

Acting on the Affordable Care Act of 2010 in Doña Ana County, New Mexico: Strategies for Implementation

Prepared by Renée T. Despres, Ph.D. for the Con Alma Health Foundation

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Executive Summary

The Affordable Care Act of 2010 (the ACA) changes the United States health-care system dramatically. It expands health-care coverage to a potential 32 million people, increases people's rights and benefits, invests in the primary care workforce and health-care infrastructure, imposes quality measures on hospitals, and adopts a national focus on prevention of disease and injury. Combined, these changes are designed to improved health outcomes for U.S. residents and reduce health disparities.

Yet the road from policy to practice is likely to be rocky and, at times, convoluted, especially in places like Doña Ana County, New Mexico, a geographically large, poor county in the U.S.-Mexico border region. Challenges to implementing the ACA in Doña Ana County are myriad. The county's location in the border region creates political, economic, social, and ethical challenges. Health-care workforce shortages are already acute and likely to be exacerbated by an increase in the number of insured. The county's high poverty rate, coupled with high rates of uninsured adults and children, means tremendous outreach and eligibility support will be needed to enroll eligible people in health plans. A significant percentage of county residents are undocumented immigrants, which the ACA excludes from coverage, leaving them even more vulnerable – and providers footing the bill for their care.

This report provides a strategic framework for addressing these and other challenges as Doña Ana County implements the ACA. That strategic framework is designed to answer one core question: How can Doña Ana County best take advantage of the opportunities offered by the ACA to improve the health of the county's most vulnerable children and families?

Both secondary and primary data sources were used to gather information for this report. Secondary data were gathered through a literature search and reviews of local, state, and federal data. Primary data were collected through a community-based participatory research process. Focus groups were conducted throughout the county; they were complemented by an online survey. Residents were asked about their ability to access health care, health-care coverage, the quality of health-care they received, and what they need to truly improve their health.

Through this process, a picture emerged. A picture of people for whom going to the doctor is a financial, physical, and emotional struggle. A picture of people who are hungry for information about preventing disease. A picture of people who can't leave their jobs long enough to visit a health clinic. A picture of people who pay high health premiums – and still pay large out-of-pocket expenses for health care. A picture of people who wait months for an appointment with a physician, then wait hours in the clinic after they arrive for their appointments. A picture of people whose health care providers can't – or won't – communicate clearly with them, leading to misdiagnoses and medication errors. A picture of people who live in communities too unsafe for children to walk to school.

This is the picture that maps the path to implementing the ACA in Doña Ana County – and the challenges inherent in that journey. It is the picture mapped in this report.

It must be emphasized that the framework contained in this report is a *strategic* one. It is designed for stakeholders to use as they develop specific action steps to implement the ACA in Doña Ana County. As

such, the framework is built on *opportunities* contained in the ACA and *strategies* for Doña Ana County to use to pursue those opportunities.

These opportunities – 12 in all – are described below. The opportunities are categorized into five areas: governance and policy, access to care, health-care coverage, quality of care, and evaluation. Strategies for pursuing these opportunities are described in the final section of this report.

Governance and Policy

- Opportunity 1: Ensure coordination of ACA implementation in Doña Ana County.
- Opportunity 2: Minimize the burden of uncompensated care on local health systems.

Access to Care

- Opportunity 3: Maximize the number of people with public and private health coverage in the county using the ACA's broadened eligibility guidelines for Medicaid and Affordable Insurance Exchanges.
- Opportunity 4: Minimize barriers to health-care access other than coverage.
- Opportunity 5: Develop and attract culturally and linguistically fluent, skilled health-care providers to Doña Ana County.
- Opportunity 6: Use the existing health-care workforce more effectively.
- Opportunity 7: Maximize residents' access to a continuum of care, including preventive services, primary care, oral health care, behavioral health- care, and specialty care.

Coverage

- Opportunity 8: Ensure residents access health plan benefits in alignment with with health needs.
- Opportunity 9: Ensure information about coverage options and benefits is clear and accessible to consumers.

Quality

- Opportunity 10: Increase the quality of health care available to Doña Ana County's vulnerable children, families, and adults.

Improving Health

- Opportunity 11: Update Doña Ana County's current prevention plan to align with the National Prevention Strategy.

Evaluation

- Opportunity 12: Evaluate the impact of the ACA on Dona Ana County's vulnerable children, families, and adults.

Introduction and Background

In March 2010 President Barak Obama signed into law two bills that fundamentally change health care in the United States: the Patient Protection and Affordable Care Act of 2010 (PL 111-148) and its companion “fixer” bill, the Health Care Education and Reconciliation Act of 2010 (PL 11-152). Combined, these two bills (referred to as the “ACA” in this document), comprise the nation’s most comprehensive overhaul of health-care financing and delivery in 70 years.

The ACA represents a tremendous step toward improving health-care for most Americans. Fundamentally, the ACA represents a shift from a mindset of exclusiveness in health-care access to the ACA vision of inclusiveness. It expands health-care coverage dramatically: The Congressional Budget Office estimates that an additional 32 million Americans will have health-care coverage by 2019. The ACA also addresses fundamental problems in current coverage practices, such as exclusions for “pre-existing conditions,” draconian restrictions on maternity coverage, coverage for preventive services, high costs for prescription drugs – including the Medicare “donut hole” – and gaps in coverage for young adults. In addition, funding and other incentives are provided for development of the health-care workforce and health systems.

Yet the journey from policy to practice requires careful planning and implementation, especially in places such as Doña Ana County, New Mexico. This document provides a navigational map for that journey by asking a simple question: How can health-care reform be implemented in a way that most closely matches the health-care needs of Doña Ana County’s most vulnerable children and families and in a way that *truly improves their health*?

The question may be simple, but the answer is complex. Most Doña Ana County residents will benefit from the ACA’s expansion of coverage, increased benefits, and significant investment into health-care resources. The ACA affords Doña Ana County’s vulnerable children and families a chance to gain accessible, high-quality health care. It is based on a comprehensive, population-based approach to improving overall health, quality of life, and well-being.

However, challenges to implementing the ACA in Doña Ana County are myriad. The county is part of the U.S.-Mexico border, which contributes to political, economic, social, and ethical challenges in implementation of the ACA. The county’s poverty rate is almost twice the national average. More than one out of three adults, and more than one out of five children, do not have health coverage. Shortages of every type of health-care professional exist throughout most of the county. Doña Ana County’s population includes a significant portion of undocumented immigrants, who are not eligible for coverage under the ACA.

Yet Doña Ana County also has a strong health-care infrastructure and a long history of innovative thinking and community-based planning in addressing the unmet health needs of its most vulnerable children, families, and adults. Despite the many challenges to implementing the ACA in Doña Ana County, the county is well positioned to take advantage of the opportunities it presents. By taking both a “ground up” and “top down” approach to health-care reform, Doña Ana County will be able to best take

advantage of the ACA to improve the health outcomes of vulnerable New Mexico children, families, and communities.

This document was developed as part of a statewide community-based strategic planning effort for implementation of health-care reform in New Mexico. The process was coordinated by the Con Alma Health Foundation with funding from the Kellogg Foundation.

Dona Ana County: A Brief Profile

Dona Ana County (population 209,223) is a place of paradox. It composed of dynamic, thriving, and growing communities – and faltering communities with plagued by violence, chronic disease, and hunger. It is home to the very rich – and the very, very poor. It is home to a population of very young – and very old. It boasts a major university – and a high school dropout rate of nearly 50 percent. Its remote terrain ranges from the rugged mountains to the Chihuahuan desert to the Rio Grande riparian area. It is the site of the second largest urban area in New Mexico – and the site of remote frontier and rural communities. It is resource-poor – and relatively rich in one of the most precious commodities in the southwest: water.

Dona Ana County is part of the U.S.-Mexico border, with much of the county’s 3807 square miles lying in the 62-mile (100 kilometer) area defined as the “border” by Article 4 of the 1983 La Paz Agreement between the United States and Mexico. People, goods, and services flow both ways across the international border. According to the New Mexico Border Authority (2010), nearly 500,000 commercial and private vehicles cross the border at Santa Teresa, the county’s only border crossing facility, each year. Many residents have deep roots on either side of the border, living transnational lives that span cultures, geographical locations, political, legal, and educational systems, and languages.

A second political border also defines the county’s eastern side: the state of Texas. The city of Las Cruces is about 45 minutes by car from the major urban center of El Paso, Texas (population 800,647) and its Mexican sister city of Juarez, Chihuahua (population 1,512,354). The El Paso-Juarez region is a major site for retail shopping, air travel, and access to health-care services and supplies.

Demographics

The vast majority – 80 percent – of Doña Ana County’s population lives in Las Cruces, the second largest urban area in New Mexico. The remaining 20 percent of the population lives in rural areas of the county, many of which are undeveloped *colonias*.¹

Census Bureau 2010 data show that two-thirds (65.7 percent) of residents are of Hispanic origin, while 30.1 percent are non-Hispanic white. Almost one out of five people are foreign-born. Mexico is the country of origin for almost all of the foreign-born population.

¹ *Colonias* are defined by the U.S. Department of Housing and Urban Development (2011) as “rural communities and neighborhoods located within 150 miles of the U.S.-Mexican border that lack adequate sewer, water, and/or housing.. These areas also typically lack other basic services like electricity, garbage service, water drainage, schools and community facilities.” Local government may be informal or nonexistent.

Age is a defining factor in determining health-care needs of Doña Ana County residents (See **Figure 1**). American Community Survey data show that Doña Ana County is home to proportionally more children than is New Mexico or the United States in general: 27.6 percent of the Doña Ana County population is younger than 18 years, compared to 25.4 percent in New Mexico and 24.3 percent in the United States. Only 60.2 percent of the Doña Ana County population is aged 18 to 65 years, compared to 61.6 percent in New Mexico and 62.8 percent in the nation. Although the population aged 65 and older is proportionally less than in the state or nation (12.2 percent, 13.0 percent, and 12.9 percent, respectively), it is still significant in terms of health-care needs.

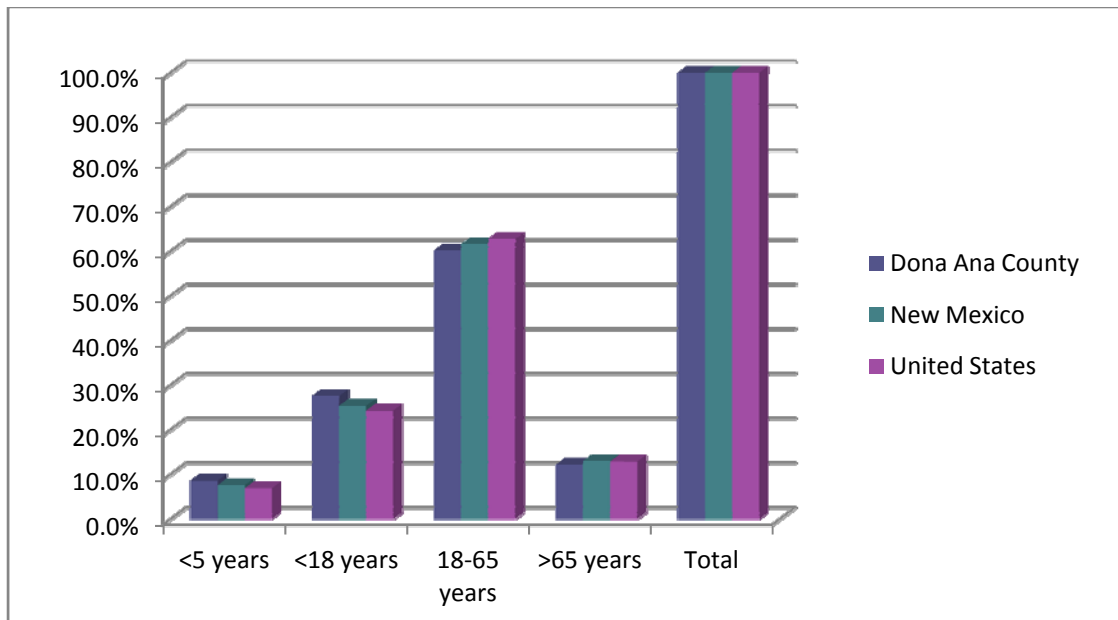


Figure 1: Age Distribution of Population

This age distribution presents a dual challenge for health-care services in the county: an increased need for health-care services for the very young and the very old, with proportionally fewer healthy young adults in the labor force. Thus, there is an increased need for maternal-child health services including prenatal care, obstetrics and gynecology, community health worker (especially doula) programs, early childhood education programs, and home visiting programs. In addition, health-care resources for seniors are sorely needed, especially for diseases associated with aging, including diabetes, heart and blood vessel disease, dementias such as Alzheimer’s disease, Parkinson’s disease, and cancers.

Economics

The median household income in Doña Ana County is \$35,541, well below the state average of \$42,830, and only two-thirds of the national median income of \$62,363 (Census, 2010). More than one out of five families (20.4 percent) in Doña Ana County earn less than federal poverty level of \$22,350 for a family of four, more than double the national rate of 9.9 percent and significantly higher than the New Mexico

rate of 18.2 percent. Among children, 32.5 percent were living in poverty in 2008, the last year for which data are available (Annie E Casey, 2011).

The county's largest economic sectors are government, education, agriculture, health, and retail sales. New Mexico State University, based in Las Cruces, is the state's land-grant institution and serves 16,415 students. Agriculture is the mainstay of the rural economy, bringing more than \$255 million in cash commodities to the county each year, according to the 2007 U.S. Department of Agriculture Census of Agriculture. A long growing season and mild climate, combined with access to water from the Rio Grande River, allows nearly year-round crop production. Major crops include chile, pecans, cotton, alfalfa, corn silage for dairies, and fresh-market vegetables such as lettuce, garlic, onions, and cabbage. The small agricultural community of Hatch is the largest chile producer in the world, while 50 percent of New Mexico's pecan crop is grown in an area about four miles in radius.

Lack of Health Insurance

Doña Ana County has one of the highest rates of uninsured adults in the nation. Based on estimates from the American Community Survey, more than one out of three adults younger than 65 years (33.5 percent) in Doña Ana County do not have health insurance, a rate notably higher than the state rate of 26.7 percent or the national rate of 17.2 percent (NM IBIS)². Likewise, health insurance rates for children are disproportionately low. The Annie E. Casey KidsCount research team estimates that 22.7 percent of children in Doña Ana County are uninsured.

“Health reform will have its biggest effects on areas where large shares of the population are uninsured.”

