



Albuquerque Community Health Improvement Plan 2022

Health Equity Council

Albuquerque, NM



TABLE OF CONTENTS

Executive Summary	3
Community Health Profile	3
Looking Ahead	3
Background	6
Health Equity and Framework	7
Health Equity	7
Essential Public Health Services	8
Priority Issues	10
1. Women’s Health	10
2. Determinants of Health	11
3. Violence	11
Taking Action	13
1. Public Health System	13
Race and Racism as a Determinant of Health	13
Health in All Policies	13
Policy Development	13
Community Based Policy Development	14
Community Based Data Collection and Dissemination	14
Public Health Workforce	15
2. Women’s Health	16
3. Determinants of Health	17
Poverty	17
Housing and Community-wide Infrastructure	17
Food Security	18
4. Violence	20
5. Behavioral Health	21
Next Steps	22

EXECUTIVE SUMMARY

This Community Health Improvement Plan (CHIP) looks at how to respond to opportunities to achieve health equity in Albuquerque and Bernalillo County. The recommended strategies, plans, and goals for systemic changes outlined in this document are a synthesis of the health needs identified in the Community Health Profile and assessment through our overall work at the Council. The CHIP will provide guidance for the Health Equity Council's work and hopefully inspiration for other community and governmental public health work.

Community Health Profile

The Community Health Improvement Plan (CHIP) is meant to be read in conjunction with the Community Health Profile (CHP) and data dashboard. The profile and dashboard contain important information related to specific conditions and issues expressed in this report.

The Bernalillo County Community Health Profile was last updated in 2020. The profile can be viewed at:

https://www.healthequitycouncil.net/wp-content/uploads/2021/06/BCHP_2021-.pdf

The Community Health Profile is being currently updated with up-to-date data and further disaggregation, and will be available in early 2023.

An accompanying online dashboard was also developed to view interactive maps. The dashboard can be viewed at:

[Bernalillo County Community Health Profile - Highlights \(arcgis.com\).](#)

Looking Ahead

The development of the Community Health Profile and the Community Health Improvement Plan was a major feat pulled together through collective work. We look forward to an ever-increasingly collaborative CHIP process and a deeper dive into building data highlights.

We understand and operate from the idea that health equity requires social equity, and that social equity requires equity in power and resources. With this in mind, community engagement is key and something we are looking to improve so we can make community voice stronger and part of improving health of our communities.

Sincerely,

Enrique Cardiel
Executive Director, Health Equity Council
July 2022

BACKGROUND

The Health Equity Council strives to improve the health and wellbeing of all Bernalillo County residents and neighborhoods through a variety of strategies and activities:

- By developing a Community Health Profile to identify and map our community's health resources, needs and characteristics.
- By identifying and prioritizing important issues related to individual, familial, school and neighborhood health.
- By working in partnership with other individuals, groups and agencies to promote health awareness and to provide community education about health issues.
- By creating action plans, strategies and activities to achieve the systemic changes needed to meet the varied health needs of all Bernalillo County residents

The Council has developed this Community Health Improvement Plan (CHIP) to advise the City of Albuquerque on health issues and to help create frameworks, policies, and programs to achieve health equity. The plan should also serve as a guiding document for the policy-making system to view health as central to all services, to build a public health system, incorporate health in all policies, and develop strategies to address the health needs of the community.

The CHIP integrates community voice and was developed specifically for communities within the City of Albuquerque and communities within Bernalillo County. The recommendations and goals are a synthesis of assessment of community health needs.

The Health Equity Council's hope is that the CHIP will be a foundation road map to build a public health system and achieve health equity for all. The Council will serve to further educate and advocate CHIP's recommendations.

HEALTH EQUITY AND FRAMEWORK

Health Equity

Health equity, according to the Centers for Disease Control and Prevention (2020), is the opportunity for every person in the United States to attain their full health potential and to see that no one is disadvantaged from achieving this potential due to social position or other socially determined circumstance. Health disparities and inequities derive from social conditions and the unequal distribution of power in society.

The way in which health equity is often conceptualized leaves communities of color in a disadvantage. It is the hope of the HEC to build strategies that encompass the views and experience of New Mexico's unique populations.

