New Mexico’s Indicator-based Information System for Public Health (NM-IBIS)

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New Mexico Department of Health
November 2020
A Brief History

• Originally funded by CDC grant through the Utah Department of Health
• Designed by public health practitioners, for public health practitioners
• Wanted easy access to core public health datasets (birth and death certificates, health surveys, hospital and ED, notifiable diseases)
• Wanted to provide public health context along with the data. (What do the data mean? Why should we care?)
• Designed to be maintained by health department “business-side” staff (as opposed to an IT department)
• Designed to be shared with other state health departments
IBIS-PH*
COMMUNITY OF PRACTICE

*Indicator-Based Information System for Public Health
https://trac.ibisph.org

- State Health Departments
- Env Public Health Tracking
- Tribal Epi Center

United South and Eastern Tribes (USET), Nashville, TN
IBIS-PH Vision Statement

• All persons will have quick and easy access to up-to-date health data,
  • for all priority health issues,
  • presented in its public health context,
  • for all populations of interest,
  • with national benchmarks,
  • at the smallest geography available,
  • in a format that is engaging and easy to understand, and
  • easy to print or download.
Goal: Turn DATA into INFORMATION

DATA

• Analysis
• Visualization
• Context

...information that is relevant, meaningful, timely and useful for decision making, ultimately to enhance our ability to improve population health outcomes.
# The S.O.A.P. Model for Health Assessment

<table>
<thead>
<tr>
<th>Subjective</th>
<th>Clinical Assessment</th>
<th>Community Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presenting complaint, symptoms, pain, medical interview</td>
<td></td>
<td>Community members, advisory boards, CBOs, focus groups, key informantants, qualitative surveys</td>
</tr>
</tbody>
</table>

| Objective | Physical examination, Heart rate, BP, Blood test, X-ray | Morbidity, mortality rates, quantitative survey data, socio-economic status |

<table>
<thead>
<tr>
<th>Assessment</th>
<th>What is the patient’s diagnosis?</th>
<th>What are the priority health and safety issues?</th>
</tr>
</thead>
</table>

| Plan | What treatment will be most effective? | What interventions will be most effective? |
A Tale of Two IBISes

- NM-IBIS v2.3 – Current production version:

- NM-IBIS v3.0 – Soon to be released:

https://ibis.state.health.nm.us
Types of IBIS-PH Web Content:

- **Health Indicator Reports** provide charts, maps and full contextual information for specific health indicator data like Low Birth Weight, Diabetes Prevalence, etc.
Indicators Example: Healthy People 2030

Reduce the proportion of people who can’t get medical care when they need it — AHS-04

Status: Baseline only

Baseline: 4.1% of persons were unable to obtain or delayed in obtaining necessary medical care in 2017

Target: 3.3 percent

Target Setting Method: Projection
Percentage of Adults Who Were Unable to Get Needed Medical Care Due to Cost by Year, New Mexico, 2004 to 2019
Percentage of Adults Who Were Unable to Get Needed Medical Care Due to Cost by Year, New Mexico, 2004 to 2019

Indicator Report Data View Options

Data Views: by Year, New Mexico

by County, New Mexico

by Age Group and Sex, New Mexico
by Age Group and Health Insurance Coverage, New Mexico
by Race/Ethnicity, New Mexico
by Household Income, New Mexico
by Education Level, New Mexico
by Sexual Orientation, New Mexico
by U.S. States, New Mexico
Summary Report
Complete Report
Percentage of Adults Who Were Unable to Get Needed Medical Care Due to Cost by County, New Mexico, 2015-2019
Types of IBIS-PH Content:

• **Health Indicator Reports** provide charts, maps and full contextual information for specific health indicator data like Low Birth Weight, Diabetes Prevalence, etc.

