



**NEW MEXICO FIRST**

*People. Ideas. Progress.*

## FINAL TOWN HALL REPORT

# Strengthening New Mexico Healthcare: Access, Coverage, and Economics

A town hall convened by New Mexico First

▶ **Conducted On:** May 3-5, 2007

▶ **Location:** UNM Student Union Building, Albuquerque, NM

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Roswell Regional Hospital, Dr. Fred French

Eye Associates of New Mexico  
NM Orthopaedics/ NM Spine

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## Executive Summary

*Strengthening New Mexico Healthcare: Access, Coverage, and Economics* was convened by **New Mexico First** on May 3-5, 2007 in Albuquerque. This town hall brought together healthcare stakeholders from all parts of the state.

In order to choose a topic for this town hall, **New Mexico First** polled the public through a series of surveys during the spring and summer of 2006. These survey results, combined with feedback from members, elected officials, and community leaders, identified healthcare as a universal concern. Further surveys gathered specific concerns that citizens had about healthcare, and these clustered into three basic areas: access to quality care, coverage for all, and economics that work. These clusters provided the structure for both the issue guide and the town hall

**New Mexico First** focuses on attaining balance between various stakeholder groups so that all necessary viewpoints are present in the discussion. To this end, full scholarships were offered to students as well as community members who indicated they needed financial support. Business representatives were also actively recruited. Registrants could choose between acting as a participant (attending the full town hall and actively taking part in discussions) or simply observing.

Almost 250 people took part in the three-day event, with 135 active participants. These participants developed recommendations about what should be done to strengthen New Mexicans' healthcare system.

More specifically, the participants made recommendations, covering all three aspects of the town hall discussion. These recommendations called for public and private sector leaders to make a number of improvements to the state's healthcare delivery system.

### Access to Quality Care

Town hall participants developed the following recommendations on quality of care issues:

- Provide sustainable, permanent funding for incentives to recruit and retain healthcare professionals.
- Develop and fund a system of community health workers.
- Provide diversity and cultural competency training to everyone in the healthcare industry.
- Increase the capacity of our educational system to produce healthcare workers.
- Support home and community-based healthcare services across the lifespan.
- Give incentives to provide higher quality healthcare using high-tech, state of the art statewide.

### Coverage for All

- Provide for universal coverage of healthcare, with an emphasis on individual choice and education.
- Create a public health infrastructure that monitors and assesses the state's healthcare situation.
- Make the healthcare system cost-efficient, including linkages with the national system.
- Link enrollment into healthcare programs with occasions when citizens use other public agencies.
- Encourage Congress to fully fund Native American healthcare.
- Develop point-of-service enrollment into coverage programs based on a statewide risk pool.

### Economics that Work

- Create across-the-board incentives for measurable wellness, prevention, and healthy lifestyles outcomes.
- Fund and facilitate systemic coordination of the healthcare industry, including both technology and human resources.
- Provide and fund incentives to a comprehensive, coordinated, secure, electronic information system, where healthcare data will be analyzed to help policymakers and individuals make good decisions.
- Reduce the barriers and bureaucratic inefficiencies in the public and private healthcare systems.
- Establish a healthcare trust fund to provide dependable system financing.

These recommendations, presented in more depth later in the full report, will be taken up by an implementation team, composed of town hall participants and led by Bill Johnson, former CEO of UNM Hospital and former cabinet secretary for the state's Department of Health. This group will spend the next 12-18 months advancing the recommendations with policymakers, community leaders, and the public.

### About New Mexico First

**New Mexico First** is a nonpartisan nonprofit organization that engages citizens in public policy. Co-founded in 1986 by U.S. Senators Pete Domenici and Jeff Bingaman, **New Mexico First** brings people together for two- and three-day town hall meetings. These town halls use a unique consensus-building process that enables participants to learn about a topic in depth, develop concrete policy recommendations addressing that topic, and then work with other New Mexicans to help implement those recommendations with state leaders. **New Mexico First** is entirely funded through donations, membership fees, town hall registrations, and contracts.

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# Strengthening New Mexico Healthcare: Access, Coverage, and Economics

## Introduction

In May 2007, **New Mexico First** convened its 35<sup>th</sup> statewide town hall. The topic was strengthening New Mexico healthcare. This was perhaps *the* most well attended town hall in **New Mexico First's** history, with participant registration reaching the maximum well before the deadline. It was made clear that many New Mexicans feel an urgent need to improve, clarify, and modify the healthcare system currently available throughout the state. Town hall speakers included Lieutenant Governor Diane Denish, as well as Michelle Lujan Grisham and Pam Hyde, the two current Cabinet Secretaries with oversight into healthcare issues. Participants heard keynote addresses from national-level experts Dr. Bob Crittenden from the Herndon Alliance and Edmund F. Haislmaier from the Heritage Foundation. Local business and healthcare experts also spoke.

