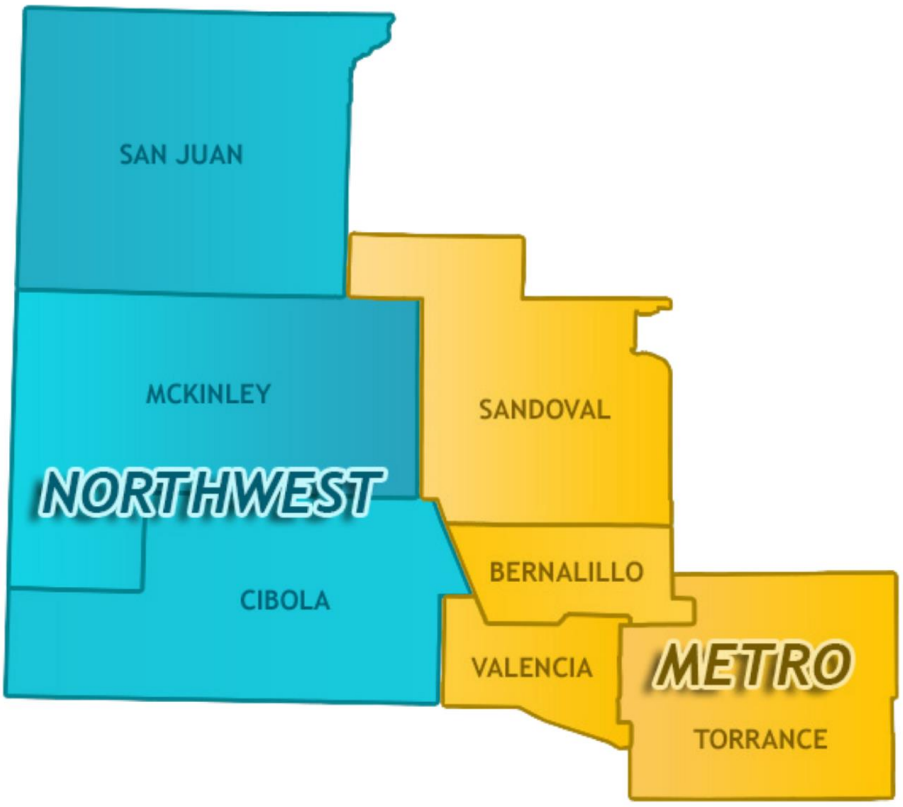
Metro & Northwest Regions Health Promotion Program Strategic Plan

FY 2023-2025

Version 1



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Version 1: July 2022

Introduction

The Metro and Northwest Regions of the Public Health Division of the NM Department of Health consists of Bernalillo, Sandoval, Torrance, Valencia, Cibola, McKinley, and San Juan counties, serving over 1.1 million individuals spread across a diverse range of communities including urban, rural, and mixed geographies. The Northwest and Metro Region Health Promotion Team respectfully acknowledges that we are on the traditional homelands of the original Pueblos of Acoma, Cochiti, Jemez, Laguna, Santa Ana, Santa Clara, Santo Domingo, San Felipe, Zuni and Zia, Apache Nation, and Navajo Nation. We see you; we hear you, and we value you and acknowledge the multitude of atrocities done and experienced both past and present. We honor the land itself and those who remain stewards of this land throughout the generations. We support indigenous perseverance, sovereignty, and the right to live a healthy life. We uphold shared values in protecting its people through dedicated partnerships and community building initiatives. With gratitude, we move forward in obtaining equity in health for all who live in New Mexico.

This Health Promotion strategic plan for FY23-25 outlines the intended work to support community-identified priority areas and those outlined in the 2020-2022 New Mexico State Health Improvement Plan (SHIP)[1] by focusing on health at population levels to improve health outcomes across the seven (7) counties. We work within the Essential Public Health Services[2] to address Social Determinants of Health (SDoH),[3] and their underlying causes including the public health crisis of racism[4]. We combine use of an empirical data-driven approach with communities' lived experience by building and sustaining partnerships with local grassroots communities and agencies, tribal entities, elected officials, and others who engage and provide services and support in the Metro and Northwest regions.

Purpose

Health Promotion Teams focus on working with and alongside people in their communities, support efforts to address community-identified health and health-related priority areas. We address and respond to emerging issues and sustain capacity building efforts. These objectives align with the SHIP process. Health Promotion Teams use population-based metrics to improve community health outcomes and they understand the context of both the assets and the barriers within local communities. Health Promotion Teams are centric to providing and leveraging resources, technical assistance, data, and other assets requested by local health councils, community members, coalitions, task forces, consortiums, and committees.

