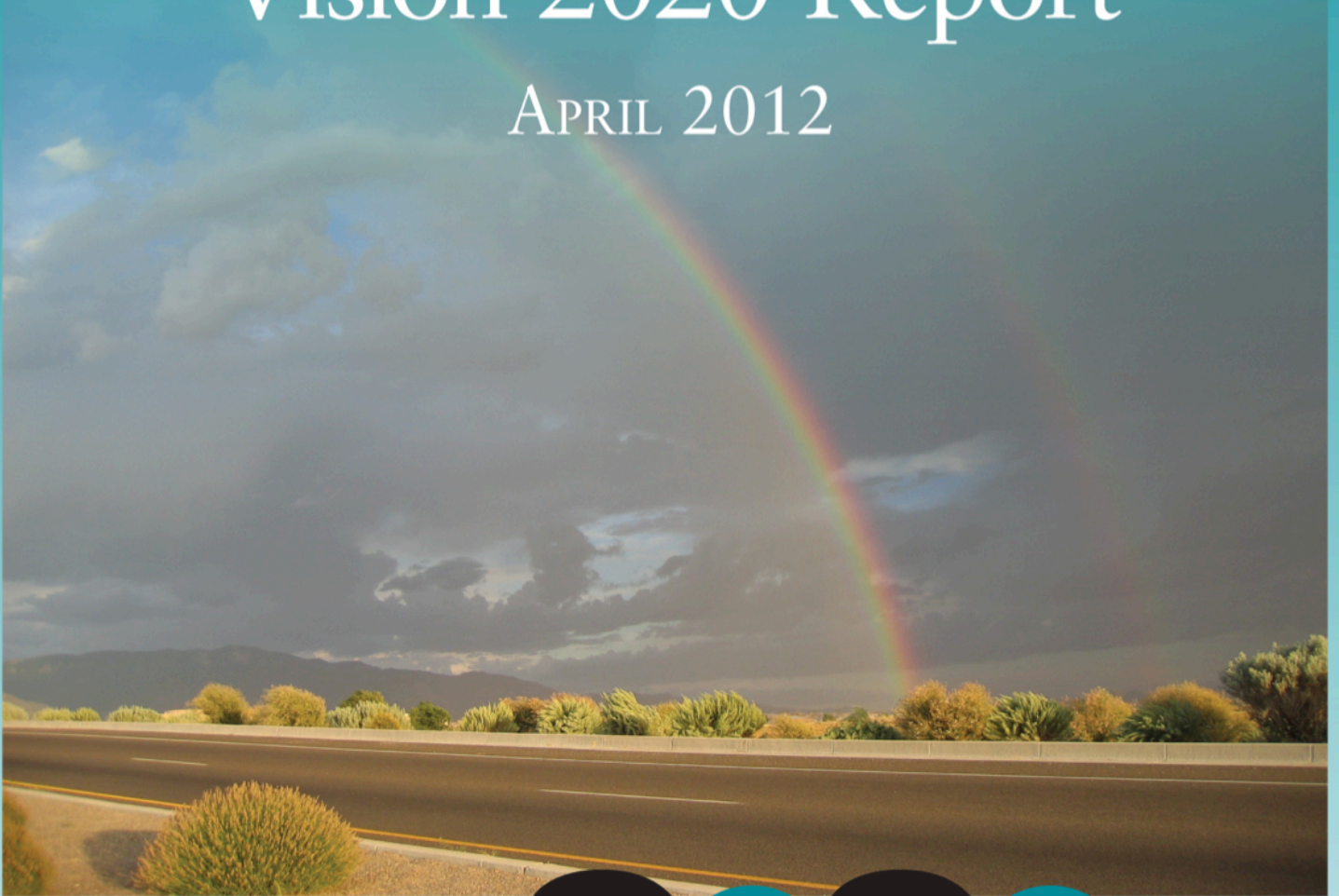**UNM** HEALTH SCIENCES CENTER

Vision 2020 Report

APRIL 2012

vision 2020

The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.

Contents

Acknowledgements

The Health Sciences Center would like to thank all of the community participants for traveling from across the state to the University of New Mexico to share their expertise and time in support of the vision for improved health in New Mexico through partnering with the Health Sciences Center. Acknowledgement also goes to Chancellor Roth, Vice Chancellor Kaufman, Carolina Nkouaga, the planning committee, panel members, facilitators and recorders.

Appreciation goes to the community partners and HSC faculty and staff who participate in reviewing Vision 2020 documents and serve on workgroups to ensure that the recommendations are implemented appropriately.

Executive Summary

The UNM HSC Vision 2020 – "University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020" came from the leadership of the HSC as a way to support the improved health of New Mexico communities.

We will do this by focusing on evidence-based interventions and evidence-informed policy, by disseminating and building on successful programs and pilots, and by linking and aligning existing resources to address community priorities for improving health and health equity

The first Vision 2020 Symposium was held in September, 2010 and focused on bringing together UNM HSC's colleges, hospitals and its mission areas of education, service, and research to address this Vision.

The second symposium was held in May of 2011. It was a daylong Symposium in which we learned from 200 of our community partners and other higher education institutions who came from across the state. They shared with us
- What is working well in our relationship with the community and what can be improved,
- how our partnership activities can grow into the creation of a local UNM HSC "academic hub" to better mobilize University resources to address community priority health problems, and
- how a network of statewide, UNM Health Sciences Center "academic hubs" could benefit health status in the communities of New Mexico.

The HSC participated in follow-up visit to New Mexico communities in the Fall of 2011. On these visits, a team of the UNM HSC leadership participated.

Our first two visits were held in August of 2011 and on these visits we went to the communities of Las Cruces, Silver City, Farmington, and Taos.

General recommendations from the second symposium regarding visiting communities includes
- **Planning** the meetings and **connecting** to the community partners is as important as the visits
- **Essential to follow-up** on the recommendations from the symposium
- **Do our homework** and enter the community to **listen, learn, and identify** how we can partner
- Tie back to the **evaluation responses and breakout** recommendations
- Develop a **core team** that goes on all visits, and add others as indicated by the interests, needs, and collaboration history with the community being visited
- **Be humble, don't suggest or promise what you can't deliver, become part of the community**, don't repeat the mistakes of the past in how the University engages in community
- Create a **permanent presence in communities** (i.e. the Health Extension model)
- **Communities need to identify** which HSC professionals they'd like to work with in the establishment of a local "hub"
- **Evaluators, epidemiologists**, and others who can assist with community needs assessment could be just as helpful in some communities as medical providers

Thank you for your support in helping the HSC work with your community, coordinate and improve our current initiatives, and focus future initiatives based on your community's needs.

Contact Leigh Caswell at lamason@salud.unm.edu or 272-5377 or visit http://hsc.unm.edu/Vision2020/ for more information or to get involved.

Introduction

Vision 2020 developed out of the Health Sciences Center Executive Council in 2009. The Council consists of the leadership of the Health Sciences Center and is chaired by Chancellor Roth. This group of leaders identified the need to be more focused as an institution on partnering with communities to improve health outcomes.

The community health outcomes will be measured by looking at statewide data from sources such as America's Health Rankings (http://statehealthstats.americashealthrankings.org/), county specific data through the County Health Rankings (http://www.countyhealthrankings.org/new-mexico), and through the County Report Cards developed through the UNM HSC Office for Community Health (http://hsc.unm.edu/community/documents/CountyReports2010.pdf).

The Vision 2020 Symposia

Two symposiums have been held as of April 2012 as part of the implementation of the UNM HSC Vision 2020. The first symposium was primarily a gathering of HSC faculty, staff, and students as well as several of our community partners. The second symposium was focused on reaching out to our partners across the state with a smaller number of internal HSC participants.

The First Symposium – September 15th, 2011

A full range of recommendations and insights came out of the event on September 15th, 2010 that should be used to inform the way the HSC does research, develops programs, and provides services in our communities. The HSC is implementing many innovative and effective programs already; identifying these programs and building on our partnerships and focus on health and health equity will assist us in meeting this goal. The recommendations and insights from 2020 are summarized in a separate document for your reference. The recommendations from the symposium are summarized and the full text of the recommendations can be found in Appendix A.

The Recommendations

- General recommendations
  - Continue to meet as a campus and talk about how to reach the Vision 2020 goal
  - Share ideas and best practices through a website
- Education
  - More support of the workforce pipeline including increased K-12 involvement
  - Incorporate more community-based education
  - Increased inter-professional learning
  - Utilize and support community health workers
  - Train residents in communities
- Health systems
  - Work to overcome silos
  - Develop innovative partnerships for health
  - Focus on patient centered care
  - Increased development of health extension
  - Develop accountable care organizations
  - Quality improvement in primary care
  - Support positive health policy
  - Implement programs and practices that promote health equity
- Prevention

- Planned interventions
- Prioritize cancer prevention and screening
- Focus on obesity and diabetes reduction
- Community research
  - Connect UNM researchers to create synergies
  - Build trust between researchers and NM communities
  - Coordinate community research efforts among UNM researchers
  - Sustain community efforts after research funding ends
  - Increase competitiveness for CBPR project funding
- Community and Public Health
  - Incorporate community and public health into other disciplines,
  - Increase community health promotion projects
  - Expand data driven health programs and
  - Use population health measures to measure success.
- Cultural and Geographic Considerations
  - Recognize that American Indians/Alaska Natives are a unique ethnic group with unique needs
  - Improve access and effectiveness of UNM programs for tribal communities
  - Focus on improving Hispanic health
  - Focus on the unique needs of the Southeast region of New Mexico
  - Promote policy changes that remove barriers to care for undocumented immigrants
  - Collaborate with community partners to support immigration reform
- IT/Technical Assistance
  - Identified the need to utilize a broad range of technologies and
  - Make the vast array of UNM HSC IT resources available to the community

Using the recommendations from Vision 2020 and building on the work we are already doing we can meet our goal to improve health and health equity more than any other state by 2020. These recommendations also moved the HSC towards the second symposium held on May 4th, 2011 focused on decentralizing our resources into academic hubs.

The Second Symposium – May 4th, 2011

Purpose
The purpose of this symposium was to bring together community partners throughout the state so the HSC leadership can listen and learn about how to best leverage our resources to meet the needs of the community. We expanded on the recommendations from the first Vision 2020 Symposium with a focus on the strengthening and coordination of existing partnerships into regional "health extension hubs" that exist to meet the needs of specific New Mexico communities.

Community Academic Extension Hub
The University of New Mexico Health Sciences Center (UNM HSC)/Community Academic Extension Hubs refers to community-based organizations, institutions or programs in a particular region that make an arrangement with UNM HSC to serve as a local extension of the HSC in areas of interest to them: education, service, research and/or policy.

The concept has grown out of lessons learned from different campus-community models—the agricultural Cooperative Extension Service, Health Extension Rural Offices (HEROs), rurally-based residencies, and memorandums of agreement between community hospitals or community health centers and UNM HSC. These models reflect the value of decentralizing the resources of UNM HSC to local communities to better response to community health priorities.

Creation of local Academic Extension Hubs facilitates community capacity-development in health through community access to numerous HSC resources in areas as diverse as pipeline development, workforce development, telehealth, clinical service improvement, community-based education, program evaluation and research. Having full-time, community-based, UNM HSC-affiliated personnel, helps UNM HSC improve its knowledge of and response to community needs.

