



BLUEPRINT for HEALTH NEW MEXICO

Designing Better Health for Children & Families



HEALTH CARE REFORM IMPLEMENTATION WORK PLAN for New Mexico



Prepared for the
W.K. Kellogg Foundation

Submitted by

Con Alma Health Foundation &
the BluePrint for Health New Mexico Advisory Network

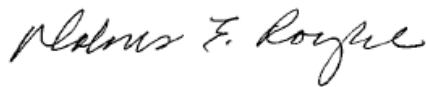
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Please feel free to contact me if you have any questions about BluePrint for Health New Mexico and/or the Health Care Reform Implementation Work Plan. I can be reached via email at droybal@conalma.org or phone (505) 438-0776 ext. 3.

Mil gracias,



Dolores E. Roybal, Executive Director
Con Alma Health Foundation
www.conalma.org
www.blueprintnm.org



Con Alma Health Foundation's mission is to be aware of and respond to the health rights and needs of the culturally and demographically diverse peoples and communities of New Mexico. Con Alma seeks to improve the health status and access to health care services for all, and advocates for health policy which addresses the health needs of all New Mexicans.

BluePrint for Health New Mexico reflects these core values with a focus on advancing health equity.

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BluePrint for Health New Mexico Project Team

Charlotte Roybal, Project Co-Director

Roxane Spruce Bly, Project Co-Director

Sara Mara Araujo, Project Coordinator

Dolores E. Roybal, Executive Director,
Con Alma Health Foundation (CAHF)

Robin Hunn, Technical Writer

Amy Donafrio, Assistant Director, CAHF

Lynn Pitcher Komer, Communications

Nandini Kuehn, Ph.D., Project Evaluator

Guiding Principles Committee

Charlie Alfero

Debbie Armstrong

Priscilla Caverly

Debbie Maestas-Traynor

Silvia Sierra

Jane Wishner

Implementation Planning Group

Louise Kahn

Debbie Maestas Traynor

Sireesha Manne

Margaret Montoya

Silvia Sierra

BluePrint for Health New Mexico Resource Team

Renee Despres

Judith Espinosa

Gail Evans

Lee Ann Loney

Marsha McMurray-Avila

Kim Posich

Kyle Marie Stock

Jane Wishner

Pamela Drake

Nick Estes

Ellen Leitzer

Sireesha Manne

Michael Parks

Melissa Riley

Barbara Webber

*Organizational affiliations can be found in Appendix 1

ACKNOWLEDGEMENTS

BluePrint for Health New Mexico Advisory Network Members

Charles Alfero	Jerry Harrison	Lucille Ross
Arthur Allison	Ruth Hoffman	Kimberly Ross Toledo
Barbara Alvarez	Louise Kahn	Dolores E. Roybal
Debbie Armstrong	Ellen Leitzer	Lisa Schatz-Vance
Regina Begay Roanhorse	Edna Lopez	Silvia Sierra
Kathleen Bettinger	Ken Lucero	Linda Siegle
Michael Bird	Randal Lucero	Anne Simpson, M.D.
Ina Burmeister	Debbie Maestas-Traynor	Ron Solimon
Priscilla Caverly	Sireesha Manne	Liz Stefanics
Gayle Dine' Chacon, M.D.	Anthony Martinez	Tom Taylor
Dan Derksen, M.D.	Dick Mason	Catherine Torres, M.D.
Michael Donnelly	Patricia Montoya	Susie Trujillo
Pamela Drake	Margaret Montoya	Jim Tryon, M.D.
Judith Espinosa	Mike Nuñez	Lucky Varela
Ruby Ann Esquibel	Jim Parker	Barbara Webber
Nick Estes	Michael Parks	Jane Wishner
Gail Evans	Ted Pedro	Gary Williams
Eileen Goode	Ophelia Reeder	Anthony Yepa
Michelle Lujan Grisham	Melissa Riley	

* Organizational affiliations can be found in Appendix 1

TABLE OF CONTENTS

Executive Summary.....	1
Introduction.....	8
Guiding Principles.....	9
The Context for Health Care Reform in New Mexico.....	11
New Mexico Health Profile.....	13
Targeted Counties.....	17
Current Community Role in Improving Health for Children and Families.....	19
Native American Community Health.....	21
Hispanic and Latino Community Health.....	24
Innovative Community Based Strategies.....	26
Implementation Planning Process.....	28
The Planning Process.....	28
BluePrint Advisory Network.....	29
Technical Support for Strategic Planning.....	29
Accomplishments.....	29
Strategic Goals and Objectives.....	34
Goal 1: Increase Access to Health Coverage for Children and Families.....	34
Goal 2: Improve the Health of Children, Families and Communities.....	41
Goal 3: Increase Access to Health Care Services for Children and Families.....	45
Environmental Scan.....	48
Preliminary Communication Plan.....	50
Implementation Action Plan.....	53
Evaluation and Monitoring.....	57

Appendices

Appendix 1: BluePrint Advisory Network.....	58
Appendix 2: Technical Reports and Links.....	64
Appendix 3: BluePrint for Health New Mexico informational materials.....	66

Tables:

Table 1: New Mexico Population Projections by Age Group.....	15
Table 2: New Mexico Health Insurance Coverage 2011 vs. 2014.....	15
Table 3: New Mexico Uninsured by Federal Poverty Level2009.....	16
Table 4: Data and Indicators--New Mexico and the Four Targeted Counties.....	17
Table 5: National Academy for State Health Policy Recommendations and BluePrint for Health Technical Resource Team Reports.....	32

BluePrint for Health New Mexico
Health Care Reform Implementation Work Plan for New Mexico

EXECUTIVE SUMMARY

The Potential for Health Care Reform in New Mexico

New Mexico offers much promise and potential for improving the health of children and families in the state through its strong history of determination and spirit of working together to solve problems. New Mexico's rich diversity and cultural traditions offer a unique laboratory to create innovative strategies for improving the health of children and families. As described throughout this document, there are a number of innovative and effective programs in New Mexico that are designed to improve the health of children and families, expand the workforce and ensure access to culturally and linguistically appropriate health care services. Some examples include Forward New Mexico, a workforce development pipeline program in Hidalgo County, and the University of New Mexico's Combined BA/MD Degree Program designed to address the physician shortage problem in NM by admitting high school students who, after completing their B.A. and other requirements, enter the School of Medicine and complete their M.D. degree. New Mexico has demonstrated success in developing and implementing robust community health worker or models across the state. Community members are trained to assist individuals with preventive care and health education, and to navigate the health care system.

Children and families in New Mexico face many socio-economic challenges that affect their ability to experience positive health outcomes. New Mexico has the second highest poverty rate in the nation with 1 out of 3 children living in poverty and more than half living in low-income households.¹ Only 2 out of 10 New Mexico 4th graders are proficient readers, placing New Mexico 47th in the nation for the percentage of teens who do not finish high school.² High dropout rates result in low levels of educational attainment with just 25.1% of New Mexicans age 25 or older possessing a bachelor's degree.³

Additionally, as a minority-majority state, New Mexico has the highest percentage of Hispanics in the U.S. (46% based on 2010 census), and 9.4% Native American. Although this diversity is valued in New Mexico, communities of color fare far worse than their white counterparts across a range of health indicators according to reports by the Joint Center for Political and Economic Studies.⁴

The correlation between poverty, educational attainment, and good health is evident when comparing health outcomes for New Mexico's children and others in the United States. New Mexico ranks 48 and 49 respectively in teen death and teen birth rates, and child death rates

¹ Segal, Myra. Interactive briefing in Las Cruces, New Mexico. September 20, 2011.

² Ibid

³ <http://quickfacts.census.gov/qfd/states/35000.html>

⁴ <http://www.jointcenter.org>

increased by 20% between 2000 and 2007.⁵ Developing solutions to these complex problems and ensuring that children, families, and communities in New Mexico benefit from the many opportunities that exist within the Affordable Care Act will require the capacity to successfully implement federal health care reform across the state and advance health equity for racially and ethnically diverse populations.

New Mexico faces significant challenges in implementing federal health care reform due to a number of barriers including workforce shortages, low rates of health insurance coverage, and the very remote, rural nature of the state. Currently, New Mexico ranks 32nd in the U.S. in the number of licensed, registered physicians per capita, and many of these physicians are either not active in the workforce or nearing retirement age. New Mexico needs at least 400–600 new primary care providers in order to provide adequate access. The disproportionate number of physicians, nurse practitioners, physician assistants and other “midlevel” providers in urban areas exacerbate workforce shortage issues. More than 23 percent of the state’s population lack insurance, the second highest uninsured rate in the nation. A majority of its small businesses do not and cannot afford to offer health insurance to their employees, and thousands of New Mexicans live in remote areas with limited or no access to health care services. As a state rich in ethnic, racial and tribal diversity, cultural and linguistic barriers prevent many New Mexicans from accessing culturally and linguistically appropriate health care services and may present challenges to ensuring that the benefits of health care reform are extended to those who need them the most.

Successful implementation of the Patient Protection and Affordable Care Act (ACA) could directly improve the health of children and families across New Mexico. The establishment of a Health Insurance Exchange in 2014 could increase access to affordable, high quality health coverage for thousands of children and their parents who are currently uninsured. The expansion of Medicaid eligibility to include all adults up to 133% of the federal poverty level, could provide many thousands of New Mexicans with the peace of mind that accompanies the

knowledge that paying for critically needed health care services will not be weighed against the need to pay for food, gas, or housing. The emphasis on accountability for quality and effectiveness could result in a health care system that is responsive to the needs of children and families and promotes the elimination of the health disparities that plague them. Finally, the new law provides many opportunities for communities to develop and implement health promotion, prevention, and wellness programs to improve the health of children and families in underserved communities across the state.

“I was at Walgreens waiting in line for my prescription to be filled. A woman with a small child was turned away because her Medicaid had expired. We have to make it easier for New Mexico’s children and families to stay enrolled.”

—BluePrint for Health Resource Team Member

⁵ http://datacenter.kidscount.org/Databook/2011/OnlineBooks/ForMedia/StateProfiles/KCDB2011_profiles_NM_FINAL-rev.pdf

Engaging Communities to Improve the Health of Children and Families

There have been previous activities designed to facilitate the implementation of health care reform in New Mexico. A key difference between BluePrint for Health and other efforts is its fundamental goal to ensure that implementation of federal health care reform leads to improved health outcomes for children and families. A core component of the project was to emphasize the needs of four counties in New Mexico with the largest concentrations of children living in poverty: Bernalillo, Doña Ana, McKinley and San Juan. Using funding provided through this project, the four targeted counties were able to complete the research and assessment necessary to address specific community health goals. More importantly, these community-based projects enabled the four counties to develop or expand their local capacity to implement health care reform by strengthening the knowledge base in their community and connecting them with technical expertise and support.

A Collaborative Initiative

Recognizing that the complexities facing the state require innovative solutions and that no clear, easy answers exist, BluePrint for Health New Mexico employed a collaborative planning process designed to engage a diverse group of stakeholders to develop a plan to successfully implement the federal ACA with the goal of improving the health of New Mexico's children and families. Over a six-month planning period, BluePrint for Health New Mexico received funding through a grant from the W.K. Kellogg Foundation to the Con Alma Health Foundation, resulting in this implementation work plan.

Diverse Stakeholders

The BluePrint for Health New Mexico Advisory Network, a stakeholder group reflecting New Mexico's vibrant diversity, was formed in June 2011 to provide guidance and strategic planning to help New Mexico implement health care reform. The BluePrint for Health New Mexico Advisory Network includes representatives from the community, private and non-profit employers, policy makers, government entities, businesses, advocacy organizations and providers. The project commissioned a BluePrint Resource Team to perform research and analysis to link the strategic plan to implementation action.

When initially approached, some Network members and stakeholders expressed reservations and skepticism about working together to develop a plan to implement health care reform. Their concerns centered on past experiences in which various stakeholders differed significantly regarding their roles in overseeing or participating in the implementation process. Despite these initial challenges, the Network was able to reach consensus in many areas, including the principles used to guide the planning process and overarching strategic goals and objectives. When discussing strategies and mechanisms to achieve the goals, there were areas of disagreement, but the Network members were able to develop mutually agreeable alternatives. As indicated in the document, there is still significant work to be done to create a unified voice across all stakeholder groups.

Guiding Principles

The initial accomplishment of BluePrint for Health New Mexico was the development of a set of shared guiding principles. The guiding principles served to ensure that any goals or strategies adopted for implementation reflected the values and priorities of the BluePrint for Health New Mexico Advisory Network and met the needs of children and families in New Mexico.

1. Maximize Health Coverage and Access
2. Improve Health Outcomes and Reduce Disparities
3. Ensure Transparency, Accountability, and Input Through Diverse Partnerships
4. Promote an Effective and Efficient Medicaid Program
5. Develop a Health Insurance Exchange with Affordable Options and Strong Provider Networks
6. Plan for Ongoing Strong Safety Net for Remaining Uninsured
7. Develop Strong Outreach and Education Programs
8. Ensure Strong Tribal Consultation and Partnership
9. Foster Effective Collaboration with the Business Community

Focus Areas for Health Care Reform

In an effort to focus the implementation work plan on key elements of reform that are most likely to result in improved health outcomes for children and families, Blueprint for Health New Mexico narrowed its focus to ten areas of successful health care reform implementation as designed by the National Academy for State Health Policy:

1. Be Strategic with Insurance Exchange
2. Regulate the Commercial Health Insurance Market Effectively
3. Simplify and Integrate Eligibility Systems
4. Expand Provider and Health System Capacity
5. Attend to Benefit Design
6. Use Your Data
7. Pursue Population Health Goals
8. Demand Quality and Efficiency from the Health Care System
9. Engage the Public in Policy Development and Implementation
10. Implications of Health Care Reform for Native Americans⁶

Technical Research and Analysis to Support Implementation Plan

As part of its activities BluePrint for Health New Mexico researched: opportunities to increase health care access for children and families; identified and coordinated current and past New Mexico health improvement efforts; reviewed existing New Mexico implementation efforts and identified future actions needed in New Mexico in order to take advantage of opportunities to develop health care community capacity; and, analyzed a number of issues related to planning

⁶ Not included in the National Academy for State Health Policy recommendations, but a focus for this project due the Indian-specific provisions of the Affordable Care Act

for a Health Insurance Exchange. Eighteen policy briefs and technical reports were prepared for use by the Advisory Network in developing the implementation work plan with each of the reports tied to one of the ten focus areas from the National Academy for State Health Policy.

A Unified Voice and Mechanism to Provide Input to the State as It Implements Reform

In September 2011 the state of New Mexico submitted a Level I Health Insurance Exchange Establishment grant proposal to the federal government for \$34.3 million and anticipates receipt of the Level I grant by November 15, 2011. Previously, the state of New Mexico was granted a \$1 million Health Insurance Exchange planning grant. It is projected that up to 425,000 New Mexicans will be able to seek health care coverage through the Exchange.

The grant envisions substantial stakeholder participation in planning and development of the Exchange. BluePrint for Health New Mexico seeks to become a major mechanism for focused stakeholder input to the state's reform activities.

A Means to Advance Health Equity for Racially and Ethnically Diverse Populations

As referenced in the landmark report by the Joint Center of Political and Economic Studies report, "Patient Protection and Affordable Care Act of 2010; Advancing Health Equity for Racially and Ethnically Diverse Populations, July 2010," ACA's provisions can reduce health disparities. BluePrint for Health New Mexico's implementation plan has a focus on health equity for racially and ethnically diverse populations.

EXECUTIVE SUMMARY STRATEGIC GOALS AND OBJECTIVES

The following strategic goals and objectives were adopted by the BluePrint for Health New Mexico Advisory Network and are outlined in this Plan:

Goal 1: Increase Access to Health Coverage for Children and Families.

Objective 1: Support the creation of a Health Insurance Exchange that has the authority to provide affordable, high quality health plans for individuals and small employers, as an independent quasi-governmental entity, with a board comprised of individuals who do not have a financial interest in the insurance products sold.

Objective 2: Maximize participation in the Exchange by ensuring that 90% of eligible children and families obtain coverage through the Exchange.

Objective 3: Increase Medicaid enrollment by 200,000 with an emphasis on under-enrolled children and families by December 31, 2014.

Objective 4: Develop mechanisms to finance health care for children and families who remain uninsured or ineligible to take advantage of the ACA.

Goal 2: Improve the Health of Children, Families and Communities

Objective 1: Build capacity within local, state, county and tribal governments, *colonias*, health councils, the business community and community organizations to obtain funding for, and to develop and implement, affordable, accessible, quality prevention and wellness programs for children and families.

Objective 2: Develop a community-prioritized and data-driven system to guide health care funding decisions and quality improvement for children and families.

Goal 3: Increase Access to Health Care Services for Children and Families

Objective 1: Promote strategies to ensure that by 2014 there will be an adequate provider infrastructure (including primary care, oral health, and behavioral health) to accommodate the large numbers of additional enrollees with an emphasis on tribal, *colonias* and rural access.

Objective 2: Develop strategies to decrease barriers to obtaining the right care at the right time, in the right place in a culturally and linguistically appropriate manner.

Objective 3: Develop partnerships to advocate for elimination of health inequities and promotion of health equity.

Implementation Action Plan

The BluePrint for Health New Mexico Project Team developed a detailed three-year Implementation Action Plan with specific activities, timelines and budget requirements to facilitate achievement of the Strategic Goals and Objectives. The Implementation Action Plan is the portion of work that Con Alma Health Foundation proposes to do. Other activities will need to be prioritized and implemented by other partner organizations.

Link with Health Care Reform Implementation

The Strategic Goals and Objectives outlined in this plan are directly tied to statewide implementation of health care reform and expected to lead to the improvement of health outcomes for children and families. Recognizing that due to capacity challenges New Mexico may have difficulty implementing reform across the state, the goals and objectives are designed to increase local community capacity, empowering them to address the unique needs that exist locally. In addition, many of the strategies are not contingent on the Affordable Care Act being upheld, but could be accomplished through the shared sense of purpose that has been established among the diverse stakeholders in the BluePrint for Health New Mexico Advisory Network.

Next Steps

Con Alma Health Foundation will seek funding to achieve the Strategic Goals and Objectives. In particular, Con Alma Health Foundation expects to facilitate broad-based capacity building to include the expansion of the BluePrint for Health New Mexico Advisory Network and the strengthening of advocacy efforts drawing on local expertise around the state. The Strategic Goals and Objectives are expansive and include many aspects of health care reform implementation, but it is expected that many stakeholders and organizations will contribute to their achievement. Con Alma Health Foundation can serve as the convener to facilitate the ability of various entities to secure the resources necessary to achieve the goals and objectives. An action plan is included describing the role of the Con Alma Health Foundation in this process.

