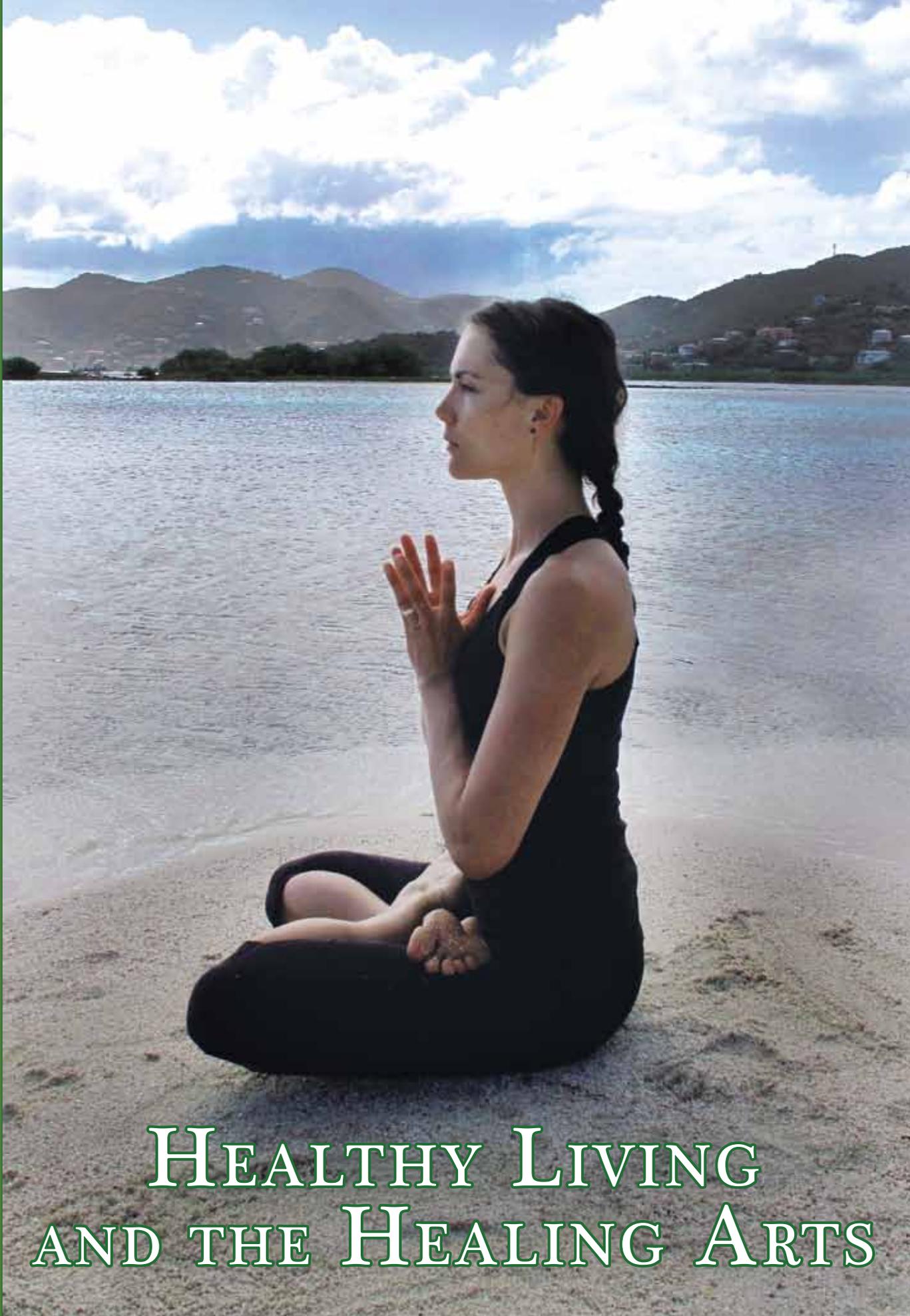


GREEN FIRE TIMES

NEWS & VIEWS FROM THE SUSTAINABLE SOUTHWEST



HEALTHY LIVING
AND THE HEALING ARTS

HEALTHCARE IN NEW MEXICO

CON ALMA HEALTH FOUNDATION CONVENES FORUMS AROUND THE STATE

As New Mexico's largest foundation dedicated solely to health, Con Alma Health Foundation brings people together to gather information, discuss issues and develop solutions that address the state's health needs. This includes bringing people together to learn more about federal healthcare reform and what it means for New Mexico.

