

Addressing Health Disparities in New Mexican Communities

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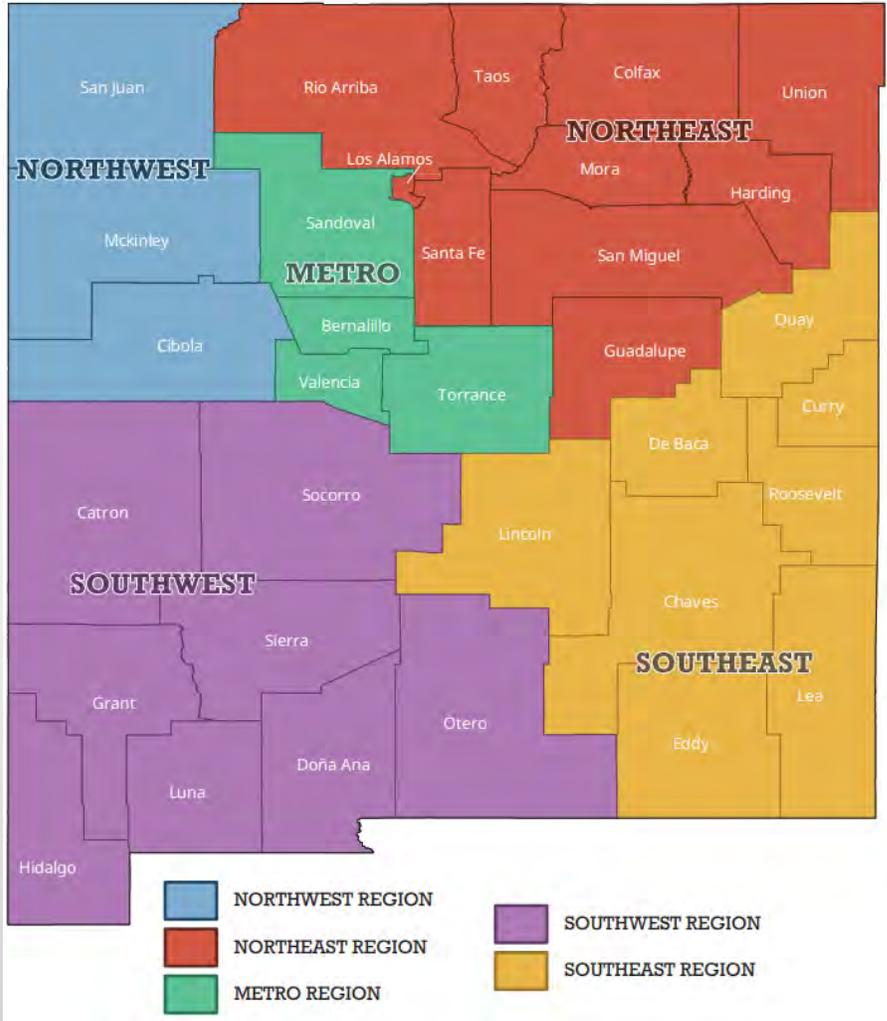
NIMHD
Rural Health Day
2020



HEALTH SCIENCES
TRANSDISCIPLINARY RESEARCH,
EQUITY AND ENGAGEMENT CENTER

NIMHD Grant # U54 MD004811-09

New Mexico: Health Disparities



• NM DOH 2017

- NM = 121, 298 square miles
- 4 cities; Pop = 50,000 or more
- 5th largest state by land mass; 17.2% people per square mile
- One of the most rural states in US
- 21.4% report poor health compared to U.S. at 17.7%
- High disparities by income and education levels
 - Less than a high school education
 - Less than \$15,000 per year
- Regions outside of the Northwest and Metro areas have poorer health rates

• Health Challenges in New Mexico:

- **Teen pregnancy** rates among **Hispanics or Latinos** continues to be higher than for any other racial or ethnic group.
- **Diabetes death rates**, and youth and adult **obesity rates** are highest among **American Indians, Blacks or African Americans and Hispanics.**
- **Infant mortality** is highest among **Blacks or African Americans.**
- **Shorter life expectancies and less access to care** in **rural** areas
- Most of New Mexico's counties are considered **Health Professional Shortage Areas.**

