

Measuring and Strengthening our Impact Report 2024-25



New Mexico
Social Drivers of
Health Collaborative



Acknowledgements

Without the support of the Steering Committee, our Collaborative Members and Presbyterian Healthcare Services, the work of this collaborative and this report would not be possible. Thank you for your continued support and contributions to community-led solutions.



GATHERING OUR COLLECTIVE MEMORY AND CREATING THE PATH FORWARD

It is through the intentions and thoughtful actions of our membership that we offer this report in which we reflect on the New Mexico Social Drivers of Health Collaborative activities, our community and collective milestones reached. We outline critical moments for our members that have supported our path towards our vision of All people in New Mexico living in communities with equitable access to the conditions they need to thrive. With the support of our extended networks and communities, we look forward to strengthening our impact in years to come and contributing to systems change in New Mexico and beyond.

This report includes:

- A review of key Collaborative activities from July 2024-July 2025
- Highlights from the 2025 Annual Member Survey
- Future directions for the Collaborative

WHAT LEAD US HERE

The Collaborative applies the Becoming Butterfly Framework (Red Star International, Seven Directions) which moves through the cycles of Building Relationships, Building Skills, Working Together and Promoting Commitment. We have adapted the framework to Becoming Yucca and connect the cycle to that of the Yucca.

Planting the Seed



In 2017, the CMS funded pilot projects of an Accountable Health Communities Model (2018–2021), to test whether linking medical care of patients with community-based organizations providing nonmedical-related social needs services could improve health outcomes and reduce clinical costs. Two New Mexico projects grew from this: Bernalillo Accountable Health Communities Program and the Santa Fe Connect. The partners from these programs then planted the seeds that would lead to the formation of the New Mexico Social Drivers of Health Collaborative (The Collaborative).

Taking Root



The Collaborative officially began to take root in June 2022 as a continuation of the work that started with Accountable Health Communities. In 2022 it was also announced that Presbyterian would receive funding to serve as the backbone organization and support the Collaborative in its effort to improve both health-related social needs (HRSN)—through a closed-loop referral system—and bring together partners to better address negative SDOH and their root causes.

Growing Together



Between 2022 and 2024, the Collaborative grew significantly. Members worked together to create a charter, establish regular meeting schedules, select co-chairs to guide workgroups and identify focus areas. A website for the Collaborative launched in 2023 and houses all published materials and interactive tools created by the workgroups.

Blooming



Over the past year, the Collaborative published a logic model, adopted principles and values, hosted a learning series focused on the closed loop referral system, and continued to strengthen our partnerships through our membership pledge. We are beginning to see the ripple effects of this work throughout the state whether that be members connecting at statewide meetings or buckling down to ensure our initiatives work together and avoid duplication of efforts. We look forward to continuing to bloom and cultivate new seeds alongside our members.

VISION

All people in New Mexico live in communities with equitable access to the conditions they need to thrive.

MISSION

Bringing together community, healthcare, social service agencies, philanthropy, business, and government across New Mexico to collaborate to reach shared goals; build relationships; coordinate resource referrals and improve navigation; share data; make shared investments; and champion policies in our communities to improve health outcomes.



The Seven Principles of the New Mexico Social Drivers of Health

1. Radical Trust and Engagement: We develop our work based on the ideas and desires of people with lived experience. We build trust not only through deep listening, honest dialogue, and sustained, meaningful engagement, but also showing up for communities, and continuously responding to evolving needs.

2. Community-Led, People-First: Our approach to addressing SDOH and community-level issues is that community members work together to identify goals important to them, develop and implement plans to achieve those goals, and create collaborative relationships. Through these efforts we build on community strengths and uplift local leadership.

3. Equity and Inclusion for All: Everyone belongs. We actively strive to create spaces where diverse voices are valued and heard. By working to ensure representation from across communities, we commit to equity in both our process and outcomes. The systems we help build serve people, not just institutions.

4. Accountability Through Action: Our words must lead to action. We use diverse data and insight to drive real, measurable change. Accountability is mutual—we hold ourselves and partners responsible for making tangible progress.

