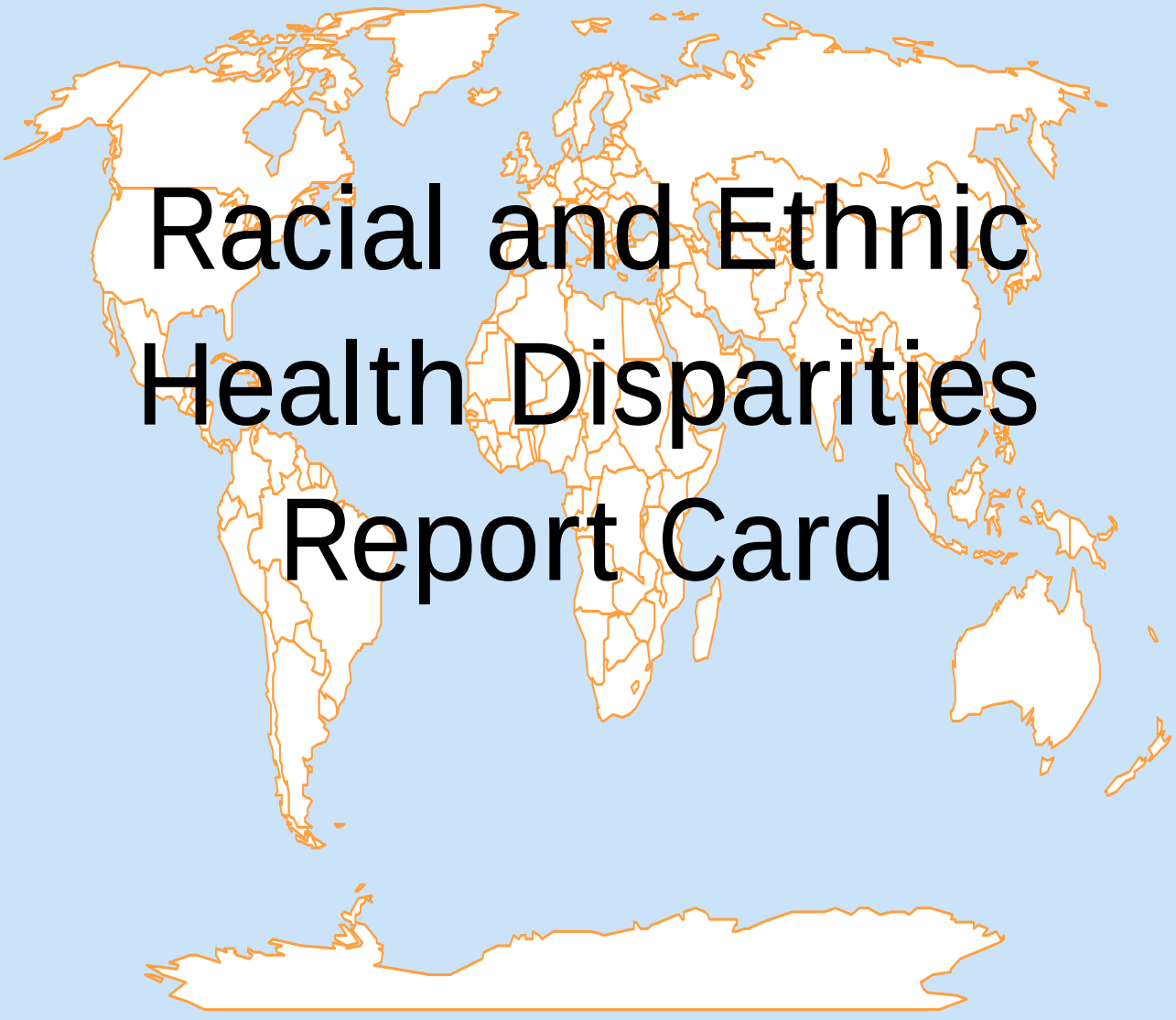
New Mexico
Department of Health



Racial and Ethnic Health Disparities Report Card

August 30, 2006

Acknowledgments

Many individuals contributed to the production of this report card and the Office of Policy and Multicultural Health wishes to particularly thank the staff of the Epidemiology and Response Division for providing the data for the report. Thanks to the members of the disparities report card work group who helped select the indicators and content of the report.

