



A Path Forward for Achieving Health Equity: Conversations for Action

April 25, 2022

8 a.m. - 1 p.m.

Hilton Garden Inn Hobbs
4620 N. Lovington HWY
Hobbs, NM 88240

SUMMARY REPORT



Citation: Lisa Cacari Stone, PhD & Maria Chaparro,
A Path Forward for Achieving Health Equity,
Conversations for Action.
April 25, 2022, Hobbs, New Mexico

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AGENDA

Facilitators & Co-planners:

- Evelyn Rising, HERO, Office of Community Health
- Nina Cooper, PhD, Transdisciplinary Research, Equity Engagement Center (TREE)
- Magdalena Avila, DrPH, TREE Center
- Lisa Cacari Stone, PhD, TREE Center

Opening Remarks by:

- Evelyn Rising, HERO;
- Douglas Ziedonis, MD, MPH, Executive Vice President, UNM Health Sciences & CEO, UNM Health System
- Arthur Kaufman, MD, Vice Chancellor for Community Health Sciences

	7:30 - 8:15	Networking Breakfast
1	8:15 - 8:50	Welcome, Opening Circle, Land & Labor Acknowledgment <ul style="list-style-type: none">• Opening remarks• Review of agenda & objectives
2	8:50 - 9:30	Introductions <ul style="list-style-type: none">• Imagine a future of equality when...
	9:30 - 9:45	Break
3	9:45 - 10:30	Defining Health Equity <ul style="list-style-type: none">• History, definitions, strategy actions & outcomes
4	10:30 - 11:45	Achieving Health Equity <ul style="list-style-type: none">• Successes & challenges• Best practices
5	11:45 - 12:15	Identify Next Action Steps <ul style="list-style-type: none">• Priorities for the Equity Summit• Evaluation & closing

Acknowledgments

Planning support: Emily Monteiro Morelli, Executive Assistant & Gina Urias-Sandoval, MBA, Chief of Staff, EVP/SVP Office; Carlos Linares, MD, MPH & Anissa Duwaik, TREE Center

WELCOME & OPENING CIRCLE

Review of Agenda & Learning Objectives

The second round of Conversations for Action to Achieve Health Equity in New Mexico took place at the Hilton Garden Inn at Hobbs, NM, on Monday, April 25, 2022. A total of 30 participants joined the event that began at 8 am. Participants included representatives from Nor-Lea Hospital District and Covenant Hospital, the College of Education from the University of the Southwest in Hobbs, former educators and retired judges, the New Mexico Junior College in Hobbs, pastors of local African-American churches, members of the local chapter of the NAACP, the local mental health service provider (Guidance Center), local government (city commissioners and health department), and two participants from Roswell (Department of Health) that made the two hour journey to join the meeting.

Dr. Magdalena Avila from the Transdisciplinary Research, Equity and Engagement Center (TREE) and local host Evelyn Rising, Health Extension Rural Outreach (HERO) Office of Community Health, welcomed the participants and began by acknowledging and honoring the ancestors of those present and the sacredness of Southeast New Mexico. Evelyn Rising recognized key people from Lea County with whom she has been networking for over nine years and who took time from busy schedules to attend. She said, **“In return for their appreciation, they have made me a new woman that is committed to health equity and service.”** Evelyn commented on the need for these kinds of workshops to learn and contribute more to people working together.

“Everyone in the room is a Champion – there is room to grow and always something we missed about each other.”

- Evelyn Rising, HERO



“We have it all but needed to work hard and network together to make this what it is.”

- Evelyn Rising, HERO

Marnie Nixon from the UNM Office of Community Health briefly explained the HEROs project and where they are located (Taos, Gallup, Hobbs and Las Cruces) and how the project is expanding by opening part-time positions in Las Vegas and Farmington.



Ms. Evelyn turned the focus back on the participants and mentioned more “heroes” from her community that were present: Mr. Joseph Cotton, president of New Mexico and State Branch NAACP; NM State Senator Gay G. Kernan (former Lea County Educator and Principal); David Shaw, CEO for Nor-Lea Hospitals in Lovington and Hobbs Clinics; and Mayra Lovas of the JF Maddox Foundation (long time granting foundation). She said the Hobbs community worked hard to make local amenities—buses, teen centers, senior citizen centers—free of charge and that we should visit the CORE center which is one of the region’s pride and joy and used by many social organizations in the county, including faith-based entities.

Dr. Arthur Kaufman, UNM Vice Chancellor for Community Health, gave more background on the HERO program—how the health extension adapted the concept from local agricultural extension offices at universities. He went on to describe how Evelyn Rising came into the program many years ago; how the community has to choose its HEROs and even

though Evelyn’s background was more in education than health, her community trusted HER and she is the best HERO and leader to link people in the community to resources in Southeast New Mexico.