• **Community Reports** provide a quick snapshot for multiple health indicator values for a given community.
Community Reports

Bernalillo County Community Health Profile

Community Health Profile Report Options
- County
- County
- New Mexico Health Region
- Small Area
- School District
- Household Income
- Race/Ethnicity
- Sex, M/F
- Sexual Orientation

<table>
<thead>
<tr>
<th>Health Indicator</th>
<th>Compared To</th>
<th>U.S.</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Outcomes - Low Birth Rate</td>
<td>8.3%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alcohol - Alcohol-Related Death</td>
<td>62.2</td>
<td>56.5</td>
<td></td>
<td>61.6</td>
</tr>
<tr>
<td>Alcohol - Alcohol-related Chronic Disease Deaths</td>
<td>31.7</td>
<td>29.9</td>
<td>33.6</td>
<td></td>
</tr>
<tr>
<td>Alcohol - Alcohol-related Injury Deaths</td>
<td>27.3</td>
<td>25.5</td>
<td>29.1</td>
<td></td>
</tr>
<tr>
<td>Drug Overdose Deaths</td>
<td>24.6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Disease - Heart Disease Deaths</td>
<td>143.2</td>
<td>138.4</td>
<td>148.1</td>
<td></td>
</tr>
<tr>
<td>Cardiovascular Disease - Stroke Deaths</td>
<td>36.9</td>
<td>34.3</td>
<td>39.3</td>
<td></td>
</tr>
<tr>
<td>Diabetes Deaths</td>
<td>26.0</td>
<td>19.5</td>
<td></td>
<td>22.2</td>
</tr>
<tr>
<td>Cancer Deaths - Breast Cancer</td>
<td>20.1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# American Indian/Alaska Native Race/Ethnicity Community Health Profile

## Community Health Profile Report Options

- **Community Type:** Race/Ethnicity
- **Race/Ethnicity:** American Indian/Alaska Native

## Health Indicators

<table>
<thead>
<tr>
<th>Community Health Status</th>
<th>Low Birth Outcomes - Birth Weight ≤ 2,500 grams ( Percentages: Low Birthweight, 2017)</th>
<th>Compared To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>American Indian/Alaska Native</strong></td>
<td>10.5% (8.3%)</td>
<td>Similar</td>
</tr>
<tr>
<td><strong>White</strong></td>
<td>9.6% (9.2%)</td>
<td>Similar</td>
</tr>
<tr>
<td><strong>Unknown</strong></td>
<td>12.6% (9.2%)</td>
<td>Similar</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Rate (Rate per 100,000 Population, Adjusted)</th>
<th>Compared To</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alcohol - Alcohol-related Chronic Disease Deaths</strong></td>
<td>102.4 (95.6 - 109.3)</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>Drug Overdose Deaths</strong></td>
<td>14.5 (11.9 - 17.1)</td>
<td>Better</td>
</tr>
<tr>
<td><strong>Cardiovascular Disease - Heart Disease Deaths</strong></td>
<td>121.0 (111.0 - 132.0)</td>
<td>Better</td>
</tr>
<tr>
<td><strong>Cardiovascular Disease - Stroke Deaths</strong></td>
<td>38.5 (32.4 - 44.6)</td>
<td>Similar</td>
</tr>
<tr>
<td><strong>Diabetes Deaths</strong></td>
<td>71.2 (63.3 - 79.1)</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>Cancer Deaths - Breast Cancer</strong></td>
<td>12.8 (9.4 - 16.1)</td>
<td>Better</td>
</tr>
<tr>
<td><strong>Cancer Deaths - Lung Cancer</strong></td>
<td>10.1 (7.8 - 12.5)</td>
<td>Better</td>
</tr>
<tr>
<td><strong>Influenza and Pneumonia Deaths</strong></td>
<td>30.4 (26.2 - 34.6)</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>Chlamydia Rates</strong></td>
<td>929.2 (785.5 - 1,052.9)</td>
<td>Worse</td>
</tr>
<tr>
<td><strong>Invasive Pneumococcal Disease - Persons Aged 65 Years and Older</strong></td>
<td>93.5 (73.8 - 113.1)</td>
<td>Worse</td>
</tr>
</tbody>
</table>
# Hispanic Race/Ethnicity Community Health Profile

