

Health Equity in New Mexico

13th Edition

NEW MEXICO
DEPARTMENT OF
HEALTH

January 2019

Kathyleen M. Kunkel | Cabinet Secretary

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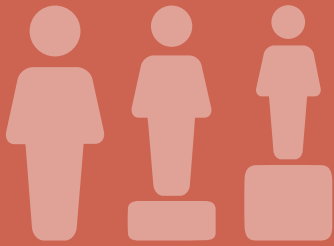
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MISSION

The Office of Health Equity is committed to improving the health of all diverse communities in New Mexico, and raising awareness of health disparities through collaboration, education, and advocacy.

La Oficina de Equidad en la Salud está comprometida a mejorar la salud de todas las diversas comunidades en Nuevo México y crear conciencia sobre las desigualdades de la salud a través de colaboración, educación y apoyo.

The New Mexico Department of Health is pleased to present the thirteenth edition of Health Equity in New Mexico. This report is intended to provide relevant and timely information regarding the health status of the various population groups in our state to help inform, educate, and empower readers on equity issues. It is also intended to be a tool for community, state, and tribal partners and policymakers to use in the design and implementation of effective strategies to decrease health disparities and improve health outcomes for all people in New Mexico.

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 due to systematic inequalities in the social and economic conditions in which people live and work. Health disparities occur across many dimensions, including: socioeconomic status, race/ethnicity, age, gender, sexual orientation, disability status, primary language, and location. A majority of New Mexico residents (over 60%) identify as a person of color and/or American Indian/Alaskan Native. According to 2017 U.S. Census Bureau estimates, 2,088,070 people live in New Mexico. Of these, 48.8% self-identify as Hispanic, 37.4% as non-Hispanic White, 9.6% as American Indian/Alaska Native, 2.1% as Black/African American, 1.4% as Asian, 0.1% as Native Hawaiian/ Pacific Islander, 7.7% as “Other Race”, and 3.3% as two or more races. Almost 25% of the population lives in a rural area, 15.7% are living with a disability, 35.4% of the state's population age five and over speaks a language other than English at home, and 19.7% of the population lives below the poverty level. Additionally, 3.9% of New Mexico adults and 11.6% of high school youth identify as lesbian, gay, or bisexual; 0.7% of adults identify as transgender/gender diverse; and 6.3% of high school youth identify as transgender, genderqueer, genderfluid or unsure of their gender identity. In other words, the majority of New Mexicans belong to at least one population group at high risk of experiencing health disparities. Accordingly, to improve the overall health of New Mexico residents, the core principles and values of public health must include the advancement of health equity and the elimination of health disparities.

¹ The 23 federally recognized Pueblos, Tribes and Nations include: 19 pueblos – Acoma, Cochiti, Isleta, Laguna, Nambe, Ohkay Owingeh, Picuris, Pojoaque, Sandia, San Felipe, San Ildefonso, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Jemez, Zia, Zuni; Navajo Nation; Mescalero Apache Tribe; Jicarilla Apache Nation; Fort Sill Apache Tribe of Oklahoma; and Urban off-reservation populations.

THE NEW MEXICO DEPARTMENT OF HEALTH

The New Mexico Department of Health's (NMDOH) mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. NMDOH functions as a centralized state health system. The main location is in the state capital, Santa Fe. There are 52 local public health offices divided among 4 regional offices: Northeast, Northwest, Southeast, and Southwest. There is also an unofficial, but commonly used, fifth region, referred to as "the Metro region." The Metro region consists of Valencia, Tarrant, Sandoval, and Bernalillo counties. However, for administrative purposes, the Metro area is part of the Northwest region.

NMDOH operating budget includes general and other state fund and transfers and to a lesser degree, federal revenue streams. NMDOH is fully committed to meeting the needs of its customers and strategically aligns its budget to address key population health initiatives while finding ways to improve collaboration among state and local partners. The local and regional offices provide vital public health services, including immunizations, disease and injury prevention, and health education. They are crucial to the Department's efforts to reduce health disparities in New Mexico.

The Department consists of eight program areas, two of which were instrumental in gathering the information for this report, the Epidemiology and Response Division and the Public Health Division. The Epidemiology and Response Division engages in a variety of activities, including: tracking health and disease; monitoring health status to identify community health problems; diagnosis, investigations, and control of outbreaks and health problems in communities; and providing health information. The Public Health Division provides a coordinated system of community-based public health services focusing on disease prevention and health promotion to improve health status, reduce disparities, and ensure timely access to quality, culturally-sensitive health care.

The Department of Health has selected a group of indicators that represent New Mexico's most pressing health concerns. These indicators are based on New Mexico health status data, Healthy People 2020, and the Centers for Disease Control and Prevention's Winnable Battles. These indicators include:

- Child and adolescent obesity,
- Diabetes,
- Tobacco use,
- Teen births,
- Adult immunizations,
- Oral health,
- Older adult falls,
- Drug overdose deaths, and
- Alcohol-related deaths.

Throughout this report, where an indicator aligns with state or national priorities from the Department of Health Strategic Plan, Healthy People 2020, or Healthy Border 2020, the state or national objective is listed. Objectives are not available for every indicator, and some indicators have greater disparities in New Mexico than others. These differences are noted where they exist. Healthy People 2020 objectives are followed by the objective number in parenthesis; for example: "Reduce the diabetes death rate (D-3)."

OFFICE OF HEALTH EQUITY

The Office of Health Equity (OHE) is housed within the Office of Policy and Accountability. As part of a policy office, the focus is on broader, systemic changes to advance health equity. These include taking a Health in All Policies approach to health disparities in the state, evaluating contributing factors like social determinants of health, identifying data related to those determinants, and proposing solutions that consider individual and community resources and needs, as well as evidence-based practices.

Key projects include this report, cultural competency and medical interpreter trainings (Spanish and Navajo), facilitating a Department-wide Health Equity Work Group, developing and conducting an annual Linguistic and Cultural Competence Policy Assessment, Spanish translation services, and delivering a Public Health Spanish course to NMDOH staff.

OFFICE OF BORDER HEALTH

The mission of the Office of Border Health is to improve health status and health services in the New Mexico/Mexico Border Region² and other border-impact areas of the State. The Office of Border Health is in Las Cruces, New Mexico, in the Southwestern Health Region.

The Office of Border Health collaborates on health initiatives with U.S.-Mexico Border Health Commission (BHC)³, Mexico, and other border states. Key priorities are established by the BHC, and are guided by the Healthy Border 2020 public health priorities. The public health challenges in the border region are often different than the rest of the state and unique to the border population.

OFFICE OF THE TRIBAL LIAISON

The mission statement of the Office of the Tribal Liaison is to support better health and wellness outcomes among sovereign nations in New Mexico. In 2009, New Mexico legislature signed a State Tribal Collaboration Act to promote positive government-to government relations between the State and Tribes. As a result, all state agencies have a Tribal Liaison, and New Mexico also has a Cabinet Level Secretary of Indian Affairs. Tribal Liaisons work closely with the Indian Affairs Department on a variety of issues impacting New Mexico's tribes, pueblos, and nations.

The Department of Health Office of the Tribal Liaison works to strengthen tribal health and public health systems through on-going collaboration with American Indian tribes, pueblos, and nations in a manner which respects the tenets of sovereignty and self-determination held by indigenous nations in the state.

²For data and analytical purposes, the border region in New Mexico is defined in this report as the three counties in southern New Mexico that are contiguous with Mexico on the U.S.-Mexico border: Doña Ana, Luna, and Hidalgo.

³The U.S.-Mexico Border Health Commission (BHC) defines the border region as the area of land along the U.S.-Mexico border that extends 100 km, or 62.5 miles, north and south of the international boundary, per the La Paz Agreement.

DID YOU KNOW?



6 in 10 New Mexicans are people of color and/or American Indian/Alaska Native

36 in 100 speak a language other than English at home

Health!

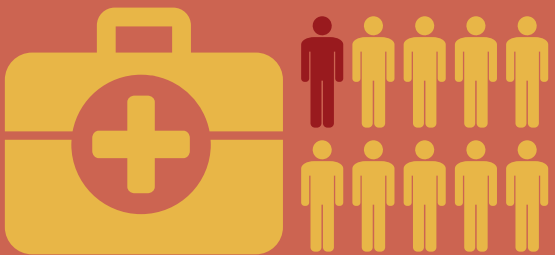
¡Salud!



1 in 10 were born outside the United States



1 in 5 live below the Federal Poverty Level



Almost 1 in 10 have no health insurance coverage

New Mexico is a vast state comprising 121,298 square miles. It is the fifth largest state by land mass, but has only four cities with populations of 50,000 or more, and only 17.2 persons per square mile, making it one of the most rural states. Geography impacts health care and health outcomes by influencing when people access care and how often, their choice of provider, the type of care available, and differences in the environment, among other things. Due to its size and lack of population centers, many people residing in rural parts of the state find it difficult to access basic resources such as health centers, hospitals, food pantries, and grocery stores.

General health status is a good predictor of important health outcomes including functional status, chronic illness, and mortality. It is often associated with an individual's education level, socioeconomic status, and race or ethnicity due to the unequal access to resources associated with these factors. One important measure of general health status is self-assessed health status, or self-rated health, which identifies how an individual perceives his or her health.

In New Mexico in 2017, 78.6% of the population reported their health status as good, very good or excellent, below the 2017 national average of 82.3%. There are disparities across race, income, and education level. Specifically, individuals with less than a high school education, and those making less than \$15,000 a year report good, very good, or excellent health status at a lower rate than any other group. Populations in the Northwest and Metro regions of the state have higher rates of good, very good or excellent self-rated health than other regions.

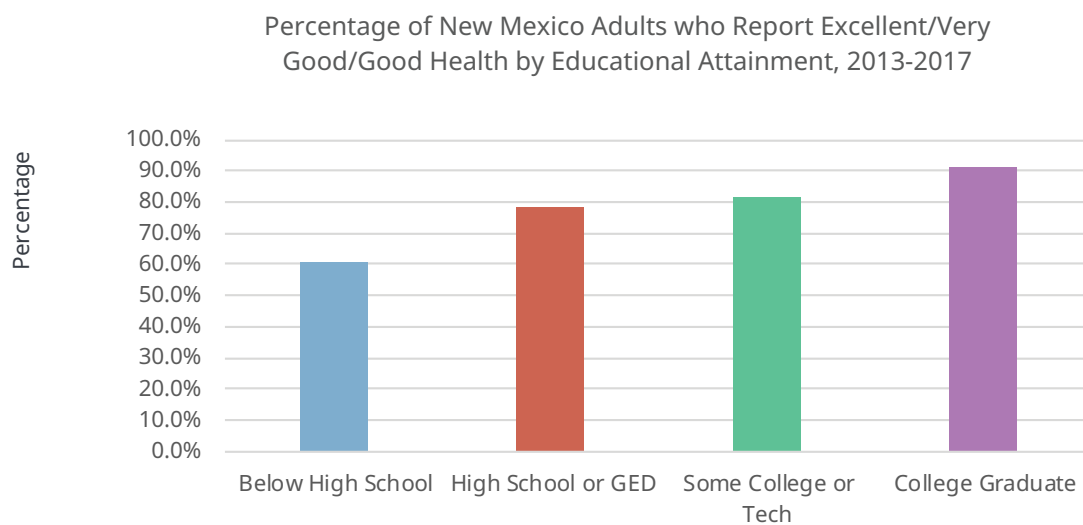
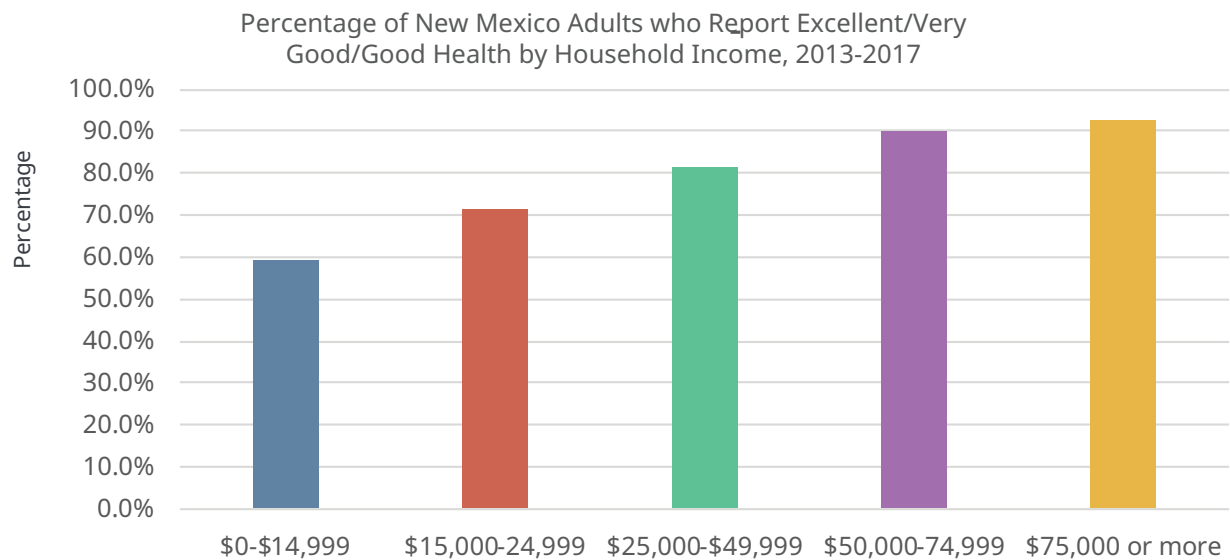
GENERAL HEALTH STATUS

Fair or Poor

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

NMDOH STRATEGIC PLAN: IMPROVED HEALTH OUTCOMES FOR THE PEOPLE OF NEW MEXICO (RESULT 1)

HEALTHY PEOPLE 2020: INCREASE THE PROPORTION OF ADULTS WHO SELF-REPORT GOOD OR BETTER HEALTH (HRQOL/WB-1)



Reducing health disparities requires knowledge and understanding of the many factors that influence health, and is an overarching goal of the Healthy People 2020 initiative. The New Mexico Department of Health and the Office of Health Equity strive to align with Healthy People 2020 goals, as well as other state, regional and national priorities aimed at achieving health equity. For example, the Office of Health Equity participates on the National Partnership for Action to End Disparities, Southwest Region VI Health Equity Council (RHEC),⁴ which is one of 10 Regional Health Equity Councils in the United States aligned under the National Stakeholder Strategy for Achieving Health Equity. In early 2016, RHEC VI published their regional scan of current and emerging health trends in the Southwest Region.⁵

References:

- American FactFinder, <https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml>
- CDC Health-Related Quality of Life, www.cdc.gov/hrqol
- CDC Winnable Battles, www.cdc.gov/winnablebattles
- Healthy People 2020, www.healthypeople.gov
- New Mexico Behavioral Risk Factor Surveillance System, 2016-2017
- New Mexico's Indicator Based Information System, <https://ibis.health.state.nm.us>
- New Mexico Youth Risk and Resiliency Survey, 2017
- United States – México Border Health Commission, <https://www.hhs.gov/about/agencies/oga/about-oga/what-we-do/international-relations-division/americas/border-health-commission/us-mexico-border-region/index.html>

⁴ The Southwest Regional Health Equity Council is comprised of members from New Mexico, Texas, Oklahoma, Louisiana, and Arkansas.

⁵ The Southwest Regional Health Equity Council's Blueprint: Call to Action can be found at: <http://region6.npa-rhec.org/in-the-spotlight/blueprint>

UNDERSTANDING THE REPORT

The indicators included in this report represent population health issues of importance in New Mexico. Indicators were selected for inclusion in the report based on several factors, including:

1. Alignment with the New Mexico Department of Health *Strategic Plan: Fiscal Year 2017-2019*, and *A Healthier New Mexico: New Mexico State Health Improvement Plan*. These documents describe health issues that have been prioritized for action by the New Mexico Department of Health.
2. The health issue is recognized nationally as an issue of concern for which effective strategies exist to improve population health relating to that issue.
3. Disparities in the health of certain population groups are known to exist, and there is a clear population burden in the state. In some cases, data may not be presented because there were too few events occurring for those populations in New Mexico. In these cases, further exploration of the population health disparities, including adoption of a data development agenda, is suggested.

This report focuses primarily on disparities between racial/ethnic groups and geographic regions. Health disparities exist across many dimensions. For a recent report on the health of lesbian, gay, bisexual and gender diverse residents of New Mexico, see the New Mexico Department of Health's June 2018 Report "Addressing the Health Needs of Sex and Gender Minorities in New Mexico" and New Mexico Youth Risk and Resiliency Survey's April 2016 and September 2018 newsletters.

NEW MEXICO INDICATOR-BASED INFORMATION SYSTEM

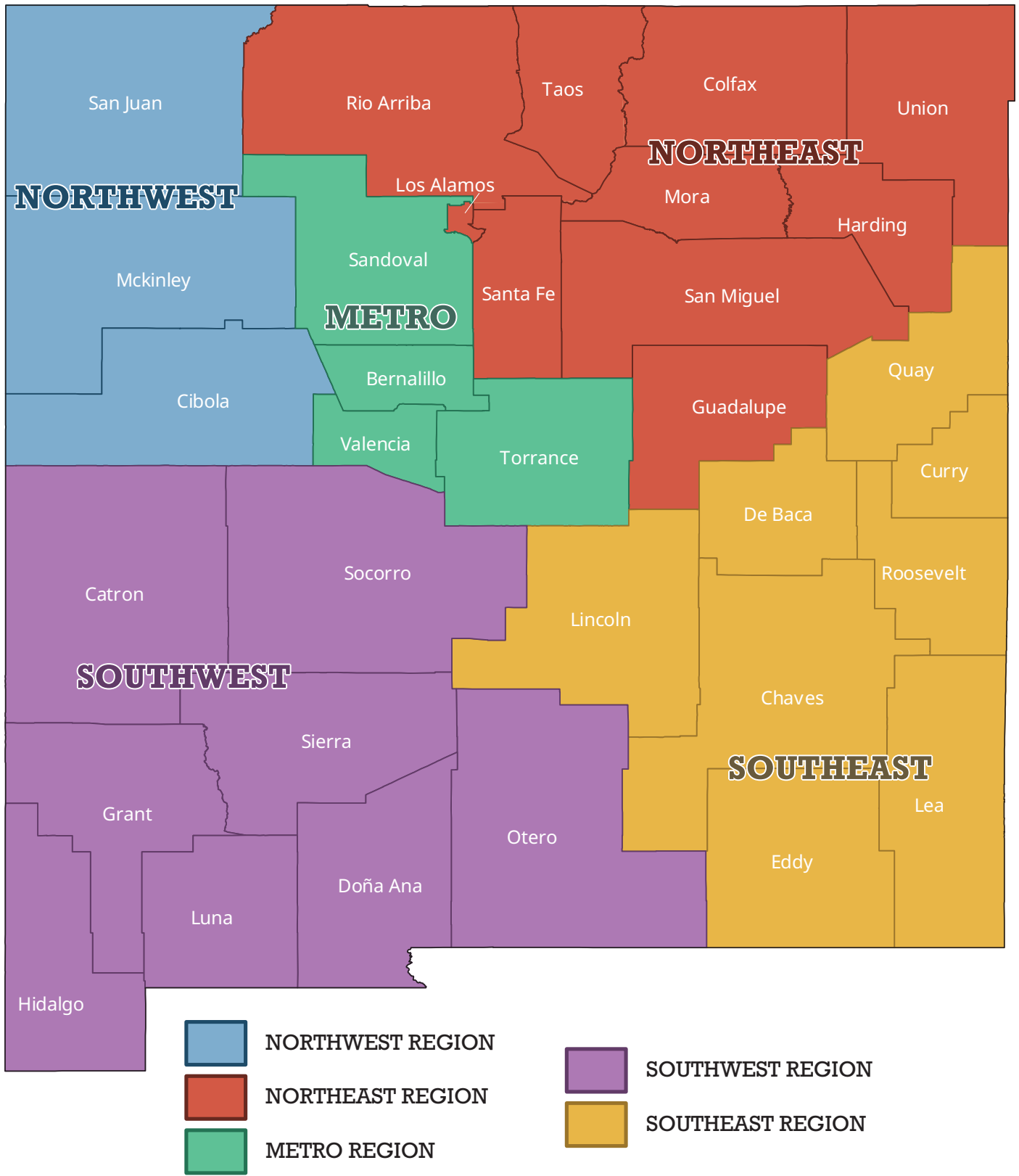
Many of the estimates included in this report were derived using the New Mexico Department of Health's Indicator Based Information System (NM-IBIS). This is an internet based public access system of data files relating to the health of New Mexico. IBIS can be accessed at <https://ibis.health.state.nm.us/> for more information.

