



2023

COMMUNITY HEALTH NEEDS ASSESSMENT

ADVANCING HEALTH EQUITY FOR ALL

A Message from Kate Becker, UNM Hospital CEO

UNM Hospital (UNMH) is proud of the work we do to improve the health and well-being of all New Mexicans here in New Mexico.

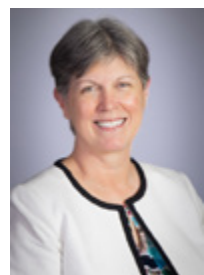
Our UNMH team is committed to improving the health and well-being of all who come to us for care. We take care of everyone in need of our services and the level of care that only we can provide, regardless of their ability to pay. UNMH is committed to reducing health care disparities that lead to inequities in health outcomes. One of the ways we progress towards improving health care for New Mexicans is through our Community Health Needs Assessment (CHNA). During this process, we go out into the community to learn directly from them about what their health needs are.

During our community listening sessions throughout Bernalillo County participants were asked about their experiences with the health care system in general and were offered the opportunity to share what programs and/or services they would like for UNMH to focus on to improve their health care experiences. The conversations around these questions helped us develop a deeper understanding of what we're doing well and what needs improvement.

I'd like to personally thank everyone who attended our listening sessions and provided their feedback. On behalf of the entire UNMH team, we are grateful for all of the time, input and collaboration from community members and other trusted voices in our community. With everyone's help, we were able to gather a lot of helpful feedback and ideas to help us improve the care we provide. We are already working on several initiatives to address topics that were discussed in these valuable sessions.

I would also like to recognize our amazing UNMH Community Engagement team for their dedication to our patients and their families. This team works hard every day by listening to New Mexicans and incorporating the community voice into everything we do every day. Additionally, they collaborate with local health organizations to ensure we are working together towards improving health equity for our community.

Thank you for your unwavering dedication and commitment during these extraordinary times. The work you are doing to care for our patients, one another, and our community is making a difference.



Kate Becker

Kate Becker
CEO, UNM Hospital

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Executive Summary

For more than 70 years, The University of New Mexico Hospital (UNMH) has consistently shown its commitment to providing exceptional healthcare services to our community. In alignment with our dedication to community well-being, we have conducted a comprehensive Community Health Needs Assessment (CHNA) to assess the current health landscape and identify priority areas for intervention. This is how we make sure our resources and initiatives are in line with our community’s health concerns and contribute meaningfully to the improvement of community health outcomes.

The Community Health Needs Assessment (CHNA) is conducted every three years. It is a systematic process that gathers information on the most important and unmet health needs from community members and advocates, public and private organizations, population health resources and leaders. Using both qualitative data (based on description and interpretation) and quantitative data (based on numbers and measurement), our goal is to achieve a broad and complete understanding of everyday health issues, social drivers, and inequalities that exist within our community.



Figure 1

The community assessment process is a way for hospital organizations to work with communities to rank health needs and to develop and put into place strategies to address those needs. This report is the product of the first seven steps in the nine-step CHNA process shown in Figure 1.

Source: Resources for the Community Health Assessment Toolkit | AHA, 2024

UNM Hospital Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP)

The CHNA, conducted by UNM Hospital seek to understand the health concerns and priorities of the community. By recognizing these priorities, we can line up our resources and efforts more effectively to meet the specific needs of the community.

Building upon the understanding developed through the CHNA, UNM Hospital’s CHIP is action-oriented. The CHIP outlines community health priorities based on community input, and describes how the top priorities will be addressed to improve the community’s health over the next two years.

We will report our progress on advances made toward each goal in the plan every year and will also report on the needs that we have not been able to meet. We seek to be transparent, accountable, and foster a collaborative effort in a responsive environment, so the community stays informed about UNMH’s ongoing work to address their prioritized health needs.

UNM Hospital will focus on providing resources that address each of the prioritized health needs through direct patient care, health education and promotion, community-based research, developing and supporting community partnerships aligned with these identified health needs in our community.





The following is a summary of the health needs identified by the community in Bernalillo County:

Increase Access to Behavioral Health Services

Those who participated in our listening sessions underscored the critical importance of making access to behavioral health services a top focus. They saw it as a central component of their health needs. These discussions showed the most common challenges individuals face in seeking mental health support and what happens due to limited access to services.

Participants emphasized the urgency of reducing the stigma surrounding mental health, providing culturally informed care, and ensuring that behavioral health services are readily available and easily accessible. The collective community's top ranking of mental health services reflects a growing awareness of the importance of emotional well-being in overall health.

The insight gathered from the community listening sessions will determine the goals we set and guide collaborative efforts to target strategies to address the identified barriers and improve access to behavioral health services. The overarching final goal is a more resilient and thriving community.

Increase Access to Care

Long wait times for appointments, not enough providers, unaffordable out-of-pocket and medicine costs were among the many challenges faced by residents seeking access to care. They also shared language barriers and care that is not culturally informed often get in the way of accessing healthcare and social services.

Participants who are differently abled also discussed that providers seem to have limited training in caring for patients with a range of disabilities (e.g. Deaf, Deafblind, Blind, neurological developmental disability, etc.), this lack of training causes challenges in getting the right care.

The community identified the importance of creating navigation services for patients to guide them through UNM Hospital. They also expressed the need for better communication with the community and other local healthcare providers to enhance patient health outcomes. Additionally, they highlighted the significance of improving discharge planning and care coordination.

Lastly, the participants shared the importance of recruiting healthcare workforce.

Expanding Access to Financial Assistance

Expanding access to financial assistance for patients is a crucial step in ensuring equitable access. In a series of community focus groups, residents have collectively named better access to financial help as a top priority.

Our discussions revealed a shared concern among community members about the financial barriers that often get in the way of access to essential services. Community members strongly expressed the need for more information about existing financial assistance programs and expressed a desire for a clear application process.

The community's emphasis on financial assistance recognizes that fair access is intertwined with addressing economic challenges. This valuable input from the focus groups will guide collaborative efforts between community stakeholders and organizations. Together we will develop strategies to make sure the process of applying for financial support is accessible and easy to understand. In this way, we contribute to a healthier and more inclusive community.



Reduce Inequities that Lead to Disparities

Reducing inequities that lead to disparities is crucial for UNM Hospital to ensure all patients receive fair and equitable access to quality healthcare services. When disparities are addressed, it can lead to improved patient outcomes, higher patient satisfaction, and a more inclusive healthcare environment. By actively working to eliminate inequities, we can foster trust within the community and contribute to overall public health by providing better care to undeserved populations. Here are some of the priorities the community shared with us:

- Increase and improve language access for patients, their family members, and healthcare providers.
- Improve and increase relevant training to ensure providers and employees are culturally sensitive and able to address the unique needs of different populations.
- In partnership with community organizations and resources, remove barriers to care addressing Social Drivers of Health (SDOH) by providing direct patient access or resources necessary to obtain items such as food, cell phones, identification, among others at UNMH.
- Improve care experience for patients with disabilities and neuro divergence.
- Create a communication strategy informing patients/community members of services available.
- Accommodate and improve systems that support patients who cannot navigate health care services digitally including, but not limited to, telehealth. Provide cultural informed training for UNMH staff to prevent patients from feeling demeaned and disrespected.

About UNM Hospital (UNMH)

The Bernalillo County Indian Hospital, was established in 1952, dedicated to serving indigent residents of Bernalillo County and Native Americans. It then became known as the Bernalillo County Medical Center, and began serving as the teaching hospital for the University of New Mexico School of Medicine. In 1978 the hospital became part of The University of New Mexico, and took its current name as The university of New Mexico Hospital.

UNM Hospital has grown into a pillar of health and healing for our county and state. For more than 70 years, we have been providing compassionate and comprehensive care. We've evolved with the changing needs of our community while keeping a steadfast dedication to excellence. Our long-standing commitment is not only a testament to our history but a promise for the future. As we look back on our rich heritage, we remain deeply rooted in the values that have shaped us, as we continue to make sure that every patient who walks through our doors receives accessible, safety-focused, and high-quality care and support.

UNM Hospital is part of the UNM Health System along with the other clinical branches: UNM Comprehensive Cancer Center, UNM Medical Group, UNM Children's Hospital and UNM Sandoval Medical Regional Center. UNM Health Sciences is the academic and research branches of the Health Sciences Center, including the School of Medicine, College of Nursing, College of Pharmacy, and College of Population Health. UNM Hospital includes dozens of specialty lines with more than 7,500 team members.

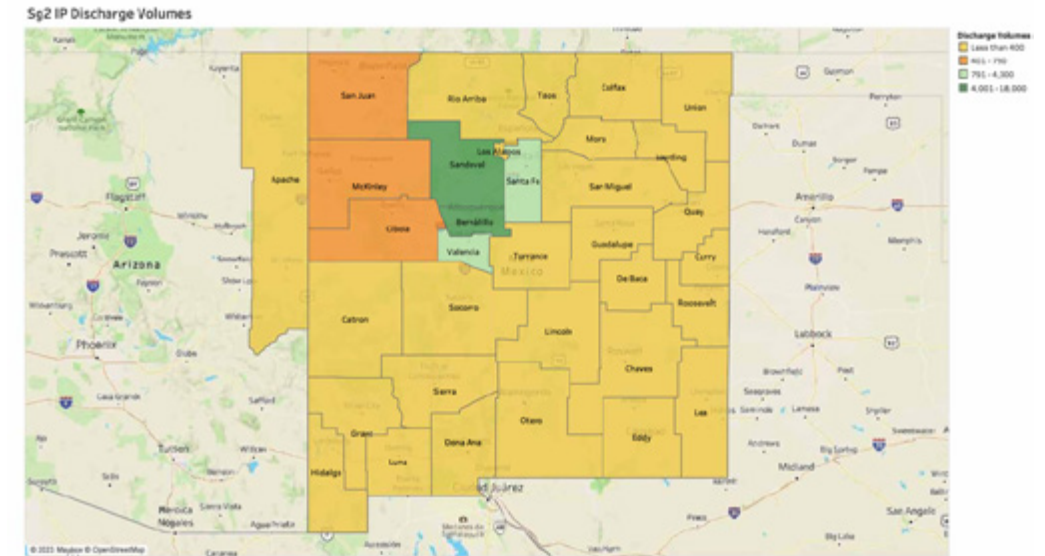
Description of UNM Hospital Service Areas

UNMH serves all New Mexicans, but most patients receiving primary services are residents of Bernalillo County. As the state’s only academic health center and Level I Trauma Center, UNMH is also the primary source of specialty care for patients from across the state.

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.



UNMH serves the entire state of New Mexico and serves patients from northeast Arizona referred by the Indian Health Service.



Stratason. Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and Stratason disclaims responsibility for any such analysis, interpretation or conclusion. SG2 State Data Analysis 2022 Q3 - 2023 Q1

Figure 2 UNMH inpatients by zip code of residence. Colors show the number of patients, with yellow showing where the fewest patients live and dark green showing the most.

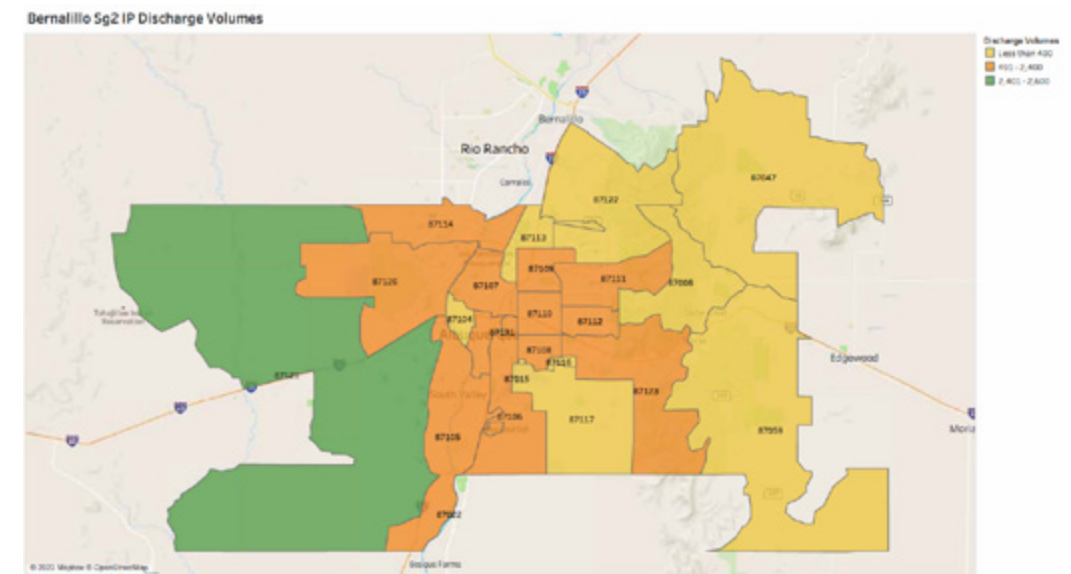


Figure 3. Data Citation:Data for use in this publication were supplied byStratason.Any analysis, interpretation, or conclusion based on these data is solely that of the authors, and Stratason disclaims responsibility for any such analysis, interpretation or conclusion. SG2 State Data Analysis2022 Q2- 2023 Q1. Includes UH, CPC, UPC, SRMC.

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

Facts and Figures: UNM Hospital

Emergency Room visits	84,788	
Trauma activations	956	
Behavioral Health Outpatient visits (includes substance abuse and methadone visits)	339,000	
Behavioral Health inpatient discharges	1,566	
Surgical procedures	20,357	
Organ transplants	43	
Burn Center patients	538	
Newborn deliveries	2,879	
Salaries wages & benefits	\$761,349,144	

Community Snapshot

DEMOGRAPHICS

Population	674,393
Education	76% have a high school diploma
Poverty Level	15.5%
Unemployment Rate	3.6%
Children in Poverty	20.4%

Race/Ethnicity

White (alone)	37.3%
Hispanic/Latino	50.9%
Black/ African-American	3.7%
Native American/ Alaska Native	6.7%
Asian	3.0%
Native Hawaiian/Other Pacific Islander	0.1%

BERNALILLO COUNTY



HEALTH DISPARITIES

Life Expectancy from Birth (2018-2020)	77.4 years
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Overall Health

Obesity Among Adolescents, Grades 9-12	13.4%
Obesity Among Adults	26.8%
Diabetes Diagnosis	10.5%



Mental Health

Youth Feeling Sad and Hopeless	40.8%
Adults with Doctor Diagnosed Depression	22.9%

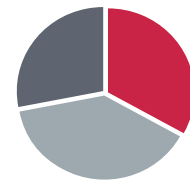


Disease Rates (Deaths per 100,000)

Heart Disease Mortality	143.2
Cancer Mortality	27.3
Homicide Mortality	19.1



Patient Profile



HEALTH COVERAGE

Medicare	29.9%
Medicaid	35.1%
Commercial/HMO	25.2%
Uncompensated Care for Bernalillo County	\$51,219,865

AGE

0-17	27.2%
18-44	31.4%
45-64	22.9%
65+	18.6%



CHRONIC CONDITIONS

37.3% of patients

LANGUAGES

11.3% of patients do not speak English as their primary language



UNM Hospital cares for a large, diverse population with complex and urgent health needs. In 2021-2022 We provided \$51,219,865 in uncompensated care for Bernalillo County.

