



# PRESBYTERIAN HEALTH EQUITY REPORT

CALENDAR YEARS 2022 AND 2023

# CONTENTS

<b>Executive Summary</b> .....	3
Health Equity: A PHS Strategic Goal .....	4
Communities We Serve.....	4
<b>Key Successes 2022-2023</b> .....	5
Enhancing Universal Social Needs Screening .....	5
Establishing a Closed-Loop Referral System.....	7
Improving Quality through Fostering a Culture of Awareness and Humility .....	9
Bolstering Quality Through Workforce Investments .....	11
<b>Priority Population Spotlight: LGBTQIA+ Health Equity Initiative</b> .....	14
<b>Priority Population Spotlight: Perinatal Care Program</b> .....	18
<b>Priority Population Spotlight: Native American and Indigenous Communities</b> ....	20
<b>Appendix: Definitions</b> .....	22

## Acknowledgements

Special thanks to everyone who contributed to the advancement of health equity at Presbyterian Healthcare Services and this report, especially the members of the Health Equity Committee. The work of advancing health equity and combating systemic racism and other forms of oppression would not be where it is today without the individual contributions of everyone involved in the work and the collective results thereof.

This report was created by:

Leigh Caswell, MPH  
Kaitland Valencia, MA  
Crystal Ericksen, CCHW-3  
Juliette McCoy, LCSW, MBA  
Stephanie Vigil, LCSW, MPH  
LaKiesha Cotton, BA, Program Manager  
Lilan Lawrence-Metzler, BA, CCHW-S1  
Sankirtana Danner, MA  
Toni Grinstead, MPA  
Liam Westgate, MBA, MSW, LCSW-C, LCSW  
Andrea Botero MHA, CAGS, CD

# EXECUTIVE SUMMARY

Presbyterian Healthcare Services (PHS) is committed to advancing health equity to ensure everyone has a fair and just opportunity to be as healthy as possible. This commitment involves addressing structural and social drivers of health (SDOH) such as poverty, discrimination, and lack of access to quality foods, housing, and healthcare.

This report will detail the work accomplished in the calendar years of 2022 and 2023, alongside our health equity prioritization, health equity framework, and the communities we serve. Major accomplishments include:

- **Enhanced Social Needs Screening:** PHS implemented universal social needs screening across its system, developed policies and procedures, and upgraded technology to streamline processes and improve data capture.
- **Closed-Loop Referral System:** PHS established a partnership with Unite Us to create New Mexico's first statewide closed-loop referral system, which will enable comprehensive tracking and coordination of social care services.
- **Regulatory and Accreditation Standards:** PHS pursued accreditation and compliance with Centers for Medicare and Medicaid Services (CMS) and Joint Commission health equity standards, developing a regulatory toolkit and enhancing quality improvement initiatives.

PHS remains committed to health equity, continuously striving to understand and address the unique health needs of New Mexico's diverse communities and ensuring all individuals have the opportunity to achieve optimal health. PHS is committed to working collaboratively with our communities to address health inequities and co-create sustainable, inclusive solutions that promote health and well-being for all.

## Prioritizing Health Equity

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 structural obstacles that contribute to health inequity, such as poverty and discrimination, as well as their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare.

In 2019, PHS embarked on a formalized journey to address health equity for our patients, members, and in our communities. As part of that initiative, Presbyterian adopted

a framework developed by the [Institute for Healthcare Improvement](#) (IHI) for healthcare organizations to achieve health equity, which identifies five practices:

1. **Make health equity a strategic priority**
2. **Develop structure and processes to support health equity work**
3. **Deploy specific strategies to address multiple drivers of health on which healthcare organizations can have a direct impact**
4. **Eliminate racism and other forms of oppression**
5. **Develop partnerships with community organizations**

To achieve health equity, we seek to understand how our patients experience health inequities as a result of structural and social drivers of health (SDOH). We strive to remove these barriers for individuals as we simultaneously seek big-picture, systemic change. This work is carried out across the Presbyterian system and through interdisciplinary enterprise-wide committees, including the Health Equity, LGBTQIA+, and Perinatal Health Equity Committees.

“Improving health equity means confronting the systemic, avoidable and unjust outcomes our patients and health plan members may experience. It is meaningful and exciting, yet daunting, work.”

– Leigh Caswell, Vice President, Community and Health Equity, and Liz Lacouture, Vice President, Population Health and Quality, Presbyterian Health Plan

## Health Equity: A PHS strategic goal

Presbyterian is an integrated statewide healthcare system that includes nine hospitals, 32 health clinics, three ambulance services, home healthcare and hospice, and a large multi-specialty medical group. Presbyterian is the largest private employer in the state, with more than 1,200 providers and 13,000 employees. We proudly provide healthcare services to nearly half of all New Mexicans.

Health equity is essential to delivering on the Presbyterian purpose to better serve our members, patients and communities in New Mexico. As an organization, we are committed to fostering an inclusive and equitable environment that creates the conditions for all our patients and members to thrive. This means improving access to healthcare, behavioral health, health insurance coverage, community supports, healthy food and opportunities for exercise, and ensuring that everyone in the Land of Enchantment has the opportunity to experience good health and well-being.

Presbyterian’s first community-facing health equity report in 2021 illustrated the importance of implementing a system-wide health equity framework to address the inequities our patients, members and communities may face. We identified areas of need, defined the framework, and identified areas where we were excelling and areas where we could improve.

