

The background of the entire page is a scenic landscape photograph. It shows a wide river flowing through a valley. The riverbanks are lined with green trees and shrubs. In the distance, there are large, rugged mountains with visible geological layers, including some reddish-brown rock formations. The sky is blue with scattered white clouds.

*American Indian Health Equity:  
A Report on Health Disparities in  
New Mexico*

*October 2013*





## *New Mexico Department of Health*

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Much of the data may also be obtained from the New Mexico Department of Health's NM-IBIS web site (<https://ibis.health.state.nm.us>).

To access this document electronically, visit our website at <http://nmhealth.org/opa> or to obtain this document in an alternate format, contact our office at 827-1052.

# Major Sources of Data

## New Mexico Data

**Birth System:**

Bureau of Vital Records and Health Statistics, Epidemiology and Response Division

**Death System:**

Bureau of Vital Records and Health Statistics, Epidemiology and Response Division

**Behavioral Risk Factor Surveillance System (BRFSS):**

Survey Unit, Epidemiology and Response Division

**Youth Risk and Resiliency Survey (YRRS):**

Survey Unit, Epidemiology and Response Division and Public Education Department

**Infectious Disease Surveillance:**

Bureau of Infectious Disease Epidemiology, Epidemiology and Response Division and Sexually Transmitted Disease Program, Public Health Division

## United States Data

**Infectious Disease:** Centers for Disease Control and Prevention (CDC), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention

**Births:** CDC, National Center for Health Statistics, National Vital Statistics System: <http://www.cdc.gov/nchs/births.htm>

**Deaths:** CDC, National Center for Health Statistics, National Vital Statistics System; <http://www.cdc.gov/nchs/deaths.htm>; <http://wonder.cdc.gov>; <http://www.cdc.gov/injury/wisqars/index.html>

**BRFSS:** <http://apps.nccd.cdc.gov/brfss/index.asp>

**YRBS:** <http://www.cdc.gov/HealthyYouth/yrbs/index.htm>

## Foreword

The New Mexico Department of Health is pleased to present the 2013 edition of *American Indian Health Equity: A Report on Racial and Ethnic Health Disparities in New Mexico*.

Racial and ethnic health disparities refer to structural differences in health outcomes that groups experience based on their experiences within society. The sources of health disparities can be diverse and include such things as low socioeconomic status, racism, historical trauma, cultural and linguistic barriers, and poor access to health care. The purpose of this report is to identify important racial and ethnic health disparities in New Mexico so that diverse organizations and agencies, including the Department of Health, can design and implement evidence-based interventions to improve health equity. Healthy People 2020 identifies five key areas of the social determinants of health, which may be considered when developing interventions. The five areas include: health and health care, social and community context, education, economic stability, and neighborhood and built environment.

Data for this report were compiled by the New Mexico Department of Health's Office of Policy and Accountability with input from the New Mexico Office of Health Equity. The mission of the Department of Health is to promote health and wellness, improve health outcomes and assure safety net services for all people in New Mexico. As part of this mission, one of the goals of the department is to eliminate health disparities while ensuring care to all New Mexicans. The department cannot address these issues alone and values the contribution of many partners at the state and community levels in developing strategies to address health disparities.

We continue to work to improve the quality of this report and invite your input and suggestions.

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## UNDERSTANDING THE REPORT

### LEGEND

Disparity Level	Disparity Ratio	Meaning/Interpretation
<b>Low/No</b>	<b>1.0 - 1.4</b>	Little or no disparity exists although continued monitoring is advisable.
<b>Moderate</b>	<b>1.5 - 2.4</b>	A moderate disparity exists which requires intervention.
<b>Major</b>	<b>&gt;=2.5</b>	A major disparity exists which requires urgent intervention.
<b>Reference Group</b>		The group with the best rate (and 20 or more cases). It is the group to which all other groups are compared.
<b>Not Enough Data</b>		Groups with less than 20 events during time period. Disparity ratios and levels are not calculated for populations with less than 20 events during the comparison time period.

### DISPARITY LEVEL

The disparity level indicates how much higher a particular group's rate is from the reference group or the group with the lowest rate as well as the level of urgency in implementing evidence-based health interventions to reduce or eliminate the disparity. It can also be thought of as a measure of how well society is doing in addressing the particular health needs of the racial/ethnic group. Please note that the disparity level is only related to the differences among populations within the state (disparity ratio) and is not an indication of how well or poorly New Mexico is doing in relation to the nation.

### RATES AND THE DISPARITY RATIO

Rates are used to allow direct comparisons between populations of differing sizes. Rates are derived by taking the number of events occurring during a given time period and dividing by the population at risk and multiplying by a constant, so that the rate is expressed as a whole number. The disparity ratio is a way to look at the severity of health problems by comparing racial/ethnic groups to one another. It is calculated by dividing the rate for each population by the reference group population rate. Disparity ratios were not calculated for populations with less than 20 cases during the time period.

# AMERICAN INDIAN HEALTH EQUITY AT A GLANCE

<b>Reference Group (Best Rates)</b>	<b>Low/No Disparity</b>
<ul style="list-style-type: none"> <li>• Adults with Diabetes Not Receiving all Recommended Diabetes Prevention Services</li> <li>• Fall-related Deaths</li> <li>• Drug Overdose Deaths</li> </ul>	<ul style="list-style-type: none"> <li>• Infant Mortality</li> <li>• Pertussis Infections</li> <li>• Smoking Among Adults</li> </ul>
<b>Moderate Disparity</b>	<b>Major Disparity</b>
<ul style="list-style-type: none"> <li>• Late or No Prenatal Care</li> <li>• Obesity Among Youth</li> <li>• Not had Pneumonia Vaccination</li> <li>• Suicide</li> <li>• Youth Suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Teen Births</li> <li>• Diabetes Deaths</li> <li>• Obesity Among Adults</li> <li>• Pneumonia and Influenza Deaths</li> <li>• Chlamydia Infections</li> <li>• HIV Infections</li> <li>• Motor Vehicle Deaths</li> <li>• Homicide</li> <li>• Alcohol-related Deaths</li> </ul>



# MOTHER AND CHILD HEALTH

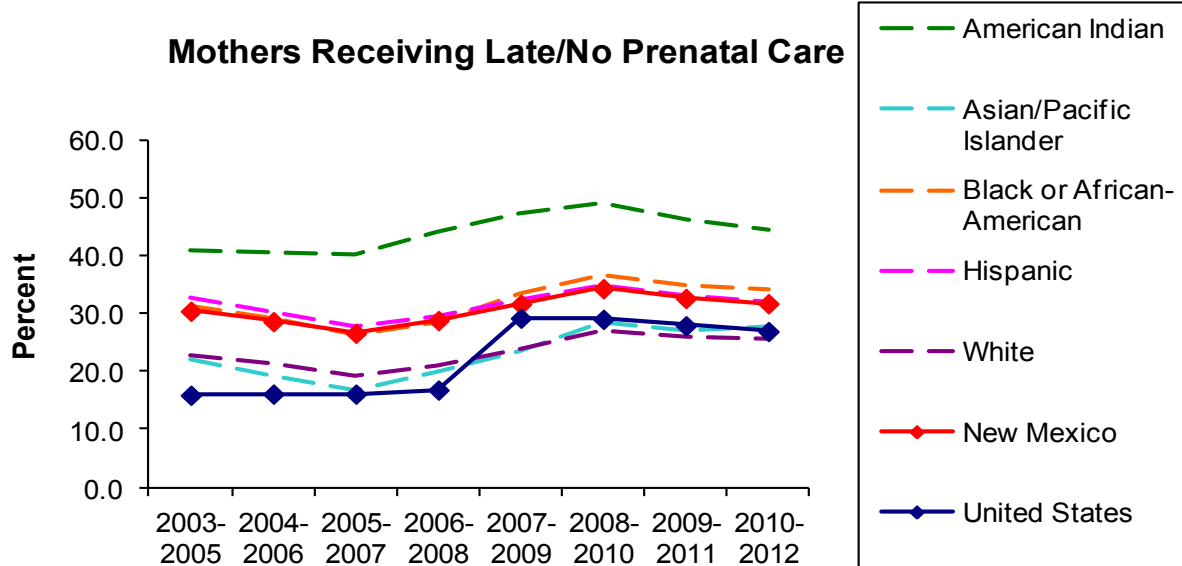
## 1. Prenatal Care - Late or No Care (Care beginning after the 3rd month of pregnancy or no care during pregnancy)

Race/Ethnicity	2010-2012 Rate (per 100)	Disparity Ratio	Disparity Level
American Indian	44.4	1.7	Moderate
Asian/Pacific Islanders	27.7	1.1	Low/No
Black or African-American	34.2	1.3	Low/No
Hispanic	32.1	1.2	Low/No
White	25.7	1.0	Reference Group

### Note:

- American Indian women continued to have the highest rate with over 44 out of 100 having received no prenatal care or initiated prenatal care after the first trimester.
- Over 3 in 10 New Mexico pregnant women did not begin prenatal care until after the first trimester or did not receive any prenatal care.

