



NORTHEAST REGION HEALTH PROMOTION TEAM NEWSLETTER

Spring 2021



SPRING

Reflect & Reset

Pause, Reflect, Reset

by Amy Sandoval

The past fifteen months have provided a unique opportunity to think about what lies ahead, what our hearts desire, and what we have taken for granted. As we start to settle into a rhythm we are familiar with, it's important to not jump too quickly to punch the reset button but take a moment to pause and reflect on what we've experienced and learned. The past fifteen months have given us so much to think about and an opportunity to formulate our thoughts on life, situations, and the routine we've been accustomed to in a fast paced world that has not given us a moment to breathe in a while.

To take time to pause, reflect, and reset is much like programmatic evaluation. We tend to get caught up in planning and implementation for so long, that we forget to step back and analyze the impact. Once we can measure the effectiveness of a project and the impact, we are presented with a choice of how to move forward. Coincidentally, as a nation, state, community, and individuals, we are presented with the same opportunity in moving forward as we slowly begin to recover from what we have experienced in living through a global pandemic together.

Although we are not out of the woods yet, let us all take a moment to pause and reflect as we ponder our next move, whether personally or as leaders strategically planning from what we have learned. This is a critical moment in time when we have the opportunity to avoid what was not working, from repeating itself, and intervene with a different course of action. We all share one thing in common, and that has been the change we have all had to experience within the past 15 months. As we move forward, do not forget the choices we have before us and lean on one another to determine the impact that lies ahead before hitting 'reset'.





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San Ildefonso Pueblo COVID-19 Spotlight **by Christa Hernandez**

For the past year, the San Ildefonso Pueblo staff and health council members have taken on various roles and have been instrumental in responding to COVID-19 in their community.

At the start of the pandemic, the roles of staff and health council members changed drastically. Work was done via phone calls, text messages and zoom meetings. Staff were tasked with helping scared community members cope with this new reality. Regularly scheduled home visits and health education events were postponed and by May 2020, staff and health council members were assisting with COVID-19 testing in the community.

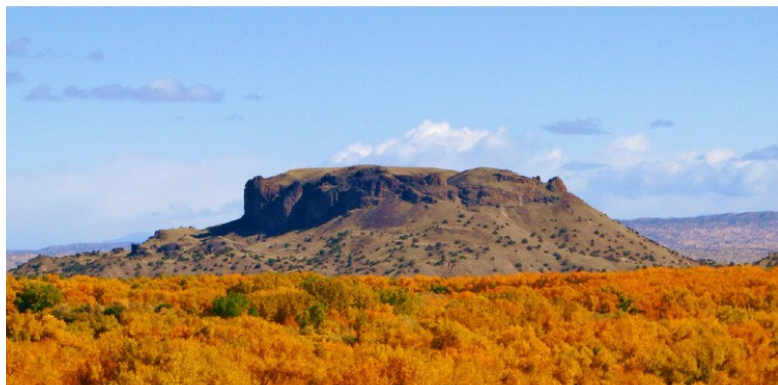
In the Fall of 2020, San Ildefonso Pueblo had its first case of COVID-19. Three health council members became part of the COVID-19 Response Team and were trained to do contact tracing. This included making daily follow-up calls, scheduling individuals for COVID testing, and coordinating other care efforts. Staff and health council members bought and delivered groceries/household items to those in quarantine. Despite the constant changes, staff and health council members continuously evaluated the services provided to ensure work was done safely and in a manner that would prevent anyone from falling through the cracks.

Challenges the health council faced include identifying how to provide services without making direct contact with community members and currently how to provide services safely now that things are opening.

A few health council successes include hosting four large testing events and serving as the conduit between the Santa Fe Indian Health Service Unit (IHS) and the community to provide correct information to community members. Additionally, the San Ildefonso Pueblo staff and health council members were commended multiple times by community members and IHS staff for their constant effort and the long hours worked to support the health and well-being of community members. This recognition further affirmed they had done their part to take care of their community.

The knowledge this health council will carry into the future includes the following: Life is precious, Time is precious, and Patience is a virtue. No one knows what tomorrow holds, but the sacrifices made this past year and the wait to see family members, friends, and neighbors was worth it, especially now that things are opening.

