued small-town atmosphere. All this hubbub has made the community more dynamic and increased conversation about what a community should be. It is attracting speculators, affected real estate prices significantly, and decisions will affect so much of the county that the population in general see themselves as "stakeholders".









In developing this plan, the Sierra County's Health Council has endeavored to look through "all the lenses" in assessing community health. Our goal is to weave strengths and build a culture of health with effective communication and a system of care involving surrounding counties as needed.

## **STRENGTHS/ASSETS**

For many the county offers ease of living with affordable housing and a slow-paced lifestyle. There is a strong faith community embracing different beliefs and among citizens there is a strong tolerance for eccentricity. Seniors are empowered and active with a strong network and advocacy. There is a strong push for better educational opportunities both academically and

vocationally and progression towards a sustainable environment and “green technology” involving educational institutions, the local governments and the “high profile” developers, with a growing “watch-dog” movement among citizens.

Community pride is increasing. Grassroots efforts have resulted in the improving and strengthening of our community. Outstanding work includes:

-  formal state and federal designation of a historic district in T or C
-  the Healing Waters Trail project stressing ecology and recreational opportunities
-  an enthusiastic and savvy tourism board which has increased visibility of the county throughout the state and country
-  The Bountiful Alliance, a new non-profit group has established a large, city supported community garden, instituted recycling and is developing a food security program.
-  Increase in businesses specifically focused on rejuvenation, wellness and natural healing modalities
-  A formal “Main St. Project” is underway in downtown Truth or Consequences
-  A well-established Arts Council that is focused on public art projects.
-  Recreation expansion & improvements such with the municipal pool, tennis courts and walking trails.

## **CHALLENGES, ISSUES AND PROBLEMS**

Poverty is extreme exceeding the rate in New Mexico by as much as 15% in some areas. It is a root of cyclical health problems, social patterns, and health disparities. In assessing health and wellness of the community at large, poverty underlies our serious community health concerns: teen pregnancy, suicide, depression, substance abuse, violence and obesity.

The small population and geographic isolation severely limit availability of health and social services. There is a chronic shortage of physicians, behavioral health providers and it is an hour or two drive to the nearest metropolitan areas. Lack of transportation both within the county, and to other counties makes access to and continuity of care extremely difficult.

This results in serious “cracks” to fall through, particularly concerning prenatal care, infants and new mothers, and those returning to the community following out of county hospitalization.

In the southern part of the county, made up of predominantly Hispanic agricultural communities, all of these problems are magnified. Poverty is more extreme, 84% of the population speaks only Spanish and 40% has less than a 9th grade education. Considered a colonias, many households lack complete plumbing and environmental safety issues are of extreme concern due to pesticide use in the fields. Despite the grimness of the picture, it must be noted that in the southern part of the county, the culture of family is strong and resilient,

children are highly valued, and intergenerational relationships are positive and the elementary school located there is outstanding.

The Health Council chooses to work on issues systemically, in a way that impacts root causes, increases public engagement, and supports collaboration. With given resources of funding and staff council work relies on volunteers. Currently the council feels it has the capacity to work on 2 formal priority issues over the next 4 year s and have selected teen pregnancy and suicide. Data shows that both of these problems are getting worse, both have serious impacts on the community and are a part of patterns that need to be changed. There is existing commitment to these issues, there is energy from community partners to address them systemically, and there are ongoing activities that we will build on.

## **INTRODUCTION**

### **HEALTH PLAN PURPOSE**

The Sierra Community Health Plan is a product of the Community United for Quality Living-Sierra Health Council. It is meant to be a guide for overall health improvement throughout the county. The plan prioritizes health issues which face the population, and outlines specifically how issues can be addressed. The goal of the health council is to enlist the community in seeking solutions to health issues through collaborative efforts (of assessment, planning and implementation of strategies) with individuals, families, businesses, schools, county/city governments and health care providers.

### **BRIEF COMMUNITY DESCRIPTION**

Sierra County is a rural county in Southern New Mexico made up of a number of small communities spread out over approximately 4,180 square miles with the city of Truth or Consequences as their hub. The population of the entire county is approximately 12,699. Several factors make Sierra County unique from the perspective of health; both positively and negatively. ...depending on the lens one is looking through. Sierra County is a fantastic tourist destination, with a great climate, capacity to grow food and garden year round, abundance of recreational opportunities in a natural environment which boasts clean air, quiet, “water in the desert” with two lakes and a river and natural mineral springs, and is surrounded by a enormous protected wilderness area.