Dr. Lisa Cacari Stone recognized Dr. Douglas Ziendonis, CEO and Executive Vice President from UNM Health Sciences/UNM Health System plus the logistic and planning support team, Emily Monteiro Morelli, Executive Assistant & Gina Urias-Sandoval, MBA, Chief of Staff, EVP/SVP Office as well as Stevie Olson, Associate Director, Government Relations, Dr. Michael Richards, Senior Vice President for Clinical Affairs, Health System, and Interim Dean, School of Medicine, and Jett Loe, Sr. Public Relations Specialist who was taking pictures of the event. Dr. Cacari Stone then invited Dr. Ziendonis to say a few words.

Dr. Ziendonis began by saying how Evelyn is a tough act to follow and mentioned how he shares a little with her background because he is a preacher's kid. He said he felt energy and acknowledged the wives of local ministers in attendance and that the spirit is here. He asked the group to think of the crisis in the Ukraine and to pray for resolution there, especially the traumas experienced by the people. Dr. Ziendonis talked about attending three services on Sunday (in his words, one each of urban, country, and Latvian American) and finished with stating how Hobbs is an amazing place (he enjoyed the Western Heritage Museum) and how he and his team wanted to come and listen and learn where partnerships could be created. He encouraged the group to "in Spirit, get grounded." He went on to acknowledge local leaders (Rep. Larry Scott) he had met with to discuss the needs of the region and made a promise that UNM Health Sciences would work on deliverables: 1) Increase faculty and research, as well as partner with all public health councilors; 2) Network with education sector to target high school students; 3) Address diabetes and alcohol use disorders—the need for CHWs and others to do early intervention/prevention before severe consequences, and; 4) Promote economic development – jobs placement is important—finding a link between health and this to partner to **"bring health into what they do."**



Dr. Kaufman added how good things happen because of relationships, and when you get to know somebody, the idea to better a community becomes powerful. He described how he worked with Evelyn to take care of junior college students, especially feeding them, and in turn the students learned about the community and stayed. Another project involved training 30 CHWs to address barriers faced by families to access services. Hobbs is the place to test models that come from the collaboration from entities such as UNM and the local hospital system and behavioral health clinic.

INTRODUCTIONS

Imagine a Future of Equity When...

Getting to Know You

Dr. Nina Cooper, (TREE) Center and co-facilitator of the event, addressed the group by saying how community engagement endeavors level the playing field. Professionals, PhDs, and community members bring their diversity of life and lived experiences—we are All experts. She expressed that the day's approach of valuing community and experience, plus talking to one another and bringing positive energy, will set the tone for meaningful conversations around health equity.



She asked the group to take about five minutes to introduce themselves to each other at their tables, and then answer the questions:

What do you hope to contribute to equity?

What is the purpose of meeting, and what do you hope to gain?

Observations:

- Just like the Las Cruces meeting, people were very engaged in learning about one another, smiling and laughing throughout the exercise.
- There were people from Roswell that expressed pleasure at attending this meeting and interacting with people outside of Southeast New Mexico.

Dr. Cooper closed the exercise by having participants remember to include what makes up the beauty of Hobbs and Lea County, and the values of the community, to understand its challenges and strengths, and how that information can contribute to this process [equity conversations]. She reminded the group of dialogue about historical trauma and the impact that has on health and how it is important to uncover these experiences and use the collective knowledge of past and current events to make Hobbs better. Dr. Cooper said all the dialogues must lead to Action: What can we do in Lea County with resources within and outside of the area to better the community and have a shared understanding of the expectations of the actions?

Meeting Objectives

Dr. Cacari Stone described the purpose of the regional meetings (referenced handout) and how each “Health Equity Conversation is set up to “create a meaningful opportunity for diverse stakeholders to connect to why equity matters to each community?” The conversations foster the development of community definitions of what equity means and centers health equity from a local context. Actionable goals for achieving health equity start with communities. The equity conversation is part of getting people ready to lead for equity and to take part in a statewide summit—a night for equity talks—scheduled for September 19-20, 2022 in Albuquerque, NM. She explained how the compilation of report outcomes from 4 regions of the state were going to be posted on a website and help plan the statewide summit that will focus on long term actions and solutions. The habit of staying in our silos must be broken—all different sectors (mental, behavioral, health, CHWS, etc.) need to come and work together statewide. She pointed out how today’s dialogues should flow freely because of the creation of safe spaces and went over objectives and the agenda handout.