*Genevieve Kenney and
Samantha Phong, The Urban
Institute*

Education

Only 74.4 percent of the Doña Ana County population has high school degree or higher, a full ten percentage points less than the national rate of 84.6 percent (Census, 2010). Despite the presence of a relatively large state university (New Mexico State University) and a robust community college (Doña Ana Community College), only a quarter of county residents hold a Bachelor's degree or higher, below the national average is 27.5 percent. Low educational attainment is strongly associated with lower lifetime earnings (Julian & Kominski, 2011), lack of health-care coverage, and poorer health outcomes. Julian and Kominski, in an analysis for the American Community Survey, found that on average during 2005-2010, a person without a high school degree earned \$11,000 annually while full-time, year-round workers with a professional degree earned \$100,000 per year. Thus, these educational statistics suggest that poverty and chronic health problems are long-term challenges in Doña Ana County.

² County Health Rankings estimated lack of health coverage among adults under 65 years at 39 percent in 2011.

Safety-Net Health Services in Doña Ana County

Thanks to many committed residents, health-care providers, and government leaders, Doña Ana County has a proactive and extensive safety-net health-care infrastructure. The county actively engages in robust, community-based health-care planning and prevention efforts, led by the Doña Ana County Health and Human Services Department (DACHHSD).

The DACHHSD proactively addresses the needs of all county residents, especially those of vulnerable children and families. One of only two county health and human services departments in the state of New Mexico, the DACHHSD continuously seeks community input, identifies priority health needs, and develops and tests innovative pilot programs to meet those needs. The DACHHSD contracts with local safety-net health providers, manages the Doña Ana County Health Care Fund (formerly the “medically indigent” fund), administers the county DWI program, and guides infrastructure and community development in the *colonia*.

The Doña Ana County Board of County Commissioners provides oversight to the DACHHSD, while the Doña Ana County Health and Human Services Alliance (“the Alliance”) serves as its primary advisory body. The Alliance blends the work of several advisory bodies, creating a shared sense of purpose and understanding of methods and perspectives, while promoting new channels of communication. The 25 members of the Alliance represent a wide cross section of the community, including health-care consumers, providers, administrators, and insurers, public health officials, elected officials, and others. Hospital administrators, public officials, and elected officials sit on the Alliance in an *ex officio* role. All members sit on the Alliance as individuals, not as representatives of agencies.

Through coordinated planning, implementation, and evaluation of programs and contracts, the DACHHSD has positively affected health outcomes during the last decade. Some examples:

- A behavioral health crisis intervention training for first responders has been adopted statewide and is now a national model.
- The diabetes death rate in the county decreased markedly between 2003 and 2009.
- Thanks to a targeted, community-based teen pregnancy prevention program, the county’s teen birth rate dropped from a rate of 60.6 per 1000 in 2003 to 39.7 per 1000 in 2009.

The DACHHSD is responsible for the development of the safety net health and human services infrastructure in Doña Ana County. That safety-net infrastructure includes an array of primary care and specialty care resources. Major components of that infrastructure include the following:

- *Hospitals.* Two full-service acute-care hospitals provide a range of services including 24/7 emergency care, inpatient care, outpatient services, laboratory services, surgical services, community outreach, and more. Memorial Medical Center offers a comprehensive cancer center, hyperbaric chamber, and other specialized services. Both hospitals provide notable amounts of care to low-income residents of the county. In 2009, Memorial Medical Center reported that it provided care to nearly 30,000 uninsured or under-insured residents of Doña

Ana County and nearby counties; MountainView Regional Medical Center reported caring for nearly 6,000 uninsured or under-insured residents.

- *Community Health Centers.* Three federally qualified health centers (FQHCs) provide services in Doña Ana County. Ben Archer Health Centers operates clinics in the communities of Hatch, Radium Springs, and Doña Ana; La Clinica de Familia serves Las Cruces, Sunland Park, Chaparral, and Anthony, Texas; and Presbyterian Medical Services operates a clinic Chaparral. All clinics provide services on a sliding fee scale, in addition to offering assistance with eligibility for coverage, medication assistance programs, and other resources. All clinics provide primary care, while dental care, limited behavioral health services, and ancillary services such as diabetes education, promotora (community health worker) outreach programs are available at most locations. Pharmacy services are provided at some locations.
- *Nonprofit clinic.* St. Luke's Health Center provides free primary health care for the indigent, homeless, those without health insurance, those who do not qualify for Medicare, Medicaid, VA, and those who make less than \$1000 a month. St. Luke's staff counsel patients about their diseases and help them get low cost medications through Wal-Mart, K-Mart, and drug companies. St. Luke's does provide a few free medications on a 30-day basis. Most staff members are volunteer nurses and EMTs, however, physicians from the New Mexico Department of Health work on a paid basis, and some private physicians and physician's assistants also volunteer their time and skills. Staff members provide diagnosis and treatment for patients with diabetes, hypertension, thyroid problems, cardiovascular disease, and other chronic and acute diseases.
- *Family residency program.* The Southern New Mexico Family Practice Residency program provides residency opportunities for family physicians, simultaneously training new family practice providers and providing additional health-course resources to the community. The residency was established in 1996 and since then has placed more than half of its graduates in New Mexico and west Texas, including many in Doña Ana County. Residents also receive training in integrated behavioral health, border health, and HIV care.
- *Emergency medical services.* American Medical Response (AMR) provides 9-1-1 response and ground transport to the county under contract with DAC HHSD; critical care air transport is provided by Southwest Air Ambulance. In addition, 16 volunteer fire departments provide first response through the services of approximately 320 volunteer firefighters/EMTs.
- *Behavioral health services.* Several providers offer safety-net behavioral health services in the county. The county's three core service agencies are Southern New Mexico Human Development, Families and Youth Incorporated (FYI), and Southwest Counseling Center. Limited services are provided in the rural communities. To make up for this gap, DACHHSD contracts with other providers in rural areas such as Esperanza Guidance Services, Inc. In Las Cruces, Mesilla Valley Hospital, a private psychiatric hospital, provides both inpatient and outpatient behavioral health service to adults and adolescents including substance abuse and addictions counseling, treatment for major mental health disorders, and experiential therapy (such as ropes courses).

- *Oral health services.* Community health centers are the primary resource for dental care for the uninsured and underinsured in Dona Ana County; DACHHSD provides supplemental funding for these programs. In addition, according to the New Mexico licensing board, 35 dentists reside in the county. Several dentists practicing in Las Cruces provide pediatric dental care and accept Medicaid. DACHHSD has also partnered with the dental hygiene program at Dona Ana Community College to bring services to the uninsured.
- *Community resource centers.* The DACHHSD operates six community resource centers throughout the county. The centers function as multipurpose community centers, where residents can meet, learn, and sign up for service, get information about eligibility, receive health and prevention education, and access other county services such as flood control, road, fire marshal, fire safety. Disease and injury prevention education includes diabetes, alcohol and substance abuse, and other topics. The centers also offer year-round youth programming that includes free summer lunches and activities for all ages. This youth initiative addresses childhood obesity and the school dropout rate through experiential learning activities such as hiking, swimming and social recreation at the centers.
- *Area Health Education Centers.* The New Mexico Area Health Education Center at the University of New Mexico School of Medicine was established in 1986 in an attempt to improve access to primary care in New Mexico. The University of New Mexico (UNM) entered into a collaborative agreement with New Mexico State University (NMSU), College of Health & Social Services to establish the Southern Area Health Education Center (SoAHEC) in the late 1980's. The New Mexico Border Health Education Training Center (BHETC), also through the University of New Mexico School of Medicine, was established at NMSU in the early 1990's respectively. Both SoAHEC and BHETC are housed under the Department of Health Science. The mission of both programs is to serve as a culturally competent regional resource and training center for youth, the health workforce, and communities of New Mexico.
- *Health Care Fund.* The Doña Ana County Health Care Fund pays some health-care costs for residents who qualify as medically indigent – that is, residents who can otherwise sustain themselves and their families but are unable to meet the financial challenges of overwhelming health-care costs. Funding is derived as a percentage of the state gross receipts tax. Through an automated management information system, Dona Ana County has streamlined its enrollment process and provides low-income and uninsured residents with a single point of entry for entitlement programs. Programs include community health centers, hospitals, and all Dona Ana County contractors including medical, behavioral, and oral health services.

Another resource for health-care access must also be mentioned in any discussion of safety net health-care resources in Doña Ana County: Proximity to Mexico provides informal safety-net health-care access for many Doña Ana County residents. Many residents travel to Mexico, especially the border town of Juarez, to receive health care and purchase pharmaceuticals. While this option provides another avenue for health-care access to residents, it also poses public health challenges, especially in unregulated purchase and use of antibiotics and other medications. In addition, violence in Juarez has led many people to seek resources and refuge in Doña Ana County.

Even with these safety-net resources and concerted planning and prevention efforts, too many vulnerable adults, families, and children do not have access to health-care services. Even with the most efficient and diligent use of resources, too few public and private resources are available to provide adequate health services to all county residents. Thus, health care is parceled out in limited ways, often leading to equally limited impact on health outcomes.

Can the ACA Fill the Real Needs in Doña Ana County?

The ACA provides tools to start to fill the gap between health-care needs and resources in Doña Ana County. However, can it truly fill the on-the-ground needs in the county? Can the ACA overcome challenges to access, coverage, and quality such as geography, demographics, economics, culture and language, political boundaries, and health workforce shortages?

To answer these questions, information was gathered using a three-pronged approach: a literature/database review, a series of focus groups and community meetings, and an online survey. Background and secondary data were collected through a literature search and reviews of databases containing information about key health indicators for Doña Ana County’s vulnerable children and families.

This work builds upon previous health and human services planning processes in Doña Ana County, specifically the Doña Ana Health and Human Services Alliance (“the Alliance”) Action Plan 2006 and its update in 2009. Data sources include the U.S. Census Bureau, New Mexico’s IBIS system, Annie E. Casey KidsCount, and DAC HHSD. Healthcare.gov was the primary source for information about the ACA.

Primary data were gathered using a county-wide community-based participatory research process. The process included focus groups/community meetings (see **Table 1**) and an online survey. Focus groups were held in various locations around the county. Target audiences were community members (including elected officials) from the various regions, community health workers, and Alliance members. The groups were conducted in English with Spanish translation. A detailed description of focus group methodology is included in **Appendix A** of this report.

Table 1

Date	Location	Audience	No of Participants
August 8, 2011	Sunland Park	Community Health Workers	8
August 9, 2011	Rincon	Community Members	18
August 10, 2011	Las Cruces	Community Members	21
August 10, 2011	DAC Alliance	(Presentation)	n/a
August 11, 2011	Chaparral	Community Members	18
September 7	Las Cruces	Alliance Members	30
September 8	Sunland Park	Community Members	123

To supplement information gathered during focus groups, an online survey tool was also developed and disseminated. The survey included detailed questions about access to health care, health-care coverage, health-care quality, and health status.

The survey was developed in English and translated into Spanish. Both versions were uploaded to SurveyMonkey, an online survey software tool. It was disseminated via word of mouth, email, Alliance members, and DACHHSD staff. Outreach workers at community health centers helped people who were not comfortable using computers to complete the survey. Copies of the survey tool are available in **Appendix B** of this report.

Information from the survey is presented here with the caveat that results are limited by small sample size. Only 101 people began and 95 completed the English version of the survey, while five people began and four people completed the Spanish version of the survey.

Key Challenges that Span Access to Care, Coverage, Quality

Through this process emerged a set of key challenges to implementation of the ACA in Doña Ana County. The following issues span the three pillars of health-care delivery: access, coverage, and quality.

High rates of uncompensated care. Uncompensated care is a substantial burden for Doña Ana County providers. Uncompensated care is defined as health care that is received but not fully paid for, either by insurers or individuals (Kaiser Health Foundation, 2004). During fiscal year 2009, the two hospitals located in Doña Ana County (Memorial Medical Center and Mountainview Regional Medical Center) reported providing a total of \$12.3 million in uncompensated care.

Nor does the cost of uncompensated care stop at county lines. Doña Ana County residents in need of acute or specialty care – for instance, trauma or a hand surgeon – often receive care at tertiary facilities where specialists are available. Texas Tech University Health Sciences Center in El Paso is the major provider of uncompensated care for Doña Ana county residents. In addition, during fiscal year 2010, the University of New Mexico Health Sciences Center (2011), located in Albuquerque, reported providing more than \$1.5 million in uncompensated care to residents of Doña Ana County.

Yet the costs of uncompensated care still need to be paid – somehow. This leads to cost shifting, higher premiums for the insured, and additional public funding, most of which goes to hospitals with high rates of uncompensated care. The Medicaid Disproportionate Share Hospital (DSH) program provides funding for uncompensated care and to make up for the difference between the actual cost of providing care and the amount reimbursed by Medicaid.

Hospitals that provide the greatest amount of care to low-income populations – in which a high percentage of patients are either uninsured or under-insured – often rely heavily on DSH funding to make up not only for charity care, but for the difference between Medicaid reimbursement rates and costs.

“Although the federal law will increase access to care for millions of Americans, undocumented immigrants are an inevitable source of failure.” Courtney Burke and Erika Martin, Rockefeller Institute of Government

The ACA calls for the DSH to be phased out gradually. Starting in 2014, states will receive quarterly reductions in payments; reductions are expected to total \$18.1 billion by 2020. This gradual phase out is being implemented on the assumption that if all people have health-care coverage, the need for supplemental funds will be drastically reduced or even eliminated.

Nevertheless, there is another problem with Medicaid DSH funding: It is used in different ways by different states, and states or counties with the highest rates of uninsured do not necessarily receive more funding. As health policy experts Courtney Burke and Erika Martin (2010) observe, no one really knows if expanding health coverage will really reduce

or eliminate the need for those “make up” dollars. Burke and Martin, researchers at the Nelson A. Rockefeller Institute of Government/Rockefeller College of Public Affairs & Policy at the State University of New York in Albany, summarized the problem in an editorial for Health Affairs:

In theory, if health reform works, more individuals will be covered, and there will be fewer uncompensated care costs, reducing the need for Medicaid DSH. In reality, it is difficult to predict the effects of eliminating DSH payments because Medicaid DSH funding streams are not transparent. Few people know how these funds are distributed, exactly what they are used for, who and how many people get health services because of DSH, and how the funds flow to health providers.

A significant population of undocumented immigrants. The issue of uncompensated care is closely tied to another difficult issue in Doña Ana County: How do providers care for undocumented immigrants and their families? The ACA explicitly prohibits undocumented immigrants from coverage under Medicaid, state health insurance exchanges, and high-risk pools created under the law, as well as other services. In addition, federal funding used to pay for health care for undocumented immigrants under Section 1011, Federal Reimbursement of Emergency Health Services Furnished to Undocumented Aliens, has been eliminated. Section 1011 provided \$250 million per year for fiscal years (FY) 2005-2008 for payments to eligible providers for emergency health services provided to undocumented aliens and other specified aliens.

Yet Doña Ana County is home to a large population of undocumented immigrants, who, like other people, need to access health care. While exact figures are difficult to obtain, the Pew Foundation (2011) estimates that 85,000 undocumented immigrants reside in New Mexico. Many of them live and work in Doña Ana County.