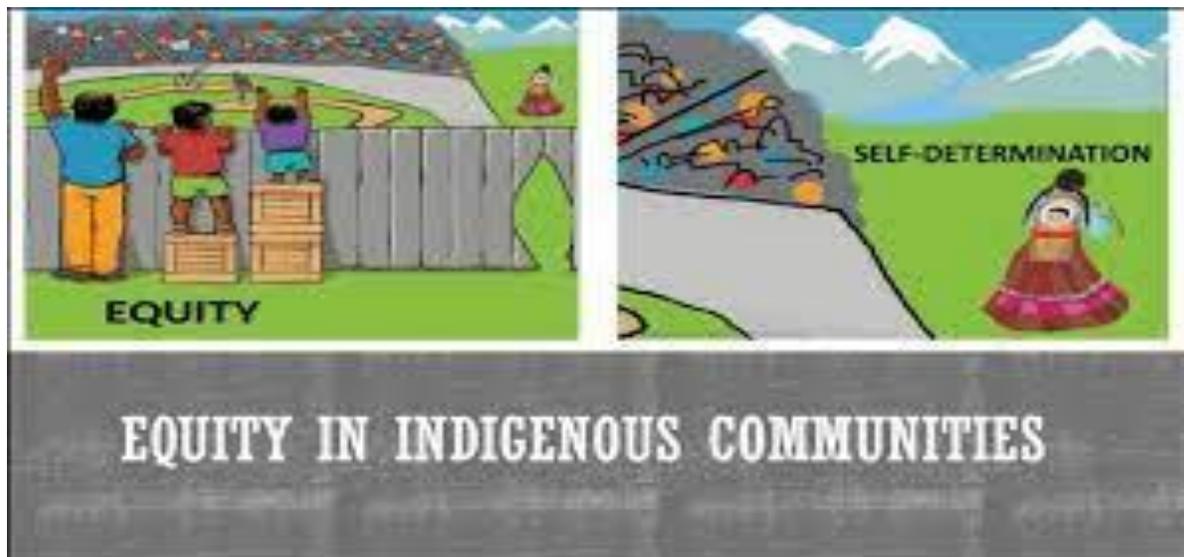


Image: Urban Indian Health Institute 2018

Essential Public Health Services

A strong public health infrastructure is essential to protect and promote the health of the community and to respond to its rising needs. This requires centering public health frameworks and integrating public health approaches through a health equity lens in all public policy.

The City of Albuquerque is the largest urban center in New Mexico with a population of more than 562,599. Given the magnitude of the city's population, it is imperative that public health infrastructure be developed to support the growing needs of its communities. COVID-19 exacerbated many of the existing health disparities and created new pathways of inequality.

To assist the City of Albuquerque in the building of adequate infrastructure the CHIP introduces the Essential Public Health Services (EPHS) framework. The EPHS was designed to achieve health equity through promoting policies, systems, and community conditions. Such approaches attempt to break structural and systemic barriers and to promote opportunities for optimal health and well-being for all.

The EPHS is intended to be used as a strategic starting point for planning a public health system. It's part of an integrative approach that allows public health professionals to address a wide range of public health programs and activities. The framework can assist city departments to manage large-scale public health concerns.

The 10 Essential Public Health Services framework consists of several components:

Assessment

1. Assess and monitor population health status, factors that influence health, and community needs and assets.
2. Investigate, diagnose, and address health problems and hazards that affect the population.

Policy Development

3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.

5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.

Assurance

7. Assure an effective system that enables equitable access to individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.



Essential Services of Public Health

PRIORITY ISSUES

1. Women's Health

Women's health is a critical concern for public health officials. Women's health entails a wide range of topics that include but are not limited to health and wellness, disease and conditions, reproductive health, child rearing, and caregiving. Building programs and policy that support women, girls, and infants through the life course is essential.

In addition to blanket death rates, disparities within and across racial and ethnic groups exist. To develop an equitable future for women, it will take explicit planning and future analysis to reveal points of intervention that will have cumulative impact and shift the gender health and wealth gap.

Preexisting disparities for women in wealth, income, and entrepreneurship are the underpinnings of what is now one of the greatest crises for women's health and financial stability globally. The COVID-19 pandemic has impacted the lives and work of women across the globe. Women were disproportionately affected by job loss and burnout due to their roles as caregivers. Women were disproportionately impacted by care work during the pandemic. It is estimated that during the pandemic, women did three times more unpaid work than men. In sum, women worldwide have lost income and gained unpaid care work.

