

New Mexico Health Equity Partnership, an initiative at the Santa Fe Community Foundation

A Summary of Our Impact in 2015/2016 (18-month transition period)



NEW MEXICO HEALTH EQUITY PARTNERSHIP

*Let's stand up together
To not be silent or invisible forever
Let's be aware of our privilege and our power
Let's not get complacent by the hour*

*We are here to work for what we want
Not just fight what we are against
No success at work is worth a failure in health
Systemic change starts with us and our own wealth*

*We gotta trust ourselves and each other above
One family, redefined as anyone we love
Let's unite we can't divide the world into good and bad guys
We're all both in disguise*

*What does equity really mean to this floor
Let's put families' health at the core
Of each policy, let's decolonize our policy makers,
Let's revolutionize education, education is health
And our children are our wealth*

*Let's guarantee basic rights for all beings
Let's stop the othering and get back to real meaning
Support each other as one big coalition
So we can bring New Mexico and its people to fruition*

A poem about the 2017 HEP Statewide Gathering by Simone Poutnik, New Stories



Summary

During 2015/2016, an 18-month transition period, the New Mexico Health Equity Partnership (HEP) experienced a positive shift in its structure. We evolved from three efforts (place-based, Health Impact Assessment (HIA), and health councils) to a formalized network of core partners, members, and allies organizing with diverse strategies (i.e. policy advocacy days, small group gatherings, HIAs, community mapping etc.) to positively impact community health. Through HEP's network model, we have developed transformational partnerships needed for sustainability. At the end of 2016, we had **four** core partners, **71** network members, and a steering committee. To date, HEP and our place-based partners have raised **\$1,193,175 (\$1,150,675 from the W.K. Kellogg Foundation and \$42,500 from other sources)** towards our total 2017/2018 budget of **\$1,278,528**.

In 2015/2016, HEP saw immense progress towards solidifying a statewide network to strengthen community leadership and educate decision makers. During the transition phase, we collected data via sign in sheets, evaluation forms at gatherings and trainings, grantee reporting forms, open feedback, and community members' stories. The information in this report and the evaluation summary illustrates the ways the desired strategy and programmatic outcomes for each goal were achieved through progress on HEP's activities. Goals during 2015/2016 (18-month period) include:

- Goal 1: Solidify one statewide network of community organizations and members to organize around health equity, promote cross community learning, and foster community collaboration, leadership, advocacy, and mobilization.
- Goal 2: Raise awareness, gain and retain the support of bi-national, tribal, state, regional, municipal, and community leaders, decision makers and elected officials to ensure health and equity is considered in decision making.
- Goal 3: Strengthen the capacity of community groups, organizations and members directly affected by health inequities to advocate for health equity and to address structural and institutionalized inequities based on race, class, gender and geography.
- Goal 4: Confirm NMHEP's organizational structure, leadership structure and financial model and identify funding partners and sources.

Throughout this report and evaluation summary, we share quantifiable evidence and qualitative case studies to illustrate HEP's successes. Many of the case studies show how systems have positively impacted the lives of vulnerable children. In 2015/2016, HEP successfully created systems, structures, and spaces that enable community members to **discover their power, build their leadership, and educate decision makers** about issues that matter to them. More often than not, communities of color, indigenous people, women who have been incarcerated, people who are homeless, low-wage workers, youth, etc. are living within structures that are stigmatizing and tear us down. Having spaces which humanize us, reflect our cultural values, lift up our voices, and where peers believe in us are essential to building a galvanizing force to influence long-term policy change. When parents realize their power and have the skills to identify and address a wage theft violation; when mothers who were formerly incarcerated are able to share their stories, give back to their community, and provide practical recommendations about a reintegration center; and people of color living in rural areas are able speak out about how the first atomic bomb has impacted their family's intergenerational health when the federal government has silenced them for so long, they are actively engaging in making a difference and creating a better world for their children and future generations.

Progress toward Goals

Goal 1: Solidify one statewide network of community organizations and members to organize around health equity, promote cross community learning, and foster community collaboration, leadership, advocacy, and mobilization.

Solidify a statewide network to organize around health equity

New Mexico needs residents actively involved in making a difference, and it needs a strong set of grassroots community organizations to serve as a galvanizing force to educate decision makers and inform decisions. In 2015/2016 (18 month period), HEP made great strides in formalizing a statewide network to organize and mobilize around issues (environmental justice, economic justice, immigrant and refugee rights, education equity, etc.) that impacted community health. At the end of 2016, the network consisted of **four** core partners and **71 network members** (39 organizations and 35 community members) representing **13** counties. HEP's core partners and network members all have their own alliances in their respective communities, strengthening the collective power of HEP as a network of networks.



Foster cross community learning and community collaboration

During the 18 month period, HEP connected people, community groups, and decision makers and brought together various organizations and communities working on diverse social movements for transformational relationship building and cross community learning. In 2015/2016, there was a significant increase (234%) in the breadth of actively engaged core partners, members and allies in the statewide network.

- **Four** local place-based teams in Bernalillo, Doña Ana, McKinley and San Juan were strengthened through new partnerships in their respective communities.
- **169** organizations and entities collaborated within and across sectors via the HEP network and place-based, Health Impact Assessment (HIA), and action-oriented sub-networks.
- **929** community-based stakeholders were actively engaged in core HEP efforts. **Thousands** more were engaged in efforts HEP and the place-based teams partnered on.



