New Mexico Public Health Task Force Recommendations

2022 Draft Report

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

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Purpose & Background

2021 House Memorial 2

During the 2021 Regular Legislative Session, New Mexico State Representative Gail Armstrong championed, and the New Mexico State Legislature passed, House Memorial 2 (HM2). HM2 tasked the New Mexico Department of Health (NMDOH) to convene a group of leaders to recommend strategies for improving public health infrastructure in New Mexico with the intention of developing recommendations to improve New Mexico's public health infrastructure to improve the health of all people in New Mexico. This group was formed as the HM2 Public Health Task Force (PHTF). Individuals from multiple state agencies, local and county governments, academic programs, and nonprofit organizations from across New Mexico were invited to join the PHTF as members to form an inclusive group with a diversity of perspectives.

> **What is public health infrastructure?**
> According to Healthy People 2030, "Public health infrastructure provides the necessary foundation for all public health services – from vaccinations to chronic disease prevention programs to emergency preparedness efforts. A strong public health infrastructure includes a capable and qualified workforce, up-to-date data and information systems, and agencies that can assess and respond to public health needs." In this report, you will notice an emphasis on governmental public health; however, the PHTF recognizes that non-governmental public health partners play a vital role in NM's public health system.

The COVID-19 pandemic has continued to highlight the importance of investing in public health infrastructure, as well as the need to address the causes of long-standing health inequities, such as structural racism and historical mistrust that have led to COVID-19 disproportionately affecting Native American, Hispanic/Latinx, and African American populations, as well as those living in poverty. The PHTF is an incredible opportunity for us to work together to explore the challenges and gaps in our current public health infrastructure with the aim of providing leverage point recommendations and long-range improvements for greater health equity.

What do we mean by health equity?

We are using a revised definition of health equity based on Bravemen, et. al (2018): “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, systemic racism, “discrimination and their consequences” including “lack of access to good jobs with fair pay; quality education, housing, and health care; and safe environments" (p. 2).[1] We work to ensure our workforce is diverse and inclusive because a workforce and leadership reflecting all people in New Mexico can best achieve health equity outcomes.

[1] Braveman, P., Arkin, E., Orleans, T., Proctor, D., Acker, J., & Plough, A. (2018). What is health equity? Behavioral Science & Policy, 4(1), 1–14.

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Additional Acknowledgements

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10 Essential Public Health Services

The 10 Essential Public Health Services provide a framework of public health activities that are necessary in public health practice. These essential services are built within the three core functions of governmental public health: assessment, policy development, and assurance. The most recent version of this framework was released on September 9, 2020, and centers equity among all services. The PHTF utilized this framework to consider and categorize recommendations.

According to the Centers for Disease Control and Prevention (CDC), "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."

