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## FISCAL IMPACT REPORT

ORIGINAL DATE 01/29/08

SPONSOR Lovejoy LAST UPDATED \_\_\_\_\_ HB \_\_\_\_\_

SHORT TITLE UNM Native American Health Center SB 250

ANALYST Escudero

### APPROPRIATION (dollars in thousands)

Appropriation		Recurring or Non-Rec	Fund Affected
FY08	FY09		
	\$150.0	Recurring	General Fund

(Parenthesis ( ) Indicate Expenditure Decreases)

Related To: HB120

### SOURCES OF INFORMATION

LFC Files

#### Responses Received From

Indian Affairs Department (IAD)  
 Department of Health (DOH)  
 University of New Mexico (UNM)  
 Higher Education Department (HED)

### SUMMARY

#### Synopsis of Bill

Senate Bill 250 appropriates \$150,000 from the general fund to the Board of Regents of the University of New Mexico for expenditure in FY09 for the Center for Native American Health (CNAH) at the University of New Mexico Health Sciences Center.

### FISCAL IMPLICATIONS

The appropriation of \$150.0 contained in this bill is a recurring expense to the general fund. Any unexpended or unencumbered balance remaining at the end of 2009 shall revert to the general fund.

This request was not submitted by the UNM Health Sciences Center to the New Mexico Higher Education Department for review. The Departments funding recommendation for FY09 is a continuance of FY08 recurring funding in the amount of \$324,000.

## SIGNIFICANT ISSUES

As stated by HED, according to CNAH Director, Dr. Gayle Dine Chacon, SB250 funds the development of a pipeline for student recruitment into health careers at the high school level. SB250 supports a program that uses Native American students as advocates of health and wellness in their communities. The program design creates a liaison/health educator position within the high schools to promote student leadership and outreach.

- The CNAH is a relatively new center committed to improving the health of Native Americans in New Mexico by providing technical assistance, capacity building, student pipeline initiatives, and health policy development to tribal and urban communities. The primary mission of the CNAH is to build and strengthen health alliances between the Native American and university communities and their partners for the purpose of improving Native American health in New Mexico.
- The grant funded Native American Research Centers for Health at CNAH has a student development program to build a cadre of American Indian research scientists. This student development initiative is a community driven effort aimed at addressing cultural issues in education as well as improving how the university recruits American Indian students into health careers. The student development team at CNAH works with community-based advisory committees and focus groups to learn about barriers that prevent students from becoming health professionals as well as which efforts are effective in supporting students to complete college.
- Outreach is critical to the success of obtaining community input and student recruitment and retention. The Student Navigator Program works with students, teachers and counselors to guide them to the resources and through the bureaucracies of a large university. It helps students transition into the university and increase their exposure to research and research opportunities. Finally, the Student Navigator Program promotes career development and entry into graduate studies and mentoring among the students at the university as well as in the community.

According to UNM, Native Americans in New Mexico have some of the worst health status indicators in the nation. New Mexico native communities and Indian Health Service (IHS) experience critical health professional shortage issues. Access to medical, behavioral health, preventive services and health information is inadequate, especially in geographically isolated native communities.

A few of the astounding statistics that bring to attention the issue of disparities in the American Indian health workforce include: American Indians make up only .3% of Nations physicians; tribal leaders continually express the need for more health professionals in their communities; native patients have voiced concerns about having the doctor at their community clinic only one day out of the week; and Indian Health Service facilities have an 11% vacancy rate for physicians and 19% for nurses. The need to “grow our own” is continually voiced in our tribal communities as a means to develop the student pipeline from the perspective and input of our communities in which our future native health professionals will serve.

\*This estimated revenue will materialize *only* if UNM “breaks out of the band” for formula workload funding. The program revenue estimates are based on new student credit hours (SCH) that the program will produce. However, the funding base for UNM is over 600,000 SCH,

requiring an overall gain of some 18,000 SCH to be eligible for new funding. UNM's enrollment forecasts indicate relatively flat enrollments for the next 3-5 years.

## **OTHER SUBSTANTIVE ISSUES**

According to UNM, there is no single agency in the state of New Mexico which coordinates the many federal, state and community-based programs addressing the totality of the issues relating to the health of Native Americans. CNAH strives to achieve this status with limited capacity. At a time when the state's Native American tribes are looking to transition to self-determination in regard to their health care systems, they are not adequately prepared to do so from both a medical and business perspective. As the state's only academic health center and with networks and programs that provide outreach and access to Native American communities in the area of health, UNM, through CNAH's efforts, is perfectly positioned to bring this essential discussion, solution and implementation body together.

- In coordination with the Office of Community Health at UNMHSC, CNAH will identify and fund 2 to 3 Native American communities with a community liaison that will work to bridge the communication and resource network between UNM HSC and the tribal community.
- The liaison will work with the University to understand and navigate the system for the community in order to obtain resources in the areas of student development, tribal participation in research, health care access, behavioral health, telehealth and other priority areas identified by the community.
- The establishment of a Community Health Extension Office will assure campus-community communication and coordination, provide the institutional framework for sustainable partnerships and produce targeted projects addressing community needs.

CNAH will gather together the numerous researchers, educators, and practitioners on the UNM Health Sciences Campus and main campus who are involved in the health issues confronting Native Americans. With Native Americans comprising 10.5% of New Mexico's population, nearly half of that number living at or below poverty level, a significant number of UNM healthcare researchers, clinical practitioners and educators focus on health issues such as diabetes, alcoholism, cirrhosis, heart disease, high rates of suicide and behavioral health needs that confront the Indian community. Pulling together all of the UNM healthcare professionals who are involved in Indian health initiatives and publicizing their efforts among Indian communities will be the first step taken in establishing a comprehensive program to address Native American healthcare needs.

Upon establishing a working coalition of UNM healthcare professionals, CNAH will then incorporate into this coalition the large numbers of researchers and educators in UNM's other departments whose efforts contribute in a meaningful way to the status of health within the tribal communities. These include Native American faculty and researchers from the Native American Studies program and Indian Education Program. These UNM proponents of Native American communities and the issues that affect them will be brought together with the health care faculty and researchers to share program information and chart a coordinated path with community members toward improving the status of Native American health in the state.

- CNAH will assess the current status of health-related programs in the state as they relate to Native Americans. Federal and state agencies will be targeted, but not limited to the

Indian Health Service, NM Department of Indian Affairs, NM Department of Health, NM Department of Health and Human Services, Southwest Tribal Epidemiology Center, and the Albuquerque Indian Health Board.

- CNAH will initiate a process by which to coordinate and inform the tribal communities of the various resources afforded to them. With that information, CNAH will facilitate the development of a list of desired outcomes pertaining to improving the state of health and health programs in the variety of specialty fields which impact upon Native American health and assist the communities in the development of actions plans to achieve these outcomes.
- The tribal community agencies will be represented, primarily, by the UNM Community Liaison and representatives from the various health service providers in those communities. Last, but not least, members of the legislature who serve on the Health and Human Services Committee and Indian Affairs Committee will be targeted for inclusion in the discussions pertaining to the health of the Native American population.

**CONFLICT, DUPLICATION, COMPANIONSHIP, RELATIONSHIP**

As stated by IAD, SB 250 relates to HB 120 American Indian Health Improvement Act, sponsored by Speaker Lujan. Both SB 250 and HB 120 would appropriate funds to CNAH for research and development activities. The appropriation amount, however, would differ; HB 120 would appropriate \$600,000 and SB 250 would appropriate \$150,000.

PME/mt