



NMDOH Tribal Health Strategies

Euphrasia Platta, Councilwoman, Mescalero Apache Tribe

Patrick Allen, Secretary, NMDOH

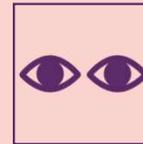
Janet Johnson, Tribal Liaison, NMDOH

Toney Johnson, Jr., Primary Care Project Manager, NMDOH

New Mexico Department of Health



NMDOH 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.

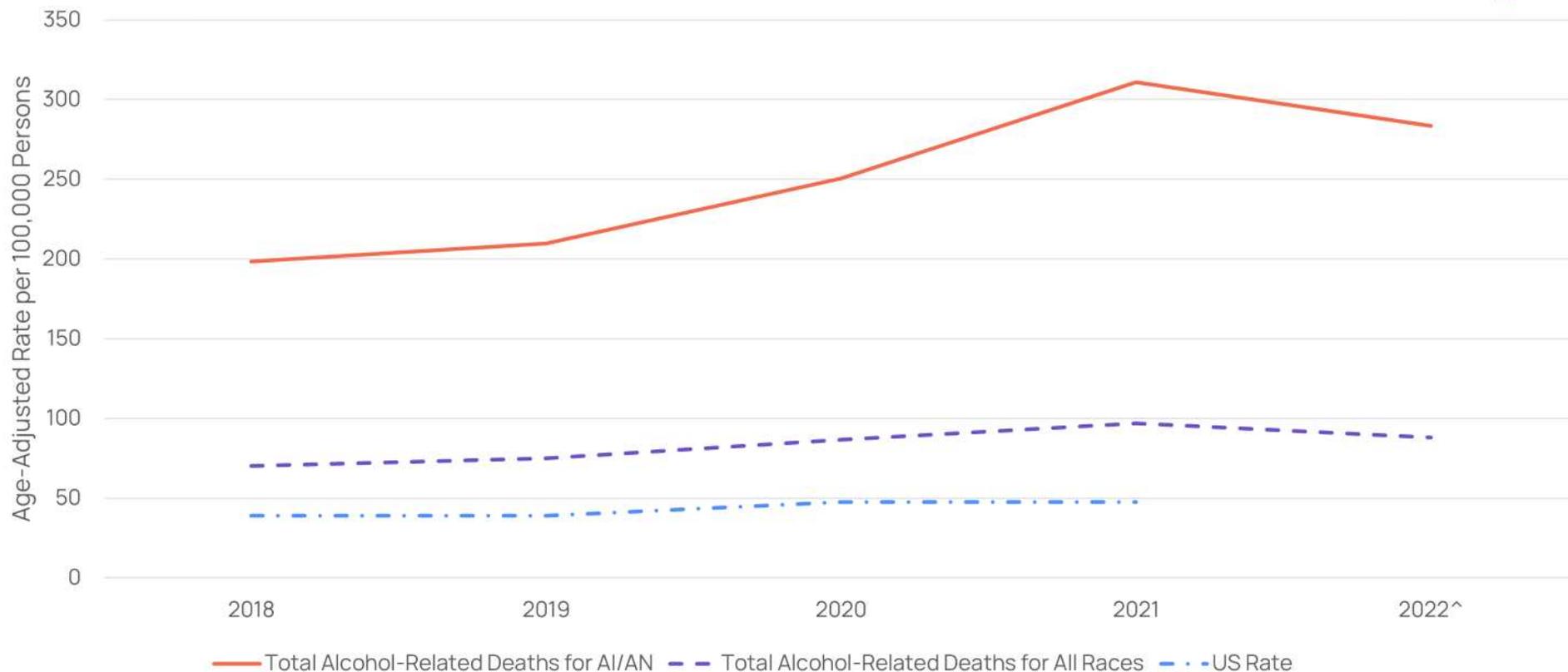


Vision: A healthier New Mexico



North Star: To be the healthiest state by 2040

Total Alcohol-Related Death Age-Adjusted Rates, American Indian or Alaska Native, 2018-2022



Drug overdose deaths are identified through ICD-10 codes X40-X44, X60-X64, X85, & Y10-Y14.

Rates are per 100,000 persons and age adjusted to the US 2000 standard population.

