



## BACKGROUND REPORT

- Summit participants are urged to read this report before the event.
- Summit details
  - March 28 - 29, 2017
  - 8:30 a.m.– 4:30 p.m.
- Las Cruces Convention Center

## CONVENERS AND PARTNERS

City of Las Cruces, Doña Ana County and Paso Del Norte Health Foundation

## FACILITATOR

New Mexico First



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# EXECUTIVE SUMMARY

Doña Ana County and the City of Las Cruces are seeking actionable strategies to improve the health and wellness of area families. Rather than focusing on only one or two areas, they are delving deeper, by assessing the factors in the community that most directly impact a person’s health. These social determinants of health include housing, transportation, education, family and social support, and economic and workforce development. The March 2017 Live Well Summit discussions will be organized around these topics.

The climb to achieve good health and wellness for all residents is steep. Many residents rate their health as fair or poor and feel that education, jobs, good schools, and safe housing are out of reach. Hanging in the balance is the area’s future, with nearly 40 percent of children in Doña Ana County living in poverty.

## Ch 1: Housing

Where people live influences multiple aspects of their lives. Families thrive when they inhabit safe and affordable homes, in secure neighborhoods, with established community support. However, when those factors are not in balance – and families do not have safe places to live – physical and mental health deteriorates. Over 50 percent of Doña Ana County residents are “housing burdened” and thus may have difficulty paying for necessities like food, clothing, transportation and medical care.<sup>1</sup> Homelessness has a detrimental impact on children’s physical and psychological well-being, negatively impacting their academic achievement.<sup>2</sup> Over 600 Las Cruces Public School students reported experiencing homelessness at some time during the 2015-2016 school year. In addition, those with serious mental illness are often disproportionately affected by homelessness.

## Ch 2: Transportation

Transportation is one of the key economic and social factors that influences people’s health and the health of a community.<sup>3</sup> Government investments in roads, parks, transportation systems, school buildings, water systems and other essential infrastructure promote and improve health and equity. When communities can offer good transportation choices, people can more feasibly travel to school and work, poverty is often reduced and health outcomes improve.<sup>4</sup> Reduced emissions – resulting from fewer drivers or converting buses to electric – can also improve public health. Currently, some area residents cannot access reliable transportation during the hours they need it to go to school, work, healthcare centers or other public services.

## Ch 3: Education

Educational attainment has a clear impact on both income and health. Those with education degrees beyond high school are more likely to have a higher, steadier income and better health including fewer acute or chronic diseases, less anxiety or depression, and reduced risks of heart disease and diabetes. While the region’s high school graduation rates have increased, having a high school diploma or equivalent is no longer sufficient for getting ahead. In addition, access to early childhood education improves the long-term health and welfare of children and their families. However, Doña Ana County lags

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<sup>1</sup> (NM Voices for Children, 2015)

<sup>2</sup> (Hart-Shegos, 1999)

<sup>3</sup> (Robert Wood Johnson Foundation, 2012)

<sup>4</sup> (Dona Ana County Board of County Commissioners, Planning and Zoning Commission, and Camino Real Consortium, 2015, p. viii)

in early childhood education enrollment with only 29 percent of three- and four-year-olds are enrolled in preschool programs.<sup>5</sup>

#### Ch 4: Family and Social Support

Each day, poor families in the region struggle to overcome poverty, unemployment, barriers to education, access to medical care, crime, and the stresses of managing a family amid seemingly insurmountable challenges. Family and social support programs help families navigate through these daily struggles, prevent family crises, and promote economic security, positive health outcomes and healthy family functioning.<sup>6</sup> Doña Ana County and Las Cruces support programs may need to adapt to address changing family dynamics including an increase in the number of single-parent, immigrant and grandparent head-of-household families, LGBT parents, and families of color. One of the primary concerns for the community is ensuring that one generation's health and economic inequities do not continue into the next.

#### Ch 5: Economic and Workforce Development

A community's economic performance and health outcomes are linked. Residents of communities that have steady, mid to high income jobs have better health outcomes. On the flip side, chronic illness and disease in a community hinders business' performance, discourages adult career development and training, damages productivity, and creates a barrier to a vibrant local economy.<sup>7</sup> Communities with weak health and education conditions find it harder to achieve sustained economic growth.<sup>8</sup> While Doña Ana County's economy is one of the fastest-growing in the state, challenges remain including a static unemployment rate and poor health among a large percentage of the population.<sup>9</sup>

#### Ch 6: Accountable Health Communities

New Mexico's Health System Innovation Plan provides a vision of interconnected Accountable Health Communities (AHCs). In 2015, New Mexico received funding to redesign the state's health system. The design, which seeks to build a statewide system of AHCs, can be adapted to all New Mexico communities and their diverse population groups. The AHC model is designed to integrate clinical care with public health and social needs interventions.<sup>10</sup> AHCs are a result of clinical and public health practitioners' recognition that health status is deeply affected by social and environmental factors such as substandard or unstable housing, food insecurity and financial stress. When social needs go unmet, people are at increased risk of developing chronic conditions, less able to manage these conditions, and use more health care at higher costs.

The March 2017 Live Well Summit will result in concrete recommendations on how the county and city can most effectively use its resources to support the health and wellness of area residents. These recommendations will help direct city and county funding, as well as possible state or foundation dollars, for the next three to five years. This report provides a foundation for discussions among summit participants as well as ideas and best practices from New Mexico and other states to consider. Following the summit, a final report capturing the summit recommendations will be published for use by policymakers, funders, members of the public and others.

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<sup>5</sup> (Willis, Report: Doña Ana County children still plagued by poverty, 2017)

<sup>6</sup> (Practice Notes, 2000)

<sup>7</sup> (Frenk, 2004)

<sup>8</sup> (Frenk, 2004)

<sup>9</sup> (Organ Mountains Desert Peaks National Monument, n.d.)

<sup>10</sup> (NMDOH CMS SIM Grant: Project Narrative, n.d.)

# FOREWORD

## Purpose of the Event

This two-day summit aims to improve the health of Doña Ana county residents by developing community-wide priorities. These priorities will help direct city and county funding, as well as possible state or foundation dollars, for the next three to five years.

## Conveners

This event is jointly convened by **Doña Ana County's Health and Human Services Department (HHS)** and the **City of Las Cruces**. The HHS Department works to improve quality of life in the county by identifying and addressing unmet needs. Efforts address mental health, reduction of premature death or disability, healthcare safety net services, as well as educational, social and recreational opportunities.

The City of Las Cruces is dedicated to providing responsive, cost effective and high quality services to its citizens. The city and its partners deploy a *Health in All Policies* approach that aims to ensure health and economic equality for all. Governmental partners and stakeholders in this effort are poised to integrate improved health of residents with other community goals like job creation.<sup>11</sup>

Doña Ana County and Las Cruces take a preventive approach to advancing health equity by considering factors like social disadvantage, risk exposure, and social inequities.<sup>12</sup> Both have been engaged in intensive efforts to improve quality of life in the region. And both participate in a range of innovative efforts:

- Funded by the Partnership for Sustainable Communities, the Viva Doña Ana regional planning project sought to create jobs, economic opportunities, and increased quality of life. Though the grant has ended, community members are moving forward to the next phase of discussion.
- Supported by the New Mexico Health Equity Partnership, the Doña Ana Communities United team addresses the root causes of health inequities through community-based collaborations.
- In September 2016, the California Health in All Policies Task Force provided a Health in All Policies (HiAP) Learning Institute for city, county, and community leaders in Las Cruces.

## This Report

To help identify innovative and effective community-based solutions – and building on the efforts above – this report focuses on housing, transportation, education, family and social support, and economic and workforce development. These areas align with Viva Doña Ana's six principles<sup>13</sup>:

- Provide more transportation choices
- Promote equitable, affordable housing
- Enhance economic competitiveness
- Support existing communities
- Coordinate policies and leverage investment
- Value communities and neighborhoods

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<sup>11</sup> (Smart Growth America, 2015, p. 47)

<sup>12</sup> (Bharmal, 2015)

<sup>13</sup> (Viva Dona Ana, n.d.)

## Facilitator

**New Mexico First** engages people in important issues facing their state or community. Established in 1986, the public policy organization offers unique town halls and forums that bring together people from all walks of life to develop their best ideas for policymakers and the public. New Mexico First also produces nonpartisan public policy reports on critical issues facing the state. These reports – on topics like water, education, healthcare, the economy and energy – are available at [nmfirst.org](http://nmfirst.org).

Our state's two U.S. Senators – Tom Udall and Martin Heinrich – serve as New Mexico First's honorary co-chairs. The organization was co-founded in 1986 by U.S. Senators Jeff Bingaman and Pete Domenici (retired).

## Report Authors

This New Mexico First report was prepared by Ruth Williams and edited by Pamela Blackwell and Heather Balas. Reviewers included:

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Special thanks goes to the review committee for sharing their time and expertise.

# INTRODUCTION

The beauty of the Organ Mountains’ jagged, rocky peaks captures one’s attention heading south into Las Cruces on Interstate 25. The corridor flows past neighborhoods of both promise and poverty, historic verandas, gathering places for great minds, farmlands and livestock, as well as arts and cultural hubs. Doña Ana County and Las Cruces are culturally dynamic, thriving and growing. When organizers of this summit think about this community, they think in the big picture, and can imagine its future – a future that is both bright and complex.

The organizers of the Live Well Summit predicated the project on the notion that the community must think broadly, not limit problem-solving to just one or two policy areas, and focus fundamentally on preventing problems at their cause. The organizers seek to reduce inequity in all areas of the summit discussions.

Inequities take many forms. Origins are found in family structure, social class and mobility, health and mental health, and many other key areas. In addition, where people live, learn, work, and play affects a wide range of health risks and outcomes. These types of factors are often called **social determinants of health**.<sup>14</sup>

According to a report prepared for the League of Women Voters, many area residents may lack representation, the power to confront racial disparities, and a lack of resources.<sup>15</sup>

The following chapters provide a wide array of indicators and data on housing, transportation, education, social support and economic development as well as using Accountable Health Communities (AHC) model to address the social determinants of health related to these areas. (See Chapter 6 for a more complete description of AHC.)

A few cross-cutting indicators that may inform the group discussions include:

- In Doña Ana County, 23 percent of adults say their health is poor or fair, compared to 20 percent of adult New Mexicans.<sup>16</sup>
- In 2017, over 53 percent, or 111,884 people were enrolled in Medicaid in Doña Ana.<sup>17</sup> Medicaid provides healthcare for people with low incomes, limited resources, or certain disabilities.

## Doña Ana County Quick Facts

Health Status:	Fair/Poor
Percent uninsured:	18.5%
Medicaid enrollment:	53%
Food insecurity:	15%
Minimum wage:	\$9.20 hour
Youth feeling sad/hopeless:	31%
Youths with caring, supportive relationships in the family:	42%
Birth mothers who have completed high school degree or higher:	74%
Children eligible for free-and-reduced price lunch:	72%
Habitually truant students:	22%
Poverty rates:	
• Doña Ana County	26%
○ Children only	39%
• City of Las Cruces	16%

<sup>14</sup> (Centers for Disease Control and Prevention, 2016)

<sup>15</sup> (Pelak, 2013-2014, p. 14)

<sup>16</sup> (New Mexico Department of Health, 2013-2015)

<sup>17</sup> (NM Human Services Department, 2017)

- Doña Ana County has fewer primary care physicians, mental health providers, and dentists than the state average.<sup>18</sup>
- The county has a lower percentage than the state for alcohol-related deaths.<sup>19</sup>

Most county residents—67 percent – are Hispanic, compared to 48 percent in New Mexico.<sup>20</sup> Concerns exist that people of color, especially at the lowest income levels, have poor health outcomes due to where they live.<sup>21</sup> They may face environmental issues, have few basic services and support structures, and limited economic and social opportunities.<sup>22</sup>

Like the Organ Mountains that frame this community, the climb to the ideal future is steep. Some residents believe that education, jobs, good schools, health and safe housing are out of reach for them. Hanging in the balance is nothing short of the region’s future. But together, the people of Las Cruces and Doña Ana County, can find the path forward for bringing improved health outcomes and wellbeing to the community.

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<sup>18</sup> (Soular, Councilors vow to address shortage of medical providers, 2016), (Voelker, 2013), (The Pew Charitable Trusts, 2017)

<sup>19</sup> (New Mexico Department of Health, 2013-2015)

<sup>20</sup> (U.S. Census Bureau, 2010-2015)

<sup>21</sup> (Pelak, 2013-2014, p. 14)

<sup>22</sup> (Pelak, 2013-2014, p. 13)

## Chapter 1

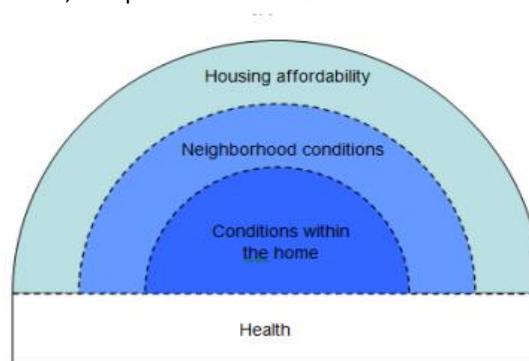
# HOUSING AND NEIGHBORHOODS

## A Place for Healthy Living

Where people live influences so many other aspects of their lives. Families thrive when they inhabit safe and affordable homes, in secure neighborhoods, with established community support. Creating secure neighborhoods requires striking the right balance between affordable housing, transportation, economic and workforce development, land use and zoning.<sup>23</sup>

However, when those factors are not in balance – and families do not have safe places to live – physical and mental health deteriorates. Risky behaviors can increase, and performance at work or school can decline. Additional examples follow:<sup>24</sup>

- Residents of disadvantaged neighborhoods have higher rates of communicable diseases, premature birth, self-reporting of poor health, diabetes and obesity.
- Children living in predominantly poor neighborhoods experience more behavioral problems, lower self-esteem, and more symptoms of depression.
- Children’s intelligence, measured by IQ at 36 months, can be tied to the presence of affluent families in the child’s neighborhood.
- Adolescents living in economically and socially isolated census tracts increases adolescents’ chances of engaging in health-risk behaviors. And girls with fewer affluent neighbors initiate sexual activity earlier and are more likely to have out-of-wedlock births.
- Living in a poor neighborhood makes it that much harder for residents to move up the economic ladder. Chances diminish the longer one lives there.



Families’ abilities to make healthy choices are impacted by conditions in the home, the neighborhood and housing affordability.  
 Image source: Copyright 2011. Robert Wood Johnson Foundation. Used with permission from RWJF.

This chapter addresses various approaches to reducing homelessness, ensuring affordable housing, and maintaining safe neighborhoods with adequate infrastructure.

## Homelessness

People often think of homelessness as a problem largely occurring in large cities. However, small and mid-sized municipalities – such as Las Cruces – also face homelessness in their communities. While data is somewhat limited, one 2015 *Point in Time* count reported a total of 97 chronically homeless people and 16 homeless families. Of those, 25 of the individuals and 15 of the families were being served by shelters.<sup>25</sup>

<sup>23</sup> (Kneebone, 2016)

<sup>24</sup> (Jargowsky), (Kneebone, 2016)

<sup>25</sup> (Community Strategies Institute, 2016, p. 46)

## IMPACT ON CHILDREN

Homeless children suffer multiple, profound long-term health risks including specific physical and psychological damage.<sup>26</sup> Homelessness also negatively impacts children's academic lives. For example, these students tend to fare poorly on standardized testing, with only about half meeting their states' reading or math standards in third through eighth grades.<sup>27</sup>

Las Cruces Public Schools (LCPS) reported that 684 students in 2015-2016 experienced homelessness at some time during the school year. For the first quarter of the current school year (2016-2017), LCPS identified 410 students experiencing homelessness. Homelessness among LCPS students is substantially more prevalent in Hispanic students.<sup>28</sup>

## SUPPORTIVE HOUSING

Supportive housing is a strategy for addressing homelessness. It provides both housing and wrap-around support services, particularly for the chronic homeless and for people with disabilities. Studies show that supportive housing not only resolves homelessness and increases housing stability, but also improves health and lowers public costs by reducing the use of crisis services including shelters, hospital, psychiatric centers, jails and prisons.<sup>29</sup> For example, a 2016 UNM study of Albuquerque's supportive housing program found an average savings of \$14,728 in program costs per person.<sup>30</sup> Jail costs decreased 56 percent after entering housing. Hospital emergency room costs decreased 77 percent in two to three years after entering housing, and inpatient costs decreased 56 percent.

