Texas Department of State Health Services
Health Service Region 1
6302 Iola Avenue
Lubbock, TX 79424

Panhandle/South Plains Community Health Monitor

Texas Department of State Health Services, Health Service Region 1, Community Health Services

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Department of State Health Services
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Community Health Services

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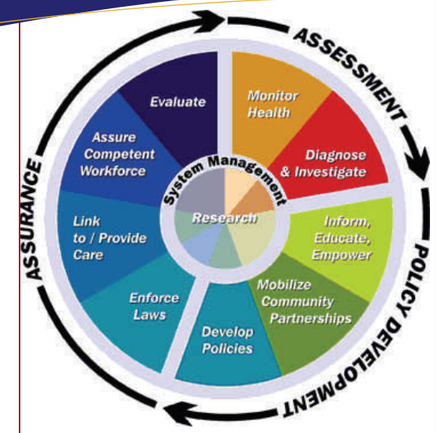
Regional staff, Jolie Person, receives certification as Community Health Worker Instructor!

Community health workers (CHW) —also known as community health advocates, lay health educators, community health outreach workers, and in Spanish, promotores de salud—are community members who work almost exclusively in community settings. They serve as the link between health care consumers, who have traditionally lacked access to health education and adequate health care, and health providers.

CHWs are uniquely qualified as connectors because they live in the communities in which they work, understand what is meaningful to those communities, communicate in the language of the people, and recognize and incorporate cultural buffers (e.g., cultural identity, spiritual coping, traditional health practices) to help community improve health outcomes.

CHWs can build partnerships with formal health care delivery systems to connect people with the services they need and to stimulate social action that influences community participation in the health system. Such workers provide a community-based system of care and social support that complements the more specialized services of health care providers. Source: www.cdc.gov/diabetes/projects/comm.htm



Why is Certification Important?

The State of Texas acknowledges that community health workers (CHWs) are an effective workforce in the community. Certification:

- brings recognition to CHWs for their work in their communities.
- recognizes the diverse skills, including language translation of the CHW.
- acknowledges CHW's training and work experience.
- increases employment opportunities.
- can help build self-esteem and self-worth.
- can increase opportunities for further formal education.

Core Competencies

◊ Communication Skills
◊ Interpersonal Skills
◊ Service Coordination Skills
◊ Capacity-building Skills
◊ Advocacy Skills
◊ Teaching Skills
◊ Organizational Skills
◊ Knowledge Base

What's Inside?

Community Health Worker Certification	*Page 1*
Safe Sleep for Babies	*Page 3*
Great American SmokeOut	*Page 3*
Suicide Prevention	*Page 4*
Preventable Hospitalizations	*Page 6*
Specialized Health Services Programs	*Page 8*
Meet the Staff of Specialized Health Services	*Page 10*

Certification Requirements

Community Health Workers

Completion of an approved 160-hour competency-based training program certified by DSHS **OR**

Experience – At least 1000 cumulative hours of community health work services within the most recent six years

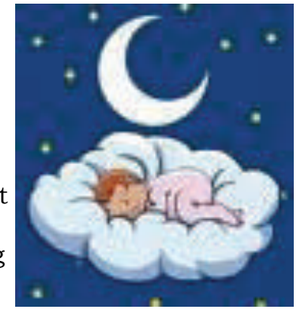
CHW Instructors

Completion of a 160-hour instructor/trainer program by an approved sponsoring institution or training program certified by DSHS **OR**

Experience – At least 1000 cumulative hours of instruction provided to Promotores or Community Health Workers within the most recent six years

For more info: www.dshs.state.tx.us/mch/chw.shtm

SAFE SLEEP FOR BABIES



In 2008, approximately 8 deaths occurred from as a result of co-sleeping in the South Plains area. In 2009, approximately 5 deaths occurred from as a result of co-sleeping in the South Plains area.

More than 165 infants died while sharing a bed or couch with an adult in Texas during Fiscal Year 2009, according to the Department of Family and Protective Services. Deaths of babies in shared beds are a persistent problem rooted in cultural beliefs about the bonding and health benefits of such an arrangement.