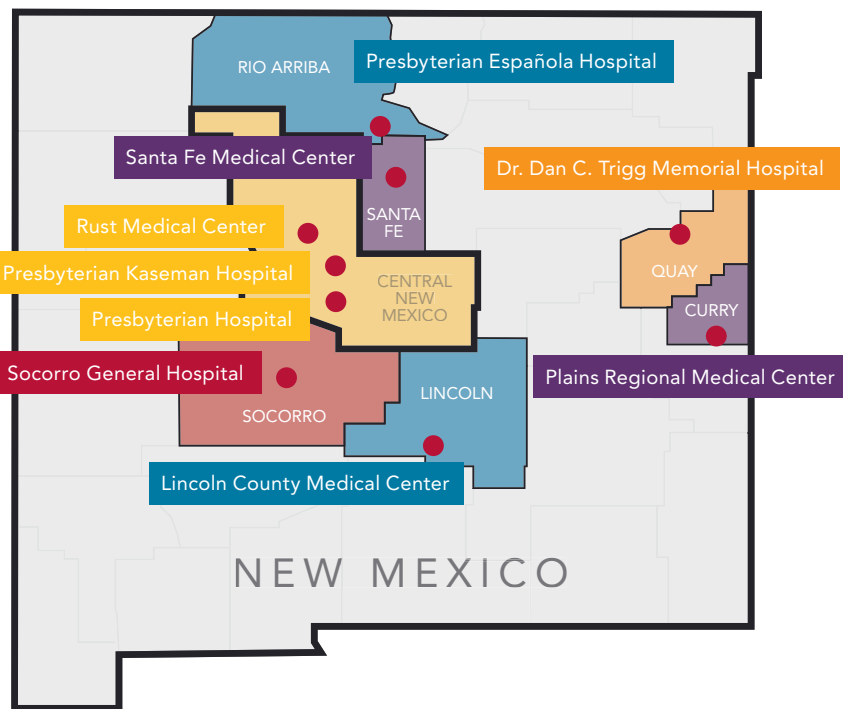
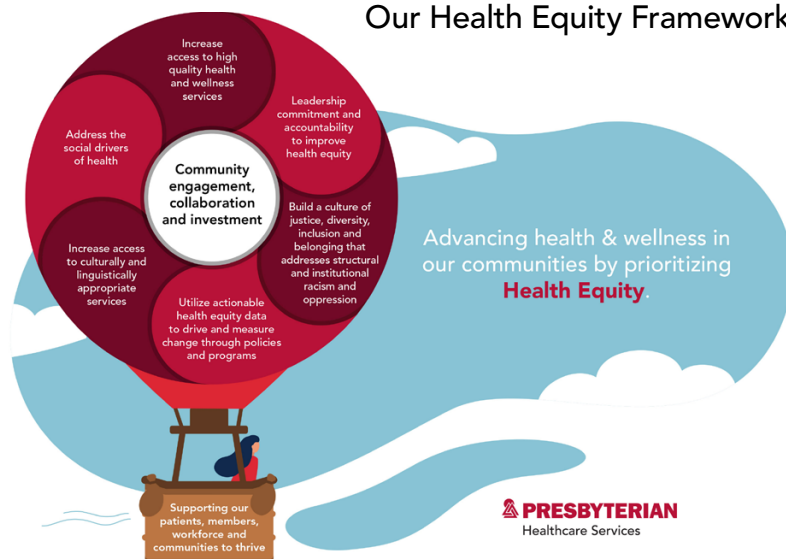
Today, Presbyterian Community Health serves as the bridge between healthcare and community. We are wholly committed to better understanding health, supporting the conditions to thrive, and reducing inequities. **Health equity is at the core of all our strategies.**

## Communities We Serve

PHS has generally defined the “community” of each of our nine hospitals as the county in which the hospital is located. These communities are used to define the geographic scope of our community health assessments, which began in 2013. Conducting a community health assessment every three years helps us identify the priority health issues facing each of our communities.

To learn more about our approach and the specific domains in which we work, read our previous *Health Equity Report* [here](#).

## Our Health Equity Framework



For a list of related definitions, see [Appendix](#).

## KEY SUCCESSES | 2022-2023

In 2022 and 2023, Presbyterian expanded on its commitment to health equity work, including completing a community-facing report that illustrated our assessment findings, our aspirations for the work and how it fell within the health equity framework.

### Key activities in 2022-2023

1. Enhanced universal screening for patients' social needs and referral to resources
2. Established a closed-loop referral system
3. Enhanced health equity data capture through aligning Presbyterian Delivery System and Health Plan with national regulatory and accrediting programs
4. Improved quality by pursuing accreditation and meeting regulatory standards
5. Bolstered quality through workforce investments
6. Implemented LGBTQIA+ Care Program
7. Launched needs assessment and implemented a comprehensive enterprise-wide approach to Perinatal Care Program
8. Launched needs assessment for Native American and Indigenous communities health equity initiative

### Enhancing Universal Social Needs Screening

At Presbyterian, we all work toward improving health equity. As a participant in the [CMS Accountable Health Communities cooperative](#), we engage with our partners to screen patients for social needs and align them with the health and social service system accordingly. Through this effort, we have expanded our team of peer support specialists and community health workers who work closely with patients experiencing the greatest health inequities.

We have also created programs to address the issues that communities across our state tell us are most important to them, such as access to behavioral health care and healthy food. This means making community investments in local agriculture, referral-based programs that connect individuals to fresh produce and additional healthy food in their community, and prevention and chronic disease management education and support as part of our overarching Food as Medicine initiatives.

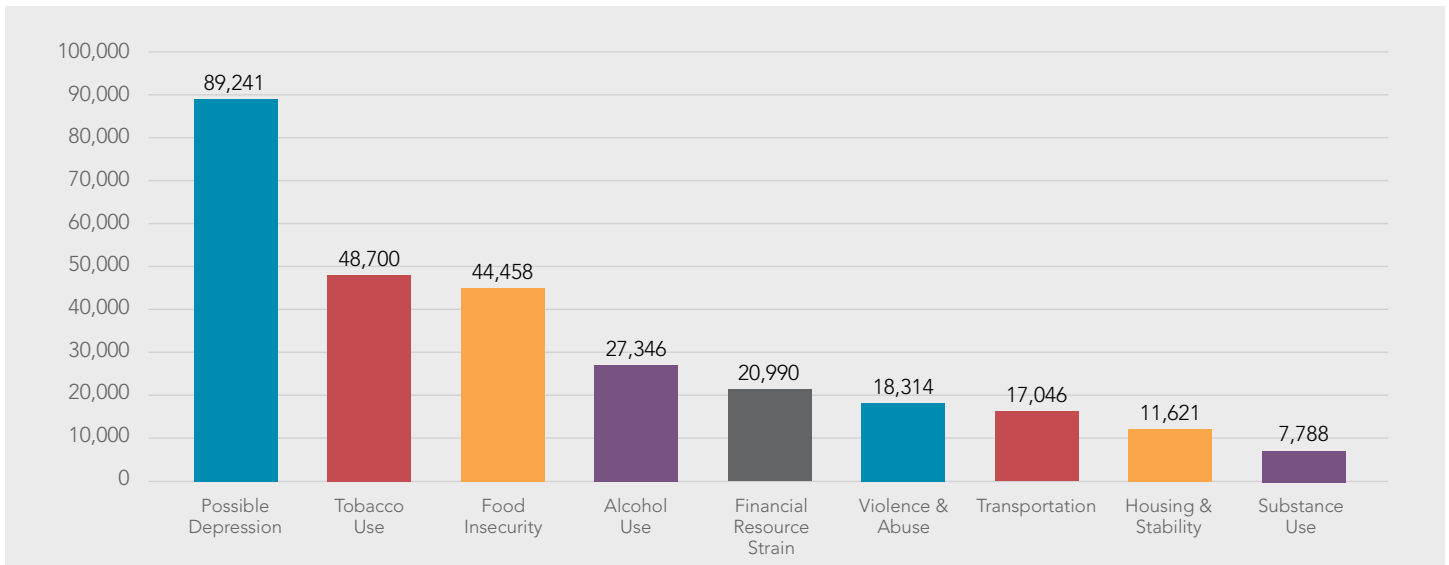
In 2018, we began working with several organizations nationwide to pilot a social needs screening tool. The pilot screening illustrated the breadth of needs among a subset of our patient population. Guided by results of the pilot screening, in early 2021, we began to expand and test universal screening at a few clinics connected to Socorro General Hospital and a pediatric and adult primary care clinic in Rio Rancho. By the end of that year, Presbyterian had implemented social needs screening across the entire Presbyterian Delivery System (PDS), including all nine hospitals and 32 clinics throughout New Mexico.