We also assist in identifying their leveraging capabilities through collective impact efforts. These combined efforts and approaches guide our work to improve conditions in communities where people work, live, work, play, and age.

Health Promotion in action aims at reducing inequities by ensuring equitable opportunities and resources exist or are available among subpopulations (especially those made to be under-resourced) to help them overcome any obstacle keeping people from achieving their fullest health potential. Health Equity is at the heart of all NMDOH, particularly Health Promotion work, and is at its core social justice minded.

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[1] 2020-2022 New Mexico State Health Improvement Plan retrieved from www.nmhealth.org/publication/view/plan/5311/

[2] Essential Public Health Services. Retrieved from https://cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

[3] Social Determinants of Health as outlined in Healthy People 2030 retrieved from https://health.gov/healthypeople/priority-areas/social-determinants-health

[4] Racism and Health | Health Equity | CDC retrieved from https://www.cdc.gov/healthequity/racism-disparties/index.html

Vision:

We see thriving communities that can achieve optimal health and wellness for all by eliminating health disparities. We envision Health Promotion as a leader in building a strong network of health councils and other community partners committed to working toward health equity.

Mission:

To ensure health equity, we work with partners and community members to address underlying social determinants and factors affecting health and well-being to improve health outcomes for all people in the regions. Health Promotion Teams advance and support optimal health and wellness through community engagement and organizing through coalitions and networks, and by strengthening capacities of organizations.

Values:

Recognizing that diversity, equity, and inclusion makes us stronger, we seek to foster a culture of respect and cultural humility. In acknowledging different perspectives, we seek to cultivate a "community voice' and promote the empowerment of communities throughout the regions so they can take control of their own endeavors toward a healthier New Mexico.

Functions:

Personal health is highly influenced and impacted by the settings in which a person lives, learns, works, worships, and plays. To that end Health Promotion Teams help connect the dots with population-based health improvements. The framework that guides our health promotion activities aligns with the 10 Public Health Essential Services outlined by the US Department of Health and Human Services (see all 10 essential service outlined in Appendix A). These Essential Public Health Services, when implemented provide a roadmap to actively promote policies, systems, and overall community conditions that enable optimal health and help to remove systemic and structural barriers that create persistent health inequalities. Specifically, we work within Public Health Essential Services domains 3, 4, & 5.

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.

The foundation of Public Health work in New Mexico is guided by the three public

health core functions of **assessment, policy development and assurance** (Figure 1)[5].

Figure 1 Public Health Core Functions

Health Promotion Model

The Social Determinants of Health affect the circumstances in which people are born, live, work, and age. These circumstances, in turn, are shaped by economic, sociopolitical, and cultural forces. As Health Promotion and Health Equity Specialists in our communities, we are acutely aware of how our environments and policies - from the schools we attend, the local grocery store we shop at, to our workplaces- influence our community's health behaviors, decisions, and overall health status.

Staying healthy requires such actions as eating well and being active; getting the recommended immunizations and screening tests; and seeing a doctor when sick. However, individuals' choices are influenced by:

[5] Essential Public Health Services. Retrieved from https://cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html

- Historical and current racial trauma, structural racism, and systemic oppression in addition to daily forms of racism, including but not limited to, overt interpersonal, micro-aggressions and internalized manifestations
- The options and resources in their neighborhood
- The quality of their education
- The safety of their workplaces
- The quality of their water, food, and air
- The nature of their social relationships
- Economic opportunities and the policies and regulations that hinder or enable the above factors

The conditions in which people live determine, in part, why some Americans are healthier than others and why Americans are generally not as healthy as they could be. We strive to address the interrelationship between these conditions to create a healthier population and a healthier workforce. Integrating health policy efforts toward education, housing, business, transportation, agriculture, media, and other intersectoral areas to health will ultimately improve the health, safety, and prosperity of the regions.

Making Upstream Mainstream

Health Promotion Teams work to expand structural competency which is the condition in which health professionals, communities, and governments recognize and respond to health and illness as the downstream effects of broader structural forces (Metzel & Hansen 2014)[6]. To advance health, we must work to shape these structures with an upstream focus to promote better health for all.

