State of New Mexico 2008 Comprehensive Strategic Health Plan

New Mexico Health Policy Commission

NEW MEXICO DEPARTMENT OF HEALTH

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FOREWORD BY GOVERNOR BILL RICHARDSON

The New Mexico Comprehensive Strategic Health Plan is a true example of a state-community partnership, both in its development and in its call to all New Mexicans to play a key role. My administration has made many of the health care issues in this plan and the health of all New Mexicans our top priorities. We have made significant progress. We will build on our great gains and continue to work toward a healthier New Mexico. Recently, we have reinvigorated our efforts to achieve universal health coverage, continued with the transformation of behavioral health, addressed workforce issues and recommitted to focusing our efforts on immunizations and other preventive public health measures.

However, health care is not the sole responsibility of state government. It is the responsibility of every New Mexican. This comprehensive plan demonstrates that there is something that we all can do to improve the health of New Mexico.

The strategies within this plan focus attention on important health issues facing New Mexico. By highlighting these health issues and strategies we are providing a guide for state agencies, health care policy makers, professionals and private citizens that will support action to improve our health status. Because it is a four year plan, we have included goals that can be reached within that time frame.

To develop this plan, eight public meetings were held around the state to gather public input. This valuable input was vital in drafting strategies that reflect the needs of local communities and are responsive to the people of New Mexico. Thank you to everyone who provided input to this plan.

With this plan comes an opportunity for all New Mexicans to move health care forward at all levels. I ask all New Mexicans to work with us to achieve the goals in this plan and help build a healthier New Mexico.

INTRODUCTION

Alfredo Vigil, MD
Cabinet Secretary
New Mexico
Department of Health

We are pleased to present the *2008 Comprehensive Strategic Health Plan*. In 2004, the New Mexico State Legislature determined that the Department of Health and the Health Policy Commission "shall develop a comprehensive strategic plan for health that emphasizes prevention, personal responsibility, access and quality." This plan responds to this mandate. Working together, the Department of Health and the Health Policy Commission convened five regional and three Native American meetings to gather input from health professionals, tribal members and others. Additionally, input was gathered through a dedicated website.

Liz Stefanics, PhD
Agency Director
New Mexico
Health Policy Commission

The *2008 Comprehensive Strategic Health Plan* contains 11 chapters, including a new chapter entitled, Environmental Health. Within each of these chapters, the Plan aligns strategies to specific entities responsible for each of the activities proposed. These include:

- State Government
- Tribal Governments
- Local Governments/Communities
- Educational Systems
- Health Care Providers/Organizations
- Businesses/Worksites
- Families/Individuals

This document is a tool for all entities that strive to improve and positively impact the health of New Mexicans. The Plan demonstrates the need for communities, organizations, state and tribal agencies, and individuals to work together to more holistically address the conditions and services that positively (or negatively) impact health outcomes.

Many factors contribute to and affect the health status of individuals in New Mexico. Specifically, the social conditions in which a person is born, lives, and works, profoundly affect the well-being and longevity of the individual. These factors include the environment, an individual's genetic predisposition, individual conditions and behaviors, socioeconomic status, language and language barriers, education, locations and access to transportation, ethnicity and gender, and access to health care. All of these factors contribute to an individual's health and must be considered as contributing to the larger context in which individuals are provided and make choices related to their health.

In New Mexico, unfortunately, we see significant health disparities between different populations. In an effort to recognize, highlight and positively impact these differences, health disparities are a component of every chapter in this plan. The health disparities that exist between different New Mexican populations and people can no longer be ignored. In the 2006 publication by the National Association of County and City Health Officials, *Tackling Health Inequalities Through Public Health Practice: A Handbook for Action,* it states that "the history of public health is not limited to the study of bureaucratic structures and institutions, but pervades every aspect of social and cultural life. Progress toward the elimination of health inequalities will therefore require an expanded and expansive view of the scope of public health practice." It is essential that we enable the needed relationship and collaborative efforts between individuals, local communities, organizations, and state and tribal agencies that will facilitate improved health outcomes for the citizens of New Mexico. This Plan offers some key strategies to get us there and identifies some of the partners who can assist in realizing a healthier New Mexico.

Chapter One: Health Inequities

Background:

Health inequalities refers to: “gaps in the quality of health and health care across racial, ethnic, and socioeconomic groups.”[1] Health inequalities are defined as "differences in the incidence, prevalence, mortality and burden of disease and other adverse health conditions between specific population groups."[2] This includes groups identified by gender, race or ethnicity, education, income, disability, geographic location, sexual orientation, and residence status. Certain subpopulations of the groups identified are disproportionately affected and are less likely to have access to regular medical care and to have health insurance, more likely to have received inappropriate or insufficient care, and more likely to have worse health outcomes.[3]

Among minority groups, Hispanics are the least likely to have health insurance (32.7% uninsured), followed by American Indians and Alaska Natives (22.7% uninsured) based on a 2-year average (2002-2003).[4] This compares to 19.6% of Blacks, 18.8% of Asians and Pacific Islanders, and 11.1% of white non-Hispanics lacking health insurance. Immigrants, primarily of Mexican heritage, are much less likely to have health insurance and to seek preventive health care services.

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Goal 1: Decrease Health Inequities.

State Government Should:

- Improve data collection methodologies (including indicators of social determinants of health) and dissemination by county, city/community, tribal affiliation and in the U.S.-Mexico Border Region to facilitate policy development and community planning related to health inequities.
- Develop statewide standardized guidelines for electronic medical records that will monitor health inequities and social determinants of health.
- Develop statewide guidelines for medical interpreters and provide additional training on cultural competency to health-related agencies.
- Expand the Nurse-Advice line throughout the state, and promote its use among subpopulations and geographic areas with high rates of health inequities, using culturally and linguistically appropriate staff.
- Consider establishing an Office of Community Health Workers (CHW) and a CHW certification and training process as a basis for formalizing, expanding and sustaining the CHW model.
- Facilitate the development of provider guidelines that outline different tribal customs related to health care through the guidance of the American Indian Health Advisory Committee (AIHAC).

Tribal Governments Should:

- Promote policies that increase access to health care at the county, state, and federal levels, including a call to fully fund the Indian Health Service.
- Continue to work with the AIHAC on recommendations relating to health inequities in urban and tribal communities.
- Participate in the development of data sharing agreements between local, tribal epidemiological centers, state and federal entities to ensure the availability of comprehensive data for decision-making.

Health Inequities

Local Governments/Communities Should:

- Utilize existing data sources such as the New Mexico's Indicator-Based Information System (IBIS) to address health inequities.
- Target funds and services to populations at highest risk for specified health conditions.
- Work to ensure appropriate case management and/or care coordination models are utilized to target at-risk minority populations, including immigrants, in individual communities.
- Increase awareness of health inequities and their impact on health.

Educational Systems Should:

- Develop culturally competent curricula in all health care professional education and training programs.
- Recruit students from subpopulation groups that have traditionally experienced health inequities.
- Incorporate cultural competency awareness in publically funded school settings.
- Develop a medical interpreter degree track (not only including Sign Language, but Spanish and Navajo) in institutions of higher education.

Health Care Providers/Organizations Should:

- Recruit providers that reflect the demographics of the service population.
- Increase the use of community health workers (Promotoras, Community Health Workers, Doulas), peer specialists, and practitioners/programs designed specifically for individuals with limited English proficiency.
- Explore and implement the inclusion of traditional healers and culturally specific healing practices.
- Assure that staff receive cultural competency training.
- Follow the mandated federal Culturally and Linguistically Appropriate Services (CLAS) Standards.

Background (continued):

Research has shown for years that minorities face greater risk of complications from heart disease, diabetes, and other common afflictions.

Treatable risk factors such as hypertension, low physical activity, tobacco use, infrequent access to care, and obesity are more prevalent among African Americans, American Indians, and Alaska Natives, Hispanics, and Native Hawaiians and Pacific Islanders than among white Americans.[5]

This chapter highlights strategies to further the progress that has been attained and reduce health inequalities by addressing these inequalities and targeting the gaps in health care at all levels.

Performance Measure

Percent of Indicators in New Mexico's Health Disparities Report Card That Show a Decrease in the Disparity Ratio.[6]

Year	Result
* 2006-2007	47%

* The 2006 Report Card contains 2003-2005 data, the 2007 Report Card contains 2004-2006 data.

In comparing the 2006 and 2007 Report Card, of the 19 indicators, 8 show improvement.

Health Inequities

Accomplishments:

- ✓ Published the 2006 and 2007 New Mexico Health Disparities Report Cards.
- ✓ In FY08, 96 direct service staff and contactors were trained in Spanish and Navajo medical interpretation.
- ✓ In FY08, the Department of Health translated 261 publications into Spanish.
- ✓ In 2008, the Governor signed legislation that continued the work of the task force that will develop guidelines that address cultural competence in professional health care education.
- ✓ In 2008, the Governor and Health Secretary signed a framework health agreement with their counterparts in the State of Chihuahua, Mexico to facilitate improved health care of residents and immigrants in our shared border region.

Businesses/Worksites Should:

- Provide healthy lifestyles messages using culturally appropriate approaches to employees and provide incentives to employees for reducing high risk behaviors.
- Participate in community events that target at-risk populations.

Families/Individuals Should:

- Work with local, state and health agencies to provide input and feedback on patient materials in order to increase communication between providers and consumers.
- Establish a relationship with a primary care provider to ensure consistent preventive and clinical care.
- Engage in wellness and prevention activities.

Chapter Two: Workforce Issues

Goal 1: Increase the Health Professional Workforce Through Improved Recruitment and Retention Strategies.

State Government Should:

- Continue to standardize and streamline health professional licensing processes in New Mexico, including reciprocity where appropriate.
- Consider strategies to improve health care provider compensation rates in New Mexico to remain competitive with rising compensation rates in surrounding states.
- Expand health professional education and training programs in the state's universities and colleges to produce an increased "home grown," in-state health workforce.
- Continue to develop incentives to recruit and retain health professionals in all areas of the state.
- Develop real time data systems to track the vacancy status of health professionals and create data sharing agreements between the tribes, Indian Health Service, and the Veteran's Administration to produce a more complete assessment for use in workforce planning.
- Expand programming available through telehealth networks to increase access to health services in rural areas of the state and support the use of electronic medical records.

Tribal Governments Should:

- Increase strategies to recruit tribal members and encourage them to return to their home communities after completing their health professional education programs.
- Create support networks for Native Americans seeking higher education in a health profession (i.e., tutoring in math and science and pre-courses for professional licensing exams).
- Expand opportunities for youth to learn about careers in the health field (i.e., collaborate with Indian Health Service or tribally managed health care providers to develop summer or vocational internships, mentorship programs, and career fairs).

Background:

New Mexico is facing a critical shortage of health care professionals. At the same time, the need for expanded access to health care is growing. There is an inadequate supply and distribution of health care providers which exacerbates inequities in health status among New Mexico's diverse populations. Although there are nominal increases in the number of health care providers over the last several years, the state population continues to increase and thus there remains a shortage of health care providers. According to the New Mexico Department of Health, all of New Mexico's counties except Los Alamos have at least one type of designation as a Health Professional Shortage Area (HPSA). This designation indicates that there are shortages of all levels and specialties of health care providers including but not limited to physicians, nurses, behavioral health professionals, dentists, physician assistants, nurse practitioners, dental hygienists and pharmacists.

In New Mexico, 60% of the 1.8 million residents live in rural counties and only 40% of the health workforce practices in those areas. According to a 2007 New Mexico Health Policy Commission (HPC) report, there were 3,858 physicians providing patient care services within the boundaries of New Mexico;

Continued...

Chapter Two: Workforce Issues

Background (continued):

More than half of the active practicing physicians in New Mexico (1,941 of 3,858) are located in Bernalillo County. There were a total of 18,890 licensed nurses claiming residence in New Mexico in fiscal year FY07 compared to 18,428 in FY06.

This chapter highlights strategies to further the progress that has been attained and improve the goal of increasing the number of health professionals practicing in New Mexico.

