NMHealth

STATE HEALTH ASSESSMENT

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State of New Mexico
The Honorable Governor Michelle Lujan Grisham

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Secretary's Message

Dear New Mexicans,

The goal of the Department of Health is for New Mexico to become the healthiest state in the United States by 2040. New Mexico is a great place for its more than two million residents to live, grow, prosper, raise families, and enjoy their lives.

However, too many New Mexico residents experience poor health. Many of our public health outcomes relate to conditions that New Mexicans live with every day, including economic and educational access and outcomes, health care access and quality, neighborhoods and other built environments, and social and community contexts within which we live.

We know that most of what influences health happens outside of the health care system. A thorough understanding of the many factors that contribute to health and well-being is required to significantly improve health outcomes for people in New Mexico. To that end, I am pleased to share with you this 2024 New Mexico State Health Assessment, which is a compilation of input from various sources and an examination of important health status indicators for the people of NM. It is the Department of Health's comprehensive resource for describing opportunities and challenges we face to ensure that every person can achieve optimal health and well-being.

Based on the results of this assessment, as well as input from community members, healthcare partners, and other agencies we identified three areas to focus on in the 2024-2026 State Health Improvement Plan (SHIP): 1) access to primary healthcare, 2) behavioral health, and 3) social drivers of health. The SHIP is a collaboration between New Mexico state agencies and partners. Areas of focus are based on need and availability of resources to respond effectively. As we move forward in our North Star goal of becoming the healthiest state in the nation, we commit to more information-sharing and collaboration.

Sincerely,

Patrick M. Allen, Secretary
New Mexico Department of Health

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Executive Summary

Purpose

The purpose of the State Health Assessment (SHA) is to study and document important health needs and issues by providing data and systematically analyzing them, and the assessment of community health needs. This assessment will be used by the New Mexico Department of Health (NMHealth) and other state agencies in collaboration with health care systems and other community partners, to develop the State Health Improvement Plan and the NMHealth Strategic Plan to set priorities and to coordinate and target resources.

Assessing the Health of a State

New Mexico was ranked the 43rd healthiest state for 2023 in the United Health Foundation's America's Health Rankings (United Health Foundation, 2023). This is a decline from its 2022 rank of 40th healthiest state (United Health Foundation, 2022).

America's Health Rankings is calculated based on a set of 49 indicators. The 2022 Behavioral Risk Factors Surveillance Survey (BRFSS) ranked the percentage of New Mexico's adult population with fair or poor self-assessed general health at 40th among the 50 states.

The COVID-19 pandemic has had a more profound impact than any other public health event in the past five decades. As such, the lasting impact on the New Mexico population needs to be monitored over the next several years. Some of the changes observed in other indicators in this report may have been impacted by the pandemic, and any conclusion should take the potential effect of the pandemic into account. COVID-19 infections were widespread in New Mexico over the course of the 3-year pandemic: 681, 246 COVID-19 infections were reported to DOH through May 9, 2023, along with 35,235 hospitalizations and 9,236 deaths associated with COVID-19. Infections were not however, evenly distributed among New Mexico residents.

This health assessment reveals important successes in improving the health of the New Mexico population and shows evidence that more can be accomplished. While the NMHealth celebrates these accomplishments, it also acknowledges that data show widening health disparities within some indicators when broken down by subpopulations.

NMHealth encourages caution in interpreting results and to further study these accomplishments.

Population health improvements include:

- One of the most efficient COVID-19 vaccine rollouts in the nation
- HIV Infection Rate reduction over the past five years through 2021
- Infant Mortality Rate reduction over the past five years through 2021
- Tuberculosis Case Rate reduction over the past decade
- Decline in cancer death rates over the past 20 years

Strengths listed in the United Health Foundation rankings included:

- 18% decrease in the rate of uninsured population of New Mexico
- Low preventable hospitalization rate
- Low prevalence of insufficient sleep
- Good air pollution rating
- Ranked 8 in the country on percentage of adults who met the federal physical activity guidelines (150 minutes of moderate or 75 minutes of vigorous aerobic activity and two days of muscle strengthening per week) in the past 30 days.

This assessment highlights areas for improvement and confirms existing concerns. In 2021, chronic diseases were responsible for nine of the top 15 leading causes of death in New Mexico, including heart disease, cancers, chronic lower respiratory diseases, stroke, chronic liver disease, diabetes, Alzheimer's disease, kidney disease, and Parkinson's disease. Additionally, three causes were related to infectious diseases (COVID-19, influenza and pneumonia, and septicemia), while three were due to injury or violence (unintentional injuries, suicide, and homicide). Notably, unintentional injury deaths include those caused by unintentional drug overdoses.

For the past 25 years, New Mexico has had the highest alcohol-related death rate. In the United States death rates from alcohol-related causes increase with age. However, one in five deaths among working age adults (20-64) in New Mexico is attributable to alcohol. Men have higher rates of alcohol-related deaths than women, and American Indians bear the greatest burden of alcohol-related death of all race/ethnicities.

In 2021, New Mexico had the sixth highest drug overdose death rate in the nation. Drug overdose death rates are higher for males than for females. Between 2017 and 2021, Black males had the highest drug overdose death rate. The most common drugs causing unintentional overdose death (during those years) were methamphetamine and fentanyl, followed by prescription opioids, heroin, benzodiazepines, and cocaine.

In NM, the prevalence of a past-year major depressive episode among youth 12-17 increased 89% from 2014-15 to 2019-2020 (NSDUH). In 2021, almost three out of every five (57%) New Mexico high school girls experienced persistent sadness or hopelessness (YRRS).

The Pregnancy Associated Mortality Rate (PAMR) by race/ethnicity from 2015-2020 was highest for American Indians, with a rate of 129.3 deaths per 100,000 live births compared to 89.4 deaths per 100,000 live births among non-Hispanic whites.

Another concern is the rate of sexually transmitted disease infections. Particularly alarming is the high number of cases of congenital syphilis, which was rare in New Mexico before 2017 but now causes significant disease morbidity and even mortality of newborns. New Mexico was ranked 2nd in the nation for the rate of primary and secondary syphilis in 2021, as well as the 2nd highest in congenital syphilis.

According to America's Health Rankings, these are additional challenges reported for 2023:

- High adverse childhood experiences
- Poor economic hardship index score
- High premature death rate (and increasing from 2020 to 2021)
- Low fourth grade reading proficiency
- High homicide rate
- Low high-speed internet access
- Lack of dedicated health care provider rate for adults
- Firearm death rates increased by 21% between 2020 and 2021
- High non-medical drug use rate
- High occupational fatality rate (fatal injury which occurred in a work setting)

New Mexico has taken important steps to improve the health of New Mexicans during the past several years, by investing in:

- Violence prevention including:
  - Violence prevention program
  - Violence intervention fund
  - Suicide prevention
  - Gun violence prevention
  - Sexual violence prevention
  - Firearm sale waiting period
  - Affirmative consent (post-secondary affirmative consent policies)
- Alcohol misuse (alcohol misuse prevention program)
- Healthcare and healthcare provider support including:
  - Increased provider recruitment and retention efforts for primary care (including loan repayment for health care providers)
  - Increased provisions for maternity care provider retention
  - Funding for a reproductive health center in the Southern part of the state

Investments and Policy

Governor Michelle Lujan Grisham has provided significant leadership to bring the issue of gun violence to the public's attention.

The Governor and legislature have also addressed public health by restructuring income taxes for low- and middle-income New Mexicans, making the tax system more progressive. This change provides these populations with slightly more disposable income, which they are more likely to spend on basic needs. From a public health perspective, this approach also promotes more equitable income distribution, aligning with the widely regarded principle that progressive taxation is the fairest form of taxation (Internal Revenue Service, 2023).

Although these financial and political investments are significant, immediate improvements to the health of New Mexicans should not be anticipated. The outcomes will depend largely on how effectively health equity and social determinants of health are addressed and will be more apparent over time.

Introduction

According to the World Health Organization (2024), health is

"a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."

About the New Mexico Department of Health

The New Mexico Department of Health (NMHealth) is one of the executive branch agencies of the State. NMHealth has a centralized health department structure, meaning that the state, rather than municipalities or counties, operate local health offices and clinics, maintaining them in all counties and providing local services as needed.

The Department is led by a Cabinet Secretary. The Secretary's office includes a Deputy Secretary, the Office of Health Equity, and the Office of the Tribal Liaison. Additional support is provided by the Center for Public Health Operations and Policy and Communications Division.

The Department's Public Health Division operates a statewide system of Health Promotion and Community Health Improvement, Chronic Disease Prevention, Infectious Disease Prevention, Injury and Violence Prevention, and other public health services. Prevention and early intervention strategies are implemented through the Department's local Public Health Offices and by contracts with community providers.

More information about the Department is available on its website: www.nmhealth.org.

About the State Health Assessment

NMHealth and the SHA Steering Committee highlight the need to focus on health equity to improve health outcomes in New Mexico, which is a diverse state with diverse strengths and challenges. The State Health Assessment will enable the Department to work from a place of strength when possible, meet challenges head-on, and develop strategies to address emerging health threats. One of the strengths specific to New Mexico is diversity. However, people from diverse groups (Tribal, cultural, geographic, social, economic, etc.) are more likely to experience root shock, colonialization, historic trauma, oppression, and various forms of discrimination. The effects of discrimination both current and historical lead to negative health outcomes.

New Mexico also faces numerous other challenges. How these challenges are faced will be shaped by the Department's mission, values, and goals, the use of this document and by associated processes and documents such as the SHIP and Strategic Plan, informed by community input. Most important is that public health learns from these challenges and works to reduce health inequity in communities.

NMHealth's ability to influence health outcomes depends on successfully performing the three core public health functions (Assessment, Assurance, and Policy Development) and on achieving the three goals set forth in the Strategic Plan:

- Expand equitable access to services for all New Mexicans
- Improve health status for all New Mexicans
- Support each other by promoting an environment of mutual respect, trust, open communication, and needed resources for staff to serve New Mexicans and to grow and reach their professional goals.

For more information about the State Health Assessment process, definitions and more, see the appendices.

MISSION

To ensure health equity, we work with our partners to promote health and well-being and improve health outcomes for all people in New Mexico.

VISION

A healthier New Mexico!

VALUES

- Health Equity
- Accountability
- Communication
- Teamwork
- Respect
- Leadership
- Customer Service

Mission, Vision, and Goal

The Mission of the New Mexico Department of Health (NMHealth) is “To ensure health equity, we work with our partners to promote health and well-being, and to improve health outcomes for all people in New Mexico.” The Department performs wide-ranging duties that constitute a statewide public health system. State and local public health agencies nationally address causes of health inequity in their usual and customary work to identify and address health problems, while increasing their effectiveness as the science of public health improvement evolves. NMHealth has consistently given a significant amount of leadership and attention to health equity as a part of its usual work, identifying populations that would benefit most from increased focus and response to unusual rates of morbidity and mortality across the field of public health.

While health equity has been a major context of NMHealth’s work for many years, in 2021, NMHealth explicitly re-centered its mission around health equity. Among other things, the renewed emphasis on equity acknowledges and attempts to address numerous other factors, including the social determinants of health.

The Department’s Vision for the future is “A Healthier New Mexico.” New Mexico's health status continues to evolve as demographics change and specific health issues become more or less prominent. For a state with a relatively small population, New Mexico's health landscape remains quite complex. This State Health Assessment draws upon a variety of data sources to comprehensively describe population health status in New Mexico, factors that contribute to health status, and resources that can be used to address the health needs of New Mexico’s population. This report aims to systematically review New Mexico's health status from various vantage points and to allow certain key findings to emerge.

The Department’s ”North Star” goal is for New Mexico to become the healthiest state in the United States by 2040. This will require concerted efforts not only to address what are seen as public health problems directly, as in increasing availability of services, but also by addressing all of the social determinants of health including economics, education, health care access and quality, neighborhoods and the built environment, and social and community issues.

Becoming the healthiest state will require focusing on health equity, since addressing the health-related challenges of the populations that are most vulnerable to adverse health outcomes will make the biggest difference in improving public health overall. Statewide health improvement requires improvement for all subpopulations, especially those impacted most by health inequities.

Connection to other Guiding Documents and Indicators

The purpose of this process is to identify key health needs and issues through statewide, systematic, and comprehensive data collection and analysis. It encompasses local, Tribal, and community needs assessments and is driven by both community and subject matter experts and is an important source of data for the State Health Improvement Plan (SHIP).

The SHIP is a long-term, systematic effort to address public health problems based on the results of state and community health assessment activities and the community health improvement process. PHAB states that SHIPs are mechanisms "for public health collaboration, organizational accountability, and continuous health improvement." As such, it will be used by NMHealth and other state agencies, in collaboration with health care systems and community partners, to set priorities, coordinate and target resources.

The SHA and SHIP, followed by the DOH Strategic Plan, are important tools for improving public health in NM. These documents, and more importantly, the processes from which they result, are also required by New Mexico Legislature and PHAB. NMHealth will work with the Legislative Finance Committee (LFC) to align NMHealth's performance measures with the indicators in the SHA and the SHIP.

Key Findings of the SHA

How healthy is New Mexico?

The 2022 Behavioral Risk Factors Surveillance Survey (BRFSS) ranked the percentage of New Mexico's adult population with fair or poor self-assessed general health at 40th among the 50 states. In the meantime, the 2022 United Health Foundation Annual Report also ranked the health of NM's population at 40th based on five categories.

In 2023, the UHF report ranks New Mexico as the 43rd healthiest state based on the same five measures:

- Social and economic factors, which include economic resources and education
- Physical environment, which includes housing
- Clinical care, which includes access to care, and
- Behaviors, which include sleep health, and
- Health outcomes, including behavioral health, mortality, and physical health

NM's strengths, as identified in this report, include high per capita health funding, low preventable hospitalization rate, and low prevalence of insufficient sleep. Challenges include high economic hardship score, high homicide rate, and high occupational fatality rate.

What is important to New Mexicans?

What is important to New Mexico residents was studied by Community Health Needs Assessment (CHNA), which is a state, Tribal, local, or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis (Centers for Disease Control and Prevention, 2024). In New Mexico, more than 200 organizations conduct CHNAs and Community Health Improvement Plans (CHIPs). Incorporating the voices, lived experiences, and perspectives of the community is a crucial step to any health assessment. To do this, a CHNA conducts community forums, focus groups, and surveys of the community. Varying by the entity conducting the assessment, primary data may be based on input from individuals in the community, policymakers, not-for-profit organizations, local government systems, health councils, or healthcare entities. Information from CHNAs conducted across the state is used to better understand what is important to people in New Mexico.

The New Mexico Association of Community Partners (NMACP) is a statewide membership association consisting of six member organizations serving all 33 counties across New Mexico (New Mexico Association of Community Partners, 2024). Every three years, the NMACP conducts a community health needs assessment, the most

recent of which was published in 2022. Qualitative data was collected in 33 one-on-one interviews with key partners as well as six focus groups conducted by member organizations. Interviews provided insight into the strengths and challenges of accessing community resources and ways to improve communities. Focus groups conducted with community members were discussion-based and focused on their perspectives on the greatest concerns the community was facing as well as possible solutions.

Through focus groups and interviews, four high-level action areas were identified:

- **Health care**
- **Housing**
- **Poverty**
- **Transportation**

In healthcare, key themes included challenges related to proximity to care, a shortage of healthcare providers, limited access to specialty care, and barriers to behavioral health services, particularly for mental health and substance use treatment.

For housing, prominent issues were housing unaffordability, a low overall housing supply—especially for low-income and rural housing—and economic hardships contributing to housing instability. Poverty was linked to difficulties in accessing information and resources needed to break the cycle of poverty, alongside rising costs of living.

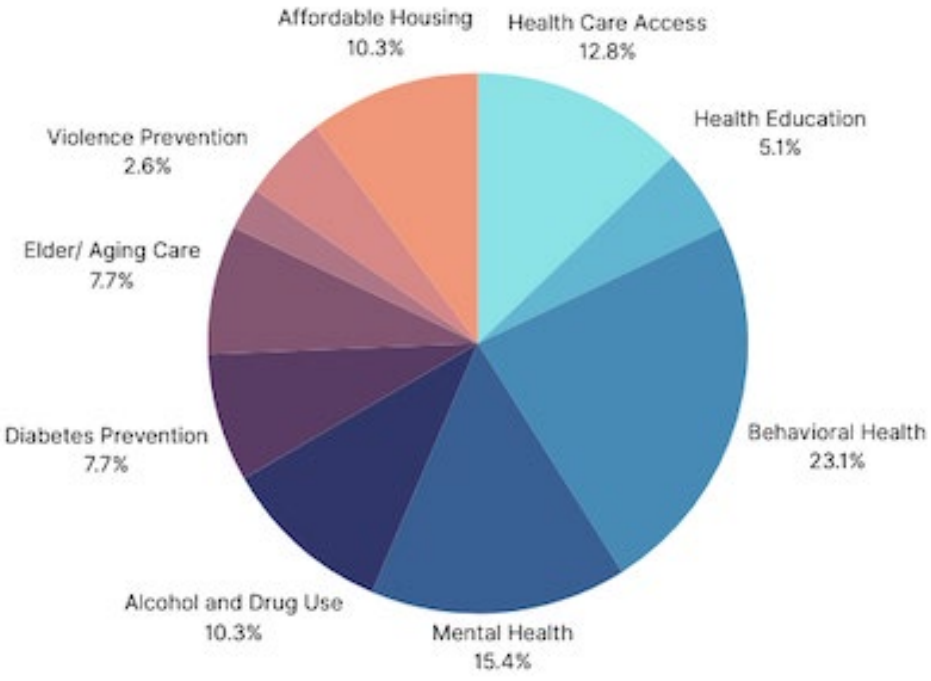
Transportation concerns focused on accessibility, eligibility for services, the complexity of transportation systems, and economic impacts like increasing gas prices and public transit costs.

The NMACP additionally conducted a community survey with 3,116 respondents across the state from all 33 counties. Most responders did not have a regular primary care provider (54.7%), and 45.2% reported a time in the past 12 months when they needed to see a doctor but could not because of affordability. Medical care was found to be difficult to access mainly because of providers not accepting new patients, followed by being unable to afford the insurance copays and appointment wait-times. Over 75% of respondents reported being unable to get necessary behavioral health care, and 78.4% did not know where to get behavioral health services. Overall, medical care of all types was rated to be “poor” or “very poor” quality by ¼ of respondents across New Mexico. Poverty was thought by the respondents to be caused mostly due to substance abuse, followed by untreated mental health conditions and households consisting of only one parent.

Collectively, focus groups, interviews, and survey, followed by a two-phase prioritization session, aided the NMACP in narrowing down the top needs identified by communities across New Mexico. These needs were identified as key to breaking the cycle of generational poverty and include education, health and wellness, housing stability, and workforce and economic development.

Health Councils and Tribal entities tasked with identifying community needs, resources, and priorities. Across New Mexico, there are 33 health councils (one in each county) as well as 9 Tribal health councils. They are required to produce Community Health Needs Assessments and a Community Health Improvement Plan for their locality (NM Alliance of Health Councils, 2024). Goals and priorities were collected from health council Community Health Improvement Plans conducted in 2022-2023. The chart below, created by the New Mexico Alliance of Health Councils, shows the main themes collected from this data. Behavioral health was the most common priority among health councils (23.1%), followed by mental health (15.4%), health care access (12.8%), alcohol and drug use (10.3%) and affordable housing (10.3%). Other priorities include diabetes prevention, elder and aging care, health education, and violence prevention.

Priorities of Health Councils



Hospital systems also provide valuable insight into their local community's health needs. The Patient Protection and Affordable Care Act requires hospital facilities to conduct a Community Health Needs Assessment every 3 years to maintain their tax-

exempt status. CHRISTUS St. Vincent Regional Medical Center, hospitals in the Presbyterian Healthcare Services system, and the University of New Mexico (UNM) Hospital system conducted CHNAs.

The CHNAs cover most of New Mexico's population, especially in the central part of the state and in terms of people who may need tertiary hospital care. However, they don't include the service areas for larger hospitals in Las Cruces, Roswell, Farmington, nor El Paso, Texas which provides tertiary care in southern New Mexico. Nor are there assessments for most of the primary care hospitals in smaller communities.

Lastly, qualitative data were collected during the State Health Improvement Plan (SHIP) process conducted by NMHealth. The SHIP is a long-term systematic effort to address public health problems based on the results of community health assessment activities, epidemiological data, and the community health improvement plan process.

Prioritization sessions were conducted with key partners including NMHealth, other government agencies, community organizations, and participating New Mexico Tribes. Feedback was analyzed from all three key partner sessions and synthesized into the following priority areas with subsequent themes:

Access to Care

- Increasing and supporting the healthcare workforce and infrastructure
- Barriers to care
- Collaborations and partnerships
- Alternative care, cultural and community needs
- Prevention measures

Behavioral Health

- Increase access, services, and staff for behavioral health treatment
- Culturally appropriate care, trauma informed care, community needs
- Upstream causes and SDOH
- Prevention, education, and outreach

Social Health

- Social determinants of health /*Community infrastructure
- Healthcare and social service infrastructure
- Collaboration
- Transportation
- Prevention and education

Physical Health

- Workforce, training, and resources
- Social determinants of health / Environment
- Prevention, education, and outreach
- Collaboration
- Activity and recreation

New Mexicans want their basic health-related needs met, including fair levels of income and social status, satisfactory employment opportunities and healthy working conditions, and good access to quality health care. They also want education and literacy to support their efforts to meet those goals, safe physical environments in which to live and work, social supports and coping skills that meet their needs, opportunities to practice healthy behaviors, equitable treatment in regard to their biological and genetic environments, and equitable treatment in regard to gender, culture, race, and ethnicity.

What contributes to the health disparities that exist in New Mexico?

Numerous factors contribute to the health disparities that exist in New Mexico. Among those are differentials in economic stability, inadequate access to and quality of education, poor health care access and quality, neighborhood and built environment, and social and community context.

Economic Status: New Mexico ranked #38 in the size of its economy compared to other states in 2023 by the Bureau of Economic Analysis of the US Department of Commerce (USAFacts, 2024). It ranked 46th in per capita income ($54.428) in 2023 in the 50 states and DC (Statista, 2024). According to the Legislative Finance Committee, New Mexico had the highest poverty rate in the nation in 2022 at 17.6% (Despite Benefits, Poverty Persists, 2023).

Education: New Mexico is ranked 50th in education in 2022 (US News & World Report, 2024). New Mexico is ranked 42nd in "Most Educated States" but 46th when it came to the percent of the population aged 25 and older with a high school education. The New Mexico high school graduation rate in 2022 stood at 76% (Legislative Finance Committee, 2024). Disparities existed, with females having an 80% graduation rate, while the male rate was 73%. Economically disadvantaged students (as measured by eligibility for Free/Reduced Lunch programs) had a graduation rate of 72%. Students with disabilities had a graduation rate of 67% (NewMexicoKidsCAN, 2023).

Health Care Access and Quality: New Mexico is ranked #38 in health care. This ranking includes health care access, health care quality, and public health outcomes (US News & World Report, 2024).

Neighborhood and Built Environment: The neighborhoods people live in have a major impact on their health and well-being. The Healthy People 2030 focus on improving health and safety in the places where people are born, live, learn, play, worship, and age.

Housing: The Healthy People 2030 goal is to reduce the proportion of families that spend more than 30% of income on housing. The most recent data are that 35% of New Mexico families spent more than 30% of income on housing; the target is 25.5% (U.S. Department of Health and Human Services, 2020).

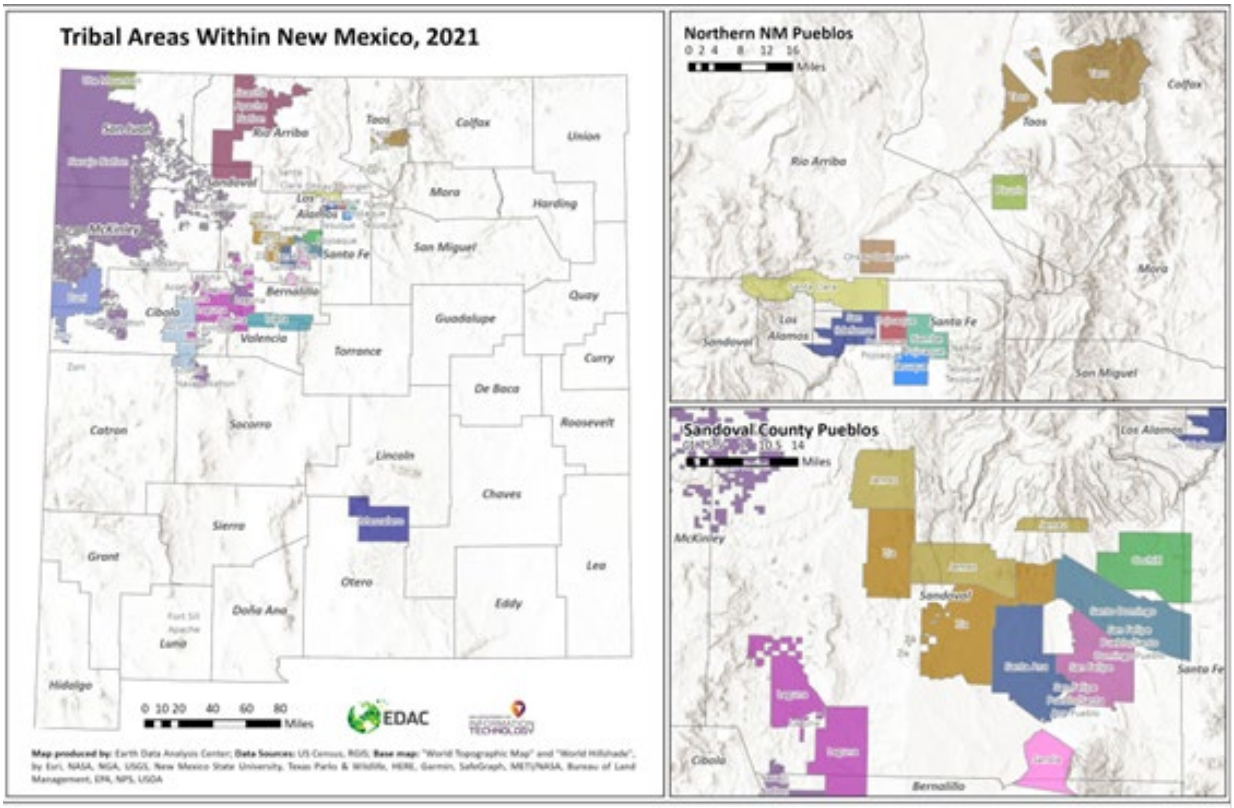
Transportation: Ability to access places of employment and other income, education and library services, all levels of health care, safe outdoor places, places to worship and other communities and social contacts. Transportation issues include lack of vehicle access, inadequate infrastructure, long distances and lengthy times to reach needed services, costs, and others (U.S. Department of Health and Human Services, 2020).

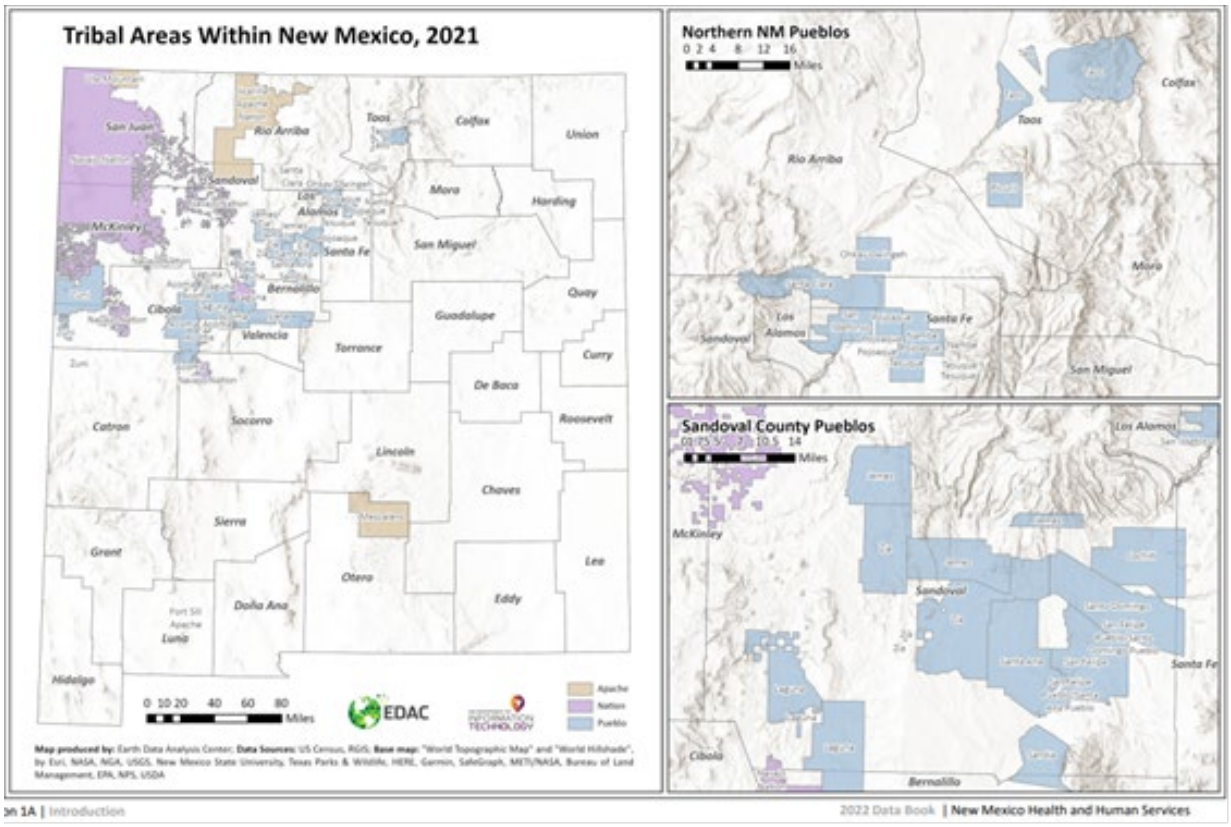
New Mexico's Places, Cultures, and Communities

New Mexico is known for its variety of landscapes, from impressive mountain ranges to low windswept deserts. Within the variety of vast landscapes and ecosystems exist

rural and frontier communities in 33 counties with rich and nuanced histories, cultures, and people. New Mexico's population has a land area of 121,280 square miles and a water area of 280.9 square miles, making it the 5th largest state by area, bordering Utah, Colorado, Arizona, Texas, and Oklahoma. It is also the sixth most sparsely populated state in the country.

New Mexico is home to 24 federally recognized sovereign Tribes, Pueblos, and Nations that overlap many counties (NM Indian Affairs Department, n.d.). Despite historical, generational, and systemic inequities of land, water, air, food access, and shelter, as well as public health crises like pandemics, Indigenous nations thrive and grow.





Residing alongside and bordering these sovereign nations are Hispanic, White, Black, Asian and Pacific Islander, immigrant/refugee communities, and mixed ethnic groups who are impacted by some of the same entrenched systemic inequities of land, water, food, shelter, and many other necessary basic needs. Compounded by generational and historical trauma is the ongoing legacy of colonial practices and racism that continue to negatively impact health outcomes. The variety of racial and ethnic groups in New Mexico intersect with the diverse lived experiences of age, class, LGBTQIA+ identity, and disability, among others, which further require a health equity lens to examine how public health organizations can provide quality access and opportunity in sectors like transportation, education, and health care.

Addressing health disparities and inequities alone may not fully improve the lives of New Mexicans unless the underlying barriers and complexities underpinning community and population health are examined through equity lenses. Communities are leveraging resources to better understand and identify the root causes of health inequities in policies, institutions, and infrastructure, which have created decades of health effects on communities with long-standing implications.

When the data and health outcomes show patterns of disparities, it also shows how these inequities contribute to fatal outcomes and have longitudinal impacts. Health inequity is a crucial facet to the way services are delivered in New Mexico and the

practice of establishing, implementing, and maintaining equity in public health work must occur consistently and systematically if to notice changes in health outcomes.

The public health community has opportunities to enhance approaches necessary to address the intersectionality between one's health and their complete environment. To critically appraise the connections and instabilities between where one is born, lives, breathes, works, survives, worships, and ages with what alternative approaches are in place, are in motion, or are needed can enable us to reimagine and recenter structurally, systemically, and in policy, health equity for all.

NMHealth recognizes the inherent sovereignty of New Mexico's Tribes, Pueblos, and Nations, and supports their role in leading positive change in their communities. These communities have experienced the results of colonialization, historical trauma, and historical and current oppression, racism, and social injustice, and are implementing approaches to counteracting these experiences. One of those approaches is to improve employment. The top five industry sectors that now employ Native Americans in New Mexico are the Education, Health and Social Services sector, employing 26%, followed by the Arts, Entertainment, and Recreation sector employing 12%, Public Administration at 11%, Retail trade at 10%, and Construction, 9%. There is also significant employment in Agriculture. Casinos, entertainment venues, hotels, and travel centers have boosted employment and economic stability, which have in turn improved health status.

Medicalization of social issues and social determinants of health is viewing and describing personal, social, and behavioral issues as medical and therefore issues to be diagnosed and treated. Lantz et al state that "Medicalization in the United States has led to a conflation of "health" and "health care" and a confusion between individual social needs versus the social, political, and economic determinants of health (Paula M. Lantz, 2023). The essential and important work of population health science, public health practice, and health policy writ large is being thwarted by a medicalized view of health and an overemphasis on personal health services and the health care delivery system as the major focal point for addressing societal health issues and health inequality."

Language equity is important in New Mexico as 35% of New Mexicans speak a language other than English and may prefer or need to receive health messaging in their other language(s) or both/all of their languages. Receiving communication in the preferred language is a critical determinant of health.

Transportation in general and as a component of access to healthcare is a concern for many in New Mexico and particularly for people in rural areas. Rurality contributes to decreased overall and timely access to health care, particularly subspecialist services. One in three New Mexicans live in rural areas. Transportation can also provide access to other social determinants of health including employment, education, safer locales,

and social connections, such as places of worship, community groups, and family, friends and acquaintances.

Built environment is the physical makeup of where people learn, live, work, and play – homes, schools, businesses, streets and sidewalks, open spaces, and transportation options. It influences a person's level of physical activity. For example, inaccessible or nonexistent sidewalks and bicycle or walking paths contribute to sedentary habits. These habits lead to poor health outcomes. The built environment impacts safety and violence by influencing factors such as street lighting, access to safe public spaces, housing conditions, and the design of neighborhoods, which can either promote community cohesion and security or create environments where crime and violence are more likely to occur.

Cost of healthcare is problematic for many, even those with health insurance. Poverty and economic instability are important determinants of health. In New Mexico 25% of New Mexicans live below the federal poverty level. Almost one in 10 adults with and about one in three adults without insurance delayed care due to costs. For people with diabetes, this increases to almost one in seven with insurance, and nearly one in two without insurance.

Access to healthcare is limited in part because of New Mexico's healthcare provider shortage, which negatively impacts all New Mexicans, and particularly those is rural areas, without health insurance, or with lower income levels. Shortages of medical professionals in New Mexico include nurses, primary care providers, dentists, and mental health care providers. Provider shortages contribute to lack of care and delayed care, both of which result in adverse health outcomes.

This is especially problematic for health conditions such as diabetes, which require more frequent care visits, specialist care, or expensive medications. Access to maternal care is also increasingly difficult for many New Mexicans, as explained in the Reproductive, Maternal, and Child Health Section of this Report.

Historically marginalized and oppressed communities bear disproportionate burdens of negative health outcomes. Rates differ by race/ethnic group; both infant mortality and poor maternal outcome are higher for Blacks/African Americans. Infant mortality and maternal health outcomes are generally accepted important markers of the overall health of a society. They also highlight differences between overall health within groups in a society.

Substance misuse and mental health have long been issues for New Mexico. New Mexico has had the highest alcohol-related death rate for the past three decades. American Indians/Alaskan Natives bear the greatest burden of alcohol-related death. The LGBTQIA+ community bears disproportionate burdens of several conditions including youth substance misuse, and youth suicidal ideation and suicide attempts.

Depression, anxiety, and suicide contemplation and attempts are associated with responses to rejection by other youth, bullying, discrimination, homophobia, substance abuse, violence, gender nonconformity, low self-esteem, and societal and family rejection.

People experiencing homelessness are perhaps the most at risk for many negative health outcomes. High School Students who are homeless have about 30 times greater risk of ever having used heroin compared to their housed peers.

What assets does New Mexico have that can be used to improve health?

New Mexico has numerous assets that influence health and can thus be leveraged to improve health. These social determinants include providing access to education, and contributing to family economic stability, health care access and quality, and to neighborhoods and the built environment. These assets also are important contributors to social and community contexts.

Higher Education: These non-medical assets include its higher education system, comprised of its statewide presence of colleges and universities, six public four-year universities, 17 community colleges and several private higher education institutions. Some are in what are often considered rural areas, having populations of fewer than 25,000 in their immediate areas.

The colleges and universities offer a broad range of educational opportunities including health-related degrees (medical, nursing, physical therapy, occupational therapy, physician assistant, dental hygiene, clinical psychology, social work, mental health counseling, and rehabilitation counseling) at various levels (certificate, bachelors, masters, professional, and doctoral). Complementary and alternative medicine programs are available at private colleges. Project Extension for Community Healthcare Outcomes (Project ECHO), a public health outreach program, is housed at UNM and is available to providers throughout New Mexico as well as across the nation and globally.

Health Care System: Another of its assets is the health care system, which includes 37 hospitals of several types and sizes, to the smallest clinics. There are hospitals in 26 of the state's 33 counties. One is a Level 1, while the others have various other Levels of trauma care. There are primary care clinics in most communities in the state, even in some with populations of less than 1,000.

Social Service and Non-Profit Organizations: Additional resources are partners that are not typically included in the public health system but contribute to public health through programs such as those operated by social service and non-profit organizations. These services include income support, supported employment, transportation, internet services, utility and rent support, and other support for essential needs.

Health-Related Policy: Another of New Mexico's assets, which is also often not seen as related to public health, is health-related policy. Whether at the state level or within local governmental organizations, driving or influencing various subjects from legislation to the functions of the executive branch, and such as funding, law enforcement and the judiciary, all of which affect the health of the public. The New Mexico Legislature has generally been supportive of public health measures.

Public Health Division: New Mexico also has a statewide public health agency within NMHealth (NM Department of Health, n.d.). The Public Health Division has offices in all 33 counties. The Division is a leader in promoting the recognition and use of the Social Determinants of health to improve health status, especially through a health equity lens. It does this by performing the ten Essential Public Health Services (Described in Appendix C. Framing Public Health). Its local health offices also perform a broad array of personal health services.

Economic Stability: State government, the Federal government, and Sandia National Laboratories each have more than 15,000 employees. Six other organizations, of which six are governmental or government-supported, have more than 5,000 (New Mexico Partnership).

New Mexico ranks 38th in economy size among states and the District of Columbia. In general, the size of a state's economy is correlated with the size of its population, though a number of other factors determine its ranking in economic output.

The state's economy can also be described in other ways, such as economic output by industry. Government and government enterprises leads there, contributing about 25% of the state's economic output. This is followed by Finance, insurance, real estate, rental and leasing at 17%, Professional business services at 14%, and educational services, health care, and social assistance at 9%. Those are in turn followed by Mining, quarrying, and oil and gas extraction, retail and arts, entertainment, accommodation, and food services which in total contribute 20%.
The remaining contributors of real value are construction, manufacturing, information, wholesale trade, public, private, and not-for-profit.

More broadly, half of New Mexico's economy is based on the service sector which includes tourism, education, etc.), while much of the remainder is centered on extractive industries. Relying heavily on the export of raw materials and federal expenditures for programs of no certain permanence, New Mexico is subject to shifting demands from outside the state. Government spending accounts for nearly one fourth of the state's economy (Encyclopædia Britannica, Inc., 2024).

Contextual Considerations

Several recent events have significantly shaped public health priorities and focus. The COVID-19 and Poxvirus pandemics have highlighted the need for strengthened public health infrastructure, including support for health systems and responses to infectious diseases. Additionally, the long-overlooked epidemic of missing and murdered Native Americans is finally receiving much-needed attention. Meanwhile, New Mexico's wildfire seasons are becoming increasingly severe, with the Hermits Peak Calf Canyon wildfire being the largest and most destructive in the state's history, underscoring the urgent need for addressing environmental health risks.

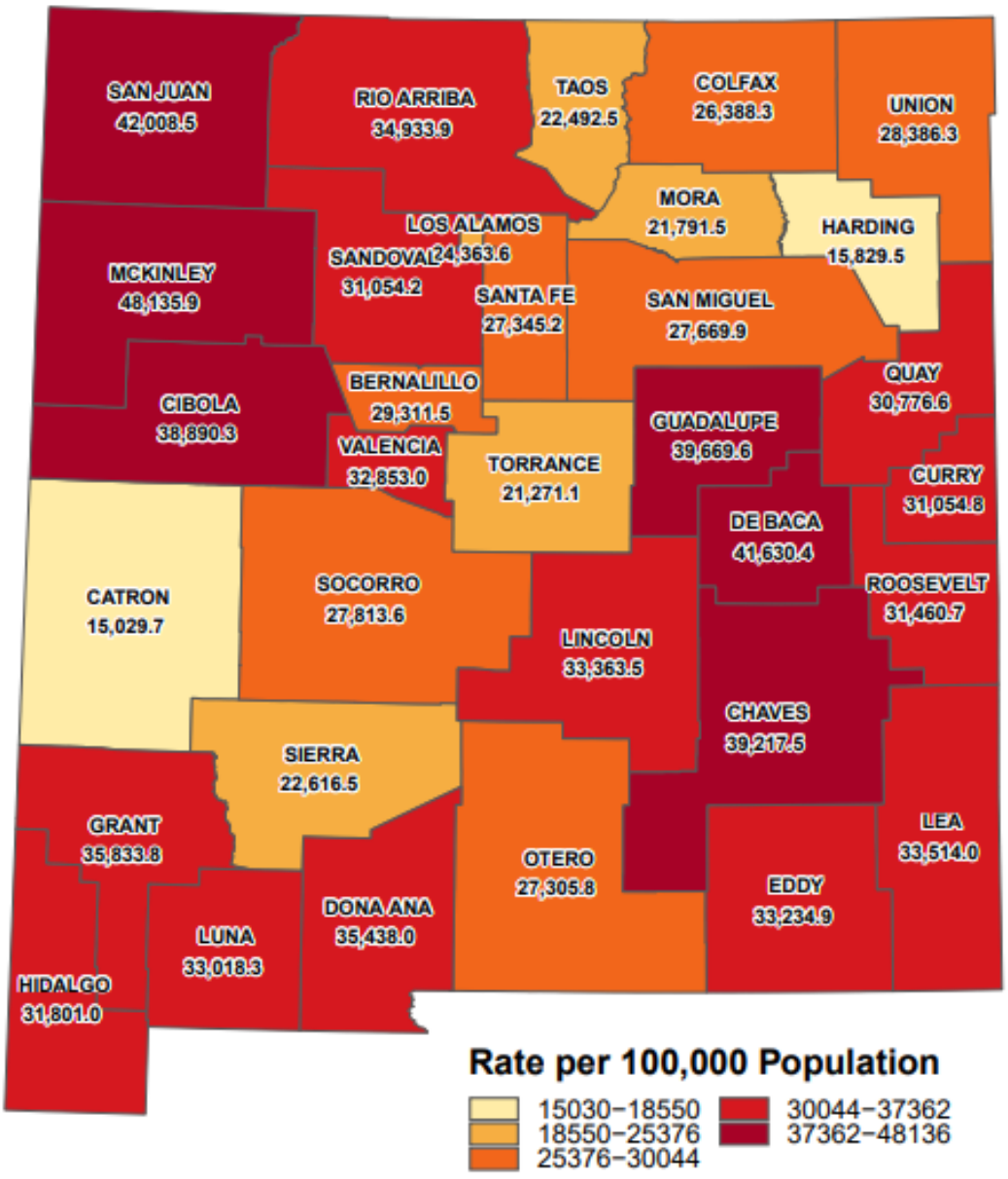
COVID-19 pandemic

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. The COVID-19 pandemic began in late 2019 and reached the US in early 2020.

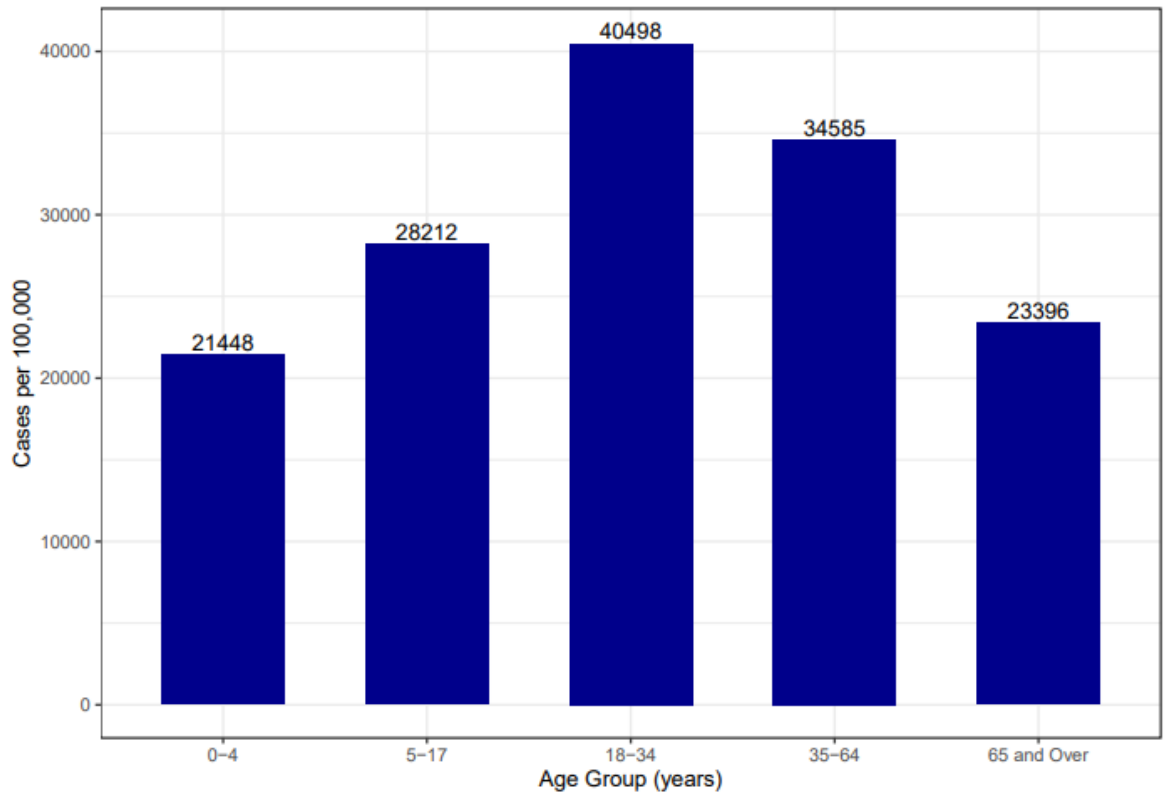
COVID-19 infections were widespread in New Mexico over the course of the pandemic: 681, 246 COVID-19 infections were reported through May 9, 2023, along with 35,235 hospitalizations and 9,236 deaths associated with COVID-19. Infections were not however, evenly distributed among New Mexico residents.

At many times, the healthcare systems were challenged to manage high demand for advanced healthcare created by COVID-19. Vaccines and treatments developed and made available during the pandemic reduced and continue to reduce the risk of severe COVID-19 disease.

Cumulative case rate per 100,000 population by New Mexico County



Case rate per 100,000 population by age



168 cases with missing age information were excluded.

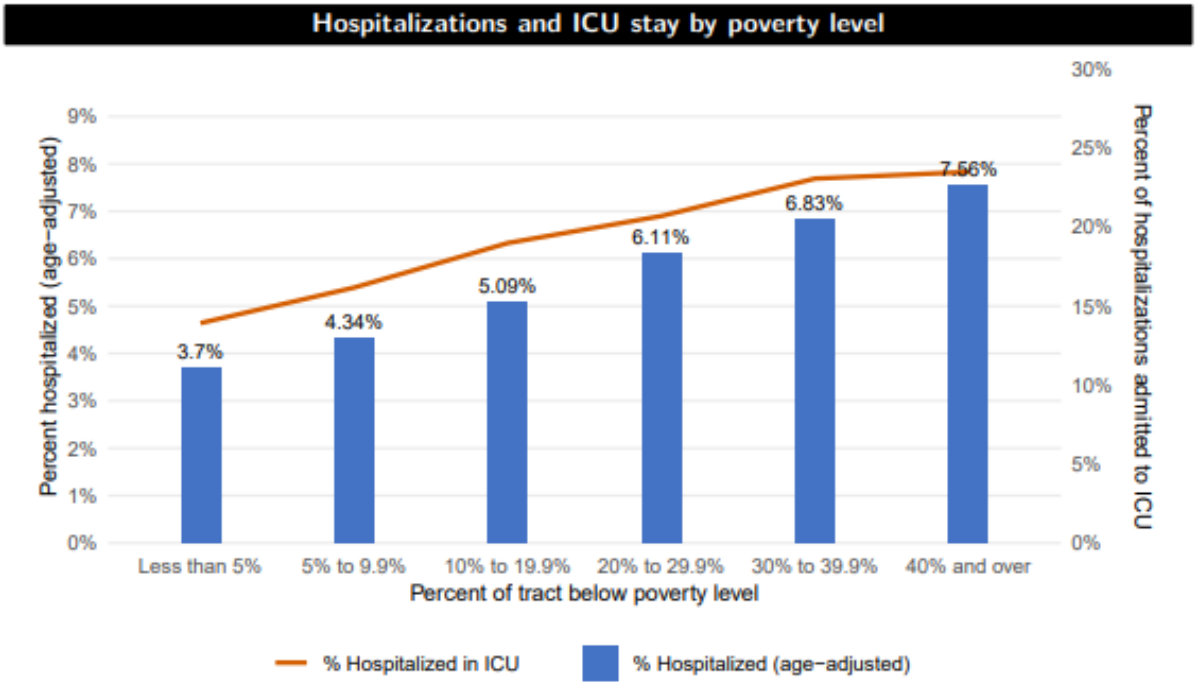
Source: NMHealth COVID-19 Data Teams, NM-IBIS

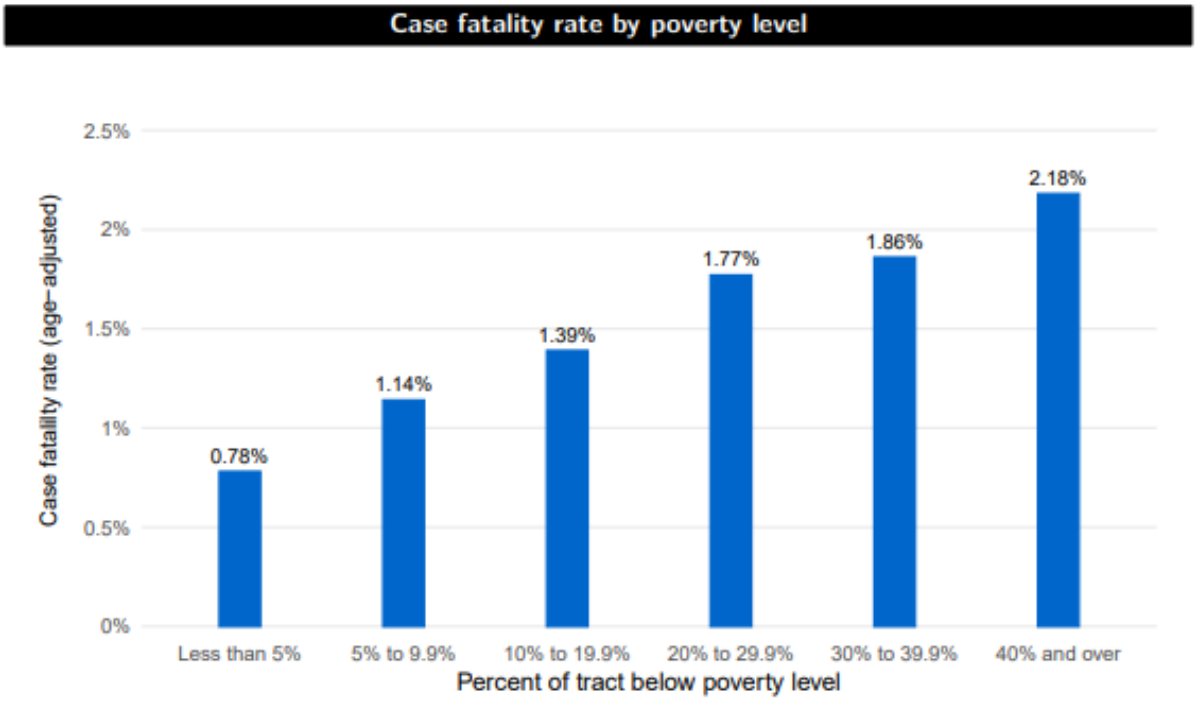
Cumulative age-adjusted case rate per 100,000 population by race/ethnicity

Race/Ethnicity	Case rate per 100,000
American Indian or Alaska Native	47,610
Asian or Pacific Islander	21,800
Black or African American	18,361
Hispanic or Latino	25,596
White	19,258

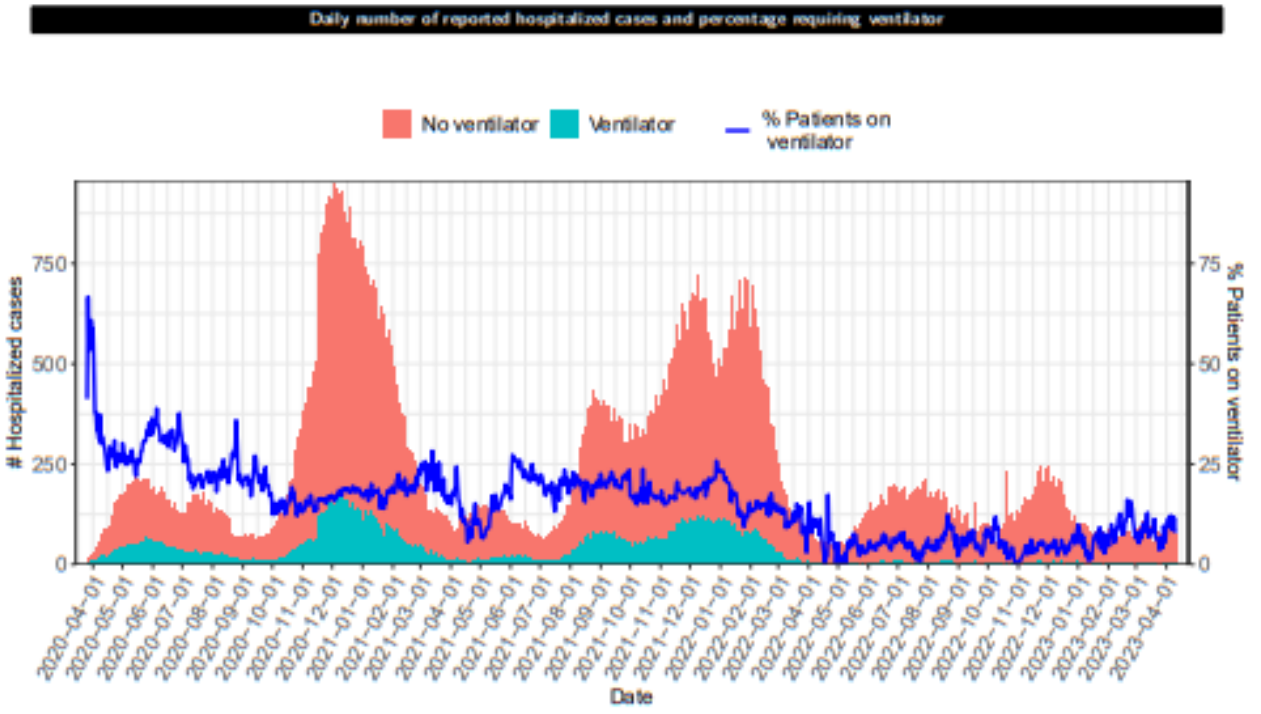
129,943 cases with missing Race/Ethnicity information and 168 cases missing age information were excluded. 31,952 cases who self-identified as Other Race were also excluded due to missing population estimates in New Mexico.

Source NMHealth COVID-19 Data Teams





Source: NMHealth COVID-19 Data Teams



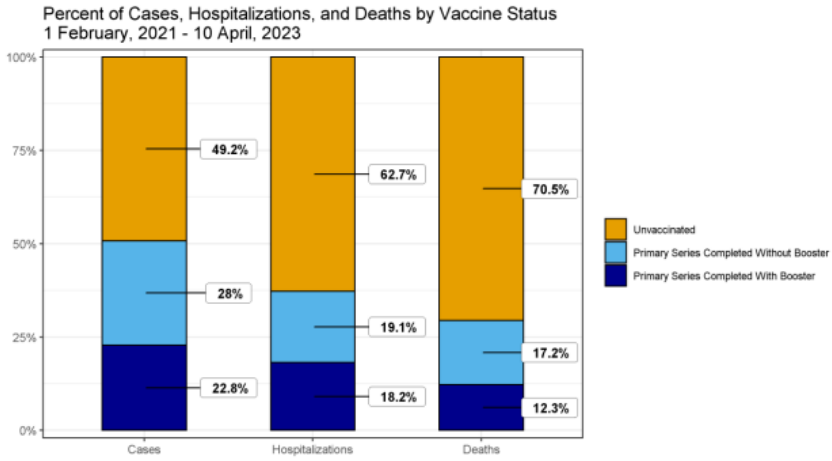
Note: Hospitalization numbers were lower than expected on January 25, 2021 due to several facilities not reporting.

The daily number of hospitalizations includes patients who are ICE detainees. For each day, the number of hospitalized patients is separated into those who are on ventilators (green bars) and those patients who are not on ventilators (red bars). The blue line indicates the percentage of daily hospitalized patients on ventilator each day.

Source: NMHealth COVID-19 Data Teams

Percentages and Age-Adjusted Rates of Cases, Hospitalizations, and Deaths by Vaccination Status

Cumulative



Rate Ratios		
Comparing Unvaccinated to Primary Series Completed **Without** Booster		
1.9x Risk of Testing Positive	**4x** Risk of Being Hospitalized	**5x** Risk of Dying
Comparing Unvaccinated to Primary Series Completed **With** Booster		
2x Risk of Testing Positive	**8x** Risk of Being Hospitalized	**16x** Risk of Dying

Source: NMHealth COVID-19 Data Teams

COVID-19 Disparities

Social vulnerability characteristics varied across all dimensions, with zip codes that encompass Tribal lands showing significantly higher vulnerability related to socioeconomic status (i.e., higher percentages of population living below poverty and unemployed) and more household composition & disability vulnerability (i.e., higher percentages of population under 18 and over 65, with a disability; and a higher percentage of single-parent household).

Zip codes that include Tribal lands also had significantly higher percentages of race and ethnic minority population, living in crowded housing and without a vehicle. Similarly, zip codes that include Tribal lands had higher population density and percentage of population without health insurance.

Historically embedded vulnerabilities are significantly more pronounced in zip codes that include Tribal lands, with higher percentages of households lacking basic services such as telephone access, internet, and complete plumbing. For instance, about 5.58% of households in Tribal land zip codes lack complete plumbing, compared to just 1.25% of households in non-Tribal areas. Furthermore, the impact of these infrastructure disparities is reflected in public health outcomes; the rate of confirmed COVID-19 cases per 1,000 people was 22.33 in Tribal lands, nearly 4.5 times higher than the rate of 5.68

in non-Tribal areas. These figures highlight the disproportionate challenges faced by Tribal communities in both infrastructure and health, exacerbating their vulnerability.

An increase of one percent of racial and ethnic minority is associated with a 22% increase in the confirmed COVID-19 in New Mexico when all other variables are held constant (Yellow Horse, 2020).

	Total ($n = 365$)		Tribal land ($n = 125$)			Non-Tribal land ($n = 240$)	
	m/%	std	m/%	std		m/%	std
Confirmed COVID-19 cases per 1,000	11.38	27.14	22.33	38.78	***	5.68	15.69
Socioeconomic status vulnerability							
Percent below poverty	18.66	17.48	21.92	16.03	*	16.96	18.00
Percent unemployment	7.18	11.28	9.52	9.48	**	5.96	11.95
Logged per capita income	9.98	0.47	9.90	0.48	*	10.02	0.46
Percent without a high school diploma	16.56	16.65	15.90	11.21		16.90	18.89
Household composition and disability vulnerability							
Percent children under 18	19.06	11.96	21.81	8.91	***	17.63	13.06
Percent elders 65 and older	23.16	18.17	19.72	11.06	**	24.95	20.73
Percent with a disability	19.65	14.41	17.80	9.98	*	20.61	16.18
Percent of single-parent household	31.20	27.19	40.66	22.26	***	26.28	28.24
Minority status and language vulnerability							
Percent racial and ethnic minority	27.33	31.70	40.75	37.14	***	20.34	25.91
Percent speak English less than "well"	3.89	8.41	2.60	3.56	*	4.56	9.99
Housing and transportation vulnerability							
Percent large apartment buildings	1.45	4.30	1.31	4.16		1.53	4.38
Percent mobile homes	27.77	20.41	26.26	16.41		28.55	22.20
Percent crowding	4.34	8.34	6.88	7.33	***	3.02	8.54
Percent without a vehicle	5.45	8.47	6.98	6.62	**	4.65	9.20
Percent living in group quarters	2.76	11.90	2.01	9.38		3.15	13.03
***COVID-19 related* vulnerability**							
Logged population density	2.31	2.59	3.01	1.98	***	1.95	2.79
Percent without insurance	12.04	13.73	15.74	14.62	***	10.12	12.86
***Historically-embedded* vulnerability**							
Percent without telephone	3.98	8.01	5.42	6.46	**	3.23	8.62
Percent without Internet	37.13	24.94	41.62	26.88	**	34.79	23.59
Percent without complete plumbing	2.73	6.69	5.57	8.73	***	1.25	4.71
Tribal land status (yes or no)	0.34	0.48	1.00	0.00		0.00	0.00
Presence of abandoned uranium mines	0.25	0.43	0.34	0.48	***	0.20	0.40

*$p < 0.05$, **$p < 0.01$, and ***$p < 0.001$.

Source: Yellow Horse, A. J., Deschine Parkhurst, N. A., & Huyser, K. R. (2020).

Missing and Murdered Indigenous People

New Mexico has the 5th highest percentage of American Indian/Alaskan Natives, but the highest rate of Missing and Murdered Indigenous Women and Girls (MMIWG). New Mexico established the Missing and Murdered Indigenous Women and Relatives (MMIWR) Task Force in 2019 by legislation (MISSING & MURDERED INDIGENOUS WOMEN, 2019) and expanded it in 2021 by Executive Order (Executive Order 2021-013, 2021). This task force is charged to determine how to address the crisis in collaboration with sovereign nations and relevant legislative, community, and criminal justice partners. The New Mexico Indian Affairs Department (IAD) is the lead state agency and coordinator for this task force.

Additional information can be found at https://www.iad.nm.gov/programs-and-funding/missing-murdered-indigenous-persons/ and https://www.iad.state.nm.us/wp-content/uploads/2020/02/FINAL-MMIW-Infographic.pdf.

"According to the National Crime Information Center, 5,295 Indigenous women and 4,276 Indigenous men were reported missing in 2020. Across the United States Indigenous women and relatives are confronted with physical and sexual violence at greater rates than women from all other racial and ethnic groups. According to a 2016 Centers for Disease Control Report, murder is the third leading cause of death among Indigenous women (Centers for Disease Control and Prevention). Similarly, a 2016 report by the National Institute of Justice (NIJ) explained that over 84% of Indigenous women have experienced violence at some point in their lifetime and over 56% of those women have experienced sexual violence (Rosay, 2016). The NIJ report noted that more than 81% of Indigenous men had experienced violence in their lifetime as well. 97% of Indigenous females are victimized by non-Native perpetrators."

At the time of the 2022 response plan, the task force had more than 60 participants (appointed members and volunteers) and three sub-committees (community impact, systems, and data). The task force identified six objectives. These are: support services for survivors and families; develop community outreach, education, and prevention strategies; develop community resources for strong responses to MMIWR; leverage resources for Tribal justice systems; increase law enforcement capacity to prevent, investigate, prosecute, and report MMIWR cases; and develop standards and capacity for data to be reported and documented accurately and used to support prevention and response.

More information including the history of this public health crisis, successes of the task force so far, and details on each of the task force's objective can be found in the report (Missing and Murdered Indigenous Women and Relatives Task Force, New Mexico Indian Affairs Department, 2022).

Largest Wildfire in New Mexico History

New Mexico's 2022 fire season was historically bad. The Hermits Peak/Calf Canyon wildfire was the largest and most destructive wildfire in New Mexico's history. The Hermits Peek fire began on April 6, 2022, with a planned 100-acre prescribed burn, joined the Calf Canyon fire which had been burning undetected since January, and eventually burned 341,735 acres by June 24, 2022. The previous largest fire in New Mexico was the Black Fire, also in the 2022 fire season, which burned 325,133 acres. These, and other fires during the 2022 season impacted the health and welfare of the people of New Mexico in multiple ways. As with many other wildfires, people disproportionately harmed included those in rural and frontier communities and those with chronic conditions (particularly respiratory conditions). Health impacts included risks of and worsening respiratory conditions, risks of and worsening heart conditions, and worsening mental health conditions, among many others. In addition to the health impacts, there were social and cultural impacts such as the way of life of those whose homes (current and historical), and livelihoods were in the path of the fires.

Additionally, after the Hermits Peak/Calf Canyon wildfire water supplies in the Las Vegas New Mexico area (Galinas watershed) were contaminated by ash due to flooding from the rains that summer.

Population Trends

UNM Geospatial and Population Studies (UNM/GPS) provides detailed estimates of the New Mexico population. In recent years, UNM/GPS shows declining natural increase in population, and a slightly negative net migration (net migration is a measure combining the impacts of in migration and out migration). In 2020 and 2021, deaths outnumbered births in New Mexico. This is at least in part due to the COVID-19 pandemic. By age group, UNM/GPS shows that since 2010 the 65+ age group is increasing, the under 18 age group is decreasing, and the 18-64 age group is flat to slightly decreasing, and the under 18 population is decreasing (Jacqueline Miller, 2023).

Migration: New Mexico is subject to various migration trends: Migration from Mexico (and Central America) which has been occurring for centuries for various reasons, especially family reunification, and jobs, which are often in agriculture and ranching, the mining industry primarily in southwestern NM, and employment in various other often low-paying jobs. New Mexico is also on highway routes to employment in other states in roughly the same industries.

Border Region

New Mexico also has various geopolitical features that influence public health. Mainly, the border with Mexico, which allows for passage of people (and commerce) between the countries. NMHealth participates in border health activities with health authorities from Mexico and the El Paso, Texas County Health Department. NMHealth brings mobile health facilities to the border region as needed.

Tuberculosis is a special concern that's unique to the border with Mexico compared to most other US states. Another challenge is the danger of migration, as people who cross over from Mexico through deserts and agricultural areas face threats to their health and sometimes death.

Geography

New Mexico has four land regions – the Great Plains in the eastern part of the state, the Colorado Plateau in the west and northwest, the Rocky Mountains in the north, and the Basin and Range Region part of the Chihuahuan desert ecoregion of the southern part of the state. All four of these regions are also present in neighboring states.

Important geographic features include the mountains, especially in the northern and western parts of the state, the plains on the eastern side of the state, and the northern Chihuahuan Desert from the center part of the state into much of northern Mexico. The desert contributes to New Mexico's population sparsity and shortage of water, while its mountains provide water in three major rivers...the Rio Grande, the Pecos, and the San Juan. All three of which support farming, while dryer lands support ranching.

New Mexico's geography contributes to its economically important tourism industry due to its abundance of recreational resources and opportunities extant both in its mountains and its deserts. Some of the natural spaces enjoyed by New Mexicans and out of state tourists include fifteen National Parks and Monuments, three National Forests and two National Grasslands, totaling about nine million acres. These include White Sands, Carlsbad Caverns, Capulin, and El Malpais National Parks (geological), Bandelier (cultural), Butterfield Trail, (historical), Chaco (cultural/historical), and various National Monuments including the Organ Mountains-Desert Peaks (geological), Salinas Pueblo Missions, and Fort Union (historical). It has 13.5M acres of land managed by the Bureau of Land Management and scientific sites such as the Very Large Array radio astronomy observatory.

New Mexico also has 43 State Parks, some of which are in mountains, and others of which are at lower elevations, like Pancho Villa, City of Rocks, Brantley Dam. Cerrillos Hills, Conchas Lake, Blue Hole, and Rockhound State Park. Higher New Mexico mountains include Wheeler Peak, the Truchas Peaks, the Santa Fe Mountains, Costilla Peak, Mount Taylor, and the Sacramento Mountains in the southern part of the state.

Economy

Economic stability is one of the five Social Determinants of Health. One of the measures of economic health is unemployment. At this time (mid-2024), New Mexico has a historically low unemployment rate, at under 4% (Federal Reserve Bank of St. Louis, 2024). This unemployment rate is the share of workers in the labor force who do not currently have a job but are actively looking for a job (according to unemployment agency data), and only workers who have looked for a job in the last four weeks are counted. However, the "real" unemployment rate, which includes underemployed, marginally attached, and discouraged workers, is much higher, at approximately 8%. Accordingly, New Mexico has one of the lowest labor force participation rates (57% as of April 2024) among the states (Federal Reserve Bank of St. Louis, 2024). For the five years ending in 2021, New Mexico 's labor participation rate was 7.7% lower than the US rate (New Mexico Department of Workforce Solutions, 2022).

Its largest industries by employment numbers are New Mexico State Government, US Federal Government, Sandia National Laboratories, Walmart, Los Alamos National Laboratory, the University of New Mexico, Presbyterian Healthcare Services, and Albuquerque Public Schools, all of which have more than 10,000 employees each. Most other employers have fewer than half that many (New Mexico Partnership). Its largest industries by revenue are Energy, Aerospace and Defense, Logistics and Transportation, Tourism, Food, etc.

As of 2019, government and related services was the largest industry, accounting for about 23% of the GDP. As seen above, five of New Mexico's largest employers are governmental. Among governmental employers are four major military installations, (Cannon Air Force Base (AFB), Holloman AFB, Kirtland AFB, and White Sands Missile Range Army Base). New Mexico also has military Reserve and National Guard units, with 5,000 and 4,000 employees, respectively. Both are economic stabilizing employers, especially in smaller communities. With the federal government owning approximately 35% of the land in New Mexico (Ballotpedia, 2024)many people are employed by the Departments of Agriculture (USDA), Defense (DOD) and Interior (DOI), including many in rural areas.

Energy production has long been a major part of New Mexico's economy. In addition to the extraction of oil, gas, coal, and potash, New Mexico also produces solar and wind energy, some of which is exported to other states. New Mexico's extractive industries, such as petroleum production and mining, especially copper, wax and wane, as the petroleum industry has declined in the northwestern part of the state, but grown in the southeastern part, and is expected to wane again as exploration decreases and production declines. This can be expected to affect employment, demographics, and health. Copper mining, once thought to be near its end in New Mexico, is now expected to last longer, due in part to the need for copper to support generation and transmission of electricity. Solar and wind energy construction also employs many workers, but that may taper off as related construction is completed in coming decades.

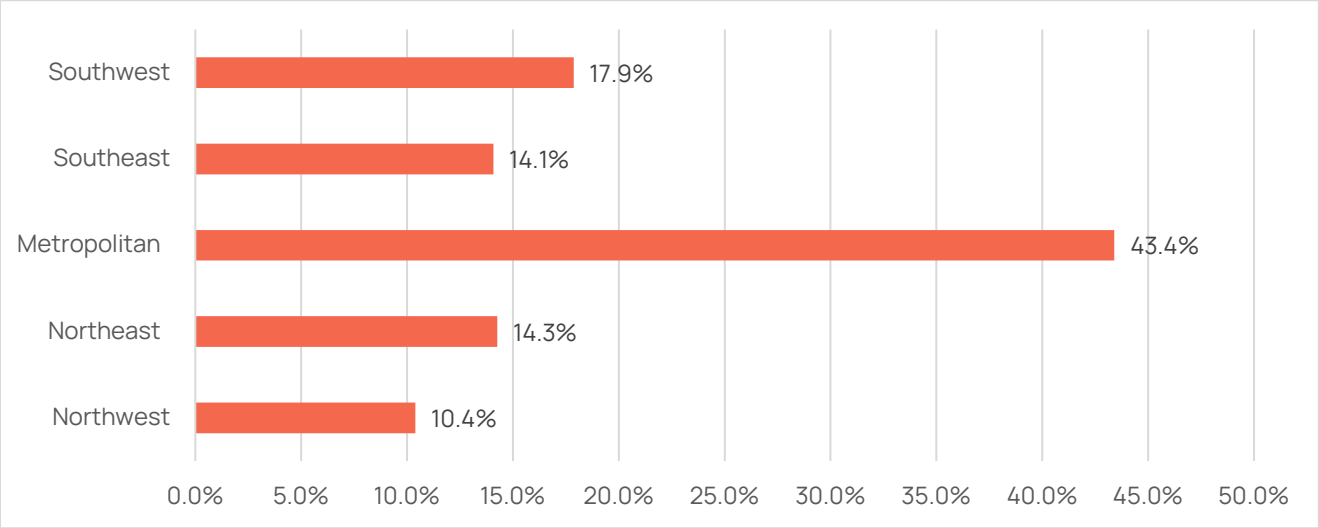
Health Equity in New Mexico

Data in this report may be provided as counts, rates (often per 100,000 population age adjusted to the US 2000 standard population), or as a percentage. Each of these measures conveys different information and should not be compared to each other.

