PRESBYTERIAN HEALTHCARE SERVICES
COMMITMENT TO HEALTH EQUITY

2020

PRESBYTERIAN

phs.org

EXECUTIVE SUMMARY

Presbyterian Healthcare Services exists to improve the health of the patients, members, and communities we serve. We are a locally-owned and operated not-for-profit healthcare system known nationally for our extensive experience in integrating healthcare financing and delivery. Improving health equity for the patients and members we serve is core to achieving our mission.

Health equity is realized when every individual has fair health outcomes and the opportunity to achieve their full potential. It is the foundation of Presbyterian's approach to community health and more important than ever during the COVID-19 pandemic. Health inequities in access to care, quality of life, and rates of disease across the country have been exacerbated by the pandemic. Through deliberate and intensive focus and partnerships, we have worked to reduce the impact of the pandemic but remain a state that struggles with healthcare inequity.

Presbyterian has grown from a small tuberculosis sanatorium founded in 1908 to a system of nine hospitals, a multi-specialty medical group with more than 1,100 providers and a statewide health plan with over 600,000 members. Collectively, we serve one in three New Mexicans with healthcare or coverage.

At Presbyterian, we are institutionalizing our commitment and efforts to improve health equity. We have adopted the Institute for Healthcare Improvement (IHI) health equity framework to help us achieve higher levels of health equity for our patients, members, and community. Strategies and accountability for this work cross departments and disciplines.

For example, we have created programs to address issues communities across our state tell us are most important to them, such as access to healthy food and behavioral health care. This means funding programs like our Food Farmacy, which provides a weekly supply of healthy food to patients in need. It also means working with community partners to bring a mobile farmer's market to communities in Albuquerque's South Valley and International District and providing resources for chronic disease management to the many New Mexicans who need them. We are working internally to train employees, including clinical staff, to reduce implicit bias in the areas of race, gender identity and sexual orientation, disability, and more. The work we do in all of these areas applies to our COVID-19 response. We are intentionally applying this health equity approach to all COVID testing, treatment, and vaccinations.

This report highlights work done in 2020 to establish a baseline and make health equity a strategic priority. Through this process we have identified next steps for action in 2021, which are currently underway.

Key activities in 2021

1. Complete a community-facing health equity report
2. Develop and utilize a health equity data dashboard
3. Improve collection of Race, Ethnicity and Language (REaL), and Sexual Orientation and Gender Identity (SOGI) data
4. Implement universal screening and referral for patients' social needs
5. Continue community collaborations and investments
6. COVID -19 Response

OVERVIEW OF PRESBYTERIAN

Presbyterian Healthcare Services (Presbyterian) exists to improve the health of the patients, members, and communities we serve. Presbyterian is an integrated statewide healthcare system including a health plan, nine acute care hospitals, 36 health clinics, three ambulance services, home health care, and a large, multi-specialty medical group. Presbyterian is the largest Medicare provider in the state and the largest private employer with more than 1,100 providers and over 13,000 total employees. Presbyterian provides services to one in three New Mexicans.

Health Equity Overview

According to the Robert Wood Johnson Foundation, health equity means that "everyone has a fair and just opportunity to be as healthy as possible." This means removing obstacles that contribute to health inequity such as poverty and discrimination and their consequences, including powerlessness, and a lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.

Health equity is essential to Presbyterian's purpose to improve the health of the patients, members, and communities we serve.

To achieve health equity, we seek to understand how our patients experience health inequities due to structural and social determinants of health (SDOH). We strive to remove barriers for individuals as we simultaneously seek big-picture, systemic change.

In 2019, Presbyterian embarked on a formalized journey to address health equity in our communities and for our patients and members. We adopted a framework developed by the Institute for Healthcare Improvement for health care organizations to achieve health equity, which identifies five practices:

- Make health equity a strategic priority
- Develop structure and processes to support health equity work
- Deploy specific strategies to address the multiple determinants of health on which health care organizations can have a direct impact
- Eliminate racism and other forms of oppression
- Develop partnerships with community organizations

