Along with disparities in health indicators on the opposite page, lack of providers and specialists in rural areas create additional risks, leading to more adults reporting that they are in poor or fair health and face an overall lower life expectancy than people in urban areas.

Analysis of Federally designated Health Care Provider Shortage Areas (HPSAs) shows that:

- All fourteen of New Mexico’s Small Town Rural counties are designated as primary care and mental health HPSAs.
- All of New Mexico’s 14 Large Town Rural Counties are designated as Whole County Mental Health HPSAs.
- 10 of 12 Small Town Rural counties fall below both the national benchmark for OB/GYN physicians and below the statewide supply rate. 9 of the 12 counties report no OB/GYN capacity.
- All 12 Small Town Rural counties fall below both the national benchmark for psychiatrists and below the statewide supply rate. 10 of the 12 counties report no psychiatrist capacity.

### How can Paid Family & Medical Leave Act support rural New Mexicans especially?

- PFMLA will support healthier pregnancies and better birth outcomes for rural New Mexicans.
- Intermittent leave creates flexibility for those required to travel long distances to receive specialty care, obstetrical care, or behavioral health services while maintaining employment.
- PFMLA would allow more rural New Mexicans to participate in the workforce while addressing health concerns and/or providing unpaid caregiving to family members.
- Earlier interventions decrease the risk of becoming permanently disabled or experiencing preventable pregnancy complications.
- Access to pediatric intensive care is limited in rural New Mexico. Research shows that children whose parents provide care while they are hospitalized have better outcomes and recover more quickly. PFMLA would increase access to family support for hospitalized children, whose parents may otherwise be unable to care for them due to long travel distances between work and pediatric hospitals.
- Older adults recover more quickly from injuries and illnesses when they receive caregiving support from family members. Inpatient cardiac or oncology treatment often occurs far from home. For elders, PFMLA is associated with reduced emergency room and nursing home care.
Approximately one-third of New Mexico residents live in rural counties. Compared to urban New Mexicans, rural community members are more likely to be:

- Over the age of 65
- Native American
- Living below the poverty line
- Unemployed
- Without health insurance
- Long distances from specialty care, obstetric care, routine screening, and behavioral health services
- Working for small employers who cannot afford to offer private paid family and medical leave benefits and do not meet the criteria for unpaid leave through the Family Medical Leave Act (FMLA).

Rural New Mexicans face significant health challenges, including higher rates of:

- People living with disability
- Chronic disease, including heart disease, cancer, and COPD
- Suicide and unintentional injury death
- Fall-related deaths among elders
- Substance use disorders, drug overdose death, and alcohol-related chronic disease

Pregnancy is also riskier in rural New Mexico, where there are higher rates of:

- Adolescent birth
- Preterm birth
- Low or very low birthweight
- Inadequate prenatal care

Sources: