# MINUTES OF THE

# SANTA FE COUNTY

# HEALTH POLICY & PLANNING COMMISSION

**August 1, 2025**

**Santa Fe, New Mexico**

This regular meeting of the Santa Fe County Health Policy & Planning Commission (HPPC) was called to order by Chair Steven Berkshire at approximately 10:00 a.m. on the above-cited date at the Plaza Conference Room, 240 Grant Ave., Santa Fe, New Mexico.

The meeting was held in a hybrid manner with both in-person and virtual participation.

The following members were present:

**Members Present:**
Steven Berkshire, Chair
Craig Schermerhorn
Mark Hayden
Sun Vega
Deborah Weiss
Maria Jose Rodriguez Cadiz
Ronald Aldrich

**Member(s) Absent:**
Arthur Culpepper (excused)
Jane Hajovsky (excused)

**County Staff Present:**
Jennifer Romero, Community Services Deputy Director
Coy Maienza, Health Services Manager
Chanelle Delgado, CSD, Youth Services Manager

**Others Present:**
Valeria, Alarcon, Executive Director of NM Alliance of Health Councils [remotely]
Lilia Lopez De Varela, SF Family Health Center/ Pecos Valley Medical Center [remotely]
Michael DeBernardi, CEO, Life Link [remotely]
Kari Jones, UNM Prevention Research Center [remotely]
Jasmin Milz, La Familia [remotely]
Kathleen Tunney, CSV [remotely]
Kenneth Gallegos, Adult Protective Services [remotely]
Christa Hernandez, City of Santa Fe, Youth & Family Services [remotely]
Marty Ruybalid, Executive Director, St. Elizabeth Shelter [remotely]
Donna Magnuson, Chief Strategy Officer, SF Recovery Center [remotely]
Korina Lopez, Executive Director, Interfaith Community Shelter
Kim Horan, DOH, Health Promotion Program

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Rosy Hudson, DOH, Public Health Division
Kyaolin Rajbhandary, DOH, Public Health Division
Jeremy Espinoza, DOH, Public Health Division
Jasmine Meyer, Presbyterian Healthcare Services
Christopher Novak, DOH, Public Health Division
Saman Wijesooriya, DOH, Public Health Division

**Introductions**

Those present introduced themselves.

**Approval of Agenda**

Mr. Aldrich moved to approve, and Mr. Hayden seconded. The motion to approve the agenda passed without opposition.

**Approval of Minutes**

**May 2, 2025:** Mr. Schermerhorn moved to approve. Ms. Vega seconded and the motion to approve the May minutes passed without opposition.

**Presentation: Presbyterian Healthcare Services** [*Exhibit 1: PHS Presentation*]

Jasmine Meyer, Presbyterian Community Health. Just briefly, for those who don't know, Presbyterian Community health is embedded within Presbyterian healthcare services. We sort of operate as an independent department and collaborate both with the clinical side and with the health plan side and this strategy was developed through a partnership with the health plan's Medicaid population health team. Some work we do with them generally to try to advance HealthEquity in communities around different priority populations.

My goal here today is really to get input from this group on the strategy, and there are several partners that I'd be there, met with or meeting with one to one going forward as well, who are in the space.

We are looking at general perinatal equity, but the discussion today is more centered around early access to prenatal care, specifically in the first trimester because it is a risk factor or a protective factor for so many other health outcomes for both mother and children.

This strategy is really looking at non-traditional partnerships because a lot of strategies are based on people who are already engaged in care, you know, community-based strategies tend to be wonderful programs like home visiting. But again, lots of people who are engaged in care and services and what we're seeing is the need to get ahead of that and then also to wrap around the person from every socioecological level.

A wide review of the literature, and this is all backed up in community-based conversations we've been having, is that there are many barriers to early prenatal care. Interestingly, a mean age of 20 years or under, so it may be the first pregnancy, they may not be aware of signs and symptoms of pregnancy and may or may not be planned. There may be fear or stigma around disclosing pregnancy, and we see this most especially in rural areas where privacy isn't always able to be maintained when you know everyone knows everyone and communities are very small, so some women screen is positive for a pregnancy- they don't trust that everyone won't find out about it.

Of course, all of the social determinants of health factors in mental health behavioral health, access to insurance, general access to healthcare, so on and so forth.
So, we were really thinking about this as we approached what kinds of partners might help us reach folks earlier. And the facilitators are kind of on the other end of things. Even simple things like transportation assistance and childcare assistance really help to overcome those barriers. Even being slightly older, a mean age of 24 years or older, more knowledge, more confidence, and then socio emotional support came up over and over again. So, it's either a barrier or a facilitator.

And then access to care and the things that go along with that.
But these are the overarching perineal outcomes in New Mexico. Early prenatal care being a predictor of low birth weight, preterm births. And then you can see in the top right over 30% of infants are born to people who received prenatal care late.

So, through our partnership with the health plan, these are the counties that our community health team is able to reach. A lot of us are based in Santa Fe, but we've been spending a lot of time establishing relationships more deeply in the surrounding county.

We hired a team member of Las Cruces, who has been working in the Southern counties.
And also doing just a lot of listening and trust building overall with partners to help inform our strategies on going. But so that when we're then launching a more targeted strategy, we can do it in partnership with community. These are the quality measures we're looking at around these outcomes, so the timely access to prenatal care and then also another part of our strategy that we're working on is access to postpartum care and postpartum depression screenings.
We'll have a few partnerships that have formal scopes of work and investments around referrals into care for these members. But we want our strategy to serve all people.

La Familia is serving most of the indigent population for prenatal care and deliveries in Santa Fe, and that doesn't include folks with the barriers that are coming along with that As I was doing the research again, I found very little out there on non-traditional approaches to trying to reach people.

One thing that I really drew from the Baltimore strategy is wrapping around the entire community to help increase awareness because not a lot of people are aware of the need for early prenatal care, or if it if there are non-traditional in the sense of partners who aren't engaged in either perinatal or directly in health. And one thing that we're trying to do is we are hiring 3 perinatal CHWS through Presbyterian Community Health in Santa Fe, Espanola and Ruidoso.

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But we're not going to be the only health care option for folks. The next layer would then be meeting with our different health care partners to make sure we're able to support whatever the person's choice is for prenatal care.

Please give any input on this Commission's role in the outreach strategy in the Community and how we could work together going forward on this?

Ms. Romero: Having this presentation is a start and I know there's a lot of people in the room with expertise and suggestions. We are going to send out this information after the meeting and I would encourage everybody to please reach out to Jasmine and have those one on ones. A small convening of a few of you and Jasmine to decide what that would look like would be helpful. Low birth weight babies was one of our initial indicators and our partnership with Las Cumbres and La Familia was specifically for the purpose of decreasing that number.

Ron Aldrich: I think it'd be helpful too to connect with Presbyterian Hospital. Obviously here at Presbyterian Espanola and Christus St. Vincents about what they're doing and seeing.

**Presentation:** **NMDOH** [*Exhibit 2: NMDOH Presentation*]

Chris Novak provided a power point summary about measles, West Nile Virus, Safe Sleep Campaign for infants, DOH mobile health unit, Medication for Opioid Use Disorder (MOUD) and affordable housing health services outreach.

Measles is a viral illness, it's highly contagious. It doesn't take a lot of it, and it it's airborne, so it can kind of float through the air and stay suspended for long periods of time. It easy for unvaccinated people, especially, but even occasionally vaccinated people to get.
It causes a flu like illness and a rash for a lot of people, but can have serious complications, especially in children. There's an outbreak we the latest data is 1300 plus cases in 40 jurisdictions nationwide. We've had two deaths so far. One was in New Mexico and New Mexico is currently at 96 cases, mostly in the southeast.