Though pediatricians and breast feeding advocates disagree over precisely where babies should sleep, they agree on the following:

Parents and caregivers should:
Have baby sleep in same room with mother, if possible
Breast feed, if possible
Place baby on back to sleep
Place baby on a firm sleeping surface
Use a tight-fitting bottom sheet
Eliminate gaps in bed furniture where baby could become wedged
Dress baby lightly and keep room temperature near 70 degrees

Parents and caregivers should not:
Place baby on his stomach
Cover baby's head with blankets
Lay baby on or near pillows or amid toys
Sleep with baby on a couch, sofa or waterbed
Sleep with baby if tired, inebriated or desensitized by drugs
Have baby sleep with other children
Expose baby to secondhand tobacco smoke
SOURCE: *Dallas Morning News* research

DSHS announces a new Safe Sleep for Infants Curriculum

The **Safe Sleep for Babies** Community Training is provided in partnership by the Department of State Health Services and the Department of Family And Protective Services. The manual gives information that should be covered when talking with parents about safe sleep environments. There are handouts, resources and other tools that can be given out to parents or caregivers during the presentation. The training manual gives tips and tricks about presenting the information in sidebars of the training. It can be found at www.dshs.state.tx.us/mch

This is a one hour training session that is meant to be delivered to a group of 10-15 parents at a time, but could be done for a group as small as 2 or 3. The following sessions are covered in the manual: crib safety, SIDS: what is it?, bed-sharing, co-sleeping, tips for parents on safe sleep. Anyone can conduct the training and it would applicable in church settings, hospitals, clinics, daycares, parent groups, ECI, anyone who works with infants or teaches parents or caregivers.

MEET THE STAFF!

Specialized Health & Social Services Staff—Lubbock

Judy Lara, LBSW – Case Manager Team Lead
Rebecca Williams, LBSW – Case Manager
Shannon Fitzpatrick, LBSW – Case Manager
Irene Bourdon, LBSW – Case Manager
Steffanie Dayton, LBSW – Case Manager
Beatrice Ramos, LBSW – Case Manager
Elizabeth Stanford – THSteps Team Lead
Claudia Bourland- THSteps Provider Relations Representative
Ramona Paz – THSteps Administrative Assistant

Front: Judy and Irene

Back: Rebecca, Elizabeth, Claudia, Steffanie, Ramona, Beatrice, Shannon

MEET THE STAFF!

Specialized Health & Social Services Staff—Canyon

Pat Greenwood, LMSW – Manager of Specialized Health & Social Services
Suzy Klein, LMSW – Case Manager Team Lead
Jana Campbell, LBSW – Case Manager
Susie Mondragon, LBSW – Case Manager
Becky Brock, LBSW - Case Manager
Katie Groninger, LMSW – Case Manager
Kathie Robinson – Administrative Assistant
Juanita Diaz - CSHCN Eligibility Worker
Emily Singleton - THSteps Provider Relations Representative

Front: Emily, Susie, Becky, Katie

Back: Pat, Juanita, Suzy, Kathie, Jana

The Great American Smokeout!!

The American Cancer Society's Great American Smokeout is a day designated to the third Thursday in November every year. On this day, individuals addicted to tobacco products are encouraged to take a stand together in an effort to overcome the addiction.

The Great American Smokeout provides a "quit date" to smokers wishing to quit but needing that extra push. An added benefit is knowing that they are not alone because other tobacco users around the United States are using this day as their quit date as well.

On this day, non-users also take a stand against Big Tobacco by encouraging their family, friends, and peers to quit smoking.

Very often, concerned community members organize events to raise awareness. Events vary but all encourage tobacco users to quit and non-users to never start.

This year, several events took place around the area. In Lubbock, many local United grocery stores hosted American Cancer Society volunteers as they handed out information to help smokers quit. There was a display set up at the South Plains Mall featuring letters written to Big Tobacco from heart-broken family members, friends, and loved ones.
In Levelland, the school district hosted an event at Lobo Lake Park featuring 1200 t-shirts representing the number of individuals who die each day to the harmful effects of tobacco.

Please encourage your friends and family to take up the fight against tobacco!

Want to quit smoking?

YES YOU CAN

Call the QUITLINE
1-877-YES-QUIT (1-877-937-7848)
Confidential. Free. Convenient.

American Cancer Society® Quitline®

Funded by the Department of State Health Services
1-09 16-10891

The Preventable Death

Suicide is a serious public health concern. Deaths from suicide are 100% preventable through a coordinated and comprehensive approach aimed at prevention.

- Consider these facts for Texas:
- Slightly more than six Texans die from suicide each day with more deaths overall by suicide than by homicide.
- Suicide is the 10th leading cause of death for Texans.
- Regardless of age, males are more likely to die because of suicide than females. However, females attempt suicide three times more often than males.
- Suicide rates (number of deaths per 100,000) tend to be highest among senior Texans.
- Suicide cuts across all ages, all ethnicities and both genders.

