FY17-FY19 Strategic Plan

2019

NEW MEXICO
DEPARTMENT OF
HEALTH

Focus on Results…

Create Value

A Message from the Secretary

It is with great pride and enthusiasm that I present the New Mexico Department of Health (NMDOH) Fiscal Year 2019 (FY19) Strategic Plan. As the largest state agency, NMDOH is responsible for protecting and improving the health of all residents in New Mexico. We offer services and supports that span the continuum of care, from primary prevention, health promotion, behavioral health and rehabilitation services, to long term care for the most vulnerable citizens.

With more than 3,500 dedicated professionals who work every day to deliver essential public health services to New Mexicans, we touch the lives of every individual and family in our vast and beautiful state. We work to prevent, monitor, and improve chronic disease rates; reduce substance use; coordinate newborn screening tests; purchase and administer vaccines; perform tests to ensure our drinking water is safe; oversee implementation of systems that increase opportunities for physical activity and access to healthier food, including more fruits and vegetables; and provide safety net services to people living with disabilities and those who seek care in one of our six facilities statewide.

It is also our role to prepare for public health emergencies as new and existing health threats emerge. We continue to ensure that New Mexico health care facilities provide high quality, safe care to people in need. We also enable compassionate care for people who have qualifying conditions and prefer to use cannabis to alleviate symptoms related to their diagnosis.

With health equity as our guiding principle, the NMDOH FY19 Strategic Plan reflects the ongoing vision and priorities set forth in the NMDOH 2017-2019 Strategic Plan. As we enter the final year of our current 3-year plan, our vision of a Healthier New Mexico is strong and enduring. By clearly stating our goals, and identifying a set of population health priorities that have profound and lasting impacts on the health of New Mexicans, including teen births, obesity, diabetes, and substance misuse, the FY19 Strategic Plan provides clear and simple guidance to staff and stakeholders alike.

The NMDOH FY19 Strategic Plan also acknowledges the importance of a healthy, high-performing, empowered workforce. We are establishing guidelines and procedures to reduce administrative barriers, and creating clear direction to improve health outcomes. We are also identifying ways to recruit, develop, recognize, and retain employees.

All of our staff have a role in achieving the Department's goals and contributing to the evidence-based, data-driven improvements we deliver. I thank all of our amazing staff and community partners for their dedication and passion in achieving our shared vision of *A Healthier New Mexico*.

Lynn Gallagher
Cabinet Secretary

FY19 Strategic Plan

Table of Contents

Our Mission and Vision

Our Vision is a statement of the future we want to create for the population we serve. Our vision is for

A Healthier New Mexico!

Our Mission is a statement of our intention to do the work necessary to turn our vision into a reality. Thus, our mission is to

Promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico.

Our values are a statement of our belief that how we work is as important as the work we do. Our values define the way in which we will carry out our mission in order to achieve our vision. Our values are:

Accountability – Honesty, integrity, and honor commitments made

Communication – Promote trust through mutual, honest, and open dialogue

Teamwork – Share expertise and ideas through creative collaboration to work toward common goals

Respect – Appreciation for the dignity, knowledge, and contributions of all persons

Leadership – Promote growth and lead by example throughout the organization and in communities

Customer Service – Placing internal and external customers first, assure that their needs are met

Guiding Principles

NMDOH has identified a set of guiding principles to inform program strategies and actions and the development of partnerships, including cross-agency partnerships. These guiding principles establish a framework for the Department and its partners to act collectively to implement comprehensive programs that are efficient, effective, and sustainable. NMDOH has been using these guiding principles to inform programmatic activities. Each principle is outlined below, with examples across the Department of the principle in action.

1. **Create accountable programs and engage communities in aligned, collective impact partnerships to achieve optimal population health status.**
   - The Scientific Laboratory Division (SLD) provides eleven essential services, which include: disease prevention, control and surveillance; integrated data management; reference and specialized testing; environmental health and protection; food safety; laboratory improvement and regulation; policy development; public health preparedness and response; public health related research; training and education; and, partnerships and communication. SLD delivers analytical laboratory support services and scientific advisement services for tax-supported agencies and groups or entities administering health and environmental programs for New Mexico (NM) citizens.
   - The Public Health Division (PHD) is working with the Children, Youth and Families Department (CYFD) to develop a multi-disciplined, multi-sectorial program to provide a safe plan of care for all infants exposed to harmful substances. PHD is responding to a Centers for Disease Control and Prevention (CDC) request for proposals on the prevention of child abuse and neglect that will extend that plan of safe care to all children and adolescents.
   - PHD is implementing a healthy communities approach in acute care hospitals and tribal communities. The purpose of the initiative is to create policies and environmental changes that support healthy behaviors in people who are engaged in disease prevention and management programs that have been proven to work.
   - PHD provides technical assistance to contractors and clinic systems statewide that deliver no-cost, age-appropriate breast and cervical cancer screening and diagnostic services to eligible populations. PHD also works with contracted clinic systems to implement evidence-based health systems change interventions with a goal to increase age-appropriate breast, cervical and colorectal cancer screening among populations statewide.
   - PHD is working with Santa Fe and Bernalillo counties to support the development of accountable health communities, which seek to reduce the impact of social determinants of health for their most resource-limited and high risk residents.
   - PHD collaborates with multiple partners as members of the statewide Long Acting Reversible Contraception (LARC) working group to align activities and

leverage different funding streams to achieve the goal of reducing unintended pregnancies and increasing knowledge of and access to LARC.

- PHD provides support via regional health promotion teams to local community-based health councils, which assess local health needs, identify gaps in services, develop community health assessments and plans with priorities, and coordinate community health improvement initiatives.
- In the Developmental Disabilities Supports Division (DDSD), each DDSD Regional Office has nurses to provide technical assistance to provider agencies that engage community providers for access to health services for the citizens we support. The DDSD Medical Director, Clinical Services Bureau, and Bureau of Behavioral Supports work with local hospitals and physicians to promote improved health status for participants. DDSD engages with several key community-based partners, such as the Advisory Council on Quality, the Family Infant Toddler (FIT) Interagency Coordinating Council, the Association of Developmental Disabilities Community Providers (ADDCP) and others. DDSD's core programs include the Home and Community Based Services Medicaid Waivers (Traditional, Mi Via and Medically Fragile) and the FIT Early Intervention program, all of which include accountability measures. Those served by DDSD include some of the most vulnerable members of the state's population.
- The Administrative Services Division (ASD) has been working diligently to improve the agency contracting process, provide transparency of financial decisions, and make better decisions on who we partner with to make measurable impacts on population health.

2. **Achieve health equity by addressing the social determinants of health; partnering with communities and American Indian tribes, pueblos, and nations to reduce health disparities; and applying a health in all policies philosophy.**
   - PHD health promotion teams work daily with communities to strengthen awareness of social determinants of health, and to develop and implement systems and environmental strategies to address them. PHD health promotion teams also work with community partners to implement programs that encourage citizens to eat better, exercise more, and avoid harmful behaviors such as tobacco use.
   - PHD is working with the Office of African American Affairs and multiple other stakeholders and agencies, with technical assistance from CityMatCH, to reduce disparities in birth outcomes for Black women and infants through data analysis, provider education, and increasing public awareness.
   - The Office of the Tribal Liaison has developed a Data and Determinants for Health workbook for tribal planners, with the goal of stimulating conversation about new ways to look at the connection between data and the factors that affect health and wellness in tribal communities.

