



NEW MEXICO

VOICES FOR CHILDREN



**Making Sure All KIDS COUNT:
Disparities Among New Mexico's Children**
A New Mexico KIDS COUNT Special Report



This research analysis was funded by the Annie E. Casey Foundation. We thank the Foundation for its support, but acknowledge that the findings and conclusions presented in this report are those of the author(s) alone, and do not necessarily reflect the opinions of the Foundation.



KIDS COUNT Staff:

Eric Griego

Executive Director, New Mexico Voices for Children

Christine Hollis

New Mexico KIDS COUNT Director

Gerry Bradley

Research Director, New Mexico Voices for Children

Sharon Kayne

Communications Director, New Mexico Voices for Children

Alicia Manzano

Outreach Director, New Mexico Voices for Children

Graphic Design by: Eli Quinn www.eliasquinn.com

New Mexico KIDS COUNT is a program of New Mexico Voices for Children

2340 Alamo SE, Suite 120

Albuquerque, New Mexico 87106

(505) 244-9505

www.nmvoices.org

Making Sure All KIDS COUNT: Disparities Among New Mexico's Children A New Mexico KIDS COUNT Special Report

In many ways New Mexico is a great place to raise children. It is rich with cultural traditions and its physical beauty and diverse geography lends itself toward a healthy, outdoors-loving lifestyle. Education is heavily supported by the state—rather than being dependent on local taxes—receiving about \$2 out of every \$5 of the General Fund budget on kindergarten (K) through grade 12 learning. The state also supports child public health efforts like immunization.

Yet New Mexico has fallen short—for more than 20 years—in ensuring that its children and their families have access to the supports they need in order to thrive. The 2010 KIDS COUNT Data Book* ranked only four other states worse than New Mexico in how poorly children are doing. First, New Mexico must take steps to improve life for its children and promote their future success if the state is to have future success. Much research tells us the following key things can help achieve this.

We must make sure children:

- get a good start in life—even before birth with access to prenatal care, support and resources for caregivers, safe places to live, good health care and food, and first-rate child care;
- get first-class early childhood learning or pre school programs to prepare them for school; and
- learn to read by the 4th grade in small-size classrooms led by trained, well-paid teachers.

We know that early school success helps kids finish high school and go to college. Youth who succeed in and graduate from school tend to get stable jobs

*“Where one starts out in life affects where one ends up to a greater degree than our national sense of economic mobility would have us believe....
On average, a person with a resource-rich background has a greater likelihood of succeeding than one without.”*

--The Aspen Institute Roundtable on Community Change. (2004). Structural Racism and Community Building, p. 19.

that pay well, and are less apt to live in poverty, be teen parents, or to become criminals. All New Mexico's children, no matter their income, status, race or ethnic background, culture or geography, do better when they have stable families, live in caring communities, get a good education, and have good health care.

Purpose of this Report

This 2010 New Mexico KIDS COUNT special report is the first in a series to come that will document and explain the barriers keeping some children in the state from doing as well as others. These reports will also describe positive policies and programs that effectively help all children and families—but especially those who face social and economic inequities—and that could be implemented in this state. New Mexico is proud of its diverse peoples; for this reason, we present data by race and ethnic background to show how well, or not, all children in the state are doing—in health, living conditions, education, and other aspects of well-being. This introductory report also suggests certain broad steps that can be taken to improve life for all of New Mexico's children.

*The KIDS COUNT initiative has been funded since 1990 by the Annie E. Casey Foundation to highlight the well-being of children around the country. KIDS COUNT reports use credible and standard data from the U.S. Census Bureau and the National Center for Health Statistics. New Mexico Voices for Children is the grantee for the New Mexico KIDS COUNT program.

Setting the Context: Some Basic Language

New Mexico KIDS COUNT (NM KIDS COUNT) collects and reports on the most comprehensive health, economic, educational and demographic data available to show how children and families are doing in the state. These reliable data indicate where barriers exist that keep children from doing well and where gaps in well-being exist among different child populations. We use these data to design and promote state and local policies, programs and opportunities that support all families, especially when they face disparities* and/or go through tough times.

Our state's population is increasingly diverse, and people's lives are shaped by various factors—like where they live, work, learn and play, what resources they have, the people around them, and their history and race or ethnicity.** Where one starts in life—in a poor or well-to-do family, in a safe or unsafe neighborhood, with or without access to health care and fine schools—tends to strongly affect the kind of life one will have. For these reasons, NM KIDS COUNT is making a conscious effort—in all its publications and work—to increase the amount and type of data broken down by income, race and ethnicity, and geography to better show where barriers to well-being exist for children. It is useful to break down data by such constructs as race and ethnicity so we can see how different groups of people compare on a measure, like health status. This helps us to identify a disparity or inequity that is particularly pronounced in one or more groups. Identifying the disparity is just the first step—we must also determine what the causal factors are before we can consider how to address it. Decision-makers can then develop policies to better

2 solve the underlying issue and promote equity for

all. This introductory report sets the context and is the first in a series that will document the barriers some children face that make it more difficult for them to do as well as others and recommend policy and programmatic solutions.

The NM KIDS COUNT program is most concerned with barriers to child well-being that are considered to be embedded racial inequities.***

***Disparity:** a state of being different or unequal, as in age, rank, level or amount.

****Race and Ethnicity:** socially-constructed terms to describe differences (diversity) among people, and to give social and political meaning to the descriptions. Race, for example, is a socially-constructed way to group people based on shared traits or physical appearance, like skin color, hair type, or eye shape. Ethnicity is used to describe people with something in common, like language, religion, ancestors, place, culture or values. Though being a part of a racial or ethnic group gives many people a sense of self and social identity, the concept of race has no real scientific basis. Biology shows that, genetically, humans are basically the same. There is, in fact, little difference among people.¹

*****Embedded racial inequities** [also referred to as structural racism]: public policies, institutional practices and norms that—often unintentionally—make it possible for Whites to have more success than other racial/ethnic groups, thus reinforcing racial group inequities.^{1,2}

An example was the design of the G.I. Bill after World War II that provided low-interest mortgages and down payment waivers for returning servicemen who wanted to buy homes for their families. Though considered an equal opportunity benefit, restrictive lending practices at the time favoring Whites meant that more White families could purchase homes in new suburban neighborhoods than could Black, Hispanic, Native American or Asian servicemen. Because of this inequitable access to the mortgage benefit, this meant that over the long-term, White homeowners were better able to begin building wealth. Today, White families continue to have greater wealth (resource) accumulation than do communities of color.³

As much as possible, this special report presents racial and ethnic data using the U.S. Census Bureau classifications. Given this, races include: White, American Indian/Alaskan Native (we will use the term Native American), African American/Black (we will use the term Black), Asian, Native Hawaiian and other Pacific Islander, "two or more races," and "other race alone." The U.S. Census considers the Hispanic (or Latino) origin an "ethnicity," not a race. Since people in each race group may also be Hispanic (such as a White-Hispanic or Black-Hispanic), this report presents most data by the following categories: Hispanic (only), White (non-Hispanic), Black (non-Hispanic), Native American (non-Hispanic), Asian (non-Hispanic), two or more races, and other race alone.⁴ In most cases, data for New Mexico are only presented for the following, larger populations: Hispanic, Black, Native American, and White.

