

**New Mexico Health Councils and Health Care Reform:
Opportunities for Improving Health Outcomes for New Mexico Families and Children
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New Mexico Alliance of Health Councils**

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I. Executive Summary

Health Councils have served the people of New Mexico since 1991 helping to improve the health status of communities and families. Basic functions of Health Councils align with the 10 Essential Functions of Public Health, and include community assessment, planning, prioritizing, program implementation, policy development, and evaluation. With the passage of the Patient Protection and Affordable Care Act (ACA) in 2009, Health Care Reform may provide opportunities for the mutual benefit of Health Councils and Reform implementation.

A study was commissioned by the New Mexico Alliance of Health Councils, funded by the Con Alma Health Foundation as part of a nation-wide project funded by the W. K. Kellogg Foundation to develop strategies for Health Care Reform implementation. More can be learned about the project, BluePrint for Health New Mexico, at <http://www.blueprintnm.org/>.

This specific project commissioned by the Alliance and revealed in this paper consisted of analyzing the Health Council priorities, strategies, and capabilities related to Health Care Reform implementation and to focus on access to care and the health outcomes of New Mexico families and children.

A questionnaire was developed and completed by Health Councils across the state. Results indicate that while Health Councils are struggling financially due to the recent funding termination by the New Mexico Department of Health, many councils are still active and working in their respective communities to improve community health status.

Results also indicate, when compared to the needs of Health Care Reform planning and implementation, the Health Councils are well positioned to assist Reform implementation by using the council skills in assessment, education, prevention/intervention program development, and policy development (including issues of social determinants of health). Health Care Reform may also present an opportunity to help provide funding for Health Councils through grants, state revenues, or other potential funding as a result of the implementation of the ACA in New Mexico. However, results also suggest that the need for refunding Health Councils may be more immediate as some are struggling and have indicated they may not survive another year without a stable source of funding.

II. Definition of issue or problem

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, evolved over time to meet the broader health needs of their community under the guidance of the New Mexico Department of Health through which the councils were funded. These councils provide the vehicle for communities to conduct assessment, planning, implementation, and evaluation of community needs, programs and services. (Hale – Community Health Councils in New Mexico)

In the earlier years following the passage of the Plan Act, many of the Health Councils provided direct services, such as immunization and prenatal care, along with education and prevention programs. However, other councils have functioned strictly as coordinating entities to help centralize services and prevention programs within the community. In the last decade, funding and state priorities shifted and more Health Councils focused on coordination efforts rather than direct services. While a few councils have continued offering direct services, by the mid 2000's, most health councils were functioning in a coordination capacity, with 13 councils still receiving direct services funding from DOH (Ron Hale, Dept. of Health). Health Councils statewide have been an integral part of the communities they serve and many are known as a clearing house for information and referral. It should also be noted that Health Councils fulfill nine of the 10 essential functions of Public Health. (Hale - The Ten Essential Public Health Services)

In 2010, the Department of Health terminated funding to the health councils due to overall state budget cuts. This action left many of the councils to make drastic decisions regarding housing, staffing and overall function. While many (about 30) of the councils have continued to function, at least minimally, some are inactive, and some have disbanded altogether.

As part of a larger national Health Care Reform strategic planning effort funded through the W. K. Kellogg Foundation, the Con Alma Health Foundation awarded funding 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. This research project falls under the umbrella of the BluePrint for Health New Mexico, “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 Affordability Care Act (PPACA) with an emphasis on improving health outcomes in four counties: Bernalillo, Doña 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.” (BluePrint for Health New Mexico, <http://www.blueprintnm.org/>)

Research Design

In order to conduct this research project, the following research design was developed and implemented.

Literature Review

A review of available literature pertaining to the Patient Protection and Affordable Care Act was conducted, including various reviews, commentaries regarding the Act's impact on public health, and state planning documents (New Mexico, as well as other states). Also, various public health and continuum of health models have been reviewed. Several documents were provided by Ron Hale of the New Mexico Department of Health, as well.

Data Collection

Based on information gleaned from the New Mexico Alliance of Health Councils and the Con Alma Health Foundation, a questionnaire was developed, including revised iterations, and sent to health councils via email for completion. The questions designed were open ended to provide answers allowing for a free flow of information and thought so the end product could be truly representative of health council attitudes. Health councils were also contacted by phone to advise them of the project and the questionnaire, and were offered face to face visits.

Questionnaires were to be completed and returned to the researcher, and/or the questions were asked at the face to face visits with Health Councils. Visits included full council membership or, in some cases, the executive committee. The final questionnaire consisted of 14 questions, including sub-questions allowing for further explanation. (Appendix A)

Data Analysis

A Microsoft Excel matrix was developed for data entry and analysis. These data were analyzed using simple numerical and percentage calculations to determine final results. Pertinent comments from the questionnaires were compiled and are discussed below in support and/or explanation of the results. Because certain strong negative and controversial opinions have arisen in data collection and through other supportive information gathered from conversations with Health Council representatives, a decision was made early in data collection to assure Health Council anonymity throughout reporting of the results. See Appendix B – “Emerging Health Council Concern” for more information.

