A Path Forward for Achieving Health Equity: Conversations for Action

April 5, 2022
Noon - 5 p.m.
Farm & Ranch Museum
4100 Dripping Springs Road
Las Cruces, NM 88011

SUMMARY REPORT

HEALTH SCIENCES

Citation: Lisa Cacari Stone, PhD & Maria Chaparro,
A Path Forward for Achieving Health Equity,
Conversations for Action.
April 5, 2022, Las Cruces, New Mexico

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AGENDA

Facilitators & Co-planners:

- Marnie Nixon, MA, LM & Francisco Ronquillo, PA, Office of Community Health
- Lisa Cacari Stone, PhD, Transdisciplinary Research, Equity and Engagement Center

Opening Remarks by:

- Douglas Ziedonis, MD, MPH, Executive Vice President, UNM Health Sciences & CEO, UNM Health System
- Arthur Kaufman, MD, Vice Chancellor for Community Health Sciences

1	Noon - 12:50	**Welcome, Opening Circle, Land & Labor Acknowledgment** • Opening remarks • Review of agenda & objectives
2	12:50 - 1:30	**Introductions** • Imagine a future of equality when...
	1:30 - 1:45	Break
3	1:45 - 2:30	**Defining Health Equity** • History, definitions, strategy actions & outcomes
4	2:30 - 4:00	**Achieving Health Equity** • Successes & challenges • Best practices
	*3:10 - 3:20	Break
5	4:00 - 5:00	**Identify Next Action Steps** • Priorities for the Equity Summit • Evaluation & closing

Acknowledgments

Co-planner: Norman J. Cooeyate, Tribal Relations Liaison, MCRP, Center for Native American Health

Planning support: Emily Monteiro Morelli, Executive Assistant & Gina Urias-Sandoval, MBA, Chief of Staff, EVP/SVP Office; Anissa Duwaik, Research Assistant, TREE Center

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WELCOME & OPENING CIRCLE

Review of Agenda & Learning Objectives

The Health Equity Conversation kicked-off at the Farm and Ranch Museum in Las Cruces at Noon on Tuesday, April 5th. A total of 40 participants joined the event with most of them showing up for the 11:30 networking luncheon. The meeting room allowed for 8 round tables which supported smaller group sharing and networking. The open doors to the room overlooked a large courtyard and view of the Organ Mountains, facilitating a welcoming feeling and plenty of open space for breaks. Participants included representatives from Dona Ana County Health and Human Services (most of DACHHS reps were promotores de salud), federally qualified health centers (Amador, Ben Archer), Center for Health Innovation, NM Association of Health Councils, NM DOH health promotion specialist, New Mexico State University, EMPOWERMENT, independent community health leaders, Burrell College, Memorial Hospital Residency Program, Ysleta del Sur, Field Office for Senator Ben Ray Lujan and UNM Health Sciences Center (Offices of Community Health/HEROS and Diversity and Equity and EVP of the HSC and Health System).

LAND & LABOR ACKNOWLEDGMENT

We pay respect to ancestral and traditional lands of the indigenous peoples.

We honor the land itself and those who remain stewards of this land throughout the generations and also acknowledge our committed relationship to Indigenous peoples.

Opening Remarks

Dr. Lisa Cacari Stone asked participants to gather outside, make a circle and take in the environment—the Mesilla Valley that for countless generations, pre and post colonization, providing the fertile soil for families to thrive, the majestic Organ Mountains to the east and the life-giving Rio Grande to the west. Dr. Cacari Stone acknowledged the past and current peoples that provide stewardship and work the land that is still economically essential to many local agriculture-based communities.

Dr. Douglas Ziendonis, CEO and Executive Vice President from the UNM Health Sciences/UNM Health System joined Dr. Arthur Kaufman, Vice Chancellor for Community Health Sciences at UNM to provide the Opening Remarks that stressed the importance of coming together to achieve Health Equity in New Mexico and how this meeting would help set the tone for the upcoming meetings throughout the state. Both acknowledged the meeting planners, organizers, facilitators, and community representatives. The group was asked to enjoy a few more moments of sunshine, fresh air, and the sounds of nature before moving back inside to begin the day's work.