5. Respect and Cultural Humility: We value the cultural and generational experiences of the communities we serve. By practicing respect, flexibility, and examining our own biases and thinking, we work to create a collaborative environment where every voice is heard and valued.

6. Data Sovereignty and Transparency: We will be open and transparent about how we identify, collect, share, and use data, ensuring they serve the community's best interests and leads to community-driven, informed, equitable, decisions. We will align our practices with those outlined within Indigenous data sovereignty and governance protocols.

7. Collective Action for Sustainable Change: We believe in the power of working together. Our shared, aligned purpose unites us, and we remain committed to long-term solutions that address root causes of harmful SDOH and which support communities holistically. Through collaboration, we ensure that our systems prioritize the well-being of individuals and communities alike.

OUR FOCUS AREAS



Focus Area	Goal	Activities
Building Partnerships	Convene stakeholders from across the state to support alignment across SDOH initiatives, identify opportunities for collaboration, improve policies, and create shared accountability towards achieving our purpose.	<p>All-member meetings: All-member sessions provide an opportunity for members to present innovative practices and advancements within addressing SDOH.</p> <p>Workgroup Sessions: The collaborative has five workgroups meeting monthly to meet member-set goals.</p> <p>Biennial Learning Circle: Learning Circles are seen as flexible, peer-directed learning experiences (The Praxis Project) and can be utilized in various settings to design the planning of projects and initiatives.</p> <p>Peer-led Co-Learning Series: Member-led learning series to deep dive into SDOH topics and the CLRS.</p>
Strengthening Collective Impact through Data	Develop shared outcome measures, monitor progress, and share data on local resources and initiatives to prioritize investments and improve outcomes across state and local agencies, health systems, and community-based organizations.	<p>Monthly Newsletter: Highlighting statewide efforts related to data.</p> <p>Data for public health advocacy: Gathering and sharing data to support decision-making and policy development. Offering presentations from key partners working on data initiatives</p>
Informing State Initiatives	Advise on the development and implementation of a community-driven, coordinated, closed loop health and social service referral system/s that meets the needs of our local communities.	<p>Resource Development: The CLRS and DTS workgroup develop educational resources and presentations about key topics within social care networks and closed-loop referral systems.</p> <p>Consultation: Collaborative members review data, literature, and come together to develop recommendations for the statewide closed-loop referral system.</p>

OUR ROLE IN SYSTEMS CHANGE

The Collaborative operates as a community of practice (CoP). CoPs are seen as social contexts that have the potential to drive systems change. Studies show that CoPs in healthcare have also shown to be effective and can support the creation, integration and utilization of knowledge (Noar, A. P., Jeffery, H. E., Subbiah Ponniah, H., & Jaffer, U., 2023). We do this by bringing members together to facilitate change at various levels of our state's system and share innovative practices amongst peers (Kothari, A., Boyko, J. A., Conklin, J., Stolee, P., & Sibbald, S. L., 2015).

THE COLLABORATIVE STRUCTURE

Responsibility for decisions and activities of the NMSDOHC members are carried out by:

Our Support Staff, which are responsible for performing administrative tasks and organizing collaborative efforts. Staffing is provided by Presbyterian Healthcare Services which serves as the backbone organization for the Collaborative.

Our members' broader networks.

Our Voting Membership, which acts in an advisory capacity to the Steering Committee.

NMSDOH-C Workgroups, which are formed as needed and recommended to and by the Steering Committee.

The NMSDOH-C Steering Committee oversees the achievement of our goals and objectives. Our steering committee provides overall leadership, strategic direction, and governance for our organization.

A LOOK AT OUR 2024-25 MEMBERS

108 Voting members

Types of organizations
represented in the
Collaborative:

[View our member
organizations here.](#)



2024-25 ACTIVITIES

11

All-member meetings

All-member sessions provide an opportunity for members to present innovative practices and advancements within addressing SDOH.

~45

Monthly Workgroup Sessions

The Collaborative has five workgroups meeting monthly to meet member-set goals.