New Mexico's People

New Mexico is one of only four states called a "minority-majority" state. This means that communities of color (particularly Hispanic, Native American, and Black), added together make up more than half of our state's population. This is especially true for the state's child population, ages zero to five. The nation as a whole is expected to be minority-majority by 2050, so New Mexico is ahead of the curve in terms of population diversity.

There are about 2 million people in New Mexico. Of these, almost half (46 percent) are Hispanic. In New Mexico, 2 percent of the population is Black (non-Hispanic), 9 percent is Native American (non-Hispanic), 41 percent is White (non-Hispanic), 1 percent is Asian (non-Hispanic), and 1 percent are of two or more races. Figures 1 and 2 on the next page compare the U.S. population breakdown with that of New Mexico.

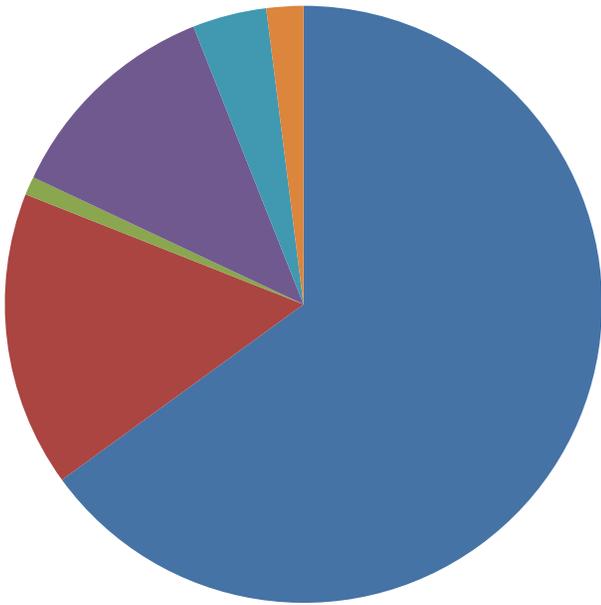


Figure 1:
U.S. Population by Race and Ethnicity (2009)

- White (65%)
- Hispanic (16%)
- Native American (1%)
- Black (12%)
- Asian (4%)
- Two or more races (2%)

Source: American Community Survey, 2009, U.S. Census. Table B01001
 Note: Percent of Native Hawaiian/ Other Pacific Islander group too small to show.

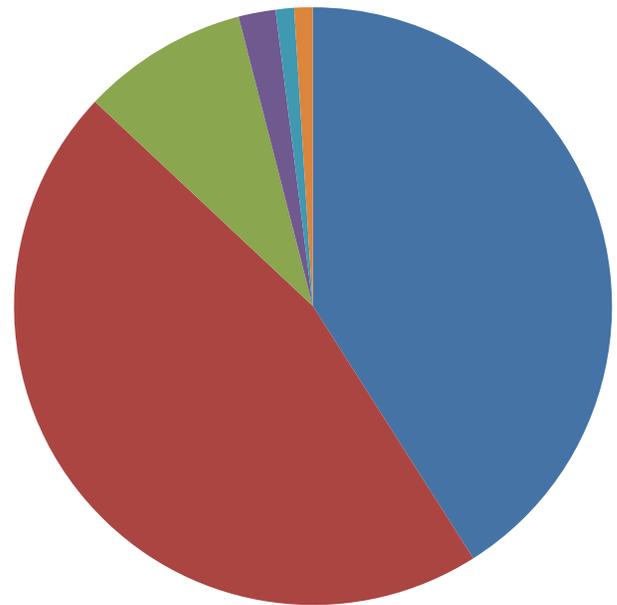


Figure 2:
NM Population by Race and Ethnicity (2009)

- White (41%)
- Hispanic (46%)
- Native American (9%)
- Black (2%)
- Asian (1%)
- Two or more races (1%)

Source: American Community Survey, 2009, U.S. Census. Table B01001
 Note: Percent of Native Hawaiian/ Other Pacific Islander group too small to show.

New Mexico's Children

This report presents data on a number of well-being markers for children and families in New Mexico. As noted above, to see how well all children are doing, data are given for at least three key races (White, Black, and Native American) and one ethnic group (Hispanic). At times, the size of a sub-population may be too small to give reliable data so those data are not provided.

More than 500,000 children, ages zero to 19, live in New Mexico (Figure 3). More than half (55 percent) of these children are Hispanics, while almost one-third (28 percent) are White, 10 percent are Native Americans, and 3 percent are Black. Even when added together, there are half as many Native American (10 percent) and Black (2.5 percent) children than White children (26 percent). These data reflect how birth rates and immigration (plus other factors) are changing the state's demographics.

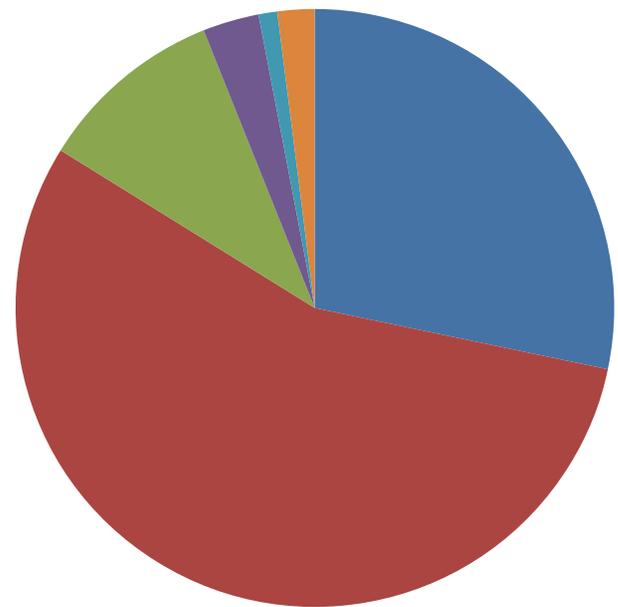


Figure 3: NM Children Ages 0-19 (2009)

- White (28%)
- Hispanic (55%)
- Native American (10%)
- Black (3%)
- Asian/Pacific Islander (1%)
- Two or more races (2%)

Source: American Community Survey, 2009, U.S. Census. Table B01001

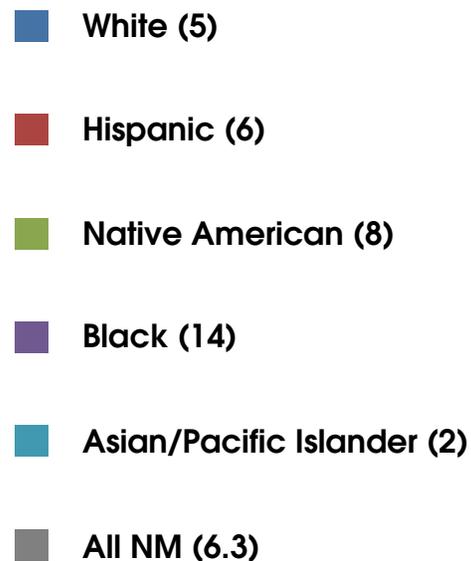
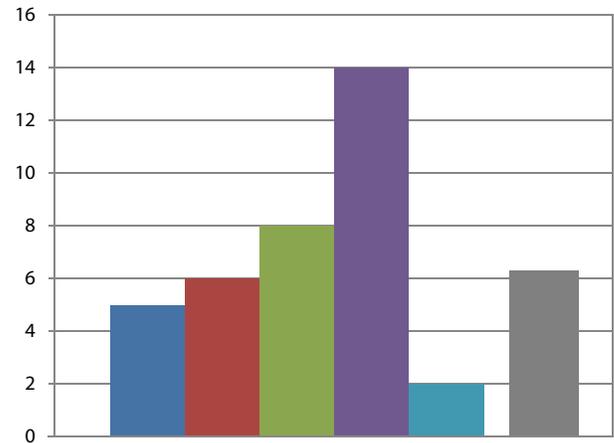
Note: Due to rounding off of percents, total does not equal 100%.