Strategic Plan

We consider our work with Health Equity and Health in All Policies (HiAP)[7]lens using, in collaboration with community stakeholders, such methods as root cause exploration, Results Based Accountability[8] and Collective Impact[9] and more, all of which are incorporated into our Community Health Improvement Process. These evidence-based principles and strategies aid our work in helping community partners undertake changes that promote equity and sustain healthy lifestyles

[6] Metzl JM, Hansen H. Structural competency: theorizing a new medical engagement with stigma and inequality. Soc Sci Med. 2014 Feb; 103:126-133. doi: 10.1016/j.socscimed.2013.06.032. PMID: 24507917; PMCID: PMC4269606.

[7] Rudolph, L., Caplan, J., Ben-Moshe, K., & Dillon, L. (2013). Health in All Policies: A Guide for State and Local Governments. Washington, DC and Oakland, CA: American Public Health Association and Public Health Institute.

[8] Results-Based Accountability - Overview and Guide (clearimpact.com) retrieved from https://clearimpact.com/results-based-accountability/

[9] Kania, J., & Kramer, M. (2011). Collective Impact. *Stanford Social Innovation Review*, *9*(1), 36–41. https://doi.org/10.48558/5900-KN19

which improve overall health and quality of life for all members of communities. This plan reflects our recognition that community health improvement is a long-term, on-going approach to develop community capacity around health equity and wellness policy, analysis, strategic plan development, implementation, and evaluation.

Community Health Improvement Process/Plan

The Department of Health (DOH) Community Health Improvement Process/Plan (Figure 2) is a deliberate approach in which different communities, county, and tribal health councils/coalitions and the DOH staff share responsibility and accountability for strengthening each community's capacity to improve their own community health. Each Community Health Improvement Plan (CHIP) is designed to inform the State Health Improvement Plan (SHIP).

Figure 2 CHIP Approach

Another strategy currently in use in some places is that of Collective Impact. Collective Impact efforts occur when organizations from different sectors work to solve a specific social problem using a common agenda, aligning efforts, and using a common measure of success supported through a backbone organization. The following five conditions are:

1. **Common Agenda:** All participants have a shared vision for change that includes a common understanding of the problem and joint approach to solving it.
2. **Shared Measurement System:** Collecting data and measuring results consistently at the community or regional level across all organizations to ensure efforts are aligned with the Common Agenda.
3. **Mutually Reinforcing Activities:** Activities of a diverse group of stakeholders will be coordinated through a mutually reinforcing plan of action.
4. **Continuous Communication:** Building relationships and developing trust among stake holders will be achieved though consistent and open communication to assure mutual objectives.
5. **Backbone Support Organization:** Creating and managing collective impact requires a separate organization and staff with a very specific set of skills to serve as the backbone for the entire initiative.

