

**2008-2010
Progress Report
September 2010**



**State of New Mexico Comprehensive
Strategic Health Plan**



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FOREWORD BY GOVERNOR BILL RICHARDSON



It is with great pleasure that I present this biennial update on the 2008 New Mexico Comprehensive Strategic Health Plan.

New Mexico Department of Health and Health Policy Commission staff worked tirelessly over the past year to update each chapter of the plan, but the report itself reflects the tireless work of countless people across the state.

That effort is making a difference. Within this report you will find that progress is being made in addressing important health issues in New Mexico:

- More doctors and nurses call New Mexico home, meaning more services are available for patients around the state. This increase may be the result of an income tax credit provided to health care practitioners who serve in areas of the state designated as underserved.
- Federal funding will allow the development of a NM Dental Support Center, which will sustain and enhance efforts to increase the number of appropriately trained and culturally competent oral health providers.
- Now, 84 school-based health centers operate in the state, with 47 of them approved to bill Medicaid. When my administration began, only 34 school-based health centers provided medical and behavioral services at the location most convenient for students-at their schools.
- Since 2008, 50 percent more medical practices are using the State Immunization Information System to track administered vaccinations that are still needed. Providing better tracking through a web-based system will help us identify and reach the children who are behind in their vaccines.
- The DOH distributed about 750,000 doses of H1N1 vaccine to primary health care providers, public health offices, pharmacies, community-based events and school flu clinics to immunize as many New Mexicans as possible to prevent the spread of the virus, first targeting the high risk/vulnerable groups.
- Ten percent more people are participating in the Insure New Mexico! medical assistance program than in 2009, with 541,639 New Mexicans now participating. More than 67 percent, or 323,939, of those covered are children.

- A new customer web portal known as Your Eligibility System-New Mexico (YES-NM) provides viewers with one-stop access to the array of HSD social and health services programs and will eventually interface with additional programs administered by other state agencies.
- In FY09, 156 persons with Medicaid were able to move from nursing homes into home or community-based services through MiVia, a self-directed program for seniors and persons with disabilities or a brain injury.

In concert with increased access and coverage that will result from federal health care reforms, New Mexicans can look forward to more affordable health care choices and increase access to the health services they need-and deserve.

With warmest regards,

A handwritten signature in black ink that reads "Bill Richardson". The signature is written in a cursive, flowing style with a long, sweeping tail.

Bill Richardson
Governor of New Mexico

Introduction



Alfredo Vigil, MD
Cabinet Secretary
New Mexico
Department of Health

We are pleased to present the 2010 Progress Report for the *State of New Mexico 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.”



Sam Howarth, PhD
Agency Director
New Mexico
Health Policy Commission

The most recent Comprehensive Strategic Health Plan was issued in 2008. You can find a copy at www.nmhealth.org/pdf/2008%20Comprehensive%20Strategic%20Health%20Plan.pdf. To assure that efforts continue to advance, we have compiled this biennial update on the progress made toward the goals established in the 2008 plan.

With the leadership of Governor Bill Richardson, a noteworthy number of agencies and individuals have worked together over the past two years to contribute to the achievements cited in this update. The work conducted daily by people in State, Tribal and local governments, by educators, health professionals, business owners and employees and by families and individuals helped to improve the 11 core targets of the report.

These New Mexicans have focused on conditions such as health inequities and environmental pollution, on systems of medical, dental and behavioral health care, on individual actions that can result in teen pregnancy, addiction and obesity.

This continuous diligence is supplemented by individual initiatives that aim at breaking logjams created by complacency or bureaucracy and jumpstarting change with bold action and insight.

Not all of our efforts are showing the sharp gains for which we had hoped. We will evaluate the effectiveness of these efforts to learn better approaches or fine tune those we are currently using. We also acknowledge that some conditions will require more time to improve. The advocates and public servants who address these issues can be counted on to maintain their vigor and dedication to these causes.

As a unified whole, we will keep fighting for the right of all New Mexicans to live in a state that offers them the best possible opportunity for good health.

Chapter One: Health Inequities

Goal 1: Decrease Health Inequities.

Accomplishments

- ✓ In 2006, the Department of Health (DOH) required the use of standardized reporting for race and ethnicity categories. During the past two years, several additional DOH systems were modified to incorporate this requirement: the Public Health Division's Billing and Electronic Health Record system, New Mexico's Indicator-Based Information System (NM-IBIS), the Women, Infants and Children's (WIC) system and the Bureau of Vital Records and Health Statistics.
- ✓ The DOH provides on-going medical interpreter training in Spanish and Navajo to health care staff throughout the state. In addition, the DOH has provided cultural competence training in person and online through a web-based application.
- ✓ Health care providers have accessed the DOH Culturally and Linguistically Appropriate Services (CLAS) Standards online training to comply with the federally mandated CLAS Standards. The online training has had 80,451 visits.
- ✓ The DOH established the Office of Community Health Workers (OCHW) within the Division of Public Health, a significant step toward developing a standardized training program and certification process for community health workers. The work is being undertaken in collaboration with the New Mexico Community Health Worker Advisory Council. CHWs help expand access to health care systems and services, including medical screenings and health information.
- ✓ The DOH's American Indian Health Advisory Committee (AIHAC) meets quarterly to provide guidance to the department on health disparities issues impacting tribal communities. Several workgroups have been developed to address domestic violence and depression among American Indians.
- ✓ In FY10, a new subcommittee of DOH's AIHAC was formed to develop guidance for health care providers about different tribal customs related to health care.

Performance Measure

Percent of Indicators in New Mexico's Health Disparities Report Card That Show a Decrease in the Disparity Ratio.¹

Year	Result
* 2006-2007	47%
* 2006-2009	50%

* The 2006 Report Card contains 2003-2005 data, the 2007 Report Card contains 2004-2006 data and the 2008 Report contains 2005-2007 data. The 2009 Report contains 2006-2008 data.

Compared to the 2006 Report Card containing 2003-2005 data, the 2009 Report containing 2006-2008 data, shows improvement in 9 indicators or 50%.

Chapter One: Health Inequities

- ✓ The Bernalillo County Off-Reservation Native American Health Commission was created by the 2008 Legislature to access and provide recommendations for health care services for off-reservation or urban American Indians. A final report is expected in FY11.
- ✓ A new state law requires public institutions of higher education to integrate cultural competence curricula into their professional curricula. As a result, the University of New Mexico Medical School, the New Mexico State University School of Nursing, the Highlands University School of Social Work and the New Mexico State University School of Occupational Therapy have developed culturally competent curricula integrated into their professional educational and training programs.
- ✓ In 2009, a Health Workforce Summit sponsored by New Mexico First was held to bring statewide health providers together to assist in recruiting minority subpopulation groups into health careers.
- ✓ Several tribes advocated for the passage of health care reform, and to educate their communities regarding its benefits. They also worked for the reauthorization of the Indian Health Care Improvement Act.
- ✓ Tribal communities are working to eliminate disparities in diabetes through health education programs, community gardens and farming, fitness and wellness centers, and partnerships with other community-based programs, such as the Women, Infants, and Children Program (WIC).
- ✓ The New Mexico Tribal Data Work Group is providing education to tribal communities and researchers regarding the effective use of data and protocol for research activities in tribal communities.

Chapter Two: Workforce Issues

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

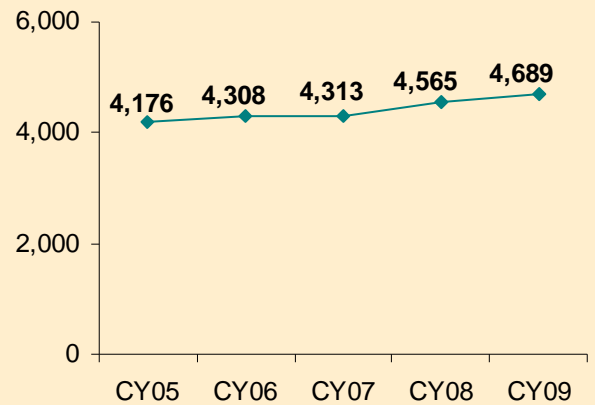
Goal 2: Strengthen New Mexico's Health Professional Education System Including Capacity, Infrastructure, Quality and Appropriateness.

Accomplishments

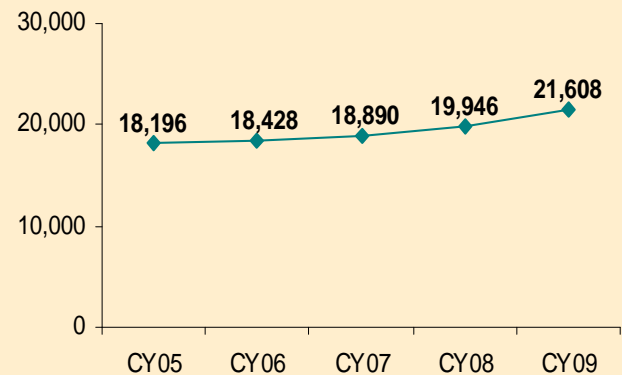
- ✓ Fund the New Mexico Health Service Corps Stipend Program, which provides stipends to health professionals during their clinical training (such as residency training) in exchange for a commitment to work in underserved parts of the state. Emphasis is given to rural areas. Physicians, dentists, physician assistants, nurse practitioners and dental hygienists participate in this program.
- ✓ The DOH coordinates with the federal government to assure that federal programs such as the National Health Service Corps Scholarship and Loan Repayment Programs and the Indian Health Service Loan Repayment Program support the placement of health professionals in underserved rural parts of the state.
- ✓ The Rural Health Care Practitioner Tax Credit Program, also administered by DOH, provides income tax credits to eligible health care practitioners who have provided health care services in a designated rural health care underserved area. More than 1,500 rural providers received a tax credit for tax year 2008.
- ✓ Through a contract with New Mexico Health Resources, the DOH provided continuing education for 60 medical and dental providers during the 2008 Annual Provider Retreat. While at the retreat, recent graduates and residents were able to meet with recruiters and interview for positions.
- ✓ The vacancy status of health professionals statewide is tracked in a real time data system using Practice Sights, a medical provider placement application.

