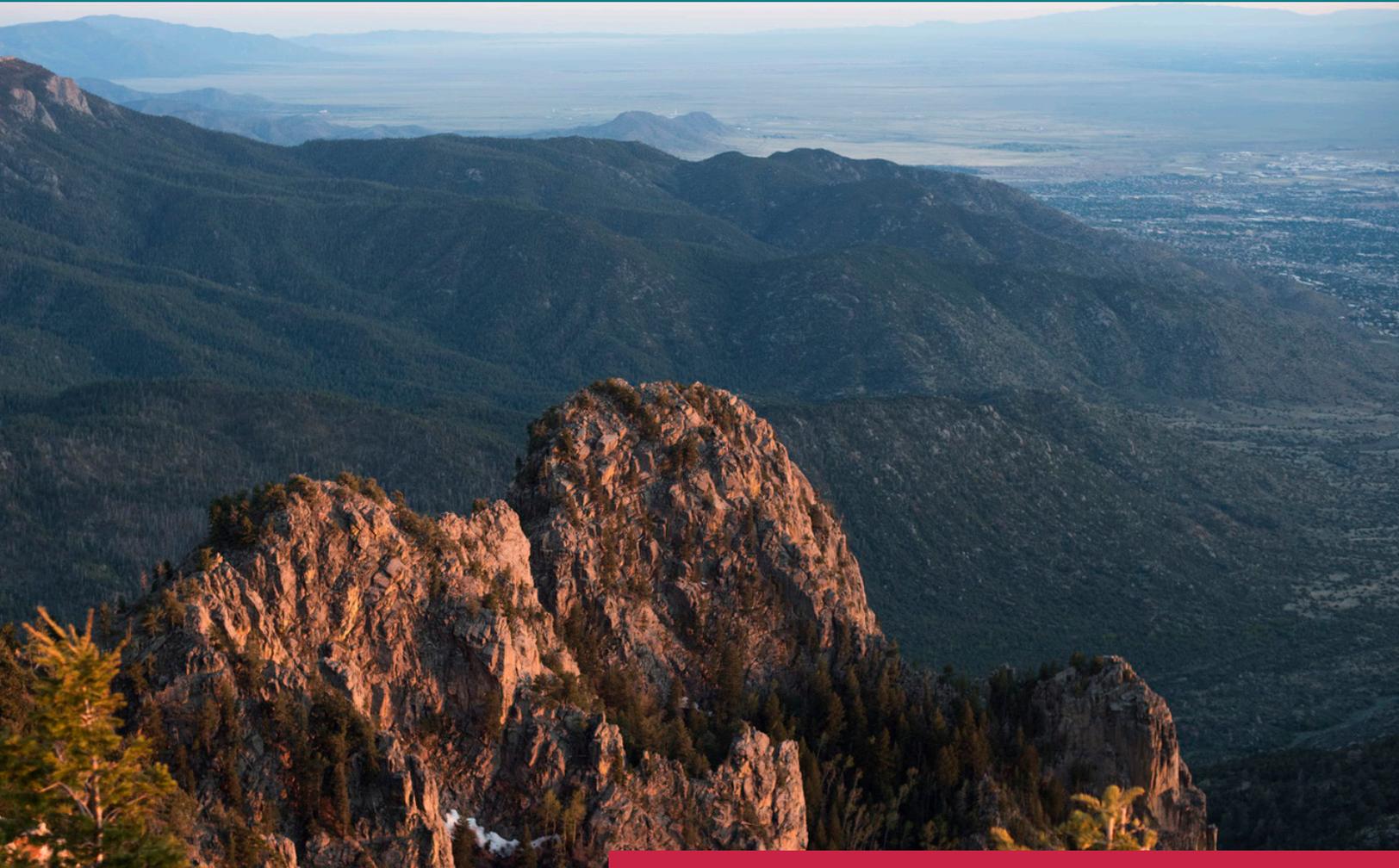


**2020**

STATEWIDE COMMUNITY  
HEALTH NEEDS  
ASSESSMENT



# Our Commitment To New Mexico

The mission of The University of New Mexico Hospital (UNMH) is rooted in patient care, education and research. Working towards achieving this mission would not be possible without the support, knowledge and active engagement of the many different communities we serve. In an effort to further engage with and better understand these communities, UNMH pursued several exploratory initiatives during the summer of 2020. We surveyed various New Mexico health care leaders, reviewed Community Health Needs Assessments (CHNAs) completed by local and regional organizations and considered other sources of feedback to understand strengths/assets, concerns and health care delivery experiences of these communities. The feedback we received from this statewide survey, in conjunction with the review of other reported feedback, is helping advance The University of New Mexico Hospital's promise of delivering more health care for New Mexico.

Our diverse state and people are strong and resilient. This is demonstrated by our state's position as a leader in U.S. vaccination rates during a worldwide pandemic—New Mexico modeled the power of our collective creativity and ability to pull together in a crisis. COVID-19 also revealed weaknesses in health care systems and amplified disparities. UNMH is using these experiences to plan future initiatives, allocate resources and continue progress toward a healthier New Mexico.

The 2020 Statewide Community Health Needs Assessment will help expand upon the many services and efforts already in place or underway across New Mexico. It will also assist in identifying new ways to support our most vulnerable populations. Your valuable feedback informs our strategies and together, we'll work to improve health care equity, outcomes and access to specialized health care services for New Mexicans. Thank you for your partnership.

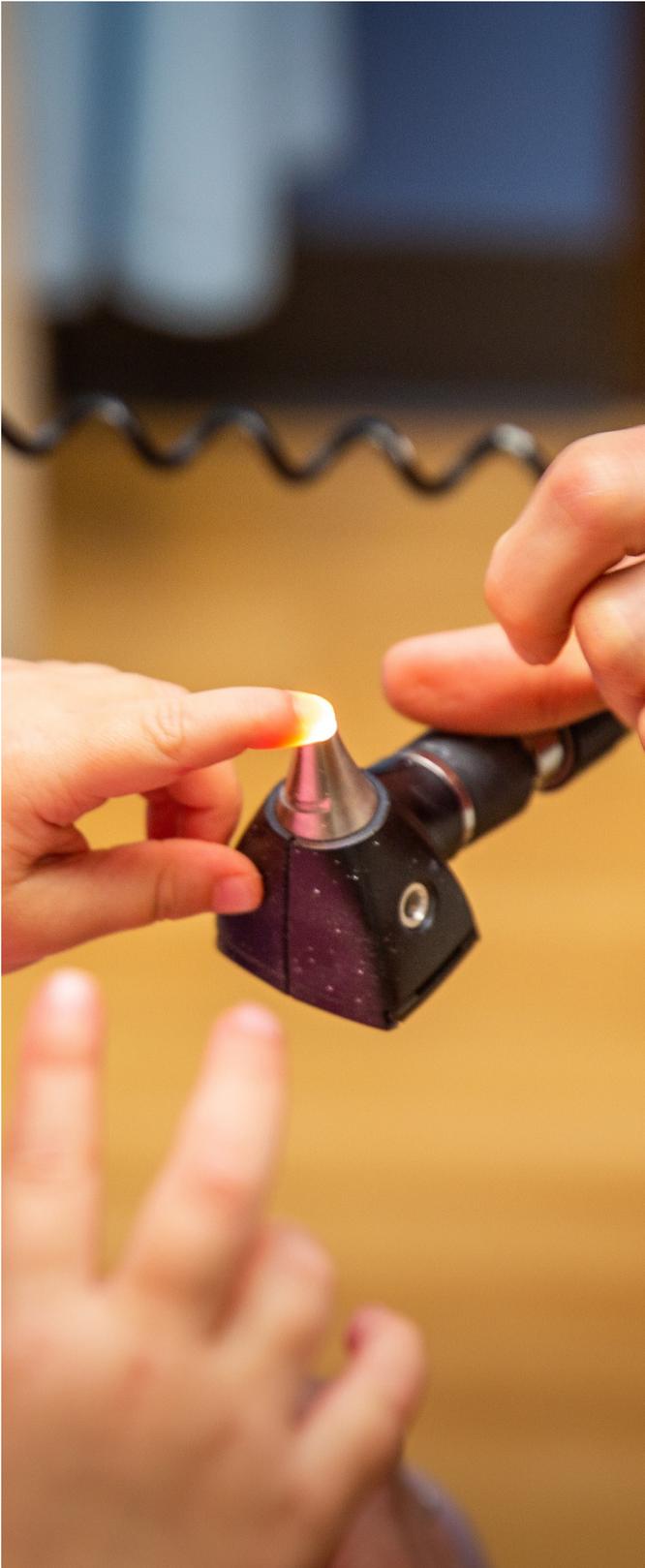


*Kate Becker*

Kate Becker  
CEO, UNM Hospital

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# Executive Summary

A Community Health Needs Assessment (CHNA) is a process health care systems use to gather information from community members and leaders about important health issues and unmet health needs. This is a way for hospitals to work with communities to hear and understand their health priorities and barriers to access. What follows that 'assessment' work is the development of strategies and an implementation plan. Our report details the steps UNM Hospital took to assess health needs in various regions of New Mexico, shares our findings region-by-region and discusses strategies over a three-year horizon.

As with many things, timing is important. In 2019, UNM Hospital conducted a CHNA for Bernalillo County and published the final report in early 2020. Our Statewide CHNA was set to begin in March, but our focus shifted quickly to COVID-19 response and mitigation as we experienced a world-wide pandemic. We learned so much over the past year about how to respond to COVID-19 and we are proud and humbled to have been a part of saving lives in New Mexico

while working alongside incredibly talented people at leadership levels and on the front lines. We are also proud to have continued offering high quality emergency, critical care, trauma, stroke and other specialized services for non-COVID-19 related health needs of our state. Our 2020 'socially distanced' statewide CHNA took place through electronic survey tools, epidemiological and demographic data pulls, zoom meetings and by poring through recently published pre-COVID-19 materials from boots-on-the ground organizations from Farmington to Lovington and Silver City to Clovis.

Most of the issues we found during the process are related to access to specialist care for chronic conditions; concerns over addiction and substance use; financial stability through access to jobs, health care coverage and other financial help; and certain infrastructure gaps that result in health care disparities for vulnerable people. We also found appreciation for programs and services that support communities and help them with resilience. Our health care and other

community support systems infrastructure are an important but fragile network. We learned how a pandemic can quickly overwhelm vulnerable communities by exposing and amplifying underlying disparities and we know we'll respond to those vulnerabilities for years to come.

The CHNA process is shown in Figure 1, below.

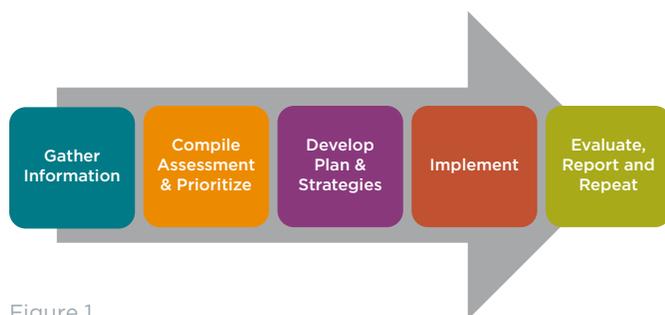


Figure 1

### Mission

Our patient care mission encompasses serving as an accessible, high-quality, safety-focused, comprehensive care provider for all the people of Bernalillo County and providing specialized services for people across the state.

Our education mission focuses on creating a patient care environment that supports the educational programs of the UNM Health Sciences Center professional schools. Our research mission focuses on the application of new biomedical

knowledge, translated to innovative patient care programs and models of health care delivery, leading to health status improvement for New Mexico.

### Vision

UNMH will be the leader in improving New Mexico's health outcomes through our academic specialty programs and our community-responsive, culturally competent, patient care, education and clinical research programs.

### Our core values emphasize:

- A culture of shared expectations regarding integrity, accountability and decisiveness in commitment to excellence
- Compassion and respect in our interaction with students, patients and colleagues
- Diversity in people and thinking
- Effective utilization of our resources
- Advancement of our institutional mission while supporting professional and personal growth

## Values

The 2020 Statewide Community Health Needs Assessment was done to find out what New Mexico residents feel are the most important health issues. The next step will be to set up a way to meet those needs. To better understand those needs, UNMH looked at population health data (information about the health of specific groups) from many sources. UNMH also did a statewide survey to get feedback from health care leaders from across the state.

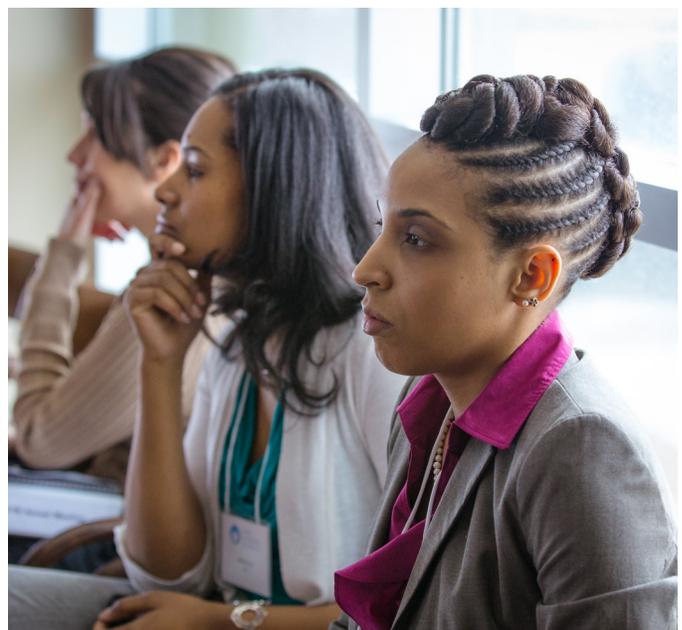
To make sure that input from many different sources was collected, we referenced feedback from other Community Health Needs Assessments and also surveys from the UNMH Native American Health Services community liaisons. Listening sessions with other special interest groups were held.

When UNMH collected feedback from health leaders across the state of New Mexico, this led to the creation of four focus areas. Hospital leadership helped think of ways to work on these focus areas. Hospital leaders who were part of this work were: the Ambulatory Executive Committee, clinic and outpatient directors, financial managers and the

Office of Diversity, Equity and Inclusion. They helped figure out ways that the hospital can help with these focus areas.

### Four focus areas emerged from this process:

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



# About UNM Health

## **UNM Hospital Background and History**

UNM Hospital opened in 1954 as the Bernalillo County Indian Hospital. A 1952 contract between the federal government (Indian Health Service), Bernalillo County and the State of New Mexico conveyed Pueblo land from the Bureau of Indian Affairs (BIA) to Bernalillo County to build and operate a licensed hospital. Its purpose was to provide services to a growing population in and around Albuquerque and to serve the growing health needs of Native Americans in New Mexico. At the time, 100 beds were reserved for use by Native Americans, with priority to those from NM pueblos.

## **About UNM Health and UNM Hospital**

UNM Hospital serves all New Mexicans. As UNM Health's flagship hospital and the state's only academic medical center and Level I trauma center, it is the main source of advanced specialty care for patients from across the state. UNMH is part of the UNM Health System.

UNM Hospital is New Mexico's fourth largest employer. Its 8,000 team members and 1,500 physicians and advanced practice providers implement our mission to deliver the highest quality patient care, educate medical providers and other health professionals involved in patient care and conduct cutting-edge research.



## UNM Health Statewide Presence

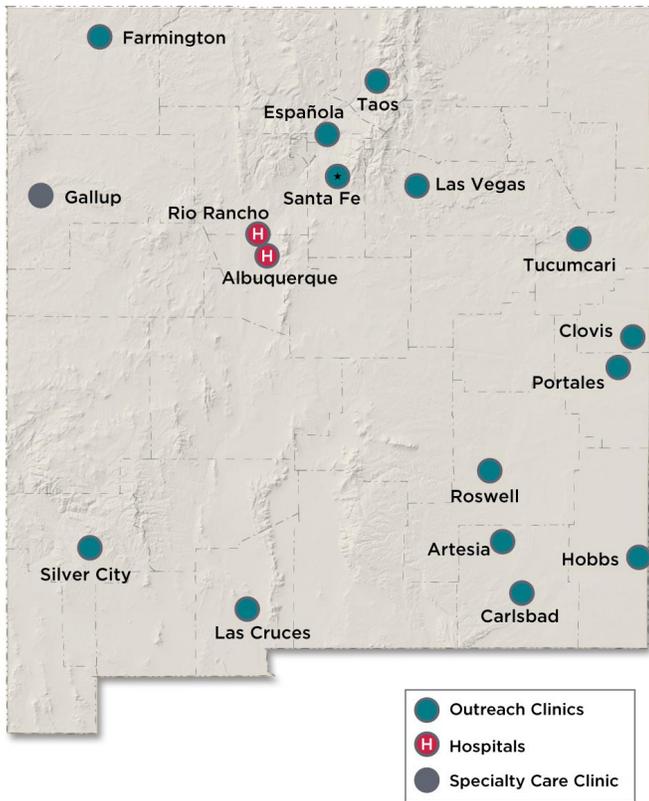


Figure 2

The map above represents UNM Health, statewide outreach locations, and our new specialty care clinic. Clinics in Bernalillo and Sandoval County are not shown.

## Children's Hospital of New Mexico

The University of New Mexico Children's Hospital is New Mexico's only dedicated Children's Hospital. Health care providers in this academic medical center 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 orthopaedic conditions
- Rehabilitation needs
- Developmental issues
- Long-term physical disabilities

CTH includes over 21 specialized outpatient clinics for juvenile arthritis, clinical genetics, brain and spinal cord injuries, development, neurological conditions and more. Through CTH, thousands of children receive access to advanced treatments in clinical trials.

## **Level I Trauma Center**

The University of New Mexico Hospital is the state's only Level I Trauma Center. It was accredited in 1983, with the highest verification by the American College of Surgeons (ACS). Advanced technology helps us quickly diagnose, stabilize and treat 7,000 critically ill or injured patients each year. ACS Level I trauma center represents gold standard for verification. Although a trauma center can exist without ACS verification, UNMH chose to pursue gold standard verification, making UNMH the only New Mexico designated Level I Trauma Center.

Elements of Level I Trauma Centers Include:

- 24-hour in-house coverage by general surgeons
- Prompt availability of care in specialties
- Working as a referral resource for communities in nearby regions
- Providing leadership in prevention
- Public education to surrounding communities
- Program for substance abuse screening and patient intervention
- Meets the minimum for annual volume of severely injured patients

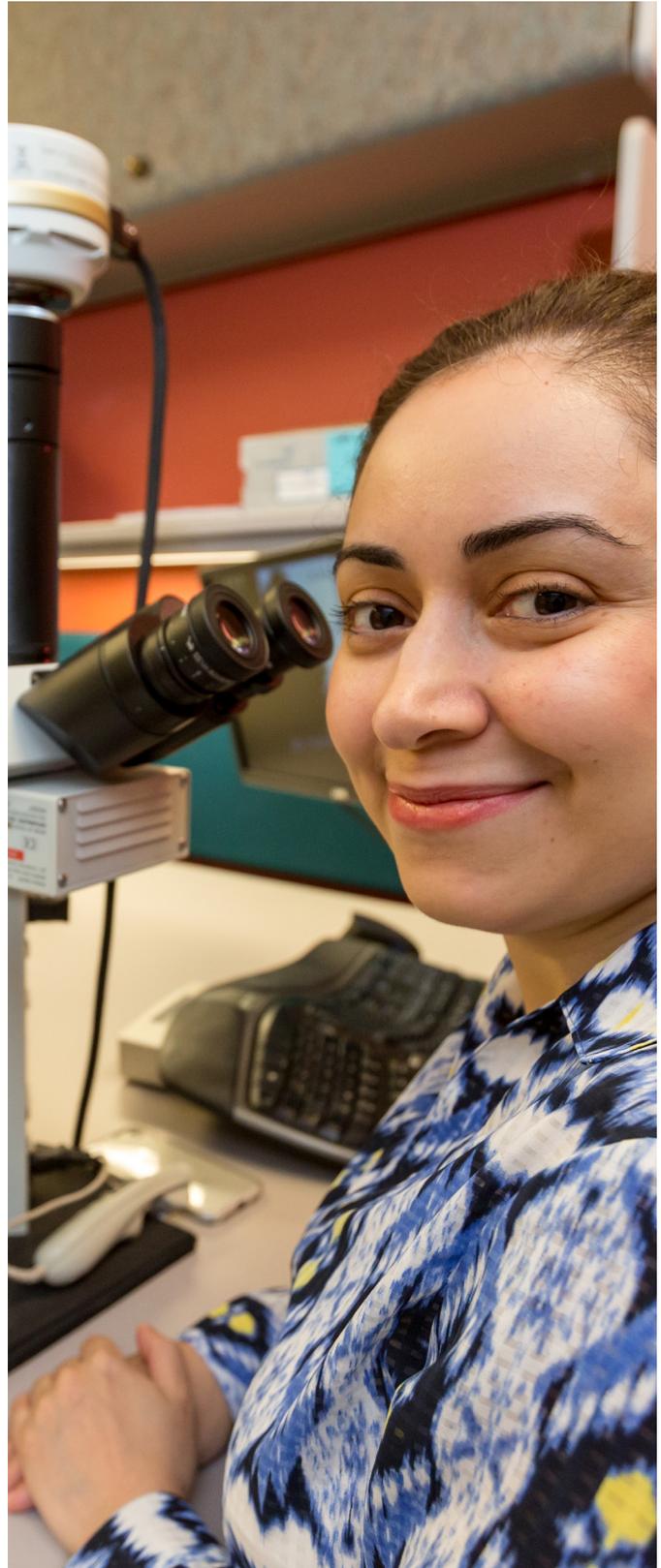
The nearest Level I trauma center is over 400 miles away in any direction. Because of this, UNMH's Trauma Center covers a large, rural, geographically distant population.

## **Comprehensive Stroke Center**

The University of New Mexico Hospital is the state's first Comprehensive Stroke Center, recognized by The Joint Commission, a national accreditation agency for health care organizations and programs. The accreditation provides advanced stroke technology which helps us quickly diagnose, stabilize and serve stroke patients across New Mexico. A team of Joint Commission reviewers performed a rigorous, unannounced on-site review of UNMH in late 2020. Joint Commission standards are developed in consultation with health care experts and providers, measurement experts and patients. During the visit, the reviewers looked at how UNMH followed these standards. They also conducted on-site observations and interviews. The Comprehensive Stroke Center Certification recognizes health care organizations committed to continuous improvement in patient safety and quality of care.

## **Academic Hospital**

UNMH is the only academic medical center in New Mexico. UNMH delivers care for patients with the most complex health needs in the Southwest. UNMH is the primary teaching hospital for the UNM School of Medicine, offering cutting edge medical research, technology, clinical trials and specialty patient care.



# UNM Hospital Responds to COVID-19

The global pandemic of COVID-19 caused urgent and in some ways permanent, changes to health care systems across the world. The same is true for The University of New Mexico (UNM) Health, which encompasses UNM Hospital, Sandoval Regional Medical Center and the UNM Medical Group.

As the state's only Level I trauma center and academic health center, UNM Health played a vital role in the State's response to the pandemic. Senior leadership from the UNM Health leadership team was tapped to run the Medical Advisory Team (MAT) for the state. This team engaged our national labs and used modeling and forecasting updates to help influence public health orders and prepare the clinical delivery systems for what they could expect.

Our hospital entities set up Emergency Operations Centers (EOC), a Joint information Center (JOC) and an Incident Management Team (IMT) for our educational, research and clinical missions. This coordination was then bolstered through collaboration with the other major health systems in the community to ensure we all could

**New Mexico Hospital Hub & Spoke Map**

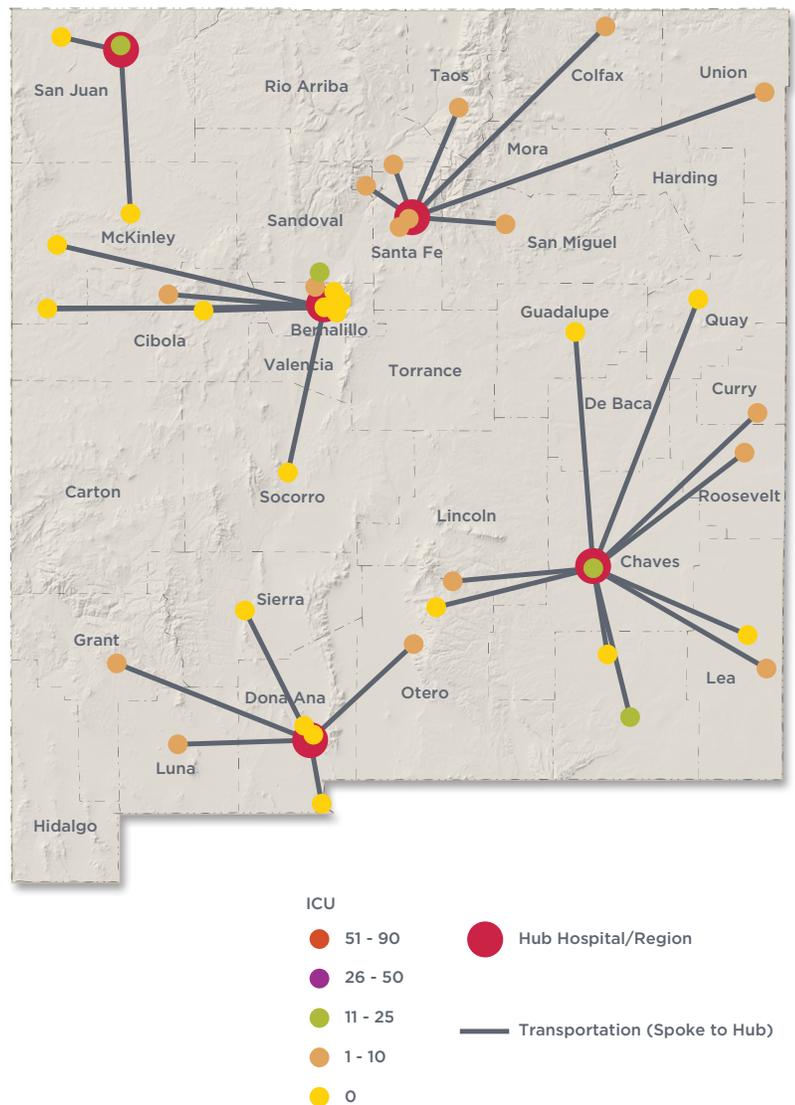


Figure 3

Source: New Mexico Department of Health and Human Services, Secretary David R. Scrase, M.D.; May 11, 2021

continue to treat patients seeking care, even during the two major COVID-19 positive case increases the state endured in 2020.

We also engaged our communities, tribal partners and other organizations to ensure we were assessing the needs of different communities and providing guidance and support. We set up testing locations for symptomatic and asymptomatic patients to be screened for COVID-19. As the year evolved, we watched and learned from other partners, states and health care systems. This was crucial as it ensured we were prepared to extend our Personal Protective Equipment (PPE) supplies and safeguard the health of our employees. It also ensured that we adjusted operations to accommodate the patients needing treatment.

UNM Health also opened a mass vaccination site at The Pit, the university's basketball arena. This site has allowed us ample space to move patients through efficiently and effectively. We used the New Mexico Department of Health's (NMDOH) vaccination portal to notify those eligible that they could schedule an appointment to be vaccinated and have given more than 46,000 doses of the vaccine through early March of 2021.

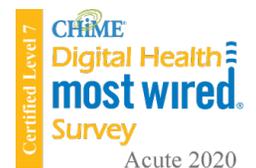
Our academic and research areas played major roles in supporting our clinical mission and the community during this time. The College of Pharmacy opened and staffed the state's COVID-19 hotline for the public to call and ask questions, get an update on testing results or find a testing location. By the end of the year they had handled more than 90,000 calls and inquiries.

Our researchers started working with samples of the virus soon after its discovery. We have been actively engaged in clinical trial research including the use of convalescent plasma and vaccine efficacy. They also spearheaded changes to treatment options for COVID-19 patients and ensured that this important change in care moved quickly from bench to bedside.

While this pandemic has certainly been a test of our clinical delivery system, our employees and community pulled together, saved lives and protected each other. As of spring 2021, New Mexico ranks second in the country for vaccine distribution. We still have a long way to go but there is light at the end of the tunnel. We appreciate New Mexicans continuing to follow COVID-19 safe practices.

# UNM Hospital Awards and Designations

UNM Hospital has received awards for excellence in the care of Comprehensive 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.



# We're Growing!

## Hospital Tower Expansion Project

For many years, UNM Hospital has served patients and the community as the State's only Level I Trauma Center despite many constraints due to lack of inpatient capacity, crowded and outdated operating suites and lack of overall physical space.

In 2020, despite being in the midst of a global pandemic, UNMH progressed through Phase I of the NHT Project and gained approval from the NM State Board of Finance to begin Phase II in early 2021. Phase II includes the construction of a new parking garage (more than 1,400 spaces) and various supporting logistical structures. Following the completion of the new parking garage, the current parking structure and several UNM department buildings just west of the BBRP will be demolished to make way for the new care delivery tower. The new tower will include 96 ICU beds, 18 operating

rooms, four Cath Labs, along with additional capacity for imaging services and adult emergency services. In the new tower, we are working to create physical space that matches technological advances along with a patient and family centered care delivery environment. The New Hospital Tower is scheduled to open in 2024.

In 2022, the New Mexico Higher Education Department and the State Board of Finance unanimously approved a vertical expansion of the tower. This will ultimately add two additional floors and even more inpatient capacity. This means the tower will now have nine levels, instead of seven, and approximately 190 beds, instead of the initial 96. UNMH is only adding the shell and core of the floors during current phase of construction. The interior portion will be completed after 2024.



## **PARTNERING WITH NATIVE AMERICAN COMMUNITIES**

The original federal contract of 1952 laid the groundwork for what is now UNMH. It has been changed several times, but the hospital remains committed to serving Native populations. This commitment 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 and families access to services through our patient care coordinators and community liaisons.

**Patient care coordinators** help make sure things needed for appointments are ready, including insurance and other paperwork. They help patients and clinics communicate.

**Community liaisons** serve and travel to New Mexico Pueblos, Tribes and Nations in their home communities throughout the year, providing information about UNM, conveying specific health-related concerns experienced by that specific tribal community, helping with priority access to services at the hospital and

attending community events and health fairs. Community liaisons are connections between tribal communities and The University of New Mexico educational pipeline programs that prepare and encourage young people to enter health care professions. The NAHS team coordinates with the Indian Health Services and other Tribal Facilities (638 Entities) that refer patients to UNMH. They are also available to help resolve concerns or questions from Native American patients and families.

### **NATIVE AMERICAN INPUT INTO HOW THE HOSPITAL WORKS**

Native American representatives are involved in hospital oversight and policymaking, two of the nine UNMH Board Members are from Pueblo communities. UNM Hospital's Board of Trustees includes a Native American Services Committee. Additionally, there are many other opportunities for collaboration and consultation with tribal leaders in NM. UNM Hospital also meets regularly with these groups to focus on community health needs:

- All Pueblo Council of Governors (APCG) and its various committees

- Albuquerque Area and Navajo Area Indian Health Service offices
- Urban, Tribal Community Health Centers and Hospitals

The Native American Health Services team worked to create closer connections and focused on inpatients arriving from remote areas, primarily Pueblo and Navajo. UNMH created additional access for interpretation of Native languages.

This collaboration was critical when the COVID-19 pandemic arrived in New Mexico in late Winter 2020.

### New Mexico Pueblos & Tribes

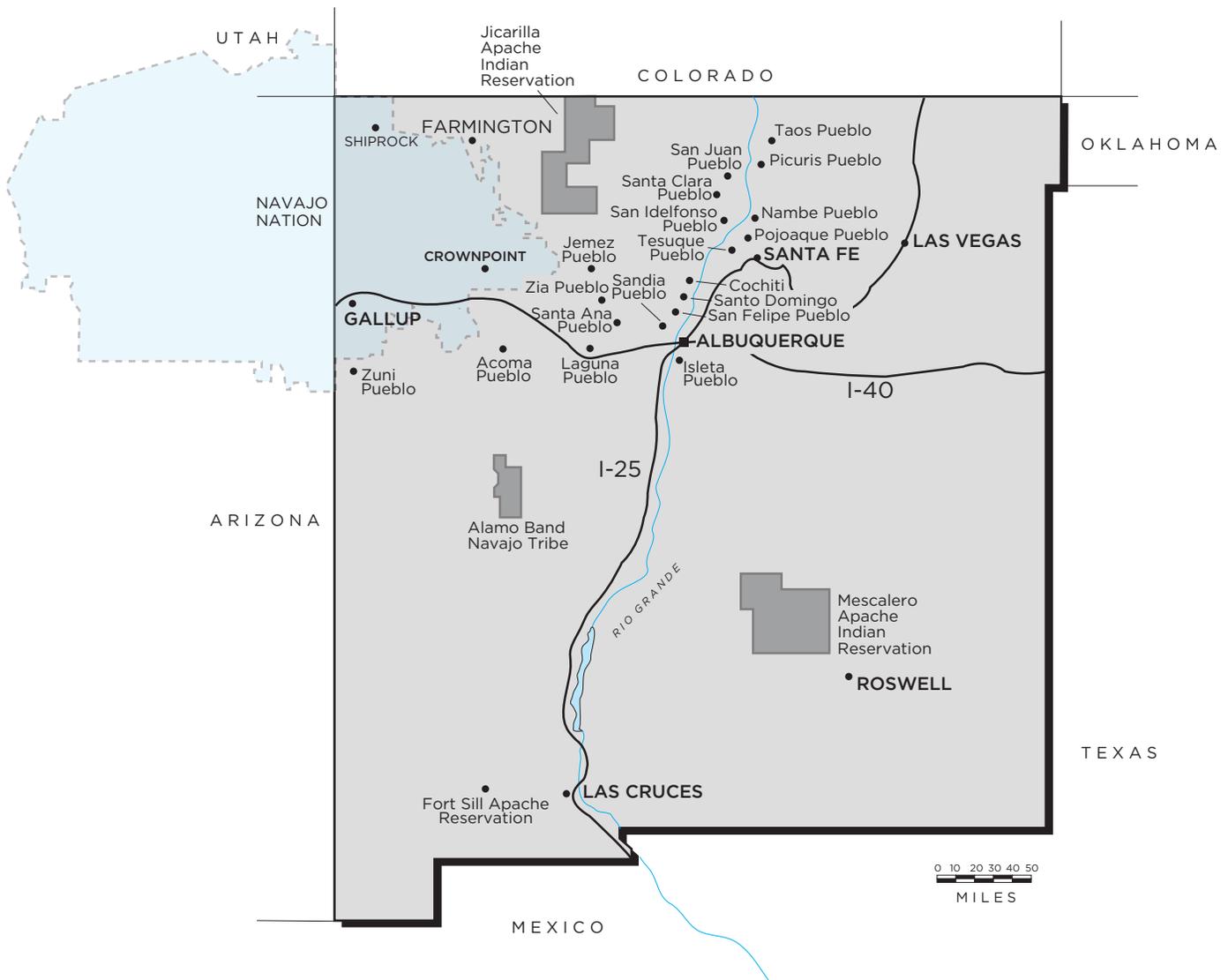


Figure 4



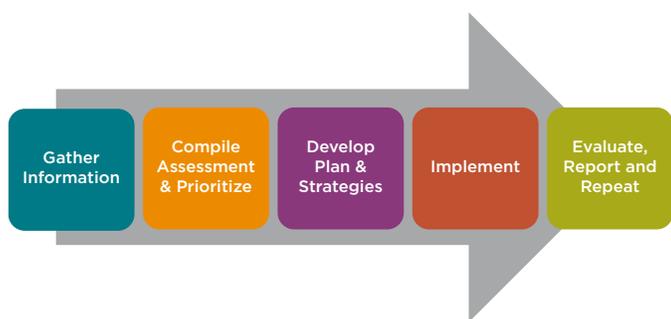
Source: Donovan Shortey | Licensed CC BY-NC-ND 2.0

The NAHS team worked with UNMH Diversity Equity and Inclusion & HSC Office of Diversity, to advise other area hospitals experiencing difficulty with cultural appropriateness or difficulty locating interpreters for native languages. The team also worked with a multidisciplinary clinical team at UNM, UNMH, Gallup Indian Medical Center (GIMC) and Navajo Area on end of life and palliative care discussions for traditional Navajo families. As pandemic infection peaked in the 4-Corners, they also helped create an infection control guidance document for traditional funeral preparations for Native American patients, their families and tribal administrators.