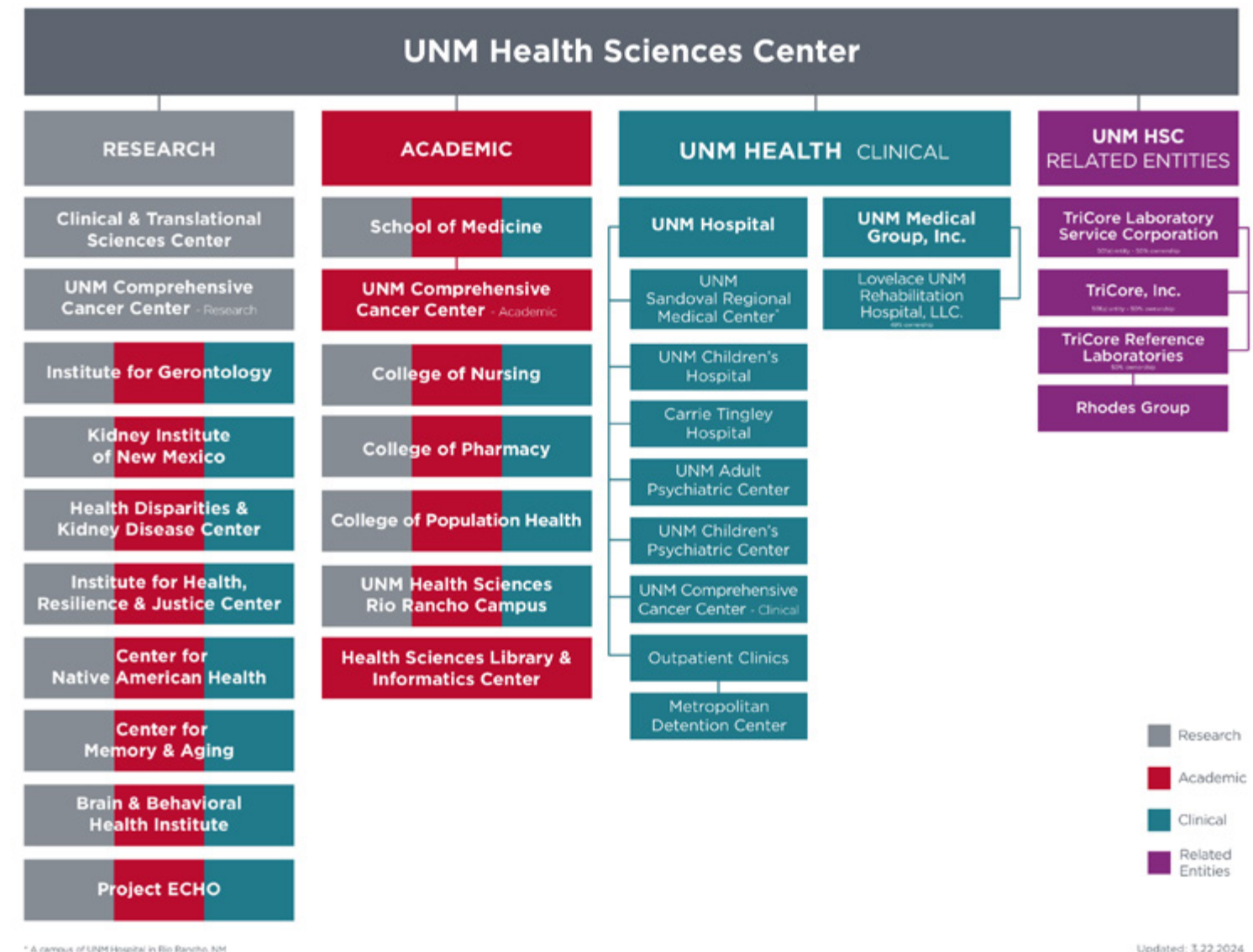
Each year, UNM Hospital and clinics care for more than 200,000 New Mexicans. We serve as a training site for students of medicine, nursing, pharmacy and other health professions and play an important role in UNM’s community-based health research.

UNM Hospital has received awards for excellence in the care of Stroke, Trauma/Burn, Lifeguard Air Emergency Services, Women’s Care, Behavioral Health, and Comprehensive Cancer Care. The hospital also consistently achieves top marks for diversity and inclusive services.

UNM Hospital Awards and Designations



UNM Health Sciences Organizational Chart



* A campus of UNM Hospital in Rio Rancho, NM

Updated: 3.22.2024

Figure 5

UNM Hospital Includes the Following:

UNM Hospital, the medical services arm of the UNM Health System (Figure 5), New Mexico's only academic health center, is the state's only Level I Trauma Center.

UNM Sandoval Regional Medical Center (SRMC) - A campus of UNM Hospital, combines the personal attention of a community hospital with the expertise and resources of an academic healthcare facility. Their goal is to improve the overall health of the community by providing the highest-quality healthcare services that meet the needs of Sandoval County's diverse population. Over time, we will increase our ability to provide healthcare and medical educational opportunities through partnerships with the UNM School of Medicine, UNM College of Nursing, UNM College of Pharmacy and Central New Mexico Community College.

Metropolitan Detention Center (MDC), on July 2023, UNM Hospital became the new health care provider at the Metropolitan Detention Center (MDC) in Bernalillo County providing medical, dental and behavioral health services.



The University of New Mexico Children's Hospital, is an academic medical center with healthcare providers expertly trained to deliver the most advanced neonatal and pediatric care in New Mexico. It is our state's only dedicated children's hospital.

UNMH Carrie Tingley Hospital (CTH), founded in 1937, provides compassionate, coordinated healthcare to children and adolescents with complex musculoskeletal and orthopedic conditions, rehabilitation needs, developmental issues and long-term physical disabilities.

CTH includes more than 21 specialized outpatient clinics ranging from juvenile arthritis to clinical genetics to brain and spinal cord injuries to development and neurological conditions. Through CTH, thousands of pediatric patients have access to advanced treatments in clinical trials.

UNM Comprehensive Cancer Center (UNMCCC), the only National Cancer Institute designated cancer center in New Mexico where 60 percent of adult cancer patients and almost all pediatric cancer patients in New Mexico receive care. UNMCCC works to overcome the cancer health disparities in New Mexico, by assuring that all New Mexicans have access to outstanding cancer care and opportunities to participate in and benefit from cancer research.



UNM Behavioral Health, operates a comprehensive behavioral health system consisting of the UNM Psychiatric Center and UNM Children's Psychiatric Center. Combined, it operates 92 licensed inpatient acute care beds, psychiatric emergency services, and many outpatient programs and clinics.

The UNM Behavioral Health Crisis Center, will address critical gaps in behavioral health services by providing comprehensive crisis triage and stabilization services with a physical connection to existing resources co-located on the University Psychiatric Center campus.

The new building will include a 16 bed Crisis Triage Center, an observation area for 10 patients, group therapy rooms, community day room and dining area, support services areas, offices, law enforcement areas and other spaces appropriate to creating a therapeutic milieu (a supportive, healing and growth oriented environment where individuals can work on their mental health challenges, learn new coping skills, and make progress toward recovery).



UNM Hospital offers a variety of exceptional services, including:

- UNM Clinical Neurosciences Center, the only comprehensive neurology, neurosurgery and pain management center in the Southwest
- Burn Center
- Cardiac Care
- Advanced Women's Healthcare Services
- Bariatric and Orthopedic Programs
- UNM Emergency Medical Services (EMS) Consortium
- UNM Lifeguard Air Emergency Services
- Radiology Services

UNM Hospital has more than 80 outpatient care clinics, including facilities purposefully located in historically underserved areas in and around Bernalillo County.





Collaborating with the Community

The 2023 Community Health Needs Assessment is one of many ways UNM Hospital gathers and responds to input from the community. Other avenues of community input are described in the following paragraphs.

UNMH partners with other governmental entities including the State of New Mexico, Bernalillo County and the City of Albuquerque to address community needs.

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

UNMH leadership and the Community Engagement Department meet every other month with members of the UNMH/Bernalillo County Health Task Force to report on progress toward healthcare goals established by the task force.

The UNMH Patient Family Advisory Committee (PFAC) is a collaborative partnership of UNM Health System patients, families, caregivers, staff, and providers that meets monthly. The committee works in an advisory capacity to support patient-centered care at UNMH by ensuring patients, families, and caregivers have opportunities to provide a voice in hospital planning processes and decision-making practices. The PFAC places an emphasis on best practices related to patient family centered care. Committee members are chosen through an application process ensuring membership reflects the diversity of the communities served by UNMH. The current PFAC consists of three subgroups that provide representation in the following areas of the health system: Adult-Inpatient, Ambulatory (Outpatient), and Pediatric.

The Health Literacy Office at UNMH works to find a shared language and shared context for health communications between healthcare workers and patients. Improving health equity is about creating access to critical healthcare information and removing barriers for our patients as they struggle to navigate this complex healthcare system. When health information, communicated verbally or in writing, is clear and understandable, it is easier for patients and families to access and helps them feel empowered to make informed decisions about their care.

The Health Literacy Office provides training and tools to help healthcare workers improve communication with patients and families. We also collaborate with providers and staff to improve written materials (discharge instructions, patient education, consent forms) and make them more accessible to patients. We work closely with Interpreter Language Services to provide documents in languages other than English. UNMH is the only Health Literacy resource listed by the CDC for the state of New Mexico.

UNMH Community Engagement

The Community Engagement Department plays an important role developing and maintaining positive relationships between the hospital and the community. We organize outreach programs such as health fairs, workshops, conferences and training about health issues and available services. This department also collaborates with local organizations and leaders to address community health needs and advocate for healthcare access. Additionally, we gather feedback from community members to ensure that the hospital's services are meeting their needs effectively. Through these efforts, the Community Engagement Department strives to build trust, promote health equity, and enhance the overall well-being of the community served by the hospital.



Native American Health Services at UNM Hospital

Native American Health Services (NAHS) provides Native American patients with priority admissions and outpatient clinic appointments, while taking into consideration the medical, physical, and social needs of all patients. NAHS staff includes patient care coordinators and community liaisons (staff who are specialized in supporting connections between UNMH and the Native American community).

They serve as patient advocates, help with care management, and build relationships with Tribal stakeholders to UNMH. Community liaisons work with NM Pueblos, Tribes and Nations throughout the year. Liaisons are focused on establishing relationships with Pueblo Governors, leadership and personnel, and community members by providing information about UNMH and resources available through the NAHS department.

Liaisons work to track specific health related concerns experienced by that specific tribal community. They help with access to services at the hospital and attend community meetings and events. The liaisons build connections between tribal communities and The University of New Mexico educational pipeline programs that prepare and encourage young people to enter the healthcare professions.

The NAHS team takes steps to engage and coordinate with Indian Health Services and tribally run health centers that refer patients to UNMH. The most important priority for NAHS is to help resolve concerns voiced by Native American patients. The hospital's financial assistance team helps tribal members enroll in federal and state programs like insurance through the Affordable Care Act and New Mexico Medicaid and in the hospital's in-house financial assistance program, known as UNM Care.

In addition, hospital administrators and NAHS leadership meet with tribal leadership twice a year and with the Indian Health Service quarterly.

CHNA Methodology

More than 530 community members attended 27 interactive listening sessions from April 2022 to July 2023. Spanish and American Sign Language interpreters and facilitators were available at each listening session. In addition to the listening sessions, 46 individuals completed printed and online surveys during 2022 and 2023.

To create an interactive environment, organizers provided supplies for participants to write their responses if they could not or did not want to respond orally. Participants could also draw their responses, and stand up and post their comments on the question presented on a PowerPoint slide. They could talk in small groups, facilitated by organizers or speak directly to members of the staff. This allowed for many ways to communicate thoughts and opinions.

At the end of each listening session, participants used stickers to vote for their top four health priorities listed among the collected responses. The community also shared concerns and priorities outside of UNM Hospital services.



"If you know the language access needs of one Deaf person, you know the language access needs of one person. Deafness is a spectrum and what works for one person, doesn't always work for everyone."

- Dana Murrah

ASL Recruiting Specialist, Lango ASL

In addition to the 2022 community meetings, listening sessions were held in all five county commission districts in Bernalillo County from March to July of 2023 at locations chosen by each county commissioner. UNM Hospital and Bernalillo County promoted the meetings through social media, paid media, earned media, and grassroots outreach methods. Members of the community were welcome to attend any listening session regardless of

where they lived or worked within Bernalillo County. To encourage and ensure access to each listening session, Spanish and ASL interpretation was provided at all meetings.

The questions asked during the listening session were:

What have been your experiences with the healthcare system?
(Doctors, nurses, hospitals, clinics, support staff, etc.)

What programs and/or services can UNM Hospital provide to improve your health experiences?

Participant Demographic Information

Input was received from the community through the listening sessions between April 2022 and July 2023. The following information was given by those who chose to complete demographic intake forms. It does not include all listening session participants.

The following information was given by those who chose to complete demographic intake forms. It does not include all listening session participants.

Ethnicity

Hispanic	92
Non-Hispanic	13
African	1
Native American	27
Asian	4
Black or African American	10
Native Hawaiian or Pacific Islander	2
White	44
Other	9
Prefer not to respond	2

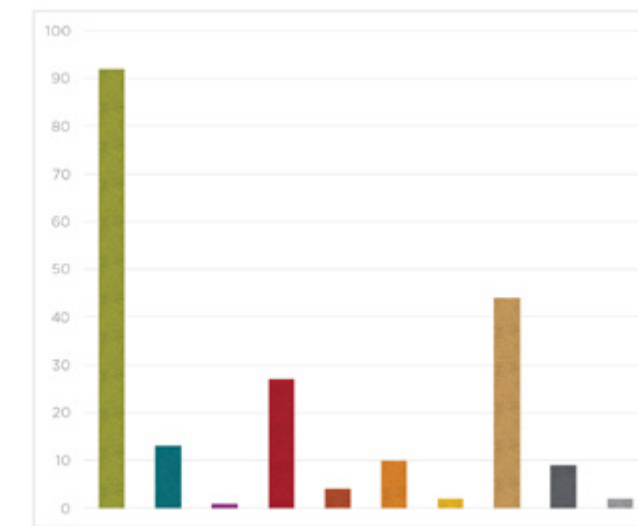


Figure 6

Zip Code

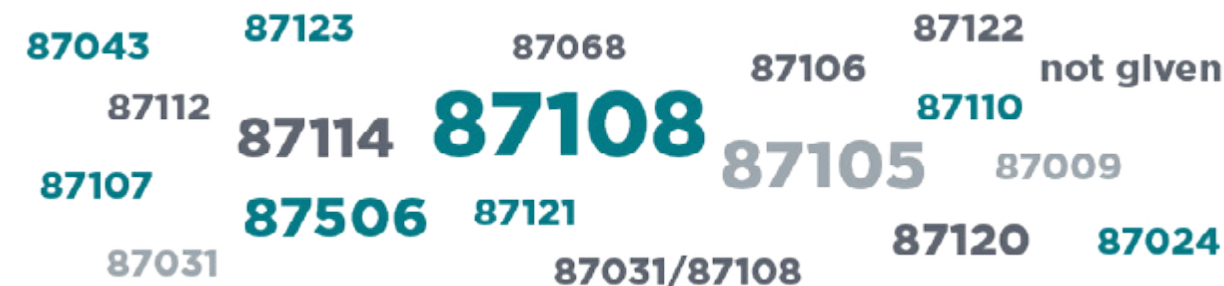


Figure 7

Age

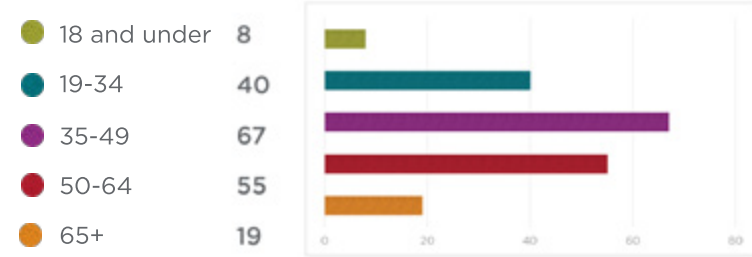


Figure 8

Gender



Figure 9

Housing Status

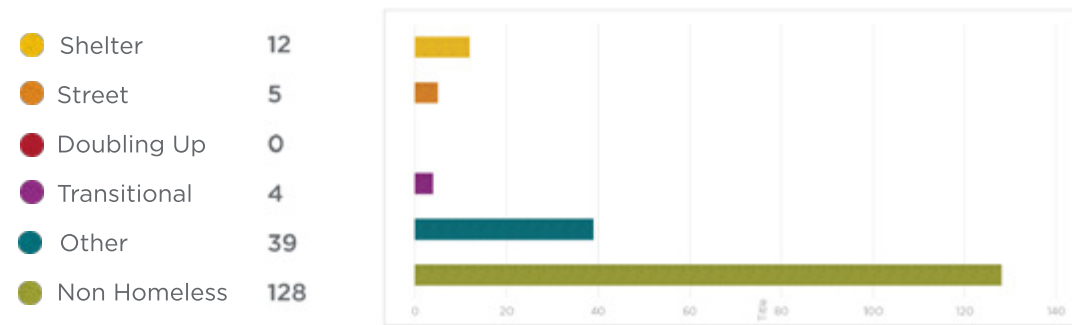


Figure 10

Education

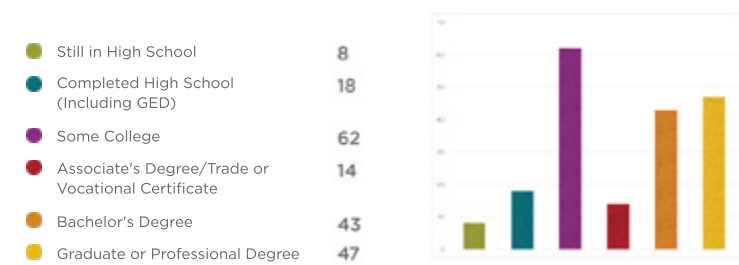


Figure 11

Insurance Coverage

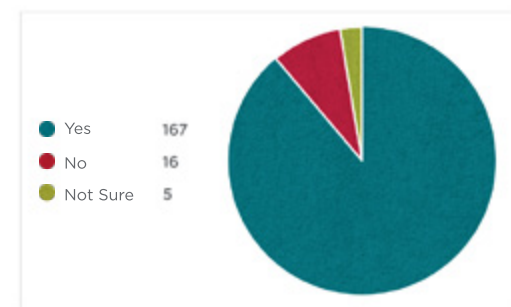


Figure 12

Community Profile

Demographic Characteristics of Bernalillo County Residents

Demographic characteristics, like age and gender, make a difference in health status and healthcare needs. One-in-three New Mexico residents, over 674,000 people, live in Bernalillo County. Table 1 shows the ages of both Bernalillo County and New Mexico residents.

