

Con Alma Health Foundation

AUGUST 2012

Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond

Executive Summary



*The Heart & Soul of
Health in New Mexico*

Con Alma Health Foundation is a tax-exempt private foundation under Section 501 (c) 3 of the Internal revenue Code.

Introduction

Relevant, accurate healthcare information is critical to addressing the complex health-related issues that we face in New Mexico. The Board of Trustees of Con Alma Health Foundation embarked upon a landmark research project in 2006, “Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking,” designed to guide the Foundation’s grantmaking and program initiatives. Based on our rapidly changing environment, we decided to update the report.

The main differences in this 2012 report, “Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond,” are: a focus on health equity as opposed to health disparities; the addition of community focus groups as a way to gain a deeper understanding of issues and solutions facing New Mexicans; updated secondary data; and the inclusion of current challenges and issues. Since our last report in 2006, New Mexico has weathered a national recession, seen increased needs in our aging and veteran populations, and experienced a continued shift in cultural demographics, with an increase in the minority population. We have also seen the advent of federal health care reform implemented through the Patient Protection and Affordable Care Act, which was signed into law in 2010.

The purpose of the report is to assist Con Alma and the communities it serves in understanding the health issues facing New Mexico and to support grantmaking, program initiatives, and responsive policy development. This report challenges us to engage in further dialogue that will lead toward effective solutions and improved health outcomes.

Although one of the main purposes of the updated report is to inform the Foundation’s grantmaking, Con Alma’s assets go beyond the dollars it grants. Con Alma also serves as a convener and as a catalyst for positive, systemic change. Thus, the report will provide a roadmap for grantmaking and beyond.

This report would not have been possible without the assistance of the Con Alma Health Foundation Board of Trustees, Community Advisory Committee and staff, along with the many individuals, community volunteers, and organizations that contributed their time, expertise, and voice to the preparation of this report as researchers, focus group participants, hosts, facilitators, note takers, writers, and editors.

Mission and History

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 a health policy which addresses the health needs of all New Mexicans.

Con Alma is New Mexico's largest foundation dedicated solely to health. Over the last 10 years, Con Alma has awarded \$10 million to more than 400 qualified 501 (c) (3) nonprofit, health related, community-based organizations serving New Mexico.

The Foundation was established in 2001 through the conversion of Blue Cross Blue Shield of New Mexico from a nonprofit organization to a for-profit company. The conversion provided charitable assets of \$20 million to benefit the health of New Mexicans, which was used to establish CAHF. Proceeds from a second conversion in 2002, the result of the sale of the Los Alamos Medical Center (LAMC), created the Northern New Mexico Health Grants Group (NNMHGG). The Hospital Auxiliary for LAMC and CAHF, working together as NNMHGG, distribute the investment income from those proceeds to populations traditionally served by LAMC. The Foundation's endowment currently stands at \$23 million, and its policy is to grant up to 5 percent each year in order to preserve the capacity to improve health care in New Mexico for years to come.

MISSION

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 a health policy that addresses the health needs of all New Mexicans.

Principles and Core Values That Guide Our Grantmaking

Con Alma adheres to core values to guide its policies, operations, and grantmaking. Consistent with the core values related to grantmaking, the Foundation:

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

What Has Changed

Since our last report in 2006, "Closing the Health Disparities Gap in New Mexico: A Roadmap for Grantmaking," New Mexico has weathered a national recession and its undefined costs in paying for joblessness, homelessness, uninvolved parents and lost educational opportunities. Our state's aging population has accelerated, returning veterans from Iraq and Afghanistan are expected to increase the number and need for services, and cultural demographics continue to shift, increasing the minority population to 58.7 percent in the 2010 Census. More of the state's population is concentrated

in urban areas, though rural residents account for a third of the state's population. Medicaid services are more difficult to access, and nationally funding for both Medicare and Medicaid face increased challenges.

The Patient Protection and Affordable Health Care Act, the national plan which is designed to set up a health care exchange to provide coverage to the uninsured, was signed into law in March 2010. While 13 states have fully adopted the plan, New Mexico is among 17 states that are phasing it in. State plans must be ready for federal approval by January 1, 2013, and those that are not trigger a default requirement that the plan will be run in Washington.

