

# Torrance County Community Health Improvement Plan

Fiscal Year 2016

July 1, 2015 – June 30, 2016

(Approved by PHTC on June 1, 2015)

(Approved by Torrance County Commission on June 10, 2015)

Prepared by the Partnership for a Healthy Torrance Community

Funding support from



Table of Contents

<u>Topic</u>	<u>Page Number</u>
1. Executive Summary: .....	3
2. Introduction:.....	4
a. Purpose of the Plan: .....	4
b. Brief Community Description: .....	4
c. Description of the Planning Process: .....	5
3. Vision and Mission of the Council:.....	6
a. Vision Statement: .....	6
b. Mission Statement: .....	6
4. Community Health Assessment:.....	7
a. Summary of profile: .....	7
b. Major health issues or problems .....	7
c. Ranking of health issues or problems: .....	8
5. Priority Areas:.....	8
a. Priority selection and rationale.....	8
b. Overall strategies chosen to address priority areas .....	10
6. Community Action Plan Grid: .....	11

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

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

The current Torrance County Community Health Profile (FY 2015) is an update to the profile and needs assessment developed in 2009. A community survey was utilized to gather residents' perceptions of the strengths and areas of concern for Torrance County. In addition to the surveys, we incorporated findings from community focus groups and key person interviews with recognized community leaders related to youth and substance-related issues. The community profile was developed as the result of a detailed needs assessment and gap analysis and constitutes the basis for the continuing process of planning, development, implementation and evaluation essential for the development of the Torrance Community Health Improvement Plan. Ongoing dialogue about problem identification and emerging issues has continued through monthly PHTC and work group meetings, annual community forums, semi-annual Youth Leadership Summits, and quarterly community-based trainings. The PHTC approved the FY 2015 Community Health Profile and identified the most pressing health needs for Torrance County on November 5, 2014, followed by an update approved on May 8, 2015. The Torrance County Board of Commissioners reviewed and approved the profile on June 10, 2015.

The primary community assets identified through the community survey process are: the rural environment; the number of churches and quality of programs; and the availability of affordable housing. The factors most often identified as major problems for Torrance County families include: inadequate employment opportunities; high levels of poverty; alcohol and drug abuse; and lack of public transportation. The major barriers that prevent residents from using services already available in the community are identified as: awareness of services; location of services; location; and times that services are available. Cost of services and lack of public transportation were also frequently cited. Finally, the PHTC membership looked at the primary and secondary data included in the profile and the capacity of the council and community to affect significant change and ranked current health priorities based on the following criteria: urgency, impact, feasibility, and current action or investment.

Based on assessment outcomes, data supports, compatibility with existing programs, and community readiness and willingness to address these issues, the Partnership for a Healthy Torrance Community identified two over-arching, equally-weighted community health priorities in November 2014.

- ▶ Priority: Health in All Policies – a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas
- ▶ Priority: Capacity Building to address identified gaps

The FY 2015 PHTC Community Health Profile is available on the Torrance County website under

Downloads for the County Commission at <http://www.torrancecountynm.org/index.php?page=downloads> . The strategic plan that follows includes a Community Action Plan which outlines our established goals, objectives, community partners and resources, and the resulting health status outcomes and indicators that we aim to improve.

