

NEW MEXICO **2020-2022**

State Health Improvement Plan



NEW MEXICO
DEPARTMENT OF
HEALTH
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EXECUTIVE SUMMARY.....

During the 2020-2022 State Health Improvement Plan (SHIP) cycle, the New Mexico Department of Health and its partners will focus much of their disease prevention and health promotion efforts on improving health outcomes related to three major health issues in New Mexico: Access to Primary Care, Obesity & Diabetes, and Substance Use & Mental Health. Since the majority of the state consists of people of color and are home to numerous populations with unique cultural and linguistic needs, the interventions will be designed with communities to address these health issues in a respectful and culturally meaningful way.

The SHIP fulfills the New Mexico Department of Health statutory requirement to conduct comprehensive health planning (N.M.S.A. 1978, § 9-7-4.1), which includes: a) identification of state health priorities; b) engagement of cross-disciplinary leaders as partners; and, c) inclusion of regional, community and tribal input for strategic planning. Partners from the private, government and community sectors in New Mexico work together continuously to address population health and have produced this plan to bring collective focus around a few key health indicators that impact large numbers of New Mexicans, and/or reflect significant health disparities. Since health status improvement can take many years, these health status indicators are also included in the SHIP to assure continuity of approaches to improve these health indicators in future plans.

New Mexico's diverse population of just over two-million people occupies roughly 120,000 square miles divided into 33 counties, 32 of which are designated by the federal Health Resources and Services Administration as "health provider shortage areas." New Mexico also has one of the highest poverty rates in the nation, with over 20% of its households living in poverty, including 30% of its children. This negatively impacts population health and contributes to health disparities throughout the state.



To inform the 2020-2022 State Health Improvement Plan, New Mexico Department of Health's Epidemiology and Response Division completed its State Health Assessment (SHA) in April of 2018 with the most current data available on the health conditions affecting New Mexicans. The SHA also presented results on disability adjusted life years which illustrate the impact that many of these health conditions have on a person's quality of life and life expectancy. The 2018 State Health Assessment can be found online at <https://nmhealth.org/publication/view/report/4442/www.NMHealth.org>

New Mexico Department of Health presented the results of the SHA and solicited stakeholder input from individuals and organizations throughout New Mexico to identify and rank the health priorities included in this report. Stakeholder input was obtained through county health councils and other meetings, and via a statewide online health priority ranking survey. Those priorities identified in the SHA and through stakeholder input were considered within the guiding frameworks of health equity, health disparities and the social determinants of health. Additionally, consideration was given to priorities with regard to their relationship to the disability adjusted life years, the federal Office of Disease Prevention and Health Promotion's Healthy People 2020 Goals, and the Centers for Disease Control's Winnable Battles. Access to Care, Obesity & Diabetes, and Behavioral Health/Substance Use were prioritized within the top-ten concerns by all stakeholders, and in most cases, were in the top five. These priorities were also part of the New Mexico's 2014 State Health Improvement Plan.

After the priorities were identified, partners were convened to draft strategies and objectives to achieve the statewide goals they set to address the SHIP priorities. These plans are detailed at the end of this report and include recruitment and retention of professionals, community outreach, elimination of disparities, and strengthening partnerships.



INTRODUCTION

New Mexico Health System and Challenges

New Mexico's geography provides numerous opportunity for outdoor recreation and also poses certain challenges for improving the health status of the population. New Mexico's population is not evenly distributed across the state geographically. In 2017, over 63% of New Mexico's estimated 2,102,519 residents lived in the five most populous counties (Bernalillo, Doña Ana, Santa Fe, Sandoval and San Juan counties), while the remaining 37% lived in the other 28 counties. Providing health care and public health services in rural areas poses challenges such as the ability to hire and maintain full-time clinicians and specialists, and the great distances that many people must travel to get care.

Current Structure of Healthcare Delivery in New Mexico

Of the 33 counties in New Mexico, the National Center for Frontier Communities classifies 28 areas as "frontier," remote and geographically isolated areas with small populations. Thirty-two of the State's 33 counties are also designated as Health Professional Shortage Areas by the Health Resources and Services Administration in all three categories of providers--primary care, dental and mental health. These geographic areas have difficulty with recruitment and retention of health providers, and maintaining financial sustainability of rural hospitals and emergency departments. Current fee for service payment methods, which rely on large patient volumes to generate income, sometimes do not provide sufficient revenue to sustain primary care and specialty services in population-dispersed rural areas. As a result, healthcare infrastructure is often limited in these areas. Many healthcare providers have limited interest in practicing in these communities, which offer fewer amenities. Thus, the pool of primary care candidates becomes smaller, making recruitment a time consuming and costly undertaking. Given these factors, New Mexico's health system currently cannot adequately meet patient demand. The recent addition of newly insured residents, especially through Medicaid, is positive, but also increases the State's obligation to provide quality care to a larger number of individuals.