# CHNA Methodology: How the CHNA Process Works

A comprehensive Community Health Needs Assessment (CHNA) is a system driven process to gather information on health needs and priorities from community members and leaders. The information gathered is studied along with information about epidemiology (see box). Then strategies were created to address the most important health needs. The strategies, once put into action, are measured and the results are reported back to the community. The results are reported back to the community. The process then begins again. Each CHNA builds on what we learned from the one before. This report is about the first 2 steps in the 5-step CHNA process (see Figure 5).

The Affordable Care Act says that 501(c)3 (not for profit) hospitals have to complete a CHNA every three years. As a hospital that is part of a university, UNMH does not have to do this. UNMH chose to do the CHNA process as a way to learn from and respond better to the communities it serves. UNMH invites feedback from the community any time. You can email [UNMHCE@salud.unm.edu](mailto:UNMHCE@salud.unm.edu), or be part of community events with the Hospital. We also have listening sessions with Community Liaisons within Indigenous communities.



## Epidemiology is the study of:

- The things that cause health and disease
- The who, when and where patterns of health and disease
- How often people are healthy or sick in a specific population

Figure 5

## Part 1 | Gathering Data: Community Survey and Feedback Collection

In the summer of 2020, the University of New Mexico Hospital (UNMH) started a Statewide Community Health Needs Assessment. UNMH created and sent a survey to health care groups, health care councils and others involved in health care across New Mexico. Surveys were used instead of in-person listening sessions because of COVID-19 and the need for social distancing. The survey was shared with Health Extension Resource Officers from the UNM Office of Community Health and they shared it with people

involved in community health throughout the state. The survey was designed to be taken by people from many different neighborhoods and groups within five regions of New Mexico: Northeast, Northwest, Southeast, Southwest and the Metro region. The regions and their counties are illustrated in Appendix 2.

UNMH looked at the answers people gave to the survey to understand:

- Regional strengths
- Assets
- Concerns
- Health care delivery experience

UNMH did not get much feedback from the Southeast region and none from the

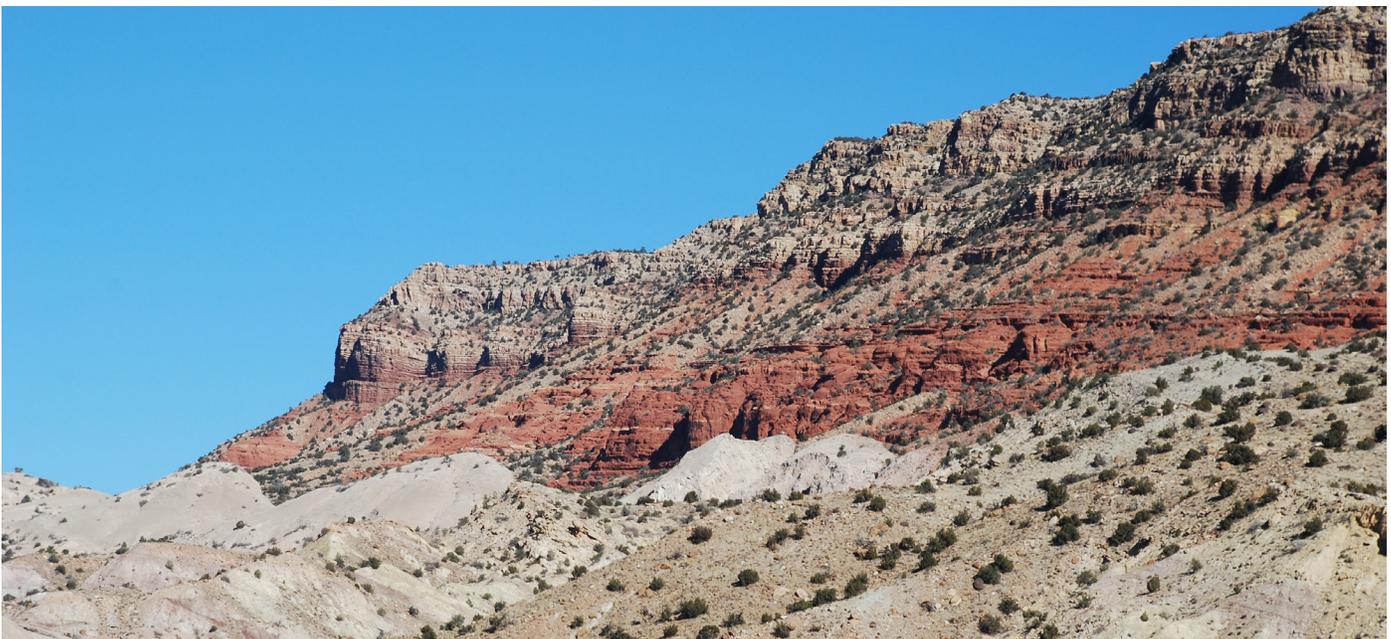


Northwest region. So UNMH looked at published community reports from all regions of the state, from the last three years. This helped to find trends and fill in gaps. UNMH also collected data on epidemiology (see box, page 19) from state databases, then sorted all of this information by region. Information was also collected from tribal community liaisons in different parts of the state, to help make the information clearer. Listening sessions done around the state in the past by NM First<sup>1</sup> also helped give feedback from different communities. It was very important to recognize feedback that had already been shared in previous findings and take that feedback into consideration.

### Survey Results:

Four distinct needs emerged from all regions in the 2020 survey responses:

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



<sup>1</sup> Health: Body, Mind & Spirit - Community Conversation Summary and Highlights 2020

## Part 2 | Gathering Secondary Data: Information from Numbers (Indicators of Health and Well-being in New Mexico)

### New Mexico's Five Health Regions

Historically, the New Mexico Department of Health (NMDOH) has organized the state's 33 counties and 22 sovereign tribes into five public health regions:

- Northwest
- Southwest
- Northeast
- Southeast
- Metro

Recently, NMDOH added the Metro region to the NW region. The five-region system is used in this report. This helps compare the Metro area, where most UNMH resources are, to more rural and remote areas of the state.

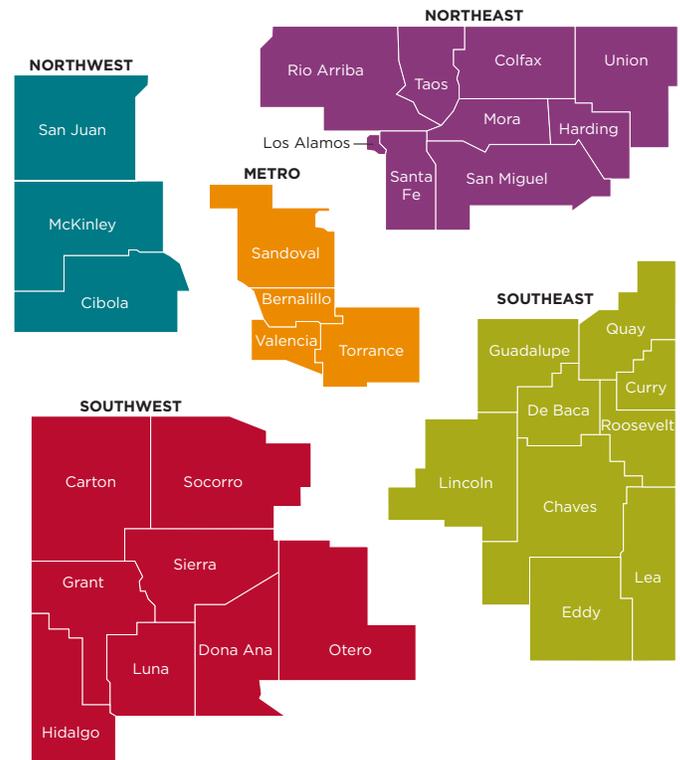


Figure 6

## Health and Well-being in New Mexico’s Five Health Regions

- New Mexico has about 2.1 million people
- It is the 36th largest state by population
- The state is 121,298 square miles in area. It is the 5th largest state geographically
- New Mexico has an average of 17.3 people per square mile, It is the 6th least densely populated of the 50 states

Population density is how many people live in an area. This is important for health care access. People who live in less populated areas often must travel long distances to get health care.

Population densities range from 10 people per square mile in the state’s Southwest and Northeast regions, to 99 people per square mile in the Metro region (Table 1).

**Population Density, New Mexico Health Regions, 2018**

	<b>Number of Persons</b>	<b>Land Area (Square Mile)</b>	<b>Persons per Square Mile</b>
Northwest (NW)	226,392	15,502	14.6
Northeast (NE)	294,572	29,467	10
Metro	915,244	9,283	98.6
Southwest (SW)	292,910	28,512	10.3
Southeast (SE)	372,612	38,534	9.7
New Mexico	2,101,730	121,298	17.3

Table 1

Source: US Census 2018 5-Yr American Community Survey

## Race and Ethnicity

“Minorities” are the majority in New Mexico:

- Forty-nine out of one hundred, or almost half of New Mexicans, are Hispanic
- Nine out of one hundred New Mexicans are Native American. The state has the highest percentage of Hispanic Americans in the country and is second only to Alaska in the percentage of Native Americans

New Mexico is home to:

- Part of the Navajo Nation
- 19 federally recognized Pueblos
- Three federally recognized Apache tribes

Table 2 provides population counts by race, ethnicity and public health region.

**Population Counts by Race and Ethnicity  
& New Mexico Health Region**

	<b>NW</b>	<b>NE</b>	<b>Metro</b>	<b>SE</b>	<b>SW</b>	<b>New Mexico</b>
Native American	114,445	12,262	51,632	3,165	9,041	190,545
Asian or Pacific Islander	1,738	4,641	22,747	3,000	4,675	36,801
African American	2,037	3,112	24,948	8,627	7,616	46,340
Hispanic	46,968	163,435	451,984	149,000	220,808	1,032,195
White Non-Hispanic	61,205	111,122	363,932	129,119	130,472	795,850
<b>Total</b>	<b>226,393</b>	<b>294,572</b>	<b>915,243</b>	<b>292,911</b>	<b>372,612</b>	<b>2,101,731</b>

Table 2

Source: US Census 2018 5-Yr American Community Survey

Figure 7 shows race and ethnicities in each health region. Hispanic residents are the largest group in four of the five regions. Native Americans are the largest group in Northwest New Mexico. The Metro Health Region is more diverse than the state overall, with more Asian and African American residents.

**Population Percentages by Race, Ethnicity  
& New Mexico Health Region**

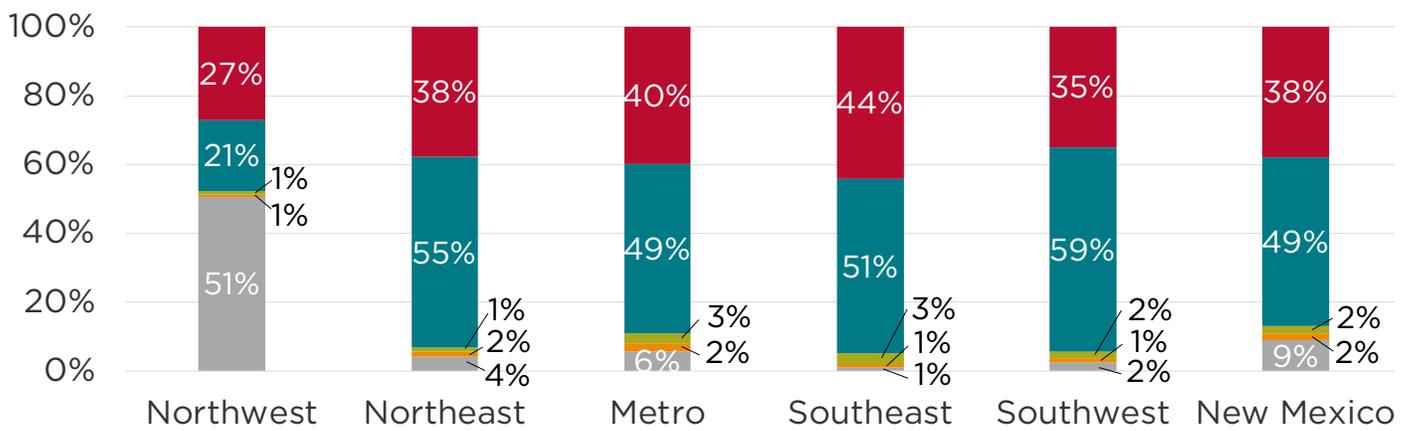
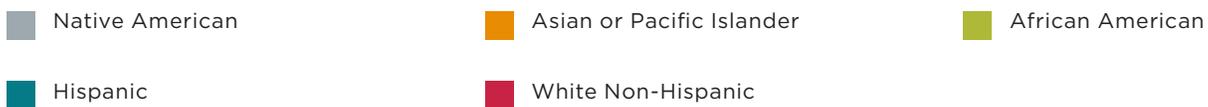


Figure 7



Source: US Census 2018 5-Yr American Community Survey

## Age

Age is a major determinant of health care need. New Mexico’s population, like that of the nation overall, is aging rapidly. In 2018, seniors made up 17 percent of the state’s population. By 2030, 42 percent of New Mexico residents will be over the age of 65. New Mexico’s Northeast region has the state’s largest percentage of seniors. In contrast, children make up relatively large shares of population in the state’s NW and SE regions (Table 3).

**Population by Health Region & Age, 2018**

	<b>NW</b>	<b>NE</b>	<b>Metro</b>	<b>SE</b>	<b>SW</b>	<b>New Mexico</b>
Less than 1 year	1.2%	0.9%	1.1%	1.4%	1.3%	1.1%
1-14 years	21.1%	14.7%	17.1%	20.7%	18.4%	17.9%
15-24 years	13.3%	11.0%	12.7%	14.4%	16.2%	13.4%
25-44 years	26.4%	22.4%	27.0%	25.8%	23.6%	25.5%
45-64 years	23.7%	27.7%	25.4%	22.7%	22.2%	24.6%
65-84 years	12.6%	21.0%	14.9%	13.2%	16.2%	15.5%
85+ years	1.7%	2.3%	1.9%	1.9%	2.1%	2.0%

Table 3

Source: US Census 2018 5-Yr American Community Survey

## Language

Language is a key factor for health because it is the way people communicate their health needs and receive health information. Being able to speak a second language in addition to English is valuable in communities where more than one language is spoken.

Not everyone has the same opportunities for Social Determinants of Health (SDoH) related resources like safe and affordable housing, education opportunities, public safety and social support in your community. Different resources and opportunities can lead to differences in health between different groups of people.

Economic and social conditions that affect health are called the **Social Determinants of Health (SDoH)**.

These include:

- Income and employment
- Education levels
- Access to health care
- Language and reading ability
- Personal and public safety
- Environmental hazards at work and in the community

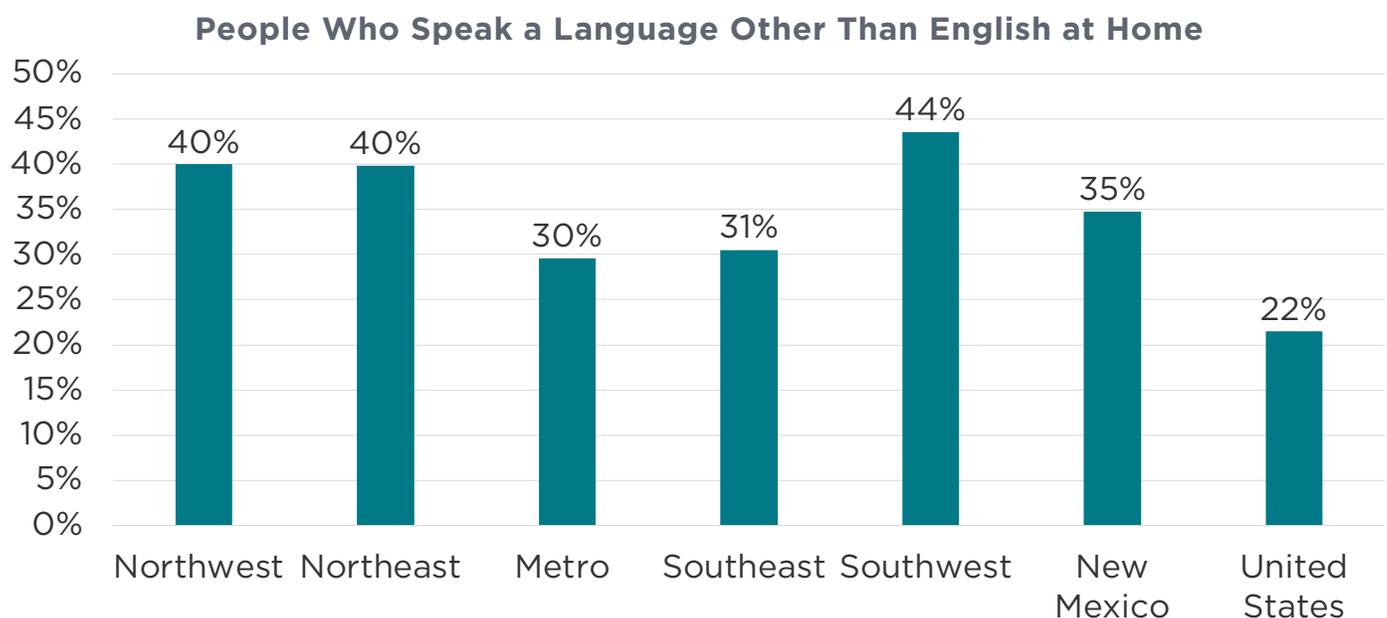


Figure 8

Source: US Census 2018 5-Yr American Community Survey

Thirty-five out of one hundred New Mexico residents speak a language other than English at home. People who speak a language other than English at home ranges from thirty out of one hundred in the Metro region to forty-four out of one hundred in Southwest New Mexico, almost all regions exceed the national average (Figure 8).

People who have trouble speaking and understanding English often have a hard time figuring out the health care system. Limited English makes it hard to get the health information and care needed. Almost nine out of one hundred New Mexicans live in homes in which no one

over the age of 13 speaks English very well (Figure 9). Limited English makes getting many things harder, including education, employment and health care.

### Immigrants

One in ten New Mexicans is an immigrant. According to the US Census, New Mexico is home to over 202,300 immigrants. Over three-quarters of New Mexicans from other countries are from México and Latin America (Central America, the Caribbean, and South America), but the state is also home to many people from Asia and Europe. (Figure 10).

**People Who Live in Homes Where No Adults Speak English Well as a Percent of All Households**

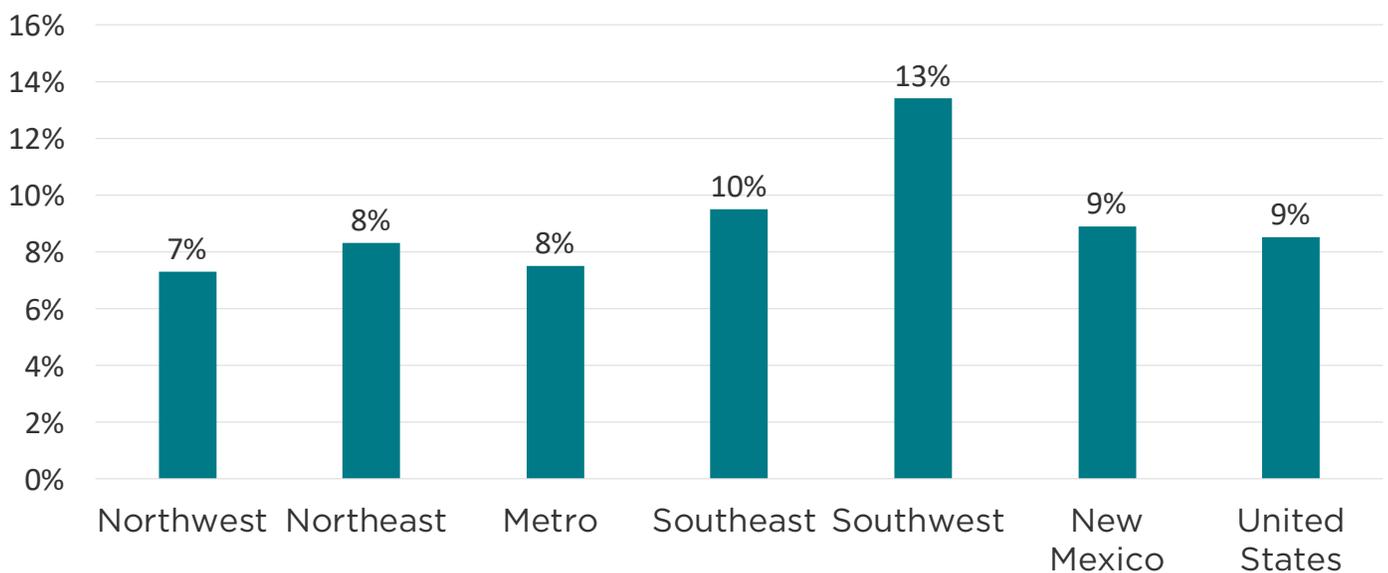


Figure 9

Source: US Census 2018 5-Yr American Community Survey

Most of New Mexico’s immigrants are not citizens (sixty-one out of one hundred). Immigrants often face many barriers to health care, including low income, lack of insurance and differences in language and culture. Immigrants who are not citizens may find it even harder to access needed health care. This is partly because people who are not citizens cannot get Medicaid or other forms of help.<sup>1</sup>

About 57,150 immigrants living in New Mexico do not have legal permission to be in the US.<sup>2</sup> Undocumented immigrants often have an especially hard time getting health care for themselves and their children, even when those children are US citizens. Undocumented Hispanic immigrants are far less likely than US citizens to have a usual source of health care, or to get regular health screenings.

**New Mexico’s Immigrant Population**

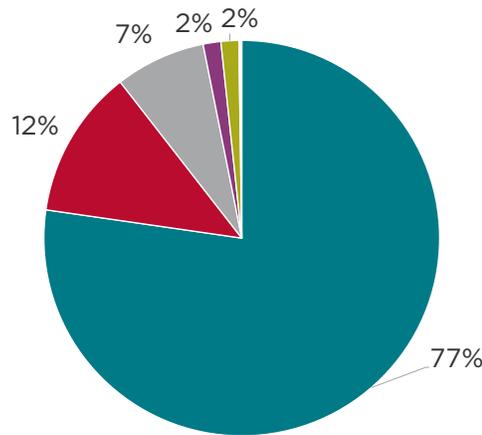


Figure 10



Source: US Census 2018 5-Yr American Community Survey

<sup>1</sup>Ku L. Health insurance coverage and medical expenditures of immigrants and native-born citizens in the United States. Am J Public Health. 2009 Jul;99(7):1322-8. doi: 10.2105/AJPH.2008.144733. Epub 2009 May 14. PMID: 19443829; PMCID: PMC2696660

<sup>2</sup> Author calculations using 2018 5 yr American Community Survey. Also see: Passel, J. ( JULY 12, 2019) Measuring illegal immigration: How Pew Research Center counts unauthorized immigrants in the U.S. Retrieved from: www.pewresearch.org

## Percent of Residents that are Foreign Born by Region & Citizenship

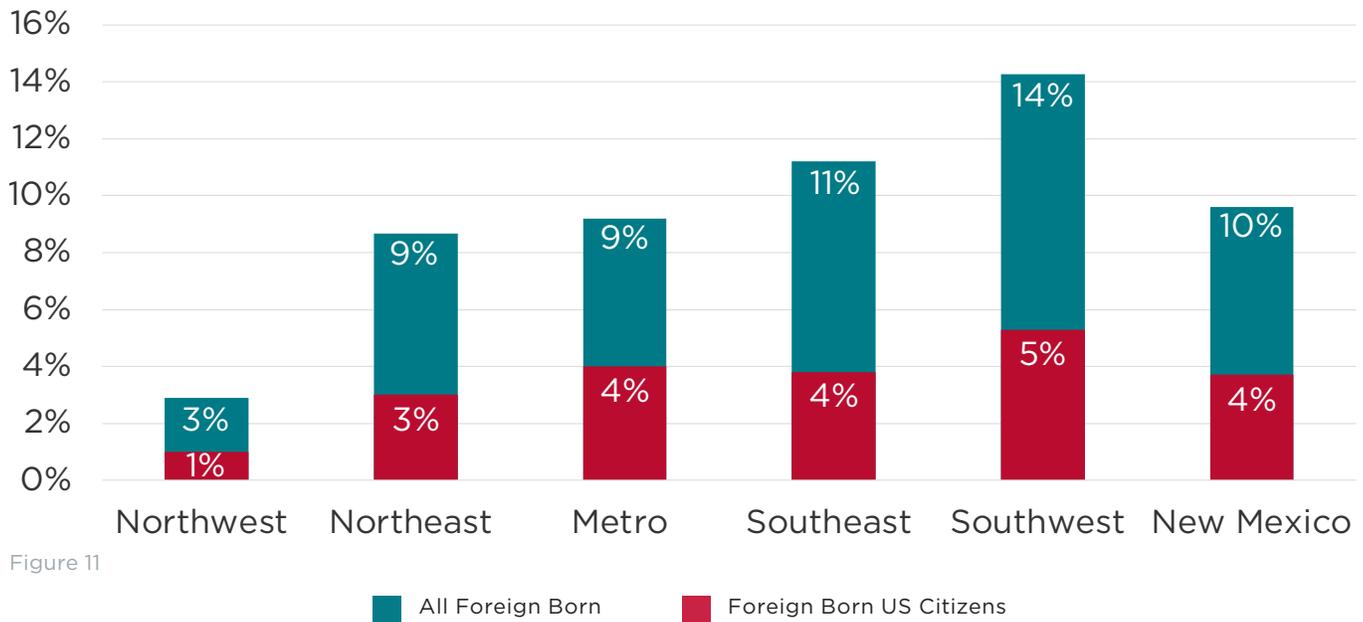


Figure 11

Source: US Census 2018 5-Yr American Community Survey



These are two important parts of health care access. More than seventy out of one hundred of the children of undocumented immigrants are US citizens by birth. These children qualify for support like Medicaid coverage, but they still receive much less health care than children of US citizens.<sup>3</sup>

<sup>3</sup> Also see: Passel, J. ( JULY 12, 2019) Measuring illegal immigration: How Pew Research Center counts unauthorized immigrants in the U.S. Retrieved from: [www.pewresearch.org](http://www.pewresearch.org)).

## Poverty

Poverty is a strong and well-known factor in health. Poverty hurts health in many ways.

Families with very low incomes may experience:

- Hunger
- Lack of stable housing
- Fewer ways to get health care and health information
- Discrimination
- Severe and ongoing stress
- Fewer chances for education

- Unsafe neighborhoods, working conditions and exposure to environmental poisons

Poverty is linked to many health problems including:

- Long-term diseases (like diabetes)
- Some cancers
- Developmental delays
- Injury
- Depression
- Early death<sup>4</sup>

One-in-five New Mexicans live in poverty (figure 12).

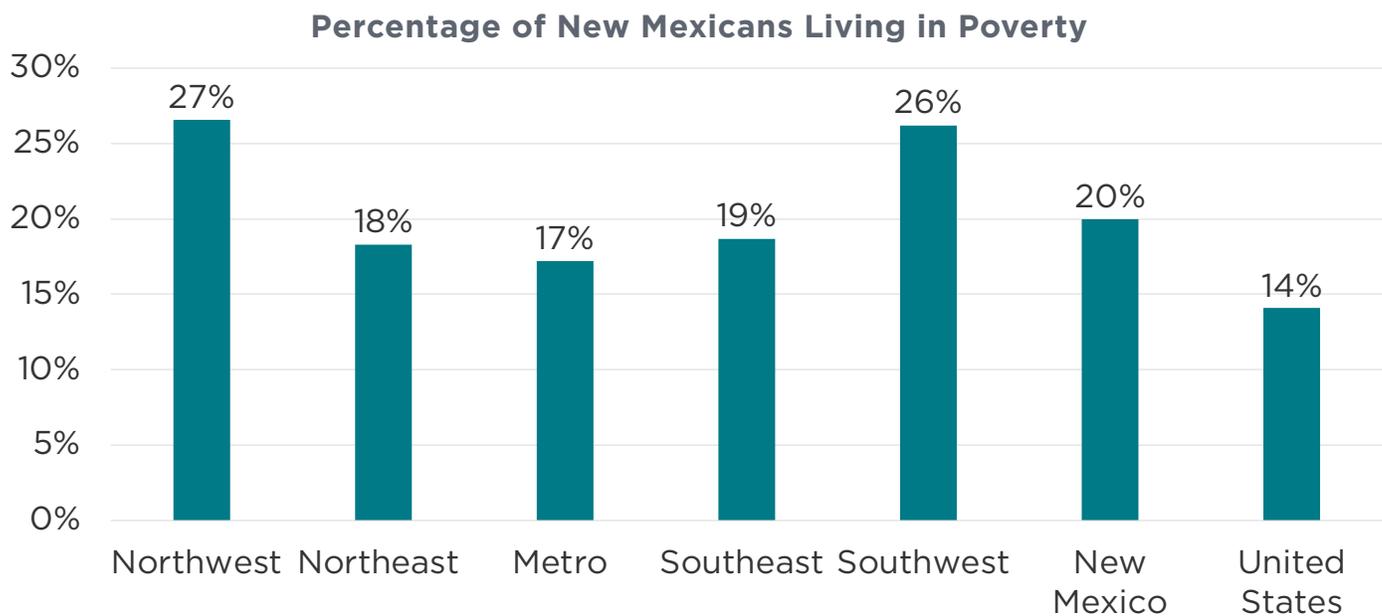


Figure 12

Source: US Census 2018 5-Yr American Community Survey

<sup>4</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

New Mexico's poverty rate is much higher than that of the US overall.<sup>5</sup> It is very troubling that twenty-eight out of one hundred of the state's children are growing up in poverty. Childhood poverty can have long term health effects and has been linked to health problems throughout life. Figure 13 shows child

poverty by region and for the US overall. Southwest New Mexico has the state's highest child poverty rate. The Metro Health Region has the state's lowest child poverty rate, but it is still much higher than the rate for the U.S. overall.

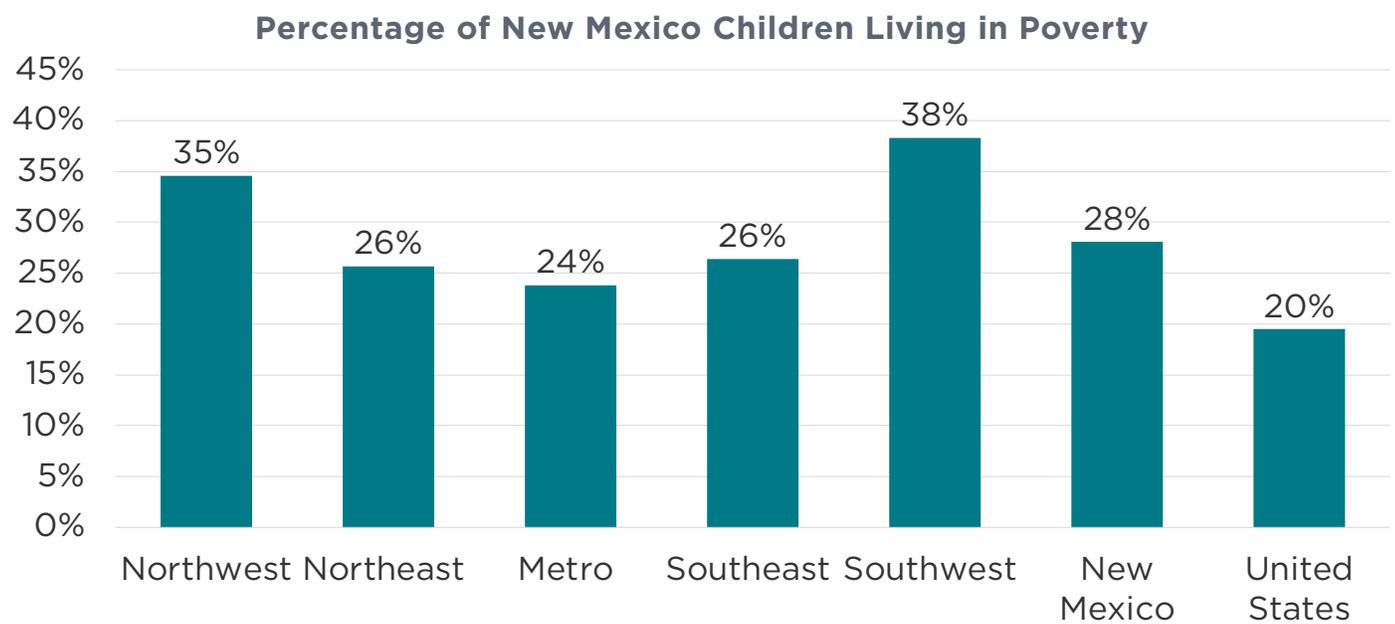


Figure 13

Source: US Census 2018 5-Yr American Community Survey

<sup>5</sup> The 2020 poverty threshold for a family of four is \$26,200. See: [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)

## Housing

A safe and affordable home is important for physical and mental health. Stable housing makes it possible for community members to get health care and support services.

Adequate affordable housing is in short supply in many parts of New Mexico. Rent and other housing costs have increased faster than incomes in recent decades. Funding for the government programs that help low income families obtain secure housing has not kept pace with the increasing demand. Housing insecure New Mexicans sometimes wait years for permanent subsidized housing like a Section 8 voucher or an income-based affordable rental.

Over 216,889 New Mexico households, or about 28 percent of all households in the state, are housing “cost burdened” meaning they spend more than 30 percent of income on housing. Thirteen percent of New Mexico households are “severely cost-burdened.” They spend more than half their income on housing. Cost-

burdened households often 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. They may have to live with conditions like rats, mice or insects, mold, or lack of complete plumbing. Overcrowding and substandard conditions can make it hard to manage chronic conditions and increases the risk of injury and infectious disease. Having to move often is especially hard on children and can get in the way of their learning and socio-emotional development.<sup>6</sup>

Unhoused New Mexicans have high rates of chronic (long-term) disease including mental illness, substance use disorders, diabetes, HIV/AIDS and high blood pressure. They are more likely than the general population to have more than one chronic condition.<sup>7</sup>

<sup>6</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>7</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

Poor health is both a cause and an effect of homelessness. Health problems that make it impossible to work or lessen the ability for self-care can lead to homelessness. Once homeless, people are likely to face extreme health risks including victimization, violence, hunger, poor nutrition, exposure, infectious disease, sleeplessness and profound toxic stress.

New Mexicans encounter a number of barriers to finding and sustaining safe, stable and affordable housing. The main obstacles to adequate housing include poverty, lack of transportation and personal factors like age, disability, behavioral health problems, domestic violence, imprisonment and poor credit.



Albuquerque Opportunity Center, August 2017

## Education

Higher levels of education are associated with better health outcomes for many reasons. People who finish more education have better employment chances and tend to have higher incomes. In fact, New Mexicans without a high school diploma are two-thirds more likely than high school graduates to live in poverty and over four times more likely than those with a bachelor's or more advanced degree to be poor.<sup>8</sup> Education also improves communication skills, making it possible for people to understand health information, work through the health care system and communicate their health care needs.

Figure 14 shows the percentage of adults who have graduated high school and the percentage of adults with a bachelor's or more advanced degree. Overall, 92 percent of New Mexicans 25 and older have a high school diploma or equivalent, slightly less than the 93 percent national average. 15 percent of New Mexico adults have a bachelor's or more advanced college degree. The percentage of adults with at least a 4-year college degree ranges from 8 percent in northwest New Mexico to 18 percent in northeast New Mexico and the Metro health region.