Measles vaccine rates are climbing radically like an 84% increase from 2024. Some of these are probably lower risk, but they're just concerned and they're getting a second dose. It is still great that people are responding and receiving an increased interest in vaccination rate, and that's been through a lot of different things through providers through we have some mobile vaccine efforts, our public health officials, things like that.

We try to figure out when the person might have been infected or the source might have been and track that down. We work with exposed people to understand the period of time to the exposure. We track four days before four days after.
And that's what we then let people know about, like, say, through a press release or calling people to tell them that you might have been exposed.

West Nile Virus, it comes around every year. It's transmitted by mosquitoes.

Getting word out, especially as people in the parks and with the rains coming, it' not bad to be able to share information about West Nile Virus. Horses and other animals also get it, so that tends to be kind of the first of the warnings we get is when we see it in horses and then it moves over into humans as well.

The Safe sleep campaign provides information to help new parents or parents to provide a healthy sleeping environment, reducing SIDS. And the program has a free pack and play for people.

The mobile unit we can do things like vaccines, harm reduction, like Narcan distribution. It does have the capability of people planning to do some things like planning services, STD screenings and treatments.

Ms. Rodriguez Cadiz: Does the mobile unit, regarding STD screening, also provide or administers medication as well?

Chris Novak: Yeah, we can. Some of this is just working out some of the bugs like pharmacy requirements. Because they're just strict and moving that medication on, into and out of our drug rooms, we must figure out. It's just it's not quite like you just put this thing in and just park somewhere and it's a clinic. There's a lot of like set up and takedown, so getting some staff who are dedicated to this has been important and we've got the funding provided by the legislature. So, we should be able to, and we've already started using it.

**DOH Deliverables**

Coy Maienza: We get reimbursed by DOH for a lot of the activities that we put on and just under $68,000 for providing them information about some of the activities that HPPC does, as well as just some of the support activities that Jenn and I do, as well as maybe some of our other community services partners. With the additional funds that have come through, we are given an opportunity to earn up to 40,000 additional dollars. Not only is there a list of activities we can choose, but also the level of which we are able to or want to participate in. And so, I think there are again all of them looking at some good health initiatives that we can start to participate in or expand.

One of them is nicotine use and prevention, now called New Pack. Back in my day it was called 2 pack. It is really focusing on preventing youth from starting to use but also supporting adults who are looking at trying to stop smoking. I think also now with nicotine not being so much tobacco and or cigarettes and spit tobacco, but now because of vaping, which adds a whole other level but being able to actively promote the 1800 Quit Now that would give us up to $1,000. There's also the ability to host presentations and facilitate evidence-based training on nicotine or tobacco use prevention. Identifying and engaging at risk individuals that we could get up to $4,000 and then the biggest one up there is the implementation of needed and effect of projects or programs.

Motion by Mr. Hayden to move Public Comment before Matters from the Commission, Second from Ms. Weiss.

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## Public Comment

Korina Lopez, Interfaith Community Shelter explained plan to build a facility for an emergency shelter and day center including partner providers with medical, behavioral and mental health services. Day Center which will be a one stop hub where people can access a lot of services like storage is a focus for us. Obviously being able to feed people through donations, but also again getting a lot of partner providers. We've met with familiar health care for the homeless and then some other partner providers as part of this project to ensure that that facility really does meet that need as a community for that abundance of services.

We don't have a location. We do have a draft idea of what the facility will look like and the services we want to make sure of and include laundry services, obviously shelter on site, emergency shelter. But again, the big piece is bringing in all those partner providers and being that hub. I don't know if many of you were around- It was like 10 years ago when we were discussing a one stop shop through the Prevention Alliance through the work that helped start this, we looked at Haven for Hope out of San Antonio, as a model. We've since looked at other models in Colorado and other areas too, and recently we had a group out of Colorado survey a lot of individuals, a lot of our guests, a lot of our volunteers, partner providers to really get a sense of what they feel needs to be included in this project and we took that information and again we will do work with the local architect to help design what we're hoping to build from the ground up.

Because we get a lot of questions about whether we're continuing, yes, the board is committed to seeing that project through and we're marching forward with that program.
We still have our other two and have a senior hotel program and that was a partnership with the City and Anchorum to contract with a local hotel to provide housing for chronically homeless seniors. And we have our mobile hygiene program and that one's been great and we have been doing that for over a year now.

Ms. Weiss: When are you leaving Pete's?

Ms. Lopez: We left yesterday, we had a huge brunch for our guests. We don't have a new location, but we are working with the Colorado company and will be working towards a physical location. For the time being, we are continuing our other programs.

## Matters from the Commission

Chair Berkshire asked about inviting Anchorum to future HPPC meetings.

Ms. Weiss: Asked about what is going on federally and how that is trickling down.

Ms. Maienza: It's not impacting us directly right now. I do think you know what that domino like when that. The drop is going to be those cuts to Medicaid and Medicare hitting our HCAP funds harder. We do have some federal funding and that is status quo as of now.
Tomorrow, that may change. I think that's always the balance that we're trying to keep.

# Perinatal Equity Strategy
# Presbyterian Community Health

7/2025

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As of right now, we do have the funding also thinking about like you know if this does go away, what's Plan B? That's why I think it's helpful- DOH's funds aren't a ton, but it is helpful.

Ms. Weiss: Does the HPPC have a larger role in what is happening?

Ms. Vega: I don't anticipate this coming down federally for at least a couple of years.

**Matters from Staff**

Ms. Romero provided an update on the PO for Healthy Climate training and offered dates in September. There was no consensus on dates, and it was decided additional dates in September would be provided to members via email or doodle poll.

Ms. Delgado provided information on a recent BCC decision to negotiate acquisition of a youth behavioral Health Center that is going to be over on Rodeo Park Dr. The plan is for core service arrays like a crisis continuum for adolescents and children, as well as some psychiatric support services, individual and family therapy and counseling services, grief support, suicide prevention, intervention postvention services. It's about a 34,000 square feet facility and we are really excited about its potential and future service array to our constituents regionally.

Ms. Romero invited members to attend the virtual half day community collaborative forum that is happening on Wednesday, August the 20th.

Ms. Romero asked to calendar 2026 HPPC meetings. Members elected to keep meetings on the first Friday of each month and meeting every other month starting in October.

Ms. Romero provided an update for HPPC District 1. Commissioner Craig Schermerhorn has relocated to a location outside district 1. Mr. Schermerhorn will continue to serve as the District 1 representative until the position has been posted and filled.

**Next meeting:** Friday, October 3, 2025

**Adjournment**

This meeting was declared adjourned at approximately 12:09 p.m.

Approved by:

Steven Berkshire

Steven Berkshire Chair
Health Policy & Planning Commission

Respectfully submitted by:

Jennifer Romero, Santa Fe County

COUNTY OF SANTA FE )
STATE OF NEW MEXICO ) ss
I Hereby Certify That This Instrument Was Filed for Record On The 23RD Day Of October, 2025 at 03:36:25 PM And Was Duly Recorded as Instrument # 2069954 Of The Records Of Santa Fe County

HEALTH POLICY & PLAN M
PAGES: 36

Witness My Hand And Seal Of Office
Katharine E. Clark
Deputy _____ County Clerk, Santa Fe, NM

# Early Access to Prenatal Care (1st Trimester)

- A lack of access to maternal health care can result in a number of negative maternal health outcomes including premature birth, low-birth weight, maternal mortality, severe maternal morbidity, and increased risk of postpartum depression.
- Poor or absent prenatal care can contribute to these outcomes. Women in rural communities are more likely to begin prenatal care late.
- Prenatal care (PNC), or healthcare during pregnancy, comprises preventative healthcare such as physical exams, vaccination, weight checks, urine, and blood tests, imaging tests including ultrasound exams, and childbirth education. Effective PNC starts early in pregnancy.
- Access to care early in pregnancy allows providers to identify, treat, and stabilize chronic conditions; address behavioral health needs; and plan for a healthy and intentional pregnancy.
- Key health risks during this period are generally ongoing or chronic health conditions and behaviors that impact the woman during and after pregnancy, increase the risk of maternal morbidity and mortality, and impact the child both in utero and after birth.
  - These health risks include chronic diseases such as hypertension, cardiac disease, obesity, and asthma; behavioral health such as tobacco use, substance use disorders, and mental health concerns; exposure to violence; and unintended pregnancy.
- Access to behavioral and social services (e.g., family support, financial services, violence prevention, and nutrition support) are critical to the overall health and wellness of women before, during, and after pregnancy.

