



Health: Body Mind and Spirit

Food Security and Resilient Local Food Systems

Real Stories and Real Lives

Danny (4) and Linda (5) are being raised by their grandparents Tony and Lisa. They live about 90 miles from a grocery store and while both Tony and Lisa grew up growing food and know how to make do, they do not have access to water for irrigation. As retirees, Tony and Lisa live on a fixed income. They work hard to live within their means and manage their resources. The increased expenses of raising two growing children has resulted in Tony and Lisa regularly skipping meals to make sure the children have enough to eat. At a recent check-up for the kids, Tony and Lisa were asked what Linda and Danny like to eat. They were encouraged to introduce the children to more fresh fruits and vegetables. While there are many fresh foods the family enjoys, they are hard to purchase.

Social Conditions and Underlying Causes

According to the New Mexico Department of Health's Indicator-Based Information Systems (IBIS) [Health Indicator Report of Food Insecurity](#), "Inconsistent access to adequate amounts of nutritious food can have a negative impact on the health of individuals of all ages. The USDA estimates that as of 2017, 326,000 people, including over 118,000 children, in New Mexico are food insecure. That means 1 in 6 individuals (15.5%) and 1 in 4 children (24%) live in homes without consistent access to adequate food for everyone to live healthy, active lives. In the US, adults in food insecure households are much more likely than food secure adults to have hypertension, diabetes, heart disease, and other chronic health problems. Although food insecurity is harmful to any individual, it can be particularly devastating among children because they are more vulnerable to potential long-term consequences for their future physical and mental health and academic achievement."



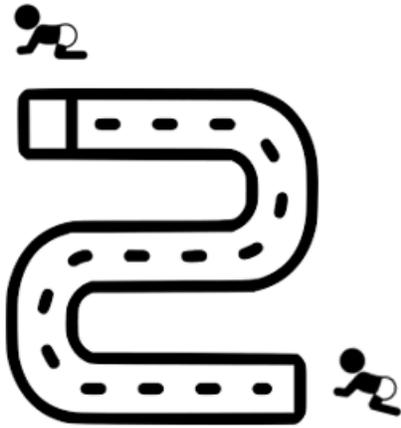
6%

Feeding America and Roadrunner Food Bank are using data from a variety of sources to estimate how the novel Coronavirus (COVID-19) will affect food insecurity rates and the people who face hunger across New Mexico. The [report about New Mexico](#) is concerning. Between 2018 and 2020, the state's overall rate of food insecurity

increased from 15% to 21%, and the food insecurity rate for children increased from 24% to 34%. Counties varied considerably in their food-insecurity rates, with overall rates ranging from 12% in Los Alamos County to 27.5% in Luna and McKinley Counties. The rates for children ranged from 19.5% in Los Alamos County to 47.4 % in Catron County. A second analysis, using the U.S. Census' new [Household Pulse Survey](#), confirms this trend nationally, but cautions that high rates of child food insecurity are still lower than the even higher rates of food insecure households with children (27% nationally). Parents often ensure their children eat, even when that means skipping meals themselves.

New Mexico has a robust network of food banks, food pantries, food closets and urgent/emergency food relief providers. With regional food banks that serve multiple counties, this network of 500+ providers sources and delivers food to individuals and families in need across New Mexico. This critical infrastructure that is in place to provide a safety net across New Mexico is primarily funded by private donations.





Two studies by Children’s Health Watch add to the research documenting the negative impact that food insecurity has on children’s health and development. “[Too Hungry to Learn](#)” concludes that by kindergarten, food insecure children are too often cognitively, emotionally, and physically behind their food-secure peers. These effects carry through the early school years, hampering their ability to achieve educational success. These early set-backs, moreover, have implications for our nation’s economy and social vitality. “[Feeding our Human Capital](#)” argues that early and ongoing experiences of food insecurity add to healthcare costs, reduce the skills and productivity of our workforce, and weaken our communities. We know that the well-being of communities is comprised of the well-being of individuals and

families. With such high hunger rates in New Mexico, it’s clear how access to nutritious food is a determinant of health.

The New Mexico Children, Youth and Families Department has agreements with community-based non-profit organizations and eligible for-profit organizations to administer the [Child and Adult Care Food Program \(CACFP\)](#). CACFP provides reimbursement to childcare providers for nutritious meals and snacks served to primarily low-income children in early learning settings. Settings include childcare centers, Head Start and Early Head Start programs, family childcare homes, after school programs, and emergency shelters. Adult Day Care centers that are licensed and provide care to adults in non-residential settings are also reimbursed through this program for the eligible meals they provide. The program is administered by the Family Nutrition Bureau (FNB) and is 100% federally funded. According to the USDA report [Child Nutrition Tables](#) released July 2020, 35,923 New Mexicans participated in the program in 2019.