Let's Get to Know Each Other

Meeting facilitator, Francisco Ronquillo from the UNM Office of Community Health, gave English and Spanish instructions for the Getting to Know You exercise. Each table sat 5 to 7 people and participants were asked to take 10 minutes to introduce themselves to each other. Observations – Folks were very engaged in learning about one another. Some people knew each other well and others were introduced for the very first time, especially folks from outside Dona Ana County. There was smiling and laughter; Spanish and English conversations took place and interpretation provided by bilingual members of each table ensured inclusion and participation by all.

Meeting Objectives

Dr. Cacari Stone walked the participants through the packet and handouts and described how the rest of day would flow and went over the objectives and how the meeting's evaluation at the end of the day should connect to those objectives:

- To **create a safe space** for conversations across diverse stakeholders and community partners in New Mexico.
- To **create a common understanding and vision of health equity** from the local context.
- To **promote individual and group reflection** among stakeholders on the **successes and challenges** to achieving health equity in New Mexico.
- To **co-learn and cross-share strategies and best practices** for achieving health equity.
- To **develop key priorities for the statewide summit** and summarize local health equity practices, programs, and policy interventions.

Dr. Cacari Stone said this meeting was the first to be held, and other meetings are scheduled to take place around the state (Hobbs, Las Vegas, Navajo Nation and Albuquerque metro area), which will culminate in a statewide summit in Albuquerque on September 19th & September 20th. The anticipated outcome of the Health Equity Conversations is to develop preliminary action steps and strategies toward achieving health equity. The message shared by Cacari Stone is that "we are all leaders with the agency to take action within each of our communities."

Group Agreements

Meeting facilitator, Marnie Nixon, from the UNM Office of Community Health, explained how the group would go about sharing and bringing authentic conversations to the table and asked the group to suggest tips for mutually beneficial conversations. The following items were generated from the group:

- Trusting – use information to build something bigger than ourselves.
- Watch our terminology and lingo, and if people do not understand, to let the group know to stop to provide clarification. For example, the word 'silo' was used, and the facilitator described what she meant by that when asked for more explanation.
- Let the introverts talk.
- Silence sometimes is people thinking time.
- Be mindful of language barriers.

Expected Outcomes For The Day

Facilitators asked the participants to take five minutes to discuss and document the group's expectations for the day which were the following:

Group Expectations:

1. What is Equity? What does it mean? How can we find some common ground?
2. Network and collaborate for the benefit and betterment of the community.
3. Learn from each other's experiences.
4. What do Community Health Workers do?
5. What institutions are currently involved in health equity and who is missing?
6. Find commonalities and differences to get ready for the September Summit.

PURPOSE OF HEALTH EQUITY CONVERSATION

Dr. Cacari Stone said that it is timely and important to have health equity conversations, especially coming out of COVID. To further set up the context of health equity dialogue, she shared a story how corn came to the Peoples of this continent. The peoples were suffering from famine and prayed to the Serpent god Quetzalcoatl to help. He did so by coming down to the Earth and observed life and saw the hard working ants [hormigas] taking pebbles into their mounds, but upon closer examination, he saw that it was maiz [kernels of corn]. He took a grano de maiz to the gente and said, "This gift is from the smallest of beings: plant it, nurture it and it will feed you." This is how corn came to us. Dr. Cacari Stone asked the group to think about this story and how it relates to health equity, considering upstream actions we must do to change the narrative, remember lost knowledge, and honor all communities—rural, frontier, border, urban communities of New Mexico. Our goal is to bring the corn to the People and assure that our children are fed and sustained for future generations.

Francisco added, "Nadie es mas y nadie es menos," referring to a mantra used by Chaparral CHWs that "nobody is better or above another person" we all come to the table with a voice that is equally valid and important than another person.

Source: https://neomexicanismos.com/culturamexico/leyenda-de-maiz-quetzalcoatl-hormiga-mito-azteca/

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INTRODUCTIONS

Imagine a Future of Equity When...

