A large, light brown outline of a world map is centered on the page. The map shows the continents and major country borders.

Racial and Ethnic Health Disparities Report Card

August 31, 2007

Acknowledgements

Many individuals contributed to the production of this report card. 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 also to the members of the disparities report card work group who helped select the indicators and content of the report.

Report Card Workgroup Team Members: Jolene Aguilar, John Booker, Donna Dossey, Lily Foster, Maggi Gallaher, Wayne Honey, Sam Howarth, Vicky Howell, Elizabeth Kennedy, Michael Landen, David Quintana, Paul Romero, Lewis Smith, and Brad Whorton.

Report Card Data Providers: Lily Foster, Dan Green, Wayne Honey, Kimberley Peters, Jim Roeber, and Nina Shah.

Foreword

The New Mexico Department of Health is pleased to present the second edition of the *Health Disparities Report Card*.

Health disparities are the differences in health status and impact of diseases on different race and ethnic populations. In New Mexico, many factors 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.

In this year's report card, you will see that:

- The New Mexico rate of women receiving late or no prenatal care is much higher than the national rate, with American Indian women least likely to receive timely prenatal care;
- The teen birth rate in New Mexico is more than 60% higher than the national rate; Hispanic teens continue to have the highest rates and show the least decrease over time both in New Mexico and the nation;
- The New Mexico rate for alcohol-related deaths is 70% higher than the national rate; the rates for most groups in New Mexico are decreasing, with the rate for African-Americans decreasing the most;

More than half of Hispanics and Whites with diabetes do not receive all the recommended services, while American Indians are more likely to receive recommended services.

These measures are among the 19 indicators selected for the report card. Information derived from the report card will lead the Department of Health's efforts to improve the health of all racial and ethnic groups in key areas.

The Department of Health can't do it alone. With our partners (the Governor, legislators, local and tribal governments, public and private organizations, health care providers, health care institutions and concerned New Mexicans), we are working to prevent disease, promote health, improve access to information and care, deliver appropriate care and develop strategies to reduce disparities where they exist.

The Department's Office of Policy and Multicultural Health leads the effort. Created in 2005, it is mandated to coordinate the Department's efforts to reduce disparities and improve communication with New Mexico's many diverse populations.

In response to comments received on the first edition of the report card, additional information such as trend lines, comparisons by gender and comparisons to national data are included in the second edition. We continue to work to improve the quality of this report card and invite your input and suggestions.

If you have comments, are interested in working with us to address health disparities or would like more information on the *Health Disparities Report Card*, including a supplement that explains the indicators and sources of data, please contact Vicky Howell, Ph.D., at (505) 827-2570 or vicky.howell@state.nm.us.



Alfredo Vigil, M.D.

Secretary Designate of Health

UNDERSTANDING THE REPORT CARD

LEGEND

Health System Effectiveness	Disparity Ratio	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 are needed.
F	>=3.0	Urgent interventions are needed.
Reference Group		The group with the best rate (and 20 or more cases). It is the group to which all other groups are compared and therefore will not receive a rating.
Not Enough Data		Groups with less than 20 events during time period. Disparity ratios and ratings are not calculated for populations with less than 20 events.

Health System Effectiveness

The Health System Effectiveness column reflects how well the health system is doing in eliminating difference among populations by comparing each group to the population with the best rate. The reference group in this column will indicate that it is the population to which all others are compared. Please note that ratings are only related to the differences among populations (disparity ratio) and are not an indication of how well or poorly New Mexico, overall, is doing in relation to the indicators.

Disparity Ratio

The disparity ratio is a way to look at the severity of health problems and is calculated by dividing the rate for each population by the reference group population rate. Disparity ratios are not calculated for populations with less than 20 cases during the time period.

MOTHER AND CHILD HEALTH

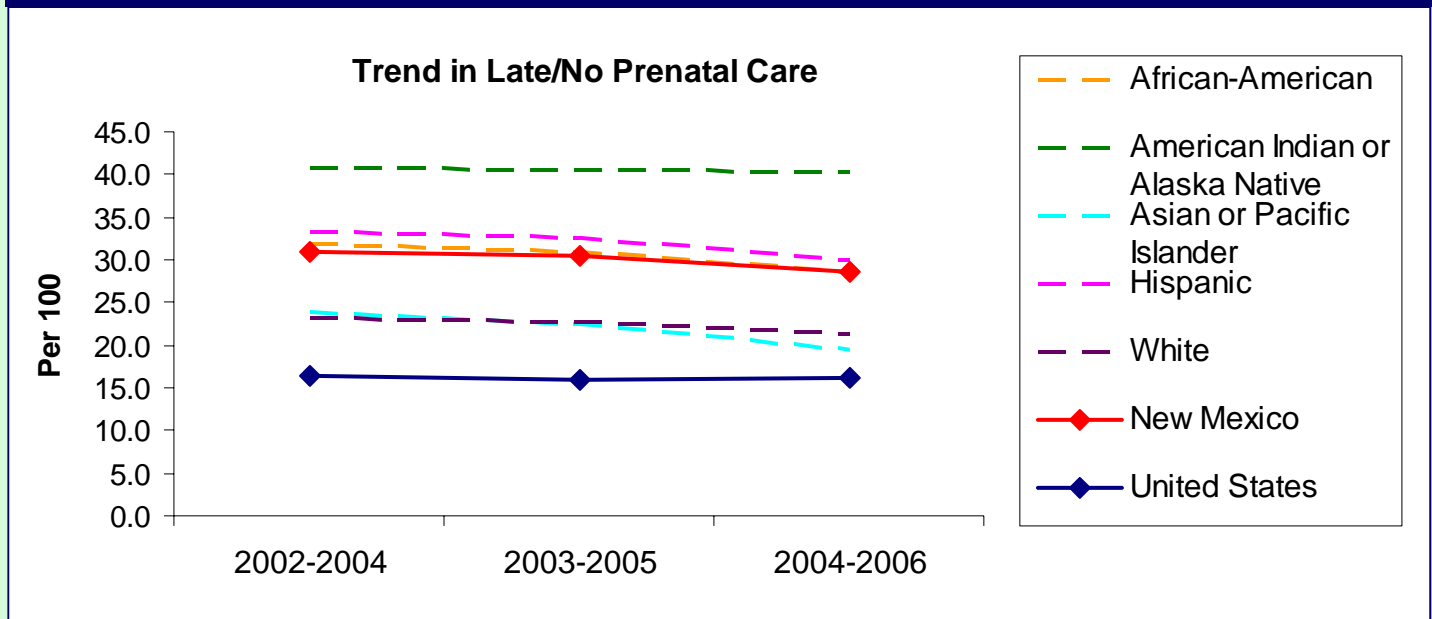
1. Prenatal Care - Late or No Care (Care beginning after the 3rd month of pregnancy or no care during pregnancy)

Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100)	Disparity Ratio
African American	B	28.6	1.5
American Indian	C	40.3	2.1
Asian/Pacific Islanders	Reference Group	19.4	1.0
Hispanic	B	30.1	1.6
White	A	21.2	1.1

Note:

- The New Mexico rate of women receiving late or no care is much higher than the national rate.
- All women in NM have higher rates than the national rate.
- American Indian women have the highest rate.