Markers of Early Childhood Well-Being

Beginning with a healthy birth, the first five years of a child's life are vital in giving him/her a strong base for future learning and for building social and behavioral skills. Basic health care for pregnant mothers and children sets the starting point for healthy growth and can help take care of any developmental problems before they become severe. The national 2010 KIDS COUNT Data Book ranked New Mexico 36th among the states in terms of how many low birth weight babies (babies who weigh less than 5.5 pounds at birth) are born.⁵ Though 9 percent of all New Mexico's babies are born at a low birth weight, 11 percent of the state's Black babies are low birth weight. Birth weight often predicts whether a newborn will live through its first year. Low birth weight is a factor in about two out of three infant deaths in the U.S. Low birth weight babies often have serious health problems and are at greater risk for long-term disabilities.

New Mexico as a whole has an infant mortality rate (6.3 per 1,000 live births) just slightly lower than that of the U.S. (6.7 per 1,000 live births). Yet, there are disparities among our populations (see Figure 4). In New Mexico, Black infants have a mortality rate about twice that of the state as a whole (14 per 1,000 live births). Native American babies also have a higher chance of dying in the first year of life (a rate of 8 per 1,000 live births).

Figure 4: NM Infant Mortality Rates (deaths per 1,000 live births) (2007)

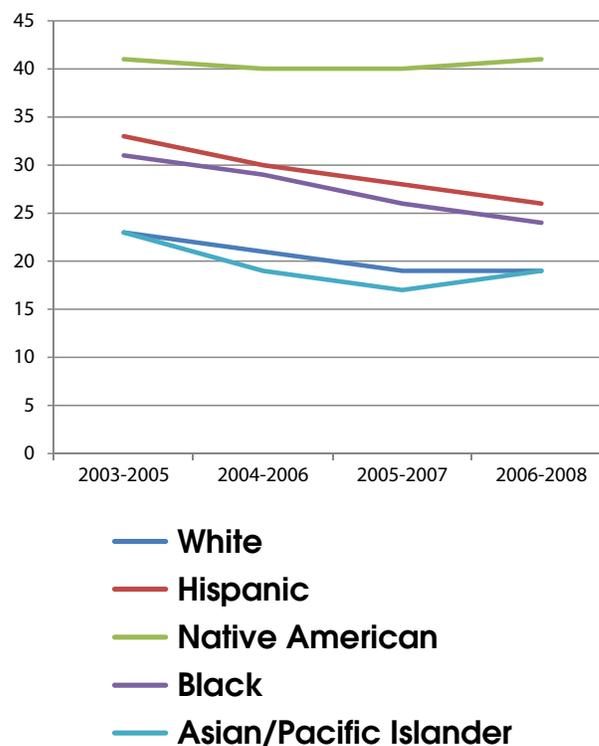


Source: NM Department of Health, Bureau of Vital Records and Health Statistics, 2007.
<http://ibis.health.state.nm.us>

Note: Infant mortality rates are the numbers of infant deaths under age 1 per 1,000 live births.

As seen in Figure 5, three groups that have the highest infant mortality rates and some of the lowest birth weight babies in New Mexico—Blacks, Native Americans and Hispanics—are also those whose mothers receive less or late prenatal care. There may be embedded racial inequities, as in lack of health insurance for poor mothers or lack of access to prenatal care services that put Native American, Black and Hispanic mothers at a disadvantage in getting this care. From the start, low birth weight babies must play catch-up to other children as they grow and develop. This decreases their chances of success later in life. Mothers who get prenatal care are more likely to have healthy babies. More and earlier prenatal care for all mothers and babies can help reduce this inequity and improve our children's lives even before they're born. Adding in parent support or coaching (like home visits) that help new mothers access needed supports does even more to improve a baby's chance for a healthy life.

Figure 5: Percent of NM Women Receiving Late or No Prenatal Care Over Time (2003-2008)



Source: New Mexico Department of Health, Epidemiology and Response Division. Racial and Ethnic Health Disparities Report Cards



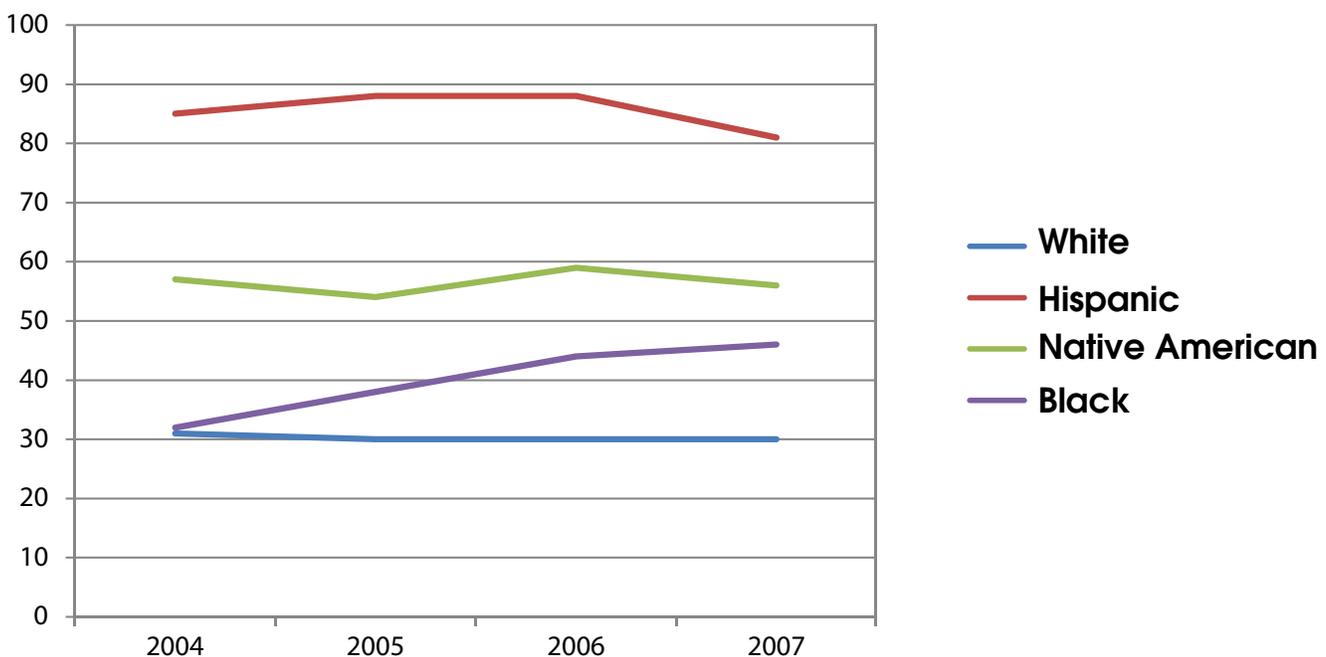
In New Mexico, the teen birth rate is and has long been exceptionally high (see Figure 6). Teen females most likely to become pregnant are those with few resources or who feel they have few options in life. Teen parents are more apt to live in poverty or unsafe neighborhoods, go to schools that do not give out health information, and/or have little access to good health care or health insurance. All of these barriers are considered to be embedded racial inequities.

