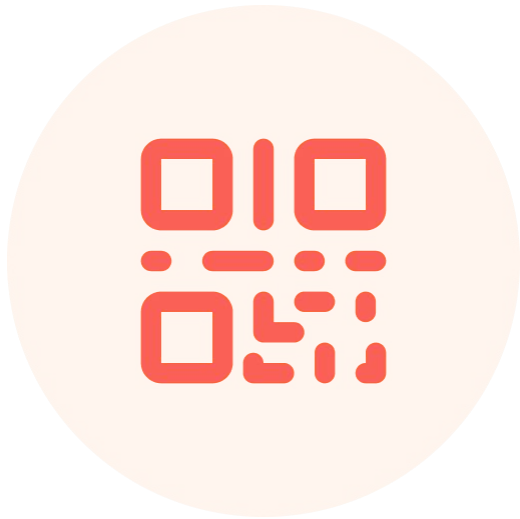


A desert landscape featuring layered rock formations and a purple-tinted sky. The foreground shows large, rounded boulders on a sandy surface. The background consists of tall, layered rock cliffs under a sky with soft purple and blue hues.

Community Engagement efforts to advance Health Equity across New Mexico

Roberto Martinez, MD, MPH
Interim Health Equity Director
Public Health Division
New Mexico Department of Health

slido



**Join at slido.com
#3335368**

ⓘ Start presenting to display the joining instructions on this slide.

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Who do you represent today?

ⓘ Start presenting to display the poll results on this slide.

slido



Tell us, what city do you come from?

ⓘ Start presenting to display the poll results on this slide.

slido



What do you want to get out of this conference?

① Start presenting to display the poll results on this slide.



Aura is the single mother of two-years old Maria, and sixteen-year old Karla. She recently lost her job and is struggling with supplying the basic needs for her family such as food, transportation, and housing. As a result she has become depressed, her blood pressure is increasing and her overall health is declining. She is seeking care in the clinic where you serve as the primary care physician. What can you do for her?

Access and coordination to Social Services

Who will help coordinate her care? The care she needs is fragmented in multiple organizations



Problem Statement: Inadequate coordination and access to social services.

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What is health equity?

① Start presenting to display the poll results on this slide.

“The test of our progress is not whether we add more to the abundance of those who have much; It is whether we provide enough for those who have too little.”

THE TEST OF OUR PROGRESS
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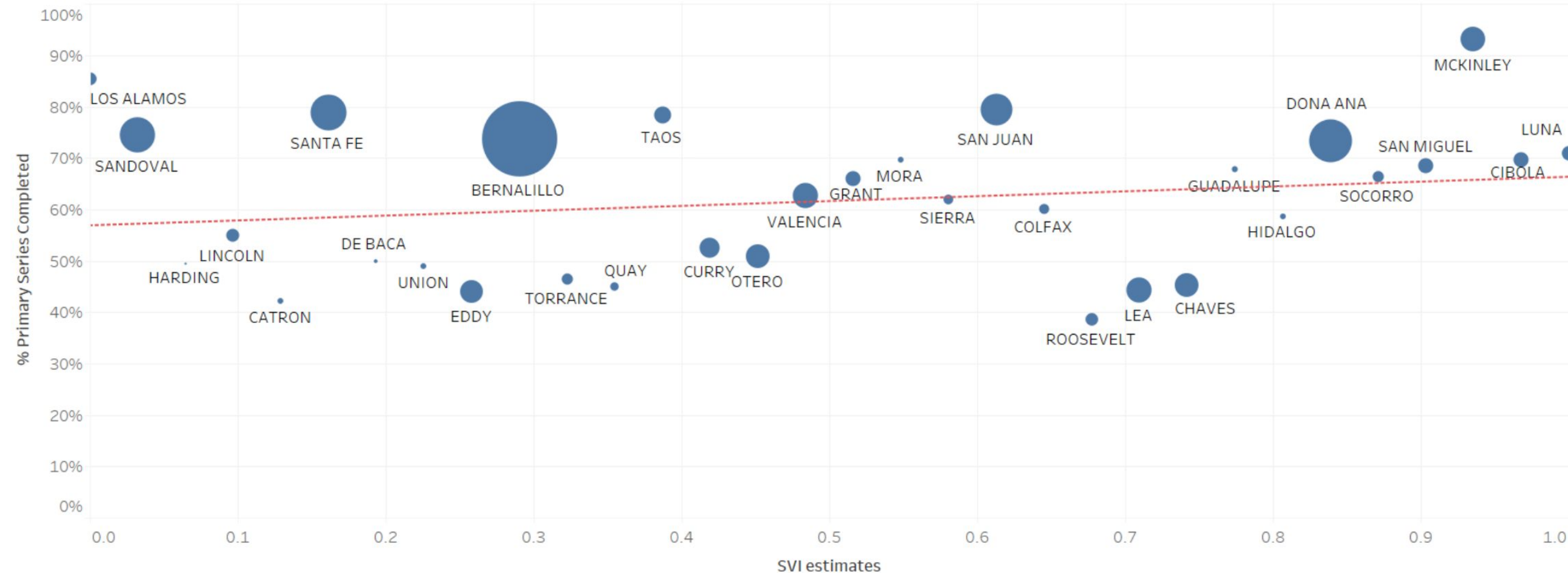
What is Health Equity?

