



FY17-FY19 Strategic Plan

2018



Focus on Results...

Create Value

A Message from the Secretary

On behalf of the New Mexico Department of Health (NMDOH) workforce, I am proud to introduce the NMDOH Fiscal Year 2018 (FY18) Strategic Plan.

NMDOH has a dedicated and committed staff of about 3,200 professionals, who work every day to deliver essential health and public health services to New Mexicans throughout our diverse and beautiful state. In one way or another, we touch the lives of every New Mexico family. We coordinate newborn screening tests, purchase and administer vaccinations, perform tests to ensure our drinking water is safe, and oversee implementation of systems for New Mexico families to have more opportunities for physical activity and access to healthier food, including more fruits and vegetables.

Our six facilities provide safety net services for people who require long term care, rehabilitation, and behavioral health treatment. We work closely with providers to support people with developmental disabilities and their families. It is also our role to prepare for public health emergencies as new health threats, such as Zika virus, emerge. We must also ensure that health care facilities provide high quality, safe care to people in need.

The NMDOH FY18 Strategic Plan is consistent with the Department's 2017-2019 Strategic Plan, a tool that the Department uses to establish priorities, align resources, improve and strengthen operations, and ensure that all staff understand the Department's goals and recognize how they can contribute to achieving them. The FY18 Strategic Plan continues the Department's commitment to improving health outcomes across every part and sub-part of the population. By clearly stating this goal, and articulating a set of priorities around the health issues that have the greatest impact on population health, including teen births, obesity, diabetes, and substance misuse, the FY18 Strategic Plan provides clear and simple guidance to staff and stakeholders alike.

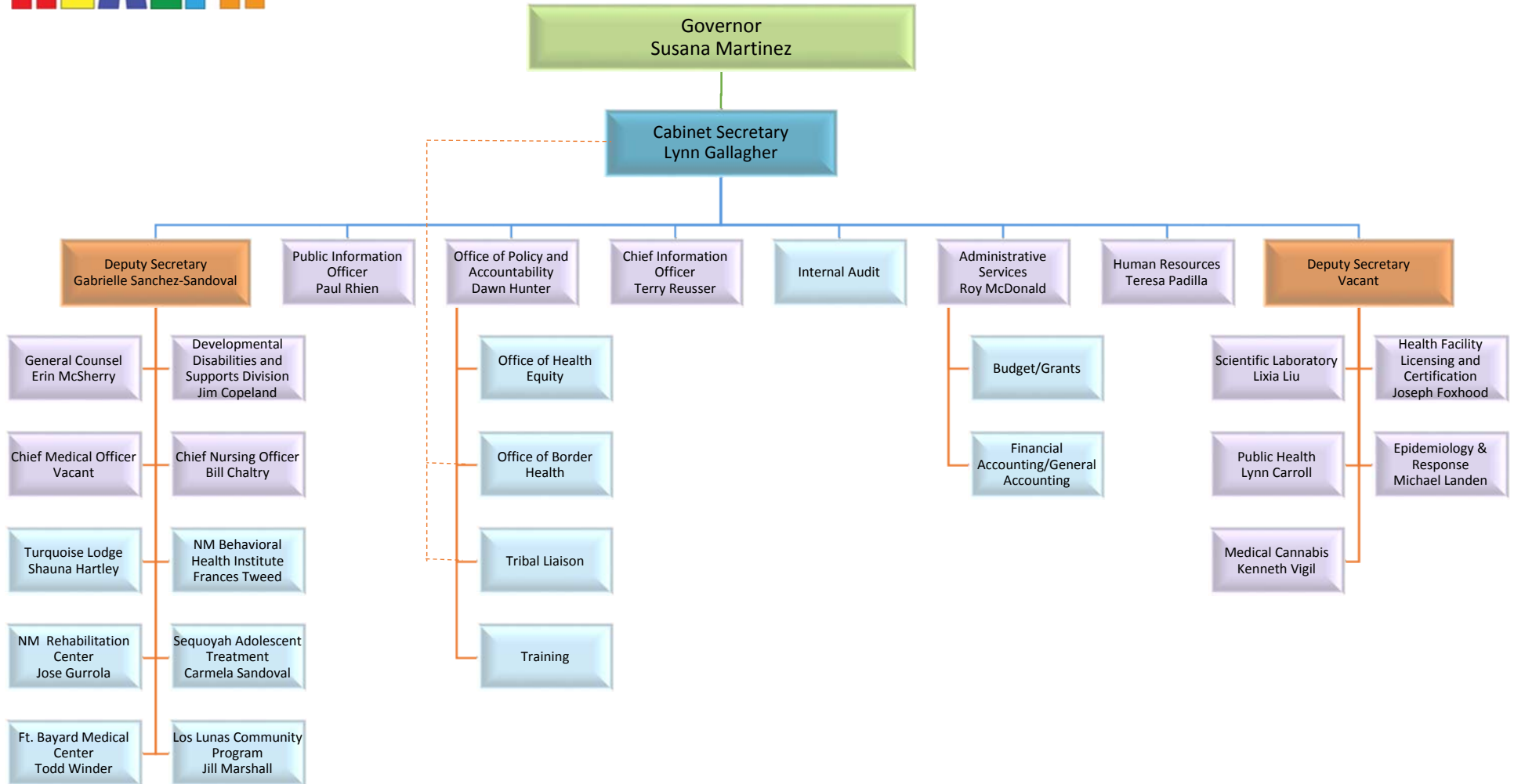
The NMDOH FY18 Strategic Plan also acknowledges the importance of a high-performing, empowered workforce. We are also focusing on reducing administrative barriers to improving health outcomes, as well as identifying ways to recruit, develop, recognize, and retain employees.