<https://www.nmhealth.org/about/asd/ohe/>

<https://www.nmhealth.org/publication/view/report/2045/>

Regional Considerations in Health and Mental Health among Latinx Immigrants from Mixed-Status Families

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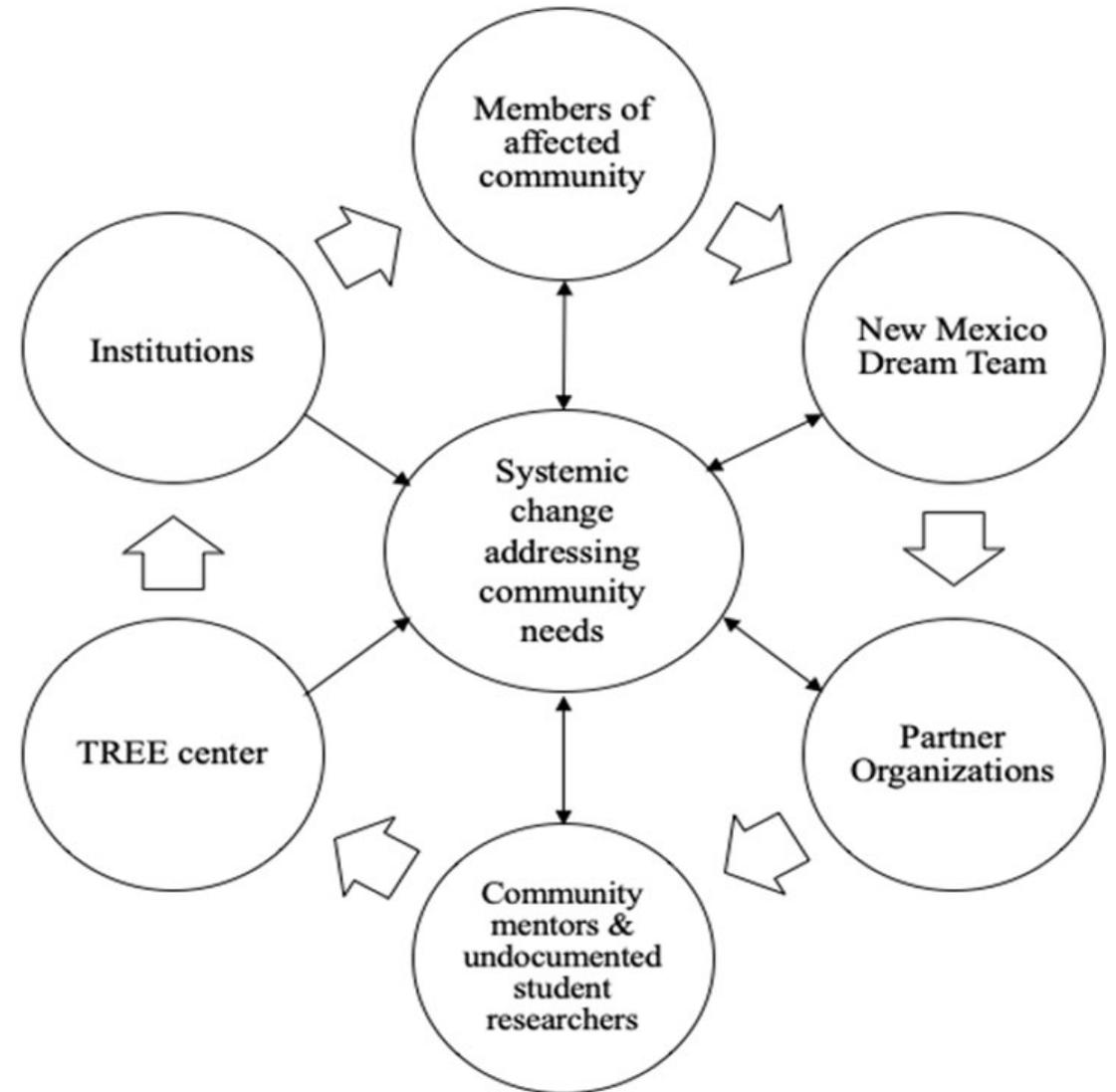
Latinx Undocumented Immigrants and Challenges