DEFINITIONS

Term	Definition
Diversity	The practice of recognizing and respecting the unique qualities and attributes of everyone, including or involving people from a range of different social and ethnic backgrounds, different genders, sexual orientations, ways of thinking, etc.
Equity	Working toward fair outcomes for people or groups by treating them in ways that address their unique advantages or barriers.[1]
Health	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.[2] *Some people have adapted this definition to also include spiritual well- being.*
Health Equity	Everyone has a fair and just opportunity to be healthier. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness, and the lack of access to gainful employment with fair pay, quality education and housing, safe environments, and health care.[4]
Health disparity	The difference in health outcomes between groups within a population. Health disparity simply denotes differences, whether unjust or not.
Health inequity	Differences in health outcomes between groups within a population that are systematic, avoidable, and unjust.[4]
Health-related social needs	Individual level needs that are manifestations of the broader social influences and factors of the SDOH.
Implicit Bias	The bias in judgment and/or behavior that results from subtle cognitive processes (attitudes and stereotypes) that often operate at a level below conscious awareness and without intentional control.[4]
Inclusion	The practice or policy of providing equitable and equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical or mental disabilities or are members of underrepresented populations. Inclusion is achieved when all individuals feel respected, accepted, and valued for their unique qualities and attributes.[4]

[1] Colorado State University. D&I Definitions. Retrieved from: https://career.colostate.edu/di-definitions/#:~:text=Equity%3A%20Working%20toward%20fair%20outcomes,stereotypes)%20exist%20without%20conscious%20awareness

[2] Saha, S., Loehrer, S., Cleary-Fisherman, M., Johnson, K., Chenard, R., Gunderson, G., Goldberg. R., Little, J., Resnick, J., Cutts, T., and Barnett K. Pathways To Population Health: An Invitation To Health Care Change Agents. Boston: 100 Million Healthier Lives, convened by the Institute for Healthcare Improvement; 2017. (Available at www.ihi.org/P2PH.)

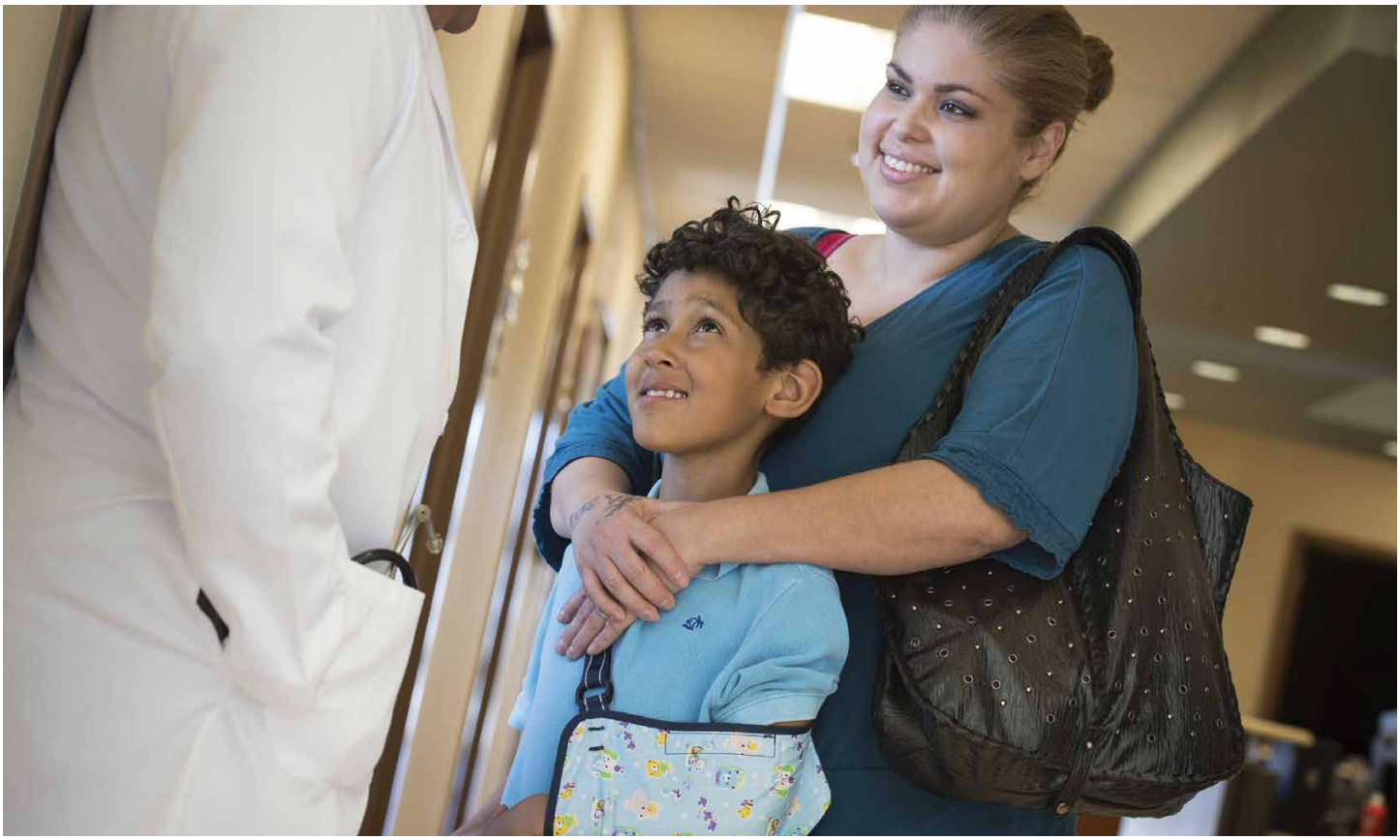
[3] Braverman P, Arkin E, Orleans T, Proctor D, Plough A. What Is Health Equity? And What Difference Does a Definition Make? Princeton, NJ: Robert Wood Johnson Foundation, 2017.