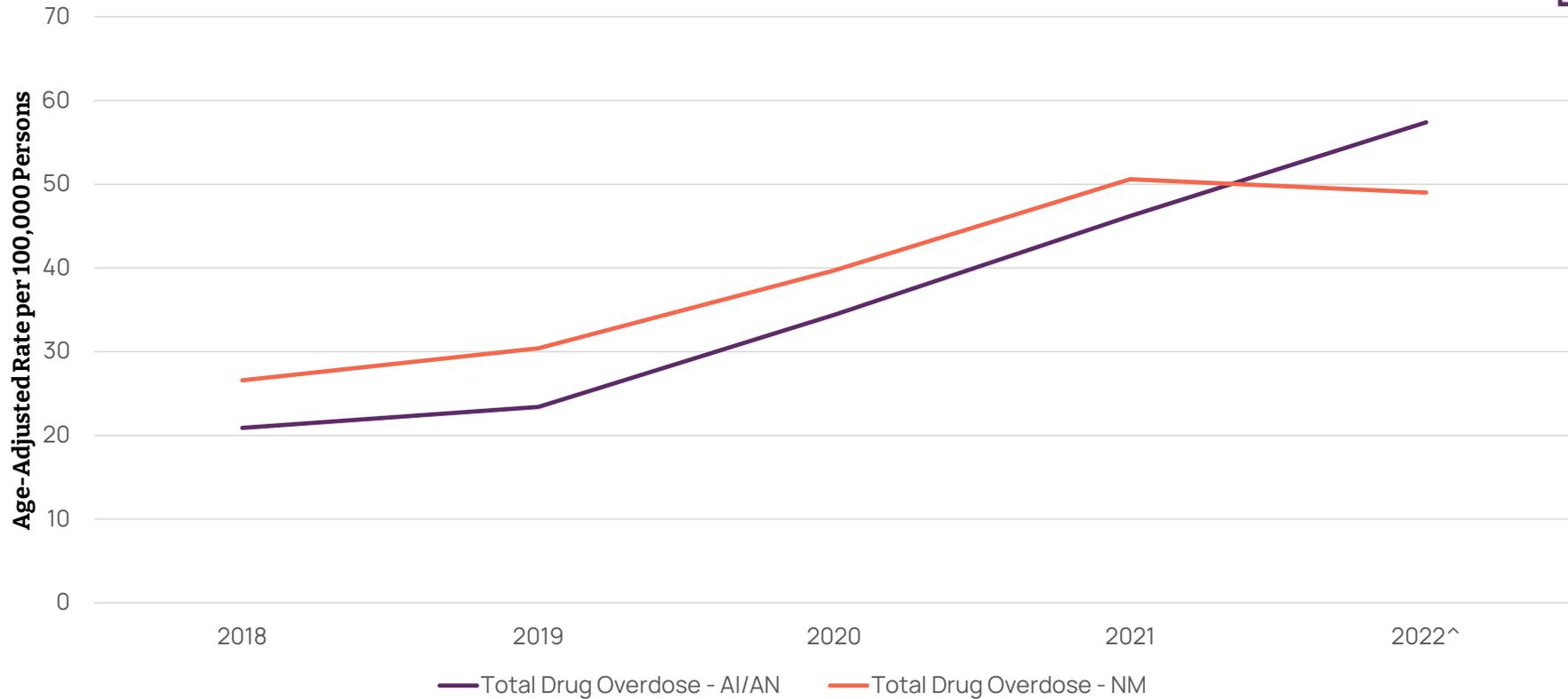
[^]2022 rates were calculated using 2021 population estimates. Avoid drawing conclusions or making comparisons to past years.

Source: New Mexico Department of Health Bureau of Vital Records & Health Statistics death certificate data. University of New Mexico Geospatial and Population Studies population estimates.

These data were analyzed and prepared by the NMHealth Substance Use Epidemiology Section. For questions regarding these data, email malinda.gowin@doh.nm.gov or nora.holzinger@doh.nm.gov.

Esser MB, Sherk A, Liu Y, Naimi TS. Deaths from Excessive Alcohol Use – United States, 2016–2021. MMWR Morb Mortal Wkly Rep 2024;73:154–161. DOI: <http://dx.doi.org/10.15585/mmwr.mm7308a1>.