Bernalillo County and New Mexico Residents by Age Group

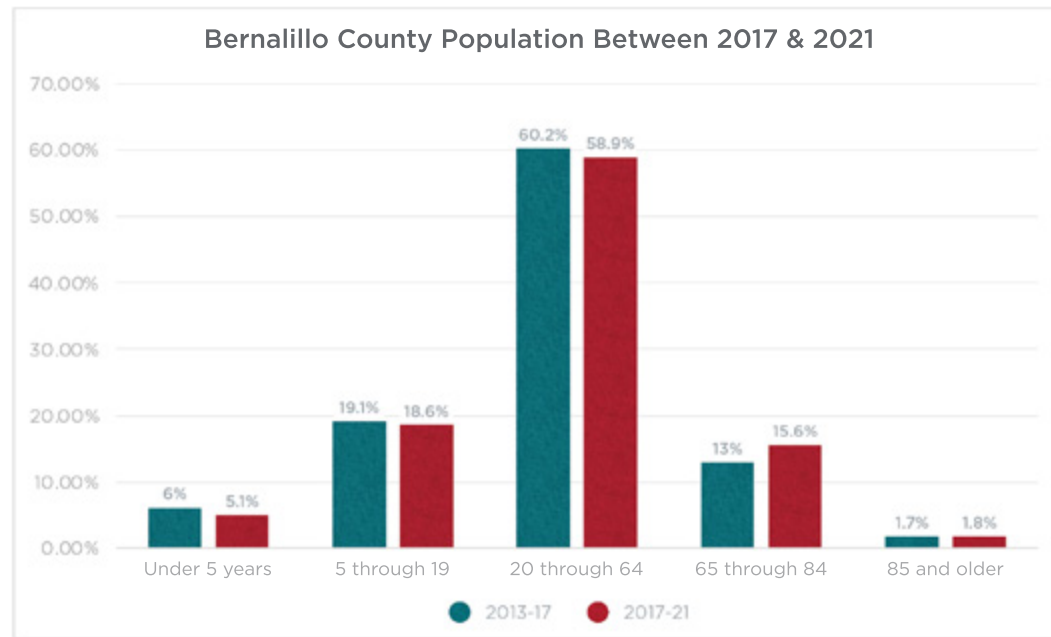
	Bernalillo County	New Mexico
0-19	159,916	533,417
20-44	232,041	685,347
45-64	165,255	505,316
65-84	105,155	351,345
85 and Over	12,026	40,452

Source: 2020 Decennial Census

Table 1

Bernalillo County's overall population has not changed in the three years since the last CHNA, but the age distribution of Bernalillo County residents has. At the time of the 2020 CHNA, children and youth made up 25.1 percent of county residents. 3 years later they make up 23.7% of the county population. While young people are losing numbers the population of seniors in Bernalillo County has grown from 14.7% to 17.4% s. As the population changes, so do needs and priorities.

Bernalillo County by Age Group



Sources: 2020 Decennial Census and American Community Survey 2017 5-Year Sample

Figure 13

Senior Households in NM and Bernalillo County

Over 117,000 residents of Bernalillo County are age 65 or older (Table 2). Seniors make up roughly 17 percent of the county’s non-institutionalized population, up three percentage points since the last UNM Hospital CHNA. Thirty-two percent of Bernalillo households and 35 percent of New Mexico households include at least one member who is 65 or older (Table 2).

Over 40,400 Bernalillo County seniors live alone. Lone seniors are at risk for social isolation and may have limited access to supportive services or help in emergency situations. As a result, lone seniors often lose their independence or move into institutions earlier than seniors who live with someone else. Because they live longer, on average, than men, older women are more likely than older men to live alone.

Senior Households

	Households with Seniors	Percent of HH with Seniors	Seniors Living Alone
Bernalillo County	91,263	32%	40,495
New Mexico	295,754	35%	115,053

Source: 2022 ACS 1-Year Subject Tables

Table 2

Race and Ethnicity

The majority of New Mexico and Bernalillo County residents are either Hispanic or White Non-Hispanic. Bernalillo County includes Isleta, Laguna, and Sandia Pueblos as well as To’Hajiilee, a separate section of the Navajo Nation. Native Americans make up just under 9 percent of the statewide population and 4.5 percent of Bernalillo County residents. As the state’s most populous urban area, Bernalillo County is more diverse than the state overall, with larger populations of African American and Asian residents (Figure 14). Bernalillo County is also home to immigrants and refugees from around the world.

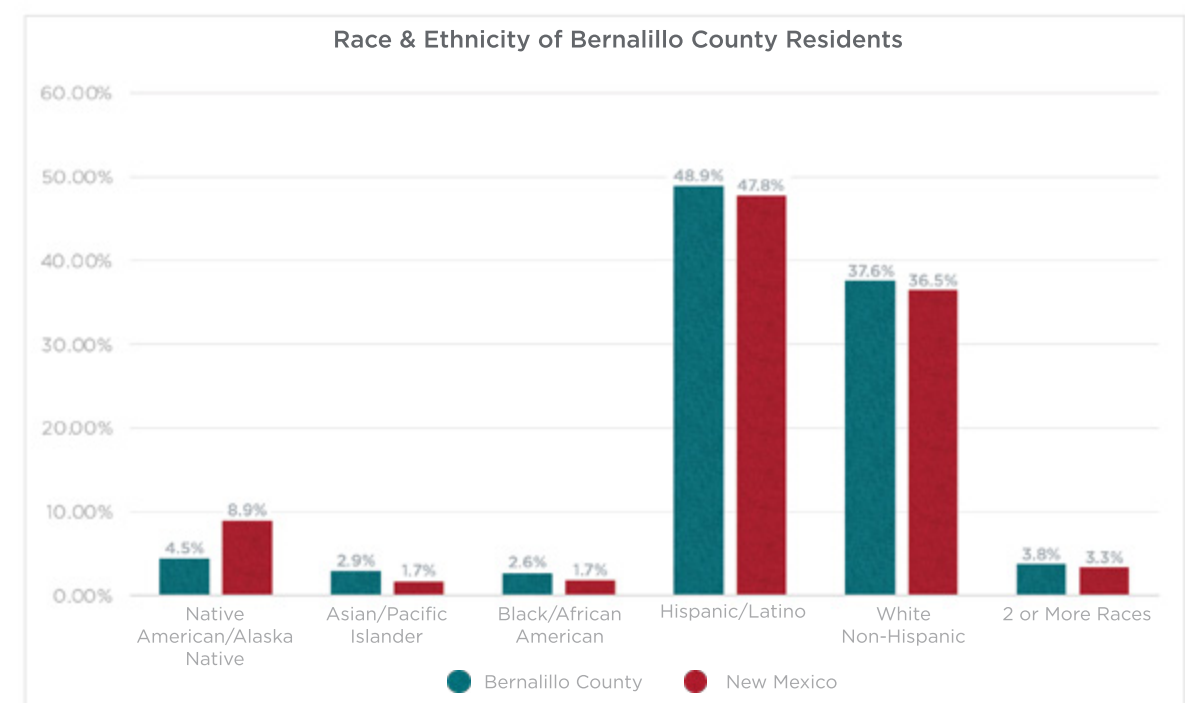


Figure 14

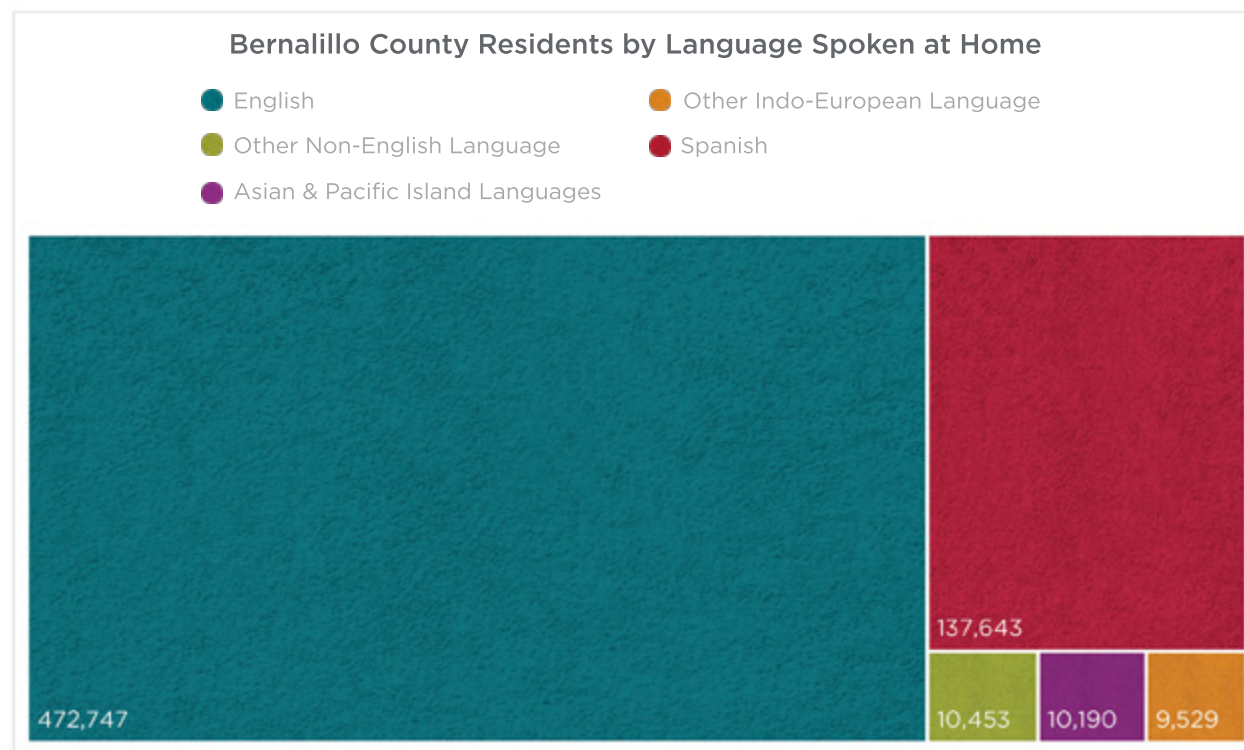
Language

Language is a key social driver of health because it is the primary way people communicate their health needs and receive health information. The inability to communicate effectively in English can be a barrier to getting and contributes to health disparities among ethnic and racial minorities in New Mexico and throughout the U.S.

People with limited English may have trouble scheduling appointments, getting health insurance, and navigating the increasingly complex system. Furthermore, when patients and providers don't speak the same language, it is harder to create trusting relationships and share critical health information.

Percent of county residents speak a language other than English at home

Twenty-six percent of Bernalillo County residents and 31 percent of New Mexicans speak a language other than English at home. Over 80 percent of these individuals speak Spanish.



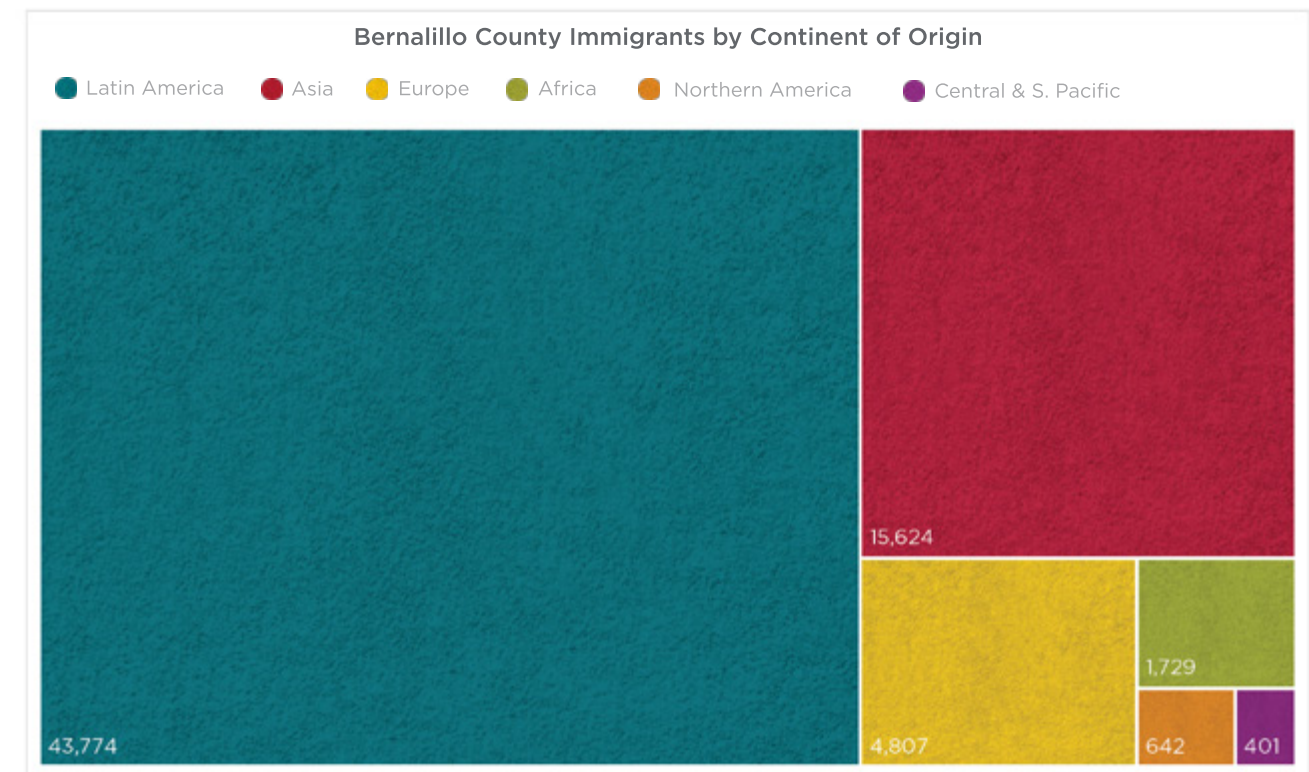
Source: 2022 ACS 1-Year Subject Tables

Figure 15

Immigration and Citizenship

Almost 67,000 immigrants live in Bernalillo County. Just under two-thirds of Bernalillo County immigrants are from Latin America, 23 percent are from Asia, and 7 percent emigrated from Europe. Immigrants face many challenges to receiving adequate healthcare, including difficulty getting insurance, and language and cultural barriers.

Almost half (48%) of Bernalillo County immigrants are non-citizens. Most non-citizen immigrants are authorized to be in U.S., but a significant fraction is undocumented. Immigration status is a social driver of health. Undocumented immigrants are ineligible for many of the public supports available to U.S. citizens and often experience hardships including crowded and/or unstable living arrangements, difficult working conditions, and enforcement activities, that cause stress, injury and illness.



Source: 2022 ACS 1-Year Subject Tables

Figure 16

Social Drivers of Health

The World Health Organization describes the social drivers of health (SDH) as the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.

People Living in Poverty

Poverty is a powerful and well-documented social driver of health. Over 14 percent of Bernalillo County residents and 17 percent of New Mexicans live in poverty. African American residents of Bernalillo County live in poverty more often than members of other racial groups. Twenty-one percent of the county’s Native American residents live in poverty. The share of Native Americans living in poverty is considerably lower in Bernalillo County than it is statewide.

Poverty has been linked to higher incidence of many health conditions, including chronic diseases, some cancers, developmental delays, injury, depression and premature death. Many aspects of poverty impact health including not enough or uncertain access to nourishing food and shelter, poor access to healthcare and health information, social stigma, acute and chronic stress, limited educational choices, unsafe neighborhoods and working conditions, and exposure to environmental toxins. Reducing poverty is critical to improving health outcomes in Bernalillo County and New Mexico.

