CLOSING THE HEALTH DISPARITY GAP IN NEW MEXICO:

A ROADMAP FOR GRANTMAKING

Executive Summary

May 2006

Written by

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For

CON ALMA

Health Foundation, Inc.

The Heart and Soul of Health in New Mexico

LETTER FROM
ROBERT DESIDERIO, EXECUTIVE DIRECTOR

To the Members of the Board of Trustees and Community Advisory Committee of the Con Alma Health Foundation**:**

Con Alma Health Foundation, Inc. recognizes that relevant, accurate healthcare information is critical to addressing the complex health-related issues that we face in New Mexico. An assessment of the health status and access to quality health care for all New Mexicans, which captures their concerns and perceived barriers, is essential to protecting, promoting and preserving the health of New Mexicans.

This report will provide a basis for dialogue, not only within Con Alma, but within communities across our state. Its purpose is to assist the Con Alma Board of Trustees, Community Advisory Committees and the communities it serves in understanding the health issues facing New Mexico and thereafter to support grantmaking and responsive policy development. This assessment is a product of close collaboration between the Con Alma Grantmaking Committee and the Con Alma Community Advisory Committee. The completion of this report represents a milestone for the Con Alma Health Foundation and its ability to continue to improve the health of New Mexicans.

On behalf of Con Alma, I wish to thank Lisa Cacari Stone, Ph.D., health policy consultant and WK Kellogg Scholar in Health Disparities at the Harvard School of Public Health who contributed the vast majority of research, writing and editing of the report as a member of the Community Advisory Committee; and Deborah Boldt, M.P.A., for collecting the data and interviewing stakeholders to identify health issues and for her contribution of writing and editing the report; Nadine Tafoya, Member, Con Alma Board of Trustees, Alice Salcido, Chair and Jim Coates, Member, Con Alma Community Advisory Committee and Corazón Halasan, Community Epidemiologist, New Mexico Department of Health for reviewing and commenting on the report; and Dolores Roybal, Program Director; Michelle Gutierrez, Program Assistant; and Valorie Montoya, Con Alma's staff, for their excellent work in formatting and editing the report.

This report challenges us to engage in further dialogue around the findings that will lead towards effective solutions and improved health outcomes.

Sincerely,

Robert Desiderio, Executive Director
Con Alma Health Foundation

LETTER FROM FRANK SANCHEZ AND ELAINE MONTANO CO-CHAIRS, GRANTMAKING COMMITTEE

To the Members of the Board of Trustees and the Community Advisory Committee of the Con Alma Health Foundation:

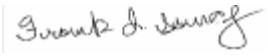
The findings from this report are very striking and informative. As Co-Chairs of the Con Alma Grantmaking Committee, we urge you to give careful thought and consideration to the information contained within this report, especially how it relates to our grantmaking programs. We also seek your continued support and participation in this ongoing endeavor because this report will need to be periodically updated.

This report would not have been possible without the assistance of our community partners for their role in the data collection. We wish to thank the following organizations and individuals:

New Mexico Department of Health: Michelle Lujan Grisham, Cabinet Secretary
New Mexico Health Policy Commission: Patricio Larragoite, DDS, Executive Director
New Mexico Human Services Department: Pamela Hyde, Cabinet Secretary
New Mexico Voices for Children: Sara Beth Koplik, Kids Count Program Manager
Dan Reyna, U.S.-Mexico Border Health Commissioner

We also wish to thank Dan Lopez, President, Board of Trustees, Alice Salcido, Chair, Community Advisory Committee and Robert J. Desiderio, Executive Director, Con Alma Health Foundation for their leadership and support.

Sincerely,



Frank Sanchez
Co-Chair

Elaine Montano
Co-Chair

BACKGROUND

Recognizing that relevant, accurate healthcare information is critical to addressing the complex health-related issues that we face in New Mexico, the Grantmaking Committee of the Board of Trustees of the Con Alma Health Foundation, Inc. (CAHF), in partnership with the CAHF Community Advisory Committee, embarked upon a research project designed to help guide CAHF's future grantmaking. The research study and resulting report utilizes current scientific evidence on health status and disparities based on race, ethnicity, socioeconomic status and geographic location of New Mexicans.

