



CON ALMA
HEALTH
FOUNDATION

*The Heart & Soul of
Health in New Mexico*

Achieving Equity in
Health for Children
and Families in
New Mexico
Through the
Affordable
Care Act

Executive Summary
July 2016

As a Foundation that seeks improved health for New Mexico's diverse communities, Con Alma has supported and continues to support, convene, and advocate for health policy that addresses the health needs of all who call New Mexico home. From implementation projects like BluePrint for Health New Mexico, to regional informational convenings, to monitoring the impact that the Patient Protection and Affordable Care Act (ACA) has had on our state, Con Alma serves as a resource and catalyst for positive, systemic change.

Most recently, we put together a team to help monitor the impact and implementation of the ACA in New Mexico. The goal of this W.K. Kellogg Foundation funded project is to ensure that people in low-income communities and communities of color have an equal chance at living healthy lives, as is intended in the ACA. We partnered with the University of New Mexico's Health Sciences Center and RWJF Center for Health Policy to conduct the study, and the New Mexico Alliance of Health Councils to ensure local communities were represented. The Executive Summary encapsulates the findings and recommendations of the *Achieving Equity in Health for Children and Families in New Mexico through the Affordable Care Act* report.

As the state's largest private foundation dedicated solely to health, we continue our work to be aware of and respond to the health rights and needs of the diverse peoples and communities of New Mexico. In working towards health equity, an equal chance at living healthy lives, we advocate for a health policy that addresses the health needs of all in New Mexico.

Principles and Core Values That Guide Our Work

Con Alma adheres to core values to guide its policies, operations, and grantmaking. As such the Foundation:

- defines health broadly to include not only physical health, but also mental, emotional, behavioral, social, oral, environmental, economic, and spiritual health and well-being. This definition represents an approach to both individual and community well-being which impacts local and statewide health systems;
- focuses on the needs of the uninsured and the medically underserved;
- works to reduce health disparities by promoting greater access to health care and improved quality of health care—with a special emphasis on serving culturally diverse, rural, and tribal communities—to protect the rights of all in New Mexico to have adequate health care;
- makes grants that emphasize the importance of education, prevention, and personal responsibility while recognizing that the choices we make are limited by the choices we have;
- makes grants to build the capacity of grantees to more effectively accomplish their health missions;
- supports the identification, preservation and communication of traditional practices that maintain, foster, and improve health status; and
- supports community problem-solving, self-definition, and self-determination.

Achieving Equity in Health for Children and Families in New Mexico through the Affordable Care Act

The ACA Assessment Project

The 2010 Patient Protection and Affordable Care Act (ACA) can help New Mexico achieve health equity by expanding access to care, bolstering public health and prevention programs, and improving the health-care safety net. With funding support from the W.K. Kellogg Foundation, Con Alma Health Foundation undertook a two-year study to assess the impact of the Patient Protection and Affordable Care Act (ACA) in New Mexico, from a health equity perspective. We partnered with the University of New Mexico's College of Population Health, the Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico to conduct the study, and the New Mexico Alliance of Health Councils to ensure local communities were represented.

Materials from the study include the report, "Achieving Equity in Health for Children and Families in New Mexico through the Affordable Care Act" and interactive maps that detail seven categories of children's insurance coverage by county. The report by Lisa Cacari Stone, Ph.D., associate professor at the University of New Mexico and the report's lead researcher and author pulls together baseline data about New Mexico's experience with the ACA in a way that has not been available before. The maps are a useful tool for anyone interested in learning more about the insurance coverage of New Mexico's children by such categories as race, place, gender and income. Both can be found on our website.

As with the implementation of any major new policy, there is often a gap between what was planned and what actually occurred. With the ACA, the challenges of implementation revolve around cost, and the complexity of the Affordable Care Act itself. The report provides a point-in-time snapshot of the implementation progress and challenges regarding the ACA provisions aimed at advancing health equity for children and families living in New Mexico.

