Our Common Agenda
New Mexico PLACE MATTERS Teams

July 2015
National Collaborative for Health Equity

Prepared by Kitty Richards, MPH, MS
Healthy Places Consulting
Many communities of color suffer from poorer health relative to national averages. Research demonstrates that these health inequities stem from forces that are largely outside of the control of individuals. Health inequities result from the conditions of neighborhoods, schools, and workplaces in which people live, work, study, and play. Communities of color tend to face a heavy concentration of health risks, such as environmental degradation, limited access to nutritious foods, unsafe streets, and poor-quality housing.

Because New Mexico’s population consists primarily of people of color, we need to examine how its specific social and environmental conditions, specifically those resulting from historical violence, trauma, and racism, contribute to the health outcomes of community members. Although New Mexico experiences many of these poor health outcomes, many see possible solutions in the resiliency of its people and its’ rich cultural traditions.

To address these inequities, PLACE MATTERS teams, health councils, health impact assessment teams, and other organizational partners have worked closely with community members around New Mexico to advance community solutions and possibilities for effective social change. A few of these teams, located in Bernalililo, Dona Ana, McKinley, and San Juan counties, are part of a national initiative known as PLACE MATTERS. Working with the New Mexico Health Equity Partnership (NMHEP), these teams and their community partners have worked tirelessly to address the issues presented in this document and to advance the health equity movement.

PLACE MATTERS is a national initiative designed to build the capacity of leaders and communities to identify and address social, economic, and environmental conditions that shape health and life opportunities. The national focus of PLACE MATTERS is to raise awareness of community conditions for health, and build support for strategies to address them locally, statewide, and nationally.

This report outlines a statewide policy agenda that New Mexico PLACE MATTERS teams, health councils, and health impact assessment teams have developed to ensure that all in the state, regardless of the neighborhood in which they live or their racial/ethnic identity, can enjoy equal opportunities to live healthy lives. As such, this document is intended to educate key stakeholders about strategies to advance health equity in the state. Along with their partners, the teams will work with existing advocates and organizations addressing these issues to build more support for these strategies, and educate policymakers about the importance of community-based collaboration.

We invite you to join our health equity movement. To learn more about our local work in communities, please visit the websites of the New Mexico PLACE MATTERS teams (www.bcplacematters.com, mckinleycommunityplacematters.com, www.sjcplacematters.org), the New Mexico Health Equity Partnership (http://www.nmhealthequitypartnership.org), and the National Collaborative for Health Equity (www.nationalcollaborative.org).

Sincerely,

Brian Smedley, Executive Director
National Collaborative for Health Equity
New Mexico has a vast and beautiful landscape, a wealth of diversity, a rich culture, and residents who are strong, resilient, and connected to the land and their heritage. New Mexicans value family, respect for one another, and responsibility, and they believe everyone should have the opportunity to pursue their dreams. New Mexicans’ ability to achieve is not just about motivation, talent, or hard work. To create equal opportunity for all, there must be a focus on access to quality education, equitable employment opportunities, increased availability of safe places to play, and the prevention of environmental degradation to advance health equity in New Mexico.

The policies presented in this document were developed through a prioritization process by participants at the New Mexico Health Equity Gathering, members of the PLACE MATTERS teams, health council members and their partners to identify policies that would be the most effective in addressing the unjust circumstances of rural and urban populations within New Mexico’s communities.

By using a collaborative approach to develop a common policy agenda to improve outcomes for New Mexico’s marginalized communities, New Mexicans can advance health, economic well-being, and educational attainment throughout the state and improve their standing nationally.

The New Mexico PLACE MATTERS Statewide Policy Agenda contains recommendations that fall within the following broad realms: (1) health equity, (2) economic well-being, (3) environmental justice, and (4) land use.

