



# 2020

## COMMUNITY HEALTH NEEDS ASSESSMENT



# Our Commitment to Our Community

The University of New Mexico Hospitals is on a mission to improve the health and health care of all New Mexicans. We cannot reach this goal without the support, wisdom and active engagement of the many different communities we serve. In the summer of 2019, UNMH asked Bernalillo County residents two very important questions: What do you need? And what can we do better? The answers we heard showed us the many points of view and top needs of county residents. Community responses are the driving force behind the 2020 UNM Hospitals Community Health Needs Assessment.

As we traveled from neighborhood to neighborhood, the feedback clearly showed the unique and diverse experiences of members in Bernalillo County communities. Several common themes emerged: access to medical services, unmet behavioral health needs, substance use issues, and health disparities. These are concerns shared by residents of the South Valley, Northeast Heights, East Mountains, West Mesa and all points in between. The University of New Mexico Hospital (UNMH) is working on behalf of all Bernalillo County residents to increase access to services and decrease health disparities.

The 2020 Needs Assessment reflects the valuable input we received from the many people who took the time to share their thoughts with us. It's just the first step. As we work to turn the insight gathered during our listening sessions into improvements in health care quality and access, we look forward to working with the many people, organizations, health care providers and public entities that share our deep commitment to a healthier New Mexico.



*Kate Becker*

Kate Becker  
CEO, UNM Hospital

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# Executive Summary

An in-depth Community Health Needs Assessment (CHNA) is a systematic process that gathers information on the most important and unmet health needs from community members and leaders. The process provides a way for hospitals to work with communities to rank health needs and to develop and put into place strategies to address those needs together. This report is the product of the first two steps in the five-part CHNA process shown in Figure 1.



Figure 1

UNM Hospitals is an academic hospital in Albuquerque, New Mexico. UNMH serves all New Mexicans, but most people getting basic day-to-day health care services are residents of Bernalillo County. As the state's only academic medical center and Level I trauma center, UNMH is the main source of specialty care for patients from across the state. UNMH is part of the UNM Health System.

UNMH grew out of a collaborative effort of the U.S. Bureau of Indian Affairs, Indian Health Service, and Bernalillo County. It began operation in 1954 as the Bernalillo County Indian Hospital. Today, the UNM Health System is New Mexico's fourth largest employer. Its 8,000 team members and 1,290 faculty physicians have a three-part mission to deliver the highest quality patient care, educate

medical providers and other health professionals involved in patient care, and cutting-edge research.

The 2020 UNMH Community Health Needs Assessment

seeks to recognize and elevate the community's health care priorities and to set up a framework for program and resource development to meet those needs. To better understand those needs, UNMH analyzed population health data (information about the health of specific groups) from a variety of sources and held listening sessions throughout Bernalillo County to ask for community feedback about health care service needs and priorities.

A stakeholder group from within UNMH that included the Ambulatory Executive Committee, clinic and outpatient directors, financial managers, and leadership from the Office of Diversity, Equity and Inclusion reviewed both kinds of data developed for the assessment. They chose the health care needs to focus on over the next three years.

Four areas emerged from this process:

- Increase Access to Behavioral Health Services
- Improve Access to Medical Services
- Expand Access to Medical Coverage and Financial Assistance
- Reduce Inequities that lead to Disparities in Health Outcomes

UNMH met with community members and leaders to find and talk about possible community-wide solutions in each focus area. Hospital leadership also helped develop strategies that build up and/or add power to existing hospital resources and current UNMH programs to address the four focus areas.

## **INCREASING ACCESS TO BEHAVIORAL HEALTH SERVICES**

Increasing access to behavioral health services is a top priority for policymakers and community leaders throughout Bernalillo County and New Mexico. UNMH is a key participant in several major initiatives to strengthen New Mexico's behavioral health safety net. Strategies to improve access to behavioral health services build upon and strengthen these collaborations and include the following:

- expanded crisis and psychiatric emergency services
- continued service development at the Bernalillo County Care Campus and Care Link Behavioral Health Home
- expanded programming for behavioral health patients who are incarcerated or returning to the community after imprisonment

Doing a good job of addressing behavioral health needs often requires meeting patients where they are. To this end, UNMH is also exploring ways to bring behavioral health services into medical clinics like obstetrics and gynecology.



## **IMPROVING ACCESS TO MEDICAL CARE**

As New Mexico's only academic medical center, UNMH is the state's only place to get many types of specialty care. High demand for specialty services and widespread provider shortages sometimes mean that patients wait weeks or even months for care. The most important strategy for improving access to care is to increase the number of doctors and advanced-practice providers. We will also work on putting different services in the same locations. Finally, we will focus on streamlining appointment, referral, and administrative processes to increase the efficiency of the way we use limited health care resources.

## **EXPANDING ACCESS TO MEDICAL COVERAGE AND FINANCIAL ASSISTANCE**

New Mexico has taken important steps to improve health insurance coverage rates, but 1-in-10 New Mexico residents remain uninsured, and, even with insurance, health care can be expensive. UNMH provides patients and their families with a variety of services and supports to help manage and offset health care costs; but communities are not always aware of these services. We will focus on outreach, communication,

and collaboration with the community organizations who work daily with economically vulnerable county residents in order to improve access to financial help.

## **REDUCING INEQUITIES THAT LEAD TO DISPARITIES IN HEALTH OUTCOMES**

The details of people's lives, including where they live and work, their education level and language, their income, immigration status, race and gender, all have an effect on their health, their access to health care, and their health outcomes. These factors, known together as the social determinants of health, contribute to the relatively poor health outcomes often experienced by communities of color. UNMH strategies to reduce health disparities emphasize cultural humility and address the social determinants of health. They include the following:

- increased access to interpreter services
- analyzing UNMH quality data to identify racial and ethnic disparities
- working with the Health System's Office of Diversity, Equity, and Inclusion to address disparities

- decreasing the number of patients who leave the ED without receiving care
- connecting patients with community resources to address issues like housing, employment, food insecurity, and domestic abuse

The next step in the CHNA process is to work with community partners to put these strategies into action. We will publish yearly reports tracking our progress and documenting community health results.

**The UNM Health System serves all New Mexicans' needs for routine medical procedures, chronic disease management and care during major health events. From its central New Mexico base of operations in Bernalillo County to the four corners of the state, UNMH and all of its clinics work hard to identify and answer the most important questions of human health in our communities through education, scholarship and service.**

## UNM HOSPITALS HEALTH PRIORITIES SUMMARIZED “SNAPSHOT” OF FOCUSES

### Detailed Strategies in Implementation Plan

#### Focus 1: Increase Access to Behavioral Health Services

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Explore bringing behavioral health services into medical clinics</li> <li>• Continued service development at the Bernalillo County Care Campus</li> <li>• Expanded programming for patients are or who have been in prison for mental health reasons</li> </ul> | <ul style="list-style-type: none"> <li>• Consult with national experts on strategies to increase access to behavioral health services</li> <li>• Expansion of crisis services and psychiatric emergency services</li> <li>• Further development of the Care Link Behavioral Health Home</li> </ul> |
|--|--|

#### Focus 2: Increase Access to Medical Services

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Locate specialty services within primary care clinics</li> <li>• Streamline the movement of patients between specialty and primary care clinics</li> <li>• Explore the development and implementation of women’s integrated health care</li> <li>• Recruit additional physicians and advanced practice providers</li> <li>• Consider expanding clinic hours of operation</li> <li>• Building and equipment renovation and expansion</li> <li>• Improved tools for managing referrals. (A referral is instructions from one provider to see a different provider who has special training in a specific area)</li> </ul> | <ul style="list-style-type: none"> <li>• Improvements in scheduling efficiency</li> <li>• Redesign clinic workflows to reduce scheduling delays and referral backlogs</li> <li>• Add staff to increase the number of providers</li> <li>• Increase availability of primary care physicians, with particular focus for hard to reach populations</li> <li>• Use panel management to improve continuity of care and increase access for hard-to-reach populations (A panel is a list of patients assigned to individual providers or clinics)</li> <li>• Other specialty-specific strategies are included in the implementation plan</li> </ul> |
|--|---|

Snapshot above serves as a summary of strategies only. See full description in the UNM Hospitals Community Health Implementation Plan 2020.



### Focus 3: Increase Access to Medical and Financial Assistance

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>• Increase staff from Patient Financial Services at UNMH clinics</li> <li>• Improve messaging about financial services</li> <li>• Update public-facing materials</li> <li>• Provide trainings to community organizations about financial assistance programs</li> <li>• Hold financial assistance information meetings</li> </ul> | <ul style="list-style-type: none"> <li>• Update UNMH website to make sure it has the same message across the board</li> <li>• Promote awareness of Patient Financial Services' programs available to immigrant patients</li> <li>• Establish a universal contacts list for UNMH financial services staff</li> <li>• Explore ways to give patients a better understanding of what their costs will be and provide financial counseling</li> </ul> |
|--|--|

### Focus 4: Reduce Inequities that Lead to Disparities in Health Outcomes

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Embed community health workers in clinics to screen for and assist patients in addressing adverse Social Determinants of Health</li> <li>• Increase awareness of interpreter services</li> <li>• Participate in community outreach and support programs</li> <li>• Provide care coordination and health care delivery at the Westside Shelter</li> <li>• Increase awareness of community resources available to patients who face adverse social determinants</li> <li>• Provide training to community organizations on programs available through the Office of Diversity Equity and Inclusion (DEI)</li> </ul> | <ul style="list-style-type: none"> <li>• Monitor quality outcomes data to identify and address racial/ ethnic disparities, then work with Diversity, Equity and Inclusion (DEI) to address issues</li> <li>• Make sure that patients leave the hospital understanding at-home instructions</li> <li>• Have fewer patients leave the Emergency Department without getting care</li> <li>• Create environment where patients feel they can submit complaints</li> <li>• Work to reduce the number of gendered spaces (male or female) for patients and staff</li> <li>• Create a DEI educator position</li> <li>• Explore the addition of sensitivity training specific to DEI</li> </ul> |
|---|---|

Snapshot above serves as a summary of strategies only. See full description in the UNM Hospitals Community Health Implementation Plan 2020.

# About UNM Health System and UNM Hospitals

The University of New Mexico Hospital is an academic hospital in Albuquerque, New Mexico. UNMH serves all New Mexicans, but most patients getting primary services are residents of Bernalillo County. As the state's only academic medical center and Level I Trauma Center, UNMH is the primary source of specialty care for patients from across the state. UNMH is part of the UNM Health System.

Primary care means care given by providers who have training in day-to-day health care needs, including preventive care. They often help coordinate other kinds of care the patient may be getting. Specialty care means care provided by doctors who have training in certain areas of medicine, like certain diseases, or certain parts of the body.

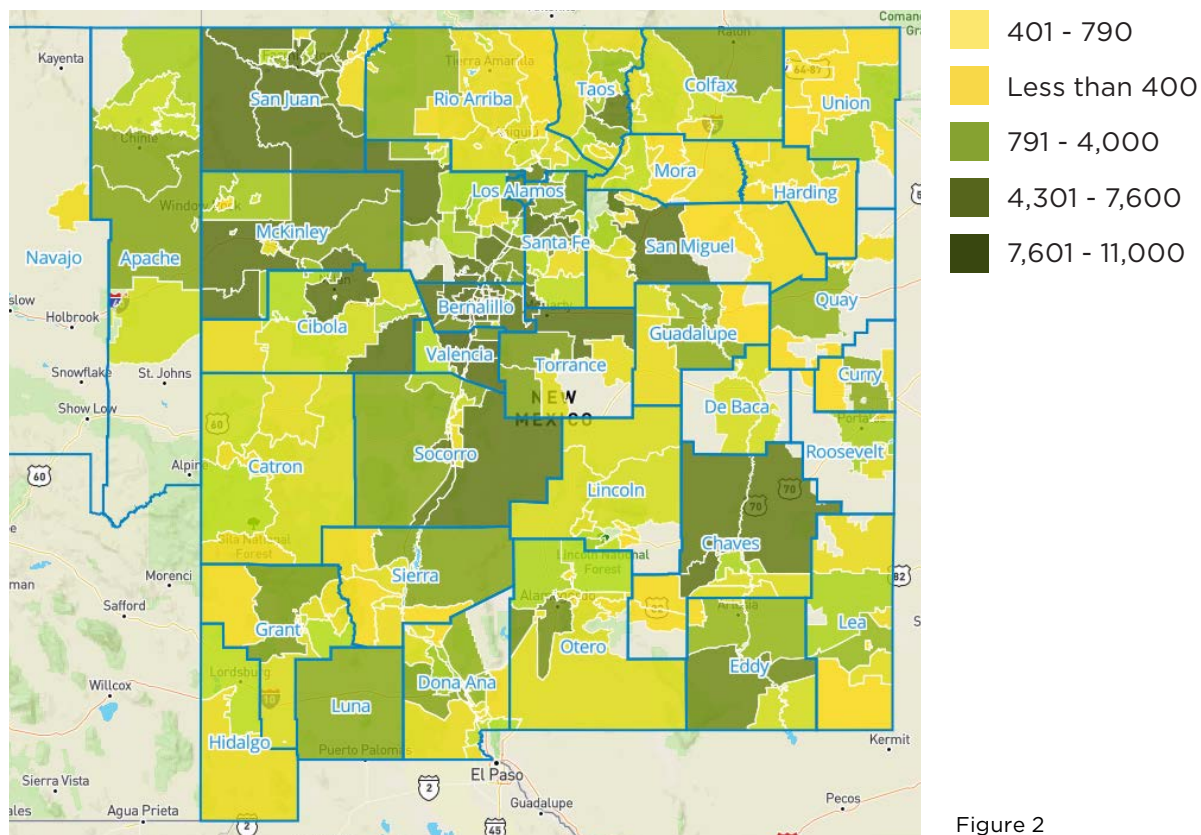
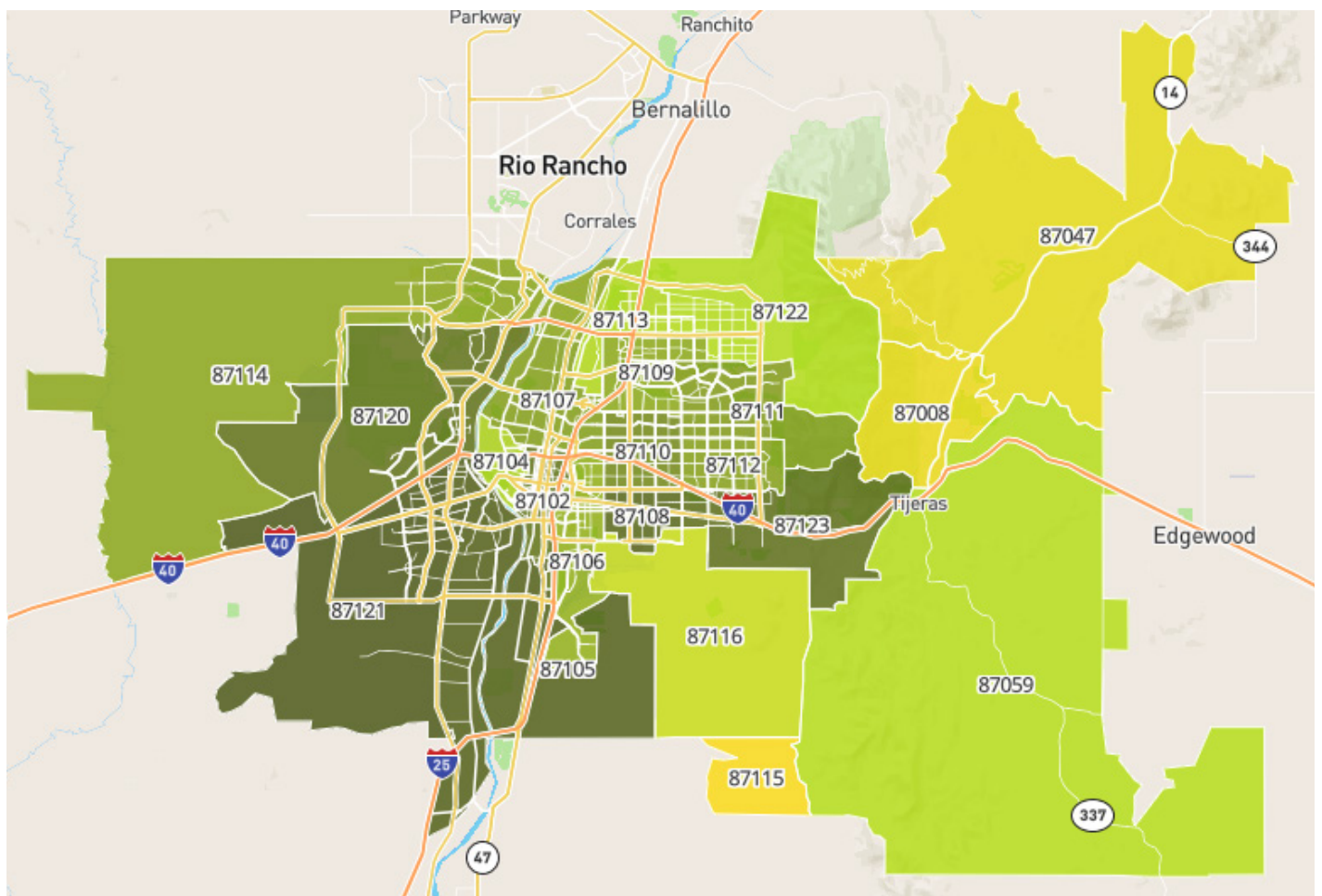


Figure 2

Source: SG2 State Data Analysis- Health Intelligence Company, LLC; OptumInsight, IQVIA, Analysis, 2020. Time period of analysis 2015Q4-2018Q

Figure 2 UNMH inpatients by zip code of residence. Colors indicate the number of patients, with yellow indicating the fewest patients and dark olive indicating the most. UNMH serves the entire state of New Mexico and also serves patients from northeast Arizona referred by the Indian Health Service.

Figure 3 UNMH inpatients by zip code of residence for Bernalillo county. Colors indicate volume counts ranging from yellow (fewest) to dark olive (most).



- Less than 400
- 401 - 490
- 491 - 2,400
- 2,401 - 2,600
- 2,601 - 7,000

Figure 3

Source: SG2 State Data Analysis- Health Intelligence Company, LLC; OptumInsight, IQVIA, Analysis, 2020. Time period of analysis 2015Q4-2018Q

UNMH, the medical services arm of the UNM Health System, New Mexico's only academic health center, is the state's only Level 1 Trauma Center (Figure 4). The UNM Health System also includes the following:

- UNM Comprehensive Cancer Center, only NCI designated cancer center in NM
- Comprehensive stroke and neuro-trauma services
- A comprehensive burn center
- A pediatric cardiothoracic surgery program
- Advanced women's health care services
- Adult and children's psychiatric services
- Bariatric and orthopaedic programs

The Health System also includes dozens of other specialty lines. With over 8,000 team members and 1,290 faculty, the UNM Health System is also the state's fourth largest employer.

The health system is made of the following:

- University of New Mexico Hospital
- Sandoval Regional Medical Center, which combines the personal attention of a community hospital with the expertise

and resources of an academic health care facility

- UNM Children's Hospital and UNM Carrie Tingley Hospital, which offer the widest range of pediatric services in the state
- UNM Comprehensive Cancer Center, where 60 percent of adult cancer patients and almost all pediatric cancer patients in New Mexico receive care
- UNM Clinical Neurosciences Center, the only comprehensive neurology, neurosurgery and pain management center in the Southwest
- UNM Psychiatric Center and UNM Children's Psychiatric Center, which provide the full spectrum of behavioral health care
- Dozens of outpatient care offices, including facilities strategically located in historically underserved areas in and around Bernalillo County; and outreach throughout New Mexico through mobile clinics, hosted specialty clinics and telehealth
- The University of New Mexico Medical Group, Inc., a network of more than 1,100 practitioners in more than 150 specialties

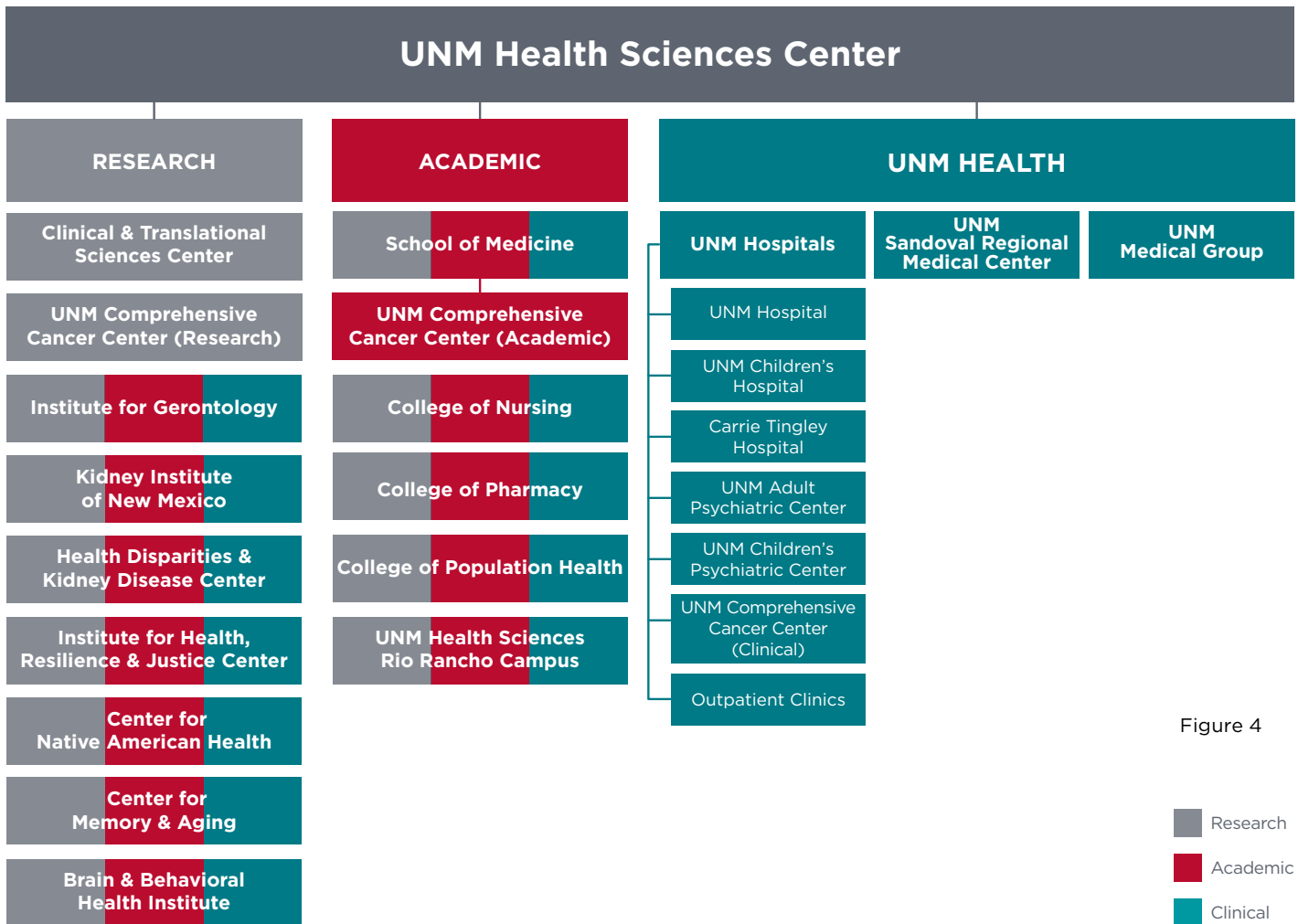


Figure 4

All together the hospitals handle 22,000 surgical cases, 100,000 emergency room visits and nearly 900,000 outpatient visits per year.

As a major component of the UNM Health System, UNMH cares for a large, diverse population with complex and urgent health needs, providing more than \$135 million of unpaid care each year. Each year, UNM

hospitals and clinics:

- Provide care for more than 200,000 New Mexicans
- Serve as training sites for students of medicine, nursing, pharmacy and other health professions
- Play an important role in The UNM's community-based health research



## UNM Hospitals Awards and Designations

UNM Hospitals has received awards for excellence in the care of Stroke, Trauma/Burn, Lifeguard Air Emergency Services, Women's Care, Behavioral Health, and Comprehensive Cancer Care. In addition, the hospital consistently achieves top marks for diversity and inclusive services to name a few.



UNM Hospital  
Level 1 Trauma Center



A Cancer Center Designated by the  
National Cancer Institute



## Collaborating With the Community to Improve Access and Care

The 2020 CHNA is one of many ways UNMH gathers and responds to input from the community. Other avenues of community input are described in the following paragraphs.

The UNMH Patient Family Advisory Council (PFAC) is a volunteer committee made up primarily of UNMH patients and caregivers.

Patient-centered care is “based on deep respect for patients as unique living beings, and the obligation to care for them on their terms.”

Dr. Ron Epstein

<https://catalyst.nejm.org/doi/full/10.1056/CAT.17.0559>

Patient centered care shifts the focus of decision-making from the health care system to the individual patient in order to provide care that is respectful of, and responsive to, individual patient preferences, needs and values. The PFAC is an example of patient-centered care in action. UNMH uses information and ideas from patients to improve and redesign practices so they center on individuals more than on a checklist of services.

The PFAC supports patient-centered care at UNMH by making sure that patients and caregivers have a voice in hospital planning processes and decision-making. Patient family advisors partner with UNM staff to put in place patient-centered improvements and best practices. PFAC members are chosen through an application process that helps to make sure that Council membership reflects the diversity of the communities served by UNMH. The PFAC meets monthly.

UNMH CEO, Kate Becker, makes **quarterly presentations to the Bernalillo County Commission** on topics that include hospital data on quality, access to care, and financial services. The presentations give commissioners and county residents an update on recent developments at UNMH as well as an opportunity to provide feedback directly to hospital leadership. Between meetings, hospital staff hear directly from commissioners and their constituents about a broad range of issues and concerns.

**The Bernalillo County Community Health Council (BCCHC)** is another key source of community input for UNMH. The BCCHC is a 501(c)(3) non-profit organization

with a board of directors that includes community members, health and social service providers, educators, and other private and public entities that serve county residents. The Council works to improve the health and well-being of all Bernalillo County residents by focusing on healthy and sustainable communities, improved health and educational outcomes for children and youth, and increased access to high-quality health care for the county's uninsured and indigent residents.

UNMH CEO, Kate Becker and members of her leadership team meet every other month with members of the **Bernalillo County Healthcare Task Force** to report on progress toward health care goals established by the task force and formalized in the Memorandum of Understanding (MOU) that governs the funding relationship between the County and the Hospital. The task force includes community health experts and advocates and was convened in 2014 by the Bernalillo County Commission to establish county-wide health system planning goals and provide guidance on development of the MOU.

**The Community Engagement Committee of the UNMH Board of Trustees** meets monthly. Members of the public are encouraged to attend. Committee priorities include making the most of community input by identifying gaps and adding to strengths in existing channels for feedback.

UNMH also partners with other governmental entities including Bernalillo County and the City of Albuquerque to address community needs. The UNM Health System plays a major role in the Bernalillo County Behavioral Health Initiative.<sup>1</sup>

## **BERNALILLO COUNTY BEHAVIORAL HEALTH INITIATIVE**

The Bernalillo County Behavioral Health Initiative (BHI) is a joint effort of Bernalillo County, the City of Albuquerque and University of New Mexico Hospitals to develop a comprehensive sequence of behavioral health care for residents of the Albuquerque metro area. The region's under-resourced behavioral health safety

<sup>1</sup> <https://www.bernco.gov/health-and-public-safety/behavioral-health-overview.aspx>

net is difficult to navigate and riddled with gaps, often resulting in not enough treatment, public safety concerns, and a revolving door for behavioral health patients at the Metropolitan Detention Center and the UNMH ER.

In 2014, Bernalillo County voters overwhelmingly approved a tax to fund improved and expanded behavioral health services county-wide.<sup>2</sup> The County, City, and Hospitals have come together to strengthen the safety net and confirm that the new funding is used effectively by coordinating and adding to existing resources for mental health and substance abuse treatment. So far, the BHI has funded over 20 programs, which run the gamut from permanent supportive housing to crisis services. UNMH is actively involved in a number of BHI-sponsored programs, including the following:

- Expansion of psychiatric emergency services
- Expanded services at the Children’s Psychiatric Center
- Transition services for the Metropolitan Detention Center inmates prior to and post-release at the Re-entry Resource Center
- A Crisis Stabilization Center for patients who are having acute symptoms of mental illness and substance use disorders
- Clinical detoxification services at the Bernalillo County Care Campus supports for children and families impacted by adverse childhood experiences in the UNMH pediatric ER
- Intensive case management services for individuals experiencing both mental illness and substance use disorders

<sup>2</sup> For election results see ‘Advisory Question 2’ at [https://www.bernco.gov/uploads/files/Unofficial\\_gen\\_elec\\_2014.pdf](https://www.bernco.gov/uploads/files/Unofficial_gen_elec_2014.pdf)

## Growing to Meet the Community's Needs

The facility now called UNMH opened in 1954 as Bernalillo County Indian Hospital. The hospital came into being as the result of a 1952 contract between the US Bureau of Indian Affairs (BIA), the Indian Health Service, Bernalillo County and the State of New Mexico. The 1952 contract conveyed land from the BIA to Bernalillo County for purposes of building and operating a licensed hospital with at least 100 beds set aside for priority use by Native American patients. In the late 1960's, the facility became part of the University of New Mexico, and in 1979, the hospital took its current name.

