2017-2021 CDPC NM SHARED STRATEGIC PLAN (NMSSP)

CHRONIC DISEASE PREVENTION COUNCIL

www.chronicdiseasenm.org

March 2018

NMSSP Mission Statement:

"To promote wellness and improve the quality and years of life for all New Mexicans through prevention, detection, and management of chronic health conditions."

TABLE OF CONTENTS

Executive Summary 1

Introduction. 2

Goals and Strategies of the
New Mexico Shared Strategic Plan. 6

Resources and Links 13

Glossary 14

EXECUTIVE SUMMARY

THE NEW MEXICO SHARED STRATEGIC PLAN (NMSSP) for Prevention and Control of Chronic Disease will empower New Mexicans to make changes that create healthier communities. The ultimate goal is to reduce the burden of chronic disease throughout the state. Previous statewide prevention plans focused on impacting chronic health conditions individually to address arthritis, cancer, diabetes, heart disease, stroke, and diseases related to obesity and tobacco use. A major shift in this new plan is a whole-system approach focusing on risk factors that affect multiple diseases. This plan addresses shared risk factors and the determinants of health across chronic disease rather than addressing specific diseases on their own. This approach is in alignment with the recent national shifts in public and population health that recognizes how to maximize limited resources for a broad impact.

This Plan is a whole-system approach focusing on risk factors that affect multiple diseases.

This NMSSP will be used to help focus practices, programming, policies, and advocacy connected to chronic disease in New Mexico. The goals and strategies outlined in this document will be implemented between 2017-2021 with progress tracked and evaluated by the Chronic Disease Prevention Council (CDPC) and its broad coalition of partners.

INTRODUCTION

HOW THIS PLAN WAS DEVELOPED

The previous NMSSP was in place from 2012-2016 and had a tremendous positive impact on reducing the burden and impact of chronic disease on New Mexicans. For more details and stories on the impact of this plan visit **http://chronicdiseasenm.org.** The 2017-2021 NMSSP plan was developed with feedback from different areas of New Mexico through the CDPC Quarterly Meetings, NM Cancer Council, Strategic Plan Working Group, Focus Group participants in Southern New Mexico, and other partner feedback. This collective input resulted in the ability to discuss challenges each disease area is facing and to determine commonalities that required collective statewide planning and action. Effectively addressing chronic disease requires continuing this coordinated effort across a diverse group of partners.

OUR CHALLENGE AND OUR APPROACH

There is an urgent need to focus efforts across the state to reduce the burden of chronic disease. Recent New Mexico data shows that 30% of adults have high blood pressure, 34.3% have high cholesterol, 11.5% have diabetes and 28.8% are obese (Behavioral Risk Factor Surveillance System, 2013). Additionally, the prevalence of shared risk factors remains high with 17.5% of adults smoking tobacco and 44% not participating in adequate physical activity in 2015 (NM Department of Health, Indicator-Based Information System for Public Health Web site, 2017, **https://ibis.health.state.nm.us/**: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, NM DOH Injury and Behavioral Epidemiology Bureau).

Chronic disease prevention and planning will result in a better quality of life for all New Mexicans and create health care savings at the same time. A simple one percent drop in preventable health conditions results in saving millions of dollars in health care costs. Investing $1.00 in community-based public health results in a $5.50 savings in treating those preventable conditions (Robert Wood Johnson Foundation, Return on Investments for Public Health).

A simple one percent drop in preventable health conditions results in saving millions of dollars in health care costs.

We recognize the limited resources available to address all the challenges chronic disease creates in the lives of New Mexicans. This reality highlights the need to maximize resources by engaging multiple partners in collaborative action. There are multiple factors that impact chronic disease prevention and control including demographics, lifestyle, the built environment, workplaces, community design, and more. This plan will help stakeholders view chronic disease in New Mexico through a wide lens.

