



Health: Body, Mind & Spirit Community Conversation Summary and Highlights 2020

Introduction

We determined the topic for the 2020 New Mexico First Town Hall by surveying New Mexicans from our 7,000 person data base in the spring of 2019. We asked about public policy priorities that must be addressed to make New Mexico the best we can be. Health was the top priority. Concern regarding an adequate healthcare workforce for physical, behavioral, and mental health services figured prominently in 94% of the responses to the survey. Gaps in services for children and adolescent behavioral and mental health needs was identified in 78% of the survey responses, including promotion and prevention to intervention and treatment. Additionally, 40-60% of responses indicated a concern about fairness in health access and quality, including awareness for health challenges for rural residents, mothers and children, our elders, Tribal members, the chronically ill, people with special needs, people experiencing homelessness, and veterans. There were also concerns raised about conditions in our communities that influence health and well-being outside of the healthcare systems. Specific concern had also been raised in past town halls about healthcare provider knowledge of language and culture and the capacity of the health workforce to respond to diverse individuals, families, and communities. New Mexico First's Board of Directors and Town Hall Research and Planning Committees agreed to incorporate the spectrum of issues New Mexicans had identified, and chose the overarching topic **Health: Body, Mind & Spirit**.

New Mexico First pivoted from town hall marketing efforts to community outreach efforts to build engagement from areas where there were civic deserts and health disparities exceeding state and national trends. NMF staff, board, and town hall committee members reached out to their networks, and a series of community conversations was created. Originally our aim was 12 community conversations, the number increased to nearly 20 events in which community shared values, challenges, and assets regarding health.

COVID-19's arrival in early March required reworking and re-imagining of the Health: Body Mind & Spirit Town Hall event as well as the work leading up to it. The town hall, originally scheduled for April, was postponed to August. The event was redesigned to provide a safe and remote option. Once public health orders were in place and the Town Hall postponed, NM First staff continued working to offer community conversations throughout the state.

Before the August Town Hall, New Mexico First hosted 7 in-person and 10 remote healthcare conversations with communities statewide. Participants responded to the following questions:

- What is your definition of health?
- Why are health and well-being important to your community?
- What makes your community healthy?
- What harms health and wellbeing in your community?
- What resources do you have to be/stay healthy?
- What has your community figured out to make folks healthier that the rest of the state should know about?
- What have you heard is happening in other parts of the state that you'd like to know more about?



For conversations held during the COVID-19 restrictions, participants were also asked how the COVID-19 emergency had affected their community's health. This report presents the values, challenges, assets and strategies shared by communities regarding health: body, mind and spirit.

Methodology

New Mexico First's approach to town hall planning, research, and outreach shifted to a more expansive approach in 2019. Outreach, participatory learning, and research efforts prioritized geographic and communities of interest based on past voter turnout trends, hunger rates, Medicaid utilization, highest unemployment rates, and highest high school drop-out rates. With a commitment to equity and building on prior work of organizations such as the Con Alma Foundation, we looked for places and communities where health disparities exist and where civic engagement could be built upon. There is a shared commitment by all planning and research committee members to frame our work for the town hall with a commitment to equity and in recognition of community assets, values, and beliefs rather than focusing exclusively on challenges and concerns.

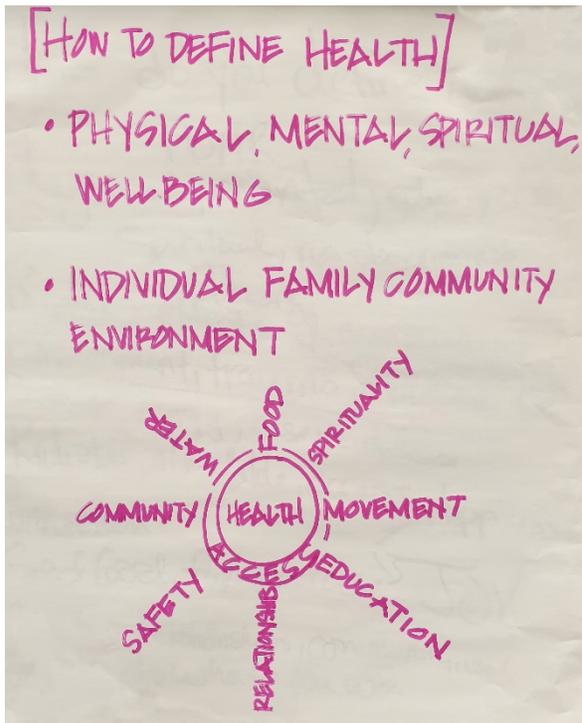
New Mexico First worked with people with local knowledge that were familiar to us because of our work in health historically or were introduced to us by the NM First Board, town hall planning committee, and town hall research committee. We worked with local business, non-profit, health, and elected leaders to host face-to-face community conversations where childcare, food, and facilitated conversation was provided. When the pandemic hit, we worked together to redesign and plan remote meetings. Not only did these events build input and analysis about health in New Mexico, they built community too as networking and problem-solving were involved in planning, the events themselves, participation at the events, and ongoing relationship building. By working in this relationship-based way, local leaders were able to engage diverse voices.

