

Otero County Community Health Council  
Community Health Improvement Plan FY10-FY14



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## **1 Executive Summary**

The Otero County Community Health Council is a coalition of community agency and organization representatives, and individuals who are interested in building community capacity in order to work together better to share information and resources so we can do a better job with the resources we have. Anyone can be a member of the Health Council and we welcome input from all community members.

The Otero County Community Health Council is pleased to present the following Community Health Improvement Plan. This Plan is intended for use by anyone, including public officials, agencies and organizations, and individuals with an interest in community health. It is based on the findings compiled in the Otero County Community Health Profile (a compilation of community statistics and information regarding community health status), and strives to be a tool for the Health Council and its members to change health status indicators in our community: to improve the health of the community and its residents. The priorities of the Community Health Council's Community Health Improvement Plan are Substance Abuse and Obesity. These priorities were selected through a group process based on information in the Community Health Profile. The Community Health Council has chosen to keep substance abuse and obesity as its priorities for the next several years, because it takes time to change community behaviors that will change health indicators.

In this Plan, you will find a brief description of why these priorities are important for Otero County, including statistics from valid sources. These statistics include such things as the percentage of youth in Otero County that use various drugs (for instance, over 44% of youth use alcohol and almost 30% use marijuana), and the percentage of youth and adults that report being overweight and/or obese (22.7% and 25.9% respectively).

In this document, you will also find a 5 year Plan to impact these priorities. For both priorities, we plan to establish and strengthen connections between agencies and organizations working on these issues, and to build collaborations in order to more effectively impact the health of the community. The strategies we have chosen to address our priority of Substance Abuse include the implementation of the "Every 15 Minutes" prevention program as well as other community prevention programs throughout the year, such as providing presentations and activities for Red Ribbon Week. For our priority of obesity, we plan to implement a Ciclovía program (community physical activity program) and the "Game of Life" program relating to obesity and chronic diseases. We also plan to promote awareness about community walkability issues. Please see the Community Action Plan Grid below for more details.

The Community Health Council also maintains a Community Resource Directory for health related services and programs. This document can be found on our website at [www.oterohealthcouncil.org](http://www.oterohealthcouncil.org).

If you have any questions or comments about this Profile, please feel free to contact: Otero County Community Health Council @ 700 E. 1<sup>st</sup> St. Suite 720, 443-8100, or [\*\*oterochc@tularosa.net\*\*](mailto:oterochc@tularosa.net).

## **2 Introduction**

### ***2.1 Purpose of the Plan***

A major role of the Otero County Community Health Council is to develop and regularly update both a Community Health Profile and a Community Health Improvement (CHI) Plan. The Profile is composed of community statistics and information that provides an overall picture of the current health status of Otero County, and thus gaps in services and issues of particular need or concern. The Health Council uses this information to select, through a group process, 2 priorities on which the Council will focus its efforts through subcommittees (called Community Action Teams or Life Cycles as appropriate to the priority). The CHI Plan is then developed to focus coordination efforts on these identified priorities.

The development of the Otero County Community Health Profile and Plan is an ongoing effort as data changes from year to year. Data sources include the New Mexico Department of Health, US Census Bureau, and other sources of secondary data. We also strive to collect primary data as it is available through local needs assessments and surveys. The Council coordinators are the primary writers, and Council officers, members, advisors, and the Department of Health District Epidemiology staff provide input and proof reading.

### ***2.2 Brief community description***

Otero County, located in south central New Mexico, is bordered by five New Mexico counties: Lincoln, Doña Ana, Sierra, Chaves, and Eddy. Otero County is bordered on the South by Texas, with El Paso being the largest metropolitan area in the region. The 6,626 square miles (9.4 persons per square mile) that constitute Otero County consist primarily of the area known as the Tularosa Basin, lying between the Sacramento Mountains to the East and the San Andres Mountains to the West. Also included within the county boundary is most of the 300 square miles of White Sands National Monument and White Sands Missile Range. Other Federal holdings include Holloman Air Force Base, the Mescalero Apache Indian Reservation, Lincoln National Forest, and a portion of the Fort Bliss Military Reservation.

As the home of Holloman Air Force Base, a major fighting wing for the new F-22 Raptor. This facility brings airmen and their families from all over the country. Holloman is also host to a German Air Force Tactical Training Center, bringing hundreds of German families to our area. The military also gives our community somewhat of a transient aspect as military families are relocated every few years. As stated above, within the boundaries of Otero County lies the Mescalero Apache Reservation. The Reservation provides many opportunities for sharing cultural events and information with others throughout the Southern New Mexico Region. Otero County has a large number of Hispanics as well.