PURPOSE

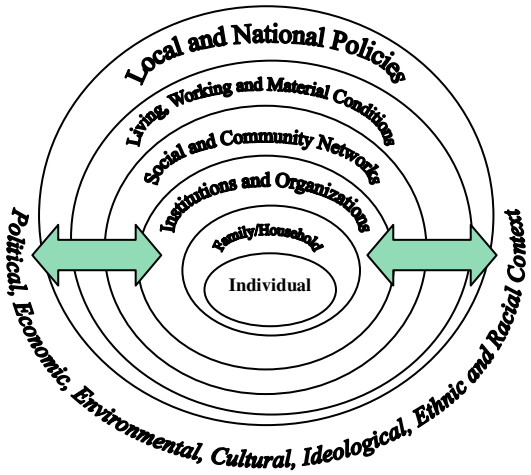
The purpose of the report is to provide CAHF with the information and recommendations necessary to carry out its mission - to be aware of, and respond to the health rights and needs of culturally and demographically diverse peoples and communities of New Mexico. Con Alma Health Foundation seeks to improve the health status and access to health care services for all New Mexicans, and advocates for health policies that address the health needs of all New Mexicans. In order to achieve its mission, CAHF must first understand the major factors that promote and threaten the health and well-being of New Mexicans. An assessment of the health status and access to quality health care for all New Mexicans, which captures their concerns and perceived barriers, is essential to protecting, promoting and preserving the health of all New Mexicans.

> ***Purpose***
> To use research evidence to guide Con Alma Health Foundation's decisions in allocating our resources towards reducing health disparities and maximizing the health and well-being of New Mexico's children and youth.

This report will provide a basis for dialogue, not only within CAHF, but within communities across our state. Its purpose is to assist the CAHF Board of Trustees, Community Advisory Committees and the communities it serves in understanding the health issues facing New Mexico and thereafter to support grantmaking and responsive policy development. Following are the key findings on health disparities and recommendations for moving this data into action.

KEY FINDINGS

Figure 1: Socio-Ecological Model: Guide to Thinking about Determinants of Health



Understanding the Scope of Health Disparities

A growing body of research demonstrates that racial and ethnic disparities in health constitute a national crisis and is a growing public health challenge.[1, 2, 3, 4, 5, 6, 7] Understanding how to solve this crisis requires a better understanding of the complexity and root causes of health disparities at many levels: individual, family, institutional, social, and policy. Multiple factors interact to moderate the health and well-being of New Mexico's children and families within a given political, economic, environmental, cultural, ideological, ethnic and racial context.

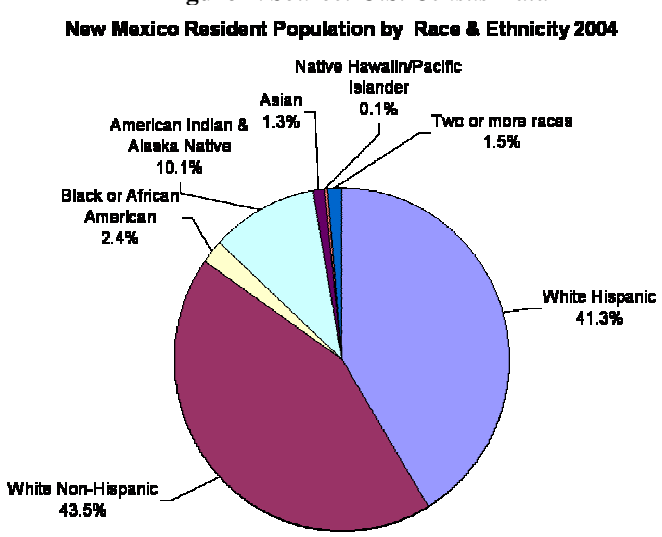
Socioeconomic Determinants of Health

New Mexico is considered a young state, but in the next thirty years New Mexico will experience a large growth in the aging population.

While it is estimated that twenty-five percent of adults have disabilities, this estimate is modest and policy makers should plan for community services for the aged and disabled.

Fifty-five percent of the population is racial and ethnic minorities whose incomes are lower than the rest of the nation.

Figure 2. *Source: U.S. Census Data*



According to Census 2000, there were almost 329,000 New Mexicans, or 13.8 percent below the poverty level, an increase of 7.5 percent from 1989.[12]

New Mexico ranks 16th in the nation, but locally unemployment varies greatly, with Luna (10 percent), Mora (9.8 percent), Guadalupe (8.1 percent), McKinley (7.70 percent), Taos (7.10 percent), San Miguel (7.0 percent), Catron (6.60 percent), Grant (6.40 percent), Rio Arriba (6.20 percent), Chaves and Colfax (6.10 percent) having the highest unemployment rates[8].