Finally, the development of Academic Extension Hubs is an important vehicle for helping UNM HSC fulfill its Vision 2020: *UNM HSC will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.*

Conceptual Model of Emerging "Health Extension Hubs"
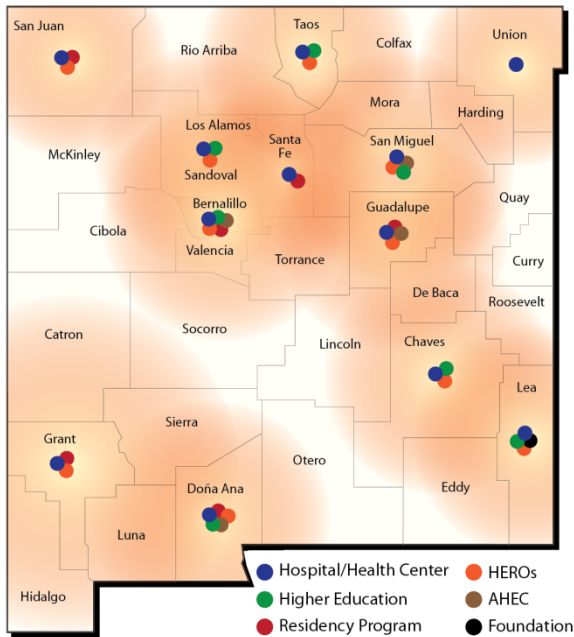
A Panel of Innovative Partnerships

Christina Campos, the Executive Director of Guadalupe County Hospital discussed the hospital's partnerships with UNM HSC over the years with a focus on how they are a frontier community that has developed a small academic center and supported the HSC in decentralizing their education.

Dr. Saverio Sava, the Medical Director for First Choice Community Health presented with Michelle Melendez, Jerry Montoya, James Liberthoff, and Vanessa Jacobson regarding the integration of behavioral health into primary care through the South Valley Health Commons.

Ken Lucero discussed How to tap into UNM HSC resources and connect Tribes to UNMH services. For example, UNMH has hired three tribal health extension agents to help meet the health needs of tribal communities in New Mexico.

Charlene Poola shared information about Experience leveraging UNM HSC resources to support Native Communities to access behavioral health services.

K'Dawn Jackson from Hidalgo County presented on how rural communities and clinics can serve as a research partner to the HSC.

6

Juliana Anastasoff the Northern HERO presented with Jim Gilroy and Peter Hofstetter on the three-way partnership between hospital, UNM HSC, and the branch campus

Summary of Topical Breakout Sessions

The morning breakout sessions focused on topics of interest based on community priorities, timeliness (ACA), and HSC resources. Primarily HSC staff facilitated the sessions and the conversation was recorder by staff as well and summarized below. Full notes from the session are in Appendix C.

Partnering with Spanish-Speaking Communities

How can HSC become a stronger partner with the Spanish-speaking community?

- Provide workshops, forums like this one, health information, programs and services for the community in Spanish
- Improve communication between UNM and the communities in a friendly, courteous and respectful manner
- Implement a UNM policy that requires faculty/staff to participate in a cultural competency training (i.e. institutional racism)
- Solicit community input use personal stories to promote change and offer solutions; work closely with community leaders
- Change the way students are trained to become future providers
- Acknowledge uniqueness of community traditions, culture and language
- Have good communication between patient/provider so that the patient is aware of diagnosis, treatment, plan and options. With the ultimate goal of improving health outcomes.

Please identify specific activities where HSC can integrate and collaborate with your community

- UNM needs its own Promotoras – Develop a UNM centered- community health workers (promotor/a) (i.e. look at NMSU models – needs are similar here and in the southern communities)
- Service learning opportunities for Mid and High School Students to inspire and motivate younger students
- Do not just listen to communities…Take action! Based on communities input
- Use an integrative medial approach; traditional and alternative therapies need to be integrated with primary care
- Do not focus only on the negatives but on the strengths and assets of the community, what is working well? Strengthen it and expand it within the community

In your opinion how has HSC failed to be receptive and responsive to the community?

- Important to acknowledge and integrate traditional medicine; Need to include traditional medicine from the Latino culture
- Look at improving the curriculum of future medical providers by including cultural resources (i.e. Medicina de mamá) in their teachings
- Poor patient-provider interaction and communication (i.e. patient waiting months for lab results and diagnosis)
- Lack of information availability in Spanish
- Don't just listen to community, take action based on recommendations
- Need for more forums in the community and in the Spanish language
- Allow community to become part of the solution

- Need for genuine engagement of communities not just to further institutional agendas
- Need dental programs for immigrants
- Need for UNM Hospital to get to know the community
- More family health centers in communities
- UNM HSC and UNMH need to operate under the paradigm of a true public health institution; change from operating as business model to one of a public servant model. There is a need to give up the power and share that power with the community.

Hospital Partnerships
- Create a sustainable business model that shares costs and links health systems and health providers to essential services statewide. For example: medical specialist access via traditional circuit clinics, telemedicine, or "quick consults" via widely available, free technology, i.e. Skype.
- Expand subscription models to support health systems and providers statewide by creating and sustaining a menu of resources for patients, providers, and health care sites. Existing examples include Nurse Advice Line, Poison Control, Project Echo, and Pathways. Proposed additions include: access to state-of-the-art medical search engines and quick access to evidence-based guidelines for prevention and treatment of the "top 20" health inequities.
- Direct UNM to create and facilitate a network of doctors, clinics and hospitals to facilitate value-based purchasing, learning/training, and the transition from fee-for-service to outcome-based reimbursement.

Health Systems Partnerships
- **UNM HSC can effectively support capacity development and provide leadership to health systems and providers by**:
  - Serving as a conduit and clearing house for new funding and practical, community-specific research opportunities related to improved health and health equity in communities, i.e. accountable care, primary care medical home, social determinants of health.
  - Providing leverage and leadership to encourage health systems change in NM that will support improved health and health equity in communities, including adoption of electronic health records, embracing health information technology and building a health insurance exchange.
  - Assuring that essential health data is available and accessible to communities, including technical assistance to promote data-driven planning, intervention and policy-making at the community level.
- **UNM HSC and community partners can share resources to increase quality and reduce costs by**:
  - Helping the health work force transition from fee-for-service to accountable care by improving health outcomes via new skills, i.e. health coaching, adherence to standards of care and planning care transitions.
  - Incorporating new knowledge and skill sets into healthcare workforce training to assure that the workforce of tomorrow can deliver accountable care in diverse, multi-disciplinary teams focused on improved outcomes, including an engaged and satisfied patient population.
  - Educating the healthcare workforce of tomorrow about social determinants of health, principles of community and public health, and evidence-based approaches to persistent health challenges like addiction and obesity, including skills to address "lifestyle" diseases", i.e., motivational interviewing, universal preventive behavioral health screening, and environment-based, community-wide interventions.

An active, effective partnership between communities and UNM HSC and other institutions of higher learning will be even more important as the Affordable Health Care Act is implemented:

- Creating model programs to meet requirements of the new health care act, if they could be used by health providers and health systems statewide, could provide an important "economy of scale". For example, the template OCH developed to help non-profits assess and address community health needs, as required in the new health care act, could save time and money for non-profits who must meet the new requirements.
- A partnership between communities and UNM HSC will make it easier to assure that implementation of the new health care act does not create new inequalities in health care access or reimbursement. For example, it will be important not to discourage providers from caring for complex patients or making it harder to get paid for providing health care in Española than in Los Alamos.
- Together, we can optimize new opportunities to improve health care and maximize health outcomes as the new health care legislation is implemented. For example, strategies for patient 'activation' and engagement like Chronic Care Model, Ultra-brief Action Planning and other motivational approaches in primary care
- The shift from "exam room" issues to "systems" issues as the new health care act is implemented presents great opportunities to retool our current system of incentives in health care, including the incentives we build into our own agency. For example, if the profile of an "ideal" social worker or physician changes under the new health care act, how will our training, recruitment and retention practices need to change?
- As the definition of "cost-effective" healthcare changes during implementation of the new health care act, it will be crucial to expand the most successful programs we have that address great geographic distance and inequitable distribution of health care services, i.e., telemedicine-based health care, specialty care and workforce training programs.

Students in the Community

- In order to promote and strengthen partnerships we need commitment; a better way to communicate with each other and share success stories and challenges (e.g. web site, blog, registry, site visits, symposia)**,** bidirectional partnerships that address community-based aims/programs**,** and support (includes funding support) for students.
- There is interest in training in communities using innovative approaches that infuse "upstream" approaches and are replicable/transferable models with measurable outcomes.
- There is interest in broadening the scope of community-based opportunities for students that is of benefit to student experience and their career path and of sustainable service to community.
- There is interest in creating strong student/academic-community partnerships that utilize an interdisciplinary team approach; promote educational pipeline and leadership development, and assure rural outreach and continuity opportunities.

Research within our Communities

- The top community research priorities identified by the group were for early childhood/youth interventions, diabetes/obesity, and access to care
- The more important health disparity to focus on is access to healthcare, including issues that influence access, such as education and culturally-competent providers
- Knowledge should be co-created with communities and HSC learning from each other, creating a network of expertise that would allow sharing, communication, and collaboration

Integrating Behavioral Health with Primary Care

- Have education (preK-12) at the table to discuss ways to address community recognized behavioral health needs as well as workforce development concerns.
- Have HSC partner with Community Support Workers (CSW's) so that all providers can ask the questions, i.e. Depression screens, reflective supervision ,anti-stigma campaign, suboxone clinics, peer to peer mentoring, CCSS (Comprehensive Community Support Services) model
- Behavioral health funding needs to be re-organized to promote the true integration of Behavioral Health & Primary Care with Clinical and Community Health Care homes as well as community mental health centers.
- Start developing models to train and provide care in an interdisciplinary, interprofessional, community focused way. (Interdisciplinary simulation center, HSC addressing BH and Physical health equally in service and training, learning and teaching about community and state policy issues, fiscal restraints).
- Trainees across disciplines need a skill set around –
  - Telehealth: experience as the distant provider as well as the local provider
  - Training on the depression screen and beyond
  - Training for behavioral health providers to address additional behavioral health needs i.e., weight loss, smoking, addictions etc. than those acquired through work in traditional mental health centers.

Partnerships for Improved Policy

- Have a continuum of involvement because policy is a long process--begin with students very involved because they will likely be leaders involved in the implementation and/or change periods and will know the intent of the policy
- Understand the lengthy process, possible pitfalls, key players (even those not always thought of such as corporations)
- Use evidence to create policies and regularly evaluating policies for effectiveness and to see if they need to be revised, showing it makes a difference

Regional Hub Development Breakouts

Northern Region
Substantial successes arising from partnerships between UNM HSC and northern New Mexico communities include:

- Tele-health programming supporting school health, school nurses and school-health advisory councils.
- Training providers to better serve behavioral health needs of tribal communities through Project TRUST.
- UNM HSC leadership of the NM Nursing Consortium.
- The HERO (health extension rural outreach) initiative, which has assured both continuity and a community-focused perspective in collaborations between the university and northern NM communities. The rich rewards of integrating local expertise and wisdom into UNM HSC efforts to improve health outcomes has been invaluable, and a new level of trust and cooperation is evident in communities served by HEROs

The partnership between northern NM communities and UNM HSC could benefit from:

- More culturally competent graduates to join the health workforce serving northern NM rural communities
- Researchers and clinicians trained to work collaboratively with NM communities and providers, as a part of multidisciplinary, community-based teams.
- Including community-based providers on teams developing projects at UNM HSC, to assure that new initiatives are envisioned and built with community perspectives and input.