## 2. Introduction:

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

**b. Brief Community Description:** Torrance County covers 3,355 square miles and is a sparsely populated (4.8 people/ sq. mi.) frontier county. The primary municipalities are Moriarty and Edgewood in the north and Estancia and Mountainair in the central and southern regions, but a major portion of the population lives in unincorporated County. Ranching and farming communities as well as several culturally unique Mexican land grant communities still impart significant influence on the rural nature of life in much of the County. Torrance County is located in the geographical center of NM and borders seven counties: Bernalillo, Santa Fe, San Miguel, Guadalupe, Lincoln, Socorro and Valencia. The northern region is a developing commuter corridor characterized by bedroom communities with residents commuting to Albuquerque or Santa Fe for work ~ 48.3% of residents are employed outside of the county. The Town of Edgewood is aggressively pursuing growth and economic development and the City of Moriarty is focused on attracting new businesses. Clines Corners to the east is an expanding travel center located at the juncture of I-40 and NM Hwy 285. Estancia is the county seat for Torrance County. The correctional facility operated by Corrections Corporation of America is the largest employer. For the central and southern regions, large dairies, ranches and greenhouses are other major employers and the region attracts a large immigrant population, legal and undocumented, who provide a labor base for the employers. There has been a significant amount of residential development in the Mountainair area where large ranches and landholdings are divided into Planned Area Developments or subdivisions where the average parcel ranges from 40 to 160 acres. These have attracted many retired or semi-retired buyers from out of state. P&M Signs is a major employer in Mountainair.

The 2010 Census revealed a population of 16,383 for Torrance County. Torrance County's population is predominantly White (55%) with 40% of the population identifying as Hispanic and 60% Non-Hispanic. Source: US Census Bureau, 2010 Census. The 2008-2012 Median Household Income for Torrance County was \$31,538 and

notably lower when compared to \$44,886 for NM and \$53,046 for the US. Source U.S. Census Bureau: State and County QuickFacts, Last Revised: Tuesday, 08-Jul-2014. Torrance County has experienced an increase in the Percent of Population in Poverty from 22.7% in 2007 (our last assessment) to 25.9% (2008-2012). This is higher than both the NM rate of 19.5% and the US rate of 14.9%. And 40% of Torrance County youth under age 18 are living in poverty. Source: 2013 Kids Count Data Book, New Mexico Voices for Children

The 2014 community assessment revealed the following needs most frequently identified by Torrance County families: inadequate employment opportunities; high levels of poverty; alcohol and drug abuse; and lack of public transportation. The major barriers that prevent residents from using services already available in the community are identified as: awareness of services; location of services; location; and times that services are available. Cost of services and lack of public transportation were also frequently cited. Finally, community members identified the primary community assets as: the rural environment; the number of churches and quality of programs; and the availability of affordable housing. Source: Partnership for a Healthy Torrance Community, Torrance County 2014 Community Survey.

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

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

The PHTC strives to collaborate with and support the entities in Torrance County working on many of the same issues and involving the same people. As a result, the council has successfully brought together under the umbrella of the PHTC the following working committees: Substance Abuse Prevention Task Force (SAPTF), Torrance County Behavioral Health Alliance (TCBHA), Torrance County Domestic Violence Task Force, KXNM Community Radio Task Force, and the Health Impact Assessment Steering Committee. Through this umbrella, coupled with close working ties to the Tri-County Juvenile Justice Board, the council is able to bring a more

diverse perspective to providing education and information by collaborating with a broad cross-section of the community including consumers and providers, representation from educational, public safety, legal, judicial, and private sectors, and community members would not typically be addressing health and social services.

Development of the Community Health Improvement Plan was a collaborative effort between members of the PHTC and its working committees, the Torrance Community, and staff of DFL ASSOCIATES INC. The PHTC conducted a community survey and needs assessment in 2014 as part of the Community Profile process. We surveyed the community at large by including the survey tool in all electric billings sent out by the Central New Mexico Electric Cooperative. DFL staff compiled data and the Executive Director prepared summaries and graphic representations. The Coordinator obtained secondary data through publicly available and verifiable data sources. The full council reviewed the profile in November 2014, with an update in May 2015, and the PHTC identified new council priorities based upon the assessment and data supports. As part of our Total Community Approach grant, the Substance Abuse Prevention Task Force completed a community assessment in May 2014, followed by a strategic plan approved by the state evaluators for the NM Behavioral Health Services Division Office of Substance Abuse Prevention in February 2015. The Health Impact Assessment Steering Committee worked with Torrance community members, Human Impact Partners and others in the development of a Health Impact Assessment for a proposed CO2 pipeline. The final assessment will be presented to the Torrance County Commission, Bureau of Land Management and Environmental Protection Agency in early June 2015. In April 2015, our partners from the NM Department of Health facilitated Results Based Accountability/ Turn the Curve exercise with the council focusing on domestic violence, and in June 2015 they facilitated an orientation and planning steps for PHTC involvement in the State Innovation Model (SIM) Initiative. The PHTC subsequently formulated the strategic plan to address identified priorities. Ongoing dialogue about problem identification and emerging issues has continued through monthly PHTC and work group meetings, and community-based events. The profile was again updated in May 2015 and the PHTC identified broad priorities that encompass the most pressing health needs for Torrance County. This Community Health Improvement Plan is the culmination of the updated strategic planning process and was approved by the full council on June 1, 2015 and the Torrance County Board of Commissioners on June 10, 2015.

