



2008 American Indian

Health Disparities

In New Mexico



**Selected Indicators from the New Mexico
Racial and Ethnic Health Disparities Report Card**

American Indian Health Disparities In New Mexico

Health Disparities are the differences in health status and the impact of diseases on different race and ethnic population. In order to create awareness of and coordinate efforts to reduce health disparities, the Department of Health has produced, for two years, a Racial and Ethnic Health Disparities Report Card consisting of 19 indicators. (See <http://www.nmhealth.org/OPMH/DPPR.htm>).

American Indians in New Mexico bear a disproportionate share of poor health status and disease. Of the 19 indicators in the Racial and Ethnic Health Disparities Report Card, American Indians have the highest (worst) rates on 9 indicators. Consequently, the Department has designed the current publication to focus on American Indian health in the hope that public and private partners will join us in identifying the factors that contribute to the disproportionate burden of disease experienced by American Indians in New Mexico and help us to identify successful strategies to reduce this burden.

Included in the American Indian Health Disparities Report Card are the 9 indicators on which American Indians have the worst (highest) rates and the 3 indicators for which they have the lowest (best) rates in New Mexico.

The Indicators for which American Indians have the highest (worst) rates include indicators relating to getting a healthy start in life, practicing healthy behaviors and avoiding violence.

- Late or no prenatal care*
- Youth Obesity*
- Youth Suicide
- Deaths due to diabetes*
- Adults (age 65 +) Not Receiving a Pneumonia Vaccination
- Pneumonia and Influenza Deaths
- Motor Vehicle deaths*
- Homicide*
- Deaths Related to Alcohol.*

*Rates for American Indians are at least double that of the group with the best rate.

The Indicators for which American Indians have the lowest (best) rates relate to chronic conditions and risky behaviors:

- Receiving recommended services for individuals with diabetes
- HIV/AIDS
- Drug Induced Deaths

The following pages contain the 12 indicators listed above. Each indicator will have the 5 major population groups in New Mexico listed, a grade for how effective the health system is in eliminating the disparity, the rate for each group, and a disparity ratio indicating how each population group compares to the group with the best rate (the reference group). Additionally, accompanying each table is a graph depicting the trends by population group and the trend lines for New Mexico and the United States. Following the table and graph are some bullet points describing the ranking of American Indians on the indicators.

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.

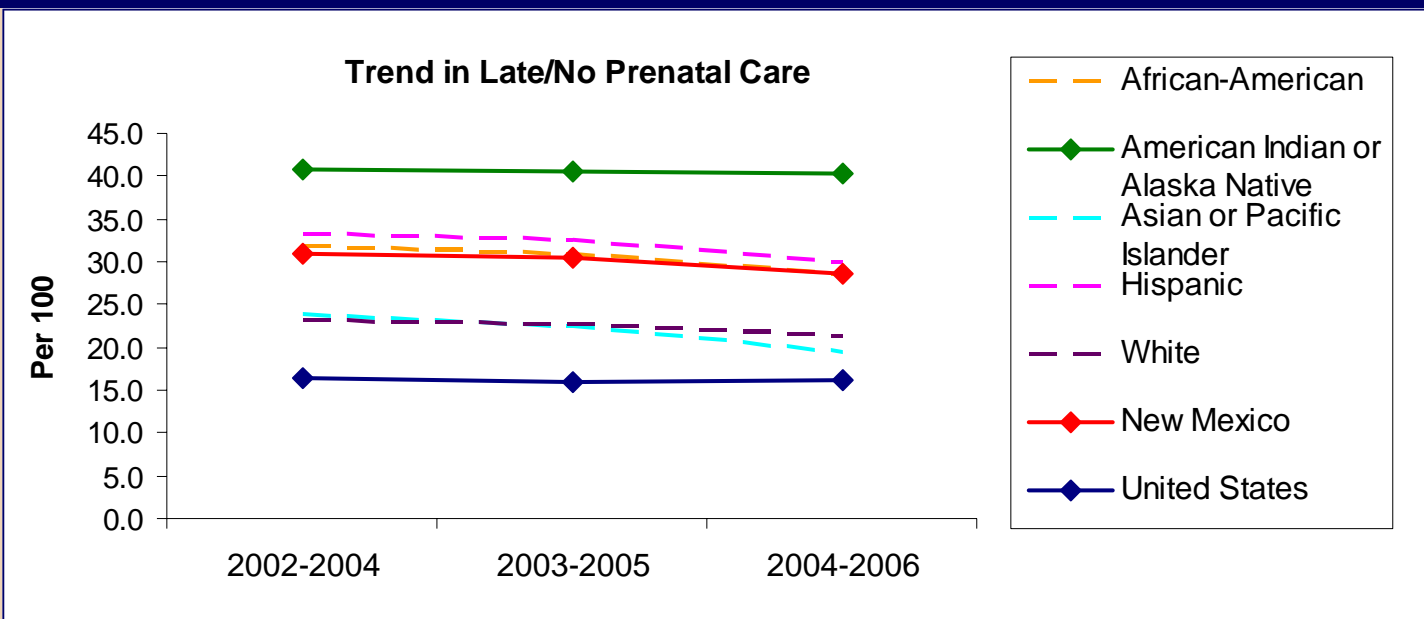
Health System Effectiveness

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.