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There are 17 communities in Otero County, most of which are small and unincorporated. (Other small communities exist as well but are really simply named areas of the county, subdivisions, etc.) The largest is Alamogordo (the county seat), and others include Holloman Air Force Base, Tularosa, Mescalero, Cloudcroft, La Luz, Bent, Boles Acres, High Rolls/Mountain Park, Mayhill, Orogrande, Piñon, Sacramento, Sunspot, Timberon, Weed, and Chaparral (a community that sits on the county and state lines with portions in Otero and Doña Ana Counties and Texas). Many residents in the border communities, including Mayhill, Piñon, Timberon, and Chaparral access health services in neighboring counties and Texas. These communities also have unique issues related to public service and governmental jurisdiction. Alamogordo, the County seat, is considered a Micropolitan Statistical Area per the US Census Bureau (<http://www.fedstats.gov/qf/states/35/35035.html>).

As a county with a relatively small population and several rural areas, Otero County experiences a lack of services that are present in larger areas. While our community does offer many basic services, our residents still need to travel considerable distances for other, more specialized, services. Our closeness to the borders of Texas and Mexico have both positive and negative influences on our community. El Paso, TX and Ciudad Juarez, Mexico provide the services (medical, recreational, social, etc.) of a large city. However, this proximity also makes Otero County a High Intensity Drug Trafficking area.

We are home to the New Mexico Commission for the Blind Orientation Center and the New Mexico School for the Blind and Visually Impaired, thus making Otero County a center of activity for those with special needs. With New Mexico State University – Alamogordo, Sun Spot and Apache Point observatories, Holloman Air Force Base and the proximity to White Sands Missile Range, Otero County has a high concentration of well educated and Ph.D. level residents. However, we also have several communities that are designated Colonias with very low income individuals.

With over 350 days of sunshine per year, Otero County is a popular place for retirees, called “Sunbirds”. These retirees include a large number of retired military, thus adding to the overall military focus of many community activities and events. There are also many retirees who have temporary summer homes in the Sacramento Mountains, while maintaining permanent residences in other surrounding states. With a large retirement population, we have special needs regarding services (medical, social, etc.) for the aging and elderly.

The many different population groups mentioned above add a rich cultural and political diversity to Otero County. Over the years, there has been much debate regarding individual rights verses government control in our community. This may be spurred on in part by the many long time families in Otero County who experienced the government taking control of their ranches in order to establish the White Sands Missile Range in the mid 20<sup>th</sup> century. While many of these families are now gone, Otero County also was home to many who moved here prior to Y2K (January 1, 2000) because they found the remoteness of our mountains a safe haven from the perceived disaster to come. There are

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also growing organizations with more progressive political and social beliefs, making Otero County even more diverse. While still largely voting Republican, Otero County is showing a shift toward the Democrats in recent elections

(<http://www.msnbc.msn.com/id/25382226/race/president> for 2004 election results vs. 2008 results <http://www.uselectionatlas.org/RESULTS/state.php?f=0&year=2004&fips=35>).

### ***2.3 Description of the planning process and people involved***

The development of this Community Health Improvement Plan is a process that involves the Health Council membership as a whole, but starts with ideas generated during our Community Action Team (Substance Abuse Awareness Coalition and Diabetes Education and Prevention Collaborative) meetings. Draft plans were created by the Health Council Coordinators and refined by the Executive Committee and other interested Health Council members. A rough draft was created by the Coordinators and presented to the Executive Committee. There were 2-3 group meetings with the Executive Committee to discuss the CHI Plan draft and all Health Council members were invited. We did receive input at these meetings from up to 4 members outside of the Executive Committee, including members that are active in the Community Action Teams working on the priorities. Following each meeting, the drafts were refined and resubmitted for discussion. Some work on the draft was done through email discussions as well. Final drafts were submitted to the full Council and to the Executive Committee for any additional input. All decisions were made by consensus.

## **3 Vision Statement**

The Otero County Community Health Council's concept of health is very broad. Our concept of health includes the following:

- ✓ Health is understood to mean both well-being and the absence of illness and other health problems.
- ✓ Health is influenced by many factors, including social, personal, environmental, and economic.
- ✓ Health is inter-related with a wide range of human service issues and needs.
- ✓ Many individuals and entities can and should play a role in maintaining and providing health in the community.