Results

A total of 17 questionnaires were completed by Health Councils, including 8 face to face site visits. Doña Ana County Health and Human Services Alliance did not complete the questionnaire as presented, but did provide a copy of the latest health plan, which was used to obtain community priorities and strategies. The questionnaire did not fully pertain to the Doña Ana Alliance since they were not funded as other Health Councils through the Department of Health. The Health Councils that did not respond to the questionnaire have been included in some data analysis below as appropriate. Community priorities for these councils were obtained through published community profiles on the Department of Health website (http://nmhealth.org/PHD/OHPCHI/health_councils.shtml), and from a document created by Ron Hale titled "Community Health Councils: Status Summary, July 5, 2011" provided via email. While some of these councils are no longer functioning, it is important to understand and include their community's priorities in this analysis.

It should be noted here that contact with many of the Health Councils through emails and/or phone calls did not result in any responses, including acknowledgment of receipt of the questionnaire. It is unknown at this time if the contact information was no longer valid, the councils are no longer functioning, or were simply not interested in responding. Though the Department of Health has attempted to maintain contact with the councils, this is an area for further research in the future.

Health Council Questionnaire Responses and Discussion:

Below is a compilation of the responses to the questions on the Health Council Questionnaire. These responses, in some cases, are generalized so as not to identify specific Health Councils or persons responding to the questions. Some quotes are also used that may show specific points as indicated by the responses overall.

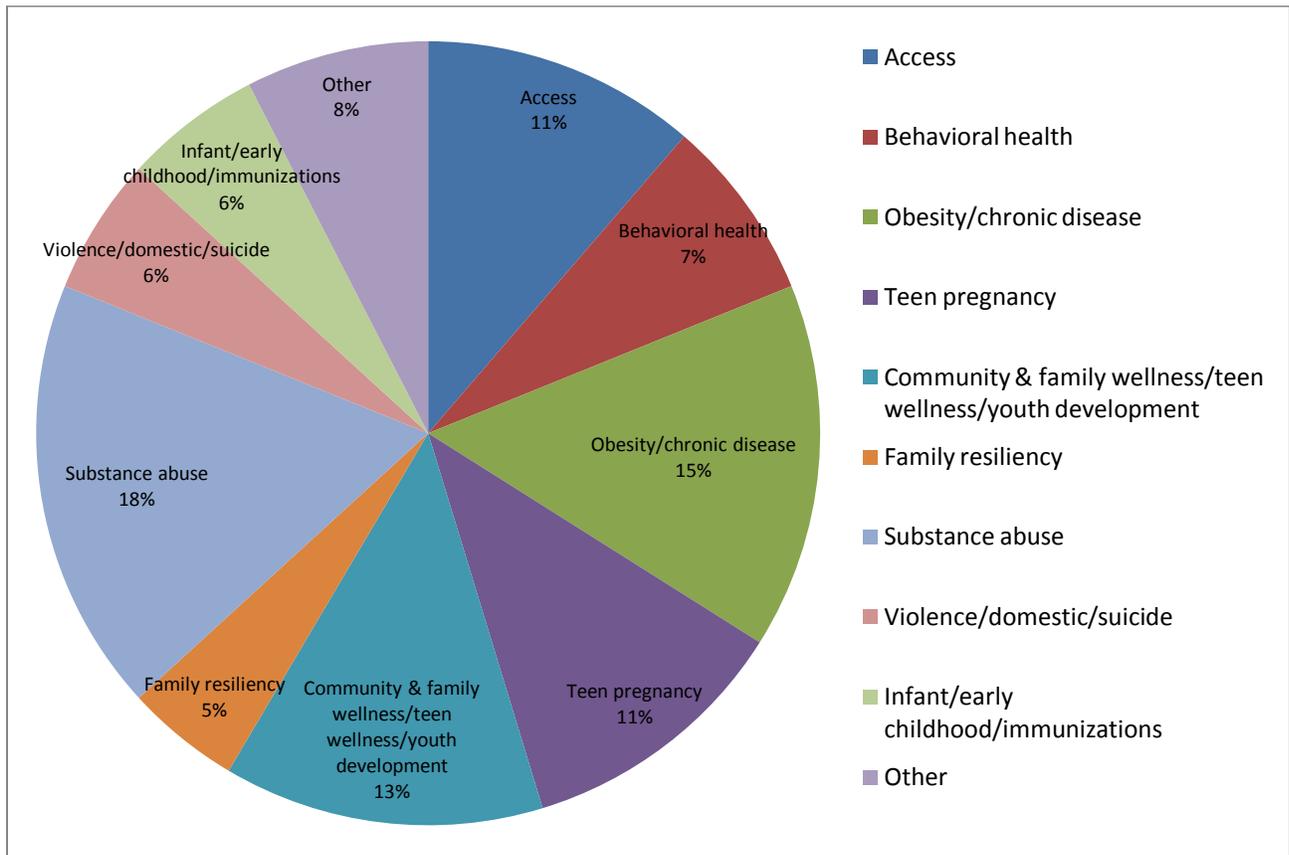
1. Is your health council still active? Please describe.

Of the Health Councils that responded to the questionnaire, all indicated they are still active. However, several noted that their work has been hindered or decreased because of loss of funding. One council noted that it was never a question whether or not they would continue, though the funding is uncertain. This may be indicative of current Health Council activity. One email response from a former Council coordinator did indicate that council was no longer active.

2. What are your priorities for community health improvement?

Priorities are shown below for all Health Councils (active and inactive, n=38). For non-responsive councils, information was gleaned from the published Community Health Improvement Plans on the New Mexico Department of Health website (http://nmhealth.org/PHD/OHPCHI/health_councils.shtml).