Trend in Prenatal Care by Race



New Mexico

United States

Total Rate Per 100 of Births with Late or No Prenatal Care

28.6

16.1

MOTHER AND CHILD HEALTH

2. Infant Mortality

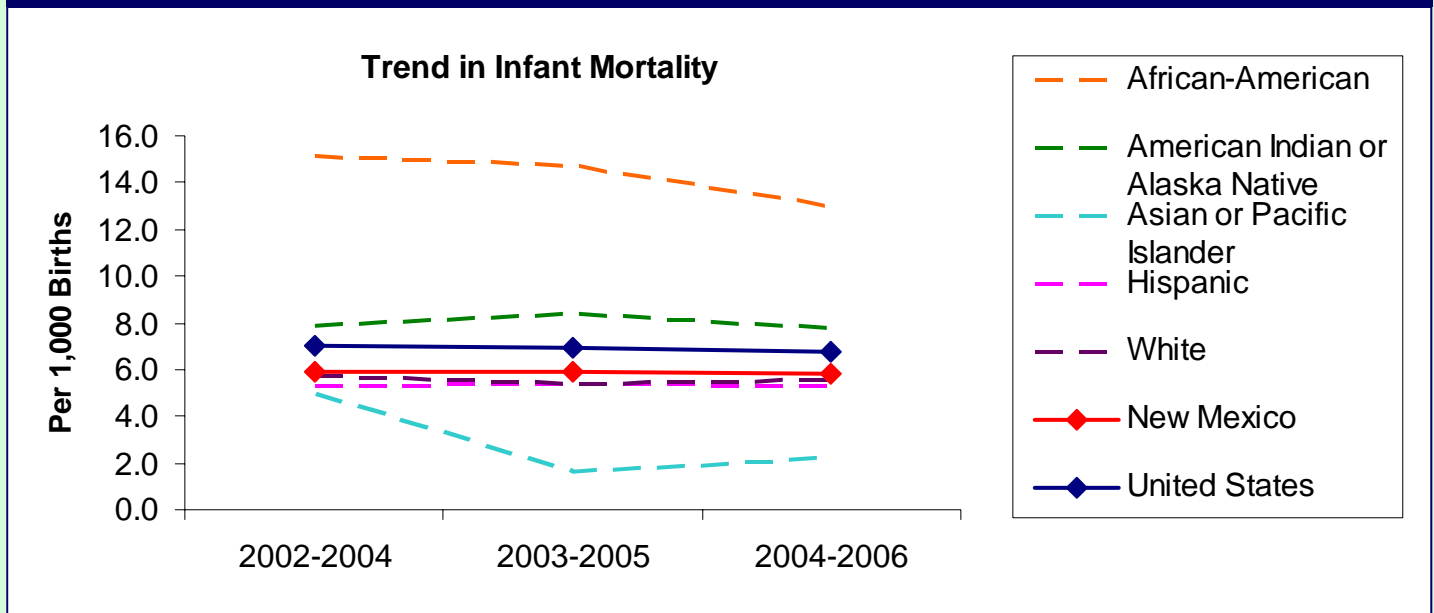
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 1,000)	Disparity Ratio
African American	D	13.0	2.5
American Indian	B	7.8	1.5
Asian/Pacific Islanders	Not Enough Data	* 2.2	Not Enough Data
Hispanic	Reference Group	5.3	1.0
White	A	5.6	1.1

Note:

- New Mexico's infant mortality is lower than that of the United States.
- The infant mortality rate for African-Americans continues to be more than double that of Whites or Hispanics.
- Male infant mortality is higher than female mortality in both New Mexico and the United States.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Infant Mortality by Race/Ethnicity



Infant Mortality Rate Per 1,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	5.8	5.3	6.3
United States 2004	6.8	6.1	7.5

MOTHER AND CHILD HEALTH

3. Teen Births Ages 15-17

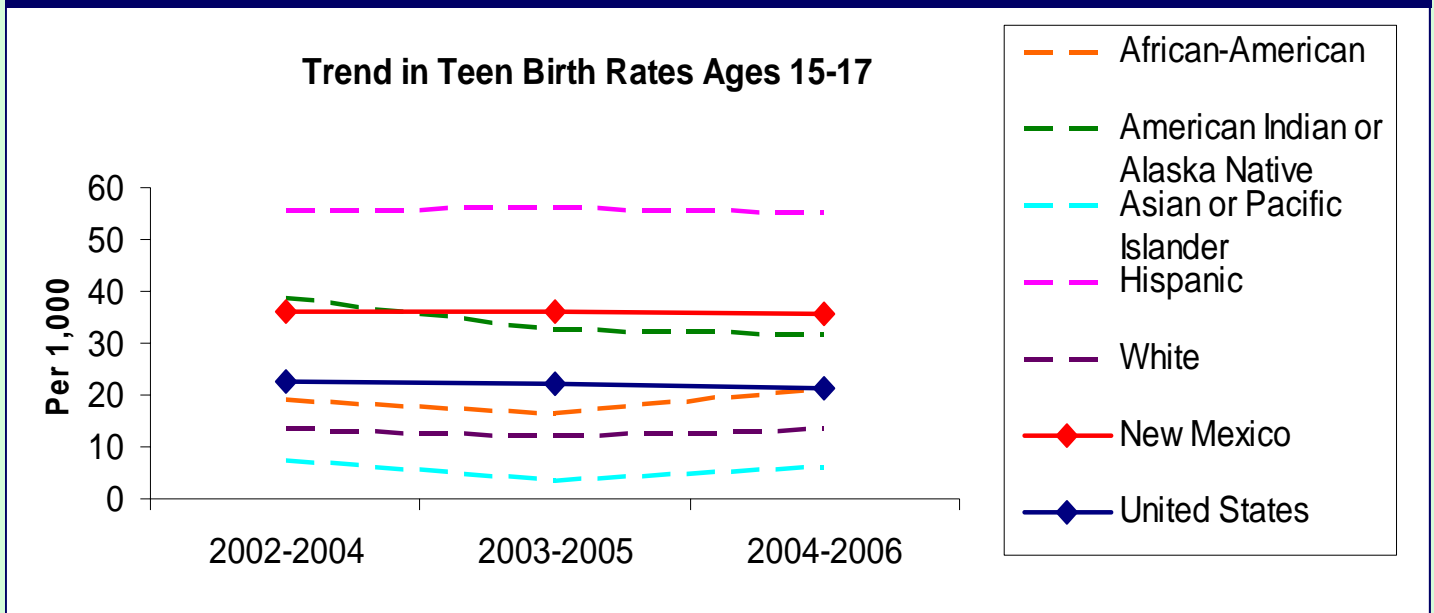
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 1,000)	Disparity Ratio
African American	B	21.4	1.6
American Indian	C	31.6	2.4
Asian/Pacific Islanders	Not Enough Data	* 6.0	Not Enough Data
Hispanic	F	55.3	4.1
White	Reference Group	13.3	1.0

Note:

- The teen birth rate in New Mexico is more than 60% higher than the national rate.
- Hispanic teens continue to have the highest rates and show the least decrease over time both in New Mexico and the nation.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Teen Birth Rates Ages 15-17 by Mother's Race/Ethnicity



	New Mexico 2004-2006	United States Preliminary 2005
Teen Birth Rates Per 1,000 Ages 15-17	35.6	21.4

PREVENTABLE DISEASES

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

Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100)	Disparity Ratio
African American	* Not Enough Data	Not Enough Data	Not Enough Data
American Indian	Reference Group	41.8	1.0
Asian/Pacific Islanders	* Not Enough Data	Not Enough Data	Not Enough Data
Hispanic	A	56.0	1.3
White	A	55.3	1.3

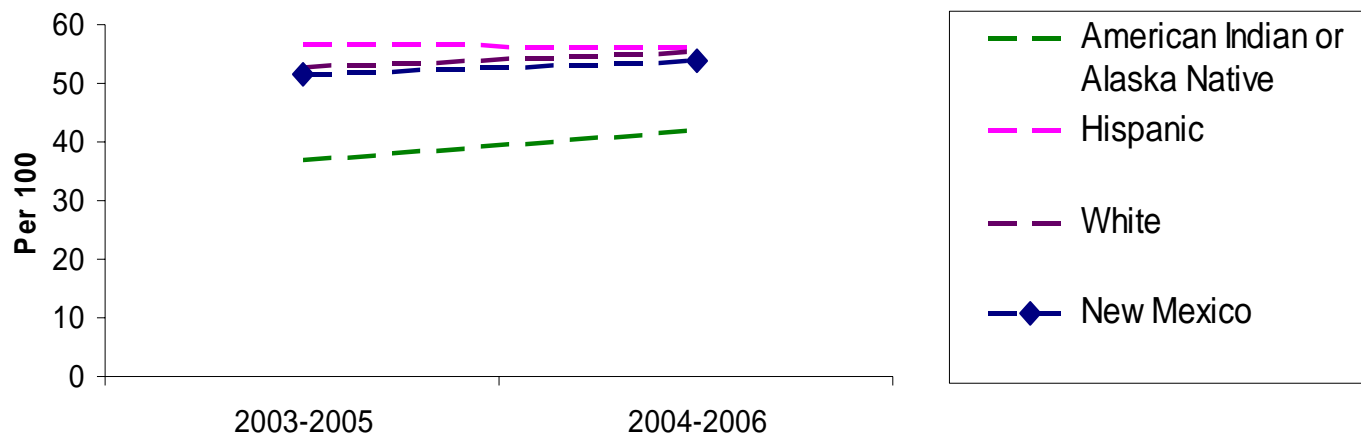
Note:

- More than half of Hispanics and Whites with diabetes do not receive all the recommended services.
- American Indians are more likely to receive the recommended services than are Hispanics and Whites.

* Proportions based on less than 50 interviews and are not presented.

Adults with Diabetes by Race/Ethnicity

Trend in Adults with Diabetes not Receiving Recommended Services



2004-2006 Rate Per 100 of New Mexicans Not Receiving Diabetes Preventive Services by Poverty Level

Poverty Level	Percent
Above Federal Poverty Level	54.1
At or Below Federal Poverty Level	52.9

Rate Per 100 of New Mexicans Not Receiving Diabetes Preventive Services by Gender

	Total	Male	Female
New Mexico 2004-2006	53.8	50.5	57.1
United States	United States data not available.		

