Health Care and Health Services Taskforce Report and Recommendations
June 2020

Prepared for Provost Carol Parker
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NMSU Health Care and Health Services Task Force
June 23, 2020

Introduction

On January 17, 2020, NMSU Chancellor Dan Arvizu delivered an email to community health leaders requesting guidance regarding how best to serve our students and our community with respect to health care and health services in the Southern New Mexico Border Region. This request followed the presentation of NMSU’s Strategic Plan, NMSU LEADS 2025, that identifies “Health” as a Grand Challenge area confronting the university. This group became the Health Care and Health Services Task Force with the overall charge of optimizing our current health-related programs and talent by identifying new opportunities for partnerships leading to larger impacts and more effective outcomes in our community and region.

There is tremendous community talent that can be captured and leveraged. The current Health Care and Health Services Task Force (Health Task Force) is a triple helix composed of university, business, and government representatives. It will take all three to build a successful infrastructure. Our existing and future partnerships will rely upon past lessons learned to implement best practices. The COVID-19 pandemic has created a new necessary speed of innovation, and we have the opportunity now as a university to convene the appropriate expertise for strategic conversations and action.

As a key source of talent, NMSU is positioned to lead this effort with participating agencies and local industry to provide critical information, guidance, and cooperative support. The university system can partner with the county and state to assume a coordinating role for health infrastructure in Southern New Mexico. We define health infrastructure as the availability of planning and resources to sufficiently offer the necessary health services, programs, and quality of life to all of our citizens. NMSU will serve as the education and research center for
infrastructure development, management and sustainability. Eventually, we will transform the Task Force into a formal Advisory Board to help inform critical decision-making by the Chancellor and Provost.

A fundamental goal is to provide effective structures of health intervention—a proactive approach that focuses on the causes of illness rather than treating only the illness itself. The Task Force enthusiastically adopted a model developed by the University of Wisconsin Public Health Institute known as the County Health Rankings Model. This model, which reflects the vision of the Task Force, is “rooted in a deep belief in health equity, the idea that everyone has a fair and just opportunity to be as healthy as possible, regardless of ethnicity, gender, income, location, or any other factor,” and that increasing opportunities for everyone “can reduce gaps in health.” For additional information regarding the Wisconsin’s County Health Rankings Model, please go to: https://www.countyhealthrankings.org/explore-health-rankings/measures-datasources/county-health-rankings-model.

### County Health Rankings Model

![County Health Rankings Model Diagram](https://www.countyhealthrankings.org/explore-health-rankings/measures-datasources/county-health-rankings-model)
The *County Health Rankings Model* graphic illustrates that quality of life and longevity are affected by four Health Factors, including: (1) Health Behaviors, (2) Clinical Care, (3) Social and Economic Factors, and (4) the Physical Environment. Each of the factors contributing to a person’s health and well-being are further defined by specific conditions and behaviors, including tobacco use, access to care, personal income, and air quality to name a few.

The NMSU system can be the leader to build capacity in each of these areas by integrating health and social science education, research, development, and outreach. System-wide, NMSU has more than 50 health and social science programs that directly address health behaviors, clinical care, social and economic factors, and the physical environment.

**Recommendations**

The Health Task Force recommends establishing a comprehensive, collaborative Institute to support the best healthcare possible, where NMSU serves as the education and research center for infrastructure development, management and sustainability in support of the community’s adoption of a more integrated and successful healthcare delivery system. The Institute will analyze current threats that jeopardize our citizens’ wellbeing and will combine healthcare, education, and economic strategies to transform those threats into a resilient future. Once in motion, the Institute will develop a body of research through skilled partnerships, driven by participants who regularly collect data, inventory programs and analyze what we have and what we need to fill gaps through training and workforce development. This will create ample opportunities for NMSU to support the supply chain for healthcare delivery through education and innovation. For example, the Institute, with private and government partners, will collect data on existing numbers and titles of health personnel, existing numbers and conditions of facilities and equipment, existing services and operations, and existing organizational structures. The Institute and its partners will determine needs based on population and its vigorous achievement of the health factors listed in the above model. The Institute along with its advisors will create and prioritize solutions. Solutions will be implemented strategically and collaboratively to sustain health well-being and healthcare delivery.
The Institute’s top priority will be to improve health outcomes in Doña Ana County, southern New Mexico, and the Border region through data-informed problem-solving. The goals are to enhance access to home, clinical, and tele-health care, improve lifestyle decisions, and enrich social, environmental, and economic factors. The opportunity for Institute partners to exist in the same space is highly beneficial for interdisciplinary training, ease of collaboration, strong communication, and synergistic impact. The physical space and co-location of partners aligns with the strategic vision of NMSU and Institute collaborators. The Institute will function as a collaborative enterprise: A space for internal/external synthesized efforts, including applied research using “real-life” data to study effects and produce solutions that can be immediately implemented in Doña Ana County and the Frontera region.

