



# A HEALTHY PASO DEL NORTE

2016 REPORT

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## I. BACKGROUND

### A HEALTHY PASO DEL NORTE 2016

is a report developed by the Coalition for a Healthy Paso del Norte that identifies health priorities and establishes objectives to improve health across the Paso del Norte region. It is an update to the 2012 Strategic Framework for Health, which originally identified regional health priorities and recommended strategies to improve health.

The Paso del Norte region is composed of El Paso and Hudspeth counties in Texas; Doña Ana, Luna and Otero counties in New Mexico; and the municipality of Ciudad Juárez, Chihuahua, Mexico.

The primary purposes of A Healthy Paso del Norte 2016 are to:

- Establish shared health goals and objectives toward which organizations within the Paso del Norte region may work;
- Inform federal/state/local policy makers of regional health priorities;
- Facilitate regional efforts for federal/state funding and policy change;
- Assist regional organizations with their planning and goal setting;
- Advance evidence-based strategies to improve health; and,
- Serve broadly as a common health agenda for the Paso del Norte region.

A Healthy Paso del Norte 2016 includes updated guiding principles adopted by members of the Coalition for a Healthy Paso del Norte. These principles, listed in **Section II**, serve as the fundamental basis by which regional partners agree to collaborate to improve health across the region.

The history of the coalition and report is located in **Section III**. This report is a result of collaboration among leaders organized by the Paso del Norte Health Foundation that include: regional health departments, nonprofit organizations, universities, and hospitals. These partners convened to develop goals and objectives, consider strategies, and produce the latest version of this report.

The Healthy Paso del Norte website ([healthypasodelnorte.org](http://healthypasodelnorte.org)), funded by multiple community partners, is a means to provide easy access to health and other data, track progress on multiple health indicators, and offer evidence-based strategies to improve health outcomes. The site, now under management of the Paso del Norte Institute for Healthy Living, offers tools to assist with seeking grants, communicating about health, and linking health data to economic, social, education, and other variables.

**Section IV** of this report summarizes the contributions that social factors can have on health behaviors and outcomes. Income, education, and a range of other social factors are influenced by a person's health; for

example, a debilitating disease may hinder job or educational opportunities. Likewise, these same social factors have a reciprocal relationship affecting health; for example, low education is linked with risky behaviors, like smoking and poor health outcomes. While this report is dedicated to health, we recognize there are mutually reinforcing factors among social indicators, health behaviors, and health outcomes.

The six health priorities identified by community partners are outlined in **Section V** of this report. When possible, measurable objectives are included along with the current status of any given health issue. Data documenting the current status are taken from publicly available sources and may be found at [healthypasodelnorte.org](http://healthypasodelnorte.org). In some

cases, the baseline data are not available, which is evident particularly in Hudspeth County and sometimes in Ciudad Juárez.

It is important to note that priorities were set by leaders in each of the three areas of the region: west Texas, southern New Mexico and Ciudad Juárez. While the priorities are similar across the region, the measurable objectives within each priority area vary. The Coalition anticipates that the strategies deployed to reach the objectives will also vary across the region. As such, the report allows for flexibility in defining the priorities, objectives and ultimately strategies to improve health outcomes. It is also notable that Ciudad Juárez includes a priority centered on violence reduction and recovery.

	<b>El Paso, Hudspeth, Doña Ana, Otero and Luna Counties</b>	<b>Municipality of Ciudad Juárez</b>
<b>PRIORITY 1:</b>	Healthy eating and active living	Healthy eating and active living
<b>PRIORITY 2:</b>	Mental health and treatment	Mental health and treatment
<b>PRIORITY 3:</b>	Tobacco, alcohol, other drug use	Tobacco, alcohol, other drug use
<b>PRIORITY 4:</b>	Sexual health	Sexual health
<b>PRIORITY 5:</b>	Health care	Violence reduction and recovery

Finally, **Section VI** acknowledges those who contributed to the development of the Healthy Paso del Norte 2016 Report. By collaborating and leveraging resources, we make it more likely that shared measures of success are achieved. This document stands as a testament to the collaborative nature and cooperative culture present in the Paso del Norte region. Achieving these objectives will not be easy nor will success come quickly. But by working together, in earnest and congenial relationships, we will make a measurable difference.

## II. GUIDING PRINCIPLES

The Coalition for a Healthy Paso del Norte established guiding principles as part of the 2012 Strategic Framework for Health. These principles are updated and reaffirmed in this 2016 report. The Coalition believes that health is valuable in itself and is also a key determinant in the success of education systems, the economy, families, and society as a whole. Better health improves productivity and quality of life. In order to contribute to the health of all people across the Paso del Norte region - including El Paso and Hudspeth counties in Texas, the municipality of Ciudad Juárez in the State of Chihuahua, Mexico, and Doña Ana, Luna and Otero counties in New Mexico – all members of the Coalition agree to:

- Join our collective efforts to engender a healthy lifestyle in the region’s diverse communities, workplaces, schools and homes.
- Integrate regional health priorities included in A Healthy Paso del Norte 2016 into our respective organizations’ strategic plans, and lead our organizations in responding to these health priorities.
- Recognize that overall health and well-being is influenced by a variety of factors and across priority areas, none of which can be considered in isolation. Integration of priorities in delivering health care and improving health is essential.
- Continue to identify important health opportunities and barriers that exist for residents in the Paso del Norte region, and work together to develop strategies, policies and practices to make necessary improvements and eliminate disparities in our health care system.
- Lead peers in advocating for actions that will improve the health of the community and promoting solutions to health problems, by considering health in all policies and environments.
- Collect, analyze and disseminate evidence to better determine regional health priorities.
- Collaborate in preparing proposals to mobilize resources to meet the challenges of improving the health of residents in the region.
- Report to the Paso del Norte community on large organizational plans and actions related to this report, as well as the impact of their implementation.
- Share data on the health and well-being of our collective communities through the Healthy Paso del Norte website ([www.healthypasodelnorte.org](http://www.healthypasodelnorte.org)).
- Consider the data, objectives, and health of people in context versus addressing any single health problem in isolation.

### III. HISTORY

In 2009, the Paso del Norte Health Foundation (PdNHF) initiated a leadership effort to develop a “Regional Strategic Health Framework” (Framework). The Framework was envisioned to be a Regional Master Plan for Health with a limited number of priorities toward which all organizations could work. In 2011, a first of its kind regional gap analysis was completed. This analysis gathered existing health and medical data from across the region and reported results in a single document.

Using the Gap Analysis, a series of planning sessions with a Blue Ribbon Committee was conducted. Subsequently, three public meetings were held, one each in Ciudad Juárez, Las Cruces, and El Paso. During these meetings, community leaders and stakeholders identified regional health priorities and wrote objectives. Participants also recommended strategies that could be implemented as a means to reach the objectives. A fourth and final summit was held in El Paso to present findings from the three regional meetings and create the consolidated Regional Framework for Health. The document was written by the consulting firm Health Resources in Action, printed by the PdNHF, and distributed throughout the region. Partner agencies collectively provided the required project funding.

In 2012, more than 75 individuals from 40 organizations involved in public health,

clinical services, education, and other sectors assembled to support the Framework and to sign the Guiding Principles Agreement. In the same year, the Blue Ribbon Committee was renamed the Coalition. The PdNHF promoted the Framework document and established the Healthy Paso del Norte website ([www.healthypasodelnorte.org](http://www.healthypasodelnorte.org)), funded by partner agencies, to assist with monitoring objectives.

In 2014, the PdNHF engaged MJD and Associates to evaluate the Framework. Based on the evaluation, the Coalition recommended updating the Framework document to include measurable objectives.

In 2015, a process to update the Framework was initiated. During the process, the Coalition revised the priority areas, goals, and objectives. Because evidence-based strategies were available on the Healthy Paso del Norte website, the Coalition recommended eliminating strategies from the document. In addition, cosmetic changes, including changing the report title to A Healthy Paso del Norte 2016, were implemented.

The PdNHF engaged community stakeholders from the region to verify Coalition changes and seek additional input. Three working groups were established in partnership with the Binational Health Council (COBINA). Through this process, the priority areas were affirmed and the health objectives were modified.

Data for Hudspeth County, with only 3,000 residents and 4,567 square miles of land, were frequently not available and, thus, are not included in the report. Some baseline data for Ciudad Juárez were also not available.

Ultimately, the updated document was reviewed and adopted by the Coalition in December 2016.