Health Council Priorities



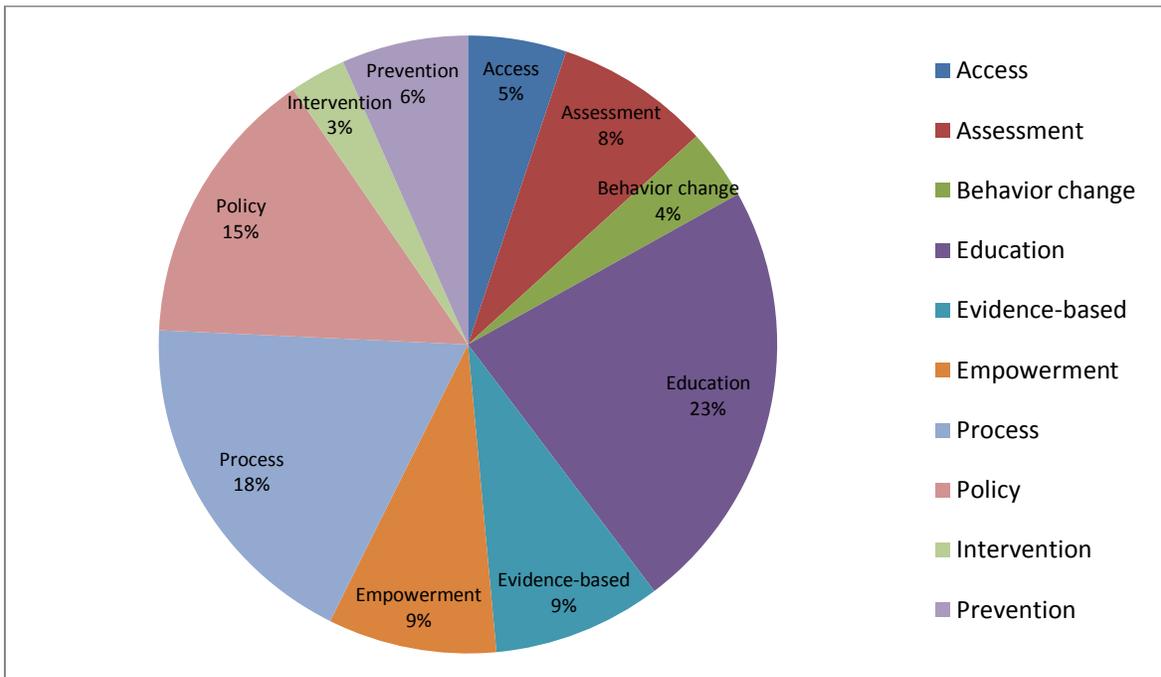
Priorities were combined into categories based on similarity. Access includes access to health care, transportation, housing, and services. Behavioral health and substance abuse were kept separate because of the predominance of the councils identifying substance abuse specifically. This is also true of teen pregnancy. There were other teen related issues identified, largely health and wellness in nature, but these were placed within the larger wellness category. Some councils had a broad definition for “wellness” and could include youth development (n=2). The “other” category includes outliers such as economic development, oral health, elderly services, “poor issues”, and collaboration.

While most councils maintained similar priorities to those published in their latest community profiles, some councils indicated that priority changes occurred because of the budget cuts to the councils and/or to other community agencies.

3. What strategies have you identified to address your priorities?

Health Councils identify strategies to accomplish their goals (priorities). Here the strategies were combined into categories that are broad, but can fit into many of the health strategy models for change.

Health Council Strategies



While education, prevention, and evidence-based strategies may be similar, in this analysis, they were separated if specific language was used. If education/prevention programs were specified as “evidence-based”, they were listed as such here. Otherwise, there was uncertainty whether or not the strategy was indeed evidence-based. Process strategies included those that pertained specifically to basic Health Council function like membership recruitment, planning, grant writing, etc. Assessment, while a basic council function, was separated because of its pertinence to the Health Care Reform implementation. Policy includes any strategies that increase services or directly change policies within organizations or communities. Behavior change was used when this verbiage was included in the community plan, and indicates a higher level strategy than basic education.

While most councils maintained similar priorities to those published in their latest community profiles, several councils indicated that strategy changes occurred because of the budget cuts to the councils and/or to other community agencies. In one case, the council response noted that they no longer could implement a strategy planned for a transportation access priority because the county could no longer fund the program. Many councils noted that community budget cuts, besides those of the councils, have caused significant delays or overall hindrance council work.

4. Are you on track to accomplish these goals?

Of the 17 Health Councils responding to this question, 9 felt they were on track to achieve their goals (priorities and strategies). However, a majority of the councils felt the process had been slowed

down due to the funding cuts. Specifically, funding cuts have decreased attendance at planning meetings and overall volunteerism by Health Council members. Member agencies are finding it more difficult to spare the time of their staff for such functions. Several councils also said that the coordinator's time is often taken up with looking for funding and grant writing, which takes away from the other basic functions of the Health Council.

Five councils said they were only partially on track toward accomplishing their goals. One council felt their priorities were "vague" and difficult to evaluate. Also, in some cases staffing changes contributed to a slowdown in achievement. This was an open ended question and allowed the individual councils to assess the level of achievement, so the responses were quite varied and subjective. Two councils answered "don't know".