<sup>8</sup> Author tabulation of 2017 American Community Survey 5-year Public Use Microdata

## Education Attainment, New Mexico Adults Over Age 24

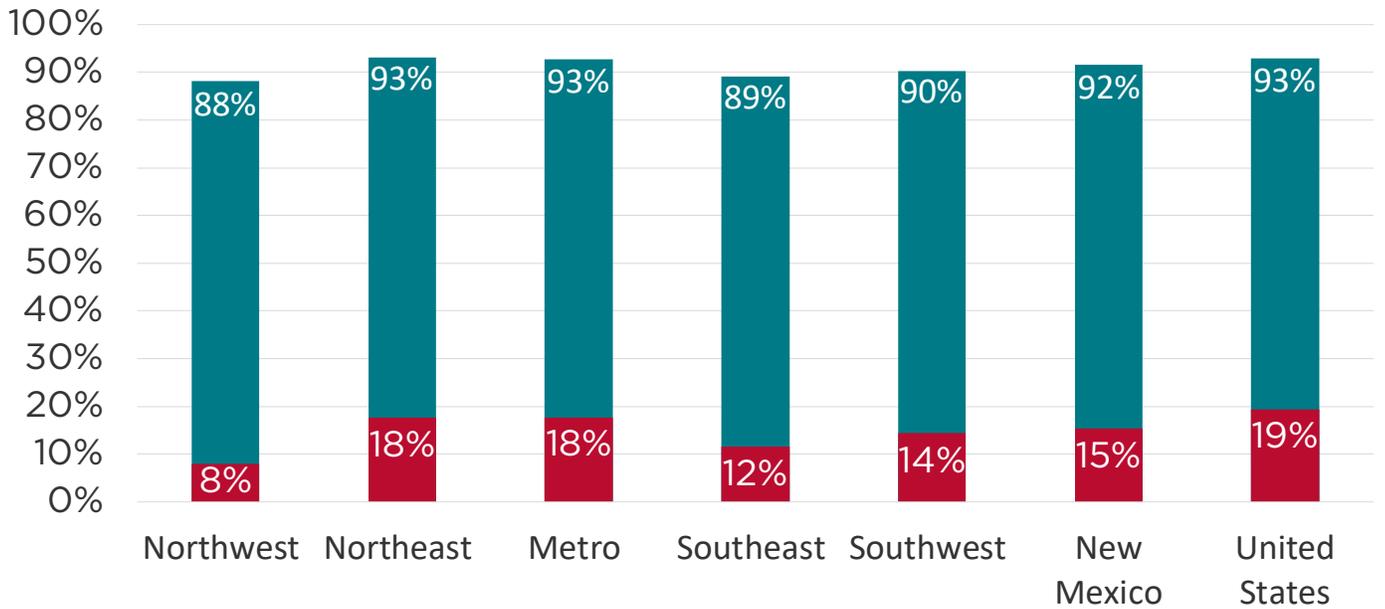


Figure 14

■ Percentage of all adults with High School diploma or higher
 ■ Percentage of all adults with bachelor's degree or higher

Source: US Census 2018 5-Yr American Community Survey



## Broadband Access

Even before the COVID-19 pandemic, not being able to get high speed internet made some learning and some jobs harder for rural and low income New Mexicans. When schools and health care went online during the pandemic, more differences could be seen between those who had good internet and those who didn't and the problems this can cause. Figure 15 shows New Mexico households with access to good broadband internet at home. Northwest New Mexico, an area which had a lot of cases of COVID-19, has less access to good internet than any

other region of the state. Being able to get health care online (like Zoom visits with your doctor or provider) depends on having good internet in your town or community. People who live in rural areas often have trouble getting online health care because they do not have good internet. Poverty makes this worse, because families might not be able to afford computers, tablets, phones, or even data plans.

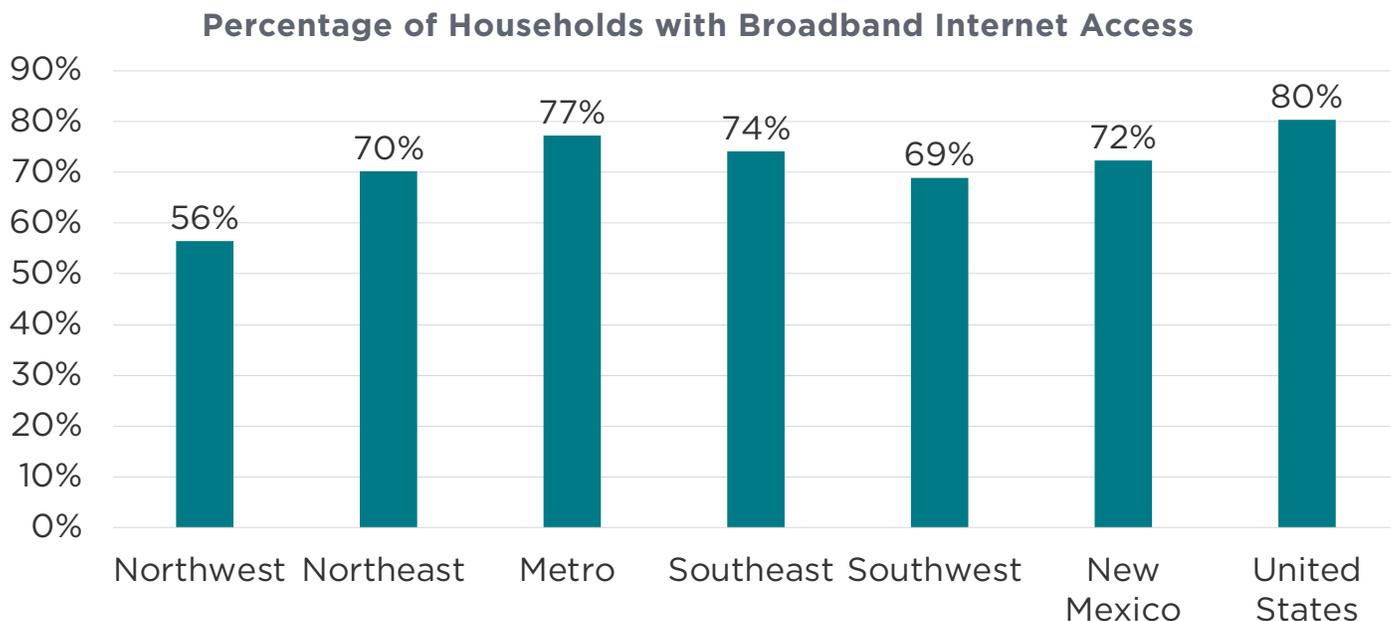


Figure 15

Source: US Census 2018 5-Yr American Community Survey

## **Access to Healthy Food**

A healthy diet is necessary for well-being and for the prevention and control of chronic diseases like diabetes or heart disease. Being able to get affordable, fresh and unprocessed (natural) food is necessary for a healthy diet. There are not as many supermarkets in low income neighborhoods and rural communities. This contributes to higher rates of obesity and other diseases that can be caused by bad diets, like diabetes. One third of New Mexicans have low access to healthy food because they live more than a half mile from the nearest supermarket, super-center, or large grocery store.<sup>9</sup>

Food insecurity is not regularly having enough food for an active, healthy life.<sup>10</sup> One-in-six New Mexicans and one-in-four New Mexico children experience food insecurity. Adults in food insecure households are more likely than adults who don't experience food insecurity to have hypertension, diabetes, heart disease and other chronic health problems.<sup>11</sup> Food insecurity is particularly harmful to children because it can get in the way of healthy development and academic achievement.

<sup>9</sup> US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas. 2015

<sup>10</sup> US Department of Agriculture (2019). Definitions of Food Security. Available online at: [www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx](http://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx)

<sup>11</sup> Author calculations using 2018 5 yr American Community Survey. Also see: Passel, J. (JULY 12, 2019) Measuring illegal immigration: How Pew Research Center counts unauthorized immigrants in the U.S. Retrieved from: [www.pewresearch.org](http://www.pewresearch.org)

### New Mexicans Who Face Food Insecurity

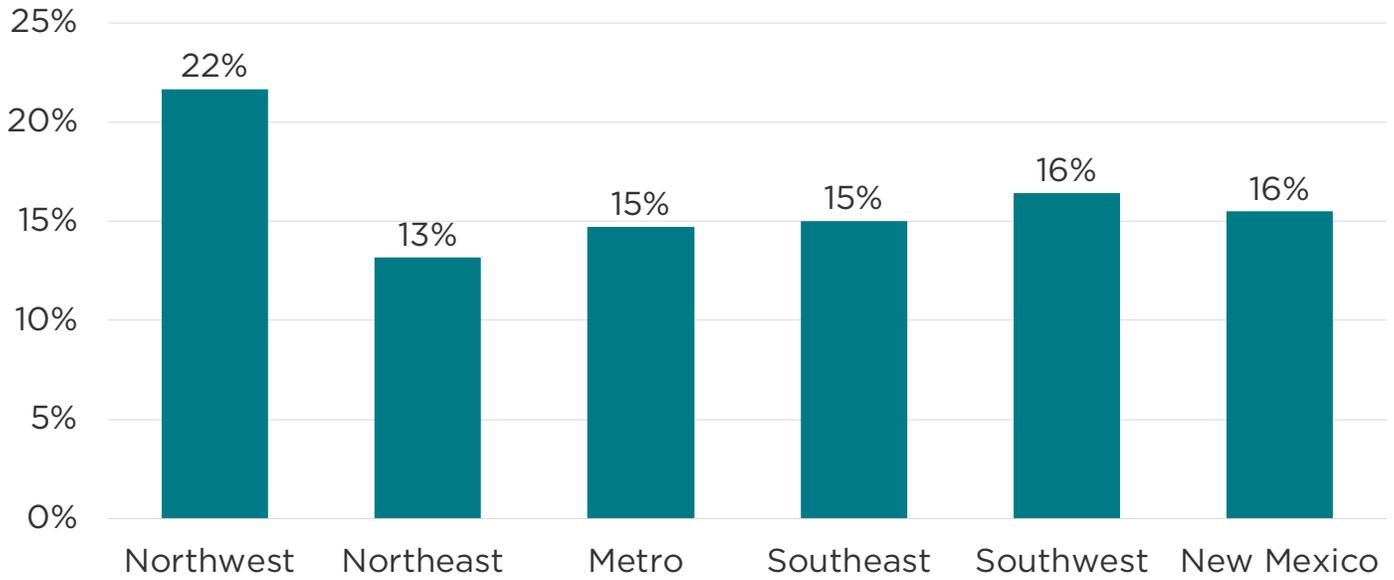


Figure 16

Source: US Census 2018 5-Yr American Community Survey



## Access to Care

Many New Mexicans have trouble getting the health care they need. If individuals can't get the right health care when they need it, they are more likely to have poor health and not as likely to have a good quality of life. There are many reasons someone might have trouble getting the health care they need. Three common reasons are low income, lack of health insurance and not enough health care providers in the area. These things all make a difference in health and health care in New Mexico.

Almost fourteen out of one hundred New Mexico adults say they have not been able to get needed medical care because of cost within the past year (Figure 17).<sup>12</sup> Having health insurance helps people to afford needed medical care, but it does not totally solve the problem. Thirty-five out of one hundred of New Mexico adults who do not have insurance say that they have had to go without needed

medical care because of cost. Ten out of one hundred people who do have health insurance say they have had to go without needed medical care because of cost.<sup>13</sup>

People who have health insurance are much more likely to get health care. If they don't have health insurance, they are more likely to be unable to prevent getting sick and might put off necessary medical treatments until they have no choice but to use the emergency room.<sup>14</sup> In fact, about 250 New Mexico adults die too early every year because they do not have health insurance.<sup>15</sup>

The Affordable Care Act helped many more New Mexicans get insurance, but it did not solve the problem. Twelve out of one hundred New Mexicans and almost sixteen out of one hundred New Mexico adults, are still uninsured.

<sup>12</sup> Behavioral Risk Factor Surveillance System 2016-18. New Mexico Department of Health. Retrieved on October 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [bis.health.state.nm.us](http://bis.health.state.nm.us)

<sup>13</sup> Behavioral Risk Factor Surveillance System 2016-18. New Mexico Department of Health. Retrieved on October 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>14</sup> Kaiser Family Foundation. Key Facts About the Uninsured. December 2019. Retrieved from: [www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/](http://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: [familiesusa.org/wp-content/uploads/2019/09/Dying-for-Coverage.pdf](http://familiesusa.org/wp-content/uploads/2019/09/Dying-for-Coverage.pdf)

### Percentage of Adults Unable to Get Medical Care Due to Cost, 2016-2018

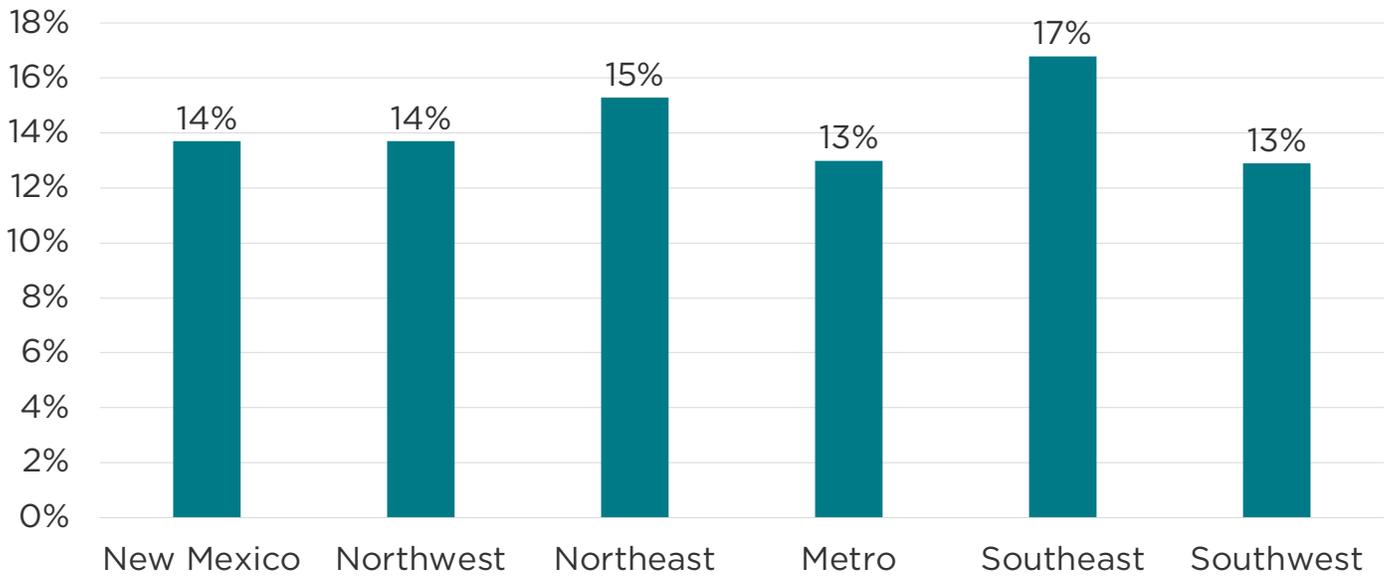


Figure 17

Source: US Census 2018 5-Yr American Community Survey

Most New Mexicans who do not have health insurance also have low incomes. Many are unable to pay their medical bills. Other New Mexico residents pay for some of the health care for those without insurance, through higher costs for health insurance and health care, as well as higher state and local taxes.

### Uninsured New Mexicans Ages 18 through 64

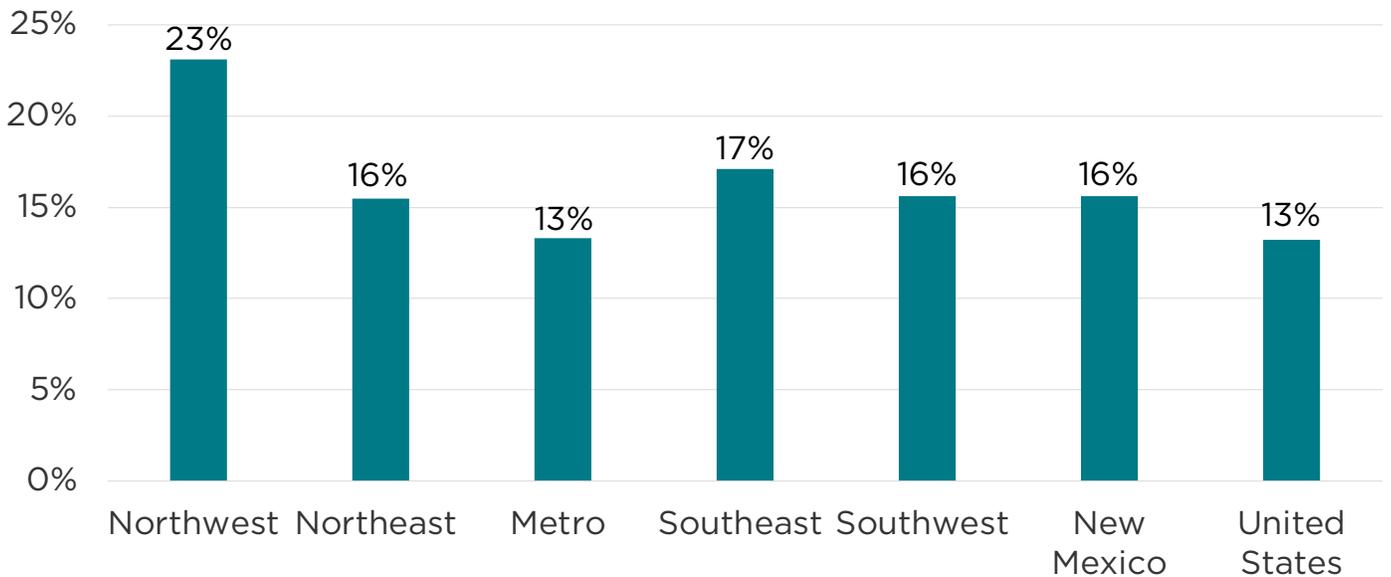


Figure 18

Source: US Census 2018 5-Yr American Community Survey

Money is not the only reason New Mexicans have trouble getting health care. Access to health care requires access to health care providers. According to the Association of American Medical Colleges said that, in 2018 New Mexico had 245 patient care physicians for 100,000 people and ranked 31st among states in this measure of access. That year, Massachusetts ranked first with 449.5 physicians for 100,000 people. Mississippi, with 191.3 physicians for 100,000 people, came in last.<sup>16</sup>

<sup>16</sup> Association of American Medical Colleges. 2019. 2019 State Physician Workforce Data Report. Retrieved from: [www.aamc.org/data-reports/workforce/report/state-physician-workforce-data-report](http://www.aamc.org/data-reports/workforce/report/state-physician-workforce-data-report)

## Primary Care

Primary Care Providers (PCP's) - physicians, advanced practice nurses and physician assistants - play a very important role in helping people prevent and manage diseases. They are most patients' first contact with the health care system. It is very important to have enough primary care physicians for preventive and primary care and for referrals to appropriate specialty care. Primary care providers coordinate between each other and make sure there is good communication with patients. These services are necessary for good health care delivery. New Mexico had 82 primary care physicians for 100,000 people in 2018 and ranked 26th among states in this measure of access. But different parts of the state have big differences in how many health care providers there are. Los Alamos County has 1 physician to every 670 people, for

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.

example, but Union County has only one physician to every 4,190 people.<sup>17</sup>

Seventy one out of one hundred New Mexico adults have a primary care provider.<sup>18</sup> Sixty-five out of one hundred adults in Northwest New Mexico have a regular provider for primary care and sixty-five out of one hundred have a provider for primary in Northeast New Mexico.

<sup>17</sup> County Health Rankings and Roadmaps. Retrieved from: [www.countyhealthrankings.org/app/new-mexico/2020/measure/factors/4/data](http://www.countyhealthrankings.org/app/new-mexico/2020/measure/factors/4/data)

<sup>18</sup> Behavioral Risk Factor Surveillance System. New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us/](http://ibis.health.state.nm.us/)

# A Closer Look At Three Groups

This part of the report takes a closer look at the health and health care of three specific groups:

- Pregnant women and newborns
- Children and youth
- Seniors



## High-Risk Pregnancy

UNMH specializes in high-risk pregnancy care. UNMH is the only New Mexico hospital with a Level IV Newborn Intensive Care Unit UNMH provides advanced specialty care to infants with high needs from across New Mexico, southern Colorado, Utah, eastern Arizona and west Texas.

## Children

Children are important people in our communities and they are also at risk for many illnesses and injuries.

UNMH has New Mexico's only children's hospital that offers complete care for children's health, including:

- Prevention - ways to keep children from getting sick or hurt
- Emergency services
- Special services for complex diseases
- Special services for children with development issues

**UNMH Children’s Hospital** includes:

- Pediatric emergency department
- Children’s psychiatric center
- Pediatric cancer infusion center

**Carrie Tingley Hospital**, part of the UNMH system, provides:

- Care to children and teenagers with complicated muscle and bone conditions
- Rehabilitation
- Care for children who have developmental issues
- Care for children with long-term physical disabilities

The **Child Life Center**, at the UNM Children’s Hospital, has trained experts called child life specialists help patients and families understand and cope with illness, medical care and hospitalization.<sup>19</sup> They use ways to talk about being sick, getting medical care and being in the hospital that are just for children who have been through difficult things.

## Seniors

There are more and more people who are elderly in New Mexico. This puts great demand on the health care system. New Mexico’s population that is 65 and over is expected to more than double over the next 10 years. UNMH provides intensive and specialty care to very ill seniors from around the state.

UNMH also provides services to prevent seniors from getting hurt or sick, including:

- Fall prevention clinics
- Memory and aging services
- Behavioral health care (mental health care, marriage and family counseling, substance use treatment, recovery support)
- Free clinics that help seniors need to remain healthy and independent (Geriatric Education & Health Maintenance Clinics)

<sup>19</sup> Association of Child life Professionals. 2020. The Case for Child Life. Retrieved from: [www.childlife.org/the-child-life-profession/the-case-for-child-life](http://www.childlife.org/the-child-life-profession/the-case-for-child-life)

### Pregnant Women and Newborns

About 23,000 babies are born in New Mexico each year. More than forty out of one hundred of those births are in the Metro region. In four of the five regions, the majority of infants are born to Hispanic mothers. Most of the babies born in northwest New Mexico are to

Native American mothers (Figure 19). Regular prenatal care beginning in the first trimester lowers the risk of difficulties for the mother during pregnancy and increases a woman’s chances of having a healthy baby that is not born early.

**Births by Region, Race and Ethnicity, 2018**

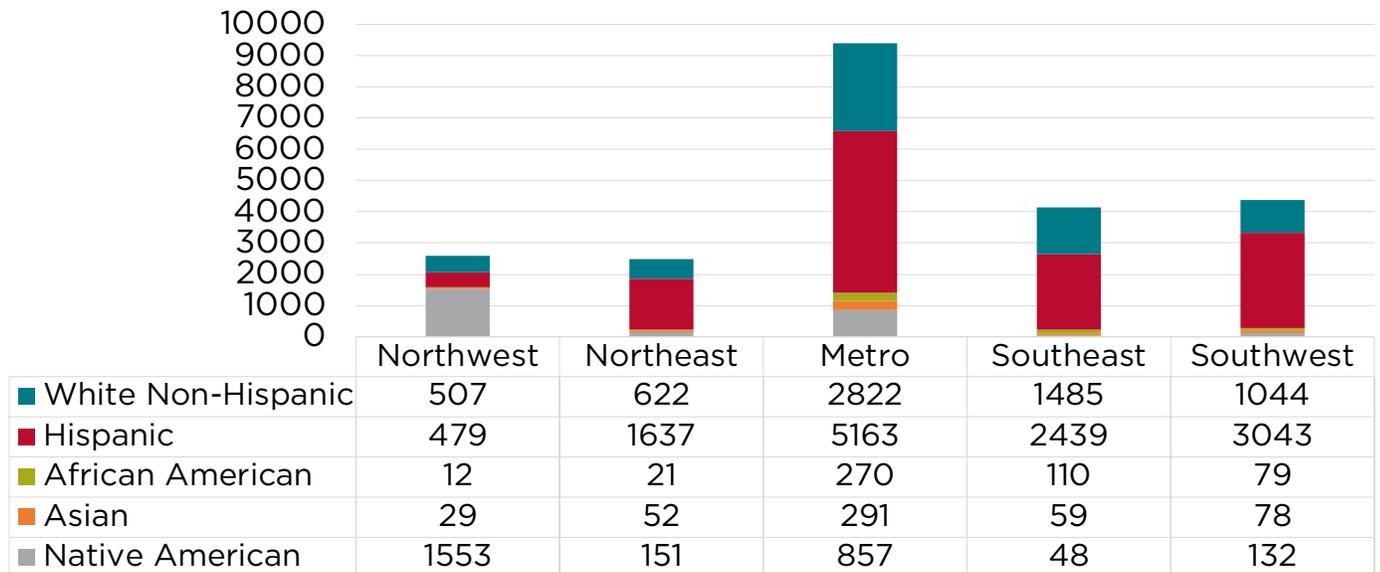


Figure 19

Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

The first twelve weeks, or trimester, is a very important part of pregnancy. Doctors recommend that pregnant women see their health care provider before the 13th week of pregnancy and then have at least 13 more prenatal visits before the baby is born. Prenatal care that begins in the first trimester is important because it helps find medical problems and health risks early. Prenatal care also helps moms keep or start healthy habits. Prenatal care connects parents with support and education that can help them during the pregnancy. Early prenatal

care is very helpful for women who are at risk for problems with the birth. This includes women who have low incomes or are teenagers. Almost two-thirds of mothers in New Mexico receive prenatal care in the first trimester. Figure 20 shows a comparison of mothers who get first trimester prenatal care, by health region and race and ethnicity. White women who are not Hispanic and live in the Metro region are most likely to get early prenatal care. Asian, African American and White women in Northwest New Mexico are also likely to get early prenatal care.

**Mothers with First Trimester Prenatal Care, 2014-2018**

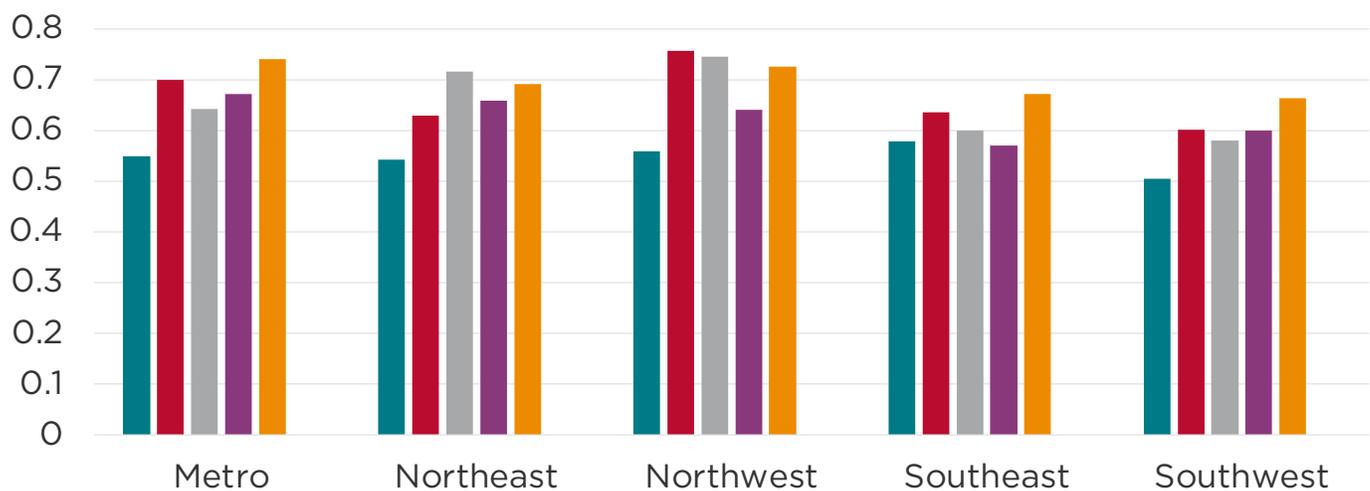
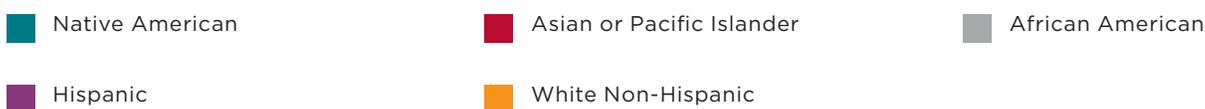


Figure 20



Source: New Mexico Birth Certificate Database, Bureau of Vital Records and Health Statistics, New Mexico Department of Health

If a woman has health insurance before she is pregnant, she is more likely to get early prenatal care.<sup>20</sup> Figure 21 shows uninsured rates before pregnancy for women who gave birth in New Mexico between 2013 and 2018. Almost one quarter of Hispanic mothers were not insured before they got pregnant. This might be part of why Hispanic women are less likely than Asian, African American and White women to get prenatal care in the first trimester.

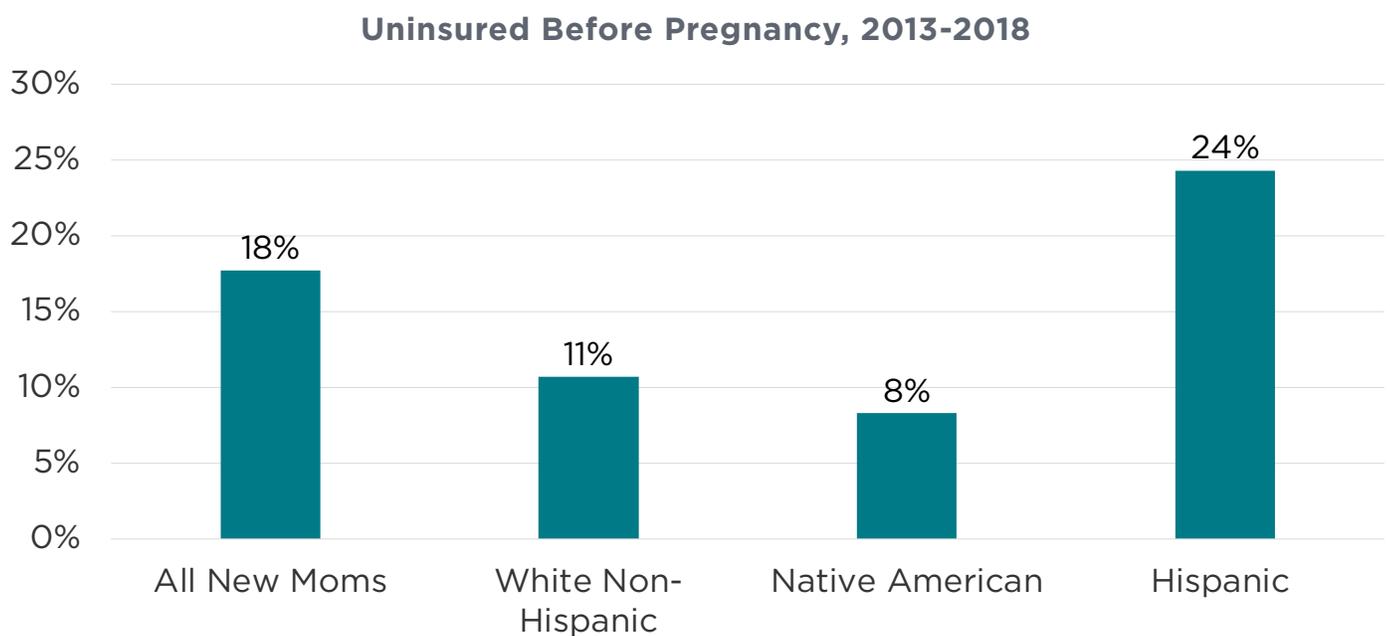


Figure 21

Source: New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us/](https://ibis.health.state.nm.us/)

<sup>20</sup> Egerter, S., Braveman, P., & Marchi, K. (2002). Timing of insurance coverage and use of prenatal care among low-income women. *American journal of public health, 92*(3), 423-427

Infant mortality is the death of babies under one year old. Infant mortality is often used to talk about the health of a whole community. Figure 22 shows infant mortality rates by New Mexico health region. Rates range from 3.3 deaths for every 1,000 births in Northeast New Mexico, to 7.1 deaths for every 1,000 births in Southeastern New Mexico.

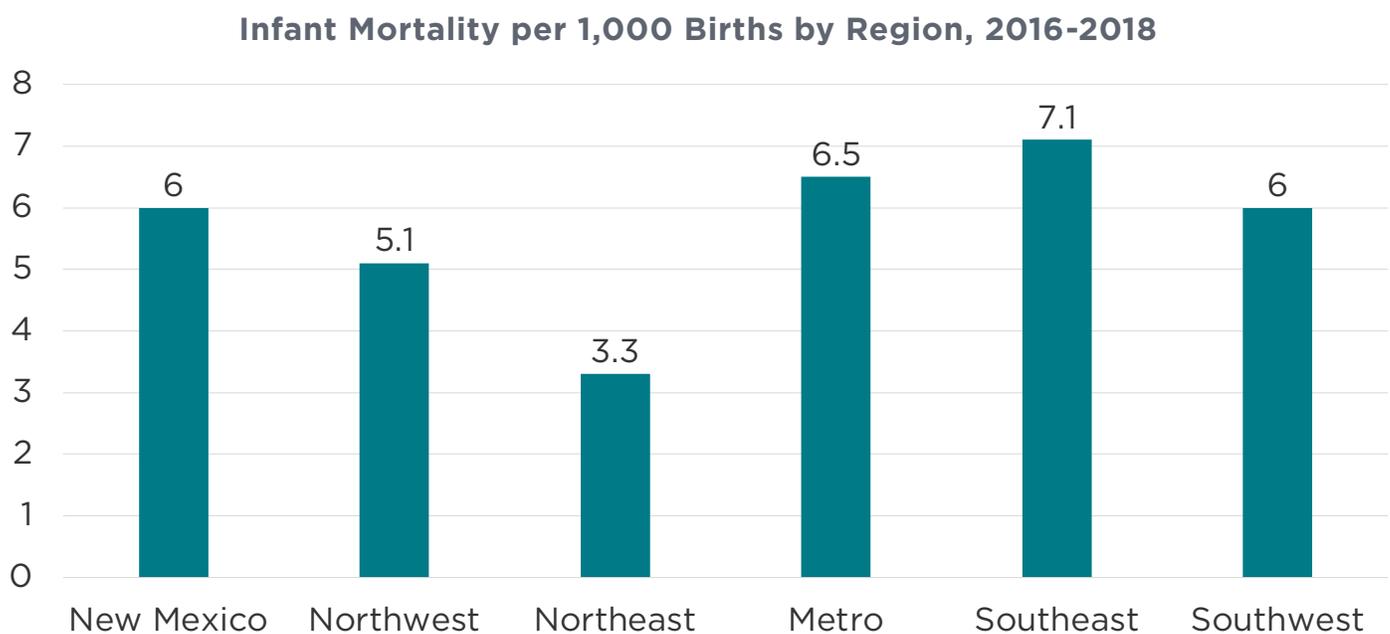


Figure 22

Source: New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us/](http://ibis.health.state.nm.us/)

Infant mortality rates are very different for different races and ethnic groups. Between 2016 and 2018, Asian New Mexicans had about 3.9 deaths for every 1,000 live births, but African American New Mexicans had 9 infant deaths for every 1,000 live births. (Figure 23). The most common reasons babies die after the first month are:

- Birth defects
- When the baby's genes are not the same as everyone else's (chromosomal abnormalities)
- Problems because of early birth and low birth weight
- Sudden infant death syndrome (or SIDS)

**Infant Mortality per 1,000 Births by Race, 2016-2018**

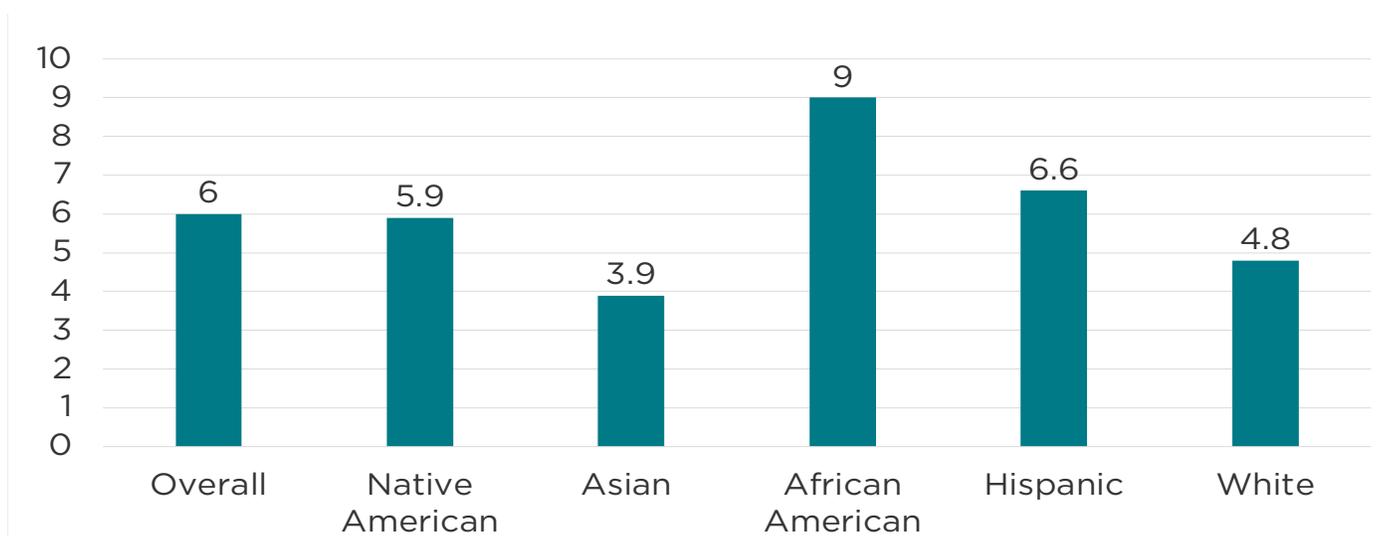


Figure 23

Source: New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us/](http://ibis.health.state.nm.us/)

Newborn babies who are born dependent on drugs (opioid drugs like heroin, oxycodone and methadone) can have **Neonatal Abstinence Syndrome (NAS)**.

