Dona Ana County, New Mexico: *Salud y Vida con Amigos* Disparities Impact Statement

Organization-Dona Ana County Health & Human Services
Project Name-Salud y Vida con Amigos
Award #-1 CPIMP211288-01-00
FAIN# CPIMP211288

Population(s) of Focus

This project will serve residents of northern Dona Ana County residents, a population represented by first and second generation Latinos, mainly from Mexico.

Proposed number of individuals to be reached or served in the geographic area of focus for each 12-month budget period, by race and ethnicity.

	FY 1	FY2	Totals*
Number to be reached			
By Race/Ethnicity			
African American	8	8	8
American Indian/Alaska Native	8	8	8
Some other Race	603	603	603
White (non-Hispanic)	799	700	700
Hispanic or Latino	4371	4371	4371
Two or more Races	0	0	0

*We plan to reach all residents with COVID-19 related information during each year of the funding period. We project that 10% of residents will participate in the curriculum delivered by community health workers and community leaders during each year, then share that information with their families and friends. This distributive health literacy approach is at the heart of the project and aligns with the role of community health workers as "agents of change" in their communities.

Disparate Populations(s)

The population of northern Dona Ana County is 84% Hispanic, predominately represented by first and second generation immigrants of Mexican descent. This group has been disproportionately affected by COVID-19, with 14% of residents testing positive for COVID-19 (compared to 11% in the county as a whole). In New Mexico, Latinx populations have been affected by COVID at twice the rate of whites and 1.7 times that of Blacks.[1] Census tracts with a poverty rate of 40% or greater show rates of COVID-19 hospitalization nearly three times (11.12% vs 4.73%) those of areas with a poverty rate of 5% or less.[2] New Mexico's COVID-19 case fatality rate for high poverty zones is 3.35%, compared to 1.36% for wealthier communities.

[1] https://cv.nmhealth.org/wp-content/uploads/2021/04/State-Report_demographics_04.12.21.pdf

[2] https://cv.nmhealth.org/wp-content/uploads/2021/04/State-Report_healthsocial_04.12.21.pdf

Rationale

Poverty is at least three times the national average throughout the region and reaches 58% in the Salem area. These disparities correlate with lack of access to culturally appropriate, accurate, health-literate information. The majority (72%) of the region's population speaks Spanish at home, and 28.5% of adults do not have a high school diploma,[3] increasing the risk that they will have difficulty accessing, understanding, and acting on health information, and increasing their susceptibility to misinformation.

The following figures graphically depict these disparities:

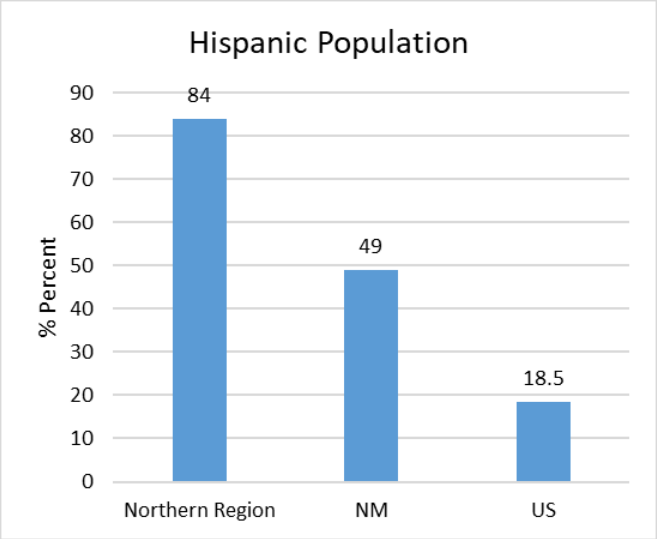

Figure 1: Percent of Hispanic population in northern Dona Ana County, New Mexico, and US

[3] https://ibis.health.state.nm.us/indicator/view/NMPopDemoEduc.Sarea.html

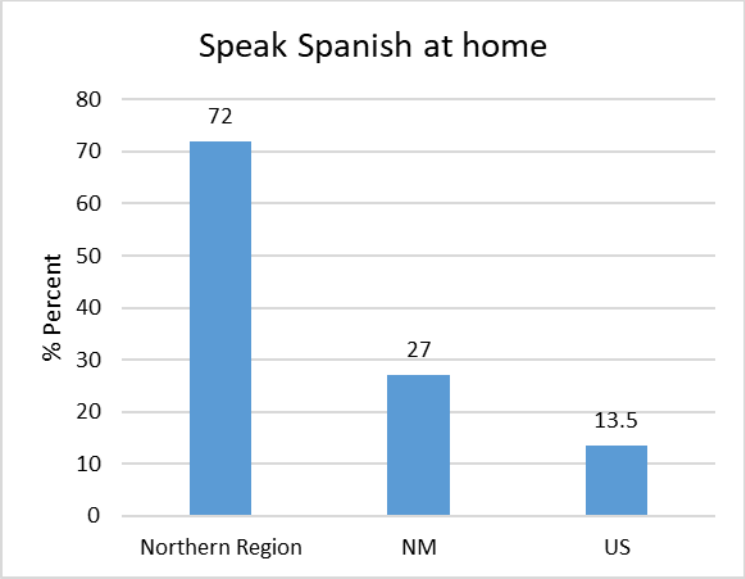

Figure 2: Percent of population that speaks Spanish at home in northern Dona Ana County, New Mexico, and US