With the above description of health in mind, **our VISION is that all Otero County residents, community services, and businesses work together to build a healthy community.**

## **4 Community Health Assessment**

### ***4.1 Summary of profile***

One objective of the Otero County Community Health Council is to create and continually update a Community Health Profile; a compilation of information about Otero County. The Profile identifies the current health status and gaps in services or

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issues of particular need in Otero County. It includes primary and secondary data regarding health status, as well as a description of the county and its resources. This profile may include information for parts of Otero County, or for areas outside Otero County, including the region or state, as data is available. This Profile is developed for public use and can be helpful to those writing grant proposals or developing new programs for our community. The Health Council also uses this document to help identify priorities on which to focus. The latest version of the Community Health Profile can be accessed through the Health Council's website at [www.oterohealthcouncil.org](http://www.oterohealthcouncil.org).

In the Profile you will find information about the Otero County Community, such as general demographics (population information, community assets, and needs). Also, there is information and statistics relating to several health indicators including maternal and child health indicators, mortality (death statistics), chronic and infectious diseases, environmental health information, and risk behaviors (teen pregnancy, violence, and substance abuse).

Data in the Profile come from valid statistical sources such as the US Census Bureau, New Mexico Department of Health, New Mexico Public Education Department, and other local, state, and national sources. Analysis of the data may include discussion of community attitudes and perceptions as a way of helping the reader understand that each community (county) is unique and community norms and attitudes should be considered when discussing community health issues. However, anecdotal information should always be understood for what it is: one part of the overall analysis of our community situation.

The Profile has been developing over several years, and it is continually updated as new information becomes available. It should be understood that it takes time to collect data. When agencies in a community collect data locally, they generally submit it to their state level counterpart for compiling and analysis. By the time this occurs at the state level and the information is given back to the community, often 2 years have passed since the original data was collected. Therefore, much of the data in the Profile are at least 2 years old. Also, agencies often change what data they collect or they change the way it is collected and compiled. This may be apparent in the Profile as you may find "missing" data for some communities or years.

The Profile is used to determine what issues the Otero County Community Health Council selects as priorities. The Community Health Council has selected substance abuse and obesity as its priorities for the next few years. It takes time to change community behaviors that will change health indicators, so we have chosen to concentrate on these issues for a period of several years. However, if over time, it becomes apparent that a new issue has risen to the top of community concern, the Community Health Council can and will adjust its priorities appropriately.

The selection of substance abuse and obesity was determined by the prevalence of the problem and the effect of these on other health indicators. For instance, both alcohol abuse and obesity can be associated with increased chronic disease, and substance abuse

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can lead to other risk behaviors that contribute to teen pregnancy, STDs, violence, and injury or death. Also, it is true that Otero County does indeed have a problem with both substance abuse and obesity. These issues are prominent throughout health councils across the state, though priorities can and do vary among councils.

An addition to the current edition of the Profile is the preliminary results of a Community Needs Assessment conducted in FY07 (2006-2007). This was a large survey that asked a variety of questions about what people think of our current community assets, healthcare, prevention programs, schools, etc.; all things that affect the “health” of our community. This information will be of particular interest to those who serve the public, as public opinion is clearly defined for many of the issues, such as what should be taught in our schools, do we have enough resources, is our healthcare adequate and affordable, etc.

### **4.2 Major health issues or problems**

(Please reference the complete Community Health Profile for additional information, [www.oterohealthcouncil.org](http://www.oterohealthcouncil.org).)

#### **4.2.1 Substance Abuse**

Data included below are from the 2007 Youth Risk and Resiliency Survey; a key document for statistics found in our Community Health Profile. It should be noted that similar data for adults is not readily available.

