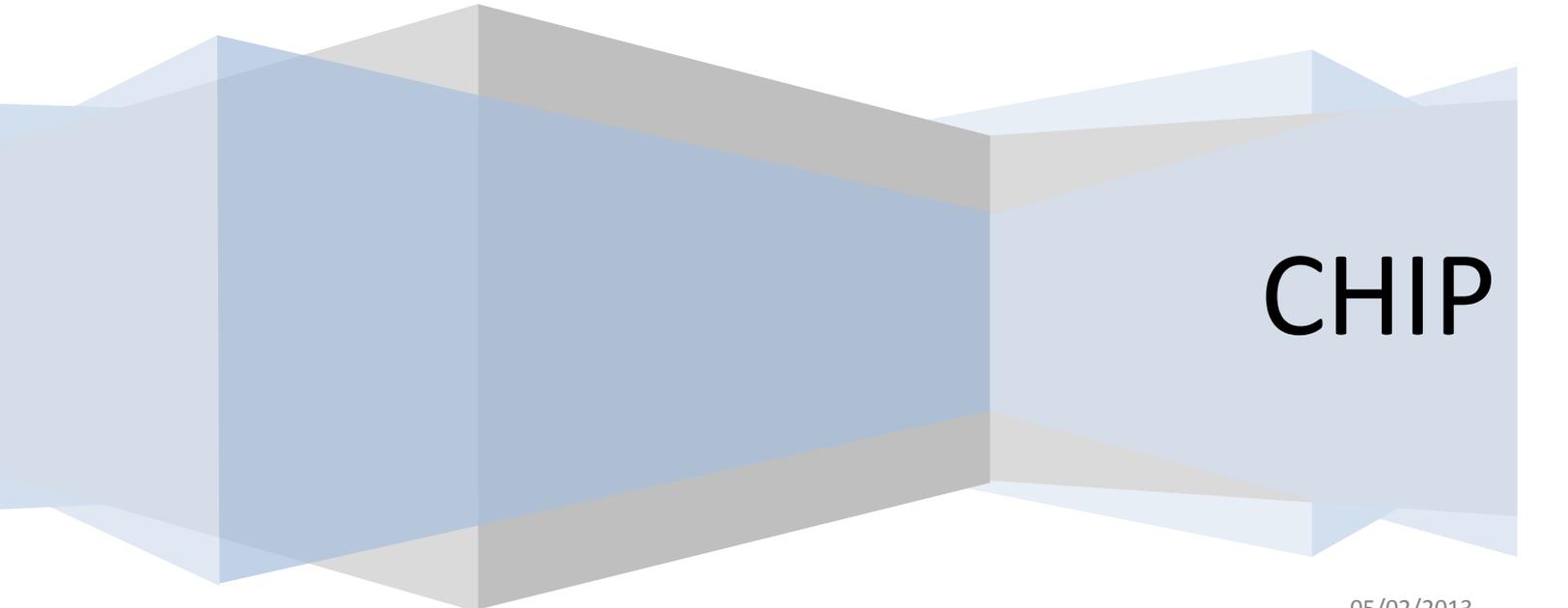


Mariposa Community Health Center

Santa Cruz County

# Community Health Improvement Plan



CHIP

05/02/2013



## ACNOWLEDGEMENTS

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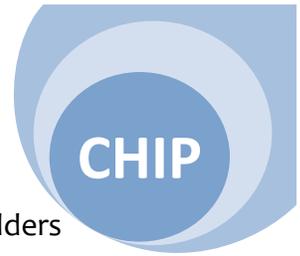
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## INTRODUCTION

### Purpose

The purpose of this Community Health Improvement Plan, or CHIP, is to provide a framework for initiatives, strategies and activities to enhance the health and wellbeing of Santa Cruz County residents. The CHIP is the result of a Community Health Assessment process, or CHA. This health assessment and planning process is being conducted in all Arizona counties, under the guidance of the Arizona Department of Health Services (ADHS) as part of its Public Health Credentialing process.

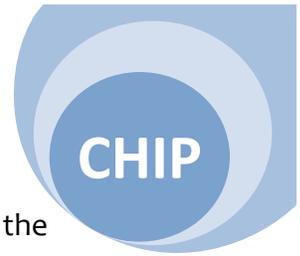


## Background

ADHS initiated the assessment and planning process in the fall of 2012. ADHS contracted with Mariposa Community Health Center (MCHC) to serve as the lead local entity for the process, in collaboration with the Southeast Arizona Area Health Education Center (SEAHEC) and Carondelet Holy Cross Hospital (CHCH).

ADHS first conducted a series of focus groups in September 2012 with various target populations: older adults, youth, women of childbearing age (2), health care providers, and senior services providers. The second step in the CHA process was a community forum conducted by ADHS in Nogales. This was followed by the distribution of a Community Health Assessment survey in October and November 2012. The survey was designed by ADHS in both English and Spanish. MCHC distributed the surveys countywide and county residents were also invited to complete the survey on-line.



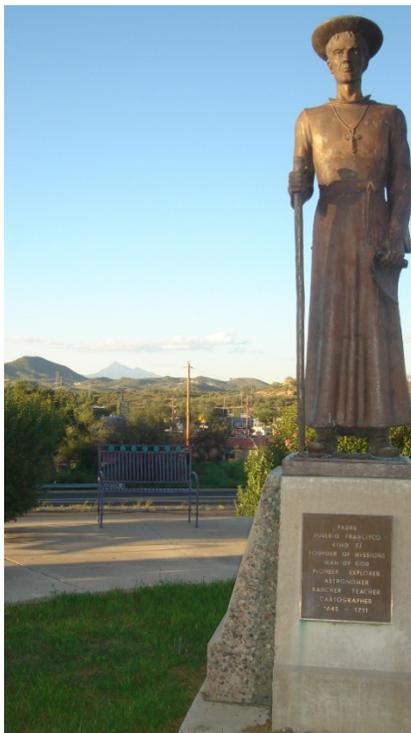


A second community forum was hosted in Rio Rico in December 2012 to share the results of the questionnaire and focus groups, and to invite public input into the Community Health Improvement Plan (CHIP). ADHS compiled the results of the entire plan in January 2013 as the Santa Cruz County Community Health Assessment. This report is available upon request from ADHS and/or MCHC.

The information from the CHA was reviewed and discussed by the CHIP Team, consisting of representatives of MCHC, SEAHEC and CHCH. The resulting Plan is a foundation for community input that intends to stimulate dialogue, collaboration and action. It is a living document that should be updated, adapted and expanded as is useful.

