

HM2 Report and Recommendations

October 31, 2022

Laura Parajon, Deputy Secretary, NMDOH

Arya Showers, Policy Director, NMDOH

Agenda: 10:00- 11:00 AM

- Welcome and Land Acknowledgment
- Overview of the House Memorial 2: Public Health Infrastructure
- Taskforce Methodology and Frameworks
- Findings
- Recommendations

Before we start...

On behalf of all colleagues at the Department of Health, we humbly acknowledge we are on the unceded ancestral lands of the original peoples of the Apache, Navajo and Pueblo past and present.

With gratitude we pay our respects to the land, the people and the communities that have and continue to contribute to what today is known as the State of New Mexico.



PHOTO COURTESY: HSD Employee

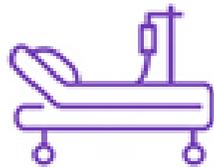
Mission

To ensure health equity, we work with our partners to promote health and well-being, and improve health outcomes for all people in New Mexico.

Goals



We expand equitable access to services for all New Mexicans



We ensure safety in New Mexico healthcare environments



We improve health status for all New Mexicans



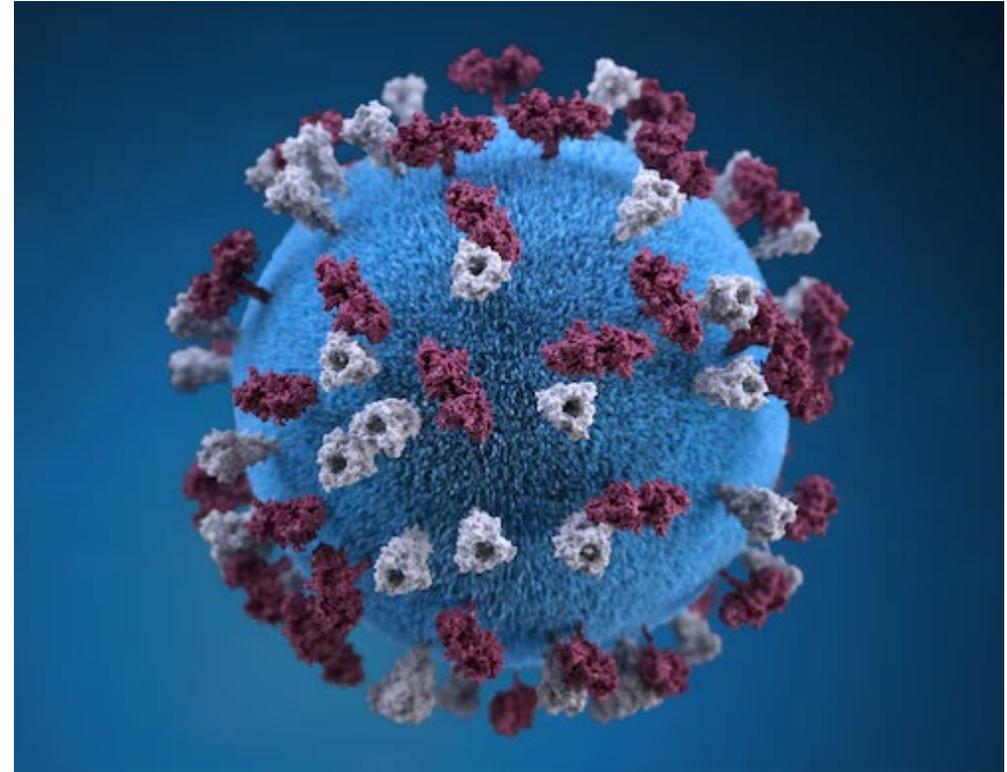
We support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals

Definition of Health Equity

HEALTH EQUITY means that **everyone has a fair and just opportunity to be as healthy as possible.** We consider the diversity of New Mexico's communities as we make decisions on how policy and practices are developed and how resources are distributed to remove obstacles to health such as poverty, power imbalances, discrimination and their consequences including lack of access to good jobs with fair pay, quality education and housing, safe environments and health care . We work to ensure our workforce is diverse and inclusive because a workforce and leadership reflecting all New Mexicans can best achieve health equity outcomes.