Performance Measures

Number of Licensed Physicians with New Mexico Addresses²



Number of Licensed Nurses with New Mexico Addresses³



Chapter Two: Workforce Issues

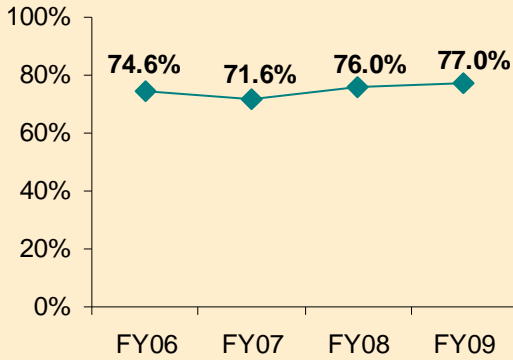
- ✓ The University of New Mexico, Central New Mexico Community College and Eastern New Mexico University are developing admissions policies and other initiatives to increase the number of minority students enrolling and succeeding in health-related post-secondary education programs throughout the state. The effort has been facilitated by the Higher Education Department (HED).
- ✓ In September 2009, the DOH was awarded a three-year Health Resources and Services Administration (HRSA) grant to establish the New Mexico Dental Support Center, which will sustain and enhance efforts to increase the number of appropriately trained and culturally competent oral health providers. This will be accomplished by developing and maintaining continuing dental education opportunities and technical support to dental providers serving in rural areas and community health settings. The dentists will also benefit from a continuous communication network, including local dental disease prevention coordinators. In addition, the Support Center will establish a network of dental educators in New Mexico to connect and align with statewide missions and strategies of educators of dental residents, dental hygienists and dental assistants.
- ✓ The University of New Mexico, Central New Mexico Community College and Eastern New Mexico University are developing admissions policies and other initiatives to increase the number of minority students enrolling and succeeding in health-related post-secondary education programs throughout the state. The effort has been facilitated by HED.
- ✓ Public Education Department and HED are working with the health and biosciences industries to create career pathways that begin in high school and extend through postsecondary education. Governor Richardson identified Health and Biosciences as one of his seven priority industry clusters for career development.
- ✓ HED's newly created Workforce Education Division is working to grow our own/keep our own by helping recent graduates find health career opportunities in local communities and leveraging state funding to secure federal funding to increase the capacity of nursing programs to train nursing faculty.
- ✓ HED offers financial aid and loans for health-related services that are designed to encourage students to train and practice in the rural New Mexico.
- ✓ Each public and private postsecondary institution has identified contact personnel to assist graduating students find health-related occupational opportunities.
- ✓ Senate Bill 127 (SB127), passed by the 2008 Legislature, amended the Medical Practice Act by adding a new section giving the New Mexico Medical Board the authority to waive licensure fees for the purpose of medical doctor recruitment and retention. SB127 also added section (D3) concerning the use of New Mexico Medical Board Fund to include expenditures relating to efforts to recruit and retain medical doctors for practice in New Mexico.

- ✓ Several postsecondary institutions are using distance education as a means of providing health related instruction to rural and underserved areas of New Mexico. The numbers are increasing.
- ✓ HED administers specific loan-for-service programs aimed at increasing the number of health faculty. In addition, the department provides supplemental funding for faculty salary enhancement among the state's 18 nursing education programs.
- ✓ The University of New Mexico and the Santa Fe Indian School have entered into an agreement to create a pathway model that gives American Indian students interested in health education an opportunity to matriculate into the University of New Mexico.
- ✓ Several tribes, the Indian Affairs Department and DOH collaborated to develop recommendations and action steps for the recruitment and retention of American Indian health professionals. The recommendations include assessing shortages, making resources available, developing mentoring programs, monitoring and building systems.
- ✓ The Santa Fe Indian School partners with the UNM Health Sciences Center to encourage advanced placement students to pursue health careers.
- ✓ The Native American Community Academy developed a student support services school-based mental health program to nurture young professionals through master-level field placements for social work students from both New Mexico State University and New Mexico Highlands University.

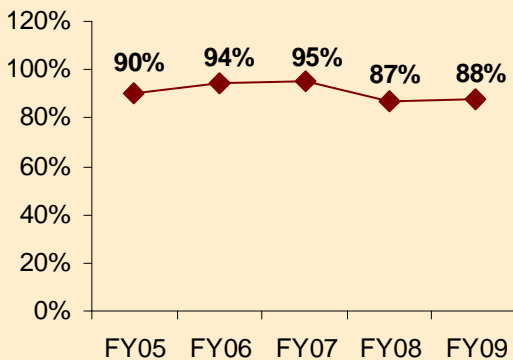
Chapter Three: Immunizations

Performance Measures

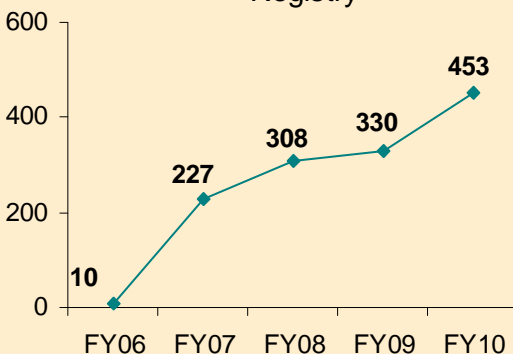
Percent of Preschoolers Fully Immunized (with varicella)⁴



Percent of Adolescents Fully Immunized⁵



Number of Providers Utilizing the Statewide Immunization Registry⁶



Goal 1: Increase Immunization Rates for All New Mexicans.

Accomplishments

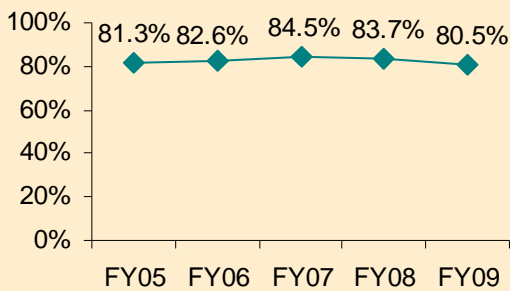
- ✓ The DOH Immunization Program maintains on-going agreements with 477 public and private providers in order to supply them with vaccine for children 0-18 years of age. These agreements also outline the provider's responsibilities as far as vaccine storage, handling, ordering and data entry into the statewide vaccine registry, NMSIIS.
- ✓ The DOH Immunization Program, the New Mexico Medical Review Board, the New Mexico Immunization Coalition and the New Mexico Medical Society work together to promote public/provider education and state-of-the-art immunization practices across the medical community.
- ✓ A toll-free number at the New Mexico Nurse Advice Line provides immunization information, education and vaccination clinic details to the public.
- ✓ The DOH Immunization Program develops educational campaigns to promote vaccination. News releases are distributed for special events and immunization issues, and TV and radio ads are used for the quarterly "Shots for Tots" events. Four bus wraps have also been in ongoing public view around the Albuquerque, Santa Fe, Gallup and Las Cruces.
- ✓ The DOH Immunization Program staff conduct site visits to public and private Vaccine for Children (VFC) providers to assure that vaccine immunization coverage levels are high and assess vaccine accountability, including adhering to VFC requirements for vaccine storage and handling and vaccine incident and wastage reporting.

- ✓ The DOH Immunization Program actively evaluates its approaches to make necessary changes that will achieve and sustain high immunization rates and maximize program outcomes.
- ✓ The DOH's Epidemiology and Response Division added a Strategic National Stockpile (SNS) module to the New Mexico Statewide Immunization Information System (NMSIIS), allowing monitoring of inventory and distribution of vaccine and medical material related to pandemic events. A system upgrade and the SNS module were heavily used during the H1N1 pandemic response. Providers statewide are being trained on the upgraded system and user enhancements.
- ✓ A bi-directional electronic exchange of immunization data will ensure that both providers and NMSIIS have the most accurate, up-to-date immunization records for New Mexicans.
- ✓ In 2008/2009, the Immunization Program implemented a WIC Immunization Clerk Project. Four immunization clerks were hired to comb the WIC data base for the immunization histories of children enrolled in WIC. The immunization clerks entered this data into NMSIIS which is New Mexico's official immunization registry and conducted reminder/recall follow-up to WIC clients.
- ✓ DOH distributed about 750,00 doses of H1N1 vaccine to primary health care providers, public health offices, pharmacies, community-based events and school flu clinics to immunize as many New Mexicans as possible to prevent the spread of the virus, first targeting the high risk/vulnerable groups.
- ✓ Pneumonia and influenza immunizations are continuously offered to those New Mexicans 65 years and older at high risk at public health offices statewide.
- ✓ Each of the Indian Health Service facilities hold on-going well-child clinics for ages 0 to 6 at which immunizations are provided.