In post-COVID-19 planning, the historical context of the effects of root-cause policies, such as systemic racism, which have contributed to disproportionate impacts of the pandemic, must be considered. Women of color must hold key leadership roles in planning to identify their needs, solutions, and to have decision-making power. Women of color continue to be the most impacted by the pandemic as a result of structural and systemic barriers. It is imperative to provide systems and policies that improve women's health and economic well-being. It is important that workplace policies provide paid family and sick leave, flexible work schedules, and equal pay. Policies that boost the living wage and paid leave will increase overall quality of life for low-wage working women.

2. Determinants of Health

Biologic factors are shaped by social determinants of health, which are determined by structural determinants formed by socioeconomic and political contexts.

Health disparities and inequities are illustrated by differences in the length and quality of life, including rates of disease, disability, mortality rates, access to care, and quality of care. Health disparities and inequities derive from social conditions and the unequal distribution of power in society. Social factors such as socioeconomic status and social support are fundamental causes of disease that embody the access to important resources, affect multiple disease outcomes through multiple mechanisms, and as a result maintain the association with disease even though intervening mechanisms change. Individual-based risk factors must be contextualized to create effective interventions.

Inequities to the access of social determinants of health are preventable. It is imperative to not only target areas of concern but interrogate the root causes of the determinants of health found within the City of Albuquerque and greater Bernalillo County.

Social determinants of health such as economic stability, housing security, and food security require immediate attention in Albuquerque.

3. Violence

At the forefront of public health work are discussions of preventable injury, illness, disease, and death. Violence is a serious public health issue and one the leading causes of death among Albuquerque residents. Violence is defined in a variety of ways. It is most defined as behavior involving physical force intended to hurt, damage, or kill someone. Violence can be individual behavior; it can be systemic or embedded within systems. It can be physically, psychological, and emotionally damaging. There are multiple forms of violence that include and are not limited to Adverse Childhood Experiences (ACEs), child abuse and neglect, child sexual abuse, sexual violence, firearm violence, youth violence, gender based, elder abuse, and community violence.

Neighborhood-level effects of community violence may include increased police presence, metal detectors at schools, sidewalk memorials, fenced-off property, closed businesses, disinvestments in the local economy, and disrupted social relations. A major and preventable source of violence in Albuquerque is law enforcement violence, which leads to deaths, injuries, and psychological distress in the community.

Exposure to violence has been linked to chronic diseases such as asthma, stroke, cancer, heart disease, and mental health. In addition, exposure to violence increases the risk of future violence victimization and perpetration. Exposure to violence can also lead to further violence by trauma survivors. Bernalillo County and the City of Albuquerque have seen a sharp increase in violence since the onset of COVID-19. Now addressing such violence is key to building a healthy future for the City of Albuquerque.

Approaches that target structural inequities are proven to reduce community trauma, to improve health, increase social and economic equity, and reduce violence.

TAKING ACTION

1. Public Health System

Race and Racism as a Determinant of Health

- Acknowledge racism as a public health crisis and root cause of inequities.
- Educate decision makers on the historical context of colonization and racism.
- Support antiracism and cultural humility education sessions for City of Albuquerque departments.
- Provide training and support to all City of Albuquerque departments to utilize racial equity tools in policy and program development, implementation, evaluation, and funding.

Health in All Policies

- Integrate public health specialists into public policy development and implementation across local government.
- Develop an implementation plan for Health in All Policies, whereas Health in All Policies is a multi-sectoral collaboration to systematically assess the health and health-equity impacts of all policies; integrating considerations of health, well-being, and equity during the development, implementation, and evaluation of policies and services.

Policy Development

- Provide training on Public Health 101, social determinants of health, political determinants of health, and essential services of public health to City of Albuquerque departments and employees.

- Develop Health Equity Impact Assessment tools in partnership with local community organizations.
- Conduct root cause analyses and structural shifts in policy and funding that ensure the safety and health of the most marginalized.
- Create a plan to utilize equity tools (e.g., plans, projects, policies, and budgets), including centering leadership and input from community members directly impacted.
- Increase levels of community engagements at all levels of decision making.
- Utilize public health frameworks to communicate with the community on all matters related to health and social inequities.