Participants traveled from throughout the state to attend. **New Mexico First** ensured statewide representation by convening focus groups in two rural communities and by offering scholarships. These activities generated interest in the town hall while providing specific focus to the unique needs of rural areas<sup>1</sup>. Town hall participants included business leaders, education administrators, teachers, professors, community members, and college students. Scholarships covered registration, food, and lodging fees for those with financial need.

## Background

When the town hall opened, the challenge given participants was as clear as it was difficult: achieve consensus on actionable recommendations that identify what needs to be done and who might do it. Speakers illustrated health disparities among minority and rural groups, systemic inefficiencies, and the concerns of a wide variety of stakeholders, including employers, the uninsured, medical professionals, tribal leaders, government officials, and healthcare administrators.

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<sup>1</sup> These dialogues were conducted in the format of "community coffees" convened in Silver City and Roswell. Please refer to the New Mexico First Town Hall 35 Issue Guide for a synopsis of these community-based dialogues.

## Common Themes

After extensive discussions, town hall participants came to consensus on their recommendations as one large group. Participants developed their initial ideas in small groups. The ideas were combined and refined until the full group agreed to all the recommendations. Common themes began to emerge immediately including:

- Incentives to recruit and retain more health care professionals
- Affordable, portable, and individualized healthcare
- Personal responsibility by individuals through wellness and prevention activities
- Increased use of technology (electronic medical records, telehealth, health outcome tracking, and simpler health program enrollment)
- Improved community health services (including cultural competency training, home health care, and trauma services)
- Improved and portable coverage for Native Americans
- Cost efficiency throughout the healthcare system

The recommendations that were developed were based on a consensus agreement of what a good New Mexico healthcare system would look like. Participants agreed that such a system would be cost-effective, coordinated, and efficient, with sustainable funding. No one would be prevented from getting needed care for financial reasons.

This optimal system would include many more healthcare professionals, enough that healthcare becomes convenient for every individual. These healthcare workers would be culturally diverse and sensitive to the cultural diversity present throughout our state. Individuals would take personal responsibility for their health and their healthcare. They would be able to make informed healthcare choices. Urban, rural, tribal, and underserved populations would all see improved healthcare outcomes.

While the participants achieved consensus on the idea that healthcare costs should never be a barrier to care, they never achieved true agreement on *who* precisely should be covered by this financial umbrella<sup>2</sup>. Some favored coverage for "all people living in New Mexico," which would include undocumented workers. Others favored coverage for "all New Mexicans."

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<sup>2</sup> For a detailed explanation of this situation, please see footnote #4 on page 8.

## Town Hall Recommendations

### Access to Quality Care

<b>Recommendation 1</b>	In order to recruit and retain a larger number of healthcare professionals, lawmakers and the private sector should provide sustainable, permanent funding for incentives, especially for those providing services to rural and underserved areas. These incentives could include things such as: <ul style="list-style-type: none"> <li>• Increased student loan forgiveness and repayment,</li> <li>• Tax abatements,</li> <li>• Reimbursements for uncompensated services.<sup>3</sup></li> </ul>
<b>Recommendation 2</b>	So that <i>all people living in New Mexico</i> are aware of and have the opportunity to access and receive needed health services, the Legislature, in partnership with private and public healthcare service organizations, should develop and fund a system of local community health workers. These community health workers would advocate for families and individuals by: <ul style="list-style-type: none"> <li>• Helping them identify their needs,</li> <li>• Providing knowledge of resources, health education, and information, and</li> <li>• Assisting with navigation of the healthcare system.</li> </ul> <i>Alternate language preferred by many Town Hall attendees: So that all New Mexicans are aware of....<sup>4</sup></i>
<b>Recommendation 3</b>	So that adequate and appropriate access to quality healthcare is assured for individuals from diverse backgrounds, the public/private sector should: <ul style="list-style-type: none"> <li>• Provide diversity and cultural competency training to healthcare professionals and all ancillary healthcare workers,</li> <li>• Recruit healthcare professionals from diverse backgrounds, and</li> <li>• Provide alternative accommodations to reduce cultural, linguistic, physical and cognitive barriers.</li> </ul>
<b>Recommendation 4</b>	So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase the capacity of New Mexico's educational system to produce healthcare workers, including but not limited to: <ul style="list-style-type: none"> <li>• Stipends,</li> <li>• Daycare,</li> <li>• Scholarships,</li> <li>• Prerequisite training, and</li> <li>• Incentives to recruit and compensate quality faculty.<sup>5</sup></li> </ul>
<b>Recommendation 5</b>	So that cost-effectiveness can be increased, lawmakers and the private and public sectors should support home and community-based services such as Hospice, Promotoras <sup>6</sup> , and home healthcare across the life span with a focus on quality of life.
<b>Recommendation 6</b>	So that urban, rural, tribal and underserved populations and areas are better served with improved outcomes, the private and public sectors should be given incentives to move towards more Level 1 or Level 2 trauma services, state of the art technology, telehealth, transportation, traditional and non-traditional health providers, services and expertise in these areas.