Together, PLACE MATTERS team members and their partners are committed to focusing on the implementation of three statewide policies and two local policies as part of their short-term and long-term health equity strategy. While PLACE MATTERS teams do not engage in direct advocacy, we hope that the policy strategies outlined in this document will be helpful to advocates and elected officials as they consider options to improve opportunities for good health for all of us in the state. These policies are discussed below.
Health Equity

Statewide Policy Priority 1

Create a Health in All Policies (HiAP) Task Force comprised of state-level cabinet departments.

POLICY DESCRIPTION:

The Task Force will identify priority programs, policies, and strategies to improve the health and health equity of New Mexicans while advancing the goals of improving air and water quality, protecting natural resources and agricultural lands, increasing the availability of affordable housing, improving infrastructure systems, promoting public health, and planning sustainable communities.

HOW DOES THIS POLICY HELP NEW MEXICO’S FAMILIES?

An overarching state government strategy that puts the health of the most vulnerable New Mexicans at the forefront of actions conducted by state departments will result in increased accountability of our state’s government to the communities they serve and improved health outcomes for all of New Mexico’s families.
LEGISLATIVE HISTORY:
A group of public health practitioners has been working to build the awareness of HiAP among legislators through presentations to the 2014 interim Health and Human Services (HHS) Legislative Committee, at the annual New Mexico Public Health Association meeting, and at the New Mexico Public Health Association Health Policy Forum. To date, there has not been a HiAP bill introduced in the state legislature, although there are efforts to meet with the HHS Legislative Committee throughout the year.

SELECTED BASELINE INDICATOR:
Life expectancy from birth for 2013 for Native Americans, Asians, African Americans, Hispanics, and non-Hispanic whites in New Mexico.

EXTENT OF THE PROBLEM:
With the exception of Asians, minority populations throughout New Mexico experience a disproportionate health burden when compared with non-minority populations. Native Americans experience an average life expectancy of 74.3 years, compared with 79.2 years for whites (Figure 1).

![Figure 1. Life expectancy from birth by race and ethnicity, New Mexico 2013](image)

Source: New Mexico Department of Health, Indicator Based Information System (IBIS)

HOW DO DECISIONS MADE WITHOUT THE CONSIDERATION OF POTENTIAL HEALTH OR HEALTH EQUITY IMPACTS HURT NEW MEXICO’S FAMILIES?
Oftentimes, the unintended consequences of our decisions hurt those who we care about the most. Historically, New Mexico’s vulnerable families have had scarce access to even the most basic necessities, such as safe drinking water, secure housing, food, and health care. Access to these resources contributes to a longer life span, well-being, and better health.
POLICY DESCRIPTION:
The goal is to amend New Mexico’s Constitution to set a maximum interest rate charged for credit of 36% per year. If the U.S. prime-lending rate exceeds 10%, the maximum rate may exceed 36% per year, but shall not exceed 30 percentage points in excess of the prime-lending rate. For example, if the U.S. prime-lending rate is 15%, the maximum rate charged for credit cannot exceed 45%.

HOW DOES THIS POLICY HELP NEW MEXICO’S FAMILIES?
This policy will prevent New Mexico lenders from charging financially strapped borrowers interest rates of 85% to 1500%, or more. New Mexican families will no longer spend $100 million in interest and fees for these loans (New Mexico State Legislature, 2014) and will no longer be plagued by long-term indebtedness through rollovers and refinanced loans.
LEGISLATIVE HISTORY:
During the 2015 legislative session, three bills were introduced to place a 36% cap on interest rates. Unfortunately, all three died. However, House Memorial 131 requiring the Legislative Finance Committee to convene a task force during 2015 to consider how to better regulate lending practices in New Mexico was signed.

PREDATORY LENDING LAWS IN OTHER STATES:
The following states have banned payday loans or have enacted a 36% annual percentage rate cap, or less, on small-dollar loans: Arkansas, Arizona, Connecticut, District of Columbia, Georgia, Maryland, Massachusetts, Montana, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Vermont, and West Virginia (National Consumer Law Center, 2013).

SELECTED BASELINE INDICATORS:
The percentage of families living below the federal poverty level (equal to $23,850 for a family of four) by race and ethnicity.