Create spaces for leadership development, advocacy, and mobilization

HEP created spaces, platforms, and processes for leadership development, advocacy and mobilization. This included an HIA training with **34** participants, HIA Train the Trainer's Program with **four** participants, a statewide gathering with **64** participants, **four** policy advocacy days with **171** participants, **11** action-oriented small group gatherings totaling **133** participants, and an online platform. Many more events were convened at the local level by our partners. HEP elevated our partners' stories, policy efforts, and trainings through our newsletter which is disseminated to **674** people. During 2015/2016, HEP experienced the following strategy outcomes:

- **12** community groups mobilized as change agents over 18 months (**4** place-based teams, San Miguel advocates, **4** coalitions who participated in action-oriented small group gatherings, and **3** coalitions completing HIAs in 2016).
- **6** community groups (**3** place-based teams, **3** HIA teams, and **1** coalition who participated in an action-oriented small group gathering) engaged in planning & advocacy to limit prenatal & childhood exposures to toxins.
- At least, **372** parents of vulnerable children advocated for policy change.
- HEP partners, members, and allies developed a policy platform under a Health in All Policies framework, including **9** [policy strategies](#) to advance racial equity and improve health in New Mexico. Two graphic illustration banners, reflecting these policy strategies were developed, and have been utilized for educational purposes in at least **8** community events.



Graphic illustration created by Erica Bota, Think Link Graphics.

Goal 2: Raise awareness, gain and retain the support of bi-national, tribal, state, regional, municipal, and community leaders, decision makers and elected officials to ensure health and equity is considered in all decision making.

Engaging decision makers

In 2015/2016, HEP observed an **850%** increase (**10 to 85**) in powerbrokers and decision-makers engaged during an 18 month period. The place-based teams in Bernalillo, Doña Ana, McKinley, and San Juan counties were instrumental in engaging decision makers at the tribal, state, regional, and municipal levels and educating them on issues most important to their communities that impact health. They accomplished this through previous HIAs (outcomes shared in HEP's 2016 interim report to the W.K. Kellogg Foundation) and current efforts. For example, the San Juan Collaborative for Health Equity, which works to advance racial healing, Dine' Food Sovereignty, and address the health impacts of fracking on indigenous communities engaged the Navajo Nation Council, Tri-Chapters chapter offices, Quad cities, Navajo Chapters, State Representatives, School Boards, Indian Health Services, Navajo Nation Human Rights Commission, Navajo Nation Environmental Protection Agency, and Navajo Nation Historic Preservation Office in their efforts. **Through San Juan's racial healing initiative, the team presented before the Mayor of Farmington and his bi-monthly Cultural Issues Roundtable (see photo). In turn, the Mayor has agreed to host a one-day venue in 2017 on indigenous thinking and knowing.** Further, HEP partners who hosted policy advocacy days and conducted new HIAs were key in engaging decision makers.



Policy advocacy days as an effective strategy to educate decision makers

In 2014, place-based partners creatively envisioned what have now come to be called HEP policy advocacy days. They proposed having spaces where community members could strengthen their advocacy skills on



issues that mattered most to them. Furthermore, they were excited to be part of a statewide network and wanted their trusted partners from other parts of the state to attend their events to serve as a bigger base. Policy advocacy days have come to be effective spaces for participants to build skills to educate decision makers, actively engage them, and retain their support.

During the transition phase, HEP's **four** core partners in Bernalillo, Doña Ana, McKinley, and San Miguel counties each hosted a policy advocacy day in their respective communities and traveled to support each other. Overall, **162** participants attended the local events. We share two examples below.

Policy Advocacy Day Case Studies: Health Matters – New Mexico & Doña Ana Communities United

In September 2016, Health Matters NM, with **HEP funding** and **logistics support**, hosted a **Land Use Policy Forum** with **22** governmental staff, policy makers, advocates, and community members. University of New Mexico Community & Regional Planning Professor, Moises Gonzales and South Valley Main Street Executive Director Bianca Encinias facilitated a panel discussion followed by a conversation among participants. This led to a group of attendees expressing a **strong interest** in **developing Civic Engagement Plans/Policies** to improve engagement and implementation at the local government level.

On October 24th 2017, Doña Ana Communities United, with **HEP funding** and **logistics support**, hosted a **policy advocacy day at Las Cruces City Hall** with **39** individuals. The day began with a discussion on social equity and the common good. Afterward, Social Equity Mapping participants, who are working to take photos and collect stories to document neighborhood challenges and assets, had an **open discussion** with local level **decision makers**. **Four** individuals from the Community of Hope, who were formerly homeless, **presented concerns** found **within their campus**, while **one** youth from Juvenile Citation Program **expressed the concerns** he had **about his neighborhood**. After lunch, the group went on a walking tour that focused on Las Cruces' built environment. During this walk, they discussed the relationship between equity and the built environment. This policy advocacy day was an opportunity for community members, most directly impacted by built environment issues, to share their concerns and solutions with decision makers. It was important that as local advocates that they had the support of community members from around the state by their side; this has proven to be an effective strategy and tactic. In addition to community members feeling supported, decision makers are taking notice, which has **led to more active engagement and accountability** from them.



Photos from the DACU's policy advocacy day in Las Cruces.