Substances and drugs of concern in Otero County include:

- Tobacco – 22.3% of our 9-12<sup>th</sup> graders, are current smokers, while almost 60% have tried cigarettes. Also, nearly 60% of our youth tried their first cigarette before the age of 13. (2007 YRRS)
- Alcohol – 44.9% of our 9-12<sup>th</sup> graders are current drinkers, while over 30% have participated in binge drinking. Almost 34% said they took their first drink of alcohol before the age of 13. It is also known that many incidents of violence and rape are due to alcohol consumption. (2007 YRRS)
- Illicit Drugs: Over 57% of our youth say they know an adult who uses drugs, and 39.5% say they know an adult drug dealer. (2007 YRRS)
  - Marijuana – 29.7% of youth state they are current users and over 21% used it before the age of 13. (2007 YRRS)
  - Cocaine – 5% of youth state they are current users. (2007 YRRS)
  - Heroin – 4.6% of youth state they are current users. (2007 YRRS)
  - Methamphetamine – 5.3% of youth state they are current users. (2007 YRRS)
  - Inhalants – 9.1% of youth state they are current users. (2007 YRRS)
  - Prescription drug abuse – 12.9% of youth say they used painkillers in “the last 30 days to get high”. (2007 YRRS)

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Also, according to the 2007 YRRS, 30% of our youth said they used illicit drugs at least once in the “past 30 days” (from the time of the survey), compared to 25.5% in New Mexico.

The 2003 BRFSS (Behavioral Risk Factor Surveillance System - regional data only) indicates that the Southwest region of NM has high alcohol use. The Southwest region had the highest level of reported (adult) binge drinkers at 16.8% (NM was 15.3%). Likewise, females in the Southwest region reported the highest level of binge drinking at 9.2% (NM 7.4%). It should be noted though that heavy drinking in the Southwest was not the highest, but rather was 3<sup>rd</sup> out of 5 regions at 5.4% (NM 5.6%).

From the New Mexico Indicator Based Information System (NM IBIS), in Otero County, our alcohol-induced death rate (number of deaths per 100,000) from 2002 to 2006 is 16 (New Mexico is 16.9 and US 7.0) and our drug-induced death rate is 14.6 (New Mexico 18.3 and US 11.2). While Otero County is slightly below the State rate, we are considerably higher in both cases than the US.

### **4.2.2 Obesity**

According to the NM IBIS, 25.9% of Otero County adults (2004-2006) reported being obese, compared to 22% for the state and 24.4% for the US. According to the 2007 YRRS, 10.7% of youths consider themselves overweight, while 12% say they are obese. The percentage of obese teenagers has risen from 7.9% in 2001, though this rise in obesity is not statistically significant. Obesity in New Mexico from 1990-2002 for both males and females has doubled during this time (BRFSS).

### **4.2.3 Diabetes**

According to the NM IBIS, Otero County has a diabetes prevalence (2004-2006) of 13% compared to 9.2% for New Mexico as a whole. The diabetes death rate for Otero County is 33.1, compared to NM at 32.1 and the US at 24.6. According to the Bureau of New Mexico Vital Records and Health Statistics (2003), estimated diabetes prevalence for Otero County was 8.7% and 8.9% for New Mexico for 2002. In 2004, that prevalence was 9.5% and 9.2%, respectively. So the prevalence of diabetes seems to be on the rise in Otero County.

### **4.2.4 Heart Disease**

Heart Disease is the leading cause of death in Otero County. It also is a major contributor to disability. Risk factors include high blood pressure, diabetes, tobacco use, lack of physical activity, poor nutrition, and obesity (New Mexico IBIS). In Otero County, the death rate from heart disease is 229.5 (NM = 172.4, US = 211.1)

### **4.2.5 Cancer**

There is anecdotal information from Otero County residents assuming that Otero County cancer rates are high. The reasons for this include the history of the area related to nuclear testing and activities that are ongoing at White Sands Missile Range. Residents

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tell stories of large barrels of toxic materials being buried in the desert, causing concerns about leakage into the ground water. Also, there are concerns about sun exposure, and other natural air pollutants such as dust and sand. Therefore, cancer is of concern to residents of Otero County. The cancer death rate in Otero County is 180.4 (NM = 161.2, US = 183.8). Cancer is the 2<sup>nd</sup> leading cause of death in Otero County.

**4.2.6 Disability**

According to the 2000 Census data, 7.8% of those ages 5-20, 20.9% of those ages 21-64, and 45.4% of those over 65 have disabilities. According to the NM Behavioral Risk Factor Surveillance System Surveys (1998-2000) 20.6% of Otero County adult residents reported they had a disability with 7.0 % saying they required assistance. Regional data from the 2003 BRFSS, 16.6% of Southwest NM adult residents reported having a disability compared to 19.5% in the state.

**4.2.7 Infant Mortality**

The NM IBIS indicates that Otero County has a “marginally worse” rate of infant mortality (7.4) than that of New Mexico (5.9) and the US (6.9) from 2002 to 2006. .