Planning for community conversations began in October 2019 and implementation began face-to-face in January 2020. The pandemic also changed the framing of conversations in communities that shared an interest in describing what they were learning about health practices, policies, and systems during the pandemic. All meetings were facilitated and recorded by New Mexico First staff. Participants understood that their input would help to shape town hall planning and research as well as the implementation of town hall recommendations. A report from each community was compiled and participants who shared contact information received the report from their community to use as a way to advance local efforts.

This document represents a compilation and analysis by theme of community conversations. This report is an appendix to the policy briefs for the town hall and intended as a toolbox to better understand assets and opportunities from solutions that are working in communities across New Mexico. By grounding our collective search for actionable recommendations at our town hall in the wisdom and experiences of diverse communities across New Mexico, we need not search for solutions that have little hope of working well in New Mexico. By explicitly addressing and deliberating about health values and beliefs, we are more capable of finding solutions that go beyond partisan political perspectives. By considering health in terms of body, mind, and spirit, we're better able to tap into our deep cultural and relational assets and avoid policy recommendations and strategies that have damaging unintended consequences.

Community Conversations

- Valencia County, January 30
- Las Cruces, NM (Amador Health Center/Mesilla Valley Community of Hope), February 26
- Santa Fe Community, February 19
- Taos County, February 20
- Sierra County #2, March 7
- Socorro County #1, March 7
- Santa Fe County Connect Navigators, March 10
- Hidalgo County, June 2
- Catron County, June 15
- Statewide- Elevate the Spectrum and Disability Rights, June 17th
- Socorro County #2, June 22
- Curry County/Clovis, June 24
- Sierra County #2, June 29
- Health Leaders- statewide participants, June 30
- San Miguel County, July 11
- Upward Bound #1, July 13
- Upward Bound #2, August 3



Flipchart from Taos County Community Conversation

Question 1: How do you define health? Why are health and well-being important to your community?

Definitions of health tended to focus on either personal or community attributes. The greatest number of responses (27%) focused on health as a characteristic or result of personal attitudes or behaviors.

Health was characterized in very personal terms.

"It depends on the individual. I've lived in pain for a lot of years, but how I look at it determines how I feel. I'm not going to let it get me down. Your mind can control your body, and your body can control your mind. If we let the outside world control our mind, will it control our body. Same for our inner self. If we can let our heart control our mind, we're going to look at it in an entirely different perspective." (Catron County)

Nevertheless, there was a sense that there is some standard measure of personal health.

"Health is very individual, but there is a "bell curve" that helps people see what is "healthy" or not. We need to help people see what that healthy boundary is. Then we all have a choice. We call that the "safe zone" (Sierra county)

Health was ascribed to the individual's attitudes and behavior. These responses emphasized both personal agency and personal responsibility.

"Being able to define what health means to yourself and not have that dictated to you by others." (Santa Fe Connect Navigators)

"The thing you always hear, you can't take care of others unless you take care of yourself. Being healthy physically and mentally is important. It has a lot to do with your mind and your way of thinking. Finding ways and the time to be healthy and being committed to it. Following up and making sure you know your family's health history, keep your appointments." (Catron County)

The manifestations of good health were also described in personal terms.

"Passion, energy, joy and happiness" (Taos County)

"Life has meaning" (Health Leaders)

"Peace of mind" (Upward Bound)

"Health is being happy with how it feels to be you." (Hidalgo County)

But there was also a recognition of the community aspects of good health.

"If we don't have health, we won't be able to work, sleep, or function well enough. As long as I have health, I can give the best of myself to everybody. Especially throughout this time, we need to make sure we take care of everybody, not just ourselves. But if you don't have health, you can't serve anybody." (Sierra County)

The importance of relationships and community health accounted for 20% of the responses.

*“Social and community networks are so important to health. One can’t exist without the other.”
(Valencia County)*

“Health of the community ripples through the community. If we have people within the community that don’t have access to healthcare, others will feel the impact of that also if they have compassion. Health equity affects the entire community.” (Taos County)

“I would not be 76 years old and kicking and getting around without the community. People are what makes it work. If you isolate yourself or do not participate in your community or hide from it, you’re going to be in real trouble. So you don’t do that.” (Socorro County)

Consistent with a community perspective, 8% of the responses cited the need to address the social determinants of health, including food, water, housing and transportation.

