

Eddy County Community Health Improvement Plan

2007

Executive Summary

Purpose of the Community Health Improvement Plan: **As in previous years, the 2007 Eddy County Community Health Improvement Plan (ECCHIP) is a tool for guiding community action.**

Brief description of the health council: The purpose of the Eddy County Community Health Council (ECCHC) is to assess and identify community health and safety issues and identify and support interventions to meet those needs by promoting awareness for the total well-being of the citizens of Eddy County. The council is comprised of at least 20 voting members. Voting membership is limited to those individuals who attend meetings on a regular basis and serve on at least one committee (Working Group). Eddy County Community Health Council (ECCHC) membership is designed to be in accordance with DOH Regulations of the 1991 County Maternal and Child Health Plan Act.

Discussion of the process that was used: **The 2007 ECCHIP builds upon the 2006 Eddy County Health Plan. The 2006 Plan was based upon a County-wide Community Needs Assessment** conducted and completed in February of 2006. Also in February 2006, the ECCHC held a public meeting with council members and community residents to gather and analyze the primary and secondary information of the county needs assessment, local, state and national data specific to Eddy County data. After careful discussion and observation of epidemiological studies, the ECCHC selected Eddy County's priorities in accordance with supporting data. The 2007 ECCHIP is based on the 2006 Plan and also reflects the 2007 Eddy County Community Health Improvement Profile, as well as formatting requirements of the New Mexico Department of Health.

Priority: #1 Improve Youth Health and Safety

Aim: Reduce the rate of injury and death to children and youth younger than 19 years old

Measure: Youth Suicide Rate (Establish Target Rate)

Strategy 1: Improve access to services to promote the mental and physical health of our youth

Strategy 2: Assure access to effective youth suicide prevention services

Strategy 3: Reduce risk factors for injury and death

Priority: #2 Eddy County Community Health Coordination and Community Outreach

Aim: Assure a full-time Coordinator to facilitate Council functions and carry out necessary community outreach activities

Measure: FTE staffing and reported outreach activities

Strategy 1: Facilitate ECCHC activities to address needs and priorities to improve the health of Eddy County residents

Strategy 2: Conduct outreach activities in the community to link citizens to available local resources.

Strategy 3: Strengthen Council development

Priority # 3: Reduce Teen Pregnancy

Aim: Continue successful efforts to reduce the number of births to young women younger than 19 years

Measure: Teen Birth Rate (Establish Target Rate Reduction from 2003 rate of 73.4%)

Strategy 1: Continue collaborative efforts to address and raise awareness of teen pregnancy issues

Strategy 2: Assure access to teen pregnancy prevention services

Strategy 3: Assure access to services for pregnant and parenting teens to reduce risk factors

Priority # 4: Improve Access to Health Care

Aim: Increase the number of persons in Eddy County with access to sufficient health care

Measure: County Residents with access to primary health and dental care (Establish Target Rate)

Strategy 1: Increase access to providers in Eddy County

Strategy 2: Remove financial barriers that limit access to care

Strategy 3: Raise public awareness of available resources and processes to access health care

Priority # 5: Improve Access to Prenatal Care

Aim: Increase percentage of pregnant women in who receive the recommended level of prenatal care

Measure: Pregnant women who receive high levels of prenatal care (Establish Target Rate)

Strategy: Increase the number of pregnant women who start prenatal care in the first trimester of pregnancy and complete at least 13 visits to the health provider during a full term pregnancy

Eddy County Community Health Improvement Plan

2007

1. Introduction

a. The purpose of the community health improvement plan: The Eddy County Community Health Improvement Plan (ECCHIP) builds upon ongoing efforts in assessment, planning, prioritizing, and evaluating progress toward objectives by the ECCHC since 1994. This plan reflects the vast experience, knowledge and energies that the members of the ECCHC and other community partners have contributed. The purpose of the plan is to assess and improve the gaps and barriers of inadequate health and safety in Eddy County and identify priorities to promote positive health outcomes. As with previous Eddy County Health Plans, the 2007 Community Health Improvement Plan has been developed to serve as a tool for guiding community action. Along with the 2007 Community Health Improvement Profile, it will serve as a reference document for local governments, agencies, providers, and other community partners. Identified needs and priorities may be used to justify funding requests and proposals, and to develop criteria for funding priorities and projects to support. The ECCHIP is a key element in our efforts to attract financial resources and to build local infrastructure to improve overall quality of life.