I fully adopt this important document and I commend our diverse and talented workforce for their dedication to achieve the shared vision of *A Healthier New Mexico*.



Lynn Gallagher
Secretary
New Mexico Department of Health

July 2017



K. Lynn Gallagher

Lynn Gallagher, Cabinet Secretary
 July 2017

FY18 Strategic Plan

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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

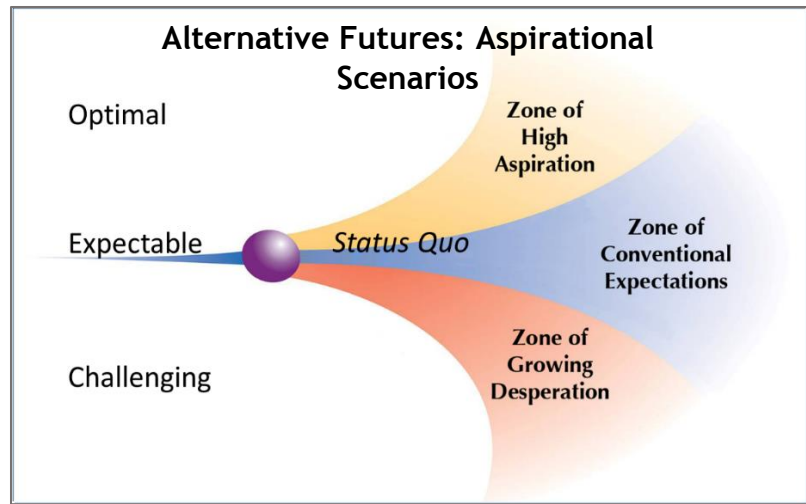
Respect - Appreciation for the dignity, knowledge, and contributions of all persons

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. Since undertraining a Visioning for the Future Workshop in January 2015, NMDOH has been using the 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.**
 - 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 our participants.
 - 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 to reduce health disparities, and applying a *health in all policies* philosophy.**
 - 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 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.

- DDS 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, and DHI surveys the provider agencies to ensure the requirements are met.
- The Public Health Division (PHD) is working to transition more patients away from receiving only the limited services provided by public health clinics and getting them into a medical home that provides comprehensive primary care services. One example is to co-locate 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.

