

HEALTH STATUS DISPARITIES IN NEW MEXICO

IDENTIFYING AND PRIORITIZING
DISPARITIES



PUBLIC HEALTH DIVISION

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Health Status Disparities in New Mexico

Identifying and Prioritizing Disparities

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Summary

Among New Mexico's public health challenges, understanding how gender, race/ethnicity, education level and income impact health status is one of the most complex. Interactions among these can help explain why some people are healthier than others.

Differences in health status between population groups have had many different labels, including health status disparities. The US National Institutes of Health define health status disparities as "differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions between specific population groups." The elimination of health status disparities by the year 2010 is one of two overall goals of *Healthy People 2010*. The New Mexico Department of Health's version of the 2010 objectives, *The Vision of Health in New Mexico*, consists of 22 population-based health indicators. Vision of Health indicators were central to this examination of health status disparities in New Mexico.

To assess health disparities, rates, rate ratios, and disparity change scores were analyzed by gender and race/ethnicity for approximately 40 indicators during two time periods (10 years apart when possible). Indicators were also examined by income and education level where data were available.

The results showed that males experienced higher rates than females for almost every indicator, including all death indicators. Females had higher rates of pertussis, shigellosis, and chlamydia, and a poorer perception of health than males. The greatest decrease in disparity by gender was seen for motor vehicle injury death, while the greatest disparity increase was seen for suicide.

Males experienced higher rates of disease than females for almost every indicator

Racial/ethnic health status disparities were also present in New Mexico, with Native Americans experiencing the worst rates, and White Non-Hispanics experiencing the best rates in general. Native Americans experienced the highest rates of diabetes death, pneumonia/influenza death, alcohol-related death, motor vehicle injury death, shigellosis, adolescent driving under the influence, adolescent illicit drug use, and adolescent overweight status; they also had a large increase in the adult smoking rate. Native Americans experienced the greatest disparity changes for pneumonia/influenza death and diabetes death, for which disparities increased, and hepatitis A and shigellosis, for which disparities decreased. 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. They experienced the greatest disparity increases for teen births and hepatitis B, and the greatest disparity decrease for smoking. Finally, White Non-Hispanics had the highest cancer death, heart disease death and suicide. White Non-Hispanics experienced the greatest disparity increases for drug-related death and hepatitis B, and the greatest disparity decreases for smoking and binge drinking.

Native Americans experienced the worst rates and White Non-Hispanics experienced the best rates

By education level, for all indicators, with the exception of binge drinking, the most educated group had the best rates. The greatest disparity change was for binge drinking, for which the disparity decreased for all groups with at least a high school education. Smoking disparities by education level increased for all groups.

Rates were best for the groups with the highest income and education levels

By income, for all indicators, again with the exception of binge drinking, the highest income group had the best rates. For binge drinking, the two middle income groups experienced the worst binge drinking rates.

To eliminate health status disparities in New Mexico, we first must become aware of where health status disparities exist and where they are getting worse. We must also assure that rates for all subpopulations improve, not just those with the worst rates. Disparities should be prioritized and addressed systematically. We should examine opportunities for intervention for each indicator as part of this process. Finally, public health resources in the state should be directed toward groups experiencing the greatest disparities.

To eliminate health status disparities in New Mexico, we first must become aware of where health status disparities exist and where they are getting worse.

Introduction

Healthy People 2010 was developed as the standard to guide public health work in the United States. One goal of Healthy People 2010 is to eliminate health disparities among different segments of the population by the year 2010.¹ "Health disparities are differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population groups in the United States."²

Health disparities in a population can be examined by a variety of characteristics, most commonly race/ethnicity. Race/ethnicity, while important, is not the only characteristic by which disparities can be assessed; health disparities can be examined by additional variables including gender, income, education level, geographic area of residence, insurance status, and primary language.

In this report, some of the variables that influence health disparities among New Mexicans were examined. By analyzing health data by gender, income, race/ethnicity, and educational level, some of the disparities, or differences, in health status among the different New Mexico populations were highlighted. Subpopulations were compared to each other over time. Insight gained into where health status disparities exist in New Mexico provides guidance for key policy decisions on how to use New Mexico's limited resources to improve health in the state.

Health Status Disparities and the Vision of Health

In New Mexico, the Department of Health (NMDOH) has prioritized 22 population-based indicators in the document *The Vision of Health in New Mexico*. The Vision consists of indicators and collaborative strategies to help improve the health of New Mexicans³. These indicators fall into three major areas that have a great impact on health: Promoting Healthy Families, Breaking the Cycle of Substance Abuse, and Improving the Quality of Life (Appendix A). Because the Vision of Health is central to the work of the NMDOH, disparities for these indicators are the core of this report. Indicators with insufficient data were excluded from the analysis.

Measuring Health Status Disparities

Health disparities can be described through a number of methods.

¹ Department of Health and Human Services (US). *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: US Government Printing Office, November 2000.

² Department of Health and Human Services (US). *National Institutes of Health: Strategic Research Plan to Reduce and Ultimately Eliminate Health Disparities: Fiscal Years 2002-2006*. October 6, 2000.

³ New Mexico Department of Health. *Vision of Health in New Mexico*. Santa Fe, NM. 2002.

Raw Numbers. Raw numbers are the simplest means of examining health disparities between two or more groups of people. However, simple case counts do not provide enough information to adequately examine disparities because they do not take into account population size.⁴ For this reason, raw numbers are not typically used.

Rates. Rates are the number of cases per a given population (usually 100,000 people) over a period of time. Rates are a better measure of health disparity than raw numbers because they relate the number of cases to the size of the population in which they occur.⁵ Disparity, in fact, can be defined as the difference between the rates of two subpopulations. While rates provide a better method for identifying the disparity for a single health condition than raw numbers, they are not the ideal measure for this purpose.

Rate Ratios (Relative Disparity). The rate ratio, also known as the Relative Disparity, is used to compare rates for two subpopulations. It is the rate for one subpopulation divided by the rate for the second subpopulation. If the two rates are the same, the rate ratio equals one and there is no disparity. If the first rate is greater than the second rate, the rate ratio is greater than one; if the first rate is less than the second rate, the rate ratio is less than one. Rate ratios can be used to compare indicators with respect to disparity because they standardize the different scales of the measures. However, the rate ratio considers only two subpopulations.

Disparity Change Scores. The disparity change score examines relative disparities over time; it is the difference in the relative disparity of two subpopulations between two time periods (T1 and T2). It is based on the fact that a relative disparity (rate ratio) equal to one means there is no disparity between the two subpopulations. The disparity change score can be calculated by subtracting the absolute value of the later rate ratio minus one from the absolute value of the earlier rate ratio minus one ($|\text{RR}_{T1}-1| - |\text{RR}_{T2}-1|$). If the disparity change score is zero, then the disparity has not changed over time. The score is a positive number if the relative disparity is decreasing. The score is a negative number if the relative disparity is increasing. The higher the disparity change score, the greater the change in the rate ratio between the two time periods.

Disparity Change Score: An Example

New Mexico Hepatitis A Rates by Race/Ethnicity

Year	Native American Rate	White Hispanic Rate
1990-1992	178.0	26.4
1998-2000	3.0	5.8

Step 1: Calculate the Rate Ratios for two time periods.

Rate	Rate Ratio
1990-1992	$178.0/26.4 = 6.7$
1998-2000	$3.0/5.8 = 0.5$

Step 2: Subtract the absolute value of the later rate ratio minus one from the absolute value of the earlier rate ratio minus one.

Disparity Change Score = $|6.7-1| - |0.5-1| = 5.2$

A combination of the above methods is ultimately the best way to study disparities. This paper will use rates, rate ratios, and disparity change scores to examine health status disparities in New Mexico.

⁴ Department of Health and Human Services (US). *Principles of Epidemiology*. 2nd ed. Atlanta, GA. December 1992.

⁵ Department of Health and Human Services (US). *Principles of Epidemiology*. 2nd ed. Atlanta, GA. December 1992.

Methods

Rates, rate ratios, and disparity change scores were calculated for approximately 40 indicators (Appendices C and D). When possible, data were examined for two three-year time periods, 10 years apart. This was not always possible due to the various methods of data collection and analysis used by the data collection systems. Additionally, some of the data collection systems have only been in existence for a short time. In these cases, data were examined at one point in time.

Data are for the adult population except where noted.

All Vision of Health indicators on the following results pages are designated with an asterisk (*).

Gender. All indicators were analyzed for disparities by gender.

Racial/Ethnic Groups. All indicators were analyzed by race/ethnicity (Appendix B). In New Mexico, the population of Asian/Pacific Islanders was too small to yield stable rates for all indicators except all-cause death rates. African American numbers were also small, but large enough to yield a stable rate for the infant mortality and all-cause death rate rate. Therefore, the three most populous racial/ethnic groups in New Mexico (White Non-Hispanic, White Hispanic, and Native American) were used for analysis of all other indicators. The New Mexico Department of Health can work with individuals and groups interested in analyzing health status disparity information for African Americans and Asian/Pacific Islanders.

Education and Income. When possible, indicators were examined by education level and income level (Appendix B). This was mainly possible for Behavioral Risk Factor Surveillance System data. Rate ratios and disparity change scores for education level and income are presented in the body of the paper only for the extreme income and education levels when those groups experienced the largest disparities.

Overall Health Status Indicators

Self-Reported Health*

Infant Mortality

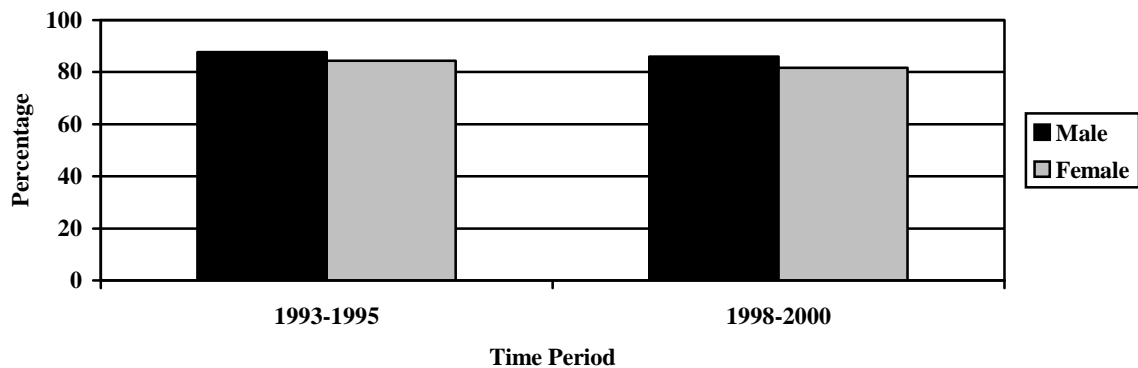
Deaths from All Causes

Self-Reported Health

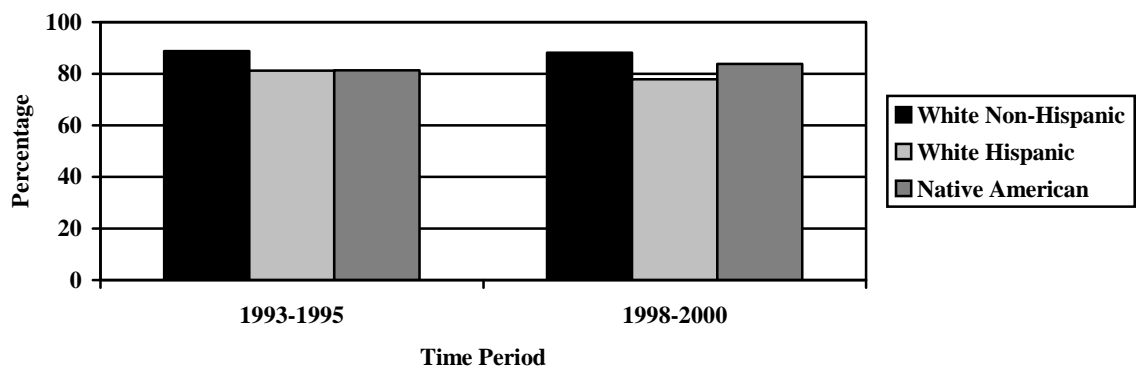
Summary

For both time periods, males reported better health than females; the disparity has increased slightly. White Non-Hispanics reported the highest rate of 'good, very good, or excellent' health for both time periods; White Hispanics reported the lowest rate for both time periods. Native Americans were the only racial/ethnic group to report improved health over the two time periods. For both time periods, the data followed the expected tendency for education level; as education increased, so did perceived health. The pattern was similar for income—those with more income reported better health. Compared to 1993-1995, rates for 1998-2000 decreased for all income groups except the \$50,000+ group, which increased; the disparity increased for the lowest income group compared to the highest income group.

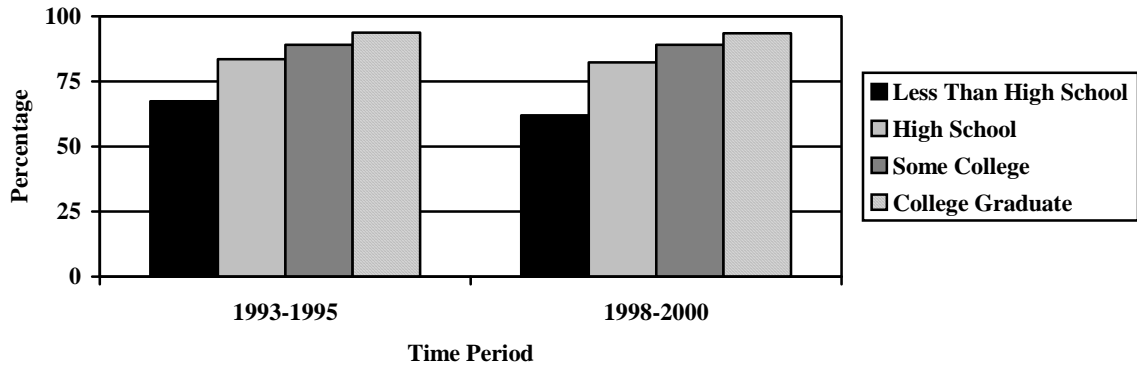
Self-Rated Health by Gender New Mexico, 1993-1995 and 1998-2000



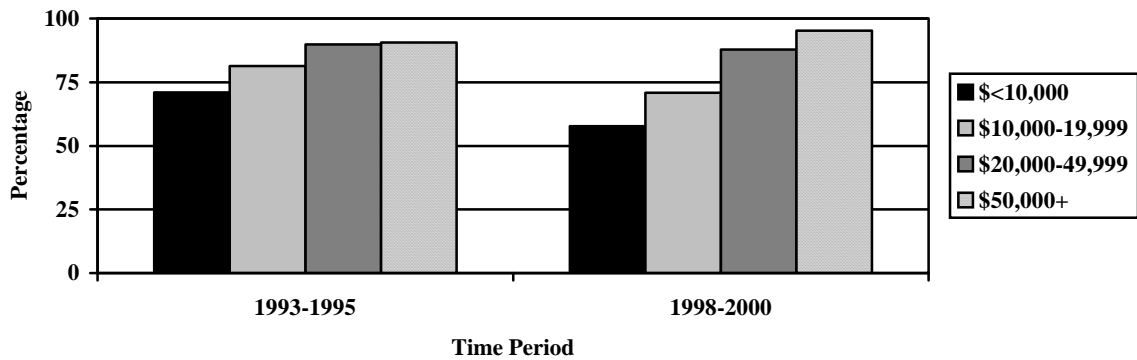
Self-Rated Health by Race/Ethnicity New Mexico, 1993-1995 and 1998-2000



Self-Rated Health by Education Level New Mexico, 1993-1995 and 1998-2000



Self-Rated Health by Income New Mexico, 1993-1995 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1993-1995	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.0	1.1	-0.1
White Non-Hispanic to White Hispanic	1.1	1.1	0.0
Native American to White Hispanic	1.0	1.1	-0.1
College to Less than High School	1.4	1.5	-0.1
\$50,000+ to <\$10,000	1.3	1.6	-0.3

Definition

Percentage of respondents answering 'good,' 'very good' or 'excellent' when asked about health status

Limitations

Sample only includes households with telephones

Source

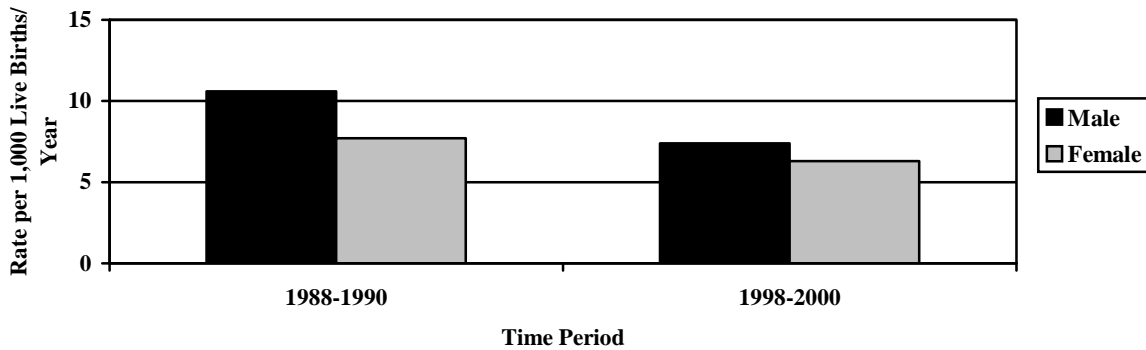
New Mexico Behavioral Risk Factor Surveillance System, Office of Epidemiology

Infant Mortality

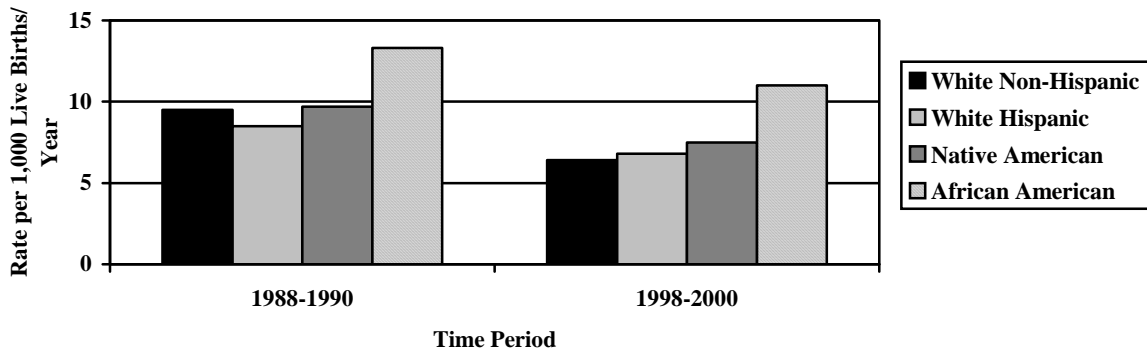
Summary

For both time periods, the infant mortality rate for males was greater than that for females. While both gender-specific rates decreased, the disparity decreased as well. Rates of infant mortality for all racial/ethnic groups decreased; all racial/ethnic disparities remained the same over time.