Most of the demographic and health data referenced in this report is found at the Healthy Paso del Norte website, which was launched in 2014 and is now administered by the Paso del Norte Institute for Healthy Living. The Coalition for a Healthy Paso del Norte seeks to expand data and resources available on this site including more health data for Ciudad Juárez.

HEALTHY PASO DEL NORTE WEBSITE  
[www.healthypasodelnorte.org](http://www.healthypasodelnorte.org)

## IV. PASO DEL NORTE REGION

The Paso del Norte region is a binational, tri-state region including El Paso and Hudspeth counties in west Texas, Doña Ana, Otero and Luna counties in southern New Mexico, and the municipality of Ciudad Juárez, Chihuahua, Mexico.

With approximately 1.2 million residents in the U.S. and another 1.3 million in Ciudad Juárez, Mexico, the Paso del Norte region represents one of the largest international metropolitan areas in the world.

### Social Determinants of Health

While this report seeks to promote specific health priorities, goals and objectives, the Coalition acknowledges the importance of addressing socio-economic influences on health and collaborating with non-health partners to improve health outcomes. Healthy People 2020 defines social determinants of

health “as conditions in the environments in which people live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.” Social determinants include socioeconomic status, culture, quality of education, literacy, employment, and social support. Physical determinants include housing, the built environment, community design, and exposure to toxic substances. In the U.S., poverty limits access to nutritious food, safe neighborhoods, medical care, and other resources necessary to live a healthy life. Likewise, lack of education is associated with poverty, health behaviors, diseases, and a host of social determinants and outcomes.

The Paso del Norte region faces multiple social challenges, such as poverty and educational attainment, which are not supportive of healthy lifestyles. For example, on the U.S. side of the border, nearly twice as many families live in poverty in the region (El Paso 20.4%, Doña Ana 21.8%, Luna 22.6% and Otero 17.5%) compared to families living in other parts of the United States (U.S. 11.5%).

The median household income for the U.S. as a whole is much higher (U.S. \$53,482) compared to the median income in the region (El Paso \$40,783, Hudspeth \$23,350, Doña Ana \$38,426, Luna \$28,489, and Otero \$40,614).

In the U.S., 29.3 percent of adults ages 25 and above have a bachelor's degree or higher. Only 20.8 percent of adults have a bachelor's degree or higher in El Paso County and 8.4 percent in Hudspeth County have at least a bachelor's degree. The percent in Doña Ana County, 27.4 percent, nears the national average, but Luna, 13.9 percent, and Otero, 17.2 percent, counties fall well short.

In Ciudad Juárez, by the end of 2016, 37.7 percent of the population lived in poverty compared to 46.3 percent in Mexico. The annual household income in Mexico is \$152,500 pesos (~\$8,026 USD) compared to \$225,052 pesos (~\$11,792 USD) in the State of Chihuahua.

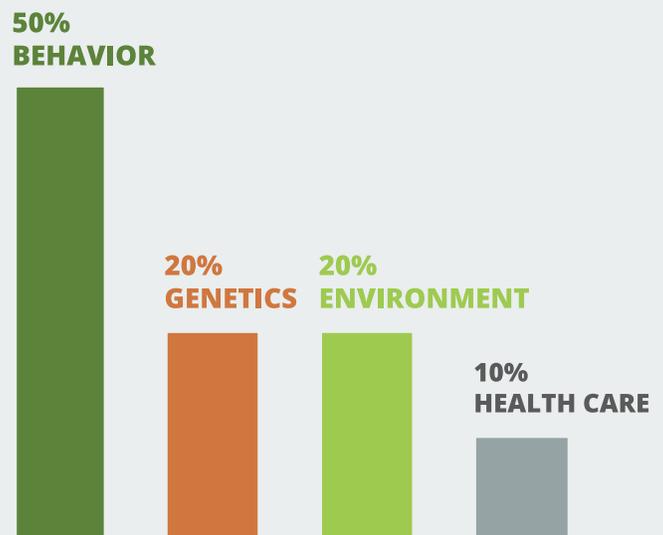
25 percent of adults ages 25 and above have a bachelor's degree or higher in Mexico compared to 17.1 percent in the State of Chihuahua. The Instituto Nacional de Estadística Geográfica e Informática (INEGI) estimates that in Ciudad Juárez, 80 percent of students graduate on-time from secondary school compared to 80.9 percent in Mexico and 81.9 percent in the State of Chihuahua.

## Direct Determinants of Health

Health outcomes are influenced by multiple factors that have a direct or proximal impact on disease and health status.

As demonstrated in the chart below, an estimated 50 percent of health outcomes are determined by individual behavior such as smoking, eating well, and exercise. Another 20 percent of health outcomes are driven by genetics and 20 percent by social and environmental factors. Finally, 10 percent of health outcomes are influenced by access to and utilization of health care services.

### CONTRIBUTORS TO HEALTH



We must work collaboratively to address both the social determinants of health, such as poverty and education, as well as direct determinants, such as access to quality health care, genetics, safe and clean environments, and healthy behaviors in order to improve health and quality of life in the region.



**EL PASO AND  
HUDSPETH COUNTIES  
TX**

## V. HEALTH PRIORITIES, GOALS AND OBJECTIVES BY REGION

### PRIORITY 1:

#### Healthy Eating and Active Living

**GOAL:** Foster communities that promote healthy eating and active living

**AREA:** El Paso and Hudspeth Counties

The health benefits of fruit and vegetable consumption are well established and the United States Department of Agriculture (USDA) recommends eating about five to nine or more servings per day of fruits and vegetables. Unfortunately, the daily intake of fruits and vegetables remains well below recommended levels for most residents of the Paso del Norte region. According to 2013 health indicators for El Paso County, the percentage of adults consuming five or more servings of fruits and vegetables per day was 11.4 percent, less than the Texas State value of 14.3 percent. Reasons for lack of fruit and vegetable consumption are complex and multilevel, including social and economic challenges, affordability, skill and knowledge for preparing some food dishes, preferences, and more.

When it comes to children, The National Fruit and Vegetable Alliance states that food choices are affected by many factors. Regional strategies are needed that market fruits and vegetables to children, take advantage of USDA child feeding programs, and provide a

clear message with supportive education to young consumers.

The Centers for Disease Control and Prevention (CDC) recommends that adults have at least two hours and thirty minutes of moderate intensity aerobic activity (e.g. brisk walking) every week and muscle strengthening activities on two or more days a week. Children need more physical activity than adults. But achieving these recommendations takes a combination of strategies, including a supportive built and natural environment, opportunity for acceptable activity, and more.

Communities play an important role in helping shape how people live, learn, work, and play. Data from different sources suggest that characteristics of communities, such as proximity of facilities, street design, density of housing, etc., play a role in promoting or discouraging physical activity. The region must continue to apply scientific evidence in urban planning and development to build communities that encourage healthy lifestyles.

**PRIORITY 1 CONTINUED**

<b>Objective</b>	<b>El Paso County</b> Indicator (year)	<b>Hudspeth County</b> Indicator (year)	<b>Indicator definition</b>
Increase the percentage of adults consuming five or more servings of fruits and vegetables per day.	Texas 14.3%; El Paso 11.4% (2013).	No data.	Percentage of adults who eat fruits and vegetables five or more times per day.
Increase the percentage of adults age 20 and over who participate in some physical activity or exercise.	Texas 72.0%; El Paso 72.0% (2014). 28.0% self-report not being active at all with males being somewhat more active than females and no difference due to ethnicity.	No data.	Percentage of adults age 20 and over reporting some physical activity (eg. running, calisthenics, golf, gardening, walking).
Decrease the percentage of obese adults who report a BMI of 30 or more.	Texas 32.0%; El Paso 36.0% (2014)	No data.	Percentage of adults age 18 and older that report a body mass index (BMI) greater than or equal to 30 kg/m2.
Decrease the percentage of adults who report being overweight or obese.	Texas 68%; El Paso 71.0% (2014).	No data.	A BMI between 25 and 29.9 is considered overweight and a BMI greater than or equal to 30 is considered obese.
Decrease the food insecurity of children under the age of 18.	U.S. Counties 34.0%; El Paso 27.0% (2015).	U.S. Counties 34.0%; Hudspeth 24.0% (2015).	Percentage of children under 18 years of age living in households that experienced food insecurity at some point during the year.
Increase the number of El Paso public places that are lactation friendly and have breast-feeding policies in place.	El Paso lactation friendly workplaces: 47.	No data.	Defined by state law: "A mother is entitled to breast-feed her baby in any location in which the mother is authorized to be. "A business may use the designation 'motherfriendly' in its promotional materials if the business develops a policy supporting the practice of worksite breast-feeding."
Increase access to exercise opportunities.	Texas Counties 58.8%; El Paso 80.4% (2016).	Texas Counties 58.8%; Hudspeth 0.4% (2016).	Percentage of individuals who live reasonably close to a park or recreational facility.