## Community Health Profile Report Options

- **Community Type:** Race/Ethnicity
- **Race/Ethnicity:** Hispanic
- **Set of Health Indicators:** Mental Health Status

## Community Health Status - Outcomes

<table>
<thead>
<tr>
<th>Indicator</th>
<th>New Mexico</th>
<th>U.S.</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Status Among Young Children</td>
<td>Better</td>
<td>Better</td>
<td>Worse</td>
<td>Worse</td>
</tr>
<tr>
<td>Early Childhood Education Risk Factors</td>
<td>Similar</td>
<td>Similar</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood Education System Factors</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Childhood Education Demographics</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Community Health Status - Risk Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>New Mexico</th>
<th>U.S.</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Community Health Status - System Factors

<table>
<thead>
<tr>
<th>Indicator</th>
<th>New Mexico</th>
<th>U.S.</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

## Community Health Status - Demographics

<table>
<thead>
<tr>
<th>Indicator</th>
<th>New Mexico</th>
<th>U.S.</th>
<th>New Mexico</th>
<th>U.S.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Health Status Among Young Children

- Better
- Worse

## Early Childhood Education Risk Factors

- Similar
- Similar

## Early Childhood Education System Factors

- |

## Early Childhood Education Demographics

- |

## Health Status Among Young Children

- Better
- Worse

## Early Childhood Education Risk Factors

- Similar
- Similar

## Early Childhood Education System Factors

- |

## Early Childhood Education Demographics

- |

## Health Status Among Young Children

- Better
- Worse

## Early Childhood Education Risk Factors

- Similar
- Similar

## Early Childhood Education System Factors

- |

## Early Childhood Education Demographics

- |
# Hispanic Race/Ethnicity Community Health Profile

## Community Health Profile Report Options
- **Community Type:** Race/Ethnicity
- **Race/Ethnicity:** Hispanic
- **Set of Health Indicators:** Mental Health Status

## Mental Health Status

<table>
<thead>
<tr>
<th>Mental Health Status</th>
<th>Values</th>
<th>Compared To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health - Adult Self-reported Mental Distress</td>
<td>21.5%</td>
<td>20.2%</td>
</tr>
<tr>
<td>(Percentage with Mental Distress, 2017)</td>
<td>(19.2% - 23.6%)</td>
<td>18.4%</td>
</tr>
<tr>
<td>Mental Health - Adult Depression</td>
<td>9.6%</td>
<td>9.8%</td>
</tr>
<tr>
<td>(Percentage with Depression, 2016)</td>
<td>(7.8% - 11.6%)</td>
<td>Similar</td>
</tr>
<tr>
<td>Mental Health - Youth Feeling Sad/Hopeless</td>
<td>36.8%</td>
<td>35.8%</td>
</tr>
<tr>
<td>(Percentage Feeling Sad/Hopeless, 2017)</td>
<td>(34.8% - 38.9%)</td>
<td>31.5%</td>
</tr>
<tr>
<td>Mental Health - Adult Suicide Attempts</td>
<td>1.1%</td>
<td>0.9%</td>
</tr>
<tr>
<td>(Percentage Who Attempted Suicide, 2016)</td>
<td>(0.5% - 2.2%)</td>
<td>Similar</td>
</tr>
<tr>
<td>Mental Health - Youth Attempted Suicide</td>
<td>9.8%</td>
<td>9.9%</td>
</tr>
<tr>
<td>(Percentage Attempted Suicide, 2017)</td>
<td>(8.9% - 11.9%)</td>
<td>Similar</td>
</tr>
<tr>
<td>Mental Health - Adult Suicidal Ideation</td>
<td>5.4%</td>
<td>5.6%</td>
</tr>
<tr>
<td>(Percentage Who Considered Suicide, 2016)</td>
<td>(4.0% - 7.2%)</td>
<td>Similar</td>
</tr>
<tr>
<td>Mental Health - Youth Seriously Considered Suicide</td>
<td>16.5%</td>
<td>17.8%</td>
</tr>
<tr>
<td>(Percentage Considered Suicide, 2017)</td>
<td>(14.5% - 18.6%)</td>
<td>Similar</td>
</tr>
<tr>
<td>Mental Health - Youth Injured in a Suicide Attempt</td>
<td>3.2%</td>
<td>3.4%</td>
</tr>
<tr>
<td>(Percentage Injured in Suicide Attempt, 2017)</td>
<td>(2.8% - 4.4%)</td>
<td>Similar</td>
</tr>
</tbody>
</table>

