

NORTHEAST REGION

VIRTUAL SPRING HEALTH COUNCIL GATHERING SUMMARY



March 30, 2022

EQUITY

**Everyone has
a fair and just
opportunity to
be healthier.**

The Northeast Region Health Promotion team gathered with regional health councils, guest presenter Dr. Laura Parajon, and other community stakeholders from across New Mexico. The objective of the meeting was to engage in defining and demonstrating knowledge of health equity, health inequalities and social determinants of health as they relate to communities throughout the Northeast Region of New Mexico.



An illustration of equality, equity, and justice. Equality is when resources are distributed evenly without consideration of different needs, equity distributes resources in accordance with need, and justice removes the systemic barriers that disproportionately affect different individuals and populations.

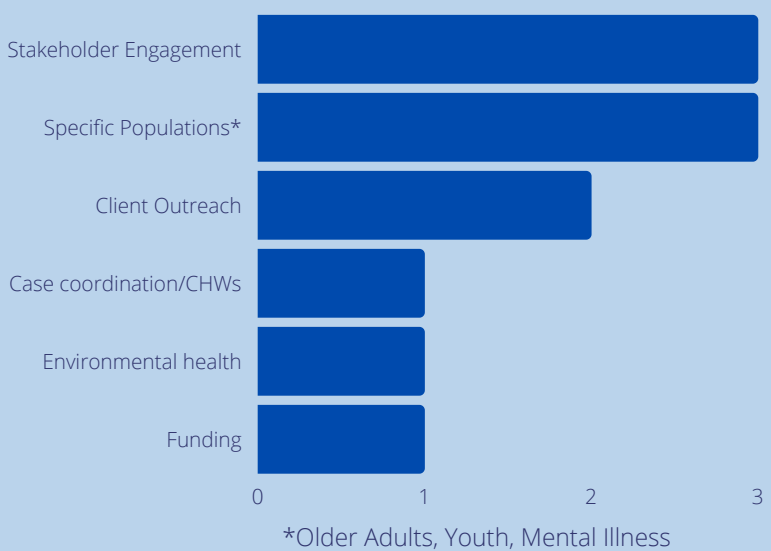
Who Participated?

Fifty-five individuals attended the Virtual Northeast Region Health Council spring gathering. Here's a snapshot of information about them!

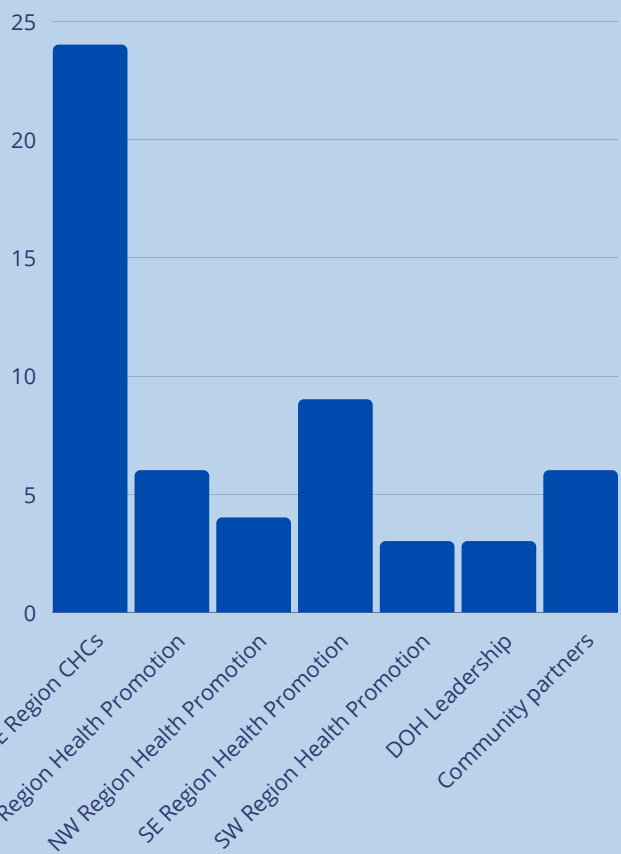
The Northeast Region Health Promotion Team serves the area shown here, but we were delighted to welcome attendees from throughout the state of New Mexico.



