April 2025

Social Determinants of Health (SDOH)

SDOH include social, economic, and environment factors that impact the health of American Indians and Alaska Native populations and contribute to health disparities. In 2023, about 3.3 million people identified as AI/AN. In the same year, according to the U.S. Census Bureau, New Mexico, at 11.4%, had the second highest percentage of AI/AN populations. Alaska was higher at 15.6% (Office of Minority Health, 2025,USHHS).

Mental Health & Behavioral Health & Suicide Prevention

Behavioral health data concepts require a consideration for the physical, psychological and spiritual characteristics of the American Indian in the State of New Mexico. There are 23 federally recognized Nations, Pueblos and Tribes (NPTs) within the exterior boundaries of the Land of Enchantment. Of such, there are 23 ways of being. Within the urban settings in NM, there are over 400 American Indian tribes represented. NM has approximately 263,615 Native American citizens, representing nearly 12.4% of the state's entire population (US Census Bureau, 2020).

According to the IAD website, the 23 NPT in NM are actively engaged to preserving their indigenous languages, religion, culture, the environment and in promoting quality education and health care for all members, especially their youth and elders. These efforts in preservation are efforts to strengthen their protective factors, as identified by Substance Abuse and Mental Health Services Administration (SAMHSA). According to the American Academy of Pediatrics, three concepts required for healthy trauma response include strong executive functions of self-control and impulses, personal identity, and capacity for young children to form at least one stable, caring and supportive relationship.

New Mexico (NM) has the 4th highest age-adjusted suicide rate in the nation, and the American Indian population in NM has had the highest rates of suicide per 100,000 people consistently over the last 10 years or more. American Indians and Alaska Natives (AI/AN) comprise approximately 11% of New Mexico's population, however suicide disproportionately affects the AI/AN population. For example, AI/AN suicides occur at a rate of 31.7/100,000 versus 24.8/100,000 for all New Mexicans. Suicide rates for the period 2011 to 2020 indicate a 58% increase for American Indians (Gomez, T. 2024). To address this public health issue, IAD utilizes tribal-serving organizations and relies upon NM Nations, Pueblos and Tribes to provide community-based education and clinical support to help reduce suicide risk.

Veterans

According to the US. Census Bureau, as of 2023 there were 122,492 veterans living in New Mexico. NM ranked seventeenth in the nation for concentration of veterans. Over half (52.1%) of NM Veterans were 65 years or older in 2023. In that year, it was estimated that 526 veterans served in World War Two, 3,822 veterans served in the Korean War, and the highest number served during the Vietnam Era, at 40,017 veterans. Most veterans were male in NM (89.7%), but female veterans had slightly increased from 10.1 % in 2021 to 10.3% in 2023. The percentage of veterans in New Mexico who were American Indian and Alaska Native was 6.0%.

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American Indians and Alaska Natives serve in the Armed Forces at five times the national average and have serves with distinction in every major conflict for over 200 years. The military is 1.7 percent Native, with 20 percent of American Indians and Alaska Natives servicemembers being women.

Youth

According to New Mexico Youth Risk and Resiliency Survey (NMYRRS, 2023), and the Albuquerque Area Southwest Tribal Epidemiology Center (AASTEC) Oversample Project, there was a decrease in attempted suicide for both AI/AN NM high school females and males from 2021 to 2023. With females going from 17% to 15% and boys going from 10% to 8%, of the sample surveyed.

What is alarming among AI/AN NM HS students are the higher rates among both males and females than non-AI/AN students. Among females, AI/AN went from 17% in 2021 to 15%, and non-AI/AN females went from 14% to 11%. For males, AI/AN males decreased from 10% in 2021 to 8% in 2023. Non-AI/AN males decreased from 7% to 6%.

Several factors were identified that contributed to less occurrence of suicide attempts among HS AI/AN students. This included supportive relationships with adults at school and home, and feeling good about oneself are associated with lower rates of mental distress and suicide attempt (Parshall, C., Newman, E. 2025).

