



The Heart of Gender Justice in New Mexico: Intersectionality, Economic Security, and Health Equity

5th ANNUAL KIDS COUNT CONFERENCE

Opportunity Matters: Advancing the Well-Being of Children, Women, and Families in a New Political Era

Monday, June 26, 2017
Albuquerque, New Mexico

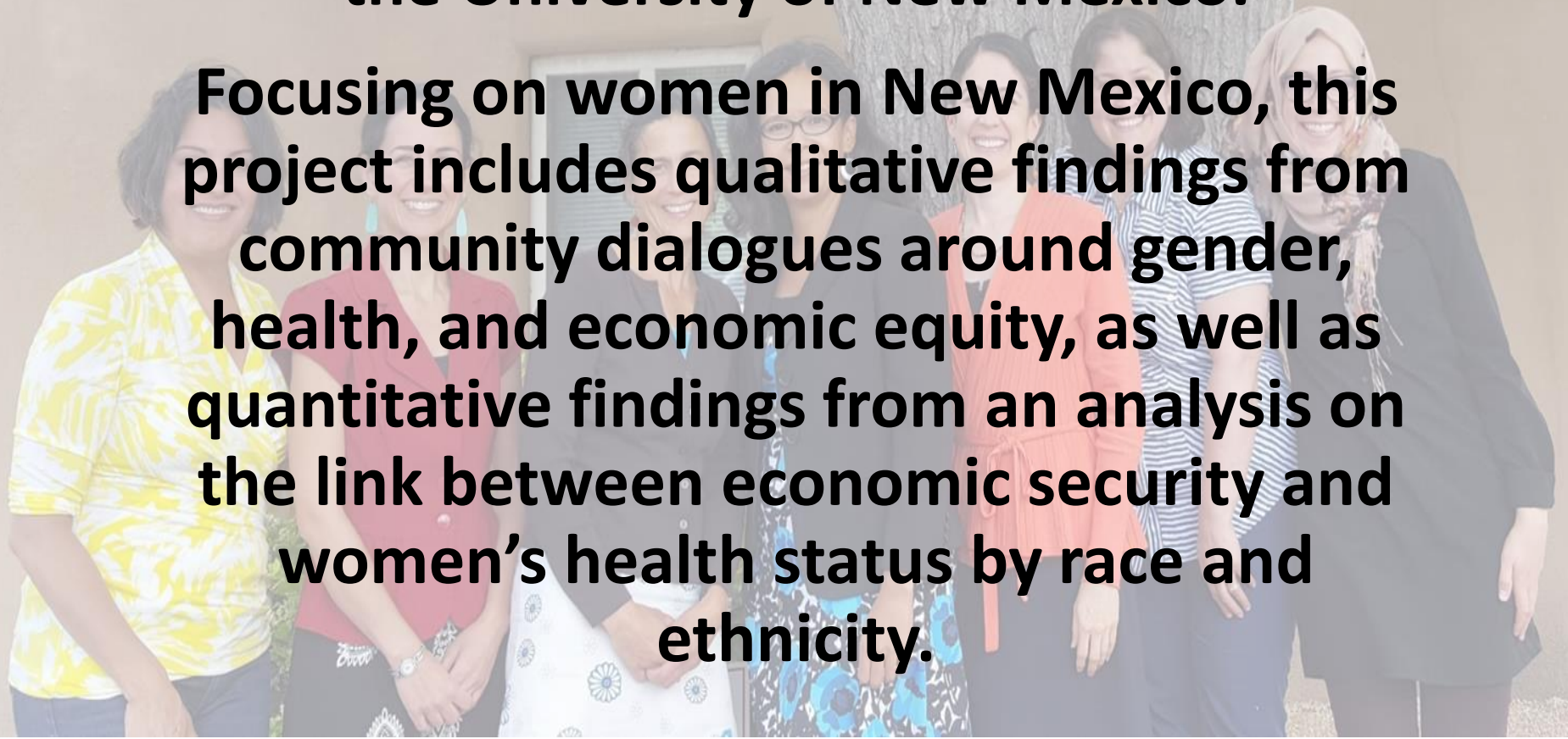
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**A joint research project of
NewMexicoWomen.Org and multi-
disciplinary social policy scholars of color at
the University of New Mexico.**

**Focusing on women in New Mexico, this
project includes qualitative findings from
community dialogues around gender,
health, and economic equity, as well as
quantitative findings from an analysis on
the link between economic security and
women's health status by race and
ethnicity.**



Purpose and Aims of Community Engagement and Research

1. Identify the intersections between health equity and economic security in New Mexico;
2. Learn about the lived experiences of communities in relation to this intersection;
3. Clarify and prioritize the particular needs of communities in this field; and
4. Determine what role NMW.O will play in addressing those needs and supporting the work of communities.

Approach - Health Equity

- Assuring optimal health for all
- Valuing of all individuals equally, recognizing and rectifying historical injustices, and providing resources according to need.
- Considering the conditions (including the health system) in which people are born, grow, live, work, and age, also known as the social determinants of health.
- Understanding how health conditions are shaped by social structures which impact distributions of power and drive allocations of resources.