## How to Use this Plan

This plan is a tool for anyone who wishes to use it. The CHIP contains the following components:



- Basic demographic information about Santa Cruz County to frame the context for the CHA and the CHIP.
- A profile of the survey respondents.
- Responses to key survey questions, including demographic information and some comparison between respondents who answered in English and those who answered in Spanish.
- Identification of the three Health Priority Areas that emerged, including objectives and strategies for improvement.
- Additional information in an Appendix.



## HEALTH PRIORITY AREAS

Three Health Priority Areas emerged as important to the community based on survey responses, focus groups and community forum input. The prevalence of certain health risks and conditions among Santa Cruz County residents, compared to Arizona and the United States, were also taken into consideration.

**Priority Area A**  
**Access to Health Care**

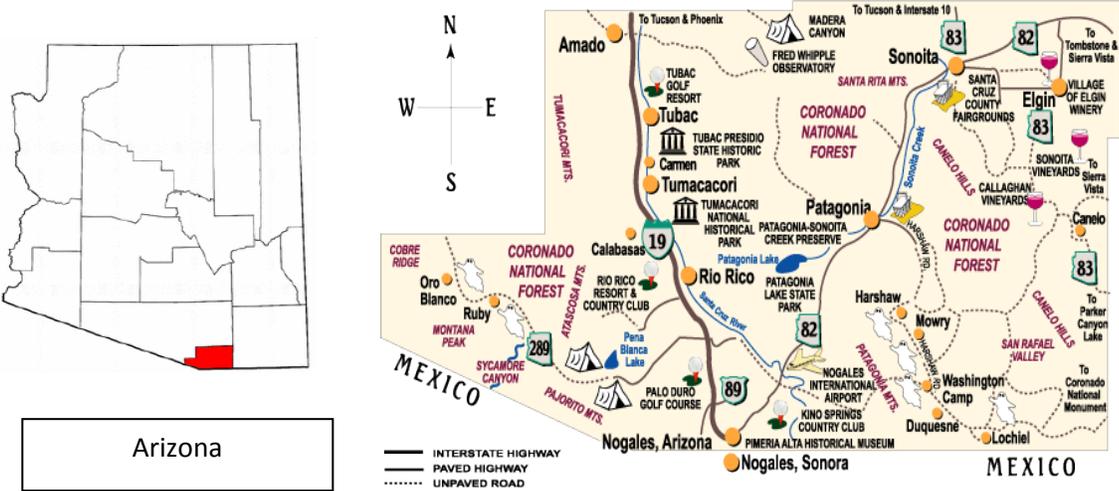
**Priority Area B**  
**Healthy Weight and Diabetes**

**Priority Area C**  
**Adolescent Pregnancy**

Behavioral health also emerged as a fourth Health Priority Area. It is not included in the CHIP since it is beyond the scope and expertise of the CHIP Team. It is hoped that Santa Cruz County behavioral health providers and consumers will use the CHA information regarding alcohol, tobacco and drug use, as well mental health and interpersonal violence, to develop action steps for these behavioral health issues that could be added to the CHIP at a later date.

## SANTA CRUZ COUNTY PROFILE

Santa Cruz County’s nine communities are located along the two major highways in the county, Interstate 19 and Highway 82: Amado, Carmen, Elgin, Nogales, Patagonia, Rio Rico, Sonoita, Tubac, and Tumacacori. The two largest communities are Nogales, with a population of 20,948, and Rio Rico, with a population of 19,818. As the largest community in the county, Nogales serves as the primary source of employment and public services for the entire county, making it the major metropolitan area. Additionally, its location right on the border affects it both positively and negatively. The volume of fruits and vegetables transported across the border each year totals more than four billion pounds, making Nogales the largest port of entry for produce in the U.S. Santa Cruz County is accustomed to, and in fact, relies on the hustle and bustle of daily exchanges of culture, commerce, and politics. Santa Cruz County also faces challenges such as illegal drug running, immigration, unemployment and a myriad of healthcare issues.



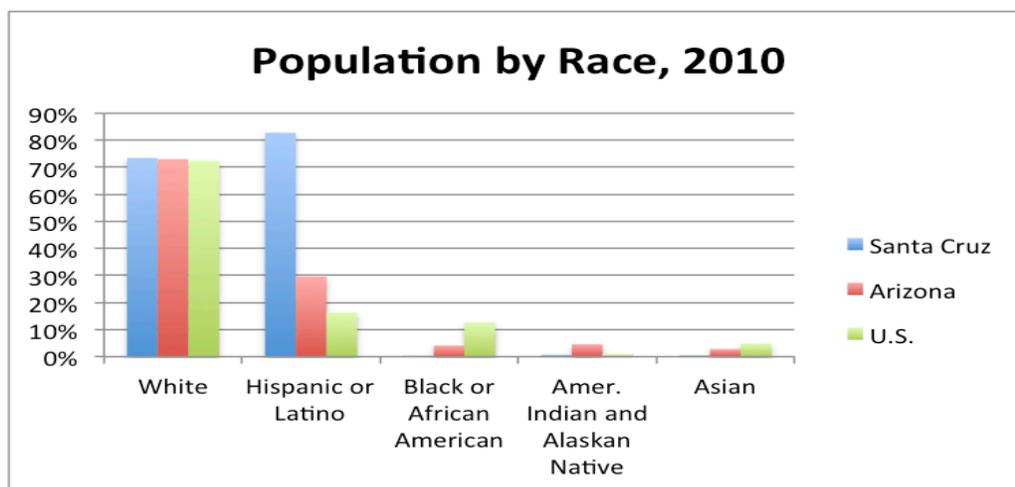
## Population

The population of Santa Cruz County has a very different profile than Arizona’s population as a whole. Overall, Santa Cruz County residents are more likely to be unemployed, earn a low median household income, live below poverty, be foreign born and speak a language other than English at home.

*Santa Cruz County at a Glance, 2010<sup>1</sup>*

	<b>Santa Cruz</b>	Arizona
Population	47,420	6,392,017
Unemployment <sup>1</sup> (Oct. 2012)	18.3%	8.1%
Median household income	\$38,092	\$50,752
Persons below poverty level	26.2%	16.2%
Foreign born	32.7%	13.9%
Speak language other than English at home	79.7%	27.1%

According to the 2010 U.S. Census, the racial composition of Santa Cruz County was 73.5% white, 82.8 % Hispanic or Latino of any race, .4% black or African American, 0.7 % American Indian and Alaskan Native and 0.5% Asian. Two percent identified with two or more races, and 24.5 percent identified as “some other race.”



