



NEW MEXICO DIABETES

Strategic Plan 2010

A guide for individuals,
health care, human services,
government agencies,
organizations and
communities working
together to reduce the
burden of diabetes
in New Mexico.

*Recommendations developed by the Core Council of the
New Mexico Diabetes Advisory Council in cooperation
with the New Mexico Department of Health
Diabetes Prevention and Control Program*

*Funding provided by Centers
for Disease Control and
Prevention Cooperative Agreement
#U32/CCU622676-02*



August 5, 2005

Dear Colleague:

The New Mexico Department of Health is pleased to celebrate the release of the *New Mexico Diabetes Strategic Plan 2010*, a vital tool in the effort to reduce the burden of diabetes in our state. The Plan's completion demonstrates the extraordinary collaboration of numerous partners across the state through the New Mexico Diabetes Advisory Council and the New Mexico Department of Health Diabetes Prevention and Control Program. Nearly a hundred people throughout the state were involved in the various stages of creating the Plan.

The purpose of the *New Mexico Diabetes Strategic Plan 2010* is to provide a guide to work together at improving access to care and prevention, and enhancing treatment and outcomes for people with diabetes in New Mexico. Our intent is to reduce the burden of diabetes on individuals, families and communities.

Fortunately, much can be done to prevent diabetes and improve the health and quality of life for those who have the disease. Increasing public awareness, advocating for legislation, policies and programs, coordinating activities and serving in an advisory capacity represent the focal points of this effort. The success of carrying out the plan rests in the collaboration, coordination and cooperation of all our partners and in the leadership of the New Mexico Diabetes Advisory Council.

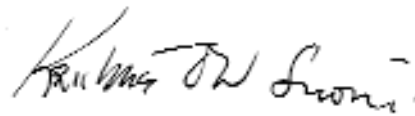
We encourage each of you to play a role in implementing the *New Mexico Diabetes Strategic Plan 2010*. It is now time for us to confront diabetes in New Mexico by taking a course of action that accomplishes the objectives we have set. Together we can make an impact.

The *New Mexico Diabetes Strategic Plan 2010* is available to download as a PDF file from the Diabetes Program's website at www.diabetesnm.org.

Sincerely,



Michelle Lujan Grisham
Secretary
New Mexico Department of Health



Kristine Suozzi
Director, Public Health Division
New Mexico Department of Health

NEW MEXICO DIABETES STRATEGIC PLAN 2010

Development of this plan was facilitated by the Core Council of the New Mexico Diabetes Advisory Council in cooperation with the Diabetes Prevention and Control Program at the New Mexico Department of Health.

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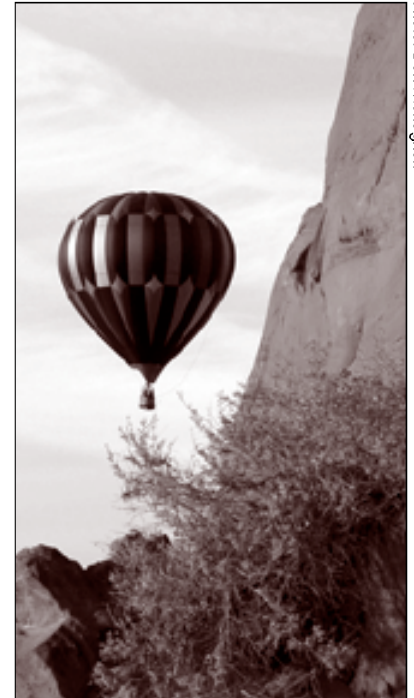


Photo: Dan Monaghan

Courtesy of the New Mexico Department of Tourism

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Executive Summary

The purpose of the *New Mexico Diabetes Strategic Plan 2010* is to provide a guide for individuals, health care, human services, government agencies, organizations and communities working together to improve access to care and prevention, and to improve treatment and outcomes for people with diabetes in New Mexico. Our intent is to reduce the burden of diabetes on individuals, families, communities, the health care system and

the state of New Mexico.

The Strategic Plan is based on the findings of the State Diabetes System Assessment around the 10 Essential Public Health Services. The Assessment was completed in October 2004. The plan is organized according to four components derived from the mission statement of the New Mexico Diabetes Advisory Council:

- **Increasing Public Awareness**
- **Collaboration and Coordination**
- **Legislative Advocacy**
- **Advisory**

Objectives and indicators are identified for each area. Fund development, becoming an active partner and implementing the Strategic Plan are addressed.

Copies of the *New Mexico Diabetes Strategic Plan 2010* are available on our website — www.diabetesnm.org.