“Health is always in flux and in interaction with the environment and community. You’re at the grocery store and what can you buy that doesn’t have sugar in it? There are a lot of external factors that one has to cope with that becomes very challenging to health. Are we in a healthy community where everything is thriving, or where health is suppressed?” (Sierra Co)

Relatively few responses (4%) related to access to healthcare.

“I’m very lucky with my PCP, who is very holistic. What would it be like if we went to our health care provider who asked, ‘what works for you?’ You can do more harm than good when your health care provider insists on the same course of action for everyone.” (Sierra County)

“So much of what our doctors and insurance companies are focused on is what’s unwell instead of enhancing health. If I listened to my doctor, I’d probably be in bed. I’m the healthiest ‘sick’ person” I know.” (Sierra County)

About 15% of the responses expressed support for a holistic understanding of health embracing body, mind, and spirit.

“It’s not just about your physical health, but looking at the whole picture: mental, community, spiritual, economic, environment, all contribute to health of an individual in a community.” (Santa Fe Community)

“Health is multidimensional, and it exists in families and communities. It’s not simple.” (San Miguel County)

Question 2: What makes your community healthy?

According to our respondents, what makes for community health is community. Community participants had no trouble naming community strengths that contribute to the health of the community and its residents. These accounted to nearly 40% of the responses.

Many named community connections and collaborations that bring people together to do important community work.

“Paso a Paso Network has been here for 12 years, a network of early childhood organizations. That model has been very effective in sharing resources, getting funding, working together. This is a successful model in our community that has overcome barriers, to do some really important work.” (Taos County)

“The health council seems to add a lot to the community and serves as an opportunity for people to get involved in their own health and find out what’s going on in the community.” (Catron County)

Then there are the people, caring, engaged and persistent.

“People don’t want others to be alone if something terrible happens to them. If you get into a spot, people will be there for you and will offer their help. It’s not an empty gesture – they will actually come to your aid.” (San Miguel County)

“We need to remember to look at people who have challenges as being part of the solution, no matter what our walk-in life has been. People who have needs also have assets.” (Sierra County)

“Persistence. This is my community. I belong. I’m going to deal with this. We’ve been dealing with opioids for decades, but we’re not giving up. We’re trying new things, and now we’re seeing some movement.” (Santa Fe Community)

Community events celebrate community traditions and draw everyone together.

“Our fiestas and cultural practices are very community oriented, gathering places for families. The fiestas are gigantic and multi-generational. People come from across the region to come back together. This is the first time in 120-130 years that the Fiestas have been canceled due to the pandemic.” (San Miguel County)

“What makes our community healthy is pride.” (Hidalgo County)

Though New Mexico may be deficient in healthcare services according to national measures, respondents were quick to name healthcare and other service programs as valuable assets. These comprised 34% of responses.

“We made a decision to keep our hospital as a local hospital. In 2008 we have 4 clinics, now we have 24. In the last 6 months, we’ve hired 25 new doctors. We have a partnership with Mayo Clinic, so our people can access world-class health care from here. This is a place where the people I love most rely on for health care.” (Santa Fe Community)

“The clinic has one nurse practitioner. Stacy really listens, and she will work around your biases. She twists my arm, convinces me to do things I don’t want to do things I don’t want to do. Carly, who is the technician, is really exceptional. Stacey knows how to communicate with people and work with them. She’s very conscious of what they can afford, and how to come up with medications that are either covered well by insurance or with minimal copays.” (Socorro County)

“There’s a new program at the hospital on anti-bias and stigma. We’d like to send this material to everyone here. If we can get strong in our health care forum, we can bring it to the community. Then anyone in the community can stand up for those in need. Stigmas start with the individual.” (Sierra County)