There is a thriving arts community, a small friendly atmosphere, and a strong faith community embracing differing beliefs. The climate, spaciousness, and affordability draws retirees and creative entrepreneurs who have some capital to work with and “dreams”. It is a county of “many cultures” and lifestyles: ranchers, “snowbirds”, “aging hippies”, artists, Anglo and Hispanic ethnicities, natural healing devotees, and currently a growing population of mixed ages who wish to build sustainable community. Many find it simply an affordable place to live on a low income & a significant number of people live on a fixed income including over 30% of the population which is recorded to be disabled).

As mentioned in the executive summary, along with the unique positive qualities, the rural nature of the county, extreme poverty and a small population are realities which creates serious health issues and require innovative, collaborative, systemic solutions.

### **CREATION OF THE PLAN**

The plan was created by the health council leadership team, members of the priority issue task forces along with input from the health council at large, and editing and technical support from Jane Greene of the 4<sup>th</sup> St. Computer Lab. The Comprehensive Health Profile, updated in 2008-

2009 serves as a foundation to the development of the Health Plan. The degree of impact an issue has on the community at large and the community capacity to work on issues, drive the determination of an issue as a priority. As the issues are closely intertwined, and the council's vision of health is a holistic one, we believe that in the process of addressing a specific priority, the whole "web" which makes up health or lack health will be influenced in a positive way.

The planning team met many times and did extensive problem analysis for each issue, supported by the NM Dept. of Health. The Health Profile was concurrently being updated, which kept a strong focus on newly emerging data. In addition, participation in the revision of the School District Wellness Policy over the past 6 months, meetings with SHAC (School Health Advisory Council) for the past year, and involvement in the Strategic Planning Process with the School District were opportunities for conversation, coalition building and gaining understanding of where points of intervention exist to work on our issues.

The council determined that Teen Pregnancy and Suicide continue to be the top priority issues. Reducing the rate of both require whole community participation and collaboration and alignment of health and social service providers, families, individuals and schools. We believe community norms must be shifted over time and sensitively. The plan outlines the goals, objectives and strategies to be implemented over the next four years in Sierra County.

## **HEALTH COUNCIL MISSION AND VISION**

The mission of CUQL is "to contribute to the quality of life by promoting the health and wellness of all people in Sierra County regardless of age, race, ethnicity, gender, sexual orientation, disabilities or religious beliefs." CUQL has defined health as "the highest quality of life that can be experienced mentally, physically, spiritually and environmentally, in all aspects of living, that creates freedom from disease and illness".

Early on in council development, a brainstorm yielded the following components considered in "quality of life" and health descriptions:

<i>economic development</i> <i>wellness &amp; optimal</i> <i>wellbeing</i> <i>independence</i> <i>compassion</i> <i>health in old age</i> <i>balance</i>	<i>nutrition</i> <i>perception</i> <i>pursuit of health</i> <i>potential</i> <i>education</i> <i>balance of mind-body-</i> <i>spirit</i>  <i>absence of disease</i>	<i>disease prevention,</i> <i>control of disease</i> <i>environment</i> <i>activity &amp; recreation</i> <i>soundness</i>
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## COMMUNITY HEALTH ASSESSMENT

The council recognizes that many health issues exist in Sierra County. In addition to supportive data, the council considers the resources available for “change making”; this includes: community partners able and willing to actively collaborate and align work, the financial resources available, the “passion” for the issue.

The Health Council has determined that Teen Pregnancy and Suicide are the two priority areas to focus on. Limited resources of funding, time, and volunteers does not allow for an increase in the number of formal “priorities”. In addition, strategies and activities have begun and are gathering momentum and community partners, and need to continue. Essentially, all of the community issues have behavioral health needs at the core. The council is committed towards a “wellness model” involving empowerment, education and the transformational model that is being promoted statewide in behavioral health, and is active in the JD7 Local Collaborative. Focusing on the need to work collaboratively- sharing information and resources, community awareness, and helping shed light on root causes of problems is within the capacity of the existing Health Council.

In addition to the profile data, in March of 2009, an informal survey was conducted with Health Council members to obtain “*perceptions*” of the community primary issues- that would be used to support strategies for the priority.