[4] Wyatt R, Laderman M, Botwinick L, Mate K, Whittington J. Achieving Health Equity: A Guide for Health Care Organizations. IHI White Paper. Cambridge, Massachusetts: Institute for Healthcare Improvement; 2016. (Available at ihi.org)

DEFINITIONS *(CONTINUED)*

Term	Definition
Institutional (or systemic institutionalized) racism	The differential access to the goods, services, and opportunities of a society by race.[4]
Justice	Justice is the application of fairness to individuals in population groups or communities; specifically, it is "concerned with the equitable distribution of benefits and burdens to individuals in social institutions, and how the rights of various individuals are realized."[5]
Oppression	Combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups and benefits other groups.[6]
Social determinants of health (SDOH)	The conditions in which people are born, grow, live, work, and age. They may enhance or impede the ability of individuals to attain their desired level of health.[2]

Additional sources: Molefi, N., O'Mara, J., Richter, A. 2021. Global Diversity, Equity and Inclusion Benchmarks: Standards for organizations around the world. Diversity Best Practices. Retrieved from: https://www.diversitybestpractices.com/



[5] Feinsod, F., Wagner, C. (2008). The Ethical Principle of Justice: The purveyor of equality. Retrieved from https://www.managedhealthcareconnect.com/article/8210

[6] National Museum of African American History & Culture. Social Identities and Systems of Oppression. Retrieved on 6/8/2021 from https://nmaahc.si.edu/learn/talking-about-race/topics/social-identities-and-systems-oppression