### Trend in Prenatal Care by Race/Ethnicity



	New Mexico 2010-2012	United States 2010
<b>Total Percent of Births with Late or No Prenatal Care</b>	31.7	26.9

# MOTHER AND CHILD HEALTH

## 2. Infant Mortality

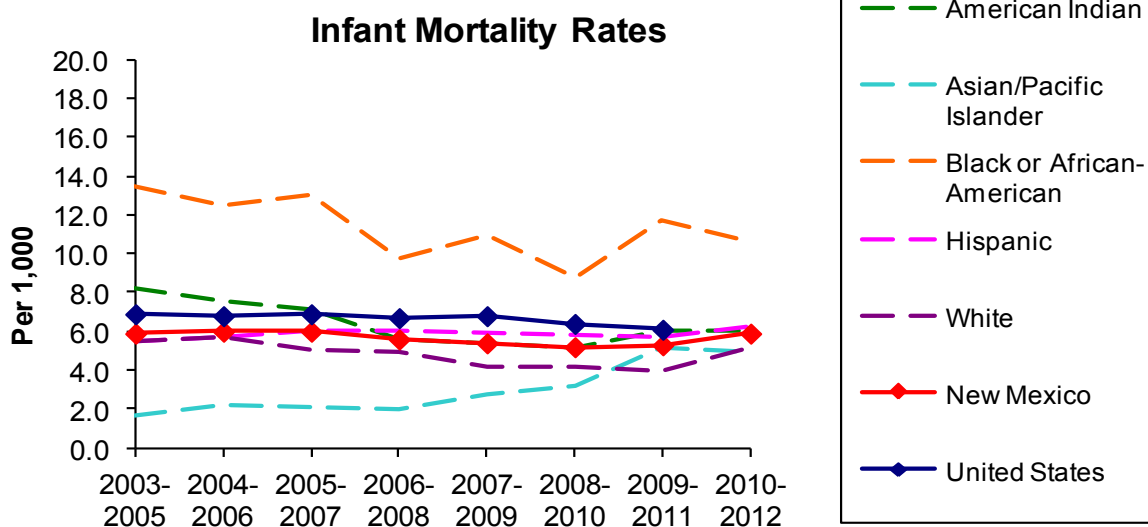
Race/Ethnicity	2010-2012 Rate (per 1,000)	Disparity Ratio	Disparity Level
American Indian	6.0	1.2	Low/No
Asian/Pacific Islanders	4.9	*	Not Enough Data
Black or African-American	10.6	*	Not Enough Data
Hispanic	6.2	1.2	Low/No
White	5.1	1.0	Reference Group

### Note:

- The American Indian infant mortality rate in New Mexico was slightly lower than the latest U.S. rate.
- The American Indian infant mortality rate was somewhat higher than the White rate.
- The infant mortality rate for African-Americans was more than double that of Whites.

\* Rate based on less than 20 events and may fluctuate greatly from year to year, so disparity ratios not calculated.

### Trend in Infant Mortality by Race/Ethnicity



### Infant Mortality Rate Per 1,000 by Gender

Population	Total	Female	Male
New Mexico 2010-2012	5.9	5.1	6.7
United States 2010	6.1	5.6	6.7

# MOTHER AND CHILD HEALTH

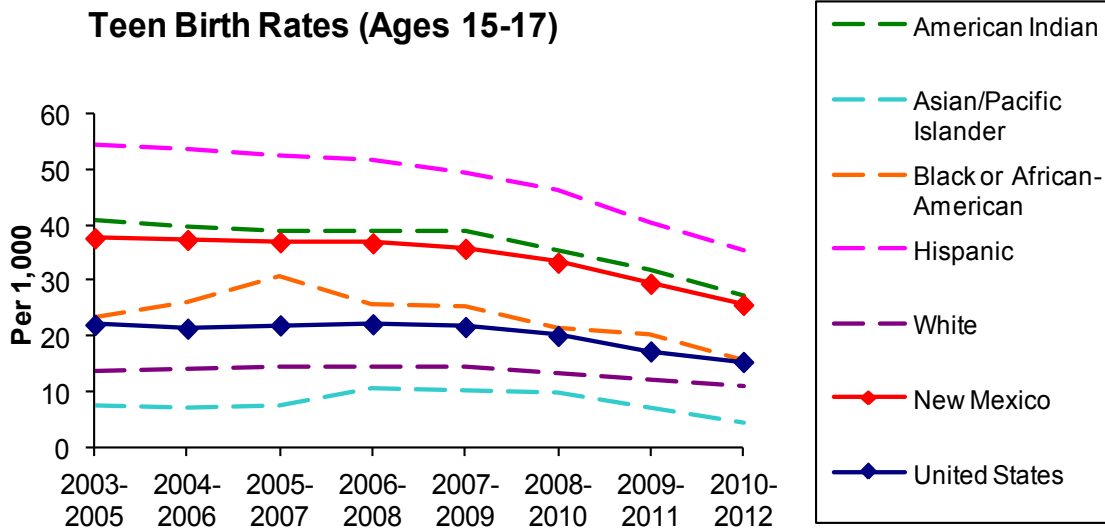
## 3. Teen Births (Ages 15-17)

Race/Ethnicity	2010-2012 Rate (per 1,000)	Disparity Ratio	Disparity Level
American Indian	27.2	6.0	Major
Asian/Pacific Islanders	4.5	1.0	Reference Group
Black or African-American	15.5	3.4	Major
Hispanic	35.3	7.8	Major
White	11.0	2.4	Moderate

**Note:**

- American Indians had the second highest teen birth rate in New Mexico.
- The overall teen birth rate in the state was 67% higher than the national rate.
- Asian/Pacific Islanders and Whites had much lower rates than those of other populations.
- Hispanic teens continued to have the highest rates.

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



**New Mexico  
2010-2012**

**United States  
Preliminary 2011**

**Teen Birth Rates Per 1,000 Ages 15-17**

25.7

15.4

# CHRONIC DISEASES

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

Race/Ethnicity	2011-2012 Percent (Rate Per 100)	Disparity Ratio	Disparity Level
American Indian	43.8	1.0	Reference Group
Asian/Pacific Islanders	*	Not Enough Data	Not Enough Data
Black or African-American	*	Not Enough Data	Not Enough Data
Hispanic	60.6	1.4	Low/No
White	54.6	1.2	Low/No

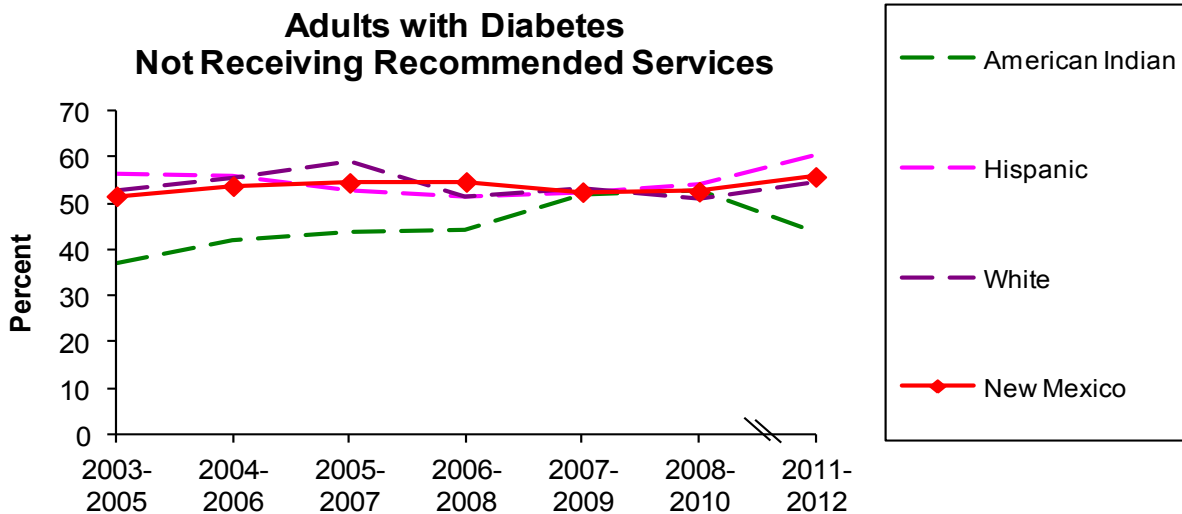
**Note:**

- American Indians had the best (lowest) percent for this measure.
- More than half of the individuals in New Mexico with diabetes did not receive the recommended services.