Sources: Hankivsky O. *Intersectionality 101*. Vancouver, BC: The Institute for Intersectionality Research and Policy, SFU 2014.

Jones C. *Defining Health Equity: Leading Health Equity*. Paper presented at: American Public Health Association 2016 Annual Meeting; October 31, 2016; Denver, Colorado.

Braveman P, Gruskin S. Defining Equity in Health. *Journal of Epidemiology and Community Health*. 2003;57(4):254-258.

Approach - Intersectionality

- Analytic tool
- Understanding how systems of oppression intersect
- Action or practice of theory
- Focus on power, reflexivity, deep contextualization



Sources: Crenshaw K. Mapping the margins: Intersectionality, Identity Politics, and Violence Against Women of Color.

In: Crenshaw K, Gotanda N, Peller G, Thomas K, ed. Critical Race Theory: The Key Writings that Formed the Movement. New York: The New Press; 1993:357-383

Collins PH, Blige S. Intersectionality. Malden, MA: Polity; 2016.

Hankivsky O. Intersectionality 101. Vancouver, BC: The Institute for Intersectionality Research & Policy, SFU 2014.



Community Dialogues



Method: NM Women's Health & Economic Security

ECONOMIC SECURITY

- American Community Survey (ACS) 5-year estimates
- Regression- include ACS 2005-2009 & 2010-2014 (to capture pre- and post-recession differences)
- Data on individuals 18+ (n=146,319) and report results for entire sample as well as for women only (n=76,030)

HEALTH

- Behavioral Risk Factor Surveillance System (BRFSS)
- *Outcomes* – obesity status, depression, diabetes, reproductive & heart health, and utilization and insurance status – used the 2011 to 2015 samples
- *Fruits & Vegetable* Intake Data collected only in 2009
- *Access to healthcare* -insurance status, having had a checkup in the past year or two, having a personal health care provider, and not seeing a doctor in the past 12 months due to cost
- *Reproductive health* -women who had a mammogram (40+) and women who had a pap smear

Key Findings

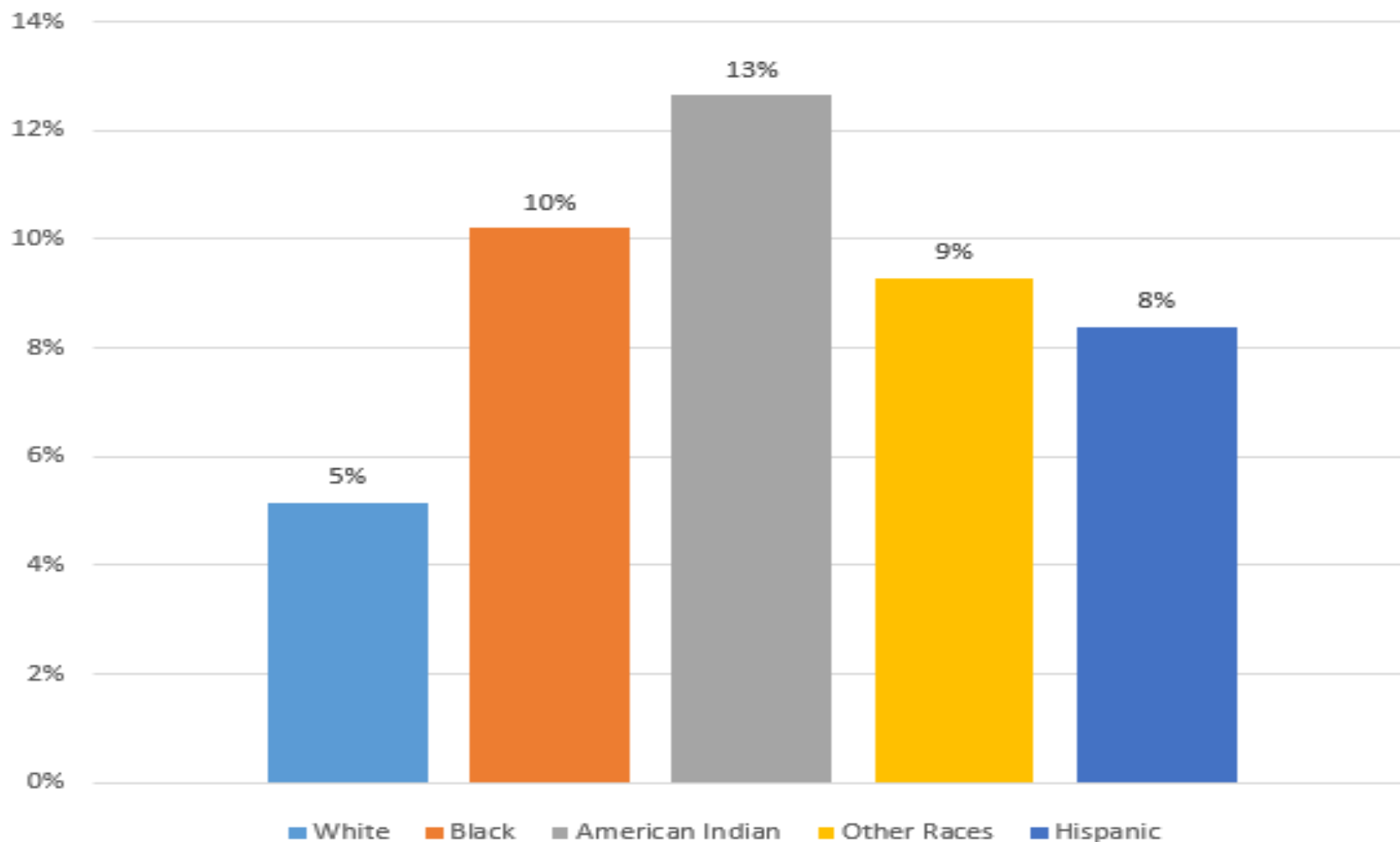
1. **Socioeconomic determinants impact women's health and well-being** (income inequalities, economic insecurity and number of earning parents in a household).
2. **Intersecting layers of discrimination impact women's health and well-being** (patriarchy, sexism, structural racism, anti-immigrant sentiment, and effects of historical trauma).
3. **Race and place matter** with regard to access to care and health outcomes.
4. **Environmental contamination and pollution** undermine community health.