Through its Continuum of Care (COC) program, Las Cruces provides a continuum of homeless support facilities and services for those experiencing homelessness, or are at risk of homelessness. Using HUD grant funding, the Las Cruces COC uses a coordinated approach to address the health, economic, and social service needs of the homeless population.<sup>31</sup> Services include emergency shelter, supportive services, transitional housing and permanent supportive housing.<sup>32</sup>

Research indicates that New Mexico needs a minimum of 690 more permanent supportive housing beds to house people who are both disabled and homeless. Approximately 1,809 households are sheltered in New Mexico on any given night.<sup>33</sup> In Doña Ana County, providers report that additional affordable housing with supportive services is needed for people with disabilities, with serious mental illness, and those living with AIDS.<sup>34</sup> They concluded in the City of Las Cruces *Five-Year Consolidated Plan 2016-2020* that:

- People with mental illness need supportive housing that includes home-based case management, therapeutic services, medication, and peer-to-peer support.
- People with serious mental illness, substance use disorders, or co-occurring disorders need permanent supportive housing.
- People living with AIDS need supportive housing that allows access to drug therapies as well as physical and mental health support. Those with multiple diagnoses require longer-term supportive housing.

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<sup>26</sup> (Hart-Shegos, 1999)

<sup>27</sup> (Firth, 2014 – based on 2011-2012 school year)

<sup>28</sup> (United States Interagency Council on Homelessness, 2016)

<sup>29</sup> (U.S. Interagency Council on Homelessness, n.d.)

<sup>30</sup> (Legislative Finance Committee, 2017)

<sup>31</sup> (City of Las Cruces, 2016, p. 62)

<sup>32</sup> (City of Las Cruces, 2016, p. 102)

<sup>33</sup> (Legislative Finance Committee, 2017, p. 3)

<sup>34</sup> (Community Strategies Institute, 2016, p. 44)

- Youth in the juvenile justice or foster care system face unique barriers to housing and mental health services.

How supportive housing programs are designed impacts their effectiveness. Permanent supportive housing has been shown to have only a modest effect in reducing the homeless population. However, poor targeting and miscounting of the homeless may account for the small reported impact.<sup>35</sup>

New Mexico funds supportive housing in Doña Ana County through Linkages, the state's supportive housing program.<sup>36</sup> Once enrolled in Linkages, people typically stay in the program until a Section 8 voucher is available or until achieving self-sufficiency. (Section 8 housing helps people find their own home and use a HUD voucher to pay all or part of the rent.<sup>37</sup>) Section 8 currently has a five to seven year wait list. The Legislative Finance Committee estimated that it would cost an additional \$2.5 million to provide additional supportive housing for 280 New Mexico households.<sup>38</sup>

## Affordable Housing

Access to safe, quality, affordable housing and the support to maintain it constitute "one of the most basic and powerful social determinants of health."<sup>39</sup> Housing that protects individuals and families from harmful exposures and provides them with a sense of privacy, security, stability and control can make important positive contributions to health.<sup>40</sup> Alternatively, poor quality and inadequate housing contributes to health problems such as infectious and chronic diseases, injuries and poor childhood development.

Housing is defined as affordable when occupants pay no more than 30 percent of household income for gross housing costs including utilities.<sup>41</sup> Those paying more than 30 percent are considered "cost burdened" and may have difficulty paying for necessities like food, clothing, transportation and medical care.<sup>42</sup>

About half (52 percent) of Doña Ana County renters and 26 percent of homeowners are cost burdened.<sup>43</sup> From the size of this potential pool, one can also infer that this group is highly diverse. Nationally, data shows the market for affordable housing is diverse, includes all stages of life, and does not correspond with many people's stereotypes about who lives in affordable housing.<sup>44</sup>

U.S. Public Interest Research Group (PIRG) Education Fund offers *10 Principles for Developing Affordable Housing*.<sup>45</sup> Among them:

- Select sites for opportunity and choice. Isolating affordable housing in distressed neighborhoods severely limits opportunities for upward mobility.
- Strive for healthy, balanced communities. In rapidly gentrifying communities, freezing or deferring taxes for existing residents may help lower-income residents stay.

<sup>35</sup> (Spotlight on Poverty and Opportunity, 2017)

<sup>36</sup> (Legislative Finance Committee, 2017, p. 2)

<sup>37</sup> (U.S. Department of Housing and Urban Assistance, n.d.)

<sup>38</sup> (Legislative Finance Committee, 2017, p. 3)

<sup>39</sup> (CSH, 2014)

<sup>40</sup> (Robert Wood Johnson Foundation, 2011)

<sup>41</sup> (U.S. Department of Housing and Urban Development, Office of Policy Development and Research, n.d.)

<sup>42</sup> (U.S. Department of Housing and Urban Development, 2017)

<sup>43</sup> (NM Voices for Children, 2015)

<sup>44</sup> (Bach, 2007, p. v.)

<sup>45</sup> (Bach, 2007)

## VOUCHERS

One strategy for moving more people into affordable housing is the federal housing choice voucher program. These vouchers assist very low-income families, the elderly, and the disabled to afford decent, safe, and sanitary housing in the private market.<sup>46</sup> The U.S. Housing and Urban Development Department (HUD), through its *Moving to Opportunity* demonstration program, funded Section 8 vouchers in Baltimore, Boston, Chicago, Los Angeles and New York City that allow families to move from high-poverty to lower-poverty neighborhoods.<sup>47</sup>

Based on the results of the Moving to Opportunity demonstration, housing vouchers may be a tool to change the poverty dynamic for younger children in the Doña Ana County area. Nationally, children under age 13 experienced the most wellness benefits through the voucher program.<sup>48</sup> The impacts on children over 13 were not as significant.

As of March 2016, over 600 households were on the waiting list for Mesilla Valley Housing Authority vouchers due to the shortage of affordable housing.<sup>49</sup>

## TAX INCREMENT FINANCING

Doña Ana County recognizes the need for more affordable housing and in 2015, it issued an affordable housing plan that included recommendations to link housing and economic development investments as well as finance infrastructure for affordable housing through Tax Increment Financing (TIF).<sup>50</sup>

When a municipality approves a TIF, it borrows against an area's future tax revenues to invest in immediate projects or encourage development. When used properly and sparingly, a TIF can promote enduring growth and stronger communities.<sup>51</sup> For Doña Ana County this means establishing Tax Increment Development Districts and Public Improvement Districts in large developments that include affordable housing.<sup>52</sup>

When PIRG researched TIFs, it reported that the methods are effective when used as part of a development strategy to deliver broad public benefits and unlock economic potential.<sup>53</sup> However, if poorly targeted, TIF works against the public interest by taking investment out of areas that need it and diverting it elsewhere. For this reason, PIRG recommends that TIF initiatives be governed by an open, democratic process.

## DISCRIMINATION IN HOUSING

Even if adequate public housing is financed and available, a community as diverse as southern New Mexico must ensure that people from all backgrounds can access it. Doña Ana County conducted a study for its 2015 *Affordable Housing Plan* and discovered discrimination in the implementation of fair housing programs when residents are renting, buying or securing financing.<sup>54</sup> The study found:

- Frequent discrimination against disabled people and failure to make reasonable accommodation for the disabled.
- Discrimination due to national origin.

<sup>46</sup> (U.S. Department of Housing and Urban Development)

<sup>47</sup> (Chetty, 2015, p. 1)

<sup>48</sup> (Chetty, 2015, pp. 2-3)

<sup>49</sup> (Community Strategies Institute, 2016, p. 42)

<sup>50</sup> (City of Las Cruces, 2016, p. 132)

<sup>51</sup> (Kerth, 2011, p. 1)

<sup>52</sup> (Sites Southwest, 2015, p. 3)

<sup>53</sup> (Kerth, 2011)

<sup>54</sup> (Sites Southwest, 2015, p. 48)

- Discrimination due to family status.
- Steering homebuyers to certain neighborhoods, resulting in an increasing concentration of minority populations and poverty in certain areas.
- Minorities were denied home purchase loans were victims of predatory lending practices more often than non-minorities.
- Assisted rental properties including apartments were often concentrated in certain areas.
- Discriminatory terms, conditions, privileges or facilities existed related to rentals.

## Improving Neighborhoods and Communities

### COLONIAS' PRESSING NEEDS

Doña Ana County has one of the greatest concentrations of colonias in New Mexico. Colonias are communities located within 150 miles of the U.S.-Mexico border that lack potable water, adequate sewage systems, or safe, sanitary housing. Just over half of the structures in Doña Ana County colonias are assessed as being in poor condition.<sup>55</sup>

The Colonias Infrastructure Board, established by the New Mexico Legislature in 2011, oversees projects funded under the Colonias Infrastructure Project Act.<sup>56</sup> Projects must include a 10 percent matching loan.<sup>57</sup> In 2015, colonias in Doña Ana County received nine awards totaling \$5,141,306 – mostly for water and wastewater systems.



Workers extend waterlines to serve additional colonias' residents. *Photo source: 2015 Colonias Infrastructure Board Annual Report.*

### NEIGHBORHOOD EXPOSURE TO HARMFUL SUBSTANCES

Children living in homes built before 1978 are particularly vulnerable to lead poisoning.<sup>58</sup> Exposure to even low levels of lead on a daily basis can result in permanent brain damage and seriously impair a child's physical and mental development. Guidance for preventing lead poisoning includes identifying high-risk neighborhoods and areas associated with housing-based lead exposure and developing strategies for creating lead-safe housing.<sup>59</sup>

Statewide, more than 51 percent of housing was constructed before 1979, making it at risk for lead-based paint.<sup>60</sup> In Las Cruces, 39 percent of the houses are at risk for lead-based paint. The City of Las Cruces replaces only those pipes leading to the water meter.<sup>61</sup> Property owners are responsible for water pipes from the meter to their building or residence.

<sup>55</sup> (Dona Ana County, 2012)

<sup>56</sup> (New Mexico Colonias Infrastructure Board, 2015, p. 1)

<sup>57</sup> (Colonias Infrastructure Fund, Colonias Infrastructure Project Fund, Project Selection and Management Policies, Draft Revision September 1, 2015, p. 5)

<sup>58</sup> (UCLA Institute of the Environment and Sustainability, n.d.)

<sup>59</sup> (U.S. Department of Health and Human Services, 2004, p. 11)

<sup>60</sup> (New Mexico Department of Health, p. 3)

<sup>61</sup> (Rubel, 2016)

## Ideas and Best Practices

### EXAMPLES OF EFFECTIVE PROGRAMS

New Mexico is home to several strong programs that can serve as models. Good examples exist in other states as well.

**Homeless Youth and Education:** The LCPS Project Link Homeless Education Program focuses on a broad-based community response to address homelessness, especially among unaccompanied youth. Project Link is a central resource for school districts and the Las Cruces Continuum of Care Program.<sup>62</sup>

**Veteran Homelessness:** Las Cruces is a national leader in addressing veteran homelessness. The city is one of over 30 communities and two states that have been confirmed by the federal government as having ended veteran homelessness. The U.S. Interagency Council on Homelessness reported that Las Cruces can capitalize on this momentum to meet needs of homeless students.<sup>63</sup>

**Homes near transit:** Denver's Mile High Connects program expands area transit networks to increase access to housing, jobs and services for low-income and minority residents. Mile High Connects partners manage and utilize the Denver Regional Transit Oriented Development Fund, and financing tool to support acquisition of properties near transit.<sup>64</sup>

**Repurposing vacant land:** The Urban Community Land Trust of Boston's Dudley Street Neighborhood Initiative purchased vacant lots in Boston to rebuild the land into affordable housing, urban agricultural and gardening sites, a town commons, parks and playgrounds, a charter school, community facilities and spaces for new businesses.<sup>65</sup> Similarly, People United for Sustainable Housing in Buffalo reclaims community control of vacant lots and redevelops abandoned properties into sustainable, affordable housing for low-income residents.<sup>66</sup>

**Increasing housing in job-rich areas:** The *Moving to Work* program, managed by HUD, grants public housing authorities flexibility to increase housing supply in growing or job-rich communities. They use incentives for landlords, tenant support programs and comprehensive mobility services like workshops and housing searches to encourage movement to high-opportunity locations.<sup>67</sup>

### RECOMMENDATIONS FROM PAST PROJECTS

Previous research in New Mexico produced recommendations for supportive housing and mental health.

**Supportive housing recommendations:** In 2015, a New Mexico legislature work group on supportive housing for the homeless developed the following proposals.<sup>68</sup>

1. Enhance and sustain a team to plan and oversee permanent supportive housing statewide.
2. Develop in-state experts as mentors and coaches to ensure implementation of evidence-based permanent supportive housing.
3. Build and sustain support in areas of significant unmet need and bring new resources to increase access to evidence-based practices in areas without services.
4. Commit to data-based decision-making and agree to methods for data and evaluation.

<sup>62</sup> (United States Interagency Council on Homelessness, 2016)

<sup>63</sup> (United States Interagency Council on Homelessness, 2016, p. 1)

<sup>64</sup> (Denver Mile High Connects, n.d.)

<sup>65</sup> (National Academies of Science, Engineering, and Medicine, n.d., pp. 5-23)

<sup>66</sup> (National Academies of Science, Engineering, and Medicine, n.d., pp. 5-65)

<sup>67</sup> (Spotlight on Poverty and Opportunity, 2017)

<sup>68</sup> (Senate Memorial 44 Working Group Recommendations, 2015, p. 6)

5. Explore and select innovative financing models.
6. Build statewide capacity of subsidized community-based housing accessed by vouchers.
7. Dedicate resources to rapid rehousing/move-in assistance and eviction prevention.
8. Compensate providers for supportive housing-related activities and services.
9. Expand coverage for non-Medicaid supportive housing-related services.
10. Provide and enhance opportunities for supported employment.

**Homelessness and mental health recommendations:** In 2007, the New Mexico Behavioral Health Purchasing Collaborative developed proposals regarding homeless people living with mental and behavioral health issues:<sup>69</sup>

- Develop 5,000 units of supportive housing.
- Create locally based supportive housing partnerships.
- Create a supportive housing “pipeline.”
- Create rental assistance opportunities.
- Develop best practice housing supports and services.

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<sup>69</sup> (New Mexico Behavioral Health Collaborative, 2007)

## Chapter 2

# TRANSPORTATION

## Reducing Inequalities through Transportation

Transportation, reports the Robert Wood Johnson Foundation, is one of the key economic and social factors that influences people's health and the health of a community.<sup>70</sup> Government investments in roads, parks, transportation systems, school buildings, water systems and other essential infrastructure promote health and equity. When communities can offer good transportation choices, poverty is often reduced and health outcomes improve.<sup>71</sup>

In Doña Ana County, people spend considerably more on transportation and housing than the national average. These expenses account for over 62 percent of median household income in Doña Ana County, compared with 45 percent nationally.<sup>72</sup> Thus it is not surprising that almost half of Las Cruces residents support increased access to public transportation.<sup>73</sup>

The *2015 Plan4 Las Cruces*, the city's comprehensive municipal plan update, focused on healthy communities including increasing access to transportation.<sup>74</sup> It noted:

- Las Cruces' newer neighborhoods are mostly suburban and disconnected, isolated and sometimes walled off. The long blocks encourage high vehicle speeds. The typical distance required to walk around the block is 3,000 to 3,500 feet, compared to 1,000 to 1,800 feet in walkable neighborhoods.
- Building a walkable community can save cities 38 percent on infrastructure costs.
- Residents want city growth that enhances quality of life. Specifically, support was expressed for infill (vacant or under-used parcels) and mixed-use developments within the city versus undeveloped areas on the city's edges.
- There is a perceived need for rapid bus transit at NMSU.

Potential transportation needs expand when considering the entire county. Almost half of Doña Ana County's population is scattered among small towns and rural communities, often far from jobs, schools and healthcare.<sup>75</sup> The 2014 Empowerment Congress of Doña Ana County's quality-of-life survey found that, among those polled:

- 24 percent had no vehicle.
- 27 percent had no driver's license.
- Five percent lacked money to maintain a vehicle.
- Five percent lacked gas money.

Given these challenges, strengthening regional transportation may warrant further consideration. This chapter summarizes existing regional resources and past recommendations for improvement.

## Transportation Systems in Doña Ana County and Las Cruces

Multiple entities address transportation systems in the region, including the city, county and the Mesilla Valley Metropolitan Planning Organization (MVMPO). RoadRUNNER Transit is Las Cruces' primary public

<sup>70</sup> (Robert Wood Johnson Foundation, 2012)

<sup>71</sup> (Dona Ana County Board of County Commissioners, Planning and Zoning Commission, and Camino Real Consortium, 2015, p. viii)

<sup>72</sup> (Dona Ana County Board of County Commissioners, Planning and Zoning Commission, and Camino Real Consortium, 2015, p. viii)

<sup>73</sup> (Blue Zones)

<sup>74</sup> (Blue Zones)

<sup>75</sup> (Smart Growth America, 2015)

transportation system providing bus and paratransit services. (Paratransit provides transportation for people with disabilities who are unable to use the regular, fixed route bus service.) Additional entities operating in this space include the City of Las Cruces, the Doña Ana County Board of County Commissioners, Doña Ana County Planning and Zoning Commission, the Camino Real Regional Mobility Authority in Texas, South Central Planning Organization, the New Mexico Department of Transportation (NMDOT), the Federal Highway Administration, Texas Department of Transportation, and additional organizations. Many of their goals and efforts are aligned.