CMS Issue Brief Improving Access to Maternal Health Care in Rural Communities
NIH - Prenatal Care Utilization Challenges and Facilitators for a Growing Latino Community in the Midwest



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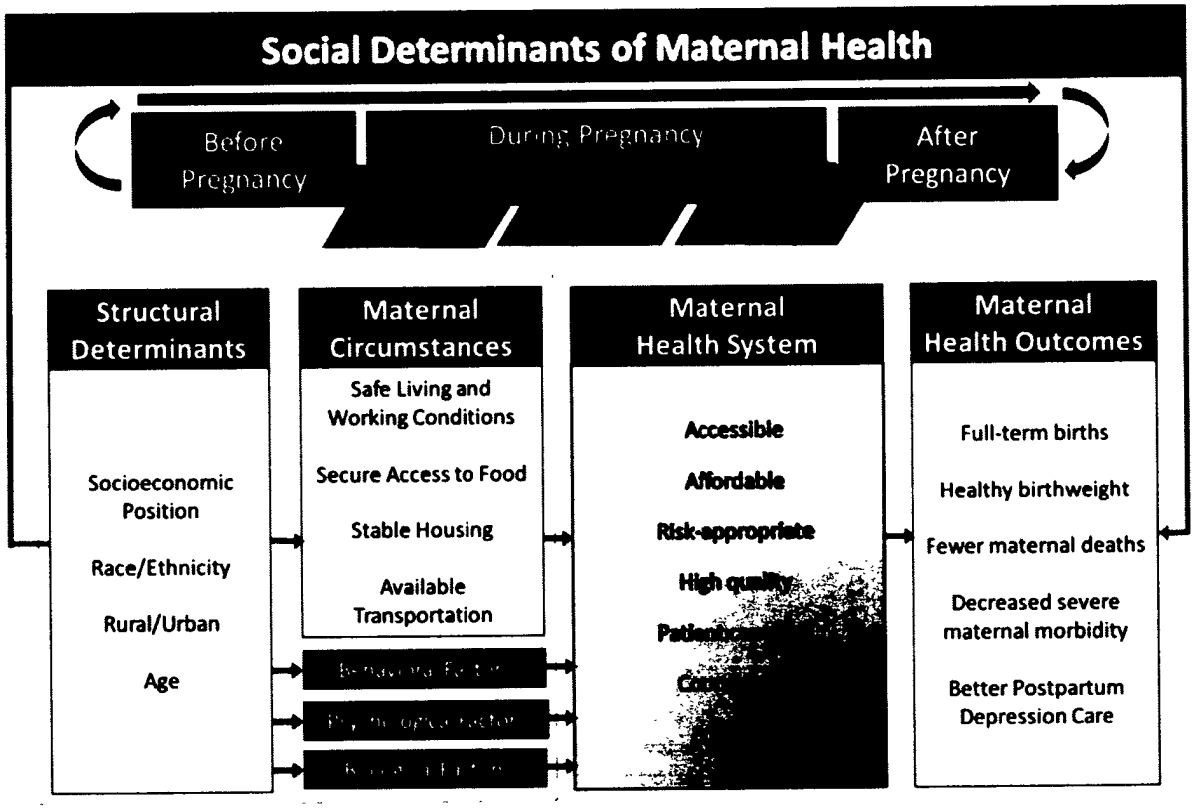
Social Determinants of Maternal Health
Before Pregnancy
During Pregnancy
After Pregnancy
Structural Determinants
Socioeconomic Position
Race/Ethnicity
Rural/Urban
Age
Maternal Circumstances
Safe Living and Working Conditions
Secure Access to Food
Stable Housing
Available Transportation
Maternal Health System
Accessible
Affordable
Risk-appropriate
Maternal Health Outcomes
Full-term births
Healthy birthweight
Fewer maternal deaths
Decreased severe maternal morbidity
Better Postpartum Depression Care

## Barriers to Early Prenatal Care

| | |
|---|---|
| Fear of disclosure of pregnancy/disapproval/stigma (especially rural) | Unplanned/unwanted pregnancy |
| Not knowing care should begin in 1st trimester | Unaware of signs/symptoms of pregnancy |
| Transportation/geographic distance | Mean age of 20 years/under |
| Unemployment/lack of insurance | Unaware of services/costs |
| Childcare/time | Distrust of healthcare providers |
| SDOH | Not knowing how to access care |
| BH/mental health | Unaware of PNC benefits/purpose |
| Depression/stress/self-esteem | Lack of public awareness of ANC services |
| Undocumented/language | Inability to get earlier appointment, inconvenient clinic hours |
| Unmarried | At-risk |



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## Facilitators of Early Prenatal Care

Transportation assistance/being offered rides

Paid job/financial support /incentives

Childcare assistance

Multi-disciplinary approach to address social needs/ mental wellbeing

24 years/older

Married

Nutrition support

Substance use support

Excited or jubilant about pregnancy

More knowledgeable/able to recognize pregnancy signs/ symptoms

Social/partner/emotional support and encouragement

Positive relationships with healthcare providers/ cultural competency/ client centered approach

Confidence generally/ accessing care

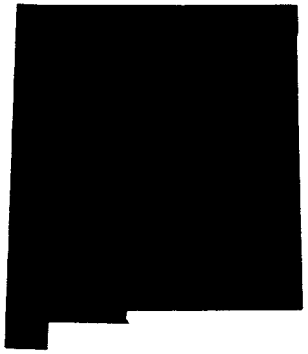
Awareness/ belief in the importance of PNC/ motivation

Availability of youth specific services/ public services

Translation and trust

## Perinatal Outcomes in New Mexico

# STATE SUMMARY FOR NEW MEXICO



- In 2023, **1 in 10 babies** (10.1% of live births) was born preterm in New Mexico.
- In 2023, **1 in 10 babies** (9.7% of live births) was low birthweight in New Mexico.
- In New Mexico in 2022, 127 infants died before reaching their first birthday, an infant mortality rate of **5.9 per 1,000 live births**.
- In New Mexico in 2023, **67.3% of infants** were born to women receiving adequate/adequate plus prenatal care.
- In New Mexico in 2023, **28.4% of live births** were Cesarean deliveries.
- In 2023, about **1 in 9 women** of childbearing age (11.6%) was uninsured in New Mexico.

