VALENCIA COUNTY COMMUNITY HEALTH IMPROVEMENT PLAN

2023-2026

Community Wellness Council

June 2023Revisions: September 2023; December

2023; November 2024

About Valencia County

Valencia County was established by Mexico in 1844 and was confirmed as part of the New Mexico Territory in 1852. The county, which was formerly much larger in area, lost almost 81% of its territory on June 19, 1981, upon the creation of Cibola County, which occupies the western most portion of Valencia County's former area. Although Los Lunas is the county seat, Belen is the largest town. The population in the county is approximately 75,626 covering a total area of 1,068 square miles. It is the second smallest county in New Mexico by area.

The county claims a few national protected areas with part of the Cibola National Forest, the El Comino Real de Tierra Adentro National Historic Trail, and the Manzano Wilderness. Between mountains and mesas are the southward flowing Rio Puerco and the Rio Grande. Pueblo Indians settled in the Rio Grande valley about 1500 and created productive farmland with irrigation. The Isleta Pueblo Indian Reservation is in the northern part of the county. Though agriculture (cattle, milk) persists there, construction, healthcare, the Santa Fe railroad yards of Belen, and government employment are among the leading elements in the economy.

The population estimate for Valencia County in 2021 was 77, 190. The youngest population group (0-17 years) makes up the largest segment of the population (17, 735), and the age group 55-64 years compromising a population of 10, 324. The age dependency ratio (ratio of the combined dependent population to the working population) in Valencia County is 60 per 100. Males make up slightly more than half of the population (38, 772) and the female population makes up the remaining 38, 418. The leading causes of death in Valencia County for the total population (2016-2020) was heart disease, followed by cancer, chronic lower respiratory diseases, accidents/unintentional injuries, and stroke rounds out the top five.

About the Community Wellness Council

The Community Wellness Council (CWC) originated in 1993 as the Valencia County Coalition for Families, Children and Community (VCC-FCC), and was "...dedicated to helping build better futures for children and families in Valencia County." The Valencia Maternal Child Health (MCH) Council served in an advisory capacity to the VCC-FCC. In 1999, the VCC-FCC was reorganized as the Valencia Community Partnership, transitioning from a service organization to a focused health assessment and planning organization.

In 2010, the Valencia Community Partnership was again reorganized to officially become the Community Wellness Council with the mission to promote community collaboration through a framework of coordination, assessment, and solutions. Through its many transitions and iterations, the CWC has retained its 501©3 status and an active and dedicated leadership team passionate about community wellness, health, and safety. In addition, the CWC continues to maintain a mutually beneficial relationship with the New Mexico Alliance of Health Councils which includes Tribal partners.

CWC Vision

"A community working in cooperation to ensure the health and well-being of all its residents."

CWC Mission

"To promote community collaboration through framework of coordination, assessment and solutions."

The CWC focuses its work on a wide variety of issues including wellness, health equity, injury prevention, and health promotion. On-going CWC-sponsored assessments will provide county stakeholders and other residents with data on both community problems and how collaboration and cooperation are addressing effectively addressing them.

The CWC is a public health information hub in which the 100% Community initiative is used to assess the on-going needs in Valencia County, and to meet the identified needs through the promotion of collaboration between agencies, coalitions, and action groups. Our partnering agencies and organizations include local coalitions, governmental bodies, schools, nonprofit organizations, civic groups, and service agencies.

Community Health Improvement Plan (CHIP) Defined

According to the Centers for Disease Control and Prevention (CDC), the CHIP is a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process. A plan is typically updated every three to five years. This plan is used by health and other governmental education and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources.

A CHIP is critical for developing policies and defining actions to target efforts that promote health. It should define the vision for the health of the community through a collaborative process and should address the array of strengths, weaknesses, challenges, and opportunities that exist in the community to improve the health status of that community.

CHIP Planning Timeline

The following timeline provides key dates of the CWC CHIP planning process that began in October 2022 with a Collaborative Run Down on Community Health (CRUNCH) event.