The BluePrint for Health New Mexico website and listserv will continue to serve as a mechanism for continuous communication with stakeholders across the state to update them on the progress made towards securing funding for the implementation phase and health care reform related activities and information.

The Resource Team reports and policy briefs (see www.blueprintnm.org) can be used by stakeholders to develop outreach and education materials, inform policy decisions and increase local capacity to persuade and mobilize constituents in support of health care reform implementation across the state.

Advisory Network members can utilize the BluePrint for Health New Mexico database to maintain relationships and explore opportunities to form strategic partnerships and collaborations as they work to improve the health of children and families across the state.

INTRODUCTION

The Patient Protection and Affordable Care Act (ACA) became law in March 2010 and will expand coverage to an estimated 32 million Americans, including up to 425,000 New Mexicans when it is fully implemented. BluePrint for Health New Mexico is a multi-stakeholder, collaborative planning and design effort to develop a statewide plan to successfully implement the ACA with the long-term goal of improving the health of New Mexico’s children and families. The planning process was designed to increase the capacity of local communities to implement federal health care reform and develop leadership across the state to improve the health of children and families through reform.

Health care reform can be complex and sometimes controversial partially because of various stakeholders’ different views and health care needs. Con Alma Health Foundation has invested more than \$10 million during the past ten years to improve the health of New Mexicans. Building on this decade of bringing people and organizations together to improve health, Con Alma Health Foundation has a reputation as an unbiased convener and the ability to work collaboratively with diverse stakeholders. The W.K. Kellogg Foundation awarded Con Alma Health Foundation (CAHF) a six-month strategic planning grant (April–October) to help guide New Mexico’s implementation of the ACA.

The short term goal of BluePrint for Health New Mexico is to develop a work plan for statewide implementation of health care reform focusing on children and families with an emphasis on improving health outcomes in four counties: Bernalillo, Doña Ana, McKinley and San Juan, selected because they have the largest numbers of children in poverty in the state. The long-term goal is to improve health outcomes for vulnerable children and families across New Mexico through the successful implementation of health care reform. This implementation work plan will be distributed across the state to policy makers, community groups, private and non-profit employers, and government entities to inform others of the project outcomes, shared goals and objectives, and for implementation of reform in New Mexico.

“ It is important what I am saying, but you cannot understand me. Many societies are committed to maintaining language because it is fundamental to culture. We have a lot of knowledge and expertise in local communities, but they do not fit with academic models or theories. Where we sit is where we stand. We are trying to “save” communities, but they must establish their own perception of health.”

— BluePrint for Health NM
Advisory Network Member

A guiding philosophy throughout BluePrint for Health New Mexico is that communities should be empowered to participate in health care reform through the development of mechanisms to strengthen the capacity and increase resources at the community level for implementation. Actively supporting and strengthening community-based efforts will significantly enhance the state’s potential for success and ultimately lead to improved health outcomes for New Mexico’s children and families. BluePrint for Health New Mexico will collaboratively partner throughout the process with the state of New Mexico to ensure successful implementation of the ACA for New Mexico’s children and families.

GUIDING PRINCIPLES

In order to ensure that the Implementation Action Plan’s goals and strategies align with the needs of vulnerable children and families, the following guiding principles reflect the values and priorities of the BluePrint for Health New Mexico Advisory Network. Goals, strategies, and activities that align with our accepted guiding principles were included in the plan and those that conflicted with the guiding principles were not included.

1. **Maximize Health Coverage and Access.** Implementation of the Affordable Care Act in New Mexico should maximize health care coverage and access (including factors such as language, culture, disability, transportation, workforce development and others) to comprehensive health care services for all New Mexicans in a manner that promotes inclusion, equity and fairness, and that builds upon community strengths and self-determination. There should be a particular focus on the most vulnerable and hard-to-reach New Mexicans in a manner that encompasses the diverse needs of our population, i.e. racial, ethnic, rural, persons with disabilities, etc. This should be done with a concentrated focus on increasing quality care, improving the effectiveness and efficiency of health care programs and systems, and a recognition of the long-term need to control skyrocketing health care costs while increasing health care coverage, access and quality.
2. **Improve Health Outcomes and Reduce Disparities.** New Mexico should take full advantage of the opportunities offered under the ACA to improve health outcomes, health equity, and decrease health disparities with a focus on primary care (including oral and behavioral health), early intervention, prevention, health promotion and wellness. Implementation must support effective programs to improve health outcomes, and provide culturally and linguistically competent, cost-effective services by utilizing evidence-based practices, practice-based evidence and integrating clinical preventive services into the preventive and primary care system. ACA provides an opportunity to advance health equity for racially and ethnically diverse populations.
3. **Ensure Transparency, Accountability, and Input Through Diverse Partnerships.** Implementation of the Affordable Care Act by public entities in New Mexico should be conducted with maximum transparency, accountability and evaluation, and ensure meaningful input by local community representatives, particularly from low-income vulnerable communities while recognizing the difference in power between individuals and institutions. Implementation should incentivize the creation of new, diverse partnerships and connections between local governments and employers. Implementation should create increased opportunities for people of color to lead health systems.
4. **Promote an Effective and Efficient Medicaid Program.** The Medicaid Program in New Mexico should work effectively and efficiently, provide for easy eligibility determinations and enrollment, access to comprehensive health care services and a strong provider network so that coverage means access to quality health care and all “newly eligible” individuals are enrolled when Medicaid expansion goes into effect in 2014.

5. **Develop a Health Insurance Exchange with Affordable Options and Strong Provider Networks.** Health insurance exchanges should provide affordable and high quality plans with strong provider networks that meet the needs of New Mexico’s diverse populations and the small business/nonprofit community and their employees. Particular attention must be paid to high-risk individuals and others who will transition between public programs and the private market to ensure gaps in affordability, access and comprehensive care are minimized.
6. **Plan for Ongoing Strong Safety Net for Remaining Uninsured.** New Mexico should develop plans to ensure that an adequate safety net and strong provider network exist for those who remain uninsured or undocumented following the implementation of Medicaid expansion and health insurance exchanges in 2014.
7. **Develop Strong Outreach and Education Programs.** Widespread community outreach, education, effective navigation programs and health literacy campaigns for diverse and hard-to-reach populations throughout implementation is essential to ensure that New Mexico families are able to maximize access to health care coverage and services, and that communities are able to maximize the benefits of public health, workforce development and other significant initiatives in the ACA designed to improve the health of children, families and communities and reduce health care disparities.
8. **Ensure Strong Tribal Consultation and Partnership.** The unique needs and challenges (including legal, structural, geographic, economic and cultural) of sovereign nations and tribal members, both on and off tribal lands, should be addressed in every aspect of implementation in New Mexico.⁷ No decisions should be made without meaningful consultation with tribes and Native communities. Native Americans should have increased access to quality health care services in a manner that promotes and supports Native American culture and core values.
9. **Foster Effective Collaboration with the Business Community.** Health care reform implementation should encourage a business-friendly environment in which employers can position themselves competitively to provide benefits that enable New Mexico to maintain a healthy and productive workforce. Businesses should be a conduit for outreach and education to ensure employees and their families are informed regarding their health care and coverage options. Implementation should foster collaboration between employers, government, providers and the health insurance exchange to facilitate health insurance coverage available to employers and their employees.

⁷ Native Americans have a unique legal relationship with the federal government due to the millions of acres of tribal lands that were ceded to the United States in exchange for an array of health and other social services. While the federal government has failed to fulfill this legal obligation, Native Americans continue to hold a unique political status and are treated differently under the Affordable Care Act, necessitating assurance that implementation initiatives comply with the Indian-specific provisions of the law.

CONTEXT FOR HEALTH CARE REFORM IN NEW MEXICO

Since the enactment of the Affordable Care Act (ACA) in March 2010, New Mexico policy makers have had limited success in developing consensus around a shared set of goals for implementation of the new law.

During the 2010 New Mexico State legislative session, Senate Joint Memorial 1 (SJM 1) was passed which led the Superintendent of Insurance to convene a health care reform working group comprised of legislators and consumers which met over a 6-month period to generate input and recommendations from the public and advisory groups regarding implementation of the ACA in New Mexico. A key recommendation of the work group was that the New Mexico State Legislature move forward expeditiously to enact legislation creating or designating an entity with the responsibility and authority to plan, develop, implement and administer the Insurance Exchange in order to meet the readiness and implementation time lines required by the ACA.

In April 2010, former Governor Bill Richardson signed Executive Order 2010-012 establishing the Health Care Reform Leadership Team in response to passage of the ACA. The Leadership Team was charged with creating a strategic plan, and coordinating across state agencies to oversee planning, development and implementation of federal health care reform in New Mexico. The resulting strategic implementation plan provided several key recommendations including the creation of the New Mexico Office of Health Care Reform (which was established in August 2010) and the development of a Health Insurance Exchange. The Leadership Team reached consensus around the desire to develop an Exchange that would assume an active role in driving market reforms, protecting consumers, and promoting competition between plans based on quality and price.

During the 2011 legislative session, the New Mexico Legislature passed SB 38/370 to establish the New Mexico Health Insurance Exchange. The bill would have established the Exchange as an independent non-profit entity with board members that were prohibited from having financial interests in the insurance products sold on the Exchange. It required the Exchange to rate health plans in accordance with federal law, to streamline enrollment with Medicaid, and to provide grievance procedures for consumers. Governor Martinez vetoed the bill, raising concerns about the substantial costs of establishing and maintaining an Exchange and the fact that the federal rule had not been promulgated. In June 2011, Governor Martinez, along with 28 other governors, signed a letter calling for the repeal of the Affordable Care Act as a first step towards Medicaid reform to “address the inequities, inefficiencies, excess costs, fraud, waste and abuse that are unfortunately far too prevalent in the “all or nothing” approach to Medicaid programs nationwide.”⁸

⁸ [http://op.bna.com/hl.nsf/id/bbrk-8htpw4/\\$File/June13MedicaidLtr.pdf](http://op.bna.com/hl.nsf/id/bbrk-8htpw4/$File/June13MedicaidLtr.pdf)

Since the 2011 Legislative Session, Governor Martinez appointed a director of the Office of Health Care Reform to lead reform planning efforts, and proposed federal rules on Health Insurance Exchanges and Qualified Health Plans were released. On September 29, 2011, the state of New Mexico submitted a Level I Health Insurance Exchange Establishment grant proposal to the federal government for \$34.3 million; it anticipates receipt of the Level I grant by November 15, 2011.

The Robert Wood Johnson Foundation also selected New Mexico as one of 10 states to receive extensive Exchange technical and planning assistance. The Level I grant envisions substantial stakeholder input and participation in planning and development of the New Mexico Health Insurance Exchange (Exchange). When the application was shared with the public, its writers proposed the use of the New Mexico Health Insurance Alliance as the entity to house the newly formed Exchange. Additionally, the proposal also stated that there would need to be revisions to the Health Insurance Alliance to bring it into compliance with the federal law.

A number of advocacy organizations expressed concerns about the presence of insurance companies on the governing board. A coalition of advocacy organizations is opposed to the state's proposal in the application that the Exchange be housed in the New Mexico Health Insurance Alliance. The advocacy organizations have also expressed dismay that the executive branch appears to be forging ahead on the Exchange without legislative approval, or significant stakeholder input. Although BluePrint for Health New Mexico Advisory Network members did not reach consensus regarding the role of the Health Insurance Alliance and the Exchange, there was agreement that individuals serving on the board should not have a financial interest in the insurance products sold.

Previous implementation planning efforts emphasized the need to move quickly to replace the Human Services Department's Medicaid eligibility system to assure seamless, efficient application and enrollment procedures for New Mexicans applying for Medicaid or subsidies through the Exchange. The state is currently in the process of redesigning its Medicaid program to substantially change the program's structure to improve cost management and health outcomes, and ensure the long-term sustainability of the program. The process to secure input for this initiative has been controversial, with many advocacy organizations expressing concerns due to the lack of detail or clarity surrounding the approaches to be pursued. Advocates, health care providers, and members the public have also raised serious concerns about the Department's proposals to increase fees on Medicaid recipients, citing research that increasing co-pays will prevent low-income New Mexicans from accessing needed medical services and will shift costs to providers for unpaid bills. The public also expressed concern in statewide public meetings held by the Human Services Department that other proposals to redesign the Medicaid program would lead to reductions in services, especially for people with disabilities.

The Basic Health Program is another mechanism allowed by the ACA to provide health insurance to people between 133% and 200% of the federal poverty level. If the state establishes a Basic Health Program, it will be paid for with federal subsidies that would otherwise have gone

to the same consumers to purchase coverage on the Exchange. This is potentially an avenue for making coverage more affordable for low-income New Mexicans under 200% of the poverty level who are not eligible for Medicaid, without adding more costs to the state.

New Mexico has been successful in leveraging federal resources available through the Affordable Care Act. As of July 2011, New Mexico had received more than \$70 million in funding related to health care reform implementation. The State received nearly \$1 million to implement an evidence-based home visiting program to improve maternal and child health outcomes and, based on the results of their needs assessment, the program will be focused in McKinley County and the South Valley area of Bernalillo County.

However, local community initiatives have been less likely to receive direct funding since many of the dollars have been awarded to the State or very large institutions. For example, the State received \$1.5 million in Community Transformation Grant funding from the Centers for Disease Control, but because of the population size criteria, only Bernalillo County was eligible to apply. Of particular concern is the lack of capacity to access the technical support and assistance necessary to develop competitive applications while meeting the tight timelines of most funding announcements.

In the past, reform efforts have typically been led by state government with little emphasis on local community capacity to capitalize on opportunities within reform to improve population health. The BluePrint for Health seeks to change that dynamic by providing community-based strategies to implement reform in a manner that will improve the health of vulnerable children and families across the state. By developing a shared sense of purpose across many stakeholder groups and building local community capacity, BluePrint for Health expects to solve some of the state's most complex problems while ensuring that the many benefits and opportunities contained in the ACA make a real difference in the lives of New Mexican children and families.

New Mexico Health Profile

New Mexico faces significant challenges in implementing federal health care reform due to its lack of health infrastructure capacity and a variety of socio-economic factors including ranking second in the nation for the highest rate of uninsured individuals, the highest percentage of uninsured women in the nation, and the fact that the majority of small businesses do not offer health insurance to their employees.

New Mexico has the second highest poverty rate in the nation, low levels of educational attainment, and health workforce shortages. Language and cultural barriers impact the ability of many New Mexicans to access culturally and linguistically competent health care services, and thousands of New Mexicans live in rural and remote areas with limited or no access to health care services.

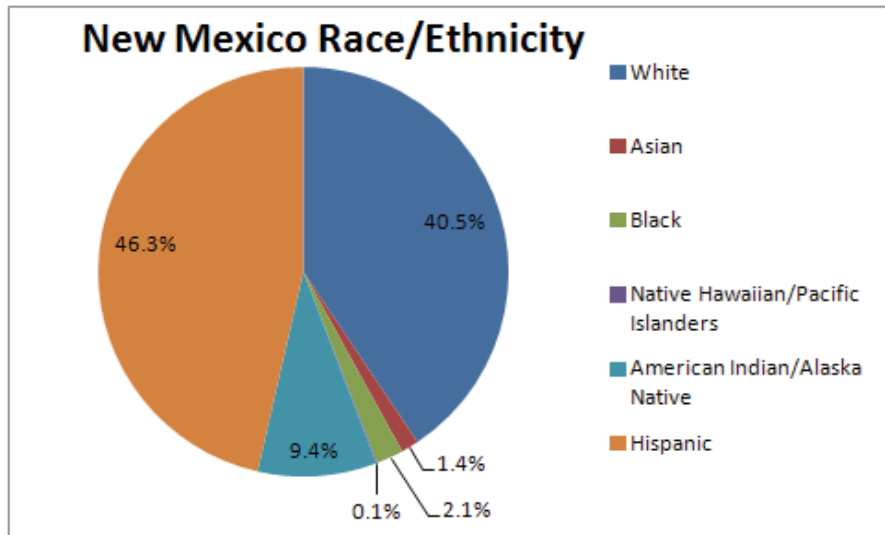
In addition, New Mexico ranks 32nd in the U.S. in the number of licensed, registered physicians

per capita; however, many of these physicians are not active in the workforce. In addition, New Mexico has the 4th oldest physician population in the country, with especially high numbers of retirements forecast for 2014. New Mexico needs 400–600 new primary care providers immediately to provide adequate access. Over 66% of primary care physicians live in the Rio Grande Corridor and 32 of New Mexico’s 33 counties are Health Professional Shortage Areas. New Mexico ranks 50 out of 51 states in the number of nurses per 100,000 people, and ranks 49th in the number of dentists.

The disproportionate number of physicians, nurse practitioners, physician assistants and other “midlevel” providers in urban areas exacerbates workforce shortage issues. By 2020, it is projected that the expansion of Medicaid and Exchange enrollment will increase demand on the clinical provider system by 25 percent.

New Mexico is racially and ethnically diverse, making it a “majority/minority” state with over 59 percent of the population from a minority group. New Mexico has the second highest percentage of Native Americans of the states, comprising almost ten percent of its total population. The Native American population includes people in tribes, pueblos, on and off reservations, and urban areas.

The following chart shows the ethnic breakdown for New Mexico’s population:



Of New Mexico's total population of approximately two million, there are an estimated 430,000 uninsured individuals. Of these, an estimated 175,000 will become eligible for Medicaid, and up to 250,000 for the Exchange between 2014 and 2020. The following tables from New Mexico's Level I Exchange grant outline the current coverage situation and the potential coverage through the Exchange.