The council also voted and rated Health and Wellness Community Assets

Rated #1:	Environment- supports outdoor recreation
Rated #2:	Good Climate
Rated #3:	Small friendly community
	Environment supports gardening/ food growing year round
	Lack of pollution
	High potential for being a “sustainable” community (energy)

## Summary of the Sierra County Health Profile

The 15<sup>th</sup> century poet Kabir writes:

The Guest is inside you, and also inside me;  
You know the sprout is hidden inside the seed  
We are all struggling; none of us has gone far.  
Let your arrogance go, and look around inside.

The blue sky opens out farther and farther,  
the daily sense of failure goes away,  
the damage I have done to myself fades,  
a million suns come forward with light,  
when I sit firmly in that world.

I hear bells ringing that no one has shaken,  
inside "love" there is more joy than we know of,  
rain pours down, although the sky is clear of clouds,  
there are whole rivers of light.  
The universe is shot through in all parts by a single sort of love.  
How hard it is to feel that joy in all our four bodies!

Those who hope to be reasonable about it fail.  
The arrogance of reason has separated us from that love.  
With the word "reason" you already feel miles away.

How lucky Kabir is, that surrounded by all this joy  
He sings inside his own little boat.  
His poems amount to one soul meeting another.  
These songs are about forgetting dying and loss.  
They rise above both coming in and going out.

Translation by Robert Bly, 2004

The Sierra County Health Profile has been updated over the course of many months. Assessment of the quickly shifting terrain in the large geographical, rural, southwestern desert- with a population of 13,000 is an ongoing process. Since beginning the update (in September 2008), until now, ( June 2009) , already data has changed! Projects and programs begun, the School District has undergone a comprehensive Strategic Planning process that may prove transformative, and Downtown Truth or Consequences has been awarded, the next designated " Main Street Project" which will support a very thorough assessment and renewal of the historic town, a destination for as long as we know, because of the natural hot mineral springs. Community elders, such as Jack Baker and Ivan Scheier who have had enormous impact on the health and wellbeing of the community, have passed away in this time.

We have also seen changes in important local "partners" ; the Superintendent of Schools, the director of the local branch of Western New Mexico University, and the CEO of the hospital to name a few very significant shifts. This will have an impact on community development depending on levels of collaboration.

In a small community, numbers seem less “revealing”, because one person or a few, can make a very big difference. So when we see the population changing by small amounts, it is really who those people are that matters. It is not easy to draw conclusions based on our numbers, but the questions asked are important, such as “who are the 15 or so teenage girls who are pregnant this year? Who were the two people who committed suicide this year? Where are the 59% of vacant or seasonally used homes in Sierra County and what relationship do the owners, and renters have to the community? What can be done to alleviate the poverty, that 40% of Sierra County children live in? Why don’t we have adequate local public transportation, such as a regularly running small shuttle that could support health, economics, recreation and education?

The Health Profile is a product of the *Sierra Health Council*, known as the *Community United for Quality Living*-(CUQL). The organization is 13 years old. It began as a monthly, brown bag lunch, health and social services networking group. While the name is long and evokes a “huh?”, it was chosen because it actively describe the purpose and intention of the council.

CUQL has had several incarnations, and in 2003 “formalized”, via well intended pressure from the NM Dept of health, in implementation of a total revision& expansion of the concept of “Public Health” towards a new , responsible and empowered to self assess, prioritize issues, and generate multi-disciplinary solutions. To this end, a blended family was born of the Sierra Community Council, the Maternal Child Health Council and the Services Coalition networking group. It is now funded by the New Mexico Department of Health- office of Community Health Improvement, has a paid coordinator and an office assistant provided through Goodwill Industries. The work of the council is essentially through volunteerism, the thirty plus members represent just about all of the health and human service agencies, several non-profit groups, some elected officials and a few pro-active community members with no affiliation to any specific organization. The council produces the Health Profile and a Comprehensive Health plan based on the profile. Data for this profile comes from local research and interviews, and through data gathered by such entities as the New Mexico Dept. of Health, the Center for Disease Control and Prevention, The New Mexico Public Education Dept. , the Health and Human Services Dept., etc. Much of this “official “ data is several years old, and because Sierra County has such a small population, is often aggregated with other communities, and must be looked at closely before conclusions are drawn.