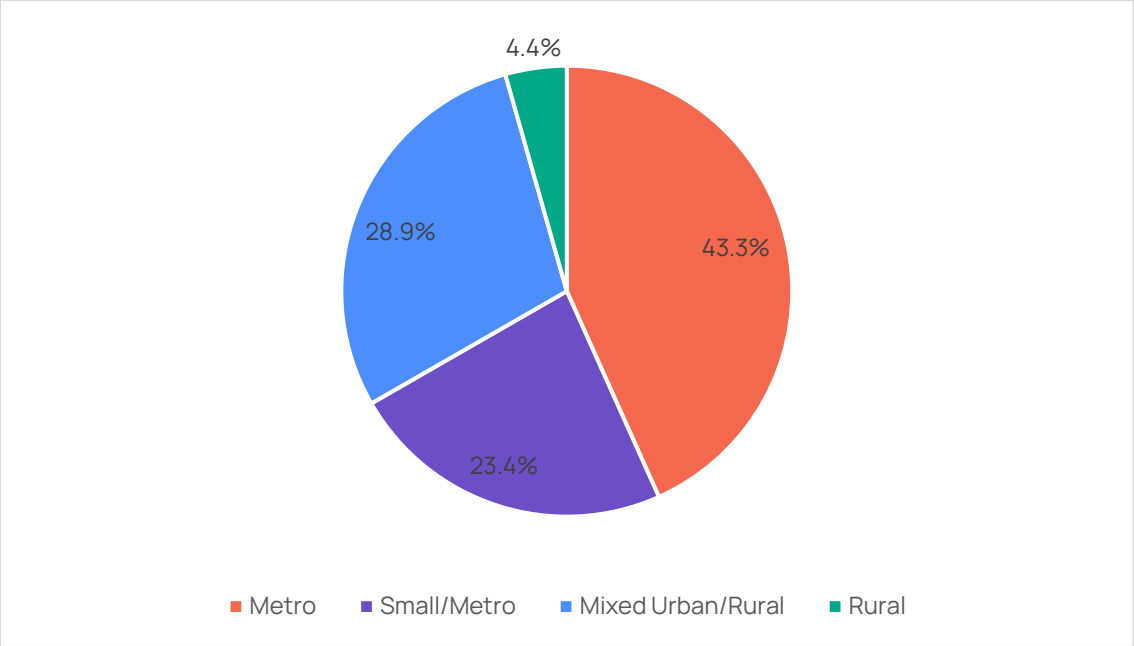
Health Regions and Rurality/Urbanicity

New Mexico's population was 2,117,552 in 2021 (UNM Geospatial and Population Studies, 2024). About two in five New Mexicans live in the Metro region of central New Mexico. Nearly a quarter live in the northern regions (NE and NW), and a third live in the southern regions (SE and SW). With regard to rurality, about a third of New Mexicans live in rural or mixed urban/rural areas, a quarter live in small metro areas and more than 40% live in metro areas.

About two of three New Mexicans live in metro counties (43%) or small metro counties (23%). Fewer than one in 20 New Mexicans live in a rural county (4.4%).



Source: NM-IBIS, UNM/GPS

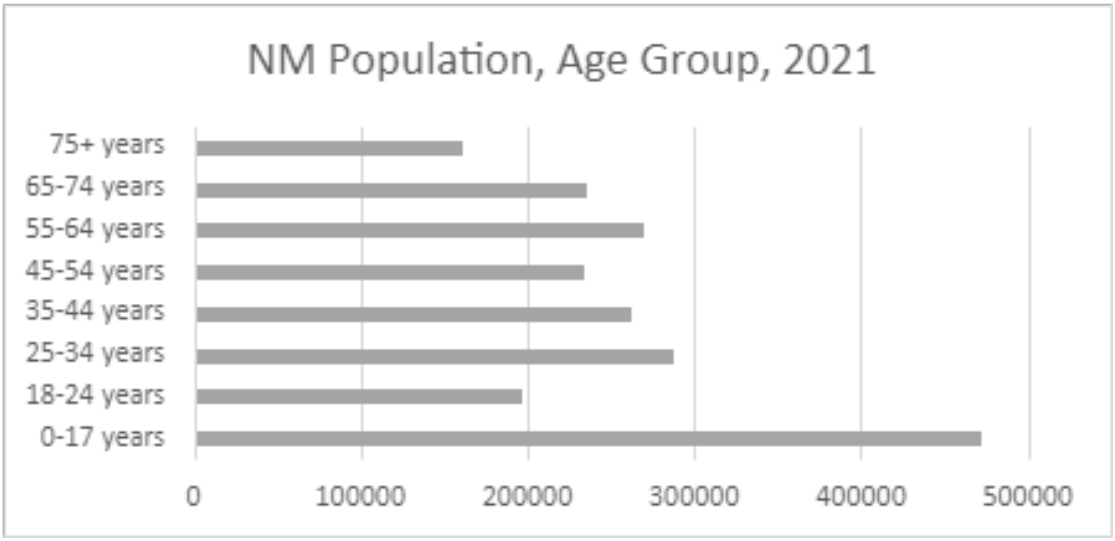


Source: NM-IBIS, UNM/GPS

Age, Sexual Orientation and Gender Identity, and Race/Ethnicity

Age

Like many states, New Mexico has an aging population. In 2021 nearly the same number of New Mexicans were 14 or under as were 65 or above. There were slightly more females than males (50.6% compared to 49.4%).



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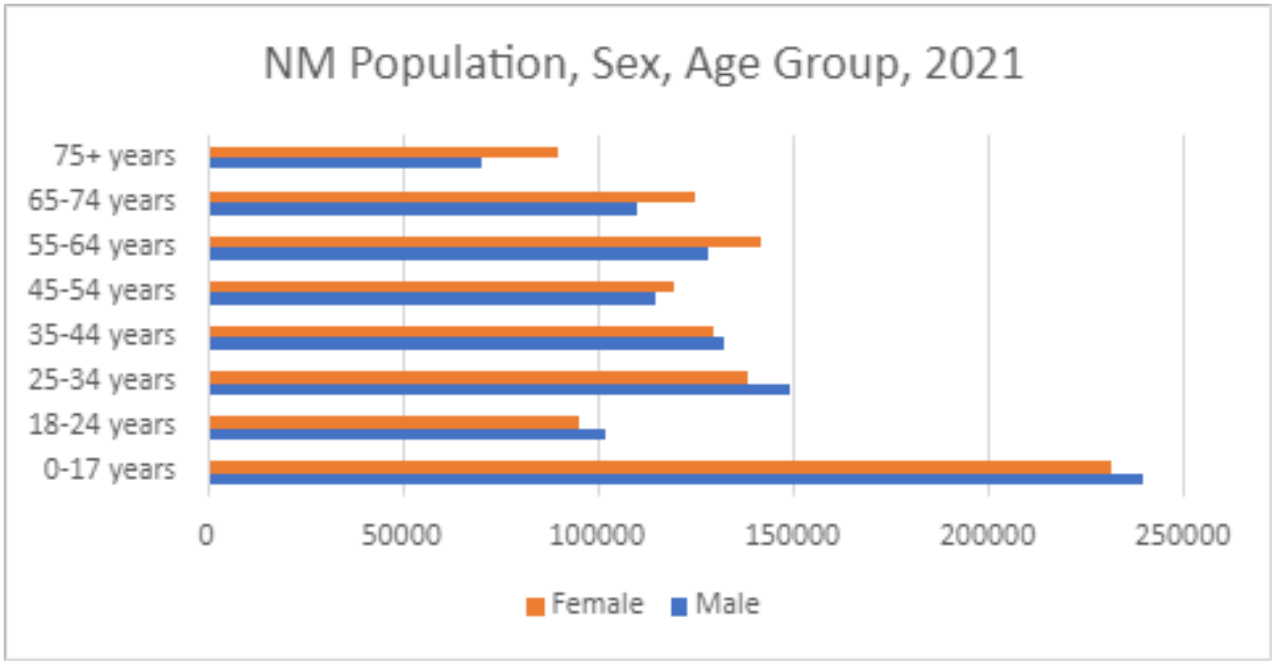

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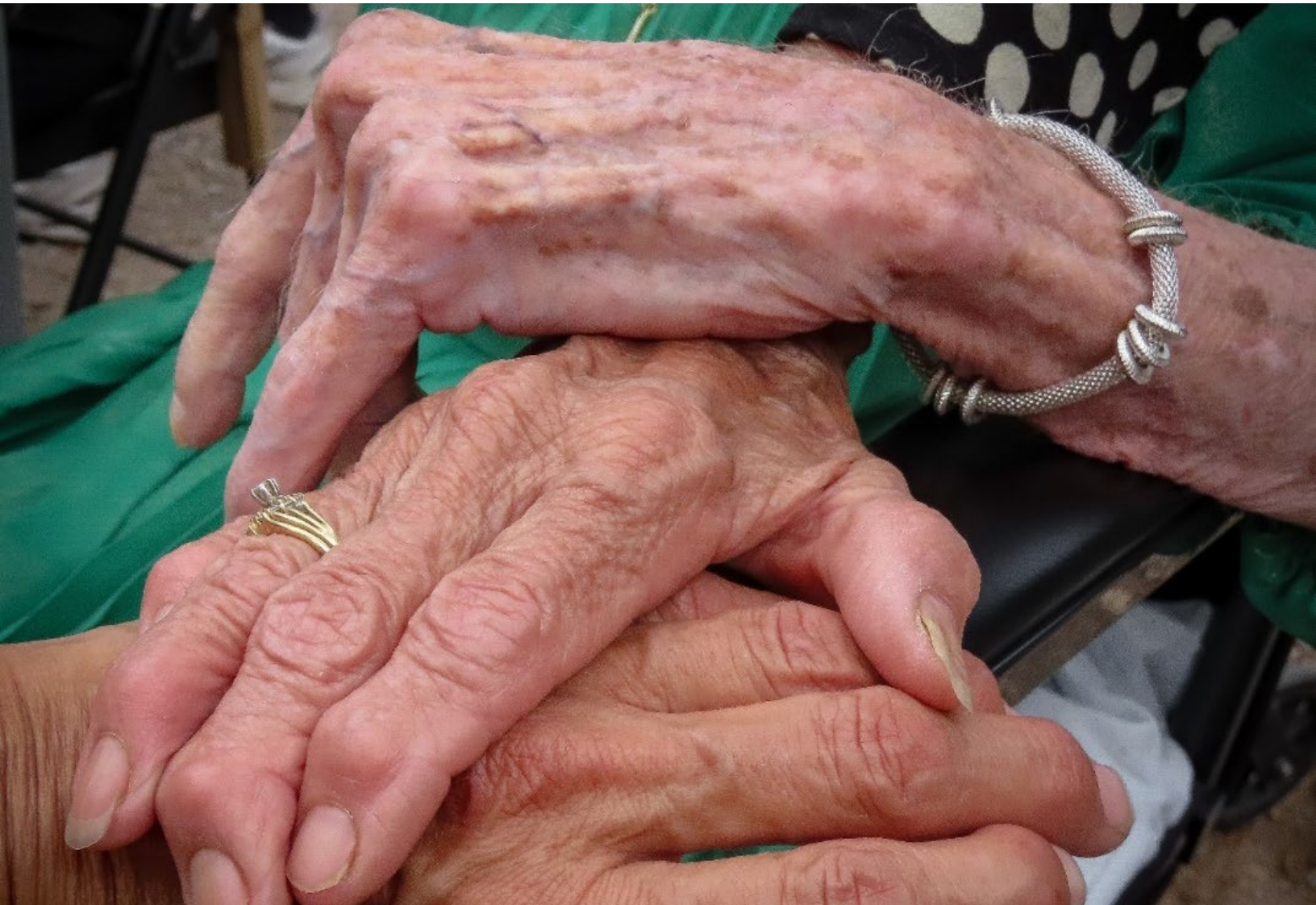
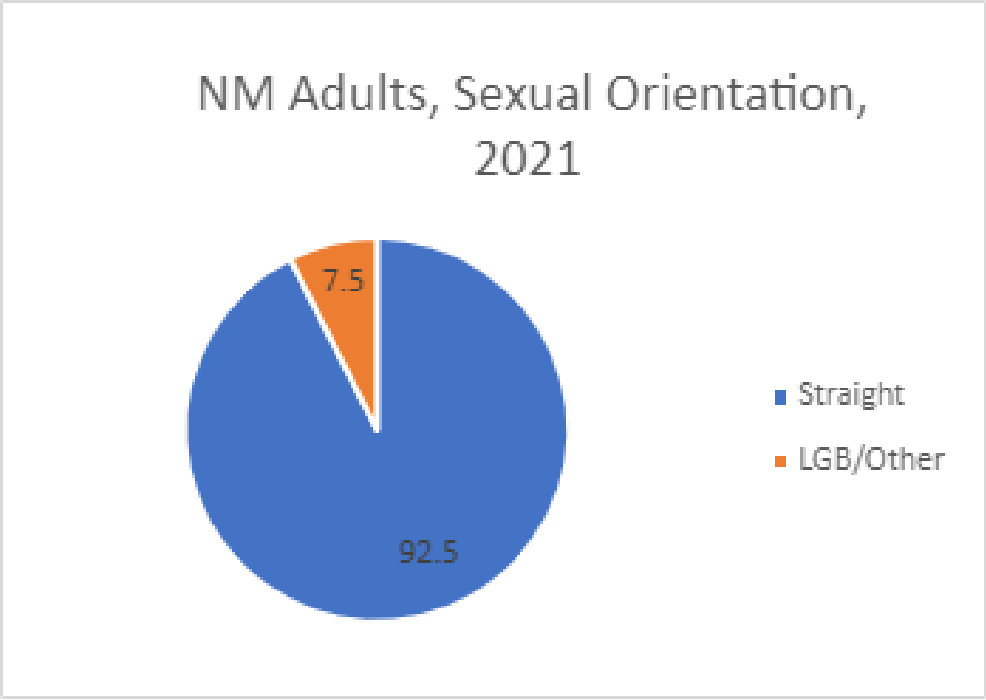


Sexual Orientation
People who identify as lesbian, gay, bisexual, asexual, queer, or 'other' sexual orientations are at greater risk of discrimination and violence. New Mexico fully supports the rights of this community.

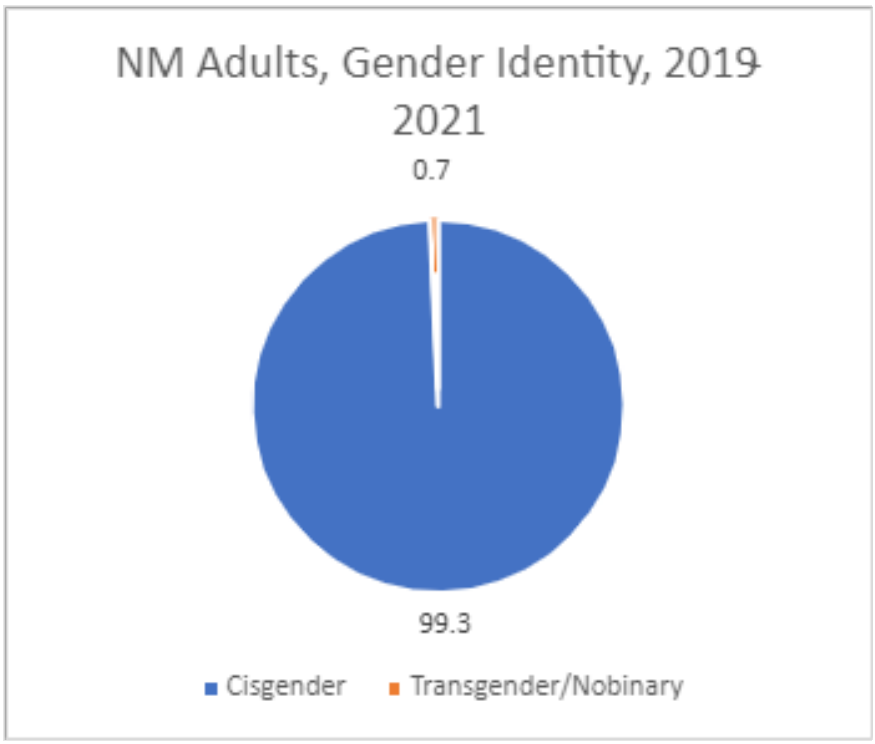
About 8% of New Mexico adults identify as lesbian, gay, bisexual, or 'other' sexual orientation.



Source: NMBRFSS, NMHealth Survey Section

Gender Identity
People who identify as transgender are at increased risk of discrimination and violence. New Mexico supports the rights of people who are transgender including the right to gender affirming care, while many states do not.

Almost 1% of New Mexico adults are transgender or nonbinary. This is approximately 11,500 adults.



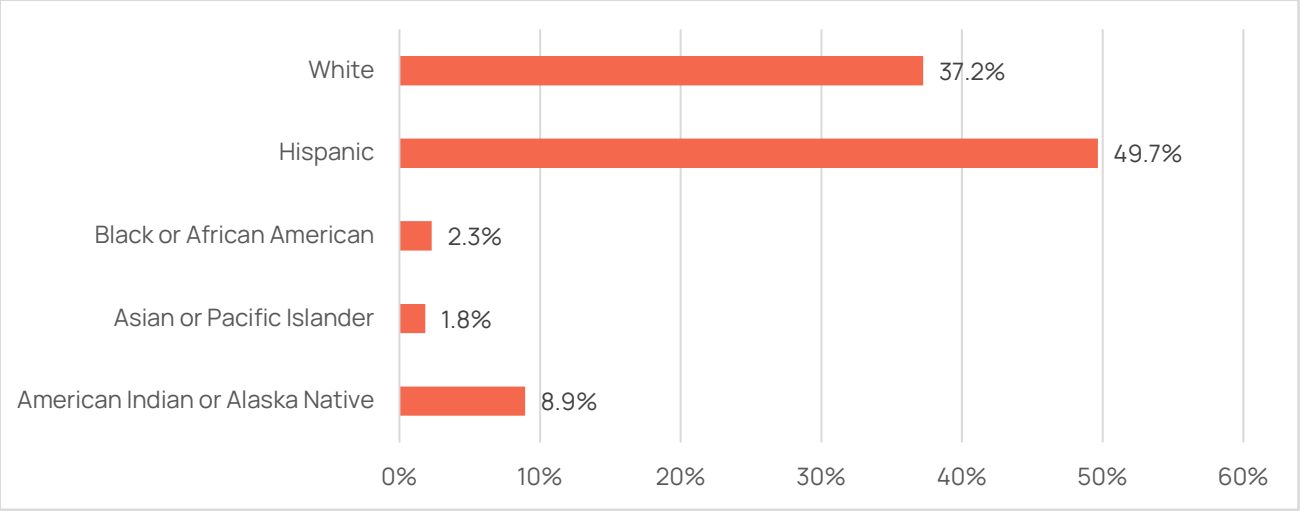
Source: NMBRFSS, NMHealth Survey Section

Health Impacts of Racism

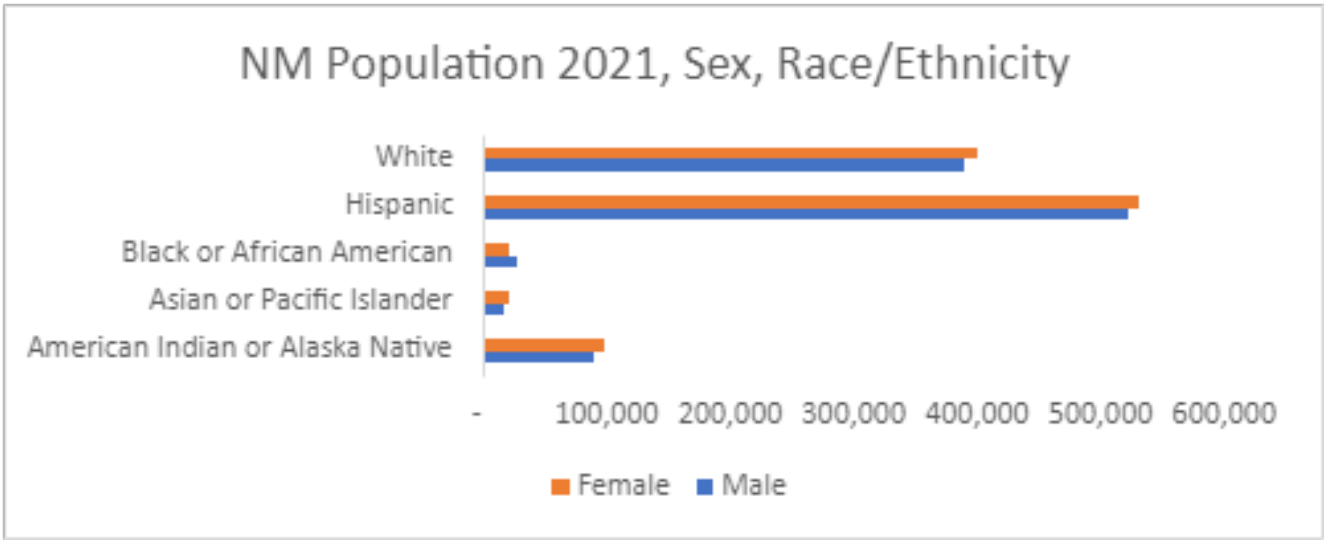
Living with the daily experience of racism can have direct, adverse effects on the health and wellbeing of Black, Indigenous, and People of Color (BIPOC) communities (American Public Health Association, 2020). Racism is often experienced in combination with other discrimination and negative SDOH. The combined impact leads to increased risk of negative mental health, diabetes, hypertension, and other poor health outcomes. These impacts can be seen from birth where infants born to Black mothers are at increased risk of low birth weight, pre-term birth, and infant mortality.

The rates at which recognized racial/ethnic minority group members are arrested, convicted, and incarcerated for criminal offenses and are affected by policies such as "3 strikes", mandatory minimum sentences, and life without parole are higher than the rates for the people of non-racial/ethnic minority groups. This in turn has negative impacts on families, housing, employment, political participation, and health.

Half of all New Mexicans identify as Hispanic. Non-Hispanic White is the next most common race/ethnic identity, followed by American Indian/Alaskan Native, Black/African American, and Asian/Pacific Islander.



Source: NM-IBIS, UNM/GPS

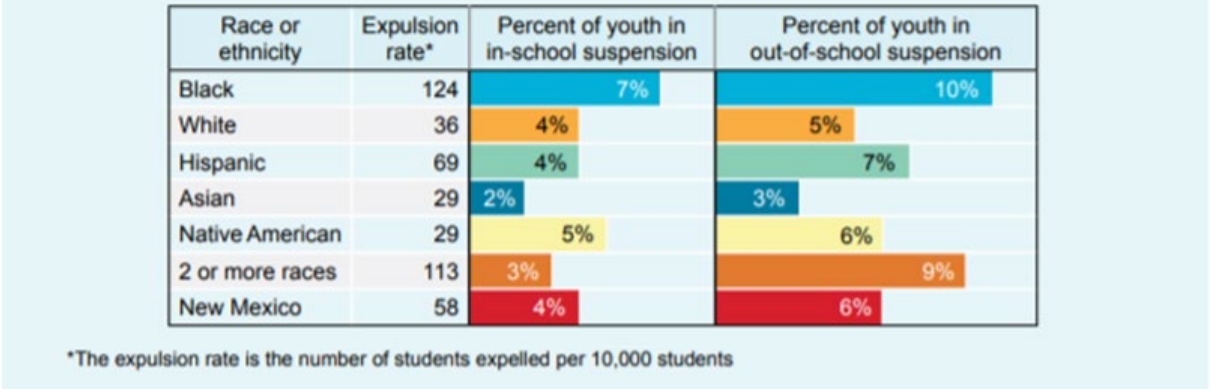


Source: NM-IBIS, UNM/GPS

The impacts of discrimination based on race/ethnicity are experienced throughout a person's life. A 2018 report supported by New Mexico Voices for Children and KIDS COUNT found that Black and Native American youth in New Mexico were more likely to be suspended or expelled than youth of other races or ethnicities (Raphael Pacheco, 2018).

Black Youth are More Likely to Be Suspended or Expelled than Youth of Any Other Race or Ethnicity

Rate of expulsion* and percent of students suspended in New Mexico by race or ethnicity, 2013-2014



Race or ethnicity	Expulsion rate*	Percent of youth in in-school suspension	Percent of youth in out-of-school suspension
Black	124	7%	10%
White	36	4%	5%
Hispanic	69	4%	7%
Asian	29	2%	3%
Native American	29	5%	6%
2 or more races	113	3%	9%
New Mexico	58	4%	6%

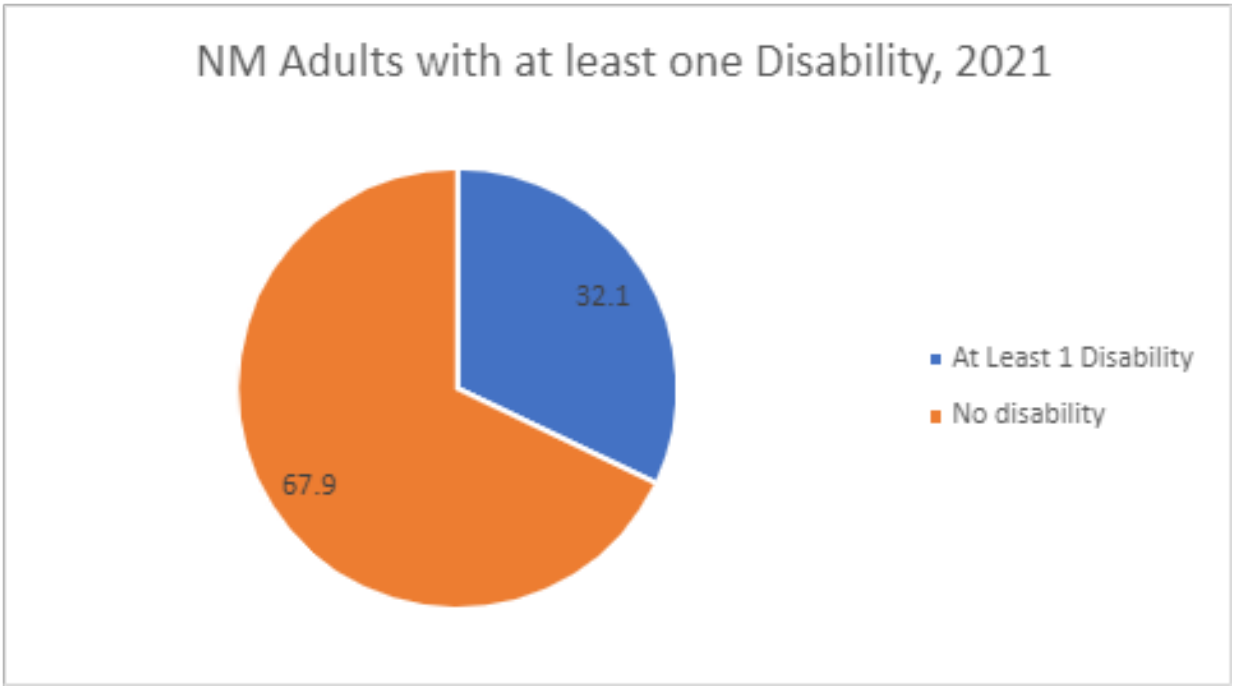
*The expulsion rate is the number of students expelled per 10,000 students

Source: *The Well-Being of Black Children in New Mexico*, 2018

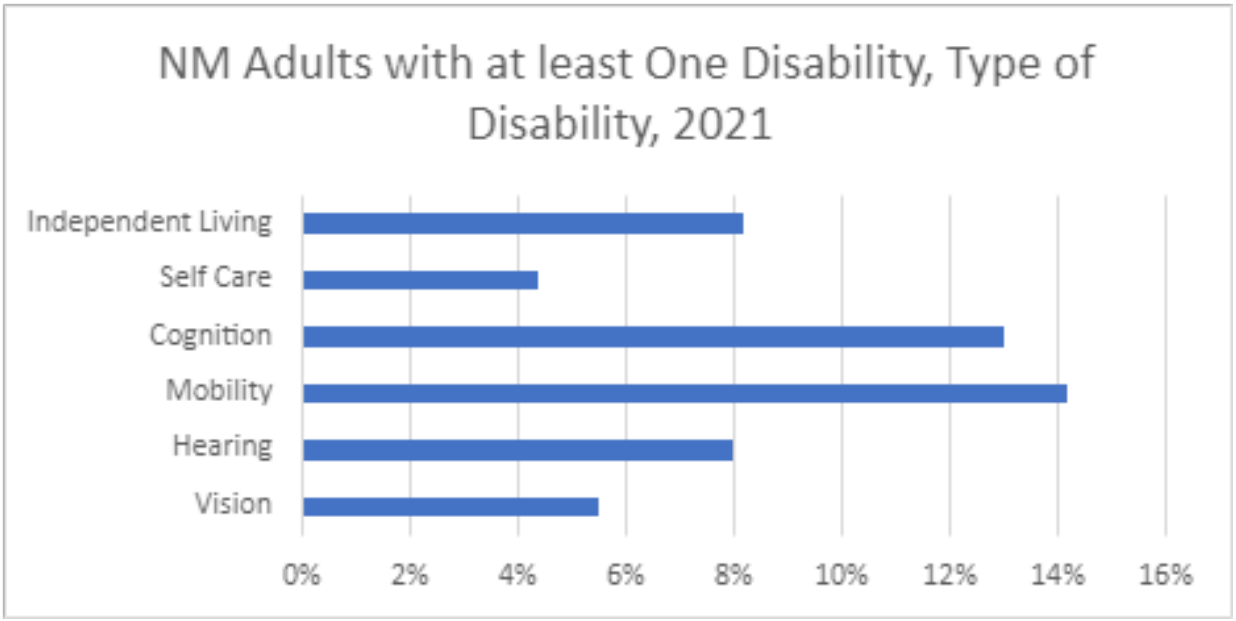
Disability

People who have a disability, including intellectual or developmental disability, are at increased risk of abuse, neglect, and violence. For example, in March 2023 NMHealth discovered cases of severe abuse and neglect of some people receiving services on the state's Intellectual and Developmental Disability (I/DD) waivers. New Mexico acted to cancel those contracts and did in person wellness checks on all people receiving state funded care. As a result, several cases were referred to police and some people were moved to other care providers.

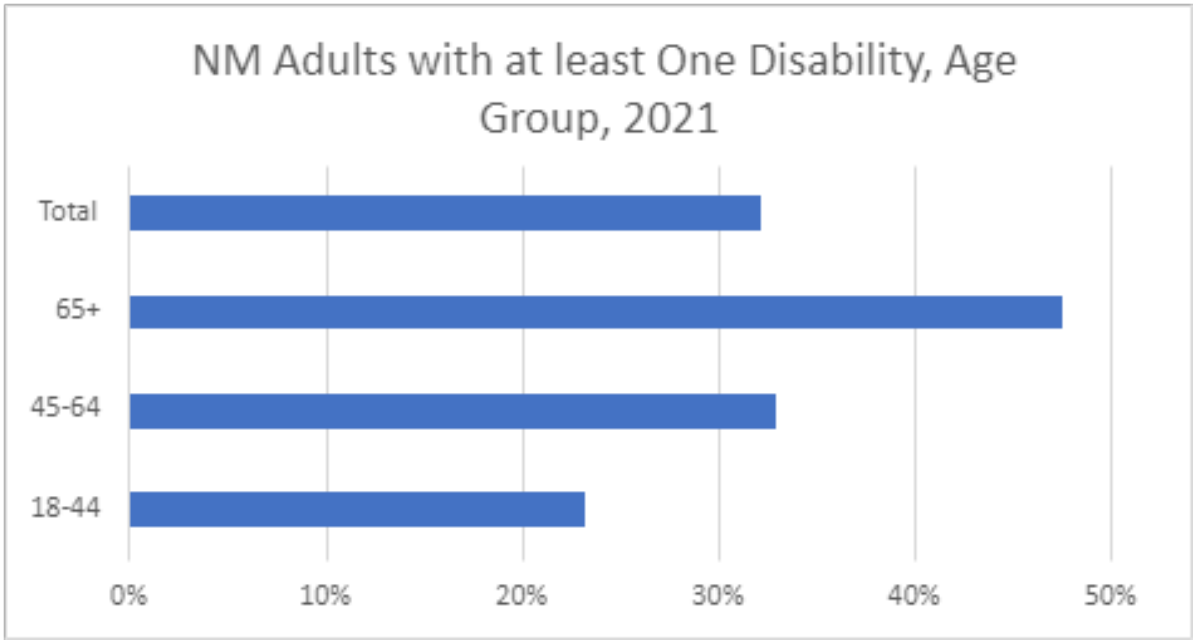
In 2021, about a third of New Mexico adults had at least one disability. Among these adults, cognition and mobility disabilities were the most common types of disabilities. Rates of disability increased with age; about a third of adults 45 to 64 had a disability, and almost half of people 65 and over had a disability (NM Behavioral Risk Factors Surveillance System, NM Department of Health).



Source: NMBRFSS, NMHealth Survey Section



Source: NMBRFSS, NMHealth Survey Section



Source: NMBRFSS, NMHealth Survey Section

The above charts show disability rates by other demographic measures. Social determinants of health disproportionately impact people living with disabilities. For example, older adults with lower incomes experience higher rates of disability than older adults of higher socio-economic status. People with disabilities are more vulnerable to the likelihood of poverty than people without disabilities.

Social Determinants of Health

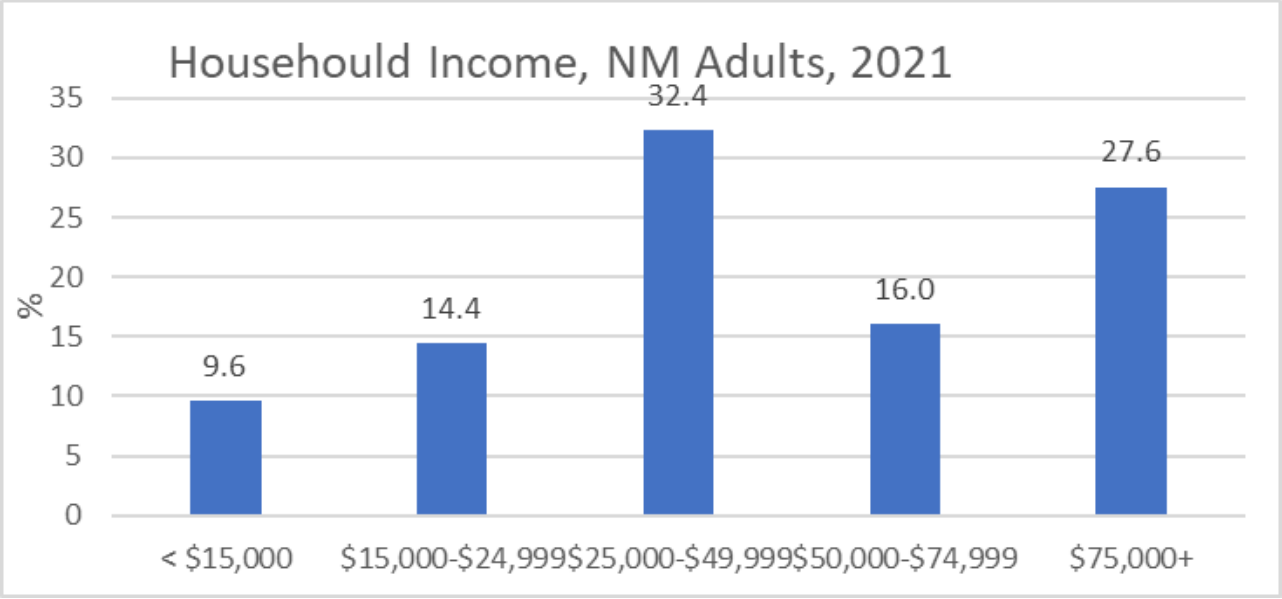
Economics and Income Inequality

In 2021, about a quarter of New Mexican adults resided in household with an income of less than $25,000. In addition, another quarter resided in households with an income of less than $50,000.

Strategies that aim to increase the economic mobility of families (for example, job training programs and Early Head Start) may help to alleviate the negative effects of poverty. The National School Lunch Program has been found to reduce the “risk of experiencing food insufficiency” among low-income households with children.

Residents of impoverished neighborhoods or communities are at increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. In New Mexico, 38.6% of people with income less than $15,000 in 2020 had at least two chronic conditions, compared to 22.1-26.6% for people with income more than $15,000 (Epidemiology and Response Division, New Mexico Department of Health). As of November 29, 2021, in New Mexico, people living in areas with higher rate of poverty were hospitalized more from COVID-19 infection.

Poverty in the early years of a child's life, more than at any other time, has especially harmful effects on continuing healthy development and well-being, including developmental delays and infant mortality. Well-being in later childhood, such as teen pregnancy, substance abuse, and educational attainment, are also influenced by early childhood poverty. Children born into poverty are less likely to have regular health care, proper nutrition, and opportunities for mental stimulation and enrichment.



Source: NMBRFSS, NMHealth Survey Section

According to the American Community Survey for 2017-2021, nearly two out of every 10 (18.3%) New Mexicans lived below poverty level. This is about 50% higher than the US rate (12.6%) (U.S. Census Bureau). This poverty burden is shouldered unevenly across geographic areas and demographic groups. County-level poverty ranged from 4.2% in Los Alamos County to 34.0% in McKinley County. One in four of New Mexico's children (persons under 18 years of age) live in poverty. This ratio is about 50% higher than the US rate (24.5% vs 17.0%). Child poverty was highest in the northwest region (35.0%) and lowest in the Metro Region (19.6). One in eight (12.6%) of people 65 and older in New Mexico were living in poverty compared to about one in 10 in the US (9.6%). Poverty among people 65 and over ranged from 2.5% in Los Alamos County to 27.9% in De Baca County.

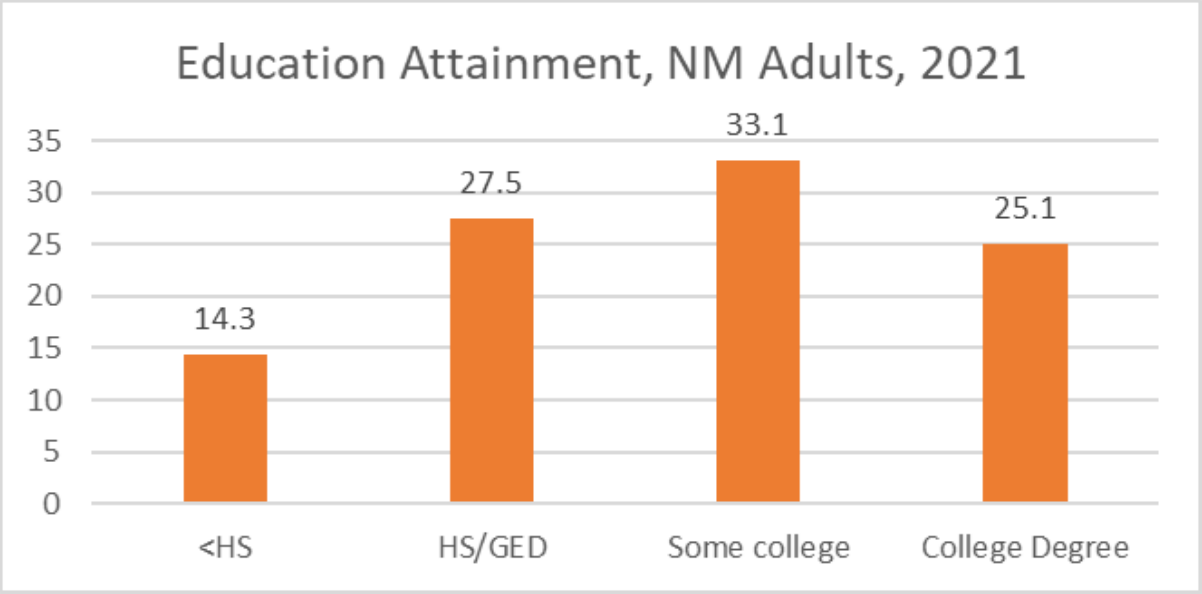
In 2019, about one in four (23.4%) adults living with disabilities in New Mexico were living in poverty. The poverty rate for people living with disabilities varied from 4.5% in Los Alamos County to 51.4% in De Baca County.

Education

Research has shown the relationships between the amount of education a person has and health outcomes. The Robert Wood Johnson Foundation reports that "The United States is the only industrialized nation where young people currently are less likely than members of their parents' generation to be high school graduates."

Education level is strongly related to health status for a variety of reasons. Education is associated with better earning potential and higher income which enables better housing in safer neighborhoods, healthier food, health insurance coverage and more timely medical care. People who have clear goals and a sense of control over their own lives tend to have both a higher education level and better health (M E Lachman, 1998). Short-term health problems associated with not graduating from high school include substance use, unplanned pregnancy, and psychological, emotional, and behavioral problems (Nicholas Freudenberg, 2007).

About one in seven (14.3%) New Mexico adults had educational attainment of less than high school in 2021. In contrast, a quarter of New Mexico adults (25.1%) had a college degree.



Source: NM-IBIS, NM BRFSS 2021

Childcare

Access to quality affordable childcare can be a limiting factor for New Mexico families. New Mexico provides childcare assistance to New Mexicans who make up to 400% of the federal poverty level with co-pays based on family income. This assistance is provided through the New Mexico Early Childhood Education and Care Department (NM ECECD). To qualify, most parents/guardians must be working, looking for work, going to school, or be in job training.

In FY 2022, ECECD provided funding for Head Start or Early Head Start for 8,795 children, monthly childcare subsidy for 18,423 children per month, meals in care for 31,663 children and adults per month and funded Pre-K for 14,1833 4-year-olds. Parents can apply online or can contact a local office for application assistance.

Persons interested in more information or to apply online may do so at: https://eligibility.ececd.nm.gov/

Food Scarcity and Insecurity

New Mexico had the 8th highest rate of food scarcity among adults in January 2024 (12.2% compared to the US rate of 10.7%) This equates to 172,038 food scarce adult residents of the state. Food scarcity is defined as: Adults in households where there was either sometimes or often not enough to eat in the last seven days (U.S. Census Bureau, 2024). This differs from food insecurity, which is the U.S. Department of Agriculture (USDA)'s measure of lack or limited or uncertain access to adequate food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods. There is a broad base of literature illustrating links between food insecurity and poor health at every age. For example, food-insecure women are more likely to experience birth complications than food-secure women (Feeding America, 2023) (Feeding America, 2021).

According to Feeding America Map the Meal, New Mexico had the second highest Child Food Insecurity Rate in the US in 2021, at 19.2% of New Mexico's children. The US rate was 12.8%. It also noted that in the US, the estimated rate of child food insecurity is higher than the rate of overall food insecurity.

Food insecure households are not necessarily food insecure all the time. Food insecurity may reflect a household's need to make trade-offs between important basic needs, such as housing or medical bills, and purchasing nutritionally adequate foods. Inconsistent access to adequate amounts of nutritious food can have a negative impact on the health of individuals of all ages. In the US, adults in food insecure households are

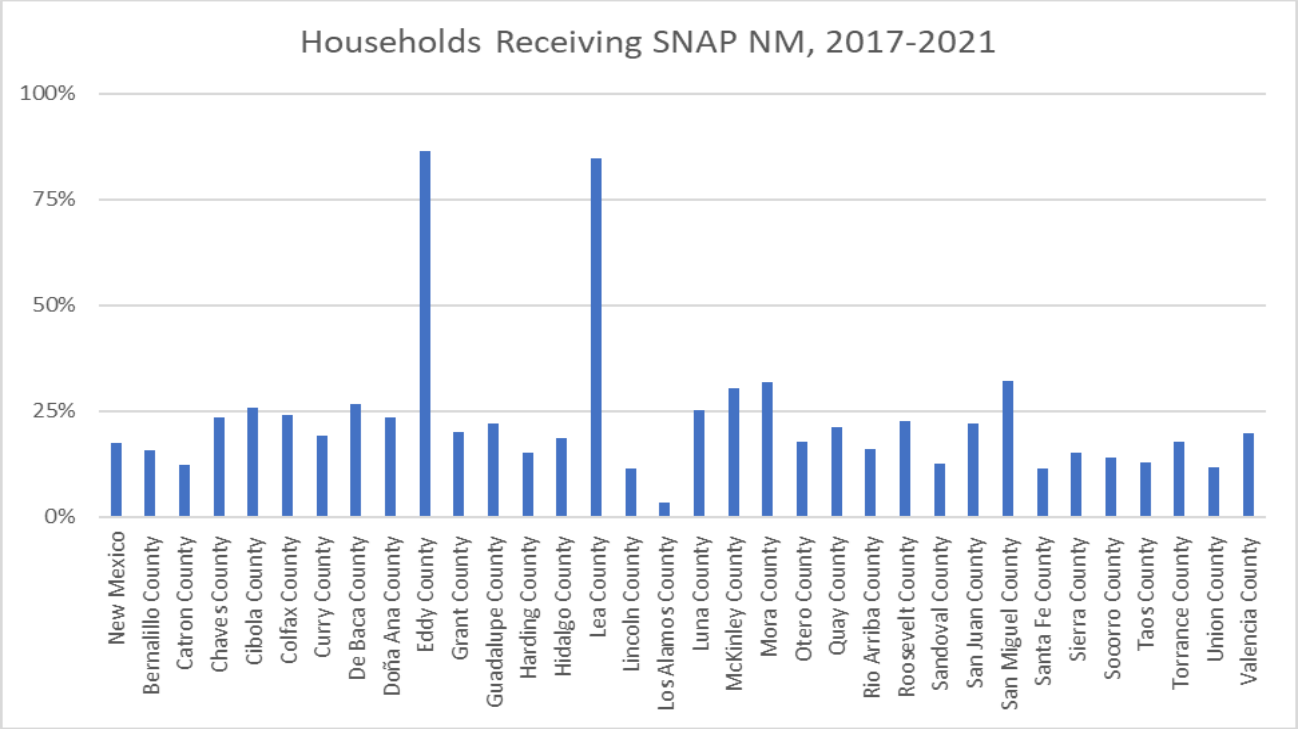
much more likely than food secure adults to have hypertension, diabetes, heart disease, and other chronic health problems. Although food insecurity is harmful to any individual, it can be particularly devastating among children because they are more vulnerable to potential long-term consequences for their future physical and mental health and academic achievement.

People in rural New Mexico may have to travel to nearby towns to buy food, and prices in rural areas are often higher than in more urban areas. Loss of traditional food ways also contributes to food insecurity in New Mexico. A recent study shows that supporting access to growing and harvesting food (including hunting and fishing) can reduce food insecurity (Meredith T. Niles, 2024).

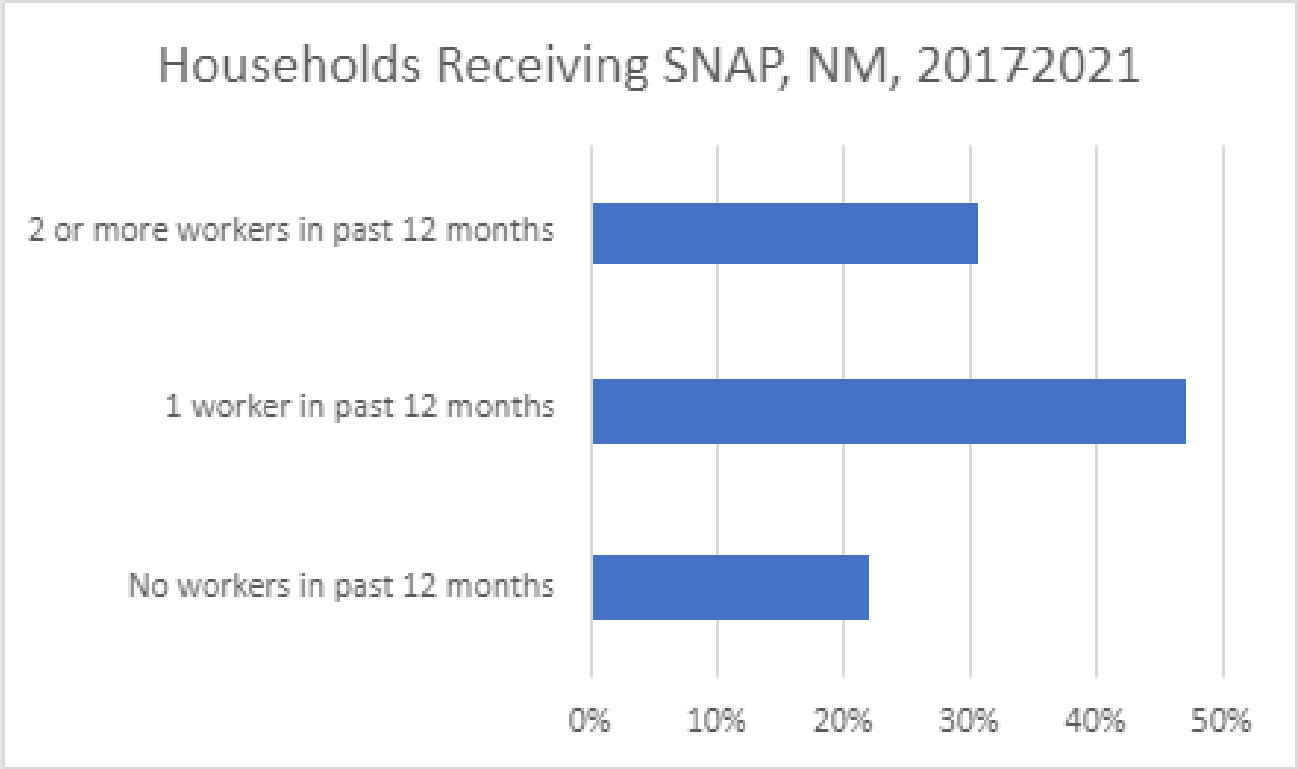
US federal food aid increased during the first months of the COVID-19 pandemic. This expanded food aid ended February 28th, 2023. Loss of this assistance impacts the most vulnerable New Mexicans.

Between 2017 and 2021, about 18% of New Mexicans received Supplemental Nutrition Assistance Program (SNAP) benefits. County rates varied from 3% in Los Alamos County to 85% to Lea County and 86% in Eddy County.

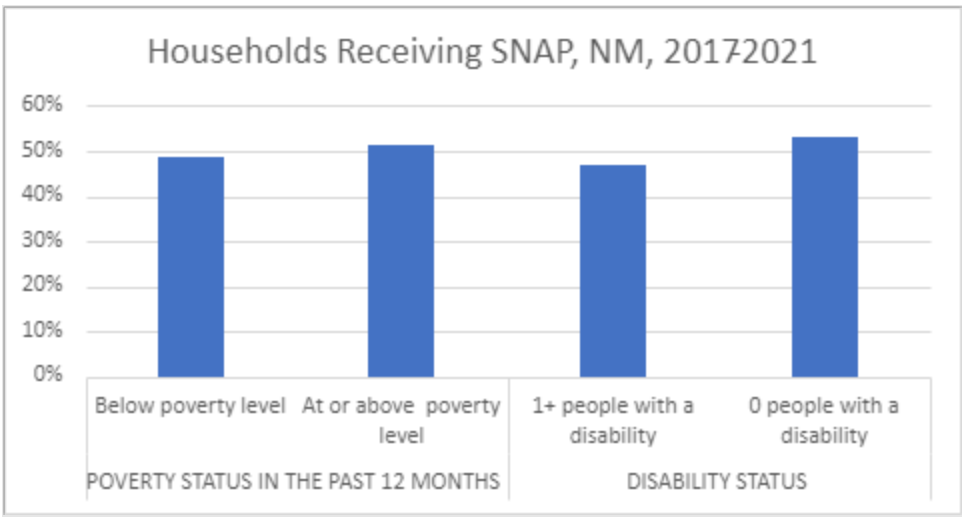
Food insecurity impacts people across employment, income, and disability characterizations. About 88% of New Mexico households receiving SNAP benefits had at least one employed person. Over half of households receiving SNAP benefits in New Mexico had an income at or above the poverty level. Nearly half of households receiving SNAP benefits have at least one member who has a disability (U.S. Census Bureau).



Source: American Community Survey, US Census



Source: American Community Survey, US Census



Source: American Community Survey, US Census

The Special Supplemental Nutrition Program for Women, Infants, & Children (WIC) serves to safeguard the health of low-income pregnant, postpartum, and nursing (breastfeeding) women, infants, and children up to age five who are at nutritional risk by providing nutritious foods to supplement diets, information on healthy eating including nursing (breastfeeding) promotion and support, and referral to health care and other services.

What we are doing about it

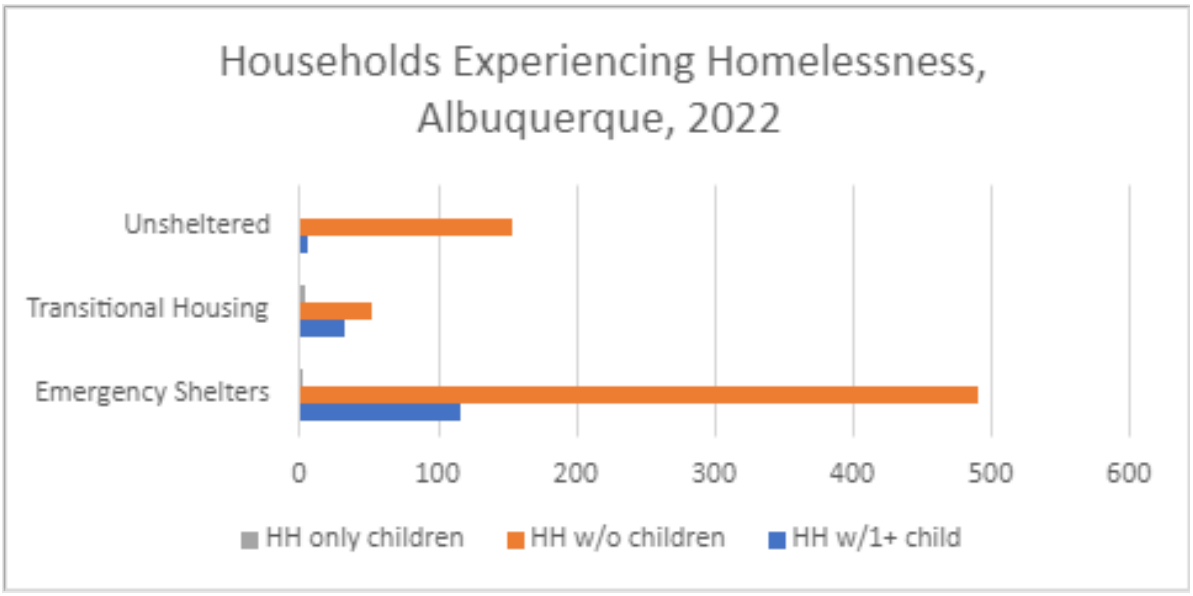
New Mexico had a relatively low WIC participation rate in 2022. To address this, the WIC program has partnered with the Human Services Department connect to Medicaid services to ensure new parents and families are more likely to receive all of the federal and state assistance for which they quality. Now applicants for services for SNAP (also known as "Food Stamps"), TANF (Temporary Assistance for Needy Families), or Medicaid are automatically assessed for potential participation and referral to WIC clinics. The system enhancement does likewise for people who may qualify for HSD services. Since May of 2022, the WIC caseload has grown by 19%, resulting in a monthly caseload of about 38,000.

Housing and Housing Instability

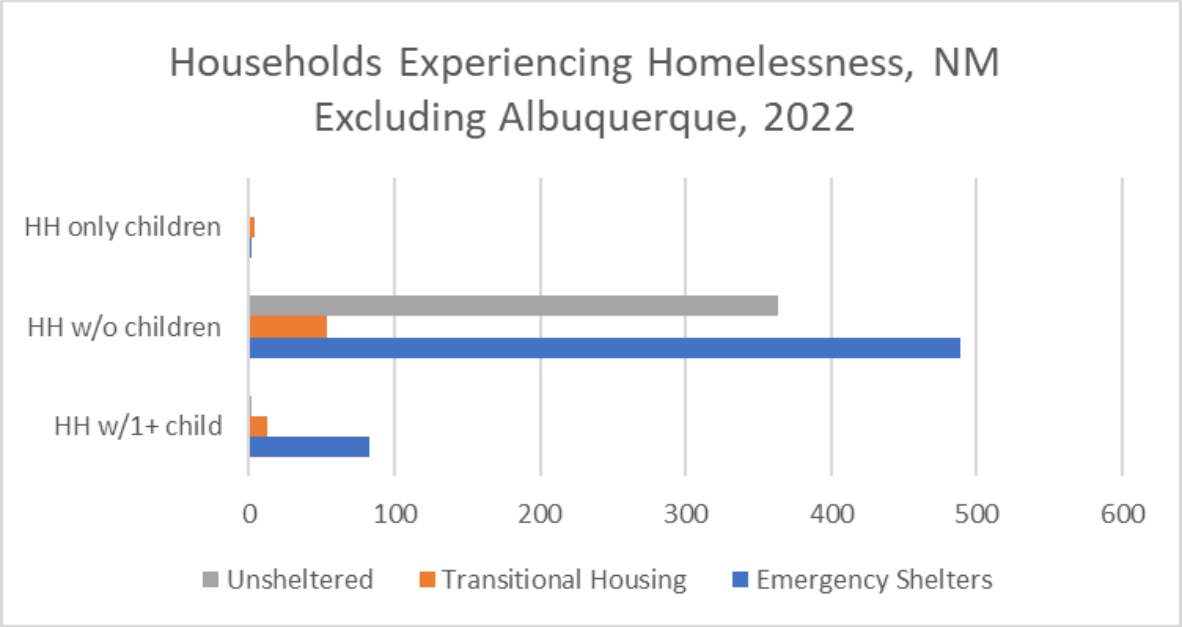
Availability of quality, affordable housing is important for health and health equity. The American Community Survey estimates that in 2017- 2021 there were 948,110 housing units in New Mexico, and 68.2% were owner occupied (U.S. Census Bureau). NMHealth maintains an epidemiologist on-call line (staffed 24 hours a day 365 days a year). Some of these calls are related to environmental factors including factors related to homes. Between 2015 and 2021 about 34% of these calls were related to mold. The next most common issues were bugs (about 17%), health effects (about 15%), and landlord tenant disputes (about 12%).

NMHealth does not have a surveillance system that focuses on people who are homeless or experiencing housing instability. The Coalition to End Homelessness produces an annual report from a point- in-time survey. The survey provides detailed data on Albuquerque and data on the balance of the state (New Mexico excluding Albuquerque) (NM Coalition to End Homelessness, 2022).

Survey results for Albuquerque and the balance of the state are reported separately. Additionally, data are reported for people who are unsheltered, in emergency shelters, or in transitional housing. The 2022 Point in Time surveys in Albuquerque identified 1,311 people from 860 households. Households with children were less likely to be unsheltered (18% of total households, 4%53% of unsheltered households). In the balance of the state there were 1,283 people in 1,010 households. As in Albuquerque, households with children were less likely to be unsheltered (10 of the total households compared to 1% of unsheltered households). People who are American Indian/Alaskan Native or Black/African American were disproportionately represented in the homeless population. People with severe mental illness or substance use disorders were also disproportionately represented in the homeless population.



Source: Point in Time Survey, NM Coalition to End Homelessness



Source: Point in Time Survey, NM Coalition to End Homelessness

Young people experiencing homelessness face significant educational, health, and emotional challenges. Most adolescents who experience homelessness do so as part of a family that includes at least one adult.

According to a report by the U.S. Department of Health & Human Services (U.S. Department of Health & Human Services, 2016), Adolescent Well-Being after Experiencing Family Homelessness:

- Recently homeless adolescents who changed schools frequently had lower grades, less motivation, and more problem behaviors than those who did not.
- Adolescents with recent experiences of homelessness generally exhibited more problem behaviors than their peers nationally across all income levels.

Safety and Violence

In 2020, New Mexico had the 10th highest homicide rate (Centers for Disease Control and Prevention, 2022). In 2020, New Mexico had the third highest violent crime rate in the US (after only Washington DC and Alaska). New Mexico also had the third highest property crime rate (after only Washington DC and Louisiana) (USAFacts, 2024).

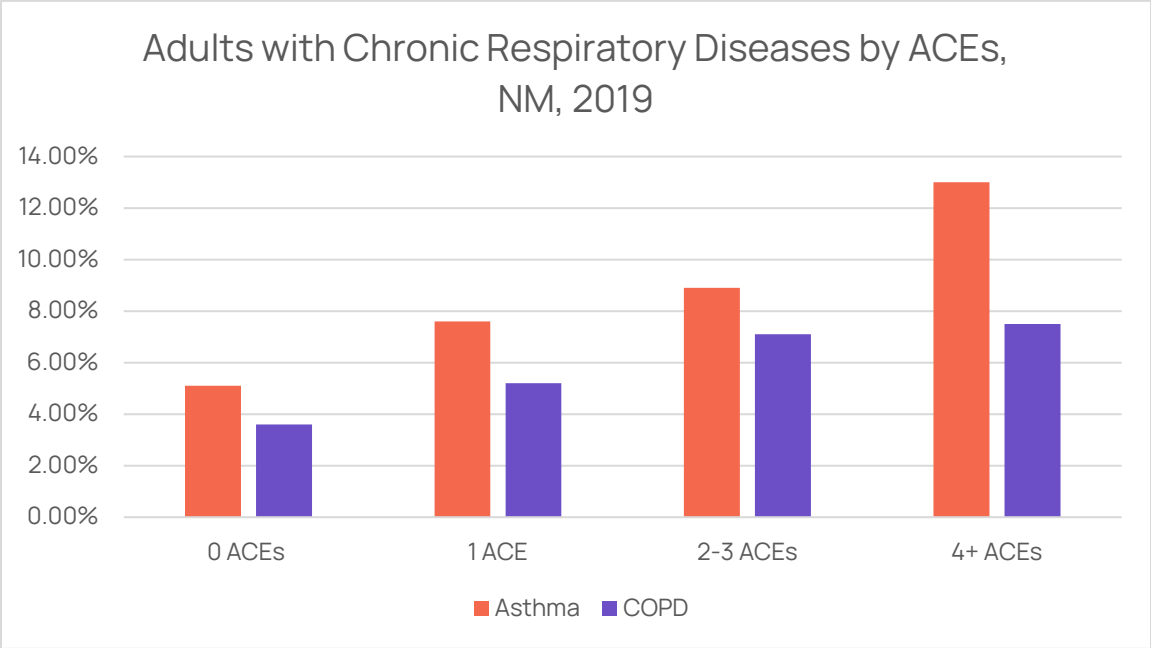
People with High Adverse Childhood Experiences (ACEs)

At the national level, as reported by parents, about one in ten children (10%) had experienced three or more ACEs. In five states – Arizona, Arkansas, Montana, New Mexico, and Ohio, as many as one in seven had experienced three or more ACEs, a significantly higher ratio than the national average."

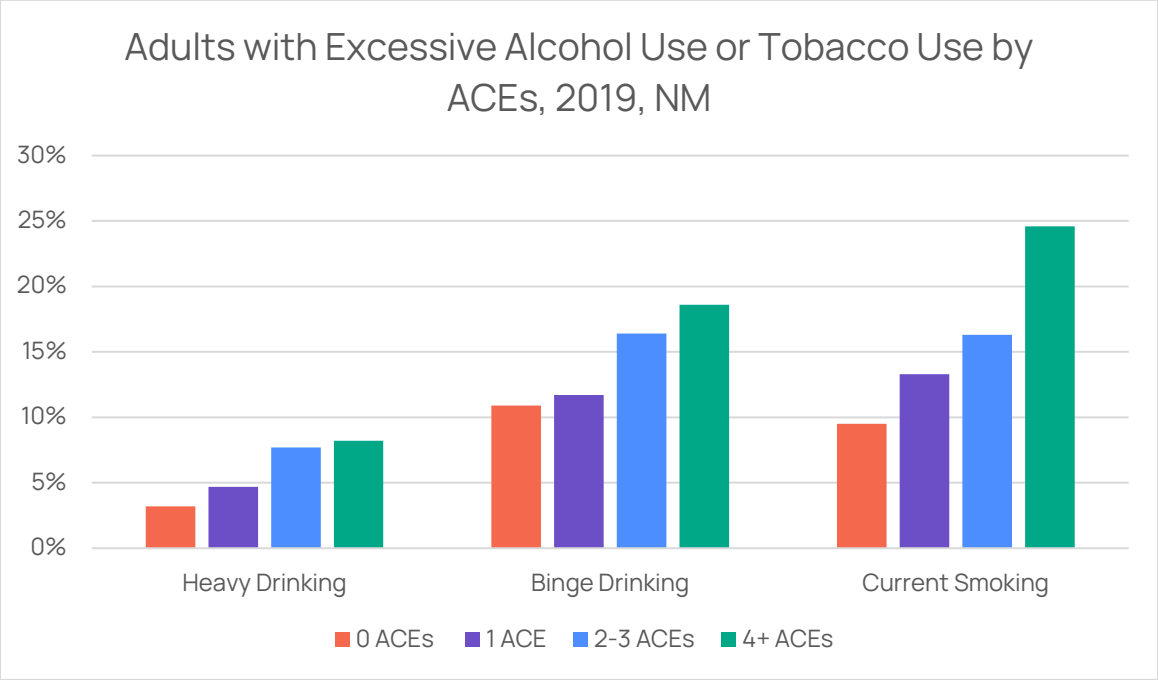
Among children from birth through age 17, Child Trends reported on number of ACEs (zero, one, two, and three or more) both nationally and by state. New Mexico and

Arizona tied at 18% of children being reported to have three to eight ACEs (Vanessa Sacks, 2018).

In 2019, NMHealth collected ACEs information on the BRFSS. This showed higher rates of ACEs for people who have chronic respiratory diseases, and several health risk behaviors including excessive alcohol consumption, and tobacco use. People with mental health issues also had higher ACEs.



Source NM BRFSS, NMHealth Survey Section



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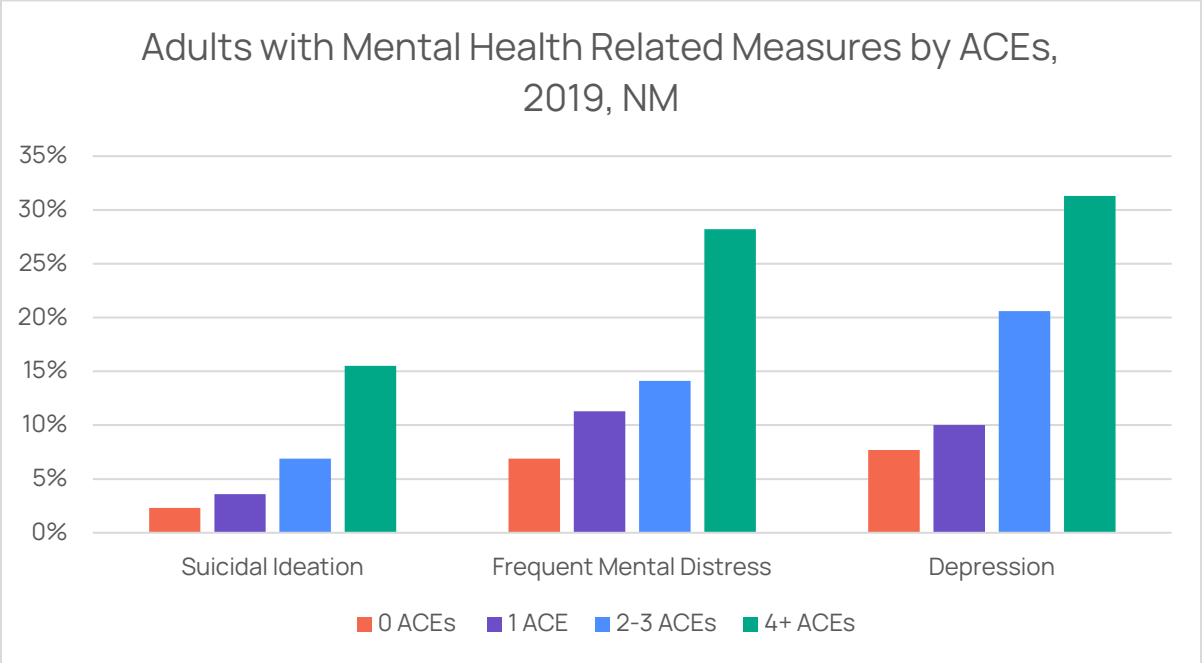


Source: NMBRFSS, NMHealth Survey Section

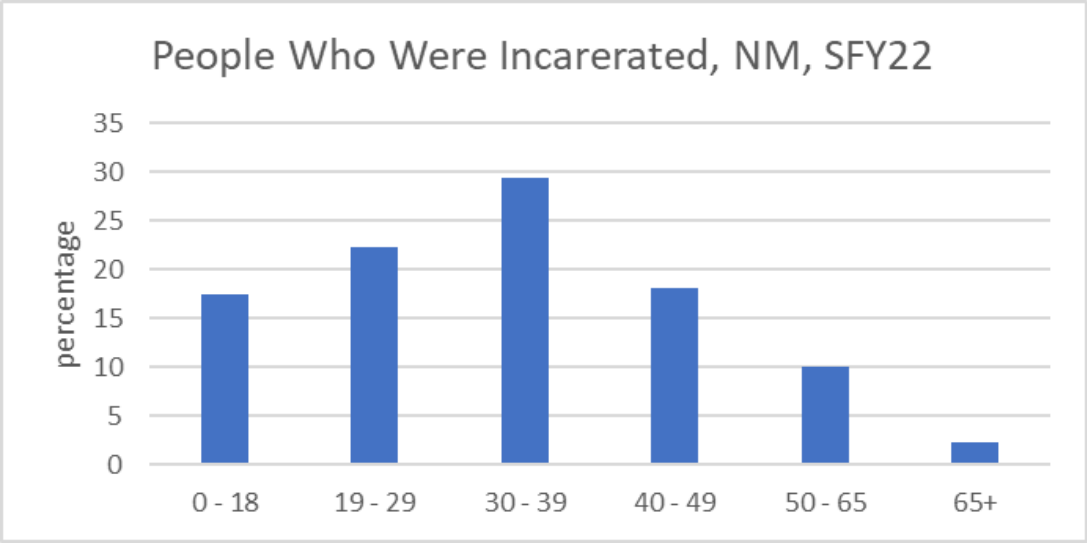
Incarceration

The carceral landscape in New Mexico consists of adult county detention centers (n=26), juvenile county detention centers (n=4), adult state prisons (n=11), state juvenile justice facilities (n=4), private prisons (n=4) and no federal prison facilities. The facilities may contract with other entities, such as Tribal governments, ICE, Federal, US Marshalls and neighboring states.

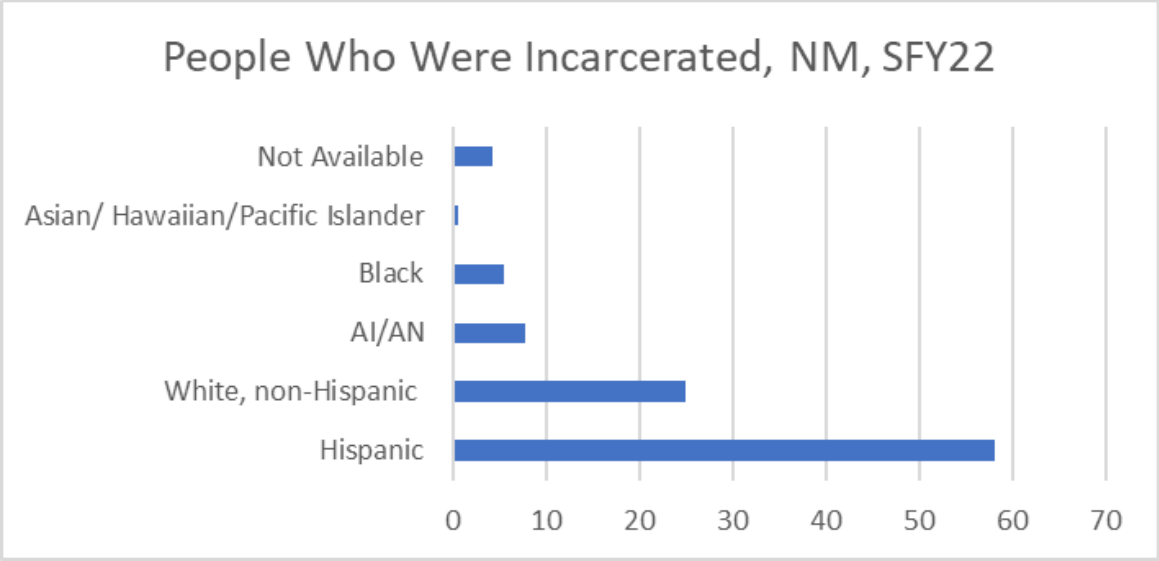
NMHealth Epidemiologists conducted an assessment from August 2022 to December 2022 (collecting State FY22 data). The primary goal was to identify gaps and trends in carceral facilities public health preparedness and health service delivery, with a focus on infectious disease control and reporting practices. The secondary goal was to use the assessment and its results to develop relationships between public health and carceral facilities to work collaboratively in the future. The Epidemiologist reached out to all facilities, visited 44, and were able to complete at least partial assessments on 43. Not all facilities conducted comprehensive medical intake evaluations. People held in county and private facilities receive a basic medical clearance into facilities within 24 hours of intake which may consist of vital signs, assessment for conditions requiring ongoing treatment, evaluation for withdrawal symptoms, and acute medical conditions.

