



Priority Area 3: PHYSICAL HEALTH

"Our physical health initiatives focus on access, education and skill-building to improve New Mexico residents' nutrition, self-advocacy, strength and longevity." – *Presbyterian Community Health*

Long-Term Goal	Medium-Term Goals	Short-Term Goals	Level of Influence	Strategy	Programs and Tactics	Key Objective	Key Performance Measures		
All New Mexicans have access to health care and healthy environments that promote improved physical health.	Increase patient and member access to physical health resources.	Improve prevention and self-management of chronic disease among priority populations including perinatal; rural; older adults; Native American/ Indigenous and Hispanic children and adults; and people with lower incomes.	Individual	Increase equitable access to healthy lifestyle opportunities that support the prevention and management of chronic disease. (S1)	Chronic Disease Self-Management Workshops	Increase individual knowledge, skills and self-efficacy related to cooking skills, healthy nutrition practices and chronic disease self-management.	Number of workshops Number of workshop participants Pre- and post-enrollment A1c Number of workshop participants Pre- and post-enrollment A1c Number of Medicare/Medicaid patients enrolled and completed Number of billable visits Number of program participants; demographics Number of cooking classes Number of physical activity classes Number of participants in physical activity programs Number of unique participants		
					Diabetes Prevention and Self-Management Education and Support				
		Healthy Eating Classes							
		Active Living Classes	Increase individual knowledge, skills, access, and self-efficacy related to ways to be physically active and manage stress.						
			Individual	Implement Food Is Medicine interventions that support chronic disease, pregnancy, early childhood and older adults. (S2)	Food Is Medicine and Produce Prescriptions	Increase in fresh fruit and vegetable consumption. Increase access and use of varied, local produce.	Number of food bags distributed, number of farmers' market vouchers distributed, pre- and post-intervention fruit and vegetable consumption		
Increase number of people vaccinated against COVID-19 and flu.	Improve vaccination status among uninsured and under-insured adults.		Individual	Increase equitable access to COVID-19, flu and other recommended adult vaccines among high-priority populations. (S3)	Community Vaccination	Increase individual knowledge, access and self-efficacy in preventing vaccine-preventable diseases.	Number of flu vaccines administered, number of flu vaccination events, number of COVID-19 vaccines administered, number of COVID-19 vaccination events		
			Community		Trusted Messenger Training			Increase ability of trusted members of the community to educate and influence community attitudes and norms.	Number of trainings offered, number of individuals trained, likelihood to receive vaccine, likelihood to recommend vaccination to others
					CHW Vaccine Equity			Increase workforce capacity to provide equitable care.	Number of individual outreach encounters, number of organization events, number of community outreach
			Cross-Cutting	Capacity building and partnerships	Community-Based Organization/ Coalition Support and Alignment Community Health Assessment and Improvement Plans	Partner with county/tribal health councils, service organizations, and coalitions to increase behavioral health opportunities prioritized by each community.	Total funding provided, number of priority initiatives, number of community members reached/ participating		