4. Expand healthier community strategies that work.

- PHD is reviewing the way we engage communities to assure that we are guiding our partners toward public health interventions that meet the Centers for Disease Control and Prevention's (CDC's) definition of evidence based or promising practices. For example -- we are engaging our 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.
- 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 penalize, 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.
- 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.

- PHD has efforts underway to increase our capacity to do more for communities. PHD is offering clinical staff a chance to develop new skills by pairing them with program staff to deliver more evidence based strategic community interventions. One such opportunity is to become a trainer using the Stanford University's diabetes self-management education program. This program helps adults learn to prevent or delay the onset of diabetes, or effectively manage their disease to improve quality of life.
- 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.

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.
- The PHD Healthy Kids, Healthy Communities program 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.
- 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.

- The Centers for Medicare & Medicaid Services (CMS), which provides much of our 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. We also now have 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 our 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 our staff the ability to meet all requirements for surveying individuals in these DDSD Waiver Programs.
- 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, UNM, and the New Mexico Bar Bulletin in an effort to expand recruitment.
- ITSD provides an atmosphere of collaboration and idea sharing by bring 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.

9. Respect cultural assets, wisdom, and beliefs.

- 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 ¡Cuidate!, 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.

- 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 our response to questions for information. This will be improved with the DDSD website migration. Currently, calls or requests for information are targeted for response 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.

- DHI is continuing to develop its culture of customer service in the way our surveyors interact with residents, patients, staff, and administrators of licensed facilities 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 FY18 Update, outlines our vision, mission, values, and organizational priorities for the coming years. To launch the Strategic Planning process, members of the Senior Leadership Team participated in a day-long retreat. During the retreat the Senior Leadership Team affirmed continued commitment to our Vision, Mission, and Values; participated in an analysis of our Strengths, Weaknesses, Opportunities, and Challenges (SWOC); and identified three overarching Results to guide the work of our Department. Then, over the course of several months, members of the Senior Leadership Team met in small groups to develop the Department's Priorities and the Indicators that will be used to measure our progress. The Results, Priorities, and Indicators were then distributed electronically to the NMDOH workforce. Feedback from the workforce was obtained through an online survey. The Senior Leadership Team then met a final time to consider, discuss, and incorporate workforce input to the plan. The three-year strategic plan is updated annually.

Senior Leadership Team

Cabinet Secretary Lynn Gallagher

Deputy Cabinet Secretary Gabrielle Sanchez-Sandoval

H. Lynn Carroll, William Chaltry, Jim Copeland, Joseph Foxhood,
Dawn Hunter, Michael Landen, Lixia Liu, Roy McDonald, Erin McSherry,
Teresa Padilla, Terry Reusser, Paul Rhien, Kenny Vigil, Melissa Walker

External Trends, Events, and Other Factors Affecting Our Work

Changing Population Demographics

We can expect continued growth of our older adult population in New Mexico. 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 age 65 years or older. By 2010, 13.3% of New Mexico's population was 65 years old or older, and by 2015, the figure was 15.8%. According to the U.S. Bureau of the Census, by 2030, persons in this age group will comprise over 20% of the U.S. population. In addition, the proportion of New Mexico's age 65 and over population is outpacing that of other states. In 2000, New Mexico ranked 37th highest among all states for percentage of the population age 65 or over. By 2010, we had moved up five spots, to 32nd, and by 2015 we'd moved up to 23rd. The increases in proportion of persons age 65+ from 2000 to 2015 are greatest in the Asian/Pacific Islander and American Indian populations.