March of Dimes Peristats New Mexico Summary 2023 https //www.marchofdimes org/peristats/state-summaries/new-mexico?lev=1&obj=3&reg=99&slev=4&sreg=35&stop=55&top=3



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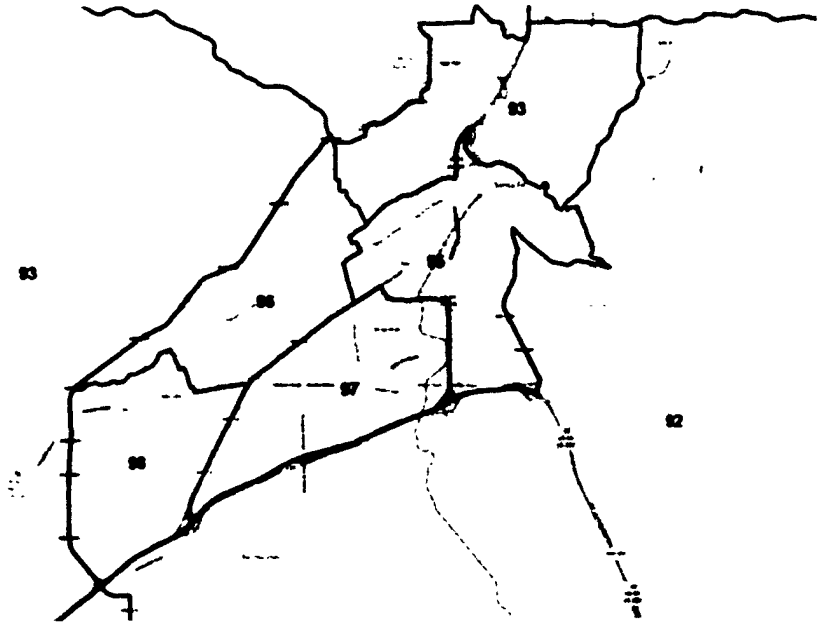
# Santa Fe County 2021

| Measures | Santa Fe County | | | | New Mexico | | | | United States | | | | Top Performing Counties | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2021 | 2020 | 2019 | 2018 | 2021 | 2020 | 2019 | 2018 | 2021 | 2020 | 2019 | 2018 | 2021 | 2020 | 2019 | 2018 |
| Low Birth Weight | | | | | 9% | 9% | 9% | 9% | 8% | 8% | 8% | 8% | 6% | 6% | 6% | 6% |
| Infant Mortality Rate | 4 | 4 | 4 | 5 | 5 | 6 | 6 | 6 | | | | | | | | |

- New Mexico ranks significantly worse than the overall national rate of Adolescent Births (Agua Fria Village Very High, Airport Road Moderate)
- Late or No Prenatal Care for pregnancies in SF County is significantly worse than the national average
- All of Santa Fe County's small areas are ranked Very High or High and have poor Low Birth Weight outcomes compared to the rest of the state
- For Pre Term Births, Airport Road and SF County South rank High while Pueblo Plus and Agua Fria/Downtown are Moderate



## Select Fetal Indicators, San Miguel County

| Indicator | Percentage | Statewide Rank |
|---|---|---|
| Percentage of Low Birthweight (<2500g) (2022) | 10.8% | 12 |
| Percentage Pre-term Births (2020-2022 3-year Average ) | 13.2% | 4 |
| Percentage with First Prenatal Visit during First Trimester of Pregnancy (2022) | 44.6% | Compared to 61.4% in New Mexico |

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## Select Fetal Indicators, Rio Arriba County

| Indicator | Percentage | Statewide Rank |
|---|---|---|
| Percentage of Low Birthweight (<2500g) (2022) | 12.6% | 7 |
| Percentage Pre-term Births (2020-2022 3-year Average ) | 11.9% | 9 |
| Percentage with First Prenatal Visit during First Trimester of Pregnancy (2022) | 59.5% | Compared to 61.4% in New Mexico |

[redacted]

| | Infant Mortality Rates & Counts | | | |
|---|---|---|---|---|
| | 2022 | | 2020-2022 3-year Average | |
| | Rate per 1,000 live births | Count | Rate per 1,000 live births | Count |
| Rio Arriba | * | * | 7.4/1,000 | 9 |
| New Mexico | 5.9/1,000 | 126 | 5.3/1,000 | 344 |



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# Perinatal Equity Goals

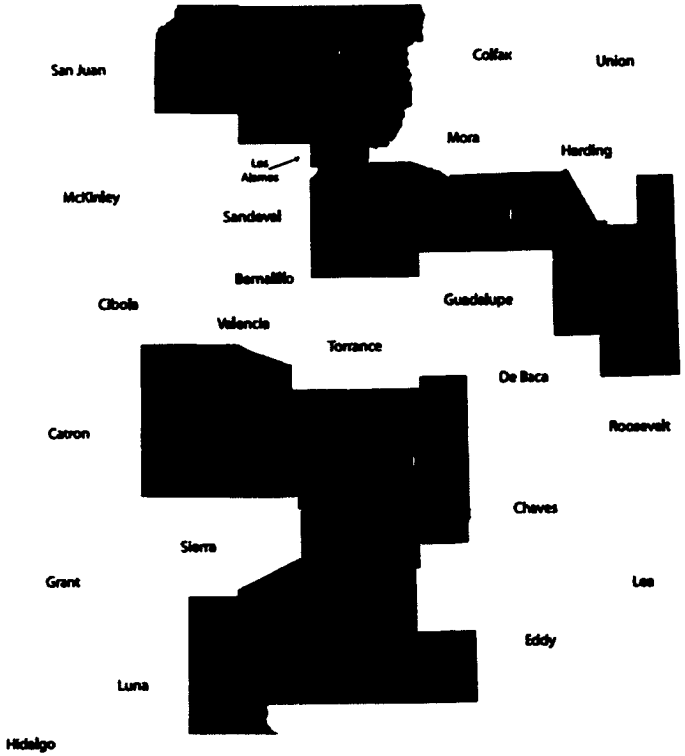
**Measurable actions that support:**
Timeliness of Prenatal and Postpartum Care (PPC)

PPC1 - **Prenatal Care**: The percent of deliveries in which Members had a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment

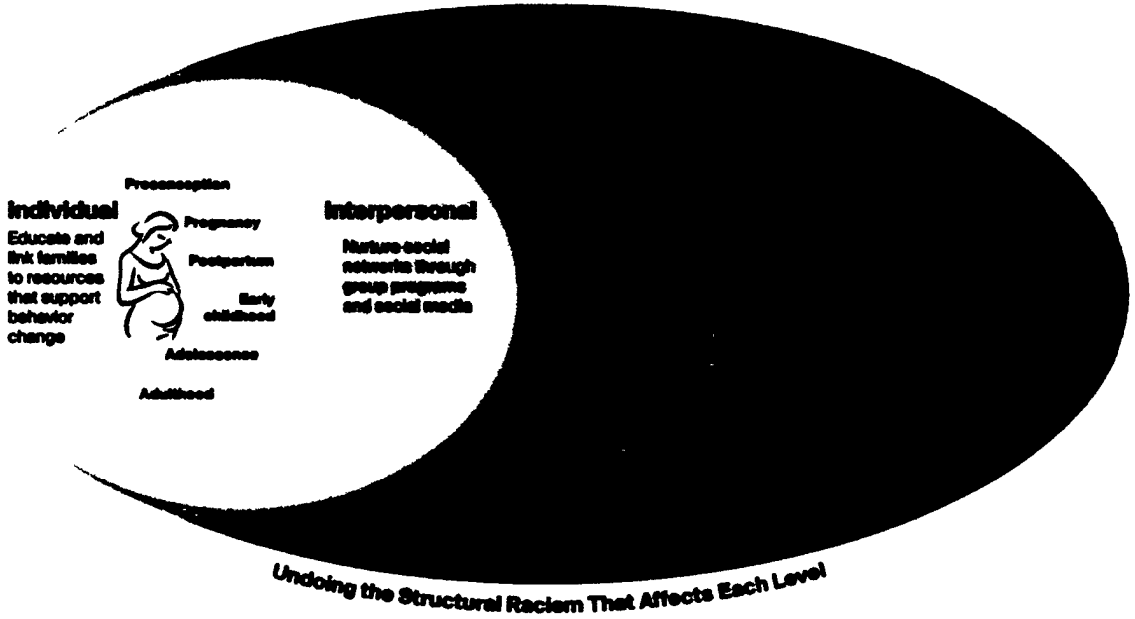
- Identify and serve >80 PHP Medicaid members in target counties
  - Rio Arriba (12)
  - Santa Fe/San Miguel (44/3)
  - Lincoln/Otero (20)
  - Dona Ana (45+)

