



Issue Brief

October, 2004

Volume 1, Issue 1

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New Mexico's Health: Are We Making Progress?

2003 State Health Rankings: New Mexico and Its Neighbors

State	Overall	Outcomes	Risks
AZ	32	25	39
CO	9	4	14
NM	40	22	50
OK	45	27	42
TX	35	28	38
UT	3	2	6

Introduction

In 2003, New Mexico ranked 40th out of the 50 states on a nationally recognized annual ranking of health in states across the nation. Since 1990, New Mexico has ranked between 35th and 48th in the US, with an average ranking of 44th. Of our neighbors, only Oklahoma shares the distinction of being among the bottom tier (20%) of states.

Is New Mexico making progress?

United Health Foundation publishes selected health statistics for all 50 states, providing a basis of comparison on current health outcomes, and risks to future health. We can examine these statistics to compare New Mexico with its neighboring states, and to detect trends that may forecast future health in our state. Detailed information about the rankings and the methodology is available in *America's Health: United Health Foundation State Health Rankings—2003 Edition*, online at www.unitedhealthfoundation.org.

Health Outcomes

In 2003, New Mexico ranked 22nd in the US on health outcomes. Since 1990, New Mexico has improved in a number of health outcomes, but sometimes not as much as our neighboring states. Table 1 shows the indicators of health outcomes used to construct

the State Rankings. Shown are the scores for New Mexico for 1990 and 2003, the percent change, the U.S. average score and the range of scores for our neighboring states in the Southwest.

Occupational deaths went from 11.6/100,000 in 1990, to 6.1 in 2003, a reduction of 47.4%. However, New Mexico ranks next to last among the six states. Limited activity days, a measure of disability, have also shown a decline of 47.6%, but NM remains tied for 4th out of the six states. In 1990, the rate of 255.2/100,000 for heart disease deaths in the state was the lowest of the six neighboring states. In 2003, New Mexico's rate decreased by 15.6% to 215.5/100,000 but because of even greater declines in neighboring states this left us third out of the six states.

In other areas our relative progress has been better. Infectious diseases, including AIDS, hepatitis and TB, decreased by almost 70% from 1990 to 2003. New Mexico now ranks 3rd of 6, up from 5th in 1990.

New Mexico has experienced a 3% reduction in overall mortality, with a regional ranking of 2 of 6 in 2003. While reducing the rate of infant mortality by more than 26% from 1990 to 2003, New Mexico dropped from 2nd

- Is New Mexico making progress?
- Health Outcomes: measuring illness and injury.
- Health Risks: How New Mexico compares to its neighbors.
- Trends affecting public health in New Mexico.

to 4th in the region. Premature death rates (years of potential life lost before age 75) declined by 12.4%. New Mexico went from last in 1990, to 5th in 2003.

Cancer deaths show the only increase in adverse health outcomes, rising slightly from 169.7/100,000 in 1990 to 178.7 in 2003. New Mexico went from a rank of 2nd in 1990, to 3rd in 2003, indicating similar increases in surrounding states.

A number of Health Outcomes have improved in all of these states as the result of improved health care and public health measures.

Health Risks

Many factors shape the future health of New Mexico's residents. The indicators of risk are shown in Table 2. The connections to future health outcomes are well established: smoking leads to heart disease, stroke, and cancer, for example. The measure of heart disease risk incorporates rates of obesity, hypertension and sedentary lifestyles, all of which can lead to chronic disease.

Lack of health insurance and prenatal care may increase the risk of health problems that might otherwise have been prevented. Funding that supports health services for low-income residents (Public Health Care) is an indication of the impact of a state's public investment for basic access to health care and the prevention of adverse health effects.

Violent crime represents a risk for injury or death to people in our communities. Motor vehicle deaths have drunk driving as a major contributor. We don't have good data on the number of people in New Mexico who drive drunk, but the overall from motor vehicle crash death rate provides one measure of the problem.

Lower rates of high school graduation and higher rates of children living in poverty are consistently associated with poor health outcomes.

New Mexico shows improvement in several indicators of risk. Smoking has decreased slightly, motor vehicle deaths have dropped, and heart disease risks are down. But today New Mexico is 3rd worst in smoking, 5th in motor vehicle deaths, and 4th in heart disease risk. And, New Mexico is last in the region for violent crime, high school graduation, children in poverty, and adequacy of prenatal care, despite some improvements within the state.

New Mexico is next to last in the percentage of residents without health insurance, having improved more than 11% since 1990, and last in the rate of publicly funded health services for those residents in need. Other states in the region have chosen to invest more heavily than New Mexico in services for their most vulnerable residents. In fact, New Mexico is 50th in the US for this indi-

cator in 2003.

Trends in New Mexico

It is often said that a rising tide lifts all boats. But it is clear from these data that improvements in health outcomes and risks have not been distributed evenly among the states in the region. Progress has occurred in New Mexico, according to these indicators, and especially measured against previous years in our state. Public health efforts and community support have apparently been effective in reducing the burden of infectious disease and deaths from motor vehicle crashes.

But compared to many of our neighbors, New Mexico has become more vulnerable to violence, less fit, our youth are less well prepared to become productive members of our society, and many more of the approximately 25,000 children born each year do not have the benefit of adequate prenatal care. And, while the rate of infant mortality has declined by 26% in New Mexico since 1990, the improvement in neighboring states has been greater. If New Mexico had kept pace with Utah, a state with essentially the same rate as ours in 1990, over 400 more infants would have lived in New Mexico in 2003.

Compared to the annual US average for combined measures of health outcomes, New Mexico now ranks 22nd. Relative gains compared to the US average have occurred in infant mortality, infectious disease and occupational deaths. But our neighboring states as a group did better.

Perhaps more importantly, the risks to future health in New Mexico have been worse than the US average for more than a decade, ranking 50th in the US in 2003.

Are We Making Progress?

Thus the report card for New Mexico has good news, but it also identifies significant challenges. Benchmarking our progress against the gains of our neighbors gives a sense of what is possible.

It is critical to understand what factors may underlie the uneven improvements that these comparisons among our neighboring states reveal. All of the states in the region, including New Mexico, have experienced improvements in public health since 1990. The question remains as to why, while improving, New Mexico has had difficulty keeping abreast of other states in the region, where geography, populations, economics, and health conditions may be similar. Risks to future health, in particular, compare unfavorably with our neighbors. Where these risks may be addressed with improvements in policy, allocation of resources, and the will of the communities involved, New Mexico may benefit from the lessons that can be learned from our neighbors.

Table 1: New Mexico, 1990-2003, Selected Health Outcomes

OUTCOMES	NM Range in region	1990	2003	NM 1990-2003 % Change	2003 US
Occupational Deaths / 100,000 Workers	NM	11.6*	6.1	-47.4%	4.7
	Range	7.3 to 14.7	4.0 to 7.0		
Limited Activity Days in the Last Month	NM	4.2*	2.2	-47.6%	2.0
	Range	2.7 to 5.4	1.7 to 2.4		
Heart Disease Deaths / 100,000 Population	NM	255.2	215.5	-15.6%	268.7
	Range	255.2 to 328.6	191.8 to 324.2		
Cancer Deaths / 100,000 Population	NM	169.7	178.7	+ 5.3%	205.3
	Range	144.8 to 197.8	164.5 to 214.1		
Infectious Disease (AIDS, Tuber- culosis and Hepatitis cases / 100,000 population)	NM	64.2	19.8	-69.2%	27.0
	Range	30.4 to 91.0	11.7 to 28.8		
Mortality, All Causes / 100,000 Population	NM	832	807.0	- 3.0%	871.6
	Range	802.3 to 904.5	794.1 to 986.2		
Infant Mortality / 1,000 Live Births	NM	8.8	6.5	-26.1%	6.9
	Range	8.7 to 10.0	5.0 to 7.9		
Premature Deaths as Years of Life Lost Prior to Age 75	NM	9151	8017	-12.4%	7578
	Range	7038 to 9151	6109 to 9048		

* Data sources and/or methodology may not be comparable for this year.

Table 2: New Mexico, 1990-2003, Selected Health Risks

RISKS	NM Range in region	1990	2003	NM 1990-2003 % Change	2003 US
Percent Smokers Over Age 18	NM	22.3**	21.2	-4.9%	22.5
	Range	N/A	12.7 to 26.5		
Motor Vehicle Deaths / 100,000 Miles Driven	NM	3.1	1.9	-38.7%	1.6
	Range	1.8 to 3.1	1.4 to 2.1		
Violent Crime / 100,000 Population	NM	628	781	+24.4%	504.5
	Range	230 to 632	234 to 781		
Heart Disease Risk (rates of Obesity, Hypertension and Sed- entary Lifestyle combined)	NM	-16***	-11	-31.3%	0
	Range	-16 to 0	-19 to -11		
% High School Graduation	NM	73.2	61.0	-16.6%	67.3
	Range	82.5 to 65.9	83.3 to 61.0		
% Children in Poverty	NM	27.1	25.4	- 6.3%	16.3
	Range	10.3 to 27.1	10.6 to 25.4		
% Adequate Prenatal Care	NM	48.8	56.8	+16.4%	76
	Range	72.4 to 48.8	56.8 to 71.8		
% Under Age 65 Without Health Insurance	NM	23.8	21.1	-11.3%	15.2
	Range	11.9 to 23.8	13.4 to 25.8		
Public Health Care# (proportion of expenditures for public ser- vices / low income population)	NM	0.46*	0.92	+100%	1.74
	Range	0.46 to 0.75	0.92 to 2.39		

* Data sources and/or methodology may not be comparable for this year.

** Value updated from more complete data.

*** The score represents the percent above or below the standardized mean value for the US.

The proportion of expenditure for public welfare, public health and public hospitals care out of all public spending, compared to the portion of state residents living in poverty. This is an indication of whether a state's budget priorities reflect the public health care needs of the population.

Limitations

The State Health Rankings reflect an effort to provide a basis of comparison for any particular state, with other states and the US as a whole. Components of the Rankings were chosen because they reflect a broad range of issues that affect health, represent uniform measurements available at the state level, and are current measures that are regularly updated. Outcomes and risk factors as a group contribute equally to the overall ranking. Other potential factors for which measures were unavailable could not be included in the State Health Rankings. Rankings, specific measures, and trends should all be considered in evaluating a state's health standing.