

Working with community partners, UNM HSC will help NM make more progress in health and health equity than any other state by 2020

# vision 2020 symposium

## Recommendations & Insights from Vision 2020 Symposium Participants

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## 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 listserves 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 (ie linking primary care and behavioral health); broaden community clinics and projects that currently exist within departments by working together across departments

## Health Systems

- **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 (ie 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 RESEARCH 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, Martineztown) 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. Ctr 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 Fam Med 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 utilize 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.*

*If you have notes from a Symposium session that you would like incorporated into this document, please send them to [cnkouaga@salud.unm.edu](mailto:cnkouaga@salud.unm.edu).*