

# NORTHEAST REGION HEALTH PROMOTION NEWSLETTER

## IT'S BETTER TO BEND, THAN TO BREAK

BY AMY SANDOVAL, NE REGION HEALTH PROMOTION PROGRAM MANAGER

Flexibility is a term we all encounter daily, both professionally and personally. However, due to our own resistance, stress, or fear, we often end up being inflexible, resulting in a disruption within our own lives, or with those around us. What I've learned over several years is that flexibility is an intentional choice, and if practiced over time, can prove to be your greatest asset in learning to embrace what is unexpectedly changing your course of action.

One of the core values the Northeast Region Health Promotion Team embodies, is to be flexible within our role in our communities. So, what exactly does that mean? Entering my position in 2012 as a Health Promotion Specialist, I was exposed to the history of how health councils evolved, the role NMDOH played, and the unexpected changes that transpired when Maternal and Child Health Council funding was seized in 2010.

At that time, while providing support and listening to the concerns of our health councils, I came to an understanding that the only way change can happen, is for it to come directly from the community. My role, in serving all 10 counties, was to mobilize community partnerships to work toward identifying and solving health problems. When speaking of flexibility, one must also be ready and able. I recognized that I was in charge of executing my duties as a Health Promotion Specialist, but I also had to approach my partners with compassion to understand what barriers they faced before identifying or working toward solving specific health problems.

In my role today as the Northeast Region Health Promotion Program Manager, I am always guiding my team members to meet their communities where they're at. What I mean by that is to simply be flexible! Instead of focusing on our attachment to what should be, we must embrace what could be in light of what we are presented with. What flexibility really boils down to is trusting ourselves and others; believing things will work out, and never losing sight of where you are headed.



# FLEXIBILITY & MEETING COMMUNITIES WHERE THEY ARE

BY CHRISTA HERNANDEZ, HEALTH PROMOTION COORDINATOR  
& DESIREE VALDEZ, HEALTH PROMOTION SPECIALIST

Health Promotion is a unique field because it looks different in every community and is carried out in various ways within each community. What works in one community might fail in another and an issue identified by one community might never be identified as an issue to a community right next door. This abundance of diversity requires Health Promotion staff to continually develop a broad range of traits and skills to support community partners.

One of the most important skills of Health Promotion is the ability to establish, maintain and grow relationships with community partners. Community partners are essential to the work we do in Health Promotion. These individuals are vested in the health and well-being of their community and they often have historical knowledge or cultural insight into community dynamics.

A second skill crucial to the work we do is being flexible and knowing how to meet communities where they are. While some community partners are actively involved in their local government, creating policies, and applying for funding to carry out their work, other community groups are struggling to convene regular meetings with partners. Our role as Health Promotion staff is to identify the strengths within each community, understand the areas where support is needed, and then help community partners find an intervention or project to fill the needs. Every idea and project is unique because the needs, resources, and partners involved are different, so too, our approach must be flexible.



The past few months have been especially notable for us in the Northeast Region because we have begun working with several new partners. Our new partners work with Native American and rural communities, populations our team has been interested in supporting. Our newest partners include the Santa Fe Indian Center, an organization which was created by and for Native Americans to serve urban Native Americans living in Santa Fe County. We are also excited to begin working with two new tribal communities, Tesuque Pueblo and a community coalition that works with both Picuris Pueblo and Peñasco.

The process of locating these partners and working with them to identify a project to complete during the year provided members of the Health Promotion team opportunities to strengthen our relationship-building skills, while also increasing our flexibility in getting to know these new partners. We are excited to be a part of each of these new communities and look forward to seeing what the year will bring.

# WORKING WITH COALITIONS IN TRANSITION

BY DESIREE VALDEZ & NAOMI BRODKEY,  
HEALTH PROMOTION SPECIALISTS

The Northern Rio Arriba Community Health Coalition (NRACHC) is a youth led health coalition run by youth from four Northern Rio Arriba high schools. Students participating in the health coalition are from grades 10-12. The health coalition is a service provided by North Central Community Based Services (NCCBS), a non-profit organization serving Northern Rio Arriba County. NCCBS is tasked with empowering the local community to identify local problems and to actively devise and implement local solutions.

