



NEW MEXICO WOMEN.ORG

**THE LANDSCAPE OF  
GENDER JUSTICE  
IN NEW MEXICO**

**2025 STATUS REPORT**

# ACKNOWLEDGEMENTS

This project was a collaboration between NewMexicoWomen.Org (NMW.O) and The University of New Mexico Center for Social Policy (UNM CSP), with earlier contributions from the Native American Budget and Policy Institute. The NewMexicoWomen.Org team was led by Dr. Fatima van Hattum and Elsa López and included feedback and support from Sarah Ghiorse, Gwen O’Hearn, Renee Villarreal, Téyo Saree Abraham, and Carli Romero. The UNM CSP team was led by Dr. Gabriel Sanchez and Dr. Melanie Sonntag, and included research and technical assistance from Constance Youngman, Yoselin Cordova, Lia Abeita-Sanchez, and Jordin Tafoya. Our collective research team is comprised of people with a range of lived experiences. We represent a spectrum of gender identities, sexual orientations, races and ethnicities, class identities, immigration experiences, languages, religions, cosmologies, epistemologies, and geographies. We are grateful for each team member for bringing their knowledge to this project. Additionally, 12 organizational leaders and community experts were interviewed for this report and we are grateful for their deep wisdom. A range of content experts and community reviewers read part or the entirety of this report in a draft form and offered their feedback. The final contents of the report may not reflect their full perspectives or considerable expertise, and any errors or inaccuracies are the responsibility of UNM CSP and NMW.O. Overall, we are deeply grateful for the insights and contributions from our community reviewers and content experts: Denicia Cadena, Felice Gonzales, Adrien Lawyer, Dr. Glenabah Martinez, Tallie Segel, Taslim van Hattum, and Emily Wildau.

# LAND ACKNOWLEDGEMENT

Our organization recognizes that the land on which we conduct our work is the ancestral and contemporary home of many Indigenous peoples, with 23 Native Nations including the Pueblo Nations, the Navajo Nation, the Apache Nations, and other Indigenous communities. This land and these unceded territories across New Mexico have been cared for and inhabited for millennia by these sovereign Indigenous Nations, who remain deeply connected to this land as a source of strength, cultural continuity, and resilience.

As we work to address disparities impacting women, girls, and LGBTQ+ people in New Mexico, we specifically acknowledge and center the colonial history of our state and the perspectives and experiences of Indigenous communities. In our work for gender justice and healing, we will continue to act in solidarity with the Indigenous peoples and sovereign Nations on whose lands we are located. We do this through our grantmaking investments, our training and education programs, and our research, such as this report. We are committed to ongoing learning to ensure our work supports the sovereignty, self-determination, and well-being of these Nations and of all Indigenous people who call New Mexico home.<sup>i</sup>

<sup>i</sup> Informed by NMSU.edu, “Honoring Indigenous Inhabitants - Land Education Acknowledgement,” accessed October 23, 2024, <https://genders.nmsu.edu/land-acknowledgement.html>; UNM.edu, “Indigenous Peoples’ Land and Territory Acknowledgement: Asian American Pacific Islander Resource Center,” accessed October 23, 2024, <https://aapirc.unm.edu/about-us/unm-land-acknowledgment.html>.

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### ABOUT NEWMEXICOWOMEN.ORG

NewMexicoWomen.Org (NMW.O) is the only fund of its kind in New Mexico that works to advance opportunities for women, girls, and gender nonconforming people statewide, so they can lead self-sufficient, healthy, and empowered lives. Our strategic focus is gender justice and healing. A gender justice framework is intersectional—it encompasses various social, economic, and environmental justice issues, with a specific and explicit gender and reproductive lens. It is inclusive of lived experiences of race, class, immigration, sexuality, and a spectrum of gender identities. Healing is the process of restoring health from an unbalanced or unhealthy state. Gender justice cannot be achieved without deeper healing, and healing cannot occur without lasting justice.

### NOTE ON CITATION FORMATTING

This report utilizes both endnotes and footnotes for source citations. We use footnotes when providing additional context or definitions for various terms to which the reader may immediately need to refer. Endnotes contain relevant citations and may cite information both preceding and following their placement. As a general rule, our sources are cited after their first use and then only again if used in any subsequent paragraphs. For data without an endnote, refer to the previous endnote for the source citation.



*Hannah Martinez waters the garden in Abiquiu as part of the 2024 Northern Youth Project summer internship program. Photo by Elsa López.*

# INTRODUCTION

*NMW.O is excited to present this report on the status of women, girls, and LGBTQ+ New Mexicans.*

In line with the organization’s strategic focus on gender justice and healing,<sup>ii</sup> this report outlines key statistical trends in the gender justice landscape. Additionally, it contains policy recommendations to support long-term change and deeper healing, particularly for cis and trans women and girls, and gender nonconforming people. We have organized the data into the following broad sections: demographics, economic justice, safety, health equity, environmental and climate justice, political participation, and education. The report seeks to assess where New Mexico has made strides toward achieving gender justice, as well as identify the current gaps and challenges.

We publish this report in a national context wherein the very frameworks and data sources used throughout are being banned, discontinued, defunded, and criminalized. The work of gender and racial justice advocates, organizers, and scholars is

being attacked and silenced, and research projects that focus on race and gender canceled. Now more than ever, we remain committed to data justice, an approach aimed at countering systemic erasure and harm, as well as enacting change through justice-centered approaches and applications of data.<sup>1</sup> This approach recognizes how research and data have often been weaponized against Black, Indigenous, and other people of color, as well as LGBTQ+ communities, leading to harmful and inappropriate policies and the reinforcement of oppressive systems.<sup>2</sup> Indeed, in the current national policy context, data focused on communities of color, immigrant, and LGBTQ+ communities will, in many contexts, simply no longer be collected, and in others be used in actively harmful manners. In the face of these challenges, this report seeks to name the communities most impacted, offer a root cause analysis alongside the data, and outline policy recommendations. This moment is also characterized by deep uncertainty around many of the policies mentioned in this report and even entire federal government departments. While we have sought to mention this, given the changing political landscape, it is likely various policies and their related outcomes will continue to evolve significantly.

ii A gender justice framework encompasses various social, economic, and environmental justice issues, with a specific and explicit gender and reproductive lens. It is inclusive of lived experiences of race, class, immigration, sexuality, and a spectrum of gender identities. Healing is the process of restoring health from an unbalanced or unhealthy state. Real gender justice cannot be achieved without deeper healing, and healing cannot occur without real and lasting justice.

In this report, the terms “women” and “girls” include both cisgender and transgender<sup>iii</sup> women and girls. We use the terms women and girls with the understanding that they are capacious terms and include anyone who identifies with them. We also seek to include data and experiences of gender nonconforming people where possible. We know that the unique lived experiences of trans and cis women and gender nonconforming people lead to different outcomes and therefore, each warrant specific attention. Thus, where the data allows, we refer to trans women and girls, cis women and girls, and gender nonconforming people separately with data related to each population. Where we refer simply to women and girls, the data is not disaggregated, and we do not have specific data for trans and cis people. We also use the terms LGBTQ+, LGB, genderqueer, and genderfluid,<sup>iv</sup> when relevant or referring to various data sources that use those terms. We know that queer and trans men are included in those terms, and while deeply relevant, their specific experiences are beyond the remit of this report. Put simply, our terms and the data are imperfect. Despite our understanding of gender, many data sources are not inclusive, and often rely on binary understandings, reporting strictly on the notion of “sex” instead of “gender.”<sup>v</sup> This dissonance raises a critical point regarding data justice and the importance of marginalized communities being accurately and appropriately “counted” in a political context in which they are invisibilized, while simultaneously being hyper-visible, and attacked.

iii Cisgender refers to individuals whose gender identity aligns with their sex assigned at birth. Transgender refers to individuals whose gender identity is different from their sex assigned at birth.

iv “Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation. People who identify as ‘genderqueer’ may see themselves as being both male and female, neither male nor female or as falling completely outside these categories. Those who identify as *genderfluid* have a gender that is not fixed, and their gender identity may shift over long or short periods of time.” Human Rights Campaign, “Glossary of Terms,” accessed October 2, 2024, <https://www.hrc.org/resources/glossary-of-terms>.

v The term sex relates to anatomical and physiological traits associated with biological sex, whereas gender refers to the complex social constructs of men and women.

It is important to note that there is difficult data presented in this report. When presenting data that discusses challenges faced by communities, we seek to move beyond a deficit ideology<sup>vi</sup> that locates the primary causes of social problems within individuals and communities. Instead, we aim to identify the causal factors of problems at the structural level and offer policy recommendations that are, by and large, crafted by communities and the organizations led by them. These policy recommendations should be created and implemented in meaningful consultation and collaboration with place-based organizations and local experts from the communities they impact.

That said, our approach is limited in many ways, as is the data. For example, while we have a diverse research team and intentionally sought out a range of community readers to provide critical feedback, there will inevitably be blind spots in this report. Further, both data and discourse in New Mexico are deeply shaped by a “tri-cultural myth” that centers White, Hispanic, and Native American New Mexicans as the largest demographic groups in our state, and invisibilizes Black, Asian, and other New Mexican communities.<sup>3</sup> Data and discourse are also informed by heteronormativity and cisgender normativity which invisibilize LGBTQ+ people. While we have sought to address these dynamics, the report remains imperfect and limited. More quantitative and qualitative data collection by, for, and about diverse populations in New Mexico is essential.

vi “Briefly, deficit ideology is a worldview that explains and justifies outcome inequalities—standardized test scores or levels of educational attainment, for example—by pointing to supposed deficiencies within disenfranchised individuals and communities. Simultaneously, and of equal importance, deficit ideology discounts sociopolitical context, such as the systemic conditions (racism, economic injustice, and so on) that grant some people greater social, political, and economic access, such as that to high-quality schooling, than others. The function of deficit ideology . . . is to justify existing social conditions by identifying the problem of inequality as located within, rather than as pressing upon, disenfranchised communities so that efforts to redress inequalities focus on ‘fixing’ disenfranchised people rather than the conditions which disenfranchise them.” Paul C. Gorski, “Unlearning Deficit Ideology and the Scornful Gaze: Thoughts on Authenticating the Class Discourse in Education,” accessed April 29, 2025, <http://www.edchange.org/publications/deficit-ideology-scornful-gaze.pdf>.

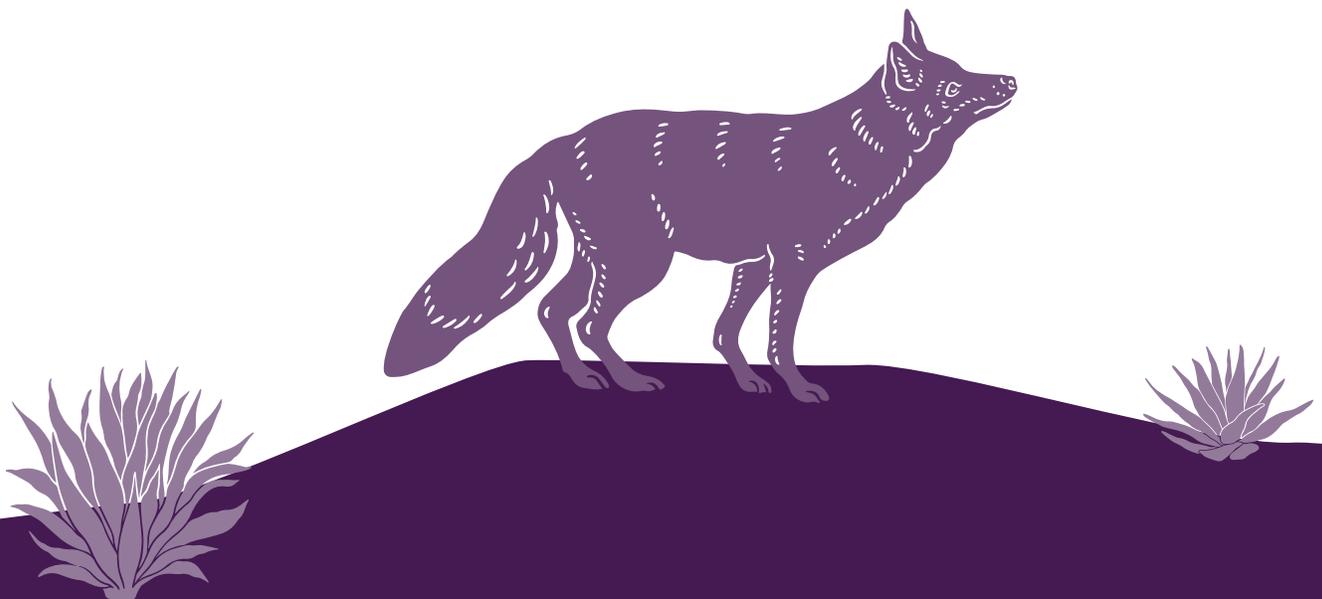
The history of our state is characterized by layers of settler colonialism,<sup>vii</sup> racial hierarchies, economic exploitation, environmental racism, and deep-seated patriarchy. As you will read, the legacy of this history and resulting inequities are felt acutely by women, girls, and LGBTQ+ people of color across our state. Simultaneously, throughout our history, communities have strategically organized, built power, and co-created policies that have led to tangible changes. The people, organizations, movements, and histories of our state contain immense wisdom, power, and insight for the future. New Mexican communities are deeply strategic in their approaches to creating change, from reproductive justice to early childhood education, and continue to serve as a national model.

However, social change, and policy wins specifically, are not guaranteed, nor are they easily won—movements, advocates, and those shaping policy

around the state continue to work for gender and social justice in their communities in the face of constant challenges. In the coming period, as federal policies and programs critical to community well-being are hollowed out and defunded, we must work locally to protect and deepen policies that ensure New Mexican communities are safe and have access to healthcare, education, clean water, air, and land, as well as equitable economic opportunities.

This report intends to provide data for advocates, organizers, policymakers, and philanthropic leaders who are committed to gender and social justice, as well as the public at large. The hope is that data around disparities can support with strategy, power building, policy design and implementation, funding and, ultimately, lead to more resources and opportunities for women and girls, and LGBTQ+ people in New Mexico. The impact we hope to achieve is for people in our state to have agency, joy, power, hope, choices, and fulfillment. This is the future of gender justice in New Mexico.

vii “Settler colonialism normalizes the continuous settler occupation, exploiting lands and resources to which indigenous peoples have genealogical relationships. Settler colonialism includes interlocking forms of oppression, including racism, white supremacy, heteropatriarchy, and capitalism. This is because settler colonizers are Eurocentric and assume that European values with respect to ethnic, and therefore moral, superiority are inevitable and natural.” Alicia Cox, “Settler Colonialism,” *Oxford Bibliographies*, accessed March 6, 2025, <https://www.oxfordbibliographies.com/display/document/obo-9780190221911/obo-9780190221911-0029.xml>.





*Meshell L. Sturgis (parent), Tori Hollins (doula), with baby Amond B. Sturgis and Dontae' Hollins listen to speakers during the 2025 Doula Day of Action at the NM State Capitol. Photo by Elsa López.*

## RESEARCH DESIGN AND APPROACH

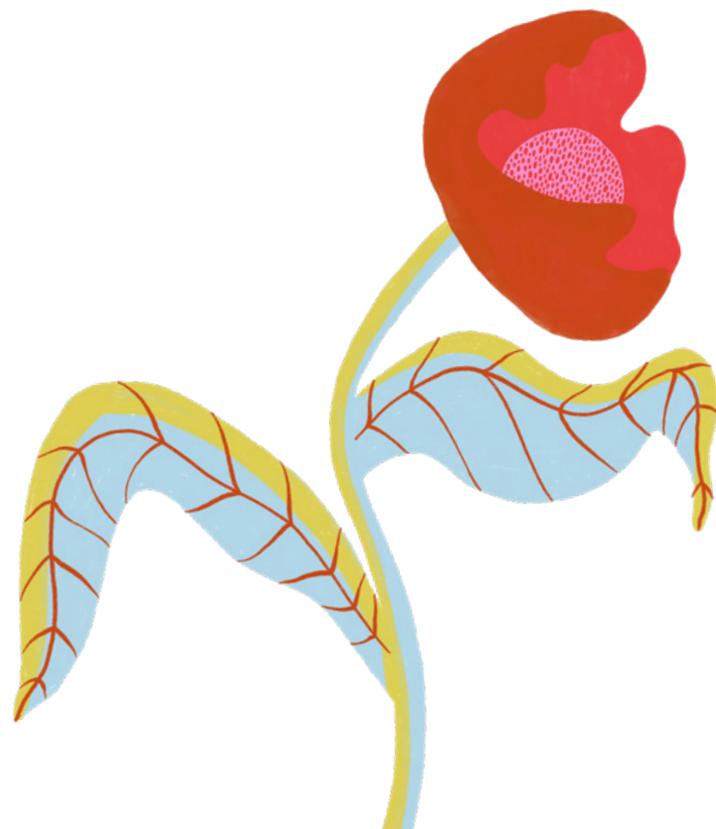
*This report provides an overview of the status of New Mexico's women, girls, and LGBTQ+ populations using a variety of public and non-public quantitative survey data, as well as qualitative interview data gathered through discussions with community partners and experts from across the state of New Mexico.*

These discussions took place during the spring and summer of 2023, providing insight into various topics and highlighting some of the gaps and needs of community organizations. All respondents answered questions related to gender justice and their experiences serving New Mexico's most vulnerable populations. Secondary data was then collected from a wide range of data sources including the Centers for Disease Control and Prevention (CDC), the U.S. Department of Health, the U.S. Census Bureau, and the New Mexico Department of Health, among others. It is important to note that the data used was the most current data available at the time of publication. Not all public data are collected yearly, and data may vary based on availability.

In terms of approach, we use an intersectional feminist framework to attempt to fully illustrate the diversity of women, girls, and LGBTQ+ people, and to analyze the data. This framework helps us to understand the various institutional, structural, and social barriers faced by these populations. Rather than analyzing along the single axis of gender, we adopt a multiple-axis framework to examine the multiple systems of oppression and resistance, including race, ethnicity, class, immigration status, location, age, ability, sex, and gender. While the report is organized into various distinct sections with related policy recommendations, there is significant overlap between them. For example, childcare is an economic justice issue for working families, a health equity issue for children and the physical and mental health of their parents, and an issue related to education and early childhood development. Thus, while the sections and their recommendations are distinct, they should be read and understood in relation to each other.

It is also important to note that this report discusses many profound and complex challenges facing communities statewide and the data may be heavy and demoralizing. We mention this as our methodology is one of intersectional feminism and, as such, we acknowledge the embodied nature of knowledge and research. From a feminist standpoint, data has both empirical and emotional facets. Namely, the stark black-and-white statistics in this report describe our lives, bodies, families, and communities and, as a result, the process of reading this data may have an affective impact.

We also acknowledge again that the data has many limitations and there are numerous issues and dynamics that are rendered invisible by existing data. It is important to consider what is *not* measured or included here. For example, while New Mexico has incredibly challenging educational outcomes, it is insightful to reflect upon what we do not measure in terms of cultural and land-based ways of knowing. Moreover, many communities and topics have significant data gaps related to them that are mentioned throughout the report. For example, there are gaps and a myriad of issues around data pertaining to undocumented immigrants, Black, Asian, and LGBTQ+ communities. These gaps will be exacerbated by the current political context in which data about some communities will no longer be available or collected. Simultaneously, for many communities, such as immigrants, there is a credible fear around the potential implications of being "counted" by the government, which may lead to many people simply not responding to surveys and other data collection approaches. With these notes in mind around limitations and the constant evolution of our language, data, and analysis, we invite you to explore the landscape of gender justice in our state.





*A young Diné girl grinding corn for a coming of age ceremony. Photo courtesy of Indigenous Lifeways by Krystal Curley.*

# EXECUTIVE SUMMARY

## KEY FINDINGS

In terms of key findings related to economic justice, many New Mexicans—specifically Black and Native American women, immigrant women, and LGBTQ+ communities—lack sufficient incomes to ensure their stability, well-being, and dignified long-term living conditions. However, the success of antipoverty programs indicates that, broadly speaking, poverty is an outcome of broader political choices and institutional inequities. In terms of safety, gender-based violence remains widespread, ranging from bullying of youth to intimate partner violence to sexual violence. Additionally, our carceral state systems aimed at dealing with public safety are deeply racialized and perpetuate harm for women, youth, and LGBTQ+ people.

For the key findings related to health equity, the data indicates that geographic location, environment, economic opportunities, colonial legacies, and racism all deeply impact health. One's ZIP code—where one lives, works, eats, plays, and prays—is a critical factor in determining one's health. Similarly, the climate crisis and environmental injustice are neither gender neutral nor race neutral. It is critical to adopt an intersectional feminist lens around climate and environment as both disproportionately impact trans and gender nonconforming people, Indigenous, Black, and other women of color, low-income people, people with disabilities, and those living in remote, disaster-prone areas.

For political representation, New Mexico is a national leader in descriptive representation of female and Hispanic people and is one of the few states in the country to have nearly equal representation of women in the state legislature. In terms of participation, New Mexico passed the 2023 Voting Rights Act, legislation that will expand voter protections and access. Finally, in terms of the key findings related to education, the data indicates that location, environment, economic opportunities, long-term effects of colonialism, and institutional racism all significantly influence quality and access

to education. While New Mexicans have worse education outcomes overall than in most other states, it is important to mention that the state has also recently implemented historic policies which are having critical impacts.

## POLICY RECOMMENDATION FOCUS AREAS

- ◆ For Economic Justice, Policy Recommendations include: Address Income and Wage Disparities; Expand Government Safety Net Programs; Address Workplace Discrimination; and Ensure Access to Safe, Dignified, and Affordable Housing.
- ◆ Safety Policy Recommendations include: Increase Investment to Strengthen Support and Response Services for Survivors of Violence; Invest in Gender-based Violence Prevention Programs; and Shift Investments from Punitive Measures to Rehabilitative and Evidence-based Practices to Prevent Violence.
- ◆ Health Equity Policy Recommendations include: Improve Access to Perinatal Healthcare; Improve Access to Reproductive Healthcare; Improve Quality of and Access to Healthcare and Healthy Food; and Improve Access to Behavioral Health.
- ◆ Environmental and Climate Policy Recommendations include: Increase Data Collection and Research Efforts in New Mexico; Advocate at the Congressional Level as well as Fund and Oversee Radiation and Toxic Waste Cleanup; and Invest in Local Energy Democracy in Communities.
- ◆ Policy Recommendations for Political Participation include: Increase Voter Participation; and Improve Representation of Women and LGBTQ+ New Mexicans in Elected Office.
- ◆ Policy Recommendations for Education include: Ensure Access to Early Childhood Education and Care; Improve Primary and Secondary Education Outcomes; and Improve Higher Education Outcomes.



Alicia Saenz, a member of El Centro de Igualdad y Derechos, participates in the 2025 Immigrant & Worker Day of Action at the State Capitol. Photo by Elsa López.

## DEMOGRAPHICS

According to the 2024 U.S. Census population estimates, there were approximately 1.072 million women and girls in New Mexico, accounting for just over half (50.3%) of the population.<sup>4</sup> Of the overall state population, 11.4% self-identified as Native American.<sup>viii</sup> New Mexico is the ancestral homeland to 23 Native Nations and home to one of the largest Native American populations in the United States. Just over half (50.2%) of the state's population reported being of Hispanic origin.<sup>ix</sup> White<sup>x</sup> New Mexicans without Hispanic ancestry represent a little more than one third of the state's population (36.8%). The African American population totals 2.8% of the state's total population. Asian Americans, excluding Native Hawaiians and other Pacific Islanders, represent 2% of the state's population; Native Hawaiian and Pacific Islander residents represent

viii Note that in this report, we use the terms Native American and Indigenous interchangeably. Although we primarily use the term Native American, the term Indigenous is also used to refer to the crisis of Missing and Murdered Indigenous Relatives. We refer to the Native Governance Center's style guide accessible on their website: <https://nativegov.org/wp-content/uploads/2021/10/Native-Governance-Center-Style-Guide-published-2021-02.pdf>.

ix While there is a rich dialogue surrounding the use of the term "Hispanic" in comparison with "Latino," "Latinx," and "Latine," surveys show that Hispanic is the preferred term for this group in New Mexico. For instance, in a poll conducted by BSP Research and Somos un Pueblo Unido, 78% of the New Mexicans sampled preferred the term "Hispanic" over "Latino," "Latinx," and "Latine." This is the case for both men (81%) and women (76%) (Fielded December 8 – December 29, 2021, N=1,000, +/- 3.1%). Unfortunately, there is insufficient data to determine the terminology gender nonconforming populations prefer. To use the preferred terminology within the data that we have, we therefore use Hispanic to refer to this group in this report.

x The term White is capitalized in this report based upon the work of Eve Ewing, a sociologist of race, who explains that a lack of capitalization renders the terms White and Whiteness as the norm and other racial categorizations as distinct from that norm. Her argument is as follows: "When we ignore the specificity and significance of Whiteness—the things that it is, the things that it does—we contribute to its seeming neutrality and thereby grant it power to maintain its invisibility." Eric Zorn, "Column: Should 'white' Be Capitalized? It Feels Wrong, But It's the Way to Go," Chicago Tribune, July 9, 2020, <https://www.chicagotribune.com/2020/07/09/column-should-white-be-capitalized-it-feels-wrong-but-its-the-way-to-go/>.

0.2% of the total population. According to American Community Survey data from 2024, women make up 50.3% of the Hispanic population, and 50.4% of White, 51.5% of Native American, and 54.5% of Asian and Pacific Islander populations. This means that a majority of Hispanic, White, Native American, and Asian and Pacific Islander residents in the state are female. However, interestingly, the Black community is the only population in New Mexico whose population is majority male with females making up only 43.1% of the group.

The high percentage of Hispanic, Native American, and non-Hispanic White populations in New Mexico has led to the “tri-cultural myth” that these are the only communities in the state that warrant policy attention.<sup>xi</sup> However, New Mexico is also the generational home of Black and Asian communities. The Black community has a legacy that dates back more than 500 years in New Mexico.<sup>5</sup> The lack of data in New Mexico representing the Black and Asian American and Pacific Islander (AAPI) communities has led to limitations in identifying inequalities facing these populations, and more importantly, strategies to address them. Although these two communities’ populations are smaller than the national average, they are vibrant and important demographic subgroups in New Mexico. We therefore do our utmost to utilize the data available to provide voice to these two communities in our report.

It is important to note, however, that New Mexico’s demographic and cultural composition is not fully represented in the data. Census categories do not completely represent the diversity of New Mexico’s people, and most of the original data sources we draw from across the report are not able to provide analysis of all the state’s racial groups or transgender and gender nonconforming communities. The limited discussions of these subgroups of the state’s populations demonstrate the need for further attention from policy makers and researchers to push for wider and stronger data collection to ensure that all of the state’s communities are represented in research reports like this one.

xi See the following news story for more information on the myth: Bryan Metzger, “New Mexico Black Leaders Challenge Tricultural Myth,” *New Mexico In Depth*, April 18, 2021, <https://nmindepth.com/2021/new-mexico-black-leaders-challenge-tricultural-myth/>.

*“During the 2020 census . . . our voices were not included . . . there was no infrastructure in place, really, to allow for outreach within the Black communities to overcome hesitation, to overcome distrust in government and . . . a particularly unique distrust in government institutions to be able to respond.”*

*-New Mexico Black Leadership Council*

There is significant variation of racial and ethnic distribution across the state, with some counties being predominantly White (such as Catron County at 82.7% White), Native American (McKinley County at 78.1% Native American), or Hispanic (Mora County at 78.78% Hispanic). Curry County has the largest relative share of Black New Mexicans (6%). Although Asian Americans have their largest relative share per capita in Los Alamos County (7.4%), Bernalillo County includes the most Asian American residents overall.<sup>6</sup> It is important to keep these demographics in mind during county comparisons in data outcomes.

In terms of gender and sexuality, 5.2% of New Mexican adults identify as lesbian, gay, bisexual, or other, and 0.8% identify as transgender or gender nonconforming, according to the Behavioral Risk Factor Surveillance System (BRFSS) data from the New Mexico Department of Health. Additionally, it is important to note that a higher rate of approximately 19.2% of youth in New Mexico identify as LGBTQIA+, according to a 2019 Youth Risk and Resiliency Survey (YRRS).<sup>7</sup> These numbers do not automatically indicate a difference in the percentage of older and younger LGBTQ+ New Mexicans, but rather suggest an openness to providing this data due to generational attitude shifts, along with the different collection methods of the BRFSS and YRRS.

According to the 2023 American Community Survey, 17.71% of the state’s population is disabled (17.7% of New Mexican men and 17.6% of New Mexican

*“I’ve done a lot of reflecting...around the tri-cultural myth and how much it was so deeply ingrained in me...It took so long for me to realize that even I was excluding myself by repeating that language and narrative. Coming back to NM after 10 years away, it has meant a lot to me to be able to stand up and have a voice and be very clear about tokenization versus being welcomed, integrated and invited to the table...I think especially in 2020 with the uprisings and “racial reckoning” and then a rise in anti-Asian hate crimes, we had many people asking us to come to the table...but it’s very important that the invitation is authentic and our voice is actually going to be heard.”*

*-New Mexico Asian Family Center*

women), compared to 13.6% of the national average. Ambulatory difficulty makes up the largest share of disabilities, with 8.9% of New Mexicans having this type of disability; 7.9% of New Mexicans have difficulty living independently and 7.4% have cognitive difficulty.<sup>8</sup>

The state’s foreign-born population is 10.2%, and there are an estimated 99,977 female immigrants and 8,272 immigrant children<sup>9</sup> living in New Mexico, with the top countries of origin being Mexico (65.3%) and the Philippines (3.7%).<sup>10</sup> An estimated 23% of New Mexico’s immigrant population was undocumented (45,600 people), or 2.2% of the state’s total population.<sup>11</sup> Additionally, as of 2020,

an estimated 5,690 Deferred Action for Childhood Arrivals (DACA)<sup>xii</sup> recipients lived in New Mexico. It is important to note that most immigrants live in mixed status families, where some members are citizens, others are legal permanent residents, others are in the process of legalizing status, others have DACA, and others are undocumented. To note, in 2024, 463 refugees of various origins were resettled in our state (note that this number does not include asylees and other forms of temporary and protected status).<sup>12</sup>

Just over 40% of households are married-couple family households (40.93%), 13.94% are single-female family households, 6.37% are single-male family households, and 38.76% are non-family households.<sup>xiii</sup>, <sup>13</sup> Over 55% of New Mexicans are currently employed. Just over 25% of the state live in more rural areas, compared to 74.5% that live in urban parts of the state, which includes Bernalillo, Sandoval, Valencia, Torrance, Santa Fe, and San Juan counties.<sup>14</sup>

Finally, it is important to consider the distribution of age in New Mexico, which provides valuable planning and policy insights related to the workforce, education, voter trends and turnout, public health, as well as caregiving. For example, 21.3% of the state’s population is younger than 18 and thus will need some level of care. In addition, over 19.8% of the population is older than 65, which may impact future caregiving related to aging.<sup>15</sup> The burden of care for children and the aging population is gendered and often falls on the female population, impacting the health, education, and economic outcomes of caregivers, as we discuss later.<sup>16</sup>

xii DACA is an immigration policy that allows some undocumented individuals who entered the country as children and who meet certain requirements to request a grant of deferred action around their legal status. Individuals granted DACA can renew their grant and are also eligible for work authorization.

xiii Non-family households include single-member households (i.e., a person living by themselves) or multiple people living in one household that are not related (such as roommates).



Ariana Saldares, an NM CAFé leader from Deming, chants with others during the 2025 Immigrant Day of Action outside the NM State Capitol. Photo by Elsa López.

## ECONOMIC JUSTICE

Economic justice for women and LGBTQ+ New Mexicans is a critical component of gender justice. An economic justice lens focuses on disparities in both opportunities and outcomes in areas including income inequality, equal work for equal pay, affirmative action, employment discrimination, unemployment, poverty, and access to basic human needs such as housing. It is also important to acknowledge how the intersections of race, gender, reproductive roles, sexuality, and immigration status impact one's economic outcomes.<sup>17</sup> This section outlines the gendered dimensions of poverty, the pay gaps related to gender and sexuality, occupations, the debt burden, business ownership, the impacts of the COVID-19 pandemic, and housing. In the current shifting national political context, we may see economic disparities increase as poverty reduction and affordable housing programs undergo budget cuts. Additionally, the removal of Diversity, Equity, and Inclusion programs in recruitment will likely lead to increased occupational segregation. Further, the impact of various non-economic policies related to the intersectional identities mentioned here will also have economic ripple effects.

It is important to note that there is limited publicly accessible data for New Mexico around workplace discrimination and sexual harassment. Nationally, data indicates that adult employed women were around twice as likely (42%) as adult employed men (22%) to have experienced gender discrimination at work.<sup>18</sup> We know these rates are likely higher for women of color, LGBTQ+ people, immigrant women, and all

marginalized identities. These are critical issues which are not included due to gaps in local data, pointing to a need for comprehensive data collection, or making such data publicly available. Overall, the data in this section points to significant income and wealth disparities facing women and LGBTQ+ people, and particularly people of color, with generational implications that must be addressed with intentional and decisive policy interventions.

### **POVERTY**

Many communities in New Mexico are disproportionately impacted by poverty. As we explore in this section, the contours of those experiencing poverty are also deeply racialized and gendered. The U.S. federal poverty guideline for 2024 is defined as an individual with an income below \$15,060 or a household income for a family of four under \$31,200.<sup>19</sup> However, this official poverty line is based upon a matrix from the 1960s that has not been accurately updated. Experts and advocates estimate that changing the multipliers in the measurement system to reflect the current proportions spent on food, housing, and healthcare would significantly shift the poverty threshold to around \$60,000 for a family of four, resulting in over half of U.S. households being classified as below the poverty line and unable to afford all their basic needs.<sup>20</sup>

Beyond income measures, our understanding of poverty includes a lack of access to material resources, such as housing and food, a lack of economic opportunities, social exclusion, lack of participation in decision-making in one's community, clean air and water, connection to one's ancestral land, and general living conditions that fall below average standards within the United States. The ongoing legacies of colonization, structural racism, and patriarchy mean that New Mexican communities and individuals begin life under vastly different socioeconomic circumstances and many then continue to face distinct structural barriers preventing equitable access to resources. This perpetuates the accumulation of generational wealth by those who start out with wealth while reproducing cycles of generational poverty for those who are under resourced. While communities in New Mexico

confront the very real consequences of material poverty, it is important to acknowledge that our rich cultural traditions, relational ways of being, and land-based ways of knowing are all forms of wealth that are neither recognized by nor considered in a capitalist economic framework.

That said, in material terms, data shows that in 2023, New Mexico was the second-poorest state in the United States, with a poverty rate of 17.8%,<sup>21</sup> which is well above the national average of 11.1%.<sup>22</sup> Moreover, women are disproportionately affected by poverty. In 2023, 19.2% of women in New Mexico were living in poverty, compared to 16.3% of men.<sup>23</sup>

Single-parent homes headed by women are especially likely to experience poverty. Children living in single-parent households are significantly more likely to live in poverty compared to those who live in two-parent homes. In 2022, 52.5% of single-parent homes were below the Federal Poverty Line, compared to 12.5% of married, two-parent homes in New Mexico.<sup>24</sup> Of all the households in the state, 13.94% are family households led by single women and 6.37% are family households led by single men. Given that women lead more than double the ratio of single-family homes than men, addressing poverty in single-parent homes is critical to alleviating the financial stress many women face.<sup>25</sup> This means creating progressive wrap around policies related to childcare, paid leave, workplace flexibility, affordable housing, and more.

In terms of child poverty, when compared with the standard poverty measures outlined above, New Mexico ranks last in the nation with a child poverty rate of more than 27%, compared to the national average of 17%.<sup>26</sup> However, it is relevant to note that a 2023 federal report analyzed child poverty rates using a three-year average by taking into account government "supplemental poverty measures," or antipoverty programs such as food assistance and tax credits. When these measures are considered, the results indicate that NM is actually 17th in the country for child poverty with a rate of 9%, which is below the national average. Here, the upshot indicates that strategic and meaningful policy works to reduce poverty.