10

Northern NM communities are "ripe and ready" to implement the following:

- Fewer "drive by" projects sponsored by UNM HSC and more project teams that "seek first to understand" community culture, hierarchy and priorities, before seeking to be understood and embraced by local community programs, services and partners. Always follow-up with community partners after projects conclude, to share outcomes and lessons learned.
- A health sciences training programs at UNM-Taos
- Health improvement projects targeting the health workforce itself.
- An industrial/occupational medicine program at Holy Cross Hospital in Taos.
- A northern New Mexico site for DOH's "Chronic Disease Self-Management Program currently housed at Stanford Health Office in Albuquerque.
- A program to help meet CLAS standards and meet the need for medical interpretation services at ECFH
- UNM-Taos is prepared to design/develop training and education programs to meet the needs of health employers in northern NM.
- Training for pharmacy techs in medication reconciliation to improve patient safety in the home health environment.

Southern Region

- The Residency Program at Memorial Medical Center in Las Cruces, since it is technically a for-profit program, is not associated with the HSC School of Medicine, but does collaborate with Project ECHO and is developing a relationship with the One-Plus-Two[?] Programs. Apparently because it is considered a for-profit program it is not eligible for public funds, which might create a barrier for placing graduated medical students from UNM?
- In many southern communities there is insufficient broadband for things such as tele-health, webinars, and other forms of IT communication, and to get this established in rural communities is cost prohibitive
- UNM needs to dramatically improve the flow of information (i.e. results of its extensive research, technology, best practices, etc.) Communication has to be bidirectional, and UNM hasn't always been very good at this. HSC can learn a lot from communities if it is consistently communicating with them
- What should be included in the hub would vary from community to community, but a consistent need that was expressed was assistance with things like community needs assessment, project/program evaluation, and "community driven" research.
- A systematic approach and/or formalized structure needs to be established that allows local communities to easily connect with the appropriate staff/faculty at HSC in order to strengthen partnerships
- It is recommended that the HSC work a lot closer with the community health councils, as they are a key resource in most communities and are often comprised of many of the health leaders. Could HSC even provide financial support to select health councils in which there are strong relationships that would compensate for their loss of state funding?
- HSC should be an integral partner in helping with the entire Community Health Worker certification process being developed by the Department of Health and many partners. HSC could be helpful in figuring out the financing and sustainability pieces
- Southern region is too big to be considered a hub. Should divide the area by counties that already have ongoing collaborations
- UNM HSC should reach out to the other educational institutions (Eastern, NMSU, Western, NM Tech and Las Cruces Residency Program)
- Each community should first identify the needs and what multi-disciplines they would need and then form a multi-disciplinary team from HSC to come visit and help the community lead in building the partnership

Central Urban Region (Bernalillo/Sandoval/Valencia Counties)

- Community agencies want HSC to follow up and visit their agency.

11

- List next steps and send to community agencies.
- That HSC will identify two priorities to work on with community agencies in Bernalillo County.
- To include cultural sensitivity and competency when working with community agencies and their client population.
- Continue to provide technical assistance, which includes training, education, advocacy, and grant writing.
- To be respectful

Tri-County Region (Guadalupe/San Miguel/Mora Counties)…just need to summarize a bit more

Santa Rosa presented models of collaboration between their northern New Mexico community and UNM HSC, including:

- An innovative partnership between UNM Pathology Department and the local hospital has increased availability of essential laboratory services to meet the needs of a special, underserved population-- truckers traveling along I-40.
- Leadership of the Office for Community Health providing support to sustain the local clinic and hospital through "lean times", permitting services to continue uninterrupted.
- A partnership between the hospital, clinics, and Luna Community College to provide training and job placement for RNs, resulting in a nearly "unheard of" situation--an oversupply of RNs and a "wait list" of qualified nurses to hire.

Areas that are "ripe for partnership" between UNM HSC and the community of Santa Rosa include:

- A more transparent, "close-the- loop" system regarding referrals from rural community clinics and hospitals to UNM HSC. This would assure that providers in rural areas are informed of health outcomes and notified of their patient's discharge from UNM HSC hospitals.
- Permitting rurally practicing providers to link with resources at UNM HSC library, including continuing education and inclusion in "virtual" case presentations and grand rounds. Such linkages would go a long way to reducing professional isolation and increasing retention of rurally practicing providers.

Evaluation Summary

A questionnaire was sent to the Vision 2020 participants after the event to gather feedback on the value of the symposium as well as to learn about any positive outcomes from participating. A summary of the responses is below.

- Seventy-eight of the nearly 200 participants completed the survey
- 93% (n=71) felt the symposium met their expectations
- 93% (n=72) made new connections or learned something new that would help them in their work to improve the health of their community
- 65% (n=49) will do something differently in their work based on their experience at the symposium
- 41% (n=30) of the participants represented the HSC and 26% (n=19) represented the community
- 11% (n=8) came from the Northern region, 8% (n=6) were from the South, 16% (n=12) were Bernalillo/Sandoval regional, and 2% (n=2) were from the Tri-counties area

Some of the positive comments from the participants are included below

- I was especially pleased at the broad outreach many new and different people

12

- The ability to work on networking and have contact with other people who are doing amazing projects for social justice around the state was useful
- Opportunity to meet people, talk to them, listen deeply and better understand folks' perspectives and ideas. I was also inspired by the passionate commitment to new paradigms and honest frustration with the status quo
- So many connections, and so many great models and ideas, with the specific champion present in the room-- cool!
- I will make sure and involve the community at every stage of my community engagement projects in the future.
- Loved the session in Spanish, that gave community members a voice.

Some areas to improve on are

- Would have loved to hear what has been done from the last Vision 2020 in 2010, meaning what UNM has done from the results and what still needs work. I just want to insure that voices are being heard and that action is being done!
- Much of the conversation focused upon medical solutions to health, which is impacted mostly by socioeconomic realities. The discussion about voicing the term "social" because it sounds like "socialist" was very illuminating. Seems like the social medicine concepts will be lost in order to continue a comfortable traditional medical response.
- I'm still not totally clear as to how the HSC will use this information and what the next steps are.
- The conversations were good and people seemed willing to discuss going beyond treating illness to creating conditions for health. Hopefully that will be supported in this process.
- Do more to get out into the communities to hear their needs
- I think if NM is going to be the most advanced as far as health equity then UNMHSC will need to take responsibility and leadership for changing the determinants of health equity and health. This will be work far beyond the biomedical model and will require a great deal of internal work as well.
- Be careful not to promise something that you cannot deliver. Communities have been burned -- repeatedly – by researchers and academic institutions. Reach out to NMSU and other universities/colleges to see what they can offer before the HSC moves into their turf. UNM is not the only game in town.

The Vision 2020 Leadership Team is utilizing all of the responses as we move forward internally with implementing the recommendations. Thanks to everyone who responded to the questionnaire with such thoughtful and important feedback.

Next Steps

One of the major recommendations to the HSC was that we needed to go out into the community and hear first hand what the priorities, strengths, and needs are around the state. To read more about these visits, please read this Vision 2020 e-newsletter. Additional trips are being planned for the spring of 2012 to the NW and SE part of the state. The requests from community partners to the leadership of the HSC are being tracked to ensure follow-up is completed.

We have started out with a large list of health indicators and outcomes that are being tracked across the nation. However, we will need to focus our efforts and to do so we will do the following.

To focus our efforts on health outcomes we can improve, we will...
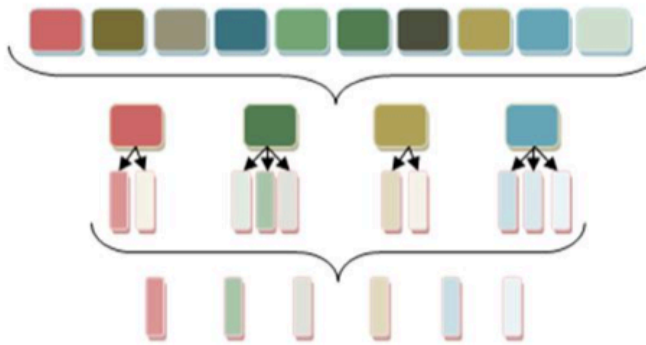
Select health **Indicators and Outcomes important to New Mexicans**

Incorporate **Health Council Priorities** and **Vision 2020 community recommendations**

Focus our efforts on **interventions amenable to UNM HSC**

Proposed Process

| Identify outcome priority areas to focus on through survey and open houses | Hold topic area meetings on 3-4 priority areas to inventory activities and identify effective strategies | Develop and implement plan | Monitor and report back to community and HSC |

If you would like more information about these efforts or would like to become involved in any way, please contact Leigh Caswell, Program Manager for Vision 2020 at lamason@salud.unm.edu or (505) 272-5377. There are multiple ways to participate depending on your availability and level of interest.

Appendices

Appendix A – Symposium #1 Recommendations

Recommendations & Insights from Vision 2020 Symposium Participants

General Recommendations

CONTINUATION: Do this kind of event more often; have some events off-campus, in community; invite more community members and practitioners in planning and to the activities; initiate more "town hall" forums to involve and introduce public health and frontline health workers to leaders and members of the community

WEBSITE: Develop website for best practice models, exchange of ideas; post all posters, presentations, and recommendations to a website so all can learn about all areas; create list serves for communities to access programs

ROLES: Office for Community Health should set up a clearinghouse for services, programs available; HSC as a convener, facilitator of groups around the state working on common issues and identifying HSC's role in promoting the work of those groups

CONNECTIONS: Find ways to keep the groups that met around certain topics connected, meeting, and working together

Education

PIPELINE: More K-12 involvement (health career programming, tutoring, mentoring, family involvement, science and math education); formalize and institutionalize role for all HSC students to be engaged in pipeline programs as mentors/role models; focus on "growing their own within their own culture"; create MOUs with tribal communities to create a direct pipeline into academic programs; expand use of HealthCareersNM website; piggyback on existing partnerships to facilitate community connections; tap into Army Medics and Navy Corpsmen as students and potential primary care providers for rural areas in NM; health literacy-- teach kids how healthcare works, how to navigate system

COMMUNITY-BASED EDUCATION: Community experiences foster better balance between "technical" and "human" side of health care; get faculty and students out into community; increase rurally-based support for all fields of health professions training (i.e. Hobbs housing, local coordinators); include subspecialties in communities, not just primary care; develop longitudinal student attachments to community, even if only virtual; build trust by establishing long-term commitments to individuals, families and communities; promote service-learning to regain altruism

INTERPROFESSIONAL LEARNING: Interprofessional student experiences in community are a triple win—students learn about each other and community, get real hands-on experience, and the community benefits; put all HSC education programs on same schedule to facilitate inter-professional education as separate schedules overwhelm attempts to learn across disciplines; address IRB issues to facilitate scholarly work in this field of education; involve MPH and College of Ed's Community Health Ed programs in interprofessional, community-based education; service

learning should be a key feature of interprofessional learning, a hub of community outreach activities, and key to addressing social determinants of health

COMMUNITY HEALTH WORKERS: Create curriculum for CHWs; incorporate CHWs into curricula and clinical experiences of all HSC students; CHWs and CHRs are in health reform law; must be recognized for valuable work; must overcome variability in pay, training and certification and have CHWs participate in those discussions; HSC should address power differential between CHWs and other health professionals; incorporate CHWs into all HSC clinics and PCMHs as bridges between clinic and community

RESIDENTS: must be trained in communities if they are to stay there; UNM-community links developed by residents can help improve community health (especially in rural and underserved communities), can inform HSC about community assets, and can connect residents with social determinants of health and disease; working across departments would create better service for communities (i.e. linking primary care and behavioral health); broaden community clinics and projects that currently exist within departments by working together across departments

<div align="center">Health Systems</div>

OVERCOMING SILOS: More cross-disciplinary approaches needed; develop integrated health systems, not just clustering of fragmented services

INNOVATIVE PARTNERSHIPS: Affiliate with CHC's that have dental chairs all over state; Medicine-Law collaboration would be valuable service for our clinic populations; develop more collaborative models that are more pro-active and patient-centered

 PATIENT-CENTERED CARE: Make health services more patient-centered (i.e. evening hours); consider location of care and provide it near where people live to reduce barriers and increase access; location of care is more likely to address social determinants in local community

HEALTH EXTENSION: Develop fully around the state

ACCOUNTABLE CARE ORGANIZATION (ACO): management of comprehensive care for the Medicare population will hinge upon increasing primary care access and overcoming stark regulatory barriers to reduce costs and achieve better distribution of payment for services; partner and collaborate well with other community providers for a strong network providing services along continuum of care; post-acute care options lacking, so extend beyond hospitals and clinics to include home care, rehab hospital, skilled and intermediate care nursing facilities, durable medical equipment, Hospice; find better ways to relate to rural, community physicians including better relationships between rural hospitals and UNMH tertiary hospital.