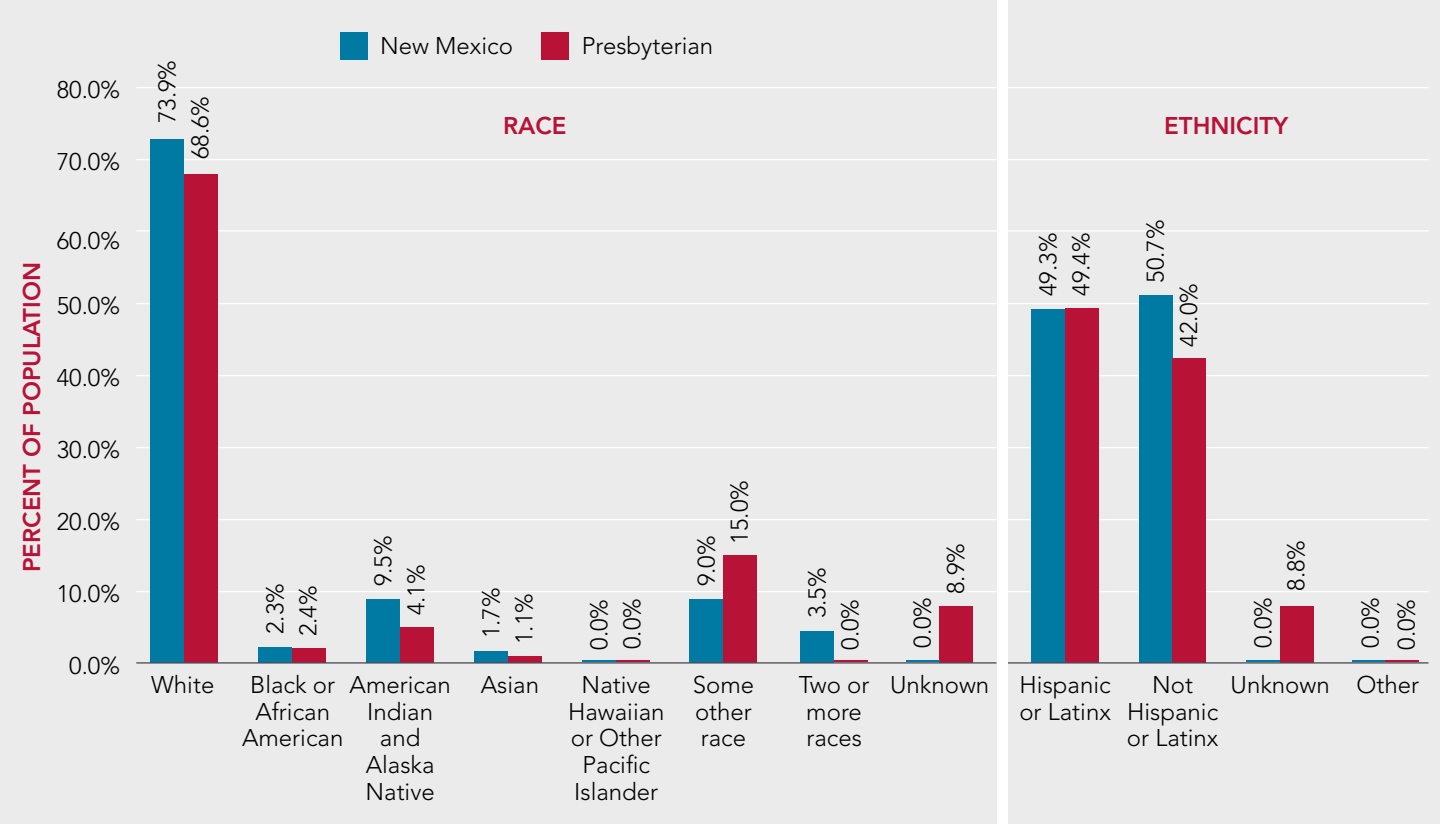
Our Community

New Mexico is a racially, culturally and geographically diverse state with a total population of 2,104,675 spanning 33 counties, 23 Native American tribes, and 121,590 square miles. Women make up a little over half of the population (50.5%) and the majority of the population is made up of a minority ethnic group (see table below). Half of the population is between the ages of 15 and 54 years.

Race	New Mexico	Presbyterian
White	73.9%	68.6%
Black or African American	2.3%	2.4%
American Indian and Alaska Native	9.5%	4.1%
Asian	1.7%	1.1%
Native Hawaiian or Other Pacific Islander	0.0%	0.0%
Some Other Race	9.0%	15.0%
Two or More Races	3.5%	0.0%
Unknown	0.0%	8.9%
Ethnicity	**New Mexico**	**Presbyterian**
Hispanic Or Latinx	49.3%	49.4%
Not Hispanic or Latinx	50.7%	42.0%
Unknown	0.0%	8.8%
Other	0.0%	0.0%

Source: American Community Survey, 2019 population estimates (NM) and Presbyterian Analytics Organization (PHS) 2019 Patient Population Estimates.

Race and Ethnicity
New Mexico and Presbyterian Healthcare Services Patient Population
2019 Estimates



There continues to be a lack of continuity between organizations, surveys, and government entities in the way in which race and ethnicity data are collected. Presbyterian offers more categories for patients to self-select when compared to the American Community Survey population estimates and therefore, distributions are slightly different. However, in categories that do match, it appears that Presbyterian's patient population has a lower percentage of White people than the state's population estimates and a higher percentage of Black or African Americans and individuals who identify as some other race. Presbyterian's patient population has a slightly higher percentage of Hispanic/Latinx patients when compared to the percent of people in New Mexico who identify as Hispanic/Latinx.