Infant Mortality Rates by Gender New Mexico, 1988-1990 and 1998-2000



Infant Mortality Rates by Race/Ethnicity New Mexico, 1988-1990 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1988-1990	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.4	1.2	0.2
African American to White Hispanic	1.6	1.6	0.0
Native American to White Hispanic	1.1	1.1	0.0
White Non-Hispanic to White Hispanic	1.1	0.9	0.0

Definition

Number of deaths to infants less than one year old per 1,000 live births

Limitations

None

Source

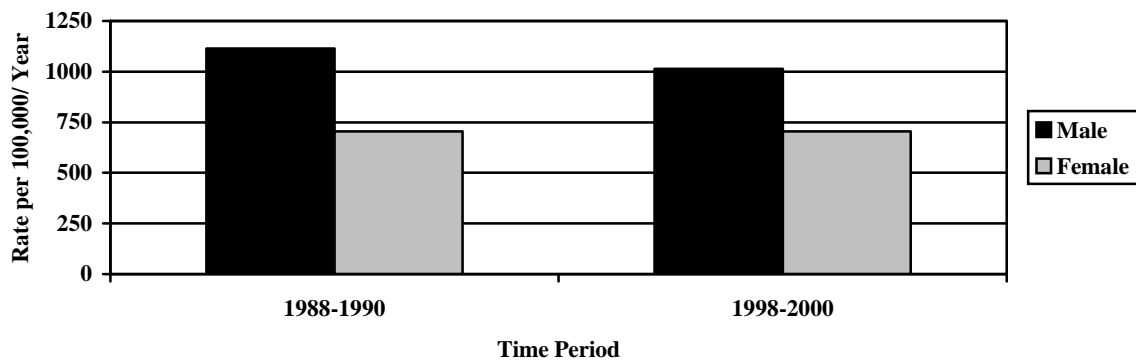
New Mexico Office of Vital Records and Health Statistics

Deaths from All Causes

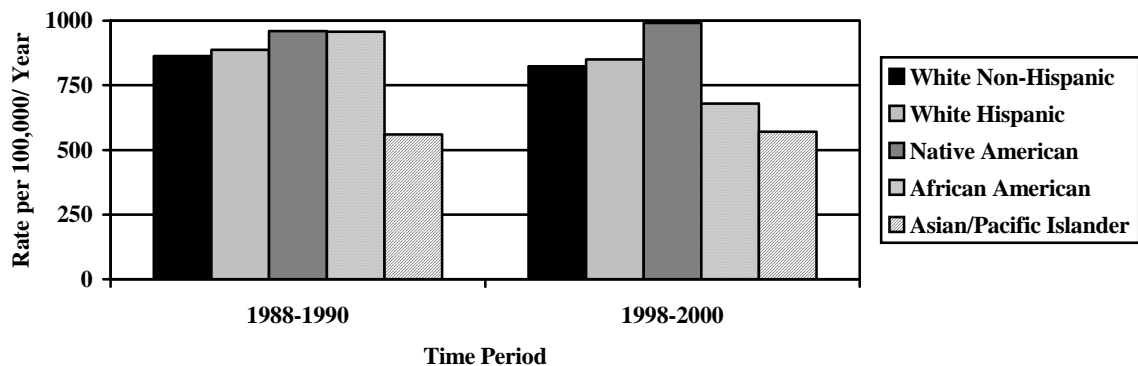
Summary

The male death rate was higher than the female death rate; this disparity decreased. Death rates from all causes for Asians/Pacific Islanders, who had the lowest rate during the first time period, and Native Americans, who had the highest rate during the first time period, increased; the disparity did not change.

All-Cause Death Rates by Gender New Mexico, 1988-1990 and 1998-2000



All-Cause Death Rates by Race/Ethnicity New Mexico, 1988-1990 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1988-1990	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.6	1.4	0.2
African American to Asian/Pacific Islander	1.7	1.2	0.5
Native American to Asian/Pacific Islander	1.7	1.7	0.0
White Hispanic to Asian/Pacific Islander	1.6	1.5	0.1
White Non-Hispanic to Asian/Pacific Islander	1.5	1.4	0.1

Definition

Number of all deaths per 100,000 per year, age adjusted to 2000 Standard US Population

Limitations

The small population of Asian/Pacific Islanders makes the death rate for this population somewhat unstable

Source

New Mexico Office of Vital Records and Health Statistics

Births

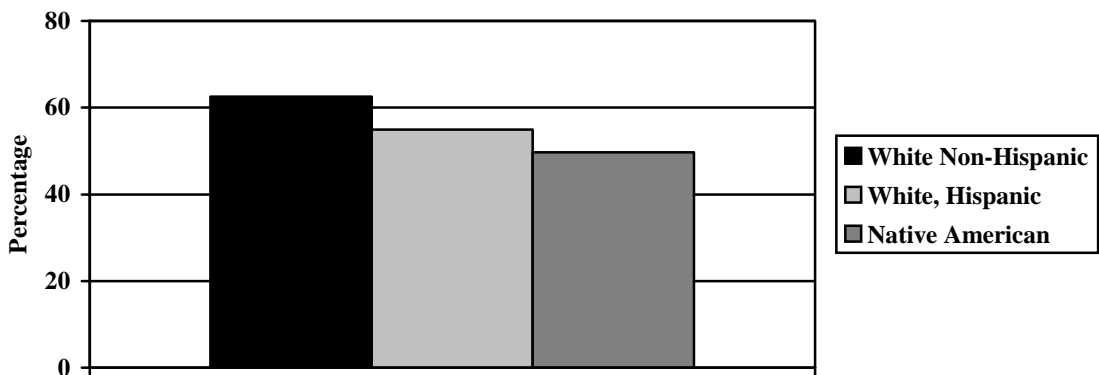
Intended Pregnancies*
Teen Births*

Intended Pregnancies*

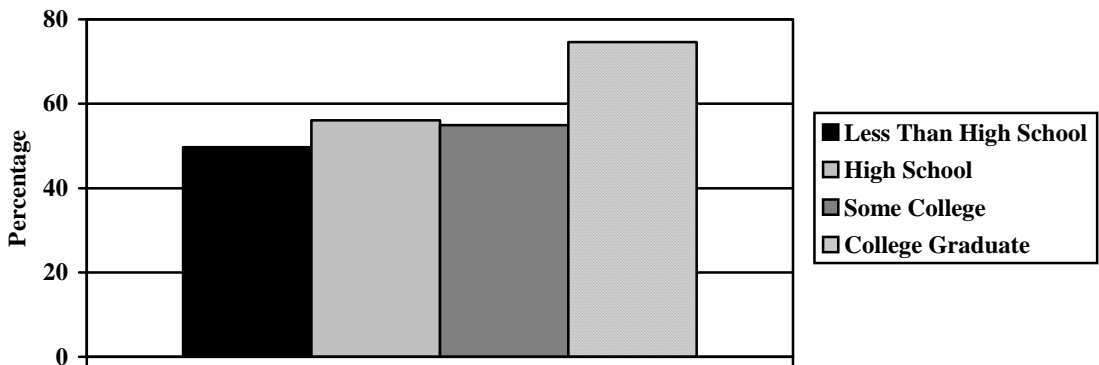
Summary

For the 1998-1999 time period, White Non-Hispanics reported the highest rate of intended pregnancy, and Native Americans reported the lowest rate. Those with less than a high school education had the lowest rate of intended pregnancy, and those with at least a college education reported the highest rate of intended pregnancy.

**Intended Pregnancies by Maternal Race/Ethnicity
New Mexico, 1998-1999**



**Intended Pregnancies by Maternal Education
New Mexico, 1998-1999**



Rate Ratios

	Rate Ratio 1998-1999
White Non-Hispanic to Native American	1.3
White Hispanic to Native American	1.1
College to Less than High School	1.5

Definition

Percentage of mothers who recently gave birth who reported wanting their pregnancy 'sooner' or 'then,' with 95% confidence intervals

Limitations

Survey is a sample of new mothers

Source

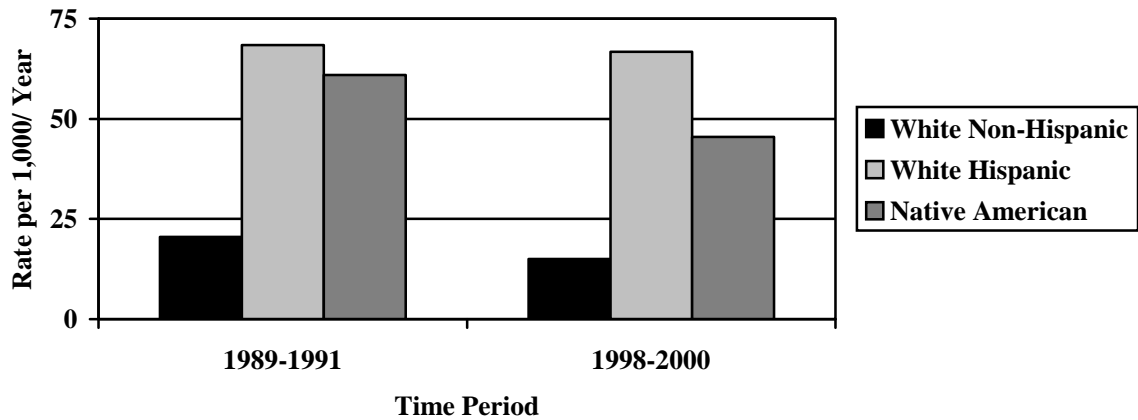
New Mexico Pregnancy Risk Assessment Monitoring System, Family Health Bureau

Teen Births*

Summary

White Hispanics had the highest rates of teen pregnancy of all racial/ethnic groups in both time periods. White Non-Hispanics had the lowest teen birth rates. Teen birth rates for all racial/ethnic groups decreased over the two time periods, but the disparity between White Hispanics and White Non-Hispanics worsened.

**Teen Birth Rate by Child's Race/Ethnicity
New Mexico, 1989-1991 and 1998-2000**



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
White Hispanic to White Non-Hispanic	3.3	5.5	-2.2
Native American to White Non-Hispanic	3.0	3.0	0.0

Definition

Number of births to females 15-17 years of age per 1,000 females 15-17

Limitations

Does not include births to girls younger than age 15

Source

New Mexico Office of Vital Records and Health Statistics

Death

Diabetes

Pneumonia/Influenza

Cancer

Heart Disease

Suicide*

Alcohol-Related*

Drug-Related*

Firearm Injury

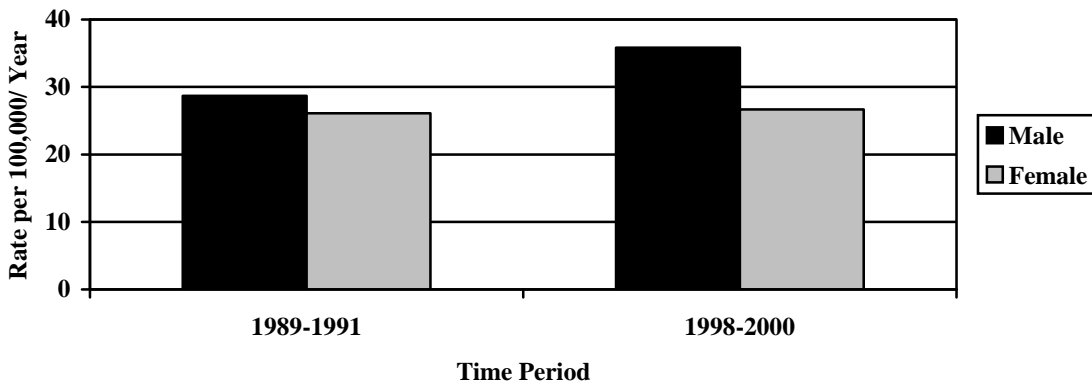
Motor Vehicle Injury*

Diabetes Death

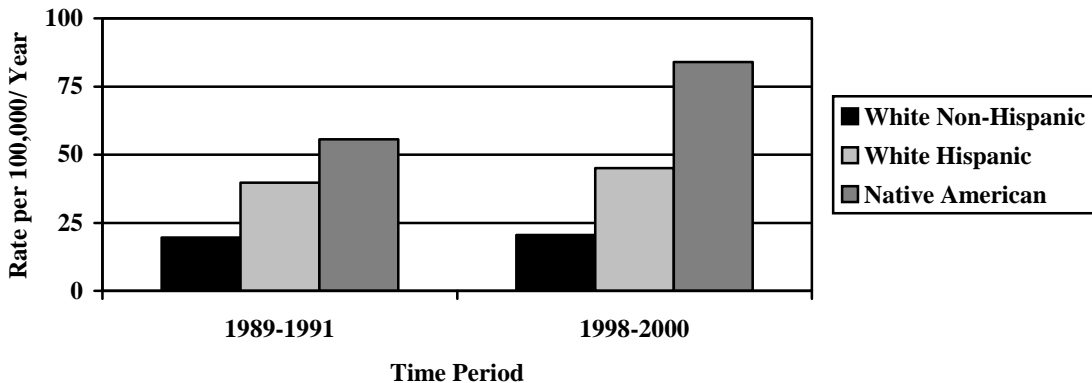
Summary

Males had a higher rate of diabetes death than females during both time periods. Diabetes death rates for all racial/ethnic groups increased over time. However, the Native American rate, which was the highest rate during the first time period, increased more than the rates for White Non-Hispanics and White Hispanics, resulting in a widening disparity.

Diabetes Death Rates by Gender New Mexico, 1989-1991 and 1998-2000



Diabetes Death Rates by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.1	1.3	-0.2
White Hispanic to White Non-Hispanic	2.0	2.2	-0.2
Native American to White Non-Hispanic	2.9	4.1	-1.2

Definition

Number of diabetes deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

Diabetes may contribute to a death, but may not be coded as the underlying cause.

Source

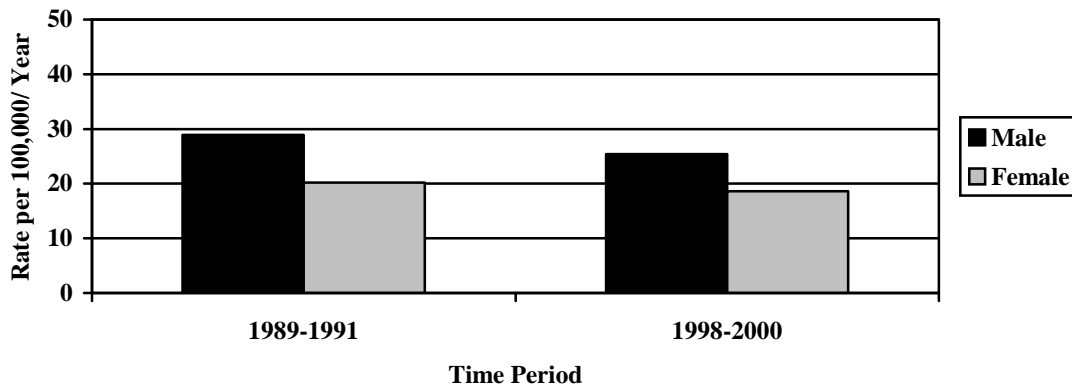
New Mexico Office of Vital Records and Health Statistics

Pneumonia/Influenza Death

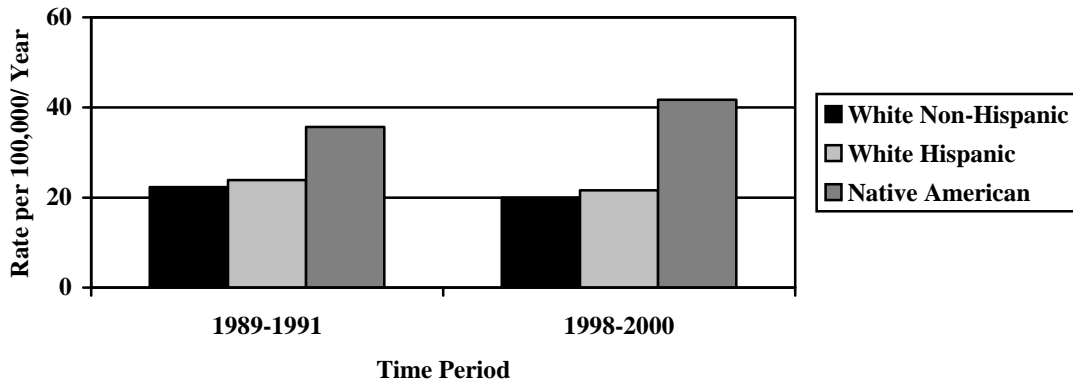
Summary

For both time periods, the rate of pneumonia/influenza death was greater for males than females; rates for both males and females decreased during the second time period. Rates for White Non-Hispanics and White Hispanics decreased; the rate for Native Americans remained the highest and increased, and the rate for White Non-Hispanics remained the lowest. The disparity between these two groups widened.