Children born to teen mothers are more likely to:

- live in poverty and have poor health;
- fail to complete high school;
- become abused and/or runaways;
- become low-wage job earners or serve time in prison; and/or
- become teen parents themselves.

Over time in New Mexico, teen birth rates have been higher among Hispanic, Native-American and Black youth. These are also the young people most likely to have the fewest resources. Just one other state, Mississippi, has more teen parents than New Mexico.⁶ We know that 3- and 4-year-olds receiving first-class early childhood care and education are less likely to become teen parents. Educational policies promoting early childhood care/education can help reduce the teen pregnancy problem; more so if combined with other support programs.

Figure 6: NM Teen Birth Rates Over Time (births per 1,000 females, ages 15-19, 2004-2007)

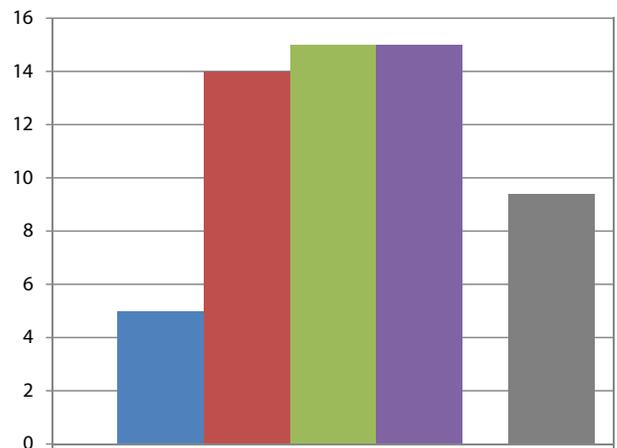


Source: New Mexico Selected Health Statistics Annual Report, Volume 1, NM Department of Health, 2007

Markers of Living Conditions and Poverty

Families that are hungry or “food insecure” often do not know where the next meal will come from, or they depend on food banks for meals and/or rely on food stamp benefits (now called SNAP). In the last two years, the number of people receiving SNAP benefits has grown by more than a third. Being hungry has long-term harmful effects—children do poorly in school and may suffer cognitive, mental or physical impairment.⁷ Figure 7 shows that many more Black, Native-American and Hispanic children suffer with constant hunger. Not only is the potential of our children wasted, but the effects of hunger cost each New Mexican about \$300 a year in remediation programs.

Figure 7: Percent of NM Families Receiving Food Stamps (SNAP)



■ **White (5%)**

■ **Hispanic (14%)**

■ **Native American (15%)**

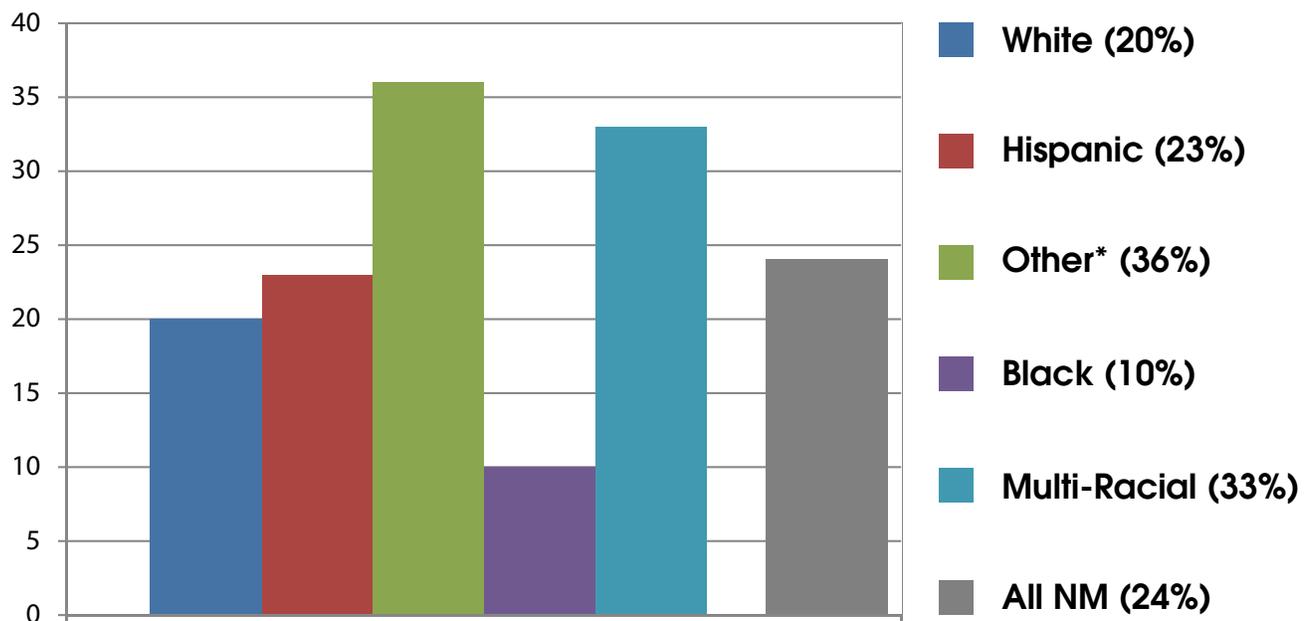
■ **Black (15%)**

■ **All NM (9%)**

Source: American Community Survey, 3-Year Estimates (2006-2008), U.S. Census. Table B22005 and Selected Table on Households Receiving Food Stamps

The Supplemental Nutrition Assistance Program (SNAP), which used to be called “food stamps,” is funded by the federal government. SNAP adds to the income of families who face tough economic times and frees up some of their money for spending on other things, like child care or rent. WIC (the Women, Infants and Children Program) is also a sound way to invest in toddlers who may be disadvantaged because their families have few resources. Kids under age three in a WIC program tend to have better health and development, and are more food secure than children who qualify for WIC but who are not enrolled in the program.

Figure 8: Percent of NM Children (ages 0-17) Living in Neighborhoods with Poorly Kept or Dilapidated Housing (2007)