UNMH built an emergency/critical care addition in 1984. The facility's most recent major upgrade, the Barbara and Bill Richardson Pavilion, opened in spring 2007. The pavilion added nearly 500,000 square feet of space, including an expanded emergency department, UNM Children's Hospital, and other areas designed for efficiency, safety and the latest technology.

Despite facilities growth and improvements, for a number of years UNMH has operated well above the 85 percent average capacity

threshold considered optimal for hospital efficiency. The shortage of beds has meant that patients share rooms or wait on gurneys for rooms to become available. It has also reduced the hospital's ability to accept transfers from other hospitals in New Mexico. Currently, UNMH is ready to begin a five-year expansion project to address critical needs for additional beds and improved facilities. The addition, which will be built on 6.7 acres west of the hospital near Lomas Blvd. NE and Yale Blvd. NE, will include 96 inpatient beds, 18 operating rooms, diagnostic services and other additions.

**Care management means working to coordinate appointments and follow-up care. Follow-up care may mean services that are not medical, like transportation and food resources that help patients stay healthy and out of the hospital.**

## Partnering with Native American Communities

The original federal contract that laid the groundwork for what is now UNMH has been amended several times, but the hospital's commitment to serving native populations remains unwavering and is evident in day-to-day operations as well as governance, administration, and collaborations.

### **NATIVE AMERICAN SERVICES AT UNMH**

UNMH Native American Health Services (NAHS) provides Native American patients with priority admissions and outpatient clinic appointments, while taking into consideration the medical needs of all patients. NAHS staff includes patient care coordinators and community liaisons (people who act as contacts between the Hospital and the community—see below.) They serve as patient advocates and help with care management.

The NAHS team also coordinates with organizations that refer patients to UNMH and is available to help resolve concerns voiced by Native American patients.

The hospital's financial assistance team helps tribal members enroll in federal and state programs like insurance through the Affordable Care Act and New Mexico Medicaid and in the hospital's in-house financial assistance program, known as UNM Care.

### **NATIVE AMERICAN REPRESENTATION AND CONSULTATION**

To make certain of native representation in hospital oversight and policymaking, the UNMH Board of Trustees includes one member appointed by the All Pueblo Council of Governors (APCG). A representative at large appointed by the UNM Board of Regents is a Pueblo community member. The Board of Trustees also meets with a Native American sub-committee every other month. Community liaisons work with NM Pueblos, Tribes and Nations in their home communities throughout the year, providing information about UNM, understanding specific health-related concerns experienced by that specific tribal community, helping with access to services at the hospital, and attending community events and

health fairs. Community liaisons build connections between tribal communities and University of New Mexico educational pipeline programs that prepare and encourage young people to enter health care professions. In addition, hospital administrators meet with tribal leadership twice a year and with the Indian Health Service quarterly.

## The Children's Hospital of New Mexico

The University of New Mexico Children's Hospital, New Mexico's only dedicated Children's Hospital, is an academic medical center with health care providers expertly trained to deliver the most advanced neonatology and pediatric care in New Mexico. In addition, UNMH Carrie Tingley Hospital (CTH), founded in 1937, provides compassionate, coordinated health care to children and adolescents with complex musculoskeletal and orthopedic conditions, rehabilitation needs, developmental issues and long-term physical disabilities. CTH includes more than 21 specialized outpatient clinics ranging in focus from juvenile arthritis to clinical genetics to brain and spinal cord injuries to development and neurological conditions. Through CTH, thousands of pediatric patients receive access to advanced treatments in clinical trials.



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# CHNA Methodology: How the CHNA Process Works

A comprehensive Community Health Needs Assessment is a systematic process that gathers information on health needs and priorities from community members and leaders. This data is analyzed along with epidemiologic data and strategies are developed to address the priority needs.

**Epidemiology is the study of things that determine the causes, the distribution (the who, when and where patterns) and the frequency of health and disease conditions in a specific population.**

These strategies, once put into action, are evaluated and the results are reported back to the community. The process then begins again, with each successive CHNA building on the insight and outcomes of the preceding CHNA. The present report represents the first two steps in the five step CHNA process shown in Figure 6.

The Affordable Care Act requires that 501(c) 3 hospitals conduct a CHNA every three years. As a governmental hospital, UNMH does not have to, but has chosen to do the CHNA process as a way to engage with and become more responsive to the communities it serves.

## Part 1. Gathering Data: Listening Sessions

The University of New Mexico Hospital began conducting the 2020 comprehensive Community Health Needs Assessment in the spring of 2019. Part 1 of the process was to hold listening sessions with community leaders and residents from Bernalillo County's diverse neighborhoods and population groups (a complete listing of Community Health

Needs Assessment listening session regions in Bernalillo County is provided as Appendix 3). During the summer and fall of 2019, UNMH held 21 community listening sessions at locations



Figure 6

throughout Bernalillo County to find out answers from community partners to the following questions:

1. What are your health needs?
2. How are these needs being met (or not met)?
3. What issues affect your ability to thrive?
4. How can UNM Hospitals help address these issues?

Seventeen community listening sessions open to the public were held in 11 neighborhoods across Albuquerque and unincorporated Bernalillo County. Information was also gathered at four meetings held by the leadership teams of community-based social and health care organizations. Particular focus was placed on gathering information from communities located south of I-40 and west of I-25, due to the high occurrence of unmet health care needs in these areas. Two sessions were conducted entirely in Spanish and interpreters were available during most of the other public meetings.

UNMH staff compiled and analyzed the feedback obtained from the listening sessions to identify common themes and cross-cutting priorities. Input is added on an on-going basis from numerous other sources including the PFAC, County Commissioners, Bernalillo County Community Health Council, and the All Pueblo Council of Governors and further added with community-specific data on health care, health outcomes, and the social determinants of health to produce the most comprehensive possible picture of each community's health strengths and challenges.

The next step in the UNMH 2020 CHNA is to develop a plan and implementation strategy to address the county's most important unmet health needs. UNMH received a wide range of comments and suggestions from the listening session on how to improve the community's ability to thrive. Every comment was noted and considered carefully to test whether or not it could be practically used. Data from the listening sessions was strengthened with community-specific data on health care, health outcomes, and the social determinants of health to produce the most comprehensive possible picture

of each community's health strengths and challenges. All of this information was distilled to fit within a four- focus approach. Ultimately, UNMH is committed to working with community members, social service providers, public health agencies, local governments and health care providers to develop a roadmap towards better, more equitable health outcomes using information from the CHNA.

## Part 2. Gathering Data: Facts and Figures about the Health of Bernalillo County

### THE SOCIAL DETERMINANTS OF HEALTH

The health care community and the community at large are becoming increasingly aware of the monumental role that factors outside of the health care system play in determining health outcomes. The many economic and social conditions that affect health outcomes are together called the Social Determinants of Health (SDoH). SDoH include factors like income and employment, educational levels, access to health care, language and literacy, personal and public safety, and environmental hazards at work and in the community. Unequal access to SDoH-related

resources like safe and affordable housing, educational opportunity, public safety, and community-based social support, contribute to health disparities between different population groups.

In the following sections, we will provide some of the facts and figures about the social determinants of health in Bernalillo County.

### EXAMPLES OF SOCIAL DETERMINANTS OF HEALTH

Adverse (harmful) childhood experiences, or ACEs, are traumatic events that happen in childhood like experiencing violence or abuse in the home, the death or imprisonment of a parent, untreated mental health problems, and housing instability or homelessness. ACEs are a public health issue because they can interfere with healthy child development. They can have negative impacts that last well into adulthood, undermining an individual's ability to succeed in education, employment, and relationships. ACEs are also linked to chronic illness like heart disease and behavioral health problems like mental illness and substance use. The impact of ACEs is cumulative,

meaning that the more adverse experiences a child has, the greater their risk of negative short and long-term consequences.

Although the exact means by which ACES influence health are not fully understood, toxic stress - the effects on the brain of repeated exposure to high levels of stress hormones - is likely a major contributor. Awareness of ACES helps health care providers better meet the needs of their adult patients, support parents in reducing the ACES experienced by their children, and help children going through trauma to learn resiliency (the ability to withstand or adjust to challenges) through the use of trauma-informed approaches.

Economic hardship and divorce or separation of parents or guardians are the most common ACEs. New Mexico has one of the nation's highest rates of ACES. One-in-four New Mexico children have experienced one adverse childhood experience, and 18 percent have experienced three or more ACES, a rate almost twice the national average.

### **Trauma-informed care, an example of SDoH**

**Trauma-informed Care (TIC) is a treatment framework that acknowledges the impact of trauma, recognizes its symptoms, responds to its effects through appropriate practices and policies, and seeks to prevent further trauma. Programs that use a trauma-informed approach recognize that many of their patients have histories that include physical, sexual, and/or emotional abuse as well as past negative experiences in the medical setting. Program staff are trained to be aware of the ways culture, community, and identity impact a patient's experience of health care and ability to access resources and to be sensitive to the heightened need for safety and a sense of control in the health care setting that past trauma can engender. TIC is a critical component of health care access.**

Source: Sacks, V. and Murphey, D. The prevalence of adverse childhood experiences, nationally, by state, and by race/ethnicity. 2018. Child Trends. Retrieved from: <https://www.childtrends.org/publications/prevalence-adverse-childhood-experiences-nationally-state-race-ethnicity>

Sources: Tello, M. "Trauma-informed care: What it is, and why it's important." Harvard Health Blog. March 23, 2019 <https://www.health.harvard.edu/blog/trauma-informed-care-what-it-is-and-why-its-important-2018101613562> and Substance Abuse and Mental Health Services Administration. SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.

## Description of Community

### DEMOGRAPHIC CHARACTERISTICS

Demographic characteristics, like age and gender, make a difference in health status and health care needs. One-in-three New Mexico residents, almost 680,000 people, live in Bernalillo County. Table 1 shows the age distributions of both Bernalillo County and New Mexico residents.

<b>Bernalillo County and NM Residents by Age Group</b>		
	<b>Bernalillo County</b>	<b>New Mexico</b>
Under 5 years	40,559	131,062
5 through 19	129,174	422,712
20 through 64	406,010	1,202,372
65 through 84	87,632	292,365
85 an 85 and older	11,480	36,317
<b>Total</b>	<b>674,855</b>	<b>2,084,828</b>

Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

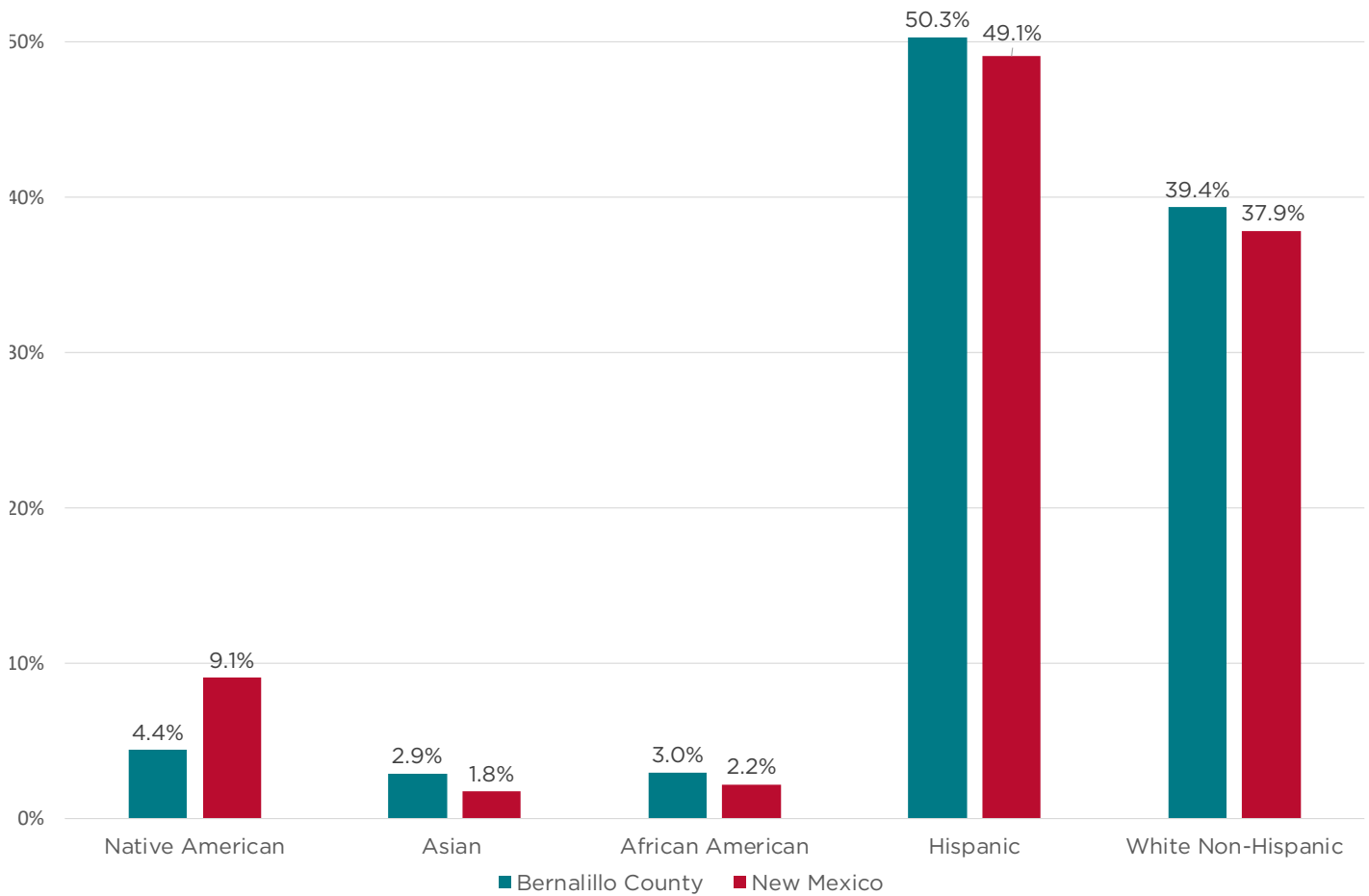
Table 1



Like the rest of New Mexico, Bernalillo County has a large Hispanic and White non-Hispanic populations. Bernalillo County includes Isleta, Laguna, and Sandia Pueblos as well as To'Hajiilee, a separate part of the Navajo Nation. Native Americans make up just over 4 percent of Bernalillo County residents and 9 percent of residents

statewide. As the state's most densely populated urban area, Bernalillo County is somewhat more diverse than the state overall, with larger shares of Asian and African American residents (Figure 7). Bernalillo County is also home to immigrants and refugees from around the world.

**Race and Ethnicity of Bernalillo and NM Residents**



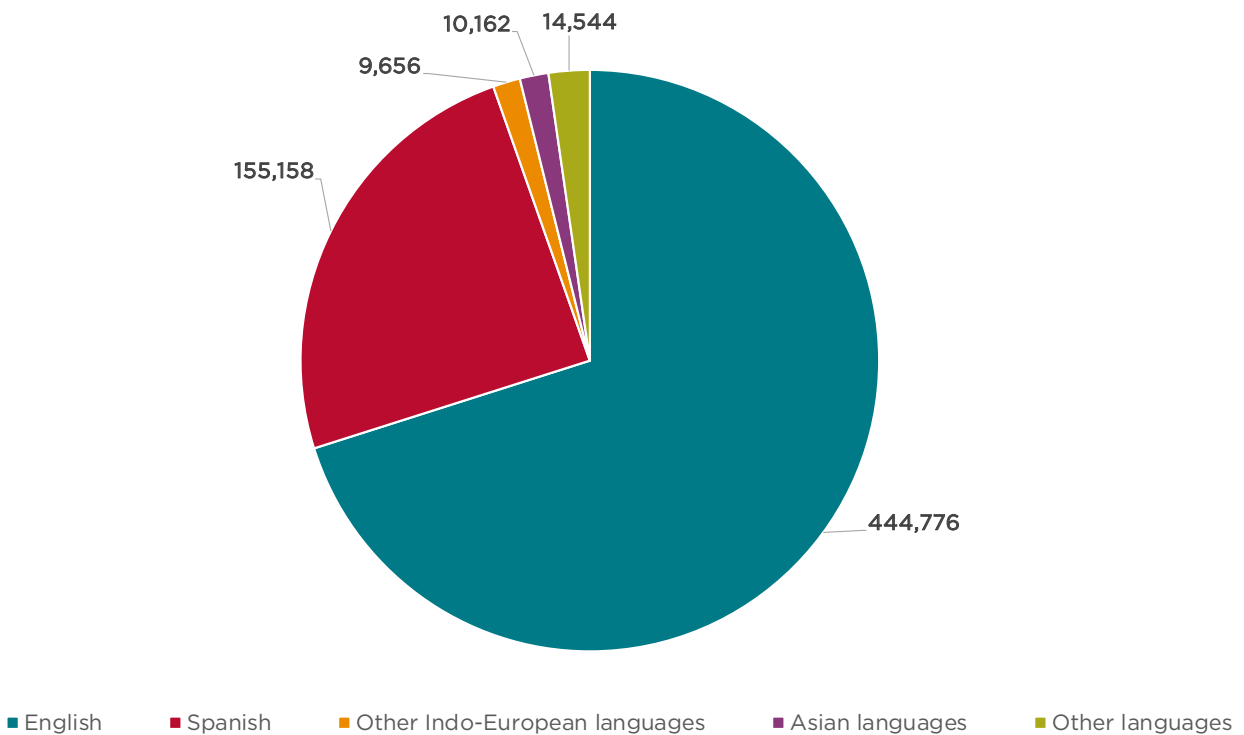
Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

Figure 7

## Language

Language is a key social determinant of health because it is the primary way people communicate their health needs and receive health information. Individuals who have trouble communicating in English often find it difficult to make their way through the increasingly complex health care system and get the care they need. Thirty percent of Bernalillo County residents speak a language other than English at home (Figure 8).

**Bernalillo County Residents - Language Spoken at Home**

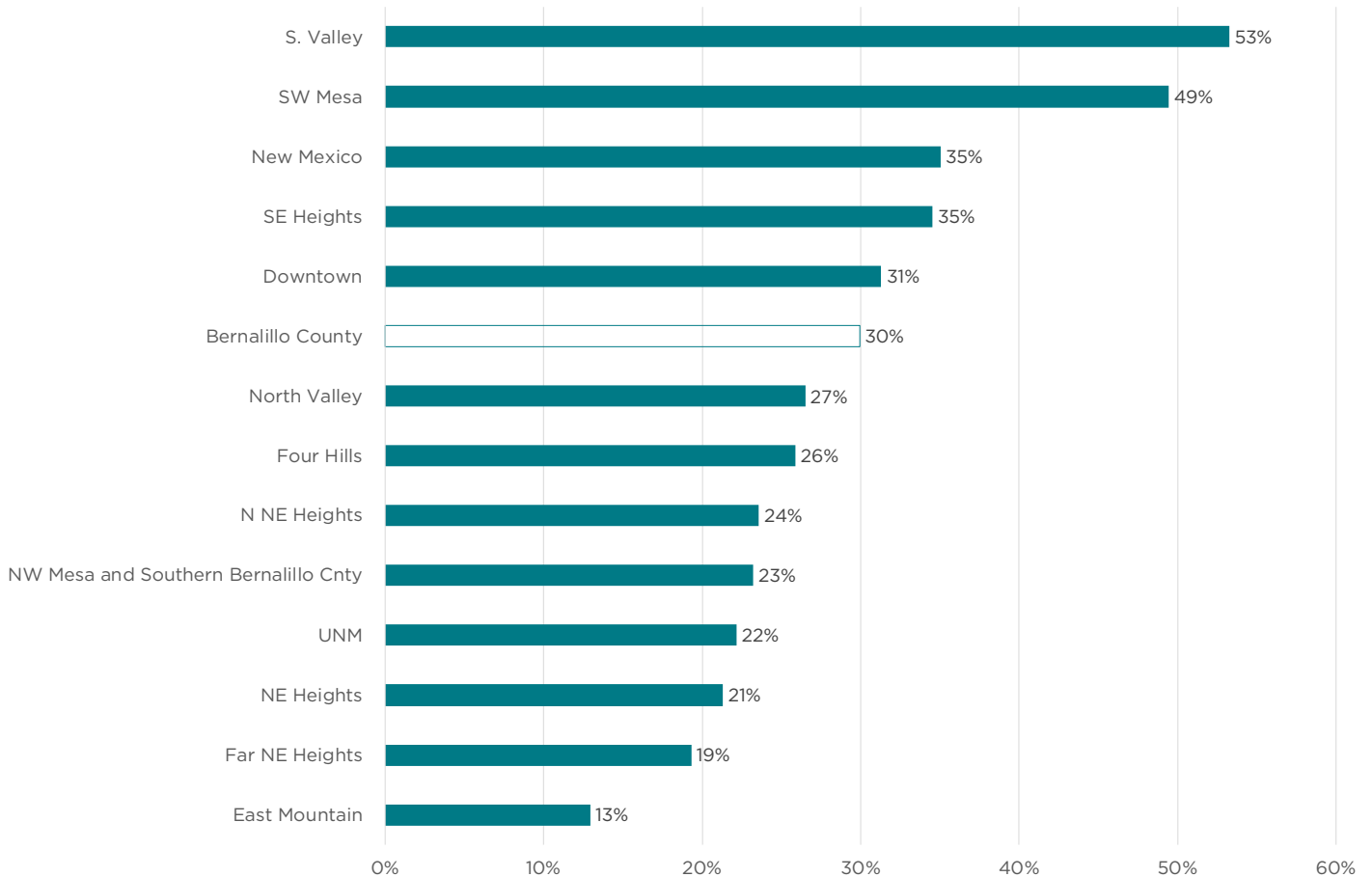


Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

Figure 8

In Bernalillo County, the percentage of people who speak a language other than English at home ranges from 13 percent in the East Mountain area to 53 percent in the South Valley (Figure 9).

### Percent of County Residents Who Speak a Language other than English at Home



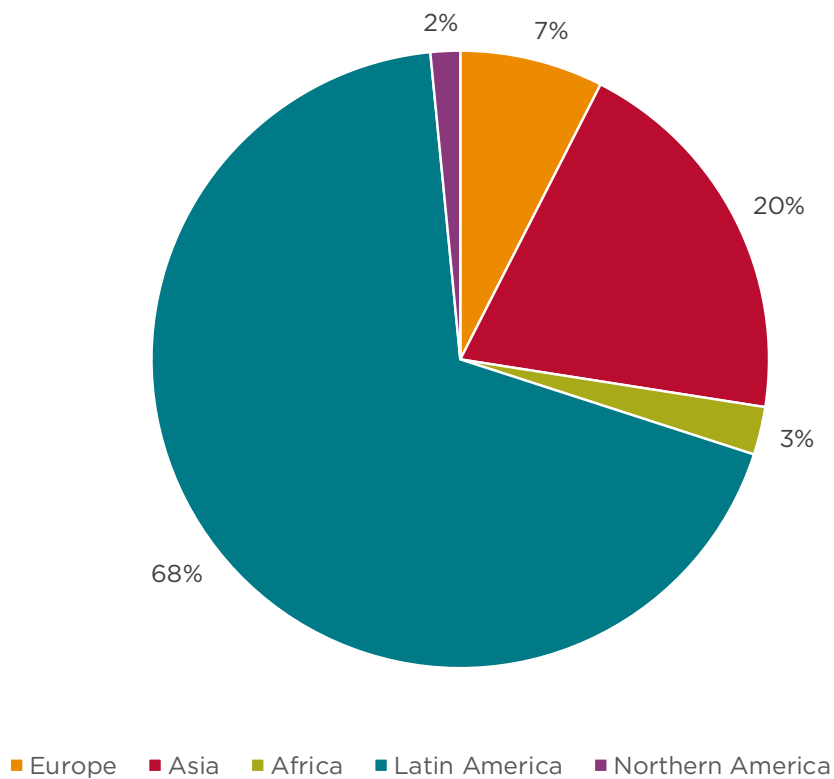
Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

Figure 9

## Immigration and Citizenship

Bernalillo County is home to almost 69,000 immigrants. Over two-thirds of the county's immigrant population is from Central and South America, but the county is also home to a significant population of immigrants from a number of Asian countries (Figure 10). Immigrants in general face many barriers to health care, including low incomes, lack of insurance, language and cultural barriers. Nationally, per person health care expenses for immigrants are less than half that of US-born citizens.

**Bernalillo County Immigrants by Continent of Origin**



Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

Figure 10

<sup>3</sup> Sarita A. Mohanty, Steffie Woolhandler, David U. Himmelstein, Susmita Pati, Olveen Carrasquillo, and David H. Bor. "Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis." *American Journal of Public Health* 2005; 95

Approximately 19,000 of the 41,606 non-citizen immigrants residing in Bernalillo County are not legally authorized to be in the US<sup>4</sup>. Undocumented immigrants are at an especially great disadvantage when it comes to getting health care for themselves and their children, even when those children are US citizens. Research has found that undocumented Hispanic immigrants are far less likely than US citizens to have a usual source of health care or receive regular health screenings, two key markers of health care access. Further, even though over 70 percent of the children of undocumented immigrants are US citizens by birth and qualify for support like Medicaid coverage, they still receive 74 percent less health care than the children of US citizens.<sup>5</sup>

Foreign-Born Residents of Bernalillo County	
Foreign-born population	68,646
Naturalized U.S. citizen	27,040
Not a U.S. citizen	41,606

Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

Table 2

<sup>4</sup> Estimated using data from American Community Survey 2017 5 Year Public Use Microdata and methodology from Pew Research Center See: <https://www.pewresearch.org/hispanic/interactives/u-s-unauthorized-immigrants-by-state/>

<sup>5</sup> Sarita A. Mohanty, Steffie Woolhandler, David U. Himmelstein, Susmita Pati, Olveen Carrasquillo, and David H. Bor. "Health Care Expenditures of Immigrants in the United States: A Nationally Representative Analysis." American Journal of Public Health 2005; 95

## Poverty

Poverty is a strong and well-documented determinant of health outcomes. Poverty undermines health in many ways, including not enough or uncertain access to nourishing food and shelter, lack of access to health care and health information, negative or unfair beliefs about poverty, acute and chronic stress, limited educational opportunities, unsafe neighborhoods and working conditions, and exposure to poisons in the environment . Poverty has been linked to a higher rate of many health conditions, including chronic diseases, some cancers, developmental delays, injury, depression and premature death.<sup>6</sup>

New Mexico has one of the nation's highest poverty rates.<sup>7</sup> Bernalillo County's poverty rate is below that of the state overall, but it remains higher than the national average (11.8%).<sup>8</sup> More troubling still, over one-quarter of the county's children are growing up in poverty. Childhood poverty can have long term results and has been linked to health problems throughout the lifespan. Figure 11 shows poverty and child poverty in New Mexico, Bernalillo County, and 12 neighborhoods within Bernalillo County. Poverty rates are highest in Albuquerque's Southeast Heights, where 31 percent of residents and 45 percent of children and youth live in poverty. In contrast, the 6 percent poverty rate in the East Mountain area of Bernalillo County is one-fifth that of the Southeast Heights.