Pneumonia/Influenza Death Rates by Gender New Mexico, 1989-1991 and 1998-2000



Pneumonia/Influenza Death Rates by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.4	1.4	0.0
White Hispanic to White Non-Hispanic	1.1	1.1	0.0
Native American to White Non-Hispanic	1.6	2.1	-0.5

Definition

Number of pneumonia and influenza deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

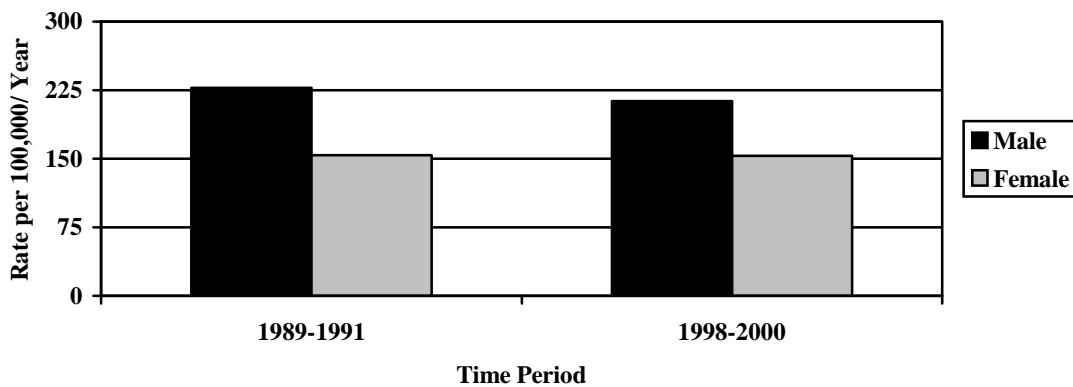
New Mexico Office of Vital Records and Health Statistics

Cancer Death

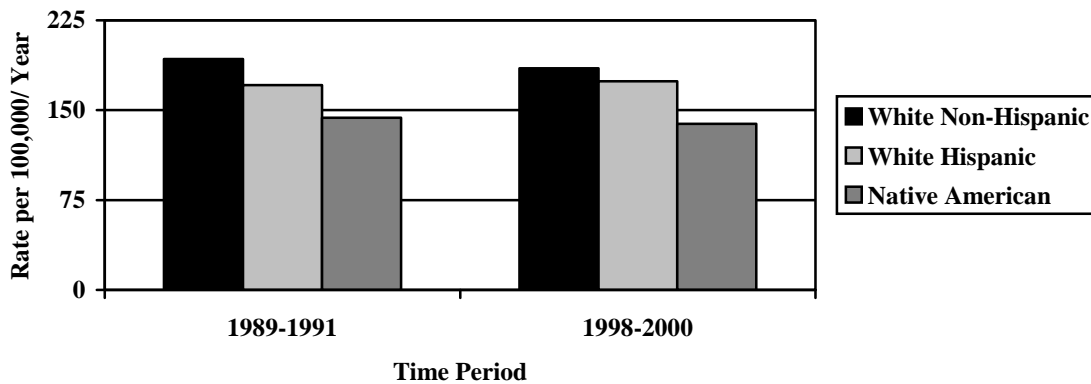
Summary

Both male and female cancer death rates decreased slightly, decreasing the gender disparity in 1998-2000. The rate for White Non-Hispanics, the highest rate for both time periods, and those for Native Americans, the lowest rate for both time periods, decreased from the first time period to the second. The cancer death rate for White Hispanics increased slightly.

**Cancer Death Rates by Gender
New Mexico, 1989-1991 and 1998-2000**



**Cancer Death Rates by Race/Ethnicity
New Mexico, 1989-1991 and 1998-2000**



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.5	1.4	0.1
White Non-Hispanic to Native American	1.3	1.3	0.0
White Hispanic to Native American	1.2	1.3	-0.1

Definition

Number of cancer deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

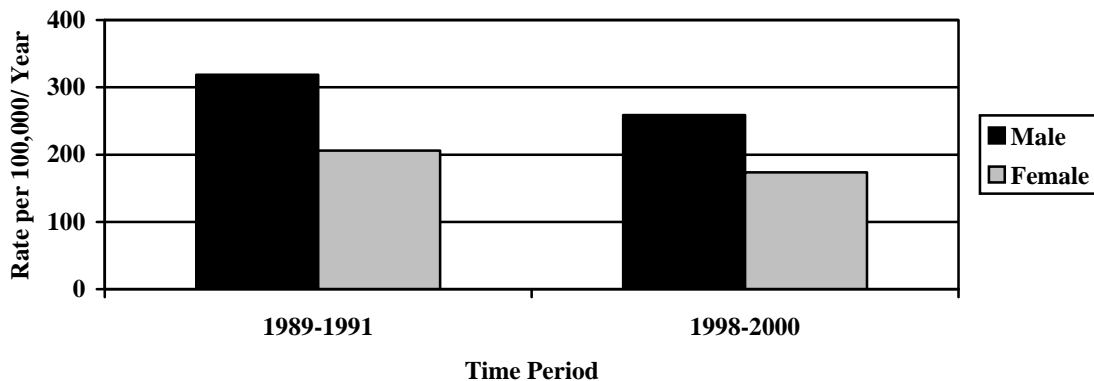
New Mexico Office of Vital Records and Health Statistics

Heart Disease Death

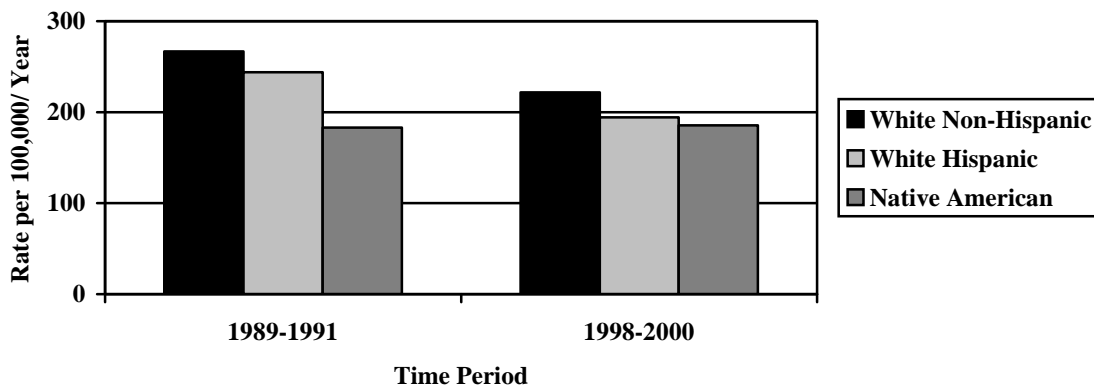
Summary

Over the two time periods, the rates for heart disease death decreased for males and females, but the disparity between genders did not change. White Non-Hispanics had the highest rate of heart disease death among major racial/ethnic groups for both time periods. Rates for White Non-Hispanics and White Hispanics decreased over the two time periods, while those for Native Americans increased, which decreased the disparity.

Heart Disease Death Rates by Gender New Mexico, 1989-1991 and 1998-2000



Heart Disease Death Rates by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.5	1.5	0.0
White Non-Hispanic to Native American	1.5	1.2	0.3
White Hispanic to Native American	1.3	1.0	0.3

Definition

Number of heart disease deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

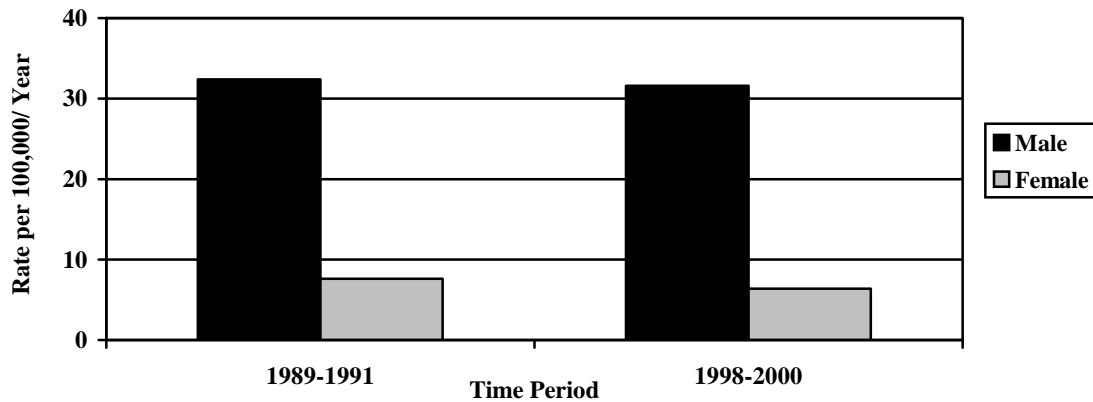
New Mexico Office of Vital Records and Health Statistics

Suicide*

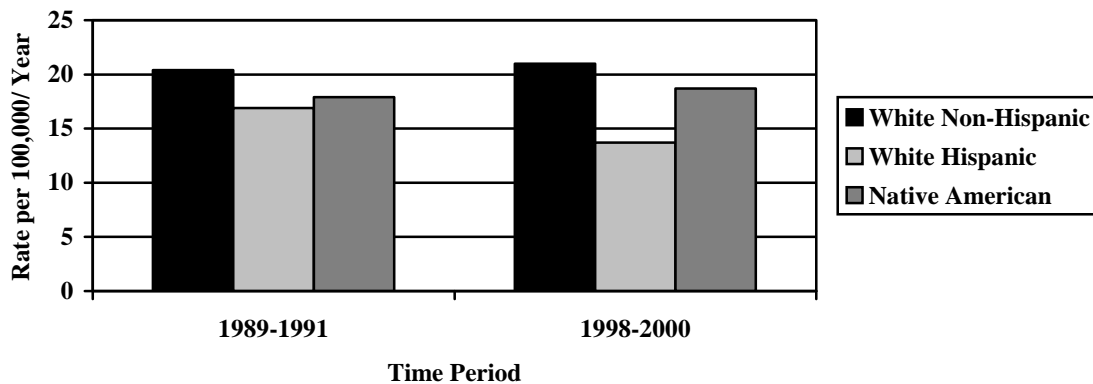
Summary

The suicide disparity between genders increased, while both gender-specific rates decreased. The rate for White Non-Hispanics was the highest and increased; the rate for Native Americans also increased. The rate for White Hispanics, the lowest rate, decreased; the disparities between White Hispanics and the other racial/ethnic groups increased.

Suicide Rates by Gender New Mexico, 1989-1991 and 1998-2000



Suicide Rates by Race/Ethnicity, New Mexico 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	4.3	4.9	-0.6
White Non-Hispanic to White Hispanic	1.2	1.5	-0.3
Native American to White Hispanic	1.1	1.4	-0.3

Definition

Number of suicides per 100,000 persons per year, age adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

Sometimes it is difficult to determine intent for injury deaths

Source

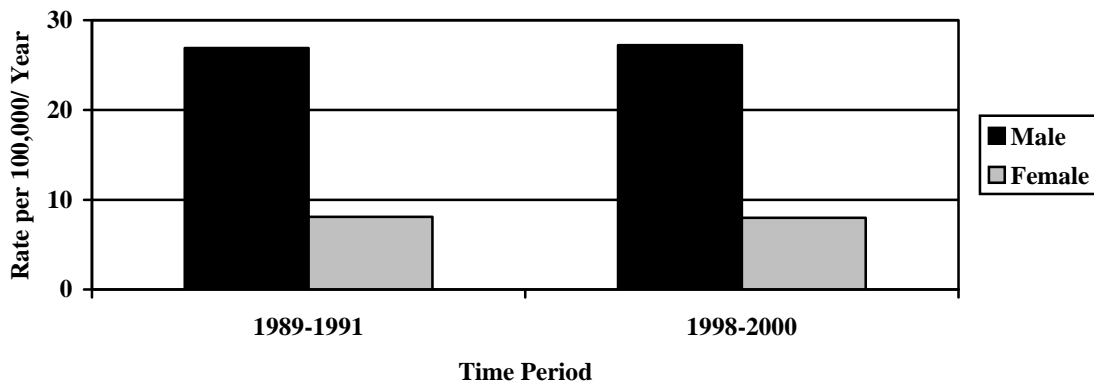
New Mexico Office of Vital Records and Health Statistics

Alcohol-Related Death*

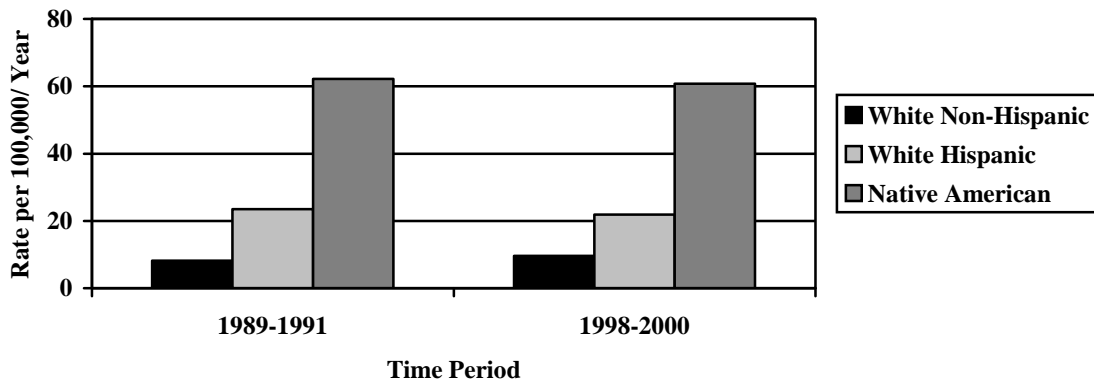
Summary

The alcohol-related death rate for males was much higher than that for females; the disparity increased slightly over the two time periods. Native Americans experienced the highest rate of alcohol-related death in both 1989-1991 and 1998-2000, although the rate did decrease from the first to the second time period. The rate for White Non-Hispanics remained significantly lower than that for Native Americans and White Hispanics over both time periods; however, this rate increased.

Alcohol-Related Death Rates by Gender New Mexico, 1989-1991 and 1998-2000



Alcohol-Related Death Rates by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	3.3	3.4	-0.1
White Hispanic to White Non-Hispanic	2.8	2.3	0.5
Native American to White Non-Hispanic	7.5	6.3	1.2

Definition

Number of alcohol-related deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

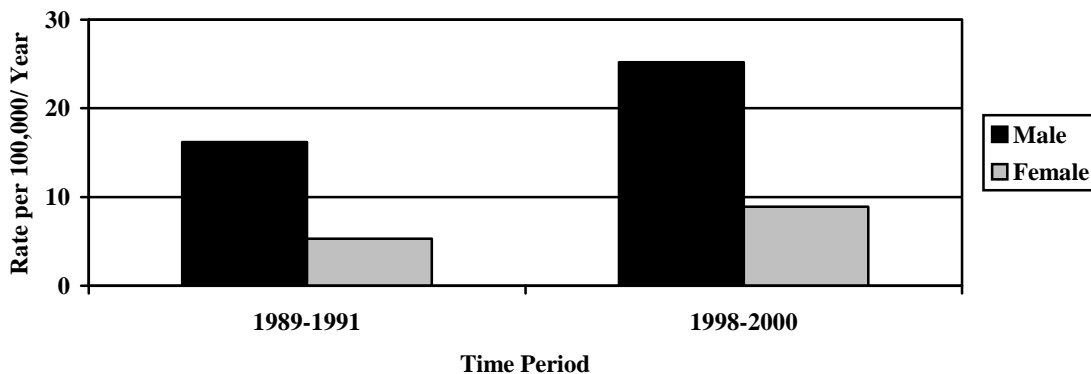
New Mexico Office of Vital Records and Health Statistics

Drug-Related Death*

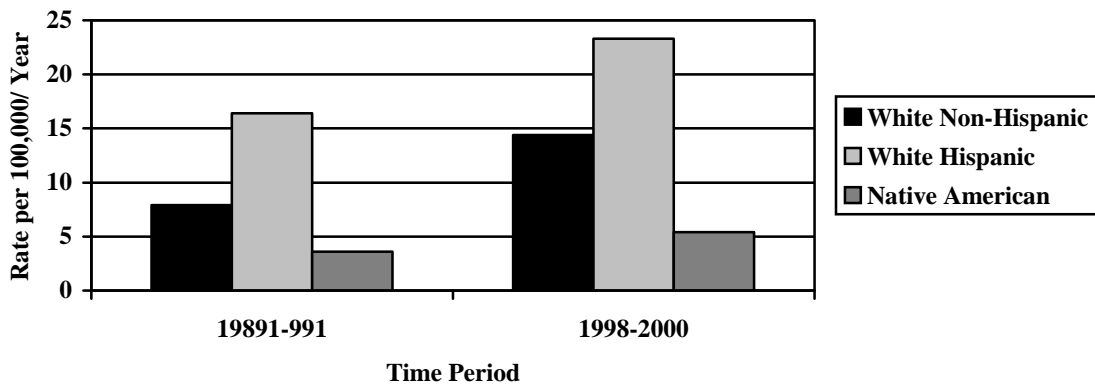
Summary

The female drug-related death rate remained lower than the rate for males over both time periods; however, both rates increased by 1998-2000. This disparity decreased over time. Rates also increased for all racial/ethnic groups. The White Hispanic rate remained the highest in both time periods, and the Native American rate remained the lowest; this disparity improved. The White Non-Hispanic rate doubled.