**Due to strategic, community informed policies, the state child poverty rate moved from last to 17th in the U.S. when antipoverty programs like food assistance are considered. Strategic and meaningful policy works to reduce poverty.**

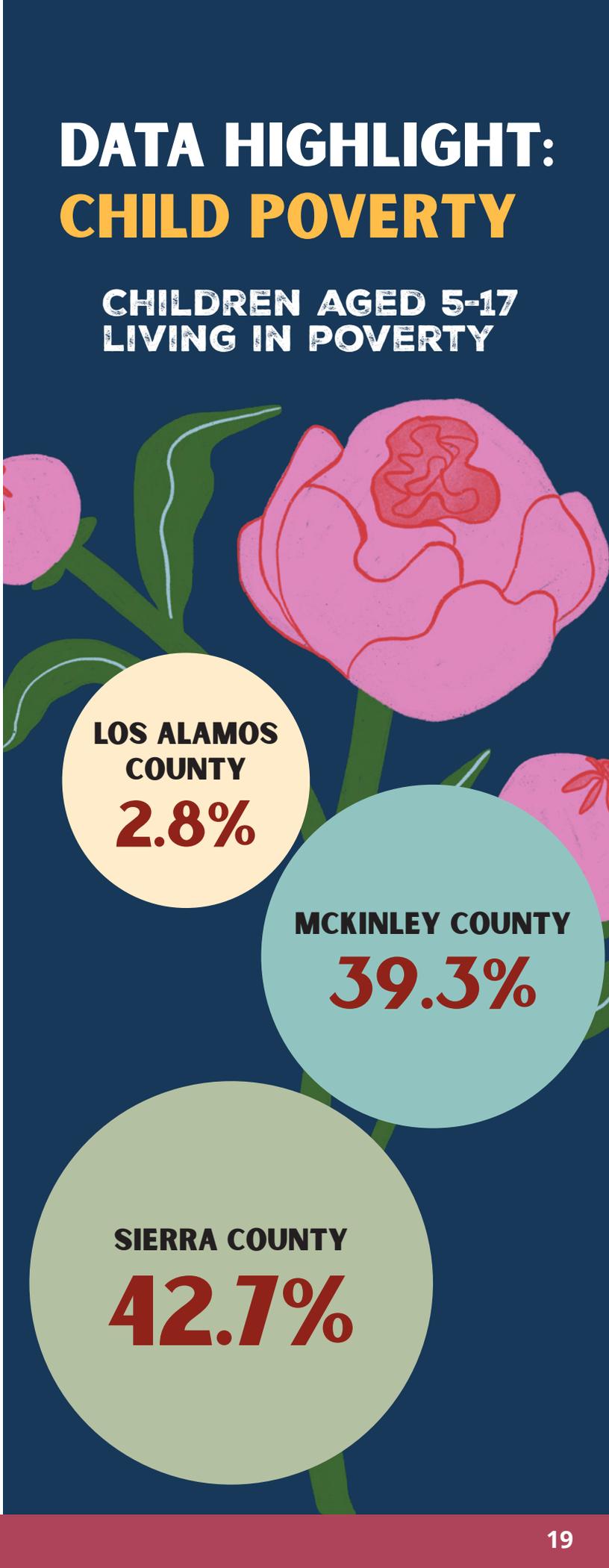
Child poverty varies significantly by geographic location. As of 2019, 2.8% of Los Alamos County children, ages 5 to 17 years old, lived in poverty, while 42.7% of children of that age group in Sierra County lived in poverty. McKinley followed Sierra County, with 39.3% of children, 5 to 17 years old, living in poverty. The demographic composition of these counties are important to consider as they indicate racialized patterns of poverty. More than two thirds of residents in Los Alamos are non-Hispanic White (70.2%), while in McKinley the majority are Native American (80.9%), with Sierra having a mixed demographic composition of 61.4% White, 31.6% Hispanic, and smaller populations of other race and ethnicities.<sup>27, 28</sup> These rates may also indicate geographic, as well as rural and urban patterns of poverty.

Racialized and gendered patterns of poverty often continue into adulthood. As Figure 1 shows, women of all racial and ethnic groups are more likely to live in poverty in New Mexico compared to the national average, with certain groups more impacted.<sup>29</sup> Poverty rates for Black women are over 14 percentage points higher than the national average; poverty rates for Native American are 8 percentage points higher than the national average.

Otherwise, New Mexican elders in general (we were unable to find data disaggregated by gender) are also more likely to live in poverty than the national average, with 14%% of New Mexicans who are 65 years or older living in poverty compared to 11% of the national average.<sup>30</sup> This is particularly concerning as New Mexico's rates of kinship care, where grandparents (or other kin) raise children, are the highest in the country and that care is often gendered. Although these high rates speak

# DATA HIGHLIGHT: CHILD POVERTY

## CHILDREN AGED 5-17 LIVING IN POVERTY



**LOS ALAMOS  
COUNTY  
2.8%**

**MCKINLEY COUNTY  
39.3%**

**SIERRA COUNTY  
42.7%**

## PERCENT OF WOMEN IN POVERTY IN NM VS. NATIONAL AVERAGE

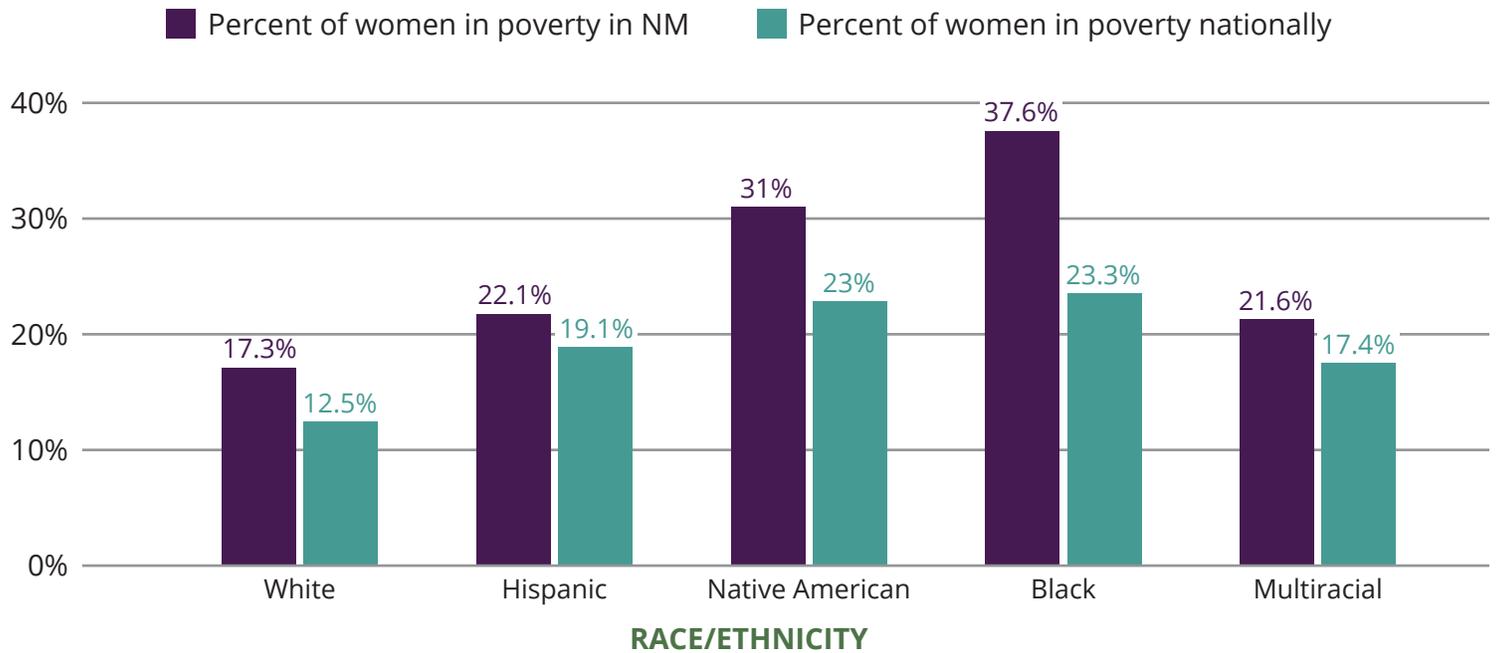


Figure 1: Percent of Women in Poverty in NM (ages 18–44) vs. National Average (United Health Foundation, 2022).

to strong intergenerational connections in our families, research on this topic indicates that many grandmothers specifically struggle with the related financial costs and isolation.<sup>31</sup>

Additionally, 40% of transgender New Mexicans continue to live in poverty, an incredibly high rate with profound impacts upon a community facing multiple oppressions.<sup>32</sup> While New Mexico has strong legal protections for transgender people to prevent discrimination, that is seldom fully reflected in people’s lived material reality, and particularly for trans people of color. Discrimination plays a critical part of this inequity, with 28% of transgender New Mexicans reporting that they had lost a job in their lifetime as a result of their gender identity or expression.

Poverty rates are also particularly pronounced for the immigrant population in the state. One in five (20.5%) foreign-born immigrant families live below the federal poverty level in New Mexico compared to 13.3% of the native-born population.<sup>33</sup> When this data is disaggregated by citizenship, it shows significant variations. Immigrants in New Mexico

who are not U.S. citizens had a poverty rate of nearly 32%, while immigrants who were U.S. citizens had a poverty rate of 15.5%.<sup>34</sup> One factor that contributes to this is the lack of safety nets available for immigrant workers during challenging economic circumstances. For example, undocumented workers are currently excluded from unemployment insurance, Supplemental Nutrition Assistance Program (SNAP), and during the COVID-19 pandemic, were excluded from the Coronavirus Aid, Relief, and Economic Security (CARES) Act, which included individual stimulus checks.<sup>35</sup> This meant that some immigrants had to rely on taking out predatory and high-interest loans to keep their families afloat, creating unsustainable levels of debt. Importantly, as measured by mean earnings and median household income across all racial groups, immigrant residents who become U.S. citizens have better economic outcomes.<sup>36</sup> This data highlights the critical need for more robust immigration policy change and pathways to citizenship.

Thus, poverty remains an issue critically impacting New Mexican families and communities. However, as the previous example around child poverty rates

indicate, strategic and meaningful policies tangibly and effectively reduce poverty. Another example in this vein is the 2023 state Child Tax Credit increase, which resulted in as much as a \$600 credit per child for low-income families which will benefit 350,000 children.<sup>37</sup> This will potentially impact as many as 27,000 grandparents who are primary caregivers and financially responsible for their grandchildren. Indeed, policies such as this must be expanded and deepened to help shift these patterns. Ultimately, as the adage goes, poverty is a policy choice.

## THE GENDER WAGE GAP

The wage gap facing women and LGBTQ+ people across the country is well-documented, with clear income differences based on gender and race. Although New Mexico has laws that prohibit pay discrimination, including the New Mexico Equal Rights Amendment, the New Mexico Human Rights Act, and the New Mexico Fair Pay for Women Act, deep disparities remain. New Mexican women collectively make an average of \$0.86 for every \$1.00 men make.<sup>38</sup> Women in the state working full-time, year-round make an average of \$45,623 compared to men, who make \$53,356.<sup>39</sup> The median earnings vary as well, with women making \$36,742 and men making \$47,457. Over 10 years, this amounts to a pay gap of \$107,150, an amount that could determine one's capacity to purchase a home or have enough savings for emergent medical needs.

Furthermore, the picture is even more stark when disaggregated by race. In New Mexico, as of 2016, Native American women made 50.5% of what White men earned, followed by Hispanic women (55.4% of White men's earnings), Black women (64%),

Asian women (76%), White women (78.9%),<sup>xiv</sup> and multiracial women (62.2%).<sup>40</sup> Given current trends, equal pay in the state will not be achieved until 2054.

Additionally, when we examine the impact of immigration status, national data shows that undocumented women experience a double burden upon their economic prospects due to their immigration status and gender. Indeed, 2023 data indicates that "undocumented working women are paid less than *any other group in the U.S.*"<sup>41</sup> Relevant data is unavailable for New Mexico, highlighting an information gap and need for concerted data collection to better inform policy around the undocumented community.

The gender and racial pay gaps differ across counties as well, although patterns are similar. White men in Los Alamos have median earnings of \$111,897 while White women make \$64,321.<sup>42</sup> Hispanic men in Los Alamos make \$77,668, compared to Hispanic women who make \$57,222. McKinley County residents earn less, with Hispanic men and women making \$34,804 and \$31,019, respectively. Native American men and women earn even less, with median incomes being \$27,515 for men and \$26,709 for women.

xiv The reason these numbers are consistently under the .86 dollars rate mentioned (meaning that women on average make 86 cents for every dollar men make) is that there is an income difference among men by race and ethnicity. White and Asian men out earn Hispanic, Native American, and Black men (Black men make 87 cents for every dollar White men make, for example). Since we are comparing the income of women of color to that of White men (who, after Asian men, out earn men of other racial groups), their comparative income ratio is even lower than when we compare the income of all men to all women. More information on the racial income gap between men can be found here: [Miller, "Black Workers Still Earn Less than Their White Counterparts."](#)



# DATA HIGHLIGHT: THE DIFFERENCE BETWEEN MEDIAN WAGE (2022)

ALL MEN

**\$47,457**

DIFFERENCE OF NEARLY  
**\$20,000**

NATIVE  
AMERICAN  
WOMEN

**\$27,733**

WHITE MAN  
IN LOS ALAMOS COUNTY

**\$111,897**

DIFFERENCE OF  
**\$85,188**

NATIVE AMERICAN  
WOMAN IN  
MCKINLEY COUNTY

**\$26,709**



Kat Sánchez, NM Bold Futures' Policy Director alongside ACLU staff members during the 2025 Reproductive Justice Day of Action at the NM State Capitol. Photo by Elsa López.

The implications of these disparities not only impact women's immediate economic outlook, but also mean that over the long-term, women, and specifically women of color in New Mexico, are less able to accrue assets and build financial generational wealth. This contributes to gender and racial wealth gaps. For example, in 2022, the difference between the median wage all men in New Mexico earn annually (\$47,457) and the median Native American women earn (\$27,733) is nearly \$20,000. Even more stark is the staggering \$85,188 difference in the median earnings of a White man in Los Alamos County and a Native American woman in McKinley County. These are amounts that exceed one year of rent, a reliable vehicle, one year of groceries, or the start of a down payment on a house. Although there is limited data specific to New Mexico for Asian and Black women, data from 2019 estimated Asian women make a median income of \$30,000 while their White male counterparts made \$43,803.<sup>43</sup> Similarly, data from 2020 estimated Black women make a median income of \$24,287 compared to \$44,222 that White males make.<sup>44</sup>

While these measures alone show disparities along lines of race, gender, place, and immigration status, some critics have also mentioned that focusing solely on full-time, year-round workers leaves out many women of color, who tend to work part-time and seasonally with fewer benefits and less flexibility.<sup>45</sup> LGBTQ+ workers in the United States also earn less than the average worker, with race, sexuality,

and gender affecting differences.<sup>46</sup> Alongside well-documented pay gaps outlined below, many LGBTQ+ people are also underemployed due to discrimination in recruitment, lack of access to jobs, and lack of safety at work. While there is no New Mexico-specific data, national data shows White LGBTQ+ workers earn \$0.97 for every dollar a non-LGBTQ+ workers earns and Hispanic LGBTQ+ workers earn \$0.90 for every dollar a non-LGBTQ+ workers earns. Black and Native American LGBTQ+ workers earn \$0.80 and \$0.70, respectively, for every dollar non-LGBTQ+ workers earn.

Gender nonconforming workers specifically experience a larger gap, making only \$0.70 for every dollar that cisgender workers earn. Transgender men and women also experience a large pay gap, with trans men making \$0.70 for every dollar that non-trans workers earn, and trans women making only \$0.60 for every dollar non-trans workers earn.

When looking at both race, sexuality, and gender combined, we again see significant differences, with White LGBTQ+ women making \$0.96, Black LGBTQ+ women making \$0.85, Native American LGBTQ+ women making \$0.75, and Hispanic LGBTQ+ women making \$0.72 for every dollar a non-LGBTQ+ worker earns. Interestingly, Asian and Pacific Islander LGBTQ+ women do not have a pay gap. However, we also know that the Asian and Pacific Islander community is highly diverse, and this data may not reflect that diversity of experiences.

## OCCUPATIONS

Women also experience occupational segregation, meaning that they are more likely to work in low-wage or part-time jobs that do not offer benefits. They also remain underrepresented in high-paying fields. The gendered and racialized nature of specific jobs and professions, as a function of capitalism, patriarchy, and structural racism, has meant certain jobs are valued less than others. The result is that some professions are cis white male-dominated and others are more female-dominated, with female-dominated professions often—but not always—paying less than cis white male-dominated professions.

In terms of where people work in New Mexico, the following sectors<sup>xv</sup> have the largest share of women workers: health care and social assistance

<sup>xv</sup> Note that sectors are broad categories of different jobs that fit together. Occupational categories are slightly more specific.

(77.9%), educational services (66.6%), finance and insurance (63.5%), accommodation and food services (54.0%), and management of companies (52.8%).<sup>47</sup> On the other hand, the sectors with the smallest share of women in the state were construction (8.5%), mining, quarrying, oil and gas extraction (11.1%), transportation and warehousing (21.3%), manufacturing (22.7%), and utilities (25.5%) (see Figure 2). Meanwhile, the largest share of women by occupation group are healthcare support (79.4%), personal care and services (76.4%), healthcare practitioners and technical (76.3%), office and administrative support (73.5%), and educational instruction and library (69.4%). It is important to mention that occupations also vary by immigrant status. While gender disaggregated data is unavailable, the highest share of immigrant workers in New Mexico are concentrated in the following sectors: construction, hospitality, education, and general and professional services.

## SECTORS WITH THE HIGHEST SHARE OF WOMEN WORKERS IN NEW MEXICO

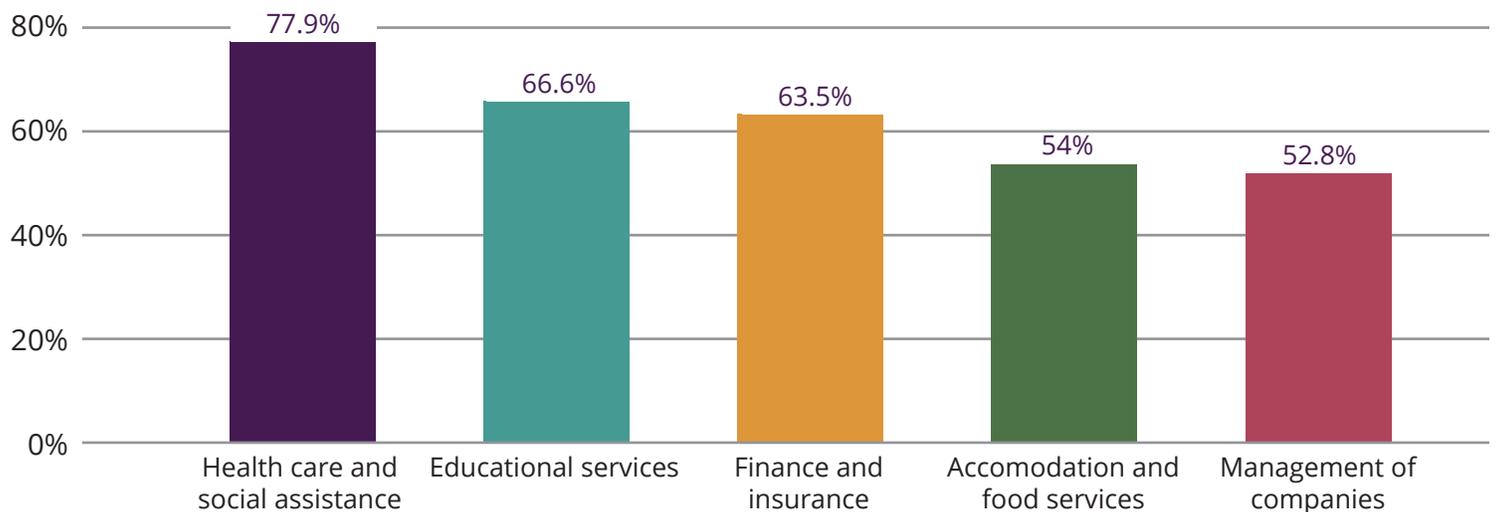


Figure 2: Sectors in New Mexico with the Highest Share of Women Workers (Department of Workforce Solutions, 2020).

## SECTORS WITH THE LOWEST SHARE OF WOMEN WORKERS IN NEW MEXICO

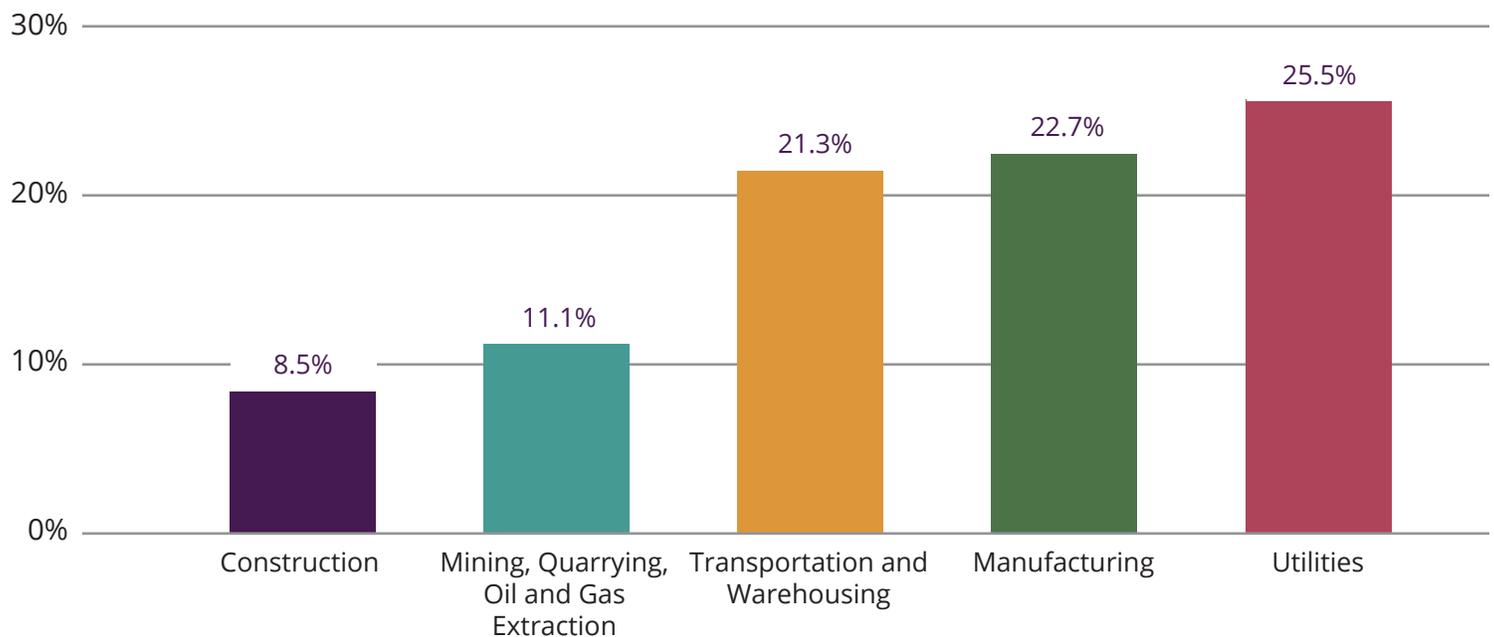


Figure 3: Sectors in New Mexico with the Lowest Share of Women Workers (Department of Workforce Solutions, 2020).

A key issue with gender discrepancies across occupations is differences in benefits and pay. As one nonprofit leader we interviewed explained, few places of work for early childhood professionals (a female-dominated field) offer retirement benefits. Early childhood educators in New Mexico receive a median pay of \$35,648 annually, or \$17.14 an hour.<sup>48</sup> Many women working in this field, particularly immigrant women (many of whom are undocumented) comprise 22% of child care workers<sup>49</sup> yet are also ineligible for unemployment insurance,<sup>xvi</sup> leaving them without a safety net. Similarly, healthcare support, which is the occupation group

xvi “Under the current state and federal systems, undocumented workers are not eligible for unemployment benefits. The general rule is that workers must have valid work authorization during the base period, at the time that they apply for benefits, and throughout the period during which they are receiving benefits.” “Immigrant Workers’ Eligibility for Unemployment Insurance,” National Employment Law Project, 2020, <https://www.nelp.org/app/uploads/2020/03/Immigrant-Workers-Eligibility-Unemployment-Insurance.pdf>.

with the largest share of women in the state, is also one of the lowest-earning professions, with median annual earnings of only \$19,053.<sup>50</sup>

New Mexico has many lucrative and high-earning job positions for STEM career opportunities, and emerging employment opportunities around renewable energy industries. However, ensuring that women and LGBTQ+ New Mexicans have access to these jobs requires addressing the educational and employment gap in STEM fields—or what many experts call “the leaky pipeline.”<sup>xvii, 51</sup> To be sure, gendered occupational differences are pronounced in STEM (science, technology, engineering, and mathematics) professions. The education section later in this report contains data around the STEM gender gap in New Mexico.

xvii This metaphor is used to describe how women become underrepresented in STEM fields, especially within the academic realm.

*“We organize around a lot of the general misogyny directed towards care workers, who are largely women, doing essential work but treated with an immense amount of disrespect. They receive low compensation, but New Mexico’s Legislative Finance Committee also says that childcare isn’t a form of education, for example. They feel comfortable making that determination, thereby disrespecting 10,000 women who work in the childcare field. Across the care spectrum, you see the same level of disrespect in home healthcare. You see women doing really essential work that is not compensated adequately for.”*

*-Organizers in the Land of Enchantment (OLÉ)*

## DEBT

Alongside the economic outcomes mentioned in this section of the report, it is important to consider the debt burden of women and LGBTQ+ people in New Mexico. Debt is not inherently negative and, in fact, can allow for the pursuit of higher education or home ownership. In fact, barriers to borrowing and a lack of access to credible, non-predatory lenders may add to financial instability. However, when debt becomes excessive (with payments exceeding 10% of one’s annual gross income), or when combined with economic instability, it may be highly detrimental to individuals and families.<sup>52</sup>

The data around debt is somewhat nuanced. For example, some credit card debt data indicates that people of color carry less credit card debt than White people, with analysis suggesting lower consumption

patterns than White counterparts.<sup>53</sup> Women and people of color carry far higher student loan debt than White men and White people in general. Further, in relation to student debt, according to the AAUW, “Regardless of the exact rule of thumb used to assess whether debt is excessive or manageable, women’s larger initial student loans and lower incomes following graduation mean that they are more likely to have excessive or unmanageable debt.”

Further, low-income families, often of color, are particularly vulnerable to high-interest, predatory payday loans that increase their debt burden. In addition to other economic factors, this may be because people of color, formerly incarcerated people, and undocumented people face discrimination when seeking access to non-predatory credit. Finally, it is important to mention that the overall median debt-to-asset ratio is far higher for families of color than White families, even if their absolute debt level may be lower. The median debt-to-asset ratio for White families is 26.5%, in contrast to 46.8% for Black families, 46.2% for Hispanic families, and 37.3% for other ethnicities.<sup>54</sup> Thus, even if they have less overall debt, families of color are more vulnerable to financial instability and debt default due to having less assets overall.

In terms of payday loans, during the COVID-19 pandemic, 11% of New Mexican women reported having used payday or easy loan companies that charge high interest rates.<sup>xviii</sup> In 2023, the state did pass a law outlawing predatory lending where interest rates for small loans were capped at 36%, with the caveat that loans under \$500 can be subject to a one-time 5% fee.<sup>55</sup> While this is a step in the right direction, a 36% interest rate is still incredibly high and particularly burdensome for those experiencing economic instability. The state’s regulatory policies of these businesses, which are often predatory in their marketing and interest rate escalation, should continue to be enhanced to protect vulnerable families.

xviii BSP & New Mexico Media Desk Survey, June 30-July 18, 2021 (N=1,200, +/- 2.8%). See blog post for more content from this survey: Gabriel R. Sanchez, “States Under Time Crunch to Provide Housing Assistance: How to Fix It,” Brookings, November 2, 2021, <https://www.brookings.edu/articles/states-under-time-crunch-to-provide-housing-assistance-how-to-fix-it/>.



Roxanne Swentzell and Daisy Vargas pour concrete at the retreat center building site near Abiquiu Lake.  
Photo by Flowering Tree Permaculture.

New Mexico has a higher rate of debt in collections (32%) than the national rate (26%), with communities of color in New Mexico having an even higher rate at 36%.<sup>56</sup> Additionally, when disaggregated by county, the data shows significant variations with the share of debt in collections in McKinley County at 47% and the share in Los Alamos at 8%.<sup>57</sup> These rates indicate that for communities of color and specific counties in New Mexico, the debt burden is significant and exceedingly difficult for individuals and families to manage. The data is similar for student loan debt default in New Mexico with a rate of 7% in White communities and 11% in communities of color, a rate of 12% in McKinley County and a rate of 2% in Los Alamos County.

Student loan data disaggregated by both gender, sexuality, and race is limited for New Mexico. It is worth including national student data to offer a snapshot. Overall, women hold almost two thirds of student loan debt in the U.S., totaling \$929 billion.<sup>58</sup> On average, women hold \$31,276 in student debt and women graduating with a bachelor's degree can expect to earn an average of \$35,338 (81% of what their male counterparts can expect to earn), making it challenging to meet their loan payments. The student debt rates are often higher for women of color with even lower anticipated salaries upon graduation. Women are more likely to take on

student debt, with 41% taking out loans to pursue undergraduate studies compared to 35% of men. This varies significantly by race as well, with more than 70% of Black students going into debt to pay for higher education, compared to 56% of White students. The result is that women take longer to pay off their debts and struggle to do so, with the situation exacerbated for women of color.

Similarly, LGBTQ+ people reported having a higher student debt burden than their non-LGBTQ+ peers indicating that lack of family support may mean greater reliance upon loans. Relatedly, 87% of LGBTQ+ borrowers report not achieving a major milestone due to student loan debt. Further, hiring and workplace discrimination may also make repayment more challenging.<sup>59</sup>

In this context, it is critical to highlight the importance of New Mexico's Opportunity Scholarship which is the most extensive tuition-free college scholarship program in the country. As we outline later the education section in this report, early data indicates that women of color are perhaps the largest demographic group benefiting from this scholarship.<sup>60</sup> This policy has the potential to have profound generational impacts upon education access and debt.

### **BUSINESSES OWNERSHIP**

One avenue toward economic justice for women is business ownership and entrepreneurship. New Mexico has seen positive trends in small business ownership for women. However, it is important to understand that these businesses are often concentrated in service-oriented industries, which are typically lower paid and generate lower revenues and employment opportunities than other industries typically dominated by male entrepreneurs. Out of the 62,736 businesses owned by women in New Mexico, only 10.7% have employees, whereas 20.6% of businesses owned by men have employees.<sup>61</sup>

New Mexico has a higher number of women-owned small businesses than the national average at 46.9%,<sup>62</sup> and while this comes closer to equal rates of male and female business ownership, the percentage still shows that women make up a smaller share of business owners proportionate to their size of the population. The gap is even larger when disaggregated by race (data disaggregated by both gender and race was unavailable). Currently, a little over one third (33.9%) of business owners in New Mexico are Hispanic, 1.6% are Native American, 3.4% are Asian American, and 1.6% are Black. These numbers show that business ownership for these communities is disproportionately low.

In terms of LGBTQ+-owned small businesses, there is no data available for New Mexico. However, national data offers a snapshot that may be relevant to our state. In 2021, data showed that 4% of businesses were LGBTQ+-owned, which indicates somewhat of an underrepresentation of LGBTQ+-owned businesses. Interestingly, LGBTQ+ businesses were more likely to be both women- and immigrant-owned. In terms of race, 83% of LGBTQ+ small businesses owners were White and only 17% people of color. Finally, it is important to note, "The National LGBT Chamber of Commerce estimated in 2017 that its 900+ members have created 33,000 jobs and have contributed \$1.7 trillion to the U.S. economy."<sup>63</sup>

Additionally, data shows that immigrant entrepreneurs play an important role in New Mexico, as immigrants tend to start business at a higher rate than native born entrepreneurs. Based on the

latest Census data, in New Mexico, 15.4% of business are immigrant-owned, generating \$489.3 million in income in 2022.<sup>64</sup>

**Data shows that immigrant entrepreneurs play an important role in New Mexico, starting business at a higher rate than native born entrepreneurs. In New Mexico, 15.4% of business are immigrant-owned, generating \$489.3 million in income in 2022.**

### **THE IMPACT OF COVID-19 ON WOMEN AND LGBTQ+ ECONOMIC WELL-BEING**

In light of the COVID-19 pandemic and subsequent inflation, many women are facing accentuated barriers to economic well-being. In addition to the direct health consequences of the pandemic, the gender inequities across several economic outcomes in New Mexico are staggering. There will be long-term impacts based on the challenges women faced during the pandemic that should be remedied through decisive and meaningful public policies. A 2021 research study conducted by BSP Research in partnership with NM MediaDesk revealed the extreme impact COVID-19 had on the economic well-being of New Mexicans:

- ◆ 18% of New Mexicans have had someone in their household lose a job since COVID-19, with a gender divide of 15% for men and 21% for women.
- ◆ 22% have had their work hours or pay cut, but kept their job, with women slightly less affected at 20% compared to men.
- ◆ 10% of New Mexicans have seen their business shut down and/or seen significant drops in revenue; this includes 7% of women and 12% of men.
- ◆ Overall, 20% (one in five) of New Mexicans are having trouble making rent or mortgage payments, including 22% of women and 17% of men.

- ◆ Women were more likely than men to report that having financial assistance to support rent or mortgage payments (27%) or lower monthly payments in other areas (25%) would help them with their housing costs. Men were more likely to report (60%) that they do not need any help with housing, relative to women (53%).
- ◆ In spite of the stated need, women were less likely to have received financial assistance to help with the financial challenges above (37%) compared to men (46%).<sup>65</sup>

Women in New Mexico had to make tough decisions in order to manage their financial situation during the pandemic. This includes 31% of women using up all or most of their savings (7% higher than men), and 29% borrowing money from friends and family. Another 19% of New Mexican women have had to skip a monthly car, rent, or mortgage payment (7% higher than men). Families across the state with children living in their home reported higher rates of all these outcomes, with 27% of families reporting that they have skipped a monthly car, rent or mortgage payment, and nearly 40% reporting they

have used up all or most of their savings. In general, more women (44%) than men (27%) reported that their economic situation in New Mexico had worsened.<sup>66</sup> To manage these difficulties, more women borrowed money (44% of women compared to 30% of men) and postponed or cut back on family or children’s activities compared to men (38% of women compared to 20% men).

The economic vulnerability of New Mexicans is best reflected when considering that many New Mexicans had limited safety nets available to them during the pandemic. Findings from a BSP Research and NM MediaDesk survey conducted during the pandemic found that just under half (47%) of New Mexican families in the state have only \$1,000 or less in savings for financial emergencies, 27% with an astonishing \$100 or less in savings.<sup>67</sup> When we isolate women from this sample, there is a striking inequality, with a disquieting 64% of women having \$1,000 or less in savings for financial emergencies and an astounding 34%, or over one third of women, having \$100 or less in savings.

## DATA HIGHLIGHT: THE ECONOMIC VULNERABILITY OF NEW MEXICANS



Additionally, while there is no New Mexico-specific data, nationally LGBTQ+ people experienced disproportionate economic impacts from COVID-19, with nearly two thirds of LGBTQ+ households experiencing employment loss from the pandemic. Similarly, LGBTQ+ households were more likely than non-LGBTQ+ households to experience both job losses and serious financial problems. This was exacerbated for low-income LGBTQ+ people and LGBTQ+ people of color.<sup>68</sup> Given the income levels and racial demographics in New Mexico, it is likely that the LGBTQ+ community in New Mexico faced a similar economic situation due to COVID-19.

The same trend of gender inequalities associated with COVID-19's economic impacts across the state are apparent around race. The survey listed from BSP Research and New Mexico MediaDesk identifies that Hispanic women have been more likely to face financial challenges from the pandemic than Hispanic men in New Mexico.<sup>69</sup> This includes being 14% more likely to have difficulties paying for their bills or utilities, 5% more likely to have lost a job, and 4% more likely to have spent all their savings/gone into debt, relative to Hispanic men.