The NE Region Health Promotion Team (HPT) has supported NCCBS and the health coalition for many years, however due to changes and cuts in the funding provided to NCCBS, the priorities and goals of the coalition have changed throughout the years.

With these changes, the role of health promotion staff as well as the kind of support provided to the coalition has also changed. Health promotion staff have been flexible when working with this health coalition so that the community is being met where they are.

Some of the issues the health coalition is currently engaged with are: preventing individuals from driving while intoxicated and educating parents on the consequences of hosting parties where underage drinking is permitted (also known as the “Parents Who Host Lose the Most” program). This public awareness program teaches coalitions how to engage the State Legislature, how to advocate for health-related legislation, and how law enforcement works in their communities.

This past year, in an effort to further support the priorities of the health coalition, Health Promotion Specialists Desiree Valdez and Naomi Brodkey met with the adult members of the coalition to determine what Health Promotion’s involvement would be in the coalition’s fiscal year

2018 activities. The group decided to collaboratively develop an infographic to capture and promote the extensive amount of work the coalition has accomplished over the years.

Desiree and Naomi are working closely with the coalition and supporting their efforts by attending their meetings, educating the youth on what infographics are and how to create them, as well as helping to collect and share data. Equipped with this new skillset, over the course of the year, the youth in the coalition will create infographics focusing on the various issues facing their communities. These infographics will contain current data on community issues and highlight how the community can address these concerns. The adult members of the coalition will also participate by creating an infographic about the history and impact of the health coalition in their communities. At the end of the year, the youth will present the final infographics at the coalition’s yearly town hall meeting. *(Continued on page 4)*



**NRACHC youth learning about infographics.**  
Presenting: (L-R) Desiree Valdez and Naomi Brodkey

# WORKING WITH COALITIONS IN TRANSITION

BY DESIREE VALDEZ & NAOMI BRODKEY,  
HEALTH PROMOTION SPECIALISTS

(Continued from page 3) The Northeast Region Health Promotion Team is seeking funding opportunities to continue the NRACHC efforts. Desiree and Naomi are also engaged in discussion with NCCBS Staff about where else the infographics could be used to reach and inform a larger audience.

NE Region Health Promotion staff are committed to the NRACHC and its continued success, and are eager to identify creative ways to support the youth and NCCBS staff.



Beautiful views in Dulce, NM.

Rio Arriba County High Schools involved in the Northern Rio Arriba Community Health Coalition include:

- Chama Valley Independent Schools
- Dulce Independent Schools
- Jemez Mountain Public Schools
- Mesa Vista Consolidated Schools



NRACHC youth participating in wellness activity led by Desiree Valdez.

# MEETING COMMUNITY NEEDS THROUGH EXISTING PROGRAMS

NICHOLE ROMERO, HEALTH PROMOTION SPECIALIST

Colfax County Public Health Office staff jumped at the opportunity to help out senior citizens in their vibrant community this summer. Nichole Romero, Health Promotion Specialist, and Susan Oviedo, Nurse Manager identified a need for access to fresh fruits and vegetables within the senior citizen population. This information was identified via previous outreach and feedback from the community. Nichole and Susan reached out to Martin Miller, NMDOH Family Health Bureau/Farmers Market Program to see if it would be possible to partner with the program to make Senior Farmer's Market checks available to residents in Colfax County.

In order to implement the program, the friendly and outgoing duo found themselves at the Raton Farmer's Market and the Raton Senior Center where they did more than just hand out checks. Nichole and Susan took a genuine interest in the senior citizens they came across, finding ways to make sure all of their needs were met. Colfax County senior citizens were appreciative of Department of Health for this wonderful benefit, stating that the farmers market checks really helped them financially since the checks enabled them to buy fresh fruits, vegetables, herbs, and honey. Overall there were 60 senior farmers

market books distributed in Colfax County.