PREVENTABLE DISEASES

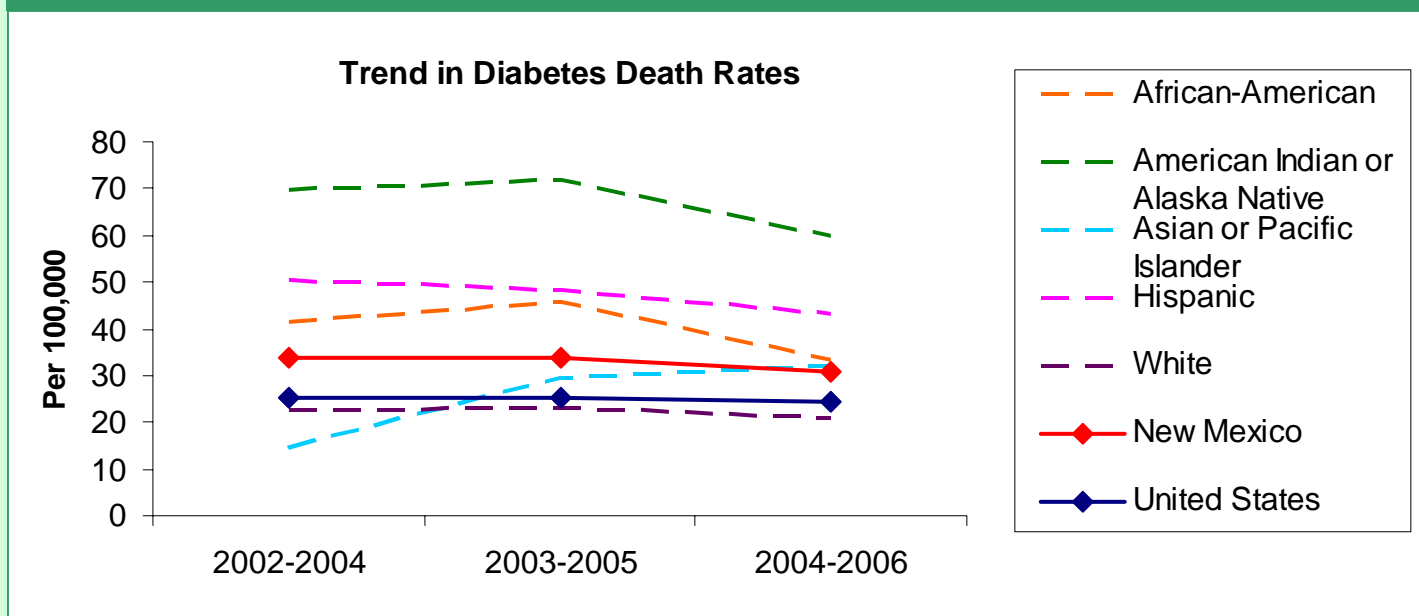
5. Diabetes Deaths

Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	B	33.2	1.6
American Indian	D	60	2.9
Asian/Pacific Islanders	Not Enough Data	* 32.2	Not Enough Data
Hispanic	C	43.4	2.1
White	Reference Group	21.0	1.0

Note:

- New Mexico's Diabetes Death Rate is higher than that of the United States.
 - African-Americans, Hispanics and American Indians all have higher rates than Whites.
 - The Diabetes death rate is higher for males both nationally and in New Mexico.
- * Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Diabetes Death Rates



Diabetes Death Rates Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	30.6	26.2	33.4
United States 2004	24.5	21.7	28.2

PREVENTABLE DISEASES

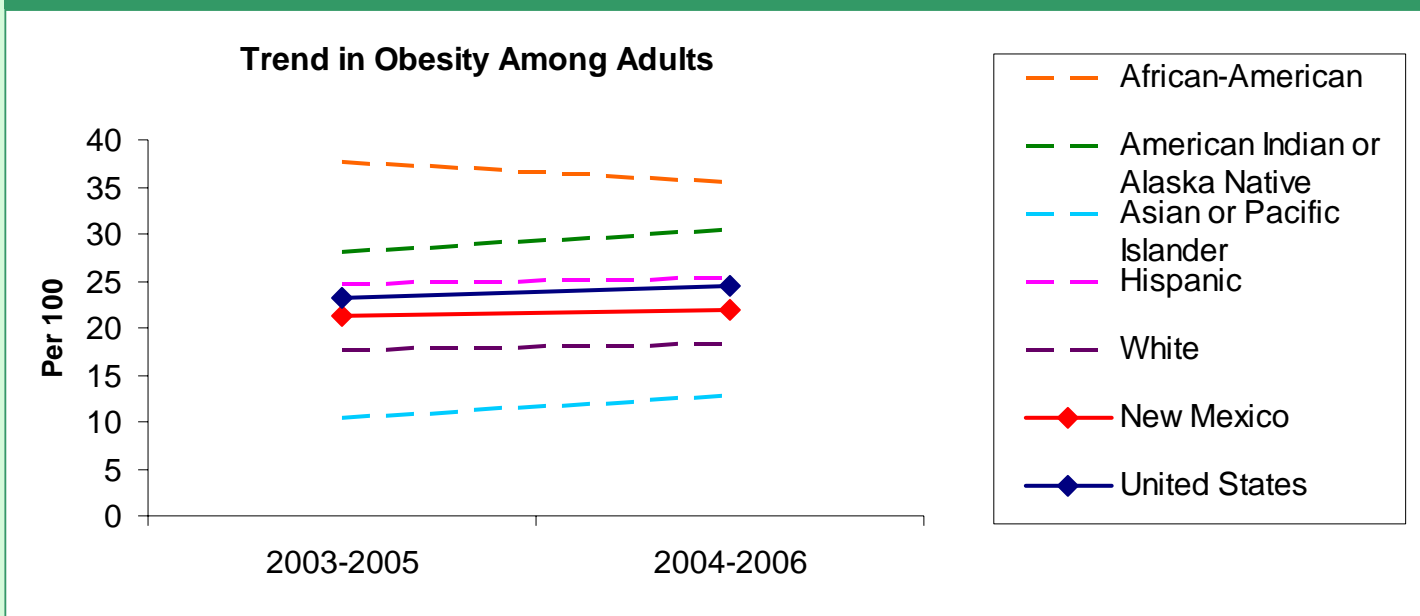
6. Obesity Among Adults

Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100)	Disparity Ratio
African American	D	35.6	2.8
American Indian	C	30.5	2.4
Asian/Pacific Islanders	Reference Group	12.8	1.0
Hispanic	C	25.4	2.0
White	B	18.3	1.4

Note:

- African-Americans continue to have the highest rates of obesity but all groups show an increase.
- People with incomes at or below the federal poverty level have higher rates of obesity than do individuals with incomes above the poverty level.

Trend in Obesity Among Adults by Race/Ethnicity



2004-2006 Rate Per 100 of Obesity Among New Mexican Adults by Poverty Level	
Poverty Level	Percent
Above Federal Poverty Level	21.6
At or Below Federal Poverty Level	29.5

Rate Per 100 of Obesity Among Adults by Gender			
	Total	Male	Female
New Mexico 2004-2006	22.0	21.2	22.9
U.S. 2005	24.4	24.0	24.8

PREVENTABLE DISEASES

7. Overweight Among Youth

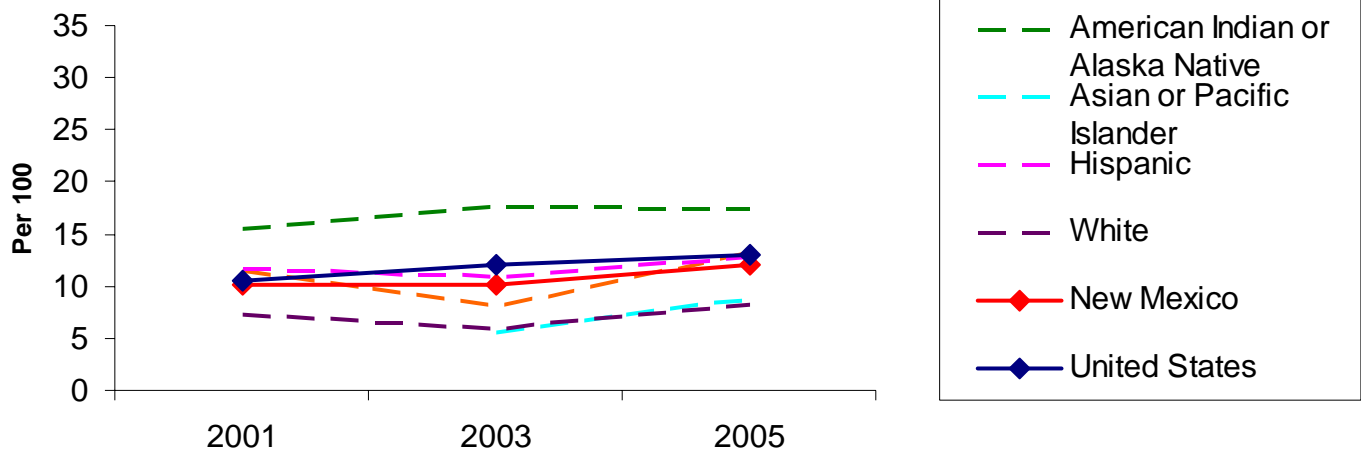
Race/Ethnicity	Health System Effectiveness	2005 Rate (per 100)	Disparity Ratio
African American	B	13.2	1.6
American Indian	C	17.4	2.1
Asian/Pacific Islanders	A	8.8	1.1
Hispanic	B	12.9	1.6
White	Reference Group	8.2	1.0