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 Health Planning CRUNCH event (in person)
16 Nov. 2022
 100% Valencia health planning session (virtual)
30 Nov. 2022
 100% Valencia health planning session (virtual)
1 Dec. 2022
 UNM-Valencia County planning informational table (in person)
Dec. 2022
 Priorities posted to 100% Valencia Facebook for voting by the public
Jan. 2023
 Health Priorities ranked and presented to CWC Board for selection
28 Mar. 2023
CHIP community meeting
21 April 2023
CHIP Action Planning session (virtual)
CHIP Action Planning session (virtual) June 2023 ——————————————————————————————————

CHIP Planning

CHIP considerations included the following items that are pertinent to the needs of the community and the ongoing work supporting these needs Valencia County. 100% Valencia is the initiative adopted by the CWC, which is part of the larger 100% Community initiative supported by the Anna, Age Eight Institute at the New Mexico State University. 100% Valencia has ten action teams that support the surviving and thriving sectors within a community to ultimately impact adverse childhood experiences (ACEs). The ten sectors are food, housing, medical/dental care, behavioral health care, transportation, parent supports, early childhood learning, community schools, youth mentoring, and job training.

The definition of health equity that was adopted by the CWC guided the process to be reviewed with a health equity lens. The definition and process to establish a definition will be provided and described below.

Community capacity and readiness were discussed with community during the process to understand the degree to which the community is willing and prepared to act on the three

selected health priorities. Participants of the community forums we asked to discuss the capacity of the community to implement interventions aimed at the health priorities, this included if there are enough individuals to conduct the work, if resources are available to complete the work, and if the skills and knowledge can support the work. Efforts and activities that are currently taking place throughout the county to address the issues were outlined to assist with further action planning.

Health Priorities Selection

Priority areas were developed from two sources: epidemiological data and community feedback via community forums. The top nine indicators and topics were selected for each source in different ways. Epidemiological data were ranked based on burden in the community (death rates, high ranking incidence and prevalence of disease, and upstream indicators). Forum data (qualitative) were compiled and placed into categories for further discovery. The top nine health priorities were ranked using a simple "dot voting" method at the community forum events and posted via the CWC Facebook page for community to provide feedback. Community forum participants were asked if the proposed priority areas reflected their voice and to rank them in order of importance. These were synthesized to develop the top five health priorities which were then presented to the CWC Executive Board to consider adoption of the priorities. Community capacity and readiness was discussed in the ability to address the priorities, and the CWC Executive Board selected to address the top three priorities.

Health Equity

The Health Equity Team, comprised of CWC Executive Board members and 100% Valencia Action Team chairs, established the goal to have a definition of health equity that the community can use. The work of this goal first began with looking at the already existing definitions of health equity, specifically from the Robert Wood Johnson Foundation, the Centers for Disease Control and Prevention, and the New Mexico Department of Health. In examining these definitions, the Health Equity Team was asked if any of these definitions should be adopted or if the CWC should establish its own definition. A definition was established with the assistance of the New Mexico Department of Health and the University of New Mexico to ensure readability was between a sixth and eighth grade reading level. To ensure usability within the community the definition was field tested with community members asking if they understood the definition and could explain back what it meant. The final definition was presented to the CWC Executive Board for adoption and delivered to the community at the October 2022 event.

"Health equity means that all people have a fair and just chance to be healthy. Many do not have an equal chance to be healthy in our society due to racism and/or unfairness in rules and organizations. Not having equal power in society and living with built-in racism and unfairness can be bad for health.

People and groups from across Valencia County when working together can change these rules for everyone to share power and have an equal chance at great health in our county."

Policy Implications

Our efforts to address health disparities in Valencia County are deeply influenced by both state and federal policies. For example, the Legislative Finance Committee (LFC) in Santa Fe has recommended that local school districts develop innovative strategies to combat absenteeism, with a focus on health services offered through school-based health centers (SBHCs). Additionally, the Department of Health (DOH) is now required to report the number of Narcan kits distributed to the LFC. This helps ensure accountability and track the effectiveness of overdose prevention measures. Lastly, national policies like the 2024 Farm Bill have a significant impact on local food security. This bill, which provides funding for food banks, remains stalled in Congress, potentially threatening essential services for the community. Ongoing advocacy at both state and federal levels will be crucial in securing continued support for these initiatives.