“Health equity means that everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”

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



% Vaccination and SVI by County



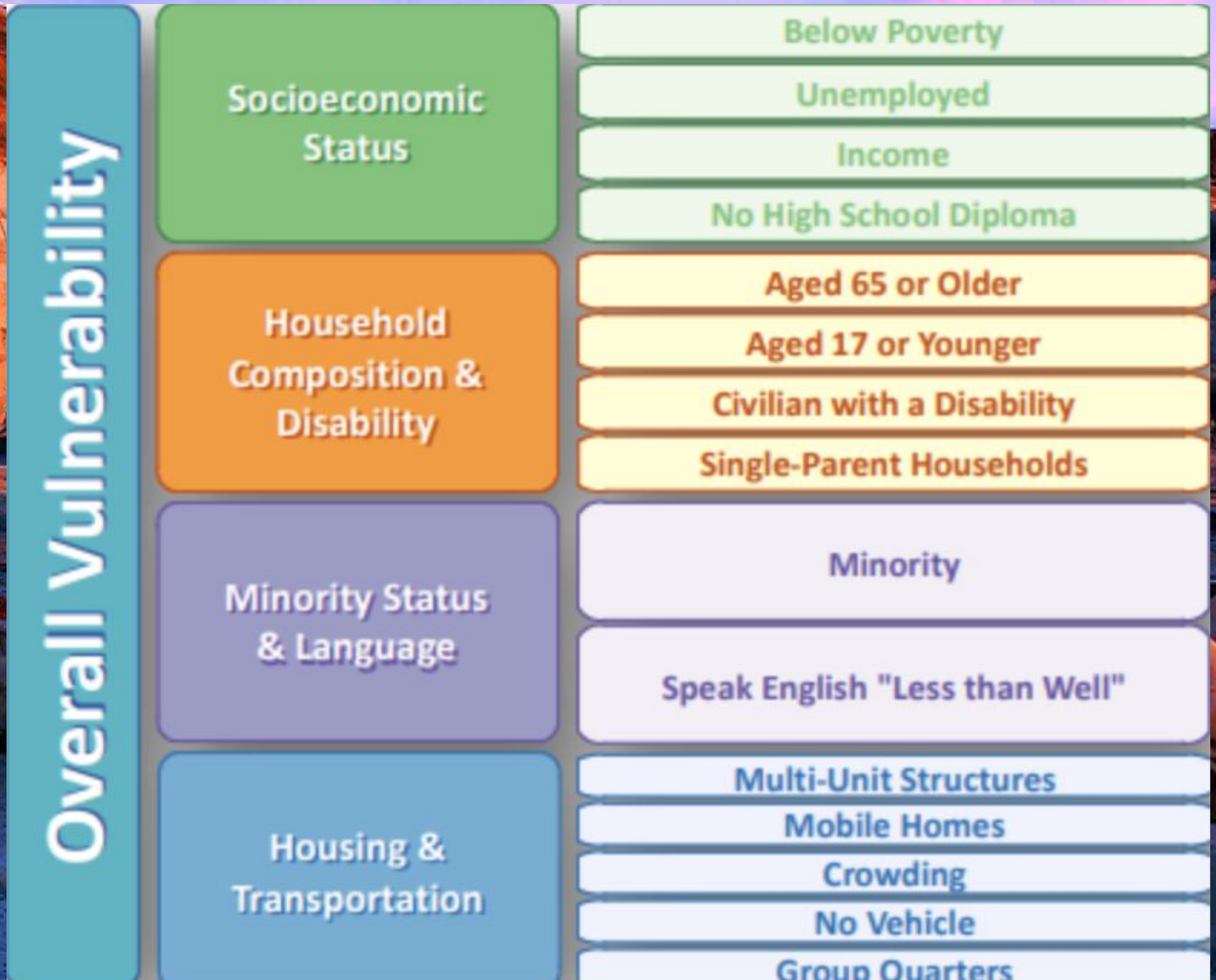
Data shows New Mexico specific SVI values, which may differ from country SVI values
Data Sources: NMSIIS and Tiberius
County population denominators are for those 6 months and over



Key Elements of Health Equity Plan at NMDOH

- Equitable Allocation and Access to resources
- Organizational Structure and Communications for Equity
- Community Engagement to Build Vaccine Confidence
- Monitor and Evaluate for Equity

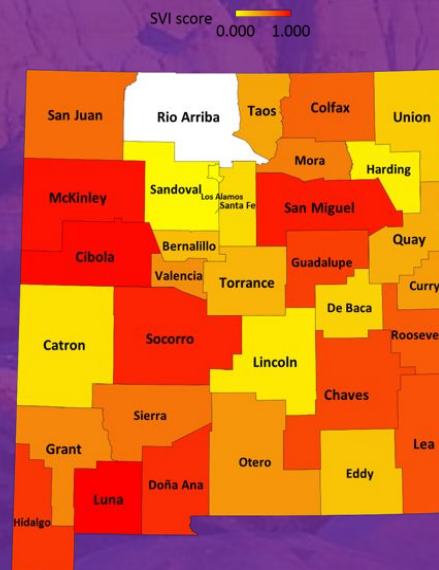
Are we reaching our most vulnerable populations?



Are we vaccinating our most vulnerable populations?