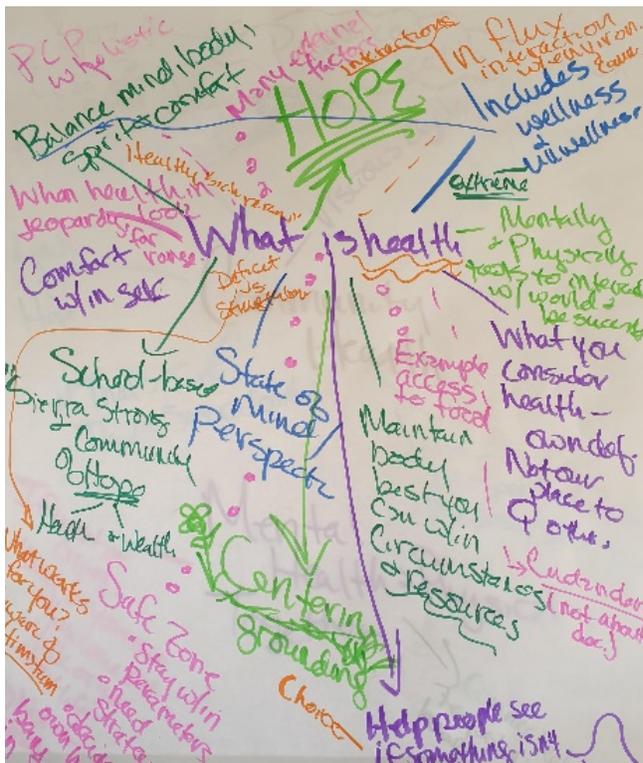
“I’m really proud of the farmers market in Socorro that Adrian and Savannah have poured so much time into. Last year it was the only one that was open year-round. Being able to have farm-fresh food year-round is incredibly important.” (Socorro County)

And while our rural areas may be far from big city amenities, our participants were aware of one outstanding asset: the environment, which accounted for 8% of the responses.

“Air quality makes our community healthy. Walking and access to nature. Arroyos and trails. Promoting public and shared spaces also promotes health.” (San Miguel County)

“Parks and trails.” (Upward Bound)

“Beauty, peacefulness. People can take that with them.” (Catron County)



Flipchart from Sierra County Community Conversation

Question 3: What harms health and well-being in your community?

When discussing the forces that challenged health in their communities, the social determinants of health (food, housing, water and transportation) figured in 17% of responses. Almost 14% of responses addressed ways in which aspects of community contradict wellbeing. Ways in which systems work, together or separately, figured in 13.5% of responses. Discrimination and lack of inclusion were brought

up 8% of the time. Other harmful elements included mental health concerns, issues of safety, fear and trauma, economic concerns, education, systems and communication within and between systems, and more.

When it comes to essential needs, participants described a range of systemic challenges preventing health.

“The drug issue relates directly to food insecurity. We have wonderful food kitchens, food shelves and giveaway programs – but a lot of people are selling the food for drugs. Many kids experiencing food insecurity also have family insecurity.” (San Miguel County)

“Thirty households in South Clovis are out of water. It may take 20 years to solve.” (Curry County)

“Transportation is a problem blocking access, especially for our elderly. We need Medicaid and Medicare to cover transportation. Maybe they can’t drive. Maybe they don’t have a car. And we’re talking, travelling for 2-3 hours to access services. Can you make that trip by yourself or in your older vehicle? And if you’re on a fixed income, can you afford to go?” (Catron County)

“With the way Medicaid is set up, people get discriminated against almost solely because of disability issues. Take a person with sensory issues and can’t wear dentures. Medicaid doesn’t cover implants. It’s rare outside of the disability area where people have that issue. They’re not a huge population but they’re the most costly.” (Elevate the Spectrum and Disability Rights)

Negative attitudes and knowledge barriers in the community were cited as elements preventing successful programs or connections from thriving.

“There are tremendous and amazing things going on in the community, and many amazing people, but one negative message can cause a downward spiral. We’re a small community, everyone knows everyone and their judgments are taken as gospel.” (Sierra County)

“It took me years to develop trust, specifically along Highway 9.” (Hidalgo County)

“The principals of our middle and high schools don’t live here and don’t understand student experiences. They can leave – how can they understand?” (Socorro County)

“We had an experience with a dentist. My son had chipped a tooth. The general attitude was ‘We’ll do what we can, but what does he care?’ He’s not less than. He has every right to receive the care that every other kid does.” (Elevate the Spectrum and Disability Rights)

Some New Mexicans described a sense of being forgotten, or distress at seeing others isolated from the community, or even the state.

“Our clients are so isolated. Sometimes they feel forgotten by family, friends, their communities” (Sierra County)

“Our low population means that Catron County is often forgotten.” (Catron County)

Small communities are caught in a Catch-22 in which specialists who occupy essential roles in the health of the community cannot be hired or retained.

“We don’t have the population to support healthcare specialists, and yet these professionals are crucial to the community because people don’t have the transportation to access services.” (Hidalgo County)

“Grant County keeps losing providers because there is no social life and fewer amenities.” (Hidalgo County)

Lack of communication and coordination among and between systems robs communities of trust in the very institutions they rely on.