The statewide foundation recently held meetings in Albuquerque and Las Cruces, where speakers provided information about components of the federal Affordable Care and Patient Protection Act such as Medicaid expansion, American Indian eligibility and the health-insurance exchange, as well as proposed bills for this year's legislative session. About 100 people, representing local and state government, non-profits, educational institutions and other organizations, attended each meeting.

"One of our roles in New Mexico is to serve as a convener and as a catalyst for positive, systemic change," said Dolores E. Roybal, Con Alma's executive director. "We think it's important for people to have the opportunity to network and share information about critical issues, such as healthcare reform and proposed state legislation."



Economist Kelly O'Donnell, Ph.D. at Con Alma convening

Presenters included health policy consultants, NM Voices for Children, Doña Ana County Health and Human Services Department, NM Alliance for Health Councils, NM Health Connections, NM Legislative Council Services and Bernalillo County Community Health Council.

Sandra Gonzales, director of eligibility and benefits for Families, Youth Inc., attended the Las Cruces meeting. Her nonprofit organization helps individuals access healthcare programs and other resources such as food stamps, disability insurance or heating assistance. "Healthcare reform is going to have a direct impact on people we serve, so we need to make sure we know what's going to happen so we can prepare," she said.

Gonzales was happy to hear people talk about online registering of people into Medicaid and the health insurance exchange. Already, Families, Youth Inc.'s community health workers go directly to people to enroll them electronically into programs that can help them. "I feel there are a lot of vested partners in this, and they are seriously looking at ways to improve their systems," she said.

Nikki Zeuner, program director of the Wellness Coalition in Silver City said she gained a better understanding of some of the state's strategies in implementing healthcare reform, including how patient navigators can help people sign-up for Medicaid or insurance through the soon-to-be established health insurance exchange. "We see ourselves as a curator of information and resources for the nonprofit sector," she said. "Primarily we want to educate ourselves and make connections with others who are active in promoting the implementation of the Affordable Care Act."

Zeuner attended Con Alma's meeting before the Wellness Coalition hosted its own seminars on the Affordable Care Act for the general public and small employers. "It was good to connect with people who have been active in the state on healthcare reform," Zeuner said. "I especially appreciated the advocacy piece from the NM Center on Law and Poverty and Southwest Women's Law Center. Now we know who our allies are, and we haven't been connected to that before."



Dolores E. Roybal

At the Albuquerque meeting, Pamela Herndon, executive director of the Southwest Women's Law Center, explained how people can be eligible for health insurance through the health-insurance exchange that NM is supposed to have running by October 2014.

In a detailed chart, she showed that families who earn 133 percent of poverty level (\$30,657 for family of four) or less would qualify for insurance under the Medicaid expansion, while families earning up to three times that amount could receive a federal tax credit to help pay for health insurance through the exchange. That means a family of four could earn up to \$92,200 and receive a tax credit for getting insurance through the exchange.

She also reviewed the possible penalties that employers and families could face if they aren't insured by 2014. For example, small businesses that employ fewer than 50 people wouldn't be penalized for not offering insurance. Businesses that have fewer than 25 people with an average wage of \$50,000 or higher may be able to get a tax credit for providing insurance to their employees.

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HEALTH EQUITY IN NEW MEXICO

CON ALMA'S ROADMAP — 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 NM's children and others in the United States. NM 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 healthcare.
- 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 to 11 percent.
- Children ages 0-5 are more likely to die: NM 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 NM, 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.

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A representative from the NM Center on Law and Poverty described specifically how Medicaid expansion for adults who earn low incomes could benefit NM. Since then, Gov. Susana Martinez announced the state will expand the federal-state health insurance program. About 170,000 New Mexicans may qualify for insurance under the expansion.

That decision will have widespread benefits throughout NM, according to economist Kelly O'Donnell, Ph.D. O'Donnell shared information at the meetings about the economic impact of the Affordable Care Act, including federal grants for primary care, small-business tax credits, Medicaid expansion to adults who earn low incomes, and increased productivity and reduced absenteeism due to better health.

"We will see hundreds of millions in new federal funding for health insurance," she said. "What that essentially means is a great amount of new funds will flow into NM, and that money will stimulate the economy, creating jobs and rippling out through other areas and creating jobs there. Each sector is linked. A newly hired nurse is going to spend her new income on the local economy."