The state currently has 54 hospitals - 46 non-federal and 8 federal, including Indian Health Service facilities, and one Veteran's Administration hospital. Twenty-nine are located in micropolitan, rural and frontier areas. Included in this group are 10 designated critical access hospitals, 11 specialty hospitals, five psychiatric hospitals, and three that provide long-term acute care. In addition, there are nine rural health clinics, and approximately 19 Federally Qualified Health Centers (FQHC), described as "Health Center Program Grantees" and partially funded by the Health Resources and Services Administration through the Health Center 330 Program.

Of 54 hospitals, 12 are designated as Critical Access Hospitals; nearly all of them struggle economically while striving to serve vulnerable individuals across sparsely populated areas. A major challenge to providing coordinated and integrated care statewide is the uneven distribution of healthcare professionals, as high clusters are found in the densely populated and more economically advantaged urban locations, like Albuquerque and Santa Fe, and minimal to no providers are located in many of the frontier and rural areas. The lack of access is not only geographic but it also is related to social factors such as poverty, lack of transportation, and lack of insurance such as being underinsured or having a provider that does not accept certain kinds of insurance.

Centennial Care is the state's Medicaid managed care program. Currently, 40 percent of New Mexico's population, over 831,000 people, are Medicaid beneficiaries, served by three Managed Care Organizations: Presbyterian Health Plan, Blue Cross Blue Shield of New Mexico, and newcomer Centene's Western Sky Corporation. Within Centennial Care, there is a strong emphasis on patient-centered care, deployment of Community Health Workers, and movement away from volume-based reimbursement to one that rewards improved health outcomes. Over 50 School-Based Health Centers also provide essential healthcare to many students, frequently serving as the single primary care provider for youth in their communities.

American Indians comprise nine percent of the state population and are spread among 23 tribes, pueblos and nations. This percentage includes a sizeable number of individuals who live away from tribal land, primarily in Albuquerque. The Indian Health Service and several "638" (non-federal, tribally-operated) clinics provide primary care services to this population. Healthcare needs that cannot be met by these facilities are referred to non-tribal providers.

DEMOGRAPHICS

Age Distribution

The older adult population in New Mexico is expected to grow. Based on population estimates provided by the University of New Mexico Geospatial and Population Studies Program, in 1990, 11.1% of people in New Mexico were aged 65 years or older. By 2010, 13.3% of New Mexico's population was 65 years or older, and by 2016, the figure was 16.5%.

The age dependency ratio is an indicator of the amount of burden that non-working individuals in society place on the working-age population. A high ratio indicates a high proportion of nonworking individuals compared to working-age individuals. Working-age individuals tend to pay much more in taxes, while seniors age 65 or older and children younger than age 15 are likely to be socially and/or economically dependent on the working-age population, putting additional demands on New Mexico families and health services. New Mexico's age dependency ratio in 2016 was 56.1, compared with 51.8 in the U.S. The age dependency ratio in both New Mexico and the U.S. has been on the rise since 2011. The highest age dependency ratios are primarily in rural areas of New Mexico.

Race and Ethnicity

New Mexico's population distribution by race and ethnicity is strikingly different from that of the United States overall. In 2017, of New Mexico's 2,102,521 people, 1,025,528 (49%) identified as Hispanic, 804,202 (39%) as non-Hispanic White, 191,103 (9%) as American Indian/Alaska Native, 45,728 (3%) as Black/African American, and 35,960 (2%) as Asian or Pacific Islander. New Mexico's American Indian population includes part of the Navajo Nation, 19 pueblos, and the Jicarilla and Mescalero Apache tribes.

GUIDING FRAMEWORKS AND PROCESS

HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH

New Mexico Department of Health recognizes the critical role that the Social Determinants of Health play on overall health status. Improvements in Social Determinants of Health can help achieve health equity, eliminate health disparities, and improve the health of all New Mexicans.

New Mexico's Department of Health Office of Health Equity is committed to improving the health of all diverse communities in New Mexico, and raising awareness of health equity through collaboration, education, and advocacy. The Office of Health Equity works with the Office of the Tribal Liaison, which supports strong government to government relationships and better health and wellness among sovereign pueblos, tribes, and nations in New Mexico, and with the Office of Border Health whose mission is to improve health status and health services in U.S.-Mexico border areas of the State.

Where people live, learn, work, and play are as important to health outcomes as medical intervention. As this recognition increases, New Mexico's partners in public health will have more opportunities to influence policy makers to incorporate environmental and economic considerations into health policies to assist in ongoing achievement and improvement in health equity. A health care system that is more appreciative of the diverse cultures of New Mexico may look to public health for lessons learned in applying cultural competence to health improvement efforts. Public health also provides guidance in identifying accountability measurements, other than clinical indicators, that show the impact on population health disparities, and/or economic and healthcare utilization indicators. One of the key instruments in addressing health disparities in New Mexico is the New Mexico Department of Health's Strategic Plan. This plan is revised every three years and has a performance management system that identifies progress the Department makes on population health indicators and includes health disparity and health inequity targets.