Allocate in areas of high SVI
(reduce morbidity and mortality)

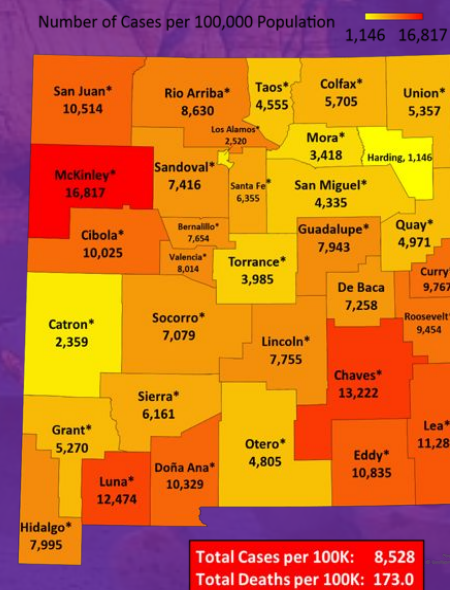
Social Vulnerability by County



Source: U.S. Centers for Disease Control. Social Vulnerability Index, 2018 data. No data available for Rio Arriba County. https://www.atsdr.cdc.gov/placeandhealth/svi/documentation/SVI_documentation_2018.html. February 25, 2021.

Allocate in areas of high cases
(reduce spread of the virus)

COVID-19 Prevalence Rate (2/22/2021)



Source: New Mexico Department of Health. Population estimates obtained from US Census American Factfinder. Retrieved from <https://bis.health.state.nm.us/query/result/pop/PopCnty/Count.html>, March 29, 2020. * denotes death occurred in county. Excludes cases in federal and state detention facilities.

**Community
Level**

“Saving Lives”

**Vulnerable Populations
and Communities**

(High SVI Communities,
Congregate Living Settings)

“Stopping the Spread”

**Highest Community
Rates of Infection**

(Zip Codes)

**Individual
Level**

**Highest Risk
Individuals**

(Age, COVID risk factors)

**Highest Rate of Individual
Exposure Risk**

(health care, essential workers)

Vaccine Demand Generation

Equitable Distribution

Training and Support of CHWs and CHRs in each SVI communities **CHW/CHR Reach Hispanic, American Indian, Black communities**

DOH Equity Team

DOH Health Promotion

Community Health Councils (HC)

Community-based Orgs (CBO)

- CHWs
- CHWs
- CHWs
- CHWs
- CHR
- CHR

- Churches
- Community Events
- Town Hall
- Clinics
- Grocery Stores
- Home Visits

- ACTIVITIES**
1. Coordinate
 2. Training
 3. Evaluation

- ACTIVITIES**
1. Rapid Community Assessment
 2. Key Messages
 3. Community Plans

- ACTIVITIES: CHWs, CHRs**
1. Build Trust
 2. Share Key Messages to Reach Priority Populations
 3. Community Plans

Increase Vaccine Confidence

Increase Demand for Vaccine

+

DOH Equity Team supports community plans

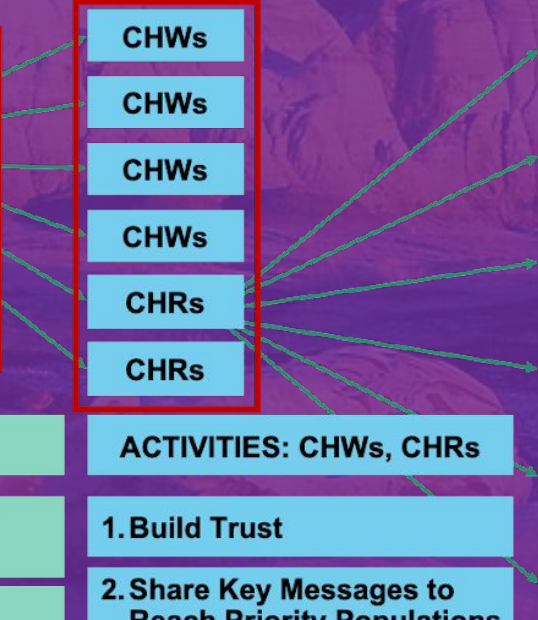
Mobile Vaccine Teams in at Risk Communities

Prioritization of Providers in At Risk Communities

Evening/ Weekend Hours

VACCINE EQUITY

Increase # of Hispanic, Black and Native American vaccinated in High SVI and COVID+ areas





TeamHealthNM

Leaders for a Healthier New Mexico

State Health Improvement Plan (SHIP)