In 2022-23, we focused on further enhancing our universal social needs screening by upgrading technology, streamlining screening processes, and developing tools for operational management and data capture.

See following page for the latest breakdown of social needs screening.

## Screenings Identifying Social Needs

(n=3,021,987 screenings conducted May 2021-Dec 2023)



The chart displays the number of social needs identified in Presbyterian patients from screening conducted during clinical visits between May 2021 and December 2023. Possible Depression, identified through the PHQ2 screening tool, was the most frequently identified need, followed by tobacco use and food insecurity. Note that the data might be skewed due to the variation in screening frequency, with some needs screened for at every visit (depression, violence & abuse), while all other needs are assessed only every six months. Data may include the same patient multiple times.

### Highlights

- Developed mechanisms to ensure changes to screening processes are vetted by stakeholders
- Developed policies and standard operating procedures for staff who conduct screening and resource connections
- Ensured compliance with CMS regulatory regulations and the Joint Commission hospital accreditation standards related to social needs screening
- Developed a screening data dashboard for operational management and regulatory compliance
- Streamlined screening layout for hospital emergency departments
- Added self-screening mechanism in MyChart patient portal
- Upgraded resource directory/closed-loop referral software platform, expanding availability of closed-loop functionality for more care team members
- Shared best practices and lessons learned across Presbyterian operational units

PHS's statewide delivery system of hospitals and clinic has initiated **more than two million social needs screenings** and provided tailored resources to patients who screen positive for social needs.



## Looking Ahead

In 2024, our work in this area continues to focus on further improving the screening process by optimizing technology and conducting quality improvement activities. In addition, we will focus on expanding access to closed-loop referral technology, facilitating regulatory alignment, collaborating on health equity initiatives and ensuring that our patients' voices are heard.

Specific initiatives include:

- Creating and promoting a regulatory compliance toolkit for clinical leadership
- Implementing enhanced training for social needs screening, ensuring that screening is conducted in a culturally sensitive manner in an ideal setting
- Developing and launching a patient-facing "why we ask" educational campaign
- Optimizing data insights tools to support data-driven quality improvement initiatives
- Expanding access to closed-loop referral technology to members of patient care teams
- Contributing to planning and implementation of health equity initiatives across Presbyterian
- Implementing a feedback mechanism within MyChart for patients to provide insights on the screening's usability and effectiveness

## Establishing a Closed-Loop Referral System

In 2022, the [New Mexico Social Drivers of Health Collaborative](#) (NM SDOH-C) was established to work toward the mission of improving the health and well-being of New Mexicans by developing a statewide closed-loop referral system. The NM SDOH-C brings together Community-Based Organizations (CBOs), healthcare organizations, social service organizations, state and local agencies, and philanthropy to strategize and develop an effective tool that easily and efficiently communicates and coordinates referrals to meet individual needs.

The NM SDOH-C is a grassroots community organization whose vision, mission and goals align with community needs and shared vision for a closed-loop referral system for New Mexico, as identified by the New Mexico Human Services Department (HSD) and the New Mexico Department of Health (DOH). By leveraging its structure and community engagement, NM SDOH-C spent 2023 laying the foundation to create a closed-loop referral system in New Mexico.

PHS is a founder and the lead convener of the NM SDOH-C. This partnership focuses on addressing the various social drivers that impact health outcomes, such as housing, education, transportation, and access

to nutritious food. The collaborative aims to develop and implement strategies that improve the overall health and well-being of New Mexico communities to ensure that they have the resources and conditions they need to thrive.

This collaboration involves sharing data, coordinating services, and supporting initiatives that address the root causes of health inequities. This holistic approach is designed to create a more equitable healthcare and social service ecosystem and improve health outcomes across the state. In addition, the NM SDOH-C aims to:

- Develop shared outcome measures, monitor progress, and share data on local resources and initiatives to prioritize investments and improve outcomes across state and local agencies, health systems, and CBOs
- Lead the development and implementation of a community-driven, coordinated, closed-loop health and social service referrals system/s that meets the needs of our local communities
- Convene stakeholders from across the state to support alignment across SDOH initiatives, identify opportunities for collaboration, improve policies, and create shared accountability towards achieving our purpose

By leveraging these strategies, PHS and the NM SDOH-C can play a crucial role in shaping policies that promote health equity and improve the overall well-being of New Mexico residents.

### PHP Partners with Unite Us

In 2023, Presbyterian Health Plan (PHP) formed a partnership with [Unite Us](#), a software company that enables cross-sector collaboration to improve health and well-being, creating the first statewide closed-loop referral system in New Mexico.

Designed to more fully address the diverse health and social care needs across New Mexico communities long term, the closed-loop referral system provides more complete data on the needs of New Mexicans, bringing together organizations from across the state to address gaps in health and social service resources.

Through this new partnership, PHP uses Unite Us software to screen patients, then refer them to services. Participating organizations refer clients to each other, regardless of whether those they refer are PHP members or receive care from Presbyterian providers. Interested healthcare providers across New Mexico can join the closed-loop network and the number of community-based participants, who can join at no cost, is unlimited.

PHP and Unite Us began by engaging communities in six counties – Dona Ana, Lincoln, Otero, Rio Arriba, Taos and San Miguel – to build networks of providers, community organizations and other groups. The partnership prioritizes five targeted populations:

- Pregnant and postpartum patients and those with young children
- Native Americans
- People with behavioral health needs
- Seniors and those needing long-term services and support
- Justice-involved individuals

### How the system works

The system enables healthcare providers, community organizations and health plan staff to screen community members for social needs like food insecurity or housing instability. When needs are identified, a secure, electronic referral is sent to organizations that can meet those needs through the Unite Us HIPAA-compliant platform. Once a community member receives care, the services organization “closes the loop” by updating the shared platform with the referral outcome. This final step ensures that referring organizations are aware of what happens as a result of their referral.