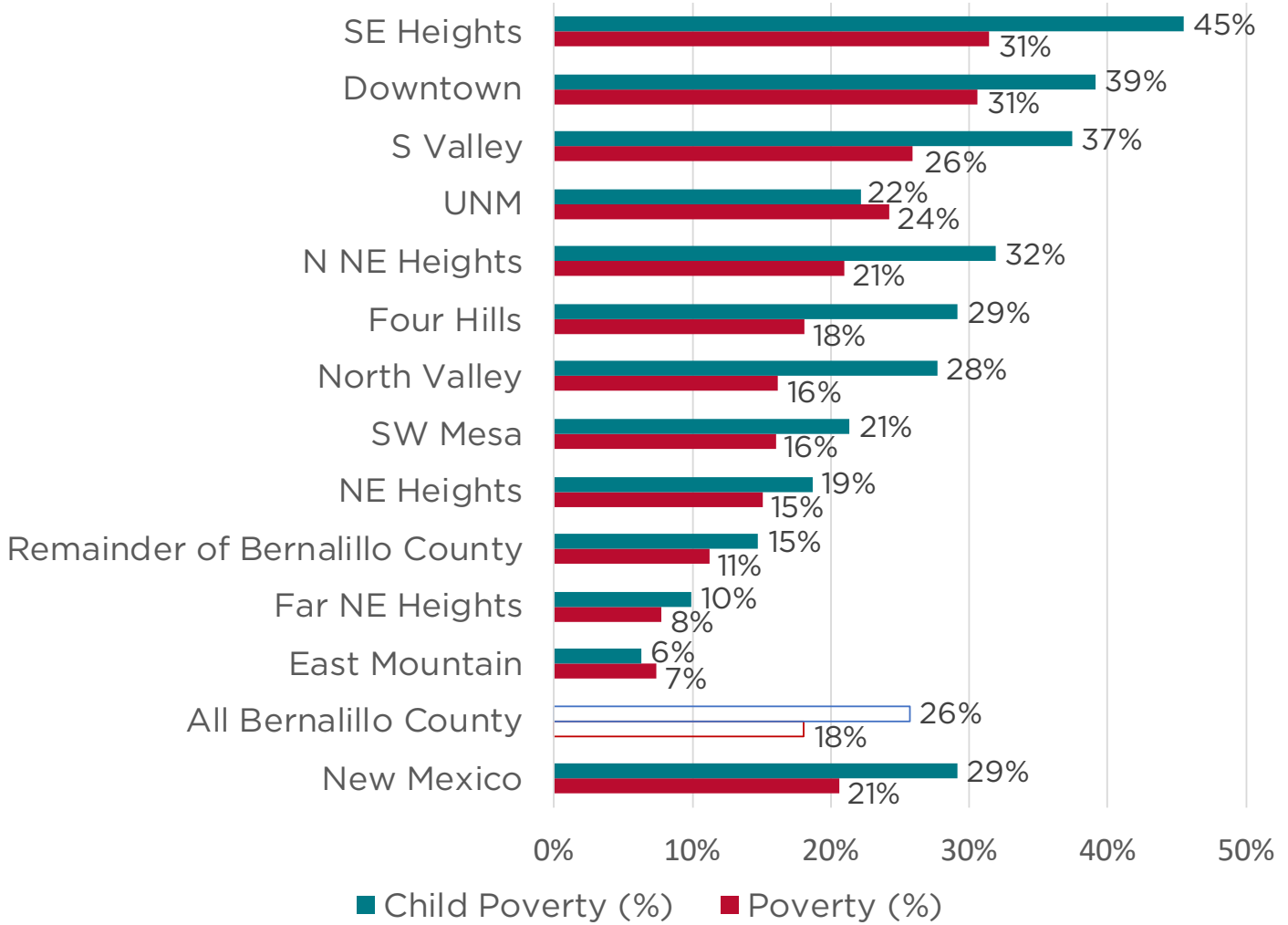
<sup>6</sup> Shaw KM, Theis KA, Self-Brown S, Roblin DW, Barker L. Chronic Disease Disparities by County Economic Status and Metropolitan Classification, Behavioral Risk Factor Surveillance System, 2013. *Prev Chronic Dis* 2016;13:160088. DOI: <http://dx.doi.org/10.5888/pcd13.160088>

<sup>7</sup> The 2020 poverty threshold for a family of four is \$26,200. See: <https://aspe.hhs.gov/poverty-guidelines>

<sup>8</sup> Semega, J et al, U.S. Census Bureau, Current Population Reports, P60-266, Income and Poverty in the United States: 2018, U.S. Government Printing Office, Washington, DC, 2019.



### People Living in Poverty (%)



Source: Author tabulation of US Census American Community Survey 2017 5-Year Micro Sample

Figure 11

## Housing

A safe and stable home is the foundation of physical and mental wellbeing. Having a home makes it possible for community members to access and benefit from other health interventions and supportive services.

Like many other urban areas in the U.S., Bernalillo County has a severe shortage of affordable housing. Rents and other housing costs have increased faster than incomes in recent decades and the government programs that subsidize (support) housing for the needy have not kept pace with the increasing demand. County residents sometimes wait years for permanent subsidized housing like a Section 8 voucher or an income-based affordable rental.

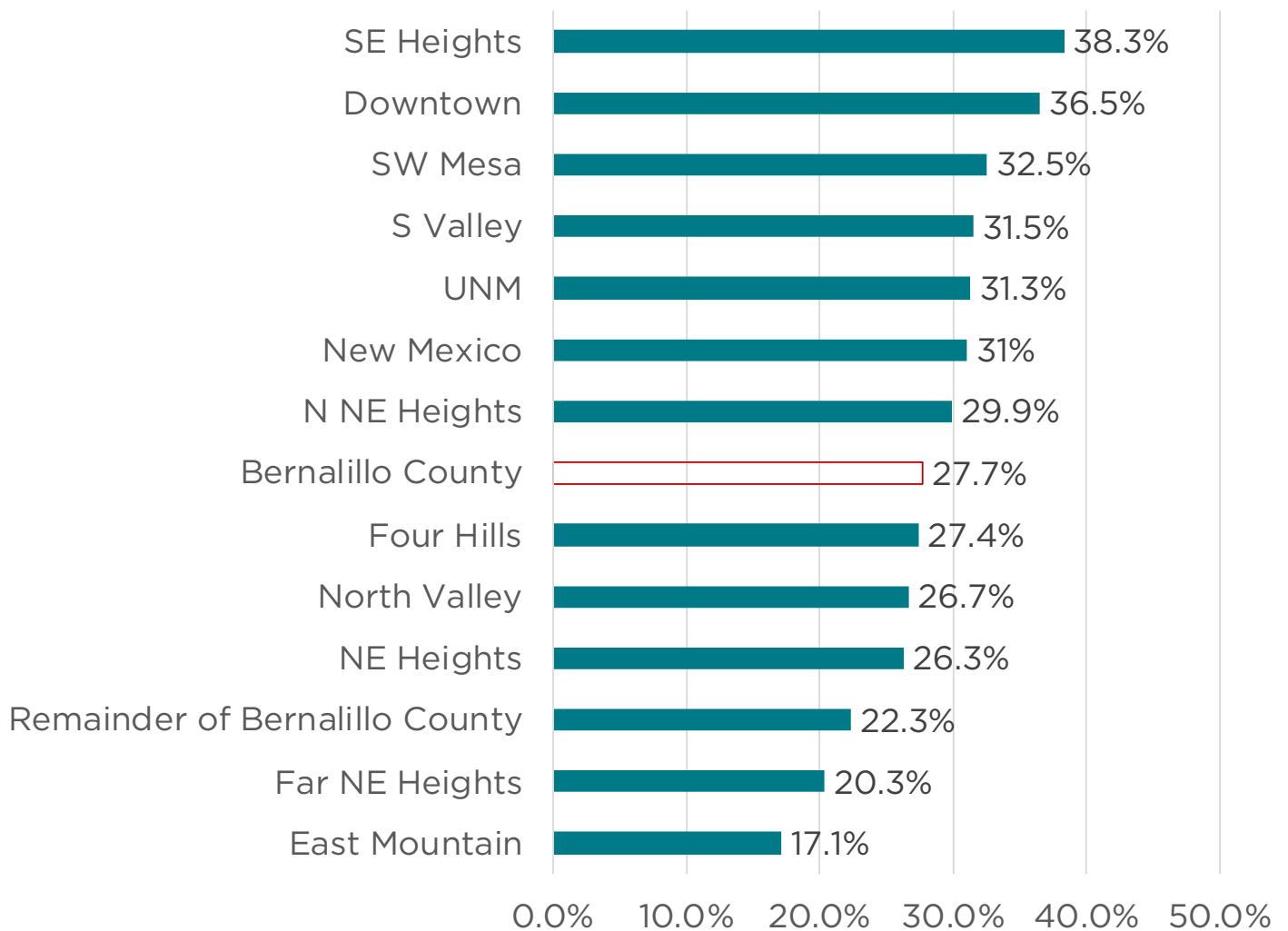
Over 88,000 Bernalillo County households spend more than 30 percent of income on housing. Seventy-eight percent of these “cost burdened” households (68,260 households) are low income. Cost burdened households frequently give up other necessities like nourishing food and health care to avoid eviction or foreclosure. They may “double up” with other families to cut costs and experience overcrowding or be subject to substandard housing conditions like rats, mice or insects, mold, or lack of

complete plumbing. Overcrowding and substandard conditions can be a problem for good behavioral health, making it hard to manage chronic conditions, and increase the risk of infectious disease. The frequent moves that often accompany housing instability are particularly hard on children and can get in the way of their learning and socio-emotional development.<sup>9</sup> Figure 12 shows the percentage of households in New Mexico, Bernalillo County, and 12 Bernalillo County neighborhoods that are housing cost burdened.

Homeless New Mexicans have high rates of chronic (long-term) disease including mental illness, substance use disorders, diabetes, HIV/AIDS, and high blood pressure and are more likely than the general population to have more than one chronic condition.<sup>10</sup> Poor health is both a cause and an effect of homelessness. Health problems that make it impossible to work or hurt a person’s ability for self-care can lead to homelessness. Once homeless, people are exposed to a variety of health risks including victimization, violence, hunger, poor nutrition, exposure, infectious disease, sleeplessness, and profound toxic stress.

Residents of Bernalillo County come across a number of barriers to finding safe, stable and affordable housing. The main obstacles to adequate housing include poverty, inadequate transportation, and personal vulnerability factors like age, disability, behavioral health problems, domestic violence, imprisonment, and poor credit.

### Housing Cost Burdened Households



Source: Author tabulation of US Census American Community Survey 2017 5-Year Micro Sample

Figure 12

<sup>9</sup> Oishi S, Schimmack U. Residential mobility, well-being, and mortality. *J Pers Soc Psychol.* 2010 Jun;98(6):980-94. doi: 10.1037/a0019389. PubMed PMID: 20515253

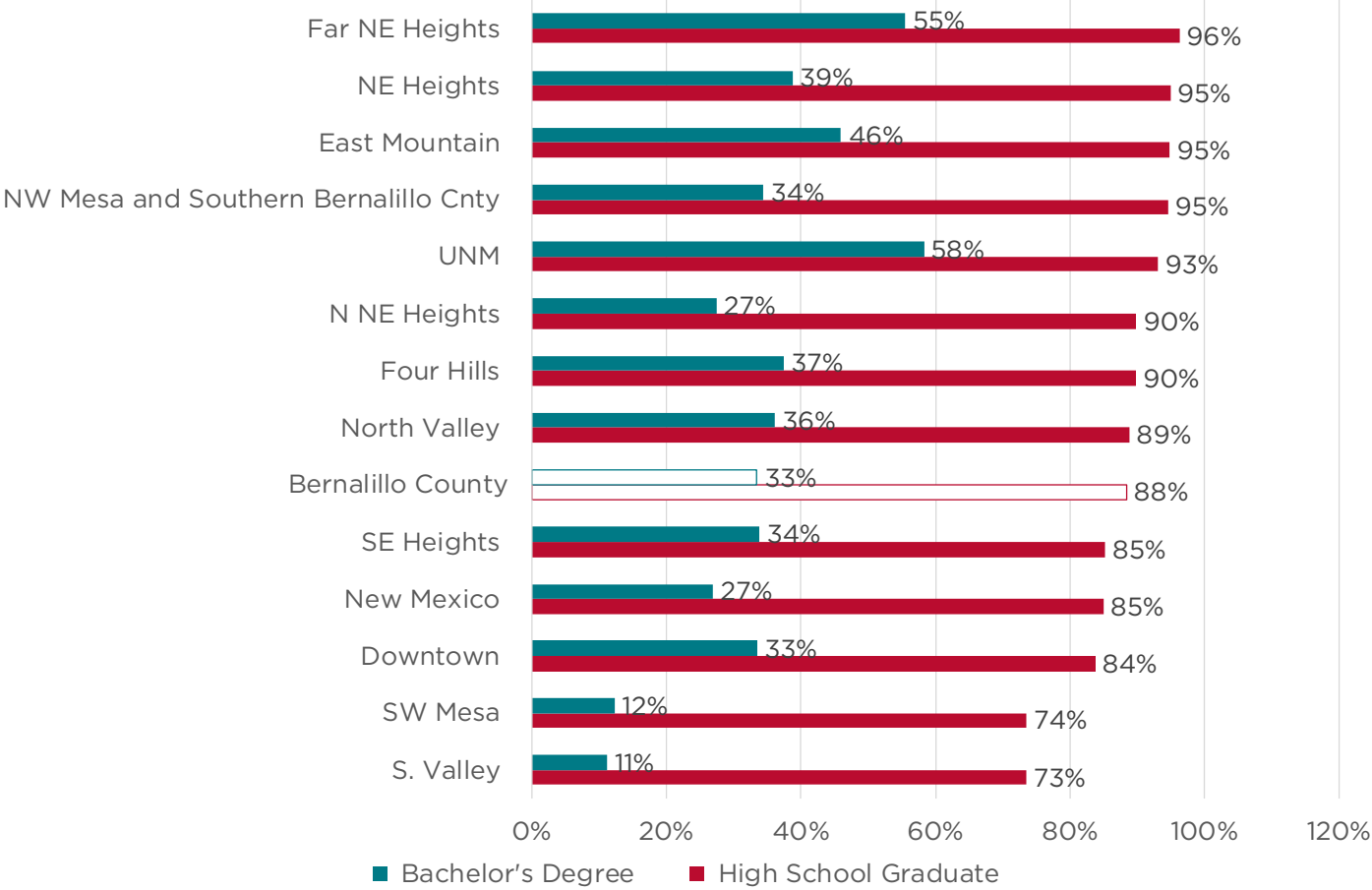
<sup>10</sup> Albuquerque Health Care for the Homeless. *Phase I Needs Assessment January 2014-June 2014*

## Educational Attainment

Higher levels of education are tied to better health outcomes in part because education decreases the chances of experiencing poverty. Higher levels of education improve the chances of being employed and higher education levels improve people's ability to communicate health needs, obtain and understand health information, move through the health care system and speak up for their health care rights and the rights of their family members. Figure 13 shows educational levels for New Mexico, Bernalillo County, and 12 neighborhoods

within Bernalillo County. Bernalillo County has a higher percentage of high school and college graduates than New Mexico overall. Four Bernalillo County neighborhoods have high school graduation rates of 95 percent or above and two - the Southwest Mesa and South Valley - have rates below 75 percent. Bernalillo County residents who lack a high school diploma are twice as likely as high school graduates to live in poverty and four times more likely than those with a bachelor's degree to be poor.

### Educational Attainment of Population 25 and older



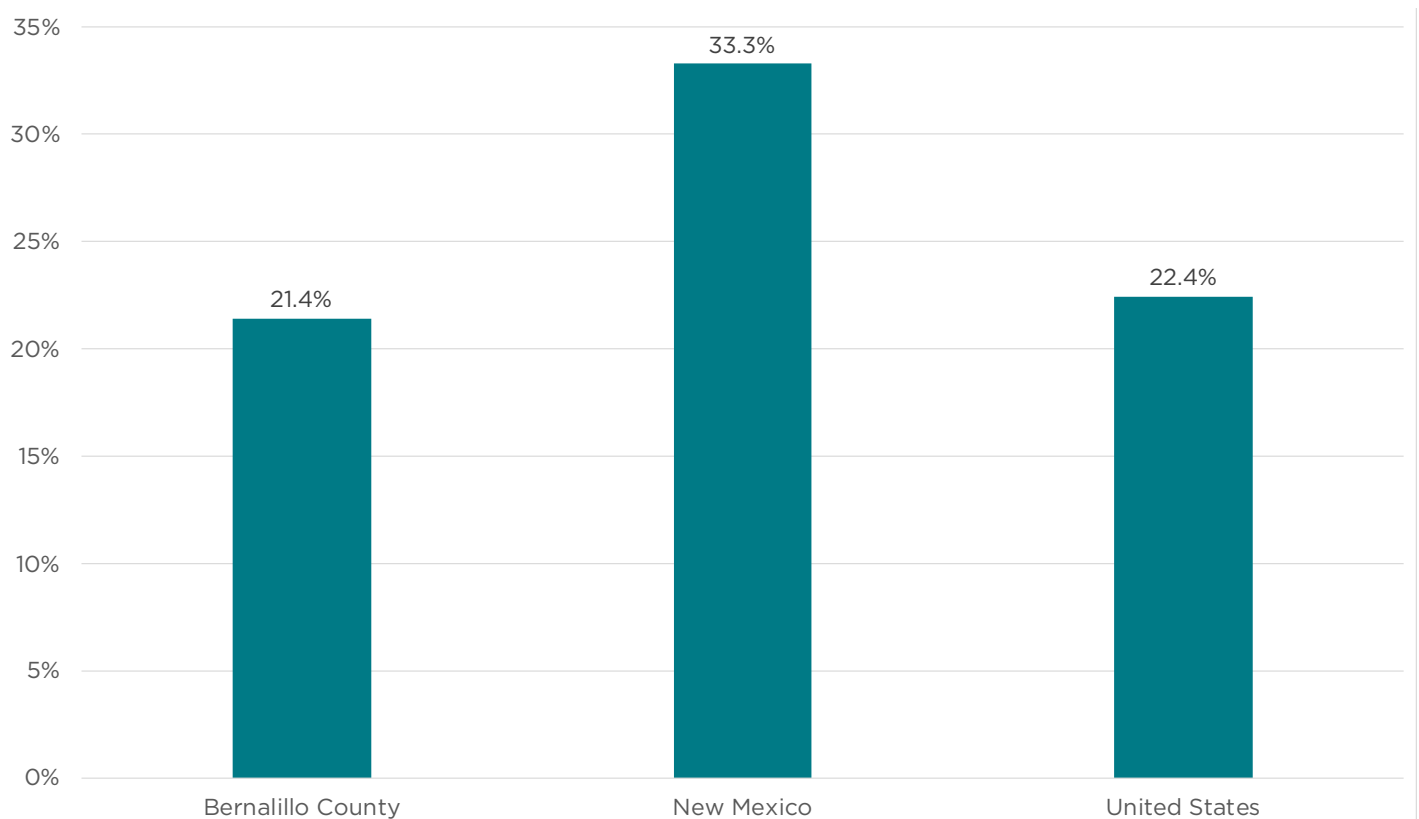
Source: Author tabulation of US Census American Community Survey 2017 5-Year Micro Sample

Figure 13

## Access to Healthy Food

A healthy diet is essential for overall well-being. It is also important to prevent chronic diseases and necessary for care if you have a chronic disease. Access to fresh, healthy food is critical to keeping a healthy diet. The shortage of supermarkets in low income neighborhoods and rural communities contributes to high rates of obesity and other diet-related diseases, like diabetes. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Twenty-one percent of county residents and one-third of New Mexicans have low access to healthy food.

**Percent of Population with Low Food Access**



Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015

Figure 14

Food insecurity means having limited or uncertain access to adequate, nourishing food. Food insecurity increases the risk of a variety of negative health outcomes including obesity, chronic disease, behavioral issues and developmental delays in children.<sup>12</sup>

Almost 15 percent of Bernalillo County residents experienced food insecurity at some point during the year.

<b>Food Insecurity</b>	
<b>Population</b>	<b>Food Insecurity Rate</b>
Bernalillo County	14.9%
New Mexico	15.5%
United States	12.6%

Source: Feeding America. <https://www.feedingamerica.org/hunger-in-america>

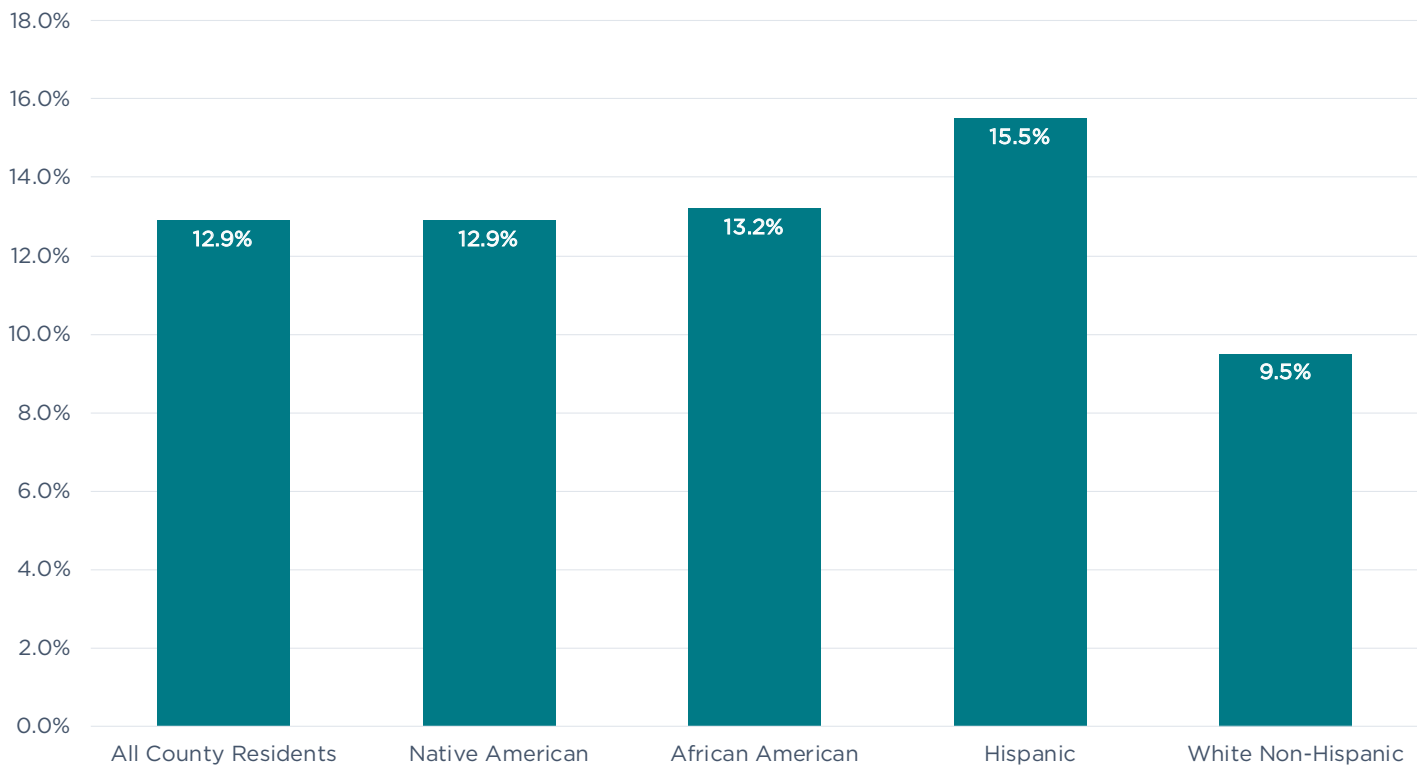
Table 3

<sup>12</sup> Healthy People 2020 [Internet]. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion [January 31, 2020]. Available from: <https://www.healthypeople.gov>.

## Access to Care

Many Bernalillo County residents face barriers to getting the health care they need. Not being able to get timely and appropriate health care puts them at risk of poor health outcomes and undermines quality of life. Barriers to care take numerous forms, some of which, like limited English proficiency, uncertain immigration status, and behavioral health conditions, are addressed elsewhere in this report. This section considers the impact that three common barriers - inadequate income, lack of health insurance and the scarcity of culturally aware practitioners - have on health and health care in Bernalillo County and New Mexico.

**Bernalillo County Adults Who Can't Afford Needed Health Care**



Source: Behavioral Risk Factor Surveillance System. Retrieved on January 2, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 15



Inability to afford health care is not just a problem of the poor and/or uninsured. Many working families and people with health coverage cannot afford the out-of-pocket costs of health care. Medical bills are currently the number one cause of personal bankruptcies in the US.<sup>13</sup> Thirteen percent of Bernalillo County adults report having been unable to get health care in the previous 12 months due to cost. Hispanic adults were more likely than other county residents to have difficulty affording health care (Figure 15).

<b>Health Insurance Coverage of Bernalillo County and New Mexico Residents</b>				
	<b>Bernalillo County</b>		<b>New Mexico</b>	
	<b>Number</b>	<b>Population</b>	<b>Number</b>	<b>Population</b>
No health insurance coverage	72,353	11%	256,162	12%
With health insurance coverage	595,488	89%	1,793,939	88%
Private health insurance	397,319	59%	1,121,442	55%
Public coverage	272,631	41%	921,057	45%

Source: US Census American Community Survey 2017 5-Year Public Use Micro Sample

Table 4

Health insurance coverage is a primary factor in a person’s ability to access health care. The insured get, on average, about 50 percent more health care than the uninsured.<sup>14</sup> The uninsured are more likely than those with coverage to go without preventive care and to delay or give up necessary medical treatments until they have no choice but to use the emergency room. In fact, it is estimated that approximately 250 New Mexico adults die prematurely every year due to lack of coverage.<sup>15</sup>

<sup>13</sup> David U. Himmelstein, Robert M. Lawless, Deborah Thorne, Pamela Foohey, and Steffie Woolhandler, 2019: Medical Bankruptcy: Still Common Despite the Affordable Care Act. American Journal of Public Health 109, 431\_433, <https://doi.org/10.2105/AJPH.2018.304901>

<sup>14</sup> Kaiser Family Foundation. Key Facts About the Uninsured. December 2019. Retrieved from: <https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/>

<sup>15</sup> Bailey, K. The Deadly Consequences of Being Uninsured. 2012. Families USA. Retrieved from: <https://familiesusa.org/wp-content/uploads/2019/09/Dying-for-Coverage.pdf>

The expansion of access to affordable health coverage brought about by the Affordable Care Act dramatically reduced the percentage of New Mexicans who lack insurance; but it did not get rid of the problem entirely. 11 percent of county residents and 12 percent of New Mexicans have no health insurance coverage (Table 4).

Most of New Mexico's uninsured are low income, and many are unable to pay their medical bills. The cost of providing health care to uninsured New Mexicans is absorbed, in large part, by the other New Mexico residents in the form of higher costs for health insurance and health care as well as higher state and local taxes.

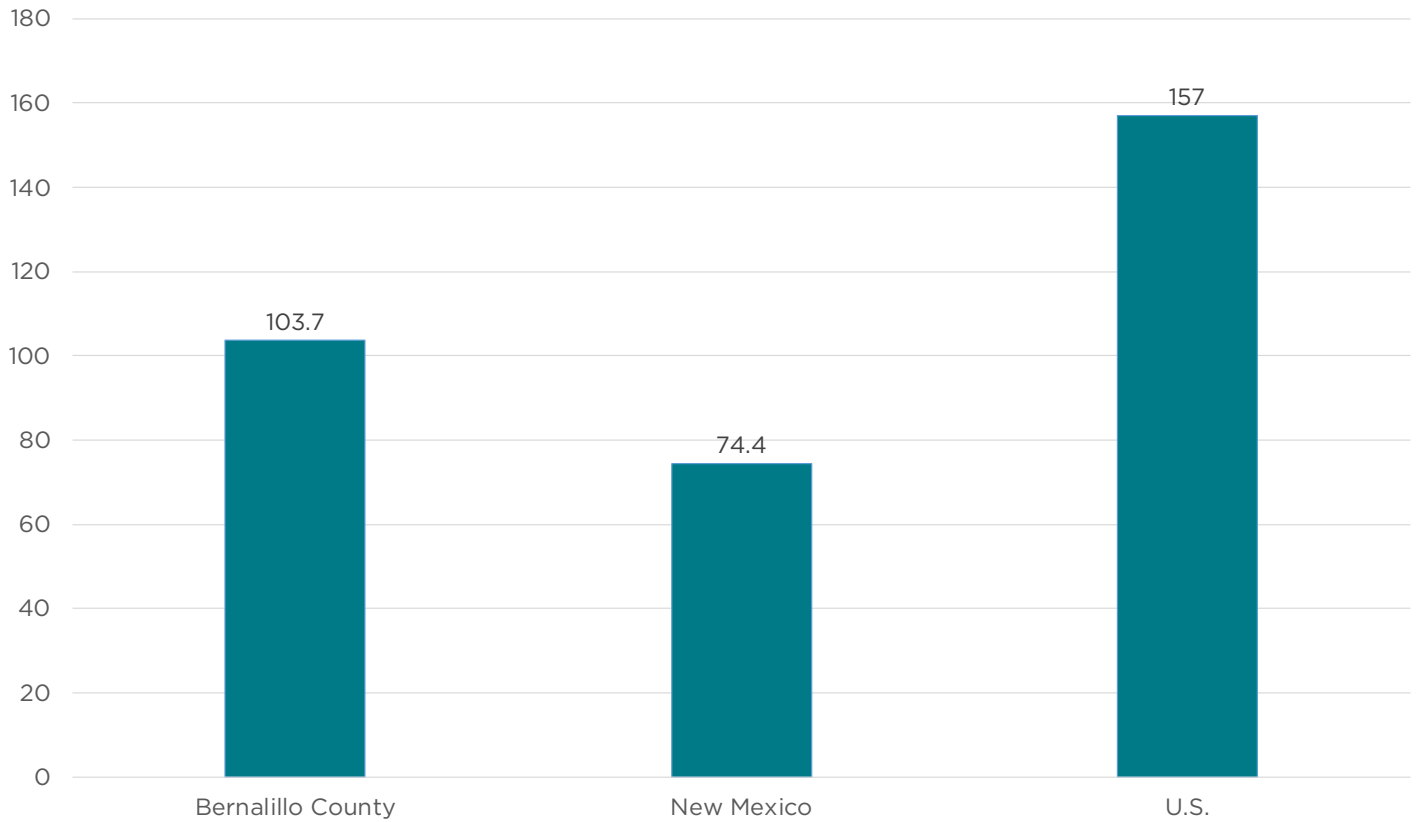
The availability of health care practitioners also impacts access to care. Primary care providers (PCPs) - doctors, advanced

practice nurses, and physician assistants - play a critical role in the prevention and management of disease and serve as most patients' first point of contact with the health care system. Sixty-nine percent of adults in Bernalillo County and New Mexico have a primary care provider.<sup>16</sup>

The ratio of primary care physicians to county residents is an important measure of access to care (Figure 16). In 2014, there were about 104 primary care physicians for every 100,000 Bernalillo County residents. Nationally, there were about 157 primary care physicians for every 100,000 US residents. Primary care services like coordination between health care providers and effective communication with patients are essential to efficient health service delivery.