The operational capacity (the maximum number of individuals that can be detained) across all facilities was 18,364, and the average daily population was 11,978 of whom 84% were male. Sexual orientation and gender identity data are not routinely collected. Overall younger people, people with lower levels of education, people who have health

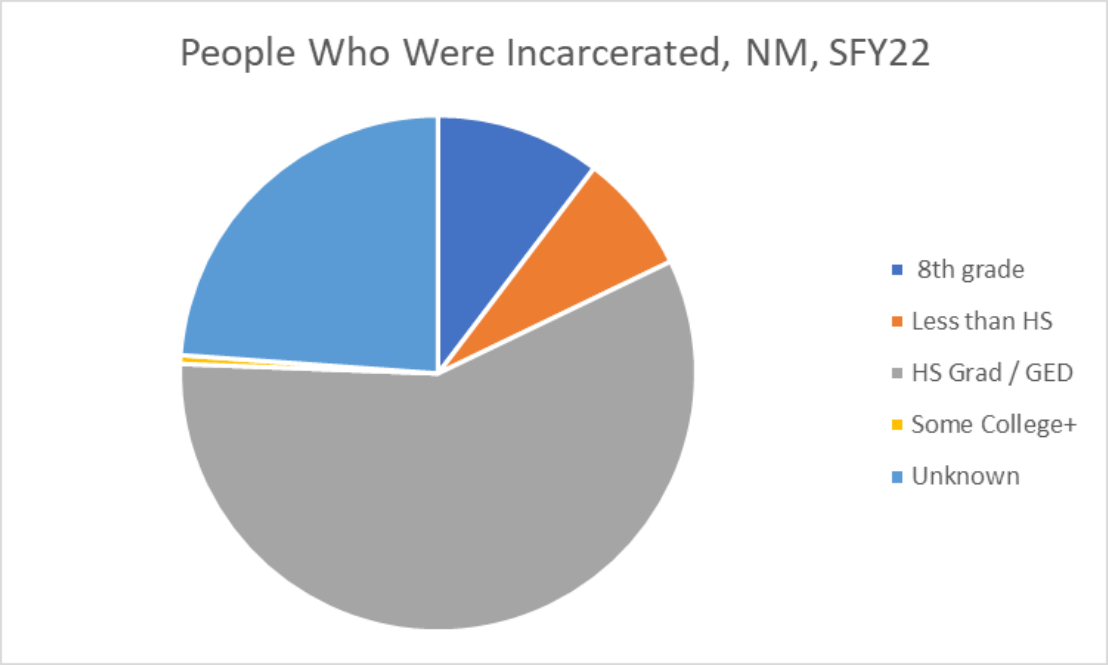
insurance through Medicaid, and people who are Hispanic or Black were over-represented in the incarcerated population in New Mexico during State FY22.



Source: NMHealth Incarcerated populations program



Source: NMHealth Incarcerated populations program



Source: NMHealth Incarcerated populations program

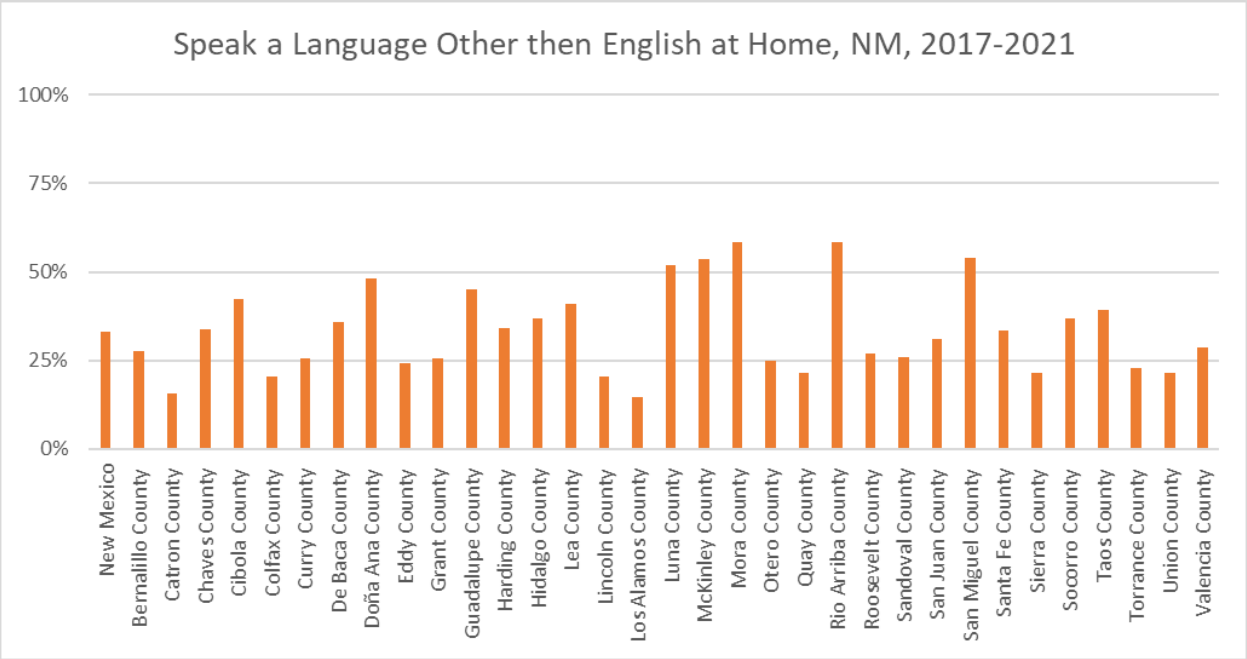
People who are incarcerated or have recently been released from incarceration face increased risk of infectious diseases (HIV and Hepatitis C), risk of drug overdose (including fatal drug overdose), and during incarceration are five times as likely to have an emergency department visit for unintentional and violence-related injuries as people who are not incarcerated (Avital Wulz, Gabrielle Miller, Livia Navon, & Jill Daugherty, 2023)

Language

Language is crucial to people's independence and is intrinsic to the expression of culture. As a means of communicating values, beliefs, and outcomes, it has an important social function and fosters feelings of group identity, solidarity, and social connection. Including all people requires providing information and services in community languages in addition to the dominant language. When state and local agencies and service providers limit access to those proficient in the dominant language, they are effectively denying people's rights to receive services, information, and to fully access economic, educational, health care and governmental benefits (Racism No Way!).

Nearly one in three New Mexicans speak a language other than English at home. According to the American Community Survey, in 2021 68.8% of New Mexicans spoke only English at home, 24.5% spoke Spanish, 1% each other Indo-European languages or Asian/Pacific Islander languages, and 4.8% 'Other' (U.S. Census Bureau).

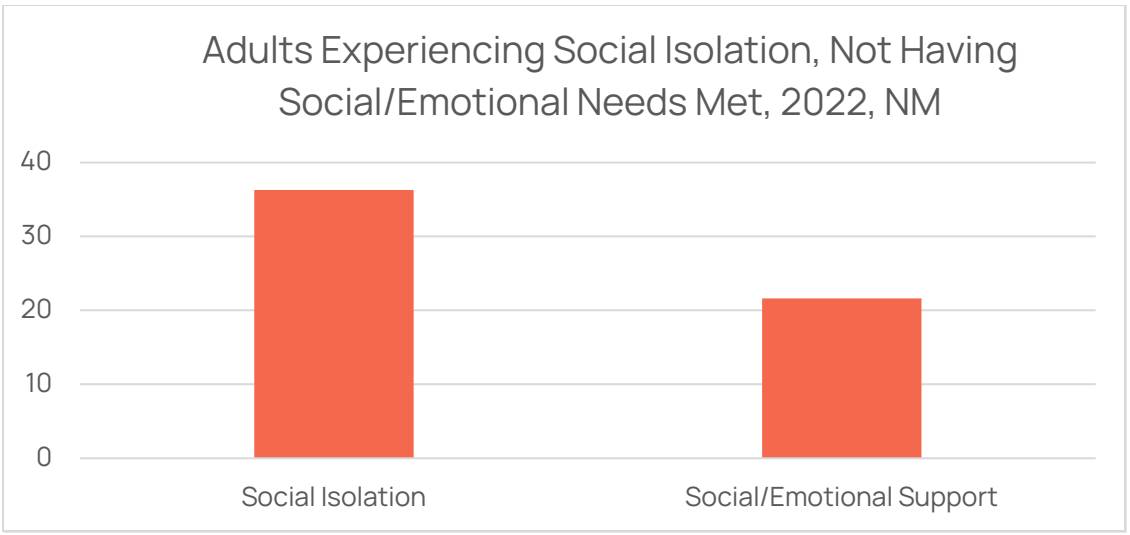
Rates varied greatly by county. The county with the lowest percentage of people who speak a language other than English at home is Los Alamos (14.7) followed by Catron (15.5). The county with the highest percentage of people who speak a language other than English at home is Mora County (58.3). Six other counties have 40% or more people who speak a language other than English at home (Doña Ana, Guadalupe, Lea, Luna, McKinley, and San Miguel).



Source: American Community Survey, US Census

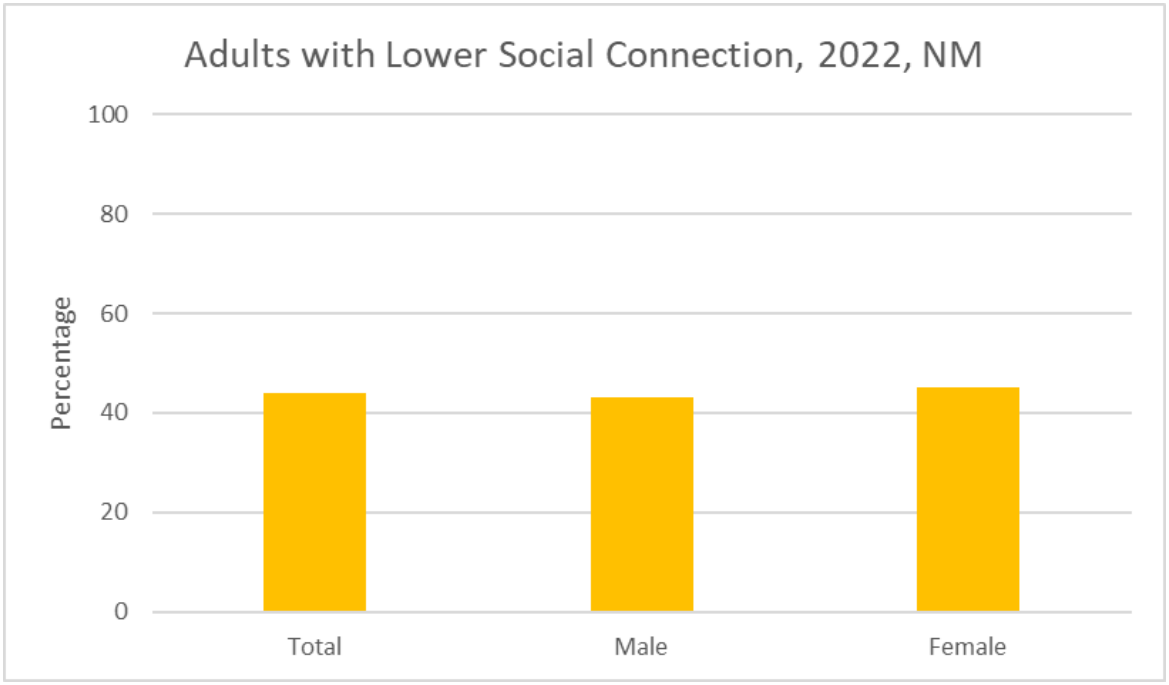
Social Connection and Cultural Cohesion

According to CDC, social connectedness impacts our health and life expectancy. Social connectedness is related to better health outcomes. Indicators of social connection that NMHealth collects include Behavioral Risk Factors Surveillance System (BRFSS) measures of social isolation, and social and emotional support. More than a third of adult respondents in New Mexico reported always, usually or sometimes experiencing social isolation. More than one in five adults had social and emotional needs that were sometimes, rarely, or never met.

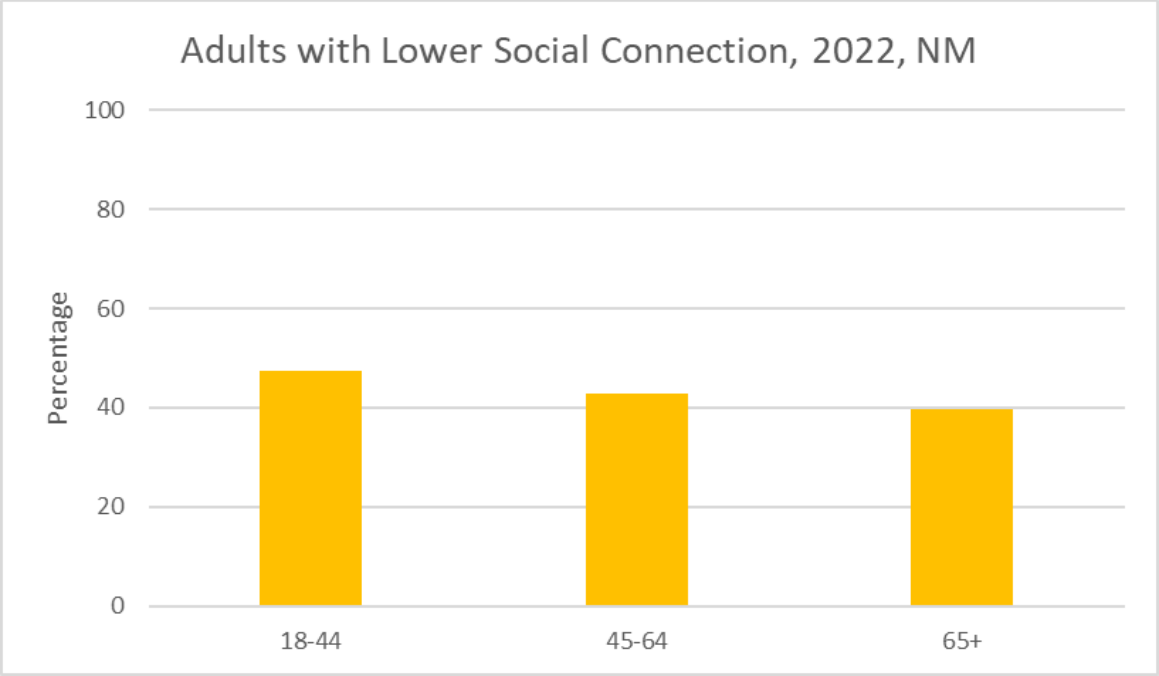


Source: NMBRFSS, NMHealth Survey Section

These two measures were combined into an indicator of Social Connection. More than two in five adults experienced lower rates of social connection. Adults who are Black/African American, LGB/Other, and who have one or more disability were most likely to experience lower social connection.



Source: NMBRFSS, NMHealth Survey Section



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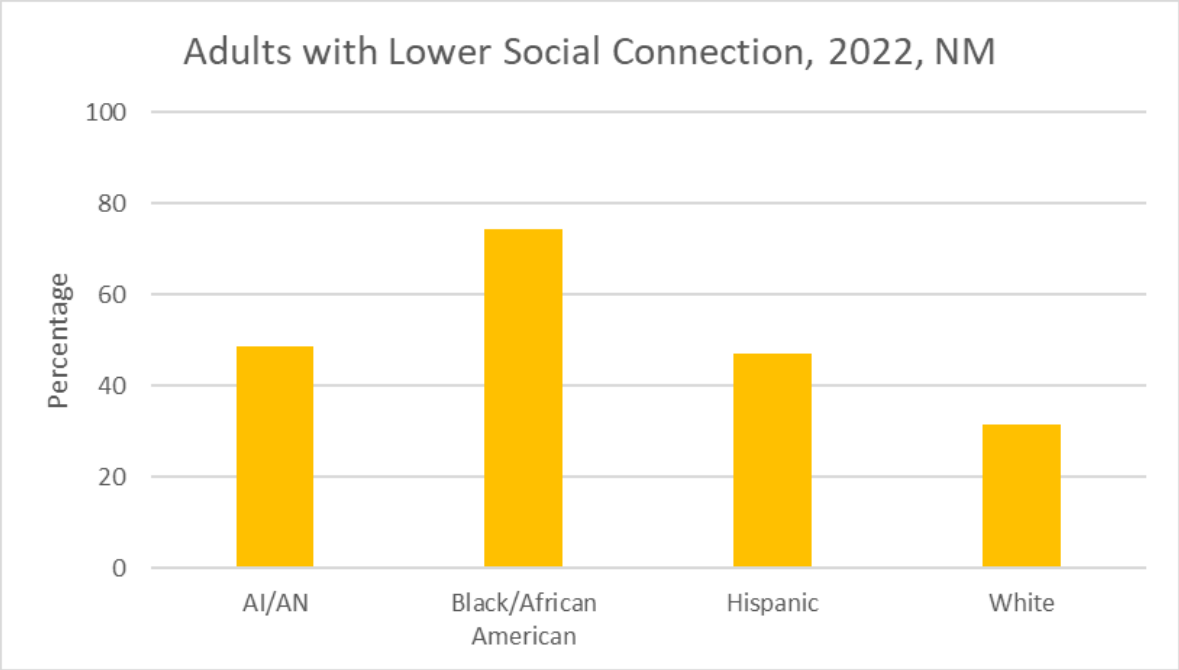

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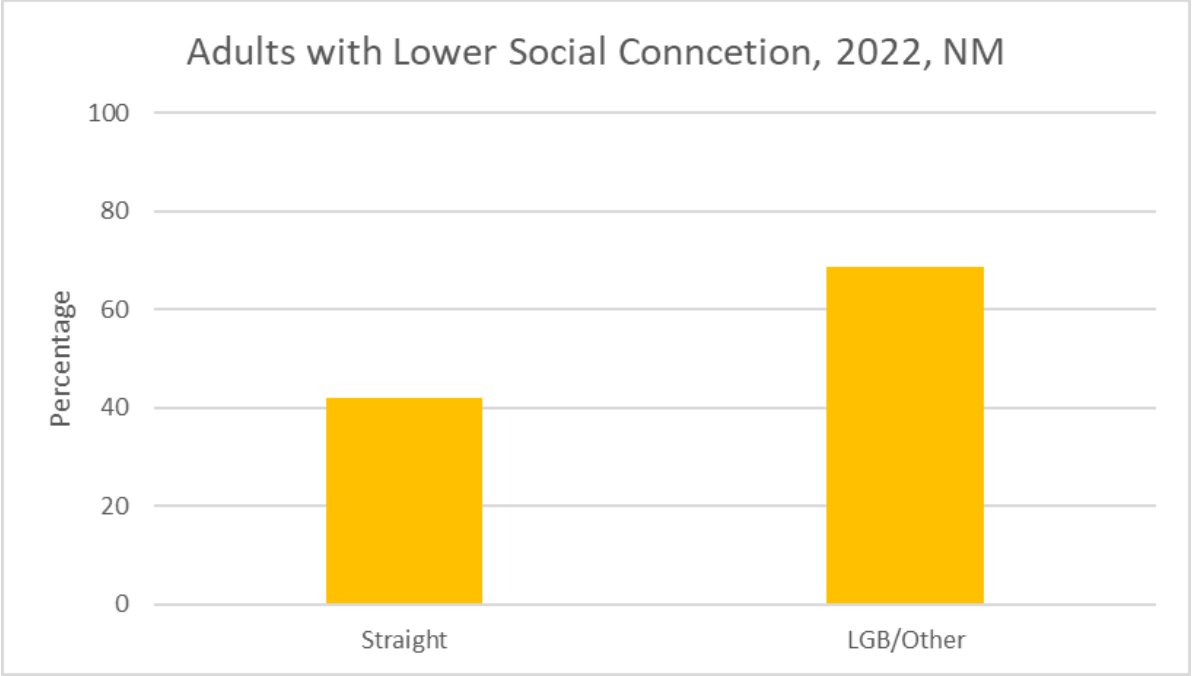

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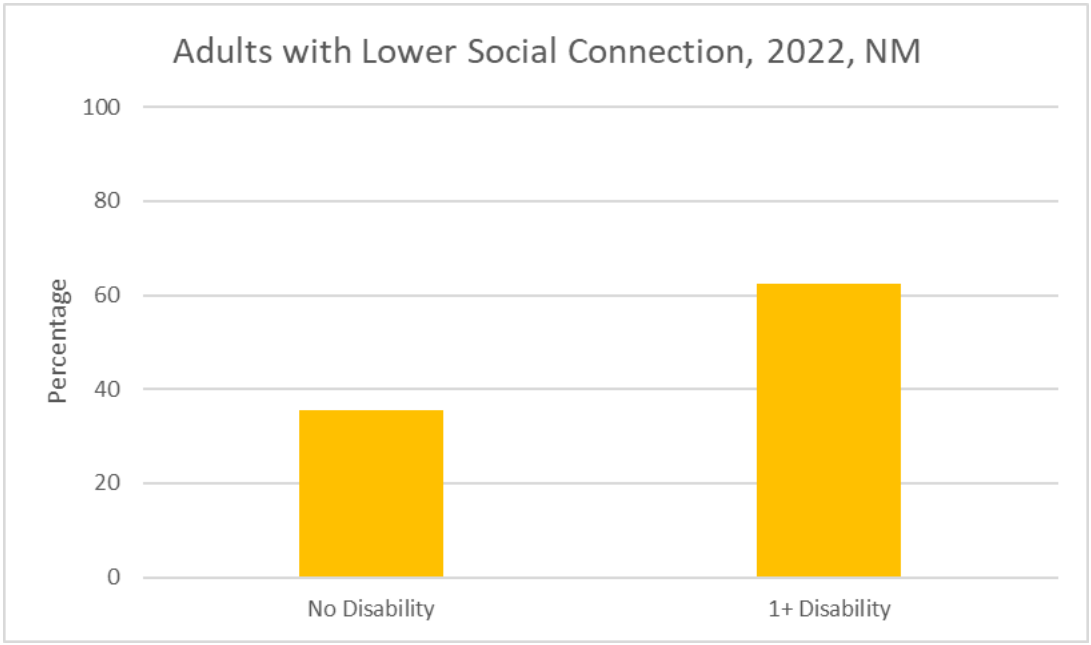


Source: NMBRFSS, NMHealth Survey Section

Internet Access

Access to the internet has many health-related benefits, playing a role in health outcomes, and social determinants of health, making it an important contributor to health and well-being (SAMHSA, 2023). Health-related benefits include education, employment, and access to healthcare.

New Mexico has 80.5% internet penetration (percent of the population using the internet), which is also the US rate, and is ranked 31st for penetration. New Mexico currently (2024) ranks 39th among states in BroadbandNow's annual rankings of internet coverage, speed, and availability. This means that roughly 10% of New Mexico residents are not able to purchase an internet plan of at least 25Mbps download and 3Mbus upload. New Mexico has the 5th slowest internet speed in the US (BroadbandNow, 2024).

Behavioral Health

Since at least the 1990s, most leading causes of death in New Mexico have been at least partially attributable to the use of alcohol, tobacco, or other drugs. Of the top 10 most frequent causes of death, chronic liver disease and cirrhosis, unintentional injuries, and suicide are associated with alcohol use; chronic lower respiratory diseases are associated with tobacco use; heart disease, and cerebrovascular diseases are associated with both alcohol and tobacco use; and unintentional injuries and suicide are associated with the use of alcohol and other drugs. Evidence-based treatments, both behavioral/mental health and medication assisted, are available for substance use disorders (alcohol and other drugs) and mental health conditions. Behavioral and Mental Health concerns are closely linked to social determinants of health such as income, housing, discrimination, and trauma. Improving not only individual behavioral and mental health services, but also addressing the underlying factors which contribute, is a promising strategy in improving the well-being of New Mexicans.

What we are doing about it

As part of a CDC Health Disparities grant, behavioral health training for Community Health Workers (CHWs) was created and implemented through collaboration with NMHealth and the Community Health Worker Initiative at the University of New Mexico. The behavioral health training for CHWs and supervisors occurred in the spring of 2023. CHWs work from within a Community Based Participatory Action model which infuses all of their work including the supervision model for CHWs (reflective and supportive supervision).

Substance Use and Harms

Substance misuse is a serious public health challenge. It includes the use of illegal drugs and the inappropriate use of legal substances, such as alcohol, tobacco, and adult use of cannabis and prescription drugs.

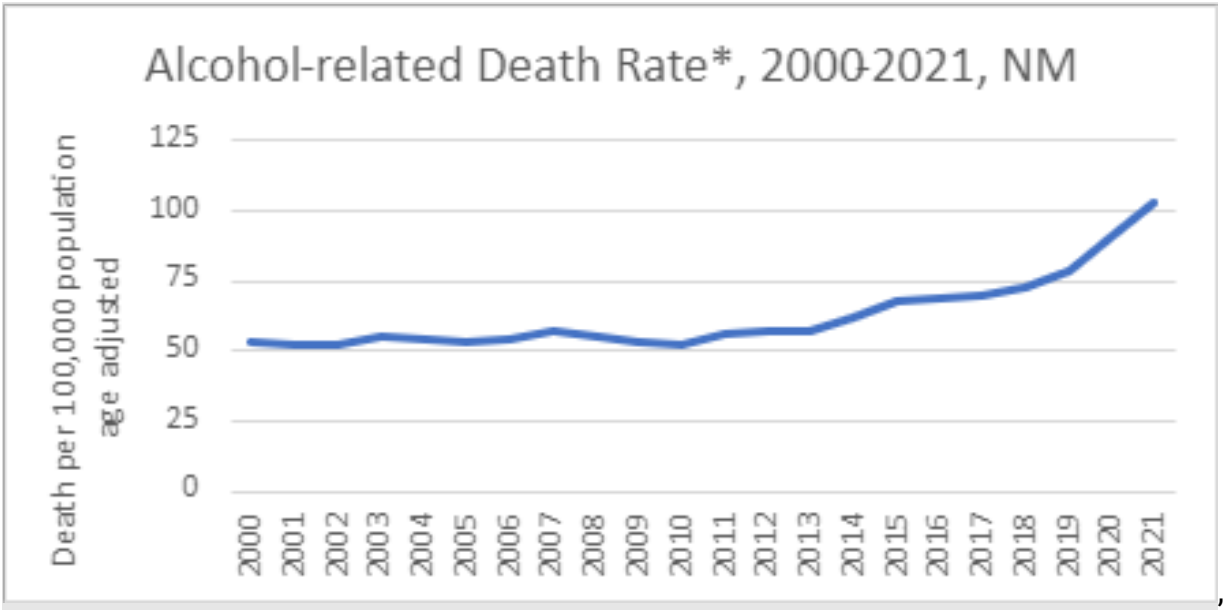
Alcohol

For the past 25 years, New Mexico has had the highest alcohol-related death rate. in the United States. The negative consequences of excessive alcohol use in New Mexico are not limited to death but also include domestic violence, crime, poverty, unemployment, motor vehicle crash and other injuries, chronic liver disease and a variety of other medical problems. The economic cost of excessive alcohol consumption in New Mexico is more than $1,000 per New Mexican.

Death rates from alcohol-related causes increase with age, however, one in five deaths among working age adults (20-64) in New Mexico is attributable to alcohol. Men have higher rates of alcohol-related deaths than women, and American Indians bear the greatest burden of alcohol-related death of all race/ethnicities. McKinley and Rio Arriba counties have long had the highest alcohol-related death rates (alcohol-related deaths per 100,000 population) in New Mexico. Bernalillo County, with about one quarter of the state's total population, had the highest number of alcohol-related deaths.

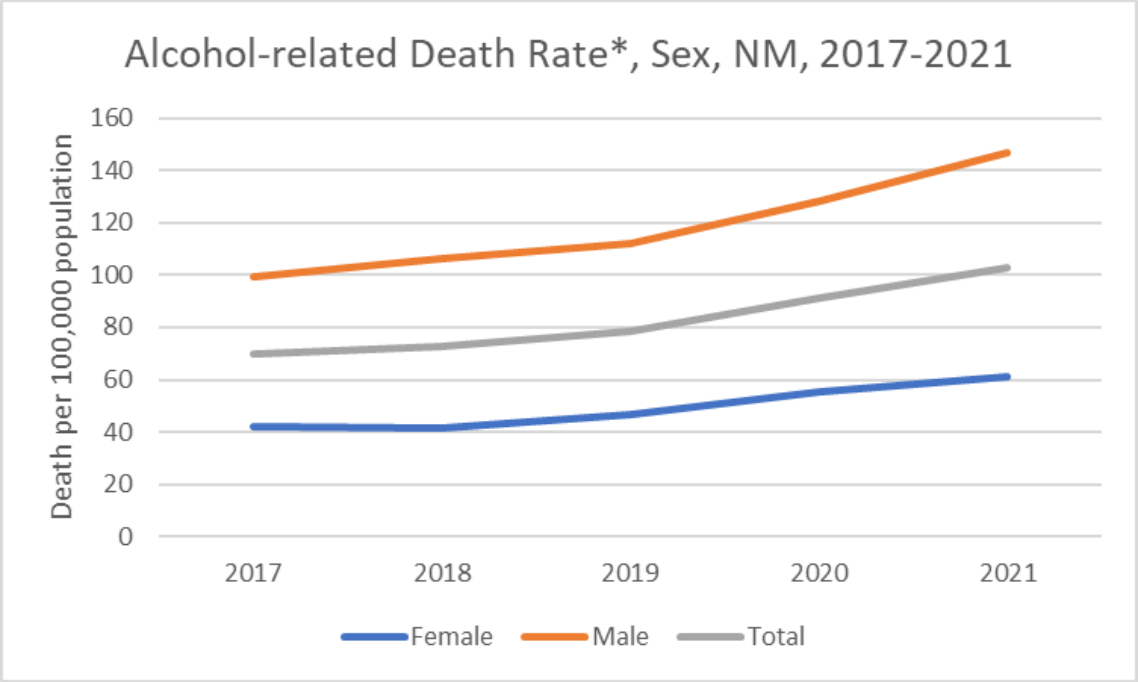
What we are doing about it
NMHealth receives $2 million dollars per year to establish and sustain an Office of Alcohol Prevention. This office increases surveillance and evaluation resources, add medical expertise, regional alcohol-focused health promotion staff, and fund local evidence-based culturally appropriate alcohol prevention activities and programs.

Currently, NMHealth has one CDC funded Alcohol Epidemiologist. In the New Mexico Human Services Department (NMHSD), the Office of Substance Use Prevention (OSAP) funds local alcohol prevention programs, and the Behavioral Health Collaborative (BHC) supports evidence-based treatment. The Department of Finance Administration (DFA) houses the Local Driving While Intoxicated (LDWI) program which provides prevention services, law enforcement support, screening, alternative sentencing support, and treatment and case management for people convicted of DWI.



- Death rates are age adjusted to the standard 2000 US population.

Source: NMHealth BVRHS, CDC ARDI v3, NMHealth Substance Use Epidemiology Section



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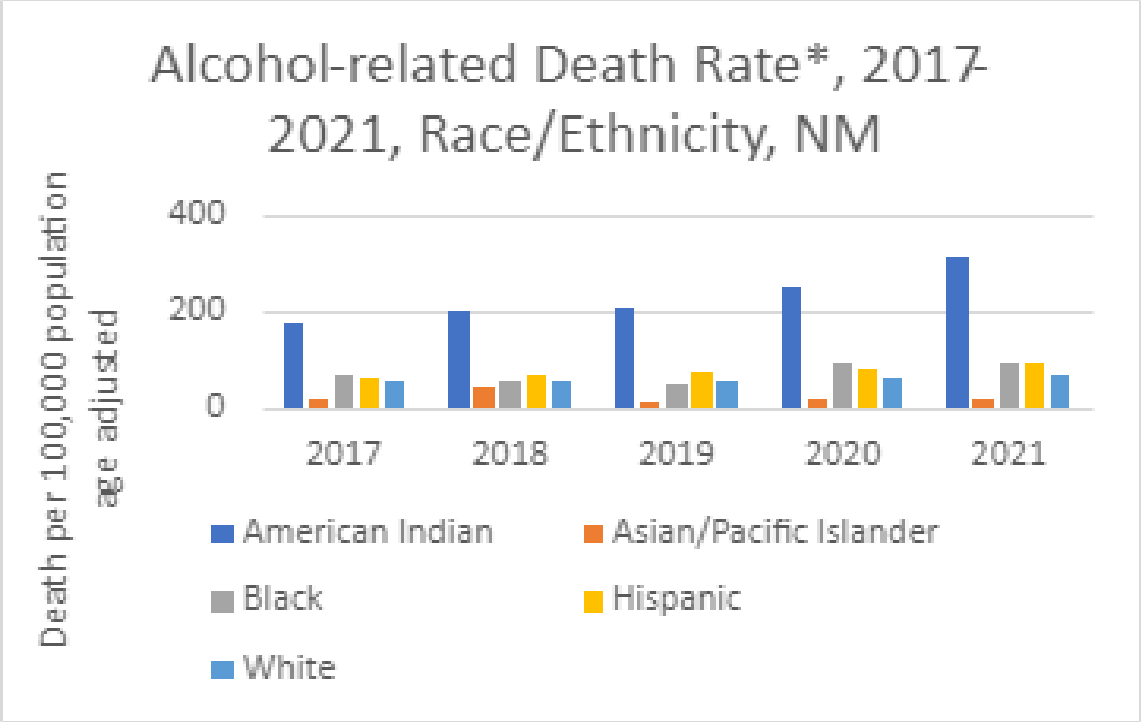

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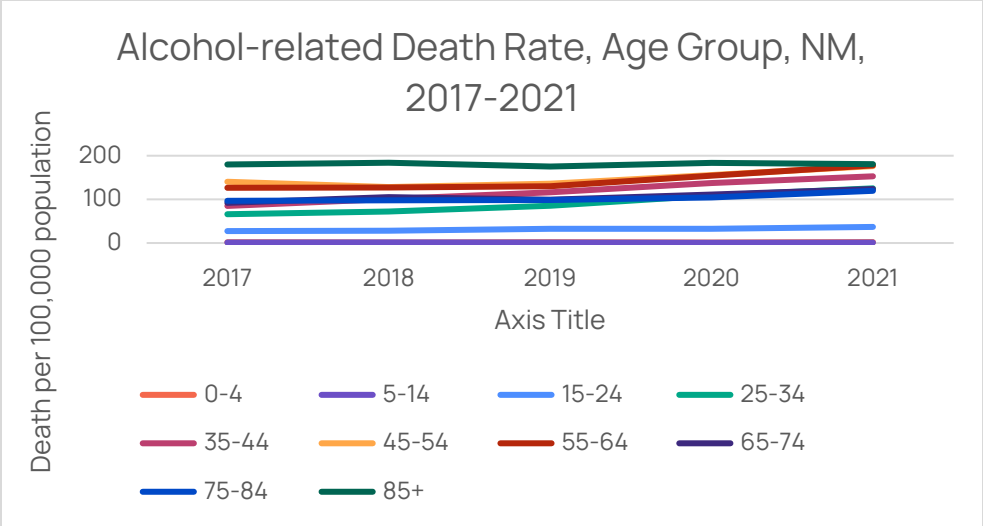

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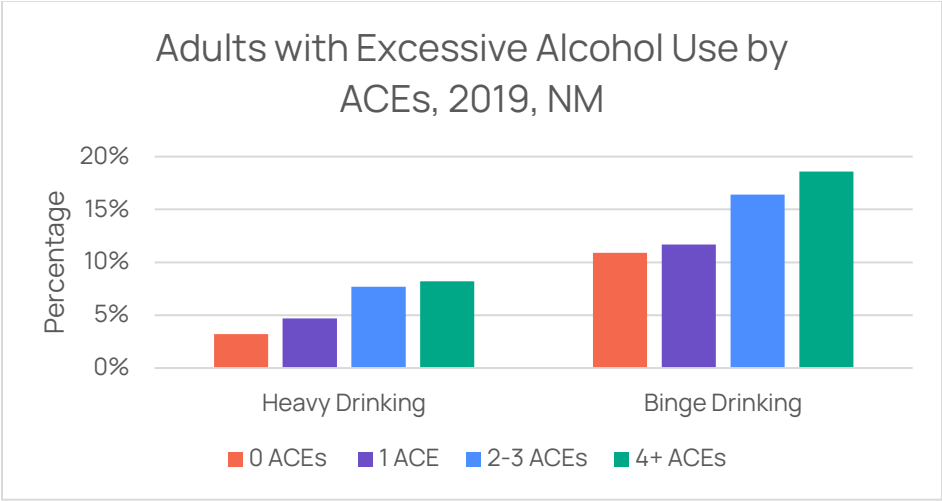


- Death rates are age adjusted to the standard 2000 US population.

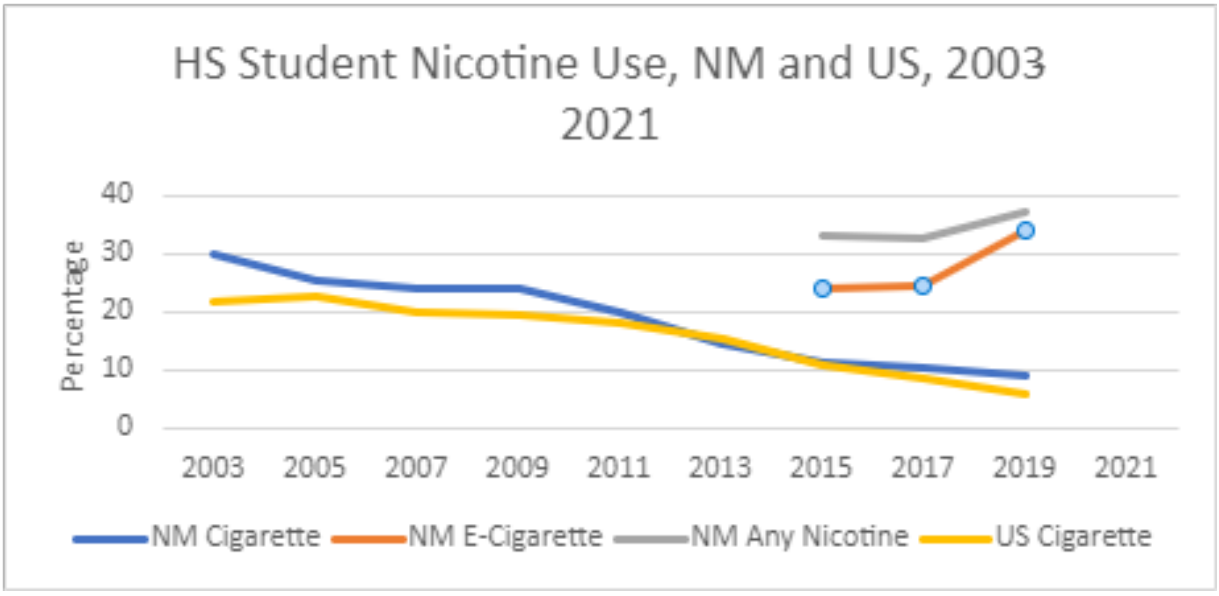
Source: NMHealth BVRHS, CDC ARDI v3, NMHealth Substance Use Epidemiology Section

Nicotine/Tobacco

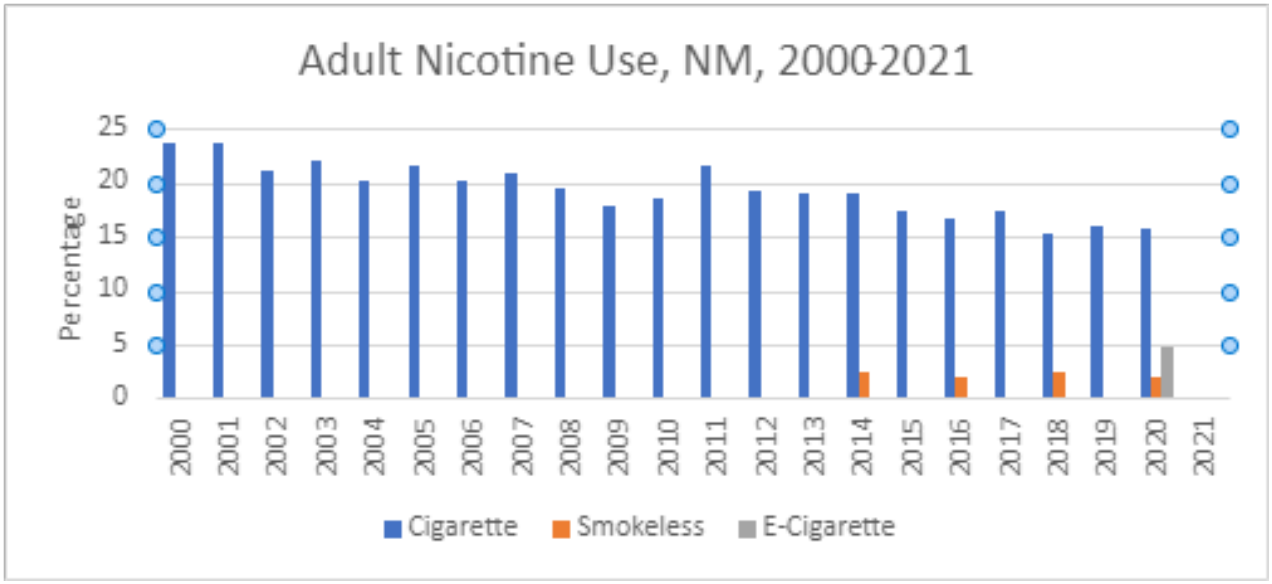
Although smoking rates have been decreasing, use of e-cigarettes has increased in past years, so the overall rate of nicotine use is relatively stable. Traditional forms of tobacco use are included in the tobacco-related death rate. Nicotine use is a risk factor for preventable death. New Mexico's tobacco-related death rate is decreasing and has long been among the lowest in the US but remains among the top causes of preventable death in NM. Tobacco-related death rates increase with age, are about twice as high for males as for females and are higher for Whites and Black/African Americans than for other race/ethnic groups in New Mexico.

What we are doing about it

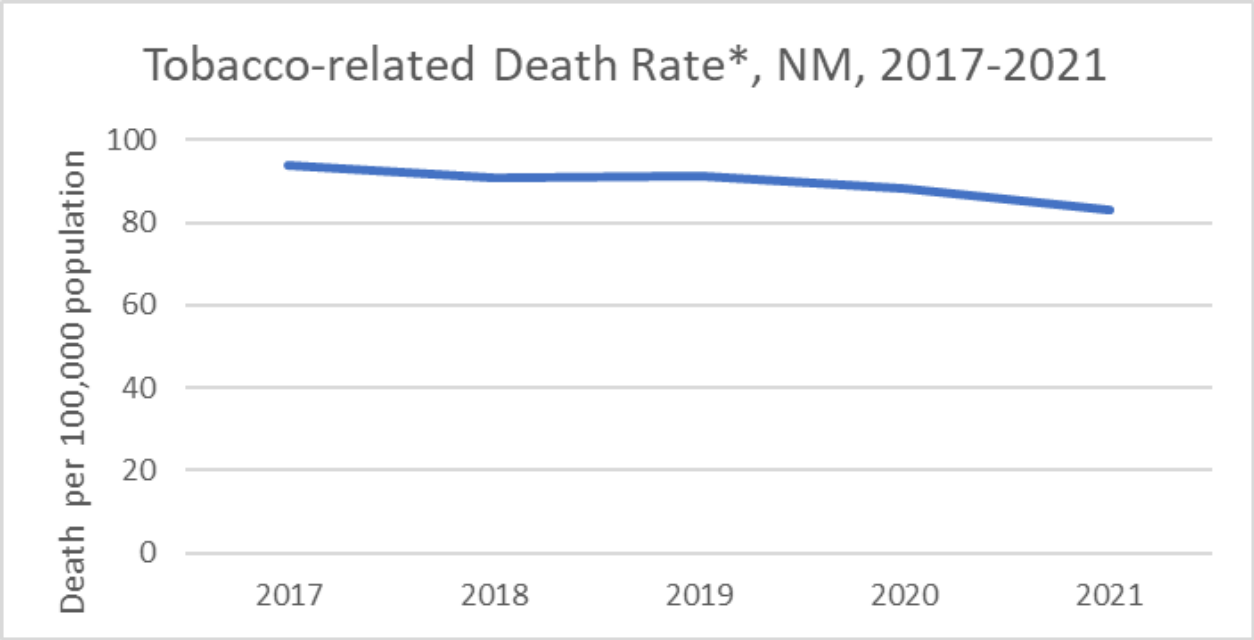
The Nicotine Use Prevention and Control (NUPAC) program and its partners use a comprehensive, evidence-based approach to promote health and lives that are free from tobacco use disorder among all New Mexicans. NUPAC works with communities, schools, and organizations across the state to implement activities and services that decrease the harmful use of commercial tobacco, outside of its traditional, sacred, or ceremonial purposes. This will reduce tobacco-related illness, save lives, and save money. NUPAC follows recommendations from the Centers for Disease Control and Prevention (CDC) and they and their partners implement effective strategies that incorporate an anti-oppression model.



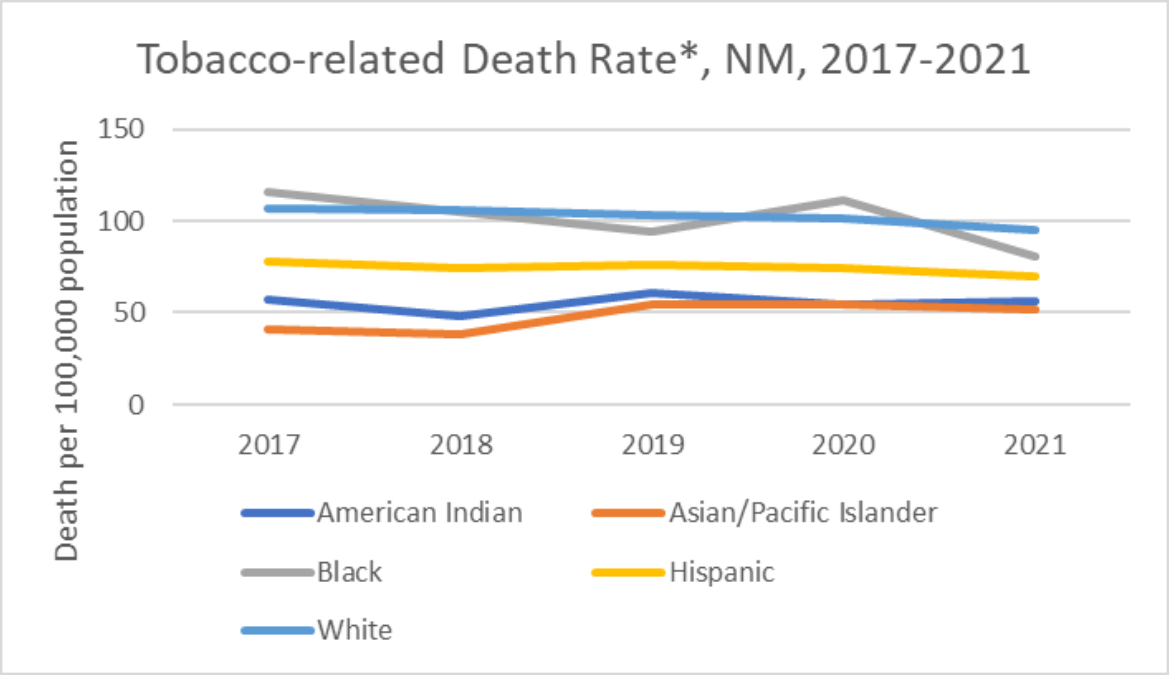
Source: NM-IBIS



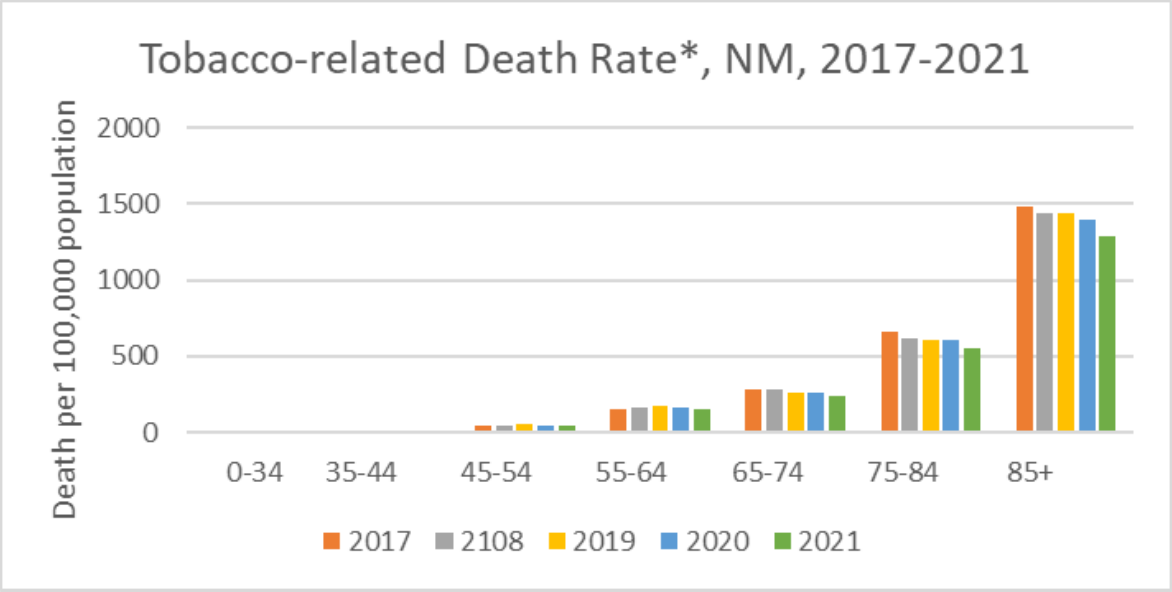
Source: NM-IBIS



Source: NMHealth BVRHS



Source: NMHealth BVRHS



Source: NMHealth BVRHS

Other Substances of Use

In 2021, New Mexico had the sixth highest drug overdose death rate in the nation. Drug overdose death rates are higher for males than for females. Between 2017 and 2021, Black males had the highest drug overdose death rate. Rio Arriba County had the highest drug overdose death rate in the state, and Bernalillo County had the highest number of drug overdose deaths. The majority (91%) of fatal drug overdoses were unintentional. The most common drugs causing unintentional overdose death (between 2017-2021) were methamphetamine and fentanyl, followed by prescription opioids, heroin, benzodiazepines, and cocaine. These are not exclusive, and many drug overdose deaths involve more than one drug. Methamphetamine and fentanyl have become increasingly common in drug overdose deaths, with more than half of overdose deaths in 2021 involving fentanyl.

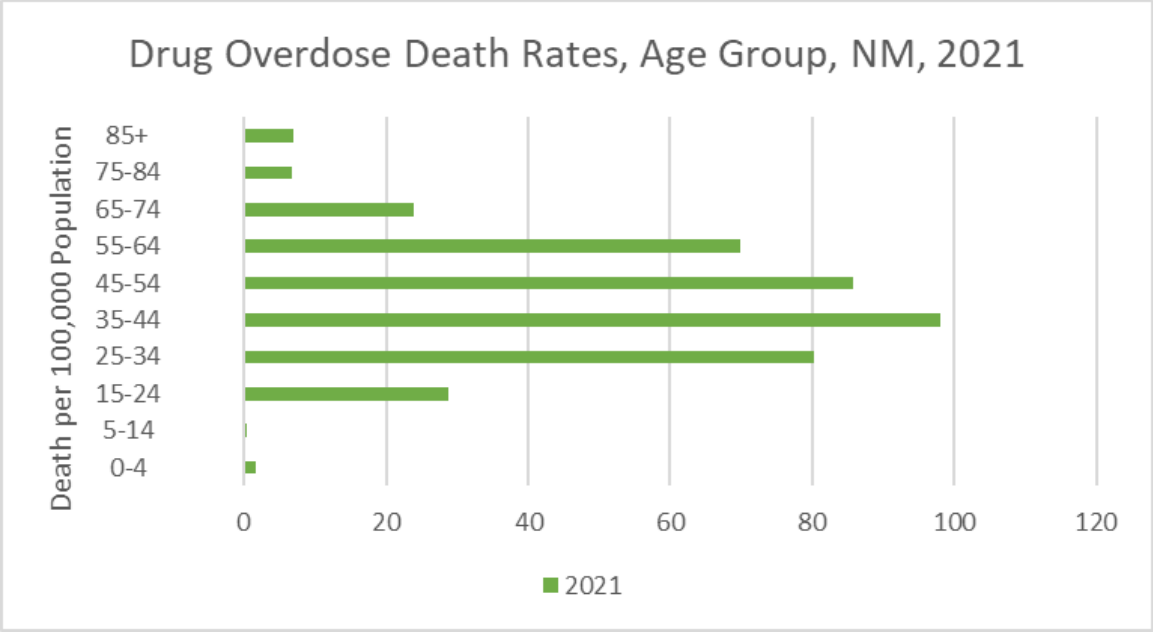
What we are doing about it

NMHealth and NMHSD support Medication Assisted Treatment (MAT) for Opioid Use Disorder (OUD), naloxone distribution to community members and naloxone dispensing at retail pharmacies, evidence-based treatment, and local evidence-based and culturally appropriate prevention programs.

The Harm Reduction Program in NMHealth's Public Health Division provides drug overdose prevention education and harm reduction education and materials to clients. In the past, most clients requested syringes and other materials to safely inject substances. Since the increase in non-medical fentanyl use, clients are increasingly asking for materials to safely smoke substances. Syringes provided peaked in State Fiscal Year (SFY) 2019 at almost 12.7 million. Additionally, Harm Reduction provides naloxone to participants. In SFY 2022, Harm Reduction provided 15 times as many doses of naloxone as in SFY 2011. In SYF 2021, clients reported using naloxone for

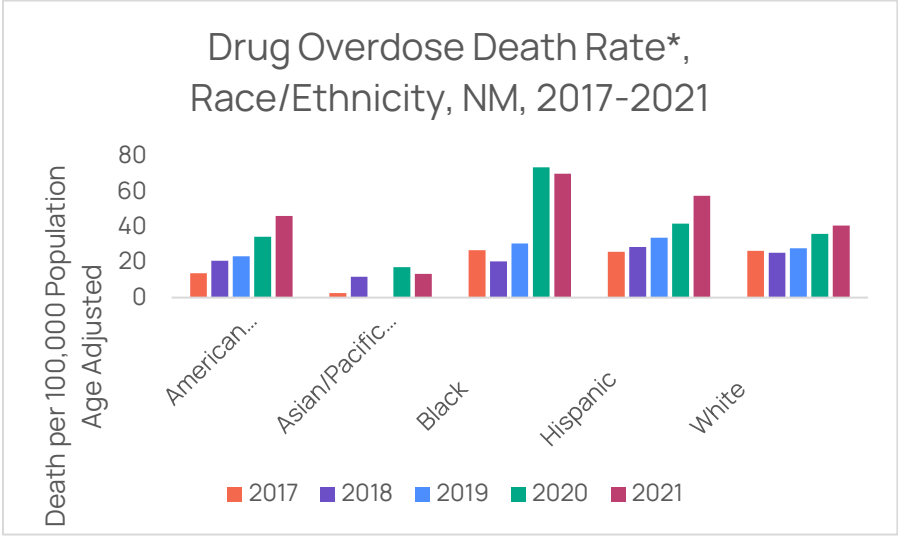
more than 2,700 opioid overdose reversals. The largest reported incidence thus far was in SFY 2020, when almost 3,500 reversals were reported.

NMHealth, NMHSD, and the Children Youth and Families Department (CYFD) have multiple programs focused on reduction of drug misuse and drug overdoses. These include the Substance Use Epidemiology section, overdose prevention programs, harm reduction program, the Office of Substance Abuse Prevention, the Behavioral Health Collaborative, and other offices and programs.



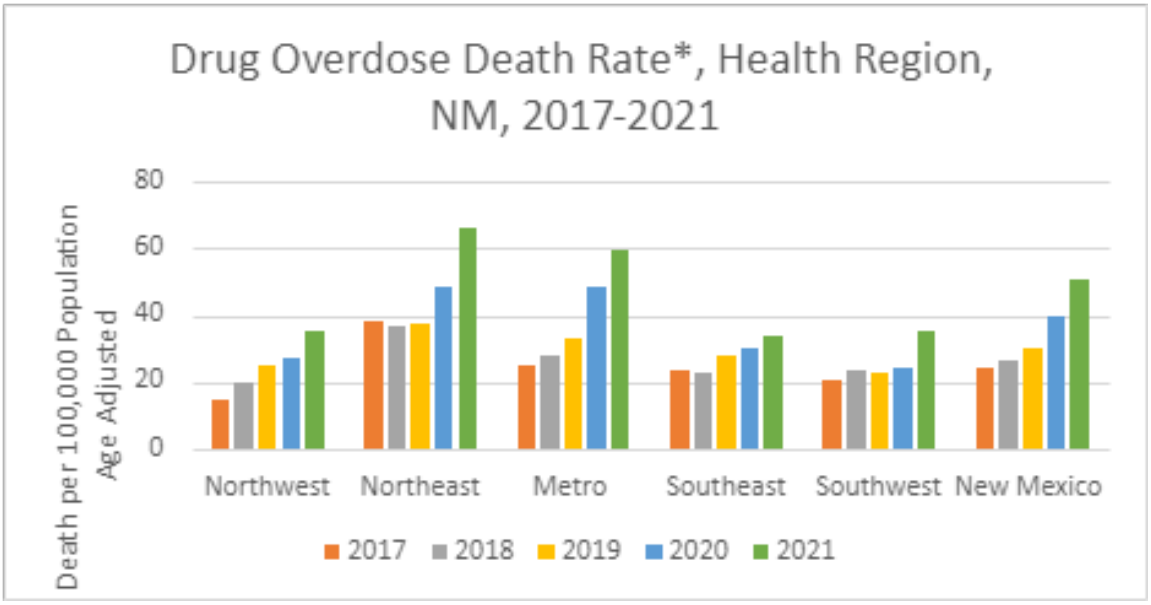
- Rates are age adjusted to the standard 2000 US population.

Source: NMHealth BVRHS, NMHealth Substance Use Epidemiology Section



- Rates are age adjusted to the standard 2000 US population.

Source: NMHealth BVRHS, NMHealth Substance Use Epidemiology Section



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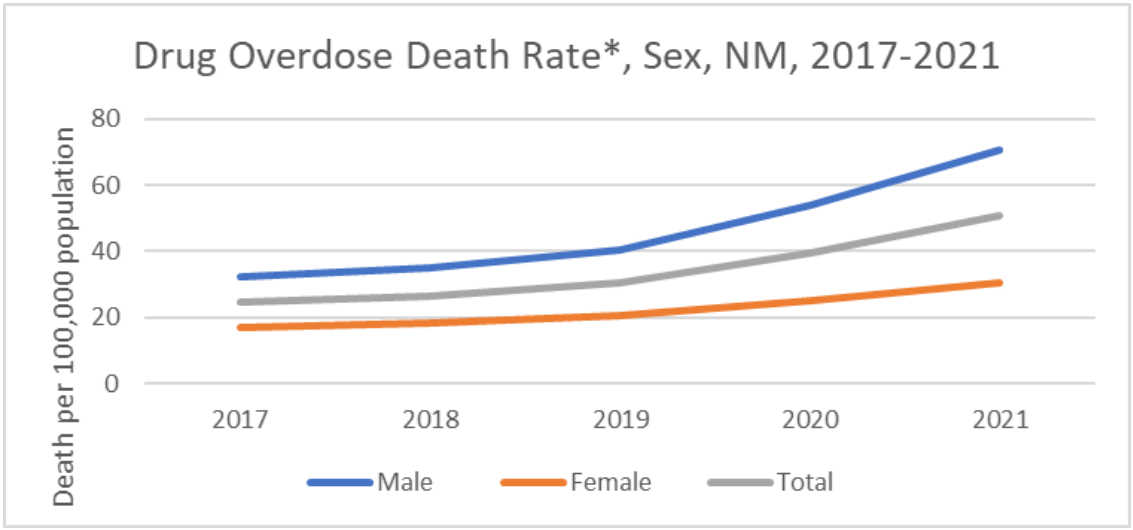


- Rates are age adjusted to the standard 2000 US population.

Source: NMHealth BVRHS, NMHealth Substance Use Epidemiology Section

Mental Health

Mental health includes emotional, psychological, and social well-being. It impacts everyday life, work, and relationships. It determines how people think, feel, and act. Mental health is related to social determinants of health and to other health outcomes and is important at each stage of life, from childhood through adulthood.

Mental health questions are included on the Youth Risk and Resiliency Survey (YRRS) and the Behavioral Risk Factor Surveillance Survey (BRFSS). More than one in eight adults had frequent mental distress. Mental health is strongly related to several social determinants of health. For example, rates of frequent mental distress are higher for people with four or more ACEs and for people with disabilities (Epidemiology and Response Division, New Mexico Department of Health).

In 2021, U.S. Surgeon General Vivek Murphy issued an advisory on youth mental health following national increases from 2009 to 2019 in youth mental health concerns among high school students including: 40% increase in the prevalence of persistent feelings of sadness or hopelessness and a 44% increase in the prevalence of planning a suicide attempt (U.S. Surgeon General, 2021). In New Mexico, the prevalence of a past-year major depressive episode among youth 12-17 increased 89% from 2014-15 to 2019-2020 (Substance Abuse and Mental Health Services Administration, 2020). In 2021, almost three out of every five (57%) New Mexico high school girls experienced persistent sadness or hopelessness (New Mexico Department of Health, n.d.). Mental health concerns have been closely associated with disability, physical illnesses, and leading causes of death such as suicide and drug-involved death.

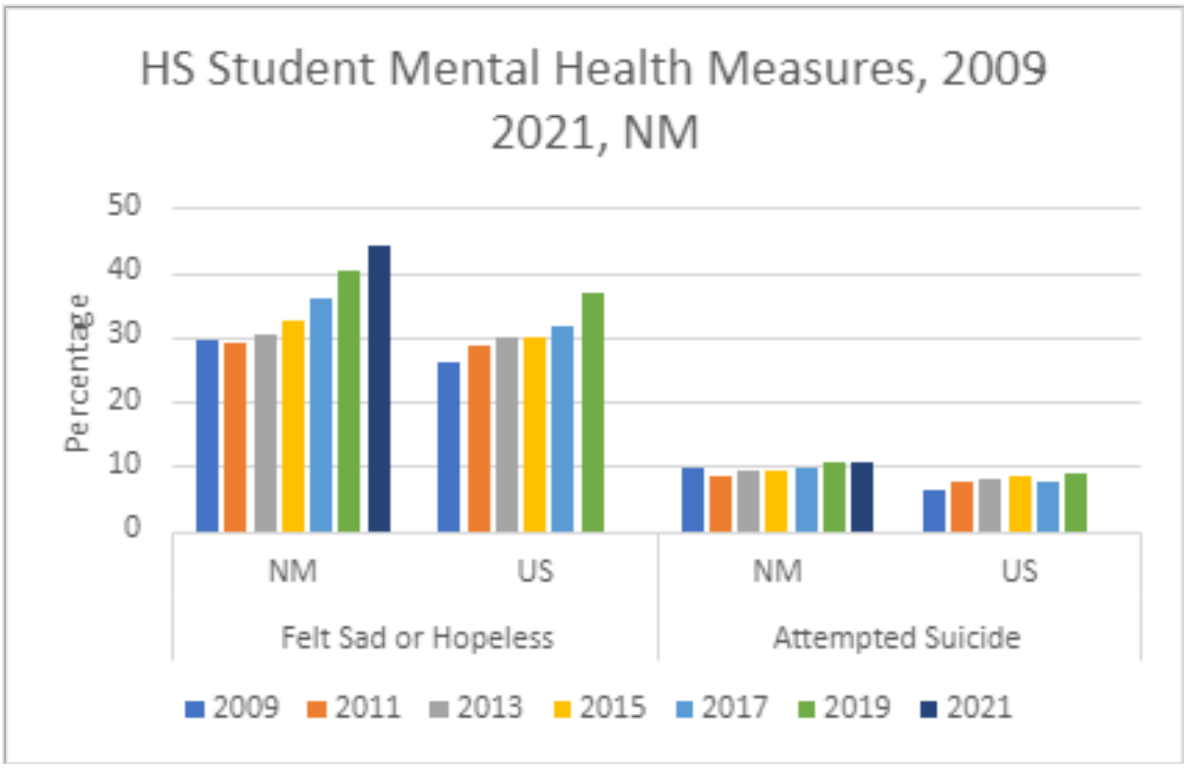
The New Mexico Black Mental Health Coalition (NMBMHC) is a 501c3 non-profit organization created to improve the mental health and wellness of Black New Mexicans. This is done by assisting community members to find mental health care, providing educational programs about mental health, and doing research. Founded by Dr. Stephanie McIver, Clinical Psychologist, the first meeting took place in her living room on October 18, 2014. That first gathering was of all the licensed mental health providers and behavioral health workers she could locate because even she was having a hard time finding her peers. The NMBMHC now approaches 50 members. Volunteer-led from the beginning, NMBMHC members create workshops and drop-in groups, and consult about Black Mental Health often in partnership with other organizations. The Coalition meets monthly to develop programs designed to benefit the Black community, to educate providers from other communities who work with Black people, and ultimately, to improve the overall health and well-being of our state.

What we are doing about it

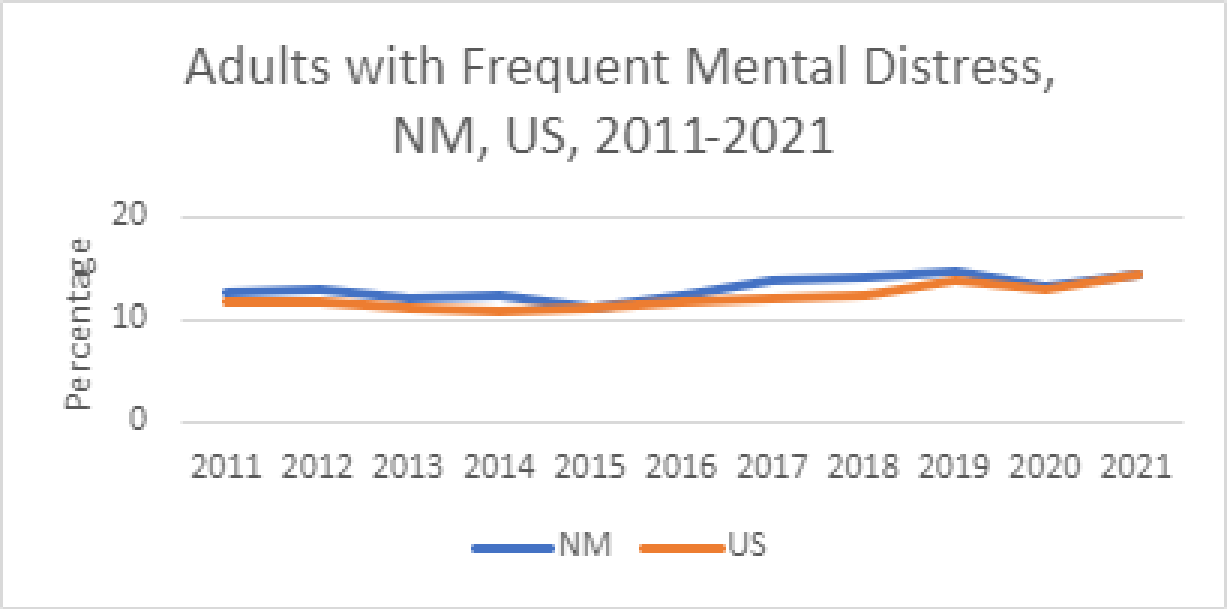
Ensuring access to mental health service providers is essential and important, but it does not represent a comprehensive approach to addressing this major public health concern. In the face of growing mental health concerns, a public health strategy driven by prevention, government leadership, community partnerships, and data driven action

is essential to success. See the Injury and Violence section for suicide-specific information. The Behavioral Health Collaborative, housed in the Human Services Department, is a cabinet level group that includes representatives from stage government agencies and the private sector. The purpose of the collaborative is to improve mental health and substance use prevention and treatment services in New Mexico.

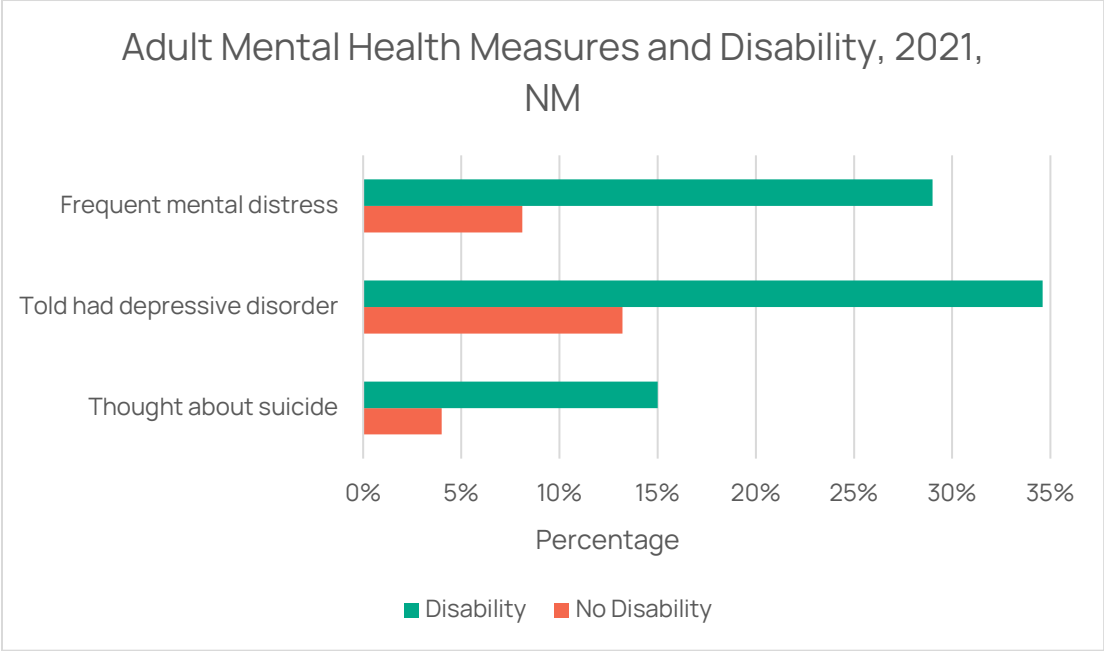
NMHealth's Center for Health Protection (CHP) has a Mental Health epidemiologist and four suicide prevention program staff. CHP also has two epidemiologists who focus on injury, including suicide. The Office of School and Adolescent Health oversees school-based health centers providing mental health support to youth and offers suicide and mental health training to youth and those who support youth. Health promotion staff work with communities on suicide prevention including doing evidence-based suicide prevention training.



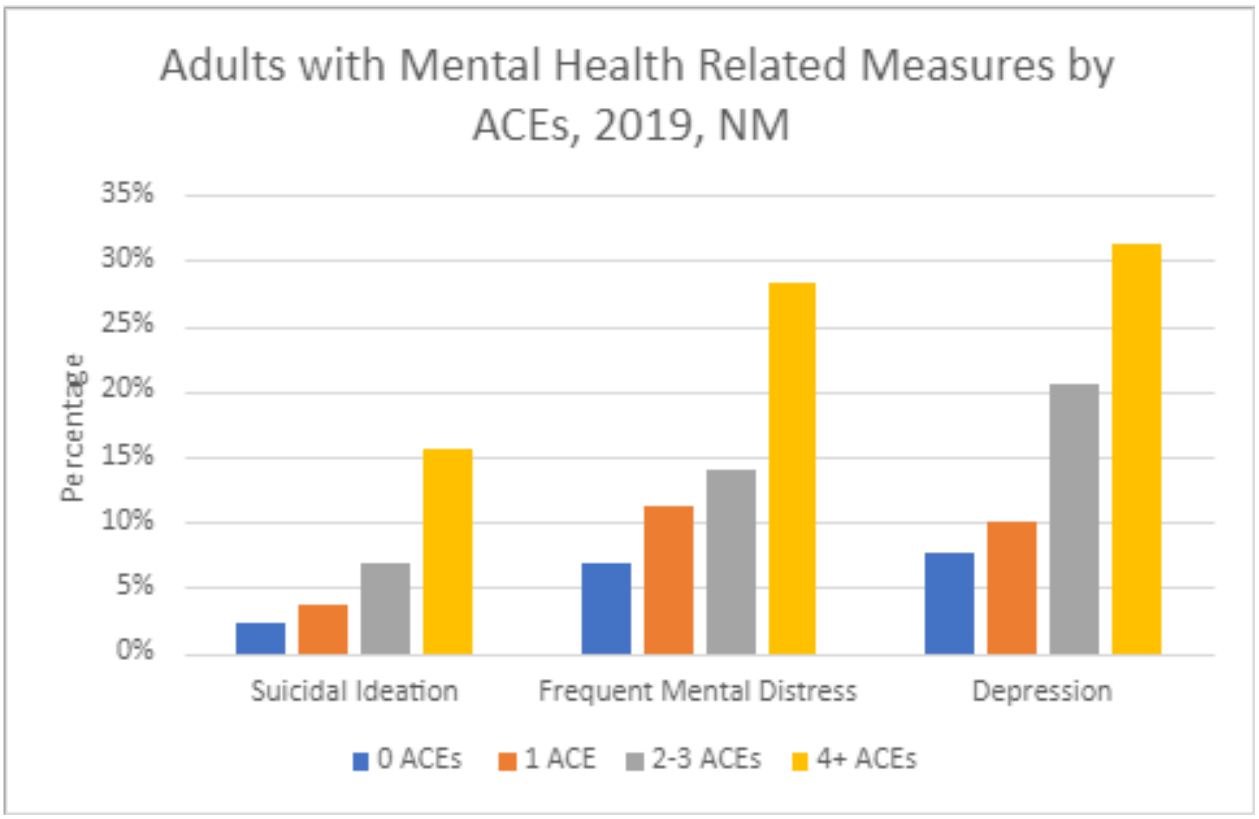
Source: NM-YRRS, NMHealth Survey Section



Source: NM-YRRS, NMHealth Survey Section



Source: NM-YRRS, NMHealth Survey Section



Source: NM-YRRS, NMHealth Survey Section

Reproductive, Maternal, and Child Health

Maternal and infant care are among the most essential basic health care services. Reproductive care is essential for personal autonomy and agency.