- To **create a safe space** for conversations across diverse stakeholders and community partners in Southeast New Mexico
- To **create a common understanding and vision of health equity** from the local context (Lea County region)
- To **promote individual and group reflection** among stakeholders on the **successes and challenges** to achieving health equity in New Mexico
- To **co-learn and cross-share** strategies and best practices for achieving health equity
- To **develop key priorities for the statewide summit** and summarize local health equity practices, programs, and policy interventions

She finished by saying that equity is not a partisan event or political –it’s about people. We are not here to judge each other; we all have grown up differently. She asked the group: But what can we collectively rally around when it comes to health equity? What has been our journey? What are opportunities, and what is holding us back? What is our hope with participating in those conversation at the statewide summit?



Dr. Magdalena Avila displayed a beautiful basket, explaining how the basket was empty, but by the end of the day it could be filled with the collective and collaborative thoughts of the people present to answer this question: “What do you believe and see regarding health equity living out in your community?” She said the basket came from women weavers in Africa and symbolizes what we can weave in terms of health equity. Dr. Avila pointed to slips of paper and when people wanted to share thoughts, to come up and drop the slips into the basket, stressing there was no limit to the number of slips of paper one could put in the basket. She ended by saying **we are all leaders here to make positive and important changes.**

Dr. Avila showed another basket that contained seed packets and said that reciprocity is important, encouraging the attendees to give an idea and take the gift of flowers and veggies. Principles for Intercultural Health Equity Conversations The group was asked to refer to the handout describing the principles for intercultural health equity conversations, and Dr. Cacari Stone stressed how intercultural partnerships are at the center of how we lead for equity change. She briefly went over additional key principles and then asked the group to think and share its own principles.

The group came up with the following list of Principles:

**Faith
Unity
Culture
Empathy
Compassion
Legacy(ies)
History
Acceptance**

Footsteps (how do we teach people to walk, community, institution, etc.)

Dr. Cooper reminded the group about how the gathering provided a safe space to express ideas and thoughts. Discussing health equity has its triggers, and Dr. Cooper described her background and growing up in Chicago in a low-income family, surrounded by concrete jungles with many large ads for cigarettes and alcohol. She felt the ads specifically targeted African American communities. These messages are strong but subtle stressors and put pressure on equity. She expressed that all these things come into play and add to barriers in trying to access services.

Dr. Avila asked the participants to silently reflect on the following before formulating an answer:

Imagine the future of equity in our community(ies) when....

Dr. Cooper asked the group to get a partner and face them and to take turns listening to the response to this question: “In Hobbs [and surrounding communities] what will be the future of equity in 20 years?” The facilitators allowed about five minutes for the exercise and then asked the group to share what they heard, which included the following:

Future of equity in Hobbs - 20 years

- See people healthier, room for growth (People need to know what is a healthier way)
- Acceptance and empowerment
- Inequities are addressed – increase availability of and access to services
- Increase of specialists in Lea County –dentists, eye doctors, etc. to reduce travel
- Continuously define gaps and address them with community input, fostering a community where people can talk to one another, and every voice is heard to address basic human needs
- High School graduation at 100% and link to higher education, including CTECH to drive local economic development and education
- Providers (health and mental health) treating patients as people – get away from statistics and focus on disease
- Remove biases and cultivate parity to treatment for mental health
- Increase recruitment and retention of MDs to have variety of providers in Southeast NM; increase malpractice funds to retain providers/remove caps to increase physician recruitment
- Create effective pipeline—our own healthcare and education professionals
- Increase availability and access to behavioral health services
- Access to **local** health specialists to reduce travel and barriers to transportation
- Increase broadband for education on holistic approaches to health/mental health
- Affordable housing and broadband in every household
- Elimination of the barriers of transportation
- Better understanding of legislation regarding health care insurance—have all people covered with **good** health care coverage/insurance
- Elimination of language barriers—easy access to professional Spanish interpreters and translators
- Inclusion of Mind, Body and Spirit in health equity
- Increase health literacy and patient advocacy to be able to talk to their providers and reduce patient wait times
- Create pride of our community; have safe parks and affordable healthy food available; take care of the homeless community
- Teaching kitchen

After seeing the list, many participants began to elaborate on some of the themes that included the following:

