
The National Academies of
SCIENCES · ENGINEERING · MEDICINE

Achieving Rural Health Equity and Well-being:
Challenges and Opportunities

Panel #1:
Leveraging Resources to Advance Equity in Rural Areas

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June 13, 2017

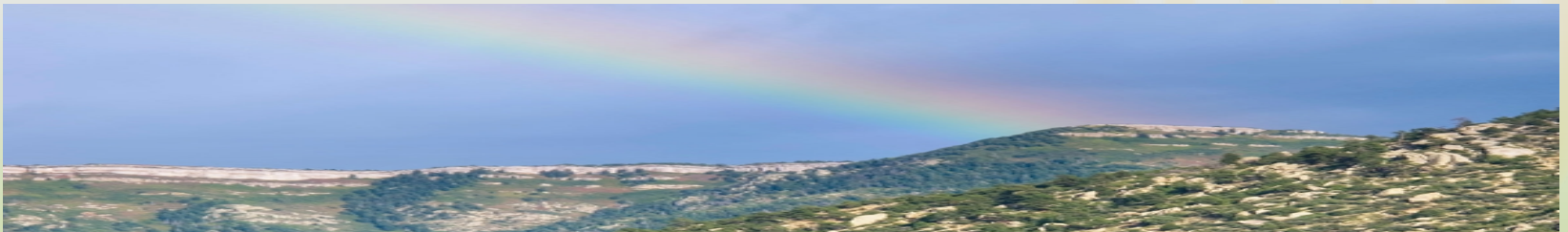


Con Alma Health Foundation Mission

To be aware of, and respond to, the health rights and needs of the culturally & demographically diverse people & communities of New Mexico

To improve health status & access to health care

To advocate for health policies that will address the health needs of all



WHAT WE DO - Grantmaking & Beyond

- Promote & advance health equity
- Advocate for all with an emphasis on culturally diverse, rural & tribal communities
- Engage multi-field, multi-sector stakeholders:
 - 1) public/governmental;
 - 2) private/business; and
 - 3) private/nonprofit
- Serve as a catalyst for positive, systemic change
- Leverage resources



Leveraging Resources



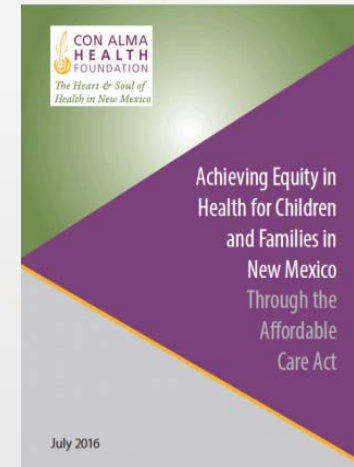
GIH State Grant Writing Assistance Fund
Brought in over \$34 million to NM to plan HIX

ACA Assessment Project (NM)

Collaboration between Con Alma & W.K.K.F (modeled after The Colorado Trust report, "Health Equity and the Affordable Care Act")

Hispanics In Philanthropy (HIP)

Funders' Collaborative for Strong Latino Communities & the Latino Men and Boys Initiative; Awarded nearly \$2 million to NM nonprofits



Healthy People, Healthy Places

Promoting Health and Equity through Built Environment & Food Access Policy with focus on rural, low-income, communities of color

Con Alma Health Foundation Health Equity Grantmaking Examples

MULTI-YEAR GRANTS

(\$50,000 per year for 3 years):

NM Center on Law & Poverty

Healthcare Access Project, ensuring that low-income individuals have access by removing barriers to Medicaid or Exchange coverage.



New Mexico Community Health Worker Association

To recruit, train and mentor Community Health Workers (CHWs) to assist with the certification efforts of the 2014 CHW Act in New Mexico.

