

Facing Challenges in Public Health Change for a Person of Faith in Colorado

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Editors' Note: We are pleased to present a new type of article that features a wide range of professionals working at the intersection of religion, spirituality, and public health. In this style of article, practitioners answer a set of questions in their own words to convey the motivation for their work, their successes and challenges, and advice to others who seek to engage in their communities.

Julissa Soto is a public health consultant in Colorado. For work on vaccination promotion among Latino communities and other bridge-building public health efforts, she has won many accolades from Colorado State and National leaders, and is recognized as one of the state's leading Latino immigrant advocates. She serves on the Health Equity Commission for the Colorado Department of Public Health and co-chairs regional programs that provide guidance on health equity and outcomes. She was recently awarded [the Diversity, Equity and Inclusion Champions in Advocacy Award for Colorado Springs, Colorado](#), the [Big Shot of the Year award from Immunize Colorado](#), a National Advocacy Award from Voices for Vaccines, the [2022 Excellence in Immunization Equity for the Immunization Coalitions and Partnerships in Minneapolis](#), and the [Colorado Public Health Association's 2022 Award for Excellence in the Promotion of Health Equity](#).

Question 1: Very briefly, please describe your work for PHRS readers.

I act as a bridge between the Latino community, public health leaders, and religious leaders. In that sense, I'm a messenger, an intermediary, between these groups that do not have a good understanding of each other. So, I help make the connections to help them understand each other better, and I do it through the health tool of vaccination. One of the major projects I've led in the past few years is "[Vaccine Sunday](#)" held at Catholic Churches in Colorado. These events take a huge amount of effort to put together because



Julissa Soto (right) and a recently vaccinated and grateful friend

you have to work with all three groups, which, again, do not know how to work together well. The inability to know or work well together contributes to the mistrust, distance, and siloing that keeps our health system broken and health system disparities thriving for decades.

Question 2: How did your work begin? What are the personal stories that drive or motivate you?

Twenty-four years ago, I tried to get health care support for my sick kids, including in the ER. And I struggled with roadblock after roadblock to access care. The health system was incomprehensible to me and I was scared for the health of my kids. I realized our health system was not meant to be understood by anyone, much less the community that it should serve. I promised God then that I would one day try to figure out this health system and then help others understand and access it. And I'm still trying!!

Question 3: What does it mean for you to work at the "intersection" of religion and public health? What does this work look like "in public" and how does work at these intersections play out at personal level?

Monsignor Jorge de los Santos, the pastor of Our Lady Mother of the Church in Commerce City, Colorado, pegged it best speaking at a mobile vaccination event I organized there on Easter Sunday 2022. [He said](#), “*Religion is not only about being in the church. Religion is about the common good. For the health of the body and soul. Then as we promote the good spirituality, then we promote good health for the people.*” In other words, if our faith only promotes spirituality but ignores the intersection with human physical suffering like when people are left out of health care, then we are not following Christ’s admonition to care for the least of our brothers and sisters. Spirituality becomes superficial and empty then. Faith without action is indeed empty. It is sanctimonious and hypocritical.

So, I bring Vaccine Sunday programs to churches vaccinating for COVID-19. And then, as I learned from that, “*Vacunas en su Casa*”, I now bring other vaccinations to my community, working with state and county health departments. Vaccinations are needed, but hard to get or afford for my community.

I’ve also lowered the roadblocks for my community, lowered the roadblocks that pastors face in linking spirituality with health, and lowered the roadblocks for health departments that keep them from relationships with the community. These are relationships they [health departments] should have had, but never have had before.

I do this work by relying on and listening to God for guidance. I ask God to show me how to lower the roadblocks to be effective; to strengthen me from the resentment that comes with this work; and to resist attempts to rebuild roadblocks by pastors, health systems, and even community members. God helps me in this constant mediation in making our health system comprehensible and functioning for health.

Question 4: What have been some of the big “wins” you’ve experienced along the way? What factors were at play to make these “wins” possible?

Getting community members healthcare, starting with vaccination, where they have never had care before. Barrio by barrio. Building trust in a health system people have mistrusted for decades.

Rattling the cages of healthcare decision-makers who otherwise wouldn’t be moving on the changes needed. I’ve learned that without the temerity of cage rattling, nothing changes. I have been very grateful for health leaders along the way who recognize how critical dedicated frontline work is and make my job so much easier, people like Jill Hunsaker Ryan, the executive director at the Colorado Department of Public Health and Environment, Kim Bimestefer the executive director of Colorado’s Department of Health Care Policy and Financing, Annie H. Lee, the President and Chief Executive Officer of Colorado Access, and John Douglas, the executive director of the Tri-County Health Department

I also help pastors to take actions to truly address inequity in healthcare, not just ignoring it or talking about it as a distant goal. And to make these changes something that becomes THEIR vision, health care decision-makers and pastors, not just mine. Because it’s not about Julissa. This happens through all the vaccination events that I organize. Communities get care, and cages get rattled to make things happen.

And then other miracles happen too. At a March 2022 vaccination event at St. Mary Magdalene Catholic Church in Denver, I asked the pastor what he needed for his people. He said a food bank. Something about the way he earnestly expressed this need and my own connection with God, told me: “well, this isn’t vaccination, but it is health care. Let me see what we can do”. I opened the appeal up to leaders in health care, and miracles happened. We celebrated the opening of the new food bank at St. Mary Magdalene this July 2022. God makes things happen through the miracles of genuinely working through people.