Total Drug Overdose Death Age-Adjusted Rates, American Indian or Alaska Native & New Mexico, 2018-2022



Drug overdose deaths are identified through ICD-10 codes X40-X44, X60-X64, X85, & Y10-Y14.

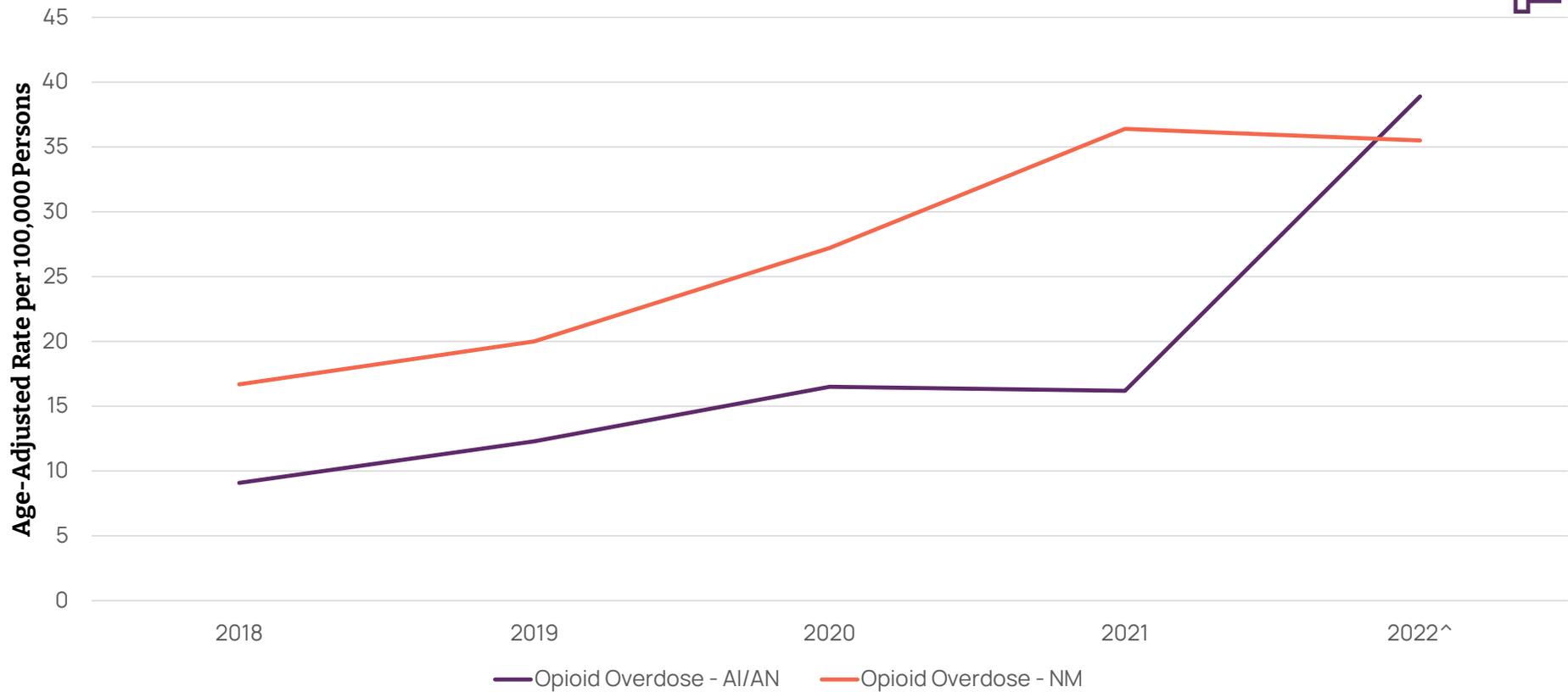
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Opioid-Involved Drug Overdose Death Age-Adjusted Rates, American Indian or Alaska Native & New Mexico, 2018-2022



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Rates are per 100,000 persons and age adjusted to the US 2000 standard population.

