



2023



NORTHEAST REGION HEALTH PROMOTION TEAM NEWSLETTER

Winter 2023

Winter 2023

Connecting

WE CONNECT THE DOTS

Amy Sandoval

When I first started with Health Promotion in 2012, I learned immediately that many internal and external partners had different ideas as to what 'Health Promotion' is and does within the New Mexico Department of Health. The word 'promotion' really throws people off giving different perceptions as to what is involved. Over the years, our region's program felt it was imperative to 'market' ourselves and the work we do, by intentionally conveying our different roles and responsibilities as a program. So, in the summer of 2014 our team held a consensus workshop, amongst our team at that time. We began with a clear focus question, 'What is Health Promotion?' After, team members wrote down their responses and their answers were grouped together based on similarities. As a result, seven different categories emerged, resulting in our region's current tagline and logo, "We connect the dots."

The center of our logo focuses on how we define health promotion within our region. Our work always moves at the discretion of our community partners, based on their priorities, resources and capacity. Our community partners harness their own power to make positive and lasting health changes; and our program supports them in doing so by offering needed resources they may not have within their toolbox. To understand what those resources look like, we turn to the colored 'dots' within our logo. For example, the purple dot focuses on linking data to action to support communities with increasing skills in data interpretation and analysis related to community health planning. Another example through our red dot focused on health education could entail our program's collaboration with the Paths to Health NM Program leading prevention and self-management programs like Chronic Disease Self-Management Program (CDSMP) and Diabetes Self-Management Program (DSMP); or collaborating with the NM Governor's Commission on Disability/Brain Injury Advisory Council to provide educational presentations on brain injury and bicycle safety.

There are so many different facets to our program's roles and responsibilities and that can sometimes make it difficult to simply convey what we do. Through the creation of this logo, our region's Health Promotion program hopes to visually convey those different aspects of our program to shed a light on each component and how they link together.

Northeast Region Health Promotion Team

We • Connect • the • Dots



To learn more about how our team connects the dots, please visit our website at:
<https://nmhealth.org/about/phd/region/ne/hlprne/>.

GETTING BACK TO CONNECTING

Candice Wilhite-Quiroga



Things feel different now after COVID compelled us to stay home for what seemed like an eternity. Friends, families, and neighbors were all suddenly living a simpler life, and for many of us, that meant slowing down. Our usual busy, chaotic lives switched to making sourdough starters, planting gardens, and reading more books. While we were isolated, we missed out on social interactions and our connections began slipping away. Once things opened back up and people could peek out of their homes, our social map had subtly changed. Remote meetings and online learning were the norm. While remote meetings were effective and convenient, they just weren't like in-person meetings. It was impossible to say hello to or greet the person next to you, shake hands, or just have a casual talk with anyone.

I began working at DOH during the height of the pandemic in February of 2022, and most meetings I attended were virtual for safety reasons. As restrictions started loosening up and safety precautions were re-evaluated, some partners began making the decision to host hybrid meetings as an opportunity to slowly return to in-person meetings. For example, Rio Arriba County Health Council hosted their first hybrid meeting in November. I was fortunate to attend in person, and I was greeted with warm smiles, handshakes, and food! It was wonderful to see others in person, in a social environment. There were a lot of people commenting on how good it felt to be really connecting and present again. The room was large, and everyone was able to stay as comfortably distant as they wanted. Though there were only a dozen people there in-person, 15 others joined virtually. The energy in the room was so positive, it almost felt as though just being able to meet in person was motivation for even greater discussions than we'd had before. Meeting in-person seems to encourage more collaborative participation and teamwork because we're able to read each other's body language and can have quicker discussions. This differs with virtual meetings as the collaboration is much more regimented – due to only one person being able to speak at a time.

Moving into the New Year, I look forward to more meeting experiences like these, whether it is virtual, hybrid, or in person. I plan to keep connecting with all my Health Councils and nonprofits in the way that is most comfortable to them, to make certain their communities have the tools they need to drive their priorities forward. Making connections is the most beneficial tool to having success in Health Promotion by building a strong working relationship, following up on resources, and being a reliable outlet of information.