Percent of Population Living in Poverty

	Bernalillo County	New Mexico
Hispanic/Latino	16.4%	19.6%
Non-Hispanic White	10.9%	12.1%
Native American/Alaska Native	21.2%	30.9%
Black/African American	23.0%	18.0%
Asian/Pacific Islander	7.4%	14.0%
Multi-racial	15.4%	16.9%
All Races and Ethnicities	14.2%	17.6%

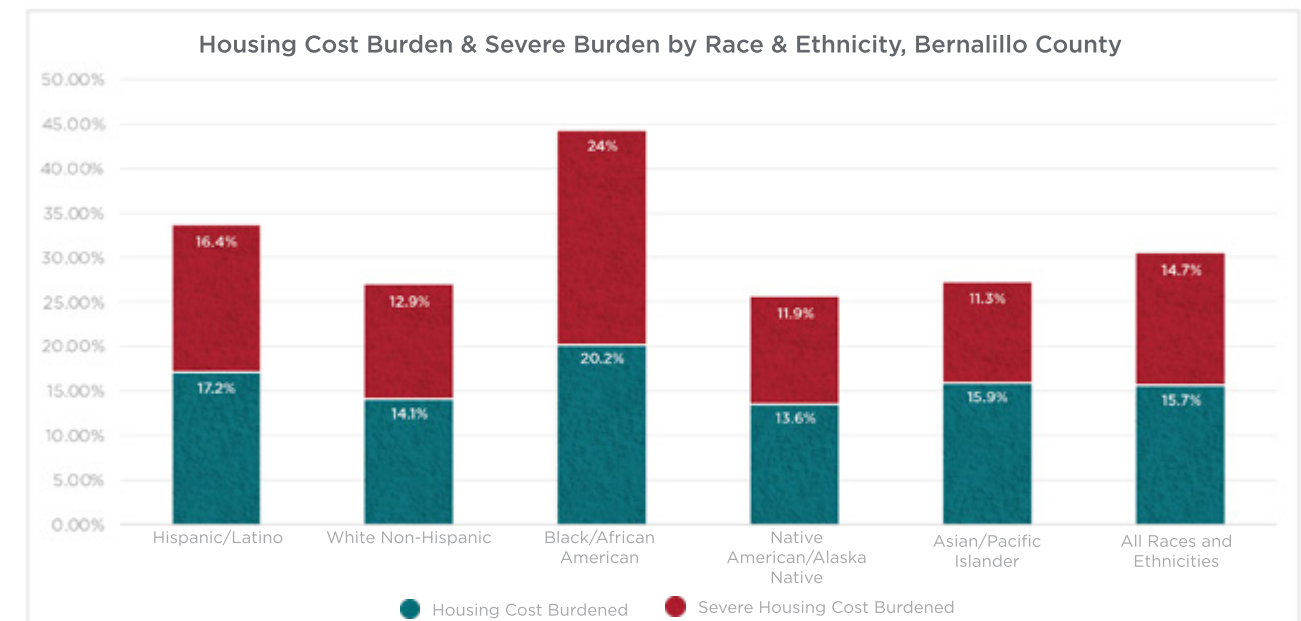
Source: American Community Survey 2021 5-Year Sample

Table 3

Housing Cost-burdened Households

Stable housing is critical for most aspects of health and well-being. Thirty-one percent of Bernalillo County households are “housing cost-burdened,” meaning that they spend more than 30 percent of their total income on housing. Housing cost burdened households spend so much on housing that they may be unable to afford other necessities like food and transportation. Severely housing cost burdened households spend over half their income on housing and are at higher risk for housing instability and homelessness.

Housing cost burden is closely related to income and homeownership – lower income households are more likely than those with higher incomes to have high relative housing costs and homeowners are less likely than renters to have cost burden. African American residents of Bernalillo County are more likely than residents of any other race to be housing cost burdened. Native American and White Non-Hispanic County residents have the lowest relative housing cost burden.

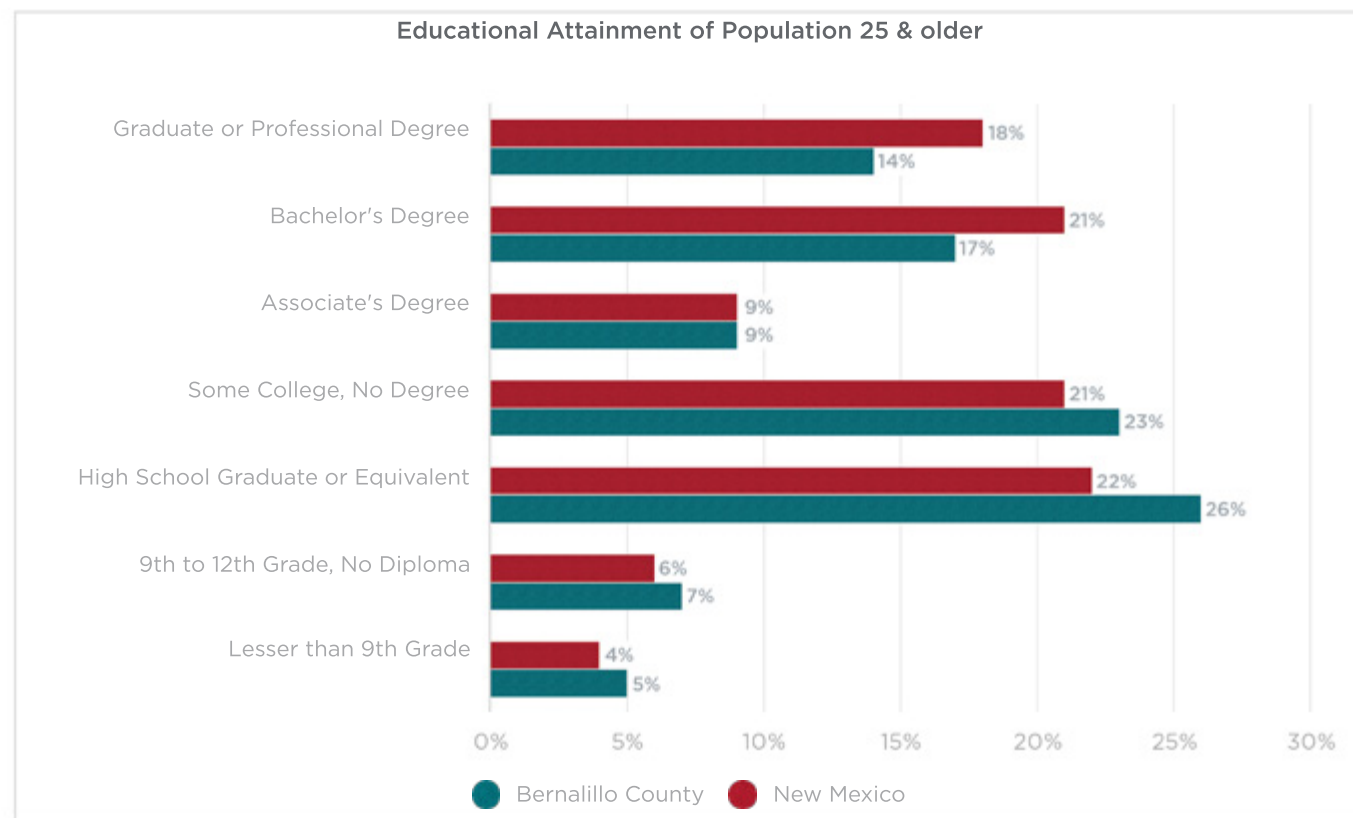


Source: American Community Survey 2021 5-Year Sample

Figure 17

Educational Attainment of Population 25 and Older

Forty percent of New Mexico adults and 48 percent of Bernalillo County adults have a college degree. Higher levels of education correlate with better health outcomes in part because education is a strong antidote to poverty. In addition to increasing employment and income, education improves patients' ability to communicate their needs, get and understand health information, navigate within the healthcare system, and advocate for their healthcare rights and those of their family.



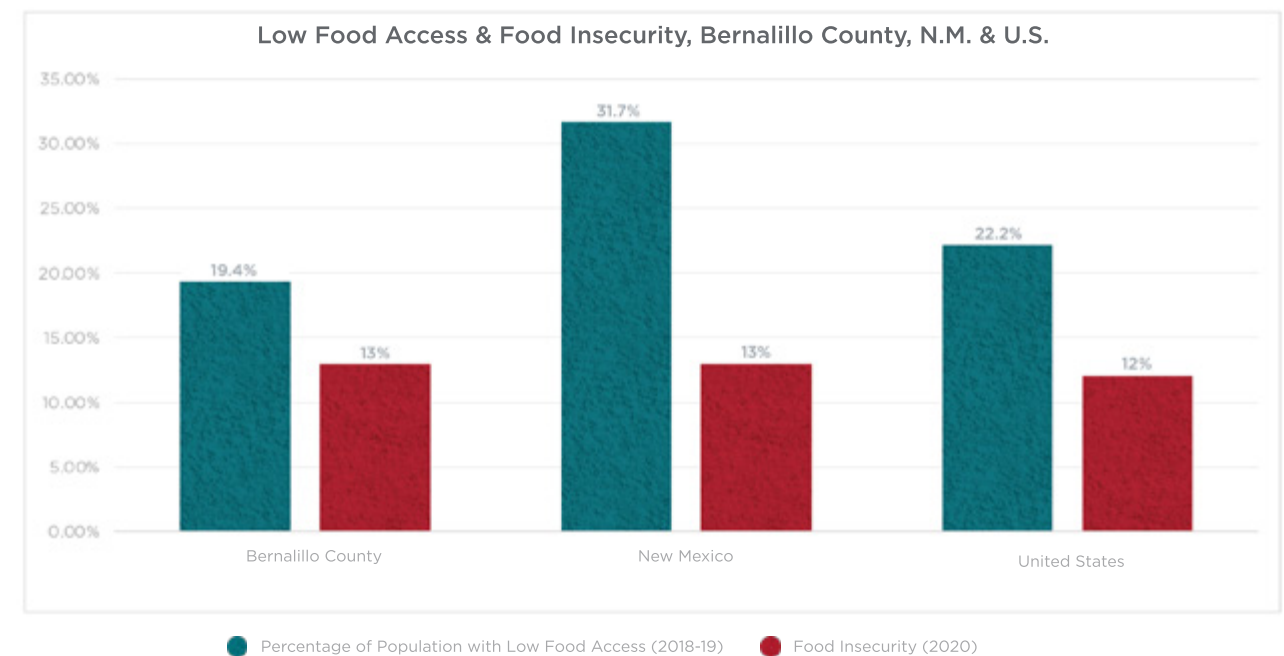
Source: American Community Survey 2021 5-Year Sample

Figure 18

Low Food Access and Food Insecurity

Low food access in an urban area like Bernalillo County is defined as living more than 1 mile from the nearest supermarket, super-center, or large grocery store. One third of New Mexicans and 21 percent of Bernalillo County residents have low food access. People with low food access have a harder time getting nourishing foods and may rely on convenience stores, which have fewer fresh nutritious options and higher prices than conventional grocery stores.

Food insecurity means having limited or uncertain access to adequate food for a healthy and active life. Thirteen percent of Bernalillo County residents experienced food insecurity at some point during the previous year, a rate comparable to that of the state overall and slightly higher than the national rate. Low food access, low incomes and high housing costs are major contributors to food insecurity. Food insecurity puts people at higher risk of malnutrition and chronic conditions like heart disease and diabetes as well as behavioral health difficulties and trouble concentrating at school or work. Children who experience food insecurity are more likely to have developmental delays and academic difficulties.¹ Food pantries and programs like the Supplemental Nutrition Assistance Program (SNAP) help combat food insecurity. Also critical are job-training and income support programs that increase the economic stability of low-income households.



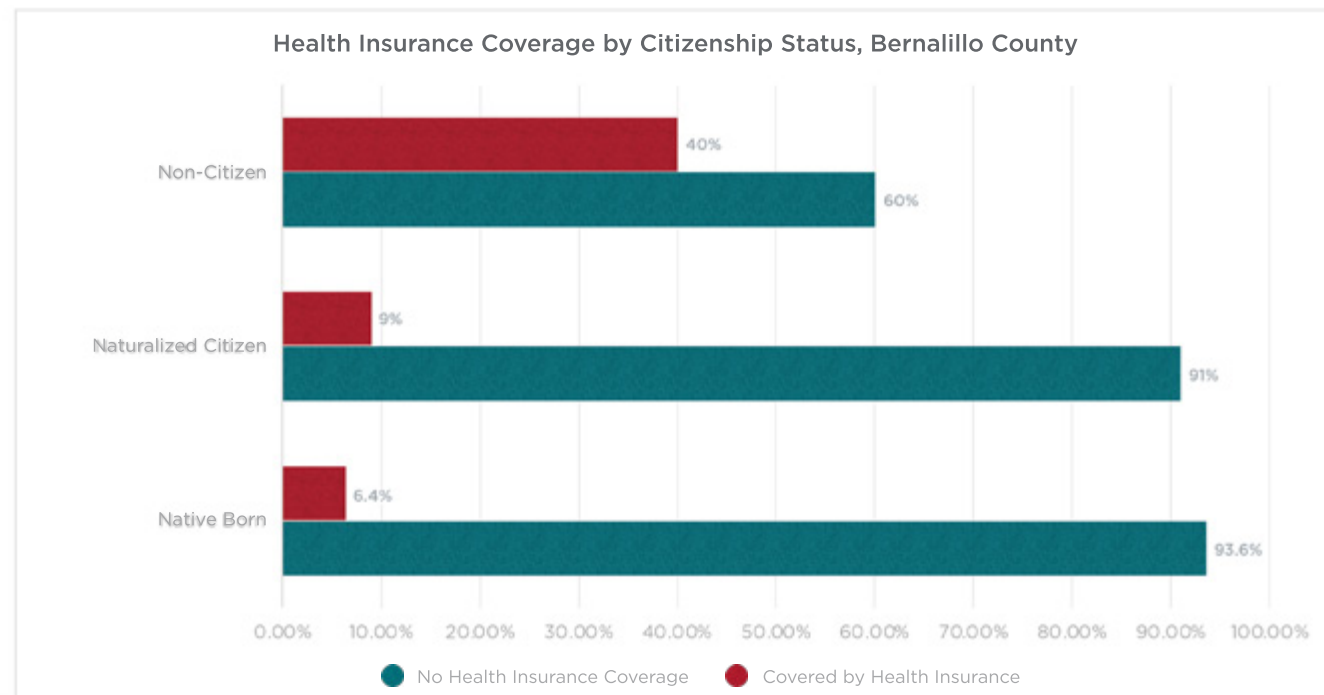
Source: US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlases - 2017 and 2019

Figure 19

¹ Ke, J., & Ford-Jones, E. L. (2015). Food insecurity and hunger: A review of the effects on children's health and behavior. *Pediatrics & child health*, 20(2), 89-91. <https://doi.org/10.1093/pch/20.2.89>

Health Insurance Coverage of Bernalillo County and New Mexico Residents

Ninety-two percent of Bernalillo County residents have health insurance coverage. Insurance greatly improves access to healthcare. The uninsured, who are often low-income, are more likely than those with coverage to go without preventive care and to delay or not get necessary medical treatments.



Source: American Community Survey 2021 5-Year Sample

Figure 20

Bernalillo County and New Mexico Adults who Can't Afford Needed Care

More than 1 in 10 Bernalillo County adults report not getting needed health care due to cost. Hispanic adults are more likely than adults of other ethnicities to report that they were unable to afford needed health care. African American and Native American adults who live in Bernalillo County are less likely than those living in other parts of the state to report being unable to afford health care.