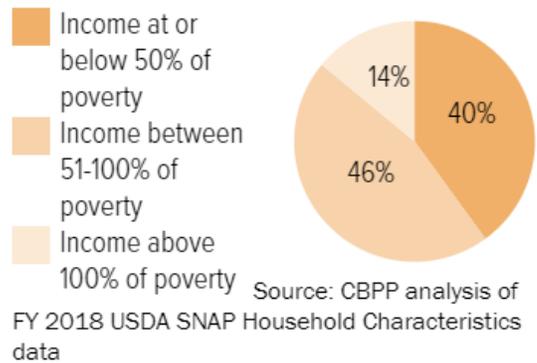
CYFD’s Family Nutrition Bureau (FNB) also administers the [Summer Food Service Program \(SFSP\)](#), which provides nutritious meals to children during the summer when school is not in session. Similar to CACFP, CYFD develops agreements with local nonprofit sponsoring agencies, local government agencies, faith-based organizations, summer camps, school food authorities and other eligible institutions to serve children. In 2019, 25,931 children participated.

[IBIS](#) reports that 89% of all New Mexico school districts have over 50% of their students who are eligible for free or reduced lunches. (NM-IBIS retrieved 2020) According to the [USDA Child Nutrition Tables](#), 208,952 children received free lunches and 141,632 children received free breakfasts in 2019. Strides have been made to distribute fresh, quality, locally grown food to New Mexico schools through a partnership between the NM Public Education Department, the New Mexico Farmers’ Marketing Association, and producers across the state.

The [Supplemental Nutrition Assistance Program \(SNAP\)](#) is administered by the NM Human Services Department. It is designed to provide families of low-income greater access to food. According to the [Center on Budget and Policy Priorities](#), 448,000 New Mexicans or 21% of our residents participated in SNAP in 2019. This is in comparison to the 12% participation rates across the US. 68% of families using SNAP benefits in New Mexico have children, and 29% have disabled or elderly family members. Over 50% of families have one or more members who are employed. The [SNAP Double-Up Food Bucks Program](#) allows people to use their SNAP benefits to purchase locally grown food and doubles their purchasing power. Not only is this good for our health, it is good for the health of our economy when resources are invested in local agriculture.

The Aging and Long-term Services Department administers the [senior meals and nutrition program](#). The nutrition program provides elders in New Mexico a “nutritional breakfast and lunch in an atmosphere that promotes good health, socialization, and nutritional education and counseling. The program’s focus and emphasis is on the importance of healthy eating as you age, feeding your body, mind, and soul!” During the pandemic, this program has pivoted to delivering meals to seniors’ homes. Aging and Long Term Services has also supported the purchase of New Mexico grown fresh fruits and vegetables for senior meals.

Share of participants by household income, FY 2018



Lack of access to food has many underlying causes in New Mexico, including but not limited to income insecurity and food deserts.

- According to the Annie E. Casey Foundation [2020 Kids Count Data Book](#), New Mexico is at the very bottom of national ranking in child well-being and economic well-being.
- Food deserts exist across New Mexico and are places with limited access to a range of nutritious and affordable foods. The reasons for food deserts may be due to lack of income to purchase food or the need to travel long distances to get food. According to the [United States Department of Agriculture \(USDA\)](#), food deserts exist in rural and urban settings, areas with higher poverty rates are more likely to have food deserts, and “The proportion of minorities in rural food desert tracts is around 65% greater than in non-food desert tracts.”
- Jeff Witte, Secretary of the NM Department of Agriculture, recognizes that our local food supply is very vulnerable. “NMSU, in a recent report, documented that as a state we export 97 percent of our agriculture production out of state or country to be further processed and added value. We then import over \$4 Billion of food to be consumed in New Mexico. We have an opportunity before us to not only grow our state economy, but provide a more efficient food system by increasing value added agriculture in New Mexico.” While many have worked to remedy this challenge, it still persists.

Policy Options to Increase Food Security and Strengthen Local Food Systems

A cross sector approach is essential to alleviating food insecurity and strengthening local food systems. The causes of profound hunger across the lifespan point to the need for deep systems change, from peoples’ relationships with food, how food is grown, sourced, and distributed to how families access food during community-wide emergencies and personal emergencies. From stakeholders who care about emergency food relief, sustainable local food systems, and poverty alleviation to ethical uses of natural resources, economics, and health policy, multiple perspectives and resources must be brought to bear to gain positive momentum on food security and building healthy local food systems.