<sup>16</sup> 2016-2018 age-adjusted. Source: New Mexico Behavioral Risk Factor Surveillance System

### Primary Care Physicians, Number per 100,000 Pop.



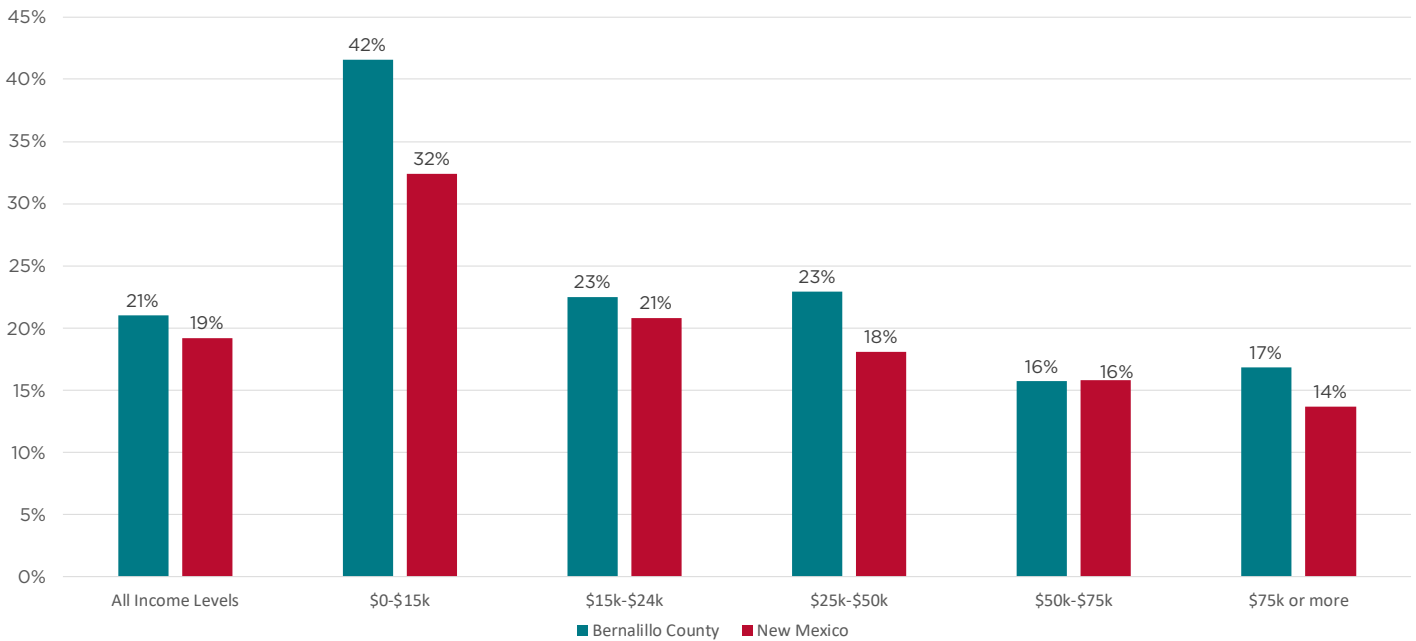
Source: US Department of Health and Human Services, Health Resources and Services Administration, Area Health Resource File.

Figure 16

## Behavioral Health

Behavioral health is a blanket term that includes mental health promotion and treatment, marriage and family counseling, and substance use treatment as well as support for patients who experience or are in recovery from one or more behavioral health conditions. It is not uncommon for patients to have more than one behavioral health condition at the same time. Individuals who have both mental illness and substance use disorder are at especially high risk for poor health outcomes.

**Adults Diagnosed with Depression by Income Level**

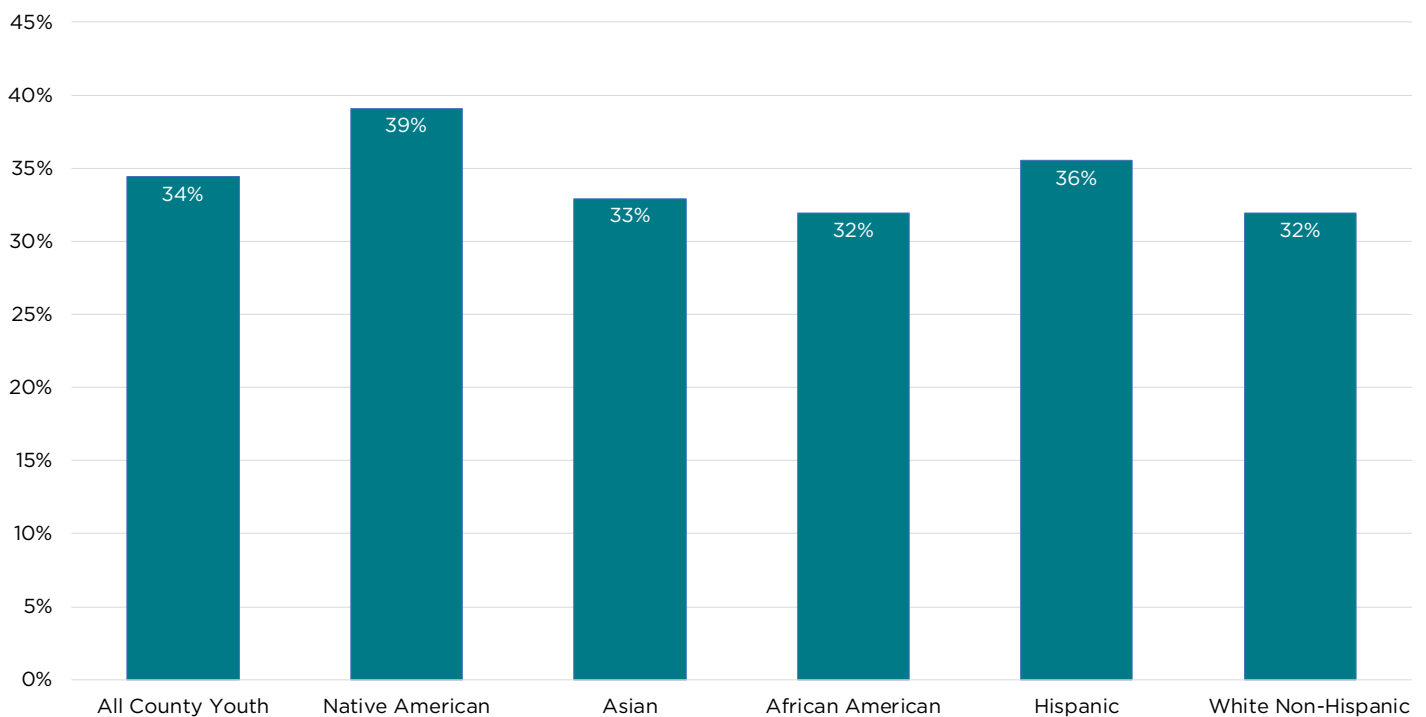


Source: New Mexico Behavioral Risk Factor Surveillance System. Retrieved on February 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 17

Behavioral health issues impact people from every walk of life. Timely and appropriate behavioral health services and access to social and community support is critical to managing behavioral health conditions. For many New Mexicans, access to behavioral health resources is limited by factors like income, geography, and social isolation. Poverty and other SDoH are also stressors in their own right that can make behavioral health conditions worse. Based on these challenges, it is not uncommon for members of lower income households to feel a sense of helplessness often leading to depression (Figure 18).

**Bernalillo County Youth, Feelings of Sadness or Hopelessness, 2013-2017**

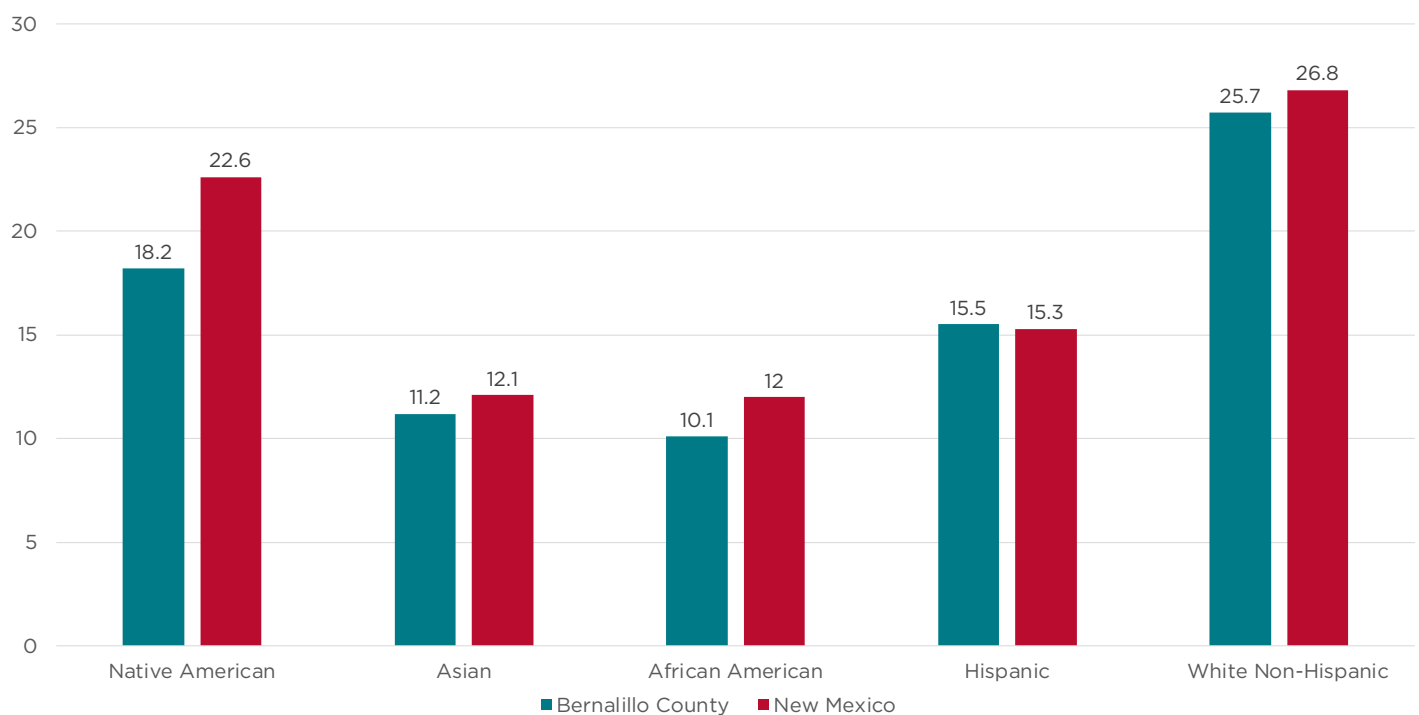


Source: New Mexico Behavioral Risk Factor Surveillance System. Retrieved on February 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 18

Social Determinants of Health, like poverty and domestic instability, also contribute to feelings of sadness and hopelessness among youth. Substance use and addiction can add on to the behavioral health challenges experienced by youth. Many New Mexico communities, particularly those in rural and tribal areas, lack the resources and social services to meet the behavioral health needs of their youth.

### Suicide Death Rate, Bernalillo County and NM, 2008-2018



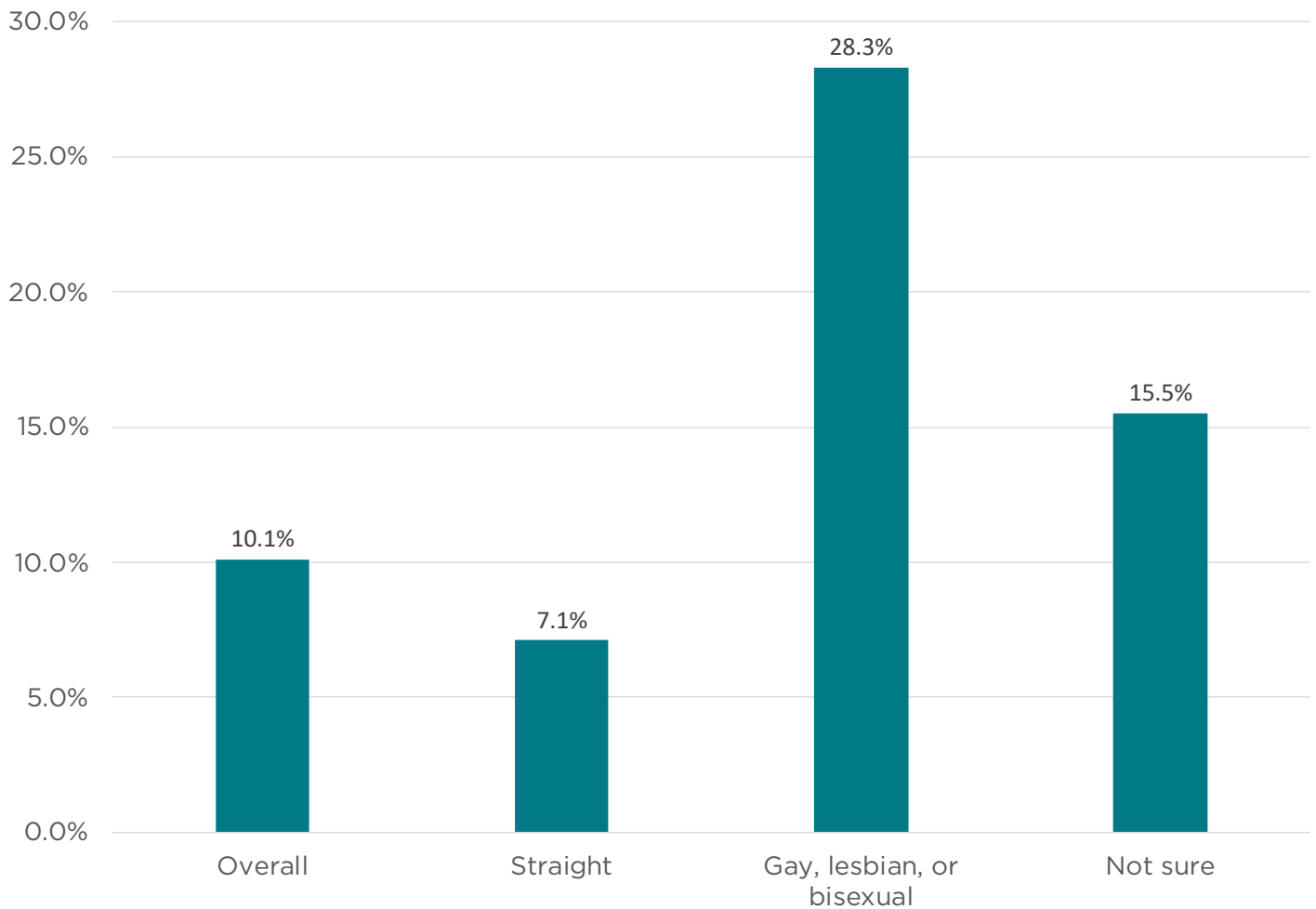
Source: Suicide Deaths by County. Retrieved on October 25, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 19

The suicide rates in Bernalillo County (20.4 deaths per 100,000) and New Mexico (21.3 deaths per 100,000) are quite a bit higher than the national average of 13.5 deaths per 100,000 and speak to the lack of mental health resources in many communities. New Mexico’s elevated levels of drug and alcohol use coupled with the impact of adverse childhood experiences, lack of social service support and higher poverty rates contribute to the feelings of depression and hopelessness that can lead to suicide.

Suicide rates also demonstrate racial and ethnic disparities. Native American and White non-Hispanic residents of both Bernalillo County and New Mexico have significantly higher suicide mortality than other racial and ethnic groups.

### Youth Suicide Attempts by Sexual Orientation

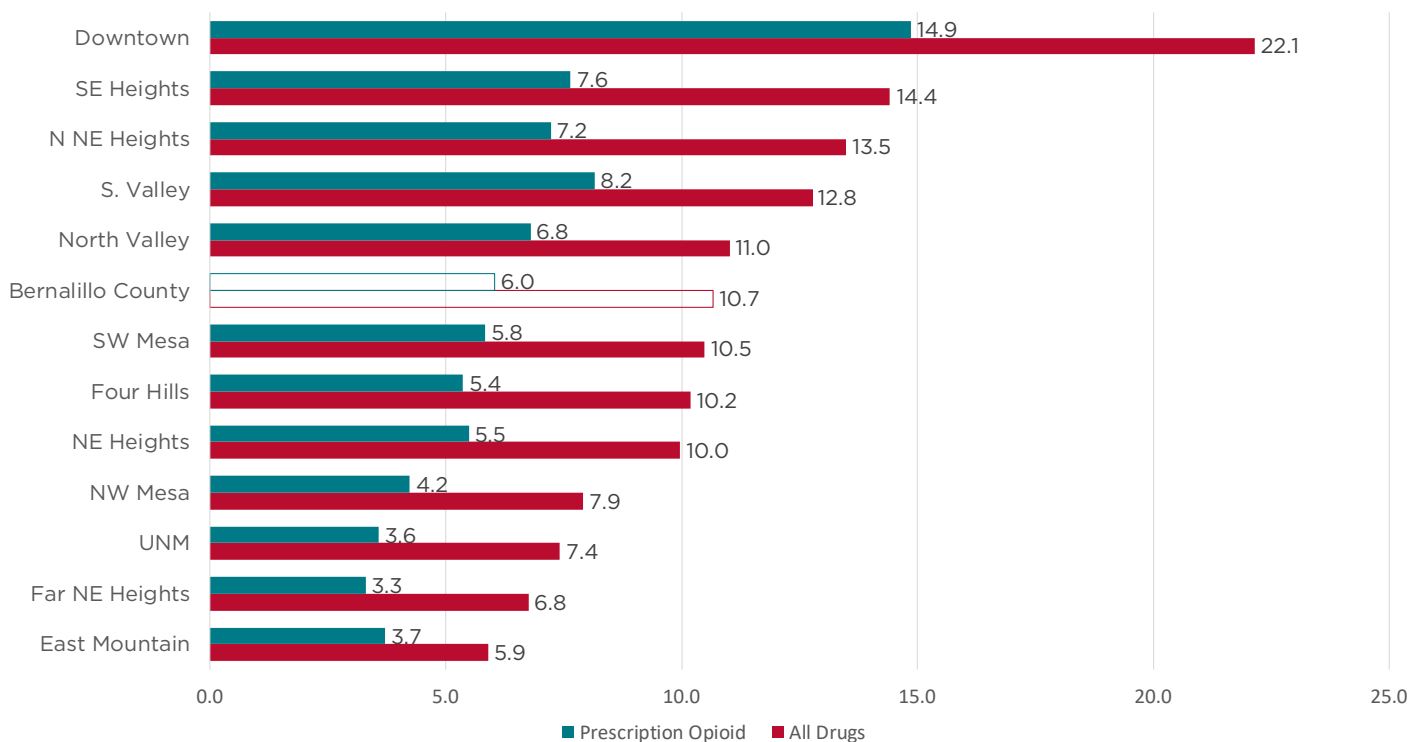


Source: Suicide Deaths by County. Retrieved on October 25, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 20

LGBTQ youth face many barriers that may lead to attempted suicide including unstable housing, being bullied, sexual exploitation, and drug use. Suicide rates among LGBTQ youth are more than double those of other groups. This alarming statistic speaks to the need for increased access to culturally-aware behavioral health services for LGBTQ youth.

### ED Visits for Drug Overdose, Age-Adjusted Rate per 10,000, 2011-2015



Notes: Numbers and rates per 10,000 for emergency room visits by age group with diagnoses of prescription opioid overdose, by New Mexico Small Area over the 57 month period Jan 2011 to Sep 2015. Total visits = 6092 (1015.3 per year). Updated 4/8/19. Source: Custom tabulation of data from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 21

<sup>17</sup> Marcus SC, Olfson M. National trends in the treatment for depression from 1998 to 2007. Arch Gen Psychiatry. 2010;67(12):1265-1273



Behavioral health disorders are leading causes of disability, lost productivity, and health care spending in the United States.<sup>17</sup> Individuals with mental illness and/or substance use disorders have worse health outcomes, use more health services, and die younger than the general population.<sup>18</sup> They also account for a larger share of health care costs than might be expected.<sup>19</sup>

Between 2013 and 2017, 902 Bernalillo County residents died from drug overdoses.<sup>20</sup> During that period, Bernalillo County's rate of death due to drug overdose (26.3 deaths per 100,000 residents) was the state's 15th highest. The rate of overdose-related visits to hospital emergency rooms is several times the overdose death rate.<sup>21</sup> Figure 21 shows rates of drug overdose ED visits by Bernalillo County neighborhood

and type of drug. New Mexico is among the states hit especially hard by the opioid epidemic with increased overdose from prescription opioids as well as heroin. Increasing the availability of Narcan to prevent overdose fatalities has been a large statewide initiative. New Mexico has also seen a return of methamphetamine use, driven by relatively low costs and easy access.

Bernalillo County has roughly 2,970 mental health practitioners, or about one practitioner per 230 county residents.<sup>22</sup> While this ratio is slightly lower than that of New Mexico (one practitioner per 260 residents), significant service gaps exist and the need for behavioral health services is much larger than the available supply.

<sup>18</sup> de Oliveira C, Cheng J, Vigod S, Rehm J, Kurdyak. (2016) Patients With High Mental Health Costs Incur Over 30 Percent More Costs Than Other High-Cost Patients. *P.Health Aff (Millwood)*. Jan;35(1):36-43

<sup>19</sup> Clarke RM, Jeffrey J, Grossman M, Strouse T, Gitlin M, Skootsky SA. (2016) Delivering On Accountable Care: Lessons From A Behavioral Health Program To Improve Access And Outcomes. *Health Aff (Millwood)*. 2016 Aug 1;35(8):1487-93

<sup>20</sup> New Mexico Department of Health. *New Mexico Substance Use Epidemiology Profile, 2018*

<sup>21</sup> Bernalillo County Community Health Council Opioid Accountability Initiative 2017-2018 Impact Report. Retrieved from: <http://www.bchealthcouncil.org/resources/Documents/OAI%20Impact%20Report%20-%202018.pdf>

<sup>22</sup> Source: University of Wisconsin Population Health Institute, *County Health Rankings, 2018*  
Mental health providers are defined as psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and mental health providers that treat alcohol and other drug abuse, as well as advanced practice nurses specializing in mental health care.

## Seniors

Almost 94,000 residents of Bernalillo County are age 65 or older. Seniors currently make up roughly 14 percent of the county's non-institutionalized population but this percentage is expected to rise dramatically in the coming years as increasing numbers of baby-boomers and Gen-Xers reach age 65. By 2040, Bernalillo County's senior population is expected to more than double. Growth in the absolute and relative number of senior citizens will greatly increase demand for health care services.

27 percent of Bernalillo County households include at least one person over 65. Over 40 percent of these households, over 29,000 people, are seniors living alone (Table 5).

People over age 65 who live alone are at risk for social isolation and may have limited access to supportive services or help in emergency situations. As a result, lone

seniors often lose their independence or enter assisted living or other institutional forms of care earlier than seniors who live with someone else. Because they live longer, on average, than men, older women are more likely than older men to live alone.

Falls are the leading cause of unintentional injury death among the elderly.<sup>23</sup> Even when falls are non-fatal, they can necessitate long hospital stays and produce long-term complications that undermine independence and decrease well-being (Figure 22).

Most falls in the elderly result from the interaction of multiple risk factors. As many as half are at least partly caused by environmental risk factors.<sup>25</sup> The majority of falls occur at home.<sup>26</sup> Reducing household hazards like loose carpets and exposed appliance cords can help prevent falls.

<sup>23</sup> Burns E, Kakara R. Deaths from Falls Among Persons Aged  $\geq 65$  Years — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:509–514

<sup>24</sup> Bergen G, Stevens MR, Burns ER. Falls and Fall Injuries Among Adults Aged  $\geq 65$  Years — United States, 2014. *MMWR Morb Mortal Wkly Rep* 2016;65:993–998

<sup>25</sup> Dionyssiotis Y. Analyzing the problem of falls among older people. *Int J Gen Med*. 2012;5:805–813. doi:10.2147/IJGM.S32651

<sup>26</sup> National Council for Aging Care. Fact Sheet Falls: The Biggest Threat to Senior Health and Safety. Retrieved from: <https://www.aging.com/falls-fact-sheet/>

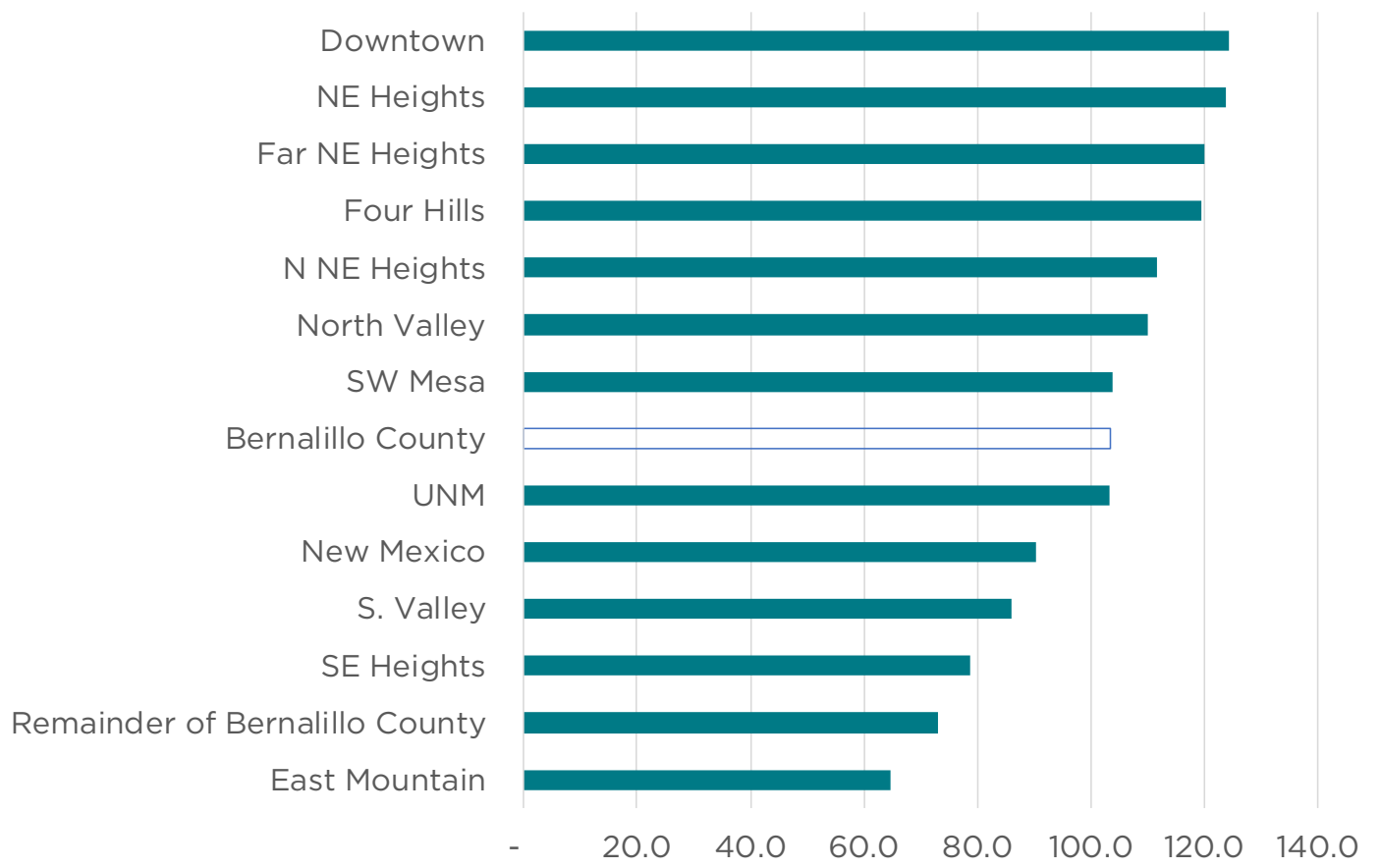
## Senior Households in New Mexico and Bernalillo County

	<b>Households with Seniors</b>	<b>Percent of HH with Seniors</b>	<b>Seniors Living Alone</b>
Bernalillo County	70,856	27%	29,344
New Mexico	231,889	30%	90,827

Source: US Census American Community Survey 2017 5-Year Sample

Table 5

### Fall Death Rate per 100,000 Seniors



Source: New Mexico Bureau of Vital Records and Health Statistics, New Mexico Department of Health Retrieved on October 30, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 22

Vaccines are critical to disease prevention and one of the most effective and efficient ways to protect public health. The CDC recommends that all adults 65 years or older be vaccinated against pneumococcal disease. Seventy three percent of Bernalillo County seniors have been vaccinated for pneumonia, a rate that exceeds that of New Mexico and the US overall.