### **ROADRUNNER TRANSIT**

Many groups have called for expanded RoadRUNNER transit service. In 2014-2015, the Mesilla Valley Metropolitan Planning Organization (MPO) evaluated RoadRUNNER, finding that several routes lack direct access to grocery stores and that customers want increased service span and Sunday service.<sup>76</sup> The MPO, a multi-jurisdictional planning agency, has responsibility for planning in all aspects of the transportation system.<sup>77</sup> These include bicycle, auto, pedestrian, public transit and aviation in Las Cruces, Mesilla, and central and southern parts of Doña Ana County.<sup>78</sup>)

In addition, nonprofit organizations like Families and Youth Inc., La Casa Inc. and CAFÉ expressed concerns in the city's plan for housing, commenting that reliable public transportation is not available for youth who work on weekends and evenings nor for migrant farm workers.<sup>79</sup> They suggested that bus service start and end times be extended to better account for those who depend on public transportation to get to and from work.

One example of an identified passenger need is RoadRUNNER to access the Veterans Affairs clinic. A stop that had once been in front of the clinic was moved three blocks away, creating difficulty for those with disabilities.<sup>80</sup> However, disabled people have an alternative, the "Dial-A-Ride" service. The cost is two dollars for each one-way trip. Service is also available for free, with two weeks' advance scheduling, for people ages 60 and older.<sup>81</sup>

One of the key barriers to expanding RoadRUNNER service is cost. Public transportation is affordable to riders, but expensive for the governments that run them. In 2016, the Las Cruces city council concluded that expanded city bus service would have cost an estimated two million dollars.<sup>82</sup> That same year, RoadRUNNER received \$1.3 million in federal funding that covered 85 percent of the bus replacement cost for three city buses.<sup>83</sup> The city provided the remaining \$169,500. (RoadRUNNER is considering replacing existing buses with electric buses.) Annually, RoadRUNNER Transit provides transit to approximately 750,000 riders.<sup>84</sup>

### **COUNTY PUBLIC TRANSIT**

An expanded bus project launched in 2014, funded by Doña Ana and Sierra Counties and municipalities. The \$400,000 effort connected Las Cruces, Anthony, Alamogordo, Hatch, Truth or Consequences, Sunland Park and Chaparral.<sup>85</sup> The pilot ended in November 2014, after Doña Ana County voters rejected a sales

<sup>76</sup> (Mesilla Valley Metropolitan Planning Organization, 2016, pp. 7-3)

<sup>77</sup> (City of Las Cruces, n.d.)

<sup>78</sup> (Mesilla Valley MPO, n.d.)

<sup>79</sup> (City of Las Cruces, 2016, p. 74)

<sup>80</sup> (Ramirez, Removing city bus stop near Las Cruces VA clinic draws criticism, 2016)

<sup>81</sup> (City of Las Cruces, n.d.)

<sup>82</sup> (Ramirez, City council discusses transit issues, 2016)

<sup>83</sup> (Las Cruces Sun-News, 2016)

<sup>84</sup> (RoadRUNNER Transit, 2012, p. 36)

<sup>85</sup> (League of Women Voters of Greater Las Cruces, 2014)

tax to provide \$9.8 million in funding that would have helped extend the project. However, in 2016, the bus service began again after the South Central Council of Governments secured over \$700,000 in funding.<sup>86</sup>

South Central Regional Transit District buses currently connect Las Cruces to Chaparral, Sunland Park and Anthony along New Mexico Highways 404, 28, and 478. The cost is one dollar per destination. Most routes run three times daily, with an express route between Las Cruces and Anthony.<sup>87</sup>

## Ideas and Best Practices

There is no shortage of recommendations regarding Las Cruces area transportation. Multiple groups have developed platforms and priority lists.

### ONE VALLEY, ONE VISION

In 2012, Doña Ana County's issued its comprehensive regional plan, *One Valley, One Vision 2040*.<sup>88</sup> The plan sought improved intergovernmental cooperation, effective regional response to issues, and a policy framework for the region's growth. Both the county and City of Las Cruces adopted the plan. Transportation goals included:

- Encourage the development of a safe, efficient intermodal transportation system for a variety of transportation choices.
- Coordinate transportation planning with other functions, including land use planning.
- Increase access to non-motorized transportation options to promote healthy living and provide mobility alternatives.
- Increase transit ridership, accessibility and convenience.
- Increase access to non-motorized transportation to promote healthy living.



Healthy living is one main goal of Doña Ana County. Photo source: *County Plan 2040, 2015*. Image credit: Dennis Quintana

### SMART GROWTH AMERICA

In 2015, Smart Growth America, an organization devoted to promoting smart growth in the U.S. worked with the county to revise the plan to better take into account the county's rapid population growth of nearly 25 percent and projected population growth of 90,000 people by 2040, as well as major investments in multi-modal rail in surrounding areas.<sup>89</sup>

The revised *Plan 2040* outlined how residents and community leaders can use growth to strengthen the county. It recommended the following:<sup>90</sup>

- Expand transportation choices to the broadest possible range of residents.
- Make development choices that are intentional and value-based.
- Coordinate transportation and land use planning to get the most from infrastructure investments. Transportation planning should connect community health and economic development.

<sup>86</sup> (Schoenemann, 2016)

<sup>87</sup> (Soular, Bus routes to relaunch in Dona Ana County, 2015)

<sup>88</sup> (Dona Ana County)

<sup>89</sup> (McTamany, 2013)

<sup>90</sup> (Dona Ana County Board of County Commissioners, Planning and Zoning Commission, and Camino Real Consortium, 2015, p. viii)

- Develop tools to enhance affordability, including transportation costs and expanding transportation choices. Planning must preserve existing communities and support economic development.

Specific *Plan 2040* actions included:

- Create incentives to build near places with multiple transportation choices.
- Set aggressive targets for expanded RoadRUNNER Transit, NM DOT, and South Central Regional Transit District express bus service.
- Create a transportation management association to fund and coordinate transportation.
- Upgrade transportation infrastructure to link major destinations, giving priority to job and education access.

### **SOUTH CENTRAL REGIONAL TRANSIT DISTRICT**

As for passenger rail services, a 2012 rail feasibility study by the South Central Regional Transit District said that NM DOT is not inclined to fund additional passenger rail services. It cited recent large investments and the maintenance costs needed to keep rail holdings in good repair as reasons not to expand these services.<sup>91</sup>

### **CITY OF LAS CRUCES**

In 2016, the Las Cruces City Council discussed expanding RoadRUNNER Transit services.<sup>92</sup> It had been eight years since the bus routes were revised to take into account the growing demand and transportation needs of not only current residents but also 11,000 new residents. Recommendations for expanding RoadRUNNER services include:<sup>93</sup>

- Extend service hours on weekdays and Saturdays.
- Introduce limited Sunday service, new express bus routes to serve busy stretches, more accessible and attractive bus stops, and shelters.
- Introduce new fare structures to incentivize trips for workers, seniors and people with disabilities.
- Provide faster service and more direct routes.
- Offer greater access to grocery stores and shopping destinations.

### **BLUE ZONES**

In 2015-2016, Blue Zones, an international organization focused on helping people live better lives by optimizing their surroundings, conducted an audit for the Healthy Community element of the Plan4 Las Cruces Comprehensive Plan update. Blue Zones provided 100 policy recommendations.<sup>94</sup> Some included:

- Locate higher-density housing downtown and in village centers to take advantage of access to active transportation (walking, biking and transit), jobs, etc.
- Increase access to convenient and affordable transportation for all, especially the under-served or under-represented.
- Re-purpose street segments that are not critical for transportation to other community purposes (e.g. pavement to parks).
- Increase the percent of children who walk or bike to school.
- Develop a public transportation system that operates 24 hours a day, seven days a week.
- Promote and enhance transit for people traveling over three miles to-and-from downtown, NMSU and other key job centers.

<sup>91</sup> (South Central Regional Transit District, p. 3)

<sup>92</sup> (Ramirez, City council discusses transit issues, 2016)

<sup>93</sup> (Cook, 2016)

<sup>94</sup> (Blue Zones, pp. 31-40)

- Reduce overall vehicle miles traveled and the negative environmental and health impacts of private automobiles.
- Work with RoadRUNNER to ensure that bus routes provide efficient, timely and convenient service from under-served neighborhoods to healthy food outlets.

## Chapter 3

# EDUCATION

## Investing in Healthy Lives through Education

Educational attainment has a clear impact on both income and health. With regard to income, those with education degrees beyond high school are more likely to have higher, steadier income. While high school graduation rates are increasing in Doña Ana County overall, a high school diploma is no longer enough anymore to ensure financial stability and does not necessarily signify college and career readiness.<sup>95</sup>

- Holders of bachelor's degrees earned 99 percent more than people with a high school education.<sup>96</sup>
- The typical high school graduate's earnings fell from \$31,384 in 1965 to \$28,000 in 2013.<sup>97</sup>
- Millennial college graduates, ages 25 to 32, who work full time earn about \$17,500 more than those employees with only a high school diploma.<sup>98</sup>
- College graduates are more likely to be employed full time (89 percent vs. 82 percent) and significantly less likely to be unemployed (Close to four percent vs. 12 percent).<sup>99</sup>
- Lack of educational attainment in a child's family negatively affect a child's access to resources and skills that would help her or him succeed in the future.<sup>100</sup>

Higher earnings also allow people to afford a healthier lifestyle. For example, better educated people:<sup>101</sup>

- Have access to jobs with better benefits, including health insurance
- Are less likely to self-report a past acute or chronic disease and anxiety or depression
- Have reduced risks of heart disease and diabetes
- Are less likely to smoke, drink too much, be overweight or obese, or use illegal drugs

This chapter addresses approaches to helping families and their children achieve higher levels of education, which can lead to greater access to valued skills and income, as well as better health.

## Successes and Challenges

### EARLY CHILDHOOD EDUCATION

Studies show that children who attend a Head Start program have greater high school graduation rates, lower rates of teen pregnancy, and improved health.<sup>102</sup> In New Mexico, one year of high quality early childhood education to 21,000 four-year-olds resulted in:<sup>103</sup>

- 1,213 fewer children retained in a grade
- 882 more high school graduates
- 417 fewer cases of child abuse and neglect
- 2,599 fewer juvenile justice petitions
- 323 fewer adult felony convictions

<sup>95</sup> (Sparks, 2014), (Achieve, 2017, p. 1)

<sup>96</sup> (City of Las Cruces, 2016, p. 116)

<sup>97</sup> (Pew Research Center Social & Demographic Trends, 2014)

<sup>98</sup> (Pew Research Center Social & Demographic Trends, 2014)

<sup>99</sup> (Pew Research Center Social & Demographic Trends, 2014)

<sup>100</sup> (Allen, 2014)

<sup>101</sup> (Cutler, 2007)

<sup>102</sup> (Chaudry, 2016, p. 38)

<sup>103</sup> (UNM Center for Education Policy Research, 2015, p. 9)

Unfortunately, Doña Ana County lags in early childhood education enrollment, with only 29 percent of three- and four-year-olds enrolled in nursery school, preschool, pre-K, Head Start, or kindergarten. This compares to 40 percent in New Mexico and 53 percent nationwide.<sup>104</sup>

Early childhood care and education assistance is available to families through the state's Children, Youth and Families Department (CYFD). To be eligible, a child's caregivers must be employed, enrolled in school or job training, or both. Parents who receive child care assistance are better able to seek and retain employment, improve their educational attainment, and increase their earnings.<sup>105</sup>

Research conducted by UNM found that early childhood care and development creates positive effects on the state's economy:<sup>106</sup>

- Every dollar spent in the childcare industry generates an estimated \$1.99 in the state's economy.
- Every dollar invested in childcare worker wages generates an estimated \$1.24 in the state's economy.

The Early Childhood Education Collective of Doña Ana County, convened by Ngage New Mexico, identified strategies to ensure that every child in Doña Ana County is ready for kindergarten:<sup>107</sup>

1. Increase public awareness on the importance of early development and early childhood education.
2. Create and sustain an early learning system that focuses on a continuum of services for children and families.
3. Provide equitable, affordable, and attainable access to every child and family.
4. Support and sustain a workforce of quality early childhood educators and professionals.
5. Increase parent and family engagement in their child's development and education.

### **COMMUNITY SCHOOLS**

Community schools seek to improve education in the classroom, as well as social conditions beyond school walls. They offer services such as school-based health centers, food pantries, family resources, and extended learning. This educational strategy has met with success in some communities.

In 2016, Lynne Middle School became the first community school in Las Cruces by offering a menu of wraparound programs, services, and assistance to support students and families.<sup>108</sup> Poverty, lack of parental understanding of education's importance, and low family stability due to incarceration were among the school's challenges.<sup>109</sup> Historically, the school has been one of the four lowest-graded schools in Las Cruces. Although it is too early to claim success, the community is watching this school closely. There is an effort to create additional community schools in Doña Ana County, being led by Ngage New Mexico dozens of local nonprofits and service providers.

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<sup>104</sup> (Willis, Report: Doña Ana County children still plagued by poverty, 2017)

<sup>105</sup> (UNM Center for Education Policy Research, 2016, p. 2)

<sup>106</sup> (UNM Center for Education Policy Research, 2015, p. 2)

<sup>107</sup> (Ngage New Mexico, 2015)

<sup>108</sup> (Sonner, 2016)

<sup>109</sup> (Willis, NM again ranks 49th in child well-being, 50th in education, 2016)

## PUBLIC SCHOOL DISTRICTS

Doña Ana County is home to three public school districts – Las Cruces (LCPS), Hatch Valley (HVPS) and Gadsden Independent School District (GISD). New Mexico Voices for Children reports that children in Doña Ana County fare far better in education and academic performance than the state as a whole.<sup>110</sup> For example:

- LCPS has higher four-year graduation rates, higher graduation rates for English learners, lower drop-out rates, and fewer habitually truant students than many other school districts in New Mexico.<sup>111</sup>
- In 2015, 19 LCPS schools improved one or more letter grades and only four schools received an “F” compared to seven previously.<sup>112</sup>

However, challenges remain. New Mexico’s Indicator-Based Information System (NM-IBIS) found that Doña Ana County is performing significantly worse than the state in the following areas:<sup>113</sup>

- The number of habitually truant students
- The number of mothers who complete high school
- The percentage of adults ages 25 and over with no high school diploma

## HIGHER EDUCATION

Labor market economists estimate that two-thirds of all New Mexico jobs require some postsecondary education – meaning an advanced industry credential or a postsecondary certificate, credential or degree at the associate level or higher.<sup>114</sup> Absent major changes in educational attainment, New Mexico is likely to fall short of having the educated workforce necessary to fill these openings, let alone expand economically.<sup>115</sup> Doña Ana County’s adults with college degrees remained at about 26 percent from 2010 to 2012, slightly lower than the U.S. rate of 29 percent.<sup>116</sup>

A number of institutions provide advanced educational opportunities in Doña Ana County, including New Mexico State University (NMSU) and Doña Ana Community College. There are centers in Las Cruces, Gadsden, Sunland Park, Chaparral and Hatch. Some of these centers offer dual-credit courses for students giving them the opportunity to earn college credits while still attending high school.<sup>117</sup>

In the state, the number of bachelor’s degrees awarded peaked in 2014, then dropped two percent in 2015, primarily due to declines in enrollment at NMSU (6 percent between the 2013 and 2014 school year) and UNM.<sup>118</sup> Nationally, though there are more students going to college in recent years, college students are still predominantly from high-income families.<sup>119</sup>

Under 50 percent of New Mexico’s students are academically prepared in most majors, namely nursing (eight percent), business administration (14 percent), and elementary education (14 percent).<sup>120</sup> However,

<sup>110</sup> (New Mexico Voices for Children, 2017)

<sup>111</sup> (New Mexico Voices for Children, 2017)

<sup>112</sup> (Willis, LCPS sees school letter grades improve, 2016)

<sup>113</sup> (New Mexico Department of Health, 2013-2015)

<sup>114</sup> (Southern Regional Education Board, 2015)

<sup>115</sup> (Legislative Finance Committee, 2015, p. 1)

<sup>116</sup> (Smart Growth America, 2015, p. 47)

<sup>117</sup> (New Mexico State University, n.d.)

<sup>118</sup> (Bush, 2015), (NM Higher Education Department, 2015)

<sup>119</sup> (Sparks, 2014)

<sup>120</sup> (Legislative Finance Committee, 2015, p. 13)

students pursuing some academically rigorous STEM professions were slightly better prepared. For example, 51 percent of students were prepared in aeronautical engineering.

## Ideas and Best Practices

Model programs can be found in New Mexico including the following examples.