Finding 1:

Socioeconomic determinants impact women's health and well-being.
These include: *income inequalities, economic insecurity and number of earning parents in a household.*

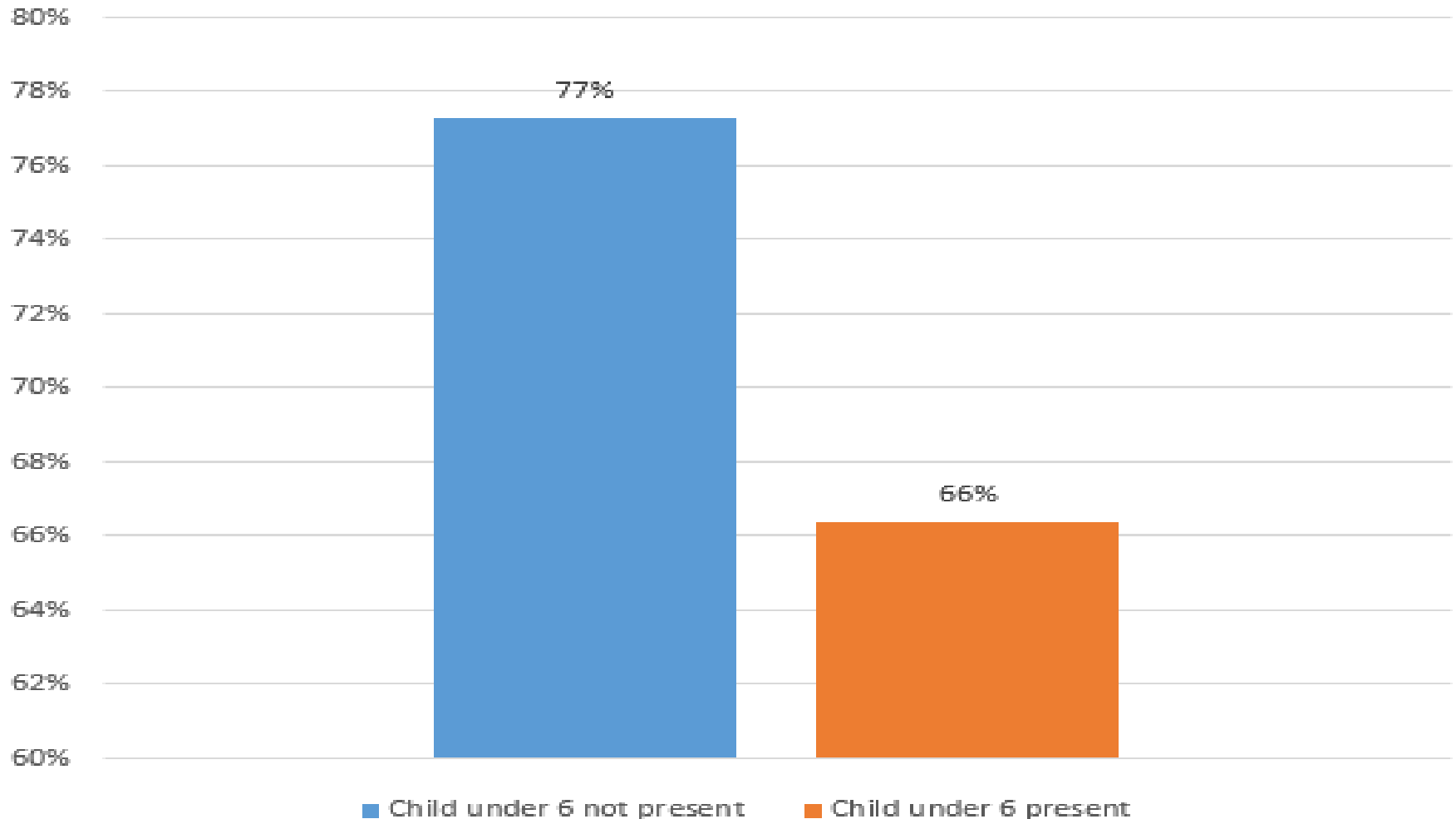
Unemployment Status of Women by Race/Ethnicity

Source: American Community Survey (ACS) - 5 year averages - 2005-2009 and 2010-2014



Percent of Women with and Without Small Children Who Own Their Homes

Source: American Community Survey (ACS) - 5 year averages - 2005-2009 and 2010-2014



Finding 1 - Community Dialogue

Participants Described:

“How do you invest in young people and ensure communities have resources in society without helping to prop up a system that also disadvantages them?”

