



# Health-in-All-Policies for New Mexico

## **Improving Children's Well-being by Addressing the Social Determinants of Health**

By Judy Barnstone, Ph.D.  
July 2021



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### INTRODUCTION

We all deserve the opportunity for good health, regardless of race, ethnicity, income, or zip code, and that opportunity is tied to much more than access to quality medical care. Children need environments that are rich in resources and supports, and free from dangers, in order to grow up to be healthy, happy, and productive adults. However, many families in New Mexico lack or have limited access to the resources and opportunities that are critical for healthy development. Children of color and those in families earning low incomes face structural barriers and systemic inequities related to housing, education, employment, community services, and health care, which can place their development at risk. Inequities in these “social determinants of health” directly contribute to disparities in child and adult health conditions and outcomes, as well as mortality rates.

While these inequities predate the current public health crisis, never have they been so salient. For many, the COVID-19 pandemic exacerbated risks to children’s health by straining families’ economic resources and limiting their access to health, educational, and social supports. This is particularly true for children in low-income and immigrant households and children of color. Differences in income and wealth, occupation and employment, education and technology resources, housing affordability and quality, transportation, and health care information, access, and coverage have led to dramatically different pandemic-related outcomes,

too often with tragic consequences. And while we may not see the health impacts of pandemic-related hardship on children for some time, without public policies that better support our children, we can expect to see increased health disparities down the road.

In this report, we examine the role of the public health system and other health care institutions in promoting health and well-being in New Mexico, but we also look to our physical and social environments to explain observed health disparities and to identify solutions that will promote racial and economic equity, as well as good health, in our state. Ultimately, we propose a “health-in-all-policies” approach for New Mexico. A health-in-all-policies approach works to improve health by considering the positive and negative health impacts of all policy decisions, across all levels of government and all policy areas. It can also target the root causes of health problems and correct the social and economic inequalities and barriers to opportunity that lead to poor health. This approach to policymaking is grounded in the belief that it is both avoidable and unjust for communities and groups of people to have different or limited opportunities to be healthy.<sup>1</sup> At the end of this report, we present policies that reduce inequities and expand opportunities related to economic well-being, employment, cradle-to-career education, housing and food quality and affordability, neighborhood and community assets, consumer protections, and taxation.

# Why Social and Economic Policy are Tied to Health:

## A Primer on the Social Determinants of Health

We've spent too long believing that the causes of poor health lie only in one's biology or with individual health choices, like whether to take medications as prescribed or to eat a balanced diet. However, research overwhelmingly shows that some population groups (such as people of color, people who earn low incomes or who live in poor neighborhoods, and those with less schooling and/or in working-class jobs) have significantly higher rates of poor health and also die at younger-than-average ages. We see these disparities in the rates of cardio-vascular disease, diabetes, and lung disease, and we have seen them in the disproportionate rates of infection, illness, and death due to COVID-19.

Such broad patterns cannot be explained by heredity or individual choices alone. While individual health behaviors, like smoking or regular exercise, clearly influence health outcomes, systemic racial and socio-economic inequities deny far too many New Mexicans the chance to make healthy choices. We do not all reside in neighborhoods and towns that have access to affordable, healthy foods, sidewalks and other safe places to exercise and relieve stress, or schools that prepare us for higher education and rewarding careers with sufficient wages and safe working conditions – all of which shape our options for healthy behavior. Even when we do have good health choices available, we may be differently exposed to hazards that can place our health at risk.

These community-based hazards include, among other things, crime, substandard housing, poor air quality, and discrimination, all of which can limit our social and economic opportunities and expose us to excess stress.

These external factors, collectively known as the social determinants of health, are the circumstances of living that promote or hinder healthy development and good health. The social determinants of health include the resources and opportunities that people can access, and the health risks and hazards to which they are exposed. What this means is that our health behavior and health outcomes are heavily influenced by the environments in which we live, which are themselves impacted, in large part, by policy choices made by our governments, such as appropriations for schools and the regulation of alcohol sales. Thus, if we want to prevent poor health and promote good health for New Mexico families, we must tackle the observed inequities, or differences in exposure to resources and risks, through policy interventions – government regulations, taxation, funding, and programming.

### HOW, EXACTLY, SOCIAL DETERMINANTS AFFECT OUR HEALTH

To better understand how social and economic policies can improve long-term health for New Mexico's children, it will help to explain, more explicitly, how the physical and social environments affect us. There are a number of inter-related pathways by which the social determinants of health can influence morbidity and mortality: through the impact of stress on our bodies, through fetal and child development, through environmental opportunities and direct environmental impacts, and through our behavior. Discrimination is an influencing factor on each, resulting in systemic barriers and creating stress, each with serious consequences for health and well-being.





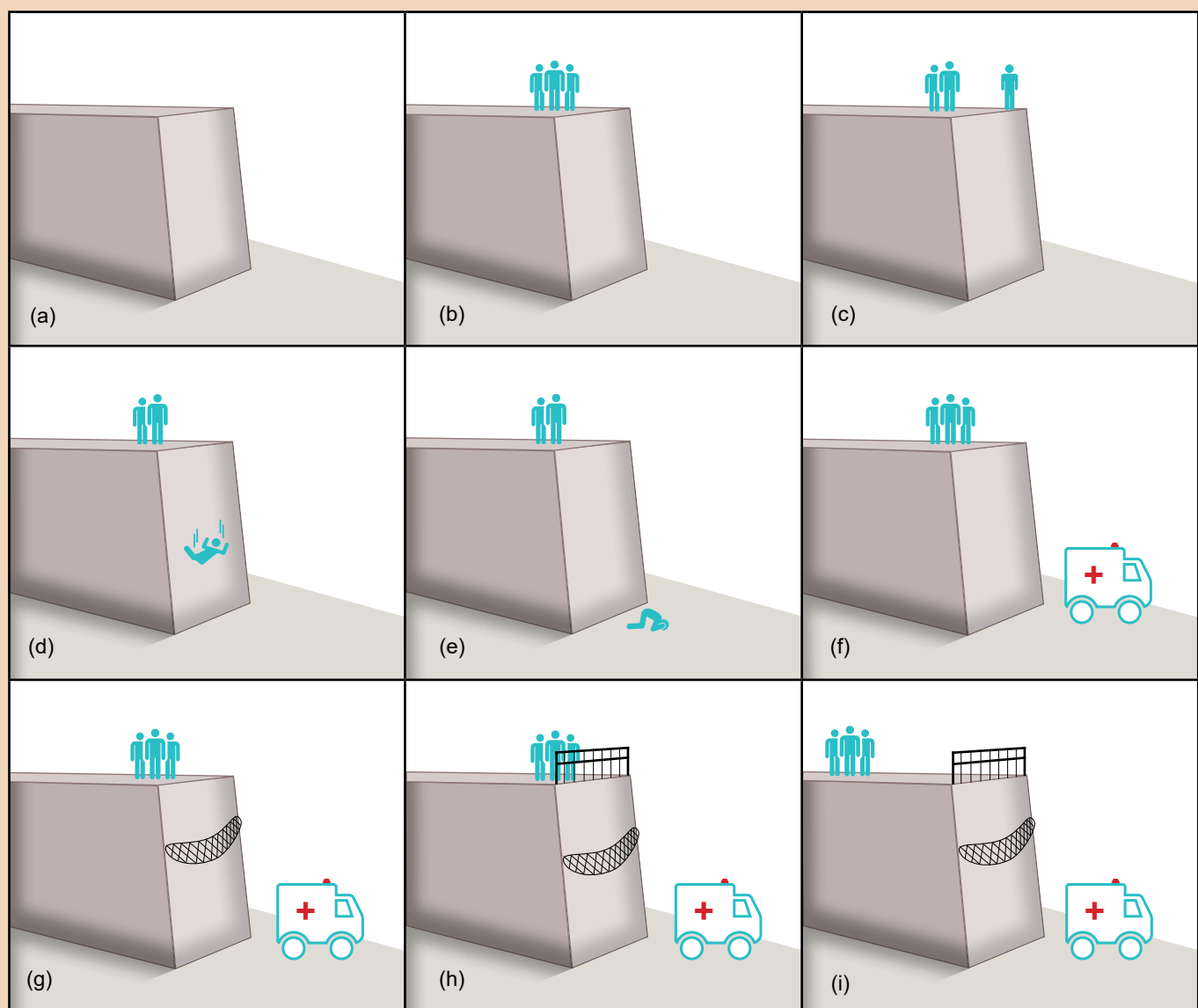
## The Cliff Analogy: Targeting the Root Causes of Poor Health Through Prevention

A metaphor may help illustrate the limitations of assuming that health care alone forges the path to a healthier New Mexico. Camara Jones, formerly of the CDC, has written and spoken extensively on what she has termed the Cliff of Good Health.<sup>2</sup> She asks us to imagine a cliff, with a population at-risk for illness perched atop it (see Figure I, panels a-c, below). Our health care system is heavily invested in treating people who have suffered a physical,

behavioral, or mental health crisis – picking people up and sewing them back together after they have fallen off of the Cliff of Good Health and crashed to the ground (panels d and e), and often after extensive lasting damage has been done. In Jones’ diagram, this tertiary intervention is represented by the ambulance transporting people to hospitals for care (panel f).

### FIGURE I

The Cliff Analogy Illustrates What’s Wrong with Our Approach to Health Care



Sources: Adapted from “Addressing the social determinants of children’s health: A cliff analogy,” Jones, C., et al., *Journal of Health Care for the Poor and Underserved*, 2009; falling man icon by Freepik from [www.flaticon.com](http://www.flaticon.com)  
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Sometimes, as when we have the chest pains and shortness of breath that precede a heart attack, our secondary health care providers – outpatient specialists – intervene at the first signs of crisis, preventing the worst damage from occurring. This is represented in the panel by the safety net that catches us after we have fallen off the cliff (panel g). Ideally, however, our health care includes routine visits to medical providers, who check our blood pressure and cholesterol and ask us about our health behaviors, identifying those at risk, and recommending lifestyle changes and medications, when needed. This primary care is the fence atop the cliff, keeping us from falling over into a medical crisis (panel h). This crucial intervention helps individuals, one at a time, when they are identified as having risk factors for illness.

Jones argues that, rather than treating one person at a time, it makes much more sense to prevent health risk factors through community and environmental interventions – to move whole populations away from the edge of the cliff through social and economic policies that improve the social determinants of health (panel i). Just think of the suffering, hardship, and social and financial costs that could be avoided through community-level prevention efforts!

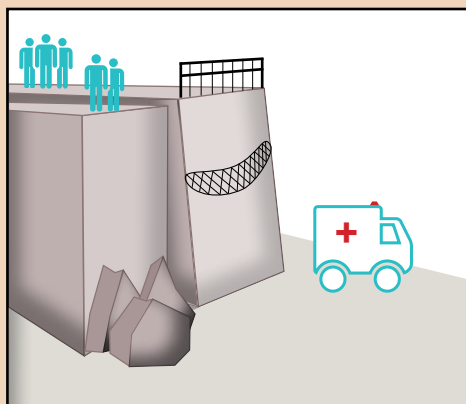
Jones furthers this metaphor by using it to explain disparities in health and illness. As she explains

it, not only do we not all have access to adequate ambulances, safety nets, and fences, but we do not even reside on the same cliffs (see Figure II, below). That is, we have different access to quality health care, different opportunities for healthy behaviors, and different stressors that place wear and tear on our bodies. These disparate risks relate to race, ethnicity, and immigration status, to income, educational and occupational status, and to the resources and services present in our neighborhoods and towns. That is, some of us have no safety nets or fences, and some of our cliffs are steeper and more slippery than others, and therein lies the health inequity. This difference in the chance to be healthy is both unjust and just plain wrong.

Looking at the metaphor through a COVID-19 lens, it is clear that the pandemic has frayed our safety nets, worn down our ambulances, and strained our health care system to its limits, compounding the environmental risks for poor health. It has made our fences – our primary health providers – harder to access. Simultaneously, as we’ve tried to illustrate by amending Jones’ figures (see Figure III, below), the pandemic has pushed many individuals and communities closer to the edge of the cliff by creating and exacerbating economic and material hardship, stress, isolation, trauma, and grief. That is why now, more than ever, it is critical that we strengthen our health care systems, as well as our communities’ resources.

**FIGURE II**

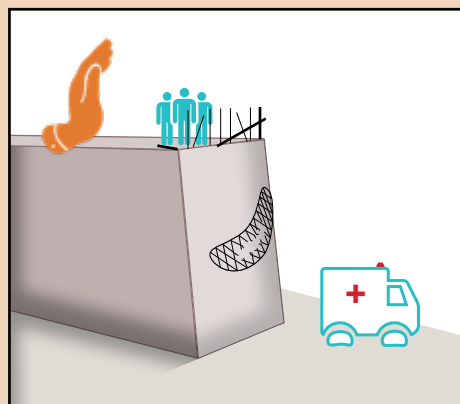
**Not Only is Our Health Care System Flawed, Not Everyone is on the Same Cliff**



Source: Adapted from “Addressing the social determinants of children’s health,” Jones, C., et al.  
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**FIGURE III**

**The COVID Pandemic Has Further Weakened our Health Care System**



Source: Adapted from “Addressing the social determinants of children’s health,” Jones, C., et al.  
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## HOW STRESS AFFECTS OUR HEALTH

In 2017, about 20% of adults in New Mexico felt mental distress, indicating they had at least six days per month with poor mental health. The rate is notably higher in some population groups – specifically, among Blacks, those in households earning less than \$15,000 per year, and those identifying as LGBTQ.<sup>3</sup> And rates of distress have been much, much higher for everyone during the COVID-19 pandemic. In the fall of 2020, two-thirds of adults in New Mexico reported feeling nervous, anxious or on edge at least several days in the last week, and 60% had uncontrollable worry. Estimates were somewhat higher for adults with children in the household and for those who identify as Hispanic.<sup>4</sup> Feeling distressed, anxious, or worried are all symptoms of stress, and chronic or recurrent acute stress have been shown to place not just mental health but physical health at risk. That is because stress, as an emotional reaction to triggers in our environments, is typically accompanied by a biological reaction, as well.

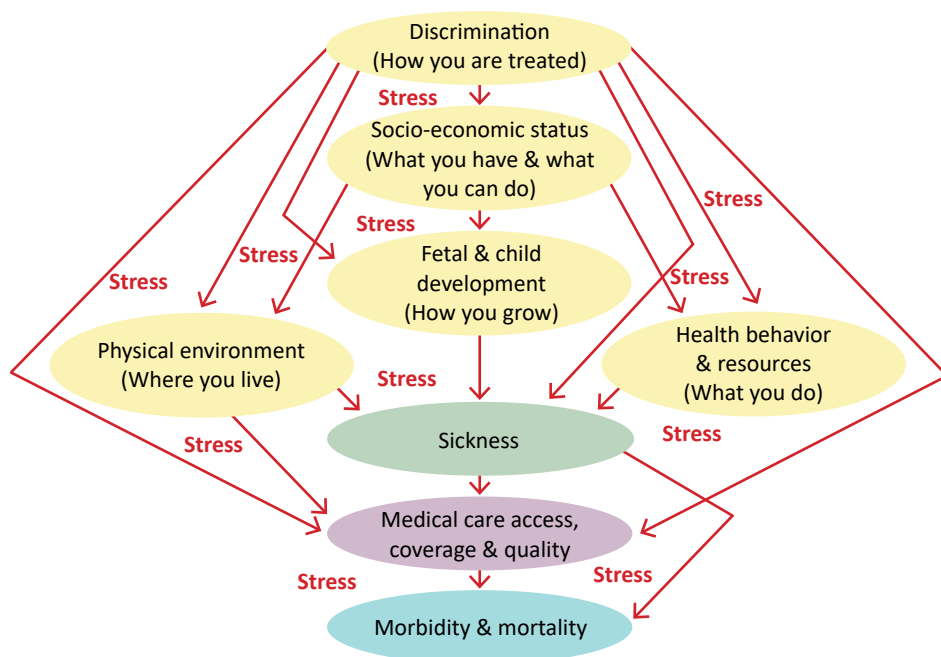
Humans evolved to have a “fight-or-flight” response in the face of extreme threats. Our heart rate and breathing accelerate to prepare us for action, causing a spike in stress hormones, including adrenaline and cortisol, which, in turn, release glucose into the blood stream. This physiological response enables us to quickly move our foot to the brake when a car pulls out in front of us and to stop short when we see a bear in the middle of our hiking trail. It is this same stress response that is triggered when we walk the streets of neighborhoods high in crime, when we get past-due notices from creditors, when we can’t fulfill employers’ demands, or when we are stopped by law enforcement because of racial profiling. Normally, when a threat passes, (e.g., when the bear wanders back into the woods,) our stress hormone levels retreat. However, when we are regularly exposed to high levels of stress in our daily lives, such as when we face economic insecurity or systemic racism, our stress hormones remain at higher-than-normal levels, a state known as

a high “allostatic load.” Chronically elevated cortisol and adrenaline contribute to many serious health conditions – diabetes, auto-immune disorders, high blood pressure, high cholesterol, obesity, osteoporosis, and more – and can increase the likelihood of a number of serious health crises, like heart attack and stroke. They can also make us more vulnerable to infections and slow our recovery once infected. The health effects of chronically high levels of stress have been compared to those of regular smoking,<sup>5</sup> and stress has been shown to contribute to accelerated aging,<sup>6</sup> each associated with a shorter life expectancy.