Local Governments/Communities Should:

- Develop countywide health profiles and needs assessments to identify requirements to support local and statewide health professional recruitment and retention initiatives.
- Identify strategies to support the development of the local technology infrastructure to improve the delivery of health services and increase opportunities for the use of telehealth by health care professionals.
- Consider local tax incentives to community businesses, organizations and health care providers who collaborate to recruit health providers to the community.
- Support family-focused incentives, such as good and affordable housing, to highlight the community's investment in, and appreciation of, quality health care providers.

Educational Systems Should:

- Implement admissions policies in health professional education and training programs that improve the recruitment of students who will remain in New Mexico.
- Support additional pilot projects at academic centers to assist students and health care providers with telehealth and telemedicine support.
- Enhance programs that collaborate with state health professional associations and recruiting agencies to assist graduating students in finding health career opportunities in local communities.
- Provide technical assistance to New Mexico's underserved communities with health professional recruitment and retention strategies.

Health Care Providers/Organizations Should:

- Collaborate with other organizations and health care providers to pool resources to help improve recruitment and retention of health providers in the community.
- Continue incentive programs to attract all health care professionals.
- Develop strategies to recruit and employ the services of retired licensed health care professionals in the local health care delivery system.

Businesses/Worksites Should:

- Sponsor community health workforce events and mentoring programs to create stronger linkages between students and health professions.

Businesses/Worksites Should (continued):

- Provide discounts to health professionals in chain-retail stores similar to senior citizens' discounts.
- Collaborate with local Chambers of Commerce and civic organizations to engage local businesses in providing business management solutions for local health care providers.
- Identify local community and business resources to fund health professional scholarships for local students.

Families/Individuals Should:

- Provide support and mentoring for students to assist in their educational development toward becoming health care professionals.
- Encourage family and community members to pursue health careers.

Goal 2: Strengthen New Mexico's Health Professional Education System Including Capacity, Infrastructure, Quality and Appropriateness.

State Government Should:

- Leverage state funding with available federal and foundation grant funding to provide additional incentives for faculty recruitment and retention in health professional education programs within the state.
- Create additional career path initiatives through collaborative efforts among the Public Education Department, Higher Education Department, school boards and boards of regents to address current and future health workforce needs.
- Provide incentives to educational systems to bring health professional education programs to rural areas of the state.

Tribal Governments Should:

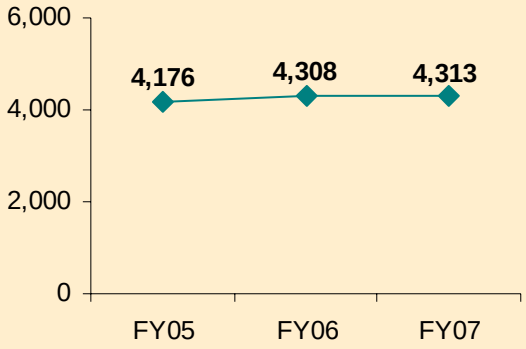
- Develop working relationships with institutions of higher education to increase the number of Native Americans admitted to health care professions and encourage more culturally appropriate education of health professionals.

Local Governments/Communities Should:

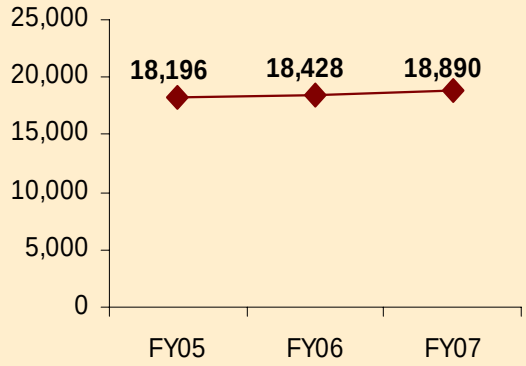
- Provide financial and other forms of community-based support to local health care organizations that are willing to host health professional residency and training programs.

Performance Measures

Number of Licensed Physicians with New Mexico Addresses[7]



Number of Licensed Nurses with New Mexico Addresses[8]



Workforce Issues

Accomplishments:

- ✓ In 2006, the University of New Mexico's School of Medicine and the College of Arts and Sciences developed a combined BA/MD degree program, that will increase the medical school class from 75 students to 100 in the fall of 2010. This program expands opportunities in medical education for New Mexico students, especially those from rural and underserved minority communities, and prepares them to practice in underserved areas of New Mexico.
- ✓ In 2007, the Governor signed into law a bill that allowed certain health care professionals to be eligible for a $3,000 - $5,000 tax credit if their practice site is located in an approved rural health care underserved area during a taxable year.
- ✓ In 2008, the Governor signed into law a bill that gave the New Mexico Medical Board the authority to waive licensure fees for the purpose of medical doctor recruitment and retention.
- ✓ In 2008, additional state funding was allocated for health professional loan repayments and for the medical student loan for service fund.

Local Governments/Communities Should (continued):

- Identify students within local schools that are good candidates for careers in the health care professions and facilitate their academic progress to meet requirements for entry into higher education health professional education programs.

Educational Systems Should:

- Expand on model programs that train students in the health professions in the state's underserved communities – a long-term, comprehensive health professional pipeline model.
- Utilize the telehealth capacity of higher education institutions to provide distance learning programs to train health professionals in rural and underserved areas of the state.
- Enhance strategies to produce and/or recruit qualified faculty to health professional education programs in the state's institutions of higher education.
- Increase the development and implementation of culturally competent curricula for use in higher education health education programs.

Health Care Providers/Organizations Should:

- Volunteer to provide residency opportunities and incentives.
- Participate on school boards and collegiate education committees to provide expertise to enhance health education programs.

Businesses/Worksites Should:

- Identify local businesses and other funding sources to sponsor health profession scholarships for local students.
- Collaborate with local and/or regional medical facilities to provide supplemental funding for health professional residencies (e.g. medical residency rotations).

Families/Individuals Should:

- Advocate with local and state elected officials to expand enrollment and improve education programs that support the development of health professionals.

Chapter Three: Immunizations

Goal 1: Increase Immunization Rates for All New Mexicans.

State Government Should:

- Promote and support public/private partnerships and initiatives to deliver immunizations and initiate educational campaigns on the importance of vaccinations for children and adults.
- Ensure that quality assurance and quality improvement practices, including assessments, training, and on-going consultation are provided to Vaccines for Children (VFC) providers and school staff annually.
- Improve the NMSIIS database to ensure accuracy/accessibility of data and communication with other immunization data systems and provide NMSIIS training to all users for consistent and accurate immunization data access and entry.
- Ensure an adequate supply of vaccines for all children 0 - 18 years of age in support of the universal vaccine VFC program.
- Employ immunization clerks and use WIC clinics as a point of access to identify children in need of immunizations.
- Increase efforts to make influenza and pneumonia vaccines available to vulnerable populations.

* **4:3:1:3:3:1** consists of:
4 DTaP [Diptheria, Tetanus & Pertussis]
3 Polio
1 MMR [Measles, Mumps & Rubella]
3 Hib [Haemophilus Influenzae B]
3 Hepatitis B
1 Varicella

Background:

Immunizations are one of the most cost effective public health interventions of the past century. Before vaccines became widely used, infectious diseases killed thousands of children and adults each year in the United States. Today, vaccine-preventable disease levels are at or near record lows. Barriers to timely immunizations include missed opportunities by health care providers, confusion over immunization schedules, difficulty accessing services, high rates of uninsured, lack of understanding of immunization importance, myths about vaccine safety and difficulty tracking immunization status.

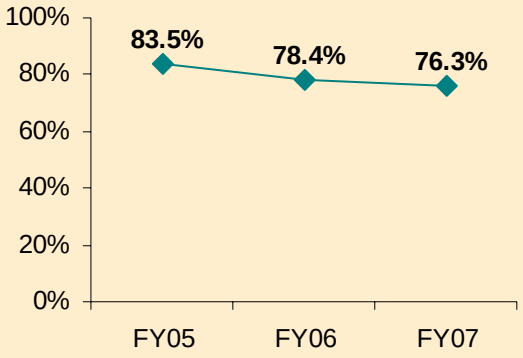
New Mexico's immunization rate has fluctuated in the last five years, but has increased overall. In 2006, New Mexico's rate was 71.6% for children immunized on time by age two for the series *4:3:1:3:3:1. The 2007 mid-year immunization rate for the 4:3:1:3:3:1 series in New Mexico was 78.4%, indicating that rates continue to rise in the state. Even though more than 70% of children in New Mexico receive all recommended vaccines, many under-immunized children remain, leaving the potential for outbreaks of disease.[9]

This chapter highlights strategies to further the progress that has been attained and improve the rates of immunizations for all New Mexicans.

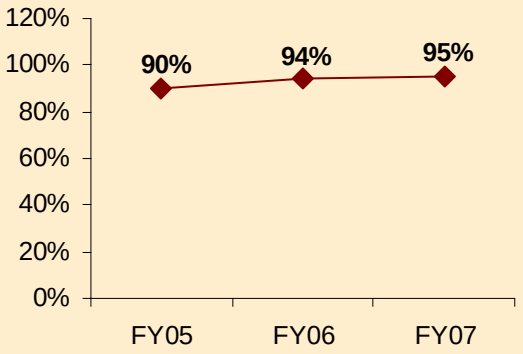
Chapter Three: Immunizations

Performance Measures

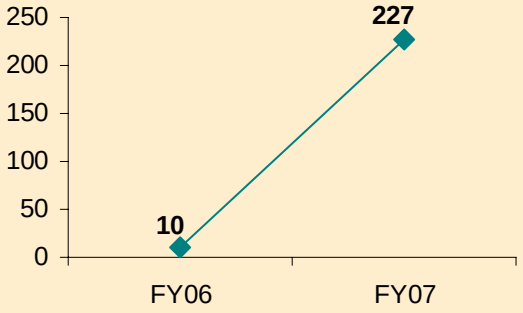
Percent of Preschoolers Fully Immunized[10]
(Ages 19-35 Months)



Percent of Adolescents Fully Immunized[11]



Number of Providers Utilizing the Statewide Immunization Registry[12]



Tribal Governments Should:

- Develop public/private partnerships to deliver immunizations, and initiate educational campaigns on the importance of vaccinations for children and adults.
- Collaborate with the state to ensure that quality assurance and quality improvement practices, including assessments, training, and on-going consultation are provided to tribal VFC providers and school staff annually.
- Utilize the NMSIIS database to ensure updated immunization records and adequate vaccination supplies.
- Utilize tribal WIC clinics as a point of access to identify children in need of immunizations.

Local Governments/Communities Should:

- Support public/private partnerships and initiatives to deliver immunizations and conduct educational campaigns on the importance of vaccinations for children and adults.
- Host and coordinate health fairs where vaccine awareness can be promoted and vaccines can be delivered.

Educational Systems Should:

- Ensure quality assurance and quality improvement practices for school-based health center staff.
- Develop and conduct educational campaigns on the importance of vaccinations for children and adults.
- Coordinate a systems approach to improving immunization rates as part of school wellness policies.
- Participate in the Vaccine Advisory Committee to provide annual updates and recommendations for school immunization requirements and their implementation.
- Encourage health professional and education students to use a curricula that provide information regarding immunization and encourage student participation in community immunization campaigns.

Health Care Providers/Organizations Should:

- Ensure that quality assurance and quality improvement practices, including assessments, training, and on-going consultation are provided to VFC providers and school-based health centers annually.

Health Care Providers/Organizations Should (continued):

- Improve efficiency and use of reminder recall systems.
- Participate in the universal vaccine VFC program and adhere to adolescent and adult immunization recommendations.
- Encourage inclusion of improved immunization rates in incentive packages for providers.

Businesses/Worksites Should:

- Provide information on the importance of vaccinations for children, adolescents, and adults as part of employee health programs.
- Participate in community events that promote healthy lifestyles, which include immunization updates.
- Offer immunizations at the worksite.

Families/Individuals Should:

- Obtain immunization status of self and family from health care providers and keep personal immunization records updated and available.
- Request from health care providers that all appropriate immunizations be given.