Also, two-year colleges have expanded offerings, thereby offering more opportunities to access health care, and there is increased availability but underutilization of tele-health. An example: Hepatitis C affects about 32,000 people or 1.5 percent of people in our state and requires a year-long regimen of weekly injections that may cause side effects, which many rural clinicians lack the expertise to treat. Patients with hepatitis C in rural New Mexico often traveled 200 to 250 miles each way to see their doctor. Through Project ECHO (Extension for Community Healthcare Outcomes), a University of New Mexico physician trains rural doctors, nurses, physician assistants, and other clinicians to care for patients with hepatitis C online.

This report supersedes the 2006 report "Closing the Health Disparity Gap in New Mexico: A Roadmap for Future Grantmaking" with a deeper look at issues and solutions facing New Mexicans. The "Health Equities" report includes primary data from government and nonprofit sources, secondary data derived from 15 focus groups conducted throughout the state and a current environmental update based upon information from the Foundation's grantees and others.

Focus group participants were provided with state and local data profiles (snapshots), worked with a detailed facilitation tool and a facilitator, and were guided by four questions:

1. Does this snapshot accurately describe your community?
2. What are the priorities for health in your community?
3. What do you want for the future of health in your community?
4. What are the resources, strengths and opportunities that promote health equity in your community?

In our 2006 report, Con Alma targeted health disparities in New Mexico to achieve better health outcomes. This new 2012 report, "Health Equity in New Mexico: Grantmaking and Beyond," has shifted its focus to achieving health equity, which aligns itself more appropriately with CAHF's mission, core values, broad definition of health, and emphasis on systems change.

The Foundation's grantmaking has evolved and so has the Foundation's role as a convener for engaging stakeholders in public policy issues, increasing philanthropic engagement and dollars for the state, and promoting statewide initiatives to improve health for New Mexicans.

Organization of the Report

This report provides an update of state and local data, information on health equity and socio-economic determinants of health, system challenges, and solutions to promote health equity in New Mexico. It is organized into the following sections:

- **Understanding Health Equity;**
- **Socio-Economic Determinants of Health:** updated state characteristics by age, sex, race/ethnicity, income and poverty, employment, education, foreign-born, and disability;
- **Diversity:** African American, Hispanic/Latino, Native American, and immigrant population;
- **Overall Health Report:** Strengths, challenges, behavioral health, childhood obesity, diabetes, low nutrition, obesity, oral health, suicide, teen birth rates; and populations: aging, border health, children and youth, rural health, veterans and other populations such as LGBT and women;
- **Systemic Issues:** insurance coverage, linguistic and cultural access, transportation, health care workforce shortage, Indian Health Services, Medicaid, uncompensated care, and veterans health care;
- **State Health Policy:** Patient Protection and Affordable Care Act (PPACA), insurance reform, Medicaid reform, long-term care reform, workforce development; and
- **Solutions:** Grantmaking in Action
 - Key Findings Summary
 - Grantmaking Recommendations
 - Beyond Grantmaking

Solutions: Grantmaking in Action

Based on our rapidly changing environment, Con Alma Health Foundation determined to update its landmark research project of 2006, “Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking.” This 2012 report focuses on health equity, added community voices through focus groups, updated secondary data; and includes current challenges and issues such as federal health care reform.

Con Alma’s grantmaking has evolved and so has the Foundation’s role in engaging stakeholders in public policy issues, leveraging resources to increase philanthropic engagement and dollars for New Mexico, and promoting statewide initiatives. The Foundation’s assets go beyond the dollars with which it makes grants; Con Alma also serves as a convener and as a catalyst for positive, systemic change.

Key Findings Summary

1. Improved conditions and policies that address Social Determinants of Health and advance health equity, especially among racially and ethnically diverse and underserved populations, can significantly improve health in New Mexico.
2. Access to quality and affordable health care services continues to be a barrier to good health, especially in rural New Mexico, communities of color, and underserved populations (e.g. elderly, immigrants, border communities, and veterans).
3. Prevention, nutrition, health promotion and holistic health are critical to improving health in New Mexico.
4. Our rapidly changing environment, including demographic shifts, will have major implications in health for the people and communities of New Mexico.

