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## **NMDOH Diabetes Prevention and Control Program: Goals, Strategies and Coordinated Chronic Disease Work**

**NM Department of Health  
Chronic Disease Prevention and Control Bureau**

### **Working Across Programs to Address Chronic Diseases A Continuum across the Life Span**

- Build healthy communities and healthy people.
- Promote healthy lifestyles.
- Prevent chronic conditions among those at highest risk.
- Increase access to screening and early intervention for chronic diseases.
- Manage chronic conditions like obesity, cancer, diabetes, heart disease, and stroke.

### **Why this is Important**

Chronic diseases share:

- Common risk factors, e.g. poverty, low educational attainment, poor diet, physical inactivity, tobacco use and obesity
- Common prevention and management strategies, e.g. improving access to healthy eating, active lifestyles, tobacco cessation, healthy weights and screening and early intervention services

This holistic approach serves the whole person and is a more efficient and effective use of resources.

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**NM Department of Health  
Diabetes Prevention and Control Program  
Goals, Anticipated Outcomes, Target Populations and Selected Strategies**

### **GOAL 1: Prevent or delay diabetes**

**Anticipated Outcome:** Increased statewide capacity to prevent or delay diabetes.

**Target Population:** People at risk for diabetes and adults with prediabetes

**Relevant Strategies:**

1. Promote awareness of prediabetes among people at high risk for type 2 diabetes (Much of this is done through raising awareness among health care professionals).
2. Increase the reach, capacity and sustainability of NM's National Diabetes Prevention Program (National DPP) through infrastructure building.

**PUBLIC HEALTH**

## **GOAL 2: Prevent complications, disabilities and burden associated with diabetes and related chronic conditions**

**Anticipated Outcome:** Statewide network of effective and accessible diabetes and chronic disease management programs and services throughout NM

**Target Population:** Adults with diabetes and related chronic conditions

**Relevant Strategies:**

1. Increase participation in diabetes self-management education (DSME) programs (This includes ADA, AADE and Stanford programs).
2. Disseminate diabetes management resources to professionals, especially those who serve priority populations.

## **GOAL 3: Eliminate diabetes and other chronic disease related health disparities**

**Anticipated Outcome:** Increased statewide capacity to eliminate diabetes and other chronic condition related health disparities

**Target Population:** People at highest risk for diabetes and adults disproportionately affected by prediabetes, diabetes and other chronic conditions

**Relevant Strategies:**

1. Maintain the number of programmatic and/or bureau efforts that build internal and external capacity to eliminate health disparities.
2. Work with internal and external programs and organizations on common goals that help eliminate disparities.

**Common concepts across our programmatic goals:**

1. Increase programmatic and collective statewide capacity to do the work
2. Increase reach, accessibility and participation in programs, especially in areas and populations that need them the most
3. Programs must be sustainable – they have to be effective, delivered in a culturally competent manner, widely adopted, and well-financed in the long term.