PPC2 - **Postpartum Care**: The percent of deliveries in which Members had a Postpartum visit on or between seven and 84 days after delivery

**Goal 1:** Increase connections to care and Turquoise Care/PHP programs for perinatal members, especially those not engaged in care
**Goal 2:** Address barriers to care for the perinatal population, with a focus on transportation



# How B'more for Healthy Babies Works to Advance Equity in Maternal and Child Health



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# Community Based Interventions

- Meeting communities/partners/Medicaid members where they're at

- Comprehensive Outreach Strategy (environmental approaches)
  - Convene community partners and include community priorities
  - Trusted messengers, social capital
  - Empower and mobilize to improve health practices, identify community-based interventions (including PNC)
  - Social Media/Marketing approaches
  - Direct education and health promotion, identified risk
  - Build social support systems

- PNC Referrals and Holistic Support
  - To healthcare
  - To PHP resources/programs
  - To Medicaid enrollment
  - To other SDOH providers
  - Self-referrals
  - Ensure integration with primary health care system

- Transportation Solutions

- CBO Characteristics – referral partners
  - Can identify PHP members
  - Unique to place-based barriers (ex: BH, rural stigma)
  - Reaching those who are not engaged, can inform understanding of barriers and approaches

# Santa Fe Health Policy and Planning Commission

August 1, 2025

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# NMDOH Updates

NMHealth

- **Measles**
- **West Nile Virus**
- **Safe Sleep Campaign for Infants**
- **Mobile Health Unit**
- **Also,**
  - Medication for Opioid Use Disorder (MOUD)
  - Affordable Housing Health Services Outreach (expansion)

# Measles (Rubeola)

NMHealth

- **Viral illness**
  - Airborne – highly contagious
- **Ongoing national measles outbreak**
  - 1,319 confirmed cases in 40 jurisdictions – 3 deaths
- **NM count = 96**
  - Vaccination for protection (1 dose: 93%, 2 doses: 97%)
  - Feb 1-July 1: 43,440 MMR vaccinations statewide
- **SF county = 1 case**
  - Unvaccinated child contracted virus during international travel



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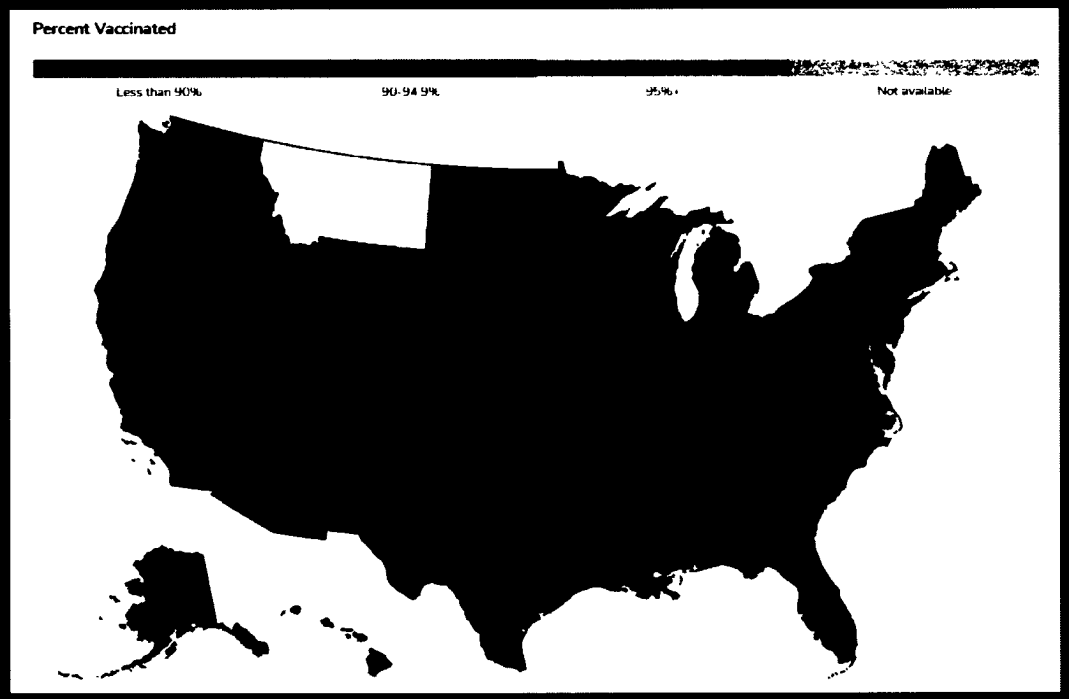
# MMR Vaccine Coverage for Kindergarteners by School Year (2009–2024)

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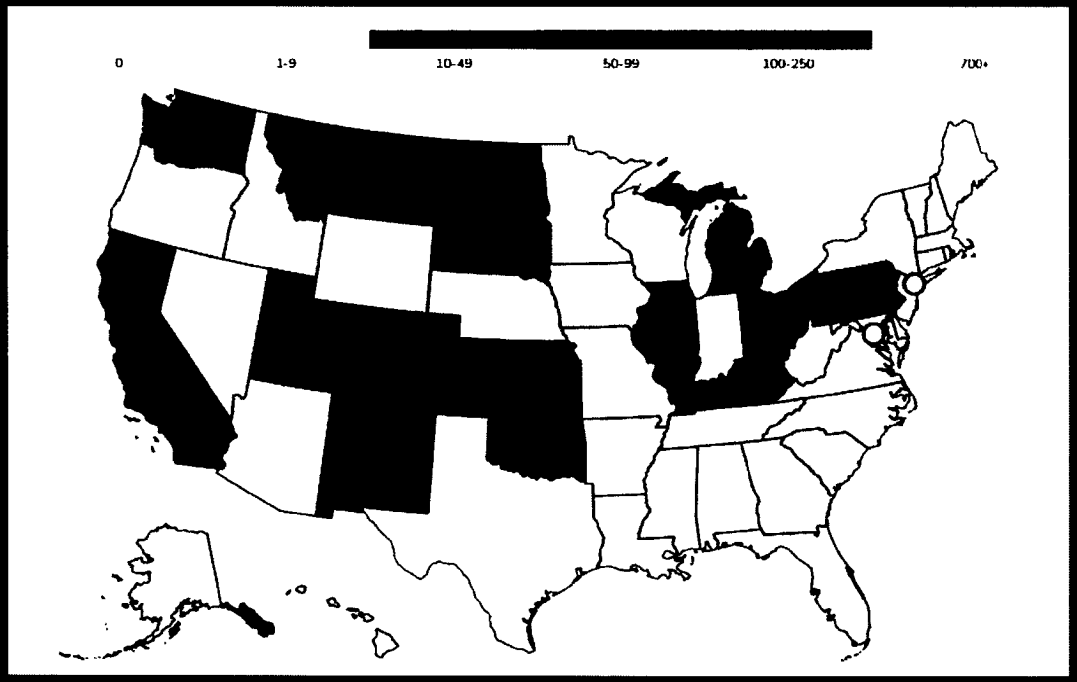
NMHealth