COVID-19 had especially detrimental economic impacts on Native American communities in New Mexico. This is evident from unemployment insurance claims made during the early months of the COVID-19 pandemic. Between March 2020 and June 2020, there was an 898% increase in claims. Lucrative industries such as arts and culture and casinos experienced profound losses in revenue, resulting in significant economic strain on New Mexico's 23 Tribes.<sup>70</sup> The impact of COVID-19 on Tribal casinos shows one economic impact that the pandemic had on Native nations in the state. Due to the mandatory three-month closure of casinos, Tribal gaming enterprises suffered financial losses of \$450 million, which adversely impacted the financial status of Tribes in which casinos were operating.<sup>71</sup>

The impact of COVID-19 on Black and Asian communities cannot be overstated as well. While there is no data to our knowledge about the financial impacts of COVID on Asian and Black populations in New Mexico, research has shown that despite efforts to curb the spread of the disease, Black

communities were disproportionately impacted due to structural discrimination this population was already facing in the country.<sup>72</sup> Asian residents also faced heightened levels of xenophobia,<sup>73</sup> which may have adversely affected Asian-owned businesses during this time. Similarly, qualitative interviews with leadership from community organizations also highlighted the detrimental impact that COVID-19 had on undocumented immigrant workers in particular. Undocumented immigrants are overrepresented in industries that were disproportionately impacted by the pandemic, particularly the food services industry with immigrants representing 22% of that workforce. Many lost their jobs due to layoffs, and while their coworkers had access to expanded unemployment insurance and the CARES ACT stimulus checks, they were systematically excluded. This led to undocumented people continuing to work under unsafe conditions in the midst of a global health crisis, taking out loans to cover basic living expenses, and postponing the needs of their families and children.<sup>xix</sup>

## HOUSING

Stable and affordable housing is both a fundamental human right and a key component of economic justice and health equity—one to which many women in New Mexico lack access. The cost of rent and mortgage render it challenging for many women to maintain stable housing. While 67.6% of all New Mexicans are homeowners (nearly 4% higher than the national average), many of those who own homes still struggle with high housing costs and may live in substandard housing conditions.<sup>xx</sup> Furthermore, when looking at differences in household types and whether they own or rent, we see patterns, with female-headed households making up a larger share of renters than they do homeowners. The majority of homeowners are married couples (53%), followed by non-family households (31%, of which 26.7% live alone and 4.1% do not live alone), households headed by women

xix This is based on conversations the UNM CSP research team had for a project on the feasibility of expanding unemployment insurance in the state of New Mexico.

xx Substandard housing refers to housing with multiple structural deficiencies such as leaks, cracks, or holes or housing lacking basic features including plumbing, electricity, or heat. Sophia Wedeen, "Greater Assistance Needed to Combat the Persistence of Substandard Housing," Joint Center for Housing Studies of Harvard University, 2023, accessed April 17, 2025, <https://www.jchs.harvard.edu/blog/greater-assistance-needed-combat-persistence-substandard-housing>.

(11%), and finally households headed by men (5%).<sup>xxi</sup> <sup>74</sup>On the other hand, for renters, only a little over one quarter (26%) are married couples, while 7% are male-headed households, 19% are female-headed households, and 48% are non-family households.

Although the COVID-19 pandemic exacerbated housing insecurity, even prior to 2020, 43% of tenants were not able to afford their rent in New Mexico.<sup>75</sup> As of 2022, there was an estimated shortage of 32,000 affordable housing units for low-income households.<sup>xxii, 76</sup> Thus, another major

housing concern affecting state residents is rental prices and protections for renters in general. Rental prices have drastically increased in the state over the past six years, with the largest spikes in the midst of the COVID-19 pandemic. While some data indicates that the average monthly rent for an apartment (one and two bedrooms) was around \$845 in January 2018, by the end of 2022 the average monthly rate had risen by 54.2% to \$1,303 (see Figure 4).<sup>77</sup> Even with the minimum wage increase in 2023 to \$12, people currently working full-time and earning minimum wage will make an average of \$2,599 per month, meaning if they rented an average two-bedroom apartment, rent alone would cost 53.8% of their pretax income. Thus, in order to afford a two-bedroom rental in 2023, the minimum hourly wage a New Mexican must earn is \$19.88.<sup>78</sup>

xxi As explained in a previous section, a much larger share of households in the state are headed by single women compared to single men. This explains why a larger share of homeowners are women compared to men.

xxii Low-income housing depends on cities. In Albuquerque, per the city's 2019 Affordable Housing Implementing Ordinance, this type of housing is target for households making 80% of the Area Median Income.

### AVERAGE RENT FOR AN APARTMENT JANUARY 2018 VS. DECEMBER 2022 IN ALBUQUERQUE

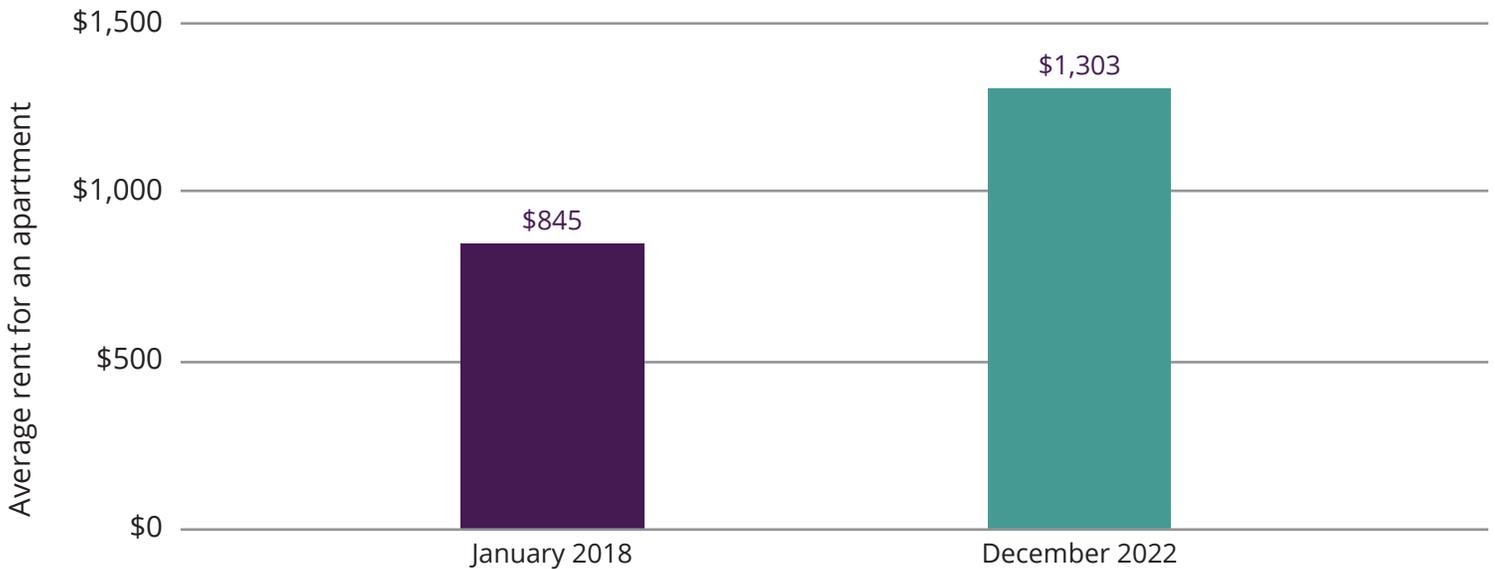


Figure 4: Average Cost of Rent for An Apartment in January 2018 vs. December 2022 in Albuquerque (Statista, 2024).

With women-headed households making up 19% of renters (13.5% of which have children), with only a single income and typically lower pay, addressing the lack of rental protections in New Mexico is an essential step in achieving gender justice.<sup>79</sup> Additionally, as the poverty and wage gap data indicated, racial disparities in earnings then impact housing security. The result is that women of color shoulder a disproportionate housing cost burden and face a higher risk of housing insecurity.

There are currently few legal or institutional protections to ensure New Mexicans stay adequately housed, as highlighted by multiple nonprofit leaders we interviewed. One of the nonprofit leaders noted, New Mexico Statutes Chapter 47 - Property Law Article 8A - Rent Control Prohibition Section 47-8A-1 currently prohibits local government from enacting rent control laws which has contributed to the extreme increase in rent prices.

Tenants with a contract must receive more than a 30-day rent increase notice before the end of the contract. However, landlords with tenants that have no contract, or a month-to-month agreement are not constrained by laws that limit the amount of rent they can charge if they give tenants a 30-day notice. This means that the current system contributes to evictions and loss of housing for families in the state. Avoiding and reducing rates of evictions is key to ensuring stable housing for women and women of color.<sup>80</sup> Women of color, domestic violence survivors, and families with children are at higher risk of eviction, meaning that policies to better protect renters (including rent control) are crucial for keeping women and children housed.

Another critical dimension of housing insecurity is substandard housing conditions. Data collected by New Mexico Medicaid indicates that women, Native Americans, and Black people, in particular, faced more substandard housing conditions than men and non-Black and non-Native New Mexicans. Housing conditions in Tribal areas often lack complete plumbing and kitchens and have substandard heating and electricity. This creates health risks around exposure to extreme heat and cold and air pollution, all associated with increased risks of asthma and cancer.<sup>81</sup> These findings call for

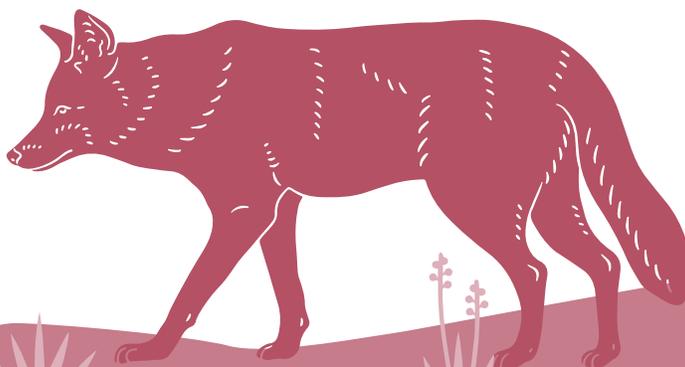
*“We’re just starting to organize some tenant unions in Albuquerque and seeing apartment complexes that don’t provide heating and cooling, don’t provide working refrigerators and stoves...In some cases apartments that are federally subsidized. That obviously impacts the health and well-being of families, particularly women who are managing families themselves. To say that housing is something that is readily available and affordable to women is not remotely true. We are looking at Private-Equity-owned apartments and large corporations that own thousands of units who have developed strategies they use to short their tenants. Many of their tactics are illegal, but the system is set up to work to their advantage.”*

*-Organizers in the Land of Enchantment (OLÉ)*

a comprehensive analysis of housing vulnerability of Native and Black residents, and specifically Black and Native women in New Mexico and a policy focus on decreasing vulnerability. While we could not find data specific for Asian New Mexicans, it is important to understand how housing conditions and insecurity impacts this population. Another area where we may see substandard housing conditions is with mobile homeowners. Mobile homes make up around 17% of homeowners in New Mexico and often experience substandard living conditions as well as predatory financing practices which subject those hoping to purchase a mobile home to high interest rates and high monthly mortgage payments.<sup>82</sup>

A critical issue related to housing security is homelessness which increased by 50% in New Mexico from 2022 to 2023.<sup>83</sup> This data does not capture many families and children staying in hotels, living in vehicles, and generally living outside of official shelters. It is estimated that 26.8% of the state's unhoused population (1,031 people) are families with children and 6.2% (240) are unaccompanied children. Housing insecurity and homelessness also impact higher education students, as we discuss in the education section later in this report. Additionally, there have been increases in unsheltered homelessness among elders in New Mexico, particularly in rural communities. Among those aged 55 to 64, there was a 97% increase in unsheltered homelessness outside of Albuquerque from 2023 to 2024, and among those over 65, a 107% increase, with emergency shelter use also increasing by 54% in this age group.<sup>84</sup> It is important to note that elders and families have distinct and complex needs that the response systems are not always trained and resourced to meet.<sup>85</sup> It is also important to note that our research team was unable to locate reliable statewide homelessness data disaggregated by race and gender together.

Finally, housing insecurity is a particular concern for members of LGBTQ+ communities and LGBTQ+ youth in particular with an estimated 40 to 56% of LGBTQ+ youth statewide experiencing housing insecurity.<sup>86</sup> Across the state, accessing emergency shelter and long-term transitional living space that is safe and affirming for LGBTQ+ youth is difficult if not impossible for those living outside of Albuquerque. Transgender adults also experience housing instability and homelessness at higher rates than the cisgender population does. One survey of transgender New Mexicans found that 36% had experienced housing discrimination in the past year including evictions or being denied housing due to their gender expression or identity.<sup>87</sup> Further, 1 in 4 transgender New Mexicans (26%) experienced homelessness in the past 12 months due to being transgender, and 41% had experienced homelessness at some point in their lives.



## POLICY RECOMMENDATIONS FOR ECONOMIC JUSTICE

### ADDRESS INCOME AND WAGE DISPARITIES

- ◆ Increase the minimum wage across the state so that all workers can earn a living wage that aligns with the costs of living.
- ◆ Ensure wage parity in job sectors where women and LGBTQ+ people are concentrated (healthcare and social assistance, educational services, finance and insurance, hospitality and food services, and management of companies).
- ◆ Support and invest in the state's early childhood education professional “wage and career lattice” to increase wages for teachers and support staff based on experience and education.<sup>xxiii</sup>
- ◆ Ensure all workers, particularly women and LGBTQ+ people of color, have equitable access to training opportunities to create a diverse workforce for infrastructure and clean energy jobs.
- ◆ Ensure a clear pathway access for women and LGBTQ+ people of color to emerging economies in the state, including renewable energy, in line with the principles of a just transition.
- ◆ Ensure the infrastructure for renewable energy-oriented jobs has caregiving and flexible work opportunities built in—including making childcare available for mothers and caregivers to be able to participate in workforce development training and pursue higher education—in line with the principles of a just transition.
- ◆ Encourage interest and identify and foster talent in the K-12 education system to ensure women, girls, and LGBTQ+ people have viable

xxiii For more details, see the report here: Kelly O'Donnell, Early Childhood Wage & Career Lattice Cost Estimates for New Mexico (olenm.org, 2023), <https://olenm.org/wp-content/uploads/2024/02/NM-Early-Educator-Wage-Career-Ladder-Implementation-Cost-Study.pdf>.

pathways into STEM fields and vocational training programs.

- ◆ Create and fund job training and career pathway programs for women and LGBTQ+ people to address occupational segregation.
- ◆ Continue to enhance protections against high-interest rate loans to protect the most vulnerable families.
- ◆ Collect New Mexico-specific data on LGBTQ+ wage disparities.

### EXPAND GOVERNMENT SAFETY NET PROGRAMS

- ◆ Continue to expand tax and non-tax credit measures to support working families, such as the NM Child Tax Credit and the earned income tax credit, Women, Infants, and Children Program (WIC), and the Supplemental Nutrition Assistance Program for all qualified New Mexicans.
- ◆ Expand the implementation of “Baby Bonds” across the state to invest in the future of all New Mexican children.<sup>xxiv</sup>
- ◆ Strengthen and expand Guaranteed Income programs<sup>xxv</sup> to more New Mexicans, regardless of immigration status.
- ◆ Expand eligibility for unemployment insurance to all qualifying New Mexicans, regardless of which sector they work in or their immigration status.

xxiv Baby Bonds are policies which aim to address wealth inequality by establishing public trusts for babies when they are born to be used later in life on investments in their own future, such as education, buying a home, or starting a business. Washington, D.C. was an early adopter of Baby Bonds in 2021 when the legislature passed an act that included a \$32 million budget to establish trusts for babies born to parents at and below 3 times the poverty level with \$1000 to be added each year the parent(s) remain at or below 3 times the poverty level. Read a more detailed summary here: “\$1,000-A-Year ‘Baby Bonds’ Created by the Council,” October 20, 2021, <https://dccouncil.gov/1000-a-year-baby-bonds-created-by-the-council/>.

xxv More information on the efficacy of Guaranteed Income programs in the state of New Mexico especially among historically excluded populations can be found here: Javier Rojo, Guaranteed Income: Increasing Employment and Helping Families Thrive (New Mexico Voices for Children, December 2023), <https://www.nmvoices.org/archives/18507>.

- ◆ Continue to expand access to childcare. Please refer to the Education section later in this report for comprehensive policy recommendations related to childcare and early childhood education more broadly.
- ◆ Invest in community programs (state and local government) to support immigrants seeking to adjust their legal status, become citizens, and with deportation relief.

### **ADDRESS WORKPLACE DISCRIMINATION**

- ◆ Allocate robust funding to the Department of Human Rights Division and the Department of Workforce Solutions to ensure women and LGBTQ+ workers can access the rights and protections afforded by the NM Equal Rights Amendment and the New Mexico Fair Pay for Women Act.
- ◆ Engage in statewide data collection or make data publicly available about workplace discrimination and workplace sexual harassment cases.
- ◆ Extend worker protections to part-time, temporary, and seasonal workers regardless of immigration status.

### **ENSURE ACCESS TO SAFE, DIGNIFIED, AND AFFORDABLE HOUSING**

- ◆ Expand rental assistance vouchers to ensure low-income families can afford rent.
- ◆ Implement effective rent control policies at the state level and ensure local government has the jurisdiction and authority to enhance and enforce rent control measures.

- ◆ Increase funding to strengthen current organizations providing legal assistance around housing, particularly expanding legal assistance to renters in rural and multilingual communities so they can access current legal protections and remedies.
- ◆ Revise and strengthen renters' protections against eviction.
- ◆ Remove eviction records to better enable renters who have been previously evicted to be approved when seeking a new home.
- ◆ Collect data on housing conditions and insecurity for Asian populations in the state, as data related to this community was unavailable.
- ◆ Expand emergency and transitional housing, particularly in rural communities, with wrap-around social services to help address the root causes of housing insecurity.
- ◆ Increase the availability of, and improve the pathways to, down payment assistance programs to help more renters become eligible for homeownership.
- ◆ Reassess the 3% tax cap on residential property, specifically for corporate owners of rental properties and second homes that are not primary residences to help ensure there is sufficient housing stock for full-time renters.
- ◆ Revise zoning laws across the state to provide flexibility to address the shortage of affordable housing.





*Andres Maestas, Samantha Vasquez, Tatiana Maestas, Ru Stempien, and Hannah Martinez tend the garden as part of the 2024 Northern Youth Project summer internship program. Photo by Elsa López.*

## SAFETY

Gender-based violence is a barrier to the safety of women and LGBTQ+ people in New Mexico. It takes many forms and can include any type of violence that “results in, or is likely to result in, physical, sexual, or psychological harm or suffering to women and LGBTQ+ people, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life.”<sup>88</sup> In New Mexico, cis and trans women, girls, and gender nonconforming people are likely to experience gender-based violence in a number of settings and stages of their life, negatively impacting mental and physical health, economic and housing security, and general well-being. It is also important to note that this section deals with some facets of institutional and state-sanctioned<sup>xxvi</sup> violence that impact women, girls, and LGBTQ+ people who are within the criminal legal system. The current national institutional and political context does not bode well for the safety of women, girls, and LGBTQ+ people in New Mexico. Budget and personnel cuts to the Department of Health & Human Services will likely impact violence prevention programs and related data collection. Additionally, increases in violent, homophobic, transphobic, xenophobic, and misogynistic rhetoric often translate into physical violence.

<sup>xxvi</sup> State-sanctioned violence refers to the use of government force against its citizens by law enforcement, the military, or other government branches. It is often used against communities of color and sexual and gender minorities and may include police brutality, human rights violations, and other extrajudicial violence enacted against civilians.

Ensuring the safety of women and girls and LGBTQ+ people in New Mexico will require profound shifts in our broader societal culture around violence, changes in how we educate around gender, deep investments in prevention, and substantial structural changes to jurisdictions to ensure justice for individuals and their families. The first step to preventing violence is understanding why it occurs. Much of the violence in our communities is rooted in systems of oppression and dynamics of power that lead to widespread experiences of injustice and contribute to cycles of violence. Essentially, communities that experience more discrimination, institutional and state-sponsored violence, and other dynamics that deprive them of power, such as poverty, may experience higher levels of interpersonal violence. Gender based violence is also caused by patriarchal ideologies that support male superiority, sexual entitlement, and cultural norms that normalize, fetishize, and even encourage violent behavior as a part of masculinity. Gender-based violence is also linked to alcohol and drug use, expressions of hyper-masculinity, and childhood histories of abuse and adverse childhood experiences.<sup>89</sup> A root cause approach requires that we address gender-based violence through restorative justice practices<sup>xxvii</sup> and listening to the needs of our communities, rather than simply continuing to invest in a criminal legal system that perpetuates both patriarchy and racism and does not fundamentally result in lasting change.

## YOUTH BULLYING AND HARASSMENT

Harassment and bullying are persistent and widespread issues impacting girls and LGBTQ+ youth in New Mexico. According to data from the Youth Risk Behavior Surveillance System, female

high school students were more likely to have been bullied on school property or electronically.<sup>90</sup> They were also more likely to report not attending school because they felt unsafe at school or on their way to or from school. Nearly a quarter of girls (24.1%) were bullied on school property and 18.9% were bullied electronically in the past 12 months, compared to 15.8% of boys bullied at school and 8.2% bullied electronically. Over 14% of girls reported not going to school in the past 30 days because they felt unsafe, compared to 6.8% of boys. Dating violence is also an issue, with 10.9% of female students in high school experiencing dating violence in 2021 compared to 7.9% of male students.

Alongside gender, 16.5% of female students are specifically bullied because of their race and ethnicity. When disaggregated by gender, race, or ethnicity, data shows that 41.4% of Black female students, 28.9% of Asian, 16.4% of Hispanic, 13.8% of Native American, and 13.3% of White female students experienced bullying related to race and ethnicity.<sup>91</sup> In relation to bullying related to race, it is important to note that a statewide Anti-Racism and Anti-Oppression hotline was established in 2022 for students, families, and community members to report racism and racially motivated bullying in schools.<sup>92</sup> This hotline was initiated as part of the 2021 Black Education Act and is meant for anyone experiencing racism, discrimination, or injustice in school settings.

Harassment and bullying of LGBTQ+ youth in New Mexico is especially severe, with most LGBTQ+ students having experienced bullying.<sup>93</sup> This includes 90% of students who have heard the word “gay” used negatively, 82% who have heard other homophobic remarks, 77% who have heard negative comments about gender expression, and 63% who have heard negative remarks about transgender people. Well over half of New Mexican LGBTQ+ students have experienced verbal harassment based on sexual orientation (57%), gender expression (52%), and gender in general (54%). Around one quarter of LGBTQ+ students have experienced physical harassment based on sexual orientation (26%), gender expression (22%), and gender in general (27%). Others have experienced physical assault based on sexual orientation (8%),

<sup>xxvii</sup> “Restorative justice offers a different way of responding to harm and conflict. Instead of relying on punishment as a response, restorative justice seeks to repair harm and prevent future harm by elevating the needs of those who have been harmed and inviting those who have caused harm into a process of active accountability. Acknowledging our interconnectedness, restorative justice invites all those who have been impacted by harm and their community into a process of seeking justice. Collectively, those who were impacted identify the wrong-doing and its impact, surface the underlying causes of harm, and determine a pathway forward.” W. Harkins, Restorative Justice, accessed May 16, 2025, <https://www.innovatingjustice.org/areas-of-focus/restorative-justice>.

gender expression (9%), and gender (11%) as well. A significant portion of LGBTQ+ students (60%) also have experienced discriminatory practices or policies at their schools. While 22% of LGBTQ+ students, and 39% of transgender students specifically, were not able to use their gender pronouns. Most students attended a school that did not have a comprehensive anti-bullying policy that specified protections based on sexual orientation and gender identity or expression. Similarly, dating violence is also higher for LGBTQ+ students with 16.6% in New Mexico experiencing dating violence (compared to 6.1% of all heterosexual students and 12.2% of all national students).<sup>94</sup>

Harassment and bullying continue to be a problem for marginalized communities into adulthood; 13% of transgender New Mexicans reported being verbally harassed at work over the past 12 months, and 27% had been mistreated at their place of work based on their gender identity.<sup>95</sup>

## SEXUAL VIOLENCE

Sexual violence continues to be a widespread and inadequately addressed problem in New Mexico that primarily affects cis and trans women and girls and gender nonconforming people. Women in New Mexico have a higher likelihood than the average American woman of experiencing sexual violence. An estimated 37.8% of women in the state have experienced contact sexual violence, which includes both rape and unwanted sexual contact, and 20.4% have experienced completed or attempted rape, surpassing the national statistics at 36.3% and 19.1% respectively.<sup>96</sup> New Mexico ranked at 18th place nationally in the rates of reported rapes in 2023, with 61.4 acts of rape committed per 100,000 residents. However, many victims of sexual violence do not report to law enforcement, nor do they reach out to any service organization which undercounts the impact and real incident rate of violence. A recent study by NMCSAP of the general public indicates that a stark 54% of respondents reported that they had been sexually assaulted or raped in their lifetime, which is tantamount to 1.1 million New Mexicans, or over half the population of the state.<sup>97</sup> Most victims (68%) did not receive any professional help.

*“There are no sexual assault nurse examiners in Tribal communities. That doesn’t exist. I’ve gone into Tribal communities and asked. . . . ‘If someone reports a rape in a community, what happens?’ And the reply is: ‘It doesn’t make it out of those offices sometimes. Maybe just because we just don’t have systems in our community to address sexual assaults. I think in a lot of ways, our communities aren’t even ready to have a conversation that sexual assault or rape is happening in our communities.’”*

*-Coalition to Stop Violence Against Native Women*

In terms of race, 2021 data from criminal sexual penetration cases identified victims’ race and ethnicity: 47% were Hispanic, 36% White, 13% Native American, 3% Black, 1% Asian, and 0.3% “other race.” The LGBTQ+ community in New Mexico experiences especially high rates of sexual violence.<sup>98</sup> Lesbian, gay, and bisexual (LGB) youth report experiencing rape at rates 3.3 times higher than their non-LGB counterparts.

Similarly, individuals with mental or cognitive disabilities are at increased risk of sexual violence. In New Mexico, adults with a mental or cognitive disability were nearly 3 times more likely to experience a completed or attempted rape in their lifetime (25.6%) than those without a mental or cognitive disability (9.2%).<sup>99</sup> In 2021, around one third (38%) of sexual assault service provider cases and Sexual Assault Nurse Examiner patients (30%) had a disability.<sup>100</sup>

As one of the non-profit leaders we interviewed stated, one large barrier to adequately addressing gender-based violence is the statute of limitations.

Victims and survivors of sexual violence often face difficulties in reporting an incident, especially shortly after it has happened. Statutes of limitations<sup>xxviii</sup> may place an undue burden on the victims who have to immediately go through the difficult process of reporting, which can be retraumatizing. Simply changing statutes of limitations, while important, also will not address the broader manner in which sexual violence is addressed—or avoided and not prioritized—through the criminal legal system, which does not always serve survivors and also has a history of discrimination towards various communities of color. Alongside prevention, other avenues to consider outside of the traditional criminal justice system, are restorative justice processes that may also allow survivors agency and closure.

Additionally, New Mexico has the highest per capita backlog of untested Sexual Assault Evidence Kit (SAEK) in the entire country,<sup>101</sup> which until recently, dated as far back as 1981. This means that even when survivors report a sexual assault, their SAEK may not be tested for decades, highlighting a policing and criminal legal system that is seemingly disinterested in solving such cases. Finally, many Tribal communities lack the necessary resources for community prevention education, survivor support services, evidence collection, and prosecution related to sexual violence.

## INTIMATE PARTNER VIOLENCE

Intimate partner violence (IPV)<sup>xxix</sup> is an extremely prevalent form of violence. Nationwide, one in four women experience severe intimate partner physical violence and 69% of IPV survivors are women.<sup>102</sup> In 2019, roughly 67% of domestic violence incidents

xxviii While first-degree felony offenses in sexual violence do not have a statute of limitation, a fourth-degree felony offense of criminal sexual contact has a statute of limitations of five years after commission of the offense. Similarly, for criminal sexual contact with a minor, the statute of limitations is the same if the offense is classified as a fourth-degree felony.

xxix "Intimate partner violence includes stalking, sexual and physical violence, and psychological aggression by a current or former partner. Domestic and family violence includes a range of abuse, including economic, physical, sexual, emotional, and psychological, toward children, adults, and elders." Martin R. Huecker, Kevin C. King, Gary A. Jordan, and William Smock, Domestic Violence (National Library of Medicine, 2023), <https://www.ncbi.nlm.nih.gov/books/NBK499891/>.

*"On the Navajo Nation...we don't have DV shelters. They're falling through the cracks because they don't know where to go. Sometimes I think due to the lack of support, a lot of not just women, but all genders don't have a place to go."*

*-Navajo Birthworker Collective*

were perpetrated by an intimate partner in New Mexico.<sup>103</sup> In New Mexico, IPV remains under-reported for various reasons including many communities of color and immigrant communities being less likely to report due to traumatic and violent histories with law enforcement. However, recent data from NMCSAP surveying the general population indicates that 19% of New Mexicans experienced domestic violence in the past 12 months, with 78% of those cases perpetrated by men.<sup>104</sup> Additionally, survivors lack sufficient access to support services, including emergency shelters, crisis-intervention, counseling, and legal advocacy. During the COVID-19 pandemic, the world saw a rise in reported cases of domestic and intimate partner violence, reported especially using domestic violence hotlines.<sup>105</sup>

Women are more likely to be murdered by their intimate partner than anyone else, with 34% of female murders, or femicides,<sup>106</sup> perpetrated by their intimate partner.<sup>107</sup> The percentage of women murdered by an intimate partner is 5 times higher than for men. Further, 16% of female murder victims were killed by another family member (compared to 10% of male murder victims), indicating the danger of death due to domestic violence in general.

In 2019, 58 incidents of IPV in New Mexico resulted in the death of the victim, with a total of 71 people dying.<sup>108</sup> Of those, 34 were murdered, 36 died by suicide, and one died through undetermined causes. The impact of this violence is profound and affects entire families and communities. In the 58 incidents mentioned, women made up 55 of those victims (95%) while men made up three

victims (5%). Of the 58 victims, 23 were White (40%), 22 were Hispanic (38%), 11 were Native American (19%), one was another race or ethnicity (2%), and one was unknown (2%). Men made up 97% of the perpetrators of IPV leading to death, while women made up 3%. Over 53% of those incidents occurred in rural areas. Research also shows that IPV is more common among lower-income individuals. This is especially important since New Mexico is the third-poorest state with almost 400,000 people living in poverty (18% of the population). Victims of IPV deaths in New Mexico in 2019 ranged in age from 9 to 76 years old and in 31% of incidents, a minor child witnessed the crime. In 2021, 2,029 children in New Mexico witnessed IPV or were victims of it. Witnessing violence at a young age is considered an adverse childhood experience with traumatic

long-term effects on health, mental and behavioral health, and more.<sup>109</sup>

Figure 5 shows that proportional to their share in the population, White and Hispanic women were less likely to be victims of domestic violence cases compared to Native American and Black women, who were *more* likely to experience it.<sup>110</sup> This data indicates that specifically Black and Native American New Mexicans are particularly vulnerable to being victims of domestic violence. However, recent survey data also indicates that Hispanic people are more likely than non-Hispanic people to experience domestic violence. Finally, those who were ever homeless or those who were ever incarcerated are also more likely to experience domestic violence.<sup>111</sup>

### RACE/ETHNICITY OF DOMESTIC VIOLENCE VICTIMS IN NM VS. RACE/ETHNICITY OF GENERAL POPULATION OF NM

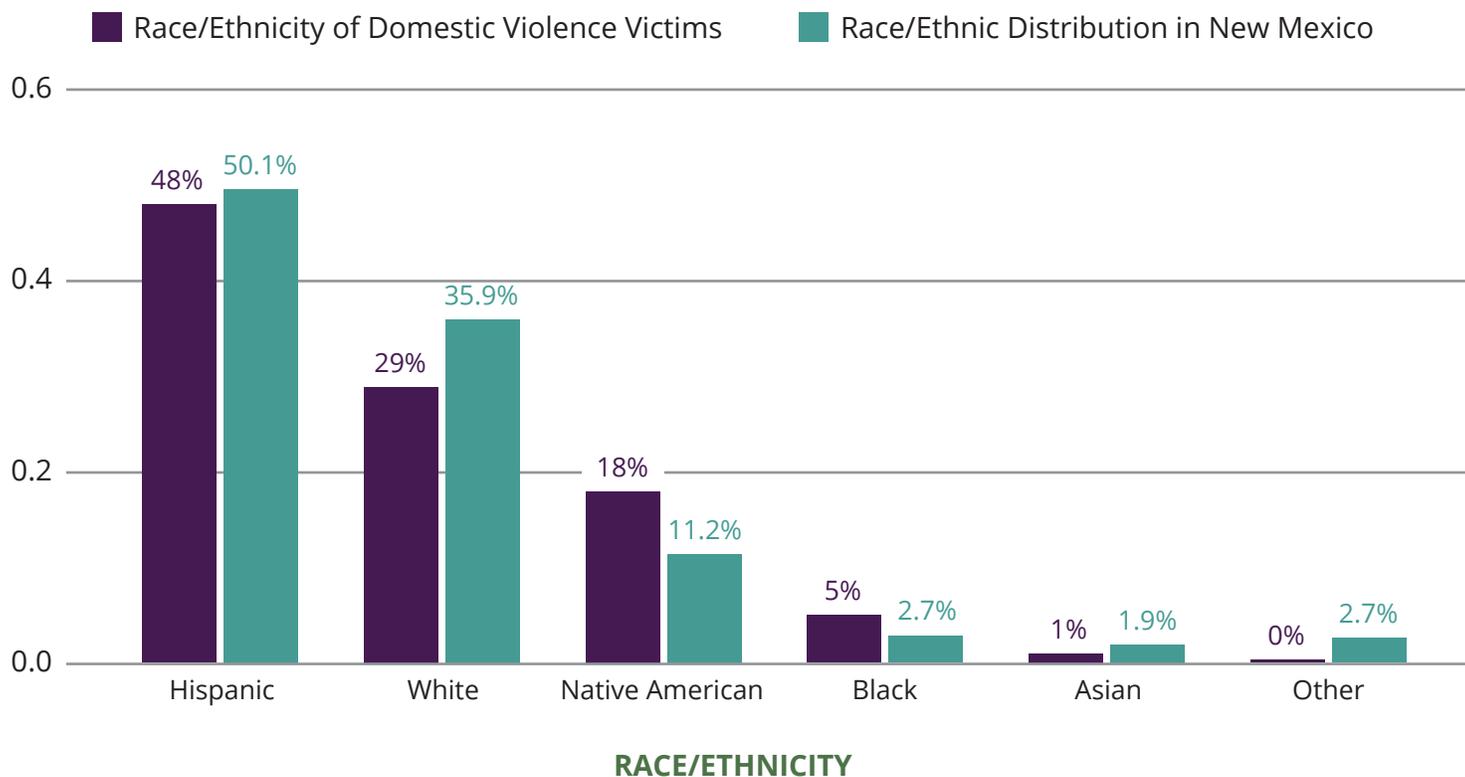


Figure 5: Domestic Violence Victim Rates by Race/Ethnicity Proportionate to General Population in NM (Caponera, 2022).

While data was not available for New Mexico, nationally, IPV rates among immigrant women are nearly 50%, almost 3 times the national average. Immigrant and undocumented women are particularly vulnerable in situations of IPV as their immigration status is often used as a means of control. When coupled with the inflammatory national rhetoric around immigration and with Immigration and Customs Enforcement (ICE) efforts to increase deportations, the result is often a culture of silence for immigrant and undocumented survivors of IPV, particularly given the threat of family separation. Indeed, survey data indicates that 41% of undocumented survivors do not seek help due to their immigration status. When they do seek out services, 14% of those surveyed experienced problems in accessing services related to immigration.<sup>112</sup> The upshot is that police and

other first responders and service providers need culturally and linguistically responsive policies and practices to ensure that immigrant women are safe. Finally, in a political climate where immigrants of all genders are often demonized, it is important to contextualize this data so it is not used to further dehumanize immigrant men. The data highlights the dynamic outlined at the beginning of this section that communities and individuals that experience more discrimination, institutional and state-sponsored violence, and other dynamics that deprive them of power, often experience higher levels of interpersonal violence.

