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# Agenda for New Mexico's Children

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## *A Project of the New Mexico Pediatric Society*

New Mexico, which abounds in natural beauty, resources and historic cultures, consistently ranks in the bottom of the country's metrics for child health, poverty, education, and upward mobility. For our state to move forward, we must continue to address these issues in direct and effective ways, and we cannot drag our feet. As we learn more about healthcare disparities, which are inherent in our current systems, and we learn about the effects of adverse childhood experiences (ACEs) on future health, we know that we are in a critical moment in time.

The recent COVID pandemic has devastated many families, leaving a population of children – some of whom are orphans – now struggling with anxiety, depression, and obesity. Suicide rates across all ages and ethnic groups have skyrocketed, and our schools, healthcare systems, and child welfare systems are at the breaking point under these pressures.

The Agenda for New Mexico's Children draws attention to the most urgent needs of children and families and makes achievable recommendations for improving our children's lives. New Mexico will thrive when the needs of our children and families are addressed. Therefore, we look to our elected officials as partners in the effort to make the health of New Mexico's children a top priority in the following ways:

### Leadership and Collaboration

A shared vision and plan for collaboration across state government to address child health priorities is needed.

#### **Recommendations:**

- 1) Include additional stakeholders in the Children's Cabinet to be more representative of the state and more effective, including pediatricians, educators, and research universities.
- 2) Designate resources and staff support for the Children's Cabinet to assist leaders, members, and stakeholders in establishing program objectives, defining infrastructure needs, coordinating and integrating programs and services, optimizing the use of available funds for children's services and eliminating duplication of efforts.
- 3) Coordinate advocacy efforts for enhanced resources to address gaps in programs, services, and care.



### Access to Care

Efforts to enhance access and innovation, and to limit fragmentation and inefficiency, are vital to ensuring a robust child health system in New Mexico.

#### **Recommendations:**

- 1) Demand collaboration between New Mexico's major health systems (i.e. Presbyterian Health Care Services and the University of New Mexico) to provide specialized health services to children and their families in a strategic, family-centered, and integrated fashion to maximize resources, improve care coordination and health outcomes, and capitalize on the strength of each system.
- 2) Assure that all children, including immigrants and those in rural areas, can access specialty services in a timely and coordinated fashion without unnecessary travel or other hardship.
- 3) Integrate a Healthcare Transition Program into primary care practices and the school systems starting at age 14 and going through age 25 for all adolescents and young adults in New Mexico with Special Healthcare Needs.



## Medicaid

Medicaid is the primary insurer for children and low-income families. Healthy kids are more likely to attend school, be ready to learn, and graduate from high school and college, while poor health in childhood can have lifelong consequences.

### **Recommendations:**

- 1) Increase the state's commitment to Medicaid, even if that requires revenue enhancement.
- 2) Expand outreach and decrease barriers to enrollment to ensure all eligible children (and adults) are enrolled, maintain retroactive eligibility, implement continuous eligibility for children under six, and implement express lane eligibility (ELE).
- 3) Explore innovative opportunities within Medicaid to help address social and structural determinants of health, such as expanded home visiting, community health programs, and provision of legal services for problems that directly affect health.



## Nutrition and Breastfeeding

One in six households with children reports their children are not getting enough to eat. A child who is hungry or malnourished is more likely to face adverse health outcomes. Giving breast milk for at least six months provides immune benefits as well as nutrition, but many mothers who start breastfeeding stop before six months due to lack of supports. Mothers or caregivers who cannot breastfeed need to have access to safe sources of nutrition to optimize the development of their infants as well.

### **Recommendations:**

- 1) Work with federal, state, and local agencies to support and expand the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and the Supplemental Nutrition Assistance Program (SNAP) and preserve eligibility.
- 2) Identify children at risk of food insecurity and ensure their families are connected with nutritional programs that ensure children have access to healthy school meals.
- 3) Work with federal, state, and local agencies to develop policies and programs that support exclusive breastfeeding for the first six months, such as paid medical and family leave, the right to breastfeed in public, onsite childcare, and separate lactation rooms in schools and workplaces.



## Reproductive Health

Sexual activity continues to be a normal part of adolescent development with one in three teens reporting having had sexual intercourse. Starting from a young age, access to sexual education and confidential full-spectrum reproductive care improve the overall health of New Mexico youth.

### **Recommendations:**

- 1) Direct local school boards to revise health education standards to cover gender-inclusive pubertal changes, consent, harassment, contraception, and prevention of sexually transmitted infections (STI).
- 2) Assure that adolescents have access to confidential contraception including condoms, oral contraceptive pills (OCP), and long-active reversible contraceptives (LARC) and full range of perinatal services.
- 3) Streamline confidential STI testing.
- 4) Ensure protections and care for victims of harassment, assault and rape.
- 5) Support efforts to protect access to reproductive care as outlined in *Roe v. Wade*.



