Improving Care for NM’s Most Vulnerable Residents: Root Causes to Sustainable Solutions

Beyond Flexner Conference, Albuquerque, New Mexico, April 13, 2015

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The Persistence of Health Disparities

• Disparities in health status between American Indians and other groups in the United States have persisted throughout the 500 years since Europeans arrived in the Americas.

• Economic and political interests have always affected both explanations of health disparities and responses to them, influencing which explanations were emphasized and which interventions were pursued.

## A Brief Historical Perspective

### AFRICAN AMERICAN CITIZENSHIP STATUS & HEALTH EXPERIENCE FROM 1619 TO 2014

<table>
<thead>
<tr>
<th>TIME SPAN</th>
<th>CITIZENSHIP STATUS -YRS</th>
<th>% of U.S. EXPERIENCE</th>
<th>STATUS*</th>
<th>HEALTH &amp; HEALTH SYSTEM EXPERIENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1619-1865</td>
<td>246</td>
<td>62%</td>
<td>Chattel slavery</td>
<td>Disparate/inequitable treatment; poor health status &amp; outcomes. “Slave health deficit” &amp; “Slave health sub-system” in effect</td>
</tr>
<tr>
<td>1865-1965</td>
<td>100</td>
<td>25%</td>
<td>Virtually no citizenship rights</td>
<td>Absent or inferior treatment and facilities. <em>De jure</em> segregation/discrimination in South, <em>de facto</em> throughout most of health system. “Slave health deficit” uncorrected</td>
</tr>
<tr>
<td>1965-2014</td>
<td>49</td>
<td>12%</td>
<td>Most citizenship rights</td>
<td>Southern medical school desegregation [1948], Imhotep Hospital Integration Conferences [1957-1964], hospital desegregation in federal courts [1964]. Disparate health status, outcomes, and services with apartheid, discrimination, institutional racism and bias in effect.</td>
</tr>
<tr>
<td>1619-2012</td>
<td>395</td>
<td>100.00%</td>
<td>Struggle continues</td>
<td>HEALTH DISPARITIES/INEQUITIES</td>
</tr>
</tbody>
</table>

An American Health Dilemma, Byrd & Clayton, 2000
Health Care Services in Exchange for Land

Quotes from a letter by Dr. Susan La Flesche Picotte, the first Native American woman doctor, to the Commissioner of Indian Affairs. Dr. Picotte lived from 1865 to 1915.

“I hope to go into their homes and help the women in their housekeeping, teach them a few practical points about cooking and nursing, and especially about cleanliness”….

“If you really knew the conditions that the elderly, in this case the American Indians, have to live in and the lack of health care available to those living in rural areas, we all would be shamed.”

(1886; cited in “Dr. Susan La Flesche Picotte: The Reformed and the Reformer,” by Valerie Sherer Mathes, in Indian Lives: Essays on 19th and 20th Century Native American Leaders, edited by L. G. Moses and Raymond Wilson, University of New Mexico Press, 1985.)

Photo: Havasupai woman receives injection from PHS officer, Grand Canyon, Arizona, late 1960s
NM Population Density & Health Care

- 5th largest state in the US*
- Total population of 2,059,179
- Only 8 NM cities have populations over 30,000
- 16 of 33 NM’s counties are classified as “frontier”
- 2\textsuperscript{nd} highest medically underserved population

- Minority–Majority State
  - Hispanic 46.3%
  - White 40.5%
  - Native American 9.4%
  - African American 2.1%
  - Asian/Pacific Islander 1.5%

Communities We Serve

[Images of different landscapes and scenes depicting communities served by UNM Health Sciences Center]
Top Health Priorities from 31 County and 6 Tribal Councils (compared with UNM HSC research priorities)

- County Health Councils’ Priorities (in order)
  - Substance Abuse
  - Teen Pregnancy
  - Obesity
  - Access to Care
  - Violence
  - Diabetes

- UNM HSC Research Priorities (“Signature Programs”)
  - Cancer
  - Cardiovascular and Metabolic Diseases
  - Brain and Behavior
  - Infectious Disease and Immunity
Comments from a Sampling of Community Health Leaders

• You’re known as the “University of ABQ, ”

• You’re only present while grant funds last

• You don’t build upon local wisdom, organizations, and programs”

• “You need to commit to long term partnerships”

• “You need to have full-time presence in all communities like the Agriculture College”
Access and Ethnicity

• Population is becoming more ethnically diverse
• But U.S. medical students from more upper income families
• Impact of ethnicity on access:

Likelihood of African-American or Hispanic Physicians to Treat Patients of the Same Race or Ethnicity

- African-American Physicians: 52%
- Other Physicians: 10%
- Hispanic Physicians: 54%
- Other Physicians: 15%
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.”
Climate, Culture, and Leadership
HSC Office for Diversity
Dr. Valerie Romero-Leggott, MD

HSC Mentorship Pilot Project  A.I.M.E.

HSC Leadership

LGBTQ Outreach

HSC Cultural Competency Curriculum

Staff Diversity - Mavens
Purpose:

- Enhance institutional capacity and resources involving c/c communication, identity, implicit bias, promotion and tenure, faculty vitality, work life balance, and intergenerational collaboration.

- Utilize innovative approaches to advance the full potential of faculty of color at UNM HSC.