Note:

- The New Mexico rate remains below the United States rate but is catching up.
- American Indian youth have the highest rate of obesity but all groups are showing an increase.
- Males have higher rates of being overweight than do females for both New Mexico and the United States.

Trend in Overweight Among Youth by Race/Ethnicity

Trend in Overweight Among Youth



Rate Per 100 Overweight Among Youth by Gender

Population	Total	Female	Male
New Mexico 2005	12.0	6.5	17.3
United States 2005	13.1	10.0	16.0

PREVENTABLE DISEASES

8. Not Had Pneumonia Vaccination (Adults 65+)

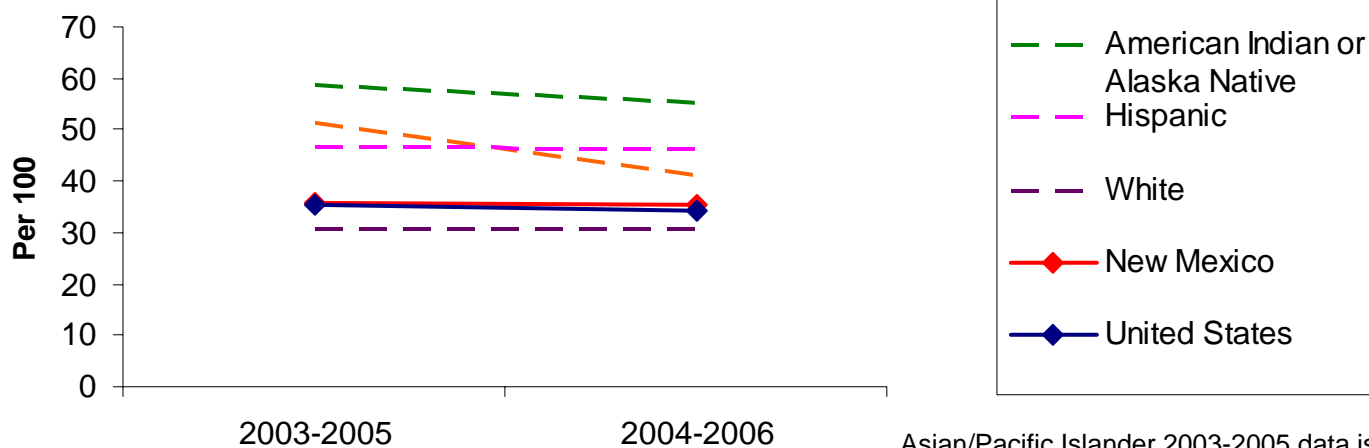
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100)	Disparity Ratio
African American	A	41.3	1.3
American Indian	B	55.1	1.8
Asian/Pacific Islanders	Not Enough Data	Not Enough Data	Not Enough Data
Hispanic	B	46.3	1.5
White	Reference Group	30.8	1.0

Note:

- More than 4 out of 10 African-American, American Indians and Hispanics have not received a pneumonia vaccination.
- People at or below poverty level are less likely than people above the poverty level to have received a pneumonia vaccination.

Trend in Adults 65+ Not Receiving Pneumonia Vaccination by Race/Ethnicity

Trend in Adults 65+ Not Receiving Pneumonia Vaccinations



Asian/Pacific Islander 2003-2005 data is 31.8, data unavailable for 2004-2006.

2004-2006 Rate Per 100 of New Mexicans Not Receiving Pneumonia Vaccination by Poverty Level

Poverty Level	Percent
Above Federal Poverty Level	34.7
At or Below Federal Poverty Level	43.5

Rate of Not Receiving Pneumonia Vaccination by Gender

	Total	Male	Female
New Mexico 2004-2006	35.4	38.3	33.2
U.S. 2005	34.1	35.6	32.8

PREVENTABLE DISEASES

9. Pneumonia and Influenza Deaths

Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 17.3	Not Enough Data
American Indian	B	26.1	1.6
Asian/Pacific Islanders	Not Enough Data	* 4.7	Not Enough Data
Hispanic	A	19.9	1.2
White	Reference Group	16.1	1.0

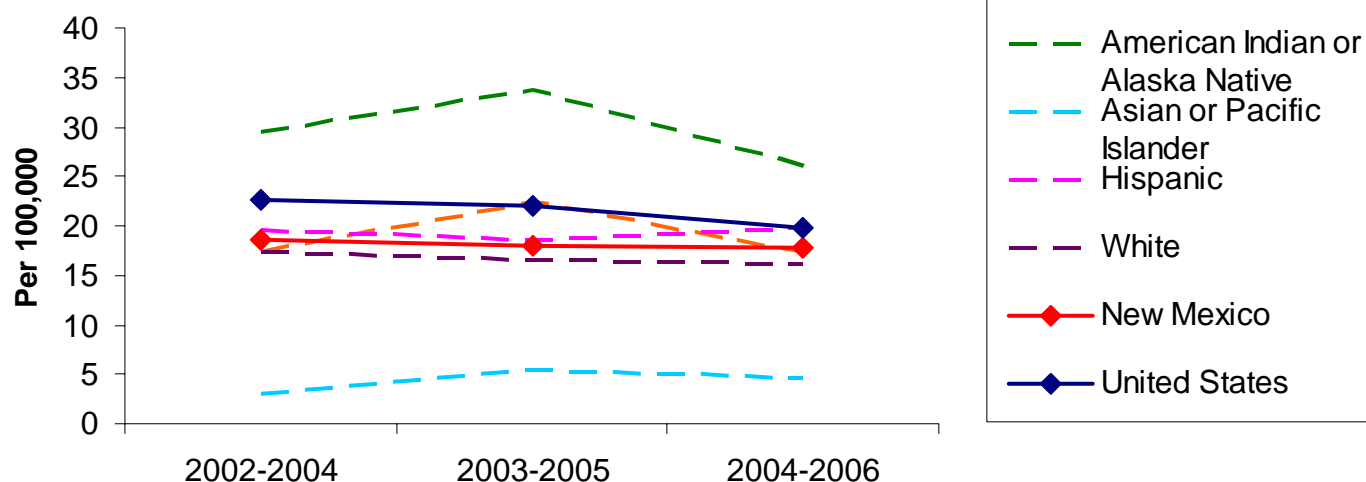
Note:

- The New Mexico pneumonia and influenza death rate is lower than the United States Rate.
- Rates for Whites appear to be decreasing while the rates for other groups appear to be fluctuating.
- Male rates in both New Mexico and nationally are higher than are female rates.

* Rate based on less than 20 events and may fluctuate greatly from year.