PURPOSE OF THE PLAN

This plan addresses factors that contribute to chronic disease and can be used to align activities made by CDPC member organizations and others statewide. We acknowledge the contributions that can be made by a broad range of non-traditional partners (education, non-governmental organizations, housing, transportation, environmental, businesses) who may not necessarily recognize their work as crucial to improving the social determinants of health. A broad range of partners is critical given that all the places in which people live, work, worship, learn and play impacts their health.

HOW TO USE THIS DOCUMENT

This plan provides broad goals and strategies to address the impact of chronic disease in NM and is carried out by individuals and organizations in communities across New Mexico. Specific activities are not outlined in this document since the communities, groups, and

individuals whose work aligns with these broad goals will determine specific actions.

As you undertake activities to move this plan forward please take the following criteria and questions into consideration:

I. INCREASE ACCESS & EQUITY FOR PRIORITY POPULATIONS – Find ways to increase services to the underserved without diminishing or duplicating services already being provided to populations adequately served.

Explore actions that support the most impacted and vulnerable populations.

QUESTIONS TO CONSIDER:

i. How can we best ensure people receive the services they need? Are our activities creating any new barriers or further disparities? Are we using the concept of authentic inclusion to ensure participants are not excluded in any way?

ii. Are we engaging those most affected by chronic disease? Are there others doing similar work? How can we build on the work of others or partner with them? How will we measure success?

II. POLICY – This area includes policies within organizations to policies at the municipal, county and state levels to support and shape healthy environments.

QUESTIONS TO CONSIDER:

i. Who will be affected by our efforts? What are policies that could help shape a healthier environment? How can we support the utilization of best practices? How will we ensure that policies are revisited and improved over time? Where should those policies be instituted? How will we measure success?

III. EDUCATION – Increase awareness and education of factors that influence chronic disease and healthy behaviors for statewide prevention and control partners including individuals, families, employers, educational institutions,

community health care providers or members of their team, organizations, policy makers, legislators, and communities.

QUESTIONS TO CONSIDER:

i. How are we impacting knowledge, awareness and/or practices? What are we doing to ensure that education results in changes in behavior or activity? What are the ultimate outcomes of our activities? How will we measure success?

IV. BUILT ENVIRONMENTS – The availability of sidewalks, paved roads, parks, open spaces, transportation, or bicycle paths can influence everyone's level of physical activity and health. Look for innovative ways to identify and address gaps in built environments. According to the Centers for Disease Control & Prevention, "healthy places are those designed and built to improve the quality of life for all people who live, work, worship, learn and play within their borders – where every person is free to make choices amid a variety of healthy, available, accessible, and affordable options." (CDC, 2017)

QUESTIONS TO CONSIDER:

i. How do we capitalize on our strengths to overcome barriers or lack of resources? Are the activities we engage in considering how built environments are part of the solution to chronic disease prevention and control? How will we measure success? Do we have the right partners engaged in this work?

GOALS AND STRATEGIES OF THE NEW MEXICO SHARED STRATEGIC PLAN

We envision New Mexico as a place where all people live, work, worship, learn and play in communities that support optimal health and quality of life.

Goal I:

Build support for policies and create built environments that promote healthy, safe, and convenient physical and behavioral health activities throughout New Mexico and across the lifespan.

Strategies:

A. Support and identify community resources to create Joint-use agreements to open schoolyards for community use during non-school hours.

B. Advance and develop walking and biking trails in multiple settings.

C. Partner with key community stakeholders to identify and build support for safe opportunities for physical activity.

Goal II:

Promote and advance policies and practices that provide accessible, healthy, and affordable nutrition opportunities.

Strategies:

A. Partner with community stakeholders, state, and local organizations to increase opportunities for healthy, local, culturally relevant, and affordable food and clean water.

B. Offer educational opportunities that increase knowledge and awareness of healthy eating.

Goal III:

Coordinate and collaborate efforts that promote healthier weight.

Strategies:

A. Advocate for health care coverage of individual and group counseling by qualified professionals or paraprofessionals providing support for people living with excess weight regardless of comorbidities.