Table 1.
New Mexico Population Projections by Age Group
New Mexico Bureau of Business & Economic Research

Age Groups	2010	2015
0 – 4 years	149,872	168,091
5 – 19 years	428,487	432,024
20 – 44 years	711,336	758,623
45 – 64 years	597,290	665,358
65+ years	275,346	332,140
TOTAL	2,162,331	2,356,236

Table 2.
New Mexico Health Insurance Coverage 2011 vs. 2014
Adapted by NM OHCR

	BCBS	LHP	Molina	PHP	United	Amerigroup	Other	2011 Total	2014
Medicaid Salud	24,000	79,000	72,000	155,000	0	0		330,000	430,000
Medicaid CoLTS	0	0	0	0	19,000	20,000		39,000	40,000
(Medicaid) SCI	0	12,000	16,000	14,000	0	0		42,000	0
Medicaid Other	0	0	0	0	0	0		139,000	150,000
Medicaid Expansion	0	0	0	0	0	0		0	80,000
Medicaid Totals	24,000	91,000	88,000	169,000	19,000	20,000		550,000	700,000
Uninsured	0	0	0	0	0	0		430,000	350,000
CHAMPUS / TriWest	0	0	0	0	0	0		60,000	65,000
Medicare Advantage	5,000	29,000	1,000	32,000	13,000	0		80,000	85,000
Medicare Other	0	0	0	0	0	0		220,000	230,000
Commercial Insurance	363,000	95,000	0	206,000	150,000	0	36,000	850,000	855,000
NMHIX Individual									20,000
NMHIX SHOP									35,000
Subtotals	392,000	215,000	89,000	407,000	182,000	20,000			
TOTAL								2,190,000	2,340,000

BCBS - BlueCross BlueShield of New Mexico; LHP - Lovelace Health Plan

PHP - Presbyterian Health Plan; United CoLTS - Evercare; CoLTS - Coordination of Long Term Care Services

Medicaid Other - includes non-Salud Native Americans, newly enrolled but not yet assigned to Salud, presumptive eligibility, others.

As shown in Table 2, in 2014 there will be an estimated 150,000 new enrollees in Medicaid, many of whom will be children and families. Additionally, it is estimated that 55,000 individuals will be enrolled in Qualified Health Plans through the Exchange, for a combined total of 205,000 new enrollees in Medicaid and the Exchange in 2014.

Table 3.
New Mexico Uninsured by FPL 2009
US Census Bureau Current Population Survey

AGE	Percentage of the Federal Poverty Level					TOTAL
	Below 100%	100-199%	200-299%	300-399%	400% +	
0 - 17 yrs.	40,194	13,955	8,633	5,108	3,104	71,024
18 – 64 yrs.	112,566	92,753	63,652	28,339	51,391	348,704
65+ yrs.	2,544	2,633	872	899	1,574	8,521
TOTAL	155,304	109,341	73,187	34,346	56,069	423,249

As shown in Table 3, New Mexico has many children and families living in poverty and many who will be eligible for premium subsidies through the Exchange; approximately 87 percent of the uninsured will be eligible for either Medicaid or a premium subsidy for a Qualified Health Plan. This is a very substantial percentage of the population—perhaps the highest percentage of the population of any state that will be impacted by the ACA—exemplifying the need for strong outreach, education and public/private partnerships for Exchange implementation. New Mexico also has a high percentage of undocumented residents, estimated at 4.9 percent or 95,000 individuals.⁹ These individuals will not be able to access coverage through Medicaid or the Exchange and will continue to rely on safety net health care programs.

Seniors are also an important component of the lives of children and families in New Mexico since many families are extended families with grandparents. One child in 10 in the United States lives with a grandparent, a share that increased steadily over the past decade. According to census data, about 41% of those children who live with a grandparent(s) are also being raised primarily by that grandparent.¹⁰

There are more than 65,000 “dually eligible” seniors in New Mexico who qualify for both Medicaid and Medicare. As a group, the dually eligible have a disproportionately poor health status, and, as would be expected, incur program expenditures disproportionate to their numbers. Nearly half of them have at least one mental or cognitive impairment, and 60% have multiple chronic conditions. More than half have incomes under the federal poverty level. Because they must deal with two programs, which have many differing rules, they often encounter difficulty in optimally and appropriately accessing services. They are commonly unaware of their rights, and, in some cases, of their eligibility for coverage. ACA provides opportunities for greater access, continuity, coordination, integration, quality and beneficiary understanding of eligible services for these individuals.

⁹ <http://pewhispanic.org/unauthorized-immigration/>

¹⁰ <http://www.pewsocialtrends.org/2010/09/09/since-the-start-of-the-great-recession-more-children-raised-by-grandparents/>

Targeted Counties

New Mexico also has poor health status and outcome indicators with high rates of diabetes, obesity, substance abuse, teen pregnancy, suicide, and significant disparities in mortality data particularly for Native Americans. The following chart outlines key data and indicators for New Mexico and the targeted four counties that were selected because they have the largest concentrations of children living in poverty: Bernalillo, Doña Ana, McKinley and San Juan.

Table 4.
Data and Indicators - New Mexico and the Four Targeted Counties

(Except where indicated, data from U.S. Census, Kids Count, New Mexico Health Data Report 2011, & Health Council Profiles)

Indicator	Bernalillo County	Doña Ana County	McKinley County	San Juan County	New Mexico	U.S.
Total Population	662,564	209,223	71,492	130,044	2,059,179	308,745,538
% Minority	59.5%	70.1%	90.1%	56.8%	59.3%	36.3%
% Hispanic	47.9%	65.7%	13.3%	19.1%	46.3%	16.3%
% Native American	4.8%	1.5%	75.5%	36.6%	9.4%	0.9%
Per Capita Income	\$25,830	\$17,639	\$13,029	\$20,029	\$22,461	\$27,041
Poverty Rate	15.6%	20.4%	28.4%	20.6%	18.2%	14.3%
Child Poverty Rate	21.0%	32.5%	38.9%	24.9%	25.8%	16.6%
High School Grad Rate	64.7%	80.7%	84.0%	73.6%	82.0%	
Persons per Square Mile	568.2	55.0	13.1	23.6	17.0	87.3
Uninsured rate (under 65)	22.8%	33.5%	30.8%	30.2%	26.7%	17%
Teen Birth Rate (ages 15-19)	51.5%	69.8%	48.4%	60.9%	54.7%	41.5%
Prenatal Care – 1st Trimester ¹¹	69%	59%	53.4%	60.7%	64%	83.2% ¹²
Infant Mortality Rate	4.8 per 1000	4.8 per 1000	8.9 per 1000	4.7 per 1000	5.9 per 1000	4.3 per 1000
Children Overweight/Obese	23.4% ¹³	23.5% ¹⁴	26.1% ¹⁵	28.4% ¹⁶	22.3% ¹⁷	31.6% ¹⁸
Teen Death Rate (15-19) ¹⁹	76.2 per 100,000	68.6 per 100,000	71.9 per 100,000	94.3 per 100,000	72.5 per 100,000	62 per 100,000 ²⁰

¹¹ <http://ibis.health.state.nm.us/query/result/birth/PNCCnty/PNCTri1.html>

¹² <http://www.statehealthfacts.org/profileind.jsp?ind=44&cat=2&rgn=33>

¹³ http://nmhealth.org/ERD/HealthData/YYSR/2009/Middle%20School/Bernalillo_MS.pdf - Children describing themselves as overweight

¹⁴ http://nmhealth.org/ERD/HealthData/YYSR/2009/Middle%20School/DonaAna_MS.pdf - Children describing themselves as overweight

¹⁵ http://nmhealth.org/ERD/HealthData/YYSR/2009/Middle%20School/McKinley_MS.pdf - Children describing themselves as overweight

¹⁶ http://nmhealth.org/ERD/HealthData/YYSR/2009/Middle%20School/SanJuan_MS.pdf - Children describing themselves as overweight

¹⁷ Ibid.

¹⁸ Ibid.

¹⁹ <http://ibis.health.state.nm.us/query/result/mort/MortCntyICD10/CrudeRate.html>

²⁰ <http://www.statehealthfacts.org/profileind.jsp?ind=62&cat=2&rgn=33>

County Snapshots

A goal of BluePrint for Health New Mexico is to build the capacity of communities across the state to implement federal health care reform in a manner that will improve the health of children and families while targeting four counties that have the largest absolute number of children living in poverty: Bernalillo, Doña Ana, McKinley and San Juan.

Bernalillo County is the most densely populated county in the state with 662,564 people occupying 1,166 square miles. The average age of death for county residents is 71.8 years with leading causes of death as follows: diseases of the heart, alcohol-related deaths, stroke, drug-related deaths and diabetes. While the median household income is \$45,147, compared to \$41,509 for the state, there are areas of severe poverty and wide disparity in health outcomes. Between 2001 and 2005, the teen birth rate was less than 25 per 1000 in the far Northeast Heights and greater than 100 per 1000 in the South Valley. With 40,444 Native Americans, Bernalillo County is home to one of the largest urban Indian populations in the nation. While the Indian Health Service is the primary provider of services to most Native Americans, tribal members living off the reservation have limited access to services due to complex eligibility and residency requirements. The Bernalillo County Place Matters and New Mexico Health Equity Working Group are reframing approaches to health equity by focusing on the many environmental and socio-economic factors that influence health outcomes for children and families. In September 2011, Bernalillo County was awarded a \$1.5 million Community Transformation Grant to implement evidence- and practice-based programs designed to improve health and wellness.

Doña Ana County is located on the border between the United States and Mexico with 209,223 people occupying 3,807 square miles. The average age of death for Doña Ana County residents is 71.5 years with leading causes of death as follows: diseases of the heart, cancers, unintentional injuries, chronic lower respiratory diseases, stroke and diabetes. More than half (52.1%) of Doña Ana County residents speak a language other than English, most commonly Spanish. Thus the need for linguistically and culturally appropriate services is critical. Doña Ana County is home to 37 of New Mexico's 141 *colonias*, more than any other county in the state. *Colonias* are unincorporated communities within 150 miles of the U.S. and Mexico border that lack basic infrastructure like water, sanitation and waste disposal services. The *Colonias* Development Council is a non-profit organization that develops multi-issue, community-based self-help organizations to respond to common needs in these *colonia* communities. County government addresses issues in these communities through the *Colonias* Initiative, and residents provide guidance through the *Colonias* Committee, a committee of the Doña Ana County Health and Human Services Alliance. The Alliance has identified priority areas: access to care, behavioral health, obesity/diabetes, injury and violence prevention, maternal, infant and child health, oral health and teen pregnancy prevention.

McKinley County is located on the border between New Mexico and Arizona with 71,492 people occupying 5,449 square miles. The average age of death for McKinley County residents

is 64.5 years with leading causes of death as follows: diseases of the heart, cancer, unintentional injuries, chronic lower respiratory diseases, stroke and diabetes. With a per capita income of \$13,029, McKinley County is one of the poorest counties in the United States. 75.5% of the population is Native American, and it is one of only three counties where the predominant language is neither English nor Spanish. Nearly 46% of the population speaks Navajo and 9% speaks Zuni. Due to the severe health inequities that exist, the McKinley Community Health Alliance has chosen to focus on addressing poverty and income inequity, institutional racism, and multi-generational trauma in an effort to mitigate their effects on the health of children and families.

San Juan County is located in the Four Corners area of the state between the borders of Arizona, Colorado and Utah with 130,044 people occupying 5,514 square miles. The average age of death for San Juan County residents is 67.8 years with leading causes of death as follows: diseases of the heart, cancer, unintentional injuries, chronic lower respiratory diseases, stroke and diabetes. The Navajo Nation, the largest American Indian nation in the United States, comprises two thirds of the San Juan county area with twenty Chapters within its borders. An indigenous culture rich in tradition and history, the Navajo Nation is a sovereign government with its own system to provide health care to individuals residing on the reservation. San Juan County encompasses areas of extreme household and child poverty, coupled with unemployment and transportation challenges. This is especially true for rural areas and parts of the Navajo Nation where poverty is 30% or higher, as well as poorer neighborhoods in Farmington.

Current Community Role in Improving Health for Children and Families

One of the objectives of the BluePrint for Health New Mexico planning process was to assess the current capacity of communities to participate in health care reform activities and identify strategies to improve that capacity. Due to lack of funding, the State's role in public health has diminished and much of the responsibility now resides with local entities in health care through county governments, local health councils and tribal organizations.

Through the BluePrint for Health New Mexico project, the past and potential future functions of local entities were analyzed to determine potential roles in implementation of health care reform. Health care reform presents an opportunity to “think outside the box” to redesign and reinvent the roles of local health councils, county governments, tribal organizations and other local entities.

Local County Health Councils and Alliances: In 1991, the state of New Mexico passed the Maternal and Child Health Plan Act establishing Maternal and Child Health Councils. These councils, ultimately covering all 33 counties and 5 Native American tribal communities, were funded to conduct assessment, planning, implementation and evaluation of community needs, programs and services. In the early years of the existence of the Councils, some provided direct services, such as immunization and prenatal care, along with education and prevention programs,

while others functioned strictly as coordinating entities to help centralize information about services and prevention programs within the community.

In the last decade, funding and state priorities shifted and more Health Councils and Alliances focused on coordination efforts rather than direct services. In 2010, the state terminated funding to the Health Councils and Alliances due to overall state budget cuts. This action left many of the councils to make drastic decisions regarding housing, staffing and overall functions. While many (about 30) of the Councils and Alliances have continued to function, at least minimally, some are inactive, and some have disbanded altogether.

As part of the BluePrint for Health New Mexico planning activities, funding was provided to the New Mexico Alliance of Health Councils to conduct a research project assessing the Health Council community profiles and plans in an effort to inform the New Mexico comprehensive strategic health care reform implementation planning process. That report revealed that the top health care priorities of the Health Councils and Alliances as related to the ACA are: Access, Chronic Disease Management (including behavioral health and substance abuse) and Community and Family Prevention and Wellness (see the Alliance for Health Council report and the local health council reports for the four targeted counties in Appendix 2.).

That report also revealed that Health Councils and Alliances had few resources to participate in health care reform activities, and noted that basic functions of Health Councils are important for ACA implementation, including assessment and prioritization of health needs, provider inventory, health system planning, and education and advocacy for policy change. Additionally, Health Councils and Alliances play a crucial role in furthering the shared goal of healthy kids, including Kellogg's goal of healthy birth weight and optimal development (increase the number of children born at a healthy birth weight and who receive the care and healthy food they need for optimal development).

Counties: By statute, New Mexico counties have certain responsibilities with regard to health care for uninsured persons:²¹

27-5-2. Purpose of Indigent Hospital and County Health Care Act.

The purpose of the Indigent Hospital and County Health Care Act [27-5-1 NMSA 1978] is:

A. to recognize that the individual county of this state is the responsible agency for ambulance transportation or the hospital care or the provision of health care to indigent patients domiciled in that county for at least three months or for such period of time, not in excess of three months, as determined by resolution of the board of county commissioners, and to provide a means whereby each county can discharge this responsibility through a system of payments to ambulance providers, hospitals or health care providers for the care and treatment of, or the provision of health care services to, indigent patients;

B. to recognize that the counties of the state are also responsible for supporting indigent patients by providing local revenues to match federal funds for the state Medicaid program, including the provision of matching funds for payments to sole community provider hospitals and the transfer of funds to the county-supported Medicaid fund pursuant to the Statewide Health Care Act [27-10-1 NMSA 1978]; and

C. to recognize that the counties of the state can improve the provision of health care to indigent patients by providing local revenues for countywide or multicounty health planning.

²¹ The footnote for this one is missing???

While Counties are obligated to provide health care to indigent residents, the method to accomplish this can differ significantly. Similar to the County Health Councils, Doña Ana County engages in robust, community-based health care planning and prevention efforts, but the Doña Ana County Health and Human Services Department (DACHHSD) leads it. The Doña Ana County Board of County Commissioners provides oversight to the DACHHSD, while the Doña Ana County Health and Human Services Alliance (“the Alliance”) serves as its primary advisory body. Based on the priorities that are identified by the Alliance, the Board of County Commissioners (BOCC) allocates funding to local organizations to provide direct services to residents regardless of immigration status.

The San Juan County Indigent Health Care Program is a medical assistance program funded by a 1/8th of one percent of County Gross Receipts Tax and administered by the Board of County Commissioners which serves as the Indigent Hospital and County Health Care Board. The mission of the program is to improve the quality of life in San Juan County by identifying and addressing the health care needs of the uninsured and underinsured residents of San Juan County. Covered services include in-patient and out-patient hospital services, ambulance services, primary care, prescriptions, dental, drug and alcohol rehabilitation, out-patient mental health services, home health, and hospice services. Health care services are provided by participating hospitals or non-profit facilities approved by the County Health Care Board.

Bernalillo County (new Mexico’s largest urban county) uses a different system to fund indigent care, employing a property tax levy with the proceeds provided for maintenance and operation of the University of New Mexico (UNM) Hospital. Using funds from the property tax levy, the UNM Hospital has effectively implemented the UNM Care program for many years in Bernalillo County. This project enabled the Bernalillo County Community Health Council to analyze the UNM Care program and develop recommendations to leverage opportunities available through the implementation of federal health care reform.²²

As New Mexico plans for health care reform, the current role for counties may change and evolve as a significant majority of New Mexicans become insured and statutory changes may be needed to adapt to a new environment.

Native American Community Health: According to the U.S. Census, in 2010 American Indians and Alaska Natives make up 9.4% of the State’s total population or approximately 193,563 people.²³ In 2008, according to the New Mexico Human Services Department (NMHSD), 72.4% of American Indians living in New Mexico were living at or below 250% of the federal poverty level. NMHSD estimates that nearly 62,600 American Indians are currently eligible for Medicaid but not enrolled. New Mexico is home to 22 Pueblos, Tribes and Nations, each of which has unique cultural and linguistic features. In addition, a significant number of American Indians and Alaska Natives live off the reservation in urban or rural settings around

²² <https://sites.google.com/site/blueprintnm/resource-team-documents/community-health-needs>

²³ <http://quickfacts.census.gov/qfd/states/35000.html>

the state with the largest concentrations living in Albuquerque (Bernalillo County), Gallup (McKinley County), and Farmington (San Juan County).

In New Mexico, the Indian health system is comprised of the Indian Health Service (IHS), Tribal 638 programs, and the Urban Indian Health Program. While the federal government is obligated to provide health care services to American Indians and Alaska Natives in exchange for the millions of acres of tribal lands ceded to the United States, the Indian Health Service is a discretionary program funded at just 54% of the actual need.

Two of twelve Area Offices of the Indian Health Service are located in Albuquerque and Gallup and are responsible for providing services to the 22 Pueblos, Tribes, and Nations located in New Mexico as well as the tribes in Arizona, Colorado, Utah and Texas. The Areas are divided into Service Units that deliver services at the community level. Most Indian Health Service facilities are located on or near the reservation.

With the passage of P.L. 93-638 or “Indian Self-Determination and Education Assistance Act of 1975,” American Indian tribes are authorized to contract and operate federal service programs within the Bureau of Indian Affairs and Indian Health Services. In New Mexico, a number of Pueblos, Tribes and Nations have used Self-Determination contracts or Self-Governance compacts to assume control of all or part of the services previously provided by the Indian Health Service. Self-Determination contracts and Self-Governance compacts offer many intriguing possibilities for tribes to create their own health systems or expand existing programs to meet the health care needs of their tribal members.