**Improving High School Graduation Rates:** The Bridge of Southern New Mexico unites top educational leaders in Doña Ana County with business, economic development, and government leaders to “bridge the skills and knowledge gaps between education and career readiness for students.” Currently, the high school graduation rate in Doña Ana County has risen to 80 percent.<sup>121</sup>

**Two-generation Approach:** This strategy addresses the needs of both vulnerable children and their parents.<sup>122</sup> Early childhood development programs are included, such as home visiting, Head Start/Early Head Start, and successful transition to elementary school. In addition, this approach links these efforts for children to postsecondary education and workforce development for their parents.<sup>123</sup>

**State Youth Employment Strategy:** This strategy, recommended by New Mexico Voices for Children, uses a career pathways approach to benefit disconnected youth. This approach helps identify and support youth, links funding to accountability and meaningful outcomes, and creates incentives. The model typically focuses on low- and moderate-skill workers to boost their employability and opportunities for knowledge acquisition through higher education.<sup>124</sup>

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<sup>121</sup> (The Bridge of Southern New Mexico, n.d.)

<sup>122</sup> (Aspen Institute, n.d., p. 2)

<sup>123</sup> (Child Trends)

<sup>124</sup> (New Mexico Voices for Children, 2016, p. 14)

## Chapter 4

# FAMILY AND SOCIAL SUPPORT

## Helping Families Reach their Full Potential

Each day, poor families in New Mexico struggle to overcome poverty, unemployment, barriers to education, access to physical and mental healthcare, crime, and the stresses of managing a family amid what may seem like insurmountable challenges. Family and social support programs help people navigate these daily struggles. This chapter summarizes the intent of family and social support programs, types of safety net programs, and opportunities for strengthening both.

## Family and Social Support Programs

Family and social support programs provide families a broad array of necessary resources and services including information about child development and parenting guidance, connecting families with available food, employment, housing assistance and healthcare services. The most effective family support programs also foster a welcoming environment so parents feel understood and valued. Las Cruces support services include child and medical care, early education, support for the elderly, domestic violence support, nutrition assistance and homeless support.<sup>125</sup>

Studies show that family and social support programs reduce parents' experiences of isolation, increasing their ability to make healthy choices and more fully engage in behaviors that contribute to family well-being.<sup>126</sup> Those with social support are also more likely to have positive health outcomes.<sup>127</sup> Additional benefits of these programs follow:

- Parents and caregivers receive guidance on how to help their children age 0-3 fully develop physically, socially and emotionally. The experiences children have in these early years are critical to their health, school readiness, academic success and lifetime well-being.<sup>128</sup>
- Children overcome traumatic experiences of abuse or neglect, and separation from their family.<sup>129</sup>
- Infants and toddlers benefit from enriching environments that relieve some parental demands.<sup>130</sup>
- Parental oversight and connectedness increase, along with support of adolescents that reduces the likelihood of risky and harmful behaviors including youth-attempted suicide.<sup>131</sup> (According to NM-IBIS, more needs to be done in Doña Ana County to address high rates of youth-attempted suicide.)

## CHANGING NEEDS

Moving forward, following data implies that support programs may need to adapt to changing family dynamics including an increase in the number of single-parent, immigrant and grandparent head-of-household families, LGBT parents, families of color, and parent incarceration.

For example, parental incarceration is recognized as one of the most adverse childhood experiences that can have long-lasting effects on a child's development and well-being."<sup>132</sup> In 2016, 52,000 children in New

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<sup>125</sup> (City of Las Cruces, 2016, p. 80)

<sup>126</sup> (Browne, 2014, p. 16)

<sup>127</sup> (Tomaka, 2006, p. 377)

<sup>128</sup> (The Urban Child Institute, n.d.)

<sup>129</sup> (Browne, 2014, p. 16)

<sup>130</sup> (Browne, 2014, p. 26)

<sup>131</sup> (Robert Wood Johnson Foundation, 2015), (Office of Adolescent Health, n.d.)

<sup>132</sup> (Kayne, 2015)

Mexico (10 percent of the child population) had a parent incarcerated at some point in their lives. This percentage is higher than the national average of seven percent; only two states have higher rates.

A much more common challenge facing some New Mexico families is single-parenting. Studies show that children growing up in single-parent families are more likely, on average, to experience negative outcomes in school and later in life.<sup>133</sup> These children often have less access to emotional supports and economic resources.<sup>134</sup> Approximately 37 percent of children in Doña Ana county live in single-parent families.<sup>135</sup> Across the state, children of color are more likely to live in single-parent households; 43 percent of New Mexico’s Hispanic children and 67 percent of Native American children are being raised by single parents.<sup>136</sup>

Immigrant families, an increasing and significant portion of Doña Ana County’s population, experience restricted access to some public supports depending on their residency status. Children in “mixed status” families, where one or more adults are not citizens, may forgo services due to fear that a family member will be deported. Undocumented families’ stress and economic insecurity may create damaging effects on the healthy development of young children.<sup>137</sup>

Grandparents raising grandchildren also face unique challenges. Examples include access to financial resources, legal services, food and housing assistance, medical care, and transportation that are many times only available to parents.<sup>138</sup> In 2008, Grandfacts reported that 41,085 New Mexico children live in grandparent-headed households (8 percent of all children in the state). Another 10,572 children lived in households headed by other relatives (2 percent of all children in the state).<sup>139</sup>



Children learn much from grandparents and other seniors in their communities. Photo source: Doña Ana County Plan 2040 (2015). Image credit Dennis Quintana

In addition, approximately two million children in the U.S. are being raised by lesbian, gay, bisexual or transgender (LGBT) parents.<sup>140</sup> New Mexico’s adult LGBT population is estimated to be over four percent. Of this population, 28 percent are raising children and in some cases may not have access to the same family leave or benefits programs as heterosexual parents.

## Safety Net Programs

Social support programs commonly help to guide families on how to access safety net benefits programs to steady the family economically and are intended to help transition families from reliance on public benefits to self-sufficiency. Key safety net programs include the supplemental nutritional assistance program (SNAP), Head Start, Medicaid, Medicare, Temporary Assistance for Needy Families (TANF) and

<sup>133</sup> (The ETS Center for Research on Human Capital and Education, 2013)

<sup>134</sup> (New Mexico Voices for Children, 2016, p. 30)

<sup>135</sup> (NM Indicator-Based Information System (NM-IBIS), 2014)

<sup>136</sup> (New Mexico Voices for Children, 2016, p. 30)

<sup>137</sup> (CLASP, 2016, p. 10)

<sup>138</sup> (New Mexico Voices for Children, 2016, p. 8)

<sup>139</sup> (GrandFacts, 2008, p. 1)

<sup>140</sup> (Nguyen, 2013)

child care assistance programs. Like most New Mexico counties, many Doña Ana County households rely on safety net programs. For example, over 53 percent the county's population is enrolled in Medicaid.

The ability to consistently feed a household is daily struggle for the approximately 29 percent of Doña Ana County households that experience food insecurity.<sup>141</sup> Many of these households receive SNAP food assistance benefits. In addition, over 20 percent of low-income Doña Ana County residents do not live close enough to a grocery store to be able to consistently use their SNAP benefits.<sup>142</sup> Food insecurity is particularly devastating for children because they are more vulnerable to potential long-term consequences of hunger on their physical and mental health, academic achievement and future economic productivity.<sup>143</sup>

Safety net program positive impacts are smaller for those in deep poverty (i.e. for those having an income below half the federal poverty level) but are still substantial. For deep poverty, Social Security, tax credits, and SNAP benefits had the largest positive health and wellness impacts for children.<sup>144</sup> During periods of economic contraction, safety net programs have been shown to slow an increase in poverty.

## Ideas and Best Practices

Model family and support services programs, in New Mexico and across the nation, follow.

**Home Visits** – New Mexico Voices for Children recommended expanding quality home visiting for families, especially for teen parents, identified as high-risk for child abuse and neglect. Home visits have been shown to help improve social and physical outcomes for infants and young children, and help young mothers delay second pregnancies, improve their parenting, obtain a high school diploma, and access community supports.<sup>145</sup>

**Parents and Caregivers as First Teachers** - The NM Early Learning Advisory Council recommends the early childhood system empower parents and caregivers as children's first and most important teachers.<sup>146</sup>

**School Based Health Centers** - A bright spot in supporting both children and their families can be found in school-based health centers (SBHCs), which are prevalent throughout Doña Ana County. These centers provide confidential and developmentally appropriate healthcare services, including behavioral health support for students and their families. The New Mexico Department of Health allocates general fund support to SBHCs. However, the New Mexico Alliance of School-Based Health Care reports that supplemental funds are needed to provide necessary services to uninsured and underinsured students, or when SBHCs cannot bill a student's family due confidentiality issues.<sup>147</sup>

**Prioritize Spending for Social Supports** - The Brookings Institute has concluded that our nation as a whole has the wrong balance of social and medical spending.<sup>148</sup> States with a higher ratio of social services and prevention oriented spending to medical services spending have significantly better health outcomes.

**Paid Family Leave Programs** - Parents who lack basic economic resources, or who work in jobs that leave no time for their children, often cannot engage in quality parenting. In 2016, the Family Friendly

<sup>141</sup> (NM Indicator-Based Information System (NM-IBIS), 2014), (NM Human Services Department, 2017)

<sup>142</sup> (CHSI Improving Community Health, n.d.)

<sup>143</sup> (NM Indicator-Based Information System (NM-IBIS), 2014)

<sup>144</sup> (Chaudry, 2016, p. 21)

<sup>145</sup> (Paluzzi, 2011, p. 6), (New Mexico Voices for Children, 2016, p. 1)

<sup>146</sup> (Council, New Mexico Early Learning Advisory Council, 2017, p. 2)

<sup>147</sup> (Legislative Finance Committee, 2015, p. 8)

<sup>148</sup> (Butler, 2017)

Workplace Task Force reported that four states had paid family leave laws, and an additional 15 states are considering paid family leave programs.<sup>149</sup>

**TANF Funding Stabilization** - In 2016, the Center on Budget and Policy Priorities reported that the purchasing power of TANF benefits was below the poverty level in 1996. It recommended that states halt the erosion of TANF benefits and begin restoring lost purchasing power. In response, New Mexico partially restored TANF benefit cuts made in 2011.<sup>150</sup> TANF dollars can be used to pay for child care assistance, pre-K, home visiting programs, or direct cash assistance to families.<sup>151</sup> TANF is often a poor family's only source of support; without it they have no cash income to meet basic needs.<sup>152</sup> Over 5,400 people in Doña Ana County receive TANF benefits, or approximately two percent of the county's population.<sup>153</sup>

**Linked Services:** The Life Link in Santa Fe focuses on housing, mental health and substance abuse, helping people needing any combination of the three services. It offers up-to-date mental health and substance abuse treatments that have undergone clinical trials as well as support for family members.<sup>154</sup>

The National Child Traumatic Stress Network reports that a **trauma-informed child and family service system** ensures that programs, agencies, and service providers recognize and respond to traumatic stress. Children, families and providers should receive resources on trauma exposure, its impact and treatment, recommends the network.<sup>155</sup>

**Bayview Child Health Center** in San Francisco screens for adverse childhood experiences (ACEs) and is piloting the best ways to counteract them. Patients or parents fill out a questionnaire that calculates a total ACE score, without saying exactly what kinds of adversity they have experienced. The score is included in their records. Every child is screened for toxic stress as part of their routine physical exam.<sup>156</sup> Toxic stress occurs when a child is exposed to frequent, prolonged, or intensely negative experiences resulting in long-term health outcomes, including ischemic heart disease, cancer, diabetes, asthma and premature death.<sup>157</sup>

Southern California's **Magnolia Community Initiative** focuses on effectively connecting families with appropriate supports. A 500-block area in Los Angeles serves as an incubator for new ideas and innovative approaches. More than 70 public and private organizations have joined forces with parents to help thousands of children and families flourish.<sup>158</sup>

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<sup>149</sup> (Ely, n.d., p. 2)

<sup>150</sup> (Stanley, 2016)

<sup>151</sup> (Childress, 2017)

<sup>152</sup> (CLASP, 2016, pp. 3-4)

<sup>153</sup> (NM Indicator-Based Information System (NM-IBIS), 2014)

<sup>154</sup> (The Life Link, n.d.)

<sup>155</sup> (Browne, 2014, p. 48)

<sup>156</sup> (Harris, 2017)

<sup>157</sup> (Monica Bucci, 2016)

<sup>158</sup> (Magnolia Community Initiative)

## Chapter 5

# ECONOMIC & WORKFORCE DEVELOPMENT

## Raising Employment and Earnings through Economic Development

A community's economic performance and health outcomes are linked. Residents of communities that have steady, mid to high income jobs have better health outcomes. On the flip side, chronic illness and disease in a community hinders business performance, discourages adult career development and training, damages productivity, and is a barrier to a vibrant local economy. Communities with weak health and education conditions find it harder to achieve sustained economic growth.<sup>159</sup>

In 2012, *Headwaters Economics* touted Doña Ana County's economy as one of the fastest-growing in the state.<sup>160</sup> Propelling Las Cruces' growth into 2016 was a 13 percent increase in trade, transportation and utilities.<sup>161</sup> Professional and business services, which account for one in 10 jobs in Las Cruces, added jobs at a rate of 1 percent, while government, manufacturing and information sectors posted job losses.

While the employment growth is promising, Las Cruces residents and city officials believe increased efforts are needed to improve the economy and ensure the availability of decent paying jobs.<sup>162</sup> Southern New Mexico's unemployment rate stalled at around 7 percent in 2016.<sup>163</sup> (Unemployment is both a cause and effect of poverty, as poverty rates nearly triple among families unemployed six months or more.<sup>164</sup>) However, unemployment is only part of the workforce challenge. There are considerably more "working poor" people in Doña Ana County than the state as whole, with 39 percent in the county compared to an estimated 28 percent statewide.<sup>165</sup>

As a state, many propose that to improve our economy we need to work on improving family economic security.<sup>166</sup> This chapter considers that idea, focusing on the promise of job growth, the challenges experienced by the working poor, tax credits and other possible strategies.

## Job Growth

The *New Mexico 2016 State of the Workforce Report* states employment growth in the southwestern region and Las Cruces is comparatively strong in construction, professional, scientific and technical services, as well as retail and wholesale trade.<sup>167</sup> For Doña Ana County, the labor force grew between 2001-2014, according to the U.S. Department of Commerce. The number of employed persons increased by 24 percent, with annual compensation growing by 53 percent.<sup>168</sup>



Street fairs are one example of positive economic activity. Source: Doña Ana County Plan 2040, 2015. Image credit: PlaceMakers

<sup>159</sup> (Frenk, 2004)

<sup>160</sup> (Organ Mountains Desert Peaks National Monument, n.d.)

<sup>161</sup> (Federal Reserve Bank of Dallas, n.d., p. 1)

<sup>162</sup> (City of Las Cruces, 2016, p. 131)

<sup>163</sup> (Federal Reserve Bank of Dallas, n.d., p. 1)

<sup>164</sup> (Urban Institute, n.d.)

<sup>165</sup> (Metcalf, 2013)

<sup>166</sup> (Willis, Report: Doña Ana County children still plagued by poverty, 2017)

<sup>167</sup> (New Mexico Department of Workforce Solutions, 2016, p. 48)

<sup>168</sup> (City of Las Cruces, 2016, p. 111)

The city's economic development department works with existing businesses and employers to provide support for business expansion and physical improvements.<sup>169</sup> The city also coordinates with other agencies that provide job training and placement services and operate youth employment programs.

### BORDER TRADE

In recent years, presuming the existence of safe labor practices, border trade between New Mexico and Mexico creates opportunities for economic development. Maquiladoras are one type (but certainly not the only) of economic development in this arena. These factories are generally located in Mexico and may be run by a foreign company. Southern New Mexico communities like Santa Teresa are encouraging border trade that includes New Mexico companies in the supply chain (goods and services) to these Mexican maquiladoras.

New Mexico broke the billion-dollar mark in trade with Mexico in 2014, when the state's exports to Mexico nearly doubled to \$1.55 billion.<sup>170</sup> Exports grew again in 2015, to \$1.68 billion. Proponents of border trade hold that much more can be done. For example, according to a Federal Reserve official, border trade between El Paso, TX and Mexico has resulted in an increase in El Paso's service sector jobs, businesses and growth in all income levels.<sup>171</sup> However, this increased trade prompts some concerns over health, environmental and economic consequences for those working in some maquiladoras.<sup>172</sup> These matters also bear consideration.

### The Working Poor

The type of growth potentially advanced by border trade or other economic development can potentially improve prospects for the "working poor." These are people who spend 27 weeks or more a year in the labor force either working or looking for work – but whose incomes fall below the poverty level.<sup>173</sup> For example, a single parent and two children are considered living in poverty if household income is less than \$19,096 per year.

