

TIP Global Health Hope in California

Goal: To improve the health and wellbeing of Mixteco communities in Watsonville, California by optimizing their engagement and retention in primary health care.

AIM: TIP Global Health, in collaboration with Watsonville Health Center, aims to understand the factors that inspire hope among the Mixteco community, how these factors influence their perspectives on high-quality primary health care, and to identify high priority interventions that will lead to increased access to and engagement in care.

How: We would like to recruit 150 Mixteco individuals living in Santa Cruz and Monterey Counties to participate in focus groups and 1:1 interviews. \$100 gift cards will be provided to each participant and all transportation costs will be reimbursed.

Hope in Primary Care: Successful primary care delivery systems require proactive frontline health workers who actively encourage their community members to invest in the future through preventative actions today, and community members who must engage with the system and adopt new behaviors despite struggling to meet immediate needs. This is particularly challenging communities who have historically felt excluded from mainstream systems of care and who may have differing cultural norms from their healthcare providers. Hope, with psychometric factors of interconnectedness, readiness for change, and future orientation, plays a critical role in effective primary care delivery. Health systems that foster personal connection between frontline health workers and community members will improve the quality of care provided and strengthen the readiness and commitment to invest in the potential of a future good outcome.

The Context: Many immigrants who live in Watsonville arrive from the Mexican states of Oaxaca, Puebla, and Guerrero, where substantial populations of indigenous people speak Mixteco- one of many indigenous languages spoken in Mexico. Many of our Indigenous-speaking community members face barriers of language, immigration status, structural racism, implicit bias, and extreme poverty. They often live in harsh conditions that include multiple families living under the same roof, and often live in fear of government and law enforcement. Health centers are often perceived to be extensions of government facilities. Many Mixteco community members distrust Western approaches to health care, preferring instead to practice their traditional medicine approaches. Mixtec communities have cultural norms that may vary from even the cultural norms of other Mexican immigrants.

Accessing Health Care: The socioeconomic factors that marginalize Mixteco communities serve as barriers to accessing and engaging in health care services and contribute to poor health outcomes. In fact, only 62% of indigenous women accessed care within the past two years compared to the California average of 86%, and this decreases to 24% for indigenous men compared to the state average of 73%. Indigenous women are significantly less likely to access antenatal care services due to lack of health insurance and cultural beliefs about Western medical care during pregnancy. In one study, 57% of indigenous women had their first child before the age of 20. In comparison, the state average is 25%. While there is limited data on health outcomes in this population, key informant



interviews highlight increased rates of teen pregnancies, depression, alcoholism, HIV, and cardiovascular disease¹.

Broader Impact: The challenges faced by the Mixteco community are not isolated in Watsonville, California. In fact, 38% of the new agricultural workers migrating from Mexico to California are from indigenous Mexican communities, making them the fastest growing farm labor force in California.² An estimated 170,000 indigenous Mexican migrants live in California, with 46% concentrated on the Central Coast from Watsonville to Ventura County³. while a total of 1.5 million Oaxacans are estimated to live in the United States⁴.

Creating a strong, inclusive primary care delivery system requires that we understand the factors that influence hopefulness- interconnectedness, readiness for change, and future-orientationamong all community members as a path to increasing access to and retention in high quality primary health care across all of California. This collaborative work will allow us to establish a framework by which indigenous communities across California can benefit.

Background- TIP Global Health:

TIP Global Health achieves lasting improvements in health outcomes in resource-limited settings through our effective model for strong community-driven primary health care systems that place frontline health workers and the community members they serve at the center. TIP Global Health currently serves a total population of 450,000 people in four districts in Rwanda. We work alongside frontline health workers across the entire community health spectrum- from community health workers (CHWs) in villages to nurses and midwives at health centers and health posts to physicians in hospitals- to ensure a cohesive and effective local health ecosystem that responds to the needs of the communities they serve.

The Hope in California Initiative builds upon research that TIP Global Health conducted on the factors that influence hopefulness among frontline health workers, pregnant and breastfeeding women in Rwanda. Focus groups and in-depth interviews were conducted with 242 nurses and midwives, pregnant and breastfeeding women, policymakers, researchers, and line managers. This formative research revealed a strong belief that the three domains of hope- interconnectedness, readiness for change, and future-orientation- are essential prerequisites for behavior change among pregnant and breastfeeding women. Our findings are redefining Quality in health centers across Rwanda to promote engagement and retention of high-risk families in primary health care. We are working with Henry Ford Health System as they utilize TIP's Hope-Optimized Primary care Ecosystem (HOPE) framework to tackle the disproportionately high maternal mortality rates among women of color in Detroit, Michigan.

¹<u>http://www.indigenousfarmworkers.org/health.shtml</u>

² Garrigues, Lisa. "Indigenous Farmworkers Are Breaking New Ground in California." Indian Country. 25 Jan. 2013. Web. 20 May 2014

³ <u>http://www.indigenousfarmworkers.org/settlementCA.shtml</u>

⁴ <u>https://mixteco.org/mixtec/</u>