

# MANY CHILDREN, STUDENTS AND FAMILIES CANNOT ACCESS VITAL SERVICES

Statewide Report of Results  
from the 100% Community  
Survey in New Mexico 2021-2023

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# EXECUTIVE SUMMARY

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The economic, structural, and environmental conditions in which we live, work, and play powerfully shape our health and well-being. Five decades of research document this powerful relationship and how challenges associated with chronic adverse conditions, sometimes called social determinants of health (SDOH), can have significant and long-term consequences for public health, education, and safety. This is particularly concerning for children's healthy development. New Mexico's children consistently lag most other children nationally in economic well-being, education, and health despite multiple community, family, and cultural strengths.

**An important first step to reduce barriers is recognizing challenges to accessing SDOH services.** This report presents a strategy for communities to assess service barriers used in the context of the 100% New Mexico Initiative, a county-based collective impact process to address SDOH. The 100% New Mexico Initiative aims to transform adverse SDOH into positive SDOH. It also aims to reduce experiences of adversity among 100% of New Mexicans by ensuring access to ten vital surviving and thriving services. Ten sector action teams work collaboratively within a county or small set of counties to identify service gaps and barriers and implement evidence-informed solutions to resolve barriers to access and quality in each sector. This model promotes a system of care for promoting positive SDOH that affords equitable access to services that are vital to surviving, thriving, and address stubborn public health, education, and safety challenges.

This report describes difficulties in access reported by community members in 11 counties that have used the *100% New Mexico Survey* as Step 1 in their implementation of the 100% New Mexico Initiative.<sup>1</sup>

## Methods

Counties implementing the 100% New Mexico Initiative conduct the *100% New Mexico Survey*. Results are used as a launching point for communities to develop or adapt, implement, and test evidence-informed solutions to addressing service barriers. Eleven counties used multiple outreach strategies to engage 6,549 New Mexicans in the *100% New Mexico Survey* between 2021 and 2023. These counties are located in four of New Mexico's five public health service regions: Metro ( $n=2$ ), Northeast ( $n=3$ ), Southeast ( $n=2$ ), and Southwest ( $n=4$ ). Each of New Mexico's largest counties are included along with smaller rural counties in both the northern and southern regions of the state.

## Findings

The *100% New Mexico Survey* results across the 11 New Mexico counties indicate multiple needs and challenges to accessing services.

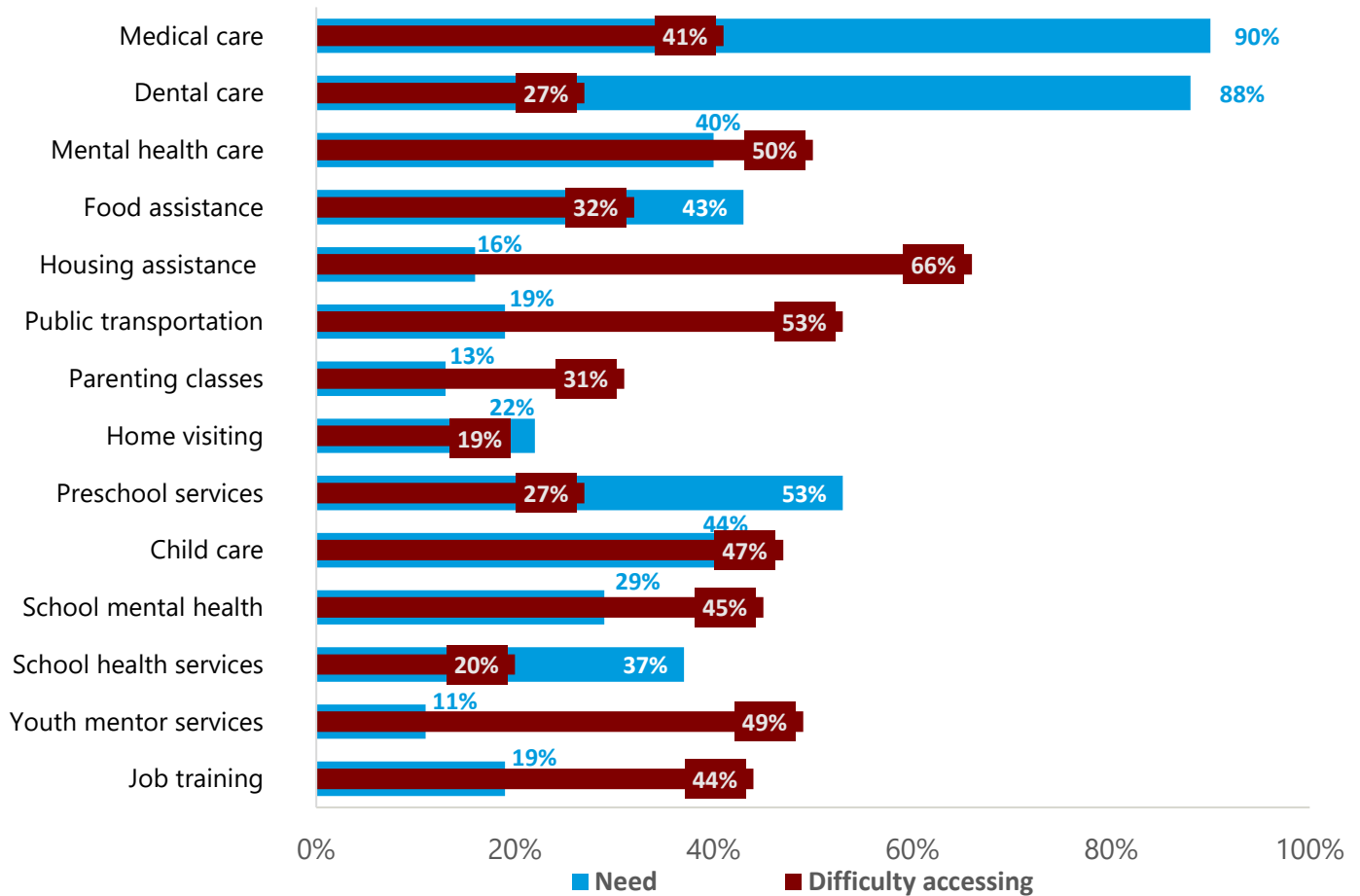
1. Most commonly, participants indicated needing medical care (90%) and dental care (88%). The high level of need for these services was consistently reported across the four public health regions; yet four out of 10 participants (41%) reported difficulty accessing medical care and 27% reported difficulty accessing dental care.
2. Approximately half of participants responsible for children indicated needing services for young children, including preschool services (53%) and child care (47%).
3. Two-thirds of those in need of housing assistance reported difficulty accessing this service (66%).
4. Public transportation and mental health care were also difficult to access: 53% of those in need of public transportation had difficulty accessing this service, and 50% of those needing mental health care reported difficulty accessing this service.

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<sup>1</sup> For more information about the 100% New Mexico Initiative and the model seven steps, see <https://www.100nm.org/>

5. Asked to rate the quality of services on a scale from 1 to 5, sector averages ranged from 3.5 to 4.2. Participants reported concerns about untrained or insufficiently knowledgeable providers or staff, routinely receiving misinformation, difficulty getting a response, and feeling disrespected in some instances.
6. There were numerous barriers to accessing services across counties. Barriers included cost, shortages in availability, unfriendly hours, lack of transportation to services, and lack of awareness that services exist. Additionally, many participants described negative experiences accessing services either because staff weren't equipped to relay accurate information about services and eligibility, or interactions were off-putting.

**Figure 1. Difficulty Accessing Services ranges from 19% to 66% of those in Need**



## Recommendations

The challenges associated with transforming adverse SDOH into positive SDOH represent an opportunity for multiple service sectors, state leaders, and local government to align to prevent cumulative adversity that has a variety of impacts on New Mexicans. This adversity can result in costly use of high-end services, often too late to promote health and well-being. That many services are available throughout New Mexico is evident and the service array has many strengths. However, existent barriers prevent those in need from using the services. In addition, a deficit in one area (particularly transportation, housing, and child care) contributes to lack of access to another (such as medical care or job training). We offer 7 recommendations to drive a unified approach to assessing service needs and barriers across sectors and using survey results to address challenges.



- 1. Build support among leaders in state agencies to use survey results to align existing systems and local assessments that guide policy, programming, and funding focused on health, safety, and education.** States and communities are typically engaged in multiple assessment processes that are likely complementary but may duplicate efforts and result in siloed learnings without a coordinated approach. In addition, the state's family-serving agencies should leverage survey results to promote a unified approach that engages all the local county-based coalitions, collectives, councils, and higher education projects currently working on components to address the adverse SDOH.
- 2. Start attributing benefits to resolving access barriers across sectors using evidence-based or evidence-informed approaches.** This is necessary to identify strategies that may have the greatest impact relative to resource cost and effort towards the goal of preventing stacked adversity and high-end service utilization. These costs and benefits are interrelated. For example, food and housing security can influence a student's educational success and a family's capacity to find treatment for medical, dental, and mental health challenges.
- 3. Strengthen the process for using survey results to address barriers and improve access to vital services across New Mexico using shared measurement and evidence-informed solutions.** Encourage counties to establish and be accountable to a continuous quality improvement (CQI) or plan-do-study-act cycle to use survey results to develop an evidence-informed plan to address barriers. The plan should implement strategies to improve access to vital services and study the extent to which SDOH improve over time. This shared measurement is part of a collective impact approach and of the 100% New Mexico model's emphasis on analyzing data on barriers, evidence-informed solutions, and cross-sector coordination.
- 4. Apply survey results to identify the necessary service array for one-stop service hubs and community schools.** These solutions should be designed to work with families and community members holistically and inclusively. They could address multiple gaps in services at once. Assess the extent to which existing state funding opportunities elevate the importance of cross-sector strategies like one-stop service hubs and community schools to bolster service access and address many service barriers in the ten sectors.
- 5. Use survey results to better understand the magnitude of workforce shortages in healthcare providers, teachers, and social workers, and their impact on service delivery and the SDOH experienced by New Mexicans.** Use this opportunity to dialogue as a way for the state and county stakeholders to create a strategy to address shortages that results in the adverse SDOH.
- 6. Consider strategies to ensure that survey results are representative at the state and regional levels.** The survey was administered to individuals through convenience sampling. This means that results are limited in terms of representativeness within counties and with regard to New Mexico's population. For example, women are 50% of New Mexico's population, but 77% of survey participants. Youth are under-represented in the survey. Survey data collection that is more representative of the New Mexico population could be achieved by adding key *100% New Mexico Survey* items to existing national or state surveys with similar objectives. It could also be achieved by strengthening existing strategies within counties to obtain a more representative sample. Without this, it is challenging to assess needs and barriers with precision and will also make it difficult to measure change.
- 7. Create a central, web-based platform to house a place for stakeholders to share insights and dialogue about cross-sector work strengthening the positive SDOH.** This would be a place for sharing and discussing data, research, and progress made toward collective impact goals. Using technology to advance the work is possible and very low cost. This can result in a shared vision, mission, and goal to address adverse SDOH and service access.