**Poverty Thresholds for 2015 by Family Size and Number of Related Children Under 18**

Size of family unit	Related children under 18 years								
	None	One	Two	Three	Four	Five	Six	Seven	Eight or more
One person (unrelated individual)									
Under 65 years	12,331								
65 years and over	11,367								
Two people									
Householder under 65 years	15,871	16,337							
Householder 65 years and over	14,326	16,275							
Three people	18,540	19,078	19,096						
Four people	24,447	24,847	24,036	24,120					
Five people	29,482	29,911	28,995	28,286	27,853				
Six people	33,909	34,044	33,342	32,670	31,670	31,078			
Seven people	39,017	39,260	38,421	37,835	36,745	35,473	34,077		
Eight people	43,637	44,023	43,230	42,536	41,551	40,300	38,999	38,668	
Nine people or more	52,493	52,747	52,046	51,457	50,490	49,159	47,956	47,658	45,822

Source: U.S. Census Bureau.

<sup>169</sup> (City of Las Cruces, 2016, p. 132)

<sup>170</sup> (Villagran, 2016)

<sup>171</sup> (Coronado, 2017)

<sup>172</sup> (Figueroa, 2016)

<sup>173</sup> (Center for Poverty Research, 2017)

In Las Cruces, about 16 percent of residents live in poverty.<sup>174</sup> According to a 2014 CAFé NM survey, 17,883 full-time workers in Las Cruces earned \$15,000 per year, placing these workers well under poverty thresholds. CAFé’s report also showed that 64 percent of the workers were Hispanic, 58.5 percent female, and 37 percent between the ages of 30 and 54.<sup>175</sup>

The sectors that employ the most low-wage workers include:

- Hotel, hospitality and food service businesses: 24 percent
- Retail: 18 percent
- Healthcare, home health and childcare: 17 percent
- Education services: 8 percent
- Businesses with 10 employees or more employed 66 percent of the city’s minimum wage workers.

### MINIMUM WAGE

Efforts in recent years have increased wages for the working poor in Las Cruces. In 2014, the City of Las Cruces passed an ordinance increasing the minimum wage over a five-year period so that employees in 2017 earn \$9.20 an hour; tipped employees earn \$3.65.<sup>176</sup> In two more years, the minimum wage is set to rise to \$10.10 an hour. The city reported that sales tax receipts for 2016 have grown since the minimum wage increase. New Mexico’s minimum wage is \$7.50, higher than the federal rate of \$7.25.

### CLIFF EFFECT AND CHURNING

Poverty rates rise and fall, with people cycling in and out of poverty over time.<sup>177</sup> This cycling is many times exacerbated by what is called the “cliff effect” or “churning,” both of which negatively impact working families and create a chilling impact on economic development.

“Cliff effect” refers to the sharp drop in family support services that may occur when the earnings of an individual or family receiving government benefits increases, placing that family or individual just over the required income threshold for those benefits.<sup>178</sup> The family however, loses more in service benefits than the pay increase can cover. “Churning” refers to families who receive subsidies sporadically over time frequently returning to subsidy programs.<sup>179</sup>

For example, if a single mom with two children making \$13.21 an hour receives a raise of \$2.20 per hour, the raise will put her over the threshold for child care assistance benefits. Losing this benefit costs her family \$1,190 a month, an amount the modest raise does not nearly cover.<sup>180</sup> Parents in this position may make the economic decision not to take the raise and move up in their career, in order to better provide for their children.

This cliff effect is consistently identified by employers as a barrier to business growth and their ability to retain, train and promote hard-working employees. More than 200 participants in New Mexico First’s 2016 statewide economy town hall, including business, economic development and nonprofit leaders, recommended that steps be taken to minimize or eliminate cliff effects.<sup>181</sup>

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<sup>174</sup> (City of Las Cruces, 2016, p. 33)

<sup>175</sup> (Ballotpedia, n.d.)

<sup>176</sup> (Warren, 2017)

<sup>177</sup> (Misel, 2012, pp. 423-424)

<sup>178</sup> (Circles USA, 2017)

<sup>179</sup> (U.S. Department of Agriculture, 2014)

<sup>180</sup> (Miller, 2017)

<sup>181</sup> (New Mexico First, 2016)

## CHILD POVERTY

More New Mexico children (27 percent) live in poverty than almost any state in the nation.<sup>182</sup> And in Doña Ana County, the figure is considerably higher at 39 percent. Often, children born in poverty stay in poverty. Advocates are concerned that the “inequality of income for one generation may mean inequality of opportunity for the next.”<sup>183</sup> Nationally, Doña Ana County ranks below average in helping poor children climb up the income ladder.<sup>184</sup> The county ranks 600 out of 2,478 counties, better than about 24 percent of counties.

## FAMILY STRUCTURE AND INCOME

Increases in single parenting have reduced children’s economic well-being. During the 1960s and 1970s, divorce was the cause for most single parenthood. Over the past quarter-century, the cause is out-of-wedlock childbearing.<sup>185</sup> Children in single-parent families are more than four times as likely to be poor compared to children in married-parent families. And children in cohabitating families are almost three times as likely to be poor as those in married-parent families.

New Mexico Voices for Children reported that between 2010-2014, 38 percent of children in Doña Ana County were living in single-parent households.<sup>186</sup> By comparison, of the 70 percent of married couples with children, only about six percent lived below the poverty level. Also, more single female householder families live below the poverty level than single male families (nine percent versus one percent).

However, focusing on marriage as the solution – to the exclusion of employment-based anti-poverty strategies or programs to address out-of-wedlock childbearing – may miss the mark. Other countries with rates of unwed motherhood much like those in the U.S. have far lower child poverty rates.<sup>187</sup> The number of low-wage jobs in which single mothers tend to work has continued to increase since the end of the 2008 recession. The nature of these jobs, including the lack of paid leave, poses significant challenges for parenting and children’s development.<sup>188</sup>

Five factors are associated with strong upward mobility: less segregation by income and race, lower income inequality, better schools, less violent crime, and more two-parent households.<sup>189</sup>

## Tax Credits

New Mexico provides a working families tax credit, valued at 10 percent of the federal earned income tax credit. Both target low-income families.<sup>190</sup> Families use the federal Earned Income Tax Credit, available to individuals and families with low-to-moderate incomes, to pay for necessities. These include home repairs, maintaining vehicles needed for work commutes, and obtaining additional education and training.<sup>191</sup> Doña Ana County had the fourth-highest rate of tax credit recipients, at up to 39 percent of households.<sup>192</sup>

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<sup>182</sup> (NM-IBIS, 2015)

<sup>183</sup> (Greenstone, 2013)

<sup>184</sup> (Aisch, 2016)

<sup>185</sup> (Thomas, 2005, p. 65)

<sup>186</sup> (New Mexico Voices for Children, 2016). Note: married couple data applies to the period between 2008-2010.

<sup>187</sup> (Thomas, 2005, p. 58)

<sup>188</sup> (Teague, 2015)

<sup>189</sup> (The Upshot, n.d.)

<sup>190</sup> (Childress, 2017)

<sup>191</sup> (Center on Budget and Policy Priorities, 2016)

<sup>192</sup> (Metcalf, 2013)

## Ideas and Best Practices

Economic development priorities in the *City of Las Cruces Five Year Consolidated Plan 2016-2020* included supporting existing businesses, making resources available for them to expand, and improving public infrastructure.<sup>193</sup>

Other examples of economic development efforts in other states that reduced poverty and increased wellness follow.

The **Indianapolis Congregation Action Network** (IndyCAN) is a multi-racial, multi-faith, nonpartisan organization. It launched in 2012 with one major goal: to connect 10,000 families affected by economic hardship to employment by addressing incarceration and gun violence and immigrant integration and inclusion in the community.<sup>194</sup> IndyCAN works to align workforce development and educational programs directly to employer needs. It advocated for the first local hire requirement to be implemented in Indiana, which requires 30 percent of jobs created through downtown development tax increment financing (TIF) to be directed to low-income residents. It also convenes educational institutions, workforce development groups, and community members to expand the career pipeline.<sup>195</sup>

A University of North Carolina School of Government report provides **case studies of small towns with or adjacent to college campuses** that have leveraged those educational institutions for broader economic benefits.<sup>196</sup>

- Allendale, South Carolina created an institute to cultivate local leadership, generate grant funding, and confront racial divides.
- Douglas, Georgia cultivated economic development by intensifying entrepreneurship and small business efforts, diversifying industrial recruitment and employers, and preparing a cadre of new leaders to move the community's vision forward.
- Reynolds, Indiana turned an agricultural waste product into an economic asset. By converting waste from hog farming into a local energy supply, Reynolds is working to become the first energy self-sufficient community in America.
- Rugby, North Dakota partnered with a statewide training program to enhance residents' job skills. Its investment in workforce development is attracting new businesses.
- Siler City, North Carolina capitalized on the economic value of arts-based small businesses, through a partnership with a regional community college, Siler City is nurturing the creativity and entrepreneurship of local artists.
- Wadesboro, North Carolina partnered with a regional community college to convert an abandoned textile mill complex into an economic asset.

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<sup>193</sup> (City of Las Cruces, 2016, p. 131)

<sup>194</sup> (National Academies of Science, Engineering, and Medicine, n.d., p. 40)

<sup>195</sup> (National Academies of Science, Engineering, and Medicine, n.d., p. 43)

<sup>196</sup> (Lambe, 2008)

## Chapter 6

# ACCOUNTABLE HEALTH COMMUNITY MODEL

## Connecting the Community to Live Well

### **ACCOUNTABLE HEALTH COMMUNITIES MODEL<sup>197</sup>**

Increasingly, clinical and public health practitioners recognize that health status is deeply affected by social and environmental factors such as substandard or unstable housing, food insecurity and financial stress. When social needs go unmet, people are at increased risk of developing chronic conditions, are less able to manage these conditions, and use more health care at higher costs.

The Centers for Medicare and Medicaid Services (CMS) is testing the Accountable Health Communities (AHC) model, which is designed to integrate clinical care with public health and social needs interventions. The AHC model was designed to support CMS' approach to improving healthcare delivery, summarized as better care, smarter spending and healthier people.<sup>198</sup>

The AHC framework promotes clinical-community collaboration by calling on health care providers to screen patients for unmet health-related social needs and referring them to appropriate community services. The strategy aims to identify health-related social needs, minimally, in the following areas:

- Housing instability and quality
- Food insecurity
- Utility needs
- Interpersonal violence
- Transportation needs beyond medical transportation

Providers also help high-risk patients navigate access to services. Clinical and community service providers must work together to align services, and assure they are available and responsive to community needs. The AHC model is based on the premise that local communities know best. The model is successful when local stakeholders from multiple sectors come together to address the specific social, behavioral, economic, environmental, and clinical determinants of health in a given community. While AHCs can be implemented statewide, they are best built locally. They can exist either solo, or as part of a network of state or regional initiatives.

**New Mexico's Health System Innovation (HSI) Plan** provides one vision of interconnected AHCs. In 2015, the New Mexico Departments of Health and Human Services jointly received funding from the Centers for Medicaid and Medicare Services Innovation (CMMI) to redesign the state's health system. The HSI seeks to build a statewide system of AHCs. This design can be adapted to all New Mexico communities, urban, rural or frontier, and to its many diverse population groups. It can be implemented statewide, regionally, or in a single county or other defined area.<sup>199</sup>

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<sup>197</sup> Special thanks to Anne Barraza, primary author of this chapter.

<sup>198</sup> (Centers for Medicare and Medicaid Services, 2017) <https://innovation.cms.gov/initiatives/ahcm/>

<sup>199</sup> (NM Human Services Department, 2016)

## **STRATEGIES TO SUPPORT AHC MODELS**

**Health Leads**, funded by the Robert Wood Johnson Foundation, strives for healthcare systems to address basic resource needs as a regular part of patient care. By mobilizing college volunteers, it is producing a pipeline of new leaders who champion this new model. With Health Leads, doctors can ‘prescribe’ resources such as food, housing and heating assistance—just as they do medication. Patients take their prescriptions to the clinic waiting room, where volunteers help ‘fill’ them by connecting patients to community services.<sup>200</sup>

**University of New Mexico Health Sciences Center Healthy Neighborhoods Initiative** - Healthy Neighborhoods Albuquerque is a collaboration among Albuquerque anchor institutions to create “Main Street jobs” by buying locally and hiring locally, within the neighborhoods that form the catchment area of the University of New Mexico (UNM) hospital. During its first phase, the program is focusing on short- and long-term local purchasing and hiring initiatives.

Collaborating anchor institutions include multiple schools at UNM, Presbyterian Healthcare Services, Central New Mexico Community College (CNM), Albuquerque Public Schools, and the City of Albuquerque. Each anchor institution contributes work teams focusing on specific areas, including construction, human resources, procurement and other fields.

**Resident Leadership Academy** - As part of its Live Well San Diego initiative, the City of San Diego has developed a Resident Leadership Academy curriculum, through which it has provided more than 80 members of the community with training and tools to constructively advocate for change in their neighborhoods and communities, including meeting with local planning groups and elected officials, addressing elected bodies in public meetings, and participating on citizen advisory boards to influence policy and improve the built environment.<sup>201</sup>

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<sup>200</sup> (Robert Wood Johnson Foundation, n.d.)

<sup>201</sup> (Live Well San Diego, n.d.)

## CONCLUSION

The Live Well Summit provides an opportunity for Doña Ana County and Las Cruces community members across disciplines to collaborate and recommend how to best use available resources to address the social determinants of health. These determinants are housing, transportation, education, family and social support and economic and workforce development. The AHC model provides guidance in this area as it is designed to integrate clinical care with public health and social needs interventions that are adapted for and led by local communities.

While the challenges are real, the region has an abundance of local community leaders and experts in all sectors who are committed to bringing lasting improvement in health, wellness and opportunity to their community.

# APPENDICES

## Appendix A: Gap Analysis, Housing Availability for the Homeless

### Gap Analysis/Housing Inventory

#### Calculating the Need for Permanent Supportive Housing (by County) (2015)

County	2014 Census Population	Poverty Rate	Total # of Homeless People Counted on 1/26/15*	Estimated Total Need for Supportive Housing	Total # of TH + PSH + RRH Beds (2015 HIC Count)	Relative Priority
Dona Ana County	213,676	27	333	534	312	H
Sandoval County	137,608	17.7	35	344	140	H
Valencia County	75,817	23.4	20	190	15	H
Chaves County	65,878	21.2	28	165	0	H
McKinley County	74,098	40.3	108	185	94	H
Otero County	65,082	21.3	14	163	0	H
Lea County	69,999	14.8	12	175	0	H
Bernalillo County	675,551	18.7	1,378	1,689	1,918	H
San Juan County	123,785	22.7	207	309	204	H
Eddy County	56,395	15.1	86	141	10	H
Rio Arriba County	39,777	24.8	2	99	0	H
Cibola County	27,349	32.2	2	68	0	M
Luna County	24,673	31.2	15	62	0	M
San Miguel County	28,239	35.9	7	71	26	M
Taos County	33,084	26.2	21	83	14	M
Torrance County	15,611	27.8	0	39		M
Roosevelt County	19,536	24.6	0	49		M
Curry County	50,969	21.1	30	127	71	M
Sierra County	11,325	26.9	0	28		M
Grant County	29,096	22.4	8	73	34	M
Lincoln County	19,706	18.8	0	49		M
Quay County	8,501	25.8	0	21		M
Colfax County	12,680	20.1	0	32		L
Guadalupe County	4,468	25.8	0	11		L
Hidalgo County	4,560	25.7	0	11		L
Santa Fe + County	148,164	18.1	323	370	514	L
Socorro County	17,310	27.9	0	43	126	L
Mora County	4,592	23.8	0	11		L
Catron County	3,556	21.7	0	9		L
De Baca County	1,825	22	0	5		L
Union County	4,297	20.1	0	11		L
Los Alamos County	17,682	4	0	44		L
Harding County	683	15.2	0	2		L
<b>New Mexico</b>	<b>2,085,572</b>	<b>21.4</b>	<b>2,629</b>	<b>5,214</b>	<b>3,478</b>	

\* Total number of homeless persons in ES, TH and unsheltered counted on January 26, 2015

\*\* Need for supportive housing based on state study showing need for 5,000 beds, divided up by

