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From a young age I realized that my community was different from others. I grew up in a community that was primarily Spanish-speaking, most families lived below the poverty line, and we were within the vicinity of a local police station but the police would never show up when called. This all contributed to how I see disparity, injustice, and social change. Eventually, upon entering my bachelor's of social work program, I realized that most of what I understood about injustice was only scratching the surface. As a predoctoral instructor and researcher I bring in discussions of power, privilege, and ask students to examine their positionality to inform their work.

This approach is informed by my understanding of social justice, diversity, equity, and inclusion. In my current work on a Diversity, Equity, and Inclusion (DEI) Council, we often discuss how we came to do this type of work, centering our personal commitment to our task. Being selected for this council was a great honor in that selection was based upon previous work. I am humbled by the experience and use it as fuel to ignite initiatives in recognizing identities and intersectionalities of our campus environment. In DEI Council discussions, I often advance the idea that diversity is more than race and/or gender. Diversity is the space of identity and lived experience. For example, I identify as a queer Latinx female who lives with a disability. Each one of my experiences with adversity, discrimination, and acceptance inform and strengthen my interpretation of those identities. It is that interpretation that influences how we share, nurture, and even struggle through our interactions within ecological systems.

In my current work, I seek to understand those lived experiences through qualitative research. My goal is to understand the experiences in navigating identity and power and how they contribute to successful, or maybe not so successful, interactions within healthcare systems. This is accomplished through working with multiple perspectives within organizations and decision-making bodies. Tackling this work is fruitful, yes, but it is also imperative to the current literature, of which there is a dearth of research in social sciences that explores mental health organizations and their access initiatives. All of my interest stems from my own experiences traversing mental healthcare access as a former case manager, advocate, and non-profit fundraiser.

In the future, I want to continue work with Latinx and Indigenous communities. By providing safe spaces for these populations to advocate for themselves and practice their self-determination. As an instructor, scholar, researcher, and advocate, I will continue to represent my own culture and all the history that comes with it, as well as honor the places and spaces students, study participants, and colleagues come from.