



Fostering a Robust & Responsive Continuum of Care that Delivers Access and Quality from Health Promotion and Prevention to Intervention and Treatment, Wednesday, December 9, 2020, 3:30 PM-5:00 PM

NEXT STEPS

- I. Next Steps- Homework
 - a. If you hear of emerging policies, legislation, programs, bring those to the meetings.
 - b. Many were not asking for more funding, but not to be cut. Recognition that the economy is not in great shape. Need to bring together tax/revenue pieces together with programming. Also look at spending – is it effective?
 - c. Guidance on how to have more inclusive ways to participate in the session and protect health. Letter to the NM House and Senate Leadership on the 2020 Special Session of the NM Legislature <https://nmfirst.org/blog/special-session-letter>

PARTICIPANTS

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DISCUSSION

Agenda

- II. Brief Check-in: If you had to choose what the biggest concern around continuum of care: Physical? Behavioral?
 - a. Christine Hollis, ABQ, working with several groups around public health issues and communication. I'm as concerned with both; I see them as going together, especially as things move forward, there's a push to integrate behavioral health and physical health.

- b. Melanie Eastwood, NMF, Mental health concerns because of close family members, but physical and mental health are inter-relate.
- c. Susana Santillan, New Mexico Commission for Deaf and Hard of Hearing Community Advocacy Specialist, Las Cruces. Concerned about both.
- d. Wendy Wintermute, NMF/SHARE New Mexico. Interrelated, but I'm hearing desperate stories of SUD and a desperate lack of resources to meet the need.
- e. Gene Johnstone: Health. Behavioral issues result from untreated STDs; lack of collaboration among all the resources: substandard housing and food insecurity. A continuum of care requires collaboration and communication. Communication has been greatly advanced with telehealth and communications. A reference to these issues is the Report. New Mexico Health Information Collaborative (NMHIC) to provide a continuum in an Urban and rural area. It was a 1.5 million grant by US Dept HHS. It was for 9/2004 - 3/2008. It is available for a Full Report on the internet. Provides insights to collaboration / Stakeholders, et. The Report is with Healthcare and Quality/ AHRQ
- f. Us Department of Health and Human Services www.ahrq.gov
- g. Jackie Muncy: Jackie Muncy Health Promotion for Socorro and Sierra County. I have a great passion for both physical and mental health as well as substance misuse. It all comes together as one issue.
- h. Dale Alverson: The two are intimately intertwined. Your mental health status impacts your health, and your health issues have an impact on your mental health. As the WHO states, we have to consider all those elements when we're looking at patients and working to improve their lives. The more we can communicate and share information between the two, the better. And I think it can be done in a way to ensure confidentiality.
- i. Martin Hickey: Been a physician as long as Dale has. IHS, VA, UNM. Used to run Lovelace before it was sold in 2002. The behavioral health aspect is deeply concerning. I'm going to introduce a bill to remove co-payments and other behavioral health barriers for all commercial insurance. Research tells us that once a behavioral health issue is identified and stabilized, it's amazing how the out-of-control diabetics come under control. We're not looking at healthcare investments and the savings accrued by addressing the SDH. Another bill by Rep. Hokum Vigil.
- j. Martha Romero: Santa Fe, Kitchen Angels. BH was so badly decimated during Gov. Martinez' term, it's critical to get this system back up and running. Particularly during COVID, not only is physical healthcare needed, but it also raises new BH issues.
- k. Amy Suman: new director of the Health Equity Department NMDOH. I watched every year as we failed to serve our student population adequately. Worked to change policies around child health, special ed. Worked on YRRS, focusing on teens and adolescent health. Issues of despair are rising due to isolation, etc. The stronger we can make our immune system and cardiovascular system, the better we can deal with our behavioral health issues.
- l. Christina Morris: Health Promotion, Farmington/San Juan County. I think they're all equally important. You can't have one functioning over the other. I think place-based initiatives aren't sufficiently contextualized, not recognizing the inequities resulting from lack of access to care.
- m. Ophelia Hudson, NM DOH, Health Promotion, McKinley County. To say continuum of care is farfetched. We have a long way to go. Continuum of care should be inclusive of everything, holistic care. In our tradition, you need to be balanced in all four directions. We continue to perpetuate inequities in access to care. I do know where the system is broken. POC access care differently than other people, having to navigate cultural barriers.
- n. Jill Martinez, job coach for DVR and Commission for the Blind. I'm a person with a disability on the Medicaid waiver. Getting the care approved is almost a full-time battle. I live in a very rural area north of Taos. I can't find people to assist me. The expectations are unreasonable. I have a graduate degree in disability management, and I find this system impossible to navigate. The few laws on the book aren't being enforced. People with disabilities are falling through the cracks left and right – those with physical disabilities, mental disabilities.
- o. Lilly Irvin Vitela: families seem to have one person who is responsible for everyone's health care. For some communities, this is particularly hard.

