

**FY24
FY26**

**NEW MEXICO DEPARTMENT
OF HEALTH**

**STATE
HEALTH
IMPROVEMENT
PLAN (SHIP)
SUMMARY**



June 1, 2024

Table of Contents

Introduction	3
Contributions to the SHIP	4
Tribal Roundtables	5
Overview of the SHIP	6
Key Implementation Strategies	7
Access to Primary Care	8
Focus Area 1: Equitable Access to Services	8
Focus Area 2: Family Health	9
Focus Area 3: Infectious Diseases	9
Focus Area 4: Chronic Conditions	10
Behavioral Health	11
Focus Area 1: Substance Misuse	11
Focus Area 2: Mental Health	11
Social Drivers of Health	12
Focus Area 1: Environmental / Climate	12
Focus Area 2: Adverse Childhood Experiences	12
Acknowledgements	13

Introduction

70 objectives. 28 goals. 8 focus areas. 3 priorities.

All this adds up to one vision: to make New Mexico the healthiest state in the nation by 2040.

That's the goal of the State Health Improvement Plan, part of a long-term, systematic effort to address public health problems based on the results of community health assessment activities, epidemiological data, and the community health improvement process.

The purpose of the SHIP is to:

1. Identify key health priorities and
2. Describe strategic collaborations among multi-sector stakeholders that will improve the population's health by focusing on these priorities.

This intersection of Governor Lujan Grisham's health priorities, epidemiological information and community partnership will result in a vibrant collaborative health plan in New Mexico. This process began in August of 2022 when New Mexico Department of Health (NMDOH) facilitated a SHIP Kickoff meeting with other state agencies to reflect on the diverse needs of the state's population. Since then, NMDOH has developed the following:

State Health Assessment: Uncovering the state's most pressing issues.

- Conducted an epidemiological assessment of the health status of the NM population.

The draft assessment will be available by the end of August 2024.

- Engaged with health councils, non-profits, healthcare delivery systems, Tribal governments, and community organizations from all 33 counties to identify existing Community Health Assessments, collect data, and uncover the state's most pressing health issues.

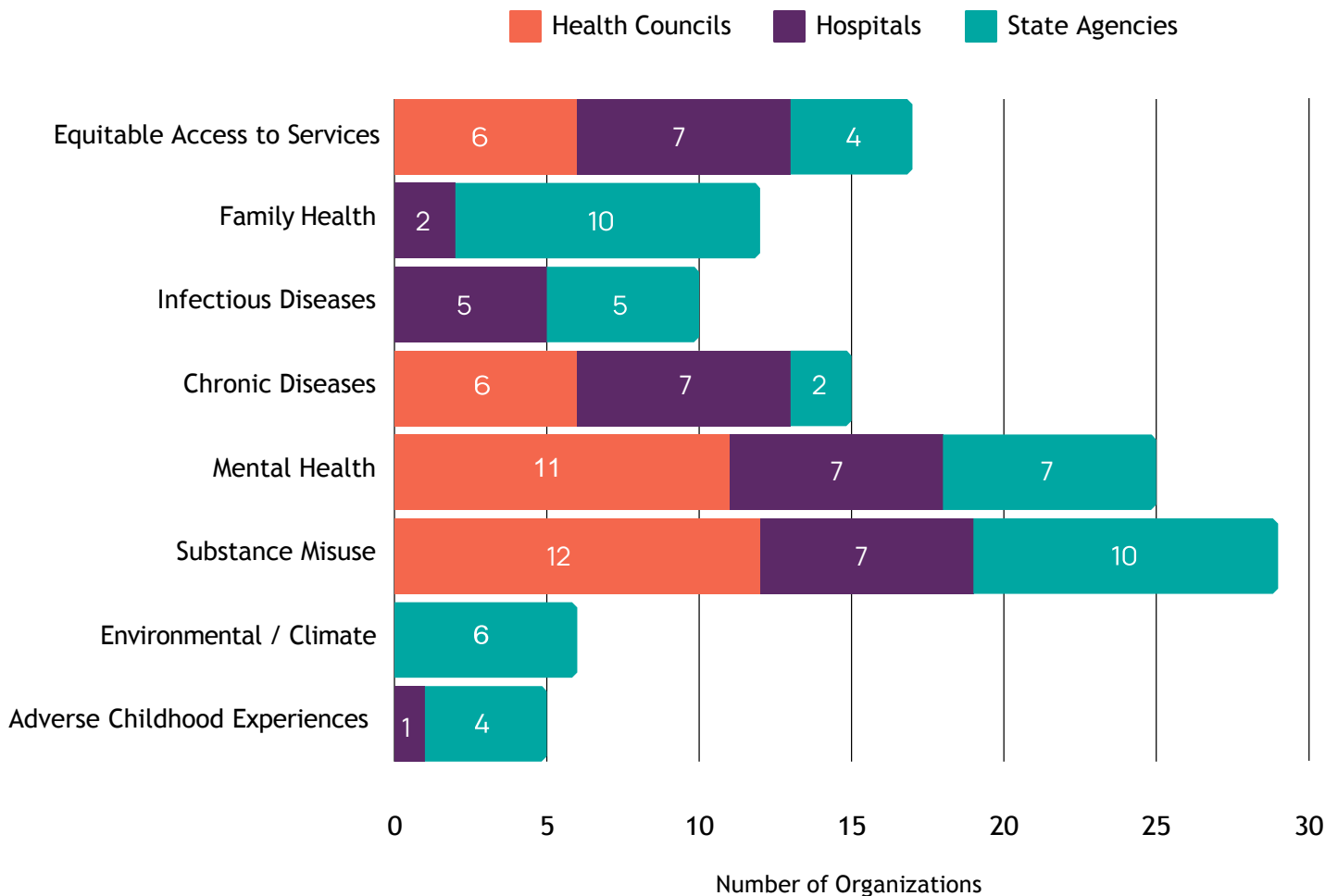
Forces of Change Assessment: In collaboration with partners from across state government, we have identified opportunities to improve the health of New Mexicans.