Accomplishments:

- ✓ In FY07, fifty-five percent (55%) of providers use the New Mexico Statewide Immunization Information System (NMSIIS) allowing for a more accurate and complete centralized repository for immunization data on all New Mexico citizens.
- ✓ In FY07, 70.3% or 326 Vaccines for Children (VFC) providers receive quality assessment site visits.
- ✓ Collaborations with the Women, Infants and Children (WIC) Program, the Children, Youth and Families Department (CYFD), and other agencies have been established to broaden outreach and minimize missed opportunities for providing vaccinations.
- ✓ A systems approach has been implemented to examine immunization business practices and functions to improve rates of immunizations statewide.

Chapter Four: Healthier Weight (Obesity)

Background:

Overweight children and adolescents are at risk for health problems during their youth and as adults. For example, during their youth, overweight children and adolescents are more likely to have high blood pressure, high cholesterol, and Type 2 Diabetes than are other children and adolescents.[13] Overweight and obesity have a significant economic impact on the U.S. health care system.[14] Medical costs associated with overweight and obesity may include preventive, diagnostic, and treatment services.[15, 16] Also included are morbidity costs defined as the value of income lost from decreased productivity, restricted activity, absenteeism, and bed days. Mortality costs are also the value of future income lost by premature death. Lack of physical activity and poor nutritional habits may be the biggest contributors to overweight and obesity.

In New Mexico, weighing too much affects at least 60% of adults,[17] 26% of high school students,[18] and 25% of 2- to 5-year old participants in federally funded nutrition programs.[19] In 2006, New Mexico had the second highest rate of food insecurity in the U.S.[20] In addition; the limited or uncertain availability of nutritionally adequate and safe foods may be associated with disordered eating and a poor diet, potentially increasing risk for obesity and health problems.

This chapter highlights strategies to further the progress that has been attained and focus on changes to the environment and to policies that reduce barriers to being physically active and choosing healthy foods to support individual change.

Goal 1: Increase Regular Lifelong Physical Activity and Healthy Eating Habits Among Adults and Youth of All Abilities.

State Government Should:

- Build greater interdepartmental partnerships and community collaborations around consistent obesity prevention efforts and public awareness messages across New Mexico.
- Establish additional funding sources for the implementation and evaluation of culturally competent obesity prevention and management interventions, such as healthy eating and increased physical activity efforts at the state, Tribal, and local levels.
- Utilize community input to increase the number of policy changes that support healthy eating habits and physical activity.
- Develop additional data sources to measure trends and conduct cost benefit analyses to be used for program planning and evaluation.
- Work to change policies and regulations to increase health insurance coverage for obesity management and prevention services.

Tribal Governments Should:

- Build additional partnerships and community collaborations that support consistent obesity prevention efforts and public awareness messages across programs and communities within pueblos, tribes and nations.
- Enhance participation in statewide activities related to healthier weight.
- Establish funding sources for the implementation and evaluation of obesity prevention and management interventions, such as healthy eating and increased physical activity efforts.
- Utilize community input to increase the number of policy changes that support healthy eating habits and physical activity.
- Increase access to, and use of, outdoor and recreational environments that support physical activity and programs that promote culturally appropriate healthy eating.

Local Governments/Communities Should:

- Build additional partnerships and community collaborations that support consistent obesity prevention efforts and public awareness messages between New Mexico's local governments and communities.
- Increase the number of wellness policies that support healthy eating habits and physical activity.

Local Governments/Communities Should (continued):

- Increase access to, and use of, outdoor and recreational environments that support physical activity and programs that promote healthy eating.
- Create and evaluate additional community-wide projects that are culturally-relevant and can be replicated in similar communities throughout New Mexico (i.e., community gardens).

Educational Systems Should:

- Enforce and evaluate the effectiveness of existing regulations for school wellness policies and nutrition rules.
- Create partnerships and collaborations to support ongoing policy change regarding school wellness.
- Increase food distribution to schools through Farm to Table and the USDA Fresh Fruit and Vegetable Program.
- Increase the number of promising or evidence-based and culturally appropriate programs before, during and after school that include media literacy, physical activity, nutrition, and improved health.
- Increase participation by New Mexico students in grades K-12 in quality health education classes that include opportunities to learn meaningful content through quality instruction.
- Increase training and technical assistance to food service providers to provide healthier school meals.

Health Care Providers/Organizations Should:

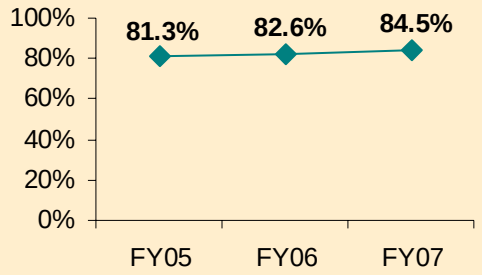
- Train New Mexico health care providers and students pursuing health careers to promote healthier weight in clinical and community settings.
- Work with hospitals and health insurance plans to develop and strengthen breastfeeding as a childhood obesity prevention strategy.
- Provide ongoing education to families and individuals about the benefits of a healthy lifestyle.
- Develop and participate in partnerships and collaborations across health care providers and organizations to prevent obesity.

Businesses/Worksites Should:

- Promote and enforce the 2007 'Breast Pump Use in Worksites' statute.

Performance Measures

Percent of Women, Infant, and Children (WIC) Program Participants Ages 2-5 Who are Not Overweight [21]



Percent of 9th through 12th Graders Not Obese.[22]

Year	Result
2006	88%

The terms not overweight and not obese mean less than 95% of body mass index (BMI).

Healthier Weight

Accomplishments:

- ✓ In 2006, The Healthier Weight Council, a private and public partnership, formed to coordinate and monitor progress of state plan implementation.
- ✓ In 2006, the Health and Human Services Cabinet Secretaries established the New Mexico Interagency for the Prevention of Obesity to build greater alignment across state programs, to partner with the private sector, and to develop policies for obesity treatment and prevention.
- ✓ In November 2007, the Healthy Kids Las Cruces pilot was implemented. Healthy Kids is a community-wide obesity prevention initiative that connects and builds on a cross-section of community efforts to motivate children and youth to eat healthier and be more physically active.

Businesses/Worksites Should (continued):

- Establish creative internal policies, provide incentives, and create worksite cultures and environments that support healthy eating habits and physical activity.
- Invest and/or participate in community-based partnerships and collaborations to prevent obesity.

Families/Individuals Should:

- Talk with your family about a healthy lifestyle, which includes:
  - Limiting consumption of sugar-sweetened beverages;
  - Increasing fruit and vegetable consumption;
  - Increasing physical activity;
  - Reducing TV and other screen time;
  - Eating breakfast daily;
  - Encouraging family meals in which parents and children eat together;
  - Limiting portion size;
  - Encouraging breastfeeding;
  - Limiting eating out at restaurants, particularly fast food restaurants.
- Learn and practice stress management and problem solving skills to help eliminate unhealthy habits.
- Discuss the real messages behind various advertisements and media messages.
- Actively participate in community projects/events that encourage a healthy lifestyle.

Chapter Five: Teenage Pregnancy

Goal 1: Reduce Teen Pregnancy.

State Government Should:

- Improve collaboration between state agencies and community partners to fund and implement comprehensive sex education, family planning services, service learning programs, male involvement programs and adult-youth communication programs to reduce teen pregnancy.
- Support targeted home visiting for teen parents that provide child development information and connect families with community resources to prevent subsequent pregnancies.
- Target evidence-based, culturally relevant, gender-appropriate, age-appropriate and developmentally-appropriate programs to high-risk populations, including youth with disabilities. Focus these efforts on the populations and communities with the highest teen pregnancy rates.
- Support comprehensive youth development principles, strategies and programs.
- Increase youth input in the design and provision of appropriate comprehensive sex education and male involvement strategies.

Tribal Governments Should:

- Provide leadership to state and community partners in the implementation of culturally appropriate comprehensive sex education, family planning services, service learning programs, male involvement programs and adult-youth communication programs for Native American youth.

Background:

Teen pregnancy and childbearing are associated with adverse consequences for teen mothers and their children, but it is important to note that many of the negative consequences for teen mothers are due to the disadvantaged situation in which many of these girls already live.[23] Teenage mothers and fathers tend to have less education and are more likely to live in poverty than their peers who are not teen parents. Babies born to teen mothers are more likely to have health problems at birth, do poorly in school, do time in jail and also become teen parents.[24]

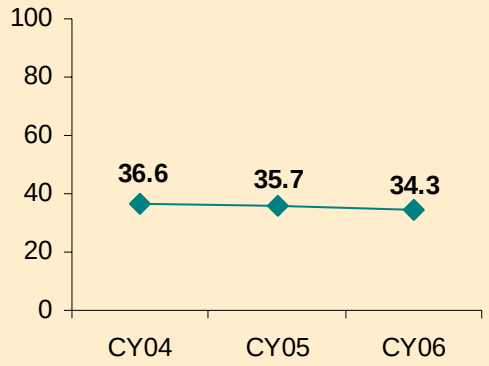
The teen birth rate in New Mexico is decreasing, but not as quickly as the national rate. In 2006, New Mexico's teen birth rate of 34.3 per 1,000 females, ages 15-17, was .64 times higher than the United States teen birth rate at 22.0. While the birth rate to mothers ages 18-19 year olds was 106.2 in New Mexico compared to the United States rate of 73.0. Teenage mothers 15-17 also had the highest percentage of unintended pregnancy at 73.0% followed by 65.6% for mothers ages 18-19. Approximately 72% of the births to 15-17 year olds (2002-2006) were to Hispanic teens.

This chapter highlights strategies to further the progress that has been attained and improve the goal of reducing teen pregnancy.

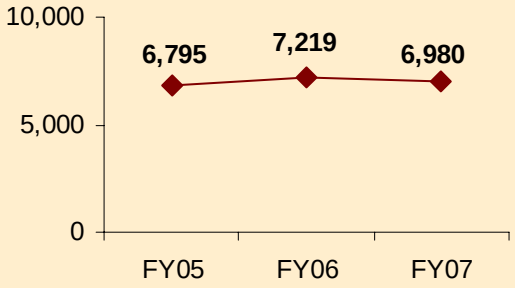
Chapter Five: Teenage Pregnancy

Performance Measures

Annual Teen Birth Rate for Females Ages 15 to 17[25]



Unduplicated Number of Teens Ages 15-17 Receiving Family Planning Services in DOH/Family Planning Program-Funded Clinics[26]



Tribal Governments Should (continued):

- Implement culturally appropriate health care strategies in Indian Health Services and tribal health facilities by improving communication and education regarding family planning services, increasing access to clinical services for youth, and assuring confidential services to youth.
- Increase clinic efficiency by using the wait time to provide teen pregnancy and other health related education.
- Increase youth input in the design and provision of culturally appropriate comprehensive sex education and male involvement strategies.

Local Governments/Communities Should:

- Provide ongoing training/education for school board members regarding teen pregnancy issues.
- Work with school boards to increase access to reproductive health and family planning services, including male involvement, at school-based health centers.
- Plan with area organizations, faith communities, youth organizations, schools, businesses and media to coordinate and launch county-wide teen pregnancy prevention programming and services.
- Identify local champions and youth to educate the community on issues related to teen pregnancy and family planning.
- Develop local programs and services to address youth development, leadership and mentoring.

Educational Systems Should:

- Require a course in health education, including comprehensive sex education, for middle and high school students for graduation.
- Fund evidence-based comprehensive sex education, service learning and peer education programs to youth at all levels, in school and after school, that teach and model New Mexico's health education standards and benchmarks.
- Provide teachers, counselors, school nurses, and educators that teach sex education, with additional opportunities to take courses to improve their teaching effectiveness, and provide opportunities for parents to learn about the comprehensive sex education curricula taught in schools.
- Support ongoing high school education for teen parents.

Health Care Providers/Organizations Should:

- Improve and increase skills and interventions to counsel/educate youth on sex and reproductive health.
- Become educated about emergency contraception and the benefits of prescribing it.
- Provide longer appointment times, flexible medical protocols and increase individual counseling efforts, and expand hours of operation to increase youth access to clinical services.
- Ensure that family planning services for teens are kept confidential.

Businesses/Worksites Should:

- Fund and collaborate with community organizations to provide opportunities for education, service learning, mentorship, internships, employment training, and employment for youth.
- Consider flexible working hours for individuals responsible for children to reduce the amount of time that kids are unsupervised.

