As public health professionals, we’ve become acquainted with the “upstream-downstream” parable to explain health disparities among individuals or communities. Within the past 5 months the world has become overwhelmed with uncovering a resolution to our global pandemic, when a large part of the answer rests with the focus on upstream causation. The conditions of the spaces and places where people live, work, play, and pray, also known as the social determinants of health (SDOH) are found upstream.

While much of the spotlight has been focused on the downstream view, or more familiarly known as the “COVID-19 response”, we must not forget to reflect on what is happening upstream. The long hours of strategic planning and assessing, prior to COVID-19, on health priorities such as access to care, hunger, substance use, behavioral health, among others, should not be forgotten and need our attention now more than ever. In fact, as new systems are created in response to COVID-19, we have seen a new light shed on the broad disparities within our society revealing how our solutions are not a “one size fits all” approach.

As a Health Promotion Program, a large part of our responsibilities as Public Health Division employees has centered on our state’s COVID-19 response by becoming involved with testing sites, case investigations, and contact tracing. While carrying out these responsibilities we have heard from community members inquiring about the upstream challenges and conditions they are experiencing: income support, employment, childcare, access to healthcare, social support, legal support, housing, healthy food- the list goes on. While we do our best to direct them to immediate resources, our program’s responsibility is to ensure these SDOH are included as part of pandemic public health objectives and policy implementation moving forward. So, as we continue to look for a resolution, let’s continue to stay on course by curiously venturing upstream to discover a new take on the reality of COVID-19.
SERVING OUR COMMUNITIES DURING A PANDEMIC
by Christa Hernandez

The past five months have been a whirlwind! I still remember the first training I attended where I learned about contact tracing and I remember leaving not being entirely clear on what it is or how it is done. However, after several months, several trainings, and several calls made as a contact tracer, I can say I understand it very well now. Contact tracing is used by state and local health departments to stop the spread of disease. This is done by letting people know they have been exposed to a disease and what symptoms to look for, helping identify where someone can get tested to find out if they have the disease, and providing recommendations on self-quarantine or self-isolation. It seems simple enough, but I have learned it can be very complicated.

Since March, Desiree Valdez and I have served as two of the Contact Investigation Branch Coordinators in the New Mexico Department of Health's Incident Command System. We have trained staff on contact tracing and how to navigate the system we are using for contact tracing. We have scheduled over 200 staff over the past five months for contact tracing shifts, 7 days a week from 8am-8pm. We have resolved issues arising with scheduling, accessing the system, or troubleshooting situations arising on contact tracing calls.

Although our team has not been able to go into communities to participate in meetings and activities, we have supported our communities and the individuals and families impacted by COVID-19. We have worked to address social determinants of health and disparities by sharing information about employment, food access, housing, childcare, or utilities. We have supported our communities by linking individuals to our local Public Health Offices to get tested for COVID-19, hosted community testing events throughout our entire region, called individuals to provide them with their test results, contacted individuals who have been exposed, contacted those who have tested positive, and checked on the positive cases to determine when they have recovered from the virus. We have not been with you in person, but we have been with you virtually and in spirit, sending you love, strength, peace, and hope. We hope to be with you again in person one day, but for now we are still here, doing what we have been called to do in public health during a pandemic -- we are here to serve our communities.
COVID-19 CASE INVESTIGATION
by Gwendolyn Gallagher

Case investigation involves interviewing cases with COVID-19. Prompt identification, isolation, and monitoring of cases prevents further spread of the virus in a community. While case investigation for COVID-19 may be new, public health professionals have experience conducting interviews for many other illnesses and injuries. Getting comprehensive information from a person diagnosed with COVID-19 is the foundation of case investigation. This information includes: socio-demographic characteristics, date of symptom onset, exposure source, duration, and a list of close contacts.

Establishing trust between an investigator and a case is necessary to obtain information and ensure cooperation throughout the interview. I start my interview in a casual manner by asking the case how they feel. Informing someone they tested positive elicits a variety of responses, e.g., anger, disbelief. If the case recently lost a loved one to COVID-19, telling them they, too, are infected can bring up feelings of grief or even guilt if they infected the decedent. I listen and let persons share, as some are lonely from isolation during their infectious period. Some need support, like food brought to their doorstep. For those mistrustful, I reassure them we care and we’re simply doing our part to curb the pandemic. Connecting with cases is a rewarding aspect of our COVID-19 public health response, and I feel honored to serve in this role of case investigator.
NORTHEAST REGION COVID-19 TESTING EFFORT
by Valentina White

Testing the public for infection during an outbreak and pandemic is important to help health officials learn, contain, and mitigate the disease outbreak. By ensuring accessible testing to the public, we can help identify infected individuals to prevent future spread and transmission of a disease. Testing also helps healthcare providers make informed decisions about care, treatment, isolation, and hospitalization of infected individuals. Testing data can show how prevalent a disease is within communities.