- NM State Senator Gay G. Kernan explained how constituents have voiced that health providers only spend 15 minutes with patients. She explained that the system needs to change because of the “time slot mentality” where providers are penalized for spending time with their patients, stating “That’s a policy issue that needs to be addressed.” Dr. Cooper then asked, “So what would you recommend?” Senator Gay responded that there needs to be more providers and specialists in this part of the state and for legislators to understand the larger content and reasons why we can’t recruit providers to come here.
- David Shaw said the future of equity is increasing local resources, mainly people. Going back to education is so important so that the community can be proud of Hobbs. CTECH can be a resource path for kids with no resources to graduate to help get them into trades because there is short supply. He said an MA program was created and is the first step to expose young people to the field of health care. The program graduated 50 folks, including LPNs, RNs, and physician assistants. Mr. Shaw also said that there is a ‘rush to pass policies’ in the state legislature, which has unintended consequences, such as malpractice insurance with high caps in New Mexico which is a deterrent for people coming to the state. He says this entity has helped cover physicians who work at hospitals, but it is not a good or best practice. **“There needs to be other options, especially to be more thoughtful in our legislation regarding all types of insurance for both providers and patients.” - David Shaw**

**“There needs to be other options, especially to be more thoughtful in our legislation regarding all types of insurance for both providers and patients.”
- David Shaw**

- Michael Foust, CEO of the Hobbs Guidance Center, mentioned the inequities in behavioral health and the need to assess and treat patients in a more holistic manner, considering mind, body, and spirit. He went on to say how not everyone is in the same place to participate to their fullest. **“As providers, we need to be coached to ask the right questions or thing to say and see if clinicians and physicians are asking the correct questions. The patient is the expert on their life so there’s a need to engage without the provider ‘gaze.’” - Michael Foust**
- Laura Hunt, current educator, added her perspective and said the community needs to start equity and health education at an early age to reduce the health care footprint on our systems. **“We need to create a pipeline in Southeast New Mexico--Grow our own and get [our kids] into those health care fields and education and provide translation for kids and families that speak Spanish.” - Laura Hunt, New Mexico Department of Health, Roswell**

Dr. Avila asked the group to summarize the most salient key points, and the group agreed on the following:

Accessibility -

1. **Transportation**
2. **Education**
3. **Community**
4. **Cultural**
5. **Parity**



DEFINING HEALTH EQUITY

Definitions, Strategies & Outcomes

Dr. Cacari Stone thanked the group for their participation and then segued into thinking about consolidating the Southeast NM's vision of Health Equity. She asked the group to think about upstream policy and structural changes and if we can make a moral and economic case for health equity. She gave background on how health equity has been defined in the past and how the pandemic unearthed vulnerabilities in our communities that led to many not having access to the vaccine or experiencing vaccine hesitancy.

Dr. Cacari Stone referenced one of her mentors, Dr. LC Dorsey, an African American community organizer from Mississippi who was one of the co-founders of Mt. Bayou Community Health Center, as an example of positive benchmarks for equity, while still facing structural challenges. She shared the quote: "As slaves, we have learned to work the land but not to our benefit." Dr. Dorsey's creation of community action programs became a model for other states wanting to empower their own people.

"Of all the forms of inequality, injustice in health care is the most shocking and inhumane."

- Dr. Martin Luther King

Dr. Cacari Stone went on to show that "access to health care/health is the unfinished business of the civil rights agenda" and asked the group how we can move forward when there is pushback from politicians and privileged leadership. **Creating opportunities for health equity among those that have been historically marginalized has been viewed as a threat to politicians and privileged leaders. This is because equity may require redistribution of resources, power and money.**

For the next exercise, Dr. Cacari Stone asked the group to remember the social determinants of health—health should occur where we live, work and play. And if it is not occurring, then the usual belief is that there is a problem with a person instead a problem with a system. Hobbs Guidance Center CEO, Michael Foust, who works in behavioral health, agreed and advocated for change with current assessments of youth having the agency of caring for themselves because they measure all the negative attributes of society. Michael said they need to measure character, competency and connectiveness and then generate next steps that include what's missing to support the youth's current positive attributes.

