

# Presbyterian Health Services

## Medical Model Program in New Mexico

## Medical Model



**BACKGROUND** Presbyterian Healthcare Services (PHS) currently has eight hospitals in New Mexico. Three of those hospitals, located in Albuquerque, Socorro, and Clovis, adopted the Medical Model in February 2016. Since that time, Albuquerque regularly serves around 80 kids a week, Socorro serves 10, and Clovis serves 200. While each site has autonomy of their meal service times and methods, data collection and service location are similar across the board. All children interested in a meal receive a coupon (although a coupon is not required to receive a meal), and are directed to the cafeteria when they are ready to enjoy their meal. In the cafeteria, each child receives a specific meal, prepared at the time it was requested, and a written log is used to keep track of meals served. While the program has only been in operation for a few months, the response, both from families and staff, has been overwhelmingly positive.

### At a glance...

- 3 out of 8 hospitals use the Medical Model
- Serve a total of 300 kids per week across campuses

**GETTING BUY-IN** According to Leigh Caswell, Director, Center for Community Health, leadership was supportive of the Medical Model from the start. Hospital staff was also excited about the program, feeling proud to work for a hospital that offers such a meaningful service to the community. With support in place, Caswell is looking forward to expansion of the Medical Model into their additional campuses in the future.

**PROGRAM CHALLENGES** Given the diversity of each hospital, Caswell cites implementation and outreach as the most challenging factors involved in adopting the Medical Model at PHS. For example, the hospital in Albuquerque is much more urban than the hospitals in Socorro and Clovis. Thus, the hospital facilities vary both in size and functionality; the layout of each cafeteria differs as well as the program's operating hours. To help with this challenge, leadership established a central location for operation management and data collection.

This centralized location, Caswell explains, was tremendously valuable as it provided an opportunity for coordination of the Medical Model Implementation, which made for an easier transition and a more effective program.

While the Healthcare Services team feels they have been able to overcome these challenges, they do feel there is more work to be done. The next hurdle involves spreading the word about the program. The hospital in Socorro has done a particularly good job at engaging the community through school outreach. When schools have half-days, for example, Socorro

has offered up its cafeteria to feed students. Additionally, Clovis has provided discounted family meals to engage both children and their parents. Caswell mentions posters and fliers as other forms of outreach that have been utilized, in addition to social media posts shared by staff. She even recounts situations in which people did not believe that this service was real, but rather a hoax! Thus, advertising the authenticity and accessibility of the Medical Model is PHS' current focus.

### Want More Information?

Contact **Leigh Caswell**,  
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**PROGRAM RECOMMENDATIONS** One common misconception that Caswell debunked was that implementation of the Medical Model immediately results in many program participants. PHS serves as an example illustrating just the opposite. Caswell points out that adopting the Medical Model did not open the floodgates. Instead, they started small, but have seen their numbers steadily increase. Participation started out slow, and while this will not be the case for every hospital, it does demonstrate that hospitals may have time to adjust their operations, even after implementing the program. This example also provides a learning opportunity in the importance of advertising and outreach to the public, as well as to internal partners. Caswell and her team are looking into utilizing interns to educate physicians and other hospital employees on the availability of the program, as well as its benefits. Through these efforts, Caswell believes that participation will increase greatly, and more children will be able to benefit from this program.

*“I would receive emails from hospital staff mentioning how proud they were to work for a hospital that offered such a meaningful program.”*

**Leigh Caswell**

**Director, Center for  
Community Health**

Internal support for the Medical Model program, from both hospital staff and leadership, is key to creating a successful program. Prior to beginning the program, PHS leadership staff received tailored training from the New Mexico Children, Youth & Families Department, which clarified and appeased any concerns staff members had about the program.

While PHS did not struggle to convince its staff, other hospitals might experience some pushback. The successes of hospitals, such as PHS, can be used as a valuable tool in gaining support. PHS is a great example of a successful Medical Model.

Although they adopted this program fairly recently, it is clear that they have already experienced its positive effects in the community and among hospital staff members, and in the years to come, it will be exciting to see its effect on child hunger in New Mexico.



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# children **at Risk**

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**CHILDREN AT RISK** is a research and advocacy organization promoting the wellbeing of children in Texas. We are reaching out to hospitals across the state encouraging and supporting their efforts to adopt and implement the Medical Model. As part of our outreach efforts, we are developing a series of case studies featuring the best practices of hospitals implementing the Medical Model across the United States. These case studies will serve as a reference and guide for hospitals interested in using the Medical Model.

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