RELATIONSHIP OF STATE HEALTH ASSESSMENT, STATE HEALTH IMPROVEMENT PLAN, AND THE DEPARTMENT OF HEALTH STRATEGIC PLAN

The New Mexico Department of Health Strategic Plan Process

The Strategic Planning Roadmap is a framework that depicts the processes used by New Mexico Department of Health to identify strategic priorities, develop and implement effective strategies, systematically review and evaluate on-going actions, outputs, and outcomes, and transparently report on the progress we are making toward a Healthier New Mexico. This information is housed in the New Mexico Department of Health Strategic Plan.

The State Health Assessment

The process starts with the State Health Assessment, or, The State of Health in New Mexico, which is a periodic evaluation of New Mexico's population health status. The State Health Assessment draws upon a variety of data sources to comprehensively describe population health status in New Mexico, factors that contribute to health status, and resources that can be used to address the health needs of New Mexico's population.

The State Health Improvement Plan

The next step in the process is the State Health Improvement Plan, a long-term plan to address the health needs described in the State Health Assessment. At its essence, the State Health Improvement Plan is a strategic plan for the health system, as it identifies roles and responsibilities that span across all of the health system participants. The State Health Improvement Plan identifies the priority population health needs and issues in New Mexico and suggests system leaders for addressing those issues.

The New Mexico Department of Health Strategic Plan

The New Mexico DOH's contribution to implementing the State Health Improvement Plan is described in its Strategic Plan. The Strategic Plan has health equity as a guiding principle, and identifies goals and priorities that the entire workforce can contribute to in order to achieve improved population health. Each of these documents – The State Health Assessment, the State Health Improvement Plan, and the New Mexico Department of Health Strategic Plan, are reviewed and updated on a three-year cycle.



2020-2022 STATE HEALTH IMPROVEMENT PLAN PROCESS

Within the New Mexico Department of Health, the Epidemiology and Response Division and the Public Health Division continuously monitor the health status of New Mexicans to identify and address health priorities. The Indicator-Based Information System (NMIBIS) makes data and reports available to professionals and the public online. NMIBIS is updated regularly with new data and results and can be accessed at:

<https://ibis.health.state.nm.us/>

In April of 2018, the New Mexico Department of Health completed its State Health Assessment. The health priorities identified in the assessment were then presented to stakeholders for their input. Stakeholder input was gathered through a survey in Spanish and in English, on paper and online, and through presentations of the State Health Assessment data at stakeholder input meetings which included county health council and tribal health meetings. Stakeholder input into New Mexico's health priorities is also routinely gathered at numerous meetings throughout the year. There were 1,387 complete responses to the online survey. In addition, beginning in February 2017, there were 37 stakeholder input meetings throughout the state where health priorities and strategies were discussed. Twenty-nine of those meetings specifically included SHIP priority identification as part of their agenda. Ten of those meetings were convened exclusively to discuss and identify health priorities for the 2020-2022 State Health Improvement Plan based on results from the 2018 State Health Assessment.

Access to Primary Care, Substance Use & Mental Health, and Obesity & Diabetes were identified as among the top priorities by survey respondents and health council attendees in every part of the state. The health priorities above as identified by stakeholders align well with federal, state, regional and local priorities that had been identified previously. They, 1) represent a high population burden and societal cost; 2) are responsive to interventions with potential improvement in health, quality of care and decreased costs within the next three to five years; and 3) provide measurement data that is generally available for major segments of the population. The priority matrix below illustrates alignment of New Mexico's health priorities as identified in the State Health Assessment and by stakeholders with the Centers for Disease Control and Prevention's "Winnable Battles" and the Healthy People 2020 list of leading indicators as well as the New Mexico State Health Assessment's section on disability adjusted life years.

New Mexico's county and tribal health councils continually monitor the implementation of the SHIP and revise it as necessary to fit the needs of their respective communities. The councils meet monthly and as needed to discuss current and emerging health priorities and the initiatives underway to address them. The processes for tracking, revising, assessing and updating the SHIP differ from community to community and can be accessed on the website for the New Mexico Alliance of Health Councils: <http://www.nmhealthcouncils.org/>

2020-2022 STATE HEALTH IMPROVEMENT PLAN FOR SELECTED PRIORITIES

ACCESS TO PRIMARY CARE

HEALTH STATUS INDICATOR: AMBULATORY CARE SENSITIVE CONDITIONS HOSPITALIZATION RATE

Background

Health Professional Shortage Areas are locations, designated by the Federal government, with critical shortages of key primary care services – defined as having less than half the services needed by the population of the area. Shortage of primary care results from an inadequate supply/distribution of health professionals as well as an inadequate safety net infrastructure for employing health professionals to deliver care. The primary care safety net infrastructure consists of community-based primary care centers and rural health clinics. Safety net agencies address barriers to care, including accessibility, affordability and acceptability.

