

**REPORT FROM**

**SCHOOL AND COMMUNITY:  
SOLVING HEALTH PROBLEMS TOGETHER**

**December 6, 7, 1993  
Clovis Community College  
Clovis, New Mexico**

**OFFICE OF THE GOVERNOR  
NM DEPARTMENT OF HEALTH  
NM STATE DEPARTMENT OF EDUCATION  
NATIONAL HEALTH/EDUCATION  
CONSORTIUM  
NM CHILDREN'S FOUNDATION**

**CLOVIS  
CORONA  
DORA  
ELIDA  
FLOYD  
FORT SUMNER  
GRADY**

**THE COMMUNITIES OF:**

**HOUSE  
LOGAN  
MELROSE  
PORTALES  
TEXICO  
TUCUMCARI  
SAN JON**

**SANTA ROSA**

**FINANCIAL SUPPORT PROVIDED BY:  
The Honeywell Foundation  
The Prudential Foundation**

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# **SCHOOL AND COMMUNITY: SOLVING HEALTH PROBLEMS TOGETHER**

## **EXECUTIVE SUMMARY**

On December 6, 7, 1993, teams from fifteen (15) communities from the east and southeast region of New Mexico met over a period of two days at a conference focused on identifying ways that schools, health providers, and the general community can join together to address the health status - and, therefore, the educational status - of their children. The conference came about through the leadership and support of the National Health/Education Consortium. Conference planning was led by a state-level team (Governor's Office, State Department of Education, and the Department of Health) which modeled the targeted community-level initiatives. Each of the communities came to the conference with different needs, different perspectives on what needed to be done, and different priorities. In some cases, communities had met in advance and had already established community level planning teams, and in other cases this conference was the first time that schools, health providers and community leaders had come together specifically for the purpose of examining the inter-relationships between the health of our children and their education.

The concept of health providers, educators, and community leaders coming together for joint planning was adopted enthusiastically. Caroline Gaston, of the Governor's Office, set the stage for the meeting with her opening keynote address in which she stressed the inter-relationships of children's health status and their ability to learn. Three students from Clovis and Fort Sumner provided the youth perspective by highlighting the recommendations which came out of the Governor's Youth Education Summit and outlining issues and problems in their schools and communities. At a dinner meeting on the first evening New Mexico's First Lady Alice King delivered a message which urged participants to focus on child-centered, action-oriented strategies.

The conferees spent the majority of the conference time in planning strategies for their own communities. In some cases, communities opted to join a neighboring community for joint planning because of geography and their interdependence. Facilitators assisted each community with the planning process

Several common themes emerged from the action plans developed by the communities which were reported on during the closing plenary session.

- When communities tally all of their existing assets the list is impressive, but all recognize that there is substantial room for improvement in collaboration and coordination that would result in improved services.
- The many changes in society and the nature, extent and complexity of today's problems require that we look for new and innovative ways of meeting the needs of families and children.
- The barriers to change are many and cannot be overcome unless we get the entire community involved and they recognize that change cannot come about until they help bring it about.
- The need for collaboration and coordination between and among educators, health providers, parents, the criminal justice system, the business community and others is so obvious that, unless we implement these kinds of plans, we have to settle for the "status quo." The "status quo" is not acceptable to any community.

In addition, each community developed action steps unique to its situation. Community plans are described in a later section of this report.

The communities also had recommendations for government. Included were these:

- Leadership must start at the top. The Governor, the legislature, and state agencies must set the example by saying and doing the right things to help communicate the need for change and the benefits that will result.
- These changes cannot take place without incentives and help from the state and federal government. Community resources are already overtaxed. If we really believe what we are saying we need to provide the communities incentives to be active participants in bringing about the needed changes.

These same communities will meet again in approximately ten (10) months to assess and report on their progress and to plan further action steps.

This was the third of a series of conferences to be held throughout New Mexico. The first was held in Las Cruces, New Mexico on June 16-17, 1992, and involved five border communities. The second was held in Albuquerque in January 7, 8, 1993 and involved eleven communities.



January 8, 1993

7:30 - 8:00 a.m. Continental Breakfast - Holiday Inn Ballroom  
(no charge for participants with name tags)

8:00 - 8:15 a.m. THIRD PLENARY SESSION - Holiday Inn Ballroom

Reactions to First Day and Challenge  
NM Health Education Consortium State Steering Committee

8:15 - 10:00 a.m. Community Group Working Sessions

Clovis Community College

Holiday Inn

10:30 - 11:30 a.m. CONCLUDING PLENARY SESSION - 154 Town Hall  
Clovis Community College

- Reports by Community Groups
- Summary - Caroline Gaston
- Closing Challenge - Alice King

## ACKNOWLEDGMENTS

### PLANNING COMMITTEE

Caroline Gaston, Chair, Office of the Governor  
William Blair, State Department of Education  
Ann Taulbee, State Department of Health  
Amanda Cooper, Office of the Governor

### FACILITATORS

Regina Murphy  
Ruidoso

M.G. Martinez  
Albuquerque

Charles Miller  
Albuquerque

Cheri LaCounte  
Ruidoso

Bonnie Page  
Albuquerque

Kathryn Strong  
Los Alamos

Chuck Spath  
Albuquerque

Bonnie L. Wiles  
Las Cruces

### FINANCIAL SUPPORT

The Honeywell Foundation

The Prudential Foundation



STATE OF NEW MEXICO  
DEPARTMENT OF EDUCATION  
EDUCATION BUILDING  
SANTA FE—87501-2786

ALAN D. MORGAN  
SUPERINTENDENT OF PUBLIC INSTRUCTION

Dear Participants:

It is my pleasure to welcome each of you to this conference, where people from eleven school districts and communities can come together to discuss the health needs of children and develop action plans for local health/education collaboration.

I am aware of at least twenty-five (25) national reports, published over the past ten (10) years, that address the inter-connection of children's health and education and the need to incorporate a comprehensive approach to health, rather than focusing on a single categorical concern.

My review of the agenda shows a clear focus on the major objectives established by the National Health/Education Consortium which were developed to promote better understanding and closer coordination between the health and education communities.

Now is the time for action. Be assured of my continued support of this initiative. I wish you much success with your endeavors.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to read "Alan Morgan".

ALAN D. MORGAN  
State Superintendent  
of Public Instruction

ADM:WOB:km



OFFICE OF THE GOVERNOR  
STATE CAPITOL  
SANTA FE, NEW MEXICO 87503

BRUCE KING  
GOVERNOR

(505) 827-3000

Congratulations on your commitment of time and energy to this conference.

When children have unattended health problems, their ability to learn is affected. When children don't learn as well as they could, we are all affected, in a negative way. This is why we are so pleased that this conference on School and Community Solving Health Problems Together is being held. We believe that educators, health providers, state agency employees, and community leaders, working together, are the people who can best plan and implement solutions to the problems of children's health.

We believe in the importance of community planning. You will spend most of your time at this conference meeting as a community team. The plans you develop should be those you can implement. Working together, you will accomplish much.

We wish you success, and thank you for the important contributions you make.

Handwritten signature of Bruce King in cursive.

BRUCE KING  
Governor

Handwritten signature of Alice King in cursive.

ALICE KING  
First Lady of New Mexico



OFFICE OF THE GOVERNOR  
STATE CAPITOL  
SANTA FE, NEW MEXICO 87503

BRUCE KING  
GOVERNOR

(505) 827-3000

Congratulations on your participation in this conference!

With the plans you make today and tomorrow to improve the health of our children, you will strengthen your communities and our state. We urge you to work together today, tomorrow, and in the coming year to prioritize children's health needs in your communities and then to carry out your plans to address these health needs.

Children's health is an education issue, a health issue, and an economic development issue. We urge everyone to work together in your community to bring about positive results for our children.

Handwritten signature of Wayne Powell in cursive.

WAYNE POWELL, Secretary  
Children, Youth and Families Department

Handwritten signature of Michael Burkhardt in cursive.