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

Trend in Prenatal Care by Race



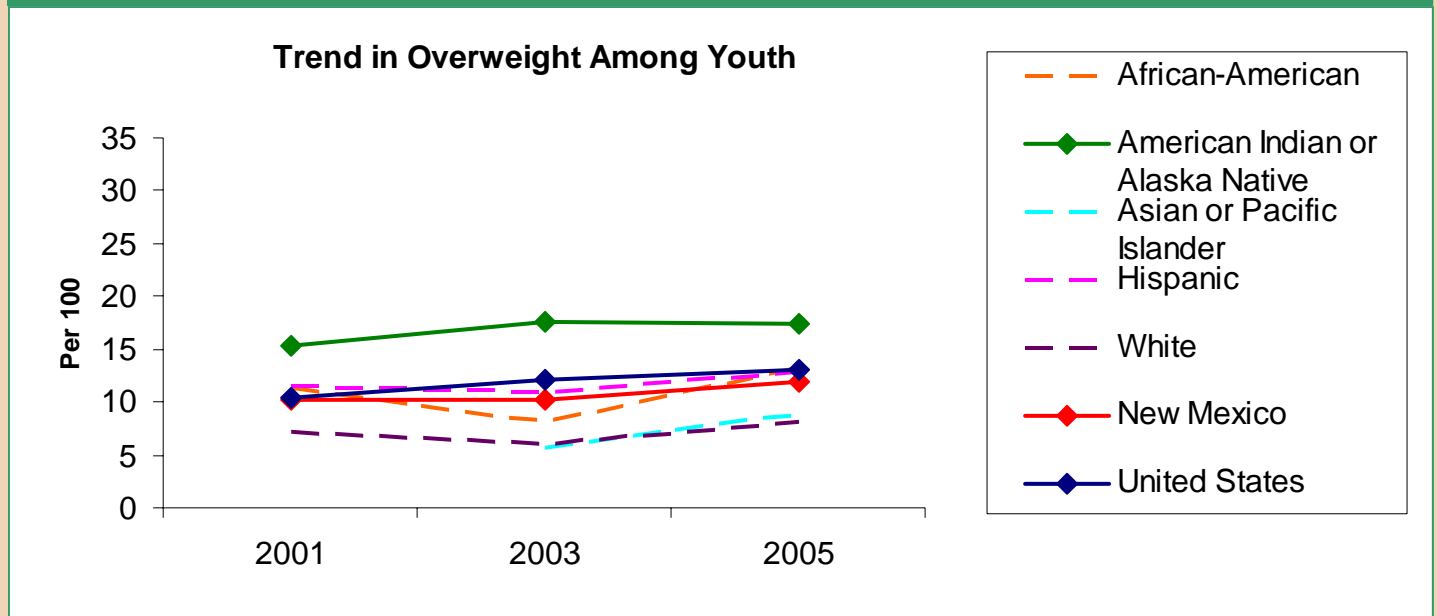
Note:

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

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

Trend in Overweight Among Youth by Race/Ethnicity



Note:

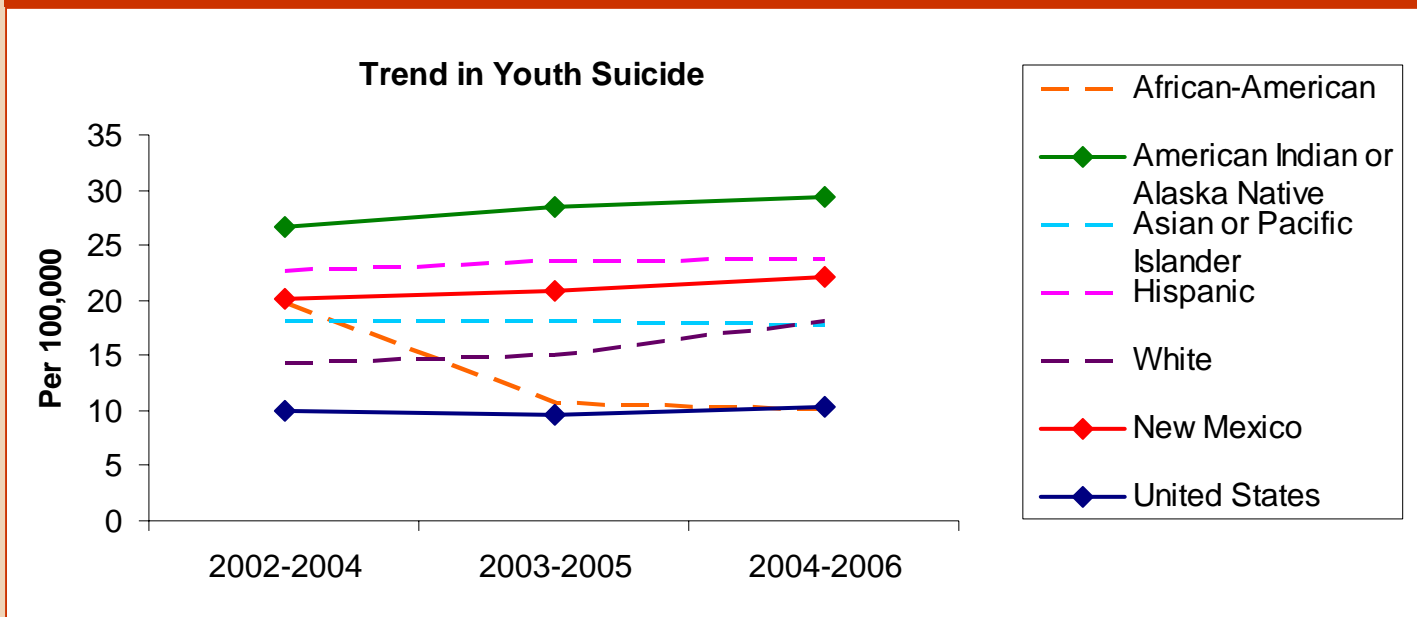
- Although the New Mexico rate remains below the United States rate, American Indian youth have the highest rate of being overweight in New Mexico and consistently have a rate higher than the rates for New Mexico and the United States.