2. The process of developing the plan: **The 2007 ECCHIP builds upon the 2006 Eddy County Health Plan. The 2006 Plan was based upon a** County-wide Community Needs Assessment conducted and completed in February of 2006. Also in February 2006, the ECCHC held a public meeting with council members and community residents to gather and analyze the primary and secondary information of the county needs assessment, local, state and national data specific to Eddy County data. After careful discussion and observation of epidemiological studies, the ECCHC selected Eddy County's priorities in accordance with supporting data. The 2007 ECCHIP is based on the 2006 Plan and also reflects the 2007 Eddy County Community Health Improvement Profile.

c. The organization and format of the plan: **The 2007 ECCHIP is organized according to the guidelines provided in** “Community Health Profile Guidelines, Version 2.0”, provided by the Department of Health, Epidemiology & Response Division, Community Health Assessment Program And Public Health Division, Office of Health Promotion & Community Health Improvement, New Mexico Department of Health, November 1, 2006. **This will provide the foundation for a consistent format to be used in future years. Every effort has been made to ensure that the huge amount of data in the 2007 Health Profile has been utilized to produce a 2007 Plan that is** in an easily understandable and usable format. The ECCHIP is designed to be used

continuously to establish consensus around aims and to monitor progress toward accomplishing those aims.

2. Council Description

a. *Vision:* The ECCHC has a broad definition of health that includes consideration of issues such as economic conditions, education, employment, housing, families living in poverty, access to specialty health and mental health services, substance abuse, and root causes of youth risk behaviors and their long term affects. The vision of the ECCHC is a community system in which a wide variety of factors are working synergistically to contribute to individual and community well being in Eddy County.

b. *Mission and role:* The purpose of the Eddy County Community Health Council (ECCHC) is to assess and identify community health and safety issues and identify and support interventions to meet those needs by promoting awareness for the total well-being of the citizens of Eddy County.

c. *Core values:* The ECCHC is guided by the belief that improving community health is a process of long term change. By maintaining focus on identified local concerns, the ECCHC has seen improvements in health status indicators, such as the teen pregnancy rate. Members of the ECCHC share a value of the importance of having enough time to implement and evaluate well researched initiatives.

The Council values its history and experience in assessing, planning, and prioritizing health needs and issues. The Council works to build a shared definition of health with community partners so that effective strategies to address issues can be successfully implemented. Members of the ECCHC share a value of the importance of collaboration. They are proud of the positive relationships that have been formed among service providers and with local governments.

The ECCHC is also guided by the belief that Council members volunteer their time because they are committed to action to improve community health. Members share the value of the importance of balancing the development of planning documents, surveys, and reports with effective action to address local concerns. A shared value among members of the Council is the importance of sustaining efforts to address priorities.

d. Council history, and its relationship to other planning councils: Since 1994, the Eddy County Health Council has been working in partnership with the Eddy County Board of Commissioners. It has a shared history with other health councils that were developed to respond to local priorities in accordance with the 1991 County Maternal and Child Health (MCH) Plan Act. It is now engaged with other health councils to assist in local collaboration to improve access to behavioral health services. A historical timeline for the ECCHC includes:

- 1991 County MCH Plan Act passed by Legislature & signed by Governor
- 1994 Eddy County MCH Planning Council formed and appointed by County
- 1994 Eddy County MCH Council responded to RFP for County MCH funds
- 1995 Council awarded a two year service contract for a part-time coordinator
- 1997 Council updated the MCH plan and responded to the RFP for County MCH
- 1997 Council awarded a three year service contract for part-time coordinator
- 1998 Council applied for and was awarded the management of Families First, a prenatal case-management program for Medicaid eligible women and children.
- 1988-1999 successes: Families First Program, “A Family Affair” Artesia’s Health and Activities Fair, Women’s Wellness Seminar, Mother’s Helping Mothers.
- 2000- Council did not meet for the year of 2000 and part of year 2001 due to lack of a Coordinator
- 2001 – Council Coordinator in place as of August 2001, Council was reorganized and the first meeting took place in October
- 2001- Council updated the MCH plan and responded to the RFP for County MCH
- 2002-Council was awarded a three year service contract.
- 2002- Council Coordinator position vacant; Council continued to meet
- 2002- September: Council Coordinator was hired and currently remains in that position
- 2002- The unique structure of the Eddy County MCH Council consisted of two groups that met separately between the Northern and Southern part of the county and jointly on a quarterly basis. The council joined efforts to enhance coordination