- **Better** is when the community is statistically better (lowest confidence limit value is better than the comparison value).
- **Similar** is when the community is not statistically different (comparison value is within the community's lower and upper confidence limit values).
- **Worse** is when the community is statistically worse (best limit value is worse than the comparison value).
Types of IBIS-PH Content:

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• **Community Reports** provide a quick snapshot of all health indicator values for a given community.

• **Health Dataset Queries** provide dynamic maps, charts, data tables, and some contextual information for public health datasets, such as vital records, health surveys, infectious disease and population estimates.
Birth Query Module Query Measure Selection

Overview

Small Area Data
For information on the New Mexico Small Area Methodology, please visit http://ibis.health.state.nm.us/resource/SmallAreaMethods.html

Population Data
2019 population estimates are currently available in NM-IBIS.

Getting Started
Click on a blue bar to open and close selections and to see a list of measures available.

Birth Queries by COUNTY and HEALTH REGION

- Counts - Number of Births
- Crude Birth Rate - Births per 1,000 Population (Males and Females)
- Age-specific Birth Rate - Births per 1,000 Females
- Teen Births, Girls Age 15-19
  - Standard Query
  - Moving Averages for Teen Births, Girls Age 15-19
    - 3-Year Teen Birth Rates (Overlapping Year Groups - Moving Averages)
    - 5-Year Teen Birth Rates (Overlapping Year Groups - Moving Averages)
- Infant Birth Weight
- Prenatal Care
- Pre-term Births

Birth Queries by 108 New Mexico SMALL AREAS

Birth Queries by New Mexico STATE LEGISLATIVE DISTRICT

Birth Queries by the SOCIAL DETERMINANTS OF HEALTH
Query Results for New Mexico Birth Data - Adolescent Births, Girls Age 15-19, 5-Year Moving Time Periods

Query Result Page Options
- Modify Query
- Save Query Definition
- Apply Query Definition
- Run Default Query
- Select Different Measure

Query Criteria
Data Grouped By: 5 Year Moving Time Periods, Mother's Race and Ethnicity

Trend

Births per 1,000 Girls Age 15-19 by 5 Year Moving Time Periods and Mother's Race and Ethnicity

- American Indian or Alaska Native
- Asian or Pacific Islander
- Black or African American
- Hispanic
- White
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• **Static Web Pages** are traditional web pages that are typically used for welcome, contact us, and other general information pages.
Crude Rates

In general, a rate is called a "crude rate" if it has not been adjusted for the age and sex composition of a population.

Table 1 shows an example of crude rate calculations for heart disease by New Mexico health regions. The example, which is a three year time period, averages the number of deaths occurring per year and the population estimates to produce average annual crude death rates for the 3-year period.