### 3. Vision and Mission of the Council:

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

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

of health and social service programs.

#### 4. Community Health Assessment:

**a. Summary of profile:** Prior to development of the Community Health Improvement Plan, the PHTC updated the community profile and needs assessment, known as the Torrance County Community Health Profile. Community members were given the opportunity to provide their opinions about strengths, weaknesses, and the issues most affecting their lives in the Torrance County 2014 Community Survey. Highlights from the Torrance County Community Health Profile follow; all data sources can be found in the profile.

- Survey respondents identify the rural environment as what they like best about the Torrance Community. However, fewer employment opportunities are available in a rural environment. Median household incomes are below NM averages and both are well below those for the US. Of particular concern is that 40% of children under 18 are at or below poverty level, which is significantly higher than the NM average (27%) and well above the US average (23%).
- Among the top problems faced by families who responded to our survey are the need for greater employment opportunities; high levels of poverty; alcohol and drug abuse; and lack of public transportation.
- The need to reduce risk behaviors in youth is evident from a number of indicators. Students surveyed in our school districts are above the NM average for youth who prefer hard liquor as their alcohol of choice, who report that someone gave them alcohol or they took it from a store or family, and who report drinking alcohol in their home or on school property. Torrance high school youth are comparable to other NM youth for most drug use; however, NM high school students had higher rates of drug use compared to their US peers.
- Torrance County youth rated comparable to or slightly higher than NM peers in a number of behaviors associated with violence, dating violence and sexual violence. Domestic Violence statistics for the county, along with increasing risk behaviors by youth associated with violence are indicators of a growing problem with violence in our community.
- Torrance County rates higher than NM for deaths from fall injuries, motor vehicle traffic crashes, unintentional injury and suicides among youth.
- Torrance County still remains a designated Health Professional Shortage Area. The results of the community needs assessment reflect community opinion that there is a need for urgent care, after-hours care and emergency services.
- Most respondents travel more than 30 miles to receive health care; location and transportation are identified by respondents as barriers to accessing services; and approximately 26% of households in Torrance County are without a car. Still the primary barrier to accessing services, as identified by respondents, is awareness of what services are available within the Torrance Community.

#### **b. Major health issues or problems**

- **Maternal Child Health:** Torrance County has significantly low rates for receiving prenatal care in the first trimester. Women who receive early and consistent prenatal care enhance their likelihood of giving birth

to a healthy child. Health care providers recommend that women begin prenatal care in the first trimester of their pregnancy. We also have high rates of low birthweight babies. Low birthweight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services. Health care costs and length of hospital stay are higher for low birthweight infants. Our rates for breastfeeding in the early postpartum period are also significantly low. Breastfeeding provides a variety of important benefits for infants, mothers, families, society, and environment. It is the normal, preferred feeding for all infants, including premature and sick babies, with rare exceptions (American Academy of Pediatrics, 1997).

