

OHE: Hi Fabiola, can you tell us a bit about what health equity means in your work?

Fabiola Rodriguez: Health equity, for me, means that everybody has access to what is necessary for each member of the community before it is needed. Health is more than just physical wellbeing; health needs to touch everything an individual is: physical body, state of mind, emotional stability, and spirituality. Community members may come from the same background but that doesn't mean they share the same belief systems, traditions, or the same gastronomy or ways of entertainment. What works in one rural area doesn't necessarily work for next rural community. In my work as a CHW I observe the idiosyncrasy each community develops and use my observation to understand and build trust.

Health equity for me is the work of going to each community, asking individuals what their needs are and help each community to fulfil those needs. I understand that those needs change and evolve as each community does. It can be hard work.

OHE: Absolutely! What do you wish more people will understand about the community where you work?

FR: Firstly, health equity needs to start from inside each community: doing a deep assessment, walking the streets, talking to the public, but most important, listening to them.

In the southern area of New Mexico, there is a lot of need, but most importantly for infrastructure, employment, and quality services. If we don't have a strong foundation:



A CHW provides COVID-19 information and how to get the vaccine to farmers in Vado.

roads, drinking water, internet, hospitals, supermarkets, parks, community centers, recreational centers, spiritual spaces, or employment, we can't have health equity. I wish that there'd be more decisions and programs that stem from learning from and getting to know the people.

Secondly, we need to ensure access to information. There are a lot of great programs from the government, but the community usually doesn't know about them because of the different ways information and access works (or doesn't work). Then, it is often tragically assumed from data that there is not a need for such services. CHWs walk health equity, or at least we deliver, by hand, the information of what is available right now to the public.

SPOTLIGHT ON NEW MEXICAN TOWNS

Jal is a small city located in Lea County, New Mexico, United States. It is New Mexico's south-easternmost city, and shares a border with eastward state Texas. The population was 2,047 at the 2010 census. Jal is historically important in the natural gas industry, from the early 1800s to the present day.



EQUITY TERMS OF THE MONTH

Let's develop a common understanding of equity terms, so the next step of making them actionable becomes possible.

Diversity: The presence of difference within a given place, group, or setting and is simply a description of what makes us unique, such as races, cultures, ethnicities.

Inclusion: Is what you do with diversity and requires intentional action. A common metaphor is "Diversity is being asked to a party. Inclusion is being asked to dance."

Equity: Is an approach that ensures everyone has access to the same opportunities. Equity recognizes that both advantages and barriers exist, and as a result we don't all start from the same place. Equity is a process that begins with an acknowledgement of these unequal starting places and works to correct and address this issue.¹

Health equity: NMDOH has been using this definition of health equity for the health disparities grant and at the July 2021 Legislative Health and Human Services Hearing.

Health equity means that everyone has a fair and just opportunity to be as healthy as possible. To achieve this, we must remove obstacles to health -- such as poverty, discrimination, and deep power imbalances -- and their consequences, including lack of access to good jobs with fair pay, quality education and housing, safe environments and health care.²

HEALTH EQUITY LEARNING OPPORTUNITY

The Root Cause Coalition is launching its 6th Annual National Summit on the Social Determinants of Health from October 4 to 6, 2021. Registration is open.



GENDER EQUITY - An Interview with Dr. Laura Chanchien Parajon

August 26th is National Women's Equality Day. OHE connected with Dr. Laura Parajon, NMDOH Deputy Cabinet Secretary to chat about gender equity.

OHE: Dr. Parajon, thank you so much for letting me steal you away from the meeting. It's been 8 months since you joined the Department. In January, upon joining, you shared your intention to work towards health for all people. And that to you means listening to communities and their priorities, building from their strengths and resources, and taking action together to serve everyone - especially the most vulnerable. Reflecting on this intention now, what can you share about your first 8 months at NMDOH?

Dr. Parajon: Thanks for having me. NMDOH is a centralized system for our state and that allows us to think about what we can do at scale. In this position, I have had the opportunity to work with so many different departments: the Department of Homeland Security, CYFD, Office of African American Affairs, Office of Veteran Affairs, to name a few. We've seen the community coming together, each one having a role, and saying "let's get everyone vaccinated". This work of building a community health network is inspirational to me.

OHE: That's indeed inspiring. I could feel it as you spoke and I bet our DOH staff can feel vividly what you described so eloquently: the sense of purpose that comes with people coming to work together as a team for health in New Mexico. I'd like to know what gender equity means to you and how it informs your work?

¹ These definitions are adapted from Brown, Web. "Change the Story: Choose equity and justice". Colorado Department of Public Health & Environment.

² 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

Dr. Parajon: When I worked in Nicaragua, the work cannot be with just women, it also must be with men because the way men treat women needs to be addressed as well. To me, there are so many inequities in our health system. Some of them structural - not enough affordable housing, not enough good education for children, not enough care for our youth. The great thing about working towards health equity is that it requires us to look holistically at how we work with people and how we are building our society. And the answers to these questions really must come from the people themselves, from the communities and the closer we can get closer to the community and try to respond to them, I feel the more we can do for public health of all people.

We have seen gender inequity in the way the structures of our society have been favored towards men. For women in general or women in public health, we need to continue to encourage women coming up behind us. Women in public health work and care for traditionally vulnerable populations, such as babies, children, and moms. It's important that there are more women in public health and in positions that allow us to empower us to address issues affecting women but that which have traditionally been overlooked or underrepresented.

Gender equity is a timely issue. There are many intersections of women who need us reaching across the aisle and inviting them to the table - women of a different race, minority or poverty level in our communities. It's up to us men and women working together across sections to leverage our skills and positions to build all women. I may be repeating myself here but I do believe this: Individually I may not have the solutions to all problems but together we can use our skills to solve high-stake problems successfully.

Growing up as an Asian woman, a lot of time, I belong to a myth called 'the model minority'. "You are doing great. Don't complain." Sometimes it feels like the Olympics of discrimination where we get ranked by how bad the discrimination we receive. But I think 'the model minority' myth is an assumption and a way of turning away from unique individual or community's. My personal experience with this assumption has affected the way I think. And that's why equity is important to my work.

OHE: I agree. What's one way for us to empower women among us?

Dr. Parajon: I see myself as standing on the shoulders of giants. As many community health workers have mentored me, and as what Dr. Collins has done for me, I am also mentoring community health workers. This mentorship is an ongoing process - I get mentored, and I mentor. Reaching across the aisle to women who may not be as privileged as we are is important now than ever. We have seen data that point to a rise in domestic violence during lockdowns. I know with work and life amidst a pandemic, our schedules may be quite packed. However, whenever we can do it, mentoring makes a big difference.

What's cool about NMDOH is that we are the people's last resort when it comes to health care. There are a lot of opportunities to learn from men and women who work here, our partners and beyond, and to work together to really build and empower our communities.

OHE: Thank you for sharing your work with us to advance equity and health for all, Dr. Parajon.

HEALTH EQUITY CALL FOR MEMBERS



Our work group is starting to meet twice a month to focus on producing the health equity in New Mexico report. If you have been a member in the past, please re-join! If you are new and care to be part of this exciting project, please reach out. Our next meeting is Thursday September 2nd from 10:30-11:30am.

BC Nguyen (Office of Health Equity) is currently the work group facilitator. Please email her at bc.nguyen@state.nm.us to join the work group!

The Office of Health Equity welcomes inputs to highlight advances on health equity state-wide. If you want to see an organization, state facility or individual highlighted for their work to advance health equity, please reach out.

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