3 Recommendation was edited for clarity. Original language approved during the town hall: So that a greater number of health care professionals can be recruited and retained, lawmakers and the private sector should provide sustainable, permanent funding for incentives including but not limited to increased student loan forgiveness and repayment, tax abatements, reimbursement for uncompensated services, and especially for providing services to rural and underserved areas.

4 During the town hall, some participants urged that all recommendations containing the phrase "all New Mexicans" be changed to read "all people living in New Mexico." This language change was agreed to during the final session, but following the event, several participants reported that the process had been unclear at that point and that the "all people living in New Mexico" language did not actually reflect the consensus of the group. Because of the number of participants that reported this concern, New Mexico First – in keeping with its commitment to nonpartisanship and fairness – conducted a follow-up email survey. Of the 135 participants, 51 answered the survey. About half (53%) said they favored the "all people living in New Mexico" language, 45% favored did not, and 2% said they did not know.

5 Recommendation was edited for clarity. Original: So that adequate and appropriate access to health professionals for all is assured, lawmakers should revamp and reprioritize policies and fund programs that increase New Mexico healthcare educational capacities, including but not limited to stipends, daycare, scholarships, prerequisite training, and incentives to recruit and compensate quality faculty.

6 Promotoras are community health workers in many Hispanic communities, often serving as a liaison between the official medical establishment and the local community.



## Coverage<sup>7</sup> For All

<b>Recommendation 7</b>	<p>So that <i>all people living in New Mexico</i> have access to affordable and portable healthcare that meets individual needs, lawmakers should create and fund a system that includes, but is not limited to:</p> <ul style="list-style-type: none"> <li>• Individual choice of healthcare coverage,</li> <li>• Individual ownership not tied to employment, so that payment dollars follow individual,</li> <li>• No denials, penalties, or premium increases due to pre-existing conditions,</li> <li>• Medical, behavioral, vision, and dental, and</li> <li>• Education of consumers by the public and private sectors.<sup>8</sup></li> </ul> <p><i>Alternate language preferred by many town hall attendees: So that all New Mexicans have access to....<sup>9</sup></i></p>
<b>Recommendation 8</b>	<p>So that New Mexico can strengthen the local public/community based health system, an adequate public health infrastructure should be funded to provide surveillance, monitoring, assessment and policy development. State and local governments will collaborate to expand resources and funding for community based solutions, such as community health councils, community health centers, school-based health support services and centers and local DOH Public Health offices. Individuals should have access to information/data specific to their own community and be directly involved in developing healthcare policy and planning for their community.</p>
<b>Recommendation 9</b>	<p>So that <i>all people living in New Mexico</i> have access to affordable and quality healthcare, lawmakers should enact a healthcare model that is cost-efficient. Our federal delegation should participate positively in the development of a national healthcare reform strategy to ensure that <i>all people living in New Mexico</i> have access to health coverage, including access to needed drugs.</p> <p><i>Alternate language preferred by many town hall attendees: So that all New Mexicans have access to....<sup>9</sup></i></p>
<b>Recommendation 10</b>	<p>So that as many <i>people living in New Mexico</i> as possible enroll for the programs in which they are eligible, the private sector, in conjunction with governmental agencies and other public institutions, should implement processes to enroll individuals (or groups) by allowing for enrollment when accessing other services, and standardizing forms, systems, and communication.</p> <p><i>Alternate language preferred by many town hall attendees: So that as many New Mexicans as possible enroll....<sup>9</sup></i></p>
<b>Recommendation 11</b>	<p>So that all Native Americans in New Mexico have access to healthcare, tribal leaders and the New Mexico Congressional Delegation should approach Congress, and Congress should fully fund healthcare services at 100 % levels for all Native Americans, regardless of where they reside, to ensure compliance with congressional mandates as committed to in historical treaties and subsequent agreements.</p>
<b>Recommendation 12</b>	<p>So that <i>all people living in New Mexico</i> can have access to competitive coverage for healthcare costs, the legislature should establish a mechanism for point-of-service automatic enrollment into a coverage program, including Indian Health, based on a statewide risk pool.</p> <p><i>Alternate language preferred by many town hall attendees: So that all New Mexicans can have access....<sup>9</sup></i></p>

7 Throughout this document, the term “coverage” is used to mean any form of insurance, public or private, that pays for individual medical expenses. It is not meant to denote only traditional private insurance systems.