Prioritization Sessions: Identifying and prioritizing strategic issues, NMDOH, other governmental agencies, community organizations, and tribes and pueblos had sessions to develop an ordered list of the most important issues facing the communities. Strategic issues were identified by exploring the convergence of the results of the assessments and determining how those issues affect the achievement of the shared vision.

Contributions to the SHIP

The SHIP is organized into 8 focus areas, shown below. This stacked bar chart compares the number of health councils, hospitals, and state agencies that have prioritized and are conducting work aligned with the focus areas listed on the left.

Orange represents health councils, purple represents hospitals, and teal represents state agencies.



*This graph is based on data collected by the team working on the SHIP and may not be completely comprehensive of all efforts being conducted across New Mexico.

Tribal Roundtables and the SHIP

Hosted by the NMDOH Office of Tribal Liaison, tribal roundtables were held in the Spring and Fall of 2023 to discuss how the SHIP can address priorities and health issues of tribes, pueblos, and nations. The following priorities were identified as most pressing.

Tribal Health Priorities

Access to Primary Care	Substance Use & Mental Health	Chronic Conditions
Rural health care access	Alcohol-Related Death Drug Overdose Death Suicide Neonatal Abstinence Syndrome Tobacco	Obesity Diabetes

Health and Cultural Needs in Tribal Communities

Feedback from participants highlighted the need for:

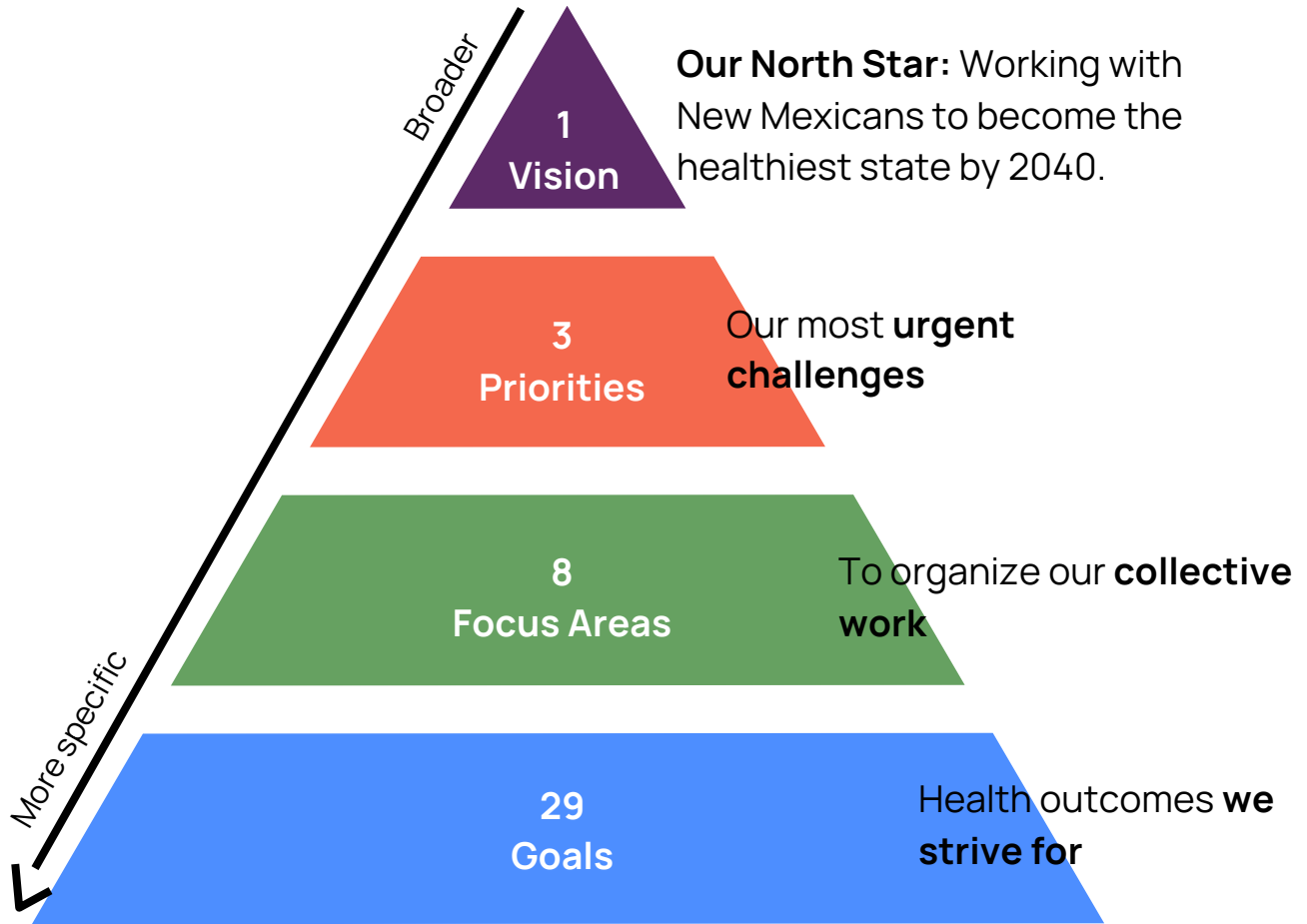
- Greater collaboration and partnership efforts in which indigenous communities have a voice in the development and implementation of health programs.
- Sustainable funding sources and technical assistance in areas such as grant writing, program evaluation, and data collection and analysis.
- Greater access to care in rural areas, such as for maternal health, mental health,

substance abuse, and chronic health conditions.

- Addressing the intersection of health with socio-environmental factors such as crime and justice issues.

Culturally responsive and inclusive care was mentioned with particular importance. It was emphasized that indigenous knowledge and cultural practices were crucial to promoting health in tribal communities. Programs should be trauma-informed and be created in partnership with indigenous communities.

Overview of the SHIP



Priority Area	Focus Area
Access to Primary Care	<ul style="list-style-type: none"> • Equitable Access to Services • Family Health • Infectious • Diseases Chronic Conditions
Behavioral Health	<ul style="list-style-type: none"> • Equitable Access to Services • Family Health
Social Drivers of Health*	<ul style="list-style-type: none"> • Equitable Access to Services • Family Health

***Social Drivers of Health**, also known as Social Determinants of Health, refer to the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks (Definition provided by the U.S. Department of Health and Human Services). A number of institutions are adopting this change in language as the term “determinants” suggests a fixed state of health, while “drivers” suggests the ability to change the course of negative health influences.

Key implementation strategies



Equitable Allocation and Access of Resources: Use CDC's Social Vulnerability Index to focus allocation of resources on highly vulnerable communities.



Community Engagement & Interagency Collaboration: Create meaningful partnership between governmental agencies, non-profit organizations, businesses, and academic centers to support health equity.



Technology & Data Sharing || Monitor and Evaluate for Equity: Develop and drive health information technology improvements and investments that make high quality primary care seamless and easy for inter-professional primary care teams, patients, families, and communities.

Access to Primary Care

Focus Area 1: Equitable Access to Services

Goal 1.1: Plan and implement a statewide closed loop referral system with support of the New Mexico Healthcare Authority and the Department of Health by leveraging technology, fostering partnerships, and ensuring seamless communication between healthcare providers and social service. This approach will improve care coordination, reducing gaps in services, and enhancing health outcomes for all New Mexicans.