### Highlights

- New Mexico Social Determinants of Health Collaborative established with PHS as the lead convener
- Conducted environmental scan of closed-loop referral systems in New Mexico
- Established partnership between Presbyterian Health Plan and Unite Us to implement closed-loop referral system
- Launched three new workstreams to support closed-loop referral system: community engagement, provider network, data and IT integration
- Built member self-referral Assistance Request Form as part of the Unite Us project
- Invested in Community Foundation of Southern New Mexico [Healthy Communities Impact Fund](#) to promote wellness in Southern New Mexico and help increase capacity of closed-loop referral partners in Doña Ana County to provide access to basic needs, high-quality healthcare and programs for community members
- Invested in closed-loop referral partner [Las Cumbres Community Services](#) in Rio Arriba County, which provides quality services, public awareness and integrated community support for children, adults and families facing social, emotional and/or developmental challenges



## Looking Ahead

In 2024, the NM SDOH-C will continue to engage key stakeholders to establish a statewide closed-loop referral system while also identifying and developing the necessary systems to sustain the Collaborative for years to come.

## Improving Quality by Elevating Our Standards

In 2023, Presbyterian focused on quality improvement for a variety of existing and emerging health equity initiatives. Activities included a thorough assessment of the current state of PDS in alignment with both the CMS Health Equity regulatory requirements and the Joint Commission Health Equity Accreditation standards.

As part of the CMS regulatory and Joint Commission accreditation initiatives, we developed a comprehensive regulatory and accreditation toolkit aimed at providing support to leadership during site visits. Our overarching goal was to seamlessly integrate the health equity lens within PHS, fostering an environment of inclusivity and excellence.

To further strengthen our commitment to continuous quality improvement, we have created and will continue to refine a regulatory and accreditation toolkit. Designed for clinical leadership, the toolkit will include tools to stratify performance metrics based on patient demographics such as Race, Ethnicity and Language (REaL), Sexual Orientation and Gender Identity (SOGI/Sgn), as well as health-related social needs. This nuanced approach ensures a comprehensive understanding of operational site performance related to health equity.

### Fostering a culture of awareness and humility

In addition, we are actively expanding the Community Health Equity Consultation portfolio, an initiative designed to arm clinical leaders, governance bodies and senior leaders with the necessary knowledge, skills and tools to guide the organization in reducing inequities in the quality and safety of care and services.

In a significant step toward NCQA Health Equity Accreditation, PHP completed a gap analysis and is actively working to improve a broad range of operational areas, including:



- Increasing diversity and inclusion in hiring processes
- Enhancing health equity data collection and analysis
- Increasing access to language services
- Ensuring a culturally responsive practitioner network
- Implementing interventions to address healthcare disparities
- Establishing a Culturally and Linguistically Appropriate Services Program

By fostering a culture of awareness and humility throughout the organization, we aim to make significant strides toward a more equitable and compassionate healthcare environment.

## Highlights

- Evaluated the current state of alignment between PDS and regulatory and accreditation standards
- Crafted a comprehensive regulatory and accreditation toolkit to support to leadership during site visits
- Began expanding the Community Health Equity Consultation portfolio to support leaders as they guide the organization toward reducing inequities in the quality and safety of care and services
- Began pursuing NCQA Health Equity Accreditation

## Looking Ahead

In 2024, Presbyterian is poised to implement a dynamic, multi-pronged approach to enhance health equity data capture. This includes refining Electronic Medical Record (EMR) workflows, launching a strategic communication plan for patients and care teams to elucidate the importance of certain inquiries, and developing educational resources to empower care teams to gather information in a culturally sensitive manner.

PHP will continue its health equity work by focusing on the following quality improvement initiatives:

- Launching organization-wide workstreams to ensure NCQA accreditation requirements are met in 2024
- In conjunction with the NCQA accreditation process, deploying key programs and activities to meet the first ever CMS Health Equity Final Rule requirements:
  - **Equitable access** to ensure our services meet the needs of individuals and populations:
    - With limited English proficiency or reading skills
    - Ethnic, cultural, racial and religious minorities
    - With cognitive, physical, developmental or other disabilities
    - Lesbian, gay, bisexual or other diverse sexual orientations
    - Transgender, nonbinary, intersex, or other diverse gender identities
    - Residents of rural and other communities with high levels of deprivation
    - Otherwise adversely affected by persistent poverty or inequality
  - **Enhanced provider directory** that includes information about:
    - Non-English languages spoken by each provider
    - Provider/location accessibility for people with physical disabilities
    - Providers' cultural and linguistic capabilities, including American Sign Language
- Deploying our new [NeuroFlow](#) member engagement platform, which gives members a customized health journey that offers dynamic educational content, specific to their target population and unique circumstances. Engagement is monitored and evaluated through the lens of Presbyterian's population health model, allowing for continuous quality improvement
- Developing and maintaining procedures to identify and offer digital health education to enrollees with low digital health literacy, helping them to access medically necessary telehealth benefits
- Formally incorporating Presbyterian health equity activities, including a process for evaluation success, into our Quality Improvement program



## Bolstering Quality Through Workforce Investments

In 2022, PHS bolstered its efforts to meet the health equity regulatory requirements and accreditation standards set forth by CMS and the Joint Commission by allocating several dedicated Full-Time Equivalent (FTE) employees.

- The role of the **Vice President of Community Health** was expanded to encompass health equity, reflecting a strategic alignment with the organization’s commitment to addressing inequities in healthcare access and outcomes
- A new position, **Manager of Population Health Integration**, was established to oversee the development and implementation of health equity strategies across the enterprise
- Three additional **Program Managers** were appointed to oversee specific focus areas:
  - **Health Equity Training Program** to ensure that staff members receive the necessary education and resources to effectively address health inequities
  - **Strategies for Native American/Indigenous, Perinatal, and LGBTQIA+ populations**
  - **Screening and referral processes** and spearheading **health equity data capture quality improvement**

### Emphasis on training

Established in 2022, the Health Equity Training team created an online registration system and hosted sessions on a variety of topics. Courses were open to Presbyterian employees and community partners. Developing partnerships with knowledgeable, trusted national and local community organizations to facilitate training has been a key aspect of this successful program.

While quantitative data gathered in 2022 focused on the number of participants attending the sessions, their professional roles, and the organizations they served, by 2023, post-session surveys were captured in Qualtrics and in eeds, an online Continuing Medical Education tracking tool. These tools allowed for the collection of registration and participation data, as well as qualitative and quantitative data.

In 2023, the Presbyterian Health Equity Training curriculum was expanded and became part of Presbyterian’s comprehensive strategy to address health inequities. Several departments within Presbyterian, including Population Health, Talent Development and Medial Education, collaborated with Community Health to ensure the program met the various needs of stakeholders and patients alike.