5. What successes have you experienced toward accomplishing your goals?

Most (15) Health Councils were able to identify successes over the last couple of years. These successes included:

- process evaluation successes.
- implementation of evidence-based programs, services, and providers.
- changes in health indicators and policies.

Several councils included successes is "staying alive" and community visibility by the Health Council, despite the funding cuts.

Some specific successes by way of example include:

- Addition of a Nurse-Family Partnership program.
- Implementation of a prevention/education curriculum in the schools.
- Addition of new urgent care services.
- Community education programs, such as health fairs and community awareness programs.
- Establishment of a community food policy council.
- Acquisition of additional funding from various sources (grants, local government, non-profits, etc.)
- Changes in social hosting policies.
- Maintaining and/or increasing use of the Health Council website.
- Maintaining basic function of Health Councils including updating the Resource Directory.

6. Concretely, what staff, services and other things were impacted by the DOH funding cut in May, 2010?

Most Health Councils reported negative effects of the funding loss, including loss of staff (or decreased staff), office space and phones, as well as loss of ability to function as they had prior to the budget cut. One council noted the budget cuts “threw the whole council in a tail spin.” Regarding the loss of coordinator positions, one respondent said the coordination of the Health Council now “lies on the backs of maxed out people”. A few councils stated that they do not believe they can continue functioning after this year. One coordinator said “I didn’t get paid for several months” before finding enough funding to maintain a part-time position.

Without a dedicated coordinator position, councils find communication is more difficult. One respondent noted that there is no longer any connection to the state, thus no communication regarding state planning and programming. One Health Council has dealt with the budget difficulties and loss of the coordinator by discontinuing the meetings, except as needed, and has gone to virtual methods of information sharing and communication.

One council mentioned that they used to provide copying services to local non-profits, but with the loss of their office, this was no longer available. Several councils noted concern over the lost “physical presence” in the community. One respondent said “The Health Council has been displaced!”

A number of councils noted the loss or diminished work of subcommittees (Community Action Teams) due to the loss of funding. This included the lack of volunteers from other community partners that can no longer send representatives to planning meetings, and/or the overall loss of funding for the project(s). Another possible reason given for decreased membership and attendance was “overall discouragement”. In the words of one respondent: “As a result of no public funding, these committees continue, but are not as strong or as focused as they once were.” One questionnaire respondent said that they are trying to rebuild their council, but “with different voices and less cohesion”.

This loss of committee function also contributes to changes in priorities for some councils. In several cases, the councils no longer have the ability to plan and implement projects to support their community priorities and activities. Two councils (large in size) said that they have had to stop outreach and work in remote parts of the county because of the travel and time, thus leaving large portions of the population underserved. This was also noted as a concern for other community agencies and organizations whose budgets were cut as well, and thus effecting the Health Council. These councils expressed the idea that these geographic challenges contribute to access issues in their communities.

Some councils were able to find funding from other local entities, but in some cases this changed the focus of the council to that of the funder rather than the community as a whole, creating additional work and reorganization. Funding for some councils comes from several sources, including local

governments, agencies/organizations, grants, and sometimes the Behavioral Health Local Collaborative. One council reported a dispute between the 2 funding entities over the “name” of the Health Council. Some responses stated that it is difficult to remain active and functional because much of the coordinator’s time is consumed in finding funding and writing for grants.

A few Health Councils, however, reported positive effects of the cuts, specifically in 2 cases because the county took over funding of the council. Councils felt this was an overall positive because of the stability of the county as a financial partner. However, one of these responses included some concern because of potential cuts in the county budget each year. Another respondent did feel there were positive aspects of the change overall because “the council continues to work in its priorities and is still seen in the communities as a viable entity.” Indeed many of the councils, as discussed above in question 5, did feel that their councils had achieved successes despite the loss of funding.

7. What additional barriers do you have that may be hindering the accomplishment of your goals?

Councils identified the loss of funding and budget cuts to other community agencies and organizations as a major barrier. Some councils benefited from additional funds and resources, that are now gone or diminished. One council said that “community health is very embedded with Health Council work”, but this council lost a lot in the last budget cuts, including positions and resources. They described it as a “snow ball effect”. Also as stated above, many Health Council partners are now “stretched so thin in their own jobs” that membership and attendance has been hurt in the process.

There is now, with the funding cuts, a feeling that “recruitment and retention of providers has returned to a competition” rather than a collaborative effort. One council reports that new hospital administrators have not established good working relationships with providers and this is a “grave concern” for the Health Council.

Another barrier is the loss of connection with statewide councils. The sharing of information with and between councils was considered a positive aspect that has now diminished.

One Health Council noted a concern with the County Commissioners. There is mixed support for the council by the 3 member commission, from full support to no support. This council at one time functioned under the auspices of the county, but this relationship has been discontinued. They are struggling to find a new fiscal agent. However, as mentioned above, in 2 counties, the county government is now picking up the funding responsibilities of Health Councils. This is an indication of how diverse the thinking and capabilities are for the individual counties and Health Councils.

One questionnaire respondent noted the general “feeling of uncertainty” because of funding losses, and said that it “presents a psychological barrier”. Another talked about the lack of a unified voice

in the community and related it to the general overall community economic problems (gas prices, lack of jobs, etc.).