In terms of support, data shows that only 29% of survivors who reported incidents went to service providers for help.<sup>113</sup> Among those who did access services, the most utilized was crisis intervention

## DATA HIGHLIGHT: HIGHLIGHTING CRISIS INTERVENTIONS VS. PREVENTION METHODS

### SUPPORT

ONLY 29% OF SURVIVORS WENT TO SERVICE PROVIDERS FOR HELP. AMONG THOSE WHO DID, THEY USED THE FOLLOWING SERVICES:

**54%**  
CRISIS INTERVENTION

**40%**  
CASE MANAGEMENT

**34%**  
ORDERS OF PROTECTION

**28%**  
EMERGENCY SHELTER

**26%**  
COUNSELING

### PREVENTION

IN INCIDENTS OF DOMESTIC VIOLENCE, 59% OF PERPETRATORS WERE USING ALCOHOL AND/OR DRUGS AT TIME OF INCIDENT. PROGRAMS FOR PERPETRATORS FOCUS ON THE FOLLOWING:

**65%**  
CASE MANAGEMENT AND COUNSELING

**43%**  
PSYCHO-EDUCATIONAL CLASSES

Insufficient attention is given to substance use treatment referrals, highlighting an area that requires improvement to adequately address the root issues.

(54%), followed by case management (40%), orders of protection (34%), emergency shelter (28%), and counseling (26%). Emergency shelter is especially important for child victims of domestic violence (utilized by 47% of them), underscoring the urgent need for adequate temporary and long-term housing options for women and children who are attempting to leave violent and dangerous situations.

In terms of prevention, as mentioned at the beginning of this section, there are many factors to consider. However, it is essential to address underlying substance use challenges among perpetrators. In reported incidents of domestic violence, 59% of perpetrators were using alcohol and/or drugs at the time of the incident. However, treatment programs for perpetrators often focus on case management and counseling (65%), with only 43% of offenders attending psycho-educational classes. Insufficient attention is given to substance use treatment referrals, highlighting an area that requires improvement to adequately address the root issues.

Justice for survivors of IPV and restorative justice for perpetrators remain a pressing need. The judicial response to IPV falls short, though, with a significant portion of charges being dismissed (53%) and only a fraction leading to conviction or guilty plea (27%). The type of charge seemed to matter here as well, with 64% of harassment cases, 58% of false imprisonment

cases, and 43% of stalking cases getting dismissed. The implications of this are profound, as the most recent NM Intimate Partner Violence Death Review stated that 70% of victims killed in IPV had a known history of victimization and 33% of victims were party in at least one prior domestic violence order of protection.<sup>114</sup> Similarly, 76% of perpetrators who killed their partner in IPV had a known history of perpetration. Additionally, 14% of these perpetrators also had a history of being victims of IPV themselves.

Our systems are fundamentally failing to prevent incidents of violence and death.<sup>115</sup> The prevention and response mechanisms related to IPV reflect how broader patriarchal norms are embedded in our systems and institutions, contributing to violence and rape culture. Reforms are necessary to protect the safety of women and LGBTQ+ people. Additionally, lack of restorative justice for perpetrators leaves no space for their healing and perpetuates cycles of violence.

## TRANSPHOBIA AND ANTI-TRANSGENDER VIOLENCE

Transgender communities in New Mexico experience disproportionately high sexual, verbal, and physical violence and harassment. Unfortunately, the data in this report is not disaggregated by race, gender, or geographic location in New Mexico and more data collection is needed. Of all transgender New Mexican workers, 13% had been harassed, and 1% had been sexually assaulted at work over the past 12 months because of their gender expression.<sup>116</sup> Further, 84% of transgender New Mexicans who were perceived to be trans have experienced mistreatment, verbal harassment, physical or sexual assault, and/or were prohibited from expressing their gender identity at one point during their time in school (from kindergarten through grade 12). Specifically, 67% experienced verbal harassment, 26% were physically attacked, and 23% were sexually assaulted.

Violence is particularly pronounced with bathroom use as well, with 11% of transgender New Mexicans denied use of a restroom in the past year.<sup>117</sup> Additionally, when they were accessing a restroom, at least 15% of transgender New Mexicans were

*“We do also see a lot of issues around language access. We have clients who have been abused by their partners, and when they call 911, police officers don’t use a language line. If the caller doesn’t speak English but the perpetrator does, the victim can be wrongfully accused and get arrested. Language access applies to absolutely everything.”*

*-New Mexico Asian Family Center*

verbally harassed, 4% were physically attacked, and 4% were sexually assaulted. These adverse experiences and the fear of them occurring has forced over half of the surveyed New Mexican transgender people (58%) to avoid using a public restroom over the past year, and over one third (36%) to limit food or drink intake to avoid using the bathroom. Everyone who needs to use a public restroom in New Mexico should be safe doing so.

## MISSING AND MURDERED INDIGENOUS WOMEN, GIRLS, AND RELATIVES (MMIWGR)

Colonization and the genocide and mass erasure of Indigenous peoples are an indelible part of the United States and New Mexico’s shared history. Contemporary data regarding exposure to violence

among Native American communities in New Mexico is sobering and intimately connected to this colonial history, historical and intergenerational trauma, and the profound inequities still experienced by Indigenous communities. Our country, and New Mexico specifically, is facing a crisis of Missing and Murdered Indigenous Women, Girls, and Relatives (MMIWGR). Native American women in New Mexico have the highest rate of homicide among *all* racial and ethnic groups. As represented in Figure 6, Native American women experienced a murder rate of 6.1 per 100,000, compared to Hispanic women (3.9 per 100,000) and White women (2.5 per 100,000).<sup>xxx, 118</sup> Consequently, the murder rate of Indigenous women is 3 times higher than that of non-Native women, making homicide the third-leading cause of death for Native American women.

<sup>xxx</sup> This data is from the NM Missing and Murdered Indigenous Women and Relatives Task Force Report and was obtained through their submission of IPRA and FOIA requests. As a result, the data is not publicly available, other than in the report. Further, it does not contain comparisons across other races.

### HOMICIDE RATES PER 100,000 IN NEW MEXICO

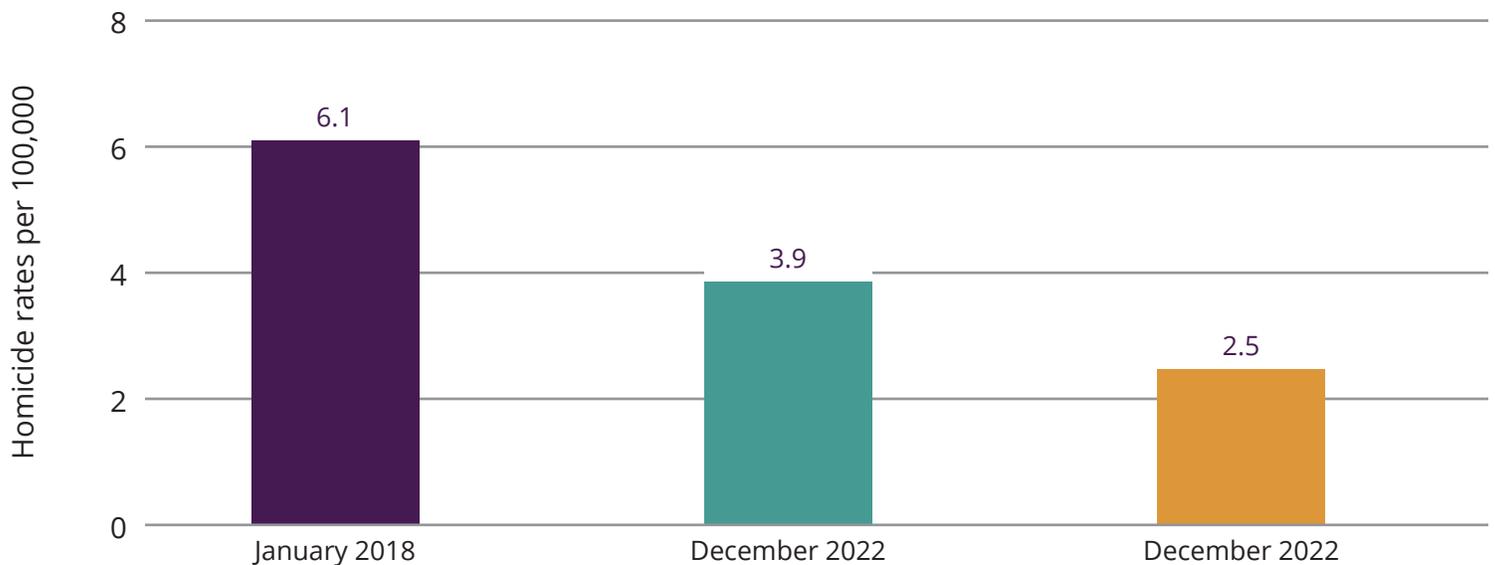


Figure 6: Female Homicide Rates in NM Distinguished by Race (State of NM Indian Affairs Department, 2020).<sup>119</sup>

In addition to the staggering homicide rates facing Native American women and relatives, an alarmingly high number are reported missing each year in the United States. There were 5,646 Native women entered as missing in the National Crime Information Center database in 2017 alone.<sup>xxxix</sup> New Mexico had the highest number of cases of missing Native women, girls, and relatives in the country in 2018.<sup>120</sup> Despite the high level of crimes against Native American women and girls, local and national media outlets pay little attention to this issue. This lack of attention limits public knowledge of the problem and is representative of a larger dismissal by the media and state of the importance of this matter.

Concerted state, federal, and Tribal policies are needed to address this ongoing crisis. However, in 2023, Governor Lujan Grisham's administration terminated the state taskforce on missing and murdered Indigenous people, a shocking decision given the violence facing Indigenous women and relatives in NM. Following community criticism and advocacy, in 2024 the NM Legislature passed Senate Joint Memorial 2 calling on the Attorney General to convene a second task force and offer legislative recommendations. According to the NM Department of Justice website, the new taskforce met twice at the end of 2024. In 2024, the NM Department of Justice also launched an online portal for all stakeholders to transparently track cases of missing Indigenous people.<sup>121</sup> While the impacts of these efforts remain to be seen, they represent small steps towards justice.

Many structural changes must also be made to address this crisis in New Mexico. Jurisdiction remains an issue, and in cases of victimization of Native American women, establishing jurisdiction can be difficult. In 1978, the United States Supreme Court removed Tribal Nations' inherent criminal jurisdiction over non-Natives who commit crimes on Tribal lands.<sup>122</sup> This major flaw in the existing laws means that Tribal governments cannot pursue conviction if a Native American woman is victimized by a perpetrator who is not Native American. The 2013 reauthorization of the Violence Against Women Act

<sup>xxxix</sup> For a more extensive discussion of MMIWGR see the following policy brief completed by members of our research team: "Missing and Murdered Indigenous Women & Girls," [https://nabpi.unm.edu/assets/documents/mmiwg-briefing-paper.pdf?\\_gl=1\\*1mjrcfz\\*\\_gcl\\_au\\*MTk-wNDExODg4MC4xNzA0MzEwMTY4](https://nabpi.unm.edu/assets/documents/mmiwg-briefing-paper.pdf?_gl=1*1mjrcfz*_gcl_au*MTk-wNDExODg4MC4xNzA0MzEwMTY4).

*"For Indigenous communities, the larger issue, at least for gender-based violence, continues to be a jurisdictional issue. Our Auntie Delegate Crotty from the Navajo Nation has always said if we've figured out DUIs, if we've figured out how to transcend jurisdiction to address the issue of DUIs, don't tell me the solution doesn't exist. Don't tell me the solution isn't possible when we figured it out for other issues."*

*-Coalition to Stop Violence Against Native Women*

(VAWA) restored jurisdiction over domestic violence and dating violence within Tribal territories, allowing Tribal Nations to prosecute non-Native Americans who commit domestic violence crimes. However, this jurisdiction does not exist for crimes such as murder or sex trafficking.

## MEN, BOYS, AND MASCULINITY

A critical topic related to safety is how masculinity is expressed, and particularly the rigid and patriarchal societal norms around masculinity that reproduce a culture of violence. Culturally ingrained notions of mainstream masculinity, which include "roles and qualities such as strength, toughness, control, and sexual dominance that may be demonstrated through violence," impact the likelihood that cisgender men and boys will perpetrate acts of gender-based violence.<sup>123</sup> These expectations of masculinity not only increase the likelihood that cis men and boys will carry out acts of violence, especially against cis and trans women and gender nonconforming people, but these norms also negatively impact the mental and physical health of men and boys themselves. For example, studies have shown that rigid ideas of masculinity contribute to

increased risky health behaviors including substance misuse and neglecting to care for one's physical and mental health.<sup>124</sup>

It is essential to challenge rigid masculine gender norms and move toward “healthy masculinities.”<sup>xxxii</sup> This begins with educating cis men and boys about ways to disrupt societal gender norms that assign them to a “man box”<sup>xxxiii</sup> and teaching them to recognize, acknowledge, and examine their power, privilege, and position of dominance in any given situation—whether in a family, relationship, workplace, government, or even in a conversation. Healthy masculinities center on connection, compassion, emotional awareness, humility, respect, and collaboration while creating space for courageous vulnerability. Healthy masculinities also center on individual and collective accountability. While people may harm or be harmed by others, we all have the ability to change and have a responsibility to shift our behavior. Ultimately, working with cisgender men and boys to dismantle deeply held notions of masculinity and promote healthy masculinity at the individual and cultural level is a critical component of addressing the safety of cis and trans women, gender nonconforming people, trans men, as well as cisgender men and boys themselves.<sup>xxxiv</sup>

xxxii Masculinity can be described as a hierarchy with one idealized type of masculinity and man at the top and all other identities below. Within the dominant narrative, “ideal” masculinity is cisgendered, heterosexual, White, able-bodied, and wealthy—with men of color, trans and gay men, disabled men, poor and working-class men, women, and all other genders positioned as inferior. This form of idealized heterosexual masculinity is usually expressed in opposition to femininity and queerness. This hierarchy of ideal masculinity is also called hegemonic masculinity. It helps us understand that there are many masculinities present in society, but one specific version of masculinity is idealized, and therefore, more valued. It also helps us imagine other forms of healthier masculinities. For this reason, we use the plural when referring to toxic and healthy masculinities to acknowledge the range of ways masculinities can be expressed. Chris Haywood and Mairtin Mac an Ghail, *Education and Masculinities: Social, Cultural and Global Transformations* (Routledge, 2013); Joan Z. Spade and Catherine G. Valentine, *The Kaleidoscope of Gender: Prisms, Patterns, and Possibilities*, 4th ed. (Sage Publications, 2014).

xxxiii The now widely used “man box” initially ideated by the Oakland Men’s Project and further developed by A Call to Men, is an educational tool and visual used to represent characteristics of traditional forms of masculinity and unpack and make visible some of the behaviors and stereotypes traditionally associated with what it means to be a “man.” See: <https://www.acalltomen.org/resources/video-what-is-the-man-box/>.

xxxiv Numerous resources exist to engage in healthy masculinity work with men and boys, including the New Mexico Healthy Masculinities Toolkit, <https://masculinitiesnm.org/>. Additionally, A Call to Men’s Live Respect Curriculum for boys ages 10 to 18 is another tool to promote healthy masculinity from a young age.

## CRIMINAL LEGAL SYSTEM

In terms of the criminal legal system in New Mexico, policy solutions must primarily address the social issues that produce crime, rather than continuing to invest in mass incarceration systems that are ineffectual, expensive, and rooted in long histories of structural racism and oppressive policies and practices targeting marginalized communities.<sup>125</sup> Current state and local government rhetoric and related policy interventions aimed at reducing the frequency and scale of crime often rely on investments in policing. These investments are simplistic and do not address the social issues of crime, nor do they prevent it. Without addressing economic disparities, affordable housing, and adequately funding wrap-around social services including substance use treatment and mental health services, crime and incarceration rates for women and all New Mexicans are unlikely to drop.

According to the Prison Policy Initiative, “the mass incarceration of women has been overlooked, even though women’s incarceration has grown at *twice* the pace of men’s incarceration in recent decades.”<sup>126</sup> As of 2023, 9.5% of New Mexico’s prison population was female, slightly higher than the national average of 7%.<sup>127</sup> Vera Institute of Justice reports that, since 1980, the number of women in jail in New Mexico has increased by 1,657% (from 61 to 1,079), and the number of women in prison in New Mexico has increased by 1,604% (from 45 to 767) (see Figure 7).<sup>128</sup> In terms of age, 89% of incarcerated women in the state are between the ages of 20 and 49, which means they are also often parents and caregivers with particular needs.

## NUMBER OF WOMEN IN JAIL AND PRISON IN NEW MEXICO

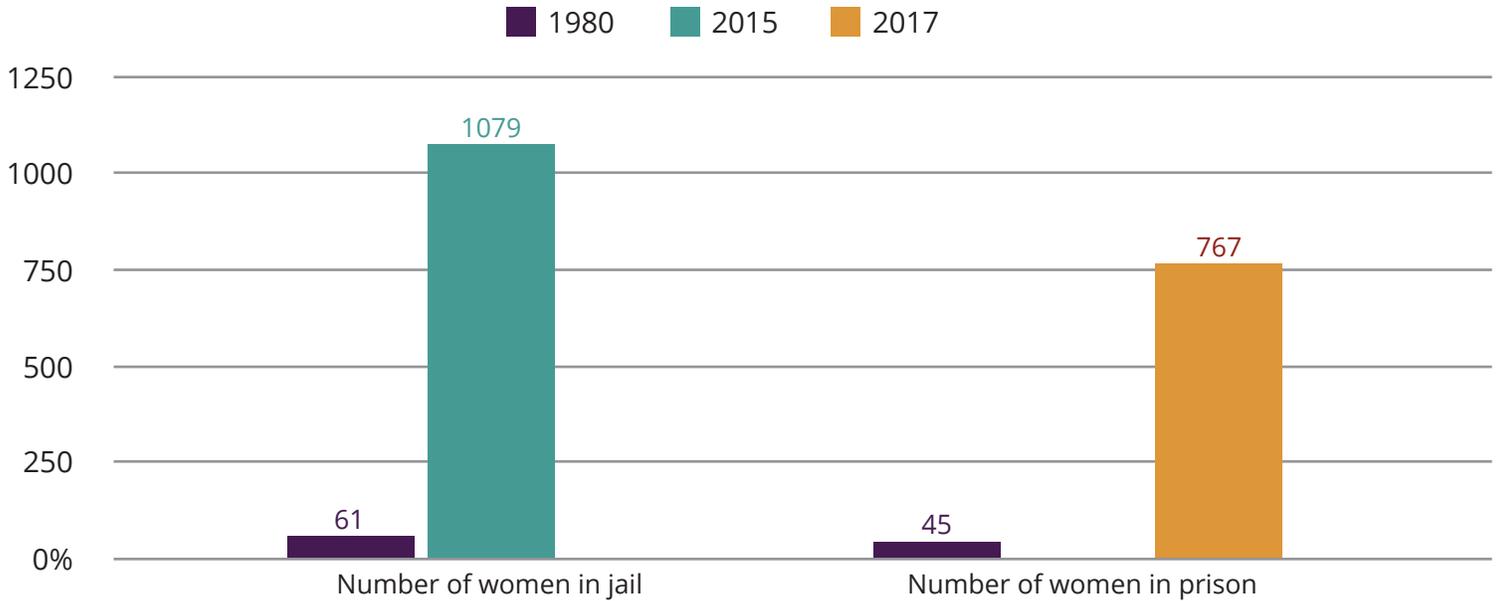


Figure 7: Number of Women in Jail (1980 vs. 2015) and Prison (1980 vs. 2017) in NM (Vera Institute of Justice, 2019).

Hispanic women represent 53% of the incarcerated population compared to their share of the state’s population at 50.2%.<sup>129</sup> In relation, 12.4% of incarcerated women are Native American which is higher than the national average and similar to their percentage of the population in NM (12.4%). Black women in New Mexico make up a proportionally larger share of the incarcerated population, with 5.2% of incarcerated women being Black compared to their share of the population (2.7%). White women make up a proportionally smaller share of the prison population (29.3%) compared to their share of the population (35.7%). These rates of incarceration are connected to the racialized and gendered inequities outlined in other sections of this report and histories of structural racism and oppressive policies and practices targeting marginalized communities.<sup>130</sup>

Reflective of national trends, the highest rates of admissions in New Mexico are in rural counties with Torrance, Hidalgo, and Colfax counties having the highest jail admissions and Quay, De Baca, and Chaves counties having the highest rates of prison admissions in 2015.<sup>131</sup> Additionally, for new female

admissions, the proportion of violent offenses is lower compared to males and the proportion of drug and property offenses are higher. These rates should inform policy interventions around substance use treatment, decriminalization of substance use, mental health services, and the issues outlined in the section focused on economic justice.

In terms of causal pathways to imprisonment, growing evidence indicates how violence, trauma, substance use, and incarceration are intimately linked.<sup>132</sup> Approximately 60 to 70% of incarcerated women and girls report experiences of physical or sexual violence in childhood, and 70 to 80% of incarcerated women report experiences of intimate partner violence.<sup>133</sup> Further, data also indicates that 86% of women who have spent time in jail report that they had been sexually assaulted during their life.<sup>134</sup> Studies on incarcerated women further indicate that they cite abuse as the primary cause of substance use problems, which in turn is often related to their conviction. Additionally, incarceration can then further exacerbate women’s trauma and lead to serious mental health consequences.<sup>135</sup>

*“One thing specific to women and young girls...is how they’re impacted by our criminal legal system...And of course, that population is largely nonviolent and largely incarcerated for minor drug offenses and addiction. Once women are in jails and prisons, the abuse is out of control...We’ve had about four cases in the past four or five years of women who were sexually assaulted by corrections guards, one who was impregnated by a corrections officer...I would say the criminal legal system is where I’ve seen the starkest growth in disparate outcomes for women.”*

*-ACLU of New Mexico*

While we do not have data for NM exclusively, at the national level, women who identify as LGBTQ+ are incarcerated at higher rates, with 2017 data indicating that one third of incarcerated women identify as queer.<sup>136</sup> In relation to transgender immigrant women specifically, in 2020 dozens of transgender asylum seekers in detention were transferred out of Cibola County Correctional Center due to inadequate medical care and mistreatment.<sup>137</sup> U.S. ICE had contracted CoreCivic, a private prison, to run the facility in spite of the Federal Bureau of Prisons previously ceasing all work with the company following an investigation that found inmate deaths had been caused by their medical neglect.

More generally, in relation to immigrants who are incarcerated, while we do not have gender disaggregated data, as a border state it is important to highlight the presence and dynamics of detention centers which deeply impact many families. New Mexico has three ICE detention centers—the Cibola County Correctional Center (CCCC), the Otero County Processing Center (OCPC), and the Torrance County

Detention Facility (TCDF)—which incarcerate people both in criminal and ICE custody. The facilities have ongoing, well-documented human rights abuses that span inhumane living conditions, inadequate healthcare, restricted access to legal counsel, and even deaths, due to factors outlined previously.<sup>138</sup> We know that many of these conditions are exacerbated for women and LGBTQ+ people.

While incarcerated, cisgender and transgender women and gender nonconforming people in New Mexico face a range of human rights abuses including overcrowding, medical neglect, abuse from correctional officers, and inadequate mental healthcare. This includes allegations of rape and sexual abuse in women’s prisons in Springer and the Western New Mexico Correctional Facility in Grants, with the state defending itself in six lawsuits.<sup>139</sup> The ACLU of NM describes a “culture within New Mexico Corrections Department of permissiveness around sexual abuse . . . staff often look the other way when they see coworkers engage in inappropriate behavior with incarcerated women.”<sup>140</sup> Other inhumane conditions include rodent infestations, freezing conditions, and a lack of reproductive healthcare. Additionally, many women inmates are nonviolent offenders, but are overclassified and put in higher-security prisons which then has implications related to their treatment while in prison.

Mass incarceration also impacts girls and LGBTQ+ youth as well. In New Mexico, the rate of youth incarcerated in juvenile facilities declined by 54% from 2017 to 2022. According to CYFD, this reduction is due to “shifting away from punitive modes of justice toward more rehabilitative, evidence-based practices to reduce recidivism and otherwise improve outcomes.”<sup>141</sup> This trend and position are noteworthy, commendable, and the result of long-term organizing, advocacy, research, progressive legislation, and community engagement. In this positive vein, in March 2023, New Mexico passed the No Life Sentences for Juveniles Act, becoming the 27th state to ban the sentencing of children to life in prison.<sup>142</sup> Later in 2023, though, Governor Lujan Grisham also signed an executive order suspending the Juvenile Detention Alternative Initiative (JDAI), an evidence-based program intended to help children avoid



Crowd listens during the 2025 Paid Family & Medical Leave Legislative Day of Action. Organized by the New Mexico Paid Family Leave Coalition. Photo by Elsa López.

**Youth incarceration rates in New Mexico declined by 54% from 2017 to 2022. This reduction is due to “shifting away from punitive modes of justice toward more rehabilitative, evidence-based practices...”**

juvenile prison. The suspension of JDAI has led to more children being incarcerated, which not only does not solve the problem of children committing crimes, but it actually leads to more crime as 70 to 80% of incarcerated children return to the prison system as adults. Incarcerating children also increases the likelihood of mental health disorders, suicidal ideation, and overall health issues. It is important to mention that, nationally, data indicates that queer and trans girls are disproportionately incarcerated in juvenile facilities with a staggering 40% of girls in the juvenile legal system identifying as LGBTQ+ (compared to 14% of boys). Further,

data also shows the LGBTQ+ girls of color are even more disproportionately incarcerated in juvenile facilities.<sup>143</sup> This data echoes decades of evidence against youth incarceration and speaks to a broader ethical crisis in our society around the use of incarceration as a remedy for social conditions that policy fails to address.<sup>144</sup> In place of incarcerating the most vulnerable children in our state, we must implement policies to support their healing and well-being.

Overall, incarceration leads to a multitude of generational impacts upon families. Ultimately, addressing crime within a criminal legal system that is heavily racialized and gendered, often leads to negative outcomes for both victims and offenders. Instead, reforms should focus on changes to the criminal legal system including prison diversion, restorative justice, and rehabilitation, as well as prevention strategies including broader social service provisions.

## **POLICY RECOMMENDATIONS TO IMPROVE SAFETY**

### **INCREASE INVESTMENT TO STRENGTHEN SUPPORT AND RESPONSE SERVICES FOR SURVIVORS OF VIOLENCE**

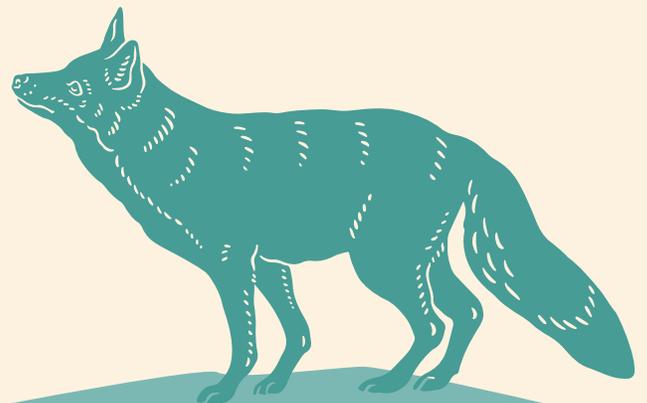
- ◆ Expand trauma-informed, multilingual, and culturally responsive support services, such as first responders, counseling programs, and legal services that center the needs of gender-based violence survivors and their families.
- ◆ Increase federal, state, county, local and tribal investments for emergency shelter and transitional and long-term housing for victims of domestic violence and their families.
- ◆ Increase funding to both address the untested rape kits and decrease the backlog of cases.
- ◆ Expand Sexual Assault Nurse Examiner (SANE) capacity to increase the number of healthcare professionals statewide with additional training specific to sexual assault.
- ◆ Increase data collection efforts related to sexual violence to better understand the needs of survivors and offer adequate protection and help.
- ◆ Address the MMIWGR crisis by implementing the 2020 Missing and Murdered Indigenous Women and Relatives Task Force Report recommendations on data collection, increased support services for survivors and families, resources for tribal justice systems, expansion of preventive educational and outreach programs, and improve law enforcement collaboration around reporting, case investigation, and inter-agency collaboration.<sup>145</sup>

### **INVEST IN GENDER-BASED VIOLENCE PREVENTION PROGRAMS**

- ◆ Increase federal, state, county, city investment in multilingual and culturally responsive mental health and substance abuse services throughout the state, and specifically in Tribal communities to support survivors and their children.
- ◆ Increase federal, state and local funding for education and violence prevention programs following the lead of advocacy organizations that understand the root causes of violence.
- ◆ Establish processes for community members that perpetrate violence and harm to be held accountable for their actions through behavior transformation focused on deeper healing and interrupting generational cycles and patterns of violence.<sup>146</sup>
- ◆ Continue to expand affirmative consent policies centering the recommendations of the leading advocacy organizations working to address sexual violence.
- ◆ Adopt youth bullying prevention policies at the municipal level and provide city services for all youth, ensuring safety for all youth and especially those most impacted by bullying.
- ◆ Adopt anti-discrimination policies at all school levels throughout the state to ensure the safety of all students, especially queer and transgender students.
- ◆ Increase funding and access to workshops and training aimed at cultural and behavioral changes around masculinity to reduce and eliminate incidents of gender-based violence.

**SHIFT INVESTMENTS FROM PUNITIVE MEASURES TO REHABILITATIVE AND EVIDENCE-BASED PRACTICES TO PREVENT VIOLENCE**

- ◆ Invest in restorative justice, prison diversion and reentry programs to reduce recidivism for all, especially for women and LGBTQ+ people.
- ◆ Fund mental health services, substance use treatment for incarcerated people. Fund the prevention services outlined in this section and in the health section of this report.
- ◆ Create pathways to meaningful reintegration for incarcerated and previously incarcerated people by implementing educational and vocational training and eliminating barriers to employment
- ◆ Re-evaluate the statute of limitations, especially for sexual crimes and with a trauma-informed perspective.
- ◆ Ensure there is a taskforce or an appropriate entity to address the MMIWGR crisis in close consultation with Indigenous rights organizations and Tribal governments.





*Bold Futures and New Mexico Doula Association staff members pose during the Let's Talk About Sex conference.  
Photo By Bold Futures.*

## HEALTH EQUITY

A “health equity frame” asserts that everyone has a right to be healthy, which requires addressing how determinants such as race, income, gender, geographic location, housing conditions, immigration status, sexual orientation, and other factors shape health. New Mexico continues to trail behind the rest of the nation when it comes to health. There have been efforts by the state to make healthcare more accessible by eliminating existing barriers, but much work remains. For example, while there have been positive changes recently in terms of healthcare, specifically for transgender people, continued labor shortages in the field result in challenges to access and long wait times. It is important to mention that the current national political context will likely have a profound impact upon healthy equity. The changes to the Department of Health and Human Services will have widespread impacts ranging from reproductive health, behavioral health and substance use treatment, cancer research and treatment, vaccination programs, access to care for trans people, and much more.

Additionally, the older colonial legacies of New Mexico continue to impact the health of state residents. McKinley County, which has a large Native American population from the Navajo Nation and Zuni Pueblo, has been the site of uranium mining, coal-fired electrical power plants, and toxic waste disposal.<sup>147</sup> McKinley also has significantly worse health outcomes than other state counties, illustrating how geographic location, environment, economy, colonial legacies, and racism all impact health. Indeed, the outcome is that one’s ZIP code—where one lives, works, eats, plays, and prays—is a vital factor in determining one’s health.<sup>148</sup>

Additionally, structural racism and immigration status and policies deeply impact one's physical and mental health over the long-term.<sup>149</sup> Racial discrimination has been consistently linked with post-traumatic stress disorder (PTSD), depression, anxiety, substance use, and physical health conditions such as diabetes, obesity, hypertension, and even dementia.<sup>xxxv</sup> According to recent research, "Chronic and constant racial stress contributes to allostatic load, the cumulative burden on and 'wear-and-tear' of the body and overall health."<sup>150</sup> This is also the case for undocumented people living with the ongoing threat of deportation and family separation. Given these impacts, it is essential to understand the various intersectional identities of cis and trans women and girls and gender nonconforming people in New Mexico and how discrimination may affect their mental, behavioral, and physical health.

## HEALTHCARE

### HEALTH INSURANCE ACCESS

Health insurance coverage is critical to ensuring positive health outcomes for women and LGBTQ+ New Mexicans. Uninsured adults are less likely to receive critical preventative care needed to manage chronic conditions such as diabetes or prevent cardiovascular disease.<sup>151</sup> The rate of uninsured New Mexicans has steadily declined over the past two decades. While the share hovered at 25.8% in 2006 (compared to 17.1% of other Americans), in recent years, this percentage dropped to 10%.<sup>152</sup> However, this does continue to be higher than in many other states.<sup>153</sup> The rate of uninsured children has also been declining, with only 6% being uninsured as of 2023. However, racial disparities exist here as well, with Native American children being twice as likely to be uninsured compared to other children.<sup>154</sup> Additionally, undocumented women are 1.8 times more likely to be uninsured.

xxxv Multiple works in public health and racial and ethnic studies have addressed the negative effect of racial discrimination on both physical and mental health. See Maximus Berger and Zoltán Sarnyai, "More than Skin Deep: Stress Neurobiology and Mental Health Consequences of Racial Discrimination," *Stress* 18, no. 1 (2015): 1–10, <https://doi.org/10.3109/10253890.2014.989204>.

## New Mexico has successfully expanded reproductive coverage through Pregnancy Related Medicaid with 72% of babies statewide born under Medicaid, the highest ranking in the nation.

As of 2022, most New Mexicans are publicly insured through Medicaid (33.5%) or Medicare (15.8%), with only a little over one third (36%) insured through their employers.<sup>155</sup> Women make up a larger share of Medicaid enrollees (53%) compared to men (47%).<sup>156</sup> New Mexico has expanded health coverage in many positive ways. For example, Pregnancy Related Medicaid and Family Planning Medicaid are offered to families at 250% of the federal poverty line, allowing many more people to qualify for coverage.<sup>xxxvi</sup>,<sup>157</sup> Further, in 2022 changes were made to Pregnancy Related Medicaid to extend it from 60 days postpartum to 12 months. This is particularly critical as New Mexico ranks the highest in the nation, at 72%, for babies born under Medicaid coverage.<sup>158</sup>

xxxvi For a family of four, this would mean a monthly income under \$6,500 before any taxes or deductions. New Mexico Health Care Authority, Women, Children & Family Medicaid Categories (New Mexico Health Care Authority, 2024), accessed April 17, 2025, <https://nmmedicaid.portal.conduent.com/static/PDFs/PE%20Forms/MAD222.pdf>.

*"Right now, there's an income cap, if you make this much more, you don't qualify for Medicaid. But those people that are in this middle place also can't afford private insurance, so they're just stuck. And so, we're sort of doing two things at once to catch all the New Mexicans who are uninsured, and that leads us to our ultimate goal that the leaders created, which is healthcare for all."*

*-Strong Families*

However, eligibility and coverage concerns remain, including the impact of the 2023 rollback of federal pandemic funding for the state’s Medicaid/Centennial Care health insurance program and subsequently higher thresholds for insurance eligibility, as well as the potential impact of any future cuts to Medicaid. The issue of income thresholds and insurance coverage was also highlighted by non-profit leaders interviewed.

Equitable health insurance coverage continues to be an urgent problem throughout the state, not just for New Mexicans living at or below the federal poverty line, but also for lower and middle-income households and undocumented women immigrants that do not qualify for state-covered insurance and for whom private insurance may create an undue financial burden.

## HEALTHCARE ACCESS

Healthcare access is central to the health and well-being of cis and trans women and girls and gender nonconforming people in New Mexico. In a ranking of healthcare access, which consists of multiple metrics including child wellness visits, health insurance enrollment, adult wellness visits, adult dental visits, child dental visits, and healthcare affordability, New Mexico ranked 43rd out of 50 in the nation. Critical to establishing access to healthcare is ensuring that individuals have a personal healthcare provider. However, many New Mexicans do not have established care with a personal healthcare provider, with evident racial disparities (see Figure 8). A large majority of White New Mexican women (81%) have access to at least one personal healthcare provider, whereas only 67.6% of Native American women, 61% of Black women, and 76% of women from other races have access to a personal healthcare provider.<sup>159</sup> Data for Asian women in New Mexico was not available.