COVID-19 sounded the alarm nationwide

- Nationwide, public health systems have been chronically underfunded
- Health systems were stressed everywhere
- This initiated an evaluation of public health gaps and commitment nationwide to modernize public health for the future



A MEMORIAL

REQUESTING THE SECRETARY OF HEALTH TO CONVENE A PUBLIC HEALTH TASK FORCE TO RECOMMEND STRATEGIES FOR IMPROVING PUBLIC HEALTH INFRASTRUCTURE IN NEW MEXICO.

HM2 Introduction

The [House Memorial 2 \(HM2\)](#) Public Health Infrastructure Study Taskforce arose from a memorial carried by Representative Gail Armstrong, which passed during the NM State Legislature's 2021 regular session. It requested that the Department of Health convene a group of leaders to recommend strategies for improving public health infrastructure in the state with the intention of developing recommendations to improve New Mexico's public health infrastructure for the benefit of all New Mexicans.

House Memorial 2 : Task Force Purpose



To study New Mexico's public health infrastructure and recommend strategies for improvement.

- Study of the overall infrastructure, workforce, social determinants of health, and laws that protect the public's health.
- Collaboration of relevant state agencies, local and county governments, academic institutions, and nonprofits.

Membership of Taskforce

State Agency and Tribal Partners:

- **Laura Chanchien Parajon**, MD, MPH, NMDOH, Deputy Secretary of Health, Chair of the Task Force
- **Karen L. Cann**, Deputy Cabinet Secretary, New Mexico Department of Corrections
- **T. Justin Garoutte**, MPH, CPH, Director of Strategic Initiatives, New Mexico Environment Department (NMED)
- **Janis Gonzales**, MD, MPH, Chief Health Officer, Early Childhood Education and Care Department
- **Jill Jim**, PhD, MPH, MHA, Executive Director, Navajo Nation Department of Health
- **Heidi Krapfl**, MS, Deputy Division Director of Programs and Deputy State Epidemiologist, NMDOH
- **Jeff Lara**, Interim Director of the Public Health Division,
- **David Scrase**, MD, MHSA, NMDOH Acting Secretary of Health
- **Arya Showers**, Director, Office of Policy and Accountability, NMDOH
- **Theresa Tsosie-Robledo**, MS, RN-BC, Special Projects Coordinator, New Mexico Indian Affairs Department

Academic Partners:

- **Judy Barnstone**, MSW, PhD, Associate Professor, New Mexico Highlands University, Facundo Valdez School of Social Work
- **Tracie C. Collins**, MD, MPH, MHCDS, Dean, UNM College of Population Health (COPH); Professor, Internal Medicine, UNM
- **Nina Wallerstein**, DrPH, Professor and Director, Center for Participatory Research, UNM COPH

County, City and Local Government Partners:

- **David R. Briseño**, Director of Outreach and Corporate Compliance, La Casa Familia Health Center; Curry, Roosevelt, and Chaves Counties
- **Enrique Cardiel**, Executive Director, Health Equity Council, Bernalillo County
- **Priscilla C. Lucero**, Executive Director, Southwest New Mexico Council of Governments; Catron, Grant, Hidalgo, and Luna Counties
- **Virgil Medina**, Chief Executive Officer, La Clinica de Familia, Las Cruces, New Mexico
- **Jamie Michael**, Director, Doña Ana County Health and Human Services
- **Grace Philips**, General Counsel, New Mexico Association of Counties

Health System Partners

- **Leigh Caswell**, Vice President for Community Health, Presbyterian Healthcare Services
- **Christina Campos**, MBA, FACHE, Guadalupe County Hospital
- **Octavia Djanquaye**, BSN, MSN, RNC-OB, Nurse Manager, Family Birthing Center and Care Management, Santa Fe Medical Center
- **Anjali Taneja**, MD, MPH, Executive Director, Casa de Salud, Bernalillo County
- **Jack Teter**, Regional Director of Government Affairs, Planned Parenthood Rocky Mountains