Francisco Ronquillo (facilitator) asked the group to pair up with folks at their tables to answer the following question: Imagine the future- what is your vision of equity for your community?

Responses included:
[from flip chart and notes]

- Everyone having access to quality health care and health insurance in their own language and regardless of income/ability to pay (5)*
- Policy(ies) that make sense and that is(are) the solid backbone to getting things [health equity] done and include(s) grassroots participation (5)*
- Zero stigma or fear for access to behavioral/mental health services or other needed services (2)*
- Barriers to access [to all services] removed, such as lack of language interpretation and county boundaries (i.e. Dona Ana County/Otero County) that limit service access (2)*
  (Note: The context for these comments is due to the US Immigration and Customs Enforcement Agency's mobile pop and permanent border check points. This creates what locals call "Entrapment Zones" where communities live in fear of being detained or arrested and are not able to move freely within the border region across north-south and east-west boundaries. The consequence is being trapped and unable to travel to conduct daily living activities such as grocery shopping, going to school and even accessing health care services.)
- Access to technology to lessen the gap of the digital divide in our communities
- Kids and families do not go to bed and wake up hungry

*The (#) is the number of times each topic was mentioned from the 8 groups.

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DEFINING HEALTH EQUITY

Definitions, Strategies & Outcomes

> **"The condition in which every individual has the resources and access to live a healthy life, be economically stable and fully participate in society."**
>
> **-Las Cruces meeting participant**

Definition for Health Equity:

Dr. Cacari Stone presented definitions of health equity via handouts referencing her evaluation of the National Collaboratives for Health Equity. Dealing with the COVID-19 pandemic exacerbated the health inequities that continue affecting communities in New Mexico. The analogy that trying to cover an old couch with a new blanket will not hide the fact that there is still a broken, dingy couch underneath can be applied to health inequities in our state as it recovers from COVID – all the barriers and inequities before the pandemic are still there. The social fabric of local and tribal communities is based on racial inequalities. Our communities live it and we still have policies that promote racism. **Racism has been called a shark, but it is not - Racism is the water we swim in.** The COVID pandemic has taught us that communities with large vulnerabilities (poverty, lack of housing, lack of food and security) experience the least impact from vaccines and treatment to COVID. In our efforts to understand health inequities, we need to shift from only studying poverty, to also **studying the impacts of wealth and privilege.**

What we learned (and are still learning) from NM's roll out of the COVID Vaccine

Stigma attached to people who did not get vaccinated was highlighted by a story about a Sunland Park promotora who could not be vaccinated due to pre-existing health conditions. She felt judged and seen as the "new undocumented" because she did not have the coveted vaccine document. Yet, because she was a CHW, she was expected to continue outreach work in the community to promote the vaccine. Another story focused on how certain parts of the state did not have the infrastructure (even in a city of over 20,000) to provide the vaccine to its residents in a timely manner. Many residents of rural and southern New Mexico had to travel 50 miles to get the vaccine. But what if there was lack of transportation? What if the people could not even register themselves or their loved ones on the NM vaccine website because they did not know how?

> **"History has shown that pandemics occur every 100 years and even so, there was a lack of preparation in U.S. health systems. And a lack of political leadership to promote the vaccine and to make sure everyone had access to it."**
>
> **-Dr. Rosalba Ruiz**

Part of equity is collecting the data – the Science. What we know is not new. New Mexico's communities have to keep evidence going on why it is important to keep going.

Group Definition of Health Equity:

Facilitators asked the groups to discuss and define Health Equity. The below responses are from the group efforts flip chart/notes and locations from where participants resided/worked also documented:

Sunland Park, Chaparral, Las Cruces

- Access to healthcare without discrimination (i.e., SSE, Immigration status, racial/ethnic profiling, age, gender or ability to pay)
- Access to healthcare information (COVID testing and vaccines; indigent funds/Medicaid; SSI/ Disability) in every language that exists in the community
- Community Health Centers that (1) offer sliding fee scale and (2) have CHWs that conduct outreach and assist with technology

Dona Ana County/Ysleta del Sur

- Break down language barriers, present information to communities, and build relationships with everyone affected
- Workforce policies that promote access to care
- Rural communities have access to care, transportation and technology when they need it
- Advocates and peer mentors help people (including disabled people) navigate systems, including the use of technology

Northern NM, Butterfield and Dona Ana County

- Break down barriers: access to resources and coordination
- Fostering relationships and pride in your neighborhoods; culture and identity are key to achieving equity as well as data utilization and documentation
- There is no equity if there is privilege.