- Births to Teens ages 18-19 and Births to Single Parents: Teen births increase the probability of low educational attainment levels and lower paying employment for the parent(s). Births to single parents may increase the societal burden in terms of increased demand for social services such as Medicaid.
- Substance Abuse: Adult and youth substance use is evident from the data supports in the FY2015 Community Health Profile. A large percentage of Torrance youth are likely high-risk due to socioeconomic factors and family history. Youth substance abuse prevention efforts now are important in order to decrease the long-term adult substance abuse levels.
- Community Violence: The data supports identify violence as a prevalent problem in Torrance County. It is evident in self-reported behaviors by youth, as reported by law enforcement, and as seen through the Torrance County Domestic Violence Program.
- Abuse and Neglect: The data supports clearly identify this as a prevalent problem. The child abuse and neglect victim rate, however, has improved when compared to the assessment data from the Tri-County Juvenile Justice Board's 2012 assessment.
- Access to Services: The community needs assessment strongly supports the need for transportation services and for mechanisms to create greater awareness of available services and activities. Health disparities for our growing immigrant population can also be lessened through greater access to services.

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

## 5. Priority Areas:

### a. Priority selection and rationale

The results of the community needs assessment strongly convey community opinion about the need for urgent



care, after-hours care and greater emergency services. Limited urgent care services are available; however, our relatively small population and low tax base may be cost prohibitive for a bona-fide urgent care facility to be established within Torrance County in the near future. The issues of employment opportunities, economic development, higher paying jobs, and post-secondary education & job-skills training become increasingly important in these tough economic times and are issues that other groups working within the Torrance community have already taken the lead in addressing. The council has and will continue to support community-based efforts to improve employment opportunities and job skills training through the Workforce Connection of Central New Mexico and the Estancia Valley Economic Development Association.

The PHTC has working committees to address some of our major health issues and problems: Substance Abuse Prevention Task Force, Domestic Violence Task Force, Behavioral Health Committee, Health Impact Assessment Steering Committee, and the Tomatoes, Chickens and Bees radio project. We continue to support our community partners who are addressing preschool and maternal child health deficits through Presbyterian Medical Services' Early Head Start programs, the Torrance County Project Office Home Visiting Program, and Alta Mira's Prenatal Support.

"Health in All Policies is based on the recognition that our greatest health challenges—for example, chronic illness, health inequities, climate change, and spiraling health care costs—are highly complex and often linked. Promoting healthy communities requires that we address the social determinants of health, such as transportation, education, access to healthy food, economic opportunities, and more. This requires innovative solutions, a new policy paradigm, and structures that break down the siloed nature of government to advance collaboration." *(Excerpt from Health in All Policies: A Guide for State and Local Governments)*

Based on assessment outcomes, data supports, compatibility with existing programs, and community readiness and willingness to address these issues, the Partnership for a Healthy Torrance Community identified the following over-arching community health priorities in November 2014. Each has serious and multiple impacts on people in the community. The priorities are equally weighted.

- ▶ Priority: Health in All Policies – a collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas
- ▶ Priority: Capacity Building to address identified gaps

b. Overall strategies chosen to address priority areas

▶ **Health in All Policies**

**Goal 1:** Improve the health of people in the Torrance Community by incorporating health considerations into decision-making across sectors and policy areas.

- **Objective 1.1** Produce community health profile and health improvement plan every 4 years beginning May 2015
- **Objective 1.2** : Participate in statewide and regional health equity and community health improvement efforts a minimum of once per quarter beginning January 2015
- **Objective 1.3** Provide ongoing technical assistance for Health Impact Assessments, community health needs assessments and strategic planning services as requested/ identified beginning July 2015
- **Objective 1.4** Beginning June 2015, advocate for the Torrance County Commission and Planning and Zoning Board to amend the Torrance County Comprehensive Land Use Plan to require that, where indicated, permits for infrastructure development take into consideration broad community input, existing land use patterns, historical and cultural impacts, economic impacts, quality and way of life, fragile ecosystems and resources, and health and safety.
- **Objective 1.5** Support Substance Abuse Prevention Task Force efforts for Social Host Ordinances and enforcement of school Alcohol, Tobacco and Other Drug (ATOD) policies as outlined in SAPTF Strategic Plan beginning June 30, 2016 and ongoing
- **Objective 1.6:** Facilitate community engagement in the State Innovation Model (SIM) Initiative's community stakeholder design process with final recommendations from the NM Alliance of Health Councils on December 15, 2015

▶ **Capacity Building to address identified gaps**

**Goal 2:** Increase capacity of individual members and the health council as a group to function as a community force for change.