- U.S. Population: 11.1 million
 - New Mexico: 54,600
 - 17% young adults
 - DACA youth: 5,690
- Health and wellbeing:
 - History of anti-immigrant sentiment and immigration trauma
 - Immigration, welfare, and health reform are intertwined
 - Limited or no access despite tax contributions
 - Mental health and wellbeing a high concern
 - Health and education are intertwined
 - Rural communities lack resources
- Fear:
 - Deportation
 - Racism and Anti-immigrant sentiment
 - Uncertainty
 - Undocumented and Unafraid Movement



UndocuResearch

- Qualitative Thematic Analysis
 - Community-Based Participatory Research
 - Critical Race Theory/UndocuCrit Theory
-
- Participants:
 - Intersectional identities
 - N = 33
 - 13 Individual Interviews
 - 4 Focus groups in 3 regions, 5-12 participants each
 - Female/Male
 - Ages 18 - 30



Results

Overarching Themes

Theme 1

Emotional/financial stress due to lack of health insurance

Theme 2

Fear of revealing immigration status

Theme 3

Viewing hospitals as a last resort

Theme 4

Dependence on community health clinics

Sub-themes

- **Urban**
 - Discrimination
 - Family separation through deportation
 - Immigration process trauma
- **Sub-Urban**
 - Microaggressions
 - Internalized oppression
 - Education and medical access barriers
- **Rural**
 - Microaggressions
 - High Stress
 - Education and medical access barriers

Update: Impact of COVID-19

• Stress

- Community:
 - Feeling invisible/dehumanized/observing lack of empathy
 - Increased demoralization, stress, anxiety, and symptoms of depression
 - Loss of jobs with no federal relief after business closings (essential workers; no federal support for children)
 - Increased visits by sheriff departments
- Family:
 - Coping with deaths
 - Decisions about who should work and who should stay home
- School:
 - Parents not having knowledge of technology
 - Older youth assisting younger
 - Increase in homework; Teachers not understanding family strain
 - Choosing not to go to college to help family/community
 - Fear despite accessibility
- Health access:
 - Fear despite accessibility

8 MANERAS EN QUE EL CORONAVIRUS AFECTA A LOS LATINOS

COVID-19 puede afectar a cualquiera.

Pero, para los Latinos, la pandemia de coronavirus está empeorando las inequidades en salud, sociales y de ingresos, y está aumentando preocupaciones sobre disparidades en las tasas de enfermedades, exposición, pruebas y prevención.

- 1 TASAS DE CORONAVIRUS**
Informes de áreas con índices altos, como Nueva York y Oregón, muestran tasas de mortalidad más alto entre los latinos y personas de color. salud.to/POCcoronavirus
- 2 PRUEBAS Y SEGURO**
Las personas con seguro médico se hacen la prueba de COVID-19 con más frecuencia que las personas sin seguro, aunque las pruebas son gratuitas. 19% de los latinos no tienen seguro. salud.to/covid disparities
- 3 TRABAJOS AFECTADOS**
Solo el 16.2% de los latinos de EE. UU. pueden trabajar desde casa. Muchos trabajan en lugares como restaurantes, comercio, hotelería, salud sin licencia por enfermedad pagada. salud.to/covidworkers
- 4 DISTANCIAMIENTO SOCIAL**
Los trabajadores esenciales están expuestos al coronavirus y tienen menos posibilidades de distanciarse socialmente. Se arriesgan estar expuestos por un sueldo. salud.to/covid disparities
- 5 LA POBREZA**
Los latinos representan el 27.2% de la población en pobreza. El coronavirus aumenta las desigualdades en el acceso al apoyo social, la vivienda, la comida y más. salud.to/coronaviruspoverty
- 6 INSEGURIDAD ALIMENTARIA**
Las familias que dependen de la ayuda nutricional no pueden almacenar comida o comprar por internet. El 16.2% de los latinos sufren inseguridad alimentaria (no tienen suficiente comida). salud.to/covidfoodsecurity
- 7 LA VIVIENDA Y LA RENTA**
El 56.9% de los latinos sufren un alto costo de vivienda y gastan aproximadamente un tercio de sus ingresos en vivienda. El coronavirus aumenta la inestabilidad de la vivienda. salud.to/coronaaffecthousing
- 8 FALTA DE ESPACIOS ABIERTOS**
El caminar y andar en bicicleta subió durante COVID-19. El uso de senderos ha aumentado un 200%! Pero los latinos tienen menos acceso a las aceras y espacios verdes para la actividad durante el distanciamiento social. salud.to/covidwalk