Health Impact Assessments as a successful structured process to educate decision makers

HIAs are also effective processes for partners to identify an issue, collect data and narratives, make policy recommendations, and educate decision makers to ensure health is considered in decision making. During screening, the first step of HIA, coalitions identify who the decision makers are that are connected to the policy, and define the best strategy to engage and educate them through the process. Below we share a case study of an HIA completed in 2016 by the Tularosa Basin Downwinders Consortium (TBDC) and how they used the HIA to call attention to the health consequences of the proposed policy decision and actively engage decision makers.



Photos from the TBDC's HIA community release event in Albuquerque.

HIA Case Study: TBDC HIA on the amendments to the Radiation Exposure Compensation Act (RECA)

New Mexicans were the first unknowing, unwilling, and uncompensated casualties of an atomic bomb. The U.S. government did not warn or evacuate nearby residents before or after the test. Cancer is pervasive in Lincoln, Otero, Sierra, and Socorro counties. Community members have long voiced their concerns regarding the connection between radiation exposure from the bomb and increased cancer rates. In 1990, the U.S. government created RECA to compensate people affected by U.S. nuclear testing. The fund has paid **\$2 billion** in reparations to downwinders in parts of Nevada, Utah, Idaho, and Colorado but never to New Mexico downwinders.

In response, HEP provided a **2-day HIA training** and **funded** and **coached** the TBDC to complete a **HIA** which analyzed the long-term health impacts of the atomic bomb and considered the ways that the passage of the RECA amendments could affect New Mexicans' health. The report focused on three health determinants: 1) lack of access to healthcare, 2) economic impact to patients and families, and 3) generational trauma.

Through the HIA process, the TBDC remained in regular communication with **NM Congressional Delegation staffers** about the HIA. These staffers were present at a series of HIA community events with over **300** community members. The TBDC also **gained full support on their HIA** from the **Mayor and Village Council of Tularosa**, the **Mayor and City Council of Socorro**, the **Socorro County Commission**, and the **President and Tribal Council of Mescalero**. TBDC also invited **Bishop Oscar Cantu** of the Diocese of Las Cruces to their July 16th Seventh Annual Candlelight Vigil in Tularosa to lead a prayer and bless the survivors and those living with cancer. His participation was crucial to **lifting up community voices** through the HIA.

The TBDC has elevated the importance of the HIA to decision makers and other stakeholders through an effective **media plan**. The HIA has been featured in New York Times, Santa Fe New Mexican, El Paso Times, Alamogordo News, and PBS, to name a few. HEP also got the word out through our communications channels, including a newsletter sent to **674** subscribers, **260** Facebook users, a blurb in Conveners.org, and a Green Fire Times story.

Combined strategies (HIA, policy advocacy day, etc.)

While HEP has observed both policy advocacy days and HIAs to be effective strategies for local partners to engage and educate decision makers, it is often the combination of multiple approaches overtime that is most successful. Below, we share an example of multiple tactics commendably utilized by advocates and community members in San Miguel County between 2013 and 2016.



Case Study: San Miguel Advocates

In late 2013, HEP was introduced to activist, Pat Leahan; the Las Vegas Citizens Advisory Committee; and other community members. For more than **10** years, they had been calling for a reintegration center in Las Vegas where residents, struggling with addiction, could get social services. The community had long experienced high rates of unemployment, substance abuse, poverty, violence, and lack of access to services. Residents knew that incarceration was not the answer and that a reintegration center would aid with community healing and reduce recidivism.

In response, HEP provided a **2-day HIA training** and **funded** and **coached** the community to complete a **HIA** by guiding them in collecting critical data and community narratives and making recommendations to decision makers about the type of services the reintegration center should provide. HEP also invited the community into the larger HEP network. We provided opportunities for Las Vegas folks to participate in **regional/statewide gatherings** where individuals learned from each other, got feedback and visited community sites. They also built **digital storytelling skills** during **communications trainings**. HEP helped **mobilize support** for the HIA campaign by providing opportunities for the team to present their findings and recommendations. HEP also got the word out through our **communications channels**, including a newsletter sent to **600** subscribers and **200** Facebook users and a story in the Green Fire Times.

The HIA **commanded attention from decision makers** and led to the **adoption of some community recommendations**. Government entities including: the San Miguel County Board of Commissioners, the City of Las Vegas, the San Miguel County Family and Community Health Councils, and the Guadalupe County Behavioral Health Crisis Task Force unanimously passed resolutions in support of the HIA's findings and recommendations and construction launched on the reintegration center in 2015. The HIA has become highly visible and is frequently referenced in county commission meetings, both by elected officials and the community during public input. Furthermore, the HIA process **cultivated community leadership**. Frances Lucero and Victoria Baca, both women of color who had personally struggled with addiction and experienced incarceration, emerged as strong leaders through their participation in the HIA community meetings.

In August 2015, as a follow up to the HIA, HEP partnered with Pat, Frances, Victoria and other community advocates to host an **action-oriented small group gathering series**. At one of the gatherings, Frances and Victoria shared their stories with the warden. While they were grateful the reintegration center was moving forward, they raised concerns that it was only going to be accessible to men. Based on their own lived experiences, they made the recommendation to the warden, that the services be made available to women in the detention center nearby. The **warden agreed to launch a pilot program** for the reintegration center's services to be made available to the women's pod. Furthermore, he approved Frances offering Narcotics Anonymous services to the women. This was important because Frances could personally relate to the women which had a positive impact. Furthermore, she asked critical questions to management about what was happening or not taking place in the detention center based on her knowledge of prison. People who have been impacted bring a unique lens and offer great insight to creating systems change.