The percentage of people who speak a language other than English at home is significantly higher in New Mexico than in the United States (34% in New Mexico compared to 21.6% in the US). New Mexico also has higher percentages of people living with a disability (15.3% NM vs. 12.6% US) and a higher proportion of the population living on income below the federal poverty level (19.1% NM vs. 13.4% US) compared to national rates. The percentage of people who are foreign born is smaller than the percentage in the US.[7]

About 4.5% of the population identifies as LGBTQ+. Of those, 49% are Hispanic/Latinx and 43% are White, while only 8% identify as other races. There are key inequities among populations. For example, more LGBTQ people in New Mexico experience food insecurity when compared to non-LGBT people (24% vs 17%). More LGBT people are uninsured and unemployed when compared to non-LGBT people.[8]

[7] American Community Survey 2015-2019 5-year average. Retrieved from NMIBIS.
[8] LGBT Demographic Data Interactive. (January 2019). Los Angeles, CA: The Williams Institute, UCLA School of Law.

Our Communities' Health Priorities

In 2019, in close partnership with New Mexico communities, Presbyterian Community Health conducted a Community Health Assessment and developed Community Health Implementation Plans to address our communities' most pressing health needs. As a result, the community has prioritized the following health improvement areas to inform the 2020-2022 implementation plans: Behavioral Health, Social Determinants of Health, Access to Care, and Healthy Eating/ Active Living.

Data show that there are inequities in well-being, with Native Americans having the lowest life expectancy in the state (72 yrs.), 17 fewer years than the highest group: Asian Americans (89 yrs.)[9]. Additionally, communities of color have been disproportionately affected by COVID-19. Native Americans have the highest age-adjusted COVID-19 case rate (16,452 per 100,000 population) yet have the third lowest population count in the state. Asian and Black New Mexicans have case rates slightly higher than White people though their population counts are lowest in the state.

Race/Ethnicity	COVID-19 Case rate per 100,000
American Indian or Alaska Native	16,820
Asian or Pacific Islander	5,647
Black or African American	5,444
Hispanic or Latino	9,223
White	4,811

Source: New Mexico Department of Health New Mexico COVID-19 Cases Update Demographics May 31st, 2021

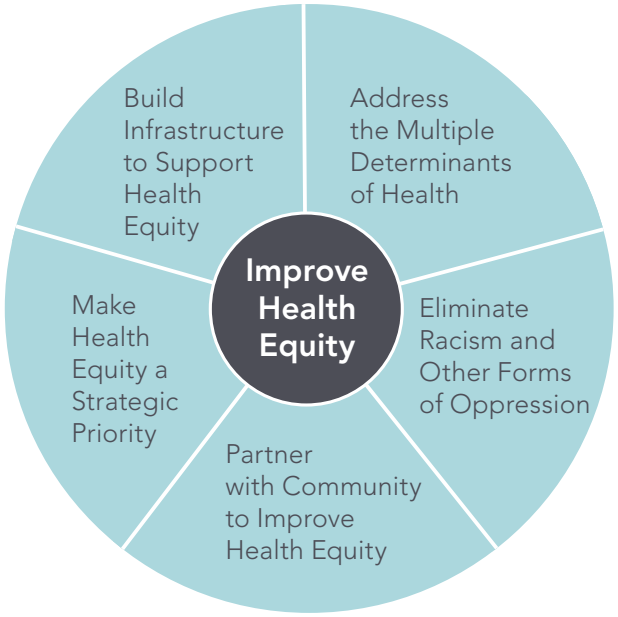
Our Health Equity Approach

To assess readiness and socialize the framework, Presbyterian administered the IHI's Health Equity Assessment to establish a baseline for perceptions of health equity among Senior Leaders and Health Equity Committee members. This survey will be administered yearly to help identify shifts in perceptions. The assessment covered the five IHI domains and revealed the following high-level findings:

- Leaders and committee members, overall, indicated that either more work was needed in most domains or that they weren't aware of work being done in the domains
- We excel at two domains: addressing multiple determinants of health and partnering with the community
- The two areas with the greatest opportunities for improvement are in building an infrastructure to support health equity and in eliminating racism and other forms of oppression
- Opportunities include stronger communication of equity as a strategy among all levels: employees, leaders, and community; building infrastructure and collecting and analyzing data; leveraging economic buying power; and work in anti-racism and anti-oppression

The results of this assessment in conjunction with criteria and best practice guidance found within the IHI framework helped Presbyterian guide actions underway in 2020 as well as inform 2021 key activities and future strategic goals. Following, you will find the guidance criteria, baseline assessment that served as point of discussion and engagement, and actions completed in 2020.