Community of Practice

While the Institute is being formulated, a Community of Practice (CoP) will produce healthcare resources and interventions. The CoP can be initially implemented in a digital or hybrid digital/face-to-face format and can facilitate designed, intentional, efforts driven by data, continuous improvement and collective impact methodologies. A CoP also prioritizes coordinated, unified, and strategic internal and external communication. In the health sector, Communities of Practice:

- provide a collaborative framework for public and private health professionals to work together to identify and leverage best practices and standards. Through these evolving collaborative efforts and sharing of lessons learned in the community building process, the community of practice approach is being implemented in many public health areas as a model for how public health partners work together.

Source: [www.cdc.gov/phcommunities/index.html](http://www.cdc.gov/phcommunities/index.html)

In 2014, Health Task Force member and College of Health and Social Services Advisory Board Member John Andazola, MD., co-founded a consortium of healthcare stakeholders in Doña Ana County—the Doña Ana Wellness Institute (WI). The WI’s goal is to bring together various
community stakeholders to work on a proactive and collaborative approach to address the county’s healthcare needs. Currently, the WI has several representatives from New Mexico State University including members of the Nursing, Social Work, Public Health, Anthropology, and Counseling and Education Psychology departments. Also included are the Doña Ana County Health and Human Services leadership, La Clinica de Familia, Las Cruces Public Schools, Las Cruces Police Department, Las Cruces Fire Department, Western Sky Medicare plan, the Center for Health Innovations, and others. The WI—itself analogous to a Community of Practice—is an asset that can be leveraged for developing the Community of Practice and the Institute.

Community of Practice/Institute Focus Areas

In addition to utilizing Wisconsin’s County Health Ranking Model that tracks and mitigates unhealthy behaviors and conditions, the Health Task Force proposes that the Institute utilizes the following steps:

1. Identify threats, gaps, and vulnerabilities through surveys and inventories of regional resources
2. Establish shared metrics and baselines, and delineate the roles that each partner entity plays to ensure accountability
3. Envision and execute effective, data-driven solutions

Source: https://www.countyhealthrankings.org/explore-health-rankings/measures-datasources/county-health-rankings-model
With these imperatives in mind, the Task Force recommends three areas of focus to begin with:

Focus Area #1: Access to Mental Health

- Bring together NMSU’s behavioral health programs to lead this effort.

- Leverage shared expertise for inter-disciplinary training including partners such as: NMSU and its various colleges, the Burrell College of Osteopathic Medicine, The Doña Ana Wellness Institute, Memorial Medical Center, Doña Ana Community College, NM Children, Youth & Families Department (CYFD), Families & Youth, Inc. (FYI), The Bridge of Southern New Mexico, La Clinica de Familia, Mountain View Medical Center, clinics, Electronic Caregiver, and others.

- Work with the New Mexico chapter of the National Alliance on Mental Illness (NAMI) to undertake a region-wide pilot study focused on Mental and Behavioral Health.


- Work with the Inter-Agency Council listserv to reach regional non-profit providers. Establish and provide necessary training programs for all levels of caregivers, from promoters to licensed providers.

Focus Area #2: Accelerate Rural Access to Healthcare

- Bring together NMSU’s Public Health, Family Support, Physical Health, Cooperative Extension Service (CES), and Engineering programs to lead this effort.

- Increase coordination, communication, and job pathways in areas of tele-health.
• Offer expanded professional development and cross-training for CES agents with the health sector.

Focus Area #3: Border Region Health Policy and Equity

• Host policy-focused discussions on achieving health equity in the Border Region.

• Direct collaborative efforts toward eliminating health disparities and increasing healthcare access.

• Include current practitioners and build new practitioners in scholarly outreach and research.

• Create measurable prevention and intervention models for prioritized Border health issues.

The new Community of Practice should include the following dedicated program support:

• A full-time Director who provides advanced professional/technical leadership, consultation, and expertise within the program's areas of focus, and administrative and functional management of the program's activities and staff. The Director is also responsible for managing NMSU’s relationship with the Task Force/Advisory Board. The Director sets strategic direction, develops and implements scopes of work, establishes funding, and provides operational planning, budgeting, and assessment.

• A full-time Project Manager to oversee relationships and communication with NMSU and external industry/government/and community champions and to manage the effective collection and assessment of data that will inform solutions. Explores
intersections of training and technology, and engages students to help create innovative ways of doing and collaborating.

- Project Coordinators (at least .25FTE) to focus on data collection, and to track and report on targeted health outcomes and other metrics.

- Project support roles will design, implement, and maintain a communication plan for all stakeholders including the Advisory Board (potentially members of the current Health Task Force and members of the Wellness Institute).