QUALITY IMPROVEMENT IN PRIMARY CARE: To improve patient access at UNMH, use team-based care, technology (PALS, ECHO), and Powerchart Outreach for practices around the state, which would be a major improvement in community access to UNM specialists; to improve diversity, equity and inclusion, incorporate data about ethnic disparities in planning for clinical services and track impact of visit on patient behavior; use model of South Valley Health Commons to create medical home—build "practice community" before opening to the public, provide all services beyond primary care in the clinic (one-stop shopping to close the loop before the patient leaves), address social determinants with outreach/referral to community resources, and use the quality of the clinic as a resident teaching experience to facilitate recruitment; integrate primary care at the Young Children's Health center to

address problems of anxiety and depression in the Southeast Heights by becoming part of the community; use model of primary care medical home—every clinic needs to integrate behavioral health with warm hand-offs, case management, address social determinants, seek advice from the community and become part of the community

HEALTH POLICY: Sustain innovation by seeking policy changes which generate funding; communicate with legislators to spare cuts in vital programs; form advocacy groups, obtain ideas from patients and communities

HEALTH INEQUITIES: Act on new knowledge gained from research; share resources and work in teams of health providers and academics; work at public education level to impact health and reduce risk; incorporate Spanish language requirement for all HSC students as part of cultural competency curriculum; focus on "upstream" reduction of adverse childhood experiences to alleviate "downstream" chronic disease disparities

Prevention

COMMUNICATION: Importance of fostering honest communication between children, parents, physicians, neighbors as key element of community prevention; identify "community readiness" for change, ready to express moral outrage and act; overcome myths that hinder communities' ability to address prevention

PLAN INTERVENTIONS: Pressure on legislature to enforce needed prevention programs; act on evidence (ex. value of increased price of alcohol to reduce drinking, value of adult-teen mentorship/friendship to reduce suicide attempts, value of Sex Assault Nurse Examiners in encouraging victims to seek help, report assaults); recognize that preventable health problems are inter-related so broad-based interventions that address risky behaviors associated with one adverse outcome will reduce others

CANCER PREVENTION AND SCREENING: Communities need help in navigating the web, overcoming misinformation; young people need more cancer prevention information at younger age; overcoming misunderstandings important (ex. many clients believe health insurance like car insurance—premiums will go up if you use it); Navajo communities very interested in education, outreach, screening; denial regarding cancer diagnosis in Native American populations is still prevalent

OBESITY AND DIABETES REDUCTION: Identify and employ various programs across NM to help families learn health; nutrition, physical activity; raise awareness—one in three kids will become diabetic in lifetime…worse with obesity, so must prepare for epidemic; important to parents involved to be role models for their kids; push for policy changes: state requirement for minimal recess/day in schools; more use of food stamps and growers markets; more summer physical activity programs for kids; more fresh fruits and vegetables in school meals

Community Research

CONNECTING UNM RESEARCHERS TO CREATE SYNERGIES: Connect people and their interests improve communications across disciplines; have multidisciplinary seminars; construct pool of community-linked research resources within UNM; partner with schools/colleges to maximize strengths

BUILDING TRUST BETWEEN RESEARCHERS AND NM COMMUNITIES: Develop UNM HSC Code of Conduct for conducting community-based research; understand needs of, become a resource to and coordinate research efforts in the community; build community capacity to meet community's own needs; develop Tribal grant-writing capacity—one step would be to create a repository of funded grants that Tribes can access to improve their capacity

for grant-writing; be conscious of community capacity, avoid pushback from communities; recognize importance of short term benefits to communities to encourage community participation in research; demonstrate more humility when approaching communities

COORDINATING COMMUNITY RESEARCH EFFORTS AMONG UNM RESEARCHERS: Catalog community issues/programs; build on relationships that already exist in communities

SUSTAINING COMMUNITY EFFORTS AFTER RESARCH FUNDING ENDS: Build community capacity to help selves when researchers leave; maximize local resources, the greatest assets being community members themselves; get permission to go into communities, have them self-identify their issues; be a consultant helping address community needs, using holistic, CPR approach; maintain relationship and relationship-building even after research ends; how to Improve Health of New Mexicans via Community Research; promote/adapt different promotion and tenure standards for those doing this res. (ex. Broaden definition of promotion-valued publications); advocate for funding mechanisms to support community research

HOW TO INCREASE COMPETITIVENESS FOR CBPR PROJECT FUNDING: Determine if there is a relationship with the community, if the researcher has built a team of experts around community needs, and if the research is at a high level

Community/Public Health

INCORPORATION INTO OTHER DISCIPLINES: Need to incorporate into education, service research; need public health nurse and physician assigned to geographic area; include "community" in all decision-making—planning, implementation, evaluation

COMMUNITY PROJECTS: Increase community health promotion projects; identify community health needs, disparities; increase community partnerships (ex HSC-New Heart, Martinez town) and mutual learning

INFORMATION: Expand database on health status of New Mexicans to drive health promotion programs

MEASURES OF SUCCESS: Use population health measures

Cultural and Geographic Considerations

AMERICAN INDIANS/ALASKA NATIVES AS UNIQUE ETHNIC GROUP: Distinct from each other- ex. Language, customs, political structure; only ethnic group with legal entitlement to health equity; guided by indigenous core values- community service, trust, reciprocity; language barriers a problem for health info, prevention—ex. Often long explanations required by Navajo community members for consent for simple procedures

IMPROVE ACCESS AND EFFECTIVENESS OF UNM PROGRAMS FOR TRIBAL COMMUNITIES: Overcome Centers (ex. Center for Native American Health, Center for Rural Community Behavioral Health) working in silos with little sharing of ideas, resources; develop a Center/liaison office to work specifically with Tribes in NM- serve as a "go-to" place for University folks who want to learn to work in tribal communities for tribes seeking University partners; should have UNM reps participate more activities that take place in Tribal communities- Council meetings, meetings with community leaders, etc.; conflicting timelines: major barrier to UNM working with tribes; tribes often overwhelmed by short turn-around required by UNM and various funding agencies; UNM appears overbearing, creates animosity between Tribes and UNM

IMPROVING HISPANIC HEALTH: Hispanic population will soon be largest in NM, but faces many inequities; much data exists, but task is now to act on the data; those on "inside," in healthcare field must work to distribute health resources equitably in the population; improving equity and health of the Hispanic pop will require intervening among youth, school children to prevent adverse behaviors; Spanish language requirement, health literacy (ex. all communities should know about "Yes! NM" an online resource for health and nutrition) and cultural   competence should be pushed for all health professional students; identify and disseminate programs that are successful, that we know work; faculty composition should reflect ethnic composition of state

SOUTHEAST REGION OF NM: Health disparities high; high risk population in SE: high % uncovered, highest region re: smoking, highest rate of asthma hospitalization, highest teen birth rate, highest HD deaths; many elderly in Lea County; little use of or access to internet—impairs care; can't afford prescriptions; teen pregnancy, diabetes—high rates in Hispanic population brought down by social intervention by community health workers in Hidalgo and Grant counties; many (most?) go across border to Texas to get their healthcare—cheaper; major lack of primary care, reducing access; unique programs to increase access—dental residency, Maddox Foundation-funded free room and board for UNM HSC students at Junior College, outreach to women for breast cancer screen, mobile food pantries in poor, rural towns; local training, local retention: Southern NM Family Medicine residency very high retention in state, region; use other health providers to improve care quality- ex. Teaching school nurses asthma guidelines in Lea County; when providers not providing evidence-based care, intervention difficult; much resistance to change

IT/Technical Assistance

BROAD OPPORTUNITY: Should utilizes a variety of technologies- internet, web, video-conferencing, access to images, use of cell phones, telephone; task is to integrate it and make it accessible in way that improves health; should be integrated with Health Information Exchange and Health Info Tech; reduces professional isolation (the education component); reduces cost of travel, provides earlier warning of illness, avoiding costly hospitalizations, reducing transfers; many telehealth applications: Nurse Advice Line, CDD, ECHO, Telehealth

IT CHALLENGES: Communities need navigator able to help them access right UNM IT; different UNM HSC IT resources somewhat fragmented among different depts., and programs—need to find way to coordinate for sake of communities; need affordable broadband and equipment in many rural, remote areas of NM; need sustainability plan past the grant; need appropriate partnering with communities so IT addresses their priorities; need record and ability to track community needs

IT ACTION ITEMS: create "virtual concierge," (or PALS for IT) or inventory of all IT resources and contacts for community; foster collaboration across different UNM HSC IT entities; develop customer-friendly "one-stop-shop" for UNM HSC IT resources; create the data base and record of interactions of UNM HSC programs with each community; create wiki page, Facebook page, etc. to connect UNM HSC Office for Hispanic Health with Hispanic health providers throughout state; need more rural internet connectivity, as cost of service and equipment falls; HIT and Telehealth: should be used to develop community-driven healthcare needs'; Grant-Writing: Decentralize grant-writing skills, grant-seeking across the state

The recommendations and insights compiled in this document were summarized from notes received from Vision 2020 Symposium session coordinators and moderators. They are just a sampling of all that was discussed during the Symposium and do not reflect all the issues, ideas, and projects related to improving NM's health.

Appendix B - Morning Breakout Sessions

Partnering with Spanish-Speaking Communities

Description: In an effort to be more sensitive and responsive to our Spanish-speaking communities, HSC will offer a session completely in Spanish to have an open dialogue about how HSC can become a stronger partner
Facilitator: Francisco J. Ronquillo
Recorder: Angelica Solares

Question #1 - Please share some success stories you have had with HSC faculty, staff, and or students around issues affecting the Spanish speaking communities.

- East Central Ministries
  - Partnership with UNM physicians
  - Medical and dental clinic
  - In July, it will be once a week
- "Comadre a comadre" program
  - Free consult breast and cervical cancer screening
  - Support groups for the women living with cancer
- First Choice Clinics
  - Support the uninsured and low income communities
  - UNM Residents in these clinics throughout Bernalillo Co.
- Pathways
  - Working with Navigators
  - Positive impact, navigators help clients navigate complicated health and social services systems
- Southern AHEC
  - Funding for public health in the border
    - Education and capacity building
  - Strong partnership with UNM and NMSU around HEROs
- Partnership for Community Action – support for "*Camino a la Universidad*"
  - Students from main campus shared information with middle and high school students and their parents about entering college, scholarship opportunities, and broad awareness about State Law and how it allows undocumented students in NM to pursue a higher education.
- UNM Center for Life
  - Integration of multidisciplinary aspects of holistic health
  - Very good program but it is inaccessible, because of its very high cost even for the insured: copay $35.00 and up.
- Enlace (through the schools)
  - UNM faculty and staff offer seminars/workshops to parents
  - Workshops in Spanish!
- UNM Hospital (in the past)
  - Used to offer ESL courses to its employees
  - This model offered a career ladder for staff and expanded their career opportunities
- SV partners for Environmental Justice (in the past)

- UNM offered support and technical assistance around environmental issues in South Valley Communities
- Diabetes Prevention Program
  - Health education sessions to children and youth around diabetes

Question #2 - How can HSC become a stronger partner with the Spanish speaking community?