Suicide is the second leading killer of adolescent boys and the third leading killer of young people overall. The Youth Behavioral Surveillance Survey has indicated that Hispanic female teens have the highest number of suicide attempts in the nation, and Texas' Hispanic female teen attempts is higher than the average nationally. *Source:* www.texassuicideprevention.org

RESOURCES FOR SUICIDE PREVENTION

Online Suicide Prevention training for High School Educators – Learners assume the role of a high school teacher and engage in practice conversations with emotionally responsive student avatars exhibiting signs of depression, thoughts of suicide, and drug abuse. http://www.mhatexas.org/

Introducing *At-Risk for High School Educators*

This interactive training simulation is available free to all Texas public high school educators to build skills and confidence to identify and refer students in psychological or suicidal distress. The At-Risk training uses a research-based approach and proven techniques for identifying and approaching distressed students in order to take appropriate action. The one-hour training will help educators understand their role in identifying common signs and symptoms of psychological distress and have the confidence to take appropriate action, such as a referral to the school counselor.

Let's Talk Gatekeeper Training Program

A suicide prevention campaign originally developed by the Massachusetts Department of Health, Let's Talk Gatekeeper Training provides and promotes timely suicide prevention training sessions for parents and other caregivers in communities across the nation. Particular emphasis is placed on developing an understanding of the nature and signs of depression and suicidal behavior, and ways to respond effectively to a youth in crisis. Let's Talk offers guidance and recommendations for how organizations can adapt and tailor the Massachusetts suicide education and training templates to the needs of their community. Among other interactive tools to support suicide awareness and prevention, the Campaign offers free training materials, including PowerPoint slides, trainers' manuals, and handouts. For information about requesting these materials and other resources, visit
http://www.sprc.org/featured_resources/bpr/PDF/LetsTalkGatekeeperTraining.pdf

Specialized Health Services

Children and Pregnant Women

Under the Case Management part of the Health Screening/Case Management Unit, we have one Program Specialist in the Canyon sub-office who serves as the coordinator of the upper region Children and Pregnant Women (CPW) program and one Human Services Specialist who serves as the coordinator for the lower region. Both of these staff are also the Team Leads. These staff members recruit, assist in certification, train and provide technical assistance to qualified contractors with the CPW program. These contractors provide case management services and bill the CPW program in Austin for infants, children, teens and young adults from birth to age 20 if they are eligible for Medicaid and have, or are at risk for having, a health problem that keeps them from doing things that other kids their age do; or for pregnant women who are eligible for Medicaid and have a high risk pregnancy.

Personal Care Services

Personal Care Services is a Medical benefit that provides assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs) to help clients with physical, cognitive, or behavioral functional limitations related to a disability, physical or mental illness, or chronic condition.

Texas Health Steps

Texas Health Steps provides well child checkups to Medicaid eligible children and youth from birth through age 20.

Services include:

- Medical check-ups
- Dental check-ups
- Immunizations
- Eye exams and eyeglasses
- Vision and Hearing screenings
- Developmental assessments
- Anticipatory guidance

The THSteps Team Leader conducts programs with contractors, agency staff, other government agencies, community-based organizations, and the general public. The THSteps provider relations staff serve as a liaison for Medicaid provider relations activities. One provider relations staff works in the Canyon office and covers the top 21 counties of the Panhandle and the other works in the Lubbock office and covers the 15 counties of the South Plains.

THSteps Check-Ups:

Provide a comprehensive assessment of the infant, child, or adolescent.
Help to detect and address medical/dental problems before they become complex.
Provides guidance to families to encourage healthy behaviors.

Specialized Health Services

Children with Special Healthcare Needs

The Children with Special Health Care Needs serves families who have no other resources for case management services. According to policy, individuals and families will be served by our program according to the following priorities:

- Clients with CSHCN Program health care benefits, including ongoing clients, waiting list clients, and new clients.
- Children with special health care needs who are applying for CSHCN Program health care benefits.
- Individuals/families in crisis or needing attention, including legislative inquiries and requests, request from central office, individuals at risk of out-of-home placement, and "walk-ins".
- Other children with special health care needs and their families needing safety net case management services, (i.e. those who do not have another case management resource, including SSI populations, as appropriate).
- All others.