Three core policy areas have been identified by the statewide [Food, Hunger, Water, and Ag Policy Workgroup](#) to address hunger and strengthen local food systems:

- Develop policies which address the root causes of food insecurity.
- Identify and implement policies that support hunger relief, nutrition and feeding programs.
- Invest in strategies to develop local food systems and strengthen resilient local agriculture.



Health: Body Mind and Spirit

New Mexico's Continuum of Care: Promotion, Prevention, Intervention and Treatment

Real Stories and Real Lives

SAYRA'S STORY. Before I became a mom, I was lost. Even though I "had it all," an apartment, a job and independence, I still felt like something was missing. A new journey was waiting for me. I didn't realize I would meet the love of my life. La Familia Medical Center confirmed it. I was eight weeks pregnant and they recommended that I start taking prenatal vitamins right away. I lost my boyfriend, but nothing else mattered, only my baby.

I joined the expecting mothers group at La Familia. Giving birth is no easy task. At the end of those 36 hours I met my son. A little person I had so anticipated to meet, and now I was holding him in my arms. Ezequiel was born prematurely and literally had to fight for his life. He is my little warrior: I am strong for him and he is strong for me.

Soon after bringing Ezequiel home, I became homeless. I was living with family, but it wasn't a safe environment for us, so I moved into a shelter. La Familia connected me with United Way. I enrolled in the First Born program and met my home visitor, Thais, and things started to change for me.

Now I work with Annai, a navigator at United Way. Thais and Annai have given me quality care and genuine support, building a professional relationship. I have their advice, encouragement, kindness and respect. Annai connected me to Youth Shelters and they helped me get a safe apartment. Now my siblings spend a lot of time with us. My brother is such a good male role model for my son. Annai has also helped me to become more organized and to set and accomplish my goals for my family.

At the beginning, I was unsure of how to care for a baby with Down Syndrome. The ongoing services from Las Cumbres have supported me in being the best mom I can be.

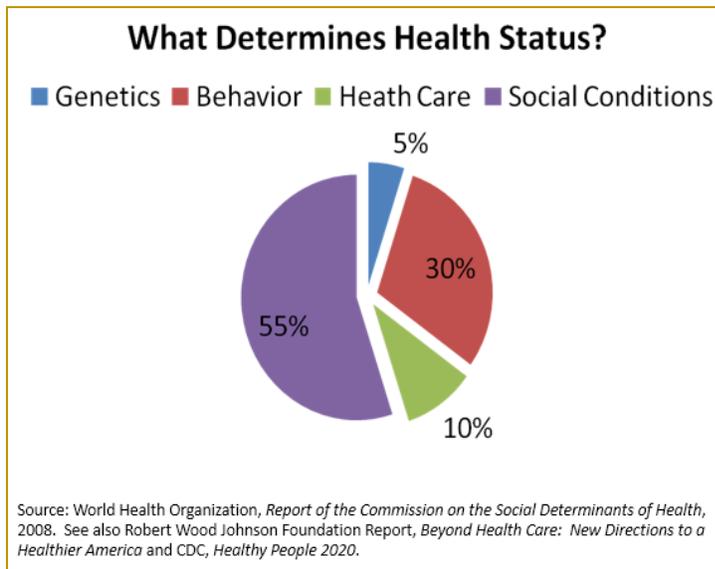
Thanks to Sayra and Santa Fe Connect.

New Mexico's Continuum of Care

From health promotion and prevention to treatment, rehabilitation, and palliative care, the health of New Mexicans is improved when people have access to high quality and appropriate levels of support to achieve good physical, mental, and behavioral health outcomes across the age span. When there are gaps in the continuum of care, people may not receive the support necessary to maintain health and prevent the snowballing of illness and disease.

New Mexico remains one of the most medically underserved states in the country. According to a [2015 study](#), it ranks thirtieth among states in the number of doctors per 100,000 residents. The Health Resources and Services Administration (HRSA) designates all but 1 of New Mexico's 33 counties as medically underserved areas. Such areas are defined as those lacking access to primary

care services with respect to the health needs of vulnerable populations. Using similar criteria, HRSA also designates 29 counties as mental health provider shortage areas. Over half of New Mexico's population resides in a health professional shortage area ([HPSA](#)).



While access to the range of healthcare services is vital and is clearly insufficient in many communities, the community context of care is even more important. Healthcare must include attention to all the social and structural determinants of health. The [World Health Organization](#) defines these as the “conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life.” These include stressors resulting from economic insecurity and inequitable programs and policies.

The impact of overall inadequacy of health and social assistance workers in New Mexico is exacerbated by a disconnected system of care and unequal and inequitable distribution of services based on geography (urban/rural/frontier/tribal), age, income, and race/ethnicity. The result is a stubborn persistence of [health disparities](#).