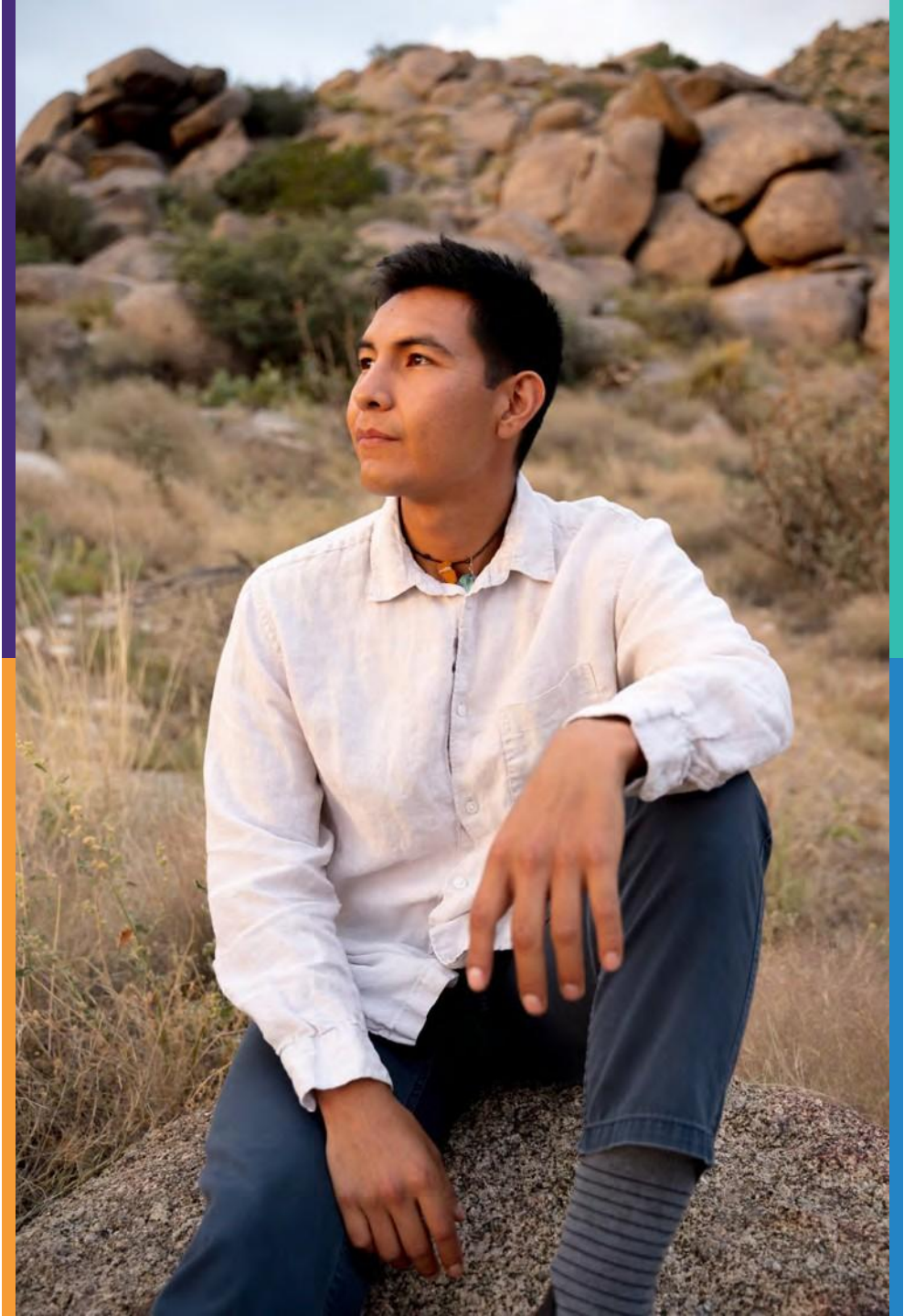
Creating a healthier New Mexico

SHIP Defined

The Public Health Accreditation Board defines State Health Improvement Plans as a long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.

The SHIP:

- ✓ Aligns with Executive priorities Aligns with community partners
- ✓ Sets priorities and coordinates resources
- ✓ Develops policies and programs that promote health
- ✓ Measures progress



Systematically Aligning Planning Efforts



Community Health Assessments

State Health Assessments

Health Equity Report

Performance
Management System

Quality Improvement
Implementation Plan

Workforce
Development Plan

Public Health
Accreditation Requirements

Access and coordination to Social Services

Who will help coordinate her care? The care she needs is fragmented in multiple organizations



Problem Statement: Inadequate coordination and access to social services.

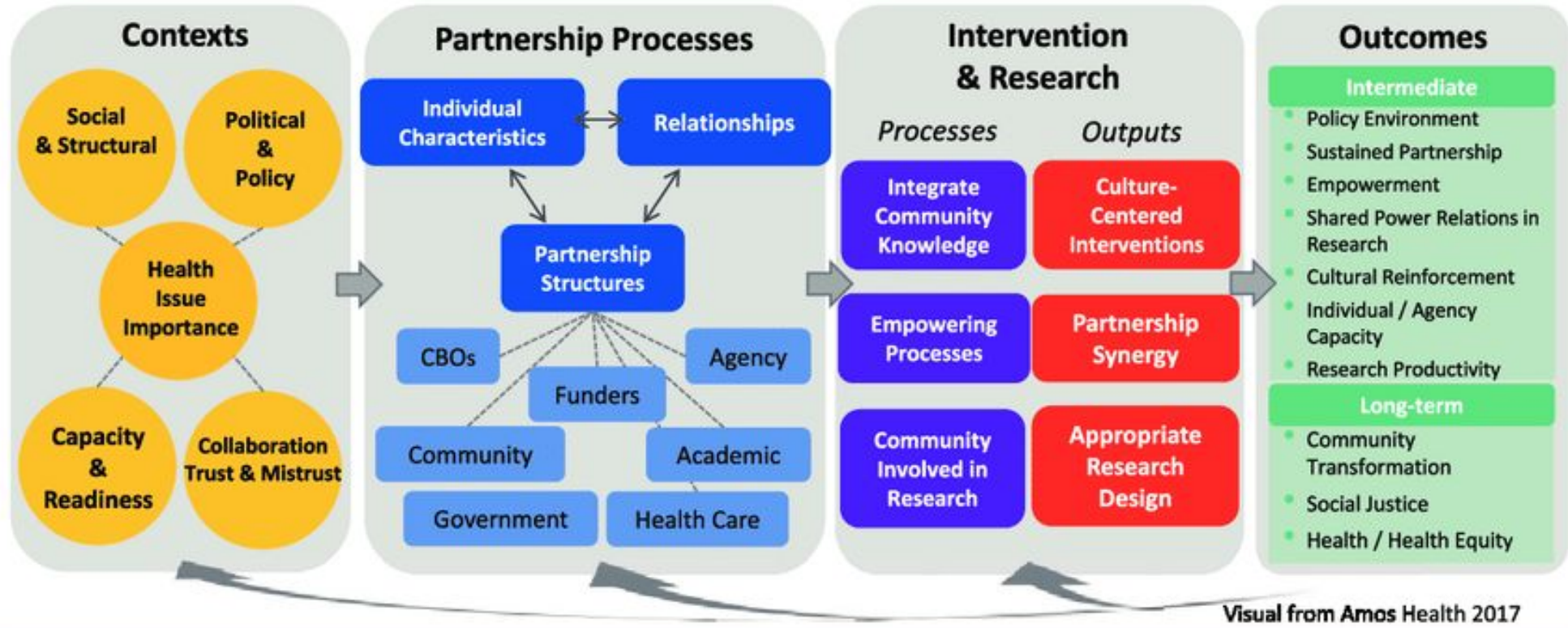
A scenic landscape featuring layered rock formations and a river at sunset. The sky is a mix of orange, pink, and blue, and the water reflects the colors. The foreground shows large, rounded rocks in the river.