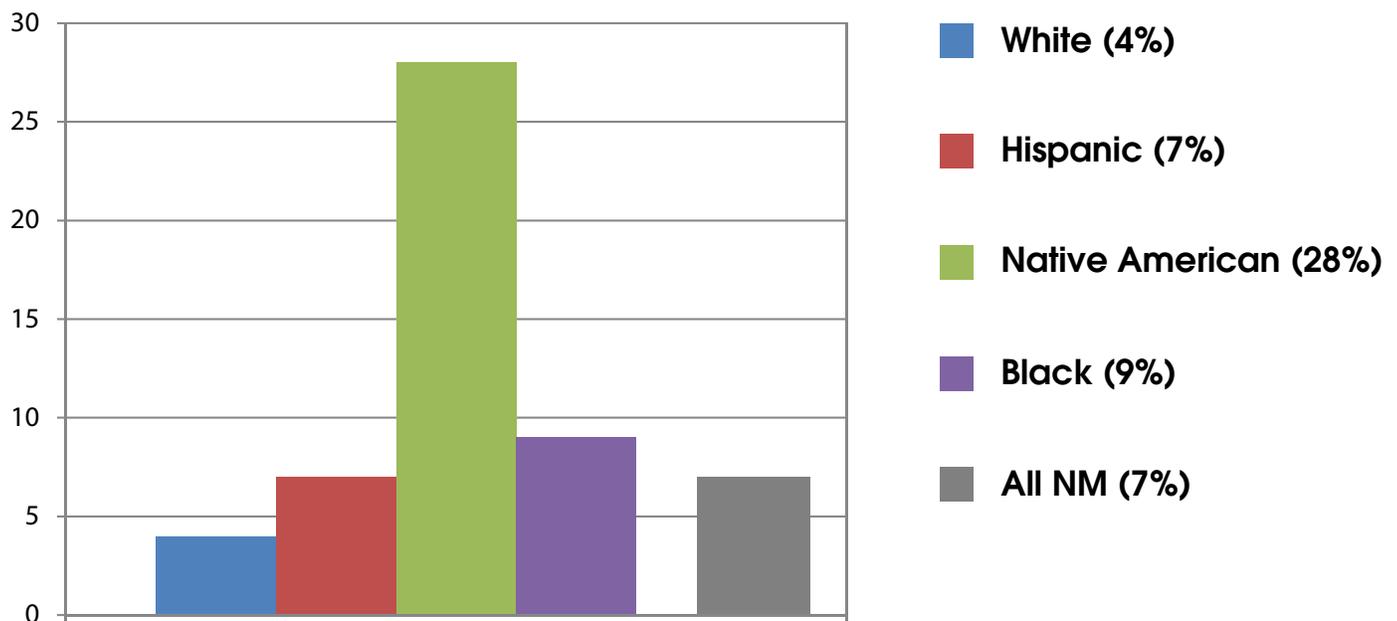


Source: National Survey of Children's Health, Data Resource Center (2007); New Mexico versus Nationwide. Retrieved from: <http://nschdata.org/DataQuery/DataQueryResults.aspx> *Includes Native Americans.

Where a family lives, works, plays and goes to school affects a child's health, development and well-being. As seen in Figure 8, in New Mexico, children in some racial and ethnic groups are more likely to live in unsafe settings than children as a whole in the state.

In the U.S. there are long-standing structural barriers that keep families of color with children from having access to good housing. Unfair practices in loan approvals, mortgage applications (getting sub-prime mortgages when they qualify for a fixed-rate loan), and getting insurance have kept many Black, Hispanic and Native Americans from getting the homes they want and need to raise their children with the greatest stability. Thus, many often have little choice but to live in houses and neighborhoods that are unsafe, do not have services—even good grocery stores with fresh fruits and vegetables—and have poor transportation.^{9,10} All of this puts their children at a disadvantage behind others living in communities with more resources.

Figure 9: Percent of New Mexicans Living in Homes with No Telephone Service (2006-2008)



Source: American Community Survey, 3-Year Estimates (2006-2008), U.S. Census

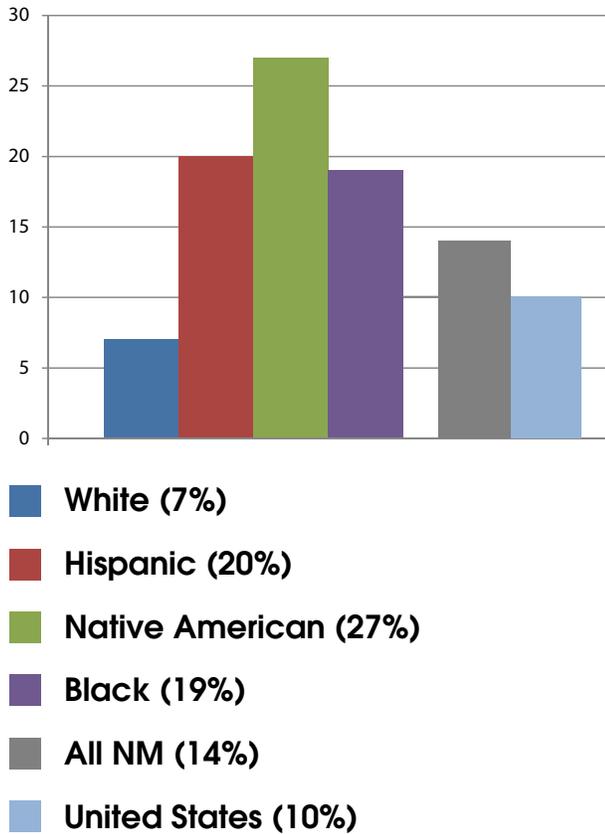
Geography is a major player in the high percentage of Native Americans in New Mexico who live in homes with no telephone service (see Figure 9). Native communities that do not have telephone services are even less likely to have Internet access, which can be another educational barrier faced by Native children.

Indicators of Poverty and Family Income

About one-quarter of New Mexican children are born into or live in poverty. These days, more working and middle class Americans are losing their jobs and homes than ever before since the Great Depression. Children living in families whose income is below poverty generally face hardship, but the costs of child poverty negatively affect all of us. Studies show that children in families that cycle in and out of poverty over their lifetime face huge hurdles to achieving

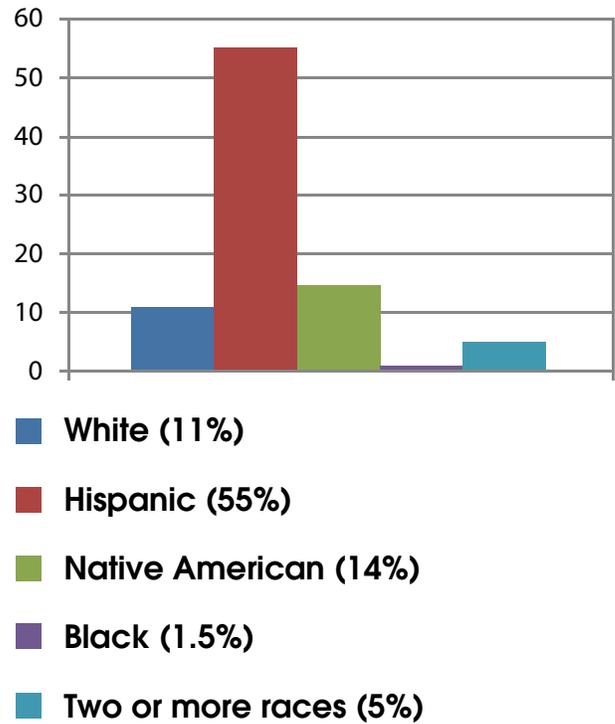
success in life. Their futures are more likely to include less education, low-wage jobs with few benefits, and more health problems than children whose families had greater resources to get through bad economic times.¹¹ As seen in Figure 10 on the next page, these facts do not bode well for the state, in that its Native-American families (more than 27 percent are poor), as well as Hispanic and Black families, have poverty rates above that of the state as a whole. Poverty is more pronounced among New Mexico's young children (below age five), with 28 percent living in families that do not have the resources to cover basic needs—food, rent, utilities, childcare, transportation. There is also a large gap in child poverty rates by race and ethnicity in the state. Of the young children in poverty, more than half (55 percent) are Hispanic and another 14 percent are Native American (Figure 11 on following page).