- Open UNM Care program to undocumented individuals
- Promote programs and health information
- Provide workshops in Spanish
- Provide resources for parents to better the future of their children
- More and better communication between UNM and the communities
- Many people fear the hospital
- Hospital has poor customer services
- Lack of cultural and linguistic sensitivity and awareness
- High Costs for medical services
- Patients do not feel welcome
  - Unjust/rude treatment of patients by UNM physicians and staff affects the way the communities view the university. This type treatment is widely spread thought communities thus ruining UNM's reputation
  - Employees making racist remarks about Mexican population in front of Mexican patients (personal story was shared by participant about an incident)
- Implement a UNM policy that requires faculty/staff to participate in a cultural competency training (i.e. institutional racism)
- Instilling fear in individuals impedes progress
- Solicit community input
- Personal stories promote change
- Conduct a public forum where personal stories can be shared and solutions can be developed
- Dedicate a full day for an open house type event for the community
- Increase cultural competence among the UNM leadership
  - Know how to talk/approach Latino community
- Work on eliminating existing cultural/linguistic barriers
- Work with closely with community leaders
  - Good way to disseminate information within a community
- This breakout session is a good example of how to do it.
- Also the community's responsibility to work together with the institution
  - Not enough to talk about issues with neighbor but do something about it.
  - Be proactive!
- Create a venue for the community to formally submit a complaint or a suggestion on how to improve systems
- Three UNM staff participants that offered themselves as a resource to the participants
  - Susana Rinderle, DEI Office 272-1698
  - Daryl Smith, Pathways 272-0823
  - Megan Aragon, Pathways 925-4707

21

- o   Michelle Melendez, FCCH 224-8772
- o   Financial Department, 272-2521
- Complaint Hotline
  - o   Responsibility of the client to have all details of (exclusion/racism/mistreatment) documented
- Change mentality of the institution that services are not a hand out, but it is a human right for everyone.
  - o   These services are provided via taxpayer contributions
- UNM is a public institution
- Change the way students are trained to become future providers
  - o   Acknowledge uniqueness of community traditions, culture and language
  - o   Have good communication between patient/provider so that the patient is aware of diagnosis, treatment, plan and options. With the ultimate goal of improving health outcomes.
- Preserve the right for patient to have access to an interpreter during the visit in the clinic and in the hospital

Question #3 - Please identify specific activities where HSC can integrate and collaborate with your community
- HERO's should continue to the school and youth (i.e. Ernie Pyle School Middle School)
- Go and work directly with the communities. (i.e. Immigration coalition 247-9222)
- Bring workshops to the community around eliminating institutional racism (i.e. Dr. Lisa Cacari-Stone-NM CARES)
- UNM needs its own Promotoras – Develop a UNM centered- community health workers (promotor/a) (i.e. look at NMSU models – needs are similar here and in the southern communities)
- Capacity building trainings for CHWs/Promotoras to enhance their advocacy skills within the communities
- Offer free legal services to the communities (i.e. Southeast clinic, where legal students advice communities on legal issues)
- Service learning opportunities for Mid and High School Students to inspire and motivate younger students
- Health Education for school aged children
  - o   Nutrition
  - o   Self-awareness
- "*La unión hace la fuerza*" (Strength comes through collaboration)
- Do not just listen to communities…Take action! Based on communities input
- Address issues of tobacco and alcohol marketing within the Latino communities
- Help was solicited from UNM faculty and staff to help address the issue
- Education is prevention
- Let's work together
- Need to expand behavioral health issues to address issues such as Depression
- Mental health issues are taboo
- Expand connection to the land (community plots)
- Use an integrative medial approach
- Traditional and alternative therapies integrated with primary care
- Do not focus only on the negatives but on the strengths and assets of the community, what is working well? Strengthen it and expand it within the community

Question #4 - What HUB in the State are you affiliated with or how can we facilitate you becoming part of a HUB in your region

22

(All participants were from Bernalillo County; therefore, form part of the Central Hub)

Question #5 - In your opinion has HSC failed to be receptive and responsive to the community?
- Change the health perspective and practices
- Important to acknowledge and integrate traditional medicine; Need to include traditional medicine from the Latino culture
- Look at improving the curriculum of future medical providers by including cultural resources (i.e. Medicina de mamá)- book in their teachings
- There is no inclusion- segregation of communities
- Not everyone has equal access to health care services
- High cost for services
- Long wait period to see a provider, even worse to see a specialist
- Poor patient-provider interaction and communication (i.e. patient waiting months for lab results and diagnosis)
- Providers and staff need to be more humane and have better customer service skills
- Lack of information availability in Spanish
- Don't just listen to community, take action based on recommendations
- Need for more forums in the community and in the Spanish language
- Allow community to become part of the solution
- Use the golden rule – treat others as you want to be treated
- Need for genuine engagement of communities not just to further institutional agendas
- Need for dental programs for immigrants
- More build environmental health issues addressed
- Need for UNM Hospital to get to know the community
- More family health centers in communities
- UNM HSC and UNMH need to operate under the paradigm of a true public health institution; change from operating as business model to one of a public servant model. There is a need to give up the power and share that power with the community.

Health Systems Partnerships
Facilitator: Jamie Silva-Steele, COO, UNM-H
Recorder: Juliana Anastasoff, Northern HERO, OVPCH

28 participants (listed below): 16 community partners; 12 from HSC (had salud addresses)

Question 1: How can HSC be more effective collaboration w/health systems & providers?

Capacity development & Leadership. Increase capacity for partners to pursue funding opportunities and research. HSC can serve as a convener for the tracking, disseminating and pursuing of funding for New Mexico communities in support of improved health and health equity in NM – essential common ground for cultivating a shared vision with community and regional partners. HSC can and should provide leverage and leadership in the state to encourage health systems change. At the same time, community partners can help HSC be more a more effective leader by bringing the pragmatic approach and *imperative* to the partnership.

Relevant Research. HSC should pursue with community partners opportunities for translational science, applied research. Link CTSC to the practical and specific challenges communities face in improving health. Comparative effectiveness research on strategies for: primary care practice transformation (accountable care, PCMH); for addressing SDoH; for establishing "practice-based" evidence (vs. evidence-based practice)

Communication and Information Systems. Improve the communication between HSC and community-based health systems. Improve outcomes related to transitions across systems of care. HIT/HIE: assist practices to adopt EHRs that interface; develop co-joint meaningful use aims that align.

Data and Health Improvement. Share/pool common data sets. Communities need data; we don't need to duplicate it if HSC has it. Can we assess together what you've got, what we need? How can we use shared data to align priorities, strategies, and interventions to improve population health? How can we do a better job of using data to drill-down enough to effectively understand and close the disparities gaps?

Question 2: How can we share resources to increase quality and reduce costs?

Technical Assistance & Training to Partners: Moving from fee-for-service to accountable care will require us to develop skills in new areas that improve health outcomes, like health coaching, disease management, raising standards of care, planning care transitions: can HSC provide the training and support communities need to do that?

Health Professions Training & Education. HSC will need to develop a new health workforce that enters community practice with new skill sets, comfortable with working on the kind of diverse team that is needed to deliver accountable care with improved outcomes and increased patient engagement and satisfaction. Communities need HSC to prepare the next generation of health professionals by training them in communities, within multidisciplinary teams, so that they understand both clinical team work AND community realities. Can HSC identify and develop a primary, core undergraduate knowledge base (i.e. determinates of health; principals of community & public health practice) and skill sets (i.e. motivational interviewing, risk reduction counseling) needed across clinical disciplines that all professions begin with, together, that provides the foundation for more specific training as docs, nurses, public health professionals, etc.? Can HSC develop Interdisciplinary/Interprofessional Grand Rounds to both inform and model the multidisciplinary, patient and community-entered care team?

Missing from the table? Where is the consumer voice in the vision for improved health and health equity for New Mexicans, and what are the potential roles/value of consumer engagement?

Question # 3: Accountable Care and Health Reform

In this section of the breakout, the conversation moved to more global issues related to health reform, implications of the Pt. Protection & Affordable Care Act, and focused less-specifically on HSC-community partnerships involving accountable care, except to the extent that community partners in the room expressed the expectation throughout, that HSC had essential resources, expertise and leadership to bring to work of promoting and supporting accountable care in New Mexico. This section of the breakout became a very free-form group discussion geared toward the expression of opinions and ideas of group members in response to the question prompt. Less was linked to or contextualized within actual partnerships or collaborations between the community partners and HSC reps that were in the room. The discussion traversed these themes and questions:

- What are the challenges and resources needed to make the organizational and adaptive changes in health care systems required by the emerging environment? Can HSC provide practice coaching and facilitation to assist limited-resource community-based health systems that are primarily focused on service delivery?
- What are the opportunities to tie outcomes reporting to ambulatory QI and clinical performance?
- "Efficiency" is getting it right the first time. How do we work together to achieve 'efficiency'?
- CAUTION: Don't develop ACO models that discourage providers from caring for complex patients with complex contextual challenges that use incentive formulas that do not account for the impact of determinates of health on health 'capability'. In the same way that those RWJ messaging materials say "your zip code may be more important than your genetic code", 'accountable care' shouldn't make it harder to get paid to provide health care in Española than in Los Alamos.
- Need attention to understanding and attending to the patient-centeredness aspect of health systems transformation.
- How can we share strategies for patient 'activation' and engagement (i.e. the Chronic Care Model, Ultra-brief Action Planning and other motivational approaches in primary care, Stanford Chronic Disease Program, etc.). How do we scale-up patient activation for self-management, self-navigation, and self-advocacy?
- What are the related workforce needs: community health workers, health educators, social workers who have the training and skill sets to cultivate and support the patient/client capacitation required to improve outcomes and reduce costs. Payment systems need to support these roles on clinical and community care teams.
- How do we prioritize, and make the business case that accounts for the fact that costs are driven primarily by 1) end of life care and 2) lifestyle? What are the best practices, and who are the practitioners, of those interventions that can address context, socio-economic status, and environment factors which structure lifestyle choices?
- We need resources to address systems issues, which are different from exam room issues, which is all that we are currently paid for.
- How do we bridge the clinic and the patient's health ecology and context?
- How can community partners better use existing HSC infrastructure (tele-med, training opportunities, share best practices) to support medical homes and accountable care?
- How can we make stronger alignments between the community benefit requirements of federally funded health systems and locally prioritized community health needs?
- What are the possible opportunities for collaboration given that ACO guidelines may drive focus/payment on more upstream interventions? How might our priorities, investments, aims, and roles shift?
- New Mexico faces an interesting question: what is the value/opportunity of a statewide integrated ACO, versus multiple ACOs across the state?

Integrating Behavioral Health with Primary Care
Description: Discussion about how HSC can support the integration of behavioral health with primary health care
Facilitator: Helene Silverblatt
Recorder: Leslie Kelly

What are the **barriers** for behavioral health providers/programs in partnering with the HSC/UNM?