## PRIORITY 2:

### Mental Health and Treatment

**GOAL:** Improve mental and behavioral health

**AREA:** El Paso and Hudspeth Counties

According to the CDC and the National Prevention Council (NPC), mental and emotional well-being is essential to overall health. Research shows that positive mental health allows people to realize their full potential, cope with the stresses of life, work productively, and make meaningful contributions to their communities. There are significant health consequences when communities fail to address the negative bias associated with mental illness and fragmented mental illness treatment systems.

Improperly treated mental illness leads to high health care utilization, social service and criminal justice costs. For example, adverse childhood experiences contribute to development of anxiety, mood (i.e., depression), and impulse control disorders. When these disorders are not addressed, individuals have a higher probability of involvement in risky behaviors (i.e., tobacco, alcohol, and other drug use, and risky sexual behavior), and intimate partner and family violence. Improperly treated mental illness also increases the likelihood of developing many other chronic and acute conditions such as: obesity, diabetes, and cardiovascular disease, all of which lead to decreased quality of life and premature death.

Regional data, including a 2014 El Paso County behavioral health system assessment, show that a principal challenge confronting regional health

systems is fragmentation and the ongoing need for collaboration among community organizations and agencies. As a result, Paso del Norte regional partners are taking action to promote mental health and emotional well-being by creating a culture of support through collaborations like the El Paso Behavioral Health Consortium and the Doña Ana Wellness Institute.

El Paso County priorities include: helping vulnerable children stay in school and live at home, beginning with children in foster care; diverting those with mental illness from jails and eliminating forensic waitlists; and promoting change toward integrated depression care and, more generally, ensuring proper reimbursements for integrated behavioral health in primary care settings.

True collaboration requires organizations to exchange information for mutual benefit, alter activities, share resources, and work to enhance each other's capacity to achieve a common purpose. It can take years for such cross-organizational trust to be built. The good news is that regional champions from all sectors, are working hard to achieve true collaboration and build systems of care focused on delivering high quality services where and when they are needed.

According to U.S. Surgeon General Dr. Vivek Murthy, “Isolation and silos weaken our communities. Without strong communities we cannot pull together in times of hardship, our diversity then turns from a source of strength to a source of conflict. When we have strong connections with each other everything is possible.”

These regional actions to improve communication, coordination and collaboration are consistent with strategies recommended by the CDC and the NPC to achieve a community that promotes mental health and emotional well-being including:

- Promoting positive early childhood development, including positive parenting and violence-free homes;
- Facilitating social connectedness and community engagement across the lifespan;
- Providing individuals and families with the support necessary to maintain positive mental well-being; and
- Promoting early identification of mental health needs and access to quality services.

Ongoing efforts of these community collaborations will contribute to: building an accessible, person-centered behavioral health system, decreasing the negative bias associated with mental illness, addressing key health indicators identified in this report, and to regional individuals and families having the tools and environment to experience improved quality of life.

**PRIORITY 2 CONTINUED**

<b>Objective</b>	<b>El Paso County Indicator (year)</b>	<b>Hudspeth County Indicator (year)</b>	<b>Indicator definition</b>
Decrease the number of poor mentally unhealthy days.	Top U.S. Performers 2.8; Texas 3.3; El Paso 3.6 (2014).	No data.	Average number of mentally unhealthy days reported in the past 30 days (age-adjusted).
Decrease the percentage of adults who stated that their mental health was not good.	Texas 17.1%; El Paso 21.9% (2014).	No data.	Percentage of adults who stated that their mental health was not good five or more days in the past month.
Decrease the rate of suicide per 100,000 population.	Suicide rate in U.S. 12.6; Texas 14.3; El Paso 11.4 (2013).	No data.	Age-adjusted death rate per 100,000 population due to suicide.
Decrease the number of individuals with a mental health diagnosis in jail facilities.	Texas 11.6%; El Paso County 7.8%.	No data.	Number of individuals with a mental health diagnosis booked in El Paso County jail facilities.
Increase the number of individuals who receive mental health treatment.	No data.	No data.	Number of individuals receiving mental health treatment.
Increase the number of primary care providers receiving mental health training.	No data.	No data.	Number of physicians and licensed providers receiving mental health first aid training or other mental health trainings.
Decrease stigma associated with mental health.	No data.	No data.	Survey data.
Increase awareness and ease of navigation of mental and behavioral health services.	No data.	No data.	Survey data.
Increase the availability of mental health services in primary care and allied health settings.	No data.	No data.	Survey data.

## PRIORITY 3:

### Tobacco, Alcohol and Other Drug Use

**GOAL:** Reduce tobacco, alcohol abuse and other drug use

**AREA:** El Paso and Hudspeth Counties

Tobacco use, excessive alcohol use, and substance abuse affect not only the individual but also families, friends and communities. Medical expenses for smoking-related illnesses, including secondhand smoke exposure, drunk driving accidents, and lost productivity in the workplace due to illness and other problems associated with substance abuse are just a few examples of the heavy toll substance abuse has on society.

In economic cost alone, substance abuse costs billions each year. In the U.S., the estimated cost of illnesses related to smoking is \$300 billion. The estimated cost associated with excessive alcohol use is estimated at \$223.5 billion and is \$193 billion for problems associated with other drug use. In the case of excessive alcohol and other drug use, more the 70 percent of the costs are from losses in workplace productivity. Almost half of the costs of smoking-related illnesses were in losses in workplace productivity. Other contributing costs include health care expenses and law enforcement and other criminal justice costs.

There is no safe level of tobacco use. Despite steadily decreasing cigarette smoking rates among adults and youth, tobacco use continues to contribute to four of the leading causes of preventable death (heart disease, cancer, chronic

respiratory disease, and stroke) in the United States with one in five deaths attributable to smoking. The secondhand smoke from tobacco smoking affects the health of nonsmokers as well with many suffering from the same health problems as smokers.

The tobacco industry is adept at adapting to the changing demand in cigarettes and at marketing their products to young people. E-cigarettes and hookah are two of the emerging products that are particularly appealing to youth. Use of these products is on the rise among adolescents and has created a new public health challenge. Using tobacco products during adolescence increases the risk for health problems and nicotine addiction across the lifespan, and youth who use multiple tobacco products are at higher risk for alcohol use, drug use, and mental health problems.

Excessive alcohol consumption, including binge drinking, heavy drinking, and any drinking by pregnant women or people under the age of 21, contributes to a host of health problems, including numerous chronic diseases, some types of cancer, and unintentional injury. Excessive drinking also contributes to social problems including violence, sexual assault, property damage and other crimes.

The abuse of illicit drugs has gained attention nationally in recent years largely due to an increasing number of drug overdoses, mostly involving opioids (prescription painkillers and heroin). In addition, the legalization of recreational or medical marijuana or decriminalization of some marijuana possession offenses in some states has contributed to changing social norms around this drug. Monitoring trends in both illicit drug use and policy changes is recommended in order to remain responsive.

There are a number of evidence-based practices that communities can implement to reduce substance abuse. For tobacco use, comprehensive efforts that include tobacco-free policies, increase prices/taxes, restrict availability of tobacco products to minors, and increase availability of cessation treatment are highly recommended. While Texas does not have a statewide smoke-free law, El Paso has enjoyed a comprehensive clean air ordinance for 16 years. More recently, organizations have adopted tobacco and smoke-free policies, including, but not limited to, University Medical Center, The Hospitals of Providence, The University of Texas at El Paso, and the Housing Authority of the City of El Paso.

The most effective interventions to reduce excessive drinking and alcohol-related harm are those that universally restrict the affordability, availability, and accessibility of alcohol. Higher prices/increased taxes, reduced alcohol outlet density, reduced hours of sale, enforcement of minimum legal purchase age, drinking and driving countermeasures, and increasing access to screening and brief intervention are all examples of recommended strategies to reduce alcohol use and harm. Research increasingly supports the use of local ordinances that aim to reduce the prevalence of large underage drinking parties, or “house parties,” to address social availability. In December 2016, El Paso passed the first civil Social Host Ordinance in the state of Texas to hold adults that provide places for underage drinking parties accountable. The City of Anthony, New Mexico followed shortly after.

