New Mexico Children's Roadmap

June 2026 Version 2

W.K. KELLOGG FOUNDATION®

A Partner With Communities Where Children Come First

Prepared for the W.K. Kellogg Foundation by New Mexico Voices for Children

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Chamiza Pacheco de Alas

> Our shared values, resilience, and vision for the future are what will give us the power and momentum to deliver on the promise of a brighter future for our kids.

Letter from the W.K. Kellogg Foundation

Dear New Mexico Partners, Families and Community Leaders,

At the heart of every thriving community is a guiding principle: children deserve the opportunity to grow, learn and flourish, regardless of where they are born or the circumstances they inherit. In New Mexico, that understanding carries urgency in the realities many families face.

New Mexico's story is complex. It is a place shaped by deep histories of resilience, colonization, violence, migration, poverty, cultural richness, joy and extraordinary community strength. These realities have shaped generations of families and institutions. Yet history, while important to understand, cannot become an explanation for why too many children and families still face barriers to opportunity today.

At the W.K. Kellogg Foundation in New Mexico, we believe children deserve more than narratives of scarcity or failure. While challenges remain in communities across the state, we also see children learning, families building stability and educators and neighbors moving mountains so our children have what they need to thrive.

State leaders, advocates and communities have invested in early childhood systems, expanded family support and taken steps to reduce child poverty. Some of these efforts will take time to bear fruit. Others now require stronger implementation, accountability and follow-through to achieve their promise. And in many cases, data alone fails to capture the progress underway, or the resilience communities demonstrate every day.

New Mexico stands at an important crossroads. The next chapter of leadership offers an opportunity to build on recent gains while confronting the persistent barriers that still prevent too many children and families from thriving. But delivering on this vision will take all hands on deck, not just elected leaders, but communities, families, advocates, educators, and businesses working together to create the conditions for children to thrive. Our shared values, resilience and vision for the future are what will give us the power and momentum to deliver on the promise of a brighter future for our kids.

While this report is a snapshot of how systems are working, or not working, for New Mexico's children. It is also a roadmap for what is possible: grounded in evidence, informed by community and focused on practical actions that can improve outcomes for children and families across the state.

Sincerely,
Chamiza Pacheco de Alas, Ella/She/Her
Director of New Mexico Programs
W.K. Kellogg Foundation

Introduction from New Mexico Voices for Children

Gabrielle Uballez

Dear New Mexico Leaders and Community,

What could change if every policy decision started with one question:
How does this improve a child's life?

At New Mexico Voices for Children, we know that when public investments are robust, consistent and designed to effectively reach families, children's lives improve in measurable and lasting ways. Strong outcomes also depend on how individual policies work together to meet the full and complex needs of children and families.

Turning these investments into meaningful improvements in children's lives requires intentional action from state leaders. The legislature has the responsibility to continue creating policies and budgets that prioritize the needs of children and families, while our Governor and state agencies must ensure those policies are accessible, effective and fully realized in practice.

This means that state leaders can strengthen family economic stability by raising wages, expanding tax credits for working families and aligning cash assistance with the true cost of living, recognizing that work alone is often not enough to make ends meet. They can invest early and consistently in maternal health, child development systems and the workforce that helps raise them, early childhood education, developmental screening and early intervention. And they can create greater stability for children and families by treating housing, food security, public education and healthcare as foundational public goods, rather than emergency responses to family crises.

Improving child well-being requires state leaders to adopt a Targeted Universalism approach, where policies serve all children while intentionally directing additional resources and intensity toward families facing the greatest barriers.

Improving child well-being requires state leaders to adopt a Targeted Universalism approach, where policies serve all children while intentionally directing additional resources and intensity toward families facing the greatest barriers. It also requires that leaders build accountability systems that measure success by improvements in children's lives, including the Supplemental Child Poverty Rate, school readiness, health outcomes and educational attainment.

We also know that systems do not operate in isolation or produce results on short timelines. These systems stabilize individual children and households in the short term, reduce disadvantage across communities over several years and shape the structural conditions that determine whether hardship is preventable or persistent over longer periods of time. Some outcomes appear within months, but others take years or even a generation to emerge. That is why policy must be designed with both urgency and persistence, implemented quickly and sustained over the long term to improve the lives of children.

Right now, New Mexico's record revenues from natural resources and permanent funds created an unprecedented opportunity to make lasting investments in children. While federal policy also shapes child well-being, the most immediate responsibility rests with state leaders to use this moment of fiscal capacity to improve outcomes for children.

Across policy areas, the roadmap can be organized around a set of guiding questions that center the whole child, and remind leaders that addressing centuries of structural inequities and oppression requires providing robust support for our most vulnerable children.

First, are families actually receiving the support they qualify for? This question applies to the implementation of programs like SNAP, Medicaid, childcare assistance and refundable tax credits, and treats administrative burden, paperwork complexity and enrollment gaps as central to whether policy works in practice.

Second, do families have both the resources to meet the real cost of raising a child today and the time and stability to be fully present in their children's lives? This recognizes that income from work alone is often not enough, and that raising healthy children requires both the resources and the time and stability for caregivers to be present in their children's lives in a meaningful way rather than constantly stretched across survival, work and caregiving responsibilities.

Third, are we designing systems that achieve equity in outcomes for all children while intentionally concentrating additional resources where barriers are greatest? This reflects a Targeted Universalism approach, where policies are built for everyone but implemented with greater intensity, outreach and investment for communities facing the deepest structural disadvantage.

Fourth, are we investing early enough and consistently enough in child development? This includes access to early childhood education, developmental screening, early intervention and behavioral health supports for children and their caregivers, with a focus on whether systems reach children during the most sensitive periods when lifelong trajectories are shaped.

Fifth, are we creating upstream improvements to the conditions in which children are raised or merely responding after instability occurs? This question applies to housing, food security and healthcare, and asks whether policy reduces volatility in these basic needs or simply responds after a crisis emerges. While emergency programs remain essential for families experiencing immediate hardship, the primary focus should be on prevention, strengthening the conditions that reduce the likelihood of crises occurring in the first place.

Sixth, are we measuring what actually matters for children? And do we understand when and how these outcomes will appear in the short, medium, and long term? Rather than relying solely on spending, enrollment, or other administrative measures, this question centers accountability on child outcomes, including child poverty, school readiness, health, educational attainment and children's sense of belonging, inclusion and connection to their communities and foundations that support lifelong learning, resilience and well-being.

Building a state government that consistently acts on these questions will shift us from fragmented programs and good policy ideas to a unified system where access is guaranteed, supports are adequate, development is prioritized early, stability is treated as infrastructure and success is measured by whether children are healthier, more secure and able to reach their full potential.

If we begin with the question of how any policy improves the life of a child, we will end with the results we strive for: **a New Mexico where every child wakes up in a stable home, goes to school ready to learn, receives care when needed and lives each day in safety, stability and the support of caring adults.**

Sincerely,
Gabrielle Uballez
Executive Director
New Mexico Voices for Children

Executive Summary

New Mexico has made historic investments in children and families, creating a strong foundation for improving child well-being. Over the past decade, state leaders have expanded access to early childhood education and care, increased funding for K–12 schools, strengthened healthcare and family supports and enacted policies that promote economic security for working families.

Despite this progress, many children and families continue to face barriers to opportunity. Access to high-quality education, healthcare and economic stability remains uneven, particularly for rural communities, low-income families and those facing long-standing structural inequities. To translate public investments into improved outcomes, policymakers must ensure programs are accessible, effective and sustainable over time.

This roadmap is guided by a central question: How do these policy recommendations improve a child's life? It focuses on three interconnected drivers of child well-being: education, health, and economic security. Throughout the roadmap, data are used to describe New Mexico's progress and identify persistent barriers to improving child well-being. The roadmap also includes key indicators that should be monitored over time to measure progress and assess whether the recommended policies are producing meaningful improvements for children and families.

In education, policymakers can build on recent progress by strengthening the early childhood workforce, expanding access to high-quality programs and ensuring students receive the academic and social supports they need to succeed. In health, improving child and family well-being will require expanding access to preventive, maternal and behavioral healthcare while addressing workforce shortages and other barriers to care. In economic security, policymakers can strengthen family stability by increasing incomes, expanding access to public benefits and tax credits and reducing child poverty.

Together, these priorities provide a framework for translating New Mexico’s investments into measurable improvements in children’s lives. By investing in strategies that improve outcomes and focusing on equity, accountability and long-term results, state leaders can help ensure every child has the opportunity to grow up healthy, secure and prepared to thrive.

Education and Care Indicators

Increase number of children receiving childcare assistance in rural, Tribal and other underserved communities by:

20%

Current number: 30,950
Goal: 37,140

Increase the rate of children receiving childcare from providers with 4- or 5-STAR quality ratings by:

15%

Current rate: 69%
Goal: 80%

Increase in School Readiness (as measured by the Early Development Instrument) for children in New Mexico Kindergarten by:

30%

Current rate: 47%
Goal: 60%

K-12 Indicators

Increase the number of students who are in community schools by:

20%

Current number: 30,000
Goal: 36,000

Increase the number of students served by school-based health centers by:

10%

Current number: 21,400
Goal: 23,500

Improve the rate of students with a positive perception of school climate by:

30%

Current lowest scoring dimension: 38%
Goal: no score lower than 50%

Health and Well-Being Indicators

Reduce maternal deaths from pregnancy- and childbirth-related complications (up to six weeks postpartum) by:

45%

Current rate: 28.5 per 100,000
Goal: 15.7 per 100,000

Increase the rate of children who remain enrolled in home visiting services for at least 12 months to:

75%

Current: 54%
Goal: 75%

Increase the rate of children ages 0–17 who received at least one preventive medical visit in the past 12 months to:

85%

Current: 77.5%
Goal: 85%

Family Economic Security Indicators

Increase the rate of single-parent households that meet the living wage threshold by:

85%

Current: 27%
Goal: 50%

Decrease the rate of children in New Mexico that are uninsured by:

50%

Current: 6%
Goal: 3%

Increase the rate of families claiming the state CTC by:

10%

of eligible families
Current: 90%
Goal: 100%

Methodology

This report was developed by New Mexico Voices for Children (NMVC) with data retrieval and analysis support from the University of New Mexico Center for Social Policy (UNMCSP). NMVC identified seven policy areas and twelve associated indicators to assess child well-being and evaluate the impact of state and local policies:

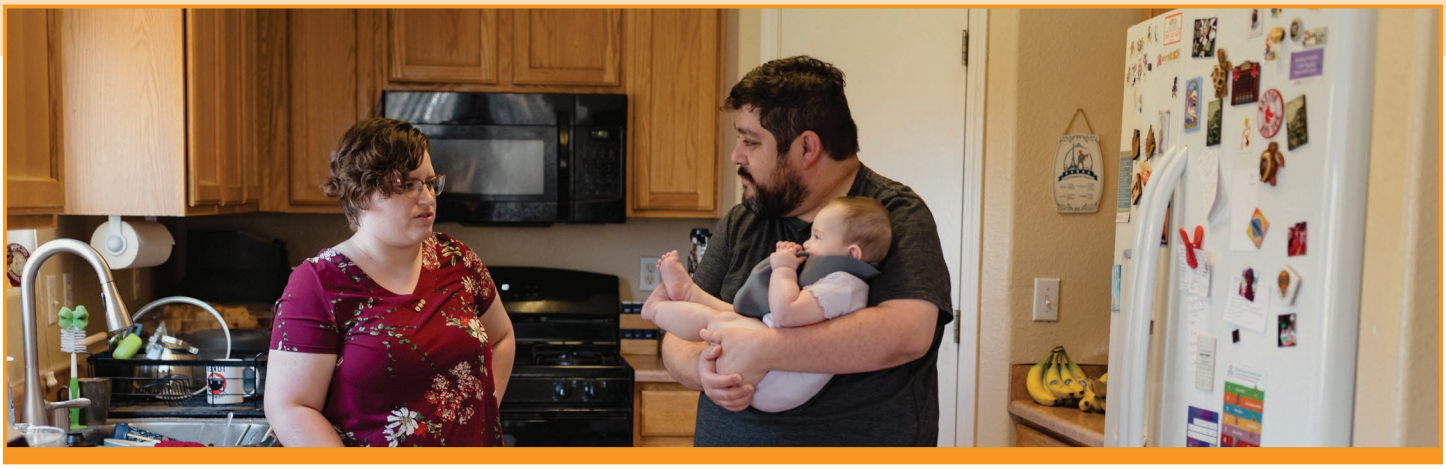
- Early Childhood Education and Care
- K-12 Public Education
- Children's Physical Health
- Children's Behavioral and Mental Health
- Emergency Stability of Families with Children
- Present Financial Stability of Families with Children
- Long-term Economic Mobility of Families with Children

The report's analysis focuses on New Mexico data at the state, county, and school district levels, as available and appropriate for each indicator. Where available and applicable to highlight equity issues, data are disaggregated by race and ethnicity and by rural and urban populations.