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

* Rate based on less than 20 events and may fluctuate greatly from year to year as is illustrated by the trend for African-Americans.

Trend in Youth Suicide by Race/Ethnicity



Note:

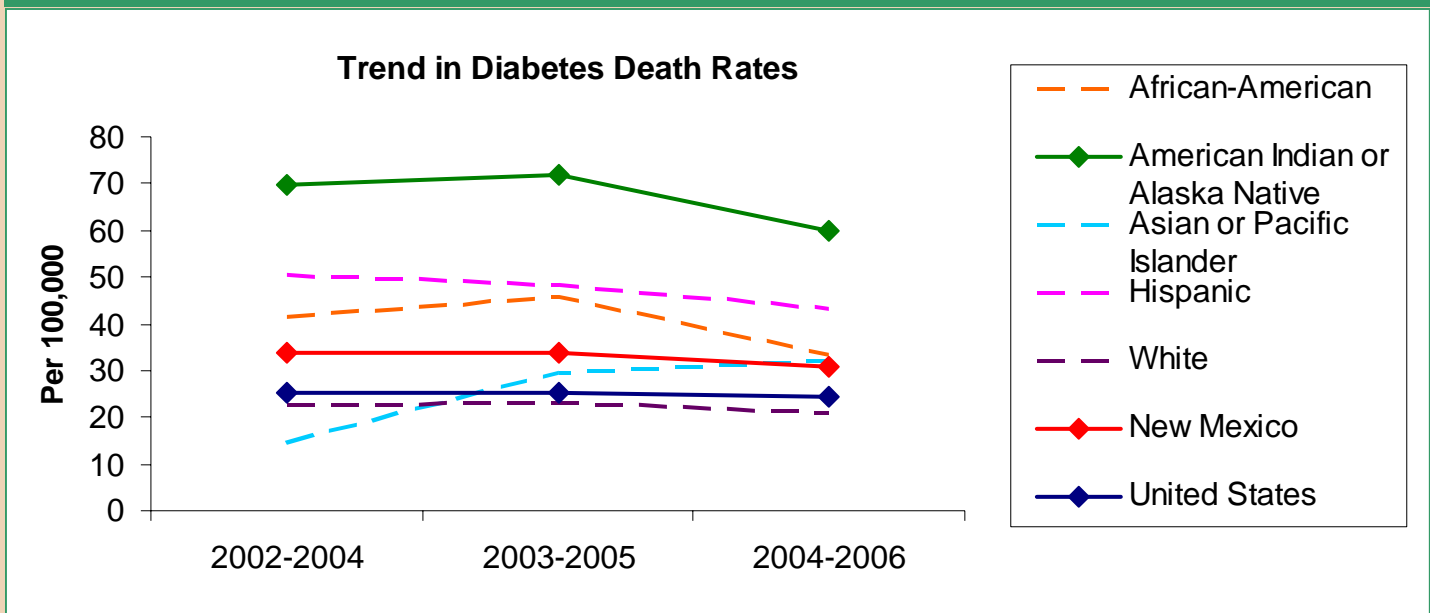
- The New Mexico rate is more than double the United States rate.
- Rates appear to be increasing for New Mexico Whites and American Indians, although American Indians continue to have the highest rate.