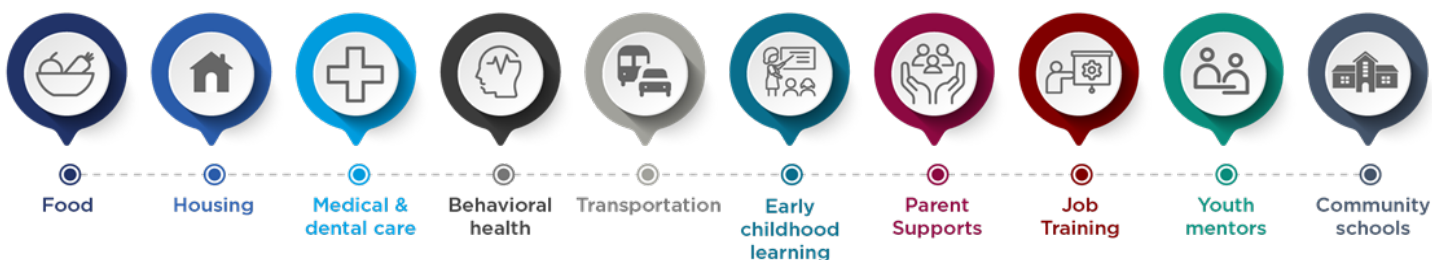


# INTRODUCTION

New Mexico is rich in history, culture, and community, but, compared with other states, it consistently struggles on critical well-being indicators. This is particularly prominent related to children. The 2023 KIDS COUNT Data Book found New Mexico’s children lag most other children nationally in economic well-being, education, health, and family and community indicators. New Mexico ranked at the bottom or near-bottom of all 50 states in each area based on 16 child and youth-specific indicators.<sup>1</sup> There are several positive trends: fewer New Mexico children are living in poverty; there are fewer teenage births; and high school graduation and diploma rates have increased over the past 5 years. But there has yet to be a set of solutions that significantly and consistently bolsters the well-being of New Mexico’s children and families so their well-being is comparable to other U.S. children and families.

The *100% New Mexico Initiative* was developed in 2019 to resolve barriers to access to ten vital services for surviving and thriving among 100% of New Mexicans (see Figure 2). In 2023, 17 of New Mexico’s 33 counties participate in 100% New Mexico, representing 80% of New Mexico’s population.<sup>2</sup> The model uses data-driven collective impact focused on ten vital services that represent key social determinants of health. Social determinants of health (SDOH) are the conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of-life risks and outcomes.<sup>3</sup>

**Figure 2. 100% New Mexico’s Ten Vital Services**



**Figure 3. 100% New Mexico Initiative Seven Model Steps**



The ten vital services and the solutions to address them are based on socio-ecological theory that individuals are both impacted by and impact their environment, through multiple layers of interplay and complexity at the individual, relationship, community, and societal levels.<sup>4,5</sup> The 100% New Mexico Initiative aims to address this complexity by generating community investment, widespread support, and resources to achieve a common vision statewide and sustained action that will resolve barriers to each service for 100% of New Mexicans.<sup>6</sup> There are seven critical steps implemented in the 100% New Mexico Initiative, beginning with conducting the 100% New Mexico Survey (see Figure 3). This report analyzes results from 100% New Mexico surveys conducted between 2021 and 2023.

# 100% NEW MEXICO SURVEY

The *100% New Mexico Survey* is conducted by counties implementing 100% New Mexico. The survey asks community members about their need for and access to vital services. Survey results are used as a launching point to develop, adapt, implement, and test evidence-informed solutions to address service barriers. Community members respond to three items about each service: (a) did you need the service; (b) did you have difficulty accessing the service; and (c) how would you rate the quality of the service? There are also multiple open-ended items for community members to expand on their experiences.

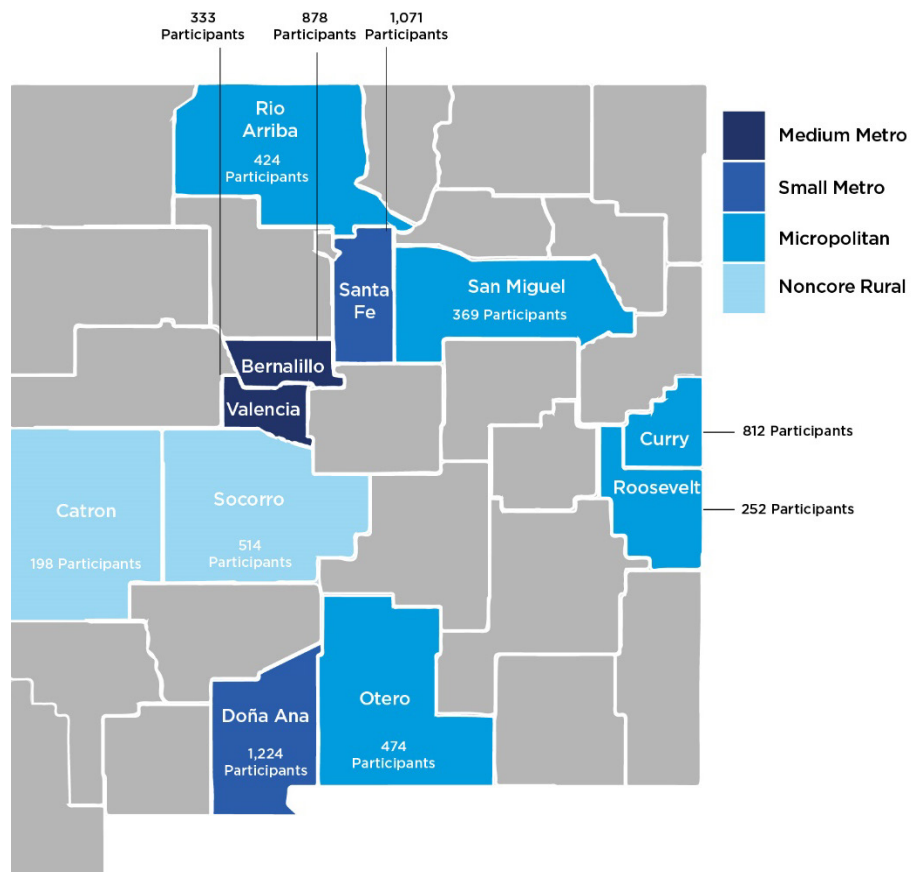
100% New Mexico communities distributed the survey through listservs, posting on agency websites, using social media and at in-person events specific to sectors (such as food distribution sites); going door-to-door in neighborhoods; eliciting participation at grocery stores and community fairs; through family, friends, and neighbors; and publishing in print media such as mailers, newspapers, and community-wide newsletters. Surveys are available electronically through links and QR codes and in hard copy. Surveys are available in English and Spanish. This report presents the results of the *100% New Mexico Survey* completed in eleven counties participating in 100% New Mexico between 2021 and 2023.

## Survey Participants

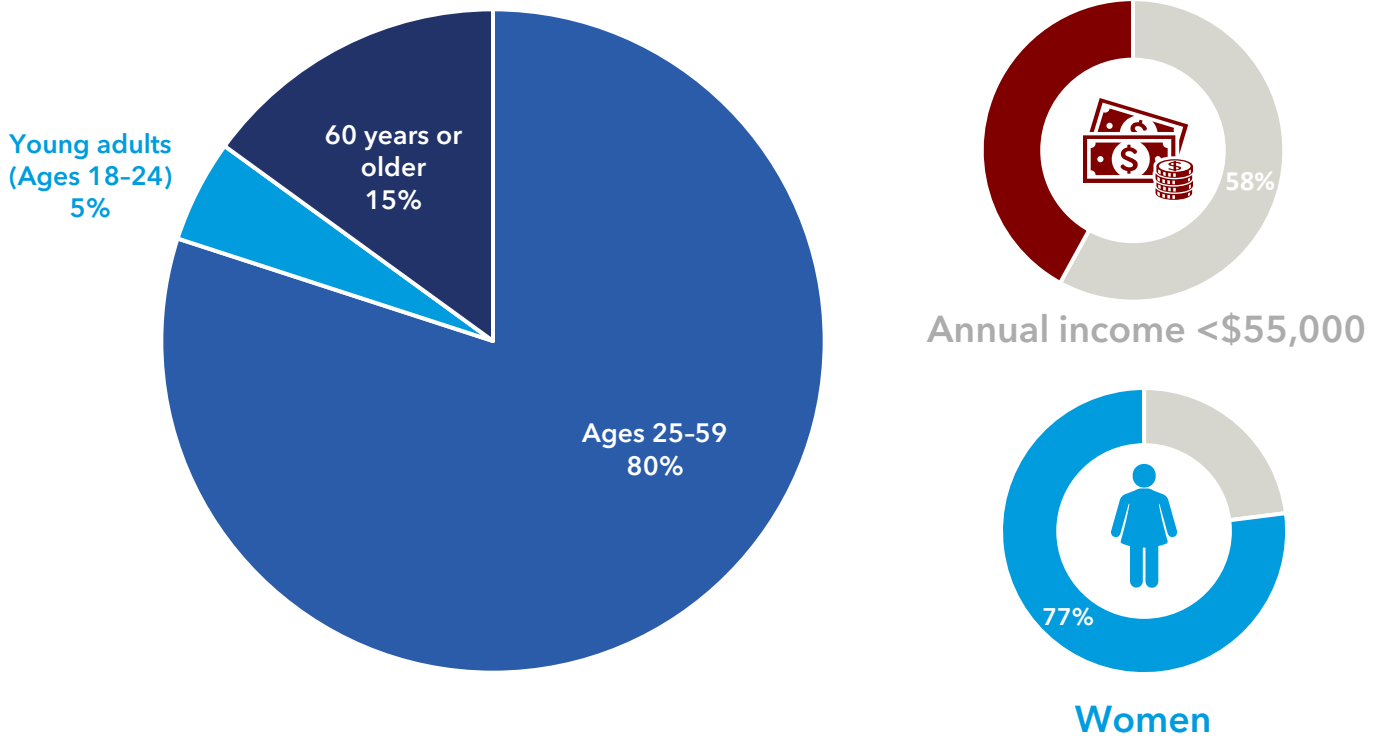
Eleven counties successfully engaged 6,549 New Mexicans in the *100% New Mexico Survey* between 2021 and 2023. These counties represent four of five New Mexico public health service regions: Metro ( $n=2$ ), Northeast ( $n=3$ ), Southeast ( $n=2$ ), and Southwest ( $n=4$ ). Each of New Mexico's largest counties are included, as are smaller rural counties in both the northern and southern regions of the state.<sup>7</sup> The survey had not yet been completed in any counties in Northwest New Mexico at the time of this writing.

\* Medium metros (250,000-999,000); small metros (population <250,000); micropolitan (10,000-49,999); noncore counties are rural with no urban center. *Note.* All survey participants are 18 years of age or older.