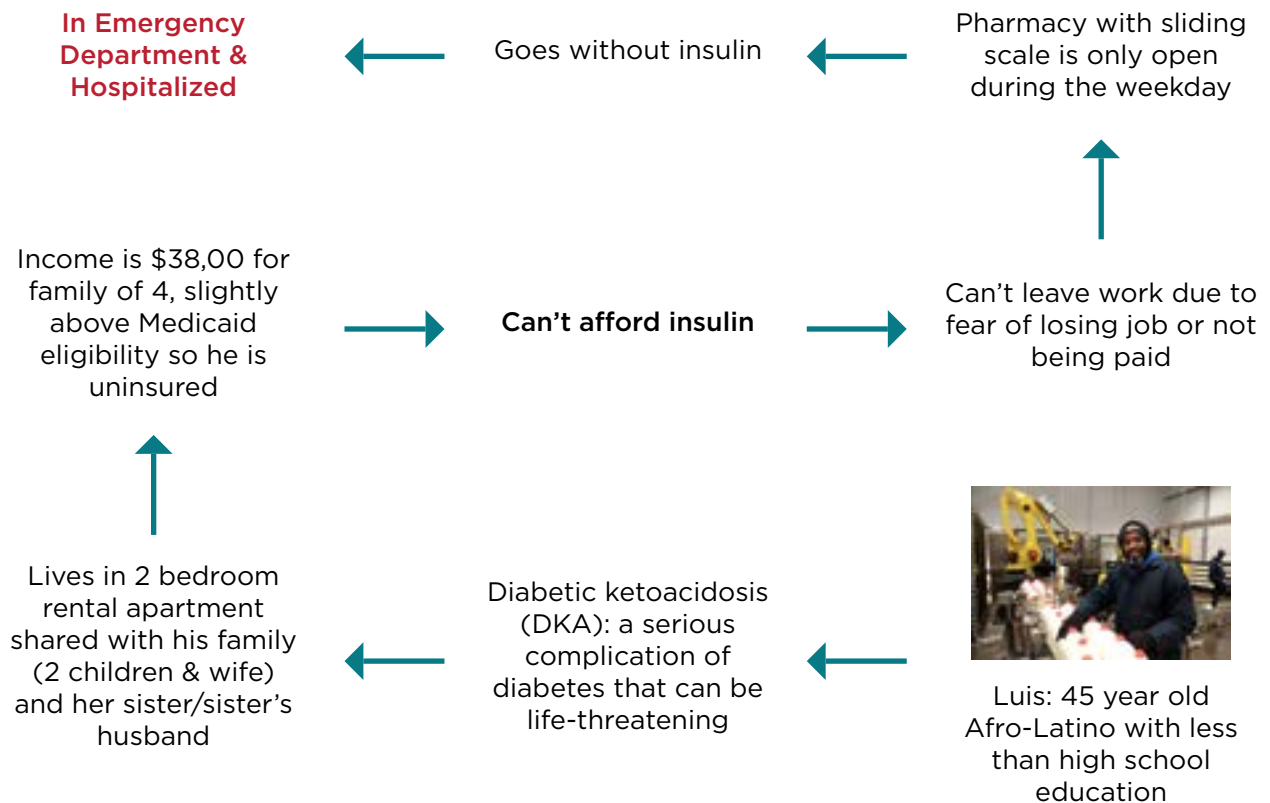
ACHIEVING HEALTH EQUITY

Successes & Challenges

Case Study - “Luis”

Dr. Avila introduced a case study about a patient with the name of “Luis” who came into the UNM health system with diabetic ketoacidosis (DKA).

Dr. Cacari Stone, asked the group to consider his personal story and then to map out the linkages to community, systems and policy determinants of his health. This is called “backward mapping” as a method to discover a person’s circumstances to better understand the inequities that put them in a harmful situation. Each table was asked to answer these questions: 1) What are the structural and systemic influences affecting his life and health circumstance?; and 2) What are interventions that would be equity solutions?



Key Discussion Themes From The Tables

Structural/System Issues

1. His job and where he worked
2. The System itself - how did he not qualify for Medicaid (38K family of 4)?
3. Didn't value his health to think it a big deal
 - vicious cycle of work is more important than health
4. Hours of the pharmacy - not accessible to life sustaining drugs
5. Health literacy
6. Guilt / stress
7. He may be undocumented and afraid
8. Covid- multiple families in one unit
9. Access to healthy food

Solutions

1. Pharmacy - adjust hours or delivery care
2. Nonprofit prescription - cheaper or help pay; increase patients' awareness to use local resources to increase health literacy
3. Employer - could educate employers and have information on local resources
4. Portable/mobile pharmacy
5. Change eligibility levels for Medicaid
6. More affordable housing



At the end of the exercise, Dr. Kaufman said the case study was a real situation in Albuquerque. A medical student was sent to investigate why the pharmacy hours were restrictive and found that the key entities (hospital, pharmacy, social services) operated in silos instead of working together for the benefit of the patient. The primary reason was to save money, but in the end, having to admit the patient cost the hospital more money. As a result of the effort, the pharmacy expanded hours to prevent future hospital admissions. This change on the part of the pharmacy addressed a structural problem and health equity intervention was successful! Dr. Cacari Stone ended the session by saying it is important to observe how we name and frame health equity and shift the blame from the person to changes that need to happen at the structural level.