\* Survey results based on less than 50 interviews are not presented and disparity ratios not calculated.

\*\* Please note that changes to the weighting system and addition of cell phone interviews preclude combining 2011-2012 data with earlier years. In addition the data on federal poverty levels does not include cell phone interviews.

### Adults with Diabetes Not Receiving Services by Race/Ethnicity



### 2011–2012 Percent of New Mexicans Not Receiving Diabetes Preventive Services by Poverty Level

Poverty Level	Percent**
Above Federal Poverty Level	55.2
At or Below Federal Poverty Level	54.0

### 2011–2012 Percent of New Mexicans Not Receiving Diabetes Preventive Services by Gender

	Total	Female	Male
New Mexico	55.8	55.0	56.7
United States	Data Not Available		

# CHRONIC DISEASES

## 5. Diabetes Deaths

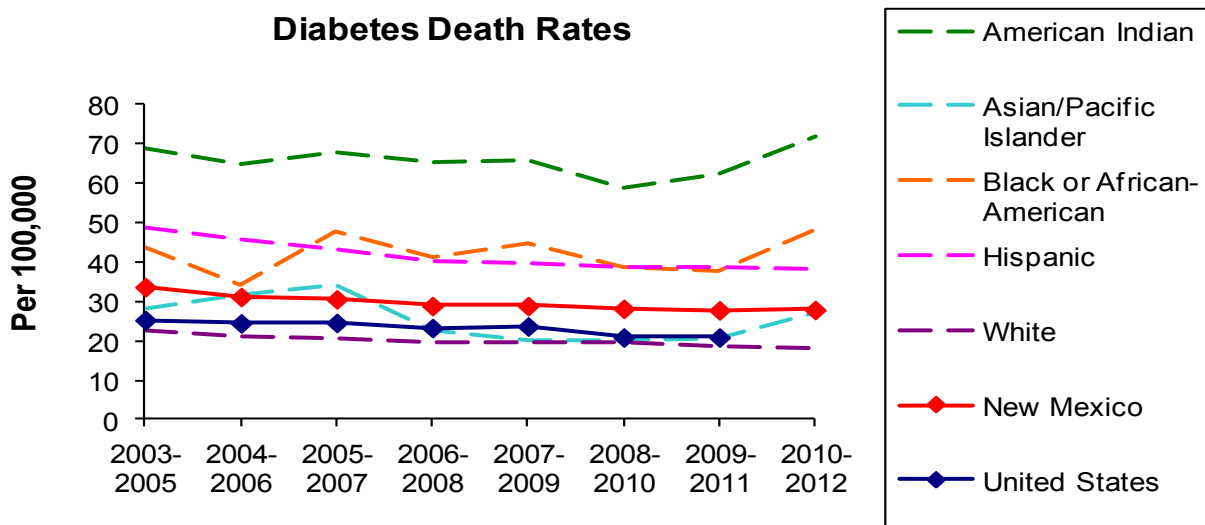
Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	72.1	4.0	Major
Asian/Pacific Islanders	27.0	*	Not Enough Data
Black or African-American	48.4	2.7	Major
Hispanic	38.4	2.1	Moderate
White	17.9	1.0	Reference Group

### Note:

- The New Mexico rate was higher than the national rate.
- American Indians had the highest death rate due to diabetes.
- Hispanics and African-Americans had death rates twice that of Whites.
- The diabetes death rate was higher for males.

\* Rate based on less than 20 events and may fluctuate greatly from year to year, so no disparity ratio calculated.

## Trend in Diabetes Death Rates



## Diabetes Death Rates Per 100,000 by Gender

	Total	Female	Male
<b>New Mexico 2010-2012</b>	27.9	23.6	32.9
<b>United States 2010</b>	20.8	17.6	24.9

# CHRONIC DISEASES

## 6. Obesity Among Adults

Race/Ethnicity	2011-2012 Percent (Rate Per 100)	Disparity Ratio	Disparity Level
American Indian	39.2	5.7	Major
Asian/Pacific Islanders	6.9	1.0	Reference Group
Black or African-American	25.2	3.7	Major
Hispanic	29.9	4.3	Major
White	22.1	3.2	Major

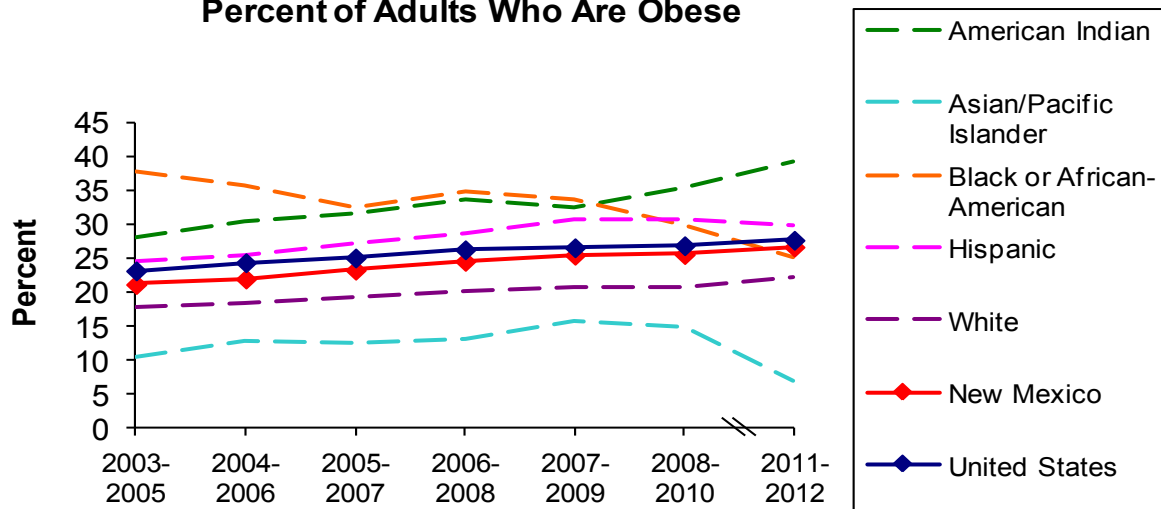
### Note:

- American Indians and Hispanics had rates of obesity higher than the national rate.
- Individuals at or below the poverty level had higher rates of obesity.

\* \* Please note that changes to the weighting system and addition of cell phone interviews preclude combining 2011-2012 data with earlier years. In addition the data on federal poverty levels does not include cell phone interviews.

### Trend in Obesity Among Adults by Race/Ethnicity

Percent of Adults Who Are Obese



### 2011-2012 Percent of Obesity Among New Mexican Adults by Poverty Level

Poverty Level	Percent * *
Above Federal Poverty Level	24.4
At or Below Federal Poverty Level	32.2

### Percent of Obesity Among Adults by Gender

	Total	Female	Male
New Mexico (2011-2012)	26.7	26.9	26.5
U.S. (2012)	27.7	27.5	28.1

# CHRONIC DISEASES

## 7. Obesity Among Youth

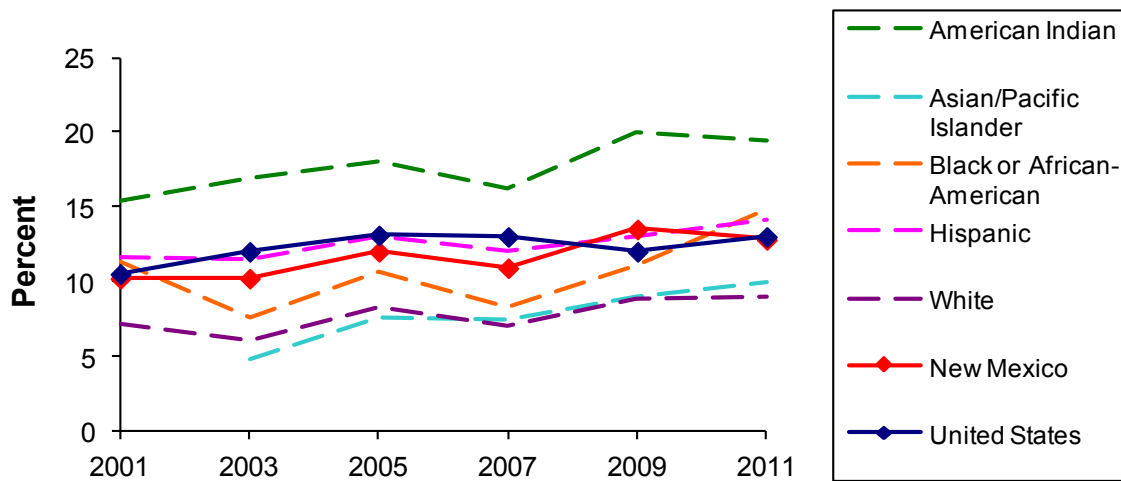
Race/Ethnicity	2011 Percent (rate per 100)	Disparity Ratio	Disparity Level
American Indian	19.4	2.2	Moderate
Asian/Pacific Islanders	10.0	1.1	Low/No
Black or African-American	14.8	1.7	Moderate
Hispanic	14.1	1.6	Moderate
White	8.9	1.0	Reference Group

**Note:**

- American Indian youth continued to have the highest rate of obesity.
- Whites had the lowest rate of obesity but showed an increase since 2009
- Males had a higher rate of obesity than did females for both the United States and New Mexico.