In addition, Medicaid reimbursement is treated differently and allows tribal 638 programs to bill Medicaid at a much higher all-inclusive rate. Due to the federal trust obligation, Medicaid reimbursements are matched 100% by the federal government and essentially treated as a “pass through” by the State. In some instances, when tribes have assumed management of a health program, they have actually made a profit due to the higher reimbursement rate for Medicaid.

For the numerous tribal members living off the reservation, services are provided through the Urban Indian Health Program (UIHP), which funds a single clinic in Albuquerque. Funding for the Urban Indian Health Program makes up just 1% of the total IHS budget and cannot begin to meet the demand for services. In Bernalillo County, the annual UIHP funding received by the local urban Indian health clinic would result in a per capita per year expenditure of about \$12.00 based on the size of the population. Budget shortfalls have resulted in the closure of urgent care services available through the local Indian Health Service facility, leaving off-reservation tribal members dependent upon the

“ My little cousin was taken by ambulance to a local hospital. Her parents were so distraught they didn’t think to notify the Indian Health Service. Because they didn’t call within 72 hours, they were stuck with a bill for more than \$9,000.

- Bernalillo County Community Member

local public hospital for urgent care or emergency services. In order for these services to be paid by the Indian Health Service, individuals must be eligible for services under the Contract Health Services Program.

The Contract Health Services Program poses a significant barrier to accessing health care services through the Indian Health Service. Designed to pay for services that are not provided directly from an Indian Health Service facility, the Contract Health Service Program is minimally funded, resulting in the denial of nearly two-thirds of all claims for services. It is not insurance or a health coverage program, and obtaining a referral for care from the Indian Health Service does not imply that the cost of the services will be paid. Patients must meet complex residency, notification, medical priority, and use of alternate resources requirements.

For example, in Bernalillo County, more than 400 tribal affiliations exist, but only four tribes are eligible for services due to the residency requirements. Patients must notify the Indian Health Service within 72 hours of an incident in order to meet the notification requirement and services must fall within the medical priority established by the service unit.

Many service units have been at a priority one level for years, resulting in payment for emergency or acute urgent care services only. Even if a claim meets the priority level criteria, it is possible for the service unit to run out of money to pay claims, hence the adage in Indian country, “Don’t get sick after June.” Finally, individuals must demonstrate that they are not eligible for any other resources, e.g., Medicaid, county indigent funds, or charity care programs offered through individual hospitals.

The complexity and chronic underfunding of the Indian Health System has had a direct impact on health outcomes for Native children and families. As evidenced in the 2010 New Mexico Indian Health Disparities Report Card,²⁴ Native women are 1.5 times more likely to receive late or no prenatal care, and Native youth are nearly twice as likely to commit suicide.

Native Americans have the highest death rate due to diabetes and are more than three times as likely to die due to diabetes than Whites. It is difficult to access specific data regarding the number of deaths due to an inability to access health care services in a timely manner through the Contract Health Services Program, but anecdotally, the Bernalillo County Off-Reservation Native American Health Commission is aware of at least two deaths in the past 4 years. Additionally, in a recent Fact Sheet released by the Notah Behay III Foundation on Native American food deserts, obesity and diabetes, research revealed that among American Indians, specifically children, obesity emerged as one of the most serious public health problems.

Given the high rates of poverty, large numbers of uninsured, and limited resources available for health care through the Indian Health Service, it is imperative that tribal leaders and tribal communities become aware of the many opportunities presented by the passage of federal health

²⁴ <http://nmhealth.org/dpp/2010AmericanIndianReportCard.pdf>

care reform and the reauthorization of the Indian Health Care Improvement Act (see “Native American Health Care Reform Guide” in Appendix 2). In addition, it is necessary for the State to develop an Exchange that can comply with the Indian-specific provisions of the law while providing easy access to a population that has historically hesitated to purchase health insurance.

Hispanic and Latino Community Health: New Mexico’s population is over 46 percent Hispanic (based on the 2010 census). It is estimated that only about 10 percent are immigrants. The great majority are native-born with deep family roots in the area. Interestingly, Hispanics in New Mexico tend to have better than average infant mortality rates and fewer low birth-weight births. This is sometimes referred to as the “Latino Paradox”; the epidemiological finding that Hispanic and Latino Americans tend to have health outcomes that paradoxically are comparable to, or in some cases better than, those of their U.S. white counterparts, even though Hispanics have lower average income and education.

The Latino immigrant subpopulation of New Mexico Hispanics faces significant challenges in accessing health care and many of these problems will not be solved by federal health care reform.

“ We are working with a client who is undocumented and their employer doesn’t provide workers’ compensation. He has symptoms of a serious illness, but is unable to access care or see a doctor.

—BluePrint for Health New Mexico Advisory Network Member

Citizenship status, languages spoken, fear of being deported or determined a public charge, and living in rural communities where there is a shortage of health care providers are factors associated with increased barriers to health care access.

These and other socio-economic and contextual factors such as discrimination have a detrimental impact on the health status of individuals and families. Multiple barriers, like inability to pay for costs and lack of a regular source of care, have a devastating impact on the health of families (adults and children) composed of citizens and non-citizens, also known as “mixed status families.” According to a study conducted by the Urban Institute (Fix and Zimmerman, 1999), it is estimated that one in 10 U.S. families with children is of mixed-status, comprised of legal immigrants, refugees, undocumented immigrants and/or naturalized citizens. These problems are particularly challenging in border communities.

Over 90 percent of Hispanic/Latinos in New Mexico are native-born. The Hispanic/Latino population in New Mexico is younger than the rest of the nation and is highly concentrated in the Mexican border region. The 2010 census revealed that New Mexico has the highest percentage of Hispanic youth 18 years and younger in the nation. Thirty percent of all Hispanic children live in poverty, compared to 13 percent of all white and 14 percent of all Asian children. Rates of poverty are higher for Native American and Black children, 42 and 33 percent respectively.

New Mexico’s Health Status Disparities report found that “white Hispanics had the poorest perception of health and the highest rates of teen birth, drug-related death, firearm injury death, Chlamydia, and binge drinking. They experienced the greatest disparity increases for teen births and hepatitis B, and the greatest disparity decrease for smoking.

The financing of health care plays an important role in the ability of Latinos to access care. Despite their strong presence in the workforce, Hispanics are mainly concentrated in low-wage, service-industry jobs where employers are less likely to offer health insurance and other employee benefits. Presently, just one in four Latino workers have the benefit of employer-sponsored insurance.

The Latino Coalition notes that since most Latinos have to purchase their own health insurance, they must first overcome obstacles to finding an affordable plan. Latinos, in fact, have the highest uninsured rates of any racial or ethnic group in the United States. The U.S. Agency for Healthcare Research and Quality estimates that in 2004, more than one-third of Latino Americans lacked health insurance coverage, compared with less than 19 percent of whites.

Latinos are disproportionately affected by some of the most serious health problems; tuberculosis, depression, asthma, HIV, and certain cancers disproportionately affect Latinos and will require targeted, culturally appropriate interventions at the individual, institutional and community levels. Education and prevention, lifestyle and health behaviors impact health status. However, a lack of health insurance impedes the ability of many Latinos to attain the benefits of preventive care services. As a result, Latinos often suffer complications due to their chronic disease states.

Latinos—whether or not they are insured—face the challenge of receiving care in a manner culturally and linguistically appropriate for the growing numbers of patients with limited English proficiency, as well as low levels of general and health literacy.

The National Healthcare Disparities Report found that inequities in quality of care and access to care are easing for all race and ethnic groups—except Latinos. Latinos received poorer quality care than whites in more than half of 38 measures, and worse access to care for seven of eight measures. Nearly 60 percent of the disparities for 34 quality-of-care measures got worse for Latinos, and more than 80 percent of the disparities for access-to-care measures worsened for them.

“ One of my relatives was ill and our family gathered at the hospital to meet with the doctor. We were speaking both English and Spanish and represented three generations. The physician was Anglo and an extraordinary communicator. She used different explanations and ways to explain what was happening. Afterwards she hugged us. It was clear that she recognized the importance of cultural and linguistic competency.”

—BluePrint for Health New Mexico Advisory Network Member

Improving Community Capacity to Improve the Health of Children and Families

As health care reform is implemented in New Mexico, community capacity will need to be strengthened to allow strong partnerships for successful implementation to help children and families. The BluePrint for Health New Mexico Strategic Goals and Objectives outline very specific recommendations to support and strengthen the roles of local communities to participate and assist in health care reform implementation.

Each of the four targeted counties faces unique challenges in implementing health care reform and resources and additional leadership capacity are needed to allow strong community-based participation in reform. Community health priorities and local analysis should be utilized in the development of state health priorities and associated funding of health programs throughout New Mexico. It is imperative that local communities have the capacity to develop their own strategies to meet the health needs of children and families to prevent a “one size fits all” approach.

A cornerstone of BluePrint for Health New Mexico is to provide resources to communities that bring about systemic change and increase local capacity to improve health for children and families so that solutions are community driven, not top-down approaches. This strengthened capacity is essential for New Mexico’s highly diverse communities, which need customized approaches and strategies.

Innovative Community-Based Strategies

Despite significant challenges, many local communities have developed innovative strategies to improve the health of children and their families. The BluePrint for Health New Mexico project team conducted more than a dozen interviews with key informants around the state to identify successful interventions that should be examined for possible replication in other areas:

- In Bernalillo County, a team of health professionals, advocates, business people and educators will visit Cuba to learn about their primary care system in hope of adopting some of their practices locally.
- La Montañita Co-op Food Market is a community-owned, consumer cooperative with three locations in Albuquerque, one in Santa Fe and one in Gallup. In an effort to provide affordable, fresh and healthy foods to remote communities, they partnered with the former CEO of Sysco to implement a mobile grocery store in local tribal communities.
- The Colonias Development Council utilizes community health workers or *promotoras* to perform medical outreach, including one-on-one visits and tracking people at stores, schools and jobs to make sure they are connected to the services available to them.
- In Mora County, a remote area in the northern region of the state, children and families had limited access to affordable, healthy food and there was no locally grown produce.

Growing a community garden has enabled them to provide fresh vegetables to seniors. In addition, the garden has become an opportunity for the community to heal itself from the effects of alcoholism and drug abuse. The garden also serves to mitigate the effects of poverty, allowing children to earn up to \$10 an hour for up to five hours a week.

- Red Rocks Young Lives is a mentoring program for Navajo teens in McKinley County. Teens participate in extracurricular activities, run errands, and accompany individuals to the dentist or doctor. New experiences allow teens living in an isolated, rural environment to build confidence and resiliency to prevent teen pregnancy and substance abuse.
- In Doña Ana County, the Oral Health Council works to educate parents about the effects of nursing bottle decay and sugary food on babies and children. They provide a full day of dental education at Doña Ana Community College and a dental visit to middle school students with an emphasis on students living in the *colonias*. Students receive a tour of the campus and receive dental education as they examine dental x-rays. The campus tour allows middle school students to gain an early interest in higher education, particularly in the oral health and medical fields.
- People's Legal Services is a medical and legal partnership located on the Navajo reservation in San Juan County that aims to provide additional services to address the legal needs of low-income communities in New Mexico. To mitigate health inequities, they work to ensure stable housing and adequate monthly income. People's Legal Services recognizes that building income leads to better choices and less day-to-day stress, thus reducing risky behaviors. They also provide assistance to veterans to improve services and ensure disability benefits.

IMPLEMENTATION PLANNING PROCESS

The Implementation Planning Process

Through the planning grant provided by Kellogg, the BluePrint for Health New Mexico Advisory Network, a diverse stakeholder group, was formed to provide guidance and strategic planning for the project and the BluePrint for Health New Mexico Resource Team was created to perform research and analysis to link the strategic plan to implementation action.

BluePrint for Health New Mexico is a multi-stakeholder approach committed to a local, community-based, participatory process to expand involvement and ensure diverse stakeholder interests are included. It reflects New Mexico's vibrant diversity and has guided the planning process to build trust and develop common and realistic implementation goals. It includes representatives from the community, providers, advocacy organizations, private and non-profit employers, policy makers, tribal organizations and other state and local government entities, as well as representatives from the four targeted counties.

The planning process was designed to increase local capacity and develop leadership by focusing on assessment and capacity building phases before developing strategic goals and objectives. The New Mexico Alliance of Health Councils was contracted to inventory past and current health improvement initiatives, and two County organizations were contracted to determine the needs of children and families in Doña Ana and San Juan Counties. Bernalillo County chose to examine a local, publicly funded safety-net program to identify opportunities for expansion in light of health care reform, and McKinley County opted to analyze the Affordable Care Act to identify opportunities for local health promotion, wellness, and prevention initiatives.

Members of the BluePrint for Health New Mexico Advisory Network developed principles to guide the planning process and identified a shared set of goals and objectives to successfully implement health care reform. Using a facilitated group process, Network members were able to examine a large number of ideas and strategies before narrowing them down to a set of mutually reinforcing activities to achieve their goals.

As delineated in the planning grant, the expected outcomes for the BluePrint for Health New Mexico project are to:

- Improve health outcomes for the children, families and communities in New Mexico through a coordinated strategy and campaign to coordinate the legal expertise, health care and policy expertise, public information and outreach capacities, and stakeholder specific outreach capacities.
- Develop increased capacity of current and prospective health policy and advocacy nonprofit organizations and coalitions in New Mexico, and a stronger relationship between nonprofit/philanthropy, public/government and private/business sectors.
- Advance health equity for racially and ethnically diverse populations.

- Ensure that implementation of health care reform in New Mexico addresses Native American issues and needs.

BluePrint for Health New Mexico Advisory Network

BluePrint for Health New Mexico Advisory Network members were recruited through broad outreach to all stakeholder groups in New Mexico, reaching out to organizations and individuals who were committed to focusing on communities, using data to drive decisions, and consensus building. With more than 55 members, the structure of the Network has been inclusive and participatory, with each meeting professionally facilitated to ensure all participants have opportunity for input in an organized and respectful manner. A total of four half-day meetings of the entire Advisory Network were held between July and October 2011, while the Resource Team met on a monthly basis between May and September 2011. In addition, two sub-committees were formed to develop the guiding principles and the draft implementation plan. Members of the BluePrint for Health New Mexico Advisory Network are listed in Appendix 1.

BluePrint for Health New Mexico worked to create an Advisory Network that represents the geographic, ethnic and racial diversity of New Mexico. The Advisory Network has 29% of the members identified as American Indian, 20% identified as Hispanic or Latino, and 3% as African American. As we move forward with the Implementation Plan, expansion of the Advisory Network will more closely reflect the demographics of New Mexico.

Technical Support for Implementation Planning

BluePrint for Health New Mexico has focused its work in ten areas that lead to successful implementation as designed by the National Academy for State Health Policy. Comprised of organizations and individuals with technical expertise, the BluePrint for Health New Mexico Resource Team was created to perform research and analysis and to provide resource tools to link the strategic planning process and implementation work plan with the ten areas recommended by the National Academy for State Health Policy. The ten areas and the eighteen associated reports are outlined in Table 4 and Appendix 2.

Accomplishments

Over the six-month planning period, the BluePrint for Health New Mexico project has accomplished the following:

- Developed a comprehensive implementation plan for BluePrint for Health for the next three years of health care reform.
- Despite very disparate interests and perspectives on health care reform, created a shared sense of purpose by assembling and engaging a large and diverse group of stakeholders into the BluePrint for Health Advisory Network to partner on solutions to complex health care reform issues impacting children and families.

- Developed leadership and capacity among all Advisory Network members to allow them to be better engaged in health care reform.
- Significantly increased the baseline knowledge of Advisory Network members on issues affecting children and families as they relate to health care reform.
- Increased capacity in local communities by actively engaging them in the implementation planning process and contracting with local health councils, alliances and partnerships in the four targeted counties to allow them to update their community health profiles and develop community-based strategies to improve the health of children and families.
- Completed more than a dozen interviews with key informants around the state to identify innovative community-based strategies leading to improved health outcomes for children and families in New Mexico.
- Developed a BluePrint for Health New Mexico Resource Team and coordinated completion of 18 technical assistance reports (Appendix 2) to guide reform planning with the Advisory Network on elements that lead to successful implementation of reform, e.g., “Benefit Design for Children under the ACA,” “The Benefits of ACA for Children.”
- Completed a preliminary analysis to study the feasibility of a New Mexico Consumer Oriented and Operated Health Plan as provided for under the ACA. The analysis was used to assist in the submission of an application for a federally sponsored start up loan.
- Facilitated stimulating dialogue and information sharing among the Resource Team members and increased their capacity to consider new ideas and provide technical support and assistance.
- Resource team reports were used in the development of the Level I Exchange establishment grant application. The New Mexico Human Services Department (HSD) was awarded \$34,279,483 for a Level One Establishment to develop and establish the New Mexico Health Insurance Exchange over the next 12 months. HSD will also be submitting a Level Two Establishment grant application in March 2012.
- Produced print materials (Appendix 3) designed to brand the project and engage participation from diverse stakeholder groups. A “Frequently Asked Questions” handout was created to ensure that project outcomes and planning processes were clear to participants and other interested parties.
- Created a website (www.blueprintnm.org) to facilitate continuous communication and access to project information, resource team reports and policy briefs, and federal health care reform initiatives.

- Created a database of stakeholders across the state to facilitate the creation of strategic relationships and support for health care reform to improve the health of children and families.
- Developed a partnership with Paso del Norte Health Foundation on the Regional Strategic Health Framework.
- Helped fund the travel for an expert in Accountable Care Organizations to present information to the New Mexico Interim Legislative Health and Human Services Committee.
- Con Alma Health Foundation supported the state Department of Health and Bernalillo County as they prepared proposals for Community Transformation Grants; both proposals were funded in September 2011.