Chapter Four: Healthier Weight (Obesity)

Performance Measures

Percent of Women, Infant, and Children (WIC) Program Participants Ages 2-5 Who are Not Overweight⁷



Percent of 9th through 12th Graders Not Obese.⁸

Calendar Year	Result
2005	88%
2007	89.1%
2009	86.5%

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

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

Accomplishments

- ✓ Expanded the membership of the New Mexico Interagency Council for the Prevention of Obesity to include the Indian Affairs Department and the Department of Agriculture.
- ✓ The Interagency Council agreed to focus their nutrition and physical activity messages and programming on the following nine behavioral outcomes: 1) Increase physical activity to one hour a day; 2) Limit TV and other screen time to two hours a day; 3) Eat five or more fruits and vegetables a day; 4) Drink fewer sweetened beverages; 5) Eat breakfast daily; 6) Limit eating out at restaurants, especially fast food restaurants; 7) Encourage family meals; 8) Limit portion size; and 9) Promote infant breastfeeding.
- ✓ The State Nutrition Action Program (SNAP), which represents public and private state and local agencies involved in food security issues, joined the Interagency Council's effort by agreeing to focus its messages on the above nine behavioral outcomes.
- ✓ The Human Service Department established these nine behavioral outcomes as the state's focus for its 2009 and 2010 food stamp nutrition education program.
- ✓ The Interagency Council purchased and distributed to state agencies 5,000 sets of posters (five posters per set) targeting elementary school-age children that promote healthy eating, increase physical activity and decrease screen time.
- ✓ In 2008, the Public Education Department was awarded a two-year, \$200,000 USDA Team Nutrition grant. The grant provides for the development of recipes for kid-friendly healthy school meals, technical assistance to school cafeteria staff to learn how to purchase and prepare healthier school meals and educational and promotional materials to motivate students to make healthier food choices both inside and out of school.

- ✓ In 2009, the Santa Fe Indian School was awarded a \$100,000 SNAP-Ed grant to increase students' knowledge of healthy eating, especially from traditional American Indian food crops and wild game, and develop students' culinary skills in preparing and choosing culturally appropriate and nutritious foods for self, family and the community.
- ✓ In 2010, DOH was awarded \$250,000 to expand SNAP-Ed (formerly known as Food Stamp Nutrition Education) efforts statewide. The program teaches low-income families how to prepare healthy family meals. It started as a pilot project in 2008.
- ✓ In June 2009, Healthy Kids NM (HKNM), a program that creates partnerships of government agencies, private businesses and community-based and youth programs who work together to coordinate and expand on existing wellness programs, was awarded \$606,601 from a CDC grant to create healthy programs supporting healthy eating and increased physical activity.
- ✓ In February 2010, HKNM was awarded \$400,000 from an ARRA grant to partner with school districts and schools to create an environment that supports healthy eating and increased physical activity.
- ✓ In 2009, HKNM awarded \$20,000 each to Cochiti, Santa Clara and San Ildefonso pueblos to create a community-wide program that supports healthy eating and increased physical activity and an additional \$5,000 to 33 community organizations to support local efforts that promote healthy eating and active lifestyles.
- ✓ In 2010, Cochiti Pueblo's Healthy Ko'tyit (Ko'tyit) developed a vision and goals that include re-establishing traditional food systems, with young and old working side-by-side to nourish themselves and keep active. They will also establish Ko'tyit-specific health education messages and materials that promote healthy nutrition and physical activity.
- ✓ In 2010, Keeping Po Who Geh Owingeh Healthy—One Child at a Time, San Ildefonso (Po Who Geh Owingeh) developed a plan to increase access of community members to affordable healthy food, raise awareness of the facilities that are available for physical activity, encourage community members to walk and to have play days.
- ✓ Healthy Kids—Healthy Community—Healthy Santa Clara Pueblo developed a vision and goals that include providing better access to facilities to increase physical activity, creating a community where healthy foods are more available, accessible and affordable with an emphasis on using traditional foods and recipes; and holding regular community events that motivate children, youth and families to be physically active and make healthy food choices.

Chapter Four: Healthier Weight (Obesity)

During FY09, Healthy Kids Las Cruces:

- ✓ Provided monthly fresh fruit, vegetable and grain tastings to more than 7,000 children in 16 elementary schools;
- ✓ Held weekly cooking demonstrations in Income Support Division office's waiting rooms and WIC clinics;
- ✓ Created edible gardens in two elementary schools and in the Mesquite Historic District;
- ✓ Increased to 50% the number of elementary schools holding recess before lunch;
- ✓ Worked with the local School Health Advisory Council to strengthen enforcement of wellness policies and the state's nutrition competitive rule;
- ✓ Worked with the Las Cruces Farmers' Market coordinator to encourage local producers to sell their produce at local farmers' markets;
- ✓ Provided a half day best practices obesity prevention training session to more than 70 pediatricians, nurses, school-based health center staff and other health care personnel;
- ✓ Piloted a half credit health class in one Las Cruces high school;
- ✓ Created the Passport to Health, which encourages elementary school-age children to participate in healthy eating, physical activity, cultural and learning activities;
- ✓ Created a Healthy Kids New Mexico webpage designed to provide parents, teachers and community organizations with fun-filled activities, lesson plans, recipes and useful tips to assist elementary-age children make healthy food choices and increase physical activity;
- ✓ Piloted the Mayor's Fitness and Nutrition 5.2.1.0. Challenge, in which the mayor challenged third graders at the 24 Las Cruces elementary schools to eat at least five servings of fruits and vegetables a day, spend no more than two hours a day watching TV or playing videos, get at least one hour of exercise a day and eliminate soda from their diet for three straight weeks.
- ✓ Developed walking paths on hospital and medical facility properties; and
- ✓ Received Department of Transportation (DOT) funding to establish a Safe Routes to School program (SRTS) in three schools and to hire a full-time Las Cruces public schools' SRTS coordinator to expand SRTS to all elementary and middle schools and developed more than a dozen new walking trails for the Las Cruces community.

- ✓ Since the spring of 2009, Chaves County is replicating Healthy Kids Las Cruces. Its five-year goals are to create a safe, accessible and adequate infrastructure that expands opportunities to increase physical activity and promote healthy eating in the built-environment for children, youth, and families; to create an environment where school students have the opportunity to participate in multiple forms of physical activity and healthy eating activities; to strengthen schools compliance of its wellness policies and use of the Healthy Weight Quality Improvement initiative; to create a community where families have access to and knowledge about affordable and healthy food choices; to decrease the economic burden of health care costs by decreasing the childhood obesity rate; and to create an environment in which employees and worksite management lead the way to a healthier future.
- ✓ DOH CATCH (Coordinated Approach to Child Health) partnered with San Diego Riverside School (Jemez Pueblo) and Sky City School (Acoma Pueblo) to promote physical activity, healthy food choices and prevent tobacco use. This program targets kindergarten through 5th grades.
- ✓ DOH created an elementary school body mass index (BMI) surveillance system that will begin in fall 2010 by collecting BMI data on kindergarten and 3rd grade students.
- ✓ In June 2010, DOH and the Indian Affairs Department, with funding from the Milbank Memorial Fund, brought together tribal leaders, state policymakers and health officials to discuss effective and culturally appropriate strategies to reduce the prevalence of obesity and Type II diabetes in New Mexico's American Indian communities. The forum showcased and advanced promising tribal practices and policies associated with reducing obesity and Type II diabetes.
- ✓ Traditional American Indian games were taught by the DOH's Tribal Youth Specialist in the Navajo Nation, San Felipe, Isleta, Santa Clara, San Ildefonso, Cochiti, Santa Ana & Jemez pueblos, as a form of diabetes/obesity prevention. The tribes/pueblos verbally agreed to implement these traditional games as part of their diabetes/obesity and youth programs.
- ✓ Navajo Coordinated School Health also developed a vision and mission that encourages a healthy lifestyle and promotes the Corn Plant concepts, through collaboration with local resources, positive role-modeling, development of positive life skills, administrative support & policy implementation and increased cultural awareness.
- ✓ Katishtya Healthy Kids Healthy Community Project (KHKHC) at San Felipe Pueblo received four-year funding from the Robert Wood Johnson Foundation to develop a set of sustainable local policies that will increase opportunities for children to adopt healthy lifestyles that will prevent overweight, obesity, and other chronic diseases.
- ✓ Zuni Youth Enrichment Project focused on good nutrition and inspired students to build a traditional community waffle garden.

Chapter Four: Healthier Weight (Obesity)

- ✓ Jemez Pueblo was awarded \$900,000 in federal stimulus funds for the “With the Communities Putting Prevention to Work” grant to hire health educators to design and implement education initiatives in schools and to coordinate wellness activities for adults in the community to promote increased physical activity, promote healthy food and beverage choices and support the local growers’ market. The Pueblo will work with local growers to increase access to fresh fruits and vegetables for all ages. Physical activity interventions will focus on increasing physical activity opportunities in the schools and the community.
- ✓ Navajo Elementary School promoted parental and community involvement in wellness activities and encouraged increasing the time spent in physical activity. A community wide Native American Games Day was held with approximately 60 in attendance.
- ✓ New Mexico Alliance for Children held a ten-week program called “Step to the Beat” designed to get head start aged children moving through rhythm, music and dance based activities.
- ✓ Tesuque Pueblo Farms, which includes several orchards and gardens, preserves heirloom seeds, and provides food, seed and plants to tribal members and teaches them to grow their own food, so they can make healthier food choices and become a sustainable community.
- ✓ Notah Begay III Foundation (NB3), whose mission is to promote health, wellness and leadership development with Native youth, awarded \$250,000 that was matched by the Pueblo of San Felipe, to build soccer fields in their community.
- ✓ San Felipe WIC Farmers’ Market Coupon Program provides direct distribution of nutritious foods and nutrition education to San Felipe and Santo Domingo Pueblo women who are low-income, pregnant, post-partum, or breast-feeding as well as infants and children up to age five. The Farmer’s Market’s mission is to provide a venue for small, local farmers to market produce directly to the public and to encourage healthy food choices to low-and-moderate income families. These two programs collaborate to provide WIC participants with \$20 a year in farmer’s market coupons to purchase fresh, nutritious, unprepared, locally grown fruits, vegetables and herbs from the San Felipe Farmer’s Market.