In 2016, HEP staff worked with Pat, Frances, Victoria and many community volunteers to support them to plan, design, and host a **policy advocacy day** at the Spot in Las Vegas called “Advocacy For and With Each Other”. The purpose was to build unity and to learn about incarceration, addiction, and poverty in Northeast New Mexico. Over **80** diverse individuals attended, including: people impacted by substance abuse; family members of individuals who are incarcerated; students; organizational leaders; service providers; decision makers, etc. While most folks were from Las Vegas, peers also joined from Las Cruces, Albuquerque, and Santa Fe. During the event, Pat presented on the HIA findings and recommendations regarding the reintegration center. Frances and Victoria shared their inspiring stories, as individuals who have been through the system, and offered practical solutions. The event was also an opportunity to learn from Abuko D. Estrada, New Mexico Center for Law and Poverty Staff Attorney about upcoming policy issues relevant to the 2017 legislative session. Renea Roberts of R3Productions filmed the event and developed a **film** so Frances and Victoria can continue to share their stories and educate community members and decision makers about poverty, addiction, and incarceration.

HEP was honored to coach the Las Vegas advocates each step of the way to realize their vision. The intent of Frances and Victoria sharing their stories at the event is that they wanted the community to know that they are people too! They wanted to **increase awareness and empathy from decision makers** and **build connections and trust** so their voices could be heard when they offer practical solutions. Frances and Victoria also wanted other community members experiencing addiction to know that this is not the end of their story, it could be the beginning. Lastly, the Las Vegas team wanted to illustrate the strengths, value, and the beauty of the Las Vegas community. Not only did all of these dreams begin to be realized, but the convening produced great commitment by participants to create change in their community and engage in advocacy to educate decision makers. **The community was truly organizing!**



Photos from the policy advocacy day in Las Vegas.

Goal 3: Strengthen the capacity of community groups, organizations and members directly affected by health inequities to advocate for health equity and to address structural and institutionalized inequities based on race, class, gender and geography.

Training in Health Impact Assessment

In 2015/2016 (18-month period) HEP offered training and coaching so residents and community groups could build power, elevate their voices, and be the drivers of change. One critical tool that we provided is called the HIA. Through the HIA process, we trained residents how to identify an issue, collect data and narratives, and make policy recommendations to inform decisions. A forthcoming report, by New Stories to the Robert Wood Johnson Foundation, highlights HIA as a best practice in New Mexico. The HEP members are noted as STARS as communities coming together to inform policies to improve health via HIA. The report notes that what is particularly relevant in New Mexico is that HIAs are being used by enough people in enough communities, they are creating a common vocabulary for action and learning.

In 2015/2016, HEP implemented a HIA Train the Trainer's Program with the assistance of Human Impact partners. Through our efforts, **four** HIA technical assistance (TA) providers were developed in Doña Ana, McKinley, San Miguel, and San Juan counties; they each received a certificate of recognition in December 2016. The TA providers completed **four** webinars, participated in monthly peer calls, facilitated an HIA training, and offered coaching to HIA teams with the assistance of HEP staff. Unfortunately, one TA provider will not continue in 2017, because he moved to Minnesota to care for his mother.

In January 2016, HEP staff and **four** HIA TA providers provided a **2-day HIA training**, utilizing a HIA **curriculum** tailored to New Mexico, with **34** individuals. Following this, HEP hosted a reception with **56** individuals to celebrate the kick-off of the **three** new HIAs in rural and native communities. Averaging results from day 1 and 2 of the training, **96%** of participants agreed that the content deepened their understanding of HIA and **98%** indicated they would use the knowledge and skills gained in the future.

Completion of Three HIAs that center Community and reflect Cultural Values

In 2015, HEP screened **8** HIA applications and selected **three** that would have impact in rural or indigenous communities to inform policy to improve health conditions for families and children. Throughout 2016, HEP staff and HIA TA providers offered ongoing coaching to **three** HIA teams, including the McKinley Workers Justice Coalition, [Santa Fe Indian Center](#), and the [Tularosa Basin Downwinders Consortium](#) to conduct HIAs on issues of importance to their communities. These three coalitions have produced reports, which **center community and reflect cultural values**. Through the HIA process, community advocates and residents learned how to collect and utilize data to make policy recommendations to inform decisions. HIA was an effective means for communities to discover and activate their power, elevate community voice and recommendations, and take an issue to the next level as part of a larger organizing campaign. These **three** HIAs produced the following results:

- Deepened alliances between groups and people that previously did not work together before.
- Increased community knowledge on policy issues that impact health.
- Strengthened leadership of communities of color. Community members:
 - Found their voice and felt more comfortable speaking out on issues.
 - Built skills in data collection, identifying solutions, educating decision makers, etc.
- Addressed gaps in current research and data that can be used by decision makers.
- Elevated the significance of an issue among decision makers and community stakeholders.

Below we share two HIA case studies to more concretely illustrate the outcomes noted above.



Photo from the McKinley policy advocacy day.

HIA Case Study: HIA on wage theft on Latino immigrant and Native American workers in Gallup

The McKinley Workers Justice Coalition, via partnerships between Somos Gallup, Somos Un Pueblo Unidos, and the **McKinley Collaborative for Health Equity** came together to address wage theft in Gallup. Wage theft is when workers are not paid overtimes, misclassified, asked to work off the clock, or not paid minimum wage. Two years ago, at a strategy meeting, Gallup low-wage workers identified wage theft as a major problem that they were experiencing. Research on wage theft was limited and there was no research that focused on the impacts of wage theft in Native communities and compared the similarities of the two populations.