- The Office of Policy and Accountability (OPA) and the Office of the Tribal Liaison will continue to build on a health in all policies project to address food deserts in tribal communities by engaging local farmers and ranchers in educational and networking opportunities, and maintaining the New Mexico Tribal Farming Toolkit that was introduced in FY17.
- The Office of Border Health supports binational health councils and community partners to conduct community health assessments, engage in strategic planning, and identify ways to address community and border specific needs through cross-sector collaboration.
- The Epidemiology and Response Division (ERD) is continuing work on reducing pneumonia and influenza death in New Mexico with a major focus on reducing the American Indian rate, as this population has the highest death rate.
- The Division of Health Improvement (DHI) is partnering with ERD to reduce pneumonia and influenza rates in the long-term care setting, particularly nursing homes. These diseases are among the highest contributors to preventable deaths in these facilities. DHI is also ready to launch the new nursing home survey process, which focuses on resident health outcomes and quality of life assessments. All regulatory activities performed treat all residents and patients in licensed facilities equally no matter their payer source or other distinction.

3. **Promote access to person- and community-centered health and wellness by aligning and integrating public health, behavioral health, oral health, and primary care.**
   - DDSD services provide aligned physical health, behavioral health, oral health and primary care for all citizens on the Developmental Disabilities (DD) Waiver. The standards for the DD Waiver incorporate requirements for all of these services. The contracted provider agencies are responsible for arranging these services. DHI surveys the provider agencies to ensure the requirements are met.
   - PHD is working to transition more patients into a medical home that provides comprehensive primary care services. One example is to co-locate Women, Infants and Children (WIC) and public health clinics with rural and primary health care centers. This co-location facilitates referral to a medical home for more comprehensive care. PHD's social workers actively work to connect children with special health care needs to a medical home, and facilitate the communication between the pediatric subspecialists and the medical home for patients seen in the Children's Medical Services specialty outreach clinics.
   - PHD tests, treats and manages all active tuberculosis (TB) patients, contacts and suspected cases in New Mexico. To enhance prevention and control efforts, the TB Program has launched a new TB Infection (TBI) Extension for Community Healthcare Outcomes (ECHO) that recruits community health

centers and other primary care providers to care for TBI patients under the guidance and direction of the Program. This will allow many more TB patients to be treated and builds capacity for sustained TB treatment.

4. **Expand healthier community strategies that work.**
   - PHD is reviewing the way it engages communities to assure that it is guiding its partners toward public health interventions that meet the CDC's definition of evidence-based or promising practices. For example, PHD is engaging local staff to expand the Healthy Kids Healthy Childcare Challenge, an intervention targeting preschool-age children that encourages 120 minutes of physical activity per day and less than 30 minutes of screen time per week during child care.
   - Despite being the compliance and enforcement body for health facilities and community service providers, DHI has an obligation and interest to not only cite and assess penalties, but also to share data, trainings, and other information that can lead facilities to better understand requirements placed on them, and pre-emptively avoid citations and penalties. It is in the interest of better health for individuals, patients, and residents of these providers for higher standards to be in place prior to complaints or findings that health and safety have been compromised.

5. **Gather and analyze data for meaningful use.**
   - Data on how a facility or provider is performing is more useful when comparisons to similar facilities can be drawn. In general, facilities want to perform well and provide appropriate levels of care to those they serve. When DHI can link facilities and trade associations together to share data among many facilities at once, healthy discussion and trouble-shooting occurs. Also, DHI has embarked on an effort to identify performance measures from all bureaus that measure some of the most important work we are doing.
   - PHD analyzes surveillance data (Behavioral Risk Factor Surveillance System [BRFSS]) on population-based breast and cervical cancer (BCC) screening rates to assess the need for BCC Program services in different communities and population groups in New Mexico. The BCC Program also analyzes population-based surveillance data from the New Mexico Tumor Registry (NMTR) on cancer diagnoses. PHD uses both BRFSS and NMTR extensively for strategic planning, monitoring, and evaluation purposes.
   - PHD gathers data from every birthing hospital in NM to ensure that every baby born in NM receives the mandatory newborn screenings, including screening for metabolic and hematologic conditions, screening for congenital heart disease, and screening for hearing loss, and that appropriate follow-up occurs for any abnormal test results. Feedback is provided to hospitals for quality

7

assurance purposes such as improving blood spot collection and transit times, and improving appointment times for infants needing audiologic diagnoses.

- PHD collects immunization data for all individuals in New Mexico from providers administering vaccinations. Program staff utilize immunization data to identify root causes for low immunization rates or pockets of need, to inform strategic planning and to provide patients with a central repository of their immunization history. The majority of immunization data submitted by providers is by HL7 messaging or "data exchange," which is required for providers to claim meaningful use funds.

- ASD has been the leader in financial data analysis for the entire Department. This work has been instrumental in ensuring effective use of limited financial resources by identifying trends in spending and avoiding unnecessary spending. We have established weekly encumbrance meetings that allow all divisions to come together and discuss the results of weekly data. These meetings help to train programs in the proper method of addressing the weekly report and provide a consistent message to all participants. The work has had a considerably positive impact on the financial picture for the Department and each division.

- ERD is making progress in getting emergency department syndromic surveillance data from all New Mexico hospitals. ERD also maintains the NMDOH digital library, which provides NMDOH staff with the latest scientific evidence from the public health literature in a timely manner.

- The Office of General Counsel (OGC) collects information to provide to ASD regarding work that is attributable to the various divisions within NMDOH. OGC also uses a Request for Legal Services report to determine workload and distribution of assignments, and reviews monthly case status reports to determine necessary updates and follow-up.

- The Information Technology Services Division (ITSD) enables providers to attest for meaningful use compliance at the NMHIT.org website; reports provider attestation and testing data to the NM Human Services Department for Medicaid reimbursement; participates in the Health and Human Services, Office of the National Coordinator for Health Information Technology policy, data standards, and interoperability workgroups; and participates in the advisory board for the NM Health Information Collaborative (NMHIC) Health Information Exchange advisory board.

6. **Shift resources from clinical services to population health investments.**
   - The PHD Family Planning Program promotes population-based strategies (service learning, adult-teen communication, and comprehensive sex education) to work in concert with the clinical family planning direct services to prevent teen pregnancy.
   - PHD is offering clinical staff a chance to develop new skills by pairing them with program staff to deliver more evidence-based prevention and management community interventions. Two such opportunities are to 1) be trained as lifestyle coaches in the National Diabetes Prevention Program (National DPP) or 2) as certified workshop leaders in the Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP). These programs are among several offered through *Paths to Health NM: Tools for Healthier Living* and have been designed to help adults gain the confidence and skills they need to prevent or better manage diabetes and related chronic health conditions or injuries.

7. **Empower and educate individuals in self-responsibility for their health.**
   - The Office of Community Health Workers (CHW) within PHD promotes the development of a strong and competent CHW workforce through training, certification, and advocacy. CHWs provide a critical link to community members who need support in chronic disease self-management, including heart disease, stroke, and diabetes.
   - PHD promotes healthy eating and active living for children and their families, two strategies that prevent obesity and subsequent chronic disease. The program offers activities such as classroom healthy food tastings, increased access to physical fitness opportunities, establishing community gardens, and gardening and cooking education.
   - PHD's comprehensive sex education programs promote self-responsibility by helping youth to make responsible choices and to develop effective life skills and healthy relationships. Service learning programs provide positive alternatives and leadership opportunities, and engage youth to build on their strengths and interests in constructive ways. Adult-teen communication programs give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.
   - PHD is creating a PrEP (pre-exposure prophylaxis) Program statewide to prevent high-risk gay men from contracting Human Immunodeficiency Virus (HIV) by providing anti-viral medications. The program is evidence-based and dovetails with the Sexually Transmitted Disease (STD) Prevention Program which identifies candidates for PrEP among new syphilis and gonorrhea cases.
   - PHD promotes its evidence-based prevention and management programs through the *Paths to Health NM: Tools for Healthier Living* statewide initiative. All *Paths to Health NM* programs are designed to help adults gain

the confidence and skills they need to prevent or better manage diabetes and related chronic health conditions or injuries.

