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FISCAL IMPACT REPORT

DATE

SPONSOR Lujan **TYPED** 2/2/05 **HB** 490

SHORT TITLE Community Health Worker Training Center **SB** _____

ANALYST Hanika-Ortiz

APPROPRIATION

Appropriation Contained		Estimated Additional Impact		Recurring or Non-Rec	Fund Affected
FY05	FY06	FY05	FY06		
	\$300.0			Recurring	General Fund

SOURCES OF INFORMATION

LFC Files

Responses Received From
 Health Policy Commission (HPC)
 Department of Health (DOH)

SUMMARY

Synopsis of Bill

House Bill 490 appropriates \$300 thousand from the general fund for expenditure in FY06 through FY08 to the DOH to establish and maintain a community health worker regional training center in southern New Mexico. Any unexpended or unencumbered balance remaining at the end of FY08 shall revert to the general fund.

Significant Issues

The appropriation would provide funding to the DOH Border Health Office to establish and maintain a regional training center to provide resources, technical assistance and computer literacy training opportunities. Building space is available to conduct the training sessions.

SJM 76 report assesses the core competency training needs of community health workers through the identification of particular skills and knowledge areas that include computer literacy as one of the most requested training needs. The report notes that almost all community health workers said they are interested in receiving more training with computer literacy, leadership, English as a Second Language, employee rights, and public relations/media. Nearly 70 percent of the surveyed workers identified basic computer literacy as an area of need. Nearly 80 percent of

respondents from southern New Mexico and the Mescalero Indian Reservation consider computer literacy an essential skill for their jobs.

PERFORMANCE IMPLICATIONS

HB 490 is consistent with the DOH Strategic Plan in Program Area 9: Administration, Strategic Direction: Achieve excellence and accountability in administration and service and Objective 3: Increase the health workforce supply.

HB 490 is consistent in its support of the training needs of community health workers identified in the *SJM 76 Report on the Development of a Community Health Advocacy Program in New Mexico 2003* directed by the DOH, and the study report on the *Development of a Promotor/a Training Program in Southern New Mexico: Report and Recommendations 2004* completed for the Office of Border Health.

The DOH proposes to track the number of community health workers attending and completing the coursework under the new training program as a performance measure.

FISCAL IMPLICATIONS

The appropriation of \$300 thousand contained in this bill is a recurring expense to the general fund.

The appropriation in HB 490 was not part of the agencies budget request reviewed by the LFC in 2004.

The HPC expects future appropriations will be needed to maintain the training center after 2008 for maintenance of resources, upgrading of computer technology and outreach.

ADMINISTRATIVE IMPLICATIONS

The Office of Border Health made a presentation to support the development of a regional training center to the members of the Interim Legislative Health & Human Services Committee on September 9, 2004. HB 490 is proposed on behalf of the Interim Legislative Health and Human Services Committee.

TECHNICAL ISSUES

Review of computer literacy training programs in New Mexico indicate that curriculum used by community health worker programs was not available for this population.

OTHER SUBSTANTIVE ISSUES

The Border Epidemiology & Environmental Health Center at NMSU was assisted by the Office of Border Health in capturing \$5,000 from the National Libraries of Medicine to initiate a pilot training course on computer literacy in Dona Aña County during Spring 2004. The Office of Border Health in conjunction with Families & Youth, Inc. of Las Cruces initiated a second pilot course in Luna County with \$5,000 provided by the Office of Minority Health, U.S. Department of Health & Human Services.

The HPC reports studies have shown:

- Residents of rural areas often have a limited range of medical services available, resulting in a large number of people going without basic primary, dental and mental health services.
- Hospital emergency rooms are often used to treat basic, non-emergent medical care by the uninsured, underinsured, and low-income populations, which results in a financial drain for hospitals and longer wait times for patients.
- New immigrants, especially of illegal status, will be less likely to access the healthcare system.
- Disparities in the health care system occur when those being treated do not speak English, or are a minority, or have a disability, or who may be socially disadvantaged and do not have access to a healthcare representative that can understand or help them.

Border Demographics (HPC Quick Facts 2004)

- Population increased from 3.1 million in 1970 to 6.6 million in 2000 in the US border areas.
- Nearly 25% of US border population is under the age of 15, compared to 21% nationally.
- Infectious diseases, diabetes and female breast cancer have high rates in border health populations.

The HPC reports on community health care alternatives:

- States, including New Mexico, have implemented Community Health Workers and Promotora Programs, which teach laypersons to conduct basic health care outreach in their local communities. The Promotoras reach many of the uninsured, low income and immigrant populations who might otherwise not receive any health care services at all.
- More than 300 community health workers provide services in NM, approximately 150 on tribal lands; providing referrals, translating health information, imparting knowledge of culture and language.
- Educating families on basic family health techniques, nutrition and home first aid may prevent unnecessary trips to emergency rooms.
- Training community health workers in basic computer basic technology to enter simple health care/medical record information will enhance the documentation process, supplement knowledge to succeed in the workplace and, by establishing some type of training accreditation, provide more value to the program and the feelings of success for participants.

ALTERNATIVES

None indicated.

WHAT WILL BE THE CONSEQUENCES OF NOT ENACTING THIS BILL?

The HPC reports communities may suffer socioeconomic consequences of not being able to provide basic services and support.

POSSIBLE QUESTIONS

What support and supervision will the community health workers have in the field?
What building is being provided for training? Will childcare be offered?

AHO/yr