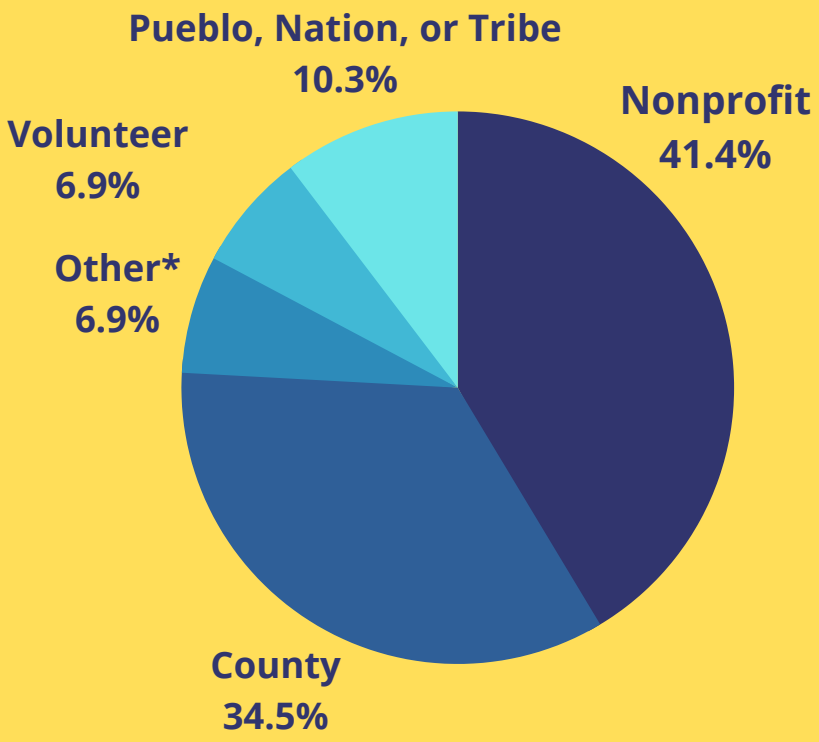
Topics HC coordinators would like to hear about in future meetings:



Attendee representation from many organizations:



Affiliation of Health Council Members in Attendance



*Higher Education & Health Care

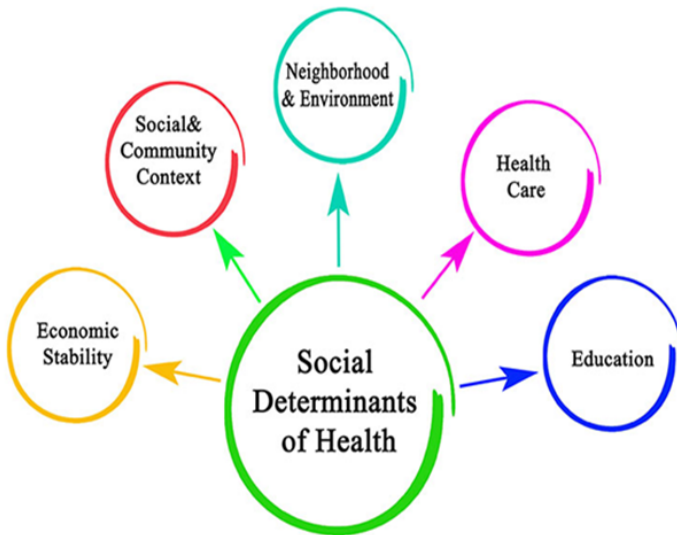
NE Region Health Council Virtual Gathering Equity Presentation

Health Equity Specialist, Jessica Sandoval, and Health Promotion Coordinator, Steve Martinez provided education about how health equity is defined and its relationship with the social determinants of health.