According to The Annie E. Casey Foundation 2024 Kids Count Data Book, outlining state trends in child well-being, there was positive trends observed in 2022, as we came out of the Covid-19 pandemic, 62.4% of children living in economically secure home rose from 58.4% in 2021. Child poverty decreased from 17.2% in 2021 to 15.9% in 2022. However, when data is compared based on race, there remains racial inequities, with AI/AN children and Black children experiencing the lowest well-being levels (AECF, 2024 Kids Count Data Book). The data attributed this to AI/AN children were more likely to lack health insurance and live in resource-limited neighborhoods.

According to the 2024 Kids Count Data Book, New Mexico was rated 50 out of 50 states in overall child well-being. According to Gabrielle Uballez, Executive Director of New Mexico Voices for Children, in an a press release dated June 10, 2024 from NM Voices for Children, “New Mexico’s ranking is not a reflection of who we are but serves as a motivation to continue improving the systems in New Mexico that make it possible for kids and families to thrive.”

New Mexico continues to make investments in family and child well-being through increasing resources and support.

NM Initiatives:

Federal Impact

According to the National Indian Health Board and as being reported on Native News Online on April 19, 2025, the Office of Management and Budget (OMB), released a document that outlines the Trump administration plan to reduce the U.S. Department of Health and Human Services (HHS) budget. The proposed cuts include $900 million reduction to the Indian Health Services. According to the U.S. Department of Health and Human Services Office of Minority Health, The

IHS provides a comprehensive health service delivery system for approximately 206 million AI/AN in 37 states.

Potential impacts include budget cuts to critical tribal health infrastructure, ending the only tribal-serving Alzheimer's program, mental health initiatives like Circles of Care, SAMHSA Tribal Behavioral Health Grants, reducing access to public health data on American Indian and Alaskan Native populations.

Potential cuts can impact specific programs that are funded under the Tribal Behavioral Health Grants like Native Connections. Native Connections addresses suicide prevention, substance use and trauma among AI/AN youth. According to the SAMHSA website on Native Connections, there are a total of 23 grantees in New Mexico, including tribes and tribal-serving organizations (NC Briefing Sheet, 2024,SAMHSA).

Federal funding is not only necessary to address health disparities of AI/AN population, but critical. Tribal behavioral health funding for programs such as Circles of Care and Native Connections, utilize Trauma Informed Care (TIC) approaches. This approach has been identified by the American Academy of Pediatrics to mitigate the damaging effects of early childhood trauma and to promote resilience in children and families (Duffee, James. Et al, 2021). TIC supports the health trauma response. Although the New Mexico Youth Risk and Resiliency Survey (NMYRRS) presents some improvements for AI/AN youth this is only the beginning of encouraging impacts and outcomes, there is no evidence of sustaining trends.

IAD FUNDING

FY24 - NPT	BEHAVIORAL HEALTH/SUICIDE PREVENTION	TOBACCO CESSATION & PREVENTION PROJECT (TCPP)	AREAS OF USE	
Santo Domingo Pueblo	$327,333.98		Youth Shelter, CHR, Wellness Center, Equine Therapy	
Pojoaque Pueblo	$64,015.51		Family Services, Foster Care	
Tesuque Pueblo	$104,859.44			
Zia Pueblo	$149,429.65		Social Services, Education, Youth Group, Health Task Force: Suicide Prevention	
SUB TOTAL	$681,727.31			
TRIBAL SERVING ORGANIZATION	BEHAVIORAL HEALTH/SUICIDE PREVENTION			
UNM Honoring Native Life	$55,000.00		Suicide Prevention; On-Line Training for NPTs	
Keres Consulting, LLC	$60,000.00		Jemez Pueblo Suicide Prevention Project	
Poston & Associates, LLC	$60,000.00		Youth Suicide Prevention Project	
Albuquerque Indian Center	$60,000.00		Urban Population Suicide Prevention Project	

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SUB TOTAL	$235,000.00			
TOTAL	**$916,727.31**			