Challenges: Availability, Access, Coordination

New Mexicans in search of resources to survive and thrive face several key challenges. First, the resources may not be available. Second, there may be a lack of awareness of resources that do exist. Third, New Mexicans can face obstacles in accessing available services. These obstacles may be economic, social, linguistic, cultural, physical, environmental, and/or structural. These challenges are particularly evident in New Mexico's non-urban, rural and frontier communities.

Availability

New Mexico is one of the most rural and medically underserved states in the country. The low number of healthcare providers across the state contributes not only to its low national healthcare rankings but also to several HRSA shortage designations:

- New Mexico ranks thirtieth among states in the number of doctors per 100,000 residents;
- 32 of New Mexico's 33 counties are designated as medically underserved;
- 29 counties are considered mental health provider shortage areas, and
- More than half the state's population occupies health professional shortage areas.

Access

Awareness of health services does not guarantee access. Numerous barriers to accessing healthcare are identified in the literature and confirmed by our community conversations around the state.

These include:

- Cost of healthcare, with or without insurance
- Distance and lack of transportation
- Family responsibilities or work requirements that demand time and attention
- Lack of culturally and/or linguistically responsive services or providers
- Restrictive policies, including eligibility requirements, or their inconsistent or discriminatory application
- Lack of trust in the healthcare system, services or providers

These barriers impinge more heavily on residents of rural/frontier communities, on residents of economically challenged communities, and on recent immigrants, refugees, persons of color, and others experiencing systemic discrimination. The persistent [disparities in health outcomes](#) reflect the inequities in availability, awareness and access to healthcare in New Mexico.

Coordination

Given the range and interdependence of factors that promote health across the lifespan, a continuum of care ultimately requires that services be offered in a context of connection and alignment. This is particularly true with the need to link medical interventions with attention to the social determinants of care. Currently the health system in New Mexico operates in siloed systems of care. Those in medical settings who are aware of the contribution of healthy food, safe housing, and social supports are often unaware of the programs that can address these issues. Similarly, the integration of physical and behavioral care is still incomplete in New Mexico, reflected in different mechanisms for funding these services. Successful referrals from one provider or program to another are hindered by a lack of awareness and a dearth of systems for seamless referral and follow-up.

Strategies and Policies to Build a Continuum of Care

Availability

- Clearly New Mexico needs to ramp up the number and geographic dispersion of the range of physical and mental/behavioral health services. This is particularly urgent for mental/behavioral health services, given the high rate of substance use disorder and suicide in New Mexico and the disruption of behavioral health services in 2013.
- Given the alarming statistics on preteen and adolescent behavioral health issues, including suicide, one strategy for increasing both the number and geographic dispersion of healthcare throughout the state is to encourage more



school-based health centers. Currently 47 of New Mexico's 89 school districts (53%) have at least one school-based health center.

- At the other end of the age spectrum, [Hidalgo Medical Services](#) in Lordsburg has begun to deliver health services at senior centers in Grant County, with the addition of a new Director of Senior Health.

Access

- The COVID-19 pandemic has elevated telehealth to the top of many lists of strategies for increasing access. UNM Health Sciences Center is the home of [Project-ECHO](#), a telehealth infrastructure now employed internationally. From its inception as a method to treat medical conditions in remote areas, the platform has been used to provide a range of health promotion and prevention support as well as treatment. The challenge lies in addressing the digital divide that runs, again, along the lines of geography, age, income, and race/ethnicity. This has led to recommendations for expanding statewide internet access as a key strategy for accessing health services.
- The COVID emergency has led to a [number of waivers](#) from the U.S. Centers for Medicare and Medicaid, including allowing payments for telehealth, loosening eligibility requirements for home healthcare, and easing paperwork requirements. New Mexico may want to consider documenting the effects this flexibility had on its residents and advocating to extend the waivers beyond the pandemic.
- Transportation is the most often cited barrier for New Mexicans who need to travel from home, or perhaps across state boundaries, to receive services. This is particularly acute in our rural areas and communities along the Arizona, Colorado and Texas borders.

Coordination

- The description of New Mexico's healthcare terrain as consisting of siloed services and disconnects is still very prevalent, based on our community conversations. The disconnect between physical and behavioral health, especially, needs to be addressed.
- At the same time, a growing consensus in the healthcare literature emphasizes the importance of community-driven models building on community resources to meet individual and community needs. And there are indeed some examples of coordinated systems of care emerging in communities across the state. These include the [Connect Network for Health and Well-Being](#) in Santa Fe and the Accountable Health Community in greater Albuquerque, both of which build on the Pathways model of care coordination piloted by the University of New Mexico. The model is designed to link New Mexicans to physical and behavioral health services as well as to the array of social services that address the social and structural determinants of health.
- A regional approach to care coordination is underway in the four counties comprising the Mid-Rio Grande Economic Development Association (MRGEDA). For several years, MRGEDA has been documenting the impact of a dearth of healthcare and social resources in their rural

communities and has recently received [an AmeriCorps planning grant](#) to build connections among services and assist community residents to access the array of services they need.