Families/Individuals Should:

- Help youth to delay pregnancy and have options for the future that are more attractive than early pregnancy and parenthood.
- Be an available, “askable” parent/adult; create a safe environment for discussion with correct information; and be clear about your own sexual values and attitudes when communicating with youth.
- Supervise and monitor your children by knowing what they are watching, reading and listening to; also know your children’s friends and their families.
- Explore ways to develop the motivation and skills to talk with youth about sex and reproductive health; talk with your children early and often about sex.
- Raise individual and community expectations for youth and let youth know you value education and future careers.

Accomplishments:

- ✓ In 2008, additional state funding was allocated for teen pregnancy prevention programs.
- ✓ In 2008, the number of provider sites at school-based health centers that provide family planning increased by six. Of those six, four also dispense contraceptives.
- ✓ Since 2006, the number of sites providing the Teen Outreach Programs increased from one to eight.
- ✓ Since 2007, implemented the Plain Talk program in Dona Ana and Bernalillo County (South Valley) with a total participation of 1, 390 individuals.
- ✓ Otero, Rio Arriba, Valencia, Colfax, San Miguel, Taos and Sandoval counties are on target to meet the Challenge 2010, to reduce teen births in NM by 15% between 2006 and 2010.

Chapter Six: Oral Health

Background:

Oral health is integral to overall health and well-being. In 2000, the United States Surgeon General issued "Oral Health in America," a landmark document in which he stated that oral disease is one of the most preventable health conditions affecting the United States. Poor oral health in children and young people as well as in adults may result not only in dental decay, eventual tooth loss, and impaired general health, but also in compromised nutrition, in days lost from school and work, and a compromised ability to obtain or advance in education and employment. Preventive measures and treatments such as water fluoridation, school-based oral health programs and dental sealants, as well as increased use of topical fluorides such as rinses and varnish can significantly reduce the incidence of tooth decay in children.

Disparities in New Mexico, notable in terms of access to oral health care services and oral health status, are related largely to socioeconomic factors and are compounded by our state's geography and population distribution and the disproportionate distribution of dental professionals. In 2006, New Mexico had 882 licensed dentists with a New Mexico practice address.[27] In 2004, New Mexico was 49th in the nation in number of dentists per 1,000 (0.0431 per 1,000).

This chapter highlights strategies to further the progress that has been attained and reduce disparities in oral health through prevention, education, health promotion, and by ensuring access to appropriate and timely dental care.

Goal 1: Enhance the Infrastructure of New Mexico's Oral Health System.

State Government Should:

- Expand public and private partnerships such as the oral health case management pilot project throughout the state to better meet the oral health needs of all New Mexicans.
- Support recommendations of the 2007-2008 Governor's Oral Health Council on increasing dental workforce including expanding the University of New Mexico's Health Sciences Center dental residency program to include a pediatric component and to review and address barriers in current licensure requirements.
- Establish and maintain a New Mexico Oral Health Surveillance System, which would include conducting an oral health survey of New Mexico's 3rd grade children.
- Increase dental sealant and fluoride varnish programs serving the developmentally disabled and residents in rural areas and in programs such as WIC and Head Start.
- Continue to seek funding for expanded residency programs and a dental school at the University of New Mexico.

Tribal Governments Should:

- Promote the drinking, testing, and monitoring of public fluoridated water.
- Build and expand on partnerships with IHS and tribal dental programs.
- Increase dental sealant and fluoride varnish programs particularly in rural areas and in programs such as WIC and Head Start.

Local Governments/Communities Should:

- Support government obligation bonds required to create a dental school at the University of New Mexico Health Sciences Center.
- Assess, test and monitor public water fluoridation.
- Collaborate with community health councils to assist in increasing access to oral health care.

Oral Health

Educational Systems Should:

- Develop and implement a curriculum for mid-level dental health providers.
- Expand oral health education in schools.
- Collaborate with school-based health centers to increase oral health services to children and youth.

Health Care Providers/Organizations Should:

- Increase the number of oral health professionals trained to provide oral health services for children and adults with developmental disabilities.
- Increase dental sealant and fluoride varnish services.

Businesses/Worksites Should:

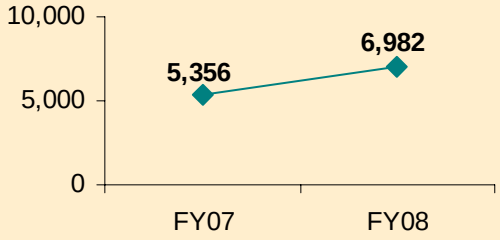
- Provide dental insurance for employees.
- Promote oral health and general health within the work force.

Families/Individuals Should:

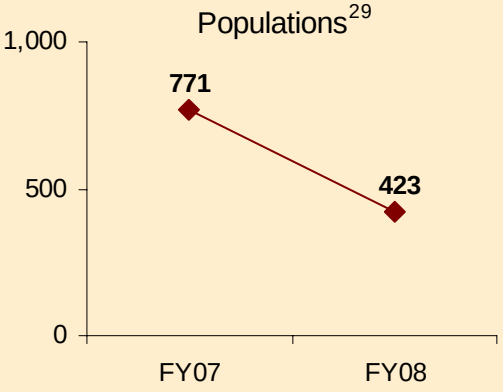
- Encourage family members to pursue oral health careers.

Performance Measures

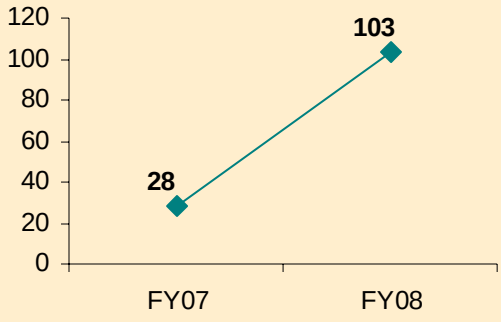
Number of Uninsured Children Receiving at Least One Dental Service[28]
(service may be dental screening, oral health education, topical flouride or a dental sealant)



Number of Oral Health Providers Who Accept and Serve Medicaid Eligible Populations[29]



Number of Oral Health Providers Serving Persons With Disabilities[30]



Chapter Six: Oral Health

Accomplishments:

- ✓ In the 2007-2008 school year, over 8,100 children participated in the dental sealant program.
- ✓ A fluoride varnish prevention program has been established for preschool and Head Start children residing in Santa Fe and Rio Arriba counties.
- ✓ Over 16,000 uninsured children and adults have received comprehensive dental services through the Department of Health's Office of Oral Health.
- ✓ Over 130,000 dental encounters occurred in primary care clinics funded through DOH.
- ✓ Received $1 million during the 2008 Legislative Session to expand the dental residency program at UNM and received approval to include funding for a dental school at the University of New Mexico in the Government Obligation Bonding package that will go before the public in November 2008.

Goal 2: Increase Access to Oral Health Care.

State Government Should:

- Study current tax incentives to dentists and community-based dental programs that serve underserved populations and areas.
- Include oral health services in any statewide health insurance plan.
- Study current costs of Medicaid reimbursement rates and costs of raising rates and expanding benefits for oral health services for children and adults.

Tribal Governments Should:

- Assist with the elimination of barriers, such as lack of subsidized transportation, to tribal members trying to access oral health care.
- Collaborate with tribal health councils to assist with increasing access to oral health care.

Local Governments/Communities Should:

- Collaborate with community health councils to assist with increasing access to oral health care.

Educational Systems Should:

- Collaborate with school-based health centers to increase oral health services to children and youth.
- Promote oral health education as part of the health and wellness curricula.

Health Care Providers/Organizations Should:

- Provide additional oral health services in long-term care facilities.
- Increase access to prevention techniques such as fluoride varnish and dental sealants.
- Improve access to oral health care for underserved populations including persons with developmental disabilities.

Businesses/Worksites Should:

- Promote and/or provide dental coverage for all employees.

Families/Individuals Should:

- Take personal responsibility through engaging in wellness and prevention activities.
- Purchase dental insurance when offered.

Goal 3: Change Perceptions of Oral Health.

State Government Should:

- Update school health education standards and benchmarks to include oral health.
- Inform policymakers and administrators at local, state, and federal levels of the results of oral health research, programs, and oral health status of New Mexicans.
- Promote oral health as an integral component of general health.
- Develop oral health campaigns, including public service announcements based on sound health communication and literacy principles.

Tribal Governments Should:

- Promote oral health as an integral component of general health.

Local Governments/Communities Should:

- Promote oral health as an integral component of general health.

Educational Systems Should:

- Incorporate oral health as an integral component for all health professionals' education curriculum and continuing education courses.
- Train health care providers to conduct oral screenings as part of routine physical exams and make appropriate referrals.
- Promote interdisciplinary training of all health care professionals in counseling patients about reducing risks related to oral, behavioral, and general health.

Oral Health

Health Care Providers/Organizations Should:

- Incorporate oral screenings as part of routine physical exams and make appropriate referrals.
- Provide education regarding the oral health impact of tobacco use.
- Participate in the revision of health professional educational curricula and continuing education courses that include information associating oral health and overall health.

Businesses/Worksites Should:

- Promote oral health with employees.
- Participate in community events focusing on oral health.

Families/Individuals Should:

- Practice healthy oral hygiene techniques. See your dentist twice a year, floss, and brush teeth at least twice a day.
- Reduce or eliminate tobacco use.
- Avoid foods and beverages that cause tooth decay.

Chapter Seven: Behavioral Health & Suicide Prevention

Goal 1: Assist Consumers to Participate Fully in the Life of Their Communities.

State Government Should:

- Strongly support the statewide Local Collaborative structure, financially and otherwise.
- Develop effective models for housing, transportation, and employment supports for behavioral health recovery.
- Implement multiple, effective programs that give consumers tools and skills to strengthen and enhance their leadership roles in the Collaborative and their broader communities.

Tribal Governments Should:

- Document the effectiveness of "practice-based evidence" (such as traditional healing models) to move these programs into the "evidence-based practice" category so that they may be more broadly funded, and support the adaptation of existing evidence-based practices where appropriate.
- Convene stakeholder forums to clarify Native American behavioral health needs, disparities, and establish priorities for tribal action steps, including legislative and policy activities.
- Implement training to reduce service disparities in Native American communities and to develop, advocate and implement related legislative mandates.

Local Governments/Communities Should:

- Coordinate the development of legislative priorities with the Behavioral Health Planning Council (BHPC) and Local Collaboratives for inclusion in the BHC's legislative agenda for behavioral health.
- Encourage consumer-driven advocacy, training and leadership development in all local behavioral health planning and oversight roles.
- Increase use of Certified Peer and Family Specialists in Local Collaboratives.

Background:

Governor Richardson implemented a single behavioral health service delivery system for New Mexicans in 2004. This system aims to assist consumers to participate fully in the life of their communities; to support recovery and resiliency; to promote behavioral health; and to prevent or reduce the adverse effects of substance abuse and mental illness.

The Behavioral Health Collaborative (BHC) serves individuals receiving services through the publically funded behavioral health system. Among low income adults, more than 51,000 are estimated to have a serious mental illness (SMI), while over 41,000 are estimated to have a substance abuse disorder. Almost 9,500 additional adults are estimated to have co-occurring mental health and substance use disorders. In addition, more than 30,000 low income New Mexico youth and adolescents are estimated to have a serious emotional disturbance (SED).[31] Although over 70,000 individuals are served by the system each year, there is great need still to be addressed, and the need greatly exceeds the available resources.

Continued...

Chapter Seven: Behavioral Health and Suic

Background (continued):

This chapter highlights strategies to further the progress that has been attained to date and improve access to behavioral health services that lead to better outcomes. It represents the results of a public input process that referred to the BHC Comprehensive Behavioral Health Plan 2008-2010. It includes only some of the BHC strategies from that plan, and includes additional strategies for other sectors. In addition to the Plan, readers should see the Collaborative's 2008 Annual Report for an update of progress on all strategies implemented by the state.

Educational Systems Should:

- Work with the Consortium on Behavioral Health Training and Research (CBHTR) to promote and support training at the pre-professional level (institutions of higher education) across multiple disciplines in behavioral health, and ensure that courses are conducive to grass roots participation.
- Promote training on child and adolescent behavioral health issues with all school personnel and ancillary staff so as to reduce stigma associated with seeking help and link behavioral health to school success.
- Develop and implement standards for behavioral health services provided to school aged children.