**Figure 4. Survey Participation by Year, Number of Participants, and Geographic Description (n=6,549)**



**Figure 5. Survey Participant Characteristics**



**Caring for child(ren)**



**Hispanic or Latino**

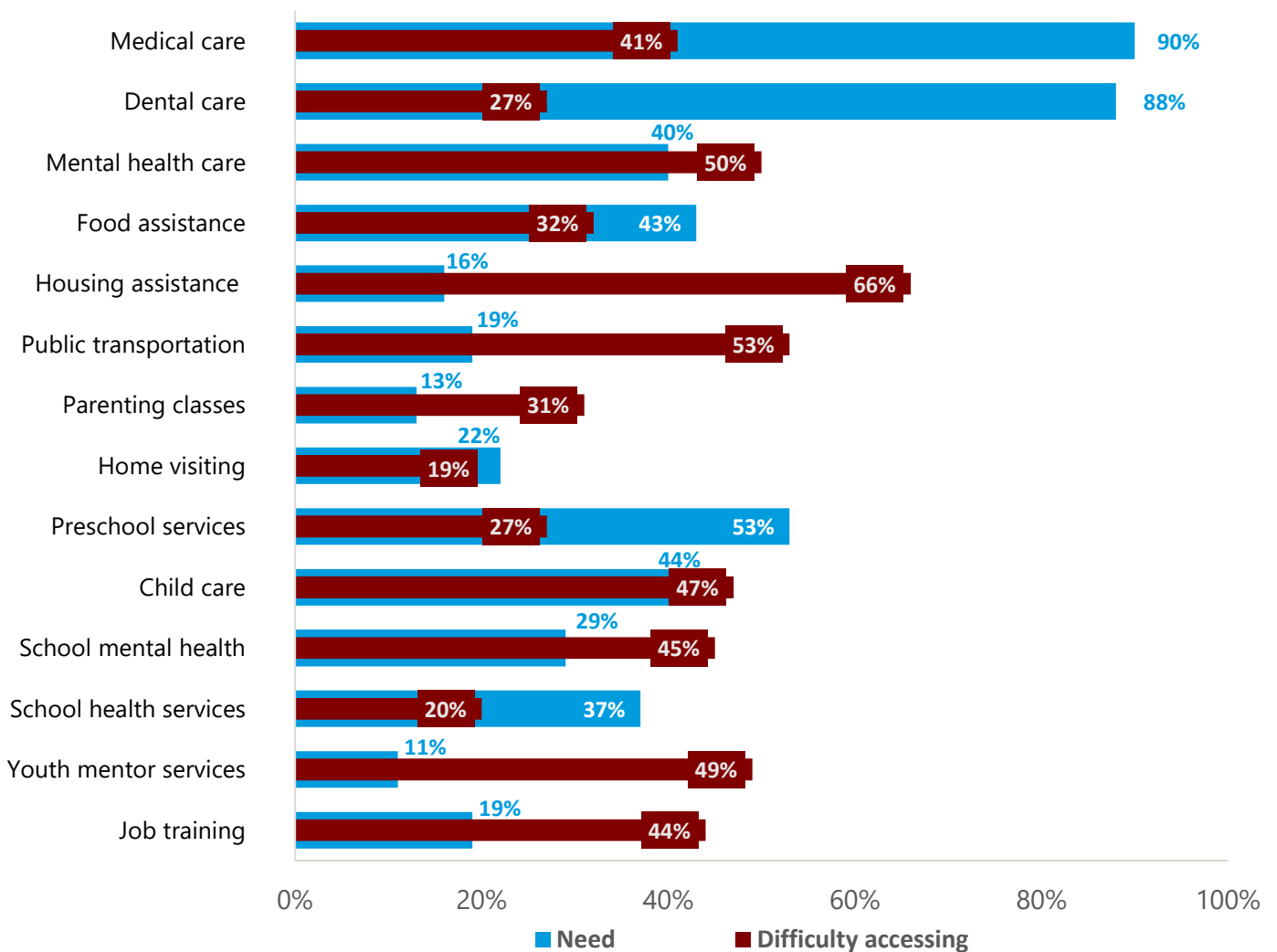


See *Appendix A* for full results.

# LEVEL OF NEEDS AND DIFFICULTY ACCESSING TEN SERVICES

The *100% New Mexico Survey* results across the 11 New Mexico counties indicate participants have multiple needs and face challenges to accessing services (see Figure 3). Most commonly, participants indicated needing medical care (90%) and dental care (88%). Each of the four public health regions consistently reported high level of need for these services. Approximately half of participants responsible for children indicated needing services for young children (preschool services [53%] and child care [47%]). Participants who said they needed a service reported varying degrees of difficulty accessing each service. Between one-quarter and one-half of survey participants indicating need for a service reported having difficult access. Those accessing home visiting reported having the least difficulty (19%) and those accessing affordable housing reported having the most difficulty (66%).

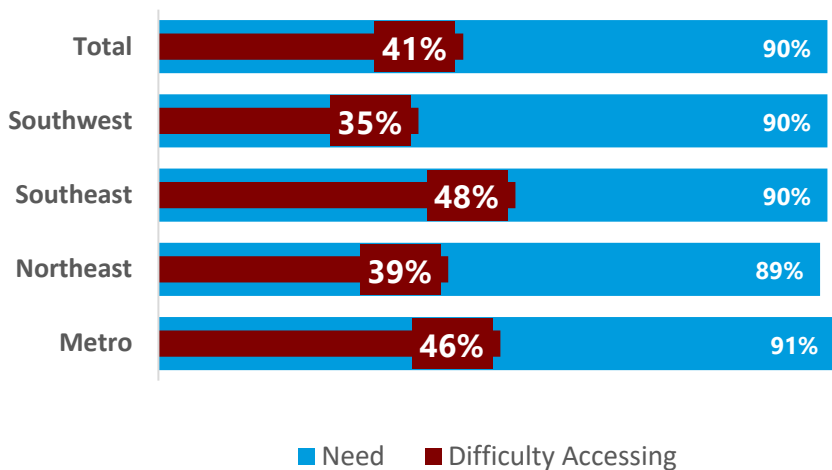
**Figure 6. Difficulty Accessing Services Ranges from 19% to 66% of Those in Need**



# MEDICAL AND DENTAL CARE

## Medical Care

Figure 7. Level of Need and Difficulty Accessing Medical Care



Nearly all participants indicated needing medical care (90%)

41% indicated difficulty accessing medical care

Gaps were most evident in the Southeast and Metro regions, where 46-48% of those in need reported difficulty accessing medical care

Figure 8. Average Quality Rating for Medical Care



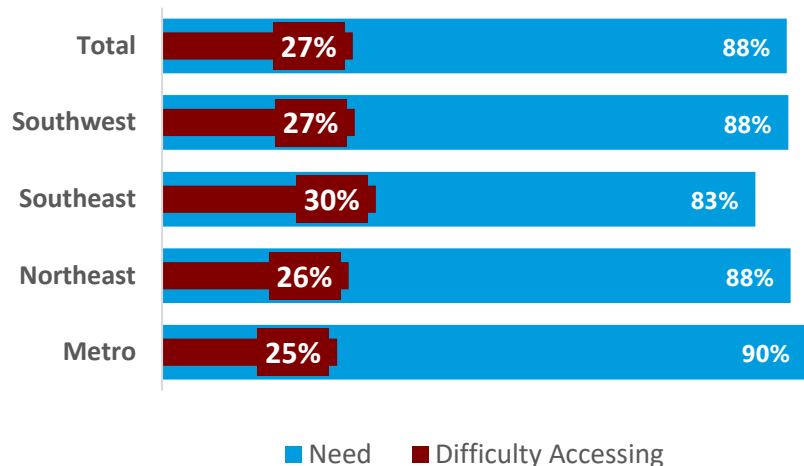
## Top Challenges to Accessing Medical Care

Survey participants described **waiting months for appointments**, including specialty and urgent care. They also reported challenges finding medical care, providers **not accepting new patients**, and report issues related to **frequent turnover** in staff at medical providers and **insurance plans** not being accepted. Participants also note that they faced **high health costs**.

<b>1</b> TAKES TOO LONG TO GET AN APPOINTMENT	<b>2</b> I CAN'T FIND A QUALITY PROVIDER	<b>3</b> COSTS TOO MUCH
<p>“Long wait times for urgent appointments.”</p>	<p>“My doctors keep leaving and it is difficult to find a replacement nearby who is accepting patients.”</p>	<p>“Costs are very high for my family and I. Even with insurance they are billing us a lot.”</p>

## Dental Care

Figure 9. Level of Need and Difficulty Accessing Dental Care



Similar to medical care, nearly all survey participants indicated needing dental care (88%)

Fewer participants reported difficulty accessing dental care (27%)

Difficulty accessing dental care was most common in the Southeast region (30%), and least common in the Metro region (25%)

n=6,367

Figure 10. Average Quality Rating for Dental Care



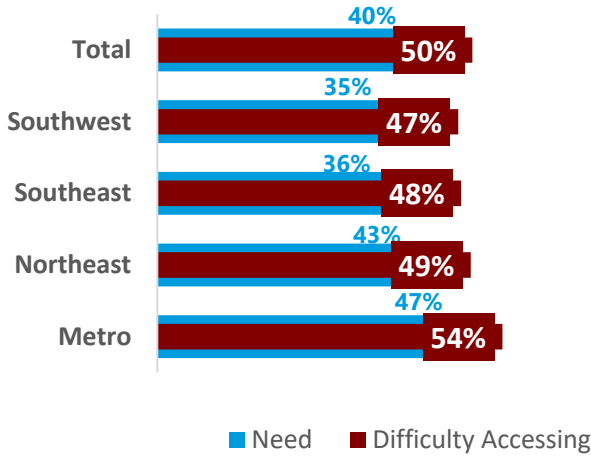
## Top Challenges to Accessing Dental Care

Survey participants described challenges related to **affordability**, even among participants with dental insurance. They also reported high costs related to what their insurance did not cover (including Medicaid and Medicare **coverage**) and challenges with dentists **not accepting their insurance**. Other participants emphasized months-long **waitlists** for appointments and appointments being cancelled as barriers to accessing dental care.

<b>1</b> COSTS TOO MUCH	<b>2</b> I CAN'T FIND A QUALITY PROVIDER	<b>3</b> WAIT LIST IS TOO LONG
<p>“It’s very expensive. My husband needs dental care urgently, but we can’t afford to pay what the insurance does not cover—which [is] a lot”</p>	<p>“I travel to [city] to avoid [community] dentists due to cost or reputation of work.”</p>	<p>“My appointments were delayed and pushed back due to lack of availability”</p>

# MENTAL AND BEHAVIORAL HEALTH

**Figure 11. Level of Need and Difficulty Accessing Mental and Behavioral Health Care**



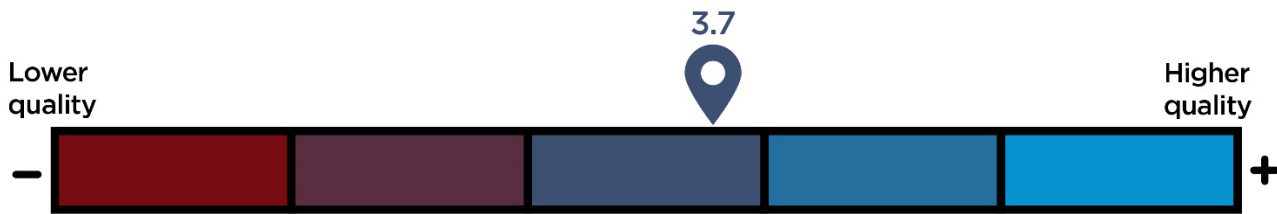
Mental and behavioral health needs are high (40%) compared with national rates (20%)

50% have difficulty accessing mental and behavioral health care

Difficulty accessing mental and behavioral health care was most common in the Metro region (25%)

n = 6,295

**Figure 12. Average Quality Rating for Mental and Behavioral Health Care**



## Top Challenges to Accessing Behavioral Health Care

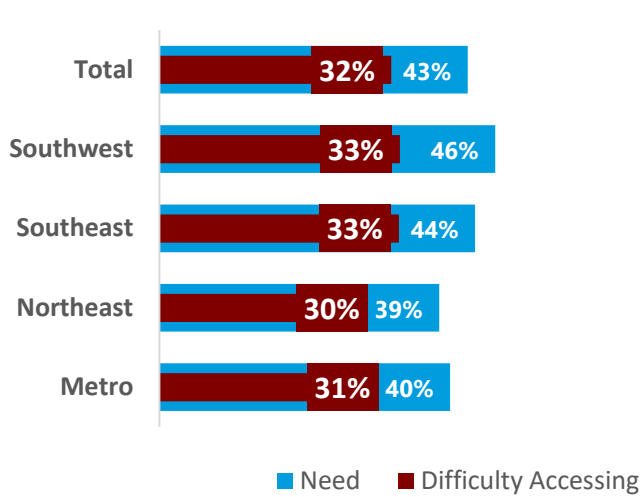
Survey participants report difficulty accessing **quality services** with **supportive providers**. They indicated **specific shortages** for opioid substance use treatment, behavioral health services for children, and in emergency situations where the police do not have the right expertise. Participants also describe available providers **not accepting their insurance**, there were **costly copays** to attend sessions as frequently as recommended by the provider, and that **appointment times** were not convenient or made it impossible for them to attend services.

