

New Mexico Department of Health

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Initiatives Addressing New Mexico's Health Disparities



What is a health disparity?

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“differences in the incidence, prevalence, mortality and burden of disease and other health conditions that exist among specific population groups...”

Health disparities are relative, and are identified by comparing the health status, access to services and/or health outcomes of population groups.

Characteristics such as race or ethnicity, limited English proficiency, disabilities, sexual orientation, economic status and geographic location may affect one’s ability to achieve good health.

What is a disparity grade?

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A disparity grade shows how well the health system is doing in eliminating the differences between populations by comparing each group to the population with the best rate.

The reference group is the group to which all others are compared.

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.

US Census Bureau NM 2011 Quick Facts

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People	NM	USA
Persons of Hispanic or Latino Origin, percent, 2011 (b)	46.7%	16.7%
White persons not Hispanic, percent, 2011	40.2%	63.4%
Black persons, percent, 2011 (a)	2.5%	13.1%
American Indian and Alaska Native persons, percent, 2011 (a)	10.1%	1.2%
Asian persons, percent, 2011 (a)	1.6%	5.0%
Native Hawaiian and Other Pacific Islander persons, percent, 2011 (a)	0.2%	0.2%
Persons reporting two or more races, percent, 2011	2.3%	2.3%

www.census.gov

New Mexico Population Relative to U.S.

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New Mexico

- New Mexico is a minority-majority state:
Whites 40%
Hispanics and Native Americans 50%
- Second Language speakers 36%.
- Poverty rate is 23.8%

U.S.

- Whites who are not Hispanic comprise over 60% of the population
- Second Language speakers 20.1%.
- Poverty rate is 16%.

Office of Health Equity



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- Increase Awareness of health disparities.
- Implement Culturally and Linguistically Appropriate Services:
 1. Translation and Interpretation Services;
 2. Adult Immunization Project;
 3. 911 Heart Campaign;
 4. Tribal Liaison for DOH;
 5. Border Health; and,
 6. Address issues impacting all of New Mexico's diverse communities.

Public Health Accreditation Requirement

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**MAINTAIN SOCIALLY, CULTURALLY,
AND LINGUISTICALLY APPROPRIATE
APPROACHES IN THE HEALTH
DEPARTMENT PROCESSES,
PROGRAMS, AND INTERVENTIONS,
RELEVANT TO THE POPULATION
SERVED IN ITS JURISDICTION.**

New Mexico Department of Health

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**LANGUAGE ACCESS SERVICES –
CULTURALLY APPROPRIATE
INITIATIVE
FY 2013**

Cultural and Linguistically Appropriate Service (CLAS) Standards

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New Mexico is successfully implementing National CLAS Standards in order to...

- i. Advance health equity;
- ii. Improve quality; and
- iii. Help eliminate health care disparities.



CLAS Has Strengthen DOH's Service Infrastructure And Workforce

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- Addressing the cultural and linguistic barriers to health care delivery;
- Increased access to health care for limited English-proficient patients/clients;
- Increased understanding health risk factors and successful prevention or intervention strategies; and
- Provided implementation strategies, which comply with National CLAS Standards.

Translation and Interpretation

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- Spanish Translations
 - a. Hispanics 47% NM population with a substantial number who are monolingual Spanish speakers.
 - b. Improve access to health care to Limited English Proficient patients and/or clients.
- Medical Interpretation Training
 - a. Respectful, responsive, accurate communication at every point of contact.
 - b. Increase health literacy.
 - c. Accommodate communication needs of minority populations.

CLAS in Action



↑ Inter/Intra-organizational collaboration and cooperation to address health care needs in New Mexico's communities.

Adult Vaccine Pilot Project

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- ↑ Increase Vaccination rates among older adults ≥ 65).
- ↑ Increase awareness among Hispanic elders (e.g., cocooning effort – vaccination of infant caregivers).
- ↑ Increase knowledge of infectious disease risks.
- ↓ Decrease deaths (Flu and Pneumonia Related)



El Corazón De Nuevo México: Protegiendo La Salud De Sus Mujeres Hispanas/Latinas

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**The Heart of New Mexico: Protecting The
Health of Hispanic/Latin Women**



MAKING THE MOST OF A \$10,000 CAMPAIGN!