The report draws on both public and non-public data sources. Federal data were obtained from governmental agencies and institutions including the United States Census Bureau, the Federal Financial Institutions Examination Council, the Centers for Disease Control and Prevention, the Federal Reserve System and the United States Department of Agriculture. Data were accessed from March 13 through May 5 of 2026 using publicly available data tools, public-use datasets and Integrated Public Use Microdata Series (IPUMS) resources.

State and local data were provided by the Early Childhood Education and Care Department (ECECD), the New Mexico Department of Health (NMDOH), the Children, Youth, and Families Department (CYFD), the Public Education Department (PED) and Housing New Mexico/Mortgage Finance Authority. Additional information was drawn from reports submitted to or presented before the New Mexico Legislature, as well as data and reports from local organizations including the New Mexico Farmers' Marketing Association, the New Mexico Medical Society and community-based organizations. Lastly, some data was collected from non-public sources, including survey data collected by UNMCSP.

What New Mexico's Budget Means for Kids

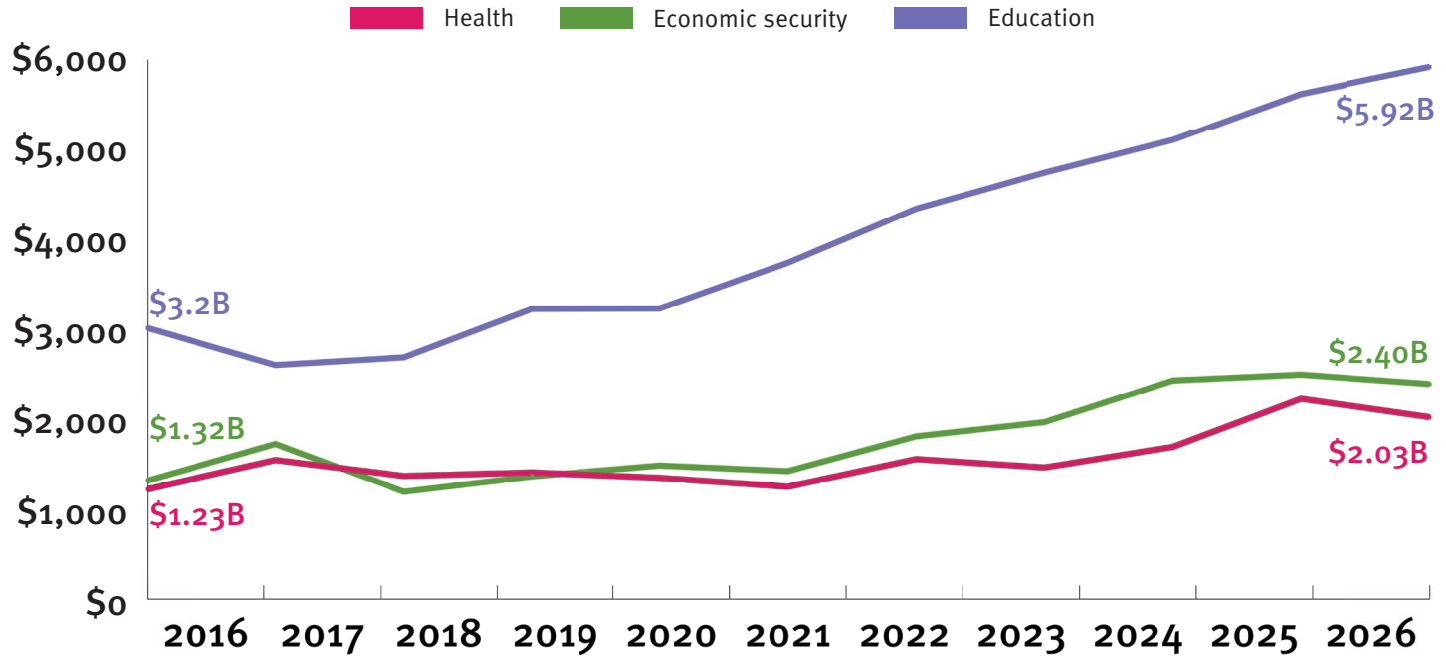


A government budget reflects a state's priorities, revealing what communities value through the investments they make. Those investments depend not only on spending decisions, but also on a revenue system that raises sufficient resources in a reliable and equitable manner. In recent years, New Mexico has used strong revenues to expand access to childcare, provide tuition-free higher education and strengthen supports for children and families. Examining how the state raises and invests public dollars helps identify both progress and opportunities to further improve outcomes for children.

Over the past decade, New Mexico's budget has reflected a period of rebuilding and reinvestment. Following years of revenue volatility driven by fluctuations in oil and gas markets, the state has used historic revenues to strengthen public programs while growing trust funds designed to sustain investments for future generations. Revenue and budget decisions together shape the state's capacity to support children and families by determining both the resources available for public services and the financial security of households. As New Mexico moves forward, policymakers and communities have an opportunity to build on recent progress by assessing what is working, addressing persistent gaps and ensuring investments translate into improved outcomes for children.

FIGURE I

New Mexico's spending in health, economic security and education, by year (in millions)



Note on methodology: Funding data are primarily from NM Legislature House Bill 2 each year, with some data found in other legislation passed in regular or special sessions.The total funding amounts are not all inclusive for every funded early childhood and K-12, health or familiy economic security item, but reflect the focus of this publication to analyze spending on agency operating budgets and key programs determined to be especially valuable to child well-being according to research conducted by NMVC. Where applicable, cuts made in special sessions or as a result of statutes or legislation allowing the state to "take credit" for funding were deducted from total appropriations listed here, and any additions made similarly were added.

Education and Care

New Mexico's students should have access to an education system that supports academic achievement while honoring their languages, cultures and lived experiences. The state has already passed transformational policies that will improve outcomes for our children, like universal childcare and a 77 percent increase in K–12 funding. Now we have the opportunity to strengthen learning from early childhood through graduation, and ensure these investments translate into improved outcomes for students, families and communities.

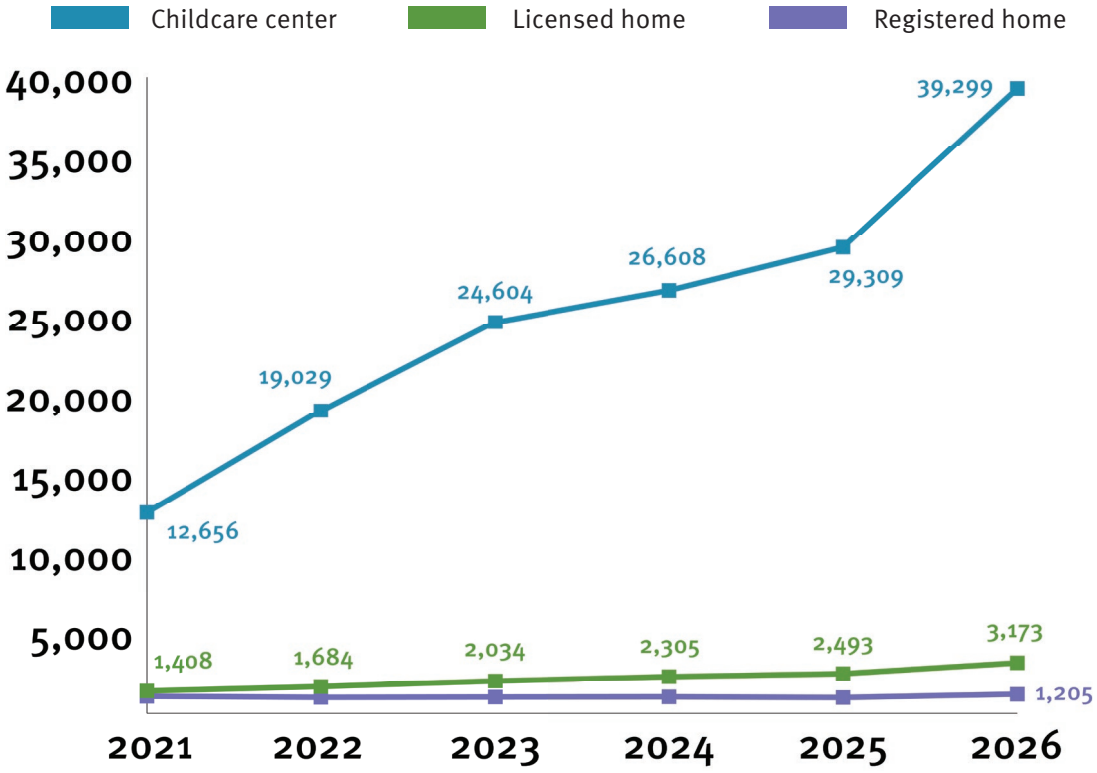
Early Childhood Education and Care

New Mexico established the Early Childhood Education and Care Department (ECECD) in 2020 and created permanent funding streams through distributions from the Land Grant Permanent Fund and the Early Childhood Trust Fund, supported in part by oil and gas revenues. Because of these investments, New Mexico had the resources to become the first state in the nation to offer universal childcare. As the system continues to grow, sustaining progress will require addressing workforce and infrastructure challenges, expanding access to high-quality services and ensuring families in rural and low-income communities can fully benefit from these investments.

Since 2022, New Mexico has expanded access to Child Care Assistance (CCA) by increasing income eligibility and eliminating family co-pays. Combined with the launch of universal childcare, these changes increased enrollment by nearly 11,000 children between 2022 and February 2026. A strong majority of participating children continue to be served through childcare centers (see Figure I). As demand for childcare slots continues to grow, expanding capacity and ensuring access to high-quality care will be critical to sustaining progress.

FIGURE I

Most New Mexico children receive care through childcare centers

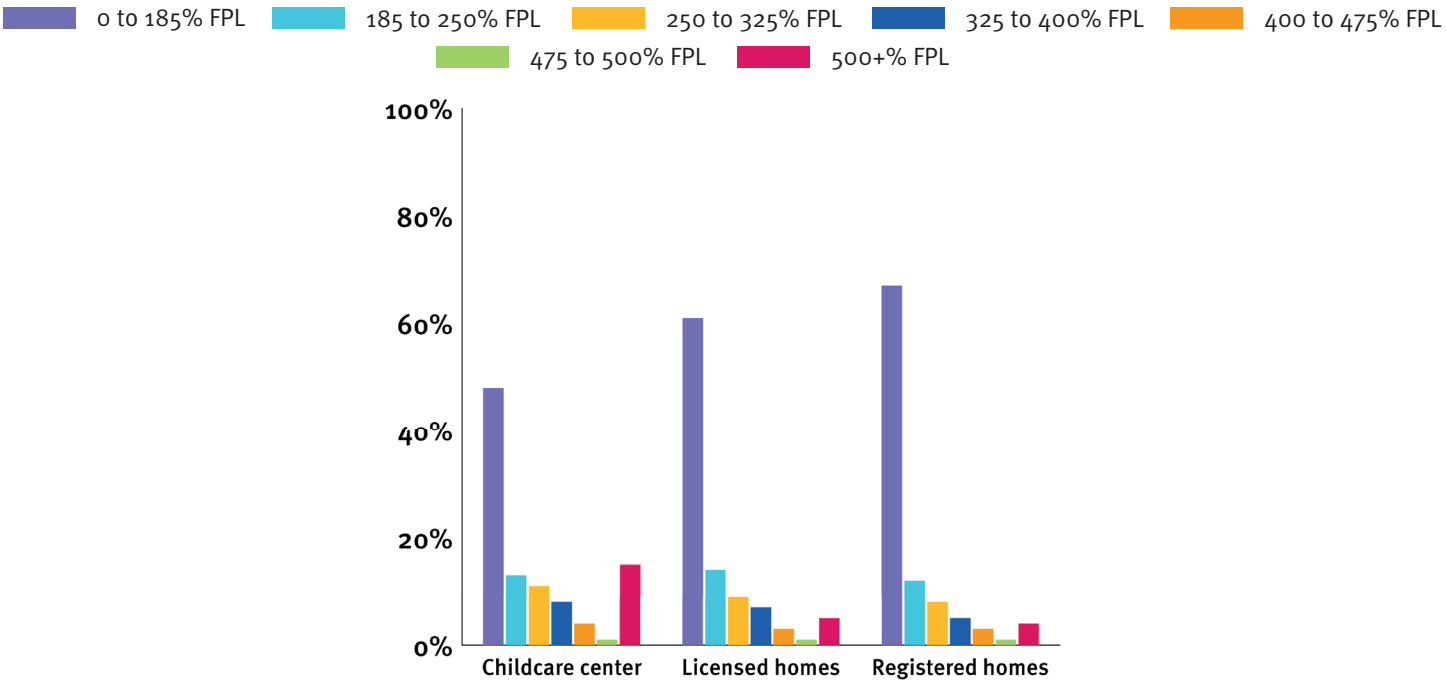


Source: NMVC analysis of ECECD data

When CCA was limited to lower-income families (2021 and prior), participation rates were similarly distributed across provider types. During this period, 90 to 94 percent of children with household incomes below 185 percent of the federal poverty level (FPL) enrolled in childcare centers, licensed homes or registered homes. Following the implementation of universal childcare, enrollment among families with household incomes above 500 percent of FPL increased, particularly in enrollment in childcare centers, though these families continue to represent a relatively small share of total CCA participants (see Figure II).