In response, HEP provided a **2-day HIA training** and funded and coached the McKinley Workers Justice Coalition to complete a **HIA** which analyzed the health impacts of wage theft on Latino immigrant and Native American workers in Gallup. The report focused on three health determinants: 1) economic security, 2) discrimination, and 3) health and safety violations. This was an opportunity for Latino immigrants to reach across the aisle and build relationships with and educate Native Americans about wage theft.

To date, this HIA has **deepened relationships** and **solidified a coalition** between Latino Immigrants and Native Americans to address wage theft. It has **strengthened leadership** among Latino Immigrants and Native Americans. Community members have **developed the skills** to talk about wage theft, identify wage theft violations, file wage theft complaints, train other community members about wage theft, and identify people to be part of a local campaign against wage theft. These **skills transfer** to other campaigns as low wage workers experience multiple issues. Community members are also sharing these skills with other people. Through the HIA, community members **learned how to lead** a project from the beginning to the end. They now **know how to create** a questionnaire, ask questions to other workers to collect information, and **identify community solutions**. For example, community members recommended, based on research findings, that the New Mexico Department of Labor establish a mobile office in Gallup on a monthly basis so they can speak with investigators and file and follow through with complaints. Similarly, community members know that business owners need to be educated about wage theft and be held accountable. A recommendation was made regarding this. Finally, this HIA **addressed a dearth in research** that can now be used to educate decision makers around the state and country.

HIA Case Study: HIA on Indian Health Services (IHS) Budget and Urban Indian Budgeting Decisions

The Santa Fe Indian Center (SFIC) in partnership with the University of New Mexico reached out to HEP about conducting an HIA the underfunding of the Santa Fe Service Unit Indian Health Service Hospital on the intertribal community of American Indians and Alaska Natives (AIANs) in Santa Fe County. IHS provides health care for 2.2 million AIANs in 36 states. Nearly 80% of AIANs live away from their reservations. For those, AIANs, access to IHS facilities comes with limitations, most importantly restrictions on eligibility for payment for specialty care through the Purchased/Referred Care payment program. Santa Fe is home to the Santa Fe Service Unit IHS Hospital. From 1998-2010, the IHS was forced to operate on an outdated budget, forcing the IHS to make cuts. In response, HEP provided a **2-day HIA training** and **funded** and **coached** the SFIC to complete a **HIA** on this topic.

To date, this HIA has **solidified SFIC members' relationships**; they are now **organized around a specific issue**. Before the HIA, they came together for community events, but did not engage in advocacy for a specific purpose. Through participating in the community advisory committee, completing surveys, and disseminating the report, AIAN community members have enhanced their **knowledge of the issue**, particularly the limitations with contract health. They have also **discovered their power** to voice their concerns and share the HIA recommendations with **decision makers**, such as Congressman Ben Ray Lujan. The SFIC has also **strengthened its relationship** with the Santa Fe IHS administration. Gil Vigil, Governor of Tesuque and Executive of Eight Northern Indian Pueblos Council, Inc. has become an ally in the efforts. Further, HIA team members of color, developed **new skills**, through research training and mentorship. The HIA directly **addressed a gap in** accurate up to date **data** regarding the Santa Fe AIAN population and has provided a historical **context of treaties** and the U.S. **government's responsibilities to provide health care** to AIANs. An **unanticipated HIA outcome** is that the SFIC has acquired funding to open a center by the Indian School and intends to partner with IHS to offer **free culturally based programs** such as community awareness building, sobriety meetings, and health/wellness classes.

Furthermore, this particular HIA team, provided constructive feedback on the HIA training process, which enabled us to learn and modify our 2017 training plan. The HIA training will take place a third of the way through the process, after teams have gotten acclimated, rather than at the beginning. Additionally, we will have ongoing HIA webinars at each HIA step so coaching is more proactive. We will also continue to have technical assistance calls.



Photos from the SFIC's HIA community release event in Santa Fe.

Action-Oriented Small Group Gatherings

Other HEP opportunities for strengthening relationships, peer learning, and building skills to address issues that impact community, environmental, and maternal health, included **11** action-oriented small group gatherings with **133** participants representing refugees, immigrants, indigenous mamas, educators, service providers, and youth. Co-hosts of the gatherings included: Global 505 an initiative of the New Mexico Asian Family Center, New Mexico Breast Feeding Task Force, Somos Unidos para Los Ninos (SUN) Project, Strong Families- New Mexico, Tewa Women United, and the Care Coalition. What emerged were:

- Strengthened trust, connections, and transformational relationships (i.e. intergenerational, across refugee communities, across different parts of the state) and linkages to people and resources.
- Increased understanding of the political process, a desire to learn more, and improved confidence on speaking up about issues, writing a letter to the editor, participating in a radio or TV interview.
- Improved skills in utilizing art to inform policy and art that could be used for advocacy.
- Draft public service announcements for the NM Breast Feeding Task Force to educate the public about issues for breastfeeding moms who are firefighters, police officers, garbage collectors.
- A SUN action plan for the next two years to transform public education by creating a public education framework that is responsive to diverse learners.
- A Global 505 outline for future work, which included a HIA to mobilize refugee and immigrant communities around a specific goal. This HIA, in partnership with HEP, began in early 2017.