Health Care Providers/Organizations Should:

- Support training and supervision of best practice models to meet the needs of New Mexicans throughout their entire life span.
- Expand workforce to include Certified Peer and Family Specialists in behavioral health service delivery.
- Support rigorous outreach and comprehensive approaches to meet the behavioral health needs of veterans and their families.

Businesses/Worksites Should:

- Ensure coordination and cooperation between transportation providers and behavioral health transportation pilot efforts.
- Adopt and enforce clear drug-free workplace policies that support recovery.
- Support a range of transportation options for employees needing assistance when seeking behavioral health services.

Families/Individuals Should:

- Access training and other resources to enhance advocacy and leadership skills to use at the state and community level.
- Share individual unique perspectives through focus groups and mentoring programs.
- Promote anti-stigma norms within families and across the community.

Goal 2: Reduce the Adverse Effects of Substance Abuse and Mental Illness.

State Government Should:

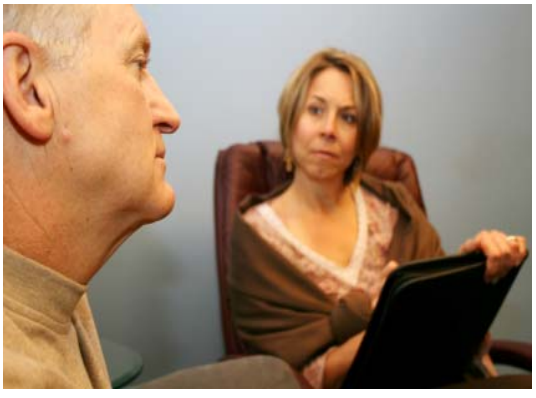
- Define neurobiological disorders and expand intensive support services and outpatient treatment services appropriate to behavioral and developmental needs.
- Implement Children's Behavioral Health Purchasing Plan, piloting the Wrap Around Model through the core service agencies.
- Develop behavioral health crisis response and jail diversion systems that are appropriate to the wide range of New Mexico communities.

Tribal Governments Should:

- Work with Supportive Housing Leadership Group to ensure housing pilots address needs of tribal members.
- Support comprehensive approaches using existing local behavioral health providers, law enforcement, and first responder services to provide crisis response services on tribal land.
- Provide effective prevention, education and early intervention services to the children and families of consumers in tribal behavioral health programs.

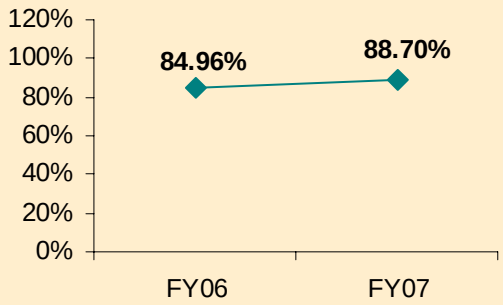
Local Governments/Communities Should:

- Coordinate crisis response program planning and community education with local law enforcement and first responder services.
- Prioritize childcare, youth programs, and transportation supports for the children and families of consumers and coordinate with service providers in their delivery in order to enhance the effectiveness of recovery programs in the community.
- Develop coordinated community plans for Total Community Approach implementation in identified communities.

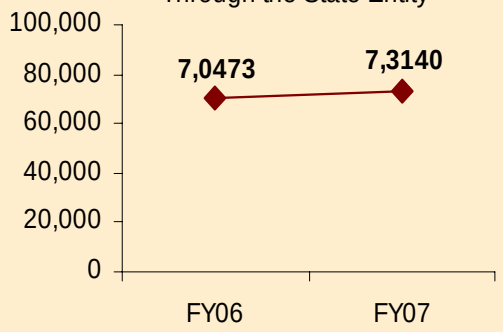


Performance Measures

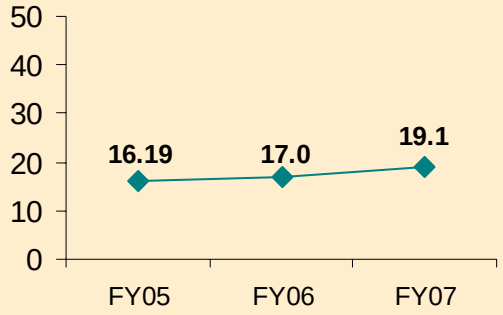
Percent of Consumers Reporting Satisfaction with Services[32]



Number of Individuals Served Annually in the Substance Abuse and Mental Health Programs Through the State Entity[33]



Youth Suicide Rate Among 15 to 19 Year Olds[34]
(Per 100,000)



Chapter Seven: Behavioral Health and Suic

Accomplishments:

- ✓ Established the first Single Statewide Entity and mechanisms for braiding funds including Medicaid, Federal Block Grant funds, and General Fund allocations from Collaborative agencies.
- ✓ Implemented a structure of 15 Local Collaboratives to give voice to consumers, family members, providers and other stakeholders, and approved the addition of three additional Native American Local Collaboratives.
- ✓ Began implementation of a ten year Supportive Housing Plan with the goal of creating 5,000 new supportive housing opportunities.
- ✓ Piloted a Clinical Home approach to care coordination and implemented Community Support services to promote recovery, rehabilitation and resiliency.
- ✓ Created the Office of Consumer and Family Engagement (CAFÉ) and trained and certified 102 Certified Peer Specialists.

Educational Systems Should:

- Provide fiscal and policy support for school-based behavioral health services in school-based health centers.
- Implement screening and appropriate intervention responses for suicide and behavioral health issues.
- Work with the BHC and Governor's task force to implement and evaluate New Mexico Military and Veterans Family Collaborative designed to serve active duty military, veterans, and their families through a team approach of case management and clinical support (UNM and Consortium for Behavioral Health Training and Research).

Health Care Providers/Organizations Should:

- Implement the Intensive Aftercare Framework for youth leaving juvenile justice facilities.
- Participate with on-site coaches as part of the Wrap Around/Clinical Home Pilot.
- Coordinate activities with Adult Protective Services Field Offices and Community Mental Health Centers.

Businesses/Worksites Should:

- Work with the Local Collaboratives to provide cultural competence awareness and anti-stigma training in the workplace.
- Provide Employee Assistance Programs that address behavioral health issues confidentially.
- Advocate for incentives for businesses that support strong recovery polices and practices in the workplace.

Families/Individuals Should:

- Work with juvenile justice transition coordinators to facilitate youth re-entry into the community upon discharge from juvenile justice facilities.
- Participate in the planning and oversight of substance abuse treatment facilities and community outreach programs such as the Los Lunas Community Substance Abuse Treatment Center.
- Participate in BHC-sanctioned activities such as the Local Collaboratives or Consumer and Family Advisory Boards.

Goal 3: Promote Behavioral Health.

State Government Should:

- Assure access statewide to quality behavioral health care for uninsured adults.
- Promote wellness, recovery, resiliency, and build assets through all behavioral health programming, and provide strong early intervention.
- Support rigorous statewide prevention and youth development initiatives that reduce underage and binge drinking, and drinking and driving.

Tribal Governments Should:

- Expand the capacity of tribal provider agencies to bill Medicaid.
- Support strong prevention and youth development programs for tribal adolescents and families.
- Collaborate with behavioral health providers, the BHC, and Local Collaboratives to reduce stigma in tribal communities.

Local Governments/Communities Should:

- Collaborate with Local Collaboratives and providers to reduce stigma in the community.
- Provide input to the BHC on the development of its anti-stigma campaign and related efforts.
- Include youth participation in the planning of youth suicide prevention initiatives, substance abuse prevention programs, and youth development initiatives sponsored locally.

Educational Systems Should:

- Promote anti-stigma, tolerance and wellness.
- Integrate behavioral health screening, awareness, and intervention services into school-based health centers, counseling programs, wellness programs, and health classes.
- Provide continuing education for Certified Peer/Family Specialist Training.

Health Care Providers/Organizations Should:

- Implement outcome-based community health worker and paraprofessional programs that focus on individuals.
- Develop and implement prevention programs and supports for children and families of consumers.
- Provide outreach and increase hiring of behavioral health consumers.

Businesses/Worksites Should:

- Increase hiring of behavioral health consumers.
- Educate managers and employees about behavioral health.
- Provide employee medical leave for behavioral health issues.

Families/Individuals Should:

- Educate oneself, one's family and friends regarding behavioral health and the trauma of stigma.
- Provide input to statewide planning of behavioral health anti-stigma campaign.
- Volunteer to support consumer or family members' needs in the community; serve as a mentor for youth; participate in community activities to raise awareness of stigma; and participate in local planning and decision making about behavioral health and related services.

Goal 4: Promote Reduced Suicides Through Effective Suicide Awareness, Prevention, Intervention, and Postvention Activities.

State Government Should:

- Acknowledge suicide as a preventable public health concern by implementing policy reform which supports adult and youth suicide awareness, prevention, intervention, and postvention.[35]
- Increase the number of evidence- and practice-based suicide prevention programs implemented in schools, universities, worksites, correctional facilities, and communities.
- Promote awareness of signs of suicide and programs for the reduction of social stigma and access to lethal means.

Tribal Governments Should:

- Participate in inter-tribal and inter-governmental memoranda of agreement with statewide behavioral and primary health entities that support adult and youth suicide awareness, prevention, intervention, and postvention.
- Support research of "practice-based evidence," including traditional healing models that may be considered "evidence-based practices."
- Promote awareness of signs of suicide and programs for the reduction of social stigma and access to lethal means.

Local Governments/Communities Should:

- Increase linkages with the BHPC, Local Collaboratives, schools, universities, and faith-based and behavioral health providers to support adult and youth suicide awareness, prevention, intervention, and postvention.
- Promote positive youth development and engagement, and mentorship opportunities.
- Engage youth and adult consumers and their families in planning and implementing suicide awareness, prevention, crisis response, and postvention activities.

Educational Systems Should:

- Coordinate and implement youth suicide awareness, prevention, intervention, and postvention activities in schools and institutions of higher education.
- Implement peer-to-peer programs and curricula that support self-help behavior, understanding diversity, stigma reduction, and awareness of signs of suicide.
- Create and implement coordinated safe schools plans to address bullying reduction and suicide intervention and postvention protocols.

Health Care Providers/Organizations Should:

- Provide integrated primary and behavioral health services through implementing universal screening for signs of suicide and referring at-risk consumers for care.
- Train clinical staff on issues of diversity, stigma reduction, and awareness of signs of suicide.
- Participate in interagency and community collaboration and resource mapping.

Businesses/Worksites Should:

- Develop policies to reduce stigma and promote the use of Employee Assistance Programs.
- Provide service learning and mentorship programs for youth.
- Train workers on issues of diversity, stigma reduction, and awareness of the signs of suicide.

Families/Individuals Should:

- Participate in and provide feedback in the planning, implementation and evaluation of community activities that address suicide.
- Participate in programs that address community, domestic and peer-to-peer violence that increase resiliency.
- Promote awareness of oneself, one's family and friends regarding warning signs of behavioral health needs, risk for suicide, and resources for support.

Chapter Eight: Health Care Coverage, Acce

Background:

Governor Bill Richardson has made health care coverage for all New Mexicans a priority during his administration. Having health care coverage makes a difference in whether, when, and where people get needed care and how well that coverage promotes access to preventive and primary care services and protects them from medical expenses when illness strikes.[36]

The uninsured are more likely to postpone or forego needed care and preventive services than the insured. The U.S. Census Current Population Survey (CPS) shows the percentage of New Mexicans without health coverage remained unchanged in 2007, while the nation as a whole lost coverage. The percentage of New Mexicans without health care coverage for the 2004-2006 three year average statistically remained the same with 21.0% uninsured compared to 21.1% for the 2003-2005 three year average. The percentage of children up to age five years old without coverage also stayed steady with 13.7% or 21,000 uninsured.

Continued...

Goal 1: Provide Small Employers More Options for Affordable Health Coverage Through Insure New Mexico! Programs and Provide New Mexicans More Opportunities for Health Care Coverage and Access.