Trend in Pneumonia and Influenza Deaths by Race/Ethnicity

Trend in Pneumonia and Influenza Death Rates



Pneumonia and Influenza Deaths Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	17.7	12.4	21.1
United States 2004	19.8	17.3	23.7

INFECTIOUS DISEASES

10. Chlamydia

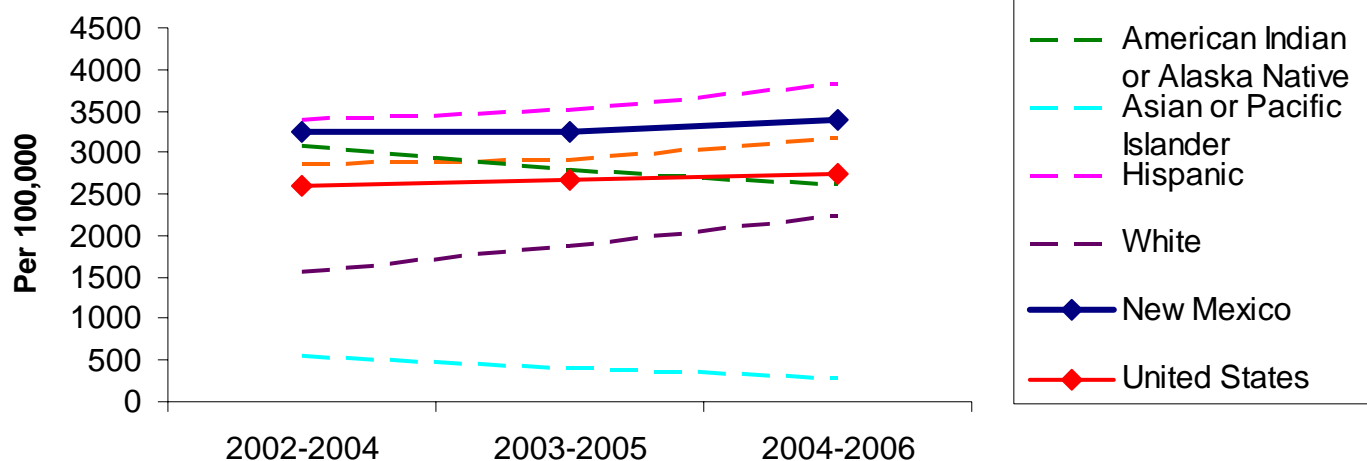
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	A	3,167.8	1.4
American Indian	A	2,621.6	1.2
Asian/Pacific Islanders	Not Enough Data	293.1	Not Enough Data
Hispanic	B	3,828.5	1.7
White	Reference Group	2,249.3	1.0

Note:

- Indicator was changed to focus on population most vulnerable for developing complications such as pelvic inflammatory disease, ectopic pregnancies and infertility due to chlamydia infection.
- Disparity is not as great as in the past due to the increase in reported cases among white females – the rate for this age group has increased over 40 percent since 2002-2004.

Trend in Chlamydia by Race/Ethnicity

Trend in Chlamydia in Females Ages 15-24



	New Mexico (2004-2006)	United States (2005)
Chlamydia in Females Ages 15-24 Per 100,000	3,385.84	2,743.7

INFECTIOUS DISEASES

11. Acute and Chronic Hepatitis B

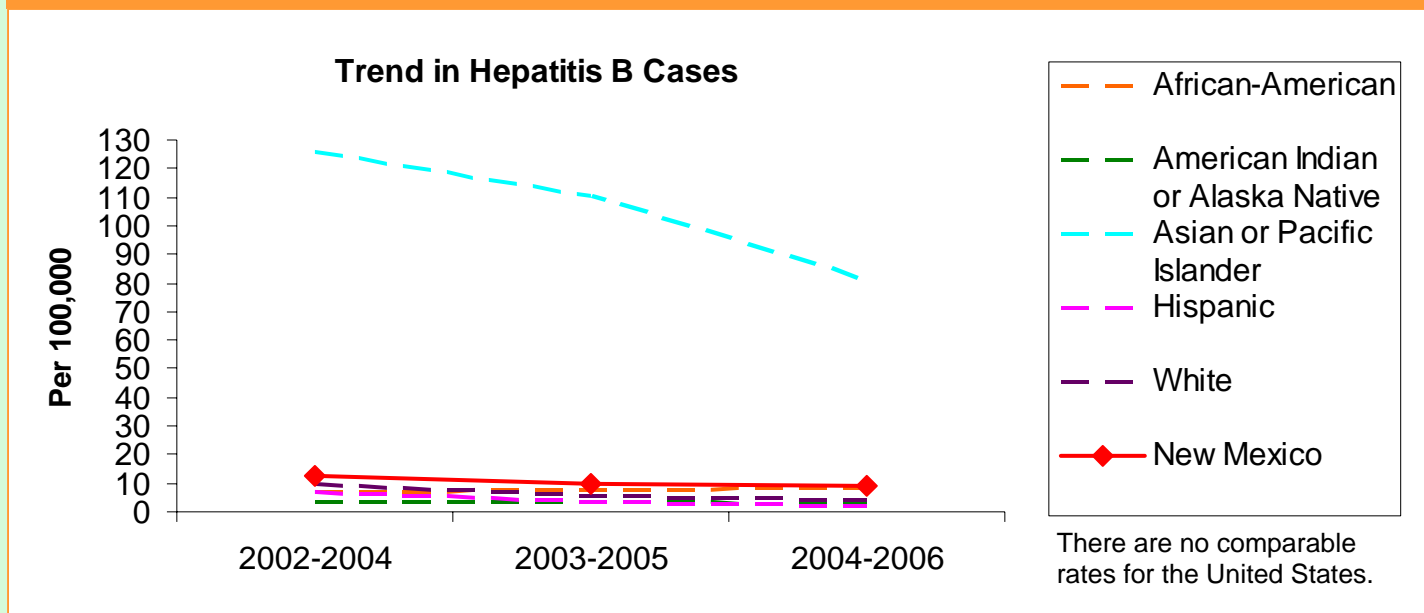
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 8.4	Not Enough Data
American Indian	Not Enough Data	* 2.8	Not Enough Data
Asian/Pacific Islanders	F	80.8	43.2
Hispanic	Reference Group	1.9	1.0
White	C	4.4	2.4

Note:

- Asian/Pacific Islanders continue to have the highest rates; Hispanics have the lowest rates.
- New cases have declined with the availability of vaccines.
- Male rates are higher than females.

* Rates based on less than 20 events and may fluctuate greatly from year to year.

Trend in Hepatitis B by Race/Ethnicity



Rate Per 100,000 of Hepatitis B by Gender

Population	Total	Female	Male
New Mexico 2004-2006	9.4	7.9	10.9

INFECTIOUS DISEASES

12. HIV/AIDS (Newly Diagnosed Cases)

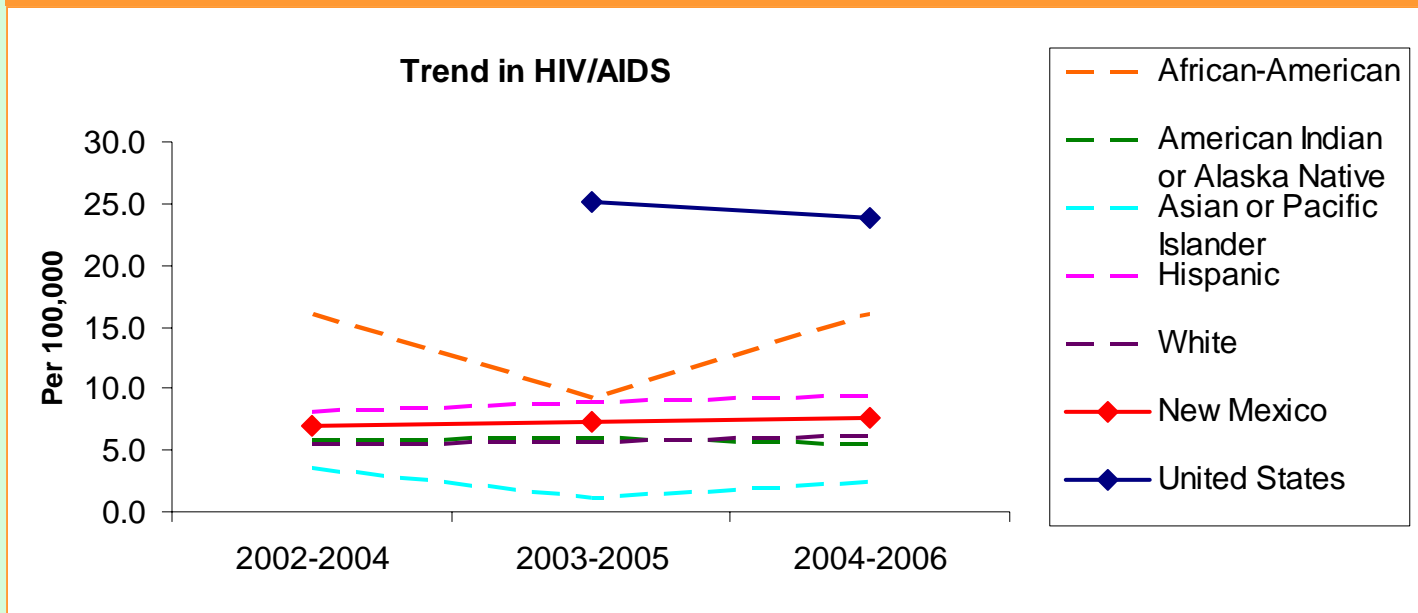
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 16.0	Not Enough Data
American Indian	Reference Group	5.5	1.0
Asian/Pacific Islanders	Not Enough Data	* 2.4	Not Enough Data
Hispanic	B	9.4	1.7
White	A	6.1	1.1