“Our many health care providers don’t work together to develop a community-wide health and wellness campaign. Everyone does everything on their own. We need a more holistic system.” (Sierra County)

“Unification of resources is lacking in our state.” (Valencia County)

“Political corruption underlies a lot of our problems. Insider/outsider, gatekeepers and power. And that means we have a plan – it’s not by accident that we’re at the bottom.” (Taos County)

“What keeps me up at night? Medicaid reimbursement.” (Curry County)

Discrimination, racism and lack of inclusion were cited in 8% of the responses as barriers to a healthy community.

“The experience of when you go to a healthcare facility is important. If someone doesn’t have a good experience when they go to the doctor, and feel they are not being listened to, they might not go back. Communication is necessary. There should be translators available, because not everyone speaks English. The ones I love should be able to live their happiest and fullest life.” (Upward Bound)

“Up until very recently the school bus to Taos Pueblo only had one bus stop. It’s racist and a barrier to access to public education. It’s systematically cutting people off from resources.” (Taos County)

Education was found lacking on several levels in 7% of responses. Parents found teachers and administration lacking healthy behaviors. Health navigators saw insufficient systems to support early childhood, after school programs and community learning. Teachers were overwhelmed.

“We have problems retaining teachers; we have no special ed teachers. Teachers are frustrated and sometimes take it out on the kids, yelling all the time, making students cry.” (Socorro County)

“We don’t have a thorough education on health/nutrition.” (Upward Bound)

Mental health in youth, suicide, stigma, awareness of and access to mental health resources were mentioned in nearly 7% of responses.

“There is a lack of information about mental health in our community.” (Las Cruces/Amador Health Center and Santa Fe Community)

“We have a high rate of suicide that people are not willing to address. We’ve had the mental health training.” (Catron County)

“Inadequate systems are in place for law enforcement to deal with people experiencing mental health issues. It’s scary for both sides.” (Curry County)

Health challenges play out differently for each person, but most people aspire to peace of mind and the best life they or their loved ones can live.

Health is important to me because I want my family and parents to live the happiest healthiest life. I want them to have access to pursue it, so that they can see their grandkids. (Upward Bound)

People are used to not having people to support them when they don't know how to cope. People have been trained to deal with it themselves. (Sierra County)

"It's over-stimulation. Everything is 24/7. There's no time for peace of mind." (Las Cruces/Amador Health Center)

A reluctance to engage in activities that could preserve health due to issues around fear, safety and trauma was highlighted in 5.5% of responses.

"There is fear around ICE, (Immigration and Customs Enforcement). If I seek help, who is going to get my information and come to my door? Fear around the Census will deprive us of federal funding." (Santa Fe Community)

"Angry drivers and other people make me feel unsafe." (Las Cruces/Amador Health Center)

"We still have a lot of young kids dying from addiction and other problems. What we've learned recently about adverse childhood events is that everyone understates this; they think they're normal. Most people score doubles and triples in ACES, (Adverse Childhood Experiences)." (Taos)

Given that many of the conversations were in our rural communities, issues of disinvestment and lack of access were frequently mentioned.

"There is disinvestment from rural communities." (Taos County)

"There is a challenge with policy makers and those involved in economic development for city and county to look at the long-term. We have a unique position geographically. We have wide-open spaces, high desert, alpine forests, and clean water. Once you pass the threshold where those things are in danger, it's hard to get it back again. We have to be diligent about looking in the long term rather than at a short term fix." (San Miguel County)

When community members don't have access, there's a feeling of disparity. People say "that's the way it's always been. That's Catron County." And I say, "No, we're Catron County, and it doesn't have to be that way." It's so important to have access to health care and behavioral health care. People should feel like they're worthy of access. We're all part of the same whole. For us to progress, we need to help each other get well. It's not just one entity; it's all of us. (Catron County)

"Because it's such a rural area, we're deprived in a lot of ways down here. The biggest challenge for people in rural areas is most services are in metropolitan areas." (Hidalgo County)

"We need easier access to services, including Medicaid. People need help with applications; we need to find the people who need the help around the state. There is a need for more workers, more outreach, and more general assistance/social workers." (Santa Fe Connect Navigators)

Addiction's effect on community health, including deep stigma, fear and ease of access to substances was brought up as in over 5% of responses.

There is not a lot of community support for substance use disorders, but there is a lot of stigma. Folks are saying we don't want those people, even in our clinics. But how are they different from the rest of us?

"The only thing that's different between the two of us is which side of the desk we're sitting on." We all have an addiction. (Sierra County)

Las Vegas is not a healthy community. The alcohol and drug addiction in the community is terrifying. Police officers need training to learn how to give aid to people who have handled dangerous substances as contact can harm the first responders. (San Miguel County)

When it comes to our elders, responses indicated that their challenges run the gamut from access to food, transportation, needing a variety of assistance, and being considered an asset to their community.

