


New Mexico
Department of Health

A large, stylized outline of a world map in orange is centered on the page. The map shows the continents and major landmasses. Overlaid on the map is the title text.

**Racial and Ethnic
Health Disparities
Report Card**

August 30, 2006

Acknowledgments

Many individuals contributed to the production of this report card and the Office of Policy and Multicultural Health wishes to particularly thank the staff of the Epidemiology and Response Division for providing the data for the report. Thanks to the members of the disparities report card work group who helped select the indicators and content of the report.

Foreword by Secretary of Health, Michelle Lujan Grisham

The New Mexico Department of Health is pleased to present the “*Health Disparities Report Card.*” This *Report Card* is funded by a State Partnership Grant to Improve Minority Health from the US Department of Health and Human Services. It is intended to be a reference document that will raise awareness about health disparities and help us to better focus our efforts and monitor our progress as we work to improve the health of all racial and ethnic groups in New Mexico. With this report card, New Mexico will join the ranks of only a few states that have developed a focused report card.

Health disparities are the differences in health and the impact of diseases on different race and ethnic groups. We know that in New Mexico there are many factors that contribute to health disparities including: access to health care, behavioral choices, genetic predisposition, poverty, environmental and occupational conditions, language barriers, social and cultural factors and discrimination in the health care setting.

Nineteen indicators were selected for this report. Data related to these indicators demonstrate some of the health gaps between different racial/ethnic populations. These indicators were chosen, in part, because they represent some of the healthcare disparities that we believe can be improved or eliminated through targeted interventions and changes to policy and programming.

Reducing health disparities will require enhanced efforts at preventing disease, promoting health, improving access to information and care, and delivering appropriate care. The Department of Health, along with our partners (the Governor, legislators, local and tribal governments, public and private organizations, health care providers, health care institutions and concerned New Mexicans) will work together to develop strategies to reduce disparities where they exist.

This report card is just one of several efforts underway through the Department’s Office of Policy and Multicultural Health (OPMH). This Office, created in July of 2005, has the mandate to coordinate the Department’s efforts to reduce disparities and develop innovative strategies to improve our outreach to, and communication with New Mexico’s many diverse populations.

The Department of Health is taking many steps to improve health disparities and the health status of all New Mexicans. This report card represents one more step towards addressing health disparities. It is not the final step. The Office of Policy and Multicultural Health will be publishing similar reports on other disparities. And, more importantly, OPMH staff will be seeking your input on solutions to these and other disparities. With community input, OPMH will be conducting literature reviews and researching what local communities, municipalities, counties or other states have done to successfully address health disparities. With this information, they will then craft culturally and linguistically appropriate policy and program recommendations that will be provided to relevant policy makers, practitioners and communities. Again, we want your input on this report card and suggestions for improving health disparities in New Mexico.

If you are interested in working with us to address health disparities or would like more information on the *Health Disparities Report Card*, please contact Paul Romero at (505)827-2056 or paul.romero1@state.nm.us.

Sincerely,



Michelle Lujan Grisham, Secretary

GUIDE TO UNDERSTANDING THE REPORT CARD

Grade: The grade category represents how well this population is doing compared to the population with the best rate. The grade column will be empty for the population with the best rate indicating it is the population to which all others are compared. **Please note that grades are only related to the differences between population (disparity ratio) and are not an indication of how well or poorly New Mexico, overall, is doing in relation to the indicators.**

Rate: The rate is calculated by averaging the number of cases (for example diabetes deaths) for each racial/ethnic group for three years (usually 2003-2005 for most indicators). This number is then divided by the total number of individuals in a given racial/ethnic group in the state in 2004 (the middle year). There are variations to the calculation of rate for some indicators. (For example, for the prenatal care indicator, the number of births 2003-2005 not receiving timely prenatal care for a given population are divided by the total number of births in that population). For more information on rate calculations and methodology, please see the supplement at www.health.state.nm. A rate denoted by an asterisk indicates that there were less than 20 cases during the time period and the rate may fluctuate greatly from one time period to the next.

Disparity Ratio: The disparity ratio is calculated by dividing the rate for each population by the population with the best rate and 20 or more cases during the time period. Disparity ratios are not calculated for populations with less than 20 cases during the time period.

Supplement: Explanations of indicators and sources of data are listed in a supplement available at www.health.state.nm.us.

LEGEND

Grades	Disparity	Meaning/Interpretation
A	1.0 - 1.4	Little or no disparity.
B	1.5 - 1.9	A disparity exists and should be monitored and may require intervention.
C	2.0 - 2.4	The disparity requires intervention.
D	2.5 -2.9	Major interventions and targeting are needed.
F	>=3.0	Unacceptable disparity.