### ACCESS TO AT LEAST ONE PERSONAL HEALTHCARE PROVIDER BY RACE IN NEW MEXICO

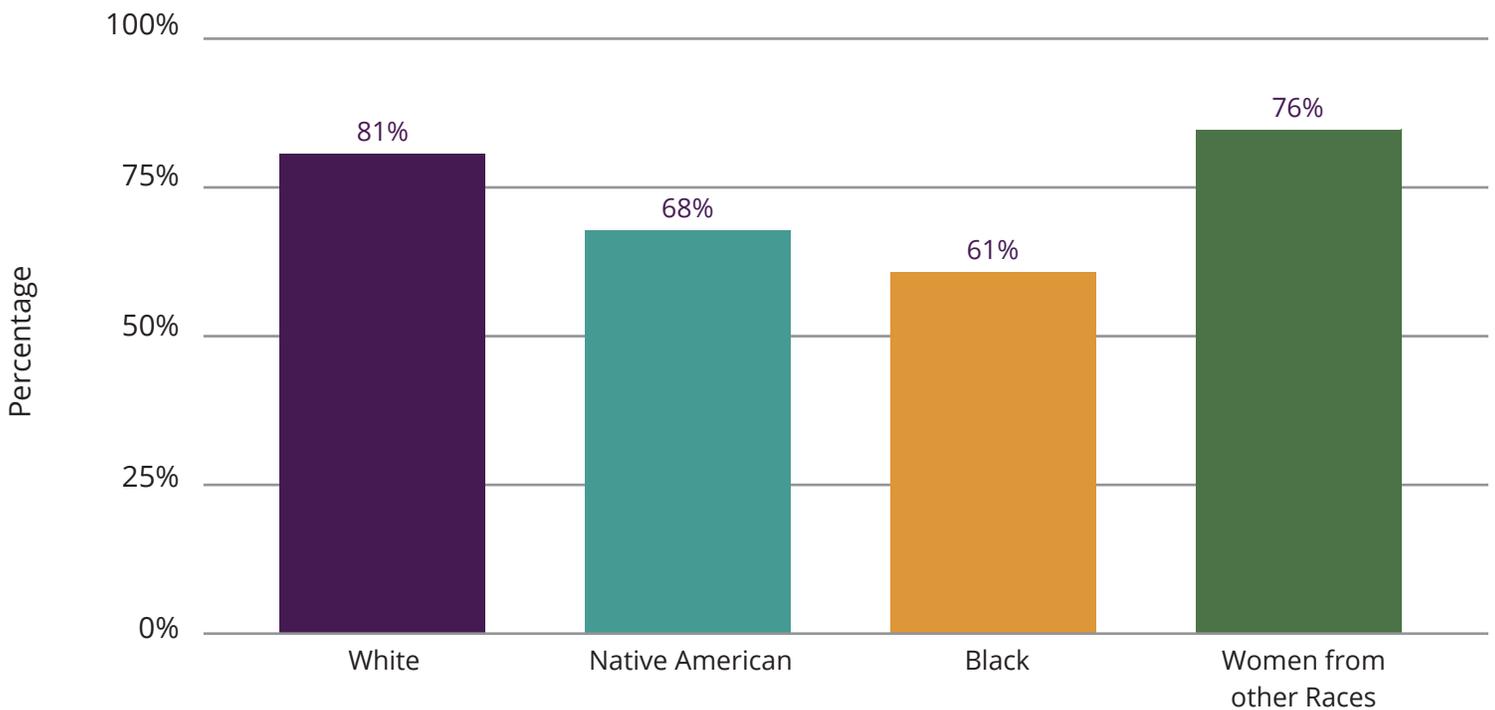


Figure 8: Access to At Least One Personal Healthcare Provider by Race in NM (Centers for Disease Control and Prevention, 2022).

*“There is still a gap, in term of accessing healthcare... generally for all people. And I think some Native people are not getting those services because they don’t have insurance, because they don’t have Medicaid and maybe because they don’t qualify, and there are also limited services provided by the Indian Health Service facilities as well, especially for urban Native Americans.”*

*-Southwest Women’s Law Center*

As of 2023, 32 of New Mexico’s 33 counties are designated Health Professional Shortage Areas with the result being long waiting periods to receive care and out-of-state travel for care.<sup>160</sup> According to the New Mexico Department of Health, as of 2023, 264 primary care providers are needed to eradicate shortages in cities and communities across the state. Rural counties such as Rio Arriba, McKinley, San Juan, Doña Ana, Otero, and Luna are among the counties that are in serious need of primary care providers.<sup>161</sup> In 2021, a total of 351 OB-GYNs held licenses to practice their specialty, yet only 219 of them actually practiced across the state.

Lack of healthcare access also impacts preventative healthcare measures such as mammograms and Papanicolaou tests (also called Pap smears), two effective forms of cancer screening. In 2022, over 35% of White women, 34% of Native American women, and 41% of Hispanic women ages 40+ in New Mexico did not receive a mammogram in the past three years, despite the biennial screening recommendation for people over 40.<sup>162</sup> Data was unavailable for Black and Asian New Mexican

women.<sup>xxxvii</sup> Women who earn less than \$24,999 were the least likely to have received a mammogram between 2020 and 2022.

As for Pap tests in New Mexico, 70% of White Women, 71% of Native American women, and 79% of Hispanic women received a Pap test in the last three years. Data was unavailable for Black and Asian New Mexican women. While the percentages vary, the confidence intervals between these groups overlap, meaning that there is no statistically significant difference. However, women who earned less than \$15,000 a year were the least likely to have received a Pap test in the last three years, with 35.2% not receiving a test. Women who earned more than \$50,000 a year were most likely to receive a test with only 17% going without a test.<sup>163</sup> Given Black women’s larger share of cancer rates, further data should be collected in the state to understand pap test rates for this population.

In addition to understanding health insurance, income, and geographic barriers to health care access, it is also important to understand the discriminatory experiences people may have while receiving healthcare. A statewide survey conducted by UNM CSP in 2023 elucidates the discrimination and unfair treatment that many cis and trans women and gender nonconforming people face in the context of healthcare provision. Data indicates that 15% of women reported that they have “not been offered the best available treatment” and 13% reported “not being referred to a specialist.” In

xxxvii In response to the requests for this data, the New Mexico Department of Health (NMDOH) shared the following response: NMDOH and the Centers for Disease Control and Prevention (CDC) have in place a “Small Numbers Rule” that guides how data are released versus suppressed. There must be at least 50 people in the denominator of a population or subpopulation for that estimate to be publishable. Cancer screening questions are only asked on the BRFSS every other year. In any given year, there typically are not enough responses from Black or Asian women in the cancer screening specific age groups to be able to provide one-year estimates. For example, in the 2022 New Mexico BRFSS: For breast cancer screening (ages 50-74 years) responses were obtained for only 11 Black women and 6 Asian women (in 2020: 11 Black women and 9 Asian women). One way to get around this is to combine multiple years of data to ensure that there are at least 50 people in the denominator. However, there are issues with questions changing on the surveys from year to year, which limit the years available. Libby Bruggeman, “E-mail to Fatima van Hattum re: Mammogram and Pap Data, on behalf of NM DOH Breast and Cervical Cancer Early Detection Program,” April 24, 2025. This speaks to the challenges of data collection in general. From the perspective of this report, the issues with sample size indicate a need for creative, community-based, data justice driven approaches to data collection.

both instances, women are slightly more likely than men to report this type of discrimination. There is a larger gender gap (4% higher for women) in being “denied or delayed access to any needed healthcare services,” with 13% of women across the state reporting this form of unfair treatment.<sup>164</sup>

It is important to note that negative treatment within the healthcare system is also linked to insurance type and thus one’s socioeconomic status, as Figure 9 demonstrates. When asked why they felt they were treated poorly, 8% of women who felt they had experienced any type of unfair treatment said they felt this was primarily due to

their gender while 28% felt this was due to having Medicaid. Poor treatment by medical professionals, especially by insurance type, highlights how vulnerable uninsured and state-insured people are. Given that a larger share of women and children live in poverty compared to men and are thus more likely to be state-insured, this is an especially concerning trend for women. Finally, one in ten women reported unfair treatment due to their race, and 8% specifically identified their skin color as a factor in their healthcare access, highlighting the intersectional nuances of race, class, and gender in healthcare discrimination experiences.<sup>165</sup>

**THINKING ABOUT YOUR PAST EXPERIENCES WITH MEDICAL PROFESSION, HAVE YOU OR SOMEONE IN YOUR HOUSEHOLD EXPERIENCED ANY OF THE FOLLOWING?**

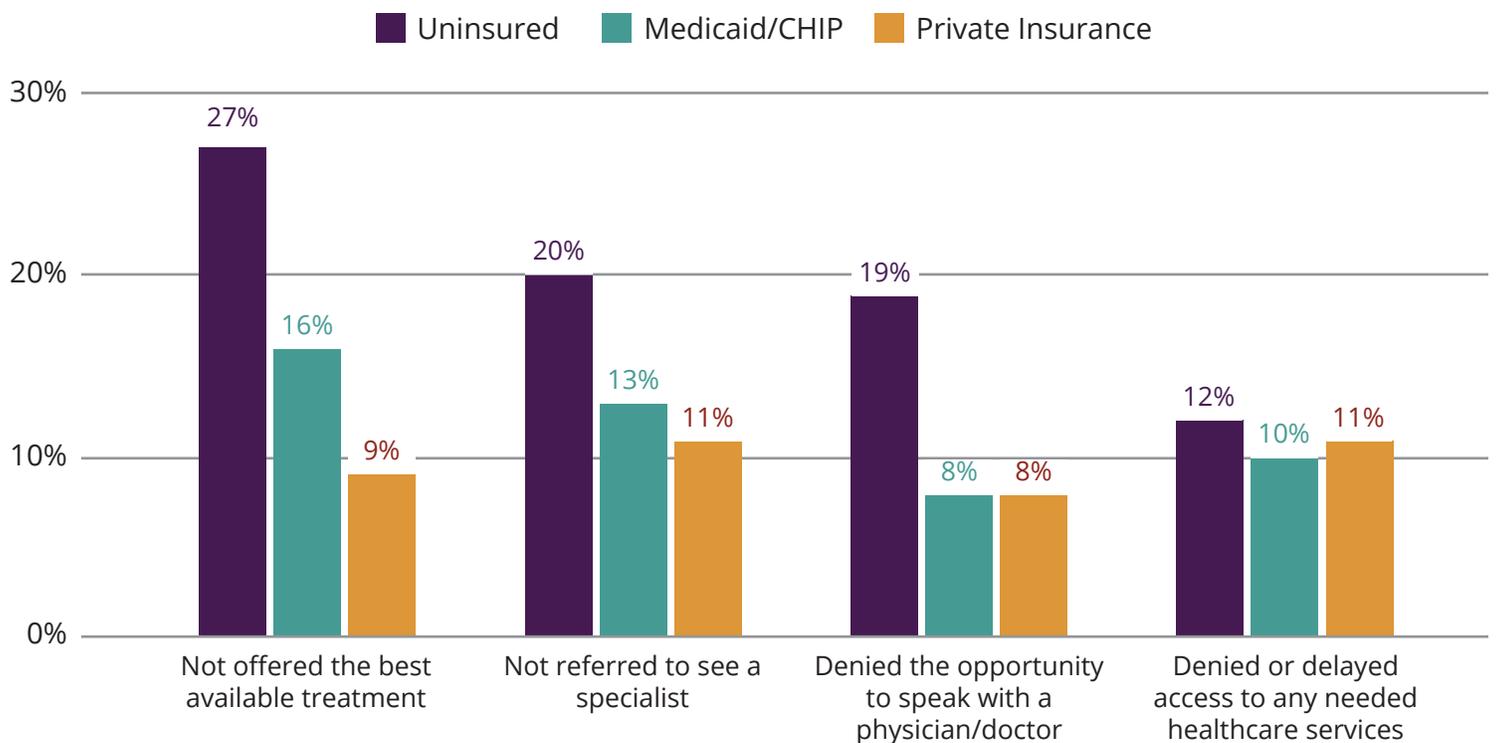


Figure 9: Percentage of NM Households Indicating Varied Experiences with the Medical Profession (NM HSD Statewide Medicaid Survey, 2023).

### **GENDER-AFFIRMING CARE AND HEALTHCARE ACCESS FOR TRANS AND GENDER NONCONFORMING PEOPLE**

Advocacy groups in the state have made significant advances in eliminating barriers to healthcare access faced by transgender and gender nonconforming people. For example, in 2023, Governor Lujan Grisham signed House Bill 7 into law, “which prohibits public bodies, including local municipalities, from denying, restricting, or discriminating against an individual’s right to use or refuse reproductive health care or health care related to gender.”<sup>166</sup> New Mexico has become a safe haven for trans people, and especially trans youth.<sup>167</sup> We are one of five states with “shield laws” that protect out-of-state patients seeking gender-affirming care, and the providers offering it, from interference and legal repercussions.<sup>168</sup> In contrast, many other states have restrictions on gender-affirming care, leading many transgender people to migrate to more trans-friendly states such as New Mexico.<sup>169</sup> As anti LGBTQ+ legislation is being discussed and passed nationwide, our state continues to demonstrate that it is possible to adopt inclusive policies.

**New Mexico has become a safe haven for trans people, and especially trans youth. We are one of five states with “shield laws” that protect out-of-state patients seeking gender-affirming care, and the providers offering it, from interference and legal repercussions.**

The majority of New Mexicans support protections for transgender people in the state. In fact, 62% of New Mexicans agree with the statement, “for the health and safety of all New Mexicans, it is important that each of us do our best to support and protect from harm, transgender people and their families here in New Mexico.” However, short staffing and underfunding in medical institutions across the state perpetuate barriers to accessing gender-affirming care. As mentioned, New Mexico faces significant physician and healthcare worker shortages. Coupled with that, gender-affirming care is currently only available in the state’s urban centers, leaving rural New Mexicans no choice but to travel to urban locations.<sup>170</sup>

*“Since 2021 our coalition has been working to eliminate the outdated and dangerous publication requirement from the New Mexico name change statute, and HB31 was signed into law in 2023! In that same legislative session, we achieved HB7 and HB207. HB7 is the Reproductive and Gender Affirming Care Act and HB207 is the Human Rights Modernization Act which expanded the scope of our state non-discrimination law to explicitly include educational institutions, closing a loophole in a law that has protected our communities fully since 2003.”*

*-Transgender Resource Center of New Mexico*

Survey data further elucidates barriers to accessing necessary healthcare for transgender New Mexicans. In the past year, 29% of transgender New Mexicans had problems with their health insurance, including issues in coverage of gender transitions and/or receiving routine gender-affirming care.<sup>171</sup> Further, 44% of trans respondents who had seen a healthcare provider reported negative experiences including being refused treatment, harassed, assaulted, or having to educate their providers on appropriate care. One third (34%) of respondents did not seek out treatment due to fear of mistreatment, and another third (35%) did not seek treatment because they could not afford it.

### **PAID FAMILY AND MEDICAL LEAVE**

Currently, New Mexico, like most of the United States, does not have paid family leave. Only around 25% of New Mexicans have paid family leave through their jobs, leaving 75% of New Mexicans without paid family leave.<sup>172</sup> New Mexican workers are covered to take up



*Van Hanh Lion Dance group performs in the New Mexico State Capitol Rotunda during the third annual Asian American, Pacific Islander, and Native Hawaiian Day at the legislature, organized by New Mexico Asian Family Center, the Asian Business Collective, the Asian American Association of New Mexico, and the office of Representative Reena Szczepanski in 2025. Photo by Renee Villarreal.*

to 12 weeks of *unpaid* leave under the federal Family and Medical Leave Act (FMLA) if their work location has at least 50 employees within a 75-mile radius, if they worked at least 1,250 hours in the previous year, and if they worked for the same company for at least a year. However, even this unpaid leave is inaccessible for 66% of New Mexicans.

**The majority of New Mexicans support protections for transgender people in the state. In fact, 62% of New Mexicans agree with the statement, “for the health and safety of all New Mexicans, it is important that each of us do our best to support and protect from harm, transgender people and their families here in New Mexico.”**

A sound paid family and medical leave policy would also ensure enough time off for workers to care for themselves, seriously ill or disabled family members, and newborn, newly adopted, or foster children. Women tend to bear the burden of care from childbirth to child rearing to elder care. Indeed, if women in the labor force in New Mexico had paid family leave, there would be an estimated additional \$1.4 billion in wages earned statewide and 47,000 additional workers in the state. Paid family leave would enable family caregivers and disabled people (who are also often caregivers themselves) to manage their healthcare needs while maintaining their employment and income. In the next 20 years, New Mexico’s population age 65 and older will grow by 82,000 people, meaning caregivers will need time to support and care for the elders in their family. Additionally, an estimated 218,000 New Mexicans report suffering from long-term symptoms of COVID-19. Paid leave is critical as we navigate this “mass disabling event” which disproportionately impacts women, people of color, and low-income front-line workers.<sup>173</sup>

In relation to paid parental leave specifically, the data is overwhelming and unequivocally demonstrates the benefits and necessity of leave for both parents and children. Paid parental leave reduces financial stress, enables parental-child bonding, and increases gender equity as the non-birthing partner has equal time to participate in childcare. In relation to postpartum health outcomes, paid leave results in a 51% decrease in rehospitalization for the birthing parent or mother. Birthing parents unable to take time off, particularly those who return to work in under two months, face increased symptoms of depression. Paid parental leave is also correlated with greater relationship stability and even reduced intimate partner violence. In relation to outcomes for children, paid parental leave is associated with lower infant mortality rates, higher vaccination rates, and higher breastfeeding rates, all of which results in better child immunity, and other cognitive, behavioral, and socioemotional outcomes from parent-child bonding that have impacts across the entire life span.<sup>174</sup>

## PHYSICAL HEALTH

### LIFE EXPECTANCY

On average, New Mexicans have a shorter life expectancy compared to the national average. However, consistent with national and global trends, New Mexican women are expected to outlive men, with New Mexican women’s average life expectancy being 78.5 years as of 2020 (compared to 71.8 years for New Mexican men).<sup>175</sup>

The geographic differences in life expectancy by county highlight the impact of ZIP code on health outcomes. Life expectancies range from the lowest in McKinley County at 67.9 years to the highest in Los Alamos County at 83.7 years.<sup>xxxviii</sup> These two counties have drastically different populations with \$44,029

xxxviii Life expectancy data for geographical data is only available for all people within the determined area and not by gender or race. In other words, life expectancy data for McKinley residents for example, is for all McKinley residents, male or female.

being the median household income in McKinley compared to \$135,801 in Los Alamos. More than two thirds of residents in Los Alamos are non-Hispanic White (70.2%), while in McKinley the majority are Native American (80.9%).<sup>176</sup> In 2018, 16% of McKinley residents between the ages of 0 and 64 did not have health insurance compared to 2.5% in Los Alamos. Environmental factors play a significant part in health outcomes as well, with current and former extractive industries and toxic waste disposal sites (such as the Ambrosia Lake Disposal Site) located in McKinley County. Santa Fe County, another of New Mexico’s wealthier and whiter counties, also has a longer life expectancy (81 years). After McKinley County, Sierra County has the second-lowest life expectancy rate at 72.6. Sierra County is one of the poorest counties in the state, with a median household income of \$31,505 and a mixed demographic composition of 61.4% White, 31.6% Hispanic, and smaller populations of other race and ethnicities.<sup>177</sup>

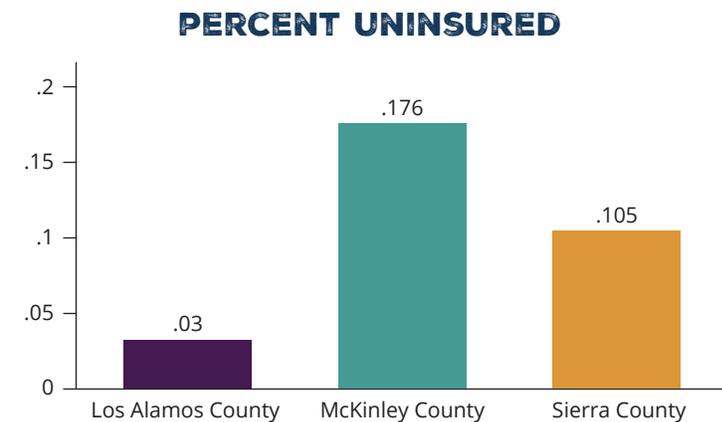
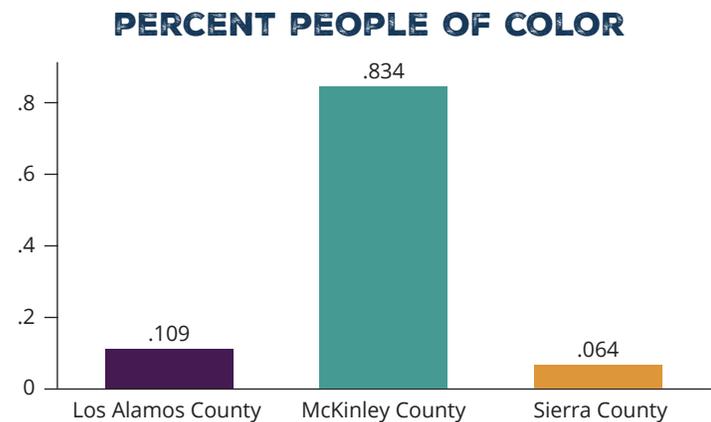
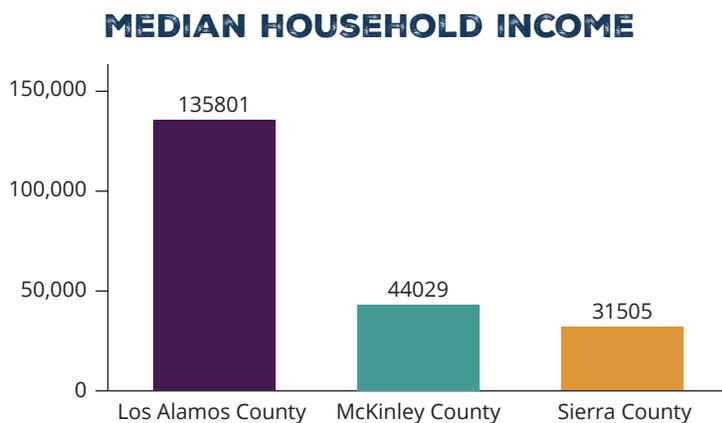
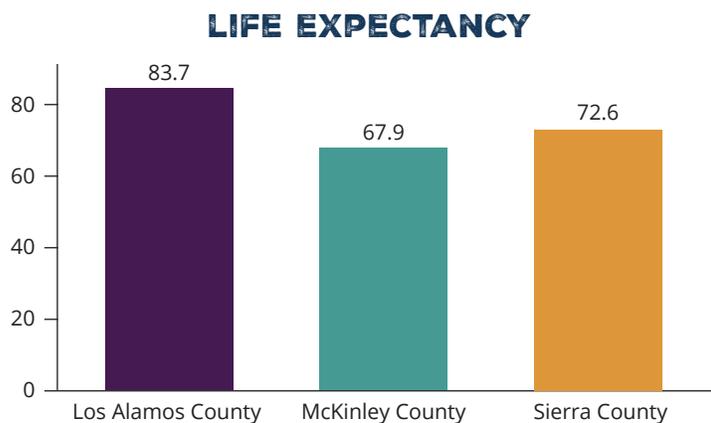


Figure 10: Graphs depicting Life Expectancy, Median Household Income, Populations of Color, and Uninsured Populations for Los Alamos, McKinley and Sierra counties (New Mexico Department of Health, 2016).

Aside from geographic and income differences, life expectancy varies greatly by race and ethnicity. Asian and Pacific Islander people have the longest life expectancy in the state (86.7 years), followed by White (78.4), Hispanic (77.5), Black Americans (74.5), and Native American residents (69.1).<sup>178</sup>

The decrease in life expectancy between 2019 and 2021 as a result of COVID-19 was markedly different for men and women and also dependent on race and ethnicity.<sup>179</sup> The largest decrease was for Native American men, whose life expectancy dropped during that time by 7.1 years. However, for Native American women the difference was also pronounced as their life expectancy decreased by 5.8 years, in a context where Native Americans already have the lowest life expectancy in the state.

## LEADING CAUSES OF DEATH

### HEART DISEASE

Heart disease is the leading cause of death both globally and in New Mexico for women and gender nonconforming people.<sup>180</sup> Despite being the number one cause of death for most populations, some groups are dying at disproportionate rates. Most notably, in New Mexico, Black Americans (both women and men) are most likely to die of heart disease compared to other racial groups. Heart disease-related deaths are 3 times higher for Black women (161.5 deaths per 100,000) compared to Asian and Pacific Islander women (57.4 deaths per 100,000).<sup>181</sup> White women have the second-highest rate of death due to heart disease (126.5 deaths per 100,000), followed by Hispanic women (107 per 100,000), and Native American women (81.3 per 100,000). There are multiple contributing factors to this disproportion. It is unclear why White women have the second-highest rates of death from heart disease. Cause of death is only one way to understand health equity over the life span. Racialized differences in healthcare access that Black women receive relative to White women, especially in preventative measures or adequate risk assessment, are a likely contributor to their difference in mortality.<sup>182</sup> Additionally, both stress and racism are large contributors to cardiovascular disease.<sup>183</sup>

### CANCER

Cancer is the second-leading cause of death for women and men. Cancer deaths in New Mexico are slightly lower than the national average, with 137.3 per 100,000 deaths being cancer-related in New Mexico compared to 156.6 per 100,000 for the United States as of 2017.<sup>184</sup> However, female breast cancer rates in New Mexico are higher (20.7 deaths per 100,000) than the national average (19.9 deaths per 100,000).<sup>185</sup> White women in New Mexico make up the largest share of cancer deaths with 21.5 deaths per 100,000. This is closely followed by Black women (20.2 per 100,000), Hispanic women (17.2 per 100,000), Native American women (12.8 per 100,000), and Asian and Pacific Islander women (9.1 per 100,000).<sup>xxxix</sup> Similar to life expectancy, there is also a regional variation in breast cancer. Sierra County, one of the poorest counties in the state, has one of the highest rates at 33.3 deaths per 100,000,<sup>xi</sup> while Catron County has the lowest rate at 13.2 per 100,000. Similar to breast cancer deaths, as of 2017, cervical cancer deaths, which affect cisgender women, affect New Mexicans more (2.4 per 100,000 women) than women generally across the U.S. (2.2 per 100,000).<sup>186</sup>

There are racial and ethnic differences in the cancer-related death rates of women in New Mexico, illustrating the importance of understanding the impact of race on women's health outcomes. White women have the lowest rate of cervical cancer deaths at 1.6 deaths per 100,000 women, followed by Black women (2.0), Hispanic women (2.5), Asian and Pacific Islander women (2.8), and Native American women at (3.5).<sup>xli</sup> With the development and utilization of the Human Papillomavirus (HPV) vaccine since 2006, the rates of cervical precancers have dropped in young women nationally.<sup>187</sup> Given

xxxix It is important to note here that the data for Black New Mexican women is a little more difficult to analyze because of the small number of Black people that live in the state. Therefore, this data that we obtained has a large confidence interval, with the lower limit of the 95% confidence interval being 11 deaths for 100,000 and the upper limit being 29.5 deaths for 100,000 which is higher than the rates for white women; Similar to Black women, the cancer death rates for Asian New Mexican women have a high confidence interval.

xi Sierra County also leads in infant mortality. Issues of negative health implications may be due to inadequate access or availability of health-care centers and/or health insurance.

xli Because cervical cancers make up a relatively low death rate, the data here has large confidence intervals. Therefore, these differences need to be examined with caution.

the effectiveness of this vaccine and some potential racial and ethnic differences in the cancer death prevalence in New Mexico, this may hint toward differences in vaccination accessibility and availability for certain groups.

### COVID-19

With the onset of the COVID-19 pandemic, COVID-19 quickly rose to the third-leading cause of death for New Mexicans. Women and girls across all age groups were less likely to die from COVID-19 than their male counterparts.<sup>xlii</sup> Data from the New Mexico Department of Health on vaccination rates show that a larger share of New Mexican women (80.9%) were fully vaccinated when compared to men (72.6%).<sup>188</sup> There was also variation in vaccination rates across race and ethnic groups in New Mexico, with Native American and Asian and Pacific Islander communities having the highest rates of fully vaccinated individuals (99%), followed by White (73.3%), Black (63.1%), and Hispanic New Mexicans (53.2%). The lower rates of vaccination for certain racial and ethnic minority groups have been attributed to—among other factors—medical mistrust stemming from a history of mistreatment experienced by certain groups, especially Black Americans.<sup>189</sup>

Aside from the discrepancies in vaccination rates, research has shown that racial and ethnic minorities took greater precautions to prevent the spread of COVID-19 by wearing masks and social distancing, especially at the beginning of the pandemic when vaccines were not yet available. Despite these precautions, they were more likely to be infected and die from the virus, highlighting how pre-existing structural inequalities, rather than personal choices, led to different mortality rates.<sup>190</sup> As of 2021, data indicated that Native American residents of New Mexico accounted for nearly 60% of coronavirus deaths while constituting only 12.4% of the state's population. Even into 2023, Native Americans in the state contracted COVID-19 at much higher rates than other racial or ethnic groups: 51,108 per 100,000 Native Americans had contracted COVID-19 by 2023, compared to 22,585 per 100,000 Asian or Pacific Islanders, 19,328 per 100,000 Black or African

Americans, 26,640 per 100,000 Hispanics, and 20,139 per 100,000 White New Mexicans.<sup>191</sup>

### FOOD SECURITY

Food security, which means consistent access to sufficient, affordable, and healthy food, is another key aspect of health equity. Food insecurity has specific impacts on women. For example, evidence consistently links food insecurity with higher risk of obesity in women specifically. This is because primary caregivers, largely mothers who are facing food insecurity, sacrifice their quality of nutrition for their children, which increases their obesity risk while they simultaneously face food insecurity. Food insecurity is also associated with negative pregnancy outcomes, including gestational diabetes and low birth weight.

Although food insecurity has decreased overall in the state, as of 2022, 15.2% of New Mexicans of all ages are still food insecure compared to the national average of 11.5%.<sup>192</sup> Broadly speaking, nearly 30% of New Mexicans live in federally designated food deserts, while 1 in 5 children in New Mexico experience food insecurity—the second-highest rate in the nation. This varies widely by race, place, and income. For example, according to some data, Navajo food insecurity rates are the highest reported in the United States.<sup>193</sup> McKinley County has a much higher share of food insecure residents, with 22.1% of the population being food insecure, compared to Los Alamos County, where 8.1% of residents are food insecure. When we look at food insecurity amongst children, one quarter, or 24.5%, of children (ages 0 to 17 years old) in New Mexico are food insecure. Regionally, a much lower rate of children is food insecure in Los Alamos County (13.4%) than in Catron (34.8%) and McKinley County (34.5%). Food security is also an issue for higher education students, as mentioned in the education section of this report.

There are gender disparities in food insecurity. In 2023, 24% of women, meaning almost 1 in 4, stated that they relied on food banks or food pantries and/or cut back on meals to manage the cost of food for their family.<sup>194</sup> On the other hand, only 8% of men in the sample said the same. In terms of government support around food security, a separate survey in 2021 identified that 42% of Supplemental Nutrition

xlii Although the data indicates that girls and women aged 15 to 24 years had a higher rate of dying than men and boys of the same age range (3.7 per 100,000 women/girls vs. 1.4 per 100,000 boys and men), this difference was not statistically significant.

Assistance Program (SNAP) recipients were women compared to 35% of men.<sup>195</sup> However, even when one has access to benefits such as SNAP, these resources are seldom enough to cover the cost of groceries. In a study from the New Mexico Center on Law and Poverty and the AARP Foundation, most study participants expressed how their benefits did not sufficiently cover their food expenses. Study participants expressed frustration about how much less food they were able to buy using their benefits compared to even a couple of years ago.<sup>196</sup>

## REPRODUCTIVE AND PERINATAL HEALTHCARE

### HEALTH COVERAGE

#### CONTRACEPTION

Affordable and accessible contraception and accurate contraception information is critical to the health of many New Mexicans. Our state has some of the strongest and most expansive laws in the country around obtaining affordable and confidential contraception and related services if individuals have public or private insurance. This year, New Mexico Medicaid expanded coverage to include over-the-counter oral daily contraceptives, emergency contraception, as well as no-cost pregnancy tests. New Mexico is a leader in improving access to contraception including through expanding Medicaid, the Medicaid Family Planning Waiver, Medicaid reimbursement for postpartum long-acting reversible contraception, Medicaid 12-month postpartum coverage extension, enacting state laws that allow pharmacists to prescribe contraception, enacting state laws that protect contraception coverage, and more. However, 114,630 women live in contraceptive deserts, or counties lacking reasonable access to a full range of contraception methods. Harding, Mora, and Catron remain the three counties where there is no health center with all contraceptive methods available.<sup>197</sup>

#### ACCESS TO ABORTION

Access to abortion has been under attack for decades. The 2022 United States Supreme Court decision, *Dobbs v. Jackson Women's Health Organization*—overturned the 1973 *Roe v. Wade* and 1992 *Planned Parenthood v. Casey* cases,

which had guaranteed the constitutional right to abortion—solidified those attacks and highlighted the vast disparities in access to abortion depending on location. Since this decision, many states have introduced and passed highly restrictive abortion policies and bans, leading many birthing people<sup>xliii</sup> (who can afford it) to seek abortion in other states. Fortunately, New Mexico is a national leader in access to reproductive healthcare and abortion due to the long-term collective efforts of a wide network of community organizing and advocacy groups. These groups have helped ensure that protective policies at the state level remain in place for people seeking abortion in New Mexico.<sup>198</sup>

### Due to decades of organizing, New Mexico remains a “safe state” where abortion is legal.

While there are 14 virtual abortion providers in the state, there are only 11 in-person providers, with the majority located in Albuquerque.<sup>199</sup> Currently, in-person clinics are only available in Albuquerque, Farmington, Las Cruces, Santa Fe, and Santa Teresa, with clinics outside of Albuquerque only providing early pregnancy termination. Although virtual providers should theoretically be accessible to all New Mexicans, abortion pills are only effective in early pregnancy termination. This requires an adequate assessment of how far along a pregnancy is, which is difficult to determine without an in-person ultrasound.

A survey found that 65% of Native Americans in the state believed that they had access to reproductive healthcare in their community.<sup>200</sup> This means that over one third of Native Americans believed they did not have access in their community. Only 29% reported that, to the best of their knowledge, there was a doctor's office, hospital, or other clinic that provided abortion in their community. This percentage is even lower for those living on reservations or Tribal lands, where only 10% believed

xliii Based on the work of The Commonwealth Fund, “We recognize that not all people who become pregnant and give birth identify as women. While we use the gender-inclusive term ‘birthing people’ as much as possible, we use ‘woman,’ ‘women,’ and ‘maternal’ to conform with the language in externally published research findings.” “Severe Maternal Morbidity in the United States: A Primer,” [www.commonwealth-fund.org](https://www.commonwealth-fund.org), 2021, <https://doi.org/10.26099/r43h-vh76>.

that they had access to abortions. Further research should assess reproductive care access to Black and Asian women and girls in the state.

With the small numbers of abortion clinics, wait times to get an appointment have become an increasing problem following the restrictive policies introduced in neighboring states such as Texas and Oklahoma. Individuals needing services restricted in their states have begun traveling to New Mexico for care. Data indicates that, in 2023, 71% of abortion care recipients in New Mexico were from out of state (compared to 38% in 2020) which represents one of the highest, if not the highest proportion of out-of-state recipients in the country.<sup>201</sup> As a 2022 *Texas Tribune* news article describes, staff at The University of New Mexico Center for Reproductive Health stated that procedures were scheduled four weeks out.<sup>202</sup> When terminating pregnancies, timing is critical, and delayed procedures may necessitate more extensive, invasive, and expensive procedures. In a critically important development, which addresses some of these gaps in service provision, construction began this year on a reproductive health center in Doña Ana County that will provide primary care, preventative healthcare, basic gynecological care, full spectrum contraceptive care, medication and procedural abortions, and some fertility care in the southern part of the state.<sup>203</sup> Communities in the southern border area of New Mexico have lacked access to full reproductive services for decades, often having to travel hours to Albuquerque or Santa Fe for services, or out of state to El Paso, Texas. For many mixed status immigrant families who cannot travel north through the immigration checkpoint, this new Doña Ana clinic offers a crucial addition to their options for full spectrum reproductive healthcare. Led by Bold Futures, along with Strong Families New Mexico, Planned Parenthood of the Rocky Mountains, and The University of New Mexico Medical Group, not only does this health center fill a critical gap in services, but it also serves as a model and example of the impacts of long-term advocacy and community organizing, coupled with building interorganizational collaborations and partnerships.<sup>204</sup>

Ultimately, to be fully effective, New Mexico's progressive abortion policies must be accompanied by an increase in service providers and clinics to ensure people have access to the care they need. Increased long-term operational funding for health centers, policies to address the shortage of healthcare workers, and improved access for rural communities to reproductive care are all deeply critical.