The percent of New Mexico’s population in Health Professional Shortage Areas is among the highest in the nation. Thirty-two of the state’s 33 counties are primary medical care, dental, and primary mental Health Professional Shortage Areas, representing 50.0%, 42.6%, and 59.7% of the total population of the state, respectively.

Many states have demonstrated the effectiveness of incentive programs on the improved placement of health professionals and continued health professional retention in shortage areas. Incentive programs include health professional education loan repayment programs and obligated scholarship programs. With the existence of multiple Federal, State and local incentive programs, there could be a diffusion of impact unless the programs are well coordinated. When programs are coordinated around a unified set of priorities, they are more effective in meeting State health policy targets.

Other states and the Federal government have recognized that supply and demand in the primary care marketplace, by itself, is not enough to assure that needed health services are available in all communities. Under current healthcare reimbursement systems, communities with a large proportion of low-income residents and rural communities may not generate sufficient paying demand to assure that private providers will practice in these locations. A primary care safety net of health centers has been developed to assure the infrastructure needed to address needs in these communities. This infrastructure is supported by both Federal and State funds.



Coordinating Agency: New Mexico Department of Health

Partners in Implementation: New Mexico Health Resources, University of New Mexico Health Sciences Center, Burrell College of Osteopathic Medicine, New Mexico Medical Society, New Mexico Dental Association, New Mexico Primary Care Association, Higher Education Department, 3RNet, New Mexico Human Services Department, health care professional associations, US Department of Health and Human Services Health Resources and Services Administration.

STATEWIDE GOAL 1: Stabilize and improve coverage for primary care services.

Strategy 1: Manage and coordinate the State and Federal programs ,e.g., J-1 Visas, which provide incentives to health care providers who work in underserved areas. Assure that underserved rural and frontier areas receive the highest priority for health care providers looking for practice sites. Establish a consistent set of priority service locations for all programs.

Strategy 2: Provide financial support to a one-stop statewide recruitment and retention clearinghouse for New Mexico. The clearinghouse will monitor health care provider openings at rural hospitals, primary care centers, and other health care safety net sites. It will serve as a contact point for health care providers looking for practice opportunities, including medical, dental and behavioral health providers.

Strategy 3: Improve primary care services for persons with developmental disabilities.

Strategy 4: Improve primary care services for persons 65 years of age and older.

Strategy 5: Improve provision of vaccinations through primary care.

STATEWIDE GOAL 2: Stabilize and improve coverage in primary care centers, including both community-based primary care centers and certified rural health clinics.

Strategy 1: Administer the Rural Primary Health Care Act program to maximize primary care coverage for underserved areas of the state. Prioritize funds disbursement to rural areas of greatest need and provide technical assistance and training to primary care centers as determined by need.

Strategy 2: Facilitate participation of primary care centers in key New Mexico Department of Health and Human Services Department programs.

SUBSTANCE USE & MENTAL HEALTH: ALCOHOL-RELATED DEATH

HEALTH STATUS INDICATOR: RATE OF ALCOHOL RELATED DEATH

Background

New Mexico's total alcohol-related death rate has ranked among the highest in the nation since 1981. The rate increased from 53.0 per 100,000 in 2013 to 66.8 per 100,000 in 2017, the highest in the U.S. Overall, death rates from alcohol-related causes increase with age. However, there were substantial numbers of alcohol-related deaths in the 0-24 age category (these are mostly related to traumatic injury), and large numbers and high rates of alcohol-related death in the 25-64 age category (due to both chronic disease and injury). There are also extremely high alcohol-related death rates among American Indians (more than twice the state rate for both males and females) and a relatively high rate among Hispanic males relative to White males. The high rate for American Indian males is driven by this group's relatively high rates of both alcohol-related injury and alcohol-related chronic disease death, whereas the high rates for Hispanic males and American Indian females are driven largely by their relatively high alcohol-related chronic disease death rates.



Goals for prevention of alcohol-related injury to youth are to reduce consumption by reducing social access through Social Host ordinances, Parent Party Patrols, Parents Who Host Lose the Most campaigns, and media-based efforts to increase awareness of the problem; reducing retail access through restrictions on alcohol placement, advertising, and sales; strengthening law enforcement of minors in possession laws, sales to minors laws, providing alcohol to minors laws, and age verification, and strengthening enforcement of school alcohol, tobacco, and other drug (ATOD) policies. The goals for adults are to reduce consumption by reducing retail access through restrictions on alcohol placement and hours of sales, outlet density, alcohol license transfers, and the Responsible Beverage Service Model; strengthening law enforcement of sales to intoxicated patrons and driving while intoxicated (DWI) laws, increasing sobriety checkpoints and saturation patrols; and increasing perceived risk of arrest through the publication of law enforcement efforts and consequences for violation of alcohol-related laws.