Foreword by Secretary of Health, Michelle Lujan Grisham

The New Mexico Department of Health is pleased to present the "*Health Disparities Report Card."* This *Report Card* is funded by a State Partnership Grant to Improve Minority Health from the US Department of Health and Human Services. It is intended to be a reference document that will raise awareness about health disparities and help us to better focus our efforts and monitor our progress as we work to improve the health of all racial and ethnic groups in New Mexico. With this report card, New Mexico will join the ranks of only a few states that have developed a focused report card.

Health disparities are the differences in health and the impact of diseases on different race and ethnic groups. We know that in New Mexico there are many factors that contribute to health disparities including: access to health care, behavioral choices, genetic predisposition, poverty, environmental and occupational conditions, language barriers, social and cultural factors and discrimination in the health care setting.

Nineteen indicators were selected for this report. Data related to these indicators demonstrate some of the health gaps between different racial/ethnic populations. These indicators were chosen, in part, because they represent some of the healthcare disparities that we believe can be improved or eliminated through targeted interventions and changes to policy and programming.

Reducing health disparities will require enhanced efforts at preventing disease, promoting health, improving access to information and care, and delivering appropriate care. The Department of Health, along with our partners (the Governor, legislators, local and tribal governments, public and private organizations, health care providers, health care institutions and concerned New Mexicans) will work together to develop strategies to reduce disparities where they exist.

This report card is just one of several efforts underway through the Department's Office of Policy and Multicultural Health (OPMH). This Office, created in July of 2005, has the mandate to coordinate the Department's efforts to reduce disparities and develop innovative strategies to improve our outreach to, and communication with New Mexico's many diverse populations.

The Department of Health is taking many steps to improve health disparities and the health status of all New Mexicans. This report card represents one more step towards addressing health disparities. It is not the final step. The Office of Policy and Multicultural Health will be publishing similar reports on other disparities. And, more importantly, OPMH staff will be seeking your input on solutions to these and other disparities. With community input, OPMH will be conducting literature reviews and researching what local communities, municipalities, counties or other states have done to successfully address health disparities. With this information, they will then craft culturally and linguistically appropriate policy and program recommendations that will be provided to relevant policy makers, practitioners and communities. Again, we want your input on this report card and suggestions for improving health disparities in New Mexico.

If you are interested in working with us to address health disparities or would like more information on the *Health Disparities Report Card*, please contact Paul Romero at (505)827-2056 or paul.romero1@state.nm.us.

Sincerely,

Michelle Lujan Grisham, Secretary

GUIDE TO UNDERSTANDING THE REPORT CARD

Grade: The grade category represents how well this population is doing compared to the population with the best rate. The grade column will be empty for the population with the best rate indicating it is the population to which all others are compared. **Please note that grades are only related to the differences between population (disparity ratio) and are not an indication of how well or poorly New Mexico, overall, is doing in relation to the indicators.**

Rate: The rate is calculated by averaging the number of cases (for example diabetes deaths) for each racial/ethnic group for three years (usually 2003-2005 for most indicators). This number is then divided by the total number of individuals in a given racial/ethnic group in the state in 2004 (the middle year). There are variations to the calculation of rate for some indicators. (For example, for the prenatal care indicator, the number of births 2003-2005 not receiving timely prenatal care for a given population are divided by the total number of births in that population). For more information on rate calculations and methodology, please see the supplement at www.health.state.nm. A rate denoted by an asterisk indicates that there were less than 20 cases during the time period and the rate may fluctuate greatly from one time period to the next.

Disparity Ratio: The disparity ratio is calculated by dividing the rate for each population by the population with the best rate and 20 or more cases during the time period. Disparity ratios are not calculated for populations with less than 20 cases during the time period.

Supplement: Explanations of indicators and sources of data are listed in a supplement available at www.health.state.nm.us.

LEGEND

Grades	Disparity	Meaning/Interpretation
A	1.0 - 1.4	Little or no disparity.
B	1.5 - 1.9	A disparity exists and should be monitored and may require intervention.
C	2.0 - 2.4	The disparity requires intervention.
D	2.5 -2.9	Major interventions and targeting are needed.
F	>=3.0	Unacceptable disparity.

MOTHER AND CHILD HEALTH

1. Prenatal Care - Late or No Care (Care Beginning After 3rd Month of Pregnancy or No Care)

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	A	30.9	1.4
American Indian	B	40.6	1.8
Asian/Pacific Islanders		22.5	1.0
Hispanic	A	32.5	1.4
White	A	22.7	1.0

Note:
Over 4 of 10 American Indian women receive prenatal care late in the pregnancy or do not receive prenatal care at all. New Mexico has the highest percent in the United States of women not receiving timely prenatal care. The New Mexico rate of women receiving timely prenatal care is 65.2% compared to the national rate of 83.9% (Births: Preliminary Data for 2004), National Center for Health Statistics).