“It is important to observe how we name and frame health equity and shift the blame away from the person to a focus on changes that need to happen at the structural level.”

- Lisa Cacari Stone

IDENTIFYING NEXT ACTION STEPS

Priorities for the Equity Summit

Summit - Converge our Visions

The group was reminded of the summit planning and event that would take place in September and they were asked to share their priorities for the summit. The list from the group include:

1. Affordability of rooms to attend and travel and consideration of the burden of care giving for elders and children
2. The southeast different from rest of the state
3. Legislators and policy makers should be in attendance
4. Participants should be diverse in order to make equity happen
5. Highlight successes of educators from our 4- and 2-year institutions in linking to high schools
6. Have a diverse audience such as from DOH, the education sector, and faith based organizations
7. Each region can talk/present about its successes and how to build on them
8. Regionalized speakers can give ideas so we all have equitable opportunity to speak
9. Benchmark best practices and locations and discuss adaptability for other regions
10. Have action plans and consider whether or not summit needs to go virtual
11. Vaccine equity

Evaluation

The facilitators and local hosts thanked all the participants that stayed until the end, and Evelyn acknowledged Mayor Sam Cobb who had a chance to observe the last part of the discussion on visions for the state-wide summit.

Plus/Delta

The group was asked what they liked about the day's meeting (plus) and items they would change.

What the group liked:

The presenters and facilitators: well-rounded in presenting information; the presence of important local stakeholders; facilitators being able to have folks engage in meaningful dialogue; the information can be carried back into the community; deep conversations and considerations about communities' lack of equitable resources; UNM brought out the big guns to connect and listen; Maria the notetaker capturing the process and conversations; connections, dialogue and concerns were listened to; glad to see people from north that came to this area; respectful dialogue

What could be changed:

Have documents (the handouts in the packet) ahead of time; healthier food; invitations went out too late—send out earlier to have time to invite more people.



EVALUATION RESULTS

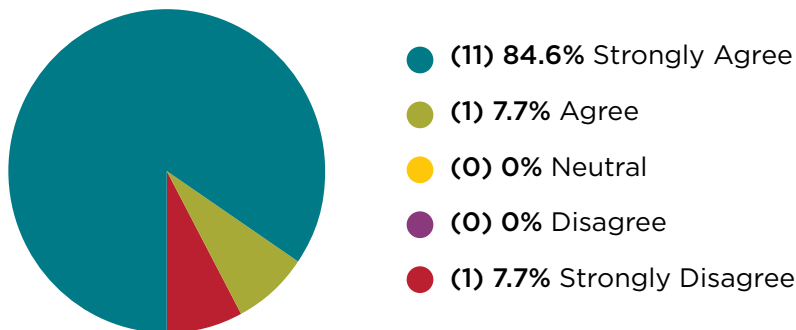
A Path Forward for Achieving Health Equity: Conversations for Action

We received 14 evaluations from participants. The following is a summary of the responses to the 9 survey evaluation questions and comments to the open-ended question.

The **majority** of survey respondents gave **positive** responses by strongly agreeing/agreeing (85.7% - 92.9%) with the statements below. Respondents gave the highest evaluation (92.9% agree/strongly agree) to **three statements** that include: **Statements 2**, which dealt with how the facilitators clearly communicated the vision, purpose, objectives and principles for intercultural communication to the group; **Statement 3** that asked if the exercise “Imagine a future of equity when...” helped create a common understanding/ vision for health equity; and **Statement 4** that asked if the framing presentation and group discussion “History, Definitions, Strategies and Outcomes of Health Equity” helped to create a common understanding of health equity. Only 7.1% of respondents (n=1) **strongly disagreed** with all the statements. Overall, **the majority of respondents** (92.9%) felt that the Conversations for Action event created a meaningful opportunity for stakeholders to connect to why equity matters and how it relates to setting actionable goals to achieve health equity in New Mexico.

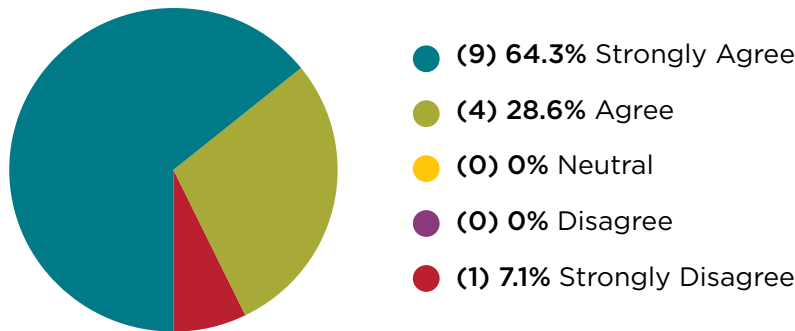
Overall, the **majority** of respondents (96.7%) felt that the Health Equity Conversations for Action event created a meaningful opportunity for stakeholders to connect to why equity matters and how it relates to setting actionable goals to achieve health equity in New Mexico.