Rebuild New Mexico's Public Health System

Public health promotes and protects the health of our communities and all who live, work and play there. Rather than treating those who are sick, public health aims at preventing people from getting sick or injured in the first place and promotes wellness by encouraging healthy behaviors and healthy environments.

The COVID-19 pandemic is a public health crisis, and public health's role in preventing the spread of the virus and in promoting healthy behaviors and environments is critical to the effort to stem the tide and make our communities safe again. What has become evident in far too many states, including New Mexico, is that the public health system has not been as robust as it needs to be. The time has come to reinvest in public health in New Mexico.



Health: Body Mind and Spirit

Toxic Stress, Trauma, and Resilience

Real Stories and Real Lives

Sara, age 4, and Julian, age 9, were born and are being raised in New Mexico. They have a view of the mountains from their front yard and like to sit outside looking at the stars at night with their parents. Their mom, Felice, is 25 and their father, Joe, is 32. They come from families that have lived in New Mexico forever, as far as anyone can remember. Felice is the primary caregiver to the children, and she works in home healthcare.

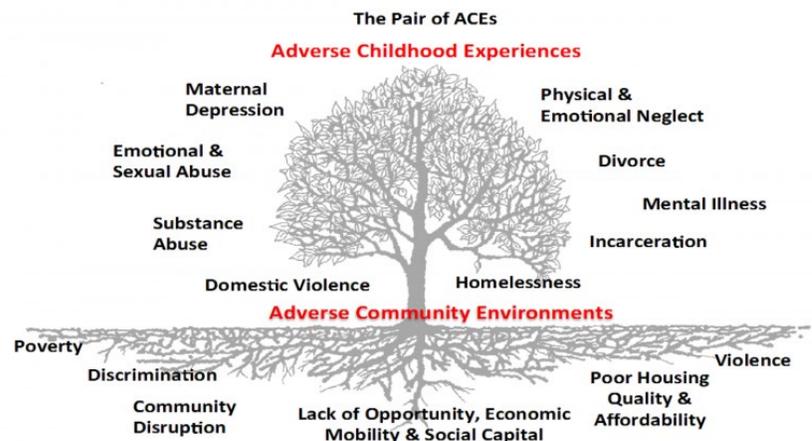
Felice earned her GED before Sara was born and while Julian was in Head Start. Felice has dreamed of being a psychiatric nurse. Joe is funny and kind and loves being a father. He also struggles with addiction and interactions with the criminal-legal system which has led to periods of incarceration.

Both Julian and Sara were born prematurely. Sara is bright, energetic, and has been expelled from 3 early childhood programs in the last 6 months. Julian does well in school and has made a close friend but frequently spends time in the school nurse’s office with complaints of headaches and stomach aches. With Felice’s work schedule and Joe’s absences, the children’s aunts, uncles, and grandparents often need to pick them up from childcare or school when there has been a behavioral incident or ongoing health concern.

Social Conditions and Underlying Causes

The impact of trauma and toxic stress throughout a person’s life has a significant impact on behavioral, mental, and physical health outcomes. The relationship between household dysfunction, abuse, and child maltreatment and the leading causes of illness and death have been identified in the foundational [Adverse Childhood Experiences \(ACE\) study](#) in the 1990s by doctors Vincent Felitti

and Robert Anda and confirmed in ongoing studies. According to [Child Trends](#), 53% of New Mexico children have experienced one or more reported adverse childhood experience. Fourteen percent of those children have experienced three or more adverse childhood experiences at least once, but many report multiple occurrences. In addition, too many New Mexicans are members of communities that are affected by trauma from historical and on-going oppression. There are three



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

categories of ACEs: Adverse Childhood Experiences, Adverse Community Experiences, and Adverse Climate Experiences. While the causes and solutions vary, our brains do not distinguish between one kind of toxic stress and another. If not adequately addressed, trauma and toxic stress have long-term impacts on individual health and well-being, community-wide health, and healthcare costs.

According to the [US Centers for Disease Control Morbidity and Mortality Weekly Report](#), “exposure to ACEs can provoke extreme or repetitive toxic stress responses that can cause both immediate and long-term physical and emotional harms. At least five of the 10 leading causes of death are associated with ACEs.”