—Española participant

“Women could not get a loan without a male co-signer up until 1974 in New Mexico. I think our ability to access credit as women—we’re generations behind that.”

—Las Cruces participant

- How **challenging it is for communities that have experienced traumas and borne the brunt of ongoing structural inequalities to achieve economic security.**
- Ways in which **women’s work as caregivers is consistently undervalued.**
- The need to **diversify and improve economic opportunities** in non extractive industries.
- Varying **cultural constructions and norms surrounding money** and wealth and the conflict of existing in a mainstream capitalist economy and **being part of an economic system they feel is built upon inequality.**

Finding 2:

Intersecting layers of discrimination impact women's health and well-being. These include: patriarchy, sexism, structural racism, effects of historical trauma and anti-immigrant sentiment.

Finding 2 - Community Dialogue

Participants Described:

- **Patriarchy & Sexism:**

"I work on a farm and supervise two males slightly younger than me, and it's interesting that the assumption whenever anyone gets to the field is that one of [the men] would be in charge. It would never be me." – Las Cruces Participant

- **Structural Racism:**

"As a White man, I benefit economically from racism...Some of my ancestors were given land, Native people's land, for free, and we were given access to credit. We were able to accrue wealth, whereas people of color were not." –Albuquerque participant

- **Historical Trauma:**

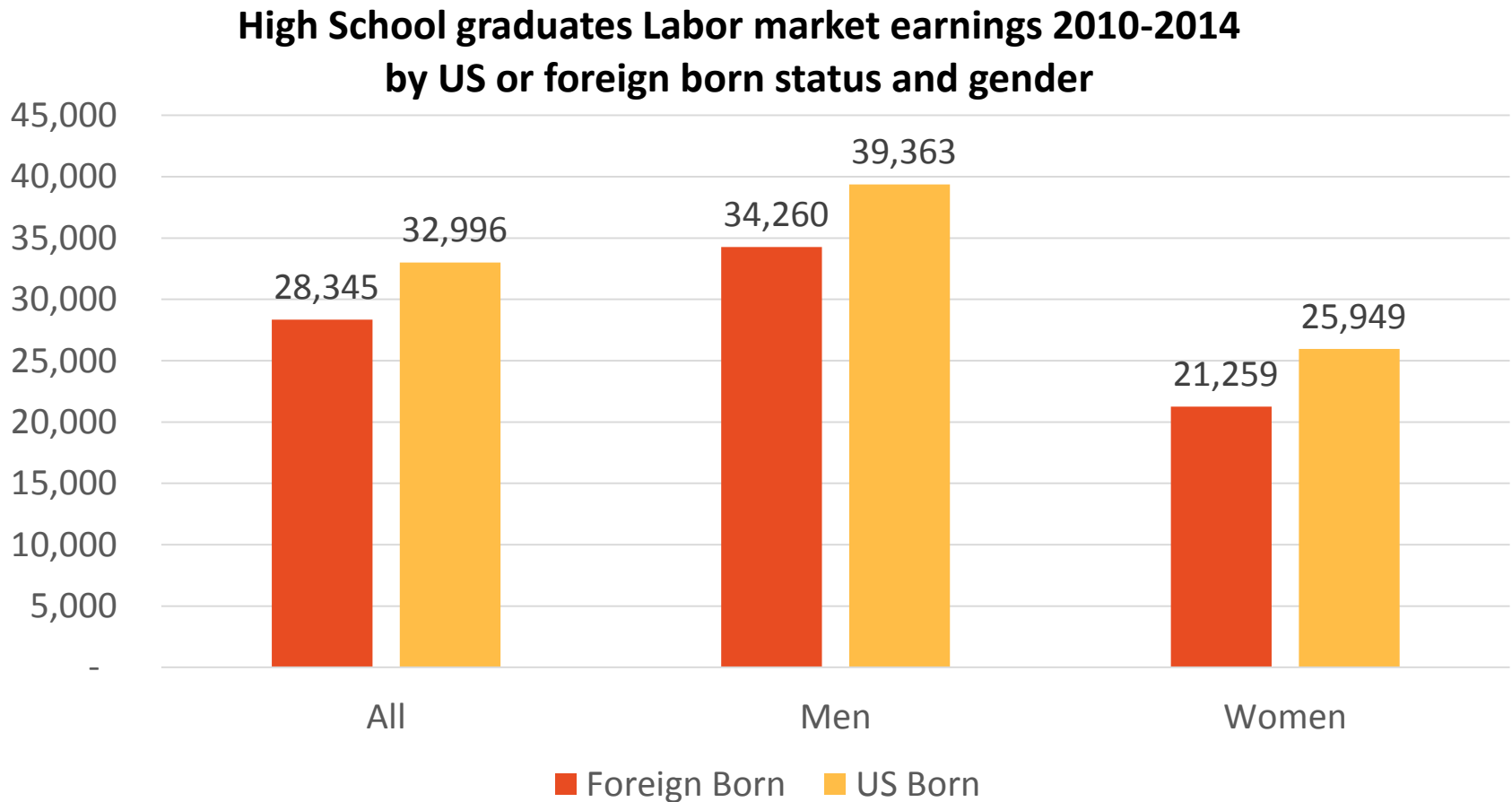
"Breastfeeding is tradition. It's a part of our culture. That was what made our people healthier. Our ancestors were taken away from home. They were put in boarding schools. They didn't have their role models of parents there. They were just taught however they were treated. They brought it home. Then that's where we started losing the breastfeeding." – Gallup participant