Many thanks to Raelene Martinez, San Ildefonso Pueblo Health Council Coordinator for her thoughtful responses for this spotlight.





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Vaccine Equity in New Mexico by Gwendolyn Gallagher

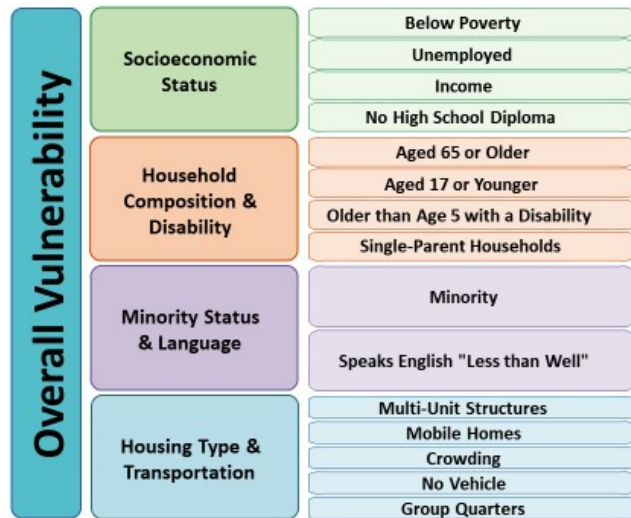
Ensuring equitable COVID-19 vaccine access is a priority in New Mexico. COVID-19 has disproportionately affected race-ethnic minority groups and those who are economically and socially disadvantaged. Thus, ensuring vaccine equality (i.e., equal allocation of vaccine among communities) as well equity (i.e., preferential vaccine access and administration to those most affected by COVID-19) is a significant goal. The CDC social vulnerability index (SVI) uses 15 indicators grouped into four themes that comprise an overall SVI measure, resulting in 20 metrics, each of which has rankings among and within New Mexico counties.

SVI rankings were divided into lowest to highest tertiles to categorize New Mexico communities as low, moderate, or high social vulnerability geographic areas. These tertiles were combined with New Mexico vaccine data to assess vaccine equity among low-, moderate-, and high-vulnerability communities.

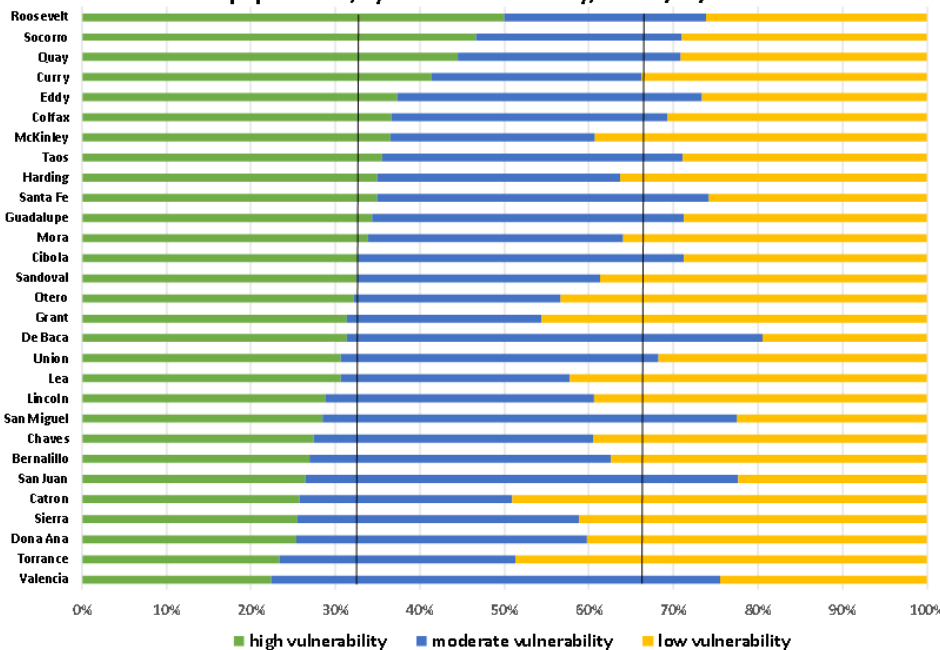
The figure below shows vaccination percentages among low, moderate, and high vulnerability communities varies greatly among the 29 counties. For 48% (14) of 29 New Mexico counties, more than a 3rd of fully vaccinated residents live in high-vulnerability geographies. Among these 29 counties, Roosevelt County has the highest percentage (50%) of vaccinating their highly vulnerable communities, followed by Socorro (47%) and Quay (45%) Counties. Even though Roosevelt County has the lowest (to-date) vaccination rate (25%) in New Mexico, nevertheless, 50% of vaccinated individuals in Roosevelt County live in a high-SVI neighborhood.