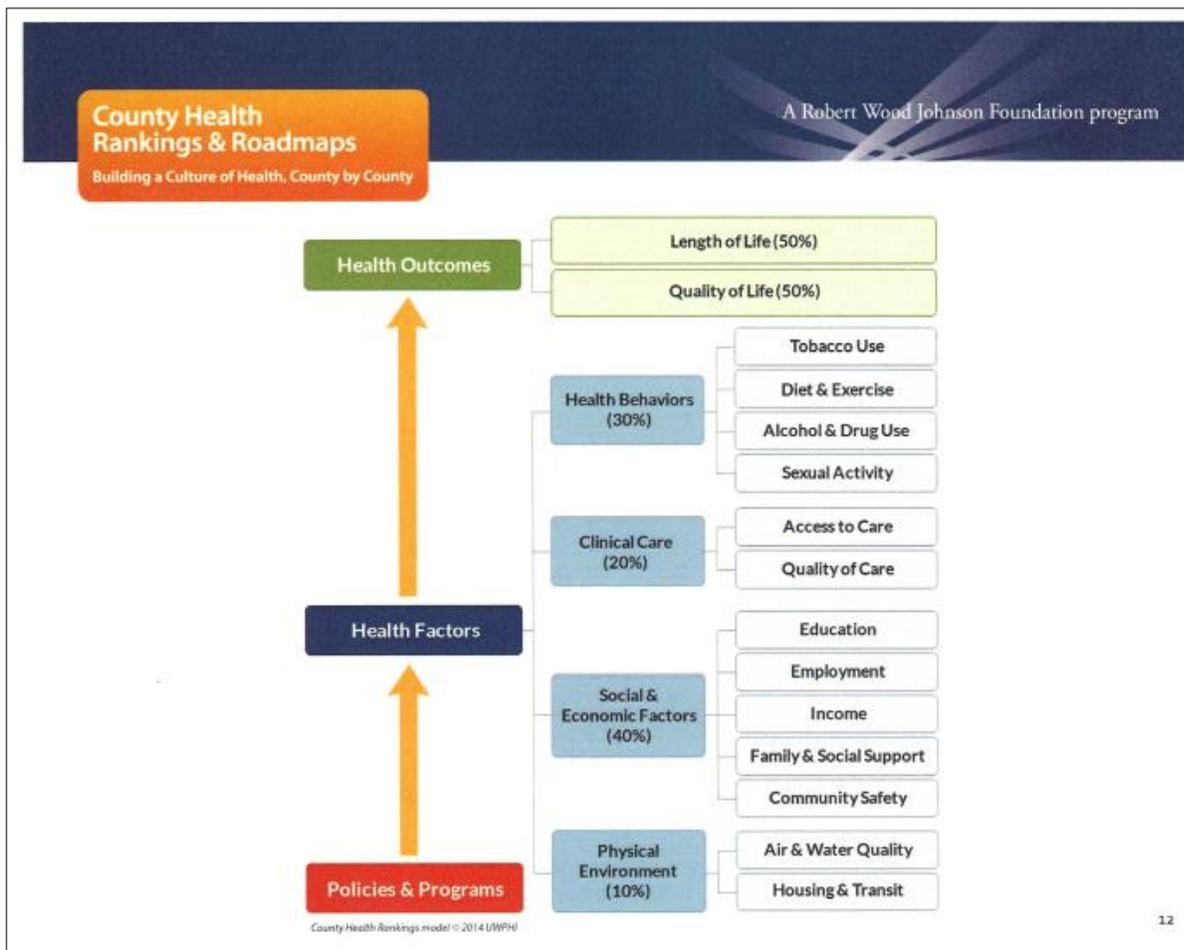
#### Acronyms

Point In Time (PIT), Housing Inventory Count (HIC), Emergency Shelter (ES), Transitional Housing (TH), Permanent Supportive Housing (PSH), Rapid Re-Housing (RRH)

## Appendix B: RWJF County Roadmap for Building Healthy Communities

Source: Robert Wood Johnson Foundation<sup>202</sup>

The Robert Wood Johnson Foundation’s *What Works for Health* strategies to improve rural health, provides communities with information to help select and implement evidence-informed policies, programs, and system changes that will improve the variety of factors that affect health.<sup>203</sup>



<sup>202</sup> (Robert Wood Johnson Foundation, 2016)

## Appendix C: Doña Ana County Health Ranking

Source: Robert Wood Johnson Foundation.<sup>204</sup>

In the below chart, rankings at the right of the headings compare Doña Ana County to other New Mexico counties.

	Dona Ana County	Trend	Error Margin	Top U.S. Performers	New Mexico	Rank (of 32)
<b>Health Outcomes</b>						<b>8</b>
<b>Length of Life</b>						<b>2</b>
Premature death	6,800		6,400-7,200	5,200	8,000	
<b>Quality of Life</b>						<b>19</b>
Poor or fair health	23%		23-24%	12%	20%	
Poor physical health days	4.6		4.5-4.7	2.9	4.4	
Poor mental health days	4.1		3.9-4.2	2.8	4.0	
Low birthweight	8%		7-8%	6%	9%	
<b>Additional Health Outcomes (not included in overall ranking) +</b>						
<b>Health Factors</b>						<b>19</b>
<b>Health Behaviors</b>						<b>15</b>
Adult smoking	17%		17-18%	14%	19%	
Adult obesity	23%		21-26%	25%	24%	
Food environment index	5.7			8.3	6.3	
Physical inactivity	20%		18-23%	20%	20%	
Access to exercise opportunities	70%			91%	73%	
Excessive drinking	17%		16-17%	12%	15%	
Alcohol-impaired driving deaths	34%		29-39%	14%	33%	
Sexually transmitted infections	598.3			134.1	587.3	
Teen births	60		58-62	19	54	
<b>Additional Health Behaviors (not included in overall ranking) +</b>						

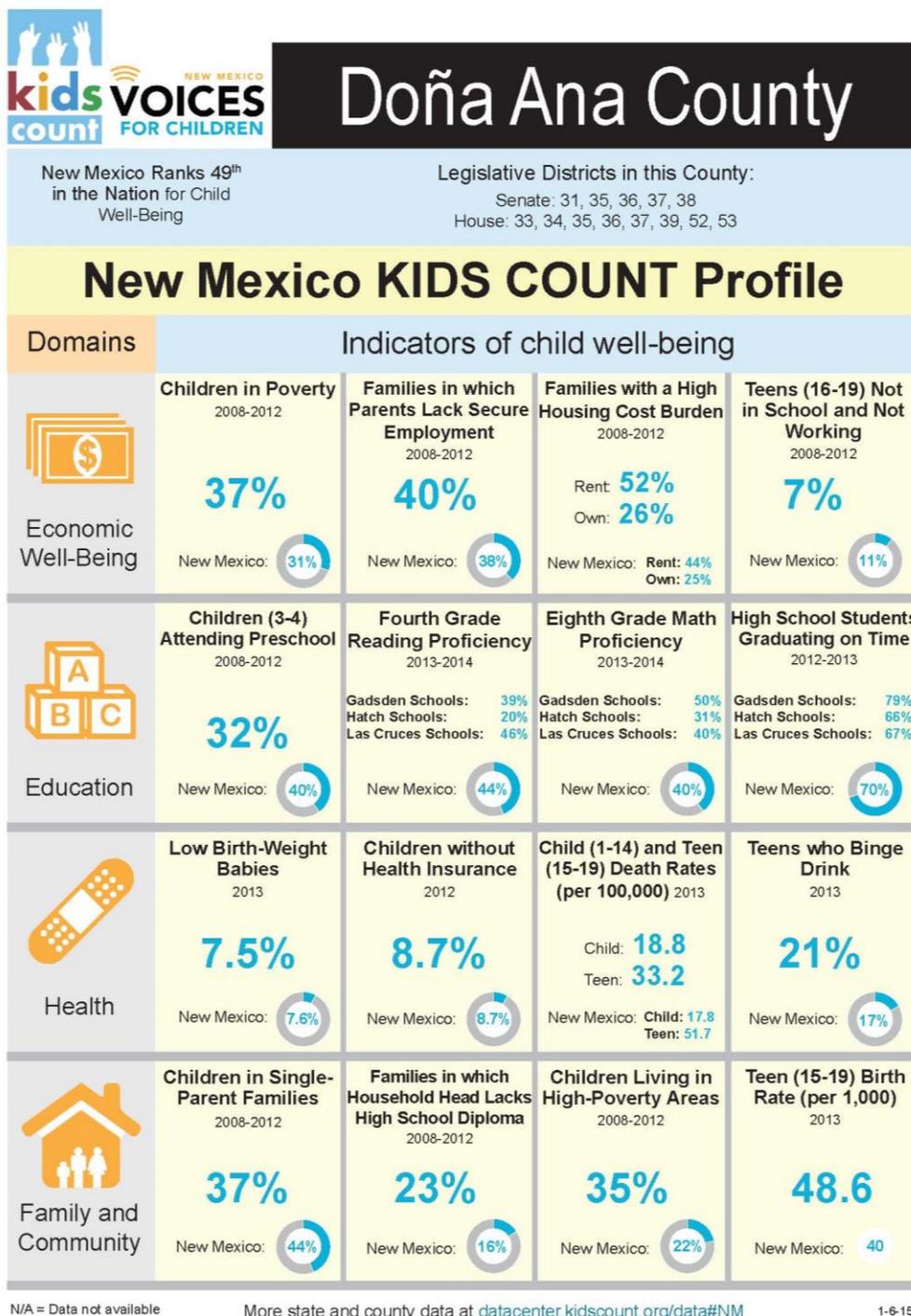
<sup>204</sup> (Robert Wood Johnson Foundation, n.d.)

	Dona Ana County	Trend ⓘ	Error Margin	Top U.S. Performers ⓘ	New Mexico	Rank (of 32)
<b>Clinical Care</b>						<b>17</b>
Uninsured	25%		23-27%	11%	22%	
Primary care physicians	1,600:1			1,040:1	1,310:1	
Dentists	1,870:1			1,340:1	1,650:1	
Mental health providers	380:1			370:1	280:1	
Preventable hospital stays	49		46-52	38	46	
Diabetic monitoring	85%		81-89%	90%	73%	
Mammography screening	59%		55-63%	71%	57%	
Additional Clinical Care (not included in overall ranking) +						
<b>Social &amp; Economic Factors</b>						<b>17</b>
High school graduation	71%			93%	71%	
Some college	61%		58-64%	72%	59%	
Unemployment	7.2%			3.5%	6.5%	
Children in poverty	39%		34-45%	13%	28%	
Income inequality	5.2		5.0-5.5	3.7	5.2	
Children in single-parent households	39%		35-43%	21%	40%	
Social associations	6.5			22.1	8.1	
Violent crime	358			59	571	
Injury deaths	66		61-71	51	92	
Additional Social & Economic Factors (not included in overall ranking) +						
<b>Physical Environment</b>						<b>29</b>
Air pollution - particulate matter	10.3			9.5	10.0	
Drinking water violations	Yes			No		
Severe housing problems	18%		17-20%	9%	18%	
Driving alone to work	82%		80-83%	71%	79%	
Long commute - driving alone	21%		19-23%	15%	25%	

Note: Blank values reflect unreliable or missing data

## Appendix D: NM Kids Count Profile: Doña Ana County

Source: NM Voices for Children, 2015



## Appendix E: Content Addendum

Below is additional information related to transportation in the region.

For more information on the link between health and transportation, please see the May 2015, **Parks and Multi-Use Trails in the Doña Ana County Comprehensive Plan: A Health Impact Assessment** report by the Doña Ana County Place Matters Team.

The information below was provided in April 2017 by Sharon Thomas, former City of Las Cruces city councilor, and is offered in this report as a courtesy to policymakers and other interested stakeholders. (Added to report: 5/3/17)

### **Additional entities in the region providing public transportation services include:**

- Doña Ana County's South Central Regional Transit District (SCRTD)
- Z-Trans from Alamogordo
- Rio Grande Transit from Hatch
- An El Paso County service that connects to Sunland Park
- Various other transit provided mostly by nonprofits that have their own vans or small buses

**Camino Real Consortium** - In 2011, several regional entities (Doña Ana County, Las Cruces, Mesilla, New Mexico State University, Mesilla Valley MPO, El Paso MPO, the South Central Council of Governments, Tierra del Sol, and the Colonias Development Council) came together to form the Camino Real Consortium. The members of the consortium concluded that that One Valley, One Vision 2040 provided very broad goals and that a revision of the existing county Comprehensive Plan, as well as several other more specific plans, was needed to implement the broader vision of One Valley, One Vision 2040. The Camino Real Consortium applied for and won a \$52 million planning grant from the Partnership for Sustainable Communities (USDOT, HUD, and EPA). The purpose of this planning grant was to integrate housing, land use, economic and workforce development, and infrastructure planning in a way that "empowers the region to consider how all these factors work together to create more jobs, economic opportunities, and increased quality of life for generations to come." ([www.vivadonaana.org](http://www.vivadonaana.org))

**South Central Regional Transit District (SCRTD)** - The SCRTD can cross state lines and helps to connect passengers located outside El Paso's Sun Metro and Las Cruces' RoadRUNNER municipal boundaries. The SCRTD is also working on a V-Ride program that can coordinate van rides for workers residing, for example in Anthony or Sunland Park, to travel to jobs in El Paso or Santa Teresa.

In the spring of 2015, SCRTD Board approved a five-year service and financial plan that outlined the goals of the SCRTD. This included phasing of service, connecting service to other transit providers, and securing funding to support transit service initiatives, including study of the potential of a passenger Rail service to operate through Doña Ana County connecting to El Paso. The SCRTD five-year plan is intended as a starting point in its execution of the mission of the SCRTD "to connect transit to rural communities in support of jobs, school, and health care services. The growth of the El Paso and Doña Ana County communities is substantial with increasing demand for transportation services to connect to and support the economic vitality of the region. The SCRTD service plan offers an opportunity to provide expanded transit options to mitigate air quality. In support of its goals, the SCRTD has secured two federal grants, adding over \$518,000 in FY 2017 to support transit service. Further funding is anticipated in FY2018 that will provide funding and new service to Hatch, New Mexico.

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## FINAL REPORT

March 28 - 29, 2017

Las Cruces, NM - Las Cruces Convention Center

### CONVENERS AND PARTNERS

City of Las Cruces, Doña Ana County and Paso Del Norte Health Foundation

### FACILITATOR

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# EXECUTIVE SUMMARY

Doña Ana County and the City of Las Cruces seek to improve the health and wellness of area families. They have been engaged in intensive efforts to improve quality of life in the region, and in March 2017 they took their commitment one step further by convening the Live Well Summit in Las Cruces, NM. This report details the summit recommendations and will help inform future city and county funding, as well as possible state or foundation dollars, for the next three to five years.

The two-day summit aimed to improve the health of Doña Ana County residents by developing community-wide, cross-sector priorities based on the understanding that multiple factors directly impact a person's health. Some of these social determinants of health include housing, transportation, education, family and social support, and economic and workforce development. Summit discussions were organized around these topics.

Most summit participants represented nonprofit organizations or government entities that provide direct family and community services. Some attendees were local government officials and a few represented business and economic development interests.

During the summit, participants developed recommendations, each with specific strategies, to address summit goals. Participants prioritized the recommendations using electronic polling devices. Separately, they voted on which strategies were most likely to create the greatest impact in reducing poverty and improving the health of Doña Ana County residents.

The top two recommendations focused on housing: 1) increasing support for current affordable housing plans and 2) creating innovative, affordable and supportive housing partnerships. Also in the top tier was a call to finance cross-sector workforce development within city and county governments, and the recommendation to develop wellness hubs that provide wrap-around services based on the needs of the community.

The most popular strategies centered on education and included expanding community schools, providing social justice education for school stakeholders and law enforcement, and developing a comprehensive community-based workforce training system. Also in the top tier was the strategy to direct the city council and county commission to adopt a Health in All Policies (HiAP) resolution that would bring together government, university and nonprofit entities as well as the broader community to agree on community needs and hold community leaders accountable for addressing those needs.

Prior to the summit, participants received a background report on regional housing, transportation, education, family and social support, and economic and workforce development sectors – all framed by their connection to residents' health and economic security. The [Live Well Summit Background Report, housed at nmfirst.org](#), also included examples of innovative and effective community-based solutions.

# FOREWORD

## Purpose of the Event

The two-day Live Well Summit aimed to improve the health of Doña Ana county residents by developing cross-sector priorities. These priorities will be used to help direct city and county, and possible state and foundation, funding for the next three to five years.

## Conveners

This event was jointly convened by **Doña Ana County's Health and Human Services Department** (HHS) and the **City of Las Cruces**. The HHS Department works to improve quality of life in the county by identifying and addressing unmet needs. Efforts address mental health, reduction of premature death or disability, healthcare safety net services, as well as educational, social and recreational opportunities.

The City of Las Cruces is dedicated to providing responsive, cost effective and high quality services to its citizens. The city and its partners aim to implement a *Health in All Policies* approach that aims to ensure health and economic equality for all. Governmental partners and stakeholders in this effort are poised to integrate improved health of residents with other community goals like job creation.<sup>1</sup>

Doña Ana County and Las Cruces take a preventive approach to advancing health equity by considering factors like social disadvantage, risk exposure, and social inequities.<sup>2</sup> Both have been engaged in intensive efforts to improve quality of life in the region. And both participate in a range of innovative efforts:

- Funded by the Partnership for Sustainable Communities, the Viva Doña Ana regional planning project sought to create jobs, economic opportunities and increased quality of life. Though the grant has ended, community members are moving forward to the next phase of discussion.
- Supported by the New Mexico Health Equity Partnership, the Doña Ana Communities United team addresses the root causes of health inequities through community-based collaborations.
- In September 2016, the California Health in All Policies Task Force provided a Health in All Policies (HiAP) Learning Institute for city, county and community leaders in Las Cruces.

