

100% Future Episode 2 Transcript

Ten Vital Services to Survive and Thrive

Podcast Home: <https://www.100nm.org/100-future>

This transcript has been edited for clarity.

Intro [00:00:01] There's no reason for people in a society as wealthy, resourced, and technologically advanced as this one to not be thriving. Every crisis we are exposed to hourly is completely predictable and preventable if we connect to a shared vision of everyone thriving. Surviving the day is just not acceptable anymore when we know that thriving is actually possible. Welcome to the 100% Future podcast, where Dr. Katherine Ortega Courtney, Dominic Cappello and me, Rubina Cohen as your host, share insights, action plans and inspire you weekly to take bold action in designing thriving communities for all.

Rubina Cohen [00:00:53] Okay. Welcome back, everybody, to the 100% Future podcast. And I am back in the studio with Dr. Katherine Ortega Courtney and Dominic Cappello. Welcome, guys.

Dr. Katherine Ortega Courtney [00:01:06] Hi.

Dominic Cappello [00:01:06] Hey.

Rubina Cohen [00:01:07] So today we want to dive into the social determinants of health. And Dom, I think you are wanting to jump in here with that. So I'll let you begin today.

Dominic Cappello [00:01:20] The world of public health is a pretty interesting world. And I worked in it for many years. And when you work in public health, you are introduced to a concept called the social determinants of health. And many people, when they're hearing that phrase, think, what the heck is that? You can't immediately figure it out. And yet there's a simple way to describe the social determinants of health. We know what determines our health, our education, and our overall quality of life. If you think about the social determinants of health, you're talking about what essentially will determine the future of our children as well as our adults. There's a whole area of study that goes back centuries. Believe it or not, there have been countries looking at the impact of services and environments on (public) health. Since the 1970s here in the States, coming from research from Western Europe, (public health experts) were packaging (the body of research) as the social determinants of health. What does all this mean on the ground level? A community that has no services can be described as the adverse social determinants of health. It's (community members enduring) adversity. We are going to be looking at communities that are really well-resourced where services are very accessible. (In this community) we're talking about the positive social determinants of health. I know it's a lot to take in—adverse (determinants) versus positive (determinants). At the end of the day, the question we ask is this, "What determined eight-year-old Anna's life?" That's where we have to go. What is determining the quality of life of our children, our students, and our families?

Rubina Cohen [00:03:33] And for our listeners that are jumping into this episode first, let's just quickly tell them who (eight-year-old) Anna is. I'll let Dr. Katherine Ortega Courtney talk about that.

Dr. Katherine Ortega Courtney [00:03:49] Anna is a fictional character. She was the main subject of our first book, *Anna Age Eight*, and she is based on real cases that we saw while working for child welfare here in New Mexico. And Anna's story is that she was born into a house that had a lot of struggles. She was in and out of foster care her entire life until she was returned home one last time, where she was killed by her mother at the age of eight. Anna is kind of a symbol for us (who said) let's not let this happen again. Let's learn from this and talk about what we can do to prevent these (adverse) social determinants of health (that impact our children and families). When I first heard about the (social determinants of health I was) working in child welfare and juvenile justice. It's the idea that where you're

born and where you grow up predicts your outcomes. And to me, that is terrifying. Why should it matter where a kid is born? Shouldn't everybody have the same opportunities to thrive and survive regardless of where they're born? And it's deeply important to me as someone who grew up in Española, which is a place that (has) very adverse social determinants of health, if you want to call it that. And as someone who grew up in a healthy household with parents who were very supportive and wonderful but still in a community that struggled, (the social determinants) impacts you regardless of what kind of household you're in. So for us (as researchers and change agents), it's always both... there's what happens in the home and what happens out of the home, and in New Mexico unfortunately, a lot of our kids are facing both adverse childhood experiences (ACEs) at home and adverse social determinants of health in their community. We need to address both (ACEs and adverse social determinants). If we want to turn around our outcomes of being famously (last) 50th for child well-being year after year, according to the Annie E. Casey (Foundation).

Dominic Cappello [00:06:08] It's the Kids Count Data Book (Report).