Health care access

Maternity care can be hard to access in New Mexico as 11 counties are maternity care deserts, and six additional counties have low to moderate maternal care access. Only three counties have in-person or surgical abortion care access. All counties have access to abortion care by telemedicine. Birth control access is not restricted. NMHealth provides effective birth control methods in its local public health offices.

What we are doing about it

The Birthing Workforce Retention Fund provides malpractice insurance premium assistance for certified nurse-midwives or physicians whose insurance premium costs jeopardize their ability to continue their obstetrics practices in New Mexico (Maternal Health Program, NM Department of Health, 2024). Created by the Legislature in 2008, the program provides assistance in a range from $5,000 to $10,000, for providers who provide full-scale prenatal care, including birthing services, and whose Medicaid or indigent patients constitute at least one half of the obstetrical practice.

The New Mexico Legislature appropriated $10M to fund a reproductive care center in Doña Ana County. NMHealth provides family planning services at local public health offices. Medicaid pays for reproductive, maternal, and infant health for low-income New Mexicans.

Reproductive and Sexual Health

According to the World Health Organization, Sexual and Reproductive Health is “a state of physical, emotional, mental, and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction, or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected, and fulfilled” (World Health Organization, 2002). Some of these sexual rights include:

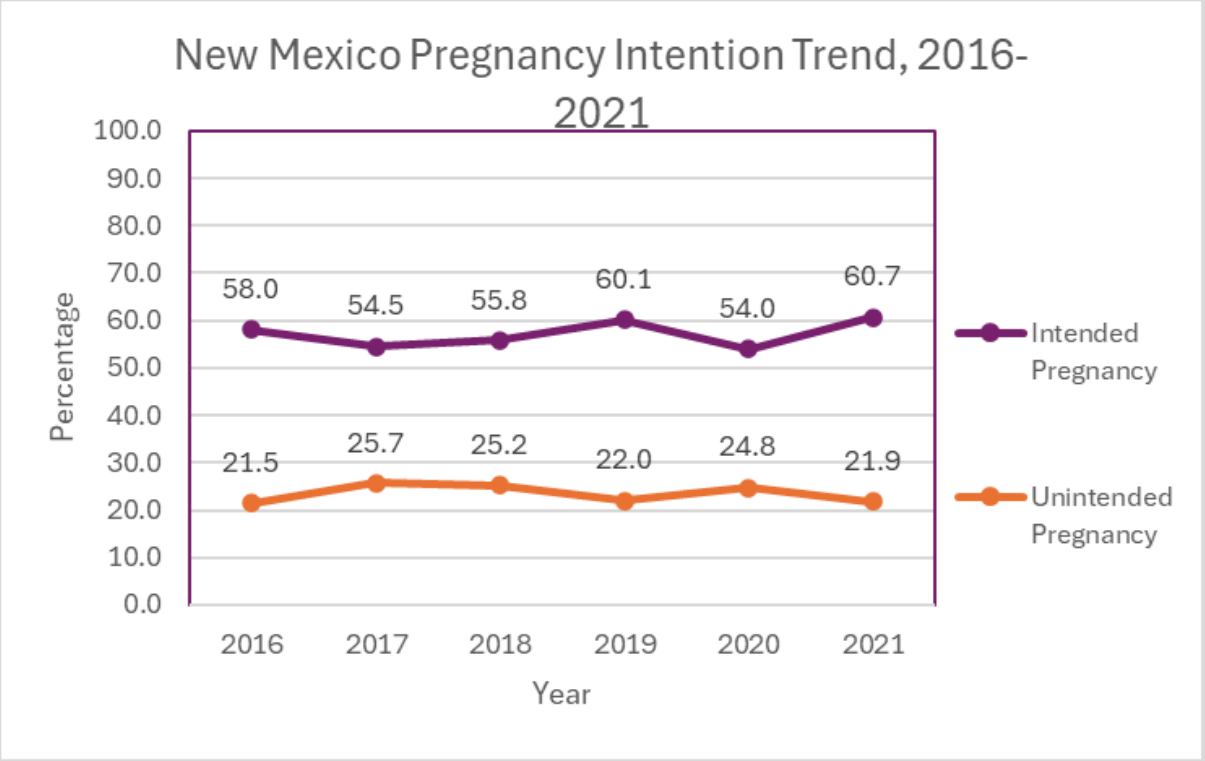
- The right to equality and non-discrimination
- The right to privacy
- The right to the highest attainable standard of health (including sexual health)
- The right to decide the number and spacing of one’s children
- The right to information, as well as education
- The right to freedom of opinion and expression

Reproductive and Sexual Health are the results of a person’s right to a healthy body; the autonomy, education, and healthcare to freely decide whom to have sex with, and the

knowledge and access to healthcare products to avoid sexually transmitted infections or unintended pregnancy (MSI Reproductive Choices, 2024). Access to sexual and reproductive health services and protection of their rights is extremely crucial for young people. It results in the provision of medical care and comprehensive sexuality education, which supports them as they develop their sexuality, sensuality, gender identity and expression (United Nations, 2021).

Family Planning - Pregnancy Intention

"More than half of New Mexico women giving live birth intended their pregnancy when (or before) it occurred, while an estimated 22% would have wanted their pregnancy later or not at all. An additional 20% were not sure what they wanted or how they felt about the timing of the pregnancy. Poverty level and ethnicity were both strongly associated with pregnancy intention with about 75% of higher income and Asian people reporting intended pregnancy compared to lower income and those of non-Hispanic white, American Indian, Hispanic, or Black ethnicity (MCH Epidemiology, 2020).



Source: NM PRAMS

What we are doing about it

The Department of Health offers confidential low- or no-cost family planning and related services in local health offices, available regardless of citizenship status and for teens, with or without parental permission. The program provides increased access to effective contraception methods both in clinics and through telemedicine services to increase access to birth control for high-risk populations in areas with clinician

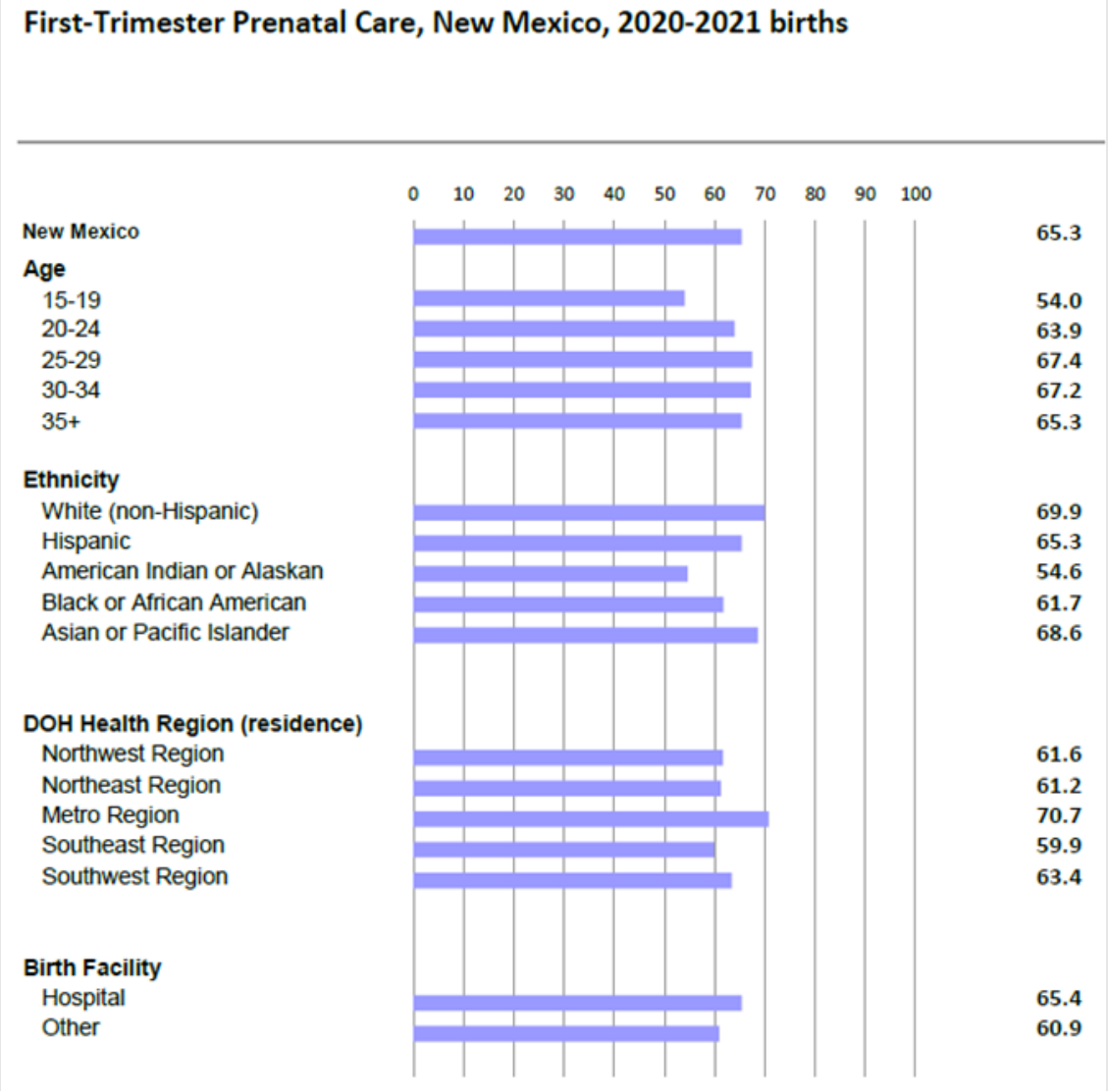
shortages. It also provides community-based programming for teens such as service learning and positive youth development programs.

Maternal Health and Birth Outcomes

Prenatal Care Entry and Utilization
First-trimester prenatal care is recommended for all pregnant people. Timely prenatal care offers opportunities for screening, support, and resources to optimize health during and after pregnancy. About two of three pregnant people received prenatal care during the first trimester with notable subpopulation disparities. Rates were lowest for those ages 15-19 years and for American Indian/Alaskan Natives. They were highest for those ages 30-34 years, non-Hispanic white women, or those residing in the Metro region of the state (Bureau of Vital Records and Health Statistics, NM Department of Health, 2024)

The New Mexico Pregnancy Risk Assessment Monitoring System (PRAMS) measures experiences and barriers to prenatal care. The PRAMS survey asks respondents whether they had prenatal care as early as they wanted and the barriers they encountered. The reasons for delayed prenatal care in order of highest responses in the 2016-2018 were: didn't know they were pregnant (54.5%), could not get a clinical appointment when wanted (36.2%), didn't have enough money or insurance (14.9%), didn't have Medicaid or Centennial Care card (10.5%), did not have transportation (10.3%), didn't want anyone to know about pregnancy (9.1%), clinic or doctor's office was too far away (8.3%), couldn't take time off from work or school (7.9%), didn't have childcare (4.0%), didn't want prenatal care (2.3%), didn't believe prenatal care was important or would help (2.2%) or didn't feel prenatal care was culturally appropriate (1.8%) (MCH Epidemiology Program, NM Department of Health, 2024).

The PRAMS survey also asks respondents about satisfaction with prenatal care services, including wait time, time spent with a clinician, prenatal care advice, the respect shown by staff, and cultural awareness. Results showed that more people reported dissatisfaction with wait time compared with the other factors, and American Indian and Hispanic women reported greater dissatisfaction with cultural awareness when compared with other races/ethnicities. Those reporting higher than average prevalence of dissatisfaction included people who earned less than 185% of the FPL, uninsured people, or Black or American Indian people (MCH Epidemiology).

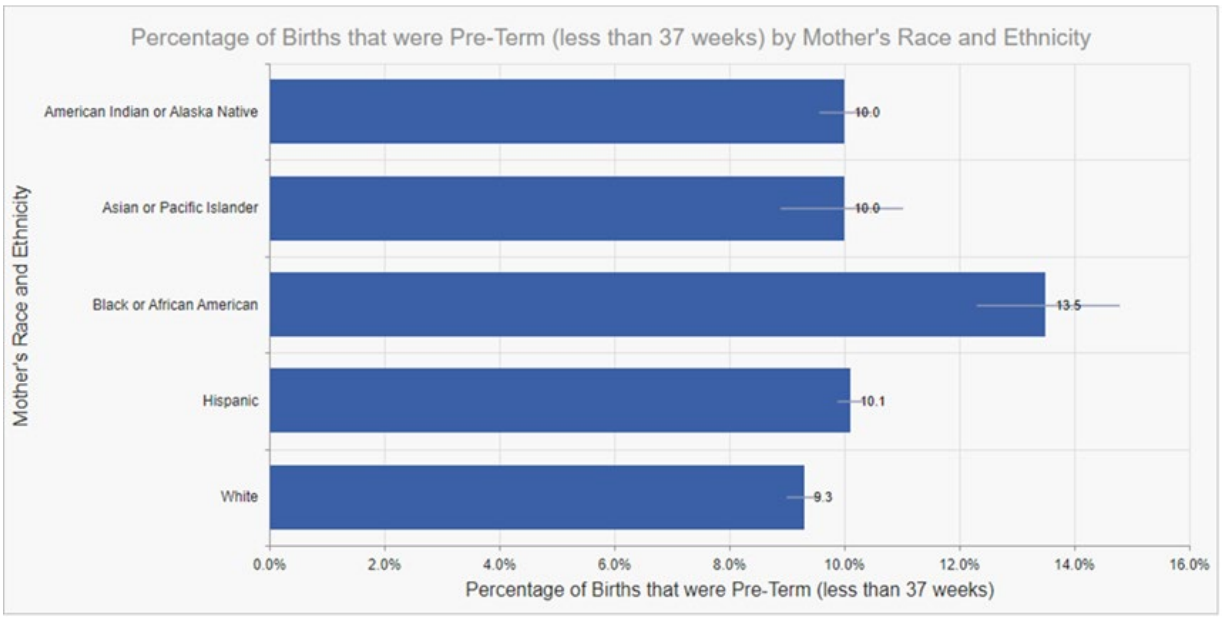


Source: NM PRAMS

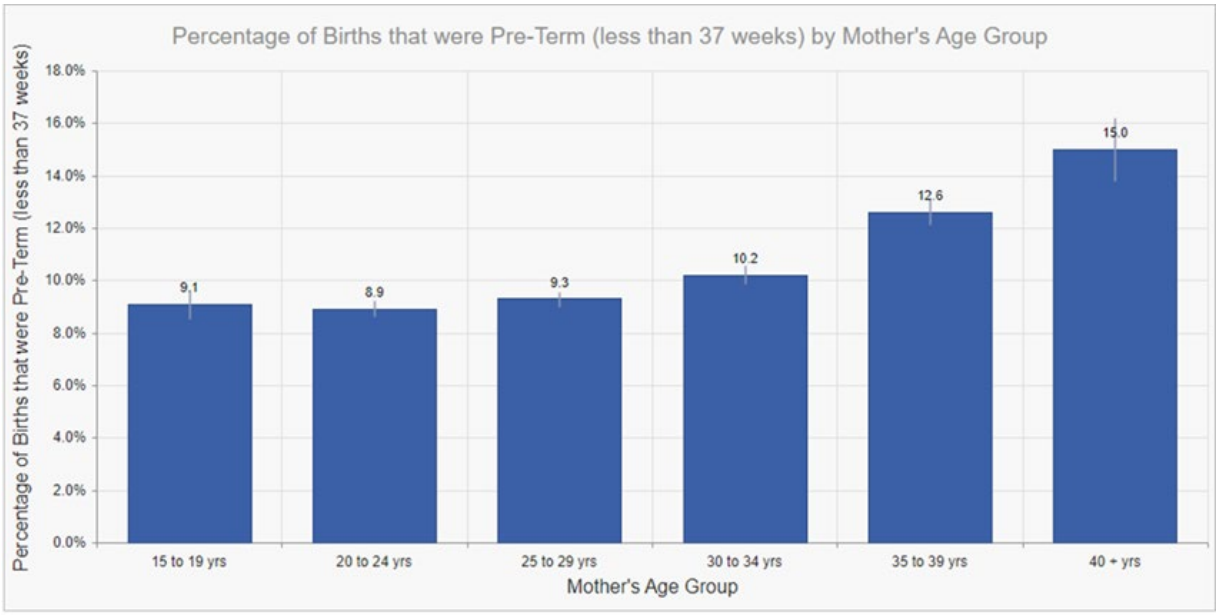
Prematurity and Low Birthweight

Premature births are those with gestational age less than 37 weeks. The prevalence has been relatively stable over the past six years (at about 10% of all live births). Prematurity prevalence was highest for Black/African Americans, people over 35 years, and those who received no prenatal care during their pregnancy.

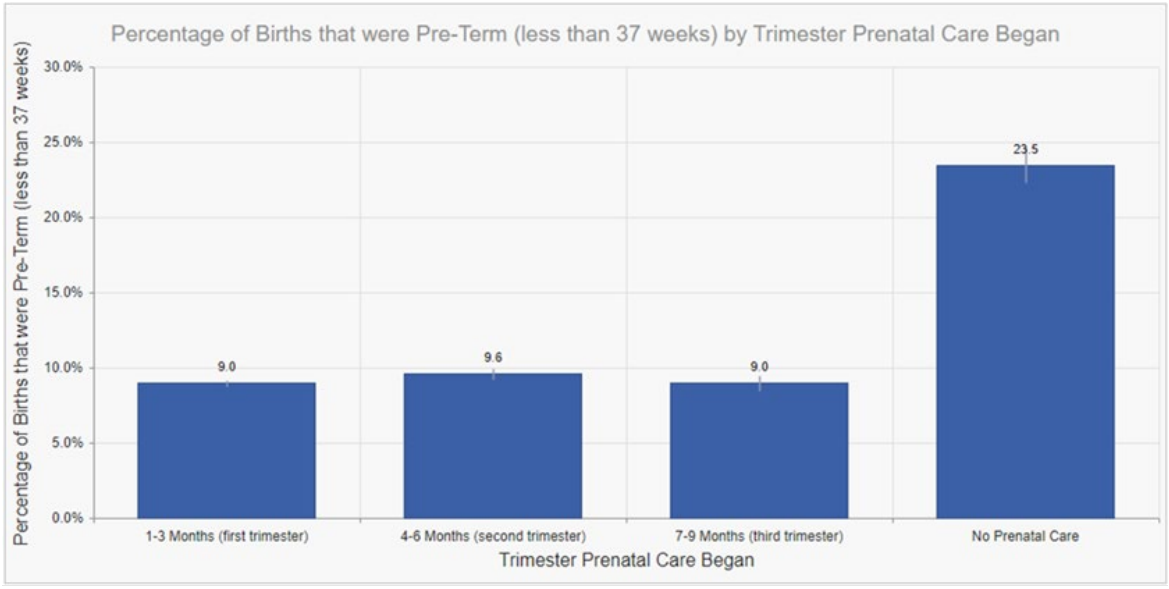
Premature infants may also be born at a low birthweight (<2500 grams), and the two indicators are markers for possible risks in infant health and development, but many babies born prematurely remain in good health throughout their lifetime. Preterm birth is associated with maternal age, ethnicity, and receipt of recommended prenatal care.



Source: NM PRAMS



Source: NM PRAMS

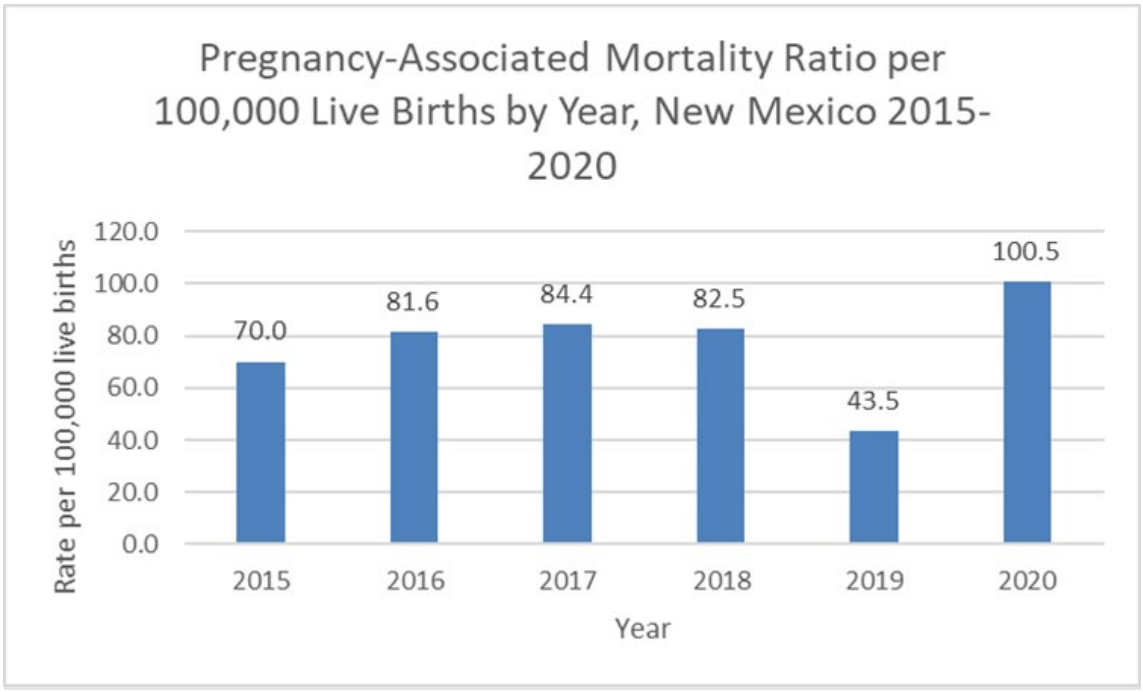


Source: NM PRAMS

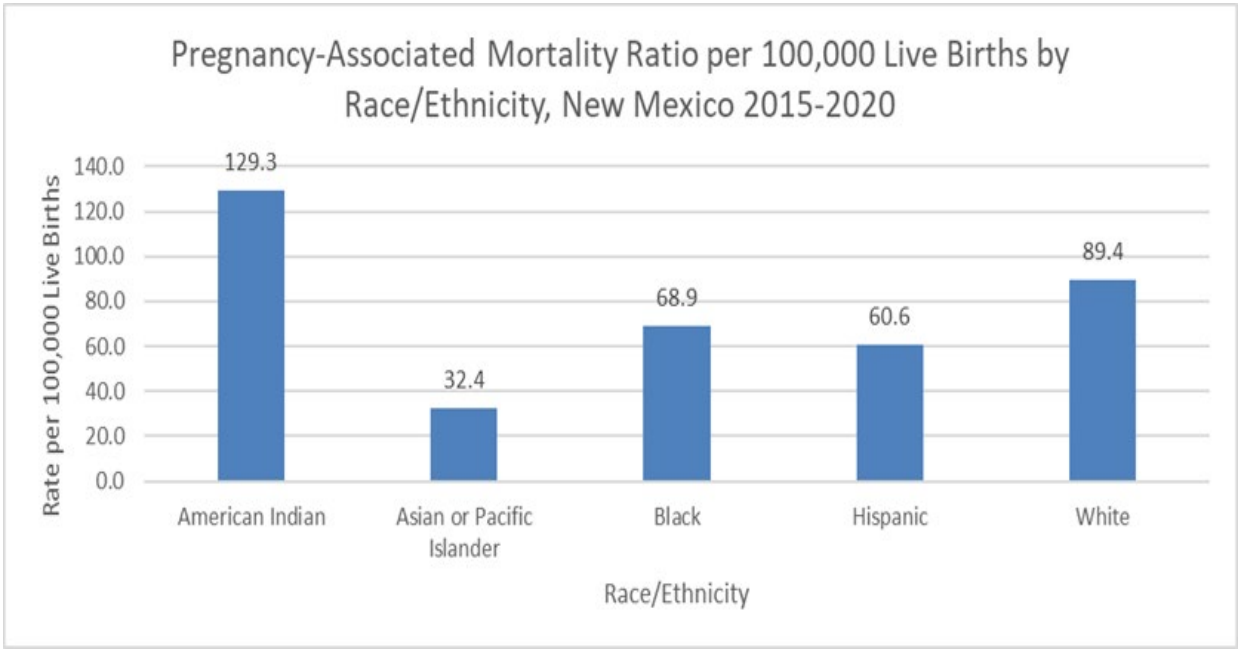
Maternal Mortality and Severe Maternal Morbidity

Maternal deaths are reviewed and classified for New Mexico residents who die during pregnancy or within 365 days from the end of a pregnancy. These are pregnancy-associated deaths, which after committee (Maternal Mortality Review Committee (MMRC)) review are determined to be pregnancy related or unrelated to pregnancy. The PAMR in New Mexico were higher in 2020 than they had been in the previous four years. The PAMR by race/ethnicity from 2015-2020 was highest for American Indians, with a rate of 129.3 deaths per 100,000 live births compared to 89.4 deaths per 100,000 live births among non-Hispanic whites. The PAMR by urban/rural classification was highest among those who resided in rural areas of New Mexico at the time of their death compared to those who resided in Metropolitan and Micropolitan areas.

The MMRC determines whether a death is pregnancy related, meaning the death occurred during or within one year of a pregnancy from a pregnancy complication, a chain of events initiated by pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy. Among deaths occurring between 2015-2020, 40% were determined to be pregnancy related. Among pregnancy-related deaths in New Mexico, 87% were among people who were covered by Medicaid during pregnancy while just 13.5% had private insurance.



Source: Maternal Mortality Review Committee



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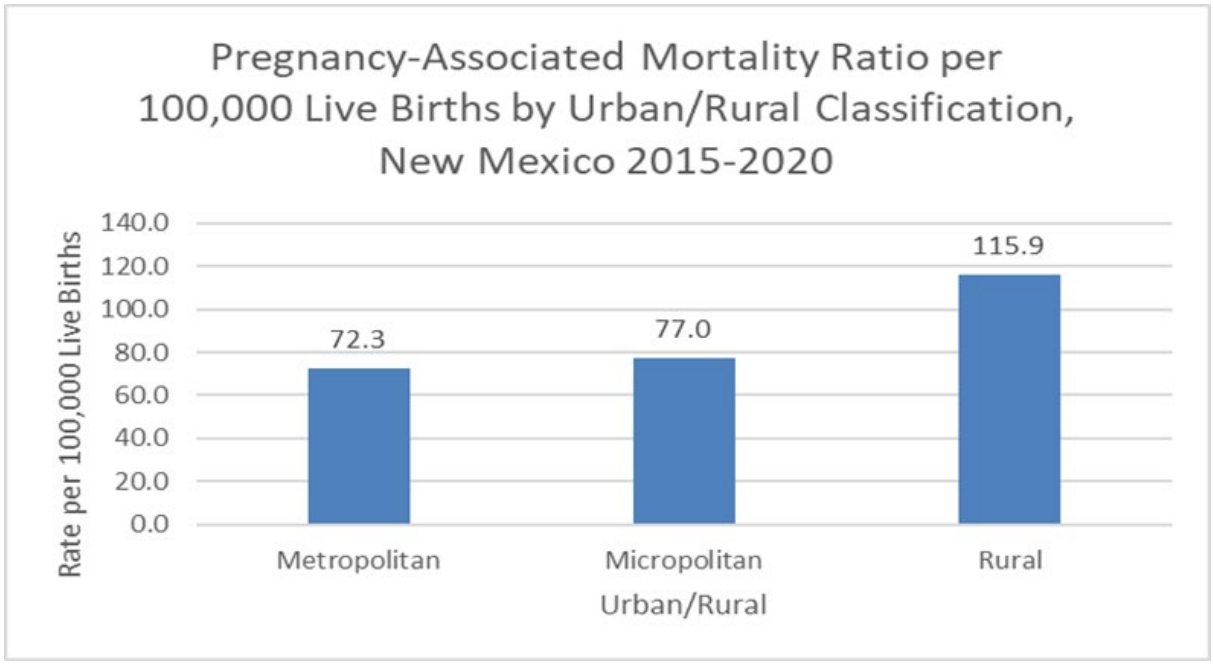
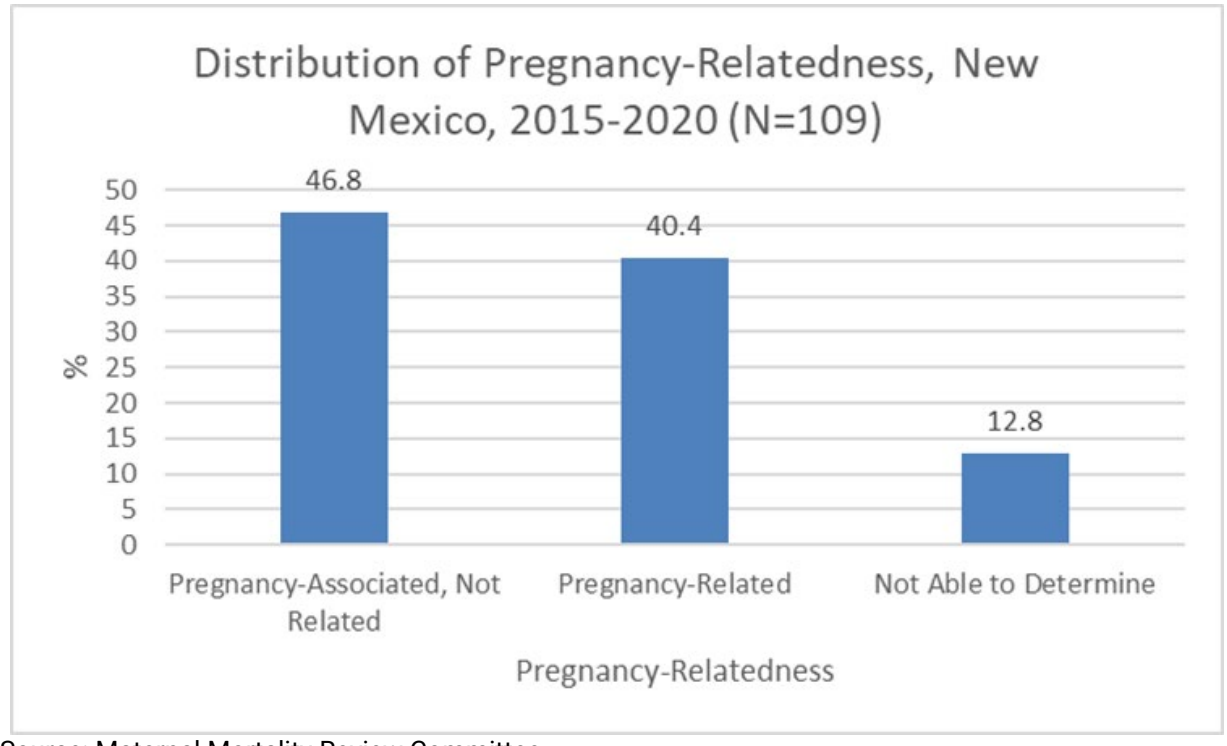
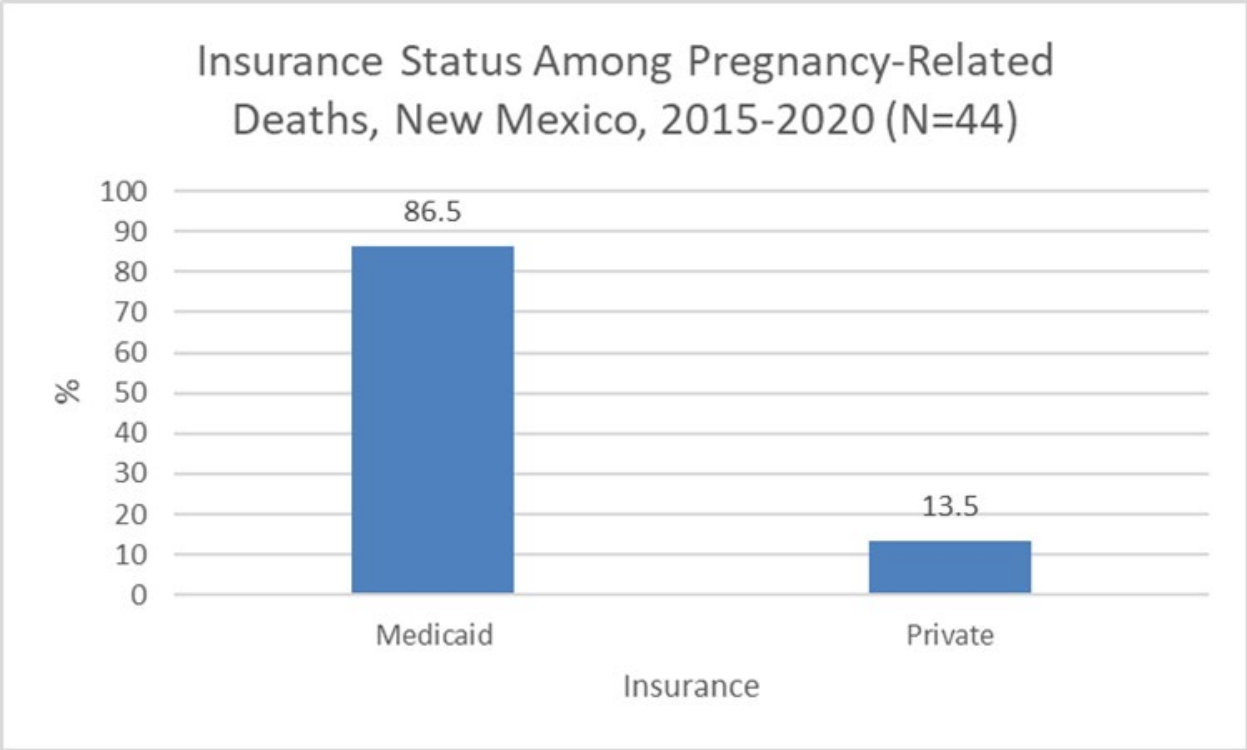


Source: Maternal Mortality Review Committee



Source: Maternal Mortality Review Committee

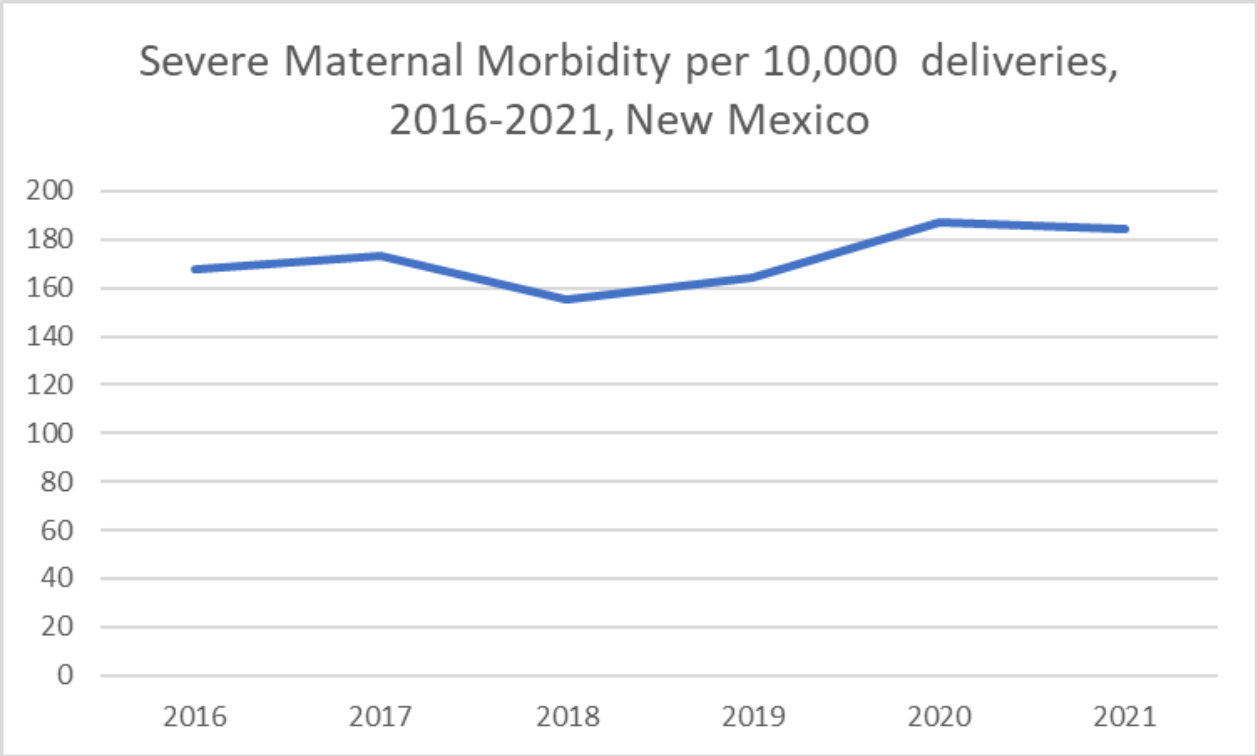


Source: Maternal Mortality Review Committee

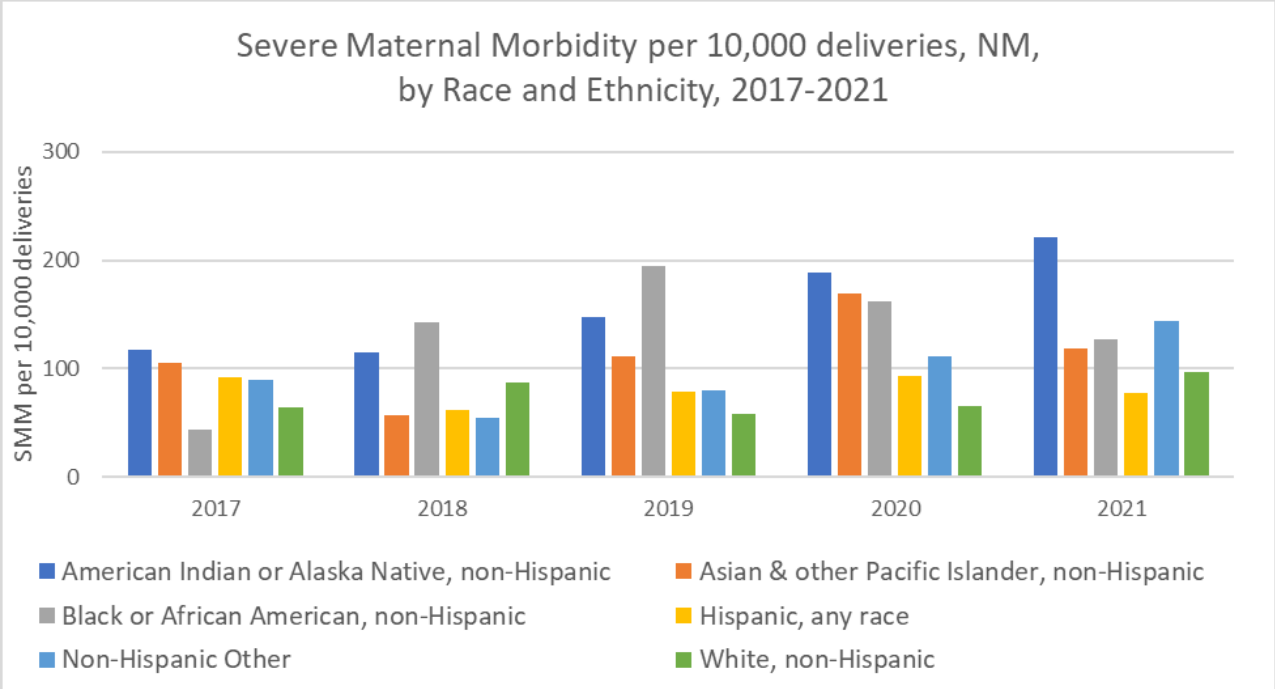
Severe Maternal Morbidity (SMM) among New Mexico hospital deliveries
Severe Maternal Morbidity (SMM) designates a group of serious health problems arising during a delivery that may result in significant short- or long-term health consequences or maternal death. These events can have long-lasting effects on a person's physical and mental health, and they are a measure of maternal well-being at the population level. National SMM analyses provide the background on SMM, and the literature shows both rising rates and growing disparities in SMM across the United States.

All SMM rates are reported per 10,000 deliveries, and the indicators included in the SMM aggregate are described in detail on NM-IBIS. A full description of the indicators is included on the CDC website (Centers for Disease Control and Prevention, 2024).

From 2016 to 2021, the rate of SMM in New Mexico increased from 168 to 184 per 10,000 hospital deliveries. By race and ethnicity, increases were observed among American Indian/Alaska Native, Black-African American, and non-Hispanic people (across race categories), but SMM among other subpopulations varied over time.



Source: NMHealth, HIDD data, analysis by NMHealth Maternal and Child Health Epidemiology Program

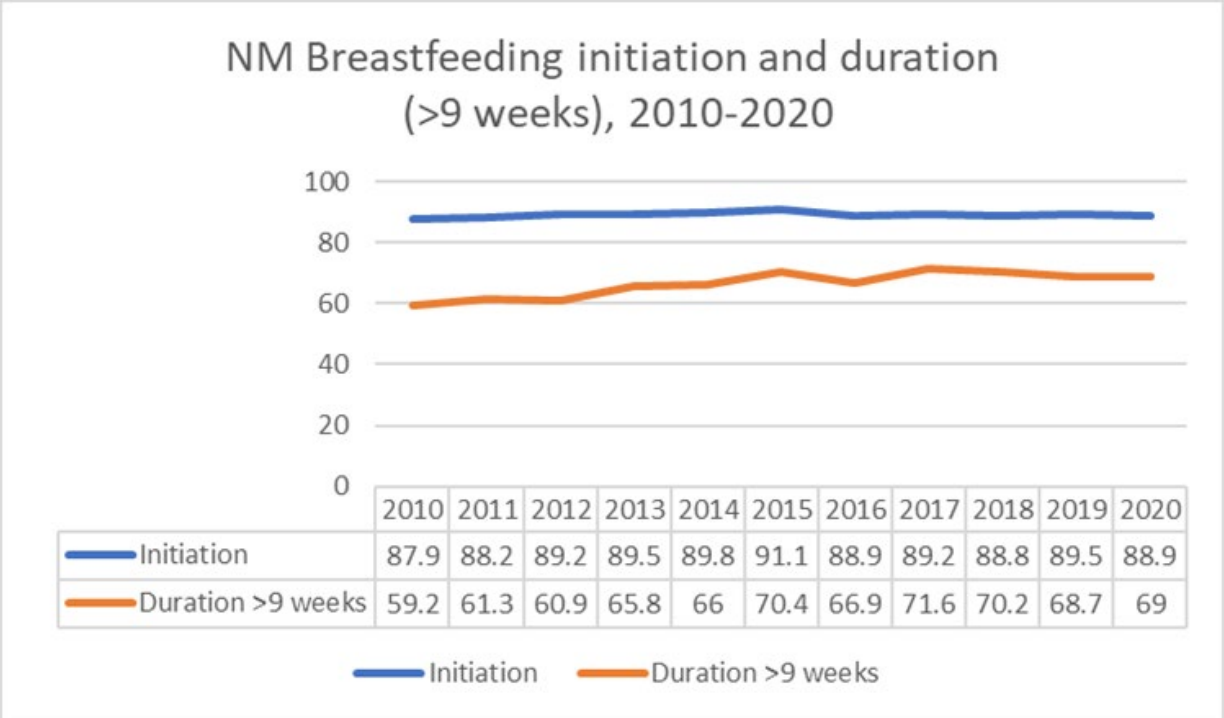


Source: NMHealth, HIDD data, analysis by NMHealth Maternal and Child Health Epidemiology Program

Infant Health

Breastfeeding/Human Milk Feeding

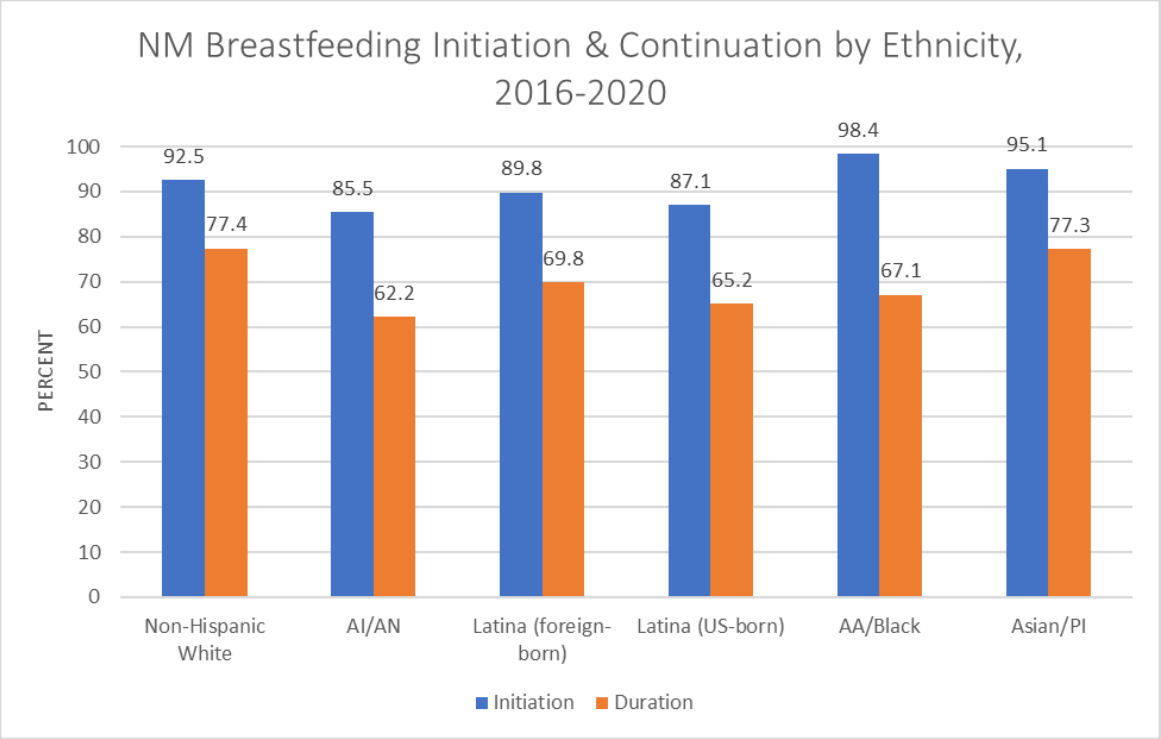
Information about human lactation and the provision of human milk (often referred to as "Breastfeeding," "nursing," or "pumping") is captured in two surveillance projects managed by NMHealth: PRAMS and the toddler study: Helping Us Grow Strong (HUGS). Findings are used to ascertain the progress and gaps in breastfeeding/milk feeding. Close to ninety percent of residents with live birth in New Mexico initiated breastfeeding or pumping milk for their infant in 2020. Since 2010, New Mexico breastfeeding initiation has remained stable, and duration* beyond nine weeks has increased steadily. Disparities persist by poverty level, education, ethnicity and geographic zone of residence (MCH Epidemiology). PRAMS also asks about postpartum support services, which include lactation support. Over half of birthing people in New Mexico received services from Women, Infants, and Children (WIC), and others were supported by a breastfeeding class or peer counseling through home visiting, clinical visits, or community-based programs. Most birthing people reported that they received help with positioning their baby correctly for breastfeeding.



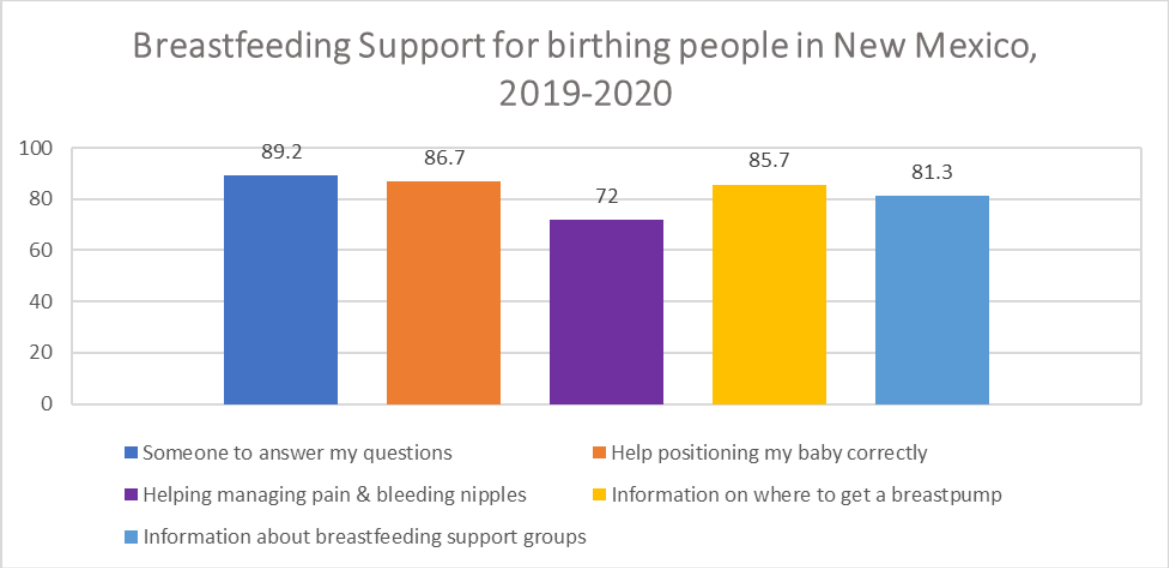
	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Initiation	87.9	88.2	89.2	89.5	89.8	91.1	88.9	89.2	88.8	89.5	88.9
Duration >9 weeks	59.2	61.3	60.9	65.8	66	70.4	66.9	71.6	70.2	68.7	69

Source; NM PRAMS, 2010-2020 births

*Duration is a measure of breastfeeding and time among the birth population; continuation is a measure of breastfeeding and time among people who initiated breastfeeding.



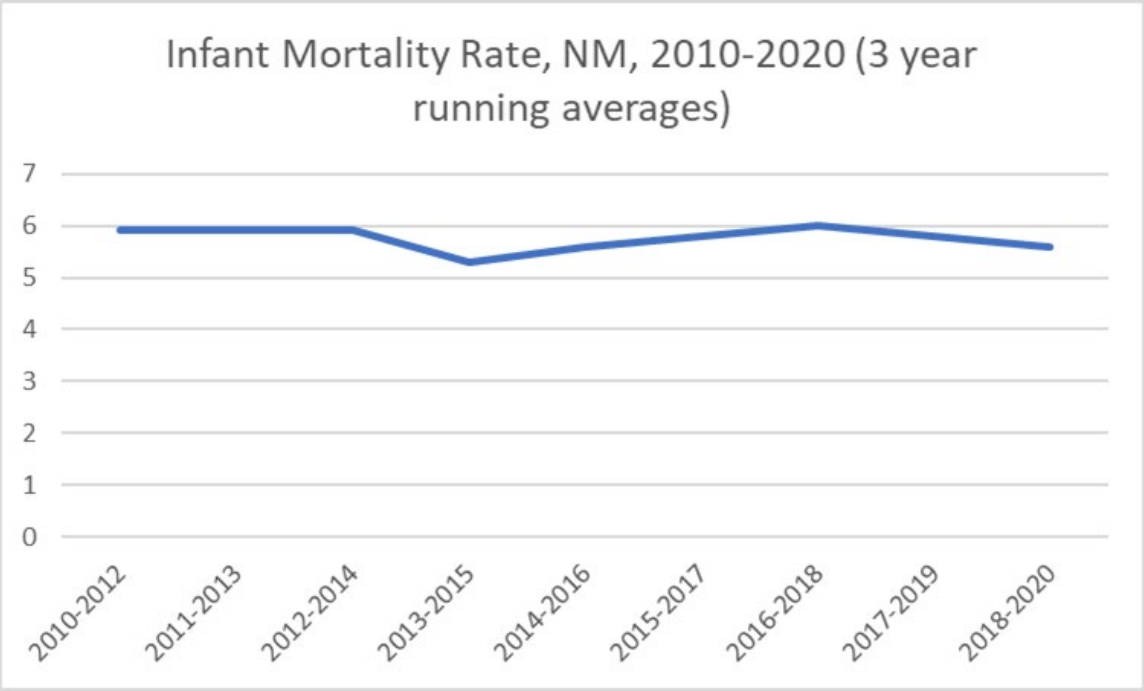
NM PRAMS, 2010-2020 births



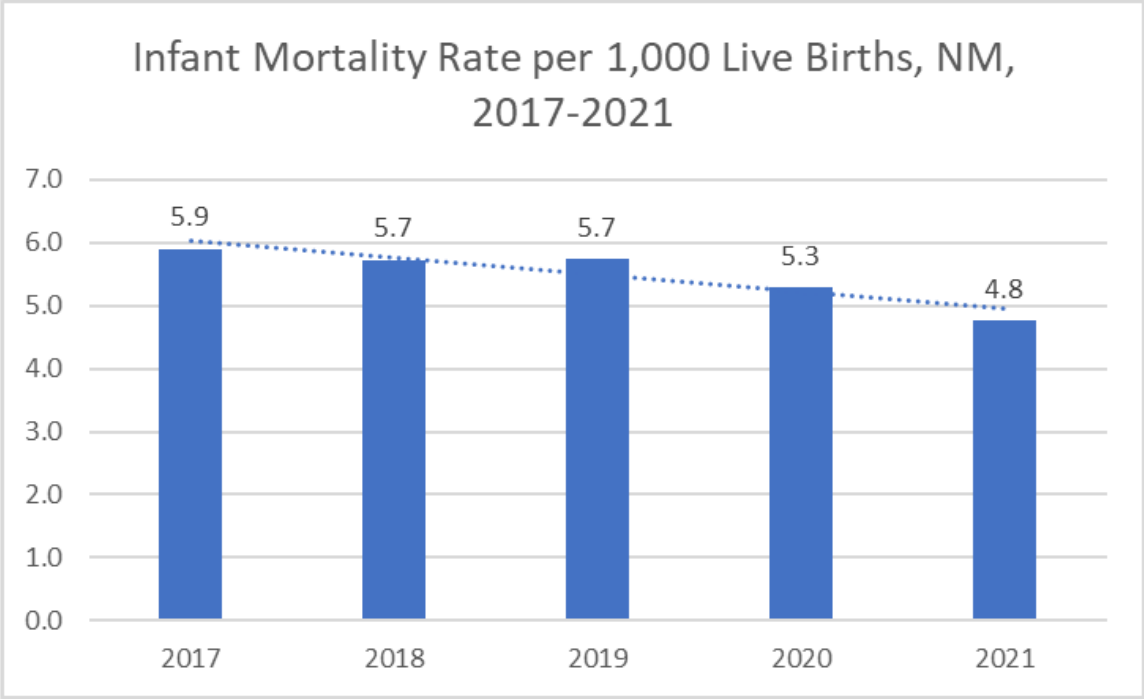
NM PRAMS, 2019-2020 births

Infant Mortality

Between 2010 and 2020, infant mortality rates (deaths per 1,000 live births) in three-year rolling averages varied from 5.3 (2013-2015) to 6.0 (2016-2018). The most recent aggregated rate (2018-2020) was lower than the previous periods, and a downward trend was observed for years 2017 to 2021. The three leading causes of infant mortality in New Mexico for 2020-2021 were perinatal conditions, congenital heart malformations, and Sudden Unexpected Infant Death (SUID).



Source: NM Vital Records and Health Statistics, NM-IBIS.



Source: NM Vital Records and Health Statistics, NM-IBIS.

New Mexico Infant Deaths, 2020-2021 by cause, count, and distribution	
Other, Injury	10 (5.0%)

SUID*	43 (19.7%)
Congenital malformations	43 (19.7%)
Medical, Infection	21 (9.6%)
Perinatal Conditions	91 (41.7%)
Other/Undetermined	10 (4.6%)
Total	218

Source: NM Vital Records and Health Statistics, NM-IBIS
*SUIDs are identified by ICD-10 codes R99-Unknown, R95-SIDS and W75- Accidental Suffocation or Strangulation in Bed (ASSB).

Sudden Unexpected Infant Deaths (SUIDs) in New Mexico doubled between 2020 and 2021, and the share of deaths attributed to SUID matched those attributed to congenital malformations. They were almost 20% of New Mexico resident infant deaths in 2020-2021.

What we are doing about it
NMHealth leads several programs to support families in the perinatal period. NMHealth in collaboration with OMI (Office of Medical Examiner) and other state agencies conducts child death review panels to assess causes of death, risk factors, family histories, and preventability of deaths. These panels use the assessment to both track trends in infant mortality, and guide program support.

The Maternal, Infant, and Early Childhood Home Visting (MIECHV) Program, which is in the New Mexico Early Childhood Education and Care Department, serves pregnant people and parents with young children who live in communities that face greater risks and barriers to achieving positive maternal and child health outcomes. Families choose to participate in home visiting programs, and partner with health, social service, and child development professionals to set and achieve goals that improve their health and well-being.

The program aims to improve maternal and child health by preventing child abuse and neglect, reduce crime and domestic violence, increase family education level and earning potential, promote children’s development and readiness to participate in school, and connect families to needed community resources and supports.

Adolescent Health

The Office of School and Adolescent Health strives to educate and provide resources to educational staff, physical and behavioral health, professionals, and community members who serve adolescents. It works to improve student and adolescent health through integrated school-based or school-linked health services. Its mission is to improve the health of all students and adolescents in New Mexico. Its priorities are youth suicide prevention, teen pregnancy prevention, immunizations, healthier weight, teen dating violence prevention, and increasing the number and use of school-based health centers.

Chronic Diseases and Conditions

Most of New Mexico's leading causes of death are chronic diseases. Deaths due to chronic diseases increase with age. Onset of many chronic diseases, and associated harms, can be prevented or delayed.

Diabetes

Diabetes is one of the more common chronic diseases in New Mexico and is associated with many other health conditions and events. The rate of diagnosed diabetes is higher in New Mexico than in the United States.

Rates of several other conditions (depression, chronic kidney disease, high blood pressure, cerebrovascular disease, blindness/vision problems), disability, being able to work, or having fair or poor health, are higher for adults with diagnosed diabetes than for adults without diagnosed diabetes. The prevalence of diagnosed diabetes is higher among older adults. Nearly one in five people 55 to 64 have a diagnosis and nearly one in four people 65 and over have a diagnosis. In 2019-2021, New Mexican communities of color bore the greatest burden of diabetes. American Indian/Alaskan Native adults had the highest rate of diagnosed diabetes followed by Hispanic and African American/Black adults.

Interruptions of culture and cultural foodways, including forced reliance on food commodities, are related to chronic conditions including diabetes and pre-diabetes. Additionally, social determinants of health such as access to educational opportunities and pathways to higher paying jobs (which are related to access to healthcare and food and housing security) are unequally available to people based on race/ethnicity. Trauma, historical and current, also plays a role in chronic diseases.

Rates of diagnosed prediabetes are higher in New Mexico than in the US.
Early identification of insulin resistance/pre-diabetes is crucial in that it presents an opportunity to delay or even prevent development of diabetes and serious secondary conditions.

All adults aged 45 or older should be tested at least every three years. In 2021, 33.5% of New Mexican adults aged 45+ had not been tested in the previous three years.
57.8% of those aged 45+ who did not have health care coverage had not been screened in the previous three years.

Adults less than 45 years of age who have conditions that are correlated with diabetes risk (including obesity, high blood pressure, history of CVD, or not engaging in leisure-time physical activity), should be tested at least every three years.

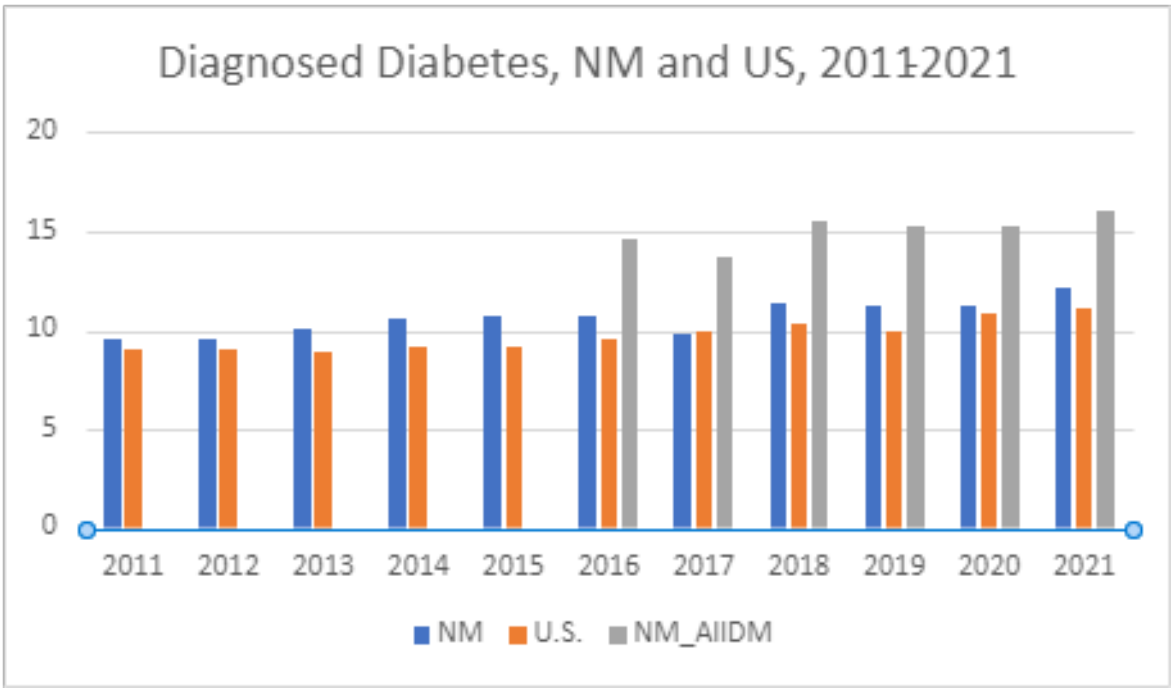
50.6% of adults aged 18 and less than 45 and were obese had not been tested.
50.6% of adults aged 18 and less than 45 and with history of high blood pressure had not been tested.

24.8% of adults aged 18 and less than 45 and with history of CVD had not been tested. 58.1% of adults aged 18 and less than 45 and who did not engage in leisure-time physical activity had not been tested in the previous three years.

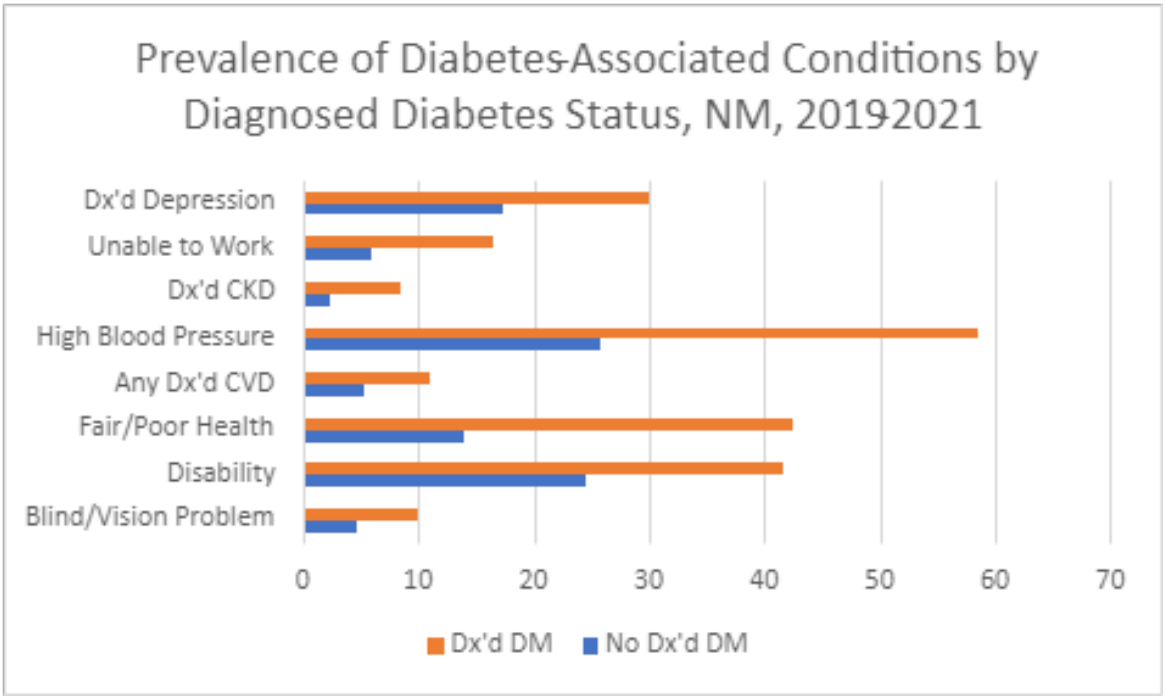
There is much room for improvement in testing which may explain an important portion of the discrepancy between estimates of the true prevalence of prediabetes and diagnosed prediabetes.

What we are doing about it

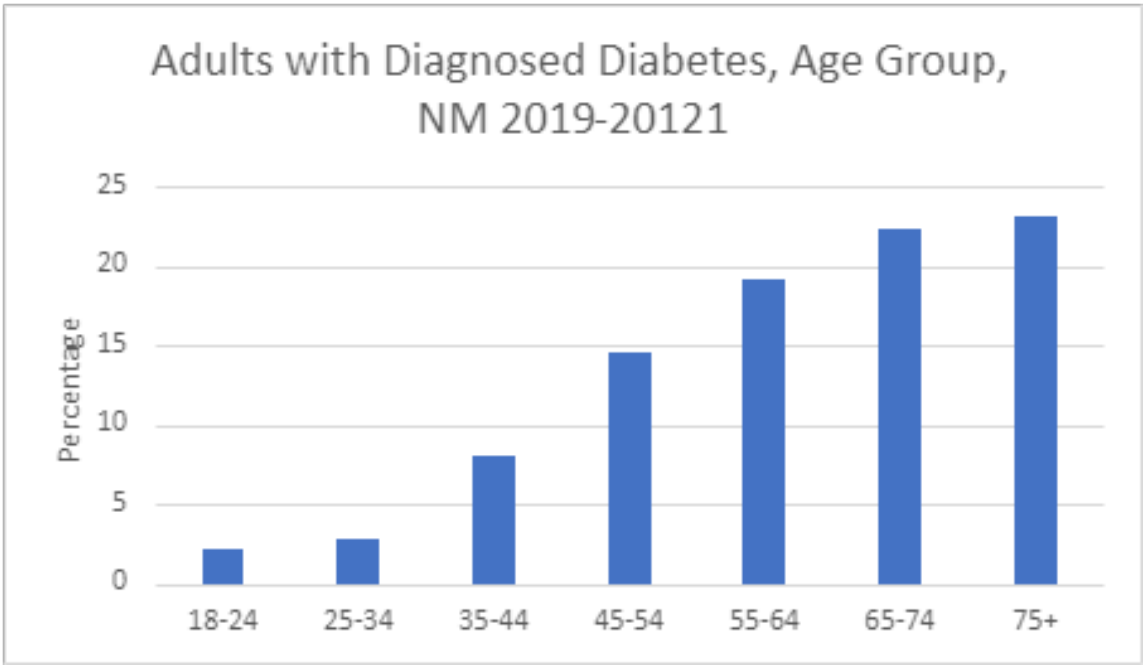
The Diabetes Prevention and Control Program is supported by both CDC and state funds. This funding supports the following strategies for the prevention and management of diabetes: improve access to accredited Diabetes Self-Management Education and Support (DSMES) programs, implement medication therapy management in pharmacies with a focus on those being treated for diabetes, assist health care organizations in the identification of individuals with prediabetes and refer them through Paths to Health New Mexico into lifestyle change programs such as the National Diabetes Prevention Program (DPP), implement processes to increase referrals into lifestyle change programs such as National DPP, Walk with Ease, and Kitchen Creations, and increasing the capacity of community health workers to prevent and manage diabetes through continuing education opportunities.