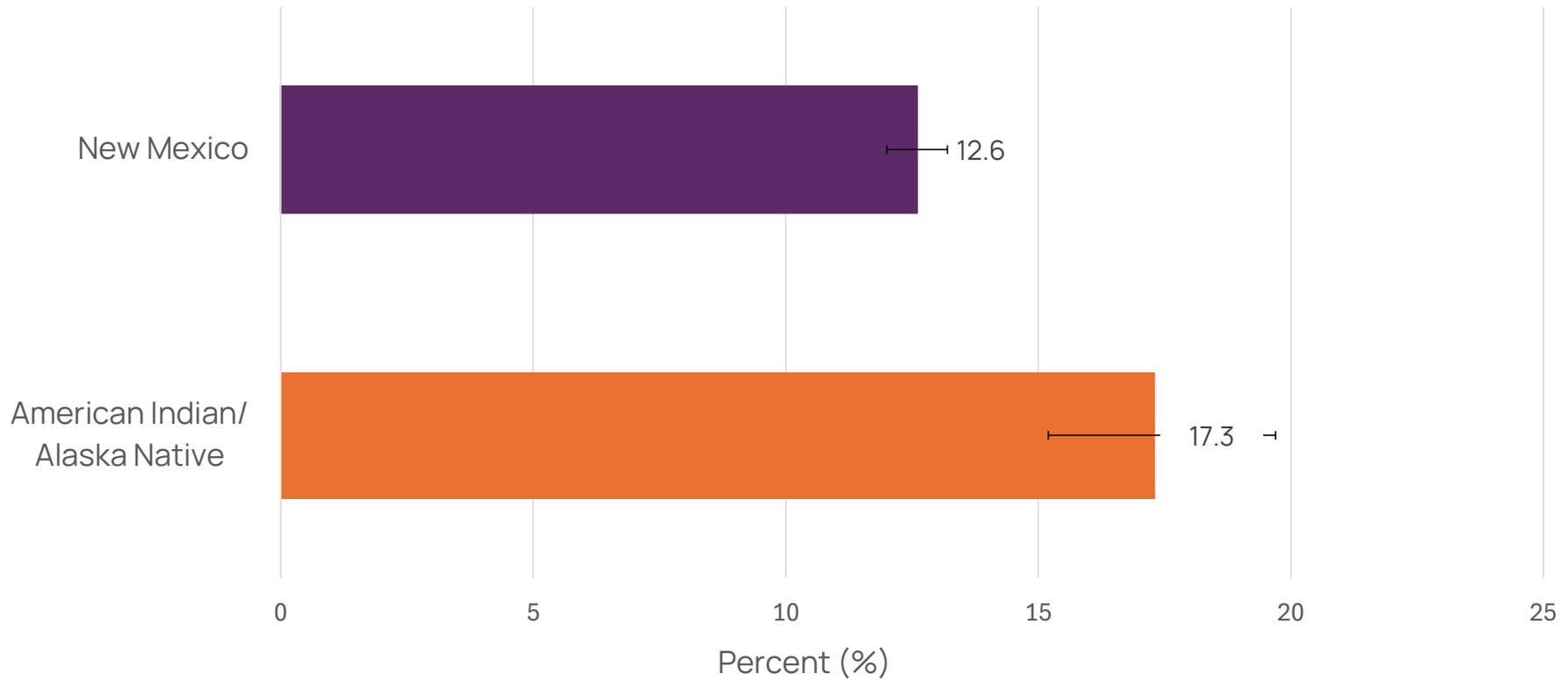
Opioid-involved overdose deaths are deaths involving an opioid (e.g., heroin, fentanyl, prescription opioids, etc.) but may involve other substances.

[^]2022 rates were calculated using 2021 population estimates. Avoid drawing conclusions or making comparisons to past years.

Source: New Mexico Department of Health Bureau of Vital Records & Health Statistics death certificate data, University of New Mexico Geospatial and Population Studies population estimates.

These data were analyzed and prepared by the NMHealth Substance Use Epidemiology Section. For questions regarding these data, email malinda.gowin@doh.nm.gov.

