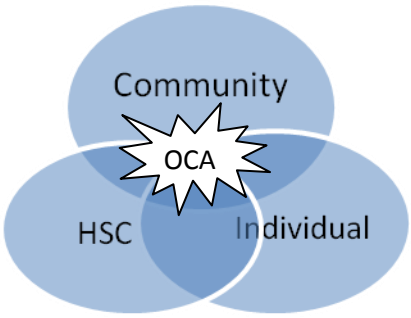
Progress Report on the HSC Office of Community Affairs
For the Period of June 2006 – June 2009
Submitted by Leah Steimel, MPH Director

The Office of Community Affairs was established June 2006, as part of a commitment made by Dr. Paul Roth, Executive Vice President of the Health Sciences Center (HSC) during the 2005 Governor's Health Summit. Governor Richardson had asked UNM Regents to conduct a statewide summit to address the way in which UNM Hospital was fulfilling its public health mission and the funding crisis that threatened the UNM Health Sciences Center. The Summit, held December 5 2005, brought together 230 participants and 170 observers, and resulted in a set of recommendations to HSC, one of which was to establish an Office of Community Affairs to advocate for patient access to care and accountability; and to serve as a vehicle for community input into HSC decision making.

Today, the Office of Community Affairs (OCA) is staffed by four full-time and two part-time staff, and counts on the help of technical consultants and students. The OCA works to ensure that channels for communication are open for community members and groups to share concerns, receive information that is important to their interests, and actively contribute to the implementation of HSC vision and mission. Populations that may experience greater difficulties in accessing HSC services or resources, such as Limited English Proficient (LEP) populations, Native Americans living on and off reservations, and immigrants, among others, are of primary interest to our Office.

This diagram illustrates the role of OCA. The staff of OCA is comprised of the following:



Director:	Leah Steimel, MPH
Patient Systems Specialist:	Ivette Cuzmar, MSW
Native American & Pueblo Relations:	Greg Ortiz, Acoma Pueblo Leader
Community Relations Manager:	Alexis Padilla, PhD
Pathways Program Manager:	Daryl Smith, MPH
Administrative Assistant:	Diana Baumgardner

Focus Areas

1) Build permanence for the advisory process of receiving community input and being responsive to it at HSC**,** including UNM Hospital.
2) Promote system changes to eliminate barriers for underserved
3) Facilitate data sharing and broad, collaborative involvement in assessment and long term planning to strengthen safety net and reduce health inequities.
4) Sustain working relationships with community groups to ensure timely and sensitive understanding of concerns, opportunities and emerging issues.
5) Encourage leadership on tough issues regarding coverage for the uninsured, eliminating disparities, and improving health outcomes.

Highlights & Accomplishments

Year One

- **HSC Community Affairs Advisory Council:** OCA supported the process of fully implementing the role of the new advisory council including beginning regular monthly meetings in August 2006, which were held in community settings; the development of their first set of priorities and plan of action; the appointment of additional members including a formal chairperson; and a communication tool through the publication of a monthly newsletter.
- **Report to the Community on Indigent Care:** OCA worked closely with CAAC members to obtain data from UNM Hospital that could respond to critical questions they had regarding indigent care provision and financing. Eventually an agreement to share data between UNMH and HSC Institute of Public Health was reached so that a population-based report oriented to community interests could be produced. A CAAC Data Group was formed and the initial steps toward producing a community report took place with OCA coordinating and supporting this process. The title of this report became, "UNM Hospitals: A Community Perspective on Access and Spending" and is intended to be produced annually.
- **Provide Patient Ombudsman Services:** A promise to provide ombudsperson services for patients that encounter barriers at UNM Hospital had been made by Dr. Roth to community advocates around the time of the 2005 Summit. CAAC asked that this be acted on, so the OCA director developed a job description and conducted a hiring process for this position, which was titled, "Patient Systems Specialist". Ivette Cuzmar, MSW, joined OCA in April 2007 to fill this role.
- **Facilitate dialogue regarding Off Reservation Native American health access:** One of the concerns that lead to the 2005 Summit was that of increasing access issues for off-reservation Native Americans living in Bernalillo County due to changes in IHS funding patterns and service provision, and the subsequent need to clarify obligations related to the 1952 contract between Native American Pueblo leaders, the County and UNM. This topic was set aside during the actual Summit event, and Dr. Roth committed to creating the space for dialogue about the problems and potential solutions. The CAAC, and OCA in a supporting role, became this space, with Off Reservation Native American advocates in representation as CAAC members and as participants in CAAC activities. Over a period of several months, a learning process unfolded that helped both community and internal HSC players better understand the complexities of this issue. OCA maintained continuous involvement and assisted with communication, coordinating meetings, attending community events, gaining an in-depth understanding of the legal agreements that UNM is obligated to fulfill, and so on. This process lead to the development of formal recommendations from CAAC to Dr Roth aimed to clarify UNM Hospital's legal obligations to Native American patients, improve awareness among off-reservations Native Americans about UNMH services, and establish means for monitoring progress toward improve access.