The implementation research provided by this study is of immense value in shining a light on the interface between what can be achieved in theory and what happens in practice. Drawing from multiple sources of evidence — census data, geo-mapping, 55 stakeholder interviews, and a comprehensive review of the literature and policy documents — implementation benchmarks, successes, and challenges are summarized and solutions offered for moving toward greater health equity together.

Equity matters for health

- Equity assures that children most in need receive a fair amount of social support to achieve the same highest attainable standard of health as other children.
- To achieve health equity in New Mexico, social resources must be allocated according to need to ensure utilization by those at highest risk due to poverty, geographic isolation, and racial/ethnic disadvantage.

Coverage matters for New Mexico's children and families

- From 2009 to 2013, the percent of uninsured children in New Mexico varied at state and county levels by race, ethnicity, age categories, family income, education level, and employment status.
- The baseline data supports the decision to continue enrolling children into the Marketplace.
- Medicaid and the Children's Health Insurance Program are an important safety net for many children and families.
- Children in families with unemployed or part-time workers rely on Medicaid.
- Public insurance coverage matters for children in families below 200 percent of the federal poverty level (FPL).
- Prior to the ACA, young adults aged 18–24 were more often uninsured than other age groups.
- American Indian/Alaska Native children are the most vulnerable with 22 percent uninsured, followed by Hispanic/Latino children and Native Hawaiian/Pacific Islanders, both at 9 percent uninsured.

The Affordable Care Act of 2010 includes a number of provisions designed to increase health equity

- New Mexico is making progress in accessing opportunities and resources to advance health equity, but more strategic efforts should be leveraged to maximize the impact of the equity provisions under the ACA.
- Health Equity provisions in the ACA include: the Coverage Mandate; Medicaid/CHIP eligibility increase; Marketplace & Subsidies; Employer Requirements and Tax Credits; Children and Adolescents; Women's Health, Maternal and Child Health; American Indians/Alaskan Natives; Lesbian, Gay, Bisexual, Transgender Health; Latino Health; African American Health; Asian Pacific Islander Health; Immigrant and Refugee Health; Rural and Frontier Health; U.S.-Mexico Border Health; Substance Abuse and Mental Health; Disability and Health; Community and School Based Health Centers; Data Collection; Health Disparities Research and Grants; Cultural and Linguistic Competency and Health Literacy; Workforce Diversity; Innovative Models of Care; and Safety Net.
- This section of the report looks at what New Mexico has done in these areas to achieve health equity, highlights gaps that can be addressed during the next implementation stages of health care reform, and provides a roadmap of opportunities to support future health policy implementation and systems change.

Implementation Benchmarks and Timeline from 2008 to 2016 *(See inside back cover)*

- New Mexico has a long history of state health reform efforts, including several iterations of Medicaid reform, initiatives to tackle growing health care costs, incremental legislation regarding insurance regulation, and behavioral health reform. Many of these efforts, while not directly coined as health equity measures, have been directed at making health care accessible, improving quality and making it more affordable for New Mexico.

ACA Implementation: Successes and Challenges

- From 2013 to 2015, the New Mexico uninsured rate dropped by 7.1 percent (from 20.2 percent to 13.1 percent).
- Culturally, linguistically, and geographically targeted strategies are ongoing priorities for achieving equity in health-care access under the ACA.
- An important aspect of outreach and enrollment described by many participants statewide was the use of community health workers.
- State implementation efforts have faced challenges, including a late start-up; leadership turnover; information technology problems; and inconsistent guidance and data from the Centers for Medicaid and Medicare Services.
- Many New Mexico residents cannot afford the cost of premiums or co-pays. Re-enrollment could be impacted by the cost of insurance coverage when deductibles, co-payments, and out-of-pocket expenses on top of premiums far exceed covered benefits.
- Health equity is not achievable for immigrant children because the ACA excludes undocumented immigrants from eligibility for Medicaid, and from purchasing insurance via the Marketplace.