MICHAEL BURKHART, Secretary  
Department of Health

Handwritten signature of Dick Heim in cursive.

DICK HEIM, Secretary  
Human Services Department

This conference is endorsed by the following people/organizations in New Mexico, whose national organization is a member of National/Education Consortium:

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This conference is endorsed by the following people/organizations in New Mexico, whose national organization is a member of National/Education Consortium:

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Dr. Yoshio Okada  
Society for Neuroscience  
M.E.G. Center (101)  
V.A. Medical Center  
2100 Ridgecrest Drive SE  
Albuquerque, NM 87108

## **PARTICIPATING COMMUNITIES :**

Clovis

Corona

Dora

Elida

Floyd

Fort Sumner

Grady

House

Logan

Melrose

Portales

Texico

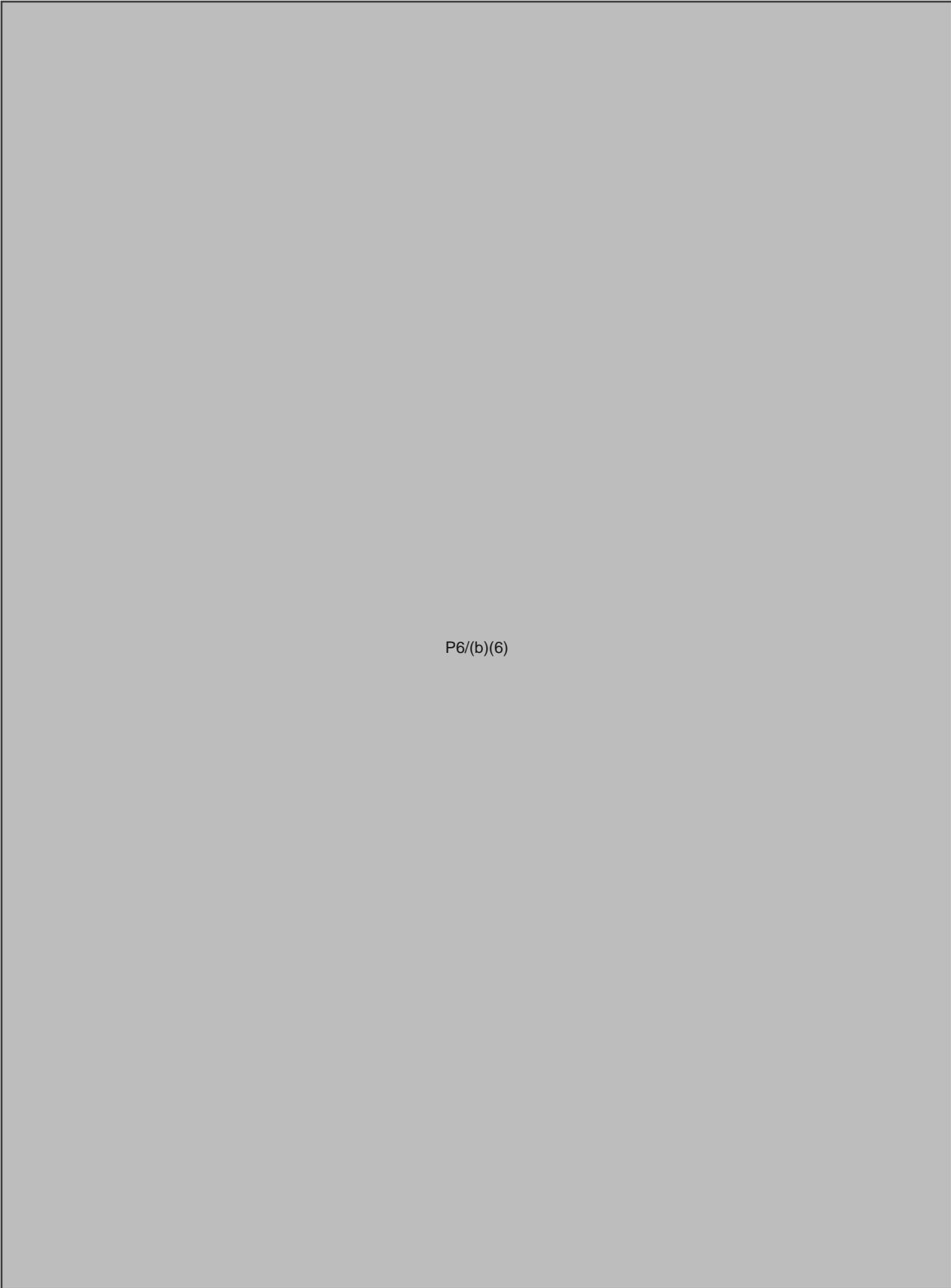
Tucumcari

San Jon

Santa Rosa

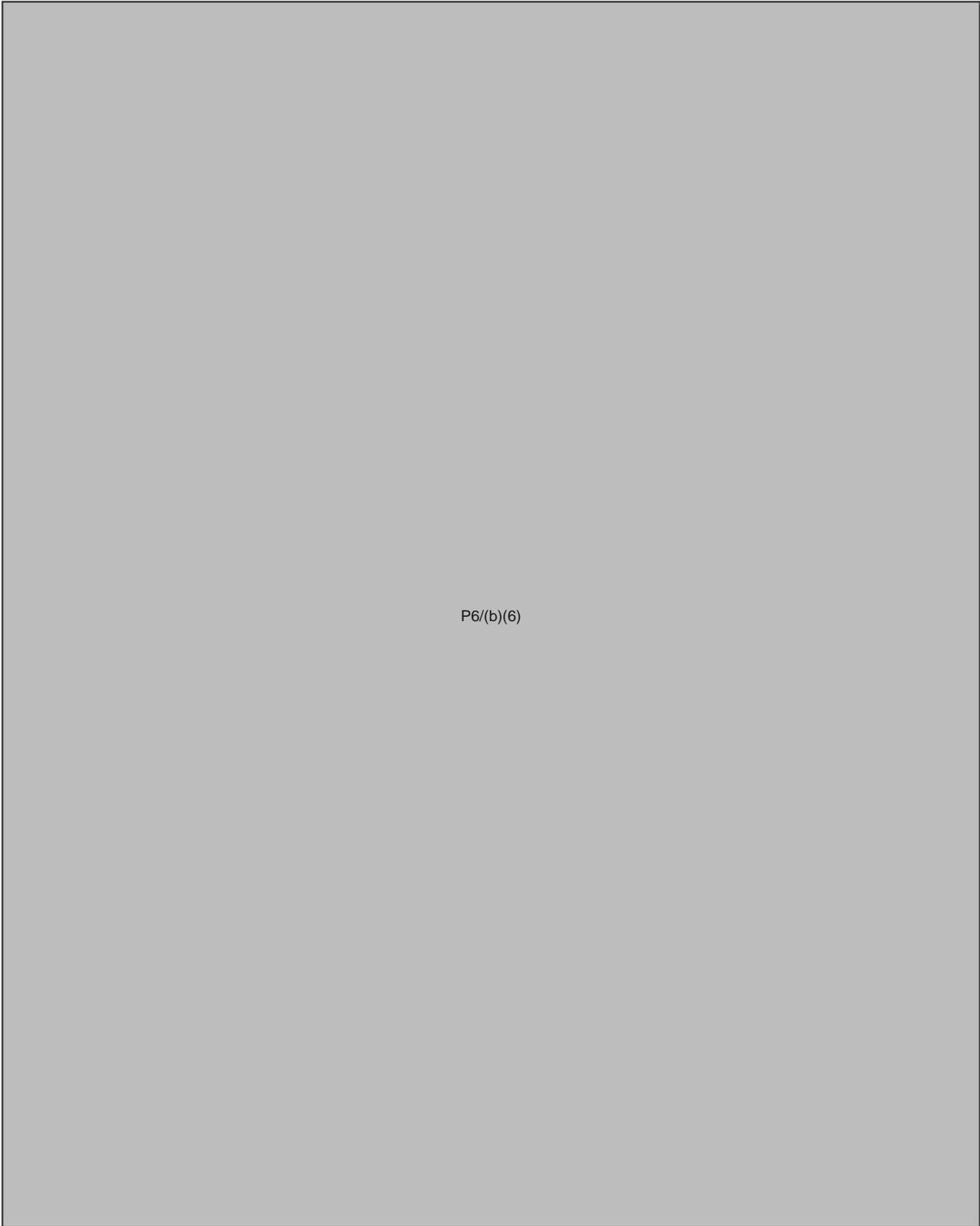
**PARTICIPANTS INVITED**

(actual participation noted in bold print)