Dona Ana County and Hidalgo County

- Structural support for better health access and health outcomes for all and reliable transportation in rural areas
- Reducing stigma and language barriers
- Examining communities to foster asset-based resources instead of deficient based Northern and Southern Dona Ana County
- Working on processes to eliminate barriers to achieving health and creating a safe environment for everyone to flourish
- Developing tools for public health, such as health promotion programs in schools and utilizing CHWs

"There is no equity if there is privilege."

-From the working groups

ACHIEVING HEALTH EQUITY

Successes & Challenges

Each table was given orange and pink construction paper and asked to write down three challenges encountered in working to achieve health equity (orange paper) and three success stories or best practices (pink paper). Once finished, they were posted on the Organ mountains and Desert mural on the wall.

Organ Mountain Mural: What are the Hills (Successes/Best Practices) and Valleys (Challenges) you have experienced in your health equity work?

VALLEYS Challenges	HILLS Successes/Best Practices
Hospital CEO: No Margin, no Admission – won't give hospital services or subsidize care for undocumented immigrants	2021 State Legislature passing enabling legislation that allowed public hospitals to offer sliding scale fee to undocumented immigrants
CHWs would be too risky for hospital employment – no diploma, no certification	CHWs were hired by hospitals; reallocated "downstream" funds "upstream" and saved hospital and Managed Care Organizations (Blue Cross, Pres, Western Sky) millions of dollars
Poor rural ethnic minority applicants to School of Medicine with low test scores deemed too risky for acceptance	While early failure rate was higher, almost all eventually passed and their presence changed the ethnic makeup of the class to reflect better NM's ethnic distribution. NM benefited by a substantial increase in the school's graduates going into primary care and into rural practice in the state.
UNM Research priorities are usually driven by federal grant opportunities (ex. Brain and Behavior, Immunologic diseases from National Institutes of Health, etc.) rather than by community-driven priority health needs (ex. drug abuse, teen pregnancy, violence from County Health Councils).	Health Extension (HEROs) and other community engaged programs at UNM helped link university researchers with community needs and resources.
Hospitals losing money when discharged patients readmitted within 30 days	Medicaid managed care organizations now pay to keep patients healthy—and invest in CHWs and care managers
Not believe in a change; little access to education	Build multi-sector collaborations; "Nothing about Us without Us"
Fear (2) of sharing what they need and stepping up to fix what is broken	Patients on the Board of FQHCs – creating safe and comfortable and inclusive space for everyone; Ponernos a su nivel y comunicar en persona
Navigating education	Creation of Mentorship programs—teachers, school coaches and CHWs
COVID highlighted inequities	Federal funding created opportunities, jobs and programs; Health equity is gaining momentum
Falta de transporte (2) – No car, no money for gas; services and work far from home	Tratar a las personas con dignidad y compassion y tartar de identificar recursos

VALLEYS Challenges	HILLS Successes/Best Practices
Lenguaje/language barrier (3), Comunicacion; No information	Bilingual health literacy; people are becoming bilingual; hiring diverse groups, especially people that are bilingual For illiterate groups, using images to convey health/prevention message
Status de Inmigracion/Tener Igualdad	Build trust and relationships via CHWs and other community services
Falta de Centros de Salud (3); Dentistas, Hospitales	Encourage community involvement and use CHWs to promote health literacy so community can advocate for more local health services
Infraestructura (Instrastructure) (2): Luces, calles, carreteras	Start of community development to promote growth
Drogas	Youth development programs; Mentoring programs based on shared experiences between mentors and mentees
Distraciones para adultos y Jovenes	Identifying community champions that worked with tobacco prevention; Motivar a los Jovenes y dar animo a nuestros ancianos