New Mexico Social Determinants of Health Coalition

Leigh Caswell, VP Community and Health Equity
Presbyterian Healthcare Services
Co-Chair, Coalition Charter Workgroup

CBPR Conceptual Model

Adapted from Wallerstein et al, 2008 & Wallerstein et al, 2018: <https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html>



Contexts	Partnership Processes	Intervention & Research	Outcomes
<ul style="list-style-type: none"> • Social-Structural: Social-Economic Status, Place, History, Environment, Community Safety, Institutional Racism, Culture, Role of Education and Research Institutions • Political & Policy: National / Local Governance/ Stewardship Approvals of Research; Policy & Funding Trends • Health Issue: Perceived Severity by Partners • Collaboration: Historic Trust/Mistrust between Partners • Capacity: Community History of Organizing / Academic Capacity/ Partnership Capacity 	<p>Partnership Structures:</p> <ul style="list-style-type: none"> • Diversity: Who is involved • Complexity • Formal Agreements • Control of Resources • % Dollars to Community • CBPR Principles • Partnership Values • Bridging Social Capital • Time in Partnership <p>Individual Characteristics:</p> <ul style="list-style-type: none"> • Motivation to Participate • Cultural Identities/Humility • Personal Beliefs/Values • Spirituality • Reputation of P.I. <p>Relationships:</p> <ul style="list-style-type: none"> • Safety / Respect / Trust • Influence / Voice • Flexibility • Dialogue and Listening / Mutual Learning • Conflict Management • Leadership • Self & Collective Reflection/ Reflexivity • Resource Management • Participatory Decision- Making • Task Roles Recognized <p>Commitment to Collective Empowerment</p>	<ul style="list-style-type: none"> • Processes that honor community and cultural knowledge & voice, fit local settings, and use both academic & community language lead to Culture-Centered Interventions • Empowering Co-Learning Processes lead to Partnership Synergy • Community Members Involved in Research/Evaluation Design that Reflects Community Priorities • Bidirectional Translation, Implementation, Dissemination 	<p>Intermediate System & Capacity Outcomes</p> <ul style="list-style-type: none"> • Policy Environment: University & Community Changes • Sustainable Partnerships and Projects • Empowerment – Multi-Level • Shared Power Relations in Research / Knowledge Democracy • Cultural Reinforcement / Revitalization • Growth in Individual Partner & Agency Capacities • Research Productivity: Research Outcomes, Papers, Grant Applications & Awards <p>Long-Term Outcomes: Social Justice</p> <ul style="list-style-type: none"> • Community / Social Transformation: Policies & Conditions • Improved Health / Health Equity

Context

Partnership

Intervention
(Programs) /
Research

Health/
Social
Justice
Outcomes



What opportunities do you see in the current US & NM context?

- Santa Fe Connect || Already existing county wide referral network || 65+ CBOs
- UNM, Presbyterian and other healthcare systems are already testing a referral system
- Primary Care Collaborative sets the goal of implementing a close-loop referral system. Legislative cycle approved funding for this initiative.
- **In 2022, CMS approves first measures to track social determinants at federal level.** The currently approved measure set is for hospitals in federal payment programs, which will now be required to report what portion of their population is screened for various SDOH and how many screen positive in each category.
- Other States have implemented Statewide referral systems, i.e North Carolina