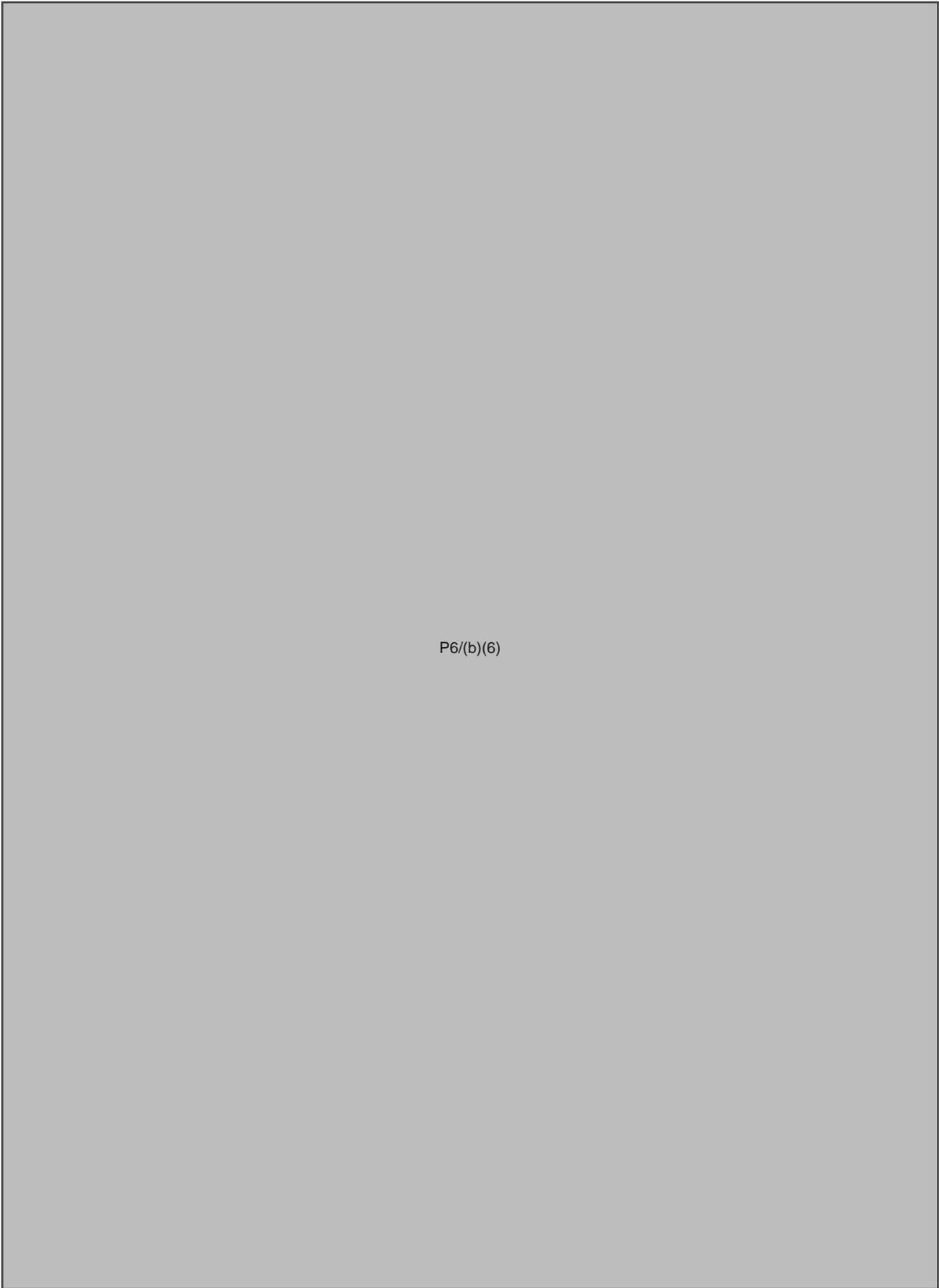


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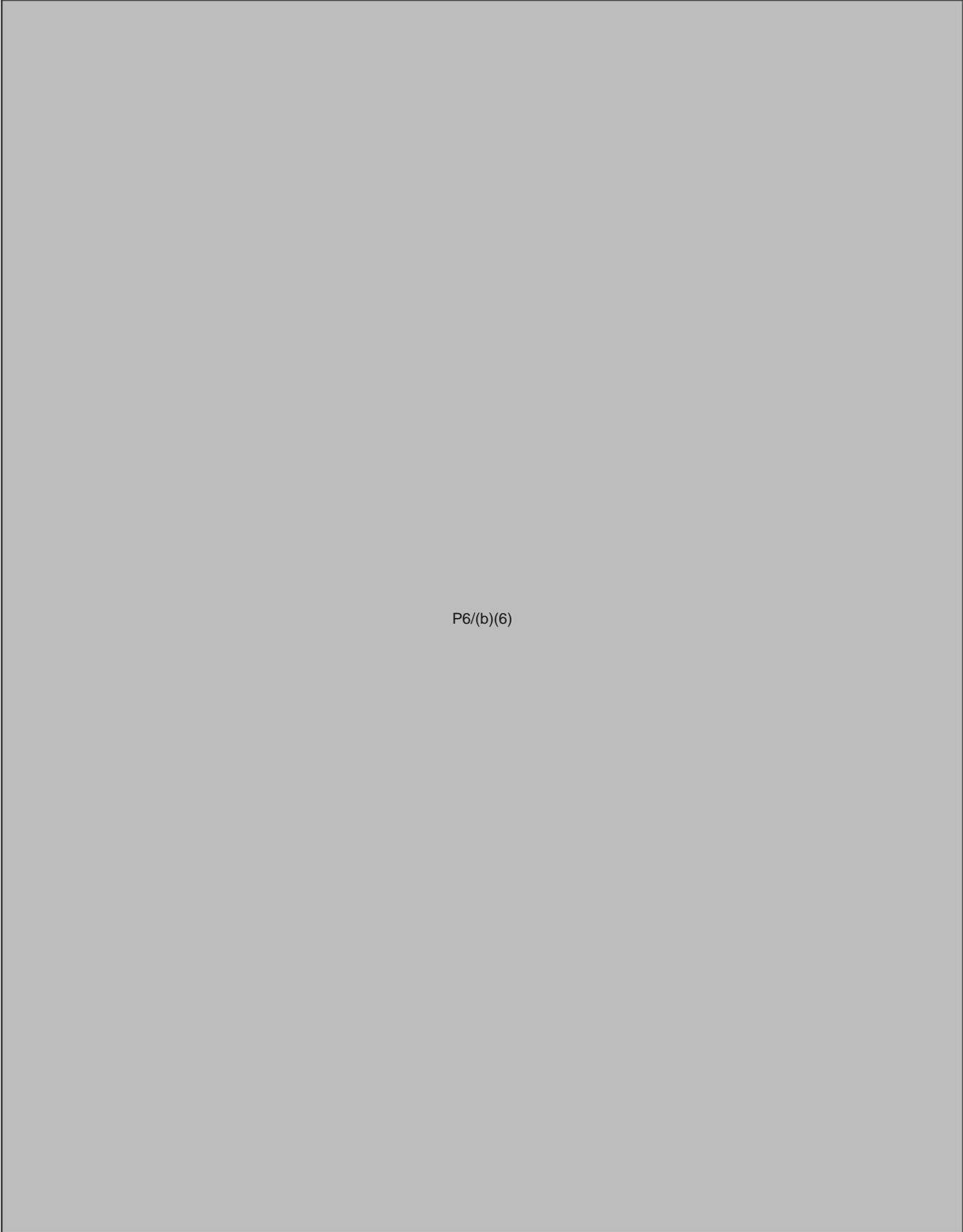
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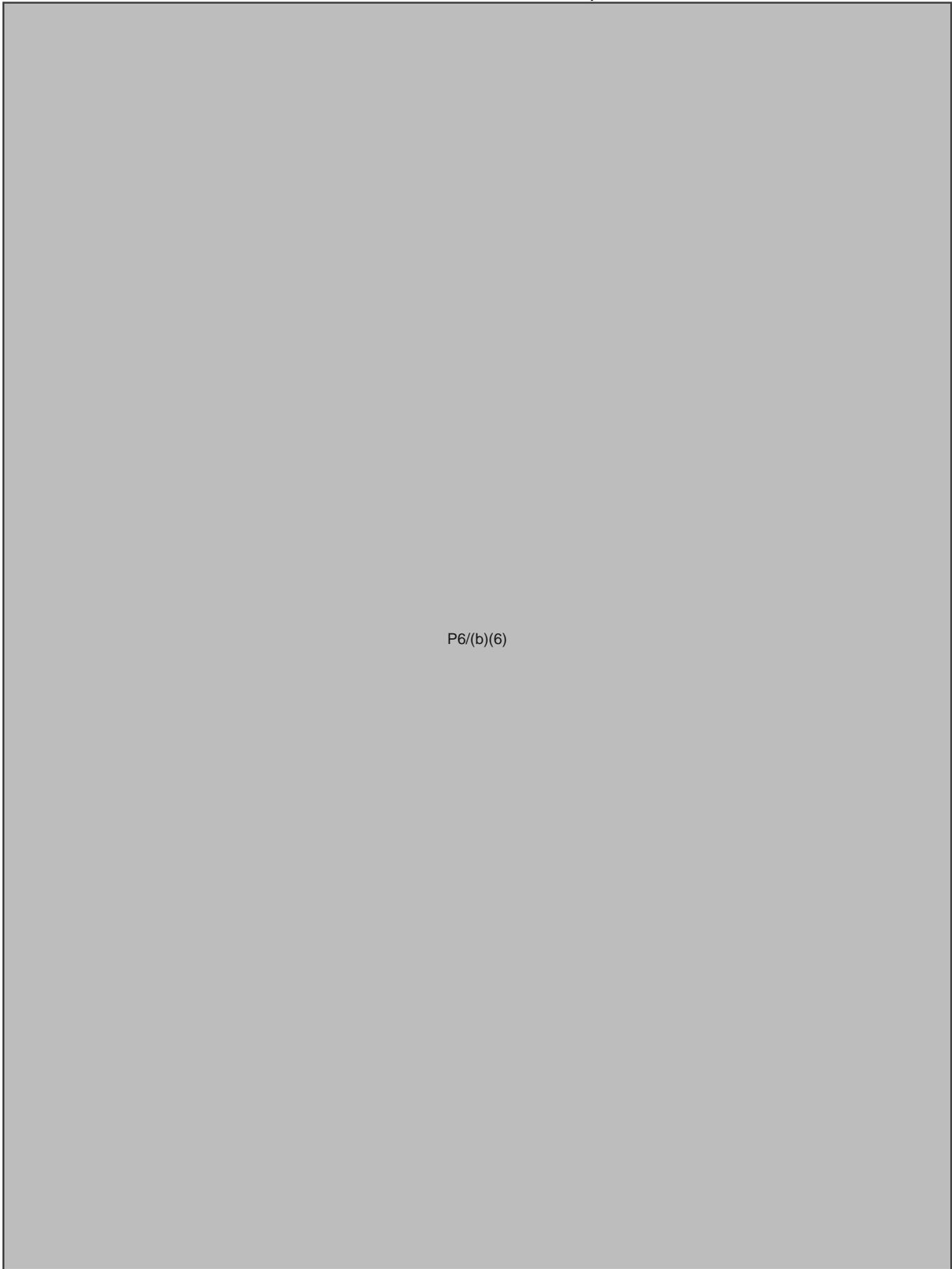
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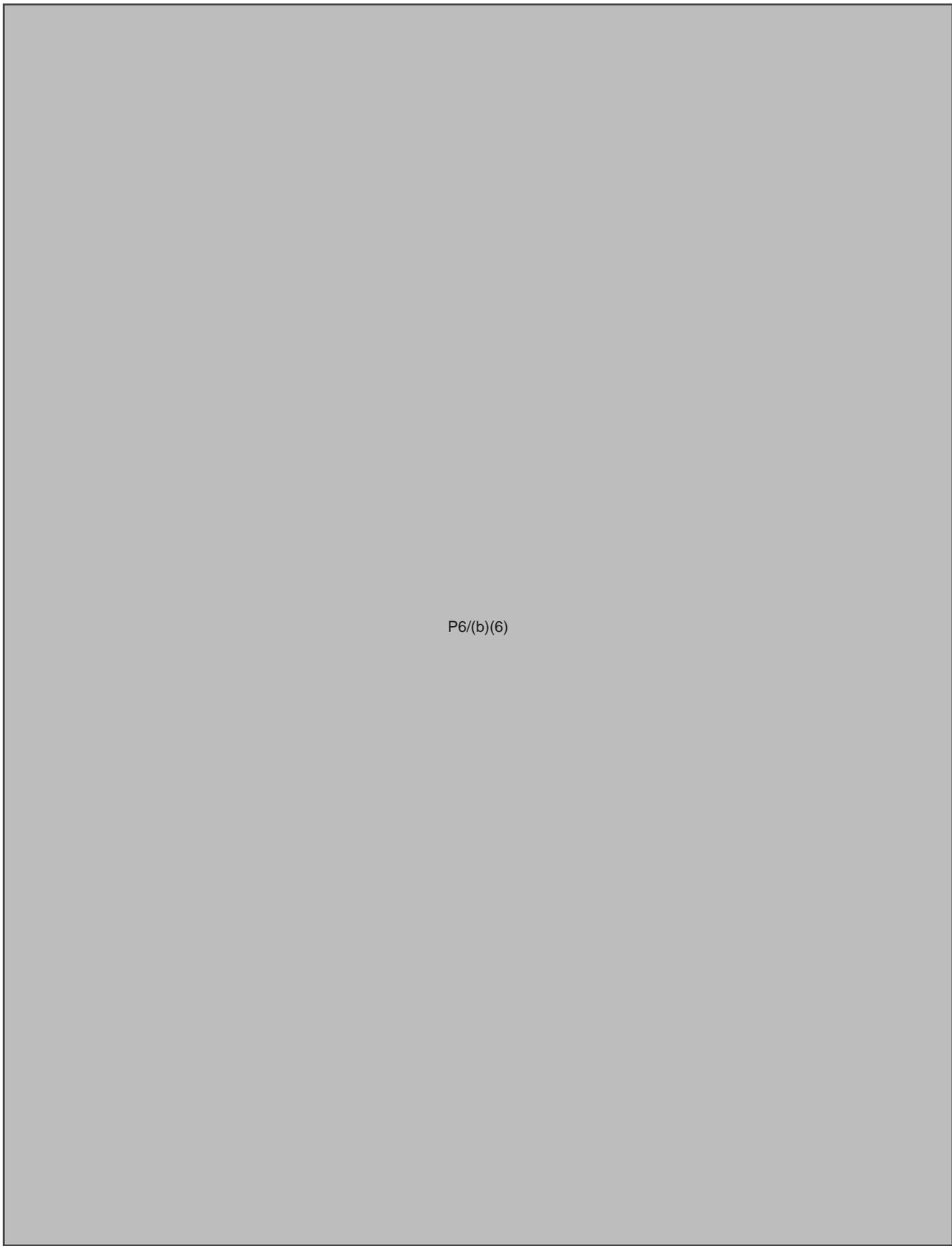
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## **REPORT FOR THE COMMUNITIES OF FLOYD, GRADY, AND MELROSE**

### **A SINGLE PLAN VS. THREE PLANS**

Before beginning to discuss community assets, barriers and the needs of the three communities, the question arose as to whether the three communities were similar enough that a single community action plan could be developed that would apply to all three communities. After considering the attributes and characteristics of the three communities, it was the consensus view that the similarities of the three communities made a single action plan that could be utilized by each of the communities the best course of action.