Other Capacity Building Activities

HEP has also provided other opportunities for peer learning and skill building beyond its core HIA and small group gathering activities. This has included **two communications trainings** with **15** participants who strengthened their digital storytelling skills. The Las Vegas advocates who recently created a film participated in these trainings. Additionally, HEP hosted **two webinars** on how to **plan and design community-focused gatherings**, as well as a workshop at the Santa Fe Community with non-profits, called **Walking our Talk in the Workplace**. Place-based partners also facilitated their own trainings. For example, Health Matters NM hosted **12** "Our Land, Our Health Trainings" throughout Bernalillo County with **50** people. Overall, approximately **94%** of community groups and members who participated in the HEP's capacity building activities demonstrated stronger skills and knowledge in advocacy, policy and HIA.

Goal 4: Confirm NMHEP's organizational structure, leadership structure and financial model and identify funding partners and sources beyond the 18-month transition period.

In 2016, HEP confirmed 2017-2019 programmatic/organizational goals and activities, developed staff structures, operating budgets, and financial plans (possible funders) to inform three models. HEP assessed three earned-income revenue generation opportunities aligned with HEP's capacity building. HEP submitted the memo illustrating our findings to the W.K. Kellogg Foundation. In keeping with HEP's values, the team used a network approach to 2017 strategic planning and revenue generator assessment. The place-based coordinators participated in activity development and feedback was requested from steering committee members. Additionally, surveys and interviews took place with network members, HIA TA providers, and national partners, as part of the revenue generator assessment, which informed 2017 activities. Based on discussions with W.K. Kellogg staff, HEP will move forward in 2017/2018 with its smallest model focused specifically on capacity building. Along these lines, HEP decided to continue with the Santa Fe Community Foundation (SFCF) as its institutional home and moved back into the building.

Impact on Vulnerable Children

Evidence of how Systems or Structures have been changed for Positive Impact on the Lives of Vulnerable Children

In 2015/2016, HEP successfully created systems, structures, and spaces that enable community members to **discover their power, build their leadership, and educate decision makers** about issues that matter to them. More often than not, communities of color, indigenous people, women who have been incarcerated, people who are homeless, low-wage workers, youth etc. are living within structures that are stigmatizing and tear us down. Having spaces which humanize us, reflect our cultural values, lift up our voices, and where peers believe in us are essential to building a galvanizing force to influence long-term policy change. When parents' realize their power and have the skills to identify and address a wage theft violation; when mothers who were formerly incarcerated are able to share their stories, give back to their community and provide practical recommendations about the reintegration center, and people of color living in rural areas are able speak out about how the first atomic bomb has impacted their family's intergenerational health when the federal government has silenced them for so long, they are able to actively engage in making a difference and to create a better world for their children and future generations.

Below, we share a case study from Doña Ana Communities United to illustrate how systems have been changed and influenced for positive impact on the lives of vulnerable children. While this is one story, there are many narratives similar to this in the various communities are partners work in around New Mexico. We encourage you to view all the case studies in the report and evaluation summary to better understand how systems and structures have been changed for positive impact on vulnerable children.

Case Study: Doña Ana Communities United (DACU) - Social Equity Mapping

DACU, through its Social Equity Mapping initiative, is working with community members to take photos and collect stories to document neighborhood assets/challenges and create new structures for community members and decision makers to come together to identify solutions. Through this effort, DACU has assisted community members, who are formerly homeless, in educating decision makers about the importance of **moving public bus stops** closer to the Community of Hope campus. The campus provides a variety of services to indigent residents. **These changes are likely to be made 2017.** This change will **greatly help residents with mobility challenges, including women with young children.** Furthermore, **young community members** at the Juvenile Citation Program are **educating decision makers about issues that impact youth** in the Mesquite Historic District. After interviewing children and observing the neighborhood, these young people are **speaking out about illegal alcohol sales, drug use, and vacant/abandoned properties**, all of which **have made it hard for children to play outside.** As a result, the mayor requested a meeting with DACU and community members in 2017 to address these concerns. In addition, one of the youth has volunteered to serve on the Neighborhood Action Team, a new task force set up by the City to address vacant/abandoned properties.



Future Plans

Has the project become self-sustaining? What activities are being continued?

In 2017/2018, HEP will focus on developing our areas of strength and the goal in which we have experienced the most success, capacity building. We are committed to continuing to invest in three place-based communities (Doña Ana, McKinley and San Juan) and scaling targeted capacity building with an emphasis on rural, tribal, immigrant and refugee communities. We will: 1) provide HIA training to ensure residents are able to make a more impactful case when educating decision makers; 2) create critical connections among New Mexico communities; and 3) provide resources and coaching to increase organizational and advocacy capacity of three place-based teams and members engaged in three HIAs and action-oriented small group gatherings. The Doña Ana, McKinley and San Juan teams focus on initiatives in their respective counties to improve family and child well-being.

The Doña Ana team coordinates three initiatives: 1) Social Equity Mapping where residents take photos and collect stories to document neighborhood challenges and assets and work with City staff to prioritize issues and design solutions that guarantee all residents fair access to resources; 2) Decision Makers Outreach Group in which residents educate policy makers how to advance HiAP; and 3) hOur Time, where residents exchange free services with each other through an alternative economic model based on reciprocity, in which everyone's time has the same value.