Respondents in one county talked about the state districting as a barrier. Of concern, is the fact that every state Department has a different district map (including the Local Collaboratives, Department of Health, Cooperative Extension Services, CYFD, Regional Housing Authority, etc.). This makes it difficult for councils and communities to work together on broad issues that cross over into different departments. “We are the step child of every region”. One person said they believe the confusion is “part of the state’s plan”.

8. Have you sought funding from other sources because of the loss of DOH funding? If so, please describe, including funders approached and successes in acquiring funding.

Of the 17 responding Health councils, 14 indicated they have sought/are seeking additional funds from other sources. These sources include local, state, or federal grants, local and state non-profits and foundations.

Specific resources mentioned include:

- Community Transformation Grant (from PPACA)
- Behavioral Health Local Collaborative
- City and/or County
- Behavioral Health Local Collaborative (providing some office supplies)
- Small, project oriented grants
- Department of Health grants
- Local hospitals
- Drug Free Communities grants
- Website advertizing by local physicians

One respondent said that their Health Council is not allowed to apply for grants because they have no grant writer and their partnership with the county does not allow application to many grants requiring a 501 3 (c) status.

Another council discussed a concern around funding sources because they “don’t want to be owned by the hospital, or any other entity”. They desire that funding sources allow the Health Council to be autonomous and set priorities based on community need rather than the needs of the funding agency. They acknowledged that funders do bring structure and continuity but there should be a proper balance. They expressed the feeling that Health Councils should not all be identical because the communities are not identical.

9. What is your plan for the future of your health council?

Sixteen Health Councils said they plan to continue, and one indicated they were “uncertain” because of funding. One council respondent said “We are holding on by our fingernails”, trying to rebuild the council. They are struggling, but doing well. Another response included “Members clearly stated they have no plan; they are just trying to survive”.

Those that said they plan to stay active are continuing to look at funding alternatives, and new ways of doing their required tasks. One Health Council currently under county jurisdiction worries about the future of funding as the county’s Health Council budget is constantly on the chopping block. Another council said “The Council operated for years without funding and will continue to operate during the next year.” Some councils are also focusing on funding projects within the priority areas “in a collaborative way” versus funding the council as the coordinating body.

One council is in discussions with the county about establishing a County Health and Environment Department in which the council would be one of the entities under the department oversight. This might mean that the Health Council becomes the advisory council to the department, but may include countywide health planning and assessment. Another council is going to a totally web-based format and rarely has a face to face meeting. They are continuing largely on volunteer time.

In general councils are continuing to try and build their membership and community interest. A Health Council retreat is being scheduled by one group to discuss many of the basic council functions. Also several councils noted they will advocate for refunding from the legislature.

10. Has your health council addressed access to health care in the last 2 years or is it an “emerging issue” for your council? Please describe.

Twelve of the 17 responding Health Councils said they have addressed access, or it is an emerging issue. Due to the multi-agency funding cuts in one community, the respondent said they have lost half of what was gained by earlier work in transportation issues.

Access for undocumented immigrants is a concern in one community because Health Care Reform will not be including this population. This issue is being studied by this community, including many of the stakeholders.

Health Councils also identified the Community Resource Directories produced by Health Councils as a way to help improve access. These documents help consumers and providers find needed services for use or referral.

Access is an issue for the rural and frontier communities. Many of the councils in these communities address the issue constantly, and noted that services are being cut on the frontier as well. Lack of local services, and lack of transportation to nearby communities is a major concern in these areas.

Also, for the rural communities located in large counties (land area), resource distribution is problem. There is a perception that only some are being served.

The demand for indigent funds are up, which is of concern to one council that provides oversight for this county program.

One Health Council identified programs like Safe Routes to school and working to promote farmers' markets as helping to improve access. While they acknowledged this may not be directly addressing access, it does help. Unsafe streets and sidewalks can be an impediment to access, and providing vouchers for the purchase of food at markets can help low income families access healthy food options.

11. Does your health council require more information or technical support about Health Care Reform? Please describe.

Eleven Health Councils reported the need for more information or technical support regarding Health Care Reform. Overall there were varying levels of confidence and knowledge about reform. Some feel they have a good understanding, but others expressed frustration that they were not getting any information at all. One respondent used the term "overwhelming".

Some Health Councils said that information was hard to find. One respondent, a health care provider, said that it is very difficult to get information needed and in a timely manner in order to make the necessary preparations. Another respondent felt the need for more transparency from the major health care providers. The thought is that they are not sharing the information they have with others. Another had the same comment regarding the transparency of the state in general.

Overall, more information/technical support is needed in the following areas:

- Funding (what is available, where is it going)?
- How are budgets/Medicaid impacted?
- Help tapping into resources.
- Current efforts and steps being taken by state, providers (transparency).
- Who/where is the best source of information?
- Who does publicity?
- Information for providers regarding preparation.
- How are lawsuits impacting the planning and implementation?
- Guidance on dissemination of information to communities.
- What is the Accountable Care Organization?
- More information on Co-ops.

12. Has your council already conducted any activities or designed plans related to Health Care Reform?

Only 4 Health Councils have conducted any programs or activities related to Health Care Reform. These were all panels/forums for information, and 3 reportedly had very small attendance. None of the councils reported outcomes, likely due to attendance issues.