Physical space/resources for connectivity for telehealth, stigma, education for workforce and wellness for workforce/ HSC not partnering directly enough with communities i.e., getting consumer input, education around behavioral health research, etc. /primary care MDs not having enough time to provide the necessary BH screens in 3 minutes making

integrations more difficult/disassociation between the vision 2020 goals and the marketing messages coming from HSC/not understanding or knowing how the HSC allocates resources to address the massive underfunding for Behavioral Health services/ leadership needs to address the underfunding of behavioral health services/not all HSC employees have health insurance themselves/State of NM and HSC not on the same page

How can we or have we broken barriers in order to form a better partnership?

Project ECHO/using a community convener to get communities to interface with the HSC/need to have education preK-12 at the table/ Need to have HSC partner with Community Support Workers (CSW's) to ask the questions, i.e. Depression screens/reflective supervision/anti-stigma campaign, suboxone clinics/peer to peer mentoring/CCSS (Comprehensive Community Support Services) model /Behavioral health funding needing to be re-organize/ Integration of BH & PC/Clinical Home/ Look at Federal Regulations around funding and models to train and provide care/Interdisciplinary model/Interdisciplinary simulation center/HSC equally address Behavioral health and Physical health/Integration Primary care into Behavioral health rather than the other way around/Open dialogue with CMS/ Healthcare reform i.e., medical home – 3 tiered reimbursement model 1. Modified fee for service, 2. Monthly case management, 3. Performance fee/Partnering with already existing and formed community groups rather than re-creating a group/HSC sharing resources within the center, understanding better who are the players , what they do and where they do it/Trainees needing a skillset around telehealth: experience as the distant provider as well as the local provider, training on the depression screen and beyond/ training for behavioral health providers to address other behavioral health needs i.e., weight loss, smoking etc.

Research Breakout
Top community research priorities:
* Early interventions for children/youth (especially in regards to youth suicide, pediatric conditions, teen pregnancy, substance abuse)

* Diabesity including diabetes, obesity, heart conditions, and related issues such as food security)

* Access to care (with particular focus on access to culturally-relevant care)

Most important health disparity to focus on:
Access
"Access" does not only include basic access to healthcare, which is highly important and includes issues such as provider shortages and issues facing rural and frontier communities, but is also:
• Access to education (both in the traditional sense, where higher educational levels lead to better health outcomes, as well as education related to health literacy)
• Access to information (increasing communities' and individuals' ability to access information about health, health care, and options; increasing access to information/resources on how to navigate healthcare system)
• Access to research education
• Access to culturally humble providers (to achieve this would imply a transformation within the medical education system to train providers in cultural humility, language, and humility in general)

Resources HSC and communities should share:
Knowledge should be co-created by communities and HSC learning from each other. Both have competencies, skills, and resources that are valuable to the other, and the research should be a hybrid of both groups' contributions. Programs should be created in concert with community needs, creating a network of expertise that would allow sharing, communication and collaboration.

26

Specific resources that HSC should make more available to communities: library/informatics (HSLIC), and CTSC

Other topics that were addressed in the session:
- Cultural context
- Having a holistic view of health, treating the whole person rather than just a specific condition
- Practice-based and culturally-based evidence, just as valuable as evidence-based practice
- Turn the focus inward on HSC, research our own institution
- Remove "blame" towards communities/individuals from research and healthcare

Students in the Community
Facilitator: Betsy Vanleit
Writer: Amy Anixter Scott

Participants (Approximately 1/3 Community partners & 2/3 UNM HSC) - DRAFT

Questions: What brings you to this breakout session?

- All of the participants work with students (k-12, undergraduate, pre professional, residents)
- Interest in dual credit programs
- Find out how to get students involved in community
- Broaden scope of community-based opportunities for students
- Integrate student learning with community practice
- Develop replicable or transferable models
- Promote interdisciplinary education and team work (include partners from wide array of sectors such as community planning, law school, community schools, neighborhood associations; think outside of the box and be inclusive)
- Develop and share community-appropriate curricula
- Share success stories and challenges
- Connect students with community health workers
- Discuss pipeline activities/models
- Interested in sustainability of community programs
- To articulate and commit to long-term partnerships between UNM-HSC and partner organizations
- Build better partnerships – bidirectional
- Peer education opportunities
- Networking with partners around the state for training and community-based project opportunities
- How to measure outcomes?
- Interest in community-based participatory research
- Infuse "upstream" approaches

What type of student/academic-community partnerships are you doing now and/or have experience with?

- Working medical students, nursing students, pharmacy students and residents in community clinics and hospitals
- Preceptorships
- Working with undergraduate students
- Mentoring k-12 students
- Projects/programs that involve youth related to health education, food, housing, and direct service
- Peer education

27

- Pipeline to health careers
- One Hope Clinic (East Central Ministries – International District, ABQ)) great model of community-based/formed/driven interdisciplinary healthcare clinic. Includes Diabetes education peer-education model, promotoras, interdisciplinary student and faculty involvement
- Casa de Salud model (South Valley, ABQ)
- DOH - Working with health educators and peer-education with young men (South Valley, UNM-HSC)
- Presbyterian Health Services – Project Choice
- UNM-Taos - Tremendous dual credit program for high school youth
- UNM – EMS working with every county in NM
- UNM-HSC Nursing – Childhood obesity initiative with schools, Nursing diversity pipeline/mentorship program with middle and high school students at hospital (addressing future goals, training, peer education)
- Hidalgo Medical Services – working with UNM-HSC students/residents for training and to expand rural healthcare work force
- College of Nursing, UNM-Taos – Broadens opportunities for nurses in community and expanding local work force with local hospital
- Office of Diversity, UNM-HSC – outreach for health careers pipeline/Dream Makers Programs in 5 sites statewide
- Office of Community Affairs, UNM-HSC – Pathways programs/health navigators working in with uninsured and underserved.
- NMCEH – working with UNM-HSC students, k-12 students to decrease hunger and impact it has on children

What types of student/academic-community partnerships would you like to help create?

- Interdisciplinary teams
- Strong UNM-HSC – Community partnerships
- Pipeline
- Educational
- Continuity and rural outreach opportunities
- Leadership development

What is required for those partnerships to materialize?

- Commitment
- A better way to communicate with each other (e.g., web site, blog, registry)
- Community champions
- Bidirectional partnerships that address community-based aims/programs
- Support (includes funding support) for students
- UNM-HSC support -This symposium is a step to making this happen

Themes that emerged from the breakout session

- Emphasize broad understanding of health and support our students significant engagement in community
- Foster team-based and collaborative processes
- Promote social accountability for students
- Build on cutting-edge models of care
- Offer opportunities for students to learn/be involved with innovative health care
- Promote longitudinal/long-term and sustainable community-based initiatives

- Recruit and retain students in community
- Emphasize bi-directional relationships that are community driven
- Create significant educational endeavors that are of benefit to people and communities
- Address accreditation standards to include community engagement and student activities. Learn from partners who have done this (e.g., UNM-HSC Dept. of Pharmacy – ACPD mandated interdisciplinary education 2/14/11)
- Help instill a "sense of future self" in students for health-related professions (K-12, undergrad)
- Your zip code is as important (or more so) as genetic code
- Curricula to include - 1) Educational and community-based work should include value statement/training in equity 2) Student training/learning to include reflections 3) Accreditation for community engagement 4) Leadership development 5) Social determinants of health
- Reconnect the medical and prevention models
- Address institutional and structural racism
- Challenges for rural communities include: 1) no local institutions of higher learning and academic health center 2) critical mass of population not enough to make competitive for funding opportunities
- Share resources across the state (could use rural community as demonstration site)
- Share models that are replicable and/or translatable across state
- Develop/Strengthen partnerships for community-based research that is purposeful and gets practice into community
- How do we measure success? What are outcomes? UNM-HSC can help with this

Hospital Partnerships

Description: Statewide partnerships with hospital and primary care providers
Moderator: Christina Campos
Recorder: Mark Moffett

The direction questions for aide discussion were:

1. How can UNM HSC (UNM Medical Group, Hospital Clinics, and Clinical Departments) work most effectively with other health systems and health providers- public, non-profit and private, to improve the health of communities served by those systems and providers?
2. Can we share common resources to improve quality and reduce costs? (Ex. coaching practices to become Patient-Centered Medical Homes, mining TriCore database, deciding on common standards of care, invest in better sharing of health information)
3. Can we form a mutually supportive network to help improve the health of local communities?

There were a number of themes that were discussed in this breakout session. Numbered below are the three themes that emerged with the lion's share of discussion. Following this list includes other areas that were discussed without defined action steps.

1. Development of a sustainable business model to benefit health systems and health providers within specific areas such as infection control and dedicated telemedicine. A "timeshare" model in which different hospitals and systems jointly purchased medical specialist time was discussed at substantial length. In this model, time could be secured through a UNMH Department and have it dedicated for specific time periods at specific times (e.g. 8 hours for the last Thursday of each month). Several discussants talked about this option as the specialist coming to rural providers in person, while other discussants talk about the option as a dedicated telemedicine clinic.

2. Willingness to create a mutually supportive network to help improve the health of local communities was a second area of significant discussion. Several of the discussants from rural hospital systems asked for the commitment of the UNM HSC to facilitate this network. The potential network was identified as a "Community Hospital Network" and as a "Regional Doctors Office Network" – it was unclear as to whether these descriptions imply the creation of one network or two. Regardless, the network(s) can serve to function several core needs: assistance in capitalizing on value-based purchasing incentives, a Learning Network (to address peer coaching and reduce professional isolation), and to aide in the transition from fee-for-service to outcomes-based reimbursement systems.
3. Expansion of subscription models of statewide services based on or similar to the Nurse Advice Line. Within this discussion was desire to see integration of UNM-based services such as the Nurse Advice Line, Poison Control, Project ECHO, tele-stroke, tele-ER, Pathways, and MCO/Field Management. The role of UNM would be to either help create the relationships between the institution and rural provider systems or generate a menu of options that the systems can subscribe to.