In 2009-2011, sixty-seven percent of the people living in Santa Cruz County were native residents of the United States. Thirty-three percent of residents were foreign born, of whom 46 percent were naturalized U.S. citizens and 77 percent entered the country before the year 2000.



## Poverty

Poverty is concentrated in families with children under the age of 18. Female household with no husband present experience the highest poverty rates, especially those households with children under the age of 18.

	Santa Cruz	Arizona
<b>Families</b>	24%	12.80%
With children under 18	34.50%	20.30%
<b>Female Households</b> (no husband present)	51.20%	30.80%
With children under 18	63%	38.30%
<b>Individuals</b>	20.20%	26.20%

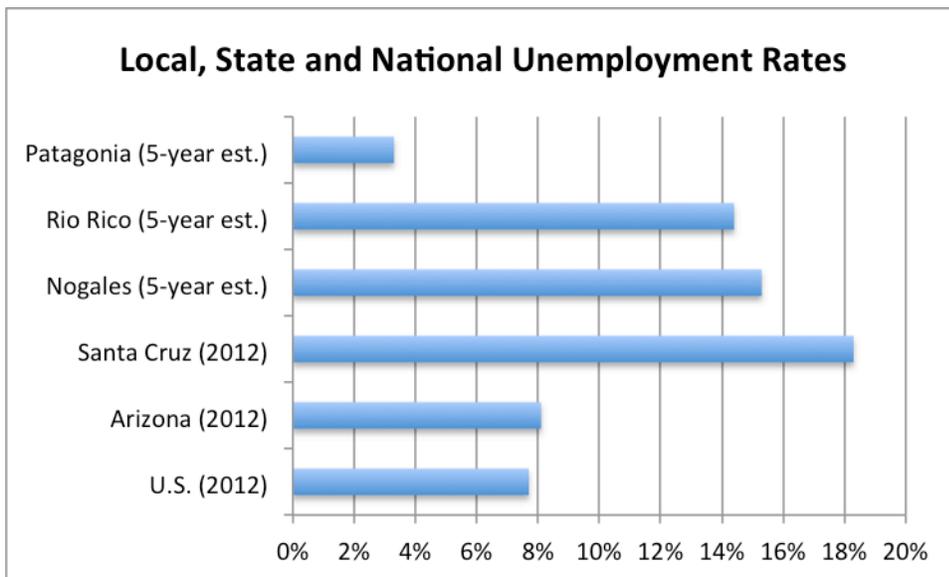
## Education

The percentage of Santa Cruz County residents who have at least a high school education is higher than for Arizona. However, the percentage of county residents with less than a high school diploma is higher than for Arizona and the percentage of county residents who have some form of post secondary education is lower than for Arizona.

Highest Level of Education Attained <sup>1</sup>	Santa Cruz County	Arizona
Less than 9th grade	14.3%	6.4%
9th to 12th grade, no diploma	14.4%	8.2%
High school graduate (includes equivalency)	30.3%	24.6%
Some college, no degree	18.0%	26.4%
Associate's degree	4.6%	8.1%
Bachelor's degree	12.5%	16.8%
Graduate or professional degree	5.8%	9.5%

## Unemployment

Chronic high unemployment rates have plagued Santa Cruz County wellbeing for many years. It is well documented that health status and access to care are affected by employment status (CDC National Center for Health Statistics, 2012). The county's unemployment rate was more than double the Arizona and the U.S. rates in 2012. The five-year estimate for both Rio Rico and Nogales exceed 14%, while the Patagonia's five-year estimate is about 3%.



## COMMUNITY HEALTH ASSESSMENT RESULTS

A total of 201 Community Health Needs Assessment Surveys were completed by county residents. Only 41 were completed electronically. A total of 59% were completed in English and 41% were completed in Spanish.

### Survey respondents were predominantly female, middle-aged and Hispanic/Latino.

Respondents who answered in either language, English or Spanish, were predominantly female (76% and 78%, respectively). Respondents in both languages predominantly represented the 40-54 years age group (39% and 33%, respectively). A higher percentage of English language respondents were seniors age 65 and over (14% English versus 8% Spanish) and a higher percentage of Spanish language respondents were 25 years of age or less (19% Spanish compared to 2% for English). All Spanish language respondents identified as Hispanic/Latino, while 61% of English language respondents identified as Hispanic/Latino and 33% as White.

### English survey respondents were more likely to be county residents have higher education levels and enjoy higher incomes.

Nearly all (93.7%) of English respondents were county residents, compared to 65% of Spanish respondents. More than one half (59%) of English respondents had achieved a college degree or higher, compared to only 29% of Spanish respondents. Nearly half (43%) of English respondents have household incomes over \$50,000, compared to only 5% of Spanish respondents. Conversely, only 10% of English respondents earn less than \$20,000 annually, compared to 36% of Spanish respondents. Nearly one third (30%) of Spanish respondents were unemployed, compared to only 7% of English respondents.



### Health care utilization patterns vary by language of the respondent.

Utilization of Carondelet Holy Cross Hospital was similar for both groups of respondents (11% for English and 8% for Spanish). Spanish respondents used Mariposa Community Health Center more than English respondents (49% compared to 44%, respectively). Nearly one third (29%) of English respondents use local private practice physicians, compared to only 8% of Spanish respondents. More than one third (34%) of Spanish respondents utilized health care in México, compared to only 10% of English respondents.

### Payment for health care and prescription drugs also varies by language of the respondent.

Those who responded to the survey in English reported that their health care was paid for private insurance (70%), AHCCCS (17%) and cash (11%). In contrast, a larger percentage of Spanish language respondents reported that their health care was paid by cash (46%), followed by AHCCCS (34%) and private insurance (22%). Payment for medications showed a similar trend. The majority of English language respondents prescriptions were paid for by health insurance (73%), followed by out-of-pocket purchases (18% in the U.S. and 12% in México), while Spanish language respondents reported mostly paying out-of-pocket in México (48%), by health insurance (36%) and out-of-pocket in the U.S. (20%).



### Health care concerns also vary by respondent language.

When asked which aspect of health care in Santa Cruz County most concerned them, Spanish language respondents identified cost(51%) and health care options (23%), while English language respondents identified health care quality (30%), health care access (27%) and health care options (26%) as major concerns.

### Spanish respondents were more positive about overall community health.

Both groups concurred that overall county health fell in the Somewhat Healthy category (54% English vs. 44% Spanish). However, English respondents more frequently rated overall community health as poor (Very Unhealthy or Unhealthy), while Spanish respondents tended to rate overall community health more positively (Healthy and Very Healthy).

