

Fostering a Robust & Responsive Continuum of Care that Delivers Access and Quality from Health Promotion and Prevention to Intervention and Treatment

10/28/2020

Attendees: Christopher, Melissa, Christina, Erin, Patsy, Jeanette Martinez, Lilly Irvin-Vitela

- Melissa stated she could not connect online and felt the real impact stating “there are a lot of barriers regarding equity.”
- Christopher stated equity and sovereignty is at the decision-making table for those most impacted.
- Christina asked how we should look at rights and equality. She shared the continuum of care should be self determination guiding efforts looking at intersectionality and dichotomies of ethics and what is more moral.
- Erin Burch shared the continuum of care goes beyond Health and Mental Health such as paying rent, utilities etc. Poverty goes back to trauma; we are held back by our pasts. Past coping mechanisms hold us back. It is hard to work with root causes because working with symptoms so often.
- Melissa stated there is not a beginning of community of care. Patient referral care is an issue. People suffer because they cannot access care.
- Ophilia stated Doctor’s say detox is a priority so others lose service. It is all policy related; need to change policy to make changes. Changes need to be at county level.
- Patsy stated policy is where differences can be made. Need alternative care; what works for community and individuals.
- Lilly affirmed that there is shared wisdom; there are conversations all over New Mexico and multiple committees. She stated access of care different for folks in New Mexico and there is real impact on quality and length of life. We must interact in health care systems. How do we do it to save dignity. It all has impact on people’s core beings. Language and belief about health all have an impact on people. Navigating systems is very challenging.

- Lilly asked team to look at recommendations and strategies. What resonates with them? Where is your deepest knowledge is at? Where is consensus at?
- Lilly introduced final report and shared the steps to access the report on the New Mexico First website. She shared importance of taking a people centered approach and use of data to do that.
- Melissa mentioned need to shift power back to community. Too much siloism so don't have capacity to see vision to carry out.
- Christopher stated there is missing information in strategy 3A. More than half of people of color not insured. 25% of people have insurance but don't use it. Need to connect resource to people who have the need. Western healthcare is sick healthcare. Non western traditional medicine and preventative care needs to be considered.
- Ophelia shared intersectionality a problem. Young people don't access care through IHS.
- Lilly asked, "who are key people we connect with" need to figure that out.
- Christina stated language needs to reflect how we communicate. ensure all providers communicate to provide infrastructure to get at intention of what underlies recommendation 3A.
- Erin stated #2 is worrisome. How is this going to work and where is it headed? Casa family Health Center is not a health provider, they are educators. Erin asked the question "what about folks who have insurance but do not go for normal checkups. Should be notify that checkups are available. Education needed to be able to guard our health. Patient incentives an option. Participation in preventative help for individuals needs to be understood or awareness of the option to people who are not using it.
- Patsy shared that recommendations and strategies do not clearly state issues regarding people who cannot pay so cannot access. There is a gap in shared knowledge.
- Christina stated the need to look at people most impacted. To many communities can't opt into care. It's not available. People are being shut out of care.

- Lilly shared there is a 3-year commitment around this work. Our relationships are our greatest assets. We will put together a shared document on who we can connect with building on relational assets.
- Christopher stated it would be helpful to have information on what to review before each meeting.
- Patsy asked if a “working document” can be made to review recommendations and strategies.
- Christopher shared that a Google Doc could be created; broken down by recommendation and strategies for participants to share and include their input. He offered to help those who do not know how to manipulate a Google Doc.
- Christina shared a link related to 3A-sub 3.
<http://www.nmhealth.org/publications/view/general/2046/>

Other Information

- Patsy made a proposal to change 3B, 4 to “Serve people who do not access healthcare in systems of care...”
- Lilly will make sure to add the link Christiana shared to the final report.