MOTHER AND CHILD HEALTH

1. Prenatal Care - Late or No Care (Care Beginning After 3rd Month of Pregnancy or No Care)

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	A	30.9	1.4
American Indian	B	40.6	1.8
Asian/Pacific Islanders		22.5	1.0
Hispanic	A	32.5	1.4
White	A	22.7	1.0

Note:

Over 4 of 10 American Indian women receive prenatal care late in the pregnancy or do not receive prenatal care at all. New Mexico has the highest percent in the United States of women not receiving timely prenatal care. The New Mexico rate of women receiving timely prenatal care is 65.2% compared to the national rate of 83.9% (Births: Preliminary Data for 2004), National Center for Health Statistics).

MOTHER AND CHILD HEALTH

2. Infant Mortality

Race/Ethnicity	Grade	2003-2005 Rate (per 1,000)	Disparity Ratio
African American	D	14.7	2.7
American Indian	B	8.4	1.6
Asian/Pacific Islanders	NA	1.6*	NA
Hispanic	A	5.4	1.0
White		5.4	1.0

Note:

Both nationally and in New Mexico African-Americans continue to have the highest rates of infant mortality. At one time New Mexico's infant mortality rate was higher than the national rate but has remained below the national rate every year since 1980 (with the exception of 1994). For 2004 the preliminary US rate is 6.85 per 1,000 (Deaths: Preliminary Data for 2004, National Center for Health Statistics), compared to the New Mexico rate of 6.3.

3. Teen Births Ages 15 - 17

Race/Ethnicity	Grade	2003-2005 Rate (per 1,000)	Disparity Ratio
African American	B	20.6	1.5
American Indian	C	32.7	2.4
Asian/Pacific Islanders	NA	6.4*	NA
Hispanic	F	56.2	4.2
White		13.4	1.0

Note:

Disparity rates appear to be increasing, particularly for Hispanics. Teen birth rates have decreased more slowly in New Mexico than nationally. The birth rate among Hispanic females has declined less than the rates for all races both in New Mexico and in the United States. The national rate for females, ages 15-17 is 22.1 per 1,000 (Births: Preliminary Data for 2004).

PREVENTABLE DISEASES

4. Adults with Diabetes Not Receiving All Recommended Diabetes Preventive Services

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	NA	*	NA
American Indian		37.0	1.0
Asian/Pacific Islanders	NA	*	NA
Hispanic	B	56.4	1.5
White	A	52.8	1.4

Note:

Since 2000, the percentage of adults with diabetes who have had two A1C tests or a foot exam has increased; however, the percentage who have had a dilated eye exam has fluctuated. A higher percentage of American Indians had foot exams than Whites or Hispanics. A slightly lower percentage of Hispanics have had two A1Cs compared to Whites.

PREVENTABLE DISEASES

5. Diabetes Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	C	45.9	2.0
American Indian	F	71.8	3.1
Asian/Pacific Islanders	NA	29.5*	NA
Hispanic	C	48.2	2.1
White		22.9	1.0

Note:

Overall, diabetes deaths are increasing in all groups; also, the disparity between American Indians and Whites is increasing. For example the American Indian diabetes death rate in 1989-1991 was 55.6 compared to the 71.8 reported here.

6. Obesity Among Adults

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	F	37.6	3.6
American Indian	D	28.0	2.7
Asian/Pacific Islanders		10.5	1.0
Hispanic	C	24.6	2.3
White	B	17.7	1.7

Note:

New Mexico's rate of individuals who are obese, 21.7%, remains below the national rate of 24.4% (CDC, 2005 BRFSS). However the rate of obesity for all racial/ethnic groups continues to increase.

7. Overweight Among Youth

Race/Ethnicity	Grade	2005 Rate (per 100)	Disparity Ratio
African American	B	13.2	1.6
American Indian	C	17.4	2.1
Asian/Pacific Islanders	A	8.8	1.1
Hispanic	B	12.9	1.6
White		8.2	1.0

Note:

The percent of New Mexico high school students who are overweight increased from 10.2% in 2003 to 12.1% in 2005. American Indian students continue to have the highest rates.

PREVENTABLE DISEASES

8. Not had Pneumonia Vaccination (Adults 65+)

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	B	51.2	1.7
American Indian	B	58.8	1.9
Asian/Pacific Islanders	A	31.8	1.0
Hispanic	B	46.5	1.5
White		30.9	1.0

Note:

The percentage of adults who have received a pneumonia vaccination has increased both in New Mexico and nationally. However disparities remain across populations.