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Welcome to our new Community Epidemiologist!

Jeremy Espinoza

Jeremy was born and raised in Northern New Mexico. He graduated from Española Valley High School and obtained undergraduate degrees from Northern New Mexico College and New Mexico Institute of Mining and Technology, as well as completing his Graduate degree at New Mexico Highlands University. After teaching micro-biology and ecology and evolution as an adjunct at Northern New Mexico College, Jeremy began work at for the State of New Mexico, serving at various state agencies over the past ten years, working at the Human Services Department at Income Support Division and Medical Assistance Division, then working as an epidemiologist at DOH Epidemiology & Response, and Vital Records, before going to the Environment Department and then returning to DOH. Jeremy's previous experiences at ERD and Vital Records (during the pandemic) gave him a solid background in the data aspects of the state's health protocols and responsibilities. Jeremy is looking forward to direct service of the NM counties in which he was raised and educated as a community epidemiologist with Health Promotion.

Jeremy is an avid reader and film watcher, browsing in the many small bookstores that exist in Santa Fe to find out of print treasures from local authors, like Game of Thrones writer George RR Martin and visiting the smaller theaters to catch uncommon films like "A Field in England" and "The Thing". Jeremy is also working on developing a garden as well as reading to his new little niece.

Regarding wellness goals for the spring Jeremy will work at increasing personal health with improving swimming times when it gets a little warmer. Jeremy was able to learn the correct methods for the main four swimming strokes (freestyle, backstroke, elementary backstroke, and butterfly) over the previous years after and wants to utilize them all after a lifetime of swimming incorrectly.



Welcoming our new Health Promotion Coordinator!

Heather Burnham



Heather moved to New Mexico over 15 years ago and fell in love with the beauty, people, climate, culture, and food. She's seen more double rainbows and shooting stars here--which has only confirmed her suspicion that New Mexico is a magical place. Heather's passion for public health began in middle and high school, where she had several friends and loved ones who had mental health issues and experimented with drugs. Heather believes that everyone knows someone affected by addiction; it impacts everyone regardless of race, income, age, or location, and collectively

we need better ways of dealing with it. She is a strong advocate for harm reduction principles and meeting people where they are.

She started at Smith College knowing she was interested in psychology and quickly began to appreciate neuroscience as well; eventually doubling majoring in both. Her love of brains and skulls has never stopped since and she loves attending Dia de los Muertos events in the fall. Heather went to NMSU for a master's in public health to better understand health on a community, state, and national scale and her coursework focused on community health education with an interdepartmental minor in drug and alcohol counseling. She looks forward to meeting community partners and supporting her team, the health councils, and community partners throughout the Northeast region of New Mexico. She's excited to help strengthen the net of service delivery by connecting more people to available State and community resources and data as Health Promotion Coordinator.

Heather previously worked for the Behavioral Health Services Division, within the New Mexico Human Services Department, managing discretionary grants from the Substance Abuse Mental Health Services Administration (SAMHSA) for substance abuse prevention. She provided technical assistance on coalition development and the Strategic Prevention Framework (a public health theory that supports health promotion and disease prevention that SAMHSA likes), helping counties implement evidence-based prevention and improve their data literacy.

Before that, she worked with the NMDOH Bureau of Health Emergency Management as the Access and Functional Needs Coordinator ensuring that those with functional and access needs (pediatric, geriatric, bariatric, disabilities, communication, or transportation issues, etc.) were included in the planning, training, and execution of health emergency plans. She became much more versant on Americans with Disabilities Act (ADA) requirements and established her own network of disability advocacy, related state agencies, and emergency management entities.

When Heather is not working, she loves learning more about the human body, singing, playing with the Feline Immunodeficiency Virus-positive (FIV+) cats she fosters with Felines and Friends, playing video games on her Switch or computer, cooking, and binge-watching tv shows.