EXTENT OF THE PROBLEM:
• 24.2% of New Mexico families live below the poverty level, compared with 17.8% for the U.S.
• 37.2% of McKinley County families live below the poverty level. McKinley County is the state’s lowest-income county and is among the 20 lowest counties by income in the country; it has the state’s largest proportion of Native Americans – 75% (Figure 2).

Gallup, NM - Short on cash six years ago, Carlotta Chimoni drove from her home in Zuni Pueblo to a small-dollar lender in nearby Gallup and took out an installment loan for several hundred dollars. “We had a family emergency and needed money,” said Chimoni, whose $22,000 teacher’s assistant salary is the only predictable income in her 11-person family.

But when Chimoni, 42, was laid up with migraines, she missed consecutive days at work and fell behind on payments. To avoid defaulting, Chimoni rolled the first installment loan into another one – and then another. “I ended up using loans to cover loans,” she said. By early 2014, Chimoni was carrying nearly a dozen loans from seven lenders, most with interest rates over 100 percent.

Source: Excerpt from NBC News, 2014
Statewide Policy Priority 3

Implement the Consolidated Environmental Review Act (CERA).

POLICY DESCRIPTION:
Similar to the National Environmental Policy Act (NEPA) at the federal level, CERA requires an environmental assessment for all projects that require state permitting under the Clean Air Act, Clean Water Act, Mining Act, and Hazardous Waste Act to determine whether the project will result in a significant environmental impact.

HOW DOES THIS POLICY HELP NEW MEXICO’S FAMILIES?
This policy will provide equitable environmental protection for New Mexico’s communities by considering the cumulative impacts to health from the permit applicant’s pollution source, as well as nearby existing pollution sources.
LEGISLATIVE HISTORY:
For the past 15 years, bills similar to CERA have been introduced during New Mexico’s legislative sessions. Unfortunately, all of these bills have died. CERA was introduced, and died, during the 2009 and 2013 legislative sessions.

EXTENT OF THE PROBLEM:
In Bernalillo County, the most populous county in New Mexico, 53% of Hispanics live in neighborhoods characterized as having high environmental risk, compared with 33% of non-Hispanic whites. Researchers have found that poor communities experience exposure rates to hazardous sites that are nine times greater than in communities that are economically better off (Faber and Krieg, 2002).

SELECTED BASELINE INDICATOR:
The number of pollution sources in low-income and minority communities, compared to other communities.

HOW DO DISPROPORTIONATELY HIGH ENVIRONMENTAL BURDENS HURT NEW MEXICO’S FAMILIES?
The physical conditions of our neighborhoods are responsible for much of the poor health that we witness today (Williams & Collins, 2001). Adverse health is especially prevalent in poor, minority neighborhoods where residents not only experience fewer opportunities for economic mobility, but also experience a disproportionate burden of pollution.

---

San Jose, NM – Esther Abeyta’s home belonged to her grandmother. Her property south of downtown backs up to the railroad tracks that run north and south through the city. Tanker cars were parked by her backyard. Diesel-fueled train engines idle on the tracks by her house five or six days a week, sometimes for hours at a time.

Life expectancy in some census tracts in the South Broadway area, where San Jose is located, is 66 to 70 years. In parts of the Northeast Heights and on the Southwest Mesa, life expectancy is 85 to 94 years.

She and Steve have started collecting air samples with the help of Global Community Monitor, a nonprofit in California that helps communities assess their environmental quality.

Samples they took to capture elemental carbons that could be emitted by diesel-fueled engines were “high enough to be associated with an excess risk of cardiovascular mortality two and three days post exposure and an excess risk of cardiovascular and respiratory hospitalization on the day of exposure,” Esther Abeyta said.

When railroading faded as an industry in Albuquerque, wages declined. At least 60 percent of the people living in the area have incomes less than 150 percent of the federal poverty level. The area around San Jose was already zoned for industrial use, so even as some businesses were closing, auto scrap yards and petrochemical storage depots found homes there.