and planning as one county council

- 2003- Council advocacy was successful in Eddy County becoming the fiscal agent of the council under the annual plan contract update.
- 2003-2004- Health Councils throughout the state underwent a re-organization and re-naming in accordance with DOH directives to broaden council focus from MCH to comprehensive Community Health Improvement Council for all citizens.
- 2004-2005- Council efforts continue to be successfully awarded yearly contract for plan updates
- 2005 Judicial District 5 (Eddy, Lea and Chavez counties) was recognized by the Behavioral Health Purchasing Collaborative of the State of NM to be the Local Collaborative.
- 2005-Present- Council efforts continue to assess community needs, establish priorities, and evaluate progress in addressing identified concerns

e. Council composition: County residents and other individuals interested in the purposes of the council may volunteer or be nominated to serve as members. The council is comprised of at least 20 voting members. Voting membership is limited to those individuals who attend meetings on a regular basis and serve on at least one committee (Working Group). Eddy County Community Health Council (ECCHC) membership is designed to be in accordance with DOH Regulations of the 1991 County Maternal and Child Health Plan Act. The membership represents a broad spectrum of interests that includes county officials, community-based program providers, parents, community members, local school representatives, employees of the income support division, employees of the county health offices, maternal and child health providers, hospital administrators, nurses, employees of mental health providers, employees of the local colleges, employees of the office of emergency management, local law enforcement and fire personnel, senior advocates, local business personnel, and employees of the local office of Children Youth and Families.

The Eddy County Board of Commissioners appoints community health council members to designated terms annually. Roster members are defined through active participation and activities in council activities in a 12 month period. The 12 month period is defined as the working fiscal year. An Inactive Members List is maintained as a reference to identify individuals and organizations who are interested in the work of the Council but not currently actively participating in its functions. Criteria for the list is defined in the Council by-laws.

The Council is careful to avoid conflict of interest. By-laws contain a statement consistent with state laws and regulations governing conflict of interest. In all decisions regarding the allocation of funds, all members who have a conflict relationship with an applicant for funding abstain from voting and such abstentions are noted in the minutes.

Council by-laws, policies and procedures and all amendments are filed and approved with the Eddy County Board of Commissioners.

f. Council functions: Members of the ECCHC are dedicated participants in activities of the Council. The members of the community health council elect from among themselves a chairman for a term of one year fiscal year. The council meets at the call of the chairman. All meetings of the Council are governed by the Open Meetings Act. A quorum of the Council consists of twenty-five percent of the active members or forty percent of the executive committee (Officers). The Council may meet with less than a quorum of the members present but a quorum is required to take action on any matter pending within the Council. Unless otherwise specifically determined, a majority vote of the members present and voting carries the question.

The general health council meets on a monthly basis to conduct business and review reports from working groups (action teams). All the working groups meet when necessary to work on the selected health council priorities/projects. These priorities are identified through a process of assessment, planning, and monitoring progress. The health council members are not paid. All volunteer their time to improve the health and well-being of our county. Members share their expertise to identifying community resources, needs, strengths, and local concerns. They represent various community sectors that work together to achieve common aims through the development of shared strategies. The ECCHC is staffed by an experienced Coordinator who facilitates collaborative monitoring and information exchange for the purposes of addressing gaps in services, avoiding duplication, and strengthening community efforts through inter-agency collaboration. Members of the ECCHC engage in activities that raise public awareness of significant community health issues identified in the ECCHIP. Council meetings provide a forum for discussing and developing mechanisms to ensure that people know about, and have access to, available services and resources. Through its history of successful efforts to address local concerns, the ECCHC has developed a credibility that strengthens its ability to advocate at the local, county, state, and national level on behalf of health issues that are important to the community. This credibility also provides a basis for the Council's continuous efforts to attract additional resources in support of health improvement.