The symptoms of NAS are:

- The baby being upset
- Seizures
- Vomiting
- Diarrhea
- Fever
- Not eating well

The number of babies born dependent on drugs in New Mexico more than tripled between 2008 and 2017. This number grew like the number of people abusing opioid in New Mexico and in the whole United States.

Breastfeeding protects babies against diseases. Breastfeeding gives babies just the right nutrition and important things they need (like enzymes, immunoglobulin, anti-infective and anti-inflammatory substances, hormones and growth factors). Eighty-nine out of one hundred New Mexicans who gave birth in 2018 said that they started breastfeeding.<sup>21</sup>

<sup>21</sup>New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us/](http://ibis.health.state.nm.us/)

Going back to work shortly after birth makes breastfeeding more complicated. Figure 24 shows who gets maternity leave (time off from work after having a baby) by race and ethnicity. White mothers who are not Hispanic were more likely than Hispanic or Native American mothers to have paid maternity leave. Native American mothers were the most likely to have no leave at all after having a baby. (There were not enough numbers to give a good idea on how many African American and Asian mothers started breastfeeding.)

**New Mexico's New Moms: Maternity Leave, 2013-2018**

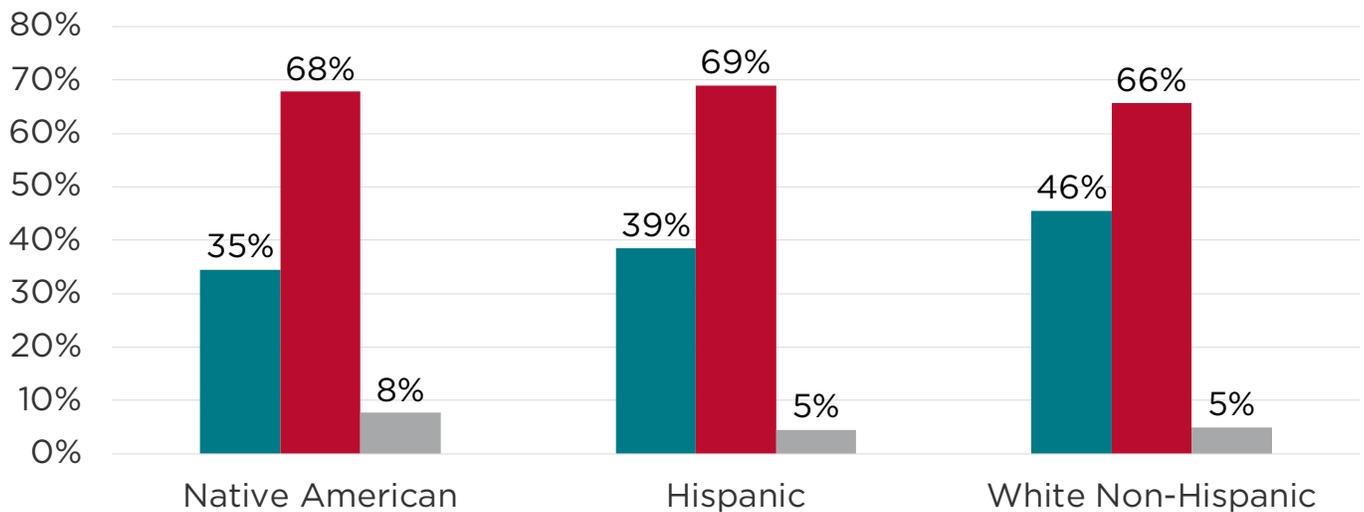


Figure 24

■ Took Paid Leave                     
 ■ Took Unpaid Leave                     
 ■ Did Not Take Leave

Source: New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

New Mexico has one of the country’s highest teen birth rates (25.2 births for every 1,000 girls ages 15 through 19). But that number is going down over the last twenty years, teen birth rates have fallen a lot for all races and ethnic groups in New Mexico (Figure 25). Teens being able to get more information about sexual health and being more able to get birth control helps lead to fewer teen pregnancies. This is true in New Mexico and the U.S.

**New Mexico Births per 1,000, Girls Age 15-19**

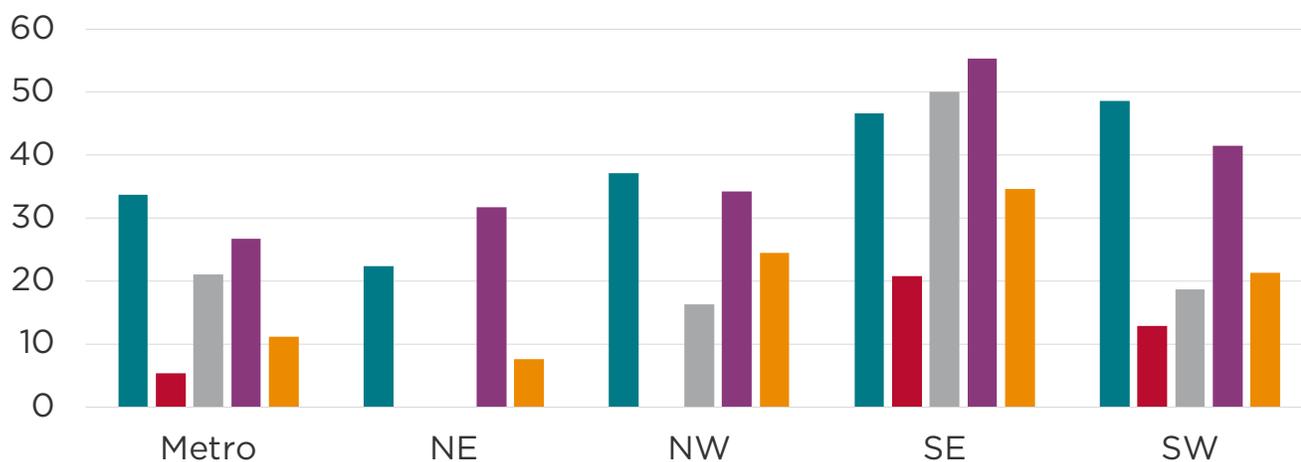
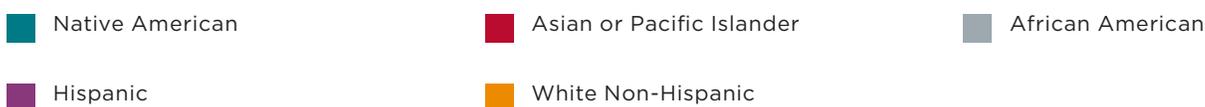


Figure 25



\*Not all ethnicities are represented due to insufficient data

Source: New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

Southeast New Mexico has the state's highest rates of teen births. African American and Hispanic girls have especially high rates (Figure 26).

### Infant Mortality per 1,000 Births by Race, 2016-2018

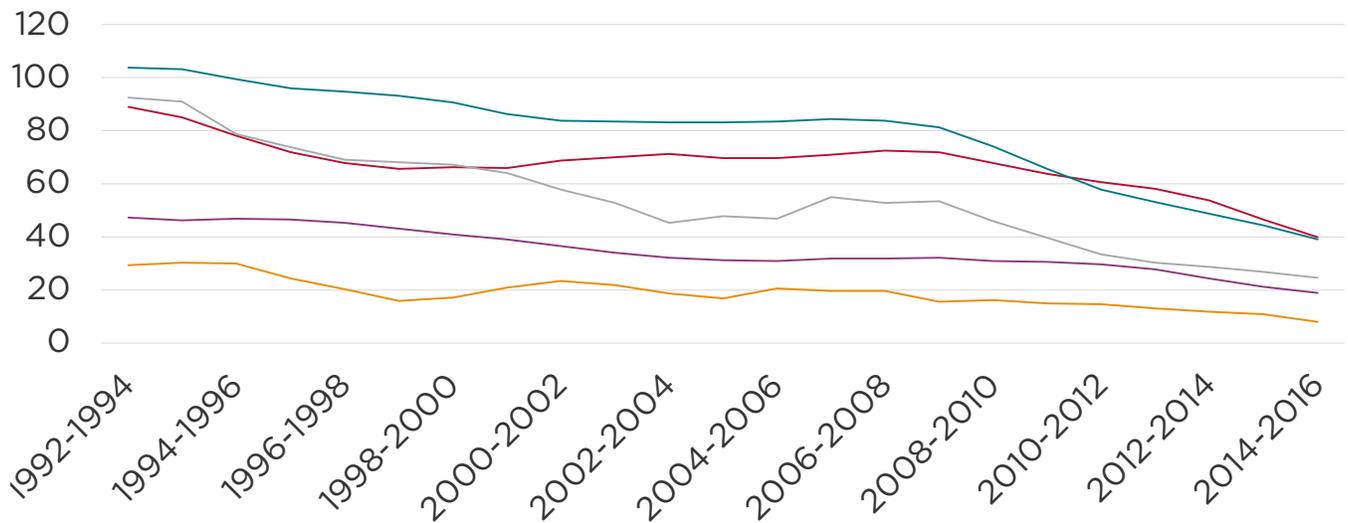


Figure 26

■ Native American     
 ■ Asian or Pacific Islander     
 ■ African American  
■ Hispanic     
 ■ White Non-Hispanic

Source: New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

## Children and Youth

Twenty-three out of one hundred New Mexicans are under the age of 18. People under age 18 goes from nineteen out of one hundred in Northeast New Mexico, to almost twenty-seven out of one hundred in Northwest New Mexico (Figure 27).

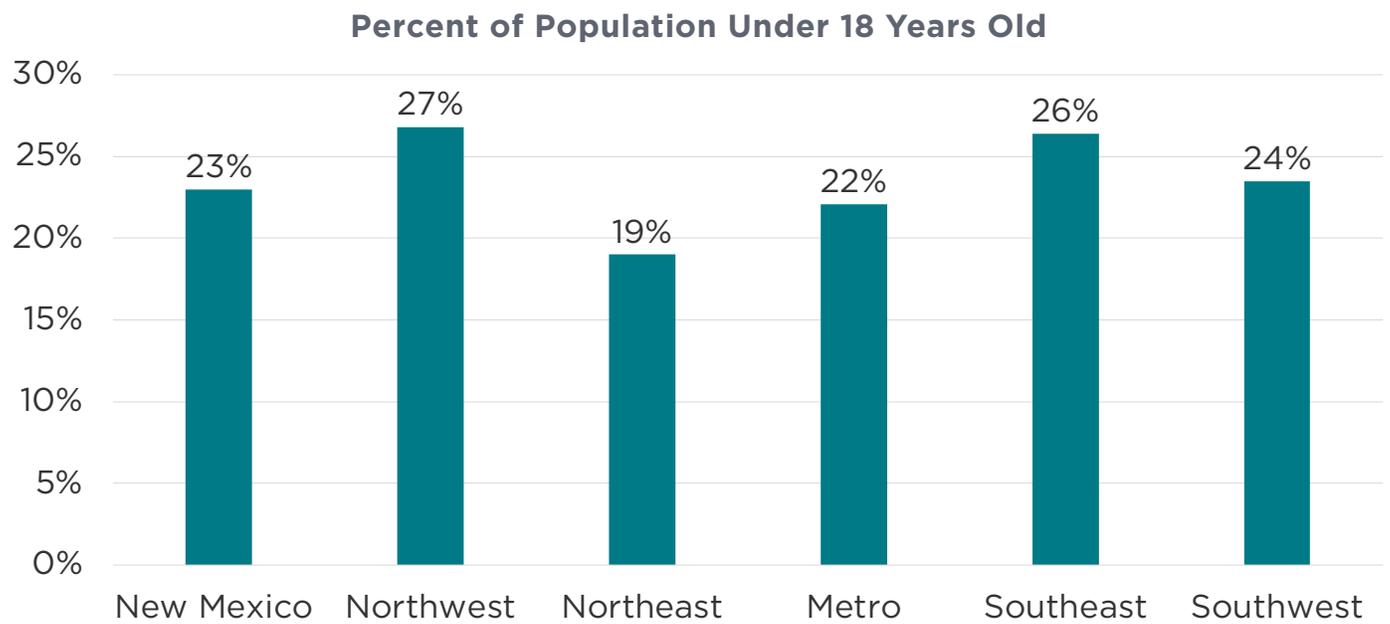


Figure 27

Source: US Census 2018 5-Yr American Community Survey

## Asthma

Asthma is the most common long-term lung disease in children.<sup>22</sup> Asthma causes airways to become irritated and swollen, which causes coughing, wheezing and shortness of breath. People can keep asthma in control with regular health care, the right medicines and avoiding what causes their attacks. If no one knows a child has asthma, or if it is not under control, young children can have trips to the emergency room, hospital stays, missed school and missed work days for parents. One-in-four New Mexico children have had asthma. The state's African American youth are at higher risk of asthma than youth of other races.

**Youth Who Have Ever Had Asthma 2013, 2015, & 2017**

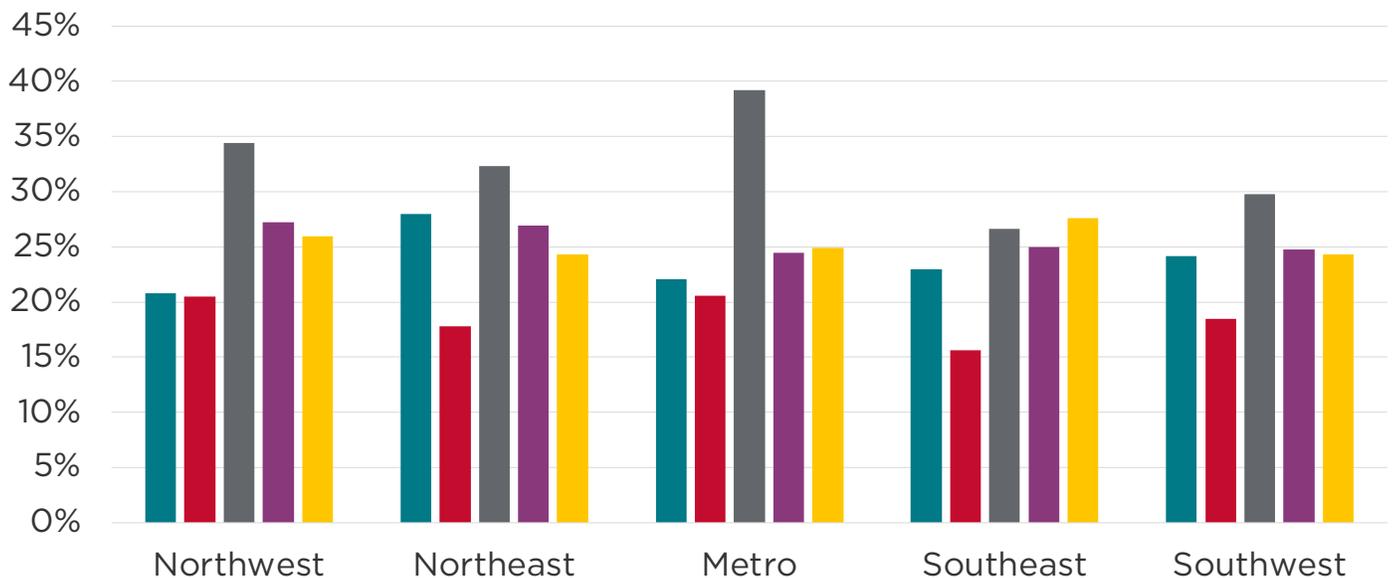
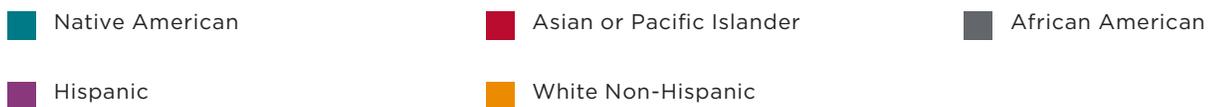


Figure 28



Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us/](http://ibis.health.state.nm.us/)

<sup>22</sup>American College of Allergy, Asthma, and Immunology. 2020. Asthma in Children. Retrieved from: [acaai.org/asthma/asthma-101/asthma-in-children](http://acaai.org/asthma/asthma-101/asthma-in-children)

Secondhand cigarette smoke is a common cause for asthma attacks.<sup>23</sup> The CDC warns “If you have asthma, people should never smoke near you, in your home, in your car, or wherever you may spend a lot of time.”<sup>24</sup> Fourteen out of one hundred New Mexican children live in a home in which at least one person smokes cigarettes. Three out of one hundred New Mexican children live in a home in which at least one person smokes inside the house (Figure 29).<sup>25</sup>

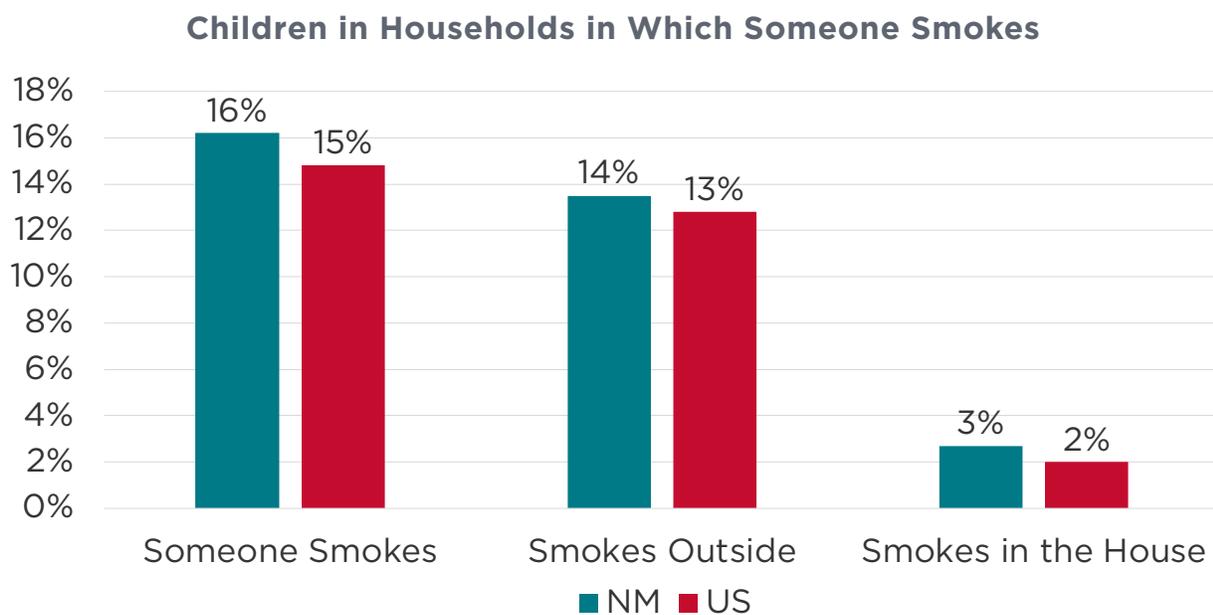


Figure 29

Source: New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>23</sup> Centers for Disease Control and Prevention. Common Asthma Triggers. Retrieved on October 1, 2020 from: [www.cdc.gov/asthma/triggers.html](http://www.cdc.gov/asthma/triggers.html)

<sup>24</sup> Centers for Disease Control and Prevention. Common Asthma Triggers. Retrieved on October 1, 2020 from: [www.cdc.gov/asthma/triggers.html](http://www.cdc.gov/asthma/triggers.html)

<sup>25</sup> Child and Adolescent Health Measurement Initiative. Data Resource Center for Child and Adolescent Health. 2017 National Survey of Children’s Health (NSCH) data query. Retrieved from: [www.childhealthdata.org](http://www.childhealthdata.org).

## Obesity

Obesity means being very overweight. Obesity puts children at risk for a lot of health problems all through their life. These problems include heart disease, diabetes, high blood pressure and cancer. Obesity is the second highest cause of deaths that could be prevented in the United States, after smoking.

The New Mexico Department of Health collects and reports numbers about obesity in kindergarten and third grade students every year. In 2017, twenty-eight out of one hundred kindergartners and one out of every three third grade students were overweight or obese.<sup>27</sup> Figure 30 shows overweight and obesity in children in New Mexico by race, ethnic group and grade. Obesity and overweight go up a lot for children of all races and ethnic groups between the time they start school and third grade.

Body Mass Index (BMI) is a number used to describe overweight and obesity.<sup>26</sup>

Overweight is a BMI that is higher than eighty-five out of one hundred other children and teens of the same age and sex. Obesity is a BMI higher than ninety-five out of one hundred other children and teens of the same age and sex.

<sup>26</sup> BMI is calculated by dividing a child's weight in kilograms by their height in square meters.

<sup>27</sup> New Mexico Department of Health. 2017. The Weight of Our Children New Mexico Childhood Obesity 2017 Update. Retrieved from: [www.nmhealth.org/data/view/chronic/2113/](http://www.nmhealth.org/data/view/chronic/2113/)

Figure 30 shows obesity in New Mexico third graders by race, ethnic group and grade.

### Overweight and Obesity Among New Mexico Kindergartners & 3rd Graders

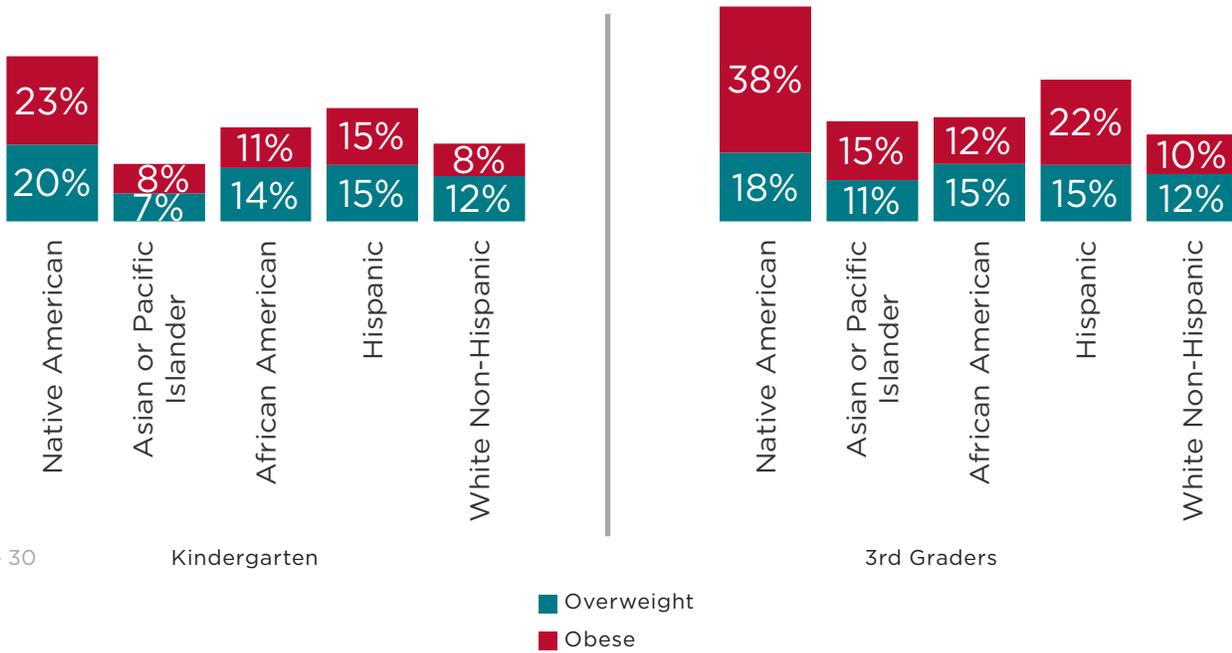


Figure 30

Kindergarten

3rd Graders

Source: Mexico Childhood Obesity Update 2017. Retrieved from: [www.nmhealth.org/data/view/chronic/2113/](http://www.nmhealth.org/data/view/chronic/2113/)

### Percent of New Mexico 3rd Graders Who Are Obese 2010-2017

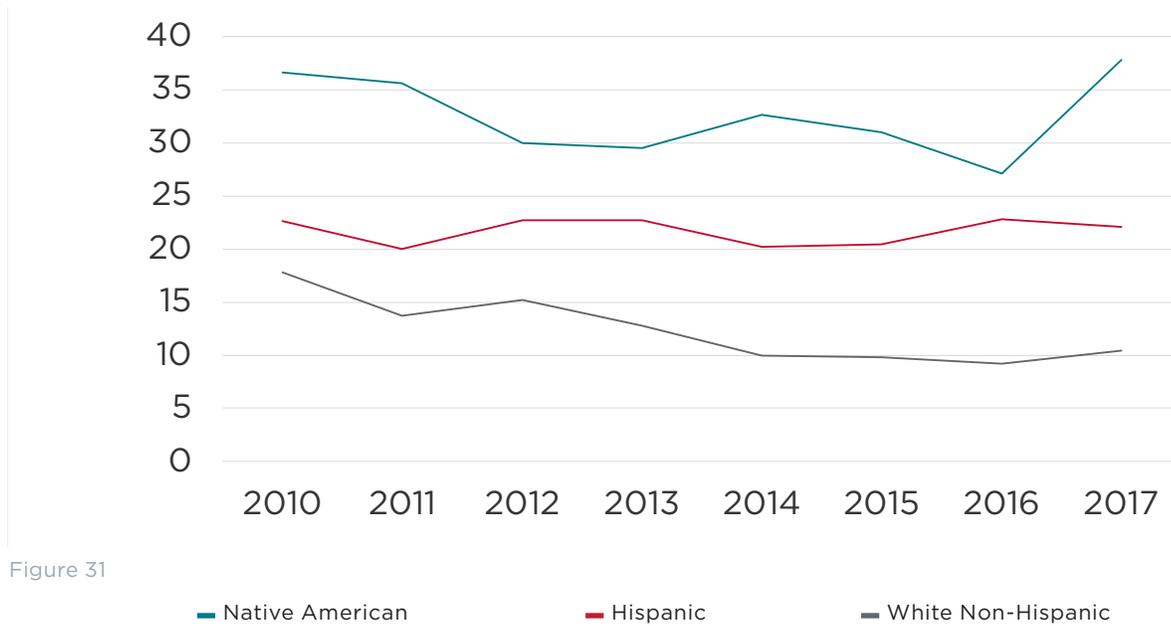


Figure 31

Source: New Mexico Department of Health (2018). The Weight of Our Children New Mexico Childhood Obesity Update 2017. Retrieved from: [www.nmhealth.org/data/view/chronic/2113](http://www.nmhealth.org/data/view/chronic/2113)

Numbers about obesity in children and youth ages 10 through 17 is collected through the National Survey of Children's Health. The 2017 the National Survey of Children's Health found that almost seventeen out of one hundred New Mexico youth ages 10 through 17 were obese. Nationally, just over fifteen out of one hundred youth were obese.

Figure 32 shows the percentage of New Mexico high school students who said they were overweight or obese on the Youth Risk and Resiliency Survey. This survey asks high school students questions every two years. According to the Youth Risk and Resiliency Survey, obesity is most common in Native American youth who live in the Metro area and African American youth in the state's Northwest part of the state.

There are still many children who are overweight and obese in New Mexico. This includes boys and girls in all grades and in all races and ethnic groups, but there is some good news. New Mexico and 40 other states had lower numbers of obesity in children ages 2 through 4 in the WIC Program (Special Supplemental Nutrition Program for Women, Infants, and Children). WIC provides healthy foods and nutrition education to pregnant women, mothers and children under age 5.<sup>28</sup>

### New Mexico High School Students Who Are Overweight or Obese, 2013, 2015 & 2017

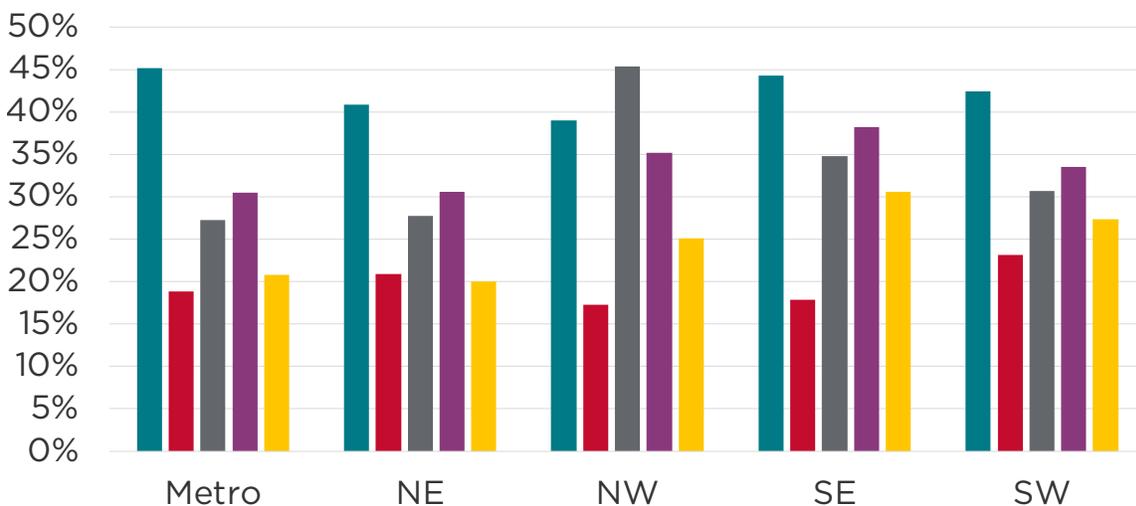


Figure 32

■ Native American      ■ Asian or Pacific Islander      ■ African American  
 ■ Hispanic      ■ White Non-Hispanic

Source: New Mexico Pregnancy Risk Assessment Monitoring System, New Mexico Department of Health. Retrieved on October 3, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>28</sup> Centers for Disease Control and Prevention. 2020 Recommended Immunizations for Children from Birth Through 6 Years Old. [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](http://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf)

## Immunizations

Early childhood immunizations (shots) protect children from many serious illnesses. Vaccinating (giving shots to) children helps protect whole communities from diseases by making it harder for germs to spread from one person to another.

By the time they are two years old, children should have received:

- 4 doses of diphtheria-tetanus-pertussis (DTaP)
- 3 doses of polio
- 1 dose of measles-mumps-rubella (MMR)
- 3 doses of Haemophilus Influenza, type B (Hib)
- 3 doses of Hepatitis B
- 1 dose of Varicella
- 4 doses of Pneumococcal vaccine<sup>29</sup>

Seventy-two out of one hundred New Mexico children between 19 and 35 months have had all the shots they are supposed to have had. This is about the

same as in the whole U.S.

Sixty-five out of one hundred children in New Mexico have had both a regular dental and a regular medical care check-up visit in the past year. New Mexico is number forty-one out of fifty states in how many children can get preventive care (like check-ups). In the U.S., a little more than sixty-eight out of one hundred children have had both a regular dental and a regular medical care check-up in the past year.<sup>30</sup>

<sup>29</sup> Centers for Disease Control and Prevention. 2020 Recommended Immunizations for Children from Birth Through 6 Years Old. [www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf](https://www.cdc.gov/vaccines/parents/downloads/parent-ver-sch-0-6yrs.pdf)

<sup>30</sup> Kaiser Family Foundation. State Health Facts. Percent of Children (ages 0-17) Who had Both a Medical and Dental Preventive Care Visit in the Past 12 Months (2017). Retrieved from: [www.kff.org](https://www.kff.org)

### Children Ages 19 to 35 Months with All Recommended Vaccines

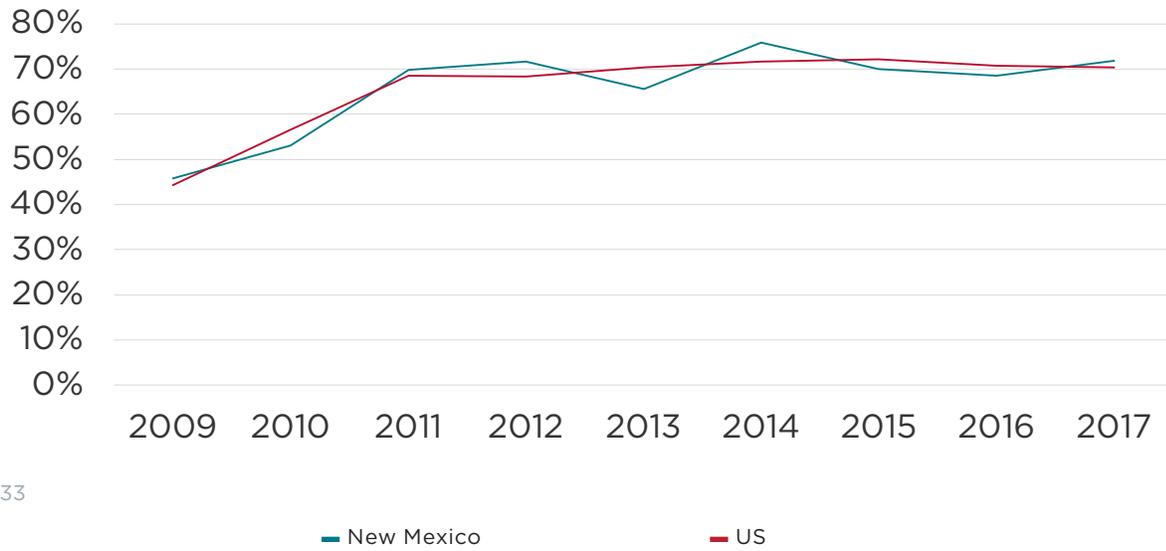


Figure 33

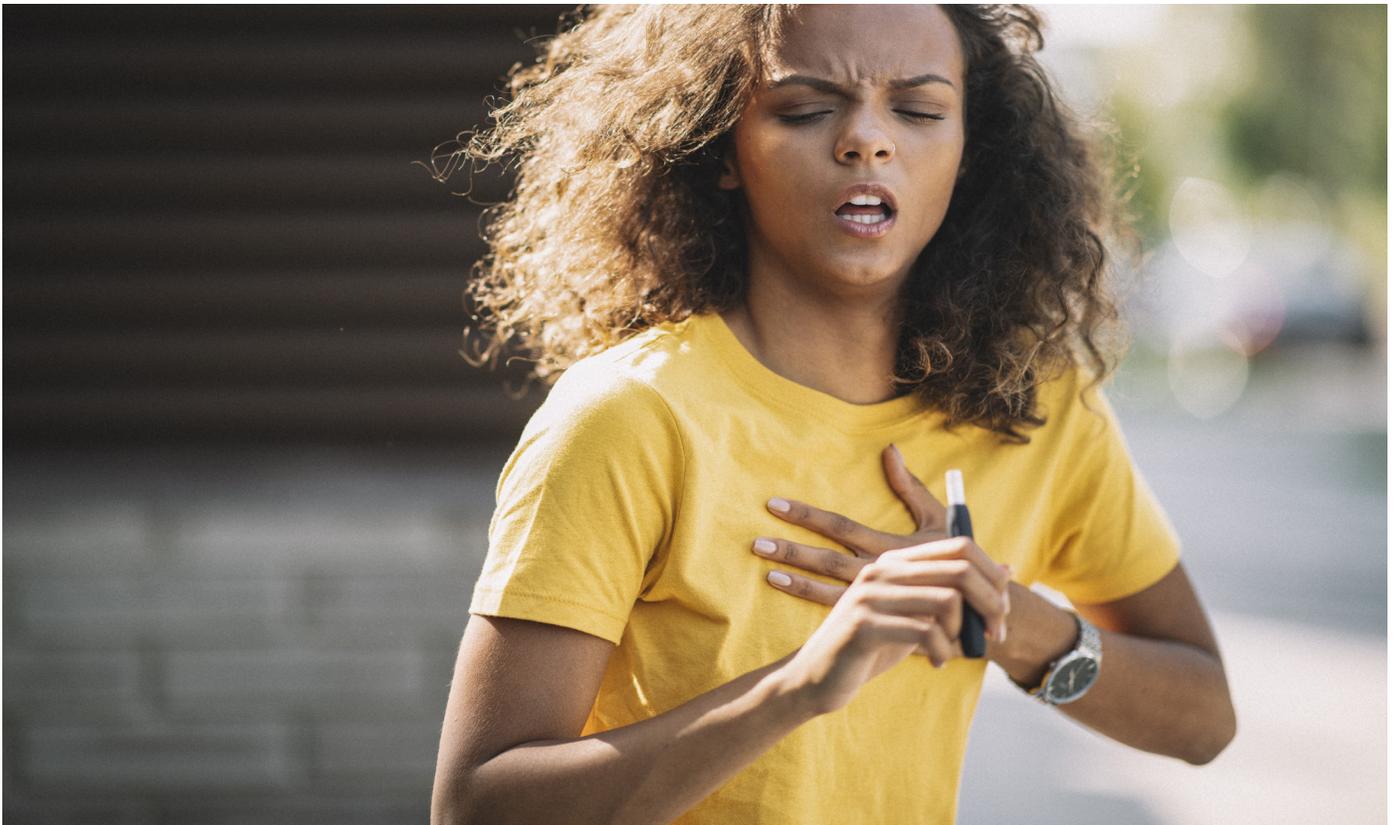
Source: U.S. Centers for Disease Control and Prevention (CDC), National Immunization Survey, accessed through ChildVaxView Interactive [www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/index.html](http://www.cdc.gov/vaccines/imz-managers/coverage/childvaxview/index.html)



## Risk Factors

We set patterns in our lives when we are teenagers. These patterns affect our health as teens and later as adults. What we do as teenagers can affect whether we get long-term diseases as adults. It is important to prevent risky health behaviors like smoking and binge drinking from starting. It is important to start good healthy habits when we are young, to keep us healthy our whole lives.