Figure 10: Percent of NM Families with Incomes Below Poverty Level (2006-2008)



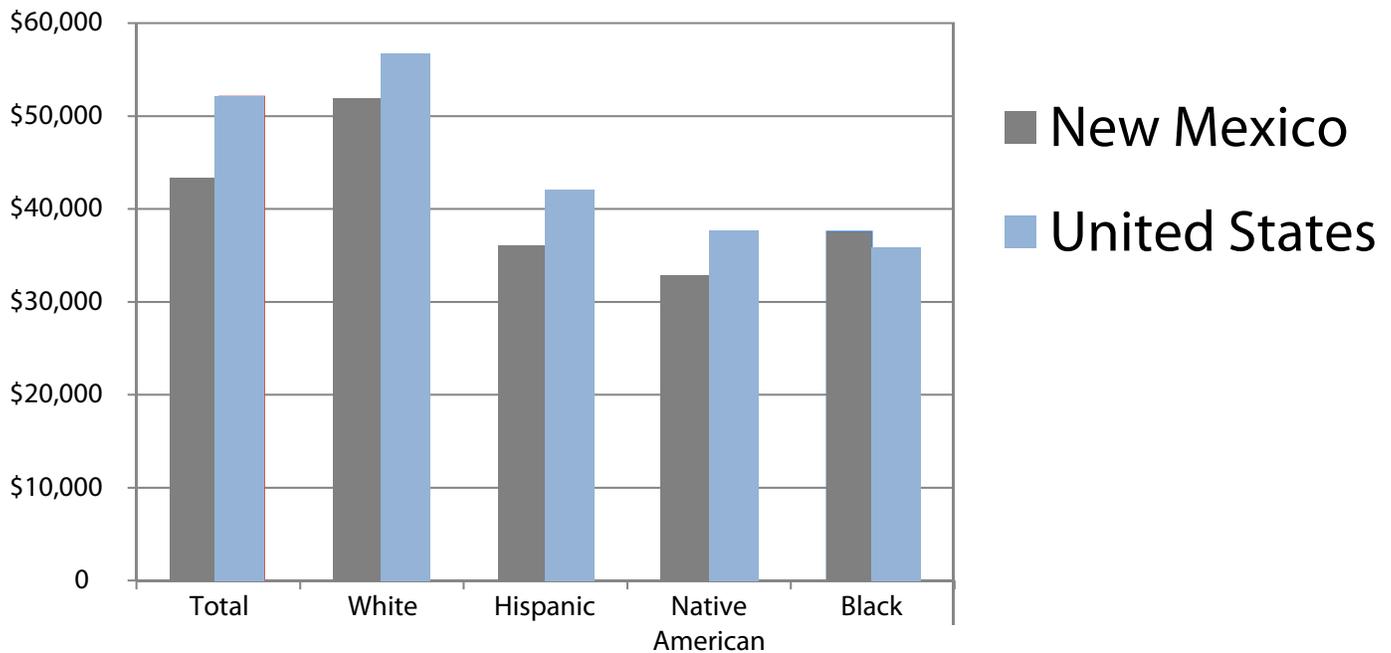
Source: American Community Survey, U.S. Census, 3 Year Estimates 2006-2008, Table B17010

Figure 11: Percent of NM Children Less than Age 5 in their Racial/Ethnic Group Living in Poverty



Source: 2008 American Community Survey, 1-Year Estimates, U.S. Census, Table B17001
 Note: This should be read as, for example: Of all Black children aged less than 5, approximately 42 percent live in poverty."

Figure 12: U.S. and NM Median Household Income (2006-2008)



Source: American Community Survey, U.S. Census, 2006-2008 3-Year Estimates, Selected Population Profiles. <http://factfinder.census.gov>

Some structural economic disparities tend to be associated with greater poverty rates among certain races and ethnic groups. Even before the recent recession, people of color had overall lower household income and wage rates. In the U.S. as a whole, unemployment rates tend to be higher among people of color, especially youth. Proportionately, more Hispanics and Blacks than Whites have lost jobs in these recent tough economic times.¹²

On average, Native American, Hispanic and Black parents tend to make far less per week than Whites or Asians¹³ and median household income for these groups is much lower than that for Whites in the state (See Figure 12). Racial and ethnic employees are also more likely than others to work in low-wage,

part-time and insecure jobs that don't offer benefits like retirement or health insurance.¹⁴ Minority groups also tend, overall, to have fewer assets (own their homes, have savings accounts)—or wealth—than other groups. This gap is increasing, as policies that allow tax cuts on investment income benefit families with higher incomes and who have money to invest. Debt among struggling families has grown since the lending market was deregulated. Racial and ethnic populations disadvantaged by living in poor communities that do not offer competing credit options often have to pay more to get credit as they must rely on “predatory lenders”—high-cost, non-bank lenders.¹⁵

“Significant health disparities continue to exist across diverse populations...[and] this problem is likely to grow if predictions of increasing social and cultural diversity in the United States over the next 50 years are correct.”

--Institute of Medicine of the National Academies. (2002). Speaking of Health. National Academies Press, p. 1.

Families headed by single mothers generally face very large hurdles in trying to provide their children with the opportunities they need to succeed. Most single mother families have limited resources and their children are more likely to be poor. In New Mexico, as in the rest of the U.S., there has been a rise in the number of single-parent families, especially those headed by mothers. Of all Black families in the state, 13 percent are headed by single mothers with children living in poverty; the same is true for Native-American families. Although three out of four single mothers in the U.S. are employed (more than in married couple families), these jobs tend to be low-wage retail, service or administrative jobs that have few benefits, like health insurance or child care.¹⁶ As these mothers depend on quality child care and pre-K programs to enable them to safely leave their children and work or find work, any budgetary cuts to public child care assistance and early education programs severely hinders their efforts to provide adequately for their

14 children.

Indicators of Health

America spends more on medical care than other nations, so we should be very healthy people. Yet, too often, many New Mexicans do not have fair access to health care, and their health suffers.

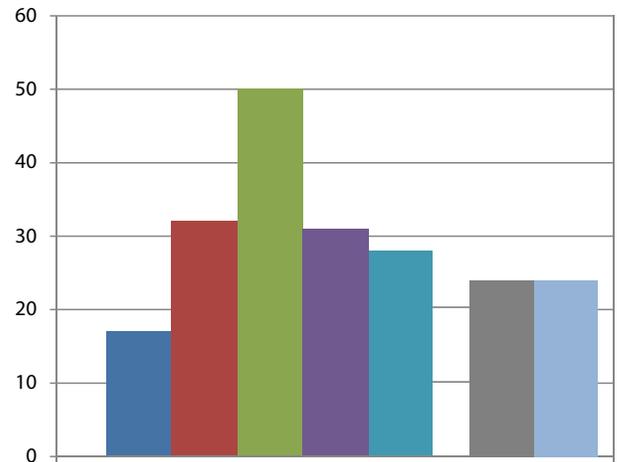
Much research shows that embedded racial inequities exist within American health care systems. In particular, certain racial and ethnic groups have worse access to health care services and insurance, get lower quality health care than others, and often suffer worse health outcomes. Inequities faced include being less likely to have an assigned primary care provider, waiting longer to see a doctor, and not being understood by health staff who speak a different language.^{17,18} People of color tend to have access to care in settings that don't have the best technology to assess their health problem, and they have higher death rates for chronic diseases like heart disease and some cancers.¹⁹ In New Mexico, for example, this is true for diabetes; Native Americans have the worst outcomes, even when they receive preventive care.



A major concern in New Mexico is that the mental/behavioral health needs of our youth are not being met. The state's total rate of youth suicide is higher than that of the U.S. Given this, the even higher rates of suicide among our Native American and Black youth are alarming. It would seem that many of the hurdles keeping some of our children from doing well early in life—such as lack of access to quality early child care where assessments of developmental issues are done—have a strong negative impact on children's skills in being able to deal with potential mental health problems as they grow older.