B. Reduce the stigma associated with obesity by communicating the injustice of penalizing people living with obesity/excess weight with higher health insurance premiums.

C. Advocate for a state tax on sugar-sweetened beverages.

Goal IV:

Ensure the genuine inclusion of priority populations in the planning, design, implementation, feedback, and evaluation of activities contained in the plan.

Strategies:

A. Provide local, relevant, and easy-to-understand data to priority populations so they can identify and prioritize disparities they want to address.

B. Provide for genuine inclusion in the policy development and advisement processes to give meaningful voice to groups experiencing disparities.

C. Support community identified research priorities and engage community members in the process and the distribution of results.

Goal V:

Increase access to chronic disease prevention and self-management opportunities for people within their communities.

Strategies:

A. Support communities to expand availability of prevention and self-management opportunities and resources.

B. Train Community Health Workers and other members of the health care team to provide self-management education.

Goal VI:

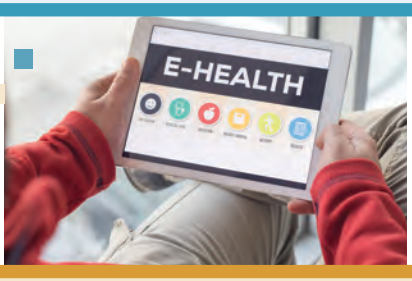
Increase use of proven guidelines by the healthcare team for chronic disease prevention, screening, diagnosis, treatment, and referral to prevention and self-management programs.

Strategies:

A. Promote guidelines for practices that have been proven to work.

B. Advocate for the improved exchange of health information.

C. Support use of health information technology for patient and population health management.



Goal VII:

Identify, implement, and advocate for innovative technology for chronic disease education, prevention, and treatment.

Strategies:

A. Advocate for increased access and use of online patient education, tools, and resources.

B. Advocate for increased use of web-based strategies and systems to identify and address health.

Goal VIII:

Promote optimal behavioral health for all New Mexicans living with chronic disease.

Strategies:

A. Identify and connect strategic sources of data to identify and address disparities.

B. Promote behavioral health as a priority by engaging communities to identify needs.

C. Identify and advance existing policy efforts to address behavioral health.

D. Advocate for rebuilding and safeguarding a viable Behavioral Health System especially in rural and frontier communities.

Goal IX:

Prioritize health equity by actively improving the conditions in which people live, work, worship, learn and play.

Strategies:

A. Increase educational attainment and the quality of public education and educational attainment.

B. Support policies that ensure healthy environments for all New Mexicans in all settings.

C. Support economic development and revenue di-versification using a “health in all policies” approach.

D. Address health equity in other impact areas including income, health insurance coverage, access to health care, housing, transportation, employment, systemic oppression and inequities, and more.

Note: For updates on activities advancing this living document please visit: www.ChronicdiseaseNM.org

V. CONCLUSION – The NM Chronic Disease Prevention Council creates a forum for collaboration and communication to focus on the commonalities across chronic disease prevention and control. This Shared Strategic Plan helps to coordinate efforts that tap into the skills, talents, and experience across the state to strengthen efficiencies and synergy. We will identify and work with partners across New Mexico to prevent and manage chronic disease by addressing gaps, such as safe sidewalks to access healthy foods and activities, and improving affordable access to care.

The Council will ensure this plan continues to be relevant and useful with a yearly Operational Plan that will include annual priorities and actions. We invite our partners to share the activities and outcomes that support this NMSSP for inclusion in each year's Operational Plan. CDPC Quarterly meetings and communication tools, including a website (**www.chronicdiseasenm.org**), will highlight and organize activities supporting this plan as we work together to improve the health and quality of life of all New Mexicans.

ACKNOWLEDGEMENTS

Thank you to the CDPC Working Group and the CDPC Steering Committee for their efforts to thoughtfully develop this plan. The NMSSP was developed with facilitation support from John Linney of Impact Associates (**www.impact-associates.org**).