Dr. Katherine Ortega Courtney [00:06:10] Kids Count, yes.

Rubina Cohen [00:06:12] We can put those links in our show notes. And we will also share a link to the book, *Anna Age Eight*, that was authored by Dr. Katherine Ortega Courtney and Dominic Cappello. We highly recommend picking that book up and reading it to get a deeper understanding of what we're talking about. So, now talk about the 100% New Mexico initiative a little bit. How does that start? (What does it take for communities to be) looking at both of these (ACEs and social determinants of health) and how do we start moving into creating the right solutions for not just surviving but thriving in our communities?

Dr. Katherine Ortega Courtney [00:06:54] If you look at kids with ACEs or kids who grew up with ACEs, some of them end up okay and some of them don't. And what's usually the key difference is really (that it) comes down to access to support, access to resources. So if you look at a community where a kid goes to school and the school can see the kid is struggling and they surround them with support and they make sure the (student's) family has food to eat and they're in a stable house and they have access to medical care, the outcomes for that kid are much more likely to (be positive). This kid is going to graduate and go to college and have a successful career versus the kid who is struggling at home, goes to a school, flies under the radar. They (the school and community) have no resources to support that kid. The kid continues to struggle and gets labeled as a kid who's acting out, gets kicked out of school, and ends up on a different path. What Dominic and I found is (that) access to resources that we talk about so often, (is) not available. And if they (ten vital services) were, it would be a game changer. So our goal is very simple. Make sure that 100% of people who need them have access to ten vital services for surviving and thriving and that's the goal of 100% New Mexico. And, by doing that, you both prevent ACEs, and (adverse) social determinants of health are turned into positive ones. So I'll let Dom talk a little bit more in-depth about what those services are. But, basically, it boils down to access to resources when they're needed.

Dominic Cappello [00:08:34] When we were writing *Anna Age Eight*, we talked to a lot of colleagues in child welfare. We talked a lot about services that would make a big difference. And they would share, because they're meeting with parents in the system all the time, "...these parents, they can't get to behavioral health care, they can't get the medical care." It's a long list (of available services). I think for middle-class people, we have access in general and we don't think about not having access. It doesn't even enter our mind. Of course, now there may be waiting lists and sometimes there are little glitches. But in general, who (among the middle and upper income families) doesn't have access to the services for thriving? Well, as it turns out, in New Mexico, depending on the community where you live, a third to half of families can't get to these services. So (for) the five services for surviving, you have to have access to medical care, you have to have access to behavioral health care. Also, food security programs and food pantries (are important). Affordable housing or programs that help you get to safe and affordable housing (matter). And the fifth survival service would be transportation. We learned that in New Mexico, many families struggle to have reliable transportation, and there's very little public transport. These are the five services for surviving. Now, we would like to talk about thriving all the time, but you can't get to thriving (until) you've addressed surviving.

Rubina Cohen [00:10:23] So there is a pathway to getting there?

Dominic Cappello [00:10:25] There is a path (for communities to follow in order to strengthen or build vital services), but it's not always linear. It's not always clear. And sometimes people (change agents)

are very creative. The thriving services for families are parent supports, meaning home visitation, parent education, and parent workshops. There are all kinds of things that parents really benefit from (such as) parental leave. There's a lot to talk about in that world. And this is not available to many parents. The second thriving service would be early childhood learning programs. There's decades and decades of research on what happens when you get your child into a quality program. And it's incredibly (hard) getting kids ready for kindergarten, ready to be social, ready to read, loving to read. The third service would be community schools. And community schools are different from most public schools in that they have more resources. They have a philosophy of really making the school a learning center open to the entire community. You know, it's beyond academics, although academics are very important, but it's much more than that. And community schools are incredibly important to us. And that's a whole other conversation. And then, of course, youth mentorship. We know that people do well with mentorship, people of all ages, but especially children and teens—having that trusted mentor. A lot of our kids are in struggling families. Parents are working two jobs. They don't have the energy or other resources to be there as much as they would like to be. But a mentor (from a program) like Big Brothers, Big Sisters has decades of research behind what happens when (children) get into that program. And lastly, job training. You know, we're living in a world where the workforce is changing every day. The needs are changing every day. Parents need access to this vital service. And there's a lot (to talk about here), as you can imagine, these are ten vital services, all with their own research, their own politics. But essentially, if these ten services exist, families do better.