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

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

Trend in Diabetes Death Rates



Note:

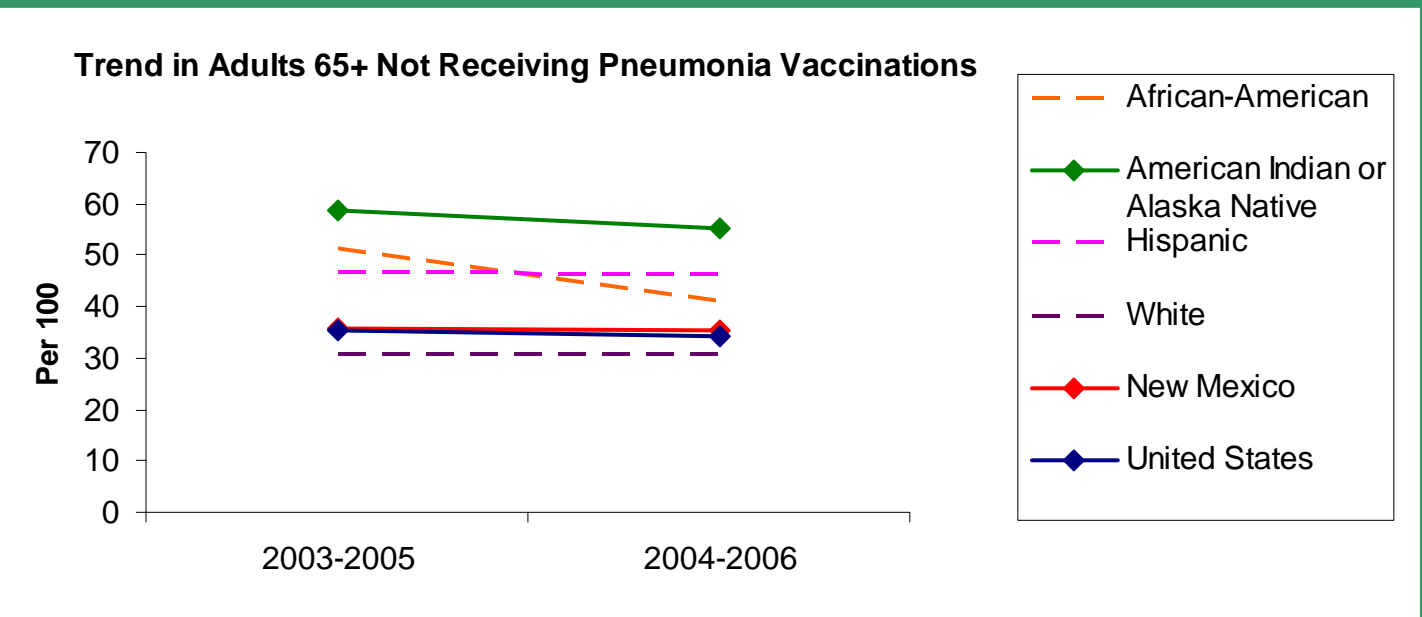
- New Mexico's Diabetes Death Rate is higher than that of the United States.
- American Indians have the highest death rate - nearly 3 times that of whites and nearly 40% higher than that of Hispanics.
- The high death rate is particularly perplexing since American Indians are more likely to report receiving the recommended diabetes management services. (Please see page 13)

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

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

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



Note:

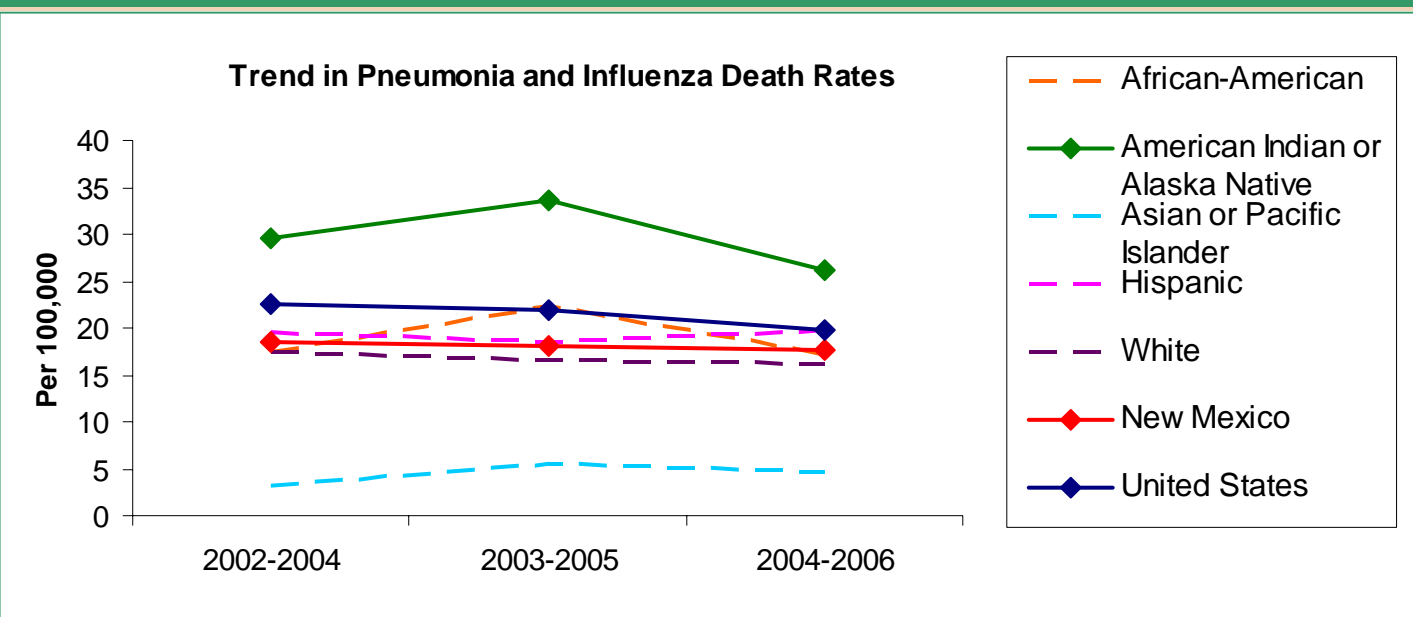
- American Indian elders are the least likely of all groups in New Mexico to report receiving a vaccination against pneumonia.
- Over half the American Indian population age 65 and older has not received this important prevention.
- Consequently, it is not surprising that American Indians also have the highest death rates due to pneumonia and influenza.

