

CHAPTER IX. COMMUNITY HEALTH IMPROVEMENT PLAN 2

ALLIANCE GOALS AND PRIORITIES2

DISCUSSION OF PRIORITIES2

Priority I. The Family Support Program..... 2

Priority II. Prevent Obesity..... 3

Priority III. Oral Health Needs..... 4

Priority IV. Promote utilization of Sandoval Easy Express. 4

ALLIANCE OBJECTIVES/ACTIVITIES FY 2007 5

CHAPTER IX. COMMUNITY HEALTH IMPROVEMENT PLAN

The Health Alliance Council reviews the Alliance Goal, priorities, objectives/activities on an annual basis. This section describes goals, priorities, and objectives/activities in effect as of June 2007. The Plan will be reviewed by the Health Alliance Council in December 2008.

ALLIANCE GOALS AND PRIORITIES

Sandoval County Community Health Alliance Goals:

1. Institute a comprehensive, integrated, and coordinated system of public/private care for County residents.
2. Coordinate and leverage resources to meet the priority community health needs of County residents in a cost-effective manner.
3. Maximize utilization of preventative health care services.
4. Advocate for priority community health issues.

Sandoval County Community Health Alliance Priorities:

1. Expand, enhance, and promote the Alliance Family Support Program (FSP), an, integrated, preventative care service delivery model, and
2. Address obesity through FSP programs.
3. Address oral health needs through FSP programs.
4. Promote utilization of the new Sandoval County rural public transportation system, Sandoval Easy Express.

DISCUSSION OF PRIORITIES

Priority I. The Family Support Program.

Consumers frequently do not know how to access the services that are available to them, and providers are unable to provide consumers with a holistic approach to overcoming the barriers they are facing. As a result, at-risk families receive fragmented services, which are ineffective in addressing the complex issues that they face. In 2002 Sandoval County consumers and providers of health and social services identified “lack of awareness” of available resources as the biggest barrier to service access¹.

In response to consumer and provider concerns, in 2002 the Sandoval County Community Health Alliance initiated the Family Support Program (FSP) Pilot Project at the El Pueblo Health Clinic in Bernalillo. In November 2004 the FSP began operations at the Sandoval County Health Commons. The FSP is an innovative family-based, public/private partnership which currently includes the following agencies:

- The New Mexico Department of Health, providing, WIC, Family Planning, Immunizations and Children's Medical Services
- County of Sandoval Community Health Program
- Abrazos Family Support Services, providing child development services
- PB&J Family Services, providing child development and parenting Services
- La Buena Vida Behavioral Health Services,
- Sandoval County and Abrazos Community Health Workers
- University of New Mexico School of Dental Hygiene (will begin providing dental services summer 2007).

• Many families served by the FSP are uninsured, under-insured and/or "at-risk". By working as an integrated team, the FSP is bringing critical services directly to County residents who need them most, and leveraging resources invested in public health services.

Priority II. Prevent Obesity

Based on the New Mexico DOH Behavioral Risk Factor Surveillance Survey, about 54 percent of County residents are overweight enough to begin experiencing health problems as a direct result of their weight; and based on DOH records, 54 percent of WIC mothers are overweight or obese. Overweight adolescents have a 70% chance of becoming overweight or obese adults. Being overweight or obese is associated with heart disease, certain types of cancer, type 2 diabetes, stroke, arthritis, breathing problems, and psychological disorders, such as depression.

The adverse health effects of overweight and obesity in children include high blood pressure, high cholesterol, orthopedic disorders, psychosocial disorders (Dietz 1998, Freedman 2001, Gidding 1996), and the persistence of being overweight into adulthood. It is estimated that about 30% of overweight preschool children and 50% of overweight school-age children continued to be overweight as adults (Serdula 1993). Recently, the impact of maternal obesity and lack of breast feeding, when combined, were shown to increase the risk of childhood overweight more than six-fold (Chaoyang 2005).

Research has pointed to a number of risks associated with overweight in children. They include low family income and education, overly restrictive feeding patterns, participation in physical activity, television viewing and video game use, and nutritional content of a child's diet, in particular sweetened beverage intake and low intake of fruits and vegetables (Center for Weight and Health, 2001).

There are a number of non-genetic ways in which the family environment and parents may influence children's eating practices, which could be linked to children's adiposity. Areas of investigation have included family functioning, parental characteristics, and parenting influences including the feeding practice of dietary restraint. Children's food intake patterns are not only influenced by children's own food preferences and their sensitivity to hunger and satiety cues but also a child's environment, including the socioeconomic status of the family, what foods parents make available to their children, the extent to which parents restrict food, and parents' own eating behaviors.

Many of the intractable health problems in New Mexico's communities, including obesity, are the consequences of historic, social, and economic factors. Many WIC clients have multiple needs along with social, language, and economic barriers that prevent better health for themselves and their children. Such issues cannot be addressed adequately by a single health provider group or even by the health sector as a whole. Better solutions

emerge when different sectors of society, including government agencies, educational institutions, businesses, and public and private stakeholders, collaborate rather than compete. Integrating key health services and community resources results in improved quality, efficiency, and capacity (Beestra S 2002).