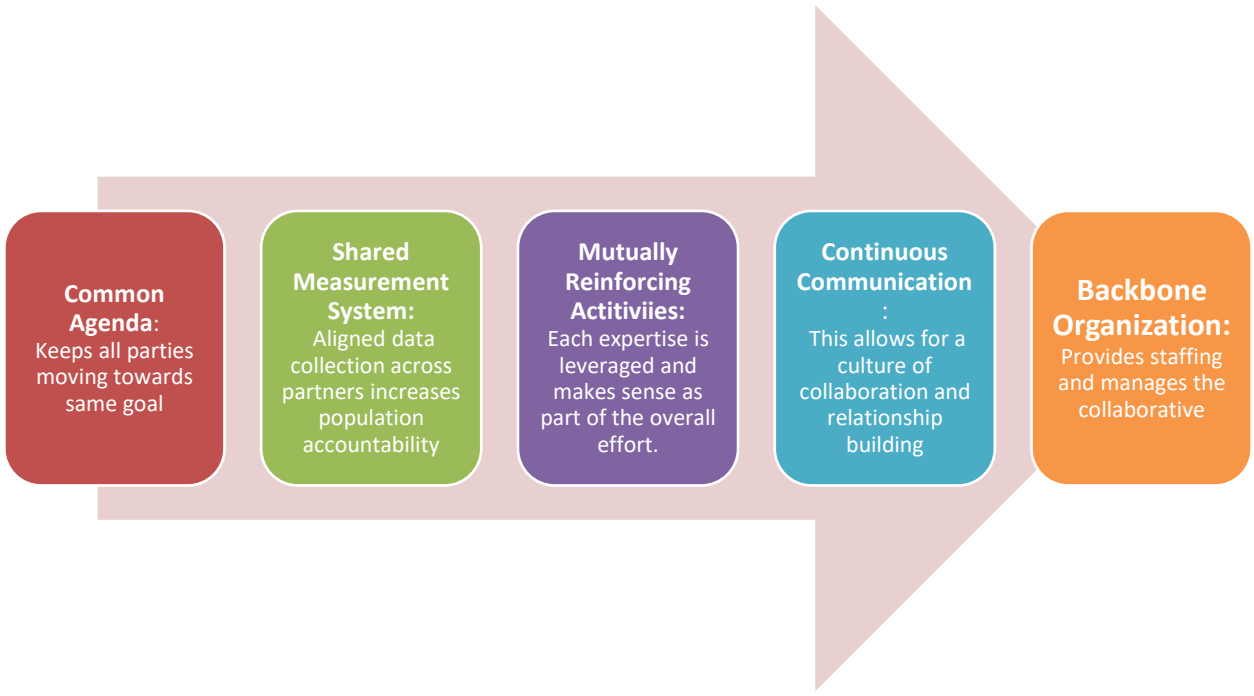


Figure 3 Collective Impact Conditions

Strategic Partners

In determining our strategic priorities, the Health Promotion Team uses quantitative and qualitative data first and foremost to align our work with local health councils, NMDOH PHD, Metro and NW Region organizations & the State Health Improvement Plan.

We accomplish this by:

1. Working with county/tribal health councils and other community partners who engage community members directly on community health assessment & profiles to gauge community health needs.
2. Reviewing the New Mexico Statewide Health Assessment (https://www.nmhealth.org/data/view/report/2650/)[10] and statewide priorities identified in the State Health Improvement Plan FY 2021-23 Strategic Plan (nmhealth.org)

Health Councils

The Metro and Northwest Regions Health Promotion Team supports 11 Health Councils. Seven councils are located within the counties they serve, and four councils are tribal health councils. Each Health Council has developed their list of working health priorities,

[10] New Mexico Statewide Health Assessment (https://www.nmhealth.org/data/view/report/2650/

listed below, which they will continue to address this coming cycle until and unless the CHIP process identifies different priorities. (This will be updated in FY23)

Acoma Health Council serving Acoma Pueblo

- Healthy Food Nutrition Access
- Obesity and Diabetes Education
- Substance Use Disorder
- Youth Risk, social media
- Training in Schools

Health Equity Council serving Bernalillo County and Albuquerque

- Capacity Building/Strategic Planning
- Child Abuse/Elder Abuse Neglect
- Healthy Food Nutrition/Access
- Mental/Behavioral Health/Substance Abuse
- Sexual Violence/Suicide
- Obesity/Diabetes Education
- Accountable Communities Initiative
- Race, Economic, Social injustices
- Violence/Homicides

Cibola County Health Council serving the Grants Area

- Physician Recruitment and Retention
- Healthy Kids, Healthy Communities
- Obesity/Diabetes Education
- Substance Use Disorder
- Youth Risk/ social media
- Training in Schools

Cochiti Pueblo Health Council serving Cochiti Pueblo

- Capacity Building/Sustainability
- Healthy Food and Nutrition
- Alcohol Use Disorder
- Substance Use Disorder/Suicide
- Youth Risk/Training in Schools

McKinley Community Health Alliance serving the Gallup area

- Mental/Behavioral Health
- Substance Use Disorder
- Racial, Economic, Social Injustices

HOPA Coalition serving Santo Domingo Pueblo

- Vaccine Uptake and Wrap-Around Services for Covid Patients
- Behavioral Health Awareness
- Disease Prevention

Sandoval County Health Council serving Rio Rancho and Sandoval County

- Strategic Planning/Capacity Building
- Youth Risk
- Training in Schools

San Juan County Community Health Improvement Council serving the Farmington /Shiprock area

- Capacity Building & Sustainability
- Food Access, Healthy Communities
- Youth Risk

Tohajilee Health Council serving Tohajilee (Cañoncito) Navajo Tribe

- Strategic Planning/Capacity Building
- Alcohol Use Disorder/Suicide
- Mental/Behavioral Health

Partnership for a Healthy Torrance Community serving Torrance County

- Healthy Food and Nutrition
- Mental/Behavioral Health
- Underage Drinking

Community Wellness Council serving Valencia County

- Healthy Eating Active Living
- Behavioral Health and Substance Misuse
- Violence Prevention