NMSDOH-C In Person Learning Circle

On September 9, 2024, 50 Collaborative members gathered at the Indian Pueblo Cultural Center for the Collaborative's first Learning Circle. Learning Circles are seen as flexible, peer directed learning experiences (The Praxis Project) and can be utilized in various settings to design the planning of projects and initiatives.

Annual Member Survey

The annual member survey is one element of our effort to better understand the ripple effects of the NMSDOH-C. Member responses help us better understand the Collaborative's strengths, opportunities and future work.

CLRS Peer-led Learning Series September – December 2024

During this learning series, members learned about closed-loop referral systems (CLRS), how they work, local applications and the connection between CLRS and health information exchanges.

2024-25 MEMBER SURVEY

32 Surveys Completed

Regions represented by survey takers:

2 – Northwest

1 – Northeast

8 – Central NM

4 – Southwest

5 – Southeast

4 – Tribal Communities

2 – other

18 – Statewide



TYPES OF SERVICES OUR MEMBERS PROVIDE

18

Training &
Education

16

Systems
Collaboration

14

Advocacy

14

Community
Navigation and
Referrals

14

Capacity
Building

12

Healthcare
Services

11

Direct Services

11

Coordination of
Services

11

Research &
Evaluation

10

Programmatic

8

Grantmaking

5

Behavioral
Health Services

6

Other: Health Information Technology, Public Health Services, Transportation, Insurance
Company, Backbone Support

57%

of respondents have been involved in developing materials, resources and recommendations through the Collaborative.

“The discussion about the Closed-loop Referral System and recommendations and involvement with DOH/HCA has felt most useful.”

“The learning circle report and member pledge were extremely helpful. The fall 2024 CLRS webinar series is excellent and a resource that I direct others to.”



86%

of respondents said that the Collaborative has helped build a sense of connection and accountability to other members

“I appreciate the networking and collaboration of the Tribal Health Systems Workgroup. Participants are eager to share information, resources and connect with one another.”

FUTURE DIRECTIONS

We asked members to share priorities for 2025–26. Our Steering Committee and Workgroup Co-Chairs will lead us in achieving the key actions listed integrating them into the Collaborative workplan and connecting them to the Collaborative's logic model.



FUTURE DIRECTIONS

Enhance member meeting experiences and resources.	Build capacity to support our members advocacy efforts by linking public health, social determinants and policy	Increase alignment across statewide collaboratives and initiatives
<p>Overall, members expressed they are satisfied with the Collaborative’s activities. We look forward to building on the momentum of the current activities and strengthening member outreach and retention.</p> <p>One member shared the following recommendation for future meetings: “Provide more time in meetings (workgroups, full meetings, etc.) for more deliberative capacity and dialogue among members.”</p> <p>Key Actions:</p> <ul style="list-style-type: none">• Add standing agenda items that support dialogue amongst members.• Conduct outreach to members that did not complete the survey to ensure their feedback is integrated.	<p>68% of respondents to the annual survey share that their organization conducts advocacy. We asked members to share how the Collaborative can best support their advocacy work:</p> <p>“I would like to see more action of the Collaborative in supporting federal- and state-level advocacy items related food and nutrition insecurity as a matter of community and individual health.”</p> <p>Key Actions:</p> <ul style="list-style-type: none">• Add a quarterly policy focus to newsletters• Highlight member advocacy efforts at all-member meetings	<p>Members shared several partners and collaboratives they would like to see the NMSDOH-C connect with. We look forward to working with these partners in the next year to achieve our shared visions.</p> <p>Key Actions:</p> <ul style="list-style-type: none">• Connect with recommended organizations• Identify points of alignment and strategies to support each other’s initiatives such as the New Mexico Primary Care Council and the Statewide Food is Medicine Initiative.• Support utilization of the statewide CLRS

CLOSING

With gratitude we take our next steps in the work of the Collaborative. We look forward to improving our policy practice and continuing to strengthen pathways to achieving our three goals. In the coming years, the NMSDOH-C will continue to be a space to gather, share and exchange ideas that lead to actions across the state to address social drivers of health.