Chapter Five: Teen Pregnancy

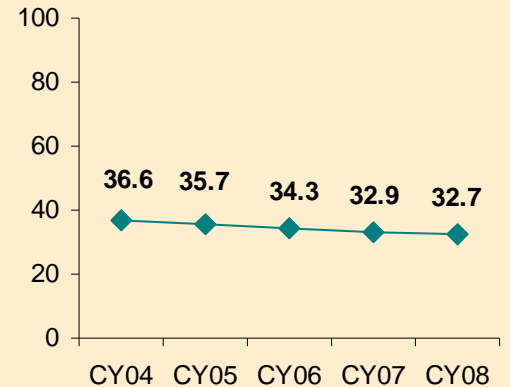
Goal 1: Reduce Teen Pregnancy.

Accomplishments

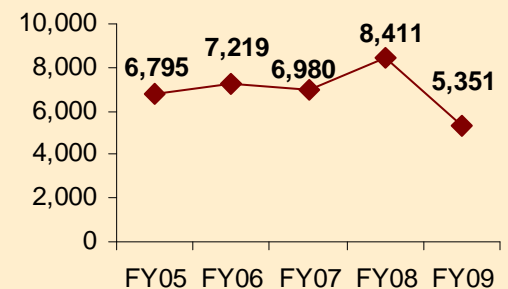
- ✓ The DOH Family Planning Program (FPP) offers on-going clinical reproductive health services at all local health offices, community health centers and some school-based health centers.
- ✓ The FPP collaborates with community organizations to provide comprehensive sex education that teaches about abstinence as the best method for avoiding sexually transmitted diseases (STDs) and unintended pregnancy but also teaches about condoms and contraception. Current projects include Making Proud Choices in Taos and Becoming a Responsible Teen in Albuquerque.
- ✓ The South Valley Male Involvement Project promotes services and refers clients to the reproductive health male clinical services offered at the Alamosa Public Health Office (PHO) and Southwest Valley PHO. The South Valley Male Involvement Project provides education using the Wise Guys curriculum at middle and high school sites in the South Valley of Albuquerque.
- ✓ Project M is a youth component created by the DOH South Valley Male Involvement Project that provides young men training and assistance in peer health education, focusing on the male's role in pregnancy and STD prevention.
- ✓ The FPP and the New Mexico Teen Pregnancy Coalition collaborate to offer Plain Talk in the South Valley and Doña Ana County. Plain Talk gives adults information and skills to communicate effectively with young people about reducing risky sexual behavior.
- ✓ The FPP supports programming in 5 of the 10 counties with the highest average birth rate for 15-17 year olds. The FPP and the STD Program also provided a group in Lea County with information on teen pregnancy prevention and STD rates. Lea County has the highest teen birth rates in NM.

Performance Measures

Annual Teen Birth Rate for Females Ages 15 to 17⁹



Unduplicated Number of Teens Ages 15-17 Receiving Family Planning Services in DOH/Family Planning Program-Funded Clinics¹⁰



Chapter Five: Teen Pregnancy

- ✓ The FPP collaborates with community organizations to provide the Teen Outreach Program at 17 sites. The Teen Outreach Program combines service learning and education to reduce teen pregnancy and increase school success. TOP programs are in Bernalillo (four sites), Doña Ana (three sites), Chaves, Cibola (two sites), Luna, Rio Arriba, San Miguel, Sierra, Torrance and Valencia (two sites) counties.
- ✓ The Children, Youth and Families Department funds home visiting programs such as First Born and Primeros Pasos.

Chapter Six: Oral Health

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

Goal 2: Increase Access to Oral Health Care.

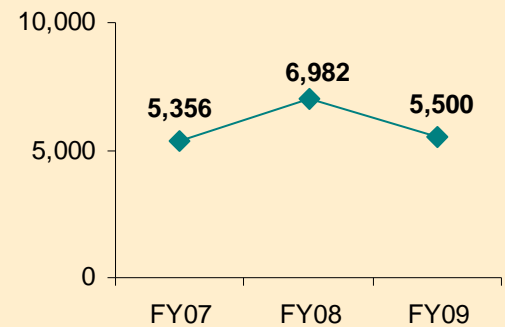
Goal 3: Change Perceptions of Oral Health.

Accomplishments

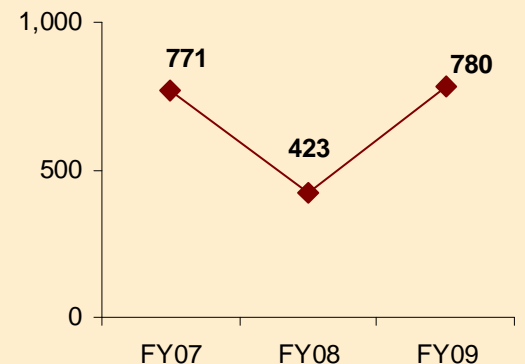
- ✓ The New Mexico Oral Health Advisory Council, which consists of private educators, dental associations, state government and individuals, works together to develop strategies to improve oral health access in New Mexico.
- ✓ Senator Bingaman obtained federal funding for a feasibility study for a dental school, which will be completed in fall 2010; and to continue expansion of the New Mexico dental residency program.
- ✓ The NM Dental Board is reviewing and revising regulations to reduce access barriers without sacrificing quality dental care and to expand the list of approved examinations allowed by New Mexico for licensure to specifically include all major regional boards and authorize the New Mexico Health Care Board to license dentists who have completed the University of New Mexico Dental Residency Program.
- ✓ In 2008, DOH's Office of Oral Health (OOH) created a Fluoride Varnish Program in Rio Arriba County, replicating the Santa Fe County Program. OOH also established a dental case management program in Rio Arriba County to serve Head Start and WIC clients. The program was expanded in 2009 to include children participating in the Dental Sealant Program.
- ✓ In 2009, OOH studied the rate of caries and the number of dental sealants applied to 1,134 third-grade children participating in the program from 2006 to 2009, finding that 26% of the population had active caries and 82% of the population had dental sealants. A final report will be released in 2010.

Performance Measures

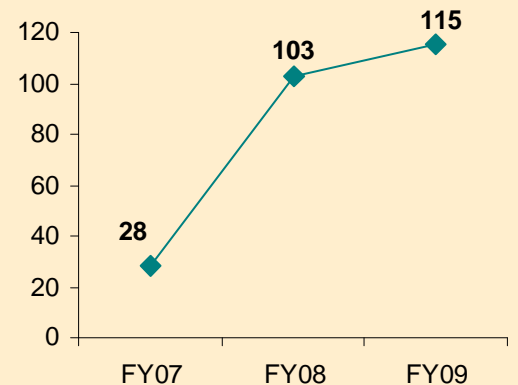
Number of Uninsured Children Receiving at Least One Dental Service¹¹



Number of Oral Health Providers Who Accept and Serve Medicaid Eligible Populations¹²



Number of Oral Health Providers Serving Persons With Disabilities¹³



Chapter Six: Oral Health

- ✓ In FY08, the OOH increased the number of dental providers serving indigent New Mexicans and persons with developmental disabilities.
- ✓ In 2009, El Centro Family Health Center, in Española, received funds to provide dental services to Rio Arriba County residents. The center provides services to fluoride varnish participants who do not have a dental home.
- ✓ In 2009, a study required by Senate Memorial 16 recommended that the NM Dental Health Care Board be directed to develop a retired dentist temporary license, which would allow dentists to work in a public health setting, to expand the number of providers serving indigent patients.
- ✓ The OOH and the Office of School and Adolescent Health have partnered to increase oral health services for children and youth in high schools. The programs are working to find additional dollars and providers for the targeted population.
- ✓ The OOH provides on-going oral health education to children and adults on the use of appropriate oral hygiene techniques, reducing the use of tobacco and the etiology of tooth decay.
- ✓ The New Mexico Human Services Department has undertaken a pilot project to train pediatricians to apply fluoride varnish and to bill Medicaid.
- ✓ The DOH's Health Systems Bureau is developing an oral health education program targeting high school students.
- ✓ Tribal dental programs are partnering with the newly created New Mexico Dental Support Center to access continuing education, outreach and education programs.
- ✓ The Indian Health Service Acoma-Laguna-Cañoncito Service Unit and Tohajiilee created a partnership to provide dental hygiene services in the local school. By partnering with the school board, they were able to get a grant to expand services onsite.
- ✓ Tribal dental programs explore every opportunity to creatively change perceptions of oral health. An example is the candy exchange program. Children can trade candy in for items that promote good health such as a basketball.