### PERINATAL CARE

Equitable and accessible perinatal healthcare is critical to ensuring that birthing people have healthy and safe pregnancies and postpartum recovery. In New Mexico, birthing people face geographic barriers to healthcare access with one third (33.3%) of counties in the state classified as maternity care deserts, meaning areas with no access to birthing centers, hospitals, or perinatal care providers.<sup>205</sup> Pregnant people in the state have the option to give birth at home, at freestanding birth centers,<sup>xliv</sup> and in hospitals. Over the past decade, over six hospitals in our state closed their obstetric wards, meaning pregnant people have to travel farther to receive care and give birth.<sup>206</sup> On average, pregnant people travel around 14 miles, or 19 minutes to reach a birthing hospital. However, in counties without birthing care access, pregnant people travel up to 97 miles, or 1 hour and 50 minutes to reach their nearest birthing hospital.<sup>207</sup> Overall, birthing people in New Mexico are most vulnerable due to socioeconomic determinants of health including poverty, food access, social support, and education. Further, across the state, birthing people are considered to have “high vulnerability” to poor outcomes according to the Maternal Vulnerability Index with Cibola, McKinley, San Juan, and Lea counties experiencing the highest vulnerability and Los Alamos County experiencing the lowest vulnerability by a significant margin, followed by Santa Fe County.<sup>208</sup>

xliv Freestanding birth centers offer prenatal, birth, and postpartum care outside of a hospital. Freestanding community birth centers offer safe, culturally reverent perinatal care provided by midwives who are representative of the community the birth center calls home. Birth Center Equity, About, 2020, accessed April 17, 2025, <https://birthcenter-equity.org/about/>; “Birth Settings in America: Outcomes, Quality, Access, and Choice,” National Academies of Sciences, Engineering, and Medicine, 2020, accessed April 17, 2025, <https://nap.nationalacademies.org/resource/25636/Birth%20Settings.pdf>.

## PRENATAL CARE

Prenatal care, meaning the care that birthing people receive during their pregnancy, is critical and should be established early in a pregnancy to reduce the risk of adverse events and complications during pregnancy. Access to prenatal care is directly linked to maternal and birthing health outcomes. In New Mexico, many birthing people do not have adequate access to prenatal care, especially in rural and communities of color. As of 2019, only 54.8% of Native American pregnant people had access to prenatal care within the first trimester, followed by 62.9% of Black, 64.7% of Hispanic, 67.6% for Asian/Pacific Islander, and 70.4% of White pregnant people.<sup>209</sup> Although there are several factors that influence access to prenatal care, data illustrates that environmental conditions including distance to care, access to transportation, crime rates, and housing conditions are contributors to disparities in prenatal care access.<sup>210</sup>

Another important aspect related to prenatal care is managing chronic health conditions, or the chronic health burden (CHB) of individuals that can

*“In order to shift and transform from this culture of violence, we have to have peaceful birth. And at that moment of our children’s first breath, when they’re born, is the foundation for a culture of peace. And so, that sets the tone for your life, how you come into this world, and what the situation was in coming into this world and how you were supported and held. If we could start with this one area of just an empowered peaceful birth process that’s held by your culture and language and people from your community that love and care for you.”*

*-Breath of My Heart Birthplace*

lead to preterm birth. Birthing people with one or more chronic health conditions have a 43% higher likelihood of a preterm birth than those without any chronic conditions. In New Mexico, 46.9% of counties have what is considered a high burden of chronic health conditions and high rates of preterm births, which can lead to serious complications and health impacts.<sup>211</sup> More broadly, in relation to preterm birth rates in New Mexico, Black birthing people had 1.4 times higher preterm birth rates than any other race at 13.8%, followed by Asian and Pacific Islander (10.4%), Hispanic (10.2%), Native American (9.6%), and White birthing people (9.6%).<sup>212</sup>

## MATERNAL AND INFANT MORTALITY AND PREGNANCY-RELATED DEATH

Lack of access to care can lead to higher rates of infant and maternal mortality,<sup>xlv</sup> pregnancy associated death,<sup>xlvi</sup> and pregnancy-related death.<sup>xlvii</sup> In line with the aforementioned findings, these rates vary by location, race, and socioeconomic status. In New Mexico, the infant mortality rate between 2017 and 2021 was an average of 5.5 deaths per 1000 live births, slightly higher than the national rate of 5.44 deaths per 1,000 live births in 2021.<sup>213</sup> Looking at infant mortality rate by county reveals stark differences in the number of deaths per 1,000 live births. While Catron, Union, Harding, Hidalgo, De Baca counties all had 0 deaths per 1,000 live births, other counties such as Colfax and Sierra saw 13.5 and 9.3 deaths, respectively. Additionally, there are significant variations by race with the infant mortality rate of Black babies 3.1 times higher the state rate at 15 per 1,000 live births, while all other races are around the state rate.<sup>214</sup>

New Mexico has significantly higher rates of pregnancy-related mortality compared to the

- xlv Maternal death refers to death while pregnant or within 42 days of the end of a pregnancy of any duration, from any cause related to or aggravated by pregnancy, but not from accidental causes. Definition from the NM Maternal Mortality Review Committee.
- xlvi Pregnancy associated death refers to death during or within one year of pregnancy, regardless of the cause. Definition from the NM Maternal Mortality Review Committee.
- xlvii Pregnancy-related death is a determination made by state level Maternal Mortality Review Committees of experts who assess the evidence to determine if pregnancy played an important role in the cause of death. More specifically, it refers to: “Death during or within one year of pregnancy, from a pregnancy complication, a chain of events initiated by a pregnancy, or the aggravation of an unrelated condition by the physiologic effects of pregnancy.” Definition from the NM Maternal Mortality Review Committee.

nation. Nationally, pregnancy-related mortality was 17.3 deaths per 100,000 live births in 2019, while in NM it was 31.2 deaths per 100,000 live births through 2020. While these rates are drawn from a small population sample, the data from 2015 to 2020 is stable enough to show that Native Americans in New Mexico were overrepresented in pregnancy-associated mortality.<sup>215</sup> Indeed, the rate of pregnancy-related mortality for Native Americans was a devastating ratio of over 129 deaths per 100,000 live births through 2020.<sup>216</sup> Similarly, stable data for Black birthing people in New Mexico from the NM Birth Equity Collaborative and Department of Health also indicates a higher maternal mortality ratio with a rate 4.12 times higher than expected based on the general maternal mortality ratio.<sup>217</sup> In this context, it is critical to note that in 2018 the NM Maternal Mortality Review Committee began tracking racism and discrimination in pregnancy and has determined that discrimination was present in 37% of all pregnancy-associated deaths and 48% of pregnancy-related deaths.<sup>218</sup> A final data point related to pregnancy-associated mortality is age, with birthing people in New Mexico over 35 experiencing higher death rates than other age groups.<sup>219</sup>

It is important to note that fewer people are dying from birth-related causes specifically and instead 79% of pregnancy-related deaths occur within a year of giving birth. Mental health conditions including substance use disorders are the most significant factor contributing to pregnancy-related mortality in NM with substance use a factor in more than half of pregnancy-related deaths.<sup>220</sup> According to the Maternal Health Program for the New Mexico Department of Health, preventing pregnancy-related deaths requires much more than increasing access to care and addressing biases in clinical settings. Instead, it requires a health equity approach that accounts for environmental stressors, substance use treatment, housing, income and employment, and overall state social service and welfare provisions.<sup>221</sup>

### SUPPORTING A PERINATAL CARE WORKFORCE

In New Mexico the perinatal health and birthing justice landscapes includes various primary perinatal healthcare providers and support people. Options for perinatal primary care include Licensed Midwives, Certified Nurse Midwives, Obstetricians

and Gynecologists (OBGYNs), and Family Practice Physicians, as well as non-primary care support from doulas or lactation care specialists. In order to ensure healthy birth outcomes and reduce preventable pregnancy-related death, there is a critical need to support birthing people throughout their pregnancy and postpartum with a range of perinatal care options.

As mentioned, one third (33.3%) of counties in the state are classified as maternity care deserts without sufficient access to perinatal care providers, and over six hospitals in our state have closed their obstetric wards over the past decade.<sup>222</sup> Additionally, the healthcare provider and physician shortages mentioned elsewhere in this report impact perinatal care across the state, and particularly for rural communities.

Alongside and in tandem with obstetricians and nurses in hospital settings, midwives, doulas,<sup>xlviii</sup> lactation professionals, and other birth workers are an essential part of the perinatal care workforce in New Mexico. These birth workers have a long and integral history in New Mexico across the birthing traditions of various Indigenous, Black, and other communities of color. Data indicates that both midwives and doulas improve birth outcomes, particularly in Indigenous and Black communities which have the highest rates of pregnancy-related death in New Mexico and preterm birth and infant mortality, respectively. Further, community advocates across New Mexico specifically name culturally and linguistically responsive and trauma-informed birth workers, such as midwives and doulas, as an essential factor in improving birth outcomes in New Mexico.<sup>224</sup>

xlviii A doula is “a trained professional who provides continuous physical, emotional and informational support to their client before, during and shortly after childbirth to help them achieve the healthiest, most satisfying experience possible.” The term doula comes from the ancient Greek word for female servant or slave. While the origins are problematic, our research team defers to experts in this field including The National Health Law Program’s Doula Medicaid Project and their community engagement with diverse doulas around this term. Based upon their findings, we have opted to continue using the term until there is another more appropriate and recognized term available. DONA International, “What is a Doula?” accessed April 17, 2025, <https://www.dona.org/what-is-a-doula-2/>; Michelle Yiu, NHeLP’s Framing and Language in the Doula Medicaid Project (National Health Law Program, 2024), accessed March 13, 2025, <https://healthlaw.org/wp-content/uploads/2024/03/Doula-Terminology-Issue-Brief-FINAL.pdf>.

The New Mexico Department of Health licenses two types of midwives: Certified Nurse Midwives and Licensed Midwives. CNMs are independent practitioners educated in both the disciplines of Midwifery and Nursing and practice in all settings, including hospitals, clinics, and community. LMs are independent practitioners educated in Midwifery specifically through an accredited education program or a traditional apprenticeship model and practice in community settings, including birth centers and homes.<sup>225</sup>

**New Mexico has one of the most supportive regulatory environments for midwifery and the highest rate of Certified Nurse Midwife-attended births in the country.**

New Mexico has the highest rate of Certified Nurse Midwife-attended births in the U.S. with one in three births in New Mexico attended by midwives. A rate much higher than the national average of 8%.<sup>226</sup> New Mexico has one of the most supportive regulatory environments for midwifery in the country, and yet significant barriers persist in both growing a workforce of culturally and linguistically responsive, Black, Indigenous, and people of color birth workers and ensuring families and communities have access to care. Past ill-informed state regulations, including a licensure test that was offered only in English, forced many providers of color out of practice. Today New Mexico’s licensed midwifery workforce is primarily made up of White practitioners and is not fully reflective of New Mexico’s majority people of color racial composition.<sup>227</sup>

In 2006, New Mexico established the Birthing Options Program that established Medicaid coverage for home birth. In the past decade, that was also extended to care in licensed birth centers. Reimbursement rates for services remain incredibly low and many Licensed Midwives in the state struggle to make ends meet or rely on other sources of income and family support. Midwives in rural communities may serve communities within a 3-hour driving radius. Out-of-hospital midwives are rarely paid for their time to travel or compensated for mileage. Providers are paid through a “global fee” which covers prenatal care, labor, and postpartum care. Providers may see clients for over 20 visits over the course of their pregnancy

and postpartum period and yet they are still paid the same fee. Pay equity and fees must be addressed to make out-of-hospital midwifery practice sustainable in New Mexico.

In terms of other perinatal care workers, doulas provide a range of related support that may include education around nutrition and postpartum care, emotional support, pain management, and more.<sup>228</sup> Lactation consultants are health professionals who specialize in breast and chest feeding and offering human milk to infants.<sup>229</sup>

In a positive development, this year New Mexico Medicaid added coverage for doulas and lactation consultants as a reimbursable preventative service related to pregnancy. As Medicaid pays for more than 70% of births in New Mexico, this could be a powerful shift.<sup>230</sup> Billable doula services include prenatal and postpartum physical, emotional, and educational supports, connections to community resources, counseling, and more. Similarly, lactation consultancy services are also now a reimbursable preventative care related to education and support with breast and chest feeding.<sup>231</sup> This year, lawmakers included \$5.8 million in the state budget for doulas and lactation counselor services which will be combined with federal matching funds to reach a total of nearly \$21 million. However, the amount that individual doulas and lactation consultants can bill for services remains unclear.<sup>232</sup>

The crux here is to ensure the fee structure and reimbursement levels for midwives, doulas, and lactation professionals are equitable and informed by those individuals and community-based organizations providing those services.<sup>233</sup> Alongside equitable pay, there is a need for support for training and licensure pathways to reduce barriers for people of color seeking to enter the profession in order to increase the availability of trauma-informed, linguistically and culturally responsive perinatal care services statewide.

**EXPECTANT AND PARENTING YOUTH**

Young people, as with all New Mexicans, must have access to factual and high-quality information and affordable reproductive healthcare. Young people should also be supported to exercise age-

appropriate agency over their bodies and decisions. Much of the policy paradigm surrounding pregnancy and parenting at an early age has problematized the “teen parents” instead of addressing the structural inequities facing them due to histories of oppression. Communities of color have survived many policies aimed at controlling reproductive autonomy including contraceptive coercion, forced sterilizations, eugenics policies, and legacies of slavery and colonization. Any data, analysis, or policies surrounding pregnancy prevention and reproductive healthcare must acknowledge these histories and their legacies.<sup>234</sup>

Overall, there has been a dramatic drop in young parenthood (ages 15 to 19) rates from 1990 (77.6 per 1,000 births) to 2020 (21.8 births per 1,000 births).<sup>235</sup> As of 2020, New Mexico still ranks higher than the national average of 15.4 births per 1,000. There are differences in the rates of young parents by racial groups with Hispanic people having the highest rates (28.3%), followed by Native American (26.9%), Black (22.2%), White (15.3%), and then Asian American young people (5.8%).<sup>236</sup> There are regional differences within the state with the highest rates of young parenthood (65.3%) in rural Luna County and the lowest rates in Los Alamos (4.0%). Urban counties such as Sandoval (13.7%), Santa Fe (14.6%), and Bernalillo (16.9%) have rates lower than the state average (21.8%).<sup>237</sup> Similarly, wealthier counties, such as Los Alamos and Santa Fe, tend to have lower rates of young parenthood.

It is important to note that 44.5% of birthing people in New Mexico under 20 years old who recently had a live birth stated that their pregnancy was unintended. These numbers can be interpreted in a variety of ways. However, first and foremost they mean that we must respond to the reproductive needs of young people including comprehensive sex education, accurate information about reproductive health care, accessible contraception, affordable abortion care access for rural and low-income communities, and unequivocal and meaningful policy support for young parents in our communities. When young people do become parents, moreover, policies must be in place to support them. In that vein, in 2013 New Mexico became the first state in the country to adopt an

excused absence, parental leave policy for high school students, ensuring that young parents continue to have access to education.<sup>238</sup> Additionally, the New Mexico GRADS program is a statewide, school-based “Teen Parent Program providing a nurturing setting for teen parents to complete their education in a supportive high school environment” with many sites providing childcare for students.<sup>239</sup>

### POSTPARTUM DEPRESSION

Postpartum depression is a form of behavioral health that may affect women and birthing people and includes feelings of anxiety, exhaustion, and sadness after giving birth.<sup>240</sup> There are various causes including a sudden drop in hormones post-delivery, prior history of depression, isolation, and having a limited support network. In 2019, 14.1% of women experienced self-reported postpartum depression symptoms in New Mexico.<sup>241</sup> Data from 2013 to 2017 further shows that postpartum depression in the state varies greatly by social differences as well. People who have less formal education, are unmarried, have lower incomes, are insured through Medicaid, have experienced IPV, are food insecure, did not want their pregnancy, and those whose infants spent time in a neonatal intensive care unit (NICU) all reported higher rates of postpartum depression.<sup>242</sup>

Access to low-cost or free mental health services during this vulnerable time is essential to improving maternal health outcomes in general with specific attention needed to support marginalized birthing people who have a higher likelihood of experiencing postpartum depression. More broadly, postpartum health requires addressing a range of factors to support birthing people and their families. For example, one of the nonprofit leaders interviewed for this report described how there is little to no breastfeeding and chest feeding support or paid family leave to allow people who have recently given birth (and their partners) to heal and bond with their newborn without fear of financial instability.<sup>xlix</sup> Offering more reasonable, science-based, compassionate, and just support to women, birthing people, and their partners is critical to curbing instances of postpartum depression.

xlix As described by one of the non-profit leaders interviewed by the team.

## BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE USE)

### ADULT BEHAVIORAL HEALTH

Adult cisgender women report worse mental health outcomes compared to their cisgender male counterparts measured in prevalence of frequent mental distress over the past 30 days, at 17.5% and 11.4%, respectively. When disaggregated by race (but not sex and gender), the rates of frequent mental distress in New Mexico were 15.3% for Native Americans, 5% for Asian American, Native Hawaiian or other Pacific Islander adults, 14.5 for Black Americans, 14.2% for Hispanic Americans, and 14.9% for White Americans.<sup>243</sup> Young adult women aged 18 to 24 years old in New Mexico have the highest reported rate of mental distress as measured using “bad mental health days.” Among women in this age group, 40% reported having mental distress, compared to 22.7% of men in the same age group. This is consistent with the results of a recent state-wide survey of young adults which found that young women in the survey were 13% more likely to report feeling anxious or depressed compared to men, with nearly half (48%) of women in the sample facing this challenge in mental health. In terms of available data disaggregated by race (but not sex and gender), 53% of Latinas and 50% of African American women reported feeling anxious or depressed, which is slightly higher than White Women at 49%. Native American women have the lowest likelihood of feeling anxious or depressed at 36%.<sup>1</sup>

Women were significantly more likely to have a history of depression (25.4%) than men in New Mexico (14.0%).<sup>244</sup> In New Mexico, Native American adults and Asian American, Native Hawaiian or other Pacific Islander adults experienced a statistically significant lower prevalence of depression, at 10.8%

and 10.4%, respectively, than Hispanic (19.6%), Black (16.3%) or White (23.2%) adults. There was also no significant difference in depression rate by geographic region or county for adults.

Importantly, having a disability deeply impacts mental health. While there is no gender disaggregated data, adults with at least one disability (15.0%) were more likely to have thought about suicide in the past year compared to adults with no disabilities (4.0%). Similarly, income impacts mental health with over one third (34.9%) of adults who were unemployed or unable to work having a history of diagnosed depression (compared to 16.4% of employed adults) and nearly one third (31.9%) of lower-income adults having a history of diagnosed depression (compared to 16.1% of adults in the highest-income households).<sup>245</sup> When income and disability are combined with gendered mental health outcomes, there is likely to be a compounded effect.

Women aged 35 to 44 years—an age group with adults that tend to have young children—also have more pronounced mental health issues than their male counterparts. Highlighting that unbalanced caregiving and domestic responsibilities may lead to more pronounced mental health challenges. Mothers in New Mexico are especially likely to report needing support to help manage the stress and anxiety of being a parent/caregiver, including 32% needing more emotional support, counseling, or therapy (4 percentage points higher than men reported), 37% needing more personal time for things like exercise (12 percentage points higher than men), and 30% needing more social interaction with friends and peers (12 percentage points higher than men).<sup>246</sup> In New Mexico, lesbian, gay, or bisexual (LGB) individuals have a history of depression (41.8%) that is significantly higher compared to straight adults (17.9%). Additionally, the prevalence of suicidal ideation in LGB adults in New Mexico in 2021 was 4 times higher, at 25.7%, than among straight adults (6.2%).<sup>247</sup>

<sup>1</sup> Unfortunately, there were not enough Asian American women in this state-wide survey to include percentages for this community across the report alongside the other three sub-groups of women in the state.



## BARRIERS TO ACCESSING MENTAL HEALTH CARE FOR LGBTQ+ YOUTH

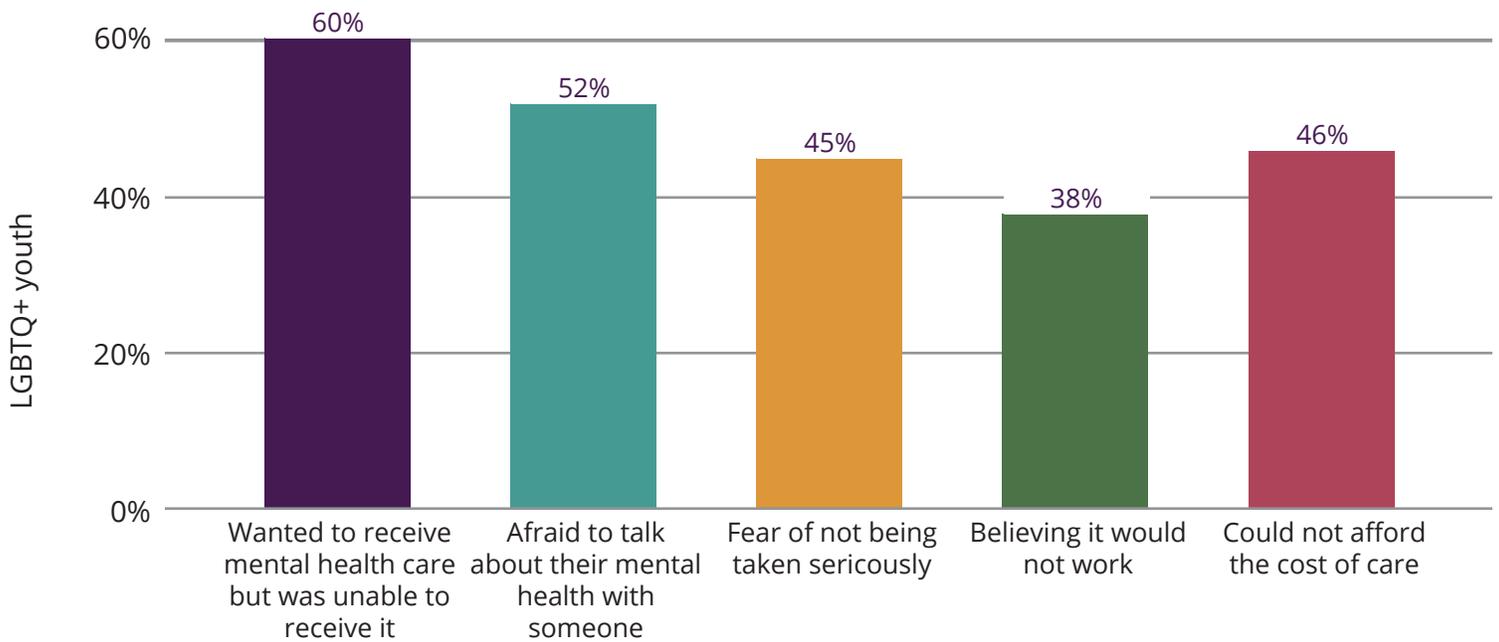
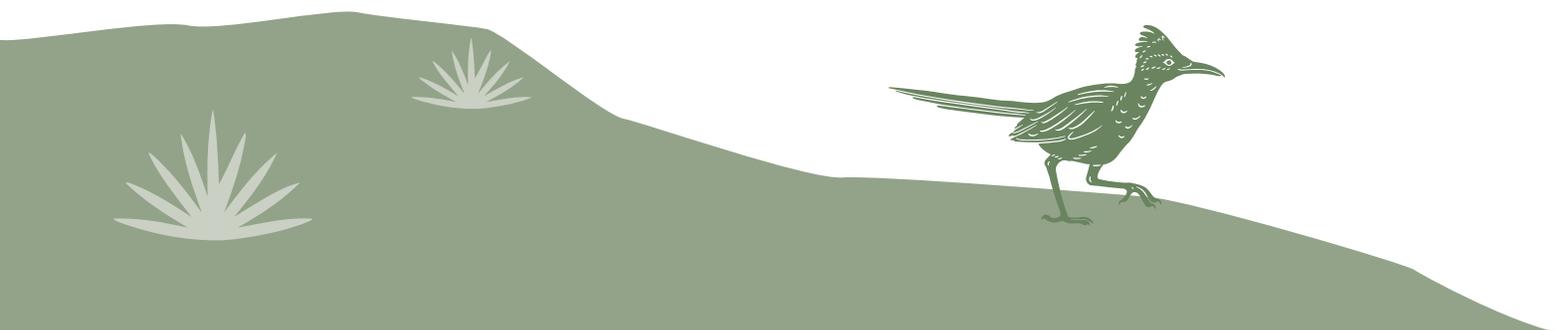


Figure 11: Barriers to Accessing Mental Health Care for LGBTQ+ Youth in NM (YRRS, 2021).

Twenty-seven percent of adult trans and gender nonconforming New Mexicans reported poor mental health (14 or more days of poor mental health in the last 30) compared to 13.4% of cisgender adults. Further, over one third of trans and gender nonconforming New Mexicans (33.3%) have been diagnosed with depression compared to 18.8% of cisgender people. It is important to mention that there are gaps in data collection specifically for trans and gender nonconforming people in New Mexico. Given the national political climate and ongoing rhetoric surrounding trans and gender nonconforming people, it is very probable these numbers are an underrepresentation. Additionally,

programs that collect data, along with some public health initiatives, combine and conflate LGB and trans and gender nonconforming populations. While there are overlaps between these various identities and combining identity categories may be appropriate in some cases, there are also health needs that are specific to various communities.<sup>248</sup>

*For a free, 24-hours-a-day, seven-days-a-week service that provides suicidal persons or those around them with support, call the New Mexico Crisis Line at 1-855-NMCRISIS (662-7474), the national Suicide Prevention Hotline at 1-800-273-TALK (8255), or the Trans Lifeline at 1-877-565-8860.*



## ADOLESCENT MENTAL HEALTH

Both boys' and girls' mental health has been declining since 2011, with an increasingly larger share of girls feeling persistently sad or hopeless. In 2011, the percentage of girls who felt sad or hopeless was 37.3% compared to 21.2% of boys the same year. By 2021, 56.9% of girls felt sad or hopeless compared to 31.6% of boys in the same year. The pandemic had an impact on youth mental health and, as of 2021, nearly one third (32.7%) of New Mexican high schoolers surveyed reported experiencing frequent mental distress.<sup>249</sup>

Mental health outcomes for adolescent girls are worse compared to their male peers on a variety of indicators. Across New Mexico high school-aged youth, cisgender girls were 1.5 times more likely to attempt suicide (11.9%) than their male peers (7.7%).<sup>250</sup> Girls in eleventh grade were significantly more likely (13.5%) than boys in the same grade (6.9%) to have attempted suicide. In 2017, McKinley (18.3%), Rio Arriba (17.9%), and Cibola counties (16.5%) had the highest prevalence of youth suicide attempts. These rates are indicative of the impacts of colonization, patriarchy, and structural racism, alongside inadequate resources available to the residents of counties such as McKinley. These structural barriers have profoundly negative impacts upon youth mental health. The pandemic may have also exacerbated mental health and, as of 2020, suicide was the second-leading cause of death for women and girls ages 10 to 24 in New Mexico.<sup>251</sup> Among adolescents aged 10 to 24 in New Mexico, the age-adjusted suicide rate was 21.68 per 100,000, more than double the national rate.<sup>252</sup> As the data shows, this issue requires more attention and resources intentionally in mental health and suicide prevention over the long term.

A recent study of young adults who grew up in New Mexico provides some insights about the experiences children in the state are exposed to that can impact mental health among women. An alarming 61% of women in New Mexico report that when they were a child, an adult had criticized them and made them feel that they were bad, stupid, or worthless. This is 7% higher than among men. When we look at the data from an intersectional

framework, we find that Hispanic (63%) and African American women (62%) are more likely to have had this experience as a child in New Mexico than compared to Native American women (49%).

LGBTQ+ youth in New Mexico experience disproportionate levels of adverse mental health outcomes. In 2021, half of transgender, genderqueer or genderfluid high school students in New Mexico reported having considered suicide in the past year (50.8%) and close to one third (30.9%) attempted suicide (compared to 20.1% of the total high school student population.<sup>253</sup> Anxiety and depression rates are high in this community, with 70% of LGBTQ+ youth and 79% of transgender and nonbinary youth reporting experiencing symptoms of anxiety. Depression is also high, with 57% of LGBTQ+ youth, and 64% of transgender and nonbinary youth reporting experiencing symptoms.<sup>254</sup>

As demonstrated in Figure 11, a large percentage of LGBTQ+ youth (60%) and transgender and gender nonconforming youth (60%) sought out mental health services in the past year but were unable to get it, indicating significant issues and gaps in mental health care access and provision. Indeed, access to trusted mental healthcare remains an obstacle for LGBTQ+ populations with 52% of youth who wanted to receive mental healthcare reporting they were unable to as they were afraid to talk about their mental health concerns with someone else, 45% expressing fear of not being taken seriously, and 38% believing it would not work. Another pressing issue is the cost of care. Nearly half (46%) of youth expressed that they could not receive care because they could not afford it, further illuminating the pressing need for free or affordable mental health care for New Mexicans, regardless of insurance status and type.

Finally, many LGBTQ+ youth face conflicts with parents or caregivers that impact their mental health. 43% of LGBTQ+ youth stated that they did not want to get their parent's or caregiver's permission to receive mental healthcare, demonstrating that a lack of support from some caregivers or parents may present a serious hindrance to LGBTQ+ youth receiving the care they need. Lack of familial support for LGBTQ+ youth is prevalent with 73% expressing low to moderate support from family. While LGBTQ+

youth report receiving most of their support from friends (73%), in terms of accessing mental health services, receiving familial and caregiver support is crucial. This highlights the existing barriers that minors face when trying to access mental health services and the need for systems to be reevaluated.

Indeed, these systems and policies impacting LGBTQ+ youth are discriminatory and often lead to higher rates of negative mental health outcomes. As one of our interviewees explained, the Albuquerque Public Schools (APS) system, which is the largest school district in the state, recently passed a parents' rights policy that requires any school official to provide information to parents about their child that previously would have been confidential.<sup>255</sup> The interviewee shared that if a student expressed something along the lines of: "I don't have supportive parents. I don't have a supportive adult in my life outside of you," a student counselor would be required to report this if parents filed a request. The policy creates a context in which LGBTQ+ youth may be less inclined to seek mental healthcare at school if they have unsupportive parents. This highlights how some policies—regardless of how well-intentioned they are—may harm marginalized and vulnerable communities.

### SUBSTANCE USE

Substance use<sup>li</sup> remains a significant public health issue in New Mexico impacting women and LGBTQ+ people and their communities. Substance use is often related to experiences of trauma, mental health, structural inequalities, discrimination, stress, and physical ailments. Substance use and misuse are also connected to a myriad of issues including domestic violence, mental health, incarceration, and being unhoused. For example, alcohol is often used to self-medicate and is also frequently present in suicides and homicides, demonstrating that alcohol has the potential to cause, contribute to, and exacerbate violence.<sup>256</sup>

li "Refers to the use of selected substances, including alcohol, tobacco products, illicit drugs, inhalants, and other substances that can be consumed, inhaled, injected, or otherwise absorbed into the body with possible dependence and other detrimental effects." Centers for Disease Control and Prevention, "Substance Use," accessed March 12, 2025, <https://www.cdc.gov/nchs/hus/sources-definitions/substance-use.htm>.

*"These grandmothers, they... We don't have the finances. They don't have the finances to support grandparents raising grandchildren. Therefore, the children suffer. And the sad part is that these children already come from trauma. They already come from brokenness. And to be in my county in this state [there] is... that stigma...you must be an addict...your parents or grandparents must be addicts."*

*-Barrios Unidos*

Although women are not disproportionately affected by substance use or substance use disorders, the broader consequences and burdens are predominantly shouldered by women. As one of the non-profit leaders interviewed explained, this issue not only affects the person who has the substance use challenges but their entire family.<sup>257</sup> People with substance use challenges who are parents may be unable to care for their children who then become the responsibilities of other family members, often grandmothers. As the same interviewee further highlighted, some existing systems may inadvertently exacerbate the substance use crisis this state faces. The interviewee shared that some people develop substance use challenges while they are incarcerated. Often, people use substances as a coping mechanism for stress, physical ailments, or trauma.<sup>258</sup> Institutions that inadequately protect people and exacerbate stress, such as prison systems, contribute to and worsen this crisis.

New Mexicans are much more likely than the national average to die of a drug or opioid overdose, with 51.6 drug overdose deaths per 100,000 compared to the national average of 32.4 per 100,000 for 2021.<sup>259</sup> Although opioid overdoses made up slightly less than half (48%) of all drug overdoses for Americans in 2000, as of 2021 they made up 75% of drug overdoses. In New Mexico, 71% of all drug overdose deaths in 2021 were opioid overdose deaths.

Drug use and overdose patterns differ by a variety of demographics in the state. Overall, men are significantly more likely to die of drug overdoses in the state than women. Hispanic women have the highest rates of drug overdoses for New Mexicans under 24 years old, at 4.8 deaths per 100,000.<sup>260</sup> When analyzing broader racial differences for New Mexicans in drug overdoses, there are stark differences—at 10.2 deaths per 100,000, Black people are significantly more likely to die of a drug overdose than White people, who have 7.8 deaths per 100,000. Native American women have a relatively lower rate, at 2.9 deaths per 100,000. More data is needed to understand substance use among Asian New Mexicans.

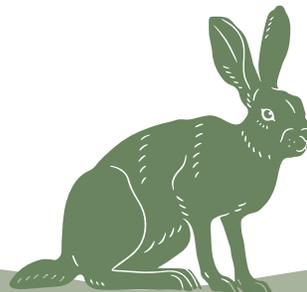
A national sample from the Substance Abuse and Mental Health Services Administration shows that LGBTQ+ people have higher rates of illicit and non-illicit drug use as well as substance use disorders. Bisexual (31.6%) and lesbian women (29%) reported more binge alcohol use compared to their straight counterparts (21.4%).<sup>261</sup> Lesbians were twice as likely than straight women to be heavy drinkers. Lesbian and bisexual women were between 2 and 3 times more likely to have used illegal drugs in the past year compared to their straight counterparts.<sup>iii</sup> New Mexico-specific data should be collected to elucidate LGBTQ+ rates of substance use in the state.

According to the New Mexico Department of Health, for nearly four decades, New Mexico has ranked among the highest states in the country for alcohol-related deaths.<sup>262</sup> The state’s alcohol-related death rate is 86.6 per 100,000, compared to 41.5 nationally.<sup>263</sup> The counties with the highest number of alcohol-related deaths are McKinley with a rate of 249.7 alcohol-related deaths per 100,000, Rio Arriba County with a rate of over 178.7 per 100,000, and San Juan with a rate of 152.6 per 100,000.<sup>264</sup> In

contrast, the counties with the lowest alcohol-related deaths were Harding County with a rate of 20.2 per 100,000, Mora with a rate of 23 per 100,000, and Los Alamos with a rate of 35.3 per 100,000.

Critically, when people with substance use disorders seek help, they are often unable to access care due to underfunded and understaffed treatment facilities. While all 33 counties in New Mexico have at least one outpatient substance use disorder treatment location, only 13 counties have inpatient and residential treatment facilities. As a result of treatment gaps, an estimated 134,378 people need substance use treatment but have not received care due to a lack of services. The largest gap in substance use treatment availability was for alcohol. In 29 of New Mexico’s 33 counties, over 50% of people with a substance use disorder who need treatment are not receiving it, demonstrating the lack of services, particularly in rural counties and communities.<sup>265</sup> As a focus group participant in the City of Santa Fe Community Safety and Well-being Report expressed: “There are not sufficient services for residents struggling with addiction to opioid drugs which causes many to live on the streets if they cannot gain access to a bed in one of the treatment facilities.”

iii The survey found similar patterns for men—gay and bisexual men were 2 to 3 times more likely to use illegal drugs than straight men.