### English respondents were more positive about their personal health.

Nearly one half (48%) of English language respondents rated their personal health as Healthy and 15% as Very Healthy. Forty percent (40%) of Spanish language respondents rated their personal health as Healthy and 10% as very Healthy, with nearly one third (31%) of Spanish language respondents rating their personal health as Somewhat Healthy.





## Respondent Priorities

The following tables present the responses to several key survey questions. Each question offered the respondent a choice of 14 to 25 choices, instructing them to choose three.

### Three Most Important Factors for a Healthy Community

Issue	Rank (1 is Highest)		
	All Respondents	English Respondents	Spanish Respondents
Good jobs and economy	1 42%	1 50%	4 35%
Access to health care (family doctor)	2 40%	4 35%	1 47%
Good place to raise children	3 38%	2 37%	2 40%
Good schools	4 36%	3 36%	3 36%
Low crime/safe neighborhoods	5 31%	5 32%	5 29%
Low crime/safe neighborhoods	5 30%	5 32%	5 29%

### Three Most Important Health Problems in our Community

Issue	Rank (1 is Highest)		
	All Respondents	English Respondents	Spanish Respondents
Lack of health insurance	1 56%	1 59%	1 53.5%
Obesity	2 42%	2 47%	4 37%
Diabetes	3 41%	3 38%	2 44%
Cancers	4 35%	4 31%	3 40%
Teen pregnancy	5 21%	5 29%	5 14%



## Three Most Important Factors that Impact Overall Community Health

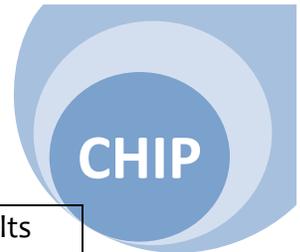
Issue	Rank (1 is Highest)		
	All Respondents	English Respondents	Spanish Respondents
Being overweight	1 54%	1 53%	1 55%
Drug abuse	2 48%	2 44%	2 51%
Alcohol abuse	3 39%	3 43%	3 36%
Dropping out of school	4 34%	4 36%	4 31%
Lack of exercise	5 30%	4 36%	5 26%



## FOCUS GROUP RESULTS

ADHS conducted focus groups with six target groups: older adults, youth, women of childbearing age (2 groups), health care providers and senior service providers. The themes that emerged from these focus groups are summarized below.

<b>Oder adults</b>	<ul style="list-style-type: none"><li>• Need for more medical providers and facilities</li><li>• Retention of medical providers in the community</li><li>• More voice for older adults, especially with policy makers</li><li>• Monthly newsletter to announce activities and engage seniors</li></ul>
<b>Youth</b>	<ul style="list-style-type: none"><li>• More meaningful education about drug use and sexuality</li><li>• Begin risk reduction education earlier than high school</li><li>• More personal development programs, job skills and vocational programs</li><li>• Need for mentors to supplement educational programs</li><li>• Increased parental involvement</li><li>• Education for parents about youth development and communication</li></ul>
<b>Women of childbearing age</b>	<ul style="list-style-type: none"><li>• Lack of reproductive health care facilities</li><li>• Youth do not know where to access contraception</li><li>• Improved mental health services, particularly for postpartum depression and domestic violence</li><li>• Cost of family health care is too high compared to México</li><li>• Reduce the need to travel to Tucson for specialty services</li><li>• Lack of recreational areas and gyms for physical and mental wellbeing, including for children and families</li></ul>



<b>Health care providers</b>	<ul style="list-style-type: none"><li>• Lack of mental and behavioral health services for adults and children</li><li>• Lack of a psychiatrist in the county</li><li>• Lack of an endocrinologist to work with high-risk diabetic patients</li><li>• Obesity, diabetes and teen pregnancy are the three most preventable diagnoses</li><li>• Lack of access to care due to the cost of co-pays</li><li>• Lack of transportation, particularly for the elderly</li><li>• Shortage of specialists</li><li>• Cuts to AHCCCS</li><li>• Outdated treatment and care facilities</li><li>• Need for an evening clinic</li><li>• New strategies needed to recruit and retain providers and specialists that are a fit for the community</li></ul>
<b>Senior services providers</b>	<ul style="list-style-type: none"><li>• Medications are not affordable</li><li>• Limited health literacy is a barrier</li><li>• Lack of care coordination</li><li>• Need for assisted living facilities</li><li>• Longer appointments with primary care providers</li><li>• Better language accommodation</li><li>• More nurse navigators</li><li>• Lack of transportation</li><li>• Financial need is a challenge</li><li>• Need for one-stop services</li></ul>



## Health Priority Area A

## Access to Health Care

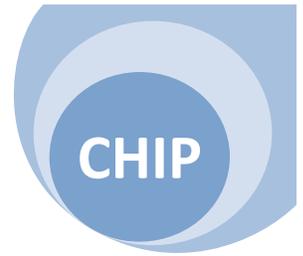
### Why is this important to Santa Cruz County?

During the Santa Cruz County Community Health Assessment conducted in 2012, community members ranked lack of health insurance as **the priority problem** which impacts health in the community. Fifty five percent (55%) of respondents identified it as the number one health problem in their community. Local data back up this perception, as 34% of the population in the county do not have health insurance compared to 18% at the State level. Furthermore, 16% of the population reported not being able to see a doctor due to cost of medical care, compared to 11% average for Arizona.

Other related issues or problems impacting access to care identified in the CHA include long waits to see doctors, lack of transportation to needed health and social services and perceived and real issues related to the hospital's facilities impacting quality of care.

Comparing the ratio of primary care physicians per population, a contrast can be seen between the availability of doctors in Santa Cruz County versus those available for the state as a whole. While the national benchmark for provider to population ratio is 1 to 631; the county rate is 1 provider for every 1,427 people. When we look at data on primary care physicians, the county has 1 provider for every 1,045 people; whereas at the state level there is about 1 provider for every 468 people, more than twice the physicians per population as in our county. The lack of primary care providers in rural communities, and particularly our border communities and in our county, creates ongoing challenges for patients in accessing care, and for the recruitment and retention of providers.

Lack of awareness of existing services and the need to improve and update health care facilities, specifically the Carondelet Holy Cross Hospital, were mentioned during health care provider focus groups and community leaders meetings as being barriers to access and quality care. With the perception of better services in Tucson, patients that could generate revenue in the county choose to utilize services in Tucson instead. This presents a cycle of drain of local revenue and



increases challenges to recruit and retain qualified providers and expand local services. It is important that the local community be informed and aware of existing health services and how to access them in order that our community members actually utilize the services that are available to them.

