



Health: Body Mind and Spirit New Mexico's Health Workforce

Real Stories and Real Lives – From Pueblo of Acoma

Do you want before COVID or after COVID? Before COVID, we mostly we did transportation, especially for our elderly, maybe also interpretation, taking them to the store, helping them get to their appointments. We also do home visits and follow-up care for residents coming back from inpatient care, making sure they have their medications and other things they need.

We do a lot of case management. We advocate for them if they're not understanding what's being said or having a hard time hearing. Many can't speak English too well, especially the elders. We bridge the gap between western medicine and our language.

COVID has really dampened out services. We can't do any transportation. Now I do home visits and work at the senior center, providing meals for the homebound elderly.

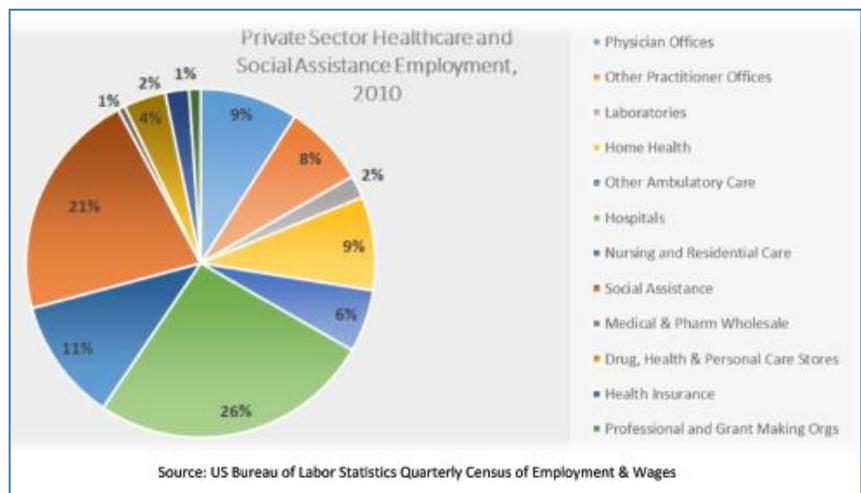
I do wellness checks on our COVID positive residents, making sure they have their medication, groceries, cleaning supplies and other essentials. I also do COVID screening of our staff. Our COVID numbers are rising. We're up to 30 cases, with 5 new cases this week. We've had 4 deaths, and 13 have recovered. It's a challenge, because we may have 3 to 4 families living together in one home.

The Pueblo of Acoma is the oldest, continuously inhabited community in the country. I love the fact that I work at home, taking care of my people. I feel a closeness being with my people. It brings a lot of pride and satisfaction.

Kim Washburn is a Community Health Representative for the Pueblo of Acoma. She also the treasurer of the Community Health Representatives Executive Board for New Mexico-Southern Colorado, representing 17 tribes.

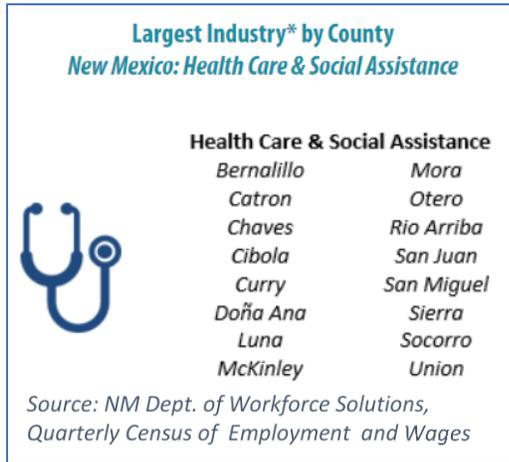
New Mexico's Health Workforce

The range of occupations of those who are involved in keeping New Mexicans healthy can be defined narrowly, as those who deliver or assist in the delivery of health services or help operate healthcare facilities. Or it can be more encompassing, to include all those who contribute to the health of our communities and their residents. This background



report takes the more expansive view, in parallel with our focus on a continuum of health. We include those who promote health, those who diagnose, treat and provide support for those who

need medical attention, and those who work to make our communities and environment healthy for all.



