

**Bernalillo County Healthcare Task Force**  
**Community Meeting Comments • June 5, 2014**  
**James Dwyer Memorial Substation**

The following comments are from notes that were written on flip charts during the meetings in June 2014. These notes are intended to accompany the audio recording of each meeting. At each meeting, following a brief presentation on the Healthcare Task Force's purpose, participants were invited to offer how to improve healthcare in Bernalillo County, particularly how to improve the healthcare safety net. Ideas include both areas of concern (that the Task Force should focus on) and recommendations. All comments are presented in chronological, rather than thematic, order. Each primary bullet represents a different speaker; indented bullets are part of that person's comments.

**June 5, 2014 Community Meeting Comments • James Dwyer Memorial Substation**

- There is a lack of easy accessibility of healthcare.
  - This includes geographical access and access to different services, e.g., where can you go for various services? Also, parents cannot make decisions for adult children with mental health concerns—what can they do?
  - There should be a 311-type of service.
  - Healthcare should be “comfortable, accessible and available.”
  - There should be an umbrella for all services, then smaller “umbrellas” for types of services.
- We are throwing money in three directions—at the State, the County and the City.
  - There are overlapping services, and this reduces effectiveness as well as efficiency.
  - There should, immediately, be a complete UNMH audit.
- Access should be a concern not only when there is a crisis. There should be more geographic locations for providing healthcare services.
- Recommendation: There should be a different annual budgeting process, including:
  - A formal survey of the community to determine needs and priorities.
  - A televised public goal-setting process.
  - Formal public involvement in and transparency of the decision making process.
- (Strong agreement with the above comment. Then:) Collection services for healthcare on poor people is an outrage.
- Access to healthcare includes all aspects of health:
  - This includes mental and behavioral (as well as physical) health.
  - It also includes social services, housing services, and other preventive services.
- (Strong agreement with the above comment. Then:) This also includes oral health and other preventive care.

- Prevention—early addressing of all these issues, should be at the core of community-based health.
- Recommendation: Reserve 2.5 mils in the next mill levy cycle for social services. Eligibility should be up to 250% of the poverty line.
- People have difficulty getting appointments, so they give up trying to get an appointment, creating a cycle where problems get worse until they have to go to the emergency room.
- There is lots of miscommunication between healthcare providers and consumers:
  - Many providers say “I don’t know,” so it seems “nobody knows” the answer to even basic questions.
  - People open up to providers who they know and trust, but there are very few of these.
  - Consumers need more information/education about prevention, but do not get it.
- More training of providers on how to access the community is needed:
  - Appointment reminders always mention that copayments are required—this scares off many people.
  - Treatment that makes people feel welcome is very much needed.
  - There are many “rocks in the road” for consumers.
- The County should direct funding to community health clinics and community providers, or require UNMH to direct funding there.
- There should be a “changing of the guard” from UNMH to Bernalillo County. (That is, the County should have more authority in determining how the money should be spent.
- Look at mill levy best practices: Dona Ana County, Sandoval County, Washington State, etc.
- There should be better provider training all along the line, especially in all facets of customer service.
  - UNMH does not always make sure that its own policies are followed.
- No low-income people should be sent to collections.
  - Also, promote what is available. (Services/options may not be known.)
- We should expect an outcomes report from UNMH. The County should have more flexibility in determining how the funding is used.
- There should be a UNMH audit for accountability—then to help planning.
  - Also, UNMH should have simpler educational materials, such as using the tri-fold format.
- Policies that are in place are not being enforced. The highest levels of UNMH are disrespectful of the community, and this permeates all levels of administration and healthcare practice.
- It is very aggravating that the County cannot get a financial report from UNMH. When my group asks for \$5000 from the County, we have to provide very detailed information.
  - We must require the head of the organization (UNMH leadership) to follow the agreements. Right now, this way of operating separates the community.

- We are all part of the community—we are all entitled to receiving health care.
- How can we help the County to have more control over the funding it provides to UNMH? There should be categorical funding that can be tracked.
- There should be pilot programs before the 2016 mill levy proposal is put together to try certain policies out.
- We need to define health outcomes to monitor, and we know how to do that.