



## Health: Body Mind and Spirit

### New Mexico's Continuum of Care: Promotion, Prevention, Intervention and Treatment

#### Real Stories and Real Lives

SAYRA'S STORY. Before I became a mom, I was lost. Even though I "had it all," an apartment, a job and independence, I still felt like something was missing. A new journey was waiting for me. I didn't realize I would meet the love of my life. La Familia Medical Center confirmed it. I was eight weeks pregnant and they recommended that I start taking prenatal vitamins right away. I lost my boyfriend, but nothing else mattered, only my baby.

I joined the expecting mothers group at La Familia. Giving birth is no easy task. At the end of those 36 hours I met my son. A little person I had so anticipated to meet, and now I was holding him in my arms. Ezequiel was born prematurely and literally had to fight for his life. He is my little warrior: I am strong for him and he is strong for me.

Soon after bringing Ezequiel home, I became homeless. I was living with family, but it wasn't a safe environment for us, so I moved into a shelter. La Familia connected me with United Way. I enrolled in the First Born program and met my home visitor, Thais, and things started to change for me.

Now I work with Annai, a navigator at United Way. Thais and Annai have given me quality care and genuine support, building a professional relationship. I have their advice, encouragement, kindness and respect. Annai connected me to Youth Shelters and they helped me get a safe apartment. Now my siblings spend a lot of time with us. My brother is such a good male role model for my son. Annai has also helped me to become more organized and to set and accomplish my goals for my family.

At the beginning, I was unsure of how to care for a baby with Down Syndrome. The ongoing services from Las Cumbres have supported me in being the best mom I can be.

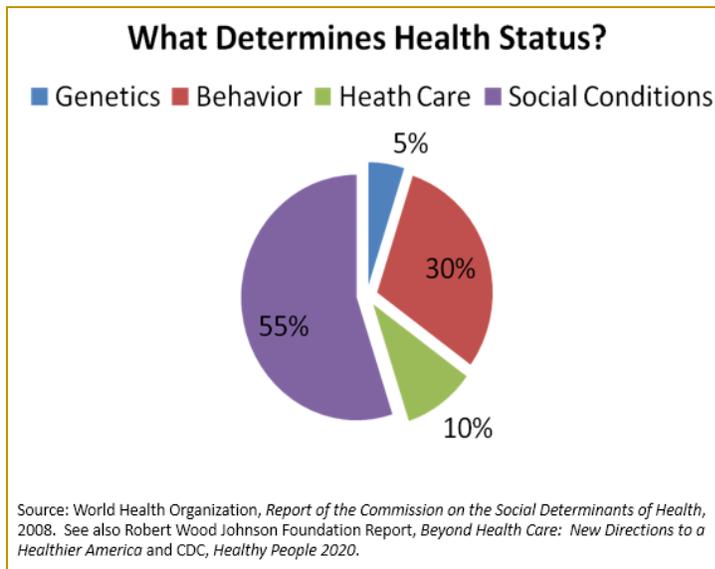
*Thanks to Sayra and Santa Fe Connect.*

#### New Mexico's Continuum of Care

From health promotion and prevention to treatment, rehabilitation, and palliative care, the health of New Mexicans is improved when people have access to high quality and appropriate levels of support to achieve good physical, mental, and behavioral health outcomes across the age span. When there are gaps in the continuum of care, people may not receive the support necessary to maintain health and prevent the snowballing of illness and disease.

New Mexico remains one of the most medically underserved states in the country. According to a [2015 study](#), it ranks thirtieth among states in the number of doctors per 100,000 residents. The Health Resources and Services Administration (HRSA) designates all but 1 of New Mexico's 33 counties as medically underserved areas. Such areas are defined as those lacking access to primary

care services with respect to the health needs of vulnerable populations. Using similar criteria, HRSA also designates 29 counties as mental health provider shortage areas. Over half of New Mexico's population resides in a health professional shortage area ([HPSA](#)).



While access to the range of healthcare services is vital and is clearly insufficient in many communities, the community context of care is even more important. Healthcare must include attention to all the social and structural determinants of health. The [World Health Organization](#) defines these as the “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” These include stressors resulting from economic insecurity and inequitable programs and policies.

The impact of overall inadequacy of health and social assistance workers in New Mexico is exacerbated by a disconnected system of care and unequal and inequitable distribution of services based on geography (urban/rural/frontier/tribal), age, income, and race/ethnicity. The result is a stubborn persistence of [health disparities](#).

### **Challenges: Availability, Access, Coordination**

New Mexicans in search of resources to survive and thrive face several key challenges. First, the resources may not be available. Second, there may be a lack of awareness of resources that do exist. Third, New Mexicans can face obstacles in accessing available services. These obstacles may be economic, social, linguistic, cultural, physical, environmental, and/or structural. These challenges are particularly evident in New Mexico's non-urban, rural and frontier communities.