This increase is attributed to an increasing life expectancy, a large and aging baby boomer population, out-migration of young people due to a relative lack of economic opportunity, a declining birth rate, and in-migration of older adults (especially retirees). Importantly, these changing demographics are disproportionately occurring in rural New Mexico. Most of New Mexico's overall population growth is occurring in metropolitan areas while rural populations are stagnant or declining. At the same time, young people are leaving rural communities in favor of metropolitan areas to take advantage of education, employment, and entertainment opportunities. Without commensurate change by the health, long-term care, and supports system in New Mexico, this dramatic shift in New Mexico's demographics may endanger the health of our older adults and especially those older adults living in rural communities.

Social determinants of health are demographic conditions in the communities in which people live, work, play, and age that affect a wide range of health outcomes. New Mexico faces significant challenges in this area on such highly important factors as economic security, education, crime, and access to health care. New Mexico has had a high child poverty rate over the years, and in 2015 was ranked 48th among all states with 27.2% of our children under age 18 living in poverty. New Mexico's high school completion rate (84.6%) gives us a rank of 46 among U.S. states. New Mexico is at 47th place for violent crimes and 49th for property crimes. New Mexico fares better on our access to health care, with 86.4% of adults age 18 to 64 years having health insurance

coverage, going from a rank of 48 in 2008 before the Affordable Care Act to a rank of 28 in 2015. New Mexico's poor health outcomes for suicide, unintentional injury deaths, and alcohol deaths are likely related to our social challenges. Yet despite our relatively poor showing on key social determinants of health, the people of New Mexico do remarkably well in a number of areas, including deaths from cancer (7th among all states), heart disease (8th), stroke (11th), pneumonia and influenza (13th), and Alzheimer's disease (7th), and lifestyle factors including chronic heavy drinking (5th), binge drinking (6th), seat belt use (11th), and physical activity (11th).

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 to PHAB an annual report each year for the next five years. These annual reports will track and describe the progress NMDOH is making to 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 manage and 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 our 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 healthcare.

The concept of health disparities is particularly important for New Mexico, a minority-majority state where greater than 50% 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. The Department 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 healthcare 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 (ACH) 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 ACH 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 each 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 healthcare 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 work force, information and data systems, and public and private health and community organizations, such as the New Mexico Department of Health, 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 DOH

- 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 publically accessed or privately through secure networks, is quickly becoming the expected norm for both 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.
- Business Process and Project Portfolio Management: Formalized processes for transparency and accountability of agency operations, to better manage and define the undertaking of projects, services and initiatives, continues to be a priority.
- 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.
- Service Oriented Architecture (SOA): New focus on core foundations of centrally shared applications architecture that are faster to develop, less costly and replicable for many uses in multiple areas of the department.

Aging Workforce

One of NMDOH's goals is to hire and retain qualified individuals. Globally, the overall population is aging. People age 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 age 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* (PH WINS), 33% of the national public health workforce is between ages 51 and 60, a larger percentage than any other age group, and another 15% is over the age of 61. The average age of a

state public health worker in the United States is 48 years. When looking at years in public health, the survey found that 25% of respondents had 21 or more years in public health, while another 25% of respondents had 0-5 years in public health.

Within NMDOH, our workforce age ranges from 18-81 years, with an average age of 46 years. In Fiscal Year 2017, the average age of hire was 38 years.

Our current workforce age and agency longevity is:

- 28% between the ages 45-54, with agency longevity averaging 5.9 years;
- 27% between ages 55-64 with agency longevity averaging 7.3 years;
- 4% over age 65 years with agency longevity averaging 8 years; and,
- 35% of our workforce has an agency longevity between 1-4 years.

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 generated revenue. The trend over the past few years has been a 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. These trends are likely to continue for the foreseeable future. Under these circumstances, the Department is looking at ways to maximize healthcare services revenue when possible and identify payer sources for billable services. 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. This will require that NMDOH transforms the way it operates by strategically prioritizing efforts and resources, reducing waste, improving operational efficiency, and evaluating investments in the work we are doing and whether it is achieving 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. Making improvements in these key areas will have a profound and lasting effect on the health of all New Mexicans. Finally, NMDOH will be cultivating stronger

relationships with community partners to create sustainability through improved coordination, planning, and collective contributions for improved population health.