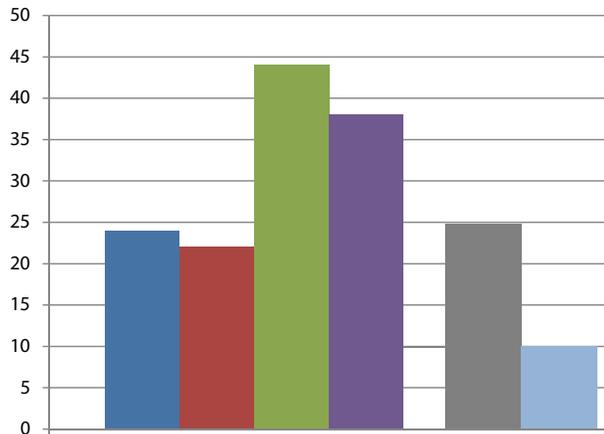
Figure 13: NM Diabetes Death Rate (deaths per 100,000 people, 2006-2008)



- **White (17)**
- **Hispanic (32)**
- **Native American (50)**
- **Black (31)**
- **Asian/Pacific Islander (28)**
- **All NM (23)**
- **United States (23)**

Source: Racial and Ethnic Health Disparities Report Card, NM Department of Health, August 2009

Figure 14: NM Youth Suicide Rate (deaths per 100,000 youth, 2006-2008)



■ **White (24)**

■ **Hispanic (22)**

■ **Native American (44)**

■ **Black (38)**

■ **All NM (25)**

■ **United States (10)**

Source: Racial and Ethnic Health Disparities Report Card, NM Department of Health, August 2009

Note: The rate of suicide by young people in New Mexico is 1.5 times the U.S. rate, with Native-American youth suffering the highest rates of all. Since 2005-2007, youth suicide rates have sharply risen for Black and Native-American youth.

How Can Health Reform Help?

From 2003 to 2006, more than \$200 billion in medical care costs could have been saved if there had been no health disparities. The federal health reform law (Patient Protection and Affordable Care Act) aims to give more people access to health insurance, better health care quality, and to cut health care costs.²⁰ About one in four (23 percent) New Mexicans under age 65 have pre-existing conditions that can, in the current system, keep them from getting insurance. Almost one in six youth (17 percent) have such status. For people of color in New Mexico, almost one in three Blacks (30 percent), one in four Whites and Native Americans (26 and 24 percent, respectively), and one in five Hispanics (19 percent) can be denied health insurance now—but they will be covered under health reform.²¹ Other ways health care reform will help people of color is by:

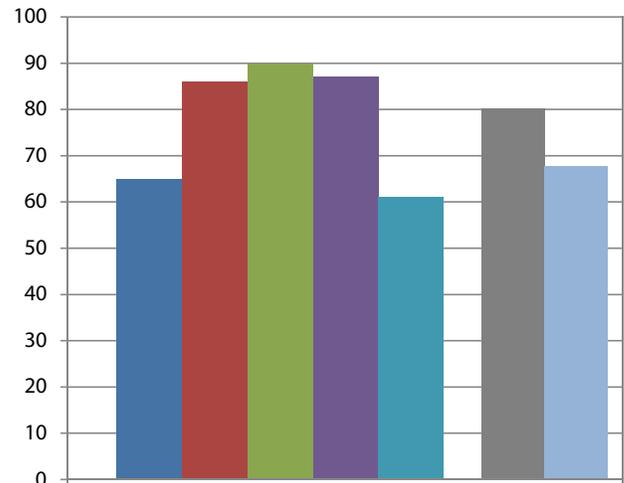
- improving community-based prevention and public health care services;
- helping people get health insurance they can afford;
- funding interpretation services for patients covered by Medicaid and the Children's Health Insurance Program (CHIP);
- finding ways to recruit, train and pay for more health providers from diverse racial and ethnic groups; and
- re-approving the Indian Health Care Improvement Act.²²

Indicators of Educational Progress

A child with a good education who graduates from high school (or better, from college) has a much greater chance of success in life—a good-paying, meaningful job and increased access to social and fiscal resources. Education can help break the cycle of long-term poverty, and has great potential for reducing racial and ethnic disparities. Sadly, the state's reading scores and high school graduation rates indicate that many children are not getting the education they need to succeed.

From birth through age five, children develop rapidly—cognitively, emotionally and physically. In New Mexico, only 43 percent of 3- to 4-year-olds are enrolled in preschool or pre-k where they can get the stimulation and basic skills they need to be ready for school.²³ More families of color in the state live in poverty, so fewer of their children have access to child care and early education programs. This means these children often get off to a slower start in kindergarten, which may play a role in why so many of them, by 4th grade, have lower reading scores than others. As Figure 15 shows, too many children in New Mexico cannot read at the level they should by 4th grade. Our schools are not helping 90 percent of our Native-American 4th graders—and almost as many Black (87 percent) and Hispanic (86 percent) children—to gain the reading skills they need to do well in future classes.²⁴ Studies show that children who are reading well by 4th grade do much better in school and later in life because 4th grade is when students shift from learning to read to reading to learn. Those who cannot read well by the end of 3rd grade are less likely to understand lessons and more likely to struggle to keep up with their peers, drop out of school, have low-wage jobs, or get involved in crime.

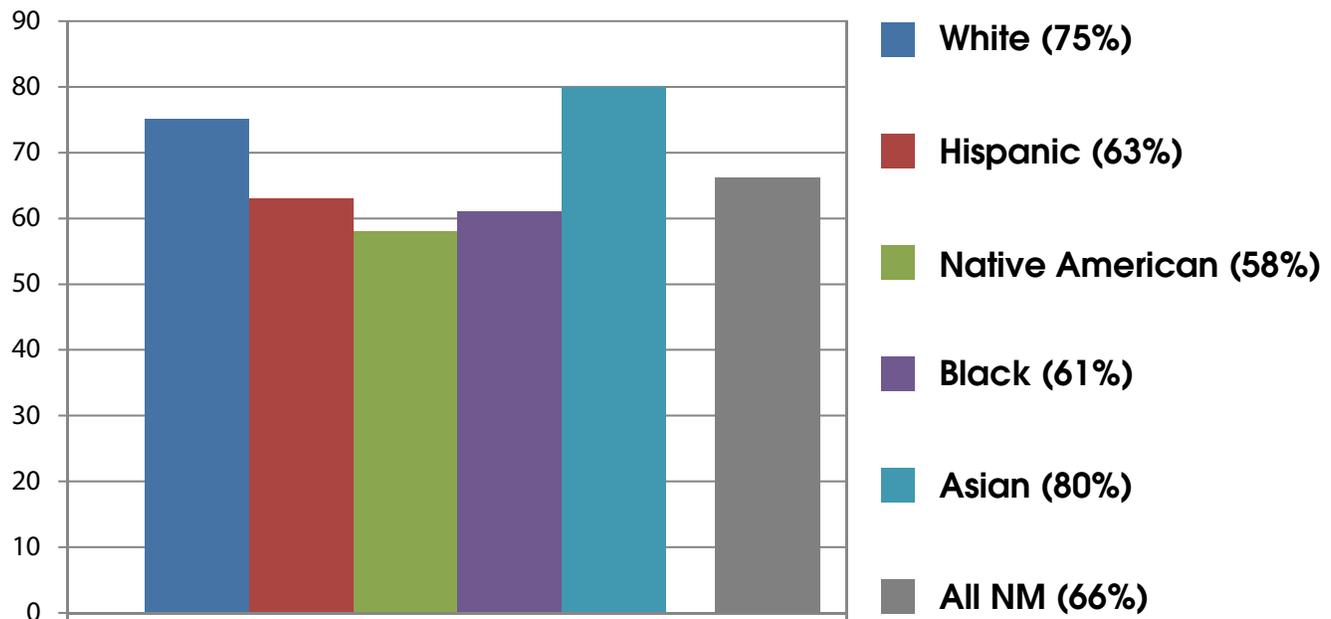
Figure 15: Percent of NM Fourth Graders Who Score Below Proficient in Reading (2009)