Upon receipt of a referral or a request of an individual for case management, staff will determine need and availability of resources, and, as appropriate, provide information and referral, accept the individual as a case management client, or refer to other appropriate community resources deemed necessary.

We currently have a regional caseload list of over 3,000 children with special health care needs. Some of these cases are more active than others, and the intensity of service fluctuates depending upon the client's needs. We serve children who are from birth to 21 years of age, so, in many cases, our case managers have the potential of developing long, lasting relationships with their clients and have the opportunity to watch them grow into adulthood. Ours is a voluntary program. We make it clear to clients that they may not have a need for our services at present, but are welcomed to request our services at any time.

Our case managers assist families with both brief and comprehensive coordination of services. They must be licensed social workers or registered nurses. They make assessments of what a client might need and then help the family find and access the services available. The case managers are very active in community organizations as a means of maintaining their skills, knowledge of resources, and educating others about our services.

Basically, we are charged with providing case management services to any child who is identified to us as having a special health care need. We have nine case managers in the region to provide these services, five in the Lubbock main office (covering the lower 15 counties of the region), and four in the Canyon sub-office covering the upper 26 counties of the region). We have two eligibility workers in this region, one in Lubbock and one in Canyon, who work with the nine case managers to assist families in determining eligibility for the CSHCN Services Program and maintaining their eligibility status in this program. We have one Administrative Assistant in Canyon, and one Administrative Assistant in Lubbock (who is also the eligibility worker there) who maintain our SSI client databases and assist the case managers with SSI client files. There are two Team Leaders, one in each office, who assist the Section Manager with the day to day operations of this program.

Suicide Coalitions in Region 1

The **Texas Panhandle Suicide Prevention Coalition** was formed in July 2009 by a small group of individuals interested in reducing the incidence of suicide attempts through public education and awareness, and offering support to the families surviving suicide through community collaboration and education.

The Coalition, which serves 21 counties in the Panhandle, has grown to 17 members; partners include Amarillo Independent School District Safe Schools Healthy Students, Central Church of Christ, Hillside Christian Church, Hope and Healing Place, Northwest Texas Healthcare System, Region 16 Education Service Center, Texas Department of Family and Protective Services, Texas Department of Public Safety, Texas Department of State Health Services, Texas Panhandle Mental Health Mental Retardation, Texas Suicide Prevention Council, The Pavilion, and the Veteran's Administration Medical Center.

Coalition chair, Esther Quine may be contacted at (806) 683-7339.
Coalition website: http://www.txpspc.org;
Email:PanhandleSuicidePrevention@gmail.com.

In the South Plains during the period of 2003-2007, there were 222 suicide deaths. In Lubbock County alone, there were 139. The greatest number of these was caused by intentional hanging, strangulation, and suffocation. The Centers for Disease Control and Prevention reports that there is one suicide for every 25 attempted suicides. It will take a collaborative effort to reduce the number of suicides and suicide attempts on the South Plains.

The **South Plains Suicide Prevention Coalition** is being formed now to promote public awareness and to establish cooperative relationships with schools, health providers, law enforcement, faith-based groups, state agencies, and social service agencies in the 20 counties in the South Plains area. If you are interested in more information, please contact Sharron Davis at sharron@contactlubbock.org, Tricia Vowels at tricia.vowels@dshs.state.tx.us, or Jeremy Hardy at Jeremy.hardy@bca-corp.com. Contact Lubbock suicide prevention number is (806) 765-8393.