INTERNATIONAL CLASSIFICATION OF DISEASES

ICD stands for International Classification of Diseases. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death on death certificates and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. These codes are updated periodically to account for advances in medical technology. The U.S. is currently using the 10th revision (ICD-10).

NM HEALTH REGIONS MAP





INDICATORS

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

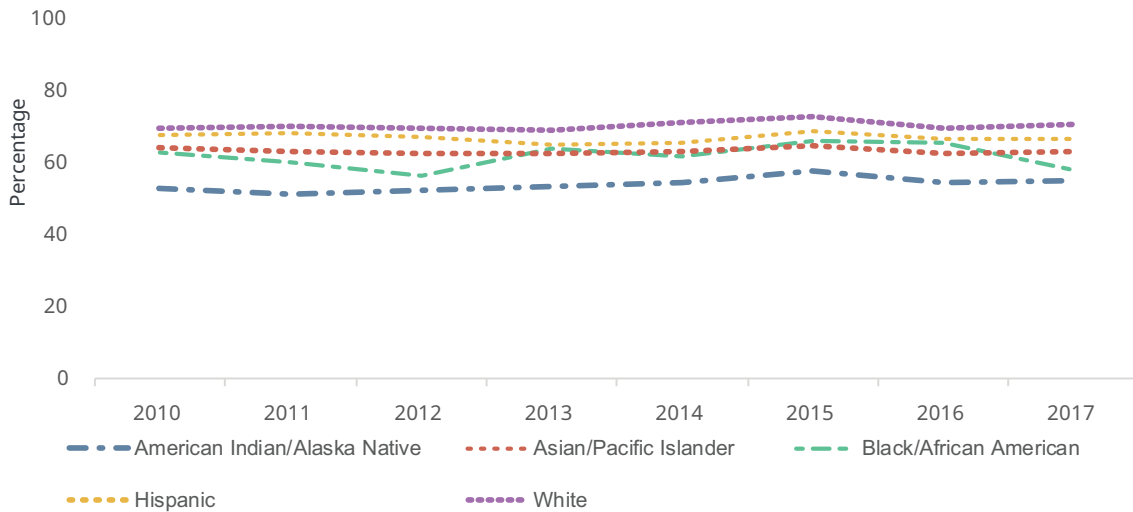
HEALTHY PEOPLE 2020: Increase the proportion of pregnant women who receive early and adequate prenatal care (MICH-10)

HEALTHY BORDER 2020: Increase access to prenatal care including appropriate screenings, especially in rural areas

Women who receive early and regular prenatal care (PNC) are more likely to have a healthy baby at full term and experience fewer complications during pregnancy. Healthcare providers recommend that women begin prenatal care in the first trimester (first three months) of their pregnancy. In 2016, 63.4% of NM women initiated prenatal care in the first trimester, significantly under the U.S average of 77.2%.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Percentage of Women Who Initiated Prenatal Care in the First Trimester

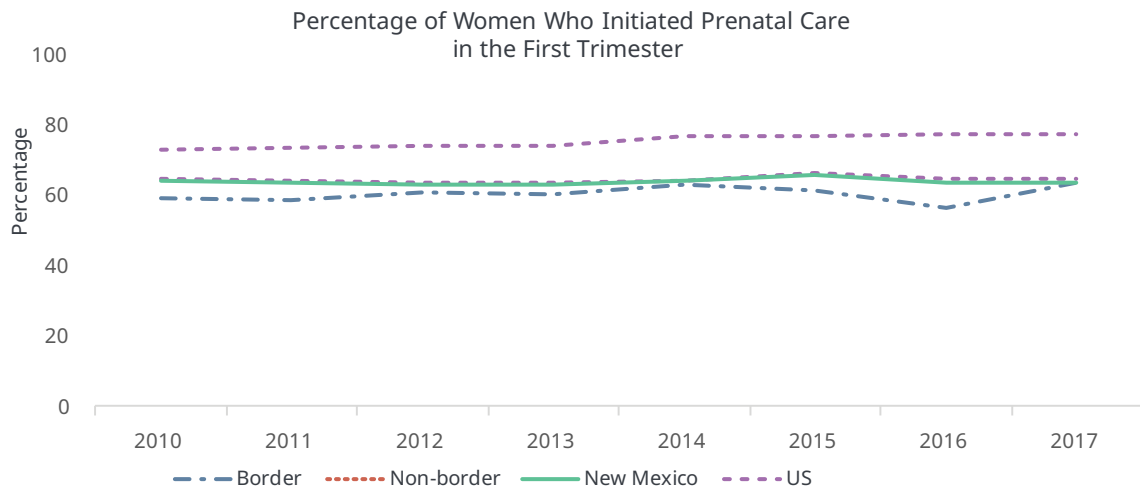


Did you know?

- American Indian women were least likely to access early prenatal care (54.5%), followed by African-American women (57.9%). By comparison, 70.5% of non-Hispanic White women initiated prenatal care in the first trimester (2017).
- Just 56.6% of women residing in three US-Mexico border counties (Doña Ana, Hidalgo, Luna) received prenatal care in the first trimester.

PRENATAL CARE

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- Families FIRST is a statewide program to provide perinatal case management for Medicaid-eligible pregnant and postpartum women, and their children 0-3 years old.
- La Clínica de Familia (LCDF) and Ben Archer Health Center Healthy Start sites in Las Cruces work with NMDOH to support women and families with access to prenatal and postpartum care.
- New Mexico Family Health Bureau staff are partnering with the LCDF Healthy Start in the Collaborative Improvement & Innovation Network (CoIIN) to pilot methods which may decrease barriers to timely prenatal care.
- The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) measures barriers to care and stressful life experiences in the perinatal period. The Albuquerque Area Southwest Tribal Epidemiology Center partners with NM PRAMS to assure representation of Native American women. The two groups work with the Navajo Epidemiology Center to inform health systems and community partners about the experiences of Native women and their infants.

Actions and Recommendations

- The NM Perinatal Collaborative (NMPC) brings medical providers, public health professionals, and health advocacy stakeholders together to improve screening and treatment for women and infant with substance use exposure, and to pool funding and expertise to improve maternal healthcare in NM. It's recommended that the NMPC explore ways to integrate health equity into its work in the coming year.
- The NMPC has recently joined the Alliance on Innovation on Maternal (AIM) Health to implement patient safety bundles for better management of obstetric hemorrhage in NM.

References:

- HRSA Maternal and Child Health Bureau, Collaborative Improvement & Innovation Network to Reduce Infant Mortality, <http://mchb.hrsa.gov/infantmortality/coiin/>
- NMDOH Families First Program, <http://nmhealth.org/about/phd/fhb/ffp/>
- Council on Patient Safety in Women's Health Care, <https://safehealthcareforeverywoman.org/patient-safety-bundles/obstetric-hemorrhage/>

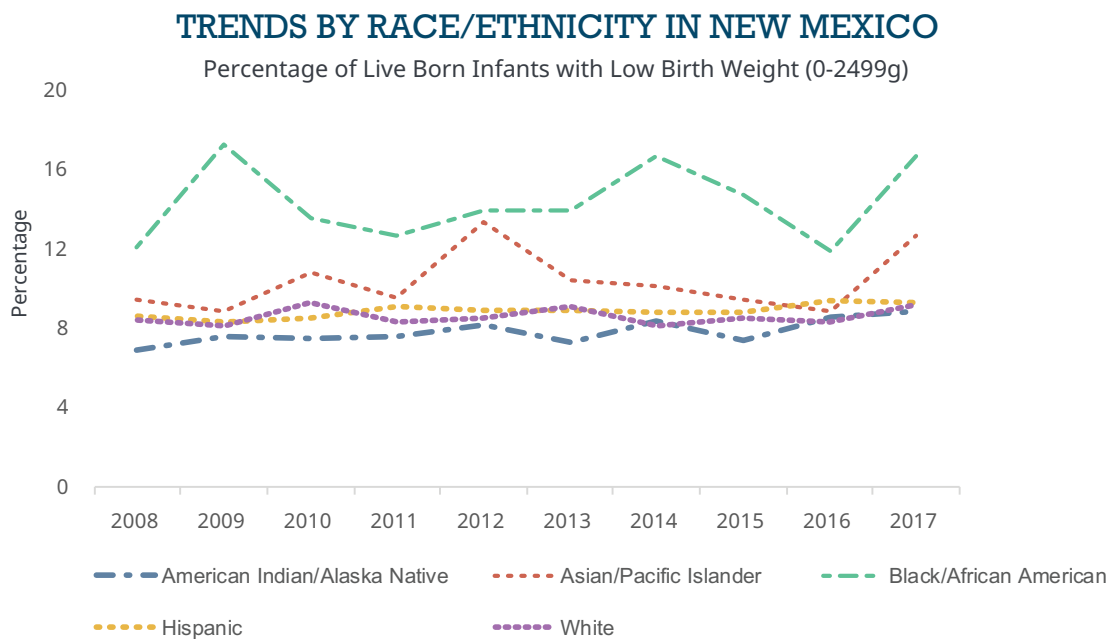
ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020: Reduce low birth weight and very low birth weight (MICH-8)

HEALTHY BORDER 2020: Increase access to prenatal care including appropriate screenings especially in rural areas

Low birth weight (LBW) increases the risk for infant mortality or lifelong health complications. As birth weight decreases, the risk for death increases. Low birth weight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services. Health care costs and length of hospital stay are higher for LBW infants.

LOW BIRTH WEIGHT



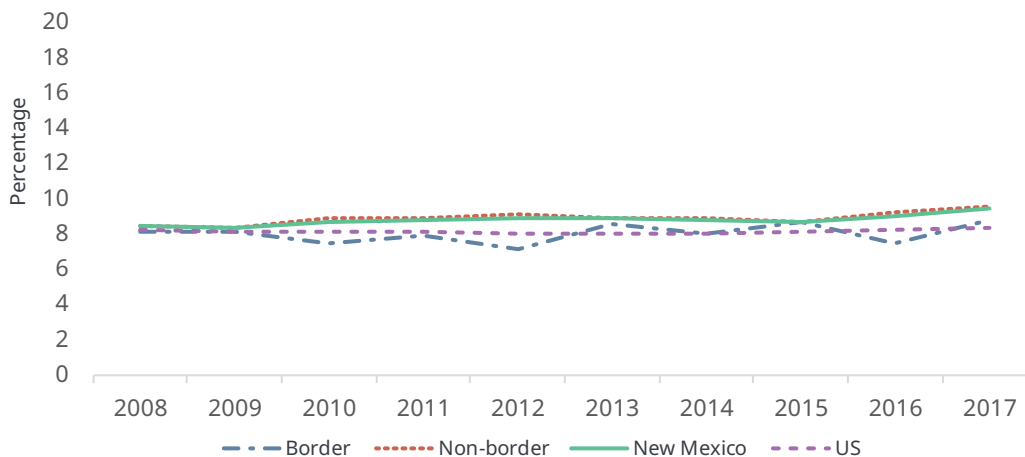
Did you know?

- Low birth weight (< 2,500 grams) with preterm (<37 weeks gestation) is the single most important factor affecting mortality in the first 28 days of life and a significant determinant of post-neonatal (after 28 days) mortality.
- Black or African American women continue to have a higher percentage of LBW infants than any other race or ethnicity in NM. National research suggests that this is due in part to the negative physiological impact of stress resulting from lifelong experiences of racism and discrimination.
- Smoking during pregnancy is strongly associated with LBW and preterm delivery and the leading modifiable cause of LBW.
- Education levels are an important measure of inequity in infant birthweight outcomes; in 2016 over 10% of women who lack a high school degree had a LBW infant compared to 7.7% of women with a college degree.

LOW BIRTH WEIGHT

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Percentage of Live Born Infants with Low Birth Weight (0-2499g)



Program Highlights

- Office of African American Affairs, in partnership with Black Health New Mexico and March of Dimes, coordinates the Birth Equity Collaborative which focuses on increasing optimal birth outcomes for African American mothers and infants. Staff from several NMDOH bureaus and programs participate.
- Perinatal Regionalization in NM addresses birthing LBW babies at risk-appropriate hospitals. The CDC Levels of Care Assessment Tool (LOCATe) identifies these centers and is continuing development for use in 2019.
- NM became an AIM (Alliance for Innovations in Maternal Safety) state which addresses maternal and neonatal health issues through trainings for clinicians in a variety of areas including opioid use disorder management.
- PHD/FHB staff are working with CYFD to develop statewide protocols and training on best practices for substance use screening in prenatal care and at delivery, identification and treatment of babies born exposed to substances, and development of safe care plans for infants.

Actions and Recommendations

- The U.S.-Mexico Border Health Commission organizes, plans, and implements activities to promote early detection of high-risk pregnancies.
- The Maternal Health program is pursuing policy changes to promote the use of *promotoras*, community health workers and doulas in prenatal care settings across the state, and to address provider bias in prenatal care.
- The New Mexico Birth Equity Collaborative is currently focused on developing sister circle peer support groups for Black/African American women and educating health and human services providers on racial birth inequities, including the effects of provider bias, health system discrimination, and weathering effects of stress due to experiences of racism on birth outcomes.

References:

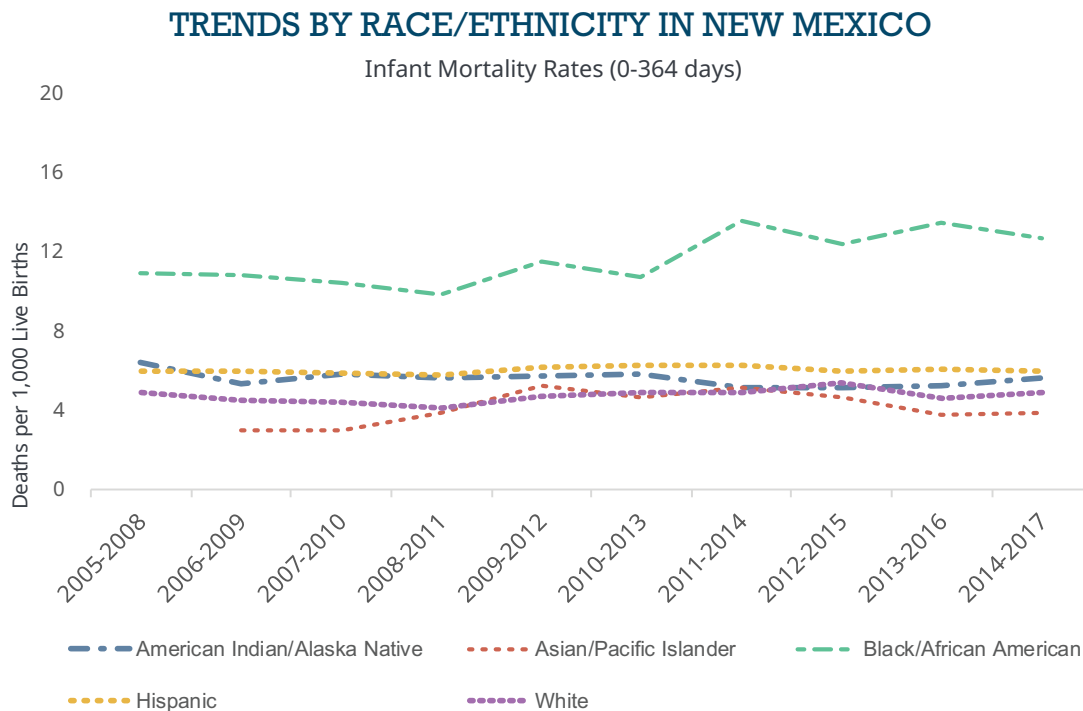
- Birth Outcomes – Low Birthweight, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/LowBirthWt.Year.NM_US.html
- CDC Levels of Assessment Tool, <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/LOCATe.html>
- NMDOH Maternal & Child Health, <http://nmhealth.org/about/phd/fhb/mch>
- An ecological approach to understanding Black-White disparities in perinatal mortality. <https://link.springer.com/article/10.1007%2Fs10995-009-0495-9>
- "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470581/>
- Do U.S. Black women experience stress-related accelerated biological aging <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861506/>
- Stress model for research into preterm delivery among Black women <https://www.sciencedirect.com/science/article/pii/S0002937805002097>

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020: Reduce the rate of fetal and infant deaths (MICH-1)

HEALTHY BORDER 2020: Increase access to prenatal vitamins and supplements

Infant mortality includes infant deaths under one year of age. Overall, birth defects, including congenital malformations, deformations and chromosomal abnormalities are the leading cause of infant death (23.1% of deaths). Disorders related to short gestation and low birth weight are second, making up 16.2% of deaths.

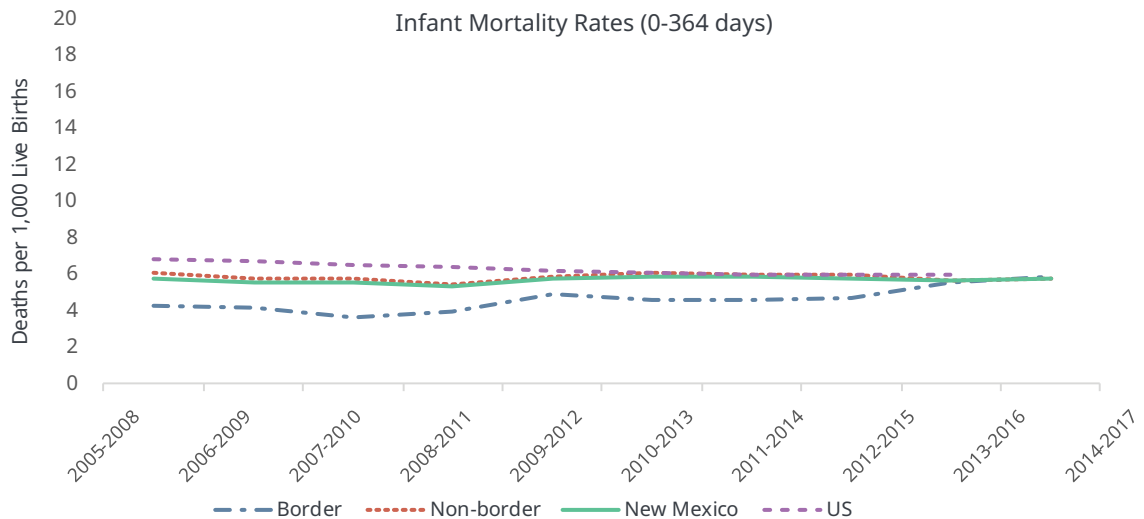


Did you know?