<b>1</b> I CAN'T FIND A QUALITY PROVIDER	<b>2</b> COSTS TOO MUCH	<b>3</b> WAIT LIST IS TOO LONG
<p>“Had trouble finding providers a) accepting new patients and b) offering the services we needed. It took months to find a provider and get an appointment.”</p>	<p>“I found a therapist who is great! Now that my insurance changed I cannot afford to see him.”</p>	<p>“The times that they are open are times when I am working.”</p>



# FOOD ASSISTANCE

Figure 13. Level of Need and Difficulty Accessing Food Assistance



43% of survey participants reported needing food assistance

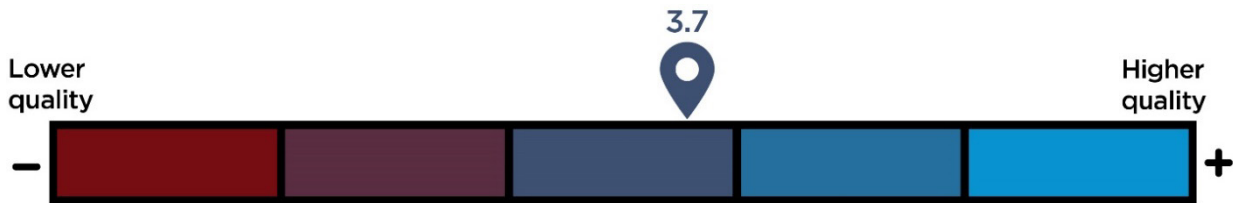
Need for food assistance was highest in the Southern regions

32% reported difficulty accessing food assistance

Difficulty accessing food assistance was similar across regions

n = 6,237

Figure 14. Average Quality Rating for Food Assistance



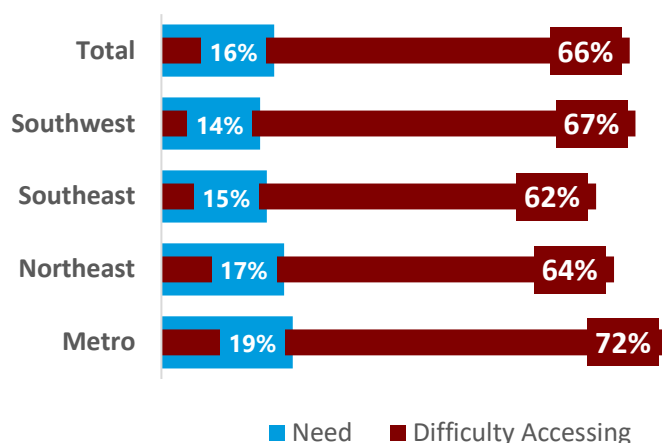
## Top Challenges to Accessing Food Assistance

Survey participants described **not qualifying** for food security assistance, despite their level of need and making just slightly more than the eligibility threshold. Others noted **unclear and inconsistent information** about food assistance, resulting in needing to make multiple attempts to get approved. Participants also reported that workers they interacted with were rude or insensitive and a considerable amount of **time was needed to access this service**.

<p><b>1</b> I WAS TOLD I DON'T QUALIFY OR KNOW I DON'T QUALIFY</p>	<p><b>2</b> I FEEL BADLY ABOUT GOING</p>	<p><b>3</b> WAIT LIST IS TOO LONG</p>
<p>"Single parent and make \$5 over 'poverty level'; don't qualify."</p>	<p>"It felt embarrassing and insulting. And because I desperately needed food stamps, I didn't feel like I could correct or complain to her supervisor."</p>	<p>"It's almost impossible to speak to someone. When you finally get through to someone to help, they aren't helpful as they may send you to a closed location—which is what happened to me."</p>

# HOUSING ASSISTANCE

Figure 15. Level of Need and Difficulty Accessing Housing Assistance



16% of survey participants reported needing housing assistance

66% reported difficulty accessing housing assistance

Difficulty accessing housing assistance was highest in the Metro region (72%)

n = 6,202

Figure 16. Average Quality Rating for Housing Assistance



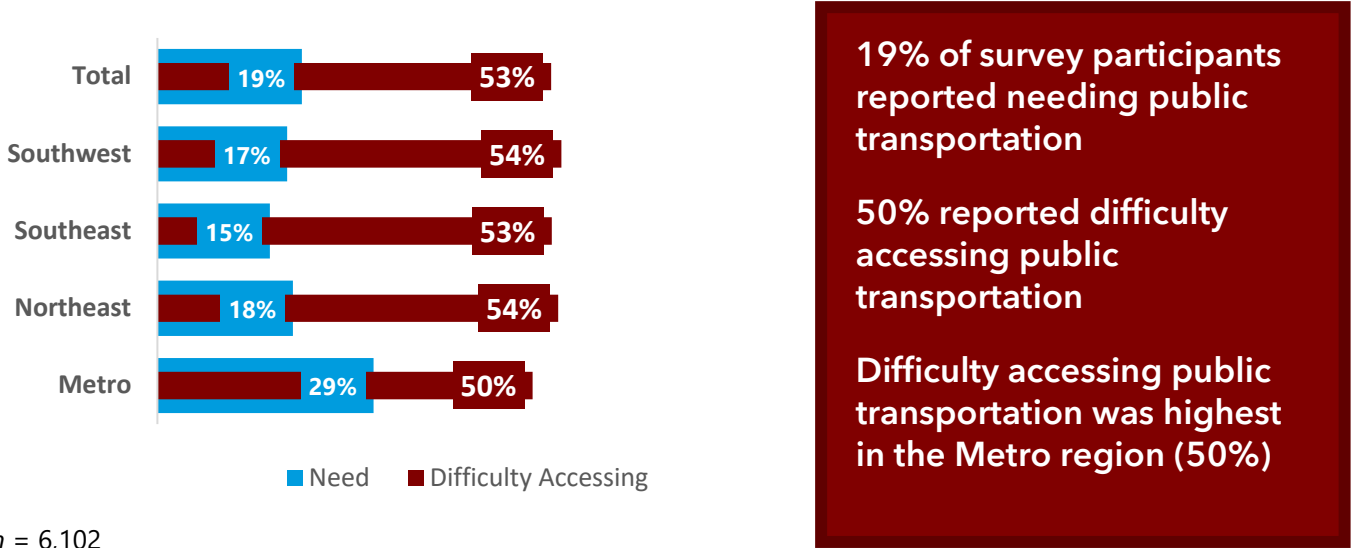
## Top Challenges to Accessing Affordable Housing Assistance

Survey participants described that they **didn't qualify** for affordable housing services, commenting that many working-class families like themselves were excluded. Others noted that they did qualify for vouchers but that it **took months, once approved** to receive these services—if they were even able to find housing options. Others wrote that they **didn't know where to go** or that there was a **lack of communication** from agencies once they completed the application. Participants also noted the connection between housing and transportation access.

<p><b>1 I WAS TOLD I DON'T QUALIFY OR KNOW I DON'T QUALIFY</b></p>	<p><b>2 I DON'T KNOW WHERE TO GET THIS SERVICE</b></p>	<p><b>3 I DON'T HAVE RELIABLE TRANSPORTATION</b></p>
<p>"\$19k a year is considered too high of an income to qualify yet still can't afford basic necessities, cost of living."</p>	<p>"There is none available."</p>	<p>"To live outside of [town] would be a hardship for many, including myself, due to unreliable transportation, high gas prices and impractical public transportation."</p>

# PUBLIC TRANSPORTATION

Figure 17. Level of Need and Difficulty Accessing Public Transportation



n = 6,102

Figure 18. Average Quality Rating for Public Transportation



## Top Challenges to Accessing Public Transportation

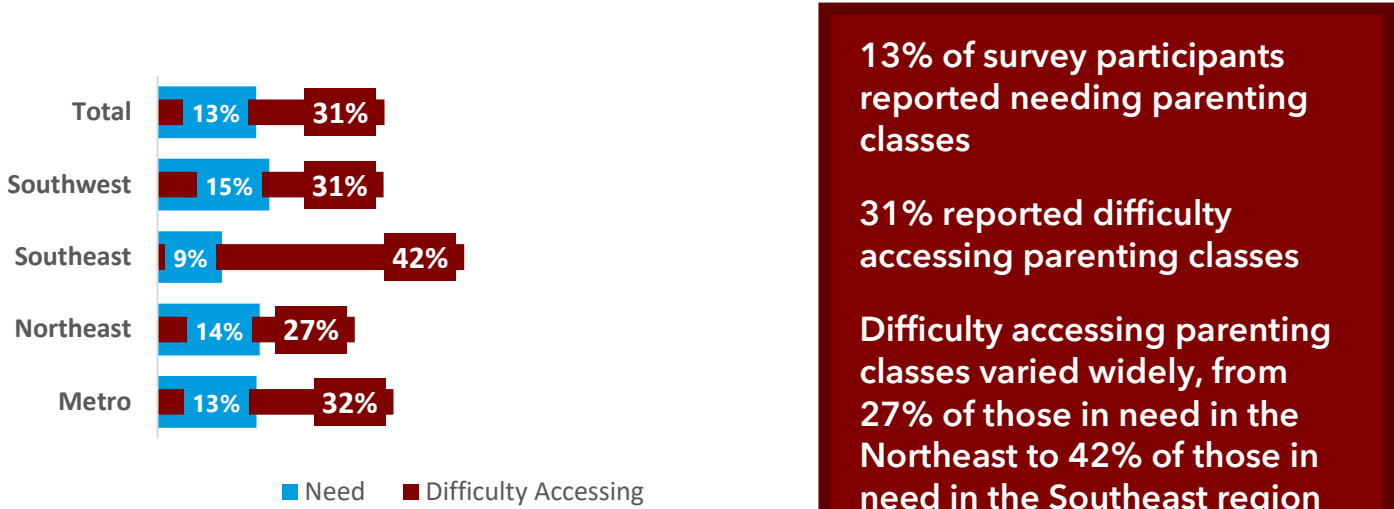
Survey participants describe **public transportation schedules** as not helpful for their needs, not running they needed it, or offering **lengthy, indirect routes**. They also indicate that the bus cancellations or changes to schedules and routes without notification and **unpredictability** made it difficult to rely on public transportation. Others note being unable to use public transportation due to **accessibility** such as the weight of power scooters or needing assistance from their home to the bus stop.

<b>1</b> IT DOESN'T RUN DURING THE TIMES I NEED IT	<b>2</b> IT DOESN'T GO WHERE I NEED TO GO	<b>3</b> IT TAKES FAR TOO LONG TO USE
<p>"No public transportation during the day, bus. . . runs at 7 a.m., nothing later."</p>	<p>"Not enough routes in the city/county. And not enough busses on those routes."</p>	<p>"Hard to make appointments and or have to schedule ride hours ahead of when I need to be there and have to wait sometimes hours after appointment is done."</p>

# PARENT SUPPORTS

## Parenting Classes

Figure 19. Level of Need and Difficulty Accessing Parenting Classes



n=3,641; only asked of participants with children birth-age 18

Figure 20. Average Quality Rating for Parenting Classes



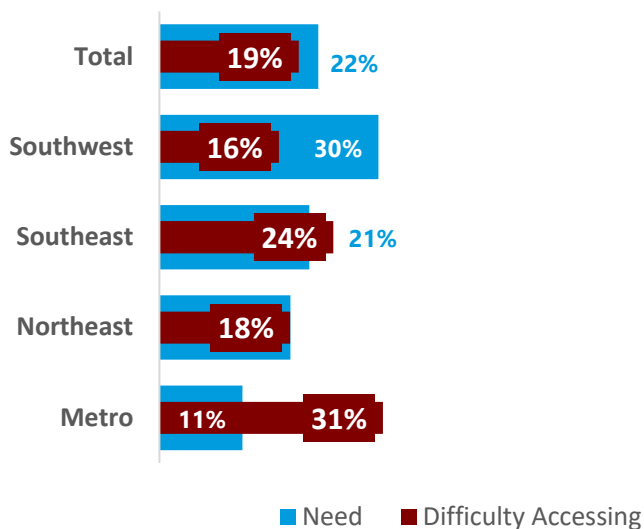
## Top Challenges to Accessing Parenting Classes

Survey participants most often reported that they **didn't know about** or were **unable to locate** parenting classes in their community. Those that were able to identify programs mentioned **conflicts with their work schedules** and **long waiting lists** as barriers. Survey participants also described **specific unmet offerings** compared with what they would have found helpful, such as parenting children with developmental issues, general parenting skills (as opposed to anger management), and parenting in a complex blended family context.

