Introduction to the Work of the Center

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• The RWJF Center for Health Policy has two principal aims that drive our strategic focus:
  
• Diversification of Health Policy Research Workforce
  • PhD Fellowship Program (20 Fellows call our Center home)
  
• High Quality Applied Research to Provide Data Driven Policy Recommendations
  • We engage affiliated faculty and our Fellows in this effort
We have significantly increased our engagement in New Mexico-focused research over the last two years, tackling some of the most important policy issues facing the state:

- Behavioral Health/ Mental Health
- Early Childhood Health and Education
- Access to Insurance (Affordable Care Act)
AN ASSESSMENT OF HISPANICS' RELATIONSHIP WITH THE AFFORDABLE CARE ACT: IMPLICATIONS FOR POLICY

Gabriel R. Sanchez, Executive Director
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Sponsored by the National Institute of Health
New Mexico ACA Study

- Statewide survey of Hispanic adults in New Mexico
- N=600 total interviews, +/- 4.0%
- Blended sample of cell phone, landline and online completes, available in English or Spanish
- Weighted back to match full demographics of NM Hispanic adult population
Ever go without insurance in last 12 months?

- Had insurance entire year: 75%
- Went without health insurance: 19%
- Don't want to say: 5%
- Don't know: 1%

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Ever go without insurance in last 12 months?

Had insurance entire year 75%

Don’t know 1%

Don’t want to say 5%

Main Reason Did Not Have Insurance

1. Too hard to figure it out 35%
2. Could not afford it 26%
3. Turned down by insurance co. 15%
4. Can’t get through my work 5%
5. I don’t need it, I’m healthy 4%

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Enrolling in the NM Health Exchange

Were you able to enroll in the exchange or not? (Among NM Hispanics who attempted to enroll)

- Yes, I was able to enroll: 32%
- No, had problems that prevented me from enrolling: 31%
- Didn't enroll, because of other reasons (too expensive, didn't qualify, etc.): 33%

64% did not enroll

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Knowledge Levels and Messaging

• Hispanic knowledge of the ACA and attitudes toward the law are mixed
• Survey provides some insights on how to Market ACA to Hispanics moving forward
Knowledge of Obamacare

Level of Information and Understanding of the ACA among New Mexico Hispanics, July 2015

- Confusing and complicated: 63%
- Feel pretty well informed: 30%
- Don't know: 7%

Only 3 in 10 feel well-informed suggesting even more education outreach is needed.

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Knowledge of Obamacare

Can you name any part or policy of the Affordable Care Act?

- Don’t know / Nothing: 75%
- Medicaid Expansion: 11%
- Pay a fine if you don’t have insurance: 9%
- Kids stay on parents insurance longer (age 26): 8%

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Language Preference

Language Preference of Health Care Information
New Mexico Hispanics, July 2015

- English: 66%
- Spanish: 14%
- Bilingual/both: 19%
- Don’t Know: 1%

Source: Latino Decisions / UNM RWJF Health Center, July 2015, n=600
Most Preferred Terminology by Language

Most Popular Spanish/English names for the new healthcare law

<table>
<thead>
<tr>
<th>Spanish-language names</th>
<th>English-language names</th>
</tr>
</thead>
<tbody>
<tr>
<td>&quot;Obamacare&quot;</td>
<td>38%</td>
</tr>
<tr>
<td>&quot;Reforma de cuidado de salud&quot;</td>
<td>30%</td>
</tr>
<tr>
<td>&quot;Ley de Cuidado de Salud&quot;</td>
<td>20%</td>
</tr>
<tr>
<td>&quot;Affordable Care Act&quot;</td>
<td>30%</td>
</tr>
<tr>
<td>&quot;Obamacare&quot;</td>
<td>30%</td>
</tr>
<tr>
<td>&quot;Healthcare reform program&quot;</td>
<td>8%</td>
</tr>
</tbody>
</table>

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Communication Preferences

Which of the following forms of communication would you prefer to receive information?

- Television: 22
- Email: 19
- Available on the internet: 32
- Pamphlets/Mailers to House: 28
- Pamphlets Mailers at Doctor's Office: 16

Source: Latino Decisions / RWJF Health Center @ UNM: New Mexico ACA Study
Most Trusted Messengers

Who would you trust most for information about the new healthcare law?

- Hospitals: 26
- Doctors: 27
- Community Centers/Organizations: 13
- Neighborhood Clinics: 16
- Health Insurance Companies: 17

Source: Latino Decisions / RWJF Health Center @ UNM: New Mexico ACA Study
Costs of Health Care Remain Critical To Hispanics in New Mexico
The Costs of Health Care

In the past year has the amount you pay for health care...