## FETAL AND CHILD DEVELOPMENT AND LONG-TERM HEALTH

Fetal and child development can also be harmed by prolonged stress. In fact, when adversity persists through childhood, it is referred to as “toxic stress,” likening stress to a poison. A now-familiar study found that certain stressful childhood experiences, known as adverse childhood experiences, or ACEs, increase the likelihood of poor adult health. The more of these experiences a child has, the higher the risk.<sup>7</sup> While the original study focused on household dysfunction, such as child maltreatment and parental substance use,

**FIGURE IV**  
**Stress Impacts Health in Many Ways**



Source: Barnstone, J.  
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later research noted that poverty, alone, and/or living in communities with high rates of poverty, can have similar effects.<sup>8</sup> And while poor health outcomes in these communities can be partly explained by factors in the physical environment, like poor air quality, or by health behaviors, like unhealthy eating, the same stress response that takes a biological toll on adults can directly interfere with the development of a fetus' or child's organs and neurological and physiological systems, and the effects can be cumulative, from pregnancy through adolescence. The resulting changes in child development then contribute to adult morbidity and mortality.

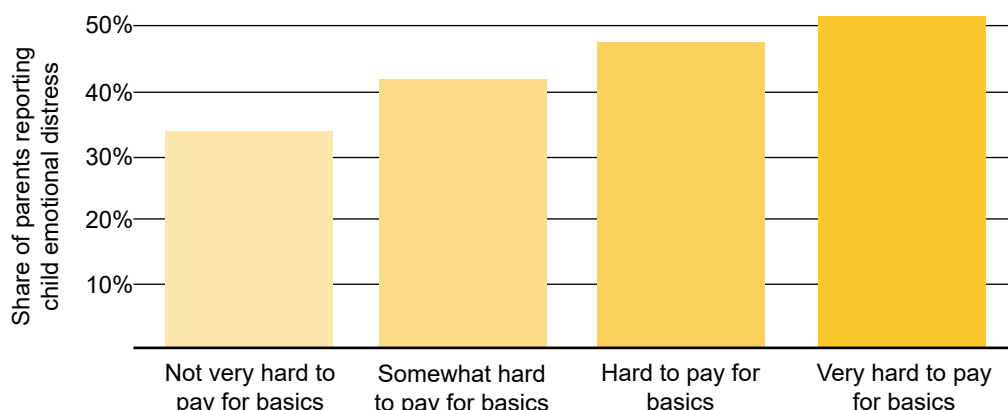
Prenatally, maternal stress contributes significantly to poor birth outcomes like low birthweight and preterm birth. In 2018, in New Mexico, an estimated 9.1% of births were low birthweight and 9.8% were preterm.<sup>9</sup> Black mothers, with higher rates of low birthweight, preterm birth, and infant mortality, fare significantly worse than any other racial and ethnic group.<sup>10</sup> This is partly explained by chronic stress resulting from the experience of racism and sexism, which can directly affect fetal development, even in the absence of risky behaviors or economic hardship. A pregnant woman's stress hormones can negatively impact her fetus' developing organs, which has been implicated in adult diabetes, hypertension, and heart disease. Stress hormones can also disrupt brain development, affecting cognitive and emotional function.<sup>11</sup> In fact, if we look further up the causal chain, environmental stress can increase pregnancy risks even before conception, as a mother's own reproductive development and health status may have been negatively impacted by stress.

We know that early childhood is a critical period for later health and capacity, and the ACEs studies taught us that acute and chronic family distress can interfere with healthy development. During the pandemic, family stress levels have been running high, and children feel this stress. According to the Rapid Assessment of Pandemic Impact on Development – Early Childhood (RAPID-EC) study, there are linear relationships between a

household's financial and material hardship and the stress felt by parents and other caregivers, and between caregivers' stress and their young child's stress. The more serious the financial hardship, the more stress experienced by young children in the home. In fact, nationally, in the households that have struggled the most to afford the basics during this pandemic, well over 50% of children younger than age 5 experienced notable emotional distress, as shown on Figure V<sup>12</sup> (below). Researchers refer to this as the "hardship chain reaction," and without an increase in economic and material support to our families with the least resources, child development could be negatively impacted, leading to worse health outcomes in the long term. If children living through the COVID-19 pandemic are to grow into healthy adults, their families must have their basic needs met and their financial security increased. Under-investing in children now could have real, harmful effects in the long term.



**FIGURE V**  
**Children in Families with Financial Difficulties are More Stressed**  
Child Emotional Distress and Household Difficulty Paying for Basics (2020)



Source: Rapid Assessment of Pandemic Impact on Development - Early Childhood Study  
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## DISCRIMINATION INCREASES STRESS AND SHAPES ENVIRONMENTAL RISKS FOR POOR HEALTH

Another critical determinant is discrimination. Interpersonal and systemic discrimination based on race, ethnicity, gender, immigration status, disability, sexual or gender identity, or any other characteristic, can be powerful sources of stress, which increase allostatic load, even for people with resources. It contributes to toxic stress experienced by pregnant women and by developing children and adolescents.

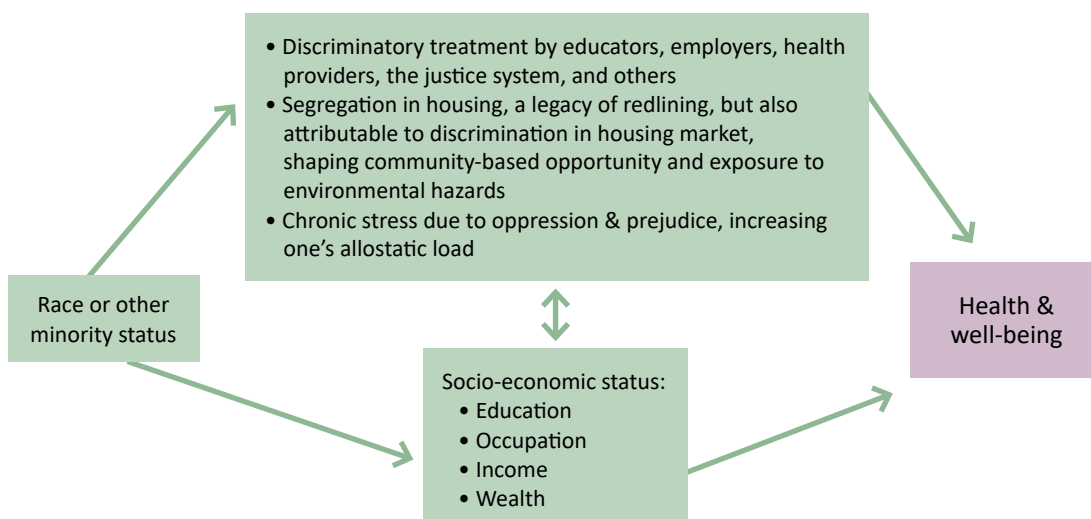
The experience of discrimination is disturbingly widespread, according to a large, nationally representative poll from 2017, “Discrimination in America.” Respondents who were people of color experienced high rates of interpersonal discrimination, indicating they had been addressed with racial slurs and offensive comments, and had others act afraid of them. Being a member of more than one discriminated group increased the likelihood of being a victim of prejudice, with, for instance, Native American and LGBTQ women experiencing harassment at very high rates.<sup>13</sup> Unfortunately, discrimination for some groups is on the rise, with a worrisome spike in discrimination against Asian Americans observed since the start of the COVID-19 pandemic. A national poll from April 2021 revealed that an estimated 45% of Asian Americans have experienced at least one discriminatory interaction since the start of the

pandemic, a third have worried for their safety, and 81% believe that anti-Asian American violence is increasing.<sup>14</sup>

Regarding systemic, institutional discrimination, the “Discrimination in America” study further documented that greater than half of the Black people surveyed, and a third of Native and Hispanic Americans, reported that they had experienced employment discrimination, both in hiring and in pay, as did about a third of all women. More than half of the Blacks surveyed, a third of the Native Americans, and nearly as many Hispanic Americans, reported discriminatory interactions with law enforcement and with the courts. This unfortunately translates to reluctance to call the police when help is needed, with about a third of Blacks, a fifth of Native Americans, and nearly a third of those identifying as LGBTQ indicating that they have avoided calling the police due to fear of discriminatory treatment. The survey also documents a high and disparate incidence of discrimination in housing (especially for people of color and those who are LGBTQ) and in health care (especially for people of color and women). As a result, nearly one-fifth of Hispanic Americans reported actually avoiding medical care because of fear of being treated poorly.<sup>15</sup>

These data reflect a systemic pattern of discrimination that can cause a rise in stress hormones and thereby impair physical and mental health, in both the short and long term. As importantly, discrimination enables unequal treatment by those with power or authority and creates systemic barriers to the resources,

**FIGURE VI**  
**Discrimination Harms Health on Multiple Levels**



Source: Barnstone, J.  
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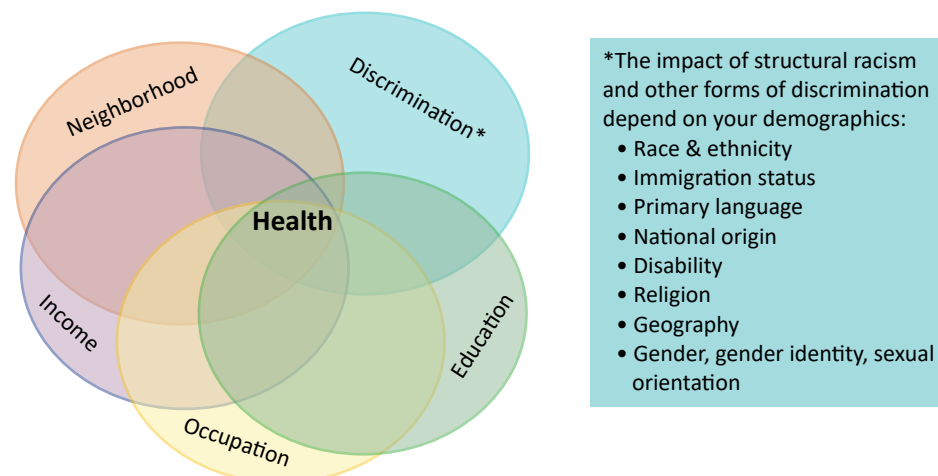


services, and opportunities that protect and promote good health. Fulfilling jobs with adequate pay and benefits, competent health care, and the protections of public safety services are not assured for many New Mexicans of color, immigrants, women, and those who identify as LGBTQ. Discrimination thus creates health inequity and being a member of more than one non-dominant group, called intersectionality, increases the likelihood of being a victim of both discrimination and its associated health effects. Note, too, that discrimination can have a ripple effect on the different social determinants of health. Discrimination can shape educational and employment opportunities, which can shape where one can afford to live and to what health care one has access. And the direction of influence can vary. For instance, where one lives can shape one's employment opportunities, and not just the other way around. Disadvantage and marginalization can therefore have compounded health effects.

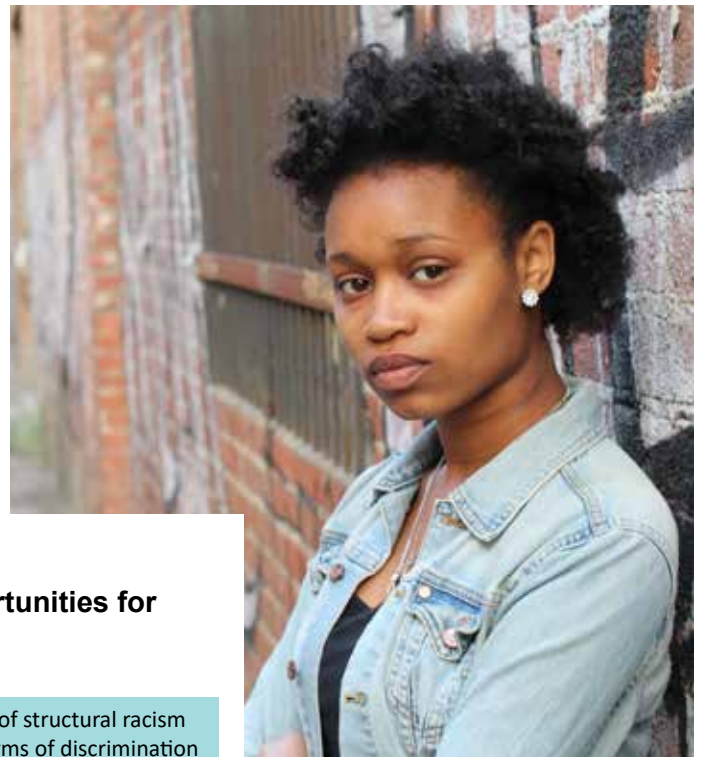
In 2018, the New Mexico Department of Health noted that the greatest racial disparities in mortality were due to heart disease, flu, pneumonia, and diabetes,<sup>16</sup> and in 2021, we must add mortality due to COVID-19 to the list.<sup>17</sup> Unjust social and institutional conditions are a significant cause of these disparities and this excess death.<sup>18</sup> There are a number of interconnected environmental factors that contribute to this mortality, as well as to poor health. As Figure VII (below) indicates, income, occupation, education, and neighborhood are all factors that influence health, in conjunction with, as well as independent from, stress and discrimination.

**FIGURE VII**

**Our Demographic Characteristics Impact Our Opportunities for Good Health**



Health equity is achieved when “everyone has a fair and just opportunity to be as healthy as possible,” according to the Robert Wood Johnson Foundation, and “this requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.”<sup>19</sup> We must therefore enact equity-based policies in New Mexico to give everyone a fair shot at a long and healthy life, regardless of race, ethnicity, or immigration status, and regardless of whether one lives in a rural or urban area. If New Mexico works to improve the conditions in which we live by expanding opportunities and empowerment and by reducing health risk for all of our residents, we will see beneficial effects on health in the short term, and on the future good health of our children as they grow.



Source: Barnstone, J.  
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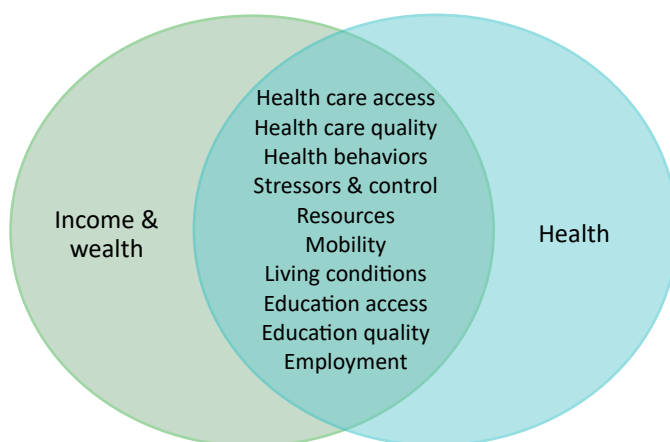
# Health and the Circumstances of Living: Economic Stability, Employment, Education, and Neighborhood

Even in the absence of stress, social determinants can place child development, health, and well-being at risk, and their effects can be cumulative, throughout childhood, and across the lifespan. To use one social determinant as an illustration – community concentration of poverty, which correlates with the availability of resources and environmental stressors – there is a gap in life expectancy in New Mexico of more than five years between those living in Census tracts with a poverty rate of less than 5%, and those in tracts with a rate greater than 40%.<sup>20</sup> While it must be acknowledged that people with low incomes and fewer resources often reside in places where poverty rates are high, much research confirms that there are negative health impacts associated with living in a community where poverty is prevalent and/or where the median income is low, even for those who are themselves not poor. Conversely, living in a geographic area with higher median income correlates with better health outcomes, regardless of one's own income level. Place matters, especially for growing children building the foundations of good adult health.

What follows is a review of the research documenting and further explaining the connection between our environment, our circumstances of living, and health

in New Mexico. We examine social determinants related to income and employment, education, housing and food, community resources, consumer protections, health care, and taxation.

