

# Executive Summary

## Comprehensive, Collaborative Health Systems Planning and Implementation in New Mexico: Two Case Studies

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## Background

Emerging awareness of the influence of social, economic, physical, and political environments on health has led to a fundamental rethinking of how communities plan for and develop effective health systems. Effective community health planning has become a combination of community organizing, public health, clinical care, and social services. It crosses not only disciplines but sectors, bringing to the table people with knowledge about the built environment, transportation, information systems, social services, food systems, housing, education, and more. In other words, to be effective, community health planning must be comprehensive, collaborative, and cross-sectoral.

Increased awareness of the influence of social determinants of health is reflected in significant changes in policy, funding, practice, and regulation. National and state standards require that community health needs assessments be used as the foundation for health planning. By analyzing a community's health needs, including clinical, social, and environmental, health planners can identify populations unable to obtain adequate services, elements impacting access to services, and gaps in the community's ability to meet local health needs.

One of the most promising models pertinent to community health planning is the Accountable Health Communities (AHC) model, which the Centers for Medicaid and Medicare Services (CMS) began testing in 2016. The AHC model is based on the premise that enhancing clinical-community linkages can improve health outcomes and reduce costs. The AHC model has captured the interest of communities across the nation and in New Mexico about how best to identify individuals who have health-related social needs and connect them to appropriate community services. However, the impact of the AHC model in New Mexico communities is not clear.

The passage of the Patient Protection and Affordable Care Act (ACA) in 2010, which allowed the state to expand Medicaid to all residents making up to 138% of federal poverty level, created an unexpected source of funding for community health planning efforts in New Mexico. Counties in New Mexico support residents' health through three health-care assistance funds: The New Mexico Indigent Hospital and County Health Care Act; the Safety Net Care Pool (SNCP), and the County-Supported Medicaid Fund. Each county makes independent decisions about how to manage their indigent fund, including eligibility and covered services and administration. Counties also have significant autonomy in the ways they choose to use Safety Net Care Pool (SNCP) funding. Since implementation of the ACA, the number of insured residents has increased, allowing counties to use their county health-care assistance funds more creatively.

In turn, these changes have affected how communities in New Mexico plan for and implement interventions that support community health. As new models emerge, the essential elements of successful health planning that addresses health systems and social determinants of health – and, critically, links them together to the benefit of individuals as well as families and communities – remain unclear. Little is known about how communities can engage in comprehensive, cross-sector collaboration that integrates health-care delivery systems with the social, economic, physical, and political environments in which people live.

## Research Question

This study was designed to address this gap in knowledge. We conducted two qualitative, exploratory, longitudinal case studies to address the question: How and why do some New Mexico community collaborative efforts to build a healthy community work better than others?

We sought to understand:

- a) How processes, systems, methods and resources work in a way that makes assessment, planning and implementation more or less effective.
- b) How and why organizations in different fields or sectors collaborate with one another to meet regulatory requirements and build a healthy community.
- c) How and why those means of collaboration prove effective in building a healthy community.

## Development of the CCCHP Conceptual Framework

To address the question of effective health planning, we developed and tested a framework with two New Mexico communities that are engaging in Comprehensive, Collaborative Community Health Planning (CCCHP). We identified and reviewed more than 50 relevant studies and models in health planning, population health, and social determinants of health. Of the models reviewed, we performed thematic comparisons of four evidence-based models widely used for planning, and four models widely used for sustainability.

Six core elements, each comprised of several actions, emerged from the review:

- 1) **Partnerships, collaboration and engagement:** All models emphasized the importance of bringing multiple partners to the table, working collaboratively, and engaging community leaders and residents.
- 2) **Leadership and capacity:** All models emphasized the need for leadership, both in forming and sustaining collaborative efforts; the models also focused on capacity – i.e. having the skills and knowledge to work effectively together, conduct all the management functions (operational, legal, financial, etc.) and advance system change.
- 3) **Accountability: Strategy, goals, and action:** All models suggest that a formal mission, vision or purpose statement, developed collectively by partners, is essential to collaborative work.
- 4) **Funding:** All models discussed the importance of funding sources, processes and stability. Funding is necessary not only for programs, but for the work of building and maintaining the collaborative group itself.
- 5) **Communication:** All models and studies emphasized the importance of clear, effective communication. A common theme was the need for communications to be shared by and accessible to all participants, usually through a central point. Both internal and external communication were identified as essential.