Introduction

SCOPE OF THE PROBLEM



Prevalence

Approximately 1 in 11 adults in New Mexico has diabetes — that's about 115,000 people. Of those, only 78,000 people know they have diabetes and 37,000 do not know it.* Of those with diagnosed diabetes, 5 to 10% have type 1 diabetes; 90 to 95% have type 2 diabetes.^{1,2} Approximately 1,662 children in New Mexico have either type 1 or type 2 diabetes.³

American Indians are about three times more likely to have diagnosed diabetes than non-Hispanic Whites. Hispanics, as well as African-Americans, are about two times more likely to have diagnosed diabetes than non-Hispanic Whites.^{1,2} In New Mexico in 2002, diabetes was the sixth leading cause of death.⁴

Long-Term Complications

In New Mexico, more than half of adults who have diabetes have been told by a doctor they have high blood pressure.¹

The risk of cardiovascular disease and stroke is two to four

times higher in people with diabetes. In 2001 there were 21,115 diabetes-related hospitalizations in New Mexico. Among those, more than 72% also involved cardiovascular disease.⁵ From 1999 to 2001 in New Mexico, there were 1,540 deaths due to diabetes; of these, more than half involved heart disease.

Diabetes is the leading cause of non-traumatic lower extremity amputations⁶ and, in 2001, 410 New Mexicans lost one or more limbs or part of a limb to diabetes.⁷ American Indians are approximately 3.5 times more likely to have an amputation than non-Hispanic Whites.⁷

Diabetes is the leading cause of end-stage renal disease (ESRD), or kidney failure.⁸ In 2003, diabetes accounted for nearly 60% of new cases of ESRD in New Mexico. A total of 1,264 patients who have diabetes were on dialysis.

In 2001, there were an estimated 37,557 cases of diabetic

* Estimated prevalence of diagnosed diabetes is based on the 2003 Behavioral Risk Factor Surveillance System. The undiagnosed portion is estimated from the 1988-1994 National Health and Nutrition Examination Survey (NHANES III).

retinopathy in New Mexico.⁹

Diabetes is the leading cause of blindness among adults ages 20-74.

Gestational Diabetes

Diabetes during pregnancy puts both mother and infant at risk.

The infant has a higher chance of developing both diabetes and obesity as an adult. The mother is also at risk for developing type 2 diabetes later in life.¹⁰

From 1997 to 1999, 6% of New Mexican mothers were treated for diabetes during pregnancy — that's approximately 1,500 women who are diagnosed with gestational diabetes each year.

Economic Cost

The direct cost (medical care) and indirect cost (lost productivity and premature death) of diabetes in New Mexico in 2002 totaled more than \$1 billion.¹¹

Risk Factors

Risk factors include obesity, age over 45, sedentary lifestyle, family history, history of gestational diabetes, impaired glucose tolerance, high blood pressure or cholesterol, and race or ethnic background (the risk of diabetes is greater in Hispanics, Blacks, Native Americans and Asians).



PURPOSE OF THE STRATEGIC PLAN

The purpose of the *New Mexico Diabetes Strategic Plan 2010* is to provide a guide for individuals, health care, human services, government agencies, research, organizations and communities working together to improve access to care and prevention, and to improve treatment and outcomes for people with diabetes in New Mexico. Our intent is to reduce the burden of diabetes on individuals, families, communities, the health care system and the state of New Mexico.



THE STRATEGIC PLANNING PROCESS

It was of primary importance to the New Mexico Diabetes Advisory Council (DAC) that a Strategic Plan be created through a process that was both representative and inclusive of individuals from throughout the state who are directly and indirectly affected by diabetes.

The DAC has nearly 600 members representing partners from across the state; this body elects from its membership the DAC Executive Committee. The DAC Executive Committee then selects 22 Core Council members who are responsible for the leadership of the DAC.

The Core Council formed six different Action Teams to take the lead in addressing specific areas of interest to the DAC general membership. One of those teams, the Strategic Plan Action Team, underwent the process of forming the *New Mexico Diabetes Strategic Plan 2010*.