Our approach provides a quantitative framework to assess equitable COVID-19 vaccine distribution and administration that accounts for population health disparities among persons at higher risk due to health status, occupation, or living conditions; and geographic distribution of active virus spread.

American Community Survey (ACS), 2014-2018 (5-year) data for the following estimates:



Distribution of community-level vaccination rates across vulnerable populations, by New Mexico county, as of 5/13/2021



Data sources:

- Vaccination data are from New Mexico Statewide Immunization Information System and Tiberius.
- Social Vulnerability Indices (SVI) are from the U.S. Census Bureau American Community Survey 2015 - 2018

Data notes:

- Vaccination rates are for those persons fully vaccinated.
- SVI estimates within each New Mexico county – at the level of zipcode tabulation areas, ZCTAs – were assigned to tertiles representing low, moderate, and high vulnerability.
- Data are presented as a 100% stacked bar chart, with the length of each bar segment representing the proportion of total vaccination coverage for each SVI tertile. When proportions of vaccination coverage are equal among SVI tertiles, each proportion represents 0.33 and is shown by the vertical black lines. When proportions of vaccination coverage estimates are not equally distributed among SVI tertiles, then proportions do not align with vertical lines representing tertiles.
- SVI data for Rio Arriba County are not presented due to lacking SVI estimates (see: <https://www.census.gov/programs-surveys/acs/technical-documentation/errata/125.html>). Data for Hidalgo, Los Alamos, and Luna Counties were omitted due to <3 ZCTAs within the county boundary; hence tertiles could not be estimated for these three counties.



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Guadalupe Health Council: Lessons Learned and Moving Forward

by Valentina White

As the nation and state begins to lift COVID-19 public health orders, individuals and communities are celebrating the new challenges they have overcome in various aspects of their lives and are also learning from the lessons they have experienced.

At the start of the pandemic, the Guadalupe County Health Council (GCHC) had to quickly seek alternative ways to continue to meet, and chose to utilize a virtual platform. The challenge with hosting virtual meetings was a lack of direct personal connection with community members, but the plus side was partners could remain connected from the safety of their own homes. Once the virtual platform was identified, it was quickly embraced by partners as a means to stay connected during the pandemic. Via this virtual platform, the health council was also able to connect with new statewide partners who may not have previously been able to attend an in-person Guadalupe Health Council meeting due to the distance or due to other schedule conflicts. The health council's flexibility and quick response during the pandemic is viewed as a success of this health council.

During this time, the Guadalupe Health Council was able to provide the community with NMDOH COVID-19 information and updates. Health council members and partners relied on the health council meetings for updates and communication on COVID-19. Key partners such as the Santa Rosa City Emergency Manager, who is a member of the health council, provided important updates and consistently reached out to the health council to ask for assistance in sharing important COVID-19 issues in Santa Rosa and Guadalupe County.

During the peak of the pandemic, the health council was no longer utilized to assist with providing COVID-19 updates to community members. This occurrence was discussed by the health council members and is viewed as an opportunity for the Guadalupe Health Council to present information to county leadership highlighting the role of health councils and the many important projects supported and completed in communities within Guadalupe County.

The Guadalupe Health Council is grateful to the many health council members and partners who continued to meet and support efforts to improve health within this community during a pandemic.

Many thanks to JoAnn Rivera-Velasquez Guadalupe Health Council Coordinator for her honest responses for this spotlight.





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Harding County Health Council is a Star COVID-19 Champion by Nichole Romero

Over the past year, the Harding Health Council has assisted the New Mexico Department of Health and the National Guard with COVID-19 events in Harding County. The health council assisted with all 5 COVID-19 events (testing and vaccinations) that have been held in Roy, NM. The health council educated community members about the COVID-19 vaccine, COVID-19 symptoms, and have kept community members informed about the stay at home and mask orders. During COVID-19 events, the health council assisted the Department of Health and National Guard by providing an ideal location to hold the clinics; staffing (a nurse practitioner and EMTs) for observation; providing education when needed; conducting traffic control; and providing a wonderful lunch for all personnel involved.

