New Mexico Shared Strategic Plan for Prevention and Control of Chronic Disease

**Objectives for 2012-2013**

Arthritis 2.3: Transform the current Arthritis Advisory Group into the New Mexico Arthritis Alliance, elect Alliance leadership, and establish formal membership status with the existing New Mexico Healthy Aging Collaborative.

Cancer 2.1: Develop (or promote existing) talking points to help people with cancer address quality of life issues with their providers

Diabetes 1.1: Develop a prediabetes training infrastructure for all members of the health care team.

Diabetes 1.3: Implement National Diabetes Prevention Programs in at least three priority population areas with infrastructure by that will lead to statewide implementation. Implementation to include identification and referral systems, reimbursement policies, program and community infrastructure, and follow up and maintenance.

Diabetes 2.1: Partner with professional organizations to provide four continuing education sessions to increase healthcare provider knowledge and adherence to standards of diabetes care including but not limited to A1C\*, Blood pressure, Cholesterol, Smoking (ABCS), and cardiovascular disease.

Heart Disease and Stroke 1.1: Continue to build the state’s capacity to prevent and control cardiovascular disease across all key domains, by responding to and working with state and national level stakeholders including the Centers for Disease Control and Prevention, National Association for Chronic Disease Directors, American Heart Association, and others.

Obesity 1.1: Implement a Healthy Kids 5.2.1.0 Challenge.

Obesity 3.1: Every winter, distribute annual report on prevalence of childhood and youth obesity.

Shared 2.1: NMCDPC and task force members will join and/or actively partner with transportation, public health, community, and other partners to strengthen transportation policy that promotes physical activity and implementation of policies at state, local, and tribal levels.

Tobacco 5: Continue to maximize use of data and media to support policy advocacy and to address tobacco related inequities.

**Objectives for 2013-2014**

Shared 2.1: NMCDPC and task force members will join and/or actively partner with transportation, public health, community, and other partners to strengthen transportation policy that promotes physical activity and implementation of policies at state, local, and tribal levels.

Cancer 2.1- develop (or promote existing) talking points to help people with cancer

address quality of life issues with their providers.

Diabetes 1.1- develop a pre-diabetes training infrastructure for all members of the health care team

Heart Disease and Stroke 2: Continue to implement and operationalize the Million Hearts® Initiative in New Mexico. The Initiative aims to prevent one million heart attacks by 2017, through improved clinical care and community activation. New Mexico will engage in health systems improvement including meaningful use of electronic health records, promotion of team-based healthcare and community activation for increased awareness of cardiovascular disease prevention and control.

Obesity 2.2: Implement the 90 Day Healthy Body Challenge to target obesity as a health disparity that will include free morning and evening exercise and healthy living classes.

Shared 4.1: Initially and annually critique each objective in the NMSSP to ensure that it promotes health equity.

Shared 4.2: NMCDPC and task force members will partner with at least four community organizations to raise awareness among policy makers of the interdependence between educational achievement, income, and health.

Shared 5.1: Collect resource information pertaining to education efforts on secondhand smoke, tobacco cessation, heart disease and stroke prevention, cancer, arthritis, and diabetes in tribal lands and other organizations in New Mexico in order to provide information to tribes.

Tobacco 1: Convene key stakeholders to develop and implement a policy advocacy agenda related to commercial tobacco prevention and cessation in New Mexico. Possible policy advocacy:

* Advocate for funding for comprehensive tobacco prevention and cessation programs
* Increase tobacco taxes and ensure tax parity across all tobacco products
* Support Clean Indoor Air policies on tribal lands
* Support smoke free multi-unit housing
* Implement statewide retail tobacco outlet licensing

Tobacco 6: The Tobacco Use Prevention and Control program will contract for web-based smoking cessation services that include social networking capacity.

**Objectives for 2014-2015**

Arthritis 1.1: Support the existing infrastructure of at least three regional programs designed to educate the general public, through the Stanford University-developed evidence-based Chronic Disease Self-Management Program (CDSMP), EnhancedFitness, and other evidence-based programs about self-management strategies, to reduce the negative impact of arthritis and related health conditions on the quality of life.

Cancer 2.2: Distribute the materials that describe the talking points to survivorship organizations for dissemination to cancer survivors and their families.

Diabetes 1.3: Implement National Diabetes Prevention Programs in at least three priority population areas with infrastructure that will lead to statewide implementation. Implementation to include identification and referral systems, reimbursement policies, program and community infrastructure, and follow up and maintenance (also include Diabetes Self-Management programs).

Heart Disease and Stroke 2: By 2016, continue to implement and operationalize the Million Hearts® Initiative in New Mexico. The Initiative aims to prevent one million heart attacks by 2017, through improved clinical care and community activation. New Mexico will engage in health systems improvement including meaningful use of electronic health records, promotion of team-based healthcare and community activation for increased awareness of cardiovascular disease prevention and control.

Obesity 2.2: Implement the 90-Day Healthy Body Challenge to target obesity as a health disparity that will include free morning and evening exercise and healthy living classes.

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Shared 1.1: Build a list of statewide priority contacts.

Shared 1.3: Introduce and educate communities about statewide strategic plan.

Shared 1.5: Continue to cultivate a network of community contract to share resources, information, and build capacity statewide.

Shared 4.2: NMCDPC and task force members will partner with at least four community organizations to raise awareness among policy makers of the interdependence between educational achievement, income, and health.

**Objectives for 2015-2016**

Arthritis 1.3: Remove access-to-services barriers in hard to reach populations throughout New Mexico by providing access to the evidence-based on-line self-management program known as “Better Choices—Better Health.”

Cancer Strategic 3.1: Increase awareness about accessing cancer detection and treatment programs among the general public in New Mexico.

Diabetes Strategic 2.2: Partner with three health care organizations to disseminate best practices and systems supports (e.g. policies, clinic flow, reminder systems, and multidisciplinary disease management teams) that increase health care providers’ adherence to standards of diabetes care.

Heart Disease and Stroke 2: Continue to implement and operationalize the Million Hearts® Initiative in New Mexico. The Initiative aims to prevent one million heart attacks by 2017, through improved clinical care and community activation. New Mexico will engage in health systems improvement including meaningful use of electronic health records, promotion of team-based healthcare and community activation for increased awareness of cardiovascular disease prevention and control.

Heart Disease and Stroke 5: Promote education, certification, and utilization of Community Health Workers in chronic disease prevention and control.

Obesity 1.2: Increase the percentage of NM licensed childcare centers and homes with healthy eating and beverage options, physical activity, and limited screen time from 0% of facilities to 50%.

Shared 1.2: Utilize the lead organization contacts to priority populations and assist with filling gaps.

Shared 3.4: Work with community-based organizations (e.g. health care organizations, civic organizations and clubs, businesses) to promote and market policies, programs, and organizational/ environmental structures that increase physical activity and access to healthy food.

Shared 4.2: NMCDPC and task force members will partner with at least four community organizations to raise awareness among policy makers of the interdependence between educational achievement, income, and health.

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Tobacco Use 4: Make stable funding and program resources to support priority population networks a NMDOH TUPAC priority.