- PHD promotes oral health among children and adults by promoting good oral hygiene practices, healthy eating, reduced consumption of sugar products, consumption of fluoridated water and seeing a dental provider every six months. PHD provides preventive services to reduce tooth decay, educates children and adults during clinics, and conducts Public Service Announcements in English/Spanish via television advertisements, social media, and sports events.
- PHD supports community-based and clinic-based patient navigation efforts that work with individuals to identify and overcome barriers to accessing age-appropriate breast and cervical cancer screening, with an emphasis on reaching those who are at or below 250% of the federal poverty level and who are rarely or never screened for these cancers.
- DHI is working with ERD and various health care advocacy groups to provide guidance and training for facility residents to make good decisions around immunizations.

8. **Recruit, train, cross-train, and retain a talented workforce.**
   - PHD recognized the need to create a career ladder for Disease Intervention Specialists who are responsible for finding contacts of people with STDs and HIV so they can be tested and treated if necessary. PHD converted four Infectious Disease Nurse positions, for which recruitment efforts had been unsuccessful, into a Lead Disease Intervention position in each of four Regions. This helps retain talented and loyal employees by giving them the possibility of internal promotion.
   - Physicians from PHD have applied to the New Mexico Medical Society to become a certified provider of Continuing Medical Education (CME) programs. This will encourage the development of public health oriented programs for the broader provider community. For example, with the increasing emphasis by Medicare, Medicaid and private insurers on outcomes management and value based care, there is considerable interest in the concept of population health which has been a mainstay of public health science for decades. As a provider of CME, NMDOH will be able influence medical care throughout the provider community and encourage providers to include the concepts of social determinants of health and population health in the health reform debate.
   - Centers for Medicare & Medicaid Services, which provides much of the training on the licensing side of DHI, has revised its training curriculum and internet access. They continue to make classes available on-line that were formerly in-person only. DHI also now has an avenue to advocate for classes to be offered more often than previously, which will shorten the time required for new surveyors to be fully trained.

- DDSD and DHI are working together on a joint need to train staff on the Community Supports side. Previously, classes had seldom been offered during the course of the year. This schedule is being reconsidered to allow staff the ability to meet all requirements for surveying individuals in these DD Waiver Programs. Training is provided throughout the state for staff of both DDSD and provider agencies.
- OGC has encouraged staff to attend all trainings available through the Department and certain trainings available outside the department. As part of this effort, OGC took part in a two-day staff leadership retreat in June 2017. In addition, OGC is advertising staff openings through LinkedIn, Facebook, the University of New Mexico, and the New Mexico Bar Bulletin in an effort to expand recruitment.
- ITSD provides an atmosphere of collaboration and idea sharing by bringing the Application Development and Support Bureau team together in co-authoring programs and peer reviews. ITSD also provides innovative idea sharing and growth opportunities by cross-training the level one and two help desk groups, and providing opportunities to collaborate on providing better services. ITSD works collaboratively with other state agencies, including the Department of Information Technology (DoIT) to create a creative ecosystem of talent, skills and resource sharing to be a high-performance team. This has benefitted the agency in recruiting the best and brightest as state technology employees seek new opportunities within state government.

9. **Respect cultural assets, wisdom, and beliefs.**
- PHD is collaborating with representatives from tribal organizations to create a section within the newly revised New Mexico Cancer Plan that includes strategies for implementing culturally appropriate cancer control activities within Native American communities. Considerations for creating this section include drawing upon existing strengths, programs and resources while recognizing challenges that native populations face in addressing cancer in their communities.
- The Office of Health Equity (OHE) will continue work started in FY17 to consistently provide training and professional development opportunities to NMDOH staff and community partners on how to deliver culturally sensitive services. This includes a statewide training on Culturally and Linguistically Appropriate Services in Health and Health Care. The Office of the Tribal Liaison will also continue to provide a training, Working More Effectively with Tribes, that takes into account the history and characteristics of New Mexico's tribal health systems.
- OHE, in partnership with PHD, has implemented an updated customer satisfaction survey that includes questions about how well NMDOH is providing

language assistance services and meeting the needs of Limited English Proficient clients.

- NMDOH offers culturally based programming and services to reflect the needs of the populations we serve, including ¡Cuídate!, a culturally-based curriculum designed to reduce HIV risk among Latino youth; the DÉJELO YA Spanish-language anti-tobacco campaign; medical interpreter training in Spanish and Navajo; and the use of an anti-oppression framework in the Tobacco Use Prevention and Control program.

10. **Promote a culture of excellent customer service.**
- NMDOH strives for excellence in delivery of all services, information sharing with the public, in being a 'key health Strategist' for the people of the State of New Mexico and promoting collaboration with all public health stakeholders and stakeholder groups.
- DDSD has a customer service survey for all services they provide. The survey is conducted by regions on a statewide basis. It is a focus of DDSD for the coming year to improve responses to questions for information. Currently, calls or requests for information are expected to be responded to within 24 – 48 hours.
- Through training and periodic meetings with staff, ASD continues to focus on service to the other Divisions, and their role in providing financial services. It has been the focus of the ASD Director to select new hire candidates that fit the mold of excellent customer service and experience in this area.
- Within the last year, OGC adopted a new mechanism for sending their clients a confirmation of receipt email for each Request for Legal Service, including the tracking number and assigned attorney.
- ITSD's core values are Excellence, Respect, Teamwork, Communication, and Integrity. These values promote accountability, transparency, and develop ITSD capacity to create solutions for mission success. ITSD also works closely with business experts to understand business needs and present technology solutions that clearly work to improve business outcomes. ITSD is active across the state working in collaboration with several state agencies on state-wide initiatives promoting a culture of excellence.
- DHI is continuing to develop its culture of customer service in the way surveyors and investigators interact with residents, patients, staff, and administrators of licensed facilities and in community settings to provide training opportunities and information designed to prevent findings during inspections in advance. Most importantly, this provides a stronger culture of health and safety, but also brings up the quality ratings for facilities. DHI is striving to be recognized as a partner in their development of a quality culture, rather than the regulators who only find deficient practices.

Strategic Planning Process and Membership

The 2017 – 2019 Strategic Plan, including this FY19 Update, outlines the vision, mission, values, and organizational priorities for the coming year. It is part of the NMDOH Strategic Planning Roadmap. This Roadmap includes the State Health Assessment (SHA) that provides a systematic review of New Mexico's health status. The SHA, informed by stakeholder input and consideration of CDC initiatives like Winnable Battles and Healthy People 2020, informs the State Health Improvement Plan (SHIP). The SHIP is a collaborative effort to identify, analyze, and address health issues in the state, including the role of NMDOH and key partners. The Strategic Plan (SP) then identifies overarching results to guide the work of the Department.

Senior Leadership Team

Cabinet Secretary Lynn Gallagher

Deputy Cabinet Secretary Gabrielle Sanchez-Sandoval

Deputy Cabinet Secretary Dawn Hunter

H. Lynn Carroll, Jim Copeland, Michael Landen, Lixia Liu, Roy McDonald, Teresa Padilla, Terry Reusser, Paul Rhien, Kenny Vigil

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External Trends, Events, and Other Factors Affecting Our Work

Changing Population Demographics

New Mexico is the fifth largest U.S. state in terms of land area. Fifty percent of New Mexico's population, over a million people, live in three counties (Bernalillo, Doña Ana, and Santa Fe) which together comprise only 6% of the state's land area. In more sparsely-populated rural areas of the state, providing health care and public health services poses challenges, such as the ability to hire and maintain full-time clinicians and specialists, and the great distances that many people have to travel to get care.