Source: Excerpt from Albuquerque Journal, 2013
Local Policy Priority 1

Implement Complete Streets ordinances at the city and county levels

POLICY DESCRIPTION:

A Complete Streets ordinance seeks to create safe roadways that meet the needs of motorized, non-motorized (e.g., pedestrians, bicyclists), and disabled travelers.
HOW DOES THIS POLICY HELP NEW MEXICO’S FAMILIES?
Complete Streets improve the community’s health by reducing the risk of injuries caused by crashes, decreasing traffic congestion and vehicle emissions, and encouraging walking and bicycling. Complete Streets lead to fewer vehicle-related accidents, decreased overweight and obesity percentages, and less stress among travelers.

LEGISLATIVE HISTORY:
Recognizing the importance of safe roadways for a variety of users, several jurisdictions within New Mexico have passed plans, resolutions, and ordinances incorporating Complete Streets principles. Jurisdictions include the Mid-Region Council of Governments, Albuquerque, Bernalillo County, and Dona Ana County.

SELECTED BASELINE INDICATOR:
New Mexico and U.S. comparison of crashes involving vehicles, bicyclists, and pedestrians.

EXTENT OF THE PROBLEM:
In 2011, New Mexico ranked:
- 18th highest in the U.S. for vehicle-related deaths involving bicyclists; in 2012 New Mexico ranked 3rd highest in the U.S.
- 5th highest in the U.S. for vehicle-related deaths involving pedestrians.
- 10th highest in the U.S. for vehicle related deaths.

HOW DOES THE LACK OF SAFE ROADWAYS HURT NEW MEXICO’S FAMILIES?
When compared with other states, New Mexico ranks high in terms of crashes involving other vehicles, bicyclists, and pedestrians. Crashes disproportionately impact our Native American and Hispanic populations – 45.5 deaths per 100,000 persons and 13.1 deaths per 100,000 persons, respectively. According to the New Mexico Department of Health, the extremely high death rate from crashes could be due to New Mexico’s high rates of drug and alcohol abuse (Albuquerque Journal, 2015).
POLICY DESCRIPTION:
Shared Use Agreements originated to increase physical activity opportunities for children and adults by keeping schoolyards open after hours. For our purposes, Shared Use Agreements would be modified by keeping not only schoolyards open but classrooms too. Classrooms would be used for life-enrichment programs, such as GED coursework, English as a second language training, and job coaching.

Local Policy Priority 2
Implement Shared Use Agreements to keep schools and playgrounds open after school hours.

POLICY DESCRIPTION:
Shared Use Agreements originated to increase physical activity opportunities for children and adults by keeping schoolyards open after hours. For our purposes, Shared Use Agreements would be modified by keeping not only schoolyards open but classrooms too. Classrooms would be used for life-enrichment programs, such as GED coursework, English as a second language training, and job coaching.
POLICY DESCRIPTION:
Shared Use Agreements originated to increase physical activity opportunities for children and adults by keeping schoolyards open after hours. For our purposes, Shared Use Agreements would be modified by keeping not only schoolyards open but classrooms too. Classrooms would be used for life-enrichment programs, such as GED coursework, English as a second language training, and job coaching.

HOW DOES THIS POLICY HELP NEW MEXICO’S FAMILIES?
Government expenditures for the acquisition of public recreational and educational facilities could be reduced, saving money for New Mexico’s taxpayers. Keeping schools open after school hours provides residents with nearby access to recreational areas for physical activity and life-enrichment courses.

LEGISLATIVE HISTORY:
New Mexico’s state policy currently allows school districts to open their schools for after-hours use. However, without an affirmative vote from the school districts’ boards, the vast majority of schools within New Mexico close their facilities after hours. There are a few noteworthy exceptions: as part of an effort named ABC Community Schools, nine elementary schools located within Albuquerque’s neighborhoods are now open after school hours and offer GED coursework for adults and a school yard for residents to play and relax (YDI, 2015).