Goal 1.2: Strengthen and grow the community health worker workforce by providing comprehensive training and increasing funding and support, which will enhance the capacity to deliver culturally competent care and improve population health outcomes across diverse communities.

Goal 1.3: Develop and recommend sustainable payment models and strategies that ensure high quality and equitable primary care for all New Mexicans by engaging stakeholders, leveraging data and best practices, and promoting policies that support financial viability and accessibility, thereby improving health outcomes and reducing disparities across New Mexico.

Goal 1.4: Expand the availability of School-Based Healthcare Centers, including those in tribal schools, by increasing funding, enhancing service offerings, and fostering partnerships with local healthcare providers, thereby ensuring that all students have access to comprehensive healthcare services.

Goal 1.5: Provide comprehensive navigation and referral services to people experiencing homelessness by connecting them to essential resources, enhancing service coordination, and promoting public awareness, thereby improving their access to

healthcare, housing, and social services.

Goal 1.6: Improve emergency preparedness and emergency medical systems response by enhancing coordination, increasing resource availability, promoting community education, and ensuring equitable access to emergency services, thereby making certain all individuals receive timely and effective care during emergencies and disasters.

Focus Area 2: Family Health

Goal 2.1: Increase equitable access to reproductive and family planning services by addressing barriers, enhancing service availability, promoting education and awareness, and ensuring culturally competent care, thereby empowering individuals to make informed decisions about their reproductive health.

Goal 2.2: Reduce infant mortality and morbidity by enhancing prenatal and post-natal care, promoting maternal health, implementing evidence-based interventions, and addressing social drivers of health, thereby ensuring healthier outcomes for infants and families.

Goal 2.3: Increase access to oral health services, especially among low income and uninsured populations.

Focus Area 3: Infectious Diseases

Goal 3.1: Reduce the incidence of vaccine-preventable communicable diseases among children through vaccination.

Goal 3.2: Reduce the incidence of tuberculosis disease and progress towards its elimination in New Mexico by enhancing early detection and diagnosis, increasing access

to effective treatment, implementing comprehensive prevention strategies, and fostering community awareness and education, thereby improving public health and reducing the burden of TB.

Goal 3.3: Reduce both cases of early syphilis among adults and cases of congenital syphilis to decrease the negative health outcomes of this sexually transmitted disease.

Goal 3.4: Prevent new Hepatitis C Virus (HCV) infections by implementing comprehensive harm reduction strategies, increasing access to testing, and ensuring effective evaluation of curative therapies.

Goal 3.5: Sustain and expand innovative initiatives enhancing curative treatment access, including the HCV treatment project in state correctional facilities, Medicaid member outreach and engagement, and provider training/support via Project ECHO.

Goal 3.6: Enhance healthcare equity regarding HCV by expanding the availability of culturally competent curative therapies among providers in rural/frontier regions, Native American tribes, pueblos and nations, populations experiencing homelessness, and individuals with substance use disorders, thus mitigating health disparities.

Focus Area 4: Chronic Conditions

Goal 4.1: Decrease breast and cervical cancer incidence, morbidity, and mortality by focusing on screening and diagnostic services among populations who are under resourced and who have increased cancer risk due to health inequities.

Goal 4.2 Reduce the burden of diabetes and its complications among priority populations in New Mexico through increased referral to and participation in diabetes prevention and self-management programs.

Goal 4.3: Build state and local partnerships to increase opportunities for healthy eating and physical activity where children and adults live, learn, work, play, eat, and shop.

Goal 4.4: Prevent nicotine use and initiation among youth and young adults by implementing targeted prevention programs, enhancing public education and awareness, restricting access to nicotine products to minors, and fostering supportive environments that discourage initiation, thereby reducing the prevalence of nicotine addiction and promoting long term health and well-being.

Goal 4.5: Eliminate exposure to secondhand smoke and e-cigarette aerosols by implementing comprehensive public health policies, promoting smoke free environments, increasing public awareness and education thereby protecting the health of all residents and reducing the risks associated with involuntary exposure to harmful substances.

Goal 4.6: Promote quitting and provide comprehensive nicotine addiction treatment services to both adults and youth by increasing access to evidence-based programs, enhancing public awareness and education, and delivering effective interventions thereby reducing nicotine dependence and improving overall health outcomes.