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

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

Trend in Pneumonia and Influenza Deaths by Race/Ethnicity



Note:

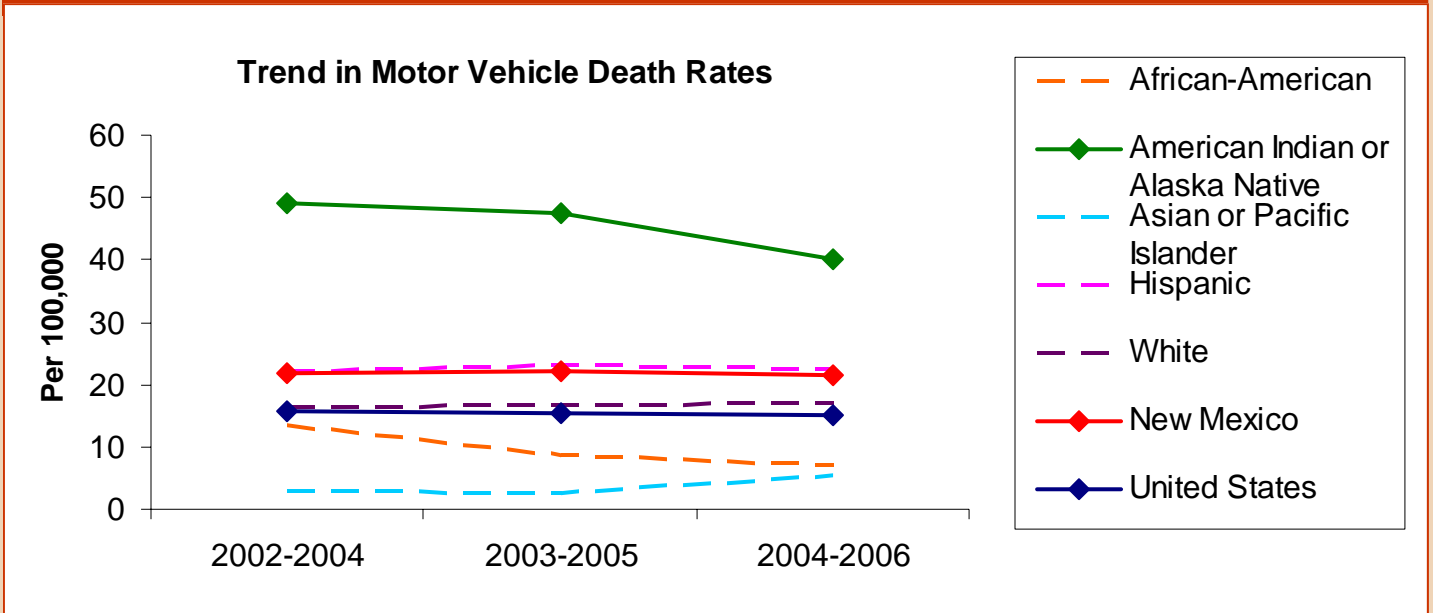
- American Indians consistently have the highest rate of deaths due to pneumonia and influenza and are the only group in New Mexico to have a higher rate than that of the United States.