Providers are bound by legal and ethical obligations to care for all people in need. The Emergency Medical Treatment and Labor Act (EMTALA) requires that hospitals provide care to all persons needing emergency medical care, regardless of citizenship or ability to pay. Ethically, physicians are bound to

provide care to those in need, based on section IX of the American Medical Association Principal of Medical Ethics, which reads: “A physician shall support access to medical care for all people.”

This leaves health-care providers, hospitals, ambulance services, and county government in a double bind: For legal, ethical, and moral reasons, providers must care for undocumented immigrants, but the primary source of funding previously been used to support that care is being dramatically reduced or eliminated under the ACA³.

The exclusion of undocumented immigrants from care poses public health challenges that will affect all Doña Ana County residents. Lack of access to primary care and preventive services such as immunizations, screenings, and counseling (especially regarding STDs including HIV) may lead to spread of infectious disease and late identification of chronic diseases; lack of access to medications and durable medical goods may lead to more acute episodes of disease and more use of emergency systems.

Not providing care to pregnant women who are undocumented immigrants may actually increase health-care costs over the long term. Lack of prenatal care for pregnant women is likely to affect fetal health – increasing infant mortality and morbidity, the rate of preterm births, and health problems among children born to these mothers. Those infants are likely to be born U.S. citizens – and eligible for public coverage.

In turn, the bill for coverage of infants born to mothers who did not receive prenatal care and other supports is likely to be much greater than for women who do receive adequate that care and support. The cost of providing health care to preterm infants during the first year of life is approximately 11 times more than for healthy, full-term infants. In a report prepared for the March of Dimes (2008), Thomson-Reuters estimated the average health-care spending during the first year of life for one preterm infant (defined as an infant born before 37 weeks gestation and/or less than 2500 grams) was nearly \$50,000 – compared to \$4,551 for healthy, full-term infants.⁴

Health plans pay the majority of these costs, which average more than \$3,800 for healthy infants, and more than \$46,000 for pre-term infants. A separate analysis revealed that the costs of a complicated delivery are significantly higher than for an uncomplicated birth: \$14,667, compared to \$9,415. Total costs for infant and maternity care for a preterm infant four times that of a healthy, full-term infant born without any complications: \$64,713 versus \$15,047. Health plans paid more 90 percent of those costs.

This is one of many scenarios demonstrating how exclusion of undocumented immigrants from health-care coverage may lead to increased health-care costs, especially for public plans. For hospitals and providers in Doña Ana County, the financial drain is likely to be substantial. The ACA will reduce undocumented immigrants’ access to health-care while phasing out the primary funding stream used to

³ Both La Clinica de Familia and Ben Archer Health Centers receive some funding for farmworker health programs. However, these funds are extremely limited and can be used to provide care only to undocumented workers who are farmworkers or families.

⁴ All births in the study occurred in 2005. Costs were adjusted to 2007 dollars.

pay for that care. Hospitals, FQHCs, and private providers that provide care to low-income residents will be most affected. Because Doña Ana County is home to many undocumented immigrants, it is reasonable to expect that the county's resources will be notably affected by the ACA's exclusion of undocumented immigrants from coverage.

The total impact of excluding the undocumented from coverage is impossible to predict, partly because data about undocumented immigrants and their use of public and private health-care resources is sorely lacking. The few recent studies that have examined the issue suggest that average public expenditures on health care for undocumented immigrants is far lower for American natives or naturalized citizens. Siimpson and colleagues (2010) compared health-care expenditures of undocumented immigrants, naturalized citizens, and U.S.-born citizens. They found that undocumented immigrants spent the fewest health-care dollars: 50 percent of undocumented immigrants had annual public health expenditures of \$200 or less, compared to expenditures of \$1100 or more for naturalized U.S. citizens. Likewise, Goldman and colleagues (2006) reviewed undocumented immigrants health-care spending and found that that nationwide, undocumented immigrants spend an estimated \$6.4 billion annually on health care – \$5.3 billion of which comes out of their own pockets.

Healthcare workforce shortages. After health-care coverage, health-care workforce shortages comprise the greatest barrier to health-care access and quality in Doña Ana County. The lack of all types of health-care professionals, from technicians to primary care providers to specialists, may lead to critical problems in efforts to meet the ACA's requirements. Community focus group participants were acutely aware of physician shortages, especially in Hatch, Chaparral, and Sunland Park, where community health center clinics are the only source of care for the community. Alliance members and CHWs, likewise, noted the need for more health-care providers, especially in rural areas of the county.

Data from the New Mexico Health Policy Commission (2011) corroborate focus group findings about health workforce shortages. In January 2010, 307 licensed medical doctors (M.D.s) lived in Doña Ana County, a rate of 1.48 per 1,000 residents. In addition, 19 doctors of osteopathy (D.O.s) resided in the county. However, not all of these physicians actively provide clinical care in Doña Ana County. As the New Mexico Health Policy Commission (2010) notes, only 3100 of 7196 licensed M.D.s or D.O.s practiced medicine full time statewide. If that ratio holds true in Doña Ana County, only 140 out of 326 licensed M.D.s or D.O.s provide clinical care in the county.

Health Policy Commission data also show that midlevel providers contribute significantly to Doña Ana County's health workforce, with 98 licensed nurse practitioners (NP's) and 27 physician assistants (PA's) residing in the county. Approximately 2100 nurses (including both RNs and LPNs) were licensed in January 2010.

If even half of the more than 70,000 uninsured adults in the county gain health coverage and seek services, existing systems will be overwhelmed. The increased number of people with health-care coverage is likely to strain already overburdened health care and public health systems. In addition, many of the newly insured are likely to have unidentified or long-term health problems that have not

been addressed, increasing the need not only for primary care providers, but also for specialty care providers.

Another factor contributes to health-care workforce shortages in Doña Ana County: The cultural and linguistic makeup of the population demands bilingual providers who can explain medical issues clearly in both English and Spanish. Based on estimates from the American Community Survey, more than half (52.1 percent) of residents ages five years and older speak a language other than English in the home. In almost all of these households, Spanish is the language of choice.

Barriers to Health Care Access

People who cannot access routine health care often experience poorer health. When they do get sick or injured, their conditions are often diagnosed later, managed more poorly, and result in poorer outcomes. The uninsured often access health services only when illness has become advanced, or when an emergency arises.

Alternatively, having nowhere else to go, they may misuse emergency resources for routine care. Differences in access to health care contribute to ethnic and socioeconomic disparities in health status. Lack of access to care, especially prevention services and primary care, contributes significantly to preventable morbidity and mortality, leads to unnecessary health-care

expenses for preventable conditions, and places undue stress on emergency and specialty care resources.

Doña Ana County stands to benefit considerably from expansion of coverage under the ACA. The law expands Medicaid eligibility to adults making up to 133 percent of federal poverty level, currently \$10,890 for a single adult. In addition, affordable insurance exchanges and new requirements for insurance purchases, as well as employer incentives, will bring private insurance options within the reach of many currently uninsured residents.

However, health-care coverage is only part of the health-care access picture for Doña Ana County residents. Other barriers include cost of care even with coverage, clinic hours of operation, distance, language and cultural barriers, lack of transportation, and lack of childcare. **Figure 2** shows the adjusted weights of survey respondents' assessment of barriers to care. It is important to note that the vast

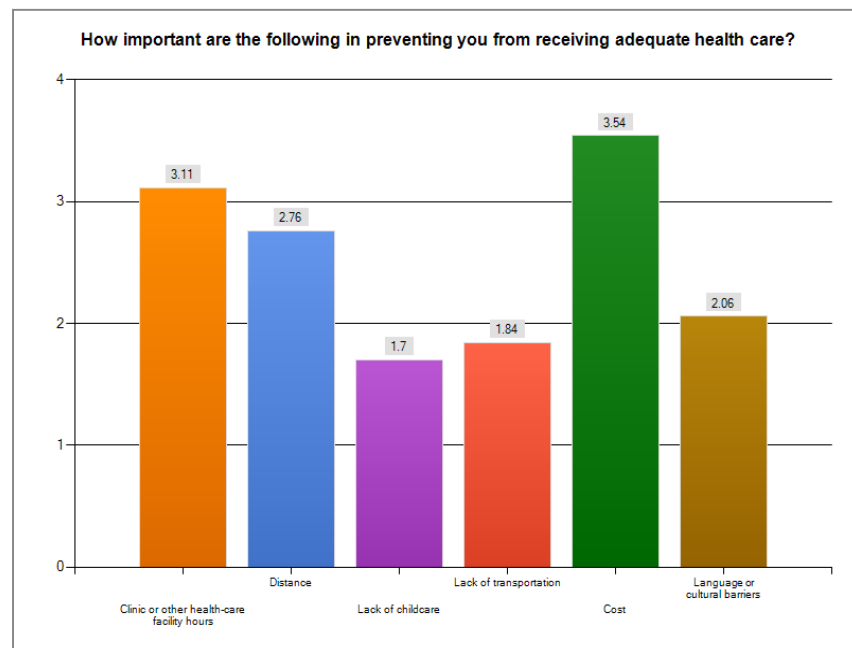


Figure 2: Barriers to Health Care Access Survey Results

majority – almost 90 percent – of survey respondents said they had health care coverage (see Figure 3).

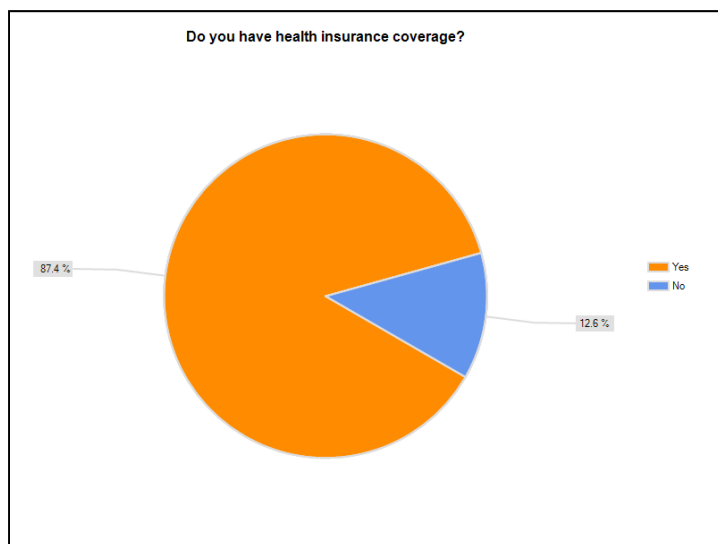


Figure 3: Health Coverage Among Survey Respondents

Having health-care coverage did not eliminate these barriers.

Cost. Both survey respondents and focus group participants rated cost as the most important obstacle to care. The ratio remained the same for participants who had health-care coverage. Several focus group participants cited the high cost of premiums, deductibles, co-pays, and medications as serious obstacles to care, especially with private insurance or Medicare. Medicaid coverage was generally said to be adequate; however, many providers do not accept Medicaid. Participants in Las Cruces, Hatch, and Chaparral said that sliding fee scales at FQHCs were difficult for them to cope

with, especially for repeated visits.

Hours of clinic operation. Focus group and survey participants ranked clinic hours of operation as an important barrier to care. Several people noted that their work hours conflicted with clinic hours. Ben Archer clinics offer Saturday and some extended hours. The recently opened PMS clinic in Chaparral also provides limited hours on Saturdays. However, La Clinica de Familia clinics are open only during normal work hours and closed on Wednesday afternoons.

Lack of primary care availability during evenings and weekends creates additional stress on other parts of the health-care system, especially emergency rooms and emergency responders. A notable percentage of survey respondents said that if they needed health-care during a weekend, before 9 a.m. or after 5 p.m. on a weekday, they would either seek help from an emergency room (41.3 percent) or call 911 for an ambulance (5 percent).

Time to appointments. Participants in all focus groups said they often were not able to schedule appointments promptly. Several participants said they had scheduled primary care appointments as much as three or four months out. Nearly 35 percent of survey respondents found it “not at all easy” or “slightly easy” to schedule urgent appointments with their doctors when they were ill.

Focus group participants in all parts of the county said that they often had difficulty scheduling appointments because providers were not available or were only available on certain days of the week. They clearly connected these difficulties with limitations in the health-care system and an inadequate number of providers in their communities.

Transportation. For many county residents, transportation is a significant barrier to accessing care. Survey respondents ranked transportation fifth among their list of concerns, after cost, clinic hours, distance, and language/cultural barriers. However, one out of four respondents said transportation was “important,” “very important,” or “extremely important” in preventing them from accessing care; one out of ten ranked it as “very important.”

Focus group discussions elicited more detail about common obstacles to transportation, which included the lack of reliable vehicle, being unable to drive because of disability, or prioritizing the family wage-earner’s use of a vehicle over medical appointments. Chaparral participants observed that transportation is often more of a problem for women. As one participant wrote, “Many families own a reliable vehicle but a husband or other family member uses it for work during clinic hours.”

Distance to care. Distance emerged as a critical barrier to accessing health care, especially primary/urgent care during evenings or weekends. Survey respondents ranked distance as the third most important obstacle, with more than half (56%) saying it was “important,” “very important,” or “extremely important” as a barrier to care. Focus group respondents reported driving 45 minutes to an hour to access care.

From the wishlist of one Sunland Park participant: “Being able to receive health care when it is needed and not three to four months after because there is not a staff large enough to see patients when they need it.”

Chaparral residents noted that health-care facilities, including a privately run urgent care clinic, were available nearby in Texas, but because their health-care coverage was not portable, they were not able to use these facilities. All participants, with and without coverage, in and out of the Las Cruces area, said distance was a barrier to accessing specialty health care. Several focus group participants in Hatch reported seeking health care in Mexico, especially if they felt they had received substandard care or if they were

unable to schedule an appointment promptly.

Political barriers. Political barriers to care ranked high on focus group participants’ list of concerns about health-care access and implementation of the ACA. Questions about political barriers were not included in the survey. They noted that undocumented immigrants often fear seeking care for themselves and their children, even if their children are U.S. citizens. Almost all focus group participants expressed concern about lack of insurance coverage for undocumented immigrants.

Language and cultural barriers. Language and cultural barriers often prevent people from receiving quality health care. Non-English speakers may have difficulty scheduling appointments, and if translation is not provided by a skilled medical translator, information may be lost or misconstrued. Approximately four out of 10 survey respondents ranked linguistic and cultural barriers as “important,” “very important,” or “extremely important” in preventing them from accessing care. Focus group participants noted that translations were often unclear or incomplete. One Chaparral participant noted

that lack of understanding about cultural norms and beliefs became barriers to care “because people do not want to return to see a physician after having bad experience.”

Oral health care. Focus group participants pointed to both a paucity of oral health care providers and lack of health-care coverage for oral health care as barriers to accessing care. Specialty oral health care, such as orthodontics and oral surgery, was a matter of concern for many who said they had to drive to Albuquerque or elsewhere to access such care.

