

## Con Alma Health Foundation

### *Call to Action: Children at the Center (Health Care Reform in New Mexico)*

Thursday, April 19, 2018 (8:30am – 3:00pm) - Indian Pueblo Cultural Center, Albuquerque

## Reporting/Reflection Notes

Con Alma Health Foundation in partnership with the New Mexico Health Equity Partnership (NMHEP) convened 61 representatives of nonprofit organizations and governmental agencies concerned with health issues in NM as part of the Call to Action initiative supported by the W.K. Kellogg Foundation. The project's overarching purpose is to strengthen the healthcare safety net for children and families by identifying the most impactful next steps from Con Alma report, *Achieving Equity in Health for Children and Families in New Mexico Through the Affordable Care Act\**, and increasing the capacity of stakeholders around health care reform. Towards this purpose, the convening objectives sought to:

1. Inform the development of an actionable agenda regarding elements of health care reform critical to children and families in New Mexico;
2. Increase stakeholders' ability to work together and advocate for the health rights and needs of low-income and vulnerable populations, especially children and families in New Mexico; and,
3. Engage stakeholders in advancing policy and other strategies to advance health equity in NM.

**Process & Agenda:** The convening was held at the Indian Pueblo Cultural Center in Albuquerque. Participants included stakeholders from the nonprofit and governmental sectors with the nonprofit sector being more heavily represented. The morning session included a welcome, exercise on "who is in the room" and a brief PowerPoint presentation presented by Nelsy Dominguez, CAHF's Program Director, that helped frame the convening's objectives and focus. Lisa Cacari Stone, PhD, lead author and researcher on the above referenced ACA report, provided an overview of the report's findings and recommendations, and ACA's equity provisions which she grounded based on distributive and procedural justice. This framing of the ACA's Equity Provisions addressed the distribution or redistribution of resources and centered the importance of stakeholders. Lisa also moderated a panel discussion on examining solutions for moving forward, followed by small group discussions that provided a range of NM-based examples of community based priorities in terms of health care and health care reform from each panelist's perspective.

**Process for collecting info at the gathering to inform the development of an actionable agenda:**

Small group discussions were held to identify themes and connect ways participants were engaged in actions that relate to the safety net, ACA equity provisions, and the report's recommendations.

Christopher Ramirez with Together for Brothers moderated the session. Twelve individuals (Adriann Barboa, Susan Wilger, Bill Jordan, Abuko Estrada, Emily Haozous, Cathy McGill, Terrie Rodriguez, Estefany González Mendoza, Monica Esparza, Colin Baillo, Anna Rondon, and Yolanda Cruz) facilitated the groups. The number of people attending was lower than registered, most facilitators paired together to facilitate a group of 4-8 people. The intent was for each group to have participants representing different sectors. The question of focus for the small group discussions was: ***What do you feel is the highest priority in terms of health care and health care reform in New Mexico?***

Facilitators kept the conversation focused on: 'solutions-based approaches' vs. deficits/needs; big picture/strategies vs. single/narrow. They also shared the handout on health equity provisions to inform the discussion and took notes and identified common themes. Three individuals (Nelsy Dominguez, Vaughan Glidden, Jessica Espinoza-Jensen) served as floaters to begin identifying common themes across the groups. Nelsy and Jessica each hosted a group of facilitators during lunch to further discuss and synthesize common themes that emerged during the small group discussions. Themes were discussed in the afternoon session and summarized by Dr. Lisa Cacari-Stone at the closing.

Following the gathering, Con Alma staff and the NM Health Equity Partnership team reviewed the notes from the small group facilitators and categorized them by the major headings in the health equity provisions document. The number of items that fell under each category were counted.

**Outcomes:** As noted below, analysis of the convening outcomes confirmed the findings and recommendations of the initial report.

- The convening served to align with and affirm the findings of the Con Alma ACA report related to the ACA's health equity provisions.
- Additionally, by using a hands-on, interactive and reflective activity to emphasize the intentional aspects required to make networks successful, participants seemed inspired and committed to strengthening and pursuing relationships with new and current partners.
- The morning's panel discussion and afternoon recap session, highlighted community-informed policy efforts underway in New Mexico such as the NM Health Care for All, the NM Public Health Institute and included community-led and informed eco-health systems such as First Choice and Agricultura Network, among others.

The convening's deliberations and activities helped:

1) Affirm and, to an extent, assisted in operationalizing the findings of the Con Alma ACA report related to the ACA's health equity provisions. During the convening participants addressed the overarching question: ***What do you feel is the highest priority in terms of health care and health care reform in New Mexico.*** In doing so, participants provided examples, and upheld the following themes, as those with the highest priorities:

- Creating a culture of health that is inclusive of all in NM - To meet this vision, efforts center community members most directly impacted by inequities, prioritize wisdom of lived experiences; value community-based solutions; support universal health care for all; and, champion a communications campaign aimed at stimulating investment in people-focused health care.
- Improving Quality and Efficiency of Health Care and Safety Net- To meet this vision, efforts prioritize preventive, holistic, affordable, and accessible health care. It requires that health care system providers, at all levels, work to address institutionalized racism and other inequities; decrease bureaucratic barriers to health care; address root causes of health issues; engage in cross-sector collaborations, expand successful cultural and linguistic outreach, literacy, navigation, enrollment, and care.
- Transparency and Accountability is promoted and reflected in the Health Care system- To meet this vision, efforts prioritize culturally/linguistically informed workforce development, leadership, collection of evidence for monitoring and tracking progress, alignment and collaboration within the health care system, across the safety net and among community-based organizations.