The first COVID-19 drive-thru testing in the Northeast Region of the Public Health Division was held on March 19th in Las Vegas, NM. Partners included state, county, local organizations, and staff to promote and implement the testing event. 26 individuals received a nasopharyngeal swab for the 2019 Novel Coronavirus on that day. This first drive-thru testing event in the region was a success. Everyone who was tested was grateful for the service we provided. This event served as a model for this type of testing and the community COVID-19 testing drive-thru events in the region have since improved, as well as increased in number to serve all the communities in our region.

All 10 counties and tribal communities in the NE Region have had a COVID-19 drive-thru event since March. Two of the ways we have streamlined this testing process is through the addition of a COVID-19 testing registration website and establishing daily testing at most NMDOH Public Health Offices.

Find out more about the testing registration website at: https://cvtestreg.nmhealth.org
Many New Mexicans experience barriers accessing and purchasing healthy food including fresh fruit and vegetables due to residing in frontier and rural communities where there is a lack of public transportation, availability of fresh produce on a regular basis, and drought conditions. During the pandemic, it has been more difficult for food banks and farmers to connect to community members, especially senior citizens who often don’t have access to transportation to access stores and farmers’ markets.

Our Health Promotion Team is working with Martin Miller, Farmers’ Market Nutrition Programs Coordinator, and local farmers to ensure senior citizens can access Senior Farmers’ Market checks without being exposed to COVID-19. The checks will be given to seniors throughout New Mexico with assistance from local senior centers. WIC recipients also receive Farmers’ Market checks to ensure they have access to fresh produce for themselves and their children. The checks provide a supplemental benefit for participants to buy eligible foods from farmers’ markets.

Senior citizen recipients enjoy getting fresh fruit and vegetables, among other food options like honey, beans, chicos, and green chile, since those items are not always readily available or affordable. The New Mexico Department of Health will continue to strive to encourage healthy lifestyles for New Mexicans through education and access during the COVID-19 pandemic and flu season.

Learn more about the USDA Senior Farmers’s Market Program here: https://www.fns.usda.gov/sfmnp/senior-farmers-market-nutrition-program
This year the advent of the COVID-19 pandemic, along with mainstream acknowledgment of the violence experienced by communities of color through systemic racism, has highlighted the importance of health equity to create better health outcomes. Rightfully so, as health equity is an important tool for us to use to work with integrity in a visionary way with communities. Health equity is also the foundation of our work as a Health Promotion Program. We are in constant discussion with the communities we serve to recognize the specific inequities they face when trying to work on health initiatives. Understanding how the intersection of race, class, gender, and ethnicity, just to name a few aspects of identity, contribute to how folks navigate the structures and systems in place, is an essential part of our work as a Health Promotion Team.

When our Health Promotion team begins to engage with a community partner, we keep the principles of health equity in mind though valuing their thoughts, ideas, and contributions to whatever health concerns they decide to prioritize. We also bring an understanding of the different variables contributing to a health issue in a community: employment, housing, education, quality food and healthcare, among others. This understanding, along with cultural competency and the use of a social justice lens to illuminate other oppressive mechanisms the community partner may face, allow us to start a concerted collaboration with community members to determine the best course of action for them to succeed in their approach.

With equity driving our work, we can build new structures hand in hand with communities where we can all can breathe, thrive, and flourish.

"Ours is not the struggle of one day, one week, or one year. Ours is not the struggle of one judicial appointment or presidential term. Ours is the struggle of a lifetime, or maybe even many lifetimes, and each one of us in every generation must do our part."

Rep. John Lewis, D-Ga
1940-2020
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 statewide health issues

NEW MEXICO DEPARTMENT OF HEALTH

“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
NORTHEAST REGION HEALTH PROMOTION PROGRAM TEAM

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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Desiree Valdez
Coordinator
Community Health Partnerships
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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

Gwendolyn Gallagher
Community Health Epidemiologist
505-476-2660
gwendolyn.gallagher@state.nm.us

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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Vacant
RIO ARIBIA, LOS ALAMOS, TAOS COUNTIES, & SANTA CLARA PUEBLO

Vacant
SANTA FE COUNTY, SAN ILDEFONSO, & TESUQUE PUEBLOS

Contact Amy Sandoval
Contact Amy Sandoval