**PRIORITY 3 CONTINUED**

<b>Objective</b>	<b>El Paso County</b> Indicator (year)	<b>Hudspeth County</b> Indicator (year)	<b>Indicator definition</b>
Decrease the percentage of adults who smoke cigarettes.	Healthy People 2020 14.0%; Texas 17.0%; El Paso 12.0% (2014).	No data.	Percentage of adults who report smoking in the past 30 days.
Decrease the percentage of high school students who smoke cigarettes.	Texas 14.1% (2014).	No data.	Percentage of high school students who report smoking in the past 30 days.
Decrease binge drinking among high school students.	Texas 21.0% (2013); El Paso for 9th grade youth was 16.6% (2015).	No data.	Percentage of high school students who report binge drinking in the past 30 days. Binge drinking is defined as having 5 or more drinks in a row within a couple of hours.
Reduce the number of alcohol-related deaths.	Texas 27.9 per 100,000 population (2006-2010). Data is not yet available at the County level for El Paso.	No data.	Total number of deaths attributed to alcohol per 100,000 population.
Reduce the number of youth who report using e-cigarettes/electronic vapor products.	El Paso 9th grade students was 21.5% (2015).	No data.	Percentage of 9th grade students who report using e-cigarettes / electronic vapor products in the past 30 days. Electronic vapor products include e-cigarettes, e-cigars, e-pipes, vape pipes, vaping pens.
Reduce the number of youth who report smoking tobacco through a hookah.	El Paso 9th grade students was 12.0% (2015).	No data.	Percentage of 9th grade students who report smoking tobacco through a hookah in the past 30 days. Hookah use is defined as smoking tobacco or flavored tobacco in a hookah.
Reduce the number of drug overdose deaths per 100,000.	Texas 9 per 100,000 population (2012-2014); El Paso 8.4 (2012-2014).	No data.	Number of deaths due to drug poisoning per 100,000 population.
Decrease the number of unproductive days due to substance abuse.	No data.	No data.	Survey data.

## PRIORITY 4:

### Sexual Health

**GOAL:** Improve sexual health for people of all ages and reduce unintended pregnancy

**AREA:** El Paso and Hudspeth Counties

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO, 2002). According to the CDC, an unintended pregnancy is a pregnancy that is reported to have been either unwanted (that is, the pregnancy occurred when no children, or no more children, were desired) or mistimed (that is, the pregnancy occurred earlier than desired).

In the United States, CDC data show that in 2006, 49 percent of pregnancies were unintended. Among women 19 and younger, four out of five pregnancies were unintended. Lower education, low income and cohabiting factors were determinants for an increase in unintended pregnancies. Sexual health and unintended pregnancies in the Paso del Norte region require interventions and evidence-based strategies to affect health outcomes.

In Texas, both the physician as well as the lab performing Sexually Transmitted Diseases (STD) tests are required to report the suspected patient to the local health department.

The El Paso STD clinic can and will see any referrals. The STD clinic not only performs full assessments/testing but also provides onsite treatment if an order and positive labs are sent for syphilis, gonorrhea and chlamydia as well as trichomoniasis and bacterial vaginosis. The current cost to the patient is \$40 regardless of the test/treatment. The patient is never turned away for inability to pay. This involves assurance that partners of positive syphilis or HIV patients are also tested, treated or referred. The STD clinic can provide partner therapy to certain patients depending on criteria.

**PRIORITY 4 CONTINUED**

<b>Objective</b>	<b>El Paso County</b> Indicator (year)	<b>Hudspeth County</b> Indicator (year)	<b>Indicator definition</b>
Decrease the teen birth rate (births per 1,000 for girls age 15-19).	CDC teen birth rate for Texas is 37.8 (births per 1,000 women age 15-19) (2014). El Paso 47 (2014).	No data.	Teen birth rate is the number of births to females per 1,000 of the age group population.
Increase the HPV vaccination rates among adolescent girls ages 13-17 years old.	National coverage is 60.0%. (MMWR July 31, 2015); Texas 50 - 59%; El Paso 71.9%.	No data.	Percentage of adolescent girls who have received one or more doses of HPV vaccine.
Increase the HPV vaccination rates among adolescent boys ages 13-17 years old.	National coverage 42.0%. (MMWR July 31, 2015); Texas 30-39%; El Paso 54.2%.	No data.	Percentage of adolescent boys who have received one or more doses of HPV vaccine.
Increase the number of HIV knowledge of status cases.	Texas 16.3 cases/100,000 population; El Paso 11.8 (2015).	Texas 16.3 cases/100,000 population; Hudspeth 0. (2015).	Number of newly diagnosed HIV cases per 100,000 population.
Decrease the gonorrhea, syphilis, and chlamydia incidence rates.	Gonorrhea: Texas 68.7 cases/100,000 population; El Paso 63.7 (2015). Syphilis: Texas 6.2 cases/100,000; El Paso 7.9 (2015). Chlamydia: Texas value 314 cases/100,000 population; El Paso 539.3 cases. (2015).	Gonorrhea: Texas 68.7 cases/100,000 population; Hudspeth 0 (2015). Syphilis: Texas 6.2 cases/100,000; Hudspeth 0 (2015). Chlamydia: Texas value 314 cases/100,000 population; Hudspeth 118.4 (2015).	Gonorrhea, infectious syphilis (primary and secondary) and chlamydia incidence rate in cases per 100,000 population.

## PRIORITY 5:

### Health care

**GOAL:** Improve access to comprehensive, coordinated, high quality medical services

**AREA:** El Paso and Hudspeth Counties

The Coalition calls upon public and private sector partners in the Paso del Norte region to continue working to improve access to comprehensive, coordinated, high quality medical services for all residents. The expansion of professional preparation programs, including a new dental school, a growing pharmacy program, and expanded nursing programs, is a step in the right direction and has support from the Coalition. More is needed to expand and coordinate clinical training for a variety of health and medical professions.

Access to medical care is a phrase used often, but deserves some definition. Affordability of care, often associated with insurance coverage, is an important dimension of access to care. But insurance coverage alone does not assure access to care. The availability of acceptable services that are delivered in a timely manner form additional dimensions. Workforce development is important both to meet provider shortages and also to address quality of service.

Regional stakeholders identified the following priorities:

- Replicate model child and family crisis service system components centered on a dedicated, on-call, non-forensic mobile crisis team and supported by a continuum of community-based and residential components.
- Map the current system provider base to identify the 10-year projected need for health care providers trained in interdisciplinary or mental health service.
- Expand services for families and children in crisis.
- Integrate interdisciplinary mental health services.
- Promote policies and programs to prevent and manage diabetes.

**PRIORITY 5 CONTINUED**

<b>Objective</b>	<b>El Paso County Indicator (year)</b>	<b>Hudspeth County Indicator (year)</b>	<b>Indicator definition</b>
Increase the percentage of adults aged 18-64 years that have any type of health insurance.	U.S. Counties 83.3%; El Paso 68.2% (2014).	U.S. Counties 83.3%; Hudspeth 61.8% (2014).	Percentage of adults age 18-64 years that have any type of health insurance coverage.
Increase the percentage of children under the age of 19 that have any type of health insurance.	U.S. Counties 93.5%; El Paso 89.1% (2014).	U.S. Counties 93.5%; Hudspeth 80.9% (2014).	Percentage of children under 19 that have any type of health insurance coverage.
Increase the primary care provider rate.	U.S. Counties 50/100,000 population; El Paso 46/100,000 population (2013).	U.S. Counties 50/100,000 population; Hudspeth 32/100,000 population (2013).	Primary care per 100,000 population. (General practice medicine, family medicine, internal medicine, and pediatrics.)
Increase the specialty care provider rate.	Various	Various	Specific to specialties.
Increase the dentist rate and the utilization of dental care.	Texas 21/100,000 population; El Paso 21/100,000 population (2015).	Texas Counties 21/100,000 population; Hudspeth 0/100,000 population (2015).	Dentists per 100,000 population. The rate includes practicing general, pediatric, and public health dentists only.
Increase the mental health care provider rate.	U.S. Counties 94/100,000 population; El Paso 80 per 100,000 population (2015).	U.S. Counties 94/100,000 population; Hudspeth 0 per 100,000 population (2015).	Mental health providers per 100,000 population (psychiatrists, psychologists, licensed clinical social workers, counselors, advanced practice nurses).
Decrease the percentage of adults, 18 years and older, who have diabetes.	Texas 11.0% (2014); El Paso 16.5%;	No data.	Diabetes status was self-reported.
Decrease the diabetes age-adjusted mortality rate (Diabetes as the underlying cause of death).	Texas 21.7 per 100,000 population (2013). El Paso 27.9 - 31.4 per 100,000 population.	No data.	Age-adjusted mortality rate for diabetes.
Increase the number of certified community health educators and navigators.	No data.	No data.	No data.
Decrease number of people with uncontrolled diabetes.	No data.	No data.	While rates are unknown the objective reflects the coalition's desire to deploy a variety of effective strategies to assist people with diabetes control blood sugar.