Officers consist of chairperson, vice-chairperson, secretary and Coordinator.

The Chairperson conducts all meetings of the Council, and is responsible for setting the agenda, executing documents on behalf of the Council and performing other duties as delegated to the chairperson by the council. The Vice-Chairperson presides in the Chairperson's absence, assists the Chairperson, and performs the duties of the Chairperson in his/her absence. The Secretary records official minute of all meetings, maintains the sign-in sheets and maintains other council

records. The secretary distributes a copy of the minutes to all council members prior to the next meeting. The Council by-laws provide guidance to address situations of vacancies and removal of an officer.

g. Community collaboration: The ECCHC actively engages in collaboration with local/regional public health systems and partners, such as the new school-based health center and the local public health offices. To prevent duplication and enhance local services, the ECCHC continually develops strategies to link and foster communication between representatives from the different organizations and agencies. The Council's principal community partners and collaborating entities are:

Aware and Grads Programs work with the community health council to reduce teen pregnancy. Needs are identified through strategic planning. Projects, such as Girls Day Out, are implemented to address teen pregnancy prevention efforts. These programs are innovative programs that work on life skills and well as many other issues facing our teens in contemporary society.

Eddy County Sheriff Department continually works with the ECCHC by participating and assisting in activities designed to improve or initiate new strategies to improve the quality of life in Eddy County. The Sheriff Department partners with the health council to promote and train citizens, both young and old, in bullying prevention, stranger danger, helmet safety, bicycle safety, and gun lock safety. The Council and the Sheriff's Department share a mission of education that improves the health and safety of Eddy County and its citizens.

Carlsbad Medical Center collaboratively works with the health council to assist the public in raising awareness of health issues and concerns. Prevention efforts include health fairs, resources directories, referral, sponsorship of community events; senior emergency medical information, and assessment of shortfalls in health care services areas. This partnership has been successful in leveraging services to maximize the number of citizens who benefit from receiving the health care they need.

New Mexico Behavioral Health Collaborative in Judicial District 5 (JD5) Redesign includes Chaves, Lea, and Eddy counties. These counties are working cohesively with the health councils identified in these areas as taking the lead in the development of the local collaborative for the area. Eddy, Chaves and Lea County health councils took the lead in the development of the local collaborative to address the mental health and substance abuse services needed in our area.

Emergency Response professionals in our county collaborate with the ECCHC to build and assess the community through the emergency management profiles. These profiles give the emergency responders an overall picture of the needs of vulnerable populations who would need special attention in time of an emergency crisis. The ECCHC has assisted in Emergency

Preparedness planning, and also assisted with the evacuees of Hurricane Katrina in our area.

City Youth Recreational Centers work with the Health Council as active council members to identify youth needs and gaps in services. The council coordinator serves on the advisory board which facilitates partnership to address youth safety. The ECCHC has been instrumental in getting safety and education literature and prevention posters to the youth at the recreation centers for the skate parks. In addition, the health council has approached the Carlsbad city council to request cameras in the skate parks, playground and surrounding areas to cut down on bullying, vandalism, underage drinking and other crimes.

Community Anti-Drug/Gang Coalitions in Carlsbad and Artesia have been working in partnership with the ECCHC to address and reduce the impacts of drugs and gangs on our children and in our communities. The council serves a community leadership role by providing expertise in available resources and preventing duplication of services already provided in the county. The council has offered support, experience and knowledge in implementation as these programs have begun and continue operations.

Peer Helpers is a program that responded with the recent priority of youth suicide in Eddy County. The Community Hospital Board approached the Social Worker, School Psychologist, School Counselors, Community Health Center Therapist and Health Council to assist in training and implementation for this program. The ECCHC continues to work with this program to improve youth health and safety.

DWI Program and the ECCHC work together on raising awareness of drinking and driving, underage drinking, the red ribbon anti-drug campaign, and other activities to educate and inform our youth of the harmful effects of drugs and alcohol.

Carlsbad Literacy collaborates with the ECCHC to inform students of the local resources available in health care and learning opportunities.