- **Objective 2.1** Support re-establishment of the Domestic Violence Task Force by September 2015 and development of a strategic plan by March 2016
- **Objective 2.2** Provide resource development support for providers throughout the County, including funding

## Partnership for a Healthy Torrance County

development assistance and planning

- **Objective 2.3** Improve information dissemination through community resource directory, KXNM 88.7 FM radio PSAs, coordinated outreach and promotional events

**Goal 3:** Increase food sustainability and access to healthy foods

- **Objective 3.1:** Provide technical assistance for creation of home and community gardens by January 2015 and ongoing
- **Objective 3.2:** Increase preservation and distribution of native seeds by June 2016 and ongoing
- **Objective 3.3:** Expand local and regional farmers' market network by May 2016

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

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

**CHI PLAN: Community Action Plan Grid**

**Health Priority: Health in All Policies**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p><b>Goal 1:</b> Improve the health of people in the Torrance Community by incorporating health considerations into decision-making across sectors and policy areas.</p>	<p><b>Objective 1.1</b> Produce community health profile and health improvement plan every 4 years beginning May 2015</p> <p><b>Objective 1.2 :</b> Participate in statewide and regional health equity and community health improvement efforts a minimum of once per quarter beginning January 2015</p> <p><b>Objective 1.3</b> Provide ongoing technical assistance for Health Impact Assessments, community health needs assessments and strategic planning services as requested/ identified beginning July 2015</p>	<ul style="list-style-type: none"> <li>● Partnership for a Healthy Torrance Community and associated committees: Substance Abuse Prevention Task Force, Domestic Violence Task Force, Behavioral Health Alliance, Health Impact Assessment Steering Committee, and Tomatoes, Chickens &amp; Bees</li> <li>● Community health providers</li> <li>● Community non-profit organizations</li>   <li>● PHTC &amp; associated committees</li> <li>● NM Alliance of Health Councils</li> <li>● Health Equity Partnership</li> <li>● NM Department of Health</li> <li>● Prevention Advocates of NM</li>   <li>● Human Impact Partners</li> <li>● HIA Steering Committee</li> <li>● DFL ASSOCIATES INC</li> <li>● PHTC</li> </ul>	<ul style="list-style-type: none"> <li>○ Adoption of Community Health Profile by Torrance County Commission (May 2015)</li> <li>○ Adoption of Community Health Improvement Plan by Torrance County Commission (June 2015)</li>   <li>○ # of statewide/ regional meeting and planning sessions</li> <li>○ # of collaborative initiatives</li>   <li>○ # of T/A requests</li> <li>○ # of completed assessments and plans</li> </ul>