Coordinating agencies: New Mexico Department of Health and New Mexico Human Services Department

Partners in implementation: University of New Mexico, New Mexico Department of Transportation, New Mexico Children Youth and Families Department, New Mexico Taxation and Revenue Department.

STATEWIDE GOAL 1: Reduce alcohol-related death

Strategy 1: Increase the percentage of New Mexicans who have had a Screening and Brief Intervention for alcohol use.

Strategy 2: Decrease alcohol consumption in counties with the highest alcohol related mortality by creating Behavioral Health Investment Zones for non-Medicaid behavioral health services that will assist the highest priority zones and to develop and implement a plan that addresses the alcohol-related mortality in those counties.

Strategy 3: Form and maintain a state agency work group to coordinate efforts to reduce alcohol related mortality.

Strategy 4: Increase the number of county and tribal health councils that are implementing evidence based strategies to reduce problem drinking.

SUBSTANCE USE & MENTAL HEALTH: DRUG OVERDOSE DEATH

HEALTH STATUS INDICATOR: RATE OF DRUG OVERDOSE DEATH

Background

The drug overdose death rate in New Mexico decreased from a high of 26.8 per 100,000 in 2014 to 24.6 in 2017. To further reduce opioid overdose mortality rates, the New Mexico Department of Health and other agencies have continued to increase services directed toward individuals who use prescription opioids, and any injection drugs. These efforts have included multiple approaches, including, strengthening Prescription Monitoring Program reporting, which includes increasing the use of the Prescription Monitoring Program; implementing

clinical guidelines to reduce high risk prescribing; supporting secondary prevention of overdose through linkage to care around emergency department visits; improving prescribing practices through provider education, such as increasing availability of academic detailing; encouraging licensing boards to require pain management continuing education; increasing overdose prevention education with distribution of naloxone (a medication used to reverse opioid overdoses); continuing collaborative efforts with different agencies and organizations to approach overdose prevention through multidisciplinary efforts; as well as increasing availability of medication assisted treatment.

Two current programs that focus on the most vulnerable populations are the Harm Reduction Program, and New



Mexico Human Services Department's overdose prevention program. The Syringe Services Program is one of the primary methods currently in use to reach people who are most likely to experience or be near someone who experiences an opioid overdose. Syringe services is designed to be a low-barrier entry point for individuals. Through the incorporation of overdose prevention education and naloxone distribution with syringe services, those who are most likely to experience an overdose, and most likely to respond to a suspected opioid overdose, are provided with the knowledge and practice to be able to respond successfully. These activities increase the protective factors to help reduce opioid overdose mortality rates, while engaging with individuals in ways to help improve their own quality of life. Following the success of the Harm Reduction Program, New Mexico Human Services Department has implemented a program to distribute naloxone for free and provide overdose prevention education to any person who requests it. This program is available to anyone, and specifically focuses on those persons who are at elevated risk of experiencing or being near an overdose.

Coordinating agencies: New Mexico Human Services Department, New Mexico Department of Health, New Mexico Medical Board, New Mexico Regulation and Licensing Department, Intensive Outpatient Program Interdepartmental Council, State Opioid Treatment Authority, New Mexico Board of Pharmacy
Partners in implementation: New Mexico Children Youth and Families Department, US Drug Enforcement Agency, New Mexico Board of Nursing, US Substance Abuse Mental Health Services Administration, University of New Mexico, McKinley County, Rio Arriba County, New Mexico Credentialing Board for Behavioral Health Professionals, Inc., "Flag Forward, About Face," New Mexico Veterans Affairs, Licensing Boards, Albuquerque Healthcare for the Homeless, Alianza of New Mexico, Dedicated Outreach and Prevention Services, Families and Youth, Inc., First Nations Community Healthsource, Gallup Health Cooperative, Justice Support and Solutions for Health, La Familia Medical Center, Santa Fe Community Services, Santa Fe Mountain Center, Southwest Care Center, Transgender Resource Center of New Mexico, State Targeted Response contractors, Hospitals.

STATEWIDE GOAL 1: Reduce drug misuse and abuse among adolescents with substance abuse and/or mental health, underserved racial and ethnic minorities

Strategy 1: Implement the Good Behavior Game widely throughout New Mexico.

Strategy 2: Maintain a coordinated marketing campaign to reduce the non-medical use of drugs.

STATEWIDE GOAL 2: Develop a network of intensive outpatient treatment programs in New Mexico.

Strategy 1: Increase the number of Medicaid Certified Intensive Outpatient Programs for adults by assessing gaps in intensive outpatient program availability and recruiting programs to fill these gaps.

STATEWIDE GOAL 3: Increase the number of medication assisted treatment providers in New Mexico.