Question 5: What are some of the hardest challenges you’ve faced? What do you do in moments of great struggle?

One of the most significant challenges I face is holding health system decision-makers accountable to communities (cage rattling). And having to fight them when they are not leading. It's very challenging when health leaders don't like what you do but don't have a clue what to do themselves. If you don't have leadership ability, what are you doing? If you go shopping with no money, why are you shopping? We don't need public health leaders who are window shopping with nothing meaningful to buy. When they too often sit in isolation from the community, lamenting disparity, but resent exploring change that could make a difference. Some of the changes I advocate for are things like:

- 1) *Training staff that interact with people to be personable. Not having sterile/clinical attitudes or treating people indifferently or disrespectfully.*
- 2) *Training managers to hold staff accountable. Are health staff welcoming and warm, consistently making people feel they belong and are wanted? Staff must know this is a job requirement.*
- 3) *Having public health navigators regularly enter into the Latino community to connect with residents, business owners, and churches, especially before health events. It's important to make sure the community knows why the events are important to them and their families. It's also important to do health outreach before, during, and after health events. Letting people know the health system cares and can be trusted.*
- 4) *Speaking in Catholic churches that are predominately Latino (over 50% of Latinos are at least culturally Catholic) on Sundays, through the "Vaccine Sunday" and "Vacunas en su Casa" programs to reinforce caring for Latino health.*
- 5) *Scheduling mobile health events in the Latino community at times when*

community members are available. That means NOT 9am to 3pm Monday through Thursday, when it's only convenient for clinicians. Reaching the Latino community means weekends and evenings when people are more easily and regularly available.

- 6) *Being innovative. Making events fun. For example, for children, during the Christmas season, bring Santa Claus! On Dia del Nino, have staff dress up as superheroes. For adults, have music — even dancing!*

These are things I advocate for with health system leaders. For health staff in the trenches of hands-on care, it's important to understand the new approaches of engaging the community, where the community is located, and when they're available. It's also important to decisively but compassionately address their resentment, impatience, and sometimes disrespect for the community and me.

For my work with religious leaders, it's important to hold them accountable for the health of their congregations and communities. Helping them understand the intersection of spirituality and health. Within the Catholic community, we have Dominicans and Franciscans who tend to get it and this is not a hard sell. For the more conservative Catholics (Neocatechumenal Way), it's challenging for some reason.

In moments of great struggle with all of this work, I remember my ex. He used to beat me up regularly, all the time. That was truly hard. With my current work in public health, it's different; I don't get beat up all the time! Give me Public Health!

And more seriously, I turn the struggle over to God. I say, "God, this struggle I'm in is too much for me. I'm turning it over to you and going to bed". And when I wake up the next morning, I

have the energy and the insight I didn't have before.

Question 6: What has the work required of you that you did not expect?

Brutal hours, which have now become normal for me! Fridays, weekends, and evening hours. That's when people are available. When I started out, I didn't realize those hours and days of work would become the new normal. I've also been surprised by resentment from healthcare associates and even family members who don't get the work I am doing. And there is also huge resentment from anti-vaxxers. I knew they existed and thought we could give each other space. That sometimes doesn't happen. Anti-vaxxers can get in my face. One pulled up his shirt and showed me his gun, essentially threatening to use it if I didn't leave. And there are also pro-vaxxers who are afraid of anti-vaxxers. I can respect anti-vaxxers who are civil, but we should not be letting them dominate any of the conversation.

Question 7: How do you navigate tension points that can emerge when faith and public health work in partnership?

I do this by helping pastors understand that vaccination is a gift from God or He would not have given science, the knowledge, to develop it. It should be used then for what God intended it for. To protect life. Too many Catholic pastors (as well as Protestant) are subject to social media misinformation or don't understand enough about vaccination to advise their people. They need help to understand that COVID is dangerous, especially for the immunocompromised, the unvaccinated, and pregnant women. Promoting vaccination then is an act of charity that all people of faith are called to. I step in to provide the truth of vaccination so pastors have confidence to promote it and then work in partnership with public health.

Question 8: What has been life-giving about this work?

I know my Latino community is left behind. I see them crying for help when help is available, but not for them. That's when I know my work is making a difference. For example, when an elderly lady gets her first COVID-19 shot (see photo at right) or when a young Latina hugs me in gratitude because the shot didn't hurt and she wants to come back! (see photo above) This work gives me purpose in life.



Making a difference: Happiness at receiving first COVID-19 vaccination shot.

Question 9: If you were able to give advice to your younger self, perhaps when you were just starting this work, what would you say?

Know what you're signing up for. Remember that passion is not teachable. It's something you develop in yourself. Look for mentors who will help develop your passion. Beware of fakers who will mislead you that it's all about you and personal gain. Instead, look for spiritual mentors like Rich McLean, who supports me and can tolerate my eccentricities but knows good when he sees it. It also helps to have a mentor with a mission from God, too. I know God supports me. But I need human support too, support that is genuine, not fake, contrived, or conditional.

I would also say that like the Marines, you have to be ready to battle hitting the beaches. You're going to get resistance. Keep your strength in God so you don't wilt or succumb to giving up. This work isn't for everyone. For some people, having a desk job writing reports and organizing meetings is better. I've seen the work I do send people to the hospital for stress, because you will get resistance in change making.

Finally, know your work balance. Know yourself and use the gifts that God gave you. Don't expect the impossible, but don't give up on the possible

as God shows you. Understand you're not going to Cancun. You're going to the hood. And love it!

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