From 2010 to 2016, New Mexico's population grew by a modest 0.1% annually (fewer than 20,000 persons per year). Nearly two-thirds of the state's counties experienced a decline in population. Population growth by age group was confined entirely to the population aged 65 and over. While retirees are moving into the state, young people are leaving rural communities in favor of metropolitan areas in New Mexico and elsewhere to take advantage of education, employment, and entertainment opportunities. And, the proportion of New Mexicans aged 65 and over is outpacing that of other states. In 2000, New Mexico ranked 37th highest among all states for percentage of the population aged 65 or over. By 2016 the state moved up 23 spots to 14th. The health, long-term care, and home health systems in New Mexico must adapt to accommodate this dramatic shift in New Mexico's population to protect the safety and well-being of New Mexico's older adult population.

New Mexico's population distribution by race and ethnicity is strikingly different from that of the United States overall, with smaller proportions of persons who are Black or Asian, and larger proportions of persons who are American Indian or Hispanic. White persons comprised a minority (39%) of the state's population in 2016. American Indian and Alaska Native (AIAN) New Mexicans have relatively poor health outcomes on a number of important measures of health status, including life expectancy and deaths due to unintentional injuries, diabetes and alcohol. Some have argued that AIAN health disparities are the product of the disrupted social conditions of colonization, while others emphasize socioeconomic conditions or access to health care. All three factors no doubt contribute to AIAN health disparities.

The New Mexico economy has been slow to recover from the great recession. New Mexicans participate in the labor force at a rate (59%) that is somewhat lower than that in the U.S. (63.5% from 2012-2016). And the 2016 median household income ($46,884) was only 81% of that found in the U.S. ($57,617). New Mexico has had among the highest

child poverty rates over the years, and in 2016 was ranked 48th among all states with 27.8% of New Mexico children under age 18 living in poverty, compared with 19.5% in the U.S. overall. In 2016, 25.6% of New Mexico children age 0-17 were living in food insecure households, the highest of all U.S. states.

Higher educational attainment is associated with better health outcomes. Low educational attainment has been identified as a problem in the U.S. The Robert Wood Johnson Foundation reports that "The United States is the only industrialized nation where young people currently are less likely than members of their parents' generation to be high-school graduates." New Mexico's 2017 high school completion rate (68.6%) gives us a rank of 50th among U.S. states,[1] and we ranked at the bottom (50th) in 2017 for the percentage of third graders able to read at a basic level (54%, compared with 67% nationally).[2] Early childhood education at high-quality child care centers has been shown to benefit individuals throughout their lifetime and will be important for New Mexico's future generations.

Public Health Accreditation

In November 2015, NMDOH was awarded public health accreditation by the Public Health Accreditation Board (PHAB). Launched nationally in 2011, public health accreditation is an important strategy to assure the quality and performance of the nation's governmental public health agencies. Achieving public health accreditation demonstrates that the Department is delivering the essential public health services according to a set of nationally recognized, practice-focused, and evidence-based standards.

Public health accreditation offers the potential to support a strong internal infrastructure and expand NMDOH's capacity to impact population health by promoting engagement in quality and performance improvement, strengthening management processes, and improving accountability and transparency. In order to remain accredited, NMDOH will submit an annual report to PHAB each year for the next five years. These annual reports will track and describe the progress NMDOH is making to

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1. Percentage of high school students who graduate with a regular high school diploma within four years of starting ninth grade (ACGR). America's Health Rankings, United Health Foundation. Accessed 7/6/2018 at https://www.americashealthrankings.org/explore/annual/measure/Graduation/state/ALL

2. Proficiency in reading by the end of third grade. KidsCount data center. Accessed on 7/6/2018 at https://datacenter.kidscount.org/data/map/5116-fourth-grade-reading-achievement-levels?loc=1&loct=2#2/any/false/871/1185/11560/Orange/

implement this strategic plan, and they will serve to demonstrate the steps we are taking to continuously build and advance a culture of quality.

NMDOH has built and adopted an Accreditation Sustainability Plan that will effectively guide the process of reaccreditation. The Plan contains information on the structure of the Accreditation Team and the roles and responsibilities that each employee plays in the process. The Plan also includes guidance on the maintenance timeline of documentation and the annual phases we will follow for the next five years in order to sustain the Department's accredited status.

Health Equity

Health is impacted by the systems and structures we encounter every day. This includes our homes, workplaces, schools, hospitals, and grocery stores, how we get there, and the things we do. *Health equity* means that every person has the opportunity to achieve the highest possible level of health without being limited by the systems and structures of daily life. Achieving equity in health outcomes depends upon a shared understanding of health disparities among different populations and the factors that create those disparities. *Health disparities* refer to preventable differences in the quality of health and health care that exist among specific population groups.   Some populations experience a greater burden of disease due to a variety of factors, including income and education level, racism, historical trauma, cultural and linguistic barriers, and inadequate access to health care.

The concept of health disparities is particularly important for New Mexico, a minority-majority state where greater than 60% of the population self identifies as a racial or ethnic minority. According to 2015 population estimates, 48% of New Mexicans self-identify as Hispanic, and 10.5% of New Mexicans self-identify as American Indian. In New Mexico, there are 23 federally recognized tribes, pueblos, and nations. NMDOH also works toward health status improvement in the New Mexico/Mexico border region and other border impact areas of the state. The border region is defined as the three counties in southern New Mexico that are contiguous with Mexico on the U.S.–Mexico border: Doña Ana, Luna, and Hidalgo.

It is important to recognize the impact of social, behavioral, environmental, and biological or genetic determinants of health on the health outcomes of the different populations that we serve. In New Mexico, that means taking into consideration cultural sensitivity and mobility, language needs, mixed-status families in the border region, food and agricultural practices, and a variety of other factors.

NMDOH has identified health equity as a guiding principle. We strive to establish partnerships with communities, other agencies, and organizations to reduce health disparities. We implement evidenced-based models and best practices to deliver programs that take into account the diversity of the population we serve. We continue to create a culture of health equity in the Department so that we are providing programs and services that will create a Healthier New Mexico for all.

Health System Innovation

Since Fiscal Year 2005 in New Mexico, Medicaid enrollment and related spending has more than doubled, which places increased pressure on the state's General Fund. The Affordable Care Act established the Center for Medicare and Medicaid Innovation within the Centers for Medicare and Medicaid Services to develop and test an array of alternative payment and service delivery models to lower health care costs while maintaining or improving the quality of care. Like many other states, New Mexico has been evaluating ways to achieve the Triple Aim to optimize health system performance by: 1) Improving population health; 2) Enhancing the patient care experience (including quality, access and reliability); and, 3) Reducing, or at least controlling, the per capita cost of care.

The Accountable Health Communities (AHC) Model is one model that addresses a critical gap between clinical care and community services in the current health care delivery system. It tests whether systematically identifying and addressing the health-related social needs of Medicare and Medicaid beneficiaries will impact health care costs and reduce health care utilization. NMDOH is partnering with communities and providers to evaluate how to apply this Model throughout the state.

Evidence suggests that addressing health-related social needs through enhanced clinical-community linkages can improve health outcomes and reduce costs. Taking into account the various determinants of health in the provision of care may increase an individual's ability to manage chronic conditions, thereby reducing health care costs and utilization. The AHC model promotes clinical-community collaboration through screening and referral to community services, providing support in navigating the service system, and ensuring that community services are available and responsive to the needs of community members.

NMDOH is also looking at other ways to promote community and person-centered care and the integration of public health and health care by supporting the patient-centered

medical home model and transitioning patients into a setting that provides comprehensive primary care services. This includes behavioral health, oral health, and social services.

Emerging Health Threats

The world continues to experience newly emerging and reemerging health threats as varied as biological, environmental, chemical, radiologic, and warfare. Ongoing response to these health threats includes strengthening of traditional systems as well as development of new strategies of detection and response at local, state, and national levels.