Access to health care, and access to related services which allow for utilization of health care – including transportation, insurance and adequate staffing of health agencies—are all vitally important to Santa Cruz County. Access to health care directly impacts people’s quality of life in our ability to live active and productive lives and contribute to our economy, our community and our family. We include here objectives for improving access to care, including those addressing quality of services.

### **Objectives and Strategies to Improve Access to Care**

To improve access to care in Santa Cruz County, we will focus on two strategic objectives:

1. Increased community-wide awareness of available services and programs specifically targeting uninsured and underinsured; and
2. Improved recruitment and retention of health providers

We propose an integrated set of strategies to achieve short, medium and long term objectives and outcomes. This integrated approach simultaneously addresses community perception and knowledge of services, improvements in health service facilities and it invites new partners to join efforts to enhance recruitment and retention, resulting in improved access to care.



## **Increased community-wide awareness of programs**

### **Long term objective (1-5 years): to increase access to care for uninsured population in SC County**

- Convene task force on addressing community-wide need for transportation
- Enhance/expand pilot projects which have addressed transportation issue

### **Medium term objective (1-3 years): to share information on available health programs/services with uninsured in Santa Cruz County utilizing CHWs and other strategies as appropriate**

- Identify who are the uninsured in SCC through data review, assessments, other
- Develop and implement strategies to promote existing programs with uninsured

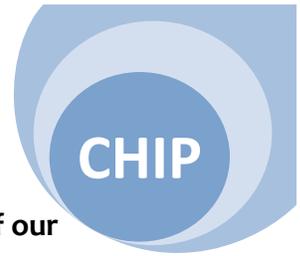
### **Short term objective: Identify programs and alternatives (i.e. Pima Community Access Project, ALMA, other) health payment or health service options within the County which are available to uninsured/underinsured**

- Conduct assessment of existing programs/options for care for uninsured
- Present/disseminate this information within various SCC networks, forums, utilizing CHWs etc.

## **Improved recruitment and retention of health providers**

### **Long Term Objective (5-7 years): to construct a new hospital facility in Santa Cruz County**

- Identify key members for an invigorated task force to explore hospital construction
- Identify potential funding sources



**Medium Term Objective (1-3 years): Enhance recruitment/retention efforts of our health agencies by promoting our positive community image through creation of “community ambassadors”**

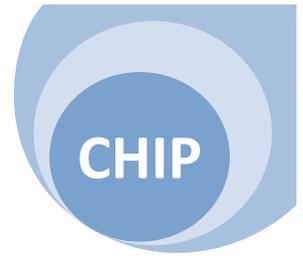
- Selection and orientation of appropriate “community ambassadors”
- Hosting of potential providers & spouses, through receptions, tours, community activities, etc.

**Short Term Objective: to utilize “growing our own” pipeline strategies in the creation and maintenance of a local culturally competent healthcare workforce**

- Strengthen Future Healthcare Leaders High school-based Health Career Clubs; more local physicians and other health workforce serving as guest speakers/mentors
- Expand medical student placement and residency opportunities at both Mariposa CHC and Carondelet Medical Group/Hospital when feasible

**Recruitment strategies and Retention strategies**

Several strategies that are evidence-based in addressing recruitment and retention challenges are currently underway in Santa Cruz County. These include the implementation of Future Healthcare Leaders High School Health Career Clubs, in an effort to “grow our own” healthcare workforce. Data gathered, to date, demonstrate that participants in these Clubs indeed are more likely to go on to college and pursue a health profession. As well, there is much data documenting that medical residents are very likely to practice within a 75 mile radius of where they did their residency. So our strategies to combine these efforts and unite the health workforce pipeline, from high school through college and beyond are very promising. More importantly they are very appropriate to our community and culture as it is also believed that most people appreciate and have better health outcomes if they have a care provider from a similar culture, or who understands their culture and who speaks their language.



## **Strategies for Community Awareness and Outreach**

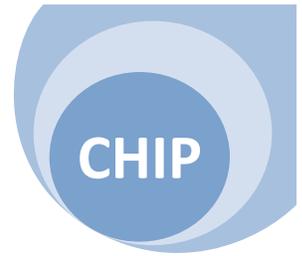
There is much documentation demonstrating success of community outreach utilizing Community Health Workers, or Promotores de Salud. The MCHC has a cadre of well-trained Promotores who could be called upon to convene community meetings and to do door-to-door outreach regarding programs to increase access to care. If we could connect the right program, utilizing the appropriate means, addressing the target audience (the uninsured), this culturally and community appropriate strategy could potentially bridge the very important gap between the uninsured and services.

## **Assets and Challenges**

Key community health networks already meet together to promote collaboration, coordination and communication. These networks, including the Santa Cruz County Adolescent Wellness Network and the *Vivir Mejor!* Initiative, Coordinated Community Response Team, and others can be utilized to further the scope and reach to assure information regarding available community health resources and programs for the uninsured are disseminated.

MCHC is part of the Nuestra Salud (Our Health) Network, a four-county network devoted to outreach and enrollment of children in Kids Care and AHCCCS. Nuestra Salud has proposed collaborative projects to position and train Community Health Workers (CHWs) in the navigation component of the Health Insurance Marketplace of the Affordable Care Act. As a member of the Arizona Alliance for Community Health Centers, Mariposa is also involved in regional and statewide efforts to increase insurance coverage and primary care access.

As well, grass-roots initiatives have already been piloted in attempts to address the county-wide issue of lack of public transportation. Both Mariposa Community Health Center and the University of Arizona's Center on Excellence for Developmental Disabilities (UCEDD) have convened public forums and proposed measures to address transportation issues locally. Mariposa, through involvement in a Community Advocacy project with the University of Arizona Prevention Research Center initiated bus services and this type of initiative could be scaled-up and sustainable.



### **What Partnerships Already Exist?**

Mariposa Community Health Center and Carondelet Holy Cross Hospital have been partnering with SEAHEC for recruitment and retention of healthcare providers for several years. New promising initiatives include the recently-funded rural residency program with the University of Arizona College of Medicine. More funding and preceptors can and will be identified in order to continue our work on health professions pipeline.

### **Who Else should be Included?**

In increasing access to information on available health care services and programs, a specific strategy for inclusion of the schools, mass media including local radio, newspaper, etc. needs to be made and these agencies should be included as key partners in health issues and health improvement.