**4.2.8 Suicide Deaths**

Otero County has a suicide death rate of 22.5 from 2002-2006. This is compared to the New Mexico rate of 18.0 and the US of 10.9. Contributing factors include history of depression or other mental illness, substance abuse, family history of suicide or violence, and physical illness.

**4.2.9 Arthritis**

In Otero County, 35.4% of adults have been diagnosed with Arthritis, compared to 25.5% in New Mexico (2002 BRFSS). Little data are available on Arthritis prevalence, but there are regional data available through the 2003 BRFSS. From these data, 23.8% of New Mexicans living in the Southwest region indicated they had a diagnosis of some type of Arthritis, compared to 25.6% in the state. 18.4% said they had chronic joint symptoms compared to the state’s 19.1%. See also the section on Heart Disease and Diabetes for information related to obesity, which can contribute to joint problems.

**4.3 *Ranking of health issues or problems***

Though our rates for substance abuse issues are good compared to the state, those areas in which we rank worse (suicide and infant mortality) may have a connection with substance abuse. Also, because Otero County is a High Intensity Drug Trafficking Area and substance abuse can have a negative impact on one’s overall health, as well as the health of the community, substance abuse ranks high among our priorities. While Otero County rates fairly well (NM IBIS) compared to the state and the US in many issues, we do have problems with obesity and related diseases and conditions (diabetes, heart disease, and cancer).

## 5 Priority Areas

### 5.1 *Priority selection and rationale*

Priorities of the Council are identified through the efforts of both the Council staff and its members using a process that assesses both primary and secondary data, and a mapping of local resources; leading to a determination of the area(s) of greatest of need. The current priorities were selected in FY05. The selection of substance abuse and obesity was determined by the prevalence of the problem and the effect of these on other health indicators. For instance, both alcohol abuse and obesity can be associated with increased chronic disease, and substance abuse can lead to other risk behaviors that contribute to teen pregnancy, STDs, violence, and injury or death. We also determined that these were areas that needed a coordinated effort. These issues are prominent throughout health councils across the state, though priorities can and do vary among councils. In FY09, the Health Council decided to continue with these priorities because it often takes 20 years or more to change community health status.

### 5.2 *Problem analysis for each priority area*

In developing our proposal for funding from the New Mexico Department of Health for FY05, the Otero County Community Health Council engaged in a detailed group process (meeting was open to all Health Council members) consisting of providing information and data on current (at that time) priorities, state health priorities, and other areas of concern for Otero County. We allowed the group time to visit each data station, and we also discussed existing efforts for each possible priority. Topics included in this process included: childcare, transportation, oral health, chronic diseases, substance abuse, domestic violence, teen pregnancy, and more. We allowed the group to vote on what they felt was the greatest need. The priorities selected through this process were substance abuse and obesity. Both substance abuse and obesity are driven by attitudes and behaviors early in life, and both can lead to other, more severe health issues. Recovery from substance abuse and obesity can occur, thus improving the health of the individual and contributing to the overall health of the community.

#### 5.2.1 **Substance Abuse**

The top priority selected was substance abuse. There are many concerns regarding substance abuse including the fact that Otero County lies within the High-Intensity Drug Trafficking Area (HIDTA) for the Southwest border. It was felt by the group that substances like tobacco, alcohol, and marijuana are “gateway” drugs that lead to the use of stronger, more hazardous drugs. Indeed, this is a concept supported by the National Institutes of Health: <http://pubs.niaaa.nih.gov/publications/AA71/AA71.htm> & <http://www.nida.nih.gov/MarijBroch/teenpg9-10.html>. Substance abuse also can lead to other risk behaviors leading to STDs, teen pregnancy, unintentional injury, depression, suicide, DWI, domestic violence, fetal alcohol syndrome, some forms of cancer, and other health and social issues.

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The causes of substance use initiation are many and can include mental health issues (such as depression or low self-esteem), peer pressure, social acceptability, lack of positive role models, economic conditions (such as poverty, high unemployment), and a lack of community activities. Many children begin experimenting with substance use before the age of 13. Often, this is influenced by family and friends, and community norms that encourage, or at least do not fully discourage this experimentation. Substance abuse specialists are learning more and more that for many drug addictions, the best treatment is long term and requires a multifaceted approach involving many community resources and services, including faith-based services, job training, etc. This can best be accomplished by a coordinated effort of all pertinent community services. Therefore, the continuum of care (prevention, intervention, and treatment) is important to solving the community's problem of substance abuse. While Otero County had a number of ongoing efforts covering each component of the continuum of care, there was no coordinated forum to bring these efforts together. So, it was decided that this should be a focus of the Health Council. With this decision, a Coalition was formed to address substance abuse issues, providing a variety of awareness programs for children and adults. The Coalition includes members from all aspects of substance abuse prevention, intervention and treatment.