<b>Percentage of Seniors Who Have Ever Received A Pneumonia Vaccine</b>	
Bernalillo County	73.3%
New Mexico	68.2%
United States	67.5%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health and Human Services, Health Indicators Warehouse

Table 6

## Maternal and Infant Health

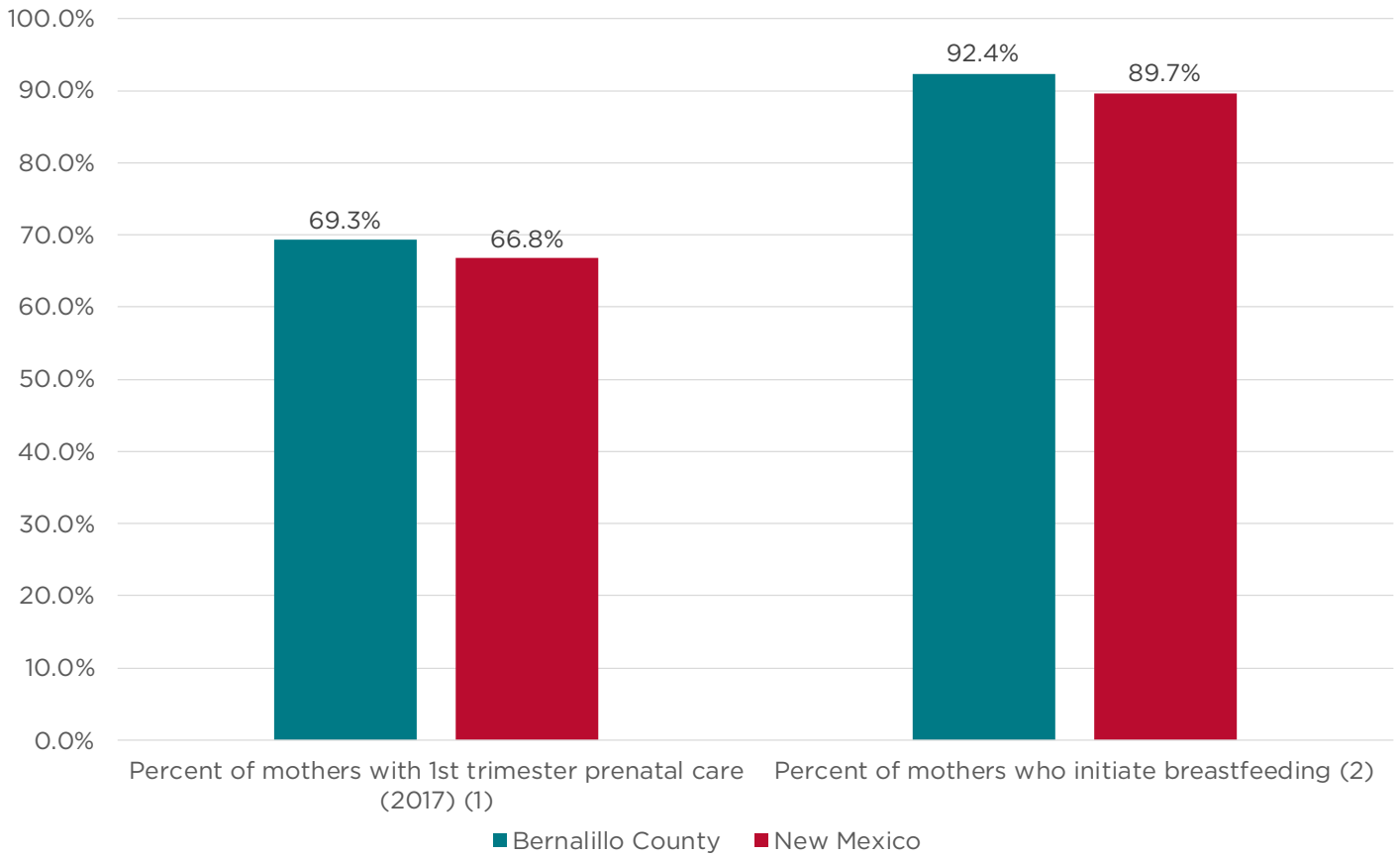
Roughly 7,000 babies are born in Bernalillo County each year. Regular prenatal care beginning in the first trimester reduces the risk of pregnancy-related complications for the mother and infant and increases a woman's chances of having a healthy, full term baby.

The first twelve weeks, or trimester, is one of the most critical periods of pregnancy. Prenatal care that begins in the first trimester is important because it helps to identify medical problems and risk factors early, helps to establish healthy habits, and connects parents with support

and educational resources that can benefit them throughout pregnancy. The benefits of early prenatal care are greatest for women at risk for poor birth outcomes including low income women and teenagers. Just over two-thirds of mothers in Bernalillo County and New Mexico receive prenatal care in the first trimester.

Breastfeeding protects babies against a variety of diseases and conditions by providing them with the ideal balance of nutrients, enzymes, immunoglobulin, anti-infective and anti-inflammatory substances, hormones, and growth factors (Figure 23).

## Maternal and Infant Health

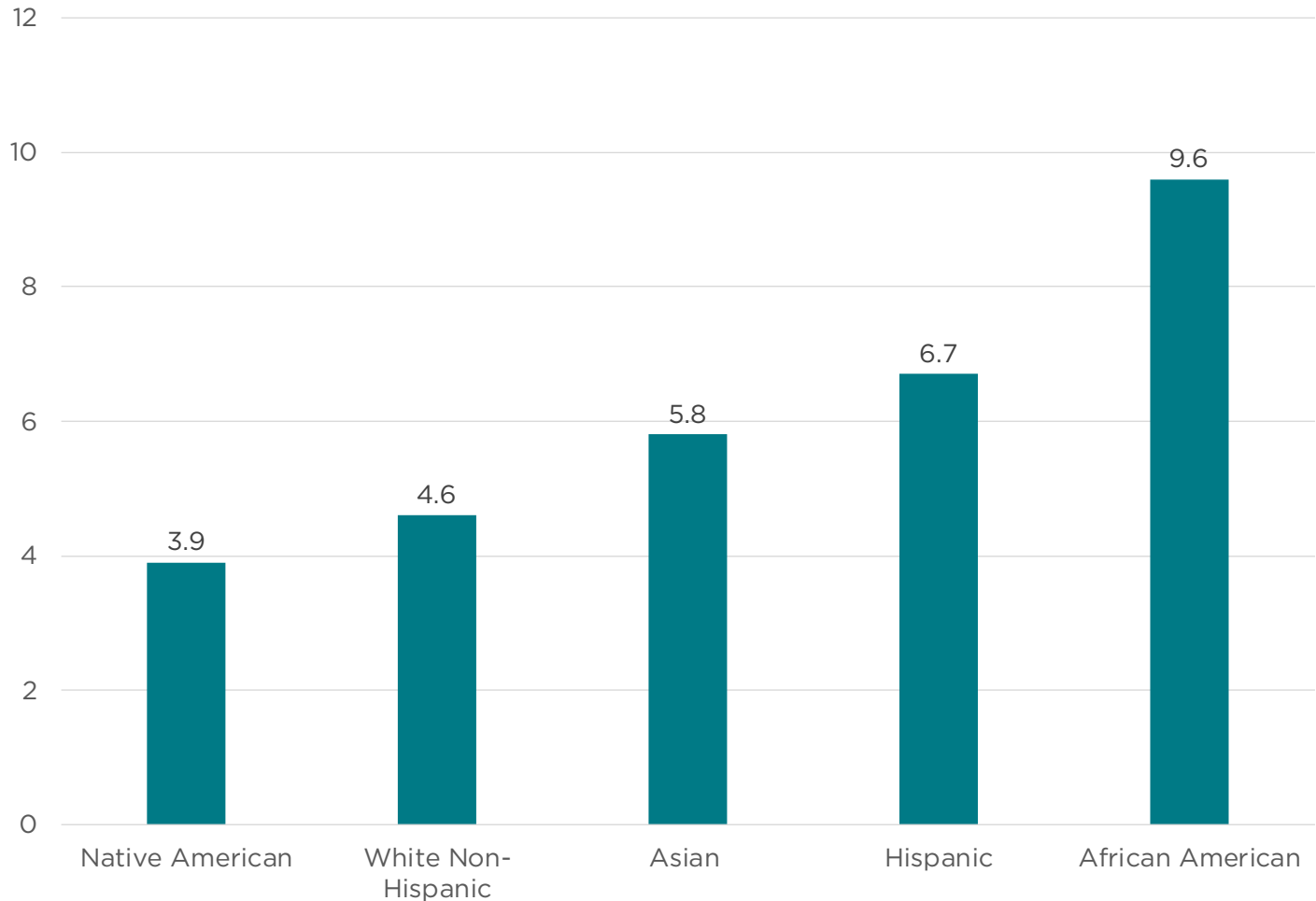


Source: New Mexico Behavioral Risk Factor Surveillance System. Retrieved on February 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 23

Infant mortality, the death of infants under one year of age, is one of the most frequently used measures of population health. The infant death rate for African American residents of Bernalillo County is over twice that of Native American and White non-Hispanic residents (Figure 24). Congenital malformations, chromosomal abnormalities, disorders related to short gestation and low birth weight, and sudden infant death syndrome are leading causes of death in the post-neonatal period.

**Bernalillo County Infant Deaths per 1,000 Births, 2013-2018**



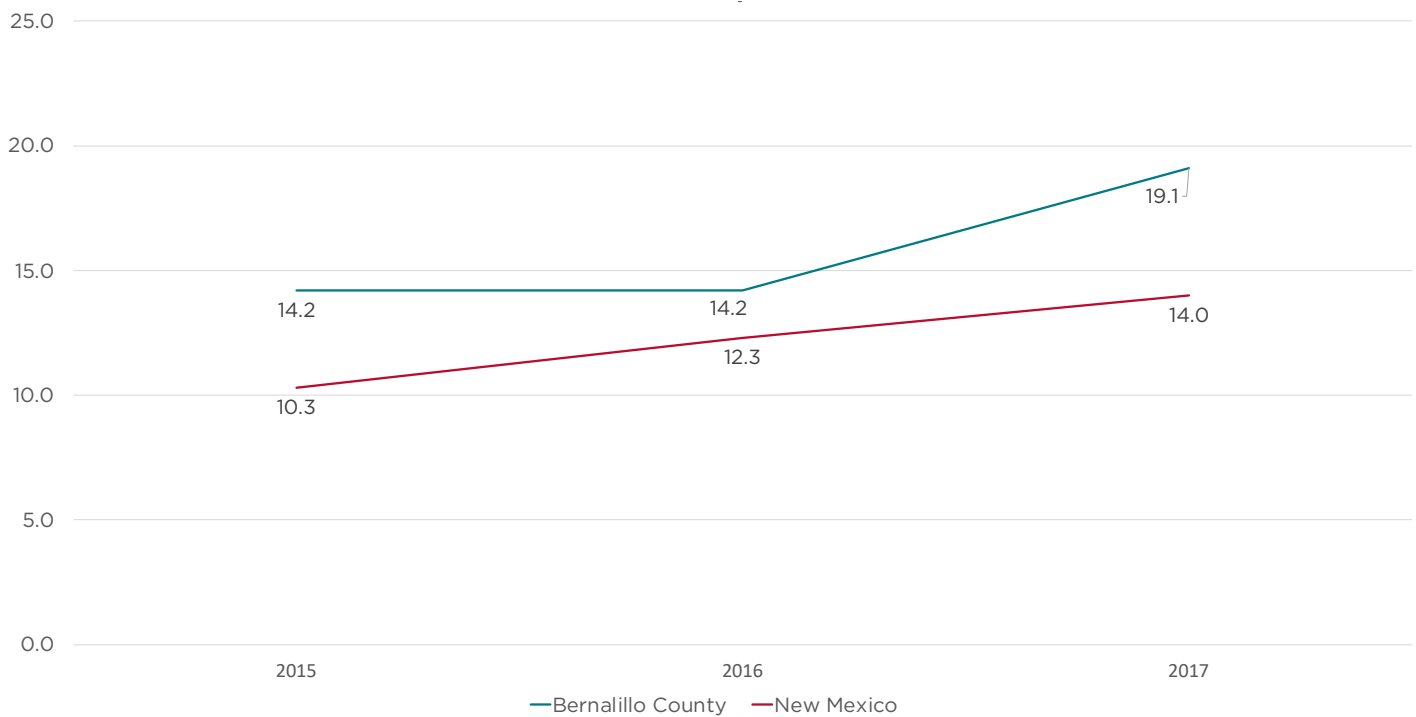
Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health Retrieved on October 25, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 24



Neonatal abstinence syndrome (NAS) is a group of temporary withdrawal symptoms including irritability, seizures, vomiting, diarrhea, fever, and poor feeding that happen in newborns who have been exposed during pregnancy to opioid drugs like heroin, oxycodone (Oxycontin), and methadone. The number of babies born dependent on drugs in New Mexico more than tripled between 2008 and 2017, paralleling the increase in opioid misuse observed both locally and nationwide. The Albuquerque metro area accounts for 55 percent of NAS cases in New Mexico.<sup>27</sup>

### Neonatal Abstinence Syndrome Rates, 2015-2017



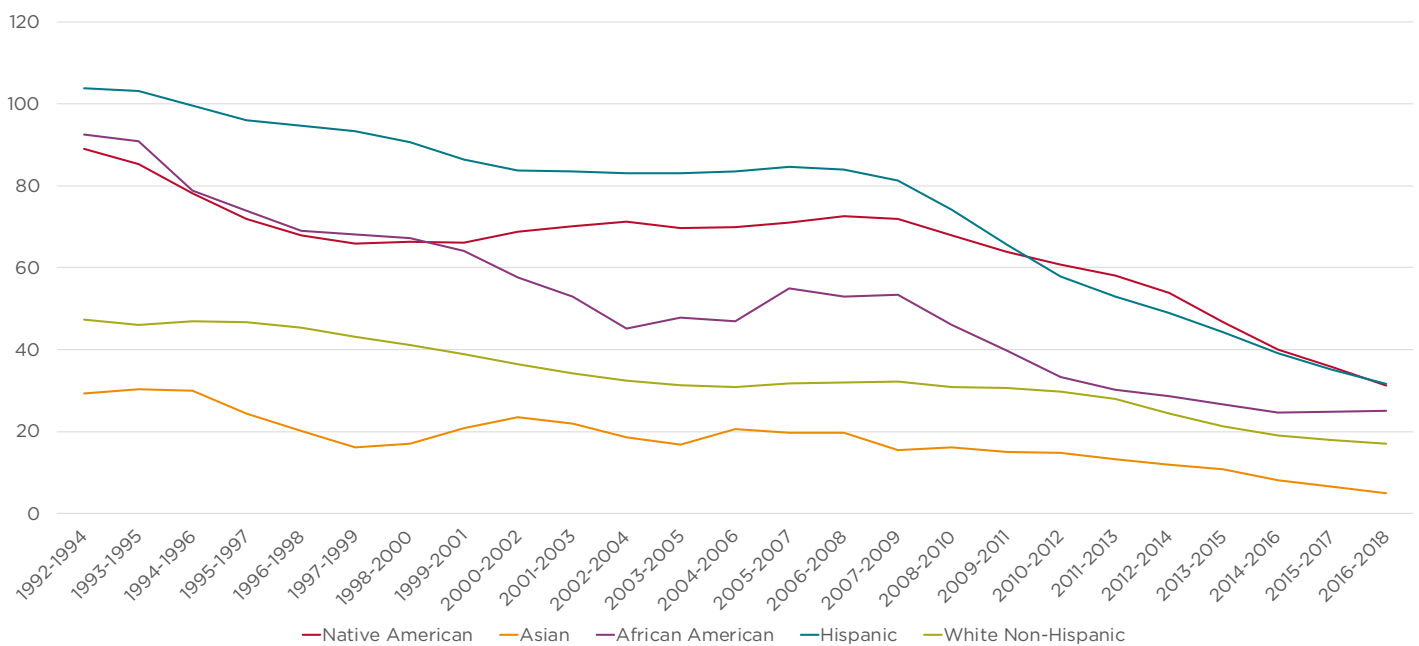
Source: New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 25

<sup>27</sup> Saavedra, L.G. "Neonatal Abstinence Syndrome Surveillance in New Mexico." The New Mexico Epidemiology Report. New Mexico Department of Health November 30, 2018. 2018:10. Retrieved from: <https://nmhealth.org/data/view/report/2194/>

Bernalillo County’s teen birth rate of 18.8 births per 1,000 girls ages 15 through 19 is lower than the statewide average (25.2 births/1,000). Over the last two decades, teen birth rate has become dramatically smaller for all racial and ethnic groups in Bernalillo County (Figure 26). Increased access to and awareness of sexual health information and birth control are among the factors contributing to the decline, which has also been observed at the state and national levels.

**Bernalillo County Adolescent Births per 1,000, Girls Age 15-19**



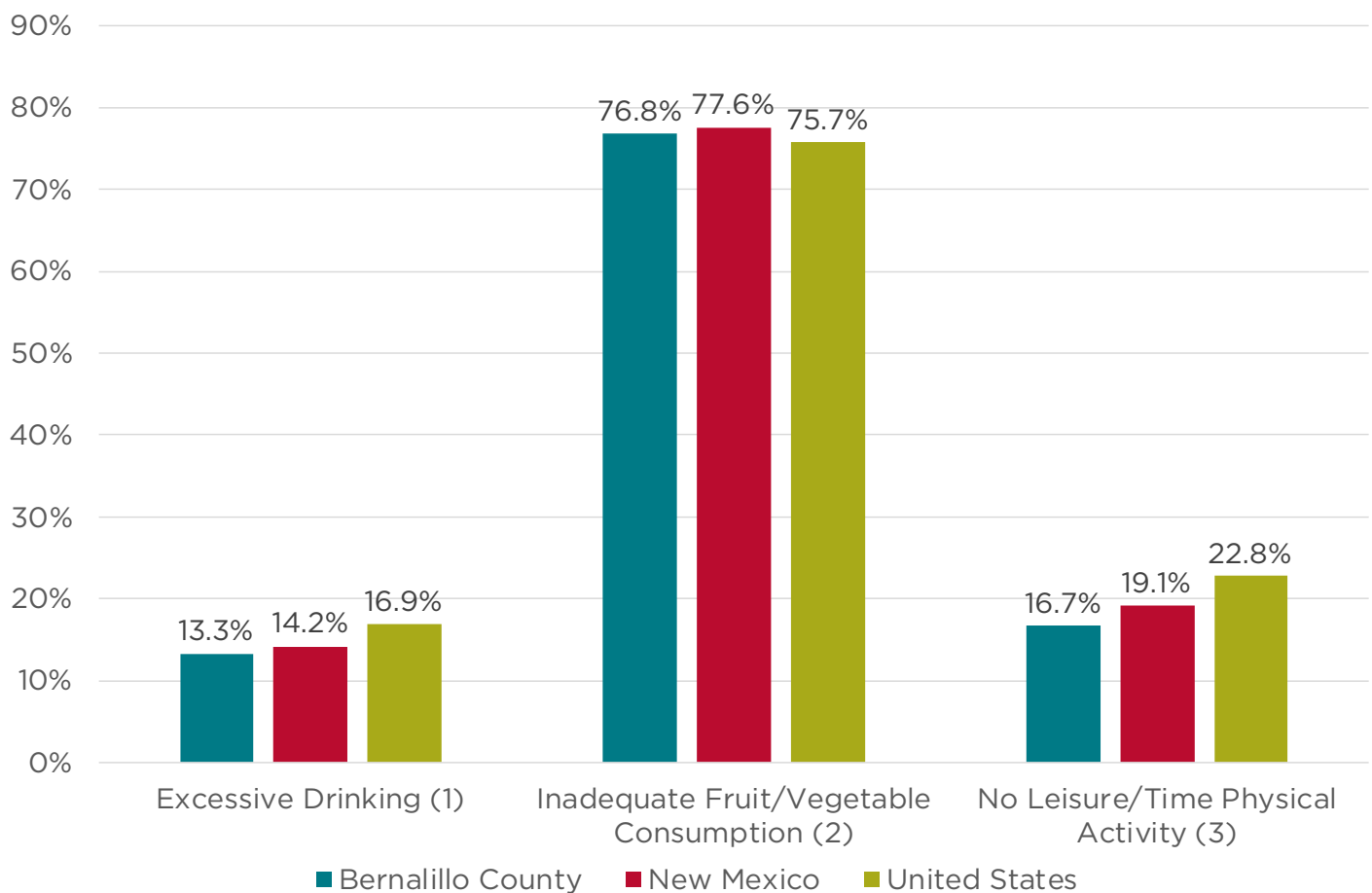
Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2016

Figure 26

## Adult Health Behaviors and Risk Factors

Most injury and disease is preventable, or at least manageable, through behavior changes, early discovery, improved diet, and exercise. Lack of physical activity and poor nutrition are associated with obesity, diabetes, and poor cardiovascular health. Drinking too much alcohol is associated with serious health issues that include injuries, cirrhosis, cancers, and untreated mental health conditions. Adults in Bernalillo County and New Mexico have lower rates of high alcohol consumption and are less inactive, on average, than US adults overall (Figure 27).

**Adult Health Behavior and Risk Factors**



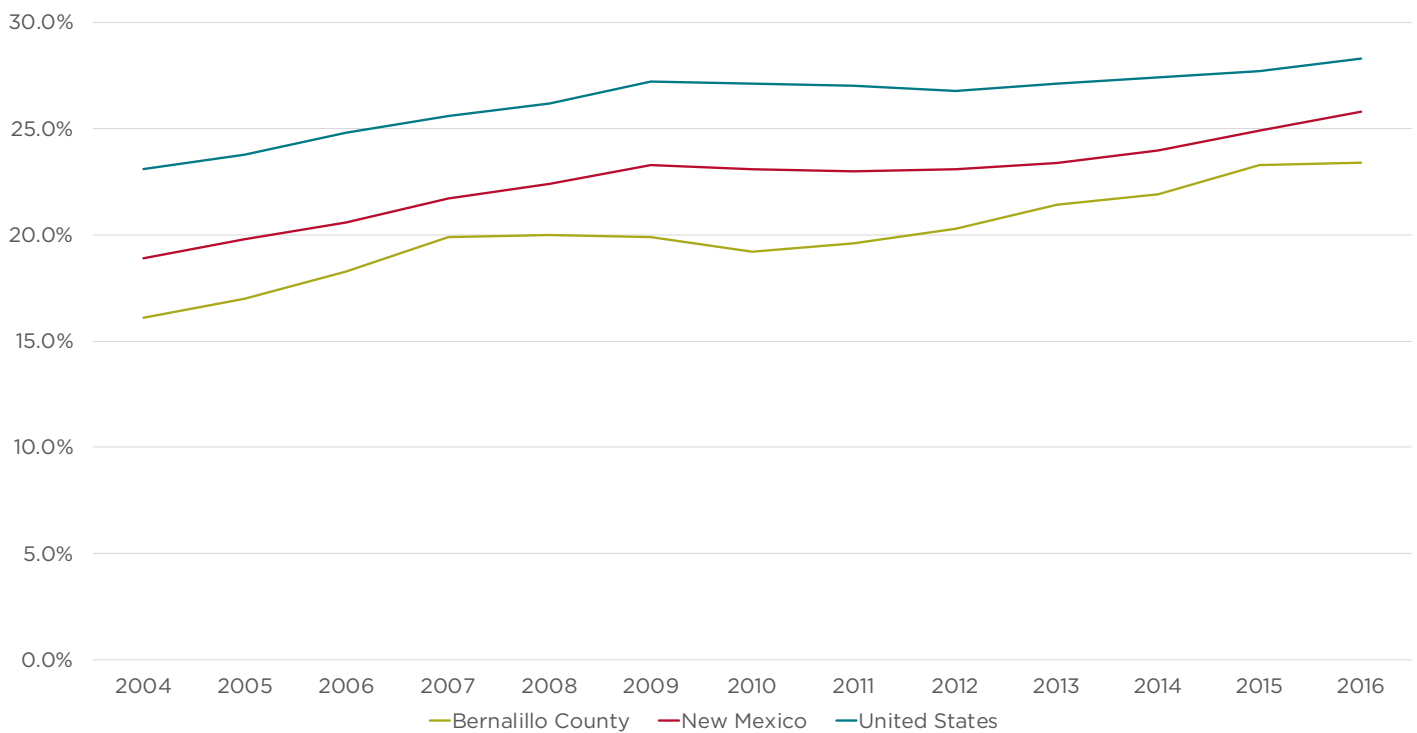
(1) Two or more drinks per day on average for men and one or more drinks per day on average for women (2) Less than 5 servings of fruits and vegetables daily (3) No physical activities or exercises outside of work

Source: Center for Applied Research and Engagement Systems (CARES) at the University of Missouri

Figure 27

Adult obesity (being overweight) has tended to increase in Bernalillo County and across the country over the past two decades. Obesity increases the risk of numerous diseases including cancer, heart disease, stroke and Type 2 Diabetes. It is second only to smoking as the leading cause of preventable death in the United States. The percentage of Bernalillo County adults who are obese increased from 16 percent in 2004 to over 23 percent in 2016 (Figure 28).