Note:

- The New Mexico rate is much lower than the United States rate; all populations have rates well below the national rates.
- African-Americans have high rates, but the rates are based on small numbers and thus fluctuate more than those of other groups.
- The male rate remains higher than the female rate.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

HIV/AIDS Trend by Race/Ethnicity



HIV/AIDS Rate by Gender

Population	Total Per 100,000	Female	Male
New Mexico 2004-2006	7.7	2.3	13.2
United States 2005	23.9	12.2	36.2

VIOLENCE AND INJURY

13. Motor Vehicle Deaths

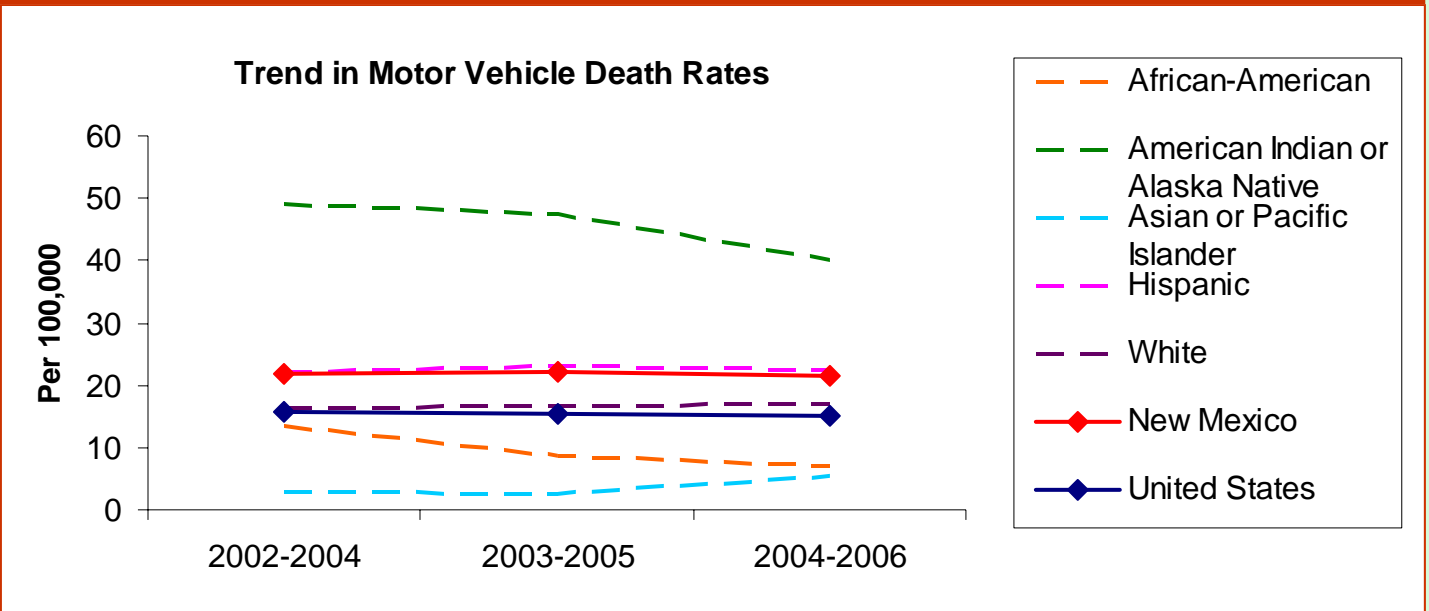
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 7.1	Not Enough Data
American Indian	C	40.0	2.4
Asian/Pacific Islanders	Not Enough Data	* 5.4	Not Enough Data
Hispanic	A	22.6	1.3
White	Reference Group	16.9	1.0

Note:

- The New Mexico rate is higher than the national rate for both men and women.
- The American Indian motor vehicle death rate remains more than double the White rate.
- Although male rates of motor vehicle deaths are much higher than female rates in New Mexico, the disparity is even larger nationally.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Motor Vehicle Deaths by Race/Ethnicity



Motor Vehicle Death Rates Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	21.5	13.0	30.2
United States 2004	15.2	9.3	21.4

VIOLENCE AND INJURY

14. Suicide

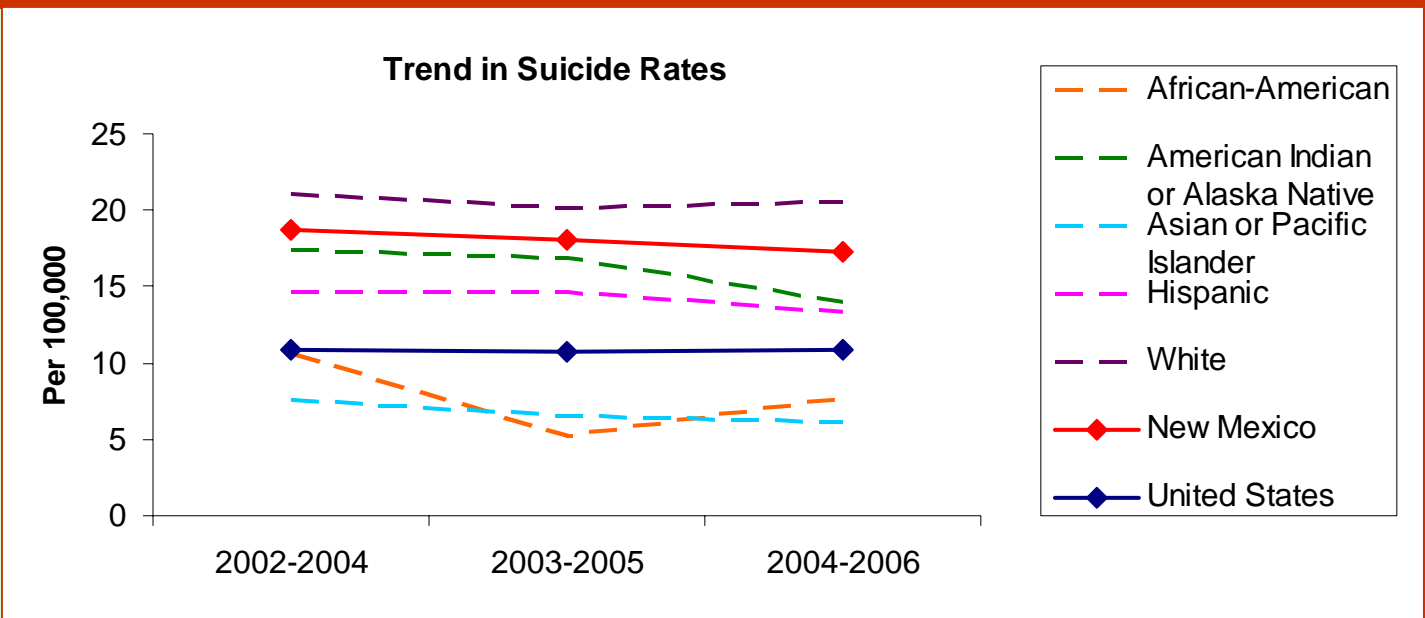
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 7.7	Not Enough Data
American Indian	A	14.0	1.1
Asian/Pacific Islanders	Not Enough Data	* 6.2	Not Enough Data
Hispanic	Reference Group	13.3	1.0
White	B	20.5	1.5

Note:

- The New Mexico rate remains nearly 90% higher than the national rate.
- The largest disparity is between males and females not between racial/ethnic groups.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Suicide Rates by Race/Ethnicity



Suicide Rate Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	17.3	6.3	29.1
United States 2004	10.9	4.5	18