FIGURE II

Distribution of New Mexico children receiving CCA by childcare center type (2026)



While children from lower-income families make up the majority of CCA participants, they are more likely to receive care in registered homes, which are subject to fewer licensing and quality standards than childcare centers and licensed homes. These enrollment patterns highlight the importance of expanding access to high-quality early childhood programs for families with the greatest need.

NM FOCUS STAR Rating System

New Mexico's **FOCUS STAR rating system** is the state's tool used to assess and support quality in early childhood programs.

1 and 2 Star: Providers meeting basic state licensing requirements. Two-star facilities are additionally approved to accept state childcare financial assistance.

3 and 4 Star: Centers that meet state licensing and transition to fulfilling additional FOCUS quality standards, promoting school readiness and family engagement.

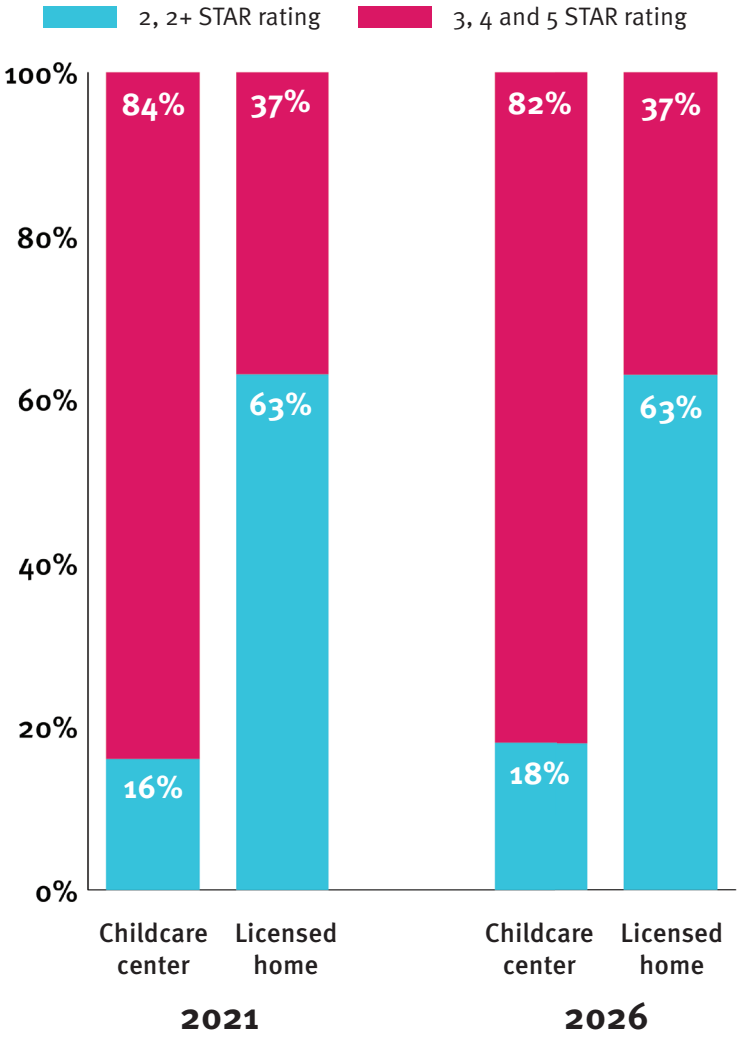
5 Star: The highest level awarded. These programs meet all stringent FOCUS criteria and often have national accreditations.

Overall enrollment in 3-, 4- and 5-STAR childcare centers increased slightly between 2021 and 2026. In contrast, 63% of children in licensed homes remained enrolled in 2- or 2+ STAR settings. These patterns raise both supply and equity concerns, as higher-income families are more likely to access higher-rated childcare centers, while lower-income children are more often enrolled in licensed and registered homes.

Recruiting and retaining a strong workforce is one of the leading factors to improve childcare quality. Research consistently finds that high-quality programs yield both a high return on investment and improved child outcomes in language and social development.[1] By providing better wages and career supports to early childhood educators, the workforce will expand and be retained to improve quality, maximizing long-term economic benefits.

FIGURE III

Center-based care is more likely to have a higher STAR rating



New Mexico has made significant progress in expanding access to childcare. The next challenge is ensuring families have access to high-quality programs while expanding childcare capacity, particularly in rural and low-income communities. Meeting that challenge will require strengthening the early childhood workforce through competitive wages and career pathways, and investing in the facilities and infrastructure needed to expand center- and home-based care.

Indicators

Increase number of infants and toddlers receiving childcare assistance in rural, Tribal and other underserved communities by:

20%

Current number: 30,950
Goal: 37,140

Increase the rate of children receiving childcare from providers with 4- or 5-STAR quality ratings by:

15%

Current rate: 69%
Goal: 80%

Increase in overall School Readiness (as measured by the Early Development Instrument) for children in New Mexico Kindergarten by:

30%

Current: 47%
Goal: 62%

To improve early childhood education and care outcomes, policymakers should prioritize:

Policy Considerations

- Create programs to improve support and capital for increasing the number of childcare providers statewide, with an emphasis on areas lacking sufficient access to care

Administrative Implementation Considerations

- Improve quality in registered homes by strengthening standards, expanding technical assistance and supporting providers in meeting higher-quality benchmarks

Funding Considerations

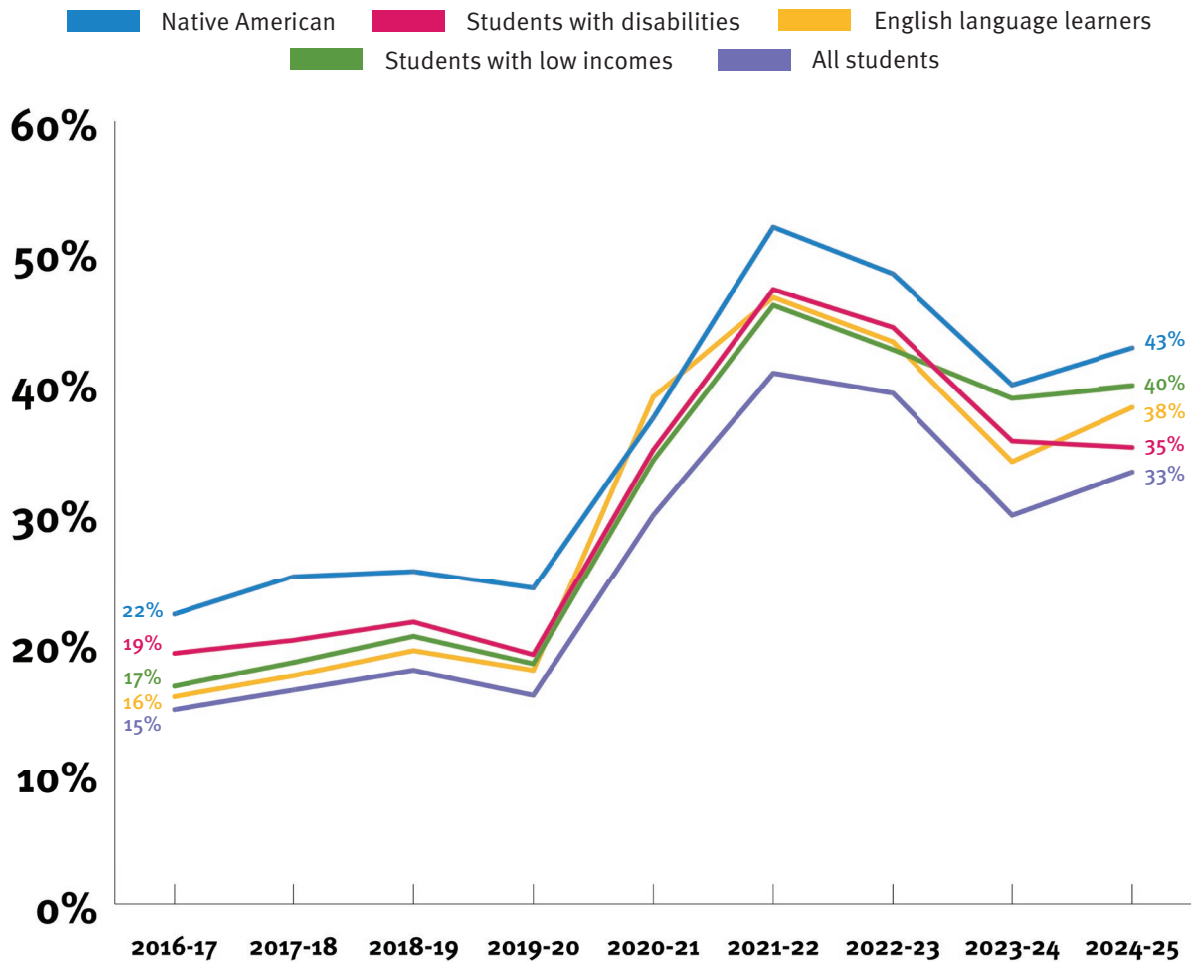
- Provide sufficient funding to fully implement the ECE Wage and Career Ladder to improve teacher education, recruitment and retention, which impacts the quality of childcare

K-12 Education

In 2018, the *Martinez-Yazzie* ruling[2] found that New Mexico was not meeting its constitutional obligation to provide an adequate education for many students, particularly students from low-income families, Native American students, English language learners and students with disabilities. In response, the state significantly increased K-12 funding, raised educator salaries, invested in literacy initiatives and directed additional resources to at-risk students and English language learners. While these investments have strengthened educational opportunities, disparities in outcomes persist, and many schools continue to face challenges supporting student engagement and success.

FIGURE IV

Rate of chronic absenteeism in student groups identified in the *Martinez-Yazzie* case

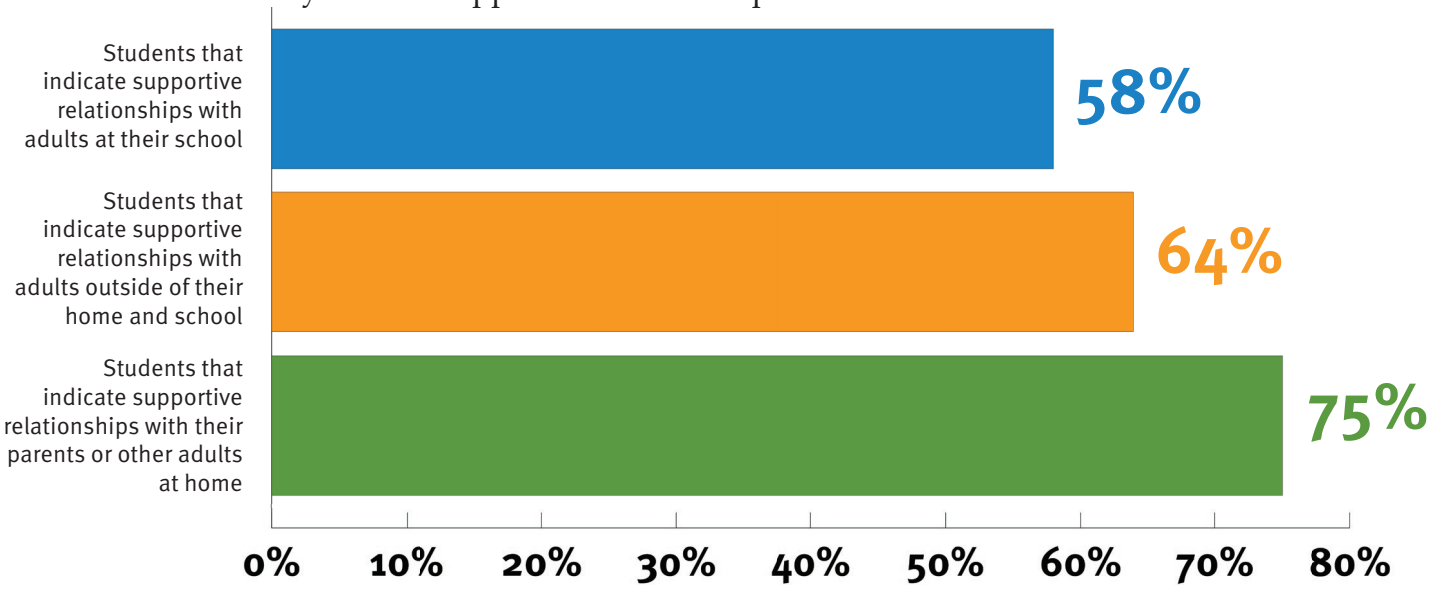


Chronic absenteeism increased sharply during the COVID-19 pandemic, with the largest increases occurring among the student groups identified in *Martinez-Yazzie* (see Figure IV). Although attendance levels have improved in recent years, chronic absenteeism remains a persistent challenge in New Mexico. Ongoing disparities in attendance and academic outcomes indicate that many students continue to face barriers to success, including unmet academic, social and economic needs; limited access to support services; and school environments that may not fully reflect or affirm their languages, cultures and lived experiences.