**FIGURE VIII**  
**Income and Wealth Intersect with Health, Greatly Impacting Multiple Determinants**



Source: Barnstone, J.  
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## HEALTH AND ECONOMIC STABILITY

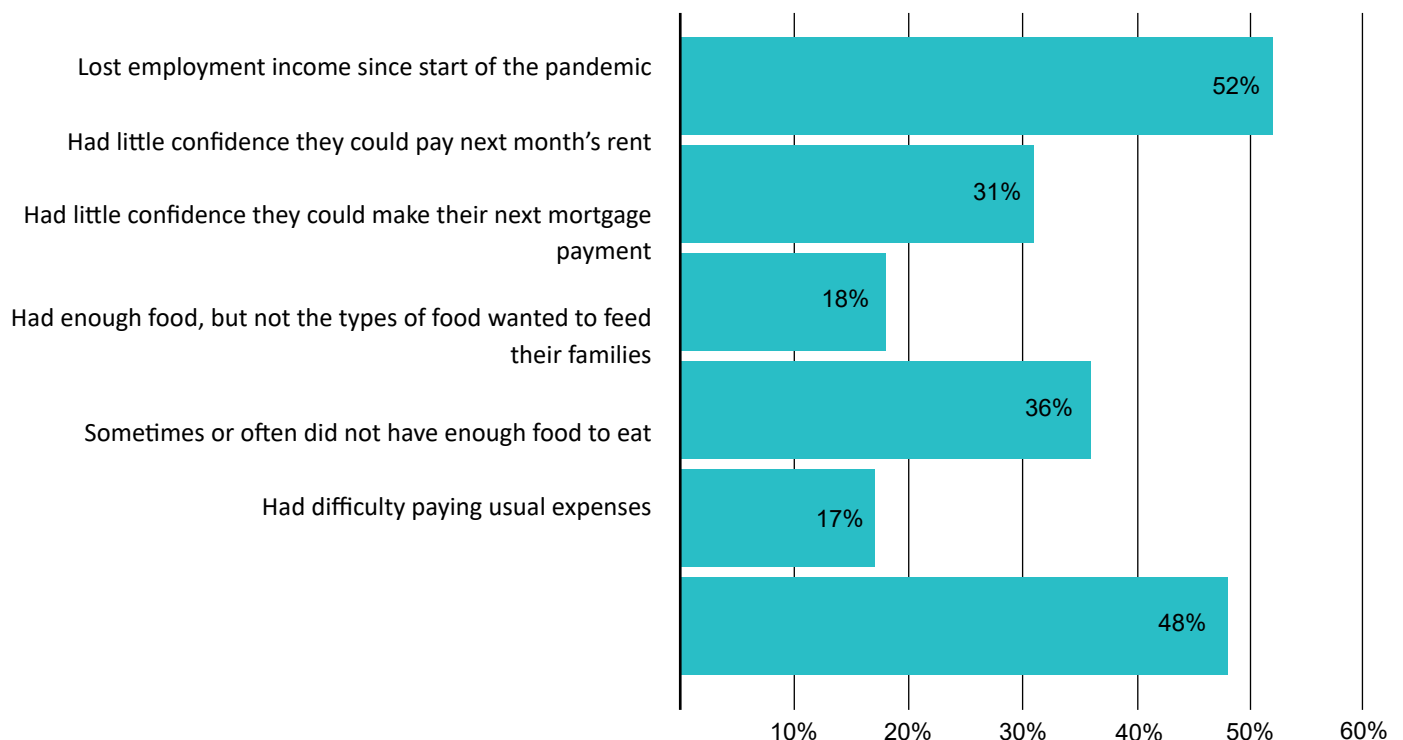
Low family income, which intersects with race, ethnicity, and neighborhood in America, is correlated with many health conditions in childhood. Children in low-resource families have higher rates of asthma, anemia, obesity, and diabetes, and of problems with hearing, vision, speech, and mental health. They also have higher rates of both intentional and accidental injuries, and lower likelihood that their parents report their health as very good or excellent.<sup>21</sup> In New Mexico, where the poverty rate is higher than in almost all other states,<sup>22</sup> nearly 1 in 8 children are diagnosed with asthma,<sup>23</sup> roughly 1 in 5 have a special health care need, meaning they had a physical or mental health condition that requires more than the usual amount or type of health services,<sup>24</sup> and nearly 1 in 3 children aged 10 to 17 are overweight or obese.<sup>25</sup> Family-level poverty, tied as it is to education, employment, and community-based opportunities, is a well-known health risk factor for children because having sufficient income promotes access to health resources and opportunities and reduces the likelihood of harmful stress.

In 2019, 20% of all New Mexicans and 28% of children lived in households with incomes below the federal poverty line, and rates were higher for children of color than for white, non-Hispanic children.<sup>26</sup> Median household income in New Mexico that year was about \$49,750 and was significantly lower for Hispanic households (roughly \$42,500), Black households (~\$40,500), and Native American households (~\$35,500).<sup>27</sup> Given disruptions in earnings and employment and inconsistent government aid during the COVID-19 pandemic, we can expect a lower median income for 2020 and 2021, particularly for immigrants, who were excluded from federal assistance programs and who more commonly work in the devastated service sector. As a snapshot, in the fall of 2020, more than half of New Mexico parents reported that they had lost income, and many were struggling to meet their families' financial obligations, like making rent and mortgage payments, purchasing healthy groceries, and paying other bills, as indicated by the Census survey data in Figure IX (below).

**FIGURE IX**

### **New Mexico's Families Suffered Significant Hardship During the Pandemic**

Pandemic-Related Economic Hardship for New Mexico Families with Children (2020)



Source: Census Bureau's Household Pulse Survey, September-October 2020  
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Families of color in New Mexico reported each of these financial worries at higher rates, compared to white, non-Hispanic families.<sup>28</sup> Unfortunately, the racial and ethnic disparity in pandemic-related economic hardship persists, even as the U.S. economy recovers, as illustrated by this national-level housing insecurity graph (Figure X, below) from March 2021.

The pandemic has also illustrated the extent to which wealth is an important indicator of economic well-being. Owning homes and having money in savings helped many households weather the downturn associated with the pandemic, granting them economic stability. In New Mexico and nationally, there are real disparities in wealth. White households in New Mexico have a net worth of about \$133,000, whereas households of color have less than one-fourth of that amount, about \$31,600. And while nearly three-quarters of white New Mexicans own their own homes, rates are lower for every other racial and ethnic group.<sup>29</sup>

Those without wealth face racial inequities in borrowing, as well. Variable rate mortgages were disproportionately targeted to people of color in the decade leading up to the housing crisis and the last recession.<sup>30</sup> And high-interest, predatory loans target poor, predominantly non-white communities, increasing the chances that people of color will get caught in a cycle of high-cost debt. Native Americans, in particular, have been targeted with high interest loans, with 65% of all payday lenders in New Mexico located in close proximity to tribal lands.<sup>31</sup> For those with poor credit and no savings, these lenders are often the most immediate choice, when faced with a crisis like pandemic-related job loss.

Earning and retaining income sufficient to enable saving and minimize borrowing will offer critical protections going forward. And of course, in the near term, raising wages, and allowing households with low incomes to keep more of their earnings through tax policy,

will promote not only economic security, but food and housing security, as well. These, in turn, will promote better health for children as they grow and will lay a foundation for better adult health.

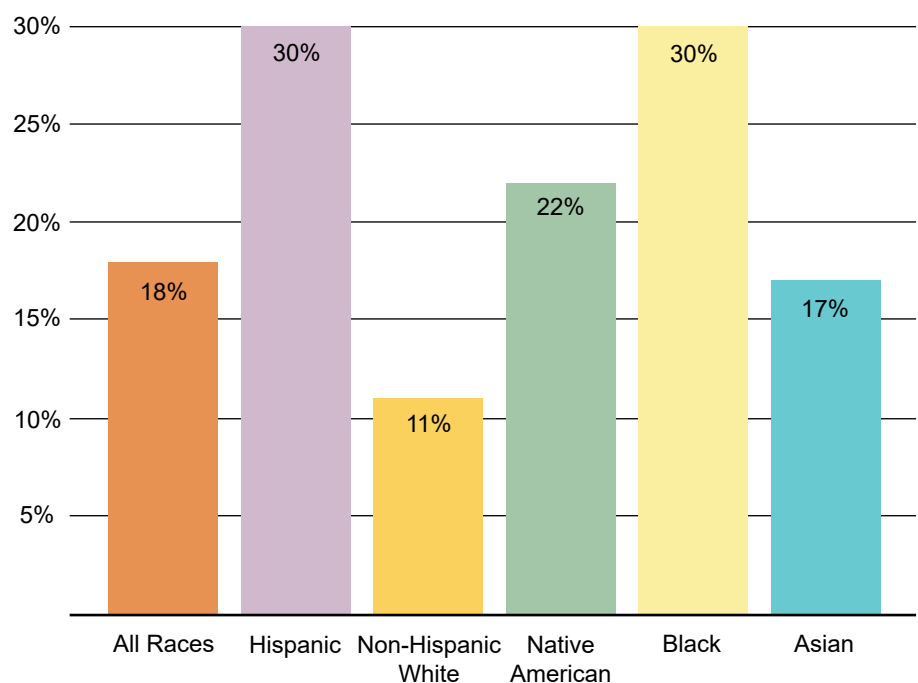
## HEALTH AND OCCUPATIONAL AND EMPLOYMENT OPPORTUNITY AND SAFETY

Research shows that extended unemployment, and even short or repeated periods of unemployment, can significantly increase one's risk for heart attack, likely due to increased stress, disrupted income, and decreased access to resources to meet needs.<sup>32</sup> Unemployment clearly impacts wage earners, but it also impacts entire families, making the resources, services, and opportunities that protect health and development harder to obtain. In 2018, just over one-third of all children in New Mexico lived in households where no parent had secure employment,<sup>33</sup> defined as year-round, full-time employment. Even before the pandemic, New Mexico had one of the highest rates of long-term unemployment<sup>34</sup> and we know the employment picture has worsened in the past year.

**FIGURE X**

### Households of Color Are Far More Likely to Fear They Will Miss Rent or Mortgage Payments

Share of Households with Children in U.S. with Little or No Confidence in Ability to Pay Next Rent/Mortgage on Time, by Race (2021)



Source: Annie E. Casey Foundation analysis of Census Bureau's Household Pulse Survey data, March 3-29, 2021  
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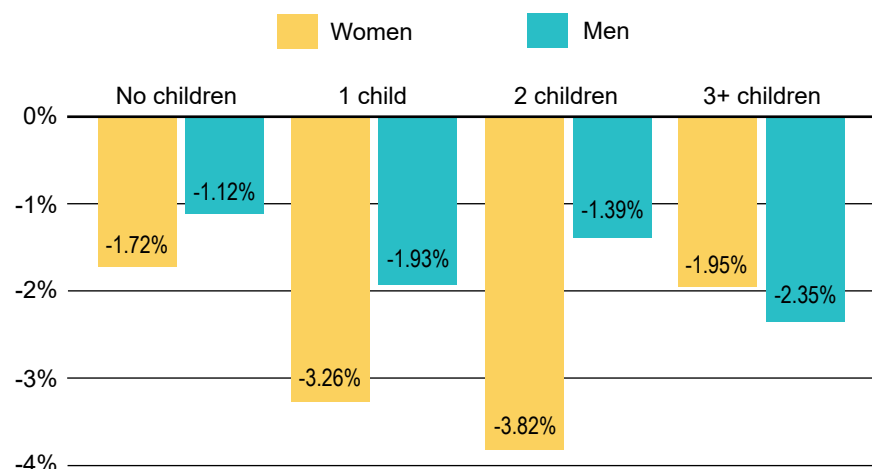


At the height of the pandemic, in December of 2020, 8.2% of those in the work force were unemployed in New Mexico, up from 4.8% the year before.<sup>35</sup>

Both economic security and health are dependent on job opportunity and safety. Not only are workers in some occupational sectors at higher risk for unemployment and disrupted earnings, as we've seen during the pandemic, but work in some sectors is more physically hazardous, such as in construction and trucking.<sup>36</sup> Additionally, workers who have little choice over their work schedule and job duties, those

in what researchers call “high-demand, low-control” jobs, are also exposed to more health-compromising stress and suffer worse health outcomes.<sup>37</sup> This lack of control over working conditions has been illuminated by the COVID-19 pandemic. During the pandemic, those without the option to work from home – essential workers, who are disproportionately likely to be people of color and to earn low wages – experienced greater exposure to the coronavirus and correspondingly higher rates of infection.<sup>38</sup> Without the benefit of paid sick or family leave, many of these same workers have had to make difficult choices between going to work while ill and earning a paycheck.

**FIGURE XI**  
Women Have Left the Work Force in Greater Numbers than Men  
Change in Labor Force Participation Rates by Gender and Number of Children (Jan.-Sept., 2020)



Source: “Women are leaving the labor force in record numbers,” Edwards, K. A., *The RAND Blog*, November 2020  
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Many workers, especially women without access to affordable, quality child care during the pandemic, have had to make similarly tough choices between going to work and keeping their children safe. As shown in Figure XI (at left), nationwide, women left the workforce at significantly higher rates than did men during the pandemic, with 2.2 million fewer women in the workforce in late 2020 than in 2019.<sup>39</sup> Yet even before the pandemic, our state had an insufficient number of spots for children in licensed child care, with just 0.57 spots per young child,<sup>40</sup> and 14 of our 33 counties were classified as “child care deserts.”<sup>41</sup> Thus, many parents have had to choose between work and the safety of their children for some time.



Policies that promote employment opportunity, security, and safety have the potential to promote and protect the health and well-being of adults and the children in their homes.

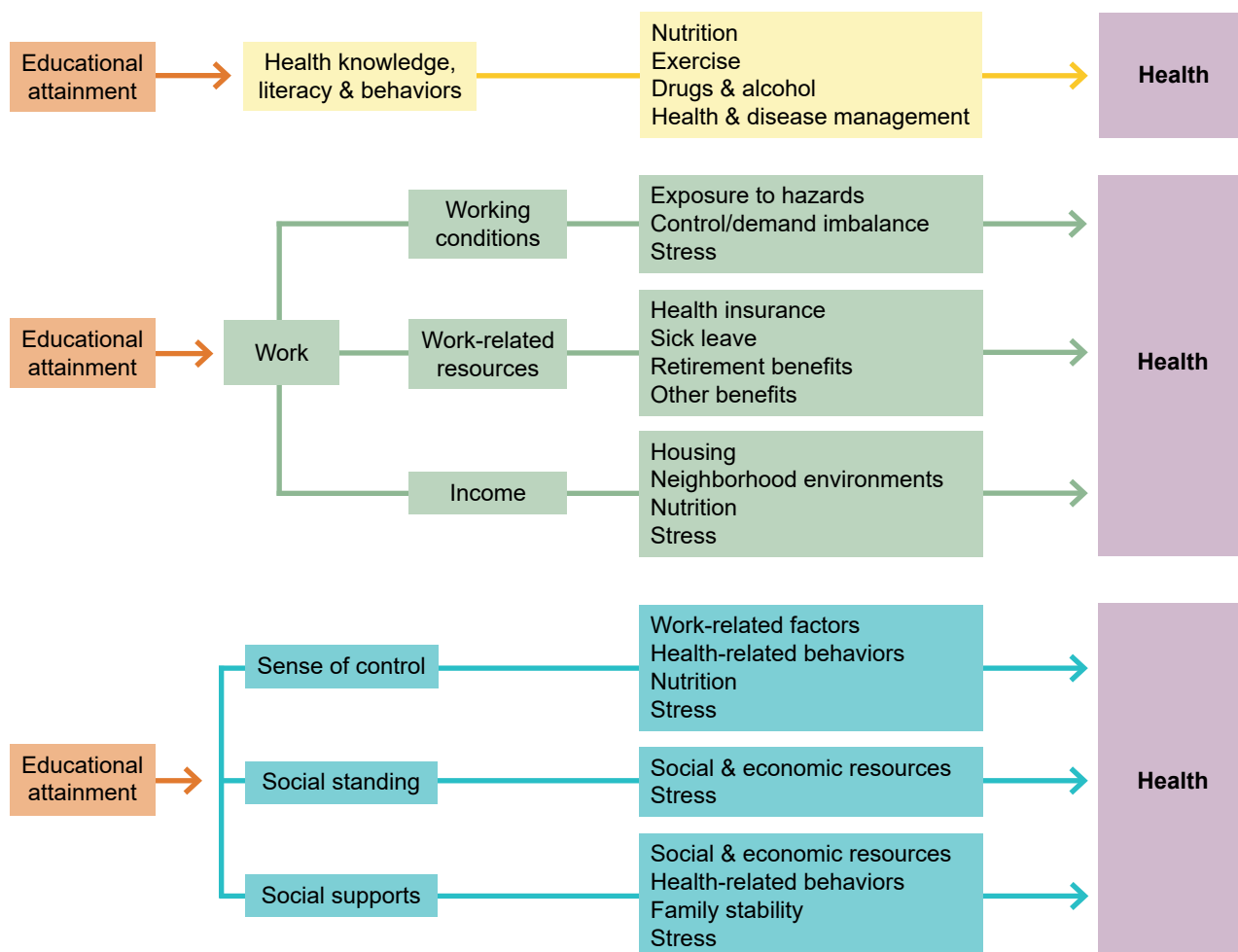
## HEALTH AND EDUCATIONAL OPPORTUNITY AND SUCCESS

Research overwhelmingly shows that educational attainment correlates with employment, income, and employment-related benefits, like health insurance and paid leave. Education is also one of the best predictors of health status. This is due in part to the occupational and employment opportunities it opens up, which provide, among other things, sufficient income for health resources and for housing in resource-rich communities. But education also contributes to health because it enables critically evaluated, well-reasoned and informed health decisions, as well as empowerment, which gives people the confidence and capacity to carry out healthy choices, as illustrated in Figure XII.<sup>42</sup>

Three-quarters of New Mexico students finished high school within four years in 2019, with somewhat lower rates for Native American and Black students, at 69% and 67%, respectively.<sup>43</sup> While these numbers represent an improvement, we are still very much below the national high school graduation rate of 85%,<sup>44</sup> and unfortunately, we will likely see a drop in 2021, due to the pandemic. In 2018, roughly 25% of New Mexicans between the ages of 25 and 44 had earned a 4-year college degree, compared to about 36% nationally.<sup>45</sup>

The foundations of educational readiness for both high school and college are built in childhood – in infancy and early childhood, in fact. Services to pregnant women and families with children aged birth to 5, have obvious benefits for a child’s health, but they are also just as critical to later academic success as quality elementary and secondary education. More

**FIGURE XII**  
**Education Impacts Health on Multiple Levels**



Source: Pathways Linking Education and Health, Braveman, Egerter & Williams, 2011  
NEW MEXICO VOICES FOR CHILDREN

than 5,700 families were served by the New Mexico Home Visiting Program in 2020,<sup>46</sup> and roughly 43% of New Mexico's 3- and 4-year-olds were enrolled in preschool.<sup>47</sup> Supporting children and families in early childhood can help all children successfully progress through and succeed in their K-12 schooling, no matter their socio-economic circumstances.