#### **Availability**

New Mexico is one of the most rural and medically underserved states in the country. The low number of healthcare providers across the state contributes not only to its low national healthcare rankings but also to several HRSA shortage designations:

- New Mexico ranks thirtieth among states in the number of doctors per 100,000 residents;
- 32 of New Mexico's 33 counties are designated as medically underserved;
- 29 counties are considered mental health provider shortage areas, and
- More than half the state's population occupies health professional shortage areas.

#### **Access**

Awareness of health services does not guarantee access. Numerous barriers to accessing healthcare are identified in the literature and confirmed by our community conversations around the state.

These include:

- Cost of healthcare, with or without insurance
- Distance and lack of transportation
- Family responsibilities or work requirements that demand time and attention
- Lack of culturally and/or linguistically responsive services or providers
- Restrictive policies, including eligibility requirements, or their inconsistent or discriminatory application
- Lack of trust in the healthcare system, services or providers

These barriers impinge more heavily on residents of rural/frontier communities, on residents of economically challenged communities, and on recent immigrants, refugees, persons of color, and others experiencing systemic discrimination. The persistent [disparities in health outcomes](#) reflect the inequities in availability, awareness and access to healthcare in New Mexico.

### Coordination

Given the range and interdependence of factors that promote health across the lifespan, a continuum of care ultimately requires that services be offered in a context of connection and alignment. This is particularly true with the need to link medical interventions with attention to the social determinants of care. Currently the health system in New Mexico operates in siloed systems of care. Those in medical settings who are aware of the contribution of healthy food, safe housing, and social supports are often unaware of the programs that can address these issues. Similarly, the integration of physical and behavioral care is still incomplete in New Mexico, reflected in different mechanisms for funding these services. Successful referrals from one provider or program to another are hindered by a lack of awareness and a dearth of systems for seamless referral and follow-up.

## Strategies and Policies to Build a Continuum of Care

### Availability

- Clearly New Mexico needs to ramp up the number and geographic dispersion of the range of physical and mental/behavioral health services. This is particularly urgent for mental/behavioral health services, given the high rate of substance use disorder and suicide in New Mexico and the disruption of behavioral health services in 2013.
- Given the alarming statistics on preteen and adolescent behavioral health issues, including suicide, one strategy for increasing both the number and geographic dispersion of healthcare throughout the state is to encourage more



school-based health centers. Currently 47 of New Mexico's 89 school districts (53%) have at least one school-based health center.

- At the other end of the age spectrum, [Hidalgo Medical Services](#) in Lordsburg has begun to deliver health services at senior centers in Grant County, with the addition of a new Director of Senior Health.

### Access

- The COVID-19 pandemic has elevated telehealth to the top of many lists of strategies for increasing access. UNM Health Sciences Center is the home of [Project-ECHO](#), a telehealth infrastructure now employed internationally. From its inception as a method to treat medical conditions in remote areas, the platform has been used to provide a range of health promotion and prevention support as well as treatment. The challenge lies in addressing the digital divide that runs, again, along the lines of geography, age, income, and race/ethnicity. This has led to recommendations for expanding statewide internet access as a key strategy for accessing health services.
- The COVID emergency has led to a [number of waivers](#) from the U.S. Centers for Medicare and Medicaid, including allowing payments for telehealth, loosening eligibility requirements for home healthcare, and easing paperwork requirements. New Mexico may want to consider documenting the effects this flexibility had on its residents and advocating to extend the waivers beyond the pandemic.
- Transportation is the most often cited barrier for New Mexicans who need to travel from home, or perhaps across state boundaries, to receive services. This is particularly acute in our rural areas and communities along the Arizona, Colorado and Texas borders.

### Coordination

- The description of New Mexico's healthcare terrain as consisting of siloed services and disconnects is still very prevalent, based on our community conversations. The disconnect between physical and behavioral health, especially, needs to be addressed.
- At the same time, a growing consensus in the healthcare literature emphasizes the importance of community-driven models building on community resources to meet individual and community needs. And there are indeed some examples of coordinated systems of care emerging in communities across the state. These include the [Connect Network for Health and Well-Being](#) in Santa Fe and the Accountable Health Community in greater Albuquerque, both of which build on the Pathways model of care coordination piloted by the University of New Mexico. The model is designed to link New Mexicans to physical and behavioral health services as well as to the array of social services that address the social and structural determinants of health.
- A regional approach to care coordination is underway in the four counties comprising the Mid-Rio Grande Economic Development Association (MRGEDA). For several years, MRGEDA has been documenting the impact of a dearth of healthcare and social resources in their rural

communities and has recently received [an AmeriCorps planning grant](#) to build connections among services and assist community residents to access the array of services they need.

### **Rebuild New Mexico's Public Health System**

Public health promotes and protects the health of our communities and all who live, work and play there. Rather than treating those who are sick, public health aims at preventing people from getting sick or injured in the first place and promotes wellness by encouraging healthy behaviors and healthy environments.

The COVID-19 pandemic is a public health crisis, and public health's role in preventing the spread of the virus and in promoting healthy behaviors and environments is critical to the effort to stem the tide and make our communities safe again. What has become evident in far too many states, including New Mexico, is that the public health system has not been as robust as it needs to be. The time has come to reinvest in public health in New Mexico.