Health Priority	Policy	Level	Impact
Mental Health	LFC recommended innovative local strategies to reduce absenteeism through SBHCs	State	Future funding could be directed to SBHCs
Substance Use/Harms Prevention	Department of Health (DOH) is required to report to the LFC (Performance Based Budgeting) on the number of Narcan kits distributed	State	CWC progress on substance use goals can be used by the DOH for aggregate reporting
Healthy Food Access	2024 Farm Bill	National	Local food banks may not have enough access to the foods needed to support New Mexico's population

CHIP Action Plan

In preparation for the first CHIP meeting where community partners were to create SMART goals and objectives, community members were asked to address any activities or services that are already provided within the community, funding associated with those items, and current metrics used to track the work. The responses were cross walked with the qualitative information that was gathered at the community forums in response to the ongoing work supporting the health priorities. Short-term and long-term goals were drafted and presented at the community event for review and approval. Facilitators made sure that consensus on the goals and objectives were reached for the identified priorities. The CHIP Action Plan is presented in its entirety below.

Improvement Priority Goal

What health priority are you addressing and who is (are) your priority population(s)?

Health Priority: Mental Health Services (Access and Utilization)

Priority Populations(s): Valencia County adults (18+) and youth (13-18)

List the data used to support your priority area. Cite data source(s). Feel free to list other considerations or criteria used to select your priority (e.g. collaborating partners, county/tribal support, funds leveraged, etc.):

ST Goal: currently 31, 519 Mental Health First Aiders in NM; 375 in Los Lunas and 134 in Belen, 128 in Isleta *Mental Health First Aid:* https://www.mentalhealthfirstaid.org/us-reach/

LT Goal: Youth with Persistent Feelings of Sadness and Hopelessness in the Past Year (2019): 42.5% (worse than state) New Mexico Department of Health Indicator-Based Information System (NM-IBIS) for Public Health Web site: https://ibis.doh.nm.gov

Qualitative data collected from community input sessions throughout Valencia County from October 2022-May 2023

Goals	Action Steps	Resources & Key Stakeholders	Metrics	Measurable Outcomes/Impact
List out your short-term and long-term goals from Step 2. Add rows as needed.	List the action steps needed to achieve your goals.	List the resources needed to accomplish action steps, including key staff or stakeholders from the Stakeholder Engagement Plan.	What will you monitor? What data will you use to track progress and how often?	Consider the longer term outcomes: how will you evaluate the impact and sustainability of your actions?
Short-Term Goal By the end of the fiscal year (06/30/24), facilitate Mental Health First Aid training sessions for a minimum of 100 community members	 Identification of organizations with trainers who can collaborate Train and assign members to geographic areas in the county to cover. 	Trainings offered by Presbyterian Healthcare Services will be provided through a link to the CWC membership	Number of community members trained in Mental Health First Aid *currently 31, 519 MFA in NM; 375 in Los Lunas and 134 in Belen, 128 in Isleta	Increase in those served by a Mental Health First Aid trainer.
Long-Term Goal By the end of the fiscal year (06/30/24), begin and complete a comprehensive feasibility study for the establishment of a school-based health center, (potentially in a community school). Also assess the viability of telehealth services as part of its healthcare offerings	 Send out SBHC "concerns" survey with incentives for completion Develop a community fact board that explains what a school based health center is 	 School PTAs to assist with survey distribution 	Number of schools who can offer a SBHC with telehealth capabilities.	Implementation of 1 local SBHC

Improvement Priority Goal

What health priority are you addressing and who is (are) your priority population(s)?

Health Priority: Substance Use Harms Prevention (including alcohol)

Priority Populations(s): Valencia County adults (18+) and youth (13-18)

List the data used to support your priority area. Cite data source(s). Feel free to list other considerations or criteria used to select your priority (e.g. collaborating partners, county/tribal support, funds leveraged, etc.):

Deaths due to drug overdose (2015-19): 30.7 per 100,000 (worse than state rate)

Youth Used Pain Killer to Get High (grades 9-12, 2019): 15.8% (worse than state rate)

New Mexico Department of Health Indicator-Based Information System (NM-IBIS) for Public Health Web site: https://ibis.doh.nm.gov

Qualitative data collected from community input sessions throughout Valencia County from October 2022-May 2023