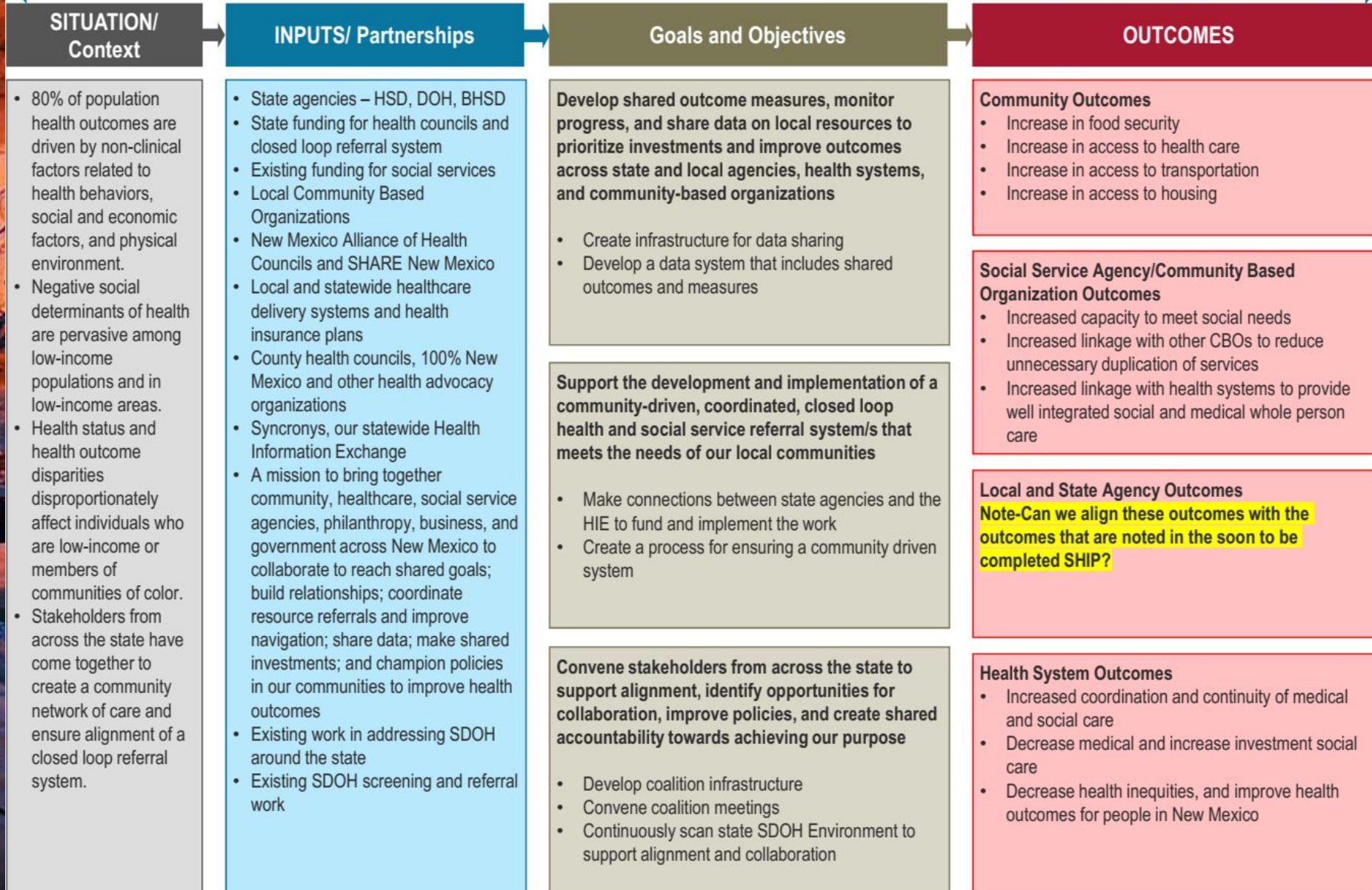
Information about the collaborative

Purpose/Vision – All people in New Mexico live in communities with equitable access to the conditions they need to thrive

Mission – Bringing together community, healthcare, social service agencies, philanthropy, business, and government across New Mexico to collaborate to reach shared goals; build relationships; coordinate resource referrals and improve navigation; share data; make shared investments; and champion policies in our communities to improve health outcomes

New Mexico Social Determinants of Health Coalition

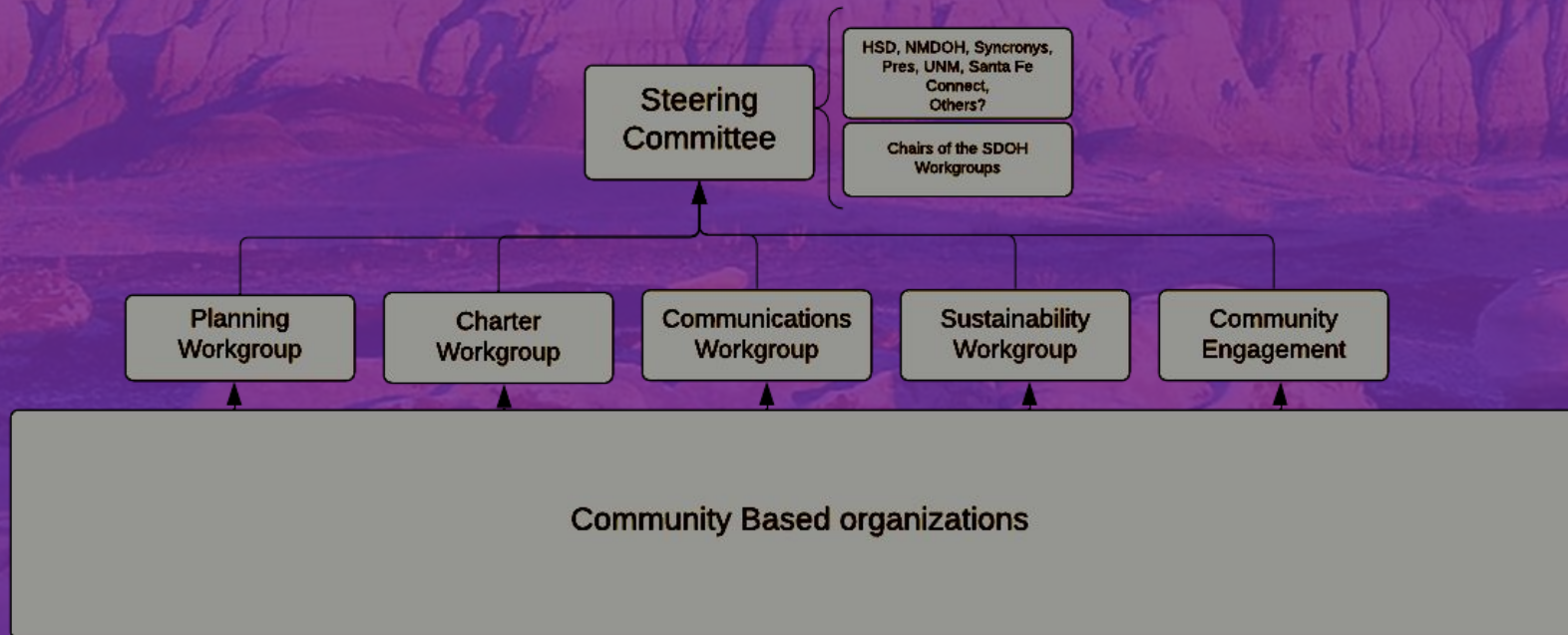
All people in New Mexico live in communities with equitable access to the conditions they need to thrive