Non-citizen immigrants have less access than U.S. citizens to health insurance. Forty percent of noncitizen immigrants in Bernalillo County are uninsured. Noncitizen immigrants have less access than citizens to health insurance because they often work jobs that don't provide health benefits and they face eligibility restrictions for federally funded health insurance programs like Medicaid and beWellnm.²

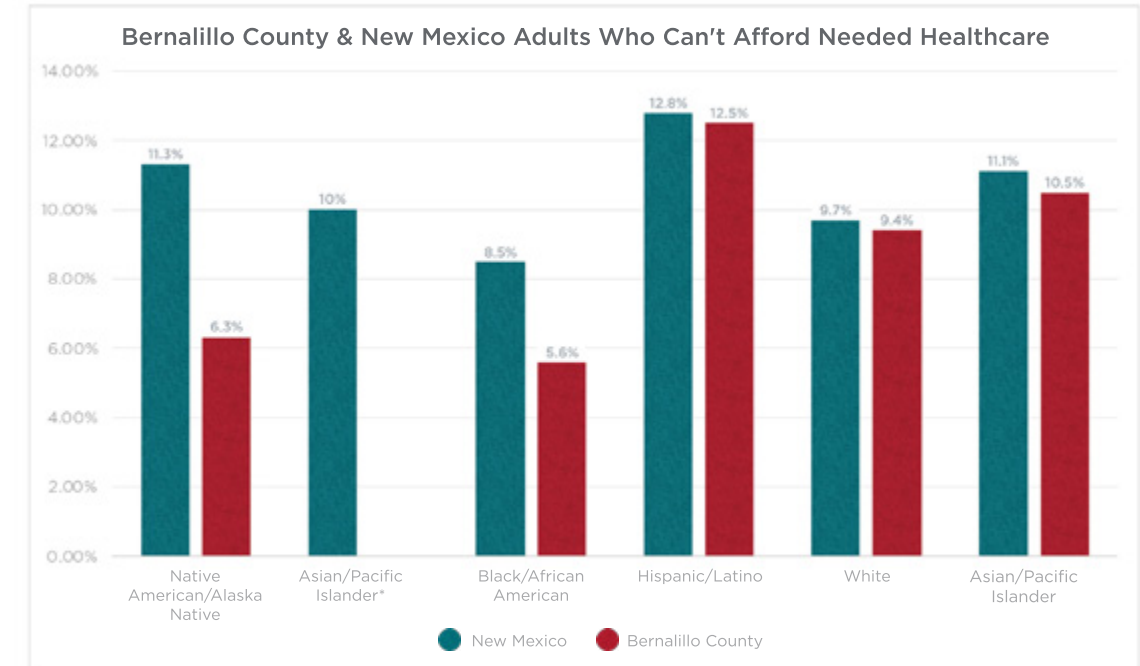


Figure 21

* Insufficient sample size for Bernalillo County.

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. queried on: Mon, 9 Oct 2023 11:09:12 MDT

² Kaiser Family Foundation. Retrieved from:

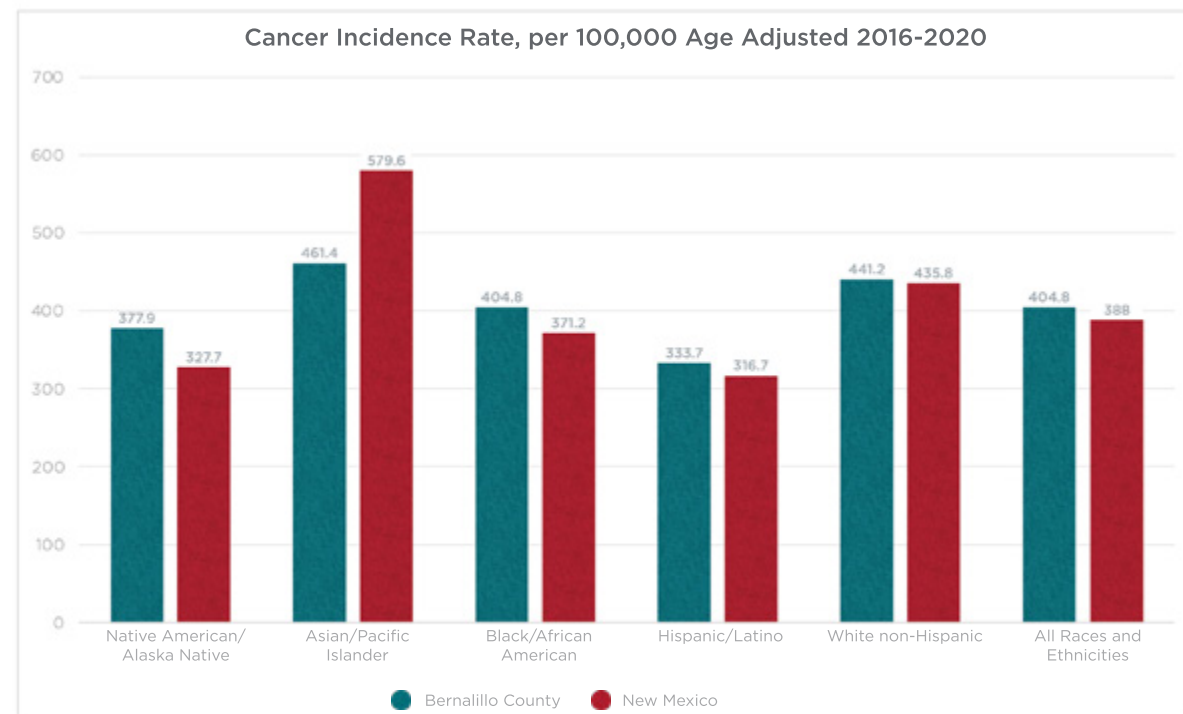
<https://www.kff.org/racial-equity-and-health-policy/fact-sheet/key-facts-on-health-coverage-of-immigrants/>

Chronic Diseases in Bernalillo County

Chronic diseases are diseases that are long-term, not infectious, and rarely cured completely. Seven of the nine leading causes of death in Bernalillo County – cancer, heart disease, lower respiratory disease, diabetes, Alzheimer’s disease, stroke and liver disease – are chronic diseases. Some chronic diseases are unavoidable, but most result from the complex mix of many factors that often include heredity, physical activity level, diet, and smoking. Chronic diseases often precipitate or worsen other health problems. As people age their chance of having multiple chronic diseases increases. Multiple chronic conditions tend to be more common in communities and individuals with more risk factors and harmful social drivers of health, like living in poverty.

Cancer

Risk factors for cancer include older age, tobacco use, exposure to carcinogens, genetics and family history, conditions and diseases like weak immune systems, diabetes, Crohn’s disease, or human papillomavirus (HPV) infection. The incidence of cancer is highest for Bernalillo County’s Asian and White residents.

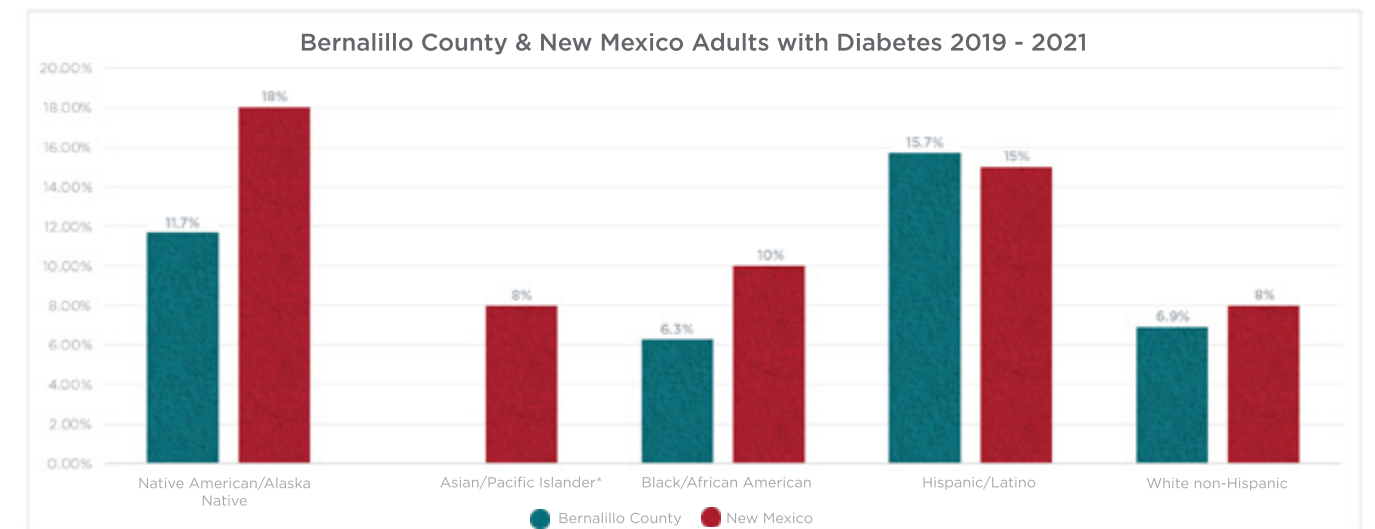


Source: New Mexico Department of Health. Indicator Based Information System (IBIS). Cancer Query Module Retrieved from: https://ibis.doh.nm.gov/query/selection/cancer/_CancerSelection.html

Figure 22

Bernalillo County Adults who have been Diagnosed with Diabetes

Just over 11 percent of Bernalillo County adults and 11.5 percent of New Mexico adults have been diagnosed with diabetes. Diabetes can lower life expectancy and increase the risk of heart disease. It is the leading cause of kidney failure, lower limb amputation, and adult-onset blindness. Diabetes is more common among Hispanic and Native American residents of Bernalillo County than it is among the county’s White and African American residents. The rate of diabetes among Hispanic residents of Bernalillo County compares roughly to the statewide rate. In contrast, Native American residents of Bernalillo County have diabetes at much lower rates than their counterparts living in other parts of New Mexico.



* Insufficient sample size for Bernalillo County.

Figure 23

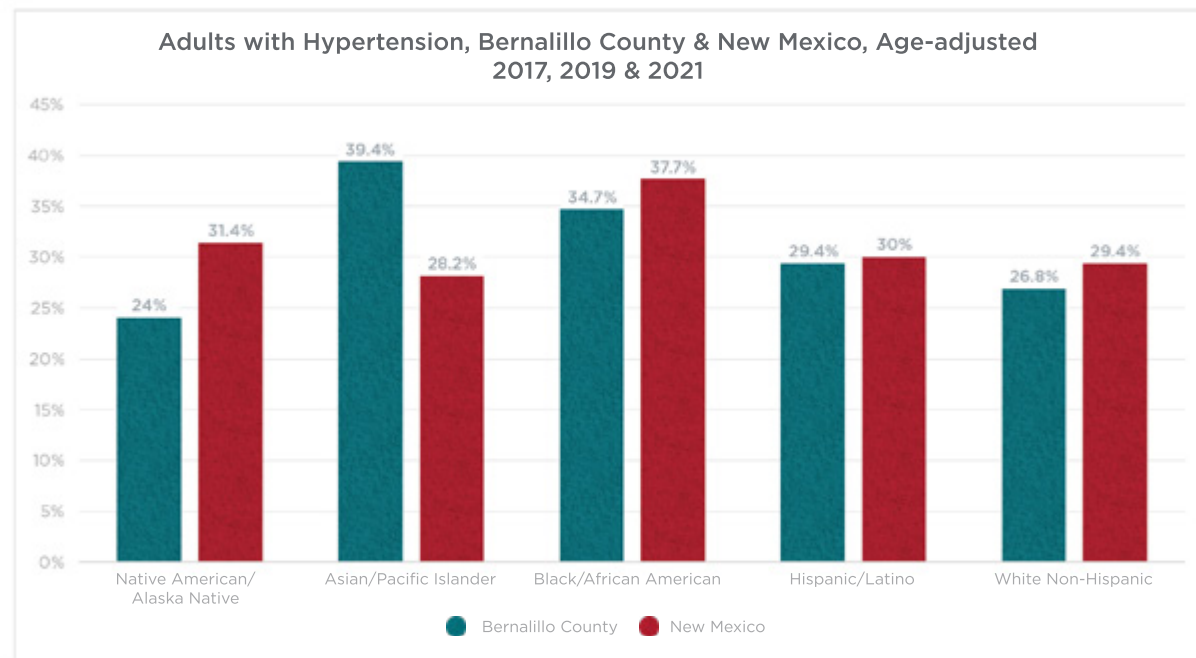
Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. queried on: Mon, 9 Oct 2023 11:09:12 MDT

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico.

Hypertension

Hypertension, also called high blood pressure, happens when the force of someone’s blood pushing against the walls of their blood vessels is very often too high (greater than 140/90). Left untreated, high blood pressure can damage blood vessels throughout the body. It is sometimes called the “silent killer” because it has few obvious symptoms but can lead to stroke, kidney disease and heart failure. Obesity and diabetes both increase the risk of developing high blood pressure. In Bernalillo County, high blood pressure is highest among Asian and African American residents.

In New Mexico and nationally, Asian adults have rates of high blood pressure like those of white adults. African Americans, on the other hand, have significantly higher rates of hypertension than members of any other racial group. Thirty-eight percent of New Mexico’s African American adults and over 45 percent of Black adults in the U.S. have high blood pressure. Black Americans develop high blood pressure earlier than adults of other races and experience more severe symptoms. Barriers to health care, limited access to healthy foods and our nation’s legacy of discrimination all contribute to the higher prevalence and severity of high blood pressure among African Americans.³



Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

Figure 24

³ American Heart Association. Retrieved from: <https://www.heart.org/en/health-topics/high-blood-pressure/why-high-blood-pressure-is-a-silent-killer/high-blood-pressure-and-african-americans>

Coronary Heart Disease

Heart disease is related to high blood pressure, high cholesterol, and heart attacks. 3.7 percent of Bernalillo County adults and 6.4 percent of New Mexico adults have been told by a doctor that they have coronary heart disease or angina.

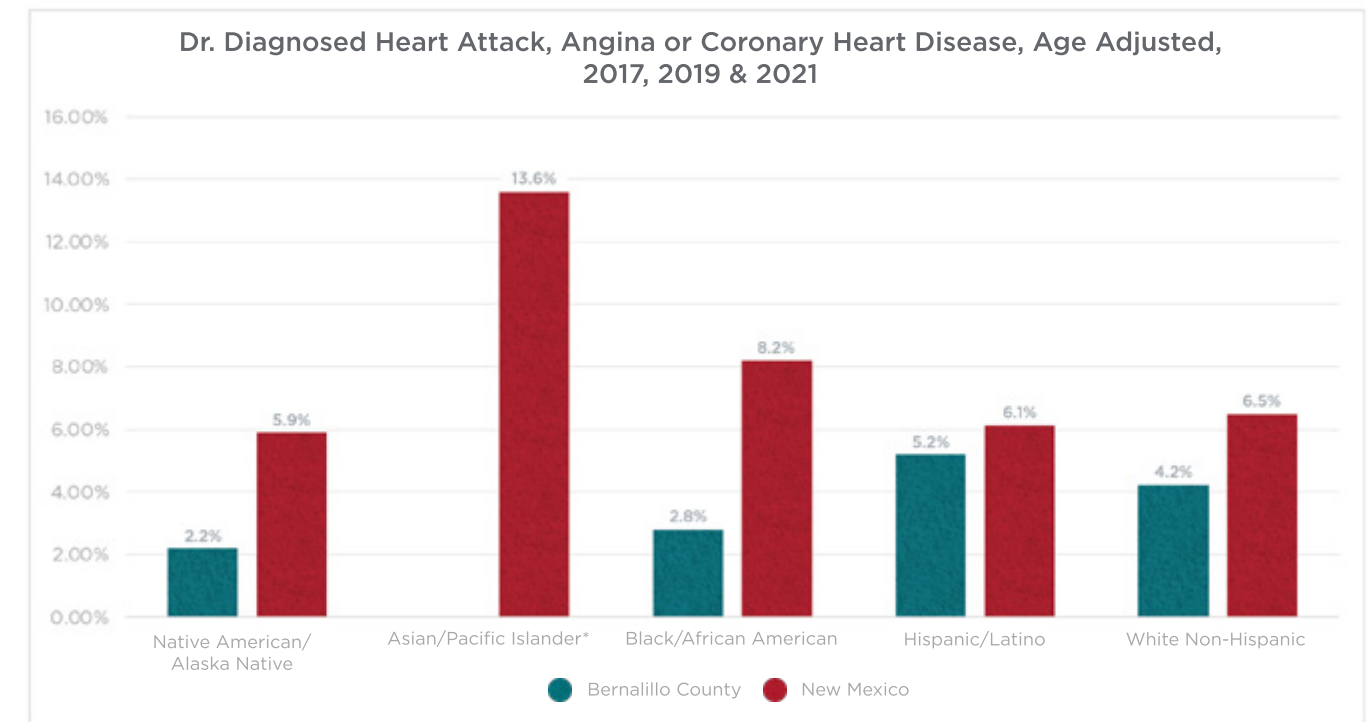


Figure 25

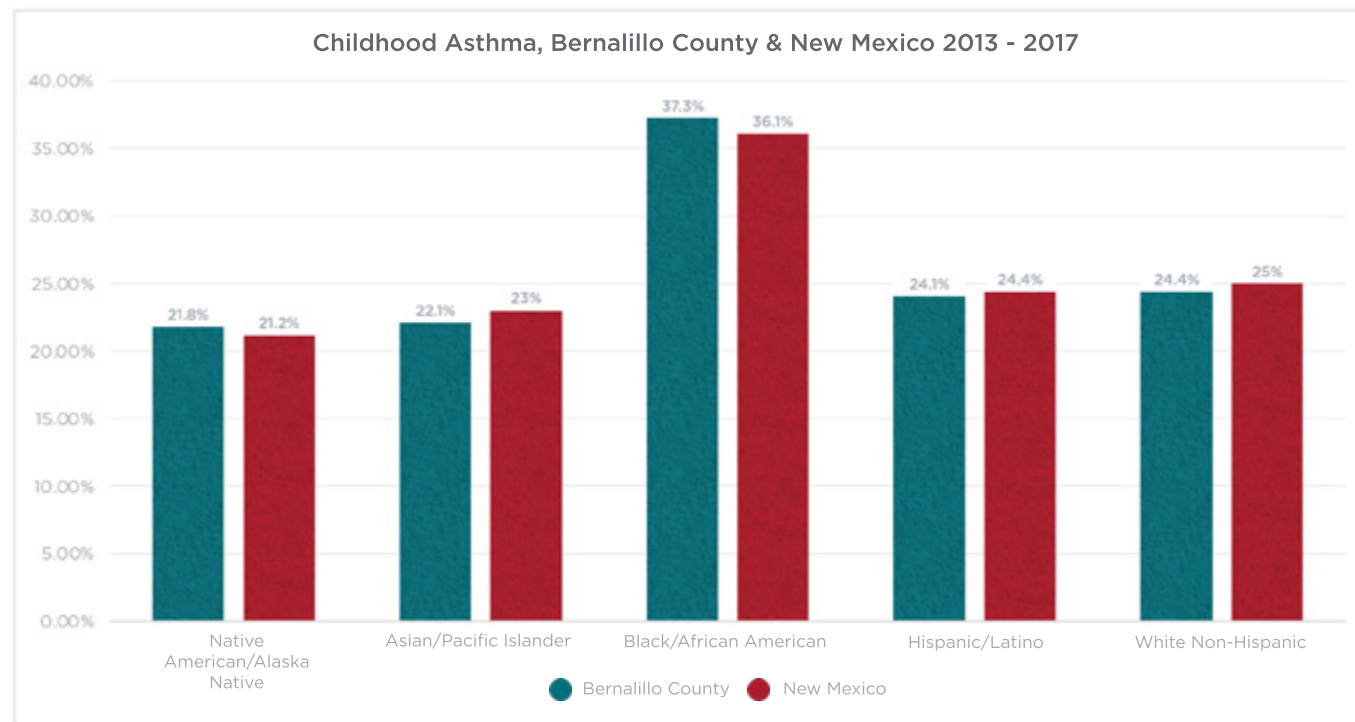
* Insufficient sample size for Bernalillo County.