# Map of Measles Cases in 2025

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NMHealth



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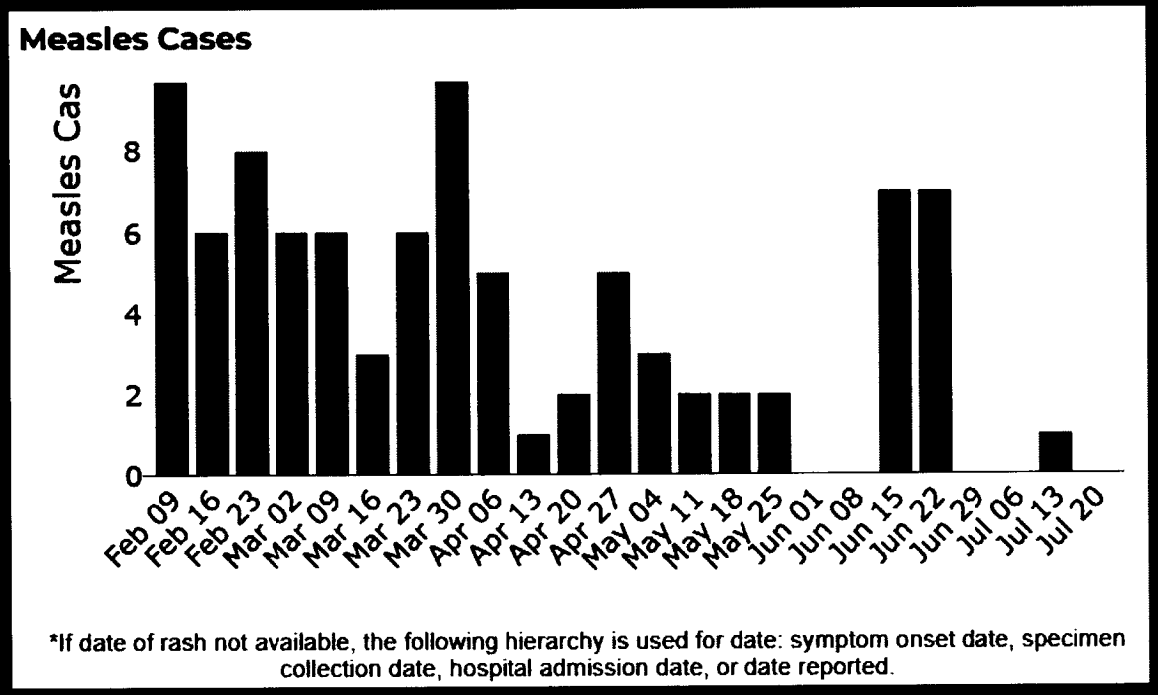
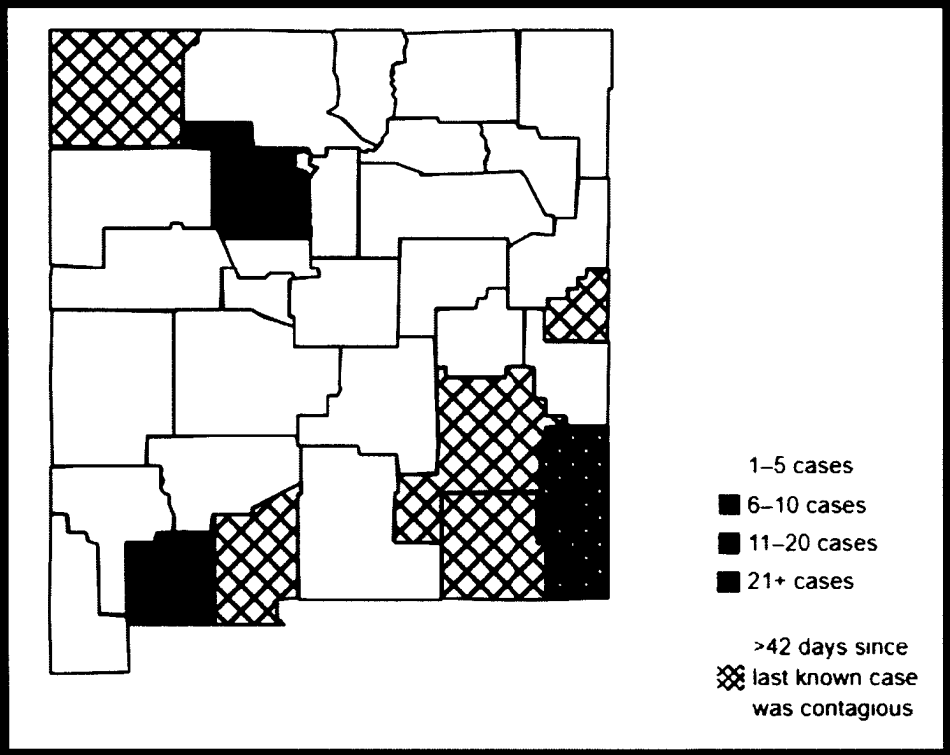
# New Mexico




Accessed: 7/30/25

NMHealth

# New Mexico – Measles Cases by County




Accessed: 7/30/25

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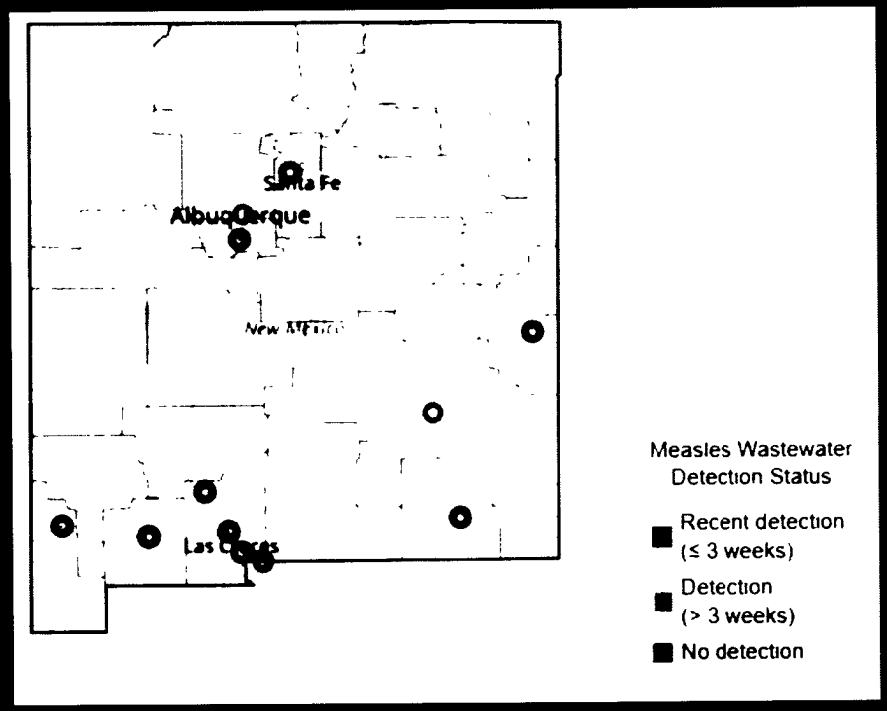
# New Mexico – Wastewater Testing