RESOURCES & LINKS

CDC Best Practices – http://www.cdc.gov/tobacco/stateandcommunity/best_practices/index.htm

Centers for Disease Control and Prevention (CDC) Healthy Places – https://www.cdc.gov/healthyplaces

Guide to Community Preventive Services – http://www.thecommunityguide.org/index.html

***NM Chronic Disease Prevention Council* –** www.chronicdiseasenm.org

New Mexico Department of Health Data & Resources – a wealth of health data documents consolidated in one place for you to browse and explore. https://nmhealth.org/data/

New Mexico Public Health Data Resource – The latest data and information on priority public health issues in NM. Can even create your own charts. https://ibis.health.state.nm.us/

GLOSSARY

Authentic Inclusion: Full engagement and participation of members of a priority population within a group or effort where meaning and purpose are experienced by the members without limitation. (TUPAC, 2015)

Built Environments: The built environment includes all of the physical parts of where we live and work, which influence a person's level of physical activity. Built environments which discourage activity lead to habits linked with poor health outcomes such as obesity, cardiovascular disease, diabetes, and some types of cancer.
https://www.cdc.gov/nceh/information/built_environment.htm

Chronic Disease: Chronic disease is a long-lasting condition that can be controlled but not cured. Chronic illness affects the population worldwide. As described by the Centers for Disease Control, chronic disease is the leading cause of death and disability in the United States. It accounts for 70% of all deaths in the U.S., which is 1.7 million each year. Data from the World Health Organization show that chronic disease is also the major cause of premature death around the world even in places where infectious disease is rampant. Although chronic diseases are among the most common and costly health problems, they are also among the most preventable and most can be effectively controlled.
http://cmcd.sph.umich.edu/what-is-chronic-disease.html

Community: Usually refers to a group of people who share a common location, common interests, common characteristics, or common need. A community encompasses a diverse set of entities, including voluntary health agencies; civic, social, and recreational organizations; labor groups; health care systems and providers; professional societies; schools and universities; faith communities; and different socioeconomic classes and organizations for racial and ethnic groups.

Comorbidity: The condition of having two or more diseases at the same time. **https://www.cancer.gov**

Health Care Team: A group of health care workers from various disciplines (includes: primary care providers, nurses, social workers, promotores, community health workers) that provide specific services in a cooperative, collaborative, integrated manner that ensures continuity of care.

Health Disparities: Differences in health status among population groups or communities that can be shown with statistics (e.g. death rates, rates of occurrence of disease). To have disparities, one group must have lower rates or risk and another group must have higher rates or risk.

Health Equity: Fair access to the conditions for good health, such as healthy food, good housing, good education, safe neighborhoods and freedom from racism and other forms of discrimination, resulting in the distribution of disease, disability, and death that does not more severely burden a particular population.

Health in all policies: A collaborative approach to improving the health of all people by incorporating health considerations into decision-making across sectors and policy areas such as housing, transportation, education, air quality, parks, criminal justice, energy, and employment agencies. **http://www.phi.org/resources/?resource=hiapguide**

Priority Population: Any group or population that has been shown to experience health disparities including higher rates of disease or risk behaviors, inadequate access to resources, and poor health outcomes. Examples include African American, Native American, Asian/Pacific Islanders, Lesbian- Gay-Bisexual-Transgender-Queer/Questioning- Intersex (LGBTQI), people whose primary language is not English, people living with disabilities, people experiencing poverty, people living with behavioral health and or substance abuse issues, etc.

Social Determinants of Health: The conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. **http://www.who.int/social_determinants/sdh_definition/en/**

CHRONIC DISEASE PREVENTION COUNCIL

For more information or to connect with the NM Chronic Disease Prevention Council:

Laurel McCloskey, MPH, CPH
Executive Director
Chronic Disease Prevention Council
P.O. Box 3511
Albuquerque, NM 87190
laurel@chronicdiseasenm.org
(505) 463-5300
www.chronicdiseasenm.org