“There’s an issue of political health in the County, especially the City. We have an interesting challenge in this community, in that 40% of the residents are 65+. I actually think this is an asset. We could be a model study of intergenerational interaction. But there’s not the political vision for doing that.” (Sierra County)

“We have an aging and declining population – we’re not repopulating.” (Hidalgo County)

“Elders need help navigating the system.” (Valencia County)

“There’s poor food for elders and children.” (Santa Fe Community)

When care is not affordable, achieving goals and dreams remains distant.

We need affordable care and to be able give back to community, so people can achieve their goals and dreams. (Upward Bound)

Question 4. How has the COVID-19 pandemic affected the health of your community?

Together the participant responses identified both hardships and potential opportunities presented by the COVID-19 pandemic and subsequent restrictions.

Loss of closeness, personal connections, compassion and care

“It brings chills down my spine because, as it was previously mentioned, we’re losing that closeness and compassion. The connection with people. Those that are addicted need that connection with people. They need to know someone cares because they’ve hit rock bottom in so many ways. We’ve added fuel to the fire. We felt like that we were already sinking and not being able to get our heads above water to try to help our community. It’s like it’s going to get worse. Are we going to be able to come around?” (Sierra County)

“I think there are some people who are very concerned about their health and the health of their loved ones, and there are others who aren’t at all concerned, and as a result they put others’ health at risk. Unfortunately, I think society as a whole has decided that personal liberties are more important than caring about your fellow man, and that concerns me a lot.” (Catron County)

Services are inaccessible

“Maybe part of the drug use is associated with having lost jobs, and some of that might be associated with a lack of hope. When people can’t get in to see the doctor, are we helping or hurting them? They

need to be dealt with on a continual basis, and they're being put on hold. You can't put health on hold." (Sierra County)

"During COVID, our children are literally climbing the walls because they're not allowed to go out into the community. There is a lack of case managers to link with service managers through telehealth." (Elevate the Spectrum and Disability Rights)

"Casa de la Roca can't get a special use permit until commissioners gets us on their agenda. My concern is for the homeless population, accessing care or even feeling like they can. Casa would be a place to charge your phone, have a shower, get connected to needed resources. In T or C there's no place like that, hubs where folks who don't have easy access to a doctor could go. That's one of my biggest concerns during this time." (Sierra County)

"School is closed due to COVID-19. A lot of students live in toxic households and school was their escape. I don't know how to help them. We're all stuck right now. We have to be isolated." (Upward Bound)

"In prison, therapy and treatment has stopped. You know that is having an impact on mental health. The inmates who were recently released were not able to get some treatment. Drug testing was stopped, and they recently went back to testing, and the result showed 70% of people back on drugs. They need treatment and therapy, and that stopped with COVID-19. It was sad to see so many relapses. It's one step forward, two steps back dealing with inmates in custody and the recently released." (Health Leaders)

Opportunities?

"During COVID, remote counseling has been temporarily allowed. Maybe this pandemic will actually prove to be a benefit in these areas." (Curry County)

"Whether you believe or not that COVID is a threat, it's a norm that's going to end up impacting us in a positive way. The flu will probably be smaller this year because people are practicing social distancing. We'll still have a COVID season." (Socorro County)

"We can see how important health is and how it's affecting underserved communities. I think no one thought we would experience an epidemic. Good things have come from it, like access to telehealth. But all the issues that have come out because of COVID still need to be addressed." (Catron County)

"A paradox – It has highlighted inequalities and dangers, but it has also shown how our health is connected." (Health Leaders)

Question 5. What has your community figured out to make folks healthier that the rest of the state should know about?

When asked what was working well in their communities and given a chance to engage in a prioritization exercise, community members across the state highlighted programs, people, nature and other facets of community that they admired. They also considered what could be better supported, emphasized, revised, or created from scratch. The below responses demonstrate a range of possibilities.

In identifying solutions to address health, New Mexicans are, once again, community-minded. 32% of responses highlighted the value of community and relationships. They also revealed areas of great need.

“Local problems require local solutions.” (Taos County)

“Health Councils are key. They’re in the community, along with organizations like Brothers Together.” (Health Leaders)

“We need more activities for kids and teenagers: a skating room; pool table; good snacks; programs and resources to keep them occupied.” (Socorro County)

“Talking with each other, figuring things out is part of how we get healthier.” (Valencia County)

When thinking about how their community was doing right by health, 15.5% of responses referred to a wide variety of local services, from community schools to respite care, community programs, women’s and men’s centers, and more.