Drug-Related Death Rates by Gender New Mexico, 1989-1991 and 1998-2000



Drug-Related Death Rates by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	3.1	2.8	0.3
White Non-Hispanic to Native American	2.2	2.7	-0.5
White Hispanic to Native American	4.6	4.3	0.3

Definition

Number of drug-related deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

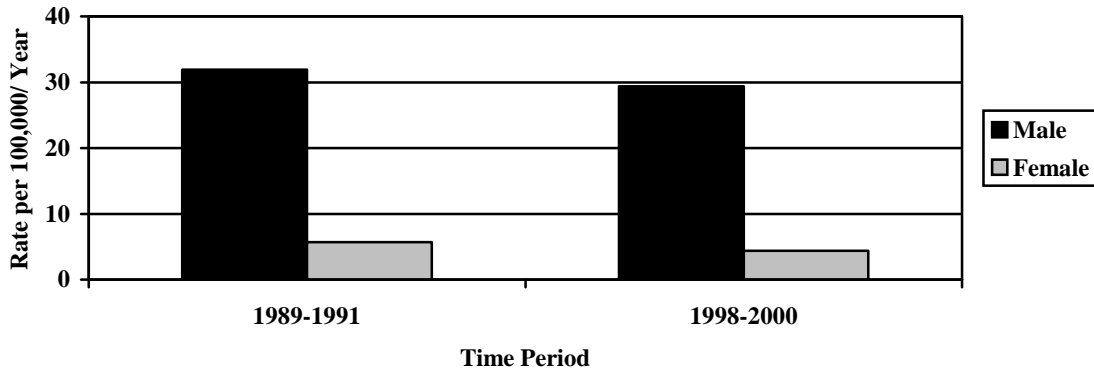
New Mexico Office of Vital Records and Health Statistics

Firearm Injury Death

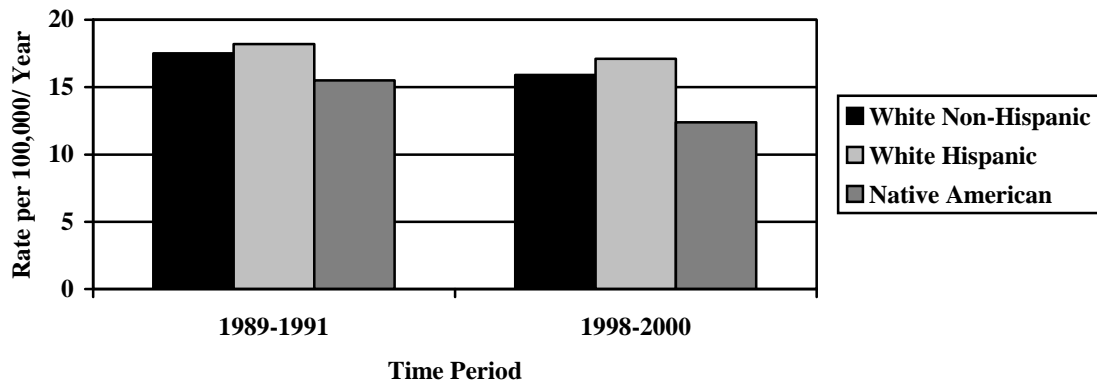
Summary

Firearm injury death rates for both males and females decreased from the first to the second time period. The male rate remained much higher than the female rate. Rates decreased for all racial/ethnic groups; White Hispanics continued to have the highest rate; rates for White Non-Hispanics and Native Americans decreased, but the disparities increased.

Firearm Injury Death Rates by Gender New Mexico, 1989-1991 and 1998-2000



Firearm Injury Death Rates by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	5.6	6.7	-1.1
White Non-Hispanic to Native American	1.1	1.3	-0.2
White Hispanic to Native American	1.2	1.4	-0.2

Definition

Number of firearm injury deaths per 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

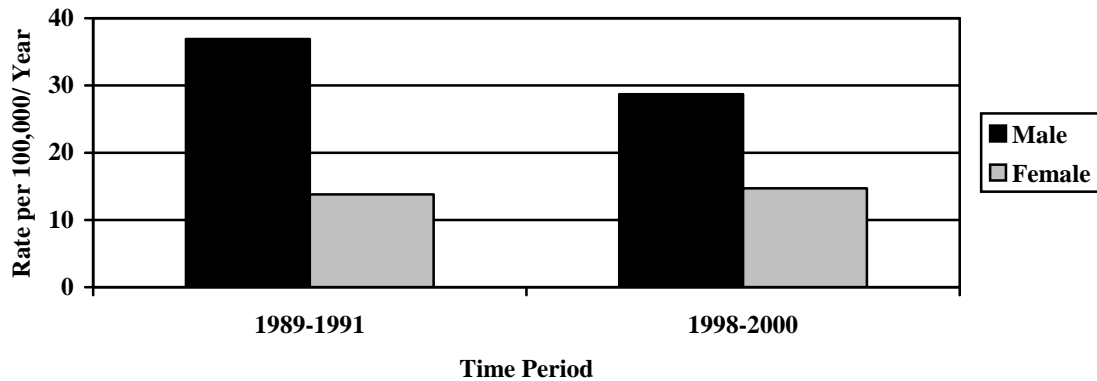
New Mexico Office of Vital Records and Health Statistics

Motor Vehicle Injury Death

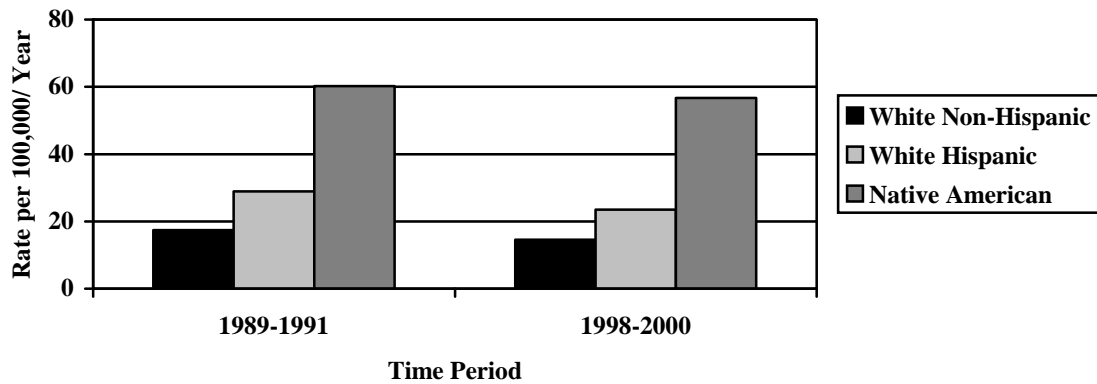
Summary

The motor vehicle injury death rate for males remained higher than that for females; the male rate decreased and the female rate increased, which decreased the disparity. Rates for all racial/ethnic groups decreased from the first to the second time period. The rate for Native Americans remained the highest, and the White Non-Hispanic rate remained the lowest. The disparity increased for Native Americans to White Non-Hispanics.

Motor Vehicle Injury Death by Gender New Mexico, 1989-1991 and 1998-2000



Motor Vehicle Injury Death by Race/Ethnicity New Mexico, 1989-1991 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1989-1991	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	2.7	2.0	0.7
White Hispanic to White Non-Hispanic	1.7	1.6	0.1
Native American to White Non-Hispanic	3.5	3.9	-0.4

Definition

Number of motor vehicle injury deaths by 100,000 persons per year, age-adjusted to the 2000 Standard US Population; comparability ratios were applied

Limitations

None

Source

New Mexico Office of Vital Records and Health Statistics

Infectious Disease

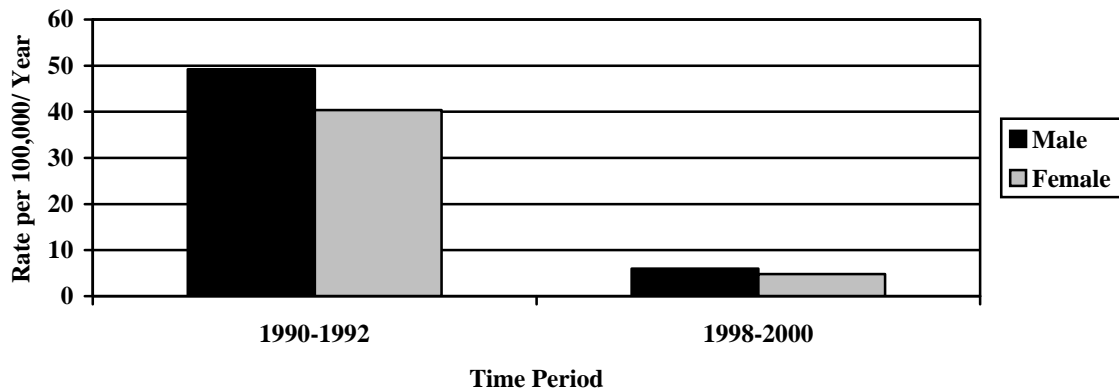
Hepatitis A
Hepatitis B*
Pertussis
Shigellosis
Chlamydia

Hepatitis A

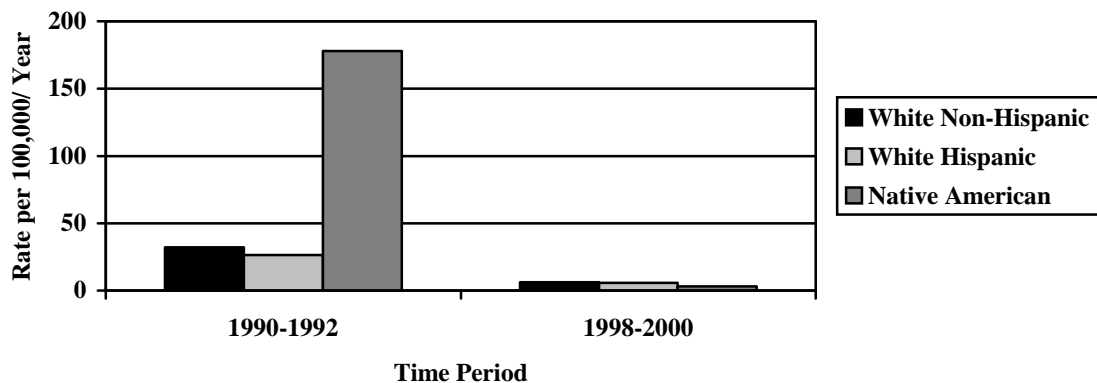
Summary

During 1990-1992, the Native American rate of hepatitis A was significantly higher than rates for other major racial/ethnic groups. By 1998-2000, an intensive vaccination campaign had lowered the hepatitis A rates for all major racial/ethnic groups and eliminated the disparity. Rates for both males and females decreased over time, and the gender disparity remained the same.

Hepatitis A Rates by Gender New Mexico, 1990-1992 and 1998-2000



Hepatitis A Rates by Race/Ethnicity New Mexico, 1990-1992 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1990-1992	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.2	1.2	0.0
White Non-Hispanic to White Hispanic	1.2	1.0	0.2
Native American to White Hispanic	6.7	0.5	5.2

Definition

Number of hepatitis A cases per 100,000 persons per year reported to the New Mexico Department of Health

Limitations

Population numbers for rates based on unrevised census estimates for 1991 and 1999; does not include unreported cases

Source

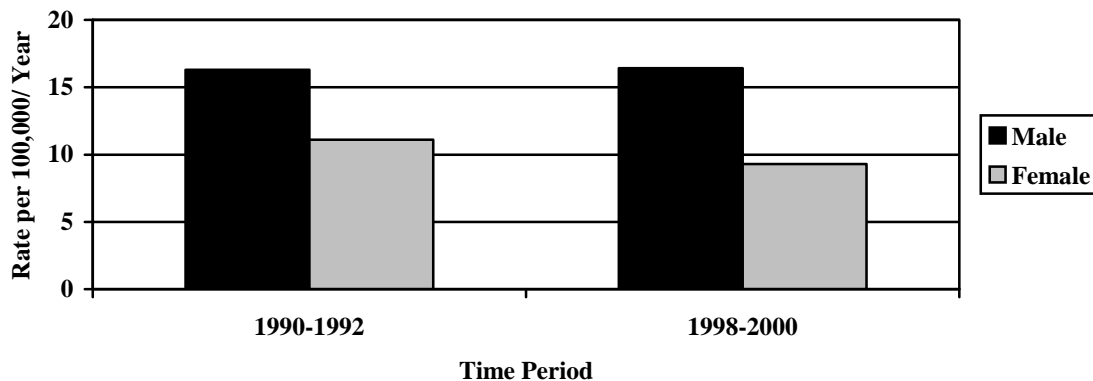
New Mexico National Electronic Telecommunications System for Surveillance, Office of Epidemiology

Hepatitis B*

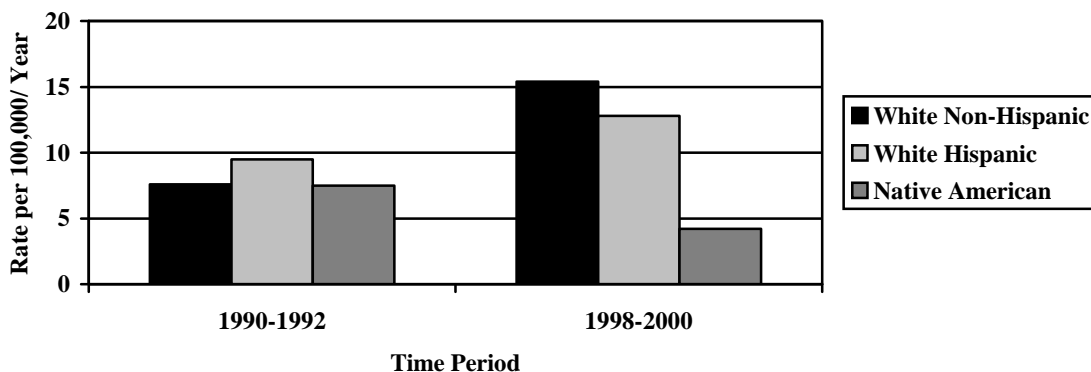
Summary

Males had a higher rate of hepatitis B than females in both time periods; the female rate decreased in 1998-2000. The White Non-Hispanic rate surpassed the White Hispanic rate as this rate more than doubled from the first to the second time period. Native Americans were the only racial/ethnic group with a decreased hepatitis B rate in 1998-2000. The relative disparity increased substantially for White Hispanics and White Non-Hispanics.

Hepatitis B Rates by Gender New Mexico, 1990-1992 and 1998-2000



Hepatitis B Rates by Race/Ethnicity New Mexico, 1990-1992 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1990-1992	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.5	1.8	-0.3
White Non-Hispanic to Native American	1.0	3.7	-2.7
White Hispanic to Native American	1.3	3.0	-1.7

Definition

Number of hepatitis B cases per 100,000 persons per year reported to the New Mexico Department of Health

Limitations

Population numbers for rates based on unrevised census estimates for 1991 and 1999; does not include unreported cases

Source

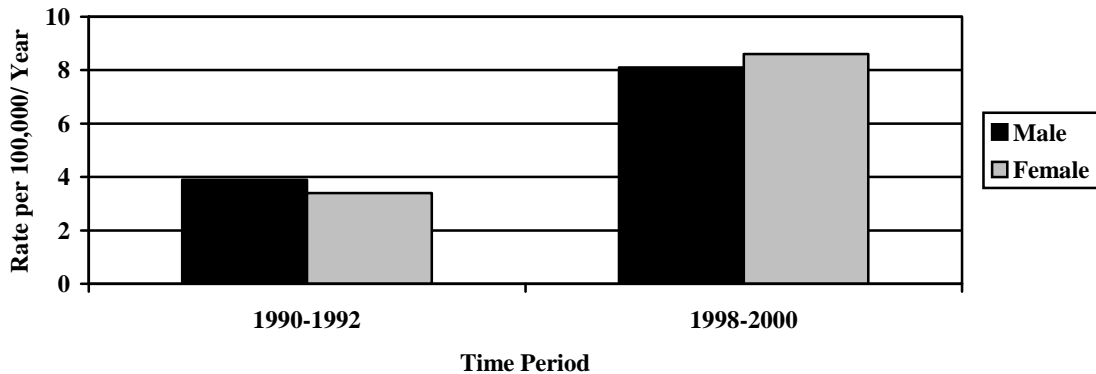
New Mexico National Electronic Telecommunications System for Surveillance, Office of Epidemiology

Pertussis

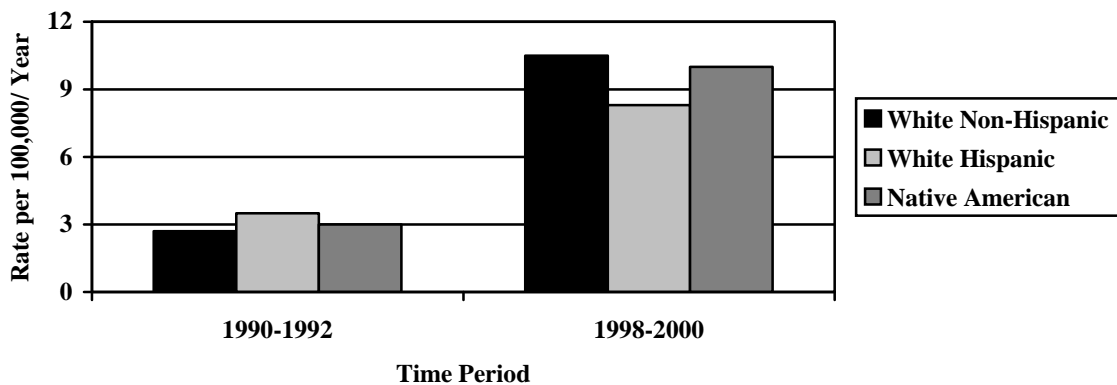
Summary

Pertussis rates for males and females more than doubled from 1990-1992 to 1998-2000. The rate for males was higher during the first time period; the rate for females was higher in the second time period. Pertussis rates by racial/ethnic group increased dramatically. White Hispanics had the highest rate in 1990-1992, but rates for White Non-Hispanics and Native Americans surpassed the White Hispanic rate by 1998-2000.