VIOLENCE AND INJURY

15. Youth Suicide

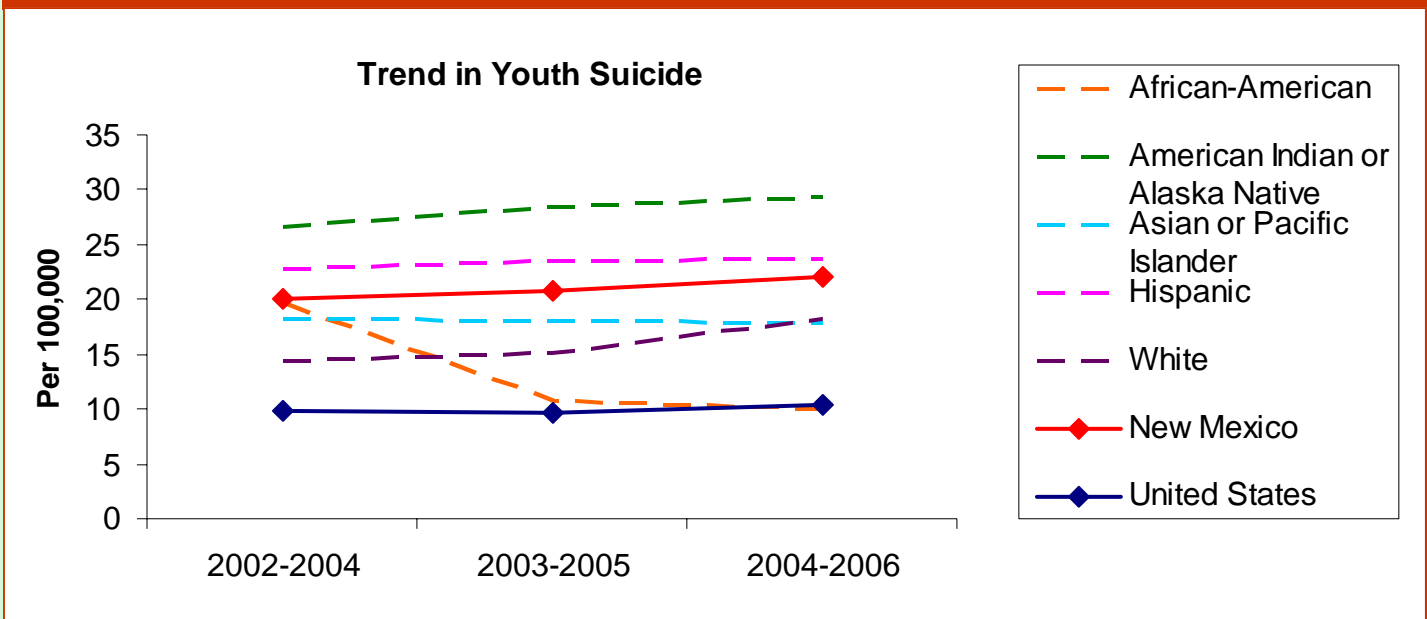
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 10.1	Not Enough Data
American Indian	B	28.4	1.6
Asian/Pacific Islanders	Not Enough Data	* 17.8	Not Enough Data
Hispanic	A	23.7	1.3
White	Reference Group	18.2	1.0

Note:

- The New Mexico rate is more than double the United States rate.
- Male rates in both the United States and New Mexico are higher than female rates.
- The difference in rates is even larger for New Mexico than nationally.
- Rates appear to be increasing for New Mexico Whites and American Indians.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Youth Suicide by Race/Ethnicity



Youth Suicide Rate Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	22.1	5.6	37.6
United States 2004	10.4	3.6	16.8

VIOLENCE AND INJURY

16. Homicide

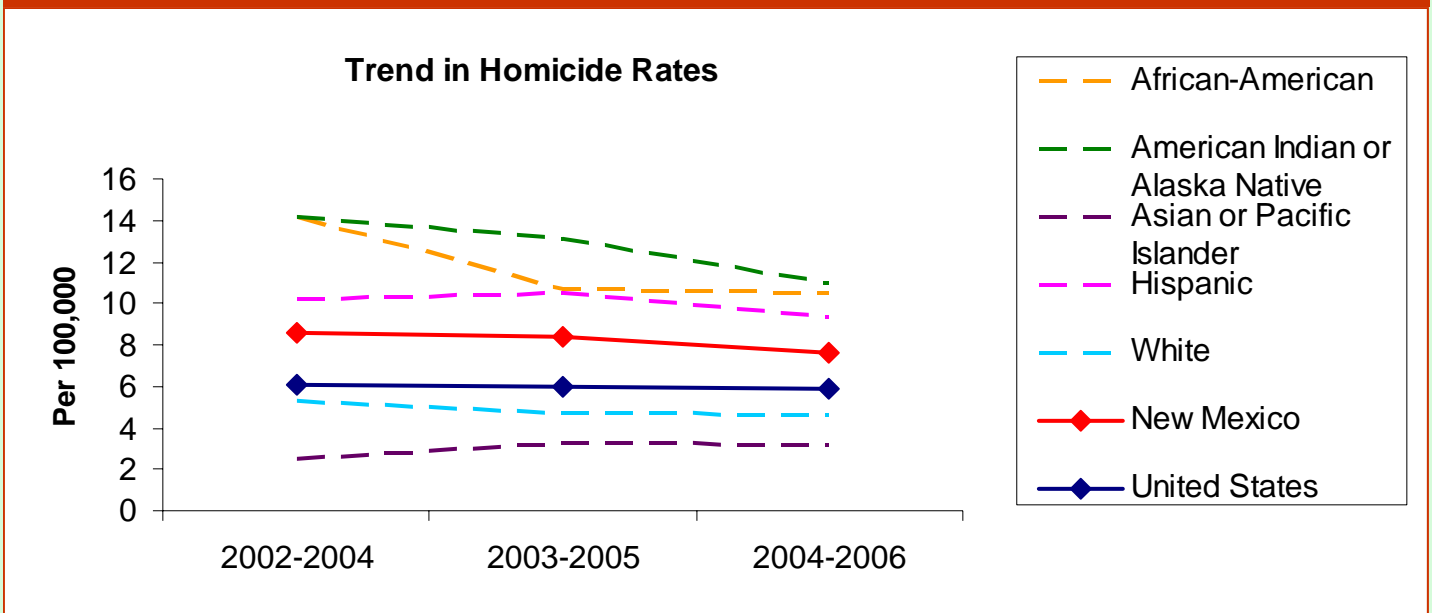
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Not Enough Data	* 10.5	Not Enough Data
American Indian	C	11.0	2.4
Asian/Pacific Islanders	Not Enough Data	* 3.2	Not Enough Data
Hispanic	C	9.3	2.0
White	Reference Group	4.7	1.0

Note:

- The New Mexico homicide rate is higher than the national rate.
- The Hispanic and American Indian homicide rates are twice that of Whites.
- Male rates, both in New Mexico and nationally, are much higher than female rates.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Homicide Rates by Race/Ethnicity



Homicide Rate Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	7.6	4.0	11.1
United States 2004	5.9	2.6	9.4

RISK BEHAVIORS

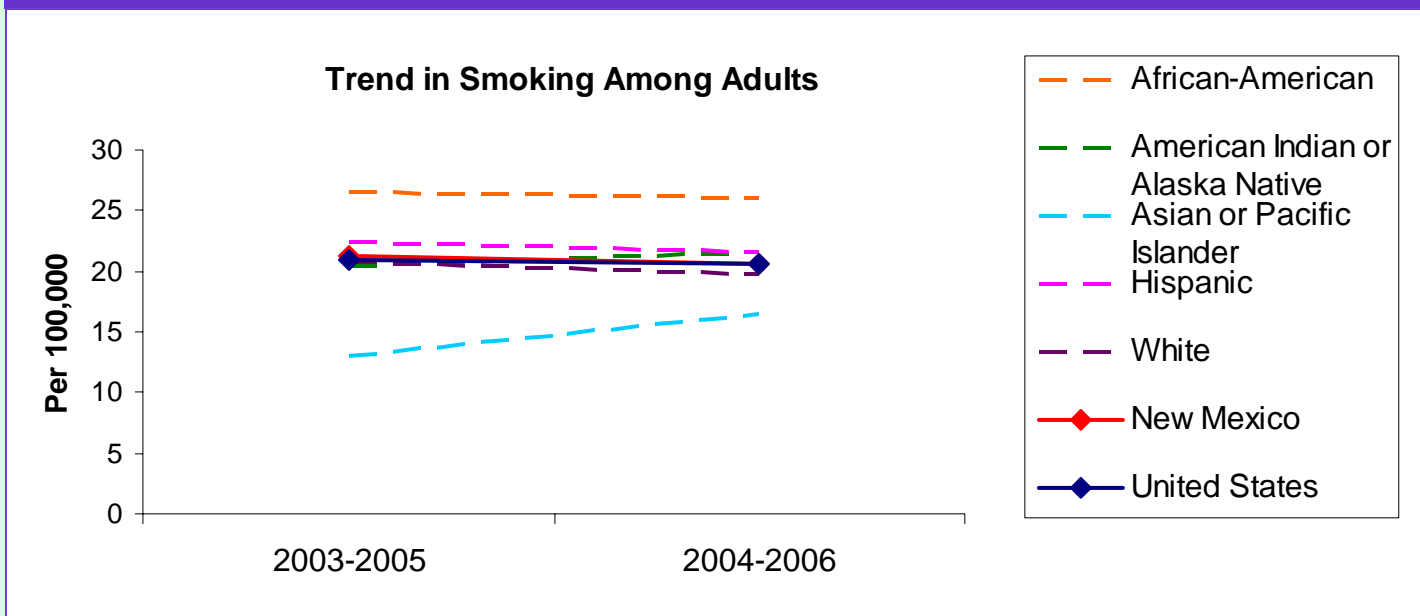
17. Smoking Among Adults

Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100)	Disparity Ratio
African American	B	26.1	1.6
American Indian	A	21.6	1.3
Asian/Pacific Islanders	Reference Group	16.5	1
Hispanic	A	21.6	1.3
White	A	19.8	1.2

Note:

- Whites continue to be the only group continuing to show decreased smoking rates.
- People at or below the federal poverty level are more likely to smoke than are people above the poverty level.