- Studies have shown that children born prematurely, especially those with very low birth weight, have an increased risk of neurological problems ranging from attention deficit hyperactivity disorder to cerebral palsy or intellectual disability in comparison with those born at term gestation.
- Disparities by maternal race and ethnicity persist, with babies born to Black or African American women experiencing the highest infant mortality rate (12.7 per 1,000 live births in 2014-2017). The next highest rate is among Hispanic women at 5.9 per 1,000 live births.
- New Mexico's infant mortality rate in 2016 was 6.3 per 1,000 live births, which was higher than the national rate of 5.9 per 1,000 live births. The infant mortality rate was higher in the border region (8.4 per 1,000 live births) than the non-border region, (6.0 per 1,000 live births).
- Neural tube defects, such as spina bifida and anencephaly, are a focus of Healthy Border 2020. Folic acid, when taken before and during pregnancy, can help reduce the occurrence of these defects.

INFANT MORTALITY

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- NMDOH is collaborating with the statewide Perinatal Quality Collaborative to reduce Neonatal Abstinence Syndrome (NAS), early elective deliveries, and to delay parenthood through long-acting reversible contraceptives (LARC) initiatives. NMDOH is working to improve NAS surveillance and linkages to birth defects registries to assess the relationship between opioid use and certain congenital defects.
- Office of African American Affairs in partnership with Black Health New Mexico and NM March of Dimes coordinates the Birth Equity Collaborative which focuses on increasing optimal birth outcomes for African American mothers and infants. Staff from several NMDOH bureaus and programs participate.
- NMDOH FHB leads a Collaborative Improvement & Innovation Network (CoIIN) to reduce infant mortality. Partners work to address social determinants of health and health equity to develop upstream prevention efforts. Reducing poverty, instituting paid family leave and reducing provider bias in prenatal care are current areas of focus to improve birth outcomes, including infant mortality.

Actions and Recommendations

- To reduce disparities in birth outcomes, New Mexico is part of the 3rd Cohort of The Institute for Equity in Birth Outcomes. The Equity Institute is a 3-year collaborative of local public health departments and their multi-sector, community partners.
- The New Mexico Birth Equity Collaborative is currently focused on developing sister circle peer support groups for Black/African American women and educating health and human services providers on racial birth inequities, including the effects of provider bias, health system discrimination, and weathering effects of stress due to experiences of racism on birth outcomes.

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- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- HRSA Maternal and Child Health Bureau, Collaborative Improvement & Innovation Network to Reduce Infant Mortality, <http://mchb.hrsa.gov/infantmortality/coiin/>
- Infant Mortality, NM-IBIS, <https://ibis.health.state.nm.us/indicator/view/BirthEPHTInfMort.Inf.Cnty.html>
- NMDOH Women, Infants, and Children, <http://nmhealth.org/about/phd/fhb/wic>
- Secretary's Advisory Committee on Infant Mortality, <http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality>
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- "Weathering" and age patterns of allostatic load scores among Blacks and Whites in the United States. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1470581/>
- Do U.S. Black women experience stress-related accelerated biological aging <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2861506/>
- Stress model for research into preterm delivery among Black women. <https://www.sciencedirect.com/science/article/pii/S0002937805002097>

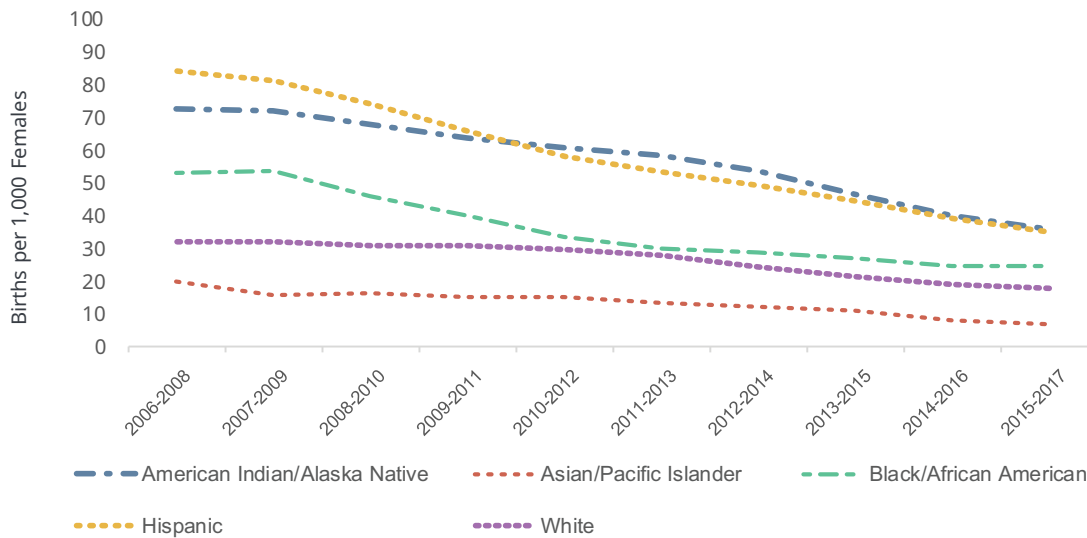
ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

- NMDOH STRATEGIC PLAN:** Reduce teen births (15-19 year olds)
- HEALTHY PEOPLE 2020:** Reduce pregnancies among adolescent females aged 15 to 17 years (FP-8.1); Reduce pregnancies among adolescent females aged 18 to 19 years (FP-8.2)
- HEALTHY BORDER 2020:** Reduce the number of pregnancies in 15-19 year old teenagers

Teen births are more common in rural areas and in areas with less access to family planning services.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Teen Birth Rate for Females Ages 15-19 Years

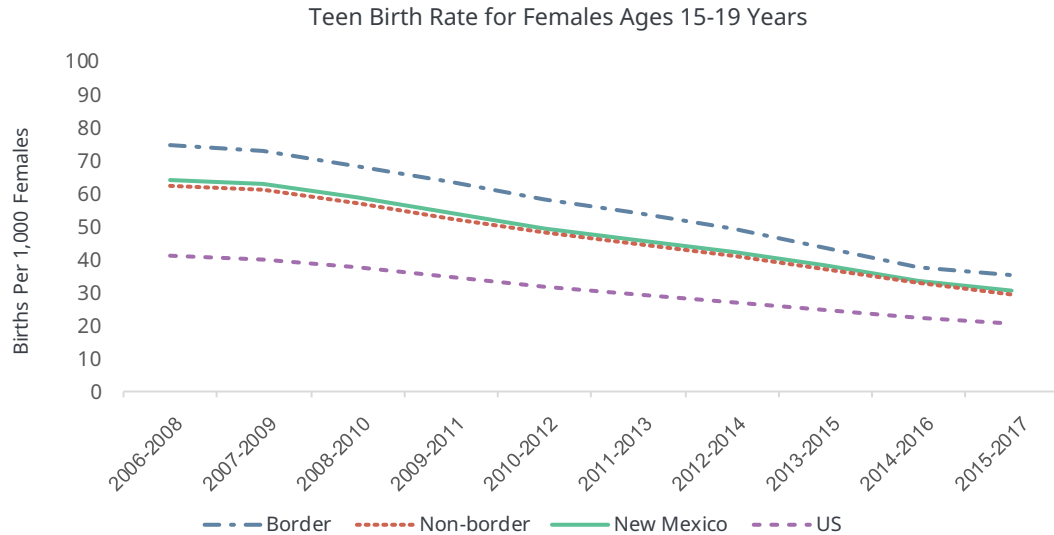


Did you know?

- In 2017, NM’s teen birth rate for 15-to-19-year-olds was 27.6 per 1,000 (NM Indicator-Based Information System, IBIS).
- Since 2012, the teen birth rate among 15-to-19-year-olds in New Mexico (NM) has declined by 41.0% (NM-IBIS).
- Based on national rates in 2017, NM’s rate is the sixth highest in the nation; states with higher rates are Arkansas, Mississippi, Louisiana, Kentucky, and Oklahoma.
- NM’s teen birth rate declined 14% from 2015 to 2016, accounting for the second greatest decline in the nation.
- In 2017, teen birth rates were highest in the Southeast region, followed by the Southwest region. Luna County had the highest teen birth rate in the state, followed by Curry County.
- Some reasons for higher teen parenthood in mixed urban/rural areas include lack of health insurance, increased poverty, transportation barriers, and less access to services.
- In NM, teen birth rates are highest for American Indians and Hispanics and for teens who live in the border region.
- Increased access to and availability of most- and moderately-effective contraception and evidence-based programming for prevention of unintended teen pregnancy contributed to a decrease in the teen birth rate.

TEEN BIRTHS AGES 15-19

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- Access to confidential, low- or no-cost family planning services is provided through county public health offices, community clinics, and school-based health centers.
- Increased availability of most- and moderately-effective contraception for teens.
- Provision of service-learning, positive youth development, and comprehensive sex education programs: Teen Outreach Program (TOP) is a program for prevention of unintended teen pregnancy and reduction in school failure and suspension for teens in grades 6-12; Project AIM (Adult Identity Mentoring) is a youth development intervention designed to reduce sexual risk behaviors among youth ages 11-14.
- Provision of adult-teen communication programs to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior: From Playground to Prom is an adult-teen communication program designed to increase parents' confidence in talking with their children about sex and sexuality.
- BrdsNBz New Mexico offers teens free, confidential, and accurate answers to sexual health questions via text message in either English or Spanish .

Actions and Recommendations

- Through shared decision-making counseling, increase teens' access to birth control, including the most effective contraceptive methods.
- Use telemedicine to increase access to birth control for high-risk populations in areas with clinician shortages.
- Use social media campaigns about birth control and where to find services.

References:

- Contraceptive Needs and Services, 2014 Update, The Guttmacher Institute, <https://www.guttmacher.org/report/contraceptive-needs-and-services-2014-update>.
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-México Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- NMDOH Family Planning Program, <http://nmhealth.org/about/phd/fhb/fpp/>
- Teen Birth Rate, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/BirthTeen.15_19.Year.NM_US.Age.html
- Teen Childbearing in Rural America, The National Campaign, <https://powertodecide.org/sites/default/files/resources/primary-download/sex-in-the-non-city.pdf>
- National Center for Health Statistics, <https://www.cdc.gov/nchs/index.htm>

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

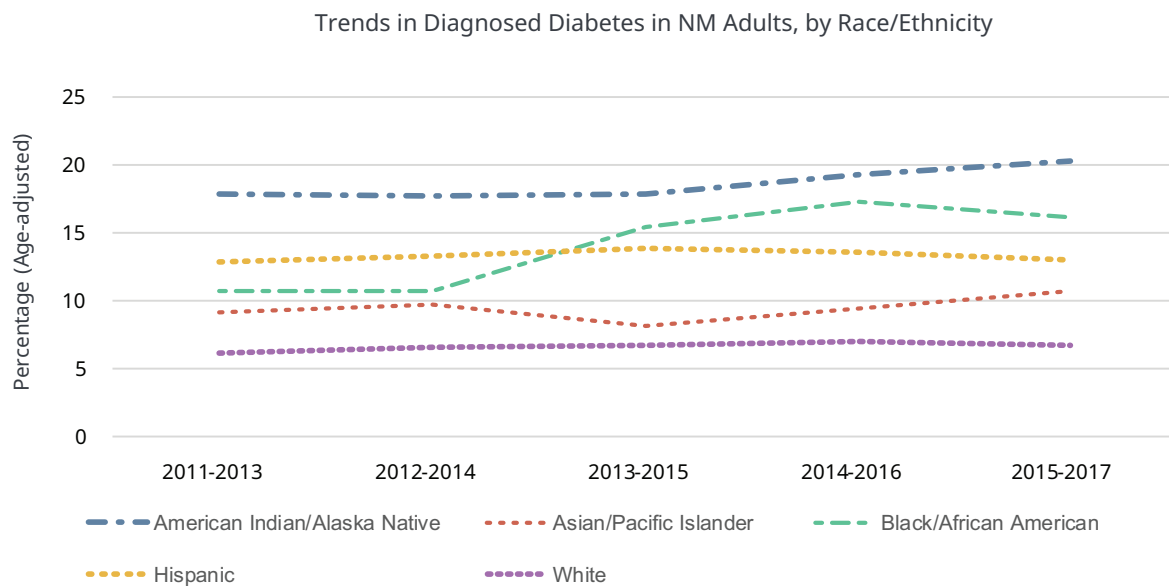
NMDOH STRATEGIC PLAN: Encourage effective prevention and management of diabetes

HEALTHY PEOPLE 2020: Improve glycemic control among the population with diagnosed diabetes (D-5)

HEALTHY BORDER 2020: Improve screening in people 20 years of age and older by 10% (2011 baseline)

Diabetes can lower life expectancy and increase the risk of heart disease. It is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Diabetes and its complications, in many cases, can be prevented, delayed or managed.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO



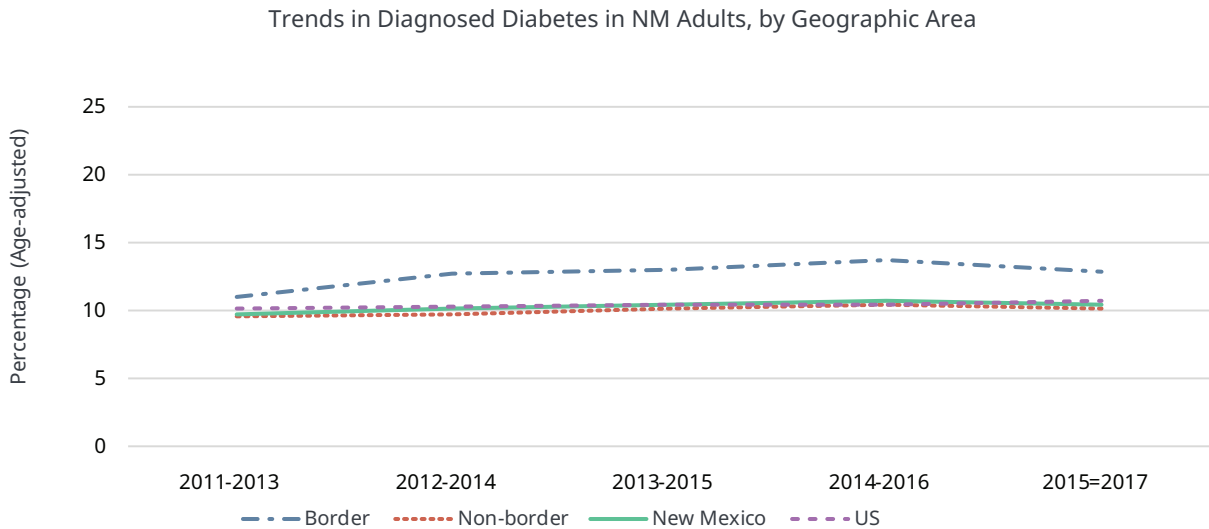
Improvements were made to the BRFSS sampling and weighting procedures to make the data better represent the New Mexico population. Data from the earlier period are not comparable to data from 2011-forward.

Did you know?

- Diabetes prevalence is significantly higher among American Indian/Alaska Native adults than among Hispanic and White adults. It is also significantly higher among Hispanic adults than among White adults.
- Diabetes prevalence in NM is lowest among adults with at least a college education and among adults living in a household with annual income of \$50,000 or more.
- Diabetes prevalence is higher in the border region than in the non-border region.
- Diabetes was the 6th leading cause of death overall in New Mexico in 2017.
- Diabetes hospitalizations are considered potentially preventable hospitalizations. The age-adjusted rate of hospitalizations for diabetes increased between 2007 and 2013 but has decreased in recent years to the rate of 2008/2009.
- According to the American Diabetes Association the estimated costs for adults with diagnosed diabetes in New Mexico is \$2 billion a year. This does not include costs for undiagnosed diabetes or prediabetes.

DIABETES

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

The Diabetes Prevention and Control Program is:

- Improving access to and participation in the National Diabetes Prevention Program (NDPP) to prevent or delay type 2 diabetes for adults with prediabetes or at risk for type 2 diabetes.
- Providing community-based diabetes self-management programs proven to help adults better manage their diabetes and related chronic health conditions through skill-building and support, such as the Diabetes Self-Management Program, Chronic Disease Self-Management Program, and Kitchen Creation cooking schools.
- Increasing awareness of prediabetes, diabetes, and prevention and self-management resources through education and training of health care professionals on best practices for improving screening, testing, and referral of patients with prediabetes or at risk for diabetes.

Actions and Recommendations

- The CDC recommends improving the quality of care for people with and at-risk for diabetes; increasing access to sustainable diabetes self-management education and support services; and increasing the use of lifestyle change programs, like the NDPP, to prevent or delay the onset of diabetes.
- For people who already have diabetes, the key message is that diabetes complications can be prevented and managed. Strategies should target improving A1C levels, controlling blood pressure and cholesterol, and tobacco cessation.
- Allocate state and federal resources in populations and geographic areas of highest risk.