State Government Should:

- The Governor will introduce legislation to achieve universal health care coverage, which includes the following:
  - Creation of a "Health Care Authority" that will consolidate state and publicly-funded programs.
  - Implementation of health insurance reform to add greater protections for individuals and employers.
  - Develop policies to improve health care cost, access and quality.
- Expand publicly-funded Insure New Mexico! programs.
- Collaborate with the federal government to retain and improve New Mexico's health care funding, including funding for Native American health care.

Tribal Governments Should:

- Partner and collaborate with Indian Health Service (IHS) and other Native American organizations to provide and improve access to health care services.

Local Governments/Communities Should:

- Collaborate with state government to provide health care outreach for Insure New Mexico! programs at health fairs, tribal events, college campuses and community fairs.

Educational Systems Should:

- Partner with state agencies to plan "back-to-school" outreach efforts around school registration and encourage the utilization of school-based health centers.
- Provide information to parents regarding Medicaid-eligibility for children.

Health Care Providers/Organizations Should:

- Educate consumers regarding eligibility of other health care programs, resources, and services.
- Increase awareness and knowledge of clients about the importance of preventive health care services including behavioral health services.

Businesses/Worksites Should:

- Encourage and provide incentives for employees to obtain health care coverage and worksite wellness opportunities (i.e., tax credits, pre-tax withholdings).
- Consider insurance premium pooling/purchasing collaborative options for small employers to hold down costs of coverage.

Families/Individuals Should:

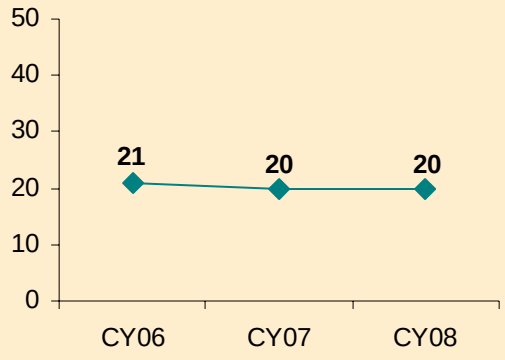
- Research eligibility and health insurance coverage options and programs such as State Coverage Insurance, Premium Assistance for Kids, and Premium Assistance for Maternity.

Background (continued):

During Governor Richardson's administration, a variety of Insure New Mexico! programs have been initiated to make affordable health care coverage available for New Mexico's employers, individuals and options for every New Mexico child under the age of 12. In 2008, Governor Richardson proposed a universal health coverage package, HealthSOLUTIONS New Mexico, for consideration by the New Mexico Legislature. This chapter highlights strategies to further the progress that has been attained and increase the numbers of New Mexicans with access to health insurance.

Performance Measures

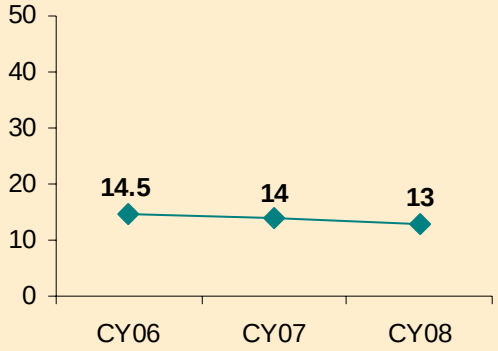
Percent of New Mexicans without Health Insurance[37]



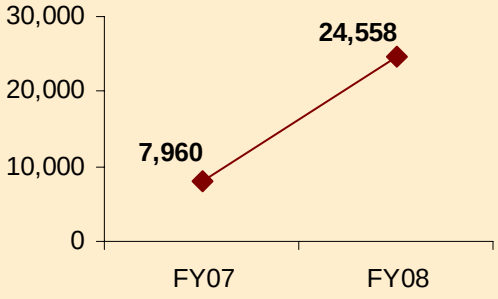
Health Care Coverage And Access

Performance Measures

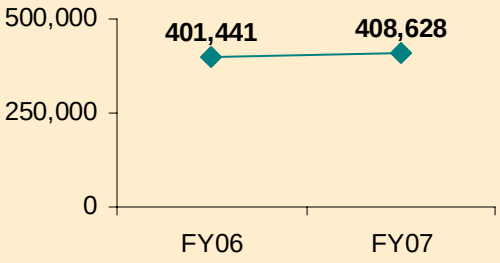
Percent of New Mexico Children Without Health Insurance[38]



Number of Individuals Covered Through One of the Insure NM! Programs[39]



Number of Individuals Enrolled in Medicaid and State Children's Health Insurance Program (SCHIP)[40]



Accomplishments:

- ✓ In 2005, implemented the State Coverage Insurance (SCI) program for low-income parents and childless adults with a family income at/ or below 200 percent of federal poverty level (FPL).
- ✓ In 2006, implemented the Premium Assistance Program (Premium Assistance for Kids (PAK) and Maternity (PAM)) for non-Medicaid eligible children and pregnant women.

Chapter Nine: Emergency Care Systems

Goal 1: Improve the Emergency Medical Services (EMS) System in New Mexico.

State Government Should:

- Support the House Memorial 20 Task Force funding recommendations, increasing available monies for the EMS Fund Act, EMS Regions, capital funding, and education.
- Explore possible funding mechanisms, similar to the home insurance method used by the State Fire Fund Formula, to support the EMS Fund Act.
- Develop recruitment and retention strategies for EMS providers, such as tax credits, and consider providing publicly employed & volunteer EMS providers the same PERA availability as publicly employed & volunteer firefighters.

Tribal Governments Should:

- Participate in state and county EMS planning communities to improve EMS and hospital response on tribal lands.
- Participate in and submit data to the New Mexico EMS data system.

Local Governments/Communities Should:

- County entities should investigate the feasibility of available tax based funding solutions for EMS services.
- Local governmental entities should assure that funds collected from billing for EMS services are earmarked for the use of EMS Service.

Educational Systems Should:

- Work with emergency departments and clinics across the state to increase the number of EMS trainings & clinical sites.
- Work to establish a unified technological approach for EMS distance learning.
- Explore the development of a curriculum that provides additional education for EMS Caregivers, allowing them to participate in community health offerings such as urgent care, injury prevention, preventative health & aftercare (home checks for patients with pregnancy, diabetes, & other medical issues), and other health education & promotion activities.

Background:

It is one of the state's priorities to ensure that communities are prepared to respond to health emergencies, whether this emergency is a person having a heart attack in their home, several patients suffering traumatic injuries from a car crash, or a large scale disaster. New Mexico's response to health emergencies must be adaptable and fit any circumstance. Emergency Medical Services (EMS) is the coordinated system of emergency medical dispatch, first response organizations, medical rescue squads, ambulance services, and hospital emergency departments that respond to the needs of the acutely sick and inured.

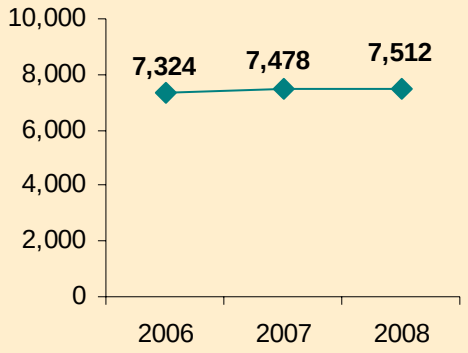
As of July 2007, there were 7,424 EMS caregivers and dispatchers licensed by the Department of Health. In addition, there are 451 EMS organizations in New Mexico, including eight air ambulance services. Fifty-five percent (55%) of these organizations are operated by volunteers, 25% paid/part-time, 11% paid/full-time and 9% are paid per call.

This chapter highlights strategies to further the progress that has been attained and improve New Mexico's emergency care system by ensuring qualified emergency medical personnel will arrive on scene in a timely manner with appropriate resources.

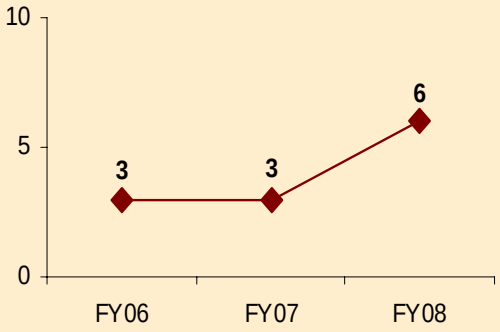
Chapter Nine: Emergency Care Systems

Performance Measures

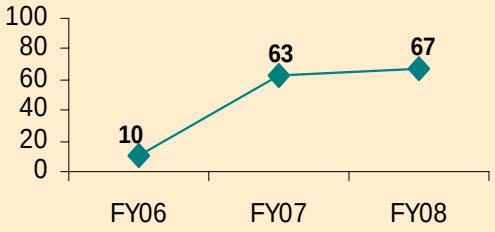
The Number of Active EMS Licenses in EMS Database[41]



The Number of Designated Trauma Centers in the State[42]



Number of Health Emergency Exercises Conducted to Assess and Improve Local and International Response Capability[43]



Health Care Providers/Organizations Should:

- Participate in local and state EMS advisory groups and other local EMS oversight activities.
- Participate in the review and revisions of EMS protocols and guidelines.
- Participate in the recruitment of volunteer and career EMS professionals.

Businesses/Worksites Should:

- Review work site safety and injury response plans including assuring First Aid, Cardio Pulmonary Resuscitation (CPR), and Automatic External Defibrillator (AED) training.
- Support employees who are participating in EMS activities as volunteers.
- Participate in Local Emergency Planning Committees (LEPC).
- Provide injury prevention and education programs to employees.

Families/Individuals Should:

- Participate in local hospital and EMS advisory meetings and other forums to provide input on local EMS systems and structure.
- Seek CPR, First Aid, and other emergency preparedness training.

Goal 2: Improve the New Mexico Trauma Care System.

State Government Should:

- Provide funding to the New Mexico Trauma System Fund Authority (TSFA) that supports the development and designation of trauma facilities, including the integration of adequate rehabilitation facilities.
- Maintain and further develop the state trauma registry program and encourage hospital participation and usage.
- Explore and enhance opportunities to improve telehealth and other available technologies to facilitate improved trauma care throughout the state.

Tribal Governments Should:

- Participate in state and county trauma system planning.

Emergency Care Systems

Local Governments/Communities Should:

- Participate in Regional Trauma Advisory Councils (RETRAC).
- Support existing trauma centers and encourage community hospitals to become designated trauma centers.

Educational Systems Should:

- Ensure the availability of quality cost-effective trauma education by providing trauma clinical care and system development education for injury prevention, EMS and hospital personnel.
- Provide public injury prevention education in community education efforts.

Health Care Providers/Organizations Should:

- Participate in Regional Trauma Advisory Council (RETRAC) activities.
- Participate in the review and revision of local and regional trauma plans.

Businesses/Worksites Should:

- Review work site safety and injury response plans.
- Participate in Local Emergency Planning Committees (LEPC).
- Provide injury prevention and education programs to employees.

Families/Individuals Should:

- Participate in local hospital and trauma advisory meetings and other forums to provide input on local trauma systems and structure.

Accomplishments:

- ✓ Implemented the New Mexico Emergency Medical Service (EMS) Tracking and Reporting System to collect EMS data.
- ✓ In 2007, House Memorial 20 EMS Task Force completed its final report with recommendations for improving New Mexico EMS system.
- ✓ Increased the number of EMS Training Institutions from three to five.
- ✓ Increased the number of designated trauma centers from three to six.
- ✓ In 2008, state government agencies developed their Continuation of Operations Plan (COOP) to ensure the functioning of state government during an epidemic.

Chapter Nine: Emergency Care Systems

Goal 3: Develop and Sustain a Modular Emergency Care System in New Mexico that is Capable of Responding to all Health Emergencies.

State Government Should:

- Implement the patient surge response model, New Mexico Modular Emergency Medical System (NM MEMS) Framework, in three New Mexico pilot communities for testing.
- Provide resources to support public health preparedness and patient surge response capacity in local communities.
- Develop and test patient surge plans in every New Mexico community.

Tribal Governments Should:

- Implement patient surge planning and testing in tribal communities and with tribal health departments.
- Consider tribal resources to support tribal public health preparedness and patient surge response capacity.
- Support patient surge centers on tribal lands and participate in the hospital bed tracking system.