New Mexico ranked slightly below the national percentages of persons 25 years and older with: high school diplomas (78.9 percent -NM vs. 80.4 percent U.S.); Bachelor's or higher level degrees (23.5 percent compared to 24.4 percent in the nation).

The percentage of New Mexicans that were foreign born increased between the censuses, rising from 5.3 percent of the population to 8.2 percent. There are now more than 149,600 New Mexicans that are foreign born.

OVERALL HEALTH STATUS

Strengths include a low rate of cardiovascular deaths at 272.1 deaths per 100,000 population, a low rate of cancer deaths at 178.6 deaths per 100,000 population, high immunization coverage with 83.5 percent of children ages 19 to 35 months receiving complete immunizations, a low prevalence of obesity at 21.4 percent of the *total* population and a low total mortality rate at 817.7 deaths per 100,000 population.

Challenges are ***limited access to adequate prenatal care*** with 58.4 percent of pregnant women receiving adequate prenatal care, a ***high rate of uninsured*** population at 21.0 percent, a ***high rate of motor vehicle deaths*** at 2.3 deaths per 100,000,000 miles driven and a ***high percentage of children in poverty*** at 23.4 percent of persons under age 18. New Mexico ranks third highest in the nation for teen pregnancy. ***Childhood obesity*** is a growing health epidemic nationally and among New Mexico's children. ***Diabetes*** is a condition that is linked both to obesity and to genetics. Death rates for diabetes in New Mexico vary greatly by race and ethnicity with higher American Indian rates than those for either Hispanic/Latino whites or non-Hispanic whites. ***Suicide rates*** for both adults and youth in New Mexico are considerably higher than those for the U.S.

Over 400,000 individuals in New Mexico have ***substance abuse/dependence or mental disorders.*** While this number may seem high, it represents about 22 percent of the state's total population[9]. New Mexico's children/adolescents, including infants to school age and adolescents especially females transitioning into adulthood, and their families greatly need additional behavioral health services. Many of New Mexico's families suffer from high levels of divorce, physical and drug abuse and domestic violence. Children from these families suffer from severe trauma and psychological problems that are manifested in anxiety, depression, attention deficit and social interactions.

If the ***U.S.-Mexico border area*** were its own state, it would rank ***last in access*** to health care; ***second in death rates*** due to ***hepatitis***; ***third*** in deaths related to ***diabetes***; ***last*** in per capita ***income***; and ***first*** in the percentage of ***uninsured***. Environmental issues are a growing concern among New Mexico's counties bordering Mexico. The four most frequently cited issues facing these communities are water and air quality, availability of clean water, and sewage and sanitation.[10]

The ***border area*** has a ***higher shortage of health professionals*** than non-border counties:

- Physicians: border rate is 60 percent lower than the non-border counties;
- Nurses: border rate is 32 percent lower than the non-border counties; and
- Dentists: border rate is 55 percent lower than the non-border counties.

HEALTH DISPARITIES

Native Americans, Hispanic/Latinos, African Americans, and Immigrant children suffer the greatest burden of health disparities in New Mexico. Variations in income, generational status, geographic location, tribal and cultural identities, spiritual beliefs and customs, language, place of birth, citizenship, and unique histories with the health systems and government policies are among many factors that explain sub-group differences in the types and extent of these health disparities.

Historical trauma and oppression, along with chronic under-funding of the Indian Health Services have had a detrimental impact on the health and well-being of ***Native American children***.

- Children under eighteen represent 41 percent of the Native American population.

- Forty-two percent of all Native American children live under the federal poverty level. Among white, non-Hispanics, this rate is 13 percent. Among Native American children, the Navajo are most likely to be poor.

- The median income of Native American families is half that of white non-Hispanics in New Mexico.

- Sixty-nine percent of children living on tribal land are bilingual, and of those, more than 60 percent speak English fluently.

