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FISCAL IMPACT REPORT

SPONSOR: Lopez DATE TYPED: 3/7/03 HB _____

SHORT TITLE: NM Community Health Advocacy Program Study SB SJM 76

ANALYST: Dunbar

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY03	FY04	FY03	FY04		
			See Narrative		

(Parenthesis () Indicate Expenditure Decreases)

SOURCES OF INFORMATION

Responses Received From

Department of Health (DOH)
Health Policy Commission (HPC)

SUMMARY

Synopsis of Bill

Senate Joint Memorial 76 directs the New Mexico Department of Health (DOH) to lead a task force involving the Human Services Department, the Department of Economic Development, the Department of Labor, The State Department of Education, the Children, Youth and Families Department, the State Agency on Aging and appropriate organizations representing the interests of community health workers.

The work of the task force would center around a study on the development of a community health advocacy program in New Mexico, including the program's methods, structure, financing implementation, and the utilization of various categories of community health workers. The task force would evaluate the value of community health workers to the health care delivery system and their impact on public health outcomes, economic development and access to health care. The results of the study, including legislative recommendations to address economic opportunities for the communities, would be reported to the interim legislative health and human services committee at its October 2003 meeting.

Significant Issues

New Mexico has been referred to as both a “rural” (fewer than 100 people per square mile in a county) and a “frontier” (6-10 people per square mile in a county) state, making the provision of health care services challenging. In addition, because New Mexico is challenged by economic development and health disparities, the state could benefit from linkage by community members with needed health services and outreach educators.

SJM 76 recognizes federal Medicaid requirements related to appropriate methods of outreach, enrollment, translation services and federal funding that would accompany the increased use of community health workers. Further, SJM 76 speaks to the current state and national health care crisis where this alternative workforce can be drawn upon to provide better care, provide economic and community development and increased job opportunities.

DOH believes that expanding the number of community health workers could have a positive impact on the health and well being of New Mexicans, especially those who deal with chronic disease. This workforce could become the front line in an effort to reduce obesity and increase fitness of New Mexico’s children.

FISCAL IMPLICATIONS

SJM 76 could have significant impact on the Department of Health because there is no funding to support the work of the task force in conducting its study.

ADMINISTRATIVE IMPLICATIONS

SJM 76 would have significant impact on the Department both administratively and operationally. In addition, resources are necessary to lead the study. DOH staff would be needed to complete much of the work related to the study.

OTHER SUBSTANTIVE ISSUES

Health care service delivery in New Mexico is a challenge due to the rural nature of the state. New Mexico has ranked 48 out of 50 states in a measure of the condition of children in the USA. The measures include: percent low birth weight babies; infant mortality rate; child death rate; rate of teen deaths by accident, homicide, and suicide; teen birth rate; percent of teens high school dropouts; percent of teens not attending school and not working; percent of children living with parents who do not have full-time, year-round employment; percent of children in poverty; and percent of families with children headed by a single parent (Kids Count Data Book, Annie E. Casey Foundation, State Profiles of Child Well-Being 2001).

In New Mexico, community health workers functioning in various paid and volunteer positions are known as: lay health advocates, promotoras, outreach educators, doulas, community health representatives (in the Indian Health Service), peer health promoters, and community outreach workers. Home visiting models that use laypersons have been instituted to support healthy pregnancies and provide support to parents with infants and very young children. Some studies have shown improved outcomes and cost savings with home visiting models. Additionally, improved cultural and linguistic access has been a positive result of these models. Peer counseling models

have also been used within New Mexico schools.

The community health worker concept is not new. Community health workers are lay advocates/advisors who educate and lead people in their communities to attain increased health and well-being. There are about 200 community health workers serving their communities throughout New Mexico. These community residents often provide an important linkage between medical providers and Native Americans in pueblos and on reservations by providing outreach and cultural linkages.

For the last eight years a Promotores program has been existed at La Familia Medical Center in Santa Fe, which has resulted in an increase in earlier access to prenatal care as well as improved outcomes at delivery. In the Diabetes program, La Familia has seen a decrease in the average hemoglobin (HgA1c), a blood test that tells the average blood sugar over a three-month time frame. A lower HgA1c leads to fewer complications in people with diabetes and lower mortality rates. Before the Promotores program, than 10% of patients monitored their own blood sugars, presently 90% of La Familia patients do self-monitoring.

A University of Arizona study has found that the community health worker role effectively bridges cultural differences between communities members and the health and social service systems through the provision of culturally appropriate health education, information and advocacy to ensure people get the services they need.

The American Public Health Association (2001) has issued a policy statement on the “Recognition and Support for Community Health Workers’ Contributions to Meeting our Nation’s Health Care Needs”, that recognizes the strengths community health workers bring to the health care delivery system and the challenges they encounter.

Certification of community health workers would help ensure against abuse, neglect or exploitation.

There are community health advocacy programs throughout the United States. Each has been modeled to represent the needs of the community it serves.

- The Mississippi program is identified as a non-partisan, non-profit public interest program that concentrates on educating health care consumers about health related issues.
- San Francisco advertises a Community Health Advocacy Project that helps low income residents navigate through the health care system.
- In Utah, the Community Health Advocacy Coalition is a grass roots organization that works to expand health care programs.

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