The purpose of the CUQL is to support the highest possible quality living for all Sierra County residents in all aspects of living: Physically, Mentally, Spiritually, Emotionally and Environmentally. The council facilitates opportunities for collaboration, communication, shared planning and seeks funding sources for health improvement initiatives. The limits of time and energy of its members, (who are already working over time in the extremely challenging day to day domain of health and human services) present some constraints on how much can be “taken on”. As such, only two “formal” priorities are being addressed with the criteria established by the NM Dept. of Health, such as having formal “task forces”. These issues are Teen Pregnancy and Suicide. However, the council has consensus around addressing root causes of our issues and as such , we see that whether it be teen pregnancy, suicide, obesity, substance abuse or violence – the negative descriptors, they are very much intertwined. And risk factors are consistently tied to poverty, education, poor health literacy, limited communication skills- cultural, and otherwise, a lack of access to preventive care and to timely, and adequate treatment.

Some interesting information, elaborated on in this profile include:

- 👉 Residents of Sierra County must travel to other counties, either one or two hours away for many services.
- 👉 There is very limited prenatal care and no obstetrical services available in Sierra County.
- 👉 All services in Sierra County are located in the municipality of Truth or Consequences, though people may live up to one hour away in outlying areas
- 👉 There is no public transportation
- 👉 There are striking differences demographically in the southern sector of Sierra County- economically & culturally
- 👉 29.6 % of the population of Sierra County is over 65 years old.
- 👉 40.4 % of the children in Sierra County live in poverty
- 👉 Teen pregnancy in Sierra County is seen first hand to be very much on the rise
- 👉 Sierra County has just been ranked second in obesity
- 👉 Sierra County ranks fourth in suicide
- 👉 The School District has been failing, except for the elementary school in the impoverished southern sector where it is excelling
- 👉 An international Spaceport is being built in the county, thirty minutes from downtown Truth or Consequences
- 👉 A motorplex and residential development is being planned that may have as many as 2500 new dwellings.
- 👉 Both the City and County landfills are out of compliance and must be moved in the next two years
- 👉 The School District is about to begin stronger relationships for dual credit with both Dona Ana Community College and WNMU.
- 👉 A new hospital is being planned
- 👉 A new non-profit group has created the first Community Garden, which doubled in size in one year ( 70 plots ) is supported by the City of T or C, and grows food for the poor
- 👉 Recycling has been established in Sierra County
- 👉 Tourism is thriving, Sierra County has become an international destination site
- 👉 The municipal pool may be covered after a twenty year effort
- 👉 New hiking trails abound, funded by national organizations

CUQL hopes that this Health Profile stimulates thought, and mobilizes action to bring the community called “Sierra County” together, and we must soften borders between counties, as it has been said “health does not know borders”. We are witnessing in present time with the pandemic flu that has emerged. It is time, and it is possible to build greater resiliency, cooperation, and health for Sierra County residents.

## PRIORITY AREAS

Both the priority areas chosen share roots in behavioral health, poverty and the relative isolation & lack of opportunity created in a small rural geographical location. Lack of resources to help the problems heighten their impact on the community, increasing the urgency to address them and halt further escalation.

### TEEN PREGNANCY

The following

“Years of research have closely linked teen pregnancy and early childbearing to a host of other critical social issues, including overall child health and well-being, out-of-wedlock births, educational attainment workforce readiness, responsible fatherhood, and poverty in particular, especially child poverty. If more children are born to parents who are ready and able to care for them, child and family well-being will improve. There will be less poverty and more opportunities for young men and women to complete their education or achieve other life goals.”

statement by the NM Teen Pregnancy Coalition sums up the Council’s position:

This statement by the NM Teen Pregnancy Coalition sums up the Council’s position well.

There are several factors in Sierra County which amplify the ramifications of teen pregnancy and the urgency to help reduce the incidences, and why working on this issue has a great impact on the community at large.

As mentioned earlier; poverty, isolation, limited economic opportunities, low education rates, along with high rates of substance abuse and violence, have become multi-generational patterns in Sierra County. A common perception in the community is that *“all kids in Sierra County are high risk”*. When we **combine** the negative factors with the limited opportunities and add to this the lack of local prenatal services, lack of transportation and access to services, and the fact that women must deliver their babies out of the county because there are no obstetrical services locally resulting in large gaps in communication between the birth and local services as well as an emotional-physical disconnect from the community we have a recipe for inadequate care, and serious high risk pregnancies, births and early child care.