Solutions for moving forward:

1. Create a culture of health coverage for all New Mexicans

- Pursuing equity under the Affordable Care Act is rooted in a value of health care for all.
- Coverage is essential for all children. To that end, New Mexico should focus on assuring immigrant children and their families have access to health care.
- The NMHIX should focus on increasing awareness of the value of health insurance coverage among Native Americans and young adults, and foster a general cultural shift that recognizes the importance of health insurance coverage.

2. Prioritize community as a central force for achieving health equity

- Across all geographic areas, sectors, and roles in implementing health reform, stakeholder participants consistently emphasized the importance of community as a central force in achieving health equity.
- Participants consistently called for more community inclusion in statewide health policymaking, and for the implementation process of the ACA to include more community input, validate and utilize local expertise, and build on community knowledge.

3. Make payment structures more equitable

- Statewide, respondents offered a list of general financing solutions including: increasing payers so more people are insured; exploring opportunities for Native American tribes to purchase health coverage for members who have complex, high-cost health-care needs; maximizing the mil levy funds via the UNM hospital; providing incentives for workforce capitation costs; equalizing payer structures so that doctors and other providers working in communities receive reimbursements equal to doctors and providers working in hospitals; and regulating uniform hospital charges for the same procedures.

4. Expand on successful outreach and enrollment that is culturally and linguistically aligned with New Mexico's diverse communities

- The NMHIX should build on the successes of school-based health centers, Native American Parent Professional Resources, and community health workers, and expand and diversify the types and locations of outreach and enrollment contracts to partnering organizations that are based in grassroots community networks.

5. Simplify eligibility and enrollment processes

- The state should fully implement the Affordable Care Act by establishing a “no-wrong-door” policy, using funds to support cultural and linguistic strategies to reach out to and enroll children and their families in Medicaid and the Marketplace.

6. Build on best practices and support systems innovations

- The ACA offers New Mexico an opportunity to design a health care system that is outcomes-based, emphasizes preventative care, and minimizes hospitalizations.
- Across the state, there were several best practices that participants favored to support prevention and improved health outcomes, including community health workers, the home-visiting program, and school-based health centers.

7. Promote leadership and ensure accountability

- In New Mexico, making inroads in health insurance coverage for children and families calls for responsive leadership and governance, on-going data collection, advocacy and coalition-building, intersectoral and intergovernmental collaboration, and culturally and geographically responsive outreach and enrollment strategies appropriate to the diverse communities in New Mexico.

8. Improve the collection of evidence for monitoring and tracking the progress of the ACA

- The federal government (Centers for Medicare/Medicaid Services) and New Mexico Human Services Department should work in collaboration to collect and disseminate timely and quality data on enrollment numbers by race/ethnicity, language, and geography.
- Identify and support a single entity to take the lead in collecting state- and local-level data on enrollment and health insurance coverage for children.