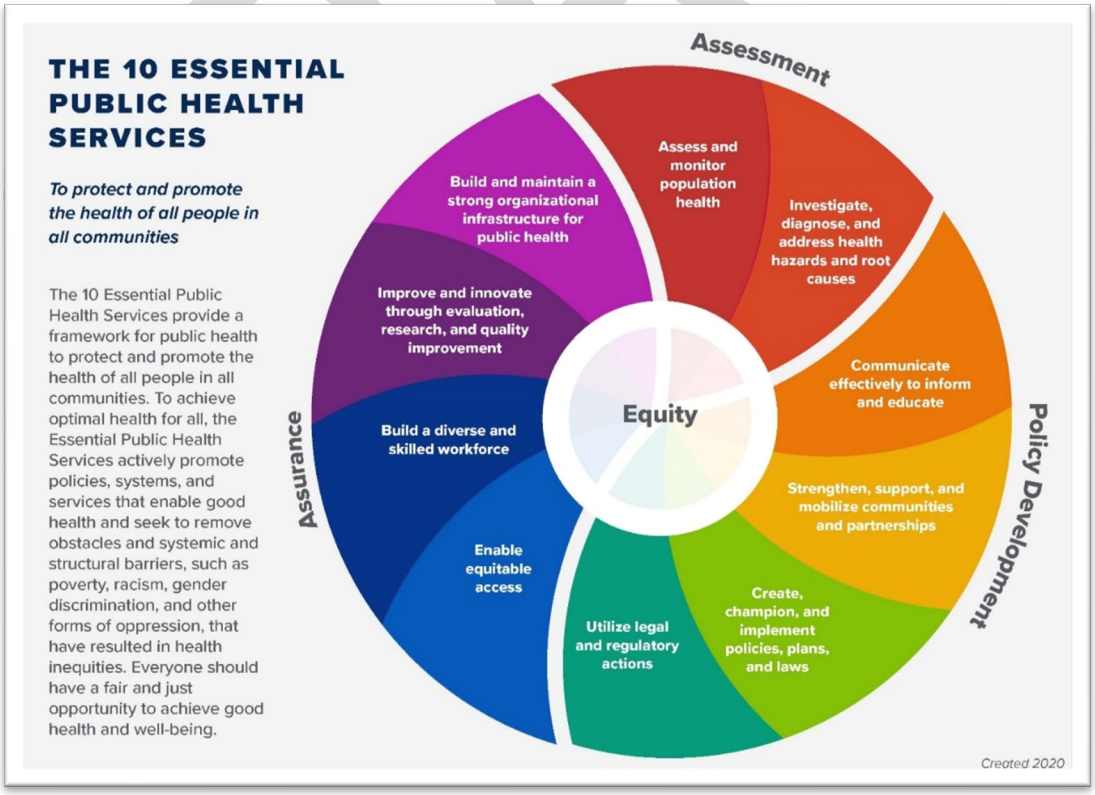


Figure 1 **Revised 10 Essential Public Health Services Model from the CDC (2020)**

The 10 Essential Public Health Services are:

1. Assess and monitor population health status, factors that influence health, and community needs and assets
2. Investigate, diagnose, and address health problems and hazards affecting the population
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
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement
10. Build and maintain a strong organizational infrastructure for public health

The PHTF key recommendations are categorized in this report according to the 10 Essential Public Health Services.

Foundational Public Health Services

The Foundational Public Health Services (FPHS) is an additional framework that guided the PHTF process. The FPHS framework focuses on governmental public health's responsibilities to foster and support communities. The FPHS were revised in 2022 to include, among other changes, equity as an eighth Foundational Capability that also applies to the whole model.