[9] NM Death Certificate Database, 1999-2019. Office of Vital Records and Statistics, NMDOH and Population Estimates: UNM Geospatial and Population Studies Program



We have made health equity a strategic priority

Criteria: Making health equity a strategic priority takes intentional commitment at all levels within an organization, and leaders must specifically take intentional action to further the work of health equity. Leaders must reinforce health equity as a strategic priority both in action and in tangible ways – whether that is in reinforcing the messaging that health equity is a strategic priority, allocating resources to address health disparities, or incorporating an equity lens in strategic planning (or all of the above). Additionally, finding new, sustainable payment models that incentivize keeping a community healthy, rather than relying on fee-for-service in addressing existing health concerns, enables systems to prioritize addressing health equity at the population level.

The IHI recommends the following components to help systems make health equity a strategic priority:

- Demonstrate leadership commitment to improving equity at all levels of the organization
- Secure sustainable funding through new payment models

Baseline:

Health Equity Assessment Findings	
Strengths	**Opportunities**
Health Equity is articulated as a priority in key strategy documents We are starting to place more importance and emphasis on communicating health equity as a strategy, incorporating it into leadership's goals, and operationalizing health equity as a strategy, but more work is needed	PHS should: • do more work to build staff awareness, will, and skills to improve health equity • continue work in operationalizing health equity strategy Senior leaders and the board do not regularly communicate the importance of health equity Executive compensation isn't tied to improving health equity Equity needs to be a consideration for hiring decisions, though some work is being done in this area

2020 Actions: Presbyterian's Health Equity plan has key activities aimed at addressing this domain, the first of which is the completion of this community-facing health equity report. Other key activities include hiring a Chief Inclusion and Diversity Officer (completed in 2020), creating an Inclusion and Diversity strategy with equity as a core component, completing a quality plan to address equity and the social determinants of health, requiring employees to have an equity goal as part of their yearly goal-setting/performance evaluation process (select departments starting in 2021), and ensuring equity considerations in community benefit funding for community health improvement as a "must have" rather than a "nice to have."

In 2020, Presbyterian undertook the goal to demonstrate leadership commitment to improving equity at all levels of the organization. The IHI Improving Health Equity Assessment tool and other organizational assessments were utilized to identify opportunities to improve equity in quality of care and outcomes, inclusion and diversity, community health implementation, and more. In late 2020, the organization identified specific milestones tied to enterprise strategic initiatives to advance quality of care, affordability of care, and support our workforce, among others. The organization is accountable for implementation and completion of these milestones to senior leaders and our various governance boards throughout 2021. You can find more about 2021 strategic plans in the conclusion of this report.

We are building infrastructure to support health equity

Criteria: Achieving health equity in an organization spans many domains, including hiring, procurement of supplies, planning for new buildings, and more. The best way to achieve alignment in these activities is to establish a governance committee to oversee a coordinated rollout of equity strategy. However, this committee will need structured and dedicated resources. Part of making health equity a strategic priority should include dedicating needed resources, such as staff time and funding, to activities that'll support advancing health equity across the system. While staff time can be supported by leadership structures through making health equity a strategic priority, dedicated budget is also needed to ensure the work moves forward. By dedicating budget to health equity activities for groups that span multiple departments, organizations can better support a coordinated and all-in approach.

The IHI recommends the following components to help systems build infrastructure to support health equity:

- Establish governance committee to oversee and manage equity work across the organization
- Dedicate resources in the budget to support equity work

Baseline:

Health Equity Assessment Findings	
Strengths	**Opportunities**
There is an established body that is responsible for improving health equity among patients, members, and community	Stratification of workforce and patient data for key outcome measures by REaL factors to identify inequities Staff need more training to build their capability to improve health equity Engage people impacted by inequities as key partners in the work

2020 Actions: Presbyterian has established the Health Equity Committee to oversee and lead health equity strategy for the system. This body comprises people from across the system who are in positions to influence change at the system level. This group was recently merged with the Social Determinants of Health Steering Committee to align efforts to improve health equity for our patients. Also aligned with these committees is the Presbyterian LGBTQ+ Steering committee, which focuses on health equity and inclusion for LGBTQ+ populations among patients, health plan members, the workforce, and the community.