Accessed: 7/3/25

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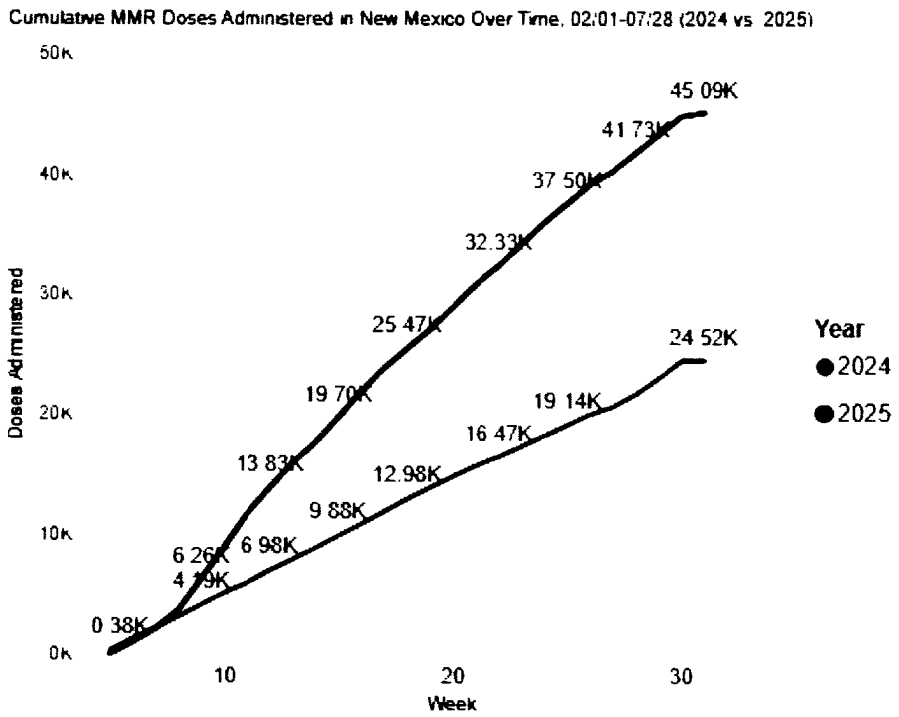
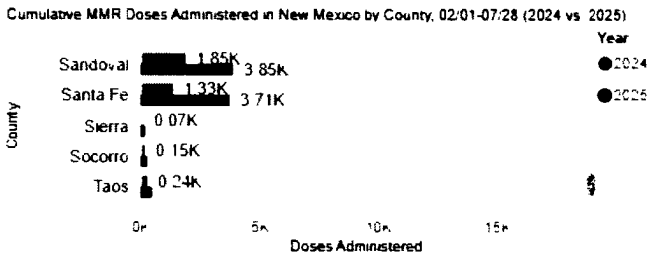
# Measles Vaccination

84% increase from 2024




https://www.nmhealth.org/about/erd/ideb/mog/
Accessed: 7/3/25



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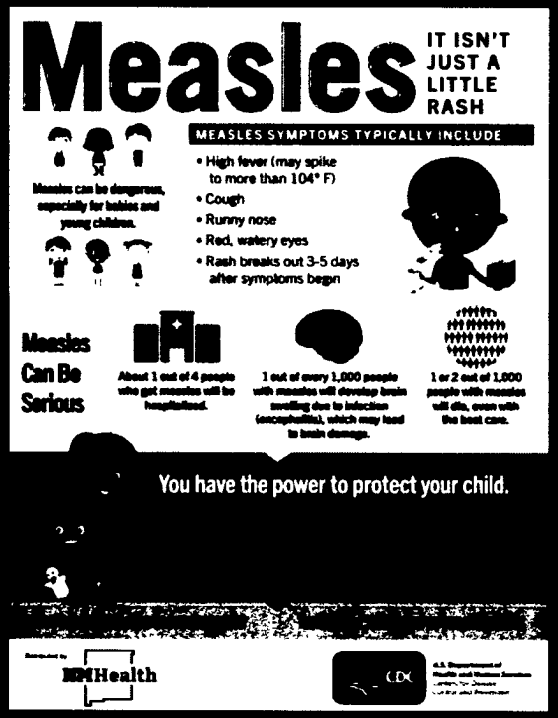
# Measles Control

NMHealth

- **Public/Providers:** NMDOH Helpline at 1-833-SWNURSE (1-833-796-8773)
- **Information:** measles.doh.nm.gov
- **NMDOH notifies exposed directly or by press release**
  - Verify vaccination status
  - Report symptoms (incubation 7-21 days) – fever, cough, runny nose, red eyes, spotted rash – healthcare visits, hospitalization, and complications can occur
  - Exposed: transmission 4 days prior to 4 days after rash onset
  - Isolation, quarantine
- **Vaccination**
  - Santa Fe Public Health Office – 505 476 2600
  - Collaborate with SFPS (very active in school vaccinations)
- **Clinical testing support**
- **Wastewater testing**

# Measles Symptoms & Complications



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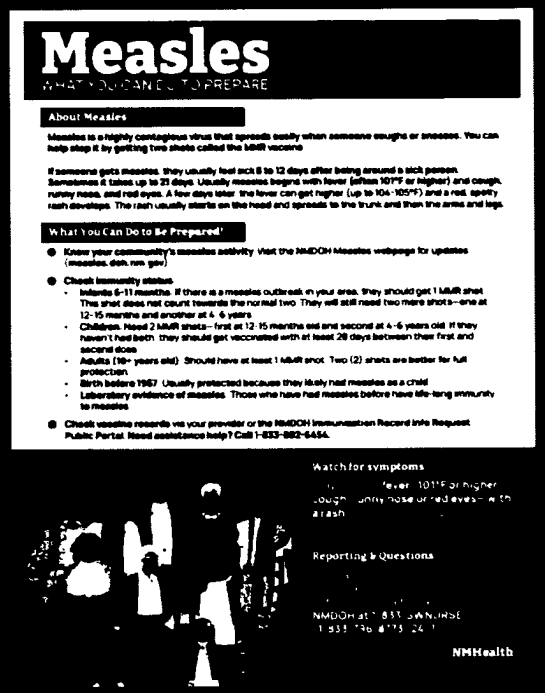
# Measles: What You Can Do To Prepare



# Measles

WHAT YOU CAN DO TO PREPARE

## About Measles

Measles is a highly contagious virus that spreads easily when someone coughs or sneezes. You can help stop it by getting two shots called the MMR vaccine.

If someone gets measles, they usually feel sick 8 to 12 days after being around a sick person. Sometimes it takes up to 21 days. Usually measles begins with fever (often 101°F or higher) and cough, runny nose, and red eyes. A few days later, the fever can get higher (up to 104-105°F) and a red, spotty rash develops. The rash usually starts on the head and spreads to the trunk and then the arms and legs.

## What You Can Do to Be Prepared

- Know your community's measles activity. Visit the NMDOH Measles webpage for updates (measles.doh.nm.gov)
- Check immunity status
  - Infants 6-11 months. If there is a measles outbreak in your area, they should get 1 MMR shot. This shot does not count towards the normal two. They will still need two more shots—one at 12-15 months and another at 4-6 years.
  - Children. Need 2 MMR shots—first at 12-15 months old and second at 4-6 years old. If they haven't had both, they should get vaccinated with at least 28 days between their first and second dose.
  - Adults (18+ years old). Should have at least 1 MMR shot. Two (2) shots are better for full protection.
  - Birth before 1957. Usually protected because they likely had measles as a child.
  - Laboratory evidence of measles. Those who have had measles before have life-long immunity to measles.
- Check vaccine records via your provider or the NMDOH Immunization Record Info Request Public Portal. Need assistance help? Call 1-833-882-6464.

Watch for symptoms

[illegible] fever (101°F or higher), cough, runny nose or red eyes—with a rash.