Examples of newly emerging infectious diseases are numerous, and each one tells a different story. For example, human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) likely emerged about 100 years ago, after the virus moved from one primate host (chimpanzees) to another (humans), and then social and demographic factors enabled it to spread within the human population. Another example, with less of an impact on the human population, is that of severe acute respiratory syndrome (SARS), which emerged from bats and spread into humans first through person-to-person close contact, then within hospitals, and finally by human movement between international air transport hubs. A final example is that of the most recent influenza pandemic caused by the 2009 H1N1 virus that emerged from pigs after exchanges of human, swine, and avian influenza genes. These examples remind us that newly emerging infectious diseases are usually present within unique and complex circumstances.

There are also numerous examples of reemerging infectious diseases. One such story is that of cholera, which for more than 200 years has been reemerging as global travel, natural disasters, war, poverty, social disruption and other factors contribute to inadequate sanitation and spread of disease. Cholera is a highly contagious bacterial infection of the small intestine caused by the bacterium *Vibrio cholerae* that is spread through contaminated food or water. Manifestations of illness range from mild symptoms to death. One current example of the reemergence of cholera is taking place in the country of Yemen where it is causing many deaths. Reemergence of known pathogens (e.g., Ebola virus and Zika virus), the newly emerging problems of drug resistance to a variety of pathogens, including those causing invasive fungal disease (e.g., candidemia), bacterial infections (e.g., tuberculosis), parasitic disease (e.g.,

malaria) and others, demand that we recognize and understand the causes so that we reduce the threat.

The health of humans is connected to the health of animals and the environment. The earth has seen changes in land use (e.g., deforestation and intensive farming practices) and climate changes with resultant disruptions in environmental conditions and habitats. These disruptions, international travel and trade, and social phenomena—including growing populations expanding into new geographic areas with people living in closer contact with wild and domestic animals—have provided opportunities for diseases to pass between animals and people (e.g., plague, West Nile virus fever, *Salmonella* infection). Climate warming is an ongoing emerging threat with potential to impact human health in numerous ways: by making existing diseases and conditions worse, by helping to introduce new pests and pathogens, through extreme weather events (e.g., floods, droughts, heat waves, storms, hurricanes), by contributing to wildfires, influencing illnesses transmitted by food and water, decreasing air quality, and affecting the transmission of numerous infectious diseases whose agents are sensitive to weather conditions.

Chronic diseases (e.g., hypertension, cardiovascular diseases, diabetes, tobacco-related cancers) and other ongoing and emerging public health threats (e.g., risks associated with opioid dependence) raise the need for new, evidence-based approaches to assist health care providers, consumers, policy makers, researchers, and public health practitioners to prevent and control chronic diseases, and to promote health.

Biologic research, including evolving biotechnology, represents opportunity and advancements to benefit human health (e.g., production of targeted therapeutics and vaccines, using genome sequencing to improve health) while also posing potential dangers. Laboratories sometimes make and release—intentionally or not—dangerous microbes (e.g., anthrax). Such dangerous microbes can cause morbidity and mortality if applied for destructive purposes (e.g., biological weapons).

The public health system is made up of the workforce, information and data systems, and public and private health and community organizations, including NMDOH, all working together. This system ensures a healthy population through: prevention and control of injury, communicable and chronic disease, disabilities, misuse of alcohol, tobacco, and drugs; promotion of environmental health, women, youth and children's health, mental health, and healthy communities; and by always being ready to respond to wide-scale emergencies. In the last 100 years, the public health system is largely

credited with increasing life expectancy by 30 years through developing and providing vaccines, improving drinking water quality and food safety, and controlling chronic and infectious diseases. The public health system is working to keep up with increasing demands, while addressing various challenges such as budget cuts, continuous training needs, rapidly changing information systems and laboratory technologies, and both new and old threats to the public's health.

Technology

TECHNOLOGY DRIVERS THAT WILL HAVE AN IMPACT ON CHANGE FOR NMDOH

- The Digital Workforce: A more social, mobile, accessible and information-rich work environment is in demand. It is necessary for NMDOH to evaluate social trends of the workforce population and react with collaborative work models that provide a smart, adaptable environment in order to conform to the worker's contextual and evolving job requirements.
- Cloud Computing: "Computing Everywhere," whether publicly accessed or privately through secure networks, is quickly becoming the expected norm for both the NMDOH workforce and the public.
- Enterprise Consolidation of Disparate Sources of Data: Access to more data for analytics and real-time evidenced-based decision making is forcing the rapid evolution from traditional separate and distinct business functions to an enterprise view of information.
- Digital Government: Changing constituent demographics are requiring governments at the state and local level for the consolidation of technology systems to be more user-centric, providing a "one-stop-shopping" experience. NMDOH, the Human Services Department (HSD), the Aging and Long-Term Services Department (ALTSD), and the Children's Youth and Families Department (CYFD) are currently working on a plan to re-define how constituents enroll in benefits programs for all agencies as an example of responding to this demand.
- Technology Investment Portfolio Management and Cost Optimization: Formalized processes for transparency and accountability of agency operations, to better manage and define the undertaking of projects, services and initiatives, is increasing in priority for governments. Making decisions on technology investments based on historical trends, current resources, and future predictions allows for more optimized future investments.

- Intelligent Security: With an expected increase of 30% in medical identity theft, new focus on policy, education and technology is required.
- Bring Your Own Device (BYOD): More than 50% of employees access work related information on their personal smart devices. Data Loss Prevention (DLP) and Data Records Management (DRM) will use more sophisticated algorithmic ways of detecting new threats. Mobile device management is increasingly becoming the most needed focus for security. Cell phones and table t devices are mobile and introduce new threats at exponentially increasing rates.
- Telehealth and Telemedicine: From saving costs on travel for state health care employees to providing better access to health care for New Mexico citizens, virtual meetings and consultations will become more of the norm than the exception. This will require infrastructure upgrades to handle the load on networks and proper policy and governance to safeguard protected information.
- Electronic Health Care Records and Billing systems: As requirements for health care organizations to be accountable for providing better quality of care at affordable costs, electronic records of care and accuracy of billing are required. Modern technology systems are constantly evolving and forcing organizations to evaluate the marketplace to upgrade decades-old systems.
- Business Intelligence and Insight: Business decision making increasingly depends on large amounts of data and sophisticated analysis to produce meaningful actions and results. New data mining technology will be in demand in the near future to help base business decision making capabilities using prediction and forecasting models.

Aging Workforce

One of NMDOH's goals is to hire and retain qualified individuals. Globally, the overall population is aging. People aged 65 and older account for 8% of the world's population. It is expected that by the year 2030 this number will increase to 13% with 1 billion people. People aged 85 and older are now the fastest growing population. These changes are contributing to shifts in work and retirement choices. More workers are becoming pensioners and spending a longer portion of their lives in retirement. People with defined-benefit plans, such as the state's PERA plan, retire on average 1.3 years earlier than those with defined-contribution plans, such as a 401k.

Nationally, many older people remain in the workforce, either full-time or part-time. Currently, 70% of men and 60% of women in their 50s are working full-time. Therefore, people in their early to mid-50s are expected to work beyond age 65.

According to the de Beaumont Foundation and the Association of State and Territorial Health Officials *Public Health Workforce Interests and Needs Survey* 2017 (PH WINS), 51% of the NMDOH workforce is over the age of 50, with an average age of 49. This underscores the importance of succession planning. The average age of a state public health worker in the United States is 47.5 years. When looking at years in public health, the survey found that 7% of NMDOH respondents had 21 or more years in public health, while 51% of respondents had 0-5 years in public health. Of note, 33% of NMDOH respondents are considering leaving in the next year for reasons other than retirement, and 29% are considering retiring within the next five years.

Within NMDOH, the workforce age ranges from 18-81 years, with an average age of hire in FY17 of 38 years.