### Trend in Obesity Among Youth by Race/Ethnicity

Percent of High School Youth Who Are Obese



### Percent of Obesity Among Youth by Gender

	Total	Female	Male
New Mexico 2011	12.8	7.8	17.5
United States 2011	13.0	9.8	16.1

# INFECTIOUS DISEASES

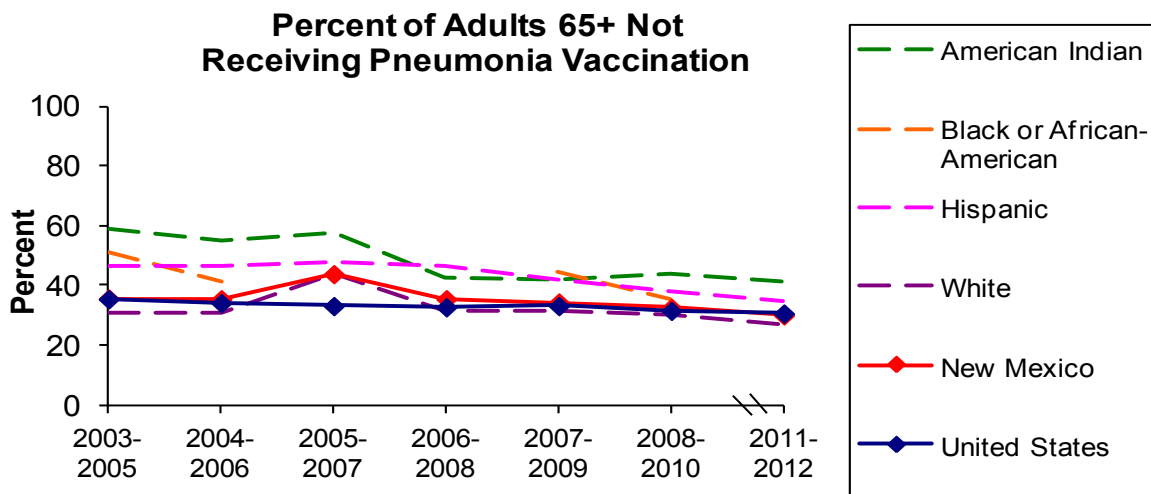
## 8. Not Had Pneumonia Vaccination (Adults 65+)

Race/Ethnicity	2011-2012 Percent (Rate per 100)	Disparity Ratio	Disparity Level
American Indian	41.2	1.5	Moderate
Asian/Pacific Islanders	*	Not Enough Data	Not Enough Data
Black or African-American	*	Not Enough Data	Not Enough Data
Hispanic	34.9	1.3	Low/No
White	27.1	1.0	Reference Group

**Note:**

- American Indians & Hispanics were less likely than Whites to have received a pneumonia vaccination.
  - People at or below the poverty level were less likely to have received a pneumonia vaccination.
- \* Survey results based on less than 50 interviews and are not presented and no disparity ratios calculated.
- \*\* Please note that changes to the weighting system and addition of cell phone interviews preclude combining 2011-2012 data with earlier years. In addition the data on federal poverty levels does not include cell phone interviews.

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



#### 2011 – 2012 Percent of New Mexicans Not Receiving Pneumonia Vaccination by Poverty Level

Poverty Level	Percent**
Above Federal Poverty Level	28.0
At or Below Federal Poverty Level	40.7

#### Rate of Not Receiving Pneumonia Vaccination by Gender

	Total	Female	Male
New Mexico 2011-2012	30.0	26.4	34.6
U.S. 2012	30.6	28.3	33.3



# INFECTIOUS DISEASES

## 9. Pneumonia and Influenza Deaths

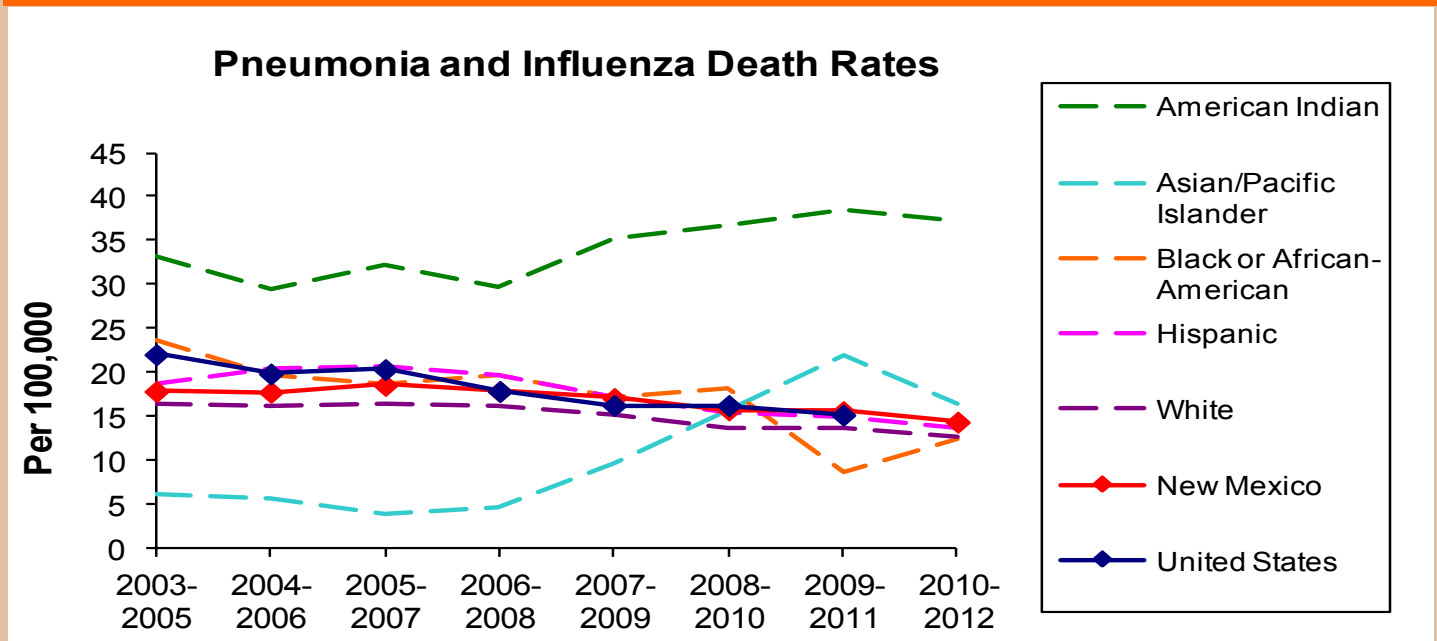
Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	37.1	2.9	<b>Major</b>
Asian/Pacific Islanders	16.4	*	<b>Not Enough Data</b>
Black or African-American	12.4	*	<b>Not Enough Data</b>
Hispanic	13.7	1.1	<b>Low/No</b>
White	12.6	1.0	<b>Reference Group</b>

**Note:**

- The American Indians had the highest rate—more than twice that of Whites or Hispanics.
- Rates for males were higher than rates for females.

\* Rate based on less than 20 events and may fluctuate greatly from year to year, so no disparity ratios calculated.