Strategy 1: Increase the number of New Mexico Human Services Department and Drug Enforcement Agency Approved, and Joint Commission on Accreditation of Healthcare Organizations or Commission on Accreditation of Rehabilitation Facilities' accredited opioid treatment programs for adults.

Strategy 2: Track medication assisted treatment availability and use.

Strategy 3: Increase the percentage of Drug Addiction Treatment Act waiver-trained providers who regularly prescribe buprenorphine.

STATEWIDE GOAL 4: Create Behavioral Health Investment Zones for non-Medicaid behavioral health services that will assist the highest priority zones to develop and implement a plan that reduces drug overdose death in the Behavioral Health Investment Zone counties.

Strategy 1: Establish an opiate use reduction network for Rio Arriba County Health and Human Services Department's Behavioral Health Investment Zone, to reduce the overdose death rate in Rio Arriba County.

Strategy 2: Reduce overdose mortality and morbidity in McKinley County with the Gallup McKinley County Behavioral Health Investment Zone Coalition.

STATEWIDE GOAL 5: Make certified peer support worker services available throughout New Mexico and develop specialty endorsement for certain populations.

Strategy 1: Increase the number of Certified Peer Support Workers in New Mexico by increasing the number of Certified Peer Support Worker trainings.

Strategy 2: Establish Certified Peer Support Worker Specialty Endorsements for Veterans and older adults.

STATEWIDE GOAL 6: Increase naloxone availability and use.

Strategy 1: Continue to expand overdose prevention education and distribution of naloxone to individuals who may encounter someone who is experiencing an opioid overdose due to injecting substances.

Strategy 2: Increase use of other venues for overdose prevention education and naloxone distribution and linkage to care.

STATEWIDE GOAL 7: Reduce high risk prescribing of opioids and benzodiazepines through the use of the Prescription Monitoring Program.

Strategy 1: Work with the health care licensing boards to increase required use of the Prescription Monitoring Program.

Strategy 2: Provide the health care licensing boards with data for prescribers with high rates of high risk prescribing.

STATEWIDE GOAL 8: Increase secondary prevention of overdose through emergency departments.

Strategy 1: Implement pilot programs in Rio Arriba, Santa Fe and Bernalillo counties.

Strategy 2: Expand programs throughout New Mexico, once pilot program is fully implemented.

SUBSTANCE USE & MENTAL HEALTH: SUICIDE

HEALTH STATUS INDICATOR: RATE OF SUICIDE

Background

Suicide and suicide-related behaviors are a significant public health concern in New Mexico. In 2016, the state ranked fourth in the nation for suicide and has, over the past two decades, consistently reported suicide rates that are at least 50% higher than the U.S. rate. In addition to a high rate of suicide overall, adult residents of the state self-report the prevalence of frequent mental distress and current depression, and New Mexico youth report high rates of persistent sadness or hopelessness, suicidal ideation, and suicide attempts. In addition, significant positive and inverse relationships are found, respectively, between youth risk and resiliency factors and rates of substance use and levels of mental and emotional well-being.



Effectively addressing the high rate of suicide in New Mexico will entail a concerted and comprehensive planning effort and the application of evidence-based strategies across the state. Toward this end, in early 2019 the Department of Health will convene a work session with representatives from a wide variety of groups who will be asked to participate in reviewing, refining, and fleshing out a state-wide Strategic Plan for Suicide Prevention which will be formulated according to the seven strategies presented in the Centers for Disease Control and Prevention's 2017 publication, *Suicide: A Technical Package of Policy, Programs, and Practices*. Included will be a plan for increasing the number of individuals in communities who receive suicide gatekeeper training, particularly school personnel, and implementing programs in emergency departments across the state to enhance preventive care provided to patients who present with suicide attempts and ideation. Success of these planning efforts and the application of a broad range of evidence-based initiatives will be measured by a reduction in statewide suicide rates and self-reported suicide-related behaviors.

Coordinating agency: New Mexico Department of Health, New Mexico Public Education Department

Partners in implementation: New Mexico Human Services Department, Hospitals, New Mexico Children Youth and Families Department

STATEWIDE GOAL 1: Develop a statewide suicide prevention plan.

Strategy 1: Convene stakeholders and develop a statewide plan based on evidence of effectiveness.

STATEWIDE GOAL 2: Increase the number of suicide gatekeepers.

Strategy 1: Increase the number of suicide gatekeeper trainings.

Strategy 2: Pass the suicide gatekeeper legislation.

STATEWIDE GOAL 3: Increase secondary prevention of suicide through emergency departments.

Strategy 1: Implement pilot program in Santa Fe County.

Strategy 2: Expand programs throughout New Mexico, once pilot program is fully implemented.