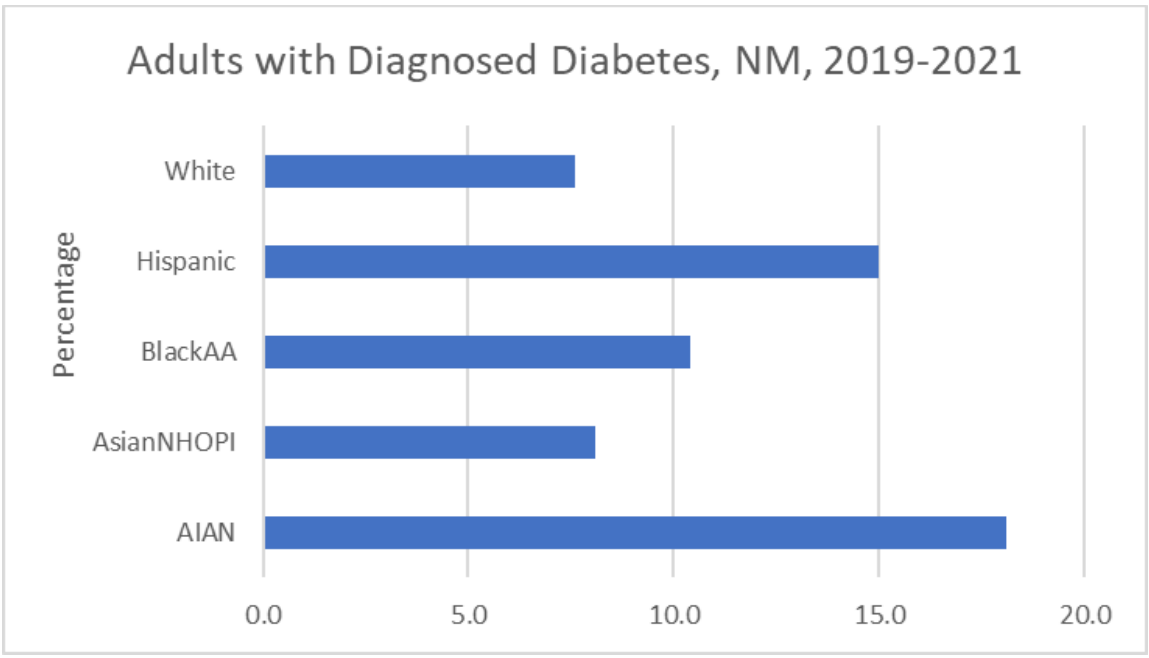
Source: NMBRFSS, NMHealth Survey Section, Diabetes Prevention and Control Program



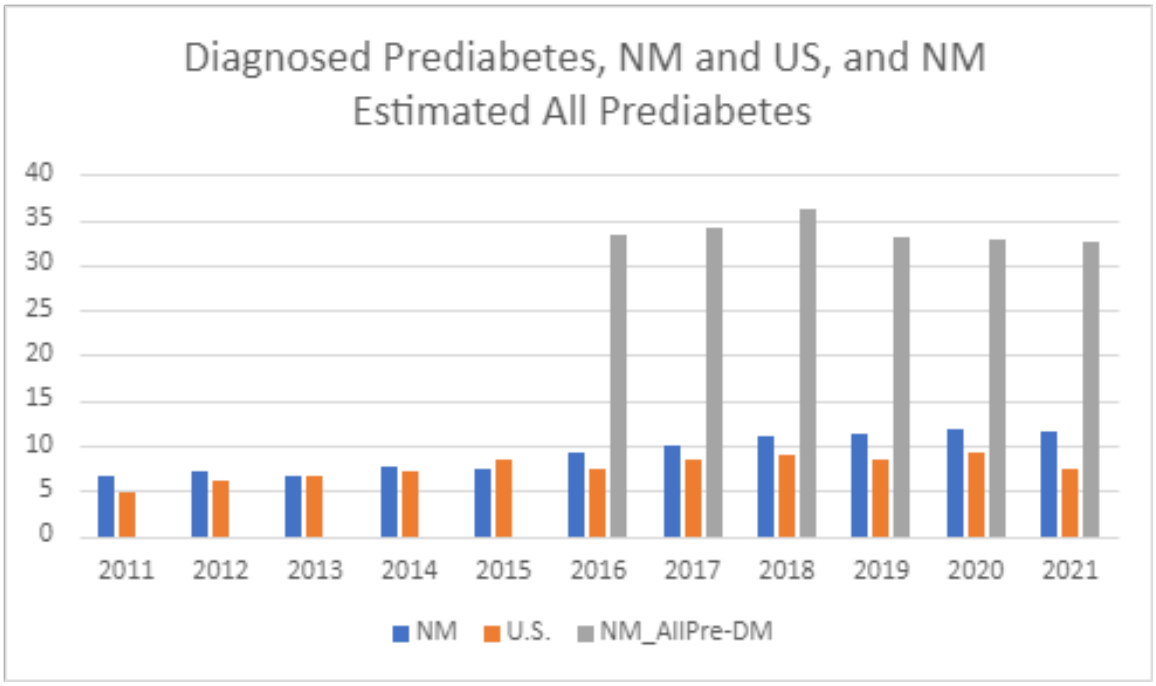
Source: NMBRFSS, NMHealth Survey Section, Diabetes Prevention and Control Program



Source: NMBRFSS, NMHealth Survey Section, Diabetes Prevention and Control Program



Source: NMBRFSS, NMHealth Survey Section, Diabetes Prevention and Control Program

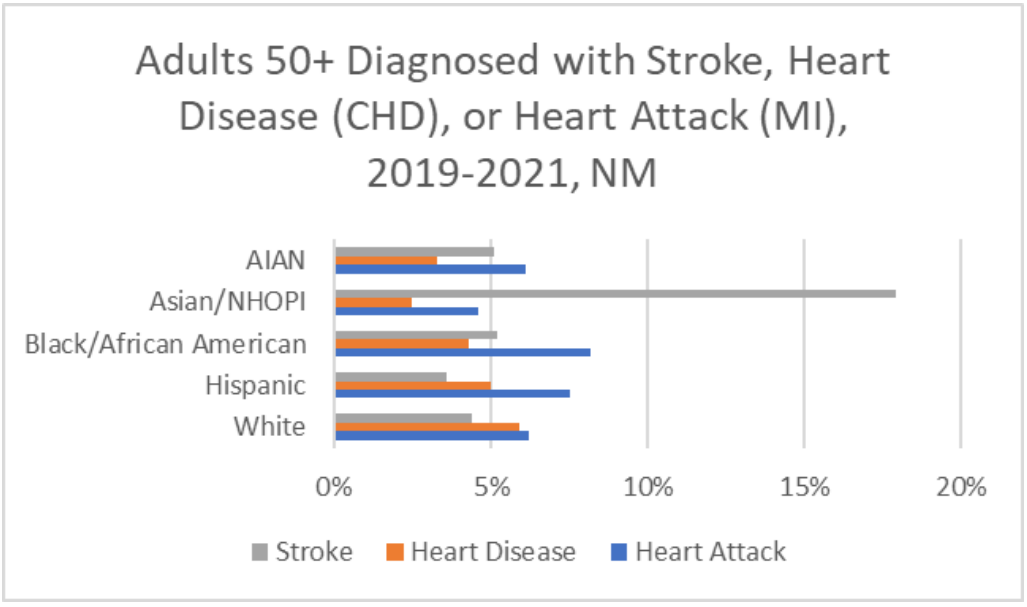


Source: NMBRFSS, NMHealth Survey Section, Diabetes Prevention and Control Program

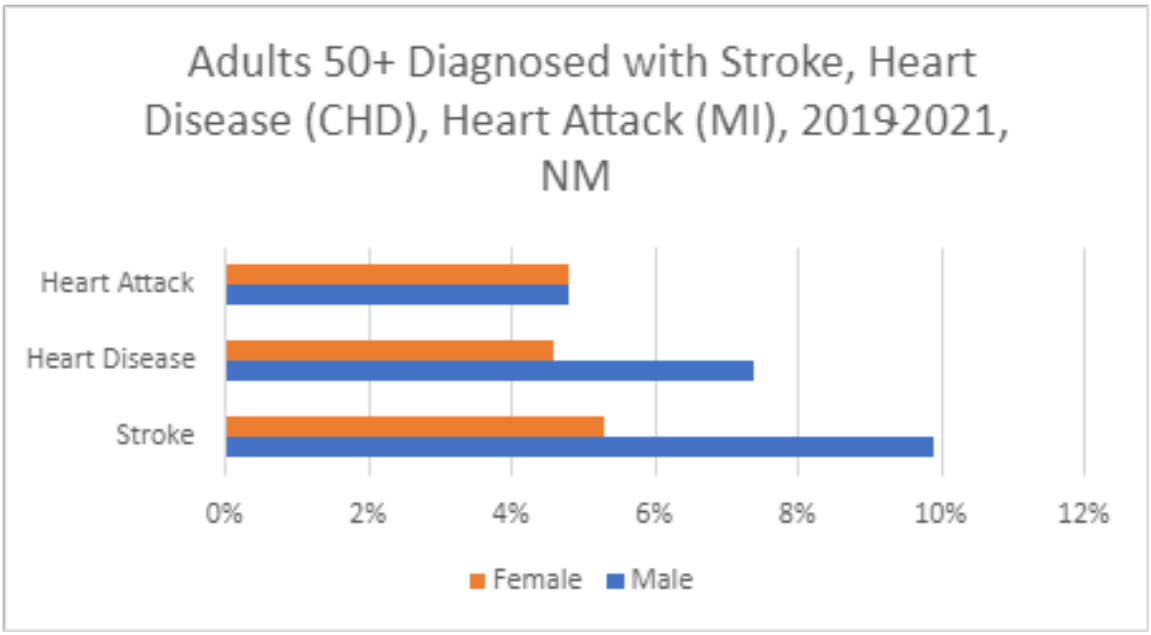
Heart Disease and Stroke

The Heart Disease and Stroke Prevention Program focuses on decreasing the rates of diagnosed heart disease, heart attack, and stroke among adults 50 years of age or more. Rates of heart disease and heart attack among people 50 years old or more were higher for males than females, and were highest among whites, followed by Hispanics,

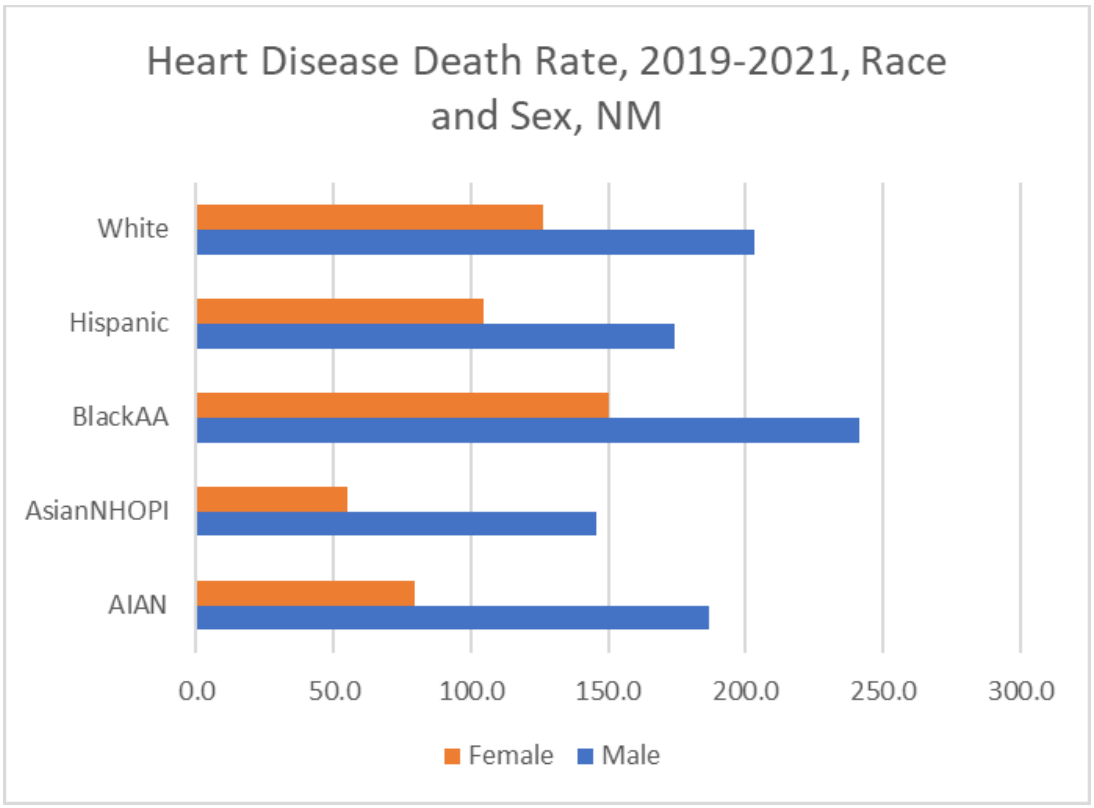
and lowest for Asian/Pacific Islanders. However, of people who were 50 years old or more, Asian/Pacific Islanders had the highest rates of stroke.



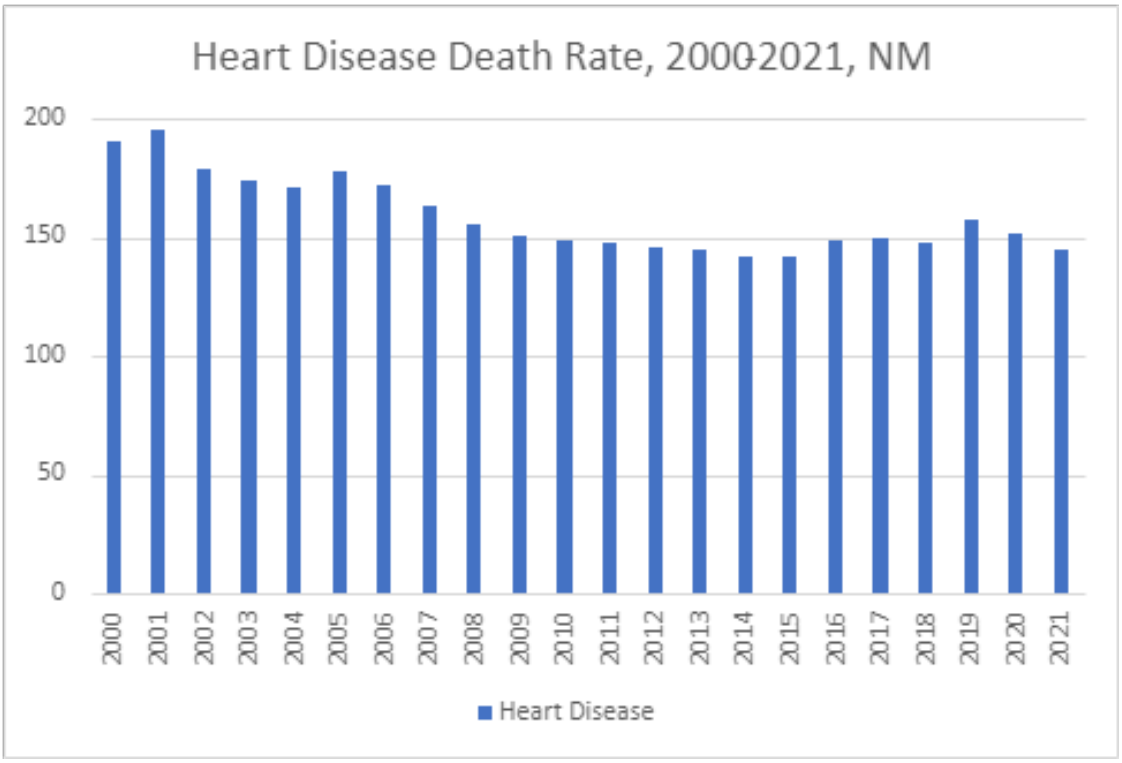
Source: NMBRFSS, NMHealth Survey Section, Heart Disease and Stroke Prevention Program



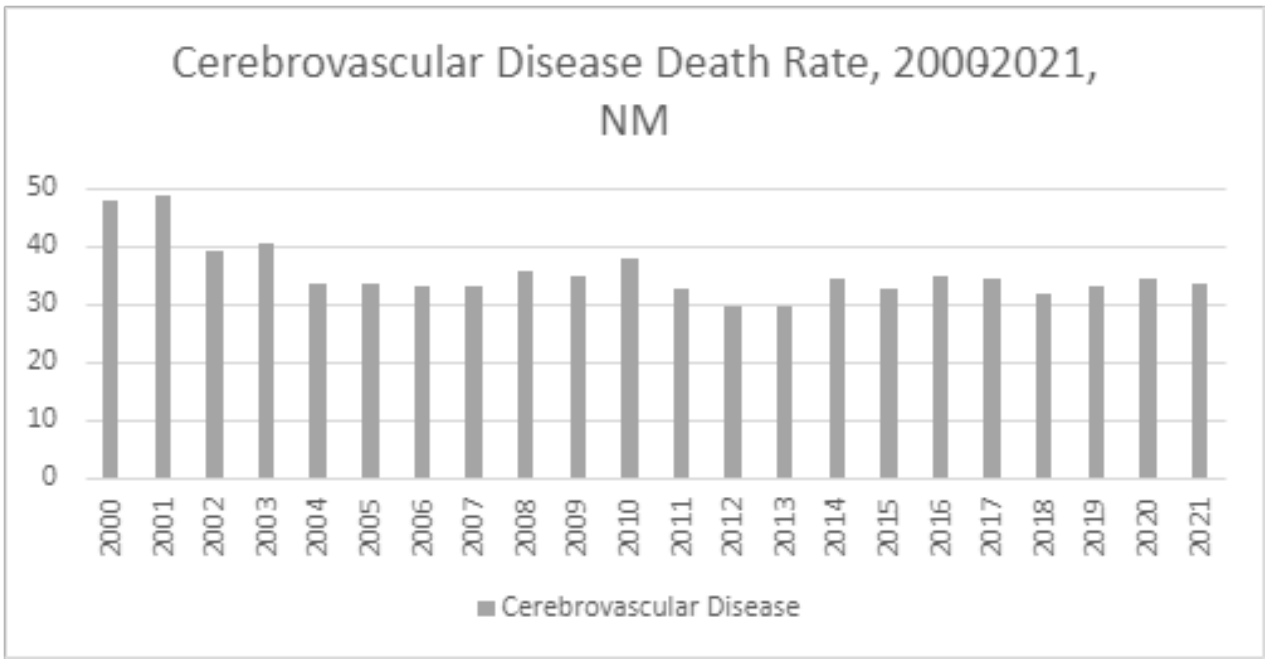
Source: NMBRFSS, NMHealth Survey Section, Heart Disease and Stroke Prevention Program



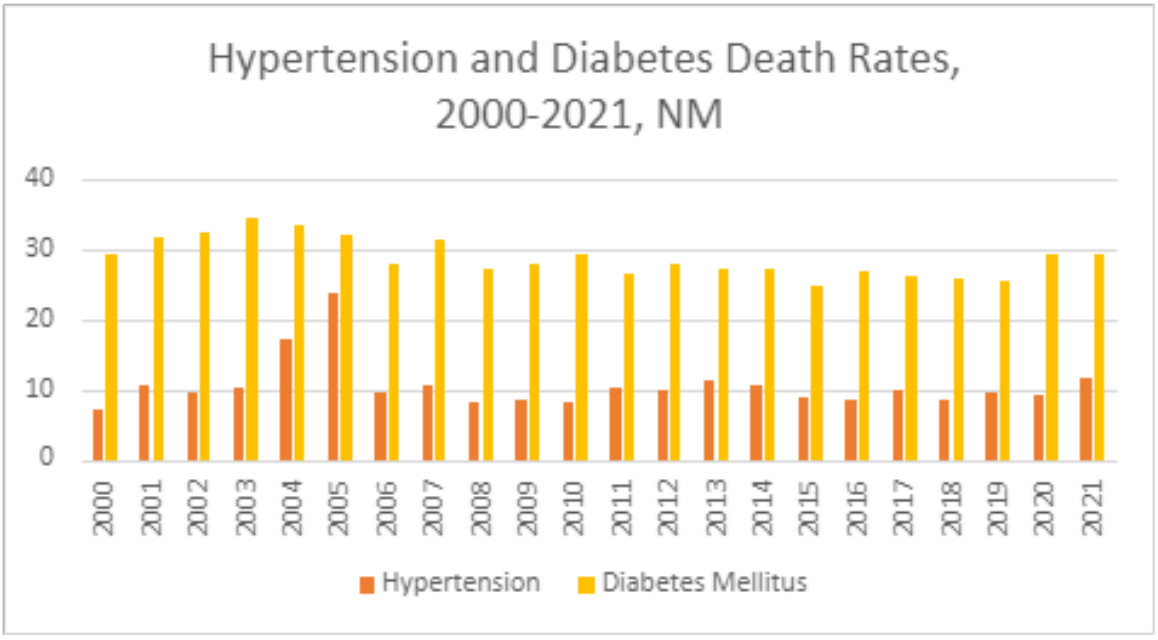
Source: NMBRFSS, NMHealth Survey Section, Heart Disease and Stroke Prevention Program



Source: NMBRFSS, NMHealth Survey Section, Heart Disease and Stroke Prevention Program



Source: NMBRFSS, NMHealth Survey Section, Heart Disease and Stroke Prevention Program



Source: NMBRFSS, NMHealth Survey Section, Heart Disease and Stroke Prevention Program

What we are doing about it

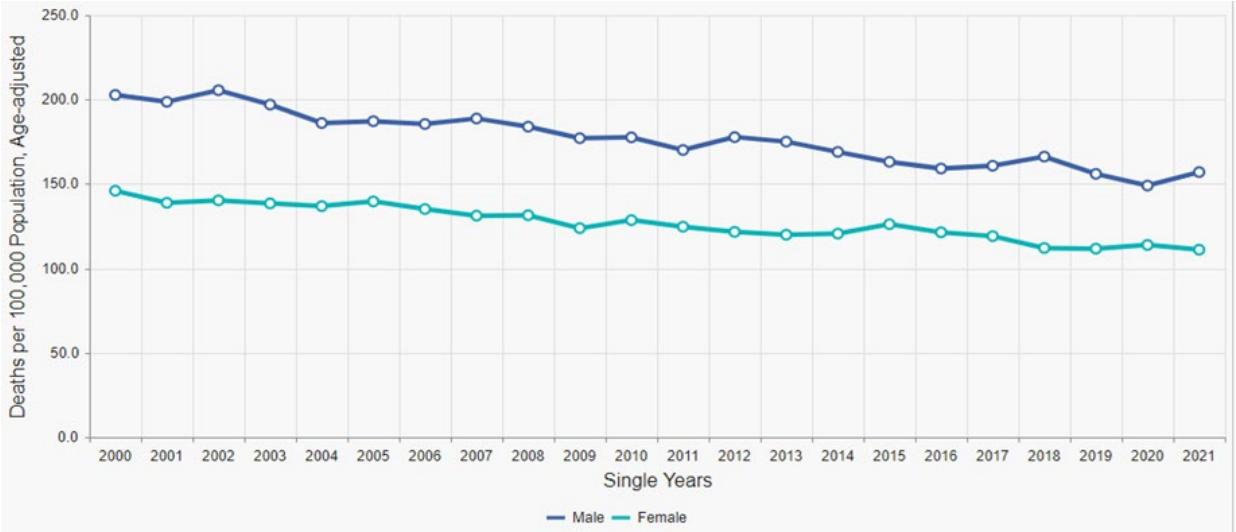
NMHealth has one epidemiologist who focuses on diabetes and cardio/cerebrovascular diseases. The focus of the Heart Disease & Stroke Prevention Program is to: Promote the use of electronic health records in the identification of undiagnosed hypertension, promote the implementation of team based care strategies in clinical settings to reduce hypertension and high blood cholesterol, implement medication therapy management in pharmacies with a focus on those being treated for hypertension and high blood

cholesterol, provide education opportunities for community health workers in the management of hypertension and high blood cholesterol including the development of a cardiovascular disease specialty track, promote the implementation and expansion of self-measured blood pressure with clinical support, and increase referrals into self-management and lifestyle change programs for patients diagnosed with hypertension and high blood cholesterol.

Cancer

Cancer is many diseases with different causes (if known) and risk factors, and it remains the second leading cause of death in the U.S. and New Mexico. During 2020-2021, cancer caused one in five deaths in New Mexico, down from one in four prior to COVID-19 (Comprehensive Cancer Control Program, New Mexico Department of Health, 2024). While the overall cancer death rate has decreased for both males and females in New Mexico over the past two decades, the rate has remained significantly higher for males compared to females.

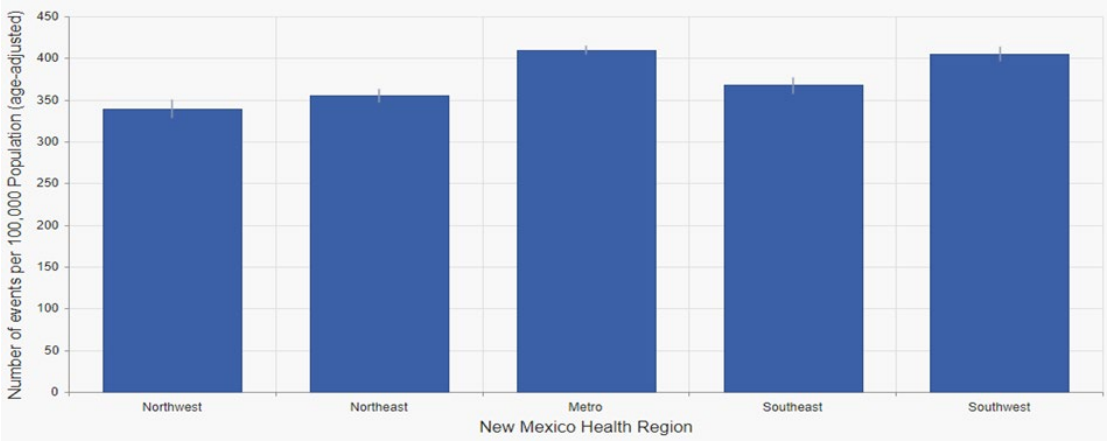
Cancer Death Rate by Sex, New Mexico 2000-2021



Source: NMHealth Comprehensive Cancer Prevention Program

During 2016-2020, an average of more than 10,000 New Mexicans were diagnosed with some type of cancer each year. The rate of new cancer cases diagnosed varies by region of the state. The rate of new cases of cancer diagnosed was highest in the Southwest and Metro regions of the state during 2016-2020 and was lowest in the Northwest Region in the same period.

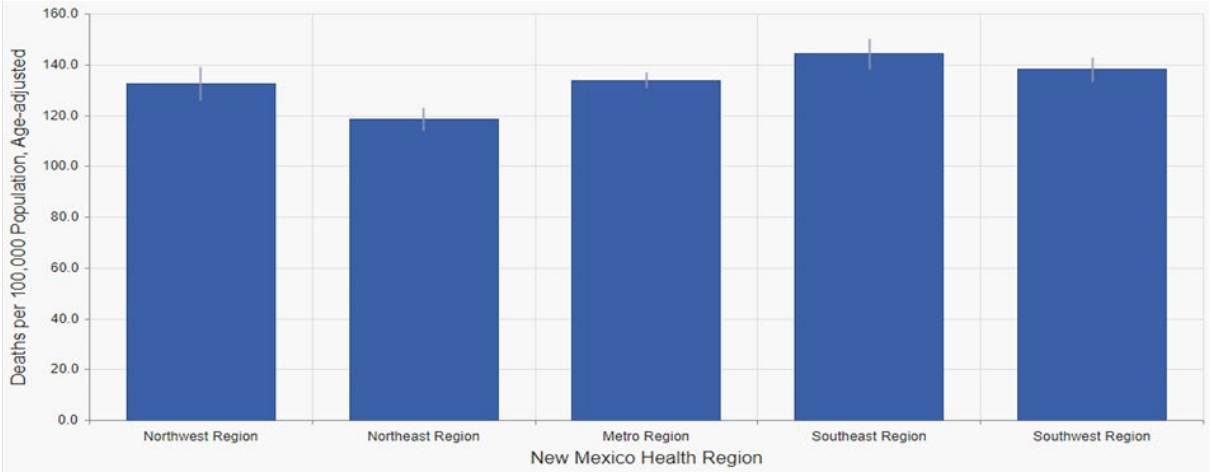
Rate of New Cancer Cases by Region, New Mexico 2016-2020



Source: NMHealth Comprehensive Cancer Prevention Program

During 2017-2021, an average of over 3,600 New Mexicans died each year from some type of cancer. The overall cancer death rate also varies by region of the state. The Northwest Region had the lowest rate of cancer deaths during 2017-2021, and the rate was highest in the Southeast and Southwest regions of the state in the same period.

Cancer Death Rate by Region, New Mexico 2017-2021



Source: NMHealth Comprehensive Cancer Prevention Program

What we are doing about it

Even though the causes of all cancers are not known there are several things that people can do to lower their overall risk of getting cancer. To reduce the risk of cancer, the Centers for Disease Control and Prevention recommends that people don't smoke, keep a healthy weight, stay physically active, limit use of alcohol, protect themselves from the sun, and talk with their doctor about cancer screenings and vaccinations. The NMHealth, in partnership with the New Mexico Cancer Council and the CDC, has published the New Mexico Cancer Plan 2020-2024 (New Mexico Cancer Council, 2020). It establishes nine goals to reduce the burden of cancers in NM.

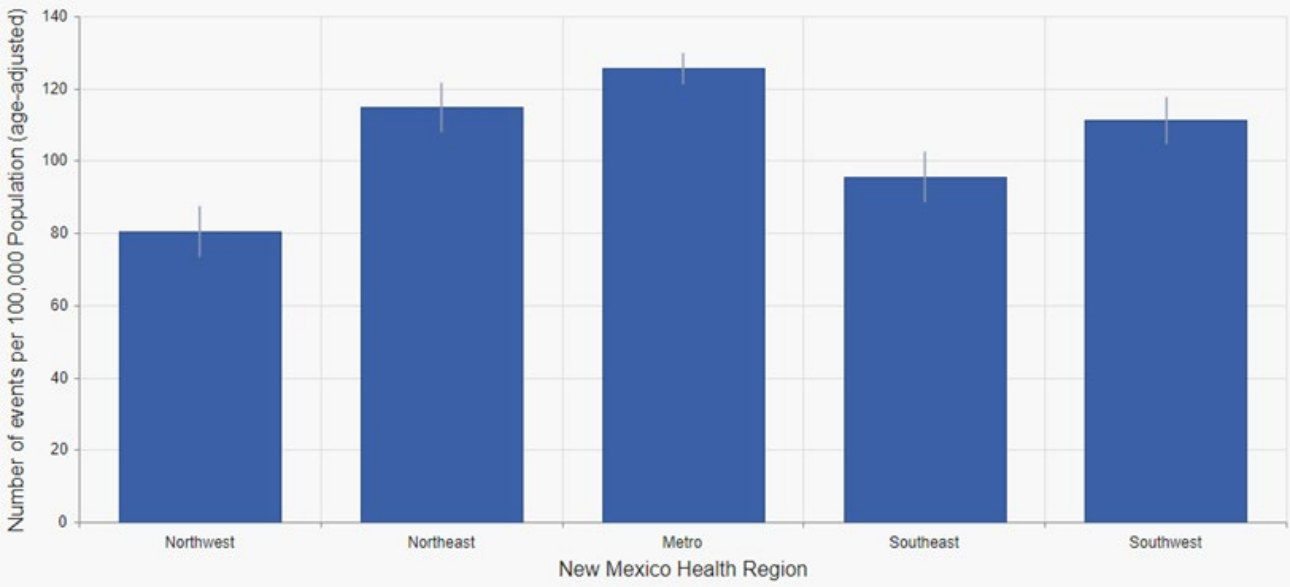
The Department of Health has a variety of programs that address many of these risk factors to help New Mexicans make healthy choices and lower their risk of getting cancer:

- The Nicotine Use Prevention and Control Program uses a comprehensive, evidence-based approach to promote healthy lifestyles that are free from tobacco use and use disorder for all.
- The Obesity, Nutrition, and Physical Activity Program builds state and local partnerships to increase opportunities for healthy eating and physical activity where children and families live, learn, play, work, eat, and shop.
- The Comprehensive Cancer Program promotes prevention and control efforts guided by the New Mexico Cancer Plan and by collaborating with partners to offer cancer education, information, and resources to assist people in making healthy choices to reduce cancer risk, improve the quality of life for people diagnosed with cancer, support and implement evidence-based cancer control activities, and foster collaboration among cancer control organizations.
- The Breast and Cervical Cancer Early Detection Program works with clinics to provide breast and cervical cancer screening services for free to low-income people who are also uninsured and to increase breast and cervical cancer screening rates statewide.

Female Breast Cancer

In New Mexico, breast cancer is the most common type of cancer diagnosed and the leading cause of cancer death among females. Each year there are over 1,700 new cases of female breast cancer diagnosed across the state, and nearly 300 breast cancer deaths among women. The rates of new cases of breast cancer and breast cancer deaths among women vary by region of the state.

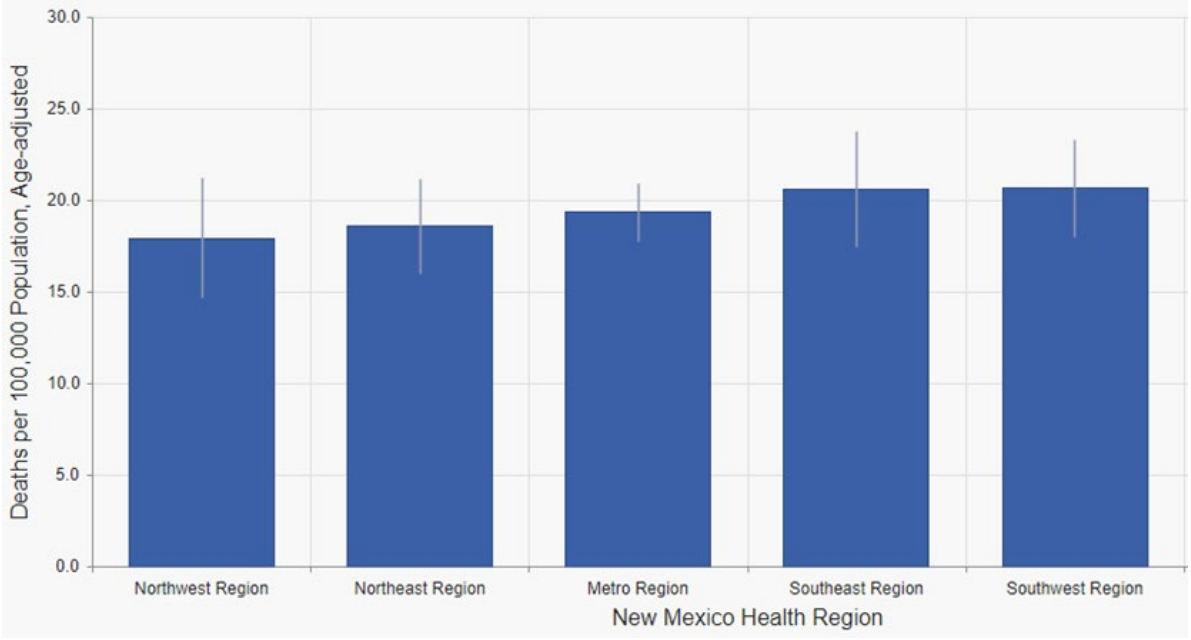
Female Breast Cancer: Rate of New Cases by Region, New Mexico 2016-2020



Source: NMHealth Breast and Cervical Cancer Program

The Northwest Region of New Mexico had both the lowest rate of new cases of female breast cancer and the lowest rate of breast cancer deaths among women. The Metro Region of the state had the highest rate of new cases of female breast cancer followed by the Northeast and Southwest regions. Although the difference in breast cancer death rates between regions was small, the breast cancer death rate was highest in the Southeast and Southwest regions of New Mexico.

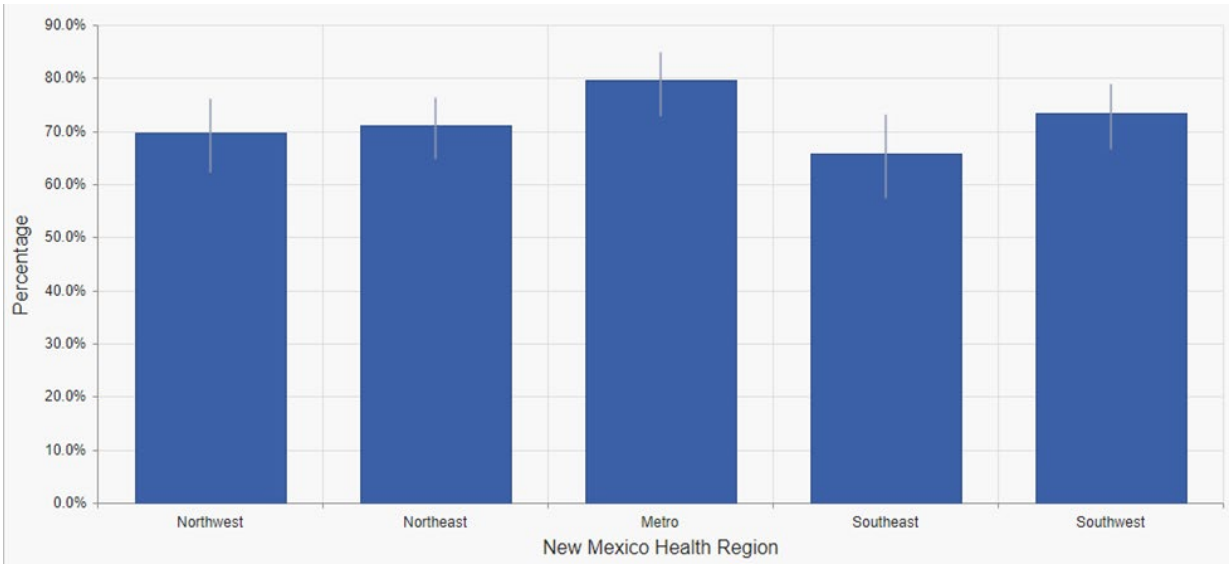
Female Breast Cancer: Death Rate by Region, New Mexico 2017-2021



Source: NMHealth Breast and Cervical Cancer Program

Detecting breast cancer early through screening can improve survival, decrease morbidity, and reduce the cost of treatment and care. The United States Preventive Services Task Force (USPSTF) currently recommends that women at average risk for breast cancer start screening at age 50 with a mammogram every other year. Women at increased risk may need to begin screening for breast cancer earlier and be screened more often. In New Mexico in 2020, breast cancer screening rates among women ages 50-74 years also varied by region of the state. The Southeast Region had the lowest breast cancer screening rate at around 66% and the Metro Region had the highest rate at nearly 80%.

Mammogram Within Past Two Years, Women Ages 50-74 Years by Region, New Mexico 2020



Source: NMHealth Breast and Cervical Cancer Program

What we are doing about it

Identifying strategies to increase access to screening can lead to improved health equity and reduced disparities in the burden of breast cancer in New Mexico. The New Mexico Breast and Cervical Cancer Early Detection Program (BCCP) is dedicated to decreasing the burden of breast cancer by improving access to high-quality, age-appropriate breast cancer screening and diagnostic services for low-income individuals who are uninsured or under-insured. The BCCP contracts with health care providers statewide to deliver services to people who meet eligibility criteria. Eligibility for services includes New Mexico women (including transgender women), transgender men, gender non-conforming and intersex people who lack health insurance and live at or below 250% of the federal poverty level.

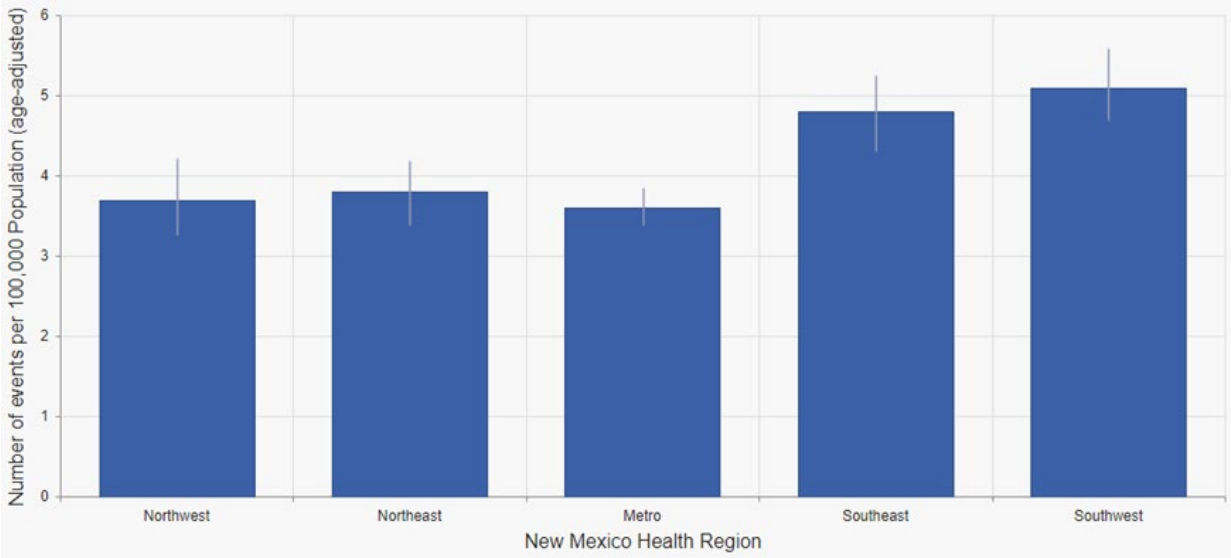
In addition, the BCCP works with clinics to increase breast cancer screening rates among under-resourced populations by promoting strategies that increase cancer screening awareness and improve access to services. The BCCP works to reduce barriers, and address needs to ensure everyone has the same opportunity to be healthy and cancer-free through partnerships and collaboration. The BCCP also helps

individuals diagnosed with breast cancer through the BCCP access resources for treatment when necessary. The BCCP is primarily funded by a Cooperative Agreement with the United States Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program, with additional support from the State of New Mexico's General Fund, Tobacco Settlement Revenue Funds, and a portion of the revenue generated by New Mexico Breast Cancer License Plates.

Cervical Cancer

Cervical cancer is less common than some gynecological cancers or breast cancer, but unlike these cancers, cervical cancer can be prevented by screening. Each year in New Mexico about 85 women are newly diagnosed with cervical cancer and nearly 30 women die from cervical cancer. The rates of new cases of cervical cancer and cervical cancer deaths vary by region of the state.

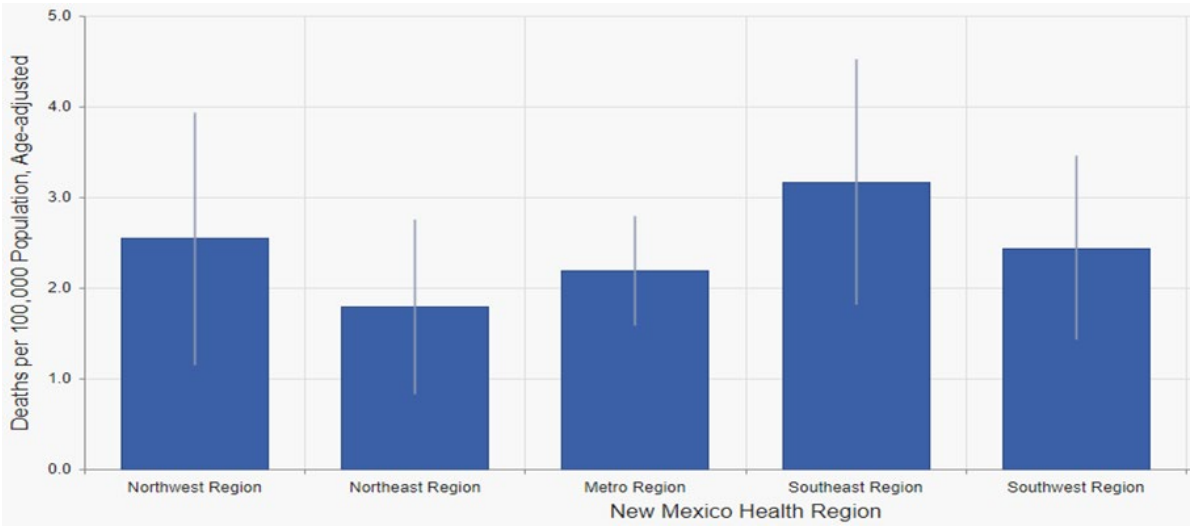
Cervical Cancer: Rate of New Cases by Region, New Mexico 2016-2020



Source: NMHealth Breast and Cervical Cancer Program

The Southeast and Southwest regions of New Mexico had the highest rates of new cervical cancer cases in the state and the rate was lowest in the Metro Region. The Southeast Region also had the highest cervical cancer death rate. The lowest cervical cancer death rate in New Mexico was in the Northeast Region.

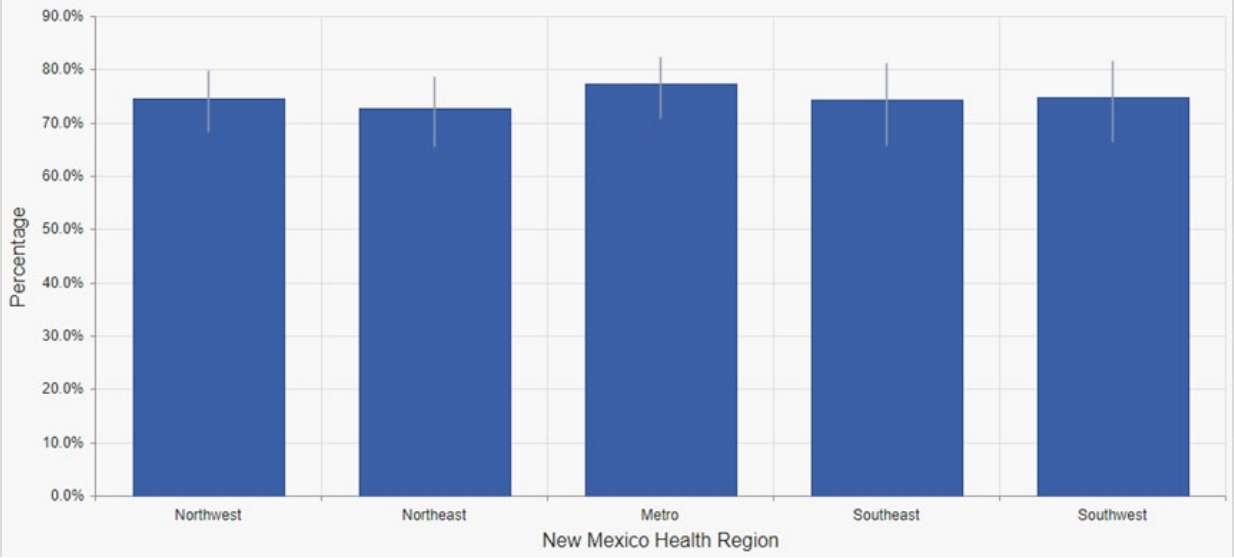
Cervical Cancer: Death Rate by Region, New Mexico 2017-2021



Source: NMHealth Breast and Cervical Cancer Program

Regular cervical cancer screening with a Pap test and/or human papillomavirus (HPV) test, as appropriate, can detect pre-cancers caused by HPV, which can be treated and stop cervical cancer before it develops, even for those who have received HPV vaccination. Cervical cancer screening can also lead to an earlier diagnosis of cervical cancer which may result in more effective treatment. The United States Preventive Services Task Force (USPSTF) currently recommends that women begin cervical cancer screening at age 21 with a Pap test every three years (U.S. Preventive Services Task Force, 2018). For women ages 30 to 65 years, the USPSTF recommendations include screening every three years with Pap test alone or every five years with HPV testing combined with a Pap test. In New Mexico in 2020, cervical cancer screening rates among women ages 21-65 years were similar across regions. The Northeast Region had the lowest cervical cancer screening rate at around 72% and the Metro Region had the highest rate at about 77%.

Pap Test Within Past Three Years, Women Ages 21-65 Years by Region, New Mexico 2020



Source: NMHealth Breast and Cervical Cancer Program

What we are doing about it

NMHealth is implementing strategies to increase access to screening can lead to improved health equity and reduced disparities in the burden of cervical cancer in New Mexico. The New Mexico Breast and Cervical Cancer Early Detection Program (BCCP) is dedicated to decreasing the burden of cervical cancer by improving access to high-quality, age-appropriate cervical cancer screening and diagnostic services for low-income individuals who are uninsured or under-insured. The BCCP contracts with health care providers statewide to deliver services to people who meet eligibility criteria. Eligibility for services includes New Mexico women (including transgender women), transgender men, gender non-conforming and intersex people who lack health insurance and live at or below 250% of the federal poverty level.

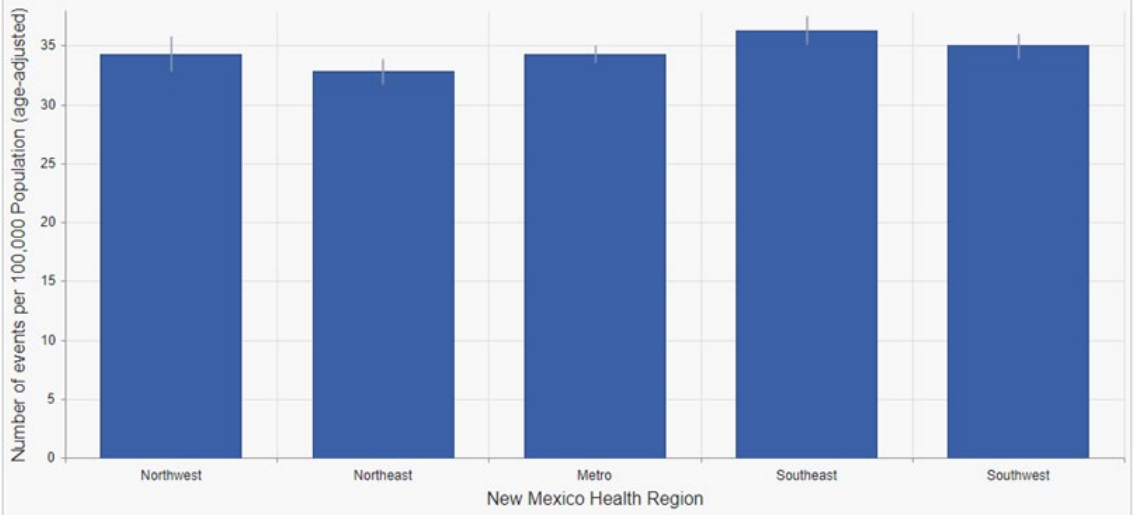
In addition, the BCCP works with clinics to increase cervical cancer screening rates among under-resourced populations by promoting strategies that increase cancer screening awareness and improve access to services. The BCCP works to reduce barriers, and address needs to ensure everyone has the same opportunity to be healthy and cancer-free through partnerships and collaboration. The BCCP also helps individuals diagnosed with cervical cancer through the BCCP access resources for treatment when necessary. The BCCP is primarily funded by a cooperative agreement with the United States Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program, with additional support from the State of New Mexico's General Fund, Tobacco Settlement Revenue Funds, and a portion of the revenue generated by New Mexico Breast Cancer License Plates.

Colorectal Cancer

The leading causes of cancer and cancer death vary by sex, but for cancers that can affect anyone, lung and colorectal cancer were the top two in the U.S. overall and

among New Mexicans. Each year in New Mexico, there are almost 850 new cases of colorectal cancer diagnosed and more than 330 people die from colorectal cancer. The rates of new cases of colorectal cancer and colorectal cancer deaths vary by region of the state.

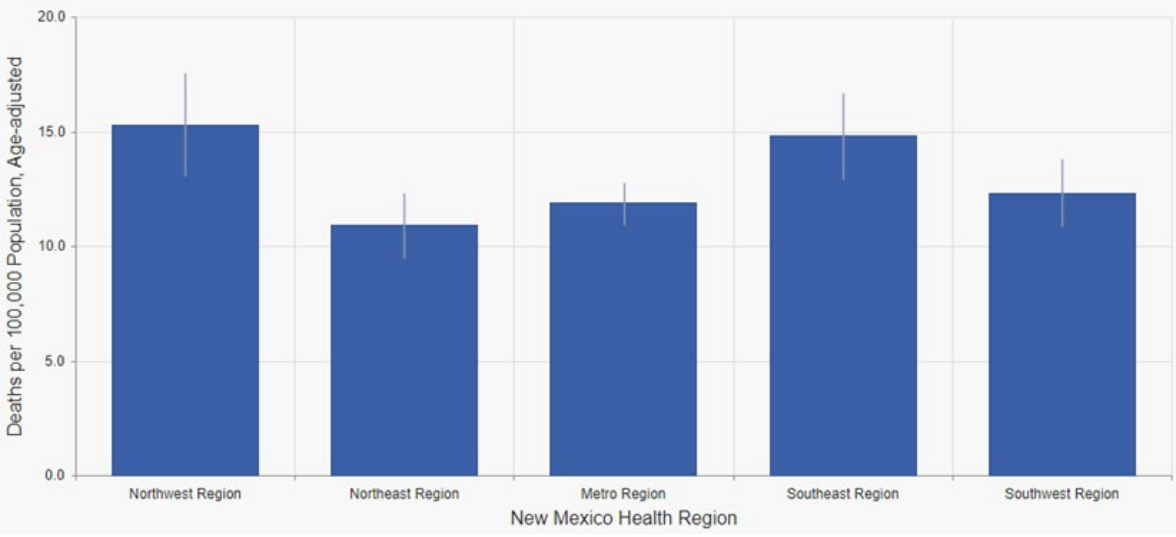
Colorectal Cancer: Rate of New Cases by Region, New Mexico 2016-2020



Source: NMHealth Breast and Cervical Cancer Program

Although differences in the rate of new cases of colorectal cancer between regions is small, the rate was highest in the Southwest and Southeast regions of the state and lowest in the Northeast Region. There were more differences in the colorectal cancer death rates by region. The Northwest and Southeast regions had the highest colorectal cancer death rates, and the rate was lowest in the Northeast Region.

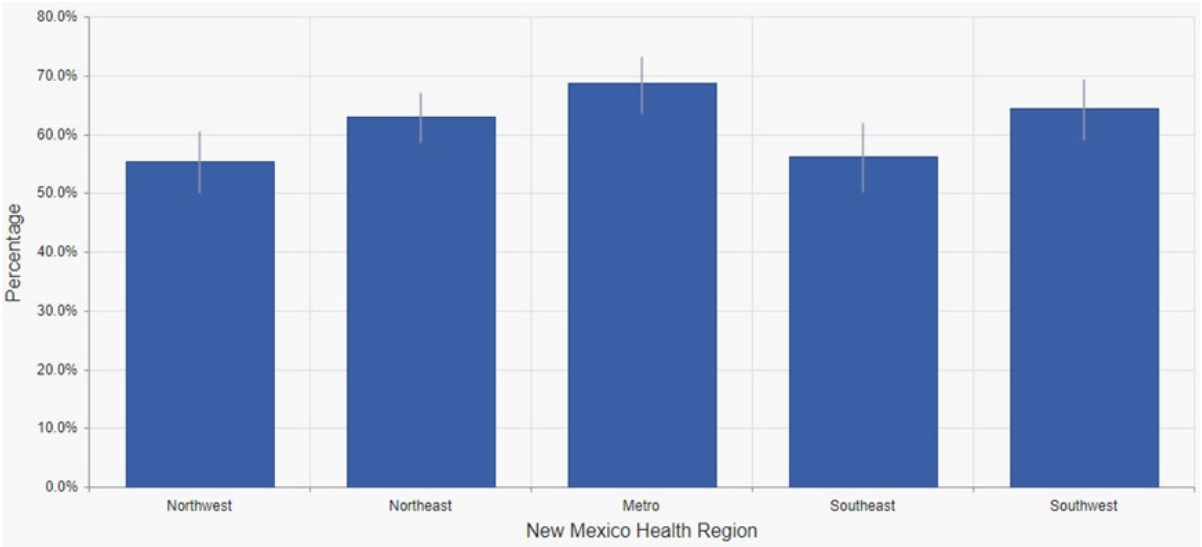
Colorectal Cancer: Death Rate by Region, New Mexico 2017-2021



Source: NMHealth Breast and Cervical Cancer Program

Screening can find colorectal cancer early when treatment works best; it can also prevent colorectal cancer by finding precancerous polyps that can be removed before they turn into cancer. The 2021 United States Preventive Services Task Force (USPSTF) recommends several options for colorectal cancer screening among average risk adults ages 45-75 years which include (but are not limited to): annual fecal immunochemical test (FIT), colonoscopy every 10 years, or flexible sigmoidoscopy every five years (U.S. Preventive Services Task Force, 2021). People at increased risk may need to begin screening for colorectal cancer earlier, be screened more often, and/or get specific screening tests.

Up to Date with Colorectal Cancer Screening, Ages 50-75 Years by Region, New Mexico 2020



Source: NMHealth Comprehensive Cancer Program

In New Mexico in 2020, the colorectal cancer screening rate among people ages 50-75 was lowest in the Northwest and Southeast regions with just over half the population reporting being up to date with colorectal cancer screening recommendations, which only included people ages 50-75 years at the time these data were collected. The Metro Region had the highest colorectal cancer screening rate in the state with more than two-thirds of the population reporting being up to date with colorectal cancer screening.

What we are doing about it

Colorectal cancer is a priority area of the New Mexico Department of Health's Comprehensive Cancer Program (CCP). The CCP promotes cancer prevention through increasing healthy lifestyle behaviors, as well as education about colorectal cancer and colorectal cancer screening. Another focus of the CCP is support for colorectal cancer survivors (people currently living with and receiving treatment for colorectal cancer, as well as those who are now cancer free) and their families. Key populations served by the program are people living in rural areas, the Hispanic community, and Native American/Indigenous people across the state.

The CCP collaborates with partners such as community-based organizations, academia, community clinics and health systems. The CCP also supports the New Mexico Cancer Council in these efforts, and specifically the Colorectal Cancer Work Group, which brings together statewide partners to work towards decreasing sickness and mortality from this screen-able cancer. The CCP is partly funded by a Cooperative Agreement with the United States Centers for Disease Control and Prevention's National Comprehensive Cancer Control Program, and the State of New Mexico's General Fund.

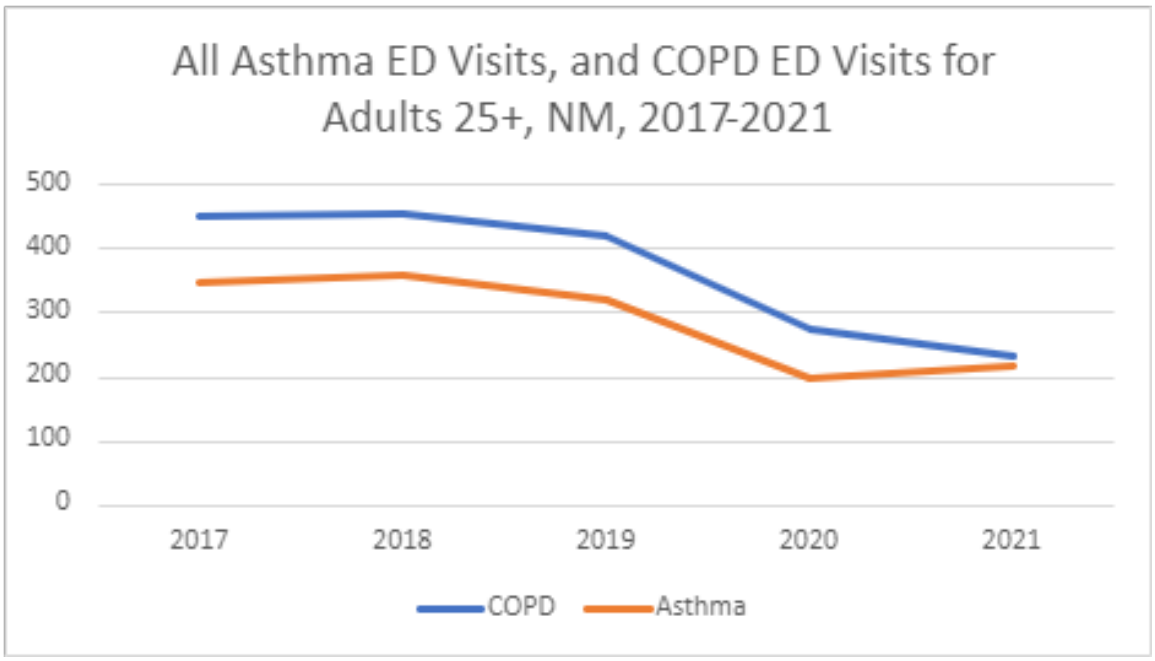
Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) includes Chronic Obstructive Pulmonary Disease (COPD) (which includes chronic bronchitis and emphysema), and asthma. When considered together, CLRD is the 4th leading cause of death in the US. A 2021 study showed that CLRD outcomes were related to regional health disparity measures (Lee, Chang, & Sethi, 2021).

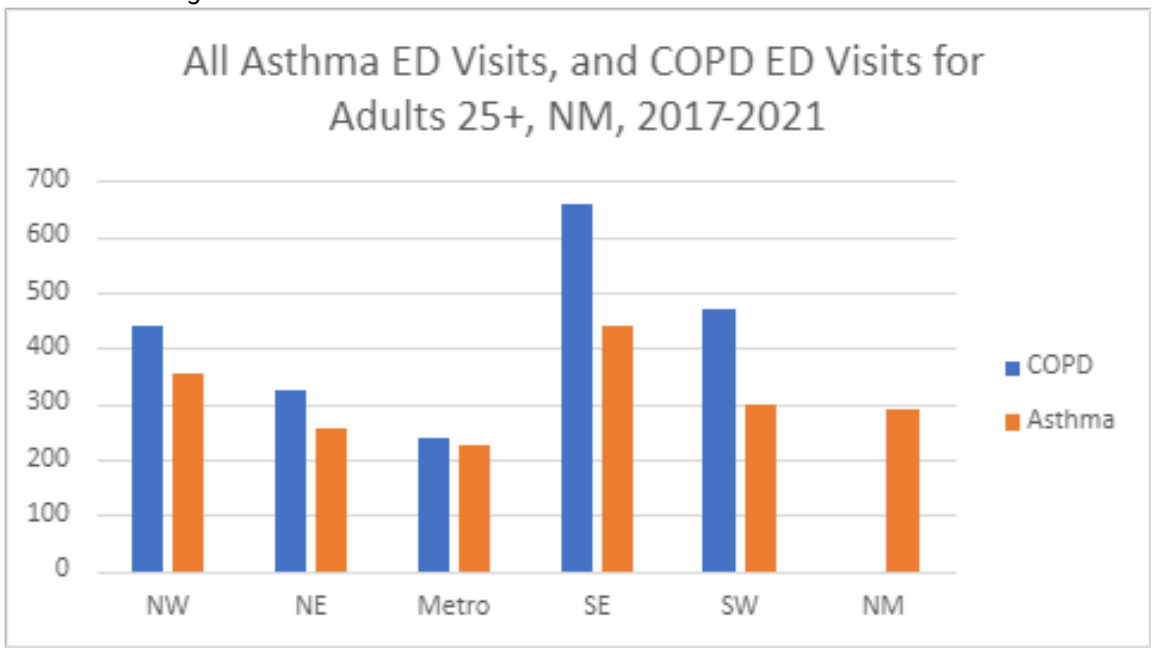
From 2019-2021 in New Mexico, about 14% of adults surveyed responded that they have ever been diagnosed with asthma, and 9.7% currently have asthma (NM Behavioral Risk Factors Surveillance System, NM Department of Health). Females have a higher rate of current asthma than males (12.2% compared to 7.2%). Variation in rates by region are minimal; the Northwest health region has the highest rate of adults who currently have asthma (10.1%), and the Southwest health region has the lowest rate (9.2%). Black/African American and White Non-Hispanic adults experience the highest rates of current asthma. Rates of adults with current asthma are high for people with more educational attainment and highest for people with lower income.

What we are doing about it

The New Mexico Asthma Control Program (NMACP) has a number of funded projects underway to help reduce the asthma disparities in New Mexico. The American Lung Association works with clinics in high burden areas to enhance their skills in treating asthma. NMACP & New Mexico Alliance of Health Councils are collaborating to offer asthma workshops to assist health councils in identifying needs in their community and develop innovative projects. In addition, NMACP offers an Asthma Specialty Track training for Community Health Workers and other home visitors interested in developing professionally to better care for New Mexican families.



Source: NM-Tracking



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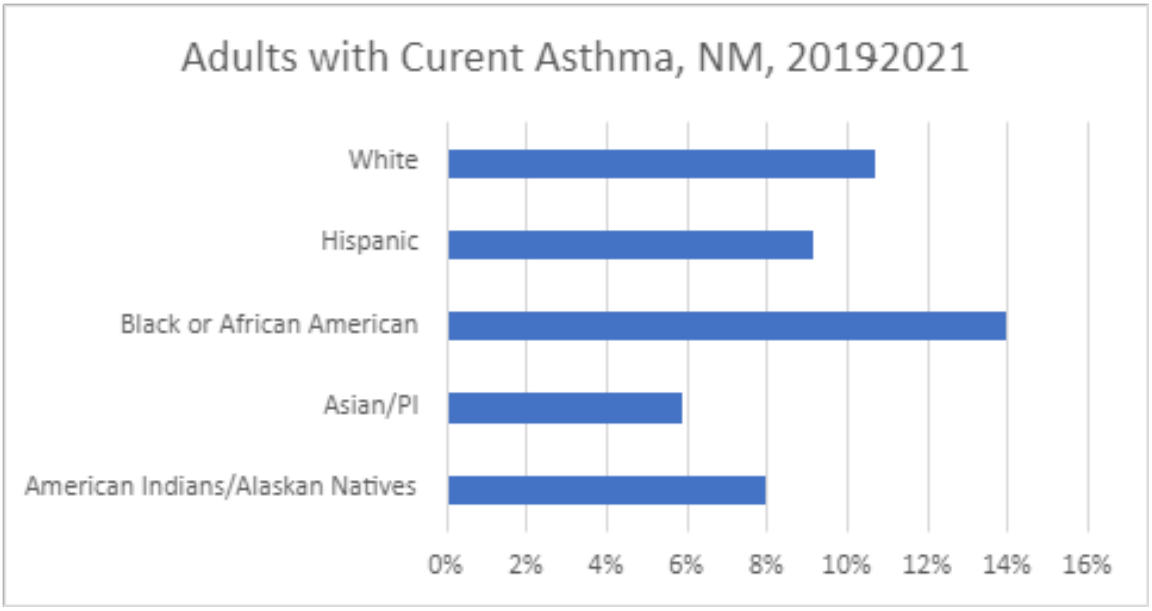

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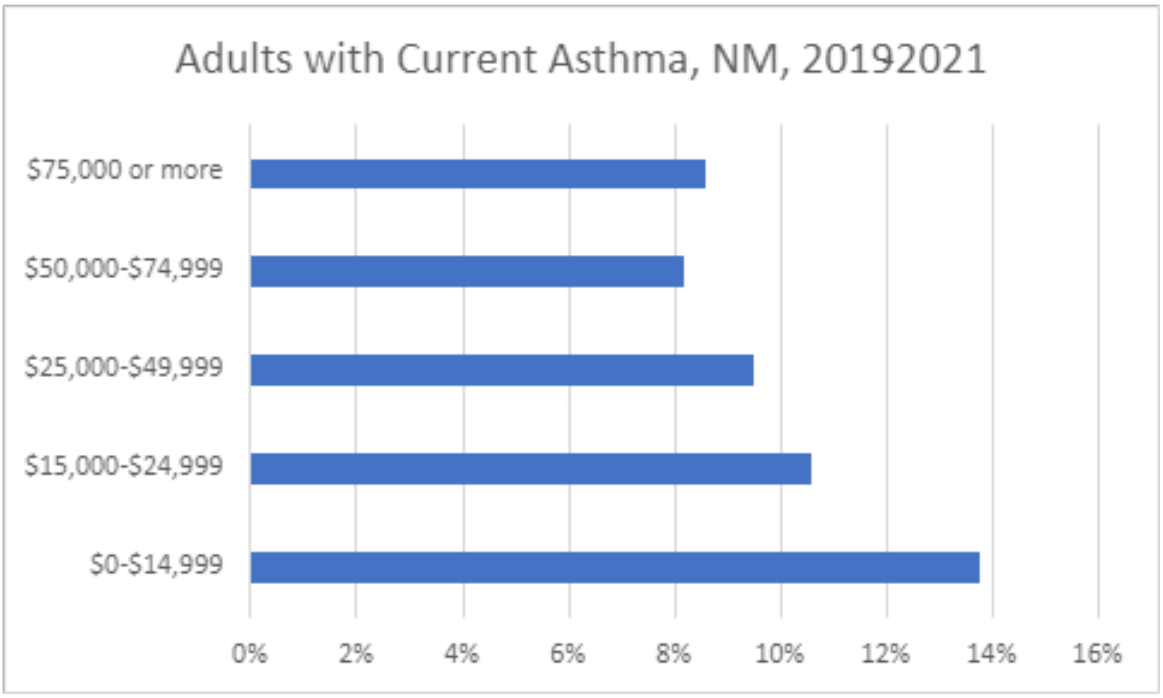

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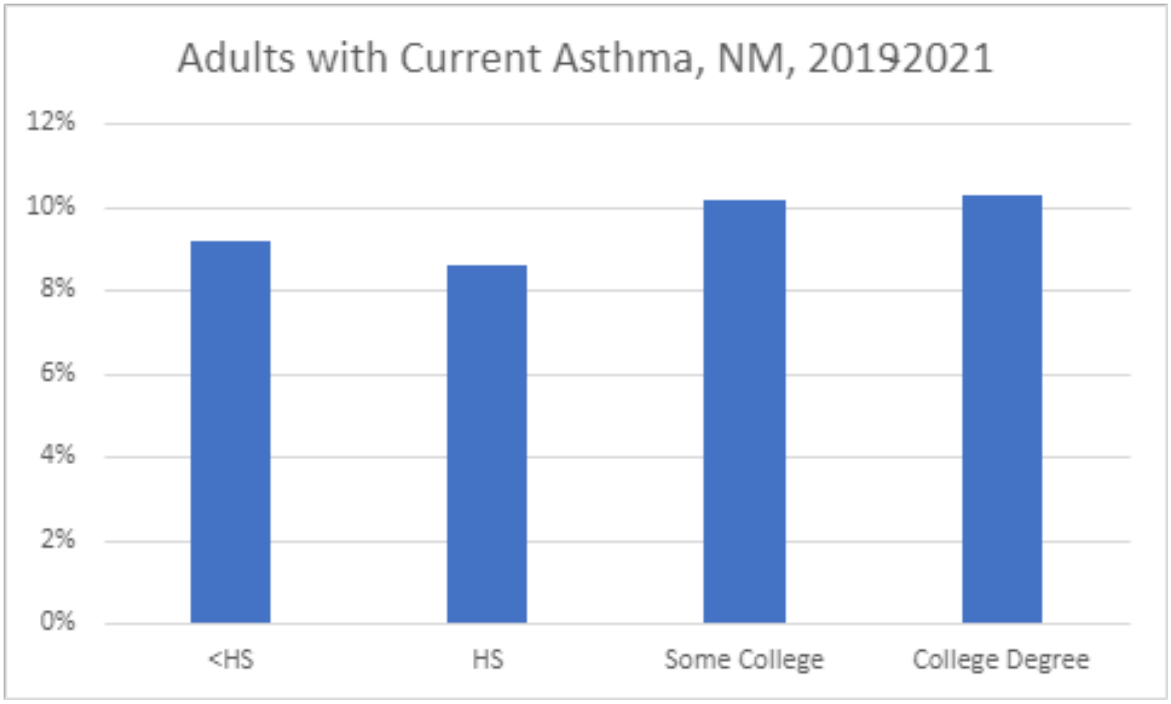

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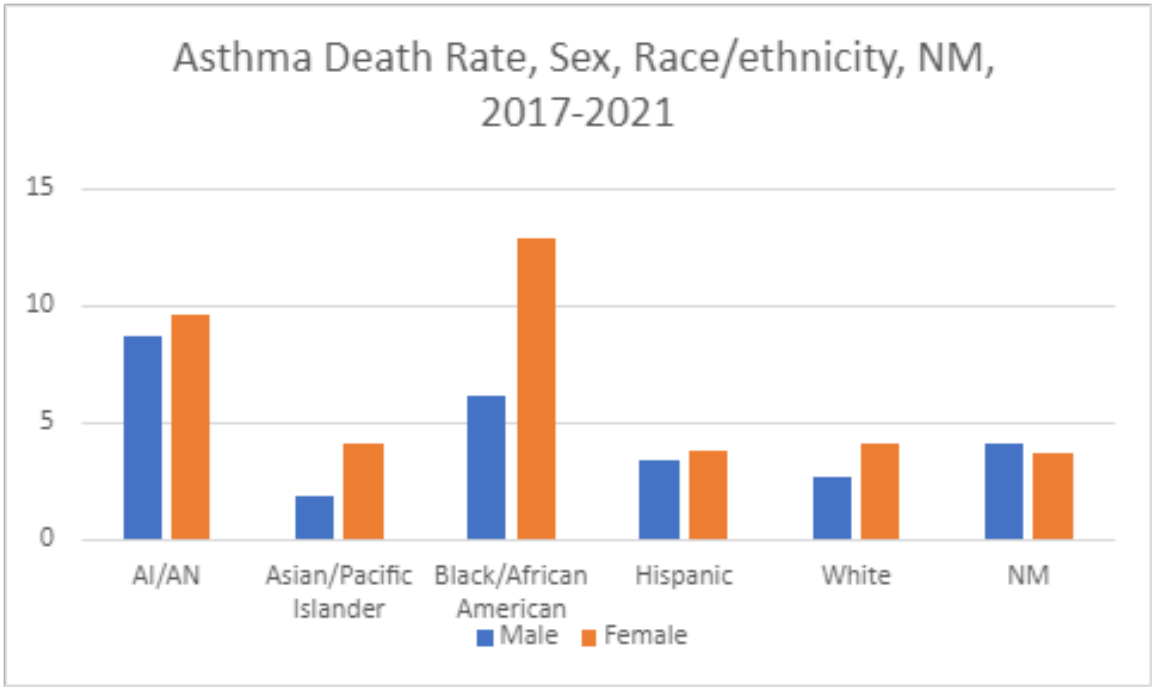

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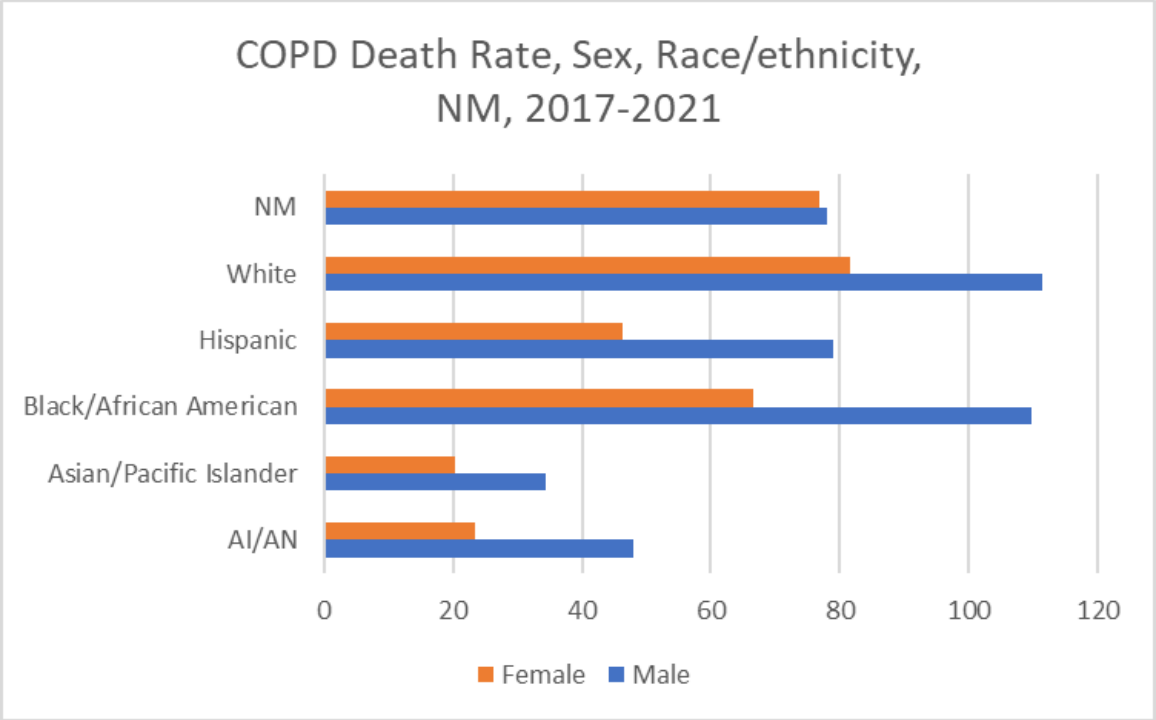


Source: NM-Tracking

Injury and Violence

Nearly all harms due to injury and violence are preventable. Social determinants of health (SDOH) and adverse childhood experiences (ACEs) are highly related to risks of experiencing injury and violence. For example, people who have a disability, LGBTQIA+, or members of minoritized racial communities are more likely to experience many forms of violence as are people with four or more ACEs. Indigenous women and their relatives are confronted with physical and sexual violence at greater rates than women from all other racial and ethnic groups. Relationships also exist between injury and violence and other areas in this report. Injury and violence are often related to behavioral and mental health. Suicide deaths, in particular, are related to measures of mental health and also to alcohol and other substance misuse. People committing homicide and firearms-related harms are often substance involved. Many of the areas of injury and violence presented here are interrelated. Firearms are the most frequent method used in both suicide and homicide. People who encounter violence of one type often encounter other types of violence. On a positive note, prevention activities are often effective for multiple types of violence.

In 2021, most of the leading causes of death in New Mexico were due to infectious or chronic diseases, however three of the top 15 causes of death were due to injury. The 4th leading cause of death in New Mexico was unintentional injury, which accounted for 2,093 deaths for a rate per 100,000 population of 96.3. Suicide was the 10th leading cause, accounting for 521 deaths and a rate of 24.3 per 100,000 population. That same year 297 New Mexicans died from homicide (14.9 per 100,000 population, and the 12th leading cause of death).

In New Mexico, in 2021, unintentional injuries were the top cause of years of potential life lost (YPLL) per 100,000 population, accounting for 2,651 YPLL. With a rate of 651 YPLL, suicide was the 5th leading cause of YPLL, and homicide was 7th a rate of 542 YPLL. Injuries cost not only lives and quality of life, but also economically. In New Mexico injuries cost about $4 billion a year.