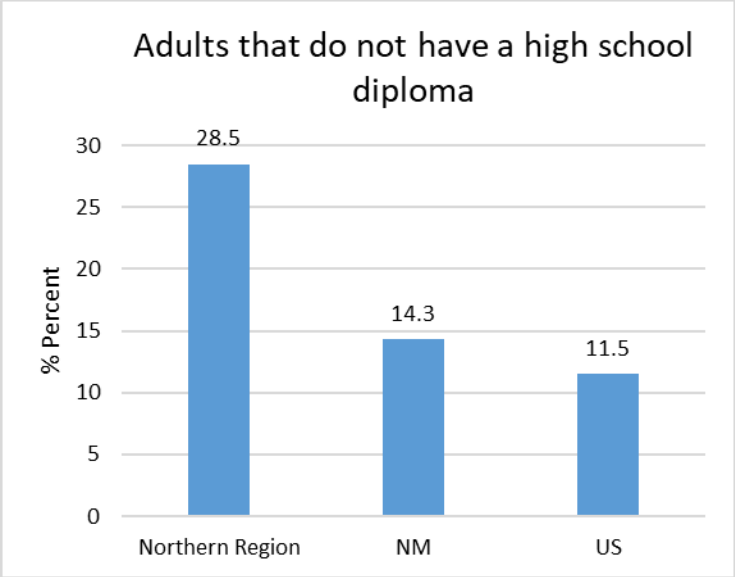

Figure 3: Percent of adults with no high school diploma in northern Dona Ana County, New Mexico, and US

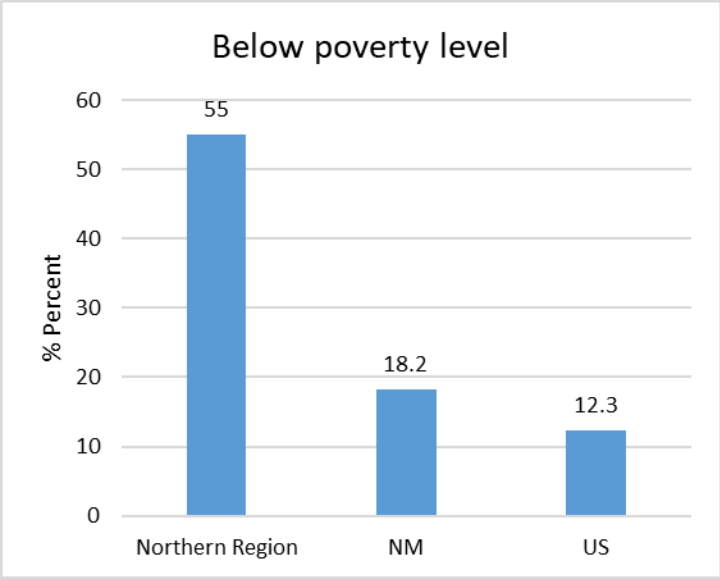

Figure 4: Percent of population below poverty level in northern Dona Ana County, New Mexico, and US

Comparison Group

The referent group for this project will be Dona Ana County as a whole. The county population is 68.8% Hispanic or LatinX. The poverty rate is 23.8%, 79.4% of the population has graduated from high school; and 51.3% of residents 5 years and older speak a language other than English at home. Data from both populations will be compared to assess the difference in access, use, and outcomes of this project.

Quality Improvement Plan.

A continuous quality improvement approach will be used to analyze, assess, and monitor key performance indicators as a mechanism to ensure high-quality and effective program operations. Monitoring activities will focus on:

Access: Populations engaged in the project

Which populations are being engaged in/enrolled into the project: Our goal is to reach the primarily Mexican-American residents of the rural agricultural region of northern Dona Ana County. To do so, we will adopt a social networking approach that engages community health workers, community leaders, employers, and other community members who interact with many people in a day (librarians, teachers, barbers, hairdressers, etc.). Thirdly, we will engage the clinicians and other medical staff who provide care to these residents to increase their health literacy competencies.

Are the populations engaged in project activities representative of the racial and ethnic makeup of the project catchment area? Yes. Community health workers, county outreach workers, and other community leaders serve are community members themselves and reflect the population in racial and ethnic makeup. Likewise, firefighters and EMTs are mostly volunteers and themselves community members. A significant proportion of FQHC staff and other clinical participants are Hispanic.

How is the disparate population included in project activities? Input on training and curricula will be sought from the disparate population through focus groups, surveys, and evaluations of the provided trainings. CHWs, including County Outreach Workers, will be integral members of the project team. They will be involved in testing of all materials and provide ongoing input regarding messaging, curricula, and other communications.