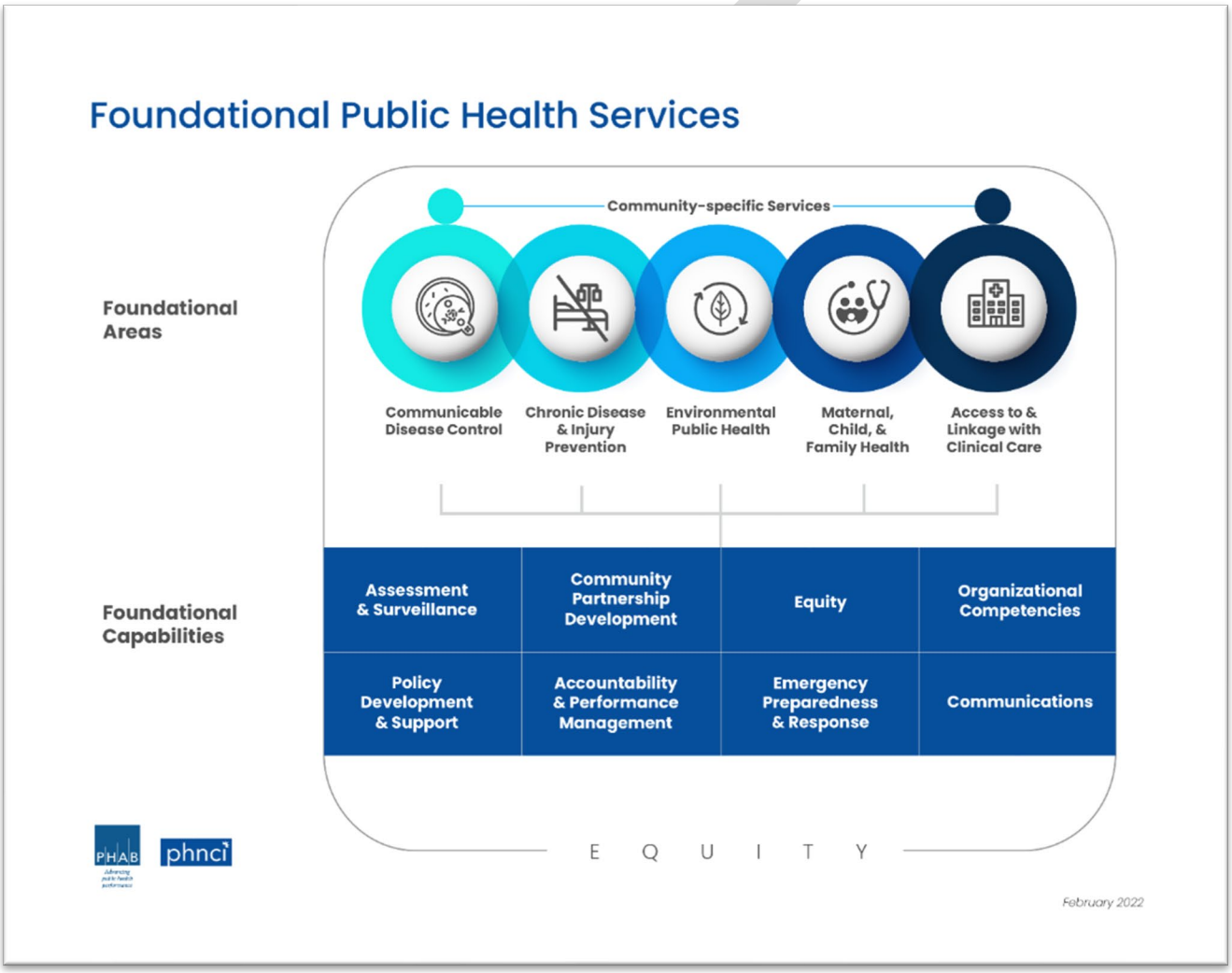


Figure 2 **Revised version of the FPHS framework from The Public Health National Center for Innovations (2022)**

The eight Foundational Capabilities are at the base of the model (see Figure 2 above) and reinforce that strong public health infrastructure is necessary to carry out the FPHS. The Foundational Capabilities are:

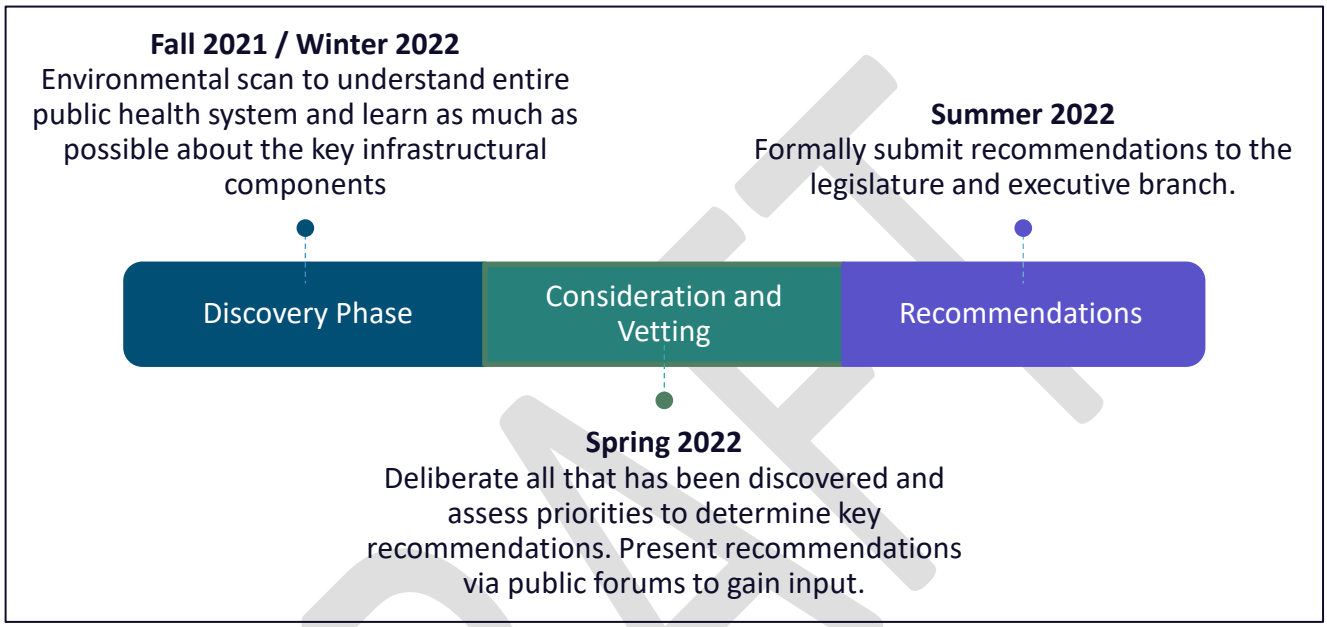
1. Assessment and Surveillance
2. Community Partnership Development
3. Equity
4. Organizational Competencies
5. Policy Development and Support
6. Accountability and Performance Management
7. Emergency Preparedness and Response
8. Communications