¡Las familias latinas merecen nuestra ayuda para evitar el coronavirus y solucionar estas grandes inequidades! Participe hoy en salud.to/coronaequity!

GRÁFICO DISEÑADO POR BY SALUD AMERICAI 4/15/20
UN PROGRAMA BASADO EN UT HEALTH SAN ANTONIO

Update: Impact of COVID-19

- **Resiliency**

- Familismo, Communalism, & Respeto
 - Inter-family support systems
 - Traditional modes of wellness
 - Supportive organizations



Intervention Research: UndocuHealing

- Intervention research targeting racism/anti-immigrant sentiment and trauma

- Multi-level approach



- CBPR
- Accurate information, advocacy
- Culturally-responsive and value driven
- Critical Trauma Theory/Framework

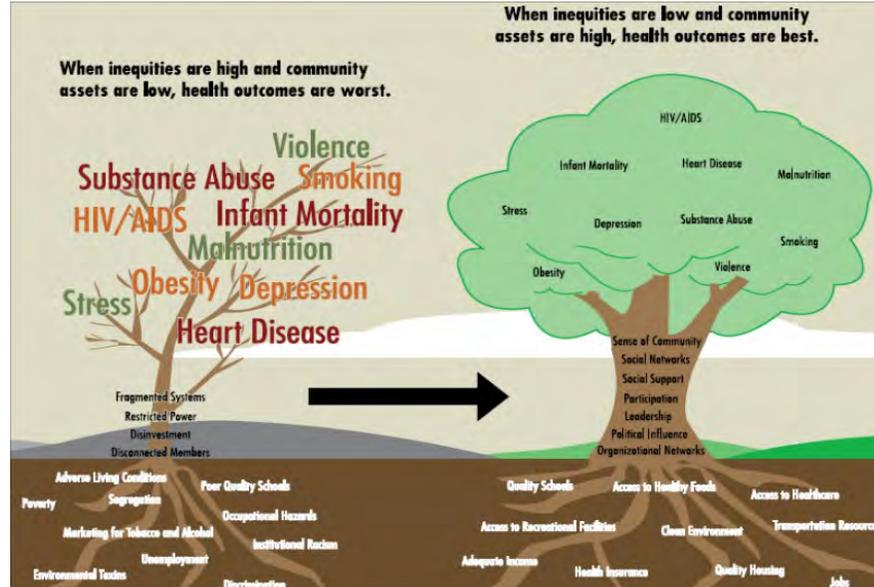
- Further research

- Impact of COVID-19
- Address intersectional identities within the community
- Thank you....