Unfortunately, the COVID-19 pandemic eroded health-promoting educational opportunities for children. Many children in New Mexico faced limitations on their outdoor activities, sports, and in-person recreational and social activities. And preschools, K-12 schools, and parents struggled to meet students' educational needs, while managing social distancing or relying upon technology. In the fall of 2020, even with great efforts by school districts to provide for students, only about four-fifths of New Mexico households with children reported that they usually or always had both a computer and internet available for their child's schooling.<sup>48</sup> Circumstances were notably worse for children in many rural and tribal communities. In fact, as the pandemic continued to necessitate remote and hybrid learning through the school year, about 80% of Native American students living in New Mexico's tribal communities still lacked reliable internet.<sup>49</sup> By November 2020, more than 12,000 New Mexico K-12 students were disconnected from their schools and unaccounted for, and another 9,000 either dropped out or left the school system.<sup>50</sup>

## HEALTH, OUR NEIGHBORHOODS, AND THE ENVIRONMENT

At the neighborhood level, the environment can assault a child's health and development directly, or it can do so by way of associated environmental stress. In considering environmental interventions



to promote healthy child development, it is useful to conceptualize the different pathways through which the environment that can get under our skin.<sup>51</sup>

In the **physical environment**, the health and development of fetuses and children can be harmed by exposure to air pollution and hazardous waste, and to toxins like lead, mercury, arsenic, and uranium in air, water, soil, and building materials. Allergens, extremes of temperature, and other weather events can also be hazardous.

In what is referred to as the **built environment**, children's health can be impacted by the availability of safe playgrounds, parks, well-lit sidewalks, trails, and other green space in one's community, and by the safety of roads and transportation systems.

Also in the community is the **service environment**, which includes access to and availability of quality child care, schools, and health care, grocery stores with affordable, nutritious food, and safe, affordable recreational opportunities. Ease of access to hazardous retail items like guns, cigarettes, vaping products, alcohol, and legal and illicit drugs can also be considered environmental risk factors.

In the **social environment**, being a victim of violence and/or witnessing it are clear risk factors for injury and trauma symptoms. And even without the direct experience of violence and crime, fear or worry about them can also be quite stressful, increasing one's allostatic load. Noise, crowding, and signs of neighborhood disorder, like boarded-up buildings or broken windows, can be significant sources of environmental stress for children, as well.

In the **home environment**, children's development and health can be affected by housing quality, including the adequacy and safety of ventilation, heating, cooling, and building materials, by the resources in the home, such as sufficient healthy food, clothing, books, and technology, and by the availability of supportive adults to provide supervision and cognitive stimulation.

The hazards, barriers, resources, and opportunities present in a child's environment can thus directly influence health and development, and they can either buffer or cause stress that can impact physical

and mental health in the long-term. Because of systemic inequities tied to where people can afford to live, children of color and those in families earning low incomes often have fewer environmental assets to promote health, as well as greater environmental risks that could harm it. We'll explore with more depth a number of environmental factors that can be targeted by policy: housing, food, neighborhood, consumer retail, and health care access.

## HOUSING AFFORDABILITY AND QUALITY

Families who spend more than one-third of their income on housing often have a hard time affording other necessities like food, transportation, child care, and health care. While housing costs are lower in New Mexico than in many other states, many families still struggle. Thirty percent of Hispanic children, nearly one-quarter of white, non-Hispanic children, and nearly one-fifth of Native American children in New Mexico live in households with a high housing cost burden, meaning they spend more than 30% of their income on housing.<sup>52</sup> When housing costs burdens are high, families may be left with no choice but substandard housing. In the worst cases, they are pushed into unstable housing and homelessness. The federal government reported that in 2019, 246 families were homeless on any given day in New Mexico, and over the course of the year, that equated to more than 10,000 public school students experiencing homelessness, including more than 1,700 homeless youths living on their own, without their families.<sup>53</sup> The experience of homelessness in childhood can have devastating long-term impacts on health, social and emotional development, and educational success.

Substandard housing can also be hazardous for a child's health and development. A home that protects and promotes good health is dry, temperature controlled, well-ventilated, well-maintained, clean, without mold or pests, free from contaminants such as lead, asbestos, radon, and carbon monoxide, free from structural problems, and otherwise safe.<sup>54</sup> Using lead exposure as one example, in New Mexico in 2014, 0.86% of young children who were tested had elevated levels of lead in their blood, with higher rates in the northwestern and southeastern counties.<sup>55</sup> Lea County, in the southeast, has the highest rate of child asthma hospitalizations, and also the highest share of houses (roughly 83%) built prior to 1980, which increases the likelihood of both lead paint and asthma triggers in the home.<sup>56</sup> Carbon monoxide (CO) is also a serious risk for children, as well as for pregnant women. In New Mexico, an average of 20 people die

each year because of accidental CO exposure. CO poisoning is about three times more likely to harm families of color, likely because of faulty appliances and heating units and poor ventilation.<sup>57</sup> Thus, there can be dangerous inequities in exposure to housing-related health risks.

## FOOD ACCESS, AFFORDABILITY, AND QUALITY

Food insecurity, or inconsistent access to nutritious food, contributes to health conditions such as obesity and illnesses such as diabetes and colon cancer. In 2019, more than 15% of New Mexico households were food insecure. Ten percent had low food security, meaning they had reduced food options, and another 5% had very low food security, meaning that meals were skipped and hunger was present.<sup>58</sup> Among children in New Mexico, the rate of food insecurity is notably higher, about 1 in 4.<sup>59</sup>

The main cause of food insecurity is limited income, but the problem is compounded in communities that lack full-service supermarkets. These "food deserts" typically lack grocery stores. They often have only convenience or other small stores, which usually have higher food prices and limited variety and quality of food. In 2015, the USDA estimated that about 30% of all New Mexicans lived in areas with poor access to food stores, meaning that residents lived more than one mile from a full-service grocery store in urban areas, or greater than ten miles in a rural area.<sup>60</sup> In three rural New Mexico counties, all residents live in a food desert – a full 100% – as shown on Figure XIII<sup>61</sup> (below). In New Mexico food deserts like these, a 2008 study found that one basket of food costs, on average, \$30 more in small rural stores than in full-size grocery stores in larger towns,<sup>62</sup> making





healthy food further out-of-reach for low-income rural residents.

While the Supplemental Nutrition Assistance Program (SNAP) greatly offsets food insecurity, families receiving SNAP absolutely still struggle to afford healthy foods. SNAP benefits rarely cover all food costs, especially in areas with high prices. Research indicates that households receiving SNAP would need an extra \$10 to \$20 per person, per week, to assure an adequate diet.<sup>63</sup> And, of course, families earning just above the eligibility limit for SNAP also struggle with affording and accessing nutritious food.

Children growing up with limited access to healthy food have significantly higher rates of obesity.<sup>64</sup> About 55% of Native American third graders and 36% of Hispanic third graders – both of which are more likely to live in families earning low incomes – are overweight or obese, significantly higher rates than for other racial and ethnic groups in the state.<sup>65</sup> With obesity often beginning in childhood, two-thirds of New Mexico adults were either obese or overweight in 2019, with higher rates, once again, amongst Native American and Hispanic New Mexicans.<sup>66</sup> While diet is just one risk factor for obesity and obesity-related illnesses, we know that about only one-sixth of New Mexico adults consume the recommended number of servings

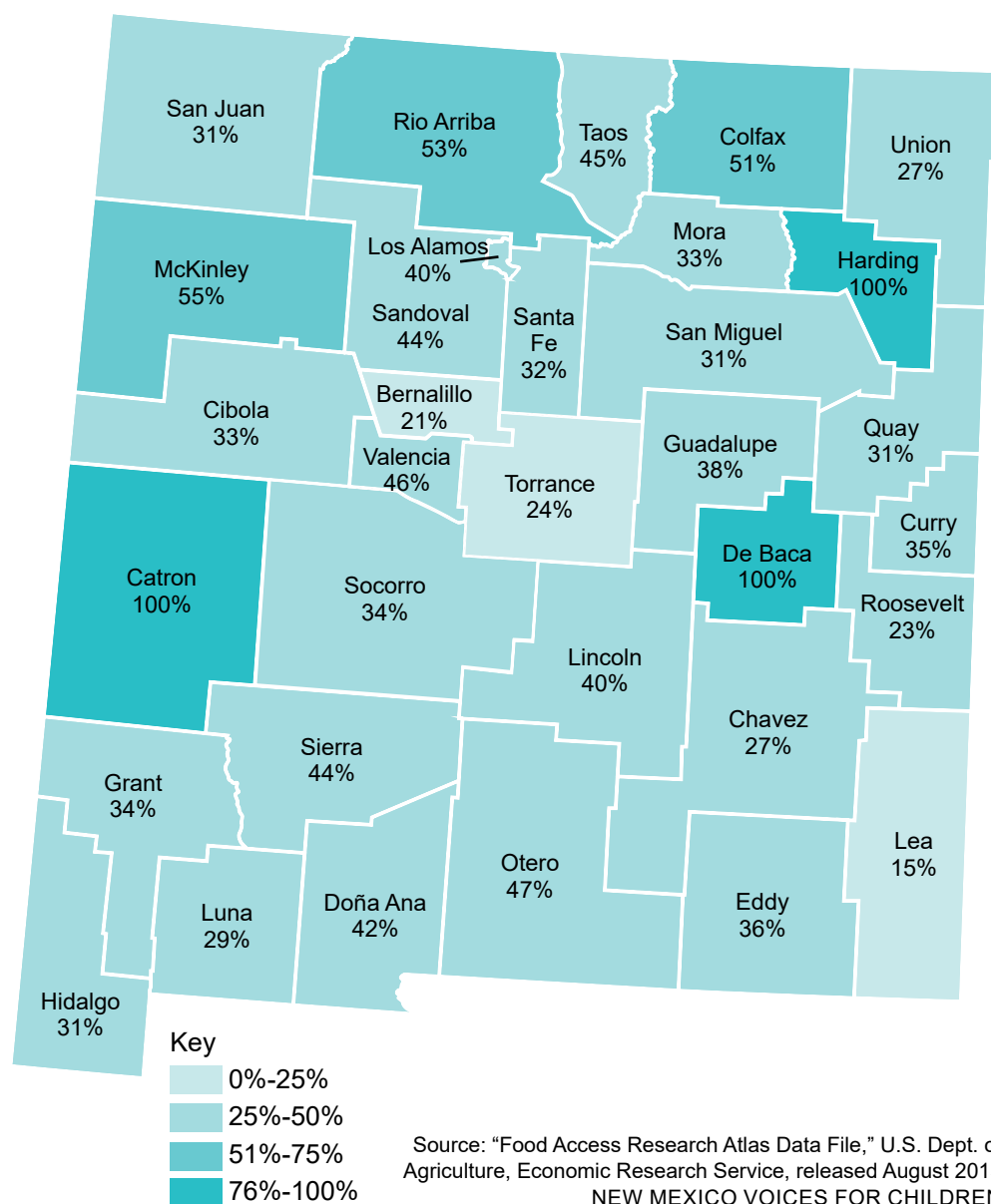
of fruits and vegetables per day.<sup>67</sup> Additionally, research clearly documents that sugar-sweetened beverages, readily available in convenience stores, significantly increase the risk for obesity, as do low-quality, fast-food meals, which often include large portion sizes and added sweeteners.<sup>68</sup> When convenience stores and fast-food restaurants are the only food retailers in a community, this can represent what some researchers call a “toxic food environment,” one where poor-quality food is readily available, and healthy food is hard to reach.

Unfortunately, children with food insecurity and food access barriers are not only at risk for obesity, but they may also experience lower educational success and worse physical and mental health, problems which disproportionately affect children of color and those in low-income families.<sup>69</sup> New Mexico needs affordable food and accessible food retailers to help our kids thrive, regardless of their family income, geography, or race and ethnicity.

## FIGURE XIII

### Three New Mexico Counties are Complete Food Deserts

Share of the population with low access to a grocery store by county (2015)



## NEIGHBORHOOD: COMMUNITY OPPORTUNITY AND THE ENVIRONMENT

Where we live and where we spend our childhoods greatly influence how healthy we are and how long we will live. The resources, opportunities, stressors, and hazards present in a child's community can shape their physical, emotional, and cognitive development, as well as their development of habits like diet and exercise. Resources such as parks, grocery stores, and broadband, opportunities such as quality education and recreation, stressors such as the threat of violence and accidents, and hazards such as pollution and dangerous weather events are all environmental factors correlated with health outcomes in New Mexico and nationwide. Even after taking household income into account, zip codes correlate with the incidence of disease, life expectancy, and mortality. That said, within zip codes, there can be significant variation in health, depending on housing costs and home ownership in a given neighborhood, and the businesses and services that are available.<sup>70</sup>

One's neighborhood is strongly associated with income, which affects where one can afford to live, but also with race and ethnicity, a legacy of segregation and discriminatory lending policies. People of color in New Mexico are more likely to be exposed to indoor pollutants and to live in counties with high levels of outdoor pollution,<sup>71</sup> and people of color and those with low incomes tend to have worse access to health care, be further from healthy food retailers, and have worse air and water quality.<sup>72</sup> What this means is that place-based opportunities and risks are intertwined with both race and income, which together, greatly contribute to health disparities and health inequity.

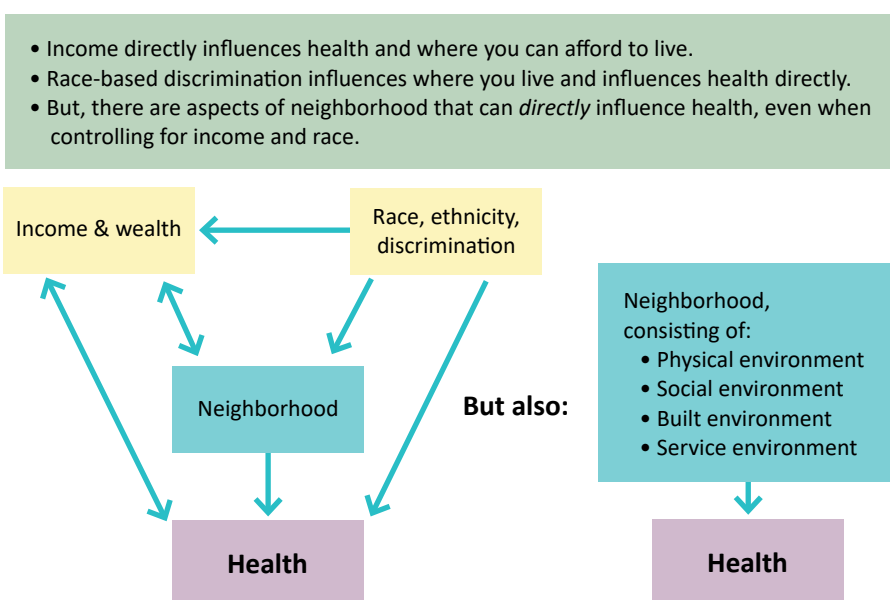
Another serious place-based risk factor that demonstrates racial inequities is exposure to violence. Nationally, predominantly Black neighborhoods have about five times as many violent crimes as predominantly white, non-Hispanic neighborhoods, and Hispanic American neighborhoods have about two-and-a-half times the

rate. These high-crime neighborhoods are often over-policed, and residents may have troubled relationships with law enforcement, which increases the likelihood of police officers using aggressive tactics and residents experiencing harmful stress. These high-crime neighborhoods nearly always have a high concentration of poverty, and they are marked by structural inequities in access to community resources and job opportunities. This under-investment in and divestment from neighborhoods with predominantly residents of color contribute significantly to health disparities. For children and youth, living in a community where violence is prevalent is associated with stress and trauma and contributes to poor emotional and physical health, including obesity, lower academic achievement, lower earnings later in life, and higher likelihood of perpetrating violence.<sup>73</sup>

Research documents that when we control for an individual's race and income, neighborhood by itself has a powerful effect on health. That is, a person earning a high income is more likely to have poor health if living in a low-resource, high-risk neighborhood. And conversely, a person earning a low income and living in a high-resource, low-risk neighborhood is more likely to be healthy. For instance, one study found that the median income of a neighborhood was a better predictor of cardio-vascular disease than

**FIGURE XIV**

### Place Matters: How Neighborhood Disparities Contribute to Health



Source: Barnstone, J.  
NEW MEXICO VOICES FOR CHILDREN

individual income, especially for those who are poor,<sup>74</sup> and another study found that low-income residents in high-resource neighborhoods reported they had better physical and mental health than those living in disadvantaged neighborhoods.<sup>75</sup> Place matters for health.

## CONSUMER PROTECTIONS: RESTRICTING THE SALE OF HAZARDOUS PRODUCTS

The service environment of our neighborhoods includes stores, which can be community assets or community risks, depending on what is sold. Thus, it is worth taking a moment to talk about consumer protections and the regulation of some retail. Hazardous products for sale in our state include guns and ammunition, legal substances like tobacco products, alcohol, and prescription opiates, and unhealthy food, which all have the potential to cause illness, injury, and death.