SELECTED BASELINE INDICATORS:
- Adult overweight and obesity percentages.
- High school graduation percentages.

EXTENT OF THE PROBLEM:
A disproportionately high percentage of New Mexico’s minorities are considered overweight or obese: 75.8% of Native Americans, 68.1% of Hispanics, and 65.1% of African Americans, compared with 55.2% of non-Hispanic whites.

83.6% of New Mexicans graduate from high school, compared with 86% for the U.S (figure 3).

HOW DOES THE LACK OF ACCESSIBLE COMMUNITY SPACES FOR LIFE ENRICHMENT AND PHYSICAL ACTIVITY HURT NEW MEXICO’S FAMILIES?
- Being overweight or obese has been linked to a host of adverse health outcomes, such as heart disease and diabetes. These diseases disproportionately impact Native Americans and Hispanics in New Mexico.
- More education leads to higher lifetime earnings that can provide access to healthy food, safer homes, and better health care.
Acknowledgements

**New Mexico Health Equity Partnership**
Jessica Eva Espinoza-Jensen, Health Equity Partnership Manager
Maria Gallegos, PLACE MATTERS Statewide Coordinator
David Gaussouin, Communications & Development Associate
Jinelle Scully, Events & Logistics Planning Associate

**Bernalillo County PLACE MATTERS**
Jacque Garcia, Bernalillo County PLACE MATTERS Coordinator
Monica Trujillo, Bernalillo County PLACE MATTERS Community Engagement Specialist
Esther Abeyta, Community member
Steve Abeyta, Community member
Magdalena Avila, University of New Mexico
Adrian Carver, New Mexico Forum for Youth in Community
Mark Clark, New Mexico Department of Health
Julio Dominguez, University of New Mexico student
Sergio Gonzales, University of New Mexico student
Rufus Greene, New Mexico Department of Health
Marsha McMurray Avila, Bernalillo County Community Health Council
Daniel Michel, University of New Mexico student
Jerry Montoya, New Mexico Department of Health
Juan Reynosa, SouthWest Organizing Project (SWOP)
Kitty Richards, Community member
Lauro Silva, Mountain View Neighborhood Association
Julie Stephens, Community member
Kristine Suozzi, New Mexico Health Equity Work Group

**Dona Ana County PLACE MATTERS**
Kari Bachman, Dona Ana PLACE MATTERS Coordinator
Andrew Bencomo, Community member
Jorge Castillo, Dona Ana County Community Development Department
Mary Alice Scott, New Mexico State University Department of Anthropology
Michelle Valverde, New Mexico State University Borderlands Center for Educational studies

**McKinley Community PLACE MATTERS**
Jordon Johnson, McKinley Community PLACE MATTERS Coordinator
Philmer Bluehouse, McKinley Community PLACE MATTERS Community Engagement Specialist
Stella Martin, New Mexico Department of Health
Ophelia Reeder, McKinley Community Health Alliance

**San Juan Community PLACE MATTERS**
Pam Valencia, San Juan Community PLACE MATTERS Coordinator
Harelnda Anderson, Substance Abuse Community Support Worker
Kristine Carlson, Totah Behavioral Health Authority
Pamela Drake, San Juan County Partnership
Dave Eppich, San Juan College, VP Student Services
Amanda Evans, PM Community Engagement Specialist
Cheri Floyd, Blue Cross/Blue Shield
Liza Gomez, San Juan County Indigent Fund
Angela Gonzales, Community Member
Lucy Haber, San Juan College Volunteer Services
Karen John, Indian Health Services
Sara Kaynor, ECHO Food Bank and Hope Housing
Terri Kennedy, Community Member
Christina Morris, New Mexico Department of Health
Jessica Polatty, Bloomfield Senior Center
Helen Tso, University of New Mexico
Dara Tsosie, Northern Arizona University, Student Intern
Duane Wakan, Metropolitan Planning Organization
Carl Wamboldt, New Mexico Highlands University Intern