13. Is your health council working with, or attempting to work with a local non-profit hospital?

- a. Are you aware of the new requirements for non-profit hospitals to demonstrate “community benefit” to maintain their non-profit tax status? (Yes/No)
- b. Are you aware of the new requirements for non-profit hospitals to demonstrate “community benefit” to maintain their non-profit tax status? (Yes/No)
- c. If there is a local non-profit hospital in your area, are you working with them on the community assessment piece of health care reform? (Yes/No/NA) If yes, please describe.
- d. If there is a local non-profit hospital in your area, do you need more information and/or training to be able to engage with them in the community assessment work? (Yes/No/NA) If yes, please describe.

Nine Health Councils reported working with their hospital in some way. Two others reported that the hospital was keeping them informed, but no real connections beyond this. Six councils indicated they were aware of the “community benefits” requirement, and 3 councils said they are working with the hospital on the assessment. Four councils noted the hospitals were conducting the assessment but keeping them informed.

Some of the responses regarding working with the local hospital included other aspects besides the community benefit. One council reported working well with their local provider, while another said that it was a difficult relationship, as the hospital often “forgets we are here.” Another good working relationship involves the hospital and the council working together on a diabetes program.

14. Do you have any suggestions regarding how health councils can help facilitate health care reform implementation in NM, including your county or tribe?

Thirteen Health Councils responded with suggestions for Health Care Reform implementation. These follow:

- Support for obtaining funding for Health Council priorities, and funding for a coordinator.
- The basic functions of Health Councils are important for the Health Care Reform implementation, including assessment prioritization, planning, implementing and evaluating. The development and dissemination of Resource Directories is also important. Health

Councils are “poised to serve as the logical planning entities for implementation of reform that is at the local level.”

- Health Councils are skilled at conducting needs assessments and provide assistance to hospitals in this endeavor.
- “Health Councils have finger on pulse of community.” So they can help design and plan the implementation.
- Health Councils can provide the education and advocacy for policy change.
- Social determinants of health should be addressed, including living wage and early childhood issues.
- Should include policy and environmental change.
- “Real reform means giving power to consumer.”
- Efforts should not be duplicated.
- Health Care Reform can help by filling “true gaps” in services.

One respondent noted that Health Councils are “fading fast”, so funding needs to start again soon in order to benefit Reform implementation.

III. Examination of various positions or approaches to addressing the issue or solving the problem

Before this discussion ensues, it should be noted that New Mexico possesses a great diversity in its population: diversity of culture, values, norms and beliefs, including the subject of politics. Because of this diversity, a brief discussion of the politics of the ACA is warranted. Though controversial, there is a great debate in the country and in parts of New Mexico over Health Care Reform. According to Real Clear Politics, averaging polls from March-August 2011, nationally, 49.8% of the population favors repeal of the law compared to 40.5% opposed to repeal.

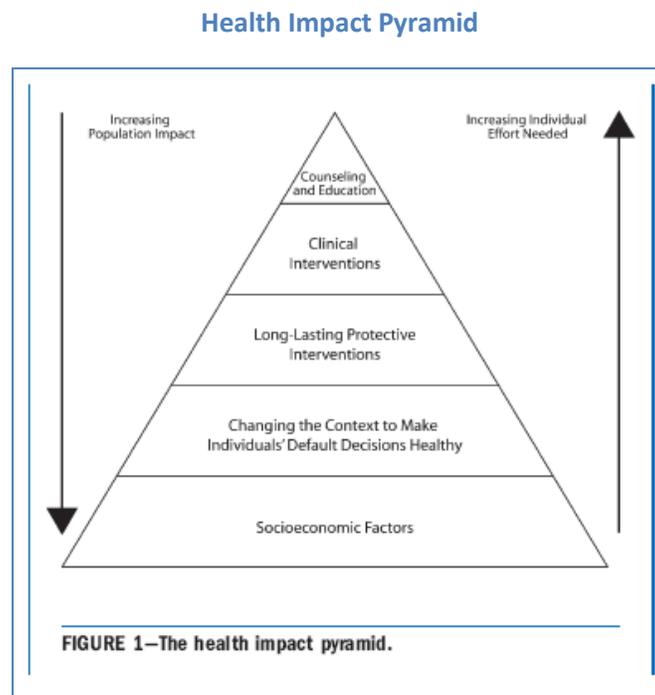
(http://www.realclearpolitics.com/epolls/other/repeal_of_health_care_law_favoroppose-1947.html,

retrieved 08/21/2011) Some of the elected officials in New Mexico have openly expressed opposition to the law. Though this topic did not present itself in the responses to the questionnaire (except one brief mention), it is possible in some more conservative communities Health Councils could receive negative push back regarding implementation of Health Care Reform.

As shown above in this report, the Health Councils are (if still functioning) well positioned in the community as a resource. The Health Councils have also played a varied role in health information and delivery in their respective communities. Councils have developed strategies to accomplish their community health priority goals that fit throughout the continuum of health, from prevention and education to providing clinical services and developing policy.

Frieden (2010) proposes a health impact pyramid model for achieving health status change. The figure below represents this model. Five methods of public health intervention are compared with the amount of personal involvement and total population impact. The point of the pyramid represents counseling and education which involves the highest individual effort, but the lowest population impact. On the bottom of the pyramid, addressing socioeconomic factors represents the lowest individual effort but the highest population impact.