Hispanic/Latinos comprise over 42 percent of the New Mexico's total population. Over 90 percent of Hispanic/Latinos in New Mexico are native-born. The Hispanic/Latino population in New Mexico is younger than the rest of the nation and that they are highly concentrated in the border region. Thirty percent of all Hispanic children liven in poverty as compared to 13 percent of all white, and 14 percent of all Asian children. Native American children (42 percent) and Black children (33 percent) have higher rates of poverty. In 1999, for New Mexico families with children, Hispanic and Native American families had the lowest median incomes, just below Blacks. Whites and Asian families had the highest followed. In 2000-2001, Hispanic/Latinos (6.7 percent) had the highest dropout rate of all ethnic groups in grades nine through twelve, followed by Native Americans (5.9 percent), African Americans (5.2 percent), whites (3.6 percent), then Asians with the lowest rate (2.4 percent).

New Mexico's Health Status Disparities report found that "white Hispanics had the poorest perception of health and the highest rates of teen birth, drug-related death, firearm injury death, Chlamydia, and binge drinking[11]. They experienced the greatest disparity increases for teen births and hepatitis B, and the greatest disparity decrease for smoking."[12]

African American population is relatively small, comprising only two percent of the total populace. Despite their size, the African American community faces strong patterns of discrimination. Four counties have the highest proportion of African American children:

- Curry County at 8 percent, in Bernalillo and Lea counties, the figure is 5 percent while in Otero County 4 percent of all children are African American. Thirty-three percent of African American children live in poverty, but only 8 percent of families receive Temporary Assistance for Needy Families (TANF).
- Fifty-nine percent of African American children live under 200 percent of poverty, as compared to 33 percent of white children in New Mexico.[13]

African American babies face the highest infant mortality levels in New Mexico. The death rate for African American males is 14.3 per-1,000 live births, while the female death rate is 12.0 per-1,000 live births in New Mexico. The lowest rate is found among Hispanic/Latina females, at 4.0 per-1,000 births.[14]

Although 78 percent of the ***immigrants*** admitted to New Mexico are from Mexico, their diversity is defined by their linguistic and cultural practices, translational affiliations to their homeland and by type of immigration status. Some immigrants are citizens others are at varying stages of immigration status (legal permanent resident, refugee, asylee, person residing under the color of law, etc). Fourteen percent of foreign-born children are naturalized citizens and 86 percent are not US citizens. In 2001, the estimated number of unauthorized immigrants was 40,000, which is much lower than other border states. Forty-four percent of immigrant children are linguistically isolated as compared to 16 percent whites. [15]

Despite the fact that most parents of immigrant children work, 42 percent of New Mexico's foreign-born children live in poverty. Accessing and paying for health services (preventative, specialty care, follow-up treatments, and hospitalizations) have become more problematic for immigrant families after the welfare reform, which created a bar on immigrants' access to Medicaid at the federal, state and local levels.[16] Emergency care remains a regular source of care for many of those who have no regular physician and no health insurance, and they delay care due to real fears of deportation and language and cultural barriers.[17]

HEALTH SYSTEM ISSUES

In 2004, 22 percent (406,300) of New Mexico's residents were ***uninsured***. The age group most likely to have no health insurance is adults between the ages of 18 to 24, followed by adults between the ages 25 to 34. Education level of adults is a major predictor of whether they have access to health insurance coverage.

- Twenty-eight percent of Native Americans do not have health insurance, 23 percent of Hispanic/Latinos do not have health insurance and 11 percent of non-Hispanic whites do not have health insurance.

- Insurance penetration is lowest in the southern (one-third of Hispanic/Latinos lack insurance) and northwestern (nearly one-quarter of all residents lack insurance) parts of the state.

- Among the barriers identified by Native Americans to receiving employer sponsored health insurance include cost, perception of IHS as free services lowers the value, cultural barriers, trust, younger age not seeing need, bureaucracy being cumbersome and understanding the insurance system and lack of outreach by that system.

Rural, geographically remote Hispanic/Latino and Native American communities in New Mexico live in areas with the most ***significant shortage of health professionals*** in the nation.

- The total number of New Mexico physicians per 1000 population (1.69) significantly lags behind the national benchmark (2.42). Of the 2,179 survey respondents actively practicing in New Mexico, 73 percent (1,583) are non-Hispanic white, 10 percent (212) are Hispanic/Latino, 6 percent (124) are Asian or Pacific Islander, 2 percent (35) are African American, 1 percent (19) is Native American or Alaskan native and 9 percent (206) did not answer.

- Over 41 percent of New Mexico's RNs and 43 percent of LPNs are over the age 50, which is older than the national average of 46.2 years. The state will need an additional 4,520 RNs and 680 LPNs by 2012.