**DOÑA ANA, LUNA AND  
OTERO COUNTIES  
NM**

## PRIORITY 1:

### Healthy Eating and Active Living

**GOAL:** Foster communities that promote healthy eating and active living

**AREA:** Doña Ana, Luna and Otero Counties

According to the CDC, lack of physical activity and poor nutrition are leading determinants of chronic disease. Proper physical activity leads to strong muscles, flexibility, balance, and cardiovascular health. Eating balanced diet with proper caloric intake helps prevent chronic disease and aids in maintaining a healthy weight.

Behaviors that support nutrition and physical activity are influenced by variables both internal to the individual and external in the environment. Internal variables include knowledge, attitudes, and skills. Health education programs, both within schools and community settings, have attempted to address these variables. Cooking classes that teach skills for preparing healthy meals or seminars on how to select safe and fun physical activity options have a role to play in improving health. Alone, however, they are insufficient to produce health gains for most individuals and across a population. Addressing external variables in addition to individual knowledge, attitude, and skill, increases the likelihood of individuals adopting healthy behaviors and population wide improvements in health.

External variables within a community play an important role in shaping how people live, learn, work, and play. Characteristics of communities, such as proximity of recreational facilities, street design, density of housing, etc. play a significant role in promoting or discouraging physical activity. Transportation options, weather and culture also provide external forces that can influence physical activity and exercise. In order for adults to achieve the CDC recommended two hours and 30 minutes of moderate-intensity aerobic activity (e.g. brisk walking) every week, strategies must effectively address community design, urban planning, as well as natural and social variables.

According to health indicators found at [healthypasodelnorte.org](http://healthypasodelnorte.org) for Doña Ana County, the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year was 28.4 percent, more than the U.S. value of 23.7 percent.

The USDA defines food insecurity as:

- Low food security (old label=Food insecurity without hunger): reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.
- Very low food security (old label=Food insecurity with hunger): Reports of multiple indications of disrupted eating patterns and reduced food intake.

According to literature found at [healthypasodelnorte.org](http://healthypasodelnorte.org), “children who are food insecure are more likely to be hospitalized and may be at higher risk for developing obesity and asthma. Children who experience food insecurity may also be at higher risk for behavioral and social issues including fighting, hyperactivity, anxiety, and bullying.” Therefore, child food insecurity for Doña Ana County should be one of the health areas for mobilization and action.

Based on health data from the New Mexico Indicator-Based Information System (NM-IBIS), and health behaviors under the healthy eating and active living priority outline, the following general objectives were identified.

**PRIORITY 1 CONTINUED**

<b>Objective</b>	<b>Doña Ana County</b> Indicator (year)	<b>Luna County</b> Indicator (year)	<b>Otero County</b> Indicator (year)	<b>Indicator definition</b>
Decrease the percentage of adults ages 18-65 who do not meet the physical activity requirements for aerobic physical activity and/or report no physical activity.	New Mexico 55.0% (2004-2015); Doña Ana 46.6%.	New Mexico 55.0% (2004-2015); Luna 55.3%.	New Mexico 55.0% (2004-2015); Otero 48.6%.	Based on survey questions that estimate proportion of adults engaged in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes week of vigorous intensity, or an equivalent combination.
Increase the percentage of students who were physically active for a total of at least 60 minutes per day.	New Mexico 31.1%; (2004-2015) Doña Ana 30.5%.	New Mexico 31.1% (2004-2015); Luna 36.0%.	New Mexico 31.1% (2014-2015); Otero 30.9%.	Students who were physically active for a total of at least 60 minutes per day.
Decrease the food insecurity rate.	U.S. 14.2%. (2014); Doña Ana 15.1%.	U.S. 14.2% (2014); Luna 21.6%.	U.S. 14.2% (2014); Otero 18.5%.	Percentage of the population that experienced food insecurity at some point during the year.
Decrease the percentage of children (under 18 years of age) living in households that experienced food insecurity at some point during the year.	U.S. Counties 22.7% (2014); Doña Ana 27.0%.	U.S. Counties 22.7% (2014); Luna 36.2%.	US Counties 22.7% (2014); Otero 27.3%.	Percentage of children who experienced food insecurity at some point during the year.
Increase the percentage of adults who reported consuming 5+ fruits and vegetables each day.	New Mexico 18.1% (2011 and 2013); Doña Ana 17.9%.	New Mexico 18.1% (2011 & 2013); Luna 16.8%.	New Mexico 18.1% (2011 & 2013); Otero 17.4%.	Percentage of adults who self-report consuming fruits and vegetables five or more times per day.

## PRIORITY 2:

### Mental Health and Treatment

**GOAL:** Improve mental and behavioral health

**AREA:** Doña Ana, Luna and Otero Counties

An estimated 51,705 adults in New Mexico have a serious mental illness. More than 84 percent of New Mexicans with serious mental illness are over the age 16, and more than 30,000 live in poverty. But there is good news as state systems are improving.

The New Mexico behavioral health system has been in the process of rebuilding since 2013 when the major providers were replaced by new out-of-state providers, who subsequently left southern New Mexico. In 2016, local providers expanded capacity to serve as core services agencies in several southern New Mexico communities. This made collaboration even more essential in Doña Ana County.

Statewide there has been growth in the behavioral health system as well. The Mental Health America's annual rankings moved New Mexico from 46th in 2013 to 22nd based on 13 key measures. New Mexico documented an increase in utilization and spending related to behavioral health services under Medicaid and Medicaid Expansion. The state also made strides in network adequacy, which is making mental health services more accessible.

The Doña Ana Wellness Institute aims to create an innovative community-centered model for health care delivery that integrates social, behavioral and physical approaches to care. The Institute focuses on integration of behavioral health and primary care through service delivery and workforce development. It also is addressing the social determinants of health. Additionally, Doña Ana County is implementing an Assisted Outpatient Treatment program in partnership with the local mental health provider and the District Court.

The following is a list of 11 behavioral health priorities for the New Mexico Behavioral Health Division.

- Implementation of Centennial Care
- Addressing Accelerated Change
- Delivery System Reform
- Network Adequacy
- Program Integrity
- Service Integration
- Prevention/Early Intervention
- Coordinated Care
- Value-Based Purchasing
- Mental Health Parity and Addiction Equity Act (MHPAEA)
- Better Outcomes

**PRIORITY 2 CONTINUED**

<b>Objective</b>	<b>Doña Ana County</b> Indicator (year)	<b>Luna County</b> Indicator (year)	<b>Otero County</b> Indicator (year)	<b>Indicator definition</b>
Decrease the percentage of adults 18-65 with 14 or more days in the last month with Depressive Disorder.	New Mexico 12.0% (2014); Doña Ana 12.6%.	New Mexico 12.0% (2014); Luna 14.4%.	New Mexico 12.0% (2014); Otero 12.7%.	Percentage of adults experiencing Depressive Disorder for 14 or more days. Depressive Disorder includes stress, depression and problems with emotions.
Decrease the percentage of adults age 18 + reporting current depression.	New Mexico 10.3% (2011); Doña Ana 9.3%.	New Mexico 10.3% (2011); Luna 12.7%.	New Mexico 10.3% (2011); Otero 12.6%.	Percentage of NM residents 18 years or older who screened positive for current depression in the two weeks prior to taking a phone survey.

## PRIORITY 3:

### Tobacco, Alcohol and Other Drug Use

**GOAL:** Reduce tobacco, alcohol abuse and other drug use

**AREA:** Doña Ana, Luna and Otero Counties

Tobacco use, excessive alcohol use, and substance abuse affect not only the individual, but families, friends and communities. Medical expenses for smoking-related illnesses, including secondhand smoke exposure, drunk driving accidents, and lost productivity in the workplace due to illness and other problems associated with substance abuse are just a few examples of the heavy toll substance abuse has on society.