	<p><b>Objective 1.4</b> Beginning June 2015, advocate for the Torrance County Commission and Planning and Zoning Board to amend the Torrance County Comprehensive Land Use Plan to require that, where indicated, permits for infrastructure development take into consideration broad community input, existing land use patterns, historical and cultural impacts, economic impacts, quality and way of life, fragile ecosystems and resources, and health and safety.</p> <p><b>Objective 1.5</b> Support Substance Abuse Prevention Task Force efforts for Social Host Ordinances and enforcement of school Alcohol, Tobacco and Other Drug (ATOD) policies as outlined in SAPTF Strategic Plan beginning June 30, 2016 and ongoing</p>	<ul style="list-style-type: none"> <li>● PHTC HIA Steering Committee</li> <li>● Torrance County Government</li> <li>● Torrance County Commission</li> <li>● Planning &amp; Zoning Board</li> <li>● Torrance County Attorney</li>   <li>● PHTC Substance Abuse Prevention Task Force</li> <li>● NM BHSD Office of Substance Abuse Prevention</li> <li>● Perpetual Tears Memorial, Inc.</li> <li>● Torrance County Commission</li> <li>● Torrance County Planning &amp; Zoning Board</li> <li>● Torrance County Manager</li> <li>● Torrance County Attorney</li> <li>● Torrance County Sheriff</li> <li>● Edgewood, Estancia, Moriarty and Mountainair Police</li> <li>● Torrance County DWI Program</li> <li>● Tri-County Juvenile Justice Board</li> <li>● Moriarty-Edgewood School District</li> <li>● Estancia Municipal School District</li> <li>● Mountainair Public School District</li> <li>● Teen Court</li> </ul>	<ul style="list-style-type: none"> <li>○ Formation of Comprehensive Land Use planning committee</li> <li>○ # community sectors represented on planning committee</li> <li>○ # of community input meetings</li> <li>○ Adoption of revised/ updated Comprehensive Land Use Plan</li>   <li>○ Passage of SHO/Nuisance abatement ordinance</li> <li>○ 2015, 2016 NM Community Survey (NMCS) question on providing alcohol to minors compared to 2012 baseline</li> <li>○ NMCS: Perception of police breaking up parties where teens are drinking</li> <li>○ NMCS: Perception of police arresting an adult for giving alcohol to someone under 21</li> <li>○ # Suspensions (total and ATOD related), # expulsions (total and ATOD related)</li> <li>○ # referrals to support services</li> </ul>
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	<p><b>Objective 1.6:</b> Facilitate community engagement in the State Innovation Model (SIM) Initiative’s community stakeholder design process with final recommendations from the NM Alliance of Health Councils on December 15, 2015</p>	<ul style="list-style-type: none"> <li>• PHTC</li> <li>• NM Alliance of Health Councils</li> <li>• NM Department of Health</li> <li>• NM Human Services Department</li> <li>• Center for Medicare &amp; Medicaid Innovation</li> <li>• Torrance Community stakeholders</li> <li>• Health System Innovation Committee</li> </ul>	<ul style="list-style-type: none"> <li>○ 3 community engagement sessions to provide input to Innovation Design Model (Aug – Sep, 2015)</li> <li>○ Compiled community Design input to NM Alliance of Health Councils October 5, 2015</li> <li>○ Participation in Stakeholder Committee meetings (Oct &amp; Nov, 2015)</li> <li>○ Final Community Stakeholder Design recommendations from NM Alliance of Health Councils December 15, 2015</li> </ul>

**CHI PLAN: Community Action Plan Grid (continued)**

**Health Priority: Capacity Building to Address Identified Gaps**

<u>Goals</u>	<u>Objectives</u>	<u>Community Partners/Resources</u>	<u>Health Status Outcomes/Indicators</u>
<p><b>Goal 2:</b> Increase capacity of individual members and the health council as a group to function as a community force for change.</p>	<p><b>Objective 2.1</b> Support re-establishment of the Domestic Violence Task Force by September 2015 and development of a strategic plan by March 2016</p> <p><b>Objective 2.2</b> Provide resource development support for providers throughout the County, including funding development assistance and planning</p> <p><b>Objective 2.3</b> Improve information dissemination through community resource directory, KXNM 88.7 FM radio PSAs, coordinated outreach and promotional events</p>	<ul style="list-style-type: none"> <li>● Torrance County Project Office Domestic Violence Program</li> <li>● Torrance County Magistrate Court</li> <li>● JD7 District Attorney</li> <li>● Adult Probation &amp; Parole</li> <li>● Local law enforcement agencies</li> <li>● Local behavioral health providers</li> <li>● Sanctuary Zone</li>   <li>● PHTC</li> <li>● DFL ASSOCIATES INC</li>   <li>● United Way of Central New Mexico</li> <li>● UWCNM Torrance County Rural Committee’s Resource Coordinator</li> <li>● KXNM Community Foundation and X88.7 FM Radio</li> <li>● Mountain View Telegraph</li> <li>● The Independent newspaper</li> </ul>	<ul style="list-style-type: none"> <li>○ Torrance County Commission appointment of Domestic Violence Task Force by September 2015</li> <li>○ Torrance County Commission adoption of Domestic Violence Prevention Plan by March 2016</li>   <li>○ # funding proposals developed</li> <li>○ # plans developed</li>   <li>○ # referrals by Resource Coordinator</li> <li>○ # Likes on Facebook Page</li> <li>○ # PSAs broadcast by X88.7 FM radio</li> <li>○ # Community Calendar announcements in weekly</li> </ul>