Eddy County Administration and the ECCHC work together to address a variety of health related issues such as indigent care and identifying resources to assist clients in accessing services. Partnership continues with the Indigent Fund Administrator to develop and implement the prescriptions program which assists residents in getting the medications they may not otherwise be able to afford. The ECCHC has a valuable working relationship with the County Planner which is necessary to success in writing funding

proposals to improve the health and safety of Eddy County residents. The ECCHC is working with Eddy County staff to complete a county-wide comprehensive plan that will include assessing need for mental health services in the jail population and community, land use elements, transportation, economic development, housing, and infrastructure. A Commissioner and the County manager serves as an ex-official member of the ECCHC. With this collaboration they offer a wide range of expertise, knowledge and partnership with the health council and its activities. The support from the County plays a vital role in making Eddy County healthy and safe. The ECCHC makes sure to keep them all informed. Communication is a critical part of improving health systems. In these relationships we are collectively sharing resources, collaborating in community health and social services, and partnering in planned activities.

Southeastern Community Action Corporation and the ECCHC work together to benefit the Head Start programs in Artesia and Carlsbad. We exchange data and pertinent information on the needs of our young children and families with low income. We are identifying the barriers and needs of these families and work together to inform these caregivers on making better health decisions through prevention education. This partnership also allows us to benefit the senior programs by collectively sharing resources, collaborating in community health and social services, and partnering in planned activities that address senior health and well being such as health fairs.

3. Highlights of the Community Health Improvement Plan

The 2007 ECCHIP contains Five Priorities. These priorities were chosen based on information in the 2007 Eddy County Community Health Profile, as well as on information from previous years. Each priority includes an aim, measure, strategies, activities to achieve the aim, and progress measures. Collaboration with community resources will be utilized to address all priorities. The Five Priorities are:

#1 Improve Youth Health and Safety

#2 Eddy County Community Health Coordination and Community Outreach

#3 Reduce Teen Pregnancy

#4 Improve Access to Health Care

#5 Improve Access to Prenatal Care

4. Priorities, Aims, Strategies, Outcome Measures, and Activities

This section provides a guide for council operations and for monitoring progress for a multi-year period. The ECCHC has identified Five Priorities. As suggested by the DOH, each priority includes the following:

- a. Priority: This is a health-related issue of major importance or urgency that the health council has chosen to focus on.*
- b. Aim(s) for this priority: Aims are specific, desired ends or goals to be accomplished. Aims should be stated in specific, verifiable terms. An aim is likely to be long-term—i.e., requiring more than one year to achieve.*
- 3. Outcome measure(s): This measure will be used to gauge progress toward accomplishing the long-term aim.*
- 4. Strategies: A strategy is a specific course of action that the council has chosen to implement in order to accomplish a given aim. Several strategies have been identified to successfully accomplish each aim.*
 - e. Indicators or measures for each strategy: These are measures (shorter-term than those for aims) that can be used to gauge progress toward accomplishing the strategy.*
 - 1. Activities for each strategy: Activities may be programs, services, or interventions that have been shown to be effective in addressing the specific aim.*
- g. A time frame and entities responsible for addressing the priorities*

The 2007 ECCHIP utilizes the Systems Thinking Logic Model recommended by the DOH. The graphic tool has been slightly modified to more accurately reflect current capacity of the ECCHC. Community resources are included at the end of the graphic presentation of priorities. In a small County like Eddy, community resources are collaborative and overlapping. Assets and resources, such as health and social service providers, the public health system, coalitions, and other community partners are mobilized to work simultaneously on multiple issues. Eddy County community resources are relevant to all priorities, and are therefore listed at the end, rather than segregated and duplicated for each of our Five Priorities.

Priority: #1 Improve Youth Health and Safety

Aim: Reduce the rate of injury and death to children and youth younger than 19 years old

Measure: Youth Suicide Rate (Establish Target Rate)

Responsible Entities: ECCHC Members and Coordinator

Timeline (Dates): FY 07-09

<u>Strategies</u>	<u>Activities</u>	<u>Indicators/Measures</u>
<p><u>Strategy 1:</u></p> <p>Improve access to services to promote the mental and physical health of our youth</p>	<p>1.Support the on-going efforts of mental health agencies to develop comprehensive systems of delivering mental health care;</p> <p>2.Support access to adequate medical, dental and other services to youth</p> <p>3. Raise awareness of the importance of nutrition and physical activity to prevent obesity</p>	<p>1. # of Council activities in support of comprehensive services to youth;</p> <p>2. % of activities achieving desired outcomes</p>