Strengths, Weaknesses, Opportunities, and Challenges

At the beginning of our 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.

Results, Priorities, and Indicators

In determining our strategic priorities, the Senior Leadership Team began by reviewing the statewide priorities identified in the State Health Improvement Plan (www.nmhealth.org/publication/view/plan/411). 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 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, our 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 our 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 our shared intention to achieve important breakthrough results in operations, as well as in health outcomes.

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, our highest priorities for focused action are presented. These priorities demonstrate the Department's understanding of our 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 teen births. All staff and Programs in the Department, regardless of station or work assignments, will contribute action toward improving population health in these areas.

Obesity, diabetes, substance misuse (including tobacco), and teen pregnancy 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.

How NMDOH is addressing these four population health priorities:

Obesity

By investing in upstream obesity prevention efforts, creating sustainable policy, systems, and environmental changes, and encouraging children and adults to adopt healthy lifestyle behaviors, the Department's Healthy Kids Healthy Communities (HKHC) Program is making a measurable difference in New Mexico. HKHC builds state and local partnerships to increase healthy eating and physical activity opportunities in schools, enhance walking and biking options in communities, and expand access to a healthy and affordable food supply in 15 counties and five tribal communities across the state. In the school setting, strategies include implementing classroom fruit and vegetable tastings, making salad bars and pre-made salads available in school lunch programs, ensuring fruits and vegetables are offered as snacks, opening schoolyards for community use outside of school hours, and implementing regular walk and roll to school programs and walking clubs. HKHC is also expanding its Healthy Kids 5.2.1.0 Challenge in elementary schools across New Mexico. The 5.2.1.0 challenge motivates 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.

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. Prevention and management programs such as the Centers for Disease Control and Prevention's *National Diabetes Prevention Program* (NDPP) and Stanford University's diabetes self-management education program have been shown to work and can help adults prevent or delay the onset of diabetes, or 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.

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-based 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. DOH also supports police department policies 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 Prescription Drug Misuse and 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.

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 Centers for Disease Control and Prevention (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 cessation services, which include Spanish services, free quit coaching, free nicotine patches and gum, and phone- and web-based components. 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 is currently implementing a 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.

Teen Pregnancy

The Family Planning Program offers confidential reproductive health services at low or no cost. Clinical services include counseling and birth control with access to Long Acting Reversible Contraceptives (LARCs), such as IUDs or implants, which are the most effective, as well as moderately effective methods such as injectables, oral pills, or the birth control ring. In September 2016, Medicaid unbundled the cost of LARCs from the Federally Qualified Health Clinic (FQHC) rates paid by Medicaid. This allows FQHCs to be fully reimbursed for the devices and encourages FQHCs to provide access to these highly effective methods of birth control. Most of the School Based Health Centers in New Mexico are operated by FQHCs, which can result in more teens accessing these highly effective birth control methods in school districts that allow their provision.

Wyman’s Teen Outreach Program (TOP®), Project AIM, and ¡Cuidate! 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 cultural beliefs and communication skills to help youth make responsible decisions and

promote healthy relationships. Contractors utilize community service learning and positive youth development components to delay childbearing and increase school success and retention. Adult-teen communication programs, such as “Families Talking Together,” give adults information and skills to communicate effectively with young people about reducing risky sexual behavior. 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 Two and Three acknowledge the importance of a healthy organization in order to achieve breakthrough improvements in population health. **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. **Result Three** calls for improving administrative processes so that they help, rather than hinder, workforce productivity. 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. These data provide a baseline for several of the Result 2 and Result 3 Indicators.

To promote action and ensure progress toward these Results, the Department convened two workgroups to identify recommended strategies to increase employee engagement and improve administrative processes. The Result 2 Workgroup is developing a two-part strategy to realize both immediate improvements and long-term benefits. The Result 3 Workgroup is examining the Department’s processes for approving and initiating contracts, and is implementing a plan to decrease the length of time required to execute contracts.