Five Foundational Areas, supported by the infrastructure provided by the Foundational Capabilities, are:

1. Communicable Disease Control
2. Chronic Disease and Injury Prevention
3. Environmental Public Health
4. Maternal, Child, and Family Health
5. Access to and Linkage with Clinical Care

Task Force Phases & Timeline

The PHTF launched September 21, 2021, and generally met every other week, working through three different phases: discovery, consideration and vetting, and recommendation.



The Discovery Phase – The discovery phase consisted of a Public Health Environmental Scan to better understand the entire public health system. This scan covered the following six key foundational public health infrastructure components:

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

The PHTF heard from several national speakers and local stakeholders to determine foundational terminology and conceptualize the public health infrastructure components into a big picture framework. This was so the group would be on the same

page with national public health partners, as well as together, when moving forward into future phases. Question and answer sessions were built into the discovery agendas during each meeting. Discussions were facilitated, with recommendation ideas collected for later synthesis and contemplation in the group's second phase (i.e., Consideration and Vetting).

The Consideration and Vetting Phase – During this phase, the PHTF discussed the compiled information and ideas in an iterative and collaborative process that built consensus on prioritizing key recommendations. Additionally, the PHTF presented key recommendations at various conferences that generated feedback and broader public participation.

The Recommendation Phase – During this phase, the recommendations were finalized, establishing key recommendations and associated funding requests to improve the public health infrastructure in New Mexico and the health of all people in New Mexico. The finalization process also included a 45-day public comment period from June 1, 2022 – July 15, 2022. (Note: All recommendations in this report marked with an asterisk (i.e., *) are associated with proposed funding requests for NMDOH leadership consideration to include in NMDOH's Fiscal Year 2024 (i.e., July 1, 2023 – June 30, 2024) budget proposal to the Governor's Office and the Legislature. Finally, the PHTF will present the full report and recommendations to the Legislative Health and Human Services (LHHS) Committee. The final report and recommendations will also be formally transmitted to the Office of the Governor, NMDOH, and other community organizations.

Moving forward, NMDOH is exploring the option of establishing a Public Health Advisory Committee (PHAC) to guide implementation efforts associated with the key recommendations outlined in this report. Additionally, the PHAC would advise NMDOH and partners on the prioritization of recommendation implementation. The PHAC would also guide evaluation efforts to assess the success of recommendation implementation, including total cost, return on investment, and positive economic impact to individuals, communities, and the State of New Mexico.

Key Recommendations

Assessment

Essential Service 1: Assess & monitor population health

Recommendation 1: Develop policies and processes to continuously and systematically monitor health status, including the collection, analysis, and dissemination of data, with partners across New Mexico to identify and address health inequities and factors that contribute to them (e.g., social determinants of health).

- Health status should be understood broadly to include all health-related areas (e.g., mental health, behavioral health, oral health, etc.).
- The data warehouse should be kept up to date to the greatest extent possible.
- The data warehouse should be accessible and linked to other data systems, where possible (e.g., New Mexico Health Information Exchange, Synchronys, New Mexico Community Data Collaborative, etc.)
- The data warehouse should include small area, census tract, and tribal breakouts.
- The data warehouse should include a catalogue of place-based data summaries (e.g., county-level, village-level, tribal-level) in such formats as infographics, fact sheets, etc.
- Data sharing agreements should be developed, implemented, and maintained between NMDOH (and other state agencies, as applicable) and partners.
- Funding for data collection in rural areas must be prioritized and allocated to facilitate appropriate representation in responses (e.g., additional time, transportation, planning).
- The community-level data should be locally driven, standardized, actionable, easy to access, coordinated and include health equity metrics.

- The community-level data should be evaluated on a regular basis with feedback from community members.
- Develop a multi-sector process to review data linked to health inequities, as well as a framework for discussing the data to develop policy recommendations to improve health equity.
- Reinstate tribal epidemiologist.
- State agencies should share health-related data with NMDOH, as needed, to remain in compliance with 2012 House Bill 18 Transfer Health Info and Data Management.