**In other words, even in the best case scenario, it is challenging to be a healthy pregnant woman, mother, child, and family in Sierra County.**

Sierra County has been working hard to strengthen the wellbeing of the Maternal – Child Health population since 1991 and became one of the first counties funded by the MCH Plan Act. At that time prenatal care and access to prenatal care were key issues. Although the number of births in the county remained stable between 100 and 130 , many of those births were to high risk clients. **Today the issues of lack of prenatal care and access to care have changed very little.** Many clients are high risk either because they are teens, single moms, low income, use drugs and /or alcohol and have limited resources to address these issues.

In the late 1990's Sierra County had one of the highest teen birth rates in the state. Beginning in the early 2000's the teen birth rate decreased to a low of 29.8 per 1,000 births. In 2005 the rate had increase to 62.7. Anecdotal evidence (school and public health nurses, and MCH) during the past twelve months indicates that the rate is rising again, **at least twelve teens known to be currently pregnant, with many dropping out of school.**

Some of the most compelling facts regarding teens were shared in the 2007 Youth Risk and Resiliency Survey – taken by 70% of the teens in grades 9-12 at Hot Springs High School ( this is considered a strong sampling)

- 39.2% of teens report persistent feelings of sadness and hopelessness. Girls compared at 52%, to boys at 21.9%
- 73.9% of girls report easy access to alcohol
- 51% of teens report having had sexual intercourse with 30% reporting having used drugs or alcohol before sex and 39.7% reporting no condom use –an increase from 30.2% in 2005.
- 41% report being sexually active compared to 31.5 % in NM
- Compared to 76% in NM only 67% of adults in Sierra County think youth alcohol use is wrong.
- 12% of teens reported that they had ever been forced to have sexual intercourse9 compared to 9.2% in NM)

- 35.7 % of boys report having a caring relationship teacher or other adult in the school compared to 51% of girls.
- 49.1% of boys report high expectations w/adult in the community compared to 61% of girls.

There are significantly less activities available for teens in the community, especially for low income without transportation, available parents, and behavioral health problems.

In 2007 DWI surveyed 250 youth ages 14-17 on how they felt about the community.

- 95% felt the community had nothing to offer youth
- 90% saw drugs and gangs as a big problem
- 80% believed that adults in the community do not understand or care about youth in the community
- As mentioned earlier, over 40% of children in Sierra County live in poverty.

In addition, obesity rates are rising rapidly with Sierra County ranking #1 in adult obesity. This presents issues with effectiveness of birth control, self esteem issues and overall lack of self care and responsibility for health.

## **Problem analysis for Teen Pregnancy in Sierra County**

### **Determinants and Risk Factors**

#### **Community and Systemic Level**

- Lack of adequate comprehensive reproductive health and sexuality education
- Lack of adequate access to Birth Control resources , and limited resources in general
- Local political environment/ school board positions on health education issues
- Lack of larger opportunities in life
- Lack of good employment opportunities
- Limited local higher education
- Limited educational options in High School- such as dual enrollment, teens are not prepared for college life
- Media – sexually oriented culture- sending mixed message to teens
- Lack of transportation to:
  1. Health Care Options
  2. Recreational Activities
  3. Educational and Cultural activities
- Lack of variety of youth activities

- High incidence of and “taboo- silence” related issues such as domestic violence, substance abuse, and sexual abuse
- Community Norm- low expectations, and patterns listed above considered “okay”, such as substance abuse
- Teens not “welcomed”, in a retirement community
- “the T or C mindset” of “what’s the use”: resignation and hopelessness

### **Family Level**

- Poverty culture- community norm, multigenerational patterns of early pregnancy, government subsidized living, limited education, limited opportunities
- Poor communication skills between parents and children
- Substance abuse patterns, violence patterns, sexual abuse patterns
- Wide scale lack of family structure – limited understanding and modeling of healthy, responsible relationships
- Lack of adequate healthy male role models, absent fathers
- Low expectations of teens

### **Individual Level**

- Perceived lack of confidentiality influencing access to:
  - behavioral health services
  - sex education and birth control
- Belief that “getting pregnant” will “keep the boyfriend”
- Inability of boys and girls to “say no” and be respected- limited communication skills along with peer pressure
- Lack of knowledge of intimacy beyond “sex”
- Poor self esteem, lack of goals, lack of planning & decision making skills
- Substance use & abuse
- Inadequate early intervention and screening for high risk teens