### Trend in Pneumonia and Influenza Deaths by Race/Ethnicity



### Pneumonia and Influenza Death Rates Per 100,000 by Gender

	Total	Female	Male
<b>New Mexico 2010-2012</b>	14.3	11.8	18.0
<b>United States (2010)</b>	15.1	13.1	18.2

# INFECTIOUS DISEASES

## 10. Chlamydia Infections (Females Ages 15-24)

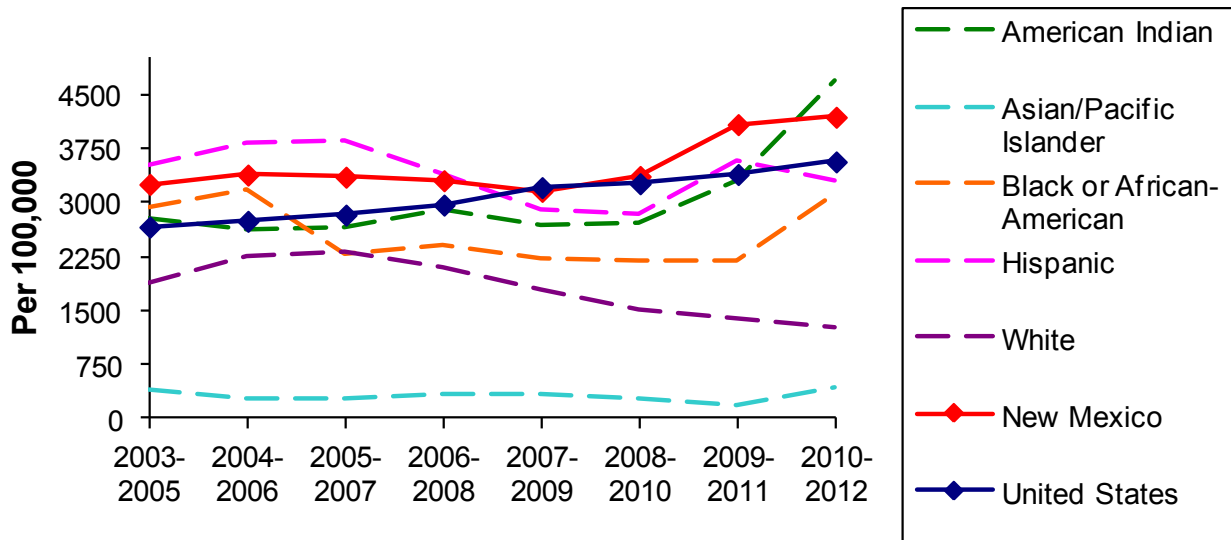
Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	4,679.0	10.6	Major
Asian/Pacific Islanders	440.6	1.0	Reference Group
Black or African-American	3,109.5	7.1	Major
Hispanic	3,294.8	7.5	Major
White	1,272.4	2.9	Major

**Note:**

- American Indian females had the highest rates of Chlamydia infections.
- New Mexico rates were higher than the national rates.
- Asian and Pacific Islanders females had a much lower rate than all other groups.

### Trend in Chlamydia Infections by Race/Ethnicity

**Chlamydia Infection Rates (Females Ages 15-24)**



	New Mexico 2010-2012	United States (2011)
<b>Chlamydia in Females Ages 15-24 Per 100,000</b>	4,200.4	3,568.3

# INFECTIOUS DISEASES

## 11. Hepatitis B Infections (Acute & Chronic)

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	1.5	*	<b>Not Enough Data</b>
Asian/Pacific Islanders	146.6	77.2	<b>Major</b>
Black or African-American	15.7	8.3	<b>Major</b>
Hispanic	1.9	1.0	<b>Reference Group</b>
White	3.4	1.8	<b>Moderate</b>

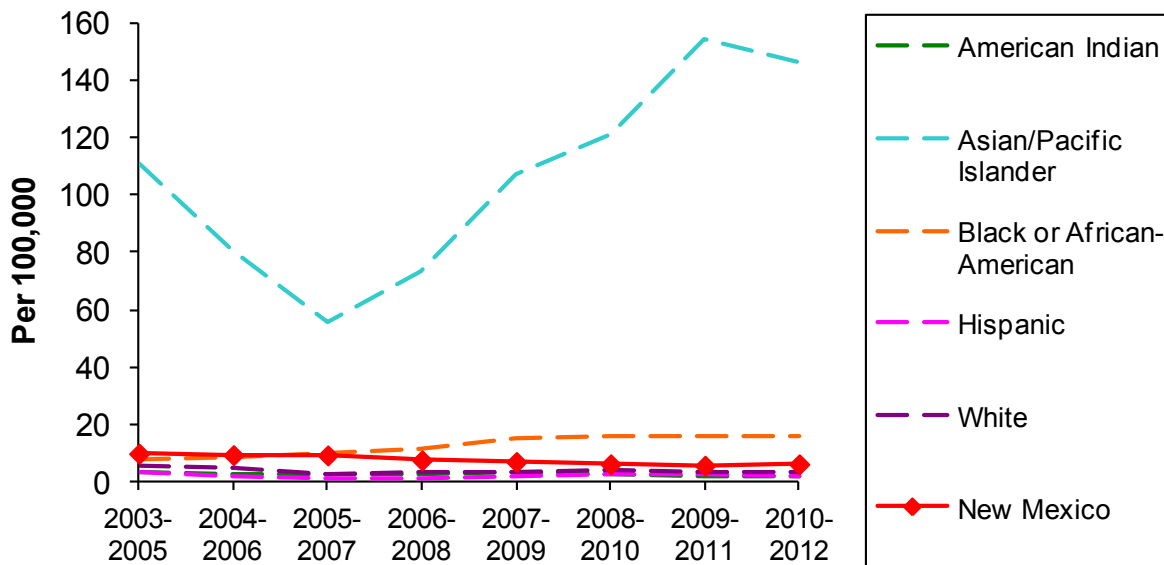
**Note:**

- Asian/Pacific Islanders continued to have the highest rate.
- Hispanics had the lowest rates.
- Disparity levels were urgent for both African Americans and Asian/Pacific Islanders.

\* Rate based on less than 20 events and may fluctuate greatly from year to year, so no disparity ratio calculated.

### Trend in Hepatitis B Infections by Race/Ethnicity

**Hepatitis B Infection Rates (Acute and Chronic)**



### Hepatitis B (Acute and Chronic) Infection Rates per 100,000 by Gender

	Total	Female	Male
<b>New Mexico 2010-2012</b>	6.2	5.0	7.4

# INFECTIOUS DISEASES

## 12. HIV Infections (Ages 13 and older)

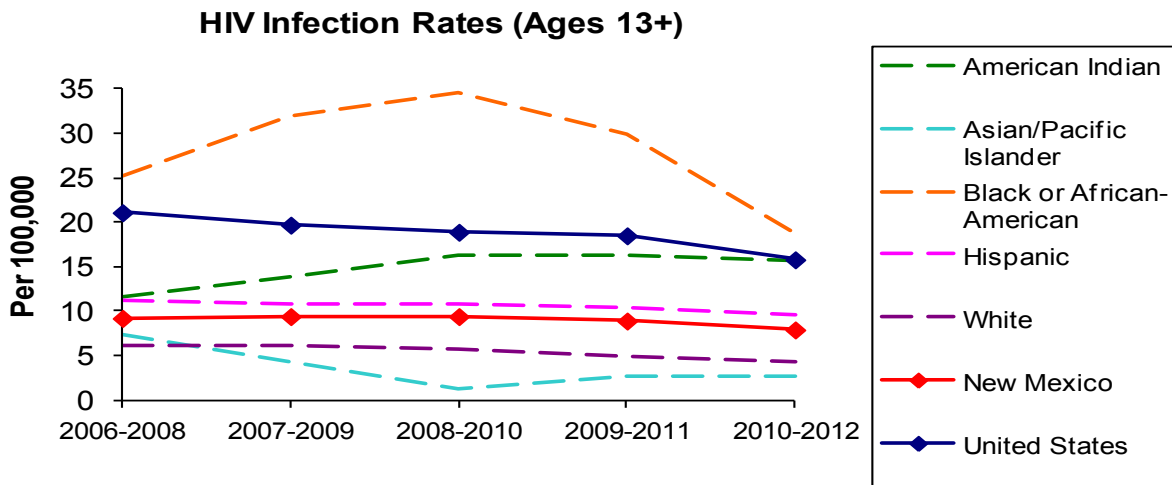
Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	15.7	3.7	<b>Major</b>
Asian/Pacific Islanders	2.6	*	<b>Not Enough Data</b>
Black or African-American	18.7	*	<b>Not Enough Data</b>
Hispanic	9.5	2.3	<b>Moderate</b>
White	4.2	1.0	<b>Reference Group</b>

**Note:**

The indicator has been changed to reflect the population most at risk. Between 2006 and 2011 only 5 cases of HIV infection were reported among individuals under the age of 13.

- American Indians had the highest rate of HIV infections in the state.
- The New Mexico rate was much lower than the United States rate.
- The rate for males remained higher than the rate for females.