Our current workforce age and agency longevity is:

- 28% between the ages 45-54, with agency longevity averaging 10.4 years;
- 26% between ages 55-64 with agency longevity averaging 11.3 years;
- 4% over age 65 years with agency longevity averaging 11.7 years; and,
- 23.9% of the workforce has an agency longevity between 1-4 years.
- 15.3% of the workforce has been with the agency less than 1 year.

With an aging workforce and an older applicant pool, NMDOH must continue to adjust retention strategies in order to address the needs of the changing workforce. NMDOH must also develop and monitor a plan for the replacement of workers as they retire.

Budget Outlook

NMDOH's budget results from a variety of federal funds, state general funds, and service generated revenues (Medicaid, Commercial, Managed Care Organizations, etc.). The trend over the past few years has been a steady decline in Federal Funding, recent reductions in state general fund resources due to decreased oil and gas production, and an increase in revenue from services. Due to recovering oil prices and improvements in the State's general fund budget, revenue has shown improvement. We will continue to see declines in federal revenue and increases in service revenue for the foreseeable future. Given the budget outlook, the Department is looking at ways to increase revenue and decrease operating expenses without jeopardizing quality of care. In addition, the Department is looking at innovative ways to leverage private partnerships and existing sources of flexible funding to continue providing basic public health services; ensuring safety net services to those who qualify; providing special needs

population waiver services; investing in health emergency preparedness and prevention; and providing regulation and oversight of state medical facilities. The Department is committed to working within its budget and creating sustainable outcomes. In doing so, this will require that the NMDOH transform the way it operates by strategically prioritizing efforts and resources, reducing waste, improving operational efficiencies, and evaluating investments in the work that is being accomplished by providing continuous monitoring to achieve better outcomes. NMDOH is aligning its budget with population health initiatives related to obesity, diabetes, smoking, and substance misuse, which bear the greatest burden in terms of health care costs and premature disease and death. The NMDOH is continuously striving to cultivate stronger relationships with community partners to create sustainability through improved coordination, planning, and collective contributions for improved population health. Making improvements in these key areas will have a profound and lasting effect on the health of all New Mexicans.

Strengths, Weaknesses, Opportunities, and Challenges

At the beginning of the FY17-19 Strategic Plan journey, NMDOH Senior Leadership participated in a Strategic Planning Retreat. The retreat began by performing two assessments.

The first assessment, called PESTLE, was conducted to analyze the external macro environmental factors, trends, and events that may impact community health or the Department's well-being. Some examples considered by leaders were:

- Political: Government policies, change of administration, funding sources and initiatives, pressure groups.
- Economical: State economy, financial security, jobs, seasonality.
- Social: Cultural factors, ethical issues, demographics, media.
- Technological: Information Technology funding, technological advancements, maturity of technology, innovation potential.
- Legal: Current and future legislation, regulatory bodies and processes, litigation.
- Environmental: Sustainability of natural resources, social responsibility, awareness and expectations, environmental concerns, environmental legislation.

Keeping the PESTLE analysis in mind, leaders proceeded with a Strengths, Weaknesses, Opportunities, and Challenges (SWOC) analysis. This second assessment had the purpose of identifying concerns, needs, and areas of opportunity which could lead NMDOH to develop a sustainable system of excellence. Some comments from the SWOC included:

- Strengths: Focused on moving forward; strong interactive partnerships with outside agencies; stable and diverse resources and budget; an invested Cabinet Secretary; motivated leadership; talented, dedicated and knowledgeable workforce; high level of workforce engagement; legal authority to protect the public's health.
- Weaknesses: Lack of alignment between NMDOH and partners toward achieving a common result; inefficient internal processes; lack of supportive administrative processes; retention of staff; lack of attention to succession planning; communication gaps between central office and regional offices; need to improve customer satisfaction.
- Opportunities: Accreditation process (e.g. improvement, excellence, sustainability); agency re-focus on population health results; service and internal gaps; building trust and relationships with external partners; new technology drivers; understanding of the customers we serve; increased support for public health policy.
- Challenges: Addressing population needs; plan implementation; raised expectations; legislators' lack of understanding about public health functions; lack of adequate resources to improve population health; poverty; and litigation.

These assessments provided a basis for and continue to inform the NMDOH strategic plan. Throughout the planning process, leaders focused on using strengths and opportunities to help minimize the weaknesses and overcome challenges.

Population Health Priorities

In determining the strategic priorities, the Senior Leadership Team began by reviewing the statewide priorities identified in the State Health Improvement Plan. The Senior Leadership Team considered how these priorities align with national *Healthy People 2020* objectives, and whether succeeding in these areas would lead to a future of our choosing. Finally, the Senior Leadership Team thought about the Department's Vision, Mission, and Values, incorporated knowledge developed through the SWOC analysis, and selected a small set of strategic priorities to establish the Department's focus during

FY17 – 19. These priorities are Obesity, Diabetes, Substance Abuse and Unintended Teen Pregnancies that result in high societal and financial costs. The impact of poor health outcomes associated with these four priorities creates tremendous financial, psychosocial, and physical problems for affected New Mexicans and their families. Moreover, these poor health outcomes disproportionately impact different groups of New Mexicans based on their race, ethnicity, sex, and/or age, which contributes to New Mexico's high rates of health disparity. All four conditions respond to evidence-based/promising practice interventions leading to improved health status. Successfully addressing these conditions will result in higher quality of care, decreased costs to the health care system, improved individual and population health, and a reduction in health disparities within the next three to five years.

These strategic priorities do not reflect the entire body of work, and should not be interpreted as displacing the on-going work of the Department. This work will continue. As an example, attention to asthma, a chronic, debilitating condition that affects many New Mexicans, will continue with the same robust and comprehensive effort as before. Despite its absence from the listed priorities, aspects of this Plan will inform work to improve the health status of all New Mexicans, including those with asthma or those who are at risk for asthma. Rather than exhaustively listing every programmatic effort pursued by the Department, these strategic priorities are intended to communicate the shared intention to achieve important breakthrough results in operations, as well as in health outcomes.

Obesity

The Obesity, Nutrition, and Physical Activity Program (ONAPA) implements sustainable nutrition and physical activity strategies statewide and within targeted communities by building on existing coalitions and community assets, utilizing programmatic expertise, experience, and successes, and leveraging resources from a diverse range of stakeholders to maximize reach and impact. Because healthy eating and physical activity are two main lifestyle behaviors that can help prevent obesity and subsequent chronic disease, ONAPA focuses exclusively on policy, systems, and environmental strategies to support these behaviors in a multi-sector community coalition-driven approach.

ONAPA's Healthy Kids Healthy Communities (HKHC) program addresses childhood and adult obesity by working directly with 16 high-need counties and tribal communities across the state to increase healthy eating and physical activity opportunities for

children and low-income adults in the school system, food system, and built environment. Key implementation strategies include: 1) conducting weekly or monthly classroom fruit and vegetable tastings; 2) making salad bars and pre-made salads available in school lunch programs; 3) purchasing locally grown food for school meals; 4) updating and implementing school wellness policies to include specific language around nutrition, physical activity, and staff wellness; 5) implementing healthy fundraisers; 6) implementing the Healthy Kids 5.2.1.O Challenge to motivate third grade students to eat at least five fruits and vegetables a day, trim screen time to two hours or less a day, get at least one hour of physical activity a day, and drink lots of H2O every day for 21 consecutive days; 7) completing the HealthierUS School Challenge application to support wellness policy implementation and receive recognition for creating healthier school environments; 8) creating active neighborhood schoolyards for community use during non-school hours; 9) implementing weekly walk and roll to school programs and in-school walking clubs; 10) expanding access to a healthy and affordable food supply through farmers' markets, food distribution sites, and food buying clubs; and 11) enhancing walking and biking opportunities in communities and increasing connectivity between neighborhoods and everyday community destinations.