Understanding and using people-centered practices in the context of family, community, and culture with a trauma informed lens promotes well-being and health. Having strong trauma and toxic stress prevention policies, strategies, and programs allows communities to quickly wrap-around members who are experiencing severe challenges to wellbeing. Prevention and early intervention keeps the symptoms of toxic stress and trauma from causing exponential damage. The more that access to behavioral, mental health, and physical health supports and services is engaged, the greater the likelihood of wellness even in the face of damaging experiences. The sooner healing approaches are engaged, the better able people are to experience repair and healing. An article on [The Science of Early Life Toxic Stress for Pediatric Practice and Advocacy](#) notes that in children, “toxic stress is the extreme, frequent, or extended activation of the stress response, without the buffering presence of a supportive adult. In adults, the presence of buffering relationships and supports can also act as a protective measure which prevents stress from becoming toxic. Across the lifespan, toxic stress is characterized by the inability to recover from stress and operating in an ongoing state of hyper-vigilance, rage, or depression.

- Over half of New Mexico children have experienced one or more reported adverse childhood experience.
- New Mexico has a worse-than-average rate of children experiencing no ACEs, and when it comes to children who suffer between three and eight ACEs, New Mexico and Arizona are tied for the highest rate—18 percent. The national average is 11 percent. ([Child Trends, February 2018](#))
- Nationally, 61% of adults had at least one ACE and 16% had 4 or more types of ACEs.
- Females and several racial/ethnic minority groups were at greater risk for experiencing 4 or more ACEs. ([CDC Vital Signs Report, 2019](#))
- According to [ACEs Too High](#), people with ACE scores of 4 or more are:
 - twice as likely to be smokers
 - seven times more likely to be alcoholic
 - have an increased risk of emphysema or chronic bronchitis by nearly 400 percent
 - have an increased risk of suicide and attempted suicide by 1200 percent
 - are more likely to be violent, to have more marriages, more broken bones, more drug prescriptions, more depression, and more autoimmune diseases
- People with an ACE score of 6 or higher are at risk of their lifespan being shortened by 20 years.
- In New Mexico, a [study of youth](#) detained in the juvenile justice system discovered that “nearly all of the youth whose histories were examined for this study experienced some form of adverse childhood experience in their lives, with more than 99% having experienced at least one ACE.”
- This study confirmed that juveniles in state custody in the data sample experienced numerous ACEs during their childhood, with more than 86% having experienced four or more of these traumatic events, compared to only 12% of participants in the original ACEs study.

While symptoms look different at different developmental windows and across different people, if experienced during the early years and left untreated, toxic stress may [negatively impact brain development on multiple levels](#), including executive function, regulation, sensory processing, and mental health. Toxic stress response can occur when a child experiences strong, frequent, and/or prolonged adversity—such as physical or emotional abuse, chronic neglect, caregiver substance abuse or mental illness, exposure to violence, and/or the accumulated burdens of family economic hardship—without adequate adult support. This kind of prolonged activation of the stress response systems can disrupt the development of brain architecture and other organ systems and increase the risk for stress-related disease and cognitive impairment, well into the adult years, according to the [Harvard Center on the Developing Child](#).

A study of the [impact of ACEs in young minority, urban adolescents](#) looked at the social and structural determinants of toxic stress and trauma and how these issues unfold within families and communities. “Greater levels of adversity were associated with poorer self-rated health and life satisfaction, as well as more frequent depressive symptoms, anxiety, tobacco use, alcohol use, and marijuana use. Cumulative adversity also was associated with cumulative effects across domains. For instance, compared to individuals without an ACE, individuals exposed to multiple ACEs were more likely to have three to four more poor outcomes compared to those with no reported ACEs. No significant differences between males and females were detected. Given that the consequences of ACEs in early adulthood may lead to later morbidity and mortality, increased investment in programs and policies that prevent ACEs and ameliorate their impacts is warranted.”

Policy Options to Build Resilience

“Children are resilient, and with strong support systems and attentive families, they can often overcome the challenges of having one adverse childhood experience,” said [Amber Wallin](#), Deputy Director of New Mexico Voices for Children, a child advocacy organization. “But it’s the cumulative effects of several ACEs that are most concerning, and that’s where New Mexico fares poorly.”

The [Centers for Disease Control](#) identify primary prevention as the most important framework to increase individual and community capacity to address the public health crisis that toxic stress and trauma create. They emphasize the following ingredients to effective approaches:

- Strengthening economic supports for families (e.g., earned income tax credits, family-friendly work policies);
- Promoting social norms that protect against violence and adversity (e.g., public education campaigns to support parents and positive parenting, bystander approaches to support healthy relationship behaviors);
- Ensuring a strong start for children (e.g., early childhood home visitation, high quality childcare, preschool enrichment programs);
- Enhancing skills to help parents and youth handle stress, manage emotions, and tackle everyday challenges (e.g., social emotional learning programs, safe dating and healthy relationship skill programs, parenting skill and family relationship approaches);

- Connecting youth to caring adults and activities (e.g., mentoring and after school programs); and
- Intervening to lessen immediate and long-term harms through enhanced primary care to identify and address ACE exposures with screening, referral, and support, victim-centered services, and advancement of trauma-informed care for children, youth, and adults with a history of ACE exposures.