III. Expand Conversation about Existing Related Public Policy Efforts

- a. Communication has been greatly advanced with telehealth and communications. A reference to these issues is the Report. New Mexico Health Information Collaborative (NMHIC) to provide a continuum in an Urban and rural area. It was a 1.5 million grant by US Dept HHS. it was for 9/2004 - 3/2008. It is available for a Full Report on the internet. Provides insights to collaboration / Stakeholders et. The Report is with Healthcare and Quality/ AHRQ Us Department of Health and Human Services www.ahrq.gov
- b. Communication is key...but it must be accessible. With 30% of our state living in rural areas and large swaths of rural NM not having access to internet/devices, INTERNET has become a social determinant of health. Without internet, you can't locate a food bank, register for un-employment, locate a testing center, get treatment (both preventative and immediate), or find services to help. Chronic provider shortages in NM dictate weaker interventions...add in lack of communication and you have a system of oppression and a true community health emergency.

IV. Opportunity – Legislative Efforts

- a. Bills in the hopper sponsored by Sen. Hickey, Rep Hokum Vigil, Sen. Ortiz y Pino
- b. New Mexico Public Health Association reviewed 30 requests for advocacy. The Board of PHA will select five, in process.
- c. I think people will be pushing more this time. They feel that with COVID and new members in the legislature there may be more opportunities. The Early Childhood (Health) people are hoping to get funding. Interesting moves to educate the legislature around the food insecurity issues and connecting it to the broader system, connecting it to production and distribution of food. Groups like the Fairness Project are moving to work on the tax and revenue situation to help move these initiatives forward. We may have trouble with decrease in oil and gas revenue. How will the state raise the revenues to fund these initiatives?
- d. Other proposed legislation: Paid family medical leave; Health Action NM is trying to do some type of easy enrollment for health care coverage; maintain school-based healthcare funding; NM Data Collaborative: publish eviction proceedings.
- e. Broadband: Manual Lujan. Look at what broadband is being proposed at state and federal levels. PHA meeting. The Last Mile has been working on this for years. Apparently at least 3 bills are expected to be in the hopper. Rep/Sen Robert Montoya is sponsoring Operation Moonshot: broadband through NM. Broadband is now a social determinant of health, a basic health and safety public service.
- f. Federal Communication Commission / FCC has funded to multi million dollars to Corporation providing Broadband to increase technology and expand the Broadband to increase profits, Money is there to be re-directed.
- g. Telehealth can't work without broadband.
- h. Be aware of who your Rep and Senator are, maintain open communication, voice your interest in legislation affecting our health and underlying issues. Follow legislation on <https://nmlegis.gov/>
- i. Disabilities: Legislature is contracting to provide closed captioning, which doesn't help those with no internet access.
- j. NM PRC, Teresa Vicente Aguilar has released a report in Sept/Oct/Nov addressing broadband in her district (Gallup, Ramah)
- k. Ag/Food Emergency Network, 400+ folks engaged focusing on how to strengthen our local food system. We have another implementation team working on this. What do people in the emergency food sector need to meet the increasing demand? What are root causes of food and water insecurity?
- l. A lot of people are concerned around the housing issues and the anticipated eviction crisis.
- m. Continue to advocate "health in all policies" and provide education for people to make the connection to health for policies
- n. Administrative policies at different levels of government are also a pathway to change. Not all solutions are legislative ones.