- **Xenophobia & Discrimination:**

Immigrants face paternalism as well as the specifically anti-Mexican sentiment and experiences. Even as class and location shift, "The border is with you wherever you are."
–Las Cruces participant

Labor market, gender and immigration-

Wage gap persists after accounting for education

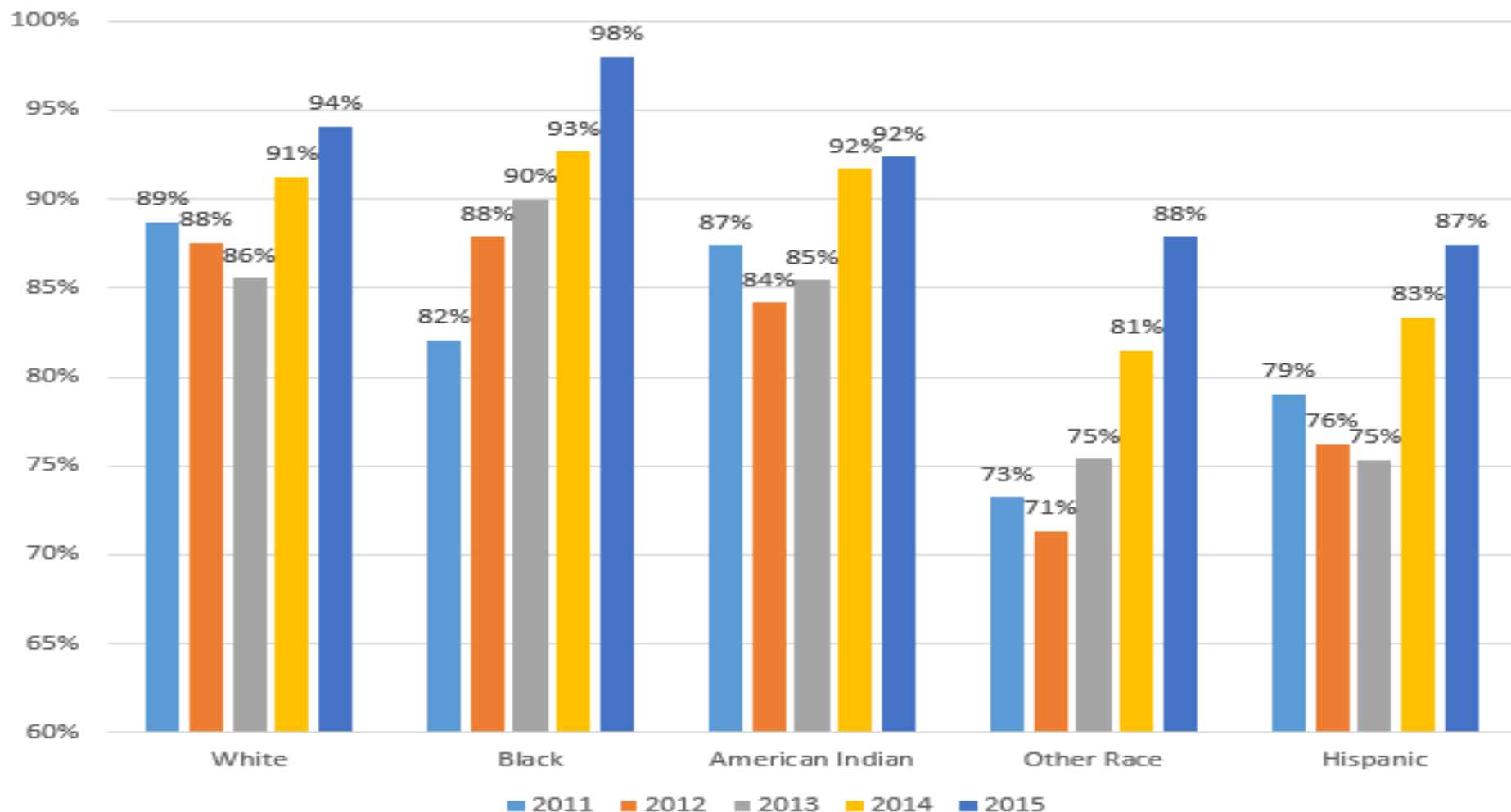


Finding 3:

Race and place matter with regard to access to care and health outcomes.