9. Pneumonia and Influenza Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	22.4*	NA
American Indian	C	33.7	2.0
Asian/Pacific Islanders	NA	5.5*	NA
Hispanic	A	18.6	1.1
White		16.5	1.0

Note:

Pneumonia and influenza are among the top 10 leading causes of death in New Mexico for all populations with the exception of Asian/Pacific Islanders.

INFECTIOUS DISEASES

10. Chlamydia

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	F	591.7	9.3
American Indian	F	571.4	8.9
Asian/Pacific Islanders		63.9	1.0
Hispanic	F	515.8	8.1
White	F	200.9	3.1

Note:

Overall, new cases of Chlamydia have rapidly increased in nearly all groups over the past 5 years, primarily among young persons ages 15-24. Overall the Chlamydia rate increased from 257.6 per 100,000 in 1999 to 482.3 in 2004.

INFECTIOUS DISEASES

11. Hepatitis B

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	7.9*	NA
American Indian	NA	3.3*	NA
Asian/Pacific Islanders	F	110.7	31.5
Hispanic		3.5	1.0
White	B	5.9	1.7

Note:

New cases of Hepatitis B for all populations have declined with the availability of vaccines. Asian/Pacific Islanders have disproportionately high rates.

12. HIV/AIDS (Newly diagnosed cases)

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	9.7*	NA
American Indian	A	5.2	1.0
Asian/Pacific Islanders	NA	1.2*	NA
Hispanic	B	8.4	1.6
White		5.2	1.0

Note:

New cases of HIV/AIDS have shifted from Whites to Hispanics. Although cases have been primarily in Bernalillo and Santa Fe Counties, nearly one-third of new cases now occur outside of these areas.

VIOLENCE AND INJURY

13. Motor Vehicle Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	8.6*	NA
American Indian	D	47.5	2.8
Asian/Pacific Islanders	NA	2.6*	NA
Hispanic	A	23.0	1.4
White		16.8	1.0

Note:

Although the disparity ratio for American Indians has decreased from 3.9 in 1998-2000, American Indians continue to have the highest rate of motor vehicle deaths.

VIOLENCE AND INJURY

14. Suicide

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	5.2	NA
American Indian	A	16.9	1.1
Asian/Pacific Islanders	NA	6.5*	NA
Hispanic		14.7	1.0
White	A	20.2	1.4

Note:

Whites have the highest suicide rate. However the rates for Whites, Hispanics, and American Indians all exceed the 2004 national rate of 10.7 per 100,000. (Deaths: Preliminary Data for 2004).

15. Youth Suicide

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	10.7*	NA
American Indian	B	28.4	1.9
Asian/Pacific Islanders	NA	18.1*	NA
Hispanic	B	23.6	1.6
White		15.1	1.0

Note:

American Indian youth have the highest rate of suicide among youth ages 15-24 followed by Hispanics. The suicide rate for all of New Mexico's youth ages 15-24 exceeds the 2004 national rate of 10.1 per 100,000. (Deaths: Preliminary Data for 2004).

16. Homicide

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	10.7*	NA
American Indian	D	13.1	2.8
Asian/Pacific Islanders	NA	3.3*	NA
Hispanic	C	10.5	2.2
White		4.7	1.0

Note:

The homicide rates for African Americans, American Indians and Hispanics exceed the 2004 national rate of 5.6 per 100,000 (Deaths: Preliminary Data for 2004).

RISK BEHAVIORS

17. Smoking Among Adults

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	C	26.5	2.0
American Indian	B	20.5	1.6
Asian/Pacific Islanders		13.0	1.0
Hispanic	B	22.5	1.7
White	B	20.7	1.6

Note:

The percentage of adult smokers in the state has remained fairly stable over time. White adults represent the only population that has experienced a decrease since 2000.

18. Drug Related Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	14.0*	NA
American Indian		4.4	1.0
Asian/Pacific Islanders	NA	0.8*	NA
Hispanic	F	14.6	3.3
White	D	11.6	2.6

Note:

While Hispanics and Whites have much higher rates of drug related deaths than American Indians, the disparity has actually decreased from the 1999-2003 drug-related death rates of 20.2 and 14 for Hispanics and Whites respectively.

19. Alcohol Related Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American		35.4	1.0
American Indian	F	106.6	3.0
Asian/Pacific Islanders	NA	20.3*	NA
Hispanic	B	62.8	1.8
White	A	45.3	1.3

Note:

American Indians have much higher rates of alcohol related deaths than other populations. Overall alcohol related death rates have remained stable over the past 5 years and there have been no significant changes in race-specific rates or disparities. American Indian disparities are significantly higher among adults 35-54 than overall.

Racial and Ethnic Health Disparities Report Card Supplement

A supplement which explains the indicators and sources of data is available. If you would like one, please contact Dr. Vicky Howell at (505) 827-2570.



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