Chapter Seven: Behavioral Health & Suicide Prevention

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

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

Goal 3: Promote Behavioral Health.

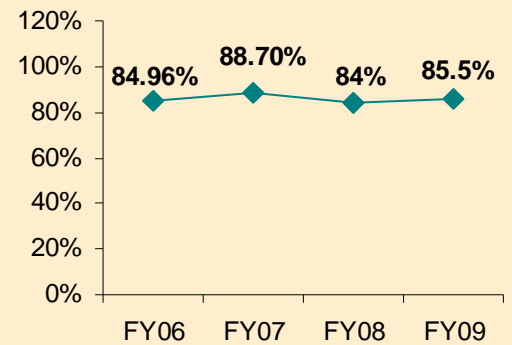
Goal 4: Promote Reduced Suicides Through Effective Suicide Awareness, Prevention, Intervention and Postvention Activities.

Accomplishments

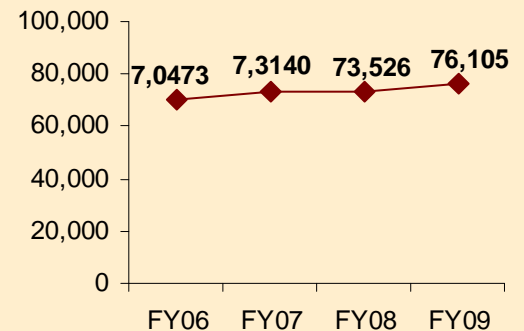
- ✓ The statewide contractor that oversees behavioral health services established a large provider network across the state, resulting in 76,000 unduplicated clients receiving behavioral health services in 2009. Both Medicaid and non-Medicaid clients are supported through these services.
- ✓ New Mexico has established 18 Local Collaboratives (LC) throughout the state, including three new American Indian LC during this past year, to guide behavioral health planning and services at the local level .
- ✓ The state oversees the Behavioral Health Planning Council (BHPC), which is the state’s statutory advisory body for behavioral health. Its membership must be comprised of at least 51% consumer and family members and includes representatives from all LC.
- ✓ The state is developing and instituting core service agencies (CSA) to provide wraparound services and a clinical home to children and adults diagnosed with serious mental illness (SMI), severe emotional disturbance (SED), or chronic substance dependence (CSD), or who are at risk of SED, or who have co-occurring disorders (COD). CSAs guarantee comprehensive screening and appropriate services within a set timeframe.
- ✓ The state designed/established a service delivery system to address barriers to behavioral health services for elderly and disabled populations.

Performance Measures

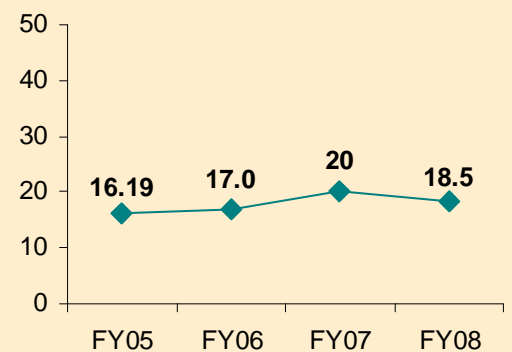
Percent of Consumers Reporting Satisfaction with Services¹⁴



Number of Individuals Served Annually in the Substance Abuse and Mental Health Programs Through the State Entity¹⁵



Youth Suicide Rate Among 15 to 19 Year Olds Per 100,000¹⁶



Chapter Seven: Behavioral Health & Suicide Prevention

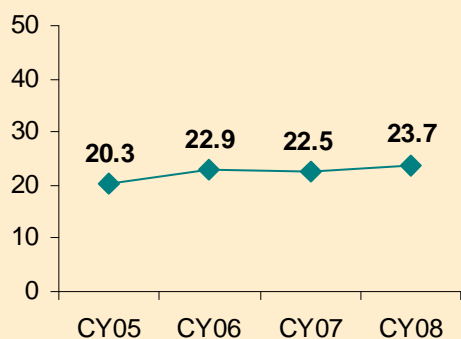
- ✓ In FY09, 160 providers throughout the state provided wraparound services to 3,329 National Guard members and veterans.
- ✓ Substance abuse prevention services provided approximately \$7 million to 42 agencies around the state, mostly to target young children and their families in school and community-based settings.
- ✓ The DOH's Office of Substance Abuse Prevention and the Collaborative supported 15 communities in implementing initiatives to prevent and reduce underage and binge drinking and the consequences of risky drinking, primarily DWI.
- ✓ In school year 2008-2009, 53 school-based health centers served 3,163 clients for behavioral health issues, for a total of 15,409 visits.
- ✓ As of July 2009, 4,610 statewide, bilingual anti-stigma ads ran and continued through October 2009. Post-campaign surveys are being conducted to determine effectiveness of the ads.
- ✓ The Behavioral Health Collaborative and the Mortgage Finance Authority have created housing stock for behavioral health consumers and several pilot housing programs have been successfully implemented.
- ✓ Evidence-based practices have become established, including Assertive Community Teams (ACT), Multi-Systemic Therapy (MST), and Intensive Outpatient Programs (IOP), which are all now funded by Medicaid.
- ✓ The Behavioral Health Collaborative approved the formation of a statewide, cross-departmental Clinical Multi-disciplinary Team to provide clinical consultation regarding clients with mental health and/or substance abuse problems who have high and complex needs. Criteria for referral includes behaviors that put clients at severe risk to themselves or others, the use of services that cross several departments and needs that seem to exceed the capacity of our current service system.
- ✓ Assertive Community Teams and Intensive Outpatient Programs that coordinate care to address suicide-related conditions were established.
- ✓ A System of Care grant project that uses best practice clinical approaches and a wraparound model is being implemented in three "anchor" communities, LC-6 (Grant, Hidalgo and Luna Counties), Highland Cluster School District in Albuquerque and Santa Clara Pueblo.
- ✓ A jail diversion program for veterans and American Indians is being implemented through a federal grant program in Sandoval, McKinley and San Juan Counties.
- ✓ A new consumer workgroup created and distributed consumer engagement tool kits.

- ✓ A new Consumer Peer Support Service training prepares participants for a certification exam that makes them eligible to work within CSAs to provide peer support services that are reimbursed by Medicaid.
- ✓ Substantial training has been provided to communities on using evidence-based wraparound models that offer comprehensive services to children and their families.
- ✓ Hundreds of law enforcement and community first responders have been trained in crisis response strategies.
- ✓ The Public Education Department began to require school safety plans, which include suicide awareness, prevention and post-intervention strategies.
- ✓ DOH provided funding to establish Natural Helpers and Native Hope which are peer support programs in schools and to train Gatekeeper stakeholders.
- ✓ Medical professionals, behavioral health clinicians and senior center staff learned best practices for referring, assessing, and treating older adults for all behavioral health issues, including suicide.
- ✓ New Mexico Legislature funded a study of the Rio Grande Gorge Bridge (just outside of Taos) suicides and how they might be prevented.
- ✓ Tribal leaders participated in suicide prevention training provided by the Center for Lifelong Education. The training was specifically designed for tribal leaders and included suicide prevention, modalities and culturally competent prevention strategies.
- ✓ Tesuque Pueblo is linking the education and social service systems to identify individual students who might be at risk for behavioral health issues to ensure they are not lost in the system. By examining truancy and working closely with parents, they are able to identify students who may benefit from early intervention and prevention services.
- ✓ Some communities affected by youth suicide have created steering committees to examine the incident in order to identify additional needs and resources and to provide on-going training.
- ✓ Some tribal communities strengthened their ability to mobilize and respond to youth suicide by actively working on prevention programs and identifying leaders to bring community members together to respond to crisis.

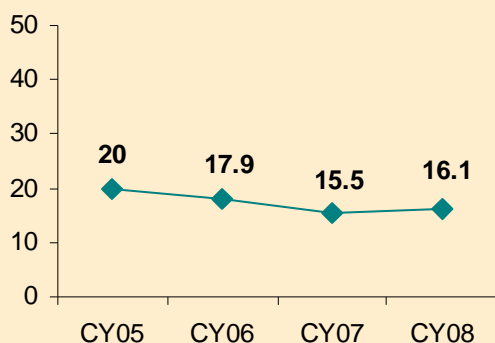
Chapter Eight: Health Care Coverage, Access and Financing

Performance Measures

Percent of New Mexicans without Health Insurance¹⁷



Percent of New Mexico Children Without Health Insurance¹⁸



Number of Individuals Enrolled in Medicaid and State Children's Health Insurance Program (SCHIP)¹⁹

Fiscal Year	Result
2006	401,441
2007	408,628
2008	448,483
2009	466,618

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.

Accomplishments

- ✓ The New Mexico Human Services Department (HSD) saw a 10 percent increase from 2009 to 2010 in participation in one of the Insure New Mexico! publicly funded medical assistance programs, with 541,639 New Mexicans now participating. More than 67 percent, or 323,939, of those covered are children.
- ✓ As part of Governor Richardson's *Insure New Mexico!* solutions, New Mexico implemented a comprehensive benefit health insurance plan, State Coverage Insurance (SCI), which is available to small employers with 50 or fewer employees and individuals below 200 percent of the federal poverty level without employer coverage.
- ✓ In 2009, 38,000 individuals and about 1,400 New Mexico small employer groups obtained coverage for themselves and their employees through the SCI program, with the average employer group size of just over nine employees. The majority of industrial categories are food service, hospitality, retail, health care and education services.
- ✓ In the 2008-2009 school year, 22,130 students received services through school-based health centers, with 16,795 students receiving Medicaid-reimbursable service. In 2010, 84 school-based health centers operated in the state, with 47 approved to bill Medicaid.
- ✓ New Mexico was allocated federal funding from the American Recovery and Reinvestment Act to support the state's costs for the Medicaid and the Children's Health Insurance Program (CHIP), which has allowed HSD to keep covering eligible children without changes in 2009 and 2010.