Goals	Action Steps	Resources & Key Stakeholders	Metrics	Measurable Outcomes/Impact
List out your short-term and long-term goals from Step 2. Add rows as needed.	List the action steps needed to achieve your goals.	List the resources needed to accomplish action steps, including key staff or stakeholders from the Stakeholder Engagement Plan.	What will you monitor? What data will you use to track progress and how often?	Consider the longer term outcomes: how will you evaluate the impact and sustainability of your actions?
Short-Term Goal By the end of the fiscal year (06/30/24), organize and conduct a series of community Narcan trainings that will train at least 200 community members in the proper administration of Narcan to effectively prevent overdose deaths	 Collaborate with community organizations that are already offering the trainings VCAN offers training 2x month Presbyterian & H2 Academics offer 1 monthly training (2/8/24 Narcan & Fentanyl training) 	of kits providedOrganizations will provide the training (H2 Academic	Number of trainers trained in Narcan administration. Number of locations serving as a Narcan access point	Lower rates of substance misuse Lower rates of drug overdose death rates
Short-Term Goal By the end of the fiscal year (06/30/24), conduct a thorough fact-finding assessment to evaluate the status and effectiveness of substance use prevention programs in local schools. Produce a comprehensive report with actionable recommendations for improvement and enhancement	 Meet with school teams familiar with prevention programs Collaborate with school leadership through survey 	 Local school districts and school staff 100% to identify key school leadership teams to contact Assessment of state education requirements for substance prevention programs 	Number of school programs reviewed with recommendations.	School approved substance use prevention program to meet Valencia County students needs.

Long-Term Goal

By the end of the fiscal year (06/30/24), begin and complete a comprehensive feasibility study for the establishment of a school-based health center, (potentially in a community school). Also assess the viability of telehealth services as part of its healthcare offerings

- Send out SBHC "concerns" survey with incentives for completion
- Develop a community fact board that explains what a school based health center is
- School PTAs to assist with survey distribution
- 100% Valencia Action Teams

Number of schools who can Implementation of feasibility study offer a SBHC with telehealth capabilities.

VALENCIA COUNTY SCHOOL-BASED HEALTH CENTER FEASIBILITY PLAN

Comprehensive Report: Improving
Coordination of Substance Use
Prevention Programs in Valencia
County Schools

Community Wellness Council

June 2024 |

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June 2024 |

Improvement Priority Goal

What health priority are you addressing and who is (are) your priority population(s)?

Health Priority: Increased Healthy Food Access and Consumption

Priority Populations(s): Valencia County adults (18+) and children (3-5)

List the data used to support your priority area. Cite data source(s). Feel free to list other considerations or criteria used to select your priority (e.g. collaborating partners, county/tribal support, funds leveraged, etc.):

New Mexico Department of Health Indicator-Based Information System (NM-IBIS) for Public Health Web site: https://ibis.doh.nm.gov

Qualitative data collected from community input sessions throughout Valencia County from October 2022-May 2023

Goals	Action Steps	Resources & Key Stakeholders	Metrics	Measurable Outcomes/Impact
List out your short-term and long-term goals from Step 2. Add rows as needed.	List the action steps needed to achieve your goals.	List the resources needed to accomplish action steps, including key staff or stakeholders from the Stakeholder Engagement Plan.	What will you monitor? What data will you use to track progress and how often?	Consider the longer term outcomes: how will you evaluate the impact and sustainability of your actions?
Short-Term Goal By the end of the fiscal year (06/30/24), enact a feasible plan to set up at least five (5) "grab-and- go" quick access mini-pantries at strategic locations across the county, each stocked with essential food items	 Map locations to understand where gaps in the county exist for 	 Manpower for staffing, 	Number of community locations serving as a mini- pantry or "little free pantry"	Increase in the number of mini or free pantries established during the timeframe.

Long-Term Goal	Space to establish garden	100% Food Action Team	Identification of locations	Identification of two site locations for
By the end of the fiscal year	 Learn from other community 	 NMSU Extension Office 	for community garden	community garden establishment
(06/30/24), begin and complete a	gardens for what has worked	Raised garden beds for seniors		
comprehensive feasibility study to	 El Cerro and 	Master Gardeners from NMSU		
establish community garden(s) to	Meadowlake have			
serve as educational and nutritional	community gardens			
resources for local preschools and	 Reach out to local schools 			
senior centers. Include an	and colleges to see if there			
assessment of viability, potential	are culinary student available			
locations, and methods for	to assist with cooking			
sustaining the gardens	 Review feasibility of water 			
	catchment systems for			
	watering			

References

Mental Health First Aid: https://www.mentalhealthfirstaid.org/us-reach/

New Mexico Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program.

Valencia County. Retrieved from https://www.nmcounties.org/counties/valencia-county/