References:

- CDC National Diabetes Prevention Program <https://www.cdc.gov/diabetes/prevention/index.html>
- Diabetes (Diagnosed) Deaths, Diabetes Prevalence, Diabetes Hospitalizations; NM-IBIS, <http://ibis.health.state.nm.us>
- Healthy Border 2020: A Prevention & Health Promotion Initiative, <https://nmhealth.org/publication/view/report/2906/>
- New Mexico Diabetes Prevention and Control Program, 505-841-5859, www.diabetesnm.org

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

NMDOH STRATEGIC PLAN: Encourage physical activity and healthy eating in elementary school students

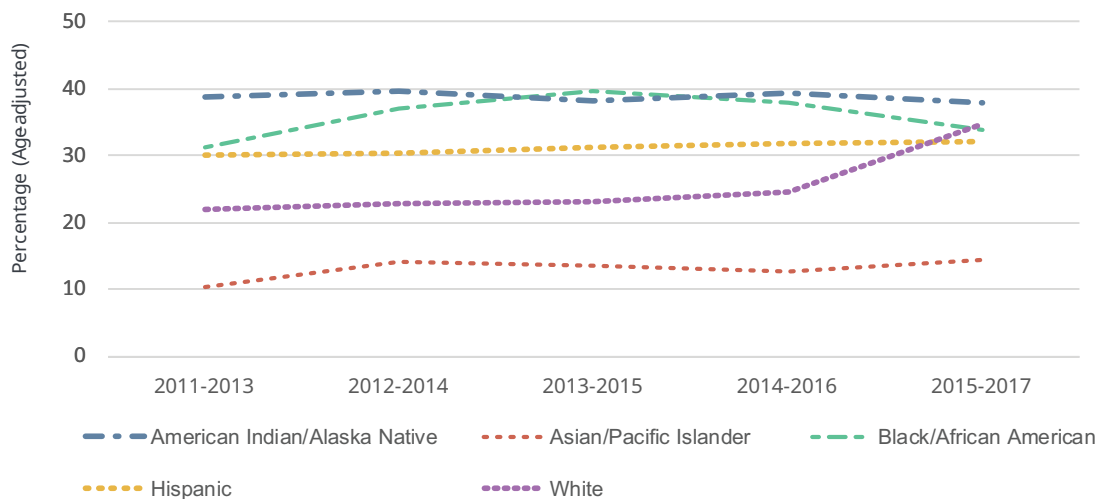
HEALTHY PEOPLE 2020: Reduce the proportion of adults, children, and adolescents who are obese (NWS-9, NWS-10)

HEALTHY BORDER 2020: Increase physical activity

Obesity has been identified as a super-priority for the New Mexico Department of Health along with teen births, diabetes, and substance misuse.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Obesity in Adults Ages 18 and Older (BMI 30 or greater)



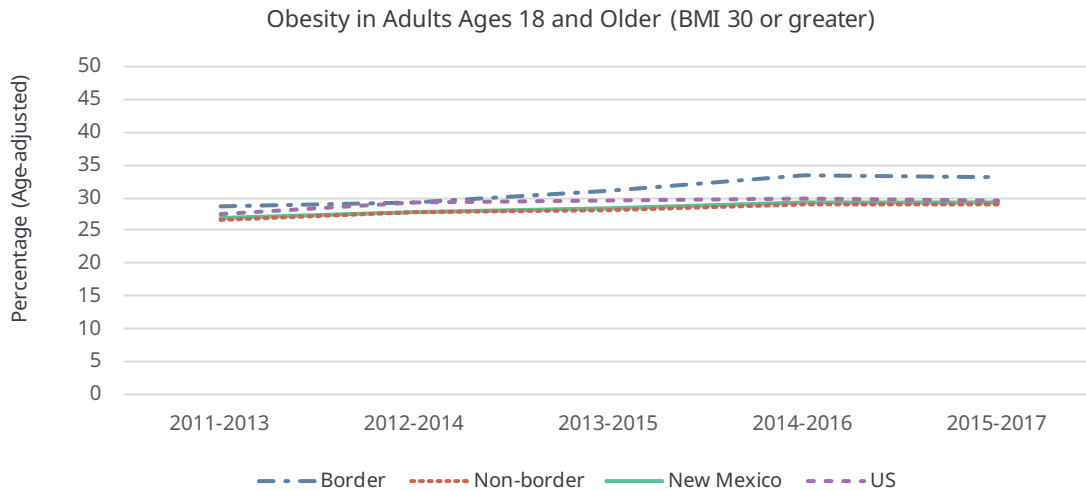
Improvements were made to the BRFSS sampling and weighting procedures to make the data better represent the New Mexico population. Data from the earlier period are not comparable to data from 2011-forward.

Did you know?

- While obesity among adults in New Mexico and the United States has been on a steady rise over the past few decades, prevalence may be beginning to level off in NM. In 2015, 28.8% of NM adults were obese, compared to 28.3% in 2016 and 29.2% in 2017.
- Obesity prevalence is higher in the NM border counties (33.0%) compared to non-border counties (29.0%), a statistically significant difference.
- Obesity has decreased among third grade students from 22.6% in 2010 to 19.9% in 2017. However, kindergarten students have experienced a slight incline over the eight years, from 13.2% to 13.9%.
- Obesity among American Indian third grade students has increased from 36.6% in 2010 to 37.8% in 2017. During the same time frame, American Indian kindergarten students showed a decrease in obesity from 25.5% to 22.8%.
- Obesity among Hispanic third grade students has remained level over time and obesity among Hispanic kindergarten students has increased from 12.9% to 14.8%. Hispanic students comprise the majority of elementary school-age children in NM.
- Rates of overweight and obesity continue to remain high across grades, genders, and races/ethnicities in NM, highlighting the continuing need for: 1) collaboration across state and local agencies to implement sustainable obesity prevention initiatives; and 2) increased opportunities for healthy eating and physical activity among pre-school and elementary school-age children and their families.

OBESITY

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- Healthy Kids Healthy Communities (HKHC), a key initiative of NMDOH’s Obesity, Nutrition and Physical Activity Program (ONAPA), was launched in 2011 to address childhood obesity by working directly with local communities to increase healthy eating and active living opportunities for elementary school-age and preschool children throughout the state.
- The HKHC program is active in 11 counties and 3 tribal communities, reaching 38,581 students (27% of NM public elementary school population).
- During the 2017-2018 school year, 29,781 students in 91 HKHC elementary schools had increased healthy eating opportunities during the school day on an ongoing and regular basis (salad bars, edible gardens, classroom fruit and vegetable tastings), and 20,769 students in 61 HKHC elementary schools had increased physical activity opportunities before, during, and after school on an ongoing and regular basis (walk and roll to school programs, active schoolyards).
- HKHC collectively leveraged approximately \$900,000 and 28,000 volunteer hours to support healthy eating and physical activity initiatives across all HKHC communities in 2017-18.
- ONAPA and its partners built support for measuring heights and weights for an additional 2,911 students in 29 HKHC schools so HKHC communities would have more representative childhood obesity data.

Actions and Recommendations

- Because healthy eating and active living are the two major lifestyle factors that can help prevent obesity, HKHC focuses exclusively on sustainable environmental, policy, and systems changes to support these behaviors in a multi-sector, community coalition-driven approach.
- HKHC has strong partnerships with state agencies and local community organizations to implement obesity prevention strategies coupled with nutrition education in the following settings: schools, early care and education, the food system, and the built environment.

References:

- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-México Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- New Mexico Childhood Obesity 2016 Update, <https://nmhealth.org/data/view/chronic/2043/>
- Obesity – Adolescent Prevalence, NM IBIS, https://ibis.health.state.nm.us/indicator/view/ObesityYouth.Year.NM_US.html
- Obesity – Adult Prevalence, NM IBIS, https://ibis.health.state.nm.us/indicator/view/ObesityAdult.Year.NM_US.html
- Healthy Kids New Mexico: <http://archive.healthykidsnm.org/>

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

NMDOH STRATEGIC PLAN: Create accountable programs and engage partners to achieve optimal population health status, including improved cardiovascular disease prevention and management

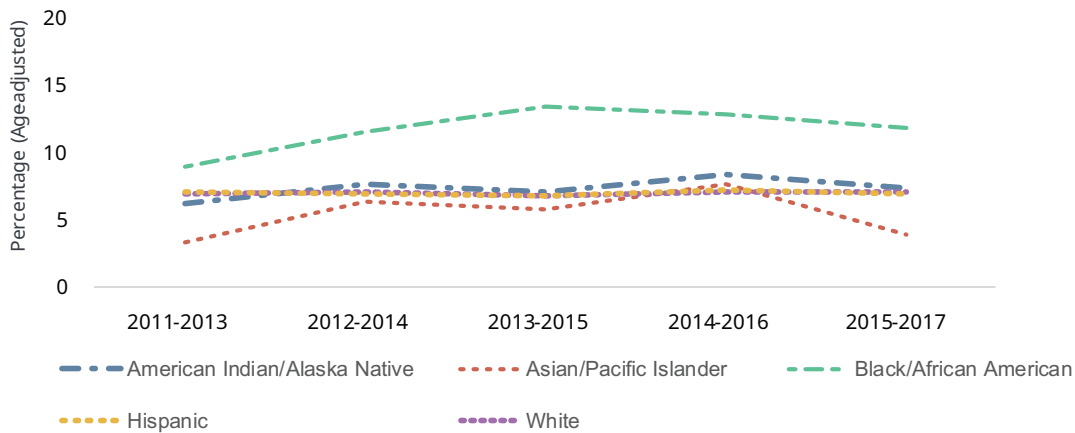
HEALTHY PEOPLE 2020: Reduce coronary heart disease and stroke deaths (HDS-2, HDS-3)

HEALTHY BORDER 2020: Maintain mortality rate (2011 baseline); Blood pressure management via medication

Heart disease and stroke are common cardiovascular diseases that remain leading causes of death and disability in New Mexico. The Heart Disease & Stroke Prevention Program promotes cardiovascular health for all New Mexicans across the lifespan and works to reduce the impact of heart disease and stroke, especially in priority populations.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Trends in Diagnosed Cardiovascular Disease in NM Adults by Race/Ethnicity



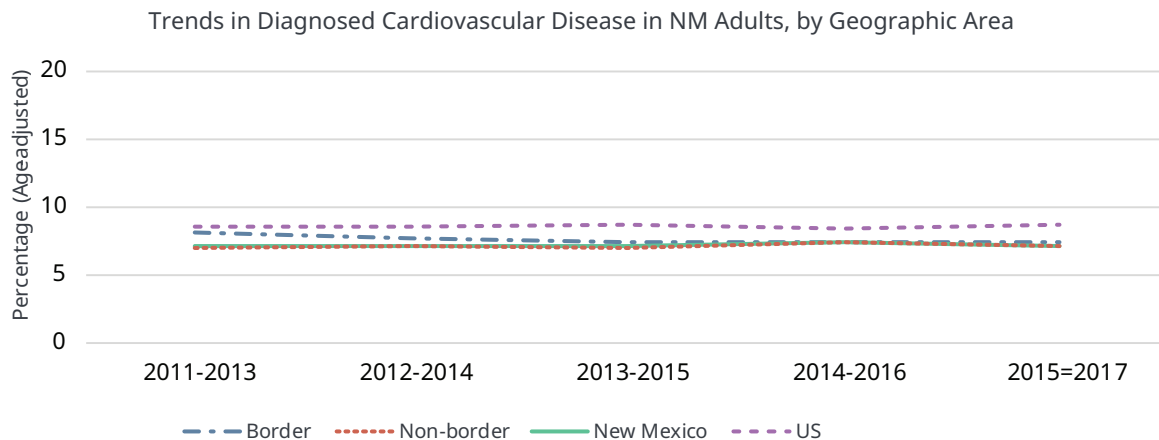
Improvements were made to the BRFSS sampling and weighting procedures to make the data better represent the New Mexico population. Data from the earlier period are not comparable to data from 2011-forward.

Did you know?

- Heart disease was the leading cause of death accounting for 21% of all deaths in New Mexico. Cerebrovascular disease, primarily stroke, was the 5th leading cause of death.
- The overall death rate for heart disease was 150.3 per 100,000 people. African Americans had the highest heart disease death rate (224.9 per 100,000), which was statistically significantly higher than the overall rate for the state and that of all other racial/ethnic groups. Asian/Pacific Islanders had the lowest heart disease death rate (84.7 per 100,000), which was statistically significantly lower than all other groups except American Indians.
- The overall death rate for stroke was 34.5 per 100,000 people. There was no statistically significant difference in stroke death rates by race/ethnicity.
- Age-adjusted rates of ever having been diagnosed with cardiovascular disease was the highest among adults living in households with an annual income less than \$20,000 (10.3%) and lowest among adults living in households with an annual income greater than \$50,000 (4.1%).
- Age-adjusted, diagnosed cardiovascular disease among adults with a college degree or higher education (4.4%) was significantly lower than among adults with less education. Apparent differences between those with less than a high school education (6.3%), high school (7.0%), or some college education (8.7%) were not statistically significant.
- 23.3% of adults with any diagnosed coronary heart disease were unable to work while only 8.3% of adults with no history of coronary heart disease were unable to work, after adjusting for age.

HEART DISEASE AND STROKE

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- Implementing clinical-decision support systems (CDSS) at the point-of-care: The Heart Disease and Stroke Program (HDSP) assessed health systems to determine policies and practices in place for screening and management of cardiovascular disease. Using these assessment results, HDSP and its partners are providing technical assistance to health systems to implement CDSS.
- 10 clinical or community groups received presentations about the Million Hearts Initiative.
- NMDOH collaborated with the Office of Community Health Workers (CHWs) to educate health systems and providers about the value of CHWs as members of the healthcare team and to advocate for reimbursement of CHW services.
- NMDOH supported and participated in the planning of the American Heart Association’s 5th annual Go Red for Native American Women Healthy Heart Summit reaching over 263 participants from pueblos, tribes and nations throughout New Mexico, Arizona and Colorado. Go Red was developed to bring attention & research dollars to a neglected area: women’s heart health.

Actions and Recommendations

- Incorporating team-based care in health systems: HDSP works with UNM College of Pharmacy to utilize pharmacist-clinicians and pharmacy students in the management of high blood pressure for patients.
- Implementing self-measured blood pressure monitoring & interactive digital interventions for blood pressure self-management: HDSP partners with Million Hearts and the American Heart Association (AHA) to teach clinical and community groups about the importance of getting your BP checked and self-measured BP monitoring with clinical support. HDSP encourages clinics to sign up for AHA’s Check, Change, Control Program so patients can share BP readings with their provider as well as AHA’s Target: BP Initiative which requires clinics to commit to reducing the number of their patients with uncontrolled high BP.

References:

- Cardiovascular Disease –Prevalence, NM Behavioral Risk Factor Surveillance System, 2017. <https://ibis.health.state.nm.us/indicator/view/CardioVasDiseasePrevlYear.html>
- New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on October 17, 2018 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>.
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, https://www.hhs.gov/sites/default/files/res_2805.pdf
- Healthy People 2020: Heart Disease and Stroke, <https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke/objectives>
- The Community Guide: Task Force Finding for Cardiovascular Disease, <https://www.thecommunityguide.org/content/task-force-findings-cardiovascular-disease>

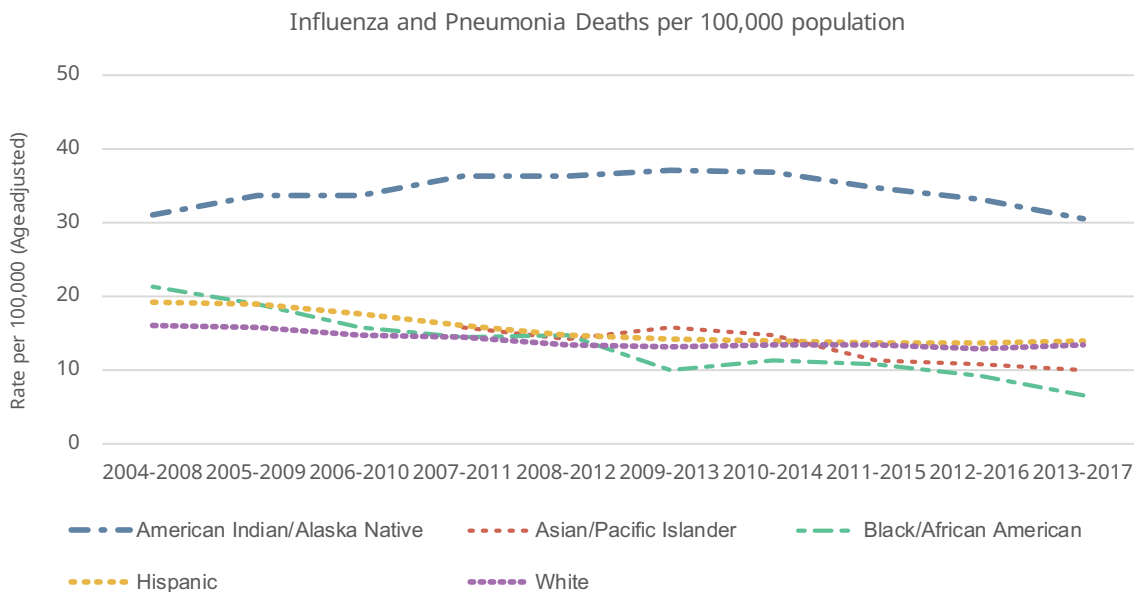
ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

NMDOH STRATEGIC PLAN: Reduce the pneumonia and influenza death rate

HEALTHY PEOPLE 2020: Increase the percentage of children and adults who are vaccinated annually against seasonal influenza (IID-12)

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Flu-related illness can be severe and can lead to complications such as pneumonia and death. Pneumonia is an infection of the lungs with a variety of causes that can also have severe complications, including death.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO



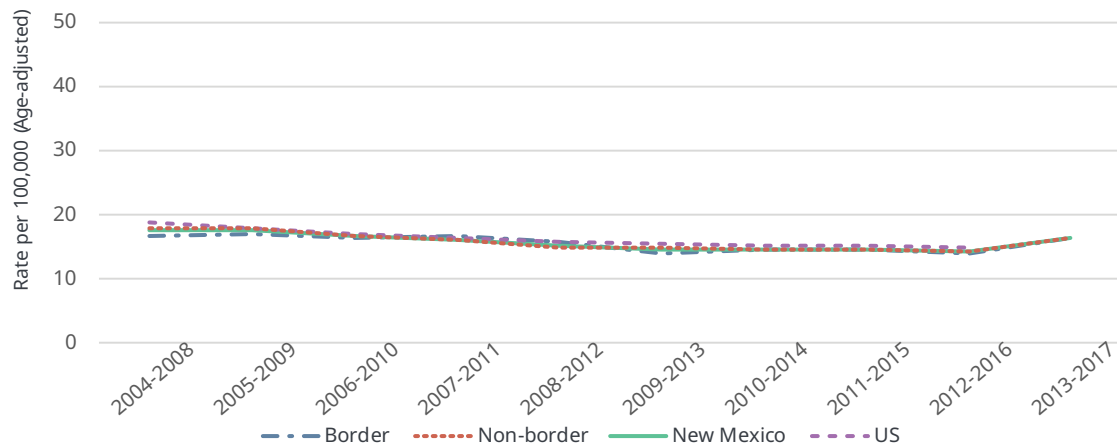
Did you know?

- Some groups, such as the elderly, young children, and people with certain health conditions, are at higher risk for serious complications and death from influenza and pneumonia due to weaker immune systems.
- In 2016, pneumonia and/or influenza were the 10th leading underlying cause of death in New Mexico.
- Most pneumonia and influenza deaths are among older adults (85+ years).
- American Indians in New Mexico experience the highest rates of influenza- and pneumonia deaths, two to three times the New Mexico and U.S. rates.

INFLUENZA & PNEUMONIA DEATHS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Influenza and Pneumonia Deaths per 100,000 Population



Program Highlights

- NMDOH offers vaccinations for people without insurance or who are otherwise unable to get immunized. Those with Medicaid or other insurance who come to Public Health Offices are asked to present their insurance card.
- NMDOH has begun to engage the state’s healthcare partners through disseminating data regarding health disparities surrounding pneumonia and influenza-related hospitalizations and deaths in the state. This has included presentations at hospitals, professional organizations and at infectious disease conferences to encourage the use of immunization to prevent infection.
- In 2017, the New Mexico state legislature passed a bill (HB 274) that requires hospitals to offer influenza and pneumococcal vaccine to patients 65 and older before discharge from the hospital.

Actions and Recommendations

- The CDC and NMDOH recommend that everyone 6 months of age and older get their flu vaccine.
- NMDOH suggests contacting healthcare providers or pharmacies to receive vaccines for protection against influenza and pneumonia.
 - Pneumococcal vaccine can be given at the same time as flu vaccine to patients who qualify.
 - It is an important additional form of protection because influenza frequently causes types of pneumonia that can be prevented by the pneumococcal vaccine.
- Good hygiene practices can also help such as washing hands regularly, cleaning hard surfaces that are touched often (like doorknobs and countertops), and coughing or sneezing into a tissue, elbow or sleeve.
- You can also reduce your risk of getting pneumonia by preventing chronic illnesses such as diabetes and HIV/AIDS, and limiting exposure to cigarette smoke.