Deliberately and consciously rooted in a model that upholds cultural safety and is inclusive, dynamic, diverse, and incorporates an health and racial equity lens

Close-Loop Referral System

Social Determinants of Health Collaborative
|| Statewide Referral System



Points of Contact:

Roberto Martinez

roberto.martinez4@doh.nm.gov

CC:

Elisa Wrede

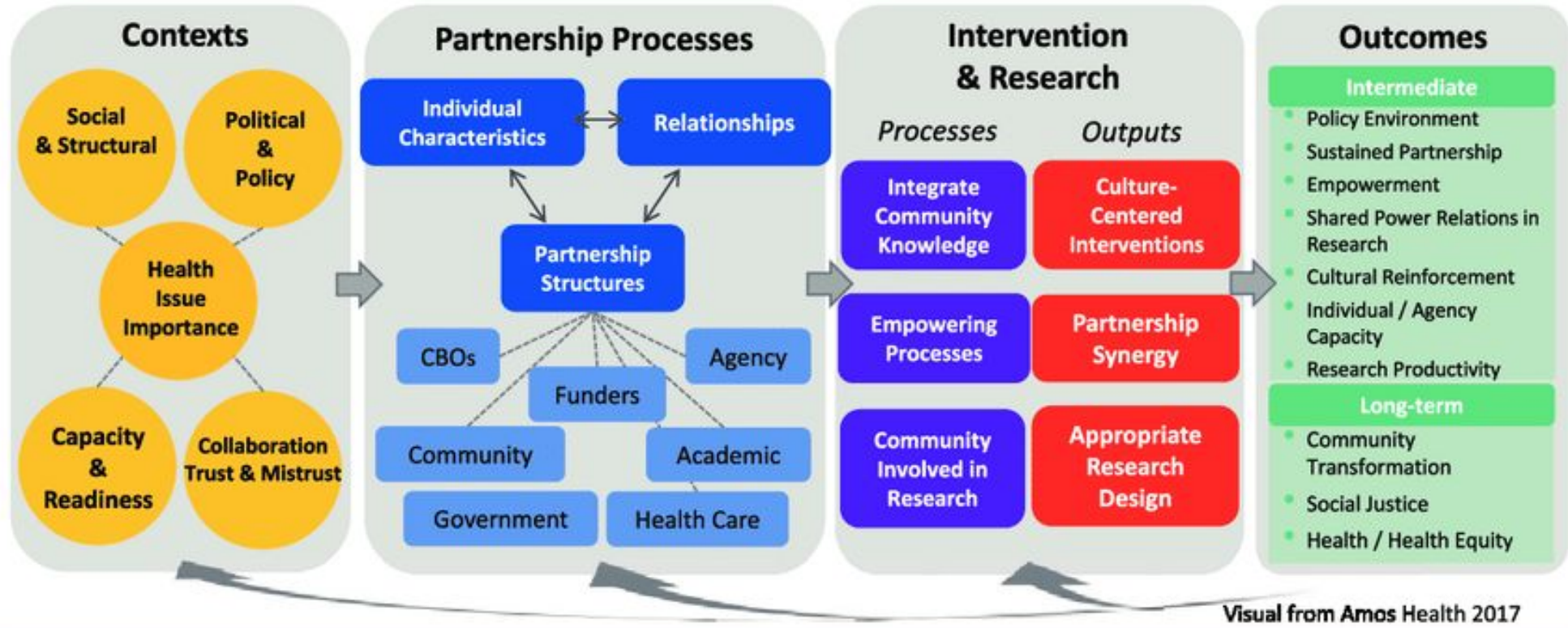
elisa.wrede@hsd.nm.gov

Wendy Wintermute

wendy@nmhealthcouncils.org

CBPR Conceptual Model

Adapted from Wallerstein et al, 2008 & Wallerstein et al, 2018: <https://cpr.unm.edu/research-projects/cbpr-project/cbpr-model.html>