MOTHER AND CHILD HEALTH

2. Infant Mortality

Race/Ethnicity	Grade	2003-2005 Rate (per 1,000)	Disparity Ratio
African American	D	14.7	2.7
American Indian	B	8.4	1.6
Asian/Pacific Islanders	NA	1.6*	NA
Hispanic	A	5.4	1.0
White		5.4	1.0

Note:
Both nationally and in New Mexico African-Americans continue to have the highest rates of infant mortality. At one time New Mexico's infant mortality rate was higher than the national rate but has remained below the national rate every year since 1980 (with the exception of 1994). For 2004 the preliminary US rate is 6.85 per 1,000 (Deaths: Preliminary Data for 2004, National Center for Health Statistics), compared to the New Mexico rate of 6.3.

3. Teen Births Ages 15 - 17

Race/Ethnicity	Grade	2003-2005 Rate (per 1,000)	Disparity Ratio
African American	B	20.6	1.5
American Indian	C	32.7	2.4
Asian/Pacific Islanders	NA	6.4*	NA
Hispanic	F	56.2	4.2
White		13.4	1.0

Note:
Disparity rates appear to be increasing, particularly for Hispanics. Teen birth rates have decreased more slowly in New Mexico than nationally. The birth rate among Hispanic females has declined less than the rates for all races both in New Mexico and in the United States. The national rate for females, ages 15-17 is 22.1 per 1,000 (Births: Preliminary Data for 2004).

PREVENTABLE DISEASES

4. Adults with Diabetes Not Receiving All Recommended Diabetes Preventive Services

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	NA	*	NA
American Indian		37.0	1.0
Asian/Pacific Islanders	NA	*	NA
Hispanic	B	56.4	1.5
White	A	52.8	1.4

Note:

Since 2000, the percentage of adults with diabetes who have had two A1C tests or a foot exam has increased; however, the percentage who have had a dilated eye exam has fluctuated. A higher percentage of American Indians had foot exams than Whites or Hispanics. A slightly lower percentage of Hispanics have had two A1Cs compared to Whites.

PREVENTABLE DISEASES

5. Diabetes Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	C	45.9	2.0
American Indian	F	71.8	3.1
Asian/Pacific Islanders	NA	29.5*	NA
Hispanic	C	48.2	2.1
White		22.9	1.0

Note:

Overall, diabetes deaths are increasing in all groups; also, the disparity between American Indians and Whites is increasing. For example the American Indian diabetes death rate in 1989-1991 was 55.6 compared to the 71.8 reported here.

6. Obesity Among Adults

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	F	37.6	3.6
American Indian	D	28.0	2.7
Asian/Pacific Islanders		10.5	1.0
Hispanic	C	24.6	2.3
White	B	17.7	1.7

Note:

New Mexico's rate of individuals who are obese, 21.7%, remains below the national rate of 24.4% (CDC, 2005 BRFSS). However the rate of obesity for all racial/ethnic groups continues to increase.

7. Overweight Among Youth

Race/Ethnicity	Grade	2005 Rate (per 100)	Disparity Ratio
African American	B	13.2	1.6
American Indian	C	17.4	2.1
Asian/Pacific Islanders	A	8.8	1.1
Hispanic	B	12.9	1.6
White		8.2	1.0

Note:

The percent of New Mexico high school students who are overweight increased from 10.2% in 2003 to 12.1% in 2005. American Indian students continue to have the highest rates.

PREVENTABLE DISEASES

8. Not had Pneumonia Vaccination (Adults 65+)

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	B	51.2	1.7
American Indian	B	58.8	1.9
Asian/Pacific Islanders	A	31.8	1.0
Hispanic	B	46.5	1.5
White		30.9	1.0

Note:

The percentage of adults who have received a pneumonia vaccination has increased both in New Mexico and nationally. However disparities remain across populations.

9. Pneumonia and Influenza Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	22.4*	NA
American Indian	C	33.7	2.0
Asian/Pacific Islanders	NA	5.5*	NA
Hispanic	A	18.6	1.1
White		16.5	1.0

Note:

Pneumonia and influenza are among the top 10 leading causes of death in New Mexico for all populations with the exception of Asian/Pacific Islanders.