- ✓ A federal grant for \$957,221 from the U.S. Health and Human Services Department will allow HSD to increase Medicaid enrollment and retention of eligible children in American Indian, rural and frontier areas of the state through 12 on-line application kiosks located in schools, community centers, chapter houses and other places.
- ✓ A new customer web-portal known as Your Eligibility System–New Mexico (YES-NM) was established in 2009 by HSD. YES-NM interfaces with the array of HSD social and health services programs and will eventually interface with additional programs administered by other state agencies. YES-NM is a quick and easy way for people in New Mexico to get answers to questions on health and nutrition programs, and can be viewed at www.yes.state.nm.us/selfservice.
- ✓ Albuquerque was designated by the Robert Wood Johnson Foundation as one of 14 *Aligning Forces for Quality* (AF4Q) communities in April 2009. The New Mexico Medical Review Association, the Albuquerque Coalition for Healthcare Quality, a coalition of hospitals, health plans, medical providers, consumers and employers will work together to reduce racial and ethnic disparities and develop models for national reform in health care. To learn more go to www.abqhealthcarequality.org.
- ✓ HSD recently concluded several public meetings or “listening sessions” that were held in September 2009 and again in December 2009 to hear feedback from New Mexicans about specific cost-containment and Medicaid coverage ideas. In addition, a formal tribal consultation was held in December 2009 to solicit feedback and input from tribal leaders, providers and members of the public concerning the impact of Medicaid cost-containment and potential changes on the state’s American Indian populations.
- ✓ The 2010 Legislature passed bills that set a minimum medical loss ratio (MLR) for the state and require that at least 85 percent of premiums for health maintenance organizations and nonprofit policies in the small group market be used for direct services reimbursement and phase out gender differentials in health policies.
- ✓ The NM 2010 Legislature enacted Senate Joint Memorial 1(SJM1) to create a Health Care Reform Task Force to recommend strategies to the Governor and the Legislature on ways to access federal funds and comply with Federal Patient Protection and Affordable Care Act regulations.

Chapter Eight: Health Care Coverage, Access and Financing

Health Care Measures	FY09 Actual
Lives Insured through SCI	38,000
Lives Insured through Health Insurance Alliance	4,938
Number of Employers Participating in SCI	1,400
Number of children age 0 through 20 covered through Medicaid and SCHIP	116,118
Number of children covered through premium assistance program	230
Number of pregnant women covered through Medicaid receiving pregnancy related services only	6,995
Number of Pregnant women covered through premium assistance program	488
Number of children and youth receiving services in the Medicaid school-based services program	16,795
Children and Adolescent Access to Primary Care Physician	60%
Percent of Medicaid Managed Care who have dental exam	60%
Percent of age appropriated women enrolled in Medicaid <i>Salud!</i> who receive breast cancer screens	51%
Percent of age appropriated women enrolled in Medicaid <i>Salud!</i> who receive cervical cancer screens	73%

Chapter Nine: Emergency Care Systems

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

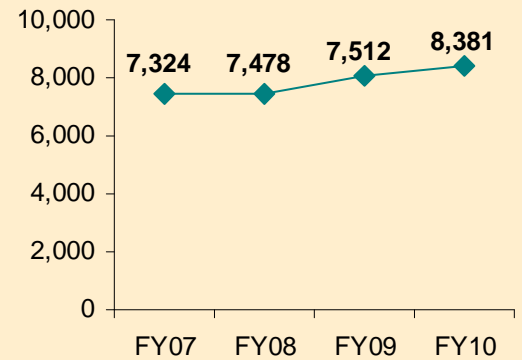
Goal 2: Improve the New Mexico Trauma Care System.

Accomplishments

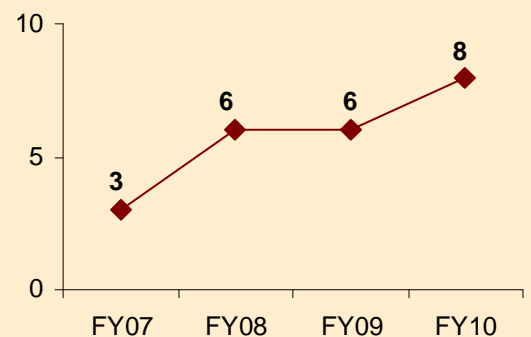
- ✓ Providing technical assistance and expertise to the New Mexico Legislature and local communities on ways to fund New Mexico's Emergency Medical System. For example, the 2010 Legislature considered HB99 which would have utilized a fee on private home, auto and commercial insurance and exploring a local gross receipts tax on a County by County basis.
- ✓ The University of New Mexico EMS Academy, Santa Fe Community College, Eastern New Mexico-Roswell, Doña Ana Community College and Central Community College of New Mexico work with local hospitals and agencies to meet the educational needs of local communities.
- ✓ The University of New Mexico EMS Academy has applied for a grant to assist with the research and development of a successful distance education program.
- ✓ DOH's EMS Bureau is monitoring an educational experiment in Minnesota geared towards community paramedicine. If this program is successful, it is possible that this curriculum and program will be brought to New Mexico. Much of the curriculum used in this program was developed by the UNM EMS Academy in the 1990s.
- ✓ American Indian EMS agencies maintain an integral part of their local non-native and native community, taking part in local planning, educational opportunities and other EMS related activities.
- ✓ In FY09, six designated trauma centers were awarded \$4,399,625 to assist them in maintaining trauma designation at their current level; \$467,924.00 was awarded to qualifying facilities seeking designation within the next two years.

Performance Measures

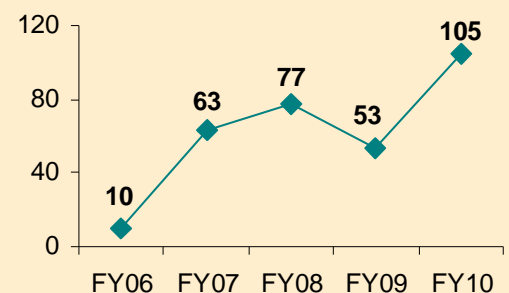
The Number of Active EMS Licenses in EMS Database²⁰



The Number of Designated Trauma Centers in the State²¹



Number of Health Emergency Exercises Conducted to Assess and Improve Local and International Response Capability²²



Chapter Nine: Emergency Care Systems

- ✓ The number of patient records submitted to the State Trauma Registry by trauma centers and hospitals increased to 6,358 in 2009, from 3,724 in 2005. The data collected from the records, which includes information about such areas as injury severity and discharge diagnosis, are used by the Trauma System Fund Authority to determine funding allocations.
- ✓ In November 2009, the Northwest Regional Trauma Advisory Council (ReTrAC) started in the Gallup area to support trauma issues in the Indian Health Services area. Six ReTracs in New Mexico meet quarterly to discuss performance improvement, transport and patient care issues.
- ✓ Since September 2009, ReTrACs have been including stroke and segment elevation myocardial infarction response training in the meetings
- ✓ Trauma designation assessments are completed on two developing trauma centers. Letters of support and collaboration to become a designated trauma center have been received from the local area governments for those seeking designation.
- ✓ In FY09, \$532,110 was awarded to various entities for trauma-related education and equipment such as trauma bags, helmets and car seats. All trauma-designated facilities must have an injury prevention component and are encouraged to do evidence-based injury prevention.
- ✓ Maintain on-going avenues to obtain information and recommendations on the EMS and Trauma system such as trauma advisory and system stakeholder meetings and local and state advisory groups.

Chapter Ten: Long-Term Services

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.

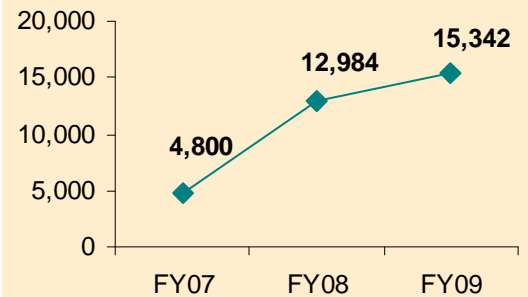
Goal 2: Provide Community-Based Services for Older Adults and Individuals Living with Disabilities to Allow Them to Remain Independent, at Home and Contributing to the Community.