References:

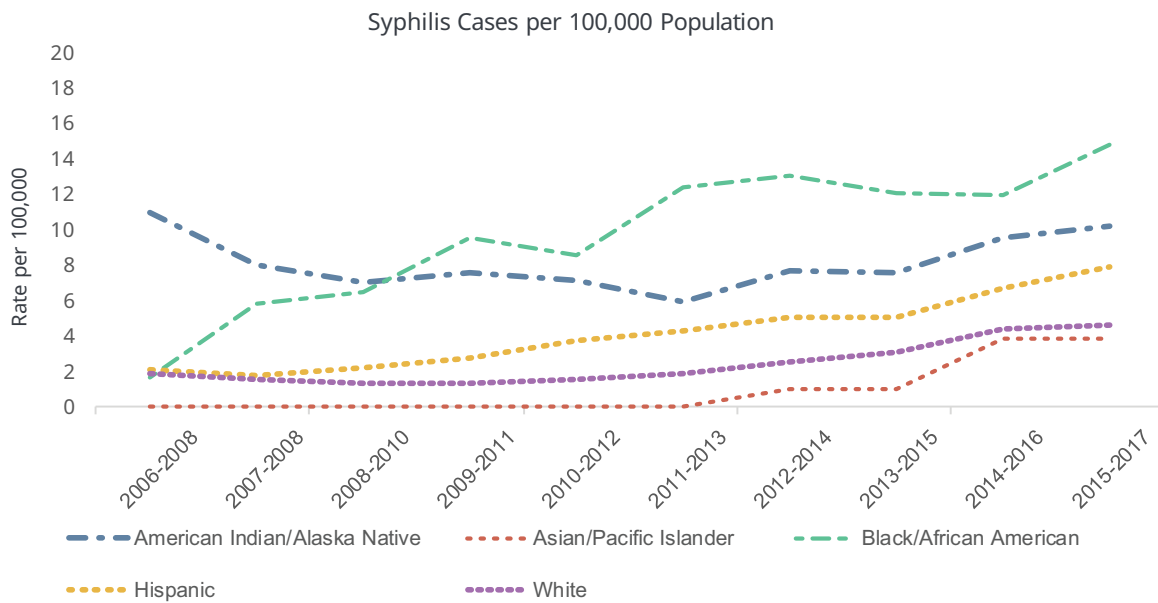
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- Influenza and Pneumonia Deaths, NM-IBIS, https://ibis.health.state.nm.us/query/selection/mort/_MortSelection.html
https://ibis.health.state.nm.us/indicator/complete_profile/DthRateLdgCause.html
- NMDOH Immunizations Program, <http://nmhealth.org/about/phd/idb/imp/>
- What You Should Know for the 2017-2018 Influenza Season, <https://www.cdc.gov/flu/about/season/flu-season-2017-2018.htm>
- National Vital Statistics Reports, Deaths: Final Data for 2014: http://www.cdc.gov/nchs/data/nvsr/nvsr65/nvsr65_04.pdf

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

- HEALTHY PEOPLE 2020:** Reduce the proportion of adolescents and young adults with Chlamydia trachomatis infections (STD-1); Reduce gonorrhea rates (STD-6); Reduce sustained domestic transmission of primary and secondary syphilis (STD-7); Reduce congenital syphilis (STD-8)
- HEALTHY BORDER 2020:** Decrease gonorrhea rates among 15-44 year olds by 10%; Reduce the congenital syphilis rate by 10% per 100,000 live births

Chlamydia is the most common bacterial sexually transmitted infection (STI). It is the leading preventable cause of infertility, and screening and treatment are the best means of preventing it. Anyone who is sexually active can get an STI, including gonorrhea, syphilis, or chlamydia. STIs can cause very serious complications when not treated, but can be cured with the right medications.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

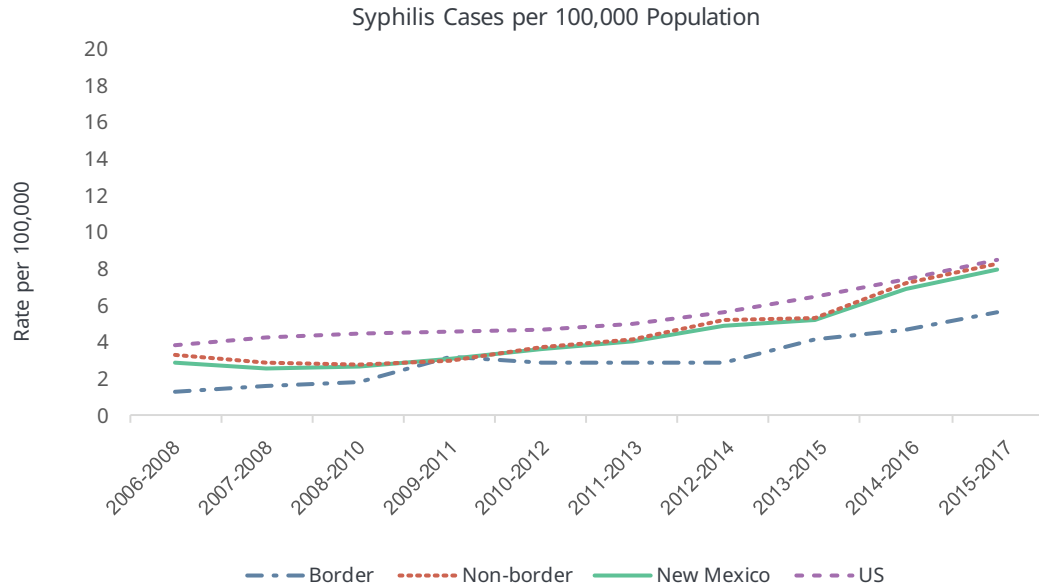


Did you know?

- Rates of primary and secondary syphilis in New Mexico have increased from 2008 through 2017 by 254%. Between 2016 and 2017 – the most recent years of data collection – there was a case rate increase of only 2.2% compared to the case rate increase between 2015 and 2016, which was 61%.
- 90% of all reported primary and secondary syphilis cases in 2016 were among males.
- Of all cases of syphilis in 2017 in which gender of the partner was known, 85% of cases were men with male sex partners.
- The Metro region had the most cases of syphilis in 2017, with the highest case rate occurring in Bernalillo county. The Northwest region had the most cases of gonorrhea and chlamydia in 2017.
- NM ranked 4th in the nation for chlamydia in 2017. Chlamydia predominantly affects adolescents and young adults, 15-24 years old.
- Chlamydia and gonorrhea disproportionately affect African American, American Indian, and Hispanic populations in New Mexico.
- New Mexico experienced a 28% increase in gonorrhea cases from 2016 to 2017, compared to a 40% increase from 2015 to 2016.
 - Rates in 2017 among women ages 20-24 increased by 33.5% compared to 2016.
 - Rates in 2017 among men ages 20-24 increased by 23.5% compared to 2016.

SEXUALLY TRANSMITTED INFECTIONS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- The primary goal of the New Mexico Sexually Transmitted Diseases (STD) Prevention Program is the reduction and prevention of the incidence of sexually transmitted diseases including HIV infection.
- The STD Program provides statewide consultation and technical assistance, partner services, screening, surveillance, health care provider education, case management, and partner notification for reportable STIs in the state.
- The New Mexico Medical Board amended the Medical Practice Act to allow health professionals to offer Expedited Partner Treatment (EPT) to partners of patients with STIs under guidelines developed by the New Mexico Department of Health.
 - EPT is a mechanism for providers to treat patients with whom they have not established a therapeutic relationship, in order to prevent re-infection of an index patient.
 - Patients with uncomplicated gonorrhea or chlamydia have lower rates of re-infection when their sexual partners are provided with EPT.

Actions and Recommendations

- HIV/Hepatitis/STD Online Resource Guide (nmhivguide.org) is a valuable community-based website offering resources and information about services related to HIV, STIs, viral hepatitis, and harm reduction. It features a searchable guide that will help you find the best and most appropriate services in your area.

References:

- Chlamydia Rates, NM-IBIS, <https://ibis.health.state.nm.us/indicator/view/Chlamydia.Cnty.html>
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- NMDOH Sexually Transmitted Diseases Prevention Program, <http://nmhealth.org/about/phd/idb/std/>
- Sexually Transmitted Diseases, CDC Fact Sheets, http://www.cdc.gov/std/healthcomm/fact_sheets.htm

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020: Knowledge of serostatus among HIV-positive persons (HIV-13)

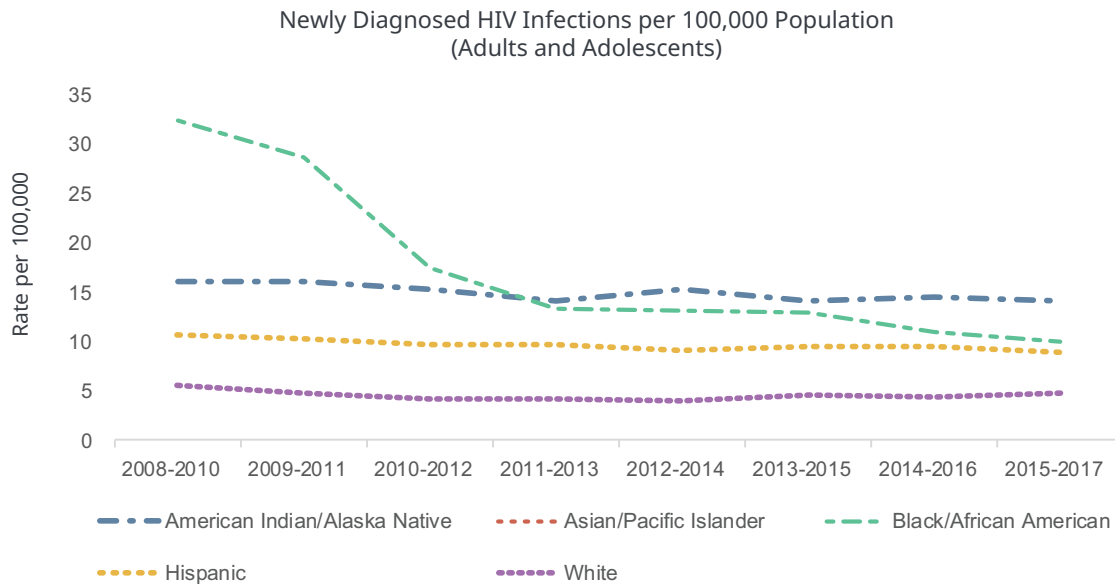
HEALTHY BORDER 2020: Reduce HIV incidence by 1% to 2011 baseline

Advances in antiretroviral therapy (ART) have been scientifically proven to help people with HIV live long healthy lives and reduce the chance of transmission to others. HIV prevention and services program can reduce new HIV infections in impacted communities by helping persons learn their status and be connected to HIV medical care.

The U.S. Department of Health and Human Services (HHS) has interpreted recent studies as showing that persons with an HIV viral load that is undetectable on laboratory tests can't pass the virus to others. HHS is promoting the following statement:

“People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.”

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

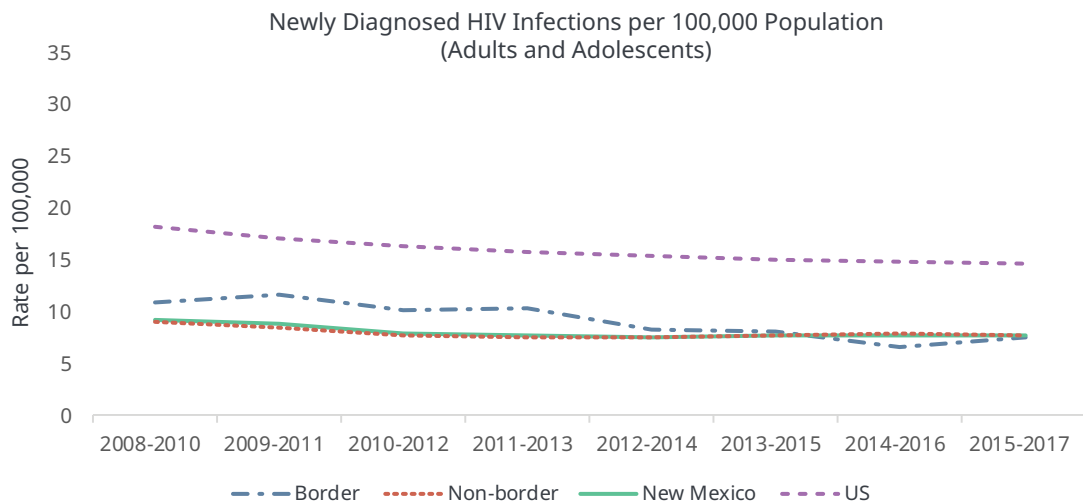


Did you know?

- American Indians and Blacks or African Americans have the highest rates of HIV infection in New Mexico. Each year, a majority of new HIV diagnoses are among Hispanic/Latino individuals.
- Men have higher rates of HIV infection than do women.
- HIV-TB co-infection is a concern in the border region. One objective of Healthy Border 2020 is to screen for HIV diagnosis in patients with pulmonary TB and vice versa.
- New Mexico has a lower rate of newly diagnosed HIV infections than the national average.

HIV INFECTIONS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- The HIV Prevention Program plans, funds and evaluates evidence-based HIV prevention interventions for at-risk populations. Several new initiatives have been funded since 2016 to expand the utilization of HIV Pre-Exposure Prophylaxis (PrEP), a highly effective biomedical strategy. These efforts recruit the populations most likely to become infected with HIV, namely younger gay/bisexual men and transgender persons who have male sexual partners, particularly from the ethnic/racial groups with higher rates of HIV. PrEP is a medication that can reduce the risk of HIV transmission almost to zero if taken consistently.
- Since persons successfully treated for HIV cannot pass the virus to others, timely diagnosis and linkage to care are priorities. The HIV Prevention Program funds sites with trained counselors who perform over 8,000 confidential tests per year. For the past three years, 100% of persons newly diagnosed with HIV have received their test results.
- After an 18-month planning process, NMDOH completed the New Mexico Integrated Plan for HIV Prevention and Care: 2017 – 2021. To make the document more accessible and relevant to communities, the plan includes short story “vignettes” about populations impacted by HIV and their successes and challenges.

Actions and Recommendations

- Maintain statewide syringe services programs (SSP) to reduce transmission of HIV and hepatitis C virus (HCV).
- Ensure condom distribution, demonstration, and safer sex kits along with effective prevention programs to increase proper use among the persons at greatest risk.
- Expand the availability of HIV PrEP to the populations at greatest risk.
- Raise community awareness through a leadership presence at awareness events for specific populations such as Gay Pride, Two-Seven African American HIV Awareness Day, National Latino AIDS Awareness Day (NLAAD) and World AIDS Day.

References:

- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-México Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- NMDOH HIV Prevention Program, <http://nmhealth.org/about/phd/idb/happ>
- New Mexico HIV Prevention Jurisdictional Plan, <http://www.nmcpag.org/pdf/nm%20juris-plan%20final.pdf>
- Understanding the HIV Care Continuum, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, http://www.cdc.gov/hiv/pdf/DHAP_Continuum.pdf

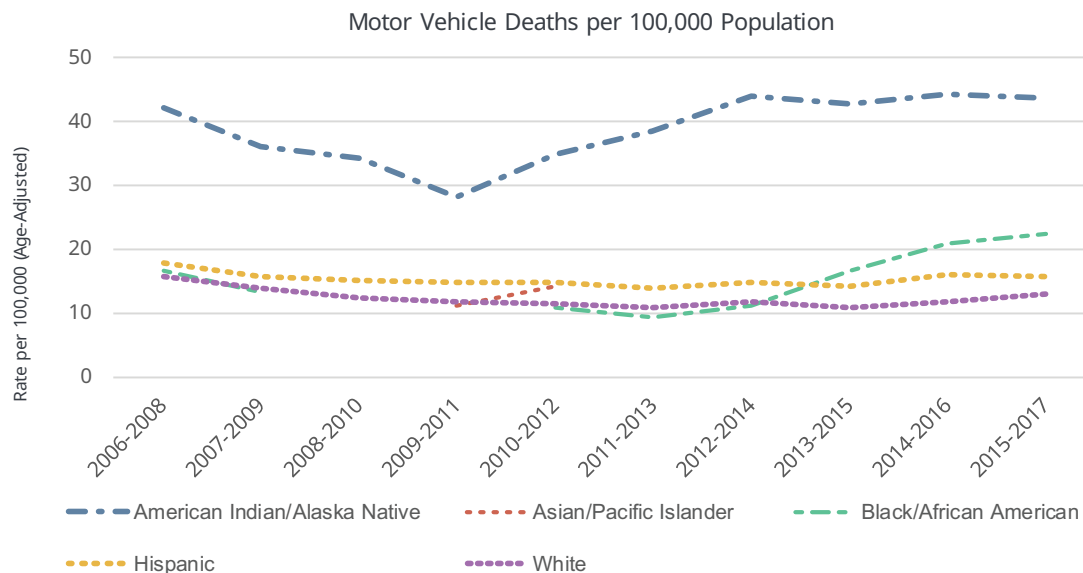
ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020: Reduce motor vehicle crash-related deaths (IVP-13); Increase use of safety belts (IVP-15)

HEALTHY BORDER 2020: Increase seat belt use; Reduce alcohol consumption; Reduce mortality rate of road traffic injuries; Reduce road traffic-related death

Motor vehicle traffic-related deaths cause billions of dollars annually in medical and work loss costs nationwide. These deaths also result in an immeasurable burden on the victims' families, friends, and communities.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

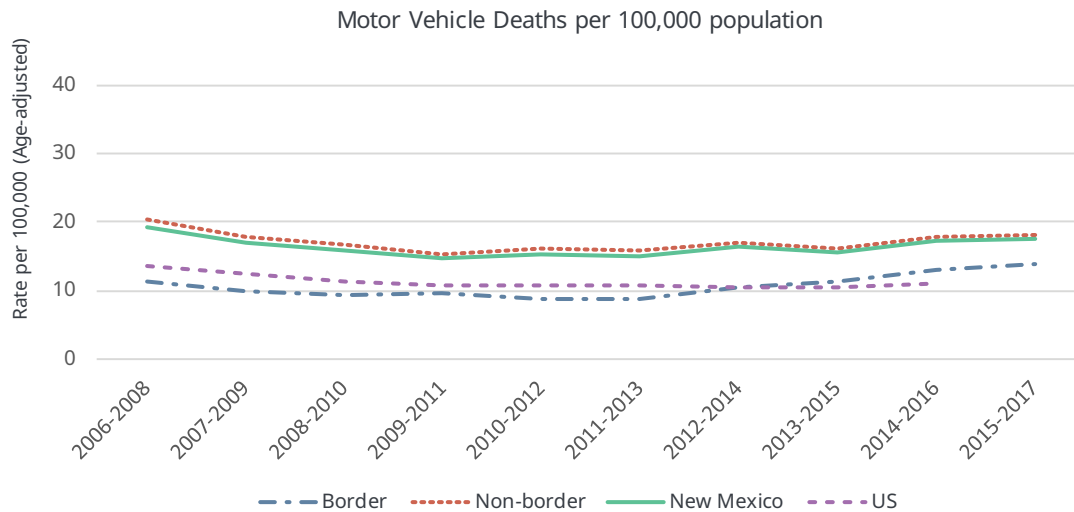


Did you know?

- Death rates from motor vehicle-related crashes were two times higher among American Indians than other residents in New Mexico.
- Distracted driving, speeding, fatigue and drunk driving are preventable causes of motor vehicle-related crashes.
- Death rates from motor vehicle-related crashes in New Mexico have been substantially higher than United States' rates since 2005.
- The northwest region of New Mexico has the highest rates of motor vehicle-related deaths per 100,000 population.