**Adult Obesity Rates, 2004 - 2016**



Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on October 25, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 28

Smoking continues to be the leading preventable cause of death in the US and worldwide.<sup>28</sup> Nevertheless, 8 percent of Bernalillo County women and 10 percent of Bernalillo County men are daily smokers. (Figure 29)

### Cigarette Smoking by Bernalillo County Adults

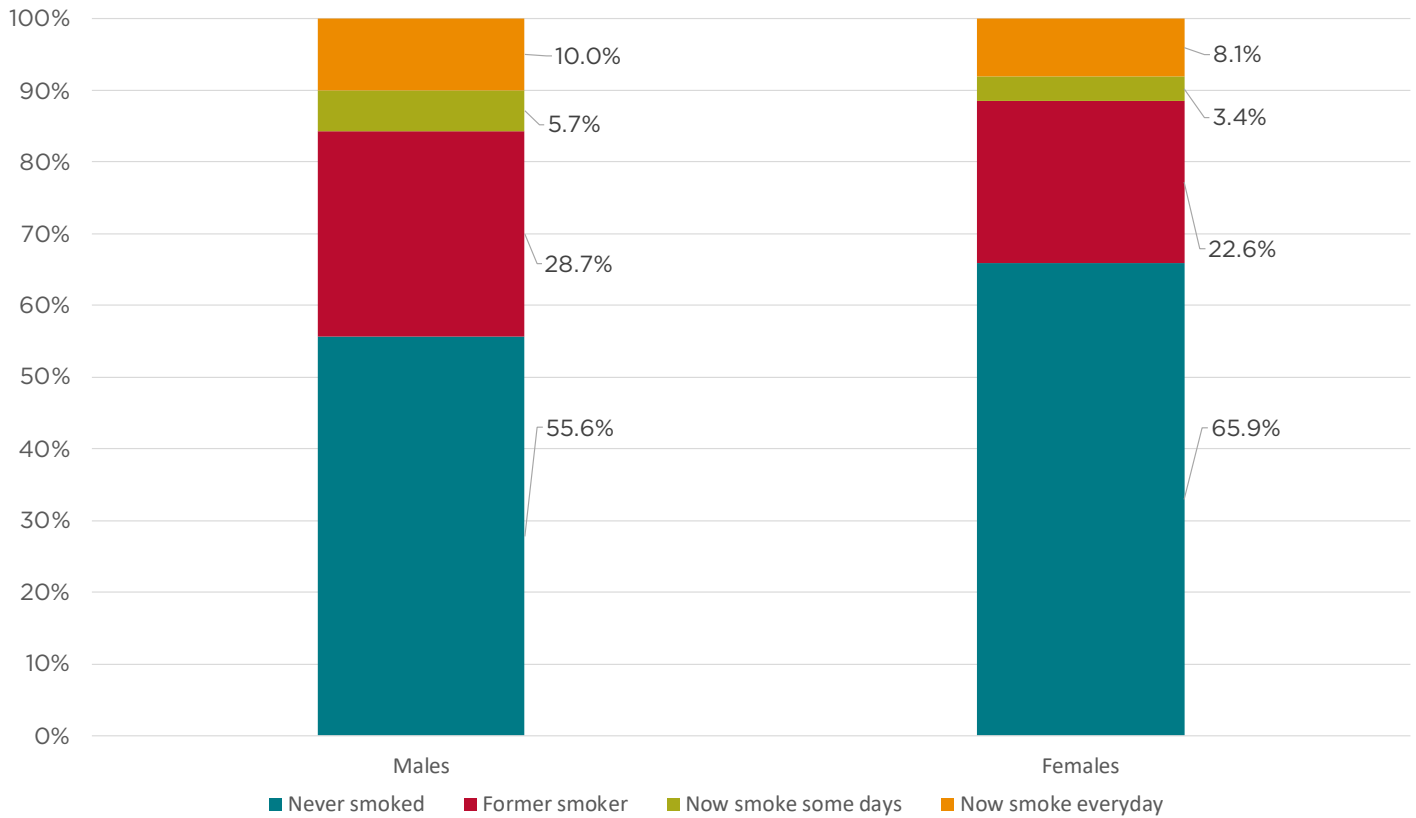


Figure 29

<sup>28</sup> Centers for Disease Control and Prevention. Retrieved from: [https://www.cdc.gov/tobacco/data\\_statistics/fact\\_sheets/fast\\_facts/index.htm](https://www.cdc.gov/tobacco/data_statistics/fact_sheets/fast_facts/index.htm)

## Youth Health Behaviors and Risk Factors

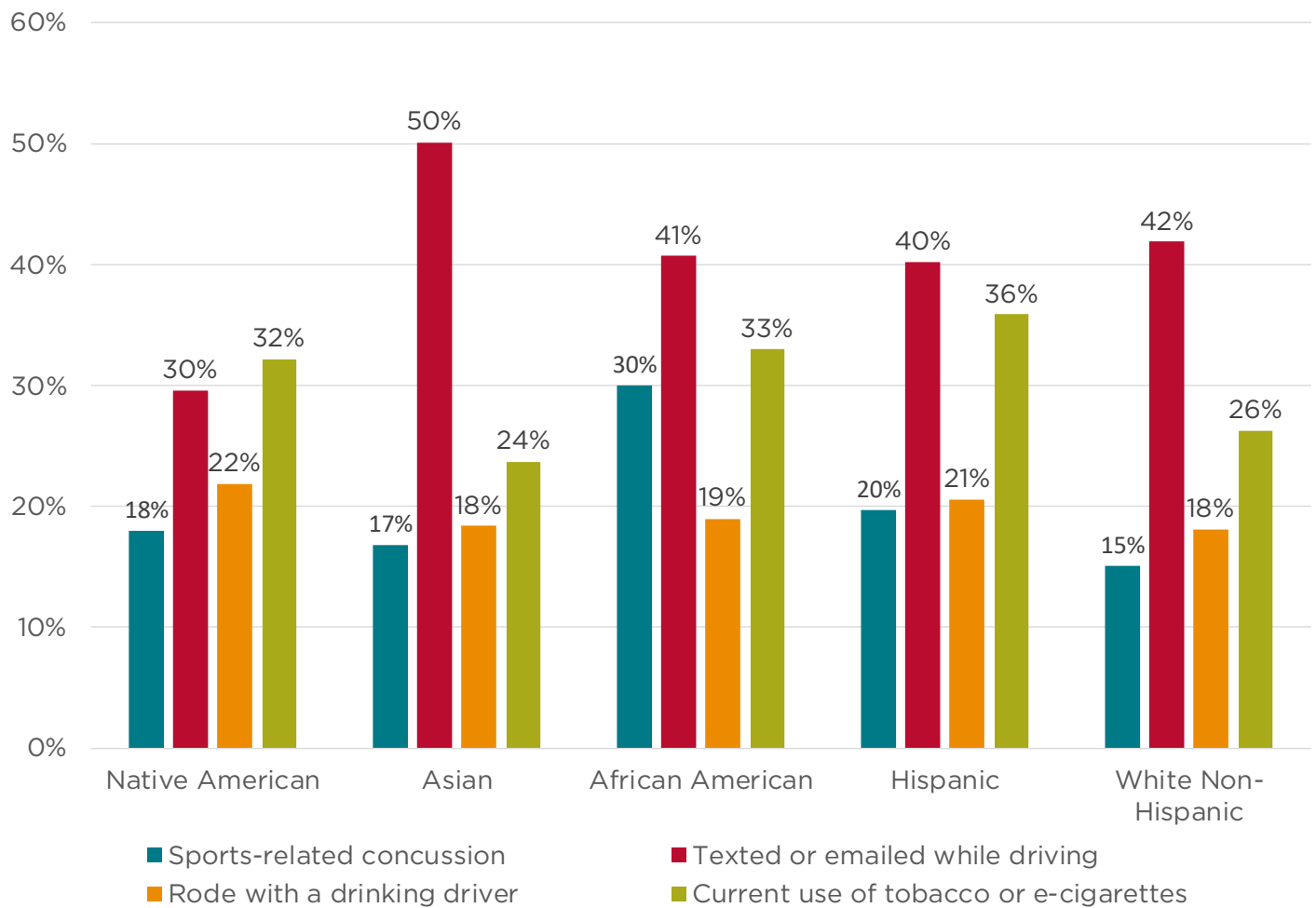
13 percent of Bernalillo County residents are between the ages of 10 and 19. The behavior patterns that are set during adolescence and young adulthood impact both current and long-term health and influence the risk for developing chronic diseases during adulthood. Preventing risky health behaviors like smoking and binge drinking from starting, and encouraging the development of healthy habits during youth can have lifelong health benefits.

Adolescence is a developmental period marked by quick physical and emotional change. For many, it is also a time of experimentation and reckless behavior. The effects can last a lifetime. Sixteen percent of Bernalillo County youth say they have used prescription drugs without a prescription and 3.5 percent say they have tried heroin.<sup>29</sup> Figure 30 shows some additional risk factors experienced by Bernalillo County youth.

<sup>29</sup> Youth Risk and Resiliency Survey Retrieved on October 30, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Unintentional injuries, suicide, and homicide are the three leading causes of death among adolescents. The most common causes of unintentional injuries are vehicle crashes, violence, falls and sports. Injuries are also the top cause of nonfatal morbidity (states of un-wellness) among youth.

### Bernalillo County Youth Risk Factors



Source: Youth Risk and Resiliency Survey. Retrieved on October 28, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 30



## Chronic Disease

Chronic diseases are diseases that are long term. They cannot be spread from person to person, and are rarely cured completely. Seven of the nine leading causes of death in Bernalillo County – cancer, heart disease, lower respiratory disease, diabetes, Alzheimer’s disease, stroke and liver disease – are chronic diseases.

Some chronic diseases are unavoidable, but most result from the complex interplay between multiple factors including lack of physical activity, poor diet, smoking and/or

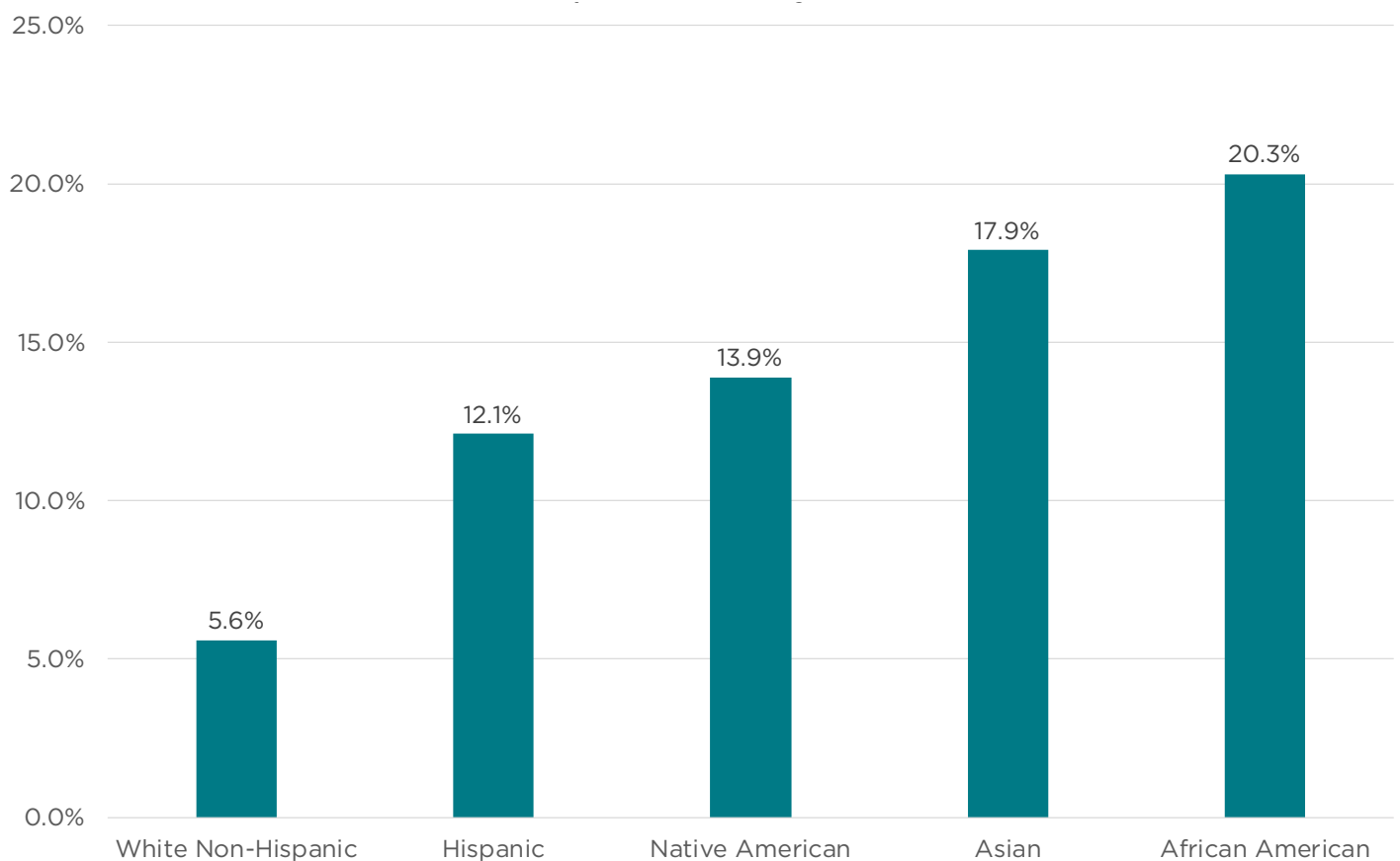
drinking alcohol. Chronic diseases often set in motion other health problems or make them worse.

As people age their chance of having more than one chronic disease increases. Twenty eight percent of Bernalillo County adults and 31 percent of New Mexico adults age 45 and over have been diagnosed with two or more chronic diseases. Multiple chronic conditions tend to be more common in communities and individuals with more risk factors and adverse social determinants of health.

## DIABETES

Just over 9 percent of Bernalillo County adults have been diagnosed with diabetes (Figure 31). Diabetes can make life shorter and increase the risk of heart disease. It is the leading cause of kidney failure, surgical removal of the foot or leg, and blindness that happens to adults.

**Bernalillo County Adults Who Have Been Diagnosed with Diabetes, 2014 - 2018**



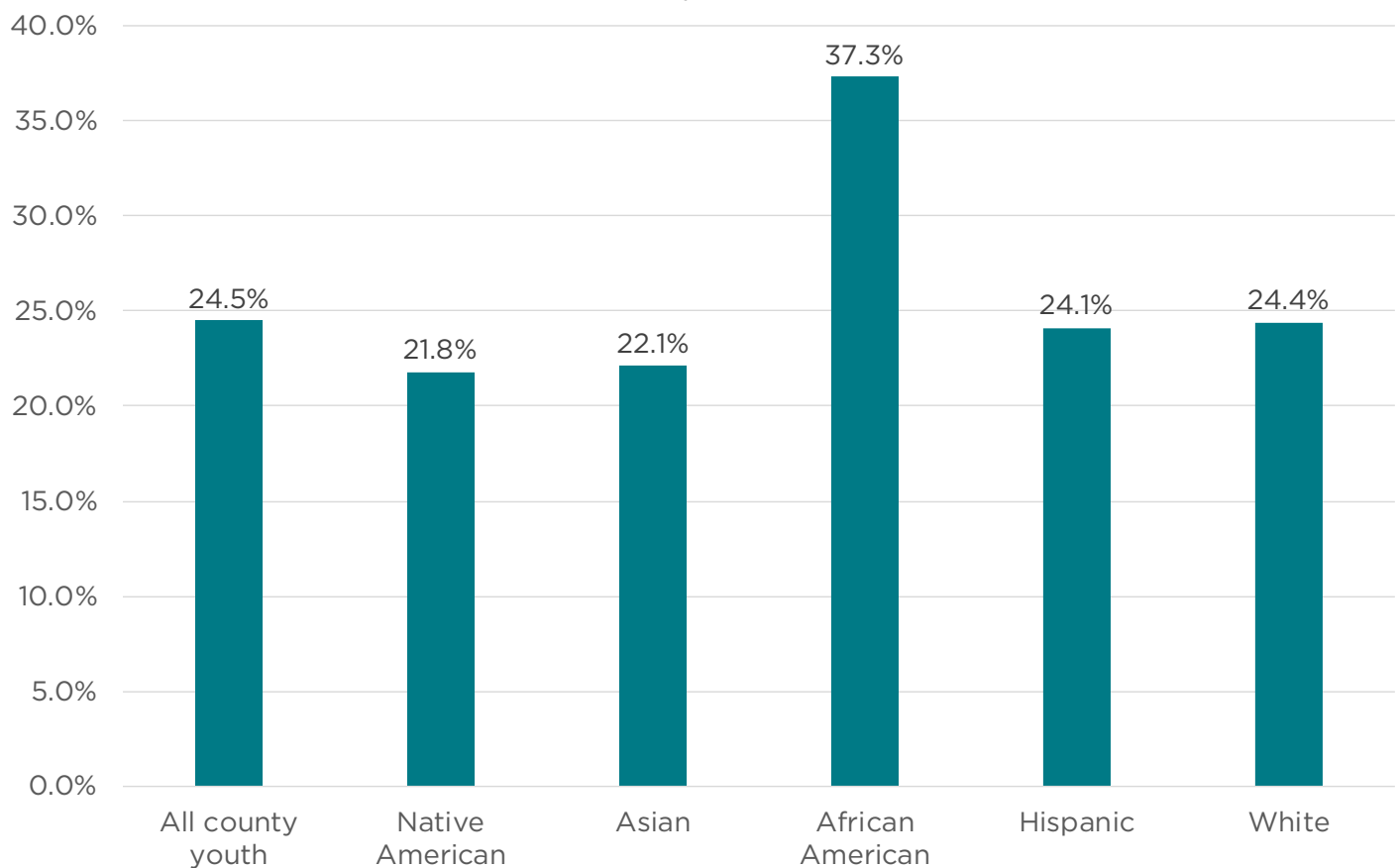
Source: New Mexico Behavioral Risk Factor Surveillance System, New Mexico Department of Health. Retrieved on October 30, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 31

## ASTHMA

15 percent of county adults and almost one-in-four county youth have been diagnosed with asthma at some point. Asthma is a chronic condition in which the airways become inflamed, causing coughing, wheezing and shortness of breath. Asthma can usually be managed with good primary health care, the right medicines, and lifestyle changes that help asthma patients avoid the situations and substances that trigger their attacks.

### Bernalillo County Youth With Asthma



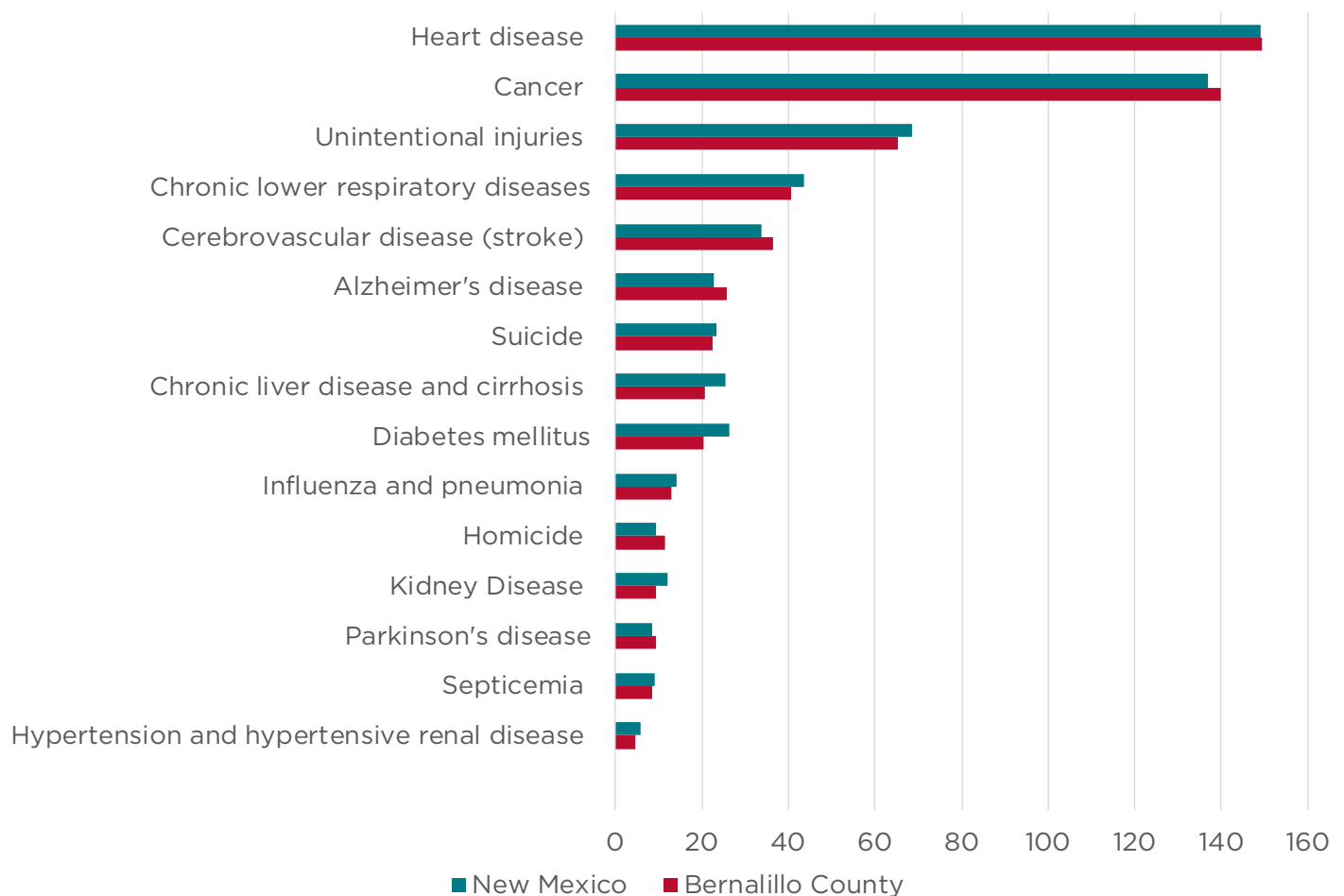
Source: New Mexico Youth Risk and Resiliency Survey. New Mexico Department of Health. Retrieved on October 29, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 32

## Leading Causes of Death

Tracking the leading causes of death helps policymakers understand the impact of deaths from a certain cause so they can spread out public health resources in the most effective way. The leading causes of death in New Mexico and Bernalillo County are heart disease, cancer, and unintentional injury.

**15 Leading Causes of Death in Bernalillo County and NM, 2017**



Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health. Retrieved on December 1, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 33

## HEART DISEASE

Heart disease is the leading cause of death in Bernalillo County, New Mexico, and the US. Heart disease is related to high blood pressure, high cholesterol, and heart attacks. Three percent of Bernalillo County adults (about 15,000 county residents), 4 percent of New Mexico adults, and 4.4 percent of US adults have been told by a doctor that they have coronary heart disease or angina.<sup>30</sup>

## CANCER

Cancer is a collection of related diseases, all of which involve the uncontrolled division of cells that are not normal. Cancer is the second leading cause of death in Bernalillo County, New Mexico and the US. Risk factors for cancer can include: older age, tobacco use, environmental exposure to carcinogens, genetics and family history, and conditions/diseases like a weak immune system, diabetes, and human papillomavirus (HPV) infection.

Breast cancer is the most commonly diagnosed cancer among women in New Mexico and the second leading cause of cancer deaths. The (age-adjusted) incidence of breast cancer in Bernalillo County (126 per 100,000) is roughly comparable to that in New Mexico and the U.S. overall.<sup>31</sup>

<sup>30</sup> Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System.

<sup>31</sup> National Institutes of Health. State Cancer Profiles. 2012-16. Retrieved from: <https://statecancerprofiles.cancer.gov>

Lung cancer is one of the most common and deadliest cancers. African Americans are at higher risk for lung cancer even though they smoke less, on average, than white Americans (Table 7).<sup>32</sup> Male smokers are 23 times more likely to develop lung cancer than men who have never smoked and women who smoke are 13 times more likely than never-smokers to develop cancer.

<b>Lung Cancer Incidence Rate (Per 100,000 Pop.) by Race / Ethnicity</b>					
	<b>African American</b>	<b>White, Non-Hispanic</b>	<b>Hispanic</b>	<b>Asian</b>	<b>Native American</b>
Bernalillo County	47.2	38.4	33.3	27.7	16.6
New Mexico	46.4	41.4	32.2	28.3	13.2
United States	60.9	60.1	30.2	34.4	42.6

Source: National Institutes of Health. State Cancer Profiles. 2012-16. Retrieved from: <https://statecancerprofiles.cancer.gov>

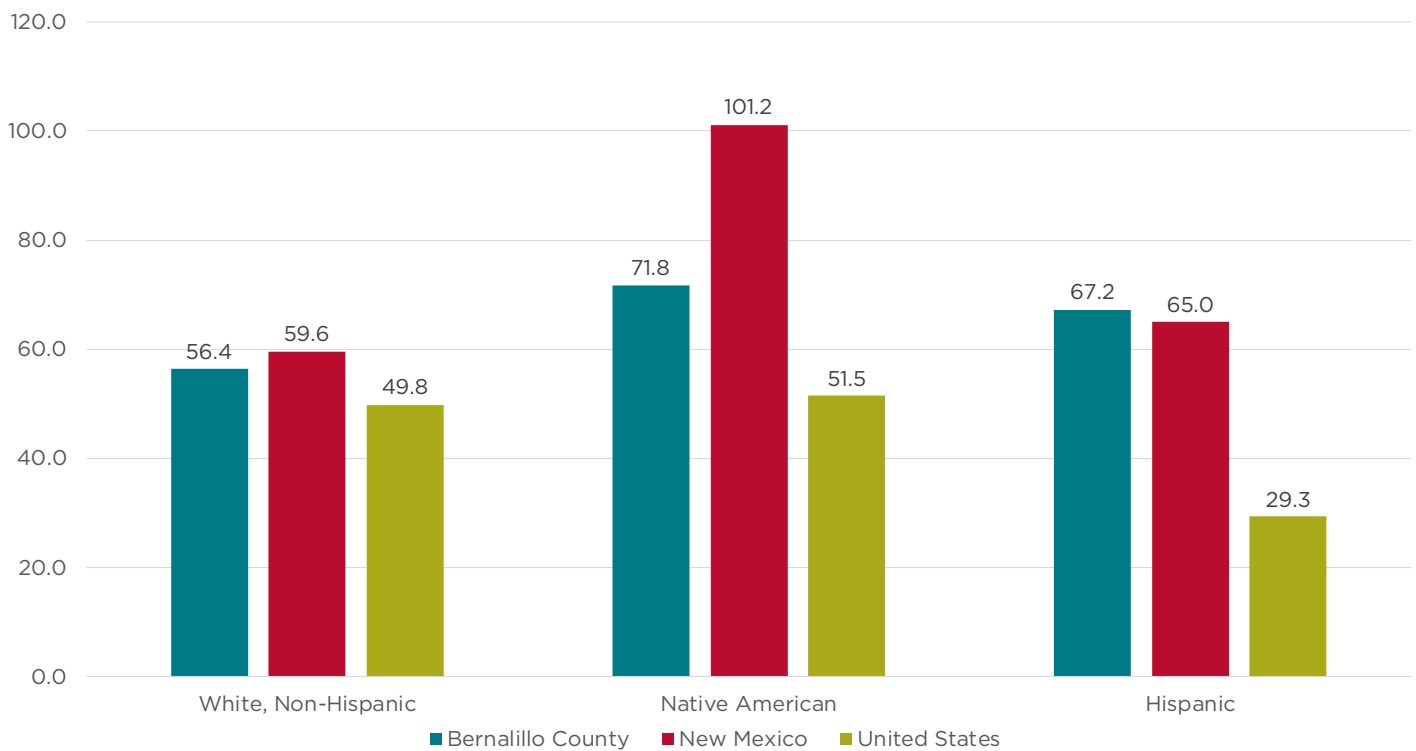
Table 7

<sup>32</sup> American Lung Association. Too Many Cases, Too Many Deaths: Lung Cancer in African Americans. Retrieved from: <https://www.lung.org/assets/documents/research/ala-lung-cancer-in-african.pdf>

## Unintentional Injury

Unintentional (accidental) injury is the third leading cause of death in Bernalillo County. The most common causes of unintentional injury deaths are poisoning (including drug overdose), motor vehicle crashes, and falls. Rates of death from unintentional injury in New Mexico and Bernalillo County exceed the national average. Significant racial and ethnic disparities exist in rates of unintentional injury deaths. (Figure 34)

**Unintentional Injury Mortality by Race/Ethnicity**

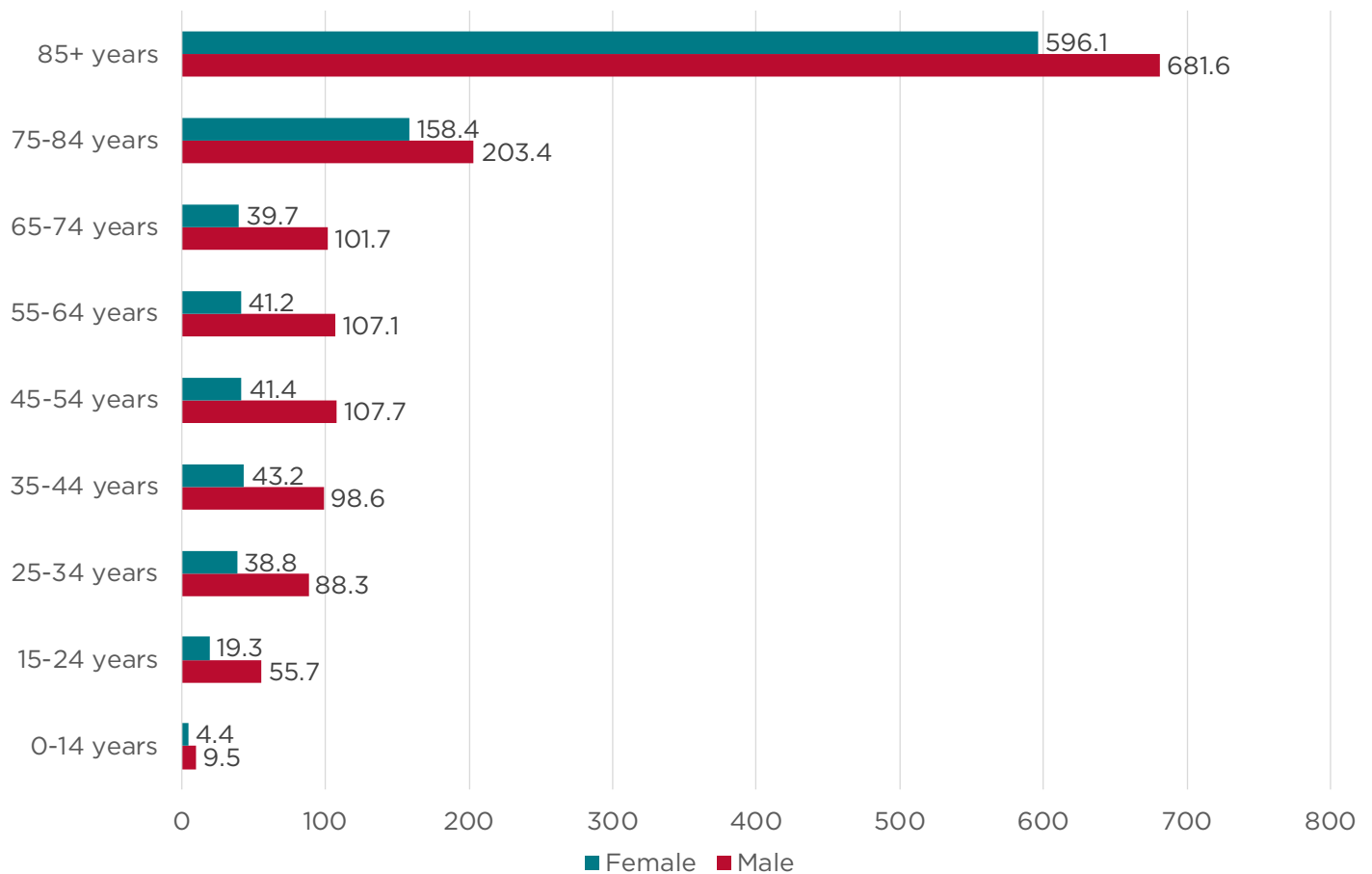


Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health. Retrieved on December 20, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 34

Figure 34 shows unintentional injury mortality rates by age and sex. Males die from unintentional injuries at higher rates than females across the range of ages. The elderly of both sexes, particularly those 85 and older, have the highest rate of death from unintentional injury. It is also important to note that even though young people die at lower rates than older community members, more people under 40 die from unintentional injury than any other cause (Figure 35).