Non-Profit / Community Organization Partners

- **Venice Ceballos**, Program Operations Director, Community Health Worker Initiatives, University of New Mexico (UNM) Health Sciences Center
- **Sharon Finarelli**, Executive Director, New Mexico Alliance of Health Councils
- **Denise Herrera**, Executive Director, Con Alma Health Foundation
- **Shelley Mann-Lev**, MPH, New Mexico Public Health Association
- **Michelle Melendez**, Director, Office of Equity and Inclusion, City of Albuquerque
- **Susan Wilger**, Executive Advisor, Center for Health Innovation

Additional Acknowledgements

- **Caryn Capriccioso**, MNM, Co-Founder/Principal, interSector Partners, L3C
- **Emily Guerra**, Public Health Equity Fellow, NMDOH
- **Elías Paredes**, Business Administrator, Office of the Secretary, NMDOH
- **Shaza Stevenson**, Program Manager, Centers for Disease Control and Prevention (CDC) Foundation

Taskforce Meetings

The Taskforce launched September 21st, 2021, and initially underwent an environmental scan of six key foundational public health infrastructure components

Six Foundational Public Health Infrastructure Components:

- Overall Public Health Organizational Structure
- Public Health Programs, Services & Clientele
- Public Health Workforce & Partners
- Social Determinants of Health & Health Equity
- Resources & Funding
- Laws, Statutes & Governance