**Table 5.
National Academy for State Health Policy Recommendations
and Blueprint for Health Technical Resource Team Reports***

Implementation Area	Mechanisms	Associated Resource Team Report
Be Strategic with Insurance Exchange	Review implementation issues for insurance exchange structure; develop eligibility and enrollment policy recommendations with a focus on exempt populations; and identify opportunities for educational outreach.	<i>Health Insurance Exchange in NM</i> - NM Center on Law and Poverty <i>Consumer Navigators under ACA</i> - SW Women’s Law Center
Regulate the Health Insurance Market Effectively	Focus on protection for children in federal consumer protection requirements; enforcement of insurance reforms; and consumer complaint procedures/ satisfaction systems.	<i>Consumer Protections and Insurance Reforms under ACA</i> - SW Woman’s Law Center <i>Accountable Care Organizations and Federal Health Care Reform</i> - SW Women’s Law Center
Simplify and Integrate Eligibility Systems	Develop strategies to increase enrollment and access to publicly funded health coverage programs for children and families, and develop seamless transition strategies between programs.	<i>Enrollment Strategies to Maximize Enrollment</i> - NM Voices for Children <i>Possible Source of Additional Funding for NM Medicaid</i> - NM Voices for Children
Expand Provider and Health System Capacity	Map & compare NM’s current and projected health care systems needed in 2014 with a focus on coverage, quality, and access.	<i>Health Care Reform Policy Development in New Mexico</i> – Resources for Change
Attend to Benefit Design	Consider Medicaid benefit redesign with an emphasis on improved health outcomes for children.	<i>Benefit Design for Children Under ACA</i> - NM Voices for Children

Use Your Data	Analyze data collection provisions and develop recommendations to combine different source data and prioritize health disparities and related minority health data and gaps; recommend system data to monitor population health; prioritize for progress tracking.	<i>Using Data, Quality Outcomes and Transparency</i> - Policy Connections West
Pursue Population Health Goals	Identify federal funding opportunities and recommend child-focused statewide implementation plan; review Accountable Care Organization opportunities; review resource opportunities and implementation suggestions to improve health outcomes.	Individual reports from each of the targeted four counties of Bernalillo, Doña Ana, McKinley, and San Juan.
Demand Quality and Efficiency	Improve system delivery with health care metric quality outcomes, public health improvement, and quality/transparency indicators.	<i>Using Data, Quality Outcomes and Transparency</i> - Policy Connections West
Engage the Public in Policy Development and Implementation	Build upon and expand public involvement and input; analyze economic impacts of federal reform, including Medicaid expansion; review Consumer Oriented and Operated Plans (CO-OPs) opportunities; and report on past and existing reform implementation efforts.	<p><i>Health Care Reform Policy Development in NM</i> - Resources for Change</p> <p><i>Economic Benefits of Health Care Reform in NM</i> - NM Voices for Children</p> <p><i>The Tax Benefits of Health Care Reform in NM</i> - NM Voices for Children</p> <p><i>COOP Business Plan Preliminary Analysis for Feasibility Study</i> - Health Action NM</p>
Native American Focus	Review statewide federal health care reform implementation for Native Americans; identify increased access to health care services opportunities, including development of financing mechanisms and improving Indian health systems; and identify funding opportunities.	<i>Native American Health Care Reform Guide</i> – Bernalillo County Off-Reservation Native American Health Commission

***Reports available at www.blueprintnm.org under Resource Team Reports**

STRATEGIC GOALS & OBJECTIVES

The following sections outline the strategic goals and objectives adopted by BluePrint for Health New Mexico, delineating strategies, mechanisms and resources needed. The goals and objectives were developed through the facilitated BluePrint for Health New Mexico Network Advisory meetings during the months of June-October 2011.

The three broad goals are designed to improve the health of children and families in New Mexico and are summarized as follows: 1) Increase Access to Health Coverage for Children and Families; 2) Improve the Health of Children, Families and Communities; and 3) Improve Access to Health Care for Children and Families.

For each goal, a series of objectives was designed to focus the work of the BluePrint for Health project with specific strategies and mechanisms. Each goal will require resources for implementation, both in terms of funding and committed time and investment from BluePrint for Health NM Advisory Network members. This Implementation Plan also ties each goal to health care reform implementation. The specific plan for each goal is outlined in the following section.

Goal 1: Increase Access to Health Coverage for Children & Families.

Objective 1: Support the creation of a Health Insurance Exchange that has the authority to provide affordable, accountable and high quality health plans for individuals and small employers, as an independent quasi-governmental entity, with a board comprised of individuals who do not have a financial interest in the insurance products sold.

Background:

In the 2011 legislative session, the New Mexico Legislature passed SB 38/370 to establish the New Mexico Health Insurance Exchange. Governor Martinez vetoed the bill and raised concerns about the substantial costs of establishing and maintaining a Health Insurance Exchange, and the fact that the federal rule had not been promulgated.

It is anticipated that there will be Exchange legislation introduced during the 2012 legislative session and that Advisory Network members will keep themselves informed and collaborate to promote the creation of an Exchange that adheres to this objective. The report, "Health Insurance Exchange in New Mexico" by the NM Center on Law and Poverty, discusses many opportunities to best meet the needs of children and families in New Mexico (see Appendix 2).

Strategies:

- Provide education to stakeholders, policy makers, and communities to promote the development of an Exchange that aligns with the Exchange set forth in this objective.

- Develop a unified voice for stakeholder input to NM Office of Health Care Reform on Exchange legislation planning and development, and to promote Exchange features such as affordability, accountability, quality, patient-centered medical homes, provider incentive payment systems,²⁵ adequate provider networks, comprehensive navigator systems, consumer protections and strong oversight of health plans and rating systems, with a board comprised of individuals who do not have a financial interest in the insurance products sold.

Mechanisms:

- Expand membership and capacity of the BluePrint for Health New Mexico Advisory Network to provide coordinated, efficient input. Organize diverse entities and voices into a unified message.
- Lead stakeholder (including consumers) engagement and input throughout the Exchange planning and implementation process.
- Provide regular BluePrint for Health New Mexico Advisory Network stakeholder input to NMOHCR and the Exchange.
- Facilitate the ability of local communities and counties to providing focused input with the BluePrint for Health New Mexico Advisory Network while building capacity for a strong voice and input from each county, including development of a pipeline of local leaders reflective of the state's ethnic and cultural and linguistic characteristics, youth leadership and input, and development of local technical expertise.²⁶
- Share information and education and outreach mechanisms among BluePrint for Health New Mexico Advisory Network members.
- Establish and maintain strategic partnerships to champion creation of the Exchange.
- Expand awareness and capacity in the small employer market.
- Promote strong transparency in all aspects of development of the Exchange.
- Continue to evaluate proposals for the development of the Exchange to ensure that it meets this objective.

Resources Needed:

- BluePrint for Health New Mexico Advisory Network coordination
- Travel for regional meetings and input
- Professional support for education, advocacy and communication
- Administrative support for BluePrint for Health New Mexico Advisory Network meetings
- Technical assistance to provide legal research and policy analysis to Advisory Network members and policymakers
- Participation from all BluePrint for Health New Mexico Advisory Network members in education and advocacy with policy makers

²⁵ Wishner, Jane and Kyle Stock. *Accountable Care Organizations and Federal Health Care Reform*. August 2011.

²⁶ Wishner, Jane and Kyle Stock. *Consumer Protections and Insurance Reforms under the Affordable Care Act*. August 2011.

How Will This Objective Help Children and Families in New Mexico?

Successful implementation of a Health Insurance Exchange will allow an estimated 425,000 people in New Mexico to obtain affordable health care coverage. An estimated 70 percent of these people are children and families with children. Providing strong stakeholder input to the state in the Exchange design will help ensure an Exchange that is affordable, user-friendly and meets the needs of children and families.

Objective 2: Maximize participation in the Exchange by ensuring that 90% of eligible children and families obtain coverage through the Exchange.

Background:

An estimated 425,000 New Mexicans may ultimately seek health insurance coverage through the Exchange between 2014 and 2020 through either Medicaid or an Exchange Qualified Health Plan. Ideally 100 percent of those eligible will obtain coverage through the Exchange, but the goal for BluePrint for Health New Mexico is that 90% of those eligible for coverage, or 382,500 individuals will obtain coverage through the Exchange by 2020.

By focusing on hard-to-reach populations and individuals who may not be mandated to participate, BluePrint for Health New Mexico hopes to increase participation beyond the national average (National estimates of coverage through Exchanges project significantly lower participation rates. For example, a recent national report estimated that of the 50.9 million non-elderly uninsured, only 23.3 million would obtain coverage after reform.²⁷).

Strategies:

- Create capacity in all counties for governmental and non-governmental groups to provide input and recommendations as the state develops the Health Insurance Exchange.
- Encourage the development of a coordinated outreach and enrollment system with Nurse Advice Line New Mexico (NANM), New Mexico Primary Care Association (NMPCA), health councils, business organizations, hospitals, brokers and other entities, e.g., *promotoras*, community organizers, etc. to ensure maximum participation in the Exchange with an emphasis on the targeted counties.
- Support development of a broad and diverse statewide navigator program including entities with expertise in reaching hard-to-reach populations with a focus on children and families.
- Promote development of a strong SHOP function to maximize participation by small businesses to obtain coverage for their employees.

²⁷ "Health Care Reform Across States: Increased Insurance Coverage and Federal Spending on the Exchanges and Medicaid," March 2011, Matthew Buettgens, John Holohan, and Caitlin Carroll.

- Identify strategies to minimize gaps in coverage for people who cycle between the Exchange and Medicaid.
- Encourage the collection of data related to race, ethnicity, gender, disability and other indicators that can promote health equity.²⁸
- Ensure compliance with all of the Indian-specific provisions of the ACA.
- Research and develop recommendations to the State for the potential development of a Basic Health Plan.

Mechanisms:

- Develop local leadership to establish an effective, broad-based outreach and education campaign on the Exchange and the importance of health coverage.
- Test different strategies in different counties.
- Create innovative non-traditional educational tools using premium calculators and tangible examples of costs and levels of coverage.
- Develop mechanisms for BluePrint for Health New Mexico Advisory Network to provide feedback and recommendations to the Exchange and NMOHCR on the development of Navigator program, the Health Insurance Exchange Call Center, and outreach.
- Conduct a comprehensive inventory of current potential Navigator resources in each county.²⁹
- Work with national organizations to identify best practices to minimize the number of people who fall through the cracks or experience gaps in coverage and provide recommendations to NMOHCR and the Exchange.

Resources Needed:

- Outreach and education coordination
- Development of outreach tools and educational materials
- Support for outreach assistance in each of 4 counties
- Analysis/recommendations on strategies to minimize gaps in coverage
- Technical assistance on Native American issues
- Capacity building among community health councils, alliances and local systems to assist with the strategies

How Will This Objective Help Children and Families in New Mexico?

Many of the uninsured in New Mexico may not know how to find or navigate obtaining health care coverage. A unique outreach and education and Navigator system is needed in New Mexico particularly to help hard-to-reach populations, with special assistance for families that may have language barriers, live in remote rural areas, or face cultural challenges to obtaining health coverage.

²⁸ Espinosa, Judith. *Using Data, Quality Outcomes & Transparency*. August 2011.

²⁹ Wishner, Jane and Kyle Stock. *Consumer Navigators Under the Affordable Care Act*. August 2011.

Objective 3: Increase Medicaid enrollment by 200,000 with an emphasis on under-enrolled children and families by December 31, 2014.

Background:

New Mexico projects that almost 200,000 individuals, many of whom are children or members of families with children, will be eligible for coverage through either existing Medicaid eligibility guidelines or through the expanded Medicaid eligibility guidelines. BluePrint for Health New Mexico recommends that all these eligible individuals be enrolled by the end of 2014. The report, “Enrollment Strategies to Maximize Enrollment in Health care Coverage under PPACA” by Nick Estes at New Mexico Voices for Children, offers many opportunities to increase Medicaid enrollment for children and families.³⁰

Strategies:

- Develop community-driven, specific, innovative enrollment strategies that reflect the needs of children and their parents, based on best practices and multiple access points.
- Conduct aggressive outreach using diverse participants including navigators, Community Health Representatives, *promotoras*, and other entities.
- Partner with the NM Medical Assistance Division to promote aggressive implementation of express lane enrollment and other streamlined Medicaid enrollment strategies.
- Provide ongoing input from the BluePrint for Health New Mexico Advisory Network during the planning process for IT systems for Medicaid and the Exchange to streamline process, reduce paperwork, and provide accessibility to people with disabilities and people with limited-English proficiency.
- Work with New Mexico’s Medicaid modernization consultants to explore development of a Native American Salud! Plan designed to meet the health needs of Native children and families.
- Provide ongoing input to the state on Medicaid redesign to ensure it does not result in reduced eligibility or access to care.
- Develop strategies to ensure maximum enrollment of individuals dually eligible for Medicaid and Medicare.
- Encourage the use of Health Insurance Exchange navigators to enroll people in Medicaid
- Explore enacting provider assessments to be matched with federal funds.³¹
- Consider opportunity to seek a Tier 2 Medicaid performance bonus under CHIPRA.³²

Mechanisms:

- Conduct county-by-county analysis of currently eligible but unenrolled individuals with an emphasis on Native American communities.

³⁰ Estes, Nick. *Enrollment Strategies to Maximize Enrollment in Health Care Coverage under PPACA*. August 2011.

³¹ Estes, Nick. *Possible Sources of Additional Federal Funding for New Mexico Medicaid*. August 31, 2011.

³² Ibid.

- Based on analysis, deliver presentations in counties with low enrollment to policy makers, providers, tribal leaders and others on data on the unenrolled and economic impact if enrolled.
- Conduct analysis of 2014 newly eligible on county-by-county basis.
- Based on analysis, deliver presentations in counties with large numbers of newly eligible individuals to policy makers, providers, tribal leaders and others on those newly eligible in 2014, and develop county-by-county strategies to find and enroll these people to expedite enrollment beginning in 2014.
- Develop county-specific strategies to find and enroll all individuals eligible for Medicaid with an emphasis on Native communities.
- Provide analysis to State on impact of proposal under Medicaid redesign and on mechanisms to enhance enrollment of Native Americans, including possibility of Native American Salud! Plan.

Resources Needed:

Coordination to:

- Complete county-by-county analysis of eligible but unenrolled children and families
- Complete county-by-county analysis of newly eligible children and families by 2014
- Develop local leadership in counties to promote outreach and enrollment and engage policy makers and other partners
- Identify and obtain resources for the targeted counties to develop local, innovative strategies for outreach and enrollment
- Provide technical assistance for legal research and policy analysis on strategies that will successfully improve enrollment and on proposals to redesign Medicaid
- Provide technical assistance to analyze and determine feasibility and benefits of developing a Native American Salud! Plan

How Will This Objective Help Children and Families in New Mexico?

There are many reasons why eligible families do not sign up for Medicaid, including: lack of knowledge of the program; stigma; paperwork hassles and bureaucracy issues; and inadequate outreach and education. Clearly showing the number of children and families eligible for Medicaid but not enrolled in each county could have a powerful impact on policy makers' attitudes towards implementation of aggressive outreach and enrollment campaigns.

Objective 4: Develop mechanisms to finance health care for children and families who remain uninsured or ineligible to take advantage of the ACA

Background:

It is estimated that up to 220,000 individuals in New Mexico may remain uninsured after health care reform.³³ These individuals may not be eligible for Medicaid or coverage offered through the Exchange or may not find coverage through the Exchange affordable. Strategies are needed to ensure health care access and safety net services for these individuals.

Strategies:

- Engage NM Association of Counties, the NM Hospital Association, NMOHCR, the NM Primary Care Association, the BluePrint for Health New Mexico Advisory Network, community-based and advocacy organizations and others in a safety net work group to identify strategies to provide health care services (with an emphasis on primary care) and coverage for the uninsured, and to ensure adequate funding for health care services and coverage.
- Develop models for counties to provide coverage for all residents who remain uninsured, including undocumented immigrants.
- Redefine the role of counties and state Public Health Offices and other publicly supported programs to create health care safety net systems for people who remain uninsured or ineligible to take advantage of coverage under the ACA.
- Work with hospitals in New Mexico to make sure they provide a safety net for undocumented immigrants to ensure access to care and documentation of uncompensated and charity care.
- At a local level, create links between sole community providers and federally qualified health centers.

Mechanisms:

- Establish a safety net work group to develop and analyze strategies and successful models, including Santa Fe Project Access Donated physician care model, multi-share programs, Casa de Salud, Doña Ana County Health and Human Services Department, UNM Care, NM Hispanic Medical Association discount program, other county models, NM Primary Care Association, and other models used in other states.
- Develop projections by county of individuals who will remain uninsured after 2014.
- Work with the New Mexico Department of Health and the four targeted counties on redefining county and public health office roles and functions in 2014 to stretch resources for improved safety net services for those who will remain uninsured.

³³ *Who Will Be Uninsured After Health Insurance Reform?* Matthew Buettgens, Urban Institute; Mark A. Hall, Wake Forest University, March 2011 <http://urban.org/uploadedpdf/1001520-Uninsured-After-Health-Insurance-Reform.pdf>

- Work in partnership with local and tribal providers and others in the four targeted counties, including community-based programs, to pilot test various strategies with local providers.

Resources Needed:

- Work group support and technical assistance
- Analysis of remaining uninsured
- Assistance to targeted counties to plan pilot programs

How Will This Objective Help Children and Families in New Mexico?

Below are two existing model safety net programs that could be replicated throughout New Mexico to help children and families that remain uninsured after health care reform.

Santa Fe Project Access is a volunteer network of over 200 physicians who donate care to the uninsured in Santa Fe County. It is funded by Christus St. Vincent Regional Medical Center and provides safety net care to over 1,200 low-income individuals in Santa Fe County each year. It provides a mechanism for patients receiving primary care at community health centers to access needed specialist and hospital services in a coordinated network.

Casa de Salud is a safety net clinic in Albuquerque’s South Valley neighborhood that provides low cost primary care to low-income individuals. Casa de Salud has been providing low cost, high quality health care for the uninsured for over five years, serving approximately 10,000 patients per year. Casa de Salud integrates acupuncture, Reiki, and nutritional guidance with Western, Eastern and traditional medicines, not generally reimbursable by insurance companies.

Goal 2: Improve the Health of Children, Families & Communities

Objective 1: Build capacity within local, state, county and tribal governments, *colonias*, health councils, the business community and community organizations to obtain funding for, and develop and implement, affordable, accessible, quality prevention and wellness programs for children and families.

Background:

Local, county and community organizations do not currently have sufficient resources or capacity to effectively participate in and take advantage of opportunities through the ACA for improvement of the health of children, seniors and families through quality prevention and wellness programs. Wellness and prevention initiatives need to be customized to meet the unique cultural and linguistic needs of each community.

Strategies:

- Develop data and analysis to establish need for prevention and wellness programs.
- Create and provide technical assistance support mechanisms and community leadership development to enable counties to pursue ACA and other funding opportunities, including assistance in program development and grant writing.
- Targeted counties can identify mechanisms to provide outreach and education in their counties to promote awareness of the costs and benefits of prevention and wellness programs.
- Using community-based knowledge and non-traditional leaders, share best practices, accountability measures and innovative community wellness and prevention programs among all counties.
- Create non-hierarchical, egalitarian, strategic partnerships between community-based initiatives and statewide infrastructure.