Eye care. Focus group participants consistently said they needed access to eye-health professionals such as optometrists and ophthalmologists. Commonly cited needs included routine eye exams for children and adults, and care for minor eye problems. In every focus group, participants also said the cost of glasses was prohibitive.

Vision care is an acute need in the county. Data from Project Hope (Connelly, 2011), which provided free retinography (ophthalmoscopy) screening to 455 residents, corroborate focus group participants’ commentaries. Of those screened, 62.4 percent had at least some findings. More than one out of three people experienced inadequate images when they viewed the world.

Limited behavioral health services. Focus group participants energetically discussed the issue of behavioral health services. Questions about availability of services were not included in the survey; however, only 52.7 percent of respondents answered an unqualified “yes” when asked whether their health-care coverage paid for behavioral health services.

Focus group participants identified an ongoing need for improved access to behavioral health care services, especially for crisis intervention and youth services. Participants also connected the lack of behavioral health services in Doña Ana county to shortages of mental health professionals and the lack of infrastructure within which to deliver those services. They cited the following gaps:

- No crisis triage center
- No medical detoxification center
- No social detoxification center
- No state mental health center exists in southern New Mexico. The approximate cost to transport one patient to the state mental health facility in Las Vegas is \$5,000.
- No child/adolescent health psychiatrists in region

In addition, Alliance members and Chaparral residents noted that violence in Juarez has a significant impact in Doña Ana County, especially in the areas of mental health and substance use disorders.

Ancillary services. Participants consistently pointed to difficulty accessing ancillary services such as physical therapy, dialysis, orthotics and prostheses, and laboratory services. These concerns were more prevalent in northern and southern areas of the county than in Las Cruces. The ACA includes funding for the training of allied health professionals; however, it is unclear whether it also provides support for developing the infrastructure necessary to provide services outside of the primary care offered by community health centers, especially in rural areas.

Pharmacy services. Focus group participants in Hatch, Chapparral, and Sunland park repeatedly said they had difficulty getting medications when they needed them, especially in urgent care situations. Fewer than 100 licensed pharmacists resided in Doña Ana County as of November 2010, according to data compiled by the University of New Mexico Health Sciences Center. The majority of those pharmacists practice in Las Cruces, leaving few pharmacy resources in outlying areas of the county.

Labor and delivery. Sunland Park and Hatch residents noted that no birthing options were available to women in their communities; laboring women must drive 45 minutes to Las Cruces to give birth in hospitals.

Issues with Coverage

Most vulnerable individuals, children, and families in Doña Ana County will be eligible for free or low-cost coverage under Medicaid or other state-sponsored health insurance exchanges. It is unclear how current initiatives, such as the State Coverage Initiative, which provides a coverage option for individuals making up to 200 percent of federal poverty level, including the self-employed, and for employers, will change as the ACA is implemented.

Focus group participants identified the following problems with their current health-care coverage:

More Information and Clearer Explanations. When asked about health-care coverage, participants in all six focus groups cited the need for more information and clearer explanations of eligibility and benefits. Several participants commented that they frequently had difficulty understanding benefits and limits of their coverage. Others said they needed clear explanations of different coverage options and assistance navigating those options, and noted that information was often not available in Spanish.

Community health workers (CHW) confirmed the need for education about coverage options and limitations. They felt they had important information to share with their clients, many of whom were eligible for coverage (or had children who were eligible) under the current system but were reluctant to apply for public benefits because of their residency status, because they felt they did not want to receive “welfare,” or because they found the system confusing. CHWs also observed that they need training in new eligibility rules and regulations. Likewise, Alliance members – many of whom were themselves health-care providers or administrators – cited a need for “patient education about the health-care system and health insurance systems.”

The ACA addresses the confusing array of health coverage options, including eligibility and benefits, by requiring insurers to provide clear and concise information about benefits associated with plans, a uniform glossary of terms used, and creating templates for these documents.

However, limited materials are available in Spanish, and the federal website for the ACA, www.healthreform.gov, is the central portal for information about the ACA. Likewise, many private and public insurers use the internet to disseminate information for. Reliance on the internet for dissemination of information poses problems in Doña Ana County, where limited internet access, computer literacy, and overall literacy may compromise the ability of Doña Ana County’s most vulnerable families, adults, and children to access or understand this information.

High costs despite coverage. Both survey respondents and focus group participants ranked cost the number one barrier to accessing health care. This was true whether or not participants had health-care coverage. Among all survey respondents, X percent said that cost was important, very important, or extremely important in preventing them from accessing health care. Among survey respondents who had health insurance, 68 percent ranked cost in the same categories.

For focus group participants in all areas of the county and across income brackets, health-care coverage was often not sufficient to meet their medical needs without causing undue financial stress. Several people said they paid considerable co-pays for office visits and medications. One participant indicated that he paid as much as \$200 per month for medications to help control a chronic disease in addition to substantial premiums, meeting an annual deductible of \$1000, and a 25 percent co-pay for health-care coverage.

Limited benefits. Focus group participants in every part of the county said their current health-care coverage often did not cover necessary services, including preventive care, laboratory work, and specialty care. Preventive services were especially important to participants. Among survey participants who had coverage, 85 percent said preventive services were covered under their current plans. Dental coverage was included in only 69 percent of plans, and behavioral health services in only 52 percent. Focus group participants also cited problems with payment for preventive care. Community health workers were especially concerned about offering preventive screening when no follow-up care was available.

Specific areas of need identified by focus group participants included private plans, Medicaid, and Medicare:

- Medications. Participants in all six focus groups deemed coverage for medications inadequate.
- Oral health care, including orthodontics.
- Eye care, including and especially coverage for eye glasses and other necessary sight adjuncts.
- Ear care, including hearing aids and other necessary hearing adjuncts.
- Home health services
- Transportation to medical facilities.

Coverage not accepted by providers. Several focus group participants and survey respondents commented on the need to expand the pool of physicians who accept public and, in some cases, specific private coverage. Residents of Chaparral, especially, expressed frustration that services were available nearby in El Paso, but physicians did not accept New Mexico coverage. Survey results suggested that this was not a major problem in the county, with only 6.8 percent saying that it was “slightly easy” or “not at all easy” to find a local provider who accepted their coverage.

Commentary by providers who attended the Las Cruces focus group suggests that providers may face difficulties accepting coverage. For instance, they noted, the number of provider slots for the State

Coverage Initiative are limited. In addition, providers must go through an extensive credentialing process for each public and private insurer.

Quality

Overall, survey respondents ranked quality of healthcare highly (see Figure 4). Provider attitude and skills were generally ranked highly, as were clinic atmosphere and cleanliness. Satisfaction measures ranked slightly but not notably lower for participants receiving care at community health centers. However, several survey respondents offered critical comments on quality of care in the optional “comments” section of the survey.

In contrast, focus group participants expressed notable dissatisfaction with quality of care. When asked for ideas about improving their last clinic visits, they cited several areas of improvement. Participants were most critical of having to wait. Staff attitude was the second most frequent complaint, with several participants saying they had been treated unprofessionally or rudely.

One Sunland Park participant offered the following assessment of the quality of health care she received in Doña Ana County:

“I believe there is a need for medical providers who are more sensitive to diversity and health disparities in the city since it is a highly diverse population living here. There needs to be more awareness of the different types of cultures, since it makes a big difference in understanding the patient, as well as treating them. I believe there is a need for a larger personnel in the medical centers in order to provide better care, because many times it feels like practitioners don’t really listen to your because they are already running to the next person in line.”⁵

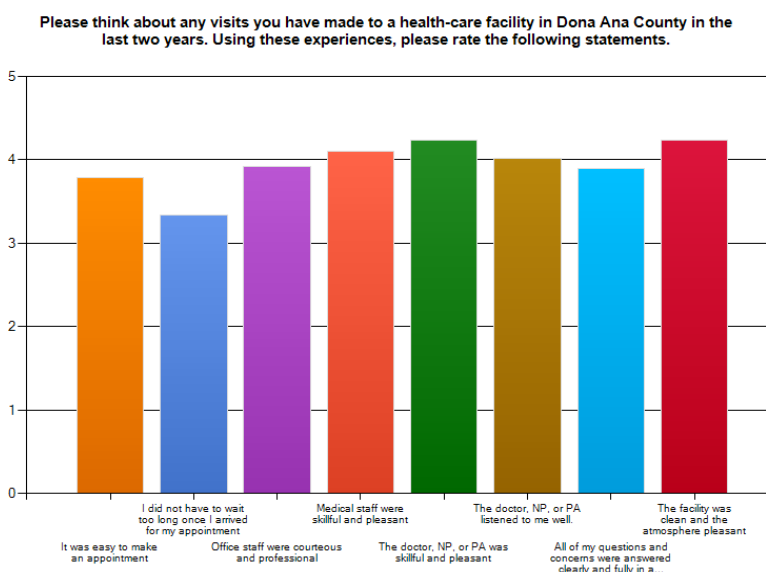


Figure 4: Patient Satisfaction (Survey Results)

Some of the issues raised during these discussions may indicate underlying problems in an organization’s staff, operations, policies, or procedures; some may have been idiosyncratic events. While individual providers or organizations could effectively address many of these problems – such as staff attitude – others can be addressed primarily at the macro level – for example, staff shortages and

⁵ Translated from Spanish and lightly edited for grammatical sense.

lack of resources. Vice-versa, staff shortages and lack of resources may lead to shortened time in appointments or more brusque treatment by receptionists.

Participants in all community focus groups said they sought but often did not find one critical element in their health-care provider organizations: “Kindness.”

Waiting time. Survey respondents and focus group participants both cited extensive wait time in provider offices as a significant problem. Among survey respondents, 42.5 percent indicated that wait times were a problem. Across the county, focus group participants said they had arrived on time for appointments, only to wait for an hour or more to see a provider. One Hatch participant recalled that she had been ushered into an exam room and forgotten – until maintenance staff discovered her waiting after the office had closed.

Participants also said that wait times in emergency rooms were unreasonably long; however, it is difficult to assess the validity of that complaint without knowing the nature of the condition for which they were visiting an emergency room and the specific conditions in the emergency room at the time. For instance, a patient who presented at the emergency room with signs and symptoms of cardiac failure should have been triaged to care immediately; someone who presented with bronchitis would appropriately be triaged as low priority and might have to wait for an extended period to be seen.

Attitude of office staff. Focus group participants in northern and southern parts of the county noted that office staff’s attitude and professionalism were often lacking. Several participants said they had been subjected to office staffs’ personal conversations on cell phones while in the waiting area. A minority (5 percent total) of survey respondents either “strongly disagreed” or “disagreed” with the statement, “Office staff were courteous and professional,” while 16.3 percent were neutral.

Lack of translation. It is impossible to render quality medical care if the provider cannot communicate effectively with the patient. Several focus group participants noted that translation was either not available during their office visit, translation was provided poorly by a person with no medical training or background, or translation was not provided onsite. One out of five survey respondents indicated that language or cultural barriers prevented them from getting the care they need.

Attitude and skill of providers. Generally, both focus group participants and survey respondents ranked provider attitude and skill highly. More than one-third (35.7%) of survey respondents “strongly agreed” and 56.3 percent “agreed” that their doctor, nurse practitioner, or physician’s assistant was skillful and pleasant. No survey respondents “disagreed” with that statement.

However, several focus group participants also identified several specific instances in which a resident had been misdiagnosed or received inappropriate treatment. More broadly, focus group participants expressed concern that providers had not taken the time to listen to them but simply arrived at a diagnosis. The sentiments of one Chaparral participant were echoed during each community focus group: “Physicians do not care for the individual. They are quick in assessing the patient without speaking to the patients.” Several participants felt that they had been treated unequally because of their skin color or socioeconomic standing.

Time spent with patients. Countywide, about half of focus group participants said their physicians spent too little time with them. Likewise, a significant percentage of survey respondents commented that they had felt rushed during office visits. One survey respondent commented: “I wish that the doctor actually let the patient express their concerns. Most times the doctor cuts you off and you leave the doctor’s office with questions and concerns.”

*How to improve health?
“Dance more. Play more.
Listen to good music. Laugh.”*
Focus group participants

Among survey respondents, 65 percent of survey said their physicians spent the right amount of time with them; about 30 percent said the time spent fell on the “too little” end of the spectrum. The answer to this question also varied with the type of health-care facility most frequently used. Of survey respondents who said they most frequently used community health center clinics, about 35 percent said they felt their physicians spent slightly, somewhat, or much too little time with them; 50 percent felt the time spent was about right.

Although the majority of survey respondents (73.8 percent) indicated that they felt their questions and concerns were fully answered by their providers, 11 percent “disagreed” and 15 percent were neutral on that subject.

Patient privacy. Participants in Hatch and Chaparral noted that they often felt that providers and staff had not respected their privacy. Lack of privacy was of special concern to youth who participated in focus groups, all of whom said that their concerns and privacy were often not respected.

Lack of follow-up care. Several participants noted that they had received little-to-no post-surgical follow-up care and were discharged immediately after a procedure, before they were able to care for themselves.

Improving Health

While the ACA calls for sweeping changes in health-care coverage, another less-publicized aspect of the law may impact health even more profoundly: its emphasis on the social determinants of health. The ACA supports education about healthful behaviors and constructing environments conducive to those behaviors. The ACA proposes strategies to promote healthy and safe community environments, active living, and to address other factors that affect health: housing, education, transportation, the availability of fresh foods, and more.

These interventions are based on a solid body of evidence that health-care, while pivotal to good health, is not the only – nor necessarily the most important – factor in health outcomes. “Vulnerable” children, adults, and families are vulnerable primarily because of the personal, social, economic, and physical environments in which they live.

A 2010 study (Shin et al., 2010) from George Washington University makes this point emphatically. The GWU researchers estimated that the health impact of seeing a lawyer would have been greater than the health impact of seeing a doctor for nearly 80 percent of people visiting a community health center.

These individuals faced problems such as substandard housing, unhealthy workplaces, and other disparities often experienced by vulnerable adults, families and children.

Thus, this project gathered information about how Doña Ana County residents can benefit from the ACA's increased emphasis on social determinants of health. Survey respondents were asked to rate their overall health and to identify healthful behaviors – and their environment's conduciveness to those behaviors. Focus group participants were asked what they needed most to improve their health.

Residents' responses demonstrated their acute awareness that health care is only one building block of a healthy life, and their physical (including oral), mental, and emotional health is closely tied to the environments in which they live.

Survey results suggest that Doña Ana County residents consider themselves generally healthy. Almost half (48.1 percent) of survey respondents ranked themselves as "moderately healthy," while 38.3 percent considered themselves to be "very healthy." About equal numbers fell on the upper or lower ends of the scale: 6.2 percent of respondents said they considered themselves "extremely healthy," while 4.9 percent said they were "slightly healthy," and 2.5 percent rated themselves as "not at all healthy."