Community Based Policy Development

- Develop programs to increase trust with the community, and especially, historically marginalized communities.
- Create community liaison positions for all city departments.
- Engage with political, health, and community leaders to improve local residents' understanding of the purpose of changes in the public health system.
- Develop plans to engage and center community members as experts.
- Increase funding for public health, community organizations working on the health of people of color, and other groups working on health equity efforts.

Community Based Data Collection and Dissemination

- Create a community data plan to center data sovereignty. Make collection, utilization, dissemination, and cross-sharing of all health data a top priority in all city departments.
- Improve the collection, analysis, and reporting of disaggregated data.
- Provide training and support to all City of Albuquerque departments for utilizing data to address inequities.
- Collaborate with local organizations such as the Health Equity Council and New Mexico Community Data Collaborative to create easily accessible community health data in multiple formats, such as in health profile handbooks, maps, charts, etc.
- Monitor, regularly update, and publish data on health outcomes and disaggregate data along race, ethnicity, gender, languages, place, and other health indices.

Public Health Workforce

- Increase funding for community organizations that work on health and racial equity.
- Fund programs to train and support the community to utilize data, racial equity tools, and public health frameworks.
- Direct funding to promote public health as a profession.
- Develop funding to increase the public health and social workforce.

2. Women's Health

- Center Women of Color to develop to center a gender, class, and racial justice analysis for planning and policy change.
- Educate decision makers on the historical context of colonization and its impact on gender, race, and class.
- Support policies, legislation, and decision makers to improve women's health and economic well-being.
- Partner with organizations that strive for gender equality and build planning based on their knowledge and expertise. This will assist in the building of a well-rounded program.
- Educate decision makers on the use of equity-lens tools to ensure that gender, race, class, and other potential impacts on equity are considered in decisions (i.e., public policies, budget allocations, proposed projects, plans, programs).
- Partner with labor-management relations representatives to revise and implement internal workplace policies that provide paid family and sick leave, flexible work schedules, COVID-safe workplaces, and equal pay.

3. Determinants of Health

Poverty

- Increase minimum wage so that a four-person household with a single minimum-wage earner can live 150% above the current federal poverty level.
- Annually increase minimum wage indexed to inflation and cost of living in the city.
- Ensure that women of color and other historically underserved populations are included by reducing or eliminating the differential pay for tipped workers and farm workers.
- Enact structural policies that prevent increases in the cost of food, housing, and other basic goods and services to ensure availability and attainability for minimum wage earners.
- Enact policies and fund community programs for worker rights, wage protection, job training, and opportunities for economically vulnerable populations and other comprehensive labor environments.
- Ensure paid leave for all workers.
- Ensure universal and timely access to safety-net programs and services such as unemployment insurance, direct cash payments, child tax credit, earned income tax credit, supplemental security insurance, etc.
- Safety-net programs and job opportunities must be accessible for undocumented people, people with mixed immigration status, and formerly incarcerated people.

Housing and Community-wide Infrastructure

- Commit to immediately address priorities within the unhoused population.
- Create a centralized 24/7 universal triage center to support a diversity of housing services.
- Continue to monitor, evaluate, and make adjustments to the plan based on needs of communities most impacted.
- As evaluations assess the most effective practices, adapt services.
- Provide portable and/or permanent public restrooms in all parts of the city.

- Develop and implement basic sanitation services.
- Funding, vouchers, rent caps, expanded zoning and permitting, tax incentives for development, anti-gentrification legislation, and other efforts must continue.
- Build sustainable relationships for real change by working directly with populations most impacted and members of the community experiencing homelessness.
- Work with people most impacted by homelessness to co-facilitate and co-lead cross-cultural community building and the development of a shared vision for housing in Albuquerque.
- Fund initiatives that dismantle the systems of oppression that create and exacerbate homelessness, such as providing funding for current projects and partnering with teams to address homelessness.
- Actively continue to implement other housing solutions, specifically, the high-impact strategies detailed in the Homelessness Coordinating Council's Coordinated Community-Wide Framework on Homelessness (Homeless Coordinating Council, 2020).
- Support cultivation of one-on-one relationships between people most impacted by homelessness and other institutional employees (i.e., UNM, HUD, landlords, nonprofits, etc.).
- Provide grants and other resources for residential housing improvements and strengthen and/or increase funding for code enforcement on rental properties.
- Expand the city zoning code to permit accessory dwelling units (ADU) in areas where single-family units are too expensive and housing burden costs are greater than 50%.