MOTOR VEHICLE DEATHS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- The NMDOH Office of Injury Prevention works to reduce injuries including motor vehicle related deaths by monitoring injury data to inform and guide prevention efforts; supporting coalitions, partnerships and professionals; providing technical assistance on public education strategies; and promoting evidence-based policies for injury prevention.

Actions and Recommendations

- Injury Prevention is a priority in Healthy Border 2020, with the objective to reduce traffic-related mortality and injuries by supporting community efforts to improve traffic safety. Strategies for decreasing traffic mortality and injuries include enforcement of seat belt laws, and ensuring that all child safety seats meet industry standards and are installed correctly.
- NM has enacted several laws related to preventing motor vehicle injuries including but not limited to: the New Mexico Safety Belt Use Act of 2001; the New Mexico Child Restraint Act of 2005; the 2005 Senate Bill 109, Interlocks for Juvenile DWI Offenders; the 2011 Senate Bill 9, License Requirements for Drivers Under 18; and 2014 Senate Bill 19. NM has had a distracted driving law since 2014 that prohibits texting on a mobile device while driving. In 2016, additional legislation was passed and signed into law prohibiting the use of a handheld mobile device while operating a commercial motor vehicle.
- Increase use of child safety seats and safety belts by providing more training and improved enforcement.
- Address alcohol-impaired driving, which is among the most important preventive measures to reduce motor vehicle-related injuries and deaths.
- Increase and improve police traffic enforcement in high injury/death localities.
- Continue safety improvement to roads and improvements in emergency medical services.

References:

- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-México Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- Injury: Motor Vehicle Traffic Crash Deaths, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/InjuryMVCDDeath_Cnty.html
- Motor Vehicle-Related Injury Prevention, downloaded from The Community Guide website, <http://www.thecommunityguide.org/mvoi/index.html>
- State- Specific Costs of Motor Vehicle Crash Deaths, <https://www.cdc.gov/motorvehiclesafety/statecosts/index.html>
- Using Evidence for Public Health Decision Making: Motor Vehicle-Related Injury Prevention, The Community Guide, https://www.thecommunityguide.org/sites/default/files/assets/MotorVehicle_FINAL.pdf

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

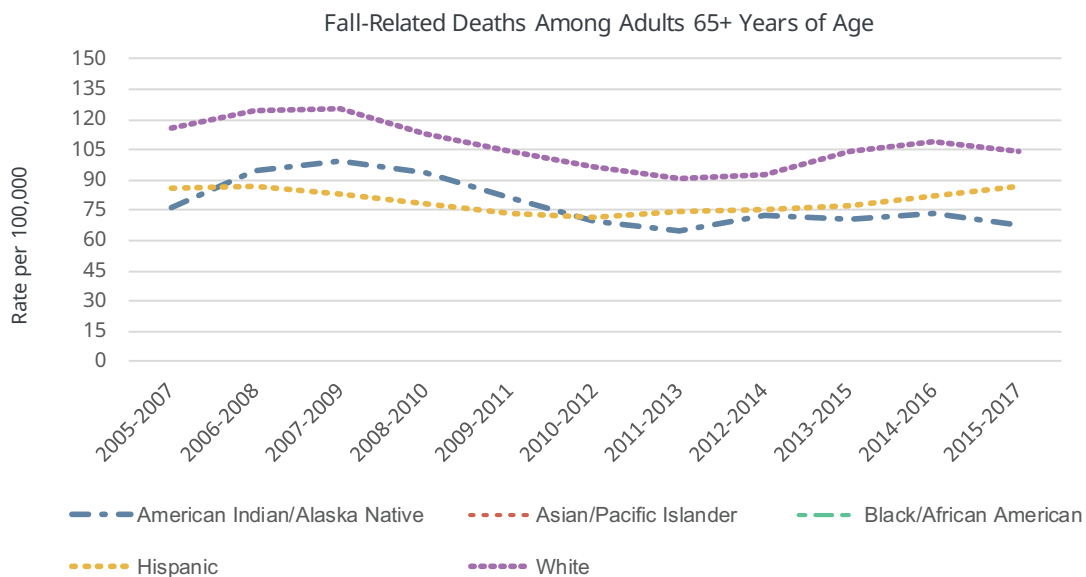
NMDOH STRATEGIC PLAN: Reduce the risk of falls in older adults

HEALTHY PEOPLE 2020: Prevent an increase in the rate of fall-related deaths (IVP-23)

HEALTHY BORDER 2020: Reduce unintentional injury deaths

In the U.S., every 19 minutes an adult aged 65 and over dies from a fall and every 11 seconds, an older adult is treated in the emergency room for a fall-related injury. Falls are the leading cause of unintentional (accidental) injury death among adults 65 years of age and older in the United States and in New Mexico. Falls at home, and in the community, are preventable. Approximately half of older adults who fall don't discuss it with their health care provider.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

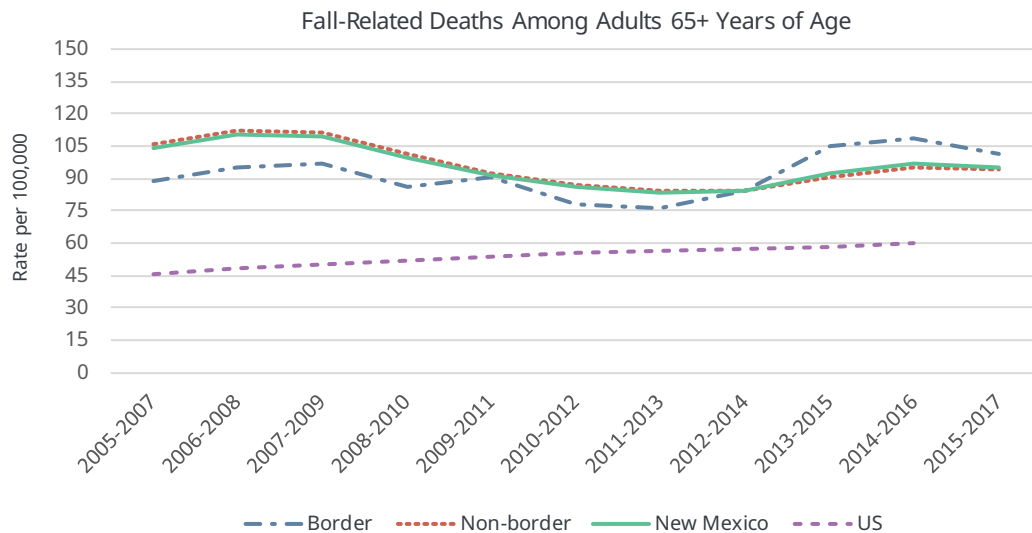


Did you know?

- A serious injury from a fall can limit mobility and independent living. Most injuries from falls that lead to death result from hip fracture and traumatic brain injury.
- American Indian and White men experienced the highest fall-related death rates. Men in each racial or ethnic group experienced higher fall-related death rates than women in the same group.
- In 2015-2017, the fall-related death rate among adults 65 years and older in New Mexico (95/100,000) was 1.6 times the national rate (60/100,000). The fall-related death rate among older adults in the U.S. has steadily increased during the past decade.

FALL-RELATED DEATHS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- The Office of Injury Prevention coordinates the statewide NM Adult Falls Prevention Coalition. The coalition has prioritized the following prevention strategies: home safety modifications, annual strength and balance screenings, physical activity that improves strength and balance, annual medication review for safety and management, and environmental safety in the community.
- In FY18, the Adult Falls Prevention Program is working with partners and contractors to expand evidence-based falls prevention programs for older adults throughout the state. The NMDOH sponsors four evidence-based falls prevention exercise programs including “OTAGO”; “Tai Ji Quan: Moving for Better Balance”; “Tai Chi for Arthritis”; and “A Matter of Balance: Managing Concerns About Falls.” There are currently over 120 Master Trainers and instructors certified to train one of these evidence-based falls prevention programs to older adults throughout New Mexico.
- The Office of Injury Prevention works with contractors and community partners to increase the number of health care providers trained in the CDC’s fall prevention toolkit, Stopping Elderly Accidents, Deaths and Injuries (STEADI), which addresses multiple health risk factors for falls.
- The NMDOH Injury and Behavioral Epidemiology Bureau (IBEB) has implemented a falls/fracture secondary prevention pilot, which makes use of notifiable conditions data and best practices for fracture follow-up.

Actions and Recommendations

- Research indicates that physical activity programs that improve balance and strength among older adults are the most effective at decreasing the risk of falls, the incidence of falls, and the fear of falling among older adults.
- Improve mechanisms for health care providers to screen and refer older adults who may be at risk for falls to community-based falls prevention and physical activity programs.

References:

- CDC Home and Recreational Safety, Important Facts About Falls, <http://www.cdc.gov/HomeandRecreationalSafety/Falls/adultfalls.html>
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- Injury: Death from Falls, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/InjuryDeathFalls.Year.NM_US.html
- New Mexico Falls Prevention, <http://nmstopfalls.org>

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020:

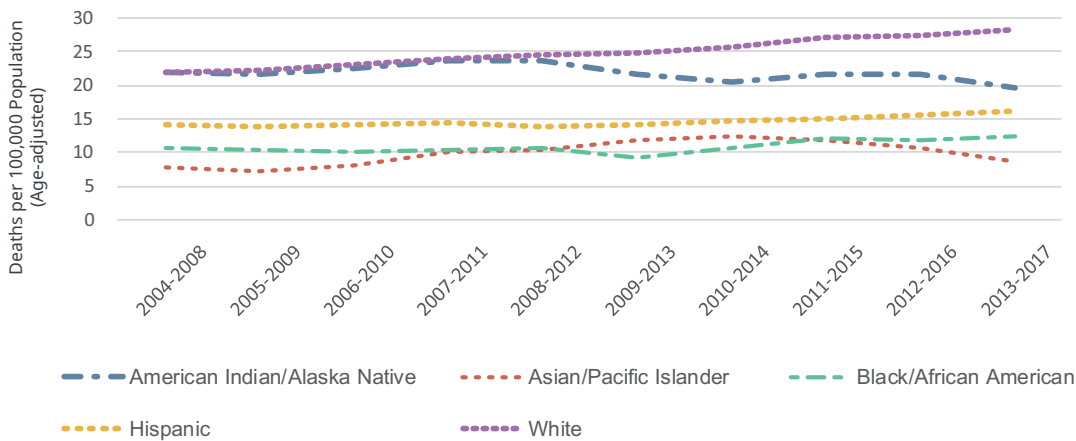
Reduce the suicide rate (MHMD-1)

SUICIDE

In New Mexico, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. Over the last 20 years, suicide death rates in New Mexico have been at least 50% higher than national rates. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide. Other risk factors associated with suicide include a previous suicide attempt, alcohol and substance abuse, a family history of suicide, a history of child maltreatment, feelings of hopelessness, isolation, barriers to mental health treatment, loss (of relationships, social connections, work, finances), physical illness, and easy access to lethal methods, such as firearms.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Deaths per 100,000 Population (Age-adjusted)
by 5-Year Moving Time Period & Race/ Ethnicity, New Mexico, 1999-2017

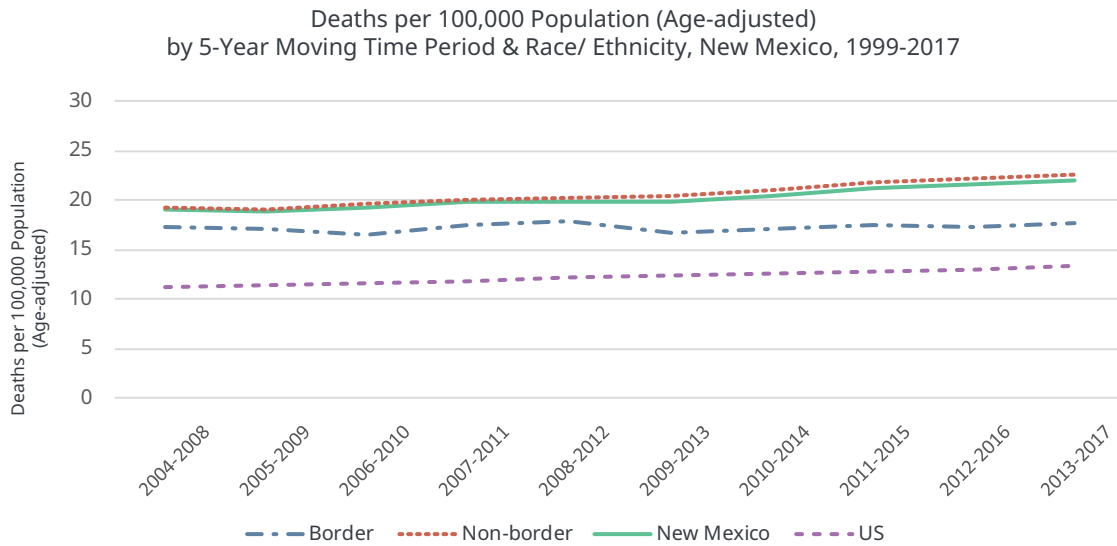


Did you know?

- In 2017, there were 491 suicide deaths in NM, an age-adjusted rate of 23.2 deaths/100,000 population. This represents a 4.5% increase over last year and continues the state’s rising trend over the past decade.
- New Mexico suicide rates increased by 28.2% from 2009-2017. Over this period, rates among Whites increased 35%, and rates among Hispanics increased by 28.7%. Rates among those 65+ years increased significantly – by 60.9% – while rates among those 10-24 years increased by 37.9%.
- In 2017, the suicide rate for men was three and one-half times that for women. The rate was highest for males 85 years and older and for females 45-54 years old.
- In 2017, Whites and American Indians had the highest age-adjusted rates of suicide — 29.7 and 21.1 deaths per 100,000 persons, respectively. For Whites, the suicide rate was highest among those 45 years and older; for American Indians, the rate was highest among those 15-24 years.
- Rates among residents 10-24 years showed the largest increase among age groups from 2016- 2017, with the steepest increase seen among those younger than 20 years of age.
- Rural counties had significantly higher suicide rates compared to metropolitan and small metro counties. The highest suicide rates were in the Northeast and Northwest Public Health Regions.
- 53% of those who died by suicide in 2017 used a firearm, followed by suffocation (29%) and poisoning (13%). The male firearm suicide rate in 2017 was more than six times higher than the female firearm suicide rate. Suicide rates by firearm have increased by 28.6% over the past decade.
- The leading cause of suicide death among American Indians was suffocation, whereas firearm was the leading cause of death in all other racial/ethnic groups.

SUICIDE

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- The NMDOH Epidemiology and Response Division’s Office of Injury Prevention created a new Suicide Prevention Coordinator position in 2017. The Coordinator is tasked with surveying suicide prevention efforts around the state, promoting evidence-based approaches to suicide prevention, establishing and supporting a statewide Suicide Prevention Coalition and developing a Strategic Plan for Suicide Prevention.
- The NMDOH Office of School and Adolescent Health (OSAH) continues to provide suicide gatekeeper trainings, e.g., Question, Persuade and Refer (QPR), to school personnel and community members and to promote mental health among students by providing training and funding for school-based health clinics locally and statewide. OSAH also provides Natural Helpers trainings to youth at 38 middle and high schools throughout the state, including seven schools with high Native American student enrollment. The Natural Helpers program aims to teach student members positive and effective ways to help and support their friends and peers, take care of their own physical and mental health, and create safe and supportive school and community environments.

Actions and Recommendations

- The Centers for Disease Control and Prevention released a 2017 technical package (see <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>) based on the best available evidence to help states and communities prevent suicide. A companion publication by the Action Alliance for Suicide Prevention (see <https://theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf>) aids in the implementation of comprehensive community-based suicide prevention.

References:

- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-México Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- NMDOH Suicide Prevention Program, <http://nmhealth.org/about/phd/hsb/supp/>
- Suicide Death, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/SuicDeath.Year.NM_US.html
- NMDOH Injury Prevention Program, <http://nmhealth.org/about/erd/ibeb/ipp>
- American Foundation for Suicide Prevention, <https://afsp.org/about-suicide/risk-factors-and-warning-signs/>
- The National Center for Fatality Review and Prevention, <https://www.ncfrp.org/>
- The Centers for Disease Control and Prevention, <https://www.cdc.gov/violenceprevention/pdf/suicidetechnicalpackage.pdf>
- The Action Alliance for Suicide Prevention, <https://theactionalliance.org/sites/default/files/transformingcommunitiespaper.pdf>

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

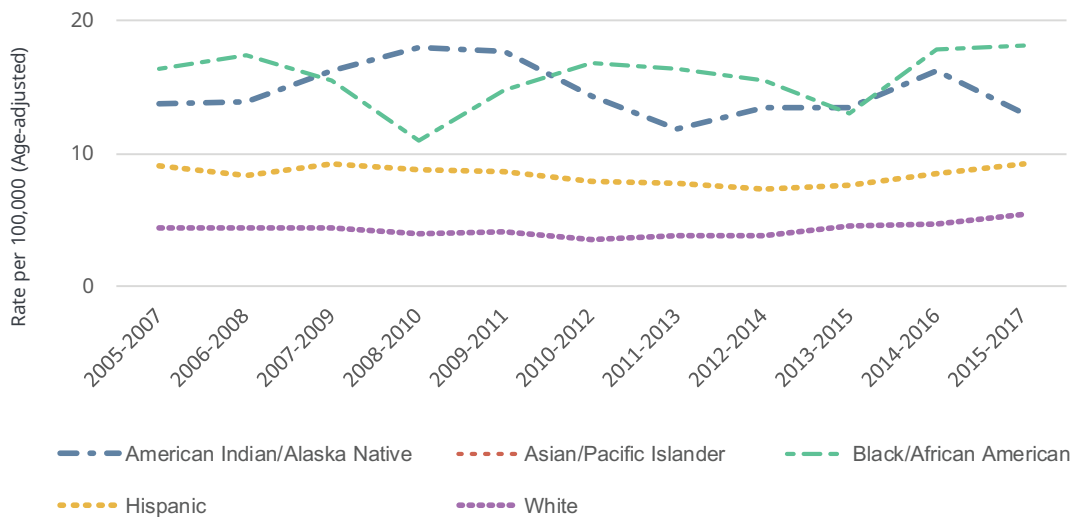
HEALTHY PEOPLE 2020: Reduce homicides (IVP-29)

Homicide, or assault death, caused by injuries purposely inflicted by other persons, is a significant public health problem in New Mexico. Homicides also affect the surviving family, friends, and community. In addition to the medical and funeral costs, the trauma, grief, and bereavement experienced by these individuals have long-lasting impacts that affect many aspects of their lives.

HOMICIDE

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Homicide Deaths per 100,000 Population

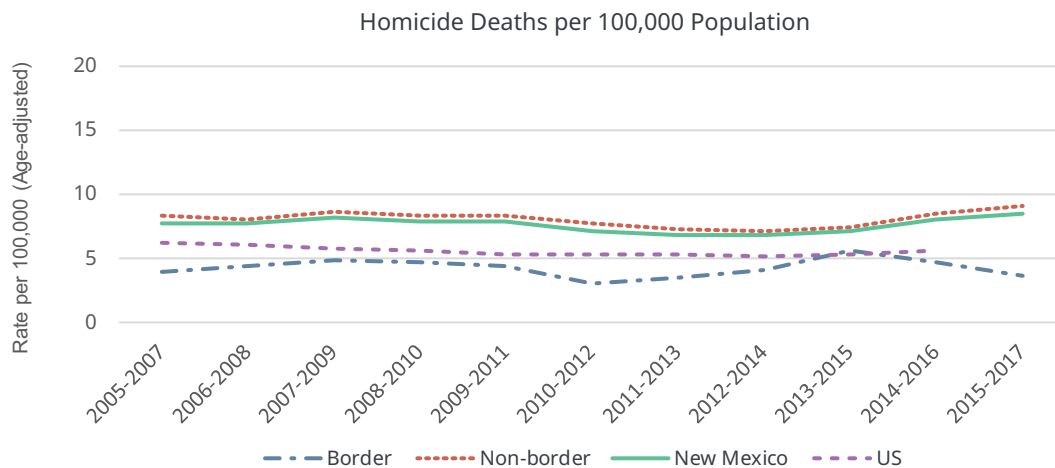


Did you know?