INFECTIOUS DISEASES

10. Chlamydia

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	F	591.7	9.3
American Indian	F	571.4	8.9
Asian/Pacific Islanders		63.9	1.0
Hispanic	F	515.8	8.1
White	F	200.9	3.1

Note:

Overall, new cases of Chlamydia have rapidly increased in nearly all groups over the past 5 years, primarily among young persons ages 15-24. Overall the Chlamydia rate increased from 257.6 per 100,000 in 1999 to 482.3 in 2004.

INFECTIOUS DISEASES

11. Hepatitis B

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	7.9*	NA
American Indian	NA	3.3*	NA
Asian/Pacific Islanders	F	110.7	31.5
Hispanic		3.5	1.0
White	B	5.9	1.7

Note:

New cases of Hepatitis B for all populations have declined with the availability of vaccines. Asian/Pacific Islanders have disproportionately high rates.

12. HIV/AIDS (Newly diagnosed cases)

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	9.7*	NA
American Indian	A	5.2	1.0
Asian/Pacific Islanders	NA	1.2*	NA
Hispanic	B	8.4	1.6
White		5.2	1.0

Note:

New cases of HIV/AIDS have shifted from Whites to Hispanics. Although cases have been primarily in Bernalillo and Santa Fe Counties, nearly one-third of new cases now occur outside of these areas.

VIOLENCE AND INJURY

13. Motor Vehicle Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	8.6*	NA
American Indian	D	47.5	2.8
Asian/Pacific Islanders	NA	2.6*	NA
Hispanic	A	23.0	1.4
White		16.8	1.0

Note:

Although the disparity ratio for American Indians has decreased from 3.9 in 1998-2000, American Indians continue to have the highest rate of motor vehicle deaths.

VIOLENCE AND INJURY

14. Suicide

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	5.2	NA
American Indian	A	16.9	1.1
Asian/Pacific Islanders	NA	6.5*	NA
Hispanic		14.7	1.0
White	A	20.2	1.4

Note:

Whites have the highest suicide rate. However the rates for Whites, Hispanics, and American Indians all exceed the 2004 national rate of 10.7 per 100,000. (Deaths: Preliminary Data for 2004).

15. Youth Suicide

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	10.7*	NA
American Indian	B	28.4	1.9
Asian/Pacific Islanders	NA	18.1*	NA
Hispanic	B	23.6	1.6
White		15.1	1.0

Note:

American Indian youth have the highest rate of suicide among youth ages 15-24 followed by Hispanics. The suicide rate for all of New Mexico's youth ages 15-24 exceeds the 2004 national rate of 10.1 per 100,000. (Deaths: Preliminary Data for 2004).

16. Homicide

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	10.7*	NA
American Indian	D	13.1	2.8
Asian/Pacific Islanders	NA	3.3*	NA
Hispanic	C	10.5	2.2
White		4.7	1.0

Note:

The homicide rates for African Americans, American Indians and Hispanics exceed the 2004 national rate of 5.6 per 100,000 (Deaths: Preliminary Data for 2004).

RISK BEHAVIORS

17. Smoking Among Adults

Race/Ethnicity	Grade	2003-2005 Rate (per 100)	Disparity Ratio
African American	C	26.5	2.0
American Indian	B	20.5	1.6
Asian/Pacific Islanders		13.0	1.0
Hispanic	B	22.5	1.7
White	B	20.7	1.6

Note:

The percentage of adult smokers in the state has remained fairly stable over time. White adults represent the only population that has experienced a decrease since 2000.

18. Drug Related Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American	NA	14.0*	NA
American Indian		4.4	1.0
Asian/Pacific Islanders	NA	0.8*	NA
Hispanic	F	14.6	3.3
White	D	11.6	2.6

Note:

While Hispanics and Whites have much higher rates of drug related deaths than American Indians, the disparity has actually decreased from the 1999-2003 drug-related death rates of 20.2 and 14 for Hispanics and Whites respectively.

19. Alcohol Related Deaths

Race/Ethnicity	Grade	2003-2005 Rate (per 100,000)	Disparity Ratio
African American		35.4	1.0
American Indian	F	106.6	3.0
Asian/Pacific Islanders	NA	20.3*	NA
Hispanic	B	62.8	1.8
White	A	45.3	1.3

Note:

American Indians have much higher rates of alcohol related deaths than other populations. Overall alcohol related death rates have remained stable over the past 5 years and there have been no significant changes in race-specific rates or disparities. American Indian disparities are significantly higher among adults 35-54 than overall.