Strong relationships play an important role in student engagement, attendance and academic success. While most New Mexico students report having supportive relationships with parents and other adults, fewer report strong connections with adults at school. This gap highlights an opportunity to strengthen students' sense of belonging and ensure every student has meaningful relationships with trusted adults in school settings.

FIGURE V

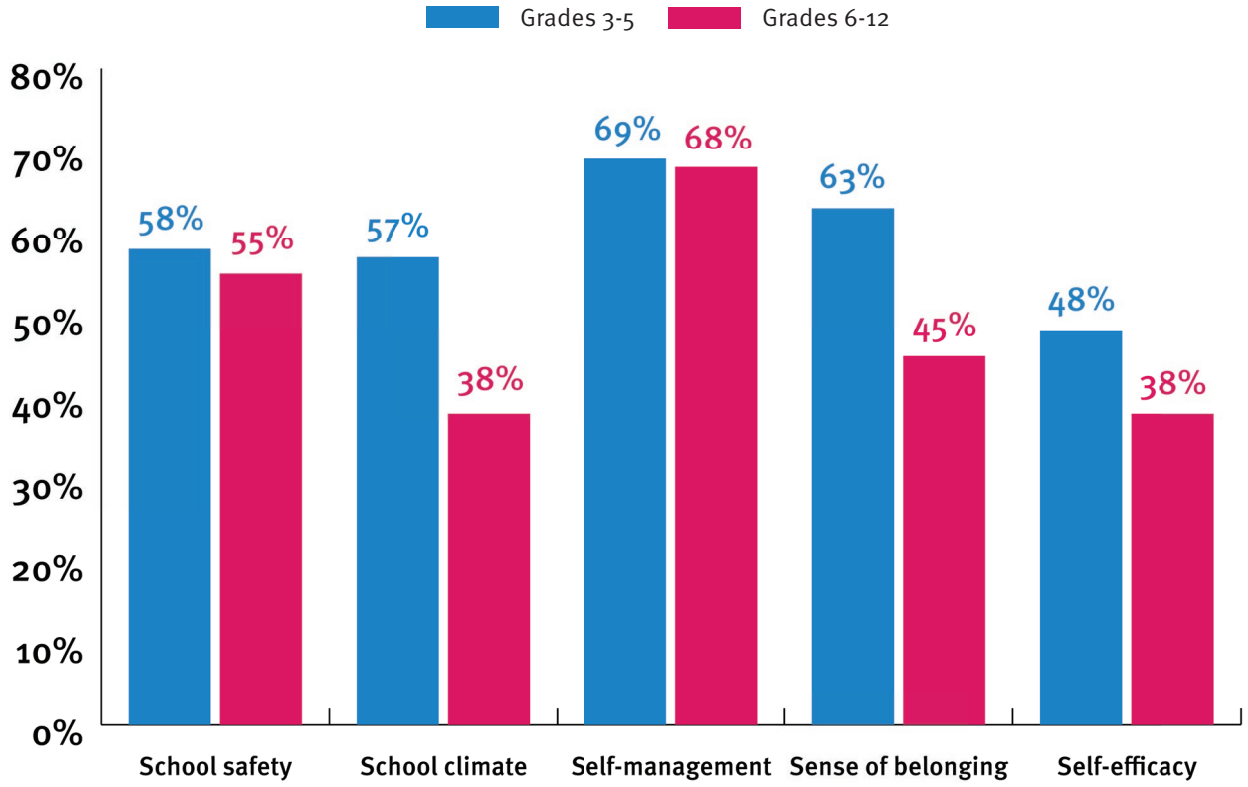
Students are less likely to have supportive relationships with adults at school



Strong relationships contribute to positive student perceptions of school climate, which are associated with stronger academic outcomes, including sustained or improved math and literacy scores.[3] New Mexico currently collects limited student survey data to measure school climate, broadly defined as including the following five dimensions: **safety, interpersonal relationships, teaching and learning, physical and social environment and school improvement processes.**[4]

FIGURE VI

Fall 2024 student supports, environment, well-being and competency survey, by grade cohort[5]

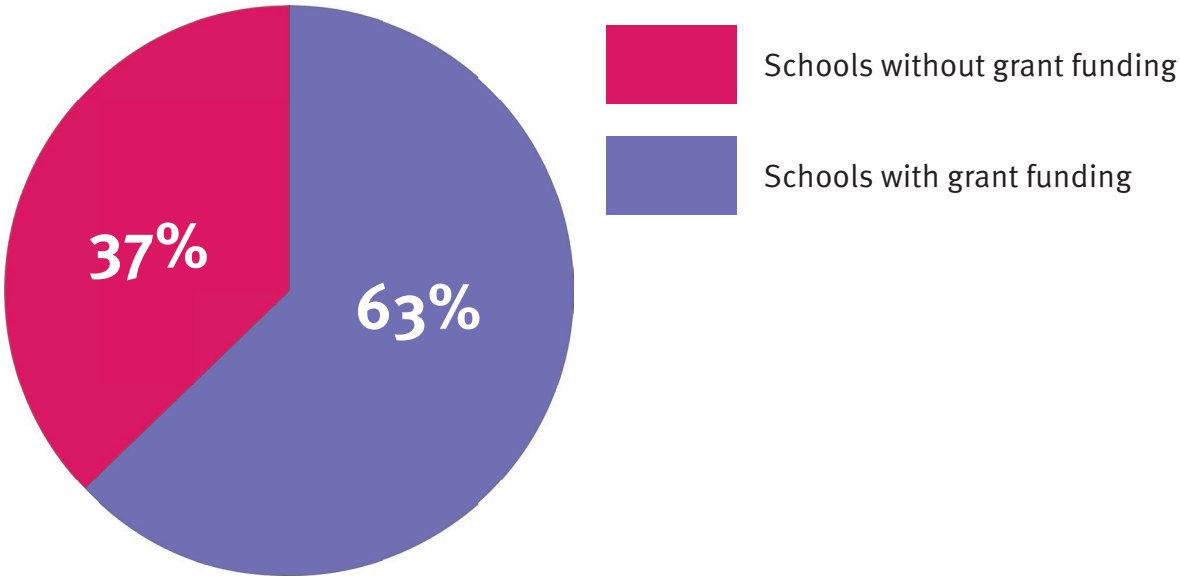


Students' perceptions of their school environment and personal abilities become less positive as they progress through the K–12 system (see Figure VI). While changes to survey vendors limit year-to-year comparisons, the data suggest school climate perceptions decline with age, contributing to student disengagement.

A number of schools and districts have found the evidence-based community schools model to be a successful and highly-adaptable framework that notably improves school climate, reengages students, and improves outcomes.[6] New Mexico has 150 community schools, with 63% receiving state grant funding (see Figure VII).

FIGURE VII

Nearly 3 out of 5 New Mexico community schools receive state grant funding

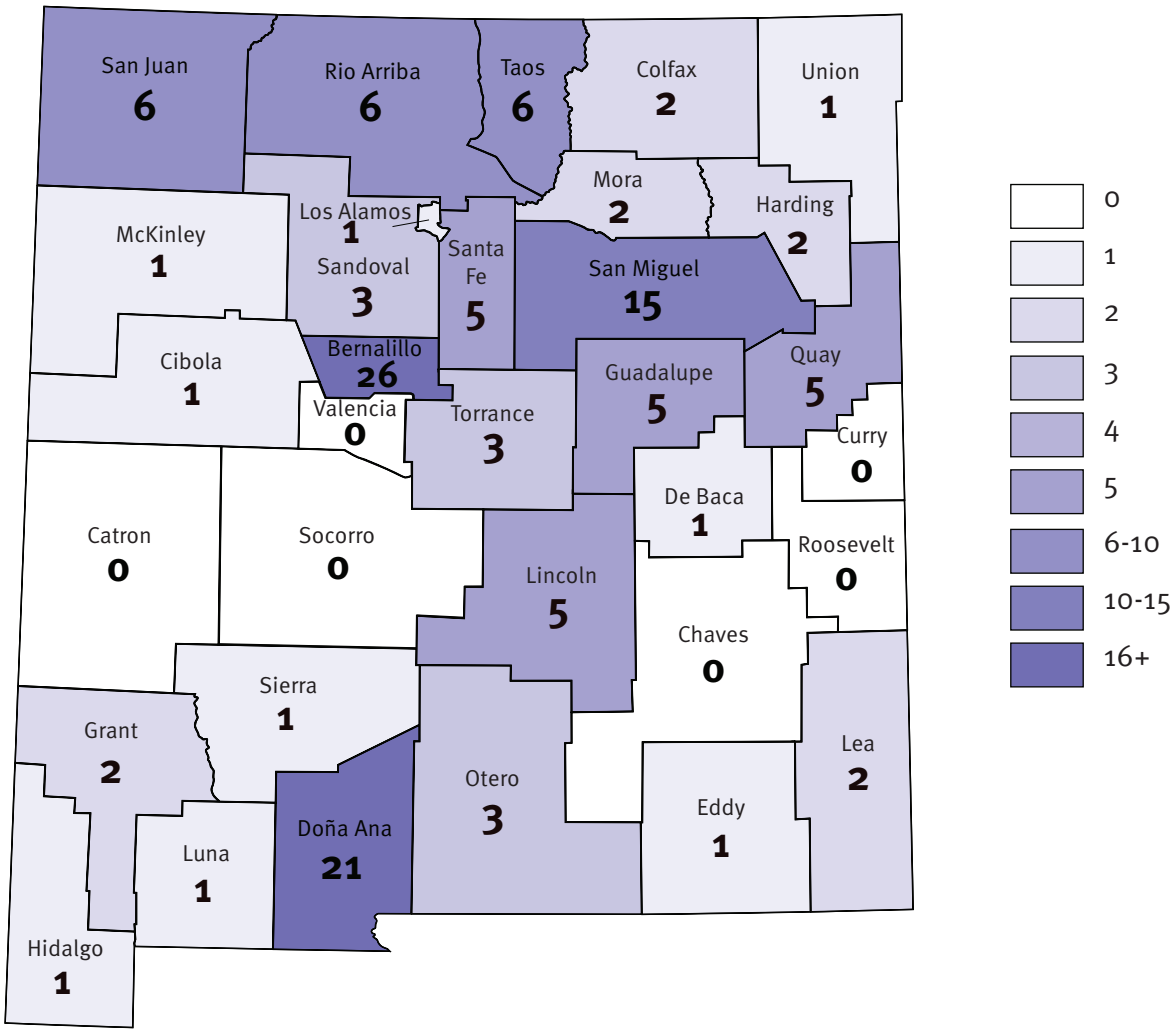


Although there has not been a full-scale evaluation of all community schools in New Mexico, case studies of Los Padillas Elementary in Albuquerque, Peñasco Independent School District, and two schools in Roswell Independent School District found similar promising results,[7] including:

- Improved school climate
- A shift away from exclusionary discipline practices
- Increased family and community engagement
- Decreased chronic absenteeism
- Increased graduation rates
- Improved academic performance

FIGURE VIII

Six New Mexico counties have zero school-based health centers



School-based health centers (SBHCs) provide youth-friendly, culturally-responsive physical and behavioral healthcare, and are associated with improved graduation rates, particularly for students with chronic absenteeism. New Mexico has 128 SBHCs, most funded through the NMDOH and located in provider shortage areas (90%) and Title I schools (75%). However, six counties, each designated as a provider shortage area, still lack an SBHC[8] (see Figure VIII).

New Mexico has made significant gains in reading scores as a result of recent shifts to teach reading in line with the Science of Reading and structured literacy. The state can build on students' multilingual strengths to improve engagement and achievement. The State Seal of Bilingualism and Biliteracy (SSBB), established in 2014, recognizes graduates proficient in multiple languages and is now available in 36% of school districts. The seal has been awarded in 30 languages, including five Indigenous languages, and 64% of recipients were formerly identified as English Language Learners, highlighting an opportunity to strengthen support for multilingualism and literacy in students' home languages, with particular focus on strengthening heritage languages.

K-12 Education Indicators

Increase the number of students who are in community schools by:

20%

Current number: 30,000
Goal: 36,000

Increase the number of students served by SBHCs by:

10%

Current number: 21,400
Goal: 23,500

Improve the rate of students with a positive perception of school climate by:

30%

Current lowest scoring dimensions: 38%
Goal: no score lower than 50%

To improve K-12 educational outcomes, policymakers should prioritize:

Policy Considerations

- Build on New Mexico's work to improve literacy by establishing a uniform, statewide approach to biliteracy
- Develop and revise policies to ensure K-12 district-level spending is benefiting targeted student groups

Administrative Implementation Considerations

- Gather community input to develop a New Mexico-created and -owned K-12 survey of school climate and collect statewide data annually
- Begin to coordinate programs, rules and regulations to address *Martinez-Yazzie* when the court rules the state's plan is sufficient
- Support activities found to be in alignment with the state plan, and identify gaps
- Use relevant data to inform and prioritize school resourcing decisions at the district and school level

Funding Considerations

- Maintain sufficient funding for all SBHCs, including funds for technical assistance to ensure continuity of care for students
- Make community school funding consistent and reliable year over year
- Increase funding so all counties can implement at least one SBHC, prioritizing the six counties with no SBHC
- Ensure funding is sufficient to provide support to all existing community schools
- Increase funding to grow the number of new community schools

Health and Well-Being

A child's health begins long before birth and is shaped by early experiences, making access to affordable, coordinated care across homes, schools, communities and healthcare settings essential. Strong outcomes depend on a continuum of care that supports maternal health, preventive services, nutrition and child development, yet many New Mexico children, especially those in rural, low-income and communities of color, continue to face barriers to care.