- There were 191 homicides in NM in 2017. Firearms were the most common mechanism of homicide injury followed by cutting, suffocation, and other infrequent mechanisms.
- Homicide victim rates among males were significantly higher than females across all age groups from 15-64 years. The highest homicide victim rate was among males 20-24 years of age.
- In the past six years, female victim homicide rates more than doubled. More than one half of female victim homicides were intimate partner violence-related (i.e. the victim was killed by a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse).
- American Indians and Blacks were victims of homicide at rates several times higher than Whites.
- Annual homicide rates in New Mexico have consistently been higher than U.S. rates, and the age-adjusted homicide rate in New Mexico has increased substantially in recent years.

HOMICIDE

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- The New Mexico Violent Death Reporting System (NM-VDRS) collects comprehensive information about all violent deaths occurring in NM, including homicide. This active, population-based surveillance system links data from multiple sources into one incident record to help understand the “who, what, when, where, and why” about violent death occurrence in NM; and to inform targeted interventions to reduce and prevent violence related injury outcomes in NM.
- NMDOH contracts with eleven community-based sexual violence prevention programs across the state to deliver primary prevention programs that focus on identifying and understanding healthy relationships, rape myth, gender norms, and bystander intervention. Some programs focus specifically on members of communities that experience disparities in violence and homicide victim rates.

Actions and Recommendations

- The Centers for Disease Control and Prevention Division of Violence Prevention has developed multiple technical packages to help states and communities prevent violence based on the best available evidence.
- Societal strategies, such as strengthening economic supports to families and changing social norms, are hypothesized to have the broadest public health impact. For example, low income is linked to children’s development, academic achievement, and health, including exposure to child abuse and neglect. Child abuse and neglect can be reduced by strengthening household financial security and providing family-friendly work policies, which enable parents to provide for their children’s basic needs and reduce parental stress and depression.
- Promoting family environments that support healthy development through early childhood home visitation and perinatal case management programs has been shown to prevent youth violence and other adolescent health risk behaviors. Social-emotional programs for youth and relationship skills programs for adults have been shown to prevent intimate partner violence perpetration and victimization.

References:

- Homicide. New Mexico Department of Health, Indicator-Based Information System for Public Health website: https://ibis.health.state.nm.us/indicator/view/Homicide.Year.NM_US.html.
- New Mexico Death Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on November 12, 2018 from New Mexico Department of Health, Indicator-Based Information System for Public Health
- New Mexico Violent Death Reporting System (NM-VDRS), 2016 data, as of July 21, 2018.
- Preventing child abuse and neglect: A technical package for policy, norm, and programmatic activities. <https://www.cdc.gov/violenceprevention/pdf/can-prevention-technical-package.pdf>.
- A Comprehensive Technical Package for the Prevention of Youth Violence and Associated Risk Behaviors. <https://www.cdc.gov/violenceprevention/pdf/yv-technicalpackage.pdf>.
- Preventing Intimate Partner Violence Across the Lifespan: A Technical Package of Programs, Policies, and Practices. <https://www.cdc.gov/violenceprevention/pdf/ipv-technicalpackages.pdf>.

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

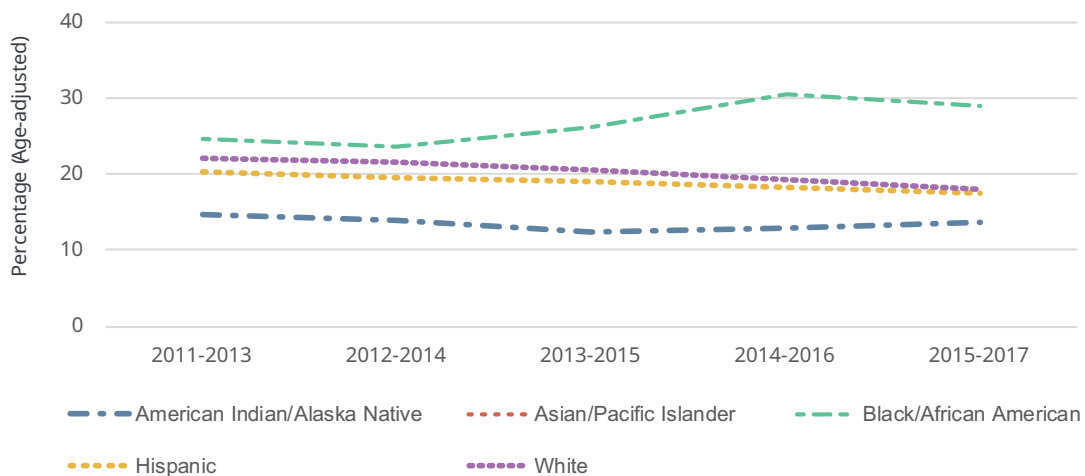
NMDOH STRATEGIC PLAN: Reduce tobacco use

HEALTHY PEOPLE 2020: Reduce tobacco use by adults (TU-1)

Smoking is the leading preventable cause of death in the United States. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers first smoking before age 18. In New Mexico, over 2,800 people die from tobacco use annually and another 84,000 live with tobacco-related diseases. Annual smoking-related medical costs in NM total \$844 million.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Smoking Prevalence in Adults Ages 18 and Older



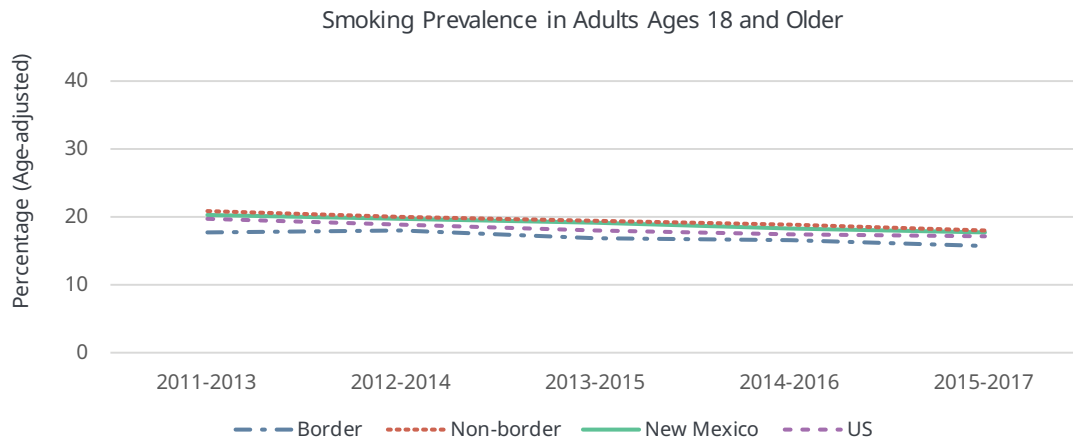
Improvements were made to the BRFSS sampling and weighting procedures to make the data better represent the New Mexico population. Data from the earlier period are not comparable to data from 2011.

Did you know?

- Cigarette smoking among New Mexico adults has declined since 2011 but appears to be leveling off more recently (17.5% in 2017).
- Smoking rates are still high among certain groups, including people with lower levels of education or income, people enrolled in Medicaid, people with a disability, and African Americans.
- Substantial declines in smoking have been seen in some groups since 2011, including lesbian women (39% decline), people who are uninsured (36% decline), 18-29-year olds (34% decline), and gay men (28% decline).
- The landscape of tobacco use and nicotine addiction continues to change due to emerging nicotine products. In New Mexico, about 1 in 4 high school youth use e-cigarettes, while among adults, e-cigarette use is primarily concentrated among 18-29-year-olds (12%) and current cigarette smokers (15%).

SMOKING AMONG ADULTS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

The NM Tobacco Use Prevention and Control (TUPAC) Program (has a five-year action plan for 2015-2020 to do the following work together with its contractors and other statewide partners:

- GOAL 1: Prevent Initiation of Tobacco Use among Youth and Young Adults
- GOAL 2: Eliminate Nonsmokers' Exposure to Secondhand Smoke
- GOAL 3: Promote Quitting Tobacco Among Youth and Young Adults
- GOAL 4: Identify and Eliminate Tobacco-Related Disparities.
- The NM TUPAC Program is working with partners in the border region on smoke-free efforts and promoting the DEJELO YA Spanish-language tobacco cessation services.
- In FY18, TUPAC's Smoke Free Signals program provided educational and technical assistance initiatives in Native American communities to promote protections from secondhand commercial tobacco smoke and nicotine aerosols not currently assured by voluntary or legislative policy. Eight Community Health Leaders awards went to tribal champions in this program.

Actions and Recommendations

- Increase the unit price of tobacco products, which dissuades youth from starting and encourages some adults to quit.
- Restrict minors' access to tobacco products; restrict the time, place, and manner in which tobacco is marketed and sold.
- Ensure all patients seen in the health care system are screened for tobacco use, receive brief interventions to help them quit, and are offered intensive counseling and low-/ no-cost cessation medications.
- Pass comprehensive tobacco control laws and policies to protect the public from secondhand smoke exposure.
- Focus tobacco use prevention and cessation interventions on populations at greatest risk to reduce tobacco-related health disparities.
- Integrate e-cigarette use into existing prevention, cessation, and secondhand smoke initiatives to prevent nicotine addiction among youth and protect the public from exposure to e-cigarette aerosols.

References:

- CDC Best Practices for Comprehensive Tobacco Control Programs – 2014, www.cdc.gov/tobacco/stateandcommunity/best_practices/pdfs/2014/comprehensive.pdf
- Reducing Tobacco Use and Secondhand Smoke Exposure, The Guide to Community Preventive Services, 2010, www.thecommunityguide.org/tobacco/index.html
- Tobacco Use – Adult Smoking Prevalence, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/TobaccoSmokeAdult.Year.NM_US.html
- E-Cigarette Use Among Youth and Young Adults, A Report of the Surgeon General – 2016, https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Exec_Summ_508.pdf

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

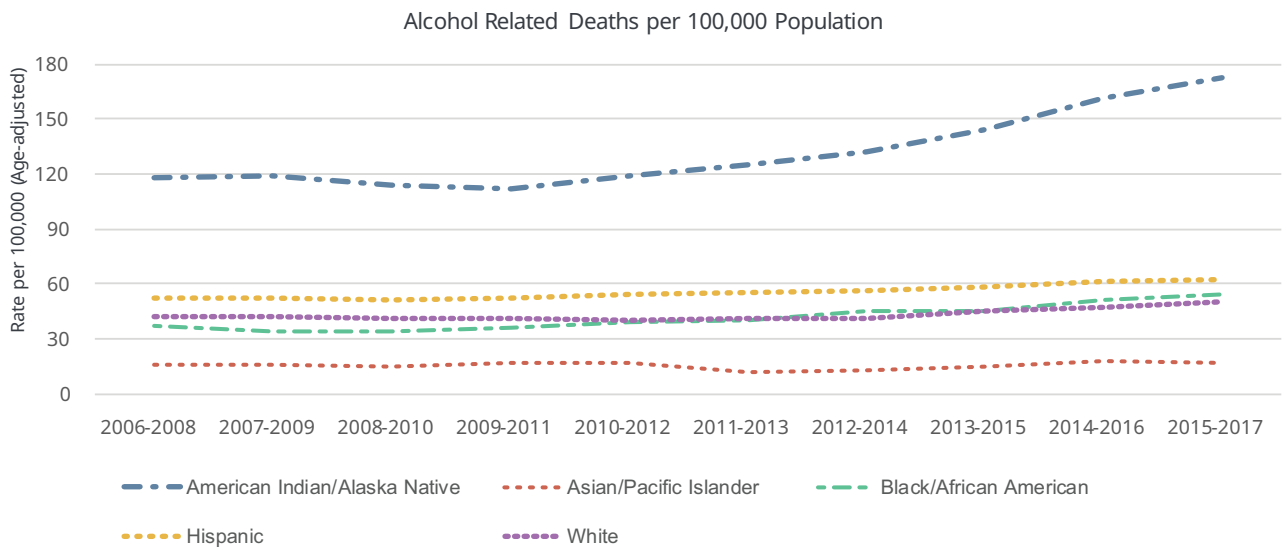
NMDOH STRATEGIC PLAN: Reduce alcohol-related death rate

HEALTHY PEOPLE 2020: Reduce the number of deaths attributable to alcohol (SA-20)

HEALTHY BORDER 2020: Reduce alcohol consumption

The consequences of excessive alcohol use are severe in New Mexico. The negative consequences of excessive alcohol use in New Mexico are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

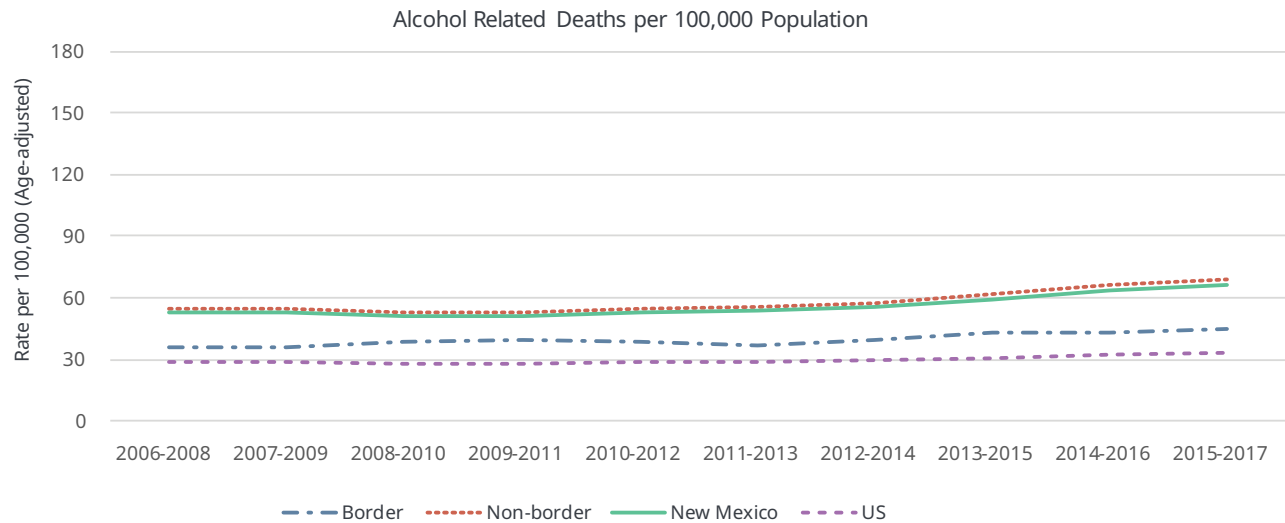


Did you know?

- New Mexico's total alcohol-related death rate is the highest in the nation
- The three leading causes of death among youth ages 15-24 – unintentional injury, suicide, and homicide are all strongly associated with alcohol use.
- 90% of excessive drinkers are not alcohol-dependent.
- In 2013-2017, McKinley and Rio Arriba counties had the highest rates of alcohol-related death, with rates more than twice the state rate and almost 4 times the national rate. Several other counties (Cibola, San Juan, Taos, and San Miguel) had a substantial burden (20 or more alcohol-related deaths per year) and rates more than twice the US rate.
- The border region has lower rates of alcohol-related deaths than the non-border region, although the rates are still higher than the U.S. average.

ALCOHOL-RELATED DEATHS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- NMDOH provides epidemiology support to the Local DWI (Driving While Intoxicated) programs at the Department of Finance and Administration and the Office of Substance Abuse Prevention at the Human Services Department.
- NMDOH also provides research-based materials, resources and evidence-based recommendations to community stakeholders to encourage use of alcohol screening, brief intervention, and regulation of alcohol outlet density.

Actions and Recommendations

- Reducing alcohol outlet density, or the number and concentration of alcohol retailers (such as bars, restaurants, liquor stores) in an area, is one recommended strategy. Limits on days and hours of sale can also reduce alcohol-related morbidity and mortality.
- Uphold laws around commercial host liability (“dram shop liability”) that hold alcohol retail establishments liable for injuries or harms caused by illegal service to intoxicated or underage customers.
- Conduct Alcohol Screening and Brief Intervention (A-SBI). This involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.
- Enforce laws prohibiting the sale of alcohol to minors.

References:

- Alcohol-Related Deaths, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.Year.NM_US.html
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- Prevalence of Alcohol Dependence Among U.S. Adult Drinkers, 2009-2011, Marissa B. Esser, et al., Preventing Chronic Disease 2014, 11:140329, http://www.cdc.gov/pcd/issues/2014/14_0329.htm

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

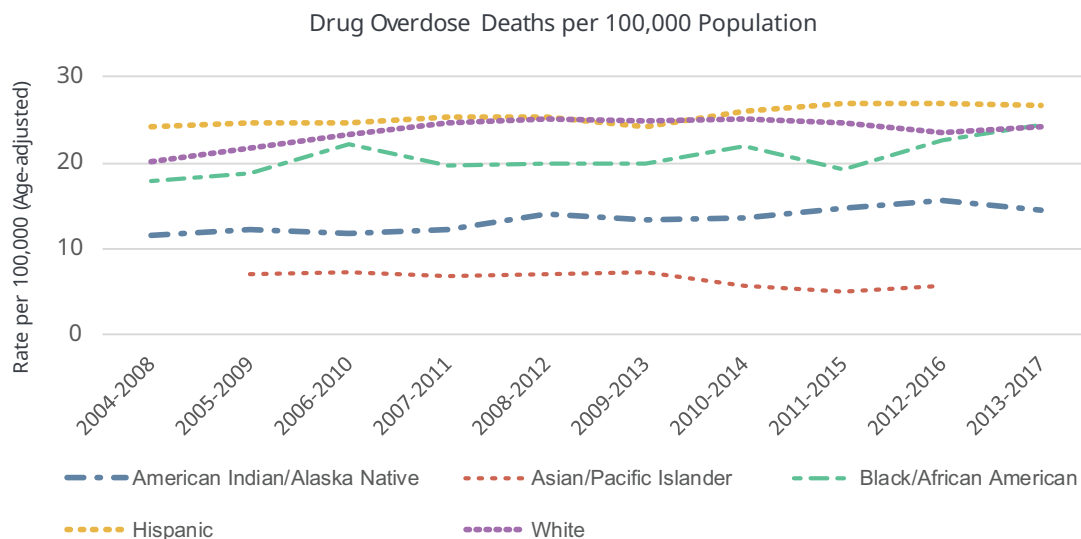
NMDOH STRATEGIC PLAN: Prevent drug overdose deaths

HEALTHY PEOPLE 2020: Adolescents using alcohol or any illicit drugs during the past 30 days (SA-13.1)

HEALTHY BORDER 2020: Reduce the prevalence of first-time illegal drug use in the 12-17 year old population by 10%; Reduce illicit drug use

New Mexico's drug overdose death rate has been one of the highest in the nation for most of the last two decades. While deaths due to illicit drugs have remained steady during the past decade, deaths due to prescription drugs (particularly opioid pain relievers) increased until 2008, when they levelled off. In addition to the high death rates, drug abuse is one of the costliest health problems in the U.S.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

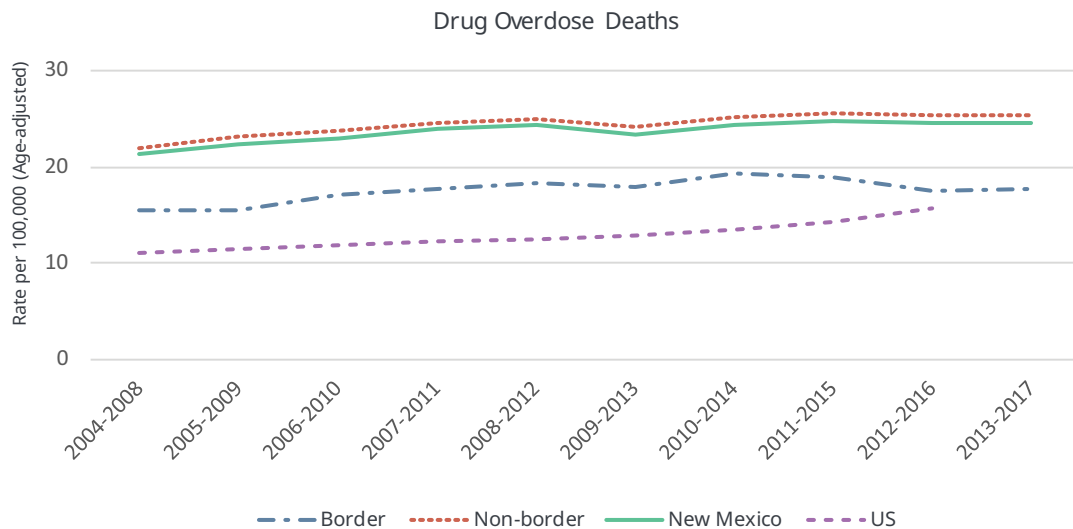


Did you know?

