



Health Equity in New Mexico Now

Jessica Jensen & Lori Ann Loera
Health Equity Partnership,
Santa Fe Community Foundation
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Understanding Health Equity

Health Disparity	Health Equity
Any difference in health between groups of people (based on geographic location, gender, socioeconomic status or ethnicity).	The term is based on the belief that everyone is entitled to a healthy life.
Some health disparities are NOT unjust or inequitable (e.g. innate biological differences resulting in different mortality rates between males and females).	Health equity pursues the elimination of health disparities.
However, most health disparities are avoidable, often the result of social or economic conditions or policies (e.g. obesity and smoking rates or the incidence of cancer between lower and upper income families).	Good health requires not only the traditional approach but must also focus attention to “address the broad policy and systems environment that influences health.”
Public health has traditionally attempted to reduce health disparities by targeting its interventions at individuals within vulnerable populations.	Health equity considers the status of the individual within a series of expanding contexts: family, religious/ethnic and other communities, geography, and the larger culture.

Where New Mexico Stands

- In 2010, NM ranked 33 out of 50 states according the United Health Foundation, American's Heath Rankings.
- New Mexico is the 6th most sparsely inhabited US state.
- New Mexico is considered a young state, but it will experience a large growth in the aging population in the coming years.
- Specific areas of concern include behavioral health, rural communities, aging population, uninsured, nutrition, obesity, oral health, transportation, health workforce shortage, linguistic and culturally appropriate services, immigrants, and the complexity of health care reform.

Disparities in Health Coverage

Race and Ethnicity

Age

Income and Poverty

Undocumented Immigrants

Race/ Ethnicity

In 2010 U.S. Projections, people of color comprised 58.7 percent of the population in New Mexico. People of color fare far worse than their white counterparts across a range of health indicators:

- Hispanic and American Indian adults were over twice as likely to be without health insurance coverage as whites.
- One in 10 Native Americans lack a consistent health benefits package.

Age

- By the year 2030, New Mexico will experience a baby boomer boom.
 - The state will rank fourth in the nation in percentage of population age 65 and older.
 - Currently, New Mexico is thirty-ninth*
 - Older New Mexicans will out-number those under age 18.

* New Mexico Aging and Long-Term Services

Age

- Twelve percent of children under 19 do not have health insurance.*
- Three in four children from minority populations are under five.
- One in five of the overall population are 18 years old and under.
 - NM's Hispanic population under 18 is 58 percent (largest in the nation).

* New Mexico Voices for Children, Kids Count Data Book, 2012


Income and Poverty

- One in four families of four earning less than \$31,809 (138% FPL), has no insurance.*
- New Mexico has the second highest poverty rate in the nation.
- One out of three of our children live in low-income households.
- The number of households receiving food stamps has almost doubled during the recession, from 6 percent to 11 percent.

*U.S. Census Bureau, Small Area Health Insurance Estimates, October 2011

Undocumented Immigrants

- Undocumented immigrants will not be eligible to participate in the Affordable Care Act and thus will remain uninsured.
 - As a state with a large immigrant population, this issue requires attention in New Mexico.



“The emphasis on accountability for quality and effectiveness could result in a health care system that is responsive to the needs of children and families, eliminates health disparities, and promotes health equity.”

-Dolores E. Roybal, Executive Director, Con Alma Health Foundation

For more information

NM Health Equity Partnership, Santa Fe Community Foundation

Jessica Jensen, NM Health Equity Partnership Manager

jjensen@nmhealthequitypartnership.org

(505) 490-1202

Lori Ann Loera, NM Alliance of Health Council Coordinator

lloera@nmhealthequitypartnership.org

(505) 490-1201

Con Alma Health Foundation

Health Equity in New Mexico:

A Roadmap for Grantmaking and Beyond

To access full report:

<http://conalma.org/wp-content/uploads/2012/10/CAHF2012HER.pdf>