### **5.2.2 Obesity**

The 2<sup>nd</sup> highest number of votes went to chronic diseases (including diabetes, cancer, heart disease, etc.). However, at that time (FY05), Health Councils were required to have at least two priorities, and one was mandated to be a designated state health priority. Since substance abuse was not a state priority at that time, we felt we needed to look at other options and see what might fit with our local preference (chronic disease). It became clear that obesity (a state health priority) was an integral part of many chronic diseases, either as a risk factor for development of the disease, or it can exacerbate the disease (such as arthritis). In mapping our community resources around chronic disease, we found that there were gaps in the education and prevention of obesity and its effects on some specific disease conditions. We had 2 entities, the American Cancer Society and CAPPED, working on education around cancer, but there was a lack of a coordinated effort around other diseases such as diabetes.

Diabetes was a growing concern among many in our community at that time because Hispanic, African American, and Native American populations are at higher risk for diabetes (Type II), and these groups comprise over 40% of the Otero County residents. Also, there were regional efforts beginning to form regarding this disease, so there would be some significant outside support for local efforts. Therefore, it was decided to focus obesity education efforts with those of diabetes (and other diseases as requested or necessary).

Obesity is a growing problem among children. Children develop their eating and exercise patterns, as well as other life style choices, at the earliest ages through their family, school, and social networks. Indeed, eating is largely a social activity, as well as a necessity, considering that most people eat in some type of "group" setting (family meals, school lunches, etc.). Poor nutrition habits and a lack of physical activity are main

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risk factors for developing obesity. Our society, however, propagates poor nutrition habits through media advertising and availability of fast food. Physical activity is limited as well due to excessive TV screen time and video gaming, and a lack of opportunity for exercise. Nationally, schools have begun to abandon PE classes and recess in favor of more academic time.

Adults are more likely to be obese if they are overweight or obese as children. However, through education and awareness, adults can do much to reduce their weight and improve their overall health. Media plays an important role for adults as well as children in educating them about healthy eating and exercise. The internet, books, and TV advertisements are full of “quick fixes” and “magic bullets” regarding diets and weight loss products. Time for food preparation and exercise can also be an obstacle for good health. There are also many misconceptions and lack of knowledge about certain chronic diseases related to obesity. Early detection of chronic diseases through routine blood testing, eye exams, etc., can be vital interventions in maintaining a healthy lifestyle. The Coalition developed by the Health Council to focus on obesity and diabetes has begun working on many of these issues (for all stages of life), and recently decided to broaden their focus to include all chronic diseases and conditions related to obesity.

**5.3 Overall strategies chosen to address priority areas**

In order to improve the health of Otero County, we must develop strategies that include prevention and awareness programs that span the life cycle, because the more a community is aware over all of problem issues, the more they can affect change of community norms. We must also encourage the development of collaborative efforts, supporting entities that provide intervention and treatment services for those dealing with substance abuse and obesity issues. We must also focus on helping bring more programs and funding for these issues into our county.

It should be noted that our Council maintains a policy of neutrality regarding legislative, political, and social issues. Our membership includes a diversity of opinions on such matters and we therefore prefer to remain neutral while educating the community, allowing each resident to decide for themselves and advocate for what they feel is right. This does not mean our Council does not effect change, but we prefer to change community norms and health indicators through education rather than advocacy.

For both priorities, we plan to establish and strengthen connections between agencies and organizations working on these issues, and to build collaborations in order to more effectively impact the health of the community. The strategies we have chosen to address our priority of Substance Abuse include the implementation of the “Every 15 Minutes” prevention program as well as other community prevention programs throughout the year. For our priority of obesity, we plan to provide more opportunities for community physical activities including awareness about community walkability issues. Also, we are planning to implement an obesity/chronic disease related version of the “Game of Life”, a program that will take participants through various real life scenarios. Please see the Community Action Plan Grid below for more details.