Adults Ever Told by a Doctor that They had Diabetes, NM, 2019-2022



Data source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System [2019-2022]

Overview

- Office of the Tribal Liaison
- State Tribal Collaboration Act (STCA) Overview
- Review of the collaboration with Mescalero Apache Tribe – Proposed Primary Care Pilot Project



NMDOH Office of Tribal Liaison (OTL)

- OTL serves as the primary contact hub between the 24 Tribes, Pueblos, and Nations in NM and NMDOH.
- All NMDOH Programs are encouraged to develop Tribal partnerships to improve collaboration and community health.
- OTL seeks to strengthen Tribal health and public health systems through ongoing collaboration and communication by:
 - Serving as the central resource exchange mechanism between Tribal staff and NMDOH staff
 - Providing technical assistance to NMDOH staff in the development of policies, agreements, and programs that impact American Indian populations.
 - Facilitating cultural humility training to NMDOH personnel



STCA General Goals:

- Promote effective collaboration and communication between the Agency and American Indian Tribes, Pueblos, and Nations.
- Promote positive government-to-government relations between the state and American Indian Tribes, Pueblos, and Nations.
- Promote cultural competency in providing effective services to American Indians and Alaska Natives



Investing in Tribal Health

OTL Activities



- Emergency Operations Coordination
- Funds provided for Tribal organization:
 - Opioid Settlement Funds
 - Support for Violence Prevention
 - Training and Technical Assistance
 - Support for Tribal Health Councils
 - Requested congressionally directed spending to expand efforts
- Tribal Alcohol Related Mortality Work Group
- All-Tribal Roundtable Coordination
- Tribal Data Convening
- National Leadership Academy for Public Health
- Cultural Humility Trainings

These efforts reflect a strong commitment to improving health outcomes and fostering collaboration with Indigenous communities.





Tribal/NMDOH Partnership: What it can look like...



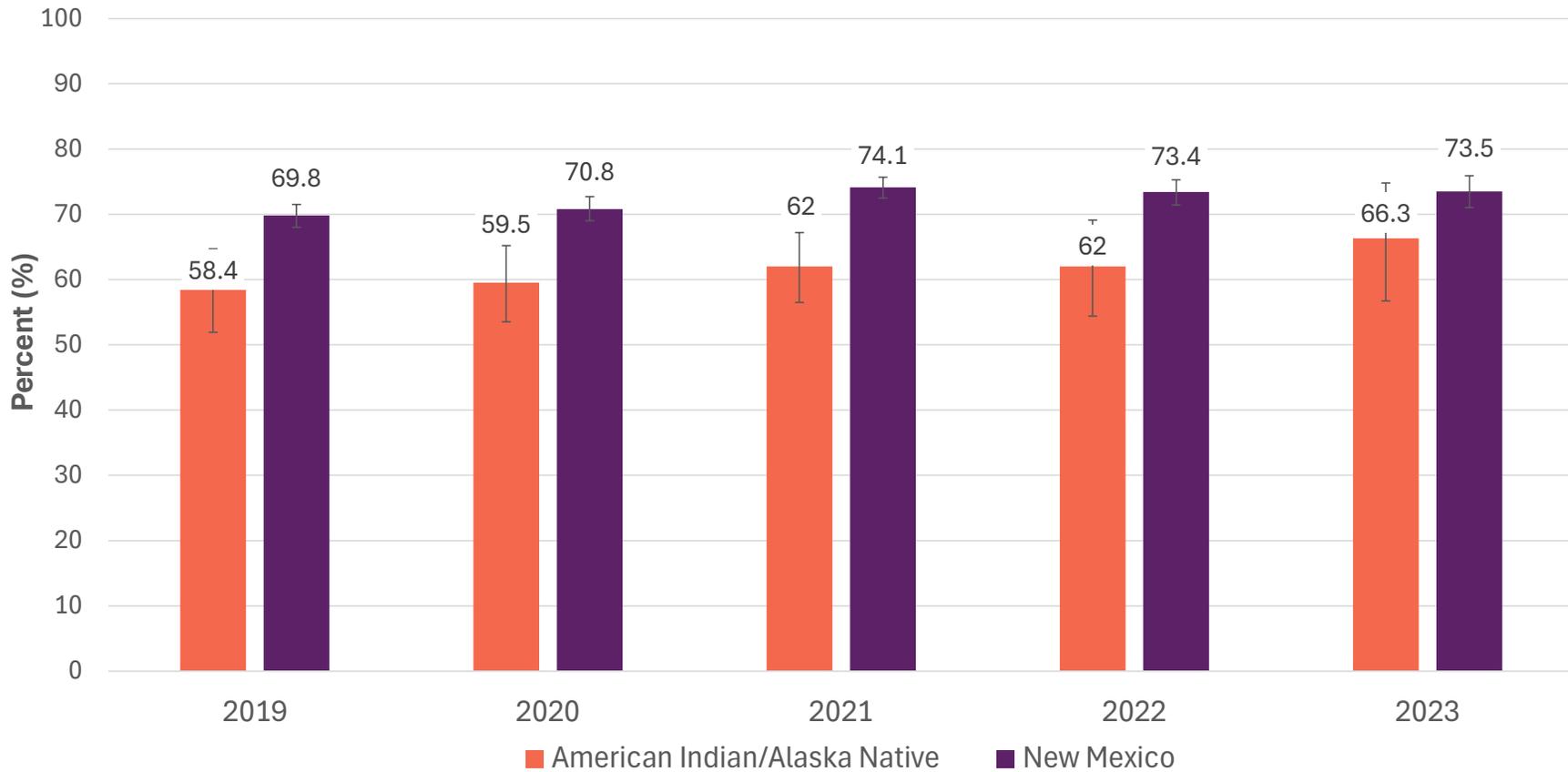
Mescalero Apache Tribe and NMDOH Work Plan