Accomplishments

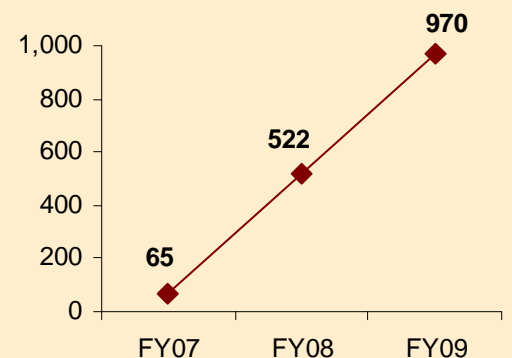
- ✓ In FY09, the Aging and Long-Term Services Department's (ALTSD) Aging and Disability Resource Center (ADRC) was contacted 68,014 times by people seeking information about long-term support, prescription drug programs and other benefits and supports that allow them to remain as independent as possible. Of those contacts, 15,342 were from individuals in need of support for two or more activities of daily living, such as meal preparation or bathing. This number was up from 2008, when 12,984 contacts were made.
- ✓ In FY09, the ADRC in conjunction with the State Health Insurance Program (SHIP), assisted 94,909 individuals state-wide on questions regarding Medicare, Medicaid, prescription drug assistance and other health related topics.
- ✓ In FY09, 1,276 new organizations were added to the online New Mexico Social Services Resource Directory, which provides individuals, their families and caregivers access to up-to-date, comprehensive services offered by national, state, and local social service providers. The directory is at www.nmresourcedirectory.org.
- ✓ ALTSD sponsored the 2009 and 2010 Disability Rights Days and Senior Day at the legislature. These days are dedicated to training individuals on how to advocate for themselves and others. In addition, the annual Southwest Conference on Disability, also sponsored by ALTSD, addresses how to promote individuals with disabilities as assets to the community through the development of community-based civic engagement opportunities.

Performance Measures

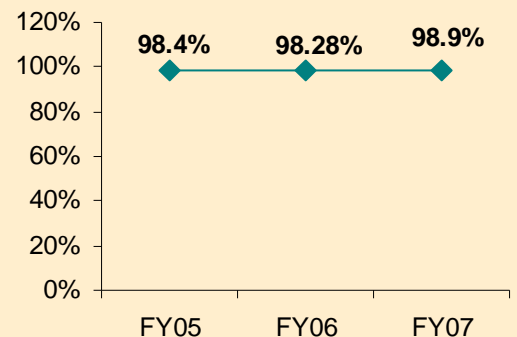
Number of Individuals Calling the Resource Center in Need of 2 or More Daily Living Services That Receive Information, Referral and Follow-Up Services²³



Number of Individuals on the Self-Directed Mi Via Waiver²⁴



Percent of Disabled and Elderly Medicaid Waiver Clients Who Receive Services Within 90 Days of Eligibility Determination²⁵



Chapter Ten: Long-Term Services

- ✓ The ALTSD's Policy Advisory Committee developed a series of issue papers that serve as educational tools to increase awareness of how issues impact older adults and adults living with a disability. Issue paper topics include: Alzheimer's Disease; Abuse, Neglect, and Exploitation; Behavioral Health; Brain Injury; Demographics; Employment; Family Caregiving; Health and Independence; Housing; Hunger; Kinship Caregivers; Social Opportunities; and Transportation. These issue papers are also used to help with the Department's strategic planning process to ensure the needs of New Mexicans are met and can be accessed on the ALTSD website: www.nmaging.state.nm.us/PAC_Issue_Papers.html.
- ✓ ALTSD's Office of Indian Elder Affairs works with tribal providers to advocate on behalf of all Indian elders in the state to strengthen their capacity to deliver a wide range of services.
- ✓ The New Mexico Indian Council on Aging is working to enhance in-home and community-based services that can be funded through Medicaid and Medicare. Tribal governments are also examining the possibility of developing a Program of All-Inclusive Care for the Elderly for tribal communities.
- ✓ Housing and transportation options for seniors and adults living with a disability are key priorities of ALTSD. The Department continues to partner with local communities and government to plan for appropriate housing and transportation options, including participation in the Behavioral Health Collaborative's Housing Leadership Group which was designed to increase supportive housing opportunities for non-elderly people with disabilities.
- ✓ A Mobility Stakeholders Group is addressing transportation options for elders and adults living with disabilities in rural and border communities. Members include: AARP, New Mexico Department of Transportation, Mid-Region Council of Governments, Santa Fe Trails, New Mexico Department of Human Services, New Mexico Aging and Long-Term Services Department, Non-Metro Area Agency on Aging, Torrance County, Albuquerque Department of Senior Affairs, the Beverly Foundation and the City of Albuquerque Area Agency on Aging.
- ✓ The ALTSD's GAP program provides emergency housing, personal care, respite, home modifications and assistive devices to individuals with physical and cognitive disabilities, including brain injury, to increase or maintain their independence in a home and/or community-based setting. GAP specifically targets people who are in the process of moving out of an institutional setting into a home setting and/or people who are at risk of institutionalization.
- ✓ ALTSD's Adult Abuse Prevention and Education Section (AAPES) and Geriatric Behavioral Health Team train behavioral health, social service, and medical care providers, law enforcement, the judicial system and private individuals to recognize abuse, neglect, and exploitation of the elderly and people with disabilities.

- ✓ ALTSD's disabilities liaison trained providers and Department of Workforce Solutions staff on effective methods of communicating with individuals with disabilities.
- ✓ ALTSD's geriatric behavioral health director provided training in a variety of medical, social service, and clinical settings to raise awareness of possible behavioral health problems of older adults and to develop more effective community-based responses.
- ✓ The New Mexico Alzheimer Association conducts approximately 48 support groups statewide for caregivers of people with Alzheimer's disease and other dementia. In addition, the Association provides a 24/7 helpline, phone and face-to-face care consultations, trainings for both professional and family caregivers as requested and provides vouchers for respite care for caregivers.
- ✓ The New Mexico Alzheimer's Association and ALTSD are implementing Savvy Caregiver, an evidence-based education and training program for caregivers of people with Alzheimer's disease or other dementias in Albuquerque. The program will be expanded to other regional Alzheimer's Association sites in Farmington, Roswell, Las Cruces and Las Vegas.
- ✓ The University of New Mexico's Geriatric Education Center offers a yearly symposium for nursing educators throughout the state. The symposium is developed to teach nursing faculty how to integrate geriatrics into their clinical programs.
- ✓ University of New Mexico's School of Medicine offers a one-year accredited comprehensive training Fellowship in Geriatric Medicine. The program provides subspecialty training in geriatrics to physicians who are board eligible or certified in internal medicine or family medicine.
- ✓ The New Mexico State University's Department of Health Science offers an undergraduate and graduate minor in gerontology.
- ✓ Webster University's Albuquerque campus offers a non-clinical gerontology graduate program. The program is designed to educate physical therapists, financial planners, lawyers, health care workers, human resource specialists, medical doctors and travel planners, among others.
- ✓ In FY09, the ALTSD Long-Term Care Ombudsman Program staff and volunteers conducted 79 training sessions to nursing facility staff on residents' rights, the role of the Long-Term Care Ombudsman Program and transition planning for residents leaving nursing facilities to move back to the home and community.
- ✓ ALTSD's older worker programs provide training and subsidized employment opportunities to more than 250 people statewide. These programs partner with community organizations, senior centers, Aging Network providers and training and employment services throughout New Mexico.
- ✓ ALTSD added the 50+ Employment Connection in Santa Fe to its other senior employment programs in 2009. The 50+ Employment Connection offers job search assistance and training opportunities to adults age 50 and older.

Chapter Ten: Long-Term Services

- ✓ ALTSD continues to administer one of the five federal Department of Labor funded Senior Community Service Employment Programs (SCSEPs) in New Mexico. The others are administered by the National Indian Council on Aging and the Goodwill Industries of New Mexico.
- ✓ The GOLD Program provides mentoring services to at-risk individuals entering or re-entering the workforce, as well as others who may be experiencing barriers to employment. The GOLD Mentor Program hires persons age 50 and older to mentor at-risk persons statewide. Individuals mentored include Temporary Assistance to Needy Families (TANF) recipients and high school students with disabilities. This program is designed to appeal to retiring baby boomers who are looking for flexible, part-time work to supplement their incomes and who wish, at the same time, to give back to their communities.
- ✓ ALTSD has partnered with service providers and individuals and their families to support and enhance an individual's ability to choose what long-term services they need by: operating an effective and efficient self-directed program called Mi Via, or My Way, for seniors, persons with disabilities and persons with a brain injury; increasing the number of people choosing the consumer-directed Personal Care Option, which offers individualized support in their homes; working with the brain-injured community to operate a self-directed long-term care service delivery system for their constituency. As of April 2010, 1,038 participants were enrolled in the Mi Via program, including 317 persons with brain injuries. Also, in FY09, 156 persons with Medicaid were reintegrated from nursing homes into home or community-based services through Mi Via.
- ✓ ALTSD, and its partners, continue to evaluate the effectiveness of the state's integrated long-term service delivery systems, including PACE and CoLTS.
- ✓ PACE provides an integrated service delivery system including primary care, home care, rehabilitation services, personal care, meals, transportation, pharmacy and hospitalization, funded by combining Medicare, Medicaid and private financing. Enrollees in the PACE plan must be at least 55 years old, live in the Albuquerque Metro service area, and be certified as eligible for nursing home care per Medicaid criteria. The comprehensive service package permits most enrollees to continue living at home while receiving services rather than be institutionalized.
- ✓ "Coordination of Long-Term Services (CoLTS)" is designed to address the fragmented Medicaid long-term services system and to coordinate services for those eligible for both Medicaid and Medicare, was approved by the federal Center for Medicare and Medicaid Services in August 2008. The program was fully implemented June 30, 2009. CoLTS is administered through a partnership between the Human Service Department and the ALTSD. Currently, 37,543 people are enrolled in the CoLTS Program.

