

BRIDGING & POPULATION HEALTH BEHAVIORAL HEALTH IN RURAL NEW MEXICO

April 2018

TABLE OF CONTENTS

Acknowledgements	3
Purpose	4
Background	6
Forum Planning	7
Population Health Definitions	9
Behavioral Health System Roadmap	10
Conclusion	12



ACKNOWLEDGMENTS

The New Mexico Public Health Institute (NMPHI) would like to recognize and thank all the individuals and organizations that assisted with planning the “Bridging Population Health and Behavioral Health” regional forums, as well as those who provided input and guidance on this roadmap.

Funders

[The Robert Wood Johnson Foundation](#), working with others to build a national Culture of Health enabling everyone in America to live longer, healthier lives.

[The National Network for Public Health Institutes](#), whose mission is to support national public health system initiatives and strengthen PHIs to promote multi-sector activities resulting in measurable improvements of public health structures, systems, and outcomes.

The New Mexico Public Health Institute Forum workgroup

Christina Campos, Christine Hollis, Joaquin Baca, Jerry Montoya, Tom Scharmen, Susan Wilger and Cathleen Willging

The following organizations also showed a commitment to achieving health equity in New Mexico:

- New Mexico Community Data Collaborative
- New Mexico Alliance for Health Councils
- New Mexico Department of Health, Office of Health Promotion and Office of Health Equity
- Deming Public Schools and the Luna County Health Council
- New Mexico Highlands University
- Roswell Museum and Art Center
- Rehoboth McKinley Christian Healthcare Services
- Southwest Center for Health Innovation

Without their support and guidance this important work would not have occurred. We also extend our sincere gratitude and appreciation to the Health Policy Institute of Ohio and the Hawaii Public Health Institute for serving as our mentors.


Lastly, we are most appreciative of the forum participants. Without them, this opportunity to improve population health and behavioral health in New Mexico would not have been possible.



PURPOSE

There is growing recognition that public health and health care need to work together differently to achieve mutual goals of cost containment, better quality of care and investments in the upstream factors influencing health and well-being. There remain significant challenges to collaboration including: differing perceptions of similar terms (e.g. “population health”), aligning differing incentives (e.g. volume vs. value), and addressing mismatches of scale. To address these challenges, the National Network of Public Health Institutes (NNPHI) awarded grants to public health institutes to host statewide forums, advancing collaboration among the public health and health care sectors. The NNPHI understands that there have been many national conversations on bridging public health and health care, however, health system partners have identified few practical strategies to improve the overall health of the community. The NNPHI State Forums project will address this gap by supporting forums that incubate innovative, replicable bridging strategies that can be achieved at the state and local levels.

“Public health institutes have demonstrated leadership in supporting the advancement of health system transformation on the national, state and local level. These forums will create practical, replicable strategies that states can use to move from concept to action” said Vincent Lafronza, CEO and President of NNPHI.

A desert landscape at sunset. In the foreground, a dirt path leads towards a large, jagged rock formation. The sky is filled with colorful clouds in shades of orange, pink, and blue. The ground is covered in dry grass and low-lying vegetation.

“New Mexico is a land of distinctions. Stark mountain ranges rise out of flat deserts; dry, cactus-strewn landscapes, are punctuated by the legendary Rio Grande, and the Gila River (the last undammed river in North America). Some residents live in stunning homes hidden in secluded forests; others live in moderate, comfortable housing in the metropolitan areas, while still others live in crowded apartments complexes or barely livable trailers in the colonias that line in the US-Mexico border. Rich and poor, flat and mountainous, fair and unequal, old and new. These contrasts are more than just interesting historical and current facts about New Mexico. Instead, they are the bedrock upon which deep inequities are shaped in the lives of New Mexicans – inequities that are reflected in tremendous disparities in our health and wellness.”

-Renee Despres

BACKGROUND

BEHAVIORAL HEALTH CRISIS IN NEW MEXICO

One of the contributing factors to a sub-standard behavioral health system in New Mexico occurred approximately 5 years ago. In June 2013, Governor Susana Martinez's administration disrupted care for tens of thousands of New Mexicans when her Human Services Department accused 15 organizations of Medicaid fraud and potentially overbilling the government by nearly \$36 million. Citing the fraud accusations, the Human Services Department suspended the flow of 'behavioral health' Medicaid dollars to many of the organizations in the summer of 2013. Unable to stay in business without the Medicaid dollars, many had to shut their doors and are no longer in business. Ultimately no Medicaid fraud was ever found.

THE NMPHI

The New Mexico Public Health Institute (NMPHI) is focused on creating the conditions in which the people of New Mexico can experience optimal health. The NMPHI mission is "to challenge the status quo by creating an environment in which social and health conditions allow individuals, families, and communities to thrive." Ultimately, the NMPHI envisions that in New Mexico, "health equity is achieved [and] social and health issues continue to be prioritized through evidence, policy, civic engagement, and social justice." In March 2017 NMPHI was recognized as a member of the National Network of Public Health Institutes.