## **6 Community Action Plan (Grid)**

*Goals – see grid below.*

*Objectives – see grid below.*

*Community Resources – see grid below.*

*Health status outcomes & indicators – see grid below.*

**CHI PLAN: Community Action Plan Grid**

**Health Priority One: Substance Abuse**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p><b>Goal 1:</b> Establish and strengthen collaboration among provider agencies, non-profits organizations and government (federal, state, local, and tribal) to support efforts of community coalitions to prevent and reduce substance abuse.</p>	<p><b>Objective 1.1:</b> Update yearly by April 30 the Resource Directory relative to substance abuse services.</p> <p><b>Objective 1.2:</b> Provide opportunities for collaboration and community awareness through the monthly SAAC and Health Council networking meetings, biweekly Health Happenings columns, and email distribution lists.</p> <p><b>Objective 1.3:</b> Support activities/events of collaborating organizations as requested.</p>	<ul style="list-style-type: none"> <li>• The Counseling Center</li> <li>• LC 12</li> <li>• DWI</li> <li>• Teen Court</li> <li>• Council on Alcohol/Wright House</li> <li>• New Life Recovery</li> <li>• Boys &amp; Girls Club of Otero County</li> <li>• Peace and Justice of La Luz</li> <li>• Ben Archer Health Center</li> <li>• Access to Recovery</li> </ul>	<ul style="list-style-type: none"> <li>• Number of substance abuse listings in the Resource Directory.</li> <li>• Number of collaborative activities related to substance abuse.</li> <li>• Minutes of Health Council meetings including the Community News.</li> <li>• Number of entities sending representatives to Health Council meetings related to substance abuse issues/services.</li> <li>• Number of entities participating in events/activities related to substance abuse issues/services.</li> <li>• Number of Health Happenings columns published on substance abuse issues/services.</li> <li>• Number of emails distributed regarding substance abuse issues/services.</li> </ul>
<p><b>Goal 2:</b> Strengthen Substance Abuse Awareness Coalition.</p>	<p><b>Objective 2.1:</b> Increase attendance in the Coalition by 10%/year.</p> <p><b>Objective 2.2:</b> Increase number of events/activities</p>	<ul style="list-style-type: none"> <li>• The Counseling Center</li> <li>• LC 12</li> <li>• DWI</li> <li>• Teen Court</li> <li>• Council on Alcohol/Wright House</li> </ul>	<ul style="list-style-type: none"> <li>• Number of new members/year in the Substance Abuse Awareness Coalition.</li> <li>• Number of new people taking on leadership roles (as Coalition chairs and/or organizing events and</li> </ul>

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	and provide leadership training for each event/activity leader.	<ul style="list-style-type: none"> <li>• New Life Recovery</li> <li>• Boys &amp; Girls Club of Otero County</li> <li>• Peace and Justice of La Luz</li> <li>• Ben Archer Health Center</li> </ul>	<p>activities)/year.</p> <ul style="list-style-type: none"> <li>• 70% of event/activity leaders will be trained each year.</li> </ul>
<p><b>Goal 3:</b> Support Health Council’s Substance Abuse Awareness Coalition activities.</p>	<p><b>Objective 3.1:</b> Sponsor annual substance abuse awareness activities as part of Red Ribbon Week in October to include community forums, school programs, etc.</p> <p><b>Objective 3.2</b> Plan and implement “Every 15 Minutes” program every other year (2010, 2012, 2014) for schools in Otero County.</p>	<ul style="list-style-type: none"> <li>• The Counseling Center</li> <li>• LC 12</li> <li>• DWI</li> <li>• Teen Court</li> <li>• Council on Alcohol/Wright House</li> <li>• New Life Recovery</li> <li>• Boys &amp; Girls Club of Otero County</li> <li>• Peace and Justice of La Luz</li> <li>• Ben Archer Health Center</li> </ul>	<ul style="list-style-type: none"> <li>• Number of events/activities conducted each year during Red Ribbon Week in October.</li> <li>• Number of community members/students/etc. participating in events/activities.</li> <li>• Number of schools, students, organizations participating in “Every 15 Minutes”.</li> </ul>