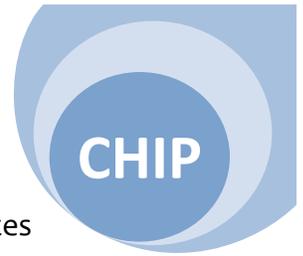
As mentioned in the section of objectives for recruiting health providers, new partners need to be identified who will effectively promote the positive image of our community, our county and its amenities to prospective candidates and their families. These partners may include Nogales Economic Development Council, the Chamber of Commerce, the Port Authority, and others.

As well, in looking to construction of a new hospital facility for the county, new partners and new resources need to be identified. We hope that the community leaders are able to join us in identification of such persons and financial resources.

### **What Challenges or Barriers Do We Need to Address?**

As mentioned in the community health assessment, the population of Santa Cruz County has a very different profile than Arizona's population as a whole, including the likelihood of being unemployed, having a low median household income, and living in poverty – factors that greatly decrease likelihood of accessing regular forms of health care and negatively affecting health status.

Challenges include those on a macro-scale, including encouraging our employment sectors to offer some type of health insurance coverage to employees, promoting viable and accessible public transportation for those people wanting to utilize health services, and disseminating culturally appropriate information on the types



of programs which help people with limited resources access the health services they need.

Challenges to recruitment and retention of health providers include the ongoing sensationalism of border-violence which does not represent the cohesive, supportive community environment in which we live and work, as perceptions of violence of border communities far exceed the realities of the data on violent crimes. Recruitment of primary care physicians, in particular, is a challenge, as many medical students choose to specialize and not locate in smaller rural communities such as those found in our county.

### **How Will We Know When We Have Been Successful?**

Number of programs / initiatives identified that provide services/discounts to uninsured

Number of Community Health Workers (CHWs)/Patient Navigators who can identify services/discount programs for uninsured

Increased number / percent of uninsured accessing services (benchmark TBD)

Number of “community ambassadors” trained and involved in recruitment/retention of health providers

Number of “Future Healthcare Leaders” and other youth completing health professions programs

Number of new health providers recruited through new strategies of this CHIP

Plans for new hospital developed/approved/completed

Plan for community-based sustainable transportation system developed/approved/funded/initiated



## Health Priority Area B

# Healthy Weight and Diabetes

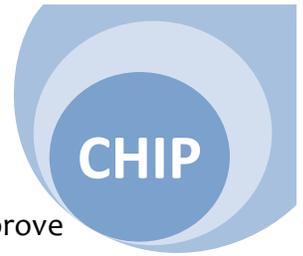
### Why is this important to Santa Cruz County?

Obesity is a serious health concern that is on the rise across the United States. In 2008, 26% of Santa Cruz County adults were overweight or obese, compared to the Arizona average of 24%. This rate also represented a 2% increase in obesity in Santa Cruz County since 2001. Obesity is a risk factor in cardiovascular conditions and several types of cancer. Currently the two current leading causes of death in Santa Cruz County are cardiovascular disease and cancer.

According to participants in the 2012 Santa Cruz County Community Health Needs Assessment, four of the eight most important health problems in the community are related to obesity and diabetes. Obesity ranked second with 47% respondents identifying it as a top health problem, diabetes was third with 38%, and physical activity and coronary heart disease were sixth and eighth with 26% and 10%, respectively. A majority of participants (53%) ranked “being overweight” as the most important factor impacting their community’s health. Over a third (36%) believed “lack of exercise” was an important factor, making it the fourth most common response.

A variety of factors affect our community’s ability to attain active lifestyles. Air quality and access to recreational facilities play a key role in people’s ability to achieve recommended physical activity levels. Santa Cruz County ranks poorly in Arizona for air quality at 9th out of 15 counties for the average daily amount of air pollutants. Santa Cruz County ranks poorly in the state for community access to recreational facilities, with only 2 facilities per 100,000 population. The statewide average is 8 facilities per 100,000 and the national benchmark is 16 per 100,000 population.

In focus groups of local health care providers and key informants, obesity and diabetes were two of the top three health issues. They discussed challenges at the individual, family, interpersonal, institutional, and structural levels. Because this issue was a high priority in the Community Health Assessment, and because the root causes and potential solutions to obesity reach across all levels of the socio-



ecological model, we include here a variety of objectives and strategies to improve the health of Santa Cruz County residents.

*People should use parks for more than just a carne asada. Parks should have well-maintained trails and fitness equipment and we should use them for physical activity.*  
–Key informant community meeting

## **OBJECTIVES & STRATEGIES TO PREVENT AND TREAT OBESITY AND DIABETES**

To address the epidemic of obesity and related health issues in our community, we will focus on two strategic objectives:

1. Increased access to healthy food options and promotion of healthy eating
2. Increased access to and utilization of active living and recreation opportunities

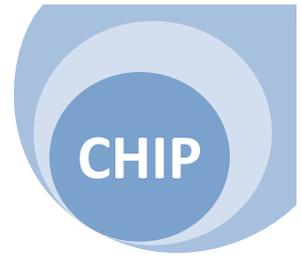
Health begins where we live, work, and play, especially when it comes to obesity-related behaviors and issues. Participants in the community health assessment called for a Community Health Improvement Plan that fosters a healthier environment in Santa Cruz County, to make the healthy choice the easy choice. We believe that by utilizing the following strategies and working toward these two objectives, residents of Santa Cruz County will be empowered to improve their health behaviors and achieve better health outcomes.

### **Healthy Food Options and Healthy Eating**

**Long term objective (1-5 years): *Improved access to healthy food choices***

**By 2018, five partner organizations will successfully implement three strategies that promote access to healthy food and improved nutrition choices in Santa Cruz County.**

- Support key organizations/employers to implement policies/ adapt best practices that promote healthy eating.
- Work with school districts to support nutrition education and develop Coordinated School Health policies that encourage healthy eating.
- Identify funding to implement and expand programs that improve access to affordable healthy foods and healthy eating



## Physical Activity and Active Living

**Long term objective (3-10 years): *Improved infrastructure for active lifestyle and recreation.***

**By 2018, five partner organizations will successfully implement three strategies that promote walkability and active recreation in Santa Cruz County.**

- Increase infrastructure for safe walking and bicycling such as sidewalks, bike lanes, and trails throughout the county.
- Expand public recreation facilities so that they include well-maintained equipment and fitness facilities and are accessible for all residents.
- Improve air quality in Santa Cruz County by implementing best practices to control dust and reduce exhaust emissions.
- Encourage/support employers to adopt best practices for workplace physical activity
- Obtain funding and expand current health promotion classes and programs and develop new programs when necessary to reach a broader scope of residents.