Key Findings

1. **Improved conditions and policies that address Social Determinants of Health and advance health equity, especially among racially and ethnically diverse and underserved populations, can significantly improve health in New Mexico.**

- 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.
 - Racial and ethnic minorities suffer higher rates of mortality and illness compared with other Americans, and receive a lower quality of health care.
 - New Mexico has the second highest poverty rate in the nation.
 - The number of households receiving food stamps has almost doubled during the recession, from 6 percent to 11 percent.
 - Children ages 0–5 are more likely to die: New Mexico experienced a 20 percent increase in youth death rates since 2000.
2. **Access to quality and affordable health care services continues to be a barrier to good health, especially in rural New Mexico, communities of color, and underserved populations (e.g. elderly, immigrants, border communities, and veterans).**
 - New Mexico has the second highest rate of uninsured in the nation (21.6 percent).
 - Hispanic and American Indian adults were over twice as likely to be without health insurance coverage as whites.
 - Native Americans lack a consistent health benefits package.
 - The health workforce is neither diverse nor culturally competent. Minorities make up 59 percent of the population, but only 11 percent of the nursing workforce.
 - Thirty-two of the state’s 33 counties are defined as Health Professional Shortage areas.
 - Substance abuse/dependence and/or mental disorders affect more than half a million people in New Mexico: 24.3 percent will need help from the publicly funded care system.
 - Returning veterans from Iraq and Afghanistan are expected to increase the number of veterans in New Mexico. Veterans, especially in rural areas, lack access to essential health care and behavioral services.

3. Prevention, nutrition, health promotion and holistic health are critical to improving health in New Mexico.

- Nationally, there has been a shift in the conversation about health care in the last decade to focus on prevention, access and alleviating equity boundaries.
- The percentage of obesity among the state's population doubled from 1990–2009. Obesity can lead to heart disease, stroke, diabetes, and some cancers.
- Preventative oral health is limited, especially in rural areas, which can result in impaired general health, particularly impacting the mortality rate due to heart disease at younger ages.
- Health care reform provides opportunities to implement prevention, and wellness programs.

4. Our rapidly changing environment, including demographic shifts, will have major implications in health for the people and communities of New Mexico.

- People of color in New Mexico comprise 58.7 percent of the population in the 2010 Census and fare far worse than their white counterparts across a range of health indicators.
- The Hispanic population in New Mexico increased by 25 percent compared to a 13 percent increase in total population.
- New Mexico residents 18 and under account for almost one in five of the population (18 percent in 2010); and the Hispanic population under 18 years of age was 58 percent, the largest in the United States.
- The largest percent increase from 2000 to 2010 was among those 60 years to 64 years, at 5.8 percent. By 2030, the state will rank fourth in the nation in percentage of population age 65 and older; currently New Mexico is 39th.
- Almost half of New Mexico's grandparents provide a home for their grandchildren.
- Minority child populations show the most dramatic shift: almost three in four children under five is African American (2 percent), Hispanic (59 percent) or Native American (12 percent).

Recommendations for Grantmaking

- Invest in communities
- Invest in health basics
- Leverage resources
- Invest in systems change

1) Invest in Communities

The data and focus group responses point to the Con Alma's core mission to understand and respond to the health rights and needs of the culturally and demographically diverse peoples and communities of New Mexico. They also underscore Con Alma's core values to involve, collaborate and partner with New Mexico communities.

RECOMMENDATIONS:

- Support improved access quality and affordable health care. This includes supporting programs that increase the scope of medical services in rural clinics, increase transportation to health facilities and enhance educational efforts that make Medicaid more understandable to the community user.
- Expand grantmaking to rural communities, including efforts that seek to link rural communities to health care resources from other areas such as tele-health and sharing means to implement best practices with limited resources.
- Strengthen outreach to Tribes, Pueblos, Apache Nation, and Navajo Nation.
- Fund programs that increase cultural and linguistic competency with providers trained to be culturally competent, that increase access to bilingual health and that support traditional uses such as *promotoras* and traditional healers.
- Support preservation and enhancement of cultural and spiritual assets.
- Give grants that increase and diversify the health workforce and support leadership development for people of color in health care professions.

2) Invest in Health Basics

Communities need the most basic of health care: sufficient access to primary care physicians and other health professionals, oral health, mental health services and preventative measures that alleviate undesired health care outcomes.

RECOMMENDATIONS:

- Continue to support organizations that promote wellness strategies such as prevention, nutrition, health promotion, holistic health, and spiritual health and well-being.
- Provide support for replications of basic health programs that have worked elsewhere.
- Give grants to nonprofit organizations that offer technical and capacity building skills.
- Continue general operating support to nonprofit, health-related organizations to support infrastructure and administrative overhead costs.
- Continue to fund organizations that serve preadolescent children (below age 10) to encourage healthy lifestyles (reducing youth risk behaviors such as obesity, diabetes, substance abuse, teen pregnancy and accidental deaths.)
- Support programs that provide mental health care in wrap-around approaches in rural communities.