### Bernalillo County Unintentional Injury Death Rate per 100,000 by Age and Sex



Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health. Retrieved on December 20, 2019 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: <http://ibis.health.state.nm.us/>

Figure 35



# Putting the Pieces Together: Identifying Top Health Needs

## **UNMH'S PROCESS FOR SELECTING HEALTH CARE PRIORITY NEEDS**

The University of New Mexico Hospitals held internal stakeholder meetings to review all of the data developed for the assessment and select the health care needs to focus on over the next three years. The stakeholder group included the hospital's Ambulatory Executive Committee, clinic and outpatient directors, financial managers, and leadership from the Health System's Office of Diversity, Equity and Inclusion, among others.

Hospital leadership also helped develop strategies that strengthen and/or use to maximum advantage existing hospital resources and current UNMH programs to address the four focus areas. In addition, UNMH staff also met with external community leaders and residents of the community to identify and discuss potential community-wide solutions for each of the identified health needs.

The next step in the process is to work with community partners to put these strategies in place. We will publish yearly reports that track the progress of the plan and document the ways in which it impacts the community.

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**2020**

COMMUNITY HEALTH  
IMPLEMENTATION PLAN







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# Community Health Implementation Plan

The University of New Mexico Hospitals (UNMH) identified the following priority health needs for residents within the UNMH service area:

- Increase Access to Behavioral Health Services (page 2)
- Increase Access to Medical Services (page 12)
- Increase Access to Medical Coverage and Financial Assistance (page 27)
- Reduce Inequities that lead to Disparities in Health Outcomes (page 32)

The University of New Mexico Hospitals implementation plan, outlined on the following pages, describes how the hospital will address the community's health care needs by:

- Continuing and strengthening existing UNMH programs and services
- Exploring new strategies

- Working with community organizations to put evidence-based strategies into action across the service area

Each focus section is followed by examples of internal resources and community resources that support the needs in Bernalillo County. Internal resources include UNMH departments or programs which contribute the goals of the focus they are listed under. Community resources are external programs or organizations which contribute to the goals of the focus they are listed under. Some community resources are partnered with, or supported by UNMH or staff, while others are not. This listing does not represent a comprehensive inventory of such resources. We are listening all the time. For any ongoing feedback, contact us. If you would like to add your organization or initiative to the list compiled for the 2023 UNMH CHNA, please contact: **[UNMHCommunityRelations@salud.unm.edu](mailto:UNMHCommunityRelations@salud.unm.edu)**.

# Focus 1: Increase Access to Behavioral Health Services

Community members who attended the listening sessions said that it needed to be easier to get counseling services, drug and alcohol recovery programs, and mental health services.

UNM Hospitals currently operates one of the largest behavioral health continuums of care in the Southwest. (Continuum of care means care at every stage of a person's journey through treatment from the beginning throughout the cycle of recovery.) These services include inpatient

services for geriatric, adult, adolescent and youth populations as well as a variety of outpatient and community-based services. UNMH also has the state's only dedicated psychiatric emergency department. Despite the existing range of services, care gaps remain and the supply of services does not meet demand.

The following are examples of strategies, internal resources, and community resources, which contribute to access.



## Strategies

Over the last few years, UNM Hospitals has worked with a wide range of community partners including Bernalillo County, the City of Albuquerque, health care providers, and community-based social assistance providers to expand and strengthen the system of care for mental health and patients with addictions in Bernalillo County. There are still care gaps in behavioral health services. To close these gaps, we will continue to build upon a range of new program activities.

- Explore bringing behavioral health services into obstetrics and gynecology clinics to increase access to care, support a model of women’s health care that brings all health care needs into close relationship (this is called a fully integrated model), and support the growing segment of patients with pelvic floor disorders and chronic pelvic pain.
- Continue service development at the Bernalillo County Care Campus. UNMH has assumed clinical direction of the Medical Observation Treatment Unit from Bernalillo County and is working to enhance medical programming within the detoxification program. UNMH has also worked with Bernalillo County to open the Crisis Stabilization Unit at the UNM Psychiatric Center (page 9).<sup>1</sup>
- Expand programming for forensic patients (patients in prison because of mental illness) through the operation of the Resource Reentry Center (RRC) with Bernalillo County, enhance discharge planning activities for behavioral health patients being released from the Metropolitan Detention Center, and continue to support Albuquerque’s Westside Emergency Housing Shelter (see: Forensic Services under “Internal Resources” page 6 and Resource Reentry Center under “Community Resources” page 11).

<sup>1</sup> Formerly known as the Metropolitan Assessment and Treatment Services facility (MATS)

- Currently UNM Hospitals is working with a national consultant to forecast behavioral health service delivery needs over the next ten years. This process will lead to:
  - The development of a strategic plan for behavioral health services
  - The development of addictions services capacity for adolescents and adults
  - Other intermediate levels of behavioral health care
- Expansion of crisis services through capital improvements (improvements in buildings and equipment) at the UNM Psychiatric Center (page 9). An expansion of Psychiatric Emergency Services is also happening in Spring 2020.
- Further development of the CareLink Behavioral Health Home (page 10) to provide improved care coordination for high needs adult and adolescent behavioral health patients

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UNMH operates the Resource Re-entry Center (RRC) (page 11) in Downtown Albuquerque in collaboration with the County and Office of Community Health at the UNM HSC. Since opening in July 2018 the RRC has had over 27,000 people come through the facility however many of these choose not to engage with services.

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## Internal Resources

### **ADDICTION AND SUBSTANCE ABUSE PROGRAM (ASAP) FOR ADULTS AND TEENS**

ASAP offers a range of outpatient programs for adults. It has a targeted program for adolescents with addiction issues called STAR (Substance Use Treatment for Adolescents and Young Adults in Recovery). Programming includes individual and group sessions with a counselor, women-only groups, an outpatient detox program, and an extensive opioid replacement therapy program using methadone and suboxone to stabilize patients while providing therapeutic support services. The ASAP primary care clinic is nationally recognized as a Level 3 Patient-Centered Medical Home (PCMH).

### **CAMINANTE SUPPORT EMPLOYMENT PROGRAM (CSEP)**

The CSEP helps people who are at a point in their recovery where they are able to look for employment. This program helps with resume writing, finding employment, improving interview skills and provides ongoing support to keep a job.

### **COMPREHENSIVE ASSESSMENT AND RECOVERY THROUGH EXCELLENCE (CARE)**

The CARE Campus provides a short-term social model program designed to address alcohol and substance abuse issues. The program offers care coordination and follow up services to link patients with ongoing treatment. UNMH operates programming on the CARE Campus at 5901 Zuni Rd. SE in collaboration with the Bernalillo County Behavioral Health Division. The campus offers a variety of services including a detox program and recently opened the Crisis Stabilization Unit.



## **FORENSIC SERVICES**

Limited access to behavioral health services increases the frequency with which county residents who have serious and/or multiple behavioral health problems are arrested and/or imprisoned. The “revolving door” for behavioral health patients at Bernalillo County’s Metropolitan Detention Center (MDC) undermines their recovery and is a drain on public resources. UNMH’s jail diversion program links patients with criminal justice involvement to resources like psychiatric treatment, substance abuse treatment, medical care, education, job training, government programs, and other community-based support programs that can help them build productive lives outside of jail.

## **MILAGRO PROGRAM**

This program started in 1989 as New Mexico’s first comprehensive prenatal care program for pregnant women with substance abuse and addiction issues. The Milagro program brings together behavioral health, prenatal and obstetric services with transitions into other appropriate programs. Women who take part in the program receive prenatal care from UNM Health System providers in the family medicine clinics. Medication-assisted treatments are available to women with opioid addictions. In addition to medical services, the Milagro program provides counseling and case management.

## **NATIVE AMERICAN BEHAVIORAL HEALTH PROGRAM (NABHP)**

The mission of UNM Health System’s NABHP is to improve access to high quality, culturally aware behavioral health services for Native Americans in New Mexico. UNMH partners with native communities on local projects and initiatives. NABHP also conducts culturally relevant training and educational initiatives for behavioral health care workers.

## **NEUROMODULATION SERVICES**

In psychiatry, neuromodulation involves stimulating the brain with electrical or magnetic currents to treat mental illness that has not responded well to other therapies. Neuromodulation services including Electroconvulsive therapy (ECT) and Transcranial magnetic stimulation (TMS) are available at UNM Psychiatric Center and the UNM Outpatient Surgical and Imaging Services. ECT delivers small doses of electricity to the brain over a series of treatments and is most commonly used in patients with severe major depression, bipolar disorder or schizophrenia. TMS uses magnetic energy to stimulate an area of the brain that regulates mood. It is an effective option for treatment-resistant depression. TMS is done in an office, and unlike ECT, does not require anesthesia.

## **PSYCHOLOGY INTERN POSITION (PIP)**

The addition of a PIP increases access to behavioral health care by encouraging interns to stay in the area after they finish their internship and providing additional staff which helps to reduce appointment wait times.

## **PSYCHOSOCIAL REHABILITATION (PSR) PROGRAM**

UNM Health System's PSR program is guided by the philosophy of rehabilitation, which holds that people with disabilities need chances to identify and choose for themselves what they want their roles in the community to be. The PSR provides skills classes that offer support in acquiring basic skills crucial to mental health recovery and personal empowerment.



## **UNM CHILDREN'S PSYCHIATRIC CENTER**

UNM Children's Psychiatric Center (CPC) provides inpatient mental health treatment for pediatric patients from ages 5 to 18. The campus includes four inpatient acute care units that are staffed by a multidisciplinary team led by a child psychiatrist. The Center also operates a behavioral intensive care unit designed for patients who have not been successful in more traditional program settings. The CPC is New Mexico's only public provider of treatment for children with serious emotional disturbances.

- **The Early Program**

This program is for individuals ages 15 through 30 who have experienced a first episode psychosis within the past 12 months. Program services are provided at the UNM Psychiatric Center.

In addition to inpatient psychiatric care, UNMH offers a range of outpatient behavioral health services for children and adolescents including community-based care through the multisystemic therapy teams and community family teams, individual and group counseling, and case coordination services. The CareLink Behavioral Health Home provides a higher level of care coordination for higher needs patients.

- **Cimarron Clinic**

The Cimarron Clinic is the primary behavioral health outpatient clinic for children. It provides evaluation and case management services for youth experiencing significant emotional disturbances as well as medication management with linkages to other needed services.

- **Neuropsychiatric Testing**

Psychological tests and evaluations enable psychologists and psychiatrists to understand the nature of a youth's challenges and properly manage complex psychiatric conditions. This helps patients receive proper care.

- **The Collaborative Interdisciplinary Evaluation and Community Treatment Program (CONNECT)**

CONNECT is one of two UNMH programs that focus on treating young people for symptoms, like worrisome changes in thoughts, experiences or feelings, that may lead to the onset of a serious mental health disorder. CONNECT is for patients ages 12 to 25.

## **UNM PSYCHIATRIC CENTER**

The UNM Psychiatric Center is a public facility providing the full range of behavioral health care for thousands of New Mexicans annually. Established in 1967, the center offers 47 beds for adults and seniors and has become the state's largest community mental health care provider. Telehealth technology extends access to high-quality behavioral health services in schools, corrections facilities and other locations throughout New Mexico.

- **Senior Clinic**

The UNM Hospitals operates the senior clinic at the UNM Psychiatric Center. Patients in the unit are often medically fragile with significant behavioral and physical health needs. Patients are treated by a team led by a geriatric psychiatrist. Senior center staff focus on recovery and work to help individuals address their mental health needs while reconnecting with their personal hopes and motivations.

- **Geriatric Inpatient Unit**

The 15-bed geriatric inpatient unit located at the UNM Psychiatric Center at 2600 Marble NE serves patients sixty and older. Programming addresses unique needs of older patients.

## Community Resources

### **ASSERTIVE COMMUNITY TREATMENT (ACT)**

ACT provides treatment, rehabilitation and support services for people living with severe mental illness. The multidisciplinary mental health team fans out through the city to help people who come often to emergency departments, jails and other institutions and delivers counseling and other community services to patients in their homes. The team includes case managers, peer specialists, nurses, therapists and prescribing providers. ACT is supported by a contract with the City of Albuquerque to serve community members who have struggled with traditional outpatient care and as a result over-use emergency or inpatient care, or who are jailed often.

### **CARELINK NM**

The CareLink NM Health Home is a community-based program that provides additional care coordination for high needs adult and adolescent behavioral health patients who are eligible for New Mexico Medicaid. The CareLink program coordinates medical services and helps patients get social services like housing and food assistance.

### **COMPREHENSIVE COMMUNITY SUPPORT SERVICES (CCSS)**

CCSS is a recovery-based model that forms a partnership with patients to help them reach their individual goals so that they can live as independently and fully as possible. CCSS knows that people can and do recover from mental illness. CCSS services are provided by referral.

## **PATHWAYS**

Pathways is designed to reduce unmet needs, address health inequities, and improve the overall health of the residents of Bernalillo County. It focuses on positive health outcomes by using community health navigators as care coordinators who connect at-risk residents to resources and follow their progress toward improved health outcomes.

## **RESOURCE REENTRY CENTER**

Services at the RRC are designed to move people away from the criminal justice system by connecting them to community-based services, like employment and housing assistance, that will help them stay out of jail. This program is separate from, but works with, the Bernalillo County jail recidivism program (a program to help people who tend to be rearrested). The RRC also works with law enforcement agencies, criminal justice professionals, health care professionals, patients and their families to promote positive outcomes for people who participate.

**Community health navigators and patient advocates are people who act as links between health care professionals and patients or caregivers in order to help people make their way through the complex health system. Meaningful outcomes for the clients are reached by following a step-by-step approach (Pathways). While individual clients achieve improved health, common systems issues are also brought to light and result in stronger service coordination.**

**Pathways is funded by UNMH with revenue from a voter-approved property tax dedicated to hospital operations and maintenance.<sup>2</sup>**

<sup>2</sup> Details about this funding mechanism are available at: <https://www.bernco.gov/county-manager/university-of-new-mexico-hospital-mill-levy.aspx>

## FOCUS 2: INCREASE ACCESS TO MEDICAL SERVICES

Difficulty scheduling appointments and accessing care was a major concern of people at the listening sessions. From the Southwest Mesa to the Northeast Heights, limited access to both primary care and specialty services were seen as barriers to a healthy community.

UNM Hospitals provides access to programs that are not available anywhere else in New Mexico. Without these programs, patients would have to travel out-of-state to get services, an alternative that is both inconvenient

and expensive. Due to the small number of providers in these fields, wait times for non-emergency clinic appointments can be long. On the other hand, clinic appointments are generally available within two weeks for women's services, adult and children's orthopedics, and optometry. Family medicine offers same day and next day acute services for established patients.

The following are examples of strategies, internal resources, and community resources, which contribute to access.



## Strategies

UNMH is pursuing a number of strategies that improve access to timely care. The initiatives listed below are examples of these efforts and do not constitute a comprehensive inventory:

- Co-locate specialty services, like psychiatry, within primary care clinics
- Consider expanding clinic hours of operation
- Recruit more physicians, physician assistants, nurse practitioners, and other advanced practice providers in many specialties including Cardiology, Pulmonology, and Nephrology
- Improve tools for submitting, receiving and following up on referrals
- Improve scheduling efficiency
- Increase appointment availability to make certain care is provided in a timely manner
- Continue partnership with health care consultants to help simplify guidelines for schedulers to increase clinic volume and efficiency and support a patient-centered process for access to care

- Redesign clinic workflows to reduce scheduling delays and referral backlogs
- Improve staffing to increase the numbers of providers
- Increase availability of primary care physicians, with particular focus on hard to reach communities

### **STRATEGIES UNIQUE TO WOMEN'S HEALTH**

- Explore the development and implementation of women's integrated health care (page 24)
- Continue to provide and expand support groups that enable women to share their experiences and learn from each other as a component of treatment and care
- Explore opportunities for expansion in obstetrical, gynecological, and urogynecological care

## **STRATEGIES UNIQUE TO ORTHOPEDICS**

- Develop agreements with primary care clinics for ease of moving patients between specialty and primary care clinics
- Simplify the clinic referral process
- Increase the number of appointment slots per subspecialty
- Collaborate with Radiology to prioritize MRI scheduling for quicker turnaround
- Add a diabetes educator in the Center for Healing in the Lower Extremities, (page 17). An educator can help manage diabetes and improve the likelihood that surgery will be successful
- Recruit more physicians and advanced practice providers
- Start a physiatry residency program, increasing access for non-operative orthopaedic pain management and rehabilitation (Physiatry is a branch of medicine that uses physical therapy, physical agents like water, light and electricity and mechanical devices to prevent, treat and diagnose diseases)
- Train nurses for foot care and start foot care clinics

- Expand the Fracture Liaison Service (page 19) to manage osteoporosis and prevent fractures
- Remodel the General Orthopaedic Clinic to include a procedure room with an advanced x-ray machine

## **STRATEGIES UNIQUE TO PEDIATRICS**

- In collaboration with Harvard University, create biomarkers of toxic stress with the ultimate goal of being able to look at ways to lessen the effect of childhood trauma and to see a decrease in the biomarkers of stress.
- Facilitate parent support groups in a variety of languages including Swahili, Spanish, Arabic and Farsi, through UNMH's home visiting program.



## **STRATEGIES UNIQUE TO OPHTHALMOLOGY**

- Make the best use of appointment slots
- Complete renovation at the Eye Clinic to double exam rooms, allowing for more ophthalmologists and optometrists
- Recruit more full time ophthalmology physicians focusing on pediatric, glaucoma, cataract and teleretina needs
- Recruit optometrists
- Implement Pediatric Fluorescein Angiography (FA) surgeries, allowing the doctor to get more information about the health of the retina (back layer of the eye) and the optic nerve so pediatric patients do not have to leave New Mexico for surgery
- Add hours in the evening and possibly Saturdays
- Explore expanding current part-time ophthalmology residency program into a full-time residency program

## **STRATEGIES UNIQUE TO SENIOR HEALTH**

- Build UNM Movement Disorders Center and Senior Health Center (page 23)
- Recruit a full-time multiple sclerosis (MS) specialist in the departments of Neurology and Ophthalmology to further increase access to care and enable patients to get otherwise unavailable services including therapies through participation in clinical trials
- Increase registered nurse positions dedicated to performing Medicare B Annual Wellness visits. These positions will improve access to this valuable service available at no cost to Medicare B recipients. Annual Wellness Visits include many aspects of an annual check-up as well as a Health Risk Assessment that includes social determinants of health, assessment of cognitive function and behavioral health risk factors, a written schedule of recommended screenings, health education and referrals.



## Internal Resources

The resources listed below contribute to better access either by addressing one or more common barriers to care for disadvantaged populations or by being the only service of its type available in New Mexico.

- In addition to these resources, UNMH is contracted with a national health care consulting group to identify opportunities to improve access to care and reduce the number of patients waiting to be established with a provider. Initiatives being considered include financial incentives for providers to spend more time seeing patients in the clinics and increasing the number of paneled patients assigned to advanced practice providers like nurse practitioners and physician assistants.

### **ADULT AND CHILDREN'S IMMUNOLOGY**

Doctors specializing in allergy and immunology diagnose and treat conditions like food allergies, asthma, autoimmune disorders and recurring infections. Offering these services contributes to access as UNMH is the only service provider in New Mexico.

### **ADVANCED PRACTICE PROVIDERS**

Advanced practice providers like nurse practitioners (NPs) and physician assistants (PAs) increase access to care by providing some services traditionally provided only by physicians. This helps physicians to use their time more efficiently and effectively. The UNM Advanced Practice Provider (APP) Hospital Medicine Fellowship is a postgraduate fellowship program. It supports early career development of NPs and PAs during their first year of practice in the specialty of Hospital Medicine.

### **AMBULATORY CARE DIABETIC CLINIC AND CENTER FOR DIABETES AND NUTRITION EDUCATION**

The nationally certified Center for Diabetes and Nutrition Education uses certified diabetes educators and registered dietitians to educate patients about how to monitor and manage their disease. This program stands out as diabetes care as well as nutrition education is strongly needed in Bernalillo County.

## **APPOINTMENT CENTER**

UNM Health System Appointment Center serves as a single point of contact for patient appointments within the UNM Health system, including UNM Hospitals Ambulatory Clinics, Sandoval Regional Medical Center Ambulatory Clinics, and our Medical Group Clinics. The Appointment Center promotes access because it is a single point of contact for patients; that is, UNMH provides a single phone number (272-IUNM) making it easier for patients to schedule appointments. The Appointment Center also helps the patient connect with the appropriate UNMH service(s). The center keeps data about access for leadership which helps them to address bottlenecks, and contributes to reporting appointment availability.

## **CENTER FOR DEVELOPMENT AND DISABILITY (CDD)**

The CDD identifies, develops, and strengthens opportunities and choices for all persons with disabilities and their families throughout their lives so that they are included in all aspects of society.

## **CENTER FOR HEALING IN THE LOWER EXTREMITY (CHILE)**

CHILE is the only service in New Mexico focusing on reducing lower extremity amputations due to diabetes complications. This program is not available anywhere else in New Mexico. Without the program, patients would have to travel out-of-state to get these services and without the program, the rate of amputation would increase.

## **CENTERING FOR DIABETICS**

This prenatal education for diabetic patients is offered in an unhurried and understandable fashion. Centering support groups allow women to participate in their care and benefit from sharing each other's experiences while learning from one another.

## **CHILDREN'S AND ADULT CYSTIC FIBROSIS**

The UNM Cystic Fibrosis Center is the only facility in the state accredited by the Cystic Fibrosis Foundation (CFF). CFF accreditation means that the clinic has been nationally recognized for providing specialized care that leads to improved length and quality of life for children and adults living with cystic fibrosis.

## **CHILDREN'S GENETICS**

Physicians, genetic counselors and other professionals provide guidance and treatment to children and families affected by abnormal genes or other biological factors. Without UNMH support, these services would not be available anywhere in New Mexico.

## **CHILDREN'S RHEUMATOLOGY**

The UNM Health System has the state's only board-certified pediatric rheumatologist. This much-needed specialty cares for the joints, soft tissues and connective tissues of patients under 18.

## **COGNITIVE BEHAVIORAL THERAPY (CBT) GROUP FOR CHRONIC PELVIC PAIN**

CBT for Chronic Pain is a limited-time, evidence-based, and active, a psychotherapy that has been shown to improve the wellbeing and functioning of individuals with chronic pain. The goal of the group is to have this evidence-based intervention in locations where women are already being seen for medical treatment. This reduces barriers to care.

## **DEPARTMENT OF SURGERY**

UNM's Department of Surgery provides surgical education and patient care including bariatric, colorectal, cardiothoracic, plastic, ear nose and throat, and trauma surgery, as a part of state's only Level I Trauma Center.

## **DIVISION OF OPHTHALMOLOGY**

This division provides state-of-the-art care and helps patients overcome barriers to care by coordinating services and ensuring open dialogue with patients, families and providers. Continuity of care includes medicine management, participation in visits with primary care providers and patient assessments. Ophthalmologists provide a variety of services including eye screenings for premature infants and teleretinal care for diabetics. (Teleretinal care means that retinal images can be obtained in primary care clinics and read remotely by eye care specialists.)

## **FRACTURE LIAISON SERVICE (FLS)**

The FLS is designed to identify patients at increased risk for secondary fractures (fractures that are caused by a weakening of the bone, instead of a fall or a blow)

The FLS helps patients start the right treatment via improved care coordination and communication. FLS offers a multidisciplinary team approach to reduce secondary fractures by promoting prevention and offering additional care.

## **HIGH RISK PRENATAL CARE PROJECT**

This project provides outpatient high risk pregnancy care for New Mexico patients with obstetrical or medical complications who do not have health care coverage. Services provided include ultrasound, maternal fetal medicine consults, genetic counseling and genetic testing services to qualified patients who receive services through UNM Health System's Women's clinics. Patients who qualify for this fund may also receive at the same time primary prenatal care through certain providers, including the University of New Mexico Hospital's Maternal and Fetal Medicine clinics in Albuquerque or providers within the outreach communities.

## **INTERSTITIAL CYSTITIS/BLADDER PAIN SYNDROME (IC/BPS) GROUP**

This Peer Education/Learning based care focuses on decreasing isolation and improving coping skills through the sharing of other people's experiences and skills.

## **NATIVE AMERICAN HEALTH SERVICES**

UNMH Native American Health Services (NAHS) helps tribal members and their families to sign up for health care insurance and with appointment needs. NAHS patient care coordinators and community liaisons serve as patient advocates, assist with care management and work with UNM Health System departments to coordinate appointments and follow-up care for Native American patients.

## **OBSTETRICAL CENTERING GROUPS**

Group medical visits that help to lower the risk of preterm birth, reduce racial disparities in preterm birth, increase rates of breastfeeding, and improve both visit adherence and patient satisfaction. The integration of mental health and social services with obstetric care provides an opportunity to identify and lessen risk factors that could potentially jeopardize a woman or her family's well-being in the long term.

## **ORTHOPAEDIC FOOT AND ANKLE CLINIC**

This clinic specializes in treating a number of different injuries and conditions dealing with the foot, ankle and toes including diabetic foot care, wound care, fractures and skin diseases. The clinic has expanded access to podiatry (foot care), which is a scarce resource in the state. UNMH continues to actively recruit to offer needed services to patients.

## **PAIN MANAGEMENT CLINIC AND UNM PAIN CONSULTATION AND TREATMENT CENTER (PCTC)**

PCTC is the only interdisciplinary pain clinic of its kind in New Mexico offering the widest range of pain management techniques for pain due to many different conditions. PCTC cares for almost any condition associated with persistent pain. The department uses strategies outside of medicine to help patients, including physical therapy, rehabilitation, and chiropractic care.

## **PANELS MANAGEMENT**

A panel is a specific group of patients assigned to a single care team. Managing small groups of patients on an ongoing basis, rather than treating individual patients on an event-by-event basis emphasizes the health of the entire panel. Instead of focusing on just those patients who consistently show up for care, panel management makes it possible for care teams to monitor how effectively they are delivering needed services to everyone in their panel. UNM Hospitals evaluates the number of patients assigned to a provider or care team in order to improve and expand access to care.

## **PATIENT-CENTERED SPECIALTY PRACTICE**

The National Committee for Quality Assurance (NCQA) is an organization that creates standards and guidelines to measure the performance of health care organizations. The NCQA Patient-Centered Specialty Practice (PCSP) Recognition Program aims to improve the quality of patient outcomes as well as the overall patient experience. The PCSP

mission is to increase coordination and sharing of patient health information between Physicians and Advanced Practice Providers (APPs), and to reduce inefficiencies in access to care and referral management. Everyone in the PCSP practice works at the top of their license as a high-functioning team. The PCSP is committed to health interventions that are organized around the patient in all aspects of care.

## **THE PEDIATRIC CANCERS TEAM**

The Pediatric Cancers Team is the only pediatric hematology/oncology program in New Mexico that offers access to NIH-sponsored cancer clinical trials. These clinical trials offer the children of New Mexico the chance to be part of cutting-edge treatments that may improve outcomes and quality of life. The team also offers care for children with complex blood disorders and works with oncologists in all of the other multidisciplinary teams at UNM Cancer Center to help each child with his or her treatment needs.

## **PRIMARY CARE / INTERNAL MEDICINE**

The Internal Medicine division prevents, diagnoses, and treats a wide range of adult diseases, while providing in-depth care for people living with chronic illnesses. Primary care physicians are specially trained to solve diagnostic problems and can handle severe chronic illnesses and situations where several different illnesses occur at the same time. Primary care practitioners serve as the gateway to the health care system as the first point of contact for most patients. Making sure people have access to primary care is critical to ensuring health care access overall.

## **PROJECT ECHO**

A program of the UNM Health Sciences Center, Project ECHO is an internationally recognized and replicated model that uses video conferencing to connect rural practitioners with experts from UNM and around the state for mentoring, support, and continuing professional education. Practitioners can care for patients in their own communities, instead of requiring them to travel to UNM for specialty services.

## **THE UNM COMPREHENSIVE CANCER CENTER (CCC)**

The CCC strives to make sure that all New Mexicans have access to world-class cancer care and benefit from advances in cancer research. Staff at the CCC provide outstanding cancer diagnosis and treatment, conduct world-class cancer research, educate the next generation of cancer health care professionals. The CCC works to overcome the serious disparities among different groups in how often cancer occurs and what the outcomes are through community-based outreach.