Nearly 100 people from throughout the state were involved in the various stages of forming the Strategic Plan. The steps we took included the following:

Initial Assessment Process

The Strategic Plan is based on the findings of the State Diabetes System Assessment around the 10 Essential Public Health Services. The Assessment was completed in October 2004. New Mexico is served by diverse providers and organizations in the treatment, management and prevention of diabetes. Our first task in assessing the New Mexico Diabetes System was to identify the existing stakeholders. Eleven principal stakeholders, or partner groups, were identified:

- **Health care providers and educators**
- **New Mexico Department**

of Health and related programs

- **Native American programs**
- **Universities and colleges**
- **Diabetes associations**
- **Community, including people at risk**
- **Insurers**
- **Border community**
- **Business**
- **Legislature**
- **New Mexico Health Care Takes on Diabetes (NMHCTOD), a statewide diabetes coalition that works to improve diabetes practice in New Mexico (See diagram on next page)**



Photo: Dan Monaghan

Courtesy of the New Mexico Department of Tourism

Assessment meetings were held in Santa Fe, Gallup, Las Cruces and Roswell in July and August 2004, with a total of 72 participants. All identified stakeholder groups and partners were represented. Participants were engaged in the assessment process and their input, comments and recommendations were thoughtful and sincerely directed to improving the diabetes system in the state.

Assessment participants prioritized their concerns. Qualitative and quantitative data were then compiled into a comprehensive report. A copy of the Assessment report is available through the New Mexico Department of Health Diabetes Prevention and Control Program website at www.diabetesnm.org.

Core Council Strategic Plan Action Team

In December 2004, six members of the DAC Core Council and one staff member from the New Mexico Department of Health Diabetes Prevention and Control Program formed the Strategic Plan Action Team. The team met periodically over five months to draft the plan. Two more months of receiving input from statewide partners followed. Careful consideration was given to the top priorities identified in the Statewide Assessment.

Finding Common Language and Focus

The Strategic Plan Action Team adapted the **Results and Performance Accountability, Decision-making and Budgeting**

model from the Fiscal Policy Studies Institute — the model used frequently in New Mexico state government. We found especially helpful the common language the model provides and its focus on objectives and indicators.

Periodic Review by the Core Council

The Strategic Plan was brought to the whole Core Council twice during the five-month drafting period to ensure we were on target with statewide diabetes partners and stakeholders. Members' comments, considerations and modifications were elicited and incorporated over a two-month period following the completion of the final draft. The DAC Core Council unanimously approved the Strategic Plan in June 2005.



HOW THE STRATEGIC PLAN IS ORGANIZED

The Assessment results form the foundation of the Strategic Plan. The plan found its structure in the four parts of the Mission Statement of the New Mexico Diabetes Advisory Council:

The purpose of the New Mexico Diabetes Advisory Council shall be to reduce the burden of diabetes on individuals, families, communities, the health care system and the State by **1) increasing public and health care provider awareness of diabetes; 2) advocating for legislation, policies and programs** to improve access to care and to improve the treatment and outcomes for people with diabetes; **3) representing public and private partners to coordinate activities** that promote quality of care; and **4) serving in an advisory capacity** to the New Mexico Department of Health, Diabetes Prevention and Control Program.



The four parts of the Strategic Plan are:

- **Increasing Public Awareness**
- **Collaboration and Coordination**
- **Legislative Advocacy**
- **Advisory**

We then determined which of the priorities from the Assessment we would translate into Strategic Plan objectives. Each objective was put into one of the four parts of the plan and given indicators. From there we developed a timeline and identified which

Core Council Action Team would be responsible for guiding each objective to its completion.

The Strategic Plan Action Team purposely omitted action steps, or how to's, from the plan. The plan is to set objectives, based on the priorities noted in the Assessment, and then identify indicators. We felt that since the work of carrying out the plan is in the hands of our partners, the partners themselves are better equipped to form an action plan that accomplishes the objectives they choose to take on.

IMPLEMENTING THE STRATEGIC PLAN

The success of the plan rests on our collective action to coordinate our talents, resources and expertise. To this end, the Strategic Plan Action Team agreed to stay intact so that it could monitor the progress of plan implementation.

A specific Core Council Action Team is assigned to each objective. Diabetes Advisory Council members comprise the teams, with a Core Council member on each team to ensure communication and continuity.

In all areas of the plan, the Core Council will partner with existing organizations to achieve the objectives.

The plan is implemented to the extent that funding, interest, availability and talents of the diabetes partners statewide, and awareness of changing community needs allow.

One of our first tasks is to form a Fund Development Action Team to lead the way in finding funding and other needed resources to meet the objectives outlined in the plan.