Rubina Cohen [00:12:53] Amazing. And so, I think I'm going to ask a question that I'm kind of hearing our audience asking and so I'm going to put voice to it, which is there are services like that in our community. Like you mentioned, Big Brothers, Big Sisters, or I know Las Cumbres Community Services does a lot of early childhood stuff. We have our community schools. They don't exist maybe in the way that you're thinking. So, what's missing? Why aren't these services that do exist not addressing this larger problem (of barriers to services) that we see in our community? How are they not addressing it?

Dr. Katherine Ortega Courtney [00:13:40] It boils down to access. There are so many (great) organizations that are doing amazing things. Families who are struggling might not know about them. They might not have a car that can get them to those services. Those services might be open while the parents are at work or (while) all the kids are at school. And so that is why our initiative starts with a survey. We ask the parents, "Have you needed these services? If so, were you able to access them? If not, why not? What were the barriers?" And our reports are available [on our website](#), which we can link to. But they show very clearly, a large percentage of our families need these services, even if they are available in their communities, (they) might not be able to access them for a wide range of reasons. And identifying those reasons is absolutely key. When we started the initiative (we often heard from local community leaders)—and we still hear it, sometimes—(We would say) "We need access to ten vital services" and they would say, "well, we have that. We already have the service".

Rubina Cohen [00:14:48] Yeah, exactly.

Dr. Katherine Ortega Courtney [00:14:48] But when you talk to the people who need the services, it's a different story. And we learned that at CYFD (child welfare), like Dom said, listening to caseworkers say, "You know, this parent needs this and they can't get to it." Or, "You know, this parent needs behavioral health and the waiting list is six months." Just because a service exists doesn't mean that it's necessarily accessible.

Rubina Cohen [00:15:170] So it's access. It comes down to access. And how is the 100% New Mexico initiative filling that gap?

Dominic Cappello [00:15:28] That's a great question. We have a process. It's a seven-step process. This would probably be a much larger conversation, but the short version is this. It starts with community people coming together and acknowledging the problems, as we said. You start with a book club just to (see if) we are on the same page. Are we willing to admit that we're not providing all the services to 100% of families? So you have to start there.

Rubina Cohen [00:15:59] It's a simple first step, but it's a significant first step.

Dominic Cappello [00:16:04] It's just sharing a vision because you're sharing an understanding of the problem, but then you're sharing a vision of the solution. Now, how you get to that solution is an interesting story. But as Kathrine said, the first thing we have to do is survey our parents, county by county. (We're asking) "Do you need the service? If you do, can you get to it? If you can't, what are the barriers?" That's really the first official step when you're in our initiative. Once you've said, "Please

come in and let's partner and work on this". And then with the survey (results), we learn a lot. Surveys are fascinating, and you have to analyze the data. You have to look at the numbers and you have to look at the barriers and to see (for example), "What's the number one barrier to behavioral health care? What's the number one barrier to food security programs?" So analysis of the data, looking at that report, that's step two. Step three is, and this happens within a county, is that you have to talk with your providers. Now we're talking about ten vital services. There are providers in all those services. I should add that many of them never talk to one another. They're very siloed, but they all have a relationship to one another, but they may not know it. They're serving the same families. So you have to talk to these providers and you have to ask them (questions). You have to go to a behavioral health care clinic and ask the manager, "Well, how are you doing here? Do you have enough staff? What is your waiting list and why? What kind of help would you like?" You have to get to know why those barriers exist, because you want to know their perspective, not just the perspective from the families. You want to get a much bigger picture. So you...survey the providers, and then that leads you to creating what we call a family services directory. There are many directories out there like Share or 211, or you could just go to Google and (search) "behavioral health care in Santa Fe" and options will come up. (We've been engaged in a) long conversation in 2023 about using technology to create directories, but it's still a challenge with many of our counties. Especially when you ask, "When's the last time this (directory) was fact-checked?" What's nice about getting the directory up—and many of our counties have done that—is now everyone's on the same page. It's like in San Juan County we can (now) see how many behavioral health care providers offer a sliding scale. We now know what we have. And then from that, our teams—and I should mention that in our initiative, they immediately develop ten action teams, each one focused on one of the services—so you've got ten teams working and they're working together. They're all in the same room, or at least, on the same Zoom call and talking about what they're learning. And that's important because the people in behavioral health care need to know the people in transportation, because (some families) can't get to mental health care because they don't have a car. So there's a lot of interdisciplinary inter-sector conversations happening. And so these teams then do the research. We are a data-driven organization. We don't base things on a hunch we base it on, "Have we done the research?"