Local Governments/Communities Should:

- Conduct inclusive stakeholder planning forums and community engagement opportunities in the development of surge plans.
- Test local patient surge plans based on the NM MEMS.
- Integrate private and faith-based membership into local response planning and volunteer responder teams.

Educational Systems Should:

- Participate in local community response planning and testing processes.
- Expand school safety planning to include emergency preparedness and response measures.
- Integrate school health personnel into local volunteer responder teams.
- Provide prevention, preparedness and response information and training to students and families, including training in the National Incident Management System.

Health Care Providers/Organizations Should:

- Develop patient surge plans based on NM MEMS.
- Develop and test redundant communication capability, evacuation and mass fatality plans.
- Report bed categories that are consistent with Hospital Available Beds in Emergencies and Disasters (HAvBED) requirements and definitions.
- Demonstrate compliance with the National Incident Management System.

Businesses/Worksites Should:

- Provide technical assistance and information on continuity of business operations during a large scale public health emergency.
- Review and revise workplace personnel, safety and infection control policies.
- Provide preparedness messages to workforce.

Families/Individuals Should:

- Participate in public forums to provide input to local emergency response plans.
- Develop personal and family response plans and stockpile food, water and basic/medical supplies.
- Participate in community response efforts.
- Follow instructions of local and state officials during an emergency.

Chapter Ten: Long-Term Services

Background:

Views on aging are changing; it no longer means physical decline and illness, but taking responsibility for one's own health. Seniors are being empowered to "age in place." The new movement for seniors is being able to choose the services they need in the location and manner that is suitable to them.

While aging is an inevitable part of life, the American population is living longer. In 1970, the average life expectancy at birth was 70.8 years; in 2000, it was 76.9 years; and by 2030 it is estimated that the "oldest-old," age 85 and older, could grow to 10 million people. According to the United States census data, New Mexico is projected to move from 39th to 4th in the nation in the percent of people over the age of 65 within the next 15 years. The proportion of people living with disabilities in New Mexico is higher than the national average and this population is also aging.

This chapter highlights strategies to further the progress that has been attained and to address this emerging trend and changing demographic of the aging population.

Goal 1: Ensure that Older Adults and Individuals Living With a Disability and Their Families Have Information About, and Increased Access To Services and Benefits.

State Government Should:

- Provide information, referral and care coordination to individuals that call the Aging and Disability Resource Center in need assistance with activities of daily living.
- Increase the number of encounters between staff and volunteer counselors and individuals with questions regarding Medicare, Medicaid, prescription drugs, legal services and other benefits to which they may be entitled.
- Create and disseminate issue papers describing current issues and anticipated future trends among the aging and disability population to raise public awareness of these issues.
- Implement an outreach plan to increase general knowledge of the availability of aging and disability services and supports.

Tribal Governments Should:

- Promote collaboration among tribes, pueblos, and the state to implement strategies that enhance information dissemination and outreach related to available long-term services and supports.
- Assess current tribal and pueblo capacity and develop additional long-term aging and disability services, programs and supports.

Local Governments/Communities Should:

- Provide information, resources and training to senior citizen centers, health care providers, faith communities, and businesses regarding available long-term services.
- Provide public education through local networks such as health care providers, law enforcement and judicial systems to prevent or reduce the incidence of abuse, neglect and/or exploitation of all New Mexicans, especially the elderly and persons with disabilities.
- Host forums that promote seniors and individuals living with disabilities as assets to the community.
- Increase accessibility and promote availability of local transportation, home modification services, and housing for seniors and adults living with a disability.

Educational Systems Should:

- Provide training for health care, law enforcement, judicial, and educational providers on effective communication methods regarding individuals with disabilities, individuals who are deaf or hearing impaired, and/or have limited English proficiency.
- Develop curricula and offer degree programs in gerontology.
- Provide continuing education about dementia and dementia related disorders.

Health Care Providers/Organizations Should:

- Provide training and outreach events in primary care clinics, home health agencies, and other health care provider settings that promote effective comprehensive treatment for the elderly with complex health, mental health and/or substance abuse issues.
- Utilize ombudsman staff and volunteers to provide training in nursing facilities and other residential treatment facilities regarding resident rights.

Businesses/Worksites Should:

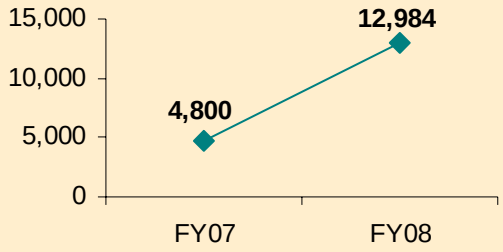
- Identify and partner with organizations that address lifelong opportunities for learning, employment, and volunteerism for New Mexicans age 55 and older and adults living with disabilities.
- Increase the number of businesses and non-profit organizations that provide social and long-term care services to participate in the social services resource directory.

Families/Individuals Should:

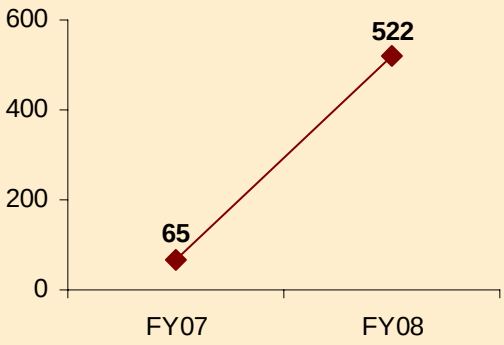
- Attend caregiver training when offered.
- Partner with service providers to plan and direct service and care needs in the community as well as institutional settings.

Performance Measures

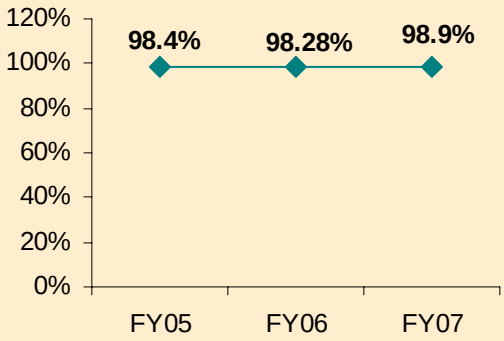
Number of Individuals Calling the Resource Center in Need of 2 or More Daily Living Services That Receive Information, Referral and Follow-Up Services[44]



Number of Individuals on the Self-Directed Mi Via Waiver[45]



Percent of Disabled and Elderly Medicaid Waiver Clients Who Receive Services Within 90 Days of Eligibility Determination[46]



Chapter Ten: Long-Term Services

Accomplishments:

- ✓ In November 2006, implemented Mi Via, the New Mexico Medicaid Self-Directed waiver, allowing 400 individuals to live with more independence, control and freedom.
- ✓ Mi Via expanded services to include 109 individuals with brain injury.
- ✓ Since February 2007, the Aging and Long-Term Services Department (ALTSD) has investigated an increased number of alleged cases of abuse, neglect and exploitation. As of the end of March 2008, 4,867 cases were accepted for investigation and legal and/or treatment intervention.

Goal 2: Provide Community-Based Services for Older Adults and Individuals Living With Disabilities to Allow Them to Remain Independent, At Home, and Contributing to the Community.

State Government Should:

- Continue to implement a coordinated, managed, long-term care program for up to 38,000 Medicaid eligible individuals to promote efficiency, support increased self-direction, maximize limited resources and minimize gaps in service delivery.
- Continue to enroll eligible individuals into the Mi Via program, a program that allows up to 6,000 individuals with low incomes and a disability to plan and direct their own services.
- Expand caregiver training and support for those supporting persons with disabilities and for vulnerable adults, especially individuals with Alzheimer's disease and other dementias.
- Work to establish a rural model, pre-PACE (Program for All-Inclusive Care to the Elderly) that provides integrated service delivery system including primary care, home care, rehabilitation services, personal care, meals, transportation, pharmacy and hospitalization to seniors ages 55 or older eligible for nursing home care.

Tribal Governments Should:

- Develop capacity on tribal lands to provide increased home and community-based services through Coordinated Long-Term Services (CLTS) and Aging Network programs.
- Consider alternative revenues sources to support aging services on tribal lands.
- Seek funding for programs that allow elders to remain in their own communities and receive services in their own languages.

Local Governments/Communities Should:

- Participate in Engage New Mexico, an initiative that enables communities to identify and implement solutions to concerns utilizing the wisdom and experience of New Mexicans age 55 and older and adults living with disabilities.
- Develop or improve medical and other transportation options for border and rural communities.
- Amend building code requirements as needed to allow for home modifications that allow seniors and adults living disabilities to remain in their own homes.

Local Governments/Communities Should (continued):

- Partner with the Red Cross, United Way and others to offer trainings that will help people know how to manage living independently at home.

Educational Systems Should:

- Further enhance transition planning for children with developmental disabilities who are reaching adulthood.

Health Care Providers/Organizations Should:

- Partner with state government, Area Agencies on Aging and private businesses to facilitate transitions and maximize access to the Medicaid Coordinated Long-Term Services waiver, the Mi Via Medicaid waiver and other available programs and services.
- Develop and implement multi-disciplinary teams to maximize resources, service planning and the provision of services for individuals with complex services needs.
- Make more and better use of the existing continuum of services, and better collaborate to reduce duplication and fragmentation of services.

Businesses/Worksites Should:

- Participate in “job fairs” and “volunteer fairs,” such as the ALTSD annual Conference on Aging, to promote employment and volunteer opportunities for older adults and individuals living with disabilities.
- Promote collaboration between leaders in business, non-profit organizations and government to develop strategies for fostering employment, volunteer and learning opportunities for older adults and individuals living with disabilities.
- Pursue more public/private partnerships to expand services to vulnerable people.

Families/Individuals Should:

- Attend caregiver training sessions in senior centers and other locations statewide.
- Assist family members who are elderly and/or have a disability with home assistance needs such as alert devices and handicap accessibility.

Chapter Eleven: Environmental Health

Background:

Environmental exposures have the potential to affect the health of all New Mexicans. Public health concerns can result from exposures to contaminants in drinking water, air, soil, and food. In New Mexico, environmental exposures harmful to public health can occur naturally, such as arsenic in groundwater, or as a result of industrial activity or other activities such as driving.

It is important to evaluate environmental health effects through studies of the contaminants people are exposed to and then relating this to the possible diseases caused by these exposures, such as asthma, heart attacks, birth defects, cancer, and kidney disease. Exposure assessment can include evaluating the levels of contaminants people are breathing in air and ingesting in drinking water. It can also include direct measurement in people's blood, hair, and urine. For example, the testing done on more than 1,000 people in New Mexico demonstrated levels of uranium in urine that are many times higher than the rest of the nation (mean values of 0.009 micrograms or uranium per liter of urine for the nation and 0.027 for New Mexico). Much uranium exposure results from drinking groundwater containing uranium. It is not known exactly how many people are drinking elevated levels since it occurs primarily in private wells.

This chapter highlights strategies to further the progress that has been attained and improve environmental health for all New Mexicans.

Goal 1: Identify and Reduce Environmental Exposures Harmful to Public Health.

State Government Should:

- Conduct surveillance of health outcomes (i.e., asthma, myocardial infarction, birth defects, neurodegenerative diseases, cancer) known to be associated with exposure to environmental contaminants.
- Link health effect data and environmental data (i.e., particulates in air and heart attacks).
- Educate individuals and communities about the associations between environmental exposures and health outcomes in the state and in specific localities via the internet and other media.
- Provide information on how to reduce toxic exposures.

Tribal Governments Should:

- Collaborate with state agencies to increase educational outreach to Native Americans about environmental contaminants in their communities and impact or potential impact on their public health.
- Collaborate with state agencies and the Native American epidemiological centers to strengthen partnerships to facilitate the exchange of data in order to better determine the disease burden among Native Americans and improve health outcomes.
- Educate the public, communities, and businesses on tribal land about reducing air and water pollution known to cause various poor health outcomes.

Local Governments/Communities Should:

- Increase education about associations between environmental exposures and health outcomes and what individuals and communities can do to minimize health risk.

Educational Systems Should:

- Increase education to students about associations between environmental exposures and health outcomes.