Language problems are one of the leading barriers to accessing and utilizing health care services among Hispanics/Latinos and Native Americans in New Mexico.[18, 19, 20] Effective communication between patient and provider remains a barrier for language minorities despite federal laws, such as Title VI Policy, which require government funded programs or services to ensure meaningful access to health and social services to persons with Limited English Proficiency (LEP).

Federal budget cuts and the devolution of authority to ***finance health care has become a burden*** to the state of New Mexico. The economic consequences to the safety-net providers and especially to the communities they serve which are primarily racial and ethnic minorities are devastating.

Approximately ***75 percent of New Mexico's health care expenditures are publicly financed*** ($5.8

billion of the $7.8 billion spent on health care. Of that, the federal government (Medicaid, Medicare, IHS, VA, etc.) picks up 64 percent of the tab $4.97 billion. The second-largest health care expenditure in the state is for covered insurance agencies, brokerages and other insurance-related activities at 25 percent ($1.9 billion) [21].

Of the $7.8 billion spent on health care in New Mexico in 2002, ***$228.2 million came from the Indian Health Services to the Albuquerque and Navajo Area offices***.[22] Chronic under-funding of American Indian and Alaska Native health care by the federal government has weakened the capacity of the Indian Health Service, tribal governments and the urban Indian health delivery system to meet the health care needs of the American Indian and Alaskan Native population[23].

In 1991, the total state and federal expenditures in ***Medicaid*** was approximately $341 million of which the state contributed about $88 million, or 25 percent. In SFY 2004, ***Medicaid expenditures exceeded $2 billion,*** requiring a state contribution of over $400 million.

In 2002, the ***uncompensated health care costs*** reported by the New Mexico Hospital and Health Systems Association were $209 million and $6.6 million for private practice dentists. The University of New Mexico Health Sciences Center reports that in 2005 the costs of uncompensated care were $131,267,834.

HEALTH POLICY

Historically, New Mexico has kept pace with other states in implementing strategies in an attempt to improve health care coverage and address an increasing magnitude of provider issues. Currently, the executive and legislative leadership continue to engage in political wrangling on how to best address the high rates of insurance costs, covering 22 percent of the uninsured, containing the rising costs of Medicaid, while strategizing outreach and enrollment strategies for underserved populations such as Native Americans.

The future health policy challenges facing the state include the health insurance coverage for all New Mexicans, continued inequalities in health by race and ethnicity, growth of aging population, the increased prevalence of disability, the rising costs of long-term services and health care, and the state's limited fiscal viability.

RECOMMENDATIONS FOR GRANTMAKING AND BEYOND

While the report calls for a strengthening of resolve and resources to address health disparities, it is strongly recommended that CAHF continue to build on its track record of bringing positive, systemic change to pre-adolescent health issues in New Mexico.

The following two priority areas, ***Invest in People*** and ***Invest in the System,*** and their corresponding recommendations for grantmaking and beyond, are based on the evidence of disparities in New Mexico. They are adapted from best practices for interventions to address the disparities.[24, 25, 26, 27, 28]

Additionally, CAHF includes assets that go *beyond* the dollars with which it makes grants these are provided below as ***Other Recommendations***. The energy and talent of its board and community advisory members, its staff and network of community-based organizations provide important non-cash assets to the community and add value to its grants. Non-cash recommendations that help to improve the effectiveness of CAHF and the communities it serves are also included under "Invest in the System."

INVEST IN PEOPLE

Strategy1: Youth and Workforce Development.

The data in the report emphasize the need to continue to address systemic change in pre-adolescent health in New Mexico as well as to build a committed and skilled health workforce for the future. This is particularly critical to rural communities and will require investment in human capital and other initiatives to develop people who will ultimately be the catalysts and engines of change.

Recommendations:

- Continue to fund nonprofit organizations that serve preadolescent children (below age 10) in

activities that include family, school and communities in providing preventative health and oral health as well as reducing youth risk behaviors (obesity and diabetes, substance abuse, teen pregnancy, domestic violence, injury, etc.).

- Provide grants to nonprofit organizations that strive to eliminate health disparities by addressing the specific needs of the populations they serve, such as those that provide culturally and linguistically appropriate health promotion and disease prevention services.