SMALL GRANTS

(\$10,000 - \$15,000 per year)

Prosperity Works (\$10,000)

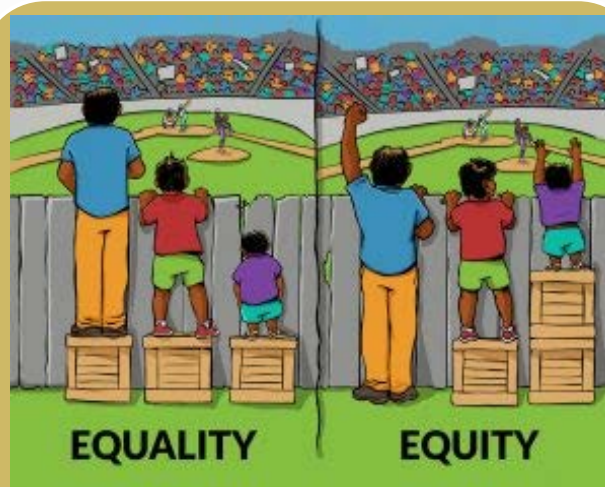
For Prosperity Kids, which leverages resources and invests in families by removing barriers & opening paths to opportunities through a child savings account.

Las Cumbres Community Services (\$14,000) For Housing Crisis outreach to increase participation in policies that address barriers to safe and affordable housing for pregnant women, children, and families.



CORE VALUES

- Community Self-Determination
- Diversity
- Preservation & enhancement of cultural and spiritual assets



HEALTH EQUITY

- Focus on Equity vs. Disparities
- Health Broadly defined
- Systemic change
- Multi-Sector and Multi-Field Approach