“The Mijo Program at the Santa Fe Fire Department is doing a phenomenal job on looking at where the needs are. 1% of their calls are for fires. They provide so much in the way of community health. Narcan, EMS, working with the ER. Very impressed by their commitment to respond to community needs. We’re sharing this with other fire departments. Our leadership sends their staff to other fire departments to spread the word.” (Santa Fe Community)

“Everything is here. You just have to show up. And you’re helped. There’s nothing lacking here. Free health care, counseling, food. No red tape. I say, “Hi, I’m sleeping in the woods, eating from the dumpster.” And they find you help.” (Las Cruces/Amador Health Center)

“My family has mental and emotional injury. It’s good to know about it. We can investigate a way to get away from it. It feels great to know that you will be OK for maybe 5 minutes minimum or a couple of months.” (Upward Bound)

Creating a continuum of care in health services was emphasized in 7.5% of responses, with an emphasis on holistic approaches and eliminating stigma.

“A continuum of care is very important to all of our children with disabilities. Their journey doesn’t end just because they leave school. A lot of parents get help in the early stages if we’re lucky enough to find support. But then once our kids start aging out, we lose a lot of that support and help.” (Elevate the Spectrum and Disability Rights)

“Take a holistic approach by promoting health and preventing illness. Show people how to build healthy lifestyles. Don’t wait.” (Socorro County)

“Design a harm reduction policy and materials so there is no stigma for substance addiction treatment and sexual health promotion.” (Valencia County)

Education figured in 7% of responses, highlighting the positive contribution of higher education institutions in community, as well as improved lunches, services, better paid staff, and a safe space for teens in their schools.

“We need well paid, highly trained staff in good schools.” (Santa Fe Connect Navigators)

“We need more outreach in the school system for teens and middle-schoolers. We need a safe space in the school for students where they can go whenever they feel they need it. I would like it to be student-led but there needs to be a therapist in there. And it should all be confidential.” (Upward Bound)

Participants praised existing workforce education programs and collaborations between higher education institutions and communities. Lived experience can be the inspiration to want to help others.

“NNM College and UNM added education programs in health fields that they know are lacking in the community. Funneling students into these starting in high school. Loan forgiveness programs. All fill a gap in the community.” (Santa Fe Community)

“I struggle with mental health. I would like to become a mental health provider because I want to ensure that people feel safe and not alone.” (Upward Bound)

Empathy, compassion, empowerment and engagement in one’s community were ingredients that were mentioned in 7.5% of responses.

“Tap empathetic people in the know who have lived experience.” (Sierra County)

“If you have a problem, ask. You’ll never get help if you don’t ask.” (Las Cruces/Amador Health Center)

Infrastructure issues, from water, regenerative agriculture, renewable energy to improved rehabilitation and resources were invoked in 4.5% of responses.

“If I had \$100M, I’d be investing in infrastructure, especially water. (Health Leaders)

“If a person using drugs is taken in, they are only treated for a certain amount of time and then the hospitals put them on the street. The person is not given resources that will help long-term. System needs change because it remains a problem.” (Upward Bound)

Water is life.

“We need to focus on the idea that water is essential.” (Health Leaders)

Access to food, whether by increasing distribution systems or creating new legislation, figured in 3% of responses.

“The Food Depot has a drive through. They don’t ask for names, address or papers. If you tell them how many people are in your home they give you bags accordingly. If you have children, they provide milk and cheese. Sometimes even dog food.” (Santa Fe Community)

The pandemic helped make tangible the social determinants of health.

“There has been a shift since last year. Some of these ideas have been part of the discussion, but there are new ones emerging as a result of COVID. People are understanding that social determinants of health, and equity and accountability are going to be very important if these things are going to continue. Last year the concepts were not as well understood.” (Health Leaders)

Equitable access to healthcare and services was mentioned often throughout the conversations, and figured as a top priority in several responses here.

“The “isms” increase as health access decreases, e.g., racism and classism. There’s a sense of unity when there’s a sense of access to healthcare.” (Taos)

“Our president revoked health care rights for transgender people. Now people can be turned away because of their gender identity. People are making laws and mandates about other people that puts them at risk. They are not wanting everyone to have the ability to be safe and healthy.” (Upward Bound)

Responses indicated that collaboration was key to health and should be encouraged. City and county government should work together with nonprofits to promote existing programs and create a matrix of connections between organizations.

“I would like to see leaders in the community elevating health as a major focus for improvement.” (San Miguel County)

Example: In 1992 an immunization coalition involving every health care entity met weekly to address lack of immunizations especially among children. (Sierra County)

I love seeing the intersections, the idea that health is in everything. Health is imperative. Community Health Councils are helping us all see those connecting dots. I think it’s new and exciting being a part of this, going forward. (Health Leaders)

When thinking about what was working and what needed support, 4.5% of responses focused on funding, from making sure basic needs were covered, to higher education grants as well as grant writing.