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¡HAGA LA LLAMADA!



The Heart Disease Problem in New Mexico

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- ♥ **IN NEW MEXICO DISEASES OF THE HEART ARE THE LEADING CAUSE OF DEATH AND A MAJOR SOURCE OF DISABILITY.**
- ♥ **IN 2011, DISEASES OF THE HEART ACCOUNTED FOR 20% OF ALL DEATHS IN NEW MEXICO.**
- ♥ **HEART DISEASE IS THE SECOND LEADING CAUSE OF DEATH AMONG HISPANIC WOMEN IN NEW MEXICO.**
- ♥ **STROKE IS THE FIFTH LEADING CAUSE.**
- ♥ **COMBINED, THESE ACCOUNTED FOR NEARLY A QUARTER OF ALL DEATHS AMONG HISPANIC WOMEN IN 2011.**

New Mexico Heart Disease in Women

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- ♥ Hispanic women in New Mexico are more likely to be obese, be physically inactive or to have been diagnosed with diabetes than non-Hispanic White women.
- ♥ Approximately 25% of Hispanic women in New Mexico have been diagnosed with high blood pressure and about one-third have been diagnosed with high cholesterol.
- ♥ In New Mexico, more than 25% of Hispanic women with known cardiovascular disease could not see a doctor when needed in the past year because of cost.
- ♥ Hispanic women with cardiovascular disease were also more likely to lack health insurance than their White counterparts.

New Mexico OHE Achievements

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♥ In December 2012 and January 2013, the Office of Health Equity (OHE) recruited spokeswomen, developed a local campaign message, developed evaluation tools and planned outreach efforts.

♥ OHE sent invitations to the Valentine's day campaign launch, as well as delivered campaign posters and magnets to all 55 public health offices statewide.

♥ OHE met with both northern and southern NM *promotora*/CHW committees in Abiquiú and Las Cruces who are partnering with us in the campaign to empower, engage and educate communities.

New Mexico Achievements

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♥ OHE has hosted many campaign outreach events with several partners across the state, thus having a presence in all five NMDOH public health regions.

♥ NMDOH hosted our official campaign launch at the state capitol with a press conference with many campaign *promotoras*/CHWs in attendance and delivered by our new Department of Health Cabinet Secretary, Retta Ward, with a proclamation from Governor Susana Martínez.

♥ The campaign has generated press coverage statewide through both internal and external sources including an NMDOH press release, fox news Latino, KRQE news, the Deming Head Light, local NPR and radio lobo.

New Mexico Achievements

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♥ To date the campaign effort has participated in 30 different activities statewide.

♥ Successful events include the day of dance in Albuquerque, southern promotora door to door outreach/Día de los Niños and *Ventanilla de Salud* outreach.

♥ OHE partnered with Lovelace Women's Hospital at their day of dance for women's heart health. Over 1,000 people in attendance. OHE partnered with the *Consulado de México* and *Ventanilla de Salud* in Clovis, NM reaching over 250 people via outreach while the consulate served 175 people.

A BILINGUAL CAMPAIGN FOR HISPANA/LATINA NEW MEXICANS

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**The healthcare system in NM must aim
to best serve the uniqueness of our
clients through education and
awareness, as well as provide
culturally appropriate programs and
treatment models**