Taskforce Phases & Timeline



Key Findings from the Discovery Phase

Discovery Phase

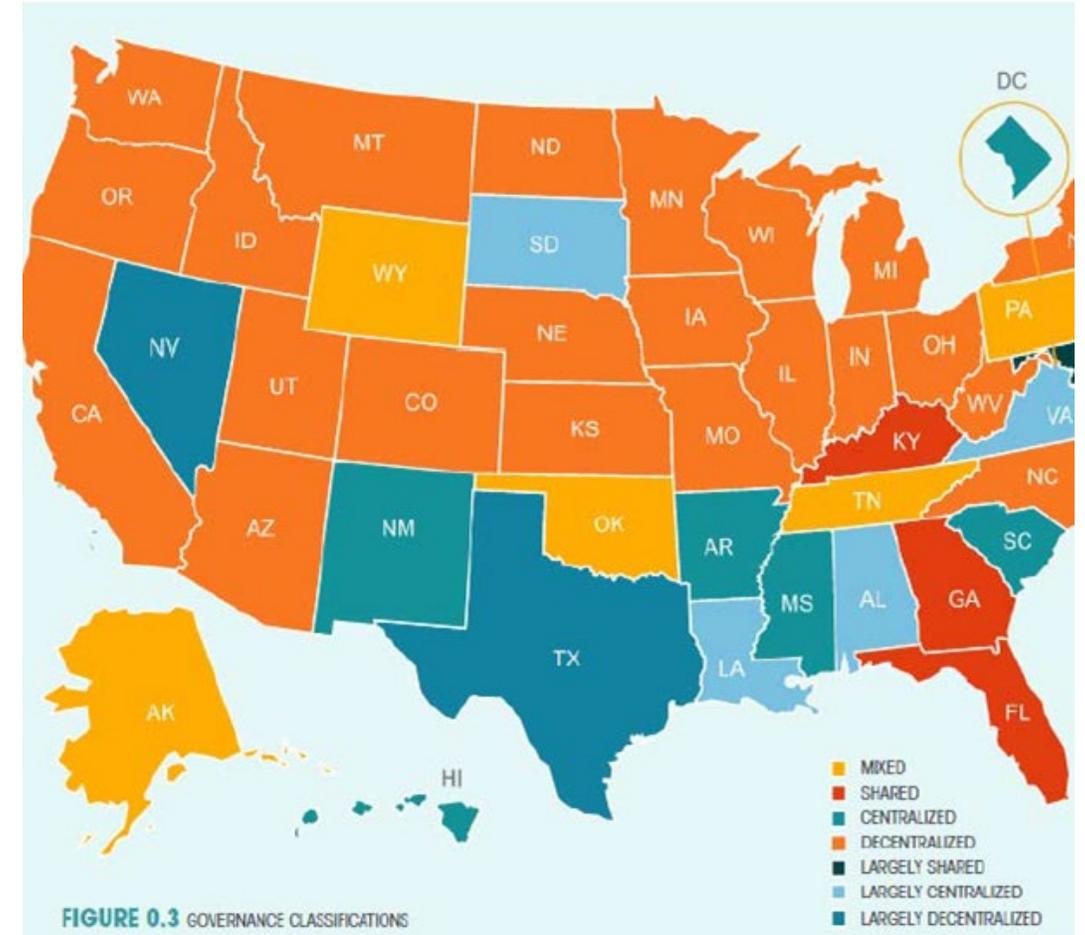
Prioritization Phase

Public Comment Phase

Recommendations

NM has a Centralized Public Health System

- **New Mexico is a centralized public health system**, meaning that the state is primarily led by employees of the state department and the department retains authority over most fiscal and operational decisions.
- There are only 8 other states listed as “centralized”. (AR, DE, DC, HI, MS, RI, SC, VT)
- Of those centralized states, none of them are very similar in geographic and population size, or demographics. Hawaii is often considered the closest structurally.



Organizational Capabilities

- Ten foundational capabilities or functions, which support the provision of public health service delivery.
- Examples include assessment and surveillance, workforce development, communications, and health equity.



Public Health in Tribes, Pueblos, & Nations

- Every tribal community is unique in how it governs and develops their public health programming, how it distributes its funding, and determines their priorities.
- There are opportunities for increased capacity and shared infrastructural improvements, like conducting community assessments, collecting data, and developing and staffing public health programs.



State Capacity Assessments

- The Public Health National Center for Innovations presented to the Taskforce eleven states that have completed public health capacity assessments.
- The assessments were used to determine the gap between current investments and capacity and what is needed to fulfill core public health services.



Health Councils & HB137

- HB137, which was passed in 2019, requires Health Councils to do community health planning and health policy advisement for county or tribal governments.
- Building capacity and providing the necessary resources to fulfill HB137's requirements is a collaborative effort between the state and the Health Councils.

HOUSE BILL 137

54TH LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2019

INTRODUCED BY

Anthony Allison and Elizabeth "Liz" Thomson



Prioritization Phase

Discovery Phase

Prioritization Phase

Public Comment Phase

Recommendations

Public Health

- Public health works to make our state a healthier and safer place to live and work
- We need both good healthcare and a strong public health system
- Public health services not just DOH
- Includes things like chronic disease and injury prevention, control of communicable disease, emergency preparedness

Public health is
“what we as a society do collectively to assure the conditions in which people can be healthy.”

--Institute of
Medicine, 1988

Identifying what “good” public health looks like

- Public health and medicine work together
- Public health
 - Focuses on prevention rather than curative
 - Works on population as a whole v.s. individuals
- Elements of good public health identified by CDC’s 10 essential services



Foundational Public Health Services: Frameworks and Accreditation



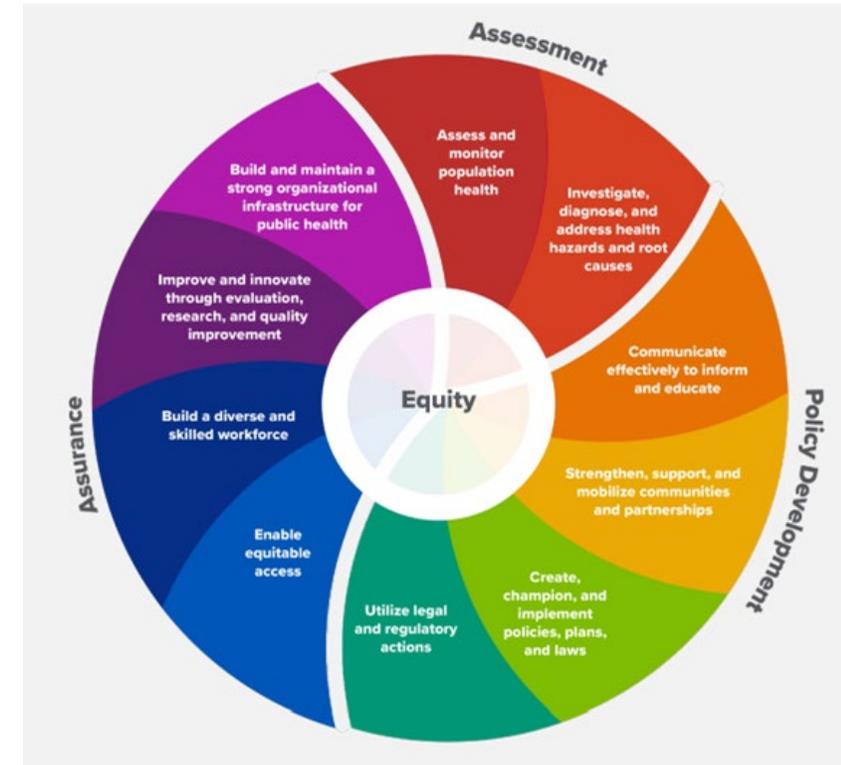
- **CDC's 10 Essential Public Health Services (EPHS)**