8 Recommendation was edited for clarity. Original language approved during the town hall: So that all people living in New Mexico have access to affordable and portable healthcare that meets essential individual needs, lawmakers will create and fund a system that includes, but is not limited to:

- Individual choice of healthcare financing mechanisms
- individual ownership (payment dollars follow individual)
- no denials or penalties due to pre-existing condition exclusion and premiums not tied to medical history
- medical, behavioral, vision, and dental
- education of consumers by the public and private sectors
- is not tied to employment.

9 During the town hall, some participants urged that all recommendations containing the phrase “all New Mexicans” be changed to read “all people living in New Mexico.” This language change was agreed to during the final session, but following the event, several participants reported that the process had been unclear at that point and that the “all people living in New Mexico” language did not actually reflect the consensus of the group. Because of the number of participants that reported this concern, New Mexico First – in keeping with its commitment to nonpartisanship and fairness – conducted a follow-up email survey. Of the 135 participants, 51 answered the survey. About half (53%) said they favored the “all people living in New Mexico” language, 45% said they did not, and 2% said they did not know.

## Economics That Work

<b>Recommendation 13</b>	<p>So that <i>all people living in New Mexico</i> take personal responsibility for their health, thus reducing healthcare costs, all sectors will use incentives tied to measurable wellness, prevention, and healthy lifestyle outcomes. This can be accomplished by:</p> <ul style="list-style-type: none"> <li>• Lawmakers providing financial incentives to employers for wellness programs and education,</li> <li>• Insurers providing financial and other incentives for healthcare professionals to provide preventive health solutions and education,</li> <li>• Insurers and employers providing encouragement and incentives for personal responsibility and accountability for healthy behavior and obtaining recommended preventive health screening.</li> </ul> <p><i>Alternate language preferred by many town hall attendees: So that all New Mexicans take personal responsibility....<sup>10</sup></i></p>
<b>Recommendation 14</b>	<p>So that <i>every person living in New Mexican</i> has access to coordinated healthcare and in order to decrease duplication of services and medical errors, lawmakers shall fund and facilitate an interoperable architecture<sup>11</sup> for a secure healthcare information system which would provide and help facilitate transfer of enrollment, payment and medical records.</p> <p><i>Alternate language preferred by many town hall attendees: So that every New Mexican has access to coordinated...<sup>10</sup></i></p>
<b>Recommendation 15</b>	<p>So that the medical care system in New Mexico encourages electronically transferred medical information, such as telehealth and secure e-mails. Public and private sectors will work together to fund and provide incentives to that end to providers and consumers of healthcare in the state of New Mexico.</p>
<b>Recommendation 16</b>	<p>So that the healthcare system becomes cost-effective and allows consumers to make informed choices, the public and private sectors should work together to fund and provide incentives for an interoperable, secure electronic information system. De-identified data<sup>12</sup> on patients, providers and treatment outcomes will be available to provide information on outcomes to patients, providers, payers and policymakers.</p>
<b>Recommendation 17</b>	<p>So that public and private health insurance will be more cost-effective, thereby lowering the cost of healthcare for all <i>people living in New Mexico</i>, law makers should develop a public and private collaborative to examine and identify all barriers and bureaucratic inefficiencies that can be significantly reduced in the public and private healthcare system. Lawmakers shall require all insurance providers to standardize definitions for, and make transparent cost, eligibility process, coverage, premiums and claims procedures and an implementation plan.</p> <p><i>Alternate language preferred by many town hall attendees: ...healthcare for all New Mexicans, lawmakers...<sup>10</sup></i></p>
<b>Recommendation 18</b>	<p>So that there will be a sustainable healthcare funding, lawmakers should establish a healthcare trust fund to maximize delivery of care and positive health outcomes.</p>

10 During the Town Hall, some participants urged that all recommendations containing the phrase “all New Mexicans” be changed to read “all people living in New Mexico.” This language change was agreed to during the final session, but following the event, several participants reported that the process had been unclear at that point and that the “all people living in New Mexico” language did not actually reflect the consensus of the group. Because of the number of participants that reported this concern, New Mexico First – in keeping with its commitment to nonpartisanship and fairness – conducted a follow-up email survey. Of the 135 participants, 51 answered the survey. About half (53%) said they favored the “all people living in New Mexico” language, 45% said they did not, and 2% said they did not know.