Health: Body Mind and Spirit New Mexico's Health Workforce

Real Stories and Real Lives – From Pueblo of Acoma

Do you want before COVID or after COVID? Before COVID, we mostly we did transportation, especially for our elderly, maybe also interpretation, taking them to the store, helping them get to their appointments. We also do home visits and follow-up care for residents coming back from inpatient care, making sure they have their medications and other things they need.

We do a lot of case management. We advocate for them if they're not understanding what's being said or having a hard time hearing. Many can't speak English too well, especially the elders. We bridge the gap between western medicine and our language.

COVID has really dampened out services. We can't do any transportation. Now I do home visits and work at the senior center, providing meals for the homebound elderly.

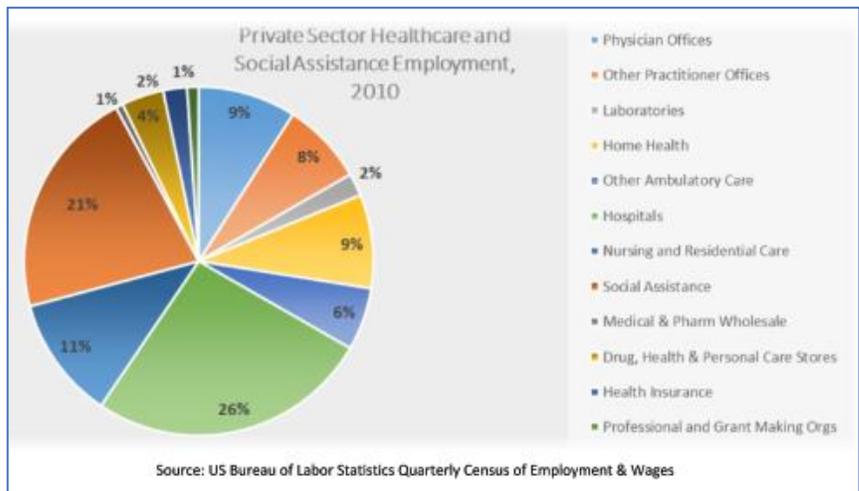
I do wellness checks on our COVID positive residents, making sure they have their medication, groceries, cleaning supplies and other essentials. I also do COVID screening of our staff. Our COVID numbers are rising. We're up to 30 cases, with 5 new cases this week. We've had 4 deaths, and 13 have recovered. It's a challenge, because we may have 3 to 4 families living together in one home.

The Pueblo of Acoma is the oldest, continuously inhabited community in the country. I love the fact that I work at home, taking care of my people. I feel a closeness being with my people. It brings a lot of pride and satisfaction.

Kim Washburn is a Community Health Representative for the Pueblo of Acoma. She also the treasurer of the Community Health Representatives Executive Board for New Mexico-Southern Colorado, representing 17 tribes.

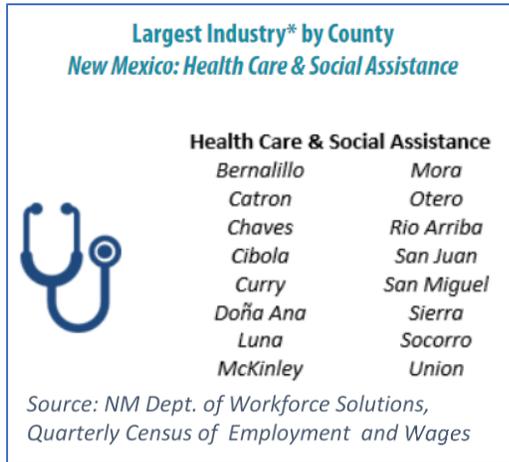
New Mexico's Health Workforce

The range of occupations of those who are involved in keeping New Mexicans healthy can be defined narrowly, as those who deliver or assist in the delivery of health services or help operate healthcare facilities. Or it can be more encompassing, to include all those who contribute to the health of our communities and their residents. This background



report takes the more expansive view, in parallel with our focus on a continuum of health. We include those who promote health, those who diagnose, treat and provide support for those who

need medical attention, and those who work to make our communities and environment healthy for all.



The NM Department of Workforce Solutions classifies many of these jobs as comprising the Health Care and Social Assistance sector, which currently accounts for 17% of private sector jobs in New Mexico and is the largest employment sector in half of our counties.

