

Broadband Access and LGBTQ Youth Behavioral Health Equity

Inequities in access to high-speed internet can exacerbate existing health and behavioral health disparities for children and youth in New Mexico (NM). The current COVID-19 pandemic has, unfortunately, underlined the importance of the internet in linking children and youth to critical social supports like schools as well as health services, particularly in rural areas. Lack of access has negative repercussions for all youth, but particularly for already underserved youth and children, such as young people who are lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ+). The extant disparities faced by LGBTQ+ youth include depression, anxiety, non-suicidal self-injury, and suicide; the prevalence of these outcomes is likely to have been worsened by the isolating conditions of the pandemic and being cut off from traditional forms of support offered by in-person schooling and the additional support services youth in our state access through local schools. Unequal access to broadband represents a barrier to participation in education and health care that can have implications for academic performance and overall wellbeing that can endure into adulthood. Improving the provision of high-speed broadband internet to all children in NM, particularly those in rural areas, can address the conditions that perpetuate negative mental health for LGBTQ+ youth in NM.

Toni's Story

Toni is a 15-year-old non-binary, queer, biracial student living in Edgewood, NM. They are a sophomore in the public schools and, until October 2019, were a freshman and an A student. At that time, Toni started experiencing symptoms of anxiety, including panic attacks, which resulted in lower grades. They received some counseling at school to deal with their panic attacks, but did not receive further care outside of school. Toni's mother also experiences mental health challenges (depression and moderate alcohol use), their father (who they related to the most) died in the fall of 2018, and the rest of their family is socially and politically conservative. They are not out as non-binary nor queer to their

family. However, Toni is a member of their Genders and Sexualities Alliance (GSA) at school and feel comfortable talking to their friends and a handful of teachers about their identity and experience.

When the pandemic initiated social distancing in March 2020, toward the end of their freshman year, Toni initially did fine during the transition to virtual learning, since their social anxiety was put at ease by not having to be physically at school and potentially bullied. The only challenge was that their internet connection intermittently fails, so they made arrangements with their teachers to receive printed packets of their school assignments. They were able to finish out their freshman year and even raised their grades to mostly Bs.

Once their sophomore year started, in August of 2020, their new teachers expected them to stay in the virtual classroom, only gave school assignments online, and Toni found it much harder to keep up with their school work. They attended their virtual GSA club with their friends and trusted teachers when the internet worked. They did not receive virtual counseling services, even though their anxiety was beginning to become acute again. Toni's internet connection (which is via satellite) was already unstable, but their household's satellite dish was damaged in a storm with severe weather in late September. Toni's mother shopped for other internet services, but most were either unavailable in their area, or too expensive. The solution was to add a family data plan to Toni's, their older brother's, and their mother's cell phone plans, but their mother and brother go through the family data plan quickly for work, school, and entertainment each month, and by the middle of October their data was exhausted. Toni's mother added data for herself so she could work, but she could not afford another plan with more gigabytes or add data to Toni's or their brother's phones, so Toni could not access their virtual classroom, their assignments, or their GSA club, and they felt too anxious to ask their mother, who was in a depressive episode, for help.

Toni began to accumulate unexcused absences, and the school sent letters home addressed to their mother asking to set up a parent-teacher meeting and a conference meeting with the school

district's social worker. Toni's mother, being in the depths of her depressive episode, let the mail pile up and did not open bills and other important letters, including letters from the school. Meanwhile, Toni began having panic attacks again, as a combined result of their social anxiety, anxiety over missing school, the loss of connection with their friends, and lack of access to telehealth treatment. By the beginning of November, the school sent a letter referring Toni to Juvenile Justice services and indicated that a Children, Youth, and Families Department (CYFD) caseworker was being assigned to the family, however no one read the letter. Toni, their mother and brother, were all able to use their data plan again, and were consumed with catching up to what they missed in October and Toni's academic and mental health concerns were put on the back burner.