NMDOH defines Health Equity as:

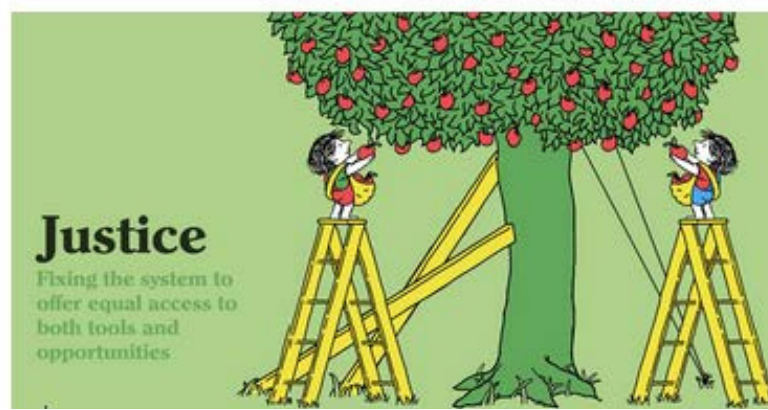
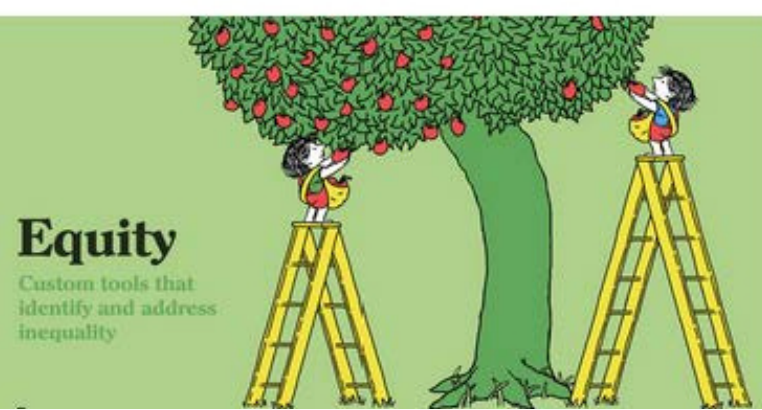
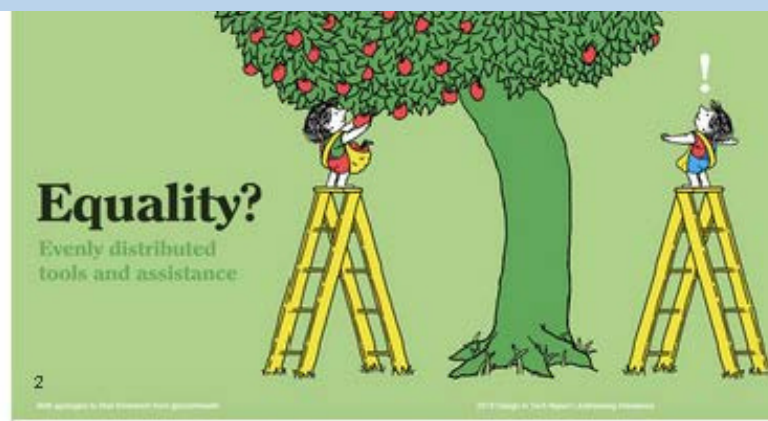
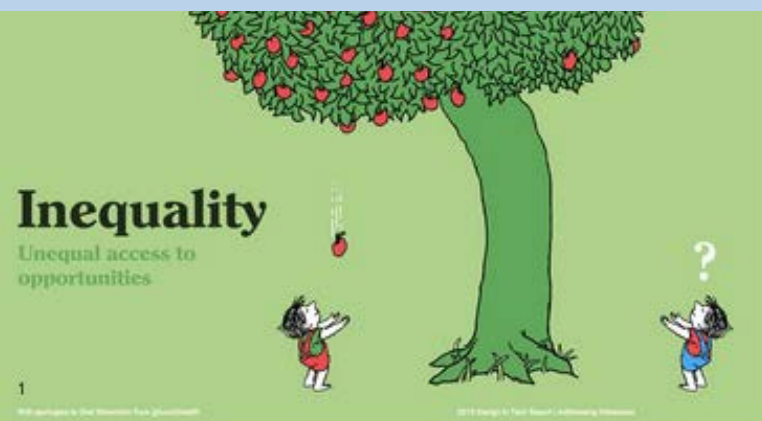
Everyone has a fair and just opportunity to be as healthy as possible. We consider the Diversity of New Mexico's communities as we make decisions on how policy and practices are developed and how resources are distributed to remove obstacles to health such as poverty, power imbalances, systemic racism, discrimination and their consequences including lack of access to good jobs with fair pay, quality education and housing, safe environments and health care. We work to ensure our workforce is diverse and inclusive because a workforce and leadership reflecting all New Mexican's can best achieve health equity outcomes.