- Stayed about the same: 47%
- Gone up: 43%
- Gone down: 6%
- Don’t know: 4%

Have Increased Costs been a Financial Burden?
- Yes: 71%
- No: 28%
- Don’t know: 1%

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
The Impact of Medical Expenses on Financial Security

In the past twelve months, because of medical bills, have you:

- 35% used up all or most of your savings?
- 26% been unable to pay for basic necessities like food, heat, or housing?
- 33% had difficulty paying other bills?
- 12% borrowed money or gotten a loan or another mortgage on your home?
- 19% been contacted by a collection agency?
- 4% declared bankruptcy?

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
The Impact of Medical Expenses on Health Seeking Behavior

In the past twelve months, have you or another family member living in your household done any of the following because of costs:

- 28% skipped a recommended medical test or treatment?
- 24% not filled a prescription?
- 22% cut pills in half or skipped doses of medicine because of costs?
- 10% had problems getting mental health care?
- 36% put off or postponed getting health care you needed?
- 36% skipped dental care or checkups?
- 40% relied on home remedies or over the counter drugs instead of going to the doctor?

Source: Latino Decisions / UNM RWJF Health Center, July 2015 n=600
Some Examples of Our Applied Policy Work
Landscape of Behavioral Health in Albuquerque (With CEPR and CRCBH for CABQ)

The City of Albuquerque commissioned this report in order to identify the volume, types, and levels of behavioral health services available to residents of the city and Bernalillo County. In this context, “behavioral health” refers to mental health and substance use conditions. This report highlights expected and unmet need, and suggests next steps for collaborative continued improvement. We hope to integrate these findings within the broader work of the Task Force on Behavioral Health which includes elected officials from the City of Albuquerque, Bernalillo County and the State of New Mexico and the voices of consumers, families, providers, first responders, and other important stakeholders.

**Project Goals**

- Provide an inventory of behavioral health services in Bernalillo County emphasizing treatment services available to those relying on public funds or with limited income.
- Characterize gaps in the current system and need for behavioral health services.

**Complexities in Behavioral Health Planning**

Many factors influence the gap between need and availability of behavioral health services in a community. Best practices indicate an array of interventions including inpatient treatment, crisis care, outpatient therapy and medical care, as well as a number of evidenced-based psychosocial supports, such as supported housing and supported employment. Use of these services within a community varies depending on accessibility, coordination across services and whether there is an adequate system for early detection, diagnosis and treatment planning. In a system with inadequate community based services, individuals and families with behavioral health conditions can go without care for far too long. This may result in crises which could have been averted with prevention.

Given the complexity of these factors and in order to aid behavioral health planning, data has been integrated from several resources: an in-depth survey of providers in the city and databases from county, state, federal, and health agencies. The data shared here are aimed at helping the City, County and State, residents, and public servants collaborate to create a coordinated response to meet behavioral health needs in our community.

UNM RWJF Health Center
Web-Based Behavioral Health Provider Tool (With CEPR and CRCBH for CABQ)
CONSIDERATIONS FOR THE DEVELOPMENT OF A SYSTEM TO DISTRIBUTE TAX REVENUES EARMARKED FOR BEHAVIORAL HEALTH IN BERNALILLO COUNTY

Prepared by Sam Howarth, PhD, Senior Fellow and Janelle Johnson, MA

Robert Wood Johnson Foundation Center for Health Policy at the University of New Mexico
Cost Analysis of New Mexico’s Early Childhood Programs
(For the New Mexico Childhood Development Partnership)

Cost Analysis of
New Mexico’s Early Childhood Programs
A Five Year Strategy for Increasing Investment
November 2012

Prepared by the
New Mexico Early Childhood Development Partnership
NM Home Visiting Annual Report, FY2014
(With CEPR and CRCBH for CYFD)
2013 Youth Risk and Resiliency High School Survey

Indicator Selection

Select Category
- Alcohol & Marijuana
- Diet & Physical Activity
- Mental Health
- Other Behaviors
- Other Drugs
- Perceived Injustice
- Resilience
- Sexual Activity
- Tobacco
- Violence

Select Tobacco Indicator
- Any current tobacco use (excl. hookah)
- Current cigar use
- Current hookah use
- Current spit tobacco use
- Ever tried cigarettes
- Exposed to second-hand cigarette smoking
- Frequent cigarette smoker (≥20 per day)
- Heavy cigarette smoker (≥100 cigarettes)
- Smoked cigarettes before 13
- Smoked cigarettes on school property

Current cigarette smoker

Hover over county to view county-level data in figures above.
Financing Early Care and Education: Options for South Carolina
(For the Institute for Child Success)

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(executive summary)

Despite recent funding increases, less than one third of South Carolina's low
income young children receive publicly subsidized early care and education
(ECE). Meeting the current demand for ECE services would cost the state
several hundred million additional dollars.