Make the Call Campaign Achievements

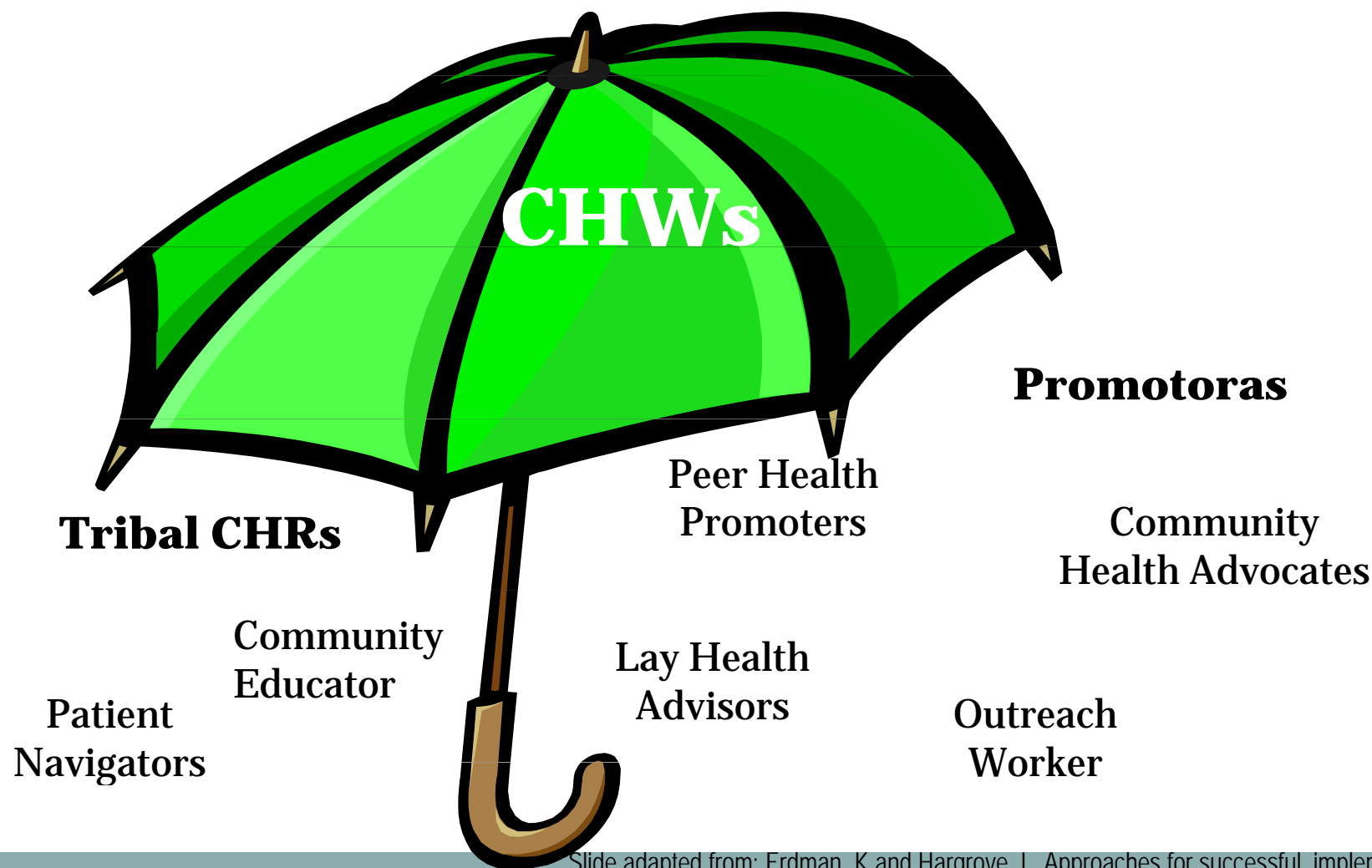
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Make the Call is a public education campaign for women age 50+ and their family and friends (bystanders) that:

- **Educates women** on the symptoms of a heart attack.
- **Engages women** to change their behaviors & improve their health.
- **Empowers women** to call 9-1-1 to save their own life, and empowers bystanders to act to save the lives of their sisters, mothers, and best friends.

The Role of Community Health Workers

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Slide adapted from: Erdman, K and Hargrove, L. Approaches for successful implementation of successful CHW Apprenticeship program 2011. <https://hrsa.connectsolutions.com/archivechwrap/>

Collaborations: Make the Call Local NM Partners

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♥ **Radio Lobo, KRQE News, Fox News Latino, Deming Headlight, Local NPR**



