



**Bernalillo County Community Health Council (BCCHC)
Health Summit Final Report**

**Access to Care for the Immigrant/Undocumented Residents of Bernalillo County
March 31, 2010**

Facilitators/Recorders: Roberto Chené and Lucy Moore

EXECUTIVE SUMMARY

The Bernalillo County Community Health Council (BCCHC), guided by their community planning process, took the lead in the coordination of a county-wide Health Summit focusing on “Access to Health Care for the Undocumented Immigrants in Bernalillo County” on March 31, 2010. The Summit was in support of the health care access goals as identified in the BCCHC Community Health Improvement Plan.

Goal 1 – Eliminate health access barriers such as those related to culture, language, and class

Goal 2 – Ensure there is comprehensive and inclusive health systems planning in Bernalillo County; with an emphasis on prevention across all levels of future health planning

Goal 3 – Promote the development of a health care system that focuses on meeting human needs and creating health, rather than creating profit

The Health Council established a core group of dedicated participants who spent more than 6 months planning this event. Special thanks go out to this Planning Committee: Leigh Caswell (staff), Bhavana Upadhyaya (staff), Daryl Smith (chair), Marsha McMurray-Avila (vice-chair), Milton Brown, Norma Huerta, Patricia Regino, Leah Steimel, Fred Pintz, Roberto Chené, Lucy Moore, Anita Córdova, Hanh Nguyen, Alma Olivas, Judy Baca, Melisa Crain, Jessica Lozano, and all of the others who joined us to provide their input during the planning period.

Planning

Throughout the planning period, a number of different strategies were implemented to assure that the voice of the “community” was integrated into the final design of the agenda. Approximately twenty (20) interviews were conducted with key stakeholders to elicit their views on access to care for undocumented immigrants and potential solutions that could be implemented locally and in their institutions. Nearly fifty (50) interviews were conducted, primarily in Spanish, to members of the

immigrant community with the assistance of community health workers and other advocates working with the immigrant population in Bernalillo County to collect information on any access barriers that they may have encountered in seeking health care locally, and to solicit their recommendations for improvements in our local health systems. In addition, 4 “pre-summit” workshops were held for the Health Summit participants, facilitated by Dr. Milton Brown, to help prepare the Summit participants, and to begin the discussion around some of the core issues that have created the barriers to care for many: unequal power, prejudice, racism, injustice, and others.

Summit

The Health Summit was held at the UNM Rotunda on Wednesday, March 31, 2010, where approximately one hundred (100) people attended, ranging from elected officials, physicians, and senior health administrators to Health Council members, community advocates, and some members from the immigrant community. The day was professionally facilitated by Roberto Chené and Lucy Moore, both of whom participated in many of the planning meetings.

Opening remarks were focused on setting the stage for action by stating the principle of health care as a human right, and reminding the participants that they were invited specifically because it was felt that they had the ability and will to address the specific purpose of the Summit:

- Increase access to health care for people in Bernalillo County who are immigrants and who don't have documentation
- Foster collaborative action among health care organizations in partnership with elected officials, community leaders, and advocates:
 - To explore challenges and identify solutions to existing problems
 - To identify specific short-term action steps
 - To identify specific, long-term solutions we all have a role in that will bring about systemic change

Over the course of the planning, it had been decided that the Summit would organize discussion around the four reform strategies laid out by the World Health Organization's (WHO) “World Health Report 2008, Primary Health Care - Now More Than Ever,” specifically: 1) universal coverage reforms to “ensure health systems contribute to health equity, social justice and the end of exclusion;” 2) service delivery reforms to “reorganize health services as primary care, i.e., around people's needs and expectations;” 3) public policy to integrate public policy with primary care and to pursue healthy policies in all sectors; and 4) leadership reforms by tackling issues of unequal power distribution and by promoting “inclusive, participatory, negotiation-based leadership” (p.18).

Each of these topics was assigned to a table for discussion, with an additional three open tables where participants could discuss any other solutions to address barriers to accessing health care. The morning session focused on the solutions to known barriers to health care for undocumented immigrants in Bernalillo County and participants provided one long-term and one short solution to improving access. The afternoon session focused on identifying barriers to implementing these solutions and then seeking ways to overcome these barriers. The participants developed a list of recommendations for the Health Council to consider following up on.

