

Research Brief

THE STATE OF BLACKS IN NEW MEXICO: BLACK HEALTH DISPARITIES AND ITS EFFECTS ON HEALTH OUTCOMES IN NEW MEXICO AS REFLECTED BY THE “DATA HUB”

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Background

The health systems in New Mexico are experiencing major changes as a result of shifts in policies that define them and an economic climate that is struggling to support increased demand from the population. With the state's participation in the expansion of Medicaid, coupled with the implementation of the Affordable Care Act (ACA), New Mexico has experienced a sharp increase in access to health insurance that has been among the best for improved insurance coverage nationally. This substantial progress has been unfortunately occurring at a time of historic economic challenges that have impacted the state's ability to serve the rising number of New Mexicans who now have greater access to health care. This is an ideal time to assess the state of the Black community relative to health and well-being, the focus of this brief. This discussion follows the release of a brief focused on the [state of the Black community specific to economic well-being](#).

We situate our discussion of the disparities and inequalities facing the Black community and other communities of color in New Mexico within the social determinants of health. This includes the influence of economic factors, such as those discussed in our prior brief, including poverty levels impact on health and well-being. Poverty levels are a strong indicator of community well-being as well as direct correlates with negative health outcomes and increased health disparities.¹ New Mexico is a state with one of the highest poverty rates nationwide at roughly 21%, and poverty plagues Black communities more so than non-Hispanic white or Asian American communities in the state. The Data Hub provides extensive context for [Black poverty rates in New Mexico](#), including the ability to see the decrease in poverty among New Mexico's Black community in New Mexico since 2012, when the poverty rate among Blacks in New Mexico reached a peak of nearly 31%, and the poverty rate among Blacks by county. The Black poverty rate in New Mexico was nearly 22% in 2014.

As a result of staggering poverty rates for Blacks across the state and the powerful role poverty plays in health outcomes, it is no surprise that indicators of health and well-being, such as uninsured rates, physical and mental health outcomes, and drug addiction incidences, within Black communities in New Mexico are significantly higher than their counterparts. Given that millennials dominate the Black community in New Mexico, social media will be an important tool to educate the population on these important issues.

The primary goal of this brief is to highlight data available in the Data Hub to examine how the Black population in New Mexico fares in their health status and health outcomes statewide, as well as relative to Blacks nationally, utilizing various facets of the data to make racial and ethnic and county population comparisons. We augment the data available in the Data Hub with references to the RWJF Center's most recent survey that focuses on the social determinants of health across New Mexico, which includes the most recent indicators of health insurance coverage and self-rated health status available. See the following webpage for more information regarding the survey: <http://healthpolicy.unm.edu/socialdeterminantsofhealthinNM>.

¹ State of Blacks In New Mexico: The Demographic Profile and Economic Well-Being of the Black Community as Reflected by the "DATA HUB" policy brief.

We close with some specific suggestions for policy makers and advocates interested in improving the health conditions of the Black community by reducing the underlying inequalities that are leading to these outcomes, most notably the high poverty rate facing the Black community.