<p><b>1 I DON'T KNOW MUCH ABOUT THIS SERVICE</b></p> <p>"Did not know it was offered."</p>	<p><b>2 DON'T HAVE CHILDCARE DURING CLASS TIME</b></p> <p>"To take care of my children while I go to the class."</p>	<p><b>3 I DON'T HAVE TIME/CAN'T GET OFF WORK</b></p> <p>"When I have found parent support classes, they have been in the middle of the week in the middle of the day. It doesn't work for working parents."</p>
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## Home Visiting Services

Figure 21. Level of Need and Difficulty Accessing Home Visiting Services



22% of survey participants reported needing home visiting services

19% reported difficulty accessing home visiting services

Difficulty accessing home visiting varied widely, from a low 16% of those in need in the Southwest to 31% of those in need in the Metro region.

*n=3,690; only asked of participants responsible for at least one child*

Figure 22. Average Quality Rating for Home Visiting Services



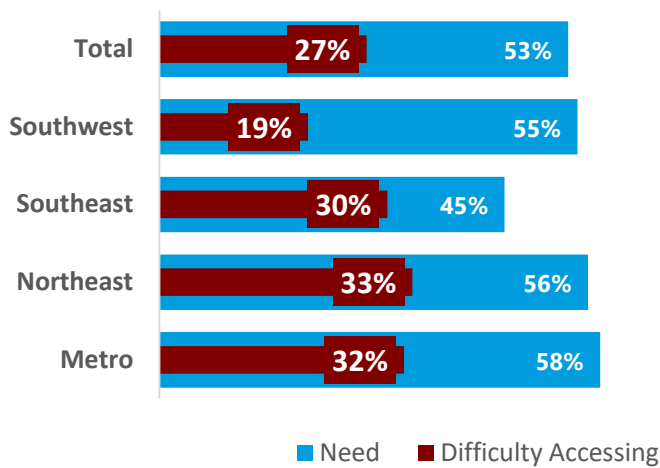
### Top Challenges to Accessing Home Visiting Services

Survey participants described having **insufficient home visiting options**, noting that providers are **unavailable**. Survey participants that had tried to access this service commented on **limited or unclear communication** about Medicaid coverage and referrals. Participants also described **scheduling challenges**, such as losing 3 weeks when there was a need to reschedule because their child got sick or the home visitor cancelling or not showing up.

<b>1</b> I DON'T KNOW MUCH ABOUT THIS SERVICE	<b>2</b> I DO NOT QUALIFY	<b>3</b> I DON'T HAVE TIME/CAN'T GET OFF WORK
"When I requested services through the webpage, I had no response"	"They don't return calls or try to help even if the child doesn't qualify in all or many areas."	Home visiting is challenging to coordinate between family and home visitor schedules.

## Early Childhood Learning

**Figure 23. Level of Need and Difficulty Accessing Preschool Services**



53% of participants with children under age 5 reported needing preschool services

27% reported difficulty accessing preschool services

Participants in the Southwest region reported the least difficulty accessing preschool services (19%)

*n=1,652; only asked of participants with child(ren) under age 5*

**Figure 24. Average Quality Rating for Preschool Services**



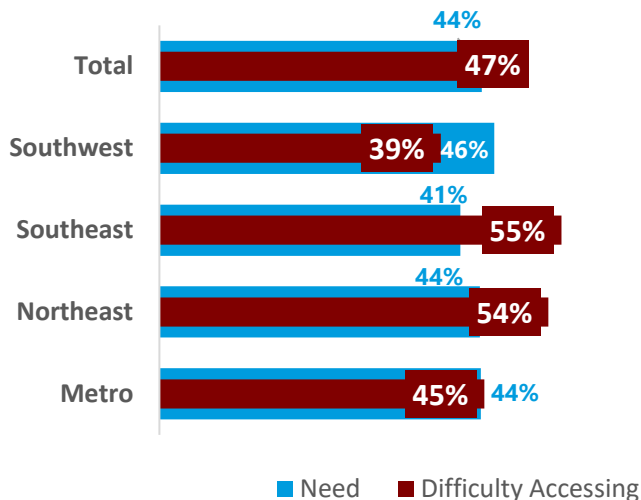
## Top Challenges to Accessing Preschool Services

Survey participants described **limited availability** of preschool services as a barrier. They noted challenges with **unclear communication about eligibility requirements** and the **application process** and timeline and lottery systems used by school districts related to public programs like Early Head Start and Head Start. Some specifically described challenges accessing preschool services for **children with special needs**. Participants frequently commented that preschool services were **expensive** and some drive to other towns for preschool services due to the half-day or 3 days per week **schedules** offered locally.

<b>1 WAIT LIST IS TOO LONG</b>	<b>2 COSTS TOO MUCH</b>	<b>3 I CAN'T FIND A QUALITY PROVIDER</b>
<p>“There simply are not enough programs.”</p>	<p>“We have had trouble getting our kid into preschool. The new program for [school district] employees is. . . outrageously high for us. We’ll never be able to afford that.”</p>	<p>“Utilization of day care centers for Pre-K was not a good experience. I tried 3 and found that the teachers do not have training for differently abled children.”</p>

## Childcare Services

Figure 25. Level of Need and Difficulty Accessing Childcare Services



44% of participants with children reported needing childcare

47% reported difficulty accessing childcare

Difficulty accessing childcare was particularly high in the Northeast (54%) and Southeast (55%) regions

n=3,683; only asked of participants with child/ren birth to age 18

Figure 26. Average Quality Rating for Childcare Services



## Top Challenges to Accessing Childcare Services

Survey participants emphasize the **high cost** of child care. **Quality child care** for infants and toddlers (under 2 years old) and children with special needs are consistently identified as barriers by survey participants. Survey participants also describe simply having **insufficient local access** to child care and **significant waitlists**.

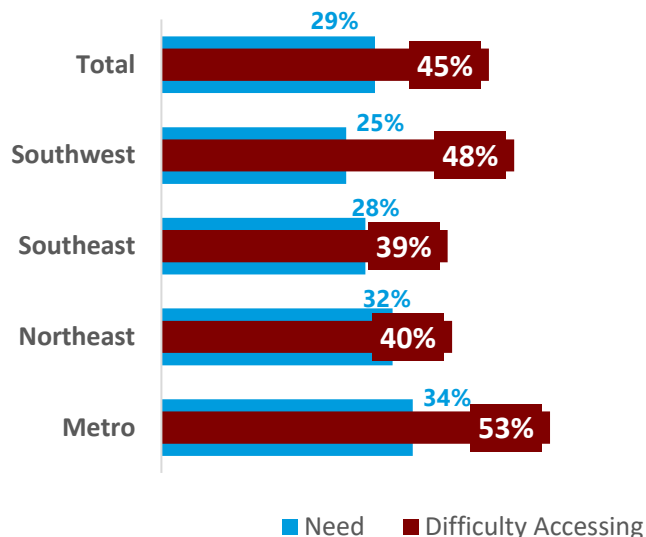
<b>1 COSTS TOO MUCH</b>	<b>2 I CAN'T FIND A QUALITY PROVIDER</b>	<b>3 WAITLIST IS TOO LONG</b>
<p>“Good daycares are expensive and hard to come by. Mediocre daycares present a cost-benefit struggle for parents.”</p>	<p>“I looked up and did a tour of all the options. Most, if not all, childcare facilities had incidents with CYFD in that past 6–12 months.”</p>	<p>“I've needed this but couldn't get it.”</p>



# COMMUNITY SCHOOLS

## School-Based Mental and Behavioral Health Services

Figure 27. Level of Need and Difficulty Accessing School-based Mental and Behavioral Health Services



29% of participants with school-age children reported needing school mental health care

45% of those in need reported difficulty accessing school mental health care

Difficulty accessing school mental health care was particularly high in the Metro region (53%)

n=2,948; only asked of participants with children aged 5 to 18

Figure 28. Average Quality Rating for School-based Mental and Behavioral Health Services



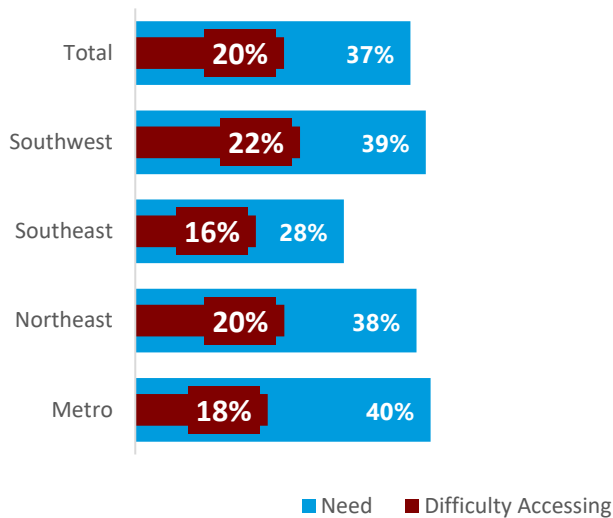
## Top Challenges to Accessing School-based Mental Health Services

Survey participants noted there are **not fully qualified staff** (such as licensed clinical social workers) available to provide school-based behavioral health services or that there were **too few staff** available to meet the needs children experienced. Some participants described services as simply **unavailable** or they perceive that their child’s **school doesn’t prioritize behavioral health** concerns, saying the child was “faking it” or that the parents were overly concerned.

<b>1 TOO FEW MENTAL HEALTH PROFESSIONALS AT THE SCHOOL</b>	<b>2 THEY DON’T OFFER THE TYPES OF SERVICES MY CHILD NEEDS</b>	<b>3 MY CHILD’S SCHOOL DOESN’T OFFER THIS SERVICE</b>
<p>“Only children with an IEP are able to get mental health assistance from the school psychologist. Otherwise, they can only see the school counselor and they are not well qualified and the wait is long.”</p>	<p>“Counseling is only available in English and dependent on an interpreter, which doesn’t make me feel comfortable.”</p>	<p>“I have asked the counselor for counseling with my kids. . . but they did not pull them out of class, nor have they ever followed up with them or with myself.”</p>

## School-Based Health Services

Figure 29. Level of Need and Difficulty Accessing School-based Health Services



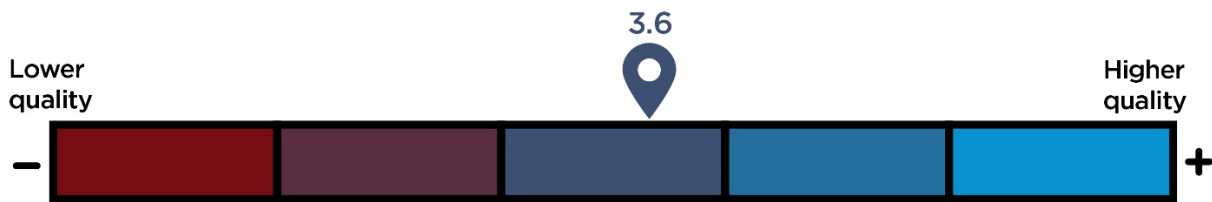
37% of participants with school-age children reported needing school health care

