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

**October 24, 2014**

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

**Participants: 5 present**

**Introduction**

* Work to gather information for future funding and collaboration. Also to raise awareness about chronic disease issues around the state.
* The goal of CDPC is to work on rural aspects outside of Albuquerque or Santa Fe, the Council is a forum for collaboration and communication to break down silos in chronic disease.
* CDPC is facilitating the application of the *New Mexico Shared Strategic Plan for Prevention and Control of Chronic Disease*, combined statewide plan and broke down into local priorities, a forum for communication and advocacy.
* This focus group is a neutral territory for discussion about chronic diseases in Las Cruces.

**Ice Breaker- What do you think about chronic disease awareness (diabetes, asthma, cancer, or what comes to mind)?**

* Chronic diseases have a close relationship with each other. They are all related and have co-morbidities.
* Think of diabetes and programming when think of chronic disease. There is a need to provide information to the community and look towards sustainability.
* Diseases that come to mind include diabetes, hypertension, and obesity.
* There is a lack of policy in schools, such as physical education has been done away with. There are no incentives for activity.
* Chronic disease successes including work with promotoras in Juárez.
* There is a need for more information and education in elementary schools, and an overall greater awareness about chronic disease.
* Potential funding and potential collaboration in rural communities is needed for chronic disease to address heart disease, diabetes, cancer, and tobacco control.
* When think of chronic disease you can think of the MyCD program.

**What are the biggest concerns that come from chronic disease in your community?**

* The close working relationships show there is just a certain population working on these issues in the community. There is a lack of communication.
* Barriers account for a lack of funding and grants. The Meters and Strips program ran out of funding for three years.
* A concern is the lack of policies in schools. Physical education has been abolished and there are no prevention programs in the schools. There is a need for role models and for schools to follow guidelines.
* There is a concern that there are not many consumer options for healthy foods and a low access to grocery stores and healthy foods.
* Environmental health concerns:
  + Chemicals are man made.
  + Water is contaminated with nitrates in water.
  + Farmers are still using pesticides.
  + Lead is paint in schools.
* Diabetes and obesity is a main concern in the community.
* Many people have multiple chronic diseases that lead to more chronic diseases
* People cannot afford medical insurance, prescriptions, and other components of health care. People go to Juárez, Mexico for medical insurance due to affordability and culture familiarity.
* There is a lack of communication with language barriers, such as non-Spanish speaking medical staff.
* There is not a systematic way of collecting information. There needs to be a way to get information to track prevention progress, but this is difficult with HIPPA. There needs to be a way to identify disease patterns.
* Affordable Care Act has caused confusion for people seeking medical insurance due to lack of information and access to information.
  + A portion of the population is not eligible for Medicare and health coverage is still not affordable.
* Some programs do not have prevention programs and culture is not implemented into current programs. Chronic disease is very quiet and needs to be addressed before it happens and some programs wait until after the fact.
* When grants are received it is hard to collaborate with health clinics to provide referrals to their programs. Health clinics often have their own grants and do not want to work together, which makes funding more competitive, but it is better to work as a big team in order to accomplish health goals.
* There are no follow up initiatives after a grant is complete and there are no baseline studies. Health impact assessments are missing Need to evaluate if programs are successful and if participants have made health efforts. Also, it is ideal to follow-up with the participants and family members.
* There is a need to focus on social issues including: poor living conditions, domestic violence, and immigration issues in order to see what creates poor health decisions. Need to look at the volume of disease.

**What are the strengths or resources in Las Cruces?**

* A local strength is that there is lots of networking with different health agencies in a variety of different health topics.
* The city is pushing bike lanes.
* New Mexico State University is working on increased walking spaces, such as walking spaces in the mall. The community is involved in city planning and pushing bike lanes. Demonstrating successes with research such as how kids that exercise on bikes have higher scores.
* Kitchen Creations is a successful program. Information about this program needs to get out to the community.
* There is a push to donate bikes to encourage kids to exercise.

**What is needed to help?**

* More funding is needed to help.
* Improved policies in schools would be beneficial. For example, no junk food, and health education should be a requirement.
* There is a need for a 3 to 5 year commitment for projects. Also, a need to look at the environmental components of health.
* More prevention programs for a variety of different health aspects would improve health in Las Cruces. For example, a no texting while driving campaign.
* Access to health care in local community centers that can provide health care education.
* Improved health insurance eligibility would help. This would help those already in crises.
* Environmental changes would help to encourage physical activity.
* Walking trails, nutritional classes, dance classes, and public spaces are needed that are made for physical activity.
* Reaching out to the community would help with chronic disease prevention. The community could give promotions to raise awareness of programs.
* Community health fairs would help those who are not US citizens.
* Local advertisement should focus on health to promote exercise and good mental health. For example:
  + Have you hugged your child today?
  + Have you exercised for 20 minutes today?
* Alternatives are needed to provide health information on health care through outreach and educational programs.

**What would the ideal healthy community in Las Cruces look like?**

* Be similar to the Cuban model with a lower doctor and patient ratio. Medical care is seen in Cuba as a human right. Social workers and nurses follow patients throughout life and health is tied to education. Also, the population has access to pharmaceuticals
* The ideal community would have more diabetes health educators.
* Clinicians would have access to education to understand current practices. Doctors need to have required training on updated health information.
* Public and free services would be used, including incorporating the use of phones and text messages.
* Stickers could encourage individuals to walk 20 minutes a day. Programs like this work in Mexico City and get people to walk at noon.
* Grants would work together to support all of the good programs and ideas.

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

* Provide or assist with funding for prevention, medication, programs, and polices. The community needs more Strips and Meters materials.
* Find a way to network programs into the community.
* Use the Chronic Disease Prevention Council to be a localized hub for collaboration with health agencies to provide information statewide.