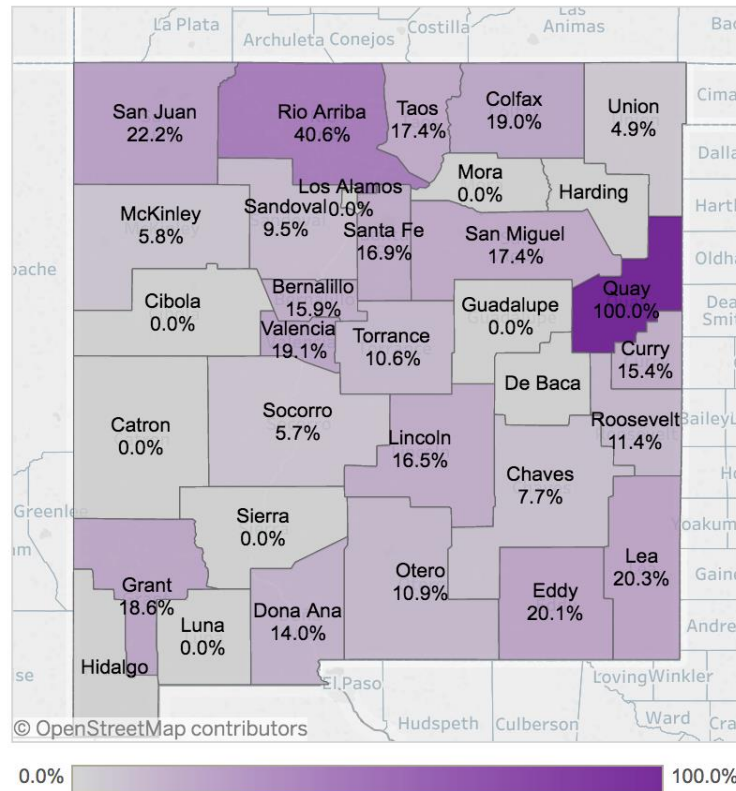
The Black Uninsured Rate in New Mexico

Research has consistently found that lacking health insurance has direct implications on the ability for individuals to seek out preventative healthcare and treatment for severe health conditions and chronic illness. We therefore begin our discussion of the state of health and well-being for the Black community with a discussion of health insurance access. In New Mexico following the passage of the Affordable Care Act (ACA), the percent of uninsured Blacks decreased from roughly 18% in 2010 to a more modest 10% in 2014 (the most recent official numbers available) after implementation of Medicaid expansion and enrollment periods through the ACA's Be Well New Mexico campaign. While an impressive gain in insurance access, it is important to note that Blacks in New Mexico were more likely to lack health insurance than non-Hispanic whites in New Mexico who had a rate of 8% in 2014.

These numbers compare favorably to the national average of Blacks who were uninsured which was 15% in 2014, as well as American Indians (28%) or Hispanics in New Mexico (17%), who face more significant disparities in access to health insurance in New Mexico. Similar to what we found across multiple measures of economic well-being, Blacks in New Mexico appear to have greater access to health insurance in New Mexico when compared to the national average, however there is tremendous variation in Black uninsured rates across the state's many counties.

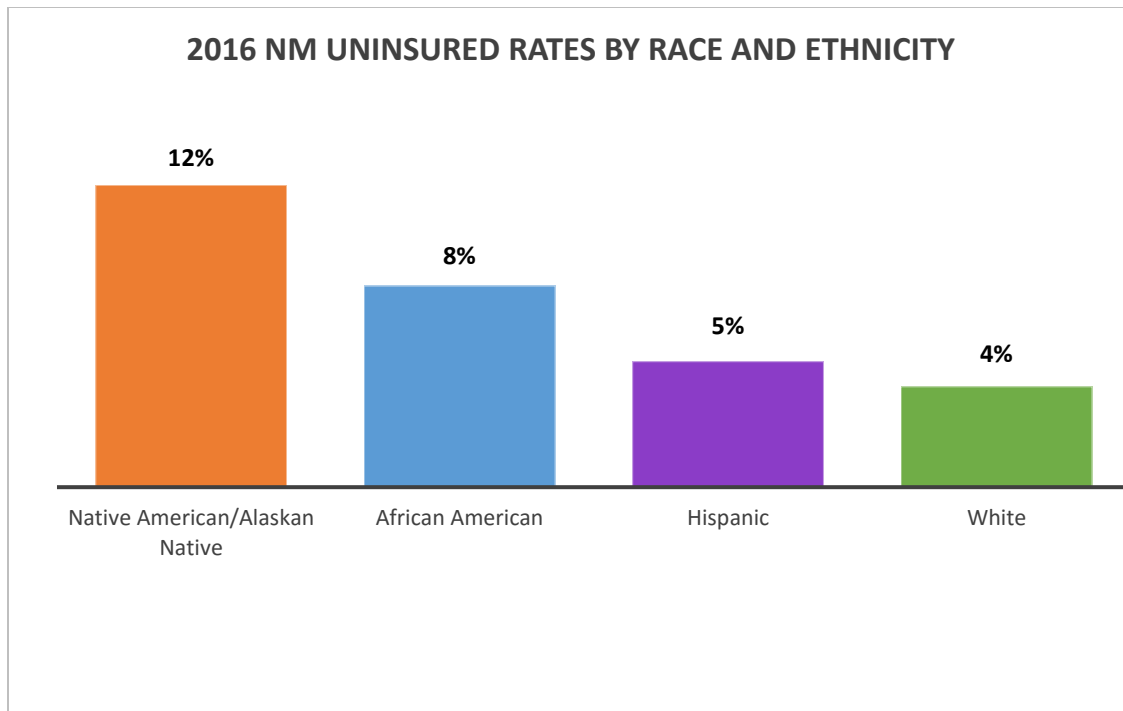
The figure below demonstrates that the top six counties without health insurance among Blacks are Rio Arriba (41%), San Juan (22%), Lea and Eddy (20%), and Colfax and Valencia (19%). In the most highly populated Bernalillo County the Black un-insurance rate is nearly 16%. These pockets of the state provide an important blueprint of where continued outreach for enrollment needs to take place to ensure that the Black community in New Mexico is insured and able to access health care. It is critical to acknowledge and promote policy interventions in areas where high uninsured rates might also lead to negative physical and mental health outcomes.