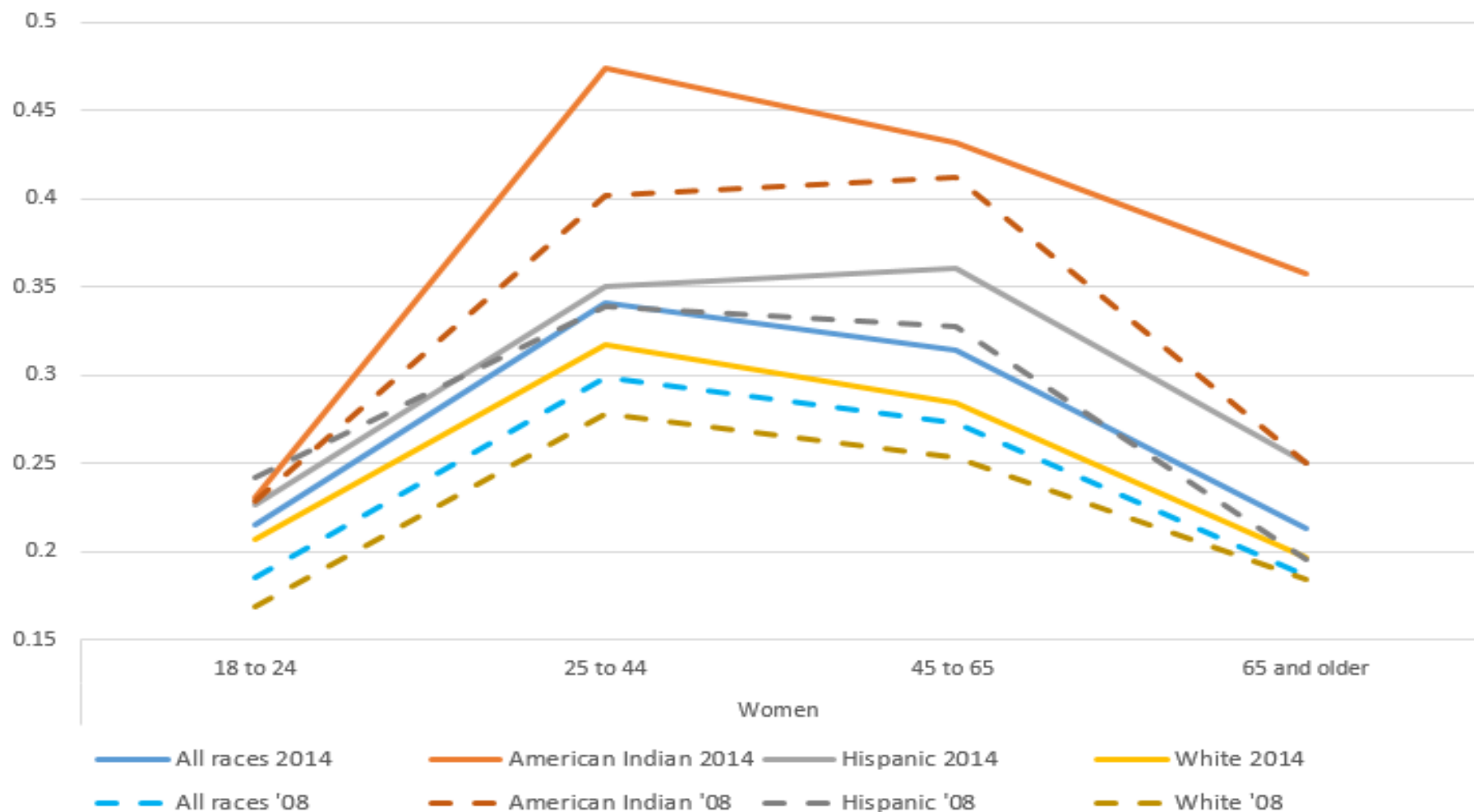
Percent of Women with Insurance Coverage, by Race and Ethnicity

Source: Behavioral Risk Factor Surveillance System (BRFSS) - 2011-2015 - Unweighted averages