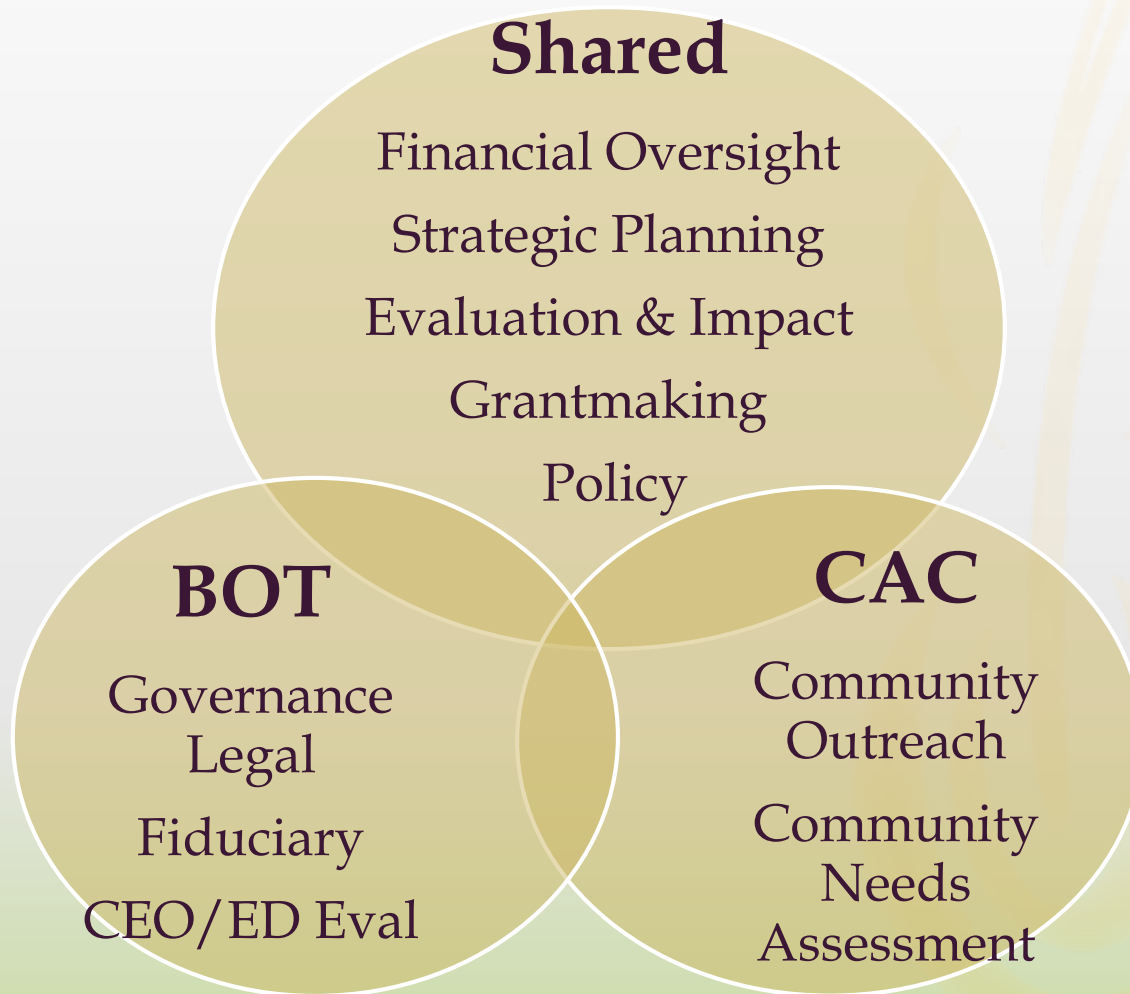


SHARED LEADERSHIP

- Our People
- Shared Vision & Mission
- Institutionalized health equity practices/policies



Con Alma Shared Leadership Model



Health Equity

“Health equity is the assurance of the conditions for optimal health for all people.” *Camara Jones* www.cdc.gov/media/subtopic/sme/jones.htm

Health Equity: Concerns “those differences in health that can be traced to unequal economic and social conditions and are systemic and avoidable – and so essentially unjust and unfair.”

Unnatural Causes, www.unnaturalcauses.org

Healthcare is only a small part of what REALLY affects our health. The choices we make, our behavior, has a large impact on our health.

BUT, the places where we live, work, and play
- our social conditions - affect the choices we make.

New Mexico Health Equity Working Group
(<http://nmhewg.weebly.com/index.htm>)

Differences Between Health Equity and Health Disparities

Health Disparity	Health Equity
Any difference in health between groups of people	The term is based on the belief that everyone is entitled to a healthy life
Some health disparities are NOT inequitable (biological differences resulting in different mortality rates between males & females)	However, most health disparities are avoidable, often the result of social and/or economic conditions/policies (e.g. obesity & smoking rates between lower & upper income families)
Public health has traditionally attempted to reduce health disparities by targeting its interventions at individuals within vulnerable populations	Good health requires not only the traditional approach but must also focus attention to address the broad policy and systems environment that influence health

Social Determinants of Health

(Social Conditions)

- Conditions in which people are born, grow up, work, play and age (place matters)
- Shaped by historical decisions, economics, social policies and politics
- Include race/ethnicity, socio-economic status and access to opportunities





INTERSECTION

Rurality & Race in NM

- ▶ NM is a majority-minority state
- ▶ Immigration (NM is a border state)
- ▶ 1/3 state is rural vs. 1/4 nationally
- ▶ Fewer physicians & dentists practice in rural areas
- ▶ Racial/ethnic minorities suffer higher rates of mortality & illness compared with other groups, & receive a lower quality of health care
- ▶ Rural poverty rates are higher than in urban areas (disparity is greater for minorities in rural areas)

Rural Health Challenges

- ▶ Economic/Political Environment
- ▶ Health Care Reform/Medicaid
- ▶ Geographic (NM is 5th largest state by size)
- ▶ Shifting Demographics :
 - AGING: NM will go from being 39th to 4th in the nation in the percentage of people age 65+ in the next 15 years; rural areas have a greater elderly population than urban areas.
 - DIVERSITY: In 1980, 80% of pop. was White By 2043, a majority of all Americans will be people of color. <http://nationalequityatlas.org>
 - GRANDPARENTS RAISING GRANDCHILDREN: Grandparent headed households in US increase from 3% in 1970 to 8% in 2015. In NM, it was 14% in 2010.



Rural Communities Strengths/Opportunities

Strengths:

- ❖ look to culture, tradition & community for existing strengths and assets that can serve as solutions to community needs/issues

People/Communities:

- ❖ resilient, self-reliant
- ❖ resourceful, able to leverage resources
- ❖ rural communities are natural & expert innovators

Values:

- ❖ community based, family, inter-generational, multi-cultural/diversity



Acequia Mural by Alejandro Lopez
Photo taken by Sam Fernald, Espanola, NM



Acequia tour & study, La Cienega, NM, 2009



"Summer in New Mexico" by Glen Strock
Santa Fe, NM



Resources & Contacts



Con Alma Health Foundation, www.conalma.org

Border Philanthropy Partnership (BPP), www.borderpartnership.org

National Equity Atlas (Policy Link), <http://nationalequityatlas>

New Mexico Health Equity Working Group (NMHEWG),
<http://nmhewg.weebly.com/index.html>



Con Alma Health Foundation

Mil Gracias