At the same time, Greg Ortiz, a UNMH employee and an Acoma Pueblo leader as well as a leader in the All Indian Pueblo Council, was assigned to OCA as a staff member. This move provided a credible and functional resource for HSC to understand the Pueblo perspective in a range of health care issues and in the cultural & historical dynamics impacting Native health. Greg's official role within the institution is more tied to the business of service provision and negotiating agreements with the various Pueblos, but his value to the institution is in his role as teacher and liaison in achieving a higher competency level in HSC relations with Pueblo leadership.

Additionally, OCA provided support to Karen Atkinson-Smith to increase the visibility and appreciation of her role as Native American Health Liaison at UNMH, in the community as well as internally at HSC. Some examples include: organizing a booth at the 2006 NM State Fair Indian Village; attending several community meetings organized by off-reservation native American health advocates and encouraging Karen to attend and participate (At the first meeting, she was very hesitant and unsure about sharing information with the public

about hospital services. The OCA director helped her see what her role could be, and soon Karen actively participated in community meetings.); and meeting with Karen's supervisor to learn about other ways to support Karen's role. This eventually led to the relocation of Karen's office to a newly remodeled office space in the main hospital building, for example.

- **HSC Leadership Tours to South Bernalillo County:** In the summer of 2006, Lovelace had announced that they were closing their hospital in the Southeast Heights. Health advocates in this area of town had begun to talk about the impact this might have on health access for the community. UNMH provides important primary care services there, but had been limited due to space constraints for several years. There was also a sense that UNMH & HSC really didn't appreciate their potential for bringing much needed improvements to that area of the city and across the southern sector of Bernalillo County, in spite of having multiple programs in operation. The OCA director proposed that HSC leadership be invited to get out and see the great HSC programs and how they were collaborating with other organizations, talk with each other and community people, and perhaps envision new ways to engage more effectively in South Bernalillo County. Ultimately, the long term commitment this Tours bring about could entail an excellent opportunity to model a comprehensive "good neighbor" institutional approach similar to what prestigious universities such as John Hopkins and the University of Pennsylvania have practiced with great success for decades.

The first HSC Leadership Tour to the Southeast Heights took place in March 2007, and a second to the South Valley in June, 2007. Two years later, a ribbon-cutting ceremony was held to officially open the new Southeast Heights Family Practice Center that more than doubled the capacity for primary care services, and co-located clinical services and behavioral health, as well as pharmacy, x-ray and financial assistance services for this community. A second new clinic, this time in the southwest mesa area, is in the planning stages. Steve McKernan often credits the Leadership Tours for galvanizing the decision to open new clinics in South Bernalillo County.