Nichole and Susan will continue to work with Martin Miller, the Raton Senior Center, and the Raton Farmers Market in the future to ensure that Colfax County senior citizens keep receiving this benefit. Next year, Nichole and Susan will start issuing these checks earlier in the summer. Nichole will also explore possibilities for developing farmer's markets in the neighboring counties of Harding and Union, and expanding the senior check program to those counties.

Individuals receiving Senior Farmer's Market checks are provided with \$25 worth of checks to use at approved farmer's markets to buy fresh fruits, vegetables, herbs, and honey. Qualifying participants include those who are 60 years or older with an income at or below 185% of the Federal poverty level. This program is funded by the United States Department of Agriculture.

# ENVIRONMENTAL HEALTH EPIDEMIOLOGY: LEAD EXPOSURE IN NEW MEXICO'S CHILDREN

BY GWENDOLYN GALLAGHER, COMMUNITY HEALTH EPIDEMIOLOGIST

Environmental lead is a common toxic metal, present in all areas of the United States. Lead exposure and lead poisoning are preventable. Lead exposure can affect nearly every organ and system in the body, adversely affecting the nervous, blood, hormonal, kidney, and reproductive systems. Children are more vulnerable to lead poisoning than adults. The bodies of young children absorb lead more readily than adults. During the first three years of life, children's brains are growing the fastest, developing critical connections in the nervous system. The normal behaviors of children at this age, such as crawling, exploring, teething, and putting objects in their mouth, put them at an increased risk for lead exposure. Even blood lead levels lower than 5 micrograms per deciliter (mcg/dL) may be associated with negative outcomes for children, such as cognitive impairment, delayed development, changes in behavior, kidney problems and anemia. There is no known safe level of exposure to lead.



Image from Harvard Health blog: <https://www.health.harvard.edu/blog/lead-poisoning-201602029120>

Testing of children for lead exposure is up to the child's age of 72 months (6 years). Children should be tested for lead exposure at least once before the age of 3 years. Children not tested before the age of 3 should be tested at least once before the age of 6. In all states, a blood lead test is required for Medicaid-eligible children at ages 12 and 24 months.

Child poverty and older housing are two risk factors for childhood lead exposure. Lead-based paint in homes built before 1950 poses greater risk for children because the paint may contain higher concentrations of lead. Infants and young children are more likely to be exposed to lead than are older children. They might chew paint that flakes off walls and woodwork, and their hands can be contaminated with lead dust.

Lead exposure in children remains a major health concern. Approximately half a million US children aged less than 6 years have blood lead levels greater than 5 mcg/dL, the Centers for Disease Control and Prevention's Blood Lead Reference Level based on the 97.5th percentile of blood lead level distribution in US children aged under 6 years. In New Mexico, a child is considered to have an elevated blood lead level (EBLL) at a concentration of 5 mcg/dL or greater.