In economic cost alone, substance abuse costs billions each year. In the U.S., the estimated cost of illnesses related to smoking is \$300 billion. The estimated cost associated with excessive alcohol use is estimated at \$223.5 billion and \$193 billion for problems associated with other drug use. In the case of excessive alcohol and other drug use, more than 70 percent of the costs are from losses in workplace productivity. Almost half of the costs of smoking-related illnesses were in losses in workplace productivity. Other contributing costs include health care expenses, and law enforcement and other criminal justice costs.

There is no safe level of tobacco use. Despite steadily decreasing cigarette smoking rates among adults and youth, tobacco use continues to contribute to four of the leading causes of preventable death (heart disease, cancer,

chronic respiratory disease, and stroke) in the United States with one in five deaths attributable to smoking. The secondhand smoke from tobacco smoking affects the health of nonsmokers as well with many suffering from the same health problems as smokers.

The tobacco industry is adept at adapting to the changing demand in cigarettes and at marketing their products to young people. E-cigarettes and hookah are two of the emerging products that are particularly appealing to youth. Use of these products is on the rise among adolescents and has created a new public health challenge. Using tobacco products during adolescence increases the risk for health problems and nicotine addiction across the lifespan, and youth who use multiple tobacco products are at higher risk for alcohol use, drug use and mental health problems.

Excessive alcohol consumption, including binge drinking, heavy drinking, and any drinking by pregnant women or people under the age of 21, contributes to a host of health problems, including numerous chronic diseases, some types of cancer, and unintentional injury. Excessive drinking also contributes to social problems including violence, sexual assault, property damage and other crimes.

The abuse of illicit drugs has gained attention nationally in recent years largely due to an increasing number of drug overdoses, mostly involving opioids (prescription painkillers and heroin). In addition, the legalization of recreational or medical marijuana or decriminalization of some marijuana possession offenses in some states has contributed to changing social norms around this drug. Monitoring trends in both illicit drug use and policy changes is recommended in order to remain responsive.

There are a number of evidence-based practices that communities can implement to reduce substance abuse. For tobacco use, comprehensive efforts that include tobacco-free policies, increase prices/taxes, restrict availability of tobacco products to minors, and increase availability of cessation treatment are highly recommended. New Mexico adopted the Dee Johnson Clean Indoor Air Act in 2007. Recent statewide efforts include promotion for smoke-free market-rate multi-unit housing, advocacy to increase the unit price of all tobacco products, and interventions to reduce tobacco-related disparities among population groups.

The most effective interventions to reduce excessive drinking and alcohol-related harm are those that universally restrict the affordability, availability, and accessibility of alcohol. Higher prices/increased taxes, reduced alcohol outlet density, reduced hours of sale, enforcement of minimum legal purchase age, drinking and driving countermeasures, and increasing access to screening and brief intervention are all examples of recommended strategies to reduce alcohol use and harm. Research increasingly supports the use of local ordinances that aim to reduce the prevalence of large underage drinking parties, or “house parties,” to address social availability. In December 2015, Luna County passed a Social Host Ordinance to hold adults that provide places for underage drinking parties accountable. Coalitions in other southern New Mexico counties are working on passing similar ordinances.

**PRIORITY 3 CONTINUED**

<b>Objective</b>	<b>Doña Ana County Indicator (year)</b>	<b>Luna County Indicator (year)</b>	<b>Otero County Indicator (year)</b>	<b>Indicator definition</b>
Reduce the number of drug overdose deaths.	New Mexico 20.4 per 100,000 (2010-2014); Doña Ana 14.6 per 100,000 (2010-2014).	New Mexico 20.4 per 100,000 (2010-2014); Luna 13.3 per 100,000 (2010-2014).	New Mexico 20.4 per 100,000 (2010-2014); Otero 17.9 per 100,000 (2010-2014).	Number of deaths due to drug poisoning per 100,000 population.
Reduce the number of alcohol-related deaths.	New Mexico 51.2 per 100,000 (2006-2010); Doña Ana 37.97 per 100,000 (2010-2014).	New Mexico 51.2 per 100,000 (2006-2010); Luna County 41.33 per 100,000 (2010-2014).	New Mexico 51.2 per 100,000 (2006-2010); Otero 49.09 per 100,000 (2010-2014).	Total number of deaths attributed to alcohol per 100,000 population.
Reduce the number of youth who report binge drinking within the past 30 days.	New Mexico high school youth 14.6% (2015); Doña Ana 15.0% (2015).	New Mexico high school youth 14.6% (2015); Luna 21.9% (2015).	New Mexico high school youth 14.6% (2015); Otero 20.3% (2015).	Percentage of high school students who report binge drinking in the past 30 days. Binge drinking is defined as having five or more drinks in a row within a couple of hours.

## PRIORITY 4:

### Sexual Health

**GOAL:** Improve sexual health for people of all ages and reduce unintended pregnancy

**AREA:** Doña Ana, Luna and Otero Counties

The World Health Organization (WHO) defines sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence (WHO, 2002).

According to the CDC, an unintended pregnancy is a pregnancy that is reported to have been either unwanted (that is, the pregnancy occurred when no children, or no more children, were desired) or mistimed (that is, the pregnancy occurred earlier than desired). In the United States, CDC data show that in 2006, 49 percent of pregnancies were unintended. Among women 19 and younger, four out of five pregnancies were unintended. Lower education, low income, and cohabiting factors were determinants for an increase in unintended pregnancies. Sexual health and unintended pregnancies in the Paso del Norte region require interventions and evidence-based strategies to affect health outcomes.

New Mexico has a centralized Health Department so the procedure for reporting STDs is statewide and STD testing and treatment takes place in all southern New Mexico Public Health Offices.

New Mexico reports for STDs must include:

- The disease or condition being reported;
- Patient's name, date of birth/age, gender, race ethnicity, address, patient's telephone numbers, and occupation;
- Physician or licensed health care professional name and telephone number; and
- Health care facility or laboratory name and telephone number, if applicable.

The New Mexico Department of Health (NMDOH) does appreciate dual reporting from both the provider and the laboratory. It encourages all reporting for STD's to be completed within 24 hours of detection. The NMDOH also encourages providers to report both to the Central Office in Santa Fe and the Regional Headquarters to ensure faster partner services. As in Texas, failure to report is a Class B misdemeanor and can result in a fine in New Mexico.

New Mexico provides free testing and treatment at public health clinics. The NMDOH Disease Prevention Team receives the positive labs, which are assigned to Disease Prevention Specialists for partner notification and treatment if needed. It implements the partner notification protocols.

Treatment is offered at public health offices with the same type of medication used in Texas. The NMDOH will also see walk-in patients who go directly to a clinic for testing and, if needed, treatment is offered.

**PRIORITY 4 CONTINUED**

<b>Objective</b>	<b>Doña Ana County</b> Indicator (year)	<b>Luna County</b> Indicator (year)	<b>Otero County</b> Indicator (year)	<b>Indicator definition</b>
Decrease the teen birth rate (births per 1,000) for girls age 15-19.	New Mexico 37.4 (2014); Doña Ana 37.2 .	New Mexico 37.4 (2014); Luna 91.6.	New Mexico 37.4 (2014); Otero 49.4.	Teen birth rate is the number of births to females per 1,000 of the age group population.
Decrease the gonorrhea incidence rate in cases per 100,000 population.	New Mexico 93 (2013); Doña Ana 75.	New Mexico 93 (2013); Luna 40.	New Mexico 93 (2013); Otero 44.	Gonorrhea incidence rate in cases per 100,000 population.
Decrease the syphilis incidence rate in cases per 100,000 population.	New Mexico 2 (2013); Doña Ana 5.	New Mexico 2 (2013); Luna 5.	New Mexico 2 (2013); Otero 0.	Early syphilis (primary, secondary, and early latent) incidence rate in cases per 100,000 population.
Decrease the chlamydia incidence rate in cases per 100,000 population.	New Mexico 585 (2013); Doña Ana 599.	New Mexico 585 (2013); Luna 609.	New Mexico 585 (2013); Otero 494.	Chlamydia incidence rate in cases per 100,000 population.