*U.S. Department of Health and Human Services,
Office on Women's Health*

♥ **Las Clínicas del Norte**

♥ **Office of Border Health**

♥ **Ventanilla de Salud**

♥ **Northern Promotora Committee**

♥ **NMCHWA**

♥ **Southern Promotora Committee**

♥ **NMCHWAC**

♥ **NM Heart Institute**

♥ **NMDOH Office Of CHW**

♥ **Lovelace Women's Hospital**

♥ **UNM**

♥ **Southwest Care Center**

♥ **Office of African American Affairs**

♥ **Women's Health Services**

♥ **Mexican Consulate Albuquerque**

♥ **El Centro Family Health**

♥ **NM American Heart Association**



Activities of the Office of Border Health

US-Mexico Border Sister Cities and Population



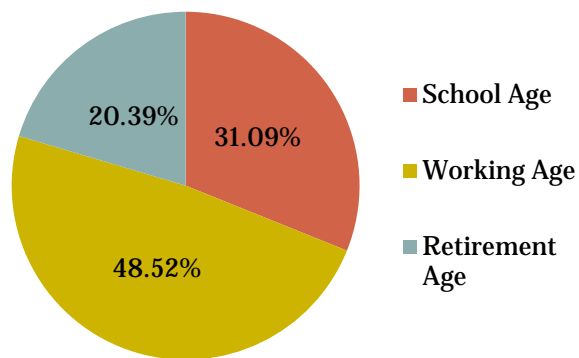
PAUL DULIN, DIRECTOR

Defining issues along the New Mexico-Chihuahua border

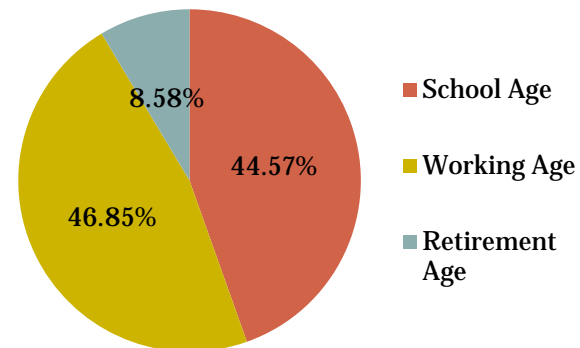


- Binationality
- Border crossings
- High population growth
- *Maquiladora* factories
- Urban, rural & frontier
- Migrants/Immigrants
- *Colonia* communities
- Ethnicity & Culture
- Perverse Poverty
- Low education attainment
- Young population
- Health disparities
 - Access to care
 - Tuberculosis
 - Obesity & Diabetes

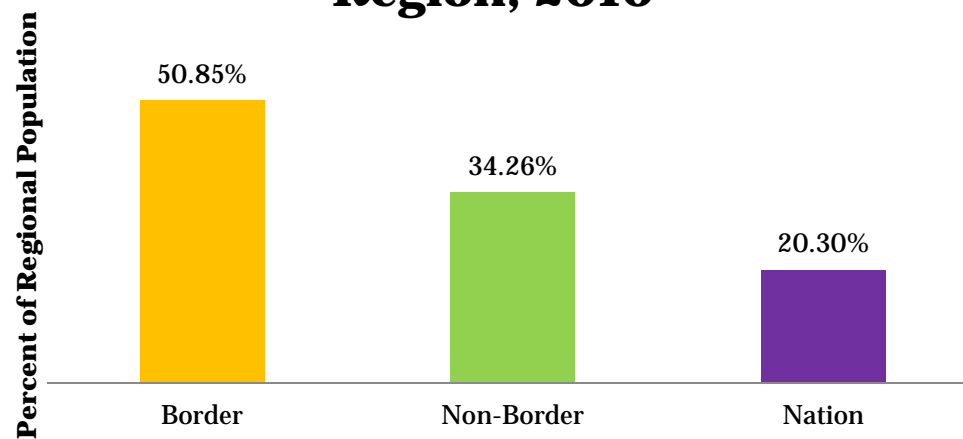
Border Non-Hispanics, 2008-2010



Border Hispanics, 2008-2010



Non-English Spoken at Home by Region, 2010

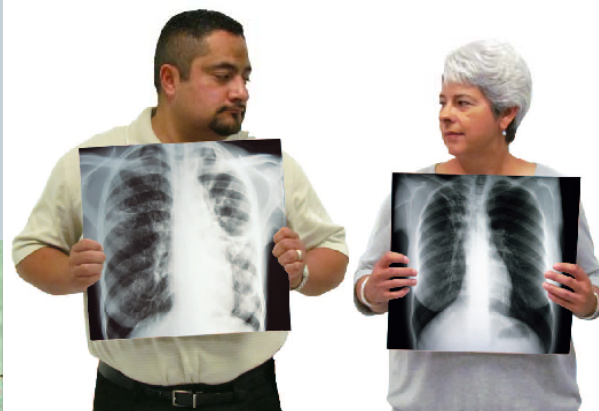


NMOBH Strategic Approaches to increasing Healthcare Access to Immigrants & Migrants