Training sessions were divided into six main categories: Antiracism, Anti-stigma, Diversity, Equity and Inclusion Basics, Health Equity Basics, Cultural Fluency, and Trauma Informed Care. Participants accessed the sessions via Zoom using registration links and could view all the offerings on the Presbyterian Swoogo website.

	2022	2023
<b>Participants</b>	<p><b>TOTAL - 978</b></p> <p><b>Health Equity Training Data</b></p> <p><b>240</b> survey respondents</p> <ul style="list-style-type: none"> <li>• Clinical - <b>47%</b></li> <li>• Non-clinical - <b>23%</b></li> </ul> <p><b>739</b> pre-session survey respondents</p> <ul style="list-style-type: none"> <li>• <b>60%</b> Presbyterian employees</li> <li>• <b>11%</b> Non-Presbyterian providers/clinicians</li> <li>• Other organizations represented: <a href="#">Blue Cross Blue Shield of New Mexico</a>, <a href="#">North West New Mexico First Born Program</a>, <a href="#">El Jardin Birth and Family Resource Center</a>, <a href="#">Kewa Pueblo Health Corporation</a>, <a href="#">McKinley County Early Childhood Coalition</a>, <a href="#">New Mexico Women, Infants, and Children Program</a> and <a href="#">Servicios Y Más Inc</a></li> </ul>	<p><b>TOTAL - 1,402</b></p> <p><b>Health Equity Training Data</b></p> <p><b>173</b> survey respondents</p> <ul style="list-style-type: none"> <li>• Non-clinical - <b>80%</b></li> <li>• Clinical -<b>18%</b></li> <li>• Non- Pres Clinicians - <b>39%</b></li> <li>• PHS Workforce - <b>48%</b></li> </ul> <p><b>Transgender Cultural Fluency Data</b></p> <p><b>137</b> survey responses</p>
<b>Post-Session Survey Responses</b>	<b>402</b>	<b>310</b>
<b>Partners</b>	<ul style="list-style-type: none"> <li>• Black Health New Mexico</li> <li>• Esperanza Shelter</li> <li>• National Council for Mental Wellbeing</li> <li>• New Mexico Breastfeeding Task Force</li> <li>• Presbyterian Community</li> <li>• Health Department</li> <li>• Transgender Resource Center of New Mexico</li> </ul>	<ul style="list-style-type: none"> <li>• Black Health New Mexico</li> <li>• Esperanza Shelter</li> <li>• Molly McClain, MD, MPH</li> <li>• National Council for Mental Wellbeing</li> <li>• New Mexico Breastfeeding Task Force</li> <li>• New Mexico Commission for the Deaf and Hard of Hearing</li> <li>• New Mexico Leadership Education in Neurodevelopment &amp; Related Disabilities</li> <li>• Presbyterian Community Health Department</li> <li>• Transgender Resource Center of New Mexico</li> </ul>
<b>Topics and Number of Attendees</b>	<ul style="list-style-type: none"> <li>• Transgender Cultural Fluency - <b>685</b> (includes data from monthly Clinical Education sessions)</li> <li>• Mental Health First Aid - <b>229</b></li> <li>• Addressing Trauma, Racism and Bias in Care Pathways - <b>65</b></li> <li>• Adverse Childhood Experiences (ACEs) Are Not Your Destiny - <b>32</b></li> <li>• Domestic Violence 101- <b>40</b></li> <li>• Equitable Access to Lactation Care - <b>32</b></li> </ul>	<ul style="list-style-type: none"> <li>• Transgender Cultural Fluency - <b>583</b> (includes data from monthly Clinical Education sessions)</li> <li>• Intro to Clinical Gender Care - <b>39</b></li> <li>• Tailored LGBTQIA+ Topics - <b>158</b></li> <li>• Unconscious Bias - <b>163</b></li> <li>• Harm Reduction - <b>138</b></li> <li>• Antiracism in Perinatal Settings - <b>114</b></li> <li>• Mental Health First Aid – <b>74</b> (includes Youth and Spanish training versions)</li> <li>• Equitable Access in Lactation Care - <b>69</b></li> <li>• Polysubstance Use - <b>66</b></li> <li>• Addressing Trauma, Racism and Bias in Care Pathways - <b>51</b></li> <li>• Anti-ableism in Healthcare Settings - <b>40</b></li> <li>• Domestic Violence 101 - <b>36</b></li> <li>• ACEs Are Not Your Destiny - <b>35</b></li> <li>• Hearing Loss and Sensitivity - <b>22</b></li> </ul>

Presbyterian's Talent Development and Community Health Departments worked together to develop **"Unconscious Bias" training** for PHP's monthly Leader Connect session, where leaders received training that supports Presbyterian's Purpose. The training brought **163 leaders and workforce members** together to learn how unconscious bias can affect health outcomes. Following the session, leaders received resources to support continuing conversations about unconscious biases and how to challenge them.

### Highlights

- Added FTEs to focus on health equity strategic alignment, oversee population health integration and manage specific programs
- Created online registration and access for health equity training
- Expanded training partnerships with community organizations
- Increased program participation by 7% from 2022 to 2023
- Developed strategies for building an effective evaluation tool
- Received CME approval
- Collaborated with Presbyterian Talent Development department to develop Unconscious Bias Training for Leaders
- Standardized training development and data collection

### Looking Ahead

In 2024, the health equity team will pivot toward the development of comprehensive health equity consultation services aimed at assisting and empowering system leadership in an effort to seamlessly integrate the health equity framework into their operational units.





Priority  
Population  
Spotlight

## LGBTQIA+ Care Program

As part of our commitment to LGBTQIA+ health equity, Presbyterian's LGBTQIA+ Care Program aims to improve healthcare access and experiences for LGBTQIA+ New Mexicans through direct patient, member and community support, as well as programmatic systems. This program provides a confidential mechanism that allows LGBTQIA+ people to navigate PHS as they seek care and/or healthcare coverage.

Through collaborative work by LGBTQIA+ Steering Committee members, the PHS Inclusion department, and PHS Community Health, 2022 was an especially important year for LGBTQIA+ work at Presbyterian. Receipt of a \$250,000 private grant for the creation and implementation of the PHS LGBTQIA+ Care Program made it possible to hire a Senior Program Manager.

### The urgency for access to affirming care

Organization-wide training efforts began at Presbyterian in 2018 and have expanded each year since. In 2022 and 2023, program charters, reporting structures, training, employee inclusion efforts, policy review, data collection and metrics were formally aligned with Presbyterian's enterprise-wide health equity strategy.