Children change quickly as teenagers, both in their bodies and their emotions. For many teens, it is also a time of trying new and reckless things. Sometimes these risks cause problems which can last a lifetime. This part of this report looks at some of the many risk factors experienced by New Mexico's youth.



## Concussions

Concussions are a major health problem in young people who play sports. A concussion is when the brain is hurt when the head is hit or shaken hard. If this happens again and again, it can have serious lifelong effects. Right away, a concussion can cause the person to be confused, to have poor balance, to react slowly and to have trouble with memory. A concussion can keep a person from doing the things they normally do and their learning in school can suffer. Overall they might not be as well as they were before. In New Mexico, African American students have more concussions, as well as Native American students in the Southeastern part of the state. (Figure 34).

### Youth Who Have Had a Sports-Related Concussion

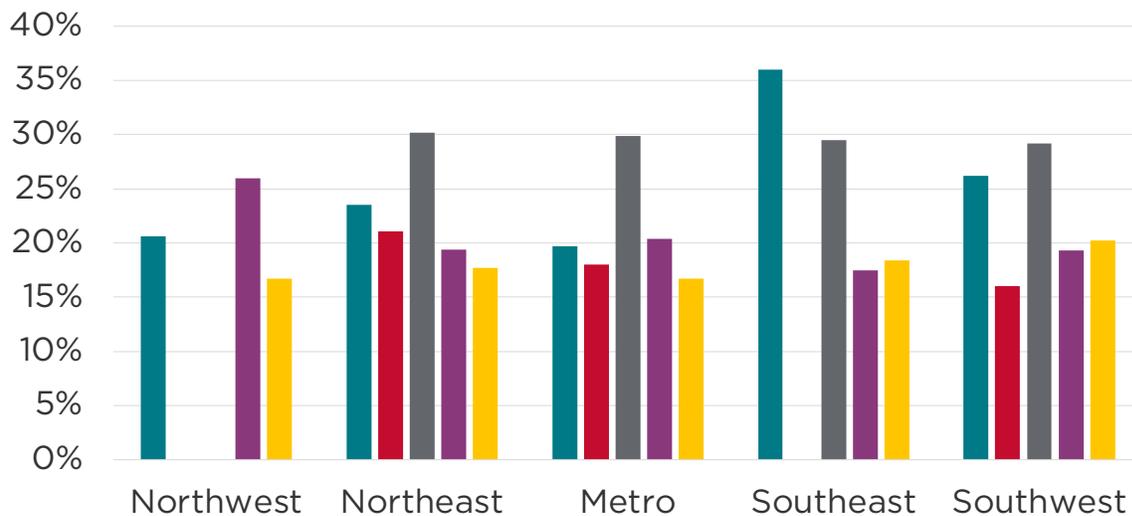


Figure 34



\*Not all ethnicities are represented due to insufficient data

Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

## Housing Instability

High rent and house payments and low incomes can mean some families do not have a regular, stable place to live. Families may have to choose to pay rent or mortgage instead of buying healthy food or getting the health care they need, so that they don't get evicted or lose their house. For children, moving often means they can miss school and have lower test scores and not learn as well.

Studies also show that children who do not have stable, regular housing sometimes are also more at risk for child abuse and not getting the attention and care they need.<sup>31</sup>

African American youth in the Northeast and Southwest parts of the state are more likely to not have regular, stable housing. So are Native American youth in the Southwestern part of the state (Figure 35).

**Youth Experiencing Unstable Housing/Homelessness**

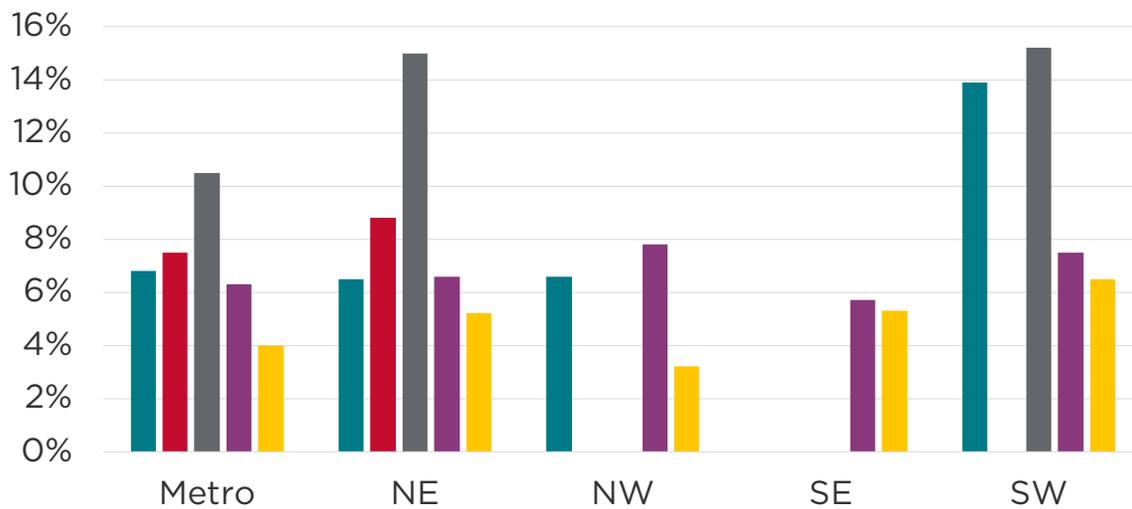


Figure 35

■ Native American
 ■ Asian or Pacific Islander
 ■ African American  
■ Hispanic
 ■ White Non-Hispanic

\*Not all ethnicities are represented due to insufficient data

Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>31</sup>Cunningham, M.K. (June 26, 2016). Reduce poverty by improving housing stability. Blog post. Urban Institute. Retrieved from: [www.urban.org/urban-wire/reduce-poverty-improving-housing-stability](http://www.urban.org/urban-wire/reduce-poverty-improving-housing-stability)

## Smoking

Smoking is still the most common cause of deaths that could be kept from happening, in the U.S. and around the world.<sup>32</sup> More than ninety out of one hundred adult smokers began smoking in their teens.<sup>33</sup> In the U.S., the number of teens who smoke cigarettes or chew tobacco has gone down in the past 10 years.<sup>34</sup> But almost eighteen out of one hundred of New Mexico teens use at least one form of tobacco at this time (Figure 36).

**Current Use of at Least One of Cigarettes, Cigars, or Spit Tobacco, 2017**

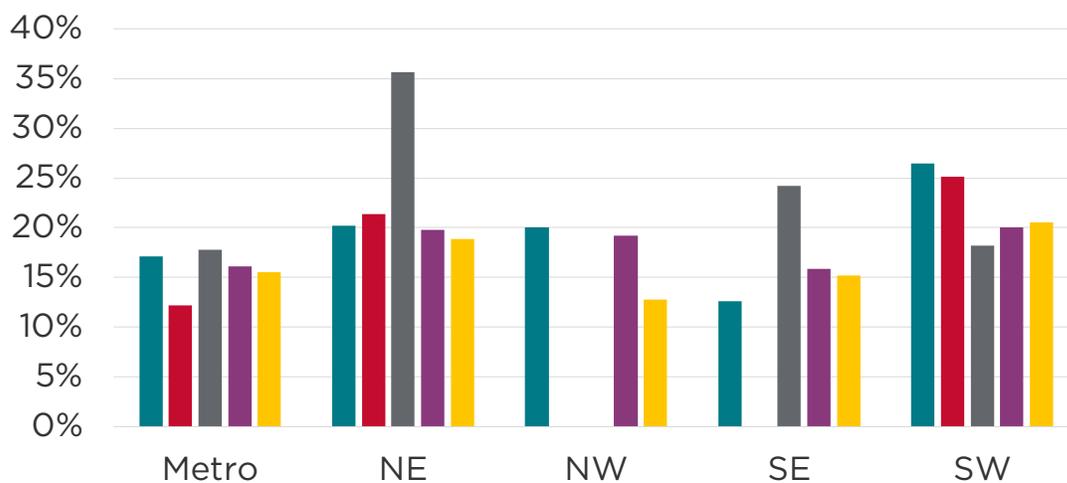


Figure 36



\*Not all ethnicities are represented due to insufficient data

Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>32</sup>U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012

<sup>33</sup>U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012

<sup>34</sup>Wang TW, Gentzke AS, Creamer MR et al. Tobacco Product Use and Associated Factors Among Middle and High School Students—United States, 2019. *Morbidity and Mortality Weekly Report*, 2019;68(12)

More than one-in-four New Mexico youth use e-cigarettes. E-cigarettes are not safe for youth. Most e-cigarettes contain nicotine, a chemical that is very addictive. Nicotine can keep young people’s brains from developing as they should. Young people who use e-cigarettes can also have breathing and lung problems. They can also be more at risk for addiction when they are adults.<sup>35</sup> Both tobacco and e-cigarette use are especially common among African American students in Northeast New Mexico (Figures 37).

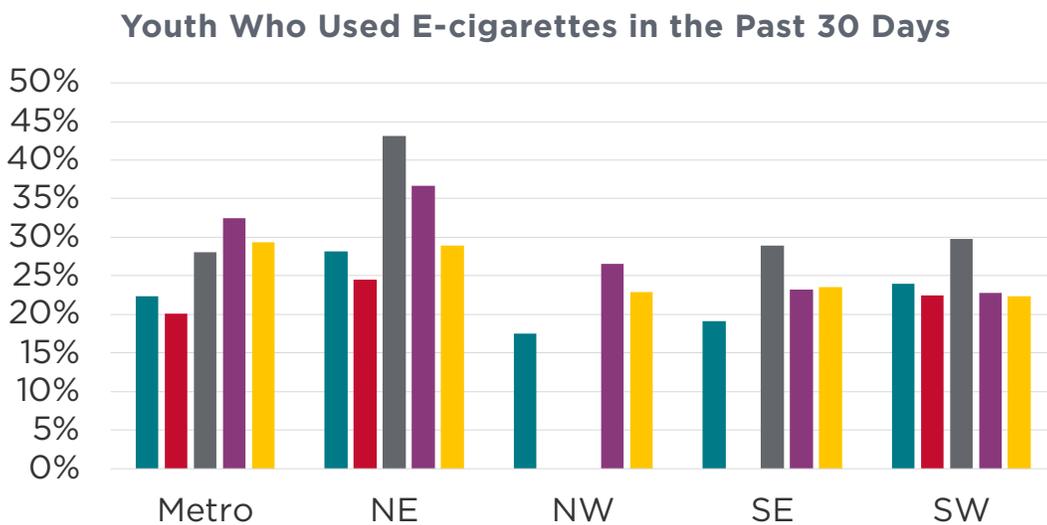


Figure 37

■ Native American     
 ■ Asian or Pacific Islander     
 ■ African American  
■ Hispanic     
 ■ White Non-Hispanic

\*Not all ethnicities are represented due to insufficient data

Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>35</sup> Office of the Surgeon General. Surgeon General’s Advisory on E-cigarette Use Among Youth. Atlanta, GA: US Department of Health and Human Services, Centers for Disease Control and Prevention (US), National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health

## Cyberbullying

Cyberbullying is a serious public health concern because it hurts children’s mental health. Cyberbullying is bothering and being mean to someone online on the internet, social media or chats. This type of bullying has been connected to depression, anxiety, rage or being aggressive and suicide.<sup>36</sup>

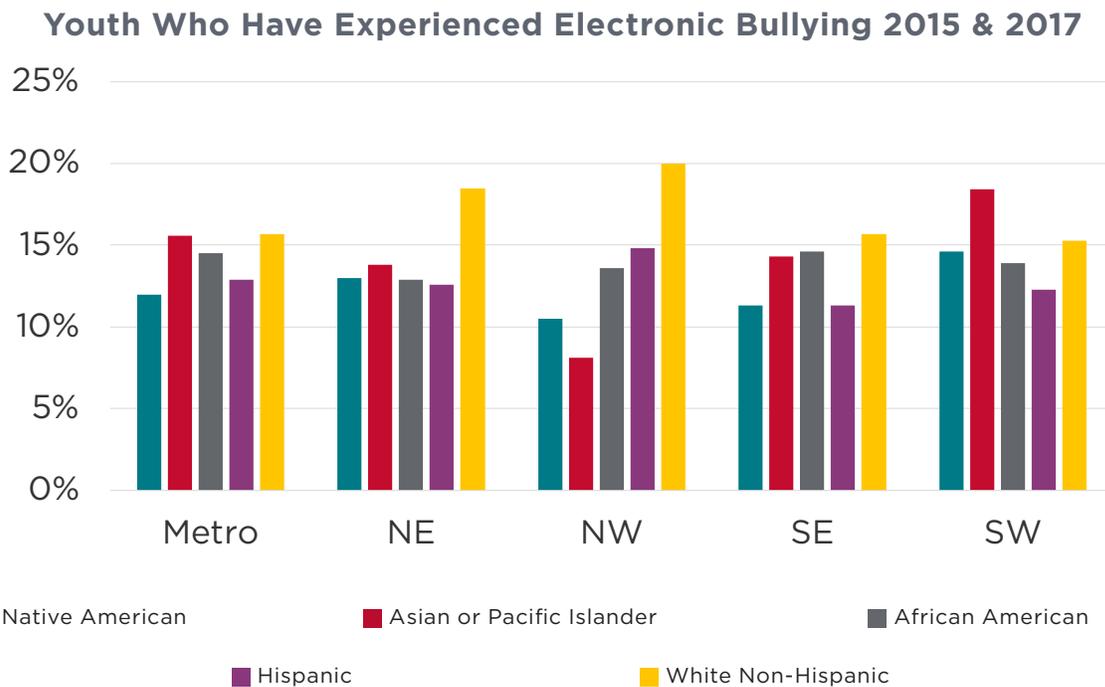


Figure 38

Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>36</sup> Irene Kwan, Kelly Dickson, Michelle Richardson, Wendy MacDowall, Helen Burchett, Claire Stansfield, Ginny Brunton, Katy Sutcliffe, and James Thomas. Cyberpsychology, Behavior, and Social Networking. Feb 2020.72-82

## Suicide

New Mexico had 20.9 deaths for every 100,000 residents ages 15 through 19 in 2019. New Mexico has one of the nation's highest teen suicide rates.<sup>37</sup> Seventeen out of one hundred New Mexico youth have seriously thought about suicide in the past month. Thinking about and planning suicide is most common for Native American, African American and Asian students in the Southwestern part of the state.

**Youth Who Seriously Considered Suicide  
2013, 2015 & 2017**

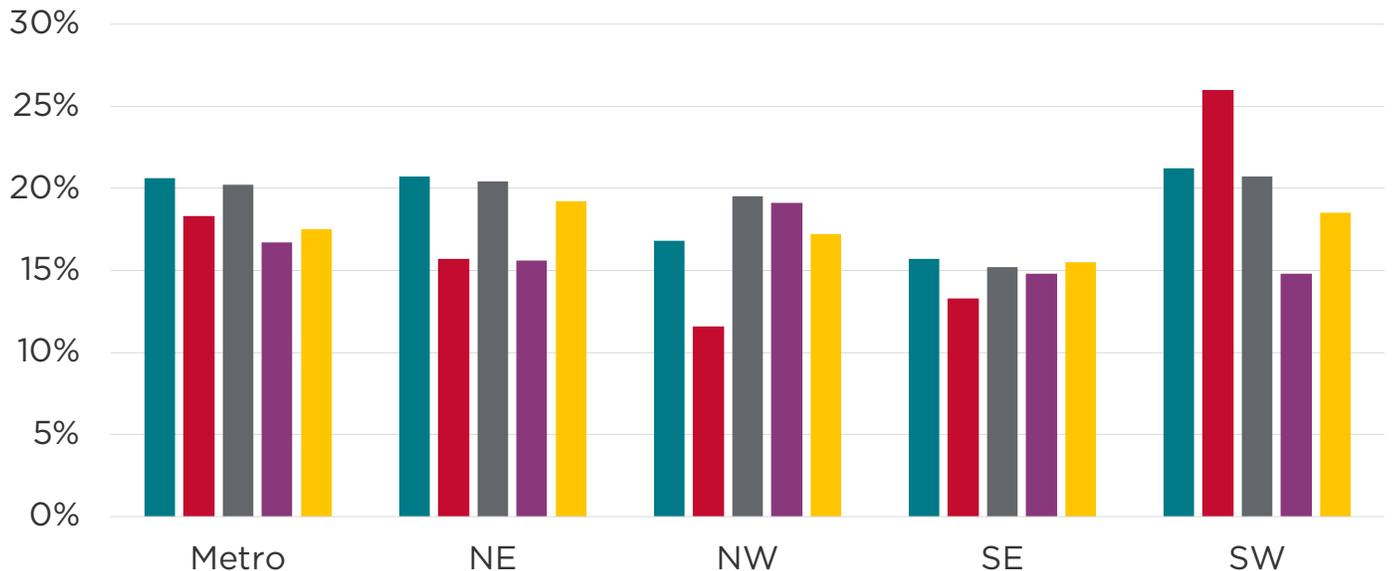


Figure 39



Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>37</sup> America's Health Rankings analysis of CDC WONDER Online Database, Underlying Cause of Death, Multiple Cause of Death files, United Health Foundation, AmericasHealthRankings.org, Accessed 2020

## Mortality

Children age 14 and under make up about one out of one hundred of all deaths in New Mexico. Youth ages 15 to 24 make up another one and a half of one hundred of all deaths in New Mexico.<sup>38</sup> Accidents are, by far, the leading cause of death among children and youth. The most common causes of accidental injuries are car crashes, violence, falls and sports. Accidents are also the top cause of injuries that do not cause death among children and youth.

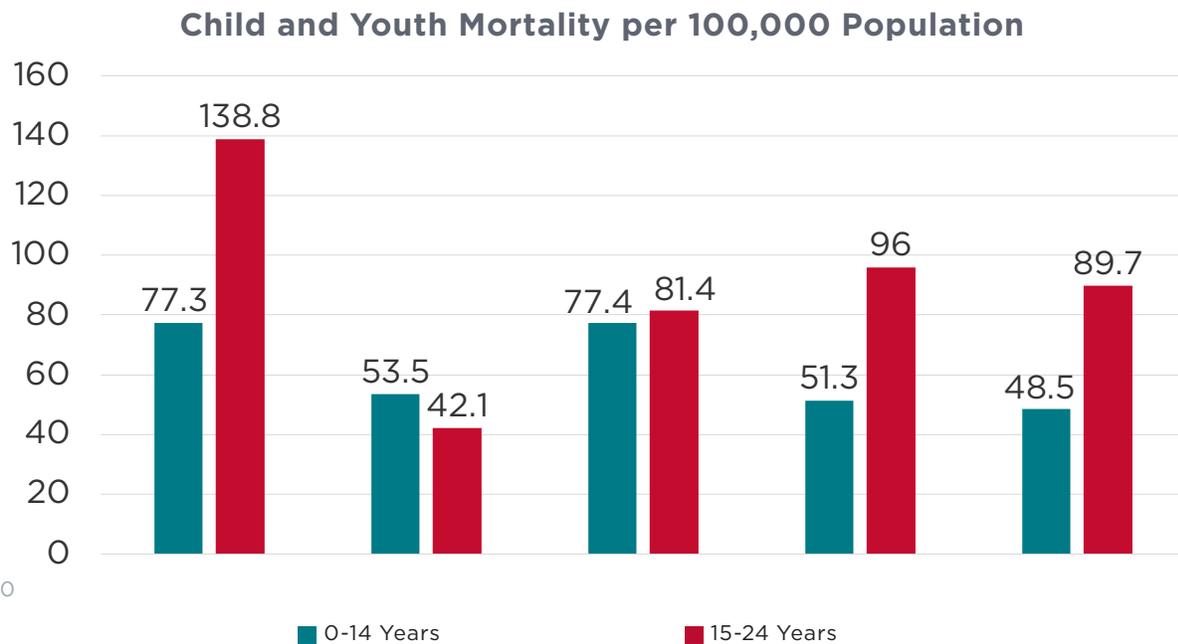


Figure 40

Source: New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health (2016-2018)

<sup>38</sup>New Mexico Death Certificate Database, Office of Vital Records and Statistics, New Mexico Department of Health (2016-2018)

## Seniors

Over 367,000 residents of New Mexico are age 65 or older. Seniors now make up about seventeen out of one hundred of people in the states who are not living in nursing homes or other group living places. This number is expected to go up a lot in the coming years. More people in the baby-boomer and Gen X generations will reach age 65. The population that is age 65 or older is growing faster in New Mexico than in the U.S. overall. By 2040, the number of seniors in New Mexico will probably more than double. Growth in the number of senior citizens, and how many seniors there are compared to all of the people in the state, will mean a lot more need for health care services.

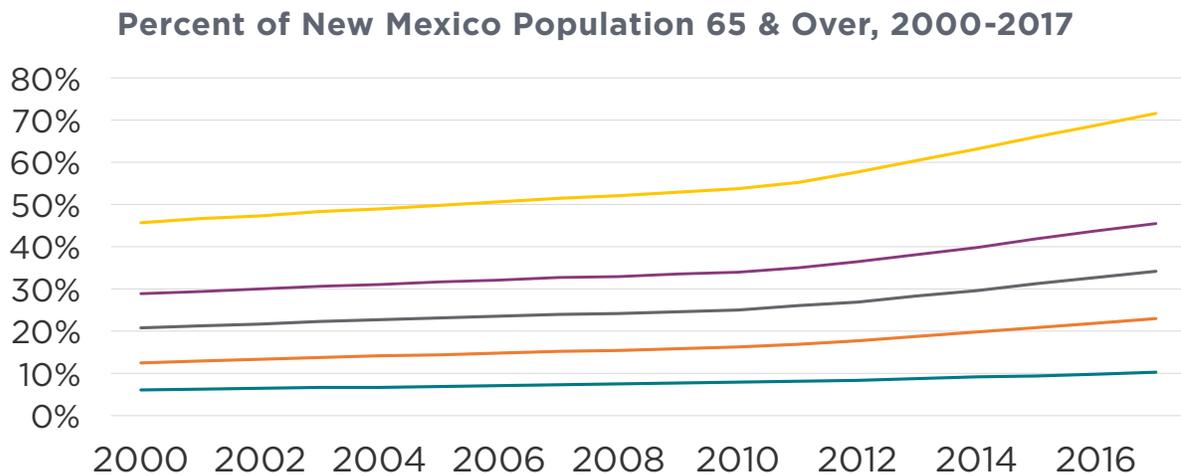
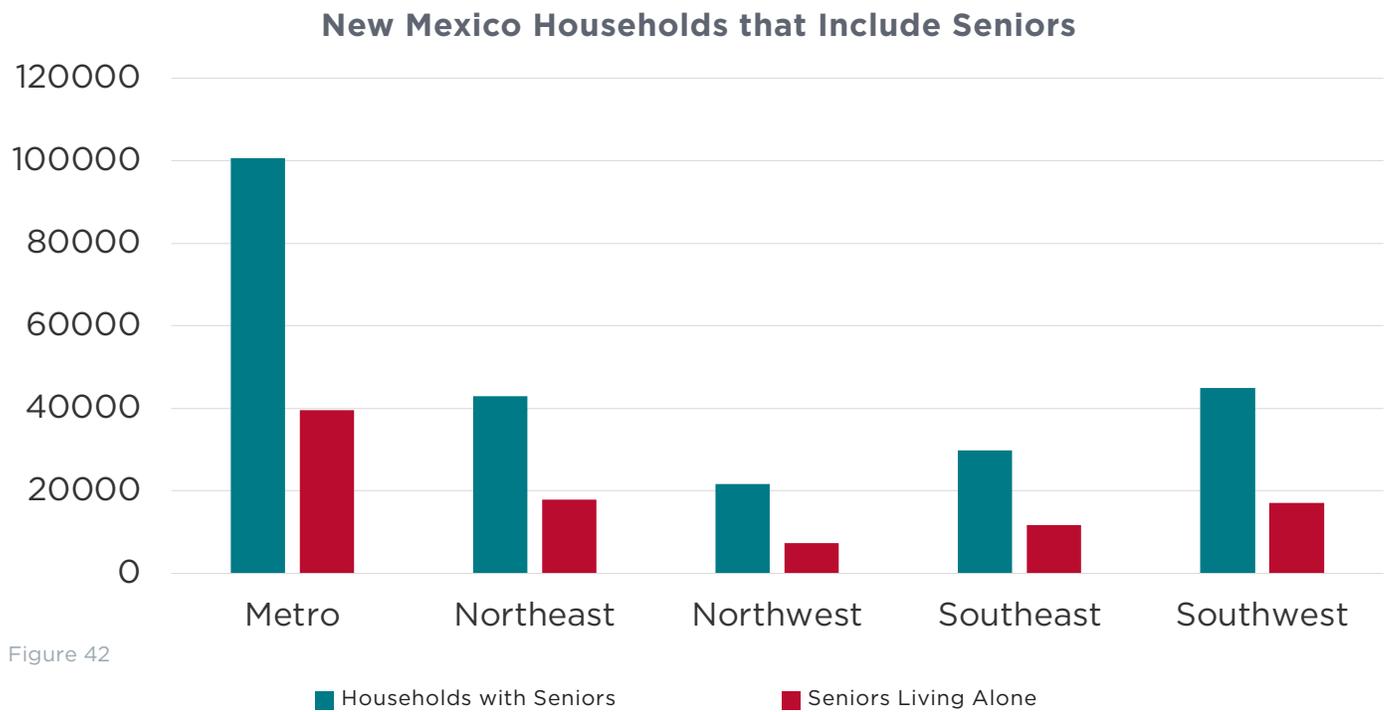


Figure 41



Source: US Census 2018 5-Yr American Community Survey

Over 240,000 (thirty-one out of one hundred) of New Mexico homes have at least one person 65 or older. Thirty-nine out of one hundred of these households, over 93,400 people, are seniors living alone (Figure 42).



Source: US Census 2018 5-Yr American Community Survey

People over age 65 who live alone sometimes don't have people to visit with and care for them. They might have trouble getting help they need or help in an emergency. So seniors who live alone often have to go to assisted living or nursing homes before than seniors who live with someone else. Because women tend to live longer than men, older women are more likely than older men to live alone.

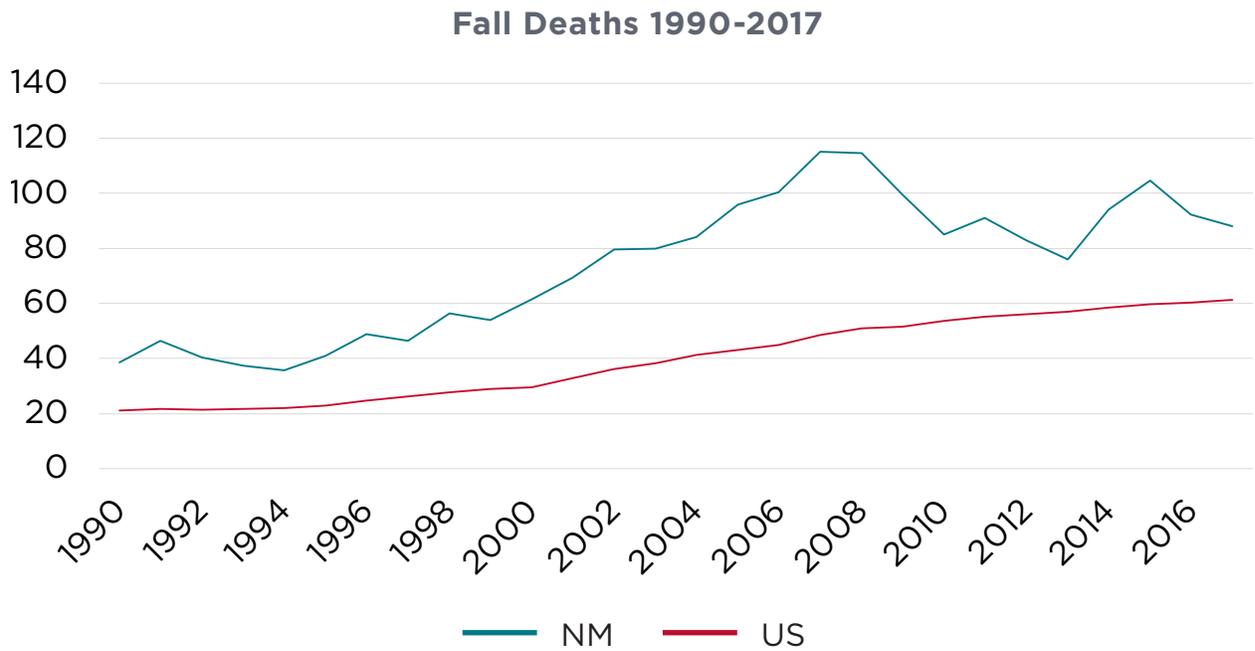


Figure 43

Source: US Census 2018 5-Yr American Community Survey

Falling is the main cause of accidental injury death for older people in both New Mexico and the U.S.<sup>39</sup> About 300 New Mexico seniors die each year from falls. Most seniors who die from being hurt in a fall break their hips or injure their brain. The rate for New Mexico seniors that die from falling has kept getting higher, it is higher than the rate in the U.S. as a whole (Figure 44).<sup>40</sup> The older you are, the more likely you are to die from falling. Even when falls don't cause death, they can cause long hospital stays. Falls can also cause long-lasting problems and keep people from being able to live alone and make life more difficult.

**Fall Deaths 65 and Over per 100,000 Population**

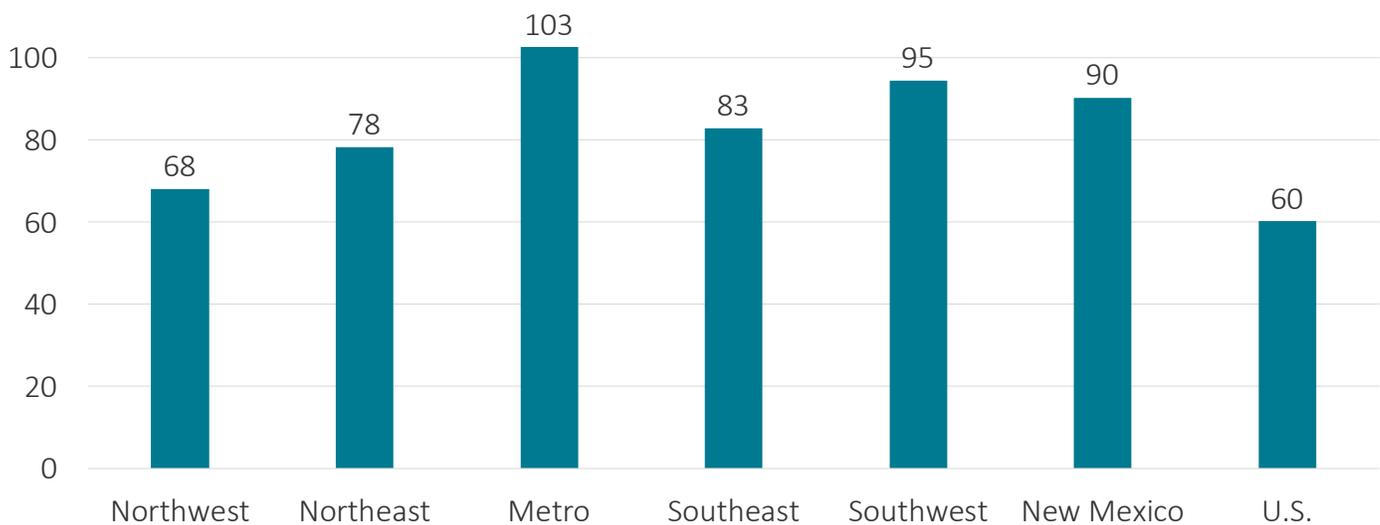


Figure 44

Source: New Mexico Death Certificate Database, Office of Vital Records and Health Statistics, New Mexico Department of Health. Retrieved on October 9, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>39</sup> Burns E, Kakara R. Deaths from Falls Among Persons Aged ≥65 Years — United States, 2007–2016. *MMWR Morb Mortal Wkly Rep* 2018;67:509–514

<sup>40</sup> Health Indicator Report of Injury - Older Adult Falls Deaths. Retrieved on October 9, 2020 from: Retrieved on September 30, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

As many as half of falls by older people are because of risks in their surroundings.<sup>41</sup> Most falls happen at home.<sup>42</sup> Fixing things like loose carpets and electric cords that are laying out can help stop falls from happening. It is also important to keep track of prescription drugs and the way that they work with other drugs. Exercises that increase strength and balance can also help prevent falls.

When people are asked how healthy they are, research has found that those answers are quite true. Also, how healthy you think you are can predict how healthy you will be. In New Mexico, Hispanic seniors are more likely than seniors of any other race or ethnicity to consider their own health to be “fair” or “poor” (Figure 45).



<sup>41</sup> Dionyssiotis Y. Analyzing the problem of falls among older people. *Int J Gen Med.* 2012;5:805–813.