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IDENTIFYING NEXT ACTION STEPS

Priorities for the Equity Summit

What would make the Equity Summit meeting a huge success?
The group was asked to provide input to the Summit agenda and focus on what would be a call to action, what impact we want and how we want to converge our efforts. Responses included:

1. Focus on Promotoras/CHWs
    - Find literature to validate model and bring evidence (NIH/HRSA/NCOs) to the Summit
    - Billing Code for CHW reimbursement to encourage hospitals and clinics to employ CHWs
    - A New Mexico Promotora/CHW Day—make it official.
    - Methods to find out where CHWs are throughout the state, including border region
2. Document and celebrate multi-cultural communities of New Mexico and the work being done by these communities
3. Develop a statewide Health Equity Manifesto
4. Pre-workshop on Mary Alice and John's framework – Relentless incrementalism
5. Work on policy together – is there a policy for debate or something that is important in New Mexico?
6. Secure funding and strategies for sustainability; ways to track money flowing in, the impact, and the outcomes
7. Look at who is missing from these conversations. Education sector is critical for achieving health equity.

Delta/Plus: Participants were asked to describe what they liked (plus) about the day and things they would change (delta) to help improve upcoming meetings.

What did you like?

- Including and hearing people – Boots on the ground--CHWs; Creating good connections and community; sharing rich stories and discussions.
- Reconnecting and going back relentless incrementalism; Si siente en persona muy diferente, muy organizados
- Creating space to reflect and think
- Exciting to spend time with people we met and did not feel judged by wearing a mask

What would you Change?

- Scary, keep an eye out (wear a mask)
- Have more providers to hear what we are expressing to understand the work we are
- Trying to promote to understand why we are doing this
- Land and labor acknowledgment
- Arrange a listserve to continue communication
- Need a map highlighting inequities in each community for visual person

A Path Forward for Achieving Health Equity: Conversations for Action

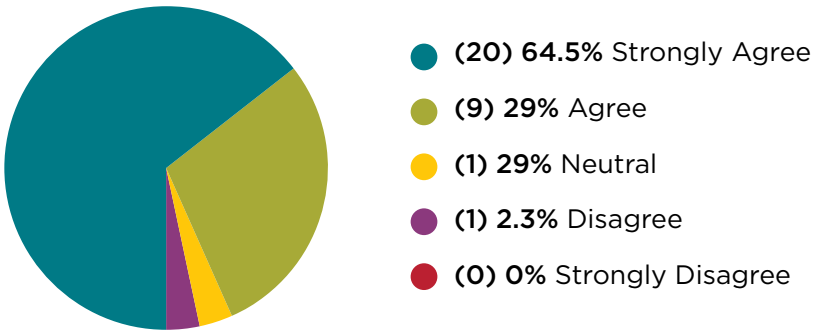
We received 32 evaluations from participants (9 online and 23 hard copies). The following is a summary of the responses to the 9 survey evaluation questions and comments to the open-ended question.

The **majority** of survey respondents gave **positive** responses by strongly agreeing/agreeing (93% - 100%) with the statements below. Respondents gave the highest evaluation (100% agree/strongly agree) to **Statement 5**, which dealt with the "hills and valleys" group exercise and whether it promoted individual and group reflection on the successes and challenges to achieving health equity in their communities.

Of the nine statements, only three (3) or 3.2% of respondents marked Disagree, and those were: **Statement 1**, which dealt with the welcoming, opening circle and safe space/tone for the meeting; **Statement 2** which asked whether the facilitators clearly described the Vision/Purpose and Objectives to the group; and **Statement 3** that asked if the exercise "Imagine a future of equity when..." helped create a common understanding/vision for health equity. Seven statements had responses (n=8) of neutral (3.1% - 6.7%).