Diabetes

The Diabetes Prevention and Control Program (DPCP) is dedicated to reducing the burden of diabetes in New Mexico by: 1) preventing diabetes; 2) preventing complications and disabilities associated with diabetes; and 3) eliminating diabetes-related health disparities. The DPCP is working with its statewide partners to implement evidence-based strategies to prevent and manage diabetes, including the Centers for Disease Control and Prevention's National Diabetes Prevention Program (NDPP) and the Chronic Disease Self-Management Education Programs (CDSMEP), developed, tested, and previously offered by Stanford University. Diabetes can be managed and complications can be prevented or reduced through improved quality of clinical care and increased access to diabetes self-management education and support services (DSMES). DSMES has been shown to help adults with diabetes effectively manage their disease and improve quality of life. Effective management is essential to prevent diabetes complications such as heart disease, kidney disease, blindness and lower extremity amputations. Reducing the risk for complications can reduce the burden of diabetes through fewer hospitalizations and ultimately, diabetes-related deaths. Increasing access to structured lifestyle change programs, like the NDPP a proven lifestyle change program, can help people with prediabetes or at high risk for diabetes prevent or delay the onset of diabetes. The NDPP aims to help people lose 5-7% of their body weight through healthier nutrition and at least 150 minutes of moderate physical activity per week. The DPCP promotes its evidence-based prevention and management

programs through the Paths to Health NM: Tools for Healthier Living statewide initiative. The NDPP and CDSMEP are among several programs offered through Paths to Health NM. All Paths to Health NM programs are designed to help adults gain the confidence and skills they need to prevent or better manage diabetes and related chronic health conditions or injuries.

Substance Misuse

Drug Overdose

NMDOH is implementing several strategies to reduce drug overdose death and prescription drug misuse. One strategy is to improve use of New Mexico's Prescription Monitoring Program (PMP) by prescribers, which evidence shows can help prevent overprescribing and overlapping prescriptions that may put patients at risk of overdose. Monitoring and reporting on prescribing practices using PMP data appear to be factors helping to improve prescribing practices. Another factor in increasing use of the PMP is to link it to software systems for electronic health records (EHR) and pharmacy management systems. A second approach is to improve prescribing by working with tribal and community partners to improve these practices locally, by offering academic detailing (individually-tailored, evidence-base pain management training for providers), by supporting establishment of Emergency Department prescribing guidelines, and by working with local managed care organizations to update third-party payer mechanisms, such as drug utilization management strategies. Another approach is to expand access to naloxone, which can reverse the effects of opioid overdose and save lives. NMDOH also supports police department polices to carry and administer naloxone, provides overdose prevention training to officers, and provides technical assistance and relevant training to pharmacies aimed at expanding access to naloxone. The fourth strategy is to develop evidence-based policies through the evaluation of current and new policies, laws, and procedures associated with drug overdose, and by supporting the work of the Overdose Prevention and Pain Management Advisory Council. The Council is a multidisciplinary, Governor-appointed group with representation from various regulatory boards, medical professional associations, and community stakeholders. NMDOH supports the Council and works to implement their recommendations, including improving prescribing practices, expanding access to naloxone, and adopting statewide pain management practice guidelines.

Two new approaches are being pursued by the Department. One is to establish systems to link non-fatal overdose patients leaving hospitals to treatment services and peer support workers. Another is to conduct a public education and media campaign, called "There is Another Way" on the appropriate use of prescription opioids.

The Department also operates a Harm Reduction Program, which has three main goals: reduce transmission of infectious disease among people who inject substances, reduce unintentional overdose deaths related to opiate use, and reduce substance use through acu-detox intervention. New Mexico has a very successful syringe exchange program that provides education about substance use, increases access to sterile syringes and injection equipment, and provides linkage to care for participants to other services, including other substance use treatment programs. New Mexico has continued to improve the distribution and accessibility of naloxone, an opioid overdose antidote, to those who might respond to someone experiencing an opioid overdose. On-the-spot auricular acupuncture detoxification is an intervention that helps individuals reduce cravings and manage stress more easily. This intervention is available in many locations for participants in the program who use substances, and is often the only "on-demand" treatment available for substance use.

Excessive Alcohol Use

NMDOH conducts surveillance of, and focuses on increasing awareness of, the public health issues associated with excessive alcohol use, providing data and information to support efforts to address these issues, and expanding the use of evidence-based interventions. These include but are not limited to regulating alcohol outlet density and increasing alcohol screening and brief intervention in clinical settings. The Department leverages these efforts by working in close partnership with other state agencies, health care providers, community groups, and health councils.

Tobacco use

The Tobacco Use Prevention and Control program (TUPAC) and the CDC continue to air "Tips from Former Smokers" TV, radio, and web media campaign messages to build public awareness of the immediate health damage caused by smoking and secondhand smoke, and to encourage people who smoke to quit. The program promotes and sustains QUIT NOW and DÉJELO YA tobacco cessation services, which include Spanish services, free quit coaching, free nicotine patches and gum, web-based components, and the ability to customize service options. There are also strong partnerships with health care providers and other state programs to train providers online on how to screen for tobacco use, provide brief interventions, and make referrals to QUIT NOW/DÉJELO YA. The program continues implementing and expanding its statewide youth engagement strategy, called "Evolvement," along with the development of specific tobacco counter-marketing campaigns targeting high school youth. The project will identify and

train youth within high schools on tobacco control efforts. They will develop specific tobacco control projects within their schools and communities, and assist in the development of culturally-appropriate tobacco counter marketing campaigns aimed at their peers.

Unintended Teen Pregnancy

The Family Planning Program (FPP) offers confidential reproductive health services at low or no cost as the state Title X grantee. Clinical services include a broad range of family planning and related health services that are tailored to the needs of the individual, including counseling and birth control. All counseling uses a "shared decision-making" framework, where the client's health, safety, and best interest is central to the decision-making process. FPP collaborates with public health offices, community-based clinics, and community coalitions and non-profits to increase the client and provider awareness of the various methods that are available to teens to prevent unintended pregnancy, such as IUDs and implants (which are the most effective methods) and moderately effective methods such as injectables, oral birth control pills, or the contraceptive ring. These collaborations have contributed to the reduction in the teen birth rate for 15- to 19-year olds. Since 2008, this rate has been decreasing, and from 2014 to 2016, NM's decrease was greater than the national decrease.

Wyman's Teen Outreach Program (TOP®) and Project AIM are evidence-based education programs that provide youth with age-appropriate and medically accurate information to reduce the risk of sexually transmitted infections and unintended pregnancy. These programs teach youth communication, negotiation, and life skills to support healthy and informed decision-making. The curricula incorporate the theory of future selves, self-efficacy, and communication skills to help youth make responsible decisions and acquire important life skills. Contractors utilize community service learning and positive youth development components to delay childbearing and increase school success and retention. From Playground to Prom, a two-hour workshop, is designed to enhance adult/teen communication skills to increase parents' confidence and ability in talking with their children about healthy relationships and sexual health.

Results, Priorities, and Indicators

Three Results are identified in this Plan. **Result One**, "Improved Health Status for New Mexicans," simply and clearly articulates the Department's belief in and commitment to improving population health. Within this Result, the highest priorities for focused action are presented. These priorities demonstrate the Department's understanding of its role as a leader and a partner in contributing to health improvement for all New Mexicans. NMDOH has adopted the State Health Improvement Plan priorities and has included many of them in the Plan as a primary focus. Further, the Department has identified four national priorities that have tremendous impact in New Mexico as key agency priorities – obesity, diabetes, substance misuse, and unintended teen pregnancy. All staff and Programs in the Department, regardless of station or work assignments, will contribute action toward improving population health in these areas.