Recommendation 2: Utilize a racial equity lens in all aspects of data collection, analysis, and dissemination.

- Acknowledge racism as a root cause of health inequities.
- Collaborate and facilitate data-sharing with partners.
- Analyze and use disaggregated data, including qualitative and narrative data, to track and understand issues and inform equitable action.
- Engage community members as experts and key partners to assist in the assessment and monitoring of population health status and factors.
- Use existing data to support this recommendation, where possible.
- Recognize and respect the importance of data sovereignty and justice, especially with respect to Indigenous communities.

Essential Service 2: Investigate, diagnose, & address health hazards and root causes

Recommendation 3: Recognize climate change as a top public health priority and address climate change 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).

- Track SDOH data as a result of climate change.
- Engage across sectors to develop and implement a state plan to mitigate the adverse effects of climate change and respond to disasters.
    - Partner with local community leaders, county managers, tribal leaders, and local councils of government (COGs).
- Assess areas within and outside of NMDOH where climate change factors can be incorporated into existing processes to support prioritization (e.g., climate health criteria in legislative proposals, potential state grantees demonstrating climate mitigation efforts in applications, etc.).

***Recommendation 4:** NMDOH should establish, and the New Mexico State Legislature should fund, a Climate and Health Program to address climate change as a health hazard.

- Provide up-to-date climate and health outreach and education, including:
    - Training and support for all NMDOH employees engaged in community work;
    - Training and support for community public health practitioners, health council members, community health workers, and health care providers; and
    - Direct education, especially for communities harmed by climate change.

- Bridge siloed climate change-oriented environmental and health research and projects.
- Identify and participate in strategic partnerships within the NMDOH and other state departments (e.g., NMED Climate Change Bureau).
- Enhance and expand climate change-related surveillance and data collection and effectively share with the public and policy- and decision-makers.
- Prioritize most impacted communities, including Indigenous communities, with climate change-related funding.
- Provide subject matter expert policy recommendations.
- Ensure emergency and disaster planning and response includes local health councils (i.e., at the local and state levels) addresses threats from climate change and includes asset mapping and resilience building strategies.
- Address disparate and inequitable impacts on specific communities, especially the most under-resourced.
- Employ a minimum of 5.5 full-time equivalent (FTE) employees, as follows:
    - Climate and Health Program Manager;
    - Tribal Liaison;
    - Health Equity Specialist;
    - Climate and Health Promotion Specialist;
    - Environment, Climate, and Health Epidemiologist; and
    - Environment, Climate, and Health Medical Director (0.5 FTE).

Policy Development

Essential Service 3: Communicate effectively to inform & educate

***Recommendation 5:** Develop communication procedures that authentically engage community members to provide information on public health issues and functions through messages that foster trust and transparency and consider social, cultural, and linguistic appropriateness.

- Build a system to gain input from local populations/audiences for the design and distribution of culturally- and literacy-responsive materials out to the local levels.
- Communicate to inform and educate communities about public health's collective vision of racial equity in health, the factors that influence it, and how to improve it by developing and implementing racially, linguistically, and culturally inclusive policies that ensure two-way communications, health literacy, and assets-based efforts to build trust, strengthen assets, and avoid narratives that are damaging to disproportionately affected populations to address equity and systemic racism.
- Implement 2022 House Bill 22 – Limited English Access to State Programs, which requires all state departments to provide meaningful access to state programs to individuals with limited English proficiency.
- Increase the number of Master of Public Health (MPH) and Certified Health Education Specialists (CHES®) working on public health communications across the state.
- Address misinformation and disinformation, both online and offline, in communities across New Mexico.
- Utilize CDC Field Epidemiology Manual Chapter 12 "Communicating During an Outbreak or Public Health Investigation" as a communications guide.

Essential Service 4: Strengthen, support, & mobilize community partnerships

Recommendation 6: Address the foundational capacity gap of community partnership development by convening and mobilizing community partnerships and coalitions (e.g., NMDOH, community-based organizations, healthcare providers, academic, community members, etc.) to improve community representation, active participation, and partnership in public health decision-making, implementation of services, and emergency response.