- **White (65%)**
- **Hispanic (86%)**
- **Native American (90%)**
- **Black (87%)**
- **Asian/Pacific Islander (61%)**
- **All NM (80%)**
- **United States (68%)**

Source: National Assessment of Educational Progress, "The Nation's Report Card, 2009, New Mexico, Grade 4, Public Schools." National Center for Education Statistics, Institute of Education Sciences

Figure 16: Four-Year NM High School Graduation Rates (Class of 2009)



Source: Four Year Cohort Graduation Rates, Class 2009, NM Public Education Department. Retrieved from: www.ped.state.nm.us/Graduation/dl10/graduationRates4yr2009.pdf

Low reading scores most likely play a role in New Mexico's poor high school graduation rate (Figure 16). More than one-third (34 percent) of all students do not complete high school in four years, which means their chances of a positive, well-paying future are limited. Of even greater concern is that only 58 percent of our Native American, 61 percent of our Black, and 63 percent of our Hispanic students finish high school at all.

New Mexico Can Solve These Issues

We can address and handle the problems and disparities noted in this special report. The answers lie in supporting proven solutions and using our strengths to put them into action in New Mexico. It's time to take on these challenges; when we help all our children succeed in an equitable way, we're building a broader group of the leaders and workers of the future.

What we can do:

- Improve all children's educational development from birth to 4th grade by making available universal, high-quality early child care and pre-school/pre-K programs and linking these with K-3rd grade education. This approach best ensures that all children have the same opportunity to thrive, learn to read by 4th grade (a marker of later success in school and life), and to develop on track at school. A positive early childhood sets the stage for every child's success in life, regardless of race, ethnicity, language, geography or economic status. To invest in children at this stage is more economically efficient and effective than paying for remedial or "make up" programs later in life.
- Ensure that health reform takes place as it should in New Mexico. Doing so means that many more diverse families will have access to health insurance, will not be denied coverage due to pre-existing conditions, will receive language support in medical visits, and have greater access to community-based and public health services. Also, health reform should increase the number of health care providers from different racial and ethnic groups.
- Help those many hard-working families who struggle to keep jobs and homes, and to feed their children by making sure that support systems and tax credits are on hand for them. Even small increases in income for poor families with children can make a measurable difference in their present income—and their child's future. Federal and state investments, like Medicaid, Temporary Assistance for Needy Families (TANF), unemployment insurance, SNAP, and child care supports help vulnerable families who are losing their jobs and homes in this recession. Tax credits provide families with additional income while they get back on their feet.
- Identify and address key public policies and systemic practices that maintain structural racism and need reform in education, the labor market, housing, economics, health and the justice system. Analyze and assess how policies and practices affect communities of color. Develop alliances and partnerships to advocate against harmful practices, re-design policies, and promote change. Focus on racially/ethnically fair outcomes from all policies and programs.
- Improve data collection in the state on factors related to disparities to better identify needs and find solutions. Better connect database systems in the state to collect and report consistent, accurate data by race and ethnicity for federal, state and other publicly funded or supported programs. Have hospitals and health providers collect and publicly report data on medical outcomes by race and ethnicity to improve health care quality for these groups.

Endnotes

1. Institute of Medicine of the National Academies. (2002) Speaking of Health: Assessing Health Communication Strategies for Diverse Populations. Washington, D.C.: National Academies Press.
2. Aspen Institute Roundtable on Community Change. (June 2004). Structural Racism and Community Building. Washington, D.C.: The Aspen Institute.
3. Annie E. Casey Foundation. Race Matters: User's Guide. Retrieved September 1, 2010 from: <http://www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx>
4. Grieco, E. & Cassidy, R. (March 2001). Overview of Race and Hispanic Origin: Census 2000 Brief. Washington, D.C.: U.S. Census Bureau.
5. Annie E. Casey Foundation. (2010). 2010 KIDS COUNT Data Book: State Profiles of Child Well-Being. Baltimore, MD: Annie E. Casey Foundation.
6. Ibid.
7. Brown, J.L., Shepard, D., Martin, T. & Orwat, J. (June 2007). The Economic Cost of Domestic Hunger: Estimated Annual Burden to the United States. The Sodexho Foundation.
8. Ibid.
9. Annie E. Casey Foundation. Race Matters: Unequal Opportunities for Family and Community Economic Success Factsheet. Retrieved September 1, 2010 from: <http://www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx>
10. Shapiro, T., Meschede, T. & Sullivan, L. (May 2010). Research and Policy Brief: The Racial Wealth Gap Increases Fourfold. Institute on Assets and Social Policy, Brandeis University.
11. Ratcliffe, C. & McKernan, S.M. (June 2010). Childhood Poverty Persistence: Facts and Consequences, Brief 14. Washington, D.C.: The Urban Institute.
12. Center for American Progress. (January 2010). The States of Minorities in 2010. Retrieved September 1, 2010 from: http://www.americanprogress.org/issues/2010/01/pdf/state_of_minorities.pdf
13. Ibid.
14. Ibid.
15. Annie E. Casey Foundation. Race Matters: Unequal Opportunities for Family and Community Economic Success Factsheet. Retrieved September 1, 2010 from: <http://www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx>
16. Mather, M. (May 2010). U.S. Children in Single-Mother Families. Washington, D.C.: Population Reference Bureau.
17. McDonough, J., Gibbs, B., Scott-Harris, J., Kronebusch, K., Navarro, A. & Taylor, K. (June 2004). Quality of Care for Underserved Populations: A State Policy Agenda to Eliminate Racial and Ethnic Health Disparities. New York: NY: The Commonwealth Fund.
18. Annie E. Casey Foundation. Race Matters: Unequal Opportunities for Health and Wellness Factsheet. Retrieved September 1, 2010 from: <http://www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx>
19. Ibid.
20. Henry J. Kaiser Family Foundation. (November 2009). Facts on Health Reform: Health Reform and Communities of Color—How Might It Affect Racial and Ethnic Health Disparities? Menlo Park, CA: The Kaiser Family Foundation.
21. Families USA. (September 2010). How Health Reform Helps Communities of Color in New Mexico. Retrieved October 1, 2010 from <http://www.familiesusa.org/assets/pdfs/health-reform/minorityhealth/helping-communities-of-color/New-Mexico.pdf>.
22. Henry J. Kaiser Family Foundation. (November 2009). Op cit.
23. 2008 American Community Survey, 1-Year Estimates, U.S. Census Bureau, Table C14003
24. Annie E. Casey Foundation. (2010). Early Warning! Why Reading by the End of Third Grade Matters. Baltimore, MD: Annie E. Casey Foundation.