- **Community Benefits Inventory in collaboration with Clinical Operations Board committee:** The OCA director assumed a lead role, together with UNMH administration representative, Rodney McNease, to explore the usefulness of conducting a community benefits inventory across HSC. The idea of an inventory came out of work that non-profit hospitals, largely those affiliated with Catholic institutions, had done nationally to provide better reports about charity care and charitable contributions that could support their 501 © 3 status. Considerable time and energy was dedicated to analyzing the viability of implementing an inventory, which included a pilot inventory at Family & Community Medicine. After several months, both UNMH administration and the OCA agreed that the model was not a good fit for HSC & UNMH, and recommended to the COB committee to abandon this effort. Over the months, however, the dialogue and analysis that occurred was very helpful in building a better understanding of how HSC & UNMH contribute to community health and where opportunities for improvement exist.

Year Two

- **HSC Community Advisory Council evolves:** Important developmental stages took place for the CAC during this period which were supported and coordinated by OCA. In order to improve the quality of interaction around their identified priorities, the meeting format was revised to include structured time for committee work as well as organizing three large community meetings to gather broad input. In addition, significant time was dedicated to strengthening and clarifying the relationship between CAC and the UNMH Clinical Operations Board Community Benefits Oversight Committee. Toward the end of the year, new members were appointed to the CAC and by-laws were updated to better capture the purpose and role of CAC. The title of the council also was changed from "Community Affairs Advisory Council" to "Community Advisory Council".
- **Proficiency in UNMH patient systems:** The OCA concentrated substantial energy toward understanding patient systems at UNMH during this period, largely through Ivette Cuzmar's role as Patient Systems Specialist.

From participating fully in extensive training for front desk staff and medical interpreters, to shadowing financial assistance workers and establishing rapport with the social workers in the Care Management department, OCA gained a thorough understanding of the people, policies and practices that direct patient support activities at the Hospital. The process of advocating for individual patients that were facing barriers to care, and, quite frequently, for those that were facing billing and collections issues, was well- established and the work accomplished during this period raised awareness within HSC and UNMH and in the community of the "ombudsman" role that OCA is responsible for enacting.

- **Promote changes in race/ethnicity data collection:** Weaknesses in the way UNMH collected data on the race and ethnicity of patients hindered the usefulness of population-based information that the institution used. This was apparent in a number of areas, including lack of data on how Native Americans were utilizing services at UNMH. A 2006 survey conducted by the National Association of Public Hospitals in which UNMH participated, demonstrated that UNMH was unique among its peers in having a high percentage (around 20%) of patients with "unknown" race and ethnicity. The CBOC wanted to provide recommendations to UNMH to improve race/ethnicity data collection and OCA actively engaged in the process that led to recommendations, including introducing nationally-recognized guidance for race/ethnicity data collection; coordinating a meeting with NM Dept. of Health officials to ensure compatibility with their practices; participating in the activities of a guest medical expert on the area of data collection and language accommodations in health care settings; and by monitoring progress through involvement with CBOC. New patient data collection methods were implemented in July 2008 but reports that incorporate the new race/ethnicity data are pending.
- **Design of a Communication Plan for Underserved:** The lack of patient education materials and media efforts that convey useful information for special populations such as Native Americans, low-income and Limited English Proficient populations had been identified as a problem by community advocates for quite some time. OCA and CAC pushed for the development of a communication plan that would create and disseminate print materials, radio and TV messages, and would provide regular outreach at community events. OCA worked closely with the HSC Communications and Marketing Department and UNMH administration to design several distinct brochures and media messages. OCA ensured that the target population for the brochures were involved in field tests of the information and reviewed final versions, and assisted in organizing a number of community events to distribute the new materials.
- **Community engagement principles for HSC:** The internal (HSC) approach to interacting with community groups and programs is dependent on a particular program or department to determine and has produced confusion at the community level about HSC intentions and commitment. Opportunities for leveraging potential community health improvement and forming successful partnerships are also missed. If HSC could arrive at some internal consensus on community engagement, it could provide consistent guidance and direction for HSC and improve how the community interprets the actions and intentions of HSC as they interact. OCA, as a neutral player within HSC, offered to help by conducting an inventory of HSC community engagement activities, in particular, as they pertain to seeking advice and guidance from community to use in planning and decision-making; and to develop community engagement principles for HSC through a participatory process. To lead this effort, OCA hired Dr. Alexis Padilla, who has worked with many School of Medicine and other HSC and UNM main campus departments and faculty for several years, and has a strong relationship with diverse community stakeholders.