**Percent without Health Insurance by County
2014, (5YR Estimates)
African American**



Source: New Mexico Office of African American Affairs DataHub, 2015

We conclude our discussion of access to health insurance by discussing results from the RWJF Center’s Social Determinants of Health survey conducted in the fall of 2016, the most recent data available for assessment of health insurance coverage. This state-wide survey of adults finds that continued enrollments through the ACA and Medicaid expansion have benefited New Mexico tremendously, as only 5% of all New Mexicans remain uninsured. However, as depicted in the figure below, when we explore health coverage by race, we find that 8% of Blacks remain uninsured in NM, which is twice the rate of non-Hispanic whites at 4%.

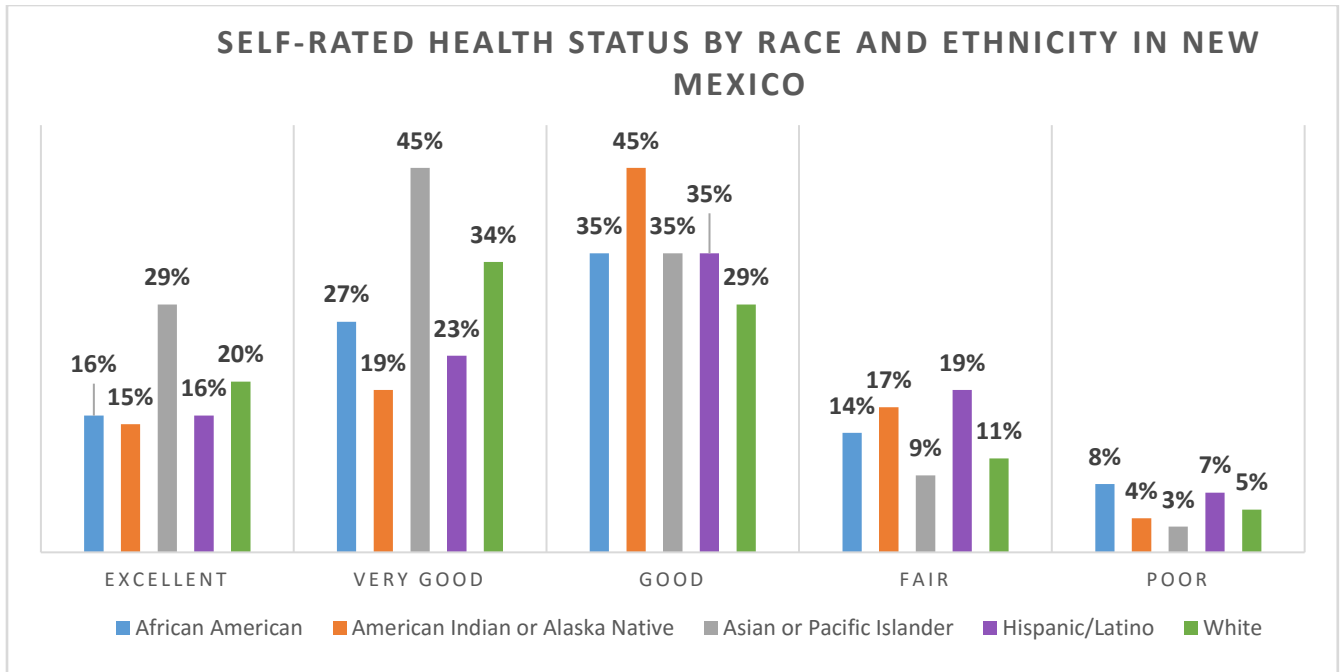


Source: The New Landscapes of a Majority-Minority State, 2016

Health Outcomes by Race and Gender Between 2010 and 2015

Physical Health Outcomes

Research shows that one of the best indicators for assessing population health outcomes is self-rated health status, as this measure is highly correlated with a number of other health outcomes and utilized as a tool in health-related behavior modification (Bombak, 2013). This survey question typically asks respondents to rate their physical health on a scale from “poor” to “excellent.” Drawing from the self-rated health measure available in the Data Hub, we find that Blacks in New Mexico are twice as likely to rate their overall health as poor (8%) than their white counterparts (4%). The figure below also reveals that Blacks, Native Americans, and Hispanics are less likely to rate their health status as excellent than their Asian American and White, non-Hispanic counterparts.