- During 2013-2017:
 - 38% of drug overdose deaths were caused by prescription drugs, while 40% were caused by illicit drugs, and 22% involved both drug types.
 - Hispanic men had the highest total drug overdose death rate, particularly ages 25-54. The rates of total drug overdose death and unintentional drug overdose death among men were roughly twice those of women.
 - Among women, drug overdose death from prescription drugs was more common than from illicit drugs across the age range, especially ages 45+.
 - Illicit drugs were the predominant drug type causing death among males across the age range, and the rates were highest among males aged 25-54 years.
 - For all ages combined, Whites and Hispanics have the most deaths due to drug overdose.
 - The highest drug overdose death rate occurred in Rio Arriba County, while the highest number of deaths occurred in Bernalillo County.
- The border region has a lower drug overdose death rate than the non-border region.

DRUG OVERDOSE DEATHS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES



Program Highlights

- Recent laws were enacted to allow pharmacists, law enforcement officers, laypersons, and others to dispense or distribute naloxone. In 2018, 75% of NM pharmacies dispensed naloxone, filling 5,855 doses of naloxone paid for by Medicaid. Law enforcement agencies reported the use of 103 naloxone doses in 2017, with 14 successful reversals. Schools in NM can also obtain and maintain naloxone.
- The Hepatitis and Harm Reduction Program provides harm reduction prevention education; referrals; syringe services; and overdose prevention services, including naloxone training and distribution.
- NMDOH and the Board of Pharmacy are educating medical providers to reduce high-risk prescribing of opioids, and are working to integrate the Prescription Monitoring Program (PMP) into electronic health records to increase ease of use for medical providers.
- NMDOH is partnering with select emergency departments which are reporting non-fatal overdoses to the NMDOH. Naloxone distribution from emergency departments to individuals who have experienced a non-fatal overdose is currently underway.

Actions and Recommendations

- Extending the 911 Good Samaritan law to include protections for people on probation or parole.
- Promotion of available, accessible, and affordable mental health and substance use disorder treatment including medication assisted treatment (MAT).
- Promotion of the improvement in prescribing practices including academic detailing to train and retrain medical providers on best practices for treating chronic non-cancer pain.
- Continued support for expanded access to naloxone.
- Various forms of medication assisted treatment should be available for incarcerated individuals, who should later be referred to appropriate MAT providers upon release.
- Hospital emergency department staff education about people who use drugs should be strengthened and improved to reduce stigma and encourage more individuals to access 911 emergency services.
- Screening for fentanyl and fentanyl analogues should be routine in toxicology testing

References:

- Drug Overdose Deaths, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/DrugOverdoseDth.Year.NM_US.html
- Healthy Border 2020: A Prevention & Health Promotion Initiative, the U.S.-Mexico Border Health Commission, <https://nmhealth.org/publication/view/report/2906/>
- NMDOH Injury Prevention Program, <http://nmhealth.org/about/erd/ibeb/ipp>
- Senate Bill 262 (2016) or House Bill 277 (2016) – Administration of Opioid Antagonists, <https://www.nmlegis.gov/Sessions/16%20Regular/final/SB0262.pdf>
<https://www.nmlegis.gov/Sessions/16%20Regular/final/HB0277.pdf>

OTHER IMPORTANT HEALTH INDICATORS

There are a vast number of significant health indicators that directly impact New Mexican residents, families and communities. These indicators are important, but because NMDOH may not have sufficient reliable data to fully describe health disparities related to them, we have grouped them for presentation here. In the following pages, we highlight several of these indicators including:

- There is growing evidence to demonstrate how the health of the teeth, mouth, and the surrounding craniofacial (skull and face) structures significantly contributes to a person's overall health.
- Youth feeling sad or hopeless and adult mental distress are featured because they were voiced concerns from colleagues in other DOH programs.

Information regarding these indicators can be found on NM-IBIS under the alphabetical listing of Health Indicator Reports, searching for the titles:

- Oral Health – Annual Dental Visits Among Adults
- Mental Health – Youth Feeling Sad/Hopeless
- Mental Health – Adult Self-reported Frequent Mental Distress

ADULT DENTAL VISITS IN THE PAST 12 MONTHS

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

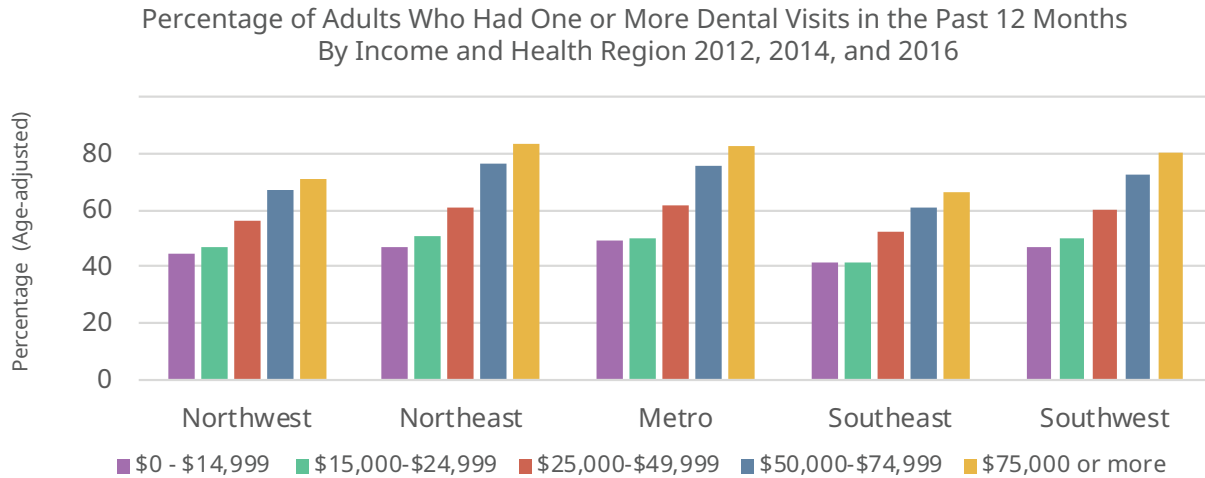
HEALTHY PEOPLE 2020:

Reduce the proportion of adults with untreated dental decay (OH-3); Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year (OH-7); Increase the proportion of the U.S. population served by community water systems with optimally fluoridated water (OH13)

Fast Facts

- Tooth decay (cavities) is one of the most common chronic disease among children in the United States. Untreated tooth decay can cause pain and infections that may lead to problems with eating, speaking, playing, and learning.
- Hispanics, American Indians, and African Americans experience more oral health disease than Whites.
- Barriers that limit access to preventive interventions and treatment services are: limited access to and availability of dental services, education level, lack of awareness of the need for care, cost, distance, poor nutrition, race, ethnicity and lack of Medicaid dental providers.
- Good self-care such as brushing with fluoride tooth paste, daily flossing, and professional treatment is key to good oral health.
- Behaviors that lead to poor oral health include: tobacco use, excessive alcohol use, and poor diet.
- Approximately 5 to 10 percent of U.S. adults are considered to experience dental phobia; that is, they are so fearful of receiving dental treatment that they avoid dental care at all costs.
- The New Mexico Department of Health Office of Oral Health (OOH) allocates over \$1 million to provide preventive and treatment services to uninsured and low-income New Mexico residents. New Mexico is one of the few states to support these vendor services using state general funds
- New Mexico is one of the few states with a Medicaid Adult Dental Benefit.
- Community water fluoridation is the most effective way to deliver benefits of fluoride to a community. Studies have shown that it prevents tooth decay by up to 18% to 40%.
- The 2015 NM Youth Risk and Resiliency Survey report that 73.5% of participating high school students reported seeing a dentist in the past 12 months.
- Dental sealants and community water fluoridation programs are two evidence-based interventions to prevent tooth decay.

PERCENTAGE OF ADULTS WHO HAD ONE OR MORE DENTAL VISITS IN THE PAST 12 MONTHS BY INCOME AND HEALTH REGION 2012, 2014, AND 2016



Program Highlights

- OOH contracts with dental providers throughout the state to provide preventive and treatment services to low income and uninsured New Mexicans.
- OOH staff conduct a school based dental sealant program serving over 145 schools participating in the School Lunch Program. The program consists of providing oral health education, dental screening, application of the dental sealant, and notifying the parent or guardian of the oral health status of the child.
- Low income and non-insured children participating in Head Start, WIC, Families First, and Cleft Palate programs receive oral health education, dental screenings, and fluoride varnish applications.
- OOH provides a dental case management program to eligible low income and non-insured participating children participating in the program. OOH employs a dental case manager to improve access to oral health care for both children and adults who lack a dental home.
- In FY 18, 14,906 individuals participated in the OOH program.
- OOH Preventive School Services Program has been designated as a “Best Practice” by the Association of State and Territorial Dental Directors.
- OOH and partners have successfully maintained community water fluoridation in the cities of Santa Fe and Albuquerque.
- OOH has promoted oral health in NM by partnering with the NM UNM Lobo’s, KOAT TV, Delta Dental, DentaQuest OH 2020 campaign and the New Mexico Oral Health Coalition.
- OOH has partnered with the NM TUPAC program in developing a tobacco cessation program for dental providers. <http://nmtupac.com/online-training-modules/>

Reference:

- NMDOH Office of Oral Health: <https://nmhealth.org/about/phd/hsb/ooh/>

YOUTH FEELING SAD, HOPELESS

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020:	Reduce the proportion of adolescents who experience major depressive episodes (MHMD-4.1)
HEALTHY BORDER 2020:	Maintain or reduce the prevalence of depression

Fast Facts

- Feelings of sadness or hopelessness are a risk factor for depression. Youth who report feelings of sadness or hopelessness are more likely than other students to report suicide attempts and engage in risky behaviors such as binge drinking and illicit drug use.
- In 2017, more than one-third of NM youth (35.8%) reported experiencing feelings of sadness or hopelessness almost every day for at least two weeks over the past 12 months such that they stopped doing some of their usual activities, reflecting a significant upward trend in the state since 2011.
- The prevalence of sadness or hopelessness among NM youth in 2017 was also significantly higher than that of United States youth (31.5%) which has shown a similar upward trend since 2009. The prevalence in 2017 was the highest reported over the past 16 years in both New Mexico and the U.S.
- Girls consistently report higher rates of sadness or hopelessness than boys. In 2017, the prevalence of such feelings for girls was 45.1% compared to 26.6% for boys. The prevalence of feelings of sadness and hopelessness has increased for both NM girls and boys since 2011 though this increase has been greater for boys.
- Students who identified as lesbian or gay (53.1%) or bisexual (66.8%) were significantly more likely to report feelings of sadness or hopelessness compared to students who identified as straight (39.1%).

Program Highlights

- The NMDOH Epidemiology and Response Division's Survey section conducts ongoing surveillance for indicators of mental health among middle and high school students in every county of New Mexico.
- The NMDOH Office of School and Adolescent Health (OSAH) provides training and funding for school-based health clinics which deliver both primary and behavioral health services to students as well as suicide prevention training to school personnel and community members.
- OSAH also provides funding for Natural Helpers programs (peer-to-peer mentoring groups) in elementary, middle and high schools and promotes three crisis lines throughout the state, including New Mexico Crisis and Access Line (NMCAL), Agora, located at the University of New Mexico (UNM) campus in Albuquerque, and the National Suicide Prevention Lifeline.

ADULT MENTAL DISTRESS

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020: Reduce the proportion of adults who experience major depressive episodes (MHMD-4.2)

HEALTHY BORDER 2020: Maintain or reduce the prevalence of depression

Fast Facts

- Mental distress is defined as an adult reporting that their mental health was “not good” on six or more of the past 30 days. Mental distress can be used as a valid and reliable indicator of generalized mental distress with strong associations to both diagnosable depressive symptomology and serious mental illness.
- In 2017, the NM prevalence of mental distress was 20.2%, reflecting a significant upward trend since 2015.
- The prevalence of mental distress continued to be highest among those 18-24 years (25.0%), declining significantly after age 64.
- Among those 35-44 years of age, females reported significantly more mental distress (30.3%) than males (14.3%).
- Among those 65+ years of age, American Indians reported a prevalence of mental distress (19.8%) that was nearly twice that of Whites (10.0%).
- Adults who identify as lesbian or gay were more likely to experience mental distress (30.5%) compared to those who identify as heterosexual (19.4%); Adults who identify as bisexual were more than twice as likely – a statistically significant difference – to report mental distress (41.0%) compared to adults who identify as heterosexual.
- Respondents who were divorced (23.4%), separated (26.3%) or never married (26.7%) were significantly more likely to experience mental distress compared to those who were married (15.9%).
- The prevalence of mental distress was highest among those with the lowest household incomes (33.8% for those with incomes under \$15,000 compared to 13.1% for those with incomes of \$75,000 or more).
- As in previous years, those who were unable to work reported the highest prevalence of mental distress (48.2%) followed by those who were out of work for less than one year (30.9%) or out of work for one year or more (28.5%).
- In contrast to previous years, there was not a significant difference in the prevalence of mental distress based on respondents’ educational attainment.

Program Highlights

- The NMDOH Epidemiology and Response Division’s Survey section conducts ongoing surveillance for indicators of mental health among adults in every county of New Mexico.
- The Behavioral Health Services Division of the New Mexico Human Services Department works to promote and implement effective clinical and professional practices for assessing and treating at-risk individuals.

RACE AND ETHNICITY

NMDOH collects race and ethnicity data according to the U.S. Department of Health and Human Services Office of Management and Budget (OMB) standards. These standards provide five categories for data collection regarding race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. Given the composition of New Mexico's population, this report combines Native Hawaiian or Other Pacific Islander with Asian. This modification of the OMB standards minimizes the impact of small numbers on the stability of published estimates. The OMB standards also provide two categories for ethnicity (independent of race): Hispanic or Latino, and Not Hispanic or Latino. In this report, race and ethnicity groups were calculated according to NMDOH guidelines. These guidelines combine race and ethnicity into a single construct for data presentation. Persons of Hispanic or Latino ethnicity were classified as Hispanic without consideration of reported race. Persons not of Hispanic or Latino ethnicity were classified according to race. OHE recognizes that categories in this classification are social-political constructs and does not interpret them as being biologic or anthropologic in nature; rather, the categories provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity.

NEW MEXICO HEALTH REGIONS

NMDOH groups New Mexico counties into five health regions for presenting data. The Northwest Region is comprised of Cibola, McKinley, and San Juan counties. The Northeast Region is comprised of Colfax, Guadalupe, Harding, Mora, Los Alamos, Rio Arriba, San Miguel, Santa Fe, Taos, and Union counties. Bernalillo, Sandoval, Torrance, and Valencia counties have been designated as the Metropolitan Region. The Southeast Region is comprised of Chaves, Curry, De Baca, Eddy, Lea, Lincoln, Quay, and Roosevelt counties. Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro counties comprise the Southwest Region.

RATES

Rates per 100,000 population were generally calculated using population denominators provided by the Geospatial and Population Studies (GPS), located at the University of New Mexico. Rates were calculated by dividing the total number of events of interest (e.g., drug-overdose deaths) during the time period of interest (e.g., a calendar year) by the population for that time period, and multiplying by 100,000. For certain rates calculated for the United States, population denominators were provided by the U.S. Census. Age-adjusted rates were calculated for some of the indicators in this report. An age-adjusted rate controls for the effects of age differences on health event rates. When comparing rates for different geographic areas, age-adjustment is used to control the influence that different population age distributions may have on health event rates. For more information, see <https://ibis.health.state.nm.us/resource/AARate.html>.

BRFSS

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. The BRFSS annually completes more than 400,000 adult interviews, making it the largest continuously conducted health survey system in the world. Improvements were made to the BRFSS in 2011 to better represent the New Mexico population. Data from the earlier time period are not comparable to data from 2011-forward.

YRRS

The Youth Risk and Resiliency Survey (YRRS) is a survey tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national CDC Youth Risk Behavior Surveillance System (YRBSS), but the survey results have widespread benefits for New Mexico at the state, county, and school district levels.

Topic areas for the YRRS include risk behaviors related to alcohol and drug use, unintentional injury, violence, suicidal ideation and attempts, tobacco use, sexual activity, physical activity, and nutrition; resiliency (protective) factors such as relationships in the family, school, community, and with peers; and health status issues such as body weight and asthma.

The YRRS is offered to a selection of high schools and middle schools in each school district in the fall of odd-numbered years. All data are self-reported by students who voluntarily complete the survey during one class period.

INFECTIOUS DISEASE DATA

Infectious disease data are collected through the New Mexico Electronic Disease Surveillance System. This system relies on reported diagnoses from health care providers and laboratories. Providers and laboratories are required to report certain infectious disease information to NMDOH pursuant to the New Mexico Administrative Code Title 7, Chapter 4, Part 3.

VITAL RECORDS DATA

Birth and death data used in this report are certified reports of births and deaths. New Mexico vital records data are maintained by NMDOH, Bureau of Vital Records and Health Statistics. U.S. vital records data were obtained from the Centers for Disease Control and Prevention, National Center for Health Statistics.

STATISTICAL STABILITY

Data calculations and statistical estimates that are based on a small number of events or a small number of survey participants are generally considered to be unreliable. In order to increase the number of events used to calculate the estimates in this report, data were sometimes combined over multiple years. Estimates are not presented whenever the number of events was fewer than 10, or when the number of survey participants was fewer than 50.

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