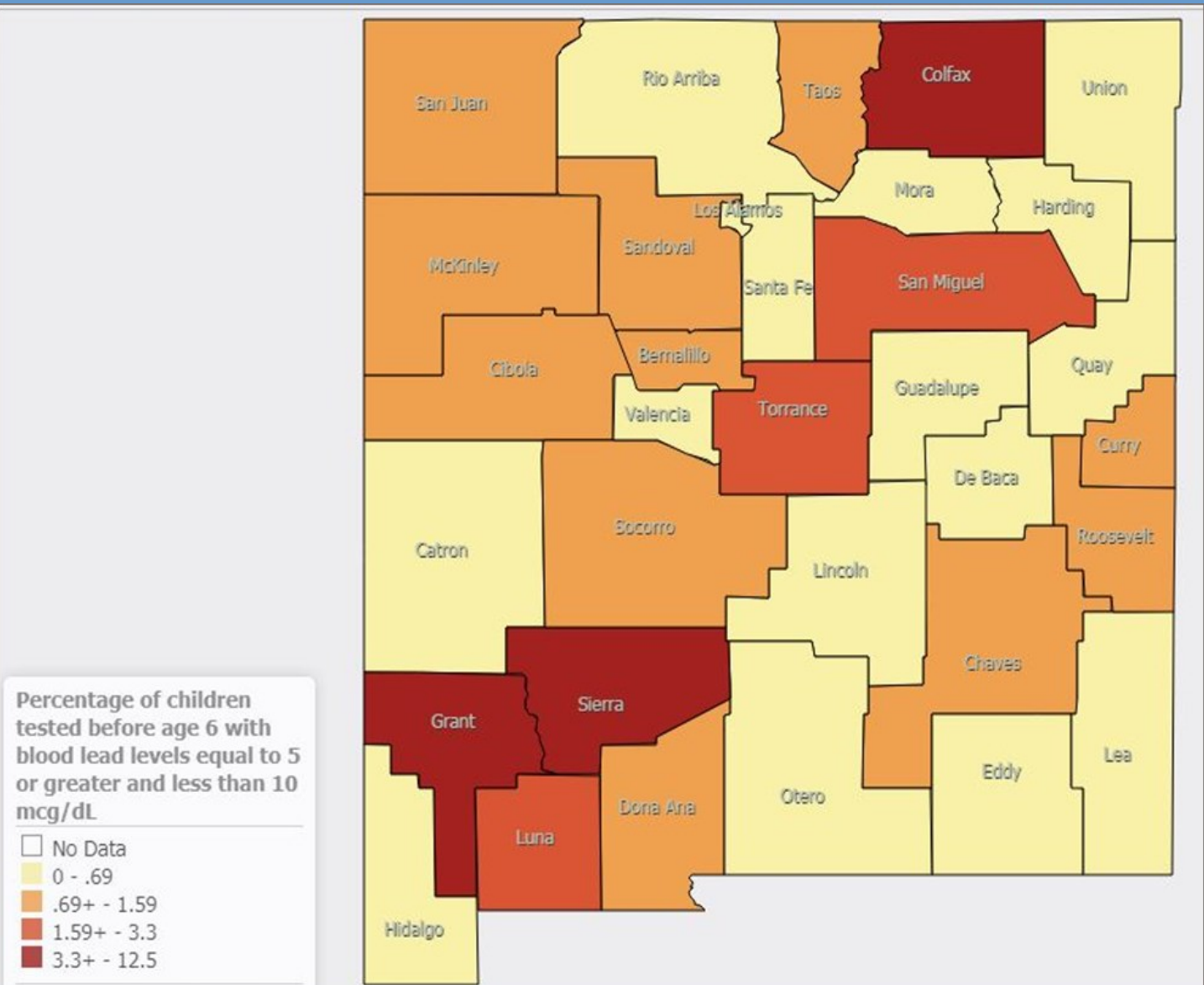
In 2016, there were almost 21,000 (13%) New Mexico children under the age of 6 who were tested for lead exposure. Of those 21,000 children, approximately 1% (218) had an EBLL concentration of 5 mcg/dL or greater, and, of these 21,000 children, 202 had an EBLL at a concentration of 10 mcg/dL or greater. In the Northeast Region, children in Colfax County had one of the highest percentages of EBLL; more than 11% of children tested for lead had EBLLs at a concentration of 5 mcg/dL or greater. Colfax County has one of the highest percentages of children under 5 years living in poverty (51%), and 20% of the houses in Colfax Co. were built before 1950.

The DOH Lead Poisoning Prevention Program collects blood lead level data and provides case management services to children and adults with elevated blood lead levels, in an effort to prevent lead poisoning and decrease elevated lead levels in exposed children. *(Continued on page 7)*

# ENVIRONMENTAL HEALTH EPIDEMIOLOGY: LEAD EXPOSURE IN NEW MEXICO'S CHILDREN

(continued from page 6)

**Data interpretation:** In 2016, the children in Colfax County had one of the highest percentages of EBLL among New Mexico's 33 counties; more than 11% of children tested for lead had EBLLs at a concentration of 5 mcg/dL or greater. However, only 52 of Colfax County's 757 children <6 years were tested for lead exposure.