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

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

Trend in Motor Vehicle Deaths by Race/Ethnicity



Note:

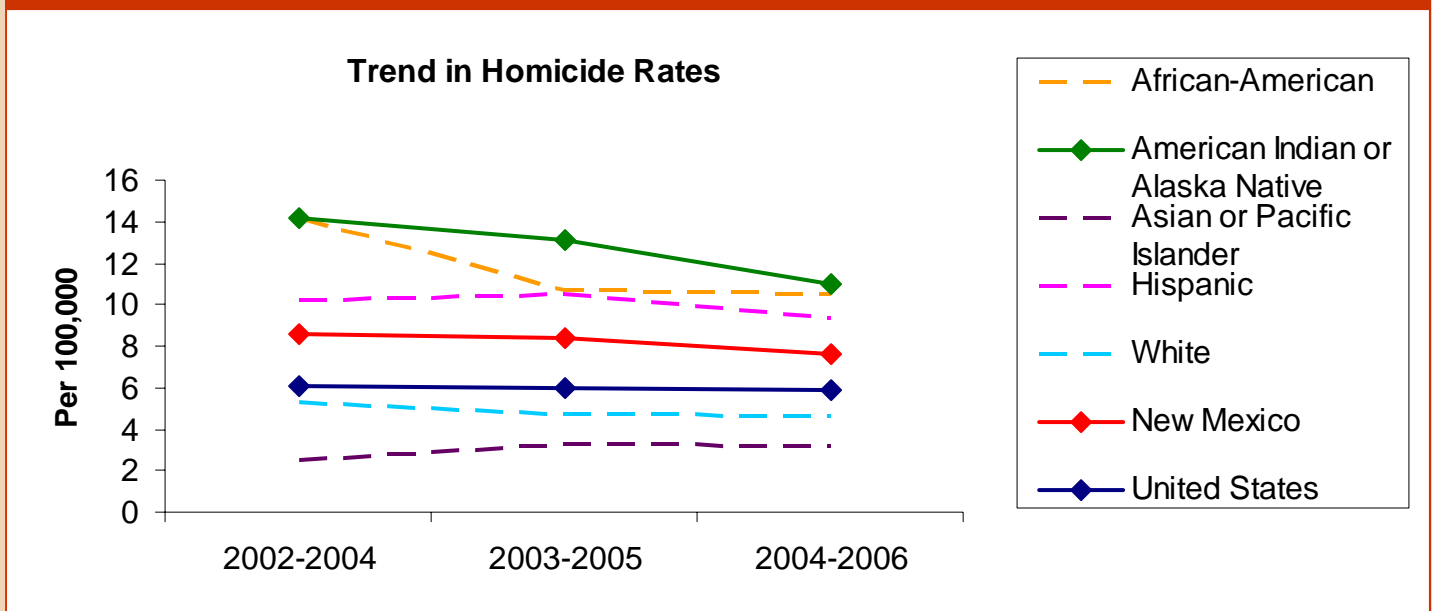
- Motor vehicle deaths include deaths to pedestrians struck by motor vehicles.
- The New Mexico rate is higher than the national rate.
- The motor vehicle death rate for American Indians remains more than twice the rate for whites.

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

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

Trend in Homicide Rates by Race/Ethnicity



Note:

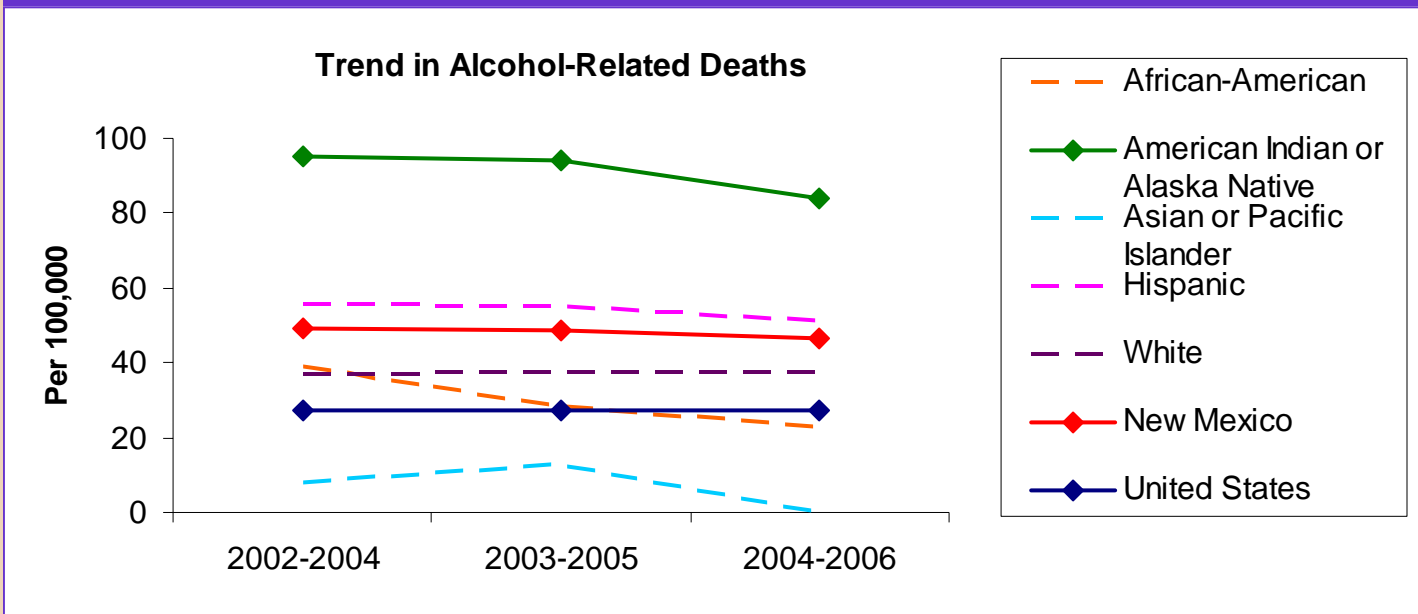
- Although decreasing, the New Mexico homicide rate is higher than the national rate.
- The Hispanic and American Indian homicide rates are twice that of Whites.

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

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

Trend in Alcohol Related Deaths by Race/Ethnicity



Note:

- The New Mexico rate for alcohol-related deaths is 70% higher than the national rate.
- American Indians continue to have the highest alcohol-related death rate in New Mexico - over 3 ½ times that of African-Americans and over 60% higher than that of Hispanics.

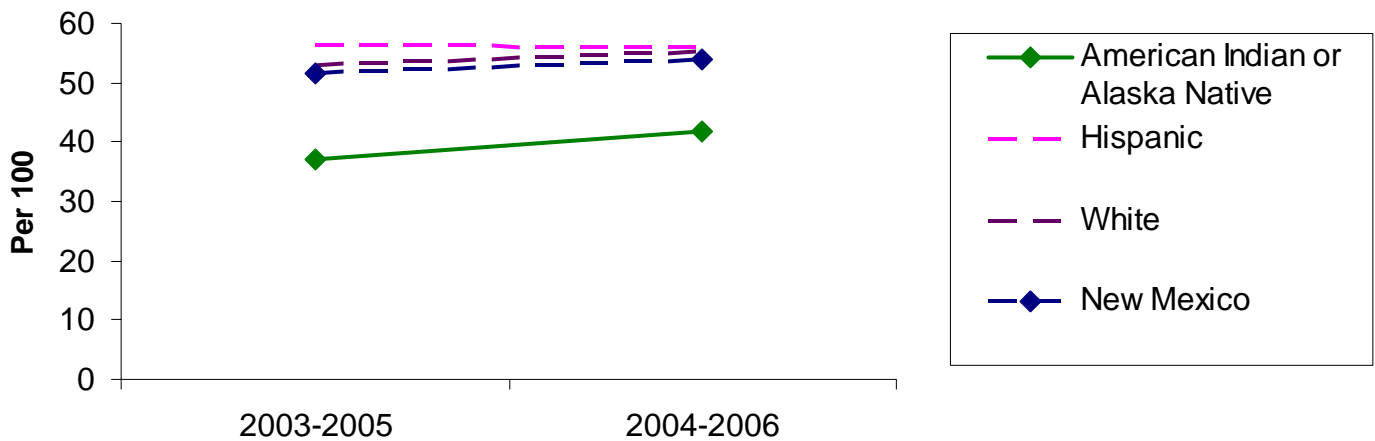
Adults with Diabetes Not Receiving All Recommended Diabetes Preventive Services

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

* 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



Note:

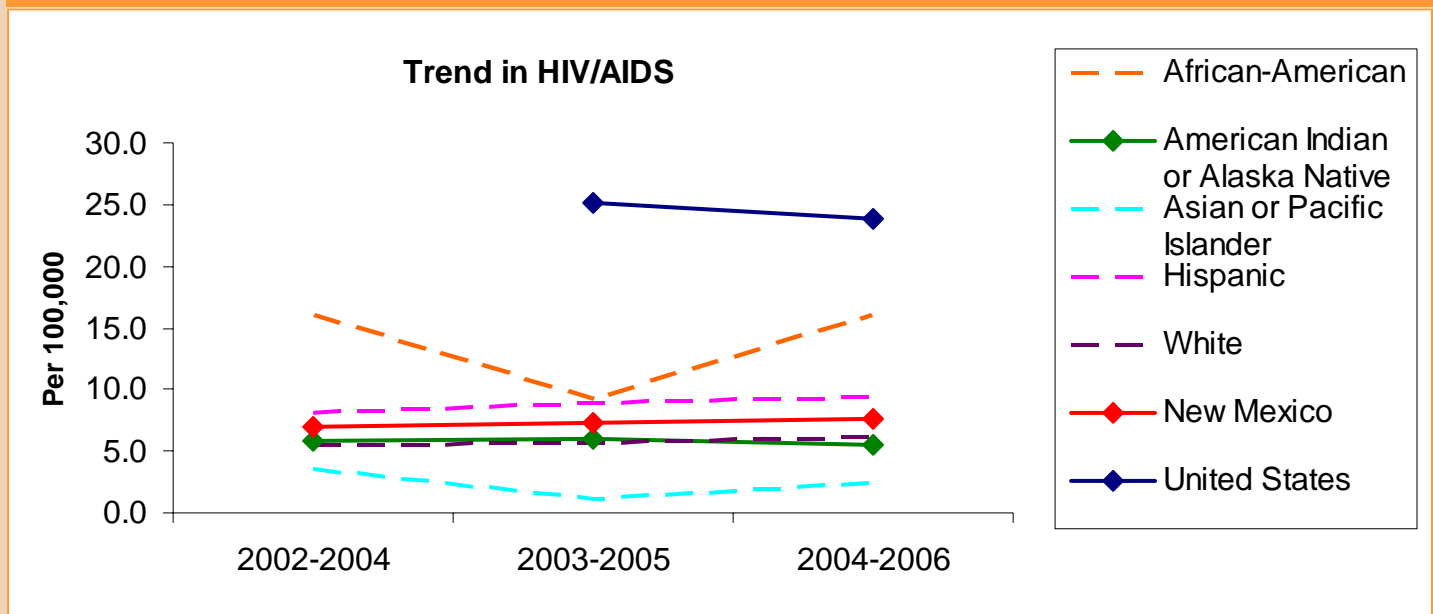
- Recommended services are lab work (two A1C tests), a foot exam and a dilated eye exam.
- American Indians are more likely to receive recommended services than are Hispanics and Whites but American Indians also have a higher death rate from diabetes (see page 7).