Chapter Eleven: Environmental Health

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

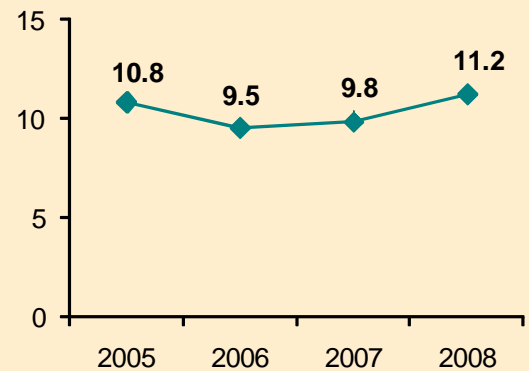
Goal 2: Reduce the Burden of Disease Caused by Environmental Exposure, Specifically Focusing on Asthma.

Accomplishments

- ✓ Field approximately 250 calls a year from the public on a variety of environmental topics. The vast majority of these calls are for mold. Fact sheets are provided on how to minimize mold growth and what to do if you already have mold growth.
- ✓ In 2009, the interactive website New Mexico Environmental Public Health Tracking System went live to provide New Mexico-specific health and environmental data. The site includes birth defect, heart attack, asthma, cancer and reproductive outcome data and selected air and water quality data.
- ✓ In 2009, developed additional environmental health fact sheets: two on mercury (Mercury in the Environment and Health Effects and Mercury and Pregnancy) and one on work-related asthma and blue green algae. Environmental Health fact sheets are available at: <http://nmhealth.org/eheb/index.shtml>.
- ✓ In 2009, produced a report describing potential associations with arsenic in drinking water and their health risks.
- ✓ The 2009 Burden of Asthma Report was released and an article, High Asthma Rates in Southeastern New Mexico, was published in the April 10, 2009 (no. 4) edition of New Mexico Epidemiology. DOH's Asthma Program will conduct asthma medical chart reviews to gain more nuanced hospital and emergency department data to ascertain more precisely why asthma rates are so high in southeastern New Mexico, compared to other regions. By knowing why the rates are so high, the Asthma Program will be able to focus its health interventions more effectively.

Performance Measures

Asthma Hospital Discharge²⁶



Chapter Eleven: Environmental Health

- ✓ In late 2009, DOH and the Navajo Area Indian Health Service signed an agreement that permits DOH epidemiologists to analyze de-identified case level hospitalization data among American Indians. These data are essential because the Centers for Disease Control (CDC) requires that the Asthma Program focus its limited intervention funds in areas with high rates of asthma. The Asthma Program has partnered with 22 tribal representatives and health professionals from 12 tribes that participated in the regional Asthma Summit meetings.
- ✓ In FY10, the University of New Mexico's Adult Asthma Clinic/Project ECHO has provided about 25 asthma provider trainings via audio/video teleconferences.
- ✓ In FY10, the Asthma Program supported 11 asthma guidelines trainings that educated 252 health care providers and others on the new National Asthma Education and Prevention Program Guidelines, Expert Panel Report #3 (NAEPP EPR-3). Feedback from providers indicated that 75% of attendees found them very helpful or helpful. Studies show that the patients of health care providers who follow these guidelines will experience fewer asthma attacks, hospitalizations or emergency room visits.
- ✓ In FY10, 68 children from low-income families and their caregivers in northeastern New Mexico received pediatric asthma self-management education. Three schools with an enrollment of 1,307 students also received the Indoor Air Quality Tools for Schools assessment, which seeks to improve the indoor environment by eliminating potential asthma triggers such as dust, mold, chemicals and other harmful substances. Evaluations completed by school administrators after the assessment indicate that 83% of the recommended changes had already occurred by the time the evaluation was completed and 13% would be completed within six months.
- ✓ Over the last couple of years, the Asthma Summit Planning Group has conducted a series of six regional Asthma Summits in Albuquerque, Las Cruces, Roswell, Hobbs, Gallup and Santa Fe. A diverse group of community providers, community health workers, and people with asthma and their family members were invited and 311 attended. The purpose of the Summits was to present asthma data, find out what asthma activities were occurring in the regions and what the regional gaps were. In addition, participants attended break-out groups focusing on public and patient educational issues, access to care, environmental issues and health care provider issues with the goal of brainstorming on potential solutions to asthma problems. As a result of the Asthma Summits, the Asthma Summit Planning Group will continue to work with regional partners in order to work out the details of how regional recommendations will be implemented
- ✓ DOH's Children's Medical Services offers numerous asthma clinics that serve children from low income families in all regions of the state.

- ✓ In FY 10, the Asthma Program has provided funding to Asthma Allies, LLC to provide the Annual Asthma Symposium, which brings together health care providers and offers National Asthma Education and Prevention Program (NAEPP) Guidelines training and the opportunity to become Certified Asthma Educators. Of the 252 health care providers that received Asthma Guidelines training, 104 were school nurses or school-based health center staff. Providers from Santa Clara, San Ildefonso and Ohkay Owinghe pueblos also have been trained.

End Notes

Chapter One: Health Inequities (Page 2)

¹ Racial and Ethnic Health Disparities Report Card, 2006-2009.

Chapter Two: Workforce Issues (Page 4)

² FY05-FY09 Governor's Performance and Accountability Contract.

³ FY05-FY09 Governor's Performance and Accountability Contract.

Chapter Three: Immunizations (Page 7)

⁴ FY05-FY09 Governor's Performance and Accountability Contract.

⁵ FY05-FY09 Governor's Performance and Accountability Contract.

⁶ Department of Health FY07-FY10 Quarterly Performance Report.

Chapter Four: Healthier Weight (Obesity) (Page 9)

⁷ FY05-FY09 Governor's Performance and Accountability Contract.

⁸ FY05-FY09 Governor's Performance and Accountability Contract.

Chapter Five: Teenage Pregnancy (Pages 14)

⁹ FY05-FY07 Governor's Performance and Accountability Contract.

¹⁰ FY05-FY07 Governor's Performance and Accountability Contract.

Chapter Six: Oral Health (Pages 16)

¹¹ New Mexico Department of Health Fiscal Year 2011 Strategic Plan.

¹² New Mexico Department of Health Fiscal Year 2011 Strategic Plan.

¹³ New Mexico Department of Health Fiscal Year 2011 Strategic Plan.

Chapter Seven: Behavioral Health and Youth Suicide Prevention (Pages 18)

¹⁴ FY06-FY09 Governor's Performance and Accountability Contract.

¹⁵ FY06-FY09 Governor's Performance and Accountability Contract.

¹⁶ FY06-FY09 Governor's Performance and Accountability Contract.

Chapter Eight: Health Care Coverage, Access and Financing (Page 21)

¹⁷ FY06-FY09 Governor's Performance and Accountability Contract.

¹⁸ FY06-FY09 Governor's Performance and Accountability Contract.

¹⁹ FY06-FY09 Governor's Performance and Accountability Contract.

Chapter Nine: Emergency Care Systems (Page 24)

²⁰ Emergency Medical Services (EMT) FY06-FY09 Database.

²¹ FY05-FY09 Governor's Performance and Accountability Contract.

²² FY05-FY09 Governor's Performance and Accountability Contract.

End Notes

Chapter Ten: Long Term Care (Page 26)

²³ FY05-FY09 Governor's Performance and Accountability Contract.

²⁴ FY05-FY09 Governor's Performance and Accountability Contract.

²⁵ FY05-FY09 Governor's Performance and Accountability Contract.

Chapter Eleven: Environmental Health (Page 30)

²⁶ New Mexico Health Policy Commission, Hospital Inpatient Discharge Database.

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.
ATR	Access to Recovery	
BHC	Behavioral Health Collaborative	
BHER	Billing and Electronic Health Record	
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.
BRFSS	Behavioral Risk Factor Surveillance System	
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.
CoLTS	Coordination of 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	

Glossary of Acronyms/Definitions

Acronym/ Word	Meaning of Acronym	Definition
CPR	Cardio Pulmonary Resuscitation	
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 for reducing bureaucracy and creating 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.
OOH	Office of Oral Health	
PACE	Program of All-Inclusive Care	
PAK	Premium Assistance for Kids	
PAM	Premium Assistance for Maternity	

Glossary of Acronyms/Definitions

Acronym/ Word	Meaning of Acronym	Definition
Pathway to Excellence		A program for smaller rural facilities that improves the work environment for nurses, thus improving patient outcomes by increasing the recruitment and retention of nurses.
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	
SHIP	State Health Insurance Program	
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	
SNAP	State Nutrition Action Program	
SNS	Strategic National Stockpile	

Glossary of Acronyms/Definitions

Acronym/ Word	Meaning of Acronym	Definition
Social Determinants of Health		Economic and social conditions under which people live that determine their health.
SOM	School of Medicine	
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	
YRRS	Youth Risk and Resiliency Survey	

For More Information

PB WIKI Page for the 2008 New Mexico Comprehensive Strategic Health Plan

<http://nmcompplan.pbwiki.com/>

2008 New Mexico Comprehensive Strategic Health Plan

www.nmhealth.org/pdf/2008%20Comprehensive%20Strategic%20Health%20Plan.pdf

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For More Information

New Mexico Health Policy Commission (continued)

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www.nmhealth.org/hpc/documents/GADS/GADS_2009.pdf

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www.nmhealth.org/hpc/documents/HIDD/HIDD_2008.pdf

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www.governor.state.nm.us/healthsolutions.php

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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
www.nmaging.state.nm.us/pdf_files/2005-2009stateplan.pdf

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