Year Three

- **Support and Coordination for CAC and for HSC Hispano Latino Health Advisory Council (HLHAC):** OCA provided consistent support and coordination to CAC over the period which included two leadership changes, new member appointments and the development of new priorities and principles for CAC. In addition, OCA assumed new responsibility for providing support and coordination to the HSC Hispano/Latino Health Advisory Council (HLHAC). The advisory council had formed a few years ago and had organized a

successful summit event in 2005. Since that time the Council had not met regularly and lacked solid leadership. OCA coordinated a facilitated planning retreat, designation of clear leadership, appointment of new members external to HSC, and revision to their by-laws. Today HLHAC meets on a quarterly basis, have monthly working sessions, and recently presented an action plan to Dr. Roth after working through committees to develop the plan.

- ***Pathways to a Healthy Bernalillo County***: The final developmental stages of this project came together in FY2009, but the early building blocks were underway since 2006. For OCA, it began when County Commissioner Deanna Archuleta and Leah Steimel attended a Health Care Leadership Institute in November 2006 in Arizona at the invitation of the National Association of Counties (NACo). One of many presentations was by Dr. Mark Redding, who gave a humble but impressive presentation of his "Pathways: Building a Community Outcomes Production Model". Commissioner Archuleta and Steimel were wowed, and brought the idea back to Albuquerque, informally introducing the model to a number of colleagues. In October 2007, OCA and Commissioner Archuleta and Steimel secured a NACo technical assistance grant, and brought Dr. Redding to Albuquerque to hold a 2-day community workshop. Over sixty persons attended the workshop, including representatives from community health organizations, the NM Department of Health, UNM-HSC, First Choice, faith-based organizations and others. At the end of the session, participants made it clear that they wanted to continue the discussion about building a "Pathways" model for Bernalillo County, and the Pathways Working Group was formed.

The OCA coordinated the work of the Pathways Working Group for one year, which was followed by a five-session, facilitated intensive collaborative planning process with representation from over 30 community based organizations. Through this process, the general design of the Pathways program for Bernalillo County emerged and the long term program outcomes were determined.

For roughly the same 2-year period, community advocates were working with Commissioner Archuleta and HSC leadership to negotiate a funding commitment that would place resources in the community to create a network of community health workers, or "navigators", to assist low-income uninsured residents of the county. The advocates identified mill levy funds that are allotted to UNM Hospital by the County of Bernalillo as the source for this funding, urging the County and UNM Hospital to consider dedicating 1% of the annual funds to this effort. Eventually an agreement was reached, in April, 2008, that committed $800,000/year for eight years to fund the Pathways program.

In January 2009, Darryl Smith, MPH, was hired to serve as program manager for Pathways. Smith brought excellent experience with community health worker program support and training in Southern New Mexico. He also had extensive background in community health program management and oversight. Smith was able to take on a full set of duties related to finalizing details of the program design, creating a Request for Proposals document and working with the respective UNM departments to release it, and organizing the application review process with little time for orientation.

Memoranda of Understanding were developed for the Pathways program and for the internal transfer of funds from UNM Hospital to the EVP (Dr. Paul Roth's) office and OCA. This process was arduous and OCA staff dedicated substantial energy to ensuring that the community's interests and the program integrity were upheld in these agreements. A Request for Proposal was released in May 2009 to invite community based organizations in Bernalillo County to apply for a two-year project grant, for approximately $50,000/year.