<p><u>Strategy 2:</u> Assure access to effective youth suicide prevention services</p>	<p>1.Support access to youth oriented comprehensive services in suicide prevention and education, early identification, treatment and follow-up services;</p> <p>2.Investigate evidence-based and innovative practices in suicide prevention</p>	<p>1. # of Council activities in support of comprehensive services to youth;</p> <p>2. % of activities achieving desired outcomes</p>
<p><u>Strategy 3:</u> Reduce risk factors for injury and death</p>	<p>1.Reduce risk associated with firearms kept in or around homes;</p> <p>2.Increase safety of children at risk for injury, child abuse and neglect</p> <p>3.Continue support for Peer Helper Program</p> <p>4.Expand services for youth to assist them to make wise decisions when faced with difficult situations.</p> <p>5.Expand collaborative efforts with local law enforcement, schools, social services and local civic agencies</p> <p>6.Continue programs for enforcement of child restraint, anti-bullying education and DWI underage drinking prevention</p>	<p>1. % of firearm safety activities achieving desired outcomes;</p> <p>2. # of collaborative efforts to improve public awareness.</p> <p>3. % programs achieving desired outcomes.</p>

Priority: #2 Eddy County Community Health Coordination and Community Outreach

Aim: Assure a full-time Coordinator to facilitate Council functions and carry out necessary community outreach activities

Measure: FTE staffing and reported outreach activities

Responsible Entities: ECCHC Members, Coordinator, and County Administration

Timeline (Dates): FY 07-09

<u>Strategies</u>	<u>Activities</u>	<u>Indicators/Measures</u>
<p><u>Strategy 1:</u></p> <p>Facilitate ECCHC activities to address needs and priorities to improve the health of Eddy County residents</p>	<ol style="list-style-type: none"> 1. Maintain Council functions in accordance with applicable laws, policies, and procedures; 2. Identify collaborative partners; 3. Respond to funding opportunities to address ECCHC priorities 	<p>ECCHC Meeting Minutes and Reports</p>
<p><u>Strategy 2:</u></p> <p>Conduct outreach activities in the community to link citizens to available local resources.</p>	<ol style="list-style-type: none"> 1. Identify more youth to inform and connect with the council on the issues they face so that the council can make informed decisions on how to effectively reach this targeted population. 2. Raise public awareness of priority issues, such as sharing information that the onset set of early bullying is the lead for long term effects of : Suicides, homicide, youth incarceration, substance abuse, domestic violence, and low self esteem. 	<ol style="list-style-type: none"> 1.# of activities engaging youth in planning and evaluating Council activities; 2.# of collaborative meetings with law enforcement and local public health partners to present information and raise awareness of various council activities and priorities

<p><u>Strategy 3:</u> Strengthen ECCHC development</p>	<p>Promote active participation in Council activities and community sponsored events</p>	<p>ECCHC Meeting Minutes and Reports</p>
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Priority # 3: Reduce Teen Pregnancy

Aim: Continue successful efforts to reduce the number of births to young women younger than 19 years of age

Measure: Teen Birth Rate (Establish Target Rate Reduction from 2003 rate of 73.4%)

Responsible Entities: ECCHC Members and Coordinator

Timeline (Dates): FY 07-09

<u>Strategies</u>	<u>Activities</u>	<u>Indicators/Measures</u>
<p><u>Strategy 1:</u> Continue collaborative efforts to address and raise awareness of teen pregnancy issues</p>	<p>1. Maintain and expand support for programs such as the AWARE program, Girls Day Out, True Love Waits, Grads, Smart Moves and Sex Respect</p> <p>2. Investigate additional evidence-based and innovative strategies to address teen pregnancy issues</p>	<p>1.# of programs;</p> <p>2.# of participants;</p> <p>3.% of participants achieving positive program outcomes</p>
<p><u>Strategy 2:</u> Assure access to teen pregnancy prevention services</p>	<p>1. Continue support for teen pregnancy prevention services offered in local public health offices, school-based health centers, and by other providers;</p> <p>2. Continue support for education programs;</p> <p>3. Promote male involvement in reproductive health</p>	<p>1.# of Council activities in support of prevention, education, and male involvement services;</p> <p>2.% of activities achieving desired outcomes</p>