Other Partnerships that Support the Work:

The Metro and NW Health Promotion Team has a history of working with community partners in addition to health councils and their fiscal agents to address local capacity, access, and prevention. A few examples of these other partnerships include but are not limited to:

- Tribal organization and partnerships
- New Mexico Alliance of Health Councils (NMAHC)
- Center for Health Innovation (CHI)
- New Mexico Community Data Collaborative (part of CHI)
- New Mexico Public Health Association (NMPHA)
- New Mexico Health Equity Partnership
- Northwest New Mexico Campaign Against Racism
- Anti-Racism Training Institute of the Southwest
- Partnerships with Councils of Government and other community coalitions
- Partnership grant awards from public & private entities
- Interpersonal Violence Prevention Collective
- International District Healthy Communities Coalition:
- Home Visiting and Early Childhood Coalitions
- Roadrunner Foodbank
- DWI Programs
- Juvenile Justice Boards
- Mental Health First Aid instructors
- United Way of Central New Mexico
- 100% New Mexico Initiative
- ECECD Early Childhood Coalitions
- Valencia Community Action Network
- Albuquerque Community Schools
- City of Albuquerque
- County and city governments

Goals, Outcome Measures and Strategies of the NW and Metro Regions Health Promotion Team

Community Capacity Development

Health Promotion Teams (HPTs) assist local county/tribal health councils in identifying systemic equity issues then support these partners in addressing critical local and state health community building policy and/or health issues. The *Capacity Building* framework as currently used, values shared responsibility among communities, health councils, the New Mexico Alliance of Health Councils, and DOH/HPT in collaboratively assuring that community abilities are strengthened to

deal with unique, locally identified issues. This capacity building is infused with experiential learning and community organizing and equity principles and is a long-term, continuous approach. It focuses on strengthening abilities to address health and wellness policy resource development, health and wellness policy, data analysis, strategic plan development, implementation, and evaluation. Activities include but are not limited to planning, coordination, organization, and facilitation of meetings and equitable processes; provision of technical assistance as requested; relationship and partnership building; and collaboration on initiatives and services.

Goal: Maintain and enhance supportive connections to county/tribal health councils. Should no local health council be established, work with other partners to create a structure that could act in this capacity or work with an anchor organization that could fill this role.

Measures: Identified by individual counties, for example: number and type of specific council and coalition training for improved function; expanded number of community programs; increased amount of leveraged funding, development, and implementation of 'Strategic Plans'; and community policy development.

Strategies:

1. Educate, Inform & Mobilize partnerships – example: Development of connected community coalitions & networks, set up of communication channels to have two-way communication with community members; provision of clear education & information at appropriate health literacy levels to all community members, especially those made disadvantaged
2. Resource Development – example: Maximize use of existing resources while looking for other, both evidence-based and innovative resources to address community priorities.
3. Develop or promote policies & plans that support individual & community health efforts, even those reflecting other social determinants, like transportation – example: Change community norms through policy changes and user-friendly action/advocacy plans.

Equitable Access to Community Services:

Provide expertise in expanding community knowledge and use of supports to include, for example, Covid testing, vaccines and treatment, behavioral health/substance use disorder treatment, juvenile justice, home visiting and early childhood services, and other factors that affect community health. The Health Promotion Team serves multiple stakeholder groups especially underserved populations to ensure that people are represented by diversity and lived experience and are included during development, design or expansion and re-design of social, health and other related services within a geography. Multiple layers of access should be considered, including physical (transport and structural), financial (insurance/co-pay/subsidy), emotional (welcoming/ safe) and cultural (linguistic, literacy and racially/ethnically representative). We increase or improve resource sharing among community groups, creation of or improve existing resource directories at the neighborhood level.

Goal: Maintain and deepen connections to support the diverse coalitions in communities that are working on these issues. If there are no groups working to address an issue, work to create collaboratives that improve engagement and access opportunities. Assist community groups in understanding, with an equity lens, how local data demonstrates major enabling or barrier factors to service access. Increase the number of community partners using data to make informed decisions around community needs, program, and policy development.

Measure: Increase number of community partners using relevant quantitative and qualitative data to make informed decisions around addressing community needs/priorities, programming, and policy development.