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau. queried on: Mon, 9 Oct 2023 11:09:12 MDT

Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

Bernalillo County Youth with Asthma

Twenty-four percent of Bernalillo County youth have or have had asthma. Asthma is a chronic condition in which the airways become inflamed, causing coughing, wheezing, and shortness of breath. Causes of asthma include family history, allergies, respiratory infections, smoking and air pollution. The condition is especially prevalent among Bernalillo County’s African American youth. Asthma can usually be managed with good primary healthcare, the right medications, and lifestyle changes that help asthma patients avoid the situations and substances that trigger their attacks.

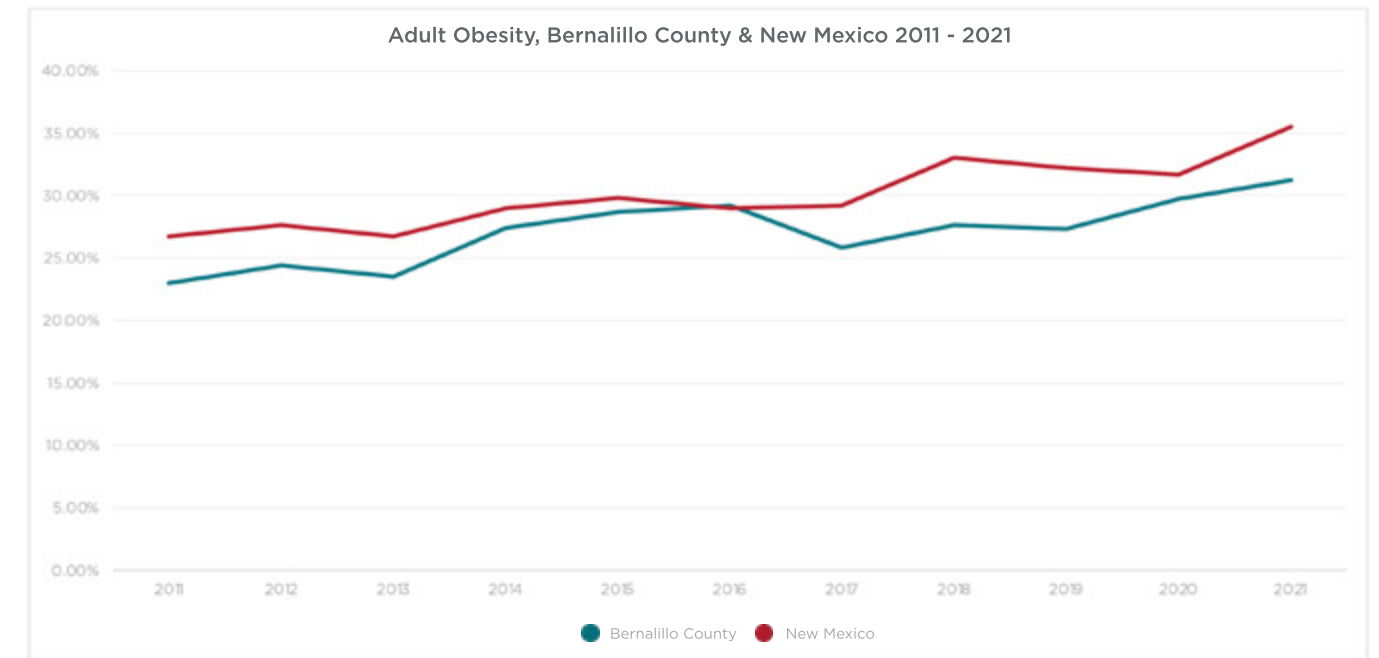


Source: Behavioral Risk Factor Surveillance System Survey Data, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, together with New Mexico Department of Health, Injury and Behavioral Epidemiology Bureau.

Figure 26

Adult Obesity Rates

Thirty-one percent of Bernalillo County adults and 36 percent of New Mexico adults experience obesity. The commonness of obesity among Bernalillo County adults has almost doubled since 2004. Obesity increases the risk of many diseases including cancer, heart disease, stroke and Type II diabetes. It is second only to smoking as the leading cause of preventable death in the United States.



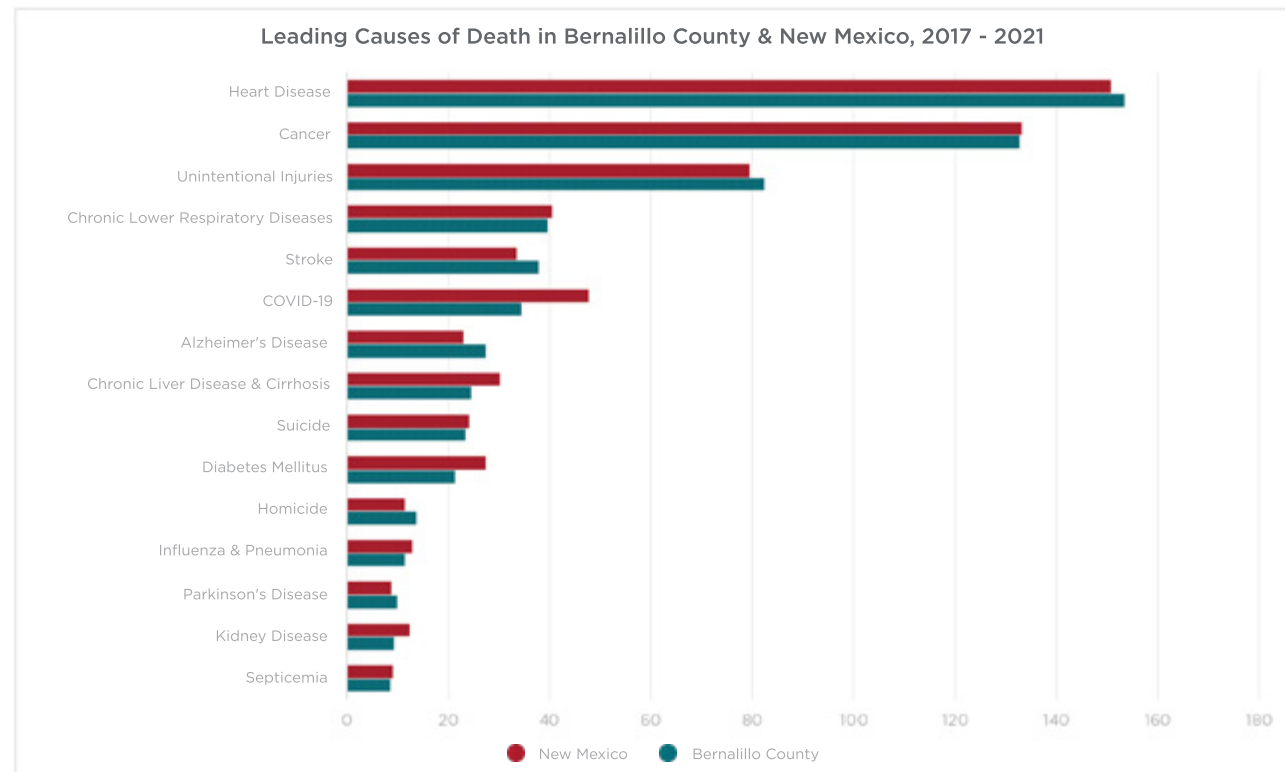
Source: New Mexico Department of Health

Figure 27

Leading Causes of Death in Bernalillo County and New Mexico

Heart disease is the leading cause of death in Bernalillo County and New Mexico.

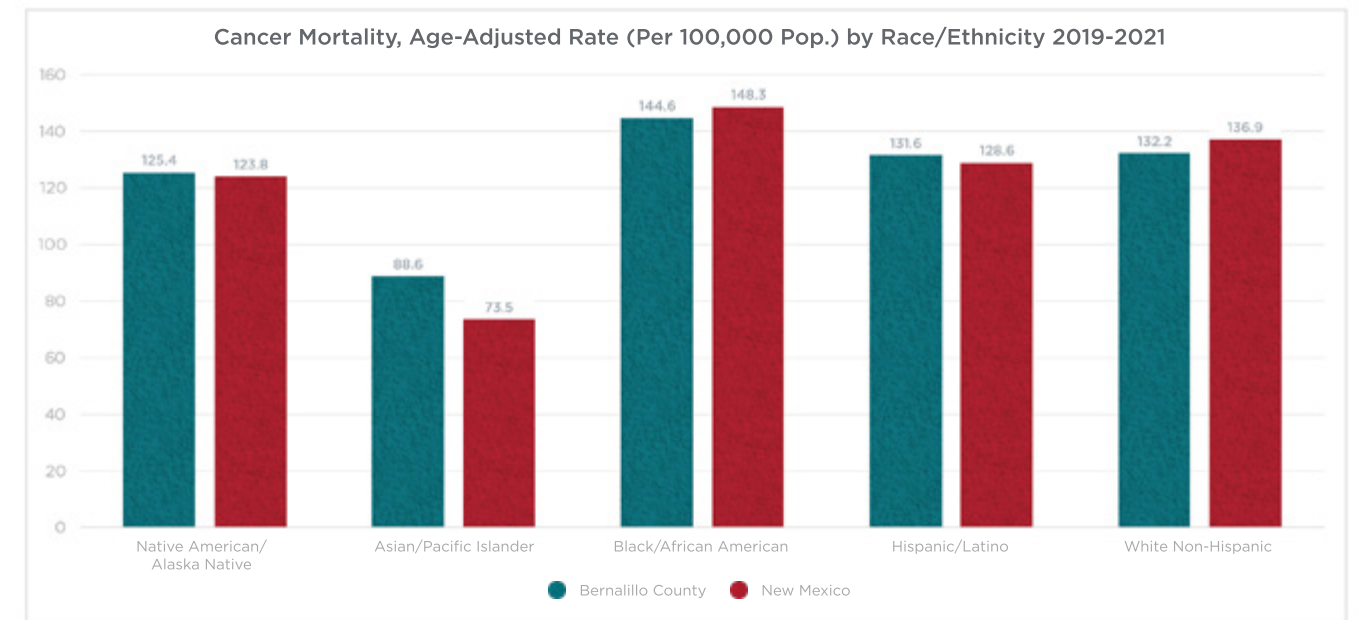
Coronary Heart Disease - heart disease is the leading cause of death in Bernalillo County, New Mexico and the U.S. This holds true across races and ethnicities.⁴ People with diabetes are 2-to-4 times more likely than non-diabetics to develop heart disease. Heredity, cholesterol, hypertension and smoking also significantly influence heart disease risk.



Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health.

Figure 28

Cancer is the second leading cause of death in Bernalillo County, New Mexico and the U.S. Rates of death from cancer, both nationally and in New Mexico have gone down in recent decades due to less cigarette smoking and more cancer screenings.



Source: United States Cancer Statistics - Mortality: 1999 - 2020, WONDER Online Database. United States Department of Health and Human Services, Centers for Disease Control and Prevention; 2023. Accessed at <http://wonder.cdc.gov/CancerMort-v2020.html> on Dec 1, 2023 3:25:01 PM

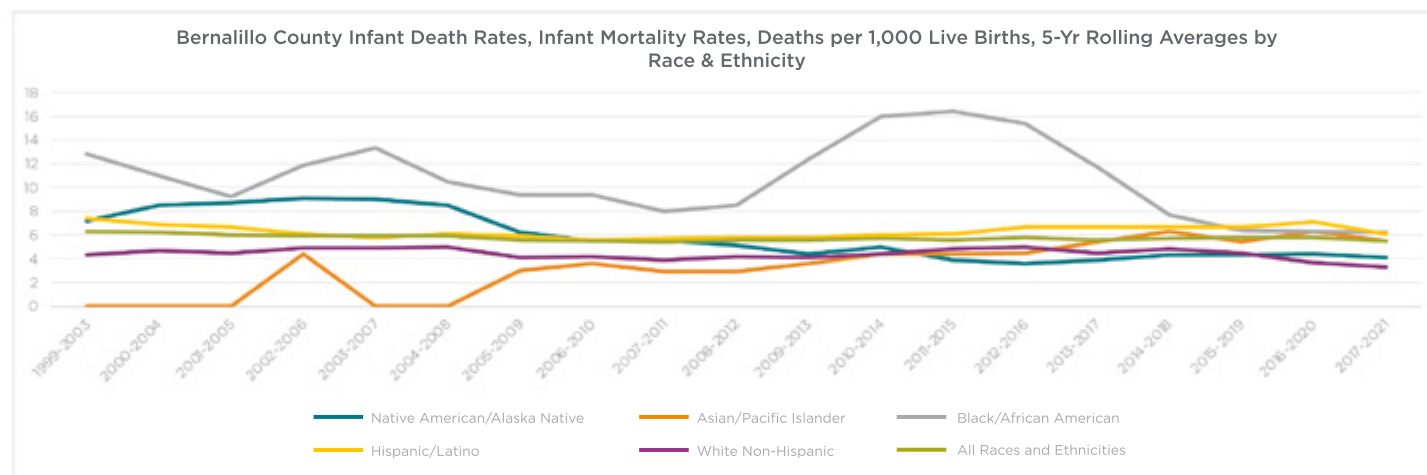
Figure 29

⁴ US Centers for Disease Control and Prevention. Heart Disease Facts. Retrieved from: <https://www.cdc.gov/heartdisease/facts.htm>

Maternal and Infant Health

Bernalillo County Infant Deaths per 1,000 Births

There are roughly 5.5 infant deaths for every 1,000 births in Bernalillo County. Infant mortality is the death of infants under one year of age. The rate of infant death is an important measure of population health. Birth defects, chromosomal abnormalities, disorders related to pre-term birth and low birth weight and sudden infant death syndrome are leading causes of infant death. In Bernalillo County, the rate of infant death is lowest for White Non-Hispanic mothers and highest for the County’s African American mothers. Bernalillo County’s race-related disparities in infant death rates appear to be diminishing over time.