### Trend in HIV Infections by Race/Ethnicity



### HIV Infection Rates by Gender per 100,000 (Ages 13 and older)

Population	Total	Female	Male
<b>New Mexico 2010-2012</b>	7.9	2.0	14.0
<b>United States 2011</b>	15.8	7.7	30.8

# INFECTIOUS DISEASES

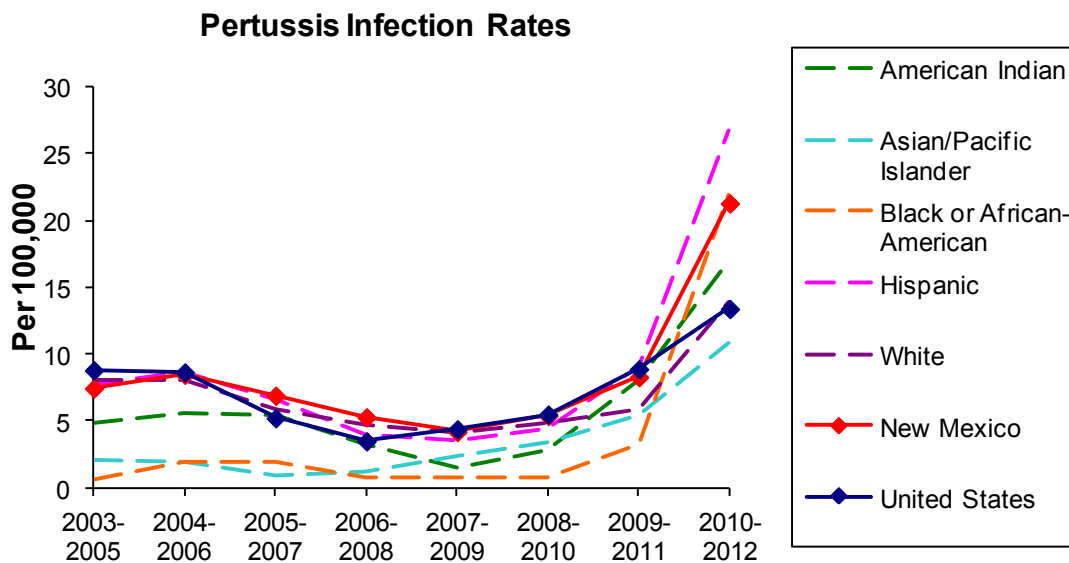
## 13. Pertussis (Whooping Cough) Infections

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	17.0	1.2	Low/No
Asian/Pacific Islanders	10.8	*	Not Enough Data
Black or African-American	21.9	1.6	Moderate
Hispanic	26.7	1.9	Moderate
White	13.9	1.0	Reference Group

**Note:**

- The American Indian rate was lower than both the Black and Hispanic rates.
- Cases increased in all populations for 2010-2012

### Trend in Pertussis Infections by Race/Ethnicity



### Diagnosed Pertussis Rates per 100,000 by Gender

	Total	Female	Male
<b>New Mexico 2010-2012</b>	21.3	24.4	18.0
<b>United States Preliminary 2012</b>	13.3	NA	NA

# INJURY AND VIOLENCE

## 14. Motor Vehicle Deaths

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	37.2	3.1	Major
Asian/Pacific Islanders	14.9	*	Not Enough Data
Black or African-American	11.2	*	Not Enough Data
Hispanic	15.7	1.3	Low/No
White	11.9	1.0	Reference Group

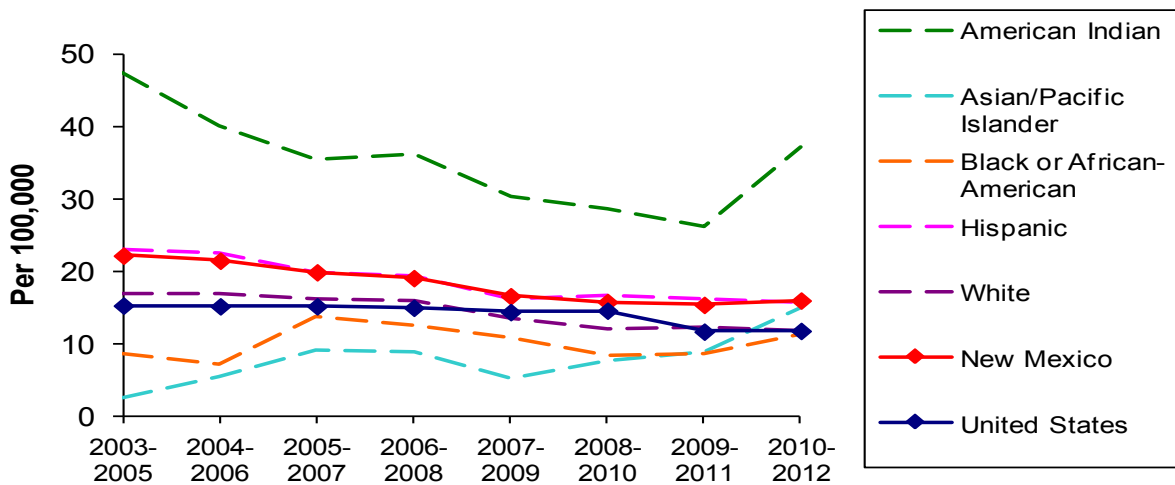
**Note:**

- The American Indian motor vehicle death rate was three times higher than the White rate.
- The New Mexico rate was higher than the national rate.
- The rates for males were twice that for females.

\* Rate based on less than 20 events may fluctuate greatly from year to year, so no disparity ratio calculated.

### Trend in Motor Vehicle Deaths by Race/Ethnicity

**Motor Vehicle Death Rates**



### Motor Vehicle Death Rates Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2010-2012	16.0	9.7	22.7
United States 2010	11.3	6.5	16.2

# INJURY AND VIOLENCE

## 15. Fall-related Deaths (Ages 65+)

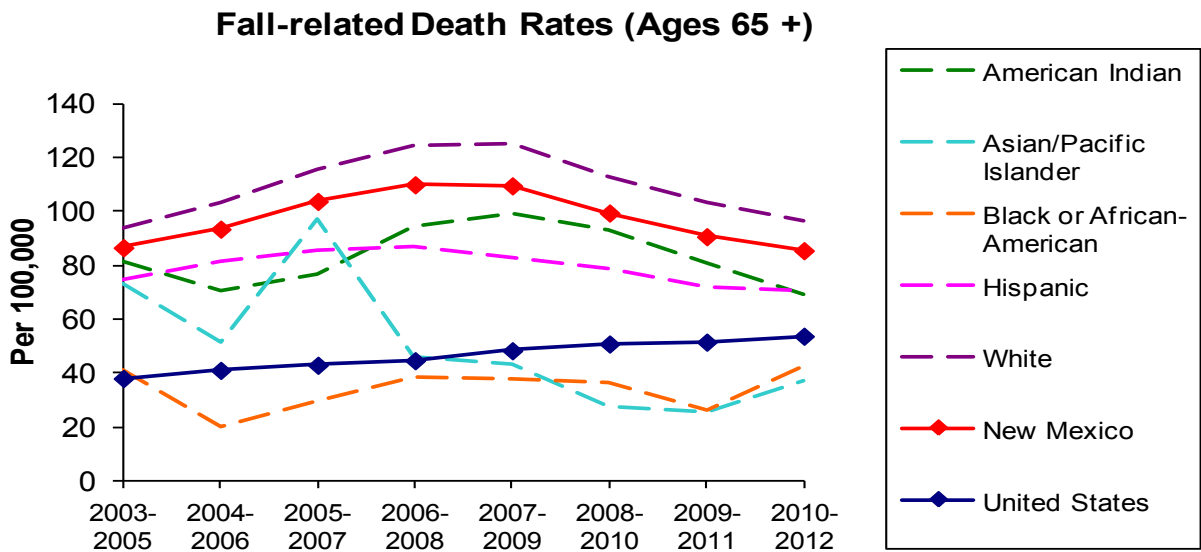
Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	69.3	1.0	<b>Reference Group</b>
Asian/Pacific Islanders	37.0	*	<b>Not Enough Data</b>
Black or African-American	42.7	*	<b>Not Enough Data</b>
Hispanic	70.6	1.0	<b>Low/No</b>
White	96.3	1.4	<b>Low/No</b>

**Note:**

- American Indians had the lowest disparity ratio for this measure.
- Whites had the highest rate of fall-related deaths.
- The New Mexico rate was higher than the latest national rate.
- Women had a higher rate than men.

\* Rate based on less than 20 events may fluctuate greatly from year to year, so no disparity ratio calculated.