Results Two and Three acknowledge the importance of a healthy organization in order to achieve breakthrough improvements in population health. In September 2016, the Department surveyed its workforce to learn how engaged NMDOH employees are, and whether administrative processes at NMDOH support their success. The survey also included questions about employee health and wellness. The Department also participated in the Public Health Workforce Interests and Needs Survey (PH WINS) in 2017. These data inform the baseline for several of the Result 2 and Result 3 Indicators.

Result Two creates a focus on the employee experience, and calls for a continuous investment in the NMDOH workforce, beginning with recruitment and continuing throughout each employee's tenure. NMDOH has the Quality Improvement and Performance Management Development Plan and the NMDOH Workforce Development Plan as instruments to assist in achieving Result 2.

Result Three calls for improving administrative processes so that they help, rather than hinder, workforce productivity.

To promote action and ensure progress toward these Results, the Department convened two workgroups in FY18 to identify recommended strategies to increase employee engagement and improve administrative processes. The recommendations of those workgroups are reflected in the identification of targets and the development of performance measures for FY19.

Within these three Results, NMDOH has selected a short list of **Priorities** to heighten the focus. With a disciplined concentration on these Priorities, the Department can deliberately align efforts and strategies across all Programs to achieve the desired Result. The Priorities are intended to provide a "line of sight" from every position in the Department to the desired Results. From Business Operations to Program Implementation Specialists, every member of the workforce will understand how they contribute to achieving the New Mexico Department of Health Vision.

Indicators are quantitative expressions of the breakthroughs we expect to create. These statements, along with their accompanying targets, express what the Results of NMDOH strategies and actions will look like in concrete language. These Indicators set forth the observable, measurable change we anticipate creating through the execution of the FY17 – 19 Strategic Plan.

Result 1: Improved health status for New Mexicans

Indicator	Baseline			Target
Percent of adults reporting good or better health status*	79.9% (CY 2014)	79.8% (CY 2015)	79.5% (CY 2016)	≥ 82.5%

Priority 1.1: Improve health status for all New Mexicans, including special populations and subpopulations having the greatest opportunity for improved health status.

Indicator	Baseline			Target
Percent of 3rd grade children who are considered obese	18.1% (CY 2014)	18.9% (CY 2015)	19.4% (CY 2016)	≤ 17.1%
Percent of adults who are considered obese*	29.0% (CY 2014)	28.8% (CY 2015)	28.3% (CY 2016)	≤ 25.4%
Percent of adults who smoke*	19.7% (CY 2014)	17.5% (CY 2015)	16.6% (CY 2016)	≤ 18.5%
Percent of adolescents who smoke	14.4% (CY 2013)	11.4% (CY 2015)	10.6% (CY 2017)	≤ 13.5%
Drug overdose death rate per 100,000 population*	26.8 (CY 2014)	24.8 (CY 2015)	24.8 (CY 2016)	≤ 25.9
Alcohol-related death rate per 100,000 population*	59.4 (CY 2014)	65.6 (CY 2015)	66.0 (CY 2016)	≤ 58.5
Diabetes hospitalization rate per 1,000 persons with diagnosed diabetes	209.3 (CY 2013)	179.9 (CY 2014)	189.1 (CY 2015)	≤ 185.5
Fall-related death rate per 100,000 adults aged 65+	93.8 (CY 2014)	104.2 (CY 2015)	91.6 (CY 2016)	≤ 96.1
Births to teens aged 15-19 per 1,000 females aged 15-19	37.4 (CY 2014)	34.2 (CY 2015)	29.4 (CY 2016)	≤ 25.5
Cardiovascular disease death rate per 100,000 population* (*ICD10: I00-I99*)	190.5 (CY 2014)	188.4 (CY 2015)	195.8 (CY 2016)	≤ 181.1
Sexual assault rate per 100,000 population	500 (CY 2005)			≤ 475
Suicide rate per 100,000 population*	21.0 (CY 2014)	23.5 (CY 2015)	22.2 (CY 2016)	≤ 20.7
Pneumonia and Influenza death rate per 100,000 population*	16.2 (CY 2014)	13.5 (CY 2015)	14.4 (CY 2016)	≤ 15.0

* Age-adjusted rate

Result 2: An engaged, empowered, and high-performing workforce that supports health status improvement

Indicator	Baseline			Target
Percent of employees engaged	64% (FY17)			75%

Priority 2.1: Recruit, develop, recognize, and retain employees

Indicator	Baseline			Target
Employee turnover rate	20% (FY15)	18% (FY16)	19% (FY17)	18%

Priority 2.2: Promote and support optimal employee health and wellness

Indicator	Baseline			Target
Percent of employees reporting good or better health status	87% (FY17)			90%

Result 3: Simple and effective administrative processes that support health status improvement

Indicator	Baseline	Target
Percent of employees who believe that NMDOH administrative processes help rather than hinder their productivity	49% (FY17)	60%

Performance Management

Performance management is a systematic process that empowers employees, informs decision making, and increases program effectiveness. At the organizational level, managing performance means actively using past results to improve future performance. NMDOH uses a Performance Management System (PMS) to achieve its mission and strategic results. The System incorporates quality improvement strategies and establishes the following four key practices through which performance management is achieved:

• Establish performance standards
• Measure performance
• Implement data-driven changes to improve performance
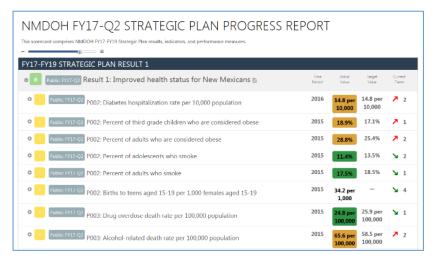• Report on progress Within the Framework

Implementation of these practices is supported by visible leadership, transparency, customer focus, strategic alignment, and a culture of quality.

The NMDOH PMS helps align activities and resources with Results and Priorities. For each of the Indicators in this Strategic Plan, the Department has identified at least one Performance Measure. Action plans for each measure, and progress toward an annual performance target, are measured and reported each quarter.

NMDOH Results Scorecard

The Department publishes its quarterly progress on the Results Scorecard performance dashboard. The dashboard provides transparent, easy to understand information to partners and stakeholders about the Department's performance.

Through the PMS, NMDOH systematically integrates performance management into all aspects of the Department's programs and processes. By collecting, analyzing, and reporting performance data, the Department's PMS helps NMDOH to improve population health results.

NMDOH FY17-Q2 STRATEGIC PLAN PROGRESS REPORT

This scorecard comprises NMDOH FY17-FY19 Strategic Plan results, indicators, and performance measures.

FY17-FY19 STRATEGIC PLAN RESULT 1

		Time Period	Actual Value	Target Value	Current Trend
R	Public: FY17-Q2 Result 1: Improved health status for New Mexicans				
1	Public: FY17-Q2 P002: Diabetes hospitalization rate per 10,000 population	2016	14.8 per 10,000	14.8 per 10,000	↗ 2
1	Public: FY17-Q2 P002: Percent of third grade children who are considered obese	2015	18.9%	17.1%	↗ 1
1	Public: FY17-Q2 P002: Percent of adults who are considered obese	2015	28.8%	25.4%	↗ 2
1	Public: FY17-Q2 P002: Percent of adolescents who smoke	2015	11.4%	13.5%	↘ 2
1	Public: FY17-Q2 P002: Percent of adults who smoke	2015	17.5%	18.5%	↘ 1
1	Public: FY17-Q2 P002: Births to teens aged 15-19 per 1,000 females aged 15-19	2015	34.2 per 1,000	—	↘ 4
1	Public: FY17-Q2 P003: Drug overdose death rate per 100,000 population	2015	24.8 per 100,000	25.9 per 100,000	↘ 1
1	Public: FY17-Q2 P003: Alcohol-related death rate per 100,000 population	2015	65.6 per 100,000	58.5 per 100,000	↗ 2

New Mexico Department of Health

Strategic Plan 2017-2019

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