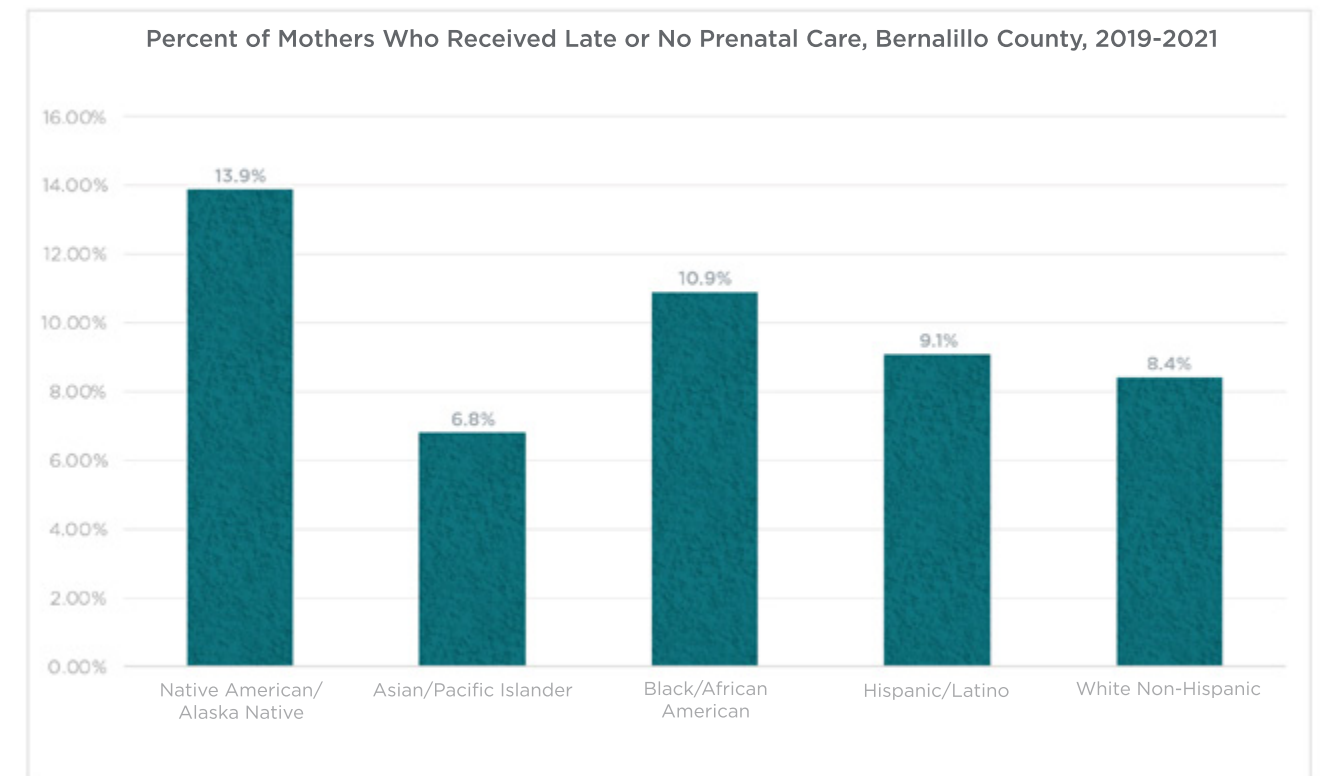


Source: New Mexico Department of Health. Indicator Based Information System (IBIS)Query Builder for Infant Mortality. Retrieved from: <https://ibis.doh.nm.gov/query/builder/infmort/InfMort/InfMortRate.html>

Figure 30

Low or no Prenatal Care

The first twelve weeks are one of the most important periods of pregnancy. Prenatal care that begins in the first trimester is important because it enables medical problems and risk factors to be found early, helps parents set up healthy habits, and connects parents with support and educational resources that help ensure a healthy pregnancy. The benefits of early prenatal care are greatest for women at risk for poor birth outcomes including low-income and very young mothers. Nine percent of new mothers in Bernalillo County received no prenatal care or did not start prenatal care until the third trimester of pregnancy. Native American mothers were less likely than other mothers to receive the right and timely prenatal care.



Source: Birth Certificate Data, Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health.

Figure 31

Bernalillo County Youth, Feeling of Sadness or Hopelessness

Forty-three percent of youth in Bernalillo County and New Mexico reported that during the previous 12 months they have experienced a prolonged (2 or more week) period of sadness that interrupted at least some of their usual activities. Over half of Native American students attending school in Albuquerque reported periods of sadness that did not go away.

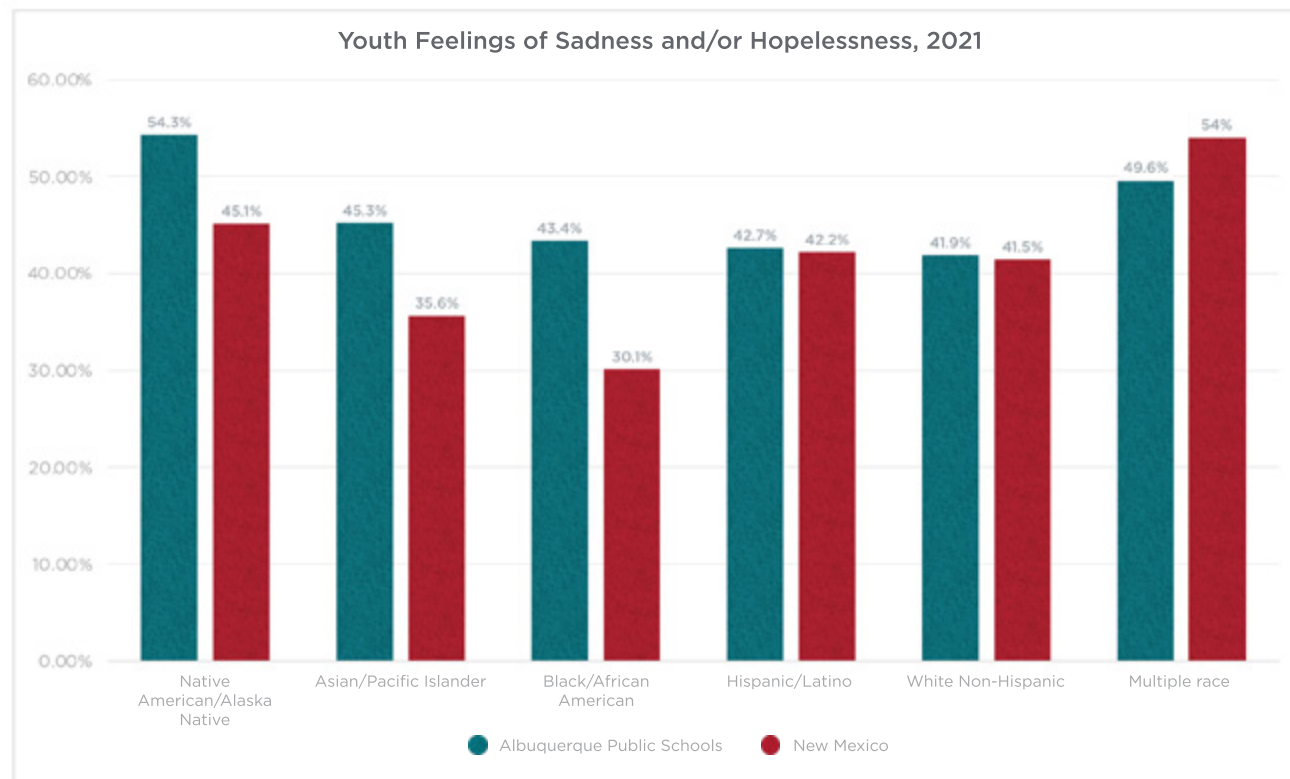


Figure 32

Source: *almost every day for 2 or more weeks in a row so that they stopped doing some usual activities, during the 12 months before the survey. Source: Centers for Disease Control and Prevention. Youth Online. High School YRBS. Retrieved from: <https://nccd.cdc.gov>

Suicide Death Rate, Bernalillo County and NM

The suicide death rate is the number of deaths attributed to suicide per 100,000 population. Suicide is a serious public health problem in both Bernalillo County and New Mexico. Suicide death rates are highest for Native American and White Non-Hispanic residents of Bernalillo County.

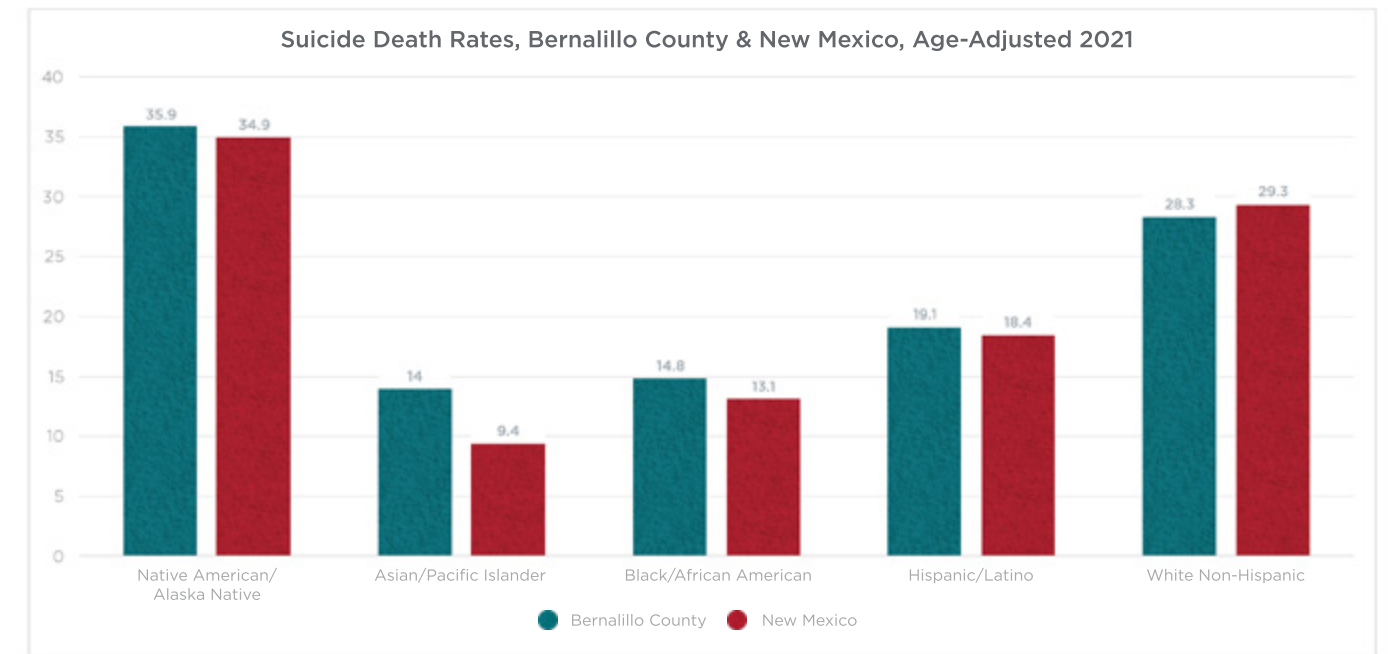


Figure 33

Source: New Mexico Death Data: Bureau of Vital Records and Health Statistics (BVRHS), Epidemiology and Response Division, New Mexico Department of Health.

Youth Suicide Attempts by Sexual Orientation

In Bernalillo County and New Mexico, students who identify as gay, lesbian, or bisexual are over 3 times more likely to attempt suicide than students who identify as heterosexual. LGBTQ youth are not at higher risk of suicide because of their sexual orientation or gender identity. Rather, they are placed at heightened suicide risk by the stigma, family rejection, bullying, threats of injury, and violence which happen often. Further, the statewide shortage of behavioral may leave them without needed services. This sheds light on the critical importance of access to behavioral and suicide prevention for LGBTQ youth.

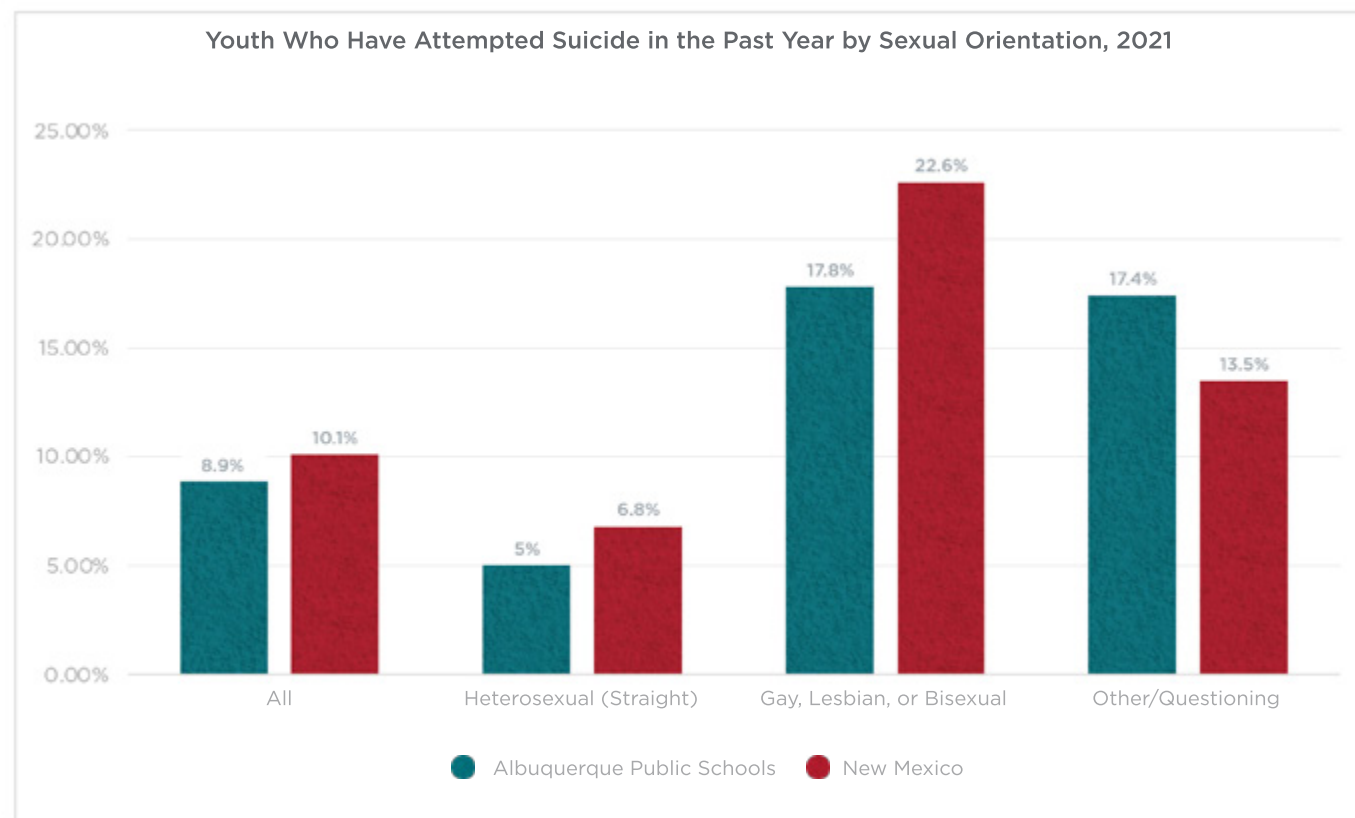


Figure 34

Source: Centers for Disease Control and Prevention. Youth Online. High School YRBS. Retrieved from: <https://nccd.cdc.gov>

Drug Overdose Mortality Rate

In 2021, over 1,000 New Mexicans died due to drug overdose, giving New Mexico one of the nation’s highest drug overdose mortality rates (51.6 deaths per 100,000 population).⁵ Two-thirds of overdose deaths in New Mexico involve an opioid but many people who overdose have used more than one drug including benzodiazepines like valium and methamphetamine, the use of which has also risen dramatically.⁶ Opioid overdoses have increased significantly in Bernalillo County and nationwide due to the dramatic increase in use of fentanyl, an opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. Opioids like fentanyl can cause respiratory depression, depriving vital organs of oxygen, and finally causing death.