Presbyterian has identified the LGBTQIA+ community as a priority population, reflecting New Mexico's population and unique social trends. The Joint Commission, CMS, DOH and HSD, Office of the Superintendent of Insurance, the Affordable Care Act, NCOA and others specifically identify the LGBTQIA+ population as a unique population facing distinct health inequities. Increasingly, these entities have specific recommendations for health equity work pertaining to this population. These recommendations align with best practices recommended by the Human Rights Campaign in the Healthcare Equality Index (HEI). Access to services and culturally appropriate clinical experiences are just a few of the major barriers faced by patients across the country as well as in New Mexico.

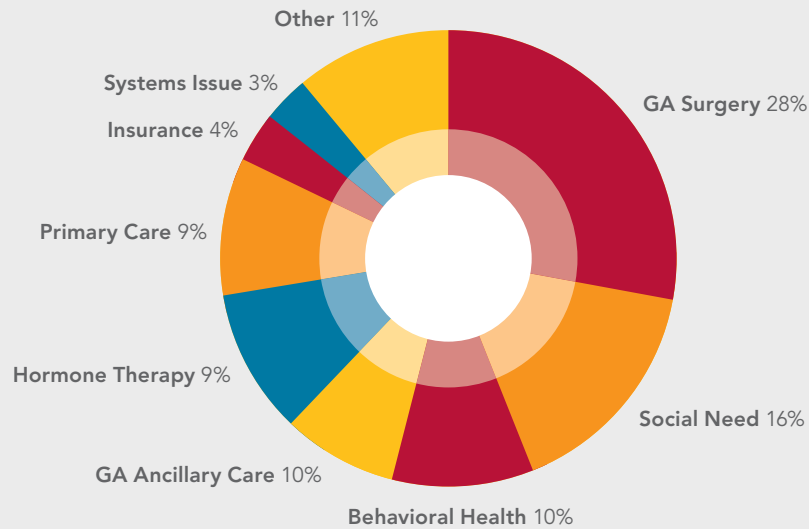
In 2023, the first year for the PHS LGBTQIA+ Care Program, we sought to establish key facets of the program, such as patient/member navigation and a comprehensive LGBTQIA+ assessment, as well completion of the 2024 HEI Survey and additional training sessions. By empowering care teams with more resources, tools, and in some cases the ability to do a warm handoff for additional navigation, we believe that patient/member needs will be met and both patient/member and provider experience and satisfaction will be enhanced.



In addition to the ongoing LGBTQIA+ needs assessment, we also worked with the internal Analytics Organization to begin the first-ever comprehensive aggregate population assessment for the Presbyterian LGBTQIA+ population. Combined with program data on client needs and resolutions, this baseline assessment shows us trends in access and system barriers that are priorities for patients, providers and other navigation team members.

### 2023 Requests by Care Category

Total Requests = 79



*In its first year, the LGBTQIA+ Care Program served 22 patients and members in need of support. The initial goal of assisting 25-30 individuals was shifted to assisting with 25-30 requests, since most individuals had multiple and or overlapping requests. In less than five months, the program received nearly 80 requests.*

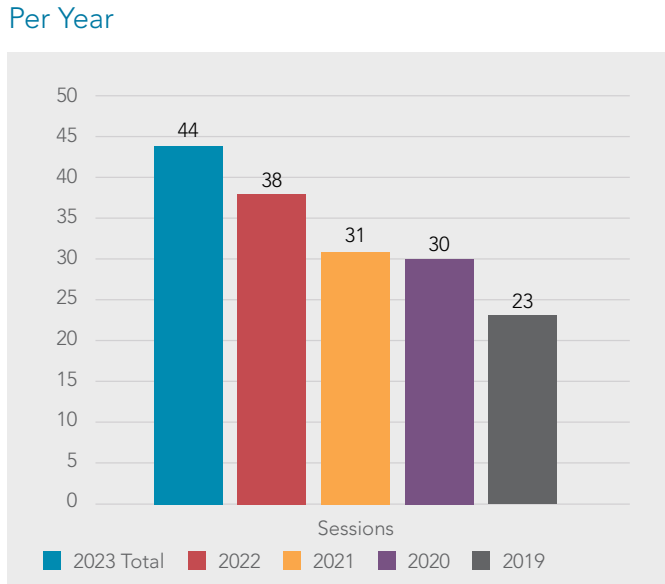


# HEALTHCARE EQUALITY INDEX TOP PERFORMER

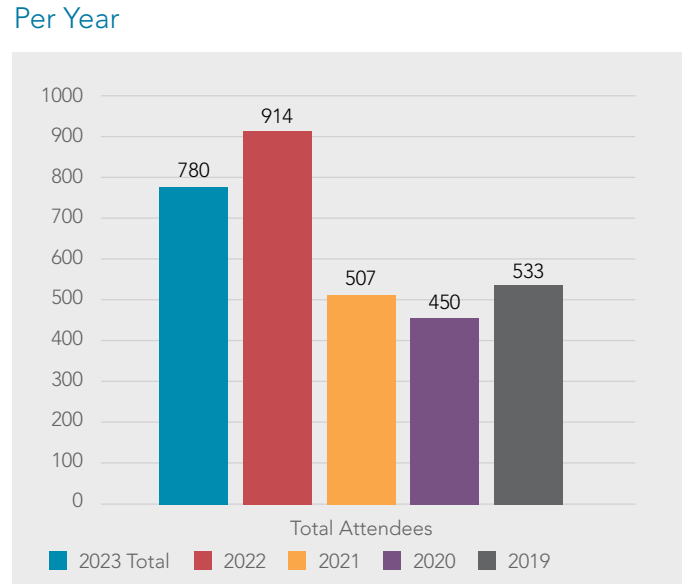
Presbyterian is proud to be a [Healthcare Equality Index \(HEI\)](#) Top Performer since 2019, earning Leader status for HEI 2022. We are continuously working to improve care for our LGBTQIA+ patients, members and communities. Presbyterian offers free educational opportunities to all workforce members, both internally and through our national partners.



## Total LGBTQIA+ Training Sessions Per Year



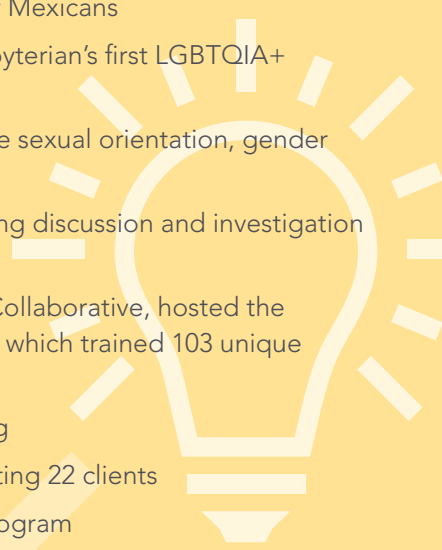
## LGBTQIA+ Training Attendees Per Year



Presbyterian Community Health offers LGBTQIA+ Trainings free of charge to Presbyterian employees, network providers and members of the community. Participants earn CMEs (AMA PRA Category 1 Credits™), which providers and other members of the medical team can use toward their licensure-required education. In 2024, we will continue to offer monthly Transgender Cultural Fluency 101 and 201 trainings through the Transgender Resource Center of NM and will also offer Introduction to Gender Affirming-Care, along with three new courses taught by TNET (Transgender/Nonbinary Education & Training, LLC): Gender Outside the Binary, Intersectionality in the Transgender Community, and Busting the Binary in the English Language. We hope to offer additional courses as the year progresses. Post-training surveys indicate that between 95-100% of respondents felt the education was relevant and would positively impact their work with patients.