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ACCESS TO FRESH FRUIT AND VEGETABLES FOR SENIORS IN COLFAX COUNTY

Nichole Romero

The New Mexico Department of Health strives continually to connect with programs and organizations that will benefit New Mexicans. A lot of New Mexico residents have trouble accessing fresh fruit and vegetables. This is especially difficult for senior citizens who cannot afford or find fresh produce locally. Many communities in New Mexico suffer from lack of fresh produce due to issues like drought and fire. Many parts of New Mexico are a food desert in which citizens have a hard time finding healthy produce or can't afford it. The New Mexico Department of Health recognizes this issue and consistently works to address it through connection with other programs.

On November 17th, 2022, The New Mexico Farmers Market Program, WIC Program (Women, Infant, and Children), and Health Promotion Program connected with the Raton Senior Center to address this issue in Colfax County. Fresh fruit, vegetables, and honey were delivered to The Raton Senior Center by growers from La Casa Verde, Silver Leaf Farms, Schweback Farms, and Linares Honey Farm. Veronica Griego, Jennifer Henderson, and Nichole Romero from the NM Department of Health worked to fill boxes for senior citizens in Colfax County. These boxes were then distributed by the Raton Senior Center. The Raton Senior Center also worked with the Springer, Maxwell, and Cimarron Senior Centers to deliver boxes to their residents. Senior citizens were instructed to pick up a food box at the senior center.

The boxes included honey, potatoes, dried beans, squash, melons, onions, pumpkins, broccoli, and many other fruits and vegetables that provide lots of vitamins and nutrients. The group boxed a total of 85 boxes for seniors in Raton, Springer, Maxwell, and Cimarron. Senior citizens were very grateful for the fresh fruit, vegetable, and honey boxes especially right before the holidays.

The New Mexico Department of Health is grateful for being able to assist New Mexicans on focusing on healthy living through providing opportunities such as this. The New Mexico Department of Health will continue to work with various growers in the future and strive to identify new growers in the state to ensure senior citizens continue to have access to fresh produce. Connecting senior citizens with the tools that they need for healthy living is very satisfying for all who are involved.



Veronica Griego, Nichole Romero, and Jennifer Henderson fill boxes for senior citizens.

LANGUAGE, DISCRIMINATION, AND ACCESS TO CARE

Audie Nadler

A concept that fascinates me is the idea that the way we speak, act, or relate to others can create unintentional negative effects or reinforce the very things we are trying to change, even when we have good intentions. One way this happens in the world of Health Promotion is by unintentionally bolstering negative stereotypes about the groups we connect with by speaking about health inequities in an imprecise way. Many people use traditionally-marginalized categories as indicators of risk in public health and health promotion work. I'm sure everyone has heard phrases like "According to the Center for Disease Control and Prevention, Black women in the United States are three times more likely to die from a pregnancy-related cause than White women." This statement is factually true, but this phrasing of the information skips a critical part of solving these inequities by ignoring the root cause of this health disparity. To counteract this and promote equitable access to health, we must shift our language to acknowledge the discrimination that causes health disparities in disenfranchised groups. For example, "The racism experienced by black mothers in the United States contributes to them being three times more likely to die from pregnancy-related causes than white mothers."

This critical change in language accomplishes several things. First, it puts the responsibility for health outcomes where it lies, on the systemic root causes of poor health such as lack of access, racism, discrimination, and inequitable distribution of resources. Second, it can prompt us to examine whether we really understand what the root causes of a particular health disparity are. This happened to me just now, when I tried to reframe the statement about disability and unemployment below. I realized that I didn't know why this occurred, and so I had to pause, and read some research that experts have conducted on this topic to be able to update my language to be more accurate. Third, this encourages us to connect with people from marginalized groups to learn more about their experiences, from their own perspective. These things promote connection, understanding, and ultimately, promote better health for all people.

Instead of:

Try:

LGBTQ youth in New Mexico attempt suicide at 3-4 times the rate of straight youth.

Discrimination and lack of acceptance puts LGBTQ youth at 3-4 times the risk for suicide attempts than their straight peers.

The rate of past month (35.9%) and past year (54.3%) alcohol use among Native Americans is significantly higher than other ethnic groups.

Historical trauma, racism, and ongoing lack of access to basic needs contribute to significantly higher rates of alcohol use in Native American populations.

People with a disability have twice the rate of unemployment as those without a disability.

Lack of accommodation for people with disabilities, both visible and invisible, creates barriers to these individuals' participation in the workforce.