The National Network of Public Health Institutes (NNPHI), with support from the Robert Wood Johnson Foundation, awarded grants to member public health institutes to build their capacity to advance state and local policy and systems change to bridge public health and health care; these grants are known as the State Forums To Advance Health System Transformation. One of the central activities of the grant was to host state-wide forums aimed at advancing collaboration among the public health and health care sectors. The second phase of the State Forums to Advance Health Systems Transformation aimed to build on the first phase as new grantees replicate or add to the array of approaches to integrate health systems, lower costs and improve population health.

In February 2017, NMPHI was awarded a Phase Three grant and chose to focus on improving the behavioral health system in New Mexico. One of NMPHI's functions is to serve as a neutral convener to bring diverse stakeholders together and address public health challenges. This project allowed stakeholders to establish consensus and create synergy around population health and the integration of behavioral health and primary care.

FORUM PLANNING

Improving the health and wellbeing of New Mexicans is perhaps the most sought-after goal for our state. A good place to start is to develop practical strategies for the future by bringing together stakeholders for a consensus-driven discussion that will produce and prioritize concrete actions for improving population and behavioral health in New Mexico. During the months of preparation for the regional forums in New Mexico, the forum work group met monthly.

GOALS

The goals of the regional forums were to:

- Create an experience that is different from what has been done before in New Mexico.
- Encourage the community to influence the health system and challenge the status quo.
- Work together with diverse geographic, ethnic and professional sectors.
- Integrate the fragmented initiatives that are occurring statewide.
- Build a common language and foundational concepts to continue the work together.

OBJECTIVES

1. Create a population health consensus definition which would encompass New Mexico's needs and specific culture.
2. Develop a roadmap and prioritize strategies to improve the behavioral health system in rural New Mexico.

The workgroup had initially planned to begin with a survey. After much time and consideration, it was decided that rich discussion would not be captured in a wide-cast survey, and by limiting

the information gathering to electronically, feedback would also be limited. A survey may overly pre-define the framework and choices prior to initial participant input. The workgroup wanted to ensure the participants had the opportunity to be creative and not prescriptive in their feedback. The forum was then redesigned to include sufficient time for the consensus definition process in addition to the development of the roadmap. This process was viewed as an opportunity to create new relationships and connect with communities, not merely wordsmith current definitions of population health.

During the forum planning, the workgroup asked many questions. What is the purpose of going through this process? How do will these activities: Challenge the status quo? Connect with communities and not merely wordsmith current definitions of population health? Identify those that could benefit from this process and use the population health definition as a tool to share a common language?

One function of the NMPHI is to integrate the "great but fragmented things that are happening around the state".

Too often, communities are given tools to solve isolated problems, with short-term impact, which leaves them feeling dependent on others. But working alongside the communities to build meaningful resources to address local priorities has a greater impact. It is typical for underserved communities to have concepts fed to them. This opportunity allowed the NMPHI to "flip the system" and listen to the voice of the community

by requesting their own definition, relevant to them, as opposed to the textbook definitions that are not meaningful to most.

To ensure subject matter expertise, NMPHI collaborated with the New Mexico Community Data Collaborative (NMCDC). The NMCDC is a network of public health advocates and analysts from over a dozen state agencies and non-government organizations who believe in the value of community health assessment. NMCDC's principal project is the data warehouse and interactive website at ArcGIS Online where analysts and advocates share datasets from multiple sources, makes most data available at a sub-county level, and it allows for data storage and interactive map making and exploration by users.

FORUM OVERVIEW

During the second half 2017, the NMPHI planned and implemented the “Bridging Population Health and Behavioral Health in Rural New Mexico”. Particular attention was placed on identifying opportunities for new partnerships with behavioral health consumers and behavioral and public health service provider at the state, regional and local levels.

One of the highlights of the forums was sharing of and discussion around graphic representation of data and statistics presented in a [storymap](#). The data displayed included: geography (rural vs. urban counties); access and systemic factors (insurance coverage, workforce, clinics, treatment centers, etc.); social determinants of health; and

demographics and health outcomes; Our focus in sharing this data was not necessarily on specific health issues or diagnoses, but rather the factors or conditions that affect behavioral health issues.

Dynamic and structured activities and discussions led the forum participants directly into open-ended conversations. By the conclusion of the forum, the group had established a common definition of population health for New Mexico. The definitions are listed on page (XX). Forum participants also developed practical strategies for improving the behavioral health system, also on page (XX) of this document. These components will serve as the foundation for the roadmap.