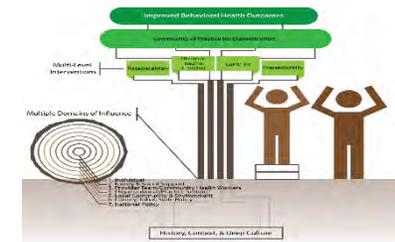
Torreon, Ojo Encino, and Counselor (TOC) Well Being Study

Title: *Developing Community Partnerships Through Research to Define Community Well-Being from a Diné-centered Perspective*

Transdisciplinary Research, Equity and Engagement (TREE) Center
 Funded by the National Institute of Minority Health & Health Disparities
 (U54 MD004811-07)



- ✓ Build Research Capacity Using Community Based Participatory Research
- ✓ Community Engaged Research Process from a Diné Centered Perspective
- ✓ Develop a Diné-centered conceptualization of community wellbeing through research using the Diné concept of K'é



Research Objectives

Recruit	Recruit community members for Community Advisory Research Team (CART)
Assess	Assess community capacity for research using a community engagement survey (CES)
Train	Provide opportunities of bi-directional trainings and learning for CART members.
Collect	Conduct three (3) community focus group interviews
Share Back	Share findings at community forums
Disseminate	Disseminate findings from the pilot study

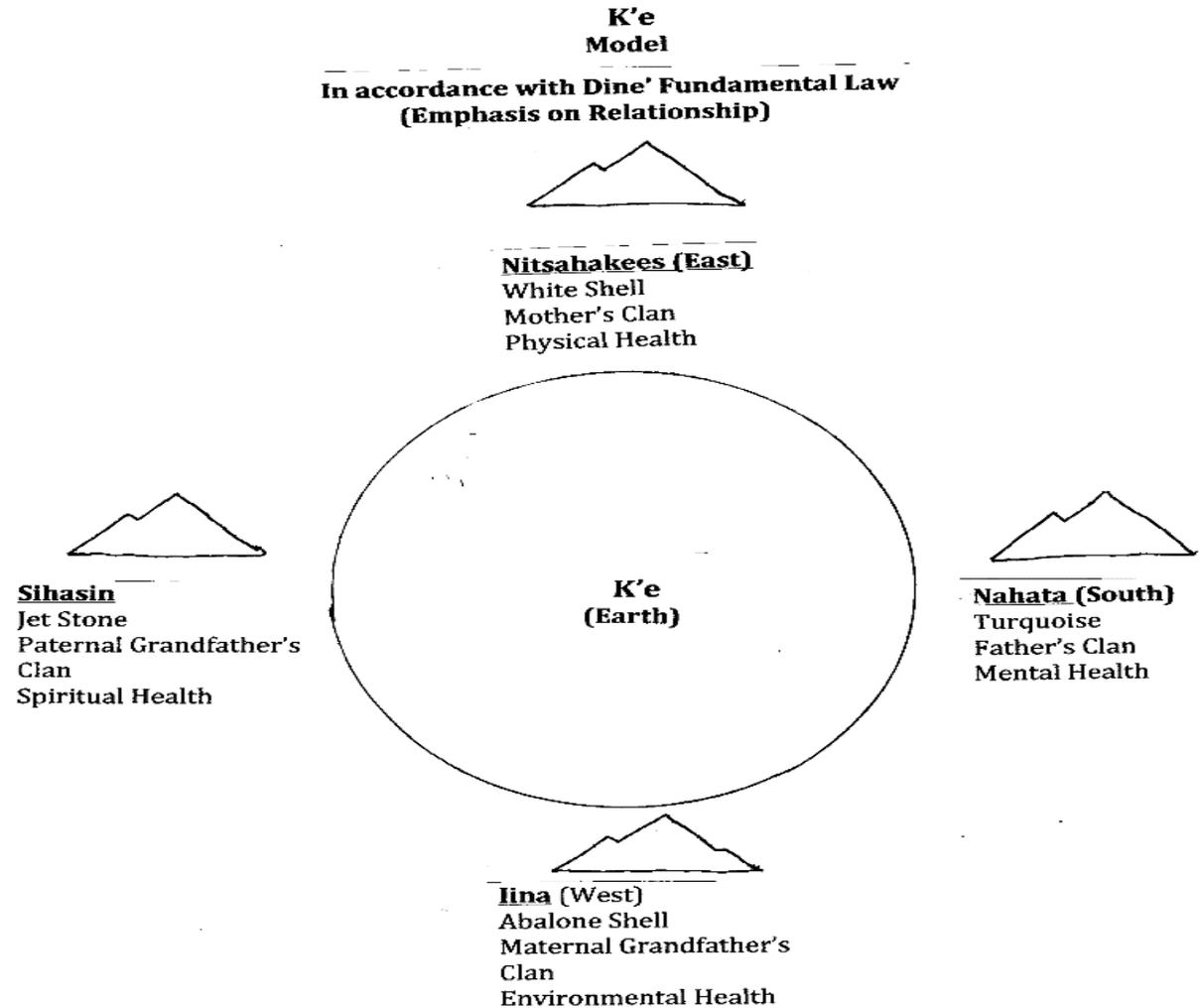


TOC Well-Being Project
Community Advisory Research Team

Research Design and Methodology

Using K'é in Diné Centered Community Engaged Research Design

CBPR approach embedded in Diné Centered Research Methodology



Community Engaged
Research: Lessons
Learned

Researchers understand
local community history,
concerns of community,
and respect their
perspectives

Community engagement
reaffirms community's
core values

Research is a spiritual
journey

Can you tell us anything else about positive or negative outcomes not captured in this survey?

“A positive I experienced is actually being a part of a research team. My input, however small, was always welcomed.” CES Post Survey Response



Community Focus Groups
Mix of elderly and young
adults