Mechanisms:

- Conduct data inventory and analysis to identify targeted needs for prevention and wellness programs.
- Develop a toolbox of best practices and innovative community wellness and prevention projects currently being implemented in New Mexico.
- Establish technical assistance support resources for targeted counties, including a pool of funding for each targeted county to access for grant writing and program development to allow customized approaches in each county.

Resources Needed:

- Data analysis and inventory for prevention and wellness programs
- Pool of resources for targeted counties to access grant writing & program development

How Will This Objective Help Children and Families in New Mexico?

Con Alma Health Foundation supported the State of New Mexico's application for a Community Transformation Grant from the Centers for Disease Control and Prevention. New Mexico was awarded \$1.5 million to implement evidence- and practice-based programs designed to improve health and wellness.

Objective 2: Develop a community-prioritized and data-driven system to guide health care funding decisions and quality improvement for children and families.

Background:

Currently, regional health planning is limited in New Mexico and not all providers collect race, ethnicity and other demographic data. Efforts are made, however, to identify health care priorities by the NM Department of Health, Health Councils and Alliances or other organizations. There is a disconnect between local priorities and identified health care disparity data with state health plans and state health care funding decisions. Strategies are needed to allow community priorities and health disparity data to drive state health care priorities and funding decisions.

Strategies:

- Institutionalize the collection of data that can aid in the elimination of health disparities, e.g., race, ethnicity, gender, disability, age, income and geography, etc.
- Develop mechanisms so that state and federal funding streams can be data-driven and based on community priorities as identified through local health plans and community input rather than top-down decision processes.
- Develop a system to utilize health disparity data to drive decisions on health planning and funding to eliminate health disparities and achieve relevant community health improvement goals.
- Work with the Exchange and Aligning Forces for Quality (a Robert Wood Johnson Foundation funded project to improve health care quality through publicly reporting provider performance and benchmarks) to highlight and promote quality indicators on providers and plans in the four targeted counties.

Mechanisms:

- Inventory data for each targeted county from various health planning documents such as Vision 2020, the Statewide Comprehensive Health Plan, county health profiles, Healthy People 2020, various Con Alma reports (see Appendix 2), and other sources.
- Develop a data-driven report for each county with recommendations for achieving benchmarks and identifying required funding necessary for implementation with a focus on the identified priority areas in the four counties emphasizing improved health for children and families in the areas of maternal and child health, youth development, family resiliency, and oral health.
- Partner with the Exchange and Aligning Forces for Quality to learn from the Albuquerque project experience for potential replication in the targeted four counties.
- Build capacity around community engagement by reinvigorating community efforts to provide input on health care priorities based on data and analysis of need.
- Support efforts to create and fund a system to tie state health funding decisions to community priorities and data-driven analysis.

Resources Needed:

- Coordination of data and quality reports and activities
- Development of data-driven reports in 4 counties

How Will This Objective Help Children and Families in New Mexico?

An example of the disconnect between disparity data and health care funding occurred in 2011 when the large number of Native American youth suicides led community advocates to push for legislation to create a Native American Suicide Prevention Clearinghouse; they were unable to secure the funding to implement the legislation.

Objective 3: Develop partnerships to advocate for the elimination of health inequities.

Background:

Social inequalities that arise from policies with drastically unequal and unfair income and wealth redistributions can lead to poor health outcomes, behavioral health issues and widespread unhappiness. This can impact the health of entire societies and families, including children, parents and grandparents. Many studies in New Mexico have documented severe social and health inequalities, but little has been done to solve these problems. In New Mexico, the Bernalillo County Place Matters Team, one of sixteen Place Matters Teams located throughout the country, has worked in partnership with the Joint Center for Political and Economic Studies, Health Policy Institute, since June of 2006. The project is committed to improving the health of communities by addressing the root causes that lead to poor health. BluePrint for Health can build upon this group's work to eliminate health and social inequities.

Strategies:

- Advocate for sound social and governmental policies to eliminate social inequity.
- Reduce environmental burdens on vulnerable communities.
- Empower and build the capacity of communities, tribes and individuals to understand and give voice to their interests and make needed changes in their neighborhoods.

Mechanisms:

- Work with the Bernalillo County Place Matters Team to replicate their activities in the other targeted counties.
- Link societal inequality and inequity issues and data with health care disparity data to present a comprehensive picture of issues impacting health.
- Develop statewide recommendations on elimination of societal inequalities and social inequities.

Resources Needed:

- Resource sharing with Bernalillo County Place Matters Team
- Technical analysis to link societal inequality data and social inequity data with health disparity data

Goal 3: Increase Access to Health Care Services for Children and Families
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Objective 1: Promote strategies to ensure that by 2014 there will be an adequate provider infrastructure (including primary care, oral health and behavioral health) to accommodate the large numbers of additional insured individuals with an emphasis on tribal, <i>colonia</i> and rural access.
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Background:

New Mexico has an insufficient provider infrastructure at all levels to serve its current population and this situation will be severely exacerbated with large numbers of newly insured individuals in 2014.

Strategies:

- Inventory and analyze current health care infrastructure and what will be needed in 2014 to meet needs of increased number of insured individuals, including a county-by-county inventory of existing and planned facilities (number of beds, services, equipment, etc.), and provider numbers by type and capacity.
- Compile and analyze existing data so that it is widely and readily accessible.
- Identify strategies to stretch use of health care resources to serve more individuals, e.g., reduce unnecessary hospital admissions, increase use of programs like the Nurse Advice Line, empower patients to take more control over their health and the services they receive, develop primary care alternatives to reduce reliance on ERs, increase use of less-expensive informal care-giving and home and community based strategies, better disease management strategies, use of non-traditional providers and alternative medicine, ensure all levels of primary care providers are able to practice at the top of their scope of practice, and patient-centered medical homes.
- Develop health literacy programs designed to educate children and families on how to use the health care system, to include identifying their primary care provider, when to seek emergency care, etc.
- Develop recommendations to improve provider recruitment and retention, such as streamlined and uniform credentialing and licensing processes, improved and timely claims processing, peer support systems for rural areas, etc.
- Expand the number of mid-level providers educated in New Mexico by promoting an increase in the amount of funding that is allocated to educate them.

- Engage providers in discussions about solutions for reducing health disparities, and develop CME cultural and linguistic competency training programs for providers. Work towards a goal of improving provider cultural and linguistic competency and more diversity in health care providers and health care management. Improve language interpreter services.
- Encourage the development of leadership across health care systems that reflects the cultural, tribal, linguistic, gender and ethnic diversity of New Mexico and includes persons with disabilities.
- Work with the New Mexico Department of Higher Education, universities, and community and tribal colleges to help develop and identify funding opportunities for health care provider training programs. Increase the capacity of local colleges to apply for funding designed to expand the workforce and increase the number of under-represented minorities in health care systems.
- Support the expansion of the UNM Combined BA/MD Degree Program, a partnership between the School of Medicine and the College of Arts and Sciences, offering New Mexico students the opportunity to complete their Bachelor of Arts and Medical Degrees in an eight-year timeframe.

Mechanisms:

- Conduct inventory of current health care infrastructure on county-by-county basis.
- Develop projections of health care infrastructure needs in 2014.
- Analyze innovative strategies for stretching health care resources and develop recommendations for implementation.
- Develop provider recruitment and retention recommendations.
- Work with providers on cultural and linguistic competency and disparity reduction strategies.

Resources Needed:

- Inventory and projections of health care infrastructure needs
- Analysis of maximizing health care resources
- Provider strategies to achieve cultural and linguistic competency

How Will This Objective Help Children and Families in New Mexico?

Many children and families in rural areas of New Mexico have limited or no access to health care services. In Hidalgo County, the Center for Health Innovations has developed a rural pipeline program that enables 56 students and residents to rotate through their clinic for 8-week rotations. Housing for participants is provided on site and they have partnerships with schools in Arizona, Kentucky, and Washington.

Objective 2: Develop strategies to decrease barriers to obtaining the right care at the right time, in the right place in a culturally and linguistically appropriate manner.

Background:

In addition to addressing an insufficient number of providers, the current health care system could be significantly modified to improve access to appropriate care at times and in ways that people need health care. For example, many working families have trouble getting off of work to go to doctor appointments. Some common sense changes could lead to significantly improved health access and outcomes. In addition, some people need basic help navigating the complex health care system.

Strategies:

- Maximize accessibility to health care providers through education and assistance in navigation of the complexities of the health care system.
- Promote expanded delivery models such as school- and church-based vans, increased use of mid-level practitioners, and expanded hours of operation at clinics.
- Identify strategies to stretch use of health care resources to serve more individuals, e.g., reduce unnecessary hospital admissions, increase use of programs like the Nurse Advice Line, empower patients to take more control over their health and the services they receive, develop primary care alternatives to reduce reliance on ERs, increase use of less-expensive informal care-giving and home and community based strategies, better disease management strategies, use of non-traditional providers and alternative medicine, ensure all levels of primary care providers are able to practice at the top of their scope of practice, and patient-centered medical homes.

Mechanisms:

- Assist the targeted counties in developing education and assistance programs to help patients navigate the health care system.
- Assess the costs and resources available to develop more school-based programs, mobile vans and expanded hours of clinic operations in the four targeted counties.
- Work with partners like the Nurse Advice Line, hospital ER departments, and community health centers to identify and implement projects to stretch health care resources.
- Promote the establishment of additional PACE programs to provide the “dually eligible” with another option for community-based long-term care.

Resources Needed:

- Technical assistance for the four counties to develop education and assistance programs
- Technical analysis of costs and resources of expanded access programs
- Partnership relationships with Nurse Advice Line, hospitals, and community health centers

ENVIRONMENTAL SCAN

An environmental scan helps to determine how environmental factors or trends will impact the ability to achieve desired goals or outcomes. The BluePrint Advisory Network considered the implications of community strengths and capacity as well as environmental factors that could hinder the successful implementation of health care reform in New Mexico in order to identify opportunities and threats. Network members identified existing health planning efforts, stakeholder buy-in and support, and the ability of local community-based groups to give voice to health care reform efforts as strengths and capacities to leverage in order to implement health care reform across the state. In addition, the ability of tribes to exercise their right to self-determination was identified as an opportunity to maximize benefits available through the Affordable Care Act (ACA).

Identified weaknesses that could hinder implementation included the lack of provider structures and access to care in rural areas, the lack of a single entity with the responsibility to engage in health planning for the state, and territorialism within programs and between organizations. Political deadlock was cited as a major weakness that could derail efforts to implement health care reform.

The State's efforts to modernize its Medicaid program was identified as an opportunity to aid in the successful implementation of health care reform, as well as for increased accountability by virtue of the data collection mandated by the ACA. Network members also viewed the establishment of a Health Insurance Exchange as an opportunity for greater transparency with respect to cost and quality. Finally, collaboration between state, county, tribal and other government systems was recognized as an opportunity to promote achievement of the goals outlined in the implementation plan.

Advisory Network members viewed political opposition, potential actions of the federal "Super Committee" and court challenges to the ACA as major threats to successful implementation of federal health care reform. They also noted funding limitations and the inability of the Health Insurance Exchange to function as an active purchaser as state-level threats.

Another lesson learned from the planning phase is that while some progress was made in developing a system of communication and collaboration between stakeholders and the state's reform efforts, there is still a long way to go in this process. It is a significant challenge to reach compromise and coalesce a unified voice among stakeholders, and build a relationship with State entities. There is also a challenge in keeping the energy and focus on complex projects continuing to engage local communities who have many other critical issues to address.

The Advisory Network will work during the implementation phase to build upon these strengths and opportunities while utilizing "lessons learned" to add solutions to address identified weaknesses and threats. Among the "lessons learned," participants reported a shared sense of purpose with respect to health care reform implementation and the need to improve health

outcomes for children and families in New Mexico. The statewide approach to planning and involvement was appreciated, but many felt that as the plan is implemented, smaller, regional activities would be most appropriate. Shifting the emphasis during implementation to local settings assures that more capacity will exist for community leaders to participate in health care reform and result in more relevant strategies to address identified challenges.

PRELIMINARY COMMUNICATION PLAN

The scope and complexity of the federal health care law creates unique communication challenges and opportunities on how best to inform and educate all New Mexican families about existing resources, services, health care reform benefits and navigation of the health care system. Planning for a community-based, culturally and linguistically appropriate outreach and community awareness program is critical to successful health care reform implementation in order to inform, persuade and mobilize targeted audiences.

The goal of our strategic communication plan is to build support for health care reform implementation through education and outreach with a focus on vulnerable children and families, people of color, small employers, rural communities, *colonias* and tribal communities and improve health outcomes across New Mexico, emphasizing the four counties of Bernalillo, Doña Ana, McKinley and San Juan. To achieve this goal requires the development of a comprehensive and coordinated plan for widespread community outreach, education, effective health system navigation programs³⁴ and health literacy campaigns for diverse and hard-to-reach populations throughout implementation. Ensuring that New Mexico families are able to maximize access to health care coverage and services, and that communities are able to take full advantage of the benefits of public health, workforce development and other significant initiatives in the ACA will result in the improved health of children and families and communities and reduce health care disparities.

The Resource Team report, “The Benefits of the Affordable Care Act for Children,” by Nick Estes of NM Voices for Children, outlines a number of opportunities to improve the health of children and families that must be communicated. For example, former foster care children who have “aged out” of Medicaid coverage will be covered until they are 26, and health plans offered through the Exchange and other new plans are now required to cover basic pediatric services, including oral and vision care.

Con Alma Health Foundation is committed to distributing the implementation work plan and key findings across the state to an expanded list of policy makers, community groups, private and non-profit employers, and government entities to inform others of the project’s outcomes and shared goals and objectives for implementation of reform in New Mexico.

Project planning efforts, reports and final plan are currently available to participating members and organizations of the Network Advisory Committee and the Resource Team. It is anticipated the project participants will share the findings with their constituents. Findings are also available to the public and interested stakeholders on the BP4HNM website www.blueprintnm.org.

By identifying target audiences and developing unique messages that will resonate with each audience, BluePrint for Health New Mexico will be in a position to implement a successful

³⁴ Not to be confused with the Health Insurance Exchange navigation program

education and outreach campaign. The following steps will be completed in order to achieve our strategic communication goal:

Step 1. Understand Awareness and Perceptions (Situational Analysis)

Perceptions, awareness, culture and language play an integral role in how messages and outreach strategies are developed, presented and accepted. BluePrint for Health New Mexico will analyze awareness and perceptions of health care reform in order to develop a communication strategy that will inform, persuade and mobilize families across the state.

Step 2. Build Awareness and Understanding

All three goals and their objectives and strategies rely upon broad general support of the new health care reform law. Support cannot be achieved until broader awareness and understanding of the law is addressed. BluePrint for Health New Mexico will develop communication strategies designed to increase awareness and understanding of health care reform across the state with an emphasis on the four targeted counties.

Step 3.

Identify Audience Cluster Attitudes in all Counties for Targeted Messaging Positioning

Each audience and each targeted community has a unique attitude toward health and health care reform. Some audiences want to know why it is relevant to them and may be interested in no cost sharing for preventative services and potential cost savings. Other audiences want to hear about benefits and cost savings for small employers. Some groups will be influenced by the estimated \$888 million to \$1.2 billion in new state tax revenues from the economic activity that federal funding will stimulate.³⁵ Blue Print for Health New Mexico will identify target audiences including youth, women, seniors, and others and develop specific messaging to mobilize their support for health care reform implementation.

Step 4. Audience Research

To connect to our targeted audiences, BluePrint for Health New Mexico will conduct audience research to determine the best strategies to engage them and mobilize their support:

- What motivates them?
- What is current behavior for receiving information?
- What are their preferred methods of receiving information?
- What are the motivation/barriers to hearing, trusting, believing, accepting and acting?

Step 5 – Develop Messaging Framing

Messages must shift the emphasis from political frame to consumer frame with a focus on prevention, wellness and making health care more secure for children and families. Examples of appropriate messages include: the elimination of denials based on pre-existing conditions for children or adults, no loss of health insurance or risk of bankruptcy when someone gets sick, and no co-pays for preventative screenings such as mammograms and other diagnostic screenings.

³⁵ O'Donnell, Kelly. *The Tax Revenue Benefits of Health Care Reform in New Mexico*. August 2011.

BluePrint for Health New Mexico will focus its messaging on opportunities for wellness and prevention over the long term to ensure better health outcomes for children and families.

Step 6 – Identify Formats and Barriers to Receiving Information & Outreach Models

To ensure outreach and education activities are culturally and linguistically appropriate, BluePrint for Health New Mexico will establish the preferred formats for receiving information and develop strategies to overcome any barriers to receiving information.

Step 7 - Develop a Story Bank

Messages to targeted audiences must align with their existing values, culture, perspective, environment, vocabulary and language. BluePrint for Health New Mexico will collect and record peer-to-peer personal anecdotes and stories highlighting problems and how the proposed solutions will address them.

Step 8 – Identify and Develop Communication Infrastructure

BluePrint for Health New Mexico will determine the capacity to build a communication infrastructure to support the proposed goals and objectives for health care reform implementation. Coordination with the outreach and education efforts of the New Mexico Office of Health Care Reform, the New Mexico Health Insurance Exchange, and the Department of Insurance will be essential for successful implementation of health care reform. The BluePrint for Health New Mexico website will be expanded with a software platform for internal updating and maintenance that can accommodate: high-level linkage to enrollment, navigation and calculator systems and policy and health foundations; access to resources and reference materials and reports; information for sharing and archiving media releases, correspondence, maps, and collateral materials, including FAQs, fact sheets, etc.

Step 9 – Evaluate

Communication strategies, concepts, messages, materials, and mechanisms will be evaluated to determine their effectiveness and allow for refinement to ensure achievement of the overall communication goal.