There were 471 firearm deaths in New Mexico in 2019, including 40 children and teens. One-third were homicides and two-thirds were suicides.<sup>76</sup> Unfortunately, 2021 is shaping up to be significantly worse for gun violence in our state. New Mexico also continues to have the highest rate of alcohol-attributable death in the nation, twice the national average.<sup>77</sup> In 2018, 1,544 New Mexicans died from alcohol-related causes, including poisoning,

accidents, and liver disease.<sup>78</sup> An additional 2,600 New Mexicans die annually due to smoking-related illnesses. Guns, alcohol, and tobacco products are all legal in our state, and all have the potential for grave harm.<sup>79</sup>

As described earlier, there are social determinants of unhealthy eating that increase the likelihood of obesity and obesity-related illness and mortality, and these social determinants include food retail.<sup>80</sup> Children in New Mexico need improved access to affordable, healthy foods and less access to unhealthy foods. Research shows that convenience stores and fast-food restaurants are concentrated in neighborhoods with high rates of poverty and high proportions of people of color and are often located close to schools. And marketing campaigns for sugar-sweetened foods and beverages have targeted children, especially those in poor communities. Pricing is also a factor. Over the last several decades, the price of fruits and vegetables rose faster than other consumer products, and the price of sugar-sweetened products actually declined significantly, relative to other goods. Changing prices could change consumption. One study found that increasing the price of sugar-sweetened beverages by just one cent per ounce could lead to close to a 25% reduction in consumption.<sup>81</sup>

Regulating what products are available for purchase, where, when, and at what price, can enable and promote healthy behaviors and reduce health-risk factors.



# The Environmental Context of Health Behaviors:

## Chances Versus Choices

As should be clear by now, environmental factors, including discrimination, shape not only our experience of stress and the hazards to which we are exposed, but they also shape our health behaviors. Behavior is therefore another critical pathway through which the social determinants present in our communities – where we live – affect our health. Key behaviors, or habits, that are known to reduce mortality include not smoking, eating a healthy diet, and getting regular, moderate exercise. Each of these behaviors alone is associated with reduced mortality, and when practiced in combination, the protective effects are multiplied.<sup>82</sup> Most of us know this by now, but as explained above, structural barriers and systemic inequities make it significantly harder for members of some demographic groups and some communities to practice these healthy behaviors. The same holds true for other behaviors that can protect our health, like managing stress, seeking preventive medical care, and seat belt use. And inequities in access, availability, and opportunity also contribute to behaviors that can harm our health, such as vaping, alcohol and substance abuse, reckless driving, and unprotected sex. Each of these behaviors may seem, on first glance, to be personal choices. Yet, our health choices are absolutely dependent upon the behavioral options available in our environment, or our chances to practice healthy or unhealthy behavior. *Where* we live influences *how* we live and *what* we do.

For instance, research shows that two excellent predictors of adult heart health are the walkability of neighborhoods and one's proximity to food retailers. The same research further concluded that, due in large part to the legacy of segregation, neighborhoods with both poor walkability and poor access to grocery stores tend to have high proportions of people of color and of low-income households.<sup>83</sup> Two of the

three most protective behaviors listed above, healthy eating and exercise, are therefore clearly associated with environmental opportunity, resulting in systemic health inequity. In New Mexico, we see similar patterns in many rural areas.

Eating a healthy diet requires access to healthy foods. The Department of Agriculture reported in 2015 that more than one-quarter of the census tracts in New Mexico – 135 of 499 – were food deserts, meaning they lacked proximity to a supermarket.<sup>84</sup> This difficult access to healthy foods is compounded by low household income, which increases the likelihood of food insecurity. Because of the economic crisis associated with the COVID-19 pandemic, a shocking one-third of New Mexico households with children were forecast to be food insecure this year.<sup>85</sup> Research shows that a healthy diet, rich in fruits and vegetables, costs nearly twice as much as a less healthy diet<sup>86</sup> that's more reliant on carbohydrates and pre-packaged foods, and three-quarters of families with low food security in New Mexico report that they typically choose inexpensive, less healthy foods in order to just have enough to eat.<sup>87</sup>

In terms of physical activity, only about 55% of adults in New Mexico engage in regular physical activity, with lower rates amongst Hispanic New





Mexicans and those earning low incomes.<sup>88</sup> And only about one-third of New Mexico children and roughly the same proportion of teens engage in the recommended frequency of physical activity for their age, with white and Black teens exercising at slightly higher rates.<sup>89</sup> Active children and teens are more likely to become active adults, so habits formed early in life are important for long-term health. Sedentary lifestyle has been implicated in obesity, heart disease, and stroke, and regular physical activity has been shown to protect mental health, improve attention and cognitive function, and reduce the likelihood of diabetes.<sup>90</sup> While there may be additional personal and household-level factors at play, external and environmental barriers to regular physical activity for children and youth include the demands of work and school, extremes of weather, traffic, limited availability of adult supervision, and limited parks, sidewalks, and trails for exercise. Neighborhoods with lower average incomes and larger populations of people of color tend to have fewer of these recreational spaces.<sup>91</sup> Of further concern, emerging data suggests that many children became more sedentary during the COVID-19 pandemic, likely due in large part to the loss of in-person school and sports.<sup>92</sup>

About 1 in 6 New Mexico adults currently smoke cigarettes, and 1 in 4 use a tobacco product of any kind. Those most likely to smoke include Black individuals and those with low educational attainment and/or earning low incomes.<sup>93</sup> The vast majority of

adults who use tobacco products initiated their use in adolescence, so current teen use could predict future adult trends. While about 1 in 11 teens in New Mexico smoked cigarettes in 2019, more than 1 in 3 vaped,<sup>94</sup> both of which predict future nicotine addiction and worsened long-term health. Environmental influences on adolescent tobacco product use include targeted marketing, easy availability, and normalized use in one's peer group and one's community.

## SOCIAL DETERMINANTS AND SUBSTANCE ABUSE

It seems clear that in New Mexico, diet, exercise, and tobacco use are not just about individual choices, but also one's chances, or external opportunities present in one's community. Similarly, there are social determinants at play in the misuse and abuse of alcohol and prescription and illicit drugs, which clearly place health at risk. While progress has been made, alcohol and substance abuse continue to be serious problems in New Mexico, with disproportionate harm felt in many communities of color and rural and low-income communities. About 11% of adolescents and 15% of adults report that they participated in binge drinking in the last month, and about 6% of adults report they are regular heavy drinkers.<sup>95</sup> While this is somewhat better than in most states, New Mexico does have the highest rates of chronic liver disease, cirrhosis, alcohol-induced death, and alcohol-attributable deaths in the nation.<sup>96</sup>

Alcohol-attributable deaths include deaths due to alcohol-related health crises and conditions, accidents, and violence, and they disproportionately affect men and Native Americans in New Mexico.<sup>97</sup> What this means is that while fewer adults drink to excess here, those who do are doing so severely, with grave health and sometimes life-threatening consequences. Similarly, although there has been much improvement relative to other states, New Mexico has a higher-than-average rate of opiate overdose death, which includes overdose of both prescription and non-prescription opiates, with Hispanic and white males dying at higher rates.<sup>98</sup> Close to 8% of New Mexico teens report they have recently used painkillers and 3% used heroin, both of which can lead to addiction. Further, illicit substance use in adolescence often co-occurs with interpersonal violence and suicide.<sup>99</sup> Thus, even without overdose, the personal and social costs of opiate and other drug abuse can be great.



There are significant environmental risk factors for substance abuse. First, where there is limited access to physical and mental health care, alcohol and other substances may be used to self-treat both physical pain and emotional distress. The number of mental health providers in New Mexico is only about 13% of what is needed, and almost two-thirds of New Mexicans with mild mental illness and more than one-third of those with serious mental illness did not receive any treatment in the past year.<sup>100</sup> Further, the same lack of access to care that contributes to self-medicating can make access to treatment for addiction significantly more difficult, compounding the problem.

The environment can place New Mexicans at risk for substance use in additional ways. In the absence of safe alternatives for recreation and stress management, addictive substances may be used as an outlet, particularly in rural and under-resourced urban areas. And where violence, trauma, and stress are high and economic opportunity low, and where poor health and early mortality are prevalent, a sense of hopelessness may settle in. This despair can contribute to fatalism, reducing internal constraints on dangerous behavior.<sup>101</sup> Lastly, and importantly, substance use is more likely to happen in communities where there is availability.<sup>102</sup> While this includes the illicit drug market, it must be noted that many of those who are addicted to opiates were originally prescribed them for medical conditions, and that many who abuse opiates are using prescription medications.<sup>103</sup> External factors, then, like living in stressful neighborhoods with limited opportunity, together with health care system factors, increase the likelihood of poor behavioral health.

## ALSO IN THE SERVICE ENVIRONMENT: HEALTH CARE

While health care rarely tackles the root causes of illness, but instead treats them, it cannot be denied that the availability and affordability of and access to health care are social determinants affecting physical, behavioral, and mental health outcomes by enabling early

intervention to improve one's condition. An estimated 10% of New Mexico adults and about half as many children were without health insurance in 2019, each about half the rates of 2010, when the Affordable Care Act was enacted.<sup>104</sup> Native Americans are disproportionately represented amongst the uninsured, comprising one-fifth of the uninsured population, despite making up slightly more than one-tenth of New Mexico's population.<sup>105</sup> Census Bureau data collected during the COVID-19 pandemic indicates that the percentage of uninsured New Mexicans rose to nearly 12% as of fall 2020, likely due to disruptions in employment and earnings. Hispanic New Mexicans fared worse than average, with nearly 16% uninsured.<sup>106</sup> Those who are not working, work part time, and/or do not have the option of employer-sponsored coverage are significantly more likely to be uninsured in New Mexico.<sup>107</sup>

There are 100,000 New Mexicans who are eligible for Medicaid but are not enrolled because they do not know they are eligible or have other barriers to enrollment, such as language or time constraints, according to estimates by Health Action New Mexico.<sup>108</sup> Recent research also suggests there may be a "chilling effect," whereby immigrants may be refraining from enrolling in, or even disenrolling, from Medicaid and other safety net programs that their U.S.-citizen children are eligible for, out of fear of immigration-related consequences associated with recent efforts to change to the public charge rule.<sup>109</sup> In any case, in New Mexico, those without insurance are less likely – as much as half as likely, in some



cases – to receive recommended preventive health care, such as flu vaccines and dental cleanings, and regular health screenings, such as mammograms and cholesterol checks, which can result in health conditions being detected only after they have advanced in severity.<sup>110</sup>

## THE LACK OF PROVIDERS

Of course, accessing health care requires both comprehensive, affordable health insurance coverage *and* proximity to needed health care providers. Only 70% of New Mexicans indicate that they have a regular health care provider.<sup>111</sup> The federal government reports that 32 of 33 counties in our state lack an adequate number of primary care providers,<sup>112</sup> and the Kaiser Family Foundation reports that New Mexico, overall, has only about one-quarter the needed number of primary care providers, one-fifth the needed number of dental providers, and one-eighth the needed number of mental health providers.<sup>113</sup> This insufficiency of providers contributes significantly to unmet health care need. Other factors contributing to unmet health care needs include long wait times for appointments, difficulty navigating insurance and health systems, transportation barriers, difficulty getting time off work, family responsibilities, discrimination, and language and cultural barriers. And of course, the cost of care can be prohibitive, even when one has insurance coverage. In New Mexico, in 2017, more than 15% of adults reported that they were unable to get medical care because of its cost.<sup>114</sup> Since the start of the

COVID-19 pandemic, however, nationwide, there has been an increase in unmet health care need because of cost, as well as cancelled appointments, reductions in public transportation, fear of contracting the virus, and a desire not to burden the health care system. In fact, in late 2020, roughly half of all New Mexicans surveyed by the Census Bureau indicated they had delayed or did not get needed medical care in the last four weeks,<sup>115</sup> and more than one-tenth reported they did not receive needed mental health care.<sup>116</sup>

According to birth records, in 2017, only about two-thirds of pregnant women in New Mexico received prenatal care in their first trimester, which research shows reduces pregnancy-related complications and increases the likelihood of healthy, full-term births. Less than 55% of Native American pregnant women in New Mexico received care in the first trimester, the lowest rate of any racial or ethnic group,<sup>117</sup> which may be due to limited access to and availability of health providers.

Children in New Mexico also have unmet health care needs. And while there has been notable improvement in the last decade, less than half have a “medical home” – a regular health provider for both wellness checks and care when they are sick – and the rate is about half that for those children who are poor. Further, only about half of children with a mental health care need in New Mexico received treatment, and 15% of children saw no dental care provider in the last year. The New Mexico Department of Health (DOH) attributes this failure to receive care to the

high cost of health insurance for many families, high out-of-pocket expenses for health care, lack of awareness about health insurance options, long distances to health providers, and limited linguistic and cultural competence of some providers and parents’ associated distrust.<sup>118</sup> Of note, research has shown that when parents enroll in Medicaid for themselves, their children are more likely to receive preventive health care, regardless of the child’s insurance status. Thus, enrolling parents in health insurance has a “spillover effect” that significantly benefits children.<sup>119</sup>





# The Place for Public Health Services in Improving Health

Were New Mexico to improve the affordability of and equitable access to health care, we would still not be assured of a healthy population, nor of lower health care costs. That is because, as noted at the outset of this report, health care rarely tackles the causes of poor health. Arguably, even preventive health care's purpose is to enable early detection and intervention, before health problems advance, and not to prevent those problems from occurring in the first place. While families do need to be able to access physical, mental health, and oral health providers who can treat acute and chronic conditions and who can conduct routine screenings to identify when early intervention is needed, there can be significant savings in long-term suffering, disability, and cost when we prevent poor physical and mental health from occurring in the first place. The United States spends less than 3% of all health care dollars on prevention,<sup>120</sup> and yet 75% of health care costs are for preventable conditions.<sup>121</sup> In fact, five of the six leading causes of death in New Mexico are due to chronic conditions like heart and lung disease and diabetes, which are often due to preventable conditions, like obesity, and to preventable behaviors, like smoking and alcohol abuse.<sup>122</sup>

In contrast, prevention is a primary purpose of our public health system. New Mexico's DOH provides many services that have stated goals of promoting and protecting the health of New Mexicans: community education, harm-reduction programs (such as those related to opiate overdose), health safety programs (such as water quality testing), and immunization services. The DOH also provides medical services to a number of populations, including pregnant women and infants, and those with addiction, with disabilities, and/or in rural areas. And of course, it plays an important role in chronic and infectious disease monitoring and intervention, such as we have

seen during the COVID-19 pandemic. The DOH has, in fact, been critically important to our state during the pandemic, keeping us informed of the latest recommendations to keep us safe, providing COVID-19 testing and contact tracing, working to bolster our hospitals' capacities, and providing what has been one of the most effective and coordinated vaccination efforts in the nation.<sup>123</sup>

In order to expand all of these important services, even after we recover from the pandemic, the DOH would certainly benefit from more funding.<sup>124</sup> However, even with additional funding, these important programs, centered as they are on health care and disease, do little to address the root causes of poor health. Therefore, public health interventions – efforts to prevent poor health across our communities – must also target the risk factors for poor health, including systemic inequities that result in poverty, a lack of access to needed resources and services, and limited opportunity to thrive.





## The Disparate Health Impacts of the COVID-19 Pandemic: A Painful Illustration of Health Inequity in New Mexico

The consequences of unequal access to resources and opportunity are evident in the disproportionate rates of infection, illness, and death due to COVID-19. Native Americans in New Mexico have been infected at 3.6 times the rate, and Hispanic New Mexicans at nearly two times the rate of white non-Hispanic New Mexicans. Blacks and Asian Americans have also been infected at higher rates, as demonstrated by Figure XV<sup>125</sup> (below). And while Native Americans comprise just 11% of the state's population, they represent more than one-quarter of deaths,<sup>126</sup> which is yet another indicator of untenable inequity.