These lower level interventions have the greatest impact because they focus on addressing the social determinants of health through policy and norms change rather than education alone, often the most common but least effective intervention. However, there is evidence that education and counseling can have an impact on the individual level, such as counseling regarding tobacco cessation.



From this health impact pyramid, it can be seen that Health Councils have and do provide services covering all levels of impact. Health Councils each possess a unique personality that reflects their respective communities. Some communities are more ready for systems change than others, depending on current beliefs, cultures, and norms as stated above. If community leaders are less willing to address policy change, particularly if considered politically or culturally controversial, councils may choose to work first on the less effective interventions to begin the process of change, eventually moving toward methods of higher population impact.

The New Mexico Strategic Plan (Implementing Health Care Reform: A Road Map for New Mexico, 2010) lists 10 aspects of reform that must be implemented in order for Reform to succeed. Of

these, Health Councils have or can participate in several, including helping to expand provider and health system capacity, compiling state health data, working on establishing and addressing population health goals, engaging the public in policy development and implementation. Councils are also instrumental in educating and working with communities to improve the quality and efficiency of the health care system.

The Affordable Care Act (Health Care Reform) offers many opportunities for Health Councils to participate on all levels of this model.

IV. Opportunities for implementation in New Mexico

The discussion below includes opportunities for the Health Councils to continue their current work and/or expand responsibilities as appropriate and needed. In many cases, the ACA calls for actions and services, such as assessment, education, and prevention, in which Health Councils have extensive experience and expertise.

The ACA specifically identifies several areas in which Health Councils are already effectively working. These include: behavioral health, preventive care, wellness, and health disparities. These topics are common concerns of Health Councils, and strategies have already been developed in many counties to address these. Of note, these concerns broadly affect families and children in New Mexico, and many deal with access issues. (Implementing Health Care Reform: A Road Map for New Mexico, 2010)

A focus of this section is to include the health outcomes of New Mexico families and children as a priority as well as access issues. While many of the opportunities below may not directly focus on families and children, in reality virtually all aspects of the health care system impacts families and children, because when talking about “community health”, one is primarily talking about families and children.

Assessment

One of the basic functions of Health Councils is to conduct assessments. In several excerpts from the New Mexico Strategic Plan (Implementing Health Care Reform: A Road Map for New Mexico, 2010) opportunities for community assessment on various levels are discussed. Specifically, the Act calls for needs assessments to be conducted related to Maternal and Child Home Visiting and Healthy Aging, Living Well programs which are to be established. Also, the ACA provides for data collection, analysis and quality control 10 years after enactment of the law. The ACA requires non-profit hospitals to conduct community needs assessments that involve community coalitions, which can provide opportunities for health council involvement and perhaps funding. (There are 14 non-profit hospitals in New Mexico.) Health Councils could be on the forefront of these assessment needs.

Education

Many councils participate in a variety of community education programs. The Affordable Care Act (ACA) calls for the development of comprehensive and cost-effective consumer protection and education plans which include promoting consumer education. (Implementing Health Care Reform: A Road Map for New Mexico, 2010, page 7) Health Councils could be in a position to help with information dissemination through listservs, public forums and special education programs on ACA components. The following is from one of the Health Council responses: “We see the role of the health council as a place where people should be able to get information about HCR. It is a very complicated issue and people are very confused. Someone in the community needs to have the information.”

The ACA calls for navigators to be funded by the revenues of the health insurance exchanges. These navigators are to help people navigate through the coverage options available to them under ACA. The most recent regulations on health insurance exchanges issued by U.S. Health and Human Services made it clear that community groups that have connections to underserved communities are logical candidates to be navigators. Coordinating community involvement in this process would be a natural role for Health Councils. (Choice Administrators: Health Insurance Exchange, <http://www.choiceadmin.com/exchanges/index.php/the-role-of-navigators-in-state-health-insurance-exchanges/>)

The Health Councils are also involved in community education programs on various topics, including those identified in the ACA (personal responsibility education, obesity, wellness, behavioral health, etc.). With appropriate funding, Health Councils can identify and implement educational programs at the community level.

Prevention/Intervention

Health Councils are skilled at identifying and implementing a variety of evidence-based prevention and intervention programs at the community level. The ACA provides for the development and implementation of several prevention, wellness, and public health activities and demonstration projects on a variety of health topics, including childhood obesity, oral healthcare, and individualized wellness plans. The Act also includes the opportunity for research and health screening through the Community Transformation grants. New Mexico’s statewide CTG application provides for intensive targeting of up to ten NM communities, which is likely to involve the health councils in at least some of those communities. (Hale, via email 08/30/2011)

Research is an area in which Health Councils have participated at the community level through Community-Based Participatory Research Projects. With assistance and collaboration with the universities and teaching hospitals in New Mexico, more Health Councils could potentially conduct

original research pertinent to their own communities. This type of research benefits the community on multiple levels and forms a basis for the development of appropriate education, prevention, and intervention programs.

The ACA provided for the development of a national prevention strategy which was published in June 2011 (National Prevention Strategy: America's Plan for Better Health and Wellness). This plan includes 3 main goals: Improving Individual Health, Improving Community Health, and Improving the Health System. Health Councils cover all of these through their priorities and could benefit from potential funding opportunities targeted at these goals.