In McKinley County, the team focuses on three efforts: 1) Working with the Red Water Pond Road Community to ensure preferences for volunteer housing relocation and uranium mining clean up processes are met by the US EPA and Navajo Nation; 2) Working with Somos Gallup to address the effects of wage theft on Native Americans and Latino immigrants; and 3) Native LGBTQ community concerns.

The San Juan team focuses on: 1) Dine Food Sovereignty in which cultural teachings are integrated into the development of the food policy council; 2) building the capacity of the Tri- Chapters facing health impacts due to fracking; 3) working closely with the San Juan homeless task force to develop a plan on addressing homelessness beyond the quad cities; and 4) hosting an indigenous youth summit to solutions oriented for future generations.

What structure has been established for the continuation of this project?

Moving forward in 2017, the HEP has **four** core partners in Doña Ana, McKinley, San Miguel, and San Juan counties and **71** network members. HEP's place-based partners (Doña Ana Communities United, McKinley Community Collaborative for Health Equity, and San Juan Community Collaborative for Health Equity) work in Doña Ana, McKinley, and San Juan counties. These are the primary geographic areas most impacted by the work. Network members are located in Bernalillo, Grant, Lincoln, Luna, Otero, Rio Arriba, San Miguel, Santa Fe, Socorro, and Torrance counties.

HEP will continue with a network structure in 2017/2018. This is an effective model for engaging diverse communities from across New Mexico in peer learning and advocacy and making critical connections and linkages. The network will be support by two full-time HEP positions; one position will be shared meaning there will be three staff total (one full-time and two ½ time), as well as three paid HIA TA providers, and a steering committee. The SFCF will serve at the institutional home for the HEP.

Recommendations

Lessons Learned and Suggestions

The HEP is rooted in intentional collaborations. We have learned many lessons from our partnerships with organizations and communities.

R1: Start small, build relationships, learn what works, and then grow when starting a new effort. HIA is an effective process that has led to key outcomes (i.e. new solidified alliances on a common goal, increased community power, leadership development, adoption of policy recommendations). Interest and capacity in HIA has grown in New Mexico over time. Communities are excited about HIA as an organizing tool to impact policy. **Sixteen** community groups have approached us in February/March 2017 with compelling HIA ideas! In HEP's early years, communities' understanding of HIA was limited and ideas were not always an appropriate fit for HIA. Rather than W.K. Kellogg funding 10 HIAs in 2012-15 to be quickly completed and then cutting funding for them over time, I recommend in future projects, starting small and then building over time as relationships deepen, skills are built, interest heightens, and momentum grows. The amount of funding to support HIAs (**\$35,000**) is relatively low considering the critical impact. Much more investment in HIA is needed to strengthen community power and influence policy decisions.

R2: Build transformational (not transactional) relationships and trust with partners. Realize that this takes time, patience, and intentionality. We have also learned that partnerships cannot be forced.

R3: Share strategies that communities can adapt, utilize and build skills that are **sustainable** rather than starting new initiatives that require ongoing funding. HIA is a process that communities, who are already working on a particular issue, can use to elevate their efforts as part of a larger campaign. It builds momentum and impact. It is sustainable. The relationships, leadership, power, and skills developed remain in the community following the HIA completion and can be transferred to other efforts.

R4: Truly invest in communities and support them to **employ diverse strategies over multiple years** to achieve systems change. As illustrated by the San Miguel case study, trusting relationships, multiple strategies, an effective support system, and time is needed to make change.

R5: Listen to community, be **flexible** and **tailor strategies** to reflect their cultural values, strengths and needs so they can be successful in reaching their goals. Through our partnership with the San Juan Collaborative for Health Equity, the HEP network learned the importance of critically questioning our own processes (i.e. powermapping) and decolonizing our methods to be culturally relevant.

R6: Continuously assess tools and approaches, **learn**, and **revise** as needed. The HIA Train the Trainer's Program was new to us in 2015/2016. Based on our learnings, we have customized the 2017/2018 program to better match TA providers' experience level, needs, and availability. They will also be financially compensated for their participation making it easier for them to take time off work if needed. We are also shifting the way we provide TA, based on feedback from HIA teams. We have amended the screening form, the 2-day HIA training will take place later in the process, webinars will be ongoing through each step of the HIA, and TA providers will be strategically paired with HEP staff based on experience and capacity to provide more effective coaching to HIA teams. We will also provide opportunities for individuals who have recently completed HIAs to build their TA skills by serving as guests on webinars and at the HIA in person training.

R7: Define **clear roles**, distribute **responsibilities**, and offer **leadership opportunities** for all members within teams or coalitions and an action plan for how to address a void in the coordinator position.

R8: Develop relationships, clear understanding of **roles** and **responsibilities**, and **ongoing communication** when using an institutional home model..

R9: It is important to **communicate your role, responsibilities** and **accomplishments** as an intermediary organization. Since our inception, HEP has been humble and very intentional about lifting up the voices and accomplishments of community, perhaps the detriment of ourselves. However, through the communications TA we received from the W.K Kellogg Foundation, we learned effective ways to communicate our message and impact while remaining respectful to community.

Appendix A: Resources

Important Materials HEP would like to share

In this section, we share links to HIA reports completed by the Santa Fe Indian Center and the Tularosa Basin Downwinders Consortium. The third HIA conducted by the McKinley Workers' Justice Coalition is complete but will not be officially released until April 3, 2017. You will be able to access it on the website shared below. We also share a link to the HEP's policy platform, under a Health in All Policies Framework, outlining 9 policy strategies, as well as a short film highlighting the stories of the Las Vegas advocates who have utilized multiple strategies (HIA, small group gatherings, policy advocacy day) to impact positive change for the health and well-being of their families, children, and community.