## POLICY RECOMMENDATIONS FOR HEALTH EQUITY

### IMPROVE ACCESS TO PERINATAL HEALTHCARE

- ◆ Address perinatal and birthing healthcare deserts by investing federal and state funding aiming to incorporate obstetric and gynecological services into local clinics and hospitals.
- ◆ Regularly review and update Medicaid perinatal payment rates, and advocate for rate increases with other insurers in partnership with community-based organizations and individuals providing these services.
- ◆ Secure insurance coverage and establish fair payment rates for all primary perinatal healthcare providers and other support people in all settings.
- ◆ Require state workforce development entities to recognize direct entry midwifery as a trade.
- ◆ Ensure midwife licensure programs are linguistically and culturally responsive, financially accessible, and easily navigable for individuals seeking to enter those professions with an emphasis on recruiting Indigenous, Black, and other birth workers of color.
- ◆ Increase access to culturally and linguistically responsive community-based primary perinatal healthcare care providers and support workers.
- ◆ Ensure access to low-cost or free perinatal behavioral health services, in and outpatient substance use treatment programs, and family-inclusive and culturally sensitive peer-support.

### ADDITIONAL PERINATAL AND REPRODUCTIVE CARE POLICIES

- ◆ Implement statewide paid family leave legislation to support parents, caregivers, and children prepartum and postpartum.
- ◆ Require anti-bias training for healthcare providers including reproductive justice and health equity frameworks with the aim to

address racial bias and other discrimination in service provision.

- ◆ Prioritization by the New Mexico Department of Health, in collaboration with Black and Indigenous-led community organizations, of a timely and actionable plan to address birth outcome inequities in Native American and Black communities in New Mexico including community engagement, and nuanced engagement with Tribal Nations and urban Native populations.
- ◆ Increase provider collaboration between primary perinatal healthcare providers, as well as other support workers including doulas, *promotoras*, traditional healers, and community health workers to build stronger, patient-centered, patient-driven, collaborative healthcare teams.<sup>266</sup>

### IMPROVE ACCESS TO REPRODUCTIVE HEALTHCARE

- ◆ Expand the reproductive health care provider workforce through pathways to training for nurse practitioners, nurse midwives, licensed certified midwives, and physician assistants, as well as providers of abortion care.<sup>liii</sup>
- ◆ Improve access to the full spectrum and culturally responsive healthcare, including abortion care, for those lacking access including rural communities, individuals with disabilities, immigrants ineligible due to their immigration status, and more.
- ◆ Expand community-based, multilingual, and culturally competent reproductive healthcare community awareness programs, including for birthing and abortion.
- ◆ Ensure access to comprehensive sex education and access to free or affordable contraceptives.

<sup>liii</sup> Informed by policy recommendation from Sara Estep, "Protecting and Increasing Abortion Access," Playbook for the Advancement of Women and the Economy (Center for American Progress, March 14, 2024).

## IMPROVE QUALITY OF AND ACCESS TO HEALTHCARE AND HEALTHY FOOD

- ◆ Increase access to health insurance through implementing Medicaid Forward which would extend New Mexico’s Medicaid program eligibility to all nonelderly residents and undocumented immigrants making Medicaid available to nearly all New Mexicans at little or no cost.<sup>267</sup>
- ◆ Continue to increase long-term operational funding for existing hospitals and clinics, particularly in rural communities.
- ◆ Increase SNAP benefits and reassess eligibility requirements for low-income New Mexicans to ensure they can adequately provide their families with healthy and nutritious food. Continue, renew, and expand the Medicaid 1115 waiver so that Food is Medicine services and benefits are covered under this pilot initiative.
- ◆ Advocate for a federal Farm Bill that supports women, LGBTQ+, local farmers, and particularly farmers of color, by ensuring resources are accessible to underrepresented groups, expanding public health benefits, and increasing funding for Gus Schumacher Nutrition Incentive Program (GusNIP PPR).<sup>liv</sup>

<sup>liv</sup> The GusNIP PPR is a USDA grant program authorized under the Farm Bill. It works to lower the cost of fruits and vegetables for customers shopping with SNAP benefits. Joelle Johnson and Lanae Hood, How GusNIP in the Next Farm Bill Can Help Small Farmers (Center for Science in the Public Interest, 2024), accessed October 31, 2024, <https://www.cspinet.org/cspi-news/how-gusnip-next-farm-bill-can-help-small-farmers>.

## IMPROVE ACCESS TO BEHAVIORAL HEALTH

- ◆ Ensure access to healthcare and affordable treatment for people with substance use disorders through increased funding for existing resources to decrease long waitlists and wait time, such as the CARE campus,<sup>lv</sup> in-patient and out-patient treatment, and medical detox centers, as well as investing funds in the creation of new resources in areas with the greatest need.
- ◆ Ensure there are mental health services that are free or affordable for LGBTQ+ people, low-income people, youth, new parents, particularly in rural communities.
- ◆ Ensure accessibility to culturally and linguistically responsive behavioral health services through bilingual communications and materials, bilingual providers, and the use of interpreters.

<sup>lv</sup> The Comprehensive Assessment and Recovery through Excellence Campus offers detox, crisis stabilization, public inebriate interventions, observation and assessment, and transitional living services, and is administered by Bernalillo County.



# ENVIRONMENTAL AND CLIMATE JUSTICE

Nationwide, data increasingly demonstrates the gendered and racialized impacts of climate change and environmental pollution. Nationally, Hispanic and Black people bear a pollution burden of 63% and 56% in excess exposure compared to White people, which contributes to significant disparities in health outcomes, many of which are also gendered.<sup>268</sup> New Mexico is no exception with our history of nuclear colonization as a “nuclear sacrifice zone,”<sup>lvi, 269</sup> the proximity of superfund sites and contaminated areas to many low-income and communities of color, our extractive economies including our status as the nation’s second-largest oil and gas producer, and our reality as a desert state on the front lines of climate catastrophe.<sup>270</sup> Unfortunately, the current national political context and shifting policy landscape—around oil and gas extraction, fracking, renewable energy, and climate catastrophe and the environment more broadly—will exacerbate many of the issues outlined in this section.

lvi Nuclear sacrifice zones are areas which have been disproportionately harmed by nuclear weapons development and or testing. As a state which sees the entire process of nuclear weapons development—from uranium mining, to weapons development, to nuclear waste disposal—New Mexico is subject to the most severe impacts of nuclear development.

## NEW MEXICO’S HISTORY OF NUCLEAR COLONIZATION



A comprehensive analysis of environment and climate justice would consider our air, land, water, and built environment. It would also address the compounding pressures and risks of climactic and environmental issues on other indicators in this report (for example, the added risks from climate change to the unhoused community or the health impacts of living near superfund sites across the state). However, this section on the intersection of gender, climate, and environment is somewhat emergent and due to the constraints of this report, we only outline some select key ways in which environment and climate have specifically gendered and racialized impacts across the state. A key recommendation is the need for more extensive data collection and research around environment and climate with gender and racial lenses. Our hope is that future research will be published at this intersection specifically.

According to the NM Department of Health, environmental justice is the “right to a safe, healthy, productive, and sustainable environment for all, where ‘environment’ is considered in its totality to include the ecological (biological), physical (natural and built), social, political, aesthetic, and economic environments. This term acknowledges environmental ‘injustice’ as the past and present state of affairs and expresses the sociopolitical objectives needed to address them.”<sup>271</sup> Further, many Native American and land-based communities affirm the inherent sacredness of the earth and its fundamental right to be free from ecological destruction. Alongside this, a climate justice perspective recognizes the disproportionate impacts of the climate crisis upon women, girls, and LGBTQ+ people, and low-income and communities of color.<sup>272</sup>

## ENVIRONMENTAL JUSTICE

Given that some of the most profound disparities outlined in this report are between McKinley and Los Alamos counties, this section prioritizes the histories and issues in those locations as a window into broader statewide environmental and climate disparities. New Mexico’s history of nuclear colonization<sup>273</sup> continues to negatively impact the physical health of people across the state. Uranium

*“The burden of proof of harm falls on those most impacted to try and gather those resources, and time and energy to prove the harm is even happening...Because these impacts stretch for hundreds of miles...but yet the accountability and jurisdiction stops at these imaginary borders, which doesn’t apply to the environment or nature. Water and land don’t have these borders in regards to contaminants.”*

*-Breath of My Heart Birthplace*

mining in the northwest, the chromium plume at Los Alamos National Lab, the Trinity Test site in the southern region, have all taken disproportionate tolls on the health of the Native American and Hispanic workers and communities that provide the labor for these toxic industries. More broadly, the New Mexico Department of Health has outlined how environmental racism has led to policies, regulations, and laws that have targeted communities of color for polluting industry sites and toxic waste disposals such as these.<sup>274</sup>

In addition, Native American community experts and advocates have long argued that women and children are most at risk of radiation and toxic waste exposure in an “example of how environmental justice intersects with reproductive justice.”<sup>275</sup> According to the International Commission on Radiological Protection, the “reference man” for safe levels of radiation exposure is a “154-pound adult, White male, of western European descent and custom, being 5’7” in height, and between 20–30 years in age.” However, evidence indicates that “women are 52% more likely to get cancer from the same dose as a man, and infants when exposed to radioactive iodine are 75% more likely” and that some toxins from nuclear sites can cross

the placental barrier.<sup>276</sup> Namely, our regulations and current conditions are not only defined by environmental racism but are also deeply gendered.

### URANIUM CONTAMINATION FROM MINING

Uranium has been mined in New Mexico primarily from the 1950s to the 1980s to fuel the nuclear military industry with nearly half of the uranium supply used by the U.S. during the Cold War for nuclear weapons coming from our state.<sup>277</sup> Uranium exposure and contamination remains a serious issue that disproportionately impacts Native American communities including the Navajo Nation, Laguna Pueblo, Zuni Pueblo, and others. There are around 1,100 uranium mines and mill sites in New Mexico, with around half on the Navajo Nation and most abandoned without cleanup.<sup>278</sup> Many Navajo people have died of cancer and kidney failure, and continue suffering from increased likelihood of hypertension, diabetes, kidney disease, and immune dysfunction, all linked to uranium exposure.<sup>279</sup>

Early findings from the Navajo Birth Cohort Study<sup>280</sup> indicate that over one quarter (26%) of Navajo women had, “concentrations of uranium that exceeded levels found in the highest 5% of the U.S. population, and newborns with equally high concentrations.”<sup>281</sup> Indeed, the study found that “some infants were born with uranium in urine greater than is seen in 95% of adults in the U.S. . . . with subsequent samples, through the first year and . . . through age 5, indicating exposures to at least arsenic and uranium continue to increase through early childhood.”<sup>282</sup> The impacts of this exposure have profound lifelong maternal and child health outcomes for our communities. The prevalence of this exposure is a pointed example of gendered environmental racism and is also a colossal policy failure for our state.

### EXTRACTIVE ECONOMIES AND GENDER-BASED VIOLENCE

Research has shown time and again that there are direct correlations between the presence of extractive industries and increased rates of sexual and gender-based violence.<sup>283</sup> When fossil fuel companies and their workers are located in

*“[For many] Indigenous people, we view earth as Mother Earth, as a female entity. And everything that happens to her happens to all females...we’re seeing that now with uranium. One of our doulas is involved with The Navajo Birth Cohort Study...they do a urine analysis to check for trace amounts of uranium. The community members that went through that study [who will deliver a baby in Chinle, Gallup, Shiprock, Ft. Defiance, and Tuba City], were finding trace amounts of uranium in their urine. These are breastfeeding individuals. A lot of them were getting really concerned about it. And they were asking their Primary Care Provider at the hospital, “What’s our next steps? Do we get screened? Do we keep coming back?” And they didn’t know what to tell them. I’m like, “They don’t even have a next step.”*

*-Navajo Birthworker Collective*

proximity to Native American communities, we see a “sexual violence pipeline onto Native land,” largely due to the lack of accountability for perpetrators.<sup>284</sup> As the section on Safety in this report outlined, Native American women, girls, and LGBTQ+ people in New Mexico experience disproportionate rates of violence, some of which is caused by the presence of these extractive industries on, or adjacent to Tribal lands. As Native American women bear the brunt of continued violence related to the extractive industries, the earth bears the larger impact of catastrophic environmental and climate changes.

## CLIMATE JUSTICE

The UN advocates for adopting an intersectional feminist lens to better understand the ways in which “climate change risks are acute for indigenous and Afro-descendent women and girls, older women, LGBTQ+ people, women and girls with disabilities, migrant women, and those living in rural, remote, conflict and disaster-prone areas.”<sup>285</sup> Trans and gender nonconforming people are particularly vulnerable to the impacts of climate change due to compounding discrimination during relief and recovery efforts, and a lack of access to gender-specific services.<sup>286</sup> While we do not have data specific for New Mexico for the following sections, we do know that all 33 of New Mexico’s counties are currently experiencing drought and that 1.7 million New Mexicans are living in drought conditions. Southern counties such as Otero, Doña Ana, Luna, Eddy, and Hidalgo are the most adversely impacted by drought conditions.<sup>287</sup> Further, New Mexico is the “second-fastest-warming state in the nation” and is predicted to see doubled rates of heat-related illness deaths by 2030 based on forecasted temperatures.<sup>288</sup> Additionally, New Mexicans will experience other changes related to climate change such as increases in mold, dust, pollen, and other allergens that all then have associated health impacts.<sup>289</sup>

### CLIMATE CRISIS AND GENDER-BASED VIOLENCE

In this context, New Mexico is still recovering from the two largest fires in our state history which occurred in 2022. A clear link has been established between climate catastrophe and sexual and gender-based violence, with overwhelming evidence that extreme weather and climate events, such as fires and heat waves, increase rates of violence.<sup>290</sup> While we do not have data for New Mexico, international data indicates that domestic violence has been

shown to rise 60% after extreme weather events. While it remains unclear precisely why, research suggests this could be due to general stress levels increasing, reduction in social services, or even increased heat and humidity, all of which prompts more aggressive behavior.<sup>291</sup>

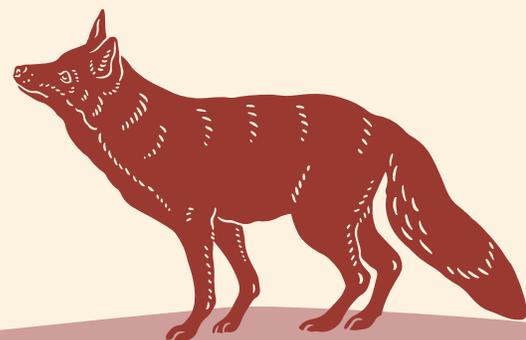
### CLIMATE CRISIS AND REPRODUCTIVE HEALTH

Climate and environment are both deeply linked to reproductive health. Research shows that pregnant people exposed to air pollution and high temperatures are more likely to experience miscarriages, preterm birth, and underweight or stillborn babies, as well as suffer from preeclampsia and eclampsia.<sup>292</sup> Similarly, recent research documented that “7,000 babies were born preterm in California between 2007 and 2012 as a result of wildfires, and by the end of the century, an additional 42,000 babies could be born preterm every year in the US due to extreme heat.”<sup>293</sup> Further, poor maternal health outcomes (maternal morbidity, infant mortality, and preterm labor) are all correlated with extreme heat which is worsening with climate catastrophe. While we do not have data specific to New Mexico, our state’s vulnerability to climate change and disaster risk is paralleled by increased vulnerability for women, birthing people, and their babies.

Simply put, the climate crisis and environmental injustice are neither gender neutral nor race neutral. It is critical to understand the connection between the well-being of the earth and the bodies of women, girls, and gender nonconforming people. The intersectional approach of this section is grounded in and led by our partners across the state who have long coupled gender and reproductive justice with environmental and climate justice.

## ENVIRONMENTAL AND CLIMATE POLICY RECOMMENDATIONS

- ◆ Increase data collection and research efforts in New Mexico around the gendered and racialized impacts of environmental issues and climate crisis to inform governmental management and intervention efforts to climate catastrophes.
- ◆ Advocate at the congressional level for the reauthorization of the Radiation Exposure Compensation Act (RECA) and expansion to include the Trinity test downwinder communities and communities impacted by uranium mining in general.
- ◆ Fund and oversee radiation and toxic waste cleanup programs in areas impacted by uranium mining and nuclear industry contamination, centering input from the impacted communities.
- ◆ Advocate for state and federal policy commitments to a just transition including ensuring that any energy and climate policies are supported by the environmental and climate justice movement leaders and are subject to race and gender impact assessments.
- ◆ Invest in local energy democracy in communities including micro-grids and community solar to both shift to renewable energy localize energy production.
- ◆ Protect existing funding for renewable energy infrastructure that is already in place, such as solar and windfarms.
- ◆ Ensure that those industries that have benefited most from fossil fuels are responsible for funding the mitigation of climate impacts.<sup>294</sup>





Youth United for Climate Crisis Action (YUCCA) leads a powerful street mural and traffic blockade on the opening day of New Mexico's 2025 Legislative Session. Photo courtesy of YUCCA by Rory Sopoci-Belknap.

## POLITICAL PARTICIPATION

Equity and parity in political leadership are paramount to achieving gender justice. Cis and trans women and other LGBTQ+ leaders possess knowledge, skills, perspectives, and life experiences crucial to addressing the complex political, social, and economic challenges facing our state.<sup>lvii</sup> Women and LGBTQ+ people across the country, but especially in New Mexico, have made strides with regard to leadership on multiple fronts. In terms of holding positions in municipal offices, New Mexico currently ranks 22nd,<sup>295</sup> with some cities such as Santa Fe and Las Cruces standing out as exceptional examples. It is critical to note that the national political climate has led to restrictive voting policies that will likely impact voting rights and future voter participation from historically excluded communities including voters of color, people with disabilities, the elderly, and naturalized citizens.<sup>296</sup>

lvii See for example: Michele L. Swers, "Are Women More Likely to Vote for Women's Issue Bills Than Their Male Colleagues?" *Legislative Studies Quarterly* 23, no. 3 (1998): 435-448, <https://doi.org/10.2307/440362>.

**New Mexico is a national leader in descriptive representation of female and Hispanic people and is one of the few states in the country to have nearly equal representation of women in the state legislature. In terms of participation, New Mexico passed the 2023 Voting Rights Act, legislation that will expand voter protections and access.**

## VOTING

Census data illustrated in Figure 12, shows that 58.3% of the electorate voted in 2020<sup>lviii</sup> in New Mexico, lower than the average voting rates of the United States at large (61.3%).<sup>297</sup> New Mexican women were slightly more likely than New Mexican men to vote that year, with 57.4% of men and 59.2% of women voting. The largest gap can be observed by race and ethnicity with 72.7% of non-Hispanic White people voting in New Mexico in 2020 compared to 45.6% of Hispanic people. It is important to note that census voting data is not available for Black, Asian, or Native voters (nor disaggregated by gender

for these groups) due to smaller population sizes in New Mexico.<sup>lix</sup> In terms of affiliation, according to one report from the University of New Mexico Department of Political Science, 49% of women identify as Democrats, 29% of women identify as Republicans, and 22% of women identify as an independent and/or other. When looking at the age of New Mexican voters, 34% of voters are 45 to 64 years old, 31% are over 65 years old, 21% are 33 to 44, and lastly, 13% are 18 to 29.<sup>298</sup> The result of these voting patterns is that New Mexico’s electoral outcomes are largely determined by White non-Hispanic voters that are over 45 years old.

lviii At the time of drafting this report, 2024 census voting data was not yet available.

lix Census voting data is not available for Black, Asian or Native voters. According to the data table “The symbol B means that the base is less than 75,000 and therefore too small to show the derived measure.” U.S. Census Bureau, “Voting and Registration in the Election of November 2020,” 2021, accessed February 12, 2024, <https://www.census.gov/data/tables/time-series/demo/voting-and-registration/p20-585.html>. There are other data sources available for these populations. For example, data related to 2024 AAPI voters in New Mexico can be found here: <https://aapidata.com/wp-content/uploads/2024/03/New-Mexico.pdf> and some data on Native American voters can be found here: <https://www.commoncause.org/new-mexico/press/new-report-examines-native-american-voter-participation-in-new-mexicos-2020-primary-election/> and New Mexico Black Voters Collaborative seeks to offer information and tools related to Black voters in the state: <https://nmbvc.org/>. These sources are not disaggregated by gender and they are also not all from the same time period, so data is not included in the full report text.

### PERCENT REGISTERED TO VOTE AND PERCENTAGE OF VOTERS IN 2020 IN NM

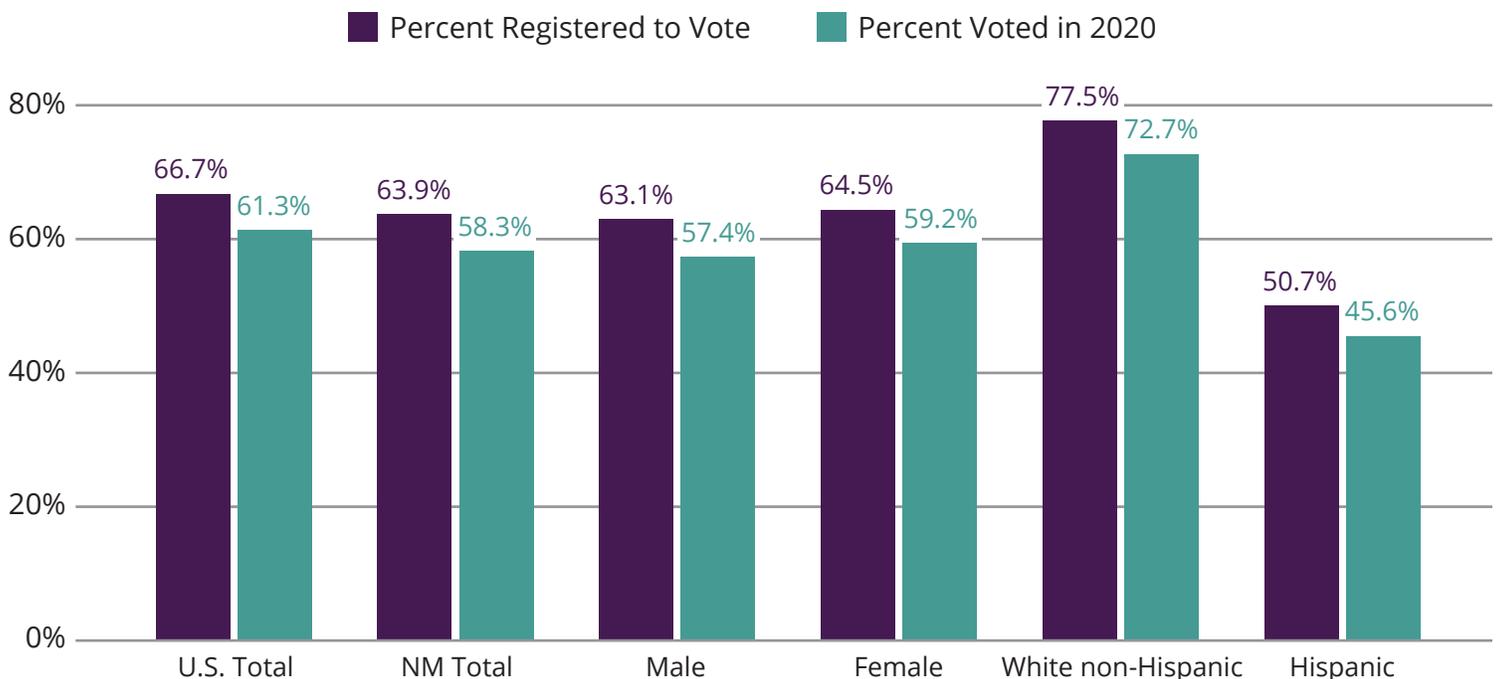


Figure 12: NM Registered vs. Actual Voters in 2020 (U.S. Census Bureau, 2021).

It is important to note that this data does not disaggregate trans women and gender -conforming people, which is crucial. This is critical, considering that 1 in 6 American adults aged 18 to 24 identify as LGBTQ+,<sup>299</sup> and transgender and gender nonconforming people in particular facing barriers to accessing state issued identification cards sometimes necessary for voting.<sup>300</sup> Additionally, 30% of transgender voters reported verbal harassment because of an identification card with a name or gender marker that did not match their gender expression.

While we continue to see voter suppression measures being enacted in other states, in 2023 New Mexico passed robust legislation expanding voter protections and access. The Voting Rights Act is a unique measure in the country, demonstrating once again the incredible collective organizing power among community groups and political leaders that is possible in our state. This law enshrines the following:

*automatically registers voters at the MVD or other local public office designated by the Secretary of State, restores the right of previously incarcerated individuals to vote upon their release from custody, creates a voluntary permanent absentee voter list, prohibits the transfer or publication of voter data online, mandates same-day voter registration at all polling places, mandates at least two monitored secure ballot drop boxes per county; and enacts the first-in-the-nation Native American Voting Rights Act allowing Indian nations, tribes, and pueblos to amend their request for voting locations and to apply for secured ballot drop boxes and allows electors to use government buildings as their mailing address.<sup>301</sup>*

This comprehensive voting rights legislation will help to ensure that New Mexicans are able to vote and are more fairly represented at the ballot box.

## POLITICAL REPRESENTATION

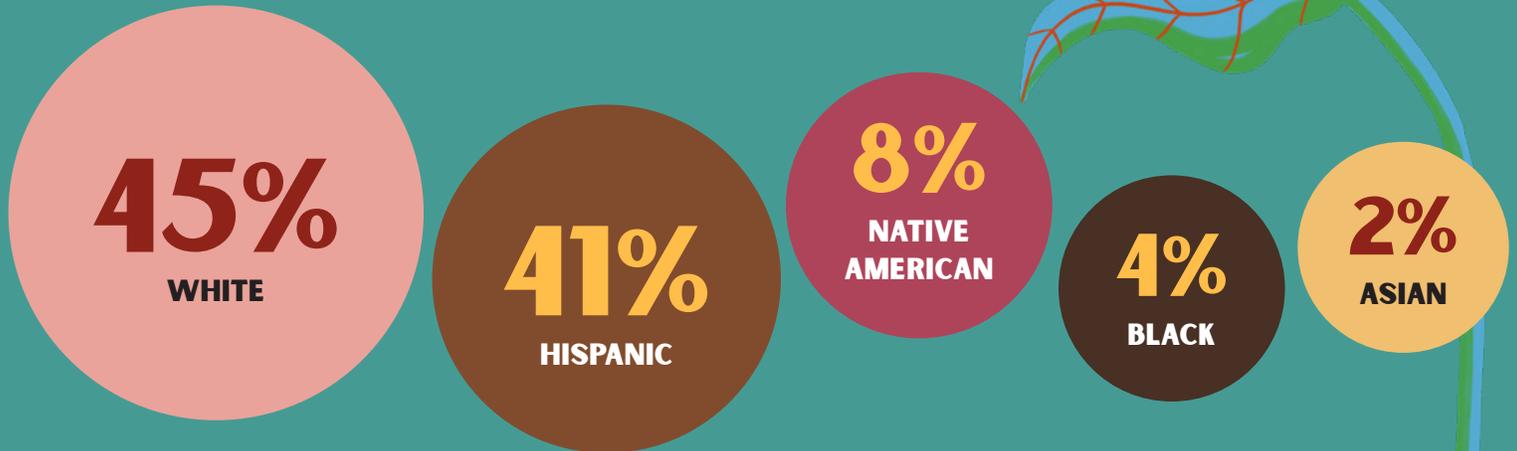
**New Mexico elects more women of color than the rest of the country and women in New Mexico currently make up 52.7% of the state legislature.**

One of the more important trends is the rise of women in elected offices and other positions of influence across the state. Higher levels of representation in diverse elected officials is associated with increased political knowledge and civic engagement for women in New Mexico, greater levels of trust in government, and most importantly, the creation of policies that are beneficial to women and LGBTQ+ people.<sup>ix</sup> Overall, New Mexico ranks fourth in the country for gender parity for elected officials.<sup>302</sup> There are ten statewide elective executive officers and, in 2024, four were women including Governor Michelle Lujan Grisham. Additionally, New Mexico has had the second-highest number of women serve as statewide executives in the country. New Mexico also elects more women of color than the rest of the country and is often highlighted as the leader in descriptive representation of the Hispanic community and women.<sup>303</sup> This is reflected in the current four consecutive terms of Hispanic female Governorship and the high percentage of women in the state legislature.<sup>304</sup>

Women in New Mexico currently make up 61.4% of the State House of Representatives and 38.1% of the State Senate. When combined, women make up 52.7% of the state legislature in New Mexico, which

ix For a more expansive discussion of the benefits for women associated with descriptive representation see the following articles: Jonathan Homola, "The Effects of Women's Descriptive Representation on Government Behavior," *Legislative Studies Quarterly* 47, no. 2 (2022): 295–308, <https://doi.org/10.1111/lsg.12330>; Jennifer Wolak, "Descriptive Representation and the Political Engagement of Women," *Politics & Gender* 16, no. 2 (2020): 339–362, <https://doi.org/10.1017/S1743923X18000910>; Mona Lena Krook and Pippa Norris, "One of Us: Multilevel Models Examining the Impact of Descriptive Representation on Civic Engagement," SSRN Scholarly Paper, 2009, <https://doi.org/10.2139/ssrn.1457489>; Karen Beckwith, "Numbers and Newness: The Descriptive and Substantive Representation of Women," *Canadian Journal of Political Science / Revue Canadienne de Science Politique* 40, no. 1 (2007): 27–49. However, as noted in the introduction as well, descriptive representation often is not enough to guarantee the advancement of women's rights or interests since women as a group are not homogeneous.

# DATA HIGHLIGHT: REPRESENTATION OF WOMEN BY RACE



## WOMEN IN LEGISLATURE

Women in the legislature almost mirror the state's ethnic and racial makeup.

*“One of the biggest challenges we face as a state is representation and making sure that we have good representation at all levels of government, including within our school districts, our schools, our state agencies, our governor’s office, and our Legislature. It’s really important that there be representation there coming from our communities, both racially, demographically, income-wise . . . disability status. And for LGBTQ+ communities. That we have that representation because it really dictates what a lot of our programs look like and what our laws look like.”*

*-New Mexico Center on Law and Poverty*

is well over the national average (32.43%).<sup>305</sup> New Mexico is one of the few states in the country to have nearly equal representation of women in the state legislature relative to their share of the overall population. In terms of LGBTQ+ representation, there is insufficient data to make broad claims, however, currently New Mexico’s state legislature has at least five LGBTQ+ elected representatives.<sup>306</sup> When we look at the representation of women by race, we see that women in the legislature almost mirror the state’s ethnic and racial makeup with 45% of women in the legislature identifying as White, 41% as Hispanic, 8% as Native American, 4% as Black, and 2% as Asian.<sup>307</sup> At the legislative level, women in New Mexico have nearly achieved descriptive representation, an impressive accomplishment that has already translated into positive policy outcomes and has the potential to create further transformative policies for women across the state.

The high level of descriptive representation for women in New Mexico is not limited to the legislature. At the federal level, New Mexico also has a high level of female representation. In the 2020 election, New Mexico was the first state in history to elect an all-women delegation to the

House of Representatives, all of whom were women of color, including two Native American women.<sup>308</sup> Although New Mexico no longer has 100% female representation in the House of Representatives following the 2022 election, it still has a higher percentage of female Congressional representation (66%) compared to the national average (28%).<sup>309</sup> On the other hand, New Mexico's U.S. Senator position lags behind on gender representation, with the state never having elected a woman into office.<sup>310</sup> This is one political office where women in New Mexico are very underrepresented.<sup>311</sup>

There are similar trends of gains in female representation at other levels of government across the state, including city councils, Tribal councils, county commissions, and school boards. For example, in 2021 the Pueblo of Pojoaque made history by being led by an all-women cabinet.<sup>312</sup> Similarly, in the City of Las Cruces from 2021 to 2023, all six members of the City Council and the mayor were women. This was the first time all city elected officials were women in New Mexico's southern urban metro-area, and among only a handful of cities ever to have a fully female council.<sup>313</sup> As of 2024, the Santa Fe City Council is majority female with two members representing the LGBTQ+ community.

The other lesson learned from Santa Fe and Las Cruces is the impact that ranked-choice voting (RCV) may have on the representation of women and LGBTQ+ people, and particularly people of color, across the state. The City of Santa Fe participated in their first ranked choice voting election in 2018, and Las Cruces followed soon after in 2019. Ranked-choice voting is a process where voters can choose more than one candidate by ranked preference.<sup>lxi</sup> The political science literature has suggested this system helps "level the playing field" for women and candidates of color. There should be concerted efforts to offer and expand ranked choice voting across the state.

lxi Ranked choice voting (RCV) gives voters the power to rank candidates from favorite to least favorite. The result is that if one candidate receives most votes in the first round, they win, like in our current system. However, if no candidate receives the majority, RCV then ensures that the candidate with the most votes and broadest support wins, ensuring that voters are most effectively represented. Learn more about RCV in New Mexico from FairVote here: <https://fairvote.org/archives/ranked-choice-voting-in-new-mexico/>.



*Community members learning to weave during the Yucca Basketry workshop at the Flowering Tree farm site. Photo by Flowering Tree Permaculture.*

Although New Mexico is a national leader in female political representation, there remains room for continued growth and improvement. Perhaps the most significant reform needed in New Mexico's political system, and an issue highlighted by the non-profit leaders we interviewed, is enacting a paid full-time legislature. New Mexico is one of only fourteen states with part-time legislators and is the *only state* that does not pay their legislators.<sup>314</sup> Given the time commitment involved during the session and throughout the year, it is incredibly difficult for working people to become legislators without full-time compensation.<sup>315</sup> As Representative Dayan Hochman-Vigil stated, "They used to say the only way you could serve in the New Mexico legislature is you had to be one of the three 'Rs': rich, retired, or resourceful."<sup>316</sup> A paid and full-time legislature would promote equity and enable a wider range of cis and trans women, including women of color and working women, LGBTQ+ people, and young people to consider running for office at the state level.

## POLICY RECOMMENDATIONS FOR POLITICAL PARTICIPATION

### INCREASE VOTER PARTICIPATION

- ◆ Support community-based organizations working to register and increase voter participation amongst low-frequency voters in New Mexico.
- ◆ Expand voter education programs to increase awareness about the many ways New Mexicans can vote including in person, early voting, by mail, by drop box, and absentee voting.
- ◆ Strengthen civic education programs in schools to increase voter participation among young people.
- ◆ Lower the voting age to 16 years old to improve young voters' civic participation.

### IMPROVE REPRESENTATION OF WOMEN AND LGBTQ+ NEW MEXICANS IN ELECTED OFFICE

- ◆ Modernize New Mexico's legislature by making elected positions full-time paid positions to incentivize more women and members of working-class and historically marginalized communities to run and remain in office.
- ◆ Provide the legislature with full-time professional research staff and offices in their home districts.
- ◆ Address the overall environment within the legislature to be safer and more welcoming to cis and trans women and LGBTQ+ people including increasing accountability for sexual harassment and creating a more independent and transparent review system to investigate and pursue accountability for harassment claims against lawmakers.
- ◆ Increase the frequency at which the legislature meets in order to ensure broader public participation and increased time and capacity for formulating legislation.
- ◆ Implement public financing programs for all statewide elected positions, as well as create a fund to support public financing for school board, municipal, and county elections.



Panelists Daniel Williams (ACLU-NM) and Bryan Avila (New Mexico Dream Team), and interpreter Brian Rassmussen, during the 2024 LGBTQ Statewide Summit. Photo by Elsa López.

## EDUCATION

Education is an important determinant that may lead to better health, higher incomes, and higher levels of civic engagement and political participation. The success of education can be measured in a myriad of ways including subject area proficiency and the rates at which various demographic groups obtain different levels of education. It is important to note these are standard Western<sup>lxii</sup> metrics to measure success and may not be shared across various cultural contexts, cosmologies, and epistemologies. While New Mexicans have worse education outcomes overall than in most other states,<sup>317</sup> it is important to mention that we have recently implemented historic policies which are having critical impacts.

lxii The term Western refers to a position of epistemic, political, and military authority, as well as a geographic position. As Mignolo described: “Western people have disciplines and Eastern people have cultures to be studied by Western disciplines. The West was, and still is, the only geo-historical location that is both part of the classification of the world and the only perspective that has the privilege of possessing dominant categories of thoughts from which and where the rest of the world can be described, classified, understood, and ‘improved.’” Walter Mignolo, *The Idea of Latin America* (Wiley-Blackwell Publishing, 2005), 36, emphasis in original. In geographic terms, this roughly refers to Europe, the United States, Canada, Australia, and New Zealand and also implies a relationship between the West and Whiteness. However, it is important to note that the Indigenous peoples of those locations colonized by Europe, while geographically located within the West, predate this notion and have been on the receiving end of Western military, political, and epistemic violence. Fatima Y. van Hattum, “Orientalist Public Pedagogy: Visual Representation of Muslims in Pop Culture and Desert Romance Novels” (PhD diss., University of New Mexico, 2023), [https://digitalrepository.unm.edu/educ\\_llss\\_etds/148](https://digitalrepository.unm.edu/educ_llss_etds/148).