<sup>42</sup> National Council for Aging Care. Fact Sheet Falls: The Biggest Threat to Senior Health and Safety. Retrieved from: [www.aging.com/falls-fact-sheet/](http://www.aging.com/falls-fact-sheet/)

### Percentage of Seniors Who Consider Their General Health to be “Fair” or “Poor”, 2016-2018

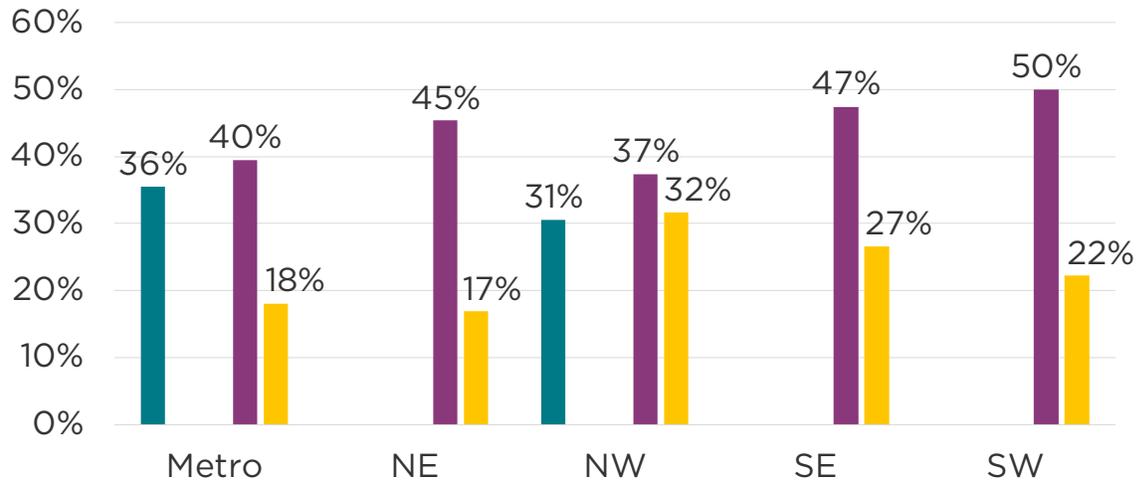


Figure 45

■ Native American     
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■ White Non-Hispanic

\*Not all ethnicities are represented due to insufficient data

Source: New Mexico Youth Risk and Resiliency Survey. Retrieved on October 5, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

Vaccines (shots) are very important to prevent disease in seniors and in the communities where they live and work. The U.S. Centers for Disease Control (CDC) says that all adults 65 years or older be vaccinated against pneumonia.<sup>43</sup> Seventy-two out of one hundred New Mexico seniors have been vaccinated for pneumonia, close to the rate of the U.S. overall.<sup>44</sup>

**Seniors Vaccinated Against Pneumonia, 2016-2018**

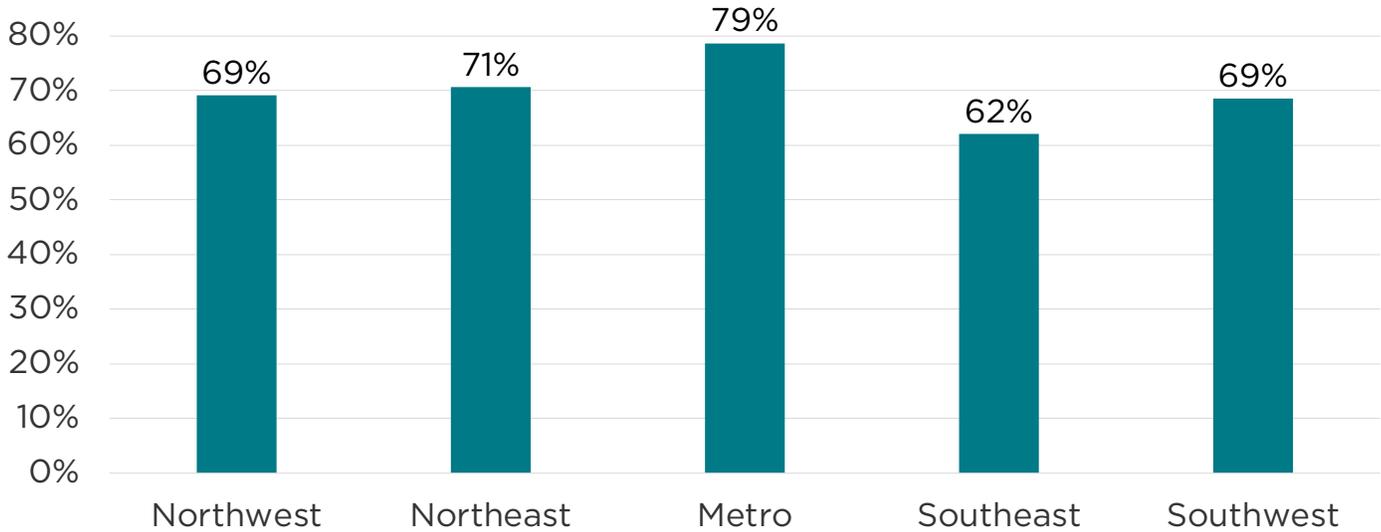


Figure 46

Source: Behavioral Risk Factor Surveillance System 2016-18. New Mexico Department of Health. Retrieved on October 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

<sup>43</sup> U.S. Centers for Disease Control and Prevention. Vaccines and Preventable Diseases. Retrieved from: [www.cdc.gov/vaccines/vpd/pneumo/index.html](http://www.cdc.gov/vaccines/vpd/pneumo/index.html)

<sup>44</sup> Behavioral Risk Factor Surveillance System 2016-18. New Mexico Department of Health. Retrieved on October 8, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

Nine out of one hundred New Mexico seniors say they have had poor mental health in at least 14 of the past 30 days. Seniors who say they have frequent mental distress goes from eight out of one hundred in the Metro area to eleven out of one hundred in the state's Northwest region (Figure 47).

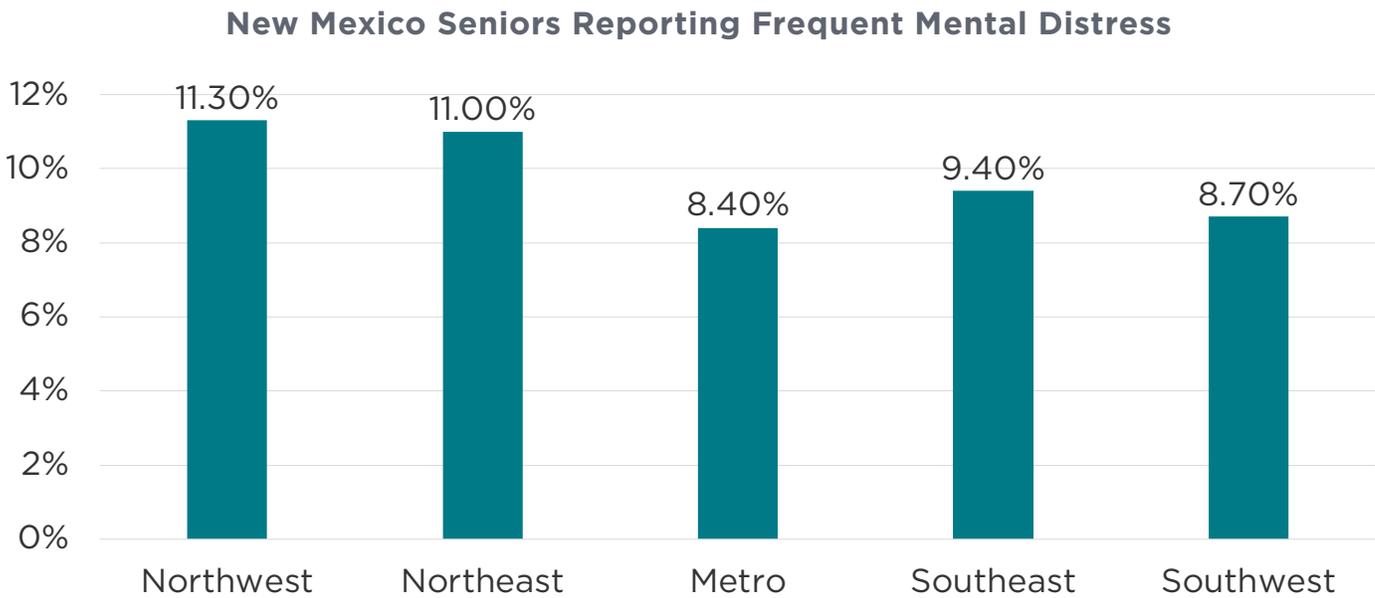


Figure 47

Source: Behavioral Risk Factor Surveillance System 2016-18. New Mexico Department of Health. Retrieved on October 1, 2020 from New Mexico Department of Health, Indicator-Based Information System for Public Health website: [ibis.health.state.nm.us](http://ibis.health.state.nm.us)

# Next Steps: Community Health Implementation Plan (CHIP)

The next step in the UNMH 2020 Statewide Community Health Needs Assessment is to make a plan to address the state's most important health needs that are not being met. Input was gathered from many sources and every comment was carefully thought about. The Health Extension Resource Officers from the UNM Office of Community

Health also reviewed everything, so that there was another group also making sure the feedback was correctly understood. All of this information was pared down to make four clear areas to focus. UNMH is serious about working with all groups in the state to lift the health and well-being of all communities.



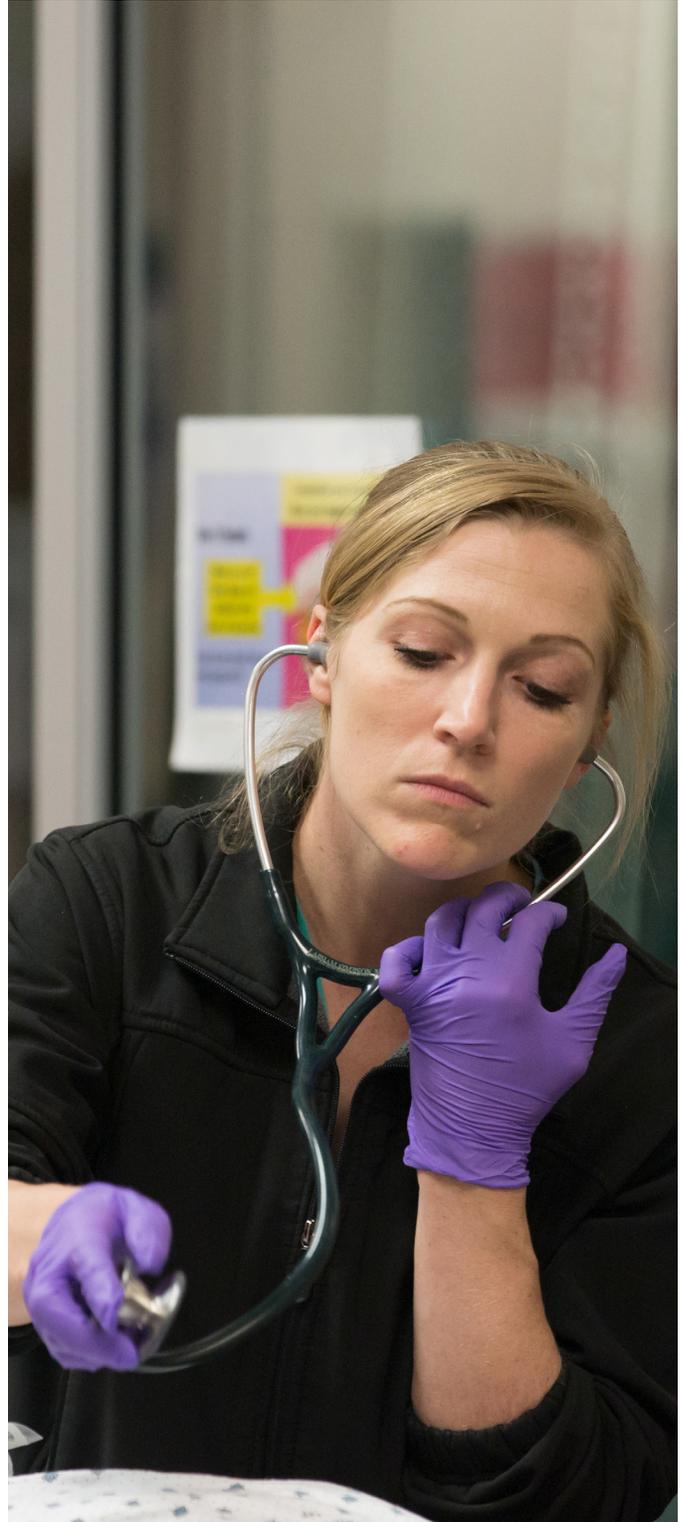
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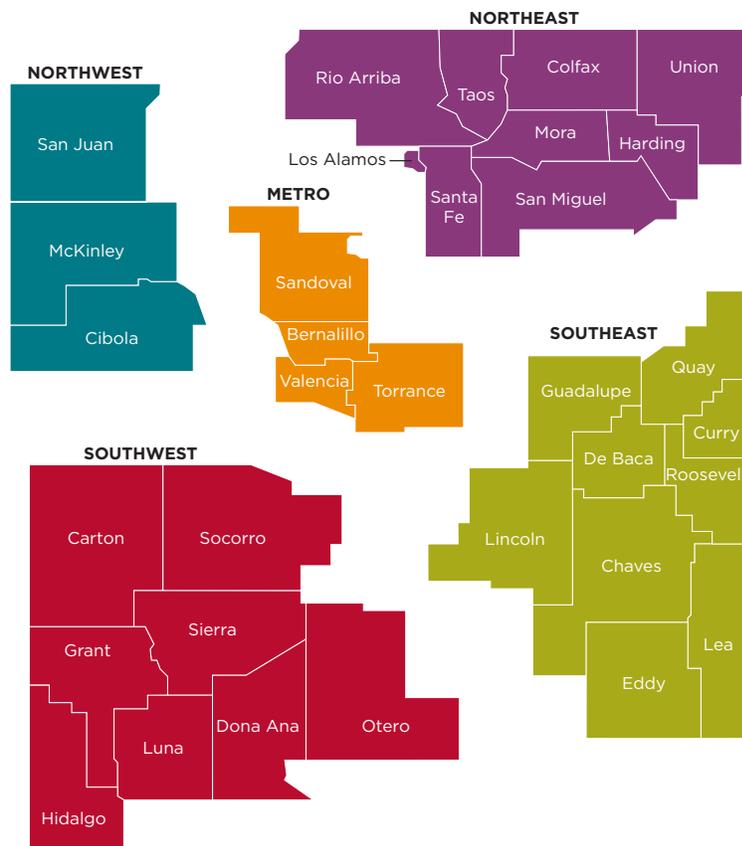
**The Northwest region** is composed of San Juan, McKinley and Cibola counties (Survey responses were not collected from this region, but CHNA reports were referenced to include feedback from these counties)

**The Northeast region** is composed of Colfax, Guadalupe, Harding, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos and Union counties as well as Santa Clara Pueblo

**The Southeast region** is composed of Quay, De Baca, Curry, Lincoln, Roosevelt, Chaves, Eddy and Lea counties

**The Southwest region** is composed of Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana and Otero counties

**The Metro region** is composed of Bernalillo, Sandoval, Valencia and Tarrant counties









HOSPITAL

**2020**

STATEWIDE  
COMMUNITY HEALTH  
IMPLEMENTATION PLAN





UNM CHILDREN'S HOSPITAL

UNM HOSPITAL  
Center for Child & Adolescent Health

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# 2020 Statewide Community Health Implementation Plan



From feedback collected during Part 1 of the Community Health Needs Assessment (CHNA) process, the University of New Mexico Hospital (UNMH) found these main health needs:

- Increase Access to Behavioral Health Services (page 3)
- Increase Access to Medical Services (page 11)
- Increase Access to Medical Coverage and Financial Assistance (page 32)
- Reduce Inequities that Lead to Disparities in Health Outcomes (page 37)

- Increase Access to Behavioral Health Services means offering more help for people to get mental health and substance use services
- Increase Access to Medical Services means offering more help for people to get medical services
- Increase Access to Medical Coverage and Financial Assistance means

offering more help finding ways to afford and to pay for medical care

- Reduce Inequities that Lead to Disparities in Health Outcomes means taking away things that are not equal between different groups that cause some groups to have poorer health

UNM Hospital worked with people who care about the health of New Mexicans. From what they told us, we put together focus areas. Working with many groups of people helped us make sure that UNMH is working to do things that will really help.

This is the plan for what UNMH will do with all of the information we collected. The hospital will address the community's health care needs by:

- Continuing the programs and services UNMH already offers, and making them stronger
- Looking at new ways to help people get the services they need at UNMH
- Supporting providers in the community in the care of their patients
- Working with community groups to help all of us use the things that we know work to improve health, in all of the places UNMH serves

This plan uses the priority health needs we found in Part 1 of the Community Health Needs Assessment (CHNA). Each section

has examples of UNMH departments or programs that help meet the goals of that section. Located in Appendix 2, are programs or organizations that are not part of UNMH, but were identified by health leaders and community members. These other groups and places help the health and well-being of people in our community. Please know that this list doesn't have all of the helpful programs and places in our area.

We are always listening. To provide feedback, please contact us at:

[UNMHCE@salud.unm.edu](mailto:UNMHCE@salud.unm.edu).



# Focus 1: Increase Access to Behavioral Health Services

Increasing Access to Behavioral Health Services means helping people get services for mental health and substance use they need. When UNMH asked New Mexico residents what health education and information their communities needed most, people said the same thing across the state. Most people said their communities needed more information and education about mental health. Psychiatric education programs teach healthy coping skills and ways to manage symptoms of distress — both physical and emotional. Behavioral health education programs help students learn how their thoughts, moods, attitudes and behaviors affect health and well-being.

All around the state people said drug and alcohol use was their top concern. New Mexicans said there is a strong need for behavioral health services in schools — including addiction prevention, substance use and suicide prevention.<sup>1</sup> New Mexico's rates of suicide and substance use are above national averages. Suicide rates

vary a lot by region. The Northwest region has a suicide rate twice that of New Mexico<sup>2</sup> (Figure 1).

Access to mental health care was a high concern in all four regions (Figure 1). Over forty out of one hundred of those who answered the survey in all four regions of the state said there was “very limited” mental health counseling in their community or none at all. This shows a big need for these services in all parts of the state.

Many people who answered the survey also said that substance use treatment is “very limited” in their communities. In the Albuquerque Metro area, many people said they didn't know about the mental health services that are available. More people need to know about these important vital services (Figure 2).

<sup>1</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.

<sup>2</sup>New Mexico Department of Health. Bureau of Vital Records and Health Statistics death data, 2013-2017. New Mexico's Indicator-Based Information System. Available at [ibis.health.state.nm.us](http://ibis.health.state.nm.us). Accessed October 9, 2018

## Availability of Mental Health Counseling

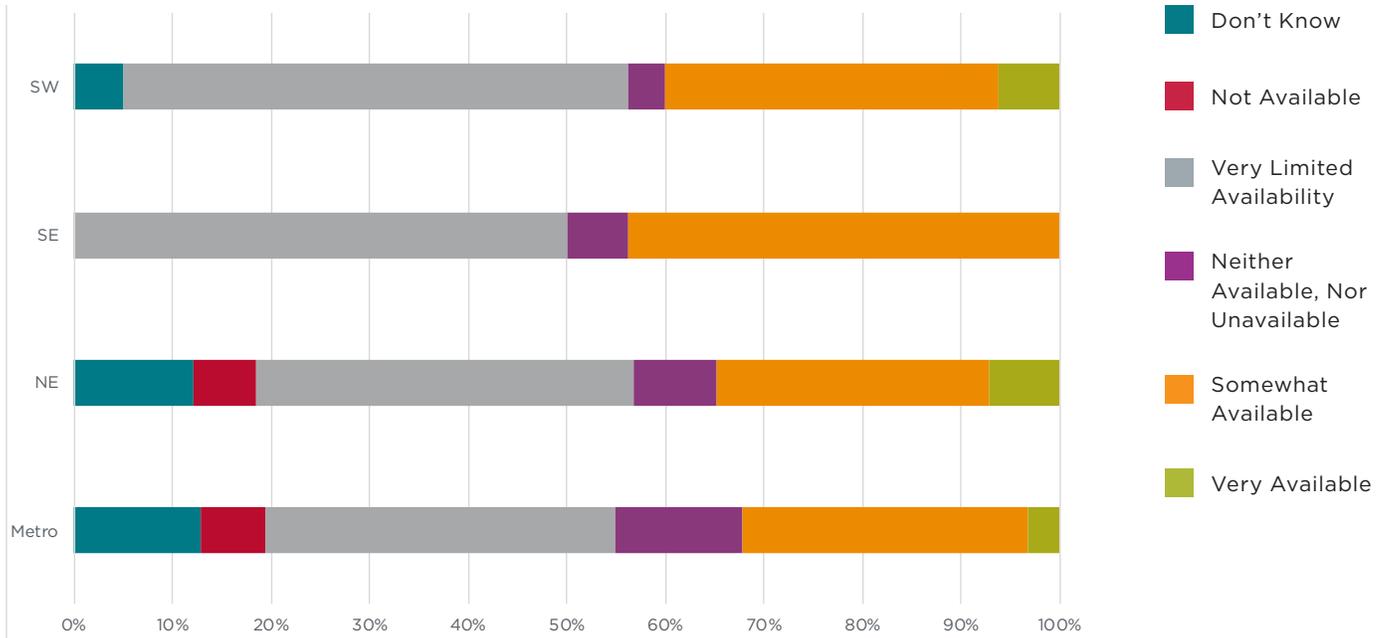


Figure 1

## Availability of Substance Use Treatment

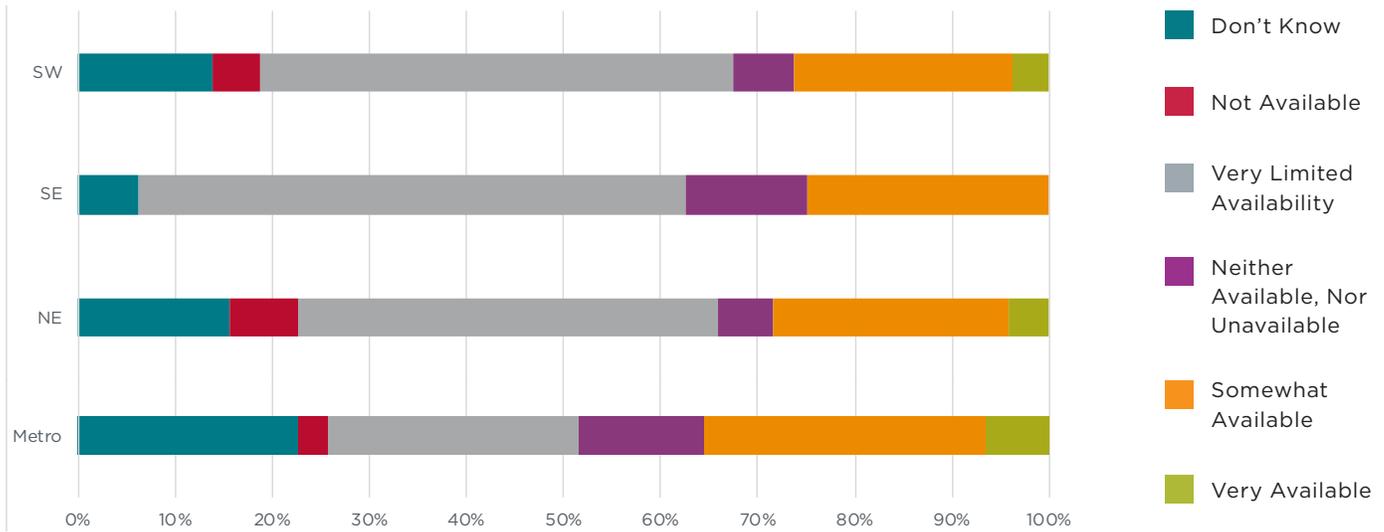


Figure 2

## Strategies

### How will we make mental health and substance abuse care more available?

UNMH worked with many different partners in the past several years. These partners included Bernalillo County, the City of Albuquerque, other hospitals, people who work for change to help our community and social service organizations. We worked together to make New Mexico's behavioral health system stronger. This included new community-based crisis services. A great example is the Carelink Health Home for adults and children with serious behavioral health needs. But many New Mexicans still have a hard time getting behavioral health care. Much work still needs to be done.

Many hospitals and places for health care provide general short-term and long-term care in communities across the state. These places are very important to the health and well-being of the communities they serve. UNM Hospital provides general short-term and long-term health care in the Albuquerque Metro area. But UNMH counts on other local and regional providers to meet the basic health care

needs of people in other parts of the state. This means UNMH can focus on specialized, complex and unique care — the higher levels of care — for the whole state.

Our plan is to concentrate providers and staff in Bernalillo County on things needed less often — such as hospitalization and intensive outpatient services.

The hospital has a five-year plan. This plan depends on having enough time, space, money and staff and care providers. We are working to make sure we have all those things.

- New Crisis Triage Center with Bernalillo County
- Larger pediatric outpatient program - putting together Programs for Children at the Children's Psychiatric Center
- More ways for patients to get care — intensive outpatient Substance Use Disorder (SUD) and Adult Mental Health programs
- New partial hospital programs for children and adults - for patients who need a combination of services like

what you would get in a hospital, but for only part of the week

- New psychiatric program for young people 16 to 22 years old - to help them move from children's programs to adult programs
- More Behavioral Health Telehealth (Telepsychiatry) - a new telehealth system will help us reach more rural communities with behavioral health services



## Internal Resources

### What programs does UNMH already have that are helping with this?

#### **Addiction and Substance Abuse Program (ASAP) for Adults and Teens**

ASAP offers many different outpatient programs for youth and young adults. Substance Use Treatment for Adolescents and Young Adults in Recovery (STAR) is one program for youth with addiction issues. STAR has individual and group counseling, women-only groups and an outpatient detox program. STAR also has a large opioid replacement therapy program. The program uses methadone and suboxone to stabilize patients, with therapy and counseling. The ASAP primary care clinic is a Level 3 Patient-Centered Medical Home (PCMH), which means it meets high national measures for patient care and quality.

#### **Caminante Support Employment Program (CSEP)**

The CSEP helps people in recovery get jobs by helping with resume writing, job searches and interview skills. Ongoing support helps participants who find a job to stay employed.

#### **Comprehensive Assessment and Recovery Through Excellence (CARE)**

The Care Campus provides short-term support for people with alcohol and substance use issues. The campus offers a variety of services including a detox program and a recently opened crisis stabilization center. The program coordinates care and services so that they can link patients with ongoing treatment. Working with the Bernalillo County Behavioral Health Division, UNMH provides much of the medical care on the CARE Campus at 5901 Zuni SE.

#### **Forensic Services**

County residents who have serious and sometimes multiple behavioral health problems have trouble getting the behavioral health care they need. Because they don't get the care they need, they are likely to be arrested and put in jail. This is like a "revolving door" for behavioral health patients at Bernalillo County's Metropolitan Detention Center (MDC). This doesn't help their recovery and costs the public money to keep them in jail. UNMH has jail diversion programs that help patients who have gotten in trouble with the police get resources like psychiatric treatment, substance abuse

treatment, medical care, education, job training, government programs and other community support programs that can help them build productive lives outside of jail.

### **Milagro Program**

Milagro was started in 1989. It was New Mexico's first complete prenatal care program for pregnant women with substance abuse and addiction issues. The program brings together behavioral health, prenatal and obstetric (birth) services. It also helps connect women and babies to other useful programs. Women who take part in the program get prenatal care at UNM Health System family medicine clinics. Women with opioid addictions can get medication-assisted treatments. Milagro also provides counseling and help with finding resources women need and helps to figure out all of the different services and programs.

### **Native American Behavioral Health Program (NABHP)**

UNM Health System's Native American Behavioral Health Program (NABHP) helps Native Americans get high-quality, culturally aware behavioral health services. NABHP trains behavioral health agencies

on how to work well and with respect to Native American cultures. UNMH works with Native communities on many different local projects.

### **Neuromodulation Services**

In psychiatry, neuromodulation means stimulating the brain with electrical or magnetic currents to treat mental illness that has not been helped much by other therapies. Neuromodulation services include Electroconvulsive Therapy (ECT) and Transcranial magnetic stimulation (TMS). These services 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. ECT is used most in patients with severe major depression, bipolar disorder, or schizophrenia. TMS uses magnetic energy on an area of the brain that controls mood. TMS can work for depression that has not been helped by other treatments. TMS is done in an office, and you do not need anesthesia as you do for ECT.

### **Psychology Intern Position (PIP)**

Having the help of more interns helps psychologists stay in their jobs longer. It also helps cut down the time patients have to wait for an appointment. UNMH usually has 10 to 12 psychology interns working at UNM Hospital and various other behavioral health sites.

### **Psychosocial Rehabilitation (PSR) Program**

UNM Health System's Psychosocial Rehabilitation Program (PSR) believes that people with disabilities need chances. Rehabilitation helps people figure out and choose for themselves what they want to do and who they want to be in their communities. The PSR gives classes on basic skills needed for mental health recovery and personal empowerment.

### **UNM Children's Psychiatric Center**

UNM Children's Psychiatric Center (CPC) provides mental health hospital treatment for children from ages 5 to 18. The campus has four inpatient care units. Each one has a child psychiatrist and staff who are specialists in different things. The Center also has a behavioral intensive care unit for patients who have not been successful in other programs and need

more help. The CPC is New Mexico's only public provider of treatment for children with serious emotional problems.

### **The Early Program**

This program is for people ages 15 through 30 who have had a first episode of psychosis in the past 12 months. Services are provided at the UNM Psychiatric Center. In addition to psychiatric hospital care, children and adolescents also get behavioral health services outside the hospital, including therapy teams that look at many parts of the child's health and community family teams. They also get individual and group counseling and help to coordinate all of the different services.

### **Cimarron Clinic**

The Cimarron Clinic is UNMH's main behavioral health clinic for children. Youth having serious emotional disturbances can get evaluated, get help with medications and have help figuring out services.

### **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**

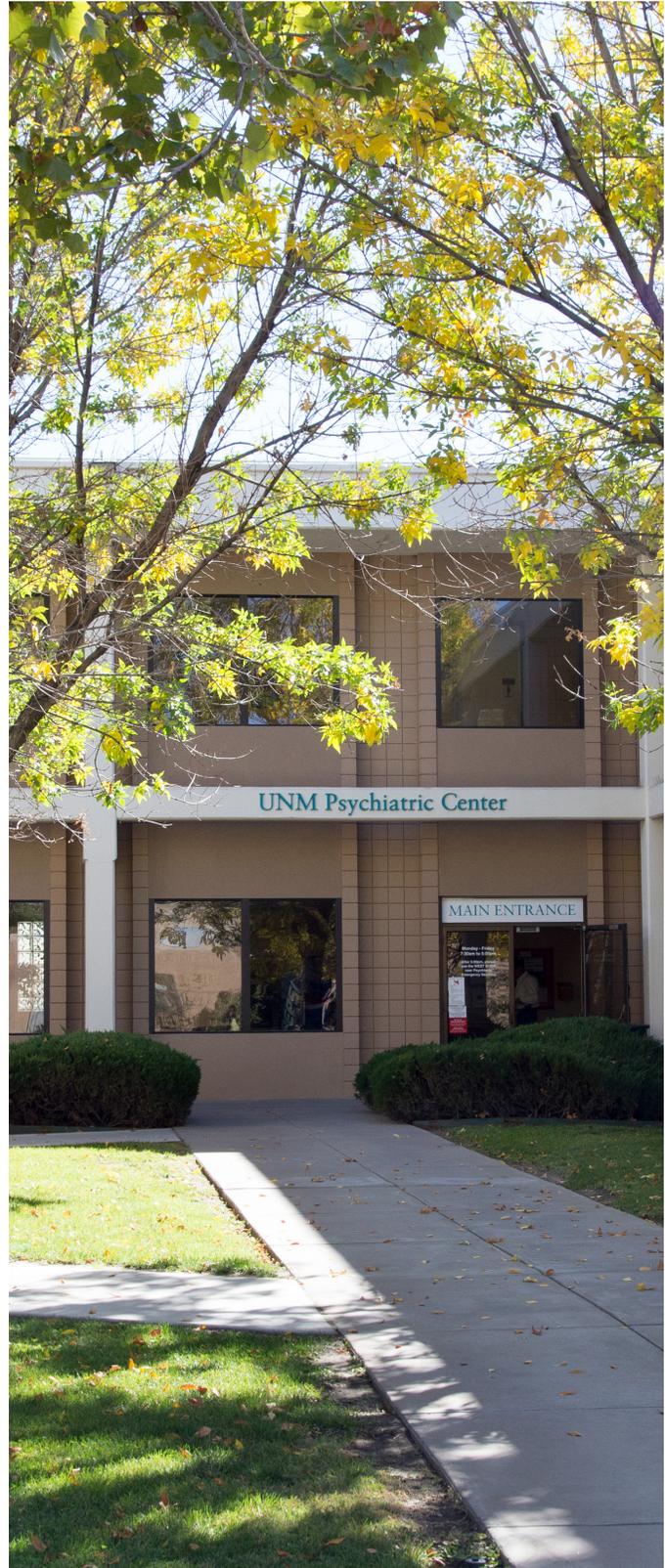
The UNM Psychiatric Center is a public hospital that provides behavioral health care for thousands of New Mexicans each year. It was established in 1967. The center offers 47 beds for adults and seniors and it is the state’s largest community mental health care provider. Telehealth technology lets UNMH give high-quality behavioral health services in schools, corrections facilities and other locations throughout New Mexico.

### **Seniors Clinic**

Patients in the unit are often medically fragile and have serious behavioral and physical health needs. Patients are treated by a team led by a geriatric psychiatrist. Senior center staff focus on recovery — they work to help people with their mental health needs and also to remember their personal hopes and goals.

### **Geriatric Inpatient Unit**

The 15-bed unit serves patients age 60 and older, and meets the unique needs of older patients.



# Focus 2: Increase Access to Medical Services

Increasing Access to Medical Services means helping people get medical services they need. In the survey and other ways people gave feedback, New Mexicans said medical care needed to be more available to everyone. People in all regions of the state said this. New Mexicans also said there were not enough providers (doctors, physician assistants and nurse practitioners).<sup>1,2,3</sup>

People also have trouble getting an appointment without a long wait. People are worried about not being able to see the same provider each time.<sup>1,2,4</sup> People said it was hard to schedule new-patient primary care appointments, and even harder to schedule appointments with medical specialists.<sup>1,2,5</sup> Figure 4 shows the three most common concerns by region.



<sup>1</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.

<sup>2</sup>University of New Mexico Hospitals, B. (2020, October 28). [Community Coalition for Equity and Excellence in African American Health]. Unpublished raw data.

<sup>3</sup>University of New Mexico Hospitals, N. (2020, October 27). [Native American Health Services Statewide CHNA - Tribal Community Intake]. Unpublished raw data.

<sup>4</sup>Hospital, C. G. (2019). Community Health Needs Assessment (p. 1, Rep.). Grants, New Mexico: Cibola General Hospital.

<sup>5</sup>First, NM. (2020). Health: Body, Mind, and Spirit Town Hall & Community Conversations. Retrieved October 30, 2020, from <http://nmfirst.org/event-details/healthcare-bodymind-and-spirit-town-hall>

## Availability of Health Care Services

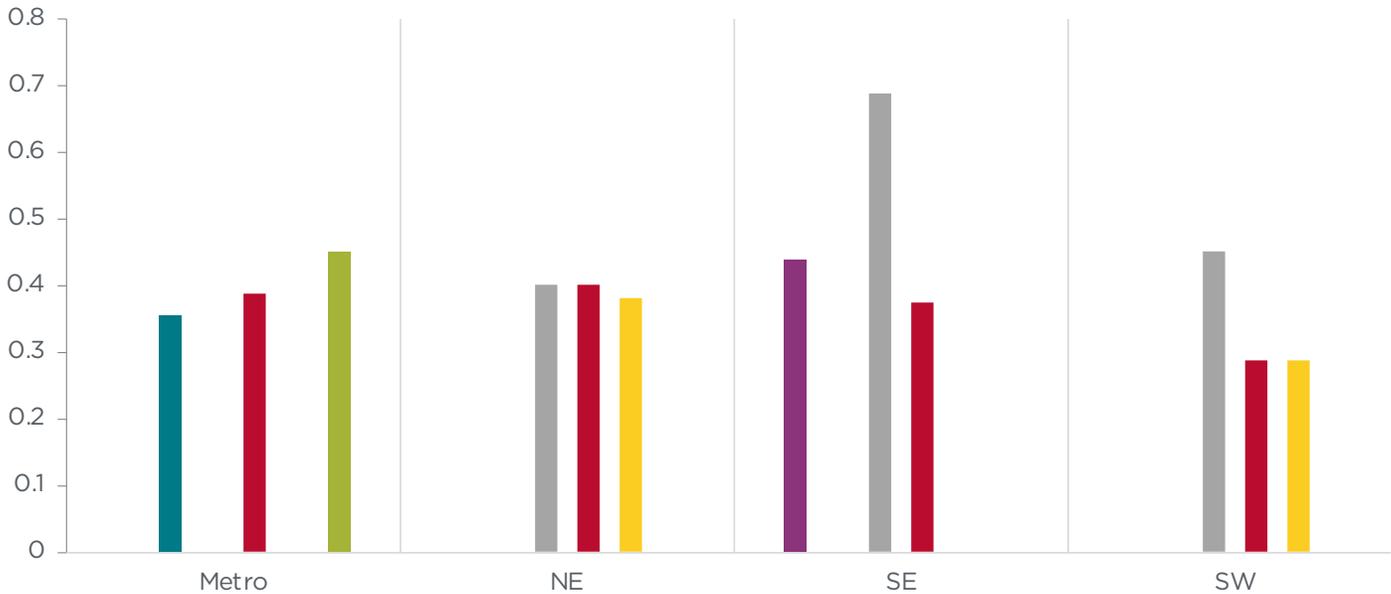
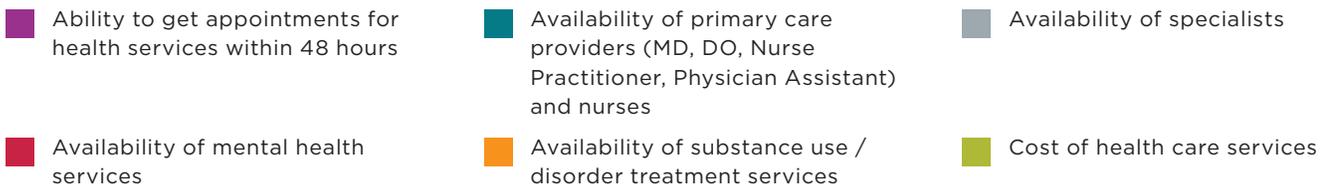


Figure 3



Being able to see medical specialists was the concern most common across the state. Then came being able to get mental health services. In the Southeast and Southwest regions of the state, people were especially worried about being able

to see specialists.<sup>1</sup> After talking to people, ideas were shared to reduce appointment wait times, have more mobile clinics and more telehealth.