- Provide grants to nonprofit organizations that recruit and train for entrance into the health workforce and that assist low-income residents with entrance into health care careers that offer livable wages, including such jobs as community health workers/promotoras, licensed vocational nurses, certified nursing assistants, registered nurses, medical coders, in-home health support aides and medical, lab assistants, mental health workers and physicians. Include organizations that work upstream at middle and high schools to attract youth and inspire them to consider the health care industry.

- Provide grants to nonprofit organizations that utilize and evaluate indigenous models of health care that aim to reduce health disparities in health services access, quality of care and improve health conditions of racial and ethnic minorities. Innovative models for consideration are:
  - Community Health Workers/Promotores as liaisons between health care consumers and providers to promote "patient empowerment" among groups that traditionally lack access to adequate health care.
  - The role of traditional healers, such as medicine men and women and curanderas/os in the prevention and treatment of the illness and promotion of holistic health for communities of color (both physical and behavioral health).
  - Provide grants to nonprofit organizations that support leadership development for people of color in the health professions and that advocate for public and institutional policies to promote diversity in the health professions. Involving local community members in advocacy efforts not only sharpens their leadership abilities, but it also leaves a team of motivated individuals who will be able to respond to new health issues as they emerge.

Strategy 2: Developing political and technical skills.

Local leaders across the state are essential for improving health and changing the system. However, certain ingredients must be present and certain skill sets developed for communities to be successful agents of change.[29] Re-engaging people into the discussion on the importance of health care and helping people to organize them so that they can act to meet their own needs are two critical components to success.

Recommendations:

- Provide support and strengthen nonprofit organizations that seek to improve the health of underserved populations through community organizing to build power in order to collectively effect change.

- Provide grants to nonprofit organizations that offer technical and capacity building skills through group training, one-on-one coaching, linkage with other resources, and infusion of information to address stated needs. This is essential to developing and strengthening organizations and communities. Improved organizational and individual capacity will last longer in the community than grant funds.

- Provide grants to nonprofit organizations for collaborations, such as partnerships between public health departments and community-based health programs for leadership development and training.

- Provide grants to organizations offering structured mentoring programs that address community health issues. Mentoring programs have the potential to tap underutilized community resources and strengthen social networks for children, youth and adults.

INVEST IN THE SYSTEM

While there are no easy answers to the problem of health disparities, CAHF should continue to build on its track record of providing resources and engaging the community in the goal of eliminating inequalities in health care in New Mexico. Con Alma Health Foundation (CAHF) can serve as a catalyst for positive, systemic change in health care at all levels of the system. Thus, the following recommendations addresses "systems reform" and suggestions on where to invest the foundation's resources in order to better serve all New Mexicans.

Recommendations:

- Continue to provide support to small, innovative and promising programs that develop new approaches to improving health access and that establish evidence of effective strategies and interventions specific to New Mexico. The development of new models of care and services for vulnerable populations, people who typically fall through the cracks in our health care system, is essential to CAHF Mission.

- Continue to provide general operating support to nonprofit, health-related organizations to help underwrite the day-to-day administrative, infrastructure and overhead costs that enable them to carry out their mission. The valuable work accomplished by nonprofit organizations is rooted in their ability to meet basic organizational needs.

- Provide increased grants to coalitions, collaborations and local networks to organize systems level interventions and develop public policies that move toward achieving health insurance coverage for all New Mexicans, increasing access to and quality of health care and reducing health disparities.

Other Recommendations:

- Continue to leverage CAHF funds by developing new community relationships and skills through cost-sharing partnerships with other foundations and governmental agencies.

- Continue to promote collaboration among advocacy organizations focused on different constituencies. Act as a link between grassroots community organizers and policy advocacy networks.

- Continue to conduct research on issues and bring attention to a problem or solution in the community through meetings, publications and training that provide instruction on how to advocate more effectively.

- Continue to participate in advocacy networks that pool their resources and ideas in order to influence improved health policy making process at state and local levels.

- Support programs that foster collaboration locally with residents, community-based organizations, educational institutions, unions, employers and public agencies to ensure a community-based perspective. Communities must be engaged in current discussions about causes of, and solutions to, social disparities in health.

While CAHF is the largest health care foundation in New Mexico, it cannot do everything. There are only so many issues that can be dealt with at a time, and no foundation can successfully address any of them unilaterally. Collaboration with other foundations and government agencies is a critical component of success. The amount of resources that CAHF will put into any one issue will change over time as the environment changes. The only way to keep this in balance is by continually asking what are the most pressing issues, and how can we use our resources most effectively to make a difference.

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