Maternal Health and Care

Healthy children begin with healthy pregnancies and births. Mothers and birthing parents need equitable and consistent access to quality maternal care to support healthy pregnancies and reduce the risk of maternal and infant complications. Yet, access remains uneven across New Mexico, particularly in rural communities and communities of color, where shortages, limited services and long travel distances create barriers to care.

How New Mexico Fares Indicators

18%
Lack access to a birthing hospital within 30 minutes[9]

1.32x
Higher rate of inadequate prenatal care among babies born to Native mothers than the state average[10,11]

2.2x
Higher infant mortality rate for babies born to Black mothers[12]

1 in 3
Women in New Mexico living in rural areas live over 30 minutes from a birthing hospital[13]

1 in 8
Women in New Mexico living in urban areas live over 30 minutes from a birthing hospital[13]

Provider shortages largely drive the lack of maternity care access in 10 rural New Mexico counties with no maternity providers. In 2022, one in four babies was born in a rural county, yet only 13% of maternal care providers practiced in rural communities that year.[13]

Even when care is available, the quality and form of care varies across counties. Nearly one in four women receive inadequate prenatal care.[13] Only seven of 33 counties have enough obstetrician-gynecologist (OB-GYN) providers to meet the demand, and 12 counties have no OB-GYN providers at all.[14]

New Mexico Counties with Zero OB-GYN Providers[14]

- Catron County
- De Baca County
- Guadalupe County
- Harding County
- Hidalgo County
- Mora County
- Quay County
- Roosevelt County
- Sierra County
- Torrance County
- Valencia County
- Union County

Limited access to prenatal and postpartum care, chronic health conditions and other barriers contribute to pregnancy-related deaths in New Mexico during pregnancy and up to six weeks postpartum.[15] The state's maternal mortality rate remains high and has worsened in recent years.[15,16] Improving child and family well-being will depend on policymakers to ensure children and families have access to care before, during and after pregnancy.

To improve maternal health and care, policymakers should prioritize:

Policy Considerations

- Explore policy solutions to expand the maternal health workforce and increase provider availability in rural communities

Administrative Implementation Considerations

- Expand Medicaid coverage for remote patient monitoring and telehealth during pregnancy
- Assess Medicaid-certified doula participation under state law and statewide doula utilization to identify access gaps in New Mexico
- Strengthen cultural responsiveness training for maternal care providers to better meet the needs of New Mexico's diverse communities
- Expand care coordination, continuity of care and access across prenatal/postpartum care, behavioral health, substance use treatment, transportation and mobile health services

Funding Considerations

- Increase funding for county and tribal health councils
- Increase Medicaid reimbursement rates for specialty, preventive and rural healthcare services
- Expand funding to address maternal care shortages and improve services for pregnant and parenting individuals, including those with substance use disorders

Home Visiting

Home visiting programs connect families to healthcare, parenting support, developmental screenings and other community-based services, and have been shown to improve maternal and child health outcomes, strengthen parenting skills and increase use of preventive services when delivered with high quality. In New Mexico, home visitors help identify risks and needs and connect families to services such as postpartum depression screening and early intervention, but referrals do not always result in service uptake.

Policymakers should strengthen home visiting program quality, consistency, early enrollment and family retention to improve outcomes for children and families. Earlier enrollment and longer participation are associated with better outcomes, yet only 31% of New Mexico families enroll prenatally, and low retention and completion rates limit program effectiveness.

FIGURE I

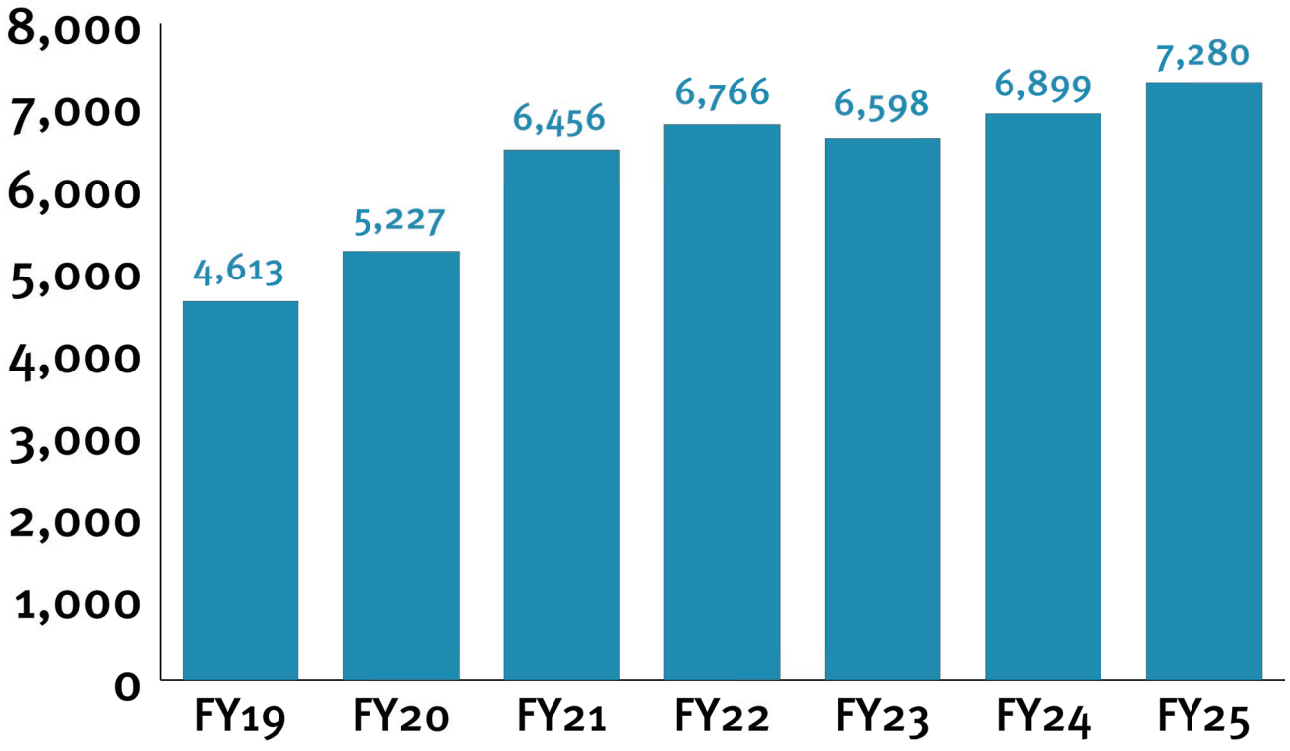
New Mexico home visiting program completion and retention rates[17]

23% of families stopped receiving home visiting services because they had completed the program	**23%** of families left home visiting programs because they were not using the services	**46%** of participating families were enrolled for 11 months or less, even though families can receive home visiting services until their child turns five	**30%** of families remained enrolled in home visiting services for 24 months or more

Longer participation in home visiting programs is linked to better child outcomes, but many New Mexico families leave early due to scheduling challenges, perceived lack of value or feeling mismatched with their home visitor.[18]

FIGURE II

New Mexico families served by home visiting program, FY19- FY25[19]



New Mexico has nearly doubled home visiting funding, from $18.7 million in FY19 to $37.1 million in FY25, increasing the number of families served from 4,613 to 7,280. Despite this growth, a gap remains between the families receiving services and those identified as needing them.

7,280	19,289
New Mexican Families Served by Home Visiting Program in FY25[19]	New Mexico Families Identified as "In Need" of Home Visiting Services[20]

To improve child well-being and health outcomes, policymakers should strengthen program quality, retention and completion rates while ensuring home visiting services are accessible and effectively reach families across New Mexico, especially in rural and underserved communities. To improve access and outcomes, policymakers should prioritize:

Policy Considerations

- Expand professional development and technical assistance for home visitors and doulas, including Medicaid billing support

Administrative Implementation Considerations

- Develop trust with immigrant communities to increase home visiting program uptake
- Clarify eligibility, services and payment structures for providers and families
- Improve outreach to newly-pregnant people to inform them of available health services, such as home visiting programs
- Strengthen provider education on home visiting and streamline referrals through standardized processes and electronic health record systems
- Align and stabilize Medicaid and state reimbursement rates for home visiting services

Funding Considerations

- Increase funding for wages, training and retention of home visitors

Pediatric Care

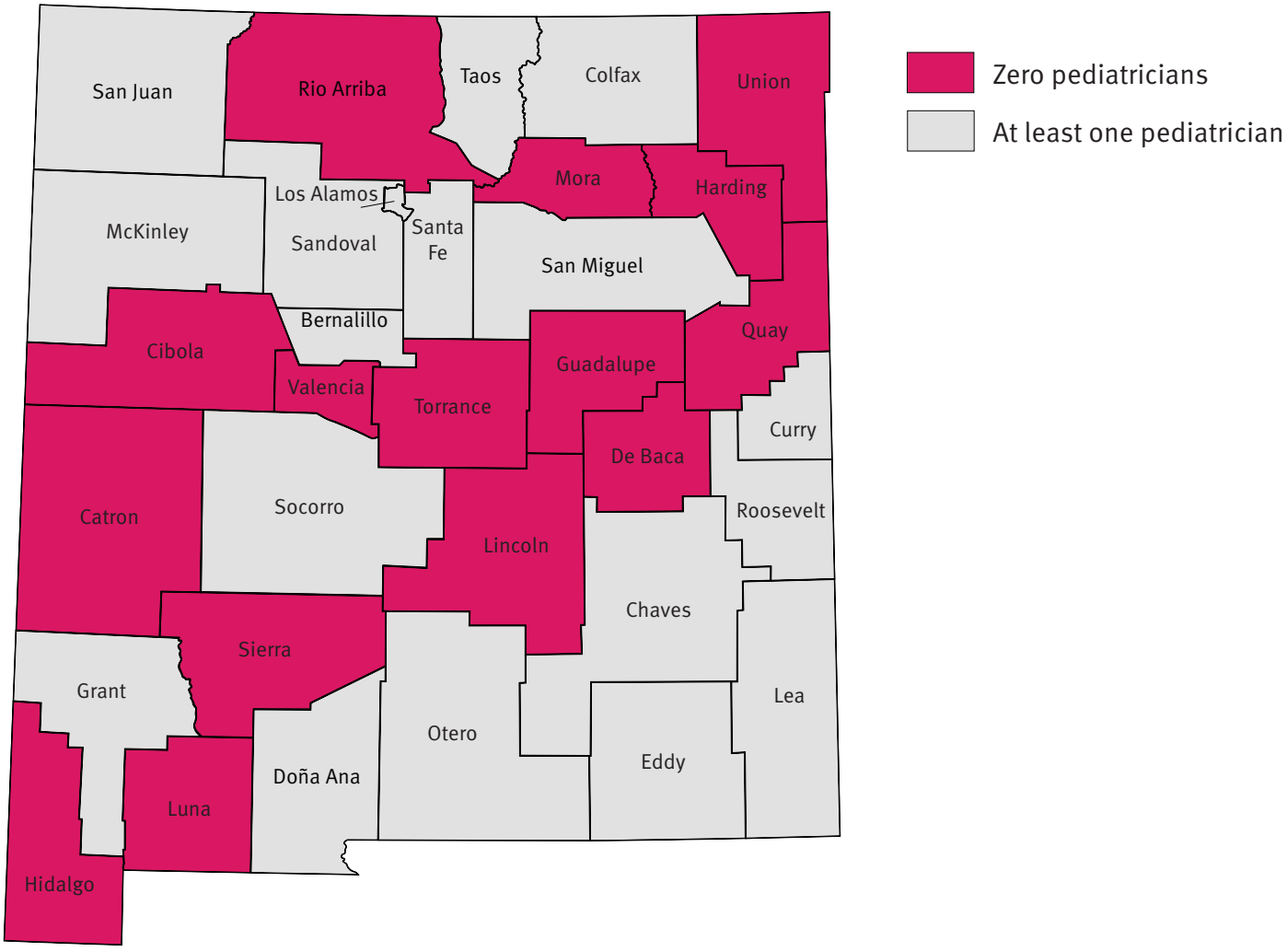
Home visiting programs are most effective when families can access needed healthcare, yet New Mexico faces significant pediatric provider shortages, especially in rural communities.