## **Consequences of Teen Pregnancy**

### **Community Level**

- Poor health outcomes often for mother and child- less prenatal care, poor nutrition, low birth weight babies, single parent family- fatigue and depression
- Drains community resources – by increasing subsidized living, often high medical expenses which may be ongoing through the child’s life, mother often remains in mediocre health, nutrition etc.
- Teens often drop out- lowering the educational level locally & often do not return to school
- Perpetuates the poverty cycle & culture
- Decreases work force

## Family Level

- Stresses family, may be “kicked out of family”
- May strengthen a family when a teen pregnancy is encouraged
- Poverty
- May increase negative coping due to increased stressors – substance abuse, violence
- May positively affect family if child is welcomed, mother supported, and a needed focus is the result

## Individual

- Often negative health impact on mother & baby
- Teen will lose friends, become more isolated
- Highly stressful for unprepared teen
- May increase child abuse
- May have a positive effect if it provides a needed focus, gets a teen on track and healthy (reason to live well, and teen does prove capable of being a responsible good parent.
- Perpetuates poverty
- Teen’s “childhood” cut short, lack of full development, unresolved needs
- May limit the teen parents life options: work, education, self development, travel, socialization- they will have to work much harder to have such freedoms.

## Strategies

It is quite evident that a systemic strategy is needed, one that involves the community, mentoring, reproductive health education and offers hope and opportunity to teens.

**In 2008 the Health Council collaborated with Public Health , MCH & DWI and were successful in receiving funding for the TEEN OUTREACH PROGRAM-(TOP) an evidenced based Teen Pregnancy Prevention after school program, with service learning at the heart. The program is funded through the NM Dept. of Health and is most promising, as it will be funded for 4 years.**

The T  
stron  
Pregn  
support is  
the Teen  
Garden,  
Recycling, the Recreation Board, Recycling committee of the Bountiful Alliance, and are  
mentored by the director of SCEDO ( Sierra County Economic Development ), a City  
Commissioner,a local veterinarian and the owner of the municipal golf course. In  
addition, Public Health nurses, Domestic Abuse outreach workers, La Pinon rape crisis

Center volunteer, the directors of the community garden, the City Manager and a local chiropractor are serving as educators in the program.

**Collaboration among MCH, Ben Archer School Age Clinic, the municipal schools, Public Health, DWI, the Housing Authority and TRESKO has never been stronger; addressing issues of Fatherhood, infant development, healthy pregnancy, Smoking cessation, mentoring, and in general PARENTING. DWI and prevention efforts are making progress in regard to substance abuse and are sources of knowledge and expertise in all collaborations.**

**In Dec. 2008 A Boys and Girls Club of America opened in Truth or Consequences. This very well funded program is offering new opportunities for youth; afterschool activities, the arts, tutoring and recreation. The Teen Pregnancy Task force will be working alongside this program to close the gaps which put our teens at risk for teen pregnancy**

**The Health Council has had teen pregnancy as a priority for several years. We believe that our capacity to be effective has increased and that working on teen pregnancy has become an effective portal to all the issues related to healthy individuals, families and community.**

## SUICIDE

In Sierra County the Suicide rate of 29.4 % is 10.9% higher than that of New Mexico.

Along with the high incidence of actual suicides, the council considered the following risk factors in selecting suicide as a priority issue:

1. the large population of males over 65 (a group a greater risk)
2. the lack of behavioral health services
3. the prevalent ‘stigma’ attached to mental health
4. high incidence of substance abuse along with lack of substance abuse treatment locally ( in particular, increasing use of prescription drugs in haphazard combinations by youth)
5. high rate of possession and accessibility of firearms in home and being carried to school
6. high poverty rate
7. significant incidence of sexual abuse and domestic violence
8. increasing issue of bullying, and dating violence

The council feels capable of addressing the need for a change in community norm around “getting help” and understanding “behavioral health and wellness” in general. Reducing the stigma through education and supporting access to local and nearby services is possible.