Selected environmental and health behaviors were also assessed through the survey, including having safe places to recreate, access to fresh foods, children's playgrounds, television viewing, smoking and tobacco use, exposure to environmental tobacco smoke, hand washing, seatbelt use, and motorcycle or bicycle helmet use. Results are described in the bulleted list that follows and visually depicted in **Figure 5**.

- The majority (56.8 percent) of respondents said their neighborhoods offered plenty of safe places where they could recreate; however, 35.5 percent either disagreed or strongly disagreed with that statement.
- Fresh fruits and vegetables were readily available to nearly 80 percent of residents.
- Although 39 percent of respondents agreed or strongly agreed that their neighborhoods offered plenty of playgrounds for children, 38 percent strongly disagreed or disagreed. The remaining 23 percent were neutral.
- Television viewing was high, with more 47.5 percent of participants watching more than one hour of television per day.
- More than 86 percent of participants agreed or strongly agreed that they did not smoke or use tobacco products. Exposure to tobacco smoke was more frequent than individual tobacco use, even for those who were infrequently exposed. Nearly the same rate of respondents – 81 percent – agreed or disagreed that they were not regularly exposed to tobacco smoke as those who said they did not smoke themselves. Only 59.3 percent of respondents **strongly** agreed, while 21 percent agreed, compared to 76.4 and 10 percent for individual tobacco use.
- Hand washing was frequent, with 100 percent of respondents neutral, agreeing, or strongly agreeing that they frequently lathered up.

- Seatbelt use was frequent, with 100 percent of respondents agreeing or strongly agreeing that they wear their seatbelts when in a vehicle.
- Motorcycle or bicycle helmet use was very poor, with 60 percent of respondents saying that they strongly disagreed, disagreed, or neither agreed nor disagreed that they wore helmets regularly.

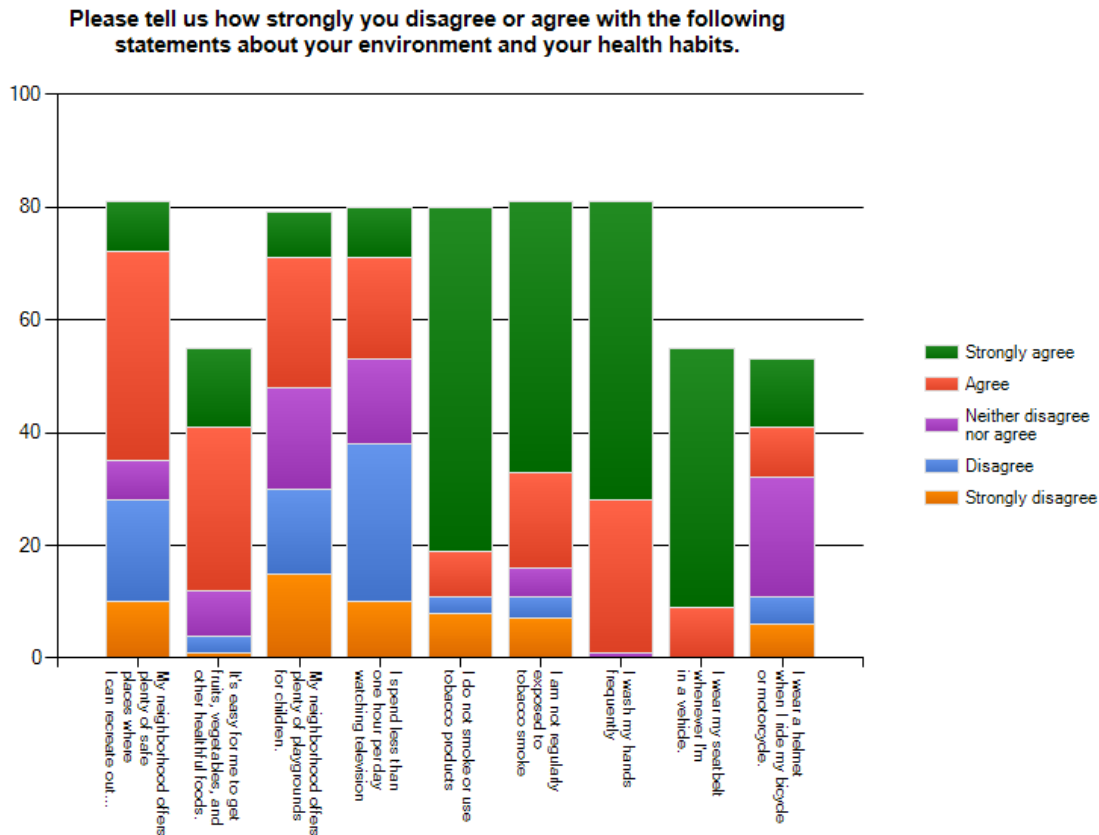


Figure 5: Health-Related Behaviors, Survey Results

Likewise, focus group participants identified several impediments to engaging in healthful behaviors and several things they thought could help. During focus groups, participants first developed a list of healthful behaviors. Then they assessed their environments to determine if they promoted those behaviors or if there were impediments (in Sunland Park group, presentation of the question differed slightly). The following key impediments were identified:

- *Safety concerns act as barriers to physical activity.* Participants recognized that physical activity is a cornerstone of good health. However, most participants also said that external factors limited or made it difficult for them to engage in regular exercise, especially walking. “There are too many safety concerns walking in our community,” was a typical response. The most commonly cited barriers included poor or absent street lights, loose and aggressive dogs, and lack of safe sidewalks. It is important, in these communities, to understand that “loose dogs” are

often Pit Bulls, Rotweillers, and other aggressive breeds stationed to protect and guard properties. The presence of these dogs is often associated with drug use. Residents of Chaparral pointed out this connection explicitly; focus group participants in other communities did not.

- *Lack of recreational facilities, or recreational facilities that are too costly.* Almost universally, focus group participants in all communities noted that recreational facilities were either absent (Hatch, Chaparral, and Sunland Park) or too costly (Las Cruces). During this discussion, in particular, participants became enthused and interested in building solutions. In all communities, the ... for such a facility was linked to the need for an instructor, guide, or other professional who could help facilitate workouts and provide training advice.
 - Lack of playgrounds for children was a common concern, as was lack of recreational equipment for adults. Several participants suggested that children's playgrounds be augmented with recreational equipment for adults.
 - Sunland Park participants suggested the community needs a facility where physical therapy and other health services (e.g. physical training, health and nutrition education) could be provided in addition to independent recreational activities such as swimming, weight lifting, and aerobic exercise machines.
 - Chaparral participants resonated with one participant's suggestion that the community build a swimming pool. A discussion of youth training and employment opportunities, as well as fitness and therapeutic benefits for the entire population, ensued.
 - Recreational facilities did not emerge as a topic of discussion in Hatch. It would be challenging to build such a facility in the northern part of the county, as the population is spread thinly and distance to a facility would be great for many residents, decreasing the likelihood that they would use it frequently.
 - Several Las Cruces participants noted that while the city has several pools, cost of admission is prohibitively high for many residents. Solutions offered included work-for-entry opportunities, especially for youth.

- *Difficult access to fresh fruits and vegetables.* A minority of survey respondents said they had difficulty accessing fresh foods. However, the majority of focus group participants in Hatch, Chaparral, and Sunland Park said that their access to fresh foods was either seasonal – plentiful only during the growing season – or difficult year round. Distance to a well-stocked grocery store and cost were the two most common barriers. Driving time to a well-stocked grocery store is 45 minutes or more from outlying areas of the county.

- *Concerns about water safety and quality.* Several focus group participants expressed concern about water quality; participants from the southern areas of the county were most likely to raised this issue.

- *Non-medical services.* Residents said they or their neighbors often needed non-medical services such as transportation to a grocery store for the disabled, assistance with the activities of daily living, or minor home repairs.
- *Joy.* Although concerns about lack of resources, community safety, and basic needs were the most commonly mentioned impediments to good health, another theme emerged: happiness as part of good health. Focus group participants in Las Cruces and Sunland Park agreed: “We need more good music and dancing.”

From Policy to Practice: Opportunities for Implementing the Affordable Care Act in Doña Ana County

By taking full advantage of the opportunities the ACA provides, Doña Ana County can improve the health outcomes of all Doña Ana County residents, especially the county's most vulnerable adults, children, and families. The county is well poised to address the challenges identified in this report and take full advantage of the opportunities afforded by the ACA.

The county has a long and productive history of planning, implementing, and evaluating effective health interventions. This history attests to the expertise and dedication of DACHHSD staff, the commitment of Alliance members, the willing input of community members, and the leadership of far-seeing county officials – all of which will be necessary to effectively implement the ACA.

The ACA offers multiple opportunities to address the needs identified in this report. It addresses fundamental problems with health-care coverage – for instance, providing preventive care with no cost sharing, eliminating restrictions on pre-existing conditions, allowing young adults to stay on their parents' policies until age 26, and providing advocacy and information for covered individuals. Ultimately, the ACA represents a fundamental shift in thinking about health-care coverage: from exclusion to inclusion, making health-care coverage the norm.

The ACA also represents a change in the way we think about health itself. It shifts the emphasis from *reacting* to disease or injury to *preventing* disease or injury. It reminds us that health does not occur in doctor's offices, clinics, or hospitals – but in our lives, our neighborhoods, and our communities. In this shift, it aligns closely with Doña Ana County's history of emphasizing prevention and community-level interventions.

For implementation to be most effective, it must be strategic and comprehensive. The county must continue the ongoing dialogue with Doña Ana County residents to determine whether these strategies are leading to effective implementation of the ACA. To that end, 12 opportunities for implementation of the ACA in Doña Ana County are identified below. Each opportunity is accompanied by a detailed rationale for its inclusion, and suggested strategies for pursuing that opportunity.

Governance and Policy

Opportunity 1: Ensure coordination of ACA implementation in Doña Ana County.

Rationale: Effective implementation of the ACA – that is, putting the law into practice in a way that truly improves health outcomes for Doña Ana County's vulnerable children and families – will require extensive coordination of existing health-care and other resources, sustained outreach and education, and ongoing health policy development at the local, state, and federal levels. It will require the concerted effort of community members, health-care providers and administrators, public health officials, health insurance representatives, and policy makers. Providers not traditionally included in health-care planning must also be involved. These include transportation providers, law enforcement, parks and recreation departments, employers, grocers, and many others.

The Alliance is the central mechanism for health-care planning in Doña Ana County and provides strong leadership for a challenge such as ACA implementation. The Alliance offers both a sustained, solid structure in its core membership and a flexible structure of committees and subcommittees. Its members' expertise, combined with the expertise, leadership, and on-the-ground staff power of the DACHHSD, provide a powerful mechanism for effectively implementing the ACA.

Strategies

- 1.1. Use the Alliance as the planning “hub” for ACA implementation in Dona Ana County.
 - 1.1.1.Ensure ACA implementation is a priority for the Alliance
 - 1.1.2.Task specific advisory committees with pertinent areas of implementation, including prioritization and action planning.
 - 1.1.3.Provide training and education to Alliance members and committee members about ACA requirements and opportunities
 - 1.1.4.Provide technical and implementation support to Alliance members through the DACHHSD and outside contractors as needed.
- 1.2. Engage local, state, and federal policy makers.
 - 1.2.1.Inform
 - 1.2.2.Invite policymakers to engage in planning efforts at all levels.
 - 1.2.3.Legislative
- 1.3. Evaluate progress toward implementation, and the effects of implementation on health outcomes in the county.
 - 1.3.1.Collecting quantitative data on health insurance coverage,
 - 1.3.2.Collect qualitative data through focus groups, surveys, community meetings, and other interactions.
- 1.4. Continue the dialogue with the community.

Opportunity 2: Minimize the burden of uncompensated care on local health systems.

Rationale: As more people gain health coverage, the need for uncompensated care is projected to decrease. The ACA phases out Medicaid DSH funding, the primary source of funding for provision of uncompensated care in Doña Ana County. For counties such as Doña Ana, with a significant undocumented population and low-income population, uncompensated care costs are likely to remain high. However, the exact scope of the problem is not known.

The ACA excluded undocumented immigrants from coverage, putting providers in a double bind: legally and ethically, they must care for any person with medical need, but the ACA eliminates funds traditionally used to pay for that care. In addition, undocumented immigrants are excluded from public health coverage and health exchanges under the law. Many undocumented immigrants reside in Doña Ana County and contribute to the county's economy, communities, and workforce. Studies suggest that undocumented use of emergency rooms and health care in general is extremely low.

In addition, Medicaid and Medicare payments often fall short of the actual cost of care. This gap is likely to impact Doña Ana County providers, as a significant proportion of the newly-insured in Doña Ana County are likely to be eligible for Medicaid coverage. Unless measures are taken to address the issue of

uncompensated care, more providers are likely to opt not to accept Medicaid and Medicare reimbursements.

Strategies

- 2.1 Gather and analyze data on the projected impact of phasing out DSH funding for Doña Ana County's safety net providers.
 - 2.1.1 *Undocumented immigrants*: What is the actual cost of health-care rendered to undocumented immigrants actually use? What is the return on investment for providing that care – especially preventive services and primary care?
 - 2.1.2 *Medicaid/Medicare gap*: How large is the gap between reimbursements and cost of providing care? How many people in Doña Ana County are likely to be affected? What are the projected losses for providers? How may providers may opt not to accept Medicare or Medicaid?
- 2.2 Advocate for legislation that allows for federal funding for uncompensated care at some level
- 2.3 Maintain current and develop additional funding streams to ensure providers receive adequate reimbursement for uncompensated care.
- 2.4 Provide technical assistance and other support to non-federally funded local nonprofit agencies, such as St. Luke's Health Center, which provide health-care services to underserved and undocumented workers.

Access to Care

Opportunity 3: Maximize the number of people with public and private health coverage in the county using the ACA's broadened eligibility guidelines for Medicaid and Affordable Insurance Exchanges.

Rationale: The ACA is built on the fundamental principle that increasing the number of insured persons will make health-care coverage more affordable to all. Ultimately, the goal of health-care coverage is not health-care itself, but improved health outcomes – especially for vulnerable individuals and families have no other options for health-care coverage and often experience health disparities as a result. Improved health means healthier and more productive workers, children, and communities.

However, without extensive, coordinated, culturally appropriate outreach, it is likely that many residents will remain without coverage or choose plans that are not appropriate for them. In Doña Ana County, especially in rural parts of the county, community health workers (often called *promotoras* in the border region), are trusted members of communities who can facilitate outreach and education.

Strategies

- 3.1 Develop and implement a plan for coordinated, clear, extensive, culturally-appropriate outreach to community residents, employers, providers, and policymakers to inform them of benefits and eligibility under the ACA. The plan should include both high-tech and low-tech methods, online and “real world” resources, including print, audio, video, and face-to-face encounters.
- 3.2 Train and deploy community health workers (CHWs) to act as “Navigators” as defined by the Act. Navigators will advocate for people who have been unfairly denied , assist residents with enrollment in health-care plans. These are all functions that CHWs routinely perform in the current system.

Opportunity 4: Minimize barriers to health-care access other than coverage.