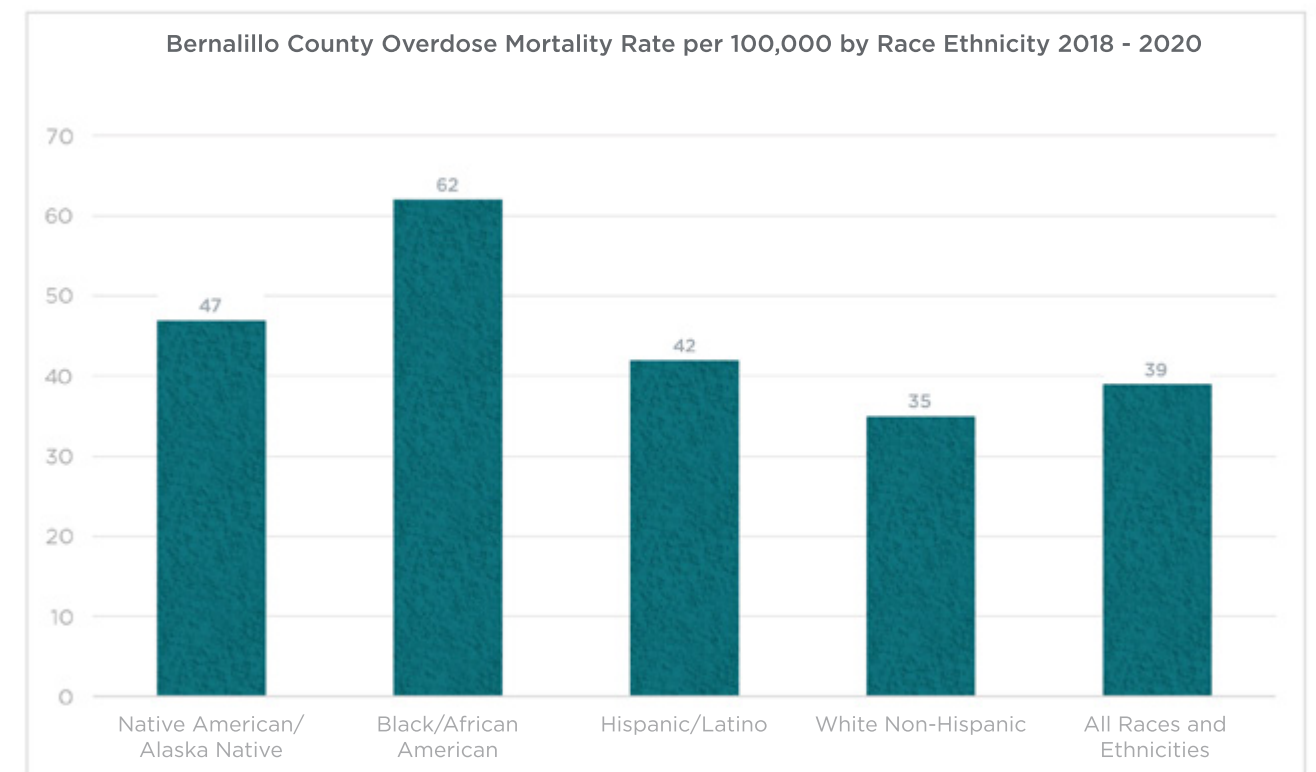


Figure 35

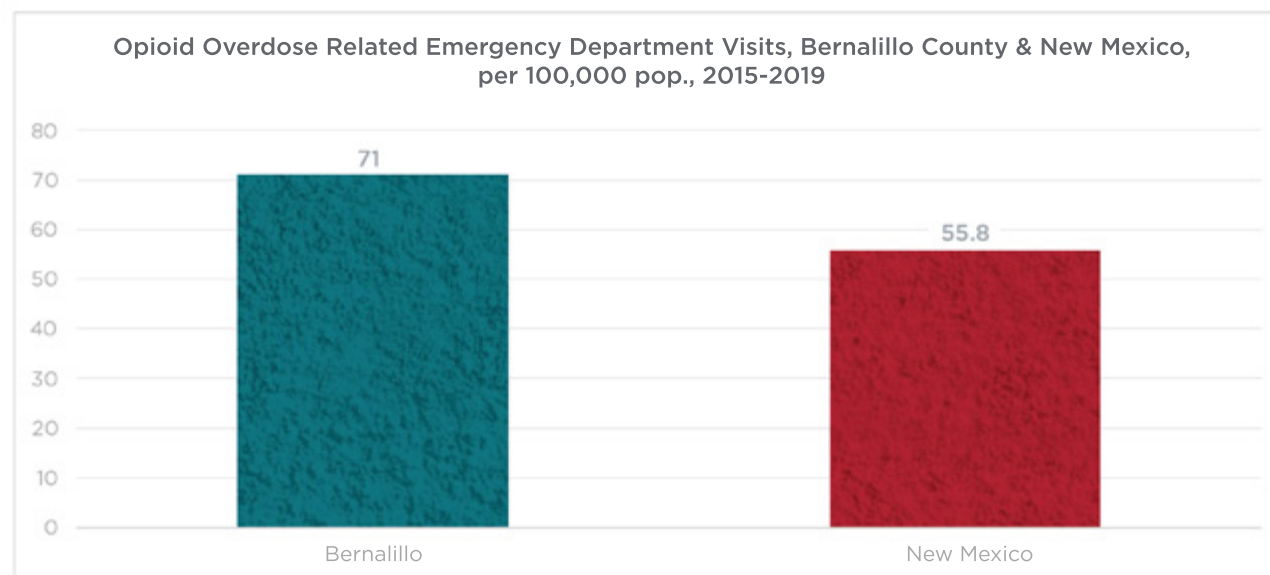
Source: County Health Rankings and Roadmaps. Retrieved from: <https://www.countyhealthrankings.org>

⁵ Centers for Disease Control and Prevention. Drug Overdose Mortality by State. https://www.cdc.gov/nchs/pressroom/sosmap/drug_poisoning_mortality/drug_poisoning.htm

⁶ New Mexico Department of Health. Drug Overdose in New Mexico. Retrieved from: <https://www.nmhealth.org/publication/view/marketing/2117/>

Emergency Department (ED) Visits for Drug Overdose, Age-Adjusted Rate per 100,000

Not all overdoses result in death. Naloxone is a drug that reverses the effects of opiates and can save lives. Although the rate of non-fatal emergency department visits for opioid overdose in Bernalillo County is higher than the statewide average, it is considerably lower than those of several other counties, including Rio Arriba, Taos and San Miguel, which have been particularly hard hit by the opioid epidemic.⁷ In addition, not all non-fatal overdoses are captured by Emergency Departments because people who have a nonfatal opioid-involved overdose often refuse to be taken to the ED.



Source: New Mexico Department of Health. Indicator Based Information System. Retrieved from: <https://ibis.doh.nm.gov/indicator/complete/DrugOverdoseED.html>

Figure 36

⁷ New Mexico Department of Health Indicator Based Information System (NM-IBIS). Retrieved from <https://ibis.doh.nm.gov/indicator/complete/DrugOverdoseED.html>

What is Next?

This health improvement plan will prioritize collaboration between providers, community organizations, and policymakers. Such collaboration can promote an ecosystem that addresses not only immediate health concerns but also the root causes embedded in social drivers.

UNM Hospital is actively engaging in collaborative efforts with community organizations, individuals, and local governmental entities, including city, state, and county officials, to collectively formulate and implement the strategies outlined in the hospital's community health improvement plan. This collaborative approach underscores our commitment to addressing community health needs comprehensively. By working closely with community partners, we aim to leverage diverse perspectives and resources to develop effective strategies that resonate with the community.

Furthermore, UNMH key players are actively involved in this effort. Through collaboration among internal and external partners, we aspire to create a unified front, pooling expertise and resources to ensure the successful execution of the identified strategies in the Community Health Implementation Plan, ultimately contributing to the enhancement of community health and well-being.





COMMUNITY HEALTH IMPROVEMENT PLAN

Goal #1

Increase Access to Behavioral Health Services

Strategies	Tactics
Availability and timely access	
1. Increase access and reduce appointment wait times for psychotherapy behavioral health services for all patients including those with Medicaid and those who are uninsured	a. Create open-access walk-in services and utilization of a stage-based model of care
	b. Link patients requesting services to staff who are able to help them navigate the UNMH Behavioral Health system and access the right level of care at the right time
	c. Utilize step-down services at the Behavioral Health Crisis Center, such as the Crisis Triage Center and the Peer Living Room, to support individuals with immediate Behavioral Health needs and assist with connecting them to outpatient programs and services
2. Provide continuity of care for patients seen at Bernalillo County Metropolitan Detention Center (MDC)	a. Connect patients who received Suboxone induction at the Bernalillo County MDC with a community provider for ongoing care after release
	b. Connect patients with severe mental illness to the UNM Psychiatric Center Bridge program after release from Bernalillo County MDC
3. Increase access and reduce appointment wait times for psychiatric and medication management behavioral health services for all patients including those with Medicaid or who are uninsured	Increasing behavioral health provider and appointment availability within primary care areas
Culturally Informed Training	
4. Increase awareness of the importance of and how to provide trauma-informed care in the Behavioral Health setting	Provide trauma-informed care training to all staff within UNMH Behavioral Health department. The training will include awareness of culture, race/ethnicity, and gender-based factors in the provision of behavioral health services



Goal #2

Increase Access to Care

Strategies	Tactics
Clinical	
1. Reduce appointment wait times for new patient visits	Increase ratio of new versus return visits in provider templates (surgical priority, followed by medical specialties)
2. Ensure clinical staff are using teach back methodology when providing patient care instructions	Increase required teach back training across outpatient clinics
3. Decrease emergency room (ER) wait times	Continue to implement short-term rooms that allow patients to receive faster-tracked care
4. Improve and expand telehealth services	a. Conduct detailed market analysis and business planning to estimate market-appropriate models and financial models to support the program
	b. Identify pilot patient populations (if appropriate) and ensure workflows (connection to electronic medical record for existing patients, connection to primary care physicians for new patients) are in place to support seamless delivery
	c. Develop marketing and communication plans for pilot population
	d. Setup processes to enable data capture on the back end, in support of performance measurement
	e. Implement pilot, track metrics and address gaps

Behavioral Health Integrated Care

5. Incorporate the use of an integrated behavioral health model	a. This model will include many of the fundamental principles of traditional behavioral health services along with holistic medicine, low-barrier substance use services, and traditional psychotherapy including harm reduction
	b. Increase staffing resources and training in the Primary Care Behavioral Health model for all primary care programs to have an embedded Behavioral Health provider and services

Community Engagement

6. Improve education among community members related to behavioral health to reduce stigma surrounding mental health conditions and promote a positive mental health environment	a. Partner with the Peer Support Program to have representatives from UNMH Behavioral Health at community events for increased communication and resource sharing
	b. Partner with school programs and leaders to create a youth prevention program for identifying and triaging behavioral health issues for youth

Communication	
5. Improve access to patient's health information in the electronic health record to ensure continuity of care	UNM Hospital will continue to explore solutions to improve the accessibility of patient information for providers outside of UNM Health system while adhering to HIPAA regulations
Human Resources	
6. Hire staff in all healthcare roles	a. Hire more recruiters to allow for more focused, and efficient hiring processes, and increase hiring volume
	b. The Talent Acquisition team will implement a recruiting process that will relieve managers of many of the responsibilities of the hiring process
	c. Optimize the talent acquisition and recruitment marketing strategy
	d. Utilize data to inform recruitment activities
	e. Engage in proactive recruiting
7. Expand UNMH Employee Well-being efforts	a. Identify and implement improvements in work practices to create a safer and more effective work environment
	b. Nurture meaningful work experiences through opportunities for professional growth and supportive work interactions
	c. Strengthen a culture of well-being that prioritizes the quality of work life balance for staff
	d. Identify and measure factors that contribute to staff burnout and exhaustion and advocate best practices to address them

Inpatient Navigation	
8. Improve inpatient awareness of services and resources to improve health outcomes	a. Hire additional inpatient community health workers
	b. Improve inpatient discharge planning and care coordination with a special focus by inpatient community health workers who screen positive for social drivers of health through making connections with community partners
9. Improve discharge planning and care coordination with health services and clinics that care for Native American patients	a. Native American Liaisons will increase visits with Native American patients who have been admitted within 24-hours to offer services and resources available through Native American Health Services e.g. food vouchers, pharmacy waivers, etc.
	b. Increase the number of patient care coordinators in Native American Health Services department to better meet the needs of incoming patient referrals from Indian Health Service and 638 facilities



Goal #3

Reduce Inequities That Lead to Disparities

Strategies	Tactics
Language Access	
1. Expand and improve language access for patients, their family members and loved ones	a. Increase access to in-person interpreters for patients who speak languages not represented by the UNMH professional interpreter team e.g. Dari, Swahili, and Arabic
	b. Explore ways to expand access to in-person sign language interpreters with a focus on the evening/night and weekend shifts for inpatient units and the Emergency Department
	c. Launch pilot project focusing on Spanish language discharge instructions
	d. Increase collaboration with the New Mexico Commission for the Deaf and Hard of Hearing and seek representation and input from Deaf people when important decisions are made
	e. Review the process to improve access to interpreters for Spanish-speaking patients
2. Offer medical interpreter training in the community	a. Partner with local agencies who serve the newcomer population in Bernalillo County
	b. Create and offer professional medical interpreter training that is appropriate for New Mexico Native Americans in collaboration with Tribal and health care leaders in Native communities
Patient Experience	
3. Improve experience for patients with Autism	a. Pilot the use of sensory kits for patients with Autism at the Carrie Tingley Hospital
	b. Create a web page with videos of what our clinical spaces look like. These efforts will aim to better meet the needs of our patients with Autism and reduce unnecessary stress and anxiety before an appointment
	c. Develop a workshop for non-clinical and clinical staff at Carrie Tingley Hospital to share knowledge on how to provide care that is more comfortable



Community Engagement	
4. Increase and strengthen partnerships with community-based organizations and individual community members	a. Support and sponsor community-wide initiatives and projects of partner organizations to improve health outcomes
	b. Further develop and maintain UNMH Black Health Council and Juntos para la comunidad (Together for the Community) Health Council to maintain diverse representation and improve health equity from the community
	c. Continue to provide information about the services available at UNMH
5. Remove barriers to health care addressing social determinants of health	In partnership with community organizations provide access to food, cell phones, identification cards, and any other resources
Culturally Informed Training	
6. Improve and increase relevant training to ensure providers and employees are culturally informed and able to address the unique needs of different populations	a. Provide anti-stigma and culturally informed training for UNMH staff to improve their patient care and customer service
	b. Continue to provide LGBTQIA+ awareness training for providers and employees
	c. Offer interactive training to Emergency Department on caring for the Deaf community including appropriate use of video interpreter units.
	d. Provide training for staff on how to assist patients with Autism in emergency and non-emergency settings

7. Reduce disparities in outcome among vulnerable community members	a. Improve education among community members related to preventative care as connected to top chronic conditions identified in Bernalillo County
	b. Provide education for newcomers to the United States on how to navigate the health care system
	c. Increase collaboration with organizations to provide access to health screenings and health education to community members
	d. Build trust with the undocumented and newcomer community to encourage seeking health care
	e. Partner with the UNM Health Sciences Center to increase access to vision and other screenings for minors and adults
	f. Provide mental and physical health education to public middle schools through UNMH Go Girl Empowerment Summit and Leadership Institute
8. Support patients who require additional assistance navigating online services and platforms including, but not limited to, telehealth	Collaborate with public and private organizations to connect seniors to resources and training to improve their technology skills
Native American Priorities	
9. Provide culturally informed training for UNMH staff to ensure Native Americans have a positive experience in our hospitals and clinics	UNMH Native American Health Services will develop a curriculum that will inform staff and health care professionals on how to provide culturally appropriate and informed care to these diverse communities

Goal #4

Access to Financial Services and Assistance

Strategies	Tactics
Training and Process Improvement	
1. Improve the process and information associated with patient financial assistance and services	a. Continue to foster a strong partnership with New Mexico Center for Law and Poverty and other community advocates to create more patient-centered processes for financial services and assistance.
	b. Continue to participate in community outreach to inform community members of the financial assistance programs available at UNM Hospital
2. Improve patient billing by addressing disparities created by our processes	Continue to inform patients at the time of appointment registration they will be receiving multiple bills from UNM Hospital, UNM Medical Group or others
3. Improve patient appointment authorization and billing process to avoid sending patients to collections	Develop a process that more accurately captures patient demographics and payor information
4. Improve access to patient financial assistance application information	a. Updates will be made on Patient Financial Services website to make information easier to access
	b. Create patient-facing documents that will better inform patients of the appropriate steps and information required to apply
5. Streamline financial assistance and financial services training to all UNMH staff who guide patients through the required processes.	a. Patient Financial Services & Assistance leadership will provide ongoing training to ensure staff understand the institutional expectations and requirements
	b. Health Literacy and Front Line Education to offer a class in clear communication strategies for financial topics
	c. Include culturally informed training to better meet the needs of new comers, patients who prefer a language other than English, Native American patients, etc.
Community Engagement:	
6. Provide education and training on any changes or updates to services provided by UNM Hospital Patient Financial Assistance and Patient Financial Services	Community Engagement and Patient Financial Services and Patient Financial Assistance departments will host regular training for community health workers, patient advocates, and community members to provide information on financial assistance and financial services at UNMH

UNM HOSPITAL

THANK YOU