- Cultivate a wider range of skills, knowledge, and capacities exemplified by all faculty representing the overall HSC workforce.
Growing Our Own

Nurse Education, Practice, Quality and Retention Grants
University of New Mexico Health Sciences Center - Albuquerque
Western New Mexico University - Silver City
HEALTH NM

Hope, Enrichment, And Learning Transform Health in NM

- **Dream Makers Health Careers Club**
  - Middle School & Rural High School
  - An after school program for middle school students to stimulate interest in medical and health professions. Twice a month, hands-on activities are led by UNM Health Sciences Center and community professionals.
  - Participants: 76

- **Dream Makers Plus Health Careers Club**
  - High School Summer Program
  - An academic year program for high school students (grades 9-12), includes more in-depth workshops from many health disciplines, journaling on health issues, CPR certification, parent meetings on financial aid and the college application process, and a pre-college entrance exam workshop.
  - Participants: 79

- **Health Careers Academy (HCA)**
  - High School Summer Program
  - A six-week non-residential summer program for high school students, includes internships, workshops, and junior doctors designed to raise ACT performance and provide exposure and information about various healthcare professions.
  - Participants: 35

- **Undergraduate Health Sciences Enrichment Program (UHSEP)**
  - College Incoming Freshmen Summer Program
  - A six-week residential program for incoming college freshmen, which offers academic enrichment and an extended introduction to the programs and services offered by the University. Shadowing of healthcare professionals provides students with clinical exposure.
  - Participants: 25

- **Mental and Behavioral Health Academy (MBHA)**
  - College Undergraduates & Graduates
  - A 15-week Saturday intensive that provides opportunities for those interested in mental and behavioral health careers to participate in a hybrid program that will include standardized test preparation, academic enrichment, and rural clinical immersion experiences.
  - Participants: 15

- **MCAT +/DAT +/-PCAT+**
  - College Undergraduates & Graduates
  - A six-week summer program designed to strengthen the students' application to medical, pharmacy, and dental school by providing Kaplan preparatory courses and pre-admission workshops and seminars.
  - Participants: 25

- **New Mexico Clinical Education Program (Clin. Ed.)**
  - Pre-Medicine College Juniors
  - A six-week summer immersion program for pre-professional students. The program provides clinical and community experiences by placing students in a primary care setting throughout rural and tribal New Mexico.
  - Participants: 5

- **UNM - NMSU Cooperative Pharmacy Program**
  - College Incoming Freshmen for Pharmacy Pathway
  - A 7-8 year program for students to complete pre-pharmacy coursework at NMSU and ultimately be admitted to UNM College of Pharmacy. Students will be involved in pharmacy practice experiences and preparatory courses for the PCAT.
  - Participants: 10

- **Pathways to Pharmacy**
  - College Graduates
  - Students selected by the UNM College of Pharmacy Admissions Committee will improve their academic qualifications and facilitate their entry to the College of Pharmacy.
  - Participants: 2

- **Premedical Enrichment Program (PrEP)**
  - College Graduates
  - Assist educationally disadvantaged students in their long-term professional success toward the achievement of the doctoral degree.
  - Participants: 7

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**UNM Health Sciences Center**

Office for Diversity

- The University of New Mexico - MSC08 4680 - 1 University of New Mexico - Albuquerque - NM 87131-0001
- Phone 505-272-2738 - Fax 505-272-6857 - http://hcsc.unm.edu/programs/diversity - Basic Medical Science Building Room 106
UNM Combined BA/MD Program

**Partnership degree program** between the School of Medicine and the College of Arts & Sciences.

**Program designed to help alleviate New Mexico’s physician shortage**, especially in our medically-underserved areas.

**Expands medical school class** from 75 students to 103 students.

**Admit a diverse class of 28 NM high school seniors** with a commitment to practicing medicine in New Mexico communities with the greatest need.

**Current Update 2013**
8 cohorts currently enrolled in the program
(4 undergraduate cohorts and 4 School of Medicine cohorts)
Combined BA/MD Program
2006-2013 Entry Class
“Spending 6 weeks in a small rural town during the Clinical Education Program made me aware of the health disparities in small rural New Mexican communities.

The biggest impact that is immediately felt in my community is that I am filling a cultural void with Spanish speaking individuals, especially females.”

Erika Garcia, MD
Clovis, NM
Graduate of UNM SOM and Family & Community Medicine Residency
RGH Clinic Welcomes Erika Garcia, MD Family Practice
Monday-Friday 8 am - 5 pm 356.6652 MyRGH.org
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>
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</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>
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<tr>
<td>Montana</td>
<td>23</td>
<td>28</td>
<td>+5</td>
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<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>
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Source: America’s Health Rankings®—2013 Edition ©2013 United Health Foundation. All Rights Reserved.
Conclusions:

Keys to Improving Care for NM’s Most Vulnerable Residents:

1. Engage, Energize, and Inspire Leadership “Ownership”
2. Accountability at each leadership level
3. Organized structure for coherent DI initiative
4. Engage and Foster URM Faculty Leaders
5. Routine data gathering on culture of inclusion – Diversity Dashboard
6. Broaden URM student/fellowship/faculty applicant pools, interviewees, recruitment, retention efforts
7. Annual programs focused on disparities research and reduction
8. Use professional help/networks
9. Engage elected officials and policy makers
10. Engage community early, often, and authentically