- Public health activities ALL communities should undertake
- Originally released in 1994, updated in 2020



- **Public Health Accreditation Board (PHAB):**

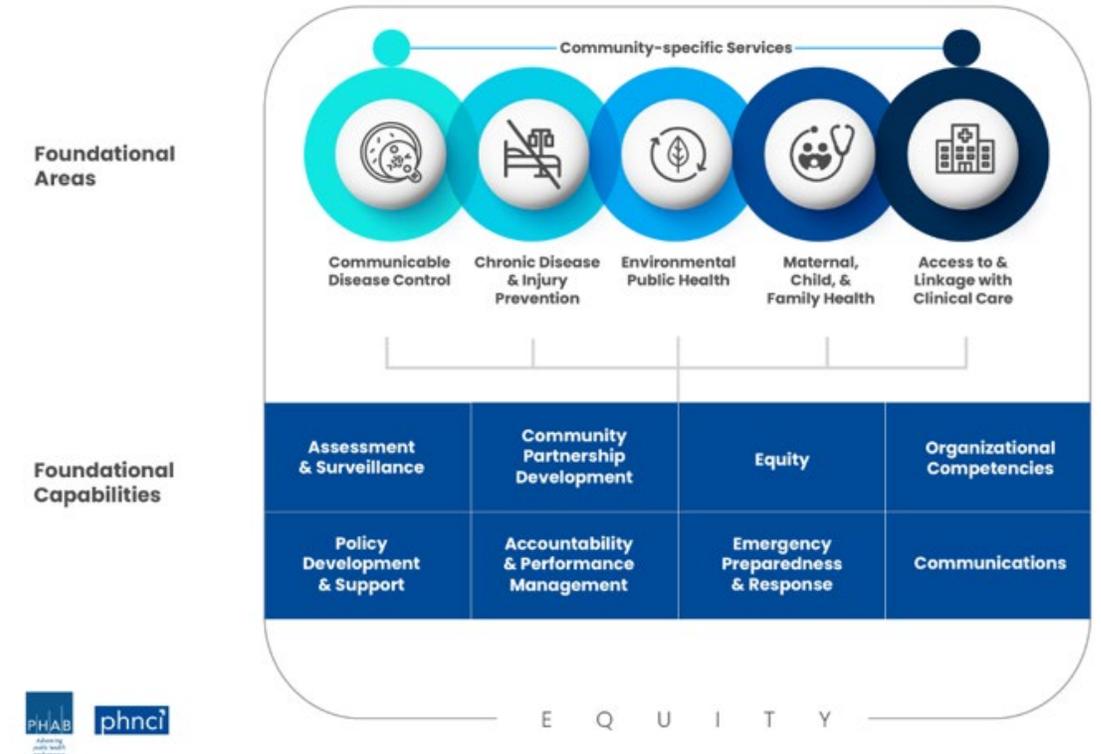
- Accrediting body for tribal, state, local and territorial health departments.
- Tool to improve performance and quality of health departments



Foundational Public Health Services

- Protect and promote the health of the public by serving and contributing to thriving communities
- Infrastructure degrades over time without proactive maintenance
- Need for intentional efforts to upgrade capabilities to respond to existing and future public health needs
- A strong public health infrastructure will prevent spread of disease and bring people together to help communities to stay healthy