Over lunch the planning committee had invited Ms. Jamie Michael, Assistant Director of the Doña Ana County Health & Human Services Department and a key member of the Doña Ana County Health Alliance, to share how Doña Ana County service providers collaborate on making access to care for the undocumented population a less discriminatory experience. The Doña Ana County

model generated a lot of excitement about the potential opportunities for change here in Bernalillo County. The model represented an opportunity to have a coordinated system of care that incentivizes serving medically indigent regardless of documentation status. In this model, the County was the leader in bringing together the partners to identify ways to serve residents in a more effective way.

During the day, participants emphasized overarching themes, messages that they felt needed to be a priority for all those working to improve health access for undocumented residents. One particular theme that surfaced was that we all share the responsibility to overcome this problem of access to health care. Whether we are providers, advocates, bureaucrats, elected officials or citizens, we all need to assume responsibility and find ways – large or small, long-term or short-term – to make those among us with the least power able to find the health care they need.

A post-summit evaluation was sent to all of the Summit participants via an electronic Survey Monkey. Approximately 35% of the participants responded of which 96% said that the summit was either “excellent” or “good.” They also expressed anticipation for the follow-up and the need to implement change based on recommendations. Participants stated that they realized that the health care system is entwined with political, economic and social realities, and that systemic change will take willingness to change, thought, and time. Others commented that they were getting impatient and felt that there were many things that could be done now that would make a significant difference for those who need health care. Participants wrote about the various ways in which they were going to make personal or organization commitments to change and expressed support for implementing recommendations.

Recommendations

Below is a summary of the recommendations categorized by the initial WHO topic areas and broken down into long-term solutions requiring a sustained effort, with realistic short-term solutions that could contribute to the eventual long-term goal. The Health Council recognizes that there are a number of local organizations who have been working for years on some of the recommendations listed below, and the Health Council fully intends to support these efforts, involve the organizations to the extent possible, and to hopefully build on their efforts toward changing the systems that have created these access barriers.

With these recommendations, the Health Council would like to reconvene with those Summit participants who expressed interest in “action” and begin a process of prioritizing, developing an action plan, and moving forward with the work needed to improve our health system[s] here in Bernalillo County. It is the Health Council’s belief that many of the above-mentioned recommendation can be acted upon and that significant changes can result from all of us working together in shared leadership.

(For detailed information on these recommendations please refer to the full Summit report)

AREA OF REFORM	LONG-TERM SOLUTIONS	SHORT-TERM ACTIONS
Universal Coverage	<ul style="list-style-type: none"> ▪ Explore Doña Ana County model to offer care for all regardless of legal status 	<ul style="list-style-type: none"> ▪ Develop unified advocacy approach on this issue ▪ Find an “Institutional champion” to spearhead the process

Service Delivery Reforms	<ul style="list-style-type: none"> ▪ Move to community-based model of health care, away from hospital-centric model 	<ul style="list-style-type: none"> ▪ Support expansion of existing community-based model of health care, including increased use of community health workers/promotores/navigators ▪ Collaboration amongst providers and alignment of funding to increase reach and efficiency ▪ Improved information outreach on services that are available for undocumented immigrants and medically indigent ▪ Cultural humility and anti-racism training should be required for all healthcare workers ▪ Health care finance reform (reduce paperwork, get a single medical identification#, limit the cost passed to undocumented immigrants, and reduce/eliminate medical debt)
Public Policy Reforms	<ul style="list-style-type: none"> ▪ Work on comprehensive immigration reform 	
Leadership Reforms	<ul style="list-style-type: none"> ▪ Recommendation for Health Council to take leadership in bringing together all players to collaboratively plan for health care delivery to medically indigent in Bernalillo County 	<ul style="list-style-type: none"> ▪ Public education about myths around undocumented immigrants through an effective public relations and media campaign

The Road Ahead – How can you get involved?

The Bernalillo County Community Health Council will be convening work groups and/or will link participants with existing initiatives to move these recommendations forward beginning in July of 2010.

Now is the time to get involved! Please contact Leigh Caswell, Coordinator to work on one of the specific recommendations. Leigh can be reached at (505) 314-0467 or lmason@bernco.gov.