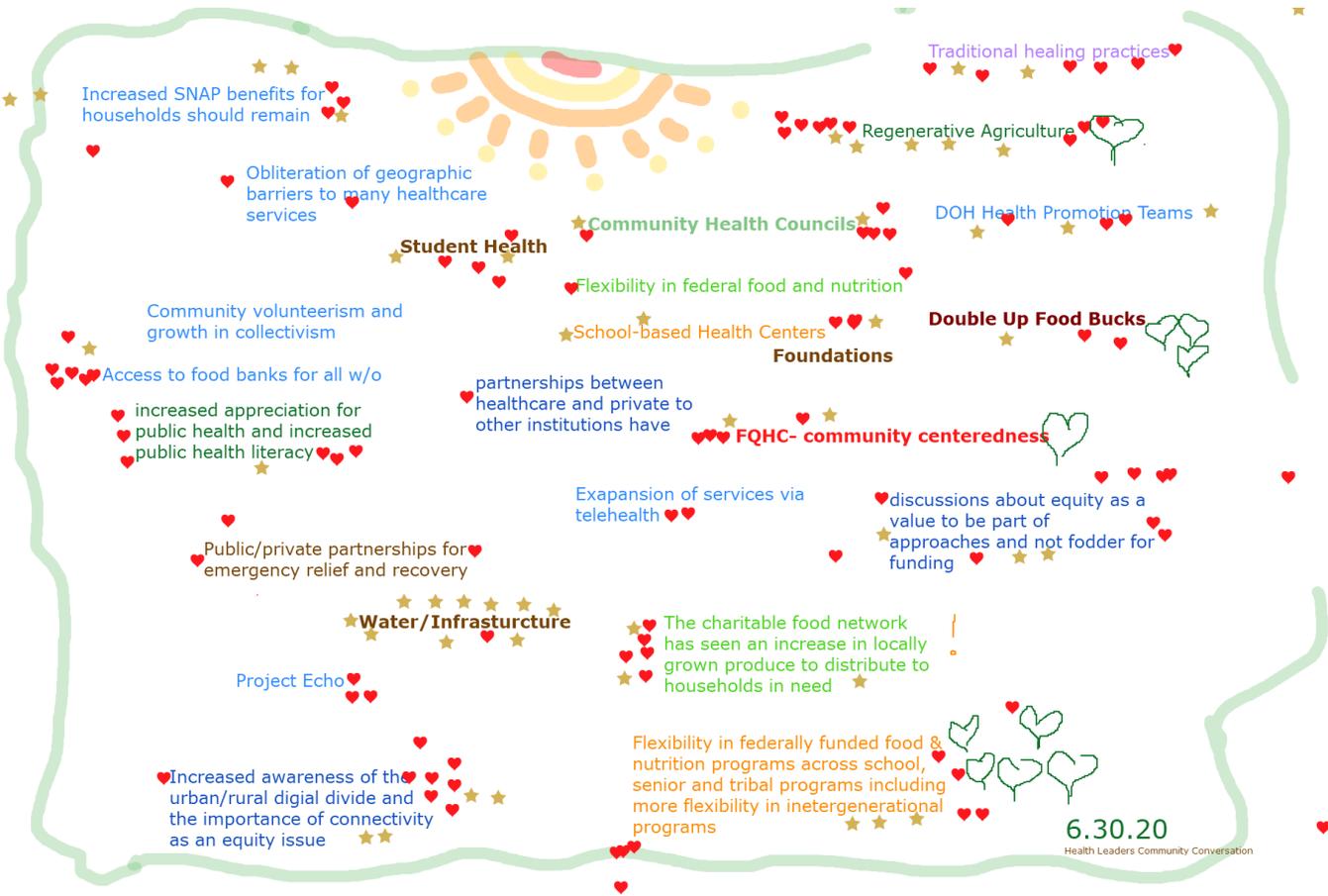
“We need to support programs that promote economic stability, e.g., SNAP, TANF, childcare, housing and education. Organizations need funding so every resident has what they need.” (Santa Fe Connect Navigators)

“The Socorro Electric Co-op provides grants to students. We need other businesses to invest.” (Socorro County)

Visibility and having a voice are key, especially in policy-making.

“Policies should be created by and with the people who will be most affected by them.” (Catron County)

“We have a voice. If we don’t use it, we won’t be heard. Words have an impact.” (Santa Fe Community)



Zoom whiteboard from the Health Leaders Community Conversation