# NORTHEAST HEALTH PROMOTION SPECIALISTS BECOME CHRONIC DISEASE SELF MANAGEMENT PROGRAM/MYCD FACILITATORS

BY VALENTINA WHITE, HEALTH PROMOTION SPECIALIST

In 2016, the Northeast Region Health Promotion Team (HPT) met with the NMDOH Chronic Disease Prevention and Control Program to learn about the three self-management educational programs the Diabetes Prevention & Control Program (DPCP) promotes and implements in New Mexico. The self-management workshops currently being offered are: the Chronic Disease Self-Management Program (CDSMP formerly know as MyCD), the Diabetes Self-Management Program (DSMP) and the National Diabetes Prevention Program (NDPP). The goal of these programs is to improve the physical and emotional health of individuals with chronic diseases, and their caregivers, by helping participants gain self-confidence in their ability to manage their symptoms and learn how their health problems affect their lives. These workshops offer tools and skills to manage secondary conditions that arise when dealing with chronic medical conditions, such as mental, emotional, and other physical ailments.

Northeast Region Health Promotion staff met with the Diabetes Prevention & Control Program staff and contractors to identify communities in the Northeast Region

where the CDSMP workshops should be implemented and also which communities lacked trained workshop leaders. Based on the counties which lacked trained workshop leaders, Health Promotion Specialists Nicole Romero covering Colfax, Union, and Harding Counties and Valentina White covering San Miguel, Guadalupe, and Mora Counties were trained as Chronic Disease Self-Management Program workshop facilitators. Nichole and Valentina will partner with contractors and other trained leaders to offer CDSMP workshops in their respective counties.

Since becoming certified workshop leaders, Nichole and Valentina have led CDSMP workshops in Raton, Clayton, and Vaughn, NM. Due to the limited access to resources and healthcare programs, these three communities located in Colfax, Union and Guadalupe Counties were the perfect place to initiate the CDSMP workshops. All three classes had well over a 50% completion rate.

Over the course of the 6-week workshop held once a week for 2.5 hours, participants are offered tools to problem solve and make informed decisions; understand their own emotions; manage pain; make step-by-step action plans; effectively communicate with their doctor, family or caregiver; exercise and eat healthy; and gain confidence and motivation to better manage their health.

If you're interested in learning more about the Chronic Disease Self-Management Program or if you want to become a facilitator, please contact Catherine Offutt at (505) 884-8389 or [catoff@msn.com](mailto:catoff@msn.com) or contact Chris Lucero at (505) 222-8605 or [Christopher.Lucero@state.nm.us](mailto:Christopher.Lucero@state.nm.us).





**Amy Sandoval**

Health Promotion Program Manager  
605 Letrado Street  
Santa Fe, NM 87505  
505-476-2675

**Gwendolyn Gallagher**

Community Epidemiologist  
All Counties  
605 Letrado Street  
Santa Fe, NM 87505  
505-476-2660

**Christa Hernandez**

Health Promotion Coordinator  
All Counties  
605 Letrado St.  
Santa Fe, NM 87505  
505-476-2650

**Rachel Wexler**

Health Promotion Coordinator  
All Counties  
605 Letrado Street  
Santa Fe, NM 87505  
505-476-2652

**Naomi Brodkey**

Health Promotion Specialist  
Rio Arriba, Los Alamos, and Taos  
Counties  
2010 Industrial Park Road  
Española, NM 87532  
505-753-7957

**Nichole Romero**

Health Promotion Specialist  
Colfax, Union, and Harding  
Counties  
226 4th Ave.  
Raton, NM 87740  
575-445-3601

**Valentina White**

Health Promotion Specialist  
Guadalupe, Mora, San Miguel Counties  
Las Vegas Public Health Office  
18 Gallegos rd,  
Las Vegas, NM 87701  
505-425-9368

**Desiree Valdez**

Health Promotion Specialist  
Santa Fe County; Santa Clara, San  
Ildefonso, and Tesuque Pueblos  
605 Letrado St  
Santa Fe, NM 87505  
505-476-2624



# Northeast Region Health Promotion Team



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