O'Donnell added that healthcare is one of the only growing segments of NM's economy, and it will be an engine of economic force, especially in rural areas. "Right now, the job-creation opportunities are in healthcare," she said. "As a state we need to take all the resources we've been throwing at attracting call centers and manufacturers and direct them toward making NM as good a place to grow a healthcare business as possible."

HEALTHCARE FOR AMERICAN INDIANS



Roxane Spruce Bly

Roxane Spruce Bly, who runs a small consulting company that specializes in health-policy and American Indian issues, spoke of how the Affordable Care Act treats American Indians differently. "For non-Indians, it's critical they understand the federal government has a legal obligation to provide healthcare to Indians because of the millions of acres of land that our ancestors ceded," said Bly, who is a member of the Pueblo of Laguna.

The federal healthcare reform law specifies that American Indians don't have to pay penalties for being uninsured or any co-pays or deductibles if they buy insurance on the health-insurance exchange and earn less than 300 percent of poverty level (\$69,150 for a family of four). American Indians will be able to enroll in the health insurance exchange every month. Everyone else can enroll once a year or during special enrollment periods or life-changing events. "The law is designed to encourage American Indian consumers to acquire insurance through the exchange," Bly said.

She added that it will be important that the health-insurance exchange is designed in a way that American Indians can access it. She said she and other members of the Native American Work Group assisting the State's Health Insurance Exchange Advisory Task Force have requested that the exchange include a Native American Service Center or other smaller centers where people can enroll in person. She also thinks it's important to have a dedicated advocate or ombudsman who can resolve people's concerns and obstacles.

Currently, American Indians who don't have health insurance can only get healthcare through charity care programs or the Indian Health Services, which is woefully underfunded, according to Bly. Access to care is especially hard for American Indians who live off the reservation or far from an Indian Health Service clinic or hospital.

"It's really important for Indian people to look at whether they are eligible for Medicaid or the insurance exchange, even though they are not required to have coverage," Bly said.

Bly is in the process of updating a "Native American Health Care Reform Guide," commissioned by Con Alma Health Foundation, which provides information on the implications of healthcare reform on Native Americans in NM.

In addition to discussing healthcare reform, presenters gave information about proposed health legislation for the 60-day NM legislative session that started mid-January. Among the proposed bills are a few that aim to increase access to healthcare in NM, including a proposal that would allow anesthesiologist assistants to practice statewide and one that would allow dental therapists to practice basic dentistry. There is also funding proposed to add more medical students to the University of New Mexico's program.

Other funding requests would support anti-domestic violence programs, school-based health centers, sexual-assault prevention and training, teen-pregnancy prevention, adult day care, ambulatory surgical center inspections and telehealth programs. Some bills would expand insurance coverage, including mandatory autism coverage for state employees.

The presenters distributed information at both meetings. Those documents, including some in Spanish, are now available on Con Alma's website, www.conalma.org

With its initiatives and grants, Con Alma Health Foundation places an emphasis on supporting culturally diverse, rural and tribal communities, as well as the uninsured and underserved. With a focus on achieving health equity, Con Alma defines health broadly: physical, mental, emotional, behavioral, social, oral, environmental, economic and spiritual health and well-being.

As healthcare reform begins to be implemented across NM, Con Alma will continue to support nonprofits as they try to meet the needs of the people they serve. "We will continue to look for opportunities to bring people together so they can share information and resources," Roybal said. "Our goal is to support efforts in NM that will improve health for all."

Con Alma is scheduling two more meetings in other areas of the state so more people can learn about how health-care reform might affect them. For more information, visit the foundation's website and become a Facebook friend: www.conalma.org

HEALTH EQUITY CONTINUED FROM PAGE 5

- **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 NM: 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 NM. Veterans, especially in rural areas, lack access to essential healthcare and behavioral services.**

3. **Prevention, nutrition, health promotion and holistic health are critical to improving health in NM.**

- **Nationally, there has been a shift in the conversation about healthcare 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.**

- **Healthcare 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 NM.**

- **People of color in NM 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 NM 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 percentage in the US.**

- **The largest percent increase from 2000 to 2010 was among those 60 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 NM is 39th.**

- **Almost half of NM's grandparents provide a home for their grandchildren.**

- **Minority child populations show the most dramatic shift: almost three in four children under five are African American (2 percent), Hispanic (59 percent) or Native American (12 percent).**