- Develop a plan based on proven approaches for meaningful community engagement and community partnership development.
- Prioritize resources for New Mexico-based, community organizations when convening and mobilizing community partnerships and coalitions.
- Community partners that may not identify as health-related organizations should be engaged, as well (e.g., social justice organizations, community development organizations, etc.).
- Incentivize participation through monetary compensation wherever possible.
- Leverage the assets and capacity of health councils to implement the local health improvement planning process outlined in Recommendation 7 below and to develop and enrich the relationships with communities, community members, non-profit organizations, community-based organizations, governmental organizations, healthcare entities, public health entities, etc.
- Institutionalize community engagement by creating an Office of Community Engagement within the NMDOH.
- Work with partners, including philanthropic, hospitals, community-based organizations, community members, and other state agencies to develop, implement, and evaluate state, community, and tribal health assessments pertaining to racial, health, and economic justice.

Essential Service 5: Create, champion, & implement policies, plans, & laws

The following recommendation is based on the framework provided by House Bill 137 - County and Tribal Health Councils Act and the SHA/SHIP statute (N.M.S.A. 1978, § 9-7-4.1).

Recommendation 7: Develop and implement a collaborative health improvement planning process that centers community in determining which strategies to use to address health needs and leverage assets.

- Convene action teams and collaboratives made up of/including representatives of populations confronting health inequities outlined in the SHA and SHIP, as well as the CHAs and CHIPs, to actively address prioritized health equity issues.
- Develop standards for community needs assessments that ensure community perspectives are deep, diverse, inclusive, and inform outcomes.
- Trust that communities can identify leaders for coordinating various assessments within their communities, creating the integration needed.
- Consider avenues for increased inclusion by communicating with individuals via their preferred methods (e.g., face-to-face conversations, fliers, phone calls, text messages, emails, websites, etc.)
- Develop a coordinated system for implementing and sharing information from county- and tribal-level CHAs, county- and tribal-level CHIPs, SHA, and SHIP.
    - Tribal and county health councils, federally qualified health centers, community non-profit hospitals, and other partners should gain meaningful community input for and contribute relevant input/data to a single CHA for each county or tribal unit. The information and recommendations from each CHA should then be used in developing the CHIP. All locally developed CHIPs will be used, in turn, by state agencies, with public input, working collaboratively to form a collective SHIP.

Recommendation 8: Develop and implement a racial equity action plan, with input and advice from internal NMDOH employees and community members, to dismantle systemic racism within NMDOH and serve as an example and catalyst for other state and partner agencies to act on this, as well.

- Assess procurement standards and grant assurances to ensure staff use a racial equity lens for state investments.
- Lead and promote racial equity at the Legislature through a health-in-all-policies approach that uses a racial equity lens in economic, social, and other policy development in New Mexico.

Essential Service 6: Utilize legal & regulatory actions

***Recommendation 9:** As mandated in House Bill 137, Section 6, the New Mexico State Legislature should create a sustained, adequate funding stream for health councils, to build and maintain local capacity for planning and coordinating public health strategies linked to all county- and tribal-level CHAs, county- and tribal-level CHIPs, the SHA, and the SHIP process.

- To ensure some standardization and quality of functions performed, and to support the funding recommendation, an independent committee, initiated by the New Mexico Alliance of Health Councils, should develop agreed-upon standards of excellence or a set of best practices for New Mexico health councils.
- The State of New Mexico should increase the state's recurring general fund investment in health councils by providing a minimum of $100,000 to $125,000 to each health council.
- The State of New Mexico should provide funding to the New Mexico Alliance of Health Councils for training, technical assistance and support for continuous capacity development and quality improvement of health councils.
- The NMDOH should consider other funding streams being utilized by individual health councils to leverage match opportunities, including Medicaid whenever possible to increase sustainability.

Assurance

Essential Service 7: Enable equitable access

Recommendation 10: Integrate the roles and functions of community health workers (e.g., community health representatives, promotoras, and other non-licensed, certified health support workers such as peer support workers, wraparound facilitators, etc.) into a comprehensive public health, primary care, environmental health, and behavioral health model that enables equitable access to individual care and services that support the whole person.