### **VISION**

Through community partnerships which build upon the traditional values and lifestyles of rural America, a local health care system will be available to all members of the community, with an emphasis on children and youth, which includes early intervention, quality education, a wide range of accessible and affordable services, nutrition, and programs which foster physical and mental growth.

### **COMMUNITY ASSETS**

- An effective part-time school nurse program
- Trained Emergency Medical Technicians
- Ambulance service on a volunteer basis
- A strong family and church base
- A rural farm and agricultural orientation
- A strong work ethic
- Community participation and support of athletic programs
- Close knit community offering much individual attention and support to families and children
- Schools which are the heart of the community
- Clean healthy environment
- Swimming pools for recreation (Grady and Melrose)
- A strong sense of shared community responsibility
- Lack of cable TV
- Strong agricultural-based youth programs - FFA and 4-H
- Supportive local law enforcement

- 3 & 4 year old school programs
- School breakfast programs (Melrose and Floyd)
- D.A.R.E. Program
- Availability of speech therapists
- Immunization clinic
- Natural fluoride in water
- Community centers for recreation and community gatherings

### **BARRIERS, ISSUES, AND PROBLEMS**

- Geographic location and distance from health services
- Lack of nearby medical facilities
- Individuals and families without health insurance
- Need for traveling medical facilities in area
- Limited part-time nursing services in schools
- An issue is: certification requirements for those who teach health related subjects in school
- Use of tobacco and alcohol
- Need to reach kids at an earlier age on tobacco and drug use
- Lack of appropriate guidance and help from parents
- Little for students to do after school
- Diet
- Lack of parenting skills and health knowledge, particularly for younger families
- Failure of individuals to take personal responsibility
- Lack of quality health care because of cost.

### **ACTION PLAN**

- Each participant agrees to return to their own community and share the information gained and the action plan agreed to with key members in their communities who can make these things happen.
- Whatever action is taken should not detract from or dilute the current assets and programs nor the strong agricultural and rural Christian work ethic which in itself makes for healthier communities.
- Efforts will focus on awareness and education and improving the availability of medical care.
- Gain community input on the best ways to make a community aware of health issues and concerns.

- Members who attended this conference will make presentations at school board meetings, PTA, and other community gatherings to gain input and help in designing and implementing a comprehensive community health plan.
- Teachers, parents, administrators, students, and other community members will be surveyed for opinions on improving the health curriculum in public schools which could help overcome some of the identified problems.
- Begin a peer education program using high school students and athletes who are looked up to to work with younger students advising them regarding the use of tobacco and alcohol. Use these students to talk to elementary and middle school students.
- Examine alternative methods and strategies to attract mobile health and screening services to the community.
- Ask the Governor and Mrs. King to take the leadership in meeting with the medical community and gaining their support for a plan whereby medical practitioners would commit one day a quarter to the smaller rural communities to help with health care. This could result in one half day with them concentrating on referrals from the school nurse program for students without charge and one half day of community health screenings, etc., for which a charge could be made to cover travel, expenses and this could result in referrals and treatment in nearby facilities.
- Work on gaining community support for making the one half time school nurse services full-time.

## REPORT FOR THE COMMUNITIES OF PORTALES, DORA, AND ELIDA

### VISION

PARENTING: Support, motivate, involve, and educate parents about health issues concerning their children.

SCHOOL: Education must update teaching methodologies concerning all health issues, training teachers, parents, and children.

SELF ESTEEM: Create and support good self esteem to help students more positively deal with health related issues.

HEALTH CARE ACCESSIBILITY: Implementation of better utilization of health care services by families.

### COMMUNITY ASSETS

1. School system
2. Health facilities
3. ENMU - surrounding areas, Tech, UNM
4. Community Services Center-Teaching/ Parenting Skills
5. Child Find
6. Concerned community
7. Extra-curricular activities: band, sports, etc.

### ISSUES

- Parenting skills
- Schools - teaching methods
- Self esteem -among children and parents
- Health care - utilization/access
- Substance abuse

### PROBLEMS

1. Funding
2. Absence of health care.
3. Absence of health care for certain students.
4. Substance abuse

5. Gangs and associated ills
6. Teen pregnancy
7. Absence of parental involvement.
8. Lack of self esteem.
9. Update of junior high and high school disciplinary action.
10. Uninformed parents on health issues
11. Parental role model
12. Lack of social and recreational activities.
13. Poor school-home communications.
14. Lack of proper child nutrition.
15. Cultural/Ethnic/Linguistic problems

### **BARRIERS**

1. Intimidation/Pride
2. Distance to medical help
3. Lack of communication/resources
4. Funding
5. Poverty
6. Apathy
7. Political/Religious/Social diversity
8. Linguistic
9. Lack of manpower - media/volunteers
10. Priority
11. Denial

### **HOW TO BEST USE ASSETS**

1. Outreach program to delinquent parents (CSC).
2. Parental education programs.
3. Get all kids involved in extra-curricular activities.
4. Network system to improve communication/schools/parents/ community.
5. County Interagency Council
6. Multicultural sensitivity - training teachers/parents
7. Educate the public on what is available.
8. Use church/job to find the people to educate.

## REPORT FOR THE COMMUNITY OF TÈXICO

### VISION

Use of cultural diversity to work together to educate, develop, and assist our youth to be proud citizens of our community.

### COMMUNITY ASSETS

- D.A.R.E.
- Chamber of Commerce
- T.C.A.O.
- Churches
- Good school
- Booster Club
- Small community
- No bars
- Full-time nurse
- Two marshals

### BARRIERS

1. Alcohol
2. Domestic violence and child neglect/abuse
3. Teen pregnancy/Teen parent
4. Connecting agencies for better health
5. Guns
6. Dangerous chemicals in schools

### ACTION PLAN

1. Peer Support Team
2. Teacher/Parent Appreciation Day
3. Child Protection Team (FINS)
4. Need info on public health physicians, school breakfast, and dental sealant.
5. "No Guns" Campaign
6. Multi-Cultural Committee

## **STAKEHOLDERS THAT NEED TO BE INVOLVED**

- School Personnel
- Chamber of Commerce
- Ministers
- Parents
- Students
- Law Enforcement

## REPORT FOR THE COMMUNITY OF CORONA

### VISION

Comprehensive child-wellness through parent education and involvement; and school and community commitment, intervention, and facilitation.

### COMMUNITY ASSETS

- Close-knit community
- Concern for health and education of children
- Availability of EMTs
- Weekly clinic with P.A.
- Alice King/Lovelace Immunization Van Program

### BARRIERS

- Isolation
- Lack of medical/dental/vision/pharmacy services
- Lack of comprehensive health education for school/community
- Low socio-economic services

### ACTION PLAN

1. Meet with community reps - develop steering committee.
2. Compile list of resource people and facilities.
3. Implement action plan including time lines and management by objectives (see next page).

### STAKEHOLDERS THAT NEED TO BE INVOLVED

- Parents
- School Board
- Teachers
- Students
- EMTs
- Clinic personnel

**OBJECTIVE:** To develop and implement a child wellness program through mobilization of community resources as measured by an action plan completed by May 15, 1994.