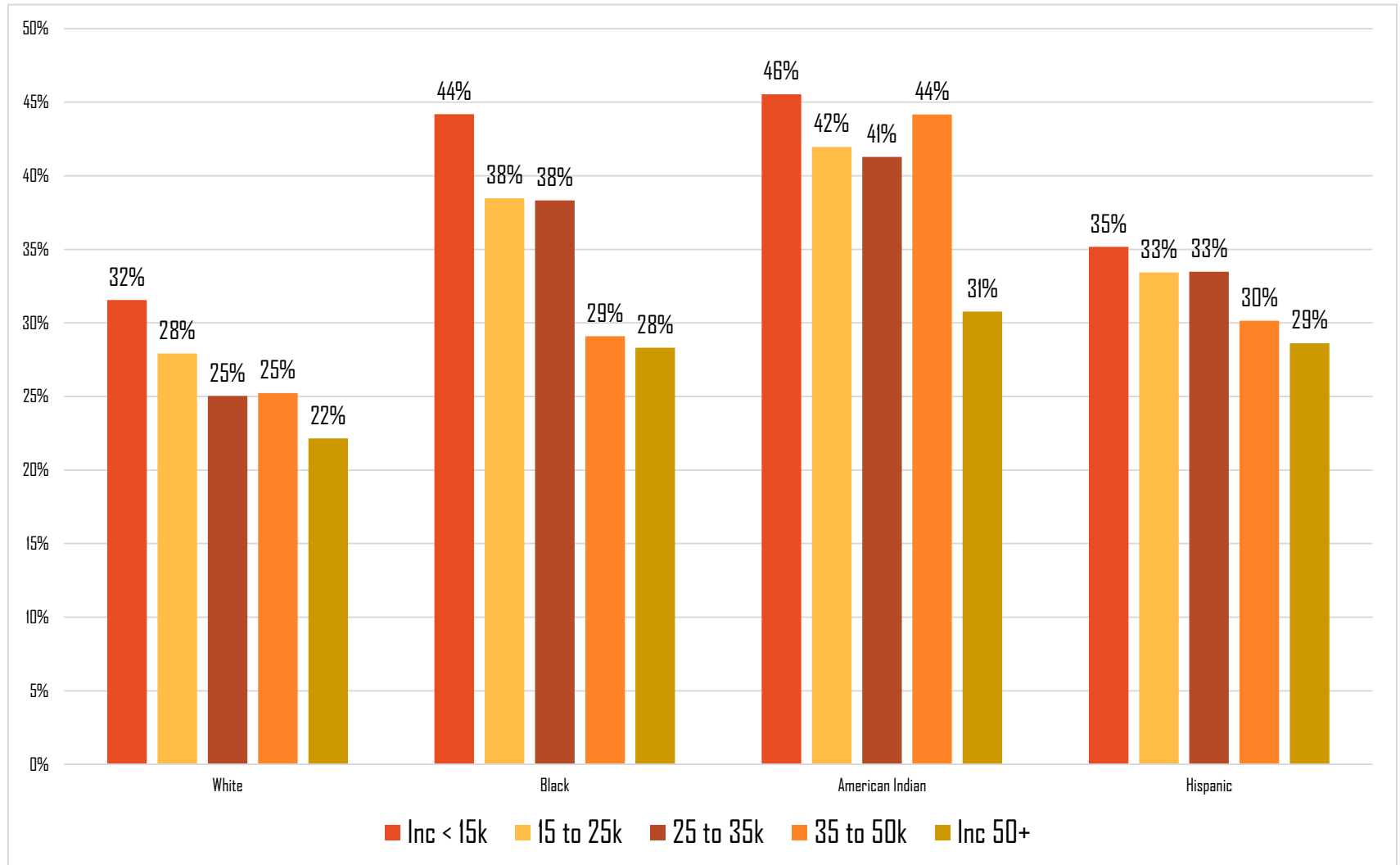
Obesity Prevalence Among Women, by Race/Ethnicity and Years, and Across Age (2008-2014)

Source: Behavioral Risk Factor Surveillance System (BRFSS) - 2008-2015 - Unweighted averages



Obesity Prevalence Among Women, by Race/Income Level

Source: Behavioral Risk Factor Surveillance System (BRFSS - 2011-2015) Unweighted averages



Finding 3 - Community Dialogue

Participants Described:

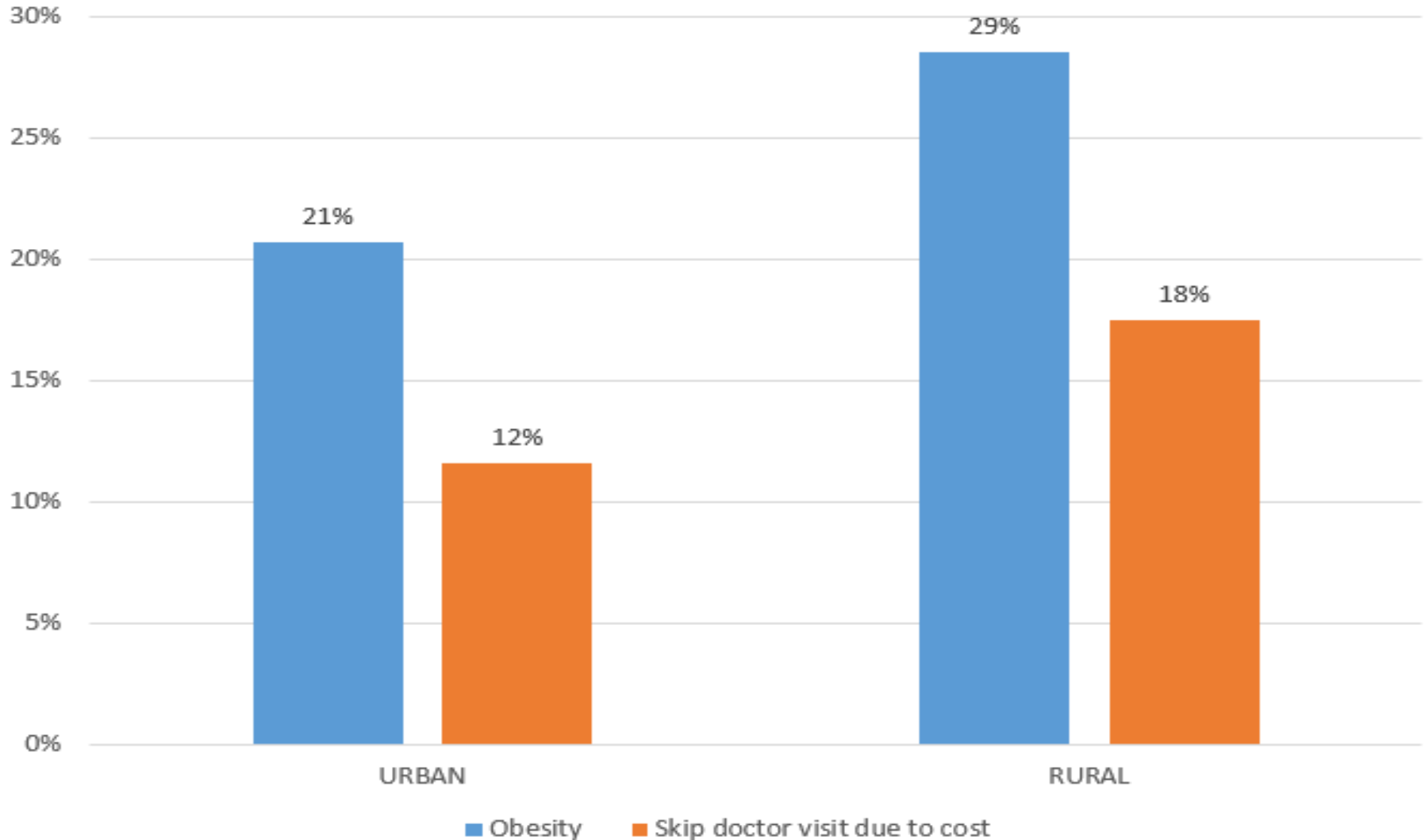
“The food . . . Is more expensive here than it is in Albuquerque. If you have a community that . . . struggles to survive day by day, why is the food so incredibly expensive?” –Silver City participant