What we are doing about it

NMHealth is identifying the risk factors and populations at greatest risk, developing recommendations for prevention, and disseminating data about rates, risks, and prevention strategies. Injury prevention takes a socio-ecological perspective, considering the interconnections between individual, relationships, community, and society level factors. Methodologies and recommendations are identified based on cultural appropriateness and community needs.

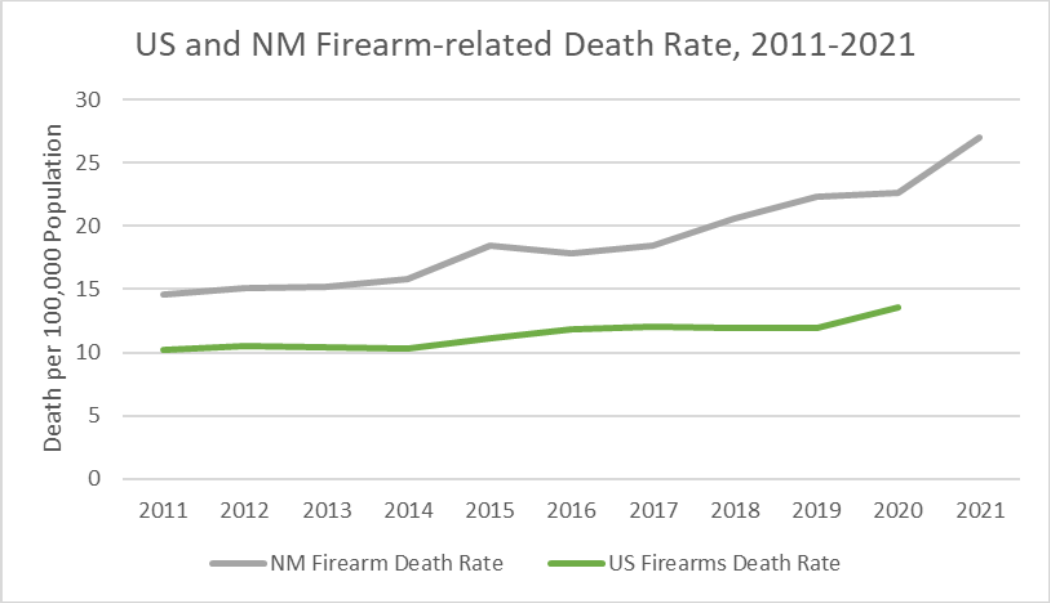
Firearms

New Mexico has a much higher firearms-related death rate than the US. This difference has increased over the last 10 years as the New Mexico rate has increased faster than the US rate. Between 2011 and 2021 firearm-related death rate increased by 85% from 14.6 to 27.0 per 100,000 population.

In New Mexico, firearms are used in most homicides and suicides. Therefore, NMHealth supports programs to decrease access to lethal means and increased access to gun locks to reduce the burden of firearm-related harms.

What we are doing about it
NMHealth is working with the CDC to improve firearm injury reporting and to better disseminate surveillance findings to prevent or respond to firearm injuries. NMHealth is also working with partners and community health councils to distribute gun locks and provide education about the importance of securely storing firearms. In addition, NMHealth is working to reduce firearm-related deaths through the Suicide Prevention Program, as guns are the most common means for suicide in NM.

The Office of Injury & Violence Prevention in the Injury and Behavioral Epidemiology Bureau employs four epidemiologists who focus on injury prevention, one of whom works on firearm injury data and prevention. NMHealth received $9 million to fund violence prevention capacity building and interventions over three years. Additional funds were received to support suicide and firearms injury prevention.

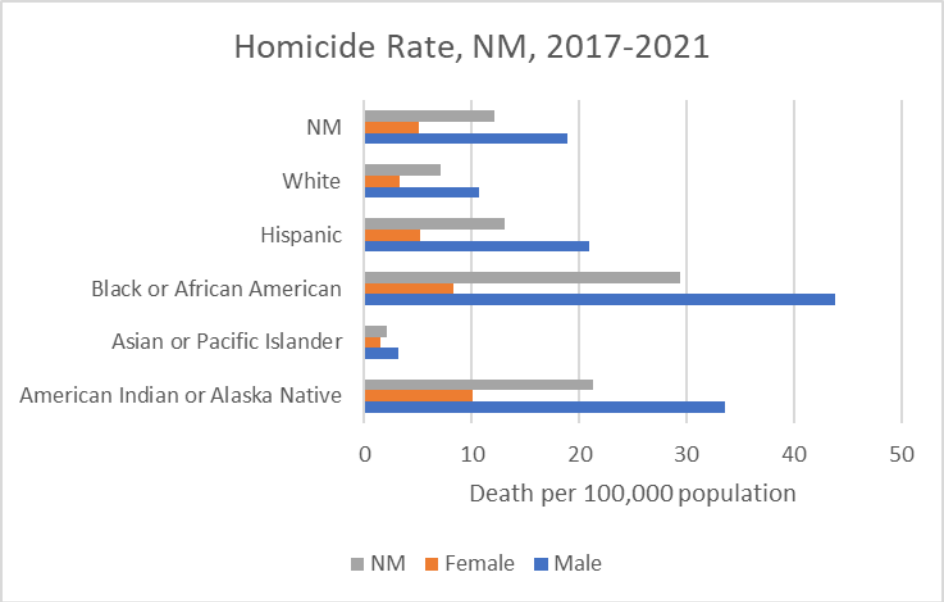


Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau

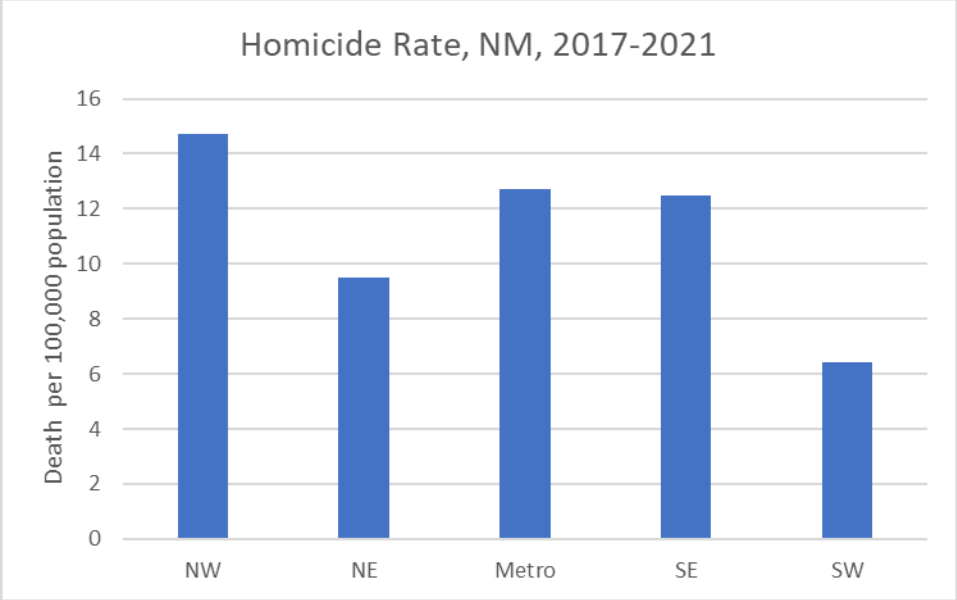
Homicide

Homicide is the taking of a life by another person. In this section all information will be for death due to intentional injuries. Legally, homicide may be intentional or unintentional. In New Mexico in 2017-2021, males had a much higher homicide rate than females for all race/ethnicity groups. African Americans had the highest overall homicide rate and the highest rate for males. American Indians/ Alaskan Natives had the second highest rate overall, and the highest rate for females. Nationally, murder is the third leading cause of death for Indigenous women.

Rural and small Metro counties have the lowest homicide rates (both 7.6 per 100,000 population). Mixed urban/rural counties have the highest rate (12.9) with metro counties close behind with a rate of 12.7. The NW region bears the highest burden (14.7 per 100,000 population) with is more than twice the rate of the county with the lowest rate (SW with a rate of 6.4 per 100,000 population).



Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau



Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau

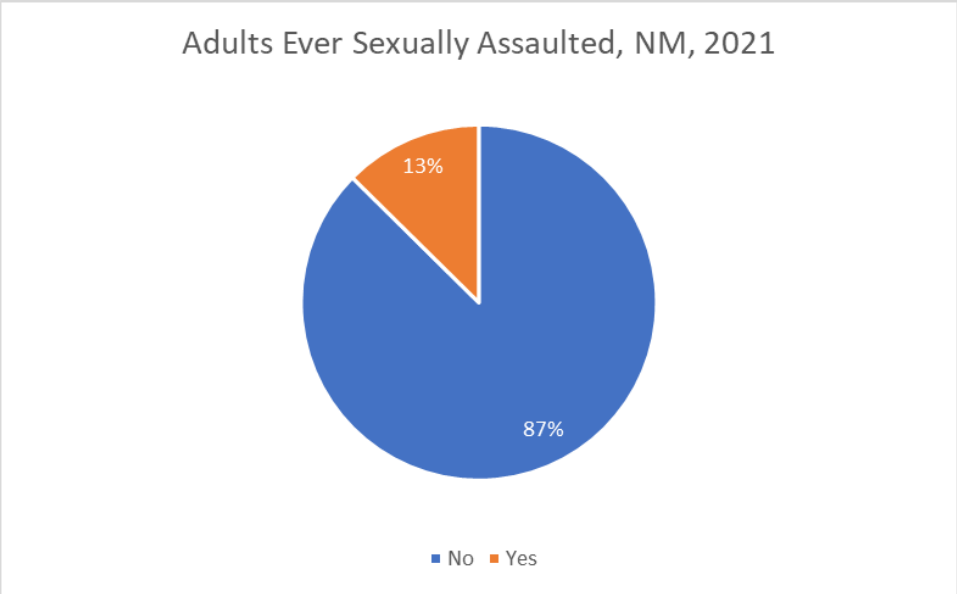
Sexual Assault

Sexual violence (SV) is a pressing public health issue that directly and indirectly impacts millions in the US. Data from the 2015 National Intimate Partner and Sexual Violence

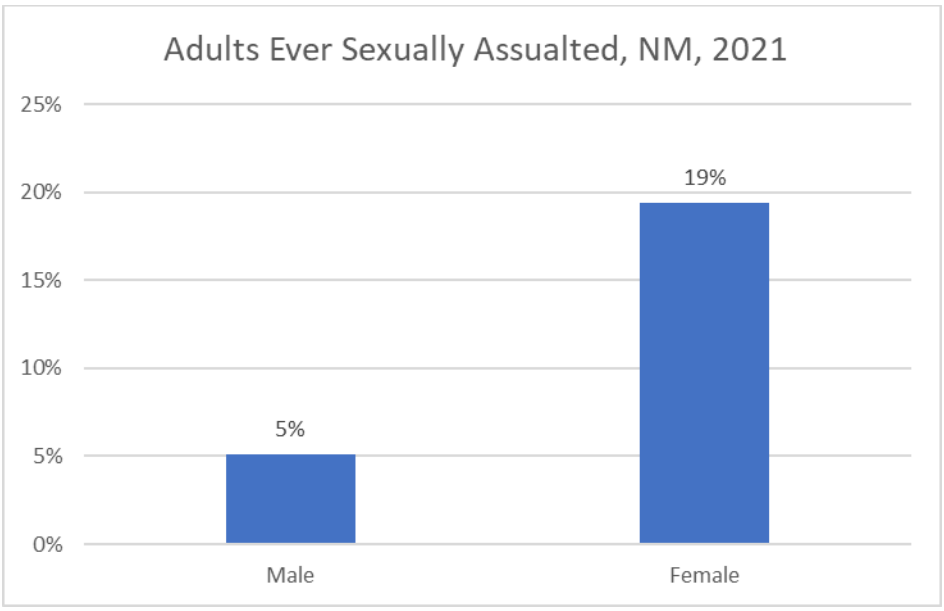
Survey indicate that 43.6% of women and 24.8% of men in the US have experienced some form of contact SV in their lifetime. Some populations are more vulnerable to sexual violence victimization, including LGBTQ, people living with disabilities, foreign-born people, Hispanic Americans, children, Native Americans, and African Americans.

NMDOH collaborates with communities in NM to build strong partnerships sexual violence prevention programs across the state, as well as with the New Mexico Coalition of Sexual Assault Programs Inc (NMCSAP). Objectives include building infrastructure for SV prevention; develop/enhance a state/territory action plan; implement community and societal-level SV prevention strategies that promote health equity; and utilize data to inform action.

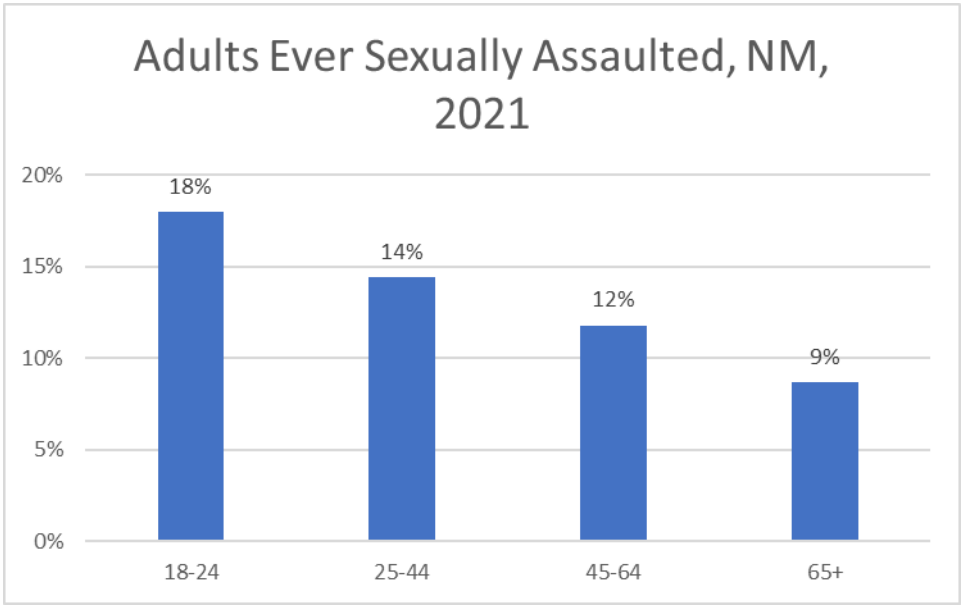
In 2021, about one in eight adults in New Mexico had ever been sexually assaulted. Female rates were nearly four times male rates. People in younger age groups were more likely to have been sexually assaulted than people in older age groups.



Source: NMBRFSS, NMHealth Survey Section



Source: NMBRFSS, NMHealth Survey Section



Source: NMBRFSS, NMHealth Survey Section

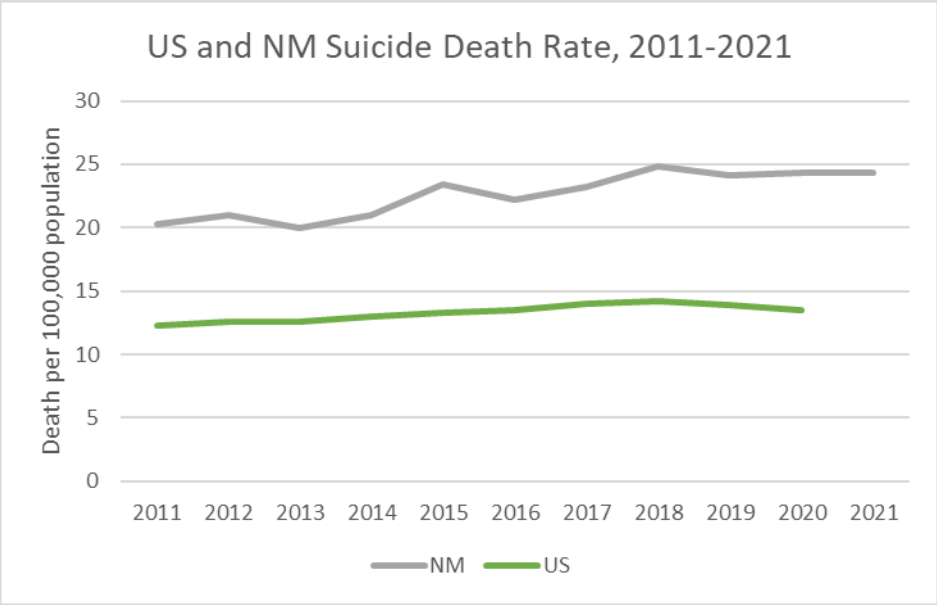
Suicide

Suicide is a serious and persistent public health problem in New Mexico. Over the period 1981 through 2021, New Mexico's suicide rate was consistently among the highest in the nation, at 1.5 to 1.9 times the US rate. Male suicide rates were three to four times higher than those of females across all racial/ethnic groups, except Asian/Pacific Islanders. For the five-year period 2016-2020, all but eight counties had suicide rates that were at least one and a half times higher than the US rate. Suicide deaths are highest among people 25-34, and then decrease with age until 75 when suicide rates increase again. American Indian / Alaskan Natives bear the greatest burden of suicide in New Mexico.

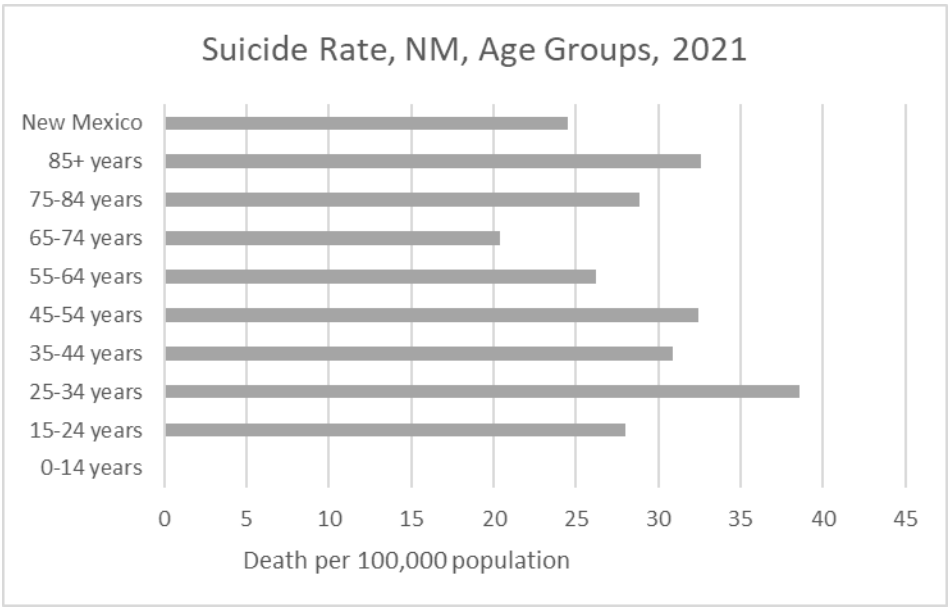
What we are doing about it

NMHealth collects, analyses, and disseminates suicide death data to identify populations with disproportionately high rates of suicide. These data can be used in conjunction with community partners to develop and implement prevention and intervention efforts to reduce suicide attempts and deaths.

NMHealth funds and supports suicide prevention programs including training in suicide prevention. NMHealth presents evidence-based prevention strategies to communities, other agencies, policymakers, and legislators. Recommendations made by the New Mexico Child Fatality Review to reduce access to lethal means were enacted in recent years. In 2023, House Bill 9, the Bennie Hargrove Gun Safety Act was enacted, which prevents gun violence by requiring gun owners to keep firearms safely stored in homes with children. In 2024, House Bill 129, Firearm Sale Waiting Period Crimes was enacted, which requires a seven-day waiting period before someone can purchase a firearm.



Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau



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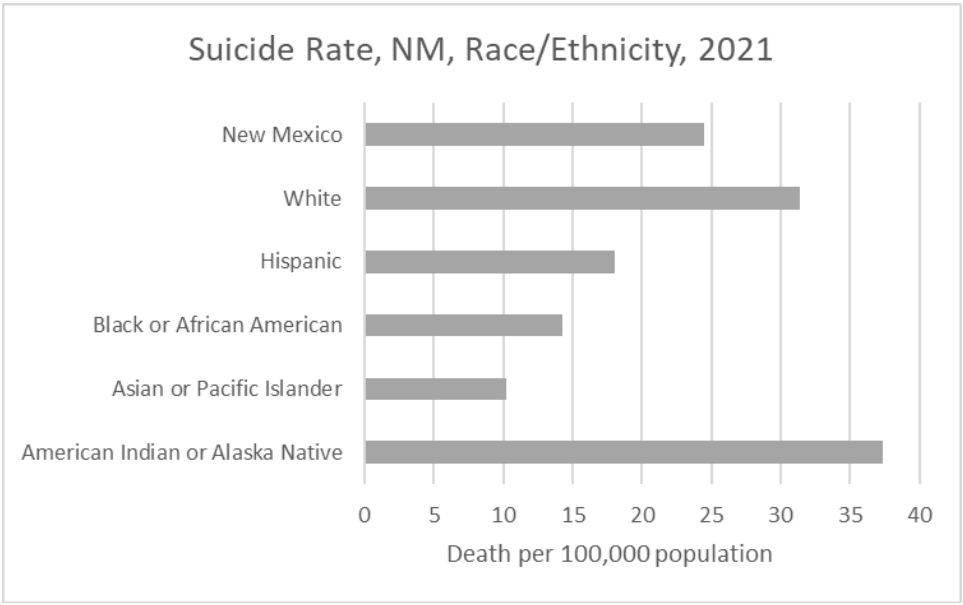
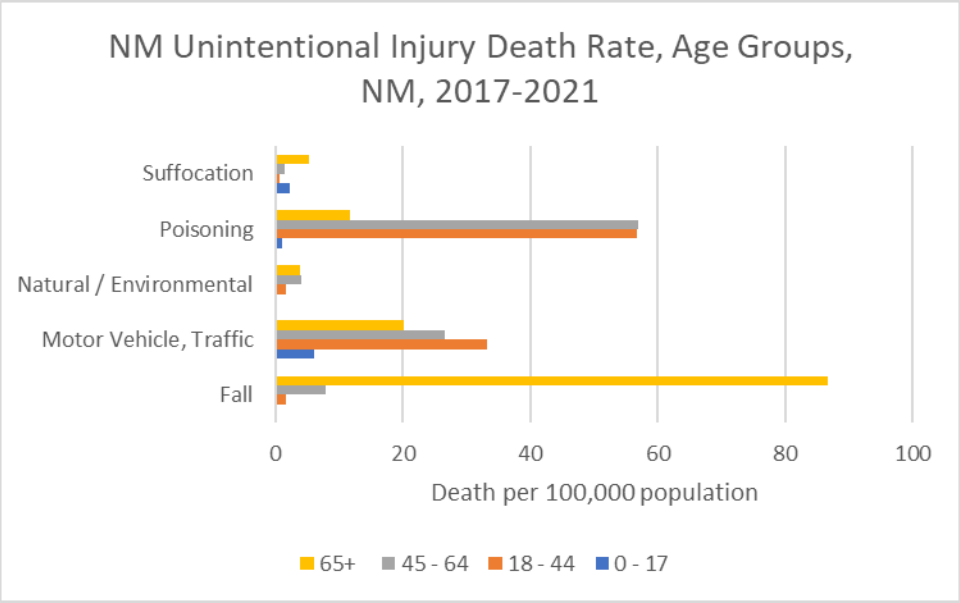


Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau

Unintentional Injury

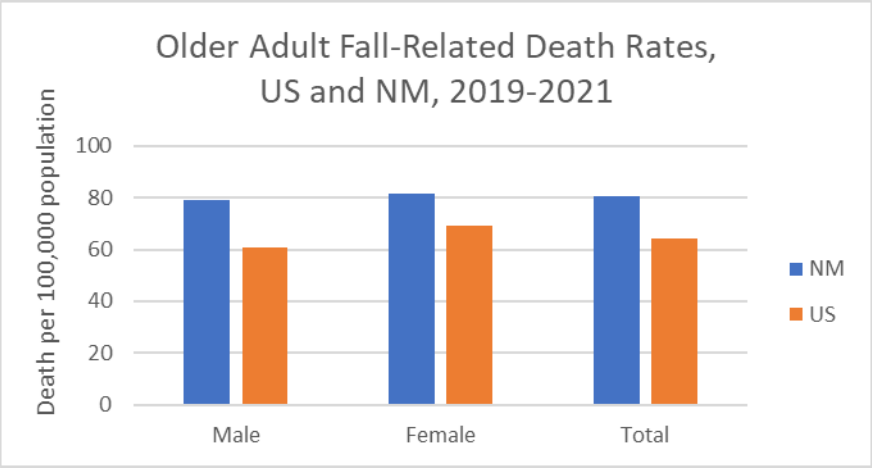
Causes of unintentional injury deaths vary by age group. People 65 and over who die from unintentional injuries are most likely to die from falls. People 18-44 and 45 to 64 who die from unintentional injuries are most likely to die from poisonings (which includes drug overdoses). Those under 18 are most likely to die from motor vehicle or traffic injuries.



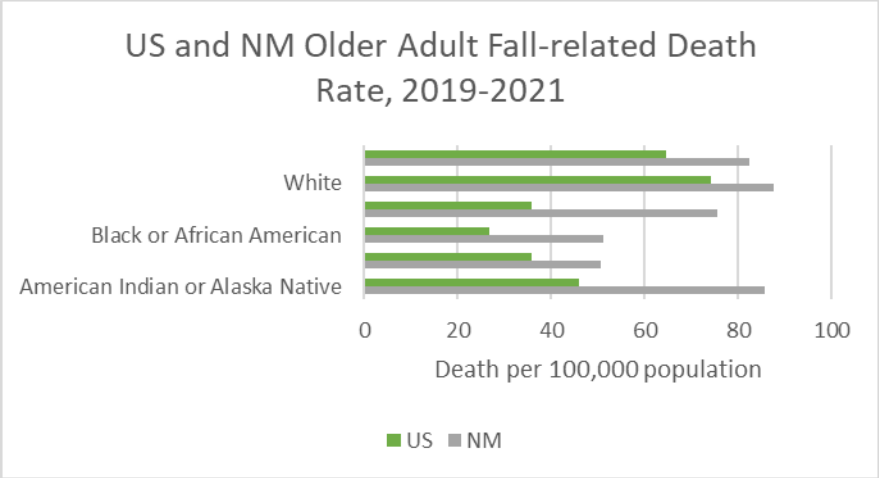
Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau

Older Adult Falls

New Mexico's older adult fall-related death rate is about 25% higher than the US rate. US rates are higher for females. New Mexico's rates show only slight gender differences. Rates are highest for Whites and American Indians / Alaskan Natives. Rates for American Indians / Alaskan Natives and Hispanics are about twice the US rates for these race/ethnic populations.



Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau



Source: CDC WONDER, NMHealth Injury and Behavioral Epidemiology Bureau

Infectious Diseases

HIV (Human Immunodeficiency Virus)

Human Immunodeficiency Virus (HIV) is a chronic viral disease that is caused by the HIV virus. It interferes with the body's immune system and ability to fight infections and diseases, thus leading to opportunistic infection. Globally, in 2021 the World Health Organization (WHO) reported that there were 38.4 million people living with HIV.

Over the last decade, the number of newly diagnosed HIV infections has been relatively stable with no consistent upward or downward trend; less than 150 cases are reported annually.

Men constituted the overwhelming majority (86.0%) of people with new HIV (all stages) diagnoses, with a rate of 12.6 per 100,000. While women accounted for only 10.1% of new diagnoses in 2020, they have accounted for a steadily growing proportion of cases in recent years. Hispanic New Mexicans composed 53.5% of new HIV infections, followed by American Indian/Alaska Natives (AI/AN) (22.5%). Notably, over the last five years AI/AN had the highest rate of new HIV diagnoses at often twice or more over the statewide rate.

The age distribution of people with new HIV infections remains stable, though the population is aging over the decades as HIV becomes somewhat of a chronic manageable disease. Persons 25-34 years had the highest proportion (38.0%) and rate (17.1 per 100,000) of new HIV infections in 2020.

In 2020, 64.0% of new HIV diagnoses in the New Mexico was among men who have sex with men (MSM). Heterosexual risk has been increasing in recent years, likely due to a change in how risk factor analysis was implemented in 2019. Among women, heterosexual sex remains the primary risk that is being reported.

Although there is no cure for HIV, prevention including pre-exposure prophylaxis (PrEP) medications and highly effective treatments are available. Treatment with anti-viral medicines (ART) can reduce viral load (the amount of virus in the blood) to undetectable levels. If left untreated, HIV can progress to stage three HIV in which a person's immune system is extremely compromised.

What we are doing about it

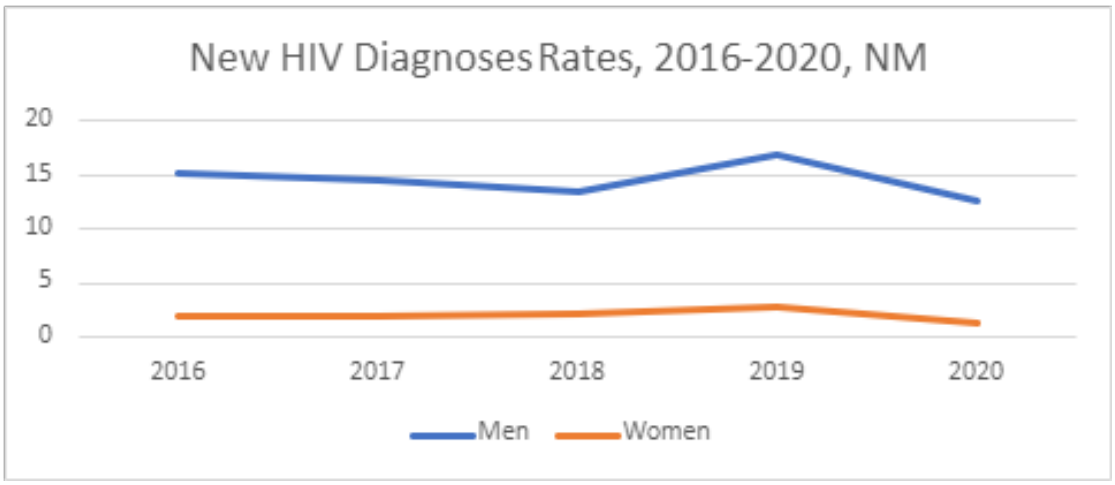
Planning for HIV prevention and care has been fully integrated since 2015, with two 5-year integrated plans having been completed by the New Mexico HIV Community Planning and Action Group (CPAG) since that date. The most recent *New Mexico Integrated Plan for HIV Prevention and Care: 2022 – 2026* is available at: https://www.nmcpag.org/plans.html.

There are two collaborative HIV programs in the Infectious Disease Bureau (IDB) of the NMHealth Public Health Division (PHD). The HIV Prevention Program has the following goals and key indicators.

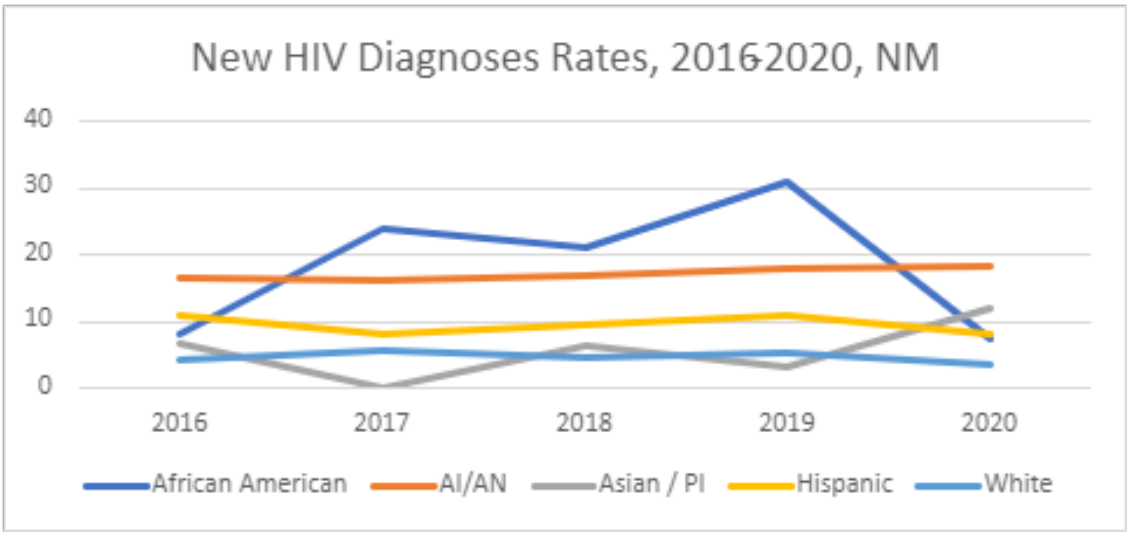
	Goal	Indicator
1	Prevent new HIV infections by decreasing risky sexual and drug-using behaviors among the populations at greatest risk and expanding access to HIV Pre-Exposure Prophylaxis (PrEP).	Number of persons at risk who are receiving PrEP, including those served by Project Syphilis-PrEP Intervention in CommunitY (SPICY).
2	Increase the proportion of HIV-infected persons who know their status and are linked to HIV care and support services.	Number of persons newly diagnosed with HIV via targeted testing supported by NMHealth.

The HIV Services Program provides a full continuum of care, including medications, to eligible persons living with HIV (PLWH) to slow or stop the progression of the disease and to prevent the further spread of HIV. The Program assures that all persons living with HIV throughout the state have equal access to needed care, regardless of ethnicity or geographical location, to help reduce HIV-related health disparities. That program has the following goal and key indicators:

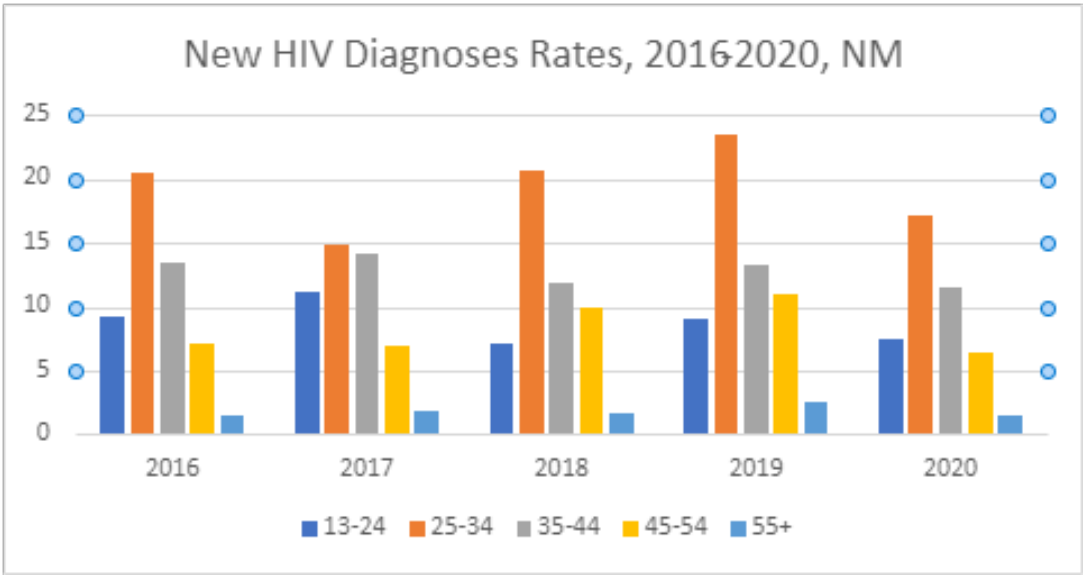
	Goal	Indicator
1	Improve health outcomes for PLWH by assuring equitable access to high quality clinical care and reducing barriers through medical and non-medical case management and support services.	90% of clients who receive services will have a viral load less than 200 copies/ml.
		90% of clients who receive services will have at least one HIV medical visit each year.
		90% of clients who receive services will be prescribed anti-viral treatment each year.



Source: eHARS, NMHealth Infectious Disease Epidemiology Bureau



Source: eHARS, NMHealth Infectious Disease Epidemiology Bureau



Source: eHARS, NMHealth Infectious Disease Epidemiology Bureau

Sexually Transmitted Diseases (STD)

In the United States, sexually transmitted diseases (STD) including syphilis, gonorrhea and chlamydia have been on the rise for the past two decades. While New Mexico has relatively stable for gonorrhea and chlamydia, the ranking for early syphilis has been extremely high for the past decade. Particularly alarming is the high number of cases of congenital syphilis, which was rare in New Mexico before 2017 but now causes significant disease morbidity and even mortality of newborns. New Mexico was ranked 2nd in the nation for the rate of primary and secondary syphilis in 2021, as well as the 2nd highest in congenital syphilis.

What we are doing about it

The STD Program in IDB has the following strategies to reduce the transmission of these reportable STD.

1. **Disease Surveillance:** Track and monitor trends in STD to ensure that resources and activities are prioritized based on areas of the state and populations with the highest rates and disparities.

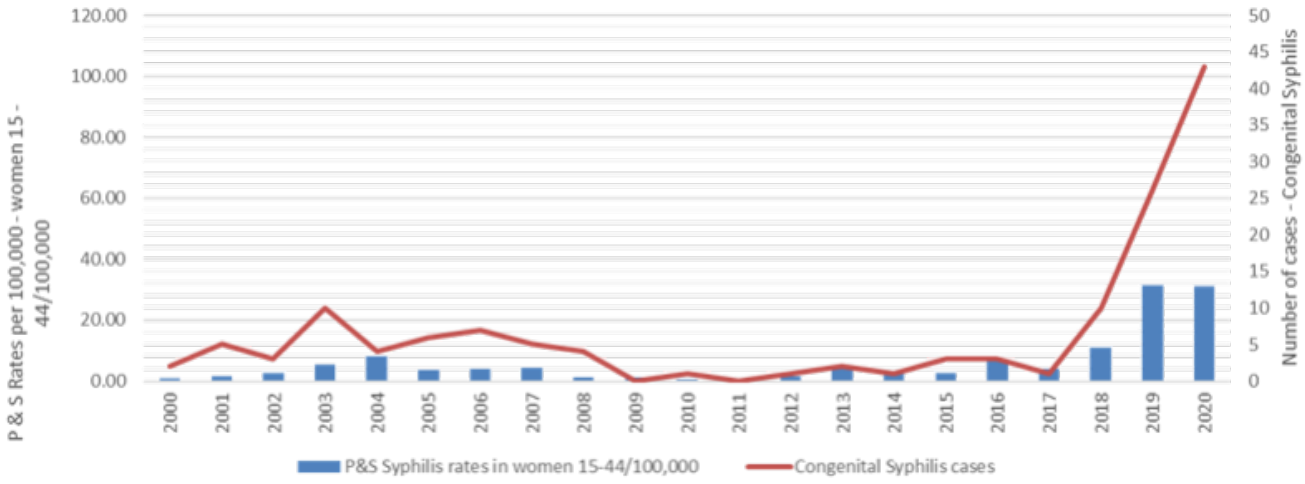
2. **Partner Services and Disease Management:** Identify and contact persons who test positive for STD. Identify their partners and offer disease management to ensure they receive proper treatment. Provide education and confirm treatment to stop the spread of infection. Incorporate new technology to find and reach cases more effectively including texting, social media, and Health Information Exchange (HIE) lookup.

3. **Screening and Testing:** Provide accessible free screening and testing in NMHealth Public Health Offices (PHO). Conduct outreach in venues to reach persons at greatest risk, including community mobile services and in correctional facilities. Implement new syphilis testing initiative with harm reduction contractors.

4. **Community Education:** Implement “We Love Healthy Babies” campaign using targeted social media to promote testing among those at greatest risk.

5. **Provider Practice Improvement and Education:** Establish strong testing and treatment guidelines. Conduct surveillance visits, provide training and mail informational letters so that providers statewide implement best practices in prenatal testing and deliver appropriate and effective treatment. Align policy with best practices via Public Health Order (PHO).

Congenital Syphilis case counts in infants<1 year and Primary and Secondary Syphilis rates in women aged 15 -44, per 100,000 population New Mexico, 2000 - 2020



Source: NMHealth Infectious Disease Bureau

Hepatitis C Virus (HCV)

It is estimated that 2.4 million people in the United States are living with chronic HCV. Often, people are unaware of their infection and exhibit few symptoms of illness until decades after infection when life-threatening health complications can develop. HCV infection is not only associated with liver disease which progresses over time to end-stage liver disease, liver cancer and eventually death. HCV infection has a major impact on other disease processes. For example, persons infected with HCV are 70 % more likely to develop diabetes. In addition, HCV infection is strongly associated with heart disease and kidney disease.

New Mexico has one of the highest rates of HCV infection in the nation. As the most common infectious disease, HCV causes significant liver disease and disability to persons across the state. Thanks to amazing new curative medical treatments, this harm can be eliminated through prevention, testing, treatment, and policy efforts that cure persons living with HCV and end new infections.

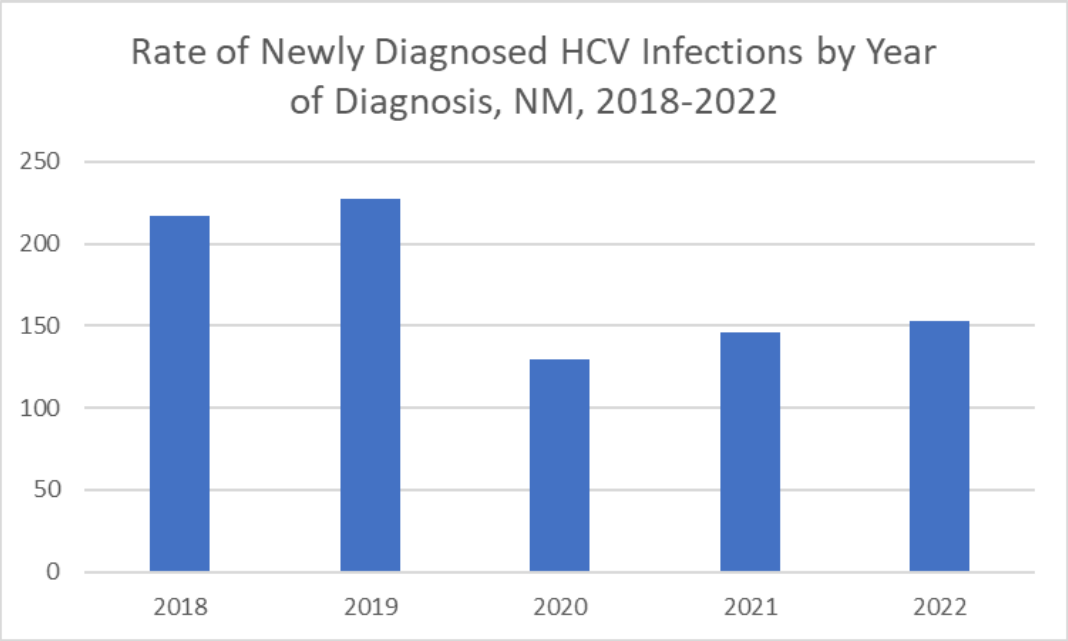
There have been over 64,700 cumulative cases of HCV infection reported to the Center for Health Protection (CHP) of the New Mexico Department of Health (NMHealth) over the past two decades. Since some persons have already successfully completed curative treatment and others have naturally cleared the infection, it is estimated that roughly 25,800 persons still need curative treatment to achieve the elimination goal.

What we are doing about it

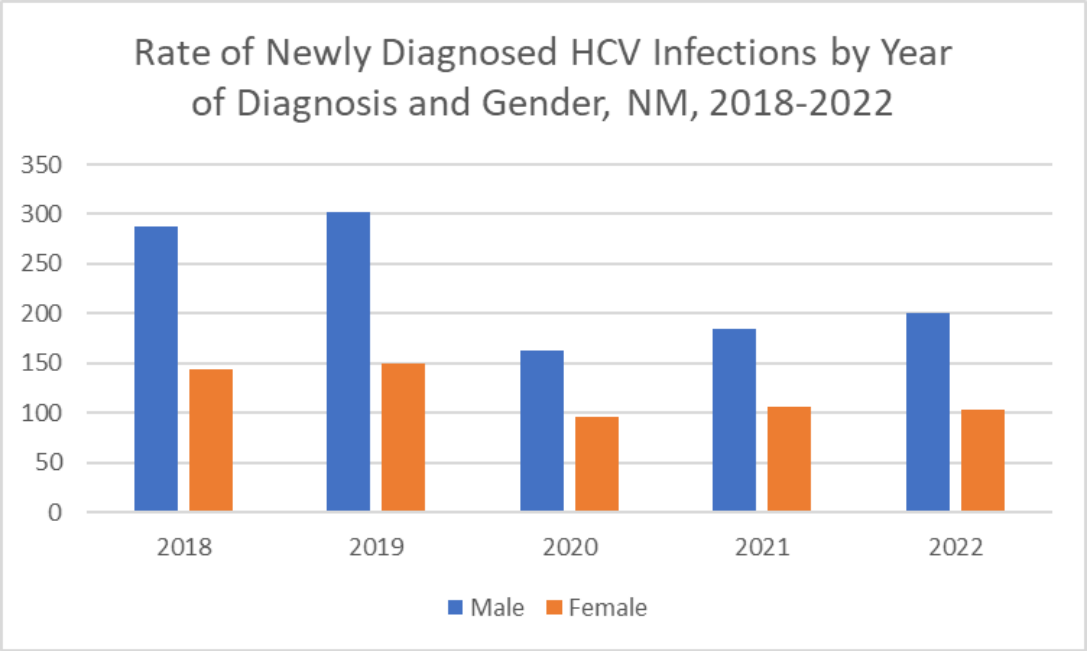
New Mexico commits to lead and innovate to be among the first states in the nation to eliminate HCV as a public health threat by the year 2030. The state released its second statewide HCV elimination plan in May 2022 (Adult Viral Hepatitis Prevention Program, NM Department of Health, 2022).

New Mexico's innovations fall into five major areas:

1. Innovative policies increase the number of individuals treated through Medicaid.
2. Project ECHO was created and founded in New Mexico specifically to increase access to HCV treatment in rural and frontier areas.
3. Comprehensive and integrated harm reduction services including Syringe Services Programs (SSP) are available statewide.
4. New Mexico Corrections Department (NMCD), which operates state prisons, has been a leader in providing HCV screening, testing and treatment in state prisons, with an ambitious goal of eliminating HCV in these facilities within five (5) years.
5. New Mexico can provide access to curative treatment for those without insurance through the New Mexico Medical Insurance Pool (NMMIP) high-risk insurance program.



Source: NMHealth Infectious Disease Epidemiology Bureau



Source: NMHealth Infectious Disease Epidemiology Bureau

Poxvirus

Health equity and stigma reduction were major concerns of NMHealth from the start of the Poxvirus (formerly Mpox) outbreak due in part to the populations most at risk early in the epidemic (men who have sex with men). One tangible effect of this concern was the creation of an Equity Section in the Incident Command System structure, which was combined with the Logistics Section. Staff of the Equity Section, worked diligently to coordinate with LGBTQIA+ communities on outreach and messaging. These staff went to LGBTQIA+ community venues to share information on risk, vaccination, treatment, and other resources, and worked to humanize the message and provide education and access to subject matter experts. They tailored communication for New Mexico communities in English, Spanish, and Diné. Evaluation findings supported the positive impacts of this community outreach and inclusion plan. This positive result supports the need for standing up Equity Sections for other health emergencies particularly those that disproportionately impact disenfranchised communities.

Other successful aspects of the Poxvirus response included the state lab (SLD) implementing rapid testing, providing vaccinations at local public health offices, and running a hotline and website to provide messaging and help prioritize vaccinations based on risk.

Lessons learned and barriers include clear and consistent public messaging during an evolving outbreak, including messaging from CDC which was initially found to be stigmatizing to people who are LGBTQ, delays with vaccine reception and changes in vaccine administration protocols, providers needed education on the process, about Poxvirus, and on de-stigmatizing language, sharing appropriate data without violating

privacy of patients. Federal reporting and federal training and guidance were also problems early in the epidemic response. A detailed Poxvirus 2022 ICS After Action Report was produced (Daniels, 2023).

What we are doing about it

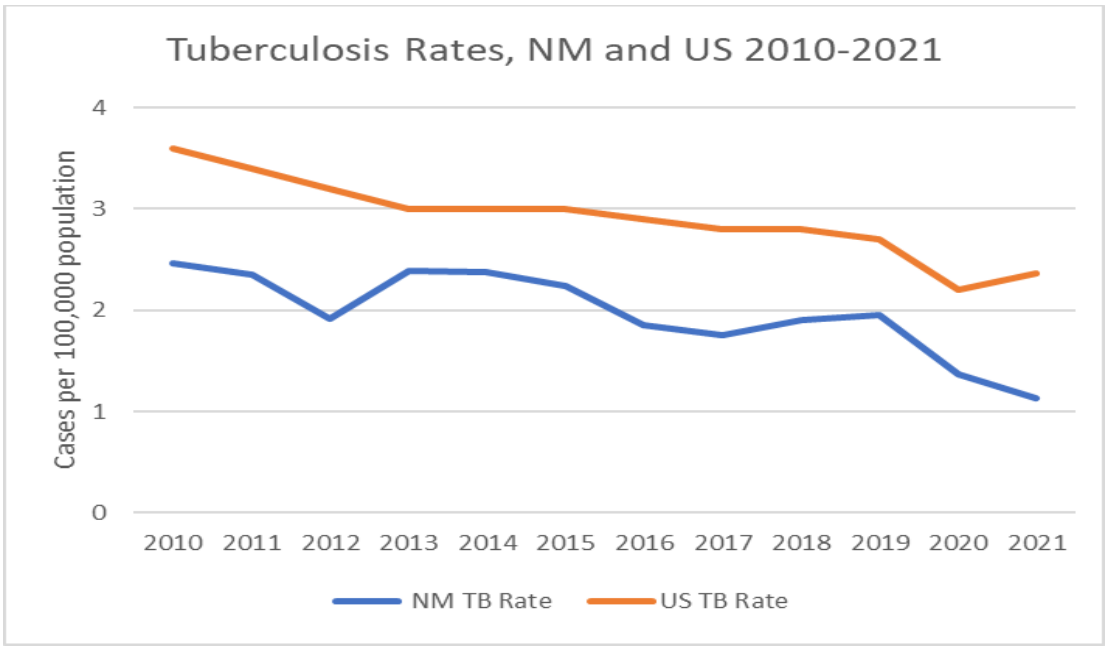
As of April 19, 2023, there were 57 total cases and three hospitalizations during the Poxvirus outbreak in New Mexico. There were 2,951 first vaccinations and 2,492 second vaccinations administered as of that date in NM. All people who contracted Poxvirus in New Mexico were male, and most (70%) were between 20 and 40 years of age. Race and ethnicity of people who contracted MPX were similar to the state overall. About two thirds (69%) of people who contracted Poxvirus live in Bernalillo County. Poxvirus disproportionately impacted the LGBTQIA+ community.

More information about the New Mexico response to Poxvirus can be found at: https://www.NMHealth.org/about/phd/idb/mpv/.

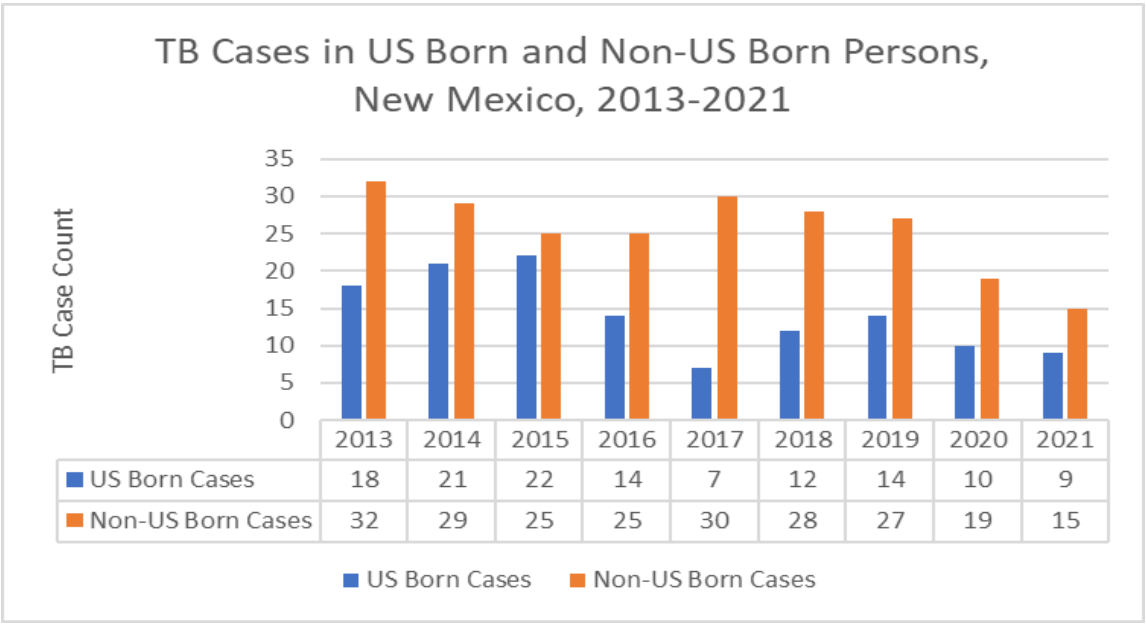
Tuberculosis

Tuberculosis (TB) is an infectious disease caused by the bacteria Mycobacterium tuberculosis. Mycobacterium tuberculosis spreads through the air from one person to another, and mainly affects the lungs, but can affect the kidneys, spine, and brain. Differentiation is made between people who are infected with tuberculosis but not sick or contagious (these people have latent tuberculosis infection or LTBI) and people who are infected and sick and can spread TB to others (these people have active tuberculosis disease or TB). About 5% to 10% of people with LTBI will develop TB. Risk factors for progression from LTBI to TB include children under five who are exposed to active TB, being recently infected (within the last two years), being immune suppressed, or having diabetes. In New Mexico, people with diabetes are at highest risk for progression from LTBI to TB.

The New Mexico and US rates of TB continue a long-term pattern of decreasing rates. The New Mexico rate has long been lower than the US rate. TB adversely affects groups that have historically experienced greater obstacles to health. The percentage of TB cases that occur in Hispanic or Latino, Black or African American, and Asian persons is higher than expected based on the percentage of these populations in the U.S. population. In New Mexico, the group that bears the greatest burden of TB are non-US born. In New Mexico, by race/ethnicity Hispanics and American Indian/Alaskan Natives are the groups that bear the greatest burden.



Source: NMHealth Infectious Disease Bureau



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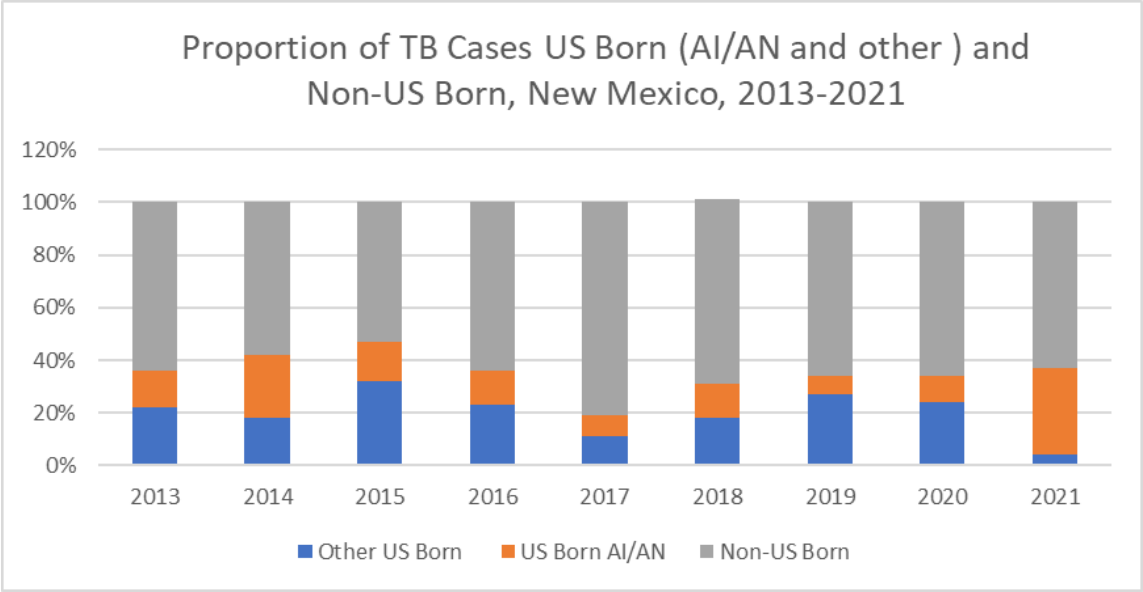

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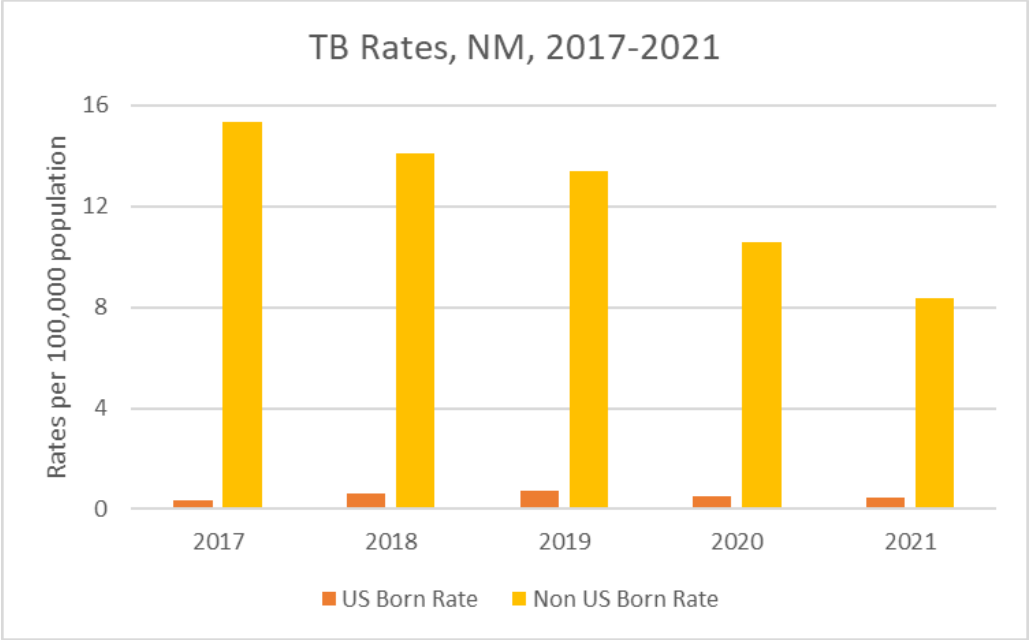

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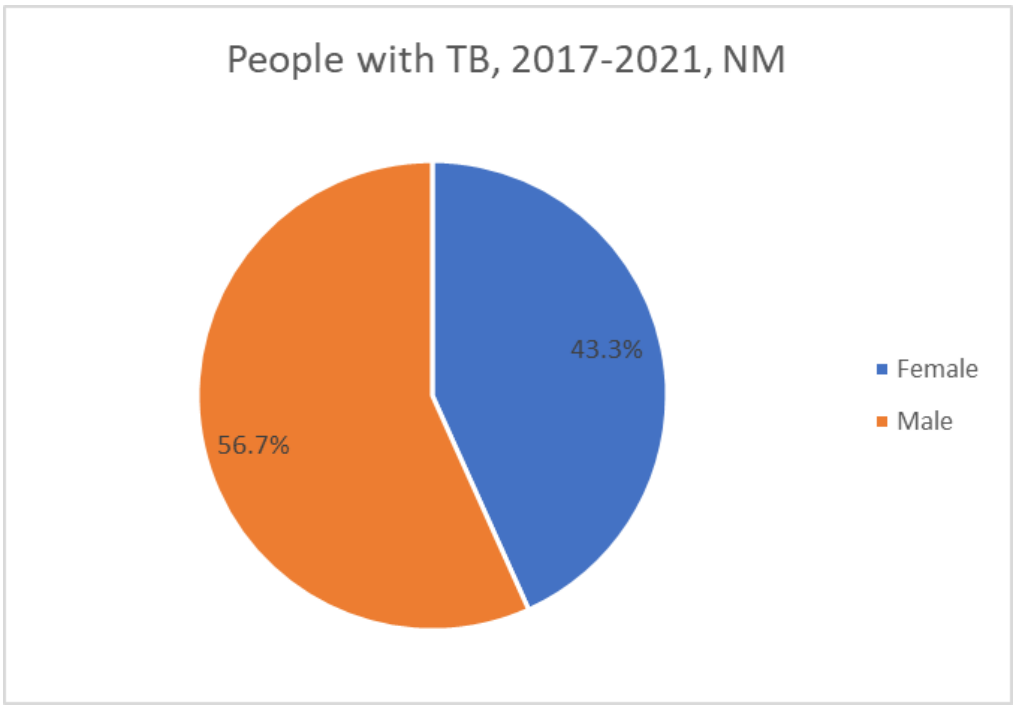

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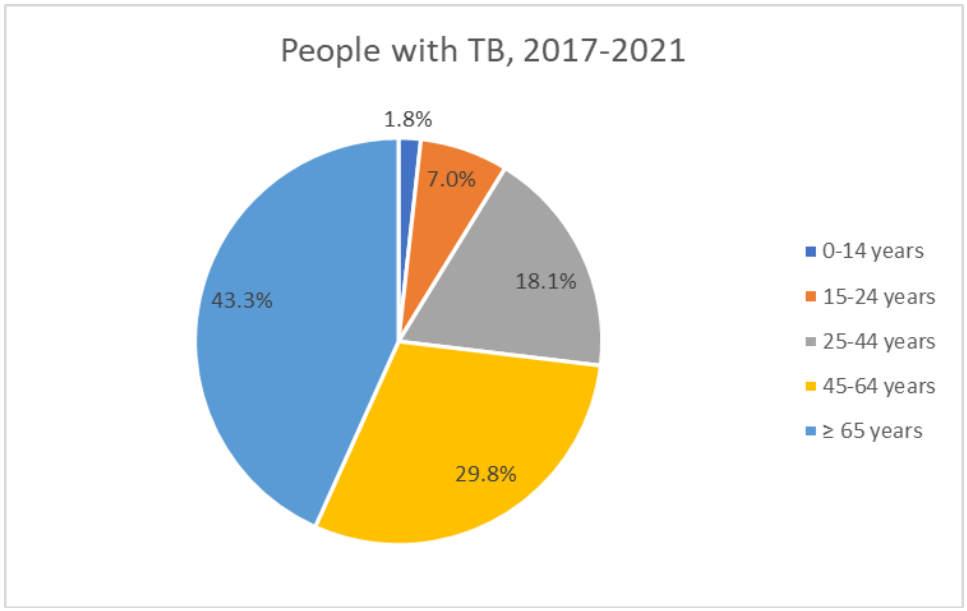


Source: NMHealth Infectious Disease Bureau

What we are doing about it

The New Mexico Tuberculosis elimination plan calls for NMHealth to meet cases rate and treatment goals as well as community engagement goals. These goals are:

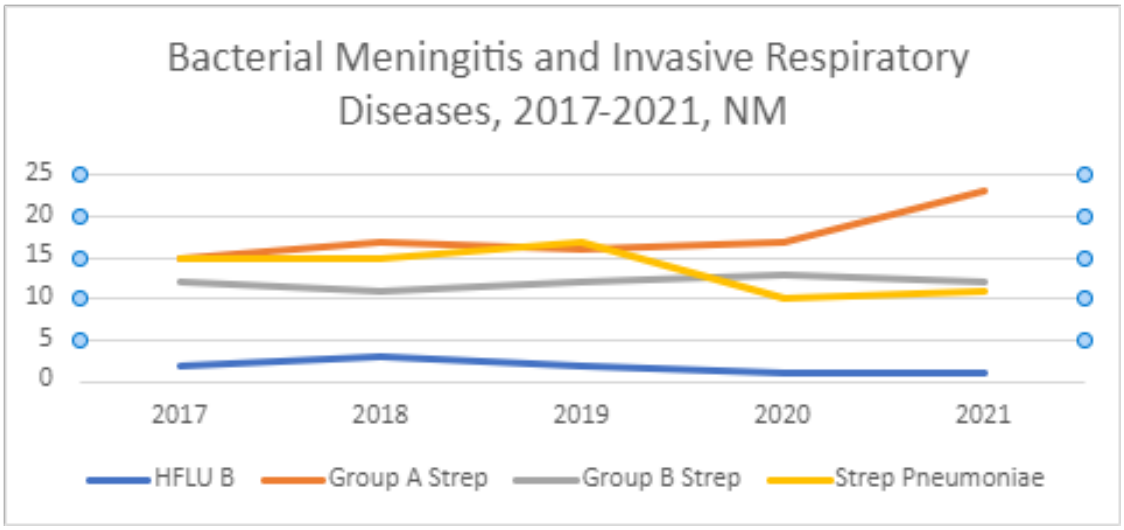
By the year 2025, reduce active tuberculosis cases to an incidence of no more than 1.3 cases per 100,000 population, improve contacts examinations to meet the national goal of 94%, improve treatment completion rates of contacts to meet 2025 national goal of 90%, and improve completion rates of patients started on latent TB treatment to 90%.

Additionally, NMHealth will identify and engage the following groups: key partners to serve on the New Mexico Tuberculosis Elimination Advisory Committee, populations who are at high risk for TB, and community providers and agencies who provide healthcare services to populations at high risk. Clinicians, health care agencies, and community organizations, especially those serving populations at risk, have a critical role in TB elimination.

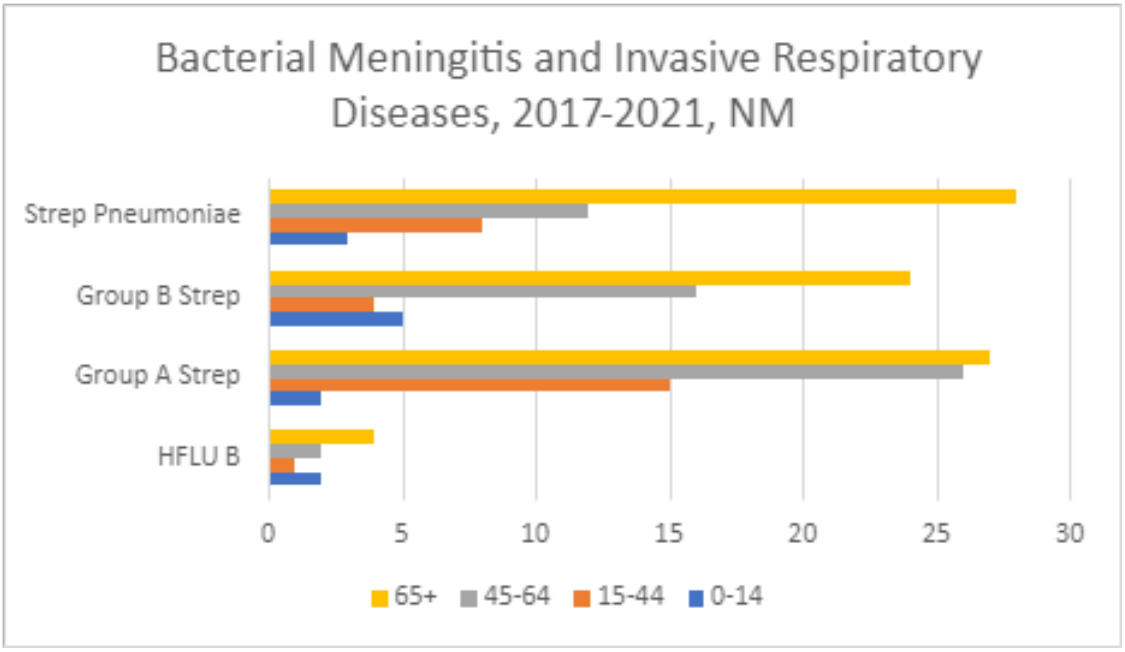
Bacterial Meningitis and Invasive Respiratory Disease (BMIRDS)

Bacterial meningitis and invasive respiratory diseases are caused by bacteria. People spread these bacteria to others through direct contact with respiratory secretions. Many people have these bacteria in their nose or throat at one time or another without being ill. But these bacteria can cause severe disease if introduced to a normally sterile body site, i.e. cerebrospinal fluid (CSF), blood, etc.

Of the five BMIRD pathogens, the rates of invasive Group A Streptococcus are the highest and invasive Neisseria meningitidis (Meningococcal Disease) are the lowest from 2017 - 2021. In New Mexico, only five confirmed invasive cases of N. meningitis between 2017 – 2021. The rate of Group A Streptococcus was highest amongst men. People over 65+ have the highest rates for all five pathogens. These conditions are included in the New Mexico Notifiable Conditions list: https://www.NMHealth.org/publication/view/regulation/372/.



Source: NMHealth, Infectious Disease Epidemiology Bureau



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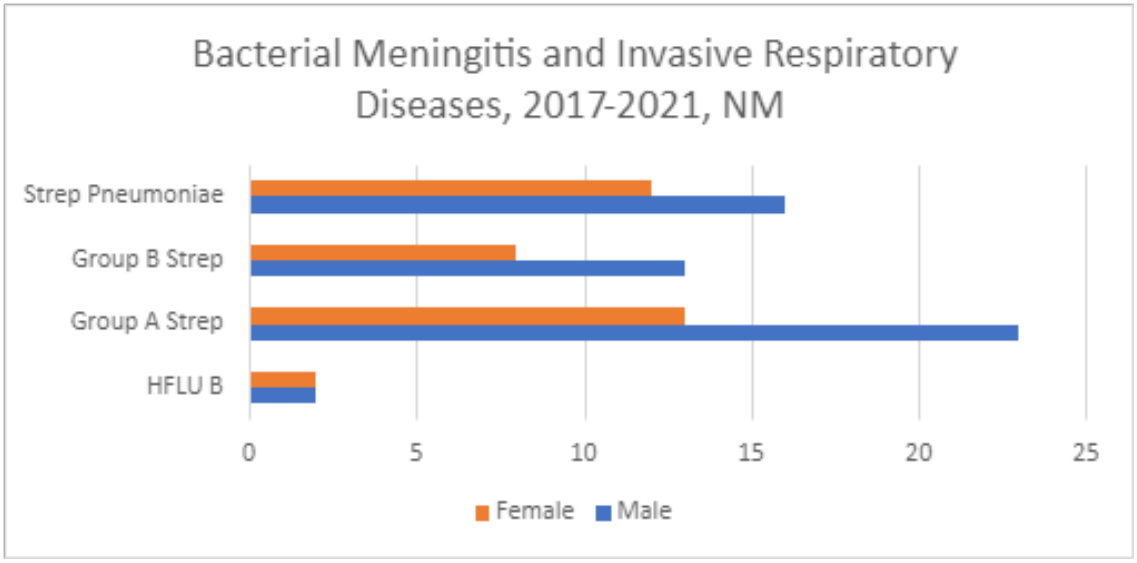

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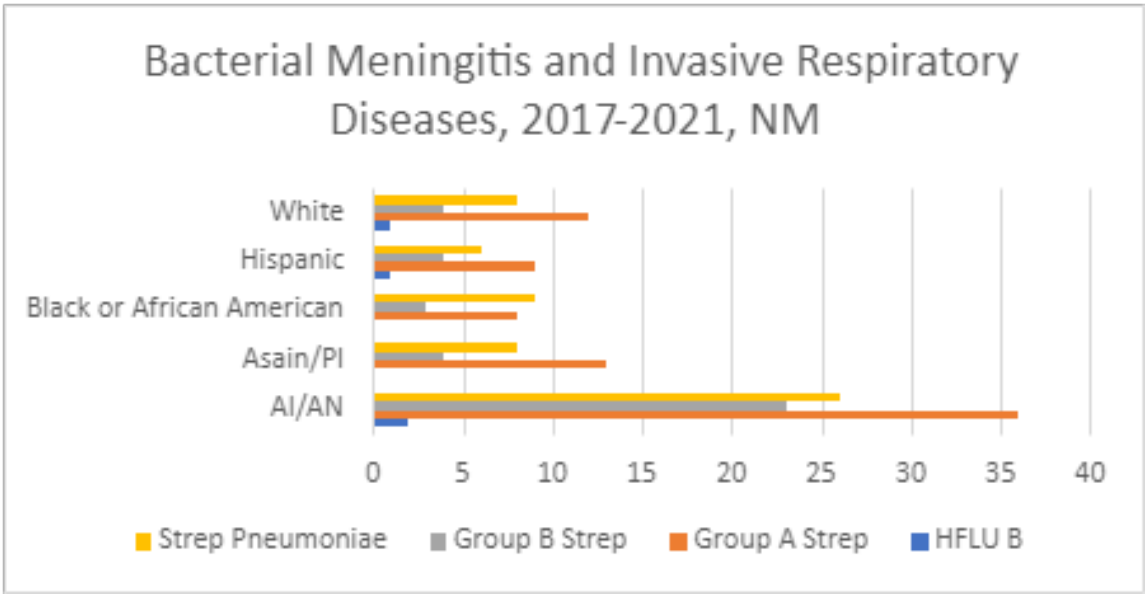


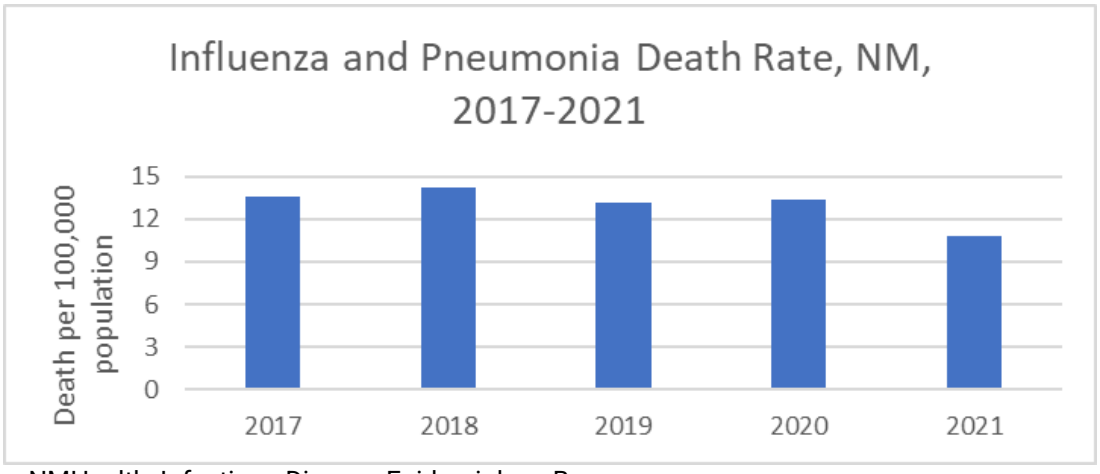
Source: NMHealth, Infectious Disease Epidemiology Bureau

What we are doing about it

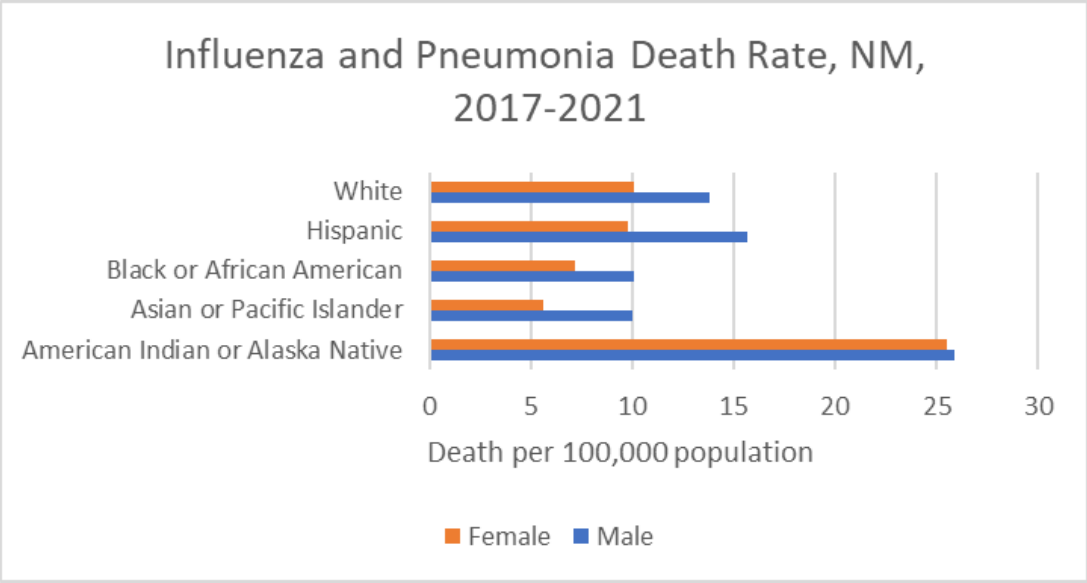
NMHealth and the University of New Mexico (UNM) maintain both passive and active surveillance of these pathogens. Passive surveillance is routine reporting by healthcare facilities and laboratories. A case is considered confirmed for surveillance when one of these pathogens is isolated a sterile body site. Invasive H. influenzae serotype B and invasive N. meningitidis reports are considered urgent and further investigated by CHP on-call personnel. Information regarding high-risk exposures is obtained, as close contacts may need to be prophylaxed. Active surveillance, which is conducted by the UNM Emerging Infections Program (EIP) involves surveillance officers completing medical chart reviews.