Rationale. As focus group and survey results made clear, health-care coverage does not equal access to health care. Cost, limits to clinic hours, wait times to schedule appointments, distance, cultural and linguistic barriers, lack of transportation, low health literacy levels, and other factors also create substantial barriers to health-care access.

The ACA addresses many of these barriers – for instance, by increasing community health center capacity, the act addresses limited clinic capacity. The ACA provides \$11 billion over the next five years to community health centers, the primary source of primary care for low-income residents in Doña Ana County. Of that funding, \$1.5 billion will support major construction and renovation projects at community health centers nationwide and \$9.5 billion will be used to create new community health center sites and expand preventive and primary health care services, including oral health, behavioral health, pharmacy, and/or enabling services, at existing community health center sites.

However, in practice, barriers to health-care access are likely to remain substantial, even with ACA implementation. This brief research project indicates that some barriers to health-care access are more important in specific communities, while other barriers are of equal importance across communities. More research is needed into the underlying causes of these barriers and interventions. Likewise, additional research is needed to determine the extent of specific barriers and their impact on Doña Ana County’s vulnerable children and families in reducing access to care. Most importantly, communities need to be involved in developing solutions.

Strategies

- 4.1 Task the Access to Care committee of the Alliance with prioritization of access barriers raised in this report.
- 4.2 Expand community health worker/promotora programs to train and use CHWs as patient navigators as defined by the ACA.
- 4.3 Require patient navigators (CHWs and others) to have expertise working with Doña Ana County’s border population.
- 4.4 Support weekend and evening hours for routine primary care visits at FQHCs and other providers.
- 4.5 Take advantage of the ACA’s emphasis on telehealth and other innovative technologies to increase access to specialty care.
- 4.6 Advocate for transportation services to be included as a core benefit under public and private plans on the exchange.

Opportunity 5: Develop and attract culturally and linguistically fluent, skilled health-care providers to Doña Ana County.

Rationale. Health workforce shortages greatly contribute to problems with access, quality, and delivery of care in Doña Ana County. The ACA expands coverage, and thus will increase the need for primary care providers, mid-level providers, and allied health professionals; additional specialty care providers will

also be needed as preventive screenings identify more people in early stages of chronic disease, such as diabetes, cancers, and heart disease.

The ACA contains many provisions and substantial funding for health-care workforce development, with an emphasis on family practice physicians, mid-level providers, nurses, and allied health professionals. It provides additional funding, loan repayment programs, and tax credits for those who wish to practice in rural and underserved areas, especially for ethnically diverse providers.

To address the shortage of primary care providers, \$168 million is allocated to training new primary care physicians, \$32 million for physician assistants, and \$32 million for nurse practitioners. In addition, \$5 million is allocated to states to help plan and implement innovative strategies to expand their primary care workforce by 10 to 25 percent over the next decade.

The ACA also supports the National Health Service Corps, which pays educational loans and provides scholarships to primary care health care providers who practice in underserved areas such as Doña Ana County. In addition, the ACA provides significant funding to Area Health Education Centers to support their work of placing and retaining health professionals, including health career awareness programs for youth.

While the ACA supports health workforce development in concrete and fundamental ways, that support will be useful only if Doña Ana County actively pursues it and recruits local, bilingual providers to work in the county's safety-net systems.

Strategies

- 5.1 Partner with Doña Ana County school systems to develop health-care provider career paths beginning in elementary, middle, and high schools.
- 5.2 Support the Southern New Mexico Family Residency program in training and placing residents in the county.
- 5.3 Partner with the Southern Area Health Education Center to develop and carry out specific action plans for health workforce development.
- 5.4 Partner with the NMSU College of Health and Social Services to support county residents who wish to train as nurses, public health professionals, social workers, and community health educators.
- 5.5 Partner with the Doña Ana Community College allied health professionals training programs to support county residents who wish to train as emergency medical technicians, radiology technicians, and certified nursing assistants.
- 5.6 Negotiate tuition discounts for Doña Ana County residents enrolled at Texas Tech Health Sciences Centers.

Opportunity 6: Use the existing health-care workforce more effectively.

Rationale. Existing health-care professionals, especially allied health professionals, are often not used effectively. They may have training, skills, and knowledge but be unable to use them because of provider reimbursement structures or other systemic limitations.

Emergency medical technicians (EMTs), in particular, are often underused. Doña Ana County is home to more than 300 volunteer EMTs, most of whom live in rural areas of the county. They have extensive training and skills but use those skills only in emergency situations. However, a community paramedicine program could allow these EMTs to make “housecalls” in non-emergent situations. Such a program would almost immediately expand the health-care workforce in communities such as Hatch, Chaparral, and Sunland Park.

Community paramedicine programs connect underused resources – EMS personnel – to underserved communities and other areas of Doña Ana County. These programs have been successfully used worldwide to increase access to care for rural and underserved communities. Community paramedicine programs expand the role of EMS personnel to assist physicians in serving communities in the areas of primary care, public health, disease management, prevention and wellness, mental health, and dental care. Through a standardized curriculum, accredited colleges and universities train first responders at the appropriate level to serve communities. The potential for such a program in Doña Ana County is huge.

Likewise, community health workers are an important part of the Doña Ana County health-care workforce. They, too, are often underused in their capacity to provide culturally competent health education and organize people around health issues in their communities. Health educators (CHES) are often underused in their capacity to help people navigate chronic disease, learn about disease prevention, and mobilize communities.

Strategies

- 6.1 Develop and pilot a community paramedicine program to the county.
- 6.2 Expand the role of CHWs in outlying communities to include health education, advocacy, and identification and referrals for oral health care and behavioral health care.
- 6.3 Identify and address barriers to effective use of allied health professionals.
- 6.4 Take advantage of ACA funding and resources to assist health professionals in developing cultural competence.

Opportunity 7: Maximize residents’ access to a continuum of care, including preventive services, primary care, oral health care, behavioral health- care, and specialty care.

Rationale. The ACA addresses lack of services with a dual focus on primary and preventive care. However, all residents need access to oral, visual, and behavioral health care; many residents need access to specialty care. It is likely that this number will increase as health-care coverage expands. But in Doña Ana County, specialty care is too expensive and population size too small for specialists to sustain a living and maintain their skills. For example, the relatively small population of Doña Ana County would not sustain a hand surgeon, a Level I trauma center, or intensive NICU services.

The ACA provides support for community health centers to expand their mental health services, as well as substantial funding for training mental health professionals. It also contains important protections for consumers with mental health and/or substance abuse disorders. By 2014, insurers will no longer be able to classify mental health and substance use disorders as “pre-existing conditions” and deny coverage because of them, nor will they be able to increase premiums because of these conditions.

Services for mental health and substance use disorders will be included in the essential benefits package also slated to be required by 2014.

The ACA also supports expansion of oral health care in community health centers and supports training new oral health professionals.

Dona Ana County's proximity to the El Paso/Juarez region of Texas/Chihuahua, Mexico means that there is an increased pool of specialty care resources nearby. However, most health plans are not portable across state or international lines.

Strategies

- 7.1 Support additional training of primary care providers, including mid-level practitioners, in specific priority health areas: diabetes, cardiac, and maternal-child health.
- 7.2 Continue data collection to identify health priority areas in which specialty care is frequently needed.
- 7.3 Identify and pursue opportunities within the ACA and other public and private funding streams to develop, implement, and evaluate pilot programs to address health priorities.
- 7.4 Take advantage of the ACA's emphasis on telehealth and other communication strategies to develop and implement telehealth infrastructure and partnerships with tertiary care centers such as University of New Mexico Health Sciences Centers.
- 7.5 With the support of the U.S.-Mexico Border Health Commission and the New Mexico Office of Border Health, develop pilot programs to address portability of insurance coverage between New Mexico/Dona Ana County, Texas, and Mexico.

Coverage

Opportunity 8: Ensure residents access health plan benefits in alignment with with health needs.

Rationale. The process described in this report identified distinct gaps between coverage and access to care. Lack of benefits for needed health services was a prevalent problem. The ACA addresses many of these gaps directly, partly by calling for a basic benefits package that includes preventive care with no cost-sharing, eliminating mental health and substance use disorders as preexisting conditions, and including basic oral health care in most plans.

The ACA addresses the costs of coverage and care in multiple ways. Affordable insurance exchanges are designed to limit premium costs. The ACA addresses the high cost of health care for covered individuals by eliminating cost-sharing for preventive services, offering a 50 percent discount on medications for seniors who fall in the Medicare "donut hole," ending lifetime and phasing our annual limits on health-care expenses, and establishing a core benefits package of services that must be covered under public plans and plans on the affordable insurance exchanges.

The ACA targets durable medical equipment as an area of fraud prevention. The provision of durable medical goods can often prevent acute exacerbations or complications of existing disease – for example, non-elastic socks and blood glucose monitoring supplies for people with diabetes. Health-care plans

should also pay, at least in part, for durable goods that allow people to function (eyeglasses, hearing aids, orthotics, prostheses). Investment in these goods can be cost effective in preventing acute episodes that lead to emergency care, as well as increasing functionality and productivity.

The ACA addresses the issue of preventive screenings by requiring all health plans, starting on September 23, 2010, to provide preventive services without charging a co pay, co-insurance, or deductible. While these measures will reduce costs of preventive care, it is unclear whether they will actually increase access to those services in Doña Ana County, as infrastructure and workforce remain limited. In addition, as CHWs observed during their focus group, preventive screenings do little good – and actually cause harm – if they are not accompanied by coverage for treatment when problems are identified.

Strategies

- 8.1 Ensure that outreach and health promotion efforts include information about benefits that health plans must provide under the ACA.
- 8.2 Advocate for durable medical supplies to be included in benefits with little to no cost-sharing, and ensure fraud prevention efforts do not interfere with access.
- 8.3 Ensure that all people, with or without health coverage, who receive preventive screenings also have access to treatment for the condition for which they are screened should test results be positive.

Opportunity 9: Ensure information about coverage options and benefits is clear and accessible to consumers.

Rationale. The majority of focus group participants said that they found the process of enrolling in coverage plans confusing; notable proportions of survey participants did not know whether their plans included services such as oral health, behavioral health, or preventive care.

The ACA addresses this confusing array of options and often obtuse explanations of benefits by insurance companies by establishing clear templates for information. It ensures the right to appeal health insurance plan decisions, and it calls for “navigators” to advocate for consumers. But it is unclear whether this information will be clear and accessible to Doña Ana County’s most vulnerable children and families.

With training, community health workers, EMTs, CHES, and community in rural areas can play crucial roles in helping residents understand their coverage options.

Strategies

- 9.1 Ensure all materials are available in both Spanish and English.
- 9.2 Ensure all materials are available in multiple formats – e.g. video, audio, online, and print.
- 9.3 Place trained navigators in communities, workplaces, and health-care clinics to provide eligibility assistance, help appeal insurance decisions, and explain benefits decisions to consumers.

Quality

Opportunity 10: Increase the quality of health care available to Doña Ana County’s vulnerable children, families, and adults.

Rationale. The ACA recognizes that medical errors are critical and costly – not only in terms of dollars, but lives. It establishes guidelines to reduce medical errors and improve care and provides financial incentives for hospitals to reach established goals. However, the ACA’s quality improvement standards do not generally include FQHC clinics, the sites of most complaints by Dona Ana County residents.

As demand grows on primary health-care system, FQHC’s expand rapidly to meet the new demand, and newly graduated providers enter the system and begin to provide care, quality control measures need to be in place to ensure that residents continue to receive high-quality care. These quality control measures must include medical errors, staff and providers attitudes, cultural and linguistic competence of providers (or quality of translation services where appropriate).

Providers must be culturally and linguistically competent to work effectively in the border region; at a minimum, provider organizations should meet nationally-established CLAS standards. Medical translation must be available onsite when feasible; it is unacceptable to rely on family members (especially young children) or housekeeping staff to translate medical terms for patients and families.

Strategies

10.1 Continue ongoing qualitative and quantitative evaluation of health services in the county, including satisfaction measures and health outcomes for vulnerable children and families

10.2 Partner with stakeholders and training institutions (e.g. universities, community health centers, hospitals, private providers, community groups) to offer ongoing language and CLAS training to currently practicing and aspiring health-care professionals, facilitate discussion of specific cultural and linguistic barriers found in Doña Ana County, and ensure that translation and other services are responsive to residents’ needs.

Improving Health

Opportunity 11: Update Doña Ana County’s current prevention plan to align with the National Prevention Strategy.

Rationale. This ACA opportunity creates a framework for Doña Ana County to further its own prevention planning and intervention programs. Prevention of disease has been and continues to a top priority for Doña Ana County. The second of the DACHHSD’s three core goals is to “Improve health status through prevention and early intervention programs.” To accomplish this goal, the DACHHSD operates and facilitates health outreach and education activities at six community resource centers, develops community coalitions throughout the county.

The ACA supports preventive services with regulatory oversight and by providing additional resources for prevention activities. Most health plans will be required to eliminate co-pays and other forms of cost sharing for clinical preventive services and counseling. Community-based services are also funded,

including home-visiting programs for families with young children and Medicare and Medicaid pilot projects designed to help keep seniors in their homes.

In 2010, the ACA provided \$250,000 to home visiting programs for families with young children in New Mexico. Doña Ana County is home to one of the first such programs, carried out by CHWs at La Clinica de Familia. The ACA supports the expansion of clinical preventive services with additional funding for community health centers to develop state-of-the-art facilities and health workforce development resources, including loan repayments and funding for training of allied health professionals such as certified health education specialists (CHES).

Most fundamentally, the ACA created the National Prevention Council and called for the development of the National Prevention Strategy to realize the benefits of prevention for all Americans' health. The first National Prevention Strategy, published in June 2011, identifies four strategic directions and seven targeted priorities.

The strategic directions are:

- Healthy and safe community environments: Create, sustain, and recognize communities that promote health and wellness through prevention.
- Clinical and community preventive services: Ensure that prevention-focused health care and community prevention efforts are available, integrated, and mutually reinforcing.
- Empowered people: Support people in making healthy choices.
- Elimination of health disparities: Eliminate disparities, improving the quality of life for all Americans.

The seven priority areas are:

- Tobacco Free Living
- Preventing Drug Abuse and Excessive Alcohol Use
- Healthy Eating
- Active Living
- Injury and Violence Free Living
- Reproductive and Sexual Health
- Mental and Emotional Well-Being

Strategies

- 11.1 Continue the work of community coalitions to identify, plan for, and address injury and disease prevention in their communities.
- 11.2 Seek input from community members when pursuing funding opportunities.
- 11.3 Identify and address hazards in Doña Ana County's communities, such as lack of streetlights and loose, aggressive dogs.
- 11.4 Support development of recreational facilities in rural communities.
- 11.5 Support development of mechanisms for families to eat locally grown foods, especially fresh fruits and vegetables.