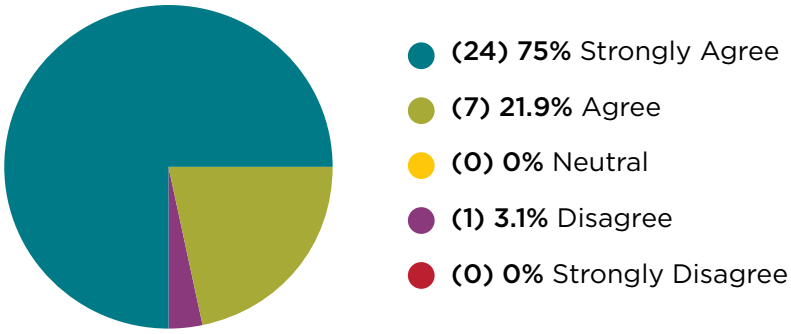
Overall, the **majority** of respondents (96.7%) felt that the Health Equity Conversations for Action event created a meaningful opportunity for stakeholders to connect to why equity matters and how it relates to setting actionable goals to achieve health equity in New Mexico.

1. The welcoming, land acknowledgment and opening circle created safe space and set a tone for meaningful conversations across diverse stakeholders and community partners.
(31 responses)



The majority of survey respondents (93.5%) strongly agreed/agreed that the opening activity set a positive tone for meaning and diverse conversations, while only **one** respondent disagreed with the statement and one respondent remained neutral.

2. The co-facilitators clearly communicated the Vision, Purpose, Objectives and Principles for intercultural communication to the group.
(32 responses)



Most survey respondents (96.9%) strongly agreed/agreed that the co-facilitators communicated vision, purpose, objectives and principles for intercultural communication, while only one respondent disagreed.

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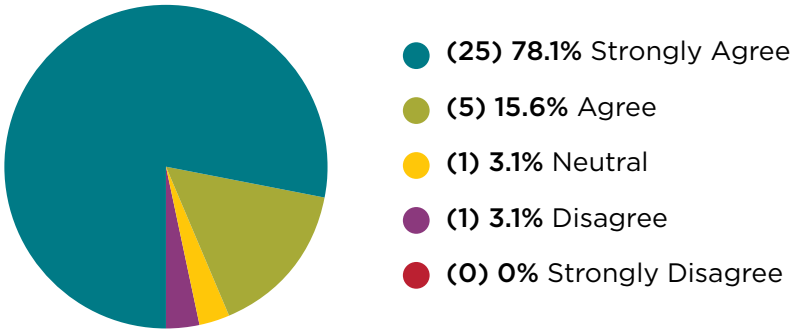
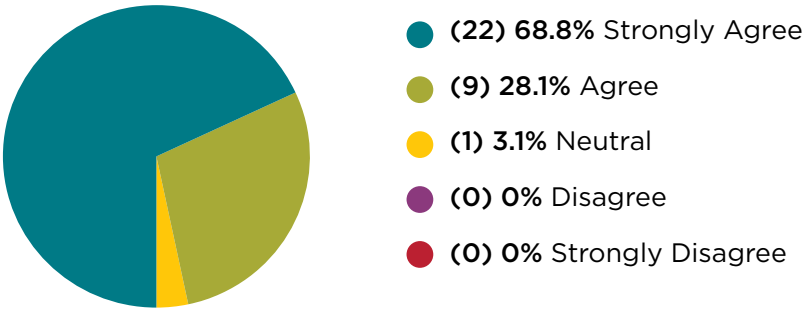
3. The exercise in dyads "Imagine a future of equity when..." helped create a common understanding of and a vision for health equity from the local context.
(32 responses)



The majority of respondents (93.7%) strongly agreed/agreed that the exercise in dyads helped create a common vision for health equity from a local context, while only **one** respondent greed, and one respondent remained neutral.

4. The Framing Presentation and group discussion "History, Definitions, Strategies and Outcomes of Health Equity" helped to create a common understanding of health equity.
(32 responses)



The majority of respondents (96.9%) strongly agreed/agreed that the review of health equity's history, definitions, strategies and outcomes was helpful, while only one respondent remained neutral.