- Staff will provide close coordination with Arrowhead Center for entrepreneurial programming.

Next Steps

After the Focus Areas are refined with the Provost’s input, the Community of Practice tasks may commence. These Focus Areas can be communicated through meetings with the current stakeholders, and others who will be identified throughout the process. The inventory of community health resources and the model of an ideal health infrastructure for southern New Mexico could occur simultaneously. Ideally, the new Dean for the CHSS will serve as the hands-on leader to work with the Community of Practice to create and help administer the Institute.
Appendix A: Initial Charge from Chancellor Arvizu

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Las Cruces, NM 88003-8001
575-646-2035, fax: 575-646-6334
chancellor.arvizu@nmsu.edu

DATE: January 17, 2020
TO: Task Force Nominees

Monica Torres, President, DACCC
Lenny Martinez, NMSU Chief of Staff
Tim Washburn, Chief Clinical Officer,
   Electronic Caregiver
Derrick Cuenca, CEO, Mountain View RMC
Griselda Martinez, Director, LC Econ Dev
Wayne Savage, Exec. Dir., Arrowhead Park
FROM: Dan Arvizu, Chancellor

SUBJECT: Health Care and Health Services Task Force

NMSU is moving in an exciting new direction and is well poised to capitalize on our state’s strong economic climate, new and potential regional partners, a robust higher education system and strong state support for public education, and tremendous talent. Our Strategic Plan, NMSU LEADS 2025 offers a roadmap for this direction and identifies “Health” as a Grand Challenge area on which the university desires to focus [https://leads2025.nmsu.edu/](https://leads2025.nmsu.edu/).

To help us develop future strategies related to Health as a focus for our work, we are convening a taskforce to study and provide recommendations to guide how NMSU might proceed in order to better service our students and our community with respect to health care and health services in the Southern New Mexico Border Region. You have been nominated to serve on the task force! Please contact Task Force Chair Dr. Sonya Cooper at socooper@nmsu.edu if you agree to serve.

**Charge:** Given NMSU’s current (42) health-and social sciences-related programs (see attached), please recommend major areas of synergy in terms of educational programs, research, outreach and extension opportunities, capitalizing on our location, and identifying local governmental and non-profit partners, and industry and economic/workforce development partners with whom we might work in the future. How do we better align related efforts currently underway across the NMSU system and amplify the full potential of our programs and mission? How do we make more visible the health care and health services we already provide? Please identify new opportunities and strategies. What new potential partners in the community and region might exist? Finally, please identify any current barriers to achieving this vision which would need to be addressed in order to move forward with newly identified opportunities and strategies.

cc: Sonya Cooper, Task Force Chair and Interim Dean, Health Sciences and Services
John Floros, President
Carol Parker, Provost and Sr. VP Academic Affairs
Appendix B: Community Resource Categories

Health Related Facilities

- Wellness and Maintenance
  - Ambulatory clinics
  - Pharmacies
  - Radiology Services
  - Laboratories
  - Nutrition
  - Physical Health and Activity
  - Healthy Homes
  - Family-engaged Programs
  - Prevention
- Acute Care
  - Hospitals
  - Mental Health Facilities
  - Ambulatory Treatment Centers
- Chronic Care
  - Rehabilitation Hospitals
  - Extended Care Facilities
  - Primary Providers

Health Related Providers

- Primary Providers (MD, DO, NP, PA, CRNA, DC, DPM, DDS, PharmD, OD)
- Support Services (PT, OT, RT, RN, LVN, RDN, MSW)
- Management

Health-Related Supply Chain

- Provider Education and Training
- Management Education and Training
- Community Education
- Biotechnology Support
- Pharmaceuticals
- Food Services
- Medical Supplies
- Transportation
- Finance
Appendix C: Health Taskforce Asset Charts

The assets below were collected during the March convening of the Health Taskforce. These charts are meant to serve as a starting point for identifying ways to leverage assets to create new opportunities through partnership.

**Assets Group 1: Mónica, Sonya**

<table>
<thead>
<tr>
<th>Social</th>
<th>Physical</th>
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<tbody>
<tr>
<td>• education networks K-20 (NMSU system network)</td>
<td>• instructional facilities at NMSU and DACC (and auxiliary facilities, eg, IT libraries, etc)</td>
</tr>
<tr>
<td>• Higher Ed Collaboration (networks: faculty, teaching, research, outreach, and service)</td>
<td>• NMSU Extension sites</td>
</tr>
<tr>
<td>• dissemination of information across many networks</td>
<td></td>
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<tr>
<td>• relationship with Cooperative Extension faculty</td>
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**Skills/Knowledge**

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<table>
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<tbody>
<tr>
<td>• Higher Ed Collaboration (as a skill in itself)</td>
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<tr>
<td>• How to disseminate information effectively</td>
</tr>
<tr>
<td>• Administrator skills</td>
</tr>
<tr>
<td>• network of NMSU system health-related course offerings</td>
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**Capital**

