

2.1

MILLION PEOPLE

62.4%

PEOPLE OF COLOR OR  
HISPANIC/LATINO ETHNICITY

5.6%

FOREIGN BORN

7,559

CHILDREN & YOUTH WITH  
SPECIAL HEALTHCARE NEEDS

397,277

FEMALES OF REPRODUCTIVE AGE (15-44)

# maternal child health

BY THE NUMBERS

20,508

ANNUAL BIRTHS

31

BIRTHING FACILITIES

50

LICENSED MIDWIVES

71%

MEDICAID PAID DELIVERIES

9.5%

PRETERM BIRTHS

MATERNAL CHILD HEALTH EPIDEMIOLOGY | NEW MEXICO DEPARTMENT OF HEALTH 2021



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# Addressing Systems Challenges to Advance Equity in MCH

*Working Externally: Cross-Sector Partnerships between Community, Government, Business, and Non-profit Organizations to Address Systemic Challenges*

April 28, 2022

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Family Health Bureau- Public Health Division

# New Mexico Title V Maternal Child Health Equity & Anti-Racism Agenda

The NM Title V Maternal Child Health Block Grant leadership in the Family Health Bureau (Public Health Division) began defining anti-racism and health equity objectives in 2016, along with support from the NMDOH Office of Health Equity, the Albuquerque Area Southwest Tribal Epidemiology Center and with the NM Birth Equity Collaborative.

# Title V Programming & Priority Setting

Assumption- Racism is a public health problem

- Some guiding principles for addressing racism and discrimination include:
  - Community partners, including those with lived experience and diverse ethnic and linguistic backgrounds must be included in Title V program activities, needs assessments and strategic planning.
  - Health disparities are just that. Justice and power are equally important, and identifying disparities is just one step in the process to uncover racism.
  - Racism is structural, and interpersonal racism or micro-aggressions may also be present in health care systems and behaviors.

# Shared Understanding Among Partners

- Resource sharing and power sharing must be modeled and demonstrated in Title V MCH program strategies, funding choices and activities.
- Data sovereignty will be recognized in data sharing, reporting and publication, and MCH programs will not perpetuate extractive or patronizing data collection from individuals living and working in NM communities.
- Measures of discrimination and unfair treatment should be validated by people with direct and indirect experiences.

# Distinct Aspects of Equity Work

## Internal

- Equity Survey
- Development of health equity guiding principles
- Collaboration on Health Equity Report

## External

- Ongoing working relationships with Tribal Epidemiology Centers, BIPOC-serving and led organizations, and BIPOC policy makers.

# MCH Health Equity

- MCH Data sharing & Surveillance
- Birth Equity Collaborative launch
- Ongoing efforts to center Black and Indigenous health
- Tribal surveillance partnerships; data sovereignty
- Maternal Mortality Review Committee
- Infant Mortality & SUID fatality reviews



**Las vacunas de refuerzo  
contra el COVID-19 se  
recomiendan para  
personas embarazadas**

**VaccineNM.org**



# Key Considerations & Approaches

- Is the leadership and decision-making body representative of key communities of color and of varied ability?
- Are there opportunities to transform tokenism and diversity into shared decision leadership and power?
- Is the state agency leadership able to be self-reflexive and evaluate opportunities for growth even if that means stepping back so others can lead?
- Do Title V and other public health investments reflect these priorities, or do we invest in contradictory programming?



# Challenges & Obstacles

- Change is hard, and giving up power can take time
- The recognition that a model of care or administration is based in non-inclusive or racist agreements can be difficult and painful to recognize
- Trust and shared agreements can be facilitated with trained professionals and through dedicated resources
- Don't give up! Your communities and families need you.

# Breakout Session



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# Reactions & Questions

5-10 minutes

# Discussion

- What strategies have you found to be successful when trying to engage and develop relationships with community partners that may be distrustful due to historical trauma or other systemic type issues?
- If they turn you down, what comes next?

# Discussion

- When there is a mismatch or mis alignment between your program MCH objectives and priorities and your state leadership priorities and directions, what strategies do you use to align your agenda with your leadership to pursue positive outcomes for MCH?

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