Several other areas of interest relevant to the breakout discussion without a specific solution step included a better understanding of the economic boost to the local economies from the rural hospital systems, increased UNMH availability to reduce out-of-state patient transfers, increased access in general to physician specialties, increased access to mental and behavioral health, assistance in accountability measures to transition to medical homes, student training, share and export activities for nursing executives, and methods of affecting and measuring change in population health. Afternoon Breakout Session –

Partnership for Improved Health Policy
Experiences we've had with policy work that have been successful

- Like to see successful accreditation for Community Health Workers (CHWs); they are the tie to move to team approach for care and alliance with other agencies in communities; CHW is key to warm handoff of clients between agencies; have been working with Senator Griego to get CHW certified and licensed—will lead to a small reimbursement rate, instead of absorbing the cost. (Sustainability model); a common language
  - Barriers: money-state is not putting licensing as a funding department; finding facilities that have the CHWs (MyCommunityNM (www.mycommunitynm.org) is able to include)
- Looking at things done over years and determining effectiveness, gathering data and producing reports as a policy. Reallocating money to other areas. Showing it makes a difference. Speaks to statewide data.
  - What it takes to accomplish policy; civic leaders can't be experts in everything—telling them precisely what needs to be done EEXACTLY SPECIFIC; look at similar types of projects that have been done in the state, inform of problems along the way
  - Language needs to be commonly understood
  - Understanding it is a long process, but doable
- Health Impact Assessments. Looking at what the policy, program or project is going to do for health. Can bring in the health impact for things that folks are not necessarily linking to health. Working with Senator Keller to do HIA by legislation—getting to the point where people think about all the things needed to be thinking about the prevention piece; what should be in place to stop people from having to go to the hospital? Provide indirect support for those that often get listened to.
- Environmental health having a cumulative impact on individual health and impact on the health systems
- Forming new partnerships; bringing corporations to the table, extending past state borders

- Enhance personal health education by figuring out how to incentives; pluses and minuses aimed to help people figure out for themselves the penalties; still in model of I'm sick someone fix me rather than what lifestyles should I choose; making healthy choice the easy choice by establishing resources and providing the environment

Challenges

- Medical debt—creating pressure on the family and prevents seeking health services; impounding costs of trying to collect the medical debt; better consistency in indigent care to avoid the cycle of billing, collecting, removing; making people indigent through this debt; still maintaining a revenue stream to provide the services
- Policies not proactive—offer up to states options around health issues; take a look at the health disparities, show the ones that are in place that are effective and then give options for how change can be effected
- Figure out over time what is the intent of the policy—using the university to do this
- Continually translating the intent of the policy; some way for students as a group of future leaders to be part of the policy formation process—not as putting out something, but to put them in the middle of knowing the intent so that as the implementation process occurs they are in the middle; be methodical and strategic in inclusion
- Consumers at the table from the beginning; very lax in doing this. Seeing the value of the intent of the policy
- Success when everyone was in the room; brings about a whole different set of solutions; avoids the last minute bite of unintended consequences or subverting the policy—know your opposition
- Initial excitement doesn't continue-networks that are established and funded to allow you to keep partners engaged; dissemination of the successful networks and the strategies behind them
    - How can we better at this:
- Negotiation of how the implementation of the policy occurs. Think through the what the changes mean and how that will look and creating alternate environments—and watching the policy over time
- Knowing the policy and who is supporting the opposition; who are all the key players and who is influencing the opposition—challenge of not being able to know who the opposition is; a need to reframe issues for new groups; watch the language to open up for engaging new partnerships
- Depoliticize the issue; get the vision broad enough that can bring many different competing groups into the issue and will survive changes (including administrative changes)—then makes it difficult to have a specific policy
- Focusing on behavioral change and changing the culture; the amount of time it takes to make the behavioral change; there is a quicker fix by environmental change
- Fund models for healthcare and prevention to neediest people in such a way that the model has built into it rewards and indirect penalties for lifestyle behaviors; need the models we can see that work; starting small and proving that can move forward for this
- Evidence formed policy
- Healthcare is an easy topic to talk to both sides of politics
- Growing our own and learning about many areas of healthcare; mentoring on all levels—
- Federal and state government input; if will have input into these discussions you will need to start talking with the current students—will have a mentoring component that leads them in to administrative roles;

provide link with Dr.s and nurses in the communities providing stimulation and support where they are practicing

- How can I help people help themselves; can't rely on the fed coming in to fix it; strength in New Mexico of not having money—jewels of programs that have gained national, international recognition
- Decide which battles you want to engage in; sometimes can only take on the small battles;
- Build evidence, build local support and chapters
- Sometimes doesn't take an act of legislation to make things work. Looking at several different opportunities; think globally and act locally
- Support groups of helping people through the perseverance of the road blocks
- Pilot projects do work
- Looking at schools as the primary policy area—modeling for the youngest; good location for doing programs and engaging lots of people; community schools is a good strategy—community can come in and the learning can go beyond just the students;
- Formalized Network of people who have the expertise in health policy—knowing how to write it, has it already been implemented before, is someone currently working on it, feedback on the ideas, serving a clearinghouse function
-

SUMMARIZE

- Evidence
- Team based care—workforce development, rules and regulations, shift from sick fix to prevention models
- Knowing in for the long haul and how to bring in the right people
- Environmental health, incentivize healthy behavior, looking what we will need for the future
- Stakeholders and pulling in new partners
- Pitfalls and how do we get each other through them
- Looking at best practices and what works
- University agenda—longitudinal and a continuous model of students working in the community
- Don't have to go for legislation, may not be best or quickest
- Schools pay attention to for the future

Appendix C - Afternoon Breakout Sessions

Northern
Facilitator: Carolina Nkouagua, OCH
Recorder: Juliana Anastasoff, Northern HERO
21 participants; 17 community members and 4 HSC

Question 1: What types of partnerships exist between your community and UNM HSC?

Question 2: What successes, barriers, or challenges were faced in this partnership regarding improving your community's health?

The group responded to these two questions as one. There was more 'reporting out' of details of various independent partnerships, and not really conversation/discussion among participants in the room. Responses fell into 3 general

categories for respondents: partnerships we are excited about/what's working; things we'd like to improve or figure out in partnership; assistance we need from HSC:

<u>What's working about our HSC partnerships; what are the qualities that HSC brings to the relationship that works well?</u>:

- There is great appreciation for HSC telehealth programming that supports school health, school nurses and school-health advisory councils
- Project TRUST is doing a good job of training providers to do behavioral health work in tribal communities
- Leadership of HSC in the NM Nursing Consortium
- What works is 1) permanence and 2) continuity. That's what we have with health extension (HERO) in the north. There is presence, listening, showing-up, responsiveness and tapping into local expertise and wisdom about achieving HSC goals in community. There is a quality of interaction with community clinicians: courtesy, interest, compassion, investment - a trusted link to the mothership. We receive insight and support around the tough cultural changes that are happening in healthcare, as well as technical assistance for the practical aspects.
- Partnership with HSC (esp AHEC and HERO) brings a great deal of credibility and accountability to the work we do
- In the case of our HERO, you have a HSC staff person who is community-based and vetted. No matter what expertise or qualifications she may have, there is a stronger accountability, credibility, trust because she is from the community.

<u>What we'd like to improve about our partnerships</u>:

- We need HSC to train a place-based culturally competent health workforce that wants to serve rural communities
- How can we work w/HSC to address the need for training PCPs to work as part of multidisciplinary teams? How can HSC produce a more collaborative workforce of clinicians and researchers?
- Some of our work is not very collaborative; someone from UNM shows up with a project they'd like us to participate in – sometimes on very short notice and timelines - with the "collaboration" fully-developed, sometimes, incorporating ideas or approaches that we think won't work well in our organization or community, or could work better in a different way, but there's no room for our input, because it's figured out already. To be honest, it feels disrespectful. We have our own mission, priorities, and needs. We'd like start with some good ideas and a blank piece of paper – what are our respective aims and priorities; what would we (the community partner) like to investigate and understand about our practice & community? How can we together shape a program or research idea that speaks to that?
- Many people who come up from the University do not have significant practical experience working in community-based environments – from the clinical, population or management aspect. We are *organizations*, made up of teams and structures and processes and chains of command. Please, ask first how things work and who needs to be involved. If you genuinely want us to be involved, give as much notice as humanly possible – our staff schedules can be committed two or three months out. Also, please don't "drive by"; we often don't know the final outcome of contributing our time and resources to research or projects, or have contact with the people involved after the project is over.

<u>Needs or opportunities for more collaboration</u>:

- We need increased presence/support from HSC to build health sciences training programs at UNM-T
- How do we address the disconnect between our health improvement aims for patients/communities and the health of our health workforce?
- We (Holy Cross Hospital) are interested in building an industrial/occupational medicine program
- DOH would like to share their Stanford Chronic Disease Self-Mgt Program initiative in the North

33

- ECFH needs assistance w/meeting CLAS standards, medical interpretation
- UNM-T, as a regional higher education partner of HSC, has interested/capacity to design/develop training and education required of health employers in the region
- How do we identify the big levers and key partners in our region to drive change in health systems?
- Increased knowledge and support for addressing chronic conditions
- Med reconciliation is a big piece in improving patient safety – we'd love to have training for pharm techs who can do this work in the home health environment
- We'd like more HSC support to extend/embed programs across the state
- How do we collaborate cross-sector for issues that support health and the SDoH via work together on legislation and policy, especially in the health leadership vacuum we have at the state level? How can the health sector show-up to support education policy, and visa-versa?

Would you want a multi-professional team from the HSC to visit your community to plan next steps in building the partnership and possibly a hub?

- Develop a core team that goes on all visits, and custom add others as indicated by the interests, needs and collaboration history with the community being visited
- If you are coming: be humble, don't suggest or promise what you can't deliver, become part of the community, don't repeat the mistakes of the past in how the University engages in community
- The periodic appearance of "bosses" is less important than the permanent presence (i.e. health extension model)

Central Urban (Bernalillo/Sandoval/Valencia) Regional Discussion
Facilitator: Charlene Poola
Scribe: Francisco J. Ronquillo

1. What types of partnerships exist between your community and the UNM HSC?
   - Molina
     - CHW Program
     - Project ECHO
       - Reimburse PC
       - Scholarships for PC for training
       - PC clinics
       - CHLH identifying sites for clinics
   - Zuni, Isleta, ACL Sandia (Tribal partnerships)
     - Health
     - Networking with other community resources
     - Mobile clinics
     - Linking diabetes events at tribal level
   - RWJ Aligning forces for quality
     - Bringing providers and working with consumers and employers; all health plans at the table
     - UNM stakeholder through hospital, physician groups
       - 1st public report around PC
     - HSC discussion for systems redesign; access to programs
   - Project HOPE
     - And United Healthcare; mobile outreach on education, chronic disease, a project for 3 years
   - Centro de Vida – East Central Ministries
     - Medical and dental clinic

- Interdisciplinary
- In July it will be once a week
  - SVP for Environmental Justice
    - Healthy place
    - Not as strong as it was
  - APS partnership
    - Nursing pipeline
    - Work with middle/high schools
  - Strong partnership ALB. Opportunity Center (Men's Shelter)
    - Medical, pharmacy and nursing students
    - Good shepherd, HSC
  - Partner with Epidemiology Dept. working on asthma
    - Mobile units should be taken into communities
  - SE Heights- 30 year partnership with ABQ city
    - Medical services for children
    - CYFD
    - Gang prevention/intervention
    - PB&J/ city paid for a building (Kellogg funding)
  - UNM Medical Students
    - Health equity course
    - 14 hours of CB service and communication centers
    - This is second year – CB experience
  - How does the community know about all these partnerships and programs?
    - It is in the works; need for HSL to know about programs and services
    - Working on community website, working with library
    - Access to programs, services, activities, statewide
    - Community engagement ***

2. What successes, barriers, or challenges were faced in this partnership regarding improving your communities health?
   - Challenge
     - 30k patients assigned for FCCH
     - Specialty care barrier; cost; long wait; uninsured
       - Prevents people from receiving specialty care
       - Then you have PC providers treating patients that should be treated by specialists
     - Patients not qualifying for UNM care due to be undocumented or other reasons
   - Success
     - Healthy fit Clinic; see points from FCCH and connect to multi-disp. Team; clinic (Pediatric weight clinic)
       - Carrie Tingley (Overweight and obesity)
     - Provider communication between UNM and FCCH
     - No measuring tool, yet. Limited money only for UNM FCCH
     - CAC-Pathways; accomplished through community advocacy; mil level $; care coordination service different way of addressing healthcare issue
     - Individual and population based; good evaluation
     - More $needed for training; comm. Infrastructure
     - New needs have emerged; care coordination for TB
     - Most recipients are not insured
   - Communication