Source: The New Landscapes of a Majority-Minority State, 2016

Given the high correlation with self-rated health and other health indicators, this measure suggests that there are likely many other health disparities in New Mexico facing Black communities in the state that have implications for the overall well-being of this population. For example, according to 2014 data, Blacks (60%) are ten percentage points less likely to receive prenatal care than their non-Hispanic White counterparts (70%). We also see underlying disparities in obesity the Data Hub data, an important contributor to diabetes and heart disease. For example, in 2014, 77% of Native Americans, 72% of Blacks, and 68% of Hispanic adult populations are overweight/obese, which is significantly higher than non-Hispanic Whites in New Mexico (56%).

Infant mortality is one of the most common indicators of the overall health and well-being, as this measure is often used as an indicator of the overall health of a nation, state, and in this case, racial or ethnic population. This is arguably the greatest indicator of the overall inequalities facing the Black community in New Mexico, as the infant mortality rate among Blacks in New Mexico is 10.6 per 1,000 live births, roughly two times that of any other racial or ethnic group in New Mexico!² Existing research suggests that low birth weight is a significant driver of infant mortality, which reinforces our argument that underlying economic inequalities, including poverty, are the causes of the disparities in health outcomes we find across this brief. As we discuss in our conclusion, the OAAA has been highly engaged in addressing the gap in infant mortality we see in New Mexico, an initiative we applaud and believe should be expanded to ensure Black families have the resources they need to ensure a healthy start to their children's lives.

² Source: New Mexico Vital Records and Health Statistics via New Mexico Internet Based Information System <https://ibis.health.state.nm.us/>

Finally, we see that disparities in HIV/AIDS diagnosis by race remain a significant challenge in New Mexico. The statistics available in the Data Hub are highly valuable for insights on this health outcome, as they allow for comparisons to be made regarding how the Black population in New Mexico is faring relative to Blacks nationally, as well as to other racial and ethnic groups in New Mexico. The most recent data available reveals that while the HIV/AIDS rate for Blacks in New Mexico is significantly lower than for Blacks nationally, Blacks were two to three times more likely to be diagnosed with HIV/AIDS than their Hispanic, Native American, or White counterparts from here in New Mexico from the years 2010-2014. This is an example of how critical it is to examine potential inequalities by race in New Mexico across key health measures when focusing on the Black population, as comparisons to the Black population nationally can mask significant disparities that face the Black community in New Mexico.

Mental Health Outcomes

Including measures of mental or behavior health is particularly important given that New Mexico leads the nation in many behavioral health disorders. For example, the state's youth suicide rates (15 per 100,000 youth), especially among youth of color, is a clear indicator of the challenges facing New Mexico. We situate our discussion of racial inequalities in mental health within the severe behavioral health workforce shortages in New Mexico. The behavior health system is in need of major reform, with all but one behavior health provider leaving the state over the past five years, disrupting services for thousands of New Mexicans in need of vital mental health and substance abuse treatment. A recent report by the New Mexico Health Care Workforce Committee (2016) found that New Mexico needs 109 additional psychiatrists to meet the benchmark psychiatrists desired ratio for the state's population.

Mental health among Blacks in New Mexico is often overlooked or understudied. However, the Data Hub provides an opportunity to identify significant differences in mental health outcomes by race across the state. For example, in 2014, 24% of Blacks and 25% of non-Hispanic Whites were diagnosed with depression, which is higher than their Native American (16%) and Asian-American (11%) counterparts. The rich data available in the Data Hub allows for the opportunity to explore internal variation among Black in New Mexico, which proved to be important when exploring depression rates. Here we find that in 2014 Black females were approximately three times more likely to be diagnosed with depression than their Black male counterparts. This suggests the need for greater intersectional approaches to analysis of racial disparities in New Mexico, as mental health interventions need to consider the nuances associated with gender within the Black population.

Drug Use

Drug abuse is pertinent in communities where community development and accessibility to mental and physical health treatment facilities is lacking and where resources are inefficient at addressing community needs. In the state of New Mexico, we see how unequal access to treatment as well as the lack of healthcare leads to high levels of drug use. Between the year 2003 and 2011, New Mexicans used Cocaine and Marijuana at higher percentages than the national average. Furthermore, in 2013, Blacks and Asian Pacific Islanders were almost two

times more likely to use cocaine, inhalants, marijuana, and methamphetamine than their non-Hispanic White, Hispanic, and Native American counterparts.