SUBSTANCE USE & MENTAL HEALTH: NEONATAL ABSTINENCE SYNDROME

HEALTH STATUS INDICATOR: RATE OF NEONATAL ABSTINENCE SYNDROME

Background

In the United States, opioid medication prescriptions and substance use have been increasing for several years. Of particular concern is the increase in the proportion of women using opioids during pregnancy. Substance use during pregnancy is an overarching public health issue and can lead to health effects for both the infant and the mother. This includes neonatal abstinence syndrome and can have long-term effects on the neurodevelopment of children up to and including school age.

Neonatal abstinence syndrome is “a result of the sudden discontinuation of fetal exposure to substances used by the mother during pregnancy” and is becoming more common among neonates in both developed and developing countries. Public health surveillance of Neonatal Abstinence Syndrome is very important to understand the magnitude of the Neonatal Abstinence Syndrome issue and to target and develop effective prevention programs.

In 2016, the incidence of Neonatal Abstinence Syndrome in New Mexico was 12.2 cases per 1,000 hospital births, one of the highest incidence rates of Neonatal Abstinence Syndrome in the country. In addition, the Neonatal Abstinence Syndrome rate in New Mexico has been increasing every year for the past decade. The New Mexico Department of Health partners with maternal and child health programs, perinatal groups, and pediatricians throughout the state to improve diagnosis and treatment of Neonatal Abstinence Syndrome. It is also critical to move upstream and try to prevent Neonatal Abstinence Syndrome through screening of pregnant women and connecting them to services and treatment.

Coordinating Agency: New Mexico Department of Health

Partners in implementation: New Mexico Human Services Department, New Mexico Children Youth and Families Department, New Mexico Hospital Association, New Mexico Perinatal-Neonatal Collaborative, University of New Mexico, medical providers.

STATEWIDE GOAL: Reduce Neonatal Abstinence Syndrome in New Mexico.

Strategy 1: Reduce the incidence of in-utero opioid exposure by increasing the number of pregnant women screened and referred for treatment.

SUBSTANCE USE & MENTAL HEALTH: TOBACCO

HEALTH STATUS INDICATORS: RATES OF SMOKING-RELATED MORTALITY AND CARDIOVASCULAR DISEASE MORTALITY

Background

Tobacco use is the leading preventable cause of death, resulting in about 2,800 deaths in New Mexico annually. In addition, over 84,000 people live with tobacco-related diseases in the state. Cigarette smoking has a harmful impact on nearly every organ in the human body and is linked to conditions such as chronic bronchitis, heart disease, emphysema, stroke, pneumonia, and cancers of the lung, stomach, pancreas, cervix, and kidney. The leading causes of smoking-related death in New Mexico are chronic obstructive pulmonary disease and lung cancer. Smoking-related illness in New Mexico costs the state \$844 million in direct health care and \$597 million in lost productivity every year. Although smoking has declined significantly in the past decade, smoking rates are still high among men, people experiencing poverty, people who are disabled, and bisexual individuals. When newer tobacco products such as hookah and e-cigarettes are factored in, there is still a substantial burden from overall tobacco use in the state – in fact, nearly one in four New Mexican adults and one in three youth use some form of tobacco.

Coordinating Agency: New Mexico Department of Health

Partners in implementation: Rescue Behavior Change Agency, University of New Mexico Campus Office for Substance Abuse Prevention, American Lung Association, Boys and Girls Clubs, New Mexico Public School

Districts, YMCA, Head Start Programs, Local Community/Recreation Centers and Programs Optum, Media Matched, Health Care Providers and Clinics, Tobacco Use Prevention and Control Program contractors, Tobacco Use Prevention and Control Evaluation Team and Evaluation Stakeholders Workgroup, Priority Population Statewide Tobacco Networks, New Mexico Human Services Department

STATEWIDE GOAL 1: Reduce the health and economic burden of tobacco use in New Mexico by preventing youth and young adults from starting to use tobacco and helping adults to quit tobacco.

Strategy 1: Implement youth engagement, media and marketing, and policy development strategies that support tobacco-free environments and tobacco-free lifestyles for youth and young adults.

Strategy 2: Implement media and marketing, health systems changes, training, and partnership development strategies that promote the use of proven tobacco use quitting services offered through QUIT NOW and DEJELO YA, with an emphasis on reaching and serving people experiencing poverty.



OBESITY & DIABETES: OBESITY

HEALTH STATUS INDICATORS: PERCENT OF CHILDREN WHO ARE OVERWEIGHT OR OBESE AND THE PERCENT OF ADULTS WHO ARE OVERWEIGHT OR OBESE

Background

Obesity is a serious health issue in New Mexico and the complex connections between poverty, food insecurity, and the social and environmental dynamics where children and adults live, learn, play, work, eat, and shop can have an adverse effect on lifestyle behaviors and health outcomes. In 2017, more than one-in-four (27.9%) New Mexico kindergarten students were overweight or obese, and obesity was substantially higher among third graders; over one-in-three (34.2%) were overweight or obese. This upward shift in overweight and obesity between kindergarten and third grade highlights the continued need to prevent excessive weight gain by shaping healthy behaviors at an early age.