### Trend in Fall-related Deaths by Race/Ethnicity



### Fall-related Death Rates Per 100,000 by Gender

	Total	Female	Male
<b>New Mexico 2010-2012</b>	85.6	88.1	82.5
<b>United States 2010</b>	53.8	51.6	56.7

# INJURY AND VIOLENCE

## 16. Suicide

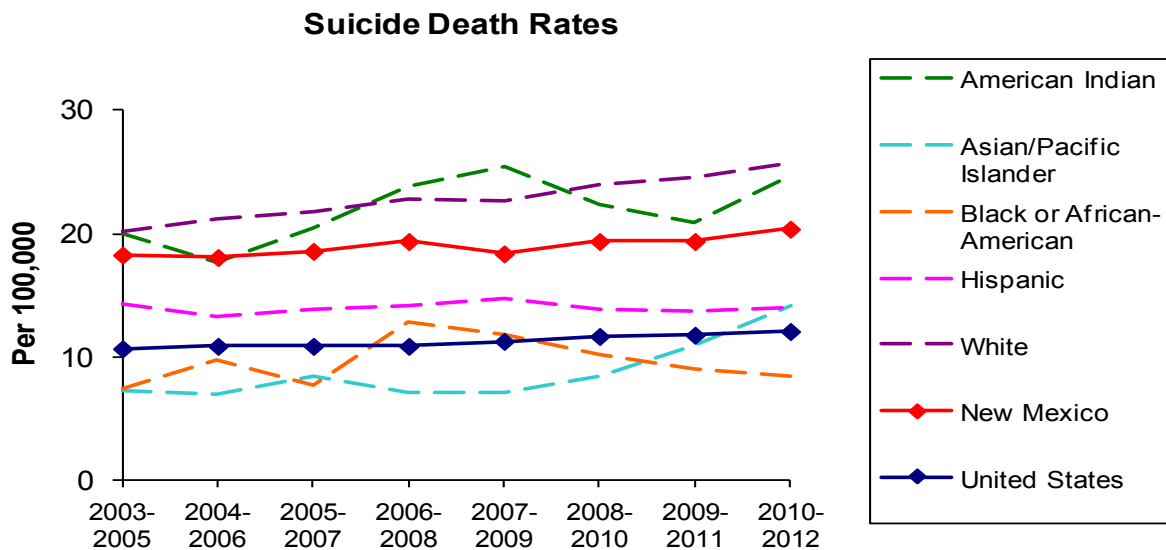
Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	24.7	1.8	Moderate
Asian/Pacific Islanders	14.2	*	Not Enough Data
Black or African-American	8.5	*	Not Enough Data
Hispanic	14.0	1.0	Reference Group
White	25.7	1.8	Moderate

**Note:**

- American Indians had the second highest suicide death rate in the state.
- The New Mexico rate was 68% higher than the national rate.
- Whites had the highest rate in the state.
- The male rate was more than three times the female rate.

\* Rate based on less than 20 events may fluctuate greatly from year to year, so no disparity ratio calculated.

### Trend in Suicide Rates by Race/Ethnicity



### Suicide Death Rates Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2010-2012	20.4	9.6	31.7
United States 2010	12.1	5.0	19.8



# INJURY AND VIOLENCE

## 17. Youth Suicide

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	38.7	2.1	Moderate
Asian/Pacific Islanders	27.3	*	Not Enough Data
Black or African-American	0.0	*	Not Enough Data
Hispanic	18.1	1.0	Reference Group
White	20.3	1.1	Low/No

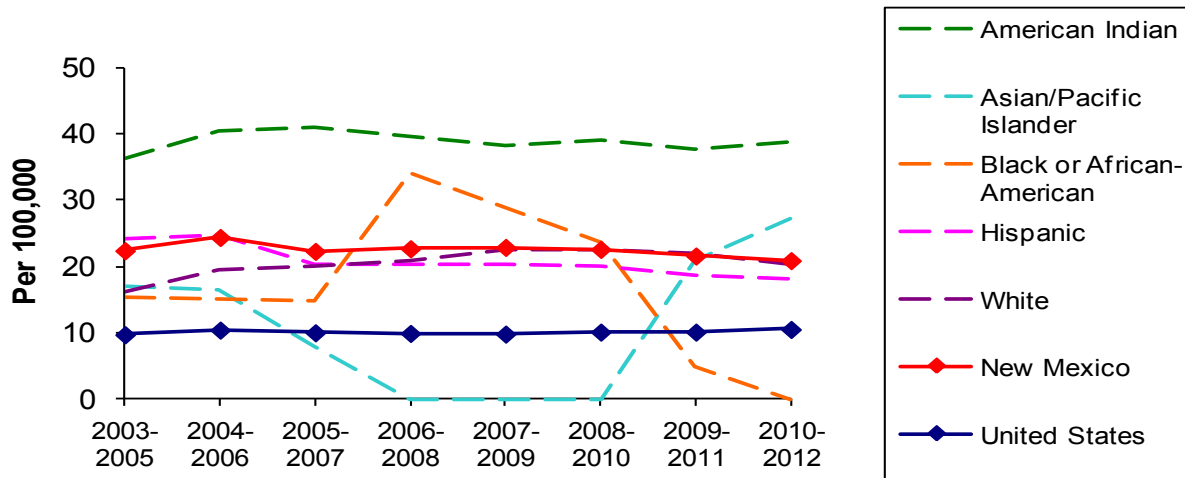
**Note:**

- American Indian youth continued to have the highest rate in the state.
- The New Mexico rate was nearly double the U.S. rate.
- The male rate was 3 times the female rate.

\* Rate based on less than 20 events may fluctuate greatly from year to year, so no disparity ratios calculated.

### Trend in Youth Suicide by Race/Ethnicity

Youth Suicide Death Rates (Ages 15-24)



### Youth Suicide Death Rates Per 100,000 by Gender

	Total	Female	Male
New Mexico 2010-2012	20.9	9.4	31.8
United States 2010	10.5	3.9	16.9

# INJURY AND VIOLENCE

## 18. Homicide

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	14.7	4.1	Major
Asian/Pacific Islanders	2.1	*	Not Enough Data
Black or African-American	17.3	4.8	Major
Hispanic	8.1	2.3	Moderate
White	3.6	1.0	Reference Group

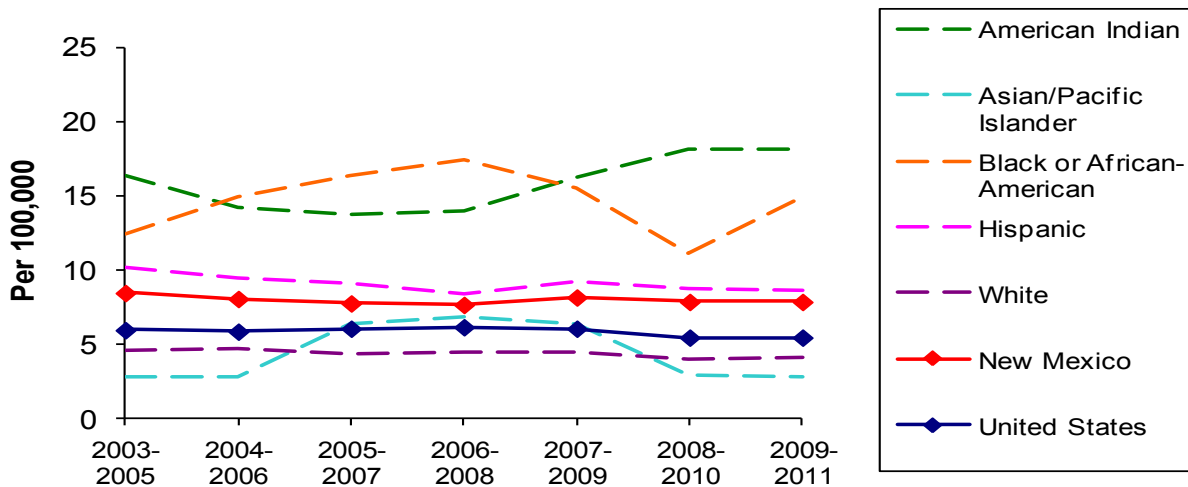
**Note:**

- The American Indian rate was the second highest in the state.
- The New Mexico homicide rate was more than 35% higher than the national rate.
- The disparity level for both African Americans and American Indians was major.

\* Rate based on less than 20 events may fluctuate greatly from year to year, so no disparity ratio calculated.