A person's economic stability, social & community context, neighborhood & environment, health care, and education affect whether they have a fair and just access to opportunities for health.



When access to opportunity for health is not equal, vulnerable people or groups are left without critical resources. Health promotion and community health councils work to increase health for everyone through efforts aimed at equity and justice.

Image credit: Tony Ruth's Giving Tree art of justice/equality/equity



Four breakout groups reflected on the following questions:

1. What is your health council's definition of health equity?
2. What does health equity look like in your community?
3. What health equity changes do you want to see in your community in the next 3–5 years?
4. What types of resources would you need to make this happen?

Breakout Group #1 Discussion Summary

Group one discussed that equity can include broad actions like creating a comprehensive health equity plan for the entire county or more targeted actions like identifying specific areas of inequity and linking disadvantaged populations directly with the supports they need. Meeting everyone where they are at cannot be a one-size-fits all approach, and it is a learning process for everyone.

Breakout Group #2 Discussion Summary

Group two shared that they see equity promoted through collaboration of many colleagues who join to support the community with education, resources, health care, and other assistance. The strength of the health councils comes from individual leaders coming together to share knowledge and with each other and then to reach back out to recipients with that knowledge.

Breakout Group #3 Discussion Summary

Group three shared that health equity is a part of their mission statement, and is explained as helping everyone live their healthiest life regardless of race, sex, or gender. Several health councils have had public discussions to help their communities understand this concept better. They are making a concentrated effort to get members of underserved populations a "place at the table"

Breakout Group #4 Discussion Summary

Group four discussed identify important outcomes first, and then tracing those to determine where populations disparities exist. They also stated that it is not enough to just provide services and assume that everyone will be able to access those services equally. An example provided was requiring online registration in a community where people do not have reliable access to the internet.

Resources that community health councils stated they need to achieve their equity goals are:

Data About Needs and Disparities

Public Awareness of Services

Connection/Partnerships

Reliable Funding Streams

Better Access to Existing Services

Tools for your health equity toolbox #1: Create Shared Language

Dr. Laura Parajon, DOH Cabinet Secretary, shared resources from Pathways to Population Health during her presentation. To learn more about this information, visit pathways2pophealth.org

SOCIAL DETERMINANTS OF HEALTH – 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.

HEALTH – A STATE OF COMPLETE PHYSICAL, MENTAL, AND SOCIAL WELL-BEING AND NOT MERELY THE ABSENCE OF DISEASE OR INFIRMITY.

EQUITY – EVERYONE HAS A FAIR AND JUST OPPORTUNITY TO BE HEALTHIER. THIS REQUIRES REMOVING OBSTACLES TO HEALTH SUCH AS POVERTY, DISCRIMINATION, AND THEIR CONSEQUENCES.

HEALTH INEQUITY – DIFFERENCES IN HEALTH OUTCOMES BETWEEN GROUPS WITHIN A POPULATION THAT ARE SYSTEMATIC, AVOIDABLE, AND UNJUST.