- Organizing and determining a cohesive strategy between governments with two primary goals:
 1. Access to healthcare
 - Increase the number of Mescalero Tribal Community members who have a medical home
 - Increase the number of available providers
 2. Improving Physical Activity, Nutrition and Diabetes Prevention
 - Provide training opportunities for staff, identify, and implement culturally appropriate self management education
 - Increase availability of fresh fruits and vegetables
 - Increase opportunities for physical exercise and other health and wellness activities



Adults with a Primary Care Provider, NM, 2019-2023



Data source: New Mexico Department of Health, Behavioral Risk Factor Surveillance System [2019-2023]

Mescalero Primary Care Pilot Project



Objectives:

- Improve the number of providers & increase awareness of Tribal public health services.
- Create Tribal Advisory Committee to improve supportive decision making.
- Provide culturally safe, integrative care with an Indigenous lens.
- Improve better health outcomes for Tribal Members.

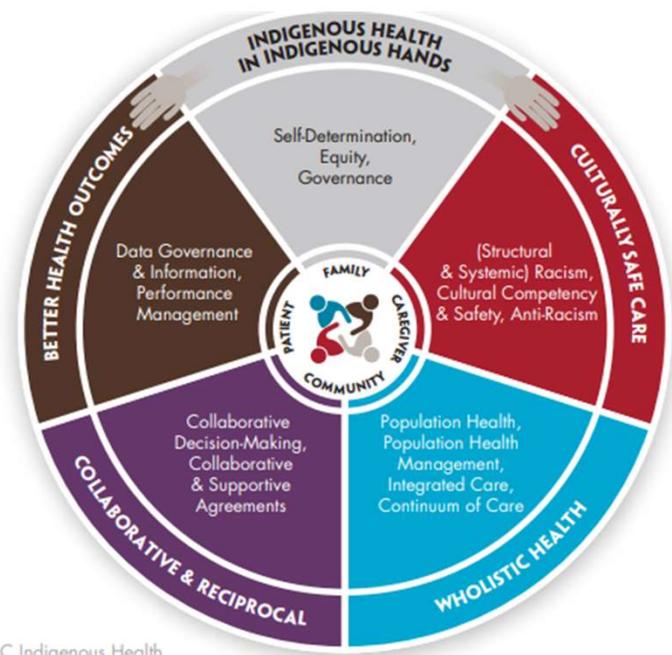


Figure 1: IPHCC Indigenous Health Systems Transformation Model

Primary Care Pilot Project

Provider Availability: One healthcare provider (Medical Doctor-MD, Doctor of osteopathic medicine-DO, or Nurse Practitioner-NP) will be available each day to see patients. (in-person, telemedicine, or hybrid scheduling)

Possible support staff: Registered Nurse (RN) and Medical Assistant (MA); staggered hours of operation (ex. Tu-Sat., 10a-7p)

Electronic Health Records: Utilize the existing electronic health record (EHR) system in place and compatible with the local service unit.

Leverage Tribal & public health resources for patient education, preventive care, and community outreach.

Collaborate with Tribal and Service Unit staff to coordinate care and follow-up for patients.

Thank you!