Policy/Social Determinants of Health

Several Health Councils have been actively involved in policy development at the community and state level. Besides continuing the current or planned activities regarding specific policy changes, Health Councils can and should be at the crossroads of planning and implementation of Health Care Reform in New Mexico, and this can be accomplished in several ways.

Health Councils can have representatives on committees that are developing the insurance exchanges and other components of reform. Health Councils know their communities and can provide valuable input in this process. Health council representatives can participate in New Mexico's Community Stakeholder Group, whose purpose is to provide input into the design of the state's Health Insurance Exchange. (Hale, via email, 08/30/2011)

The ACA provides funding and program opportunities through several departments and programs, including Department of Health, Children Youth and Families, Aging and Long-Term Services Department's Health Care, Indian Affairs, and others. Based on information from the New Mexico Strategic Plan document (Implementing Health Care Reform: A Road Map for New Mexico, 2010), it seemed that in many cases the funding and program opportunities were duplicated under multiple departments. This could lead to inefficiency and waste. Health Councils and the Alliance of Health Councils could serve on the local and state levels as the coordinating entities to assure that funding is distributed equitably from and between departments, so that efforts are not duplicated and gaps in services are adequately filled. New Mexico's statewide Community Transformation Grant includes the Alliance of Health Councils as a member of the Statewide CTG Leadership Team. Indeed the ACA calls for the establishment of Community-based Collaborative Networks to conduct multi-level functions including enhancing access to care. Health Councils could serve as coordinating entities for these activities as well.

While the ACA does provide some funds in the form of grants to the states for implementation and education, it is also expected that state revenues will also be available to help fund programs. In some instances, the federal grants have already been disbursed, but Health Councils, through centralized

entities such as the New Mexico Alliance of Health Council, the Department of Health, and the New Mexico Public Health Association could stand ready to take advantage of any funding opportunities to assist the Health Councils in developing programs and strategies related to Health Care Reform.

(Implementing Health Care Reform: A Road Map for New Mexico, 2010)

V. References

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VI. Appendices

Appendix A

Health Council Questionnaire

1. Is your health council still active? Please describe.
2. What are your priorities for community health improvement?
3. What strategies have you identified to address your priorities?
4. Are you on track to accomplish these goals?
5. What successes have you experienced toward accomplishing your goals?
6. Concretely, what staff, services and other things were impacted by the DOH funding cut in May, 2010?
7. What additional barriers do you have that may be hindering the accomplishment of your goals?
8. Have you sought funding from other sources because of the loss of DOH funding? If so, please describe, including funders approached and successes in acquiring funding.
9. What is your plan for the future of your health council?
10. Has your health council addressed access to health care in the last 2 years or is it an “emerging issue” for your council? Please describe.
11. Does your health council require more information or technical support about Health Care Reform? Please describe.
12. Has your council already conducted any activities or designed plans related to Health Care Reform?
 - a. If so, please describe.
 - b. What were the outcomes of these activities?
13. Is your health council working with, or attempting to work with a local non-profit hospital?
 - a. If so, please describe, including but not limited to work specified below.
 - b. Are you aware of the new requirements for non-profit hospitals to demonstrate “community benefit” to maintain their non-profit tax status? (Yes/No)
 - c. If there is a local non-profit hospital in your area, are you working with them on the community assessment piece of health care reform? (Yes/No/NA) If yes, please describe.
 - d. If there is a local non-profit hospital in your area, do you need more information and/or training to be able to engage with them in the community assessment work? (Yes/No/NA) If yes, please describe.
14. Do you have any suggestions regarding how health councils can help facilitate health care reform implementation in NM, including your county or tribe?

Appendix B

Emerging Health Council Concern

Throughout this project, an emerging issue continued to rise regarding Health Council funding and guidance, both past and future. Specifically, a certain level of distrust of the Department of Health, and to some extent the New Mexico Alliance of Health Councils and the New Mexico Public Health Association, by the Health Councils. While some of this sense of distrust emerged from the responses to the questionnaire, most of the information came from separate conversations with Health Councils through visits, emails, and phone calls. While the questionnaire and the researcher did not ask any questions around this issue, the issue simply emerged and then flowed freely in many cases. In all, varying levels of distrust were expressed by or through 8 Health Councils. In at least one case, this was a major reason the council opted not to respond to the questionnaire. Another council thought about not responding, but then did. This begs the question whether or not other councils did not respond for this reason.

The focus of the problem is that Health Councils desire autonomy and the ability to set their own priorities. There was much frustration with and discussion about the “dictatorial” methods of the Department. Also, by virtue of association, at a minimum, the Alliance and the Public Health Association are thought by some to be “an arm of the Department of Health”. Again, the question arises about whether or not this impacted the completion of the questionnaire.

It was also noted by some that the same distrust and frustration regarding autonomy and methods of control were expressed by members of various Local Collaboratives. The following is an excerpt from “Positioning Behavioral Health for Health Care Reform: A Framework for Action – FY11-FY14”, and indeed describes this problem. “Communities desire a system that has a “bottom-up” versus “top to bottom” approach in determining behavioral health needs and resources, i.e., allow communities to identify and help direct the State initiatives versus the other way around.”

Since many members of the Health Councils and the Local Collaboratives are the same, it might be beneficial for the state to study this issue, and with the Health Councils and Local Collaborative, develop steps to mend burned bridges and mistrust so this process can indeed move smoothly and efficiently.