**San Miguel County Family and Community Health Council**

**September 23, 2014**

**Moderator: Laurel McCloskey, Executive Director Chronic Disease Prevention Council**

**Participants: 13 present**

**Introduction**

* There will be three focus groups statewide. All of the reports will be complied and the information will be provided to each group.
* The goal is to expand chronic disease work out of the Albuquerque and Santa Fe area to be used for future community planning and for funding opportunities. In addition, the information will educate community groups about the *New Mexico Shared Strategic Plan for Prevention and Control of Chronic Disease*.

**What do you think about chronic disease awareness and what are the biggest concerns that come from chronic diseases in your community?**

* There is not much focus on prevention and there is a need for increased health education.
* Underage tobacco use, obesity, diabetes, and addiction are major chronic disease concerns.
* The behavioral aspects of disease need to be focused on, including the use of tobacco with pregnant mothers. This impacts the behavior of young children later on in life and can lead to violence.
* It is difficult to obtain access to cancer treatment in the Las Vegas area. Patients have to make trips out to Albuquerque and Santa Fe, which shows a systematic breakdown of the health care system.
* Asthma needs greater attention as oil and gas leases in the area are impacting asthma rates.
* Autoimmune disorders are higher in the area. There is a map cluster of diseases hypothesized that are due to a PNM diesel power plant.
* Lupus is higher in the Hispanic population in San Miguel county. This is 3rd highest rate in the state.
* Diseases that are related to tobacco use are a concern. There is currently more focus on alcohol, but people do not realize the severity of tobacco as a lifelong addiction with chronic disease outcomes. There needs to be smoke-free housing rental ordinances.
* People walk and bike less due to animal control issues. The city of Las Vegas and local shelters need to address this issue to help the community to be more active.
* A reintegration center is needed for addiction services. There needs to be education for the population to understand that addiction is a disease.
* There is a lack of services overall and teams of care do not exist. More access is needed with:
  + Stroke and cardiovascular events. There is no stroke team in the area, with the closest in Albuquerque or Denver.
  + No neurologist in Las Vegas; the nearest is in Albuquerque.
  + The pulmonologist is no longer taking new patients.
  + Chemotherapy is only offered on Tuesdays, which is not convenient locally.
  + No health care providers for those with autoimmune disorders.
* Privatized medicine has been difficult. Community owned services could be better for the area as currently, there are more services but at double the cost.
* The cost is higher for rural healthcare as opposed to urban health care. It is hard to find specialized providers with healthcare teams often only in existence in Albuquerque, which make it hard to advocate for personalized healthcare
* There is an overall lack of education for chronic disease prevention, especially for diabetes. There are only two doctors that teach about prevention in the area. There is a need to increase awareness with early preventive intervention.
* Living with a tramautic brain injury, there is no one out there to address those needs. It just does not exist.

**What are the strengths or resources in Las Vegas (resources, infrastructure, community itself)?**

* There is a strong resiliency of the people that live here despite not having access to services or care teams. The health council is a testament of these traits showing that health matters with a community connection
* There are people that have the capacity to write grants for prevention services.
* El Centro Family Health and Alumbra Women’s Health that both serve low-income populations are a strength in the Las Vegas area.
* There are identified prevention strategies that are adaptable to rural communities.
* The local Federally Qualified Health Center is s great resource.
* Grandparents are willing to help when the kids are sick and people take care of their neighbors.
* There is a local pharmacy with remarkable support of local citizens.
* An amazing school, Mitchell Elementary, is looking at aspects of the health and environment. The school organized a river walk along the trails. Work is being done at this school to address chronic disease within elementary and middle school students.
* Relationships with the University of New Mexico are active, including with Dr. Victoria Sanchez who is investing in the local community. This has led to increased networks and increased resources drawn into the community.
* There is a community mental health agency through New Mexico Behavioral Health Institute that has led to a better coordination of services with the local primary care providers.
* Health councils provide prevention engagement with a focus on chronic diseases. They show the different forms of prevention ways to approach prevention in the community.

**What would an ideal healthy community in Las Vegas look like?**

* Oral health care related to chronic disease would increase.
* Diabetes and asthma rates would go down. There would be a lower prevalence of obesity, especially in the youth population and children. Children would be the ability to have food in home with three meals a day.
* Free health clinics would provide health care to the public. There would be green spaces where people could exercise without roaming dogs.
* A reintegration center would open to look at addiction as a disease with more related education.
* There would be better-educated service providers to encourage people with chronic disease to learn more about the diseases.
* There would be an increased sponsorship of the diabetes cooking classes.
* More home visitation for community members would occur. More people could be reached this way, including for the elderly and for prenatal visits.
* Access to the medical cannabis program for those in hospice or for those would be available.

**What is needed to help?**

* Dental hygiene awareness provided in schools is needed.
* A greater amount of education for children is needed including wellness and prevention topics can be provided with more head start types of programs. Children can be taught how to eat healthy and how to exercise, and then can in turn teach their parents.
* Safety walks at local schools would help with access to physical activity.
* The development of ways to make healthy foods more affordable would be beneficial. They are harder to purchase, so the farmers markets could accept the SNAP card.
* Public schools could bring back home economics in public schools would help as children do not eat with family at the table anymore and life skills education is not at the forefront of education. Schools are a good plan for reintegration for life skills to keep going.

**How can the Chronic Disease Prevention Council be useful to the Las Vegas community?**

* There is a local community radio show through the Peace and Justice Center available in Las Vegas that could discuss rural health issues.
* CDPC could provide identified prevention strategies to show what has worked in other parts of New Mexico, so other communities can see what can be adaptable to their chronic disease prevention system in rural regions