Health Care Providers/Organizations Should:

- Enhance knowledge about the associations between environmental exposures and health outcomes in their counties and localities.
- Further develop relationships with emergency care hospitals in order to facilitate the exchange of emergency department (ED) data to determine ED discharge rates.

Businesses/Worksites Should:

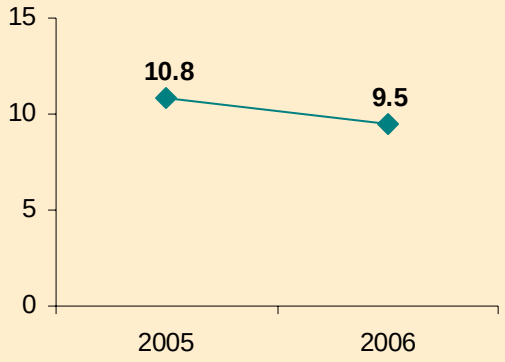
- Educate employees about the impact that environmental exposures have on public health.
- Educate employees about reducing air and water pollution known to worsen various health outcomes, especially in regions known to have high pollution levels.
- Promote policies that result in a reduction of toxic emissions.

Families/Individuals Should:

- Take biomonitoring samples (i.e., water, urine, blood, hair samples) for testing in order to determine exposure risks due to environmental contaminants.

Performance Measures

Asthma Hospital Discharge[47]
(Rate per 100,000)



Chapter Eleven: Environmental Health

Accomplishments:

- ✓ Conducted analysis of more than 2,000 urine and blood samples for metals and phthalates throughout the state identifying exposures of concern for arsenic and uranium.
- ✓ Determined that arsenic exposure in drinking water is associated with increased risk of bladder cancer.
- ✓ Determined that increased ozone levels in San Juan County are associated with increased emergency room visits for asthma.
- ✓ Developed a website where the public can get information about their environmental exposures and possible associated health effects.

Goal 2: Reduce the Burden of Disease Caused by Environmental Exposure, Specifically Focusing on Asthma.

State Government Should:

- Conduct asthma surveillance to provide the basis for planning and evaluating intervention programs and directing public health resources.
- Implement evidence-based interventions, including asthma training for health care providers, community health representatives, and Promotores, in order to standardize high quality care and reduce regional disparities.
- Increase asthma education for individuals with asthma and their families, as well as schools and communities, so that asthma can be more effectively managed thus reducing hospital and emergency room visits.

Tribal Governments Should:

- Strengthen partnerships with the state to facilitate the exchange of data in order to better determine the burden of asthma among Native Americans.
- Increase asthma education and expand interventions in tribal communities with high asthma rates.

Local Governments/Communities Should:

- Partner with the state to educate communities about the burden of asthma.
- Collaborate with other communities, non-profit organizations, and government agencies to most effectively utilize resources in promoting asthma education, and asthma awareness.

Educational Systems Should:

- Promote standardized asthma education and asthma management in schools and child-care centers.

Health Care Providers/Organizations Should:

- Comply with National Asthma Education and Prevention Program (NAEPP) guidelines.
- Educate all family members and individuals with asthma, in order for asthma to be more effectively managed thus reducing hospital and emergency room visits.

Businesses/Worksites Should:

- Educate employees about asthma management and common environmental asthma triggers in the workplace.
- Conduct surveillance of work-related asthma in the work environment.

Families/Individuals Should:

- Participate in asthma awareness activities and campaigns.

End Notes

Chapter One: Health Inequities (Pages 3-4)

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Chapter Seven: Behavioral Health and Youth Suicide Prevention (Pages 24-29)

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Chapter Eight: Health Care Coverage, Access and Financing (Page 31-33)

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Chapter Ten: Long Term Care (Page 40)

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Chapter Eleven: Environmental Health (Page 44)

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Glossary of Acronyms/Definitions

Acronym/ Word	Meaning of Acronym	Definition
AED	Automated External Defibrillator	
AIHAC	American Indian Health Advisory Committee	A committee convened by the Department of Health, with leadership from New Mexico's urban Indians and 22 tribes, to give the Department of Health guidance on Indian health issues.
ALTSD	Aging and Long-Term Services Department	
AMSA	American Medical Student Association	
APS	Adult Protective Services	
Assets		Represent the relationships, opportunities, and personal qualities that young people need to avoid risks and to thrive.
BHC	Behavioral Health Collaborative	
BMI	Body Mass Index	Number calculated from a person's weight and height. BMI provides a reliable indicator of body fat for most people and is used to screen for weight categories that may lead to health problems.
CDC	Center for Disease Control and Prevention	
CLAS Standards	National Standards on Culturally and Linguistic Appropriate Services	14 Standards set by the Federal Government organized by themes: Culturally Competent Care, Language Access Services, and Organizational Supports for Cultural Competence.
CLTS	Coordinated Long-Term Services	A Medicaid managed care program that provides and coordinates services to certain Medicaid recipients. This includes all physical health and/ or long-term care services, such as: doctor visits, hospital services, home and community-based services and long-term services. Individuals enrolled in CLTS will receive their services under a managed care setting.
Comprehensive Sex Education		Education that increases the knowledge of the function, structure and behavioral aspects of human reproduction. This includes knowledge of all types of contraception including barrier, oral contraception, abstinence and other forms of birth control.
COOP	Continuity of Operation Plan	
CPR	Cardio Pulmonary Resuscitation	

Acronym/ Word	Meaning of Acronym	Definition
CPS	Current Population Survey	
CYFD	Children, Youth and Families Department	
DOH	Department of Health	
ED	Emergency Department	
EMS	Emergency Medical Services	
EMS Bureau		A bureau within the Department of Health's Epidemiology & Response Division that oversees the state's EMS, Trauma, and Stroke Programs.
Food Insecurity		Food insecurity refers to the lack of access to enough food to fully meet basic needs at all times due to lack of financial resources.
FPL	Federal Poverty Level	
FY	Fiscal Year	
GSD	General Services Department	
HAvBED	Hospital Available Beds in Emergencies and Disasters	
HCP(s)	Health Care Provider(s)	
Health Professional(s)		Any individual who is licensed to provide a health care service in the State of New Mexico. This includes medical, behavioral and others.
HED	Higher Education Department	
HM17	House Memorial 17	Requesting the New Mexico Health Policy Commission to study and make policy recommendations to increase nurse recruitment and retention in New Mexico Hospitals.
HMO(s)	Health Maintenance Organization(s)	
HPC	Health Policy Commission	
HPSA	Health Professional Shortage Area	
HSD	Human Services Department	
IBIS	Indicator-Based Information System for Public Health	
IHS	Indian Health Service	
LEPC	Local Emergency Planning Committees	Groups of stakeholders, police, fire, and EMS organizations in municipalities or counties that work together in planning and preparing local areas for large scale incidents that affect a population.

Glossary of Acronyms/Definitions

Acronym/ Word	Meaning of Acronym	Definition
Local Collaborative(s)		Local organized behavioral health councils are linked to the statewide Behavioral Health Council that explore the behavioral health needs of their communities.
LTC	Long-Term Care	
Mi Via	(My Way)	New Mexico's Medicaid Self-Directed Waiver for individuals who are eligible to receive long-term services through one of the four Medicaid waiver programs: Disabled and Elderly, Developmental Disabilities, Medically Fragile and AIDS.
MCO(s)	Managed Care Organization(s)	
NAEPP	National Asthma Education and Prevention Program (guidelines)	
NM	New Mexico	
NM- HCA	New Mexico Health Care Authority	An Authority proposed as part of Governor Richardson's Health Solutions Initiative. If legislation were to pass, the Authority will be responsible to reduce bureaucracy and create a single point of accountability for health care benefits in New Mexico.
NMHPC	New Mexico Health Policy Commission	
NMIBIS	New Mexico's Indicator-Based Information System for Public Health	
NMMEMS	New Mexico's Modular Emergency Medical System	
NMSIIS	New Mexico Statewide Immunization Information System	A secure confidential web-based HIPPA – Compliant electronic database that captures and consolidates immunization information.
NMSU	New Mexico State University	
NM TSFA	New Mexico's Trauma Fund Authority	
NM-YRRS Data	New Mexico Youth Risk and Resiliency Survey	A survey that assesses the health and risk behaviors and resiliency factors of youth and measures changes in those behaviors and factors over time, providing comparable school district, county, state and national data.
PAK	Premium Assistance for Kids	
PAM	Premium Assistance for Maternity	
Pathway to Excellence		A specifically designed program for smaller rural facilities that improves the work environment for nurses, thus improving patient outcomes by increasing the recruitment and retention of nurses.

Acronym/ Word	Meaning of Acronym	Definition
PED	Public Education Department	
Peer-to-Peer Programs		Programs that engage an informal helping network of peers and supportive people within one's community and school. These programs are developed on the premise that peers are the first line of support for people at-risk and should be supported in developing skills to respond appropriately.
Postvention		Term was first coined by Shneidman in 1981 and is currently defined by the American Association of Suicidology as the provision of crisis intervention, support and assistance for those affected by a completed suicide.
Promotoras		Community members who promote health care and take a leadership role in health education in their community.
PSIA	Public School Insurance Authority	
RETRAC	Regional Trauma Advisory Council	Group composed of hospital and EMS representatives that review and develop local protocols for the betterment of care for trauma and other patients.
RHCA	Retiree Health Care Authority	
SAMHSA	Substance Abuse and Mental Health Services Administration	
SBHC(s)	School Based Health Center(s)	
SCHIP	State Children's Health Insurance Program	
SCI	State Coverage Initiative	
SED	Serious Emotional Disturbance	
SM18	Senate Memorial 18	Requests the New Mexico Health Policy Commission to study and make policy recommendations to increase nurse recruitment and retention in New Mexico Hospitals.
SMI	Serious Mental Illness	
Social Determinants of Health		Economic and social conditions under which people live that determine their health.
SOM	School of Medicine	

Glossary of Acronyms/Definitions

Acronym/ Word	Meaning of Acronym	Definition
Telehealth		The use of electronic information and telecommunications technologies to support long-distance clinical health care, patient and professional health-related education, public health and health administration.
The Collaborative		Pertaining to the “Behavioral Health Collaborative.”
TOP	Teen Out Reach Programs	A curriculum that fosters the positive development of adolescents.
Tricare		Health care program for active duty and retired uniformed service members and their families.
TSFA	Trauma System Fund Authority	Governor appointed committee that controls the Trauma System fund, established by the New Mexico Legislature to be utilized for the maintenance and development of the state’s trauma system.
VFC	Vaccines for Children	
Unintended Pregnancy		A pregnancy that is either mistimed or unwanted at the time of conception. (CDC Definition)
UNM	The University of New Mexico	
UNMSOM	The University of New Mexico School of Medicine	
USDA	United States Department of Agriculture	
WIC	Women, Infants, and Children	A nutrition program that provides healthy foods, nutrition information, breastfeeding advice and support and referrals to doctors, dentists and other service providers.
WICHE	Western Interstate Commission for Higher Education	

For More Information

PB WIKI Page for the 2008 New Mexico Comprehensive Strategic Health Plan
http://nmcompplan.pbwiki.com/

2006 New Mexico Comprehensive Strategic Health Plan
http://www.health.state.nm.us/pdf/NMCSHP.pdf

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http://www.health.state.nm.us/phd/fp/index.htm

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New Mexico Health Policy Commission (continued)

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New Mexico Behavioral Health Collaborative, First Annual Report June 2008
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Comprehensive Behavioral Health Plan FY 08 – FY10
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New Mexico Aging and Long-Term Services Department

New Mexico State Plan for Aging and Long-Term Services
http://www.nmaging.state.nm.us/pdf_files/2005-2009stateplan.pdf

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NEW MEXICO HEALTH POLICY COMMISSION
OFFICE OF THE EXECUTIVE DIRECTOR
2055 SOUTH PACHECO, SUITE 200
SANTA FE, NEW MEXICO 87505
WWW.HPC.STATE.NM.US
(505) 827-6201

NEW MEXICO DEPARTMENT OF HEALTH
OFFICE OF THE SECRETARY
1190 ST. FRANCIS DRIVE
P.O. BOX 26110
SANTA FE, NEW MEXICO 87502-6110
WWW.NMHEALTH.ORG
(505) 827-2613