ACTIVITIES

- Plan logistics (dates, location)
- Identify regional host
- Create and share a Pre-forum packet
 - Background information to provide a foundation for all participants.
 - Population Health framework
- Host four regional events in 2017
 - Southeast (Roswell) -October 18
 - Northwest (Gallup) – October 24
 - Northeast (Las Vegas) – October 27
 - Southwest (Deming) – November 3
- Create web-based materials (storymap)
Data includes comparisons between rural and urban in areas of behavioral health conditions, facilities, workforce and social determinants.
- Engage with partners and other stakeholders
- Produce and disseminate a report
- Host a culminating webinar

POPULATION HEALTH DEFINITIONS

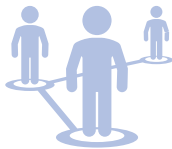
What all the definitions have in common is a framework that surpasses the epidemiology behind outcomes. They share the values of comprehensive, holistic health, culture and the influence of past experiences and trauma.



SOUTHEAST: Empowering communities to achieve better health through collaboration, integrated health systems, policy and cultural awareness for positive outcomes.



NORTHWEST: Holistic health outcomes of a group (including familial, cultural, social or geographical), on a journey towards achieving Hozho/Iina.



NORTHEAST: The interconnected web of individuals, communities, systems, and culture working towards improving the well-being of a population.

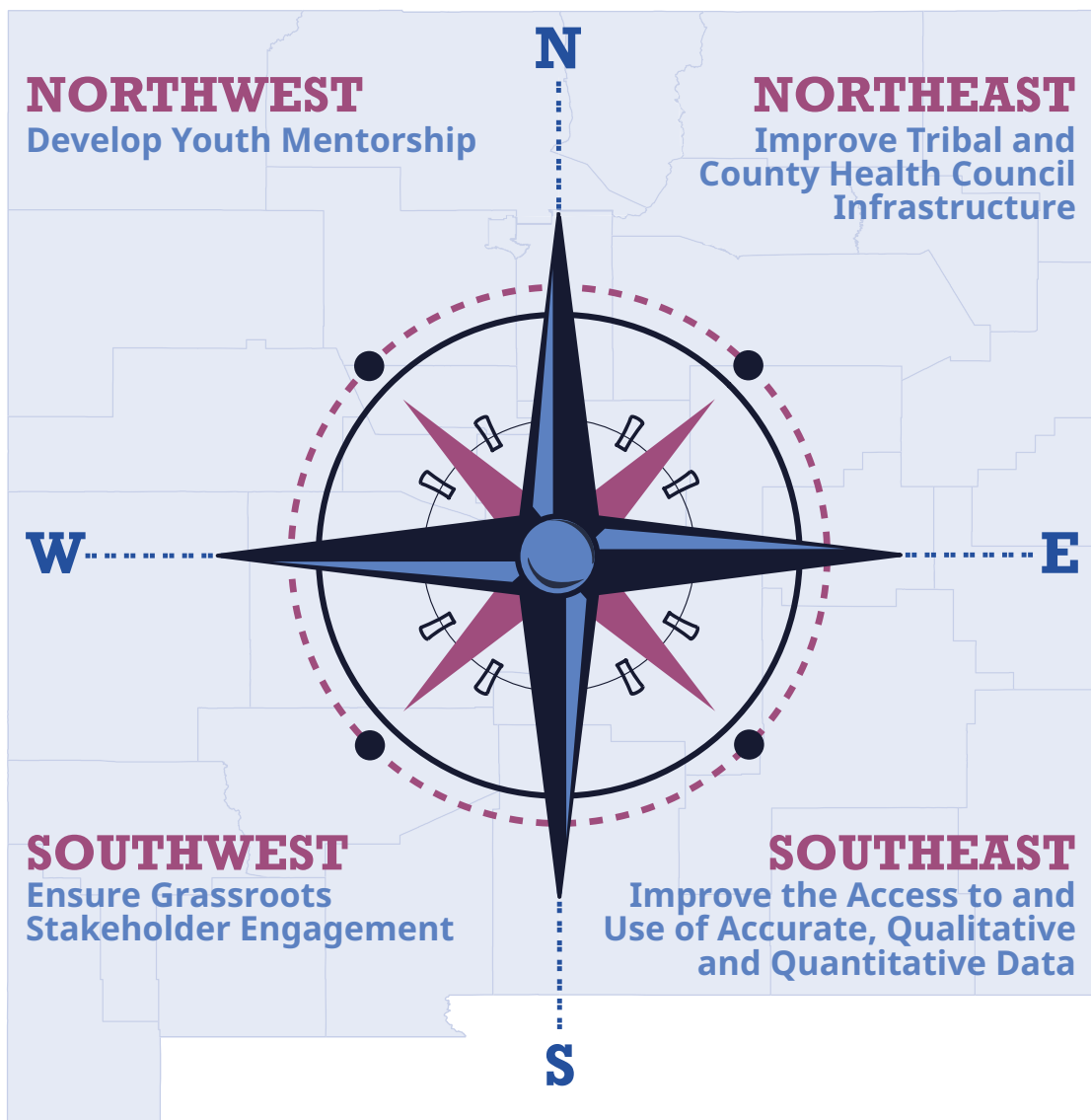


SOUTHWEST: The comprehensive health trends (including those of the mind, body, spirit and culture) that are viewed with a broad, environmental and historical perspective.