Priorities

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 our desired Results. From Business Operations to Program Implementation Specialists, every member of our workforce will understand how they contribute to achieving the New Mexico Department of Health Vision.

The Indicators are quantitative expressions of the breakthroughs we expect to create.

These statements, along with their accompanying targets, express what the Results of our 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)	≥ 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 3 rd grade children who are considered obese	18.1% (CY 2014)	18.9% (CY 2015)	≤ 17.1%
Percent of adults who are considered obese*	29.0% (CY 2014)	29.8% (CY 2015)	≤ 25.4%
Percent of adults who smoke*	19.7% (CY 2014)	17.9% (CY 2015)	≤ 18.5%
Percent of adolescents who smoke	14.4% (CY 2013)	11.4% (CY 2015)	≤ 13.5%
Drug overdose death rate per 100,000 population*	26.8 (CY 2014)	24.8 (CY 2015)	≤ 25.9
Alcohol-related death rate per 100,000 population*	59.4 (CY 2014)	65.7 (CY 2015)	≤ 58.5
Diabetes hospitalization rate per 1,000 persons with diagnosed diabetes	209.3 (CY 2013)	179.9 (CY 2014)	≤ 185.5
Fall-related death rate per 100,000 adults aged 65+	93.8 (CY 2014)	104.2 (CY 2015)	≤ 96.1
Births to teens aged 15-19 per 1,000 females aged 15-19	37.4 (CY 2014)	34.2 (CY 2015)	≤ 25.5
Heart disease and stroke death rate per 100,000 population* <i>ICD10: I00-I09, I11, I13, I20-I51, I60-I69</i>	176.0 (CY 2014)	173.6 (CY 2015)	≤ 212.0

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)	≤ 20.7
Pneumonia and Influenza death rate per 100,000 population*	16.2 (CY 2014)	13.5 (CY 2015)	≤ 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)	Under Development

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

Indicator	Baseline		Target
Employee turnover rate	20% (FY15)	21% (FY16)	Under Development

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)	Under Development

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)	Under Development

Priority 3.1: Ensure the consistent use of effective administrative processes

Indicator	Baseline	Target
Number of days required to execute contracts	Under Development	Under Development

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 support achievement of its mission and strategic results. The System is based on the Public Health Foundation’s (PHF’s) Performance Management Framework, and purposefully incorporates quality improvement strategies. The PHF Performance Management Framework establishes 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
- Strategic alignment
- Customer focus
- Culture of quality

PUBLIC HEALTH PERFORMANCE MANAGEMENT SYSTEM



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. Twice yearly, the Department publishes its progress on its dashboard, the Results Scorecard. (To view the most recent Scorecard, please visit <https://nmhealth.org/resource/view/984/>). The dashboard provides transparent, easy to understand information about the Department’s performance to our partners and stakeholders.

NMDOH FY17-Q2 STRATEGIC PLAN PROGRESS REPORT

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

Indicator	Year	Actual Value	Target Value	Change
PO02: Diabetes hospitalization rate per 10,000 population	2016	14.8 per 10,000	14.8 per 10,000	0
PO02: Percent of third grade children who are considered obese	2015	18.9%	17.1%	1.8%
PO02: Percent of adults who are considered obese	2015	28.8%	25.4%	3.4%
PO02: Percent of adolescents who smoke	2015	11.9%	13.5%	-1.6%
PO02: Percent of adults who smoke	2015	17.5%	18.3%	-0.8%
PO02: Births to teens aged 15-19 per 1,000 females aged 15-19	2015	34.2 per 1,000	—	—
PO03: Drug overdose death rate per 100,000 population	2015	24.9 per 100,000	25.9 per 100,000	-1.0%
PO03: Alcohol-related death rate per 100,000 population	2015	65.6 per 100,000	58.5 per 100,000	7.1%

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.

New Mexico Department of Health

Strategic Plan 2017-2019

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