Visual from Amos Health 2017

Contexts	Partnership Processes	Intervention & Research	Outcomes
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graph LR; Context[Context] --> Partnership[Partnership]; Partnership --> Intervention["Intervention (Programs) / Research"]; Intervention --> Outcomes["Health/ Social Justice Outcomes"]
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Context

Partnership

Intervention
(Programs) /
Research

Health/
Social
Justice
Outcomes

Context

Partnership

Intervention
(Programs) /
Research

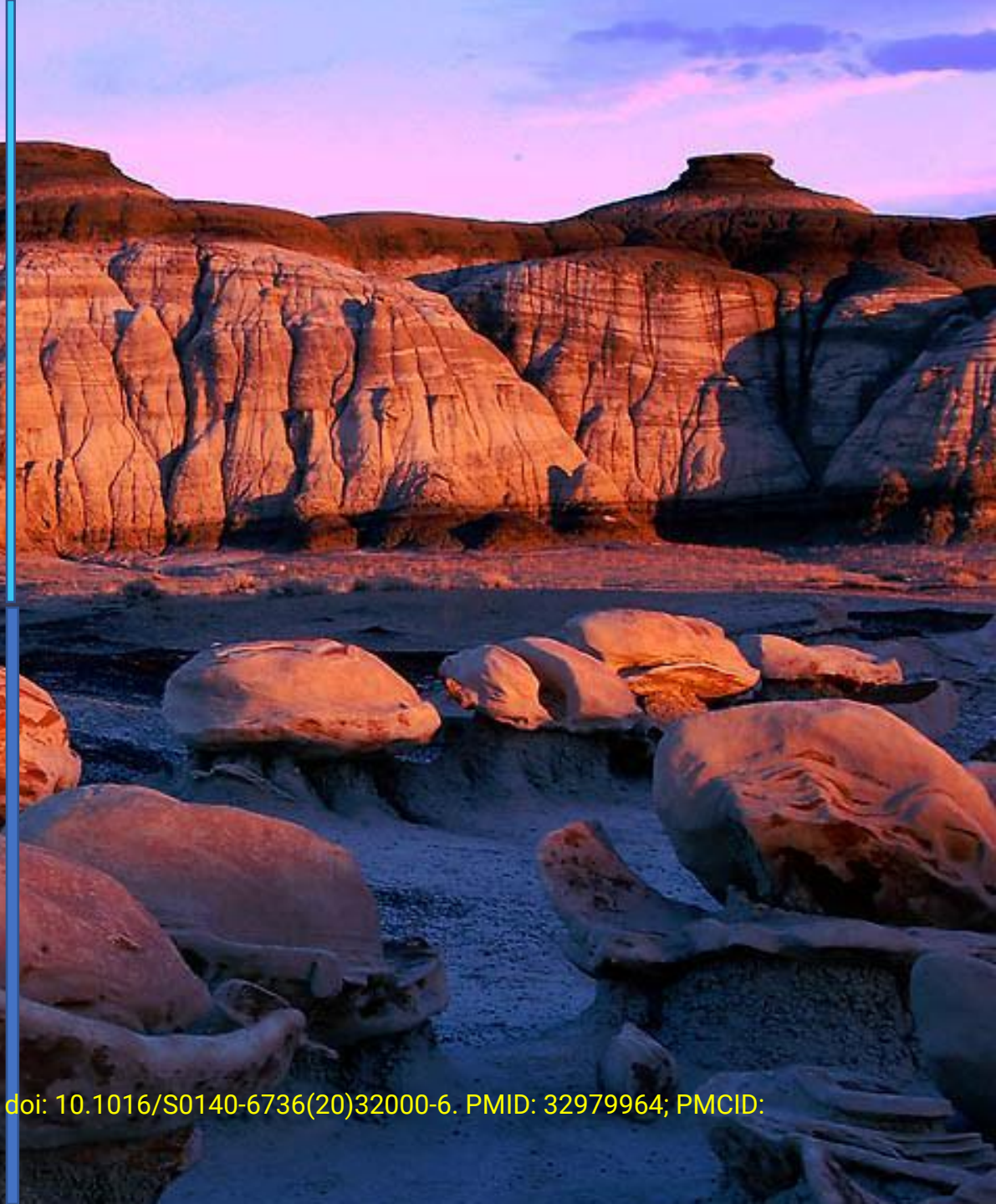
Health/
Social
Justice
Outcomes

What outcomes should we seek?

“We have viewed the cause of this crisis as an infectious disease. All of our interventions have focused on cutting lines of viral transmission, thereby controlling the spread of the pathogen... But what we have learned so far tells us that the story of COVID-19 is not so simple. Two categories of disease are interacting within specific populations—infection with severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) and an array of non-communicable diseases (NCDs). These conditions are clustering within social groups according to patterns of inequality deeply embedded in our societies. The aggregation of these diseases on a background of social and economic disparity exacerbates the adverse effects of each separate disease”.

Offline: COVID-19 is not a pandemic

Horton R. Offline: COVID-19 is not a pandemic. Lancet. 2020 Sep 26;396(10255):874. doi: 10.1016/S0140-6736(20)32000-6. PMID: 32979964; PMCID: PMC7515561.



"There is no power for
change greater than a
community discovering what
it cares about."

– Margaret J. Wheatley