Intersecting with these racial and ethnic disparities, we also see disturbing COVID-19 disparities by socio-economic status. In New Mexico, high-poverty neighborhoods, where at least 40% of residents earn incomes below the poverty line, have nearly 2.5 times the rate of infection compared to neighborhoods where just 5% of residents are poor. In fact, for all levels of poverty concentration, there is a graded relationship, such

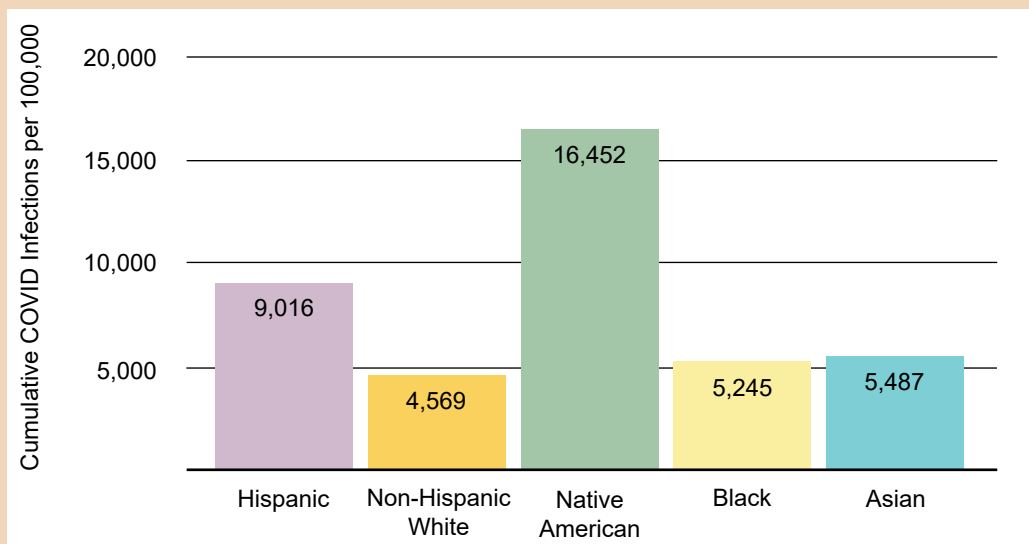
that the higher the percentage of households with income levels below the poverty line, the higher the rate of infection within a census tract (see Figure XVI, page 26). Notably, a nearly identical linear relationship holds true for COVID-19 fatalities, meaning that the greater the concentration of poverty, the higher the rate of death.<sup>127</sup>

Some of the social determinants of health at work here include that people of color and those who earn low incomes are more likely to work in essential, frontline jobs, to live in segregated communities where the virus is prevalent, to rely on public transportation, and to face institutional discrimination, which, among other things, results in higher rates of incarceration. They are also less likely to be able to work from home, to have equitable access to accurate health information and health care for early testing and treatment, and to have paid time off from work if they or a family member is sick.<sup>128</sup> Those with limited resources and greater stress are also more likely to have pre-existing conditions, like diabetes or heart disease,

**FIGURE XV**

### Hispanic and Native American New Mexicans Have the Highest Rates of COVID Infections

Cumulative COVID Infections per 100,000 in New Mexico by Race and Ethnicity (2021)



Source: New Mexico Department of Health, April 19, 2021  
NEW MEXICO VOICES FOR CHILDREN

which further increase the chance of serious illness and death from COVID-19, and they are more likely to live in communities where the air quality is poor and lung disease more prevalent. The Kaiser Family Foundation estimates that 1 in 3 Native Americans and 1 in 4 Blacks are at high risk for getting acutely ill if infected, compared to 1 in 5 in the general population. Further, those living in extreme poverty are twice as likely to get acutely ill if infected than are those with a sufficient income.<sup>129</sup>

Another population group that faces similar risk factors for contracting COVID-19 are immigrants. Nearly 10% of New Mexicans are foreign-born, and more than half of those are non-citizens.<sup>130</sup> Like the groups described above, these immigrants are concentrated in jobs that cannot be done virtually, like food service, construction, housekeeping, agricultural work, health care, and child care. Non-citizens are also significantly more likely to be uninsured than the general population – a full one-third, nationally, have no health coverage at all, compared to 9% in the general population.<sup>131</sup> This is in part because of their lack of eligibility for most government-sponsored health insurance programs and their overrepresentation in jobs that lack benefits. Even amongst those who are eligible for government-sponsored coverage, or who have family members who are eligible, changes to the public charge rule made during the Trump administration have created a deterrent to seeking assistance of any kind, including health care.<sup>132</sup> In fact, despite the federal government stating that all residents are eligible for vaccines, without cost, regardless of immigration status,<sup>133</sup> some non-citizens may be reluctant to seek COVID-19 vaccination because of immigration-

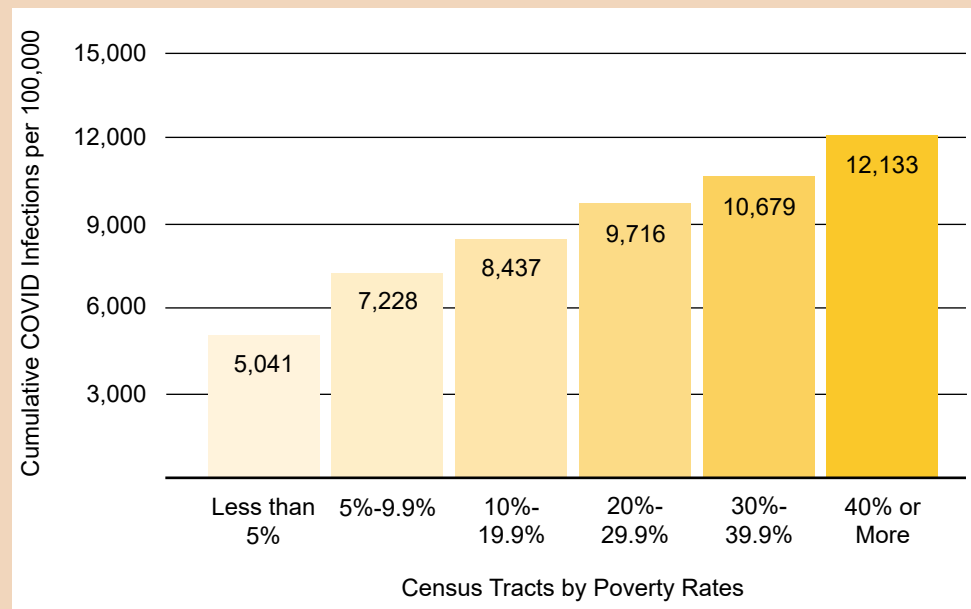
related fears.<sup>134</sup> This is unfortunately compounded by the fact that, for many immigrants, access to pandemic-related health information has been hampered by language barriers and limited access to and experience with technology.<sup>135</sup> The pandemic has thus laid bare systemic inequities that combine to create greater risk for COVID-19 infection for immigrants in New Mexico and nationally.

As discussed throughout, the pandemic has also done disproportionate economic harm to people of color, people earning low incomes, and immigrants, as revealed through higher rates of unemployment, reduced earnings, food insecurity, and risk for eviction. In fact, data on the differential economic impacts of the pandemic mirror data on its disparate health impacts.<sup>136</sup> The pandemic has increased hardship and widened disparities, which increase the likelihood of developing many diseases in the long term.<sup>137</sup> Therefore, if we are to have a healthy and productive population moving forward, as we recover from the pandemic, we must enact equity-based public policies that assure a fair opportunity for good health and well-being for all New Mexicans.

## FIGURE XVI

### COVID Infection Rates in New Mexico Are Highest in the Lowest-Income Areas

Cumulative COVID Infections per 100,000 in New Mexico by Census Tract Poverty Rate (2021)



Source: New Mexico Department of Health, April 19, 2021  
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## Summary: Risk and Protective Factors for Resilience and Healthy Development

As outlined above, health is influenced by how we live, which is determined in large part by where we live, and our environment influences us in ways that can be either harmful or helpful. When these external influences have the potential to be harmful, they represent “risk factors,” and when they have the potential to be beneficial, they are “protective factors.” These risk and protective factors will not always correlate with health outcomes, but cumulatively, they can tip the balance toward or away from good health and well-being. The greater the strength or number of protective factors you have, the more likely you will have good health, and the more likely these factors will offset the effects of any risk factors. This is especially true for young children. That is, the effects of healthful early life circumstances and experiences can combine to buffer the harm of later stressors or hardship, essentially moving the fulcrum on a child’s well-being scale, as shown in Figure XVII<sup>138</sup> (below). As an example, a child whose parents have a college degree, steady employment, and sufficient income may be more resilient to the adverse short- and long-term health effects of pandemic-related educational disruptions than a child whose parents have irregular employment and fewer resources.

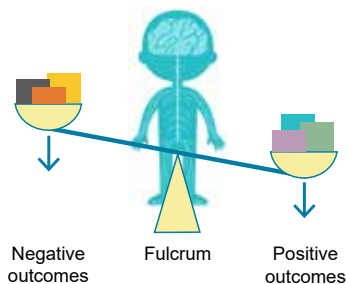
In terms of the accumulation of risk or protection, risk and protective factors are nearly always interrelated,

which can compound and magnify their effects, strengthening or weakening the opportunity for good health. For example, living in a neighborhood with a high concentration of poverty and limited options for employment often overlaps with the experience of discrimination based on race and socio-economic status. Note, too, that the absence of a risk factor, such as neighborhood crime, can have a protective effect, and the absence of a protective factor, such as quality schools, represents a risk factor. Further, a single risk factor, such as low educational attainment, increases the likelihood of multiple different health problems, such as diabetes, colon cancer, and addiction, and therefore, lucky for New Mexico, improving educational opportunity can promote multiple health benefits.

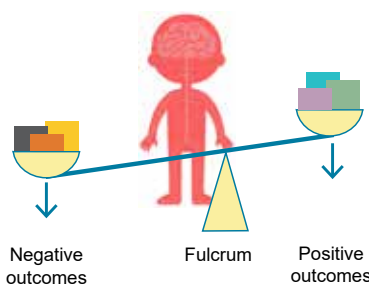
These risk and protective environmental factors are determined, in no small part, by government policies, by the collecting of revenue, the providing of services and benefits, and by the setting and enforcement of regulations related to social justice and social welfare. Government policy, therefore, can reduce health risk factors and expand protective factors for our developing children and for the well-being of all of our state’s residents.

**FIGURE XVII**

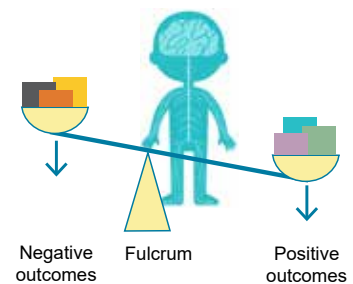
### The Scales Can be Balanced Toward Positive Outcomes



When positive experiences outweigh negative experiences, a child’s “scale” tips toward positive outcomes.



The initial placement of the fulcrum in early childhood affects how easily the scale tips toward positive or negative outcomes.



Over time, the cumulative impact of positive life experiences and coping skills can shift the fulcrum’s position, making it easier to achieve positive outcomes.

Source: National Scientific Council on the Developing Child, 2015  
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# Equitable Taxation: The Necessary Foundation for Policy Initiatives

It should be clear by now that physical and emotional health grow, in large part, from the resources and opportunities that are present in our homes, schools, workplaces, and communities, and those resources usually have a price tag. To call upon a familiar metaphor, if good health outcomes are the fruit and leaves on a tree, strong communities the trunk, and social and economic policies, programs, and protections the roots, then taxation and revenue are the soil from which the tree grows<sup>139</sup> (see Figure XVIII, page 29). New Mexico has long struggled to advance child well-being, health, and economic security, in no small part because it has collected insufficient revenue to pay for the resources and to create and sustain the opportunities that New Mexicans need. Therefore, it is imperative that we commit to building and maintaining a reliable stream of sufficient revenue to fund the programs and policies described above.

New Mexico has long relied upon oil and gas industry taxes, leases, and royalty payments to support its budget. In boom years, oil and gas has funded more than a third of the state budget. But volatility in oil and gas revenue has made it hard for the state to consistently meet budget demands. Further, as noted by the Institute for Energy Economics and Financial Analysis, the oil and gas industry is in significant decline, making the need to diversify New Mexico's economy quite urgent.<sup>140</sup> Even without the problems brought on by oil and gas volatility, cuts in corporate and personal income taxes in the last decades have made it difficult for the state to prioritize programs that promote our well-being, and new sources of revenue are needed – sources that are more sustainable than oil and gas. Only with increased revenue can we adequately fund a health-in-all policies approach.

All tax policy proposals for New Mexico should be evaluated through a racial and socio-economic equity lens. Our state's high sales tax, (the gross receipts tax,) and its low corporate, income, and property taxes, have placed too much of the responsibility for tax revenue on low-income households, who are primarily families of color. These families consistently pay a higher share of their income in taxes than do high-wage earners and those who earn income from their investments.<sup>141</sup> Thus, the proposals presented later aim to build a system in which the wealthy pay a greater share – what many would argue is their fair share.

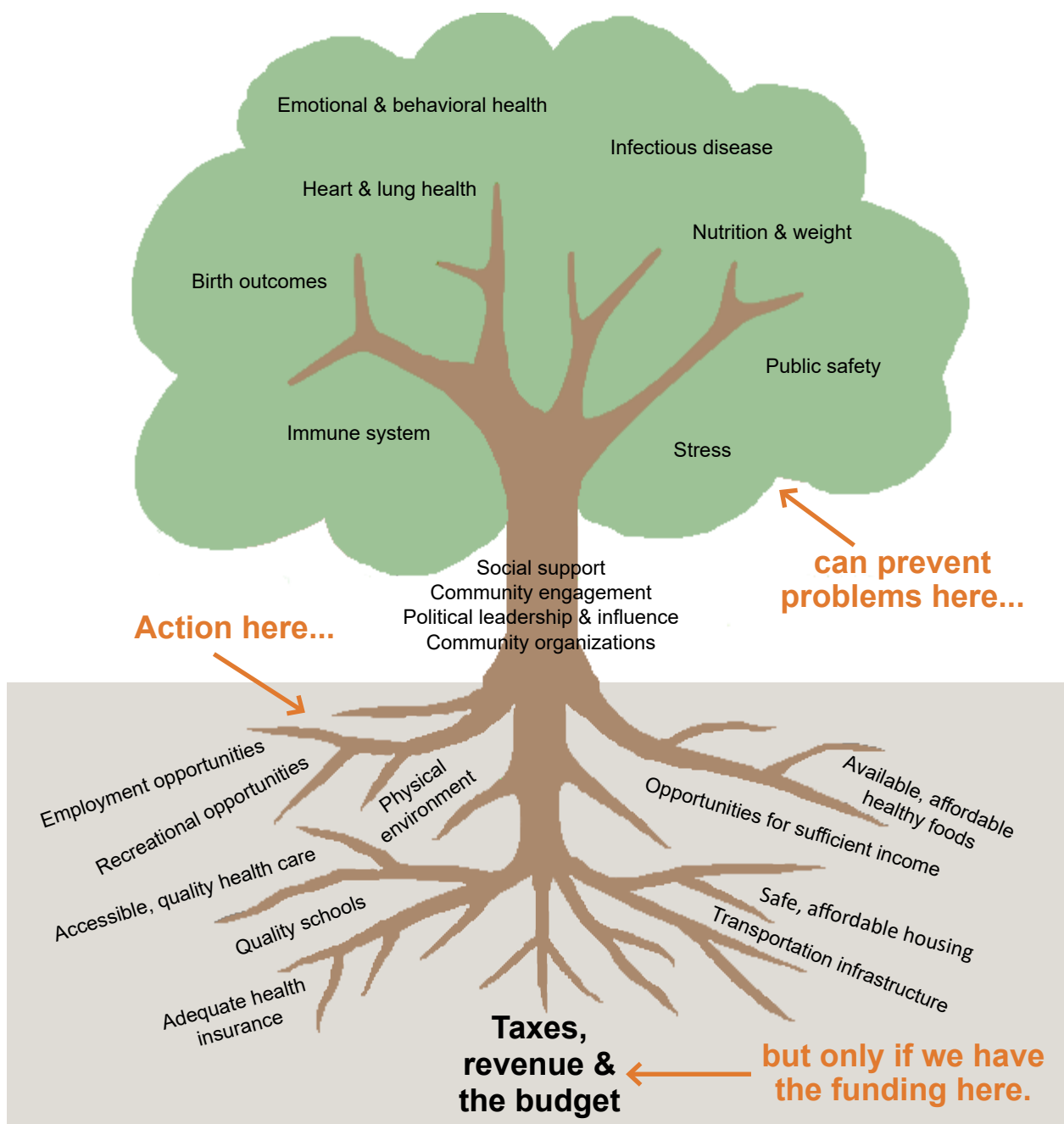
As an aside, an added benefit of increasing taxes on those who can best afford it is that it would lessen income inequality, which has been shown to have a corrosive effect on a population's health. Even after controlling for race, ethnicity, and household income, high state-level inequality is associated with a higher likelihood of obesity, diabetes, heavy alcohol use, heart disease, and poor mental health.<sup>142</sup> It has been hypothesized that the reason for this is because inequality contributes to lower social cohesion (or community connectedness), fewer protective social policies, and greater violence.<sup>143</sup> While this lack of social cohesion impacts us all, those who are better off may actually be more harmed by it than are those who are struggling financially. This may be the case because the harmful effect of poverty is, by itself, already so potent.<sup>144</sup> Increasing taxes on those with high incomes, together with expanded tax credits for those earning the lowest incomes, would make our tax system more fair and improve racial equity, which could thus have positive repercussive effects on the health of New Mexicans across the economic spectrum. And, with sufficient revenue for investment in a health-in-all policies approach, we can grow stronger families and communities and a healthier New Mexico.





**FIGURE VIII**

**The Root-Tree-Branch Metaphor for the Social Determinants of Health**



Source: Adapted from *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*, Ramirez, L. K., Baker, E. A. & Metzler, M., Centers for Disease Control and Prevention, 2008  
NEW MEXICO VOICES FOR CHILDREN

# Policy Recommendations

Recall that a health-in-all-policies approach integrates the consideration of racial and socio-economic equity and the social determinants of health into all governmental policies, such as safety net programs, the educational system, employment law, criminal justice, and environmental regulation.<sup>145</sup> The pages that follow offer diverse social and economic policy proposals that, according to the research, will have a ripple effect, promoting good health for New Mexico communities. They focus on income and employment, education, housing and food, community resources, consumer protections, health care, and taxation. While these policy proposals are by no means comprehensive, they target many key social determinants, aiming to reduce structural and systemic barriers to resources and opportunities, thereby expanding the opportunity for health and well-being in our state.

## IMPROVING ECONOMIC STABILITY FOR FAMILIES WITH CHILDREN

### Tax credits and rebates:

- Provide outreach and help with tax filing to enable all eligible individuals and households to take advantage of the expanded state supplement to the Earned Income Tax Credit (EITC), the Working Families Tax Credit (WFTC).
- Provide outreach and help with tax filing to maximize participation in the expanded Low-Income Comprehensive Tax Rebate (LICTR).
- Institute a state Child Tax Credit.
- Continue to exempt food purchases from the gross receipts tax, or sales tax, increasing the purchasing power of all households.

### Economic assistance programs:

- Expand child care assistance by raising income eligibility, eliminating co-pays for the lowest wage earners, and assuring continuing eligibility when pay increases.
- Increase the state supplement to the Supplemental Nutrition Assistance Program (SNAP) and expand the Double-Up Food Bucks program.
- Increase monthly benefit amounts through Temporary Assistance for Needy Families (TANF) and eliminate work requirements during

the pandemic and other periods of economic recession.