11 Here, the term “interoperable architecture” refers to a highly-coordinated information technology network, where various parts of the system are able to communicate, share information, and work together seamlessly.

12 “De-identified data” means patient data that cannot be traced back to a specific patient.

## **Implementation of the Town Hall Recommendations**

This **New Mexico First** town hall was not a destination, but rather was a launching point for statewide change. In order to ensure that these recommendations will be acted upon, **New Mexico First** identified an Implementation Team chair with leadership experience and influence. Bill Johnson, former CEO of UNM Hospital and former cabinet secretary for New Mexico's Department of Health, is heading up the implementation team, which is already 53 members strong.

The implementation team is composed of participants who wanted to be involved in taking action on the recommendations that were so thoughtfully prepared during the three-day process.

Updates on the progress of the Implementation Team will be provided to the town hall participants.

## **Appendix A: Town Hall Sponsors**

### **New Mexico First Sustaining Sponsors**

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PNM  
New Mexico Mutual  
Sandia National Laboratories  
Hunt Development Group

### **Leading Town Hall Sponsors**

ValueOptions New Mexico  
Presbyterian Healthcare Services  
Con Alma Health Foundation  
New Mexico Department of Health

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Health Sciences Center, University of New Mexico  
Blue Cross Blue Shield of New Mexico  
Lovelace Health System  
San Juan Regional Medical Center  
UnitedHealthcare

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Heart Hospital of New Mexico  
Molina Healthcare of New Mexico

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Roswell Regional Hospital/Dr. French

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### **Community Scholarship Sponsors**

Artesia General Hospital  
Los Alamos National Laboratory  
Modrall Sperling Law Firm  
REDW The Rogoff Firm

## Appendix B: Town Hall Committees and Speakers

### Town Hall 35 Research and Review Committee

Dr. Daniel H. Lopez, Chair

Raul Burciaga  
John Cordova  
Barbara Damron, PhD, RN  
Gayle Dine'Chacon, MD  
Jeff Dye  
Michael Ellis, PhD  
Carol Erwin  
Ruby Ann Esquibel  
Bill Garcia  
Robert Grassberger

Charles Ivy  
Dan Jaco  
Jack Jekowski  
Arthur Kaufman, MD  
Barbara Kimbell  
Patricio Larragoite, DDS  
Wanda Martin  
Michelle Melendez  
Susan McGuire  
John Montgomery

Carl Moore  
Todd Sandman  
Scott Wallace  
Bill Wiese, MD  
Larry Winn  
Heather Balas, staff  
Jacey Blue Campbell, staff  
Jo Carter, staff  
Krista Koppinger, staff

### Town Hall 35 Leadership Team

Dr. Carl Moore, Chair

Tony Trujillo, Plenary Chair

Michelle Henrie, Master Recorder

Jami Grindatto, Assistant Master Recorder

Diane Albert  
Julie Bain  
J.D. Bullington  
Jacey Blue Campbell

Lynne Canning  
Jo Carter  
Patricia Chandler  
Philip Crump

Ellie Dendahl  
Doug Frost  
Diane Grover  
Kathy Komoll

Kathleen Oweegon  
Charlotte Pollard  
Shannon Sandoval  
Jeff Weinrach

### Town Hall 35 Speakers & Presenters

Diane Denish, Lieutenant Governor of New Mexico

Pamela Hyde, Secretary, Human Services Department

Michelle Lujan Grisham, Secretary, Department of Health

Edmund H. Haislmaier, Senior Research Fellow, Heritage Foundation

Dr. Bob Crittenden, Executive Director, Herndon Alliance

Don Chalmers, President, Don Chalmers Ford

Charlotte Roybal, Executive Director, Health Action New Mexico

Dr. David Scrase, Executive VP and COO, Presbyterian Healthcare Services

Dr. Michael Trujillo, Executive Director for Program Development/Community Outreach, TGen

### Town Hall 35 Implementation Team

Bill Johnson, Chair

Beverly Allen-Ananias  
Celia Ameline  
Debbie Armstrong  
Catherine Baca  
Regina Begay Roanhorse  
Roxane Bly  
Erin Bouquin  
Jim Campbell  
Yoshiko Chino  
Alex Chisholm  
James D'Agostino  
Dr. J.R. Damron  
Bill Doggett  
Jaqueline Duhigg

Lori Flint  
Susan Fox  
John Franchini  
Melinna Giannini  
Maggie Gunter  
Jan Gutierrez-Abugarbie  
Jeannie Hardie  
Jerry Harrison  
Katherine Hughes Fraitekh  
Kay Knutson  
Dick Mason  
Dr. Barbara McAneny  
Steve Moffat  
Mark Moores