Trend in Smoking Among Adults by Race/Ethnicity



2004-2006 New Mexico Rates Per 100 of Smoking by Poverty Level

Poverty Level	Percent
Above Federal Poverty Level	19.2
At or Below Federal Poverty Level	30.1

Rates Per 100 of Smoking by Gender

	Total	Male	Female
New Mexico 2004-2006	20.6	23.3	18.2
U.S. 2005	20.6	22.1	19.2

RISK BEHAVIORS

18. Drug Induced Deaths

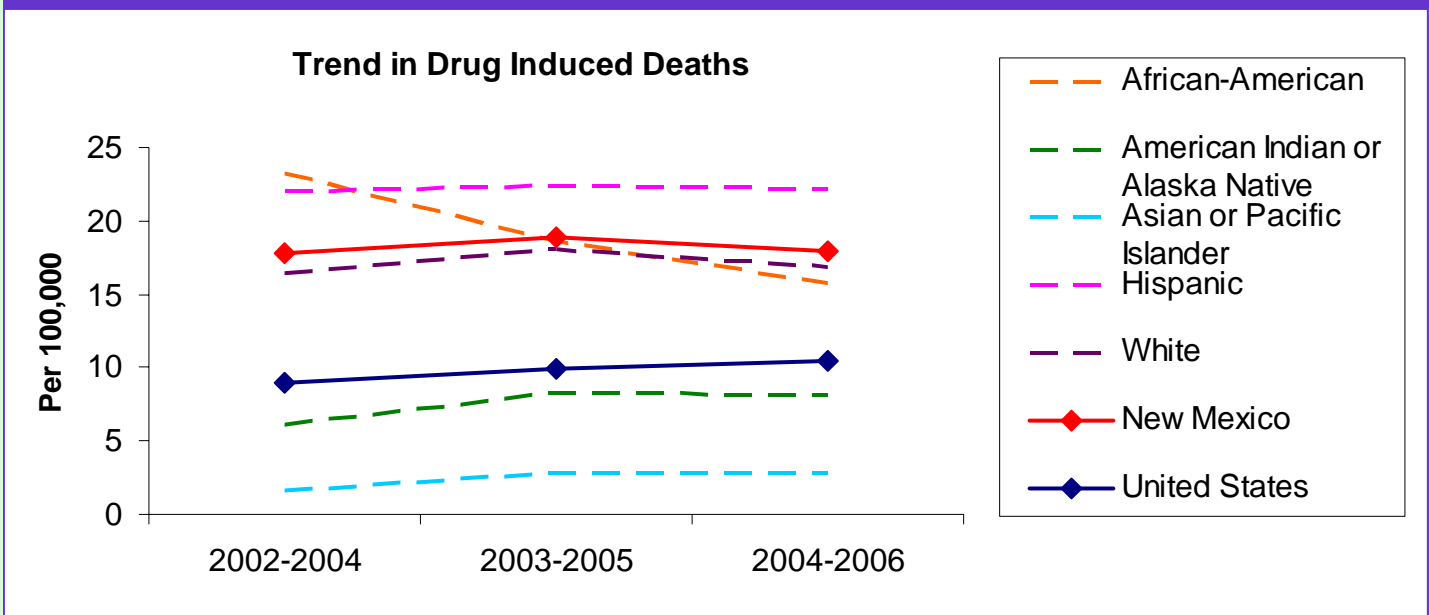
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	B	15.7	1.9
American Indian	Reference Group	8.2	1.0
Asian/Pacific Islanders	Not Enough Data	* 2.8	Not Enough
Hispanic	D	22.2	2.7
White	C	16.9	2.1

Note:

- New Mexico has been among the top 3 states for drug-induced deaths since 1989.
- New Mexico's rates for the total population and by gender are well above the national rates.
- Hispanics continue to have the highest rates.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Drug Induced Deaths by Race/Ethnicity



Drug Induced Death Rates per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2004-2006	17.9	12.7	23.3
United States 2004	10.4	7.6	13.3

RISK BEHAVIORS

19. Alcohol Related Deaths

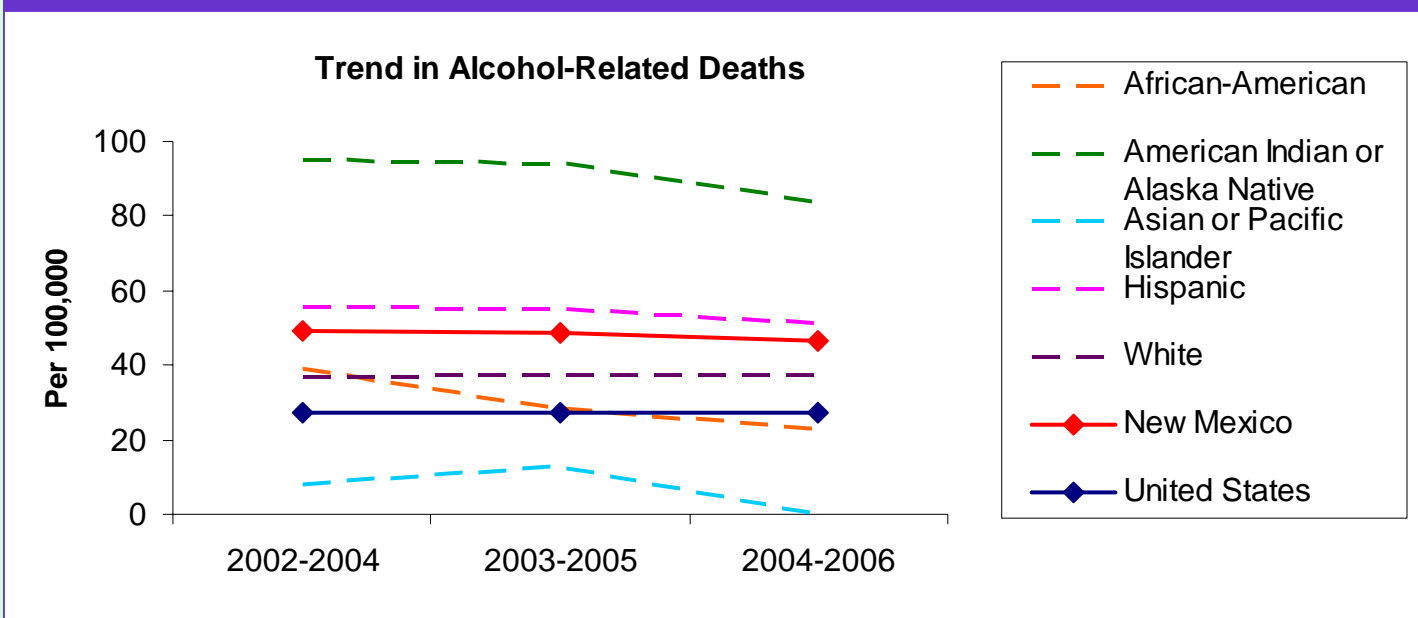
Race/Ethnicity	Health System Effectiveness	2004-2006 Rate (per 100,000)	Disparity Ratio
African American	Reference Group	23.2	1.0
American Indian	F	83.7	3.6
Asian/Pacific Islanders	Not Enough Data	* 16.9	Not Enough Data
Hispanic	C	51.1	2.2
White	B	37.6	1.6

Note:

- The New Mexico rate for Alcohol-related Deaths is 70% higher than the national rate.
- The rate for African-Americans has decreased more than those for other populations.
- Male rates in both New Mexico and the United States are more than double female rates.

* Rate based on less than 20 events and may fluctuate greatly from year to year.

Trend in Alcohol Related Deaths by Race/Ethnicity



Alcohol Related Death Rates by Gender

Population	Total	Female	Male
New Mexico 2004-2006	46.7	25.3	69.6
United States 2004	27.3	14.3	41.5



New Mexico Department of Health
Office of Policy and Multicultural Health
1190 S. St. Francis Dr., S4250
Santa Fe, New Mexico 87502
Phone: 827-1052 FAX: 827-2942