Health Impact Assessments

- [McKinley Workers Justice Coalition: The Health Impacts of Wage Theft on Latino Immigrants and Native Americans in Gallup](#)
- [Santa Fe Indian Center: Indian Health Services Budget and Urban Indian Decisions](#)
- [Unknowing, Unwilling and Uncompensated – The Effects of the Trinity Test on New Mexicans and the Potential Benefits of a Radiation Exposure Compensation Act \(RECA\) Amendment](#)

Policy Platform under a Health in All Policies Framework

- [New Mexico Health Equity Partnership Statewide Policy Strategies](#)

Las Vegas Advocates Video

- [Living Strong – Living Amends](#)

Appendix B: Summary of Outcomes

Goal 1: Solidify one statewide network to organize around health equity.
HEP formalized as statewide network, rooted in peer learning, which consists of four core partners and 71 network members (39 organizations and 35 community members) representing 13 counties.
Four local place-based teams in Bernalillo, Doña Ana, McKinley and San Juan were strengthened through new partnerships in their respective communities.
12 community groups mobilized as change agents (4 place-based teams, San Miguel advocates, 4 coalitions who participated in action-oriented small group gatherings, and 3 coalitions completing HIAs in 2016).
929 community-based stakeholders were actively engaged in core HEP efforts. Thousands more were engaged in efforts HEP and the place-based teams partnered on.
169 organizations and entities collaborated within and across sectors via the HEP network and place-based, Health Impact Assessment (HIA), and action-oriented sub-networks.
At least, 372 parents of vulnerable children advocated for policy change.
6 community groups (3 place-based teams, 3 HIA teams, and 1 coalition who participated in an action-oriented small group gathering) engaged in planning & advocacy to limit prenatal & childhood exposures to toxins.
234% increase in the breadth of actively engaged core partners, members and allies in the statewide network.
One defined policy platform under a Health in All Policies framework was created, including 9 policy strategies to advance racial equity and improve health.
Goal 2: Raise awareness, gain and retain the support of decision makers.
850% increase (10 to 85) in powerbrokers and decision-makers engaged during an 18 month period.
Goal 3: Strengthen the capacity of community groups, organizations and members.
HEP implemented a HIA Train the Trainer's Program with the assistance of Human Impact partners. Four HIA technical assistance providers were developed in Doña Ana, McKinley, San Miguel, and San Juan counties. They each received a certificate of recognition.
The HIA curriculum was tailored to New Mexico and was used during the 2-day HIA Training in January 2016.
30 participants were trained in HIA at the January 2016 HIA Training. Many more were trained as the HIAs were conducted in McKinley, Otero, Socorro, and Santa Fe counties. The Las Vegas advocate have also continued to provide presentations on their HIA to students at Highlands distance program which reaches students around the state.
Three quality rural or native HIAs that center community and reflect cultural values were completed by the McKinley Workers' Justice Coalition, Santa Fe Indian Center, and the Tularosa Basin Downwinders. They include the following:
Averaging results from day 1 and 2 of the HIA training, 96% of participants agreed that the content presented deepened their understanding of HIA and 98% indicated they would use the knowledge and skills gained in their future work. Detailed outcomes for other capacity building activities are shared in the full report. Overall, <u>approximately, 94%</u> of community groups and members who participated in the HEP's capacity building activities demonstrated stronger skills and knowledge in advocacy, policy and HIA.
Goal 4: Confirm NMHEP's organizational structure, leadership structure and financial model and identify funding partners and sources.
HEP confirmed 2017-2019 programmatic/organizational goals and activities, developed staff structures, operating budgets, and financial plans (possible funders) to inform three models. Based on discussions with W.K. Kellogg, HEP will move forward in 2017/2018 with its smallest model focused on capacity building.

Appendix C: Limitations

Which, if any, of the expected results were not achieved?

One of our activities was to develop a statewide policy agenda and Health in All Policies framework. As a network, we accomplished this by developing **nine** statewide policy strategies rooted within a HiAP framework. This was a real learning process for us. We realize that there are other organizations better positioned to do this work. Furthermore, in September 2016, the W.K. Kellogg Foundation let us know that they would not fund our policy goal moving forward, which would have supported a statewide campaign. Therefore, we shifted our thinking about the statewide policies. We recognize that our members are already leading efforts on priority issues (i.e. immigrant/refugee rights, education equity, etc.). Therefore, rather than creating our own statewide campaign in 2017, HEP will support efforts already taking place. One way we will do this is to focus on immigrant and refugee communities along with tribal and rural communities in our HIA funding process since ensuring immigrant and refugee rights were identified as a key strategy. We also will support action-oriented small group gatherings aligned with the statewide policy strategies identified by our network. HEP will also continue to make critical connections among network members regarding the statewide policy strategies. We have set up threads for them on our online forum. HiAP work will continue through HEP's HIA training and funding of HIAs; Doña Ana's Social Equity Mapping and Decision Makers Outreach Group; McKinley's HIAs; San Juan's efforts on the health impacts of fracking, food sovereignty, and the Navajo Family Wellness Model. Moreover, previous HIA teams will educate decision makers using their reports on their respective issues.