<sup>1</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.



## Why is Primary Care Important?

Primary care is regular, non-emergency medical care. Primary care providers take care of most of our personal health care needs. They build a relationship with patients and families, and they are part of our local communities. Primary care services include:

- Health Promotion - encouraging people to stay healthy
- Disease Prevention - vaccines and other things to keep people well
- Health Maintenance - making sure people keep up on care
- Counseling
- Patient Education
- Diagnosis - figuring out health problems
- Treatment of short-term and long-term illnesses

Using primary care helps people improve their health, decrease hospital visits and lower rates of death.<sup>6</sup> The ability to receive primary care can reduce differences in health status between race groups and can also lead to decreased gaps for other health inequities.

<sup>6</sup>Shi, Leiyu. "The impact of primary care: a focused review." *Scientifica* vol. 2012 (2012): 432892. doi:10.6064/2012/432892

### Availability of Primary Care for Adults

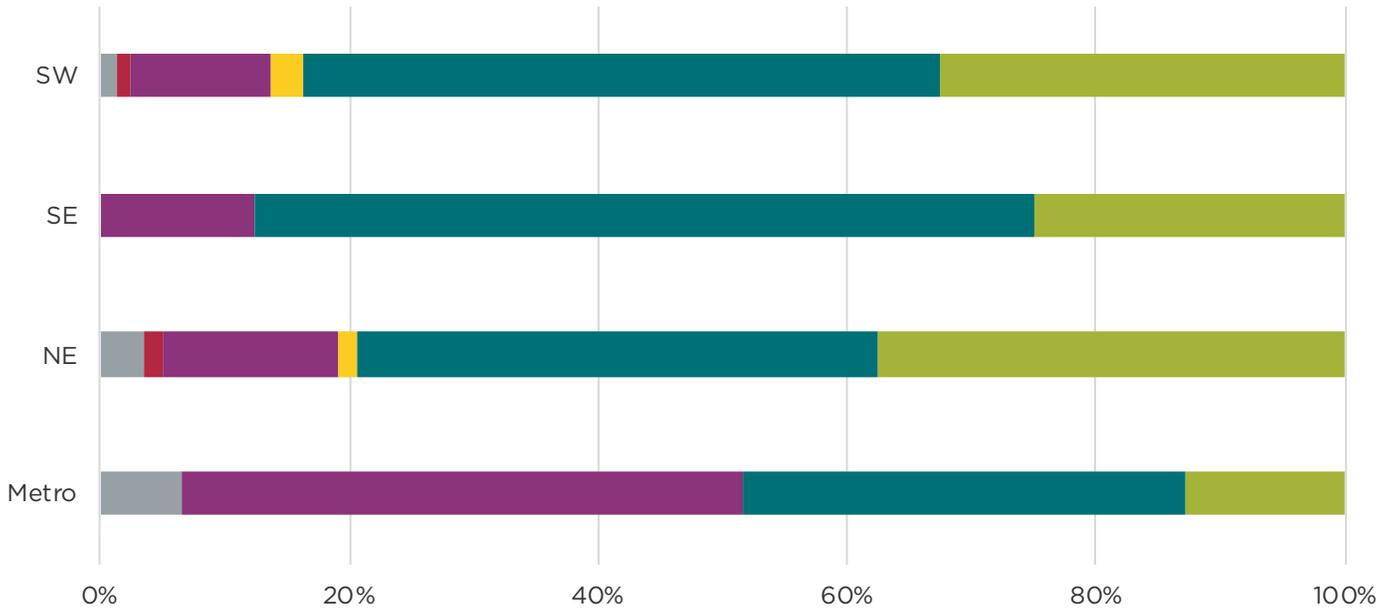
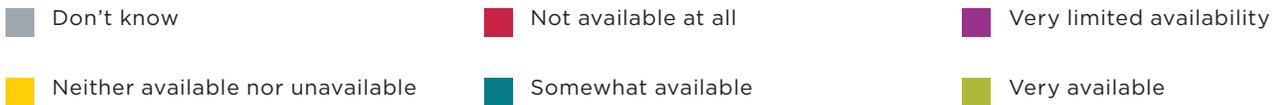


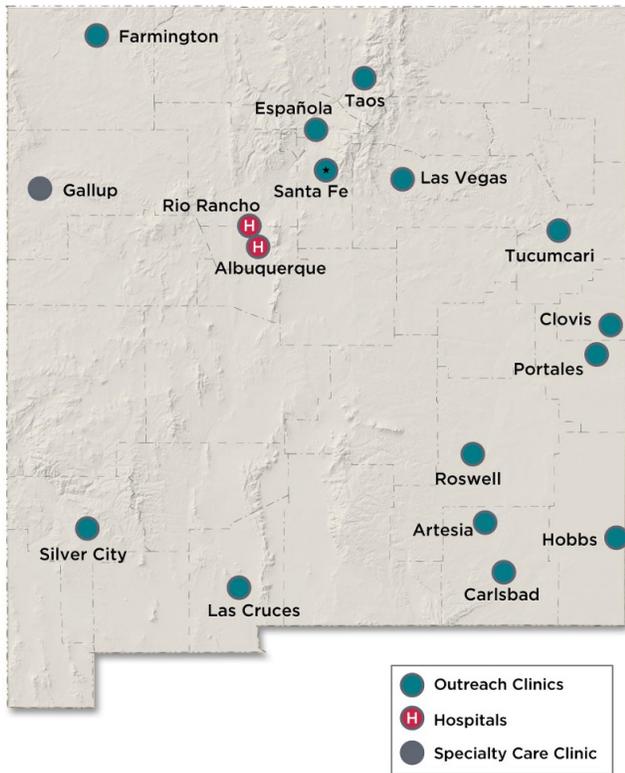
Figure 4



New Mexico has had a shortage of primary care services for a long time, especially in rural areas. Primary care providers are the first person most patients see in the health care system. When primary care is hard to find, the ‘front door’ to health care is more likely to be urgent care clinics and emergency rooms – which are more expensive and often not really needed.

Most of the people in the state who answered the survey felt that these services were “somewhat” or “very” available. It is noticeable that people from the Albuquerque Metro area, which has the most doctors, were more likely than people from other parts of the state to say that primary care for adults was “very limited” (Figure 4).

## UNM Health Statewide Presence



The map shows the UNM Health Statewide Presence (Hospitals, outreach clinics and our new specialty care clinic). Outreach clinics are in places not owned or run by UNM Hospital. The Specialty Care clinic, located in Gallup, is the first outreach clinic UNM Hospital owns and runs. Clinics in Bernalillo and Sandoval County are not shown on this map.

Most people who answered the survey said that primary care for children was “somewhat available” or “very available” in their communities (Figure 5).

Most people who answered the survey around the state said that primary care services for seniors were “somewhat available” or “very available” in their communities. Again, people in the Albuquerque Metro area were more likely than people from other parts of the state to say primary care for seniors was “very limited” (Figure 6).

## Availability of Primary Care for Children

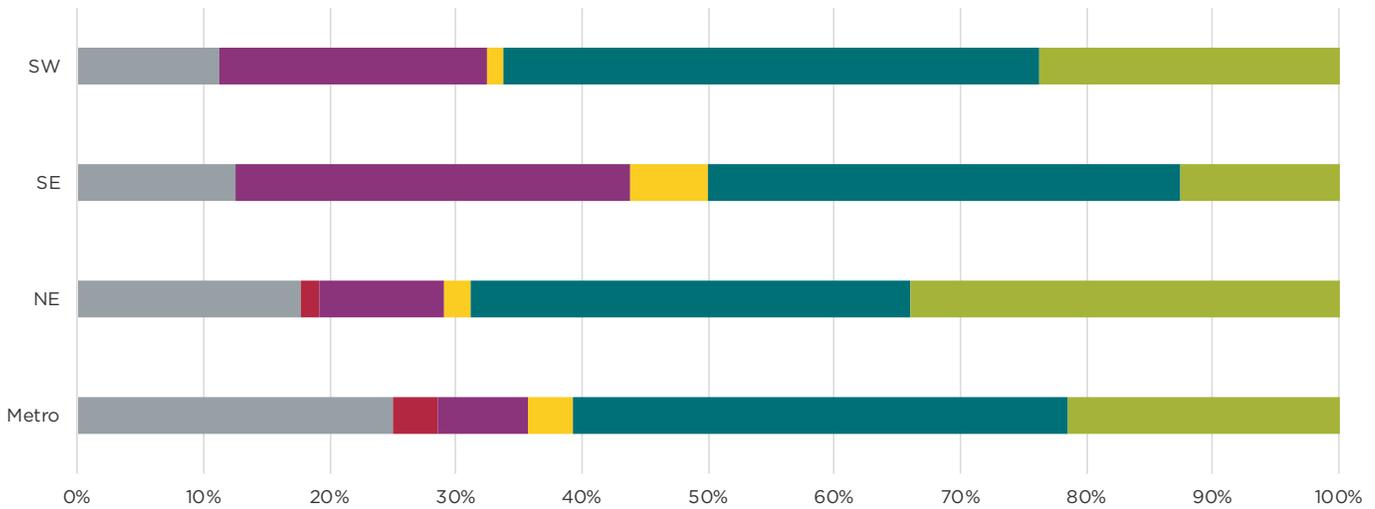
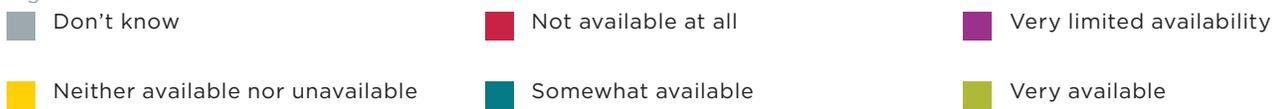


Figure 5



## Availability of Primary Care for Seniors

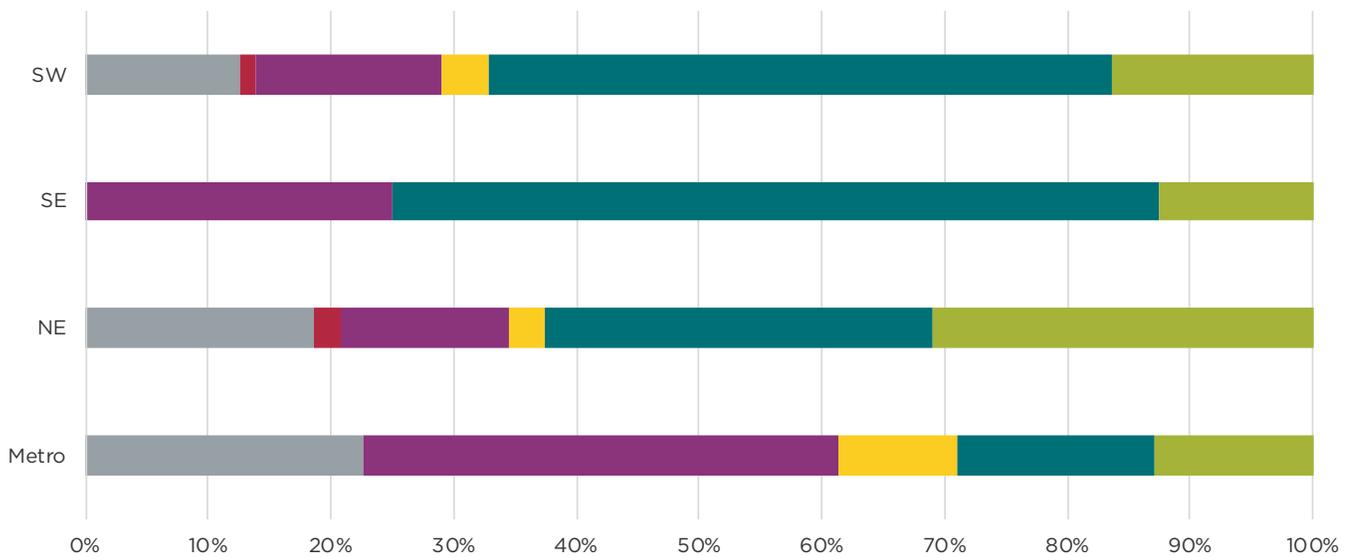
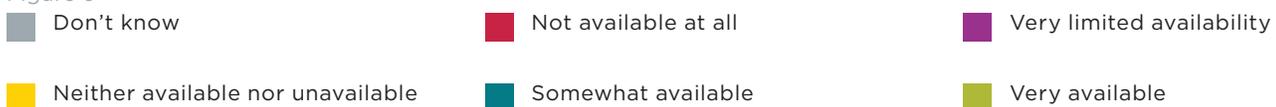


Figure 6





UNM Hospital is an important primary care provider in the Albuquerque Metro region. This includes Bernalillo County and parts of Sandoval, Valencia and Tarrant counties. In other parts of the state, local primary care providers see patients and refer patients to specialists at UNMH as needed. UNM supports primary care outside the Albuquerque Metro area through Project Echo.



Project Echo connects providers across New Mexico to UNMH specialists. UNMH specialists help local providers care for their more complicated patient health needs. They have a special doctor-to-doctor line - called the Physician Access Line. UNM Hospital's Community Health Needs Assessment for Bernalillo County focused a lot on health care services in the Albuquerque Metro region. The Bernalillo County CHNA and the Implementation Plan can be found here: [unmhealth.org/about/community-health-needs-assessment](http://unmhealth.org/about/community-health-needs-assessment).



## Why are Specialty Services Important?

Health care can be divided into four levels:

1. Primary Care
2. Secondary Care
3. Tertiary Care
4. Quaternary Care

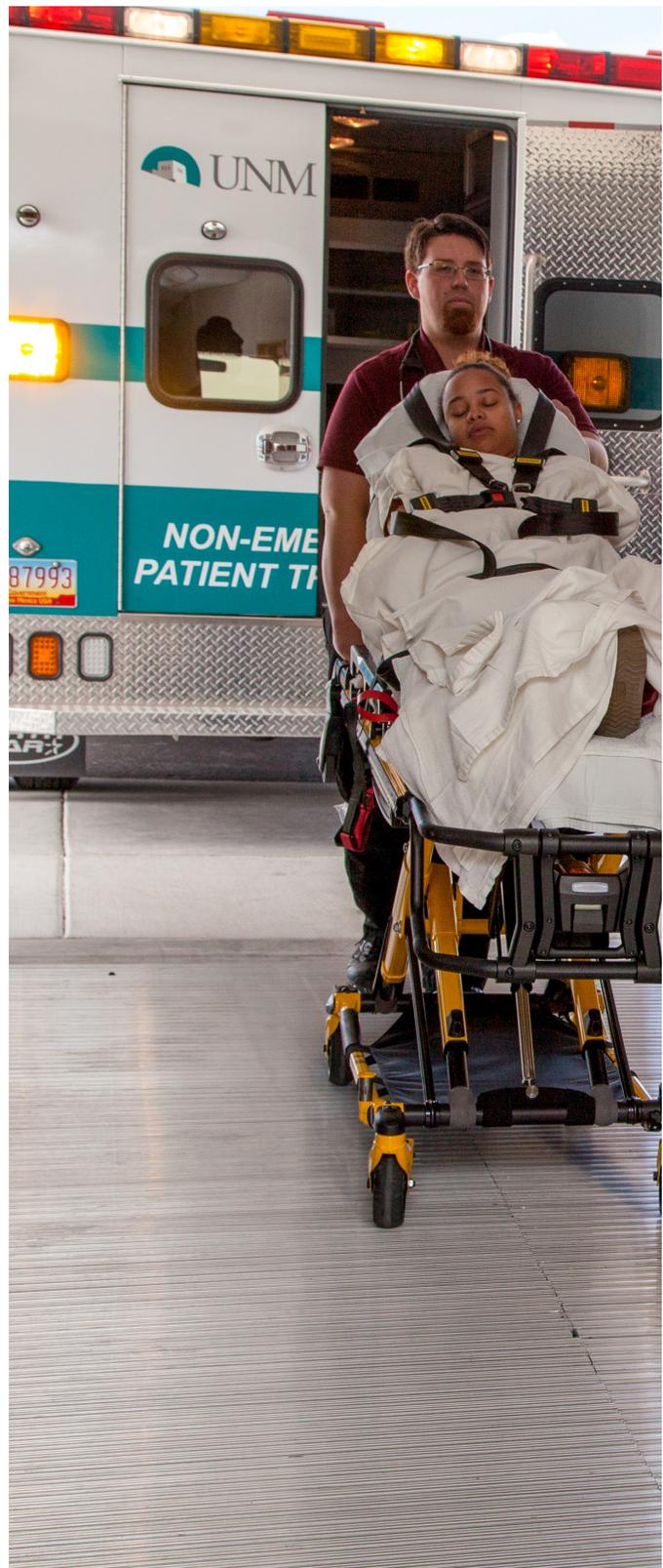
The levels describe how complex the cases are and skills and specialties of the doctors, physicians' assistants and nurse practitioners.

UNMH is New Mexico's main place to get secondary, tertiary and quaternary care. We are New Mexico's only Level I trauma center, Primary Stroke Center and 24-hour burn center. UNMH provides emergency treatment for New Mexicans who have major trauma, surgery, or sudden, severe illness — no matter where in the state they live. As UNMH is the state's only university medical center, the hospital also provides difficult-to-find specialty care to patients statewide.

UNMH serves patients outside the Albuquerque Metro area by providing:

- Specialty services that you can't get from local providers
- Technical help and knowledge that local health care providers need to meet their patients' more complex needs in their own community
- Trauma, emergency and critical care for transfers and hospitalizations

In this way, UNMH supports the delivery of health care statewide and helps New Mexicans get the care they need without traveling out-of-state. This improves the quality of life for patients, and it keeps money spent on health care in New Mexico.





## Strategies

### How will we help get people the health care they need?

The University of New Mexico Hospital makes it easier for all New Mexicans to get health care by doing these things:

#### General

- Look at ways to help more people get specialist services
- Expand services for seniors
- Explore ways to expand care for chronic conditions that need long term care, like diabetes, heart disease, etc.

#### Gallup Specialty Care Clinic

- Recruit more providers
- Make the referral process stronger
- Improve scheduling
- Improve skills of other staff that work with doctors and nurses in the clinic
- Look into support groups
- Look into mental health services for women

### **High-Risk Maternity Care**

- See where more high-risk maternity care is needed right now across the state of New Mexico
- Make it easier for people to get into clinics
- Improve scheduling
- Improve competencies and skills set of all the other staff that work with doctors and nurses in the clinic

### **Children**

- Look for ways to work together even more with others who provide health care for children
- Make it easier for families to get children's specialty care
- Hire more specialists in children's specialty care

### **Telehealth**

- Start using a new telehealth technology platform
- Offer new kinds of health care over the internet in rural areas
- Offer more primary and specialty care services by telehealth

### **Primary Care** *(REGULAR CLINIC VISITS)*

- Expand primary care in the Albuquerque Metro area to include telehealth
- Create ways to make our primary care services more efficient so that we can make it easier for patients to get appointments
- Support to community doctors, physicians' assistants, and nurse practitioners by teleconsultation and continuing medical education
- Expand primary care services and support by working with other groups that provide health care in the Albuquerque Metro region

### **Comprehensive Stroke Center**

- Support New Mexico health care providers and communities by sharing expert knowledge and continuing medical education on comprehensive stroke care
- Make higher levels of care available to New Mexico patients and families who have had a stroke

## Internal Resources

### What programs does UNMH already have that are helping with this?

The resources listed below help more New Mexicans get health care. They either:

- Work on one or more common barriers to care for groups that have fewer advantages
- Are the only service of its type available in New Mexico

### System-Wide Internal Resources Within UNM Health

Many things in the UNM Health System, including the appointment center, training of advanced practice practitioners (nurse practitioners and physician assistants), telehealth and Native American Health Services, are designed to help people have access to the hospital system.

#### Appointment Center

UNM Health System appointment center is a single point of contact for patient appointments throughout the UNM Health system, including UNMH, Sandoval Regional Medical Center (SRMC) and UNM Medical Group ambulatory clinics. This helps patients - there is only one place to call. The center tracks where

calls are going so that UNMH can address bottlenecks and improve appointment availability.

#### Advanced Practice Providers

Advanced practice providers like nurse practitioners (NPs) and physician assistants (PAs) increase access to care by providing some services usually provided only by doctors. This lets doctors use their time where it is most needed. The UNM Advanced Practice Provider (APP) Hospital Medicine Fellowship program supports NPs and PAs during their first year of practice in the specialty of Hospital Medicine.

#### Telehealth

The COVID-19 pandemic caused many more people to use telehealth in New Mexico and throughout the world. UNM Hospital's Telehealth Strategic Plan includes more behavioral health, primary care, specialty care consults, urgent care, dermatology, remote patient monitoring, post-hospitalization and home health services for patients with more health needs. UNMH is getting new and better telehealth technology. This will help us with our delivery of clinical services across New Mexico. The new technology will

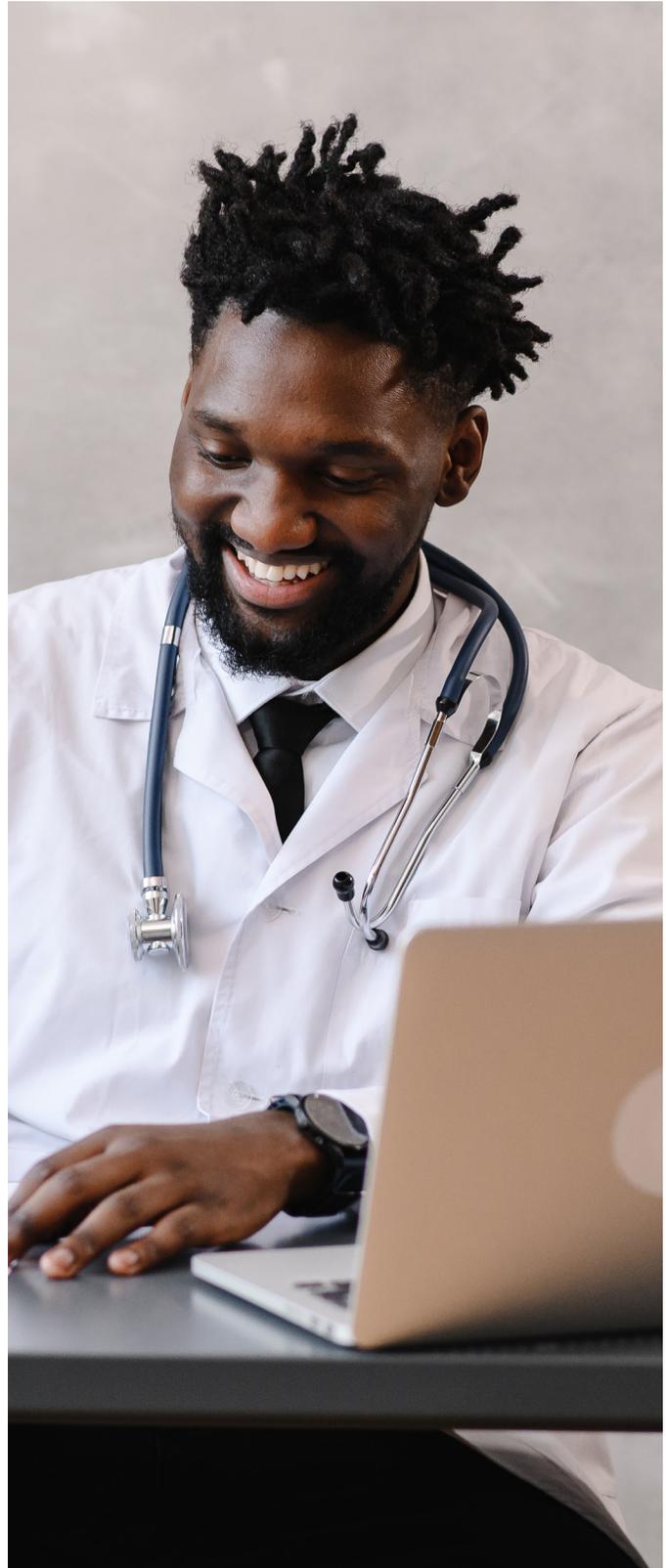
improve the way patients can visit with their doctors, nurse practitioners and physician assistants. It will also help how doctors can talk with each other. It will also help with better images or pictures for diagnosing problems. This will help in both the city and the rural areas. The new technology was made for patients for whom travel is difficult or impossible, including those who live far from cities. Telehealth services in rural areas depend on being able to get internet access.

### **Project ECHO**

Project ECHO is a program of the UNM Health Sciences Center. People around the world know about it and have used their model. It uses video conferencing to connect rural clinics with experts from UNM and around the state for mentoring, support and continuing professional education. This allows local practitioners to care for patients in their own communities, instead of having to travel to UNM for specialty services.

### **Native American Health Services**

UNM Hospital's Native American Health Services (NAHS) helps tribal members and their families with services like getting health insurance and making



appointments. NAHS employees are called either patient care coordinators or community liaisons. They speak up for patients and help with all the parts of care. They work with the different parts of the UNM Health System to coordinate appointments and follow-up care for Native American patients.

### **Panels Management**

A panel is the group of patients that a single care team has. Working with small groups of patients in an ongoing way, rather than treating individuals when they have each health problem, means we can focus on the health of the whole group. Instead of focusing on just those patients who show up for care more often, panels make it possible for care teams to watch how they are getting needed services to everyone in their panel. UNM Hospital looks at the number of patients for each provider or care team to improve and expand access to care.

### **UNM Health Specialty Care Clinic**

The University of New Mexico Hospital opened its first permanent outreach clinic in Gallup in early 2021. For years, UNMH staff traveled to Gallup from Albuquerque to provide mobile children's and adult

specialty services to Native American and non-Native patients who otherwise would have traveled for hours to receive services at UNM. The Gallup clinic has a room where patients who don't have good internet at home can get telehealth services. Traveling long distances to get health care is hard for patients because it means missing work and school and costs more in gas, transportation, lodging and food. All of this was even harder in the COVID-19 pandemic, which hit Northwest New Mexico very hard. In setting up a permanent clinic in Gallup, UNMH is trying to improve health outcomes in the community by making it easier to get specialty services both in-person and through telehealth.

### **UNMH Women's Health**

UNMH provides all-around health care for women at all stages of life. This includes young adults, women in menopause, family planning and midwifery.

### **Women's Integrated Care**

Integrated care means that different people and groups at UNMH work together to give good care. The health care team makes a treatment plan that looks at the patient's biological, psychological and social needs.

## THESE SERVICES WERE PLANNED FOR THE GALLUP CLINIC WHEN IT OPENED:

- **Maternal Fetal Medicine** | Health problems of pregnant women and babies before birth
- **Women's Ultrasound**
- **UroGynecology** | Women's bladder and other concerns in the pelvic area
- **Gynecology Oncology** | Women's Cancers
- **Adult and children's Cardiology** | Heart
- **Children's Hematology and Oncology** | Blood and Cancer
- **Children's Orthopaedics** | Bones and Muscles
- **Vascular** | Blood Vessels, Veins, Arteries and other vessels
- **Pulmonology** | Lungs
- **Dermatology** | Skin
- **Adult and Children's Nephrology** | Kidneys

*\*This list is subject to change*

### **Maternal and Fetal Medicine (MFM)**

UNM Hospital is the only Level IV maternity hospital in New Mexico. It is one of the few places in the state that can provide care for the most complicated pregnancies. We've made these services

available to more women and UNMH is actively bringing in more providers to offer the services needed to patients.

### **High Risk Prenatal Care Project**

This project gives high risk pregnancy care to patients of UNM Health Systems Women's clinics who are experiencing pregnancy-related medical problems. Services include ultrasound, maternal fetal medicine visits, genetic counseling and genetic testing services. Patients who qualify for services through this program may also qualify for primary prenatal care at certain clinics, including the University of New Mexico Hospital's Maternal and Fetal Medicine clinics in Albuquerque and others located in Farmington, Santa Fe and Gallup, New Mexico.

### **Maternal Fetal Medicine (MFM) Outreach**

Maternal Fetal Medicine is doctors with special training for high-risk pregnancies. UNMH has a long history of providing maternal fetal medicine (MFM) care in communities that don't have much medical care and have more medical needs throughout New Mexico. The Hospital's three MFM outreach clinics provide research-based high-risk pregnancy care to women in northern



New Mexico. Reaching more women who have high-risk pregnancies can help prevent early births and infant and maternal deaths and sicknesses. UNMH, in partnership with the Indian Health Service, provides care to many women who are from Native American communities that don't have much health care or other services, before and after they have their babies.

Without UNM's Maternal Fetal Medicine outreach, many women living in rural areas would not be able to get high-risk maternity care or be forced to drive long ways for appointments they need often. Patients who are poor or don't have the things they need would be more likely to put off getting the care they need. Through the UNM Specialty Care Clinic, Farmington in Gallup, and the MFM outreach clinic in Santa Fe, we aim to change that.

### **Obstetrical Centering Groups**

Centering groups are group medical visits that help to lower the risk of early birth, lower the number of women of color who have early births, raise rates of breastfeeding and help women make more of their appointments and feel

better about their visits. Combining mental health and social services with pregnancy care can help us see and help with risk factors that could affect a woman or her family's well-being in both the short and long term.

### **Centering for Diabetics**

This prenatal education for diabetic patients is offered in an unhurried way in language that is not hard to understand. Centering support groups let women participate in their care, share others' experiences and learn from one another.

### **UNMH Pediatrics**

UNMH is the state's only Level I Trauma Center and Children's Hospital. Being a Level I Trauma Center means we have extra resources and can provide total care for traumas from prevention to training and therapy (rehabilitation) to help patients get back to normal. UNMH provides specialized and comprehensive care to pediatric patients from throughout New Mexico, and sometimes from other states.

UNM Hospital Pediatrics works with other health systems in the Albuquerque Metro area. UNMH is looking for more chances to partner with these health systems

to give specialized services to young patients who might otherwise have to travel out of state for care. Carrie Tingley Hospital recently hired two new pediatric orthopaedic surgeons. UNM Hospital will be strengthening its own Children's Specialty Team (CST), the state's only neonatal transport team. This team is specially trained to travel with the smallest and sickest babies when they are moved from one hospital to another. In Bernalillo County and throughout the state, the Pediatric Emergency Department Team will be working with other hospitals to support patient care.

### **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 and adolescent gynecology (care for concerns like difficulties with periods. It provides 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 social services including early intervention, home visiting families of

children 3 and under and services to address trauma and adverse (harmful) childhood experiences (ACES).

### **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.

### **The Pediatric Cancers Team**

The Pediatric Cancers Team is the only pediatric hematology/oncology program in New Mexico that can give you the chance to take part in NIH-sponsored cancer clinical trials. These clinical trials

offer cutting-edge treatments that can improve clinical outcomes and quality of life. The team also cares for children with complex blood disorders and works with oncologists in all of the other multidisciplinary teams at UNM Cancer Center to address each child's individual treatment needs.

### **Adult and Children's Immunology**

UNMH is the state's only provider of comprehensive immunology services. Doctors specializing in allergy and immunology diagnose and treat conditions like food allergies, asthma, autoimmune disorders and infections that happen over and over.



## **The UNM Comprehensive Cancer Center (CCC)**

The CCC tries hard 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 great cancer diagnosis and treatment. They do world-class cancer research, and they educate the next generation of cancer health care professionals. Through community outreach, the CCC works to make up for differences between groups in how common cancer is, and outcomes.

## **Comprehensive Stroke Center**

The University of New Mexico Hospital was honored as New Mexico's first Comprehensive Stroke Center in 2020 for the first time. The Comprehensive Stroke Center Certification is for health care organizations committed to improving patient safety and quality of care. UNMH's Stroke Center provides access to advanced stroke technology that helps quickly diagnose, stabilize and treat stroke patients from across the state.



## **UNM Health Sciences**

### **Department of Neurosurgery**

UNMH is the only place in New Mexico to get full-service neurosurgery care, with expert, board-certified specialists with access to advanced surgical tools and technology. Neurosurgery services include a full range of neurological surgeries, including brain surgery, deep brain stimulation for movement disorders, epilepsy surgery, skull base surgery, spine surgery and pediatric neurosurgery.

### **Multiple Sclerosis Specialty Clinic**

The Multiple Sclerosis (MS) Specialty Clinic provides diagnostics, treatments and case management services to help give the best quality of life for patients who have, or might have, MS. In addition to helping patients use disease-modifying drugs, the clinic runs many clinical trials that provide patients access to the newest medicines. The clinic offers sub-specialty MS board-certified care (care by a doctor who has additional training and certification in treating MS), which is scarce in the state. The clinic recruited a full-time specialist to the team so we can offer more appointments to more people.

### **UNM Pain Consultation and Treatment Center (PCTC)**

UNMH's PCTC is the only interdisciplinary pain clinic of its kind in New Mexico. The PCTC offers many pain management techniques for many kinds of long-lasting pain. In addition to medicines, the PCTC uses many types of care including physical therapy, rehabilitation and chiropractic care, to help patients.

### **Ambulatory Care (Out-Patient) Diabetic Clinic & Center for Diabetes & Nutrition Education**

The nationally certified Center for Diabetes and Nutrition Education uses certified diabetes educators and registered dietitians to teach patients how to keep track of and manage their disease.

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

Increasing Access to Medical Coverage and Financial Assistance means offering more help and finding ways to afford and to pay for medical care.

People who took the survey made suggestions to improve financial assistance and coverage in the following ways:

- Support that lowers the cost of medicines for patients with lower incomes
- Helping patients handle medical debt
- Improving coordination between the hospital and clinics and patient financial services



## New Mexico Population 18 to 64 Without Health Insurance

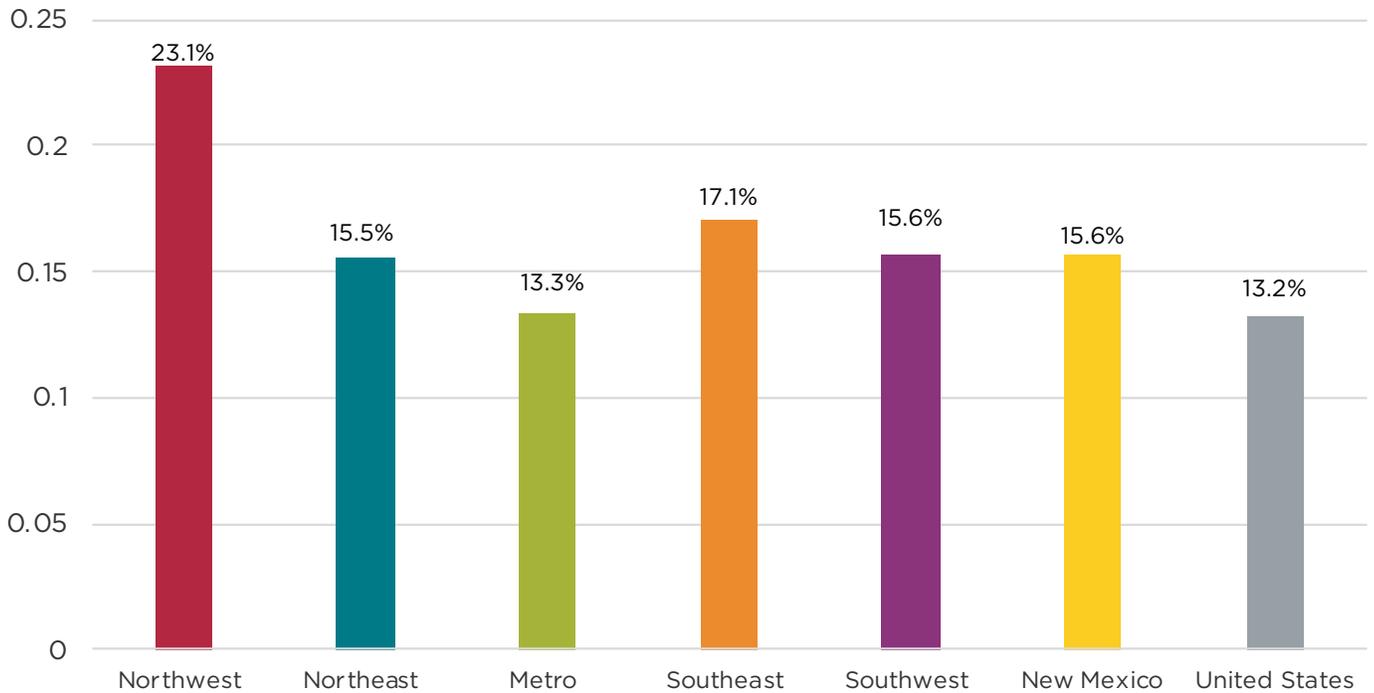


Figure 7

People in the Northwest and Albuquerque Metro regions stressed the need for more financial help with medical bills.<sup>1,4</sup> People who took the survey said that not having health insurance is one of the largest

barriers to health care for New Mexicans.<sup>1</sup> Patients and community members also want more information about getting insurance and financial aid.<sup>1,2,3</sup>

<sup>1</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.