### **New Mexico recently implemented policies with significant impacts on education including the 2022 New Mexico Opportunity Scholarship providing the most extensive tuition-free college scholarship program in the country; and, the 2021 Black Education Act aimed at anti-racist education to support Black students.**

These include the 2022 creation of an Early Childhood Education and Care Department to invest in and to improve early childhood education; the 2020 creation of the Early Childhood Trust Fund to invest over the long term in the education, health, and well-being of the state's youngest children;<sup>318</sup> the 2022 New Mexico Opportunity Scholarship which is the most extensive tuition-free college scholarship program in the country; the 2021 Black Education Act aimed at anti-racist education to support Black students;<sup>319</sup> and, the 2021 legislation often referred to as the Crown Act that prevents discrimination, discipline or disparate treatment of students based upon their hair style or cultural or religious headdress.<sup>320</sup> These policy strides build upon New Mexico's strong track record of legislation around education including the 2003 New Mexico Indian Education Act (updated in 2019),<sup>321</sup> the 2010 Hispanic Education Act,<sup>322</sup> a 2005 law that allows qualified undocumented immigrants to attend college with access to in-state financial aid,<sup>323</sup> and the 1973 Bilingual Multicultural Education Act, which was the first in the country and was expanded in 2004.<sup>324</sup> However, full implementation of this legislation remains critical to shifting educational outcomes in New Mexico. It is important to note that in the current national political climate, the Department of Education has undergone profound scrutiny, as well as budget and staffing cuts.<sup>325</sup> It is unclear how this will impact delivery and access to education in New Mexico, as well as related educational outcomes. However, there will surely be long-term impacts.

Currently, similar to national trends, New Mexican girls fare relatively better than New Mexican boys on many subject area proficiency measures. However,

it is important to note that certain demographic and regional groups perform better than others. Overall, outcomes in the state are significantly worse than most other U.S. states in terms of high school graduation rates, subject-level performance and proficiency, "chronic absenteeism," and other measures, highlighting inequitable access to quality education and broader inequalities across the state that impact students, educators, and schools.<sup>326</sup> These issues were brought to light in the *Yazzie and Martinez v. State of New Mexico* court case arguing that students in New Mexico have a right to be college and career-ready. The court ruled in 2018 that the state was not meeting its obligation to provide uniform education to students regardless of their background including low-income, Native American, English language learners, or students with disabilities. There have been some measures enacted that work to address this, such as the updated 2022 *New Mexico Social Studies Standards*, which are culturally responsive and offer an opportunity for more critical engagement.<sup>327</sup> However, more broadly, while the *Yazzie and Martinez* decision moved that the state had until 2019 to remedy the education inequities, progress continues to be slow with outcomes lagging behind the rest of the country.<sup>328</sup>

It is important to note that the previous section on Safety contains data related to bullying among students. That data highlighted how LGBTQ+ youth, as well as Black and Asian American girls, experience high rates of school-based bullying. Additionally, that section mentioned the statewide Anti-Racism and Anti-Oppression hotline, which was established in 2022 as part of the 2021 Black Education Act, as a vital resource for any students, families, and community members to report racism and racially motivated bullying in schools. Further, the Safety section in this report also discussed youth incarceration, which is deeply connected to education through the school-to-prison pipeline that disproportionately disciplines students of color and students with disabilities and leads to higher rates of incarceration for these students later in life.<sup>329</sup>

## EARLY CHILDHOOD EDUCATION AND CARE

**New Mexico has become a national leader in investment in early childhood development programming and is one of the few states that has integrated state infrastructure into a formal Early Childhood Education and Care Department.**

New Mexico has become a national leader in investment in early childhood development programming and is one of the few states that has integrated state infrastructure into a formal Early Childhood Education and Care Department.<sup>330</sup> As mentioned previously, the 2022 amendment to the state's constitution increased annual withdrawals from The Land Grant Permanent Fund by 1.25%, resulting in \$236 million for early childhood education and the state's public schools.<sup>331</sup> This is projected to expand access to pre-K in New Mexico by as much as 40%, and will also allow for increased salaries for the early childhood workforce.

Additionally, the Early Childhood Trust Fund ensures a stable source of funding to scale up critical early childhood services and programs to ensure the well-being of future generations of children.<sup>332</sup>

Despite these advances, there is work ahead to expand access to early childhood programming. There is a shortage of quality childcare providers in the state, especially in rural communities. It is estimated that there are only enough licensed childcare providers to support 86% of children younger than 6 in households with both parents working.<sup>333</sup> There are only places for half of infants and toddlers with parents in the labor force, and 14 of New Mexico's 33 counties are considered childcare deserts.<sup>lxiii</sup> Additionally, Tribal leaders in New Mexico have consistently identified the improvement of early childhood infrastructure as a top priority with insufficient culturally and linguistically responsive childcare currently available in Tribal communities.<sup>334</sup> Recent research has also

lxiii Jacob Vigil, Early Childhood Care and Education in New Mexico: Using New Tools and Rising to the Challenge (New Mexico Voices for Children, 2023), accessed February 1, 2024, <https://www.nmvoices.org/archives/17588>. Although this report and referenced presentation do not clarify which counties fall under childcare deserts, they do clarify that these 14 counties account for 21% of the state's population.

## DATA HIGHLIGHT: ACCESS TO EARLY CHILDHOOD PROGRAMMING

ONLY ENOUGH PROVIDERS TO SUPPORT

**86%**

OF CHILDREN YOUNGER THAN 6

ONLY PLACES FOR

**HALF**

OF INFANTS AND TODDLERS

OF NEW MEXICO'S **33** COUNTIES

**14**

ARE CONSIDERED CHILDCARE DESERTS

Tribal leaders in New Mexico have consistently identified the improvement of early childhood infrastructure as a top priority with insufficient culturally and linguistically responsive childcare currently available in Tribal communities.

found that issues with licensing and the linguistic barriers impacting informal workers providing childcare in rural communities are barriers to expanding access to childcare.<sup>lxiv</sup> Making it easier for immigrant workers to obtain appropriate licenses to operate daycares is critical, as they make up a sizable amount of this sector's labor force, not only for expanding childcare access to families, but also to ensure stable and secure livelihoods for the workers themselves (most of whom are also caregivers to their own children). We expect this to be continually difficult given the current political context and criminalization of immigrants.

In 2024, the state's Early Childhood Education and Care Department expanded its campaign to recruit new providers including scholarships and bilingual incentives for Indigenous and bilingual educators.<sup>335</sup> Continuing this effort will be essential to ensure there are enough providers to meet the demand across the state. Increased pay and improved benefits will likely make recruitment easier and will also improve the economic well-being of women, given the predominance of women, and women of color in particular, in this area of the labor force.

In addition to the barriers outlined previously, the childcare subsidy application and qualification process itself may be another barrier to accessing childcare. Many parents have shared their frustration that the childcare assistance application only considers their gross income, and not their expenses, when determining if they qualify. This does not take into account potential financial support of non-dependent family members or extended family, student loans, and other debt repayments. The outcome is that working parents are unable to access the childcare subsidy and must pay out of pocket.

Finally, quality affordable early childhood education and care is critical not only for children's development but also for the primary caregivers of children, who are mainly women. It is difficult for women or any parent to work while also being a full-time or primary caretaker of young children. Caregiving in that context often has detrimental

impacts upon both child and parental health and well-being. The COVID-19 pandemic illustrated this difficulty, with many mothers, and especially women with less formal education, being forced to leave the labor force entirely,<sup>336</sup> which negatively impacted many families' finances.<sup>337</sup>

## PRIMARY AND SECONDARY EDUCATION

In terms of primary school subject area proficiency, reading and math levels for fourth- and eighth-graders in New Mexico ranked the lowest in the U.S. As of 2022, 79% of fourth-graders were not proficient in reading and 87% of eighth-graders were not proficient in math.<sup>338</sup> This data shows significant racial discrepancies. For fourth-graders, 91% of Native American and 83% of Hispanic students were considered below proficient in reading, compared to 65% of White students. Data from the *Black Education Act 2021-2022 Status Report* indicates that 68% of Black fourth-graders were not proficient in language arts, 64% of Native Hawaiian or other Pacific Islander fourth-graders were not proficient, and at a relatively

*“Across socioeconomic strata, Black students are not performing well in school systems in New Mexico. And so people would, you know, generally attribute poor academic achievement to poverty. In this particular instance, what we’re saying is . . . is that poverty alone is not the issue because it is across socioeconomic strata. So, what we know is that when we look at the school system, if there’s no one that looks like you in your class, if there are people who have sort of implicit biases about who you are as a Black child, it shows up.”*

*-New Mexico Black Leadership Council*

<sup>lxiv</sup> The UNM CSP has collaborated with Somos Un Pueblo Unido, and worked on assessing issues with workforce development of early childhood educators.

lower level, 47% of Asian American fourth-graders were not proficient in language arts.<sup>lxv</sup> Students from low-income households also were less likely to be able to read at a grade-appropriate level, with 85% of this group considered below proficient level. Male fourth-graders were less likely to be proficient readers (81%) than female fourth-graders (77%). In terms of math proficiency in eighth-graders, there were also alarming disparities, with 95% of Native American students, 92% of Hispanic students, 73% of White students, 86% of male students, 89% of female students, and 92% of low-income students scoring below proficient levels in this subject.<sup>339</sup> Data from the *Black Education Act 2021-2022 Status Report* indicates that 87% of Black eighth-graders were not proficient in math, 81% of Native Hawaiian or other Pacific Islander eighth-graders were not proficient, and 78% of Asian American eighth-graders were not proficient in math.<sup>lxvi</sup>

These rates have all worsened since 2019, highlighting the impact of the pandemic on educational outcomes potentially due to educational disruptions and trauma. Even though outcomes are significantly worse for some demographic groups compared to others, overall, most students are still not at grade-appropriate levels and are well below national averages, indicating deeper structural and systemic issues related to inequality and racism that then have harmful impacts upon children statewide. In this context, New Mexico's Public Education Department has launched a \$30 million statewide initiative to boost literacy rates through a free four- to six-week summer reading program for all public-school students entering kindergarten through ninth grade.<sup>340</sup> Alongside this, the state has adopted a science of reading approach to literacy and has trained kindergarten through third-grade teachers across the state. Similarly, the

ECECD has adopted an early literacy curriculum to support families statewide with literacy practice. The Secretary of Education reports that districts that have implemented these evidence-based literacy approaches have seen a 4.3% jump in third through eighth-grade reading proficiency rates.

In terms of secondary education, according to Census data from 2019 to 2023, 87.7% of New Mexicans over 25 years old had graduated high school or passed a high school equivalency test.<sup>341</sup> However, there are large discrepancies in the level of education obtained along gender and racial lines. For the 2023 cohort, the New Mexico Public Education Department shows that male students had lower rates of high school graduation specifically (74%) than female students (80%).<sup>342</sup> There were racial discrepancies, with 88% of Asian students in the 2023 cohort graduating, followed by 79% of White students, 69% of Black students, 76% of Hispanic students, and 75% of Native American students. Further, 75% of English-learners graduated in the 2023 cohort. Economically disadvantaged students had a much lower rate of graduating, with 70% of this group graduating. Students with disabilities also graduated at lower rates than the average, with 69% of this group graduating. As of 2023, New Mexico ranked close to the bottom of the nation with 77% of students graduating high school on time (meaning within four years). This is 10 percentage points lower than the national graduation average of 87%.<sup>343</sup>

A survey of young adults aged 18 to 22 who resided in New Mexico at least part of their childhood suggests that 50% of young women felt a sense of belonging in their school at least "always" or "often," which is higher than the percentage among young men.<sup>344</sup> However, when we look at this data from an intersectional lens, we find that this sense of belonging is highest among White women (53%) and Latinas (52%) in New Mexico, lower for Native American women at 49% and significantly lower for Black women at 35%. Unfortunately, data for Asian students was not included in the survey, due to the small sample size.

This data highlights the inextricable link between schools and broader society. Meaning, the same intersecting issues that impact New Mexicans

lxv It's unclear whether we can draw direct comparisons across the two data sources. However, this data is critical to include to ensure that Black and AANHPI communities are represented here. New Mexico Public Education Department, *Black Education Act 2021-2022 Status Report* (New Mexico Public Education Department, 2022), accessed March 12, 2025, <https://webnew.ped.state.nm.us/wp-content/uploads/2024/01/2021-2022-Final-Approved-Black-Education-Status-Report.pdf>.

lxvi It's unclear whether we can draw direct comparisons across the two data sources. However, this data is critical to include to ensure that Black and AANHPI communities are represented here. New Mexico Public Education Department, *Black Education Act 2021-2022 Status Report*.

described throughout this report including economic inequities, climate crisis, substance misuse, and cycles of violence, also impact schools and the students, educators, and communities around them. Policies must address education directly, however, to achieve deeper, long-term change, broader policies promoting economic justice, health equity, and more are essential.

## HIGHER EDUCATION

Similar to secondary education, fewer people go on to higher education in New Mexico compared to the national average. According to the 2023 American Community Survey fielded by the U.S. Census Bureau, 31.6% of New Mexicans over the age of 25 have at least a bachelor’s degree, which is 4.6 percentage points lower than the national average of 36.2%.<sup>345</sup> Alongside secondary education, there are differences by race and ethnicity, as well as gender. However, for higher education, this difference is more pronounced than it was for secondary

education. Figure 13 shows the percentage of New Mexicans who obtained a bachelor’s degree or higher level of education, cross referenced by race and ethnicity and sex. Asian New Mexican men are the most likely to have at least an undergraduate degree, with 57.3% of this group having reached this level of education. This is closely followed by Asian New Mexican women, of whom 53.1% have at least a bachelor’s degree. White New Mexicans follow this group, with 45.1% of White women and 42.8% of White men having at least an undergraduate degree. A little more than one third of Black New Mexican women (35.7%) have at least a bachelor’s degree, which is higher than the share of Black men who have obtained this level of education (30.7%). Hispanic and Native American New Mexicans are some of the least likely groups to have received an undergraduate education. Only 23% of Hispanic women, 15.8% of Hispanic men, 17.5% of Native American women, and 9.3% of Native American men have obtained a bachelor’s degree or more.

### LEVEL OF EDUCATION: BACHELOR'S OR HIGHER BY RACE AND SEX IN NEW MEXICO

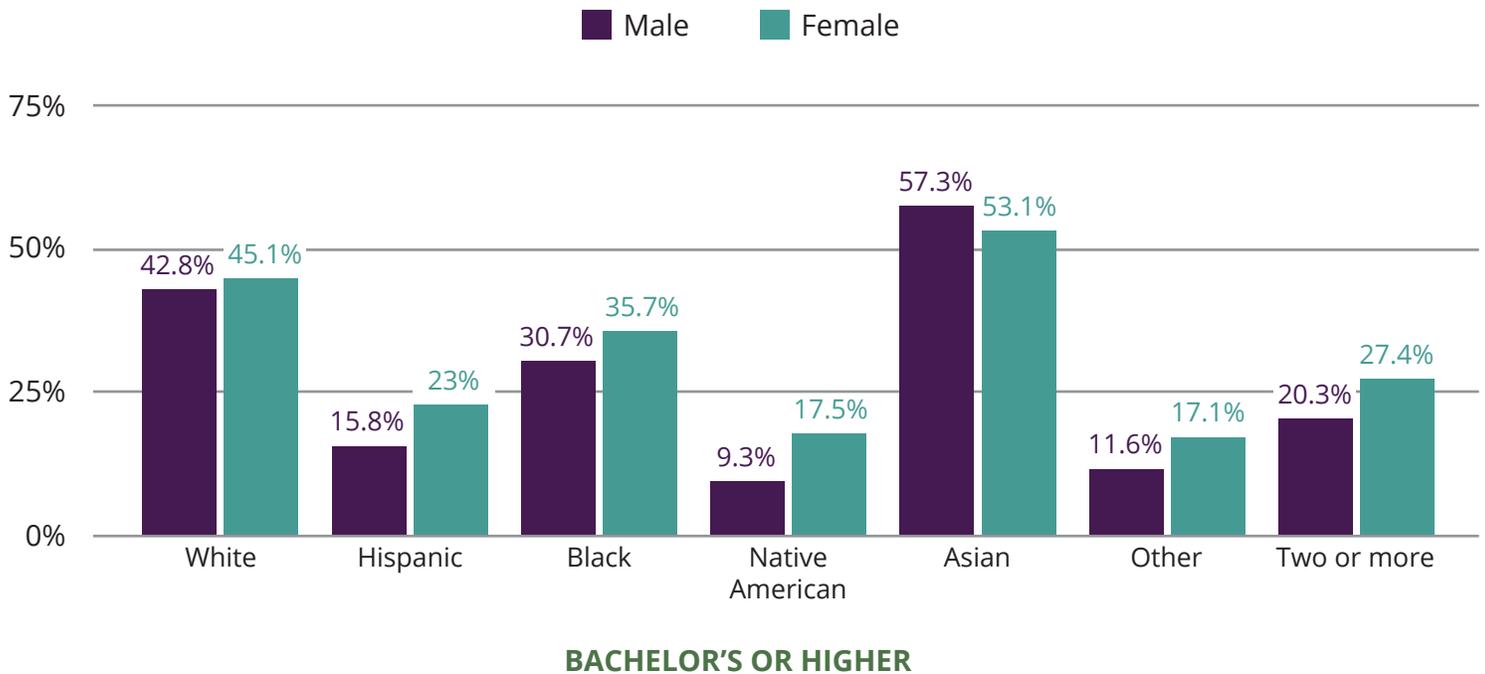


Figure 13: Percent of New Mexicans with Bachelor's Degree or Higher by Race and Sex (U.S. Census Bureau, 2022).

It is important to note that students in higher education in New Mexico are struggling outside the university walls, which impacts their success inside the classroom. The Basic Needs College Survey, which includes results from 27 higher education institutions across New Mexico and their faculty, staff, and students, assesses how people are faring in terms of housing and food insecurity. Data from 2023 indicated that almost two thirds of New Mexico college students experience some degree of housing or food insecurity.<sup>346</sup> Namely, educational outcomes cannot be decoupled from the broader social and economic issues described in this report.

**Due to the New Mexico Opportunity Scholarship and other policies, New Mexico now ranks 21st in the nation for higher education. The New Mexico Opportunity Scholarship could have generational impacts upon education access and outcomes for low-income and communities of color.**

In the context of this data around higher education, it is important to note that New Mexico recently made national history by establishing the New Mexico Opportunity Scholarship, which is the most extensive tuition-free college scholarship program in the country and includes access for adult and part-time students and immigrants, regardless of their immigration status.<sup>347</sup> The state is now ranked 21st in the nation for higher education.<sup>348</sup> While nationwide college enrollment continues to decline, New Mexico has actually seen an enrollment increase since the New Mexico Opportunity Scholarship, and had a 4.6% statewide enrollment increase at the undergraduate level from fall 2022 to fall 2023.<sup>349</sup> Since the scholarship was launched, statewide enrollment has increased nearly 7% in higher education institutions, with the highest increases at Navajo Technical University and Northern New Mexico College at 14.8% and 12%, respectively.<sup>350</sup> Both of those institutions serve primarily rural, Hispanic, and Native American students. When coupled with data indicating that women account for 64% of participants in the scholarship, it is evident that women of color are benefiting deeply from this

scholarship.<sup>351</sup> We know the New Mexico Opportunity Scholarship could have generational impacts upon education access and outcomes for low-income and communities of color, and may transform some of the data mentioned already. However, college readiness, support for students throughout their education journey, and graduation rates remain areas in urgent need of significant policy intervention and investment.<sup>352</sup>

## **HIGHER EDUCATION: CASE STUDY OF THE UNIVERSITY OF NEW MEXICO**

A closer examination of institutional data from New Mexico's flagship university, University of New Mexico (UNM), reveals gendered and racialized educational patterns. Although women make up a larger share of students at UNM than men, cohort graduation rates illuminate persisting racial, ethnic, and gender inequities. For the 2017 cohort, as shown in Figure 14, only 33.3% of Black females, 54.2% of Hispanic females, and 28% of Native American female students graduated "on time."<sup>353</sup> Research has found a myriad of factors affect student graduate rates and retention at universities, including financial aid and family finances, high school performance, college preparedness, and grades in college.<sup>354</sup> The fact that most Native American students did not graduate UNM on time—or at all—highlights the issues of equitable access to education problematized in the *Yazzie/Martinez v. State of New Mexico* decision. Meaning, if the state does not ensure equitable provision of quality primary and secondary education for all students, then students are often unprepared for college.

## The Landscape of Gender Justice in New Mexico

Further, student experiences on campus are also critical in shaping student success and outcomes. Data from the 2024 UNM Climate Survey indicates that while most students strongly agreed or agreed they feel they belong at UNM (65%), 26% considered leaving due to feeling isolated, unwelcome, unvalued, or having to work harder than others to be valued equally. This rate was higher for queer and transgender students (33%) and individuals with

disabilities (32%). Among all students responding, they believed they had to work harder to be valued equally (33%), the rate was higher for Black students (47%), AAPI students (40%), individuals with disabilities (37%), and queer, transqueer, and transgender students (33%).<sup>355</sup> Ultimately, to succeed in higher education, students must have wrap around support outside of the classroom.

### UNM 2017 COHORT GRADUATION RATES

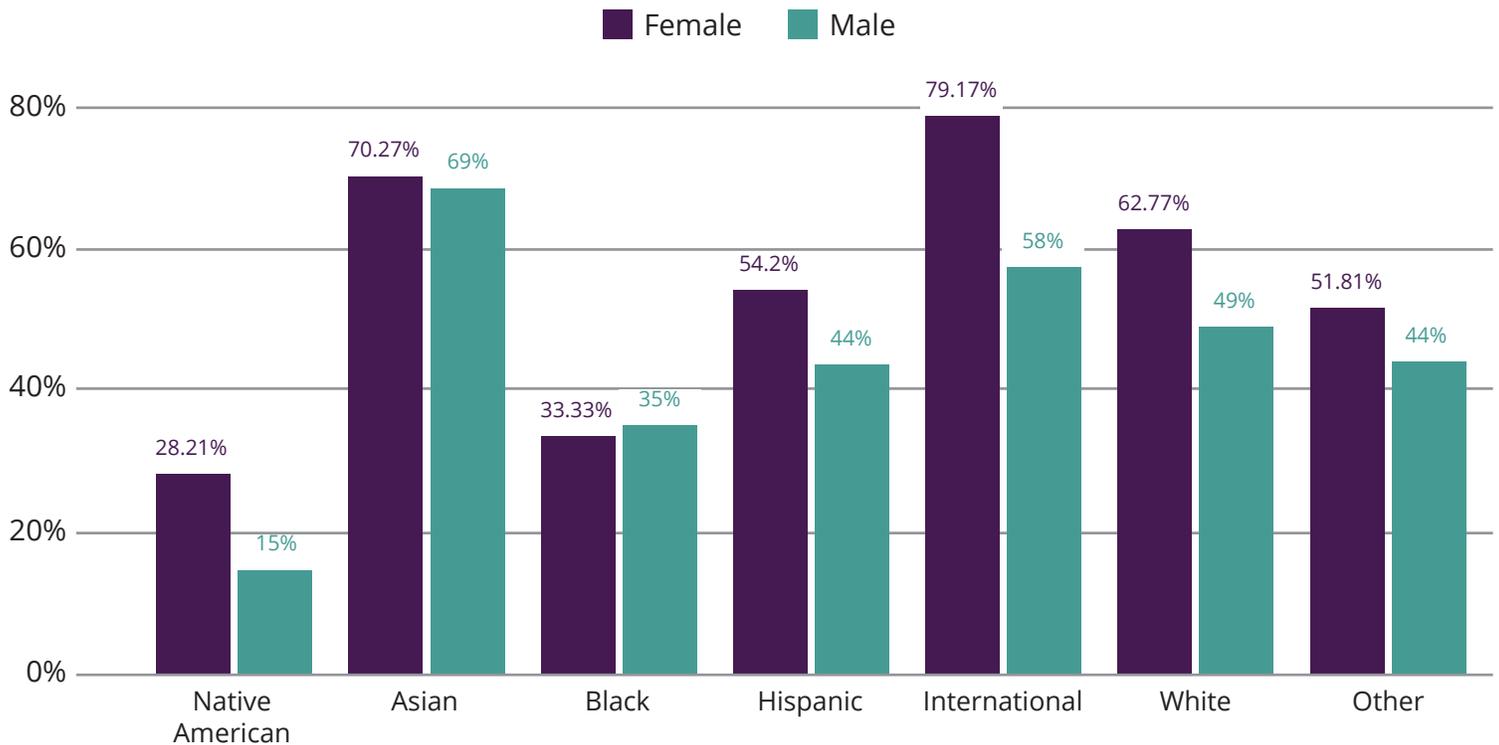


Figure 14: UNM 2017 Cohort Graduation Rates by Race and Sex (UNM Office of Institutional Analytics, 2024).

Another critical aspect of higher education is the gender gap in STEM, which can also be seen in educational attainment data from UNM. For example, enrollment data in the School of Engineering (SOE) shows that of the 86 Native American students enrolled in the SOE in Spring 2024, only 25 were female, which means that 29.1% of Native American engineering students were female. Similarly, only 21.6% of Hispanic engineering students were female, 28% of Asian students, and 21.9% of White students. The share of women is

even smaller for Black engineering students, with only 18.1% being female. It is important to note that this data only includes cis men and women, and it is unclear how trans women and other LGBTQ+ people are faring in terms of STEM education. Overall, addressing the gender divide in STEM education, including active recruitment, better student support systems, and addressing patriarchal cultural norms in male-dominated disciplines, is critical to ensure more lucrative STEM employment opportunities for women and LGBTQ+ people in New Mexico.

### UNM SOE HEADCOUNT SPRING 2024

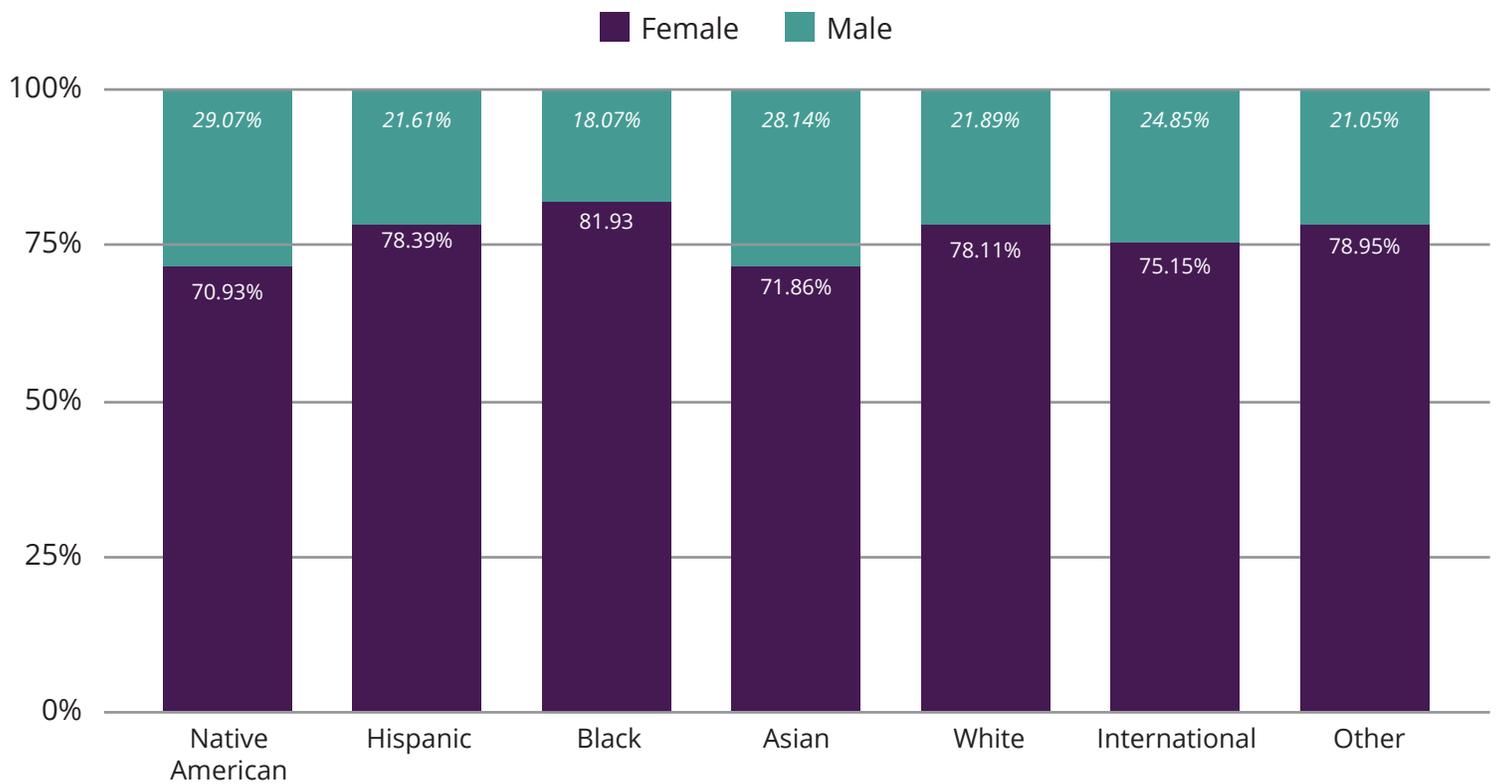


Figure 15: UNM School of Engineering Headcount Spring 2024 (UNM Office of Institutional Analytics, 2024).



A coalition of organizations that represent early educators and parents pose outside the NM State Capitol after a lobby day to fight for professional wages for early educators." Photo by OLÉ.

## THE DIGITAL DIVIDE

As two non-profit directors interviewed for this report highlighted, access to the internet and technology is an issue for many communities and particularly rural New Mexicans. Data from New Mexico State University shows that as of 2021, 20% of New Mexican households did not have a monthly internet subscription, compared to 13% of households in the United States.<sup>356</sup> This varies by geographic location, class, and race. For example, for households in the rural Cuba Independent School District, which borders the Navajo Nation, this share is even larger, with 60% of households having no internet subscription. Furthermore, the lack of internet subscription is especially pronounced for lower-income families. In the Cuba Independent School District, 70% of households earning less than \$20,000 did not have an internet subscription compared to 56% of households earning between \$20,000 and \$74,999, and 31% of households earning more than \$75,000. In the same district, only 32% of households had a laptop or desktop computer compared to 73% of households statewide

that had at least one. Additionally, as of 2021, nearly 70% of Zuni Public Schools' students did not have access to internet at home or in general.<sup>357</sup>

As a result of this digital inequality, the Yazzie-Martinez plaintiffs filed an emergency technology motion in 2020 with superintendents from Gallup-McKinley, Cuba, Jemez Valley, Zuni, Grants-Cibola and Peñasco school districts submitting affidavits describing the scale of the problems with thousands of children, mostly Native American, without access to internet for computers.<sup>358</sup> Access to the internet via an internet plan and appropriate devices such as laptops or desktops is critical to improving educational outcomes and ensuring equitable access to education. Computer literacy is critical to excelling in college and a lack of access and exposure for younger students may impact academic performance later in their educational journey. The digital divide remains a critical problem in need of continued political attention with ongoing awards and grants to improve the technological infrastructure over the long term.<sup>359</sup>

## POLICY RECOMMENDATIONS FOR EDUCATION

### ENSURE ACCESS TO EARLY CHILDHOOD EDUCATION AND CARE

- ◆ Advance policy to ensure all families in New Mexico have access to high-quality, culturally and linguistically responsive early childhood education, as well as special education.
- ◆ Ensure childcare is affordable with fee reduction subsidies or waivers available for families who need help paying for childcare.
- ◆ Ensure that childcare is provided close to the homes and jobs of parents and with hours that accommodate working parents whose jobs are outside of typical business hours.
- ◆ Professionalize the early childhood workforce by increasing pay and expanding benefits for workers.
- ◆ Ensure Tribal communities receive intentional infrastructure development to improve culturally and linguistically responsive childcare access.

### IMPROVE PRIMARY AND SECONDARY EDUCATION OUTCOMES<sup>lxvii</sup>

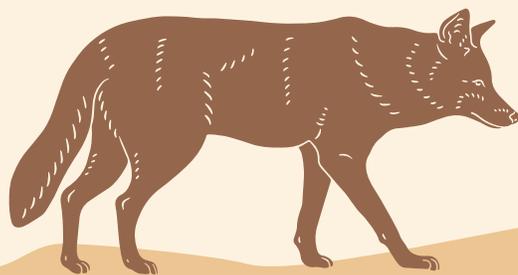
- ◆ Increase the pay and expand the benefits for primary and secondary level teachers in the state to improve education quality.
- ◆ Build pipelines to recruit Indigenous and other educators of color to reflect the diversity of our student bodies statewide.
- ◆ Ensure that educators are prepared and trained to use and have access to curricula and instructional materials that are both culturally and linguistically responsive to redress histories of educational racism and ensure better student engagement and outcomes.
- ◆ Ensure that educators and staff, including health staff, are informed and culturally responsive to LGBTQ+ students.
- ◆ Ensure the full implementation of the Bilingual Multicultural Education Act, The Black Education Act, the Indian Education Act, and the Hispanic Education Act, including sufficient funding and meaningful consultation and collaboration with Tribal governments.
- ◆ Ensure that there are health and wellness resources in schools including healthy meals, wellness centers, school-based health centers, counselors, and social workers.
- ◆ Deepen statewide investments and programs to close the digital divide and ensure students have equitable access to the internet from home.

<sup>lxvii</sup> Many of these recommendations are from Transform Education, a community platform designed in response to the Yazzie case. Read more about their work here: "About the Platform for Transformation," Transform Education NM, accessed May 15, 2025, <https://transform-educationnm.org/our-platform/>.

### IMPROVE HIGHER EDUCATION OUTCOMES<sup>lxviii</sup>

- ◆ Create campus comprehensive basic needs resource centers, also referred to as single points of contact (SPOC) to support students with food, housing, and other needs.
  - ◆ Hire campus basic needs coordinators or benefits navigators to help students navigate systems and ensure they have access to food, housing, SNAP, Medicaid, information, services, and other support they may need.
  - ◆ Establish a Women, Infants, and Children Program (WIC) center on campuses to support women, children, and parents with food, nutrition education, and breast and chest feeding resources.
  - ◆ Ensure that students know about the resources available to them on campus and that resources are easily accessible without stigma.
- ◆ Offer meal vouchers for food on campus, expand the National Free Lunch Program to higher education, ensure there are grocery stores on or near campus with fresh and affordable food that accept SNAP.
  - ◆ Renegotiate all current housing public-private partnership agreements to move to institutional control of housing with the goal of ensuring affordable and accessible housing for students.
  - ◆ Ensure there is stable, affordable, and accessible family housing for students.
  - ◆ Partner with municipal and other housing authorities to ensure there is affordable housing for students specifically.
  - ◆ Allow Medicaid to be used to support on campus housing vouchers.
  - ◆ Address the gender inequalities in degrees earned in STEM majors across New Mexico by increasing the recruitment and retention of women and LGBTQ+ people in STEM education and training programs.

<sup>lxviii</sup> Many of these recommendations are taken from the following resource page: "Solutions: UNM Basic Needs Project," The University of New Mexico, accessed May 15, 2025, <https://basicneeds.unm.edu/solutions.html>.



## **APPENDIX A: LIST OF ORGANIZATIONS INTERVIEWED**

1. ACLU New Mexico
2. Barrios Unidos
3. Breath of My Heart Birthplace
4. Coalition to Stop Violence Against Native Women
5. Navajo Birthworker Collective
6. New Mexico Asian Family Center
7. New Mexico Black Leadership Council
8. New Mexico Center on Law and Poverty
9. Organizers in the Land of Enchantment (OLÉ)
10. Southwest Women's Law Center
11. Strong Families
12. Transgender Research Center of New Mexico

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*Dancers perform during the Roots Summer Leadership Academy Program graduation ceremony organized by the New Mexico Black Leadership Council. Photo by Elsa López.*



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