35

- Between providers and community
- Use different modes of communication
- Language
- Go to grass roots organizations and have them help share the information
- More awareness
- Need to empower people; not the providers
- People know what their communities need
- Community forums
- Community centers – Health Fairs
- Incorporate traditional with western medicine
- Need to coordinate on a bigger scope
  - Let's not focus on sick and look at how can we keep people healthy
- Work with communities; not just within institution
  - We keep feeding treating the ill rather than keeping people healthy
- Resources can be multiplied; strong info/data on obese children; let's target interventions
  - Building collaborations. We need to connect; common vision and goals; what can we ALL do? Prevent future illness
- If we have a website, flyers are not as effective as building relationships
- Collaboration with communities
- Excellent Health- vision; strives towards that and look at what works
- Many departments offering services; how can we find the cause of what we are treating
- What is in the environment that is affecting the people?
- New med students looking at SD
  - It is a four year curriculum
  - Educate a healthcare taskforce and look at issues identified by the community
- Facilitate money at HSC and training in grant writing; Affordable Care Act money focuses on prevention and working with communities ½ FTE at center grants.gov RWJ AHRQ HRSA DOH office of research
- Develop a practical action item; look and work together; competition is not ourselves it is other states; best way to compete is to aggregate-cooperation; be very explicit with goal
- Difficult system to navigate (HSC); it would be nice to know and look at innovations in healthcare; look for opportunities for sustainability of prevention
- Identify grant writer resources and cross-connect on issues, $ opportunities; there needs to be a systemic approach that endures beyond individuals
- Heinrich's office
  - Someone in the delegation helps search for grants if you have an idea that helps community; private, federal money and will contact you if you are a viable $ program.
  - 346-6781, heinrich.house.gov
  - Crystal Romero-letters of recommendation
- It is hard to collaborate; decision makers need to ask what we are doing; do things different UNM, FCCH, Public Health; meet and develop a common vision; measure our decisions and compare to goals. How will we improve the health of NM? Where is the resource and power for Vision 2020
- Need to build relationships ***
  - We need to be empowered with communities
  - We need to have communities teach our leadership and have them share real stories of what is working and what is not working
  - Have more community dialogues where partners can share ideas with leadership of what may work through a cultural and linguistic lens
- Have visionaries come together

- Buy-in from leadership
- Collaboration means changing your focus
- Bringing together Brooks', Torres' and other big system leaders
- Acceptance, understanding; more integration
- "I need to give up some of my power" pass on the power to the community
- Vision 2020 Leadership reaching out to leaders of CB entities

- Try to simplify; announcements sent on time; in the process needs to include the community
- How is everything connected and how can we change the system; have HSC change some of the rules
- Leadership should come from the people; providers that are compassionate; let's get the voice of community back.
- Integrate with comm. Through EOPC model working at the community level "so many great things going"
- No structure; look at some outcomes
  - Look at process
- Measurable outcomes- it is a process
- Community engagement through CTSC; translational work
- Centro de Vida – building a curriculum
  - "Art Kauffman the visionary" – he just did it!
  - Skip bureaucracy
- Policy affects health; no county manager; send emails to commissioners per health in all policy; chance for different leadership.
- ** Action Hems – begin to move institution; UNM recognize and act as a public institution; act for well-being of the public; no more self-preservation

3. If we could strengthen the partnership by forming a local HSC "hub" in your community, what should be included in a "hub" to improve your community's health?

Local HSC Hub
- Policy
- Leadership
- Environment
- Education
- Community buy-in
- Change location
- Training
- Grant writing
- Immigration
- Environmental
- Data sharing
- Town hall meeting for community
- Training of service providers
- Culture
- Language practices
- Parent organization and survey the pts.
- On-going navigation and advocacy
- 18 indicators
- Evaluate system and not just the people
- Hub success – sharing power
  - Include class in the discussion

- Healthcare training

Southern NM Regional Discussion
Facilitator: Amy Whitfield
Scribe: Daryl T. Smith

1. **What types of partnerships exist between your community and UNM HSC?**

   - The Presbyterian Medical Services (PMS) clinics across southern NM (i.e. Deming, Reserve, Tularosa) have very little relations with HSC
   - SoAHEC at NMSU works closely with the HSC AHEC office and receives funding from them to work in the 17 southern counties of NM
   - Hidalgo Medical Services collaborates closely with the HSC through research partnerships, student/residents placements and clinical rotations, and through a project called La VIDA; Lifestyles and Values Impacting Diabetes Awareness
   - The Health Council in Socorro partners with Project ECHO around their trainings for community health workers
   - The Residency Program at Memorial Medical Center in Las Cruces, since it is technically a for-profit program, is not associated with the HSC School of Medicine, but does collaborate with Project ECHO and is developing a relationship with the One-Plus-Two Programs. Apparently because it is considered a for-profit program it is not eligible for public funds, which might create a barrier for placing graduated medical students from UNM?
   - DoH, Public Health Division in Roswell and other parts of SE NM works with the HSC primarily through its specialty clinics associated with the Children's Medical Services Program
   - Hobbs is developing a stronger partnership with HSC through the placement of BA/MD students and residents in Hobbs

2. **What successes, barriers, or challenges were faced in this partnership regarding improving your community's health?**

   Successes:

   - Hobbs worked with students from the BA/MD Program and was able to develop a teen pregnancy program outside of the Hobbs school system despite being a very controversial topic.
   - SoAHEC at NMSU has a strong partnership with the HSC and with HSC funding has been able to develop many programs in southern NM

   Challenges:

   - Hobbs has a lot of difficulties recruiting students for health rotation placements
   - There is inadequate staffing and resources in many rural areas that prevent us from meeting even general standards of care
   - SoAHEC cannot effectively cover a 17 county region with its current level of resources, both human and financial
   - The distances between the HSC and most communities in southern NM is a huge barrier to effective collaboration
   - There are other institutions of higher learning in southern NM that UNM needs to reach out to and collaborate with that could further strengthen community health
   - Memorial Medical Center Residency Program –State regulations (anti-donation clause) around funding private vs. public institutions prohibits MMC from receiving any state funding for its Residency Program

thus limiting the number of residents that it can accommodate. It was suggested that they consider creating a subsidiary that would enable them to become eligible

- The south just doesn't get a fair share of resources, including funding. Too much is centered in Santa Fe and Albuquerque, leaving very little for the remainder of the state
- In many southern communities there is insufficient broadband for things such as tele-health, webinars, and other forms of IT communication, and to get this established in rural communities is cost prohibitive

3. If we could strengthen the partnership by forming a local HSC "hub" in your community, what should be included in a "hub" to improve your community's health?

Note: HSC can help communities by designing a minimal acceptable level of care for underserved areas and then helping to fill those voids. UNM can also help by using its political influence to help persuade lawmakers from rural regions about the importance of the provision of health care and other services.

- UNM needs to dramatically improve the flow of information (i.e. results of its extensive research, technology, best practices, etc.) Communication has to be bidirectional, and UNM hasn't always been very good at this. HSC can learn a lot from communities if it is consistently communicating with them
- Expand training opportunities for health professions students in rural areas, as this is very important in improving retention rates of these students in rural areas once they graduate
- What should be included in the hub would vary from community to community, but a consistent need that was expressed was assistance with things like community needs assessment, project/program evaluation, and "community driven" research.
- A systematic approach and/or formalized structure needs to be established that allows local communities to easily connect with the appropriate staff/faculty at HSC in order to strengthen partnerships
- It is recommended that the HSC work a lot closer with the community health councils, as they are a key resource in most communities and are often comprised of many of the health leaders. Could HSC even provide financial support to select health councils in which there are strong relationships that would compensate for their loss of state funding?

4. Would you want a multi-professional team from the HSC to visit your community to plan next steps in building the partnership and possibly a "hub"?
- Both Hobbs and Socorro expressed interest in having HSC leaders come to listen and assess community needs with the local people in order to plan for any next steps
- HSC should be an integral partner in helping with the entire Community Health Worker certification process being developed by the Department of Health and many partners. HSC could be helpful in figuring out the financing and sustainability pieces
- Communities need to identify which HSC professionals they'd like to work with in the establishment of a local "hub". Evaluators, epidemiologists, and others who can assist with community needs assessment could be just as helpful in some communities as medical providers
- Hobbs would like a HSC multi-professional team to come and see firsthand the results of a visit they made a few years back in terms of student placements and involvement with the BA/MD program
- The SE corner of the state would be willing to facilitate a meeting with community partners and the HSC if this was desired by UNM

Important Follow-up Questions:
1. What is the follow up? How will we know what comes out of this?
2. How will be involved in the process?
3. Providers know how to interact with patients?

39

4. Critical health literacy- race, health, environmental
5. Is this a virtual HUB or a place, people that are here to stay? A physical location?

Tri-County Region

Facilitator: Karen Armitage

Scribe: Mark Moffett

The direction questions for aide discussion were:

1. What types of partnerships exist between your community and the UNM HSC?
2. What successes, barriers, or challenges were faced in this partnership regarding improving your communities health?
3. If we could strengthen the partnership by forming a local HSC "hub" in your community, what should be included in a "hub" to improve your community's health?
4. Would you want a multi-professional team from the HSC to visit your community to plan next steps in building the partnership and possibly a "hub"?

Discussion Notes:

From the region, the breakout session had one hospital administrator, Christina Campos, from Santa Rosa and a medical resident who is currently working in Santa Rosa.

The primary partnership discussed was between the UNM Pathology services and the local hospital. This relationship has facilitated the creation of a large laboratory services in Santa Rosa and made it possible to provide medical testing and related services to truck drivers traveling along I-40.

The administrator mentioned that there has been an long relationship between the health care services in the region and the leadership in the Office for Community Health, specifically Wayne Powell and Art Kaufman. There was a time period in which the hospital and clinics were having large financial troubles and the Office assisted in recovering from those troubles.

The hospital and clinics formed a relationship with Luna Community College to provide training and job placement for RNs. The relationship has proven to be very successful as there is currently an oversupply of RNs and there are a number on a waitlist to be hired.

The medical resident expressed a desire for the handoff system for patients admitted to UNMH to be more transparent. There is a sense that the communication back to rural practitioners upon discharge from UNMH is lacking.

There was an expressed desire to increase access to UNM library and communications. The experience during residency is dedicated to practice and learning. There is a concern when working in rural New Mexico that a physician will get professionally isolated and would appreciate access to virtual grand rounds through the university and have help connecting to peers also serving rural New Mexico.

The possibility or desire for an HSC "hub" was not specifically discussed. Based on the discussion in the breakout session, the discussion about forming a hub would most likely be with Christina Campos and Dr. RANDAL W. BROWN, MD, a family practice provider in the region.

Appendix D - Participant List from Symposium #2, May 4th, 2011

First Name	Last Name	Organization
Javier	Aceves	UNM Young Children's Health Center
Steve	Adelsheim	UNM Psychiatry
Juliana	Anastasoff	UNM Office for Community Health
John	Andazola	Memorial Medical Center
Joe	Anderson	UNM College of Pharmacy
Bill	Apfeldorf	UNM Psychiatry
Megan	Aragon	UNM Office of Community Affairs
Karen	Armitage	UNM Office for Community Health
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Marlene	Ballejos	UNM School of Medicine
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Roni	Belvins	Mountain Home Health Care
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Debra	Brady	UNM College of Nursing
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Corey	Ford	UNM Neurology
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Maggie	Gunter	Lovelace Clinic Foundation
Kim	Hedrick	UNM Medical Group, Inc.
Marty	Hewlett	UNM Taos branch Campus
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Sarah	Howse	Presbyterian Medical Services
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Maggie	June	UNM New Mexico Immunization Coalition
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Patricia	Marshik	UNM Pharmacy
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43

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Denise	Wheeler	UNM Telehealth Program Development
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Amy	Whitfield	UNM Office for Community Health
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Vicki	Wilkenson	Presbyterian Healthcare Services
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