20% of those in need reported difficulty accessing school health care

Difficulty accessing school health care was highest in the Southwest region (22%) and lowest in the Southeast (16%) region

n=5,854; only asked of participants with children aged 5 to 18

Figure 30. Average Quality Rating for School-based Health Services



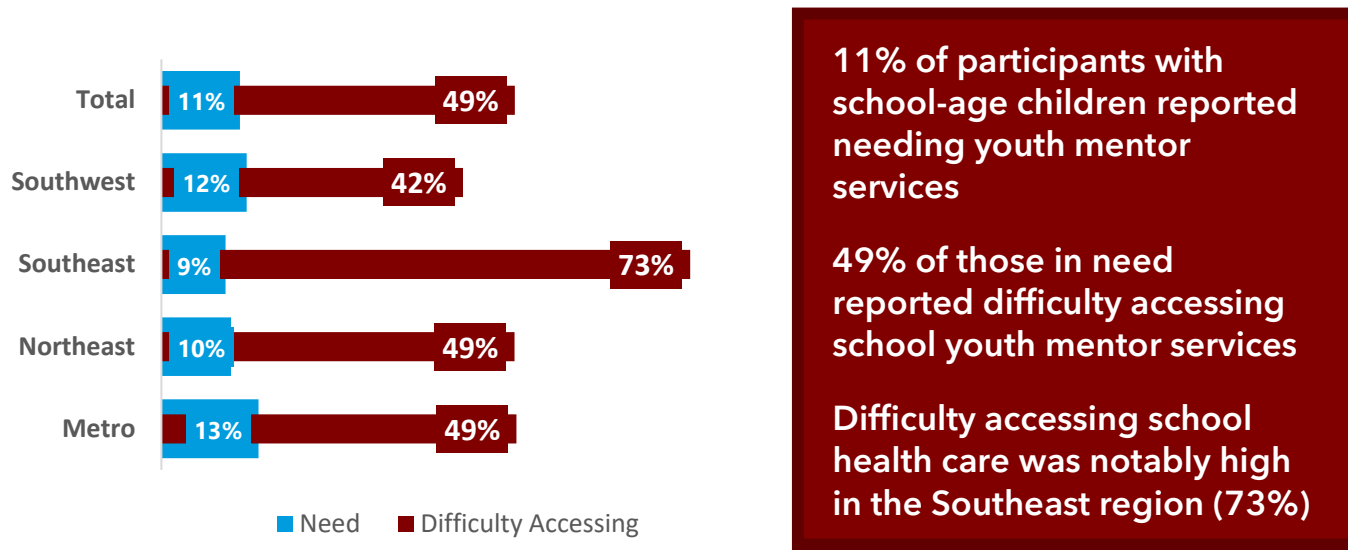
## Top Challenges to Accessing School-based Health Services

Multiple survey participants describe school-based health services as **unavailable** or **inconsistently available** throughout their child’s school. They describe nurses or other health providers as at the school only some days or that these positions were not currently funded. Others commented on challenges **getting help to access specific health services** for their child through the school, such as annual check-ups and testing related to special needs.

1 MY CHILD’S SCHOOL DOESN’T OFFER THIS SERVICE	2 THEY DON’T OFFER THE TYPES OF SERVICES MY CHILD NEEDS	3 THEY DON’T SPEAK MY OR MY CHILD’S LANGUAGE
“No nurses on staff.”	“Trying to get him tested again for his IEP but not sure where to begin to make sure they diagnosed him correctly.”	[none for this item]

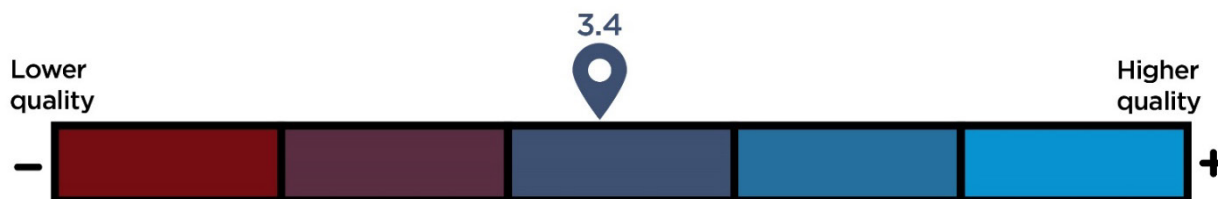
# YOUTH MENTORS

Figure 31. Level of Need and Difficulty Accessing Youth Mentors



n=2,878; only asked of participants with child(ren) age 5 to 18

Figure 32. Average Quality Rating for Youth Mentor Services



## Top Challenges to Accessing Youth Mentor Services

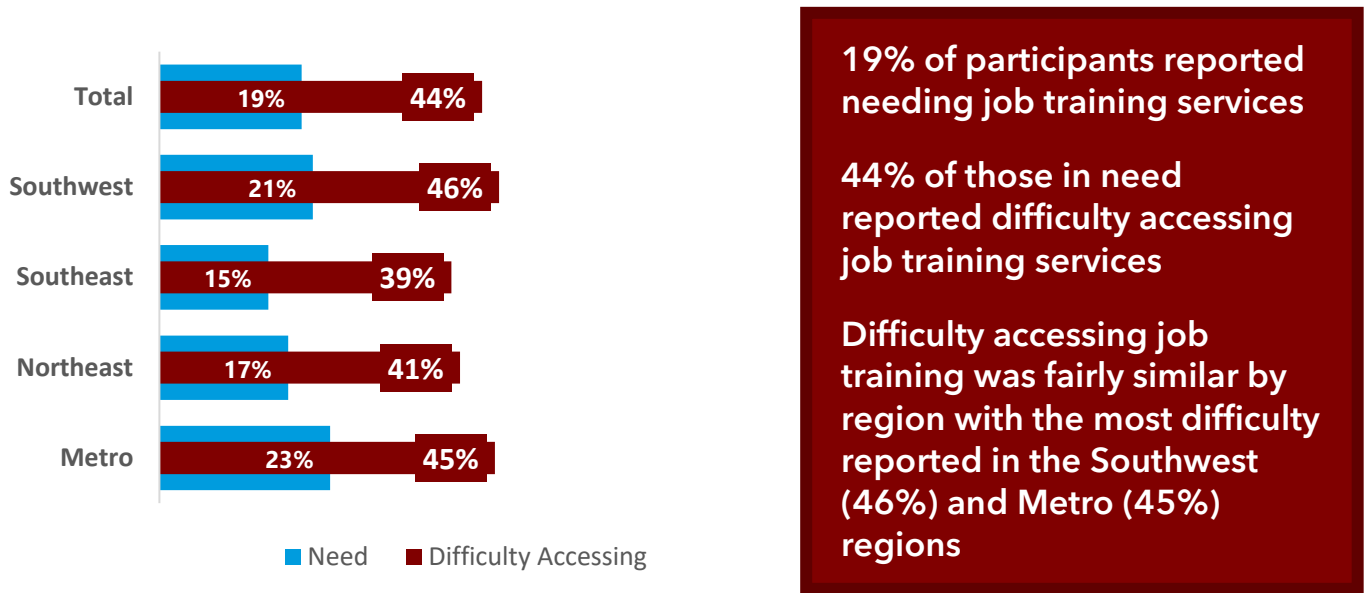
Survey participants consistently described barriers related to youth mentor services as being **unavailable locally** or having **limited slots** and months- or years-long **waitlists**. Several participants that had applied for these services reported being told there were no openings in mentoring programs due to a **lack of mentors**. Others described not receiving responses or being told their child was **ineligible** because they were doing well in school.

<b>1</b> I DON'T KNOW WHERE TO GET THIS SERVICE	<b>2</b> THE PROGRAM IS NOT RIGHT FOR MY CHILD	<b>3</b> UNCOMFORTABLE WITH MY CHILD INTERACTING WITH SOMEONE I DON'T KNOW
"Don't know where services are, or not available for the age group, waiting list and more."	"I was told my child was not a match for their mentors, they could not 'match him.'"	"The local program has practices that conflict with our religious beliefs."*

\*This is the only quote related to #3. Most are about the programs not existing or following up.

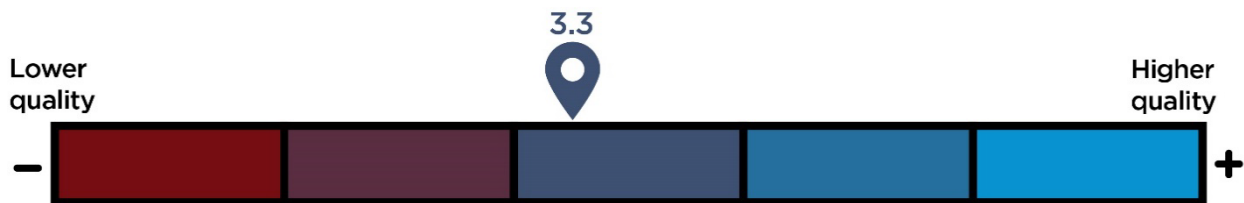
# JOB TRAINING

Figure 33. Level of Need and Difficulty Accessing Job Training



n=6,164

Figure 34. Average Quality Rating for Job Training



## Top Barriers to Accessing Job Training Services

Survey participants said job training they want is **unavailable**. Those that were familiar with these services wrote that the training opportunities **didn't work with their schedules** or that they lacked the **broadband access** needed to participate online. Some participants specifically noted barriers related to job training services for individuals with disabilities, including **inappropriate placements** and requirements to pay for a job shadow. Participants also commented on factors such as the **location of job training** and the availability of **child care** as barriers to access.

<b>1</b> THEY DON'T OFFER THE TYPE OF TRAINING I WANT	<b>2</b> I DON'T KNOW WHERE TO GET THIS SERVICE	<b>3</b> I DON'T HAVE ANYONE TO WATCH MY CHILD DURING THE TRAINING
"Community college pipelines are not working for recent graduates in the trades."	"Have been told that there is no job training available in this area."	"They never have availability for child care and it's too expensive to afford if it had openings."

# HOW CHALLENGES TO ACCESS SERVICES IS A CROSS-SECTOR CHALLENGE

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New Mexicans reported that gaps in access to one type of service could limit their access to services in other sectors. Lack of affordable housing options was a particular area that participants noted as affecting access to a variety of different services. For example, participants noted the lack of affordable housing options available to lower income individuals and families within the city and fringe neighborhoods. They wrote in particular about challenges for individuals that do not qualify for housing benefits as well as young people who are starting their careers. One explained, "To live outside of [the city] would be a hardship for many, including myself, due to unreliable transportation, high gas prices and impractical public transportation." Another participant commented:

**Our employees have very often indicated to us that there is no available affordable housing for them in town because there's no availability. Some have had to move to [other city] and their employment with us is sometimes short-lived because 60-65 miles every weekday is very hard financially and on their vehicle, and makes the ability to support their family difficult. Some have had to move to rural areas. . . to find a trailer.**

Another participant connected the housing shortage in their community to their experiences with inconsistent healthcare access:

**We need medical providers (physical/mental) who stay in the community and not come here on rotation. It's hard to build relationships with health care providers when they are constantly changing. . . this requires recognizing our housing shortage and building up our schools.**

This participant also noted that because these very rural areas lack broadband internet, children in these families also struggled with online learning when COVID-19 hit.

Other participants noted more straightforward connections between how barriers to accessing services like transportation and the hours that services are offered affected their service access. For example, one participant wrote about health care, "Doesn't allow children to attend with me and I have no child care." Participants consistently commented on the lack of transportation to services as a significant challenge across most sectors. For example, one participant wrote that job "trainings are too far" without transportation. Another wrote that for special medical care, they were "referred to El Paso but [had] no transportation for Medicare." Participants also commented on the impact of service hours being limited to the 9-to-5 workday, when many parents and caregivers work. One noted, "Hard to find providers, get appointments and transport kids to appointments if I have to miss work."

Still others wrote about the need for facilities and activities that are family-oriented or for all ages (including elderly people) that are "recreational and activity oriented. We need somewhere that has ping pong tables, air hockey, a large deep swimming pool. . . a bigger library with better facilities & activities. All these things too tie in with health and mental health!" Another linked having basic needs met to supporting children to thrive in school: "When parents are involved in their children's education, when their children have food and shelter then they can excel."

Respondents also noted specific difficulties in finding and synthesizing information from different sectors that could help with navigating barriers to service access. One commented,

I found a poorly compiled list of affordable housing on [city housing] website and created an Excel for myself with the addresses, phone numbers, and sizes of units available. The county or the city should create and maintain this and have it easily available on their website and include a physical map of the locations so it can help [families] plan driving/bus/school routes better.