Equal number of
male/female
Emphasized K'é –
engagement process

Research Questions:

- 1) What does it mean to be healthy and thriving? At a personal level? At the family level? In the larger community?
- 2) What are some ways in which people in your community stay healthy and thriving? What do you think are some things that help people in your community to achieve this?
- 3) Describe how your parents and/or grandparents stayed healthy and thriving. What are some things that helped them?
- 4) What are some significant behavioral and mental health-related concerns and/or issues in your community that need to be addressed?



Significant Community
Behavioral & Mental Health
Issues

*Behavioral/Mental Health
Concerns:* Elder/Child Abuse;
Depression, domestic violence'
Addictions- Rise in meth
addictions, and crimes like
vandalism

*Inadequate diet and health
care:* Key concerns were access
to adequate health care and
healthy food

Loss of cultural values: Loss of
cultural identity in young
people, language shift

- *“I told my doctor that you are giving me these medications for no reason. What are they for?”*
- *“I see a lot of depression, a lot of coping mechanisms. It is probably depression, poverty, these are the reasons that people drink, smoke or go to casinos. That is how they cope”*
- *“In many homes, there are parents who have their doors locked because they are afraid of their children. There are children who are not kind (violent) because of the drugs and drinking. They are smoking and taking meth.”*
- *“Long ago, our ancestors, they mostly only ate plants. They didn't eat canned foods. They didn't eat processed foods.”*
- *“We don't even use our K'é (relationships) to greet and help each other.”*

Torreon, Ojo Encino and Counselor Community Well-Being Model

PI: Vincent Werito; Torreon, Ojo Encino and Counselor Community Advisory Research Team

