ABSTRACT

Albuquerque, New Mexico, is the largest city in a State of just over 2 million people, and home to over 560,000 urban and agrarian residents. In 2020, Albuquerque’s Mayor and City Council enacted landmark legislation to strengthen the city’s commitment to closing racial outcome gaps. The City’s Office of Equity and Inclusion leveraged the COVID pandemic to accelerate policy changes that were already underway and rapidly developed planning/evaluation tools that continue to be used to mitigate unintended, inequitable outcomes. These policies and tools hold the promise of addressing structural inequities in an array of equity indicators including housing, transit, workforce development and public safety.

This project provides an overview of the COVID-19 responses and impacts in Albuquerque, New Mexico, and the programmatic and policy efforts undertaken to date, informed by data from NM Department of Health (DOH), the City of Albuquerque Environmental Health Department (EHD), and the University of New Mexico Albuquerque Health Literacy Program.

OBJECTIVE

• To highlight major lessons learned, to improve health literacy in vulnerable populations, and discuss policy solutions that allow cities to more effectively address future crises.

METHODS

1. The Albuquerque City Coronavirus Data Hub

• On May 21, 2020, the Albuquerque Sub-County COVID-19 Dashboard (Figure 2) was created using ArcGIS online dashboard App. Sub-county COVID-19 case data from the New Mexico Department of Health was used. The dataset was filtered to show only Bernalillo County and included information on Percent Poverty and the Social Vulnerability Index (SVI) map.

• Testing data was also added to this version of the dashboard. The dashboard provided metrics on confirmed COVID cases, test sites, meals sites, senior meals served, Wi-Fi hotspots, welfare checks, funds donated, volunteer hours, cases recovered, and the location of parks, open space areas, outdoor water fountains, portable toilets and newly established emergency shelters for unhoused individuals (including bed availability).

• This was an internal-facing dashboard that was to be used by the City to help inform decisions about the COVID-19 response. In November 2020, the NMDOH discontinued sharing case data at the Sub-County level in order to protect personal identifier information of nearby tribes. Since we lost access to certain data, we were not able to fully utilize the dashboard.

2. The Albuquerque Health Literacy Project (AHLPP) Dashboard

• Figure 3 shows how we continued using zip code level data to target our interventions. The integral part of AHLPP was to partner with local community organizations and have trusted members of the community, Community Health Workers (CHWAs), lead the outreach of COVID-19 health literacy as frontline healthcare workers to their communities.

• Deploys CHWAs who have deep roots in historically disenfranchised and underserved communities.

• Provides ongoing COVID health education and interventions in up to 12 languages. AHLPP is strengthening and expanding existing CHW initiatives and community networks to ready our city for the next pandemic. (See Figures 1, 3, 4, 5).

MAIN CONCLUSIONS

1. Public health interventions, whether during a pandemic or endemic situation, must begin with community health workers as critical partners both during a pandemic and in addressing longstanding inequities.

2. The same approaches used during the COVID-19 pandemic can and should be used to address other structural inequities. Cities working together with CHWAs can address housing, transit, public safety and workforce inequities.

3. Language is essential to meaningful access.

RECOMMENDATIONS

1. Jurisdictions should collaborate and share data to maximize the effectiveness of government responses both in a pandemic and in longstanding public health crises. Data-sharing agreements should be explored and implemented prior to declarations of emergency to allow for quick mobilizations.

2. Jurisdictions should plan and analyze their service and program delivery through an equity lens and evaluate outcomes experienced by the populations who have historically been the least well served by existing structures.

3. Language is essential to meaningful access.

4. Policies and tools hold the promise of addressing structural inequities in an array of equity indicators including housing, transit, workforce development and public safety.

5. These policies and tools hold the promise of addressing structural inequities in an array of equity indicators including housing, transit, workforce development and public safety.

6. Communities.

7. Figure 1. A Spanish-speaking CHW with a client at an AHLPP Covid-19 event.

8. Figure 2. The Albuquerque Sub-County COVID-19 Dashboard #2, November 4, 2020 was created using ArcGIS online dashboard App. The dashboard included information on Percent Poverty, Social Vulnerability Index (SVI), and testing data broken down to the zip code level. Since we lost access to the data in November of 2020 we were not able to fully utilize the dashboard.

9. Figure 3. A heat map of the City of Albuquerque’s Social Vulnerability Index (SVI) per zip code. The higher the SVI the greater vulnerability the area has to external stresses including the Covid-19 Pandemic. AHLPP used SVI to direct health literacy and CHW as frontline workers and intervention to communities at highest risk of the Covid-19 Pandemic.

10. Figure 4. | Language used in Client Interactions |

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11. Figure 5. A training resource used by CHWAs working with Arabic language speakers in the AHLPP program.