It is important to note that the mental health outcomes in New Mexico are driven largely by structural factors that impact New Mexicans' behavior. For example, due to exposure to extreme social stressors such as poverty and un-employment, the prevalence of alcohol or drug dependence is considerably higher than the national average among New Mexicans as well (6.5% in New Mexico vs. 4.8% nationally). We stress the need for structural-level interventions that are aimed at these underlying sources of stress, not just surface-level efforts that are aimed primarily at changing behaviors, such as drug and alcohol use.

Conclusions: Policy and Program Intervention Recommendations

Data provides insight into the health challenges facing New Mexico's Black communities across the state of New Mexico, enabling us to ask better questions about the challenges we face and to begin to provide some potential solutions to address the many racial inequalities we see in the data. This new tool called the Data Hub is essential for surmising the adverse effects of health disparities among Blacks and to help us prioritize where to invest limited resources to address the inequalities within the Black community in New Mexico specific to health. We have attempted to take advantage of this new resource by exploring racial variation in health by comparing the health status of Blacks in New Mexico to Blacks nationally, other racial and ethnic groups in New Mexico, and in some cases, differences among Blacks in New Mexico.

Our analysis of the data available in the Data Hub reveals that the standing of the Black community with respect to health is complex and will therefore require complex policy solutions. While compared to the national average for Blacks, it appears that Blacks in New Mexico are doing well in gaining access to health insurance. However, as we discuss in the brief, this can mask tremendous disparities facing Blacks within the state, particularly when we look deeper into the numbers by county. While the ACA and Medicaid expansion has had a marked improvement on Blacks' access to insurance coverage, our brief identifies that more work is needed, and we hope our brief can provide a snapshot of where more outreach is needed to address pockets of the state where far too many Blacks remain un-insured. More importantly, as national policy discussions focus on reforming the ACA and potentially cutting back on federal funds to support Medicaid expansion, it is critical that New Mexico policy leaders consider the significant consequences these policy changes could have on the Black population in New Mexico. The tremendous gains in access to insurance among Blacks will be lost if major changes to Medicaid were implemented given the high rates of poverty facing this community we reference in this brief.

We believe that the most troubling finding in the brief was regarding infant mortality rates, as Blacks have mortality rates roughly two times that of other racial and ethnic groups in the state of New Mexico. Given the saliency of this issue, the OAAA here in New Mexico has been very active on this problem over the past several years. This has included helping to enact legislation to pilot evidence-based and culturally competent programing aimed at increasing education and support for pregnant Black women in Bernalillo County, which has the largest population of

Blacks in New Mexico.³ Given continued racial inequality in infant mortality in New Mexico, we strongly suggest that integrating this and other interventions state-wide should be considered.

The racial inequalities present across several mental health measures indicate that our state's behavior health systems are in need of major attention. Although we recognize that addressing the most immediate shortage of providers and mental health professions is needed, we believe that a strategic approach to addressing the shortage could simultaneously address the underlying racial disparities we see across multiple outcomes. For example, recruitment efforts to attract more mental health professionals could include targeted outreach to Black psychiatrists and other providers to increase racial concordance with Black patients, an outcome research has found to improve outcomes for racial and ethnic minorities. This will need to be coupled with retention efforts to help ensure that these health care professionals stay in New Mexico for the duration of their careers, a necessary step to ensure strong returns on the initial investment.

Finally, we have stressed throughout this brief that there is a need to look beyond the surface-level disparities we see across many health outcomes to address the underlying social determinants/causes of these inequalities. Most notably, poverty in New Mexico is a driving factor for many of the health challenges facing the state's residents, particularly for the most vulnerable residents, including Blacks. As discussed in detail in our existing brief on the economic well-being of Blacks in New Mexico, our state has the nation's highest poverty rates, and New Mexicans with household income under \$15,000 (29%) are much more likely to suffer mental distress than those with incomes over \$50,000 (12%). We therefore suggest that policy makers, funding agents, and advocacy organizations focus significant efforts to tackle the state's extreme poverty rates, starting with families who are making less than \$15,000 annually.

While major interventions are daunting given the state's poor economic climate, we believe that creative solutions, such as expansion of early childhood programs by leveraging the state's permanent fund, could have a marked and lasting impact on the poverty rates that plague the state. The team at the RWJF Center at UNM will continue to partner with the New Mexico Office of African American Affairs to draw from this invaluable resource to analyze the state of Blacks in New Mexico, with an eye toward providing legislators and other policy makers with the information required to improve the lives of the Black community in the state with sound and data driven policy decisions.

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³ See the following link for more information regarding OAAA's effort to address Black infant mortality: <http://www.oaaa.state.nm.us/infant-mortality.aspx>

Sources

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