In spite of this sector's prominence in our state, New Mexico remains one of the most medically underserved states in the country. It ranks thirtieth among states in the number of doctors per 100,000 residents. The Health Resources and Services Administration (HRSA) designates all but 1 of New Mexico's 33 counties as medically

underserved areas. Such areas are defined as those lacking access to primary care services with respect to the health needs of vulnerable populations. Using similar criteria, HRSA also designates 29 counties as mental health provider shortage areas. Over half of New Mexico's population resides in a health professional shortage area ([HPSA](#)).

Moreover, there is increasing awareness that health is not only, or even primarily, about access to medical care. Though healthcare is essential to health, it is not sufficient. There is increasing recognition that improving health and achieving health equity will require broader approaches that address social and structural determinants of health. The [World Health Organization](#) defines these as the "conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life." These include stressors resulting from economic insecurity and inequitable programs and policies.

Numbers are only part of the equation. In addition to technical skills, quality healthcare requires an ability to understand, communicate and respond respectfully to people of all cultures, in a manner that affirms the worth and preserves the dignity of individuals, families, and communities served. This is particularly true given New Mexico's multicultural heritage and present lived experiences.

Cultural responsiveness. Cultural and linguistic responsiveness suggests several essential principles for effective health policies and programs.

- First, policies and programs must be developed by and with as well as for the community members they aim to serve.
- Second, policies and programs must be developed with an equity lens, ensuring they effectively address existing health disparities so the needs of New Mexico's most vulnerable populations are met.
- Third, all health policies and programs need to be developed and implemented by those who are trained and can demonstrate the ability to provide culturally and linguistically responsive care to New Mexico's various communities.

Workforce Policies and Strategies

Two basic strategies for building on and expanding New Mexico's health workforce are:

1. Recruit and train from within New Mexico's communities
2. Recruit and train from outside New Mexico's communities

These are not mutually exclusive strategies, and we may be best served by investing in both.

Recruitment Strategies. The challenge is to attract and hopefully retain healthcare professionals in spite of lower salaries and fewer community attractions. This is particularly true in rural areas of the state, although we have heard from health leaders in Santa Fe and Albuquerque that these communities also face similar challenges.

- [The NM Health Professional Loan Repayment Program](#) provides loan repayment assistance to certain healthcare professionals who agree to practice in a medically underserved area of New Mexico. Applicants must practice full-time and make a 2-year service commitment. Preference is given to professionals practicing in a federal Health Professional Shortage Area (HPSA) and to graduates from a New Mexico public post-secondary institution. While the loan repayment program may bring in much needed medical professionals to a community, it may be too little to keep them there after serving the two-year commitment.
- Educational stipends can also be used to enlist and support New Mexicans in community-based health work. The [proposed Mid-Rio Grande AmeriCorps program](#), for example, has the backing of the [NM Educational Assistance Foundation](#) as well as the NM Department of Workforce Solutions Career Advisors serving the four-county region. The foundation and career advisors have agreed to help identify and secure training and resources, including financial support, for AmeriCorps workers to explore health-related educational and vocational options, with the expectation that these local recruits will remain in the area to provide services in their communities.

Training Strategies for Culturally Responsive Practice

- The national standards for [Culturally and Linguistically Appropriate Services \(CLAS\)](#) were developed by the U.S. Office of Minority Health (OMH) in 2013 to advance health equity, improve quality and reduce health disparities. The overarching standard is to "provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs." The [OMH website](#) has additional information and a library of resources to assist in implementing CLAS. The NM Department of Health offers [two on-line training sessions](#) based on the Culturally and Linguistically Appropriate Services (CLAS) Standards.
- A culturally competence/sensitive plan is required for managed care organizations and their subcontractors as part of the [Medicaid contractual requirements](#) for New Mexico. The plan must

include policies and procedures, ongoing training for all service providers, and staff and leadership that reflect the demographics of New Mexico. The Human Services Dept. is charged with approving these plans.

- Training for community-based health workers is a scattered landscape, each job title having its own training programs and/or certification, even though there is considerable overlap in content and skills. The MRGEDA health committee is advocating for a “common core curricula” covering topics required across these multiple professions, to have the curricula available remotely, and to enlist Boards and agencies that certify/credential health professionals to coordinate efforts.
- It’s not necessary to be a health or mental health professional to provide assistance to family, friends, and neighbors. [Mental Health First Aid](#) is an 8-hour course that teaches concerned New Mexicans how to identify, understand and respond to someone who may be developing a mental health or substance use problem or experiencing a crisis. In response to the COVID emergency, a [virtual training](#) is under development with new content aimed at adults and youth, including elementary age children. [Search the website](#) to find a trainer in your area.