Strategies:

1. To gain input from, inform, and mobilize community partnerships with local and regional groups around the need for accessible quality services
2. To identify, pursue and leverage new and existing resources and funding or other means of sustainability, as well as person power resources to expand and enhance access to local and regional services
3. To develop and/or support the understanding and creation of local and regional policies and plans that strengthen access to and enhance the quality of services in our communities

4. To reduce the stigma around accessing services, like mental health and home visiting, to normalize getting assistance

Prevention Activities:

Health Promotion supports efforts to work upstream and create the conditions that support best health outcomes by not having harm or trauma happen. All levels of prevention have a place in Health Promotion with an emphasis on Primary Prevention when possible. Some examples include prevention of DWI, Interpersonal Violence, Teen Pregnancy, Adverse Childhood Experiences, Suicide, Drug Overdose, and promotion of such things as School Attendance, Home Visiting, Healthy Eating/Active Living, Youth Mentorship, Community Gardens, Built Environment, Job Training and more.

Goal: Maintain connection to and support of the coalitions in communities that are working on these issues. If there are no groups working to address an issue, work with the community to create collaboratives that strengthen prevention activities

Measure: Maintain or increase representation of Health Promotion Teams on appropriate community work groups.

Strategies:

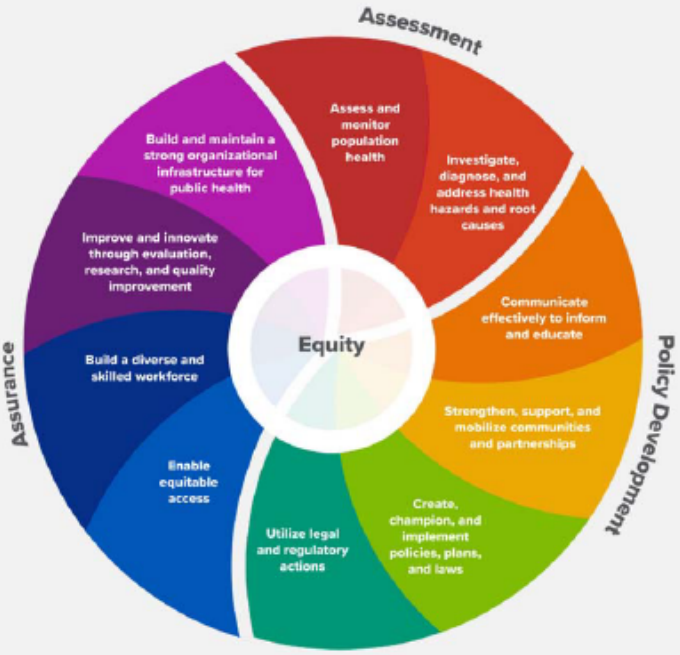
1. To learn from, inform, and mobilize community partnerships with local and regional groups around doing prevention activities
2. To develop and/or support local and regional policies and plans that strengthen access to and enhance the quality of prevention services in our communities

Appendix A 10 Public Health Essential Services

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve equity, the Essential Public Health Services actively promote policies, systems, and overall community conditions that enable optimal health for all and seek to remove systemic and structural barriers that have resulted in health inequities. Such barriers include poverty, racism, gender discrimination, ableism, and other forms of oppression. Everyone should have a fair and just opportunity to achieve optimal health and well-being.



ESSENTIAL PUBLIC HEALTH SERVICE #1
Assess and monitor population health status, factors that influence health, and community needs and assets

ESSENTIAL PUBLIC HEALTH SERVICE #2
Investigate, diagnose, and address health problems and hazards affecting the population

ESSENTIAL PUBLIC HEALTH SERVICE #3
Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it

ESSENTIAL PUBLIC HEALTH SERVICE #4
Strengthen, support, and mobilize communities and partnerships to improve health

ESSENTIAL PUBLIC HEALTH SERVICE #5
Create, champion, and implement policies, plans, and laws that impact health

ESSENTIAL PUBLIC HEALTH SERVICE #6
Utilize legal and regulatory actions designed to improve and protect the public's health

ESSENTIAL PUBLIC HEALTH SERVICE #7
Assure an effective system that enables equitable access to the individual services and care needed to be healthy

ESSENTIAL PUBLIC HEALTH SERVICE #8
Build and support a diverse and skilled public health workforce

ESSENTIAL PUBLIC HEALTH SERVICE #9
Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement

ESSENTIAL PUBLIC HEALTH SERVICE #10
Build and maintain a strong organizational infrastructure for public health

Created 2020

Appendix B Program Staff

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