New Mexico has a higher ratio of children per pediatrician than the national average 1,678 children per pediatrician compared to 1,218 nationally[21]

Almost half of New Mexico's 33 counties do not have a pediatrician at all.[21] Because pediatricians are heavily concentrated in population centers in Bernalillo, Doña Ana and Santa Fe counties, many rural families depend on the singular family medicine providers in their communities for care.[22]

FIGURE III

Fifteen counties in New Mexico have zero pediatricians[23]



About 1 in 4 children in New Mexico did not receive even one preventive medical care visit ("wellness check")[24]

Without regular preventive care, children in New Mexico face increased risks of serious health conditions, reinforcing generational cycles of chronic illness. To improve child well-being, policymakers will need to address provider shortages, including the number and geographic distribution of pediatric and family medicine providers, while reducing barriers to accessing care. They can do this by:

Policy Considerations

- Build on improving reimbursement rates for maternal and child health and behavioral health providers following FY27

Administrative Implementation Considerations

- Increase the number of practicing pediatricians in New Mexico through a targeted physician recruitment strategy, with a focus on rural areas and counties with zero pediatricians, as part of implementation of the new Interstate Medical Licensure Compact

Funding Considerations

- Fund the Rural Healthcare Delivery Fund, informed by community needs, and expand eligibility to counties under 125,000 in population
- Increase funding to support students admitted to health professions included in the NM Higher Education Department Loan for Service programs
- Increase Medicaid funding to raise specialty care rates to at least 120%, ensure equivalent increases for preventive services, provide a 10% higher rate for rural providers, and align reimbursement at 250% of Medicare rates
- Fully fund the Health Care Affordability Fund (HCAF) to ensure that coverage is affordable through BeWell, New Mexico's Affordable Care Act health insurance marketplace

Nutrition and Food Access

Proper nutrition is critical for healthy child development, yet many children in New Mexico live in communities with limited access to affordable, healthy and readily-available food.[25]

Children in rural eastern and northern New Mexico face the greatest barriers to accessing healthy food. While urban counties such as Bernalillo and Doña Ana generally have better food access, some low-income urban neighborhoods still lack nearby grocery stores.[26]

New Mexico policymakers have made meaningful progress in expanding food access and improving nutrition for children and families:

1,657 food retailers accept SNAP in New Mexico[27]	**50%** of New Mexico farmers markets accept SNAP[28]	**90** food providers (groceries, farmers markets, food stands, etc.) in New Mexico participate in the Double Up Food Bucks Program[29]

Universal school meals are one of several strategies New Mexico has used to address food insecurity. Complementary efforts, such as school gardens and farm-to-school programs, support local agriculture, improve food access and connect students to nutritious foods.

5% of all schools in New Mexico have an edible school garden[30]	**128** Suppliers (direct and indirect) provided local foods to schools through New Mexico Grown[31]	**58%** of School Food Authorities did at least one farm-to-school activity in 2023, serving 205,077 students in New Mexico[32]

To continue building on the meaningful progress New Mexico has made in improving nutrition and food access for families and children, policymakers should prioritize:

Policy Considerations

- Strengthen local food systems through community-based agriculture and food distribution programs

Administrative Implementation Considerations

- Track and improve school meal quality, including through standardized student feedback
- Expand training and support for scratch cooking, food safety and compliance
- Increase retailer participation in SNAP and Double Up Food Bucks
- Require school food service contracts to meet standards for locally sourced, high-quality meals

Funding Considerations

- Invest in youth agriculture programs that strengthen food access and cultural connections
- Increase funding for transportation and infrastructure that improve access to healthy foods
- Expand support for farm-to-school partnerships and school garden programs
- Increase funding to improve the quality and nutritional value of school meals

Substance Exposure

Many New Mexico children are affected by prenatal substance exposure, which is linked to adverse outcomes including low birth weight, developmental delays, neonatal withdrawal, stillbirth and maternal mortality. Over a three-year period, 17,000 pregnant women reported substance use, and more than one third of infants were exposed to psychoactive substances in utero.[33]

13.6 per 1,000 New Mexico newborns were hospitalized for substance withdrawal in 2022[34]

New Mexican families face significant barriers to substance use treatment during pregnancy and early parenthood, including stigma, fear of family separation, cost, transportation challenges, provider shortages and limited awareness of available services. As a result, only 3% of the approximately 17,000 pregnant women who reported substance use received care.

Access to treatment remains limited even for families who seek help. A statewide survey found that only 14 of 24 hospitals providing maternal care offer recommended medications for opioid use disorder during and after pregnancy. Two serve only existing patients, while eight, primarily in rural communities, do not offer these medications at all.

Policymakers can improve outcomes for children and families by expanding access to treatment and supportive services, reducing barriers to care and ensuring that substance use during pregnancy is addressed through a public health approach that prioritizes family well-being and keeps families together whenever safely possible.

Adverse Childhood Experiences

Barriers to substance use treatment contribute to early-life adversity for many New Mexico children. Adverse childhood experiences (ACEs), including household substance use and other forms of trauma, are linked to poorer lifelong health outcomes. Nearly seven in 10 New Mexico adults reported experiencing at least one ACE in childhood, and nearly one in four report four or more (see Figure IV).[35]

FIGURE IV

Percentage of New Mexico adults reporting adverse childhood experiences[35]

Have at Least One ACE	68%
Verbal Abuse of Child	36%
Physical Abuse of Child	29%
Household Exposure to Alcoholism	29%
Household Exposure to Depression, Mental Illness, or Suicide	21%
Domestic Abuse (Not of Child)	20%
Sexual Abuse of Child	15%
Household Exposure to Drug and Substance Abuse/Misuse	13%
Household Exposure to Incarceration	9%

The effects of colonialism, structural racism, historical trauma, and inequitable access to opportunity have led Native and Black children in New Mexico to experience disproportionately higher rates of ACEs (see Figure V).

FIGURE V

Percentage of New Mexicans reporting adverse childhood experiences by race and ethnicity[35]

White	Black	Native American	Asian	Hispanic
67%	79%	79%	56%	68%

Behavioral and Mental Health Services

About 1 in 5 New Mexico children ages 3–17 have been diagnosed with ADHD, anxiety, depression or behavioral and conduct problems.[36]

Even when New Mexico children and families seek mental and behavioral health services, they often face barriers to timely and adequate care due in part to the state's shortage of providers.[37]

Nearly one-third (10) of New Mexico's counties lack access to a psychiatric advanced practice registered nurse (APRN) (see Figure VI). Psychiatric APRNs are heavily concentrated in Bernalillo, Doña Ana, Sandoval and Santa Fe counties, which together account for 74% of providers in the state.[38] Although the number of psychiatric APRNs increased by 125% from 2020 to 2024 (from 148 to 344), this growth has not been evenly distributed, leaving many rural counties with limited or no access to behavioral health care.[38]

FIGURE VI

New Mexico counties with zero psychiatric APRNs[38]

- Catron County
- De Baca County
- Guadalupe County
- Harding County
- Hidalgo County
- Mora County
- Quay County
- Socorro County
- Taos County
- Union County

In addition to provider shortages and uneven access to services across counties, more APRNs in New Mexico primarily serve adults rather than children and families.

A shortage of behavioral and mental health providers limits access to care in New Mexico that disproportionately impacts children in our state. One statewide survey found that one in five New Mexicans reported difficulty accessing needed services, and 10% skipped recommended care due to cost.[39] Another survey found that nearly half (45%) of LGBTQ+ youth in New Mexico reported not accessing mental health care because they could not afford it.[40]

To improve children's behavioral health outcomes and ensure all children have the support they need to thrive, policymakers should prioritize:

Policy Considerations

- Improve language access in behavioral health care by providing enhanced Medicaid reimbursement for multilingual services and supporting a state certification program for behavioral health interpreters
- Consider the costs and benefits of expanding the Rural Health Care Practitioner Tax Credit program to include social workers and counselors
- Join interstate licensure compacts for therapists and counselors to reduce licensing barriers and expand the behavioral health workforce
- Expand on programs to recruit and retain behavioral health providers in New Mexico, especially those focused on pediatric services

Administrative Implementation Considerations

- Include ACEs in Early and Periodic Screening, Diagnostic and Treatment (EPSDT) protocols
- Implement provisions and regulations that support LGBTQ+ youth, including more inclusive curricular standards and access to care

Funding Considerations

- Increase funding dedicated to expanding peer support specialist roles in the state's behavioral health workforce
- Increase funding for drug and alcohol rehabilitation services for youth, instead of incarcerating youth for alcohol-related offenses
- Increase funding for suicide prevention programs for children and teens

New Mexico policymakers have made significant investments in child and family health and well-being, including increasing the healthcare workforce, early childhood health programs and increasing broader access to food and health care. Programs, such as universal school meals and home visiting, have made meaningful progress in improving the physical and mental health of children and families in our state.

Now, policymakers will need to turn to quality, program coordination, implementation, and geographic and cultural access while simultaneously funding the programs and initiatives they enacted. Medical and behavioral health provider shortages, inequitable access to care, food insecurity, lack of transportation, rural infrastructure, program retention, communal determinants of health and other challenges limit the reach and effectiveness of policymakers' investments. As a result, many of our children, especially those in rural communities, families of color and low-income households, do not receive the care, services and support they need to thrive.

Indicators

Reduce maternal deaths from pregnancy- and childbirth-related complications (up to six weeks postpartum) by:

45%

Current rate: 28.5 per 100,000
Goal: 15.7 per 100,000

Increase the rate of children who remain enrolled in home visiting services for at least 12 months to:

75%

Current: 54%
Goal: 75%

Increase the rate of children ages 0–17 who received at least one preventive medical visit in the past 12 months to:

85%

Current: 77.5%
Goal: 85%

Family Economic Security

New Mexico families' economic well-being shapes children's opportunities and long-term outcomes. When children's basic needs are met, they are more likely to develop healthily and succeed academically, while poverty and unmet needs can harm their education, health and future prospects. In New Mexico, too many children experience poverty, food insecurity, housing instability and limited access to affordable healthcare, undermining their ability to learn, grow and thrive. Economic insecurity has long affected New Mexican families and has worsened due to stagnant wages, declining federal support for public benefits and rising living costs. Although state efforts to diversify the economy have created some jobs, progress has been slow, leaving many parents in low-wage work.

Wages and Income Inequality

Many New Mexico families struggle to make ends meet, and children bear the greatest burden. New Mexico's child poverty rate remains among the highest in the nation, reflecting the severe financial hardship many children face.

1 in 4 New Mexico children live in poverty, compared to 1 in 7 nationally.[41]

National comparisons of child poverty rely on the Official Poverty Measure, which is based only on cash income and does not account for the effects of anti-poverty programs. Improving New Mexico's child poverty rate and economic well-being ranking will require increasing families' cash incomes, noncash benefits and tax credits and opportunities for improving long term economic stability.

New Mexico's minimum wage is $12 per hour. This means a household with two parents working full time at minimum wage makes around $25,000 a year before taxes, significantly below the median wage for married and cohabitating adults in the state (see Figure II). However, the cost of living is significantly higher than this for a household with two working adults with children—even when considering the money saved through universal childcare (see Figure I).

FIGURE I

New Mexico pre-tax living wage (childcare subtracted)[42]

	0 children	1 child	2 children	3 children
1 Adult	$45,607	$67,639	$80,840	$101,254
2 Adults (1 working)	$64,316	$76,197	$81,907	$95,558
2 Adults (both working)	$64,316	$79,999	$89,187	$106,899

Note: UNM CSP calculated this by subtracting the childcare costs the Living Wage site estimated, since universal childcare means that no family has to pay for childcare if they are undertaking qualifying activities.

FIGURE II

Median income in New Mexico by household type and number of children[43]

	1 child	2 children	3 children
Married couple household with children <18	$104,850	$111,472	$98,100
Cohabiting couple household with children <18	$63,715	$68,968	$61,942
Female householder, no spouse/ partner present with children <18	$37,514	$39,000	$38,586
Male householder, no spouse/ partner present with children <18	$38,087	$55,206	$64,311

How Much Does a Single Mother Need to Earn to Cover the Cost of Living in New Mexico?

Single Parent w/ One Child

$67,639

Annual living wage

$37,514

Median annual wage for female-headed households with children under 18

Reducing child poverty and income inequality will require policymakers to increase wages and family incomes, especially for single-parent households whose children are most affected by economic hardship. Policymakers can:

Policy Considerations

- Expand General Assistance to provide greater support for low-income families
- Increase Temporary Assistance for Needy Families (TANF) cash assistance and eliminate full-family sanctions and time limits
- Restore unemployment benefit supplements for dependent children
- Extend unemployment benefits to undocumented workers, independent contractors and displaced fossil fuel workers
- Raise the minimum wage and index it to inflation

Administrative Implementation Considerations

- Strengthen employer–workforce partnerships
- Direct Workforce Innovation and Opportunity Act and TANF funds to career pathway programs that help parents earn diplomas and industry-recognized credentials
- Expand on-the-job training, paid internships and transitional employment for parents facing barriers to work

Funding Considerations

- Strengthen enforcement against wage theft
- Expand refundable tax credits and increase benefit amounts
- Invest in infrastructure and public transportation that support working families
- Increase funding for workforce training, apprenticeships and career development
- Fund adult education programs such as high school equivalency, job training, career pathways programs and adult basic education (ABE), including English as a Second Language (ESL) classes
- Grow the Workforce Training Economic Support Pilot Program and increase stipends

Income Supports

Poverty is shaped not only by household income, but also by the cost of meeting basic needs. In fact, the official poverty rate likely fails to capture the full extent of financial hardship in New Mexico, as many New Mexicans earn above eligibility thresholds for public assistance yet still cannot afford basic necessities such as housing, food and healthcare. As the cost of living has outpaced wage growth, particularly following the pandemic, working families in New Mexico have struggled to make ends meet.