When the Harding Health Council is not supporting with COVID-19 events, they are working to address specific health priorities affecting their county such as transportation, access to care, and acquiring needed resources to support county residents. The Harding Health Council addresses many of these issues by hosting 2 health fairs a year in Roy and Mosquero that provide valuable services to the community. The health council is also actively researching new programs and grant opportunities that could benefit residents.

Many thanks to Mary Laumbach, Harding Health Council Coordinator and Judy Casados, Harding Health Council member for their insightful responses for this spotlight.

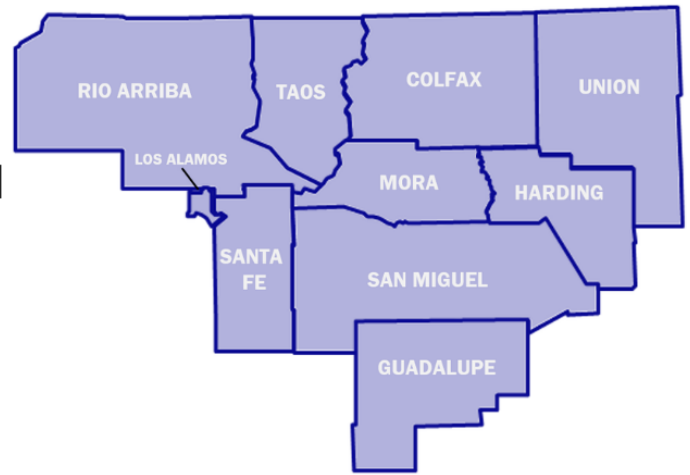


New Mexico National Guard and Harding Health Council members supporting with COVID-19 efforts.

PUBLIC HEALTH DIVISION

NORTHEAST REGION HEALTH PROMOTION PROGRAM

We serve our diverse communities by harnessing their power to create positive and lasting solutions to the public health issues they face, as well as locate resources and assist with health initiative development. We envision creating systems with engaged communities striving for a happy and healthy lifespan for all in New Mexico.



HOW WE SERVE COMMUNITIES

- Facilitate connection between community partners and NMDOH programs and resources
- Conduct community-based health promotion with community and tribal health councils, coalitions, and other partners
- Access resources and funding
- Link community partners to data, evidence-based interventions, and NMDOH programs.
- Provide technical assistance with community health assessment, health profiles, communications, and strategic planning
- Maintain open communication between community partners and NMDOH
- Engage in advocacy and policy development around local and state-wide health issues

WE CONNECT THE DOTS



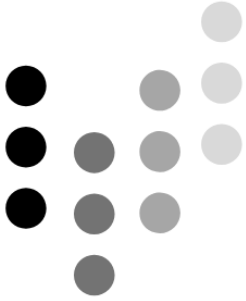
“Health Promotion Teams strengthen collaborative efforts at the local level...to provide health councils and community partners with data, technical assistance and other resources at the request of local communities.”

- 2014 New Mexico State Health Improvement Plan



REGIONAL STAFF

NORTHEAST REGION HEALTH PROMOTION PROGRAM TEAM



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WHAT THE PROGRAM MANAGER DOES:

Leads the team to facilitate the Public Health Division mission and initiatives, coordinates and implements strategies to address health priorities and indicators, and supports community preventive and population-based services

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WHAT THE EPIDEMIOLOGIST DOES:

Provides leadership for assessment, evaluation, and public health planning, develops and builds capacity within the team to increase assessment skills in data interpretation, analysis, program evaluation, and other related skills

WHAT THE COORDINATORS DO:

Assure coordination of community health improvement activities with DOH by assessing community readiness, assist with provision and interpretation of data, identify local partners and include them in the planning and implementation of regional and state initiatives

WHAT THE SPECIALISTS DO:

Work within and support their local Public Health Offices, engage with their local communities to address health priorities through the development of policy, supporting health councils, and implementing special projects and grants

HEALTH PROMOTION SPECIALISTS

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