1. The welcoming, land acknowledgment and opening circle created safe space and set a tone for meaningful conversations across diverse stakeholders and community partners.
(13 responses)



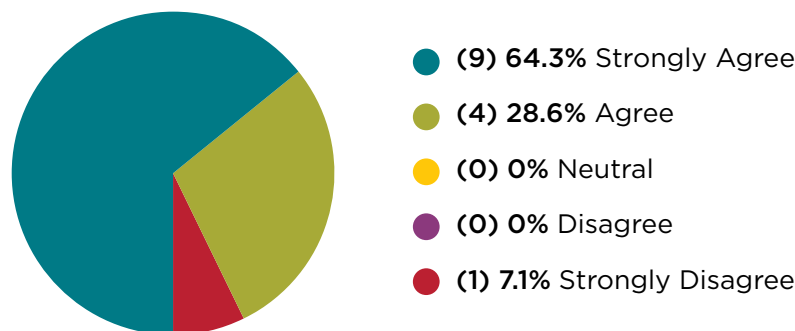
The majority of survey respondents (92.3%) agreed/strongly agreed with the statement, while only **one** respondent (7.7%) strongly disagreed with the statement.

2. The co-facilitators clearly communicated the Vision, Purpose, Objectives and Principles for intercultural communication to the group.
(14 responses)



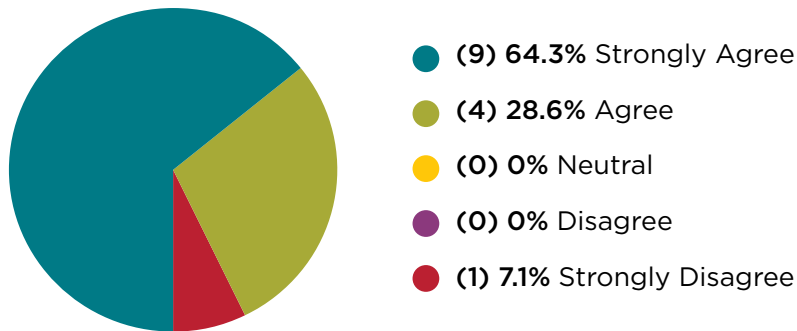
The majority of survey respondents (92.9%) agreed/strongly agreed with the statement, while only **one** respondent (7%) strongly disagreed with the statement.

3. The exercise in dyads “Imagine a future of equity when...” helped create a common understanding of and a vision for health equity from the local context.
(14 responses)



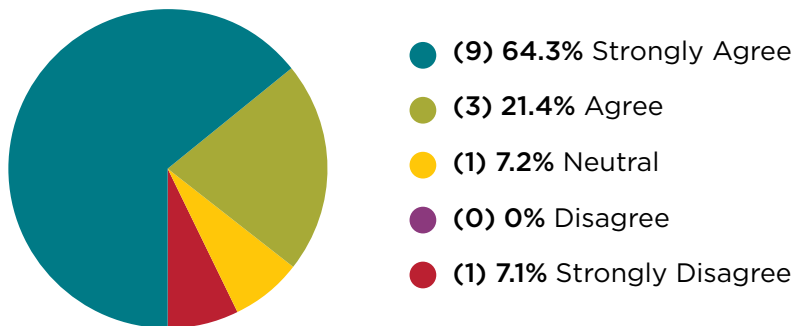
The majority of respondents (92.9%) agreed/strongly agreed with the statement, while only **one** respondent (7%) strongly disagreed with the statement.

4. The Framing Presentation and group discussion “History, Definitions, Strategies and Outcomes of Health Equity” helped to create a common understanding of health equity.
(14 responses)



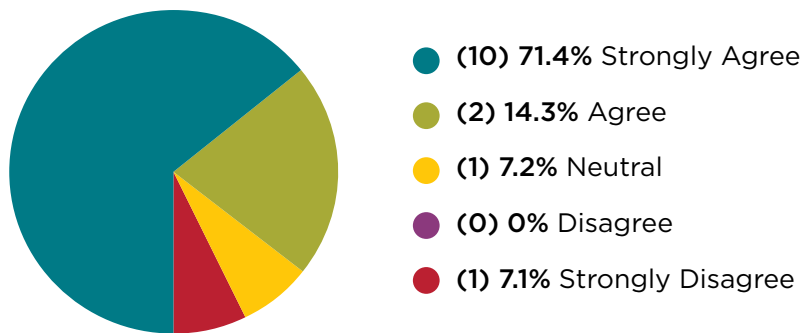
The majority of respondents (92.9%) agreed/strongly agreed with the statement, while only **one** respondent (7%) strongly disagreed with the statement.