WORK DAYS	ACTIVITIES	TARGETED DATE	ACTUAL DATE	RESPONSIBILITY
0.5	1. Meet with community reps. Contact: Rhonda, Bob, Sarah, and Deborah (financial - stipends) Forest Sus. Grant	December		Jeanene and Linda
0.5	a. Discuss funding from conference possible resources and describe on primary focus* - assign responsibilities - develop Steering committee action plan.	9:00 January 15		Steering Committee Jeanene and Linda
0.5				Jeanene and Linda
0.5	2. Follow-up - progress meeting - with steering committee - review action plan.	January 30		Jeanene and Linda
	3. Evaluate progress and plan for school year 94-95.	May 15		

- \* Health Screening
- Geriatrics
- Drug and Alcohol
- Parenting
- Dental
- Parent-sponsored extra curricular activities for students
- GIDS, STDS
- Nutrition
- Teen Pregnancy/Prenatal
- Curriculum Review
- Vision

## REPORT FOR THE COMMUNITY OF FORT SUMNER

### VISION

We envision community leaders, educators, parents, and students working together to increase knowledge of health and related issues. Current problems will be addressed and further problems prevented through education. Such health issues include: nutrition, tobacco, drug, and alcohol abuse, sexual health and reproduction, parenting skills, prenatal care, crisis management, and emotional mental health. We also envision a school in which health is periodically screened to address problems as they arise.

### COMMUNITY ASSETS

- Small, close-knit, safe, friendly
- Supportive school and community with education as a priority
- Support of school by business
- Hospital, physicians, nursing home, drug store, dentists
- Public Health Office
- Caring faculty
- D.A.R.E.
- Peer Educator class
- Maternal Health Grant
- Part-time school nurse
- 2 part-time counselors
- EMS
- 4-H, Boy Scouts, Girl Scouts, BPA, FFA, FHA, PTA, Drug Free Youth-to-Youth, Ministerial Alliance, Chamber of Commerce, which support education
- Magistrate's Office - alcohol abuse counseling
- Strong County Extension office which works with school
- Community commitment
- NASA Balloon facility and DESA Blimp program
- Al-Anon - AA
- County Fairgrounds and Arena
- Economic Development consultant
- Policy and law groups involved in task force
- Senior Citizen's Center and programs
- Grant on elderly just funded
- Bowling alley and swimming pool
- Clovis Battered Women's Shelter with office for DeBaca Co.

- Basketball intramurals for children in grades 3-6
- Physician's letter to newspaper to inform citizens of health issues

## **BARRIERS**

- Lack of funds
- Lack of communication between school & community
- Citizen burnout
- Need for comprehensive health and wellness curriculum
- Lack of local obstetric care and consistent access to birth control
- Controversy surrounding the issue being addressed
- D.A.R.E. needs to start earlier and last longer
- High proportion of older people without kids in school relative to others
- Lack of uniform involvement throughout community
- Lack of rec. facilities
- HSD needs to return
- Lack of extra-curricular activities out of school
- Need full-time nurse, counselors
- Mental Health Res. should come more often
- Lack of coordination among those who do help
- Lack of awareness and identification of program
- Fear of breach of confidentiality
- Apathy and denial of corruption
- Need to address self-esteem issues

## **ACTION PLAN**

### **A. HEALTH AWARENESS/ EDUCATION**

1. Establish committee.
2. Invite student members.
3. Public awareness campaign.
4. Go to Board to seek approval to:
  - a. investigate our curriculum
  - b. investigate other curricula
  - c. determine what is needed
5. Gather all information - determine feasibility.
6. Create curriculum or program.

**B. SCREENING PROGRAM**

1. Medicaid reimbursement - establish by gathering information through this committee.
2. Completing paperwork.
3. Submit to state.

**C. COORDINATED PROGRAMS**

1. Health Fair
2. Maternal Health Grant
3. Self esteem building
4. Inform educators of available services.
  - a. parents
  - b. news publication
  - c. teacher pamphlets
5. Go to task force meeting to combine our forces

**STAKEHOLDERS THAT NEED TO BE INVOLVED**

1. Group that came to meeting.
2. Other teachers (Health, etc.)
3. Ministers
4. Health providers
5. School Board
6. Students

## **REPORT FOR THE COMMUNITY OF SANTA ROSA**

### **VISION**

Santa Rosa Community Council will work with all community agencies to provide the children and county with Santa Rosa/Anton Chico a unified sense of identity, good health, appropriate education, and a sense of pride in our heritage.

To be accomplished by dedicated inter-agency cooperation designed to benefit the entire community.

### **COMMUNITY ASSETS**

- Location
- Variety of agency resources
- School system
- Cohesive community
- Church orientation
- Community organizations
- Community kids
- Quality people
- Summer youth and after school recreational programs

### **BARRIERS**

- Low self esteem
- Low income - high rate of poverty
- Narrow economic base
- Substance abuse
- Slack law enforcement
- Low functional literacy
- High rate of at-risk children/families

### **ACTION PLAN**

- Community funding
- Grant seeding
- Utilize grant resources
- Healthy learners
- Inter-agency communication: WIC, MCH, etc.
- Self esteem
- Schools increase self esteem

**STAKEHOLDERS THAT NEED TO BE INVOLVED**

- Moncoya
- Barbara Sena
- MCH - Lea Ann
- ISD - Dianna
- Dr. Silva, M.D.
- Rick Marquez
- Joe Trujillo
- Faye Rogers
- Mahel Flores
- Hisal, Bowman, Muncil, Barela-COC
- Mayolongoas
- Drug Free - Tom Maestas
- JPO - A. Madrid
- Dr. Brown, M.D.
- Charlene Campos
- Wal Eastland
- Bill Guy
- George Martinez
- Governor King

## REPORT FOR THE COMMUNITY OF CLOVIS

### VISION

Support for a stable, loving home environment that provides spiritual, physical, and mental health through community education and resources.

### COMMUNITY ASSETS

- Parent involvement
- High School nursery
- Y.O.U. Program
- School prevention programs
- D.A.R.E. program
- La Casa
- Businesses are very supportive
- Athletic physicals
- Juvenile Department evaluations
- Service organizations
- CPR training
- Clovis Community College
- Mental Health Day Treatment Program
- Fire Department programs
- Great teachers
- GED classes for parents
- Lunch programs/breakfast
- Sickle Cell screening
- New Start for Life program
- Nurses checking eyes
- FINS program
- School nurses
- Maternal/Child Care Council
- CAFB

### BARRIERS

- Money
- Single parents
- Poor role models
- Child abuse of all types
- Dysfunctional families
- Both parents working
- Legal system
- Lack of parental involvement for some who need to be
- Lack of communication between agency and community
- Gangs
- Low income
- Poor parenting skills
- Denial of existing problems
- Lack of family follow-up
- "Pie in the sky" attitude
- "Don't raise my taxes!"

### ACTION PLAN

1. Use all community resources.
2. Establish central resource information/referral site.
  - a. Develop annotated directory of services.
3. Communicate/coordinate with pediatricians and dentists - non-paying patients.

4. Notify "coordinator of Community Actions Team".
5. Decrease barriers in community, i.e. transportation, etc.
6. Communicate to state the need to communicate at state level and avoid duplication of groups meeting to address the same problem.
7. Put Children, Youth and Families Department out of business - build up community and promote community closeness and safety.
8. Use all community resources such as buildings, etc. for: after school care; volunteers; breakfast; communication; awareness programs - newspapers, fliers, posters, home visits, bilingual.