9. Tackle the social determinants of health and achieve child health equity in all policies

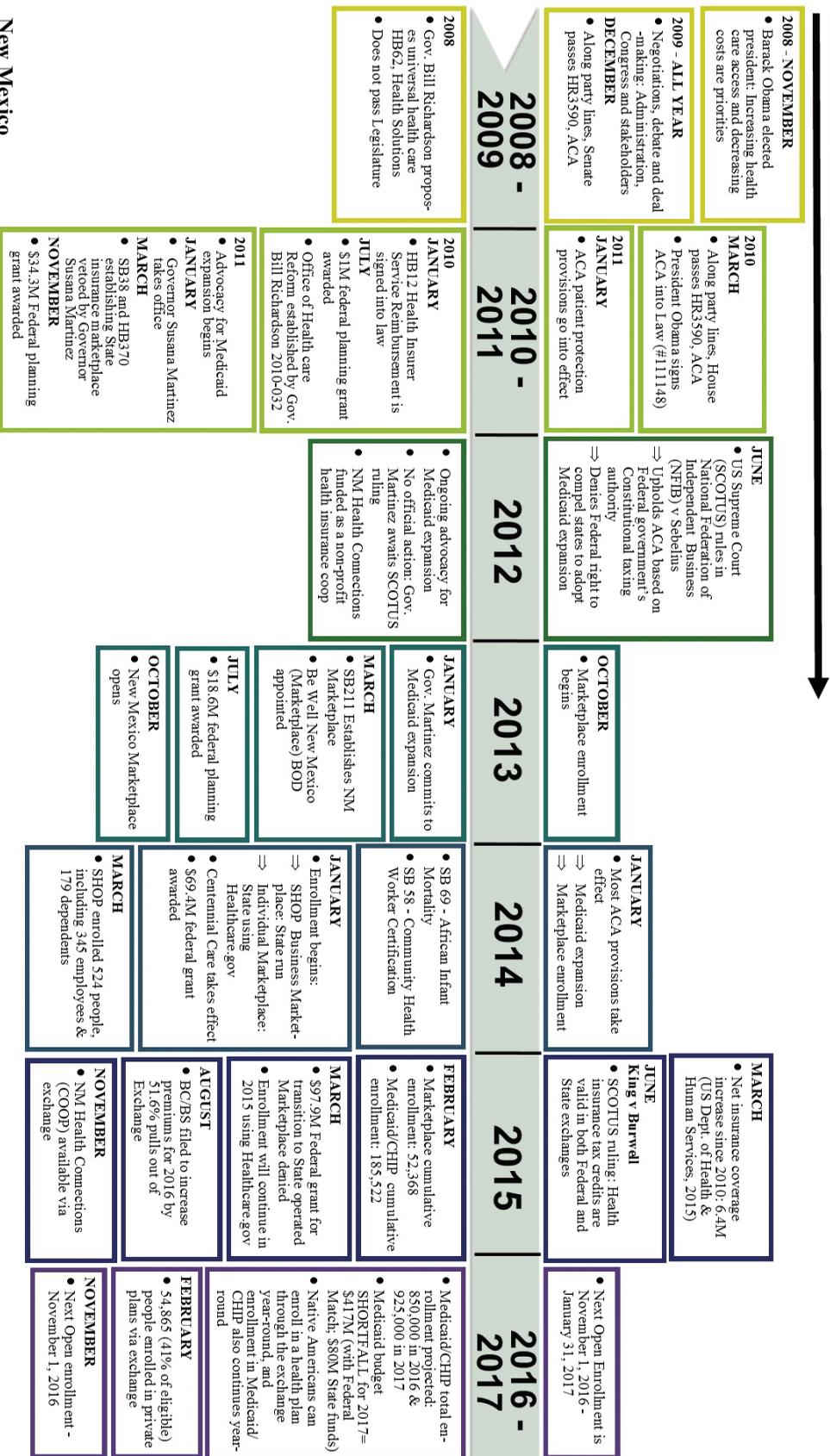
- Children's health is rooted in the social, economic, and environmental context in which they live.
- Local, state, and tribal policymakers must make children a priority in all policies, consider the development of a “children's agenda,” and adopt a statewide campaign calling for a Better New Mexico.

In order to achieve health equity, social resources must be available to all children and families in New Mexico. Thus, local, state, and tribal policymakers should address the social determinants of health, make children a priority in all policies, and consider the development of a “children's agenda” and adoption of a statewide campaign calling for a Better New Mexico.

*Please visit www.conalma.org for the full report: *Achieving Equity in Health for Children and Families in New Mexico through the Affordable Care Act, July 2016.**

Patient Protection and Affordable Care Act, (ACA) Implementation in the U.S. and NM 2008 - 2017

Federal Government - U.S.



New Mexico

Source: Caccari-Stone, L. & Osterfoss, M. (2016) Achieving Equity in Health for Children and Families in New Mexico Through the Affordable Care Act. Con Alma Health Foundation & RWJF Center for Health Policy, Department of Family & Community Medicine, UNM



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