- Increase state funding for the Low-Income Home Energy Assistance Program (LIHEAP) to expand the benefit to more households.
- Reinstitute a child supplemental benefit for parents receiving Unemployment Insurance.
- Streamline the benefit application and approval process through the Human Services Department to get aid to families faster and without disruption.
- Provide adequate interpretation and translation services for those applying for state benefits like TANF and Unemployment Insurance, to facilitate access to benefits for non-English speakers who are eligible.

### Earnings and economic resources:

- Raise the minimum wage for tipped workers to bring it in line with non-tipped workers.
- Adjust the minimum wage for inflation and changes in the cost of living.
- Cap interest rates for all loans at 36%.
- Protect the right of workers to earn paid sick leave.
- Require employers to offer paid family leave.
- Advocate for continued federal supplements to Unemployment Insurance for as long as the pandemic persists, and reinstitute benefits for child dependents.
- Promote hazard pay and expanded workers compensation for essential workers during the pandemic.
- Enforce tougher policies against wage theft.

## GROWING EMPLOYMENT OPPORTUNITIES

### Employment opportunity:

- Expand and provide financial incentives to hire certain workers at high risk for unemployment and underemployment, including veterans, those who have been homeless or incarcerated, and disconnected youth.
- Ensure that tax credits for businesses include a community benefit agreement (CBA) that includes local hiring, minimum salary guarantees, time limits, and strict reporting requirements to monitor job creation.
- Expand funding and opportunity for adult education, higher education, and vocational training.

**Child care availability:**

- Expand child care assistance, both at the eligibility level and the subsidy.
- Increase state reimbursement for child care services to increase the wages of early education providers and to help build and retain the child care workforce.

**PROMOTING EDUCATIONAL SUCCESS AND PRIMING STUDENTS FOR GOOD HEALTH****Early childhood care and education:**

- Secure voter understanding and increase support for using a percentage of the state's Land Grant Permanent Fund to fund birth-through-five programming, including maternal and infant home visiting, quality child care, and preschool and pre-K programs, and expand and accelerate appropriations to the Early Childhood Trust Fund.
- Allocate funding for child care workers' professional development.

**Elementary and secondary education (K-12):**

- Increase funding for public schools, especially those in high-poverty areas, to enable sufficient and effective educational programming and sufficient compensation to help recruit and retain educators.
- Expand the number of community schools,

which can serve as neighborhood hubs for services, especially in low-resource communities.

- Expand extended day, after-school, and summer programming, especially in high-poverty areas.
- Offer support to schools that extend the school year, to allow time to make up for lost learning during the COVID-19 pandemic.
- Expand access to physical, behavioral, and mental health care and social services in schools, through school-based health centers and/or the school-based nurse, counselor, and social worker workforce.
- Expand social and educational supports (e.g., reading and math coaches) for students with special learning needs or who are struggling academically, especially as a result of the pandemic.
- Work to prevent truancy by assessing family needs for social services and support, providing needed services, and facilitating transportation.
- Replace zero-tolerance policies and out-of-school suspensions with evidence-based restorative justice interventions and behavioral health and social services.
- Build college and career readiness by providing opportunities for service and vocational learning in high schools and extra-curricular programs.
- Set standards for and provide training to educators on diversity and inclusion in both the curriculum and the classroom.



**Higher education:**

- Facilitate the transition from two-year schools to four-year schools, helping students get and stay on track for a bachelors' degree from the time they enroll.
- Make the Lottery Scholarship need-based for targeted assistance and maintain full tuition coverage.
- Expand the Lottery Scholarship and College Affordability Funds to non-full-time students and non-recent grads, targeting those who are low-income.
- Expand the Opportunity Scholarship program to adults who already have degrees but need retraining at two-year schools.
- Expand career pathway programs, which match educational programs to the needs of the employment sector.

**Internet access:**

- Expand broadband infrastructure in rural and tribal areas.
- Regulate and subsidize internet services.

**IMPROVING HOUSING STABILITY AND QUALITY****Housing affordability:**

- Continue restrictions on evictions for the duration of the COVID-19 pandemic; provide financial relief to landlords so they can pay their mortgages and to renters so they can pay back rent owed.
- Continue investment in the state's Housing Trust Fund, to expand affordable housing for families earning low and moderate incomes.
- Prohibit discrimination in renting and mortgage lending, including prohibiting discrimination based on source of income (such as safety net programs).
- Incentivize landlords' participation in the federal Housing Choice Vouchers (Section 8) program and advocate for the federal government to expand the number of available vouchers.
- Provide tax incentives for developers to build mixed-

income housing developments.

- Expand the state contribution to the Low-Income Home Energy Assistance Program (LIHEAP), so it can provide a greater benefit and reach more households in need of help with utility bills.
- Expand grants to organizations providing housing, shelter, and services to those who are homeless, especially those employing evidence-based Housing First models.

**Housing quality:**

- Expand subsidies for home weatherization, for lead, asbestos, radon, and mold abatement, and for appliance, heating, cooling, plumbing, and ventilation upgrades, to reduce exposure to toxins, increase home safety, and promote a healthy home environment.
- Regulate and incentivize new development of homes built with both health and utility efficiency in mind.
- Subsidize conversion to residential solar, to reduce utility bill burdens.

**IMPROVING ACCESS TO NUTRITIOUS AND AFFORDABLE FOOD****Food affordability:**

- Increase funding for New Mexico's Double Up Food Bucks program, which doubles the purchasing power of SNAP beneficiaries when they buy New Mexico-grown fruits and vegetables, to enable greater federal matching.
- Keep food tax-free by continuing to exempt food





purchases from sales tax.

- Increase state grants to food banks, especially until we have recovered from the COVID-19 pandemic.
- Assist more schools to apply for the Community Eligibility Provision of the National School Lunch Program.
- Continue to subsidize and support the purchase of locally grown produce by early childhood programs and schools.

#### **Food Availability:**

- Address food deserts by incentivizing the development of full-service grocery stores in under-served areas or by other novel solutions, like mobile markets, and by providing guidance and grants to small stores, to enable them to sell fresh produce.
- Promote the availability of healthy, local produce by regulating and enforcing water safety, investing in efforts to improve soil and water quality, and providing educational outreach and support for sustainable agriculture.

## **IMPROVING ENVIRONMENTAL AND OTHER NEIGHBORHOOD FACTORS**

#### **The physical environment:**

- Set lower limits on industrial and auto emissions.
- Increase incentives for investments in solar and wind energy.
- Enact a small increase in the gas tax to encourage transportation alternatives.
- Improve bonding requirements for the oil, gas, and mining industries to ensure cleanup and mandate greater reductions in industrial waste.
- Provide help with monitoring water quality for households that use wells for drinking water.
- Build capacity for fire and other disaster preparedness and response.

#### **The built environment:**

- Offer incentives to convert unused land (e.g., empty building lots, old railroad beds and parking lots) to green space for parks, trails, and community gardens.
- Change zoning of commercial development (e.g., to increase full-service grocery store availability and reduce alcohol retail outlet density).
- Expand available public transportation options and invest in the upkeep and safety of our roads.
- Improve walkability and safety by fixing current and adding new sidewalks, crosswalks, and

street lighting in our towns and cities.

- Build out and upgrade the capacities and reach of our utilities (broadband, cell service, water, and electricity).
- Create government-sponsored jobs focused on neighborhood clean-up and revitalization.

#### **The service environment:**

- Improve public safety programs, including overdose reversal, social work response, and justice system diversion programs, in partnership with law enforcement and other first responders.
- Expand the number and locations of available physical, behavioral, and mental health facilities and programs, including reproductive health services, substance use treatment programs, and pharmacies.
- Increase funding for community services and programs, including libraries, after-school programs, community centers, adult education, and outdoor education and access programs.
- Provide more no-cost sports and recreational opportunities for children and adults of all ages.
- Build public health infrastructure to enable preparedness for future pandemics.

## **IMPROVING THE SOCIAL ENVIRONMENT AND HOW WE INTERACT WITH ONE ANOTHER**

#### **Interpersonal violence and exposure to trauma:<sup>146</sup>**

- Fund and promote initiatives to build community engagement and connectedness and reduce social isolation.
- Expand access to programs to provide support and resources to new parents, including home-visiting, to improve infant and parent mental health and reduce child neglect and maltreatment.
- Support school-based restorative justice interventions and community-based youth support programs in high-crime neighborhoods.
- Expand school-based prevention programs related to bullying, sexual violence, and intimate partner violence.
- Expand training for law enforcement and other first responders in evidence-based de-escalation, in partnership with social service and behavioral health providers, and create and expand alternative dispatch public safety programs.
- Decriminalize drug possession, to help shrink the illicit market.

- Institute common-sense gun laws and community-based violence prevention programming.
- Make targeted efforts to promote economic, educational, and employment opportunity and expand access to child and adult mental and behavioral health care in low resource communities.

#### **Discrimination and inclusion:**

- Promote systems-level change in the child welfare, criminal justice, law enforcement, educational, and health systems to reduce discriminatory and culturally incompatible treatment.
- Reduce barriers to political participation and voting.
- Work with educators at the K-12 and higher education levels to include curricular content on diversity, difference, and empowerment and to promote inclusion in the school setting.
- Conduct racial equity impact analyses on all legislation, assessing for potentially disparate impacts.

### **RESTRICTING OR REGULATING THE SALE OF HAZARDOUS PRODUCTS TO REDUCE THEIR IMPACT ON HEALTH**

- Invest in consumer education through evidence-based programs in schools and through public service announcements and other community outreach.

#### **Firearms and ammunition:**

- Require universal background checks, closing the background check loophole for transfer of firearms made without compensation (non-sales) and sales between family members.
- Institute waiting periods for gun purchases.
- Monitor the effectiveness of 2020's extreme risk protection order law, and make improvements as needed to protect safety and those at risk for suicide and homicide.

- Ban the sale of certain firearms, including assault weapons and those with high-capacity magazines.
- Mandate secure gun storage.

#### **Alcohol:**

- Restrict alcohol retail outlet density through the retailer licensing process, and set further restrictions on hours of sale.
- Monitor and enforce existing retail laws, such as age limits for sale and the posting of notifications that alcohol can be hazardous.
- Increase alcohol taxes and direct those new funds to substance abuse programs.
- Examine the feasibility of a government-controlled alcohol retail system, which has been shown to significantly limit alcohol sales to minors and the associated harmful effects.<sup>147</sup>

#### **Tobacco and other nicotine products:**

- Increase the price of tobacco through taxation.
- Ban flavored tobacco products, including e-cigarettes.
- Enforce current law restricting tobacco-product sale to youth younger than 21.
- Expand indoor smoking ban to include casinos and other gaming establishments.
- Continue funding language- and culturally appropriate smoking cessation programs and outreach.

#### **Prescription opiates:**<sup>148</sup>

- Maximize use of the state's prescription



monitoring program through ongoing prescriber training (including “academic detailing,” targeted education on best practices for prescribers).

- Require state-sponsored insurance providers to monitor opioid prescribing through prior authorization, drug utilization review, and patient review programs (audits).<sup>149</sup>
- Continue to expand access to naloxone, the opiate overdose-reversal medication, for first responders, medical providers, detention facility employees, substance users, and the general public.

### **Cannabis:**

- Limit the zoning of retail outlet density and location and enforce limits on days and times of sale.
- Regulate pricing, including through added sales tax.
- Enforce age limits for purchasing.
- Regulate packaging to include warning labels and to minimize attractiveness to children.
- Regulate cannabis products, with attention to the safety of any additives, to dosing (especially for edible cannabis) and potency.
- Enact driving-under-the-influence laws that enable blood tests, as well as observational field sobriety tests.
- Require educational programs in schools on safety and on responsible use practices.

### **Food and food products:**

- Restrict targeted advertising to children for fast food, junk food, and sweetened beverages.
- Implement taxes on soda and other sugar-sweetened beverages.
- Support and maintain initiatives that increase the healthfulness of school meals, such as continued funding for New Mexico-grown produce for early childhood and K-12 school meal programs.

## **EXPANDING HEALTH CARE AND MAKING IT AFFORDABLE**

### **Health insurance:**

- Integrate enrollment in Medicaid and the Health Insurance Exchange, to help people more easily find the coverage for which they are eligible.
- Facilitate enrollment in Medicaid and the Health Insurance Exchange through tax filing and through safety net program applications, such as for SNAP.

- Expand enrollment periods for the Health Insurance Exchange.
- Fully fund Medicaid, for maximum federal matching.
- Create a Medicaid Buy-In or a universal basic health plan to expand options for affordable, comprehensive coverage.
- Assure full implementation of a new tax on health insurance companies to raise revenue for expanded coverage and reduced premiums and co-pays for those enrolled through public insurance programs.
- Regulate and limit premiums and out-of-pocket expenses for those with employer-sponsored or other private coverage.
- Raise income-eligibility limits for Medicaid for pregnant women and extend coverage for new mothers through the first-year post-partum.
- Provide outreach to pregnant women, to facilitate enrollment in Medicaid and other services for which they might be eligible, such as home visiting and WIC.
- Hold state-contracted insurance companies accountable for improving and expanding access to and coverage for early periodic screening, diagnosis and treatment (EPSDT) for children.

### **Health care services:**

- Increase community health center funding, to expand access to physical, behavioral, mental, and dental health providers around the state.
- Expand the number of school-based health centers and their scope of services.
- Assure the new paid sick leave mandate is implemented and enforced, to make it easier for workers and their children to visit health providers.
- Mandate paid family leave, to allow workers to provide care for newborns and family members who are ill.
- Provide parity for reimbursement of services provided through telehealth and tele-behavioral health, to enable more providers to serve residents in less-densely populated areas.
- Expand recruitment of physical, behavioral, mental, and dental health providers, including non-physicians such as nurse practitioners, physician assistants, dental therapists, social workers, and para-professionals such as Community Health Workers, offering incentives such as student loan forgiveness.

## ASSURING ADEQUATE AND DIVERSE SOURCES OF REVENUE

### Personal income taxes:

- Make the personal income tax more graduated, raising rates for high-income earners.
- End the deduction for income from capital gains.
- Enact an estate or inheritance tax.
- Reduce or eliminate itemized tax deductions as part of comprehensive tax reform.

### Corporate income taxes:

- Increase corporate income tax rates, and set a minimum payment.
- Repeal expensive and ineffective corporate tax breaks.
- Increase severance taxes for oil, gas, and other natural resource extraction.
- Tax carbon emissions, which has the added benefit of incentivizing the use of greener technologies.

### Other taxes:

- Increase real estate taxes, especially for high-value houses and second homes.
- Raise the motor vehicle excise tax, paid on the sale and titling of cars.
- Increase the diesel fuel tax and make a small increase in the gas tax, especially when gas prices are low, to maintain the revenue stream.
- Fully implement the new surtax on health insurance premiums and the earmarking of its revenue to reduce health insurance costs for consumers.
- Raise the sales tax on products that have the potential to be harmful – such as alcohol, tobacco products, and sweetened beverages – creating a deterrent, as well as revenue, which could be earmarked for public health initiatives, and physical, behavioral, and mental health care.

## Conclusion

We should all have the same opportunities for good health. However, research overwhelmingly shows that some population groups – people of color, people who earn low incomes or who live in poor neighborhoods, those with less schooling, those in working-class jobs, and some immigrants – have higher rates of poor physical and mental health and, on average, die at younger ages. These health disparities have been exposed and compounded by the pandemic. Data on rates of infection, illness, and death due to COVID-19 echo the disparities seen in other health conditions, as do the data on economic impacts of the pandemic. These broad patterns across population groups cannot be explained by individual circumstances or individual choices alone. Instead, where we live, in what circumstances, and with what opportunities – the social determinants – have a great influence on our physical and mental health, and overall well-being.

Knowing what we do about the social determinants of health, then, we must take into account the extent to which proposed policies could differentially affect health by race, ethnicity, income, immigration status, and zip code. Further, we must consider how policies that relate to food, housing, transportation, education, employment, criminal justice, community development, and taxation can add to or minimize stress and can hurt or promote physical and mental health. And we must keep in mind that investing in children now, especially as we recover from the pandemic, will ultimately protect their adult physical and mental health. In the long run, a health-in-all-policies approach will save New Mexicans money. It will save hardship and suffering. And it will save lives. Let's do what we can to move all communities in New Mexico away from the edge of the cliff by making improvements to social and economic policy. After all, social policy *is* health policy.