Additionally, dedicated staff time has been allocated to develop a health equity dashboard for planning purposes. Formation of a complementary council focused on workforce inclusion, diversity, equity, accessibility, and social consciousness began in 2020. Community Health Improvement funding is distributed to Health Councils and includes proposal criteria that focuses on how the work will involve health equity. Community Health partners with many organizations, individuals with lived experience, and community coalitions to distribute federal grant funding for equity-oriented community health programs focused on healthy eating, active living, built environment, food insecurity, economic development, behavioral health, and vaccine access.

We are addressing the multiple determinants of health

Criteria: To address healthcare disparities, organizations need to understand where disparities exist. Uniform and strategic collection and analysis of data have been a struggle for many organizations and yet are crucial to addressing the multiple determinants of health. This helps organizations prioritize populations for health improvement activities. Intentionally leveraging purchasing power, providing economic development opportunities for employees, and building hospitals and clinics in under-served communities are some activities that can help address determinants of health.

The IHI recommends the following components to address the multiple determinants of health:

- Improve health care services for patients who experience health inequities
- Improve socioeconomic status for patients and community members who experience health inequity
- Improve physical environment to impact determinants of health
- Support healthy behaviors for patients, employees, and community members who experience health inequities

Baseline:

Health Equity Assessment Findings	
Strengths	**Opportunities**
Presbyterian has a system in place to screen for health-related social needs and connect patients to services, which is continuing to expand	Use of economic power to buy locally and promote women- and minority-owned businesses to promote economic development
We use our economic power as a large employer in the community to pay employees a living wage	Continue to make financial investments in the community and sponsor improvements in neighborhoods, community spaces, parks, etc.
We create programs for our employees and the community to promote health and healthy behavior	

2020 Actions: As a system, Presbyterian is addressing the multiple determinants of health and supporting health equity work from the SDOH perspective in a variety of ways. We are rolling out universal screening for health-related social needs which will result in connections to social resources to support housing insecurity, utility assistance, food insecurity, interpersonal violence, and transportation needs. Additionally, new data analytics strategies will focus on stratifying key health outcome metrics by SDOH. As a system, we've taken a deeper look into our hiring practices, how we invest in goods and services we procure – including local construction of new health facilities – and in how we fund community initiatives. Santa Fe Medical Center's food services procures about 36% of their food from local sources. Finally, Community Health Improvement funding includes activities specifically dedicated to supporting organizations who are engaging in activities to address the social determinants of health.

In 2020, using social determinants of health data, the Presbyterian Health Plan was able to identify COVID positive members who were experiencing food insecurity and provide them extra support, including home delivered meals, so they could safely quarantine and isolate at home.

We are dedicated to eliminating racism and other forms of oppression

Criteria: The task of eliminating racism isn't necessarily done at the individual level, though that is one area to which PHS will allocate some resources. As a system, we have control over elements that contribute to systemic racism, and the key is to modify those elements (i.e. policies, rules, norms, structures, etc.) to ensure the elimination of systemic racism and promote health equity.

Reducing implicit bias can have a long-reaching effect, as anyone within an organization can exhibit bias, and someone of any characteristic (gender, sexual orientation, race, language spoken, etc.) can be on the receiving end of this bias. Implicit bias can be addressed both within the system (policies, structures, norms) and at the individual level. This can be a combination of implicit bias training, getting to know who our patients are, acknowledging stereotypes and actively combating them, and adjusting one's perspective.