Alma Olivas  
Gary Oppedahl  
Jim Parker  
Elizabeth Pelz  
Dr. Sandra Penn  
Cathy Raish  
Sam Redford  
Dr. Ron Reid  
Ann Riley  
Chuck Ring  
Leonie Rosenstiel  
Charlotte Roybal  
Terry Schleder  
Patty Smith

Chris Snyder  
Eva Stevens  
Joan Sullivan  
Jack Swickard  
Renee Swickard  
Gayle Thompson-Prinkey  
Ron Trevino  
Doris Vician  
Karen Wells  
Judy Williams  
Katy Yanda

## Appendix C: Town Hall Registrants

### Town Hall Participants

**Richard Abeita**

Isleta Pueblo  
Isleta

**Beverly Allen-Ananins**

Grant County Health Council  
Silver City

**Mary Altenberg**

State of NM/Dept of Health  
Santa Fe

**Celia Ameline**

New Mexico Health Choices  
Albuquerque

**Debbie Armstrong**

Aging and Long-Term Services Department  
Santa Fe

**Catherine Baca**

Bueno Foods  
Albuquerque

**Donna Bader**

Albuquerque Public Schools  
Albuquerque

**Ingrid Baker**

Technology Ventures Corporation  
Albuquerque

**Roselyn Begay**

Navajo Nation Division of Health  
Window Rock

**Regina Begay-Roanhorse**

Navajo Local Collaborative  
Canoncito

**Barry Bitzer**

City of Albuquerque  
Albuquerque

**Morrie Blumberg**

Bernalillo County Metropolitan Court  
Albuquerque

**Roxane Bly**

Native Healthcare Council of NM  
Albuquerque

**Erin Bouquin**

Los Alamos National Laboratory  
Los Alamos

**Patricia Boyle**

NM Council for Nursing Excellence  
Albuquerque

**Gina Bryant**

NMSU School of Social Work  
Albuquerque

**Jim Campbell**

Wellness Improvement Experts  
Albuquerque

**Melissa Candelaria**

NM Indian Affairs Department  
Santa Fe

**Natalie Carter**

Albuquerque Hispano Chamber  
Albuquerque

**Susan Casias**

Resident  
Albuquerque

**Ervin Chavez**

San Juan County  
Aztec

**Yoshiko Chino**

Community Outreach Program for the Deaf  
Albuquerque

**Alex Chisholm**

Chisholm Construction  
Albuquerque

**Larry Clevenger**

Sandia National Laboratories  
Albuquerque

**Joe Cordova**

Native Health Care Council-NM  
Albuquerque

**Phil Cordova**

Pfizer  
Albuquerque

**Peter Cubra**

Attorney  
Albuquerque

**James D'Agostino**

Roosevelt General Hospital  
Portales

**David Dalton**

Solterra Health  
Albuquerque

**J. R. Damron**

Santa Fe Radiology, P.C.  
Santa Fe

**Barbara Damron**

UNM Cancer Center  
Santa Fe

**John Diedrick**

Blue Cross and Blue Shield  
Albuquerque

**William Doggett**

SunBear Chiropractic  
Albuquerque

**Jacqueline Duhigg**

AstraZeneca  
Albuquerque

**Shelby Fletcher**

Pfizer  
Albuquerque

**Lori Flint**

Flint & Associates, Inc.  
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**Jerry Harrison**

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**John Heaton**

State Legislator  
Carlsbad

**Sharon Huerta**

Molina Healthcare of New Mexico  
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**Herb Hughes**

Private Citizen  
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**Katherine Hughes-Fraitekh**

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**Dan Jaco**

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**Jordon Johnson**

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UnitedHealthcare  
Centennial

**Sharon King**

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**Kay Knutson**

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**Laura Manire**

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League of Women Voters  
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**Alma Olivas**

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FootPrints Home Care  
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Lordsburg

**Sydney Ryan**

New Mexico Tech  
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**Rene Salgado**

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**Sylvia Sapien**

La Clinica de Familia  
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**Renee Swickard**

Swickard Agency, Inc.  
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**Ronald Tafoya**

Intel Corporation/Digital Health Group  
Rio Rancho

**Gayle Thompson Prinkey**

Network-Spiritual Progressives  
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**Ron Trevino**

NaviNet Claims  
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**Town Hall Observers**

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**Roma Adipat**

UnitedHealthcare  
Centennial

**Dyan Alexander**

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Arvada

**Gene Baca**

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**Dana Beaulieu**

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REDW The Rogoff Firm  
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**Doug Culling**