## This Report

This report details the summit recommendations and strategies developed and voted on by summit participants.

## Facilitator

**New Mexico First** engages people in important issues facing their state or community. Established in 1986, the public policy organization offers unique town halls and forums that bring together people from all walks of life to develop their best ideas for policymakers and the public. New Mexico First also produces nonpartisan public policy reports on critical issues facing the state. These reports – on topics like water, education, healthcare, the economy and energy – are available at [nmfirst.org](http://nmfirst.org).

Our state's two U.S. Senators – Tom Udall and Martin Heinrich – serve as New Mexico First's honorary co-chairs. The organization was co-founded in 1986 by U.S. Senators Jeff Bingaman and Pete Domenici (retired).

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<sup>1</sup> (Smart Growth America, 2015, p. 47)

<sup>2</sup> (Bharmal, 2015)

# INTRODUCTION

City and county organizers selected speakers to set the stage for the summit. Four roundtable discussion panelists from the Doña Ana County region, as well as guest speaker Arthur Kaufman, MD, of the University of New Mexico (UNM), addressed the group. Roundtable panelists included:

- Srijana Basnyat – Senior Planner, City of Las Cruces
- Abel Covarrubias – CEO, Aprendamos for Family and Social Support
- Davin Lopez – CEO, Mesilla Valley Economic Development Alliance
- Mary Alice Scott – Assistant Professor, Public Health Sciences and Department of Anthropology, NMSU

All speakers agreed that people do not always link wellness to other aspects of the community. Each suggested ideas for moving beyond the missions of the sector they represent, identifying ways to work together to promote regionwide health and wellness.

Abel Covarrubias suggested home visiting programs as key to connecting families to necessary resources. Access to resources allows parents to enter and remain in the workforce because their basic needs of housing, child care, food and transportation are being met, offered Covarrubias. He also suggested that businesses could create spaces for caregivers to interact with their children at work.

Another point was the value of transportation. “Transportation connects people’s lives to their livelihood,” shared Srijana Basnyat. “Many of our residents cannot afford a car. We are perpetuating poverty if don’t address the practicality of using public transportation.” Basnyat also suggested community schools as an example of how to optimally design a community’s physical environment so that family can access multiple amenities in one location, reducing reliance and spending on cars or public transportation and potentially improving air quality.

“If we understand the linkages between sectors better, we will be able to expand jobs and opportunities,” added Davin Lopez. Lopez pointed to a direct link between economic development and how the community educates its unemployed youth population. With unemployment a contributing factor to poor health, he suggested, “Let’s rethink higher education, taking it one step further by painting a picture for youth about all the career paths available to them. People say there are no jobs, but there are.”

Mary Alice Scott agreed with this suggestion and urged the community to change the way it trains the healthcare workforce to include the social determinants of health. She further suggested that a team approach to care should include members from multiple disciplines who collectively provide healthcare as well as wrap around services.

Scott’s suggestion was in line with the work being done by Art Kaufman and his department at UNM. For decades, healthcare providers have known that a person’s social needs are as important as medical conditions and contribute to a person’s health. However, providers did not know what to do about it, shared Kaufman. For example, increasing graduation rates can save as many lives as reducing the number of people who smoke, he said. In response, his department instituted the use of a “social determinant prescription pad” in which healthcare providers can “prescribe” that a patient be referred to a community health worker to assist with food, housing, transportation, education, child care, legal matters, substance abuse or domestic abuse. As trusted members of the community, these health workers are key team members in improving health outcomes, he added.

Kaufman also linked the healthcare workforce to economic development, sharing that for rural areas, a practicing physician generates an average of one million dollars annually to the community, creating 18 jobs directly and indirectly related to the physician’s practice.

# RECOMMENDATIONS

The summit recommendations and strategies, and support received for each, reflect the experience, expertise and deliberations of summit participants. For a list of participants, please see Appendix D.

While the summit produced both highly supported recommendations and strategies, the most popular recommendations did not necessarily include the most popular strategies. This result can be interpreted several ways. For example, who is in the room matters (i.e. what experience and interests are represented by the participants). Also, perhaps a topic is popular generally, but its strategies for some reason do not excite participants as much as other strategies. In this case, one option might be to seek ways to integrate the most popular strategies into the most popular recommendations for a more comprehensive solution. Some stand-alone strategies might also be integrated into current programs outside of a broader campaign. Ultimately, the results of the summit provide policymakers and community leaders with many options that can be evaluated through the lenses of public support, impact and feasibility.

For a listing of the recommendations grouped by priority, as well as the level of support for strategies individually, please see Appendices A and B.

## Housing and Neighborhoods

Where people live influences multiple aspects of their lives. Families thrive when they inhabit safe and affordable homes, in secure neighborhoods, with established community support. However, when those factors are not in balance – and families do not have safe places to live – physical and mental health deteriorates. Over 50 percent of Doña Ana County residents are “housing cost- burdened” and thus may have difficulty paying for necessities like food, clothing, transportation and medical care.<sup>3</sup> Homelessness has a detrimental impact on children’s physical and psychological well-being, negatively impacting their academic achievement.<sup>4</sup> Over 600 Las Cruces Public School students reported experiencing homelessness at some time during the 2015-2016 school year. In addition, those with serious mental illness are often disproportionately affected by homelessness.

Below are summit recommendations and strategies focused on housing.

### RECOMMENDATION 1

Support level: 98%

**ACTION:** Support the development of affordable housing opportunities in accordance with city and county Affordable Housing Plans.

#### STRATEGIES:

- a) Maximize use of existing resources by eliminating redundancies, building collaborations, and developing creative funding such as private/public partnerships, general obligation bonds, etc.
- b) Promote the linkage of supportive services and the Housing First<sup>5</sup> model.
- c) Explore creative, “outside the box” housing options.

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<sup>3</sup> (NM Voices for Children, 2015)

<sup>4</sup> (Hart-Shegos, 1999)

<sup>5</sup> Housing First is an approach that offers permanent, affordable housing for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing. (National Alliance to End Homelessness, 2016)

**RECOMMENDATION 2**

Support level: 90%

**ACTION:** Create and maintain innovative partnerships for affordable and supportive housing.

**STRATEGIES:**

- a) Promote private/public partnerships for affordable housing development.
- b) Implement the Affordable Housing Plans and engage the public's participation.
- c) Facilitate strategic alliances between city, county, funders, providers, and stakeholders.

### **RECOMMENDATION 3**

Support level: 77%

**ACTION:** Allocate annually a minimum of \$1 million each to the city's affordable housing trust fund and the county's affordable housing loan fund to finance affordable housing development.

#### **STRATEGIES:**

- a) Fund supportive housing for special needs populations, such as people who are homeless and housing insecure. Services should include youth who are living independently and people with mental illness.
- b) Fund and support rental assistance programs for low to moderate income households including permanent and transitional housing programs.
- c) Develop, implement and fund a transit-oriented development in the Santa Teresa/Las Cruces corridor or the El Paso/Las Cruces corridor. (Independent analysis would determine which.)

## **Transportation**

Transportation is one of the key economic and social factors that influences people's health and the health of a community.<sup>6</sup> Government investments in roads, parks, transportation systems, school buildings, water systems and other essential infrastructure promote and improve health and equity. When communities can offer good transportation choices, people can more feasibly travel to school and work, poverty is often reduced, and health outcomes improve.<sup>7</sup> Reduced emissions – resulting from fewer drivers or converting buses to electric – can also improve public health. Currently, some area residents cannot access reliable transportation during the hours they need it for school, work, healthcare or other public services.

Below are summit recommendations and strategies focused on transportation.

### **RECOMMENDATION 4**

Support level: 81%

**ACTION:** Develop an active transportation<sup>8</sup> system; stop car-first design.<sup>9</sup>

#### **STRATEGIES:**

- a) Pilot and implement innovative bike and car-sharing programs.
- b) Add and retrofit sidewalks and bike paths into green corridors to increase connectivity.
- c) Integrate irrigation laterals and river areas into a trail system.

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<sup>6</sup> (Robert Wood Johnson Foundation, 2012)

<sup>7</sup> (Doña Ana County Board of County Commissioners, Planning and Zoning Commission, and Camino Real Consortium, 2015, p. viii)

<sup>8</sup> Active transportation - any self-propelled, human-powered mode of transportation, such as walking or bicycling. (Centers for Disease Control and Prevention, n.d.)

<sup>9</sup> Participants provided clarifying definitions for the following terms: Car-first design is transportation planning that focuses on automobile transportation first instead of other modes of transportation. Green corridors are shaded pathways that supports pedestrian and bike use.

## RECOMMENDATION 5

Support level: 73%

**ACTION:** Create socially and economically inclusive, mixed-use neighborhoods; support and strengthen existing communities.

### STRATEGIES:

- a) Fund and actively acquire easements and/or rights-of-way necessary to close gaps in connectivity between the spaces where people live, work and play in the Las Cruces metropolitan area and rural communities. Improve road conditions for emergency response and connectivity to rural communities. Roads must be lit, paved and suitable for ambulances, buses, pedestrians and bikes.
- b) Support and strengthen existing communities by creating centrally located community centers that offer popular education and serve as community schools or wellness hubs in each of our urban and rural areas.<sup>10</sup>
- c) Create new zoning and design standards to encourage multi-use development. Create and support a tactical urbanism program and toolkit to test out incremental changes to the physical environment and empower the community to take ownership of public spaces in their own neighborhoods.<sup>11</sup>

## RECOMMENDATION 6

Support level: 75%

**ACTION:** Establish and support a network of policy experts to create and implement a framework to ensure the success of the 2017 Live Well Summit recommendations and strategies.

### STRATEGIES:

- a) Research all applicable policies and offer recommendations.
- b) Conduct health or related impact assessments, and identify shared measurement systems.
- c) Pursue and develop partnerships with subject matter experts.

## Education

Educational attainment has a clear impact on both income and health. Those with education degrees beyond high school are more likely to have a higher, steadier income and better health including fewer acute or chronic diseases, less anxiety or depression, and reduced risks of heart disease and diabetes. While the region's high school graduation rates have increased, having a high school diploma or equivalent is no longer sufficient for getting ahead. In addition, access to early childhood education improves the long-term health and welfare of children and their families. However, Doña Ana County lags in early childhood education enrollment with only 29 percent of three- and four-year-olds enrolled in preschool programs.<sup>12</sup>

Summit recommendations and strategies focused on education follow.

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<sup>10</sup> Popular education - an approach to education where participants engage each other and the educator as co-learners to critically reflect on the issues in their community and then take action to change them. (Practicing Freedom, n.d.)

<sup>11</sup> Tactical urbanism – a collection of low-cost, temporary changes to the built environment, usually in cities, intended to improve local neighborhoods and city gathering places. (Pfeifer, 2013)

<sup>12</sup> (Willis, Report: Doña Ana County children still plagued by poverty, 2017)

### **RECOMMENDATION 7**

Support level: 79%

**ACTION:** Fully fund and expand effective community-based empowerment education at multiple levels (i.e. education deploying responsive models for children and families tailored to where they live and what they need).<sup>13</sup>

**STRATEGIES:**

- a) Develop and expand community schools as described by the Center for Popular Democracy.<sup>14</sup>
- b) Implement parent empowerment education.
- c) Develop, recruit and retain faculty and mentors from sectors throughout the community who reflect the community's diversity.

### **RECOMMENDATION 8**

Support level: 80%

**ACTION:** Return control of curriculum choices to local school boards and reduce the emphasis on standardized testing.

**STRATEGIES:**

- a) Collaborate with local teachers to develop pilot programs to evaluate alternative forms of assessment.
- b) Expand our definition of success for schools by using health indicators for students, staff, family and community.

### **RECOMMENDATION 9**

Support level: 78%

**ACTION:** Stop the school-to-prison pipeline.

**STRATEGIES:**

- a) Fund and provide training in social justice education (e.g., human rights, anti-racism, and criminal justice reform) for all school stakeholders including school personnel and law enforcement.
- b) Fund Participatory Action Research (PAR) to develop youth engagement and leadership in issues that matter to them.<sup>15</sup>
- c) Revise school discipline policies and provide training on restorative justice.

## **Family and Social Support**

Each day, poor families in the region struggle to overcome poverty, unemployment, barriers to education, access to medical care, crime, and the stresses of managing a family amid seemingly insurmountable challenges. Family and social support programs help families navigate through these daily struggles, prevent family crises, and promote economic security, positive health outcomes and healthy family functioning.<sup>16</sup> Doña Ana County and Las Cruces support programs may need to adapt to address changing family dynamics including an increase in the number of single-parent, immigrant and grandparent head-of-household families, LGBT parents, and families of color. One of the primary concerns for the community is ensuring that one generation's health and economic inequities do not continue into the next.

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<sup>13</sup> Community empowerment, as defined by the World Health Organization, refers to the process of enabling communities to increase control over their lives.

<sup>14</sup> See bibliography for link to Center for Popular Democracy resources.

<sup>15</sup> See bibliography for link to further information on PAR. (National Institutes of Health, U.S. National Library of Medicine, n.d.)

<sup>16</sup> (Practice Notes, 2000)

Summit recommendations and strategies focused on family and social support follow.

**RECOMMENDATION 10**

Support level: 82%

**ACTION:** Expand and support the current Doña Ana Wellness Institute to bring stakeholders and funding together to meet the specific needs of the community and as an advisory board to the city and county leadership.

**STRATEGIES:**

- a) Develop a mechanism for collaboration and networking across sectors, professions and agencies including development of a resource list for the community.
- b) Perform updated needs assessment and evaluate the current strategic plan with emphasis on family, social support and community participation.
- c) Form a subcommittee to address family and social support issues.

**RECOMMENDATION 11**

Support level: 88%

**ACTION:** Develop wellness hubs that provide wrap-around services based on the needs of the individual community to include education, health care, mental health, social support services and others.

**STRATEGIES:**

- a) Identify best practice models for these hubs through research and site visits.
- b) Present identified research to a subcommittee for it to assemble a working model for Doña Ana County.
- c) Set up a pilot location and roll out science, technology, engineering, art and design, and math (STEAM) programs at the hub locations.

**RECOMMENDATION 12**

Support level: 86%

**ACTION:** Direct city, county, NMSU, DACC and other anchor institutions' leadership to use a Health in all Policies (HiAP)/Collective Impact Framework to create and implement a comprehensive live-well plan for our community, using cutting-edge wellness strategies such as active transportation and wellness hubs, guided and held accountable by local community advisory councils.

**STRATEGIES:**

- a) Direct the city council and county commission to adopt an HIAP resolution and fund the Board of Wellness to be able to work with the city, county, NMSU, and DACC to formulate a plan to deploy into the community to get constituent participation and community advisory councils to come to consensus about individual needs that would then inform and hold the leadership accountable.
- b) Develop a standardized Service Support System Survey (S-Quad) computer program that follows an algorithm to determine where the missing social determinants of health are for a person, regardless of where they are seeking services.
- c) Prioritize and restrict funding toward health initiatives based on the community's needs as determined by the advisory council and both government agencies while identifying and utilizing grassroots representatives and community health workers to disseminate and gather information from the communities with emphasis on consumer needs.

## Economic and Workforce Development

A community's economic performance and health outcomes are linked. Residents of communities that have steady, mid to high income jobs have better health outcomes. On the flip side, chronic illness and disease in a community hinders business' performance, discourages adult career development and training, damages productivity, and creates a barrier to a vibrant local economy.<sup>17</sup> Communities with weak health and education conditions find it harder to achieve sustained economic growth.<sup>18</sup> While Doña Ana County's economy is one of the fastest-growing in the state, challenges remain including a static unemployment rate and poor health among a large percentage of the population.<sup>19</sup>

Below are summit recommendations and strategies focused on economic and workforce development.

### RECOMMENDATION 13

Support level: 88%

ACTION: Finance a cross-sector workforce development strategy within the city and county governments.

#### STRATEGIES:

- a) Develop a comprehensive community-based workforce training system including partnering with schools in Doña Ana County to provide career and technical education and soft skills training. (Examples include: Partner with AmeriCorps, Department of Vocational Rehabilitation (DVR), Workforce Innovation and Opportunities Act (WIOA), Veteran Affairs, Workforce Connection, Department of Aging Long Term Services, and DACC)
- b) Launch a community-wide "Hire Me First" campaign for which Credentials would be Work Keys or Career and Technical Education Proficiency. The campaign would also enable young people to receive "soft skills" training and a baseline of skills that demonstrate a person is qualified for job.
- c) Strengthen the health career pipeline, including developing a cadre of young people to enter health careers. Utilize county and city funds such as Medicaid matching dollars to expand family medicine and psychiatric medical training, and expand the community health worker workforce by using local public dollars for Medicaid matching funds to expand social support services access. (Example: the five-point pipeline model in Silver City, NM)

### RECOMMENDATION 14

Support level: 58%

ACTION: Invest in alternative economic models.