What population groups are not being reached? This project will focus on adults and youth; younger children will be reached indirectly through parents, teachers, and others. Because the entire population of this small region will receive information, we will include people of all sexual orientations, disability status, socioeconomic and educational levels, and those subject to other disparities.

Are partnerships developed to increase reach to the disparate population? Project partners include County HHSD (lead), County Fire, USDA County Extension Services, New Mexico State University, municipal governments, nonprofit community groups, Ben Archer Health Center, Southern New Mexico Family Medicine Residency Program, Hatch School District, and other CBOs and government entities serving this population.

Use: *What types of services are offered?*

This project will provide culturally and linguistically appropriate, health-literate COVID-19-related information to community members, particularly the disparate population, through direct education and messaging (flyers, radio, text messaging, and other means). Simultaneously, health literacy training will be provided to community health workers (CHWs), EMTs, firefighters, teachers, librarians, and other community leaders who have frequent contact with the disparate population. In addition, through health literacy training regarding COVID-19, we will engage clinical staff at the local FQHC and primary care residency program to better reach the disparate population. Finally, access to information will be increased by installing wifi hotspots in remote regions where broadband internet is unavailable. Curricula and technical assistance activities will be designed and implemented in accordance with the cultural and linguistic needs of individuals in the community.

To retain the disparate population in project activities, Dona Ana County will integrate education and outreach activities with other services (e.g. food distribution). Continuing education units will be sought for qualified health-care personnel, including community health workers, who complete the health literacy curricula. The project team, which is composed of county leadership, staff, and representatives from project partners, will explore additional avenues for recruiting and retaining the disparate population. The partnerships include libraries, schools, employers,

Are providers/practitioners/staff working with the disparate populations using culturally and linguistically appropriate interventions/approaches? CHWs are members of the communities they serve and familiar with the cultural and linguistic needs of these communities. Likewise, through the planned distributive health literacy approach, we will engage other community members who work frequently with and are part of the disparate population. The project is designed to assure that clinical staff, including physicians, physician assistants, nurse practitioners, nurses, social workers, medical assistants, and front office staff are able to communicate clearly and in culturally and linguistically appropriate ways with their clients and patients.

An essential goal of the project is to assure the use of culturally and linguistically appropriate, plain language communications are available to the disparate population. This includes written, graphical, and

verbal communications. Thus, the strategy of training community health workers, community leaders, and health-care workers Policy recommendations will be made to assure continuity of the

All materials will be bilingual, with Spanish translations provided by a local translator familiar with US-Mexico border culture and linguistic conventions. CHWs and community leaders will be integrally involved in focus groups, piloting curricula, developing messaging, and assessing materials. Evaluations will be sought – both written and verbal – from community members.

National CLAS Standards.

Our quality improvement plan will ensure adherence to the enhanced National Standards for Culturally and Linguistically Appropriate Services (CLAS Standards) in Health and Health Care. This will include attention to diverse cultural health beliefs and practices. Training and hiring protocols will be implemented to support the culture and language of all subpopulations, with a focus on the Mexican-American subpopulation.

The process actively supports modification of organizational policies and procedures. Health literacy training will be required of all Dona Ana County Health and Human Services Department outreach staff. Each partner organization will set its own objectives for number of staff trained, including both community and clinical settings. Community health workers, community leaders, and front-line clinical staff will provide ongoing input into the cultural and linguistic appropriateness of all materials.

Interpreters and translated materials will be used for non-English speaking participants as well as those who speak English, but prefer materials in their primary language. Key documents will be translated into Spanish. All training and technical assistance activities will be tailored to include limited English proficient individuals. Staff will receive training to ensure capacity to provide services that are culturally and linguistically appropriate.

Outcomes

Outcomes are being monitored for the disparate population(s) include:

1) Increased ability of 10% of the target population to access, understand, and use health information, especially COVID-19 public health recommendations;
2) Increased capacity of at least 100 CHWs and community leaders to effectively communicate health information using national CLAS standards;
3) Increased capacity of 100 clinical workers to use best practices in health literacy using national CLAS standards as defined by Healthy People 2030; and
4) Establishment of a sustainable health literacy network in DAC.

Data will be used to monitor and manage program outcomes by race and ethnicity within a quality improvement process. Programmatic adjustments will be made as indicated to address identified issues, including COVID-19 health disparities, across program domains.

A primary objective of the data collection and reporting will be to monitor/measure project activities in a manner that optimizes the usefulness of data for project staff and consumers; evaluation findings will be integrated into program planning and management on an ongoing basis (a “self-correcting” model of evaluation). For example, training data will be reported to staff on an ongoing basis, including analyses and discussions of who may be more or less likely to be exposed to training activities.

Members of the evaluation team will meet on a biweekly basis with staff and key team members, providing an opportunity to identify successes and barriers encountered in the process of project implementation. These meetings will be a forum for discussion of evaluation findings, allowing staff to adjust or modify project services to maximize project success.

Outcomes for all activities will be monitored across race and ethnicity to determine the grant's impact on COVID-19 health disparities, including social determinants of health.