Primary Care Training in the Community Centers: New Mexico and Social Determinants

The Social Mission of Medical Education to Achieve health Equity

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Quality Care is Not Enough ex. Diabetes in Native Americans

- Recommended Preventive Services:
  - Native Americans have best rates

- Deaths from Diabetes:
  - Native Americans have highest rates

New Mexico Dept of Health 2010 Report on Ethnic Disparities in Health
Social Determinants

- Income
- Education
- Housing
- Social Inclusion
- Racism
- Transportation
- Nutrition
- Safety
- Built Environment
- Childhood Experiences
## Determinants of Health

<table>
<thead>
<tr>
<th>Contribution to Mortality</th>
<th>% Nat’l Health Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifestyle</td>
<td>43%</td>
</tr>
<tr>
<td>Biology/Genetics</td>
<td>27%</td>
</tr>
<tr>
<td>Environment</td>
<td>19%</td>
</tr>
<tr>
<td>Health Services</td>
<td>11%</td>
</tr>
</tbody>
</table>
Education and Health

• High correlation of educational attainment and health

• 56% of New Mexicans had some college education (we rank 36\textsuperscript{th} in nation)

• If 24% more (80%) had some college, we would avert 677 deaths/year

Source: Robert Wood Johnson Foundation Commission to Build a Healthier America
“Food Deserts” in New Mexico

Areas with Limited Access to Affordable and Nutritious Food
New Institutional Vision Statement

“The University of New Mexico Health Sciences Center will work with community partners to help New Mexico make more progress in health and health equity than any other state by 2020.”
Comments from a Sampling of Community Health Leaders

• “You’re known as the University of Albuquerque”

• “You’re only present while grant funds last”

• “You don’t build upon local wisdom”

• “You don’t compare well to New Mexico State Univ, the agricultural school”
Establish Health Extension Rural Offices

- Place full-time agents in rural communities across the state
- Link community health priorities with UNM resources
- Monitor effectiveness of university programs in addressing community health needs
Next UNM School of Medicine Curriculum Reform: Public Health Certificate (17 credits) for all students

Epidemiology and Biostatistics
- Infectious disease
- Chronic disease
- Mortality
- Morbidity

Evidence-Based Medicine
- Cochrane Database
- Up-To-Date
- Pub Med
- CDC Guide to Community Preventive Services
- U.S. Preventative Services Task Force

Community-Based Service-Learning Activities
- Clinical Prevention Initiative (CPI) (DOH-NM)
  - Tobacco Use Prevention
  - Colorectal Cancer
  - Immunization
  - Healthier Weight
  - STDs
  - School-Based Health
  - Health Commons
  - Literacy and breast feeding on the Zuni reservation
  - Seroprevalence of HIV and Hepatitis B in prostitutes
  - Unintended pregnancy prevention

Ethics and Public Health
- Socioecologic model
- Risk reduction: patients & populations
- Duty to care
- Resource allocation

Principles of Public Health

Special Populations
- Homeless
- Street Workers
- Undocumented immigrants
- HIV AIDS
- Addicts
- Developmentally disabled
- Frail elderly
- Special needs children
- Prisoners

Health Systems & Health Policy
- Medicare
- Medicaid
- UNM Care
- Family Medical Home
- Indian Health Service
- Managed Care
- Community Health Clinics
- Prison Health

Poverty Healthcare
- Lack of health insurance and access to healthcare
- Social determinants of disease and health
- Healthcare for the Homeless
- Catholic Charities
- Samaritan Counseling
- Medicaid, UNM Care
FM resident Outcomes, Plans

- 76 Residents, half in ABQ, half in rural NM
- 25% of ABQ grads work in rural NM
- 70% of rural NM grads for in rural NM
Health Professional Shortages in Lea County

<table>
<thead>
<tr>
<th>Health Profession</th>
<th>Estimated # Needed</th>
<th># Licensed, Residing in County</th>
<th>Provider Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td>108</td>
<td>60</td>
<td>48</td>
</tr>
<tr>
<td>Nurse practitioners</td>
<td>54</td>
<td>17</td>
<td>37</td>
</tr>
<tr>
<td>Physician assistants</td>
<td>54</td>
<td>6</td>
<td>48</td>
</tr>
<tr>
<td>Physical therapists</td>
<td>22</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>Dentists</td>
<td>39</td>
<td>7</td>
<td>32</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>466</td>
<td>379</td>
<td>87</td>
</tr>
</tbody>
</table>