Pertussis Rates by Gender New Mexico, 1990-1992 and 1998-2000



Pertussis Rates by Race/Ethnicity New Mexico, 1990-1992 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1990-1992	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.1	0.9	0.0
White Hispanic to White Non-Hispanic	1.3	0.8	0.1
Native American to White Non-Hispanic	1.1	1.0	0.1

Definition

Number of pertussis cases per 100,000 persons per year reported to the New Mexico Department of Health

Limitations

Population numbers for rates based on unrevised census estimates for 1991 and 1999; does not include unreported cases

Source

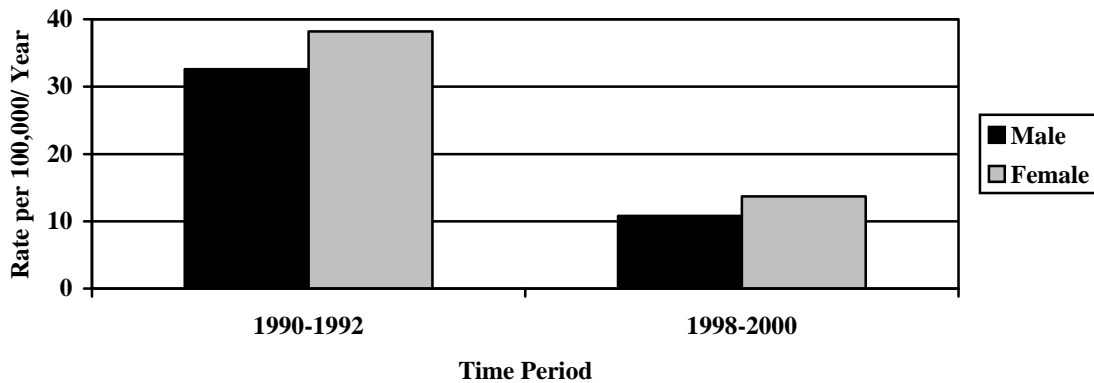
New Mexico National Electronic Telecommunications System for Surveillance, Office of Epidemiology

Shigellosis

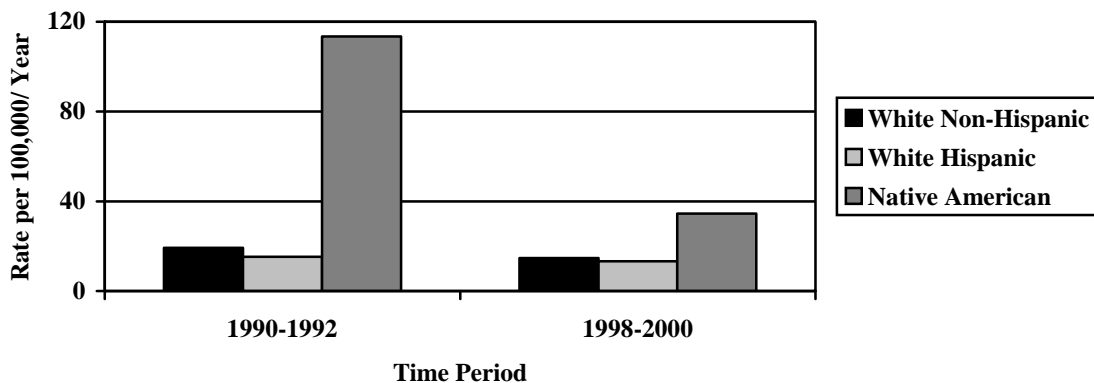
Summary

Shigellosis rates decreased for all population groups presented. The rate for females remained higher than the rate for males. The shigellosis rate for Native Americans, significantly higher than other racial ethnic groups in 1990-1992, decreased substantially, but it remained more than twice the rates of White Non-Hispanics and White Hispanics. The relative disparity for Native Americans decreased markedly.

Shigellosis Rates by Gender New Mexico, 1990-1992 and 1998-2000



Shigellosis Rates by Race/Ethnicity New Mexico, 1990-1992 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1990-1992	Rate Ratio 1998-2000	Disparity Change Score
Female to Male	1.2	1.3	-0.1
White Non-Hispanic to White Hispanic	1.3	1.1	0.2
Native American to White Hispanic	7.4	2.6	4.8

Definition

Number of shigellosis cases per 100,000 persons per year reported to the New Mexico Department of Health

Limitations

Population numbers for rates based on unrevised census estimates for 1991 and 1999; does not include unreported cases

Source

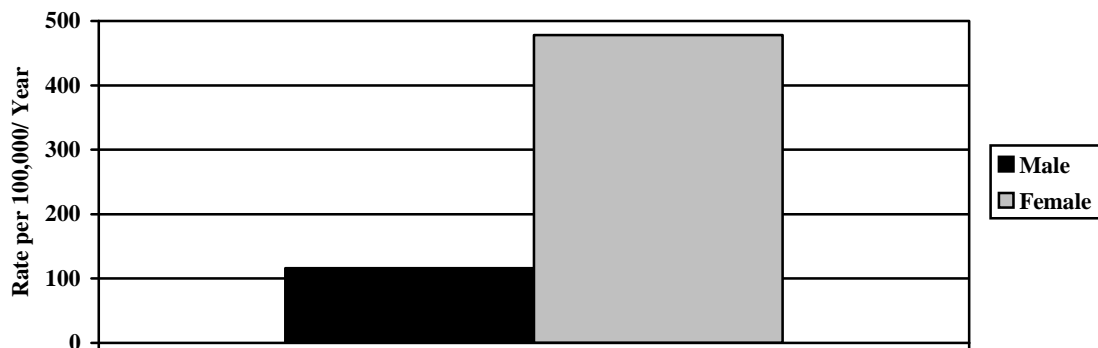
New Mexico National Electronic Telecommunications System for Surveillance, Office of Epidemiology

Chlamydia

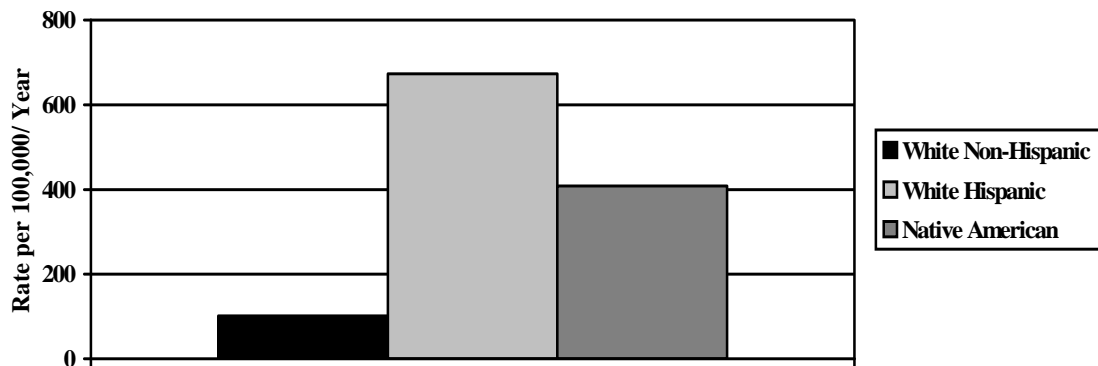
Summary

The chlamydia rate for females was four times that for males in 1999-2001. White Non-Hispanics had the lowest rate, followed by Native Americans (four times the White Non-Hispanic rate) and White Hispanics (six times the White Non-Hispanic rate).

Chlamydia Rates by Gender New Mexico, 1999-2001



Chlamydia Rates by Race/Ethnicity New Mexico, 1999-2001



Rate Ratios

	Rate Ratio 1999-2001
Female to Male	4.1
White Hispanic to White Non-Hispanic	6.6
Native American to White Non-Hispanic	4.0

Definition

Number of chlamydia cases per 100,000 persons per year reported to the New Mexico Department of Health

Limitations

Population numbers for rates based on unrevised census estimates for 1991 and 1999; does not include unreported cases; White Hispanic group includes "White, ethnicity unknown"

Source

Infectious Disease Bureau

Risk Behaviors

Smoking*

Binge Drinking

Adolescents Driving Under the Influence*

Adolescent Illicit Drug Use*

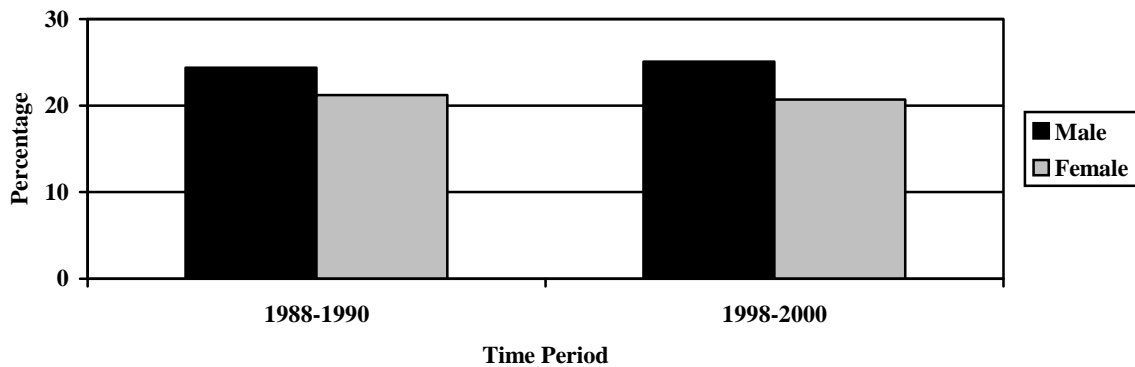
Overweight among Adolescents

Smoking*

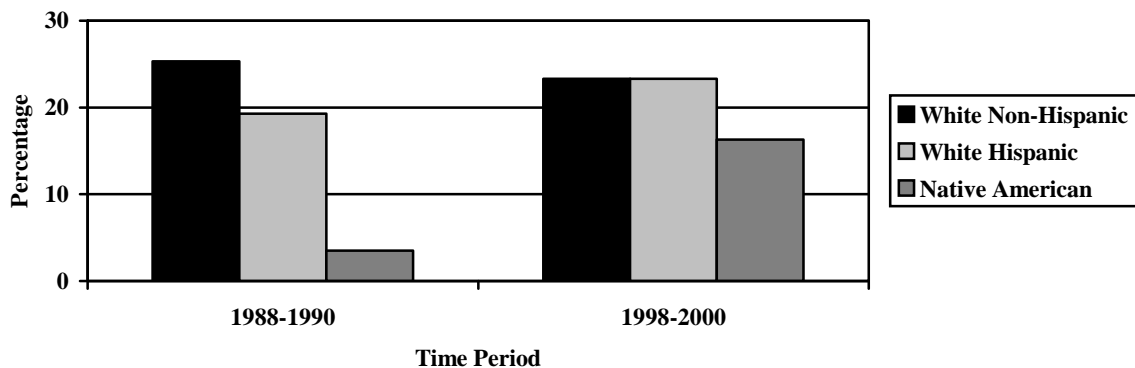
Summary

Adult smoking rates increased slightly for males and decreased slightly for females from the first to the second time period. Smoking rates for Native Americans, the lowest rate in the first time period, more than quadrupled. The White Non-Hispanic rate decreased and the White Hispanic rate increased; smoking rates for these groups in the later time period were similar. Smoking rates were highest among those without high school diplomas, and lowest among those with a college degree. Rates increased for all groups except the group with the highest education level. The pattern by income level was similar; the group with the lowest income had the highest smoking rate, and the group with the highest income had the lowest smoking rate. Rates increased for all income levels other than the highest income level.

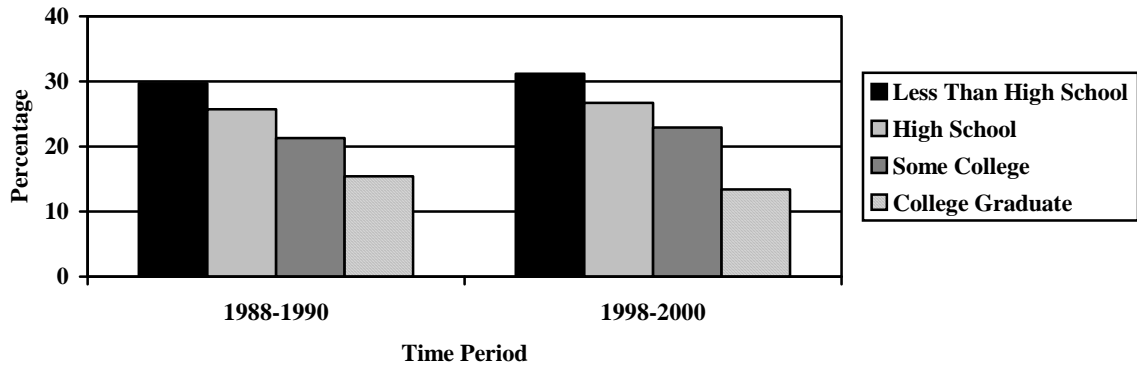
Current Smoking Prevalence among Adults by Gender New Mexico, 1988-1990 and 1998-2000



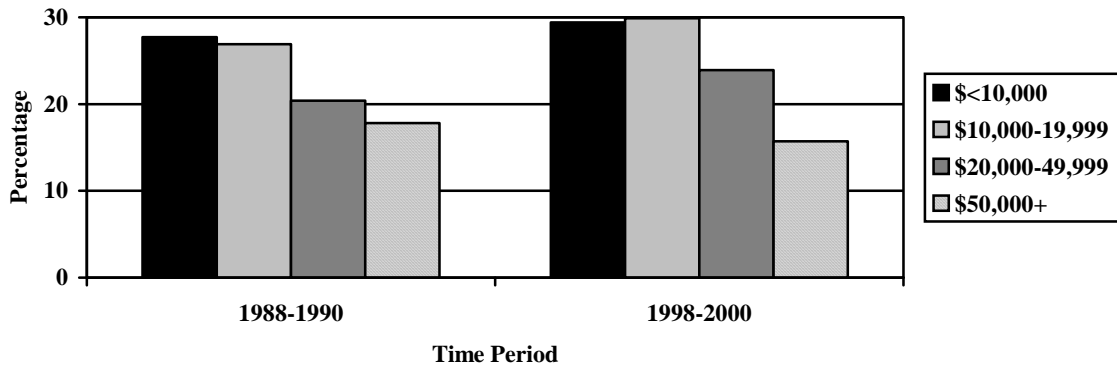
Current Smoking Prevalence among Adults by Race/Ethnicity New Mexico, 1988-1990 and 1998-2000



Current Smoking Prevalence among Adults by Education New Mexico, 1988-1990 and 1998-2000



Current Smoking Prevalence among Adults by Income New Mexico, 1988-1990 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1988-1990	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	1.2	1.2	0.0
White Non-Hispanic to Native American	7.2	1.4	5.8
White Hispanic to Native American	5.5	1.4	4.1
Less than High School to College	1.9	2.3	-0.4

Definition

Percentage of respondents who reported that they have smoked at least 100 cigarettes in their lifetime and now smoke (everyday or some days)

Limitations

Sample only includes households with telephones

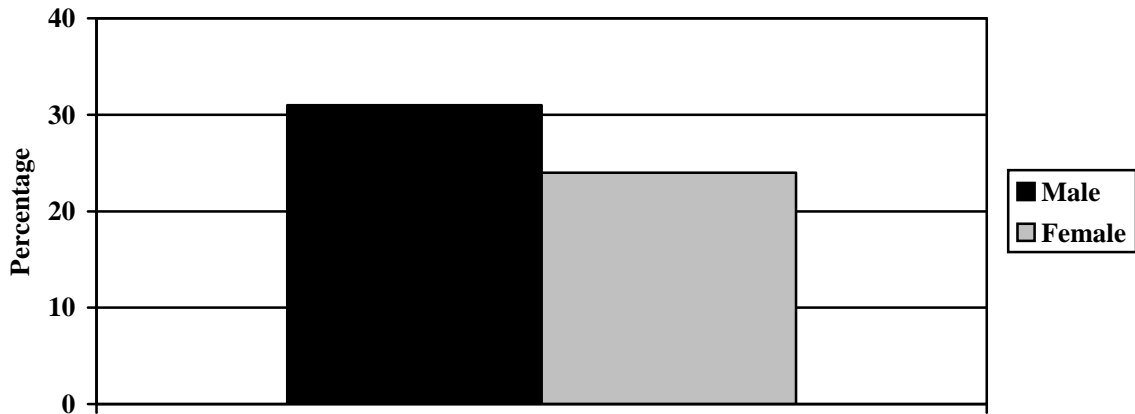
Source

New Mexico Behavioral Risk Factor Surveillance System, Office of Epidemiology

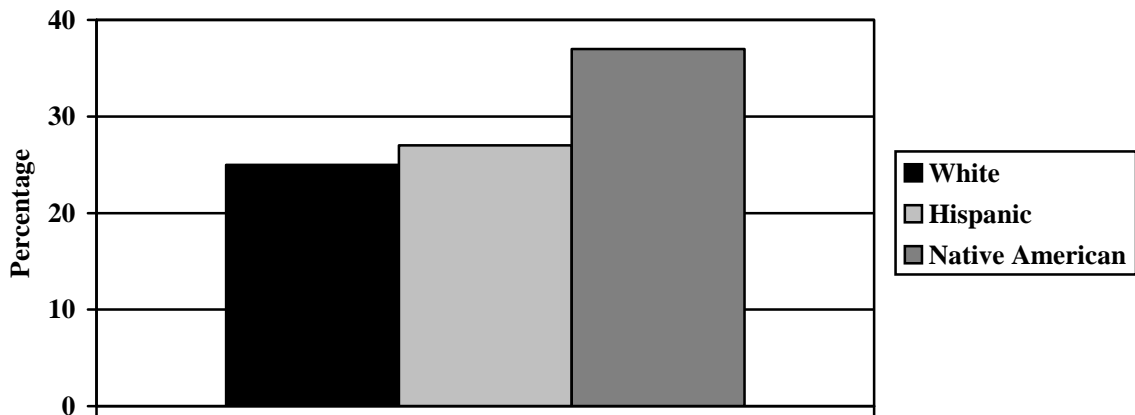
Summary

The current adolescent male smoking rate was higher than the adolescent female smoking rate in 2001. Native American youth reported the highest rate of current smoking among major racial/ethnic groups.