Table 1: Crude Death Rate for Heart Disease by Health Region, New Mexico, 2003-2005

<table>
<thead>
<tr>
<th>NM Health Region</th>
<th>Average Annual Number of Deaths</th>
<th>Average Annual Population Estimate</th>
<th>Crude Death Rate (Deaths per 100,000 Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region 1, Northwest</td>
<td>525</td>
<td>402,242</td>
<td>130.60</td>
</tr>
<tr>
<td>Region 2, Northeast</td>
<td>428</td>
<td>292,729</td>
<td>145.64</td>
</tr>
<tr>
<td>Region 3, Bernalillo</td>
<td>952</td>
<td>601,700</td>
<td>158.16</td>
</tr>
<tr>
<td>Region 4, Southeast</td>
<td>617</td>
<td>247,678</td>
<td>249.11</td>
</tr>
<tr>
<td>Region 5, Southwest</td>
<td>707</td>
<td>388,285</td>
<td>192.08</td>
</tr>
</tbody>
</table>
Types of IBIS-PH Content:

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• **Health Topics** provide general overviews and contextual data for a given health topic (high level overviews) and guide users to website content on each topic.
Get Started by Choosing a Health Topic Area:

About NM-IBIS
New Mexico’s Indicator Based Information System (NM-IBIS) is your source for data and information on our state’s priority public health issues. The mission of the Department of Health is to promote health and wellness, improve health outcomes, and assure safety net services for all people in our state. NM-IBIS provides access to the data that can help provide answers to realize our health goals.

What’s New
- Simplified site navigation
- Cleaner and simpler web site layout
- Easier to read text blocks with more white space
- Consistent titles with less jargon
- More visually engaging Health Topic pages
- Interactive Summary Indicator Reports
- Where applicable top of page control options
- New community Health Profile report
- Multiple Health Report indexes with filtering
- Dataset queries now start with the default data
- Introduction videos for the different site content and different users
- State of Health in New Mexico 2019
- Community Health Assessment Forum

Introduction Videos
- New To This Site
- Legislator User
- Health Professional
- If You Are a Student
- How To Navigate
- Advanced Features

Suggestion Box
Please feel free to contact us if you have any questions, concerns, or suggestions.
About Health Status
The World Health Organization defines health as, "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." The topics in this category include the various measures we use as "indicators" of population health status.

Choose a Health Status Topic

- Maternal and Child Health
- Leading Causes of Death
- Infectious Disease
- Cancer
- Chronic Disease
- Injury and Violence
- Substance Use
- Mental Health
- Summary Measures of Health Status

Health Topic Data and Usage
Please select one of the above Health Topics to see more information as well as navigation links to that topic's related Health Indicator reports and the related user queryable Health Datasets. Use the above top navigation images to change to a different Topic Category.

Health Topic pages contain more detailed information such as "Why Important" and "What is being Done". Along with this information are links to the associated Indicator Reports and Dataset Queries. The indicator Reports provide graphs, maps, public health context, and data tables. Many of the topics have queryable datasets that you can use to create your own tables, charts, and maps. These data query results pages will contain dataset details, including data sources and links that cannot be used.
Substance Use

The major substance use problems in New Mexico are excessive alcohol consumption, resulting in the nation's highest alcohol-related death rate, and drug use, resulting in a high drug overdose death rate compared to most other states. The consequences of substance use present a large burden on the state's economy and our people.

The terms "substance abuse" and "substance use disorder" generally refer to a destructive pattern of using a substance, especially alcohol or drugs. The pattern may be characterized by significant problems or distress, such as interference with a person's family, work, school, or social obligations, or putting the person in hazardous situations or in legal jeopardy.

Why It's Important

Eight of the ten leading causes of death in New Mexico are at least partially caused by the abuse of alcohol, tobacco, or other drugs. In 2017, the leading causes of death in New Mexico were heart disease, cancer, unintentional injuries, chronic lower respiratory disease, cerebrovascular disease, diabetes, chronic liver disease, Alzheimer's disease, suicide, and influenza and pneumonia. Of these, chronic liver disease, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory disease and influenza and pneumonia are associated with tobacco use; heart disease, malignant neoplasms, and cerebrovascular disease are associated with both alcohol and tobacco use; and unintentional injuries and suicide are associated with the use of other drugs.