LGBTQ+ Youth Behavioral Health Disparities and the COVID-19 Pandemic

In the United States, LGBTQ+ youth commonly report negative psychosocial outcomes, including low self-esteem, depression, substance use, non-suicidal self-injury (NSSI), and suicide, when compared to their heterosexual and cisgender peers.¹⁻⁹ Research suggests that protective factors, particularly social support, may actually improve psychosocial outcomes for these youth.¹⁰⁻¹³ Some studies even suggest that youth may benefit more from social support than adults.¹⁴⁻¹⁷

Schools are critical sources of resiliency and protective factors, like social support, as well as form part of the de facto behavioral health system in our state. Schools are places where LGBTQ+ youth can build positive relationships with peers and adults, receive education promoting their health and wellbeing, and be safeguarded through enforcement of inclusive anti-discrimination policies.¹⁸ When LGBTQ+ youth are connected to schools with safe and supportive environments, they are more likely to experience improved health, mental health, and educational outcomes.¹⁸⁻²⁰ For example, the presence of GSAs - student organizations that specifically support the needs of LGBTQ youth - in secondary schools has been linked to increased feelings of school belonging,²¹ feeling safe at school,²² improved academic

outcomes,²³ increased civic participation,²⁴ lower risk behaviors,¹⁹ and better mental health outcomes including lower rates of suicidality.^{16, 25}

Further, schools are sites of early identification, intervention, and referral for youth behavioral health concerns in our state. Youth often access critical behavioral health supports through schools in the form of school staff like social workers, nurses, or counselors; specialized partnerships like school-based health centers or regional educational cooperatives; or community-based providers that students and families learn about and access through referral from school staff. Given that children spend most of their waking hours in school, schools are positioned as the key way that youth in NM gain access to behavioral and mental health services.

However, the 2020 global pandemic and the resulting social distancing guidelines dramatically changed the ways students interacted with schools and shifted the way they accessed the related social and behavioral health support. Youth face challenges to maintaining connections with peers, adults outside their families, and school-based supports. In a survey we conducted with 379 LGBTQ+ youth in NM during the summer of 2020, rates of perceived support from schools, behavioral health providers, and faith communities all dropped during the pandemic. The same survey also revealed that in the prior three months, over 80% had been sad or hopeless almost every day for two weeks or more, almost half had seriously considered attempting suicide, about a third had made a plan of how to attempt to suicide, and that almost 11% had attempted suicide.

These disparities are nested within a context of increased stress and strain within families due to the pandemic, and being cut off from their normal social supports and coping resources likely have contributed to the staggering number of LGBTQ+ youth who have considered, planned, and attempted suicide in 2020. In late spring 2020 after social distancing began, 40% of NM adults with children in the home have reported feeling anxious, stressed, or on edge nearly every day over the past week. In terms of economic insecurity, 51% of New Mexican adults in households with children have lost employment

income since March 2020, while an estimated 38,000 children did not receive a stimulus payment because a family member was an immigrant without documentation.²⁶ Housing and food insecurity greatly increased, with 26% of adults in renter households with children unable to make last month's rent payment; compared to 12% of adults in households without children.²⁶ Over a five-week period, an average of 17% of adults in households with children lacked food sometimes or often.²⁶ An estimated 34% of children in NM were food insecure in 2020 because of the pandemic, compared to 24% in 2018.²⁶

The extra strain on families may differentially impact LGBTQ+ youth contributing the negative mental health outcomes outlined above. For example, our survey of LGBTQ+ youth also showed that that nearly half of youth responding had experienced the quality of their relationships with family and friends worsening. A little over 40% reported not feeling safe in their homes during the pandemic because of their sexual orientation, gender, or gender expression, and more than 20% had experienced physical abuse from a family member. Schools offer both a shelter from and important intervention point for preventing these kinds of safety concerns for LGBTQ+ youth.

Internet and Technology Are Indispensable to Accessing Social and Behavioral Health Support

The COVID-19 pandemic clearly demonstrated the indispensability of the internet and technology to access schools, social supports, and behavioral health services. When schools were unable to offer in-person learning, school staff reported severely reduced capacity for assessing the needs of students within their charge. Outreach efforts to many families fell flat often due to factors outside of the control of schools. Despite impressive efforts of school districts to provide technology to their families, nine percent of NM adults in households with school-aged children rarely or never have a device available for educational purposes and 8% rarely or never have internet access.²⁷ One in five NM school-aged students did not respond to school or teacher emails after schools moved to distance learning in March 2020, and more than half of students had not participated in distance learning by the

close of the 2019/2020 school year.²⁸ This trend continued through the 2020/2021 school year, with anecdotal evidence pointing to much reduced engagement among students and school staff still encountering barriers to outreach. LGBTQ+ youth are at higher risk for housing insecurity, an added barrier to internet and technology access. These disparities not only cut off youth from educational services, but the social supports offered by schools and the behavioral health services they may access through them.