- Increase awareness, recruitment, funding, and support for, and retention of community health workers across the healthcare spectrum, including within NMDOH and community partners.
- Increase educational, training, and professional advancement opportunities for community health workers (CHWs).
- Increase the interest in and ability of organizations within and outside the healthcare system to hire, supervise, mentor, and effectively utilize CHWs in culturally sensitive ways.
- Develop a financing system that sustains CHWs across the public health workforce.
- Continue and increase telehealth access to services across New Mexico, especially in rural areas (e.g., increase broadband capabilities throughout New Mexico).
- Financially support and expand school-based health centers (SBHCs) as critical components of the pediatric public health infrastructure across New Mexico, increasing equitable access to health services.

Essential Service 8: Build a diverse & skilled workforce

***Recommendation 11:** Enhance current pipeline initiatives to develop, recruit, and retain a multi-disciplinary, competent workforce and leadership that practices cultural humility and is representative of communities across New Mexico.

- Research assets and critical negative factors affecting current pipeline initiatives in New Mexico (e.g., adequate housing for health professionals in rural areas).
- Increase high school programs to introduce youth to the public health and related fields.
- Provide accessible classes for ongoing professional development.
- Increase funding for public health and medical professionals to further their education and attain public health credentials (e.g., Bachelor of Public Health, Master of Public Health, Certified in Public Health, Doctor of Public Health, etc.).
- Increase salaries of public health professionals at all levels to be commensurate and competitive with salaries in the field.
- Develop mentorship opportunities for the public health workforce.
- Through adequate training, ensure that the NMDOH workforce skill sets align with the foundational functional areas, capabilities, services, and values identified in the NMDOH strategic planning for the next three-five years.
- Invest in the pipeline for school health personnel (e.g., school nurses, school-based health center personnel, school social workers, etc.) to improve health and educational outcomes.
- Assess the hiring of contract workers at NMDOH compared to hiring permanent staff as it relates to workforce development, recruitment, and retention.

Essential Service 9: Improve and innovate through evaluation, research, & quality improvement

Recommendation 12: Strengthen and develop partnerships with academic and private organizations to increase collaborative research, evaluation, and innovation to support continuous improvement of public health processes, programs, and interventions.

- Support and guide process improvement of the health improvement planning process (i.e., county- and tribal-level CHAs, county- and tribal-level CHIPs, SHA, and SHIP).
- Teach public health practitioners about the research process and how research can support and advance public health practice.

Essential Service 10: Build & maintain a strong organizational infrastructure for public health

Recommendation 13: Assess the organizational structure and resources to ensure New Mexico's public health infrastructure fosters programs, plans, policies, and decisions that are foundational, ethical, and increase health equity.

- Use the Behavioral Health Collaborative model to potentially create a Public Health Collaborative across all state agencies in which budgetary frameworks are reviewed and recommendations are made for funding allocations.
    - All state agency heads (e.g., Secretaries) whose programs are linked to public health should be represented.
- Streamline procurement and contracting within NMDOH and other state agencies to include diverse organizations who otherwise do not have the resources to navigate the current bureaucratic systems.
- Include tribal governments and leadership in public health structural assessments to ensure inclusion in developing solutions for equitable and culturally safe access to health services and the public health system.

Resources

- Association of State and Territorial Health Officials (ASTHO) Public Health Infrastructure and Systems Improvement: https://www.astho.org/topic/public-health-infrastructure/#:~:text=ASTHO%20works%20with%20states%20and,how%20health%20agencies%20are%20organized
- The CDC Field Epidemiology Manual: https://www.cdc.gov/eis/field-epi-manual/index.html
- 10 Essential Public Health Services: https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html
- Foundational Public Health Services: https://phnci.org/transformation/fphs
- Healthy People 2030 Public Health Infrastructure: https://health.gov/healthypeople/objectives-and-data/browse-objectives/public-health-infrastructure
- House Bill 22 – Limited English Access to State Programs: https://nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=22&year=22
- House Bill 137 – County & Tribal Health Councils Act: https://nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=B&LegNo=137&year=19
- House Memorial 2 – Public Heath Task Force: https://nmlegis.gov/Legislation/Legislation?Chamber=H&LegType=M&LegNo=2&year=21
- New Mexico Department of Health (NMDOH) Fiscal Year 2021 – 2023 Strategic Plan: https://www.nmhealth.org/publication/view/plan/7187/
- Pathways to Population Health Equity: https://www.publichealthequity.org/
- State Health Improvement Plan (SHIP): https://www.nmhealth.org/publication/view/plan/5311/
- What is health equity? https://behavioralpolicy.org/wp-content/uploads/2018/12/What-is-Health-Equity.pdf