5. The “Hills and Valleys” group exercise and community wall promoted individual and group reflection among stakeholders on the success and challenges to achieving health equity in New Mexico.
(14 responses)



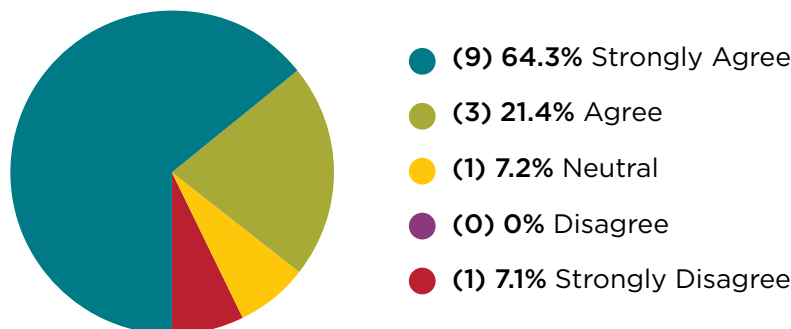
The majority of respondents (85.7%) agreed/strongly agreed with the statement, with **one** person (7%) strongly disagreeing with the statement and **one** person (7%) marking neutral.

6. The group exercise of discussing and charting local health equity strategies, best practices and outcomes supported co-learning and cross-sharing.
(14 responses)



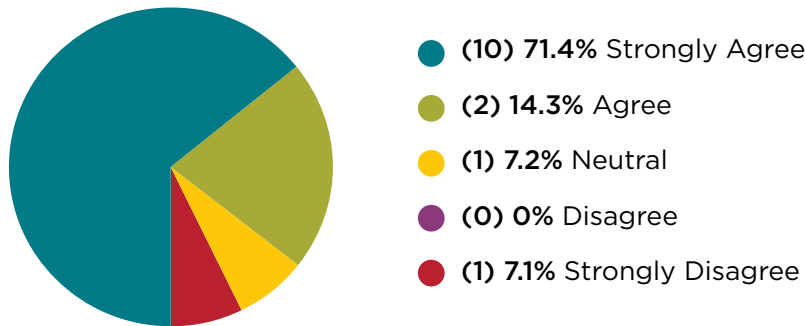
The majority of respondents (85.7%) agreed/strongly agreed with the statement, with **one** person (7%) strongly disagreeing with the statement and **one** person (7%) marking neutral.

7. The exercise in dyads “Imagine a future of equity when...” helped create a common understanding of and a vision for health equity from the local context.
(14 responses)



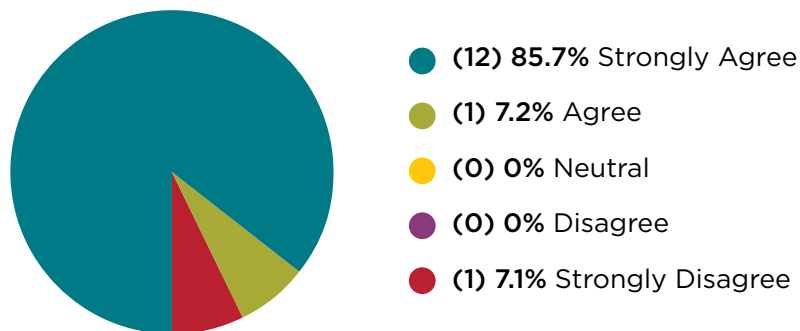
The majority of respondents (85.7%) agreed/strongly agreed with the statement, with **one** person (7%) strongly disagreeing with the statement and **one** person (7%) marking neutral.

8. The facilitator's, materials, handouts, agenda, "toys" and stories promoted a creative and inclusive environment for diversity, inclusion and belonging for participants.
(14 responses)



The majority of respondents (85.7%) agreed/strongly agreed with the statement, with **one** person (7%) strongly disagreeing with the statement and **one** person (7%) marking neutral.

9. Overall, the 1/2 day event achieved the purpose: "to create a meaningful opportunity for diverse stakeholders to connect to "why" equity matters to... set actionable goals for achieving health equity
(14 responses)



The majority of respondents (92.9%) agreed/strongly agreed with the statement, while only **one** respondent (7%) strongly disagreed with the statement.