Following the passage of universal childcare, working families in New Mexico will now, on average, save more than $10,000 per child per year in childcare costs.[44] Although this policy immediately eliminated childcare costs for many families, New Mexico policymakers should continue addressing gaps in access to care and prioritize reducing other major household expenses, such as food and healthcare. By investing in programs such as SNAP and Medicaid, policymakers can help lower the cost of basic necessities, reducing child poverty and strengthening family economic security while freeing household income for families' other basic needs.

In order to address poverty in New Mexico and ensure working families are paid a living wage, we must also evaluate the cost of living within the state, and what policies have already been implemented that may be lowering families' financial burden.

SNAP

Reducing child poverty requires a multi-pronged approach. Addressing poverty and economic security requires not only increasing wages, but also investing in policies and programs that supplement family income and increase support for the most vulnerable households.

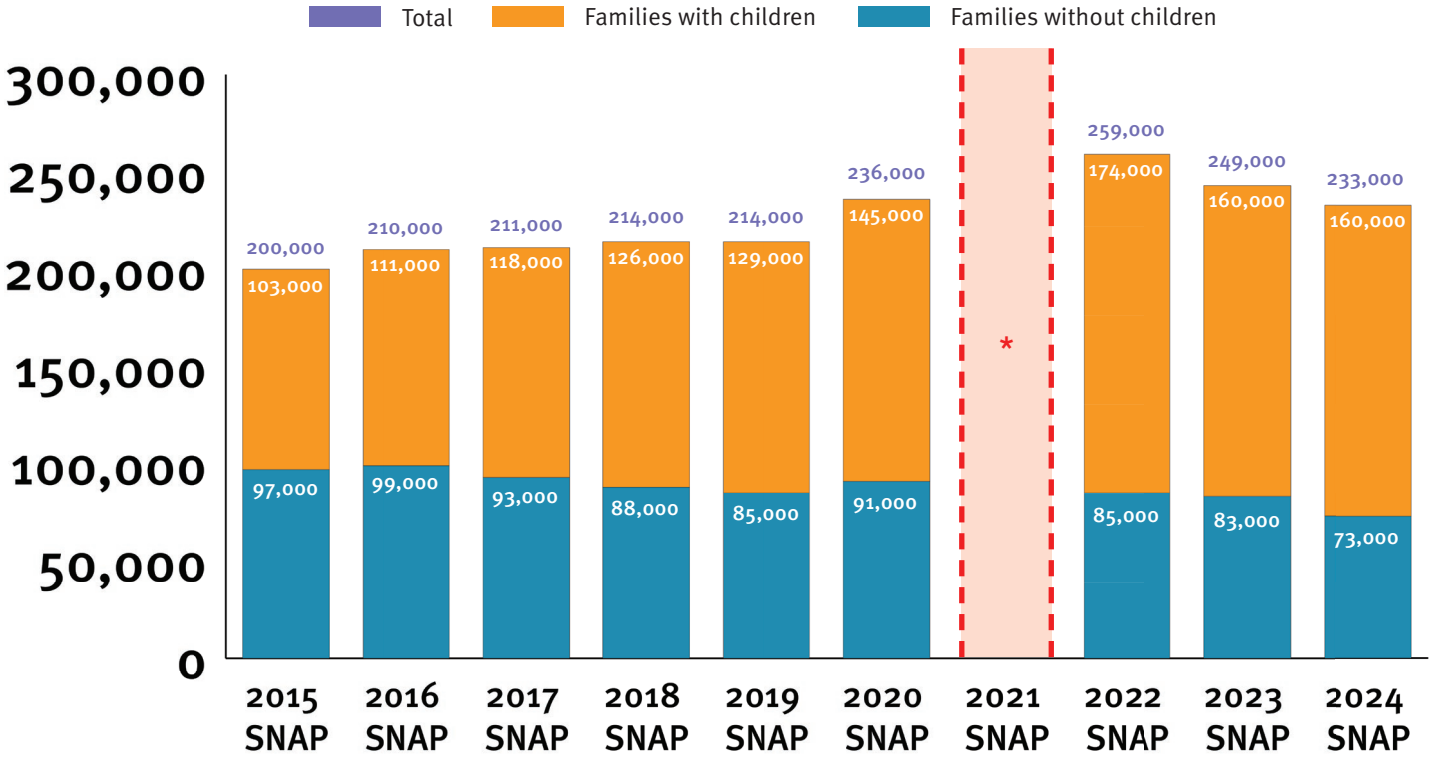
SNAP is the nation's largest anti-hunger program and one of the most effective anti-poverty programs for children, lifting nearly 1.4 million children above the poverty line in 2023, according to the Supplemental Poverty Measure. In New Mexico, SNAP lifted an average of about 60,000 people, including 25,000 children, above the poverty line each year between 2015 and 2019. By helping families afford food, other household income is freed up for other basic needs such as rent, utilities, and medical care.

SNAP in New Mexico

21% of New Mexicans receive SNAP, the highest rate in the nation	**43%** of SNAP participants are in working families	**61%** of SNAP participants are in families with children	**24%** of rural households receive SNAP

FIGURE III

SNAP use among New Mexico families, by family structure[45]



*Data for 2021 are not available due to COVID-19 waivers; 2020 data reflect available data during the early months of the pandemic waiver period.

In 2024, New Mexico expanded SNAP's impact in the state by maximizing federal flexibilities and state supplements, and increasing eligibility for families making up to 200% of the FPL. However, recent federal policy changes from the enactment of the OBBBA at the federal level have already reduced SNAP enrollment in New Mexico by 4%.[46]

Work reporting requirements, expanded age limits and the elimination of exemptions for groups such as people experiencing homelessness, young adults formerly in foster care and parents of children as young as 14, will place limits on benefits for many more New Mexicans, including 27,000 households with children. More than 16,000 lawfully present immigrants in New Mexico will also no longer be eligible for benefits. Finally, with stricter geographic waivers, only one county in New Mexico now qualifies for geographic exemptions due to poor economic conditions, leaving many rural communities who already have little economic opportunity with less support and access to food.

Because Luna County is the only county in New Mexico with an unemployment rate of 10% or higher, it is the only county that remains eligible for geographic waivers.

To ensure New Mexico's children and families have access to affordable, nutritious food, and increase families' disposable income for other basic needs, policymakers can:

Policy Considerations

- Enact policy that requires that child support payments be viewed as an income exclusion rather than a deduction, in order to lower households' overall gross income and help additional families qualify for SNAP
- Amend the New Mexico Public Assistance Act to allow the New Mexico Health Care Authority (NM HCA) the flexibility to create programs that extend food assistance to certain populations, including immigrant households with children

Administrative Implementation Considerations

- Ensure all caseworkers are adequately trained and supported to accurately and efficiently administer benefits
- Improve and enhance current SNAP Employment and Training Programs to help more people meet the new work requirements
- Maintain SNAP eligibility up to 200% of the FPL

Funding Considerations

- Increase funding and expand eligibility for state programs that supplement SNAP, in order to maintain benefits for people losing eligibility because of work requirements while continuing to soften the program's benefit cliff
- Increase funding for the NM HCA, ensuring their staffing needs are met to streamline the SNAP application, recertification and work requirement reporting processes
- Continue to provide state funding to local food banks to help alleviate the increased need for additional food in New Mexico households

Medicaid

Like SNAP, Medicaid is an effective anti-poverty program that provides health insurance coverage to low-income families and children in New Mexico. By reducing out-of-pocket medical costs and improving access to affordable care, Medicaid helps prevent families from falling deeper into poverty.

In New Mexico, Medicaid is a lifeline, reaching about 42% of New Mexicans, the highest per-capita enrollment in the country. In a state where one in four children live in poverty, Medicaid plays a critical role in keeping children and families healthy. Without affordable healthcare coverage, New Mexico families are more likely to delay or skip needed care, leading to worse health outcomes.

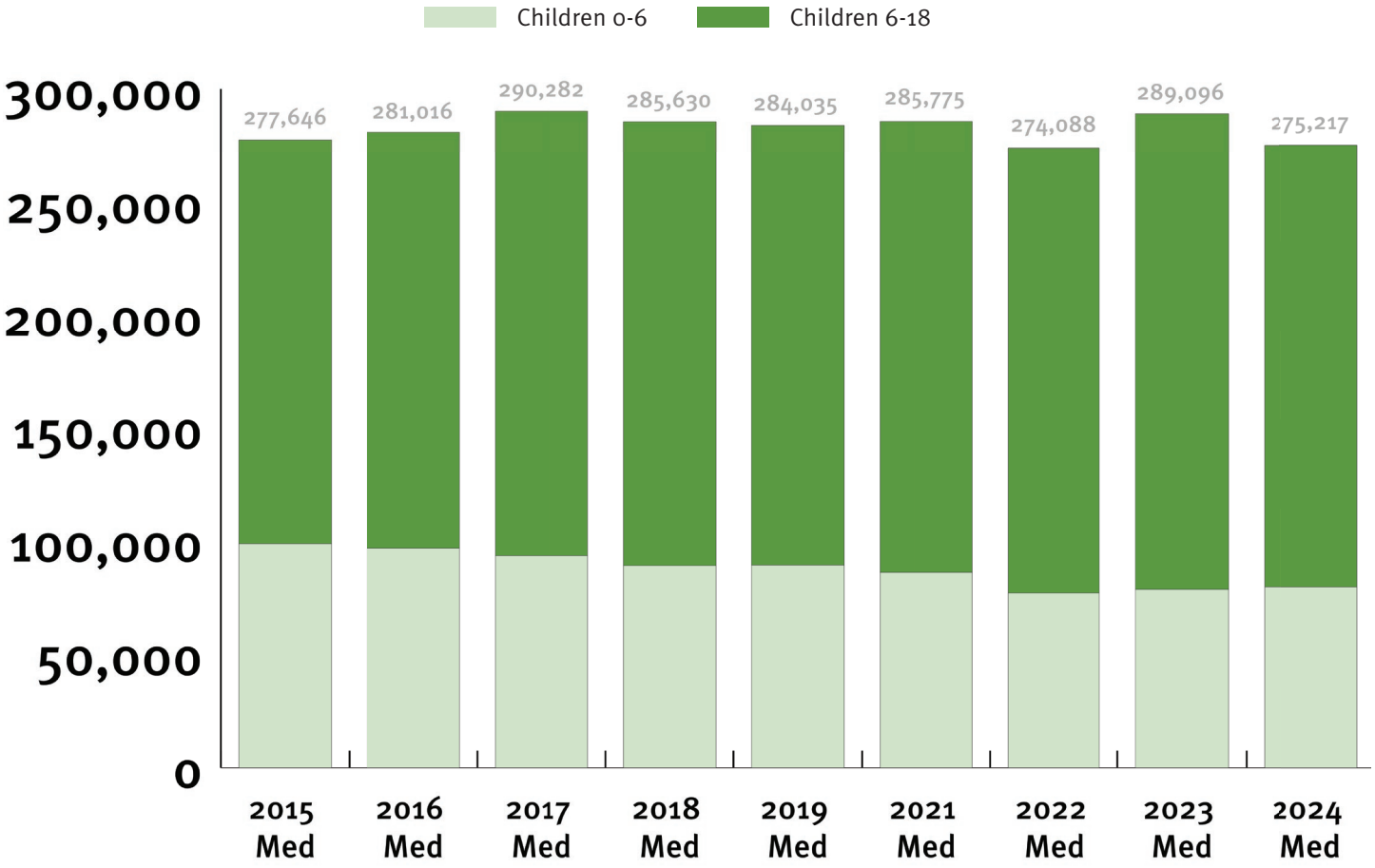
The state's rural communities especially depend on Medicaid. In fact, 24 of 33 New Mexico's counties have 40% or more residents enrolled in Medicaid, and 60% of rural children in New Mexico are enrolled in Medicaid/CHIP.

Medicaid In New Mexico

- 55% of births are covered by Medicaid
- 3 in 8 Medicaid enrollees in New Mexico are children
- 61% of children are covered by Medicaid
- 3 in 5 rural children in New Mexico are enrolled in Medicaid/CHIP
- 37% of rural New Mexicans are insured by Medicaid
- 24 rural counties in New Mexico have 30% or more residents enrolled in Medicaid

FIGURE IV

New Mexico children enrolled in Medicaid, by age group



Although lawmakers have taken steps to help families keep their health insurance, new Medicaid and Marketplace policy changes under the OBBBA will likely reduce healthcare coverage, increase healthcare costs for families, and put an increased strain on New Mexico's healthcare system through added administrative burden. Work reporting requirements and more frequent eligibility redeterminations will shift state resources away from direct care for children and families. Given already long application processing times and existing barriers to enrollment and renewal, these changes are expected to increase coverage losses across New Mexico.