- 11.6 Partner with provider organizations to pursue ACA funding and other public and private funding opportunities to develop, implement, and evaluate Medicare and Medicaid pilot programs to provide home health services and keep seniors and the disabled in their homes.
- 11.7 Partner with provider organizations to pursue ACA funding and other public and private funding opportunities to develop, implement, and evaluate home-visiting and early childhood development programs for families with young children.
- 11.8 Assist local partners in applying for funding to ensure that clinical preventive services are available and accessible, use up-to-date technology and provide evidence-based education, and are reinforced by community-based preventive services.

Evaluation

Opportunity 12: Evaluate the impact of the ACA on Dona Ana County’s vulnerable children, families, and adults.

Rationale. While the ACA contains great promise, it is only possible to know if it is working if implementation is carefully monitored and measurable outcomes identified. Key quantitative indicators include the number of uninsured, decrease in the number of people served by the Dona Ana County health care fund (“indigent fund”), decrease in uncompensated care, and increases in the health-care workforce. As the county reviews its health priorities, health indicators will also be identified based on the Healthy People 2020 and Healthy Gente 2020 agendas.

Qualitative data is also critically important to implementation. Thus, evaluation of ACA implementation will included , decrease in incidence of preventable chronic diseases, increases in the early detection of breast, colon, and cervical cancers.

Strategies

- 12.1. Establish clear and measurable quantitative and qualitative objectives to assess the effects of ACA implementation on Dona Ana County residents, employers, health-care systems.
- 12.2. Continue the dialogue with community members, employers, and health-care providers through community-based participatory research processes such as focus groups, interviews, surveys, and ongoing input. If possible, repeat this process at specific time intervals.
- 12.3. Analyze the collected data and use results to improve implementation processes

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Appendix A: Focus Group Plan

- Introductions and housekeeping (10 minutes)
- Background (15 minutes)
 - Why are we here? Overarching question of this session: How can Dona Ana County use the new healthcare reform laws to best help its residents improve their health?
Information gathered today will be used in three ways:
 - Update the Dona Ana County Health and Human Services Alliance Action Plan
 - Develop a strategic plan for implementation of health-care reform in Dona Ana County
 - Provide direction to the Dona Ana County Health and Human Services Department as it works to fulfill its mission to meet the unmet health needs of Dona Ana County.
 - These community meetings and focus groups are part of a project to develop a statewide strategic plan for health-care reform. The statewide project is led by the Con Alma Health Foundation and funded by the Kellogg Foundation. Con Alma Foundation, with funding from Kellogg Foundation, is working to develop a statewide strategic plan to put health care reform to work in New Mexico.
 - Health care reform:
 - At the policy level, health-care reform consists of two rules, both signed into law on March 23, 2010:
 - Patient Protection and Affordable Care Act (PPACA) (PL 111-148)
 - Health Care Education and Reconciliation Act of 2010 (PL 11-152).
 - Health-care reform is changing the way that health-care is delivered in the United States. After more than 70 years of incremental changes and false starts, the laws represent the most sweeping expansion of health care coverage since the creation of Medicare and Medicaid.
 - Of the many new rights and benefits under the new laws, several stand out. The laws:
 - Eliminate exclusions for “pre-existing conditions”
 - Help more children get health-care coverage
 - Expand Medicaid eligibility to low-income adults who earn up to 133% of Federal Poverty Level (in participating states)
 - End lifetime and most annual limits on health care
 - Allow young adults to stay on parents’ plans until age 26
 - Increase focus on preventive services
 - Provide 50% discounts on brand-name drugs for seniors in the Medicare “donut hole”
 - Provide tax credits for small businesses
 - Create Affordable Insurance Exchanges, which allow consumers and small businesses to shop for and buy private health insurance in new competitive health care marketplaces (starting in 2014).

- Exclude undocumented residents
- Dona Ana County Health and Human Services Alliance “Action Plan.” In 2005-2006, Dona Ana County Health and Human Services Department held a series of community meetings designed to identify health priorities in the county. This process led to the development of an “Action Plan” for the Dona Ana County Health and Human Services Alliance, which advises the Department about how to address the unmet health and human service needs in the county.
- In 2008-2009, that plan was updated and refined. Five health priorities were identified as
 - Health Priority 1: Access to health care (of any sort)
 - Access to orthopedic specialty care
 - Access to oral health care
 - Access to family-based services
 - Access to behavioral health services
 - Health Priority 2: Behavioral health
 - Health Priority 3: Diabetes (and obesity)
 - Health Priority 4: Injury and violence prevention
 - Health Priority 5: Maternal, infant, and child Health
 - Health Priority 6: Oral health
 - Health Priority 7: Teen pregnancy
- Through this process, we want to find out if these priorities remain the same, or if they’ve shifted. We want to know:
 - If people living in Dona Ana County can get health care, including preventive services, when they need it – and if not, what stands in the way.
 - If people living in Dona Ana County can protect themselves and their families financially with health insurance coverage – and if not, what stands in the way.
 - If people living in Dona Ana County are receiving high-quality health care when they do see a doctor.
 - If the health priorities identified in 2006 and in 2009 by the Dona Ana County Health and Human Department remain the same or have shifted.
- Small group brainstorming: (60 minutes, with 1-2 minutes switches and 10 minutes for groups to develop presentations)
 - Questions:
 - Access: *What would make it easier for you (or your patients, or your constituents) to get the health care you (they) need?*
 - Coverage: *Does your health insurance coverage meet your needs? Why or why not?*
 - Quality: *What suggestions do you have for improving the quality of the health care you receive in Dona Ana County?*

- Health: *What are the most important things that you can do to improve your health, and how can Dona Ana County HHSD make it easier for you to do them?*
 - Divide into four groups, numbers 1 through 4.
 - Each group is assigned to stand in front of easel/sit at table with corresponding question number
 - Give instructions to each group:
 - This is a brainstorming session. No ideas are bad ideas; nothing is too outlandish or too far-fetched. As you brainstorm, don't debate – simply write things down.
 - There are four stations. Each group will have 10 minutes to spend in each station.
 - Use your 10 minutes to address the question in group discussion, making sure that each person in the group has a chance to respond.
 - If important ideas come up that don't relate to the question at hand, simply write them down on a separate sheet of paper labeled "parking lot."
 - After you complete your initial question, move to the right to answer the next question. Review the previous input, place a checkmark by any ideas you agree with, then add your own ideas to the list.
 - By the end of the session, each group should have answered all four questions.
 - At the end of the session, return to your original station. Review any new ideas or input you see, placing a checkmark by those you agree with. Then take 5 minutes to create a short presentation of the top 5 or 6 ideas regarding your question. Don't try to report back all of the information – just the five or 6 most important ideas. Count the check marks! Each group should assign someone to present your ideas to the large group. (10 minutes)
 - Bring large group back together to summarize results (30 minutes)
 - Each group gives its short presentation (5 minutes long) that conveys the top agreed-upon ideas for each question (20 minutes)
- Wrap up session – What was good? What could have been better?

Appendix B: Survey Questions

Dona Ana County Health Care Survey [Edit](#)

Design Survey

Collect Responses

Analyze Results

Edit Survey

Preview Survey

Send Survey »

To change the **look** of your survey, select a theme below.

Berries

Create Custom Theme

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About this Survey

Thank you for participating in this short questionnaire about health-care services in Dona Ana County. The survey will take about 20 minutes to complete. This survey is part of a statewide project to determine how health-care reform can most effectively help New Mexico's vulnerable children and families.

Your answers will also be used to help Dona Ana County Health and Human Services Department identify and address residents' most important health-care needs.

All answers will be kept confidential. Any information collected will be aggregated and used only to determine general trends and needs in Dona Ana County. If you have any questions about this project, please contact Dona Ana County Health and Human Services Department at 575-525-5870.

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Demographic Information

+ Add Question ▼

Q1 Edit Question ▼ Edit Question Logic (1) Move Copy Delete

*** 1. Do you live in Dona Ana County?**

- Yes, within Las Cruces city limits
- Yes, in northern Dona Ana County, outside of Las Cruces city limits
- Yes, in southern Don Ana County, outside of Las Cruces city limits
- No

+ Add Question ▼

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PAGE 3 Edit Page Options ▼ Edit Page Logic Move Copy Delete

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Demographic Information 2

+ Add Question ▼

Q2 Edit Question ▼ Add Question Logic Move Copy Delete

2. Gender

- Male
- Female

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Q3 Edit Question ▼ Add Question Logic Move Copy Delete

3. What is your age in years?

3. Age

0-17

18-19

20-29

30-39

40-49

50-59

60-69

70-79

80+

+ Add Question ▼ Split Page Here

Q4 Edit Question ▼ Add Question Logic Move Copy Delete

4. Ethnicity

White—Hispanic or Latino

White—non-Hispanic or Latino

American Indian/Alaska Native

Black or African American

Asian

Native Hawaiian/Pacific Islander

Multi-racial

Race not listed

+ Add Question ▼ Split Page Here

Q5 Edit Question ▼ Add Question Logic Move Copy Delete

5. How many adults (ages 18 years and older) live in your household?

1

2

3

4

5+

+ Add Question ▼ Split Page Here

Q6 Edit Question ▼ Add Question Logic Move Copy Delete

6. How many children (ages 0-17) live in your household?

- 0
- 1
- 2
- 3
- 4
- 5+

+ Add Question ▼ Split Page Here

Q7 Edit Question ▼ Add Question Logic Move Copy Delete

7. What is your annual household income?

- Less than \$10,000
- \$10,000-\$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 or more

+ Add Question ▼

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PAGE 4 Edit Page Options ▼ Edit Page Logic Move Copy Delete

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Thank you for your interest. At this time we are only seeking input from people who live in Dona Ana County.

[+ Add Question](#) ▼[+ Add Page](#)

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Access to Health Care

Please answer the following questions about your access to health care.

[+ Add Question](#) ▼

Q8

[Edit Question](#) ▼[Add Question Logic](#)[Move](#)[Copy](#)[Delete](#)

8. At any time during the last year, were you unable to visit a doctor or other health-care professional even though you wanted or needed to do so?

Yes

No

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Q9

[Edit Question](#) ▼[Move](#)[Copy](#)[Delete](#)

9. How important are the following in preventing you from receiving adequate health care?

Not at all important

Somewhat important

Important

Very important

Extremely important

Clinic or other health-care
facility hours

Distance

Lack of childcare

Lack of transportation

Cost

Language or cultural barriers

Other (please specify)

[+ Add Question](#) ▼ [Split Page Here](#)

Q10

[Edit Question](#) ▼[Add Question Logic](#)[Move](#)[Copy](#)[Delete](#)

10. At what type of facility do you usually receive health care?

Private physician's office

Community Health Center (e.g. Ben Archer, La Clinica de Familia)

Other free/lowcost health clinic

Hospital emergency room

Urgent care center

Physician's office or clinic in Mexico

Other (please specify)

+ Add Question ▼ Split Page Here

Q11

Edit Question ▼

Add Question Logic

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11. If you need health care before 9 a.m. or after 5 p.m., how do you get it? Please choose all that apply.

Go to an urgent care clinic

Use extended hours at a community health center

Go to an emergency room

Call an ambulance

Other (please specify)

+ Add Question ▼ Split Page Here

Q12

Edit Question ▼

Add Question Logic

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12. How easy is it to schedule urgent appointments with your doctor when you're ill?

Extremely easy

Very easy

Moderately easy

Slightly easy

Not at all easy

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Health Insurance Coverage (General)

The following questions are about health insurance coverage.

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Q13

Edit Question ▼

Edit Question Logic (2)

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13. Do you have health insurance coverage?

Yes

No

[+ Add Question](#) ▼[+ Add Page](#)

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Edit Page Logic

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Health Insurance Coverage (No)

[+ Add Question](#) ▼

Q14

Edit Question ▼

Add Question Logic

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14. How long have you been without health insurance coverage?

One year or less

More than one year

More than five years

I've never had health insurance coverage

[+ Add Question](#) ▼ [Split Page Here](#)

Q15

Edit Question ▼

Add Question Logic

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15. Have you ever had health care expenses paid for by the Dona Ana County Health Care Fund (formerly the "DAC Indigent Fund")?

Yes

No

Not sure

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Health Insurance Coverage (Yes)

+ Add Question ▼

Q16

Edit Question ▼

Add Question Logic

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16. What type of health insurance coverage do you have?

Medicaid

Medicare

State Coverage Initiative (SCI)

New Mexico High Risk Pool

Private insurance, at least partly paid for by employer

Private insurance, which you pay for entirely, with a deductible of \$500 or less

Private insurance, which you pay for entirely, with a deductible of more than \$500

+ Add Question ▼ Split Page Here

Q17

Edit Question ▼

Add Question Logic

Move

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Delete

17. Does your health insurance pay for preventive services such as mammograms, PAP smears, prostate exams, and annual wellness exams?

Yes

No

Not sure

+ Add Question ▼ Split Page Here

Q18

Edit Question ▼

Add Question Logic

Move

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18. Does your coverage include dental insurance?

- Yes
- No
- Not sure

+ Add Question ▼ Split Page Here

Q19

Edit Question ▼ Add Question Logic Move Copy Delete

19. Does your coverage include mental health/behavioral services?

- Yes
- No
- A limited amount
- Not sure

+ Add Question ▼ Split Page Here

Q20

Edit Question ▼ Add Question Logic Move Copy Delete

20. How easy is it to find a doctor in your area who participates in your health plan?

- Extremely easy
- Very easy
- Moderately easy
- Slightly easy
- Not at all easy

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Health Insurance Coverage, Children

+ Add Question ▼

Q21

21. Are you the parent or guardian of a child who is less than 18 years of age?

Yes

No

Q22

22. What type of health insurance coverage does your child/do your children have?

Not applicable

None

Medicaid

SCHIP

Premium Assistance for Kids (PAK)

Employer-sponsored private coverage

Private coverage, which you pay for entirely, with a deductible of \$500 or less

Private coverage, which you pay for entirely, with a deductible of more than \$500

Other (please specify)

PAGE 10

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Quality of Health Care

Q23

23. Please think about the last visit you made to a health-care facility in Dona Ana County. Why did you visit the doctor? Please check all that apply.

A short-term medical problem (for example, a bad cough or sore throat)

A long-term medical problem (for example, a chronic disease such as diabetes or cardiac problems)

Preventive screening services (e.g. mammogram, prostate screening, annual wellness exam)

Immunizations

Mental or behavioral health

Dental health

An injury

Other (please specify)

+ Add Question ▼ Split Page Here

Q24

Edit Question ▼ Move Copy Delete

24. Please think about any visits you have made to a health-care facility in Dona Ana County in the last two years. Using these experiences, please rate the following statements.

Stongly disagree

Disagree

Neither agree nor
disagree

Agree

Strongly agree

It was easy to make an appointment

I did not have to wait too long once I arrived for my appointment

Office staff were courteous and professional

Medical staff were skillful and pleasant

The doctor, NP, or PA was skillful and pleasant

The doctor, NP, or PA listened to me well.