**Smoking Prevalence among Adolescents by Gender
New Mexico, 2001**



**Smoking Prevalence among Adolescents by Race/Ethnicity
New Mexico, 2001**



Rate Ratios

	Rate Ratio 2001
Male to Female	1.3
White Hispanic to White Non-Hispanic	1.1
Native American to White Non-Hispanic	1.5

Definition

Percentage of respondents who reported smoking a cigarette, even one or two puffs, 'earlier today,' 'not today, but in the past 30 days'

Limitations

Survey is a sample of adolescents in high school

Source

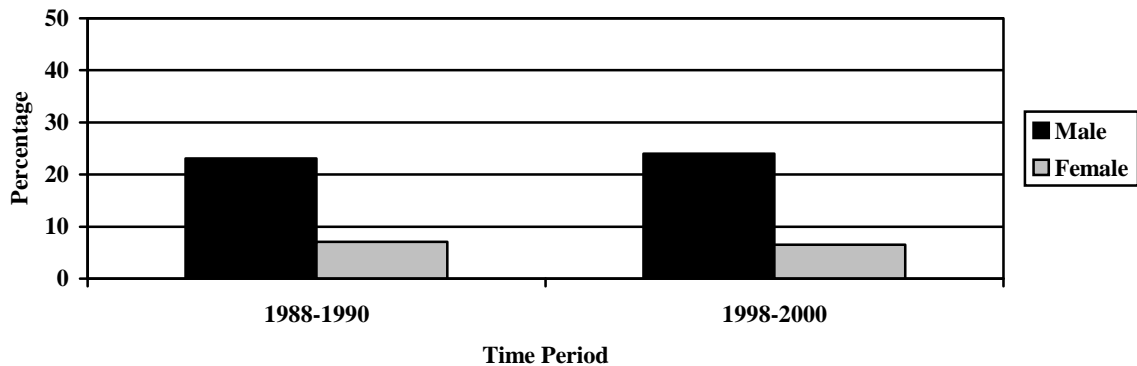
New Mexico Youth Risk and Resiliency Survey, State Department of Education and New Mexico Department of Health

Binge Drinking

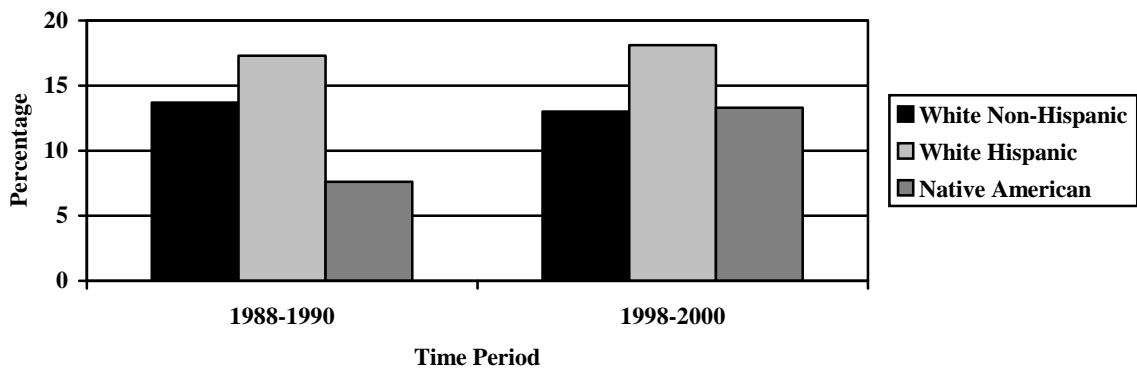
Summary

The disparity for binge drinking increased by gender; the rate for males increased while the rate for females decreased. Binge drinking rates increased for White Hispanics and Native Americans by the second time period, and the White Non-Hispanic rate decreased slightly. The White Hispanic rate remained the highest. By education level, the group with the lowest rate was the “Less than High School” group in the first time period and the “College” group in the second. Rates increased for the two lowest education levels and decreased for the two highest education levels, decreasing the disparity. People making \$20,000-\$49,000 per year had the highest rate of binge drinking in 1988-1990; they were the only group whose rate decreased in 1998-2000.

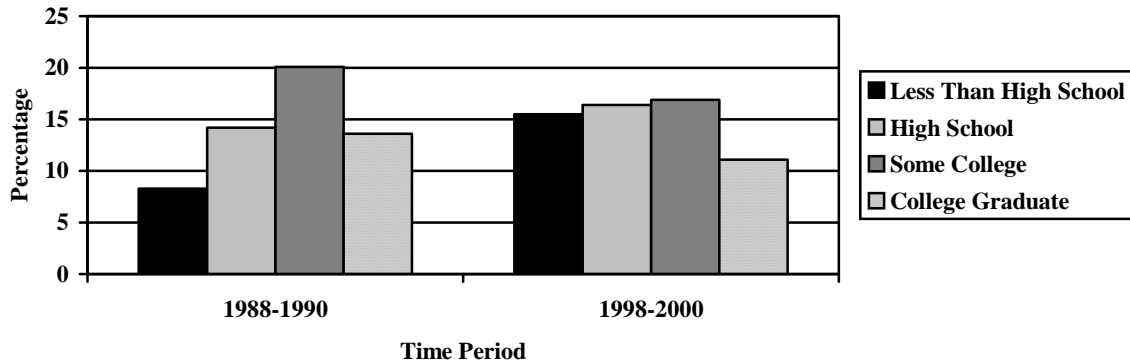
**Binge Drinking Prevalence among Adults by Gender
New Mexico, 1988-1990 and 1998-2000**



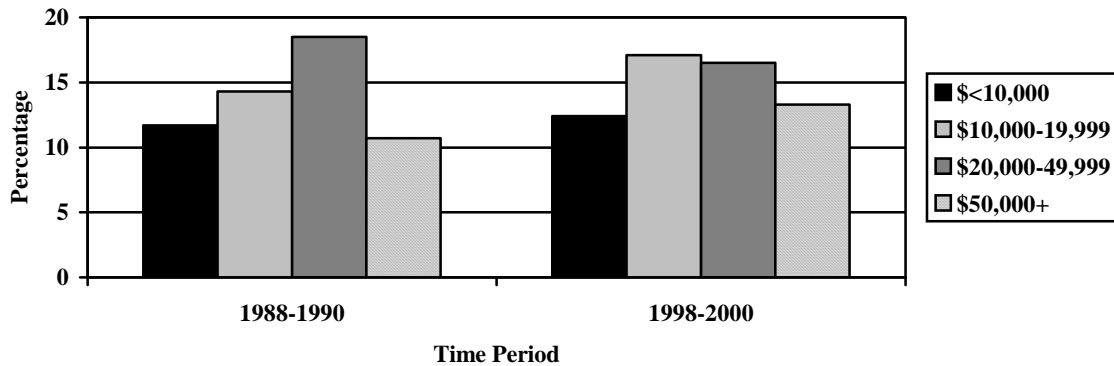
**Binge Drinking Prevalence among Adults by Race/Ethnicity
New Mexico, 1988-1990 and 1998-2000**



Binge Drinking Prevalence among Adults by Education Level New Mexico, 1988-1990 and 1998-2000



Binge Drinking Prevalence among Adults by Income New Mexico, 1988-1990 and 1998-2000



Rate Ratios and Disparity Change Scores

	Rate Ratio 1988-1990	Rate Ratio 1998-2000	Disparity Change Score
Male to Female	3.3	3.7	-0.4
White Non-Hispanic to Native American	1.8	1.0	0.8
White Hispanic to Native American	2.3	1.4	0.9

Definition

Percentage of respondents who reported that they had had alcoholic beverages in the past month and had had five or more alcoholic drinks on one or more occasions in the past month

Limitations

Sample only includes households with telephones

Source

New Mexico Behavioral Risk Factor Surveillance System, Office of Epidemiology

Driving Under the Influence among Adolescents

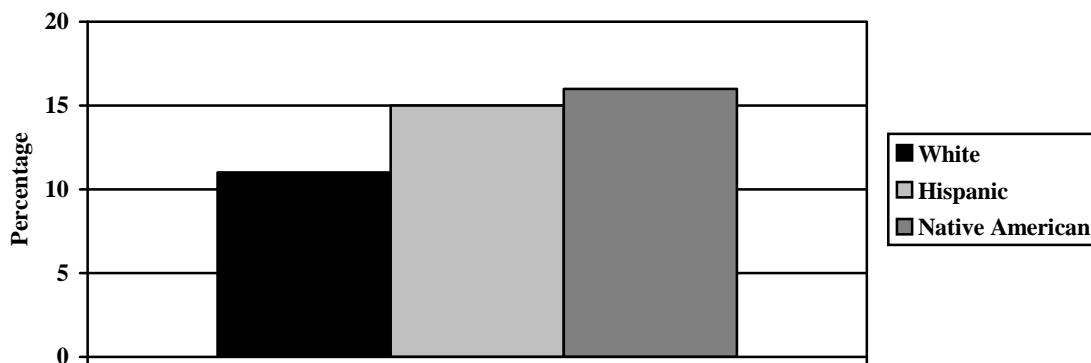
Summary

Male adolescents were more likely to drive after drinking than female adolescents. Native American adolescents had the highest rate of drinking after driving in 2001, and White children had the lowest rate.

Prevalence of Driving Under the Influence among Adolescents by Gender, New Mexico, 2001



Prevalence of Driving Under the Influence among Adolescents by Race/Ethnicity, New Mexico, 2001



Rate Ratios

	Rate Ratio 2001
Male to Female	1.7
Hispanic to White	1.4
Native American to White	1.5

Definition

Percentage of adolescents who reported driving a car or other vehicle after drinking alcohol one time or more in the past 30 days

Limitations

Survey is a sample of adolescents in high school

Source

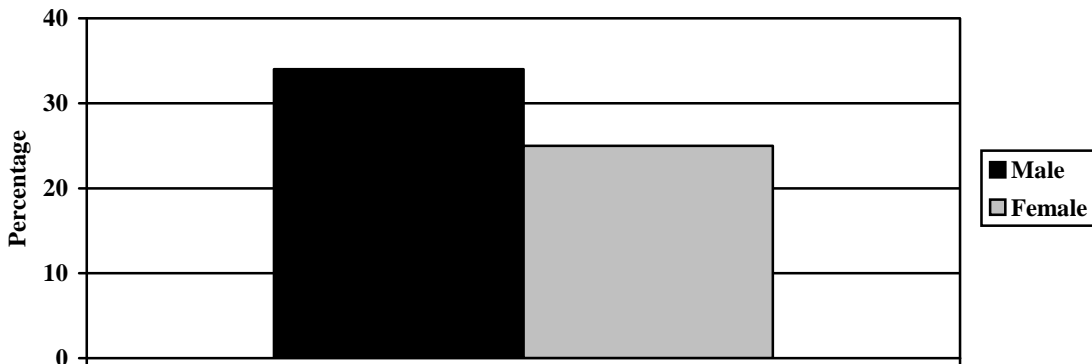
New Mexico Youth Risk and Resiliency Survey, State Department of Education and Department of Health

Adolescent Illicit Drug Use

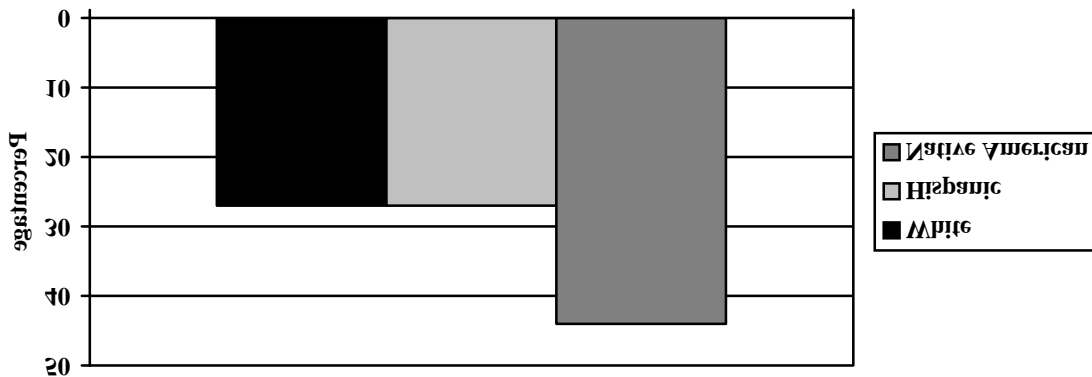
Summary

Male adolescents reported using marijuana more than females in 2001. Native American youth had the highest rate of use, followed by Whites and Hispanics, who had equal, but lower, rates.

**Adolescent Illicit Drug Use by Gender
New Mexico, 2001**



**Adolescent Illicit Drug Use by Race/Ethnicity
New Mexico, 2001**



Rate Ratios

	Rate Ratio 2001
Male to Female	1.3
White to Hispanic	1.2
Native American to Hispanic	1.0

Definition

Percentage of respondents who reported using marijuana 1 day or more in the last 30 days

Limitations

Survey is a sample of adolescents in high school

Source

New Mexico Youth Risk and Resiliency Survey, State Department of Education and Department of Health

Overweight among Adolescents

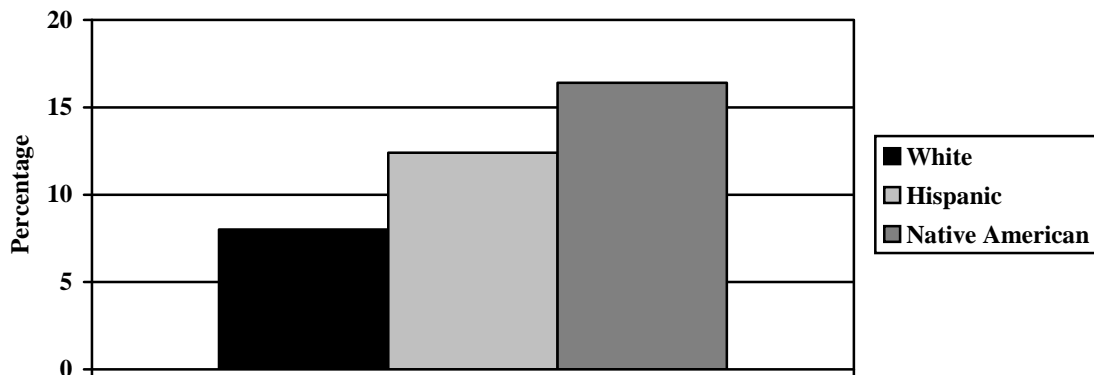
Summary

Adolescent males were more likely to be overweight than adolescent females. Whites had the lowest rate of overweight; Native Americans had the highest rate of overweight.

**Overweight among Adolescents by Gender
New Mexico, 2001**



**Overweight among Adolescents by Race/Ethnicity
New Mexico, 2001**



Rate Ratios

	Rate Ratio 2001
Male to Female	2.9
Hispanic to White	1.6
Native American to White	1.0

Definition

Percentage of respondents whose Body Mass Index (BMI) puts them in the gender-specific 95th or higher percentile for BMI

Limitations

Survey is a sample of adolescents in high school

Source

New Mexico Youth Risk and Resiliency Survey, State Department of Education and Department of Health

Youth Resiliency

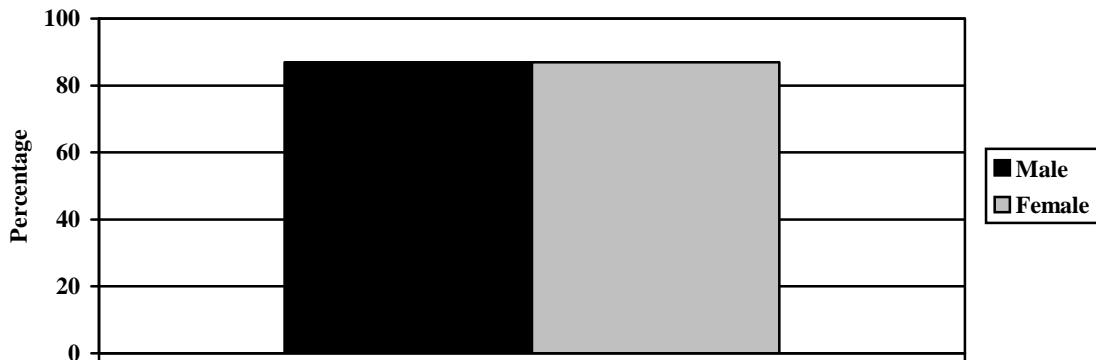
Parental Support

Parental Support of Adolescents

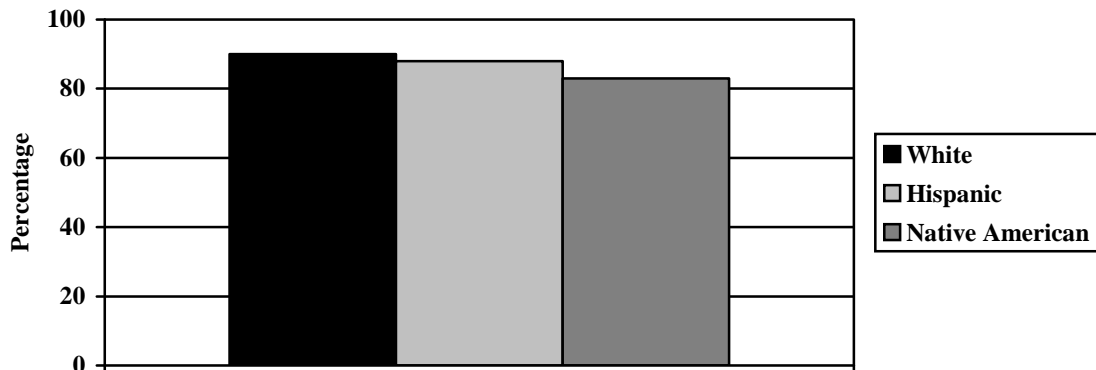
Summary

Most New Mexico adolescents felt that they had a parent or other adult at home who believed in them. All groups presented had similar rates of parental support.