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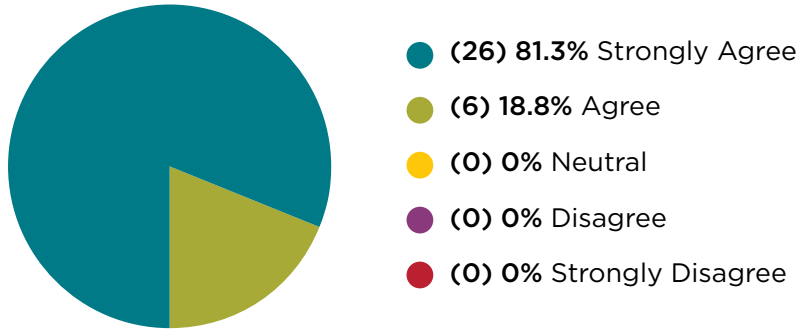
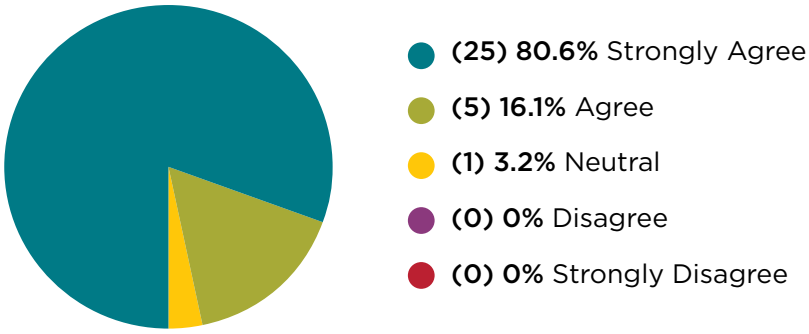
5. The "Hills and Valleys" group exercise and community wall promoted individual and group reflection among stakeholders on the success and challenges to achieving health equity in New Mexico.
(32 responses)



All of the respondents (100.1%) strongly agreed/agreed that the "hills and valleys" exercise promoted collective reflection on "how" to achieve health equity.

6. The group exercise of discussing and charting local health equity strategies, best practices and outcomes supported co-learning and cross-sharing.
(32 responses)



The majority of respondents (96.7%) strongly agreed/agreed that the exercise on charting strategies and best practices was useful, while only **one** respondent remained neutral.

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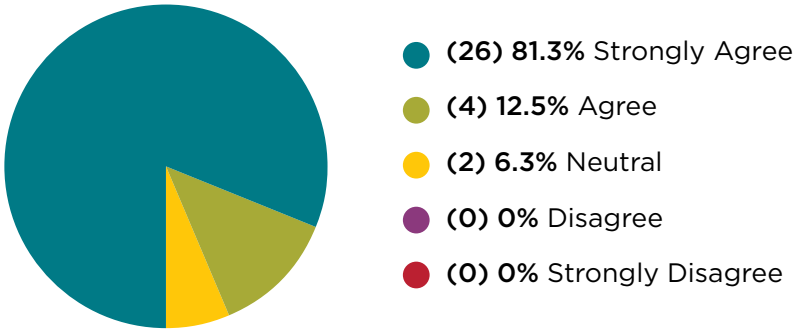
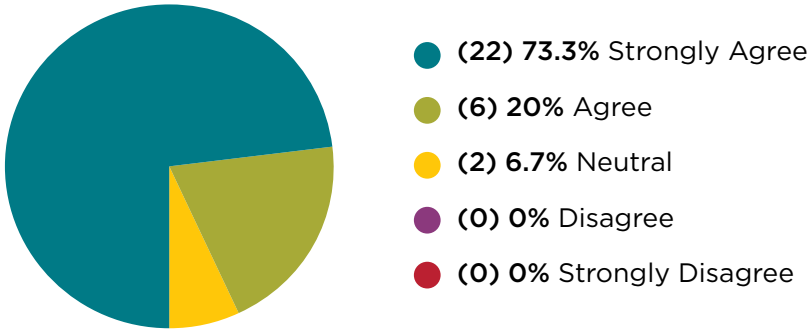
3. The exercise in dyads "Imagine a future of equity when..." helped create a common understanding of and a vision for health equity from the local context.
(32 responses)



The majority of respondents (93.7%) strongly agreed/agreed that the exercise in dyads helped create a common vision for health equity from a local context, while only **one** respondent greed, and one respondent remained neutral.