One-Year Research Pilot Study, July 2018 to June 2019

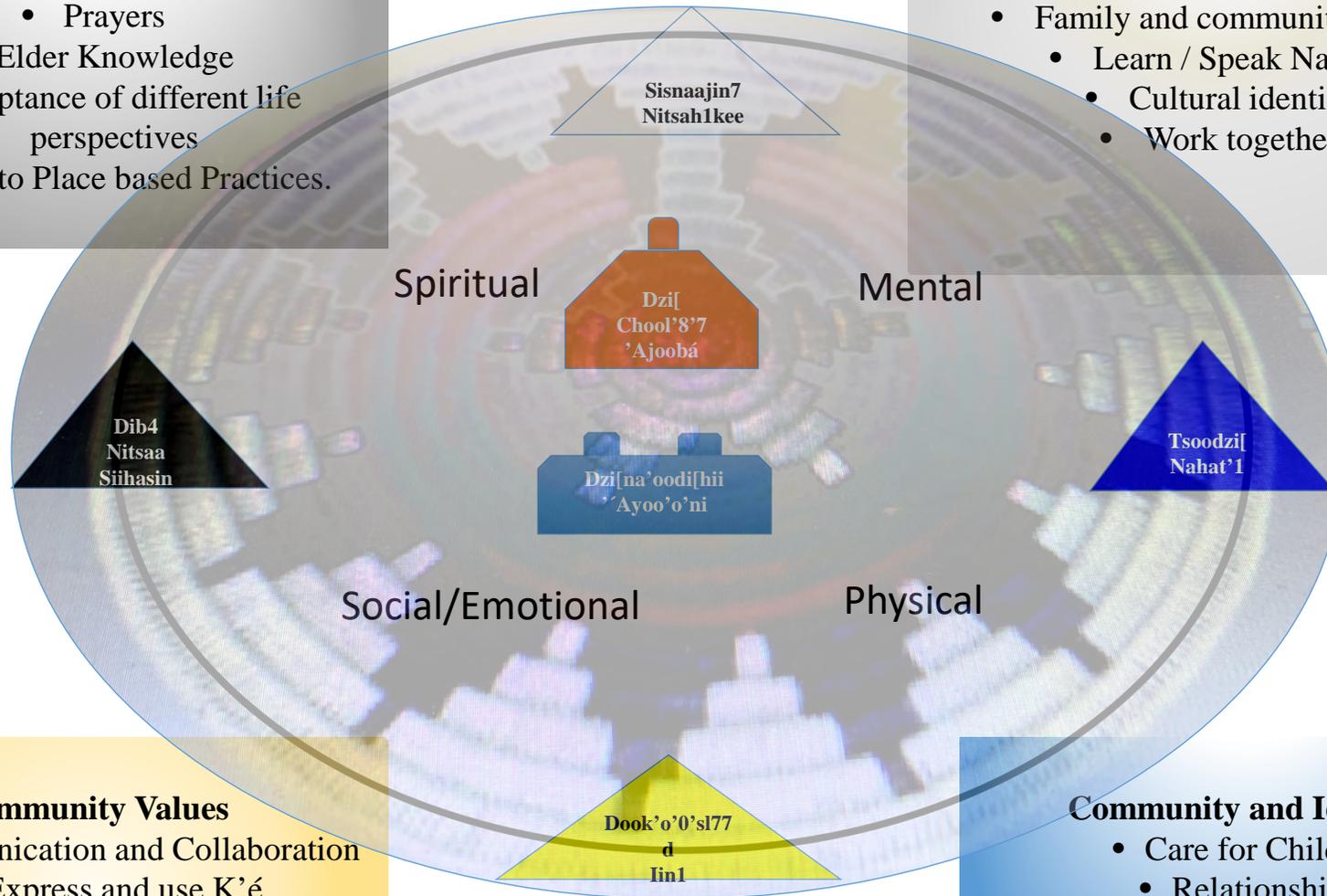
Funded by the National Institute of Minority Health & Health Disparities (U54 MD004811-07)

Land and Environment

- Prayers
- Elder Knowledge
- Acceptance of different life perspectives
- Return to Place based Practices.

Language and Culture

- Family and community events
- Learn / Speak Navajo
- Cultural identity
- Work together



Community Values

- Communication and Collaboration
 - Express and use K'é Relationships
 - Affirm core values
 - Respect other beliefs

Community and Identity

- Care for Children
- Relationships
 - Resiliency
- Healthy family practices
- Future planning

Impacts of COVID 19 on Navajo Nation

- Recent COVID 19 data (Nov. 10)
 - Infections: 12,641 Recoveries: 7, 795
 - Infection rate: 7% 7 day Average: 14.8
 - Deaths: 594
- Risk of infection due to chronic health conditions (diabetes, heart disease, obesity)
- Exacerbation of long-standing health disparities due historical trauma and federal policies
 - Underfunding
 - Health access/care
 - Education
 - Economic Resources
 - Infrastructure (roads, water, electricity)
- Providing health care to rural populations
 - Distance to hospitals, NN Govt
 - Access to health information
- Challenges in providing basic needs (water, healthy food, PPE)