Obese children are more likely to become obese adults and develop chronic conditions such as diabetes and heart disease. In 2017, 28.4% of New Mexico adults were obese, an 8% increase since 2011.

Healthy eating and physical activity are two major lifestyle behaviors that can help prevent obesity and subsequent chronic disease. Launched in October 2011, Healthy Kids Healthy Communities creates sustainable policy, systems, and environmental changes through multi-sector community-led coalitions to prevent childhood and adult obesity in 15 high-need (based on poverty and chronic disease burden) communities across New Mexico.

Coordinating Agencies: New Mexico Department of Health, New Mexico Public Education Department, New Mexico Children Youth and Families Department

Partners in implementation: New Mexico State University, community businesses and organizations, parent/teacher organizations, New Mexico Farm to Table, Licensed Early Childhood Education providers, community businesses and organizations

STATEWIDE GOAL: Build state and local partnerships to increase healthy eating and reduce hunger, while improving physical activity, where children and low income adults live, learn, work, play, eat and shop.

Strategy 1: Provide training and technical assistance to NM public school districts on updating, strengthening and implementing wellness policies that support health eating, reduce hunger, and improve physical activity.

Strategy 2: Provide training, technical assistance and support to licensed early care and education providers in high need communities to improve nutrition, reduce hunger and improve physical activity.

Strategy 3: Increase awareness of healthy eating by providing food tastings to Women, Infants and Children program clients using foods approved by that program.

OBESITY & DIABETES: DIABETES

HEALTH STATUS INDICATORS: THE DIABETES DEATH RATE AND THE DIABETES HOSPITALIZATION RATE

Background

Diabetes refers to a group of diseases marked by high levels of blood sugar due to defects in insulin production, insulin action, or both. Diabetes is a serious chronic health condition, especially when undiagnosed or poorly managed. Complications include heart disease, stroke, kidney failure, blindness or death. Type-two diabetes accounts for approximately 95% of all diagnosed cases of diabetes in older adults, and in many cases can be prevented. New Mexico's diabetes prevalence has been rising steadily partly due to an aging population, the rise in obesity prevalence, and people with diabetes living longer due to improvements in treatments and health care services. In 2017, an estimated 220,000 New Mexican adults had diabetes although only eight out of 10 with the condition were aware of it.

In New Mexico, the estimated costs for people with diagnosed diabetes is two billion dollars a year, and in 2017, diabetes was the sixth leading cause of death. Prediabetes is also affecting New Mexicans, and is defined when blood sugar levels are higher than normal but not high enough to be diagnosed as diabetes. In 2017, an estimated 549,000 New Mexican adults had prediabetes and only three out of 10 with the condition were aware

of it. The Centers for Disease Control and Prevention states without weight loss and physical activity, 15-30% of people with prediabetes will develop diabetes within five years. New Mexico is working to implement evidence-based strategies to prevent and manage diabetes.

New Mexico can reduce the disease burden related to prediabetes and diabetes by increasing access to structured lifestyle change programs. The National Diabetes Prevention Program, a one-year lifestyle balance curriculum developed by the Centers for Disease Prevention and Control for people with prediabetes, is based on the original Diabetes Prevention Program study. The study demonstrated that five to seven percent weight loss achieved and maintained through regular, moderate physical activity and improved nutrition, prevented or delayed the progression of prediabetes to diabetes by 58% (71% for adults 60 years and older) compared to standard lifestyle recommendations.

Diabetes can also be managed, and complications can be prevented or reduced, through improved quality of clinical



care and increased access to sustainable Diabetes Self-Management Education and Support services. According to the American Diabetes Association and American Association of Diabetes Educators joint position statement, Diabetes Self-Management Education and Support services are effective in improving health outcomes and reducing the costs of diabetes.

Coordinating Agency: New Mexico Department of Health

Partners in implementation: National Diabetes Prevention Program Sites and Lifestyle Coaches, HealthInsight New Mexico, National American Association of Diabetes Educators (AADE) and AADE New Mexico, New Mexico Medical Society, New Mexico Diabetes Advisory Council, National Association of Chronic Disease Directors, Centers for Medicare and Medicaid Services, Canary Health, Private/Public Purchasers, New Mexico Human Services Department, New Mexico State Cooperative Extension Service, Center for Community Health at Presbyterian Healthcare Services, PAC Software Inc., CWA Strategic Communication, Paths to Health New Mexico Collaborative

STATEWIDE GOAL: Reduce the burden of diabetes and its complications in New Mexico through proven prevention and self-management programs and community-based and health system partnerships.

Strategy 1: Increase participation in the National Diabetes Prevention Program.

Strategy 2: Improve access to and participation in the in-person and online Diabetes Self-Management Program statewide.



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