“All my life, from the time I was little, I was always on the heavy side. I never really understood why. I just know that I used to like to eat. Now when I really reflect back, it’s because I realized when I was little, I was an emotional eater. . . historical trauma was one of the things [that caused it].” –Gallup participant

“We have a huge percentage of children who aren’t ready to be in kindergarten from the very fundamental [fact] that they haven’t had appropriate nutrition. . . they don’t arrive at kindergarten having had enough nutrition to be prepared to learn.” –Silver City participant

Urban and Rural Differences in Obesity and Not Seeing a Doctor Due to Prohibitive Cost

Source: Behavioral Risk Factor Surveillance System (BRFSS) - 2011-2015 - Unweighted averages



Finding 3 - Community Dialogue

Participants Described:

- Rural communities described a context of **government underinvestment in services and safety nets in rural communities**, resulting in negative health outcomes for women.

“Policymakers are very boldly unafraid of their communities. They’re like, ‘Hmm, I have money in my war chest; I don’t need you.’”

“You have the governor come down, and without any discrimination at all, say, ‘Everybody give up five percent of your budget.’ We were already in survival mode. Now we’re in survival mode minus five percent.” –Silver City participant

Finding 4:

Environmental contamination and pollution undermine community health.

Finding 4 - Community Dialogue

Participants Described:

- Participants expressed how **low-income communities and communities of color** experience the **detrimental effects of environmental contamination in a disproportionate way**—for example, by losing access to safe and clean outdoor spaces.

“Everybody on the reservation was thinking, ‘Oh, we don’t live by a uranium mine, so we’re okay.’ What they’re not realizing is that those uranium mines were never cleaned up. It’s still seeping into our groundwater. All the way to Fort Defiance area, our uranium levels are in violation of whatever standards they need to fulfill.” – Gallup participant



Members of the Brave Girls Program

POLICY CONSIDERATIONS

Policy and Funding Considerations

- **Strategy 1:** Tackle the social determinants of women's health through the development of rules, norms, and institutional capacities that value women, equalize power and gender relations within the home, community and publicly.
- **Strategy 2:** Engage with communities in developing policies that promote women's political representation, advance employment opportunities, promote equal incomes, foster family unity, and promote gender-equitable use of time in the labor force and at home.

Policy and Funding Considerations

- **Strategy 3:**

- **Support communities most impacted:** Those most impacted are women and girls of color and those in low-income and rural communities, immigrant women, and LGBTQ communities.
- **Recognize community members as experts:** Community organizing and civic engagement were brought up as the most effective ways to create long-term change.
- **Apply a gender and social justice lens to funding and policymaking:** Communities described the need to educate funders and policymakers.
- **Support community and individual healing efforts:** Communities discussed longer-term, culturally rooted healing as a critical need.

Why Gender Justice?

- We define gender justice as a commitment to end patriarchy and to create a world free from misogyny.
- We cannot achieve real gender justice without social, economic and environmental justice. Similarly, gender justice encompasses the various social, economic, and environmental justice issues with a specific gender lens.
- Gender justice allows our feminism to be more inclusive of lived experiences of race, class, immigration and gender.
- A gender justice analysis also acknowledges that men and gender non-conforming individuals are constrained by patriarchal gender roles and norms.



ACKNOWLEDGEMENTS

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