This comment highlights the interconnectedness of decisions a family makes about the housing options that they prefer with other services, including public transportation. Another respondent made a similar comment, suggesting the benefits of maps or other tools that help with understanding access to parks, playgrounds, and recreation centers. A respondent identifying as a mental health provider recommended, “It would be very beneficial to families to have a website that. . . shows what behavioral health or parenting classes and resources are available and who is providing them within the community. Especially right now, as waiting lists are incredibly long and families are having to navigate and wait extremely long amounts of times just to get services.”

Respondents also advocated for the benefits of centralizing access to services in locations frequented by children and families such as schools and community centers. One wrote, “As an educator, I see a need for access to resources almost every day. We see students and have access to them and it would be so beneficial if that access could be extended to important family services.” Another commented, “A lot is available, but people seem to have trouble finding the services. Shouldn’t be that hard. . . one number, like a service 9-1-1 ,where people can call for help finding any service they need.”

## DISCUSSION

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A system of care for promoting positive social determinants of health affords access to services that are vital to surviving and thriving. The 100% New Mexico Survey in New Mexico indicates multiple challenges to accessing services. Some challenges may involve simple, less costly, and efficient solutions that could be quick wins in New Mexico. For example, two steps could be taken to boost access without much additional cost or infrastructure. First, ensure that staff are adequately trained in and can clearly communicate eligibility requirements for the programs and services they administer. Second, ensure that staff are engaging, respectful, and responsive with those seeking assistance. These should be consistent qualities across all our human and public services.

Other barriers to service access are more difficult to address and involve systemic solutions and partner collaboration. Some of these partners are routinely part of local 100% New Mexico Initiatives. For example, community colleges and other education institutions that have a role in career training and development in a number of the ten vital services and local government decision makers responsible for resource allocation and prioritization. Limited capacity is evident in multiple sectors, whether specific to the number or qualifications of staff, or the number of businesses or providers offering a service. It is critical for 100% New Mexico communities to communicate results from the survey—community members’ own experiences with service gaps, service quality, and challenges to access—and potential solutions when engaging with decision makers in their community. It is critical to ensure that elected leaders at the state, county, city, and school levels are aware of the gaps in services and what can result from adverse social determinants of health. These results could include costly public health, education, and safety challenges that include adverse childhood experiences (ACEs) that can lead to trauma, substance use disorder-related illness, injury, and fatality. For example, student learning is impaired by adverse SDOH, such as lack of access to stable and safe housing, lack of nutritional and stable meals, and parents with untreated medical and mental health challenges.

Survey results point to a number of vital services with lower or moderate rates of reported need. But for the individuals without access to those services, the impact ripples and likely prevents them from being successful in other key well-being domains. The services that intersect the most in these results are housing, transportation, and child care. Solving one or more of these conditions for New Mexicans could help resolve problems in other areas, bolstering overall access to vital services for surviving and thriving. The 100% New Mexico model seeks to create a process where all ten vital services can be addressed, rather than focusing on only a few services. The ten services, for many families, are inextricably linked.

## Recommendations

- 1. Build support among leaders in state agencies to use survey results to align existing systems and local assessments that guide policy, programming, and funding focused on health, safety, and education.** States and communities are typically engaged in multiple assessment processes that are likely complementary but may duplicate efforts and result in siloed learnings without a coordinated approach. In addition, the state's family-serving agencies should leverage survey results to promote a unified approach that engages all the local county-based coalitions, collectives, councils, and higher education projects currently working on components to address the adverse SDOH.
- 2. Start attributing benefits to resolving access barriers across sectors using evidence-based or evidence-informed approaches.** This is necessary to identify strategies that may have the greatest impact relative to resource cost and effort towards the goal of preventing stacked adversity and high-end service utilization. These costs and benefits are interrelated. For example, food and housing security can influence a student's educational success and a family's capacity to find treatment for medical, dental, and mental health challenges.
- 3. Strengthen the process for using survey results to address barriers and improve access to vital services across New Mexico using shared measurement and evidence-informed solutions.** Encourage counties to establish and be accountable to a continuous quality improvement (CQI) or plan-do-study-act cycle to use survey results to develop an evidence-informed plan to address barriers. The plan should implement strategies to improve access to vital services and study the extent to which SDOH improve over time. This shared measurement is part of a collective impact approach and of the 100% New Mexico model's emphasis on analyzing data on barriers, evidence-informed solutions, and cross-sector coordination.
- 4. Apply survey results to identify the necessary service array for one-stop service hubs and community schools.** These solutions should be designed to work with families and community members holistically and inclusively. They could address multiple gaps in services at once. Assess the extent to which existing state funding opportunities elevate the importance of cross-sector strategies like one-stop service hubs and community schools to bolster service access and address many service barriers in the ten sectors.
- 5. Use survey results to better understand the magnitude of workforce shortages in healthcare providers, teachers, and social workers, and their impact on service delivery and the SDOH experienced by New Mexicans.** Use this opportunity to dialogue as a way for the state and county stakeholders to create a strategy to address shortages that results in the adverse SDOH.
- 6. Consider strategies to ensure that survey results are representative at the state and regional levels.** The survey was administered to individuals through convenience sampling. This means that results are limited in terms of representativeness within counties and with regard to New Mexico's population. For example, women are 50% of New Mexico's population, but 77% of survey participants. Youth are under-represented in the survey. Survey data collection that is more representative of the New Mexico population could be achieved by adding



key *100% New Mexico Survey* items to existing national or state surveys with similar objectives. It could also be achieved by strengthening existing strategies within counties to obtain a more representative sample. Without this, it is challenging to assess needs and barriers with precision and will also make it difficult to measure change.

**7. Create a central, web-based platform to house a place for stakeholders to share insights and dialogue about cross-sector work strengthening the positive SDOH.** This would be a place for sharing and discussing data, research, and progress made toward collective impact goals. Using technology to advance the work is possible and very low cost. This can result in a shared vision, mission, and goal to address adverse SDOH and service access.

# REFERENCES

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- <sup>1</sup> Annie E. Casey Foundation. (2023). *2023 KIDS COUNT Data Book*. <http://www.aecf.org/databook>.
- <sup>2</sup> U.S. Census Bureau. (2022). County population totals and components of change 2020–2022. <https://www.census.gov/data/tables/time-series/demo/popest/2020s-counties-total.html>
- <sup>3</sup> WHO Commission on Social Determinants of Health & World Health Organization. (2008). *Closing the gap in a generation: Health equity through action on the social determinants of health: Commission on Social Determinants of Health final report*. World Health Organization.
- <sup>4</sup> Courtney Ortega, K., & Cappello, D. (2020). *100% New Mexico: Ensuring 10 Vital Services for Surviving and Thriving*.
- <sup>5</sup> Bronfenbrenner U. (1977). Toward an experimental ecology of human development. *American Psychologist*, 32(7), 513–531.
- <sup>6</sup> Spain, A. K., McCrae, J. S., & Rhodes, E. (2023). *Why assess a state’s social determinants of health?: Data-driven collective impact in the 100% New Mexico Initiative*. Chapin Hall at the University of Chicago.
- <sup>7</sup> National Center for Health Statistics at the Centers for Disease Control and Prevention (2013). *NCHS urban-rural classification scheme for counties*. [https://www.cdc.gov/nchs/data\\_access/urban\\_rural.htm#Data\\_Files\\_and\\_Documentation](https://www.cdc.gov/nchs/data_access/urban_rural.htm#Data_Files_and_Documentation)

# APPENDIX A: FULL RESULTS BY REGION

## Participant Demographics

### Age category of respondents

	18-24		25-59		60+		Total	
	N	%	N	%	N	%	N	%
Metro	62	6%	805	74%	224	21%	1,091	100%
Northeast	65	4%	1,446	86%	176	10%	1,687	100%
Southeast	96	10%	793	82%	81	8%	970	100%
Southwest	36	3%	822	76%	223	21%	1,081	100%
Total	259	5%	3,866	80%	704	15%	4,829	100%

Total number of missing responses= 1,720, number missing varies by region

### Gender identity of respondents

	Man		Woman		Total	
	N	%	N	%	N	%
Metro	229	21%	850	79%	1,079	100%
Northeast	386	23%	1,286	77%	1,672	100%
Southeast	244	25%	723	75%	967	100%
Southwest	484	22%	1,728	78%	2,212	100%
Total	1,343	23%	4,587	77%	5,930	100%

Total number of missing responses= 622, number missing varies by region

### Race of respondents

	Asian		Black		Latino		Native American		Other race		White		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Metro	26	2%	20	2%	469	45%	40	4%	18	2%	480	46%	1,053	100%
Northeast	32	2%	0	0%	1,024	62%	32	2%	28	2%	540	33%	1,656	100%
Southeast	18	2%	42	5%	314	36%	0	0%	0	0%	482	57%	856	100%
Southwest	16	1%	25	1%	1,199	56%	59	3%	27	1%	822	38%	2,148	100%
Total	92	2%	89	2%	3,006	53%	134	2%	78	1%	2,324	41%	5,723	100%

Total number of missing responses= 871, number missing varies by region

***Income category of respondents***

	Less than \$10,000		Between \$10,000 and \$24,999		Between \$25,000 and \$39,999		Between \$40,000 and \$54,999		Between \$55,000 and \$69,999		More than \$70,000		Total	
	N	%	N	%	N	%	N	%	N	%	N	%	N	%
	Metro	107	11%	133	13%	127	13%	128	13%	140	14%	365	37%	1,000
Northeast	152	10%	209	14%	212	14%	216	14%	208	14%	530	35%	1,527	100%
Southeast	82	9%	148	17%	132	15%	123	14%	111	13%	270	31%	866	100%
Southwest	283	14%	441	22%	362	18%	273	14%	193	10%	458	23%	2,010	100%

*Total number of missing responses= 1,146, number missing varies by region*

***Respondents responsible for at least one child***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	615	51%	582	49%	1,197	100%
Northeast	549	30%	1,278	70%	1,827	100%
Southeast	381	36%	679	64%	1,060	100%
Southwest	930	39%	1,443	61%	2,373	100%
Total	2,475	38%	3,982	62%	6,457	100%

*Total number of missing responses= 92, number missing varies by region*

## Medical Care

### ***Need Medical Care***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	107	9%	1,092	91%	1,199	100%
Northeast	208	11%	1,635	89%	1,843	100%
Southeast	103	10%	954	90%	1,057	100%
Southwest	229	10%	2,150	90%	2,379	100%
Total	647	10%	5,831	90%	6,478	100%

*Total number of missing responses= 71, number missing varies by region*

### ***Difficulty Accessing Medical Care***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	582	54%	494	46%	1,076	100%
Northeast	965	61%	630	39%	1,595	100%
Southeast	490	52%	453	48%	943	100%
Southwest	1,320	65%	716	35%	2,036	100%
Total	3,357	59%	2,293	41%	5,650	100%

*Total number of missing responses= 828, number missing varies by region*

***In general, how would you rate the quality of medical care you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	3.7	0.9	1,092
Northeast	3.7	0.9	1,635
Southeast	3.5	1.0	954
Southwest	3.8	0.9	2,150
Total	3.7	0.9	5,831

## Dental Care

### ***Need Dental Care***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	113	10%	1,065	90%	1,178	100%
Northeast	214	12%	1,594	88%	1,808	100%
Southeast	175	17%	868	83%	1,043	100%
Southwest	284	12%	2,054	88%	2,338	100%
Total	786	12%	5,581	88%	6,367	100%

*Total number of missing responses= 182, number missing varies by region*

### ***Difficulty Accessing Dental Care***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	777	75%	253	25%	1,030	100%
Northeast	1,136	74%	403	26%	1,539	100%
Southeast	588	70%	252	30%	840	100%
Southwest	1,401	73%	519	27%	1,920	100%
Total	3,902	73%	1,427	27%	5,329	100%