<u>Strategy 3:</u> Assure access to services for pregnant and parenting teens to reduce risk factors	1.Facilitate access to preconception, prenatal and postpartum care for adolescents;	1.% low birth weight infants of teen births;
	2.Support increased access to parenting support for teen parents	2.Infant mortality rate for teen births

Priority # 4: Improve Access to Health Care

Aim: Increase the number of persons in Eddy County with access to sufficient health care

Measure: County Residents with access to primary health and dental care (Establish Target Rate)

Responsible Entities: ECCHC Members and Coordinator

Timeline (Dates): FY 07-09

<u>Strategies</u>	<u>Activities</u>	<u>Indicators/Measures</u>
<p><u>Strategy 1:</u> Increase access to providers in Eddy County</p>	<ol style="list-style-type: none"> 1. Explore evidence based models to increase the number of providers in Eddy County; 2. Explore innovative models to increase access to health and health related services 3. Continue annual Health Fairs as successful strategies in improving access to health screenings and services 	<p>ECCH Council meetings and reports in which models are discussed and acted upon</p>
<p><u>Strategy 2:</u> Remove financial barriers that limit access to care</p>	<ol style="list-style-type: none"> 1. Continue partnership with County Administration to assist residents who cannot afford health care and prescription medicines 	<p>Indigent Fund Utilization Reports</p>
<p><u>Strategy 3:</u> Raise public awareness of available resources and processes to access the health care system</p>	<ol style="list-style-type: none"> 1. Expand efforts to maintain a current directory of services and support that are provided in Eddy County. 	<p>Current Eddy County Directory of Services</p>

Priority # 5: Improve Access to Prenatal Care

Aim: Increase the percentage of pregnant women in Eddy County who receive the recommended level of prenatal care

Measure: Pregnant women who receive high levels of prenatal care (Establish Target Rate)

Responsible Entities: ECCHC Members and Coordinator

Timeline (Dates): FY 07-09

<u>Strategies</u>	<u>Activities</u>	<u>Indicators/Measures</u>
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<p><u>Strategy:</u></p> <p>Increase the number of pregnant women who start prenatal care in the first trimester of pregnancy and complete at least 13 visits to the health provider during a full term pregnancy.</p>	<p>1. Identify populations most at risk for low levels of prenatal care; Levels of prenatal care</p> <p>2. Identify barriers to early entry into prenatal care;</p> <p>3. Establish collaborative partnerships to remove identified barriers</p>

Resources

The ECCHC maintains ongoing efforts to develop, strengthen, and enhance collaborative partnerships and linkages. The council identifies desired outcomes for new or enhanced activities to increase collaboration between local public health systems partners. It identifies gaps in collaboration and implements strategies to bring stakeholders to the table. Current partners in addressing our locally identified priorities include, but are not limited to:

- Eddy County Sheriff Department
- Eddy County DWI Program
- Carlsbad Literacy Program
- Aware and Grads Programs
- Carlsbad Community Coalition Board
- Southeast NM Community Action Corporation (Eddy County)
- Eddy County Administration, Indigent Fund Administrator, County manager, Jail administration staff
- Carlsbad Medical Center, Hospitals in and outside of the county
- School nurses and school board members
- Providers of education on the topics of parenting, violence, underage drinking, substance abuse, bullying, youth suicide and teen pregnancy
- Law enforcement
- SCRAMS
- Alternative sentencing program
- The Eddy County Criminal Justice Coordinating Committee

- Mental Health providers
- Client case managers
- Business professionals
- Presbyterian Medical services and the three rural area clinics in Loving, Artesia and Carlsbad
- Primary Care and Specialty Physicians
- Emergency Medical Personnel
- Community Anti-Drug/Gang Coalitions in Carlsbad and Artesia
- Public Health Offices in Carlsbad and Artesia
- Judicial District 5 Local Behavioral Health Collaborative
- Department of Corrections
- Peer Helpers Program
- Policy Makers, including state legislators
- Consumers, including youth
- River walk Recreation Complex (City Of Carlsbad)