FY25 – NPT	BEHAVIORAL HEALTH/SUICIDE PREVENTION	TOBACCO CESSATION & PREVENTION	VETERANS PROJECT	INDIGENOUS YOUTH COUNCIL	NPT TOTALS
Santo Domingo Pueblo	$199,844.00			$40,000.00	$239,844.00
Jicarilla Apache Nation	$40,970.00				$40,970.00
Tesuque Pueblo	$99,225.00	$81,230.00	$50,353.00		$230,808.00
Zia Pueblo	$185,000.00			15,000.00	$200,000.00
San Felipe Pueblo				$40,000.00	$40,000.00
Isleta Pueblo				$25,000.00	$25,000.00
Pojoaque Pueblo	$71,500.00			$15,000.00	$86,500.00
Santa Clara Pueblo			$26,800.00		$26,800.00
San Ildefonso Pueblo	$317,363.00			$25,000.00	$342,363.00
Picuris Pueblo				$7,000.00	$7,000.00
TOTALS	**$913,902.00**	**$81,230.00**	**$77,153.00**	**$167,000.00**	**$1,239,285.00**
4 TSE	$240,000.00				$240,000.00
Awarded	$1,153,902.00	$81,230.00	$77,153.00	$167,000.00	1,479,285.00
Remaining	$1,203,098.00	$168,070.00	$202,047.00	$33,000.00	

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RESOURCES

1. 2024 Veterans Profile, (2024) New Mexico Department of Workforce Solutions; U.S. Census Bureau's 2023 American Community Survey

2. American Academy of Pediatrics, Dedicated to the Health of All Children
    1. Trauma : An event, series of events, or circumstances experienced by a person as physically or emotionally harmful that can have long-lasting adverse effects on the person's functioning and well-being (emotional, physical, or spiritual).
    2. Historical trauma (HT) : the collective, transgenerational emotional and psychological injury of specific ethnic, racial, or cultural groups and their descendants who have experienced major events of oppression such as genocide, forced displacement, or slavery.
    3. Trauma-Informed Care (TIC) : Medical care in which all parties involved assess, recognize and respond to the effects of traumatic stress on children, caregivers and healthcare providers.
    4. Adverse Childhood Experiences (ACEs)
3. Annie E. Casey Foundation (2024) National 2024 KIDS COUNT Data Book, Center, Toxic Stress; https://www.nmvoices.org/nm-kids-count
4. Brave Heart, MYH *J Psychoactive Drugs*. (2003);*The historical trauma response among natives and its relationship with substance abuse: a Lakota illustration*. 35(1):7-13
    1. Historical Trauma
    2. Historical Unresolved Grief
    3. Historical Trauma Response
5. Duffee, James; Szilagyi, Moira; Forkey, Heather; Kelly, Erin T. (2021, August); *Trauma-Informed Care in Child Health Systems*. *Pediatrics*; 148 (2): e2021052579. https://publications.aap.org/pediatrics/article/148/2/e2021052579/179781/Trauma-Informed-Care-in-Child-Health-Systems
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7. Dwyer-Lindgren, Laura et al;Ten Americas: a systematic analysis of life expectancy disparities in the USA,. The Lancet, Volume 404, Issue 10469
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9. Indigenous determinants of health: a unified call for progress, Redvers, Nicole et al. The Lancet, Volume 402, Issue 10395, 7 – 9
10. National Indian Council on Aging, Inc. (2019, November 8) *American Indian Veterans Have Highest Record of Military Service*
11. New Mexico Youth & Resiliency Survey, 2023, 2021
12. Office of Minority Health, (2025, January 16) American Indian/Alaska Native Health; U.S. Department of Health and Human Services
    [HYPERLINK "https://minorityhealth.hhs.gov/american-indianalaska-native-health"]

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13. Parshall, C., Newman, E. (2025) *Suicide and Mental Health Among New Mexico American Indian/Alaska Native Youth (AI/AN);* 2023 New Mexico Youth Risk and Resiliency Survey (NMYRRS); Albuquerque Area Indian Health Board
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15. SAMHSA, (2024) NC Briefing Sheet; Native Connections: Cooperative Agreements for Tribal Behavior Health, Substance Abuse and Mental Health Services Administration; chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://www.samhsa.gov/sites/default/files/nc-briefing-sheet-2024.pdf
16. SAMHSA's (2014) *Concept of Trauma and Guidance for a Trauma-Informed Approach; R*ockville, MD: Substance Abuse and Mental Health Services Administration
17. U.S. Department of Health and Human Services, (Printed 2010). *To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults.* DHHS Publication SMA (10)-4480, CMHS-NSPL-0196. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2010.

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