The IHI recommends the following components to help systems eliminate racism and other forms of oppression:

- Ensure physical space: buildings and design are supportive of an inclusive and equitable environment
- Reduce implicit bias within organizational policies, structures and norms, and in patient care

Baseline:

Health Equity Assessment Findings	
Strengths	**Opportunities**
Articulate the importance of addressing our role in dismantling racism, though more can be done We accept Medicaid and other health insurance types that serve predominantly marginalized populations as we would any other type of insurance	Provide formal opportunities for staff to engage in conversations about how racism and other forms of oppression impact their lives Review policies, practices and norms in HR and other areas of Presbyterian to assess for potential inequitable impact on communities of color and other marginalized populations, then redesign

2020 Actions: Presbyterian hosts quarterly Transgender 101 trainings (since 2018) intended to increase cultural competency and decrease bias - including recognition of terminology used by the transgender community, common barriers to care, and the ability to differentiate between an individual's gender and their sexual orientation. As of December 2020, almost 800 people have attended Transgender 101 trainings. This training is taught by the New Mexico Transgender Resource Center for Presbyterian employees and clinical providers.

Additionally, improved trainings on language access and interpretation services including for Deaf and hard of hearing patients, weight stigma, and how to lead to create an inclusive environment are underway or in development. Numerous Continuing Medical Education (CME) opportunities and resources including self-directed implicit bias tests and training, inclusion book clubs, and more are now readily available to employees and clinical staff.

We partner with community to improve health equity

Criteria: Engaging with community to improve health at the population level not only makes sense from a health care business standpoint, but it is also the right thing to do. Large institutions are uniquely positioned to provide support to the community and to partner with organizations who are both familiar with the needs of the community and who often work with marginalized populations. This can be through buying power, financial or in-kind contributions to organizations, or participation in multi-sectoral partnerships and collective impact initiatives. This approach is key for hospitals and systems like Presbyterian, who are in a position to help elevate the work already being done in the community instead of duplicating efforts and reinventing the wheel.

The IHI recommends the following components to help systems partner with community to improve health equity:

- Leverage community assets to work together on community issues related to improving health and equity

Baseline:

Health Equity Assessment Findings	
Strengths	**Opportunities**
We partner with community-based organizations to address the social needs of patients and families We work with community partners to identify and invest in community development We participate in community-based coalitions	Continue to deepen relationships with community partners Place more of a focus on health equity – i.e. make the health equity lens a focal point in our work with communities

2020 Actions: Presbyterian's Community Health Department leads the organization in work with the community. Addressing public health through a collective impact approach continues to be the main way we work with the community. We bring in grants that include funding partner organizations to carry out public health work.

For example, as a participant in the CMS Accountable Health Communities program, we are engaged with our partners in screening patients for social needs and aligning the health and social service systems. Through this effort, we have expanded our team of community health workers and peer support specialists who work closely with patients who are experiencing the greatest health inequities.

In addition to our collective impact work, we work with communities to conduct a Community Health Assessment and develop Community Health Improvement Plans, coordinate work driven by those plans with partner agencies, and coordinate Day of Service, which places PHS leadership in community-serving organizations, donating their time. Additionally, we provide financial support to various organizations through sponsorship of events, grant sub-awards, and more. in both our delivery system and through the Presbyterian Health Plan. Finally, Presbyterian leadership supports several community organizations by service on their boards.

Community Health Improvement funding includes activities specifically dedicated to supporting organizations who are engaging in activities to address the social determinants of health. Extensive investments and impact reporting in our many communities over the last nine years are detailed here: https://www.phs.org/community/committed-to-community-health/Pages/reports.aspx

Looking Ahead: Plans for 2021

2020 marks a starting point and foundation for continuing work and implementation for our Health Equity plans. In 2021, strategic milestones include creation and utilization of equity data dashboards for patients and the workforce, improvement of perinatal health equity, organizational inclusion and diversity training (including implicit bias training), and universal screening of patients for health-related social needs and other domains related to social determinants of health.

Presbyterian continues to seek to diversify funding strategies to support equity, including continuing our partnership with other local health systems, the New Mexico government and Department of Health, the Centers for Disease Control and Prevention, and community groups utilizing federal funding to center health equity at the heart of COVID vaccination and COVID response campaigns.

A long-term Inclusion and Diversity strategy is in development and will include a virtual speakers' series, listening roundtables to better understand and empathize with co-workers' experiences, and additional training and engagement opportunities.

Presbyterian will continue to strengthen our institutional commitment and accountability to improving health equity. This includes improving the quality and use of data, maintaining equity-related milestones and measures at the highest level of organizational strategy each year, hard-wiring equity work across various initiatives and departments, and strengthening our transparency and reporting internally, with our community-based governance, advisory bodies, and the public.