## PRIORITY 5:

### Health Care

**GOAL:** Improve access to comprehensive, coordinated, high quality medical services

**AREA:** Doña Ana, Luna and Otero Counties

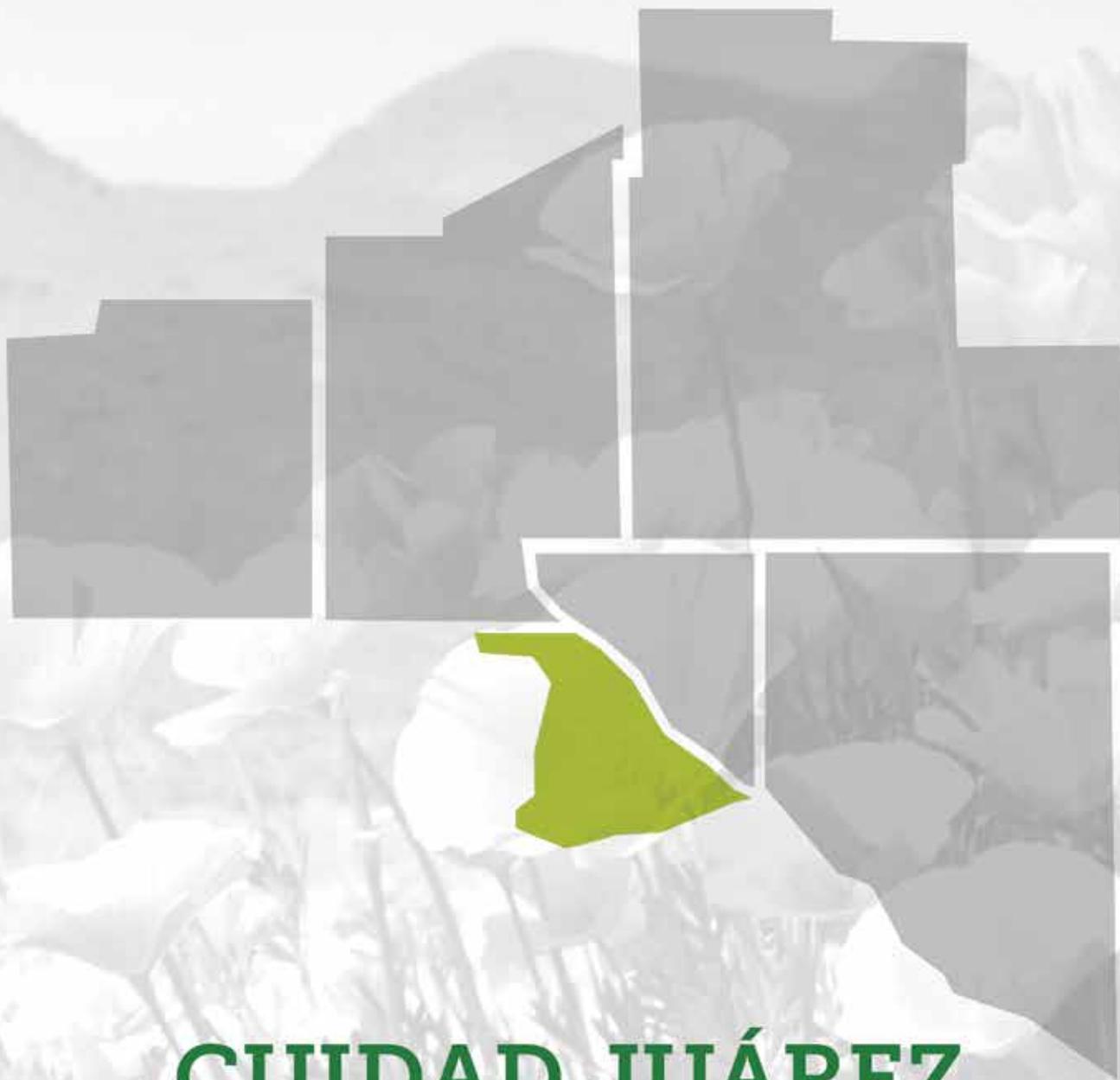
Sources across the State of New Mexico report inadequacies in the health care system. According to the Health System Innovation report, developed by the New Mexico Department of Health, New Mexico had one of highest uninsured rates in the nation. Despite efforts to address this health challenge, in 2014, New Mexico still ranked among the 13 worst states for health care coverage.

As of December 2016, 884,000 people in New Mexico were covered through employer-sponsored health plans. Another 766,732 people in New Mexico were covered by Medicaid or the Children's Health Insurance Program, including 358,107 children and 55,415 seniors and people with disabilities covered by both Medicaid and Medicare. The Affordable Care Act (ACA) expanded Medicaid eligibility and strengthened the program for those already eligible. Further 47,497 people in New Mexico had coverage through the Marketplace. Finally, 385,918 people in New Mexico were covered by Medicare.

Even with improvements in affordability of medical treatment, availability of services remains a challenge in New Mexico. The new Burrell College of Osteopathic Medicine in Las Cruces and New Mexico State University both are working toward alleviating provider shortages in the region. Additional strategies, however, are needed to address the affordability and availability of medical treatment in southern New Mexico.

**PRIORITY 5 CONTINUED**

<b>Objective</b>	<b>Doña Ana County</b> Indicator (year)	<b>Luna County</b> Indicator (year)	<b>Otero County</b> Indicator (year)	<b>Indicator definition</b>
Increase the percentage of adults age 18-64 years that have any type of health insurance.	U.S. counties, 83.3% (2014) of adults ages 18-64 have health insurance compared in Doña Ana 67.7%.	U.S. counties, 79.2% (2014) of adults ages 18-64 have health insurance compared to Luna 74.1%.	U.S. counties 79.2% (2014) of adults ages 18-64 have health insurance compared to Otero 74.1%.	Percentage of adults age 18-64 years that have any type of health insurance coverage.
Increase the percentage of children under the age of 19 that have any type of health insurance.	U.S. counties, 93.5% (2014) of children under 19 years old have health insurance compared to 91.7 % in Doña Ana.	U.S. counties, 93.5% (2014) of children under 19 years old have health insurance compared to 90.3% in Luna.	U.S. counties, 91.2 % (2014) of children under 19 years old have health insurance compared to 91.2% in Otero.	Percentage of children under 19 years old that have any type of health insurance coverage.
Increase the primary care provider (PCP) access rate (per 100,000).	U.S. counties 50 (2013); Doña Ana PCP rate 62.	U.S. counties 50 (2013); Luna PCP rate 45.	U.S. counties 50 (2013); Otero PCP rate 49.	Primary care provider rate per 100,000 population. (Physicians specializing in general practice medicine, family medicine, internal medicine, and pediatrics.)
Decrease the percentage of adults who report not being able to afford to see the doctor in the past 12 months.	In New Mexico counties (2014) 17.2% of adults were unable to afford to see a doctor compared to 25.2% in Doña Ana.	In New Mexico counties (2014) 17.2% of adults were unable to afford to see a doctor compared to 43% in Luna.	In New Mexico counties (2014) 17.2% of adults were unable to afford to see a doctor compared to 25.2% in Otero.	Percentage of adults that report having a time in the past 12 months when they were unable to afford to see a doctor.



**CUIDAD JUÁREZ,  
CHIHUAHUA,  
MEXICO**

## PRIORITY 1:

### Healthy Eating and Active Living

**GOAL:** Create communities that promote healthy eating and active living

**AREA:** Ciudad Juárez, Chihuahua

Sedentary lifestyles and overweight and obesity rates in Mexico have significant consequences for public health. Currently, Mexico ranks second in the world with the largest number of overweight or obese children (42.6% according to the latest National Health and Nutrition Survey-2012) and it ranks first in the world for childhood obesity. In the State of Chihuahua, the Ministry of Health estimates that about 60 percent of the population is above their ideal weight. Malnutrition problems, specifically overweight and obesity, are factors that eventually lead to conditions such as diabetes, cardiovascular disease, health problems related to high levels of blood cholesterol, some cancers and sleep disorders.

The mortality rate associated with these conditions in the State of Chihuahua is one of the main reasons for addressing them immediately. In the State of Chihuahua alone, during 2015, heart disease caused 4,536 deaths, while diabetes mellitus caused 2,517, ranking as the leading causes of death in the state (INEGI 2015).