Source: New Mexico Center for Health Workforce Analysis, 2012
Educational Reform Must be Complemented by Service Reform

• **One-stop-shop** (primary care, public health, behavioral health, oral health, case management, community health workers)

• **Community stakeholders** (address intractable community health problems; promote pipeline development, economic development)

• **Model interdisciplinary training**

“Health Commons”

- Community stakeholders address intractable health problems
- One-stop-shopping (medicine, behavioral health, case management, oral health, community health worker links with community)
- Integration of medicine and public health
- Model interdisciplinary training site for health professionals
- Community engagement — e.g., pipeline development, economic development

Lessons from Developing Countries

• Community Health Workers: Brazil
• Career Ladder: Philippines
• Nutrition and Potable Water: Kenya
Social Determinants

Food Co-op
Elementary school
Economic development
- ollas
- honey
- eggs chickens
- plants
Housing renovation
Urban Gardening
Attracting Graduates to Underserved Communities

- Create Community-Based Academic Role
- Link Community-Based Education with Innovations in Service, Research
- Offer Frequent Practice Relief
- Link to electronic medical library
- Create Community “Academic Hub”
Location of Regional/Local HERO Agents and UNM HSC Academic Hubs
Regional Academic Extension Hubs

- **Internal (UNM HSC) Resources**
  - RIOS Net PBRN, AHECs, CME

- **Local Community Resources**
  - Educational Institutions, Community Hospitals, Civic Organizations, FQHCs, and County Health Councils

- **External Partner Resources**
  - NM Primary Care Association, NM Dept. of Health, NM Human Services Dept., Medicaid MCOs (Molina, Blue Cross Blue Shield)

- **Community Health Centers**
Example of Determinant and Outcome Tracking in State

<table>
<thead>
<tr>
<th>Determinants/Outcomes</th>
<th>2010 Value</th>
<th>2010 Rank</th>
<th>No 1 State ('11)</th>
<th>To move up 3 states</th>
<th>What this means for us</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Physicians (Number per 100,000 population)</td>
<td>113.6</td>
<td>27</td>
<td>191.9</td>
<td>116</td>
<td>About 50 more primary care physicians</td>
</tr>
<tr>
<td>High School Graduation (Percent of incoming 9th graders)</td>
<td>59.1</td>
<td>48</td>
<td>89.6</td>
<td>64.1</td>
<td>About 1,500 more students graduating</td>
</tr>
</tbody>
</table>
Vision 2020 Health Outcomes (2009 to 2014)

- Diversity in med stud body now similar to state- inc 38% to 53% underrep minority
- Immun rates 19-53 mos: 68% to 76%
- Prim Care MD/100,000: 105 to 116
- Nurse Advice Line calls inc to 15,000/mos, diverted ED visits 70%
Vision 2020 Goal: WE'RE GETTING THERE!

New Mexico achieves 4th largest improvement in ranking in the nation--jumping ahead four states in America's Health Rankings!

<table>
<thead>
<tr>
<th>STATE</th>
<th>2013 RANK</th>
<th>2012 RANK–REVISED</th>
<th>CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wyoming</td>
<td>17</td>
<td>25</td>
<td>+8</td>
</tr>
<tr>
<td>Idaho</td>
<td>12</td>
<td>19</td>
<td>+7</td>
</tr>
<tr>
<td>Montana</td>
<td>23</td>
<td>28</td>
<td>+5</td>
</tr>
<tr>
<td>New Mexico</td>
<td>32</td>
<td>36</td>
<td>+4</td>
</tr>
<tr>
<td>New York</td>
<td>15</td>
<td>18</td>
<td>+3</td>
</tr>
</tbody>
</table>

Source: America’s Health Rankings®—2013 Edition ©2013 United Health Foundation. All Rights Reserved.