*Total number of missing responses= 252, number missing varies by region*

***In general, how would you rate the quality of dental care you have received?  
1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	4.0	0.9	1,065
Northeast	3.9	1.0	1,594
Southeast	3.8	1.0	868
Southwest	3.9	1.0	2,054
Total	3.9	1.0	5,581

## Mental and Behavioral Health Care

### ***Need Mental and Behavioral Health Care***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	618	53%	558	47%	1,176	100%
Northeast	1,028	57%	772	43%	1,800	100%
Southeast	665	64%	369	36%	1,034	100%
Southwest	1,484	65%	801	35%	2,285	100%
Total	3,795	60%	2,500	40%	6,295	100%

Total number of missing responses= 254, number missing varies by region

### ***Difficulty Accessing Mental and Behavioral Health Care***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	244	46%	291	54%	535	100%
Northeast	376	51%	367	49%	743	100%
Southeast	184	52%	169	48%	353	100%
Southwest	402	53%	363	47%	765	100%
Total	1,206	50%	1,190	50%	2,396	100%

Total number of missing responses= 104, number missing varies by region

***How would you rate the quality of mental and behavioral health care you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	3.5	1.2	558
Northeast	3.5	1.1	772
Southeast	3.2	1.2	369
Southwest	3.5	1.1	801
Total	3.4	1.1	2,500



## Food Assistance

### ***Need Food Assistance Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	686	60%	459	40%	1,145	100%
Northeast	1,087	61%	683	39%	1,770	100%
Southeast	572	56%	441	44%	1,013	100%
Southwes	1,240	54%	1,069	46%	2,309	100%
Total	3,585	57%	2,652	43%	6,237	100%

*Total number of missing responses= 312, number missing varies by region*

### ***Difficulty Accessing Food Assistance Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	305	69%	139	31%	444	100%
Northeast	458	70%	195	30%	653	100%
Southeast	284	67%	140	33%	424	100%
Southwest	645	67%	320	33%	965	100%
Total	1,692	68%	794	32%	2,486	100%

*Total number of missing responses= 166, number missing varies by region*

***In general, how would you rate the quality of food assistance you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	3.8	1.0	459
Northeast	3.6	1.0	683
Southeast	3.8	1.1	441
Southwest	3.7	1.0	1,069
Total	3.7	1.0	2,652

## Housing Assistance

### ***Need Housing Assistance Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	930	81%	213	19%	1,143	100%
Northeast	1,461	83%	308	17%	1,769	100%
Southeast	855	85%	150	15%	1,005	100%
Southwest	1,965	86%	320	14%	2,285	100%
Total	5,211	84%	991	16%	6,202	100%

*Total number of missing responses= 347, number missing varies by region*

### ***Difficulty Accessing Housing Assistance Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	58	28%	147	72%	205	100%
Northeast	105	36%	188	64%	293	100%
Southeast	56	38%	90	62%	146	100%
Southwest	99	33%	203	67%	302	100%
Total	318	34%	628	66%	946	100%

*Total number of missing responses= 45, number missing varies by region*

***In general, how would you rate the quality of housing assistance you have received?  
1=lowest quality, 5=highest quality***

			Total
	Mean	SD	Responses
Metro	3.0	1.3	213
Northeast	2.8	1.3	308
Southeast	3.1	1.2	150
Southwest	2.9	1.2	320
Total	2.9	1.3	991

## Public Transportation

### ***Need Public Transportation Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	790	71%	321	29%	1,111	100%
Northeast	1,436	82%	318	18%	1,754	100%
Southeast	842	85%	149	15%	991	100%
Southwest	1,856	83%	390	17%	2,246	100%
Total	4,924	81%	1,178	19%	6,102	100%

*Total number of missing responses= 447, number missing varies by region*

### ***Difficulty Accessing Public Transportation Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	154	50%	155	50%	309	100%
Northeast	141	46%	163	54%	304	100%
Southeast	69	47%	77	53%	146	100%
Southwest	160	46%	188	54%	348	100%
Total	524	47%	583	53%	1,107	100%

*Total number of missing responses= 71, number missing varies by region*

***How would you rate the quality of public transportation services you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	3.1	1.1	321
Northeast	3.0	1.1	318
Southeast	3.0	1.4	149
Southwest	3.1	1.2	390
Total	3.1	1.2	1,178

## Parenting Classes

### ***Need Parenting Classes (includes respondents responsible for children)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	459	87%	71	13%	530	100%
Northeast	1,023	86%	164	14%	1,187	100%
Southeast	575	91%	55	9%	630	100%
Southwest	1,098	85%	196	15%	1,294	100%
Total	3,155	87%	486	13%	3,641	100%

*Total number of missing responses= 341, number missing varies by region*

### ***Difficulty Accessing Parent Classes***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	49	68%	23	32%	72	100%
Northeast	118	73%	43	27%	161	100%
Southeast	31	58%	22	42%	53	100%
Southwest	127	69%	56	31%	183	100%
Total	325	69%	144	31%	469	100%

*Total number of missing responses= 17, number missing varies by region*

### ***In general, how would you rate the quality of parent classes you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	3.9	0.9	74
Northeast	3.7	1.0	169
Southeast	3.5	1.2	55
Southwest	4.0	1.0	208
Total	3.8	1.0	506

***Need Home Visiting (includes respondents responsible for children)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	475	89%	61	11%	536	100%
Northeast	978	82%	214	18%	1,192	100%
Southeast	503	79%	130	21%	633	100%
Southwest	930	70%	399	30%	1,329	100%
Total	2,886	78%	804	22%	3,690	100%

Total number of missing responses= 292, number missing varies by region

***Difficulty Accessing Home Visiting***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	43	69%	19	31%	62	100%
Northeast	179	82%	39	18%	218	100%
Southeast	99	76%	31	24%	130	100%
Southwest	327	84%	64	16%	391	100%
Total	648	81%	153	19%	801	100%

Total number of missing responses= 3, number missing varies by region

***In general, how would you rate the quality of home visiting services you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total
			Responses
Metro	3.9	1.0	64
Northeast	3.9	1.0	226
Southeast	4.0	1.0	130
Southwest	4.1	0.9	433
Total	4.0	1.0	853

## Preschool Services

### ***Need Preschool Services (includes respondents with children under age 5)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	75	42%	102	58%	177	100%
Northeast	197	44%	251	56%	448	100%
Southeast	180	55%	148	45%	328	100%
Southwest	317	45%	382	55%	699	100%
Total	769	47%	883	53%	1,652	100%

*Total number of missing responses= 163, number missing varies by region*

### ***Difficulty Accessing Preschool Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	166	68%	78	32%	244	100%
Northeast	366	67%	181	33%	547	100%
Southeast	172	70%	73	30%	245	100%
Southwest	543	81%	131	19%	674	100%
Total	1,247	73%	463	27%	1,710	100%

*Total number of missing responses= 0, number missing varies by region*

### ***In general, how would you rate the quality of preschool services you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total
			Responses
Metro	3.9	1.0	248
Northeast	3.9	1.0	568
Southeast	3.9	1.1	251
Southwest	4.1	0.9	734
Total	4.0	1.0	1,801

***Need Childcare Services (includes respondents responsible for children)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	299	56%	238	44%	537	100%
Northeast	665	56%	526	44%	1,191	100%
Southeast	371	59%	263	41%	634	100%
Southwest	711	54%	610	46%	1,321	100%
Total	2,046	56%	1,637	44%	3,683	100%

*Total number of missing responses= 299, number missing varies by region*

***Difficulty Accessing Childcare Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	133	55%	108	45%	241	100%
Northeast	243	46%	281	54%	524	100%
Southeast	115	45%	143	55%	258	100%
Southwest	385	61%	244	39%	629	100%
Total	876	53%	776	47%	1,652	100%

*Total number of missing responses= 0, number missing varies by region*

***In general, how would you rate the quality of childcare services you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total
			Responses
Metro	3.7	1.0	247
Northeast	3.6	1.1	541
Southeast	3.5	1.2	263
Southwest	3.8	1.0	679
Total	3.7	1.1	1,730

## School-Based Mental Health Services

### ***Need School Mental Health Services (includes respondents with school aged children)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	293	66%	15	34%	447	100%
Northeas	686	68%	31	32%	1,00	100%
Southeas	330	72%	12	28%	458	100%
Southwes	776	75%	26	25%	1,03	100%
Total	2,08	71%	86	29%	2,94	100%

*Total number of missing responses= 537, number missing varies by region*

### ***Difficulty Accessing School Mental Health Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	79	47%	90	53%	16	100%
Northeas	19	60%	12	40%	31	100%
Southeas	79	61%	51	39%	13	100%
Southwes	14	52%	13	48%	27	100%
Total	49	55%	40	45%	89	100%

*Total number of missing responses= 0, number missing varies by region*

### ***In general, how would you rate the quality of school mental health services you have received? 1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	2.9	1.2	174
Northeast	3.2	1.1	324
Southeast	3.0	1.2	132
Southwest	3.0	1.2	294
Total	3.0	1.2	924



## School-Based Healthcare Services

### ***Need School Health Services (includes respondents with school aged children)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	271	60%	177	40%	448	100%
Northeas	613	62%	370	38%	983	100%
Southeas	333	72%	129	28%	462	100%
Southwes	632	61%	402	39%	1,03	100%
Total	1,84	63%	1,07	37%	2,92	100%

*Total number of missing responses= 558, number missing varies by region*

### ***Difficulty Accessing School Health Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	158	82%	34	18%	192	100%
Northeast	297	80%	74	20%	371	100%
Southeast	109	84%	21	16%	130	100%
Southwest	325	78%	92	22%	417	100%
Total	889	80%	221	20%	1,110	100%

*Total number of missing responses= 0, number missing varies by region*

### ***In general, how would you rate the quality of school health services you have received?***

***1=lowest quality, 5=highest quality***

	Mean		SD	Total Responses
Metro	3.5	0.9		201
Northeast	3.6	0.8		381
Southeast	3.7	0.8		135
Southwest	3.6	0.9		456
Total	3.6	0.8		1,173

## Youth Mentoring Services

### ***Need Youth Mentoring Services (includes respondents responsible for children aged 5-18)***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	372	87%	58	13%	430	100%
Northeas	890	90%	95	10%	985	100%
Southeas	410	91%	40	9%	450	100%
Southwes	893	88%	12	12%	1,01	100%
Total	2,56	89%	31	11%	2,87	100%

*Total number of missing responses= 607, number missing varies by region*

### ***Difficulty Accessing Youth Mentoring Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	33	51%	32	49%	65	100%
Northeast	49	51%	47	49%	96	100%
Southeast	12	27%	33	73%	45	100%
Southwest	89	58%	64	42%	153	100%
Total	183	51%	176	49%	359	100%

*Total number of missing responses= 46, number missing varies by region*

### ***In general, how would you rate the quality of youth mentoring services you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total
			Responses
Metro	3.1	1.2	67
Northeast	3.4	1.1	99
Southeast	2.8	1.5	47
Southwest	3.6	1.1	159
Total	3.4	1.2	372

***Need Job Training Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	866	77%	259	23%	1,125	100%
Northeast	1,455	83%	306	17%	1,761	100%
Southeast	860	85%	148	15%	1,008	100%
Southwest	1,800	79%	470	21%	2,270	100%
Total	4,981	81%	1,183	19%	6,164	100%

Total number of missing responses= 385, number missing varies by region

***Difficulty Accessing Job Training Services***

	No		Yes		Total	
	N	%	N	%	N	%
Metro	133	55%	110	45%	243	100%
Northeast	170	59%	116	41%	286	100%
Southeast	83	61%	54	39%	137	100%
Southwest	235	54%	199	46%	434	100%
Total	621	56%	479	44%	1,100	100%

Total number of missing responses= 83, number missing varies by region

***How would you rate the quality of job training services you have received?***

***1=lowest quality, 5=highest quality***

	Mean	SD	Total Responses
Metro	3.4	1.1	259
Northeast	3.4	1.1	306
Southeast	3.3	1.3	148
Southwest	3.3	1.2	470
Total	3.3	1.2	1,183