- Address structural health disparities and access issues of border/immigrant subpopulations throughout the State
- Directly address binational public health needs in the shared Border Region with Chihuahua State Health Services and other U.S. & Mexican border states
- Facilitate truly binational public health programming and development of a coordinated binational network of care for residents on both sides of the border
- Strengthen the role of Binational Health Councils as forums for prioritizing and coordinating public health programming in the binational border region

Improved infectious disease epidemiology and surveillance and information exchange: *Border Influenza Surveillance Network and the New Mexico-Chihuahua Binational TB Control Pilot Project*



¿Tos y Cansancio constante?
¿Fiebre o sudores nocturnos?
¿Pérdida de peso?

**¡Solicite exámenes de
Tuberculosis AHORA!**

Secretaría de Salud Chihuahua



Community Health and Immunization Initiatives



- Border Binational Health Week and National Infant Immunization Week campaigns (2006-2012)
- Luna County Senior Immunization Pilot Project (*immunized 700 seniors and shut-ins for influenza and pneumonia in 2 years*)
- Door-to-Door Immunization campaigns to vaccinate hundreds of children in their homes (*acclaimed a Border Health Best Practice by the National Rural Health Association*)
- Annual binational *Red Ribbon Rally* and *Rally on the River* events addressing drug use prevention
- Development and dissemination of culturally and linguistically-appropriate multimedia for health education

New Mexico Department of Health

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**HEALTH PROGRAMS WORKING WITH NEW
MEXICO'S POPULATIONS**

Healthy Kids New Mexico

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Builds state and local partnerships to expand children's opportunities for healthy eating and physical activity where they live, learn and play



Healthy Tribal Communities • Healthy Kids

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School, Backyard and
Community Gardens-
Traditional
Agricultural



Community
Walking and Biking
Trails



Healthy Eating and
Physical Activity
Opportunities in
Schools and
Communities



Healthy Kids Tribal Initiatives

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Healthy Eating

Increase access to healthy food and beverage options in tribal schools and communities

- **Zuni:** Halona Plaza, the only local store that supplies the community with food, is labeling healthy foods and promoting healthy options via in-store cooking demonstrations that include tastings, recipes and nutritional information
- **Santa Clara and San Ildefonso:** using Health, Honor, Wisdom tribal curriculum to teach healthy eating, traditional agriculture and cooking, and healthy lifestyles
- **Mescalero Apache:** conducting fruit and vegetable tastings with preschool children
- All four tribal communities are actively engaged in traditional agriculture and have backyard, school and/or community gardens

Healthy Kids Tribal Initiatives

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Built Environment

Community walking and biking trails



- **Zuni:** established the Bear Trail, the first in a series of community walking/biking trails; posted mileage markers and inspirational signs in Zuni language
- **Santa Clara:** assessed and mapped five walking routes to connect five neighborhoods within the pueblo
- **San Ildefonso:** launched 'Walking, Running & Biking Trails' on March 21st, promoting nearly 10 miles of newly established trails
- **Mescalero Apache:** assessed and currently developing 2-mile Tularosa Creek trail

Healthy Kids Healthy Communities

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Healthy Eating

Assist low-income schools in applying for federal Fresh Fruit and Vegetable Program; concurrent strategies to increase healthy eating opportunities include classroom fruit and vegetable tastings and pre-made salads/salad bars

- **Roswell and Clovis:** 14 elementary schools have salad bars
- **Gallup McKinley County Schools:** serving 1,300 pre-made salads to children each week as reimbursable meals
- **Hatch:** extensive school gardens; student mentoring and nutrition education; classroom fruit and vegetable tastings using Cooking with Kids curriculum



Healthy Kids Healthy Communities

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Built Environment

Community walking and biking trails



- **Socorro:** children regularly bike to school via the Bike Train; developing way finding signs throughout the community; posting mileage markers on existing trails
- **Cibola:** extending Legacy Trail to connect downtown sites and neighborhood walk to school routes
- **Anthony:** established walking trail and installed lighting; trail is heavily utilized by community members