- **Leadership Tours for HSC:**

The OCA organized two tours this year to provide opportunities for HSC leaders to meet community leaders, observe innovative models for partnering, and stimulate creative discussion about community health improvement. In March, the HSC Leadership tours focused on youth health and development. Participants visited career enrichment programs at local high schools, a school-based dental clinic, and listened to kids talk about how they are working together to bring solutions to address youth mental health needs to the forefront.

HSC leaders jumped on the tour bus again in November to visit the neighborhoods of Santa Barbara and Martineztown. This historic area of town is just down the street from UNM Health Sciences Center. Tour stops included an elementary school to watch children practice an annual reenactment of the community's fight to save their neighborhood in the 1960's and a visit to two health oriented businesses in the area that provide career opportunities and wellness services to local residents. Presentations over lunch took place at the Santa Barbara Learning Center where community members share d their proud and hopeful stories about their community and describe health concerns they have.

- **Reports :**

Community Perspectives Annual Report:
OCA worked closely with the Institute of Public Health and the HSC Community Advisory Council (CAC) to produce a full year (2007) community-oriented report on the use of UNMH services. The report presents a "population" perspective by describing who used hospital services by race and ethnicity, gender, age, and by zip code. The primary focus of the report is on Bernalillo County. Primary care vs. emergency room care, self-pay versus private or government insurance, and other similar types of information can be found in the report.

Special Reports:
Through this collaborative arrangement, additional data and reports were provided at the request of community representatives. Topics included Off-Reservation Native American utilization of hospital services, and use and payment of behavioral health services. A preliminary data analysis was also prepared to look more closely at self-pay patients to learn more about who makes up this patient population, the third largest patient group in 2007, and how they utilize services at UNMH.

Systems report on Financial Assistance, Billing, and Collections:
OCA staff worked diligently over the year to document and understand the experiences of low-income patients in accessing financial assistance, billing and collections services. The existing system for these services has consistently been problematic for vulnerable persons to navigate. As a result, OCA produced a report highlighting these three service areas and distributed the report to HSC leaders and community leaders.

- **Promotion and implementation of communication plan for underserved:** OCA supported the continued development and implementation of the communication plan during this period. A brochure to describe the Emergency Medical Services for Aliens (EMSA), for example, was spearheaded by Ivette Cuzmar and involved significant work with community groups and Spanish speaking individuals to finalize the product. OCA staff also participated actively in the design of radio spots and pony boards for both financial assistance programs and for Native American Services, and recently assisted in coordinating efforts to finalize the Native American brochure.

- **Advocacy for systems changes to improve patient support at UNMH:** OCA director and patient systems specialist continue to work to bring about changes to patient support systems to improve the quality of patient interactions within UNMH. Over this period, dedicated effort was expended to encourage changes in self-pay and financial assistance policies, particularly as they impact low-income immigrant patients. OCA has also encouraged improvements in discharge planning for immigrant and Native American patients, because they seem to be less likely than other patients to receive an effective discharge plan that meets their needs when leaving the hospital. Finally, a report on systems issues with financial assistance, billing, and collections processes was presented by OCA to HSC leadership including UNMH administrators, and community advocates.

Plans for Year 4 include:

- Provide a successful full-year implementation of "Pathways" project activities including regular reports to UNM Hospital Board of Trustees and to the community; begin to address systems issues identified by community health navigators.
- Build on the HSC Leadership Tour experiences by sustaining an interest in health improvement in the neighborhoods we have visited.
- Through technology and personal connections, improve information sharing between communities and HSC that can lead to mutual understanding
- Extend the patient ombudsman role to benefit other service providing entities of HSC
- Support HSC in building strong relationships in the communities of Sandoval and Valencia counties.
- Enhance student learning about communities and populations by offering s internships and by supporting HSC inter-professional initiatives.