Lovelace Medical Group  
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**Catherine Direen**

NM Voices for Children  
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**Amy Dixon**

Desert States Physical Therapy  
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**Tobie Dorsey**

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**Ruby Ann Esquibel**

Insure New Mexico!  
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**Paul Gessing**

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Albuquerque

**Debbie Gonzales**

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**Ted Kostranchuk**

Dekker Perich Sabatini  
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**Jennie Lusk**

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Santa Fe

**Rebecca Lynch**

New Mexico Business Weekly  
Albuquerque

**Harry Magnes**

Lovelace Medical Group  
Albuquerque

**Claire Manatt**

Focus Energy  
Albuquerque

**Bob McGuire**

Retired  
Cedar Crest

**Susan McGuire**

Retired/US Senate  
Cedar Crest

**Mary Mckenzie**

Resident  
Albuquerque

**Michelle Melendez**

St. Joseph Community Health  
Albuquerque

**Dana Millen**

Health Security for NM Campaign  
Santa Fe

**Danny Milo**

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**Dianne Rivera**

Con Alma Health Foundation  
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**Anslem Roanhorse**

Navajo Nation Division of Health  
Window Rock

**Kathleen Romero**

Insurance Company  
Albuquerque

**Dolores Roybal**

Con Alma Health Foundation  
Santa Fe



**Margaret Schultz**

WICHE  
Boulder

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Santa Fe

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**Phyllis Sullivan**

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**Dave Tappan**

Pfizer  
Rio Rancho

**Elizabeth Waltman**

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Albuquerque

**Ann Wehr**

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Albuquerque

**Michelle Welby**

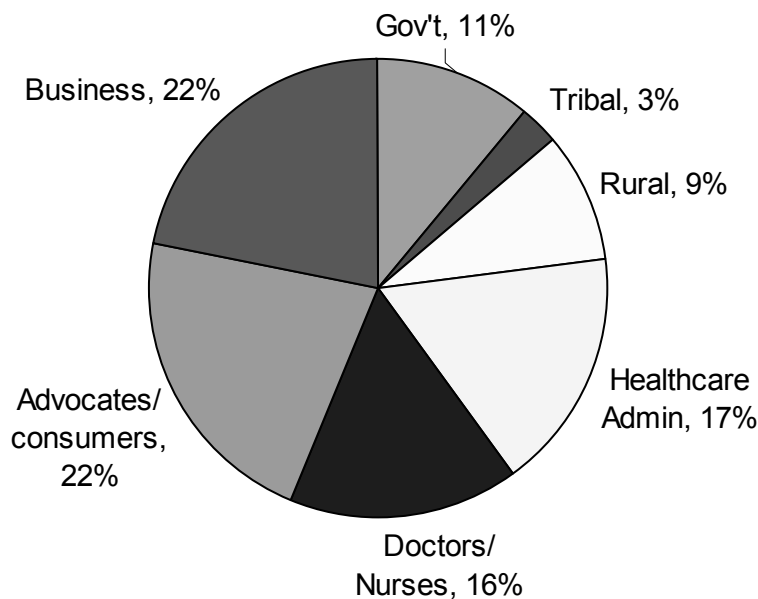
Office of Governor Bill Richardson  
Albuquerque

**Susan Wilson**

Lovelace Health System  
Albuquerque

### Demographic Distribution of Participants

The 122 town hall participants and 70 observers were drawn from 22 communities around New Mexico including Albuquerque, Santa Fe, Silver City, Portales, Las Cruces and Window Rock. Similarly, these same 122 town hall participants were drawn from 7 different interest areas. The chart below demonstrates their distribution across these areas.



## **Appendix D: Community Conversation Participants**

The following people participated in New Mexico First's Community Conversations program, a series of small town focus groups. The program ensured that the priorities of rural communities were reflected in the background report for the town hall.