#### **STAKEHOLDERS THAT NEED TO BE INVOLVED**

- Parents Advisory Council
- Everyone in group

## REPORT FOR THE COMMUNITIES OF TUCUMCARI, LOGAN, HOUSE, AND SAN JON

### VISION

#### PRIMARY CARE

- Outlying communities
- Access to all
- More providers
- Expanded immunizations
- Increase volunteer program
- More parameters
- Transportation
- Sliding fee scale
- Evening hours
- Vans to villages
- Better equipment

#### PARENTING VISION

- Parent support group
- Day care workshops
- Involve parents and children
- Parenting advice (empower)
- Measurement
- Overtime reduction of social referrals
- Culturally and economically appropriate
- System to identify parents that need skills
- Parenting classes
- Increased day care
- Outreach services to home
- Clarify role of parents
- Decrease domestic violence

#### VIOLENCE

- Fewer calls
- Alcohol
- Self esteem
- Improve economic conditions
- Train law enforcement
- Sort medical problems
- Help from media
- Aggressive program to neutralize gangs
- Cure the root cause
- Parenting
- Teach positive use of anger
- Quicker action, not on hold
- Violence acceptable
- Discussion, consensus
- Measure emergency calls

#### RESPONSIBILITY

- Remove denial
- Listen to people
- Rewards
- People understand ownership
- Small focus groups
- Assist in problem solving

- Increased accountability
- Responsible community leadership
- Connect to parenting solutions
- Every child in school does community project
- Bring them to solution (one at a time)
- Alternative solutions

## **COMMUNITY ASSETS**

- Counselors for domestic violence
- SADD
- Class on positive guidance and discipline for parents
- Youth-to-Youth (Tucumcari)
- GRADS - help pregnant teens
- Child Find
- Screen hearing, vision, and speech development
- Summer Lunch Program
- Summer Recreation Program
- Implementing Child ID Program soon
- United Way
- Families First
- After School Program
- Breakfast Program
- Churches
- Youth groups
- Sports - in and outside of school
- Head Start (Tucumcari)
- Integrated Pre-School (Logan)
- All communities work together to remove isolation and work with youth.
- Boy/Girl Scouts, 4-H
- WIC
- MCH
- D.A.R.E.
- Vocational schools
- Public schools work together
- Volunteer ambulance

## **ISSUES**

- No primary care
- Crugs and alcohol
- Violence
- Cost
- No parenting skills
- Apathy

- Extended families
- Economic depression
- No concentrated effort
- Communication breakdown
- Duplicated services
- Burn out
- Adolescent parents
- Special needs have programs - none for regular

## **BARRIERS**

- People in positions don't care
- Parents are only concerned about their kids - lack of concern for others
- Involvement and commitment is not collectively shared
- School system embarrassed to acknowledge the problem
- No one will "take ball and run"
- Place blame on others
- Denial
- Rumors become fiction
- Dignity not given to people with problems
- People do not listen because they think it is trivial
- Western mentality of individualism - not the community
- We hide, don't believe problem can happen to us
- We don't help find solutions
- Do not use spiritualism enough
- Lethargic mentality
- Drugs and alcohol easily accessible
- Solutions are given to one, no support
- People want it their way, their child, don't think of community as whole
- We don't know what to do
- We haven't been educated
- Talk about it but don't do it
- Need to be proper role models
- We want big things done, don't do little things
- Violence comes from lack of self esteem
- Need to listen to children
- We don't celebrate enough together
- Lack of ownership
- Lots of shame for people with problems
- Don't recognize community resources

- Lack of trust between individual and agencies
- Lack of confidentiality

### **ACTION PLAN**

Set Up:

- Grandparent program for students
- Communication program - media

Total Conference attendance 103.

Total number handing in evaluation forms: 70.

### CONFERENCE ON SCHOOL AND COMMUNITY: SOLVING HEALTH PROBLEMS TOGETHER

REPRESENTING: 32 EDUCATION 19 HEALTH OR SOCIAL SERVICE

5 BUSINESS 24 COMMUNITY

9 OTHER: Parents Pastor Income Support/HSD  
Child Care Hospital Substitute Teacher

1. How would you rate the overall quality of the conference?

Very Low Very High

1 2 3 4 5 6 7 8 9 10 11

2. What are some of the most important things you learned from this conference? **See attached comments.**

3. How did this conference match your original expectations?

Far Below Far Above

1 2 3 4 5 6 7 8 9 10 11

4. At this point, how would you rate the importance of health and education working together for the well being of your community?

Not Important Very Important

1 2 3 4 5 6 7 8 9 10 11

◆ is average of all respondents.

5. Do you feel that the conference has provided you information and ideas that will be useful for you to take back to your community and that something useful will really come out of the conference when you get back home?

Don't Know				Hope Do				Sure it Will Result in Action		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
1	2	3	4	5	6	7	8	9	10	11

6. Please provide us an assessment of the facilitator assigned to your group.

Not Really Effective		I've Seen Better		Okay		Good		Terrific		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
1	2	3	4	5	6	7	8	9	10	11

## SUMMARY OF WRITTEN COMMENTS FROM CONFERENCE PARTICIPANTS

### 1. How would you rate the overall quality of the conference?

- Great idea; good communication. Will this information truly be implemented?
- Format very helpful.
- Helps us focus on what needs to be done and to begin doing it.
- This is the first I've been to, and I thought it was good but I have nothing to compare it with.
- It was very informative.
- Shouldn't this be done through the local school board?
- Just getting this many people together to talk about health is a miracle.
- I am now aware of people and services in my community that I was not aware of. Thank you.
- Regina, our facilitator, was great! She kept us on task all the time and gave us many good ideas.
- We do not need a health based clinic in our school system.
- Well organized.
- This conference is important. There needs to be follow-up.
- Excellent topics brought up by everyone to help our community.
- Facilitator was very effective (Kathryn).
- Great facilitator (Kate).
- First conference I have attended. An awful lot of material in a relatively short time.
- Good ideas. Learned some solutions.
- Great facilitator (Charles Miller).
- Too much irrelevant dialogue.
- The conference was helpful; however, the actual success of it will be determined by action that takes place back in our community. No more "bank aids", we want substance prevention.
- It doesn't work well to group smaller communities with larger ones - i.e., Dora, Elida, Portales.
- Very well organized.
- I'm not sure we identified the root causes of the problems, or ways to solve them.
- Needed attendance of more leaders of school and our communities.

2. What are some of the most important things you learned from this conference?

- How the Governor's Office gets involved in these issues.
- What is already available in our community.
- Other community's needs.
- Other's ideas stimulate thought and action.
- It is good to hear other's solutions and common problems.
- There are other people in the community that feel all aspects of health are important to our children.
- Need for good health curriculum in our schools.
- We all have the same concerns but had to get together to realize it.
- Similarity of concerns of all involved.
- That there are so many people in the community who are very concerned about children's issues and they are willing to spend time and energy working on these issues.
- Working together and getting input to lead to action. General awareness.
- That we have common goals. Services already in place and available.
- Need more community participation.
- There is a great need for better health in the community.
- Community resources. The concerns I have had about my community are the same concerns that others have. Shared concerns that I did not know that others had.
- Each one be willing to work together for an all out community effort.
- Doing instead of just listening is more productive. Most communities have similar problems which can be solved through collaboration.
- More domestic violence than I was aware of.
- Resources available in communities.
- If enough political pressure is put on schools, they will begin to work on health issues.
- People are willing to work to improve their own lot as well as the lot of others.
- Peer translators.
- I learned how to collaborate with leaders of different agencies, school officials, and community representatives on health problems in their individual areas and learned the

importance of improving health of children and families in this area.

- More needs to be done to educate young people about different aspects of their health.
- That we keep in mind that the children/youth are the most important commodity of our communities. The kids should be number one.
- It opened our eyes to a lot of issues we need to address every day of our lives and we as the educators and parents need to get involved more. We need more volunteers -- people to take on all of these important tasks.
- Many of the programs I did not know about. Many of the communities have similar problems.
- How to network and share ideas without worrying about other people being offended.
- Representation.
- A wide variety of approaches are necessary to meet the diverse needs.
- We have many good people available.
- We can all work together for a better community.
- To use and share knowledge of our communities and available resources.
- Need for everybody to work together to improve communications and decrease barriers and fragmentation.
- Needs of community. Need for consolidation and collaboration. Government agencies overlap.
- There are services available for almost all needs. The public needs to be educated on the ways the services can be accessed by the needy.
- People in Clovis care about their community and are willing to work hard on improvements.
- Available agencies and resources.
- About numerous local agencies and their work.
- There are many services in our community that I was not aware of.
- The wide variety of resources and services available in our community.
- There is a lot of duplication of effort out there. Also many good programs.
- Lots of resources available. The magnitude of the drug/alcohol/gang problem in Clovis.
- Availability of resources in Clovis.