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- 6) **Data, measurement and evaluation:** Almost all models studied emphasized the use of data to guide decision making during health system planning and implementation. Community health needs assessments often form the basis for identifying and prioritizing assets and needs. Most planning models encourage the use of measurable objectives to quantify the desired change over a specified period of time.

## Methods

CHI's statewide network of leadership team members identified five community health planning groups to assess for inclusion in the study. Interviews and document reviews were used to assess whether the groups could demonstrate collaboration among various community partners and planning efforts that reached beyond clinical care. Two communities – The Accountable Health Community of Santa Fe County (SFCAHC) and the Wellness Institute of Doña Ana County – met the inclusion criteria and were selected as case studies.

Qualitative data from in-person interviews, observations, and coordinator meetings were reviewed to identify patterns and themes in relationship to the framework's core elements. Other data provided by each site were reviewed to integrate qualitative or quantitative information from materials into the cases.

## Updating the CCCHP Framework

Our findings in these two case studies support the six elements of the initial CCCHP framework. However, the lived experiences of these two communities with different needs, resources, and people suggest additional activities and considerations for use of the framework.

We caution that we conducted only two case studies, both in areas with relatively large populations in comparison to the remainder of New Mexico. Our findings may not be applicable to rural and frontier areas or populations with other characteristics. Because both CCCHP projects were in relatively early stages of implementation, we were not able to document health outcomes. Further empirical research is needed to test and further develop the framework.

Despite these limitations, our examination of two CCCHP initiatives allows us to propose that our CCCHP framework can provide a useful guide for community health planners.

The CHI CCCHP framework is summarized in the following table (Table 3 in the accompanying report). Additional activities for supporting collaborative community health planning identified through these case studies are noted in italics:

## Comprehensive Collaborative Health Planning Framework

Core Element	Description
<b>Partnerships, Collaboration, and Engagement</b>	<ul style="list-style-type: none"> <li>• Establish conditions for diverse stakeholders to work together across traditional boundaries to lead health-system planning, redesign, and high impact system improvements.</li> <li>• Create opportunities for meaningful engagement of the people most impacted and with lived experience.</li> <li>• Engage diverse and committed participants and incorporate practices of meaningful participation, feedback, input, support, and leadership.</li> <li>• <i>Involve county government</i></li> <li>• <i>Recognize and address geographic challenges to full community participation</i></li> <li>• <i>Take specific steps to build community engagement</i></li> <li>• <i>Be patient.</i></li> </ul>
<b>Leadership and Capacity</b>	<ul style="list-style-type: none"> <li>• Incorporate voices of community members in project design and decision-making processes.</li> <li>• Ensure participants have or can develop the skills and knowledge to work effectively together, conduct management functions (operational, legal, financial, etc.), and advance system change.</li> <li>• <i>Build community capacity by providing information and training to elected officials and other community leaders who are not members of the coalition.</i></li> </ul>
<b>Accountability: Strategy, Goals, and Action</b>	<ul style="list-style-type: none"> <li>• Anchor work in a shared vision.</li> <li>• Develop strategies, goals, measurable objectives, and actions to guide processes and assure accountability.</li> <li>• <i>Create mechanisms to respond to changing community needs.</i></li> </ul>
<b>Funding</b>	<ul style="list-style-type: none"> <li>• Gather and sustain adequate funding to anchor the community's capacity for health-system planning, implementation and continuous quality improvement and to sustain the system over time.</li> <li>• <i>Use creative strategies to leverage existing funding and other resources, including donated staff time.</i></li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>• Develop communication processes to ensure participants can access and receive information about all aspects of the health system, including planning, implementation, outcomes, funding, and capacity.</li> <li>• Centralize communication so stakeholders do not have to check numerous sources for information and can receive timely and meaningful information that is not duplicative.</li> <li>• <i>Develop plans and mechanisms for communication with the community at large, including elected officials and business leaders.</i></li> </ul>
<b>Data, Measurement, and Evaluation</b>	<ul style="list-style-type: none"> <li>• Provide stakeholders with data, models and tools to help them individually and collectively understand the complexity and interactions of the health system, set priorities for action, and measure progress and outcomes over time.</li> <li>• <i>Share resources to meet regulatory requirements for data, such as community health needs assessments.</i></li> </ul>



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