## Healthy Eating and Active Living

**Short term objective (1-3 years): *Improved awareness and utilization of healthy eating/active living programs and related health behaviors***

**By January 1, 2014, four partner organizations will develop a community-wide educational campaign with messages to promote existing healthy eating and active lifestyle programs.**

- Increase community members' knowledge of the causes and the means to prevent and treat obesity and diabetes.
- Increase awareness and utilization of available healthy eating/active living programs.
- Promote walking and bicycling as commuting and leisure activities.
- Promote a wide variety of physical activity opportunities that would appeal to individuals with varying ability levels and personal preferences.
- Encourage community members to advocate for active living opportunities and supportive policies through advocacy training and community organizing.



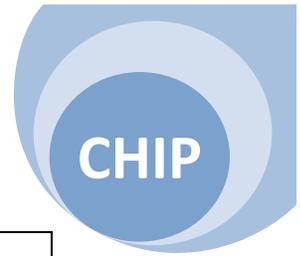
### **Assets**

Santa Cruz County residents can be commended for having one of the highest rates of physical activity in Arizona. The rate of inactivity among adults in this county is 17%, compared to a statewide average of 23%.

Schools and school districts in the county have made progress in implementing Coordinated School Health policies, which promote healthy nutrition and physical activity throughout the school system. In 2013, Mountain View Elementary School in Rio Rico received the Gold Award from the Healthier US School Challenge, an acknowledgement of their efforts to implement healthy eating and active living policies throughout their school.

Santa Cruz County health and social service providers offer a variety of obesity and diabetes prevention and treatment programs. This plan advocates supporting these programs and expanding their capacity and reach.

<b>Program</b>	<b>Description</b>	<b>Lead Agency</b>
SNAP Ed	Nutrition education for students and low income families	University of Arizona Cooperative Extension Santa Cruz County
Vivir Mejor!	Consortium of organizations creating a system of diabetes prevention and care	Mariposa Community Health Center Health & Wellness Department
Patient Navigation	Coordinated care for adult diabetes, hypertension, and asthma	Mariposa Community Health Center Health & Wellness Department
Ventanilla de Salud	Health education, information, and screening at the Mexican Consulate	Mariposa Community Health Center Health & Wellness Department and Mexican Consulate
¡Salud Sí!	Weight loss and physical activity classes for women	Mariposa Community Health Center Health & Wellness Department



Women, Infants, and Children Special Nutrition Program/WIC	Nutrition education, healthy food vouchers, and breastfeeding promotion for pregnant, postpartum, and breastfeeding women, infants , and children under age 5	WIC/ Mariposa Community Health Center Health & Wellness Department
Cosechando Bienestar Nogales Weekly Mercado	Promoting local, affordable foods through Farmers' Market and support for home gardening	MCHC Health & Wellness Department; Nogales Community Development and Avalon Organic Gardens and Farm
Safe Routes to School	Promoting physical activity by improving walking and biking infrastructure and programs	University of Arizona Cooperative Extension Santa Cruz County
Child Care Health Consultation	Work with early childhood professionals including teachers and care providers to establish life-long healthy eating and physical activity habits in children 5 and younger	University of Arizona Cooperative Extension Santa Cruz County



**Health Priority  
Area C**

**Adolescent Pregnancy**

**Why is this important to Santa Cruz County?**

Teen pregnancy is a public health issue that is often associated with negative consequences for both the teen mom and her child (ren). In 2011, the teen pregnancy rate for the county was 27.9 in comparison to the state rate at 23.0. That same year, there were 116 teen pregnancies in Santa Cruz County. Of those 116 pregnancies, 108 babies were born. The percent of teen pregnancies ending in abortion in the county was 6.8% whereas in the state, 21.1% of teen pregnancies ended in abortion. Citing the 2007 Youth Risk Behavior Survey (YRBS) for Santa Cruz County, 41.2 % of high school students indicated they have had sexual intercourse while only 61.5% of those students used condoms.

Teens are more likely to have lower birth weight babies, (10% of low-birth weight babies in Santa Cruz County were born to teens) lower breastfeeding rates and increased infant mortality. Because of this, there is an increased risk of hospital admission in early childhood. Oftentimes, teen parents have a less supportive home environment, tend to be more socially isolated, develop mental health problems, their babies have poorer cognitive development and, if female, a higher risk of becoming pregnant themselves as teenagers. Two-thirds of babies born to teen parents do not complete high school compared to 81% of babies born to older moms. Teen parents have fewer educational and employment opportunities. Nationwide, parenting an infant is the main cause of teen women dropping out of school. Only 51% of teen moms have a high school diploma nationwide compared to 89% of female teens that are not teen parents. Three quarters of teen pregnancies are unintended.

Teen pregnancy has been identified as a priority in Santa Cruz County by affecting strong family life as a protective factor and aligning with unsafe sex practices and dropping out of school. In a national widespread poll conducted by the National Institute of Health in 1999, 68% of adults thought teenage pregnancy was “a major problem facing our country”. As a whole, the nation has been



experiencing a decline in teen births from the 1990s. In Arizona, the teen pregnancy rate also declined from a high of 42.7 per 100,000 in 1999 to 23.0 in 2011. Santa Cruz County has experienced a decline in teen pregnancy rates, but at a slower rate. In 1999 the teen pregnancy rate was 41.7 and it dropped to 27.9 in 2011, which is higher than statewide.

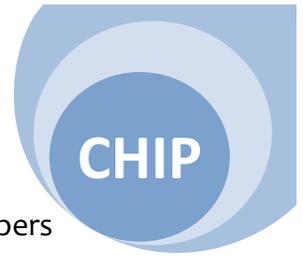
As a border community, 82.9% of Santa Cruz County is Hispanic while only 29.6% of Arizona is Hispanic. The rate of pregnancy among Hispanic female teens in Santa Cruz County at 6.1% is similar to the state at 6.9%. In most instances Santa Cruz County pregnant teen women fared worse than the state in: late entry into prenatal care; 47.2% compared to 30.9% for the state and inadequate prenatal visits 23% compared to 8.3% for the state. Ten percent of babies born in Santa Cruz County to teen moms were low birth weight compared to only 8.3% of babies born in the state. The state of Arizona has a higher portion of teen pregnancies paid for by AHCCCS 83.5% than Santa Cruz County at 78.7%.

Factors that have influenced the decline of teen pregnancies nationwide include: changes in sexual behavior including abstinence; availability of contraceptives; a strong economy with career opportunities; and welfare reform that limit the amount of time a recipient can receive public assistance. Statistics indicate that the more involved teens are in their school work, school activities and connections they feel with teaching staff the less likely they are to become pregnant. In contrast, in a study by the Rand Corporation, teens exposed to the most sexual content on TV are twice as likely as teens watching less sexually explicit material to become pregnant before they reach age 20.