The following relevant data contained in the 2007 Youth Risk and Resiliency Survey, is deeply disturbing: of the 70% of the teens who took the survey:

- 39.2% had persistent feelings of sadness and depression
  - (52% girls 21 % boys)
- 25.7% had seriously considered suicide
  - (34% girls 15.1 % boys)
- 24.6% had made a suicide plan
  - (28.7% girls 19.2 % boys)
- 16.1% had attempted suicide.
  - (19.0% girls 12.1 % boys)
- 5.0% had suicide attempts resulting in injury
  - (6.8% boys compared to 3.7% girls)
- 28.2% reported carrying a weapon
  - (46.4% of boys compared to 14.9 % girls)

- 18.1% reported carrying a gun
  - 30.6 boys compared to 8.5 % girls

It should be noted that while girls more frequently report higher feelings of sadness, make suicide plans and attempting suicide, boys attempts more frequently result in injury that requires the attention of a doctor or nurse. A contributing factor to this might be that boys report a higher incidence of having guns in the home - 77% compared to girls reporting 59.8%.

In addition to this:

- In Sierra county 15.3 % reported vomiting or using laxatives to lose weight, compared to 7.8% in NM
- 13% of teens report skipping school because they feel unsafe with 12% reporting having been threatened with a weapon

### **Problem Analysis for Suicide**

Determinants/ Risk Factors

#### **Community/Systems level**

- Stigma around “mental” health, counseling, reaching out for help, getting help
- Lack of adequate behavioral health resources
- Lack of confidentiality – small town
- Lack of awareness about “depression”
- Lack of awareness of “self medicating” intention of substance use/abuse and that it worsens depression
- Poverty –large scale low moral
- Lack of adequate screening for high risk persons
- Disconnect between behavioral health and primary care

## **Family Level**

- Lack of awareness of what “normal feelings” are, limited knowledge of emotional health and wellness
- Limited communication skills between family members
- Lack of adequate healthy coping skills- as a family pattern
- Contributing dysfunctions such as substance abuse, violence, sexual abuse
- Neglect of children due to single family homes
- Neglect of children due to lack of education, teen parents etc.

## **Individual Level**

- Inability to ask for help
- Lack of awareness of resources
- Chronic Pain - emotional, physical, spiritual
- Held beliefs about “mental health” – shame, denial
- Perceived lack of confidentiality with health care providers- do not seek help
- Part of a family “systems” dysfunction- will not betray family members
- Substance abuse
- Victim of violence
- Isolation
- Inability to cope with emotions
- Poor self esteem

## **Strategies**

**The health council finds it disturbing that there is minimal response and feedback to this information with the teens themselves, parents, within the schools and the community as a whole. The council believes it can work productively to respond more strongly to the information the teens are sharing.**

Addressing the many aspects of behavioral health needs in Sierra County continues to be an extreme need. It crosses all ages, and represents a widespread community norm of dysfunctional coping skills, attitudes of acceptance around use of alcohol and violence, cycles of sexual abuse, confidentiality issues in a small community, stigma around receiving help in general and especially "mental health". Some of these issues are being studied and shared through the Ruby Payne work on "Poverty Culture" at the Housing Authority. Increasing awareness, communication, and supporting easy access to Behavioral Health Services, Early intervention with families and increasing the overall moral and perception of the possibility of achieving a "high quality of living" – such as increasing education, good employment and strong families.

**The Health council will be establishing an advocacy committee to help strengthen collaborations with necessary partners regarding Behavioral Health and participation in the JD7 local collaborative by providers.**

**In February 2009 the Health Council initiated the Stanford Model "Healthy Living with Chronic Conditions" in Sierra County. The Southern Area Health Education Center affiliated with NMSU Provided the "train the trainers" to 12 community volunteers who will teach the 6 week healthy living classes in the community. Health care providers are enthusiastic in referring patients. This empowering program builds community, breaks Isolation, educates around the connection of body and mind, and is getting a lot of positive media press.**

**While progress seems slow, as with Teen Pregnancy, we are seeing shifts in energy towards working together, towards deeper and more sensitive conversations which indicate the “ silence” around root issues is being broken. Addressing the issue of Suicide is proving to be another portal helping systemic change towards healthy quality living for individuals, family and the community.**