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<tbody>
<tr>
<td>• tuition</td>
</tr>
<tr>
<td>• state funding (including bonds, capital outlay, I&amp;G, RPSP)</td>
</tr>
<tr>
<td>• Faculty (AOE) allotment of effort</td>
</tr>
<tr>
<td>• Administrator (AOE) allotment of effort</td>
</tr>
</tbody>
</table>

**Assets Group 2: John, Sabrina, Griselda**

<table>
<thead>
<tr>
<th>Social</th>
<th>Physical</th>
</tr>
</thead>
<tbody>
<tr>
<td>• connections to community leaders</td>
<td>• space</td>
</tr>
<tr>
<td>• access to experts in upstream medicine</td>
<td>• targeted/strategic efforts, workforce/sector/industries</td>
</tr>
<tr>
<td>• 85 hospitals/30 states (access to networks)</td>
<td>• hospital for experiential learning</td>
</tr>
<tr>
<td>• local decision making (City Council)</td>
<td></td>
</tr>
<tr>
<td>• statewide connections</td>
<td></td>
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<tr>
<td>• interdisciplinary connections</td>
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</table>

**Skills/Knowledge**

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<tr>
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<tbody>
<tr>
<td>• unrestricted opinion</td>
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<tr>
<td>• knowledge upstream model social determinants of health</td>
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**Capital**

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<table>
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<tbody>
<tr>
<td>• alumni/invested persons</td>
</tr>
<tr>
<td>• 25 physicians (Family Practice)</td>
</tr>
<tr>
<td>• residency program</td>
</tr>
</tbody>
</table>
Appendix C: Health Taskforce Asset Charts (continued)

- metrics on wellbeing
- IPE, physicians, social workers, pharmacists, nurses
- collective message approach to issues/challenges
- DA Wellness Institute

Assets Group 3: Tim, Don, Wayne, Derrick

<table>
<thead>
<tr>
<th>Social</th>
<th>Physical</th>
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</thead>
<tbody>
<tr>
<td>Hospital executive network</td>
<td>Computer Lab -- BCOM/ECG</td>
</tr>
<tr>
<td>Subject Matter Expert network</td>
<td>Hosp -- 2 regional facilities</td>
</tr>
<tr>
<td>FQHC Network</td>
<td>Sim LABS</td>
</tr>
<tr>
<td>Hosp Hed Group network</td>
<td>classrooms</td>
</tr>
<tr>
<td>Government affairs connections</td>
<td>lecture halls</td>
</tr>
<tr>
<td>Border Health office</td>
<td>early college hs sim lab</td>
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<tr>
<th>Skills/Knowledge</th>
<th>Capital</th>
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<tbody>
<tr>
<td>IT programming ECG</td>
<td>Physicians/NP/PA</td>
</tr>
<tr>
<td>Networking</td>
<td>Hospital auxiliary (volunteers)</td>
</tr>
<tr>
<td>Basic science</td>
<td>Med staff vol</td>
</tr>
<tr>
<td>clinical</td>
<td>15+ acute care hubs</td>
</tr>
<tr>
<td>GME program faculty</td>
<td></td>
</tr>
<tr>
<td>Public Health program</td>
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Appendix C-2
Appendix D: NMSU Health Charge Questions

The following questions were included in the charge from the Chancellor to the Health Taskforce. These questions produced foundational feedback that contributed to this report.

Health Value—how do you define value in your own area of the health services sector?

How does your organization or workplace optimize value in the health services you provide?

How does NMSU currently support your organization in improving the value of your services?

Are there areas of cooperation or collaborative efforts that you see as a source of synergy?

Are there gaps or shortcomings in any cooperative or collaborative relationship that concern you?

How do we better align related efforts currently underway across the NMSU system and amplify the full potential of our programs and mission? How do we make more visible the health care and health services that we already provide?

Where do fall short in providing educational pipelines?

Are there individuals, community partners or affiliates in the best position to analyze and address the gaps or shortcomings you have identified?

Are there Public/Private partnerships either already in place or that need to be developed to address the gaps and shortcomings?

Are there community individuals, groups or organizations that could be invited to help improve our collaborative/cooperative partnerships?

What are best ways to communicate to our community and stakeholders how we are able to assist and support them to improve the value of the health services they deliver?

What are your major resource concerns that, if better aligned with NMSU, could help you improve the value of your health service outcomes?

Are there partnerships or collaborations internal to NMSU that you think would be a valued addition to the health services industries in Southern New Mexico and the rest of the state?

What research areas will best support our knowledge base in order to best affect your services?

How do you or your organization use research findings? Do you have in-house research units? If yes, do they work with NMSU? What research needs does your organization have?