2,700 more children under the age of 6 became uninsured from 2022 to 2024 during the unwinding of COVID policies.

New Mexico children in immigrant and rural families will be most affected by these changes. Under the OBBBA, an estimated 9,700 immigrants with lawfully present status will lose access to Medicaid, CHIP, Medicare and ACA subsidies. At the same time, thousands of New Mexicans in rural communities could lose access to care due to reduced federal funding and potential hospital closures.

To ensure children and families remain insured and can access care, policymakers should:

Policy Considerations

- Adopt and fully fund a plan that will expand affordable and quality health coverage to all New Mexicans, regardless of immigration status

Administrative Implementation Considerations

- Streamline Medicaid enrollment and renewal processes, including application, recertification and work reporting requirements, to reduce administrative burdens and prevent eligible individuals from losing coverage
- Support robust outreach to enrollees about the upcoming policy changes
- Simplify Medicaid enrollment and renewal and use information from programs like SNAP and Head Start to enroll eligible children
- Minimize Medicaid cost-sharing by maintaining low copays and ensuring they are not enforced in ways that delay or deny access to care

Funding Considerations

- Fully fund the Health Care Affordability Fund (HCAF) to keep health insurance affordable for New Mexicans who purchase coverage through the BeWell Marketplace
- Provide sustainable funding for the Health Care Authority (HCA) to meet increased staffing and administrative demands resulting from recent federal Medicaid changes
- Approve the HCA's $2.8 million Medicaid administration funding request to support program operations and implementation

Economic Mobility

Economic insecurity in New Mexico extends beyond individual families and can persist across generations, particularly in a state where many children live in multigenerational households. When families lack the resources to meet their basic needs, they have fewer opportunities to build wealth and create economic opportunities for their children. Addressing poverty therefore requires more than raising wages and incomes; it also means tackling the structural barriers and inequities that limit access to opportunity across income levels, races and communities. By addressing the root causes of intergenerational poverty and wealth inequality, policymakers can help create pathways to economic mobility for New Mexico children and families.

How New Mexico Fares:

- **New Mexico:** Median net worth for households with children: $77,500
- **Nationally:** Median net worth for households with children: $191,100

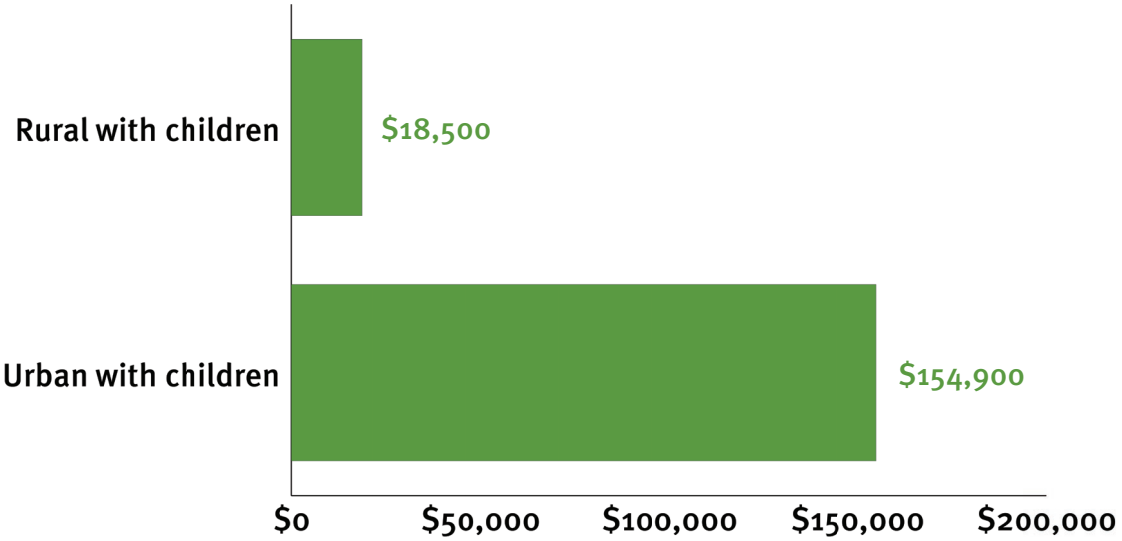
Takeaway:

- On average, households with children in New Mexico have a median net worth of about half that of families nationally, when accounting for savings, assets, investments and debt

Many New Mexico families face a tradeoff between raising children and building wealth. Having children reduces wealth-building opportunities for most families, and rural households face particularly large disparities, with a median net worth of $18,550 compared with $154,900 for urban families (see Figure VII).

FIGURE VII

New Mexico annual median net worth, by geography[47]



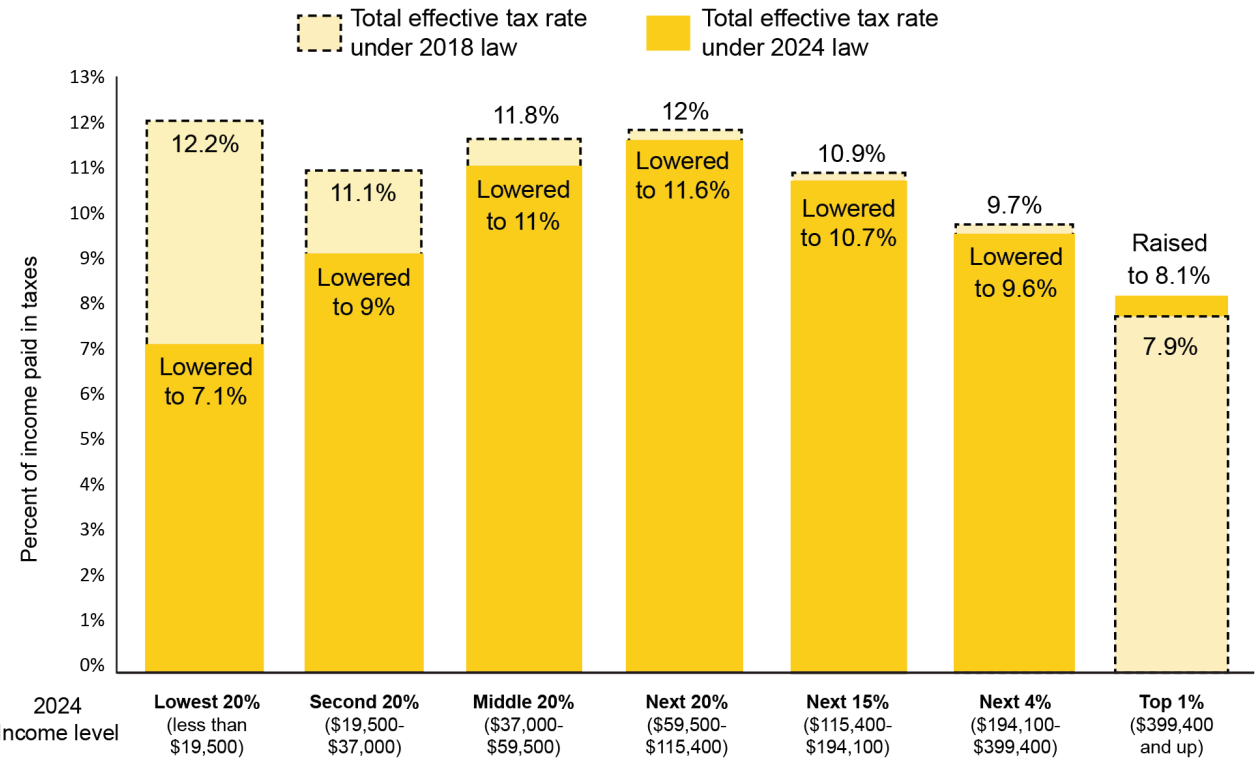
Source: U.S. Census Bureau. (n.d.). 2024 Survey of Income and Program Participation (SIPP). U.S. Department of Commerce. Retrieved March 18, 2026, from https://www.census.gov/programs-surveys/sipp.html

Taxes

Taxes fund the public services and investments that create opportunity, stability, and economic security for families. To do this effectively, New Mexico's tax system should ensure households contribute based on their ability to pay. Persistent wealth disparities, particularly among children of color, rural families and low-income communities, underscore the need for a more equitable tax system and targeted tax credits that reduce child poverty. Recent improvements, including changes to the state's personal income tax code, expansion of the Working Families Tax Credit, and creation of the state Child Tax Credit (CTC), have made the tax system more equitable, but additional reforms are needed to strengthen public investments and support family well-being.

NEW MEXICO'S STATE & LOCAL TAX SYSTEM: THEN AND NOW

Share of family income paid in state and local taxes by income group (2018, 2024)



Source: *Who Pays?*, 7th edition, Institute on Taxation and Economic Policy, Jan 2024. Note: Table shows permanent law passed in New Mexico through April 2023

To support working families for generations to come, New Mexico lawmakers can build a more stable fiscal future by:

Policy Considerations

- Doubling the Working Families Tax Credit for low- and moderate-income households from 25% to 50% of the federal Earned Income Tax Credit
- Review the state's personal income tax brackets to evaluate and improve progressivity
- Explore a wealth proceeds tax that captures a position of gains from high-value properties, second homes, and other high-value assets to generate sustainable revenue for investing in children and families while reducing wealth inequality in the state

Administrative Implementation Considerations

- Identify and improve outreach to eligible families who are not claiming the state CTC, including the 23,882 families who left $10.7 million in credits unclaimed in 2023
- Strengthen partnership with immigrant-serving community organizations to ensure immigrant families and ITIN filers are aware they remain eligible for the state CTC, despite losing eligibility for the federal credit

Funding Considerations

- Increase the state CTC, particularly for families with children under six, and make it permanent

New Mexico has made meaningful progress in strengthening family economic security by reducing household monthly expenses, expanding tax credits for working families, protecting healthcare and food assistance programs amid federal cuts, and diversifying New Mexico's economy. Still, too many children in our state continue to live in poverty, and many New Mexicans struggle with low wages, rising costs, housing instability, food insecurity and limited opportunities to build wealth.

Poverty in New Mexico is not inevitable, but rather shaped by policy decisions. By continuing to invest in working families, modernizing the tax system, protecting and increasing access to public assistance and addressing the structural opportunity that limits economic mobility, New Mexico policymakers can reduce child poverty and help more families achieve long-term financial stability. The quality of our future workforce and the future of New Mexico's economic success aren't just shaped by the opportunities our children have today, they depend on them.

Indicators

Increase the rate of single-parent households that meet the living wage threshold by:

85%

Current: 27%
Goal: 50%

Decrease the rate of children in New Mexico that are uninsured by:

50%

Current: 6%
Goal: 3%

Increase the rate of families claiming the state CTC by:

10%

of eligible families
Current: 90%
Goal: 100%

Conclusion

The data throughout this report tell a story of both progress and opportunity. In recent years, New Mexico policymakers have made historic investments in children and families, from creating the nation's first universal childcare system and expanding home visiting services to increasing K–12 funding, improving access to healthcare, investing in nutrition programs and strengthening economic support for working families. These investments demonstrate a clear commitment to improving outcomes for children, and recognize that their well-being is essential to the future of our state.

At the same time, the data make clear that investment alone is not enough. Too many children and families continue to face barriers that limit their ability to fully benefit from these opportunities. Geographic disparities, workforce shortages, transportation challenges, food insecurity, housing instability, unequal access to quality services and persistent racial and economic inequities continue to shape the experiences of children across New Mexico. For many families, where they live, the resources available in their community and the systems they must navigate remain as significant determinants of their opportunities and outcomes.

The recommendations outlined in this report provide policymakers with a roadmap for building on recent successes and ensuring public investments achieve their intended impact. Moving forward will require a focus not only on sustaining funding, but also on improving implementation, strengthening accountability, expanding access in underserved communities and ensuring programs are culturally responsive and designed around the needs of children and families. Policymakers should continue using data to identify gaps, measure progress and make informed decisions that maximize the effectiveness of public investments.

The future of New Mexico depends on the health, education and economic well-being of today's children. Every child deserves the opportunity to grow up healthy, attend high-quality schools, access nutritious food, live in a stable and supportive environment and pursue their goals without barriers created by poverty or unequal access to resources. Achieving this vision will require continued collaboration among policymakers, educators, healthcare providers, community organizations, Tribal governments, families and advocates.

The choices made today will shape New Mexico for generations to come. By building on the progress already achieved, addressing persistent disparities and making evidence-based investments in children and families, policymakers can help create a state where every child has the opportunity to thrive. Investing in children is not just a moral responsibility; it is one of the most effective strategies for strengthening communities, growing the economy and ensuring a more prosperous and equitable future for all New Mexicans.

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Prepared for the W.K. Kellogg Foundation by New Mexico Voices for Children

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Acknowledgements:
A special thanks to those who contributed to the publication of this report, including Adria Malcolm (Pages 1, 6, 8-10, 13-14, 19, 23 and 30-41), photographer, and Danielle Fernandez, Eva Videla and Gianna Sanchez, for sharing their stories and being photographed.