Healthy Kids Healthy Communities

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Food System

Increase access to healthy food and beverage options in rural/frontier communities



- **Lake Arthur:** school and backyard gardens; establishing a farmer's market; expanding food-buying clubs
- **Guadalupe** (Santa Rosa): establishing a farmers' market
- **Cibola:** developing a sustainable farmers' market by involving diverse community partners

BREAST CERVICAL CANCER PROGRAM

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STATEWIDE ACTUAL INDIVIDUAL COUNTS

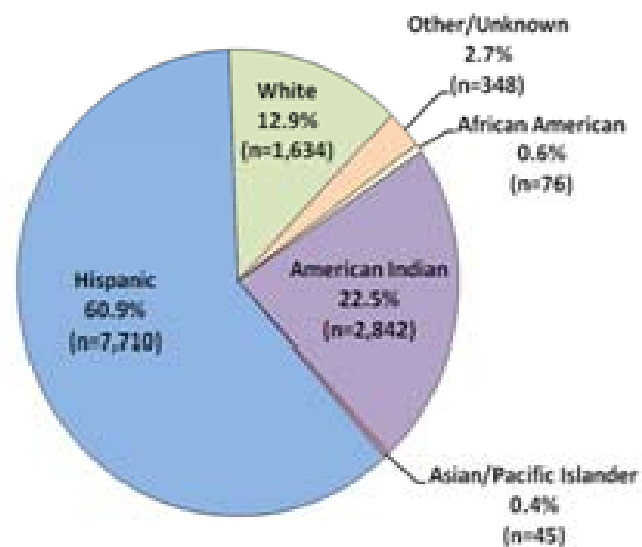
- In FY12: 1, 639 AI/NA women received mammograms.
- In FY13 (YTD) 1, 448 AI/NA women received mammograms.
- In FY12: 1, 514 AI/NA women received pap tests.
- In FY13 (YTD): 1,071 AI/NA women received pap tests.

BCC Race/Ethnicity Data

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Breast & Cervical Cancer Early Detection Program

FY13 (YTD) BCC Data: Women Served by Race/Ethnicity (N=12,665)



Breast and Cervical Cancer Early Detection Program

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- To be eligible for the BCC Program, women must meet the following age, insurance and income requirements:
 - ❖ 30 years or older
 - ❖ At or below 250% of the federal poverty level
 - ❖ No health insurance OR have health insurance with deductibles and/or co-pays that are too high
 - ❖ No Medicare Part B or full New Mexico Medicaid

If diagnosed, the BCC Case Manager works with the Medical Assistance Division at the Human Services Department to enroll Medicaid eligible women into a special category (052) specifically created to provide access to treatment for women diagnosed through the BCC Program.

New Mexico Department of Health

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Tobacco Use Prevention and Control (TUPAC) Program Achievements

Tobacco Use Prevention and Control

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- TUPAC funds statewide Priority Population Networks for the following groups: People Living with Disabilities, Asian Americans, African Americans, Native Americans, Spanish-Speaking people, and Lesbian/Gay/Bisexual/Transgender people. These Networks advise TUPAC on their respective populations' cultural and social differences and strategizes on how to best engage these populations with tobacco prevention and cessation education and outreach.
- TUPAC and its 20+ contractors plan and implement their disparities-related activities to support the *2011-2015 New Mexico Tobacco-Related Disparities Strategic Plan*.
- QUIT NOW Cessation Services are available to all New Mexicans via 1-800-QUIT NOW or www.QuitNowNM.com and in Spanish through 1-855-DEJELO YA and www.DejeloYaNM.com. The use of services as well as satisfaction and quit rates evaluated on an ongoing basis, including by priority population demographics.

Disparities in Smoking in Selected Population Groups

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Disparities in Smoking in Selected Population Groups in NM, 2008-2010

Population Group	Percent who Smoke
Lesbian, Gay, Bisexual or Transgender	37.6%
Unemployed	33.5%
Household income less than \$15,000/year	31.0%
No health insurance	29.3%
No high school diploma	28.7%
African American	26.0%
18-24 years old	25.4%
Disability that limits activities	24.7%
American Indian	22.5%
NM general adult population	18.5%

Source: 2008-2010 NM Behavioral Risk Factor Survey

We are here to serve

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