## **PRIORITY STRATEGY GRID**

Begins on the following page

## Health Priority Area: Teen Pregnancy

<u>Goals</u>	<u>Objectives</u>	<u>Community/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal #1</b></p> <p>Reduce the number of pregnancies to teens ( boys and girls) under 18 in Sierra County</p>	<p><b>Objective 1.1</b> Sustain and grow TOP (teen outreach program) in Sierra County to serve 20 middle school teens by June 2010.</p> <p><b>Objective 1.2</b> Assist in development of a “teen run” teen health council with representatives from middle school and high school by June 2010 – with a focus on at least one teen created media project</p>	<p>MCH, Public Health, Behavioral Health providers, Primary care providers- Ben Archer School Based Clinicians, SHAC, TOP teens and parents and community mentors, Wellness Providers and Educators</p>	<p>Provide reproductive and wellness education resources at 6 healthcare providers in the middle and high school libraries and at the T or C Public Library</p> <p>Provide 20 community mentors for teens through the TOP program.</p> <p>Involve 20 teens in community development programs.</p> <p>70% of high school seniors graduating without becoming pregnant or fathering a child.</p>
<p><b>Goal #2</b></p> <p>Increase communication about healthy teen growth and development</p>	<p><b>Objective 2.1</b> Develop / administer a teen “goals and self awareness” survey to teens in middle school life skills class by June 2010</p> <p><b>Objective 2.2</b> Present the program on “biology of sexuality” PBS program to teens and parents in a community setting in a 3 evening series to increase self awareness .</p>	<p>SJOA, Schools, Public Health, Behavioral health, Housing Authority, Recovery Community, DWI, Domestic Abuse Center, La Pinon, MCH</p>	<p>Administer the goals and self-awareness survey to 200 middle school teens by June, 2010. Hold 6 meetings with school staff and administration to set up and administer the survey. Set up 3 parent and teen meetings to show and discuss the PBS program “Biology of Sexuality.</p>

## Health Priority Area: Suicide

<u>Goals</u>	<u>Objectives</u>	<u>Community/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal #1</b> Prevent Suicide in Sierra County through increased community awareness</p>	<p><b>Objective 1.1</b> Resume suicide prevention presentations to youth and seniors <b>Objective 1.2</b> Reach all children in middle school and high school- with minimum of one presentation &amp; minimum of one presentation to seniors &amp; volunteers at the Senior Center by June 2010</p>	<p>All behavioral health providers, school nurses, SJOA, housing authority, DWI</p>	<p>Do 6 suicide prevention presentations to middle and highschoolers and to the seniors and volunteers at the Senior Center by June 2010.</p> <p>Send 3 press releases to 2 newspapers about suicide prevention and intervention techniques.</p> <p>Do surveys at the Ben Archer Health Fair, County Fair and National Night Out. Provide a "media quiz" on signs and symptoms of suicide to 2 newspapers.</p>
<p><b>Goal #2</b> <b>Reduce barriers to accessing behavioral health services for residents of Sierra County</b> (reduce stigma, promote education, increase communication &amp; bring behavioral health providers together with primary care providers)</p>	<p><b>Objective 2.1</b> Create, market and distribute: a behavioral health resource guide of local and surrounding county resources by June 2010 <b>Objective 2.2</b> Develop partnership with City of T or C to disseminate information in utility bills &amp; to places such as businesses, rural locations, library</p>	<p>SJOA, Schools, Public Health, Behavioral health, Housing Authority, Recovery Community, DWI, Domestic Abuse Center, La Pinon, MCH</p>	<p>Behavioral health resources-accessability</p> <p>Create the resource guide for behavioral health resources by Januaey 1, 2010.</p> <p>Distribution of guide</p> <p>Distribute information in utility bills one-time. Place information at 12 businesses in the County and at the Public Library.</p>

<u>Goals</u>	<u>Objectives</u>	<u>Community/Resources</u>	<u>Health Status Outcomes</u>
<p><b>Goal #3</b> Strengthen and empower residents of Sierra County in Healthy Living &amp; Self Management</p>	<p><b>Objective 3.1</b> Implement the Stanford Healthy Living with Chronic Conditions program in Sierra County- a minimum of 3 courses by June 2010 serving at least 30 adults</p> <p><b>Objective 3.2</b> Develop an educational component of the health council web site to serve as ongoing education and a template for a quarterly community "healthy living" newsletter by June 2010</p>	<p>Local resident- trainers, behavioral and primary care providers, home care, SJOA, local media and press, wellness educators, the Bountiful Alliance, SoAHEC</p>	<p>Hold a minimum of 10 healthy living courses serving at least 60 adults by June 2010.</p> <p>Implement a referral system from providers at Ben Archer and the Rural Health Clinic.</p> <p>Develop the web site and have online by September 2009. Prepare and print the first edition of the newsletter by June 2010 that will be distributed at 6-10 health providers and businesses.</p> <p>Media, press and radio ongoing publicity</p>