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COMING SOON...

NORTHEAST REGIONAL CRISIS AND TREATMENT CENTER

Valentina White

After years of collaboration, planning, and persistence, the Mora, San Miguel, and Guadalupe (MSG) Local Collaborative task force is one step closer to a vision of having a treatment center in Northern New Mexico. The MSG Local Collaborative task force worked to bring awareness for the need of a treatment center to open a northeast regional crisis and treatment center. Through the endless and persistent effort of the MSG leadership team and partners, an in-patient crisis and treatment center will be coming in 2023, which will be located in Las Vegas, New Mexico.

The need for this type of facility and service was identified through community assessments and reports, community input sessions and collaboration with many partners within MSG counties and the state. The San Miguel Public Health Office staff, Dominique Martinez, Northeast Region Nursing Director and Valentina White, Health Promotion Specialist, have been involved on the MSG task force since the initial conversations of a treatment center since 2015 and continue to serve as active MSG members today. Early on in this project the public health office contributed and participated in this effort by planning and coordinating community input sessions in all three MSG counties and providing data related to this effort. These community input sessions were a way for community engagement and to allow dialogue amongst MSG and communities. Input sessions consisted of awareness of data related to mental health, substance and alcohol use, why the need of a treatment center, input on treatment center location, and question and answer sessions.

The MSG task force utilized a type of community health improvement plan (CHIP) as a guide to implement and strengthen the planning process for the treatment center. The CHIP process which is a reciprocal process, consists of community action, community building and community assessment and prioritization. By combining community health assessments, strategic planning and community health improvement planning the MSG task force was able to leverage funding for this Northern in-patient treatment center. Subcommittees were formed to divide task and assignments related to the vision. After assessments and evaluation were conducted, a previous building was selected in Las Vegas, NM. Currently the funding has been secured and awaiting contractors to renovate the building.

Through the on-going effort and support of the MSG committee members, partners, City, County and State partners the in-patient drug patient treatment center will provide comprehensive treatment for our New Mexico residents to aid in recovery from addiction. This facility is a testimonial that through collaboration, persistence and advocacy, New Mexicans will have access to treatment and services that will aid in recovery and healing of addiction. As a HPS being a part of the MSG task force, it has provided opportunities to collaborate and build relationships while addressing mental health in our MSG communities.



PUBLIC HEALTH DIVISION

NORTHEAST REGION

HEALTH PROMOTION PROGRAM

We serve our diverse communities by harnessing their power to create positive and lasting solutions to the public health issues they face, as well as locate resources and assist with health initiative development. We envision creating systems with engaged communities striving for a happy and healthy lifespan for all in New Mexico.



HOW WE SERVE COMMUNITIES

- Facilitate connection between community partners and NMDOH programs and resources
- Conduct community-based health promotion with community and tribal health councils, coalitions, and other partners
- Access resources and funding
- Link community partners to data, evidence-based interventions, and NMDOH programs.
- Provide technical assistance with community health assessment, health profiles, communications, and strategic planning
- Maintain open communication between community partners and NMDOH
- Engage in advocacy and policy development around local and state-wide health issues

WE CONNECT THE DOTS



"Health Promotion Teams strengthen collaborative efforts at the local level...to provide health councils and community partners with data, technical assistance and other resources at the request of local communities."

- 2014 New Mexico State Health Improvement Plan



REGIONAL STAFF

NORTHEAST REGION HEALTH PROMOTION PROGRAM TEAM



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WHAT THE PROGRAM MANAGER DOES:

Leads the team to facilitate the Public Health Division mission and initiatives, coordinates and implements strategies to address health priorities and indicators, and supports community preventive and population-based services

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WHAT THE COORDINATORS DO:

Assure coordination of community health improvement activities with DOH by assessing community readiness, assist with provision and interpretation of data, identify local partners and include them in the planning and implementation of regional and state initiatives

WHAT THE SPECIALISTS DO:

Work within and support their local Public Health Offices, engage with their local communities to address health priorities through the development of policy, supporting health councils, and implementing special projects and grants

HEALTH PROMOTION SPECIALISTS

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