Food Security

- Support local food production via farm-to-food-bank efforts in which farmers are paid fair prices to provide for food banks through nonprofit fundraising and Bernalillo County funds.
- Shift agrobusiness to support local family farms, and shift agrobusiness from big farm and big subsidies to support small, local farms.
- Strengthen the local food system with neighborhood, community, and front-yard food gardens to combat food insecurity and to keep money local.

- Provide funding, resources, and other support for front-yard food gardens across the city.
- Using city wide busing, provide transportation to local grocers for communities located within food deserts. Schedules can run several times a week, building trust within communities, while providing healthy food options.
- Initiate a youth urban agricultural program that would train youth in farming, entrepreneurship, and land stewardship.
- Support farmers' markets, locally grown food distributions, and informal food-sharing networks such as front-yard food gardens.
- Conduct wide-scale soil testing and remediation on public and private land, to increase arable land for local food production.
- Partner with Indigenous farmers to provide water-wise irrigation classes, and offer rate reductions as incentives to community and front-yard food gardens.

4. Violence

- Partner with community organizations such as the Health Equity Council to update Bernalillo County's Community Health Profile to disaggregate community violence-related data (i.e., domestic violence, child abuse/neglect, rape, suicide, homicide, etc.) by race and gender at the census tract level.
- Partner with community organizations such as the Health Equity Council to gather and improve data on home safety, such as a gun lock for weapons owners, to correlate with ZIP codes and health data.
- Partner with Community Restorative Justice Center and other partners for training for youth and for members of the broader community to use nonviolent alternatives to resolve disputes.
- Increase by data transparency and research by investing in and working with public health agencies in reporting law enforcement-related deaths, physical and emotional injuries, and other individual and community harms.
- Reallocate funds to community-led solutions that address violence, reduce inequities, promote healing and health, increase economic and educational opportunities, focus on transformative and restorative justice, and other violence intervention and prevention programs.
- Decriminalize sex work, substance use and possession, minor traffic violations, homelessness, and other activities shaped by the experience of marginalization.

5. Behavioral Health

- Develop strategies to address trauma in the community to foster resilience and well-being.
- Fund stress-resiliency trainings in the community.
- Allocate public funds to establish safe consumption sites, facilities where people who use intravenous drugs can use previously obtained drugs in a safe and medically supervised environment.
- Develop strategies to increase social connectedness in the community.
- Improve equitable access to behavioral health treatment, interventions, and primary prevention.
- Fund education programs for law enforcement, city officials, and community that introduce harm reduction strategies, anti-stigma training, and NARCAN dispensing.
- Reduce the number of fatal overdoses.
- Foster collaboration between organizations that serve individuals, families, and communities impacted by opioid-use disorder.
- Develop strategies to address the impact of opioid-use disorder on individuals, family, communities, neighborhoods, and its broader impact on the City of Albuquerque.
- Increase the number of outreach-based services available at nontraditional times and locations, such as at mobile infectious disease (COVID-19) testing, and enhance referral initiatives to treatment sites.
- Establish a formal platform to provide insight regarding city planning and funding allocation related to harm reduction and substance use.
- To improve coping, increase access to culturally appropriate community services to therapy, peer support, stress and resilience training, and to other healing modalities for individuals, caretakers, and the community.
- Partner with public health organizations for recommendations on decriminalizing substances.
- Increase funding for anti-stigma programs and campaigns.

NEXT STEPS

Albuquerque and Bernalillo County are a resilient metro community, with community and political leadership committed to moving towards health equity. We also face unique challenges, hosts of health and social inequities, and an inefficient infrastructure that can slow that progress. Implementing structural and systemic changes outlined in the CHIP will require leadership and community ownership. The Health Equity Council is committed to serve the community through providing public health expertise and facilitation of community processes.

The Council will also be working on updating the County Health Profile and the Community Health Improvement Plan next year through further collaboration and conversations with the community. We look forward to working with you as part of creating more vibrant and healthy communities for Albuquerque and Bernalillo County.



Health Equity Council

Albuquerque, NM