#### OBJECTIVES:

- Using the Systematic Information System (SIS), promote on going prevention programs advancing the health of elderly people in Ciudad Juárez.
- Develop an obesity assessment in the region.
- Based on the Systematic Information System (SIS), identify the most vulnerable groups in order to develop strategies designed for those with the higher risk factors.
- Establish a coalition focused on developing strategies and promoting the creation of collaborative agreements to foster healthy eating and active living in the community.
- Evaluate binational campaigns focused on preventing obesity, diabetes, and hypertension.
- Research promotes the creation of collaborative agreements focused on promoting healthy eating and active living.
- Promote the use of Health Information System data to create healthy eating and active living programs.
- Promote on-going programs of healthy eating and active living to better the health of the elderly in Ciudad Juárez

## PRIORITY 2:

### Mental Health

**GOAL:** Improve mental health and treatment for people in the region

**AREA:** Ciudad Juárez, Chihuahua

Chihuahua's Secretariat of Health, the United States-Mexico Border Health Commission and other health agencies, have identified the need to develop a network of mental health programs and institutions. Anxiety issues are cited as the primary reason for Health Care Unit visits, with a 25 percent rate; mood disorders are in second place with a 20 percent rate.

In Mexico, the disorders most frequently identified include anxiety (with a 14.3% prevalence rate at some point in people's lives) and affective disorders (9.1%). In Ciudad Juárez particularly, suicide is a very serious rising trend among youth. These deaths are undoubtedly related to the state of neglect for mental health care in the Chihuahua community. Based on data provided by INEGI, the state holds third place nationally in suicides, with 342 cases registered in 2015, and Ciudad Juárez is the municipality with the highest number of cases nationwide, with 85 cases during the same year. Consequently, an action plan must be designed to improve the ability of mental health staff to provide assistance and prevent these disorders. These health care programs and institutions will obtain resources to carry out the following actions.

#### OBJECTIVES:

- By 2020, create a Mental Health Network including regional stakeholders specialized in behavioral disorder prevention and treatment, substance use and abuse disorders, neurological diseases, and psychiatric conditions.
- Increase core technical strength of mental health providers, staff at primary health care units, and social agencies that provide health care services to Ciudad Juárez residents, by providing MH GAP and Mental Health First Aid training.
- Develop integral public policies focused on the prevention and attention of suicide.
- Develop integral public policies to strengthen the second level of attention (specialty area) for neurologic, psychiatric diseases, and substance abuse.
- Collaborate and coordinate efforts to expand the coverage of mental health care services.
- Support the implementation of mental health initiatives by seeking opportunities for funding and sharing mental health best practices.
- Provide committed leadership to promote change and innovation within and outside mental health or mental health-related institutions.

## PRIORITY 3:

### Tobacco, alcohol and other drug use

**GOAL:** Reduce tobacco, alcohol abuse and other drug use

**AREA:** Ciudad Juárez, Chihuahua

The National Addiction Survey (ENA) in Mexico revealed interesting results about Ciudad Juárez's health status in terms of tobacco, alcohol, and drug use. In the State of Chihuahua, the prevalence for smoking is 27.6 percent in adults 18-65 years old. This percentage is higher than the national average of 20.6 percent. According to the survey, the median age at which people start smoking is 16.7 and those who smoke consume an average 7.8 cigarettes each day.

In addition, the ENA survey reports that for the State of Chihuahua, 16.2 percent of men and 2.3 percent of women increased the consumption of alcohol compared to the national average. The report stated that this phenomenon has increased the causes of death correlated with the consumption of alcohol.

#### OBJECTIVES:

- Strengthen the Smoke-Free Network (Coalition recently formed in Ciudad Juárez.)
- Establish collaboration with U.S. agencies focused on tobacco and alcohol use prevention.
- Research and analyze strategies by the National Center for Traffic Injury Prevention and Control in Mexico to decrease the number of traffic accidents related to consumption of alcohol or other related drugs in Ciudad Juárez.
- Study the correlation and consequences of alcohol consumption and motor vehicle safety.
- Support campaigns to educate the public on alcohol and tobacco sales regulation compliance.
- Conduct a situational assessment and overview of alcohol and tobacco use specific to Ciudad Juárez.
- Provide for mandatory training on alcohol and tobacco sales, traffic regulations at worksites and other locations associated with alcohol and tobacco sales and distribution (bars, retailers, liquor stores, drivers, etc.).
- Provide support to neighborhood associations for their alcohol and tobacco use monitoring and prevention efforts.

## PRIORITY 4:

### Sexual Health

**GOAL:** Improve sexual health for people of all ages and reduce unintended pregnancy

**AREA:** Ciudad Juárez, Chihuahua

Chihuahua's Secretariat of Health, through the Sanitary Jurisdiction II in Ciudad Juárez, stated that women's health is one of its main health priorities. According to the Department of Reproductive Health in Ciudad Juárez, reproductive health encompasses the physical, mental and social well-being of the individual.

Pursuing a comprehensive improvement in the sexual health of people in the region would have a positive impact on indicators such as maternal mortality, teenage pregnancy, women's health, and prevention of sexually transmitted diseases and infections. However, there are major challenges in these areas.

According to data from Mexico's Maternal Mortality Observatory, the maternal mortality rate in Chihuahua was 56.5 in 2014. This means that for every 100,000 live births, approximately 56 women died from causes related to pregnancy, childbirth or due to health complications during early postnatal

stages. As for teenage pregnancy, according to Ministry of Health statistics, 20,000 teenage pregnancies were recorded in the State of Chihuahua during 2015. At a national level, the teen pregnancy rate is close to 40%. In terms of sexually transmitted diseases and infections, the fight against HIV/AIDS continues to be of great importance in the overall picture of sexual health in Ciudad Juárez. The state of Chihuahua reduced the number of new cases of HIV year after year from 2012 to 2015. But by the end of 2016, data from CENSIDA showed that new HIV diagnoses increased from 141 registered in 2015 to 190 in 2016. To date, the state of Chihuahua has registered 2,633 HIV-positive cases. Globally, HIV continues to be a major public health issue. In 2015, an estimated 36.7 million people were living with HIV and every year there are approximately two million new HIV infections.

## PRIORITY 4 CONTINUED

The vision is to ensure that both men and women make informed decisions about their sexual health and its consequences and to develop healthier conditions for individuals.

### OBJECTIVES:

- Promote regular teen-friendly sex education activities in order to reduce unintended pregnancies in this population group.
- Raise awareness of the importance of the early detection of breast cancer.
- Strengthen public and social sector actions focused on improving women's health in general.
- Strengthen public and social sector actions focused on improving maternal and perinatal health.
- Pursue and support coalitions and networks of health and social sectors to increase education and prevention of teenage pregnancy and sexually transmitted diseases.
- Endorse a partnership between the Education Ministry and the Health Ministry to promote information and sex education activities with a gender perspective at education institutions to expand the scope of existing Gender Equality, Gender Perspective, and New Masculinities programs.
- Increase campaigns and expand the scope of health care services information to women in vulnerable situations, in order to prevent maternal mortality.
- Advocate for the creation of education and information programs on the sexual rights of the elderly.
- Promote the creation of a binational network to prevent sexually transmitted diseases and infections.

## PRIORITY 5:

### Violence

**GOAL: Violence, Reduction and Recovery**

**AREA: Ciudad Juárez, Chihuahua**

According to the Geographic Information System's Violence Report, violence constitutes a violation of human rights. For the population of Ciudad Juárez, violence has been a constant challenge. Homicide is defined by [healthypasodelnorte.org](http://healthypasodelnorte.org) as "the killing of one human being by another, is a fairly reliable barometer of all violent crime and typically results from violent interpersonal or domestic disputes, gang violence, and other violent conflicts. It is more common in regions with high levels of income inequality, low levels of development and long-term socioeconomic stability, and a weak rule of law." One of the indicators utilized to measure violence is the homicide rate.

In 2011, the homicide rate per 100,000 residents in Ciudad Juárez was 135.5, compared to the rate for the state, which in that same year was of 75.2. In addition, 80 percent of the crime rate correlates significantly to substance abuse and drug addictions. Therefore, it is considered of great importance to advance initiatives and strategies to work on the prevention and treatment of addictions to decrease violence and crime incidence rates.

#### OBJECTIVES:

- Strengthen programs aiming to prevent and treat drug abuse and addiction in youths at risk of incurring in violent behaviors or living in communities with high crime and violence rates.
- Increase quality services for victims of violence and their families.
- Strengthen activities to reduce violence in schools such as bullying, harassment, and sexting.
- Promote the development and advancement of campaigns and programs focused on fighting the normalization of violence in children, teenagers, and youth.
- Increase the effectiveness and reach of the information of services and tools available to men and women to address family violence issues.
- Oversee and strengthen programs to prevent child abuse.

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