Goal 4.7: Identify and eliminate tobacco related health disparities by conducting comprehensive assessments, implementing targeted prevention and cessation programs, increasing access to resources and support, and promoting public awareness and policy changes, thereby reducing the burden of tobacco use and improving health equity across all communities.

Behavioral Health

Focus Area 1: Substance Misuse

Goal 1.1: Reduce the use of opioids, methamphetamines, and other substances, as well as related deaths, by implementing evidence-based prevention strategies, increasing access to treatment and recovery services, promoting public health and awareness, and fostering supportive communities, thereby improving health outcomes and quality of life for those affected by substance misuse.

Goal 1.2: Decrease the prevalence of excessive alcohol consumption and its associated adverse effects by implementing comprehensive prevention strategies, increasing access to treatment and support services, promoting public education and awareness, and fostering environments that support healthy behaviors.

Focus Area 2: Mental Health

Goal 2.1: Reduce the prevalence of major depressive disorders across the state by increasing access to effective mental health care, enhancing early identification and intervention, promoting public awareness and education, and fostering environments that support mental well-being, thereby improving the quality of life and overall health of New Mexicans.

Goal 2.2: Reduce the incidence of suicide and promote mental health well-being across the state by implementing comprehensive prevention strategies, increasing access to mental health care, fostering supportive communities, and promoting resilience and coping skills, thereby ensuring that individuals receive the help they need to thrive.

SOCIAL DRIVERS OF HEALTH

Focus Area 1: Environmental / Climate

Goal 1.1: Strengthen the ability of communities to identify their needs, vulnerabilities, and resources to address environmental and climate-related health outcomes by providing focused data collection and analysis.

Goal 1.2: Proactively address and mitigate socio-environmental and climate related problems by implementing sustainable practices, reducing pollution, enhancing community resilience, and promoting public health, thereby ensuring a healthier and more sustainable future for all of the New Mexico residents.

Focus Area 2: Adverse Childhood Experiences

Goal 2.1: Create a resilient and supportive environment that actively prevents adverse experiences and provides comprehensive care and support for affected children and families, ultimately improving long-term health and social outcomes across New Mexico.

Acknowledgements

Patrick M. Allen, Cabinet Secretary

Miranda Durham, MD, Chief Medical Officer

José A. Acosta, MD, MBA, MPH, Director for the Public Health

Division Janet Johnson, Tribal Liaison

Roberto Martinez & Liesl Gonzales, SHIP Program Managers

State Health Assessment Authors

State Health Improvement Plan Steering Committee

Programs and Bureaus within the Public Health Division

Tribes, Pueblos, and Nations who participated in the tribal roundtable convenings

Associations and Non-Profits:

- New Mexico Association of Community Partners
- New Mexico Alliance of Health Councils
- Albuquerque Health Care for the Homeless

Hospital Systems:

- CHRISTUS St. Vincent Regional Medical Center
- Presbyterian Healthcare Services: Española Hospital, Socorro General Hospital, Presbyterian Santa Fe Medical Center, Dr. Dan C Trigg Memorial Hospital.
- University of New Mexico Health System: University of New Mexico Hospital, Sandoval Regional Medical Center.

Health Councils

Acoma Pueblo

Bernalillo County

Cañoncito Band of Navajos

Catron County

Chaves County

Cibola County

Cochiti Pueblo

Colfax County

Curry County

De Baca County

Doña Ana County

Eddy County

Grant County

Guadalupe County

Harding County

Hidalgo County

Lea County

Lincoln County

Los Alamos County

Luna County

McKinley County

Mora County

Nambe Pueblo

Otero County

Picuris Pueblo

Pueblo of Tesuque

Quay County

Rio Arriba County

Roosevelt County

San Ildefonso Pueblo

San Juan County

San Miguel Pueblo

Sandoval County

Santa Ana Pueblo

Santa Clara Pueblo

Santa Fe County

Santo Domingo Pueblo

Sierra County

Socorro County


Taos County

Torrance County

Union County

Valencia County

On behalf of the New Mexico Department of Health (NMDOH), we would like to extend our utmost gratitude to the Health Councils and Tribal Health Councils for the contributions of their local Community Health Improvement Plans (CHIPS). The success of the creation of this SHIP was an ongoing partnership and process with multiple communities across the state. NMDOH acknowledges that community partners spent considerable time and effort in convening to authentically listen to community priorities and needs. This process would not be possible without the contribution of Health Councils, Tribal Health Councils, and community partners.



**We thank you for
Working with New
Mexicans to Become
the Healthiest state
by 2040.**