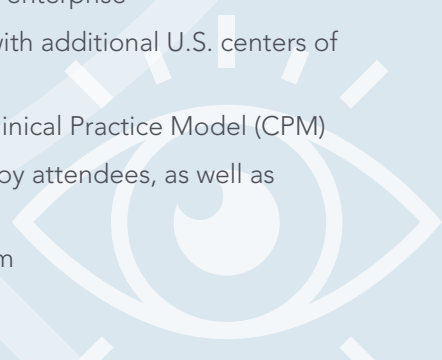


## Highlights

- Presbyterian Hospital received a score of 100 on the HEI and was recognized as an HEI Leader for the first time
  - Submitted 2024 HEI Survey for all nine PDS hospitals for the first time and anticipate that all nine will receive High Performer recognitions in 2024. These submissions necessitated implementation of additional best practices, including:
    - a. Creating and implementing new employee benefits explanation documents to clarify scope and coverage of health benefits for gender-affirming care
    - b. Updating the PHS website to include more information about LGBTQIA+ health equity at Presbyterian and links to community and educational resources for LGBTQIA+ New Mexicans
  - Established the Sexuality And Gender Alliance and Allyship (SAGAA), Presbyterian's first LGBTQIA+ employee-focused and second dedicated LGBTQIA+ issues group
  - Updated employee Human Resources Information Systems (HRIS) to include sexual orientation, gender identity and personal pronouns
  - Worked with PHS Real Estate to assess bathroom gender inclusivity, including discussion and investigation of bathroom counts, signage decisions and financial quotes
  - As part of the New Mexico Sexuality and Gender Minorities (SGM) Health Collaborative, hosted the inaugural Primary Care for Transgender and Nonbinary People Symposium, which trained 103 unique individuals, including 65 providers, at the Cooper Center
  - Launched a comprehensive LGBTQIA+ needs assessment, which is ongoing
  - Initiated patient and member (client) navigation services, ultimately supporting 22 clients
  - Developed an internal communications strategy for the LGBTQIA+ Care Program
- 
- A stylized white lightbulb icon with radiating lines, symbolizing ideas and innovation, positioned on the right side of the yellow background.

## Looking Ahead

In 2024, Presbyterian will focus on addressing the needs highlighted by providers, community partners and patient/member navigation, and will continue to build and strengthen the LGBTQIA+ Care Program through the following activities:

- Continue to refine client navigation processes and standards
  - Create, organize and manage tools and resources for care teams across the enterprise
  - Share LGBTQIA+ Affirming Provider List and establish pertinent contracts with additional U.S. centers of excellence
  - Create and initiate use of key portions of the PHS Gender-Affirming Care Clinical Practice Model (CPM)
  - Expand training offerings to include additional topics and times requested by attendees, as well as specialized or tailored training for specific PHS teams
  - Host second Primary Care for Transgender & Nonbinary Patients Symposium
  - Implement HEI best practices in preparation for participation in HEI 2026
- 
- A stylized white eye icon with radiating lines, symbolizing vision and focus, positioned on the right side of the light blue background.



## Perinatal Care Program

Presbyterian's commitment to health equity extends to perinatal patients, with a particular focus on pregnant patients in rural and frontier communities in New Mexico. Using data to gain insight into the barriers that patients and members face, Presbyterian has embarked on a perinatal health equity initiative that extends across the system. These efforts include integrating community health workers and peer support specialists into OB-GYN and pediatric care teams, enhancing virtual offerings and offering free health equity trainings.

In 2022, we dedicated our efforts to conducting a comprehensive assessment for the perinatal priority population, specifically, immigrants and Native American and Indigenous communities. Utilizing a multifaceted approach, we employed key informant interviews, dynamic patient experience data, system-level patient population health assessments, and health equity insights data to shape our strategy.

The PHS team diligently conducted key informant interviews across the entire PHS Enterprise, drawing insights that have become instrumental in formulating our 2023 plan. Notable revelations include the imperative to expand programs for low - to moderate-risk pregnancies, integrate paraprofessionals within OB-GYN, and sustain offerings for healthy eating courses for pregnant patients.

Patients' most pressing needs and barriers during the prenatal and postpartum period, as reported by staff, include mental health/substance use, transportation challenges, scarcity of providers, and crucially, a need for culturally appropriate care and language access.

### Expanding resources

In response, we have created resources such as child safety programs, home visiting initiatives, SNAP/WIC, and Precious Beginnings. We have outlined staff training opportunities in implicit bias, trauma-informed care, and advanced training for the stages of pregnancy.

In 2023, a comprehensive enterprise-wide approach unfolded, focusing on education, awareness, and tools for workforce and network providers. Integral components of the approach include strengthening data analytics, enhancing infrastructure, and deploying innovative care models.

In a state where Native American, Hispanic/Latina and African American women have higher rates of infant and maternal morbidity, **we all have a tremendous responsibility and opportunity to improve health equity across the population.**



### Highlights

- Collaborations between Community Health, OB-GYN and Presbyterian's Patient Experience team revealed barriers to access and patient perceptions of dignity and respect
- OB-GYN enhanced its scheduling approaches, enabling validation of social needs screening data, which showed transportation as a significant barrier
- Refined the health equity insights dashboard to include timely prenatal and postpartum care HEDIS measures, revealing the prevalence of behavioral health and substance use disorders in birthing and postpartum patients
- Deployed paraprofessionals (community health workers and patient support specialists) within OB-GYN and pediatric care teams to foster collaboration and knowledge sharing for enhanced patient care
- Integrated behavioral health within OB-GYN to provide more holistic care throughout pregnancy and postpartum
- Developed closed-loop referral partners focused on maternal and child health for integrated high-risk case management program
- PHP and PDS reviewed and enhanced existing educational materials, ensuring culturally responsive education that focuses on appropriate care access and quality, ultimately improving patient satisfaction
- Facilitated collaboration through the Perinatal Steering Committee and Workgroup, fostering a unified language and comprehension of perinatal health initiatives
- Explored Culturally Appropriate Education/Technology, with an emphasis on integrating technology for improved educational delivery
- Conducted comprehensive health equity trainings in collaboration with local organizations (See chart on p. 12)
- Compiled a library of perinatal-specific resources within NowPow, an embedded resource database in EPIC. Provided training sessions and enhanced accessibility and efficiency in resource utilization for perinatal care through NowPow.