What Is Known

Over the past 30 years, New Mexico has consistently had among the highest alcohol-related death rates in the United States and it has had the highest alcohol-related death rate since 1997. The negative consequences of excessive alcohol use in New Mexico are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.
New Mexico has the highest drug-induced death rate in the nation, and the consequences of drug use continue to burden New Mexico communities.  

2. See footnote 1.  

**Who Is at Risk**

Male rates of alcohol-related death are substantially higher than female rates. American Indians have higher alcohol-related death rates than other race/ethnicities. McKinley and Rio Arriba counties have extremely high alcohol-related death rates, driven by high rates in the American Indian and Hispanic male populations, respectively. The counties with the most deaths for the five-year period 2005-2009 are Bernalillo, Santa Fe, McKinley, and Doña Ana. New Mexico has extremely high death rates due to both alcohol-related chronic diseases and alcohol-related injuries.

Drug-induced death rates are higher for males than for females. The highest drug-induced death rate was among Hispanic males, followed by White males. Rio Arriba County had the highest drug-induced death rate in the state, followed by Eddy, Torrance, Chaves, and Bernalillo counties. Bernalillo County continues to bear the highest burden of drug-induced death in terms of total numbers of deaths. Unintentional drug overdoses account for more than 80% of drug-induced deaths. The most common drugs causing unintentional overdose death for the period covered in this report were prescription opioids (i.e., methadone, oxycodone, morphine; 45%), heroin (35%), cocaine (31%), tranquilizers/muscle relaxants (29%) and antidepressants (16%). In New Mexico and nationally, overdose death from prescription opioids has become an issue of enormous concern as these potent drugs are widely available.  

3. See footnote 1.  

**How To Reduce Risk**

There is a large body of evidence on effective strategies to prevent excessive alcohol use and alcohol-related harm. In the past decade, this evidence base has been the subject of numerous systematic expert reviews to assess the quality and consistency of the evidence for particular strategies, and to make recommendations based on this evidence. These expert reviews have recently been summarized by the NMDOH. The following list summarizes the evidence-based prevention strategies that are well-recommended by experts, and that could be more widely or completely implemented in New Mexico to reduce our alcohol-related problems. Evidence Based Excessive Alcohol Use Prevention Strategies.

Primary prevention attempts to stop a problem before it starts. In New Mexico, primary prevention of alcohol-related health problems has focused on regulating access to alcohol and altering the alcohol consumption behavior of high-risk populations. Regulatory efforts have included increasing the price of alcohol (shown to be effective in deterring alcohol use among adolescents), establishing a minimum legal drinking age, regulating the density of liquor outlets, and increasing penalties for buyers and servers of alcohol to minors. DWI-related law enforcement (e.g., sobriety checkpoints), when accompanied by media activity, community involvement, and the establishment of zero tolerance policies have been shown to reduce alcohol-related problems. Education and prevention efforts have been targeted at increasing knowledge about alcohol and the consequences of excessive alcohol use among individuals and communities.
IBIS 3.0 Enhancements

- **User experience.** Guiding users to less complicated information (i.e., indicator reports and community profiles) first
  - More attractive Topics pages, less clutter, links to data easier to see
  - Multiple indicator report indexes and search capability
- Ability to export maps and graphs (no need for snipping tool/screenshots)
- Easier community reports with more options
- Better data storage
  - “Data System” rather than just data access
  - Stores data consistently across indicator reports and queries
  - Stores historical data
  - More options for data comparisons, data-driven features
  - Easier maintenance (more automated views, fewer “lovingly hand-crafted”)

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Animated Time Series Maps

We’re NOT OVERWRITING our data every year anymore. Each year, we will ADD a new year of data. This will allow us to use the indicator data in time series animated maps like this one, where the user slides the button across years to see how the map changes over time.
Embed Maps and Charts in Other Web Pages

• Create a story page using NM-IBIS maps and charts from indicators or queries
• Data dashboard pages using indicator or query data
~ Thank You ~

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