Parental Support of Adolescents by Gender New Mexico, 2001



Parental Support of Adolescents by Race/Ethnicity New Mexico, 2001



Rate Ratios

	Rate Ratio 2001
Male to Female	1.0
Hispanic to White	1.1
Native American to White	1.1

Definition

Percentage of respondents who reported having a parent or other adult at home who believes in them

Limitations

Survey is a sample of adolescents in high school

Source

New Mexico Youth Risk and Resiliency Survey, State Department of Education and Department of Health

Conclusions

Disparities by gender, race/ethnicity, education level, and income were presented for a number of health status indicators. For most indicators, disparities were tracked over time.

Gender. Males experienced higher rates for almost every indicator, including all death indicators. Females experienced higher rates only for pertussis, shigellosis, and chlamydia. Females also had a lower rate of self-reported health. The greatest changes in disparity occurred for suicide, for which the gender disparity increased, and motor vehicle injury death, for which the disparity decreased.

Race/Ethnicity. Health status disparities were identified and tracked for major racial/ethnic groups in New Mexico. Native Americans generally experienced the worst rates, and White Non-Hispanics experienced the best rates. Native Americans had the highest rates of diabetes death, pneumonia/influenza death, alcohol-related death, motor vehicle injury death, shigellosis, adolescent driving under the influence, adolescent illicit drug use, and overweight among adolescents. Additionally, they had large increases in the adult smoking rate. Native Americans experienced the greatest disparity changes for pneumonia/influenza death and diabetes death, for which the disparities increased, hepatitis A and shigellosis, for which the disparities decreased. White Hispanics had the poorest perception of their health, and the highest rates of teen births, drug-related death, firearm injury death, chlamydia and binge drinking. They experienced the greatest disparity increases for teen births and hepatitis B, and the greatest disparity decrease for smoking. Finally, White Non-Hispanics had the highest cancer death, heart disease death and suicide rates. They experienced the greatest disparity increase for drug-related death, and the greatest disparity decreases for smoking and binge drinking.

Education. For all indicators, with the exception of binge drinking, the most educated group had the best rates. The greatest disparity change was for binge drinking, for which there was a decreased disparity for those with at least a high school diploma or GED. Smoking disparities by education level increased for all groups.

Income. For all indicators, with the exception of binge drinking, the highest income group had the best rates. The group making between \$20,000 and \$49,999 per year had the greatest disparity decrease for binge drinking. Smoking disparities by income increased for all groups.

These data have important implications for the New Mexico public health system. While it is important to have an understanding of those indicators with poor rates in New Mexico, determining which subpopulations are on the wrong end of a disparity for key indicators is also important. Because many disparities are large, it is also important to track changes in disparities. A disparity could still be large but it may have decreased markedly from an earlier time period. Focusing programs and resources on the subpopulations with the poorest rates will improve the overall health status of the state.

If New Mexico hopes to eliminate, or at least decrease, these health status disparities, key people need to be informed of the existence and magnitude of these disparities. This

includes public health workers at the state and local levels, legislators, and health care providers.

After identifying and tracking health disparities, the next step is to prioritize disparities to be addressed by the New Mexico public health system. Opportunities for intervention (e.g. vaccination, policy development) for each indicator should be examined as part of the disparity prioritization process. Additionally, where large disparities exist, public health resources in the state should be directed toward groups experiencing the greatest disparities.

Appendix A: Vision of Health Indicators

Global measures of progress

- New Mexicans' self-rated health
- New Mexicans' self-rated mental health*
- Self-rated health of your community*

Promoting Healthy Families

- Teen birth rate
- Proportion of intended pregnancies
- Childhood immunization rate
- Percentage of young adults with a high school diploma or GED
- Substantiated child abuse and neglect rate
- Domestic violence rate

Substance Abuse—Breaking the Cycle

- Smoking prevalence among adolescents
- Alcohol-related death rate
- Driving under the influence prevalence among adolescents
- Drug-related death rate
- Illicit drug use prevalence among adolescents

Improving the Quality of Life

- Substantiated adult abuse and neglect rate
- Percentage of disabled participating in community activities*
- Suicide rate
- Protective custody among the mentally ill*
- Independent functioning among the severely mentally ill*
- Hepatitis B rate
- Primary care sensitive condition hospitalization rate
- Diabetes complication rate
- Violent injury hospitalization rate
- Motor vehicle injury death rate
- Homicide rate
- Percentage of the population with safe water
- Counties with a comprehensive community health improvement process

* indicates future indicators that are under development

Appendix B: Definitions and Limitations

The following variables were examined in this analysis. Definitions and limitations are described for each variable.

Gender

All data sets used in this analysis reported gender as male or female.

Race/Ethnicity

All data sets used the racial/ethnic groups White Non-Hispanic, White Hispanic, and Native American except the Youth Risk and Resiliency Survey, which reports race/ethnicity as White, Hispanic, and Native American. For chlamydia data, the White Hispanic group includes “White, ethnicity unknown.”

In general, numbers were too small to report stable rates for Asian/Pacific Islanders and African Americans, and were therefore not included in this analysis. The exceptions are the all cause death rate and infant mortality rate. African American numbers were large enough for both of these measures, but Asian/Pacific Islander numbers were large enough for only the all cause death rate.

Native American numbers in the Behavioral Risk Factor Surveillance System were not large enough to include Native Americans in the analysis of the “Mammogram in Last Two Years (women forty and over)” indicator (Appendix C and Appendix D).

Education Level

Education Level data were reported as “less than high school” (individuals who have not received a high school diploma or GED), “high school” (individuals who have received a high school diploma or GED), “some college” (individuals who have completed some college), and “college” (individuals who have received at least a four-year college degree). These data were available only for the Behavioral Risk Factor Surveillance System data and Pregnancy Risk Assessment Monitoring System data. The New Mexico Office of Vital Records and Health Statistics collects education level data on death certificates, but denominators for use in analysis were unavailable at this time.

Income Level

All income data were reported as “<\$10,000” (individuals earning less than \$10,000 per year), “\$10,000-\$19,999” (individuals earning \$10,000-\$19,999 per year), “\$20,000-\$49,999” (individuals earning \$20,000-\$49,999 per year), and “\$50,000+” (individuals earning \$50,000 or more per year). These data were available only for the Behavioral Risk Factor Surveillance System data.

Causes of Death

ICD 9 codes were used for 1988-1998 death data. ICD 10 codes were used for 1999-2000 death data.

Diabetes Mellitus

ICD 9: 250

ICD 10: E10-E14

Pneumonia/Influenza

ICD 9: 480-487

ICD 10: J10-J18

Cancer

ICD 9: 140-208

ICD 10: C00-C97

Heart Disease

ICD 9: 390-398, 402, 404, 410-429

ICD 10: I00-I09, I11, I13, I20-I51

Suicide

ICD 9: E950-E959

ICD 10: X60-X84, Y87.0

Alcohol-Related

ICD 9: 291, 303, 305.0, 357.5, 425.5, 535.3, 571.0-571.3, 790.3, E860

ICD 10: F10, G31.2, G62.1, I42.6, K29.2, K70, R78.0, X45, X65, Y15

Drug-Related

ICD 9: 292, 304, 305.2-305.9, E850-E858, E950.0-E950.5, E962.0, E980.0-E980.5

ICD 10: F11.0-F11.5, F11.7-F11.9, F12.0-F12.5, F12.7-F12.9, F13.0-F13.5, F13.7-F13.9, F14.0-F14.5, F14.7-F14.9, F15.0-F15.5, F15.7-F15.9, F16.0-F16.5, F16.7-F16.9, F17.0, F17.3-F17.5, F17.7-F17.9, F18.0-F18.5, F18.7-F18.9, F19.0-F19.5, F19.7-F19.9, X40-X44, X60-X64, X85, Y10-Y14

Firearm Injury

ICD 9: E922, E955.0-E955.4, E965.0-E965.4, E970, E985.0-E985.4

ICD 10: W32-W34, X72-X74, X93-X95, Y22-Y24, Y35.0

Motor vehicle Injury

ICD 9: E810-E825

ICD 10: V02-V04, V09.0, V09.2, V12-V14, V19.0-V19.2, V19.4-V19.6, V20-V79, V80.3-V80.5, V81.0-V81.1, V82.0-V82.1, V83-V86, V87.0-V87.8, V88.0-V88.8, V89.0, V89.2

Appendix C: Rates

** Indicator included in monograph

Indicator	Rate Time Period 1	Rate Time Period 2
<i>Overall Health Indicators</i>		
Self-Rated Health**	1993-1995 Percent	1998-2000 Percent
Male	87.7	85.9
Female	84.4	81.6
White Non-Hispanic	88.8	88.2
White Hispanic	81.2	77.9
Native American	81.4	83.8
Less than High School	67.4	61.9
High School	83.5	82.3
Some College	89.0	89.1
College	93.7	93.5
\$<10,000	71.0	57.7
\$10,000-\$19,999	81.4	70.9
\$20,000-\$49,999	89.9	87.8
\$50,000+	90.6	95.2
Source: New Mexico Behavioral Risk Factor Surveillance System		
Infant Mortality**	1988-1990 Rate per 1,000 / Year	1998-2000 Rate per 1,000 / Year
Male	10.6	7.4
Female	7.7	6.3
African American	13.3	11.1
White Hispanic	8.5	6.8
White Non-Hispanic	9.5	6.4
Native American	9.7	7.5
Source: New Mexico Pregnancy Risk Assessment Monitoring System		
All Cause Death Rate**	1988-1990 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	1113.0	1013.4
Female	704.4	705.4
Asian/Pacific Islander	559.7	570.5
African American	957.1	679.7
Native American	959.4	990.6
White Hispanic	887.6	850.8
White Non-Hispanic	863.4	824.1
Source: New Mexico Office of Vital Records and Health Statistics		
<i>Births</i>		
Intended Pregnancy**	1998-1999 Percent	
White Non-Hispanic	62.5	
White Hispanic	54.9	
Native American	49.7	
Less than High School	49.7	
High School	56.1	
Some College	54.9	
College	74.6	
Source: New Mexico Pregnancy Risk Assessment Monitoring System		

Indicator	Rate Time Period 1	Rate Time Period 2
Teen Birth Rate**	1989-1991 Rate per 1,000 / Year	1998-2000 Rate per 1,000 / Year
White Non-Hispanic	20.5	15.0
White Hispanic	68.4	66.7
Native American	61.0	45.5
Source: New Mexico Office of Vital Records and Health Statistics		
Low Birth Weight	1989-1991 Percent	1998-2000 Percent
White Non-Hispanic	6.7	8.0
White Hispanic	7.5	7.7
Native American	6.3	6.7
Source: New Mexico Office of Vital Records and Health Statistics		
Late/No Prenatal Care	1989-1991 Percent	1998-2000 Percent
White Non-Hispanic	30.2	23.2
White Hispanic	43.9	32.0
Native American	50.3	38.7
Source: New Mexico Office of Vital Records and Health Statistics		
Birth Rate	1989-1991 Rate per 1,000 / Year	1998-2000 Rate per 1,000 / Year
White Non-Hispanic	11.7	9.1
White Hispanic	23.3	21.9
Native American	30.0	22.1
Source: New Mexico Office of Vital Records and Health Statistics		
<i>Death</i>		
Diabetes Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	28.7	35.8
Female	26.1	26.7
White Non-Hispanic	19.5	20.5
White Hispanic	39.7	45.1
Native American	55.6	83.9
Source: New Mexico Office of Vital Records and Health Statistics		
Influenza/ Pneumonia Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	28.9	25.4
Female	20.2	18.6
White Non-Hispanic	22.3	20.0
White Hispanic	23.9	21.6
Native American	35.7	41.7
Source: New Mexico Office of Vital Records and Health Statistics		
Cancer Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	227.6	213.1
Female	154.0	153.2
White Non-Hispanic	192.5	184.8
White Hispanic	170.9	174.1
Native American	143.7	138.5
Source: New Mexico Office of Vital Records and Health Statistics		

Indicator	Rate Time Period 1	Rate Time Period 2
Heart Disease Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	318.6	258.7
Female	206.1	173.8
White Non-Hispanic	266.5	221.6
White Hispanic	243.8	194.4
Native American	182.9	185.6
Source: New Mexico Office of Vital Records and Health Statistics		
Suicide**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	32.4	31.4
Female	7.6	6.4
White Non-Hispanic	20.4	21.0
White Hispanic	16.9	13.7
Native American	17.9	18.7
Source: New Mexico Office of Vital Records and Health Statistics		
Alcohol-Related Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	26.9	27.2
Female	8.1	8.0
White Non-Hispanic	8.2	9.6
White Hispanic	23.5	21.9
Native American	62.2	60.8
Source: New Mexico Office of Vital Records and Health Statistics		
Drug-Related Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	16.2	25.2
Female	5.3	8.9
White Non-Hispanic	7.9	14.4
White Hispanic	16.4	23.3
Native American	3.6	5.4
Source: New Mexico Office of Vital Records and Health Statistics		
Firearm Injury Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	31.9	29.4
Female	5.7	4.4
White Non-Hispanic	17.5	15.9
White Hispanic	18.2	17.1
Native American	15.5	12.4
Source: New Mexico Office of Vital Records and Health Statistics		
Motor Vehicle Injury Death**	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	36.9	28.7
Female	13.8	14.7
White Non-Hispanic	17.4	14.6
White Hispanic	28.9	23.5
Native American	60.2	56.7
Source: New Mexico Office of Vital Records and Health Statistics		

Indicator	Rate Time Period 1	Rate Time Period 2
Cirrhosis Death	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	24.1	35.8
Female	10.7	11.3
White Non-Hispanic	9.3	9.0
White Hispanic	26.9	28.8
Native American	43.4	55.7
Source: New Mexico Office of Vital Records and Health Statistics		
Unintentional Injury Death	1989-1991 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	86.3	78.2
Female	29.2	33.7
White Non-Hispanic	41.7	42.4
White Hispanic	63.8	63.7
Native American	132.8	103.3
Source: New Mexico Office of Vital Records and Health Statistics		
<i>Infectious Disease</i>		
Hepatitis A**	1990-1992 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	49.2	6.0
Female	40.4	4.8
White Non-Hispanic	32.2	6.1
White Hispanic	26.4	5.8
Native American	178.0	3.0
Source: National Electronic Telecommunication System for Surveillance		
Hepatitis B**	1990-1992 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	16.3	16.4
Female	11.1	9.3
White Non-Hispanic	7.6	15.4
White Hispanic	9.5	12.8
Native American	7.5	4.2
Source: National Electronic Telecommunication System for Surveillance		
Pertussis**	1990-1992 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	3.9	8.1
Female	3.4	8.6
White Non-Hispanic	2.7	10.5
White Hispanic	3.5	8.3
Native American	3.0	10.0
Source: National Electronic Telecommunication System for Surveillance		
Shigellosis**	1990-1992 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	32.6	10.8
Female	38.2	13.7
White Non-Hispanic	19.2	14.7
White Hispanic	15.3	13.3
Native American	113.5	34.5
Source: National Electronic Telecommunication System for Surveillance		

Indicator	Rate Time Period 1	Rate Time Period 2
Chlamydia**	1999-2001 Rate per 1000 / Year	
Male	116.4	
Female	478.3	
White Non-Hispanic	101.6	
White Hispanic	673.3	
Native American	408.3	
Source: Bureau of Infectious Disease		
Salmonellosis	1990-1992 Rate per 100,000 / Year	1998-2000 Rate per 100,000 / Year
Male	20.7	17.0
Female	21.4	18.0
White Non-Hispanic	11.0	22.8
White Hispanic	12.8	16.8
Native American	27.0	23.3
Source: National Electronic Telecommunication System for Surveillance		
<i>Behavioral Risk Factors</i>		
Adult Smoking**	1988-1990 Percent	1998-2000 Percent
Male	24.4	25.1
Female	21.2	20.7
White Non-Hispanic	25.3	23.3
White Hispanic	19.3	23.3
Native American	3.5	16.3
Less than High School	29.7	31.2
High School	25.7	26.7
Some College	21.3	22.9
College	15.4	13.4
\$<10,000	27.7	29.4
\$10,000-\$19,999	26.9	29.9
\$20,000-\$49,999	20.4	23.9
\$50,000+	17.8	15.7
Source: New Mexico Behavioral Risk Factor Surveillance System		
Adolescent Smoking**	2001 Percent	
Male	31	
Female	24	
White	25	
Hispanic	27	
Native American	37	
Source: New Mexico Youth Risk and Resiliency Survey		

Indicator	Rate Time Period 1	Rate Time Period 2
Adult Binge Drinking**	1988-1990 Percent	1998-2000 Percent
Male	23.1	24.0
Female	7.1	6.5
White Non-Hispanic	13.7	13.0
White Hispanic	17.3	18.1
Native American	7.6	13.3
Less than High School	8.3	15.5
High School	14.2	16.4
Some College	20.1	16.9
College	13.6	11.1
\$<10,000	11.7	12.4
\$10,000-\$19,999	14.3	17.1
\$20,000-\$49,999	18.5	16.5
\$50,000+	10.7	13.3
Source: New Mexico Behavioral Risk Factor Surveillance System		
Adolescent Driving After Drinking**	2001 Percent	
Male	17	
Female	10	
White	11	
Hispanic	15	
Native American	16	
Source: New Mexico Youth Risk and Resiliency Survey		
Adolescent Illicit Drug Use**	2001 Percent	
Male	34	
Female	25	
White	27	
Hispanic	27	
Native American	44	
Source: New Mexico Youth Risk and Resiliency Survey		
Overweight among Adolescents **	2001 Percent	
Male	16.9	
Female	5.9	
White	8.0	
Hispanic	12.4	
Native American	16.4	
Source: New Mexico Youth Risk and Resiliency Survey		