Racial and Ethnic Health Disparities Report Card Supplement

A supplement which explains the indicators and sources of data
is available. If you would like one, please contact Dr. Vicky Howell at (505) 827-2570.

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Supplement
Racial and Ethnic Health Disparities Report Card

(Explanation of indicators and sources of data)

1. **Prenatal Care – Late or No Care (Care Beginning After the 3rd month of Pregnancy or no Prenatal Care):**

   Late prenatal care is the percent of total births during 2003-2005 to women who did not receive prenatal care at all or began prenatal care after the first trimester of pregnancy divided by the total number of live births for 2003-2005 (excluding the births with unknown prenatal care). Confidence intervals are estimates of the range of values which will include the true population value.

Race	Percent	Confidence Interval
African-American/Black	30.9	29.8 - 31.0
American Indian/Alaska Native	40.6	39.1 - 42.1
Asian/Pacific Islander	22.5	17.5 - 27.4
Hispanic	32.5	31.8 - 33.3
White	22.7	21.6 - 23.8

   Source of data: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003 – Preliminary 2005 birth files.

2. **Infant Mortality:**

   Infant mortality consists of deaths to infants before the first birthday and is the ratio of deaths divided by live births during 2003-2005.

Race	Ratio (per 1,000)	Confidence Interval
African-American/Black	14.7	9.1 - 22.5
American Indian/Alaska Native	8.4	6.8 - 10.3
Asian/Pacific Islander	1.6*	0.2 - 5.9
Hispanic	5.4	5.3 - 5.5
White	5.4	5.3 - 5.5

   *Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

   Source of data: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, **Deaths:** 2003-Preliminary 2005 death files; **Births:** 2004 birth file.

3. **Teen Births Ages 15-17:**

   Teen births are the number of births to females ages 15-17 divided by the number of females ages 15-17.

Race	Rate (per 1,000)	Confidence Interval
African-American/Black	20.6	16.4 - 25.7
American Indian/Alaska Native	32.7	30.3 - 35.2
Asian/Pacific Islander	6.4*	3.5 - 10.8
Hispanic	56.2	54.3 - 58.0
White	13.4	12.3 - 14.4

   *Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

   Source of data: **Births**: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003 – Preliminary 2005 birth files; **Population**: Bureau of Business and Economic Research, UNM, 2004.

4. Adults with Diabetes Not Receiving All Recommended Diabetes Preventive Services:

Adults with Diabetes not receiving all recommended diabetes preventive services are the percent of individuals with diabetes who indicated that they had not received all three recommended services during the past year. The recommended services are lab work (two A1C tests), a foot exam and a dilated eye exam. Rates are estimated percents of population based on sample response. Estimates based on less than 50 records cannot be presented.

Race	Percent
African-American/Black	NA
American Indian/Alaska Native	37.0
Asian/Pacific Islander	NA
Hispanic	56.4
White	52.8

Source of data: New Mexico Behavioral Risk Factor Surveillance System 2003-2005 Combined Data Set, New Mexico Department of Health, Epidemiology and Response Division.

5. Diabetes Deaths

Diabetes deaths are deaths for which diabetes is listed as the underlying cause of death on the death certificate. The number of deaths is divided by the mid-year population and age-adjusted to the 2000 United States standard population[1].

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	45.9	32.3 - 63.3
American Indian/Alaska Native	71.8	62.3 - 81.4
Asian/Pacific Islander	29.5*****	15.3 - 51.6
Hispanic	48.2	44.9 - 51.5
White	22.9	21.3 - 24.5

*****Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files; **Population**: Bureau of Business and Economic Research, UNM, 2004.

6. Obesity Among Adults:

Obesity among adults is the percent of adults whose self-reported weight and height indicate a body mass index (BMI) of 30 or greater. BMI is a measure of body fat based on height and weight and people with a BMI of 30 or greater are considered obese. The challenge of survey data is to take a sample of the population and to derive generalizations about the entire population. Rates used are estimated percents of population based on sample response.

Race	Percent
African-American/Black	37.6
American Indian/Alaska Native	28.0
Asian/Pacific Islander	10.5
Hispanic	24.6
White	17.7

Source of data: New Mexico Behavioral Risk Factor Surveillance System 2003-2005 Combined Data Set, New Mexico Department of Health, Epidemiology and Response Division.

[1] To account for differences in population age distributions, the age-adjusted death rate is used to compare relative mortality risks between groups and over time. The age-adjusted death rate is calculated by weighting the age-specific death rates and summing the products. Since 1999 the 2000 United States standard population has been used in determining the weights.