Respiratory Diseases

Influenza and Pneumonia
New Mexico's rate of death due to influenza and pneumonia is higher than the US rate. Rates for males are higher than rates for females, and American Indian / Alaska Natives bears the greatest burden of death from these diseases.



Source: NMHealth, Infectious Disease Epidemiology Bureau



Source: NMHealth, Infectious Disease Epidemiology Bureau

What we are doing about it

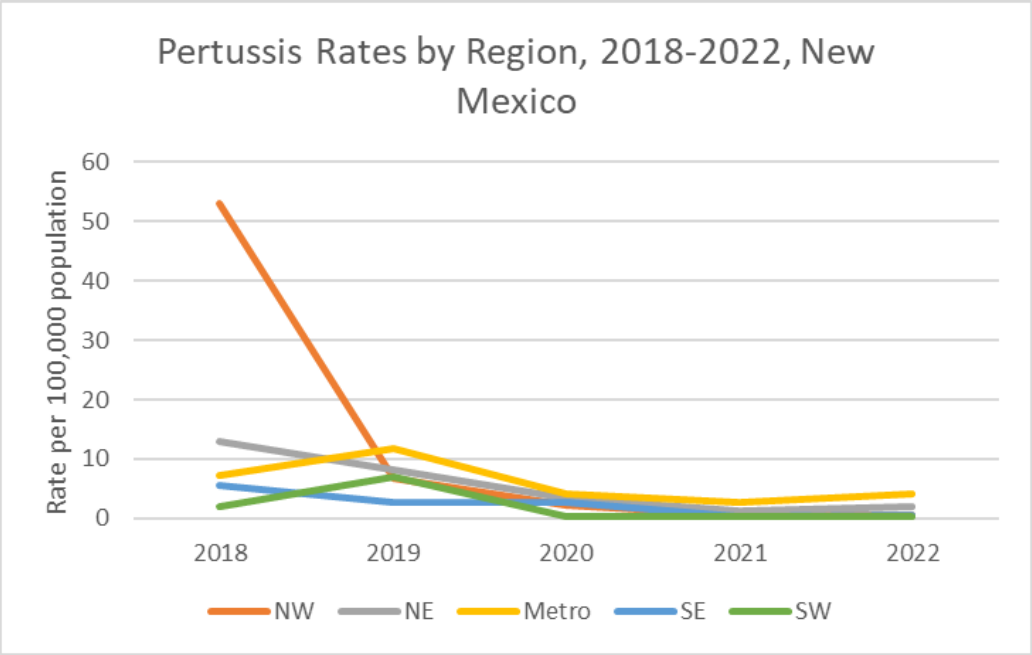
NMHealth encourages vaccination against flu and COVID and provides vaccinations at public health offices and community events throughout the state.

Vaccine-Preventable Diseases

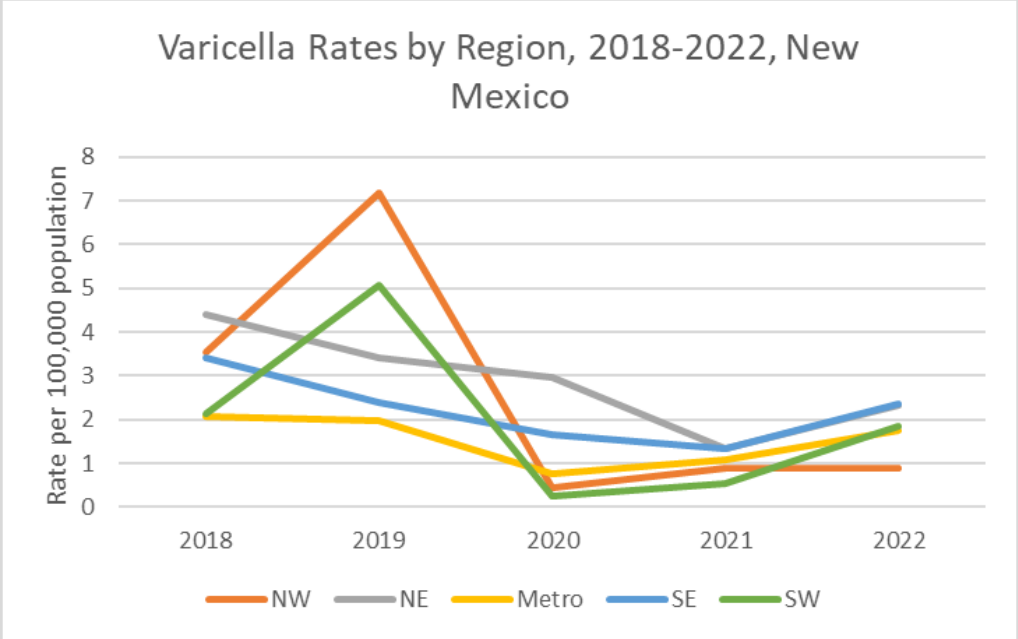
In addition to COVID-19, there are several vaccine-preventable diseases, including but not limited to measles, mumps, rubella, pertussis (also called whooping cough), and varicella (also called chickenpox, and can return later in life as shingles). Of these, the diseases occurring most commonly in New Mexico are pertussis and varicella.

The Northwest region and American Indian/Alaska Native populations have an elevated pertussis incidence for 2018-2022. This is mostly due to a large pertussis outbreak that occurred in the area in 2018.

Many diseases that can spread via respiratory droplets, including pertussis and varicella, saw a dramatic reduction after 2020, likely due to widespread social distancing and masking policies implemented during the COVID-19 pandemic. As these policies are relaxed or discontinued, it is expected that rates of pertussis, varicella, and other diseases spread via respiratory droplets will return, putting unvaccinated populations at risk.



Source: NMHealth, Infectious Disease Epidemiology Bureau



Source: NMHealth, Infectious Disease Epidemiology Bureau

Enteric Diseases

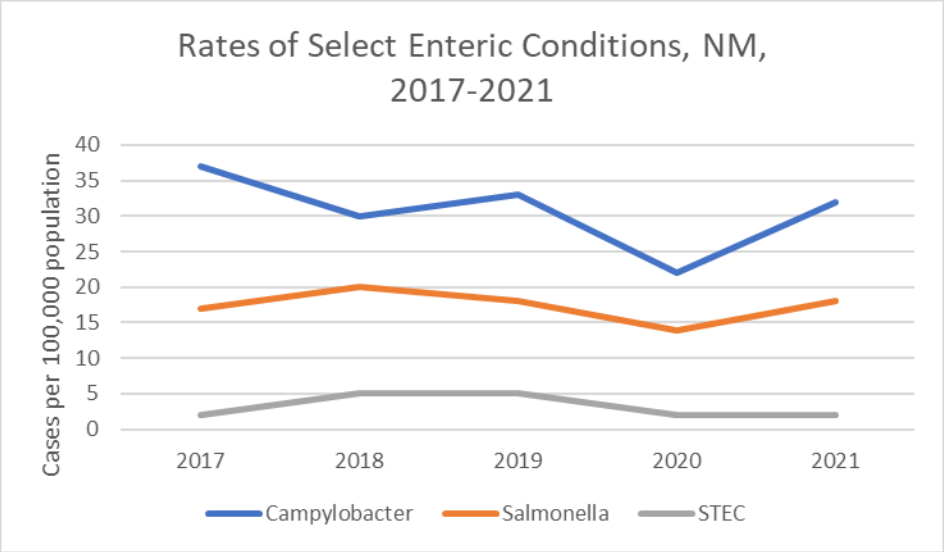
Foodborne Illnesses

Enteric bacterial diseases, often called foodborne diseases, are due to bacterial contamination of food or water. These diseases include Botulism, Campylobacter, Giardia, Salmonella, Shigella, and E-coli caused diseases. The selected enteric diseases that will be reported in this section are Campylobacter, Salmonella, and Shiga-toxin

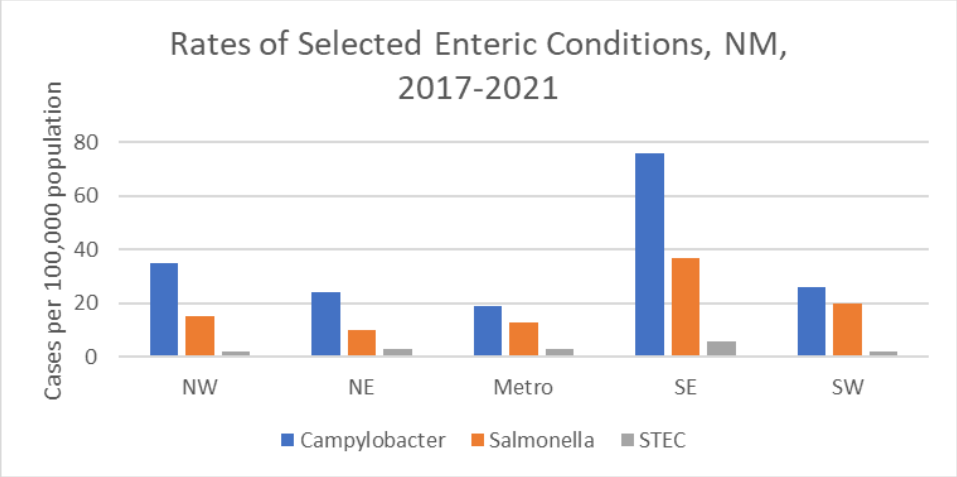
producing E-Coli (STEC). Campylobacter and Salmonella are the most frequent enteric diseases in New Mexico.

Of these three diseases, the rates of Campylobacter are highest, and STEC are lowest. People under 15 have the highest rates. The Southeastern region has the highest rate of all health regions.

What we are doing about it
NMHealth and UNM maintain both passive and active surveillance of these conditions. People who test positive for one of these conditions are called and interviewed. Outbreaks are further investigated, and when appropriate, the public are notified. Active surveillance, which is conducted by the UNM Emerging Infections Program (EIP) involves surveillance officers going to health care facilities and reviewing cases.



Source: NMHealth, Infectious Disease Epidemiology Bureau



Source: NMHealth, Infectious Disease Epidemiology Bureau

Environmental Health

Environmental health is the branch of public health that studies how the environment, both natural and built, influences human health and disease. Some diseases or conditions that are caused by or affected by the environment include asthma, heart disease, some cancers, heat stress illness, cold illness, lead or other metal poisoning such as arsenic and mercury, exposure to radioactive elements or materials, pesticide poisoning and injuries, and other diseases or conditions due to exposure to an infectious organism or toxic chemicals in water, air, and soil. Additionally, environmental health is concerned with housing and occupational health and safety. Many of these diseases or conditions are caused by or exacerbated by climate change. Environmental health is intrinsically connected to and concerned with environmental justice.

According to the US EPA, environmental justice is 'the fair treatment and meaningful involvement of all people regardless of race, color, national origin, or income with respect to the development, implementation, and enforcement of environmental laws, regulations and policies.'

Climate Change

Climate change refers to long-term changes in temperature, precipitation, and other weather patterns due to increased energy in the system. Although sometimes called global warming, climate change can lead to not only unusually high temperatures, but also unusually low temperatures, droughts, extreme rainfall, and changes in insect geographies. These changes can then lead to increases in wildfires, compromises to water supplies and air quality, which impact human health. New Mexicans have already experienced all of these impacts of climate change, and the population is projected to see increased rates of climate associated disease and injury in coming years. While the full health impacts of the 2022 fire season including the Hermit's Peak-Calf Canyon fire, the largest fire in state history, has yet to be fully determined, New Mexico saw an 18% increase in respiratory emergency room visits during the wildfire season, compared to previous years. Drinking water, including water from private wells, has been compromised, and the lives and livelihoods of people who lost homes and land have been compromised.

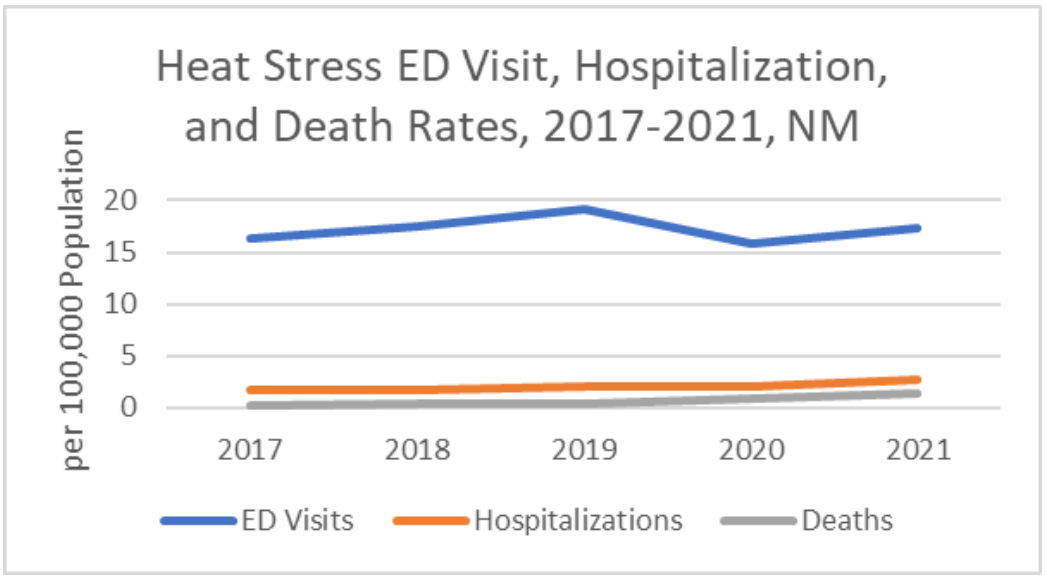
The burden of climate change is most acutely felt by those with the fewest resources. The NMHealth Environmental Health Epidemiology Bureau's assessment of vulnerable populations using the New Mexico Climate Vulnerability Index (CVI), derived from the CDC/ATSDR's Social Vulnerability Index (Barry E. Flanagan, 2011), includes the additional parameters of population and housing density, access to healthcare, and historical climate data such as extreme heat events, drought, and heat-related illness outcomes (New Mexico Department of Health, 2020). Analysis has revealed 22 highly vulnerable small areas (areas of similar population size (New Mexico Department of Health, 2024)) in New Mexico located within 15 counties. Notably the 12 small areas with the highest poverty level were also among those with the highest overall climate vulnerability rank. Nineteen of 22 were below the state mean for the education metric, and overall had above-average levels for disability, crowded housing, and below-average levels for health insurance coverage and vehicle access. As the 22 identified small areas often rank worse than the state average for individual climate vulnerability indicators, the index appears to characterize the overall risk well. The small areas in the northwest (McKinley and San Juan Counties) and southern New Mexico (Doña Ana County) appear to stand out as having poor health care access, high poverty levels, and crowded or mobile housing. Furthermore, two counties which encompass much of the Navajo reservation in New Mexico, are majority American Indian/ Alaska Native (AIAN) population - San Juan (39%) and McKinley (75%), while Doña Ana on the US/Mexico border is 69% Hispanic. Heat-related factors rank high in Doña Ana County in the south, and small areas identified across several counties across eastern and southeastern New Mexico. Additionally, the heat.gov vulnerability mapping tool identified two New Mexico counties (Luna and Cibola) as among the most vulnerable (National Oceanic and Atmospheric Administration, Centers for Disease Control and Prevention, Health and Human Services and the Federal Emergency Management Agency, 2024).

Air and Water

Climate change is and will continue to impact drinking water resources in the state. The Leap Ahead Report, developed by the New Mexico Bureau of Geology & Mineral Resources, assesses climate over the next 50 years and resulting impacts on water resources. According to this report, trends of increasing temperature with no clear increasing trend in precipitations leads to a confident projection of increasingly arid conditions, more severe droughts, and less snowpack and associated runoff. Warmer temperatures will also cause lower river flows due to increased evaporation. The impact of climate change on New Mexico's water resources are overwhelmingly negative (State of New Mexico, 2024).

A warming climate may affect the quality of both surface and groundwater resources in New Mexico as well as decrease water availability and increase drought severity and frequency. The overall decrease in water availability will also increase the occurrence and severity of wildfires and dust storms. Wildfire impacts can also negatively impact drinking water resources and water quality. Disruptions in surface water quality provide opportunities for waterborne diseases to proliferate. As with other western states, groundwater is an essential source of freshwater in New Mexico and is strongly tied to the region's ecological health, drinking water, and food supply. The effects of drought will disproportionately affect private well owners in New Mexico. Drought plans created by local and state governments often do not incorporate private well owners. Faced with drought, well owners may need to deepen or replace wells that are no longer producing. In a 2019 survey of well drillers in eight states, New Mexico was the 3rd most expensive, with a 300 foot well averaging $14,000 (University of Illinois at Urbana-Champaign, U.S. Environmental Protection Agency, and Rural Community Assistance Partnership, 2019). More information on unregulated drinking water and health equity is provided in the Unregulated Drinking Water narrative section of this report.

Heat-related and cold-related illness hospitalizations and deaths are increasing. Heat-related illnesses are more frequent in the SE, SW, and NW regions. Cold-related illnesses are more frequent in the NW and Metro regions.



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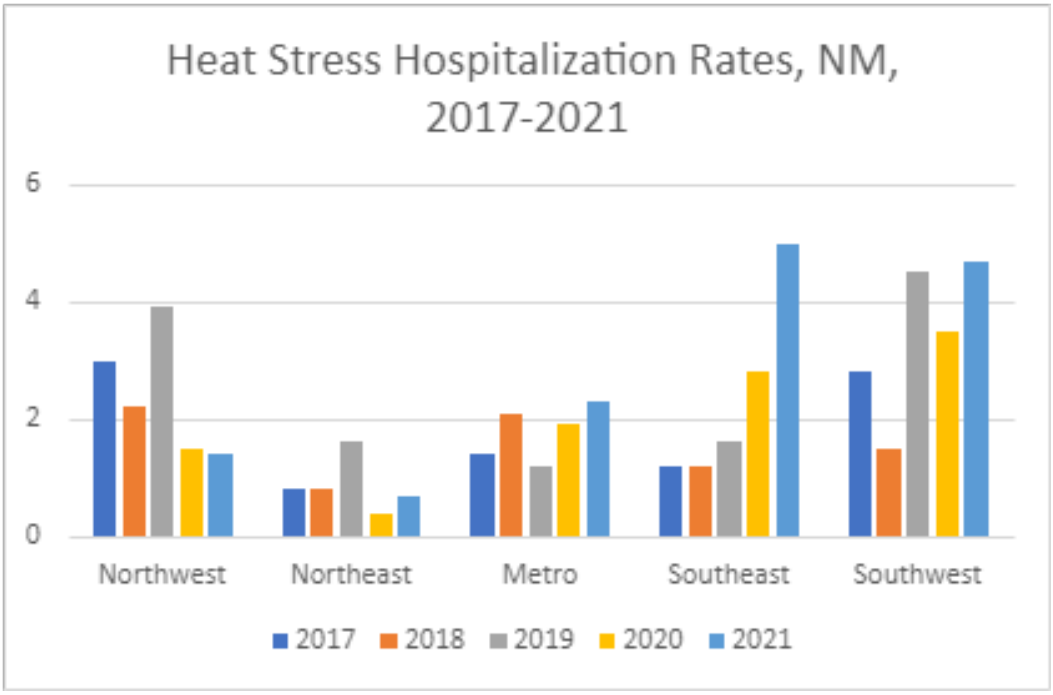

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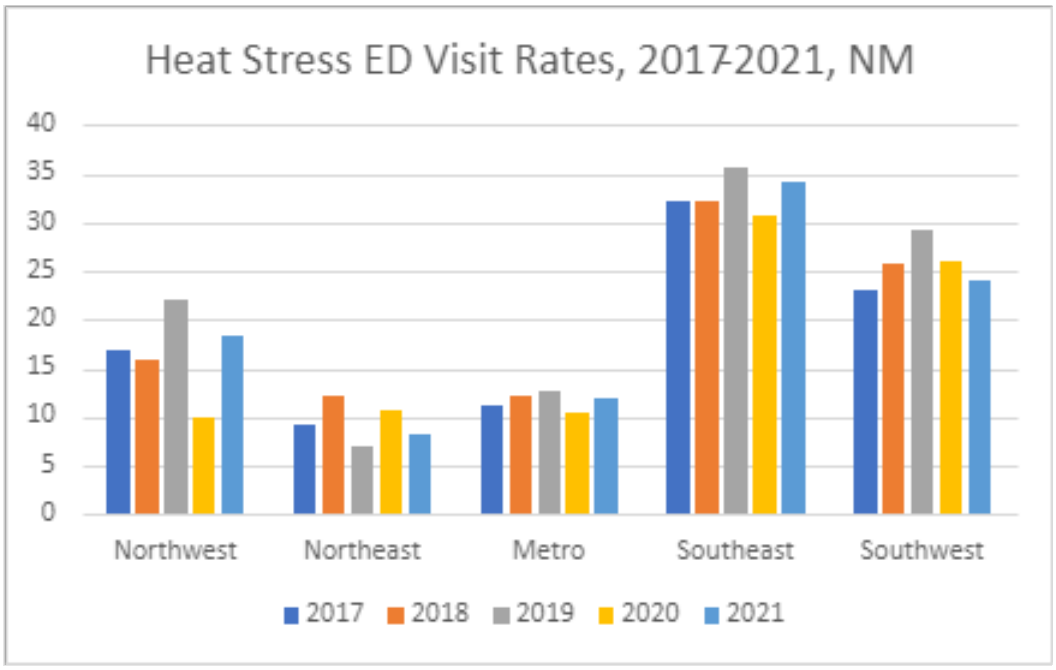

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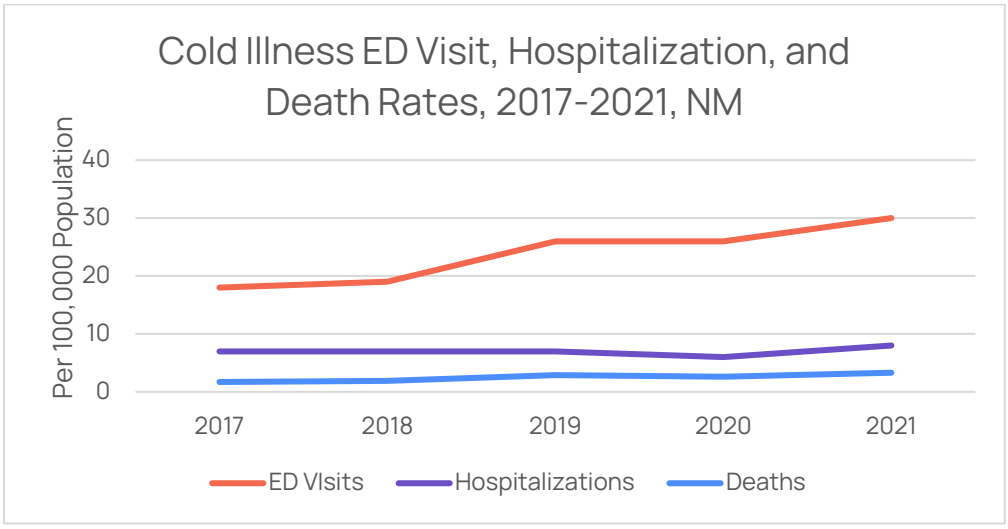

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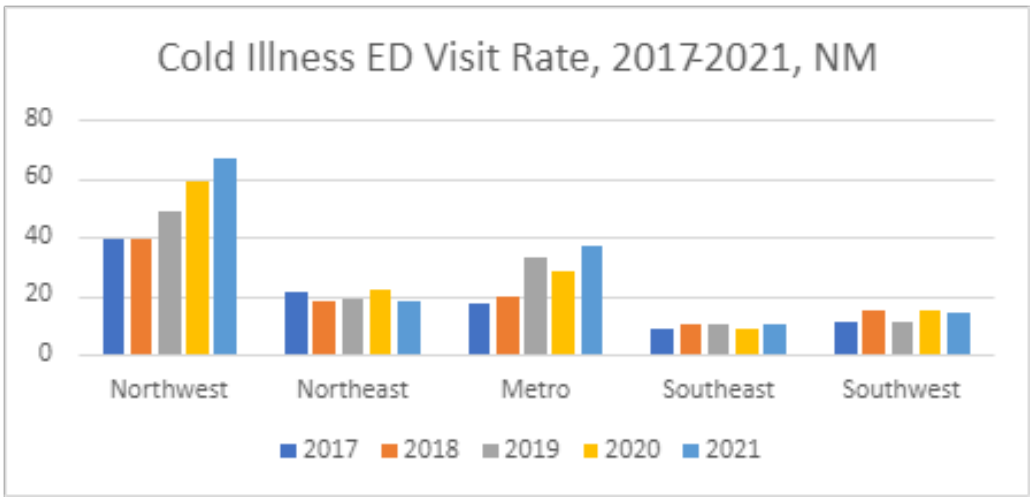

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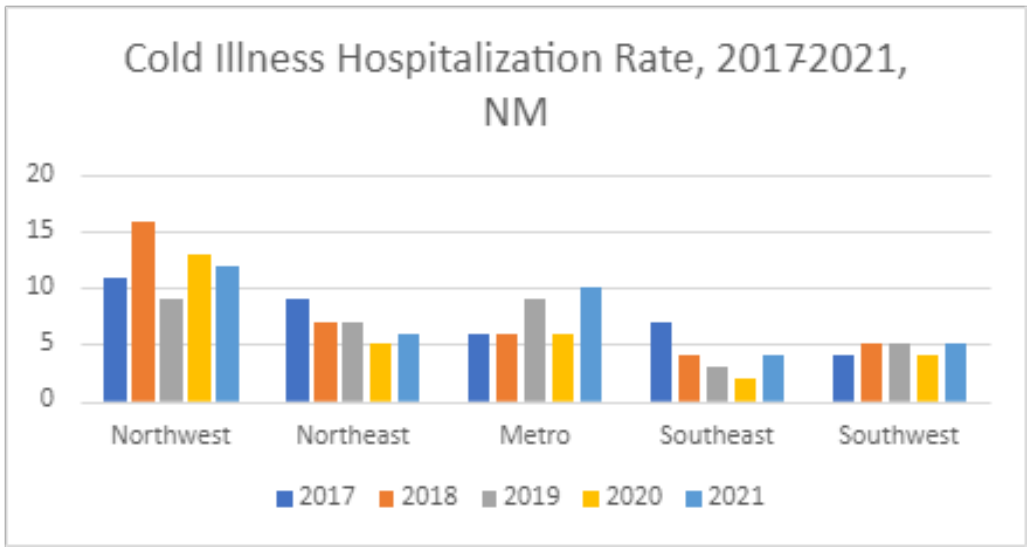


Source: NM-Tracking

What we are doing about it

The New Mexico Environmental Public Tracking (NM EPHT) provides updated health outcomes data related to environmental exposures through the New Mexico Tracking Data Portal: https://nmtracking.doh.nm.gov/. This portal also includes protective health information, and updated information for users to reference for events and resources.

The Environmental Health Epidemiology Bureau (EHEB), leads a New Mexico Climate and Health Adaptation Workgroup (NM CHAWG) [A multi-disciplinary group aiming to support, inform, and empower New Mexico communities' health in response to the climate.]. It also participates in the Governor's Climate Change Task Force (State of New Mexico, 2024). The NMHealth Drinking Water Epidemiologist participates in workgroups implementing two important state legislative initiatives relevant to climate change including the Water Data initiative (New Mexico Bureau of Geology, NM

Environment Department, 2024) and the Produced Water Research Consortium (New Mexico State University (NMSU); New Mexico Environment Department (NMED), 2024).

The NMHealth EHEB supports responses to climate driven disasters impacting New Mexicans including air quality impacts during wildland fire smoke events. Human health impacts during extreme temperature (heat and cold) events and impact to community and private drinking water systems. The bureau responds through communications such as press releases and air quality messaging through the National Weather Service and providing support to private well users through joint post-wildfire well testing events, coordinating with local and national emergency response efforts, and providing online and print resources.

Currently, there are not dedicated resources to respond to climate and health impacts. The allocation of funding to NMHealth EHEB for climate and health specifically would support climate impact assessments on health and responses to such issues.

Unregulated Drinking Water

Disinfection of drinking water through processes including filtration and chlorination is considered one of the major achievements of efforts to improve public health. Water justice means that everyone has access to clean and safe water, regardless of location, type of water system, or income level (Association of State and Territorial Health Officials, n.d.). In New Mexico, access to safe drinking water can depend on place of residence, the type of drinking water system accessed, the knowledge base of the user, and their resources to address drinking water concerns, among other factors.

What we are doing about it

NMHealth actively works to address drinking water as it relates to health concerns along with other state agencies, local governments, professional organizations, and many others to help address statewide gaps in accessing clean drinking water. Most importantly is to achieve water justice in NM. This requires an ongoing, coordinated effort and dedicated resources. Some of the current barriers to achieving water justice in New Mexico are detailed below.

NMHealth's best estimate (using 2021 data) is that at least 13% of the population, or around 270,00 people in New Mexico utilize unregulated private wells for drinking water at home, and this is likely an under-reported percentage. Private wells use groundwater, which simply put, is water that is naturally underground. Unlike public water systems, or municipal drinking water, the water quality of a private well is unregulated in the state of New Mexico, meaning there are no requirements that the water quality meet certain standards and no restrictions on what might be in the water (New Mexico Department of Health, n.d.). Only one of 33 counties has any testing requirements; there are some testing requirements for newly constructed or modified wells in Bernalillo County (Bernalillo County, 2024).

Many contaminants cannot be identified by taste or odor, making it difficult for owners or residents to know the water quality from their well or if it has changed. Private well drinking water may contain chemicals or microorganisms that can be harmful to health. The water quality can be affected by natural sources, such as minerals in bedrock; man-made sources, like chemicals, agricultural run-off, or plumbing fixtures; or natural disasters, such as flooding or drought. There are known geologic and man-made sources of groundwater contamination including, but not limited to, septic systems, leaking underground storage tanks, seepage through landfills, mining and legacy sites, agricultural activities, and runoff from urban areas.

Essentially, private well owners are operators of their own water system. Well owners are responsible for well maintenance, knowing the history and maintaining records of their well, protecting their water source from contamination and depletion, testing, and when applicable treating their water.

How is this related to health equity?
Private well users are a potentially underserved population in New Mexico and also nationally. Limited support exists to help well owners and users understand and protect essential drinking water supplies. Well owners and users in New Mexico exist in all counties and represent a wide range of cultural and economic backgrounds. Some families have inherited wells and have used them for generations, and some are brand new.

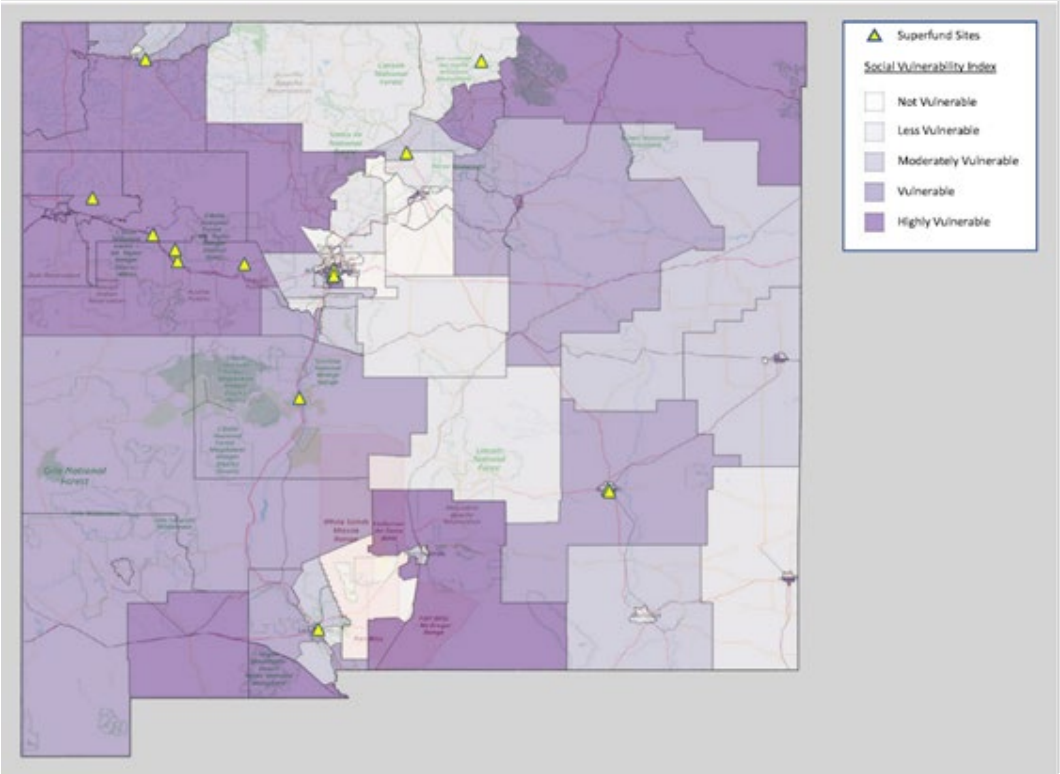
About 20% of private wells in New Mexico had records of water quality being tested as of 2021. The percent of wells tested by county ranges from 4.5% in Hidalgo County to 59.9% in San Juan County with an average of 21.0%. From 2011-2022, most participants in state-sponsored testing events were residents of small metropolitan and mixed urban rural counties. The roughly 80% of well users with no information on their drinking water quality are at higher risk of potential harmful exposures. For example, the percentages of private wells by county that have been tested for Arsenic, a service offered by NMHealth, range from 0.4% in Valencia and McKinley Counties to 35.8% in Union County. Between 2015 and 2021 about 13% of calls to the environmental health epidemiology bureau were drinking water-related with 9% about private well drinking water and 4 % about other drinking water.

What we are doing about it
The NMHealth Environmental Health Epidemiology Bureau, in the Epidemiology and Response Division, has been working to support users of unregulated drinking water since 2010. This work was formalized as the Private Wells Program through CDC funding opportunities starting in 2011. The Private Wells Program offers well owner outreach, including online and print resources and workshops; testing events in partnership with NMENV since 2013; private wells related data collection, analysis and sharing; and brings together private wells partners and builds program partnerships to leverage limited resources.

Superfund Sites

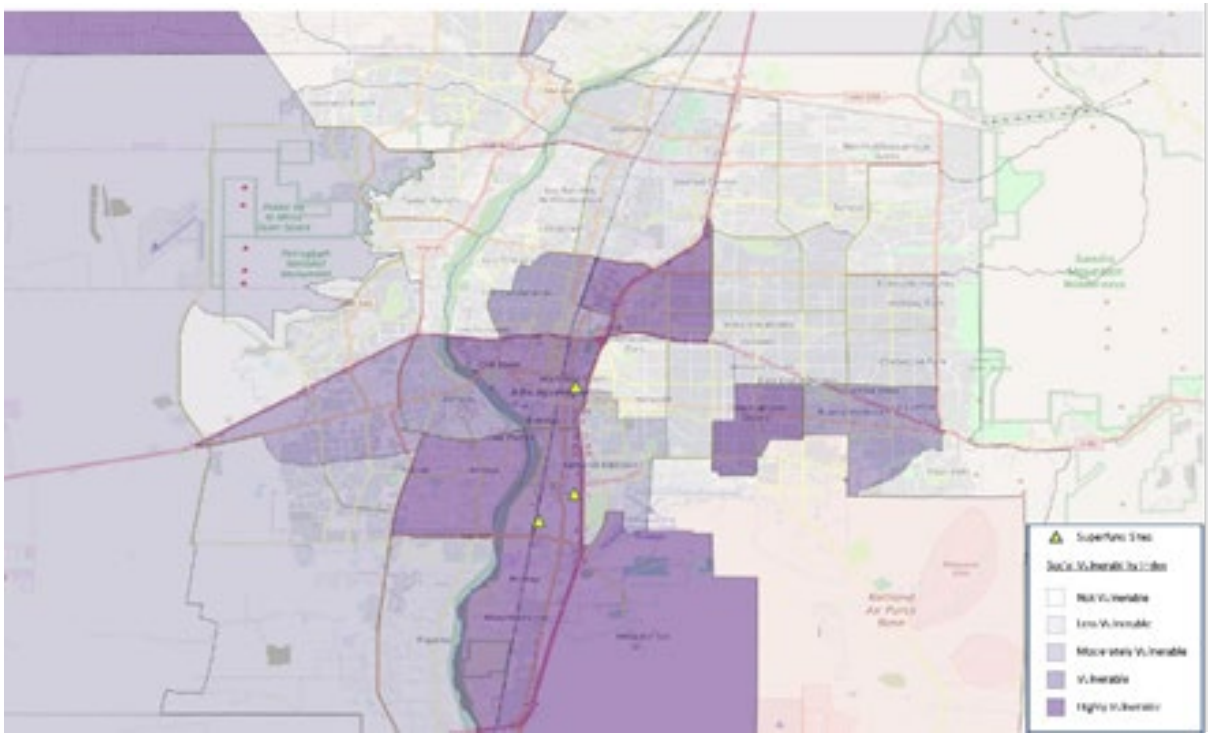
The federal government keeps track of areas with dangerous waste – such as old factories or mines – and works to get them cleaned up. These are called Superfund sites, of which there are 15 in New Mexico. Five additional sites have been cleaned up and are no longer designated as Superfund sites. The Figures also show the social vulnerability index (SVI) by small area in shades of purple. Darker purple means the area is under-resourced based on the SVI, which combines socioeconomic status, household composition and disability, racial and ethnic minority status and language, housing type and transportation, and healthcare access. Most Superfund sites are in dark purple areas, corresponding to more under-resourced communities or higher SVI. Similarly, zooming in on Bernalillo County shows that the three Superfund sites are all located in under-resourced communities.

Superfund Sites in New Mexico Overlaid with Social Vulnerability Index by Small Area



Source: NMHealth Environmental Health Epidemiology Bureau, CDC/ATSDR

Superfund Sites in Bernalillo County, New Mexico Overlaid with Social Vulnerability Index by Small Area



Source: NMHealth Environmental Health Epidemiology Bureau, CDC/ATSDR

Through the Agency for Toxic Substances and Disease Registry's (ATSDR's) Partnership to Promote Local Efforts to Reduce Environmental Exposure (APPLETREE) program, the Environmental Health Epidemiology Bureau works with ATSDR to identify and prioritize hazardous waste sites in need of environmental health assessment. In addition, the Program works with the New Mexico Tumor Registry through the Cancer Concerns Workgroup to develop a snapshot of cancer within Superfund impacted communities.

Access to Healthcare

Health care access is the ability to obtain healthcare services for prevention, diagnosis, treatment, and management of diseases, illness, and other health-impacting conditions. For healthcare to be accessible it must be affordable, convenient, and culturally appropriate.

According to data released by the U.S. Census Bureau on June 25, 2020, for the first time, “non-whites and Hispanics were a majority of people under age 16 in 2019,” an expected shift that will only grow over time. In other words, White people will soon be the minority in America. And yet, the American Association of Medical Colleges reported that in 2018, 56.2 percent of active physicians identified as White (American Association of Medical Colleges, 2019). There are studies that demonstrate that patients who have a physician who looks like him or her might lead to increased patient satisfaction and increased compliance with treatment, which may then lead to better health outcomes for the patient. (UNM Newsroom, 2021)

Transportation access is related to health outcomes (National Center for Mobility Management, 2024). Transportation is essential to get to healthcare appointments and to pre- and post- surgical, procedure, or hospitalization visits. Standards for some procedures (such as colonoscopies) also require an additional person travel to and take responsibility for transportation for the patient. Reliance on limited public transportation may create limits on providers, times of visits, and types of visits a person reasonably has access to. While use of public transportation is best practice, lack thereof will impact those without transportation or reliable transportation more.

Access to transportation also reduces reliance on ambulance, Emergency Medical Services and Emergency Department services. Reliance on these services is costly and is often related to delayed care. Additionally, access to transportation can increase a person's access to other essential services including grocery stores, and education and employment opportunities.

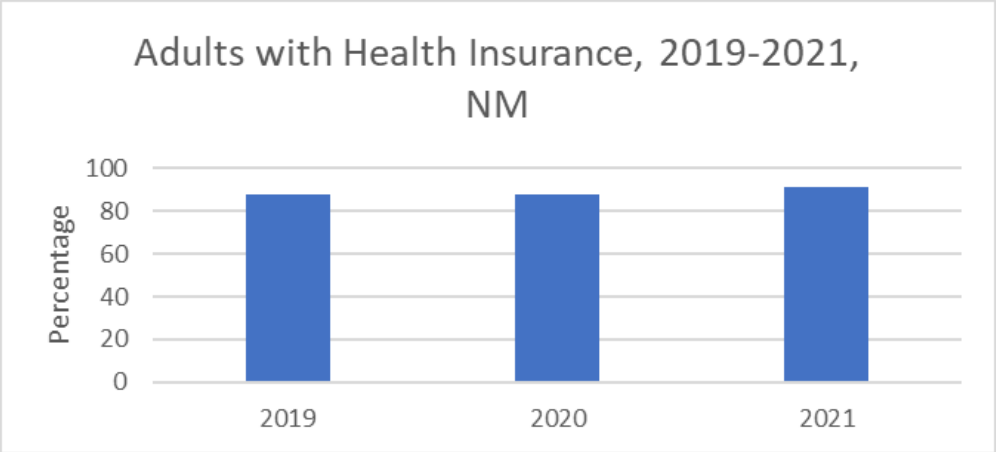
Many New Mexicans face challenges accessing healthcare. This may be due to a provider shortage in their area, unaffordability, unmet transportation needs, unmet childcare needs, lack of insurance, or lack of culturally appropriate healthcare services.

Health Insurance

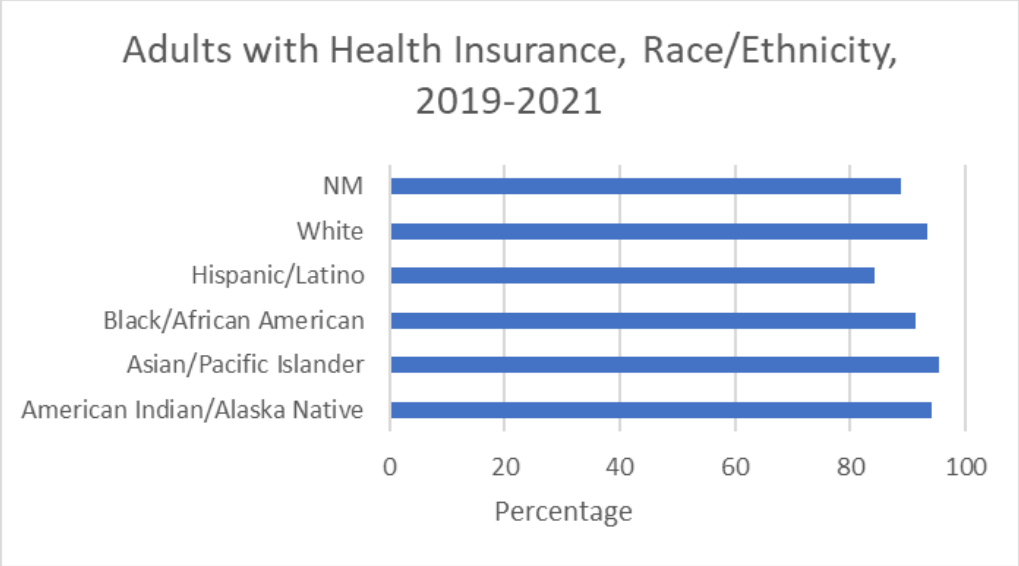
New Mexico expanded Medicaid eligibility and services both prior to and during the COVID-19 pandemic. When federal support for COVID-19 related Medicaid expansion ended in 2023 approximately 60,000 beneficiaries lost Medicaid insurance coverage.

Rates of health insurance coverage have been generally increasing in New Mexico. Between 2019 and 2021, 89% of adult New Mexicans had health insurance (88% for men and 90% for women). In 2021, the most frequent primary sources of health insurance for adult New Mexicans were employer (38%), Medicare (24%), and Medicaid

(21%). According to healthisurance.org, New Mexico had the lowest rate of private insurance coverage in 2022 at 54.4%, compared with the national average of 67.2%. (U.S. Census Bureau).

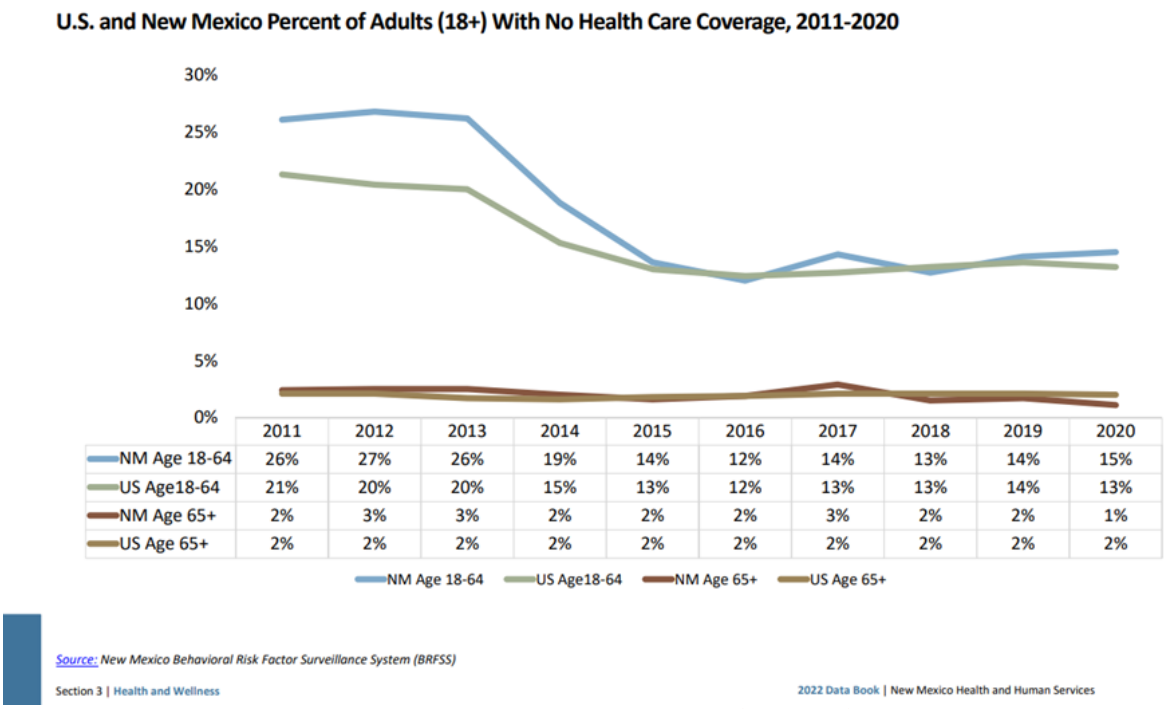


Source: NMBRFSS, NMHealth Survey Section

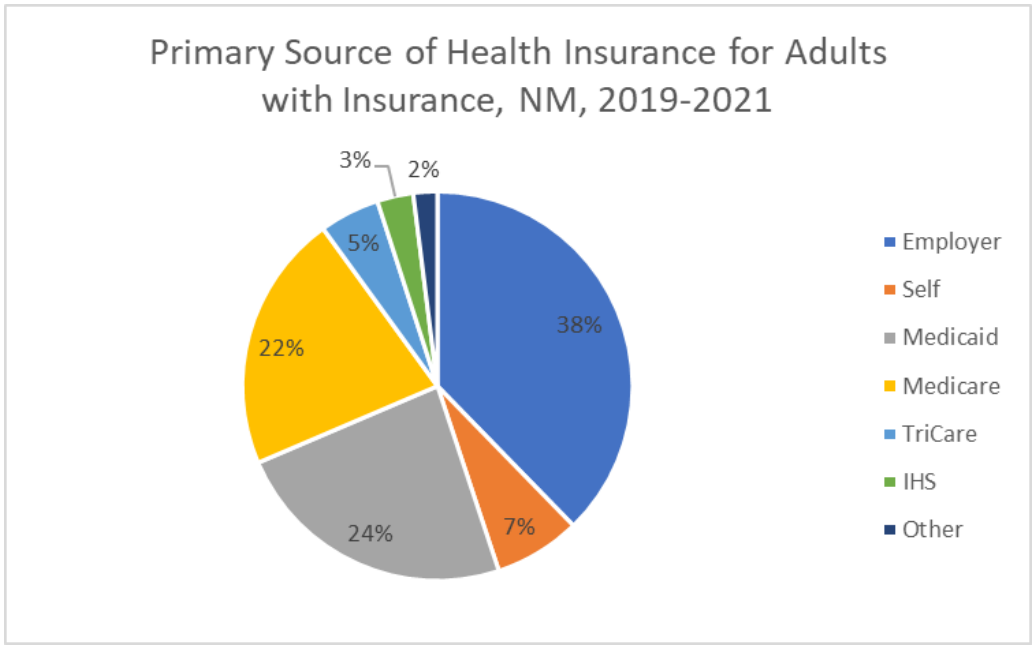


Source: NMBRFSS, NMHealth Survey Section

According to New Mexico Behavioral Risk Factor Surveillance System, in 2020, 15% of New Mexicans aged 18-64 had no health care coverage.



Source: New Mexico Behavioral Health Needs Assessment 2020 (unm.edu)



Source: NMBRFSS, NMHealth Survey Section

Health Care Affordability and Quality

According to the US News and World Report state-level rankings of healthcare quality, New Mexico is ranked just above midpoint at 24th (U.S. News & World Report, 2024). The surrounding states of Utah, Arizona, and Colorado are ranked 3rd, 4th, and 5th respectively. Texas is ranked 39th (lower ranks are better).

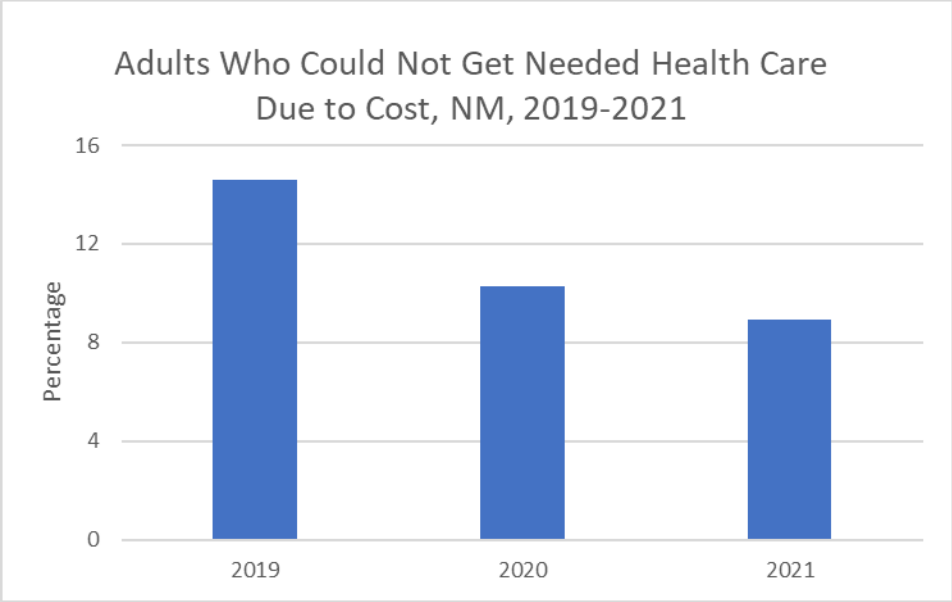
The Commonwealth Fund assesses all 50 states and the District of Columbia on more than 45 measures of access to health care, quality of care, service use and costs of care, health outcomes, and income-based health care disparities in their 2020 Scorecard on State Health System Performance (The Commonwealth Fund, 2020). New Mexico ranked 26th in overall health system performance prior to COVID-19, according to that report. The fund also ranks the states for improvement in their health care system. New Mexico showed the 12th largest improvement between 2014 and 2018, that is, prior to COVID-19.

According to Forbes Advisor, New Mexico is ranked 47th for healthcare affordability (where higher scores are better) (Cassidy Horton, 2024). However, many in New Mexico are unable to afford the care they need. In 2021, 9% of New Mexico adults reported not receiving care they needed due to the cost (NM Behavioral Risk Factors Surveillance System, NM Department of Health).

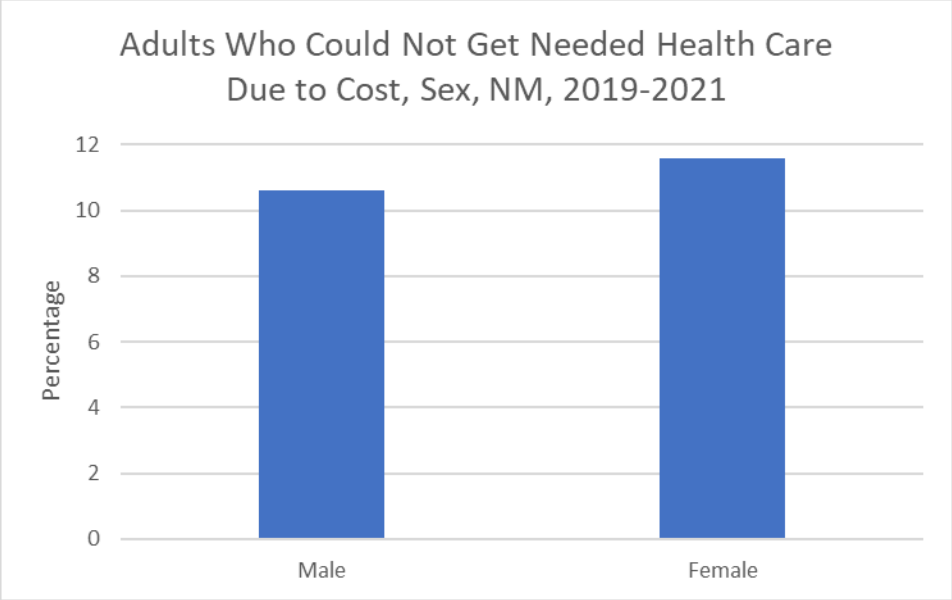
This rate was highest for Hispanics and American Indians/Alaskan Natives, and for those making less than $50,000 per year. Overall, the highest rates were for those who do not have insurance among whom about one in three people reported not getting needed care due to cost. People without insurance who also had chronic diseases had even higher rates with about one in two people saying they did not get care due to the cost.

What we are doing about it

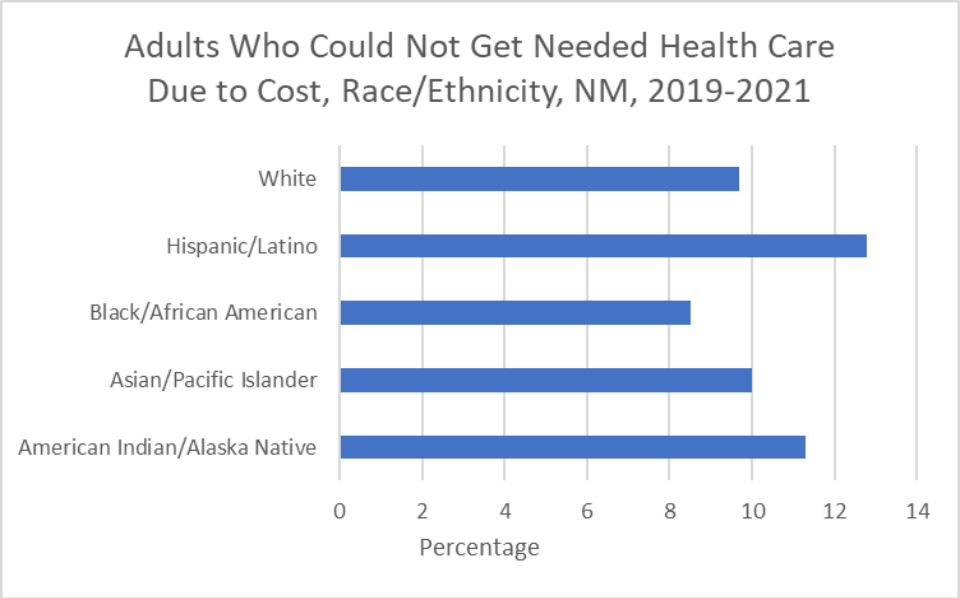
The All-Payer Claims Database (APCD) is a database with health benefit claims (medical, dental, pharmacy) from both public and private insurance payers. APCD have been implemented by 18 states as an effective and feasible approach to advance the goal of improving health care affordability, efficiency, and cost transparency. This information can be used by residents to compare cost and quality of care across the state, determine their estimated health care cost and make more informed health care decisions. NMHealth is developing the New Mexico APCD and anticipates it will be publicly available in 2024.



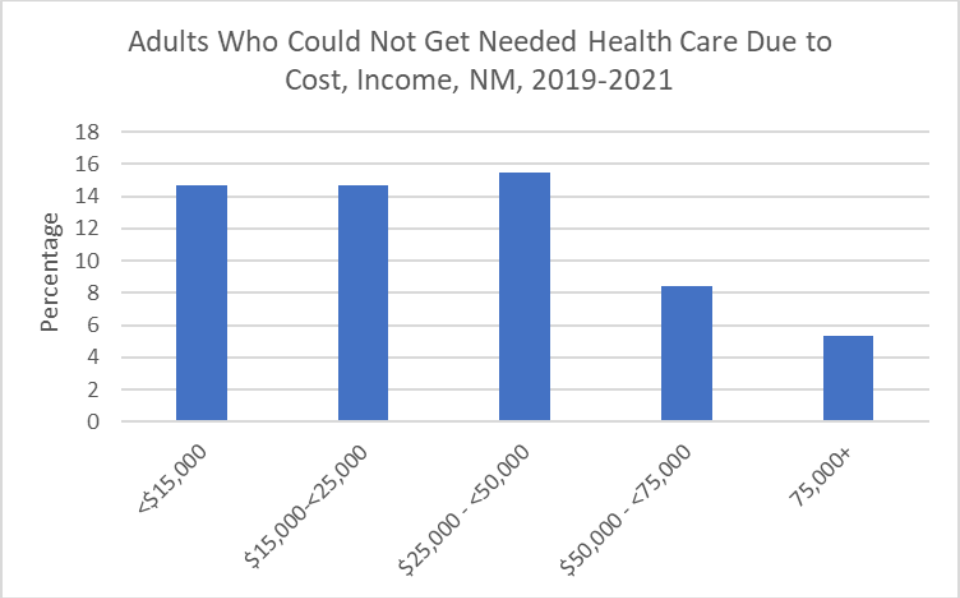
Source: NMBRFSS, NMHealth Survey Section



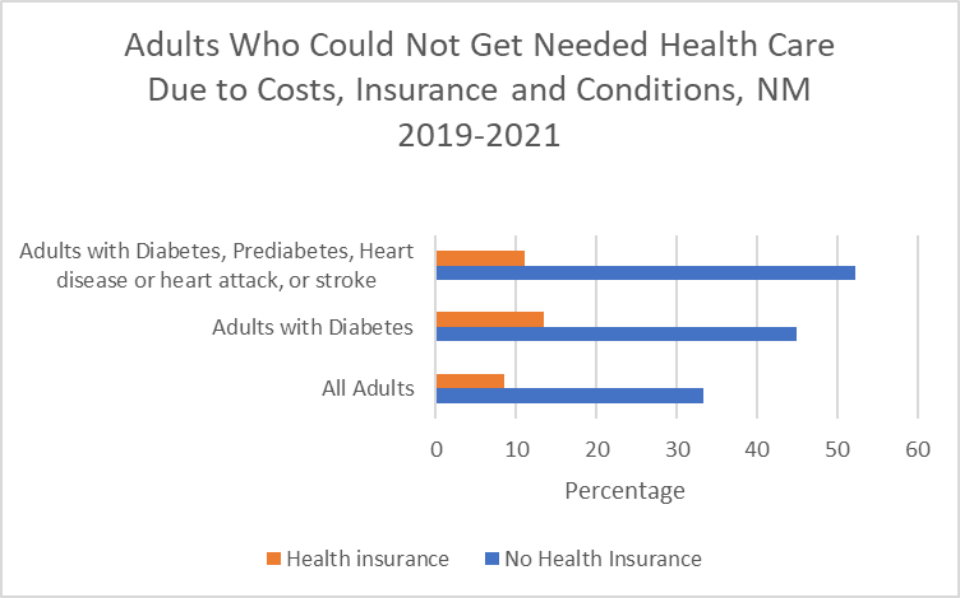
Source: NMBRFSS, NMHealth Survey Section



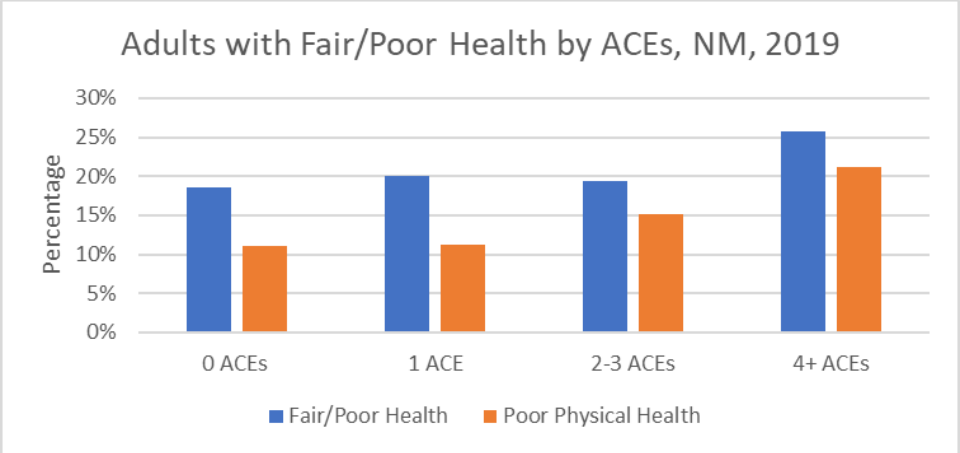
Source: NMBRFSS, NMHealth Survey Section



Source: NMBRFSS, NMHealth Survey Section



Source: NMBRFSS, NMHealth Population and Community Health Bureau



Source: NMBRFSS, NMHealth Survey Section

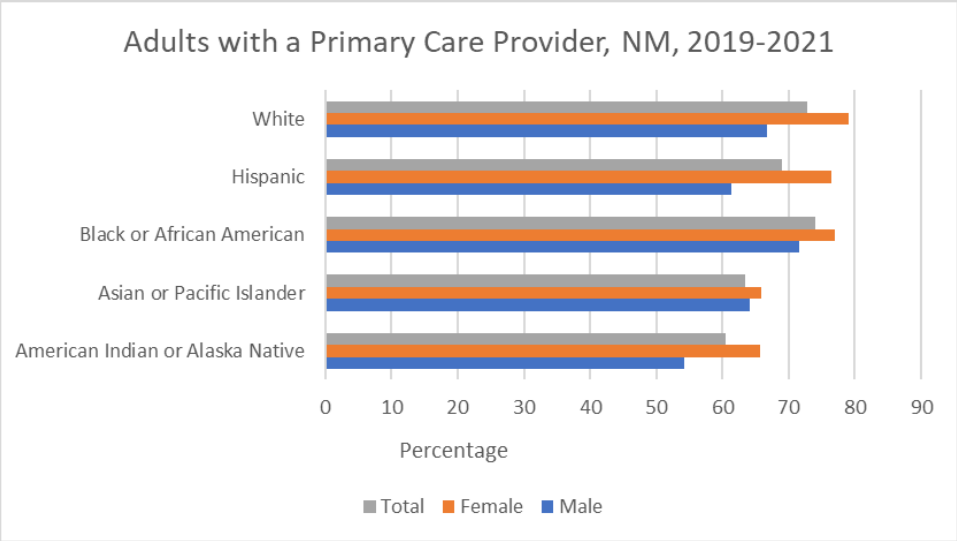
Primary, Preventive, and Specialty Services

Overall, about two of three adult New Mexicans have a primary care provider. Females are far more likely to have a primary care provider (76% for females compared to 63% for males). American Indian /Alaskan Natives are least likely to have a primary care provider. Adults with health insurance are nearly twice as likely to have a primary care provider (74% compared to 38%).

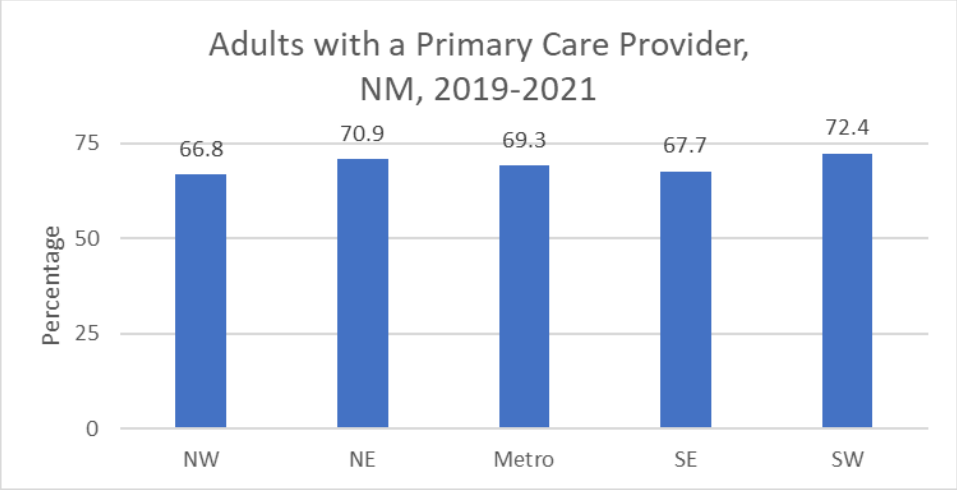
Inequities in access to primary health care exist, and many people face barriers that decrease access to services and increase the risk of poor health outcomes (U.S. Department of Health and Human Services, 2023). Some of these obstacles include lack of health insurance, language-related barriers, disabilities, inability to take time off work to attend appointments, geographic and transportation-related barriers, and a shortage of primary care providers.https://health.gov/healthypeople/objectives-and-

data/social-determinants-health/literature-summaries/access-primary-care These barriers may intersect to further reduce access to primary care.

Research shows that access to primary care is associated with positive health outcomes. Primary care providers offer a usual source of care, early detection and treatment of disease, chronic disease management, and preventive care. Patients with a usual source of care are more likely to receive recommended preventive services such as flu shots, blood pressure screenings, and cancer screenings.