National Suicide Prevention Hotline is 1-800-273-8255

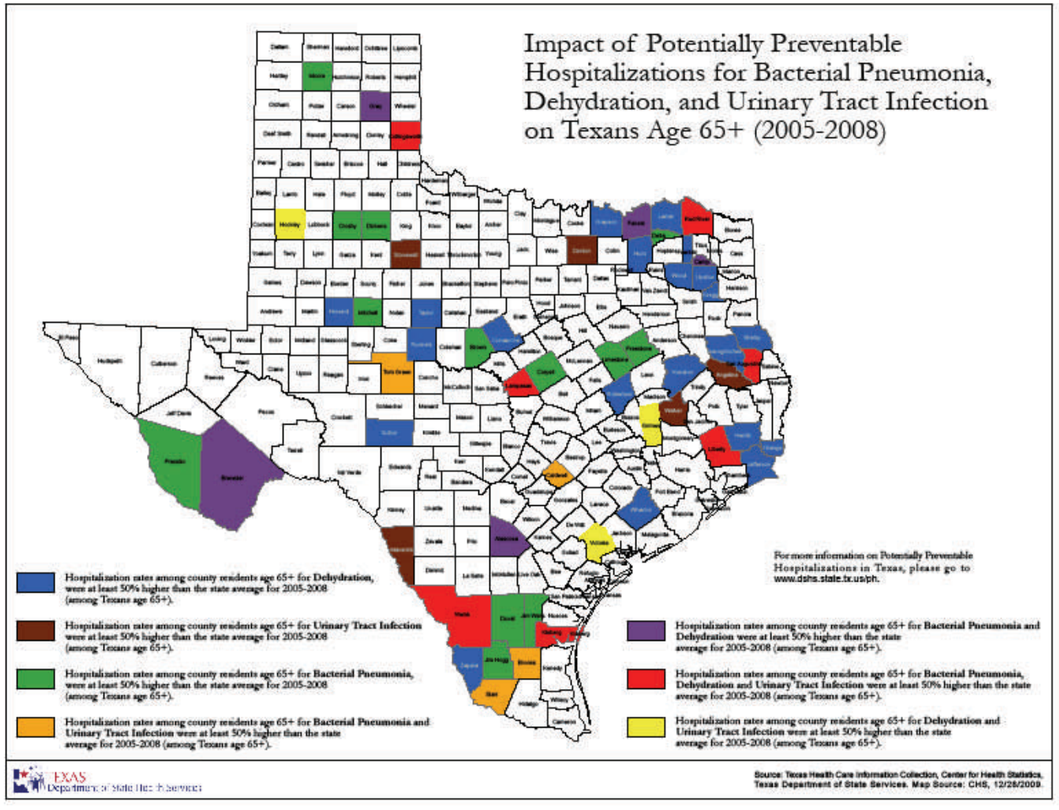
Youth America Hotline is 1-877-968-8454

Potentially Preventable Hospitalizations

Hospitalizations for the conditions below are called "potentially preventable," because if the individual had access to and cooperated with appropriate outpatient healthcare, the hospitalization would likely not have occurred:

- Bacterial Pneumonia
- Dehydration
- Urinary Tract Infection
- Angina (without procedures)
- Congestive Heart Failure
- Hypertension (High Blood Pressure)
- Asthma
- Chronic Obstructive Pulmonary Disease
- Diabetes Short-term Complications
- Diabetes Long-term Complications

The purpose of this information is to assist communities in improving health care and reducing health care costs for Texas residents. This information is not an evaluation of hospitals or other health care providers.



Bacterial Pneumonia, Dehydration & Urinary Tract Infection (UTI)

From 2005-2008, Texans Age 65+ had 296,412 hospitalizations for Bacterial Pneumonia, Dehydration & UTI. Texans Age 65+ received $7.4 billion in hospital charges for these hospitalizations. ($7.4 billion = $3,137 for every Texan Age 65+).

From 2005-2008, there were 58 counties in Texas where residents Age 65+ had hospitalization rates at least 50% higher than the state average for Bacterial Pneumonia, Dehydration and/or UTI.

Residents Age 65+ of the following 5 counties had hospitalization rates for Bacterial Pneumonia, Dehydration and UTI at least 50% higher than the state average for 2005-2008:

1. COLLINGSWORTH
2. KLEBERG
3. LAMPASAS
4. LIBERTY
5. RED RIVER

Potentially Preventable Hospitalizations (2005-2008)		
Adult Residents of **Collingsworth County**	Number of Hospitalizations	Average $impact for **All** Adult County Residents
Bacterial Pneumonia	130	$628
Dehydration	**41**	**$65**
Urinary Tract Infection	47	$160
Congestive Heart Failure	84	$324
Hypertension (High Blood Pressure)	**20**	**$49**
Chronic Obstructive Pulmonary Disease	**38**	**$118**
TOTAL		

Source: Center for Health Statistics, Texas Department of State Health Services, www.dshs.state.tx.us/ph
*Conditions with less than 20 hospitalizations are not included.

Access to and cooperation with outpatient health care potentially prevents hospitalizations for Bacterial Pneumonia.

- Bacterial Pneumonia is a serious inflammation of the lungs caused by an infection. This illness primarily impacts older adults.
- Communities can potentially prevent hospitalizations by encouraging older adults and other high risk individuals to get vaccinated for Bacterial Pneumonia.
- The Bacterial Pneumonia Vaccine prevents approximately 50% of cases. The approximate cost to administer the vaccine is $43. Medicare pays for the vaccine.