#### STRATEGIES:

- a) Develop programs, all of which enable communities to directly decide what they need, such as:
  - worker/consumer/housing cooperatives
  - public banks (i.e. banks operated in the public interest through institutions owned by the people through their representative governments)
  - microloans (i.e. a small sum of money lent at low interest to a new business)
  - time banking (i.e. an exchange of time for services)
  - neighborhood self-help associations (i.e. a local community organization that helps address a local need)

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<sup>17</sup> (Frenk, 2004)

<sup>18</sup> (Frenk, 2004)

<sup>19</sup> (Organ Mountains Desert Peaks National Monument, n.d.)

- savings and credit associations (i.e. a group of individuals who agree to meet for a defined period to save and borrow together)
  - collective kitchens (i.e. community members come together pooling time money and abilities to make healthy, economical meals they can bring home to their families)
  - mutual-aid associations (i.e. community members come together providing resources and services to help those community members facing hardships)
  - participatory budgeting (i.e. community member directly decide how to spend part of a public budget)
  - community currencies (i.e. alternative community currency model that can be traded for goods/services that can be used in the community)
  - social enterprises (i.e. an organization that applies commercial strategies to maximize improvements in human and environmental well-being)
  - impact investment (i.e. investments made to companies, organizations and funds with the intention of generating a measurable, beneficial social or environmental impact and financial return)
- b) Develop a network of these community-based projects.
- C) Invest in and incentivize different forms of capital (e.g. social, financial, cultural, environmental).

**RECOMMENDATION 15**

Support level: 71%

ACTION: Incentivize high-quality early childcare and learning environments (e.g. Chambliss Childhood Center, Chattanooga, TN as a 24-hour model)<sup>20</sup>

**STRATEGY:**

Develop cross-sector support.

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<sup>20</sup> (Chambliss Center for Children, n.d.)

# CONCLUSION

The March 2017 Live Well Summit resulted in concrete recommendations and strategies on how the county and city should deploy resources to support the health and wellness of area residents. The event focused on addressing the region's social determinants of health including housing, transportation, education, family and social support, and economic and workforce development. Most of the participants were support services providers, and they offered confirmation of current programs that they recommend be expanded. They also offered cross-sector solutions that promote equity, optimal health, wellness and economic security for all area residents.

Like the Organ Mountains that frame this community, the climb to the ideal future is steep. Some residents believe that education, jobs, good schools, health and safe housing are out of reach for them. Hanging in the balance is nothing short of the region's future. But together, the people of Las Cruces and Doña Ana County, can find the path forward for bringing improved health outcomes and wellbeing to the community.

# APPENDICES

## Appendix A: Summit Recommendations, Level of Support

Recommendations are ranked in order of percentage of highest to lowest support received by summit participants.

Rec #	Recommendations	Highly Support	Moderately Support	Do not Support	Don't Know	Total Support
Rec 1 Housing	ACTION: Support the development of affordable housing opportunities in accordance with city and county Affordable Housing Plans.	58%	40%	2%	0%	98%
Rec 2 Housing	ACTION: Create and maintain innovative partnerships for affordable and supportive housing.	43%	47%	9%	0%	90%
Rec 13 Economic and Workforce Development	ACTION: Finance a cross-sector workforce development strategy within the city and county governments.	38%	50%	12%	0%	88%
Rec 11 Family and Social Support	ACTION: Develop wellness hubs that provide wrap-around services based on the needs of the individual community to include education, health care, mental health, social support services and others.	60%	28%	12%	0%	88%
Rec 12 Family and Social Support	ACTION: Direct city, county, NMSU, DACC and other anchor institutions' leadership to use a Health in all Policies (HiAP)/Collective Impact Framework to create and implement a comprehensive live-well plan for our community, using cutting-edge wellness strategies such as active transportation and wellness hubs, guided and held accountable by local community advisory councils.	66%	20%	20%	4%	86%
Rec 10 Family and Social Support	ACTION: Expand and support the current Doña Ana Wellness Institute to bring stakeholders and funding together to meet the specific needs of the community and as an advisory board to the city and county leadership.	63%	19%	25%	2%	82%

Rec #	Recommendations	Highly Support	Moderately Support	Do not Support	Don't Know	Total Support
Rec 4 Transportation	ACTION: Develop an active transportation <sup>21</sup> system; stop car-first design. <sup>22</sup>	56%	25%	19%	0%	81%
Rec 8 Education	ACTION: Return control of curriculum choices to local school boards and reduce the emphasis on standardized testing.	50%	30%	20%	0%	80%
Rec 7 Education	ACTION: Fully fund and expand effective community-based empowerment education at multiple levels (i.e. education deploying responsive models for children and families tailored to where they live and what they need). <sup>23</sup>	52%	27%	20%	2%	79%
Rec 9 Education	ACTION: Stop the school-to-prison pipeline.	55%	23%	23%	0%	78%
Rec 3 Housing	ACTION: Allocate annually a minimum of \$1 million each to the city's affordable housing trust fund and the county's affordable housing loan fund to finance affordable housing development.	53%	24%	22%	0%	77%
Rec 6 Transportation	ACTION: Establish and support a network of policy experts to create and implement a framework to ensure the success of the 2017 Live Well Summit recommendations and strategies.	35%	40%	25%	0%	75%
Rec 5 Transportation	ACTION: Create socially and economically inclusive, mixed-use neighborhoods; support and strengthen existing communities.	53%	20%	27%	0%	73%

<sup>21</sup> Active transportation - any self-propelled, human-powered mode of transportation, such as walking or bicycling. (Centers for Disease Control and Prevention, n.d.)

<sup>22</sup> Participants provided clarifying definitions for the following terms: Car-first design is transportation planning that focuses on automobile transportation first instead of other modes of transportation. Green corridors are shaded pathways that supports pedestrian and bike use.

<sup>23</sup> Community empowerment, as defined by the World Health Organization, refers to the process of enabling communities to increase control over their lives.

Rec #	Recommendations	Highly Support	Moderately Support	Do not Support	Don't Know	Total Support
Rec 15 Economic and Workforce Development	ACTION: Incentivize high-quality early childcare and learning environments (e.g. Chambliss Childhood Center, Chattanooga, TN as a 24-hour model) <sup>24</sup>	39%	32%	25%	5%	71%
Rec 14 Economic and Workforce Development	ACTION: Invest in alternative economic models.	24%	34%	37%	5%	58%

<sup>24</sup> (Chambliss Center for Children, n.d.)

## Appendix B: Strategies, Level of Support

Strategies are ranked in order of highest to lowest number of votes received by summit participants.

Blue – Economic and Workforce Development

Green – Education

Yellow – Family and Social Support

Orange – Housing

Red – Transportation

Strategy	Number of Votes
Green 1a - Develop and expand community schools as described by the Center for Popular Democracy. <sup>25</sup>	31
Green 3a - Fund and provide training in social justice education (e.g., human rights, anti-racism, and criminal justice reform) for all school stakeholders including school personnel and law enforcement.	31
Yellow 3a - Direct the city council and county commission to adopt an HIAP resolution and fund the Board of Wellness to be able to work with the city, county, NMSU, and DACC to formulate a plan to deploy into the community to get constituent participation and community advisory councils to come to consensus about individual needs that would then inform and hold the leadership accountable.	29
Blue 1a - Develop a comprehensive community-based workforce training system including partnering with schools in Doña Ana County to provide career and technical education and soft skills training. (Examples include: Partner with AmeriCorps, Department of Vocational Rehabilitation (DVR), Workforce Innovation and Opportunities Act (WIOA), Veteran Affairs, Workforce Connection, Department of Aging Long Term Services, and DACC.)	28
Orange 3a - Fund supportive housing for special needs populations, such as people who are homeless and housing insecure. Services should include youth who are living independently and people with mental illness.	27
Green 2a - Collaborate with local teachers to develop pilot programs to evaluate alternative forms of assessment.	23
Red 2a - Fund and actively acquire easements and/or rights-of-way necessary to close gaps in connectivity between the spaces where people live, work and play in the Las Cruces metropolitan area and rural communities. Improve road conditions for emergency response and connectivity to rural communities. Roads must be lit, paved and suitable for ambulances, buses, pedestrians and bikes.	22
Yellow 1a - Develop a mechanism for collaboration and networking across sectors, professions and agencies including development of a resource list for the community.	22

<sup>25</sup> See bibliography for link to Center for Popular Democracy resources.

Orange 3b - Fund and support rental assistance programs for low to moderate income households including permanent and transitional housing programs.	20
Red 2c - Create new zoning and design standards to encourage multi-use development. Create and support a tactical urbanism program and toolkit to test out incremental changes to the physical environment and empower the community to take ownership of public spaces in their own neighborhoods. <sup>26</sup>	20
Orange 1a - Maximize use of existing resources by eliminating redundancies, building collaborations, and developing creative funding such as private/public partnerships, general obligation bonds, etc.	19
Blue 1c – Strengthen the health career pipeline including developing a cadre of young people to enter health careers. Utilize county and city funds such as Medicaid matching dollars to expand family medicine and psychiatric medical training, and expand the community health worker workforce by using local public dollars for Medicaid matching funds to expand social support services access. (Example: the five-point pipeline model in Silver City, NM)	18
Red 1b - Add and retrofit sidewalks and bike paths into green corridors to increase connectivity.	18
Blue 2a - Develop programs, all of which enable communities to directly decide what they need, such as: <ul style="list-style-type: none"> <li>• worker/consumer/housing cooperatives</li> <li>• public banks (i.e. banks operated in the public interest through institutions owned by the people through their representative governments)</li> <li>• microloans (i.e. a small sum of money lent at low interest to a new business)</li> <li>• time banking (i.e. an exchange of time for services)</li> <li>• neighborhood self-help associations (i.e. a local community organization that helps address a local need)</li> <li>• savings and credit associations (i.e. a group of individuals who agree to meet for a defined period to save and borrow together)</li> <li>• collective kitchens (i.e. community members come together pooling time money and abilities to make healthy, economical meals they can bring home to their families)</li> <li>• mutual-aid associations (i.e. community members come together providing resources and services to help those community members facing hardships)</li> <li>• participatory budgeting (i.e. community member directly decide how to spend part of a public budget)</li> <li>• community currencies (i.e. alternative community currency model that can be traded for goods/services that can be used in the community)</li> <li>• social enterprises (i.e. an organization that applies commercial strategies to maximize improvements in human and environmental well-being)</li> <li>• impact investment (i.e. investments made to companies, organizations and funds with the intention of generating a measurable, beneficial social or environmental impact and financial return)</li> </ul>	16

<sup>26</sup> Tactical urbanism – a collection of low-cost, temporary changes to the built environment, usually in cities, intended to improve local neighborhoods and city gathering places. (Pfeifer, 2013)

Green 2b - Expand our definition of success for schools by using health indicators for students, staff, family, and community.	16
Red 2b - Support and strengthen existing communities by creating centrally located community centers that offer popular education and serve as community schools or wellness hubs in each of our urban and rural areas. <sup>27</sup>	15
Yellow 3c - Prioritize and restrict funding toward health initiatives based on the community's needs as determined by the advisory council and both government agencies while identifying and utilizing grassroots representatives and community health workers to disseminate and gather information from the communities with emphasis on consumer needs.	15
Green 3c - Revise school discipline policies and provide training on restorative justice.	14
Blue 1b - Launch a community-wide "Hire Me First" campaign for which Credentials would be Work Keys or Career and Technical Education Proficiency. The campaign would also enable young people to receive "soft skills" training and a baseline of skills that demonstrate a person is qualified for job.	13
Orange 1b - Promote the linkage of supportive services and the Housing First <sup>28</sup> model.	13
Yellow 2c - Set up pilot location and roll out science, technology, engineering, art and design, and math (STEAM) programs at the hub locations.	13
Green 1b - Implement parent empowerment education.	12
Yellow 1b - Perform updated needs assessment and evaluate the current strategic plan with emphasis on family, social support and community participation.	12
Orange 2a - Promote private/public partnerships for affordable housing development.	11
Yellow 2a - Identify best practice models for these hubs through research and site visits.	11
Green 3b - Fund Participatory Action Research (PAR) to develop youth engagement and leadership in issues that matter to them. <sup>29</sup>	10
Yellow 2b - Present identified research to a subcommittee for it to assemble a working model for Doña Ana County.	10
Yellow 3b - Develop a standardized Service Support System Survey (S-Quad) computer program that follows an algorithm to determine where the missing social determinants of health are for a person, regardless of where they are seeking services.	10
Orange 1c - Explore creative, "outside the box" housing options.	8
Orange 2b - Implement the Affordable Housing Plans and engage the public's participation.	8
Blue 2b - Develop a network of these community-based projects.	7

<sup>27</sup> Popular education - an approach to education where participants engage each other and the educator as co-learners to critically reflect on the issues in their community and then take action to change them. (Practicing Freedom, n.d.)

<sup>28</sup> Housing First is an approach that offers permanent, affordable housing for individuals and families experiencing homelessness, and then provides the supportive services and connections to the community-based supports people need to keep their housing. (National Alliance to End Homelessness, 2016)

<sup>29</sup> See bibliography for link to further information on PAR. (National Institutes of Health, U.S. National Library of Medicine, n.d.)

Green 1c - Develop, recruit and retain faculty and mentors from sectors throughout the community that reflects the community's diversity.	7
Red 3b - Conduct health or related impact assessments, and identify shared measurement systems.	7
Red 1a - Pilot and implement innovative bike and car-sharing programs.	6
Red 3a - Research all applicable policies and offer recommendations.	6
Yellow 1c - Form a subcommittee to address family and social support issues.	6
Blue 3a - Develop cross-sector support.	5
Red 1c - Integrate irrigation laterals and river areas into a trail system.	4
Orange 2c - Facilitate strategic alliances between city, county, funders, providers, and stakeholders.	3
Orange 3c - Develop, implement and fund a transit-oriented development in Santa Teresa/Las Cruces corridor or El Paso/Las Cruces corridor. (Independent analysis would determine which.)	2
Red 3c - Pursue and develop partnerships with subject matter experts.	2

## Appendix C: Education Group Additional Statement

The summit Education Group voluntarily drafted the document below to provide further context and direction for expansion of the community school model in the community. The document below is offered as a courtesy to policymakers and other interested stakeholders.

### Group Statement

In recognizing the complexity of community education and health initiatives, our group decided that it was pertinent to include a brief description of the other components necessary to the success of our community approach aside from our action item and the subsequent strategies. These additional components are organized based on the six pillars of community schools derived from the Center for Popular Democracy, and are designed to provide an integrated strategy that fully captures our group's vision for education in our community.

We support the development of community schools by funding community school coordinators and providing them with a budget that would enable the creation and implementation of the action items present in the following six pillars that make up our understanding of community schools:

1. **A culturally relevant and student centered.** This curriculum should be location-based and culture-based and acknowledges that experiences and histories that learners bring with them to class are pertinent to the education process. It naturally includes components of social/restorative justice education, multicultural education, and participatory action research (PAR) curriculum and training for community residents, teachers, and students. Schools could also plant a tree grove to encourage active living and outdoor activity and plant vegetable gardens at every public school campus; improve the quality of lunches; teach nutrition and cooking; get family consumer sciences in the schools; partner with existing programs; incorporate park access into school curriculum. Make school a fun welcoming place where all kids belong; prioritize the arts that represent local cultures; Pay for college tuition through volunteer hours; Pipeline school-to-work program -- where is the passion where are the needs?
2. **Wrap-Around Supports** for students, staff, and families. Use schools to expand early childhood education and development from pre-K up; Develop a resource bank; fund a person to maintain it. Family support all around; home visits; Universal data bank for county and city, including resources.
3. **Authentic Family Engagement.** Reading Alliance: teach parent the importance of reading to their children at an early age and provide them with books; Stipends for community education advocates to get the message out and bring people to the table using the *Promotores* model.
4. **Shared leadership and decision making.** Facilitative Dialogue could be used to at the school community level to drive decision making and local understanding of educational success. Develop a socio-ecological model for moving the momentum forward and staying within the mission and vision. Create a child and youth services task force at the school level (stakeholder group) and the city/county level (include city, county, boys and girls club, university; etc.).
5. **Restorative Practices.** Training to eliminate institutionalized racism; human rights training; Restorative justice practice; look at root causes; look at restoring harmony rather than just punishing. Stop the school-to-prison pipeline. Stop locking so many folks up in jail. Invest more in our kids; engage kids in care for animals, specifically for youth.
6. **Emphasis on High Quality Teaching, not high stakes testing:** Increase available paid planning time for teachers; Empowering educators to be change agents; teachers participate in Live Well Summit and other community events (give them autonomy and support)

Additionally, we recommend the use of the PAR process for all data collection and research strategies proposed by participants at the Live Well summit. This encourages and enables public voice and involvement in the development of policies that impact the entirety of our community.

## Appendix D: Summit Participants

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