Addressing Health Disparities in New Mexican Communities

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NIMHD
Rural Health Day
2020
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

- **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.
  - 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.

- **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

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

PI/CO-PIs: Thomas Anthony Chávez, Ph.D., Selene Vences, Yazmin Irazoqui-Ruiz, Jose De Luna Navarro, Felipe Rodriguez & Italia Aranda Gonzalez
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

• Health access: Fear despite accessibility

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• Health access: Fear despite accessibility
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• **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....
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 Ké
## Research Objectives

<table>
<thead>
<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td>Recruit</td>
<td>Recruit community members for Community Advisory Research Team (CART)</td>
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<tr>
<td>Assess</td>
<td>Assess community capacity for research using a community engagement survey (CES)</td>
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<tr>
<td>Train</td>
<td>Provide opportunities of bi-directional trainings and learning for CART members.</td>
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<tr>
<td>Collect</td>
<td>Conduct three (3) community focus group interviews</td>
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<td>Share Back</td>
<td>Share findings at community forums</td>
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<tr>
<td>Disseminate</td>
<td>Disseminate findings from the pilot study</td>
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TOC - Eastern Navajo “Checkerboard Area”

- Federal, Tribal, State, private lands, and Individual Indian Allotments
- Est. Total Population: 3,500; Mostly younger
- Average household income of under $20,000
- Unemployment rate average of about 20%
- Local labor drain
- Rural communities; Lack of infrastructure (water, electricity, roads, hospitals, groceries stores, jobs/employment, higher education
Research Design and Methodology

Using K’é in Diné Centered Community Engaged Research Design

CBPR approach embedded in Diné Centered Research Methodology
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

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

Community engagement reaffirms community’s core values

Research is a spiritual journey
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
- 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)