Reporting & Questions

[illegible]

NMDOH at [illegible] 833 SWNURSE
1 833 796 6773 24 7

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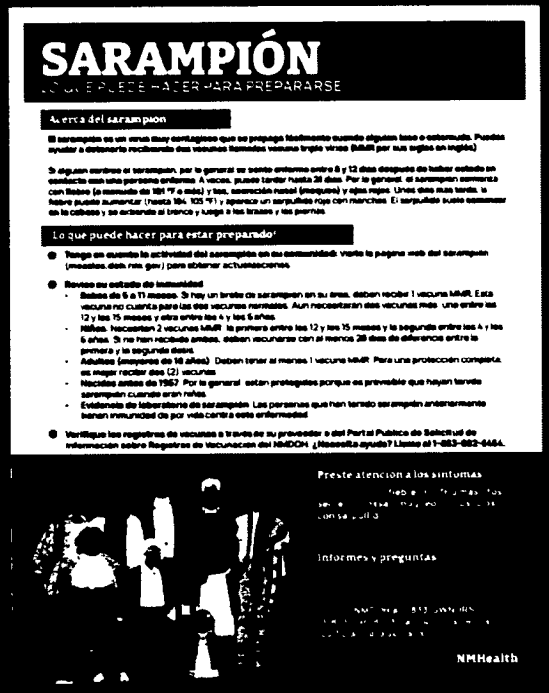


# SARAMPIÓN

LO QUE PUEDE HACER PARA PREPARARSE

## Acerca del sarampión

El sarampión es un virus muy contagioso que se propaga fácilmente cuando alguien tose o estornuda. Puedes ayudar a detenerlo recibiendo dos vacunas llamadas vacuna triple viral (MMR por sus siglas en inglés).

Si alguien contrae el sarampión, por lo general se sente enfermo entre 8 y 12 días después de haber estado en contacto con una persona enferma. A veces, puede tardar hasta 21 días. Por lo general, el sarampión comienza con fiebre (a menudo de 101 °F o más) y tos, secreción nasal (moquera) y ojos rojos. Unos días más tarde, la fiebre puede aumentar (hasta 104-105 °F) y aparece un sarpullido rojo con manchas. El sarpullido suele comenzar en la cabeza y se extiende al tronco y luego a los brazos y las piernas.

## Lo que puede hacer para estar preparado

- Tenga en cuenta la actividad del sarampión en su comunidad: Visite la página web del sarampión (measles.doh.nm.gov) para obtener actualizaciones.
- Revise su estado de inmunidad
  - Bebés de 6 a 11 meses. Si hay un brote de sarampión en su área, deben recibir 1 vacuna MMR. Esta vacuna no cuenta para las dos vacunas normales. Aún necesitarán dos vacunas más: una entre los 12 y los 15 meses y otra entre los 4 y los 6 años.
  - Niños. Necesitan 2 vacunas MMR: la primera entre los 12 y los 15 meses y la segunda entre los 4 y los 6 años. Si no han recibido ambas, deben recuperarse con al menos 28 días de diferencia entre la primera y la segunda dosis.
  - Adultos (mayores de 18 años). Deben tener al menos 1 vacuna MMR. Para una protección completa, es mejor recibir dos (2) vacunas.
  - Nacidos antes de 1957. Por lo general, están protegidos porque es previsible que hayan tenido sarampión cuando eran niños.
  - Evidencia de laboratorio de sarampión. Las personas que han tenido sarampión anteriormente tienen inmunidad de por vida contra esta enfermedad.
- Verifique los registros de vacunas a través de su proveedor o del Portal Público de Solicitud de Información sobre Registros de Vacunación del NMDOH. ¿Necesita ayuda? Llame al 1-833-882-6464.

Preste atención a los síntomas

[illegible] fiebre (101 °F o más), tos, [illegible] con sarpullido.

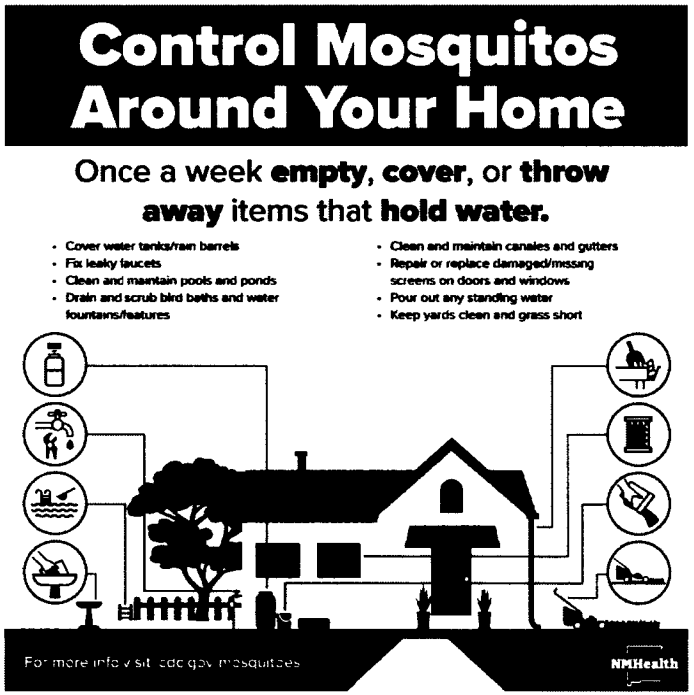
Informes y preguntas

[illegible]

NMHealth

# West Nile Virus

- **West Nile Virus Risk Increasing in New Mexico**
- **How to protect yourself and others:**
  - Use insect repellents with DEET, picaridin, oil of lemon eucalyptus, or IR3535
  - Wear long sleeves and pants, especially from dusk to dawn
  - Remove standing water (tires, birdbaths, pet bowls)
  - Ensure doors and windows are securely screened
- **More information about West Nile Virus**



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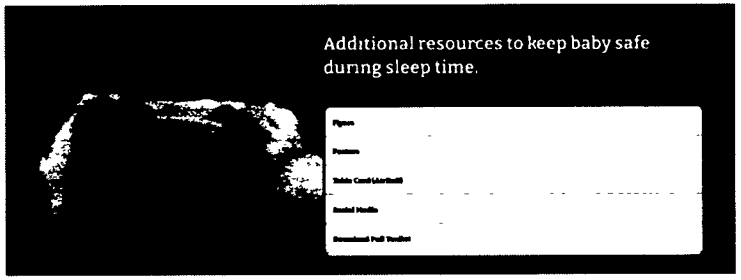
# Safe Sleep Campaign for Infants

NMHealth

- **Promote safe infant sleep practices**
  - **SafeSleepNM.org**

- **Redeem a free Pack N'Play**
  1. Learn About Safe Sleep with a short quiz
  2. Download or screenshot quiz completion certificate to qualify
  3. Upload certificate and enter your information to be considered for your free Pack N 'Play

- **Additional toolkit includes resources in English & Spanish:**
  - Flyers
  - Posters
  - Social media graphics



# Mobile Unit

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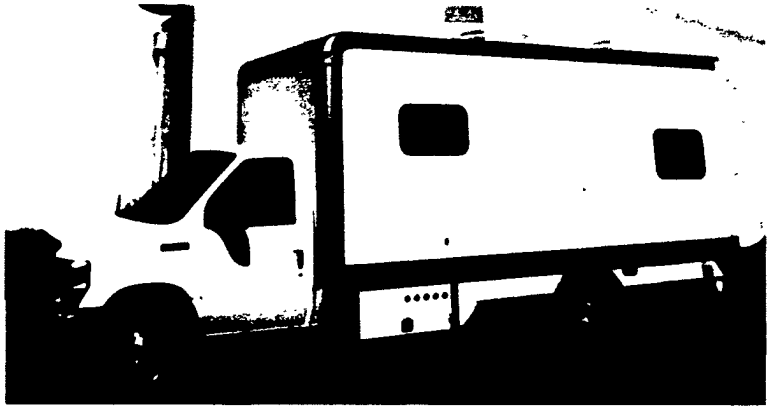
- **Continue to identify uses**
  - Health events
  - Low-income housing sites
  - Outreach (e.g., shelters)
- **Staffing in development**
- **Examples of Services**
  - Vaccines
  - STD screening
  - Harm reduction
  - Health promotion
  - Future?



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# Questions?