IMPLEMENTATION ACTION PLAN

Objective	Activities	Timeframe	Outcomes
1. Establish operational infrastructure	1. Create/implement budget and staffing structure to implement work plan (e.g., project director, etc.)	Year 1 – First 3 months	Organizational structure is adequate to support implementation plan
2. Strengthen and expand the Advisory Network as a mechanism for stakeholder input	1. Expand membership and capacity of the Advisory Network to support implementation of health care reform	Year 1	Health care reform implementation in New Mexico reflects the guiding principles, goals and objectives of BluePrint for Health NM
	2. Support the coordination and provision of training or other learning opportunities to enable Network members and local communities to educate policy-makers	Year 1 – 3	BluePrint for Health NM Advisory Network members demonstrate ability to educate policy-makers, e.g., Network members testify at interim committee hearings, meet with legislators during the session, deliver presentations to local decision-makers
	3. Strengthen and expand links between BluePrint for Health New Mexico and national health care reform organizations/efforts.	Year 2	Partnerships exist between BluePrint for Health NM, Community Catalyst, Families USA, Herndon Alliance, and other national organizations

<p>3. Build the capacity in local communities, with an emphasis target counties, to improve the health of children & families through implementation of health care reform, and advance health equity for racially and ethnically diverse populations in NM</p>	<p>1. Establish a safety net work group to develop and analyze strategies and successful models</p>	<p>Year 1 – 3</p>	
	<p>2. Establish a work group to examine how prevention and treatment of chronic disease, and substance abuse interventions can be addressed through the UNM Care Program for people living in Bernalillo County who are likely to remain uninsured or ineligible for health coverage through the PPACA.</p>	<p>Year 1 – 2</p>	
	<p>3. Support the development of a culturally relevant Native American Health Plan designed to improve health outcomes for Native children and families</p>	<p>Year 1 - 2</p>	<p>Health coverage exists that specifically meets the health needs of Native Americans and improves health outcomes for Native children and families</p>
	<p>4. Support capacity building for health councils/alliances throughout New Mexico</p>	<p>Year 1 - 3</p>	<p>Health Councils/Alliances help to improve health outcomes in local communities and work to improve policies that impact/improve health</p>
	<p>5. Provide resources for grant writing assistance</p>	<p>Year 1</p>	<p>State and local communities submit grant applications to support prevention, wellness, and health promotion programs</p>

<p>4. Facilitate communication to support health care reform implementation</p>	<ol style="list-style-type: none"> 1. Expand BluePrint for Health NM website to accommodate high-level linkage to resources, reference materials, etc. 2. Maintain BluePrint for Health NM listserv for ongoing communication and information sharing 3. Support the development of a communication plan to include outreach, training and education 4. Support the development of tools and materials that can be adapted for use in local communities 	<p>Year 1 – First 6 months</p> <p>Year 1 – 3</p> <p>Year 1 – 2</p>	<p>Website is up and running within 180 days of funding award</p> <p>Listserv users report that the use of information shared is enhancing their ability to stay abreast of health care reform implementation activities around the state</p> <p>Strategies exist to ensure local communities are able to perform outreach, training, and education to support health care reform implementation</p> <p>Local communities have the tools and materials necessary to perform outreach and education</p>
<p>5. Coordinate community-based and statewide health care reform implementation activities</p>	<ol style="list-style-type: none"> 1. Identify appropriate partners and develop scopes of work to complete activities as outlined in the action plan goals and objectives 2. Develop reporting tool to assess progress of implementation activities 3. Convene partners on a regular basis to review progress, collaborate, continue to build capacity and develop 	<p>Year 1 – First 3 months</p> <p>Year 1 – First 9 months</p> <p>Year 1 – First 6 months</p>	<p>Partners have demonstrated ability to complete the tasks necessary and scopes of work are clearly defined to meet the action plan goals and objectives</p> <p>Mechanism exists to easily assess progress and share written updates upon request</p> <p>Project team members and partners meet on a regular basis</p>

6. Evaluation	1. Develop evaluation measures	Year 1 – 6 months	Indicators exist to ensure accomplishment of goals and objectives
	2. Develop tools and mechanisms to measure outcomes	Year 1 – 6 months	Process and tools are used by project participants to measure outcomes
	3. Develop evaluation plan	Year 1 – 6 months	Plan for use of data and findings is available for project team and others to review and use
	4. Establish process to track outcomes and refine activities or process based on findings	Year 1 - 3	Project team and participants are able to use findings to recalibrate in order to improve outcomes and/or reach goals

EVALUATION AND MONITORING

It is expected that BluePrint for Health New Mexico will engage a local, independent evaluator to examine the extent to which the strategic goals and objectives are achieved, the success with which the action plan is implemented and to facilitate modification and refinement of the plan if necessary. Most importantly, the evaluation process is expected to demonstrate the level of impact that the BluePrint for Health New Mexico Advisory Network possesses with respect to health care reform implementation.

Possible strategies to employ in order to evaluate the progress of the action plan include:

- Monitoring progress through regular reports
- Modification of the action plan and/or goals based on evaluation data

Relevant evaluation data to collect may include:

- Analysis of goals and objectives to determine factors that resulted in achievement
- Difficulties encountered during implementation and strategies identified to overcome them
- Successful experiences and lessons learned from project participants

The long-term goal of the BluePrint for Health New Mexico project is to improve health outcomes for vulnerable children and families through the successful implementation of health care reform. To ensure alignment with the existing statewide focus on children and families, it may be appropriate to consider indicators based on the benchmarks³⁶ described in the Affordable Care Act under the Maternal, Infant, and Early Childhood Home Visiting Program:

- Improved maternal and newborn health;
- Prevention of child injuries, child abuse, neglect, or maltreatment, and reduction of emergency department visits;
- Improvement in school readiness and achievement;
- Reduction in crime or domestic violence;
- Improvements in family economic self-sufficiency; and,
- Improvements in the coordination and referrals for other community resources and support

³⁶ http://www.cyfd.org/pdf/federal_home_visiting_project_application.pdf

APPENDIX 1

Individuals and Organizations Invited to Participate in the BluePrint for Health Advisory Network

<u>Name</u>	<u>Sector</u>	<u>Organization</u>	<u>County</u>
Debbie Maestas-Traynor	Employers	National Association of Women Business Owners	Statewide
Allan Oliver	Employers	New Mexico Green Chamber of Commerce	Statewide
Anthony (Tony) Martinez	Employers	Las Cruces Hispano Chamber, Doña Ana County Alliance, Molina Healthcare	Doña Ana
Bill (Billie) Lee	Employers	Gallup-McKinley County Chamber of Commerce	McKinley
Don Leonard	Employers	Leonard Tires, ABQ	Bernalillo
Dorothy Nobis	Employers	Farmington Chamber of Commerce	San Juan
Duane Trythall	Employers	Excel Staffing Companies	Bernalillo, Santa Fe
Mike Peacock	Employers	Native American businesses	Bernalillo
Ted Pedro	Employers	American Indian Chamber of Commerce	Statewide
Edna Lopez	Employers	Business Owner	Bernalillo
Gary Opendahl	Employers/ Provider	TBAB Health Care Services, Association of Commerce and Industry Health Committee	Bernalillo
Arthur Allison	Government	Secretary of Indian Affairs	Statewide
Maggie Hart Stebbins	Government	Bernalillo County Commission District 3	Bernalillo
Jim Parker	Government	Governor's Commission on Disability	Statewide

Lucille Ross	Non-Profit	McKinley Community Health Alliance	Bernalillo
Joseph Lucero	Government	NM Department of Health	Statewide
Debbie Armstrong	Government	New Mexico Medical Insurance Pool	Statewide
Liza Gomez	Government	San Juan County IHC Coordinator - Indigent Health Care	San Juan
Mike Nunez	Government	New Mexico Health Insurance Alliance	Statewide
Carol Bowman-Muskett	Government	County Commission and GMIC Health Board	McKinley
Catherine Torres, M.D.	Government	Secretary, New Mexico Department of Health	Statewide
Craig Dunbar	Government	Deputy Superintendent of Insurance, Public Regulation Commission	Statewide
Dede Feldman	Policy Maker	Senator, Chair, Interim Legislative Health and Human Services Committee	Bernalillo
Gary Williams	Government	Office of African American Affairs	Statewide
Gay Kernan	Policy Maker	State Senator – District 42	Chaves, Curry, Eddy, Lea & Roosevelt
Keith Gardner	Government	Chief of Staff for Governor Susana Martinez	Statewide
Ken Lucero	Non-Profit	RWJF Center for Native American Health Policy	Statewide
Lucky Varela	Policy Maker	State Rep, Chair Legislative Finance Committee	Santa Fe
Mary Kay Papen	Policy Maker	State Senator	Doña Ana

Michelle Lujan Grisham	Policy Maker	Bernalillo County Commissioner	Bernalillo
Paul Gutierrez	Government	NM Assoc. of Counties	Statewide
Priscilla Caverly	Government	Office of Health Care Reform	Statewide
Ruby Ann Esquibel	Government	Legislative Finance Committee	Statewide
Sidonie Squier	Government	Secretary, NM Department of Human Services	Statewide
Tom Taylor	Policy Maker	State Representative –	San Juan
Liz Stefanics	Policy Maker	Santa Fe County Commissioner	Santa Fe
Anthony Yepa	Government	Indian Health Service	Statewide
Barbara Alvarez	Government	Dept. of Indian Affairs	Statewide
Pamela Drake*	Non-Profit	San Juan County Partnership, Con Alma CAC member	San Juan
Regina Begay Roanhorse	Native American Stakeholder	Dine Local Collaborative	McKinley, San Juan, & Sandoval
Michael Bird	Native American Stakeholder	Bernalillo County Off- Reservation Native American Health Commission	Bernalillo
Nancy Martine-Alonzo	Native American Stakeholder	Albuquerque Area Indian Health Board	Tribal Consortium
Ray Daw	Native American Stakeholder	Navajo Nation Department of Health	McKinley, San Juan & Sandoval
Shelly Chimoni	Native American Stakeholder	All Indian Pueblo Council	Tribal Consortium

Patricia Montoya*	Non-Profit	New Mexico Medical Review Association, former CAHF Board of Trustees	Bernalillo
Ron Solimon	Non-Profit	Indian Pueblo Cultural Center	Bernalillo
Randal Lucero	Non-Profit	HIV/AIDS Advocacy Network	Bernalillo
Charles Alfero	Non-Profit	Hidalgo Medical Services	Hidalgo
Barbara Webber	Non-Profit	Health Action New Mexico	Statewide
Louise Kahn	Local Government	Bernalillo County Community Health Council	Bernalillo
Ruth Hoffman	Non-Profit	Lutheran Advocacy Ministry	Statewide
Silvia Sierra	Local Government	Doña Ana County Health Alliance	Doña Ana
Kimberly Ross Toledo	Non-Profit	Coalition for Healthy and Resilient Youth	McKinley
Lisa Schatz Vance	Non-Profit	Senior Citizens Law Office	Bernalillo
Ophelia Reeder	Local Government	McKinley Community Health Alliance	McKinley
Stan Cooper	Non-Profit	New Mexico AARP	Statewide
Dolores E. Roybal*	Non-Profit	Con Alma Health Foundation	Statewide
Michael Donnelly	Non-Profit	New Mexico AARP	Statewide
Jane Wishner	Non-Profit	Southwest Women's Law Center	Statewide
Judith Espinosa	Non-Profit	Policy Connections West	
Sireesha Manne	Non-Profit	New Mexico Center of Law and Poverty	Statewide

Kim Posich	Non-Profit	New Mexico Center of Law and Poverty	Statewide
Nick Estes	Non-Profit	New Mexico Voices for Children	Statewide
Anne Simpson, M.D.	Provider	African American Center for Excellence	Statewide
Eileen Goode	Non-Profit Provider Assoc.	New Mexico Primary Care	Statewide
Ina Burmeister	Provider	Rehoboth McKinley Christian Health Care Services	McKinley
Kathleen Bettinger	Provider	New Mexico Oral Health Advisory Council	Doña Ana
Lore Pease	Provider	El Centro Family Health	
Margaret Montoya	Provider	University of New Mexico Health Science Center	Statewide
Angela Townsend	Provider	Ben Archer Clinics	Doña Ana and Sierra
Cecilia Aragon	Provider	Center for Native American Health	Bernalillo
Dan Derksen, M.D.	Provider	Office of Health Care Reform, University of NM Health Sciences Center	Statewide
David Roddy	Provider	New Mexico Primary Care Association	Statewide
Jerry Harrison	Non-Profit Provider Group	New Mexico Health Resources, Inc.	Statewide
Jim Tryon, M.D.	Provider	NM Medical Society	Bernalillo
Karen Lautermilch	Provider	Rehoboth McKinley Christian Health Care Services	McKinley

Sherrick Roanhorse	Tribal Government	Chief of Staff, Office of the President, Navajo Nation	Navajo Nation
Susie Trujillo*	Provider	NM Behavioral Health Collaborative, Gila Regional Medical Center, Con Alma CAC member	Grant
Gayle Dine' Chacon,* M.D.	Provider/Native American Stakeholder	Surgeon General of the Navajo Nation, UNM Dept. of Family and Community Medicine, CAHF board member	Navajo Nation
Mark Mitchell	Tribal Government	Pueblo of Tesuque	Pueblo of Tesuque
Nelson Cordova	Tribal Government	Pueblo of Taos	Pueblo of Taos
Linda Siegle	Provider-Advocate	Resources for Change	Santa Fe
Michael Kaufman, M.D.	Provider	Taos Medical Group, American College of Physicians - NM Chapter	Taos
RA Richie Grinnell	Provider	Rear Admiral, Indian Health Service, ABQ Area Indian Health Service	Statewide
Rick Wallace	Provider	San Juan Regional Medical Center Inc.	San Juan
Saverio Sava M.D.	Provider	First Choice Community Healthcare Clinics, University of New Mexico Department of Family & Community Medicine	Bernalillo
Dick Mason	Non-Profit	NM Alliance of Health Councils & Sandoval County Community Health Council	Statewide & Sandoval County

* Indicates Con Alma Health Foundation affiliation as a Board, Community Advisory Committee, or staff member.

APPENDIX 2

RESOURCE TEAM REPORTS AND OTHER RESOURCES

Resource Team Reports: Resource team reports can be found on the BluePrint for Health New Mexico website at: www.blueprintnm.org/resource-team-documents

1. *Accountable Care Organizations and Federal Health Care Reform: A Search for New Payment Models that will Provide Better Care, Improve Health Outcomes and Reduce Cost*, Southwest Women's Law Center
2. *Acting on the Affordable Care Act of 2010 in Doña Ana County, New Mexico: Strategies for Implementation*, Doña Ana County Health Alliance
3. *Benefit Design for Children Under the ACA*, New Mexico Voices for Children
4. *The Benefits of the ACA for Children*, New Mexico Voices for Children
5. *Bernalillo County Healthcare Access and Resource Need*, Bernalillo County Health Council
6. *Consumer Navigation Under the ACA*, Southwest Women's Law Center
7. *Consumer Protections and Insurance Reforms Under the ACA: Maximizing Benefits to All New Mexicans*, Southwest Women's Law Center
8. *COOP Business Plan: Preliminary Analysis for Feasibility Study*, Health Action New Mexico
9. *Dual Eligible and Elderly Populations in New Mexico: Key Opportunities for Improved Access to Quality Health Care Under the ACA*, Michael C. Parks
10. *The Economic Benefits of Health Care Reform in New Mexico*, New Mexico Voices for Children
11. *Enrollment Strategies to Maximize Enrollment in Health Care Coverage under ACA*, New Mexico Voices for Children
12. *Health Benefit Exchange in New Mexico*, New Mexico Center on Law and Poverty
13. *Health Care Reform Policy Development in New Mexico*, Resources for Change
14. *Native American Guide to Health Care Reform*, Bernalillo County Off Reservation Native American Health Commission
15. *New Mexico Health Councils and Health Care Reform*, New Mexico Alliance of Health Councils

16. *Program and Funding Opportunities under the Patient Protection & Health Care Act of 2010*, McKinley Community Health Alliance

17. *San Juan County Healthcare Access and Resource Needs*, San Juan County Partnership

18. *Using Data, Quality, Outcomes & Transparency*, Policy Connections West

OTHER RESOURCES

Bernalillo County Place Matters: www.bcplacematters.com

Con Alma Health Foundation: The Heart and Soul of Health in New Mexico. Various policy and planning reports by the Con Alma Health Foundation can be found at: www.conalma.org

Community Catalyst: Because We All Should Have a Say in the Decisions that Affect Our Health. www.communitycatalyst.org

Families USA: The Voice for Health Care Consumers. www.familiesusa.org

Health Action New Mexico: Working for affordable, accessible, accountable health care for all people living in New Mexico: www.healthactionnm.org

HealthCare.gov: A federal government website managed by the U.S. Department of Health & Human Services at: www.healthcare.gov

Herndon Alliance: Healing America's Health Care. www.hernDoñalliance.org

Joint Center for Political and Economic Studies: *Patient Protection and Affordable Care Act of 2010: Advancing Racially and Ethnically Diverse Population*, July 2010. www.jointcenter.org

Kaiser Family Foundation: A leader in health policy analysis, health journalism and communication. www.kff.org

National Academy for State Health Policy: *State Policymakers' Priorities for Successful Implementation of Health Reform* can be found at: www.nashp.org

National Congress of American Indians, Policy Research Center: *Investing in Tribal Governments: An Analysis of Impact and Remaining Need Under the American Recovery and Reinvestment Act*, March 2010. www.ncaiprc.org

New Mexico Office of Health Care Reform: www.hsd.state.nm.us

New Mexico Voices for Children: www.nmvoices.org

New Mexico Health Equity Working Group: <http://www.bcplacematters.com/new-mexico-health-equity-working-group>

Small Business Majority: Small Businesses Driving Practical Problems. www.smallbusinessmajority.org

W.K. Kellogg Foundation: Helping Communities Stand Up for Children. More info about work that W.K. Kellogg Foundation supports in New Mexico can be found here: www.wkcf.org

APPENDIX 3 BLUEPRINT FOR HEALTH NM INFORMATIONAL MATERIALS



BLUEPRINT for HEALTH NEW MEXICO

Designing Better Health for Children & Families



A BLUEPRINT TO DESIGN AND BUILD A COMPREHENSIVE STRATEGIC PLAN

YOUR VOICE IS RELEVANT

Healthcare reform can be complex and controversial partially because of the different views and needs of people with a stake in healthcare. Employers want to provide affordable coverage to their employees; communities want access to affordable quality care; state, local and tribal government want sound health policy decisions; nonprofits want equitable access for all New Mexicans; providers want to be able to deliver efficient quality healthcare that is evidence-based and patient-centered; and we all want healthier outcomes and the security and peace of mind of knowing we have coverage we can count on when we need it.

We invite you to contribute to the process and put stakeholders at the center of planning and designing a Blueprint for Health to meet New Mexico's unique needs.