<sup>2</sup>University of New Mexico Hospitals, B. (2020, October 28). [Community Coalition for Equity and Excellence in African American Health]. Unpublished raw data.

<sup>3</sup>University of New Mexico Hospitals, N. (2020, October 27). [Native American Health Services Statewide CHNA - Tribal Community Intake]. Unpublished raw data.

<sup>4</sup>Hospital, C. G. (2019). Community Health Needs Assessment (p. 1, Rep.). Grants, New Mexico: Cibola General Hospital.

## Barriers to Receiving Health Care

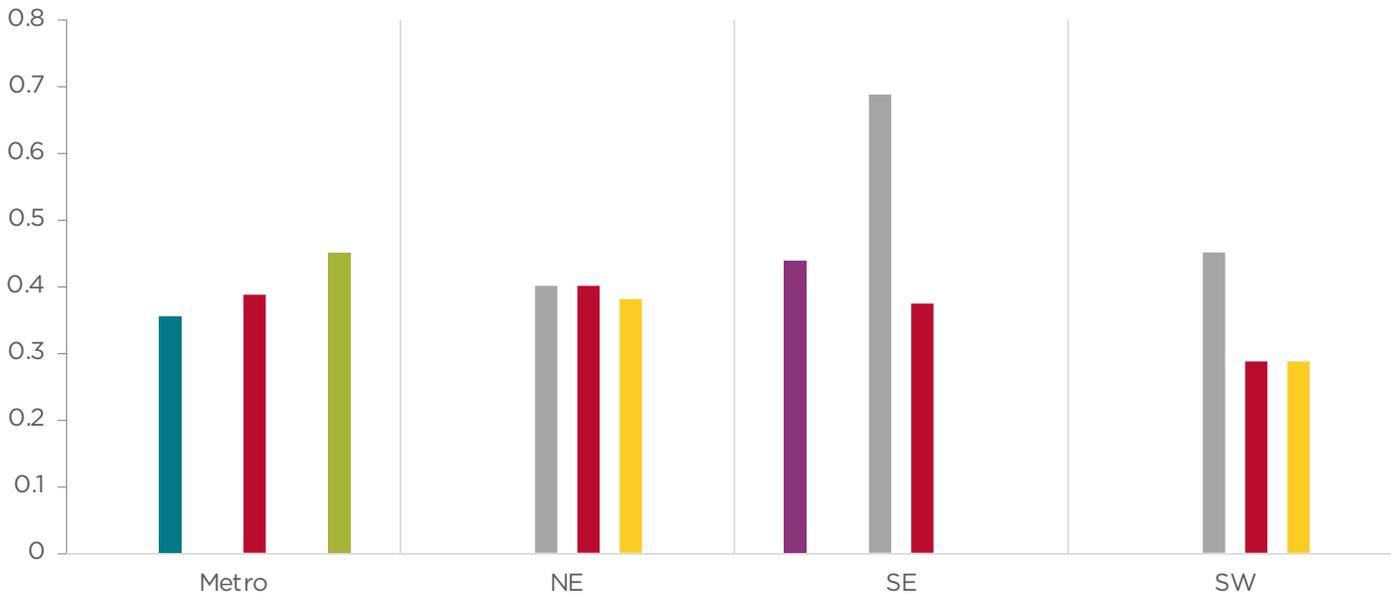
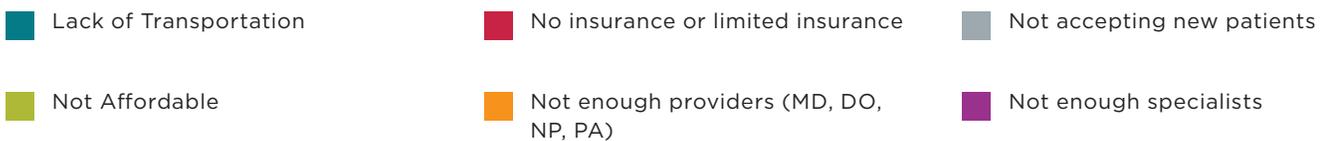


Figure 8



Sixty-four out of one hundred people who answered the survey said that not having enough health insurance was a barrier to getting health care in their communities. Lack of transportation was the second most common barrier, followed by “not enough specialists.” Rates of health insurance coverage in New Mexico have improved a lot because of the federal Affordable Care Act and the expansion

of Medicaid to low-income adults, but 1 in 10 people in the state under age 65 still don’t have health insurance.<sup>[1]</sup> And many New Mexicans who have health insurance still have a hard time affording health care because of co-payments and deductibles. Lack of transportation prevents access in both rural areas and in urban centers because often public transportation is not very good. (Figure 8).

[1] Banthin, J., Buettgens, M., Blumberg, L., Wang, R. and Pan, C.W. (2019). The Uninsured in New Mexico. Urban Institute. Retrieved from: [https://www.urban.org/sites/default/files/publication/101427/the\\_uninsured\\_in\\_new\\_mexico\\_final\\_v2\\_1.pdf](https://www.urban.org/sites/default/files/publication/101427/the_uninsured_in_new_mexico_final_v2_1.pdf)



## Strategies

### How will we increase access to medical coverage and financial assistance?

The University of New Mexico Hospital plans to increase access to medical coverage and financial assistance by:

- Continue to offer financial assistance options as New Mexicans seek treatment
- Better communication about the financial services available to patients. This includes Affordable Care Act programs and ways to cover the gap between what insurance pays and what the patient still needs to pay
- Offer education and help to patients to find out what financial services they qualify for
- Keep giving expert help to New Mexico families about ways to cover the gap between what insurance pays and what they still owe, including Affordable Care Act (ACA) care plan affordability and Medicaid

## Internal Resources

### Patient Financial Services

UNMH serves New Mexicans whether or not they are able to pay. UNM Hospital has ways to connect patients to the financial help they need to afford good care. Financial Services staff help patients apply for either Centennial Care 2.0, New Mexico's Medicaid program, or get affordable insurance from the New Mexico Health Insurance Exchange (HIX). Some patients may also be able to get extra insurance from UNM Care.

### UNM Care

Bernalillo County residents may qualify for help with medical bills from UNM Care. UNM Care covers some bills for patients without enough health insurance. It is also a second form of payment for patients with Medicare or other insurance who have unpaid bills at UNMH.

### Self-Pay Discount

Patients who can't get health insurance help or UNM Care and who are paying out of their own pockets may be able to use the self-pay discount program. This program can lower hospital and doctor charges by almost half for people who live in Bernalillo County who meet the

guidelines. People who live in other New Mexico counties may also be able to get a self-pay discount depending on what medical services they need. We set the rules every year for how much you have to make or have to be able to get the self-care discount.

### One-Time 45 Percent Discount

Self-pay patients who do not meet the rules for any UNMH financial assistance programs may get a discount 1 time, for almost half of the bill (45 percent) on charges for hospital and doctor services at UNM Hospital.

### Native American Health Services

UNM Hospital's Native American Health Services (NAHS) helps tribal members and their families with services like getting health insurance and making appointments. NAHS employees are either called patient care coordinators or community liaisons. They speak up for patients and help with all the parts of care. They work with the different parts of the UNM Health System to coordinate appointments and follow-up care for Native American patients.

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

Inequities and disparities are unfair differences in the health of different groups of people. New Mexico is a diverse state with many cultures. People who answered the survey from around New Mexico wanted UNMH to have a more inclusive attitude from health care providers and institutions. Community members also want to be able to see doctors, nurse practitioners and physician assistants who share their culture and language, and things they find important.

People who took the survey from around the state wanted more training, and more groups working together to work on social needs and improve equal ability for

all people to have good health.<sup>2,3</sup> They also wanted more information about community support and partnerships available to them.<sup>2,3</sup>

People around the state said their top priorities included:

- Addressing the social determinants of health (things in people's lives that factor into their health)
- Increasing diversity, equal access to health and inclusion of all people
- Training, hiring, and keeping doctors, nurse practitioners and physician assistants familiar with or from different cultures<sup>1,2</sup>



<sup>1</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.

<sup>2</sup>University of New Mexico Hospitals, B. (2020, October 28). [Community Coalition for Equity and Excellence in African American Health]. Unpublished raw data.

<sup>3</sup>University of New Mexico Hospitals, N. (2020, October 27). [Native American Health Services Statewide CHNA - Tribal Community Intake]. Unpublished raw data.

## Community Health Concerns

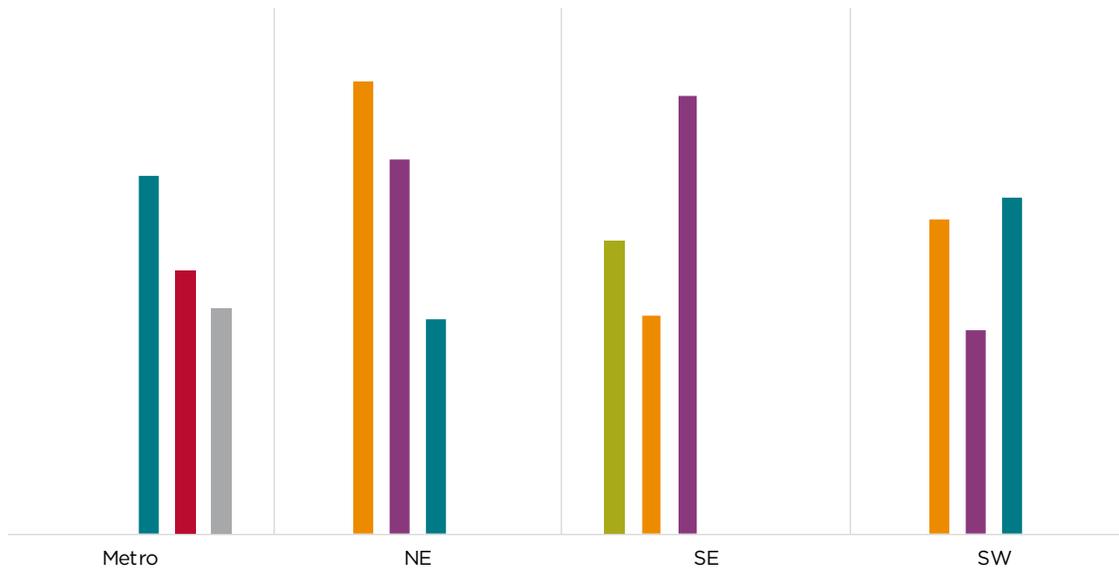
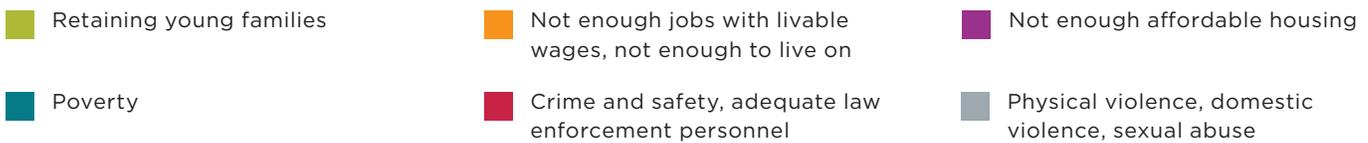


Figure 9



People who took the survey said that medical staff needed anti-racism training for all levels of staff, faculty and students treating patients. People also said we need training and youth mentoring projects that help youth of all races go into medical careers.<sup>1</sup> People who took the survey said community groups and organizations were very important for helping to support health and well-being

in their communities.<sup>2</sup>

When asked what worried them most about their communities' health, sixty-three out of one hundred people who took the survey said that there were "not enough jobs with livable wages." The 2nd and 3rd most common community health concerns were "not enough affordable housing" and "poverty," (Figure 9).

<sup>1</sup>University of New Mexico Hospitals, B. (2020, October 28). [Community Coalition for Equity and Excellence in African American Health]. Unpublished raw data.

<sup>2</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.

## Diversity: Patients & UNMH Staff Race and Ethnicity

UNM Hospital Staff Demographics (2020)

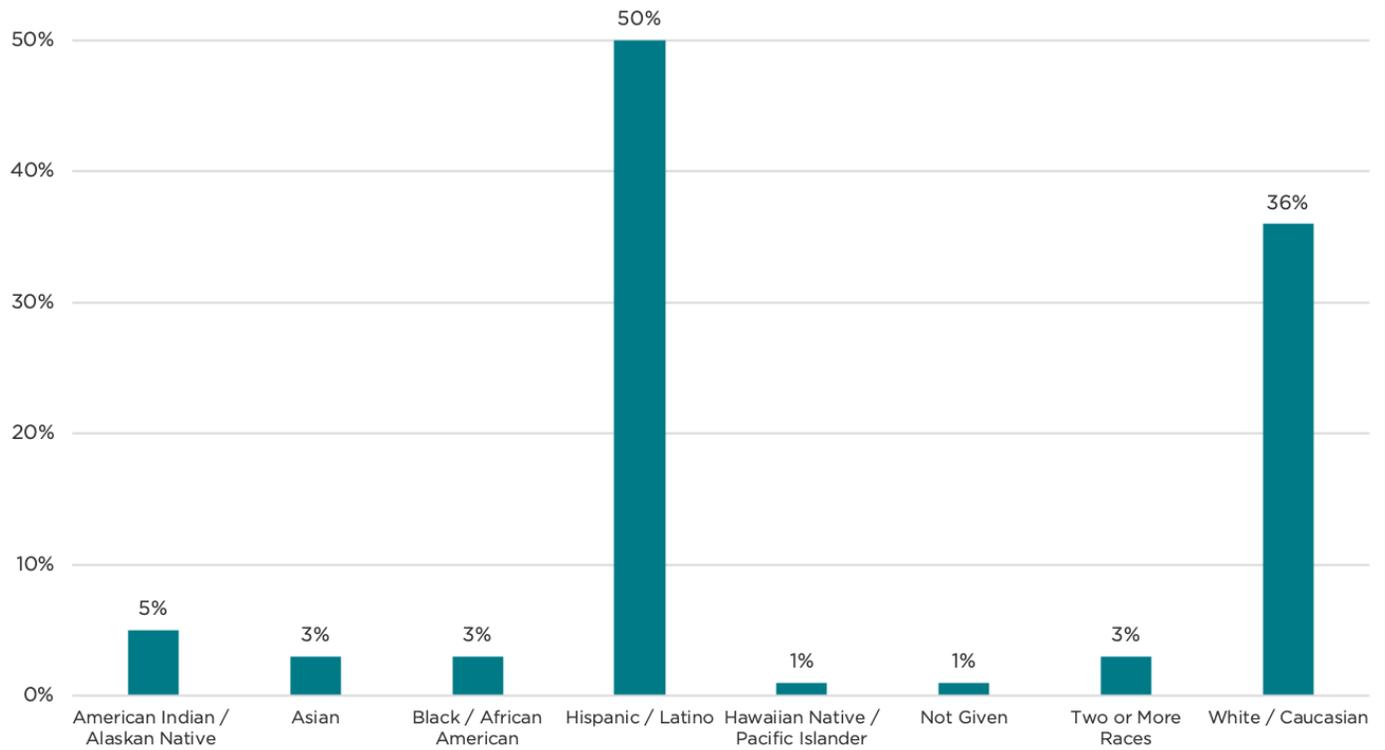
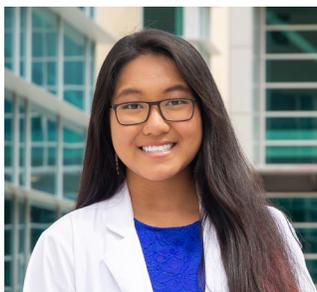


Figure 10



Note: Hispanic patients can be of any race. Non-Hispanic patients are identified by race.

## UNM Hospital Patient Population (FY2020)

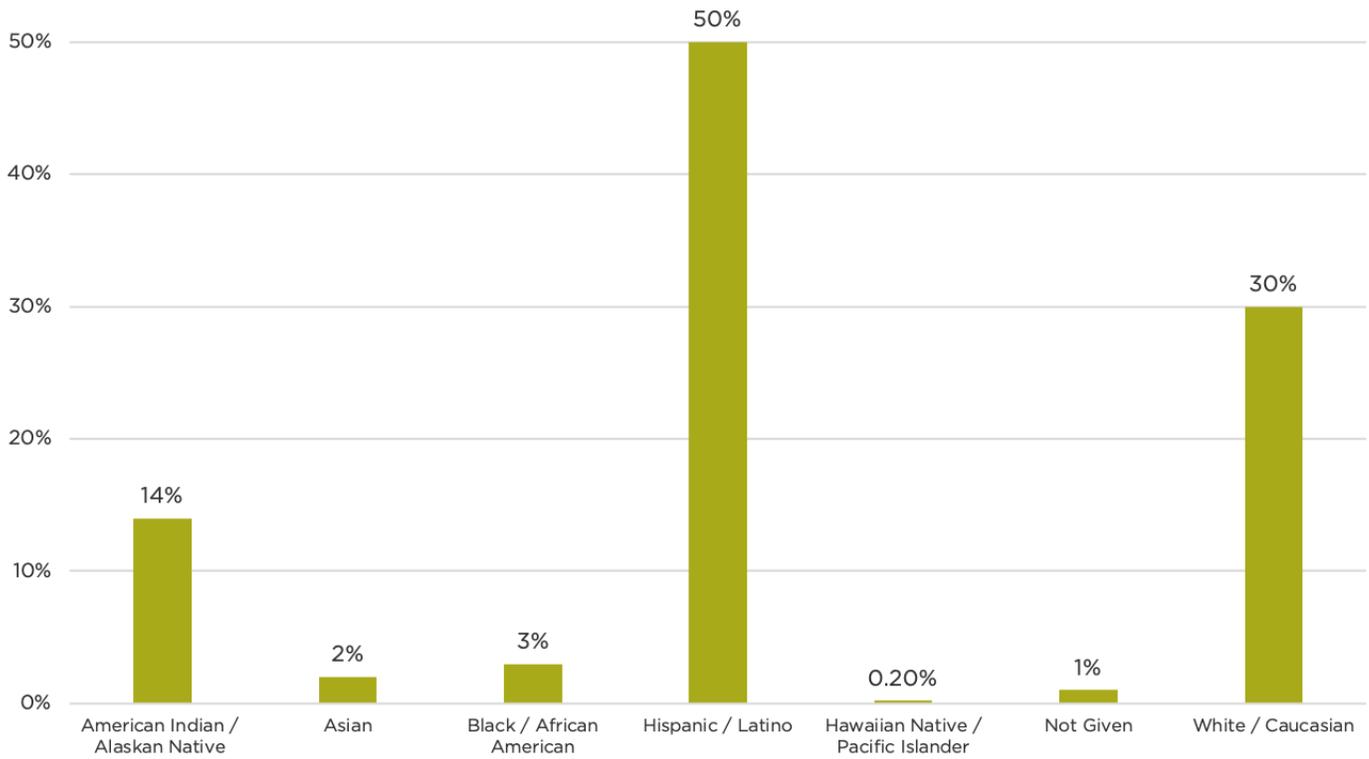


Figure 11



## Strategies

### How will we reduce inequities that lead to disparities in health outcomes?

Strategies to reduce health disparities:

- Work together with the Office of Community Health to look at more ways to have more community health workers in outreach clinics



- Continue to make places feel like they include and welcome everyone with signs, what we say and how we act with care
- When patients and families are leaving UNMH, work to connect them to local resources
- Support and promote local community programs that help groups who have fewer resources
- Watch health outcomes information to see where there are differences in the health of different groups and try to do something about those differences
- Work with the UNM Office of Diversity Equity and Inclusion (DEI) on the health differences we find between groups and make sure that care is provided in ways that respect different cultures and languages

## Internal Resources

### **UNM Health System Office of Diversity, Equity & Inclusion (DEI)**

DEI enriches the UNM Health System's ability to provide exceptional and inclusive care to all patients. They work together with groups in our community. They provide training in working respectfully with and learning from other cultures. They speak up for patients. Collect and look at information about how we serve different groups in our hospital. All people who hold leadership positions at UNMH must take diversity training designed specifically for leaders.

### **Health Literacy**

Health care organizations must make sure patients can find, understand and use health information to make decisions about their care. The Health Literacy Office at UNMH helps to make written and spoken health information clear and useful to patients and caregivers of all skill levels. The Office teams up with medical staff to review and revise patient education materials and works with Interpreter Language Services on the translation of these documents into other languages. The Office also gives staff training on how to speak in ways that help patients

to hear, understand and remember health information. The Health Literacy Task Force speaks up for improvements in the Hospital 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 make sure that patients get an accurate, unbiased and private interpretation provided 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. They are called dual-role interpreters.

## **LGBTQ Collaborative**

The UNM Health System LGBTQ Collaborative is an employee group formed in 2011 under the Office of Diversity, Equity and Inclusion (DEI). It is open to the entire UNM Health System and includes community partners from the UNM LGBTQ Resource Center and the Transgender Resource Center of New Mexico. The LGBTQ Collaborative works on projects that create an environment of support for LGBTQ employees, patients, families, friends and allies.

## **Native American Health Services**

UNM Hospital's Native American Health Services (NAHS) help tribal members and their families with services like

getting health insurance and making appointments. NAHS employees are either called patient care coordinators or community liaisons. They speak up for patients and help with all the parts of care. They work with all parts of the UNM Health System to coordinate appointments and follow-up care for Native American patients.

## **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.



**The New Mexico Center for the Advancement of Research Engagement and Science on Health Disparities (NM CARES)**

NM CARES is funded by the National Institutes of Health and National Institute for Minority Health and Health Disparities. The Center does research aimed at finding new answers to the complex problems that are a part of health disparities in New Mexico.

**Project SEARCH**

Project SEARCH is a business-led collaboration that provides young adults with disabilities the chance to have job experience through training and by exploring different careers. Project

SEARCH is a one-year school transition program right after high school which offers training and education and possible employment. Project SEARCH participants are on-site at UNM Hospital offering interns learning experiences in a hospital system.

**ThinkFirst Injury Prevention for Youth**

Youth of color are at higher risk than white youth of being injured or killed from injury. The mission of ThinkFirst 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,

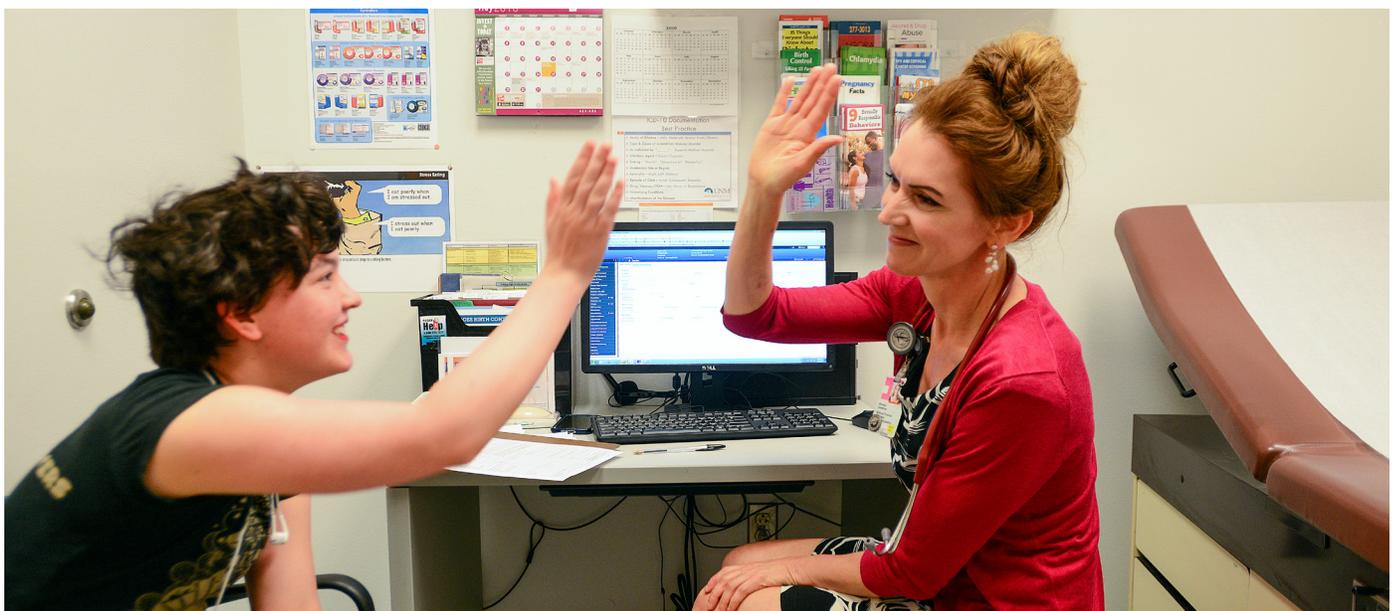


like the Boys & Girls Club, to make fun presentations geared towards youth that help children and teenagers understand prevention topics.

**The University of New Mexico Prevention Research Center (UNM PRC) and Community Advisory Council (CAC)**

The Prevention Research Center and the Community Advisory Council (CAC) work to engage communities. CAC members are chosen for their experience, involvement and commitment to health promotion, disease prevention and other health issues facing New Mexicans. The CAC includes representatives from tribal organizations, schools, state and federal health organizations, community

members and UNM faculty and staff. This way of doing research helps us design programs for nutrition, physical activity, teen pregnancy and violence prevention. This kind of research can also include surveillance projects (projects that help monitor important data), social marketing and making sure what we find out is written about and put into practice.



# Conclusion

UNMH is committed to improving the health of New Mexico by making the highest quality health care as easy as possible to get for all state residents. No matter what the focus area, we will continue to provide specialized highly complex care for New Mexicans in New Mexico.

As New Mexico's largest public hospital and only academic medical center, UNMH has been working hard to develop its own resources and to create strong and enduring community partnerships. This work is done to address critical health needs outlined in this report. We have made some progress but problems like provider shortages and economic inequality remain. Change is only

possible through collaboration. We now move into the implementation phase of the 2020 UNMH Statewide CHNA which means we will be working on these strategies. 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

## PRIMARY AND SECONDARY SOURCES

<sup>1</sup>University of New Mexico Hospitals, B. (2020, September 9). [UNMH 2020 Statewide Community Health Needs Assessment Survey]. Unpublished raw data.

<sup>2</sup>University of New Mexico Hospitals, B. (2020, October 28). [Community Coalition for Equity and Excellence in African American Health]. Unpublished raw data.

<sup>3</sup>University of New Mexico Hospitals, N. (2020, October 27). [Native American Health Services Statewide CHNA - Tribal Community Intake]. Unpublished raw data.

<sup>4</sup>Hospital, C. G. (2019). *Community Health Needs Assessment* (p. 1, Rep.). Grants, New Mexico: Cibola General Hospital.

<sup>5</sup>First, NM. (2020). Health: Body, Mind, and Spirit Town Hall & Community Conversations. Retrieved October 30, 2020, from <http://nmfirst.org/event-details/healthcare-body-mind-and-spirit-town-hall>

<sup>6</sup>New Mexico Department of Health. Bureau of Vital Records and Health Statistics death data, 2013-2017. New Mexico's Indicator-Based Information System. Available at [ibis.health.state.nm.us](http://ibis.health.state.nm.us). Accessed October 9, 2018



# APPENDIX 2

## EXTERNAL PROGRAMS, SERVICES AND ORGANIZATIONS IDENTIFIED BY COMMUNITY HEALTH CARE LEADERS

External programs or organizations identified by health leaders and community members, organized by region, which provide services that elevate the health of community residents. This listing does not represent a comprehensive inventory of regionally specific resources.

### Statewide

- Blue Cross Blue Shield
- Health Extension Resource Officers (HEROS)
- New Mexico Department of Health (NMDOH)
- New Mexico First
- New Mexico Children, Youth, and Families Department
- The Boys and Girls Club
- Women, Infants & Children (WIC) Program
- American Indian Health
- Cuidando a Los Ninos
- Department of Senior Affairs
- East Central Ministries
- Encuentro
- Enlace Comunitario
- First Nations Community HealthSource
- Heading Home
- Interfaith Bible Center
- Public Health Offices
- Roadrunner Food Bank of New Mexico
- Street Safe
- The International District Healthy Communities

### Metro

- Albuquerque Healthcare for the Homeless
- Bernalillo County Community Health Council
- Centro Sávilá and Johns Hopkins Center for





Coalition (IDHCC)

- The One Hope Centro de Vida Health Center
- UNM HSC Office of Community Health

### **Northeast**

- Ancianos Home Health Nursing Service
- Carnelian Center
- Community Against Violence
- County Indigent Fund
- Developmentally Delayed
- Dixon Cooperative Market
- DreamTree
- Educational Co-op
- El Centro Health Clinic
- Embudo Clinic (ECFH) Providing Suboxone Program
- Embudo Library
- Embudo Valley Health Clinic
- Enchanted Circle COAD
- Española Fitness Studio
- Española Sports Medicine PT
- Field Institute of Taos
- Health Department
- Healthcare for the Homeless
- Holy Cross Hospital
- Taos Family Practice

- Holy Cross Hospital
- Holy Cross Pediatric Center
- Taos Medical Professional Building
- Taos Homeless shelter
- Inside/Out
- KLDK Radio
- La Familia
- Las Cumbres
- Miners' Colfax Medical Center Clinic
- The Life Link
- Miners' Colfax Medical Center Hospital
- Narcotics Anonymous Group
- Noesis
- Not Forgotten Veterans Organization
- Outreach Workers, Community Health Services
- Parenting Supports
- Paso a Paso
- Pete's Place
- Presbyterian Health Services Physical Therapy
- Picuris Peñasco Community Coalition Health Fair
- Public Health Office
- Public Health Office, IHS
- Questa Clinic
- Raton Community Services Corporation
- Red River Fire Dept
- Regional Agency Intervention Network (RAIN)
- Resort Fitness Studio
- Rio Grande Alcohol Treatment Program
- Santa Fe Mountain Center
- Santa Fe Prevention Alliance
- Youth Works
- Rio Arriba Senior Center
- Shared Table
- St Elizabeth's Shelter
- St. James Food Pantry
- Talpa Community Center
- Taos Alive
- Taos Behavioral Health
- Taos Clinic for Children and Youth
- Taos Community Foundation
- Taos First Steps
- Taos Pueblo Baby Face
- Taos Whole Health
- Tewa Roots
- The Carnelian Center
- The Dixon Library
- The DVFD Dixon Volunteer Fire Department
- Taos Public Health Office
- The SPOT in Peñasco

- UNM-Taos
- UNM-Taos Public Health Outreach
- Taos Urgent Care
- Valle del Sol
- WIC

### **Southeast**

- American Medical Group
- Community Drug Coalition
- Center Of Recreational Excellence (CORE)
- ENMRSH, Inc.
- Faith In Action, Inc.
- Guadalupe Clinic
- Guadalupe County Hospital
- Guidance Center
- Guidance Center's Home Visiting Program
- Isaiah's Kitchen
- Lea County Guidance Center
- Lea County Health Department
- Light of Lea County
- Lincoln County Community Health Council
- Maddox Foundation
- Meals on Wheels
- MyPower
- Nor-Lea Clinics
- Nor-Lea Hospital District
- Palmer Drug Abuse Program
- Presbyterian Medical Services
- Sunrise Medical Clinic

- Hobbs High School, school based clinic

### **Southwest**

- An Open Door
- Apple Tree
- Apple Tree Education Center
- BeeHive Homes
- Behavioral Health Collaborative
- Ben Archer Health Center
- Boston Hill Trail Systems
- Cancer Resource Center in Alamogordo
- Casa De Pelegrinos
- Celebrate Recovery
- Center of Health Innovation
- Center of Protective Environment Inc. (COPE)
- Community of Hope
- Deming Health Department
- Dona Ana Department of Health
- Encompass Home Health
- Federally Qualified Health Center (FQHC)
- Gerald Champion Regional Medical Center
- Healing House Domestic Violence Shelter
- Hidalgo Medical Services
- House Calls of New Mexico
- Jardin de los Ninos
- La Clinica's Behavioral Health Unit
- Las Cruces Fire Department - Mobile Integrated Healthcare program
- Las Cruces Fire Department - Mobile

Integrated Healthcare

- Las Cruces Police Department - Crisis Intervention Team
- Lighthouse Center for Learning
- Luna County Health Councils
- Mesilla Valley Hospital Families and Youth Inc.
- Mimbres Memorial Hospital
- Mountain View Regional Hospital
- Munson Center
- New Mexico Children, Youth, and Families Department
- New Mexico State Cooperative Extension Service
- The Olive Tree
- Otero County Community Health Council
- Otero County Health Office
- Otero Hospital
- Parents as Teachers
- Presbyterian Centennial Care
- Roots Counseling Center
- San Vicente Trail System
- Scenic View Outpatient Surgical Center
- Sierra County EMS Providers
- Sierra County Senior Center
- Sierra County Sheriff's Office
- Sierra Health Council
- Sierra Vista Clinic
- Sierra Vista Hospital
- Socorro County Compliance Office

- Southern Area Health Education Center (SoAHEC)
- Southern New Mexico Surgery Center
- Southwest Community Health Innovations (SW CHI)
- St. Luke's Clinic
- The Counseling Center
- Tresco TOTs



# APPENDIX 3

## COMMUNITY HEALTH IMPLEMENTATION PLAN CONTRIBUTORS, LEADERS AND FACILITIES INVOLVED

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

UNM School of Public Administration

UNM HSC Marketing

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UNM Hospital Office of Diversity Equity and Inclusion

UNM Health Sciences Center Office of Community Health, Health Extension Regional Officers (HEROS)

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UNM Hospital CEO, Kate Becker and the Hospitals' Chief Officers, Clinical Executives, and all Clinical and Financial Operations teams

UNM Hospital Community Engagement



# COMMUNITY HEALTH IMPLEMENTATION PLAN

## CONTRIBUTORS, LEADERS AND FACILITIES INVOLVED

UNM Hospital would like to acknowledge the Community Health Needs Assessments published between 2018-2020 as bodies of work that were referenced and reviewed when creating our statewide focuses.

All Pueblo Council of Governors 2020 Priorities

Gerald Champion Regional Medical Center

Christus St. Vincent

Cibola General Hospital

Gerald Champion Regional Medical Center

Presbyterian Bernalillo County (METRO), Torrance County (METRO), Sandoval County (METRO), Valencia County (METRO)

La Clinica de Familia

Hidalgo Medical Services

Gerald Champion Regional Medical Center

Christus St. Vincent

Rehoboth McKinley Christian Health Care Services

Holy Cross Medical Center

Presbyterian Española Hospital

Cibola General Hospital

San Juan Regional Medical Center

Sandoval Regional Medical Center

Gerald Champion Regional Medical Center 2018

Presbyterian Healthcare Services Community Health Implementation Plan (CHIP): Socorro General Hospital

New Mexico First Health Care Convenings



# APPENDIX 4

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