Foundational Public Health Services



February 2022

3 Workgroups

1. Assessment

2. Assurance

3. Policy Development



Total of 13 Recommendations

- 13 Recommendations made that covered each of the taskforce workgroup areas
- Top 5 were prioritized out of the 13
- In Appendix 1 of final document, you can review all 13 of the recommendations

Taskforce Group	10 Essential Services	Key Recommendations (Top 5)
1 Assessment	<ul style="list-style-type: none"> • Assess and monitor population health status, factors that influence health, and community needs and assets • Investigate, diagnose, and address health problems and hazards affecting the populations 	<ol style="list-style-type: none"> 1. Data modernization and action for equity 2. Public Health Preparedness Policy Infrastructure that anticipates public health issues years and decades in advance: Climate Change 3. Effective Equitable Communications and Language Access 4. Health Councils 5. Workforce Development (WFD)
2 Policy and Program	<ul style="list-style-type: none"> • Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it • Strengthen, support and mobilize communities and partnerships to improve health • Create, champion, and implement policies, plans, and laws that impact health • Utilize legal and regulatory actions designed to improve and protect the public's health 	
3 Assurance	<ul style="list-style-type: none"> • Assure an effective system that enables equitable access to the individual services and care needed to be healthy • Build and support a diverse and skilled public health workforce • Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement • Build and maintain a strong organizational infrastructure for public health 	

Public Comment Phase

Discovery Phase

Prioritization Phase

Public Comment Phase

Recommendations

Public Comment

- Public comment open on DOH website June 1st - July, 15th, 2022
- Presentations and feedback
- Received 78 separate comments



Recommendations

Discovery Phase

Prioritization Phase

Public Comment Phase

Recommendations

13 Final Recommendations, 5 Prioritized



Key Recommendations: Assessment

1. Data modernization and action for equity

- Develop policies, processes, and a data warehouse to continuously and systematically monitor health status, including the collection, analysis, and dissemination of qualitative and quantitative data, with partners and community members across New Mexico to identify and address health inequities and factors that contribute to them (e.g., SDOH).

Key Recommendations: Assessment

2. Develop an evidence-based program and policy development infrastructure that anticipates public health issues years and decades in advance

- Recognition of climate change as an emergency and top public health priority and addressing its root causes as a health hazard by anticipating, preventing, and mitigating climate change-related health threats, including planning and preparing for climate change health hazards in all county and tribal-level Community Health Assessments (CHAs), the State Health Assessment (SHA), Community Health Improvement Plans (CHIPs), and the State Health Improvement Plan (SHIP).
- Establish a multi-agency climate and health program in NM State Government to address climate change as a health hazard.

Key Recommendations: Policy

3. Effective, equitable communication and language access

- Develop communication policies, procedures, and training that authentically engage community members through various forms of media to provide information on public health issues and functions through messages that foster trust and transparency and consider social, cultural, and linguistic appropriateness. (HB22: Language Access)

Key Recommendations: Policy

4. Adequate support and funding for health councils

- Create a sustained, robust funding stream for county and tribal health councils, to build and maintain local capacity for engaging meaningfully with their community members, especially those most impacted and under-resourced, to plan and coordinate public health strategies linked to all county and tribal-level CHAs, county and tribal-level CHIPs, the SHA, and the SHIP process. (As mandated in 2019 House Bill 137, Section 6).
- Address the foundational capacity gap of community partnership development by convening and mobilizing community partnerships and coalitions (e.g., NMDOH, county and tribal health councils, community-based organizations, healthcare providers, mental health providers, academic institutions, community members, etc.) to improve community representation, active participation, and partnership in public health decision-making, implementation of services, and emergency response.

Key Recommendations: Assurance

5. Workforce Development

- Enhance training, recruitment, and retention to ensure workforce capacity and skills are sufficient to support the public health foundational capabilities and reflect a multi-disciplinary (including CHWs) and diverse workforce representative of communities across New Mexico.

6. Adoption of Public Health Accreditation as the tool for rebuilding public health infrastructure

- Strengthen public health infrastructure through the continued implementation of the Foundation Public Health Services Model (Services and Capabilities).
- Continue to pursue accreditation through the Public Health Accreditation Board (PHAB) as a map for strengthening public health infrastructure



Investing for tomorrow, delivering today.

Thank you!
Questions?