Source: NMBRFSS, NMHealth Survey Section



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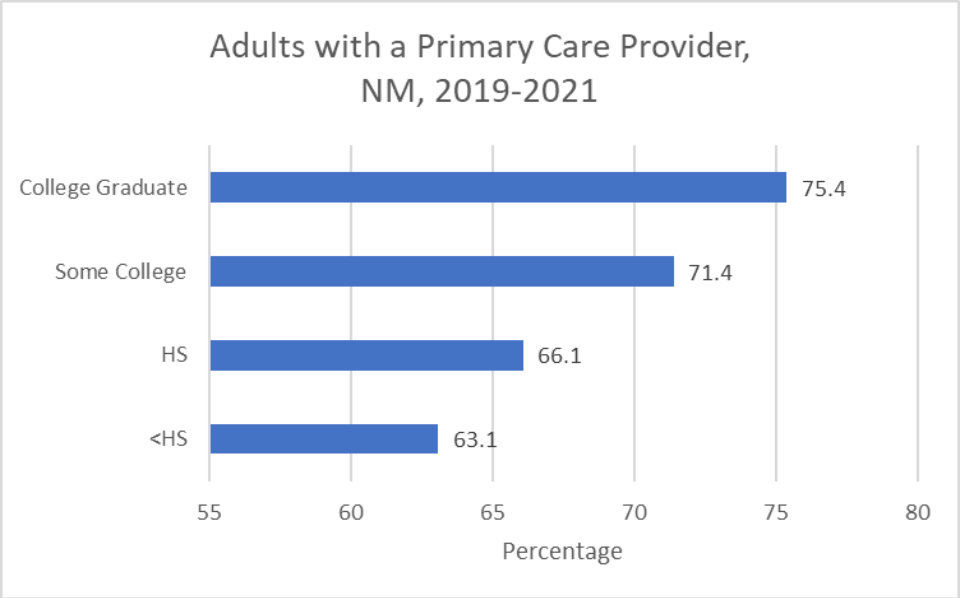
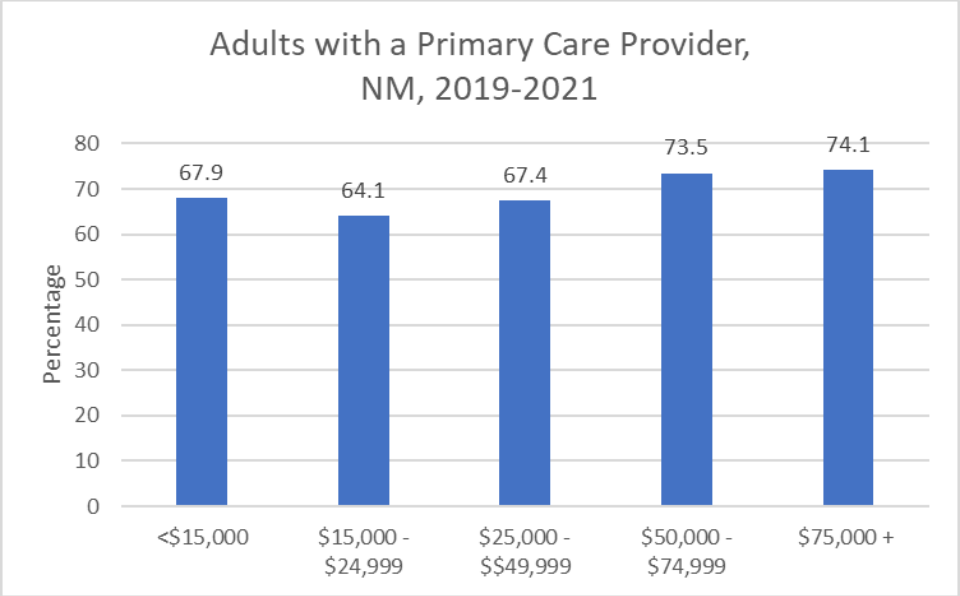
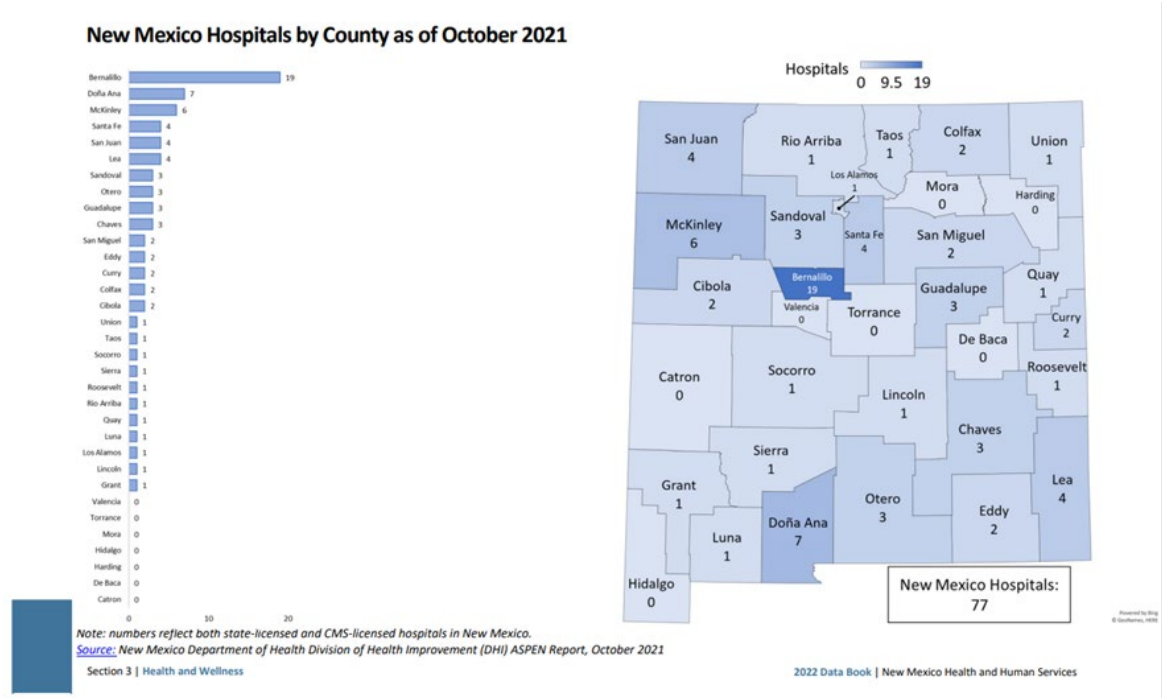


Source: NMBRFSS, NMHealth Survey Section



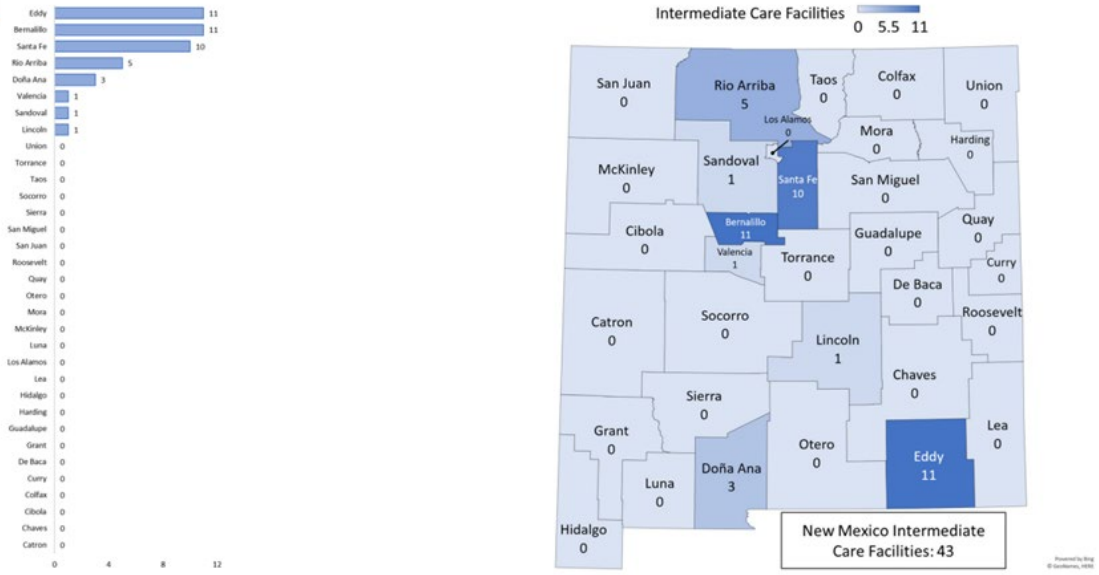
Source: NMBRFSS, NMHealth Survey Section

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from healthcare providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need (U.S. Department of Health and Human Services, 2020).



Note: numbers reflect both state-licensed and CMS-licensed hospitals in New Mexico.

Source: New Mexico Department of Health Division of Health Improvement (DHI) ASPEN Report, October 2021



Source: New Mexico Department of Health Division of Health Improvement (DHI) ASPEN Report, October 2021.

Access to Oral Health Care

Good oral health includes absence of caries and gingival (gum) disease. It is important because it is integral to general health and well-being, as it can help control and decrease the risks associated with heart disease, diabetes, pregnancy, and other conditions. It can also improve self-esteem because healthy teeth and gums are

important to how people feel about themselves. Healthy teeth also contribute to better communication (enunciation) and thus to better social interactions.

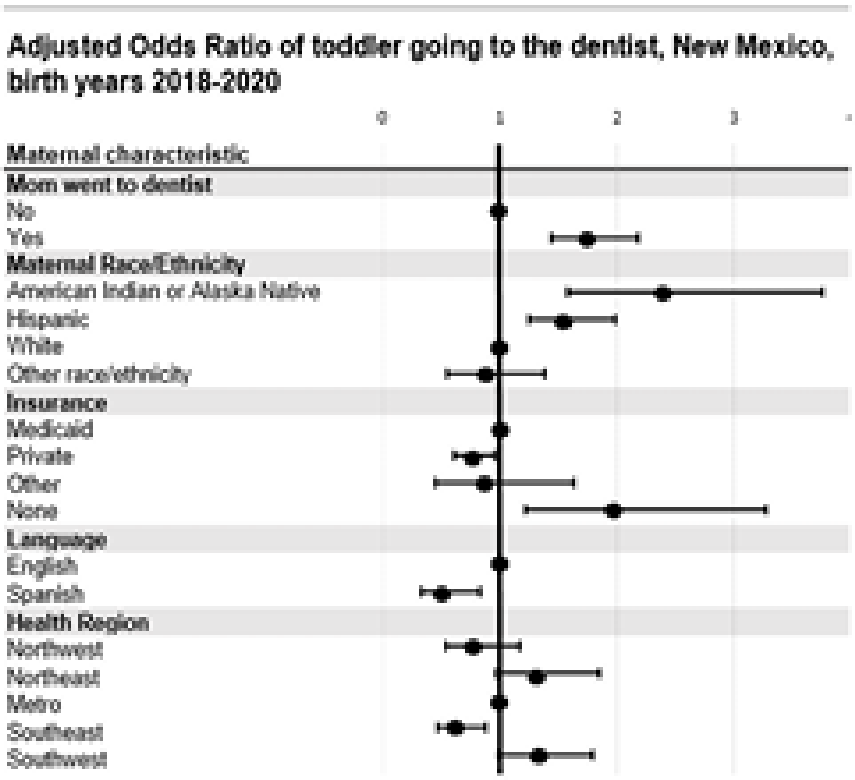
Poor dental health can result in impaired oral functioning, diminishing the capacity of meals to be broken down for further digestion. This can in turn be linked to poor digestive absorption and possibly mediocre immune response. In addition to causing needless dental pain and suffering, it also results in financial costs that significantly diminish the quality of life.

Oral health care is important because dental health professionals are often the first health professionals to recognize and identify a wide variety of diseases, ranging from hypertension to oral cancer. They diagnose and treat problems affecting the teeth, gingival tissue including periodontitis, the tongue, lips, and jaws.

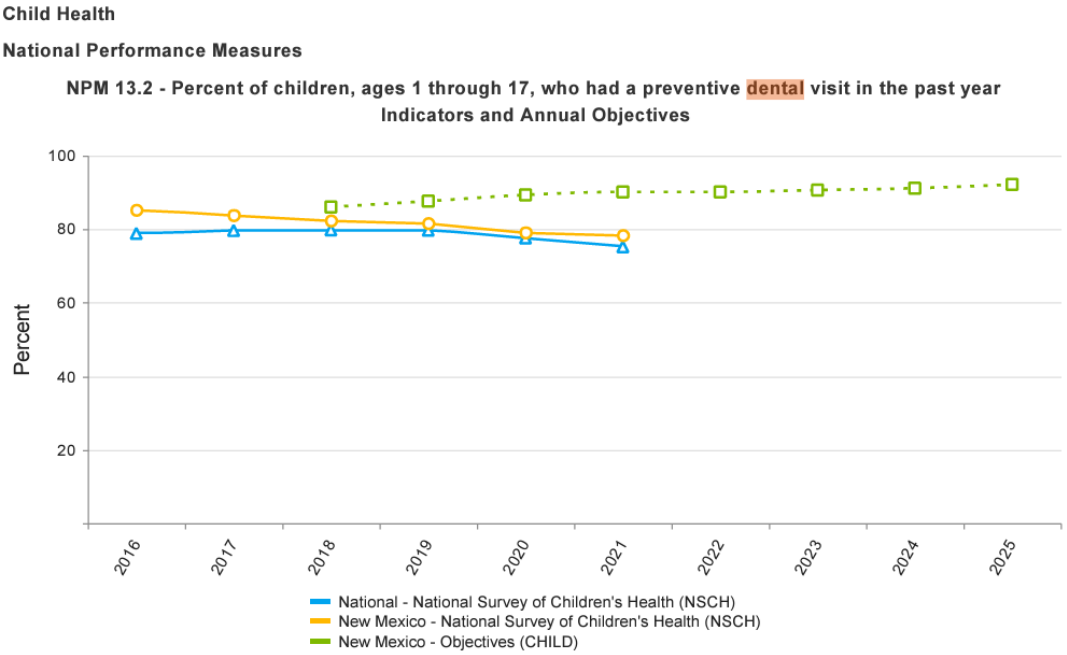
Dentist shortages make it difficult for many New Mexico residents to access dental care. New Mexico has 1,425 dentists as of March 25, 2024, (NM Board of Dentistry, 2024). Twenty-nine of NM's counties are dental care shortage areas, parts of three others are shortage areas, and only one whole county (Los Alamos) is not a dental care shortage area (Rural Health Information Hub, 2024).

In 2022, 61.7% of New Mexico adults had a dentist or dental clinic visit. Females were more likely to have a dental visit, as were people higher household income and educational attainment (NM Behavioral Risk Factors Surveillance System, NM Department of Health).

Fluoridation of community water systems (Centers for Disease Control and Prevention, 2024). Community water fluoridation was named one of ten great public health achievements of the 20th century. It is recognized as one of the most cost-effective, equitable, and safe measures communities can take to prevent cavities and improve oral health. Drinking fluoridated water keeps teeth strong and reduces tooth decay by about 24% in children and adults. Fluoride helps to rebuild and strengthen tooth enamel. Nationally, 72.7% of people served by Community Water Systems received fluoridated water in 2020. In NM, 76.8% of people served by community water systems received fluoridated water (Centers for Disease Control and Prevention, 2024). An economic analysis found that savings associated with water fluoridation are an average of $32 per person by avoiding treatment of dental caries. The estimated return on investment for community water fluoridation (including productivity losses) ranged from $4 in small communities of 5,000 people or less, to $17 in large communities of 200,000 people or more.



Source: The Correlation between Mothers' and their Toddler's Oral Health Behavior in New Mexico



Source: NM Title V Annual Report/State Application

Healthcare Workforce Development

Most of New Mexico is a healthcare shortage area. HRSA identified extensive primary care and mental health care shortage areas in New Mexico. In their most recent report, 1,345,594 New Mexicans live in primary care professional shortage areas (Health Resources and Services Administration, 2024).

Based on the June 2019 Health Resources and Services Administration's Health Professional Shortage Area data, 27.27% of the need for mental health care in the United States has been met, but only 12% of the New Mexico's population's need has been met, leaving 1,246,744 New Mexicans without adequate mental health care access (Department of Psychiatry and Behavioral Sciences, UNM School of Medicine, 2020).

Additionally, 18 counties are primary care shortage areas, and 14 counties include sub-county geography that is a primary healthcare shortage area. Access to mental health care is even scarcer. HRSA found that 1,619,974 New Mexicans live in mental health professional shortage areas. In the primary care shortage areas HRSA estimates that 39% of needs are met. In the mental health shortage areas HRSA estimates that 18% of needs are met.

More than half of New Mexico's counties are either maternal care deserts or have low or moderate maternal care access according to a recent March of Dimes report. In 2020 11 counties (33% of counties) were rated as maternal deserts and six more (18% of counties) were rated by the March of Dimes as having low or moderate maternal care access. Access to maternal care continues to decrease. However, the maternal care picture in New Mexico is not all negative. New Mexico was one of the top five states for births attended by a midwife. Los Alamos County was one of the top five counties in the US for women with health insurance.

For more details on primary care or mental health care shortage areas please see HRSA's Designated Health Professional Shortage Areas Statistics report for 2023 quarter 1 (Health Resources and Services Administration, 2024). For more information on maternal care shortages, please see the 2022 March of Dimes report on maternal care access (March of Dimes, 2022).

What we are doing about it

The Maternal Health program provides support to public health offices that provide prenatal care for women who could not access it otherwise. NMHealth also conducts a Maternal Mortality Review that monitors deaths of women who were recently pregnant of pregnant at the time of death to recommend interventions to prevent such deaths. Its Maternal and Child Health Epidemiology Program gathers, interprets, and presents data about mothers, infants, and children, including children and youth with special health care needs. Its Birth Defects Prevention and Surveillance System reports numbers and rates for major birth defects and related prevention information.

Community Health Workers

One emerging area of health worker expansion in New Mexico is the Community Health Workers (CHW) also known as Community Health Representatives (in American Indian/Alaskan Native communities), or Promotores de Salud (in Southern New Mexico).

CHWs are front-line health workers who are members of the communities they serve. Coming from the same language, culture, education, and class backgrounds they can be bridges between their communities and health and social systems of care to assist with addressing Social Determinants of Health (SDOH) by connecting communities to services and resources in efforts to achieve health equity statewide. These paraprofessionals provide wide-ranging services across the health and social services spectrum.

As CHW certification is voluntary, an exact count of the number of CHWs is not possible statewide; however, approximately 800 un/certified CHWs are reflective in the NMHealth Office of Community Health Workers (OCHW) database. There are an estimated 1,500 people serving in areas as varied as infectious disease prevention, chronic disease management, harm reduction, community EMS, asthma prevention education, and domestic violence prevention. The OCHW is charged with workforce development through integration of CHWs into health and social systems of care. This charge is key in providing a competent workforce by offering core competency and specialty training opportunities for state CHW certification and re-certification. Additionally, NMHealth, OCHW maintains partnerships with organizations and other partners that employ CHWs. This effort is integral in producing an inclusive and productive workforce and will meet the CHW workforce trends as they emerge, expand, and increase within the public health environment.

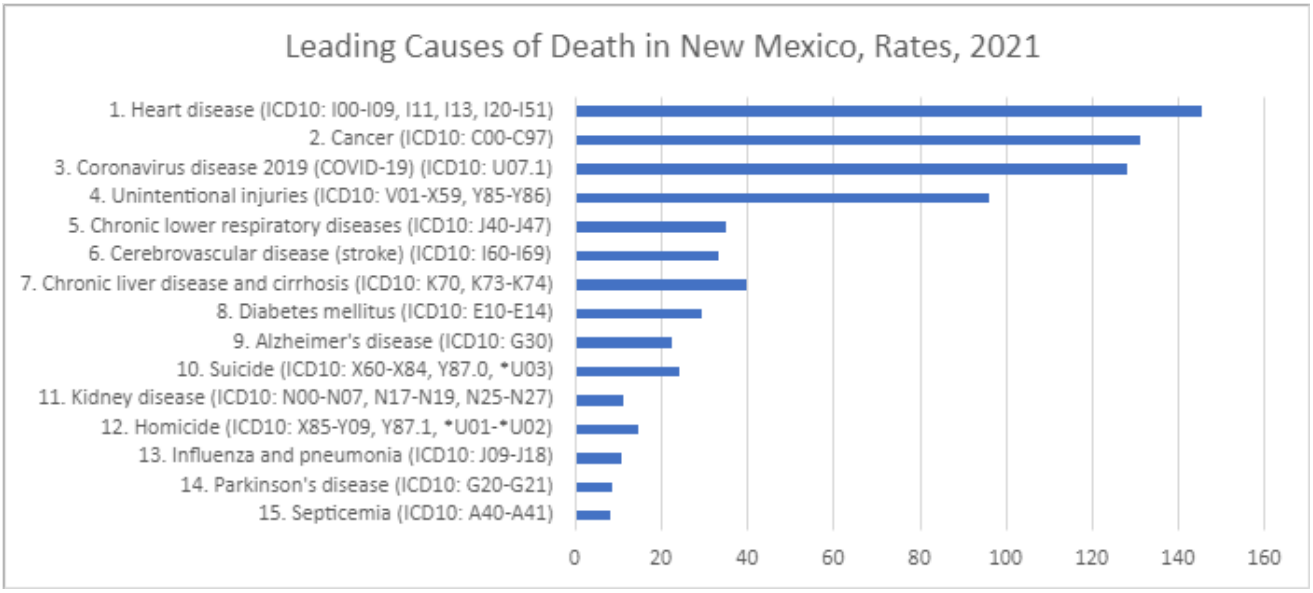
Educational institutions, such as, community colleges and universities, Indian Health Service (IHS), Managed Care Organizations (MCOs), hospitals/clinics, Federally Qualified Health Centers (FQHCs), and other CHW affiliate organizations and employers also collectively provide training for CHWs. Through a partnership with NMHealth, OCHW and the Human Services Division (HSD) Medicaid reimbursement deployed in July 2023 for CHW services through a State Plan Amendment process. This change is important for the sustainability of CHWs, and an important recognition of essential services they provide.

Mortality

Leading Causes of Death

Leading causes of death are the specific causes that account for the highest frequency or highest rates of deaths. As these are specific causes, they do not include estimates of broader categories such as nicotine-related or alcohol-related deaths, although some of the leading causes of death are included in the nicotine-related or alcohol-related estimates.

Chronic diseases accounted for nine of the 15 top leading causes of death in New Mexico in 2021. These were: heart disease, cancers, chronic lower respiratory diseases, cerebrovascular disease (stroke), chronic liver disease, diabetes, Alzheimer's disease, kidney disease, and Parkinson's disease. Three causes were infectious diseases (coronavirus disease, influenza and pneumonia, and septicemia) and three were injury or violence (unintentional injuries, suicide, and homicide). Unintentional injury deaths include unintentional drug overdose deaths.



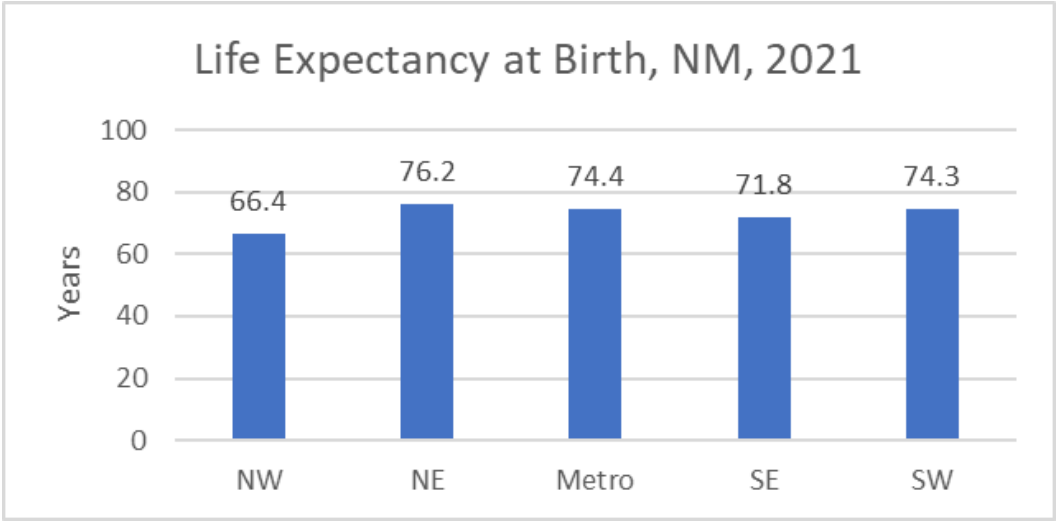
Source: NM-IBIS

Life Expectancy

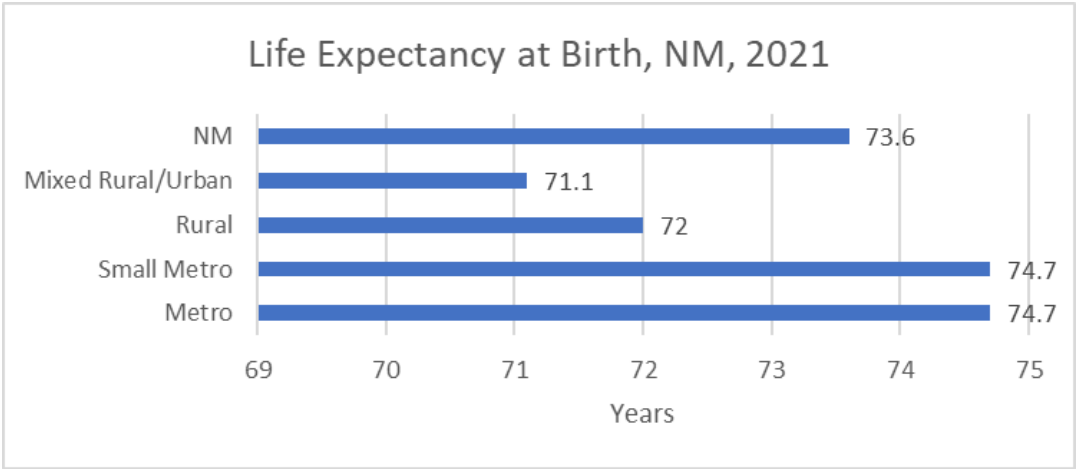
The term "life expectancy" is defined as the number of years a person can expect to live, and many factors influence it. This definition is based on an estimate of the average age that members of a particular population group will be when they die. Racism, poverty, and lack of access to education all reduce life expectancy. Life expectancy can be calculated at birth or at other points in a person's life. Life expectancy at birth varied greatly by county in New Mexico in 2021. People born in Los Alamos were expected to live almost 20 years longer than people born in McKinley County, and 10 years longer than the average New Mexican. Eight New Mexico counties had life expectancy of less than 70 years.

People in metro or small metro counties had the highest life expectancy (74.7), and people in mixed rural/urban counties had the lowest life expectancy (71.1) while people from rural counties had a slightly higher life expectancy at 72.0. By health region, people in the northwest region had the lowest life expectancy (66.4), which was nearly 10 years less than for people in the northeast (76.2) who had the highest life expectancy.

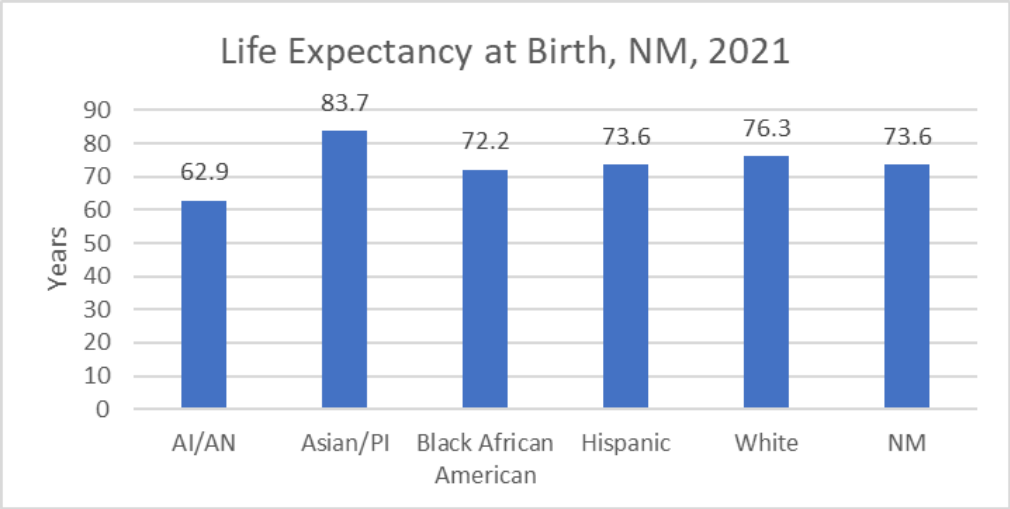
Life expectancy for females was about 12% higher than for males (77.8 compared to 69.7). The race/ethnicity differences have a similar pattern to other measures with American Indians/Alaskan Natives having the lowest life expectancy followed by Black/African American, Hispanics, whites, and Asians/pacific islanders.



Source: NM-IBIS



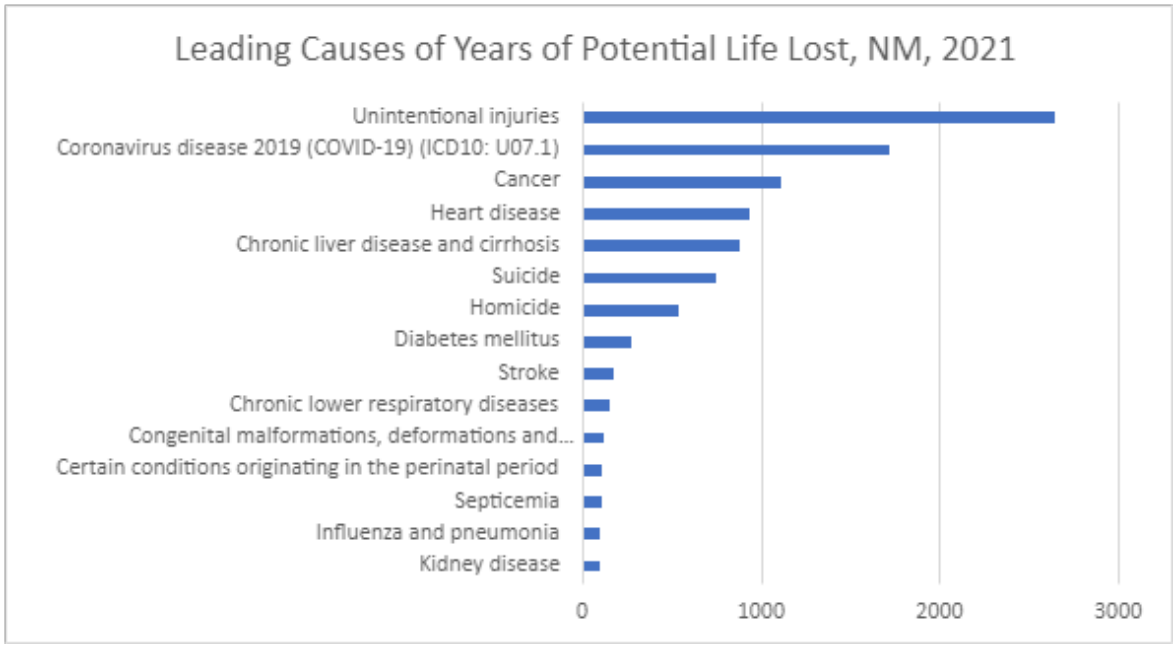
Source: NM-IBIS



Source: NM-IBIS

Years of Preventable Life Lost

Years of Potential Life Lost (YPPL) is an estimate of the total number of person years lost due to premature death. Thus, with the same number of deaths conditions that are more likely to lead to death in younger people will produce a higher YPPL. For example, homicide was the 12th leading cause of death in New Mexico in 2021 but was the 7th leading cause of YPPL in New Mexico in the same year. Note also that two of the leading causes, congenital malformations and perinatal conditions, impact infants and young children.



Source: NM-IBIS

Conclusion

The State Health Assessment illustrates New Mexico's health status, with specific focus in terms of Social Determinants of Health and population demographics.

New Mexico has many strengths, including its demographics, which demonstrate variety among its people. However, it also faces significant challenges to improving public health dramatically and achieving lifelong health for everyone. The 2024 State Health Assessment represents an important step in developing a comprehensive understanding of the health of the state and to advance efforts to do so.

Improving the overall health of New Mexico requires a public health approach. This consists of defining the problems, identifying risk and preventive factors, developing and testing prevention strategies, assuring widespread adoption of public health principles and strategies, and evaluating their impact. This Assessment is a key to achieving success by adopting evidence-based approaches to work across the influential sectors to address the social determinants of health and to improve health equity.

Enhancing the health of New Mexicans is not a task for the public health or health care systems alone. Rather, it will require state and local public health authorities to work with social services, transportation, planning, education, and economic development agencies, private business, not-for-profit organizations, academic institutions, policymakers at every level, Tribal officials, and the public to address New Mexico's health challenges.

With the 2024 State Health Assessment, the stage is now set for the 2024-2026 State Health Improvement Plan to effectively address the health needs of New Mexicans. Through collective effort and sustained engagement with communities across the state, New Mexico can become a place where everyone achieves optimal health across the lifespan, regardless of race, ethnicity, education, gender, sexual orientation, economic stability, nationality, or geography.

The conclusions that are reached by this assessment are that the Department's most important goals should be to improve access to primary care as well as to behavioral health care, and to address the social drivers of health. The State Health Improvement Plan will focus on these key areas to improve the health and well-being of all people in New Mexico.

Appendices

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Appendix B. NMHealth Publications and Related Resources

2022 Data Book | New Mexico Human Services Department
https://www.hsd.state.nm.us/2022-data-book
Addressing the Health Needs of Sex and Gender Minorities in New Mexico, 2018
https://www.NMHealth.org/publication/view/report/4514/
Centers for Disease Control and Prevention https://www.cdc.gov
- Adverse Childhood Experiences (ACEs)
  https://www.cdc.gov/violenceprevention/aces/index.html
- Child Abuse and Neglect Prevention
  https://www.cdc.gov/violenceprevention/childabuseandneglect/index.html
- Firearm Violence Prevention
  https://www.cdc.gov/violenceprevention/firearms/index.html
- National Center for Injury Prevention & Control https://www.cdc.gov/injury
- Sudden Unexpected Infant Death and Sudden Infant Death Syndrome
  https://www.cdc.gov/sids/index.htm
- Suicide Prevention https://www.cdc.gov/suicide
- The Public Health Approach to Violence Prevention
  https://www.cdc.gov/violenceprevention/about/publichealthapproach.html
- The Social-Ecological Model: A Framework for Prevention
  https://www.cdc.gov/violenceprevention/about/social-ecologicalmodel.html

Comprehensive Report on Gunshot Victims Presenting at Hospitals in New Mexico, 2023 https://www.NMHealth.org/publication/view/report/8463
Connect New Mexico https://connect.nm.gov
Kids Count Data Book (Annie E Casey Foundation)
https://www.aecf.org/resources/2022-kids-count-data-book
New Mexico Department of Health Strategic Plan FY21-23
https://www.NMHealth.org/publication/view/plan/7187/
New Mexico Indicator Based Information System (NM-IBIS) https://ibis.doh.nm.gov
New Mexico Maternal Mortality Review Report, 2022
https://www.NMHealth.org/data/view/maternal/2684
New Mexico Office of the Medical Investigator https://hsc.unm.edu/omi
New Mexico Office of the Medical Investigator, 2022 Annual Report
https://hsc.unm.edu/omi/_docs/pdfs/ar2021.pdf
New Mexico Pregnancy Risk Assessment and Monitoring System (NM PRAMS)
https://www.NMHealth.org/about/phd/fhb/prams
New Mexico Voices for Children 2023 Kids Count Data Book
https://www.nmvoices.org/wp- content/uploads/2022/01/KidsCount-DataBook2021-FINAL.pdf
New Mexico Youth Risk & Resiliency Survey https://youthrisk.org
Safe Sleep NM https://www.safesleepnm.org
Safe Storage NM http://www.safestoragenm.org
State of Mental Health in New Mexico, 2022
https://www.NMHealth.org/data/view/report/2650
Substance Use and Mental Health Services Administration https://www.samhsa.gov

988 Suicide & Crisis Lifeline https://www.samhsa.gov/find-help/988
QPR (Question, Persuade, Refer) Suicide Prevention Training https://www.samhsa.gov/resource/dbhis/qpr-question-persuade-refer-suicide-prevention-training
Share Information Center, New Mexico https://www.share.state.nm.us

Appendix C. Framework

The Public Health Approach

Public health is “the science and art of preventing disease, prolonging life, and promoting health through the organized efforts and informed choices of society, organizations, public and private communities, and individuals.” — CEA Winslow

Public health is focused on improving health outcomes for entire populations. It is a science that draws on an evidence-base informed by numerous disciplines, including medicine, epidemiology, social sciences, education, and economics. The New Mexico Department of Health uses a public health approach to 1) Define and Monitor the Problem, 2) Identify Risk and Protective Factors 3) Develop and Test Prevention Strategies and 4) Assure Widespread Adoption.

The Public Health Approach

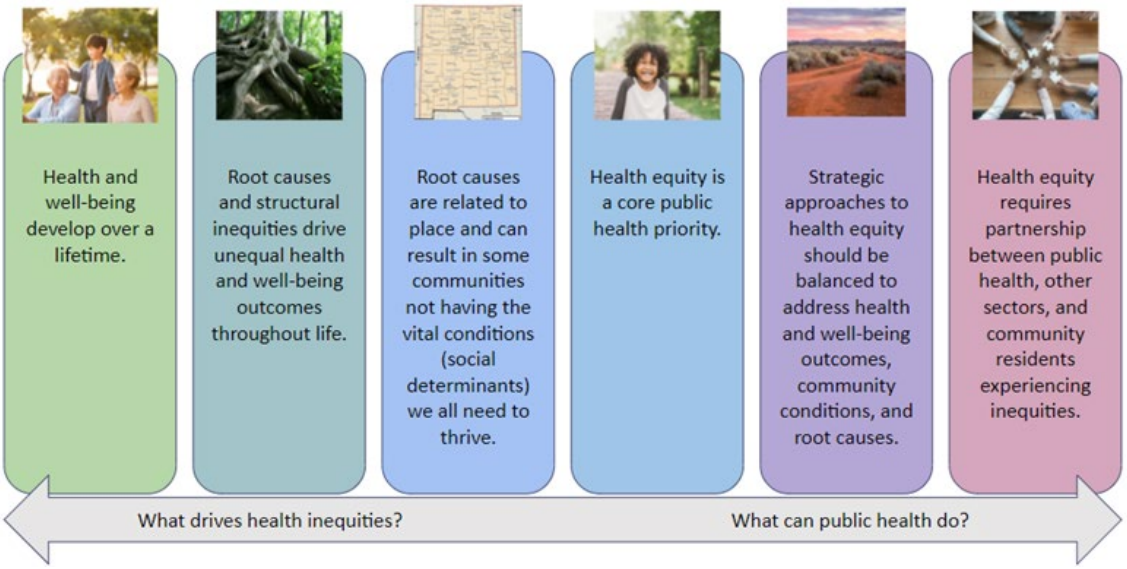
Health Equity Approach

Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Health equity is achieved when everyone in our society has the same opportunity to be as healthy as possible, regardless of race, ethnicity, gender, sexual orientation, economic status, or geographic location. According to the World Health Organization, good health is a fundamental human right, and everyone should have the opportunity to attain it (World Health Organization (WHO), 2024). By addressing inequities, public health leadership can create opportunities for all people and communities to feel empowered to achieve the highest level of health. Achieving this requires ongoing societal efforts to:

- Address historical and contemporary injustices, including systemic racism.
- Overcome economic, social, and other obstacles to health and health care; and
- Eliminate preventable health disparities.

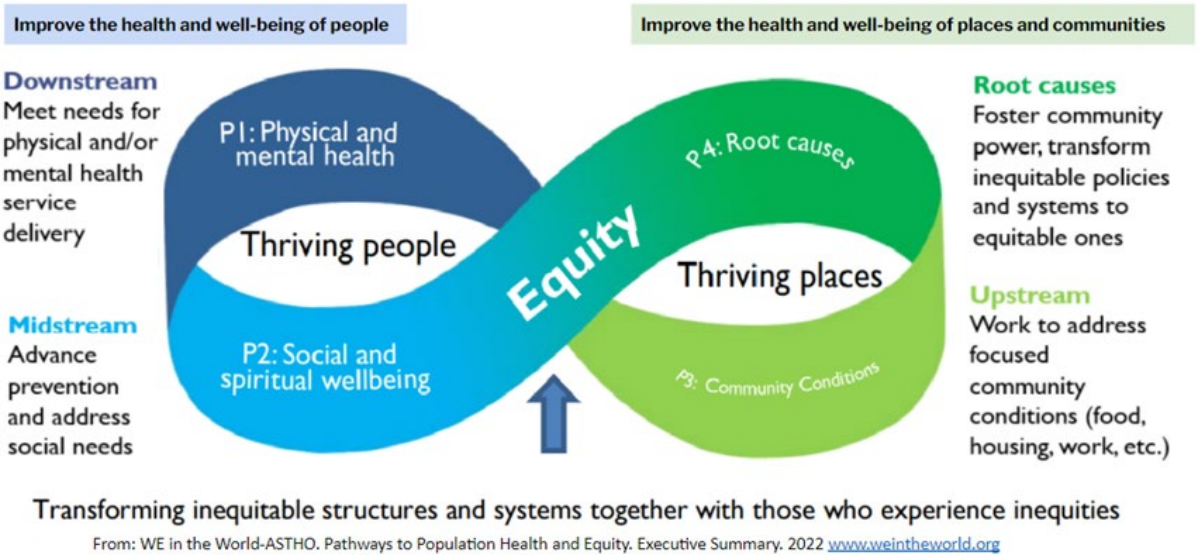
The systems and policies that have resulted in the generational injustices that give rise to racial and ethnic health disparities must be changed to achieve health equity. Where people live, learn, work, and play are as important to health outcomes as medical interventions. As the recognition of these realities increases, New Mexico's partners in public health will have more opportunities to influence policy makers to incorporate environmental and economic considerations into health policies to assist in ongoing achievement and improvement in health equity.

Foundational Concepts in Health Equity



Transforming inequitable structures and systems requires the participation of those who experience inequities. To do so, NMHealth is developing interventions aimed at improving the health and wellbeing at the individual and community level. We utilize the approach suggested by the Association of State and Territorial Health Officials (ASTHO) to develop interventions in four categories of work. These include interventions that address physical and mental health, social and spiritual wellbeing, addressing root causes, and modifying community conditions.

Pathways to Population Health Equity



A health care system that is more appreciative of the diverse cultures of New Mexico may look to public health for lessons learned in applying cultural competence to health improvement efforts. Public health is the science of protecting and improving the health of people and their communities. It provides guidance in identifying accountability measurements, other than clinical indicators, that show the impact on population health disparities, and/or economic and healthcare utilization indicators.

One of the key instruments in addressing health disparities in New Mexico is NMHealth's Strategic Plan (New Mexico Department of Health, 2022). That plan is revised every three years and is implemented through a performance management system that identifies progress the Department makes on population health indicators and includes health disparity reduction and health inequity improvement targets.

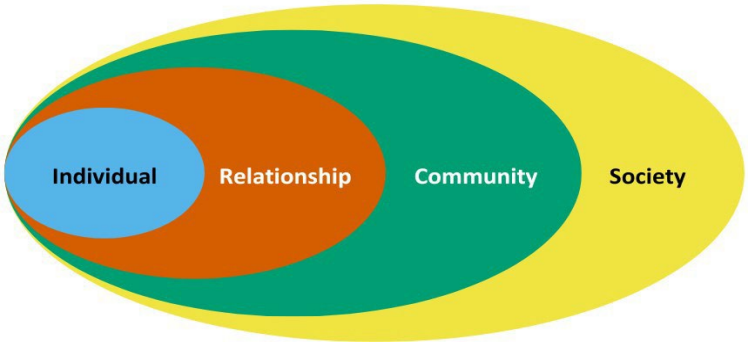
NMHealth is committed to improving the well-being of all diverse communities in New Mexico, and raising awareness of health equity through collaboration, education, and advocacy. Its epidemiology staff collect, analyze, and report data, focusing on areas of health inequity, and identify evidence-based approaches to address them. Health promotion staff in the Regions and Programs work to implement the findings in various communities as applicable. Program staff across the Department do the same in their areas of focus. The Department's Office of Health Equity supports these efforts and works with the Office of the Tribal Liaison, which supports strong government to government relationships and better health and wellness among sovereign Pueblos, Tribes, and nations in New Mexico, and with the Office of Border Health whose mission is to improve health status and health services in U.S.-Mexico border areas of the State.

The DOH works to promote health equity notwithstanding race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

Social-Ecological Model

The Social-Ecological Model (SEM) considers the dynamic interplay of factors which influence health at and across multiple levels of society- individual, relationship, community, and societal.

The Social-Ecological Model



Shared Risk and Protective Factors

Factors which either increase or decrease interconnected risks of injury. These risk and protective factors may occur at any singular or on multiple levels of the Social-Ecological Model.

Social Determinants of Health

The underlying community-wide social, economic, and physical conditions in which people are born, grow, live, work and age. They affect a wide range of health, functioning, and quality-of-life outcomes and risks. These determinants and their unequal distribution according to social position result in differences in health status between population groups that are avoidable and unfair (American Medical Association of American Medical Colleges, 2021).

Evidence increasingly shows that understanding and addressing the social determinants of health is critical for continued improvements in health outcomes. A recent report from the US Health and Human Services Department states that SDOH account for about 50% of health outcomes, while clinical care accounts for only about 20%. This analysis included "housing, food and nutrition, transportation, social and economic mobility, education, and environmental concerns" (Amelia Whitman, 2022).

New Mexicans may experience a high rate of adverse SDOH. For example, based on US Census data, in 2021, New Mexico was the state with the third highest rate of people living in poverty, behind only Mississippi and Louisiana. Adverse SDOH, such as economic instability, have been shown to be associated with many negative health outcomes (Julia J. Lund, 2021).

Social Determinants of Health (SDOH) play a crucial role in influencing the overall health and well-being of individuals, regardless of their age. It is especially crucial to consider

the influence of SDOH on children and youth. This is because the physical, social, and emotional abilities that develop during early life serve as the building blocks for long-term health and well-being throughout the lifespan.

NMHealth collects data on SDOH in three large surveys (the Behavioral Risk Factor Surveillance System (BRFSS), the Youth Risk and Resiliency Survey (YRRS), and the Prenatal Risk Assessment Monitoring System (PRAMS). The department also collects SDOH in administrative and transactional databases where possible.

Social Determinants of Health

Source: Healthy people 2030, US department of Health and Human Services

Adverse Childhood Experiences

Adverse childhood experiences (ACEs) refer to potentially traumatic events that take place during childhood (ages 0-17 years). Toxic stress from ACES can change brain development and affect how the body responds to stress, (CDC) Neighborhoods lacking resources or experiencing racial segregation have the potential to induce stress which compounds the effect of ACEs on the development of children's brains, immune systems, and stress-response systems. ACEs also disrupt a child's ability to develop healthy attention spans, decision-making processes, and ability to learn, while increasing the risk of injury-related deaths (Centers for Disease Control and Prevention, 2023), and the risk of future violence victimization and/or perpetration. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood (CDC).

The Centers for Disease Control and Prevention (CDC) categorizes ten ACEs into three groups: abuse, neglect, and household challenges (Centers for Disease Control and Prevention, 2021). The ten ACEs are:

- Abuse
    - **Emotional abuse:** A parent, stepparent, or adult living in your home swore at you, insulted you, put you down, or acted in a way that made you afraid that you might be physically hurt.
    - **Physical abuse:** A parent, stepparent, or adult living in your home pushed, grabbed, slapped, threw something at you, or hit you so hard that you had marks or were injured.
    - **Sexual abuse:** An adult, relative, family friend, or stranger who was at least five years older than you ever touched or fondled your body in a sexual way, made you touch his/her body in a sexual way, attempted to have any type of sexual intercourse with you.
- Household Challenges
    - **Mother treated violently:** Your mother or stepmother was pushed, grabbed, slapped, had something thrown at her, kicked, bitten, hit with a fist, hit with something hard, repeatedly hit for over at least a few minutes, or ever threatened or hurt by a knife or gun by your father (or stepfather) or mother's boyfriend.
    - **Substance abuse in the household:** A household member with excessive use of psychoactive drugs, such as alcohol, pain medications, or illegal drugs that can lead to physical, social or emotional harm.
    - **Mental illness in the household:** A household member was depressed or mentally ill or a household member attempted suicide.
    - **Parental separation or divorce:** Your parents were ever separated or divorced.
    - **Incarcerated household member:** A household member went to prison.
- Neglect
    - **Emotional neglect:** Someone in your family never or rarely helped you feel important or special, you never or rarely felt loved, people in your family never or rarely looked out for each other and felt close to each other, or your family was never or rarely a source of strength and support.
    - **Physical neglect**: There was never or rarely someone to take care of you, protect you, or take you to the doctor if you needed it, you didn't have enough to eat, your parents were too drunk or too high to take care of you, or you had to wear dirty clothes.

Emerging research about additional circumstances experienced in childhood which may increase adversity:

- Housing insecurity
    - Emerging research suggests that adults who have experienced housing insecurity are significantly more likely to have encountered adverse experiences during their childhood compared to individuals in the general population who have not experienced housing insecurity (Curry, 2017).
- Community violence

- Experiencing community violence and physical abuse during childhood can have a significant impact on both externalizing behaviors and academic performance in later years. Furthermore, it is crucial to acknowledge that community violence exposure (CVE) has a distinct and autonomous effect when evaluating the influence of physical abuse (Schneider, 2020).

ACEs and the detrimental effects they cause can be reduced through preventive measures. The establishment and maintenance of secure, stable, and nurturing relationships and environments for children and families can effectively mitigate ACEs and reduce the occurrence of child fatalities. In 2019, the Centers for Disease Control and Prevention issued a resource guide about ACEs (Centers for Disease Control and Prevention, 2019), highlighting six strategies to prevent ACEs:

1. Strengthen Economic Supports for Families;
2. Promote Social Norms that Protect Against Violence and Adversity;
3. Ensure a Strong Start for Children;
4. Teach Skills;
5. Connect Youth to Caring Adults and Activities;
6. Intervene to Lessen Immediate and Long-term Harms.

Essentials for Childhood: Preventing Adverse Childhood Experiences through Data to Action is a CDC-funded program focused on preventing ACEs and promoting positive childhood experiences (PCEs). Twelve recipient organizations across the nation are building or improving ACEs and PCEs data collection infrastructure and capacity, implementing and sustaining ACEs prevention strategies, focusing on health equity and conducting ongoing data-to-action activities to inform changes to their existing prevention strategies or select additional strategies.

A Theoretical Foundation

Ten Essential Public Health Services

The Department's plan to achieve healthy equity requires ensuring that everyone has a fair and just opportunity to be as healthy as possible. This isn't only about access to healthcare but also takes into consideration other social determinants that affect health, including quality education, safe homes and neighborhoods, living wage jobs and a healthcare system that acknowledges and addresses systemic racism and other types of discrimination.

To achieve health equity, the 10 Essential Public Health Services as explained in CDC's Health People 2030 must be performed. They are:

1. Assess and monitor population health status, factors that influence health, and community needs and assets.

2. Investigate, diagnose, and address health problems and hazards affecting the population.
3. Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.
4. Strengthen, support, and mobilize communities and partnerships to improve health.
5. Create, champion, and implement policies, plans, and laws that impact health.
6. Utilize legal and regulatory actions designed to improve and protect the public's health.
7. Assure an effective system that enables equitable access to the individual services and care needed to be healthy.
8. Build and support a diverse and skilled public health workforce.
9. Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.
10. Build and maintain a strong organizational infrastructure for public health.

This approach actively promotes policies, systems, and overall community conditions that enable optimal health for all. It also seeks to remove systemic and structural barriers to health including poverty, racism, gender discrimination and other forms of oppression.

Public Health Foundational Areas
The specific foundational areas that the Ten Essential Public Health Services address include:

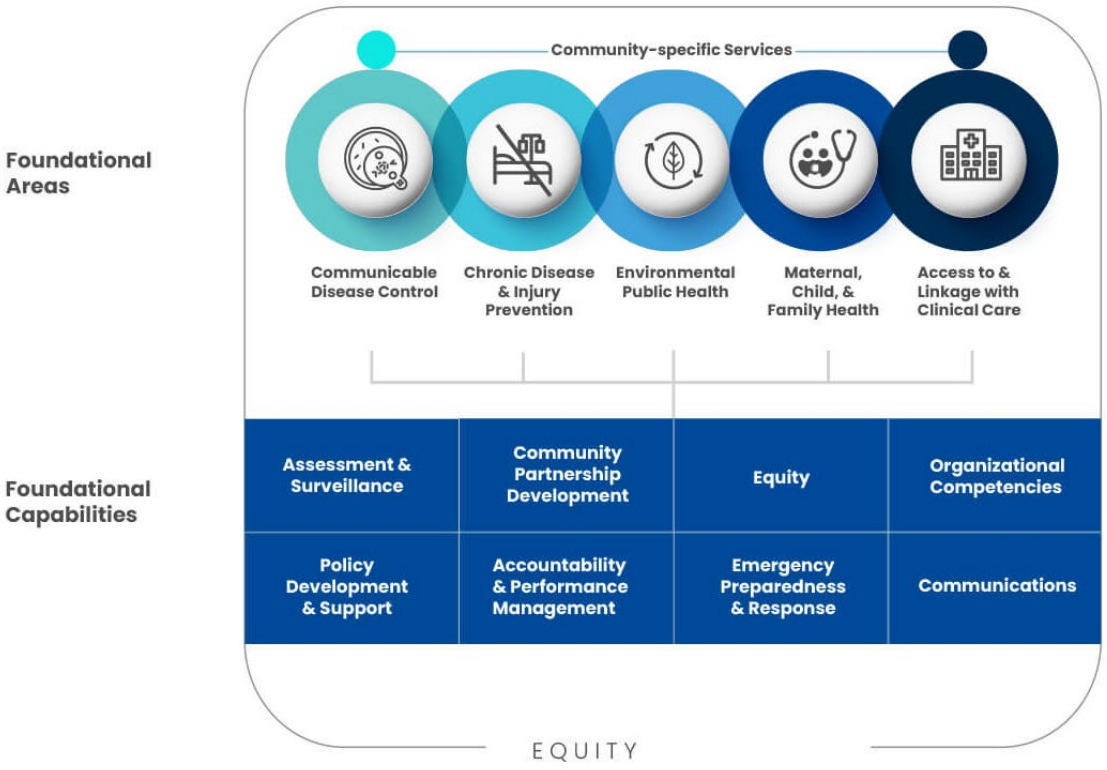
- Communicable disease control
- Chronic disease and injury prevention
- Environmental public health
- Maternal, child, and family health
- Access to and linkage with clinical care

Public Health Foundational Capabilities
To achieve the goals of the plan to achieve health equity, public health infrastructure, functionality, and delivery of these services need to be improved. This will require application of skills in the foundational capabilities needed to carry out these programs efficiently and effectively, including identifying and analyzing public health challenges and addressing them through public health policies and programs.

The Foundational Capabilities are defined by the Public Health Accreditation Board (PHAB) as:

Assessment and Surveillance (Epidemiology)
Community Partnership Development
Equity
Organizational Competencies (Workforce, Information Technology, Leadership)

Policy Development and Support
Accountability and Performance Management
Emergency Preparedness and Response
Communications



PHAB

February 2022

Methodology

Mobilizing for Action through Planning and Partnership
NMHealth is using the Mobilizing for Action through Planning and Partnerships (MAPP) community-driven strategic planning process to pursue its goal of achieving a healthier state and by addressing health equity. Facilitated by public health leaders, MAPP is a framework that is a basis for community-driven strategic planning for improving community health.

The MAPP framework consists of six phases. They are:

Phase 1: Organize for Success & Partnership Development
During this process, Tribal and local partners including hospitals, pueblos, community outreach organizations and community health workers were invited to join the DOH in this work. This phase involved asking questions such as: How long will the process take? What will the process entail? The Department also assessed the resources, staff, and budget that the SHA will include.

Phase 2: Visioning
Visioning, the second phase, guides the community through a collaborative, creative process that leads to a shared community vision and common values. Vision and values statements provide focus, purpose, and direction to the SHA/SHIP so that participants collectively achieve a shared vision for the future.

Phase 3: The Four Assessments
Assessments yield important information for improving community health, but the value of the four MAPP Assessments is multiplied by considering the findings as a whole. This assessment in particular focuses on epidemiological data. Other reports have addressed Local Public health systems and forces of change.

Phase 4: Identifying and Prioritizing Strategic Issues
During this phase of the SHA/SHIP, participants develop an ordered list of the most important issues facing the community. Strategic issues are identified by exploring the convergence of the results of the four MAPP Assessments and determining how those issues affect the achievement of the shared vision. In this document, the table of contents is ordered in such a way that the most prominent issues facing New Mexico residents are front and center. The Core Support and Steering Committees play an integral role in this phase.

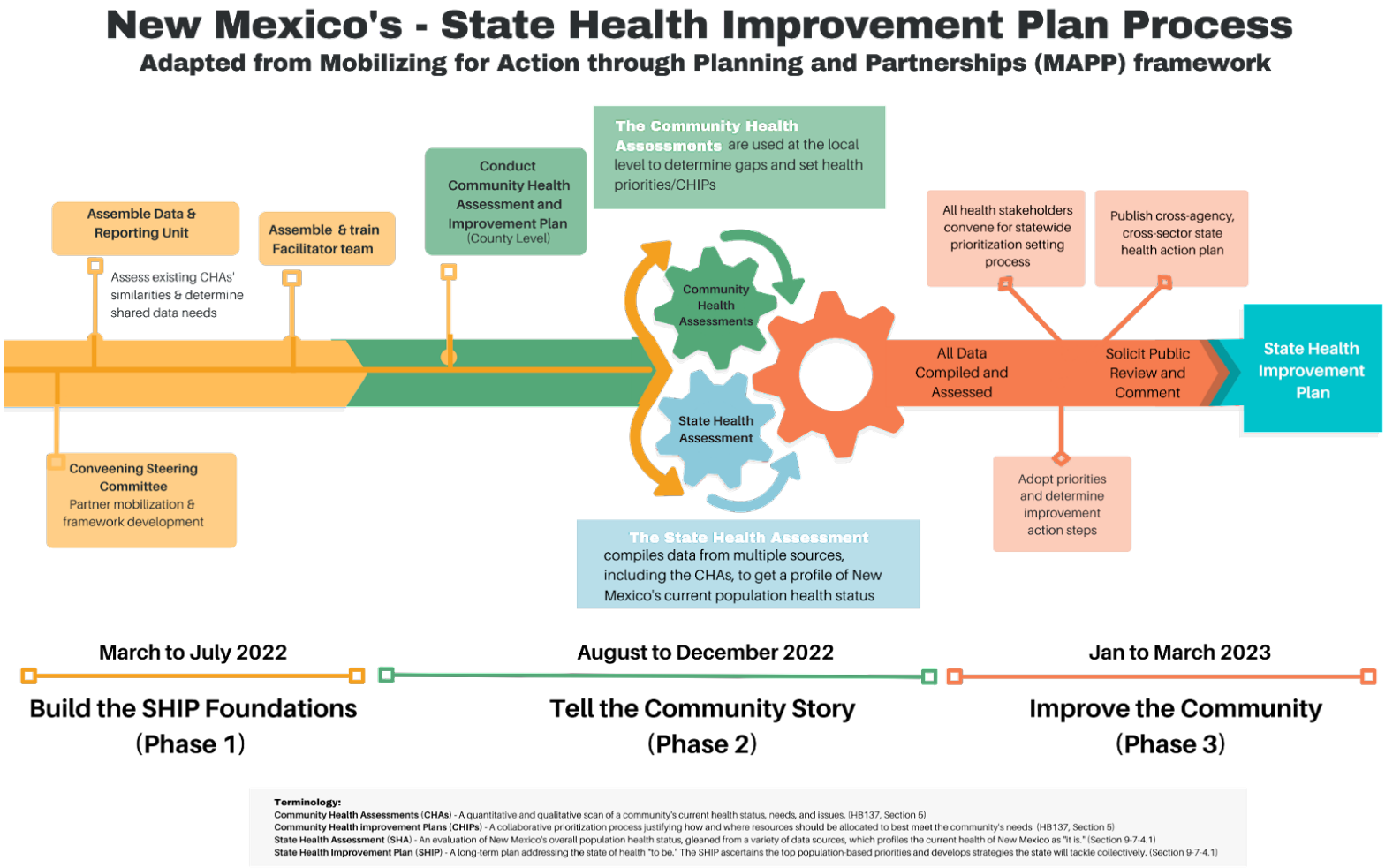
Phase 5: Formulate Goals and Strategies
During the Formulate Goals and Strategies phase of the SHA/SHIP, the participants take the strategic issues identified in the previous phase and formulate goal statements related to those issues. They then identify broad strategies for addressing issues and

achieving goals related to the community's vision. The result is the development and adoption of an interrelated set of strategy statements.

Phase 6: Action Cycle

The Action Cycle links three activities—Planning, Implementation, and Evaluation. Each of these activities builds upon the others in a continuous and interactive manner. While the Action Cycle is the final phase of the SHA/SHIP, it is by no means the end of the process.

During this phase, the efforts of the previous phases begin to produce results, as the local public health system develops and implements an action plan for addressing priority goals and objectives. This is also one of the most challenging phases, as it may be difficult to sustain the process and continue implementation over time. New Mexico is confident that the challenges we seek to address in the SHA/SHIP will be met in the coming years.



Appendix D. Definitions and Discussion

It is important to have a common language to use to communicate about health-related issues on which to base public health improvement efforts. The following definitions are provided to set the context of the discussion of the Social Determinants of Health and how health is influenced by them. This list is by no means exhaustive, nor is it a definitive list of correct or incorrect meanings. Rather, it is intended to serve as a starting point for reflection and discussion. It is a guide on current usage of important terms and will be updated over time. When possible, authoritative sources are cited.

Data

Factual information that are used as a basis for reasoning, discussion, or calculation. Data can be very powerful and can also lead to inappropriate conclusions if analyzed separately from context and must therefore be used only with that understanding.

Data Limitations

Some data that could inform the topics included in this document are not available. Other data are incomplete, providing insights into part of the state by geography (air quality monitors), age (there are different question on the youth and adult health risk surveys), race/ethnicity (even with over-sampling, data may not exist to describe specific health impacts on some smaller population racial/ethnic groups). Many datasets do not include information on a range of important fields - from occupation to disability status. Most historic datasets do not include information on gender identity or sexual orientation. NMHealth and other state agencies are working to add essential health-related fields to existing datasets.

Despite collecting thousands of health indicators, NMHealth does not collect or have access to all indicators that would be useful. NMHealth, other agencies, health systems, and other community groups continually add indicators and surveillance systems when and where possible. One needed surveillance system is the All-Payer Claims Database (APCD), which is becoming available to the public this year.

Even when data are collected, they may not be as complete or representational as desired. NMHealth, its colleagues and partners work to increase data completeness and to make them even more closely representational of the New Mexico population. All this is within the context of the measurability bias, where concerns or contexts that are measurable and particularly quantifiable are privileged over qualitative information.

Data Sovereignty

Data do not exist in a vacuum. All data are subject to the rules, regulations, and governance structures of the polity in which they were collected (or the polity of the people who contributed to the data). As there are numerous sovereignties overlapping and within NM's borders, there are also numerous governing bodies that set rules, regulations, and governance for health data that NMHealth maintains and uses.

NMHealth does not share Tribal data without a request from the specific sovereignty involved. Tribal data sovereignty and Tribal data governance are defined in inter-governmental compacts.

Data Governance
Data governance is a process that assures that data are collected, maintained, stored, and shared securely and appropriately. This includes Tribal data governance (following all provisions included in inter-governmental compacts). Data governance covers all levels from the governmental level to detailed practices and procedures required for specific datasets. At this micro level, data stewards and data custodians are responsible for assuring all rules and procedures are followed and that data are shared appropriately.

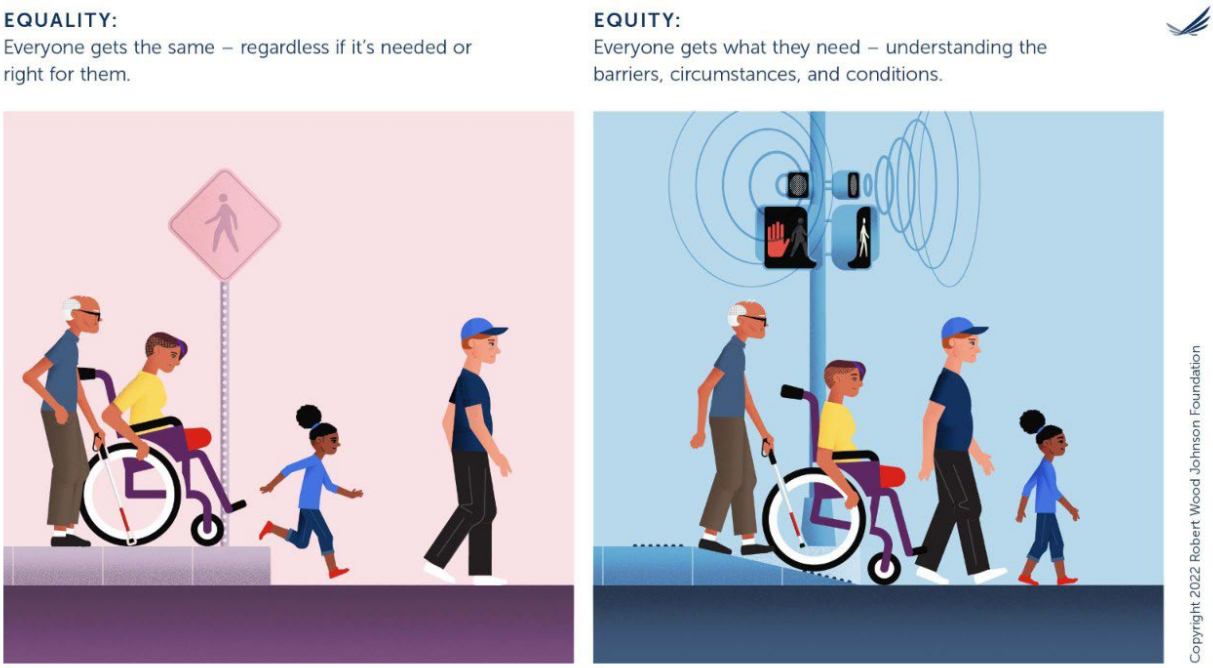
Data with Health Equity Lens
Data that are produced that highlight or minimize issues relating to health equity. Using a heath equity lens in analyzing data refers to scrutinizing data to highlight health and health-related disparities and inequities.

Data on health outcomes in New Mexico must go hand-in-hand with contexts. Public health professionals have the obligation to eliminate unintentional blaming and shaming. Inequities cannot be understood or adequately addressed by focusing only on individuals, their behavior, or their biology. A deep analysis of the conditions in which different communities in New Mexico live, work, age, go to school and worship can provide us with clarity on opportunities to promote health equity.

Health Equity

The fair and just opportunity for all people to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Crosswalk Equity Graphic



The Department considers the diversity of New Mexico's communities as it makes decisions on how policy and practices are developed and how resources are distributed to remove obstacles to health such as poverty, power imbalances, discrimination and their consequences including lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. It works to ensure that its workforce is diverse and inclusive because a workforce and leadership reflecting all New Mexicans can best achieve health outcomes that are equitable. When health equity is achieved everyone will have access to resources and conditions needed for health and well-being, and health outcomes based on sex, gender, race/ethnicity, income, education, disability, county, zip code, or any other basic demographic descriptor will not be as predictable as they are today.

Health equity has been a major context of NMHealth's work for many years. However, in 2021 the Department re-centered its mission around health equity. The Department seeks to align efforts to achieve health equity with core cultural values. Health equity seeks to align improving health outcomes with the core values and principles of NM's sovereign Indigenous Tribes, Pueblos, and Nations.

Traumatic experiences including historical trauma, assault, discrimination based on any number of personal characteristics, and Adverse Childhood Experiences (ACEs) exacerbate the challenges to achieving health equity and positive health outcomes. In 2023, NMHealth followed the New Mexico Children, Youth, and Families Department (CYFD) in adopting a trauma-informed lens and implementing various trauma-informed practices.

Health Disparities
"Preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations" (Community Health and Program Services (CHAPS), Centers for Disease Control and Prevention, 2008). Elimination of health disparities and creating equitable opportunities for people to live healthy lives is also a focus of Healthy People 2030 (U.S. Department of Health and Human Services, 2020).

Health Inequity
A state in which everyone does not have a fair and just opportunity to attain the optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Disparities in health care and health outcomes are the result of systemic, avoidable, and unjust social and economic policies and practices that create barriers to opportunity. Health inequity results in the failure to attain the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

Racism and Discrimination

The system of categorizing people based on shared physical or social qualities into groups is generally viewed as distinct within a given society. It arises to differentiate groups of people in hierarchies to advantage some and disadvantage others. Stated another way, race is a social construct. Camara P. Jones explains: "The variable 'race' is only a rough proxy for socio economic status, culture, and genes, but it precisely captures the social classification of people in a race-conscious society such as the United States. The race noted on a health form is the same race noted by a salesclerk, a police officer, or a judge, and this racial classification has a profound impact on daily life experience in this country. That is, the variable 'race' is not a biological construct that reflects innate differences, but a social construct that precisely captures the impact of racism" (Jones, 2000).

Racial discrimination is any distinction, exclusion, restriction or preference based on race, color, descent, or national or ethnic origin which has the purpose or effect of

nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life (United Nations, 1965).

Racism, both structural and impersonal, are fundamental causes of health inequities, health disparities, and disease. The impact of the inequities on the health of Americans is severe, far-reaching, and unacceptable. Across the country, racial and ethnic minority populations experience higher rates of poor health and diseases in a range of health conditions, including diabetes, hypertension, obesity, asthma, and heart disease, than their White counterparts. The life expectancy among Blacks/African Americans is four years lower than that of White Americans.

Racism can have a devastating effect on the lives of those targeted. They can suffer physically and psychologically, in addition to experiencing impacts on their working lives, finances, and social connectedness. Racist incidents can have a negative impact not only on an individual who directly experienced it, but also on the person's family or the entire community.

Racism also affects the economy, and as a result individual health, education, and other opportunities. It does so by leaving people who have been subjected to racism unable to contribute to the economy as effectively as those who have received the benefits of economic and political wherewithal to contribute more.

Discrimination is the recognition and understanding of the difference between one thing and another. In the context of social justice, it is used to mean unjust or prejudicial treatment of different categories of people, commonly recognized bases for discrimination include age, ancestry, color, disability, ethnicity, gender, gender identity of expression, HIV/SIDS status, military status, national origin, pregnancy, race, religion, sex, sexual race, age, sex and gender.

Protected classes under various federal and state laws who are protected from discrimination in certain matters include race, color religion, sex (including pregnancy, sexual orientation, or gender identity), national origin, age (40 or older) disability and genetic information (including family medical history) and others.

People Experiencing Racism

The American Public Health Association declares racism a public health crisis that actively harms people and creates sometimes fatal health outcomes for communities. Alongside racism, colonialism continues to perpetuate systems subjugating many groups and reinforces cultural genocidal practices like language erasure, eliminating medicinal practices, disrupting traditional food ways, and attempts to eradicate generations of community values (American Public Health Association, 2020).

While resilience abounds amid the active aggression of racist and colonialist systems, the need for deeper understanding of inequities can help to create new inclusive ways

to support traditional practices through a health equity lens. Health equity is necessary to improve public health overall through the acknowledgment of past and current actions, while enacting and implementing social justice and reparations to move into a brighter future for all.

Institutional Racism
The racial attitudes found in an ethnic group's traditions, beliefs, opinions, and myths that are ingrained in a group's cultural paradigm, where such traditions, beliefs, opinions, and myths have been practiced and sustained for so long that they are accepted as common facts, and are understood to be normal behaviors, whereas such practices in effect marginalize and deprecate the human worth of another ethnic group. Institutional racism is associated with policies, rules, practices, etc. that are a usual part of the way an organization works. They result in and support a continued unfair advantage (not based on principles of equality and justice) to some people and unfair or harmful treatment of others based on race (Cambridge University Press, 2024).

Systemic Racism
An infrastructure of rulings, ordinances or statutes promulgated by a sovereign government or authoritative entity, where such ordinances and statutes entitle one ethnic group in a society certain rights and privileges, while denying other groups in that society these same rights and privileges because of long-established cultural prejudices, religious prejudices, fears, myths, and xenophobia (dislike of or prejudice against strangers or foreigners) held by the entitled group. Systemic racism is and results in policies and practices that exist throughout a whole society or organization, and that result in and support a continued fair advantage to some people and unfair or harmful treatment of others based on race (Systemic Racism vs. Institutional Racism).

According to the Network for Public Health Law, structural racism is the most significant driver of health disparities in the US (Network for Public Health Law, 2024).

Ethnicity
The social group a person belongs to, and either identifies with or is identified with by others, as a result of a mix of cultural and other factors including language, diet, religion, ancestry and physical features traditionally associated with race (Bhopal, 2004).

The New Mexico Department of Health has defined state standards for presentation of Race and Ethnicity. Data systems in New Mexico collect race and ethnicity data using the 1997 OMB standard, but for the purposes of presentation, race and ethnicity are presented together using the following five major categories, which are the NMHealth Race and Ethnicity Presentation Standard:

American Indian/Alaska Native
Asian or Pacific Islander
Black or African American
Hispanic
White

Racial Equity and Racial Justice
The systemic and fair treatment of people of all races, resulting in equitable opportunities and outcomes for all. Racial justice – or racial equity – goes beyond "anti-racism." It is not just the absence of discrimination and inequities, but also the presence of deliberate systems and supports to achieve and sustain racial equity through proactive and preventative measures.

Social Justice
The "view that everyone deserves equal rights and opportunities — this includes the right to good health" (American Public Health Association, n.d.). Social justice refers to a fair and equitable division of resources, opportunities, and privileges in society.

Historical/Generational Trauma
"Multigenerational trauma experienced by a specific cultural, racial or ethnic group. It is related to major events that oppressed a particular group of people because of their status as oppressed, such as slavery, the Holocaust, forced migration, and the violent colonization of Native Americans" (Administration for Children and Families, n.d.). Additional examples of historical or generational traumatic experiences include abuses of American Indians/Alaska Natives in and related to residential schools, US internment of Japanese Americans in the 1940s, and involuntary sterilization of people with disabilities. The impact of historical trauma varies by person with some people having few obvious signs and others being more impacted. The impacts can include a broad range of health risks.

Colonialism
Colonialism refers to the combination of territorial, juridical, cultural, linguistic, political, mental/epistemic, and/or economic domination of one group of people or groups of people by another (external) group of people (Elsevier B.V., 2024). It includes the policy of acquiring full or partial political control over another country, occupying it with settlers, and exploiting it economically (Oxford Languages, 2024). Effects of colonialism and colonization typically include spread of disease, economic instability, ethnic rivalries, and human rights violations and cultural impacts issues that can long outlast one group's colonial rule. Likewise, neocolonialism is a situation in which a nominally independent state has its economic system and political choices directed from outside.

Social Connection and Cultural Cohesion
A measure of relationships and the level of emotional connection that individuals and groups have, while Cultural Cohesion is a measure of relationships within a cultural group and the level of emotional connection that individuals and groups have.
They are important components of the Social Determinants of Health.

Root Shock

The emotional trauma a person experiences when their environment is devastated. It is the loss of interpersonal ties and the social, cultural, political, and emotional capital that is vested in the collective connections. In her book, *Root Shock: How Tearing Up City Neighborhoods Hurts America and What we Can do about it*, Mindy Fullilove defines Root Shock as “The traumatic stress reaction to the destruction of all or part of one’s emotional ecosystem” (Fullilove, 2004).

Water Justice

Water justice means that everyone has access to clean and safe water, regardless of location, type of water system, or income level (Association of State and Territorial Health Officials, n.d.).

Appendix E. Acknowledgements

"If you want to go quickly, go alone.
If you want to go far, go together."

– African Proverb

A State Health Assessment (SHA) is one of the first steps in the long road for population health improvements. More technically, it is a comprehensive overview of the community's current health status, needs, and issues. This systematic effort supports the development of State Health Improvement Plans by justifying where resources should be allocated to meet the needs of the community. It is a step that we take together, in this long journey of health improvements and justice.

The SHA is only possible thanks to the commitment and generosity of many organizations and individuals. We recognize the collaborative work of many individuals at the New Mexico Department of Health, including the SHA steering and subcommittee members, data stewards and the collaboration between Public Health Division staff from different Centers. More than 50 subject matters experts contributed data and narrative for the assessment. We also recognize the work of our partners including hospitals, community-based organizations and in particular the New Mexico Alliance of Health Councils, Health Councils, and Tribal Health Councils that supported a statewide effort to engage hundreds of community members to understand what matters to New Mexicans. We thank the more than 3,000 individuals who answered the survey led by the Community Action Agencies.

Finally, we acknowledge the team of editors who prepared the final document. We walk together in this journey, to ensure health for everyone in New Mexico.

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