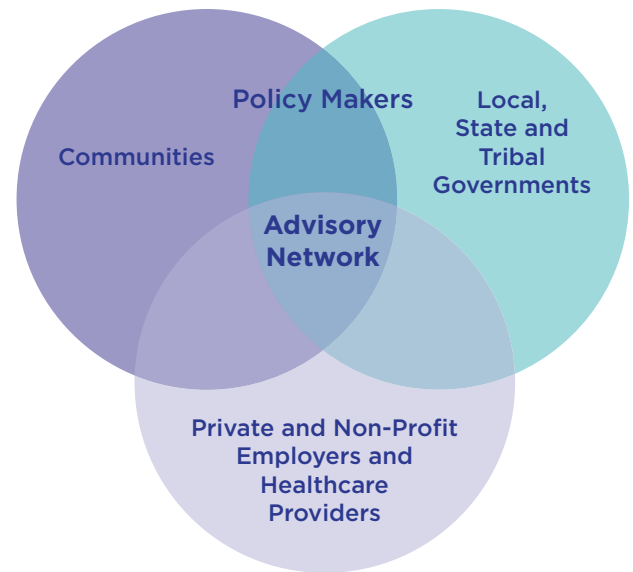
BACKGROUND

The W.K. Kellogg Foundation awarded Con Alma Health Foundation (CAHF) a six-month strategic planning grant to help guide New Mexico's implementation of the federal Patient Protection and Affordable Care Act (PPACA). Building on a decade of bringing people and organizations together to improve health, CAHF serves as an unbiased and trusted convener of stakeholders to develop shared and realistic goals, and leverage federal funding. Findings and recommendations will serve as a strategic Blueprint for New Mexico's state-specific implementation of the PPACA requirements.

MULTI-STAKEHOLDER GUIDANCE APPROACH

A BluePrint Advisory Network is being formed to provide guidance and strategic planning, designing and implementation advice to help implement healthcare reform in New Mexico.

The BluePrint Advisory Network will represent a broad and diverse range of interested and engaged stakeholders, including consumers, communities, private and non-profit employers and employees, healthcare providers executive and legislative policy makers, and local, state and tribal governments.



Advisory Network includes the Resource Team plus representatives from the community, private and non-profit employers, policy makers, and government entities.

Con Alma Health Foundation is committed to a community-based participatory driven process to expand involvement and ensure diverse stakeholder interests are included. The BluePrint Advisory Network will reflect New Mexico's vibrant diversity.



BLUEPRINT for HEALTH NEW MEXICO

Designing Better Health for Children & Families



GOALS

Short Term: To complete a work plan for statewide implementation of healthcare reform with an emphasis on improving health outcomes in four counties: Bernalillo, Doña Ana, McKinley and San Juan.

Long Term: To improve the health outcomes of vulnerable New Mexico children, families, and communities through the successful implementation of federal healthcare reform.

ADVISORY NETWORK

The BluePrint Advisory Network will guide the planning and implementation process to develop common and realistic goals and build trust to:

Design and build a state-wide plan with emphasis on targeted communities to successfully implement healthcare reform as required by federal law.

Build community capacity and increase coordination to address community needs and implementation readiness.

RESOURCE TEAM: LINKING PLAN TO ACTION

The BluePrint Resource Team will perform research and analysis to link the strategic plan to implementation action including, but not limited to:

Identification and coordination of current and past health improvement efforts in New Mexico

Opportunities to increase access to health care for children and families

Strategies to maximize federal resources for prevention programs and public health interventions

Review efforts by New Mexico toward implementation of the PPACA. Identify future actions needed in NM in order to take advantage of opportunities to develop community capacity relative to healthcare

A BLUEPRINT TO BUILD COMMON GROUND, TRUST AND A CULTURE OF COLLABORATION

Characteristics Needed:

- Community Focus
- Data Driven
- Accountability
- Diversity
- Consensus Building for Common Ground

Meeting Frequency:

- Maximum of 5 Meetings
- First Phase: April - September, 2011

PROJECT CO-DIRECTORS

If you have any questions, comments, or would like to be part of the Blueprint Advisory Network, please contact Project Co-Directors:

Roxane Spruce Bly
roxane.bly@gmail.com / (505) 239-0240

Charlotte Roybal
charlotte@policyconnections.org / (505) 930-0563

For more information, please go to www.blueprintnm.org



CAHF's mission is to be aware of and respond to the health rights and needs of the culturally and demographically diverse people and communities of New Mexico. Con Alma seeks to improve the health status and access to healthcare services for all and advocates for a health policy that addresses the health needs of all New Mexicans. For more information, visit www.conalma.org.



BLUEPRINT for HEALTH NEW MEXICO

Designing Better Health for Children & Families



FACT SHEET

PROVIDING STAKEHOLDER INPUT FOR IMPLEMENTING THE PATIENT PROTECTION AND AFFORDABLE CARE ACT

Federal health care reform became law in March 2010 and requires significant stakeholder input into the implementation efforts in each state. The state will need input from a diverse range of stakeholders in order to move forward with designing better health for children and families. We all want healthier outcomes and the security and peace of mind knowing we have coverage we can count on when we need it. Past and present health care reform efforts will help all New Mexicans reach this goal.

BluePrint for Health New Mexico is a collaborative planning and design effort to provide communities the opportunity to make a difference in developing a state-wide work plan to implement the federal Patient Protection and Affordable Care Act (PPACA) with an emphasis on improving health outcomes in four counties: Bernalillo, Dona Ana, McKinley and San Juan. Ultimately, the goal is to improve health outcomes for vulnerable children and families across New Mexico through the successful implementation of health care reform.

Findings and recommendations will serve as a strategic BluePrint for New Mexico's state-specific implementation of the PPACA requirements.

UNBIASED CONVENER OF DIVERSE STAKEHOLDERS

The W.K. Kellogg Foundation awarded Con Alma Health Foundation (CAHF) a six-month strategic planning grant to help guide New Mexico's implementation of the federal Patient Protection and Affordable Care Act (PPACA) to improve health outcomes for children and families.

Health care reform can be complex partially because of the many health care interests and needs.

Con Alma Health Foundation has invested more than \$10 million during the past ten years to improve the health of New Mexicans. Building on this decade of bringing people and organizations together to improve health, Con Alma Health Foundation has a reputation as an *unbiased convener* and the ability to *work collaboratively with diverse stakeholders* to develop shared and realistic goals.

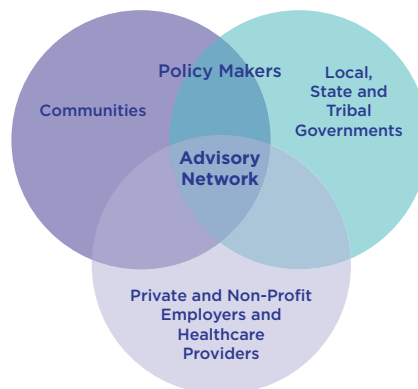


CAHF's mission is to be aware of and respond to the health rights and needs of the culturally and demographically diverse people and communities of New Mexico. Con Alma seeks to improve the health status and access to health care services for all and advocates for a health policy that addresses the health needs of all New Mexicans. For more information, visit www.conalma.org.



DIVERSE VOICES

Diverse voices add depth to the reform dialogue and Con Alma Health Foundation is committed to a community-based participatory driven process. Con Alma Health Foundation is committed to addressing and reducing health inequities and understands the factors that drive health inequities, including poverty, race, education, etc.



The BluePrint Advisory Network includes members of the BluePrint Resource Team plus local community input, private and non-profit employers, policy makers, and government entities.

Because people have different health care needs, BluePrint for Health New Mexico is taking a multi-stakeholder approach and is committed to a community-based participatory process to ensure diverse voices are included.

A *BluePrint Advisory Network* of diverse stakeholders will provide guidance and strategic planning and design advice to help New Mexico implement health care reform to improve health outcomes for children and families.

A *BluePrint Resource Team* will perform research and analysis to link the strategic plan to implementation action.

PROJECT CO-DIRECTORS

Please contact either of the following BluePrint for Health New Mexico Project Co-Directors with any questions or comments:

Roxane Spruce Bly
roxane@policyconnections.org / (505) 239-0240

Charlotte Roybal
charlotte@policyconnections.org / (505) 930-0563

For more information, please go to www.blueprintnm.org



BLUEPRINT for HEALTH NEW MEXICO

Designing Better Health for Children & Families



Frequently Asked Questions

What is BluePrint for Health New Mexico?

Federal health care reform became law in March 2010 and will expand coverage to an estimated 32 million Americans, including more than an estimated 275,000 New Mexicans when it is fully implemented in 2014.

BluePrint for Health New Mexico is a collaborative planning and design effort to develop a statewide work plan to successfully implement the federal Patient Protection and Affordable Care Act (PPACA) to improve the health of New Mexico's children and families.

How is BluePrint for Health New Mexico being funded?

The W.K. Kellogg Foundation awarded Con Alma Health Foundation (CAHF) a six-month strategic planning grant (April-September) to help guide New Mexico's implementation of the federal Patient Protection and Affordable Care Act (PPACA).

Why was Con Alma Health Foundation selected?

Health care reform can be complex and sometimes controversial partially because of various stakeholders' different views and health care needs.

Con Alma Health Foundation has invested more than \$10 million during the past ten years to improve the health of New Mexicans. Building on this decade of bringing people and organizations together to improve health, Con Alma Health Foundation has a reputation as an *unbiased convener* and the ability to *work collaboratively with diverse stakeholders*.

What is the short term goal of BluePrint for Health New Mexico?

The short term goal is to complete a work plan for statewide implementation of health care reform focusing on children and families with an emphasis on improving health outcomes in four counties: Bernalillo, Doña Ana, McKinley and San Juan.

What is the long term goal of BluePrint for Health New Mexico?

The long term goal is to improve health outcomes for vulnerable children and families across New Mexico through the successful implementation of health care reform.

Who will be involved with BluePrint for Health New Mexico?

BluePrint Advisory Network, a diverse stakeholder group, has been formed to provide guidance and strategic planning to help New Mexico implement health care reform. A *BluePrint Resource Team* will perform research and analysis to link the strategic plan to implementation action.

How is Blueprint for Health New Mexico different from other implementation efforts?

Because people have different views and health care needs, Blueprint for Health New Mexico is taking a multi-stakeholder approach and is committed to a local community-based participatory process to expand involvement and ensure diverse stakeholder interests are included.

Blueprint Advisory Network will reflect New Mexico's vibrant diversity and will guide the planning and implementation process to build trust and develop common and realistic goals.

Blueprint Advisory Network includes representatives from the community, private and non-profit employers, policy makers, government entities, and members of the Resource Team.

How will community needs and input be used to change our health care system?

Local community organizations will be asked for their input. Blueprint for Health New Mexico is a collaborative planning and design effort to provide communities the opportunity to make a difference in developing a statewide work plan to implement federal health care reform with an emphasis on improving health outcomes in four counties: Bernalillo, Doña Ana, McKinley and San Juan. Local community representatives in these four counties are part of the Resource Team and will be asked for their input through the planning process. The New Mexico Alliance of Health Councils is also a member.

How will the root causes of health inequity be addressed in the work plan?

The Con Alma Health Foundation promotes health equity by supporting greater access to health care and improved quality of health care for all New Mexicans with a special emphasis on people of color and rural and tribal communities. Blueprint for Health New Mexico reflects this core value by acknowledging and incorporating innovative strategies to address the root causes of health inequity, including poverty, race, education, etc.

What is the Blueprint Resource Team?

A **Blueprint Resource Team** will perform research and analysis to link the strategic plan to implementation action. The Blueprint Resource Team will research opportunities to increase health care access for children and families; identify and coordinate current and past New Mexico health improvement efforts; review existing New Mexico implementation efforts and identify future actions needed in New Mexico in order to take advantage of opportunities to develop health care community capacity. The Blueprint Resource Team will also develop strategies to maximize federal resources for prevention programs and public health interventions. The Resource Team includes individuals and non-profits with legal, data research and policy analysis expertise. Reports from the Blueprint Resource Team will be available by late fall, 2011.

What will the Blueprint Advisory Network do?

The **Blueprint Advisory Network** will guide the planning and implementation process to design and build a statewide plan with emphasis on vulnerable children and families and targeted communities to successfully implement health care reform as required by federal law. The plan will be data driven and community and common ground focused. The Blueprint Advisory Network will build capacity and increase coordination to address community needs and implementation readiness.

When will Blueprint for Health New Mexico finalize their efforts?

The strategic planning grant is currently scheduled to be completed the end of September.

How will a statewide plan be developed in such a short time?

BluePrint for Health New Mexico has four planning phases that are anticipated to be completed later this fall.

Assessment – Profile community needs, resources, and readiness to implement health care reform, and identify strategies that lead to successful implementation. The assessment phase also includes an inventory and analysis of current New Mexico reform implementation efforts. The resulting report will make recommendations for statewide implementation; legislative initiatives, lessons learned including stumbling blocks or barriers such as workforce development, infrastructure, political climate; opportunities for moving forward with statewide implementation strategies.

Capacity Building – Mobilize and/or build capacity to address needs and implement reform. The capacity phase aims to create and maintain partnerships and to pursue a common agenda.

Planning – Develop a work plan with shared goals, objectives and performance targets, and select policies, programs, activities and strategies to implement the work plan.

Implementation – Implement work plan including programs, policies, activities, and strategies. A staffing plan will be developed to support the collective effort and serve as the backbone for the initiative. Implementation of the work plan does not happen in this six month phase.

Evaluation – Monitor and evaluate the planning process by collecting and analyzing data, evaluate capacity building and group interaction.

The law is expansive and complex. How will this project focus on so many aspects of health care reform?

Blueprint for Health New Mexico has narrowed its focus to 10 areas of successful implementation as designed by the National Academy for State Health Policy (see http://www.nashp.org/sites/default/files/state.policymaker.priorities.for_.health.reform.pdf)

Each focus area will include opportunities for New Mexico. Reports on each focus area will be included in the overall plan.

Be Strategic with Insurance Exchange – Review executive, legislative and federal implementation issues for potential insurance exchange structure; develop eligibility and enrollment policy recommendations with a focus on exempt populations, e.g. Native Americans; and identify opportunities for community-based educational outreach.

Regulate the Commercial Health Insurance Market Effectively – Focus on protection for children and analyze the federal consumer protection requirements; the Superintendent of Insurance's authority to enforce insurance reforms; and summarize existing and required consumer complaint procedures and satisfaction systems.

Simplify and Integrate Eligibility Systems – Develop strategies to increase enrollment and access to publicly funded health coverage programs for children and families, and develop seamless transition strategies between Medicaid, state plans, etc.

Expand Provider and Health System Capacity – Map and compare New Mexico's current and 2014 implementation health care systems with a focus on coverage, quality, and access.

Attend to Benefit Design - Consider Medicaid benefit redesign with an emphasis on improved health outcomes for children.

Focus on the Dually Eligible - Consider Medicaid benefit redesign with an emphasis on improved health outcomes for dual-eligible and elderly population enrollees.

Use Your Data - Analyze new required data collection provisions and develop recommendations to combine different source data and prioritize health disparities and related minority health data and gaps; recommend system data to monitor population health; prioritize health improvement and health disparity for progress tracking.

Pursue Population Health Goals - Identify early childhood federal funding opportunities and recommend child-focused statewide implementation plan; review Accountable Care Organization opportunities; review resource opportunities and implementation suggestions to fill potential progress gaps for Community Improvement Plans; and develop community-based participatory performance measure and community meetings for Doña Ana County Health Alliance.

Engage the Public in Policy Development and Implementation - Build upon and expand public involvement and input; analyze economic impacts of federal reform, including Medicaid expansion; review Consumer Oriented and Operated Plans (CO-Ops) opportunities; and report on past and existing reform implementation efforts as opportunities to move forward.

Native American Focus - Review statewide federal health care reform implementation for Native Americans, Native communities, and Tribal governments; identify increased access to health care services opportunities, including development of financing mechanisms and improving Indian health systems; and identify funding opportunities for tribal communities, tribal organizations, consortiums and urban Indian health programs.

Demand Quality and Efficiency from the Health Care System - Improve overall system delivery with health care metric quality outcomes, public health improvement, and quality/transparency indicators to inform consumers, businesses, and purchasers when inefficiencies and higher costs occur.

How will data be used to make decisions?

The strategic plan will be evidence based and data driven. We will bridge data to prioritize health disparities. Data regarding community health already exists. BluePrint for Health New Mexico will analyze existing data and the new required data collection provisions to develop recommendations to: combine different source data and prioritize health disparities and related minority health data and gaps; recommend system data to monitor population health; prioritize health improvement and health disparities for progress tracking.

What about the cultural implications of using data?

We are aware communities own their own data and there are cultural sensitivities to sharing data. BluePrint for Health New Mexico will work with stakeholders to ensure that decisions related to implementation of reform are based on sound and current data. There are numerous provisions in the PPACA requiring collection of new data. BluePrint for Health New Mexico will analyze these provisions and develop strategies and recommendations to combine data from different sources and select priority areas for analysis, including disparities and related minority health data or lack thereof.

What happens once a Strategic Plan is developed?

The strategic plan will be distributed and presented across the state to an expanded list of policy makers, community groups, private and non-profit employers, and government entities to build strong acceptance of the plan.

Isn't it the State's role to develop an implementation plan for health care reform?

Yes, but new federal law requires significant stakeholder input into the implementation efforts in each state. Input from a diverse range of stakeholders will be valuable to the state in order to move forward. This is not a competition or a race. We all want healthier outcomes and the security and peace of mind of knowing we have coverage we can count on when we need it. Past and present health care reform efforts will help all New Mexicans reach these goals.

How will this effort coordinate with the New Mexico Office of Health Care Reform?

BluePrint for Health New Mexico invited the New Mexico Office of Health Care Reform (OHCR) to serve on the Advisory Network. It is anticipated both initiatives will share data, information and progress status as each move forward with their work.

The Governor has called for a repeal of the health care reform law. How will this be addressed?

The current law will result in several sweeping changes in 2014, e.g. expansion of Medicaid, creation of Health Insurance Exchanges. While efforts to repeal the law have been initiated around the country, it is still critical for NM communities to plan for implementation in order to ensure it meets the needs of the thousands of people who will be affected by these changes.

Will information, data and reports be shared with the public?

Yes. BluePrint for Health New Mexico is committed to community discussion and discourse. The final reports and work plan will be available on the BluePrint for Health New Mexico website currently in development. It is anticipated the website will serve as an information depository and provide links to health care reform initiatives and the public, private and government organizations working to improve health outcomes.

Who can I contact if I have questions or comments?

Please contact either of the following BluePrint for Health New Mexico Project Co-Directors:

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How can I keep informed about BluePrint for Health New Mexico efforts?

For more information, please go to www.blueprintnm.org



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www.blueprintnm.org

144 Park Avenue • Santa Fe, NM 87501
TEL: 505.438.0776 / FAX: 505.430.6223

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