### **Objectives and Strategies to prevent adolescent pregnancies**

**To address the issue of teen pregnancies in Santa Cruz County we will focus on the following objectives**

1. Increasing parents' knowledge and comfort level around teen sexual health, STDs and pregnancy prevention
2. Increase number of adolescents who have access to attending a *¡Cuidate! (Take Care of Yourself!)* program or similar program on sexual health, STD's and pregnancy prevention

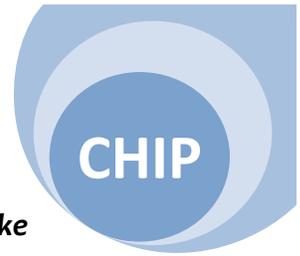


In Santa Cruz County family is the center of interaction. Through family, members develop strong feelings of support and provide a solid foundation for values, beliefs, and cultural understanding. It is through family that children receive their orientation to reproductive health and child bearing. Because “sexual silence” frequently prevents critical communication between parents and their children, not all adolescents receive sufficient information to make decisions about sex. Not only does the lack of information confuse an adolescent, it puts them at risk for STDs, unintended pregnancies, and HIV. Strengthening a parents’ knowledge and understanding about teen sexual health, talking about sex and peer pressure would equip families to better respond to their child’s needs.

**Increasing parents’ knowledge and comfort level around teen sexual health, STD’s and pregnancy prevention**

**Long term objective (1-5 years): *Improved parent knowledge about teen sexual health***

- Support key stakeholders including health agencies, schools and religious organizations in the county that provide health information for teens
- Work with adult groups, parent groups, or religious organizations to support sexual health education
- Support community programming that provides community health education
- Train key community and or family members how to open sexual health dialogues in health education settings
- Utilize radio, and other media sources to present teen sexual health media messages
- Train parents to talk with other parents through such programs as *Can We Talk?*
- Provide community trainings for parents on adolescent sexual health by trained Teen Health Facilitators
- Support community sexual health education activities such as: Reality-based Haunted House and Teen Maze
- Utilize key community members such as religious leaders to promote open dialogue about teen sexual health



**Increase number of adolescents who have access to attending a ¡Cuidate! (Take Care of Yourself) program or similar program on sexual health, STDs and pregnancy prevention**

**Long term objective (1-5 years): Improved youth access to sexual health information**

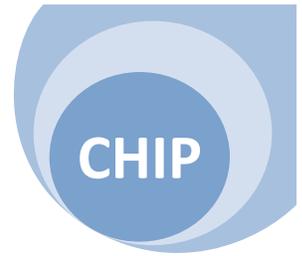
- Support key stakeholders including health agencies, schools and religious organizations in the county that provide health information for teens and adolescents
- Support community programming that provides community health education
- Utilize radio, and other media sources to present teen sexual health media messages
- Support community sexual health education activities such as: Reality-based Haunted House and Teen Maze
- School Boards support sexual health education classes through the school setting and or school club setting
- Religious organizations supporting youth groups support sexual health education classes promoting *AbstinencePlus*
- Trained adult community leaders such as teachers, coaches and youth group leaders open sexual health dialogues in appropriate settings for youth discussions
- Provide community trainings for youth on adolescent sexual health by trained Teen Health Facilitators through such locations as Boys and Girls Club
- Support youth media and arts around sexual health education promotion

**What strategies are evidence-based or promising?**

¡Cuidate! Villarruel, A.M., Jemmott, J.B. III, and Jemmott, L.S. (2006).

*Can We Talk?* developed by The National Education Association Health Information Network

Teen Maze is an experiential learning model



## Assets and Challenges

What are we already doing?

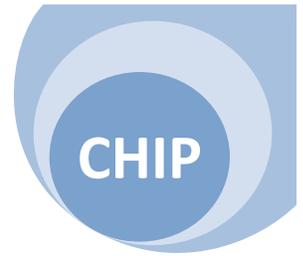
- a. Through the ¡Cuídate! program, Mariposa Community Health Center staff teaches personal responsibility classes on pregnancy prevention, STDs and HIV/AIDS.
- b. The Summer Youth Institute sponsored by MCHC address youth leadership and life skills training.
- c. The teen dating violence program and educational presentations through the Community Coordinated Response Team along with Kaity's Way are in the local area high schools with safe dating practices.
- d. Weekly health educational messages are presented at the Pierson Alternative High School throughout the school year to teen parents emphasizing safe sex practices and teen self esteem.
- e. Family planning educations/preconception care health educations are available for any teen presenting at MCHC for a negative pregnancy test.
- f. Self referral form for students at the Nogales High School to attend a ¡Cuídate! Session outside of the school system.

What partnerships already exist?

- a. Key partner connections through the Nogales Rural Innovation Consortium (NRIC), Maternal Child Health Consortium, the Adolescent Wellness Network and Vivir Mejor!
- b. Partnership with the local schools exists through the Santa Cruz County Adolescent Wellness Network, SYI, SEAHEC's Health Clubs, MCH weekly health education class at Pierson High School.
- c. Eastern Santa Cruz County Coalition and the Santa Cruz Community Action Coalition
- d. Community Coordinated Response Team
- e. Arizona Border Communities Health Network and the Arizona-México Commission

Who else should be included?

Parents, school counselors, school administrators, boards of education, youth in general and religious leaders.



### **What challenges or barriers do we need to address?**

1. Lack of parental knowledge and parent comfort levels in talking about sex.
2. Lack of sex education available through the school system.
3. Lack of accessibility to students through the school by outside resource personnel.
4. Youth groups associated with religious organizations allow abstinence-only curricula.

### **How will we know when we have been successful?**

Increased number of key stakeholders including health agencies, schools and religious organizations in the county that provides health information for teens and adolescents

Increased number of trained key community and or family members that can open sexual health dialogues in health education settings

Ten trained parents to talk with other parents through such programs as Can We Talk

One community training in each community for parents on adolescent sexual health by trained Teen Health Facilitators

Increased number of trained adult community leaders such as teachers, coaches and youth group leaders open sexual health dialogues in appropriate settings for youth discussions

At least one annual community sexual health education activity, such as: Reality-based Haunted House and Teen Maze for teen participants

Four Radio spots, PSA and teen interviews in May during the National Teen Pregnancy Prevention Month

Three invitations to present to the Nogales, Rio Rico and Patagonia School Boards of Education

One youth-sponsored arts and the media event highlighting youth sexual health