		<ul style="list-style-type: none"> <li>● Central NM Electric Cooperative</li> <li>● Local service organizations</li> <li>● PHTC</li> <li>● DFL ASSOCIATES INC</li> </ul>	<p>newspapers</p>
<p><b>Goal 3:</b> Increase food sustainability and access to healthy foods</p>	<p><b>Objective 3.1:</b> Provide technical assistance for creation of home and community gardens by January 2015 and ongoing</p> <p><b>Objective 3.2:</b> Increase preservation and distribution of native seeds by June 2016 and ongoing</p> <p><b>Objective 3.3:</b> Expand local and regional farmers' market network by May 2016</p>	<ul style="list-style-type: none"> <li>● Presbyterian Healthcare Services</li> <li>● Bethel Community Storehouse</li> <li>● PHTC Tomatoes, Chickens &amp; Bees Committee</li>   <li>● Bethel Community Storehouse</li> <li>● PHTC Tomatoes, Chickens &amp; Bees Committee</li>   <li>● PHTC Tomatoes, Chickens &amp; Bees Committee</li> </ul>	<ul style="list-style-type: none"> <li>○ # of T/A requests for home gardens</li> <li>○ # of T/A requests for community gardens</li> <li>○ # community partners added</li>   <li>○ Establish local seed library by June 2016</li> <li>○ # individuals contributing stock to seed library</li> <li>○ # individuals accessing seed library</li>   <li>○ # of farmers' markets and locations</li> <li>○ # of growers at farmers' markets</li> </ul>



Partnership for a Healthy Torrance County

This community health improvement plan was approved by the Partnership for a Healthy Torrance Community on June 1, 2015. It was reviewed and approved by the Torrance County Commission on June 10, 2015.

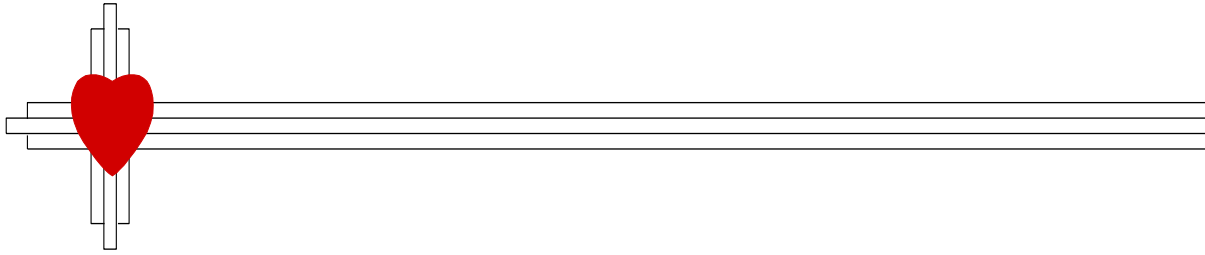
Torrance County Commission:

*Original signed by Leroy Candelaria*

Leroy Candelaria, Chair

6/10/2015

Date



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

If you would like additional information about the Partnership for a Healthy Torrance Community or this strategic plan, contact information is provided below.

Phone: (505) 832-4495

Email: [bclark@lobo.net](mailto:bclark@lobo.net) Billie R. Clark  
[plincoln@lobo.net](mailto:plincoln@lobo.net) Patricia A. Lincoln  
[dlortiz@lobo.net](mailto:dlortiz@lobo.net) Debbie L. Ortiz