POPULATION HEALTH – THE HEALTH OUTCOMES OF A GROUP OF INDIVIDUALS, INCLUDING THE DISTRIBUTION OF SUCH OUTCOMES WITHIN THE GROUP.

Guadalupe County Health Council defines health equity as "Addressing inclusion of all residents of Guadalupe County to work to remove barriers to services regardless of - race, color, ancestry, religion, sex, national origin, sexual orientation, age, citizenship, marital status, disability, gender identity, or veteran status."

How does your health council define health equity? Consider this question at your next health council meeting to begin the discussion.

Tools for your health equity toolbox #2:

Evaluate current equity practices

Dr. Parajon discussed the Pathways to Population Health Compass during her presentation. This is a survey that can be used to understand what equity practices are already in place, and what needs development in your organization. Some sample questions are included below.

Data

Consider all the statements below about data.

- We collect data to proactively manage the social well-being of defined populations.
- We collect data to proactively manage the spiritual well-being of our discrete populations.
- We share data with all relevant clinical stakeholders, with whom we are collaborating to improve the social and spiritual well-being of discrete populations.
- We include social and spiritual drivers of health in our risk stratification to proactively manage prevention, disease management, and complex care management needs for discrete populations.
- We use our data in improvement initiatives related to social and/or spiritual well-being.

We don't do any of these things 0	We do a few of these things 1	We do most of these things 2	We do all these things! 3
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Equity

As you consider your organization's efforts to improve **equity**, please select the description that best represents the attitudes, behaviors, or actions currently underway.

We do not discuss health equity in our organization.	We've had some discussions or educational sessions related to health equity, but have not taken any action to address equity issues.	We routinely collect data on race, ethnicity, language, and SES and have active improvement efforts underway to address health equity gaps.	We stratify community data based on key sociodemographic factors and work with community partners to close equity gaps.	We work with community partners to implement, evaluate, and improve programs and policies to address the root causes of inequities.
At the beginning 0	Making initial progress 1	Making moderate progress 2	Making substantial progress 3	Implementing broadly 4

Access the complete **Pathways to Population Health Compass** at:

<http://www.pathways2pophealth.org/>

Tools for your health equity toolbox #3: Build capacity

FUNDING

"Providing various levels of support and assistance based on specific needs or abilities."

Dr. Parajon led health councils in a discussion about resources needed to build capacity for addressing health equity. Five main categories emerged. Selected comments from health council gathering participants about each category are shared here.

NETWORKING

"Better ability to network statewide with other councils."

DATA

"Bring back health profiles and plans."

FRAMEWORKS

"Informed practice from communities is a great place to start."

TRAINING

"Inequity exists across many cultural groupings... people shut down when they don't see how this pertains to them."

With Gratitude,

Thank you for attending the NE Region Virtual Spring Health Council Gathering.

Please contact us if you need further support as you address health equity in your community.



Audie Nadler
NE Region Health Promotion Coordinator



Amy Sandoval
NE Region Health Promotion Program Manager



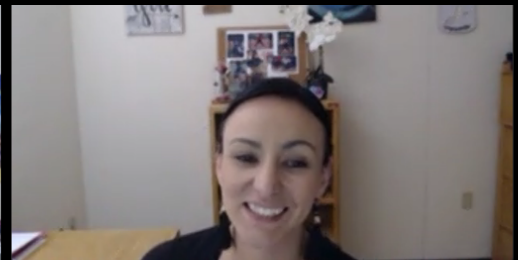
Valentina White
Health Promotion Specialist



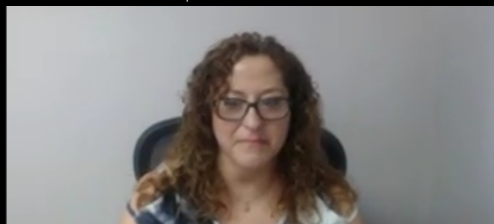
Steve Martinez
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Nichole Romero
Health Promotion Specialist

NE Region Health Promotion

Website: <https://nmhealth.org/about/phd/region/ne/hlpne/>

We're here to help