3) Leverage resources

Leverage Con Alma Health Foundation's human and financial resources to attract other resources for New Mexico; and support/encourage multi-sector collaboration.

RECOMMENDATIONS:

- Leverage Con Alma Health Foundation's resources to attract local, state and national funding and other resources to improve health in New Mexico.
- Continue to participate in advocacy networks that pool resources and ideas to lead to improved health policy making at the state and local levels.
- Support collaborations such as partnerships between public health departments and community-based health programs and organizations offering mentoring programs to tap underutilized community resources and strengthen social networks.
- Support organizational efforts to enhance coordination and multisector collaboration.

4) Invest in systems change

Innovation, leadership, acting as an effective advocate and promoting change are all underpinnings of Con Alma's mission. While experience has shown there are no easy answers to the mission of health equity, Con Alma can continue to serve as a catalyst for positive, systemic change in New Mexico.

RECOMMENDATIONS:

- Support policies that advance health equity, especially among racially and ethnically diverse populations, and underserved populations/communities.
- Support policy development through research, evaluation and advocacy.
- Support programs that provide analysis of health data, policy issues and programs.
- Support workforce development that provides a pathway to health care professions. Inherent in this goal is encouraging organizations to use innovative models that blend traditional and nontraditional health and support cultural and linguistic competency.
- Support and strengthen nonprofits that seek to improve the health of underserved populations through community organizing and advocacy.
- Provide support and foster collaborations for organizations to educate legislators and policy makers on the work of nonprofits in New Mexico on strengthening health equity and on the impact of Medicaid and the Patient Protection and Affordable Care Act to the state's underserved populations.

Beyond Grantmaking

Achieving health equity depends on a broad policy focus; recognizing the role of government and social policy; collaboration to address social determinants; a multi-stakeholder and sector approach: public/government, nonprofits/philanthropy, and private/business; community understanding and participation; and support for civic capacity of the community, which is essential to understanding and changing policies and systems.

The Foundation's grantmaking has evolved and so has the Foundation's role in engaging stakeholders in public policy issues, leveraging resources to increase philanthropic engagement and dollars for New Mexico, and promoting statewide initiatives to improve health in New Mexico. Con Alma Health Foundation's assets go beyond the dollars with which it makes grants; Con Alma also serves as a convener and as a catalyst for positive, systemic change.

Con Alma Health Care Foundation is committed to:

Convening: When state funding for health councils was eliminated, CAHF and its partners convened health/tribal councils/alliances throughout the state to provide an opportunity for them to explore ways to support and sustain their important work. One outcome was the creation of a New Mexico Alliance of Health Councils, designed to establish a unified voice to define and promote the value and services of county/tribal health councils; establish a unified voice to advocate for policies and funding that support community health; build the capacity of all health councils and strengthen communities.

Leveraging: CAHF partnered with the national Grantmakers in Health (GIH) on the State Grant Writing Assistance Fund by providing a pool of grantwriters to state, county and tribal government to secure federal funding for health care reform. As a result, close to \$36 million has already been brought into the state. Con Alma also serves as the anchor foundation for the Hispanics in Philanthropy, Funders' Collaborative for a Strong Latino Community to increase the capacity of Hispanic led and/or Hispanic serving nonprofits. The funders' collaborative has leveraged over \$1.8 million for New Mexico nonprofits since inception.

Collaborating: Con Alma and the University of New Mexico are collaborating with the Robert Wood Johnson Foundation and the Northwest Health Foundation to increase diversity of the nursing workforce in New Mexico. Con Alma was chosen is one of 11 organizations nationwide to receive funding from Partners Investing in Nursing's Future (PIN). The New Mexico Nursing Diversity Partnership program will increase the diversity and pool of the nursing workforce to meet the state's unique and pressing needs.

Supporting policy changes: CAHF partnered with the W. K. Kellogg Foundation to develop a health care reform implementation work plan for New Mexico. BluePrint for Health New Mexico is a multi-stakeholder, collaborative planning and design effort to develop a statewide plan to successfully implement the Patient Protection and Affordable Care Act in our state. (Visit www.conalma.org to view the full report and other resource information).

Please visit www.conalma.org for the full report and/or Key Findings Summary: Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond, August 2012.





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