State general revenues and federal block grant programs provide only a modest share of funding for ECE in South Carolina and the US overall. Block grants are capped and state revenues are uncertain. Thus, proposals to expand ECE or improve its quality must be accompanied by new financing strategies.

(by)

Kelly O'Donnell
O'Donnell Economics and Strategy
The Economic Impact of Early Care and Education in South Carolina
(For the Institute for Child Success)

Early Care and Education is a vital industry.

There are more than 6,000 early care and education (ECE) businesses in South Carolina, most with fewer than 50 employees.

That employs thousands, 23,432 South Carolinians are employed in home visiting, early intervention, child care, or pre-K.

Leverages federal funds, ECE draws $246 million in federal grant funds into South Carolina every year.

And generates economic activity that ripples throughout the state economy.

ECE generates $1.3 billion in economic activity each year. Purchasers of ECE businesses and employees support an additional 8,650 jobs in other industries.

Returning tax revenue to state and local governments.

The economic activity produced or enabled by the ECE businesses and institutions generates $44 million in state and local tax revenue each year.

Making it possible for thousands more to work, go to school.

Over 30,000 South Carolina working mothers rely on paid child care. Many of those women would be unable to work if paid child care were not available.

And contribute to the state economy.

South Carolina women who would be unable to work if paid child care were not available earn over $1 billion each year.

Early care and education strengthens tomorrow's workforce.

Over 300,000 children under five receive ECE services. High-quality ECE improves their chances of success in school and life.

Reducing public sector costs today...

High quality ECE engages parents and connects families to the resources they need to stay healthy, safe, and intact.

...And in the future

ECE decreases the likelihood of incarceration, welfare dependency and other socially costly outcomes in adulthood.

(by)

Kelly O'Donnell
O'Donnell Economics and Strategy
Some Additional Examples of Our Recently Conducted Applied Policy Work

- Women’s Health Inequalities in New Mexico: Challenges and Policy Options (for the Con Alma Foundation)
- New Mexico Behavioral Health and Health Service Resource Guide (with CEPR and CRCBH)
- The Impact of Federal Healthcare Reform on Indigent Health Care in Bernalillo County
- Responses to P4P (Plan for Prosperity) Community Engagement Survey: Overall Results (for the City of Albuquerque)
- The Economic Impact of Intensive Care Management for High-Cost Medically Complex Patients: An Evaluation of New Mexico’s Care One Program
- Using Community-Based Participatory Research to the Landscape of Early Childhood Education in Southwest Albuquerque (with Partnership for Community Action)
- Indicators Report: A Statistical Resource Guide to Women and Girls in New Mexico (With New Mexico Women.org)
- New Mexico Home Visiting Annual Outcomes Report 2013, (with CEPR and CRCBH for CYFD)
Some Additional Examples of Recently Conducted Applied Research Projects:

- The Impact of the Affordable Care Act on Latino Access to Health Insurance
- National Latino Health and Immigration Survey
- Health Care in the Shadows
- Harmonizing Race, Gender, Class Data for Effective Policy for Diverse Communities in the State of New Mexico
- Accepted Photo Identification in Different Subgroups in the Eligible Voter Population, State of Texas, 2014
- Cost of Health Care Remains a Major Issue Among Hispanics in New Mexico (NIH)
- Results From a New Survey of Hispanics in New Mexico Provides New Insights About the Affordable Care Act
Some Examples of Our Applied Policy in Process

- Analysis of Los Angeles’ universal preschool program
- Economic impact of early childhood in North Carolina
- Revenue options for early childhood in North Carolina
- Evaluation of UNM/HSC’s health professional pipeline programs
- WKKF-funded project to map existing data related to breastfeeding in New Mexico and identify data gaps
- WKKF-funded project to better understand the distribution and use of funding to New Mexico’s Tribal communities
- Additional NIH grant-related policy briefs
- A survey of New Mexicans with children 4 years old and younger regarding their interface with the early care and education and health care systems and policy briefs related to findings
Institute for Policy, Evaluation, and Applied Research (IPEAR)

• We are affiliated with a new, major UNM initiative that will coordinate the research efforts of multiple Centers on campus:
  – RWJF Center for Health Policy (RWJF-CHP)
  – Center for Education Policy Research (CEPR)
  – Bureau of Business and Economic Research (BBER)
  – Geospatial and Population Studies (GPS)

• IPEAR intends to increase UNM’s capacity to conduct research that is meaningful and can inform policy in the state and the region.
For more information on the
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