The USDA has awarded the Sandoval County FSP WIC Program two grants to implement the Fit Families program for FSP clients. The FSP is partnering with New Mexico Takes on Diabetes to diabetes screening, prevention, and early intervention activities at the Commons, which has a strong emphasis on obesity prevention.

Priority III. Oral Health Needs

“Since at least 1990, a strategic national effort has been underway to ensure that children start school ready to learn. Although school readiness is broadly defined to include a variety of health conditions, until recently little attention has been given to ensuring that the oral health needs of young children are met before they enter school. This is a serious omission, since dental problems are the most common unmet need among children.¹ Nearly 59 percent of children experience dental caries, far more than the number who have asthma (11 percent) or hay fever (8 percent).

Although the oral health of the nation overall has improved dramatically in the last 50 years, a segment of society has been left behind. People with low incomes, minorities and immigrants, those with special health care needs, and people in rural areas have the greatest difficulty accessing care and maintaining good oral health. Needs are particularly stark among poor children: 20.7 percent of poor white children, 47.2 percent of poor Mexican-American children, and 43.6 percent of non-Hispanic black children have untreated dental caries. Among pre-school children who are poor, nearly 30 percent have untreated cavities, compared to only 6 percent among children from families above 300 percent of the federal poverty level.⁴ In fact, the Centers for Disease Control recently reported a 15.2 percent increase in caries among children ages 2 through 5 years. The consequences of untreated dental problems on school readiness are clear. Children with untreated dental problems experience pain and difficulty eating and sleeping, and can have trouble adjusting socially. Learning under these circumstances can be difficult.”²

There is a growing body of evidence linking a mother’s oral health with their babies’ health outcomes, including premature births and transmission of dental disease.

The Health Commons’ dental clinic is scheduled to open in summer 2007. The focus will be on prevention and early intervention including education, cleanings, exams, referrals, and periodontal work for pregnant women.

Priority IV. Promote utilization of Sandoval Easy Express.

Many Sandoval County residents cannot afford to operate safe, reliable, and insured private automobiles. Although numerous transportation providers operate programs which serve specific populations, such as seniors, exempt and non-exempt Medicaid recipients, students, people with disabilities, and Native Americans, there are many

unmet transportation needs. In an effort to address these unmet needs, in spring 2007 the Sandoval County Public Works Department began operating the County's first rural public transportation system, the Sandoval Easy Express.

ALLIANCE OBJECTIVES/ACTIVITIES FY 2007

FY 2008 activities to promote the Alliance priorities are described below.

- a. Promote healthy feeding relationships through FSP client groups. Community health workers will provide training and implementation of curricula and observation techniques designed to improve family dynamics, promote healthy nutrition and educate parents about child development.
- b. Collaborate with local public health partners to disseminate information on nutrition, fitness, oral health, and maternal child health through radio, electronic media, community bulletins/newsletters, local programming and alternative media sources, and collaborate with local partners to plan community events around these issues.
- c. Redesign the www.sandovalhealth.org webpage and services inventory to make them more interactive and user-friendly.
- d. Collaborate with Sandoval County Department of Health to develop and implement at least one training session for all Department of Health and Community Health Program Workers that is not duplicative of existing training curricula regarding access to health care. Provide OHPCHI with training materials prior to the training, objectives of the training, agenda, sign-in sheet, and evaluation results of effectiveness of training.
- e. Plan and implement a statewide presentation on strategies in the areas of continuum of care, obesity and oral health interventions.
- f. Implement a universal screening tool for the Family Support Program to be used as a model for other community providers.
- g. Develop protocols for integrating oral health into the Family Support Program.
- h. Monitor the medical/dental/mental health delivery systems for changes that would impact the service delivery system (ex: lose of a local medical clinic, increase in the number of dentist accepting Medicaid);
- i. Identify gaps or duplication of medical/dental/mental services to children and women of childbearing age and develop strategies to improve the delivery and coordination of these services;
- j. Develop strategies to assess or increase the capacity of local medical/dental/mental programs to serve Sandoval County residents,
- k. Work with other agencies and/or providers that provide medical/dental/mental services to improve early identification and the coordination and delivery of

services, to expand access to specific Medicaid-eligible populations, as identified in the local County/Tribal Health Profile, increase provider participation and improve provider relations;

- I. In partnership with the UNM Young Children's Medical Services, Bernalillo County Health Council, and Southwest Creations, continue to develop the Sandoval County Community Health Alliance on-line bi-lingual resource directory. Expand utilization of system by tribal communities.

- m. Explore opportunities for expanding utilization of the Sandoval County rural public transportation service, SEE, to improve access to jobs, health and social services, and shopping, and social/recreational purposes.

¹ 2002 Sandoval County Community Health Survey, Focus Groups, and Key Informant Interviews.

² Geshan, Shelly, Wyatt, M., April 2007, National Academy for State Health Policy Improving Oral Health Care for Young Children.