Indicator	Rate Time Period 1	Rate Time Period 2
Adult Last Medical Check-Up in Two Years or Less	1988-1990 Percent	1998-2000 Percent
Male	75.6	83.7
Female	87.9	92.3
White Non-Hispanic	81.4	89.1
White Hispanic	81.5	86.1
Native American	93.4	92.8
Less than High School	80.4	82.2
High School	83.2	86.5
Some College	81.4	90.5
College	81.6	91.1
\$<10,000	84.1	86.9
\$10,000-\$19,999	81.0	84.1
\$20,000-\$49,999	81.3	87.2
\$50,000+	80.5	92.6
Source: New Mexico Behavioral Risk Factor Surveillance System		
Adult Dental Visit in Two Years or Less	1997 Percent	1999 Percent
Male	66.0	60.1
Female	70.0	64.7
White Non-Hispanic	72.9	65.9
White Hispanic	62.9	56.7
Native American	68.2	65.1
Less than High School	58.1	51.1
High School	78.4	71.5
Some College	81.6	80.4
College	88.4	85.9
\$<10,000	49.4	42.7
\$10,000-\$19,999	52.8	47.0
\$20,000-\$49,999	70.9	63.0
\$50,000+	83.3	80.8
Source: New Mexico Behavioral Risk Factor Surveillance System		
Adult Firearms in Home	1995 Percent	2001 Percent
Male	52.1	41.4
Female	36.8	29.2
White Non-Hispanic	52.2	42.9
White Hispanic	33.5	27.5
Native American	33.0	29.3
Less than High School	30.8	17.4
High School	43.9	36.9
Some College	40.1	43.0
College	43.4	37.0
\$<10,000	25.8	16.6
\$10,000-\$19,999	34.1	23.3
\$20,000-\$49,999	46.4	36.7
\$50,000+	54.1	49.4
Source: New Mexico Behavioral Risk Factor Surveillance System		

Indicator	Rate Time Period 1	Rate Time Period 2
Adult Diabetes Prevalence	1988-1990 Percent	1998-2000 Percent
Male	4.5	5.3
Female	5.2	5.9
White Non-Hispanic	4.2	3.9
White Hispanic	5.9	6.9
Native American	9.6	11.6
Less than High School	9.8	10.4
High School	4.3	5.9
Some College	4.6	4.4
College	2.9	3.5
\$<10,000	9.0	11.5
\$10,000-\$19,999	6.7	7.6
\$20,000-\$49,999	3.7	5.0
\$50,000+	1.4	2.9
Source: New Mexico Behavioral Risk Factor Surveillance System		
Mammogram in Last Two Years (women forty and over)	1988-1990 Percent	1998-2000 Percent
White Non-Hispanic	56.2	72.7
White Hispanic	51.1	67.5
Less than High School	43.0	43.2
High School	48.4	42.9
Some College	61.4	43.5
College	66.3	54.6
\$<10,000	44.4	57.9
\$10,000-\$19,999	45.2	64.6
\$20,000-\$49,999	59.7	70.0
\$50,000+	75.3	81.4
Source: New Mexico Behavioral Risk Factor Surveillance System		
<i>Youth Resiliency</i>		
Parental Support**	2001 Percent	
Male	87	
Female	87	
White	90	
Hispanic	88	
Native American	83	
Source: New Mexico Youth Risk and Resiliency Survey		
Do Best Work at School	2001 Percent	
Male	77	
Female	87	
White	82	
Hispanic	82	
Native American	82	
Source: New Mexico Youth Risk and Resiliency Survey		

Indicator	Rate Time Period 1	Rate Time Period 2
Try to Understand Others	2001 Percent	
Male	68	
Female	81	
White	79	
Hispanic	74	
Native American	65	
Source: New Mexico Youth Risk and Resiliency Survey		

Appendix D: Rate Ratios and Disparity Change Scores

** Indicator included in monograph

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
<i>Overall Health Indicators</i>			
Self-Rated Health **	1993-1995	1998-2000	
Male to Female	1.0	1.1	-0.1
White Non-Hispanic to White Hispanic	1.1	1.1	0.0
Native American to White Hispanic	1.0	1.1	-0.1
High School to Less than High School	1.2	1.3	-0.1
Some College to Less than High School	1.3	1.4	-0.1
College to Less than High School	1.4	1.5	-0.1
\$10,000-\$19,999 to \$<10,000	1.1	1.2	-0.1
\$20,000-\$49,999 to \$<10,000	1.3	1.5	-0.2
\$50,000+ to \$<10,000	1.3	1.6	-0.3
Source: New Mexico Behavioral Risk Factor Surveillance System			
Infant Mortality**	1988-1990	1998-2000	
Male to Female	1.4	1.2	0.2
African American to White Hispanic	1.6	1.6	0.0
Native American to White Hispanic	1.1	1.1	0.0
White Non-Hispanic to White Hispanic	1.1	0.9	0.0
Source: New Mexico Office of Vital Records and Health Statistics			
All-Cause Death Rate**	1988-1990	1998-2000	
Male to Female	1.6	1.4	0.2
African American to Asian/Pacific Islander	1.7	1.2	0.5
Native American to Asian/Pacific Islander	1.7	1.7	0.0
White Hispanic to Asian/Pacific Islander	1.6	1.5	0.1
White Non-Hispanic to Asian/Pacific Islander	1.5	1.4	0.1
Source: New Mexico Office of Vital Records and Health Statistics			
<i>Births</i>			
Intended Pregnancy**	1998-1999		
White Non-Hispanic to Native American	1.3		
White Hispanic to Native American	1.1		
High School to Less than High School	1.1		
Some College to Less than High School	1.1		
College to Less than High School	1.5		
Source: New Mexico Pregnancy Risk Assessment Monitoring System			
Teen Birth Rate**	1989-1991	1998-2000	
White Hispanic to White Non-Hispanic	3.3	4.4	-1.1
Native American to White Non-Hispanic	3.0	3.0	0.0
Source: New Mexico Office of Vital Records and Health Statistics			

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
Unintended Pregnancy	1998-1999		
White Hispanic to White Non-Hispanic	1.2		
Native American to White Non-Hispanic	1.3		
Less than High School to College	2.0		
High School to College	1.7		
Some College to College	1.8		
Source: New Mexico Office of Vital Records and Health Statistics			
Low Birth Weight	1989-1991	1998-2000	
White Non-Hispanic to Native American	1.1	1.2	-0.1
White Hispanic to Native American	1.2	1.1	0.1
Source: New Mexico Office of Vital Records and Health Statistics			
Late/No Prenatal Care	1989-1991	1998-2000	
White Hispanic to White Non-Hispanic	1.5	1.4	0.1
Native American to White Non-Hispanic	1.7	1.7	0.0
Source: New Mexico Office of Vital Records and Health Statistics			
Birth Rate	1989-1991	1998-2000	
White Hispanic to White Non-Hispanic	2.0	2.4	-0.4
Native American to White Non-Hispanic	2.6	2.4	0.2
Source: New Mexico Office of Vital Records and Health Statistics			
<i>Deaths</i>			
Diabetes Death**	1989-1991	1998-2000	
Male to Female	1.1	1.3	-0.2
White Hispanic to White Non-Hispanic	2.0	2.2	-0.2
Native American to White Non-Hispanic	2.9	4.1	-1.2
Source: New Mexico Office of Vital Records and Health Statistics			
Influenza/Pneumonia Death**	1989-1991	1998-2000	
Male to Female	1.4	1.4	0.0
White Hispanic to White Non-Hispanic	1.1	1.1	0.0
Native American to White Non-Hispanic	1.6	2.1	-0.5
Source: New Mexico Office of Vital Records and Health Statistics			
Cancer Death**	1989-1991	1998-2000	
Male to Female	1.5	1.4	0.1
White Non-Hispanic to Native American	1.3	1.3	0.0
White Hispanic to Native American	1.2	1.3	-0.1
Source: New Mexico Office of Vital Records and Health Statistics			
Heart Disease Death**	1989-1991	1998-2000	
Male to Female	1.5	1.5	0.0
White Non-Hispanic to Native American	1.5	1.2	0.3
White Hispanic to Native American	1.3	1.0	0.3
Source: New Mexico Office of Vital Records and Health Statistics			

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
Suicide**	1989-1991	1998-2000	
Male to Female	4.3	4.9	-0.6
White Non-Hispanic to White Hispanic	1.2	1.5	-0.3
Native American to White Hispanic	1.1	1.4	-0.3
Source: New Mexico Office of Vital Records and Health Statistics			
Alcohol-Related Death**	1989-1991	1998-2000	
Male to Female	3.3	3.4	-0.1
White Hispanic to White Non-Hispanic	2.8	2.3	0.5
Native American to White Non-Hispanic	7.5	6.3	1.2
Source: New Mexico Office of Vital Records and Health Statistics			
Drug-Related Death**	1989-1991	1998-2000	
Male to Female	3.1	2.8	0.3
White Non-Hispanic to Native American	2.2	2.7	-0.5
White Hispanic to Native American	4.6	4.3	0.3
Source: New Mexico Office of Vital Records and Health Statistics			
Firearm Injury Death**	1989-1991	1998-2000	
Male to Female	5.6	6.7	-1.1
White Non-Hispanic to Native American	1.1	1.3	-0.2
White Hispanic to Native American	1.2	1.4	-0.2
Source: New Mexico Office of Vital Records and Health Statistics			
Motor Vehicle Injury Death**	1989-1991	1998-2000	
Male to Female	2.7	2.0	0.7
White Hispanic to White Non-Hispanic	1.7	1.6	0.1
Native American to White Non-Hispanic	3.5	3.9	-0.4
Source: New Mexico Office of Vital Records and Health Statistics			
Unintentional Injury Death	1989-1991	1998-2000	
Male to Female	3.0	2.3	0.7
White Hispanic to White Non-Hispanic	1.5	1.5	0.0
Native American to White Non-Hispanic	3.2	2.4	0.8
Source: New Mexico Office of Vital Records and Health Statistics			
Cirrhosis Death	1989-1991	1998-2000	
Male to Female	2.3	4.9	-2.6
White Hispanic to White Non-Hispanic	2.9	3.2	-0.3
Native American to White Non-Hispanic	4.7	6.2	-1.5
Source: New Mexico Office of Vital Records and Health Statistics			
<i>Infectious Disease</i>			
Hepatitis A**	1990-1992	1998-2000	
Male to Female	1.2	1.2	0.0
White Non-Hispanic to White Hispanic	1.2	1.0	0.2
Native American to White Hispanic	6.7	0.5	5.2
Source: National Electronic Telecommunication System for Surveillance			

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
Hepatitis B**	1990-1992	1998-2000	
Male to Female	1.5	1.8	-0.3
White Non-Hispanic to Native American	1.0	3.7	-2.7
White Hispanic to Native American	1.3	3.0	-1.7
Source: National Electronic Telecommunication System for Surveillance			
Pertussis**	1990-1992	1998-2000	
Male to Female	1.1	0.9	0.0
White Hispanic to White Non-Hispanic	1.3	0.8	0.1
Native American to White Non-Hispanic	1.1	1.0	0.1
Source: National Electronic Telecommunication System for Surveillance			
Shigellosis**	1990-1992	1998-2000	
Female to Male	1.2	1.3	-0.1
White Non-Hispanic to White Hispanic	1.3	1.1	0.2
Native American to White Hispanic	7.4	2.6	4.8
Source: National Electronic Telecommunication System for Surveillance			
Chalmydia**	1999-2001		
Female to Male	4.1		
White Hispanic to White Non-Hispanic	6.6		
Native American to White Non-Hispanic	4.0		
Source: Bureau of Infectious Disease			
Salmonellosis	1990-1992	1998-2000	
Female to Male	1.0	1.1	0.1
White Hispanic to White Non-Hispanic	1.2	0.7	-0.1
Native American to White Non-Hispanic	2.5	1.4	1.1
Source: National Electronic Telecommunication System for Surveillance			
<i>Risk Behaviors</i>			
Adult Smoking**	1988-1990	1998-2000	
Male to Female	1.2	1.2	0.0
White Non-Hispanic to Native American	7.2	1.4	5.8
White Hispanic to Native American	5.5	1.4	4.1
Less than High School to College	1.9	2.3	-0.4
High School to College	1.7	2.0	-0.3
Some College to College	1.4	1.7	-0.3
\$<10,000 to \$50,000+	1.6	1.9	-0.3
\$10,000-\$19,999 to \$50,000+	1.5	1.9	-0.4
\$20,000-\$49,999 to \$50,000+	1.1	1.5	-0.4
Source: New Mexico Behavioral Risk Factor Surveillance System			
Adolescent Smoking**	2001		
Male to Female	1.3		
Hispanic to White	1.1		
Native American to White	1.5		
Source: Youth Risk and Resiliency Survey			

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
Adult Binge Drinking**	1988-1990	1998-2000	
Male to Female	3.3	3.7	-0.4
White Non-Hispanic to Native American	1.8	1.0	0.8
White Hispanic to Native American	2.3	1.4	0.9
High School to Less than High School	1.7	1.1	0.6
Some College to Less than High School	2.4	1.1	1.3
College to Less than High School	1.6	0.7	0.3
\$<10,000 to \$50,000+	1.1	0.9	0.0
\$10,000-\$19,999 to \$50,000+	1.3	1.3	0.0
\$20,000-\$49,999 to \$50,000+	1.7	1.2	0.5
Source: New Mexico Behavioral Risk Factor Surveillance System			
Adolescent Driving After Drinking**	2001		
Male to Female	1.7		
Hispanic to White	1.4		
Native American to White	1.5		
Source: New Mexico Youth Risk and Resiliency Survey			
Adolescent Illicit Drug (Marijuana) Use in Past 30 Days**	2001		
Male to Female	1.4		
Hispanic to White	1.0		
Native American to White	1.6		
Source: New Mexico Youth Risk and Resiliency Survey			
Overweight among Adolescents**	2001		
Male to Female	2.9		
Hispanic to White	1.6		
Native American to White	2.1		
Source: New Mexico Youth Risk and Resiliency Survey			
Adult Last Medical Check-Up Two Years or Less	1988-1990	1998-2000	
Female to Male	1.2	1.1	0.1
White Hispanic to White Non-Hispanic	1.0	1.0	0.0
Native American to White Non-Hispanic	1.1	1.0	0.1
High School to Less than High School	1.0	1.1	-0.1
Some College to Less than High School	1.0	1.1	-0.1
College to Less than High School	1.0	1.1	-0.1
\$<10,000 to \$50,000+	1.0	0.9	0.0
\$10,000-\$19,999 to \$50,000+	1.0	0.9	0.0
\$20,000-\$49,999 to \$50,000+	1.0	0.9	0.0
Source: New Mexico Behavioral Risk Factor Surveillance System			

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
Adult Dental Visit in Last Two Years	1997	1999	
Female to Male	1.1	1.1	0.0
White Non-Hispanic to White Hispanic	1.2	1.2	0.0
Native American to White Hispanic	1.1	1.1	0.0
High School to Less than High School	1.3	1.4	-0.1
Some College to Less than High School	1.4	1.6	-0.2
College to Less than High School	1.5	1.7	-0.2
\$10,000-\$19,999 to \$<10,000	1.1	1.1	0.0
\$20,000-\$49,999 to \$<10,000	1.4	1.5	-0.1
\$50,000+ to \$<10,000	1.7	1.9	-0.2
Source: New Mexico Behavioral Risk Factor Surveillance System			
Adult Firearms in the Home	1995	2001	
Male to Female	1.4	1.4	0.0
White Non-Hispanic to Native American	1.6	1.5	0.1
White Hispanic to Native American	1.0	0.9	-0.1
High School to Less than High School	1.4	2.1	-0.7
Some College to Less than High School	1.3	2.5	-1.2
College to Less than High School	1.4	2.1	-0.7
\$10,000-\$19,999 to \$<10,000	1.3	1.4	-0.1
\$20,000-\$49,999 to \$<10,000	1.8	2.2	-0.4
\$50,000+ to \$<10,000	2.1	3.0	-0.9
Source: New Mexico Behavioral Risk Factor Surveillance System			
Adult Diabetes Prevalence	1988-1990	1998-2000	
Female to Male	1.2	1.1	0.1
White Hispanic to White Non-Hispanic	1.4	1.8	-0.4
Native American to White Non-Hispanic	2.3	3.0	-0.7
Less than High School to College	3.4	3.0	0.4
High School to College	1.5	1.7	-0.2
Some College to College	1.6	1.3	0.3
\$<10,000 to \$50,000+	6.4	4.0	2.4
\$10,000-\$19,999 to \$50,000+	4.8	2.6	2.2
\$20,000-\$49,999 to \$50,000+	2.6	1.7	0.9
Source: New Mexico Behavioral Risk Factor Surveillance System			
Mammogram in Last Two Years (women forty and over)	1988-1990	1998-2000	
White Non-Hispanic to White Hispanic	1.1	1.1	0.0
High School to Less than High School	1.1	1.0	0.1
Some College to Less than High School	1.4	1.0	0.4
College to Less than High School	1.5	1.3	0.2
\$10,000-\$19,999 to \$<10,000	1.0	1.1	-0.1
\$20,000-\$49,999 to \$<10,000	1.3	1.2	0.1
\$50,000+ to \$<10,000	1.7	1.4	0.3
Source: New Mexico Behavioral Risk Factor Surveillance System			

Indicator	Rate Ratio Time Period 1	Rate Ratio Time Period 2	Disparity Change Score
Adolescent Alcohol Use	2001		
Male to Female	1.1		
White to Native American	1.1		
Hispanic to Native American	1.1		
Source: New Mexico Youth Risk and Resiliency Survey			
<i>Youth Resiliency</i>			
Parental Support**	2001		
Male to Female	1.0		
White to Native American	1.1		
Hispanic to Native American	1.1		
Source: New Mexico Youth Risk and Resiliency Survey			
Do Best Work at School	2001		
Female to Male	1.1		
Hispanic to White	1.0		
Native American to White	1.0		
Source: New Mexico Youth Risk and Resiliency Survey			
Try to Understand Others	2001		
Female to Male	1.2		
White to Native American	1.2		
Hispanic to Native American	1.1		
Source: New Mexico Youth Risk and Resiliency Survey			