## Looking Ahead

Presbyterian remains dedicated to fostering perinatal health equity and is poised for continued progress and innovation. In 2024, we will build on the foundation laid in 2023, focusing on the integration of a Steering Committee and Workgroup, combined with a focus on data-driven interventions.

Key milestones for 2024 include:

- Workforce Development with a focus on doulas, midwives, OB-GYNs and lactation experts
- Establishing strategic partnerships with community organizations and implementing tailored health equity training modules for diverse populations
- Deploying paraprofessionals to OB-GYN and pediatric care teams for prenatal, postpartum and infant care
- Implementing a structured emergency department patient navigation workflow to identify and facilitate vital prenatal or postpartum care appointments
- Enhancing data capture for Clinical Health Equity Interventions
- Exploring opportunities to partner with regional sites

## Native American and Indigenous Communities

Presbyterian's commitment to health equity extends to Native American and Indigenous communities. In 2023, Presbyterian undertook a comprehensive assessment to identify assets within the organization and explore opportunities to enhance services for this priority population. This multifaceted approach included literature reviews, patient and member data analysis, and key informant interviews. These interviews with 12 members of the Native American community consistently exposed the need to build trust between

### Priority Population Spotlight

clinicians and the communities they serve, which remains a priority into 2024. Interviews also identified access to culturally appropriate services, behavioral health services, and the ability to understand and navigate the healthcare system as critical needs for this group.

### Opportunities for improvement

Opportunities include improving communication between providers and Native American communities, addressing language barriers and limited access to interpretation services, exploring grant opportunities to provide additional support for patients and tribes, and building relationships with community clinics and health centers to understand and meet the specific needs of each community.

With this information, Presbyterian's health equity efforts for this priority population will focus on improving services and resources for mental health support, incorporating traditional healing practices, and providing care coordination in rural areas.





## Highlights

- Intentional and dynamic internal and external relationship building
- Key Informant Interviews identified critical needs and opportunities for building trust between clinicians and Native American communities. In addition, the importance of avoiding assumptions and stereotypes and incorporating cultural sensitivity and awareness must play an integral role in future initiatives
- A literature review focused on best practices related to the following priority topics: traditional medicine policies, workforce development and representation, land acknowledgement creation and dissemination, and trust building in communities we serve
- Initiated discussions with Compliance to move forward with a traditional medicine policy for Presbyterian's Central Delivery System. By embracing traditional medicine within our healthcare equity framework, we aim to offer culturally sensitive and comprehensive care that respects the diverse healing traditions of the populations we serve
- Committed to advancing and representing the workforce in alignment with the community's diversity. By prioritizing these workforce advancement initiatives, we aim to not only enhance diversity within our organization but also ensure that our workforce reflects and is responsive to the needs of the communities we serve

## Looking Ahead

Presbyterian remains dedicated to fostering health equity and is poised for continued progress and innovation in Native American and Indigenous health equity in 2024. The integration of an advisory workgroup, continued documentation updates, and a focus on data-driven interventions will be instrumental in advancing the organization's Native American and Indigenous health equity goals.

Key milestones for 2024 include:

- Capturing data that leads to Clinical Health Equity Interventions
- Establishing a Native American and Indigenous Advisory Workgroup
- Introducing Traditional Medicine Policy and exploring financial support for traditional medicine practices
- Implementing tailored training (e.g., summits, grand rounds) for priority populations focused on:
  - Understanding the history and landscape of Indigenous communities in New Mexico
  - Recognizing healthcare history for Indigenous populations
- Strategically building a diverse workforce that represents different communities
- Identifying and monitoring community investments and partnerships with CBOs that specifically serve Native American and Indigenous communities
- Creating and circulating acknowledgements of traditional lands
- Improving and exploring alternative methods for data collection
- Developing culturally sensitive materials and resources for the communities we serve

## APPENDIX: DEFINITIONS

Term	Definition
<b>Diversity</b>	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.
<b>Equity</b>	The term “equity” refers to fairness and justice and is distinguished from equality: Whereas equality means providing the same to all, equity means recognizing that we do not all start from the same place and must acknowledge and make adjustments to imbalances. The process is ongoing, requiring us to identify and overcome intentional and unintentional barriers arising from bias or systemic structures. <sup>1</sup>
<b>Health</b>	A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. <sup>2</sup> <i>Some people have adapted this definition to also include spiritual well-being.</i>
<b>Health Equity</b>	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. <sup>4</sup>
<b>Health disparity</b>	The difference in health outcomes between groups within a population. Health disparity simply denotes differences, whether unjust or not.
<b>Health inequity</b>	Differences in health outcomes between groups within a population that are systematic, avoidable, and unjust. <sup>4</sup>
<b>Health-related social needs</b>	Individual level needs that are manifestations of the broader social influences and factors of the SDOH.
<b>Implicit Bias</b>	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. <sup>4</sup>
<b>Inclusion</b>	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. <sup>4</sup>

<sup>1</sup> National Association of Colleges and Employers. Retrieved from: <https://www.nacweb.org/about-us/equity-definition/>

<sup>2</sup> 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 <https://www.ihl.org/Topics/Population-Health/Pages/Pathways-to-Population-Health.aspx>.)

<sup>3</sup> 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.

<sup>4</sup> 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 [ihl.org](http://ihl.org))

## DEFINITIONS (CONTINUED)

Term	Definition
<b>Institutional racism</b>	The differential access to the goods, services, and opportunities of a society by race. <sup>4</sup>
<b>Justice</b>	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.” <sup>5</sup>
<b>LGBTQIA+</b>	An umbrella term that brings together a range of diverse identities. This acronym stands for lesbian, gay, bisexual, transgender and/or gender expansive, queer and/or questioning; the + represents people who identify as part of a sexuality, gender or sex diverse community but who do not identify with one of these specific identities.
<b>Oppression</b>	Combination of prejudice and institutional power that creates a system that regularly and severely discriminates against some groups and benefits other groups. <sup>6</sup>
<b>Social drivers of health (SDOH)</b>	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. <sup>2</sup>

*Additional sources:* The Centre for Global Inclusion.

Retrieved from: <https://centreforglobalinclusion.org/what-we-do/the-gdeib/gdeib.html>.



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

<sup>6</sup> 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>

 **PRESBYTERIAN**  
phs.org