### **Roswell**

**Dr. Fred French**  
Partner, Roswell Regional Hospital

**Jim Manatt**  
President, Providence Technologies

**Dean Schear**  
CEO, Strategic Health Care Associates

**Jack Swickard**  
President, The Triton Group

Renee Swickard  
Owner, The Swickard Agency

### **Silver City**

**Dr. John Bell**  
Physician, Silver Internal Medicine

**Linda Kay Jones**  
Special Asst to the President, WNMU

**Mike Harris**  
Administrator, SW Bone/Joint Institute

**Dr. Don Johnson**  
Physician, WNMU

**Lanny Olson**  
Owner, Holiday Inn Express

**Sean Ormand**  
President, First NM Bank in Silver City

**Sam Redford**  
Owner, Redford Associates

**Dr. Jean Remillard**  
CQO, Gila Regional Medical Center

**Robert Rydeski**  
Owner, Rydeski & Co. Insurance

**Judy Ward**  
Business Consultant, WNMU

**Don White**  
Pastor, Berean New Baptist Church

## Appendix E: New Mexico First Leadership

### Executive Committee

**William "Bill" Garcia**  
Chair  
Santa Fe

**Heather Balas**  
President  
Corrales

**Noel Behne**  
Endowment Chair  
Albuquerque

**Carol Cochran**  
Treasurer  
Albuquerque

**John Cordova**  
Public Relations Chair  
Albuquerque

**Luci Davis**  
At Large Member  
Farmington

**Jami Grindatto**  
At Large Member  
Rio Rancho

**Jim Hinton**  
Vice Chair District I  
Albuquerque

**Robert A. Jung III**  
Secretary  
Los Ranchos de Albuquerque

**Dr. Daniel Lopez**  
Research Chair  
Socorro

**Jim Manatt**  
Vice Chair District II  
Roswell

**Sherman McCorkle**  
At Large Member  
Albuquerque

**Susan McGuire**  
Implementation Chair  
Cedar Crest

**Lillian Montoya-Rael**  
Chair-Elect  
Los Alamos

**Dr. Carl Moore**  
Leadership Chair  
Santa Fe

**Bob Rosebrough**  
Vice Chair, District III  
Gallup

**Lynn Slade**  
Immediate Past Chair  
Albuquerque

**Jack Swickard**  
At Large Member  
Roswell

### Board Members

**Phelps Anderson**  
Roswell

**Brenda Brooks**  
Hobbs

**Garrey Carruthers**  
Las Cruces

**Curt "C.J." Chavez**  
Albuquerque

**Michael DeWitte**  
Albuquerque

**Ed Ely**  
Las Cruces

**Jed Fanning**  
Albuquerque

**Jack Fortner**  
Farmington

**Javier Gonzales**  
Santa Fe

**Linda Kay Jones**  
Silver City

**Sharon King**  
Portales

**Joseph M. Maestas**  
Espanola

**Michael Martin**  
Lordsburg

**Tom Mills**  
Santa Fe

**Stuart Paisano**  
Albuquerque

**Malcolm Petree**  
Albuquerque

**Alice Quintanilla**  
Los Alamos

**Lynn H. Slade**  
Albuquerque

**Bill Real**  
Albuquerque

**Shelley "Sam" Redford**  
Silver City

**Jennifer Thomas**  
Albuquerque

**Sayuri Yamada**  
Santa Fe

**Mary Yates**  
Artesia

### Board Emeritus

**Robert Armstrong**  
Roswell

**Jon Barela**  
Rio Rancho

**Kathleen Bond**  
lathe, Colorado

**Mary Jean Christensen**  
Gallup

**Dale Dekker**  
Albuquerque

**Diane Denish**  
Santa Fe

**John Dowling**  
Gallup

**Richard Fairbanks**  
Albuquerque

**Dr. Everett Frost**  
Portales

**William "Bing" Grady**  
Albuquerque

**Bill Knauf**  
Albuquerque

**Carol Robertson Lopez**  
Santa Fe

**Maureen Luna**  
Albuquerque

**Tom Mills**  
Santa Fe

**Arlene Roth**  
Fort Meyers, Florida

**David Steinborn**  
Las Cruces

**Thomas Tinnin**  
Albuquerque

**A.P. Trujillo**  
Silver City

**J. Ronald Vigil**  
Santa Fe

**John Wagner**  
Albuquerque

## **Founders**

**The Honorable Jeff Bingaman**  
United States Senator

**The Honorable Pete V. Domenici**  
United States Senator

## **Ex-Officio Board Members**

**The Honorable Bill Richardson**  
Governor of New Mexico

**The Honorable Heather Wilson**  
US Congresswoman-District I

**The Honorable Steve Pearce**  
US Congressman-District II

**The Honorable Tom Udall**  
US Congressman-District III

**Dr. James A. Fries**  
President, NMHU

**Dr. John E. Counts**  
President, WNMU

**Dr. Steven Gamble**  
President ENMU

**Mr. David Harris**  
Acting President, UNM

**Dr. Daniel H. Lopez**  
President, NMIMT

**Dr. Michael Martin**  
President, NMSU

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President & Executive Director

**Jacey Blue Campbell**  
Program Coordinator

**Jo Carter**  
Research Analyst

**Patricia Chandler**  
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**Krista Koppinger**  
Administrative Director

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**NEW MEXICO FIRST**

*People. Ideas. Progress. 20 Years.*

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