## **UNM HEALTH SCIENCES DEPARTMENT OF NEUROSURGERY**

New Mexico's only provider of full-service neurosurgery care offers the expertise of board-certified specialists with access to advanced surgical tools and technology. Neurosurgery Services include the full range of neurological surgeries, including brain surgery, deep brain stimulation for movement disorders, epilepsy surgery, skull base surgery, spine surgery, and pediatric neurosurgery.

## **UNM HEALTH SYSTEM'S TELEHEALTH NETWORK**

Access to UNM's telehealth network gives New Mexico's rural communities audio and video access to the expertise of UNM providers. The telehealth network makes it possible for patients to get treatment close to home and avoid the medical risks and financial cost of unnecessary travel. Telehealth patient care is currently available for the following specialties:

- Adolescent medicine & Envision
- Behavioral health
- Cancer care
- Carrie Tingley orthotics, prosthetics and behavioral health services
- Center For Developmental Disabilities
- Children's Psychiatric Center
- Continuum of Care
- Dermatology
- Emergency care
- Heart care
- Kidney
- Neurology
- Neuropsychology

- Neurosurgery
- Pediatrics
- Primary care
- Sleep disorders
- Speech pathology
- Transdisciplinary evaluation and support for persons with developmental disabilities HIV/AIDS
- Women's health

## **UNMH MOVEMENT DISORDER CENTER**

The UNMH Movement Disorder Center provides diagnostic consultation and expert treatment for multiple sclerosis patients, a large percentage of whom are elderly. It is the only such program in New Mexico. A Movement Disorder Center and Senior Health Center currently underway will improve access for patients in Bernalillo County. Addition of a full-time MS specialty provider in the departments of Neurology and Ophthalmology will further improve access to care. Some patients will have access to otherwise unavailable therapies through participation in clinical trials.



## **UNMH WOMEN'S HEALTH**

UNMH Women's Health offers many different services including the following:

- **Maternity care**
  - Prenatal and postpartum care
  - Personalized labor and delivery experience
- **Gynecological services**
  - Annual well-woman exam
  - Pap smears
  - HPV vaccines
  - STD testing
  - Minimally invasive surgery
- Chronic pelvic pain clinic
- Urogynecological services
  - Treatment of pelvic floor conditions, including incontinence and organ prolapse
- **Breast health**
  - Mammograms
  - Diagnostic procedures
  - Surgery and second opinions

The department also offers Midwifery and Family Planning. The service has expanded access and UNMH continues to actively recruit to offer the services needed to patients.

## **WOMEN'S INTEGRATED CARE**

A high degree of collaboration and communication among health professionals is what makes integrated care special. The health care team creates a broad treatment plan that addresses the patient's biological, psychological and social needs.

## **YOUNG CHILDREN'S HEALTH CENTER**

The Young Children's Health Center provides primary care to pediatric patients in Albuquerque's Southeast Heights. The Center also offers specialty clinics, including dermatology, allergy, pediatric & adolescent gynecology and specialized developmental care as well as speech language pathology and feeding clinics. The Young Children's Health Center also works with the City of Albuquerque to provide an array of social services including early intervention, home visiting to families of children 3 and under and services to address trauma and adverse childhood experiences (ACEs).

## Community Resources

### **FIRST CHOICE**

First Choice Community Healthcare is a Federally Qualified Health Center (FQHC) system with nine health centers in three counties, including one school-based health center. First Choice provides primary medical care, dental care and WIC services and integrated behavioral health care in the primary care setting. First Choice partners with UNMH to deliver high quality, cost effective, accessible care.

### **FIRST NATIONS**

This clinic provides a culturally aware comprehensive health delivery system integrating traditional values to take care of the physical, social, emotional and spiritual needs of American Indian/Alaskan Native families and other underserved populations living in Albuquerque and the surrounding areas.

### **HELPING HANDS FOR SENIORS**

The Helping Hands for Seniors project is a collaboration between UNMH, City of Albuquerque Senior Affairs and Albuquerque Fire & Rescue with the goal of helping our elderly age in place. UNMH home health nurses identify patients who have non-medical needs that get in the way of their health. Social workers visit seniors at homes and pull resources in the community to help with social determinants of health. Services provided by the Home Services Program within Senior Affairs are tailored to the patients' needs but include anything from yard safety to fall prevention measures like ramps, grab bars and shower benches.

### **NEW MEXICO HEALTH RESOURCES, INC. (NMHR)**

NMHR is a private, non-profit, no-fee agency organized to support efforts to recruit and retain health care personnel for communities including rural and medically underserved areas around New Mexico.

## **PATHWAYS**

Resource definition on page 11.

## **SHARE NM**

SHARE is an up-to-date and comprehensive community information website for individuals and organizations who are working to improve the quality of life for New Mexicans. Built by and for New Mexicans to share information and resources and support collaboration for change, SHARE is a trusted resource for information.



# FOCUS 3: INCREASE ACCESS TO MEDICAL COVERAGE AND FINANCIAL ASSISTANCE

Participants in nearly every listening session voiced concern about the cost of medical care. Many were surprised to learn about the range of financial assistance options already available to UNMH patients. Community feedback showed the need for better communication about the financial services and support available through UNMH. Community members expressed a need for

a concise, accessible road map of financial options to patients at all UNMH sites. Feedback suggested that sensitivity training for staff who interact with patients could make financial services more accessible. The following are examples of strategies, internal resources, and community resources, which contribute to access.



## Strategies

The University of New Mexico Hospitals seek to increase access to medical coverage and financial assistance through the following strategies and activities:

- Improve messaging about the financial services available to patients by enhancing staff orientation and training
- Hold financial assistance meetings to share information and answer questions about the services available
- Update public-facing materials to make information about financial assistance resources more accessible
- Make sure that the information on the UNMH website is consistent with other sources of information about patient financial services, including printed material
- Meet with Pathways navigators (page 11) to provide training on current programs available through Patient Financial Services (page 29)
- Collaborate with UNMH Marketing to promote awareness of Patient Financial Services' programs available to immigrant patients
- Establish a universal contacts list for UNMH staff providing information on patient financial services
- Increase staff from Patient Financial Services (page 29) at UNMH clinics
- Provide sensitivity training for Patient Financial Services staff
- Explore ways to provide pricing transparency and financial counseling for the surprise billing initiative

## Internal Resources

### **NATIVE AMERICAN HEALTH SERVICES**

UNMH Native American Health Services (NAHS) will help tribal members and their families with enrollment in coverage and with appointment needs. NAHS patient care coordinators and community liaisons serve as patient advocates, help with care management and work with UNM Health System departments to coordinate appointments and follow-up care for Native American patients.

### **PATIENT FINANCIAL SERVICES**

Patients who want to get care at UNMH should not have to miss treatment and continued care of their health because they cannot pay. UNM Hospitals has programs and services available to help patients find the resources they need to afford good care.

Financial services representatives help patients apply for Centennial Care 2.0, New Mexico's Medicaid program, and/or get affordable coverage through the New Mexico Health Insurance Exchange (HIX). Some patients may also qualify for secondary coverage through UNM Care

(Secondary coverage means insurance that will pay after your primary insurance has paid as much as it can towards a health care cost). Patient Financial Services can also help patients set up affordable payment plans to cover out-of-pocket health care expenses (payment plans are when you agree to pay the amount you owe over time instead of paying the full amount all at once).

### **TALKING TO PATIENTS ABOUT DOLLARS AND CENTS**

This financial literacy training helps staff become aware of technical insurance and finance-related terms that may confuse patients. Activities and practice help staff come up with new ways of saying those terms and using them in conversation with patients. Each class will contribute to an on-going glossary of plain language terms and phrases, available to hospital staff through the hospital intranet.

## **UNM CARE**

Bernalillo County residents who meet certain income guidelines may qualify for medical assistance through UNM Care. UNM Care covers expenses for the underinsured and provides secondary insurance for those patients with Medicare and/or commercial insurance coverage who have outstanding balances at UNMH.

## **SELF-PAY DISCOUNT**

Patients who do not qualify for insurance or UNM Care and who are paying out of their own pockets may qualify for the self-pay discount program. This program can reduce hospital and physician charges by 45 percent for residents of Bernalillo County who meet the program guidelines. Residents of other New Mexico counties may also qualify depending on the medical services needed. Eligibility for the self-pay discount is figured out every year.

## **ONE-TIME 45 PERCENT DISCOUNT**

Patients who do not qualify for any UNMH financial assistance programs may get a one-time 45 percent discount on charges for hospital and physician services provided at UNM Hospitals.



## Community Resources

In addition to programs and services available through UNMH, Patient Financial Services also provides patients with information about insurance plans and financial services outside the UNMH system that can help pay for their care.

### **BEWELLM**

New Mexico's Health Insurance Exchange, known as BeWellnm, allows individuals and small businesses to shop and compare health insurance options and access premium assistance. These choices are made possible through the 2010 federal Patient Protection and Affordable Care Act.

### **EMERGENCY MEDICAL SERVICES FOR ALIENS (EMSA)**

EMSA is for patients who are ineligible for Medicaid because of their immigration status. EMSA pays for emergency medical services, including labor and delivery.

### **NEW MEXICO MEDICAID**

New Mexico Medicaid, also known as Centennial Care, is a health insurance program administered by the New Mexico Human Services Department and available to most low and some moderate income New Mexicans. Centennial Care is publicly subsidized which means the program has some support from public (government) funds.

### **NEW MEXICO MEDICAL INSURANCE POOL (NMMIP)**

The NMMIP provides health insurance coverage to residents of New Mexico who are ineligible for other forms of coverage and considered uninsurable. NMMIP provides a Medicare carve-out plan for individuals with a disability who are under 65. NMMIP also offers low income premium programs that have discounts ranging from 25 percent to 75 percent.

### **PATHWAYS**

Resource definition on page 11



# Focus 4: Reduce Inequities that Lead to Disparities in Health Outcomes

Racial and economic disparities in health outcomes are well-documented in Bernalillo County as well as at the national level.<sup>3</sup> UNMH feels strongly about addressing the need to reduce inequities that lead to disparities in health outcomes. Many factors including unequal access to health care and the clustering of social, economic, and environmental health risks in low-income and nonwhite neighborhoods contribute to health disparities.

As New Mexico's largest public hospital and only academic medical center, UNMH plays a critical role in lessening disparate health outcomes by increasing access to medical services, improving health literacy, and delivering culturally sensitive care.

UNMH works to make sure that hospital staffing reflects the racial and ethnic make-up of the community (Figure 2).

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The Rock at Noon Day  
- feeding Albuquerque's  
homeless population

Photo credit:

Roberto E. Rosales

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<sup>3</sup> 2018 National Health care Quality and Disparities Report. Content last reviewed October 2019. Agency for Health care Research and Quality, Rockville, MD. Retrieved from: <https://www.ahrq.gov/research/findings/nhqdr/nhqdr18/index.html>

UNMH is committed to meeting the needs of vulnerable and underrepresented communities. Despite improvements, disparities in health outcomes continue for people of color and low income county residents. Listening session attendees

urged health care providers to think differently about how they deliver on commitments to health equality. Attendees encouraged more access to language interpreter services. They asked us to promote humanism in our approach to delivering care.

### UNMH Interpreter Services, Average Monthly Requests by Language, 2019

- American Sign Language
  - Arabic
  - Chinese (Mandarin & Cantonese)
  - Farsi
- Navajo
  - Spanish
  - Swahili
  - Vietnamese
  - All other



Source: UNMH Interpreter Services, 2020. The size of the colored box indicates the overall interpretation occurring in that language.

Figure 1

Community members asked UNM Hospitals to help increase the awareness of community resources available to patients who face difficulties like housing insecurities. As an immediate response to the needs identified by those facing housing insecurities, UNMH has followed up with those in leadership to help address their needs, including connecting patients with social services when they are discharged during late hours, and supporting programs like The Blue Wrap Project (page 37).

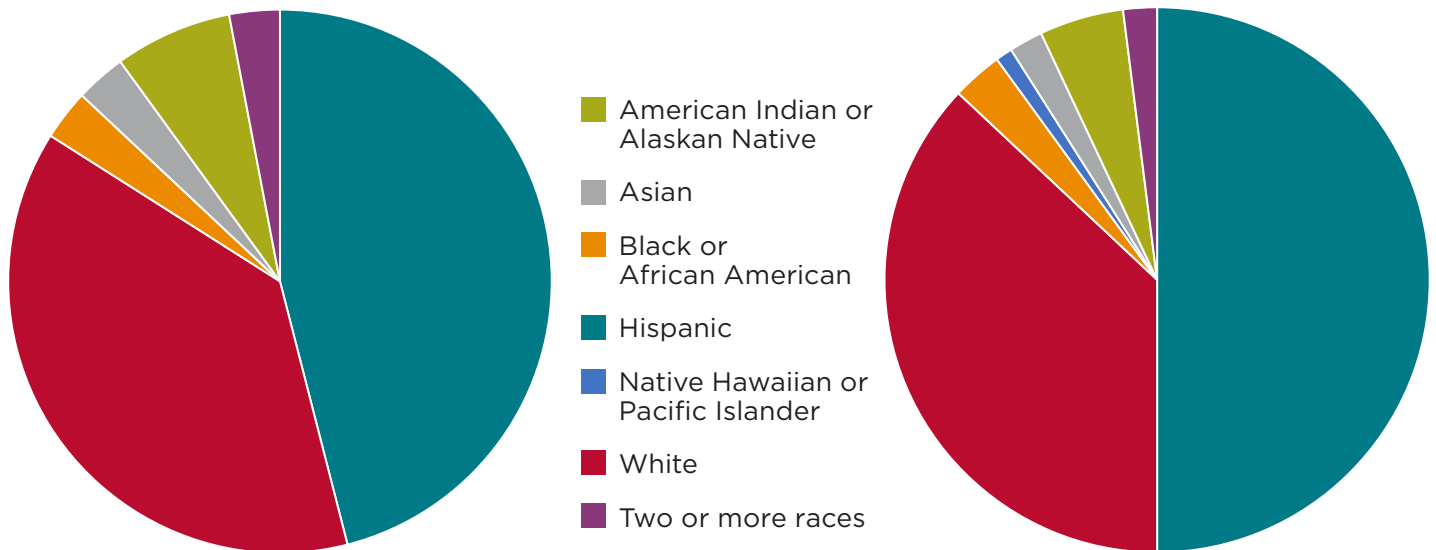
Attendees also asked UNMH to participate in community outreach and support programs that celebrate diversity and inclusivity and empower and support underrepresented groups. Thanks to the feedback from listening sessions, UNMH will commit to working to meet the needs of under-represented individuals.

The following are examples of strategies, internal resources, and community resources, which contribute to access.

### Local Population and Staff Demographics, 2019

#### Bernalillo & Sandoval Counties

#### UNM Hospital Staff



Source: Bernalillo and Sandoval County projected 2018 Census and UNMH Human Resources 2019

Figure 2

## Strategies

The following are examples of strategies and possible strategies to reduce health disparities:

- Embed community health workers in clinics to screen for and assist patients in addressing harmful social determinants of health
- Increase access to interpreter services for Limited English Proficient (LEP) patients, families, and caregivers
- Work with community Pathways navigators to share education on the complexities of emergent vs urgent care services
- Provide care coordination and health care delivery at the Westside Emergency Housing Center (page 44)
- Increase awareness of community resources available to patients who face adverse social determinants like housing instability
- Participate in community outreach and support programs that celebrate diversity and inclusivity and/or create opportunities to empower and support under-represented groups

- Monitor quality outcomes data to identify and address racial/ethnic disparities, and work with Office of Diversity, Equity and Inclusion (DEI) to address issues

**Quality data shows how well the hospital achieves desired health outcomes, like safety of care or reduction of infections patients get while staying in the hospital.**

- Work with DEI (page 40) to reduce identified health disparities and improve the care provided to an increasingly diverse patient population
- Make sure that patients from all racial and ethnic groups, regardless of language, leave the hospital understanding discharge instructions
- Decrease the number of patients who leave the Emergency Department without receiving care and work to make sure that this does not happen more often to economically disadvantaged patients, regardless of their race, ethnicity, language, age, or gender identity

- Make sure that all patients, regardless of their race, ethnicity, language, age, gender identity, or ability to pay feel comfortable making a complaint about their care
- Create a Diversity Equity and Inclusion Educator position under the Office of Diversity Equity and Inclusion to support the provision of exceptional and inclusive care to all UNMH patients
- Explore the addition of sensitivity training specific to diversity, equity, and inclusion, beginning in the UNMH Emergency Department
- Provide training to Pathways navigators and other community organizations on current programs available through DEI
- Work to reduce the number of gendered spaces for both patients and staff by updating signage across the organization



## Internal Resources

### **BLUE WRAP PROJECT**

This project works to make use of unused clean operating room wraps and convert them into sleeping bags for the homeless population. This program works to meet the needs of those who face adverse social determinants like housing insecurities.

### **HEALTH LITERACY**

Health care organizations have a responsibility to make sure patients can find, understand, and use health information to make decisions about their care. The Health Literacy Office at UNMH improves the way written and spoken health information is communicated. The Office reviews and revises for reader-friendliness an average of 150 patient-facing documents a year in consultation with medical staff and works with Interpreter Language services on translation of these documents into other languages. The Office also provides training for staff on patient-centered communication skills and is piloting community-based programs that increase adult health literacy for speakers of languages other than English. The Health Literacy Task Force works towards improvements in the Hospital's ability to provide useful accessible health information to all community members.



## **INTERPRETER LANGUAGE SERVICES**

To make sure there is clear communication between care teams, patients and families, UNM Health System provides quality language services at no cost to patients. The use of professional medical interpreters helps to make sure that patients get accurate, fair and confidential interpretation of all information given during their visit. In addition to staff interpreters, nearly 200 bilingual hospital employees have undergone medical interpreter training and are qualified to provide medical interpretation throughout the health system (Figure 1).

## **LGBTQ COLLABORATIVE**

The UNM Health System LGBTQ Collaborative is an employee resource group formed in 2011 under the Office of Diversity, Equity and Inclusion. It is open to the entire UNM Health System and includes community partner representation from the UNM LGBTQ Resource Center and the Transgender Resource Center of New Mexico. The LGBTQ Collaborative works on initiatives that create an environment that supports LGBTQ employees, patients, families, friends and allies.

## **MIMBRES SCHOOL EXPANSION**

The Mimbres School is a state-accredited, year-round elementary and high school in a hospital setting. Caring staff develop general and special education plans that address each student's unique academic, behavioral and social needs in a safe, structured environment. In response to requests from UNMH's patients and families, Mimbres school expanded from beyond the Child Psychiatric Center to the main hospital. The ability to stay on track with school and not fall behind while handling the disruptions to family that come with a chronic/debilitating diagnosis is gigantic. The school also allows siblings to enroll and/or take advantage of regular open tutoring hours open each day.

## **NATIVE AMERICAN HEALTH SERVICES**

Resource definition on page 20

## **NAVAJO WORKING GROUP**

The mission of the Navajo Working Group is to provide quality support services for Navajo patients and the UNMH personnel who serve and interact with them. The working group strives to build awareness of the need for culturally aware care for Navajo patients and their families.

## **NM CARES HEALTH DISPARITIES CENTER**

The New Mexico Center for the Advancement of Research Engagement and Science on Health Disparities (NM CARES) is funded by the National Institutes of Health and National Institute for Minority Health and Health Disparities. UNM Health Sciences does research aimed at finding new answers to the complex problems that contribute to health disparities in New Mexico.

## **PROJECT SEARCH**

Project SEARCH is a business-led collaboration that provides young adults with disabilities the chance to have experience for future employment through training and career exploration. Project SEARCH is a one-year, post high school transition program which provides both training and education, and potential employment. Project SEARCH participants are on-site at UNM Hospital to learn about the health care field.

## **THINKFIRST INJURY PREVENTION FOR YOUTH**

Youth of color are at higher risk of being injured or killed from injury. This program's mission is to prevent brain, spinal cord and other traumatic injuries through education, research and advocacy. Health care professionals from UNM Health System visit classrooms and youth organizations, like the Boys & Girls Club, to make engaging, age-appropriate presentations that help children and teenagers understand prevention topics.



**THE UNIVERSITY OF NEW MEXICO  
PREVENTION RESEARCH CENTER (UNM  
PRC) AND COMMUNITY ADVISORY  
COUNCIL (CAC)**

Prevention Research Center and the Community Advisory Council (CAC) work to make sure that communities are involved in the Center's activities. CAC members are chosen for their experience, involvement with, and commitment to health promotion, disease prevention and other health issues of New Mexicans. The CAC includes representatives from tribal organizations, schools, state and federal health organizations, community members, and university faculty and staff. The community-engaged prevention research assists programs addressing nutrition, physical activity, teen pregnancy and violence prevention and will include surveillance projects, social marketing initiatives, and dissemination and implementation research.

**UNM HOSPITALS OFFICE OF DIVERSITY,  
EQUITY & INCLUSION (DEI)**

Through community collaboration, diversity and cultural humility training, consultation, advocacy, data collection and analysis, the DEI enriches the UNM Health System's ability to provide exceptional and inclusive care to all patients. All individuals who hold a leadership position at UNMH are required to participate in a diversity training designed specifically for leaders.

## Community Resources

### **ALBUQUERQUE HEALTH CARE FOR THE HOMELESS (AHCH)**

AHCH is the only health care organization in Central New Mexico dedicated exclusively to providing services to homeless people, AHCH provides critical services to over 7,000 men, women and children every year. By addressing the health-related causes of homelessness, AHCH makes it possible for people to find solutions to end their homelessness.

### **BARRETT HOUSE**

Barrett House provides shelter and supportive services to women and children experiencing homelessness. Barrett House provides homeless women and children the stability they need to start their journey toward having a permanent home.

### **BEST BUDDIES NEW MEXICO**

Best Buddies serves people with intellectual and developmental disabilities with programs that include integrated employment, leadership development, and inclusive living.

### **HEADING HOME**

This New Mexico non-profit provides emergency housing, permanent supportive housing services and focuses on street outreach to people experiencing homelessness.

### **HELPING HANDS FOR SENIORS**

The Helping Hands for Seniors project is a collaboration between UNMH, City of Albuquerque Senior Affairs and Albuquerque Fire and Rescue with the goal of helping Albuquerque's elderly age in place. Patients with non-medical needs that get in the way of their health can get home visits, navigation services, and home safety modifications like the installation of ramps, grab bars and shower benches.

## **HEALTHY NEIGHBORHOODS ALBUQUERQUE**

This program works to improve the community's health beyond providing medical care by addressing the other factors that play into a person's health, like employment and education. UNMH's collaboration has resulted in reduced cubic feet to landfills, reduced CO2 tons, savings in terms of gallons of water, trees, and energy. This program also works to source certain goods and services locally when available and possible to do so, with emphasis on hiring locally, buying locally and supporting the startup research and growth of local businesses in the communities that need them the most.

## **PATHWAYS**

Pathways is designed to reduce unmet needs, address health inequities, and improve the overall health of the residents of Bernalillo County. It focuses on positive health outcomes by using community health navigators as care coordinators who connect at-risk residents to resources and follow their progress toward improved health outcomes. Meaningful outcomes for the clients are reached by following

a step-by-step approach (Pathways). While individuals attain improved health, common systems issues are also brought to light and result in stronger service coordination. Pathways navigators are embedded in grassroots community organizations. These organizations receive grants from Pathways to fund the navigators' work. Recent Pathways grantees include:

- **Casa de Salud** - interweaves traditional and conventional medicines to meet the physical and spiritual health needs of the community in a welcoming, just, creative, and inclusive environment.
- **Crossroads for Women** - provides comprehensive, integrated services to empower women emerging from prison to achieve safe, healthy, and fulfilling lives in the community, for themselves and their children.
- **East Central Ministries** - assists those living in Albuquerque's International District by providing healthy food resources, holistic care programs, and services for youth.

- **Encuentro** - engages Latino immigrant families in educational and career development opportunities that build skills for economic and social justice.
- **Enlace Comunitario** - transforms lives of individuals and their families experiencing domestic violence by working to decrease gender inequity and intimate partner violence in the central New Mexico's Latino immigrant community.
- **Juntos** - organizes Latino families to advocate for environmental justice, including clean air and water
- **La Plazita Institute** - is designed around the philosophy of "La Cultura Cura" or culture heals. La Plazita Institute provides cultural healing services to Albuquerque's vulnerable youth and their families.
- **New Mexico Asian Family Center** - offers mental health services to Pan-Asian, Middle Eastern and African immigrants and refugees who have experienced trauma due to war in their home countries, displacement at refugee camps and resettlement.
- **PB & J Family Services** - Provides intensive wrap-around services to at-risk children and families.
- **TenderLove** - helps students learn to follow directions, take projects from beginning to end, design their own projects, think and create independently. Students also learn basic financial skills, and basic employment etiquette, like on-time arrivals, calling when late, scheduling time off with supervisor's approval.
- **United Voices for Refugees** - is a community led organization that advocates for refugee resettlement policies that promote well-being and independence.

## **THE UNM ADOBE PROGRAM**

The ADOBE Program provides wrap-around services for youths that have been imprisoned in the Bernalillo County Youth Services Center (YSC). The services include medical and mental health, legal advice, home navigators and education support. The program's primary goal is to lower the risk of the youth repeating in delinquent/criminal behavior.

## **WESTSIDE EMERGENCY HOUSING CENTER**

A project of Heading Home, the Westside Shelter provides emergency housing to men, women, and families experiencing homelessness. UNM Health System participated, along with many local organizations to bring the Westside Emergency Housing shelter in to being. UNM rotates with other care delivery systems to provide acute health visits. UNMH has care navigators on-site.

# CONCLUSION

UNMH is committed to improving the health of Bernalillo County by making the highest quality health care as accessible as possible to all community members. This commitment means different things to different people, as we learned during 21 listening sessions we held throughout the county's diverse neighborhoods. Residents of the South Valley emphasized an opportunity for UNMH to deliver more compassionate care in health outcomes, while respondents from the North East Heights said they would like to see a reduction in appointment wait times and a larger availability of specialists. Several core themes were consistent throughout. Themes included improved access to medical and behavioral health care, greater transparency and better communication about the many forms of financial assistance available through UNMH. Another theme was the need to better address the racial and socio-economic health disparities that arise from unequal access to resources and other adverse (harmful) social determinants of health, like poverty and language barriers,

that affect in greater numbers the county's most diverse and economically vulnerable residents.

As New Mexico's largest public hospital and only academic medical center, UNMH has been striving, through the development of its own resources and the creation of community partnerships, to address these and other critical health needs for years. Some progress has been made, but solutions to large systemic issues like provider shortages and economic inequality are only possible through collaboration with the many other government entities, community organizations, and New Mexico residents that share our concern and commitment to the health and health care of all New Mexicans. As we move into the implementation phase of the 2020 UNMH CHNA, we look forward to partnering with the many groups and individuals who generously stepped up to share with us their needs, concerns, and visions for a healthier New Mexico.

# APPENDIX 1 - COMMUNITY HEALTH IMPLEMENTATION PLAN CONTRIBUTORS

## LEADERS AND FACILITIES INVOLVED

UNM Hospitals would like to thank the following individuals and organizations for their contributions toward the successful completion of the UNM Hospitals 2020 Community Health Needs Assessment:

- Los Vecinos Community Center
- First Choice Community
- Erna Fergusson Library
- Paradise Hills Community Center
- UNMH SW Mesa Family Clinic
- Barelvas Community Center
- UNMH SE Heights Clinic
- Jewish Community Center
- South Valley Economic Development Center in conjunction with Cooperativa Korimi
- Office of African American Affairs
- Cherry Hills Library
- NM Black Mental Health Coalition
- UNMH NV Family Clinic
- First Nations
- All Nations Wellness and Healing Center
- Albuquerque Health Care for the Homeless
- UNM School of Public Administration
- Pathways to a Healthy Bernalillo County/ Bernalillo County Re-entry Resource Center
- UNM Health Sciences Center Office of Community Health, Health Extension Regional Officers (HEROS)
- Centro Savila
- ACCESS - Arts Community Culture Education Sports Science
- EleValle
- Bernalillo County Community Health Council
- UNM Office for Community Health
- New Mexico Black Mental Health Coalition
- UNM HSC Marketing
- UNM Hospitals Health Literacy Office
- UNM Hospitals Office of Diversity Equity and Inclusion
- UNM Hospitals Interpreter Language Services
- UNM Hospitals CEO, Kate Becker and the Hospitals' Chief Officers, Clinical Executives, and all Clinical and Financial Operations teams
- UNM Hospitals Business Development Office



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# APPENDIX 3 - CHNA LISTENING SESSION REGIONS

## BERNALILLO COUNTY

- East Mountain
- Far NE Heights
- UNM Area
- NW Mesa
- NE Heights
- Four Hills
- SW Mesa
- North Valley
- S Valley
- N NE Heights
- SE Heights
- Downtown