The NM Department of Workforce Solutions classifies many of these jobs as comprising the Health Care and Social Assistance sector, which currently accounts for 17% of private sector jobs in New Mexico and is the largest employment sector in half of our counties.

In spite of this sector's prominence in our state, New Mexico remains one of the most medically underserved states in the country. 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](#)).

Moreover, there is increasing awareness that health is not only, or even primarily, about access to medical care. Though healthcare is essential to health, it is not sufficient. There is increasing recognition that improving health and achieving health equity will require broader approaches that address 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.

Numbers are only part of the equation. In addition to technical skills, quality healthcare requires an ability to understand, communicate and respond respectfully to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities served. This is particularly true given New Mexico's multicultural heritage and present lived experiences.

Cultural responsiveness. Cultural and linguistic responsiveness suggests several essential principles for effective health policies and programs.

- First, policies and programs must be developed by and with as well as for the community members they aim to serve.
- Second, policies and programs must be developed with an equity lens, ensuring they effectively address existing health disparities so the needs of New Mexico's most vulnerable populations are met.
- Third, all health policies and programs need to be developed and implemented by those who are trained and can demonstrate the ability to provide culturally and linguistically responsive care to New Mexico's various communities.

Workforce Policies and Strategies

Two basic strategies for building on and expanding New Mexico's health workforce are:

1. Recruit and train from within New Mexico's communities
2. Recruit and train from outside New Mexico's communities

These are not mutually exclusive strategies, and we may be best served by investing in both.

Recruitment Strategies. The challenge is to attract and hopefully retain healthcare professionals in spite of lower salaries and fewer community attractions. This is particularly true in rural areas of the state, although we have heard from health leaders in Santa Fe and Albuquerque that these communities also face similar challenges.

- [The NM Health Professional Loan Repayment Program](#) provides loan repayment assistance to certain healthcare professionals who agree to practice in a medically underserved area of New Mexico. Applicants must practice full-time and make a 2-year service commitment. Preference is given to professionals practicing in a federal Health Professional Shortage Area (HPSA) and to graduates from a New Mexico public post-secondary institution. While the loan repayment program may bring in much needed medical professionals to a community, it may be too little to keep them there after serving the two-year commitment.
- Educational stipends can also be used to enlist and support New Mexicans in community-based health work. The [proposed Mid-Rio Grande AmeriCorps program](#), for example, has the backing of the [NM Educational Assistance Foundation](#) as well as the NM Department of Workforce Solutions Career Advisors serving the four-county region. The foundation and career advisors have agreed to help identify and secure training and resources, including financial support, for AmeriCorps workers to explore health-related educational and vocational options, with the expectation that these local recruits will remain in the area to provide services in their communities.

Training Strategies for Culturally Responsive Practice

- The national standards for [Culturally and Linguistically Appropriate Services \(CLAS\)](#) were developed by the U.S. Office of Minority Health (OMH) in 2013 to advance health equity, improve quality and reduce health disparities. The overarching standard is to "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." The [OMH website](#) has additional information and a library of resources to assist in implementing CLAS. The NM Department of Health offers [two on-line training sessions](#) based on the Culturally and Linguistically Appropriate Services (CLAS) Standards.
- A culturally competence/sensitive plan is required for managed care organizations and their subcontractors as part of the [Medicaid contractual requirements](#) for New Mexico. The plan must

include policies and procedures, ongoing training for all service providers, and staff and leadership that reflect the demographics of New Mexico. The Human Services Dept. is charged with approving these plans.

- Training for community-based health workers is a scattered landscape, each job title having its own training programs and/or certification, even though there is considerable overlap in content and skills. The MRGEDA health committee is advocating for a “common core curricula” covering topics required across these multiple professions, to have the curricula available remotely, and to enlist Boards and agencies that certify/credential health professionals to coordinate efforts.
- It’s not necessary to be a health or mental health professional to provide assistance to family, friends, and neighbors. [Mental Health First Aid](#) is an 8-hour course that teaches concerned New Mexicans how to identify, understand and respond to someone who may be developing a mental health or substance use problem or experiencing a crisis. In response to the COVID emergency, a [virtual training](#) is under development with new content aimed at adults and youth, including elementary age children. [Search the website](#) to find a trainer in your area.