BEHAVIORAL HEALTH SYSTEM ROADMAP

It is well known that improving the behavioral health system in New Mexico will require a meaningful commitment from multi-sectoral stakeholders. The roadmap that was created at the regional forums identifies four prioritized strategies to improve the behavioral health system in New Mexico through collaboration and community partnerships. The roadmap allows multiple stakeholders to identify their potential role in improving the behavioral health system in New Mexico. Next steps will be to develop an action plan with person(s) responsible and timelines.

THE FOUR STRATEGIES





NORTHWEST

STRATEGY: DEVELOP YOUTH MENTORSHIP

RECOMMENDATION 1: Educate others on the importance of working with youth

RECOMMENDATION 2: Apprentice youth, engage them to be a part of the conversations, understand ceremony, self-identity, involve them in talking circles and other ceremonies.

RECOMMENDATION 3: Improve Peer Support networks (“team-lets” at schools to help one another, etc.)

RECOMMENDATION 4: Improve (out of school) resources for youth and early childhood development

RECOMMENDATION 5: Provide support to build strong families and connection to home as foundational



NORTHEAST

STRATEGY: IMPROVE TRIBAL AND COUNTY HEALTH COUNCIL INFRASTRUCTURE

RECOMMENDATION 1: Integrate councils with a unit of government.

RECOMMENDATION 2: Identify legislative sponsors

RECOMMENDATION 3: Produce draft legislation that reconstitutes structure and health council college



SOUTHEAST

STRATEGY: IMPROVE ACCESS TO AND THE USE OF ACCURATE, QUALITATIVE AND QUANTITATIVE DATA

RECOMMENDATION 1: Work with subject matter experts to frame messages specific to different audiences

RECOMMENDATION 2: Identify local leaders and use data to inform them about the local issues.

RECOMMENDATION 3: Reduce stigma around behavioral health illnesses through stories and other modes of education



SOUTHWEST

STRATEGY: ENSURE GRASSROOTS STAKEHOLDER ENGAGEMENT

RECOMMENDATION 1: Assemble behavioral health stakeholders to map services available regularly.

RECOMMENDATION 2: Convene the forum participants to foster communication and reduce duplication, align efforts.

RECOMMENDATION 3: Improve systems collaboration

RECOMMENDATION 4: Integrate medical, behavioral health and other services through coordination and co-location

CONCLUSION

In the efforts to lower health care costs and improve quality, health care and public health systems are moving more upstream to address drivers such as education, housing, transportation and the economy. But the success of these efforts can stall significantly when these systems don't speak the same language of health or include the people of the vulnerable communities in which they serve. Learning from and working alongside communities to build skillsets to address local priorities could positively impact the communities. New Mexico took a different approach to achieving the Triple Aim by re-examining the standard definitions of population health, which are largely driven by western, medical, predominantly white paradigms. The forum participants discussed what health means locally and within the unique cultural contexts of their communities, many of which have experienced historical trauma and a lack of culturally appropriate interventions to address pressing health challenges.

A common thread in all forums was the intent for meaningful dialogue, a goal that moves beyond grant deliverables and embraces the ongoing work needed to engage with communities, learning about and from the community perspective in order to grow. The forums created space for authentic communication, collective learning and prioritizing community knowledge and practices. By prioritizing community engagement, the New Mexico Public Health Institute is ensuring that the health system is built around what matters most to communities, not what is wrong with them.

NEXT STEPS

POPULATION HEALTH DEFINITIONS

By reframing the definition of population health, New Mexico is laying the groundwork for more successful, multi-sector collaboration in rural health capacity and health systems transformation. The New Mexico Public Health Institute will support the dissemination of the definitions and moving them from paper to action. This will be accomplished by the guiding interest from not only the forum participants, but also other stakeholders that are motivated by working with a common language

BEHAVIORAL HEALTH PRIORITIES

The New Mexico Public Health Institute will serve as a clearinghouse for activities that build off the strategic priorities that were developed in each region to improve the behavioral health system in New Mexico, with the ultimate goal of improving synergy among existing fragmented efforts and resources.

For additional information, please do not hesitate to contact the New Mexico Public Health Institute at (575) 597-0031 or email us at aherrick@swchi.org