## Environmental Health

All children deserve to grow up in a healthy environment. Rising global temperatures are causing major physical, chemical, and ecological changes on our planet. Climate change poses a threat to human health, safety and security, and children are uniquely vulnerable to these threats. The effects of climate change on child health include physical and psychological sequelae of weather disasters, increased heat stress, decreased air quality, altered disease patterns of climate-sensitive infections, and possible food, water, and nutrient insecurity. Climate change is a public health crisis that threatens children's health and exacerbates health disparities.



### **Recommendations:**

- 1) Work with federal, state, and local agencies to support and expand policies and programs to address climate warming, especially the combustion of fossil fuels such as coal, oil, and natural gas.
- 2) Work across agencies to support and expand policies and programs to improve air quality, particularly ozone, methane, and particulate matter pollution.
- 3) Work across agencies to support and expand policies and programs to promote environmental justice and control and/or eliminate toxic chemicals, metals, and neurotoxic pesticides.
- 4) Work across agencies to support and expand policies and programs to provide emergency response services and surveillance of climate health hazards such as weather disasters, including wildfires and floods, as well as surveillance, prevention, and treatment of climate-associated infectious diseases. Invest in public health infrastructure.

## Education and Literacy

For the past seven years, New Mexico has ranked 50th among all the states for education, with between 75% and 79% of fourth graders not proficient in reading.



### **Recommendations:**

- 1) Improve school readiness by increasing access to, and funding of, high-quality early childhood education programs.
- 2) Protect the Early Childhood Trust Fund to ensure it is used solely for support of early childhood services.
- 3) Work towards equity by funding universal home visiting and making early childhood education programs available to all of New Mexico's children by 2025.
- 4) Fully fund early literacy programs, such as Imagination Library, so all children in New Mexico have access to these programs.

## Substance and Opioid Abuse

Over the last decade there has been a parallel rise in the prevalence of prescription opioid abuse and the incidence of neonatal abstinence syndrome (NAS). Children with NAS are at a higher risk for developmental delays. New Mexico has consistently high rates of drug-induced deaths, and opioid-related treatment admissions have been increasing.



### **Recommendations:**

- 1) Increase access to youth-specific, evidence-based substance use treatment, including practitioner incentives and training.
- 2) Increase availability of opioid overdose rescue drugs (i.e. naloxone/buprenorphine) and fentanyl test strips to reduce overdose deaths.
- 3) Implement statewide care models integrating care of postpartum people and their infants with integrated early intervention activities to mitigate adverse childhood experiences (ACEs).

- 4) Allocate a proportion of the opioid settlement funds, which represents the percentages involved, to programs that serve children, adolescents, and pregnant people.

## Mental and Behavioral Health

One in five children and adolescents have a diagnosable mental health disorder. In 2018, suicide was the second leading cause of death among children and adolescents aged 10-24. The mental health of New Mexico's youth must be prioritized following the COVID pandemic and in the years to come.

### Recommendations:

- 1) Increase state funding to broadly screen for mental health disorders, ensure confidential access to mental health care, and provide resources to school and families to support children who are struggling with depression, anxiety, and other mental health conditions.
- 2) Invest in non-traditional forms of mental healthcare including telehealth.
- 3) Fund community-based programs to support families and caregivers with a focus on trauma-informed care and resilience strategies.
- 4) Incentivize entering the behavioral health workforce to address the shortage to child mental health providers through increased training programs and loan repayment with an emphasis on recruiting under-represented populations that match the demographic makeup of New Mexico.
- 5) Form a task force to investigate the effect of social media on children and adolescents with the goal of creating appropriate regulations and providing education on conscientious consumption of media.



## Child Protection

Access to needed medical evaluations and related investigations for alleged child abuse and neglect are lacking in our state and require collaborative improvement efforts.

### Recommendations:

- 1) Ensure Protective Services has adequate, well-trained staff to investigate all reports.
- 2) Require appropriate payment for medical evaluations for these programs to ensure quality and solvency.
- 3) Ensure that such services are readily available throughout the entire state.



## Firearm Injury and Violence

From 2016 to 2020, firearms were the leading cause of death among children ages 1-19. In addition, gun deaths across the state increased by 53% since 2010.

### Recommendations:

- 1) Enact common-sense firearm policies that include addressing firearm trafficking, as well as online gun sales.
- 2) Mandate safe firearm storage in homes with improved access to gun locks, gun safes, and safe storage guides.



**New Mexico Chapter**

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