- Substance abuse and violence is a big problem in the schools. Was pleased to learn of services rendered by school nurses.
- Community services and references.
- We have lots of community services that people are not aware of. Lack of communication between the state and our communities.
- There are many people concerned about the problems which face our community. That we already have forces at work and in our communities to deal with many of these problems.
- How many programs are available in our community to help.
- New Mexico has creative ideas and we are progressive. Look at us addressing all of our problems..
- The services available in the community.
- The problems in the communities throughout the county are quite similar. We have many resources already in place.
- Needs of children and teenagers. Importance of getting involved and helping.
- Need for community wide involvement. Similarity of problems.
- Our problems are not unique to any one community. It is important to know this. We can make a difference.
- Similarity of problems between communities. Lots of pluses already in our communities.
- That we are becoming aware of the preventive health measures for our children.
- That there are services in my area to help.
- Basic problems in all communities and there are people who want to do something about it.
- Many programs are already in existence.
- The similarity of health problems in the various communities.
- Although I am active in the community, teach school, etc., I was not aware of the needs and the many services which are already available. This lack of communication is one reason the services are not accessed and coordinated. I am much better informed.
- I've learned that it doesn't work to put community service people, teachers, and people who have been delegated to attend the meeting together in one room.
- Even though we heard many good ideas on how to remedy the problems, no one wants to take the initiative. If we ourselves will not take the time, how do we expect the people we want to help to take the time to get assistance.
- Need for peer translators for Spanish speaking parents. We need to educate the parents.

- It will take everyone working together -- getting the right people together to get good ideas and develop a plan of action.
- Some references concerning the interagency council and what resources are available.
- I learned that communities have basically the same problems. We are not alone. There is hope.

3. How did this conference match your original expectations?

- I was hoping to hear more about legal issues concerning teacher training and limitations concerning children's physical and mental health.
- The community really became involved.
- I have attended a lot of meetings that had good ideas but no action plans. I am hopeful that action will follow this conference.
- Good discussion but different than I expected.
- I wish all involved in the conference would continue to be involved and not say "I'm sorry but I'm too busy."
- Expected it to be boring but found it exciting and interesting.
- Too little time to do so much.
- All thoughts focused on single goal.
- Helpful.
- Issues discussed are issues that need to be discussed in the communities.
- Usually these things are a waste of time.
- Perhaps inclusion of people who might really initiate change would have helped and exclusion of people who just talked to hear themselves talk.
- I came with idealistic ideas about initiating programs for teenagers - to help substance abuse (especially alcohol) but I'm leaving with the realization that the drinking problem is not a major concern to everyone.
- Good ideas, but no excitement and motivation to follow through.
- I really did not expect anything to be solved, and I believe we accomplished that.
- It was much better than I expected.

4. At this point, how would you rate the importance of health and education working together for the well being of your community?

- When you tackle this and overcome the barriers, then crime comes down.
  - Quite important but simply unrealistic in certain areas.
  - All of us must work together to facilitate change.
  - The community already works together but needs to be brought together to educate the parents.
  - Health awareness is fine. We do not need health clinics in our schools. Schools must educate, they cannot do everything.
  - A full-time nurse can handle minor items. Parents are responsible for their children.
  - Health education is important but we still are not going to reach everyone, especially those who really need reaching.
  - The community has some programs in place that require coordination.
  - In my opinion, health is vital to education. If kids are sick, they cannot learn. The flip side, and equally important, education is vital to health.
5. Do you feel that the conference has provided you information and ideas that will be useful for you to take back to your community and that something useful will really come out of the conference when you get back home?
- Difficult to change things in smaller communities that embrace old ideas.
  - Sometimes everyone is all enthused at a conference but once they go back home nothing is done.
  - Will certainly help communication.
  - I would like to assist the groups in designing their plans for medicaid reimbursement in the schools as part of their community health plans.
  - Will help communication.
  - There needs to be a greater communication among the agencies because of overlap and duplication.
  - Organization will be a main factor in getting things done.
  - We needed more members of our community to be here.
  - Good ideas again, but is something really going to happen?
  - Most information I already had in mind. I'll wait to see results (really results) of the conference.

6. Please provide us an assessment of the facilitator assigned to your group.

- Kept us on task.
- Kept everything on task, allowed everyone to express their opinion, directed the group towards the important aspects of the discussion.
- As a facilitator Chuck was fine. The overall timing of the conference did not allow enough time to address all issues which needed to be addressed.
- Use him for your next conference, he is really good.
- He dismissed ideas and cut off people when they attempted to say anything.
- In the time allotted.
- Okay, but I've seen better.
- Chuck was a good facilitator, led our group very well and kept us on track.
- I would like a list of the facilitators sent out to school boards to use. Would like to use K.S. for other workshops and conferences.
- K.S. job well done.
- Great! K.S.
- Very pleasant.
- Kate was an excellent facilitator.
- Needed to keep things moving more - limit some rambling which took unnecessary time - good at directing towards main objective.
- This was refreshing. I enjoyed the mix of fun and seriousness. The facilitator was well trained and effective.
- I attended three different groups, but all were able to keep the folks talking.
- She has lots of valuable ideas.
- Bonnie Page was great. Thank you Bonnie.
- Bonnie Page was outstanding.
- Very helpful, pleasant and focused.
- Kept us on task and moving.

# **APPENDICES**

SCHOOL AND COMMUNITY: SOLVING HEALTH PROBLEMS TOGETHER  
 ALBUQUERQUE, N. M. - JANUARY 7-8, 1993

COMMUNITY ACTION PLAN FOR

EXISTING ASSETS OUR COMMUNITY HAS TO DRAW ON	PROBLEMS OR BARRIERS OUR COMMUNITY NEEDS TO ADDRESS	OUR DREAM OR VISION OF WHAT SHOULD BE	SPECIFIC STRATEGIES OR ACTIONS OUR COMMUNITY NEEDS TO TAKE, LISTED IN ORDER OF PRIORITY (TOP 3-6 PRIORITIES)	FOR THIS TO TAKE PLACE A BROAD COALITION OF STAKEHOLDERS NEEDS TO BE INVOLVED. LIST THEM HERE	LEADERSHIP MUST BE PROVIDED FOR PROG- RESS. WHO SHOULD LEAD THIS EFFORT?	UNLESS WE PROVIDE A SPECIFIC DATE FOR FOLLOW-UP, PROGRESS OFTEN FALTERS. WHEN CAN THIS ACTION REASONABLY BE COMPLETED?



4. At this point, how would you rate the importance of health and education working together for the well being of your community?

Not Important									Very Important	
<input type="checkbox"/>										
1	2	3	4	5	6	7	8	9	10	11

Comments:

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5. Do you feel that the conference has provided you information and ideas that will be useful for you to take back to your community and that something useful will really come out of the conference when you get back home?

Don't Know				Hope Do				Sure it Will Result in Action		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
1	2	3	4	5	6	7	8	9	10	11

Comments:

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6. Please provide us an assessment of the facilitator assigned to your group.

Not Really Effective		I've Seen Better		Okay		Good		Terrific		
<input type="checkbox"/>										
1	2	3	4	5	6	7	8	9	10	11

Comments:

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Thank you very much for your participation in the conference and in helping us with this questionnaire. Your comments are very important to us and assist us in our quest for quality.

**Please be sure to leave this questionnaire with your facilitator.**