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

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

HIV/AIDS Trend by Race/Ethnicity



Note:

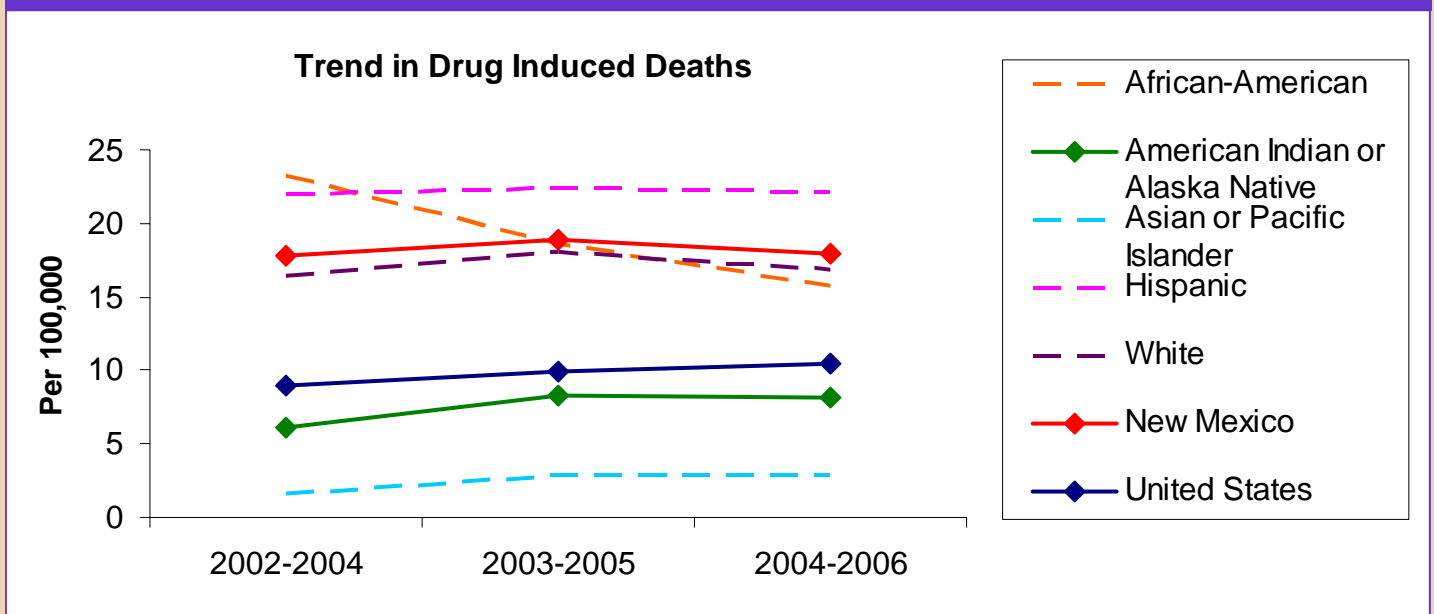
- The New Mexico rate is much lower than the United States rate; all sub-populations have rates well below the national rates.
- American Indians have one of the lowest rates in New Mexico and serve as the reference group to which other groups are compared.

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 Data
Hispanic	D	22.2	2.7
White	C	16.9	2.1

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

Trend in Drug Induced Deaths by Race/Ethnicity



Note:

- New Mexico has been among the top 3 states for drug-induced deaths since 1989.
- American Indians have one of the lowest rates in New Mexico and serve as the reference group to which all others are compared.



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