Even beyond the pandemic, reliable broadband connections are essential to ensure providers and patients receive state-of-the-art services, especially in rural areas where patients may be far from healthcare facilities providing specialized care.²⁹ In fact, the Federal Communications Commission (FCC) and American Public Health Association characterize broadband access as a “super-determinant” of health. During the height of the pandemic, large demand for telehealth services caused virtual waiting lines for services for many New Mexicans.³⁰ People in rural areas were particularly hit hard because of the already limited and declining number of providers in those spaces.³¹ LGBTQ+ people in rural areas are also likely to find local LGBTQ-competent health services or LGBTQ-specific care.³² Challenges to accessing high quality healthcare services are further magnified for LGBTQ+ children and youth of color. In these situations, telehealth is often a way that rural and LGBTQ+ populations access care.

A major barrier to accessing services, however, is internet access. Limitations on access to broadband in NM disproportionately impacts rural areas. New Mexico ranked 49th in 2020 (77% of households have broadband subscription).³³ Only 49% of the rural population within NM has fixed broadband service at 25mbps or higher. This limited access is made worse during events like the pandemic when places where New Mexicans could once access the internet, i.e., libraries, are closed.

An underlying cause of disparities in internet access across NM is that the internet is considered a private good and requires reliance on private companies to build infrastructure. New Mexico suffers from a history of lack of economic investments and infrastructure which has limited broadband access.

Rural areas, communities of color, and low-income neighborhoods in particular experience difficulties encouraging private investment in high-speed data networks and achieving universal access to broadband. Private companies argue that they would not be able to recover the high costs of developing infrastructure in these areas because there would not be sufficient rates of subscription by community members.³⁰ Even when access to the internet is possible, the cost of basic and reliable technologies, i.e., computers, is a major barrier to accessing the internet.

Policy Context

Between 2015 and 2018, NM received \$324 million (\$303 million from federal sources, \$21.1 million from state sources) for the development of broadband infrastructure. However, due to the lack of centralized leadership on broadband development, initiatives have been implemented in a disjointed way that has impeded significant improvements in access. Multiple state agencies have some role in oversight and provision funding and the allocated funding is spread thin through disparate projects and agencies.

The Public Regulation Commission is responsible for rural broadband initiatives and controlled over \$17 million in funding for these projects. Of the \$17 million that the PRC controlled between 2015 and 2018, \$12 million is funding that must be spent on rural broadband deployment and maintenance; but this money receives minimal oversight and there is a lack of transparency on the impact of investments. Further, development of broadband infrastructure in rural areas has been hampered by restrictions placed on federal broadband dollars.

Policy Options

Option 1: Centralizing oversight and tracking of funding for broadband infrastructure projects within one state agency is one strategy for improving the development of broadband access in the state.

Consolidating broadband oversight at the state level represents a reasonable mid-term goal. Responsibilities previously divided among the Public Education Department, Public School Facilities Administration, and the Department of Cultural Affairs (libraries) could be transferred to a broadband-focused agency. New Mexicans recent vote to have the members of the PRC appointed by the governor represents a promising opportunity. This will allow for more stability and informed oversight of broadband efforts, especially in rural communities.

Option 2: An ambitious, but necessary, long-term goal for improving broadband access is the development and implementation of a community-scale model that would empower local communities to own and manage broadband networks. This type of service extends existing infrastructure by ensuring that services are affordable and accountable to those that utilize the service. Arizona has recently passed legislation that authorized the formation of a cooperative non-profit to expand broadband service in rural and underserved areas. New Mexico can follow Arizona's lead and learn from their successes and failures. Without a community-scale model, New Mexicans will not be able to attract corporate buy-in or use existing federal dollars to fill in gaps in service, which will deepen inequities faced by rural, and underserved LGBTQ+ youth.

Option 3 A short-term contribution to ameliorating issues of access, is to support community organizations that serve at-risk populations, like LGBTQ+ youth, in providing technology to youth who would otherwise not have access, including cell phones, computers, or wifi jet packs. Expansion of access to higher quality internet-capable computing devices with not solve disparities in broadband access, but could increase the number of young people who are able connect to existing internet services. While in-home services are be limited, some rural and low-income communities are able to access the internet through a cellphone and public spaces that offer access to computers such as schools and libraries.

Additional Policy Considerations

While the above policy options are necessary conditions for expanding broadband access to rural and underserved New Mexicans, the main priority is to work on expanding access to internet-capable devices. Google and 4-H have partnered to provide rural and underserved youth with access to computing technologies as well as computer science training. To date, NM is not one of the 23 states involved in this program, but could collaborate with 4-H to accelerate the influx of services.

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