## Endnotes

1. *Health in All Policies: A Guide for State and Local Governments*, Rudolph, L., Caplan, J., Ben-Moshe, K., and Dillon, L., American Public Health Association and Public Health Institute, Washington, D.C., and Oakland, CA, 2013
2. "Addressing the social determinants of children's health: A cliff analogy," Jones, C.P., Jones, C.Y., Perry, G.S., Barclay, G. and Jones, C.A., *Journal of Health Care for the Poor and Underserved*, 20(4), 1-12 (2009)
3. *Health Indicator Report of Mental Health - Adult Self-reported Mental Distress*, New Mexico Department of Health (NM DOH), December 2018
4. Household Pulse Survey Data Tables, Phase 2, Weeks 13-15, U.S. Census Bureau, October 2020
5. "Meta-analysis of perceived stress and its association with incident coronary heart disease," Richardson, S., et al, *The American Journal of Cardiology*, 110, 1711-1716 (2012)
6. "The link between chronic stress and accelerated aging," Yegorov, Y.E., Poznyak, A.V., Nikiforov, N.G., Sobenin, I.A., and Orekhov, A.N., *Biomedicines*, 8(7), 198 (2020)
7. "Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults: The Adverse Childhood Experiences (ACE) Study," Felitti, V.J., et al, *The American Journal of Preventive Medicine*, 14(4), 245-58, 1998
8. "ACE, place, race and poverty: Building hope for children," Bruner, C., *Academic Pediatrics*, 17, S123-9 (2017)
9. *Health Indicator Report of Birth Outcomes*, NM DOH, December 2018
10. *Health Equity in New Mexico, 13th Edition*, NM DOH, January 2019
11. "Effects of prenatal stress on pregnancy and human development: mechanisms and pathways," Coussons-Read, M., *Obstetric Medicine*, 6(2): 52-57 (2013)
12. "A hardship chain reaction: Financial difficulties are stressing families' and young children's wellbeing during the pandemic, and it could get a lot worse," *Medium*, Center for Translational Neuroscience, July 2020
13. *Discrimination in American: Final Summary*, NPR, Robert Wood Johnson Foundation, & Harvard T.H. Chan School of Public Health, January 2018
14. *One-third of Asian Americans fear threats, physical attacks and most say violence against them is rising*, Ruiz, N.G., Edwards, K., and Lopez, M.H., April, 2021
15. *Discrimination in American: Final Summary*, NPR, 2018
16. *The State of Health in New Mexico*, NM DOH, April 2018
17. *New Mexico COVID-19 Mortality Update*, NM DOH, April 19, 2021
18. *During Pandemic, Higher Premature Excess Deaths in U.S. Compared to Peer Countries Partly Driven by Racial Disparities*, McDermott, D. Amin, K., Cox, C. and Rice, C., 2021
19. *What Is Health Equity? And What Difference Does a Definition Make?*, Braveman P, Arkin E, Orleans T, Proctor D, and Plough A., Robert Wood Johnson Foundation, 2017
20. Builder for Life Expectancy by NM Social Determinants of Health, data query, New Mexico's Indicator-Based Information System (NM-IBIS), NM DOH, 2017
21. "Enduring influences of childhood poverty," Magnuson, K. and Votruba-Drzal, E., *Focus*, 26(2), 32-37 (2009)
22. *2019 New Mexico Kids Count Data Book: Tending Our Garden*, New Mexico Voices for Children (NMVC), 2020
23. *The Burden of Asthma in New Mexico: 2014 Epidemiology Report*, NM DOH, January 2014
24. *The State of Health in New Mexico*, NM DOH, April 2018
25. Child and Adolescent Health Measurement Initiative, National Survey of Children's Health (NSCH) data query, Data Resource Center for Child and Adolescent Health, 2018-2019, retrieved 10/29/20 from [www.childhealthdata.org](http://www.childhealthdata.org).
26. *2020 New Mexico KIDS COUNT Data Book: Building on Resilience*, NMVC, 2021
27. Income and Poverty in the United States: 2019, search results median household income by state, U.S. Census Bureau, 2020
28. Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020-2021
29. *Tax Policy: A Powerful Tool to Advance Racial Equity in New Mexico*, Knight, P., NMVC, 2020
30. "The Social Structure of Mortgage Discrimination," Steil, J.P., Albright, L., Rugh, J.S., and Massey, D.S., *Housing studies*, 33(5), 759-776 (2018)
31. "Factsheet-SB66 All Inclusive 36% APR Cap," New Mexico Center on Law & Poverty (NMCLP), February 2021
32. "The cumulative effect of unemployment on risks for acute myocardial infarction," Dupre, M.E., George, L.K., Liu, G., and Petersen, E.D., *Archives of Internal Medicine*, 172(22), 1731-7 (2021)
33. *2020 New Mexico KIDS COUNT Data Book*, NMVC, 2021
34. Ibid.
35. *State Employment and Unemployment Summary*, Bureau of Labor Statistics (BLS), January 2021
36. Number and rate of fatal work injuries by industry sector, BLS, 2019
37. "Worked to death: The relationships of job demands and job control with mortality," Gonzalez-Mulé, E. and Cockburn, B., *Personnel Psychology*, 70, 73-112 (2017)
38. "Racial disparities in COVID-19 mortality among essential workers in the United States," Rogers, T.N., Rogers, C.R., VanSant-Webb, E., Gu, L.Y., Yan, B., and Qeadan, F., *World Medical & Health Policy*, 10.1002/wmh3.358 (2020)
39. "Women are leaving the labor force in record numbers," Edwards, K.A., *The RAND Blog*, November 2020
40. *Health Indicator Report of Child Care, Working Families and Availability of Licensed Providers, June 2017*, NM DOH, 2017
41. "Federal Funding for Early Childhood Programs in New Mexico," presentation to the Legislative Finance Committee, Early Childhood Education and Care Department, May 21, 2021
42. "The social determinants of health: Coming of age," Braveman, P., Egerter, S., and Williams, D.R., *Annual Review of Public Health*, 32, 381-98 (2011)
43. Graduation Data, New Mexico Public Education Department (NM PED), 2020
44. High School Graduation Rates, National Center for Education Statistics, 2020
45. *Bachelor's Degree Holders among Individuals 25-44 Years Old*, National Science Foundation, 2020
46. *New Mexico Home Visiting Annual Outcomes Report Fiscal Year 2020*, University of New Mexico Cradle to Career Policy Institute, December 2020
47. *2020 New Mexico KIDS COUNT Data Book*, NMVC, 2021
48. Household Pulse Survey Data Tables, Phase 2, Weeks 15-17, U.S. Census Bureau, November 2020
49. *When Access is Remote – The Digital Divide for Native Students*, NMCLP, December 2020
50. "PED Works to Find, Get Absent Students Back in School," NM PED news release, November 2020
51. "The physical environment and child development: an international review," Ferguson, K.T., Cassells, R.C., MacAllister, J.W., and Evans, G.W., *International Journal of Psychology*, 48(4), 437-468 (2013)
52. *2020 New Mexico KIDS COUNT Data Book*, NMVC, 2021
53. New Mexico Homelessness Statistics, United States Interagency Council on Homelessness, 2019
54. *Advancing Healthy Housing: A Strategy for Action*, Healthy Homes Work Group, 2013
55. *Health Indicator Report of Lead Exposure – Children Under Age Three Years with Confirmed Elevated Blood Lead Levels*, NM DOH, 2019
56. *The State of Health in New Mexico*, NM DOH, April 2018
57. Carbon Monoxide Poisoning, New Mexico Environmental Public Health Tracking, 2020
58. *Food Security in the U.S.*, Economic Research Service, USDA, 2020
59. *2020 New Mexico KIDS COUNT Data Book*, NMVC, 2021
60. *State-Level Estimates of Low Income and Low Access Populations*, Economic Research Service, USDA, 2019
61. *Ending Childhood Food Insecurity in New Mexico*, Lin, D., NMVC,

- 2021
62. *Closing New Mexico's Food Gap: A report on food access in New Mexico*, NM Food Gap Task Force, 2008
63. *More Adequate SNAP Benefits Would Help Millions of Participants Better Afford Food*, Carlson, S., Center on Budget and Policy Priorities, 2019
64. *Food Insecurity*, Office of Disease Prevention and Health Promotion, 2020
65. *The Weight of Our Children: New Mexico Childhood Obesity 2017 Update*, NM DOH, 2018
66. Query results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data – Overweight or Obese, NM-IBIS, 2019
67. *Health Indicator Report of Nutrition – Adult Fruit and Vegetable Consumption*, NM-IBIS, 2018
68. *Obesity Prevention Source: Food and Diet*, Harvard T.H. Chan School of Public Health, 2021
69. *Food Insecurity*, Office of Disease Prevention and Health Promotion, 2020
70. *Life Expectancy: Could where you live influence how long you live?*, Robert Wood Johnson Foundation, 2020
71. *The State of Health in New Mexico*, NM DOH, April 2018
72. *County Health Rankings State Report 2020: New Mexico*, University of Wisconsin Population Health Institute, 2020
73. *Neighborhoods and Violent Crime*, Sackett, C., HUD Office of Policy Development and Research, 2016
74. "Neighborhood SES is particularly important to the cardiovascular health of low SES individuals," Boylan, J. M. & Robert, S. A., *Social Science & Medicine*, 188, 60-8 (2017)
75. "Neighborhood disorder: Psychophysiological distress and health," Hill, T.D., Ross, C.E., and Angel, R.J., *Journal of Health and Social Behavior*, 46, 170-86 (2005)
76. *New Mexico Gun Deaths: 2019*, Educational Fund to Stop Gun Violence, 2021
77. "Deaths and years of potential life lost from excessive alcohol use – United States, 2011-2015," Esser, M.B., Sherk, A., Liu, Y., et al., *Morbidity and Mortality Weekly Report*, 69, 981-987 (2020)
78. "Department of Health Reports Rise in Alcohol-Related Deaths in 2018," NM DOH, 2019
79. *Smoking and Tobacco Use: Extinguishing the Tobacco Epidemic in New Mexico*, Centers for Disease Control and Prevention (CDC), 2020
80. *Adult Obesity: Causes and Consequences*, CDC, 2021
81. *Obesity Prevention Source: Food and Diet*, Harvard T.H. Chan School of Public Health, 2021
82. "Low-risk lifestyle behaviors and all-cause mortality: Findings from the National Health and Nutrition Examination Survey III Mortality Study," Ford, E.S., Zhao, G., Tsai, J., and Li, C., *American Journal of Public Health*, 101(10), 1922-29 (2011)
83. "Neighborhood environmental health and premature death from cardiovascular disease," Gaglioti, et al., *Preventing Chronic Disease Public Health Research, Practice, and Policy* 15(17) (2018)
84. *The State of Health in New Mexico*, NM DOH, April 2018
85. *The Impact of COVID-19 on Children's Well-Being in New Mexico*, NMVC, August 2020
86. "Neighborhood prices of healthier and unhealthier foods and associations with diet quality: Evidence from the Multi-Ethnic Study of Atherosclerosis," Kern, et al., *International Journal of Environmental Research and Public Health*, 14(11), 1394 (2017)
87. *The State of Health in New Mexico*, NM DOH, April 2018
88. *Health Indicator Report of Physical Activity – Adult Prevalence*, NM DOH, 2018
89. *The State of Health in New Mexico*, NM DOH, April 2018
90. *Health Indicator Report of Physical Activity – Adult Prevalence*, NM DOH, 2018
91. *Environmental Barriers to Activity: How Our Surroundings Can Help or Hinder Active Lifestyles*, Harvard T.H. Chan School of Public Health, 2020
92. "Early effects of the COVID-19 pandemic on physical activity and sedentary behavior in children living in the U.S.," Dunton, G.F., Do, B. and Wang, S.D., *BMC Public Health*, 20, 1351 (2020)
93. *Health Indicator Report of Tobacco Use – Adult Smoking Prevalence*, NM DOH, 2018
94. "2019 Youth Risk and Resiliency Survey Results Released," Los Alamos Reporter, July 15, 2020
95. *Monitoring New Mexico's Health*, NM-IBIS, NM DOH, 2019
96. *How New Mexico Compares, 2019*, NM DOH, Epidemiology and Response Division, January 2019
97. *Health Indicator Report of Alcohol – Alcohol-Related Death*, NM DOH, 2019
98. *How New Mexico Compares, 2019*, NM DOH, Epidemiology and Response Division, January 2019
99. *The State of Health in New Mexico*, NM DOH, April 2018
100. *Mental Health in New Mexico*, Kaiser Family Foundation, 2020
101. *Social Causes of Health and Disease, 2nd edition*, Cockerham, W.C., Maiden, M.A.: Polity Press, 2013
102. *Increased drug availability is associated with increased use and overdose*, National Institute on Drug Abuse, 2018
103. *Prescription opioids and Heroin Research Report*, National Institute on Drug Abuse, 2018
104. U.S. Census Bureau Current Population Reports, P60-271, *Health Insurance Coverage in the United States: 2019*, Keisler-Starkey, K. and Bunch, L.N., 2020
105. *The Uninsured in New Mexico*, Urban Institute, December 2019
106. *Household Pulse Survey Data Tables, Phase 3, Weeks 16-18*, U.S. Census Bureau, November 2020
107. *The Uninsured in New Mexico*, Urban Institute, December 2019
108. *NM Health Insurance Easy Enrollment Program*, Health Action New Mexico, 2020
109. *One in Five Adults in Immigrant Families with Children Reported Chilling Effects on Public Benefit Receipt in 2019*, Haley, J.M., Kenney, G.M., Bernstein, H. and Gonzalez, D., Urban Institute, June 2020
110. *The State of Health in New Mexico*, NM DOH, April 2018
111. Query results for New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) Data – Usual Primary Care Provider (Medical Home), NM DOH, 2020
112. *The State of Health in New Mexico*, NM DOH, April 2018
113. *Providers and Service Use: Health Professional Shortage Areas*, Kaiser Family Foundation, September 2020
114. *Health Indicator Report of Health Care Access – Unable to Get Care Because of Cost*, NM DOH, 2019
115. *Reduced Access to Care: Household Pulse Survey*, CDC, National Center for Health Statistics, December 2020
116. *Mental Health Care: Household Pulse Survey*, CDC, National Center for Health Statistics, December 2020
117. *Health Indicator Report of Prenatal Care in the First Trimester*, NM DOH, 2018
118. *The State of Health in New Mexico*, NM DOH, April 2018
119. "Spillover Effects of Adult Medicaid Expansions on Children's Use of Preventive Services," Venkataramani, M., Pollack, C.M., and Roberts, E.T., *Pediatrics*, 40(6), e20170953 (2017)
120. *Trends in Health Care Spending*, American Medical Association, 2020
121. *The Prevention and Public Health Fund: A critical investment in our nation's physical and fiscal health*, American Public Health Association, June 2012
122. *The State of Health in New Mexico*, NM DOH, April 2018
123. "The unlikely state setting the U.S. vaccination pace," Goldberg, D., *Politico*, April 12, 2021
124. *Legislating for Results: Policy and Performance Analysis Report to the Fifty-Fourth Legislature, Second Session, Volume 1*, New Mexico Legislative Finance Committee, January 2020
125. *New Mexico COVID-19 Cases Update, Demographics*, NM DOH, April 19, 2021
126. *New Mexico COVID-19 Mortality Update*, NM DOH, April 19, 2021
127. *New Mexico COVID-19 Cases Update, Health and Social Characteristics*, NM DOH, April 19, 2021
128. *COVID-19 Racial and Ethnic Health Disparities*, CDC, December

2020

129. *Low-Income and Communities of Color at Higher Risk of Serious Illness if Infected with Coronavirus*, Koma, W., et al., Kaiser Family Foundation, April 2020
130. *State Immigration Profiles: New Mexico*, Migration Policy Institute, 2020
131. *Health and Financial Risks for Noncitizen Immigrants due to the COVID-19 Pandemic*, Artiga, S. and Rae, M., 2020
132. *Immigrant Families during the Pandemic: On the Frontlines but Left Behind*, Gomez, J.C. and Meraz, V., CLASP, 2021
133. *DHS Statement on Equal Access to COVID-19 Vaccines and Vaccine Distribution Sites*, Department of Homeland Security, February 2021
134. *Immigrant Access to COVID-19 Vaccines: Key Issues to Consider*, Artiga, S., Ndugga, N., and Pham, O., 2021
135. "Disproportionate impact of the COVID-19 pandemic on immigrant communities in the United States," Clark, E., Fredricks, K., Woc-Colburn, L., Bottazzi, M.E., and Weatherhead, J., *PLoS Neglected Tropical Diseases*, 14(7) (2020)
136. *Racial Disparities in COVID-19: Key Findings from Available Data and Analysis*, Artiga, S., Corallo, B., and Pham, O., 2020
137. "Income inequality and health outcomes in the United States: An empirical analysis," Matthew, P. and Broderson, D.M., *The Social Science Journal*, 55(4). 432-442 (2018)
138. *Supportive Relationships and Active Skill-Building Strengthen the Foundations of Resilience: Working Paper 13*, National Scientific Council on the Developing Child, 2015
139. *Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health*, Ramirez, L.K., Baker, E.A. & Metzler, M., CDC, 2008
140. *New Mexico's Risky Reliance on Oil Revenue Must Change*, Sanzillo, T. and Mattei, S., IEEFA, 2020
141. *Tax Policy: A Powerful Tool to Advance Racial Equity In New Mexico*, Knight, P., NMVC, 2020
142. "Income inequality and health outcomes in the United States: An empirical analysis," Matthew, P. and Broderson, D.M., *The Social Science Journal*, 55(4). 432-442 (2018)
143. "Why is violence more common where inequality is greater?," Wilkinson R., *Annals of the New York Academy of Sciences*, 1036, 1-12 (2004)
144. "Income inequality and health outcomes in the United States: An empirical analysis," *The Social Science Journal*, 2018
145. *Health in All Policies: A Guide for State and Local Governments*, Rudolph, L., Caplan, J., Ben-Moshe, K., and Dillon, L., American Public Health Association and Public Health Institute, Washington, D.C. and Oakland, CA, 2013
146. *PREVENTING VIOLENCE: A Review of Research, Evaluation, Gaps, and Opportunities*, Moore, K., Stratford, B., Caal, S., Hanson, C., Hickman, S., Temkin, D., Schmitz, H., Thompson, J., Horton, S., and Shaw, A., 2015
147. *Substance Abuse: Using Law and Policy to Reduce Alcohol-Related Deaths in the United States*, Office of Disease Prevention and Health Promotion, 2020
148. *Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States*, Carroll, J.J., Green, T.C., and Noonan, R. K., 2018
149. *Opioid Overdose: Promising State Strategies*, CDC, 2020

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