Rubina Cohen [00:19:42] Yeah.

Dominic Cappello [00:19:43] Let's look at that. So in transportation, who's figured that out? Is it a subsidized Uber-like ride-sharing (service)? Is it a new way of using artificial intelligence to design new routes for (bus) services? The good news is this, there are solutions to every barrier. Our people have to research (them), and we help them. We have a lot (of solutions) already identified, but there is research that goes into looking for innovation and technology (which) is a big part of this. And from there, you go to the funders. The funders are city government, county government, and state government. There is philanthropy, of course, there is the federal government. The issue isn't whether we have funding to remove barriers. The funding is all over the place, and I'm talking billions and billions of dollars. The problem is the priority. Are children the priority? Thus far, the answer is no. But that's changing. Our initiative is going to City Hall, presenting to the councilors. And also what's kind of cool about our initiative. Some counties have city councilors, county commissioners, a mayor pro tem, (engaged) in the (100% New Mexico) initiative. But the funding is (important) here and we believe that government, one of the roles of government, is to leverage their power and their partners to make these services available. We're not saying they have to fund all the services. What we're saying is leverage your power, Mr. Mayor, because you can make private/public sector partnerships happen. Or, Ms. Mayor, as the case may be. From there (we go to) our last step (is) evaluation. Are we making a difference? It would be very easy to get really good-hearted people together talking and convening—and you do need that—but you have to move (on) to action.

Rubina Cohen [00:21:49] Absolutely.

Dominic Cappello [00:21:51] I think our people have done a good job of (moving from talking to action) and we always have to be talking about that. So we have what's called a (100% County) Quarterly Update. We have an outside evaluation team that is talking to every county initiative and checking in with them to ask, "How are your action teams doing? Are you developing a 100% Family Center: One-Stop Service Hub? Are you developing community schools?" So again, long-winded answer, but those are the ten services and those are the seven steps to get those services for 100% of families.

Rubina Cohen [00:22:29] Awesome. I think that was really important for our audience to hear because we're going to be getting deeper into each one of those vital services as we continue to meet each week to discuss these topics and teach and share even more and inspire every single week. I think one

of the things I would love to ...say out of observation is that we're not just talking about...bandaiding again. We're talking about a systems change here. And so, when we talk about, "Why don't people have access?" or "Why can't these organizations just give access to all these people?"...it's just not that simple because they're operating within a system that has not really given them the container and the format to be able to do that. And what I really see 100% New Mexico initiative as, is that container and format to be able to create that larger systems change that will allow this to to grow into the norm of how children's and families and communities are engaging with each other and getting to that place of surviving and thriving. Anything more you want to add, Dr. Katherine?

Dr. Katherine Ortega Courtney [00:23:50] I think you summed it up beautifully with that last statement. That is exactly our goal.

Rubina Cohen [00:23:52] Yes! Okay, Awesome. So thank you, everybody, for being here again today with us. We will be linking to all of the things we talked about and mentioned, in our show notes. Our website is [100 NM.org](http://100NM.org), and we will see you next week. Thank you.

Dominic Cappello [00:24:16] Thank you.

Outro [00:24:21] Join us on the road to 100% New Mexico Initiative at 100NM.org to learn more and get access to the podcast show notes. Want to stay more actively engaged with the movement, then follow us on [Facebook at 100PercentNewMexico](#) and on [Instagram at 100percentnm](#). Until next time, let's take bold action to create a 100% future for all.