### Trend in Homicide Rates by Race/Ethnicity

**Homicide Death Rates**



### Homicide Death Rates Per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2010-2012	7.2	2.6	11.7
United States 2010	5.3	2.3	8.4

# RISK BEHAVIORS

## 19. Smoking Among Adults

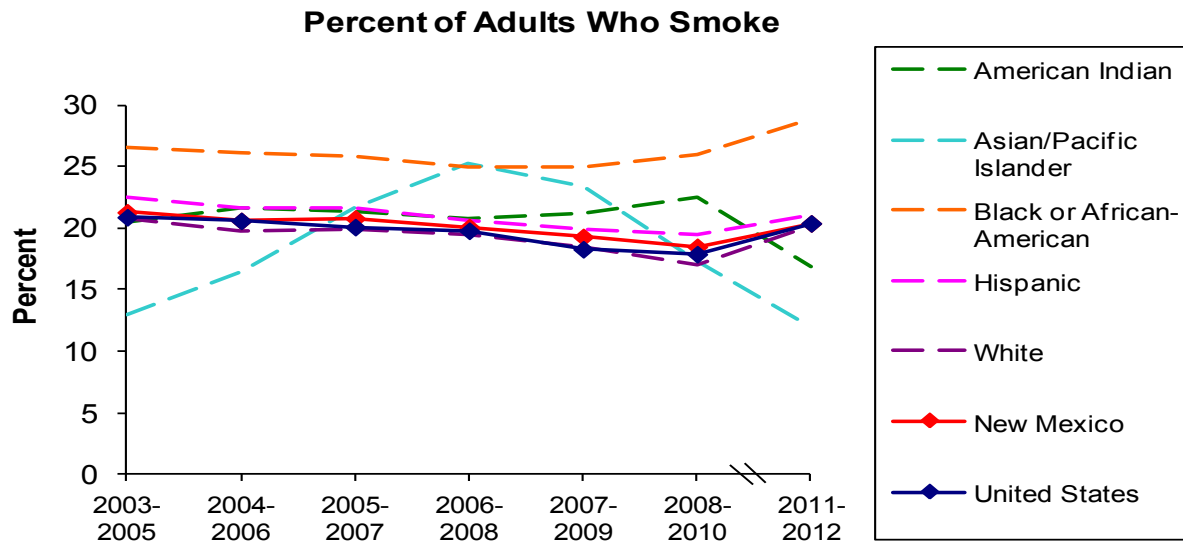
Race/Ethnicity	2011-2012 Percent (Rate per 100)	Disparity Ratio	Disparity Level
American Indian	16.9	1.4	Low/No
Asian/Pacific Islanders	11.9	1.0	Reference Group
Black or African-American	28.8	2.4	Moderate
Hispanic	21.1	1.8	Moderate
White	20.2	1.7	Moderate

### Note:

- American Indians had the second lowest rate in the state.
- Men continued to be more likely than women to smoke.

\*\* Please note that changes to the weighting system and addition of cell phone interviews preclude combining 2011-2012 data with earlier years. In addition the data on federal poverty levels does not include cell phone interviews.

## Trend in Smoking Among Adults by Race/Ethnicity



### 2011-2012 New Mexico Percent of Smoking by Poverty Level

Poverty Level	Percent
Above Federal Poverty Level	15.5
At or Below Federal Poverty Level	27.0

### Percent of Smoking by Gender

	Total	Female	Male
New Mexico 2011-2012	20.4	17.5	23.5
U.S. 2012	20.4	18.1	22.6

# RISK BEHAVIORS

## 20. Drug Overdose Deaths

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	14.1	1.0	Reference Group
Asian/Pacific Islanders	7.8	*	Not Enough Data
Black or African-American	21.8	1.5	Moderate
Hispanic	25.6	1.8	Moderate
White	25.6	1.8	Moderate

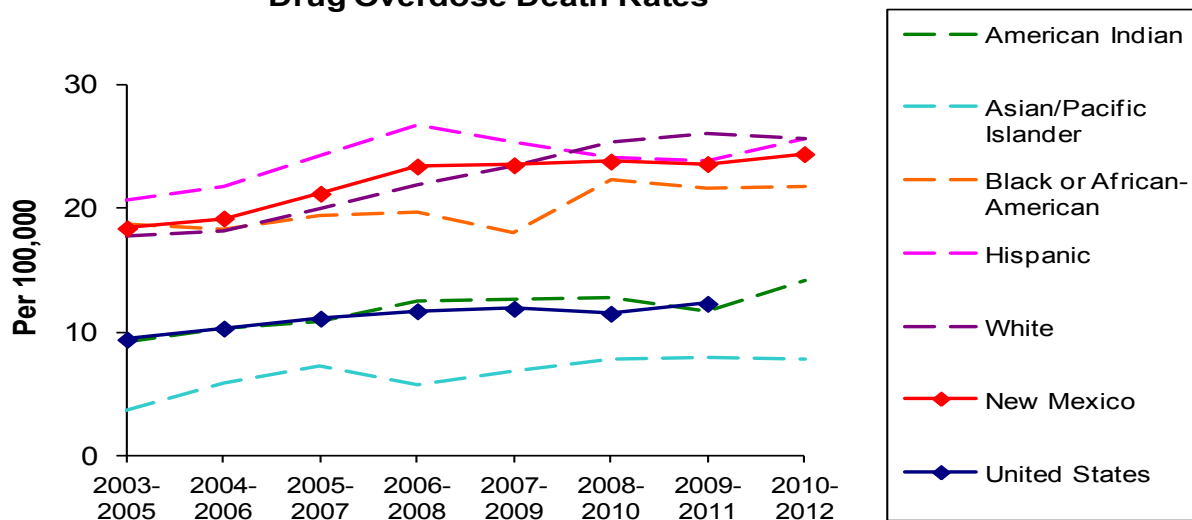
### Note:

- The American Indian death rate was much lower than the White death rate.
- New Mexico's rate was almost twice the U.S. rate.
- Drug overdose deaths due to prescription drugs outnumbered those due to illicit drugs.

\* Rate based on less than 20 events may fluctuate greatly from year to year, so no disparity ratio calculated.

## Trend in Drug Overdose Deaths by Race/Ethnicity

Drug Overdose Death Rates



## Drug Overdose Death Rates per 100,000 by Gender

	Total	Female	Male
New Mexico 2010-2012	24.4	20.2	28.7
United States 2010	12.3	9.6	15.6

# RISK BEHAVIORS

## 21. Alcohol-related Deaths

Race/Ethnicity	2010-2012 Rate (per 100,000)	Disparity Ratio	Disparity Level
American Indian	121.1	3.0	Major
Asian/Pacific Islanders	16.9	*	Not Enough Data
Black or African-American	39.9	1.0	Reference Group
Hispanic	53.4	1.3	Low/No
White	41.0	1.0	Low/No

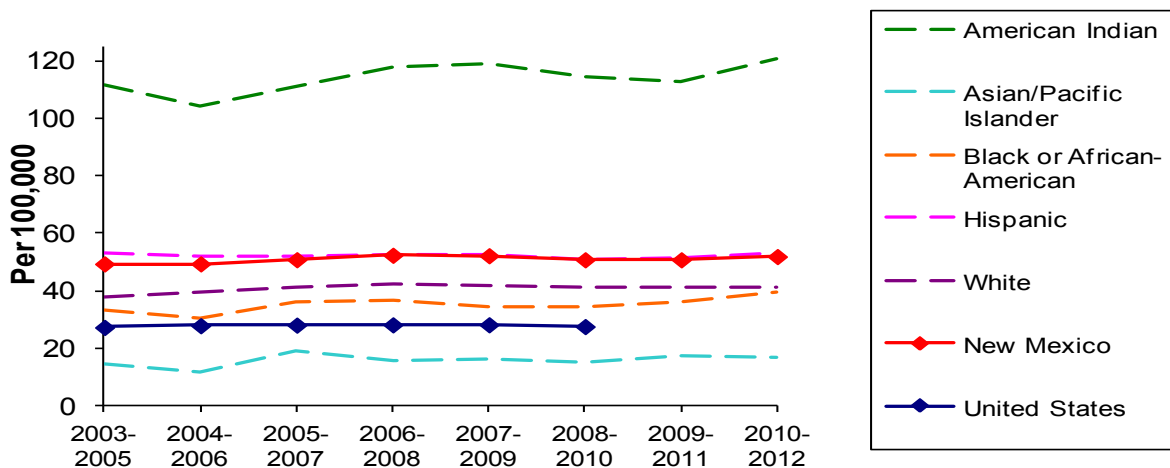
### Note:

- American Indians continued to have an alcohol-related death rate substantially higher than other groups.
- New Mexico alcohol-related death rates remained high.
- The male rate was more than double female rate.

\* Rate based on less than 20 events and may fluctuate greatly from year to year so disparity ratio not calculated.

## Trend in Alcohol-related Deaths by Race/Ethnicity

### Alcohol-related Death Rates



## Alcohol-related Death Rates per 100,000 by Gender

Population	Total	Female	Male
New Mexico 2010-2012	52.1	29.5	76.1
United States 2009	27.6	15.1	41.2







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