2) Increased participants ability to work, reflect and share key elements of networks, the role they each play, and ways they can and should connect with one another to advance health equity.

A number of participants were pleased to connect the hands-on-activity with these elements and expressed their enthusiasm and commitment for following-up on connections made during the event.

## **Content summary of information collected to inform an actionable agenda:**

### **Create a culture of health coverage for all New Mexicans (4)**

- Prioritize community as a central force for achieving health equity. (14)
  - Meet people where they are at.
  - Support multi-generational communities most impacted to build power and center their wisdom, lived experiences, and knowledge to find the solutions.
  - Need to think about civic engagement/power building paired with services.
  - Resources to grassroots community groups to design the system.
- Community-based models of care with an equity lens. (17)
  - Cultural HUBS at community center.
- Communications / campaign (6) [Public health campaign to invest in the people]
- Health care for all – campaign, social valuing, engaging (4); Universal coverage (3)

### **Improve Quality and Efficiency of Healthcare (2)**

- Tackle social determinants of health and achieve health equity in all policies. (26)
  - Living wage, transit, segregation, incarceration, stable housing, healthy food, farming, water, education, childcare, etc.
  - Addressing structural violence.
- Simplify eligibility and enrollment processes.
- Build on best practices and support systems innovation. (14)
  - Holistic health and traditional healing practices.
  - Cultural shift in the ways services are administered.
  - Institutions need training around racial equity, gender justice, economic justice, etc.
  - Best practices should utilize an equity lens.
- Expand on successful outreach, navigation, and enrollment that is culturally and linguistically aligned with New Mexico's communities. (7)
- Cultural, linguistic competency and health literacy (10)
- Accessibility (cliff effect) (11)
- Preventative care (4)
- Quality health care for all (HC systems efficiency / accessibility within system) (2)
- Safety Net (1)

### **Transparency and Accountability (4)**

- Promote leadership and ensure accountability (6)
- Improve the collection of evidence for monitoring and tracking the progress of the ACA.
- Workforce Development. (6)
- Data collection standards including race, ethnicity, sex, primary language, and disability status and rural/frontier locations, etc. (4)
- Alignment and collaboration within the health care system, across the safety net, and among community-based organizations. (9)

### **Other**

- Resources (9) [Need to invest and prioritize resources; Collaborate rather than fight over resources; and Taxes and government agencies to fund equity work; not just foundations.]
- Policy and systems (6)
  - Early intervention (1)
- Food (5)
  - Health education (1)

### **Misc. & Other reflections based on post-event debrief:**

1. Given that the analysis of the convening's outcome confirms the findings and recommendations of the initial report yet these remain general, moving forward, the HCR Project Team might consider revising the overarching question to encourage future participants. Future dialogues may simply ask participants to: 1) reflect on what they are currently doing related to the three overarching themes; and, 2) identify their respective roles in the larger movement to collectively advance an actionable (doable) agenda. Doing so will move us towards the overarching goal of the project vs. reflections that mirror or reaffirm past responses as noted above.
2. A total of 98 had registered for the event but only 61 attended. Many of the people who registered but did not show were from the governmental sector.
3. As part of the small group discussions, facilitators should only submit top 3-4 priorities.
4. Instruct facilitators that they should provide space for storytelling. Similarly, we should confirm that the discussion question is framed in a way that enables participants the opportunity to share stories and connect their work on the ground to the priorities.
5. Consider doing community agreements/ground rules and energizers at the beginning of the gathering.
6. Need to continue asking who is not at the table that needs to be? Importance of centering communities most directly impacted by inequities at the gatherings, including children, young people, impacted families, Pueblo and Navajo leaders, community health workers, etc.
7. The large convening process required less time. It was originally scheduled from 9am to 3pm. We were able to complete the activities and conclude slightly before 2:30 pm.
8. Quality of small group discussions may outweigh that of larger gatherings to allow for deeper discussions tailored to specific stakeholders.
9. **Next steps:** There will be opportunities for participants to engage in future community dialogues and/or stakeholder dialogues around the state, in-person, online, or via phone in 2018 and 2019.

### **Participants Packets & PowerPoint**

Participant Packets included the:

- day's Agenda
- Call to Action project brochure
- NM HEP brochure
- list of registrants with contact information
- evaluation

Additionally the packet included the following 1-pagers:

- Call to Action project initiative description
- health equity provisions of the ACA along with the solutions identified in the ACA report
- NM Together for Healthcare's Study Medicaid Buy-In Plan
- NM Public Health Institute

A PowerPoint presentation provided background and framed the day's activities by giving concise overview related to Con Alma Health Foundation, the Call to Action project, the ACA and Con Alma's ACA report recommendations, definition of health equity and restorative justice and the forum's objectives and questions.

Text CAHF to **22828** or visit our website [conalma.org](http://conalma.org) to sign up for our "[Health Care Reform Call to Action](#)" mailing list, and to learn more about our work and our comprehensive report, [Achieving Equity in Health for Children and Families in New Mexico Through the Affordable Care Act](#).