

Title: Faith-based Community Health Partnerships for Low-income Mexican Women

Authors: Mary Ann Faucher (Baylor University) and Nora Avila (Agape Clinic, Grace Methodist Church, Dallas, TX)

Abstract:

In the United States and around the world, a disproportionate number of women compared to men live in poverty and poverty and poor health are closely interrelated. Health and education are essential to leading a productive life that generates economic assets. Without health or education economic opportunities are limited and the likelihood of poverty is increased. Therefore, providing health education and health services is essential to eliminating global poverty.

Significant health disparities exist among racial/ethnic minority women in the United States and globally. According to the 2004 National Healthcare Quality and Disparities Reports, Hispanic women receive poorer quality care than non-Hispanic white women. Racism and discrimination, language barriers, and lack of cultural sensitivity have been cited as factors contributing to disparities in health when comparing the dominant white population in the United States to minority and poor women. These perceptions contribute to the care gap because the context of care is unacceptable. Additionally, these factors emphasize how social determinants of care limit access and contribute to disparities in the quality of care. The importance of the context in which health care is provided not solely the content of care is highlighted.

Addressing health disparities in low-income Mexican women, one of the largest growing population sectors in the United States, is priority public health that is articulated as one of the over-riding goals of the Healthy People 2010 document, a blueprint for health care in the United States. The current top down paradigm of physician directed health care in traditional institutions has done little to minimize the health disparities and may be a significant contributing factor. In light of this fact, different frameworks for health care delivery need to be explored for the populations most vulnerable to having health disparities.

The aim of this paper is to elaborate on how a faith based community health clinic lead by *promotoras de salud* (i.e. community health workers) partnered with certified nurse-midwives (CNM) and has potential to address poor health in low income Mexican women by providing a framework that increases health and addresses the factors associated with health disparities. Community health frameworks emphasizing community participation were initially recommended in 1986 by the World Health Organization (WHO). WHO defined health promotion as the “process of enabling people to increase control over, and to improve, their health” and further articulated that “good health is a major resource for social, economic, and personal development” (p. 1, WHO, 1986). WHO stressed the importance of community action and involvement in the work of health promotion and the importance of sustainable environments and processes through partnerships. This bottom up approach to health care that involves women in the target community as stakeholders and key individuals has the potential to increase health and empowerment through social and economic entrepreneurship in the smaller group of Mexican women working as *promotoras de salud* but also in the larger community of low-

income Mexican women residing in Dallas, Texas. This paper will also highlight how the local church, faith of the Mexican women, collaboration with academic centers, and servant leadership all contribute to the new paradigm for health care delivery. The personal faith beliefs of the target population of Mexican women and the integration of faith with vocation will be discussed in the broadest aspect of health care delivery but also in the context of providing women's health programs.