All of my questions and concerns were answered clearly and fully in a way I could understand

The facility was clean and the atmosphere pleasant

+ Add Question ▼ Split Page Here

Q25

Edit Question ▼ Add Question Logic Move Copy Delete

25. During a typical office visit, does your doctor spend too much time with you, too little time with you, or about the right amount of time with you?

Much too much

Somewhat too much

Slightly too much

About the right amount

Slightly too little
Somewhat too little
Much too little

+ Add Question ▼ Split Page Here

Q26 Edit Question ▼ Add Question Logic Move Copy Delete

26. How much do you trust your doctor to make medical decisions that are in your best interests?

A great deal
A lot
A moderate amount
A little
Not at all

+ Add Question ▼ Split Page Here

Q27 Edit Question ▼ Move Copy Delete

27. What could have made your visit(s) better?

+ Add Question ▼

+ Add Page

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Your Health

+ Add Question ▼

Q28 Edit Question ▼ Add Question Logic Move Copy Delete

28. How physically healthy are you?

Extremely healthy

- Very healthy
- Moderately healthy
- Slightly healthy
- Not at all healthy

+ Add Question ▼ Split Page Here

Q29 Edit Question ▼ Move Copy Delete

29. Please tell us how strongly you disagree or agree with the following statements about your environment and your health habits.

Strongly disagree Disagree Neither disagree nor agree Agree Strongly agree

My neighborhood offers plenty of safe places where I can recreate outdoors

My neighborhood offers plenty of playgrounds for children It's easy for me to get fruits, vegetables, and other healthful foods

I spend less than one hour per day watching television

I do not smoke or use tobacco products

I am not regularly exposed to tobacco smoke

I wash my hands frequently

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Additional Comments

Please use this page to share any additional comments or concerns you may have.

+ Add Question ▼

+ Add Page

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Exit Survey

Thank you for your input. Please contact the Dona Ana Health and Human Services Department at 575-525-5870 if you have questions.

+ Add Question ▼

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[Back to My Surveys](#)

[Preview Survey](#)

[Send Survey »](#)

Encuesta de Salud del Condado de Doña Ana

Sobre esta Encuesta

Gracias por participar en este cuestionario breve acerca de los servicios del cuidado de salud en el condado de Doña Ana. La encuesta tomará acerca de unos 20 minutos para completar. Esta encuesta es parte de un proyecto de todo el estado para determinar como la reforma del cuidado de salud puede ayudar más eficazmente a los niños y familias más vulnerables de Nuevo México.

Sus respuestas también se usarán para ayudar al departamento de salud y servicios humanos del condado de Doña Ana a identificar y dirigirse a las necesidades del cuidado de salud más importantes de los residentes.

Tosas las respuestas se van a permanecer confidenciales. Cualquier información obtenida será agregada y usada nada más para determinar las costumbres generales y necesidades en el condado de Doña Ana. Si tiene cualquier pregunta acerca de este proyecto, por favor contacte al departamento de salud y servicios humanos del condado de Doña Ana a 575-525-5870.

Información Demográfica

*1. ¿Vive usted en el condado de Doña Ana?

- Si, dentro los límites municipales de Las Cruces
- Si, en el norte del condado de Doña Ana, afuera de los límites municipales de Las Cruces
- Si, en el sur del condado de Doña Ana, afuera de los límites municipales de Las Cruces
- No

Información Demográfica 2

2. Género

- Hombre
- Mujer

3. ¿Qué es su edad en años?

- 0-17
- 18-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

4. Etnicidad

- Blanco-Hispano u Latino
- Blanco-No Hispano/no Latino
- Amerindio u indígena de Alaska
- Negro u Afroamericano
- Asiático
- Indígena de Hawaii/de las islas del Mar Pacifico
- Multi-racial
- Raza no anotada

5. ¿Cuántos adultos (de 18 años y mayor) viven en su hogar?

- 1
- 2
- 3
- 4
- 5+

Encuesta de Salud del Condado de Doña Ana

6. ¿Cuántos niños (de 0-17 años) viven en su hogar?

- 0
- 1
- 2
- 3
- 4
- 5+

7. ¿Cuanto es su ingreso anual del hogar?

- Menos de \$10,000
- \$10,000-\$14,999
- \$15,000-\$24,999
- \$25,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- \$100,000-\$149,999
- \$150,000-\$199,999
- \$200,000 o más

Encuesta de Salud del Condado de Doña Ana

Gracias por su interés. Ahora nada más estamos buscando la información de la gente que vive en el condado de Doña Ana.

Encuesta de Salud del Condado de Doña Ana

Acceso al Cuidado de Salud

Por favor conteste las siguientes preguntas acerca del acceso al cuidado de salud.

8. ¿En algún tiempo del año pasado, estaba incapaz de visitar al doctor o a algún otro profesional del cuidado de salud aunque lo quería o necesitaba hacer?

- Sí
- No

9. ¿Qué tan importante es lo siguiente en prevenirle a usted de recibir cuidado de salud adecuado?

	No importante para nada	Algo importante	Importante	Muy importante	Extremadamente Importante
El horario de la clínica u otra facilidad del cuidado de salud	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
La distancia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falta del cuidado de niños	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Falta de transportación	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
El Costo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Barreras culturales o de idiomas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Otro (por favor especifique)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Otro (por favor especifique)

10. ¿En qué tipo de facilidad usualmente recibe cuidado de la salud?

- La oficina privada de un médico
- Centro de salud de la comunidad (por ejemplo La Clínica de Familia)
- Otra clínica gratis o de costo bajo
- Sala de emergencia del hospital
- Centro del cuidado de urgencias
- Oficina de medico u clínica en México

Otro (por favor especifique)

Encuesta de Salud del Condado de Doña Ana

11. ¿Si usted necesita cuidado de la salud antes de las 9am o después de las 5pm, como lo consigue? Por favor escoge los que se le aplican.

- Irse a una clínica de cuidados urgentes
- Usar horas extras en un centro de salud comunitario
- Irse a la sala de emergencias
- Llamar a una ambulancia

Otro (por favor especifique)

12. ¿Qué tan fácil es programar citas urgentes con su doctor mientras está enfermo/a?

- Extremadamente fácil
- Muy fácil
- Moderadamente fácil
- Un poco fácil
- No fácil para nada

Cobertura del Seguro de Salud (General)

Las siguientes preguntas se tratan de la cobertura del seguro de salud.

***13. ¿Tiene usted cobertura del seguro de salud?**

- Sí
- No

Cobertura del Seguro de Salud (No)

14. ¿Por cuanto tiempo ha estado sin la cobertura del seguro de salud?

- Un año o menos
- Más que un año
- Más que cinco años
- Nunca he tenido cobertura del seguro de salud

15. ¿Alguna vez ha tenido sus gastos pagados por parte del fondo del cuidado de salud del condado de Doña Ana (anteriormente “el fondo indígena del DAC-condado de Doña Ana)?

- Sí
- No
- No estoy seguro/a

Cobertura del Seguro de Salud (Sí)

16. ¿Qué tipo de cobertura de seguro de salud tiene usted?

- Medicaid
- Medicare
- State Coverage Initiative (SCI)/ iniciativa de cobertura estatal
- New Mexico High Risk Pool/Grupo de alto riesgo de Nuevo México
- Seguro privado, por lo menos parcialmente pagado por su empleador
- Seguro privado, por cual usted pagó enteramente, con el deducible de \$500 o menos
- Seguro privado, por cual usted pagó enteramente, con un deducible más que \$500

17. ¿Su seguro de salud paga los servicios preventivos como mamograma, papanicolau, examen de la próstata, y revisiones anuales de bienestar?

- Sí
- No
- No estoy seguro/a

18. ¿Su cobertura incluye el seguro dental?

- Sí
- No
- No estoy seguro/a

19. ¿Su cobertura incluye los servicios de la salud mental?

- Sí
- No
- Una cantidad limitada
- No estoy seguro/a

20. ¿Qué tan fácil es encontrar un doctor en su área que participe en su plan de salud?

- Extremadamente fácil
- Muy fácil
- Moderadamente fácil
- Un poco fácil
- No fácil para nada

Cobertura del Seguro de Salud, niños

21. ¿Es usted padre/madre o guardián de un niño que tenga menos de 18 años de edad?

- Sí
- No

22. ¿Qué tipo de cobertura de seguro de salud tiene su hijo/s?

- No tengo hijos
- Ninguna
- Medicaid
- SCHIP
- Asistencia premia para niños (PAK)
- Cobertura privada patrocinada por su empleador
- Cobertura privada, que pague usted enteramente, con deducible de \$500 o menos
- Cobertura privada, que pague usted enteramente, con deducible de más de \$500

Otro (por favor especifique)

La Calidad del Cuidado de Salud

23. Por favor piense en su última visita a una facilidad del cuidado de salud en el condado de Doña Ana. ¿Por qué visitó al doctor? Indica los que se le aplican.

- Un problema médico de termino corto (por ejemplo una toz grave o la garganta adolorida)
- Un problema médico de término largo (por ejemplo, una enfermedad crónica como diabetes o problemas cardiacos)
- Servicios de escrutinios preventivos (por ejemplo mamograma, escrutinio de la próstata, examen anual del bienestar)
- Vacunas
- La salud mental
- La salud dental
- Una herida

Otro (por favor especifique)

Encuesta de Salud del Condado de Doña Ana

24. Por favor piense en cualquier visita que ha hecho a una facilidad del cuidado de salud en el condado de Doña Ana en los últimos dos años. Usando estas experiencias, por favor califique las siguientes declaraciones.

	no de acuerdo para nada	no de acuerdo	ni de acuerdo ni desacuerdo	de acuerdo	muy de acuerdo
Era fácil sacar una cita	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
al llegar a mi cita, no tuve que esperar mucho tiempo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
los empleados de la oficina eran amables y profesionales	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
los empleados médicos eran hábiles y simpáticos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
el doctor, la enfermera practicante, asistente al medico eran hábiles y simpáticos	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
el doctor, la enfermera practicante, asistente al medico me escuchaban bien	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
todas mis preguntas y preocupaciones fueron contestadas claramente y completamente en una manera que yo pude entender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
la facilidad era limpia y el medioambiente agradable	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

25. ¿Durante una visita típica a la oficina, su doctor pasa demasiado tiempo con usted, no suficiente tiempo con usted, o una cantidad apropiada con usted?

- Muy demasiado
- Algo demasiado
- Un poco demasiado
- La cantidad apropiada
- Poquito
- Un poco
- Muy poco

26. ¿Qué tanto confía en su doctor que tome las decisiones medicas que sean más beneficios a usted?

- Mucho
- Algo
- Una cantidad moderada
- Un poco
- Para nada

27. ¿Que podría haber hecho mejor a su visita(s)?

Su Salud

28. ¿Qué tan saludable está usted físicamente?

- Extremadamente saludable
- Muy saludable
- Moderadamente saludable
- Un poco saludable
- No saludable para nada

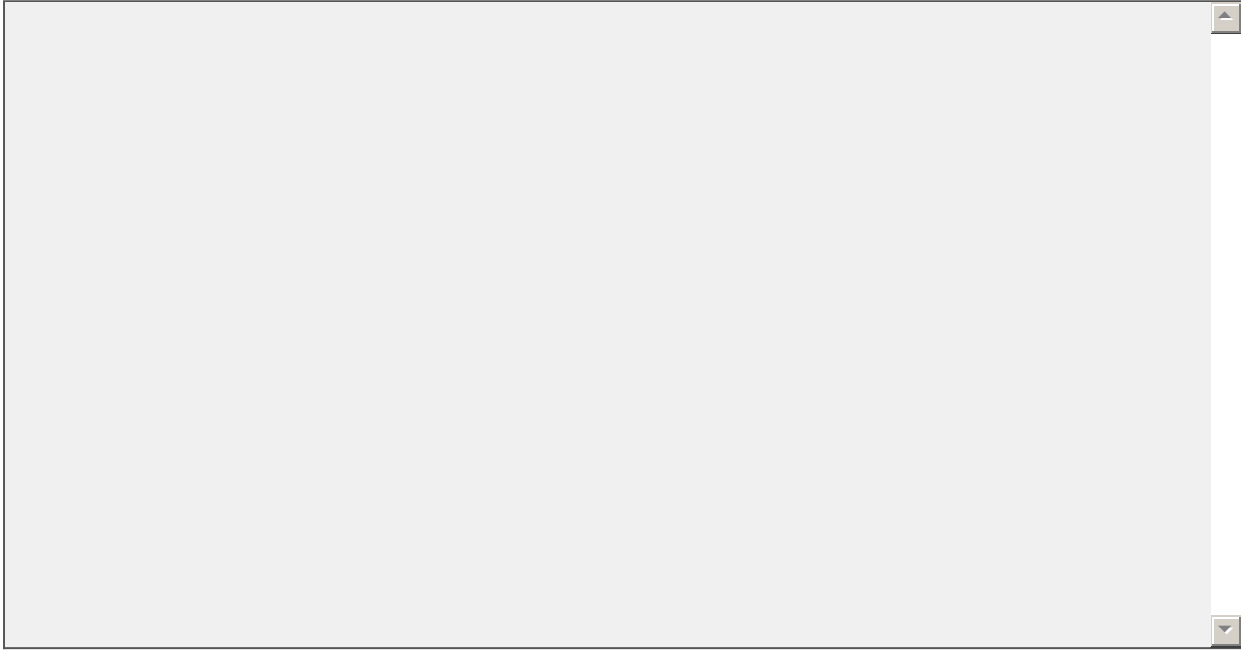
29. Por favor díganos que tanto está de acuerdo o no de acuerdo con las siguientes declaraciones acerca de su medioambiente y sus costumbres de salud.

	No de acuerdo para nada	No de acuerdo	Ni de acuerdo ni desacuerdo	De acuerdo	Muy de acuerdo
Mi vecindario ofrece muchos sitios seguros donde puedo recrear afuera	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mi vecindario ofrece varios campos de juego para los niños.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Es fácil para mi conseguir frutas, verduras, y otras comidas sanas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yo paso menos de una hora por día viendo la tele	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yo no fumo ni uso productos de tabaco.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No estoy expuesto/a al humo de tabaco regularmente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yo me lavo las manos frecuentemente	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yo pongo mi cinturón de seguridad cuando estoy en un vehículo	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Yo pongo mi casca cuando ando en mi bicicleta/motocicleta	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Comentarios Adicionales

Por favor use esta página para compartir cualquier comentario adicional o preocupación que tenga.

30. ¿Tiene usted algún comentario, pregunta, o preocupación adicional? ¿Hay algo más que quisiera decir? Por favor avisanos.



Encuesta de Salud del Condado de Doña Ana

Encuesta de Salida

Gracias por su opinión. Por favor contacte al departamento de Salud y Servicios Humanos del condado de Doña Ana a 575-525-5870 si tiene preguntas.