**CHI PLAN: Community Action Plan Grid**

**Health Priority Two: Obesity**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p><b>Goal 1:</b> Establish and strengthen collaboration among provider agencies, non-profits organizations and government (federal, state, local, and tribal) to support efforts of community coalitions to prevent and reduce obesity.</p>	<p><b>Objective 1.1:</b> Update yearly the Resource Directory relative to obesity/chronic illness related services.</p> <p><b>Objective 1.2:</b> Provide opportunities for collaboration and community awareness through the monthly Health Council networking meetings, biweekly Health Happenings columns, and email distribution lists.</p> <p><b>Objective 1.3:</b> Support as requested activities/events of collaborating organizations.</p>	<ul style="list-style-type: none"> <li>• Ben Archer Health Center</li> <li>• Balanced Health 101/Susan M. Poore, RN, CNC</li> <li>• Andrew Lancaster, MD (specializing in diabetes)</li> <li>• Boys &amp; Girls Club of Otero County</li> <li>• Extension Service</li> <li>• Girl Scouts</li> <li>• Otero PATH</li> </ul>	<ul style="list-style-type: none"> <li>• Number of obesity/chronic illness related listings in the Resource Directory.</li> <li>• Number of collaborative activities related to obesity/chronic illness.</li> <li>• Minutes of Health Council meetings including the Community News.</li> <li>• Number of entities sending representatives to Health Council meetings related to obesity/chronic illness issues/services.</li> <li>• Number of Health Happenings columns published on obesity/chronic illness issues/services.</li> <li>• Number of emails distributed regarding obesity/chronic illness issues/services.</li> </ul>
<p><b>Goal 2:</b> Support Health Council's Diabetes Education and Prevention Collaborative activities.</p>	<p><b>Objective 2.1:</b> Increase attendance in the Collaborative by 10%/year.</p> <p><b>Objective 2.2:</b> Increase number of events/activities</p>	<ul style="list-style-type: none"> <li>• Ben Archer Health Center</li> <li>• Balanced Health 101/Susan M. Poore, RN, CNC</li> <li>• Andrew Lancaster, MD (specializing in diabetes)</li> <li>• Boys &amp; Girls Club of Otero</li> </ul>	<ul style="list-style-type: none"> <li>• Number of new members/year in the Substance Abuse Awareness Coalition.</li> <li>• Number of new people taking on leadership roles (as Collaborative chairs and/or organizing events and</li> </ul>

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	and provide leadership training for each event/activity leader.	<ul style="list-style-type: none"> <li>• County</li> <li>• Extension Service</li> <li>• Girl Scouts</li> <li>• Otero PATH</li> </ul>	<ul style="list-style-type: none"> <li>• activities)/year.</li> <li>• 70% of event/activity leaders will be trained each year.</li> </ul>
<p><b>Goal 3:</b> Increase awareness of obesity related issues, including diabetes and other chronic diseases affected by obesity.</p>	<p><b>Objective 3.1:</b> Conduct 3 work site presentations on obesity and chronic disease topics.</p> <p><b>Objective 3.2:</b> Plan and implement a “Game of Life” event focusing on obesity issues every other year (2011, 2013)</p>	<ul style="list-style-type: none"> <li>• Ben Archer Health Center</li> <li>• Balanced Health 101/Susan M. Poore, RN, CNC</li> <li>• Andrew Lancaster, MD (specializing in diabetes)</li> <li>• Boys &amp; Girls Club of Otero County</li> <li>• Extension Service</li> <li>• Girl Scouts</li> <li>• Otero PATH</li> </ul>	<ul style="list-style-type: none"> <li>• Number of work site presentations conducted annually.</li> <li>• Number of schools/students/organizations participating in Game of Life.</li> <li>• Number of sponsors/partners for Game of Life implementation.</li> </ul>
<p><b>Goal 4:</b> Increase community opportunities for physical activity.</p>	<p><b>Objective 4.1:</b> Plan and implement at least one Ciclovía/year (more if funding is available).</p> <p><b>Objective 4.2:</b> Promote walking in Alamogordo and other surrounding communities.</p> <p><b>Objective 4.3:</b> Raise visibility of walking issues (city design) with civic leaders.</p>	<ul style="list-style-type: none"> <li>• Ben Archer Health Center</li> <li>• Balanced Health 101/Susan M. Poore, RN, CNC</li> <li>• Andrew Lancaster, MD (specializing in diabetes)</li> <li>• Boys &amp; Girls Club of Otero County</li> <li>• Extension Service</li> <li>• Girl Scouts</li> <li>• Otero PATH</li> </ul>	<ul style="list-style-type: none"> <li>• Number of participants at the Ciclovía events.</li> <li>• Number of sponsors of the Ciclovía event.</li> <li>• Number of activities available during Ciclovía.</li> <li>• Number of sponsored walks.</li> <li>• Number of meetings/contacts with civic leaders regarding walkability issues.</li> </ul>