The Strategic Plan

INCREASING PUBLIC AWARENESS



OBJECTIVE A

Foster a statewide resource directory for public and private entities to access information about services, providers and programs available in New Mexico

Indicator

A1. Facilitate online availability of information and resources

OBJECTIVE B

Provide culturally appropriate and economically affordable consumer education and information to empower people with diabetes to act on their own behalf

Indicators

B1. Review printed and electronic diabetes materials for cultural and economic appropriateness and provide written recommendations

B2. Provide assistance and support to implement the top three to five priorities recommended by the Action Team

OBJECTIVE C

Promote activities that increase awareness of diabetes-related issues through partnerships with community, business, education, research and media

Indicator

C1. Partner with three organizations statewide to promote healthy eating and physical activity for children and youth

OBJECTIVE D

Promote activities to meet the need for expanding or updating access to information technology in health care offices, clinics and facilities in New Mexico

Indicators

D1. Identify and prioritize disparities in technology and publish findings for DAC membership

D2. Develop an action plan to address the top three to five priorities

D3. Provide assistance and support to implement the action plan

The Strategic Plan

COLLABORATION & COORDINATION

OBJECTIVE A

Maintain and expand evaluation and surveillance of diabetes programs and services

Indicators

- A1. Reach consensus on what surveillance measures to use
- A2. Reach consensus on what program evaluation measures to use
- A3. Provide four trainings for agencies statewide to develop effective program evaluation and surveillance implementation

OBJECTIVE B

Provide training and education to health care professionals and staff in order to promote a multidisciplinary team approach towards patient care

Indicators

- B1. Provide four trainings that promote the multidisciplinary team approach to diabetes care to local agencies and providers
- B2. Support local programs by providing technical assistance in the implementation of the multidisciplinary team approach

OBJECTIVE C

Facilitate communication and cooperation among health care providers, insurers, New Mexico Department of Health, diabetes-related organizations, the business community and people living with diabetes to address health disparities in New Mexico

Indicators

- C1. Identify and prioritize health disparities
- C2. Develop an action plan to address the top three to five priorities
- C3. Provide assistance and support to implement the action plan



OBJECTIVE D

Provide periodic statewide assessments of diabetes services and programs

Indicator

- D1. Complete one statewide diabetes system assessment

The Strategic Plan

LEGISLATIVE ADVOCACY

OBJECTIVE A

Create community collaborations that serve children and youth

Indicator

A1. Initiate or support three legislative actions that support children and youth

OBJECTIVE B

Promote and support health-related organizations and activities that ensure that the basic health needs of all people with diabetes are met

Indicators

B1. Complete legislative advocacy training by DAC Core Council

B2. Complete community advocacy training by DAC Core Council

OBJECTIVE C

Create community collaborations that support healthy lifestyles

Indicator

C1. Initiate or support three legislative actions to promote healthy lifestyles



The Strategic Plan

ADVISORY

OBJECTIVE A

Support and develop the DAC, DAC membership and the DAC Core Council to grow into an active, recognized, independent statewide diabetes partner network

Indicators

A1. Support DAC members to develop and coordinate specific teams to implement the Strategic Plan

A2. Support DAC Core Council teams in the development of timeframes, process and outcome measures, evaluation and reporting methods

A3. Conduct five statewide training opportunities for DAC members

A4. Facilitate four collaborative funding initiatives by providing training, consultation and technical assistance

A5. Foster development of three regional diabetes advisory groups



OBJECTIVE B

Foster community partnerships to implement the DAC Strategic Plan throughout New Mexico

Indicators

B1. Create a work plan to identify programs/projects for statewide partnerships

B2. Provide assistance and support to implement the work plan in cooperation with the DAC Core Council and statewide partners

OBJECTIVE C

Form the DAC into a 501(c)3 nonprofit organization in order to apply for grants and other funding

Indicators

C1. Establish 501(c)3 status for DAC

C2. Hire paid staff support to fulfill the objectives of the Strategic Plan

Getting Involved

Achieving the objectives of the Strategic Plan requires the cooperative and collective efforts of many people, organizations and agencies applying and coordinating our talents, resources and expertise.

How you can become involved

► **REVIEW** the *New Mexico Diabetes Strategic Plan 2010* objectives and indicators to identify specific areas you are already working toward or would like to address.

► **REGISTER ONLINE** at www.diabetesnm.org or call (505) 476-7616 to become a partner in achieving the objectives of the *New Mexico Diabetes Strategic Plan 2010*. Give your input about implementation of the plan; share strategies, resources, achievements and new ideas; and solve problems. Discover opportunities to network and form new partnerships.

► **TEAM UP** and find potential partners from among the other plan registrants in your community who share your commitment to working together. Become part of a Core Council Action Team to help achieve an objective that interests you.

ACTION TEAM	CONTACT PERSON	EMAIL ADDRESS	PHONE NUMBER
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Photo courtesy of the New Mexico Department of Tourism

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