8. The facilitator's, materials, handouts, agenda, "toys" and stories promoted a creative and incusive environment for diversity, inclusion and beloing for participants.
(30 responses)



The majority of respondents (93.3%) strongly agreed/agreed that the event promoted diversity, inclusion and belonging, while only **two** respondents remained neutral.

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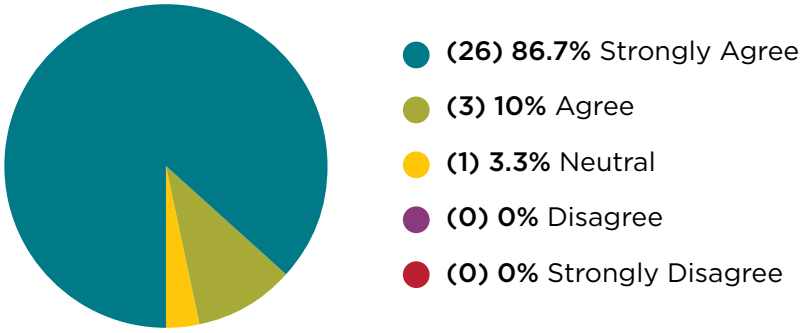
9. Overall, the 1/2 day event achieved the purpose: "to create a meaningful opportulity for diverse stakeholders to connect to "why" equity matters to... set actionable goals for achieving health equity
(30 responses)



The majority of respondents (96.7%) strongly agreed/agreed that the event created opportunity to connect to "why" equity matters and set actionable goals, while only **one** respondent remained neutral.

10. Please share any comments here to help us move this work forward (i.e. What was useful? What would you recommend to change for future health equity dialogues? Any suggestions for making the September Health Equity Summit successful?).

The following statements highlight responses that included perceived areas of strength of the Health Equity Conversation:

- Great space and opportunity to share openly. Appreciate the group highlighting successes so we can see the wonderful work being done in the area. Great to see promotoras participate since they are the ones who know the communities best.
- Great! Great to be back, but a little scary to be in a space that did not feel very safe since COVID is not over yet.
- Excelente! gracias
- This is the first summit I attend that was interactive and involved a conversation w/ each other. It was welcoming and a great opportunity to not only network, but not feel like we are in competition w/each other. Thank you.
- I greatly appreciated and valued the Spanish-English facilitation. Excellent. Met two CHW to connect my clinical team with. Have a few more breaks for folk to walk around.
- Just one thingto you all. Thank you. It was really nice to see you again.
- I liked it very much. Keep up the good work!
- It was a great meaningful connection. I would have loved to use the toys and crayons with a group activity.
- I enjoyed this presentation. I got to meet new people. It is nice to be here, I really enjoyed everybody's comments and stories. Love it =)

The following statements highlight responses that included recommendations to improve the Health Equity Conversation and for consideration in planning the Summit:

- Maybe have this training in Spanish.)n our table we have 2 promotoras that don't speak English.
- More exercises to help us understand "what is health equity?"
- Have key speakers from around the state or nationally so they understand what the needs are in our communities. Other medical staff would benefit from these summits.
- Sharing of ideas to include local and state strategies for organizations not in NM.
- Se nececita traducción. Todo bien a ecepcion de no traduccion. (Translated by CLK): - Translation is needed. Everything fine, except not translation.
- This was very good to hear everyone's ideas/comments -Need to have more discussions like this
- Difficulty reading slides on projector! Great group diversity! Breaks, food and snacks were great. Activities were engaging. Fidget top on table were a great idea. It would have been great to explain what they were and why they were on the table
- Thank you for organizing this. One recommendation I have is to integrate more people from the community in the presentation pieces of the event - for example, maybe someone who is currently working in the community could give part of the presentation on the history using examples from local community work or something like that.
- Include Best Practices!