7. Overweight Among Youth:

Overweight among youth is the percent of youth whose self-reported height and weight indicate a body mass index (BMI) greater than the 95th percentile of youth, based on national multi-year reference data. BMI is a measure of body fat based on height and weight.

Race	Percent	Confidence Interval
African-American/Black	13.2	(10.0 - 17.4)
American Indian/Alaska Native	17.4	(15.6 - 19.4)
Asian/Pacific Islander	8.8	(6.4 - 12.0)
Hispanic	12.9	(11.7 - 14.1)
White	8.2	(7.1 - 9.4)

Source of data: 2005 New Mexico Youth and Resiliency Survey, school district-level sample. (New Mexico Department of Health, Epidemiology & Response Division and New Mexico Public Education Department). Note, in order to have adequate numbers of African-Americans and Asian/Pacific Islanders for reporting purposes, data reported here are from a separate but simultaneously administered survey. For this reason, these estimates may differ slightly from other reported statewide estimates. (Please note that the YRRS is conducted every other year so this indicator will be updated on a biennial basis)

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8. Not Had Pneumonia Vaccination (Adults 65 +):

Not had pneumonia vaccination is the percent of adults ages 65 or older who indicate they have never received a Pneumococcal vaccination. Rates are estimated percents of population based on sample response.

Race	Percent
African-American/Black	51.2
American Indian/Alaska Native	58.8
Asian/Pacific Islander	31.8
Hispanic	46.5
White	30.9

Source of data: New Mexico Behavioral Risk Factor Surveillance System 2003-2005 Combined Data Set, New Mexico Department of Health, Epidemiology and Response Division.

9. Pneumonia and Influenza Deaths:

Pneumonia and Influenza deaths are deaths for which pneumonia or influenza is indicated as the underlying cause of death on the death certificate. The number of deaths is divided by the mid-year population and age-adjusted to the 2000 United States standard population.[2]

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	22.4*****	13.1 - 35.9
American Indian/Alaska Native	33.7	26.8 - 40.7
Asian/Pacific Islander	5.5*****	0.7 - 20.0
Hispanic	18.6	16.5 - 20.8
White	16.5	15.1 - 17.9

***** Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

[2] To account for differences in population age distributions, the age-adjusted death rate is used to compare relative mortality risks between groups and over time. The age-adjusted death rate is calculated by weighting the age-specific death rates and summing the products. Since 1999 the 2000 United States standard population has been used in determining the weights.

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files; **Population:** Bureau of Business and Economic Research, UNM, 2004.

10. Chlamydia:

Chlamydia cases are individuals diagnosed with Chlamydia during 2003-2005 divided by the 2004 population. Data excludes 2,910 cases for which race was other or unknown.

Race	Rate
African-American/Black	591.7
American Indian/Alaska Native	571.4
Asian/Pacific Islander	63.9
Hispanic	515.8
White	200.9

Source of data: Cases: New Mexico Department of Health, Sexually Transmitted Disease Program. **Population:** Bureau of Business and Economic Research, UNM, 2004.

11. Hepatitis B:

Hepatitis B cases Individuals diagnosed with Hepatitis B during 2003-2005 divided by the 2004 population. Data excludes 214 cases where race was other or unknown.

Race	Rate
African-American/Black	7.9*
American Indian/Alaska Native	3.3*
Asian/Pacific Islander	110.7
Hispanic	3.5
White	5.9

*****Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Cases: New Mexico Department of Health, HIV & Hepatitis Epidemiology Program. **Population:** Bureau of Business and Economic Research, UNM, 2004.

12. HIV/AIDS:

HIV/AIDS cases are New Mexico residents who were diagnosed with HIV/AIDS during 2003-2005 divided by the population.

Race	Rate
African-American/Black	9.7*
American Indian/Alaska Native	5.2
Asian/Pacific Islander	1.2*
Hispanic	8.4
White	5.2

*****Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Cases: New Mexico Department of Health, HIV & Hepatitis Epidemiology Program, data are for cases diagnosed among residents of New Mexico; **Population:** Bureau of Business and Economic Research, UNM, 2004.

13. Motor Vehicle Deaths:

Motor Vehicle Deaths are deaths for which the underlying cause of death is listed as motor vehicle accident on the death certificate, divided by the mid-year population and age-adjusted to the 2000 United States standard population.[3]

[3] To account for differences in population age distributions, the age-adjusted death rate is used to compare relative mortality risks between groups and over time. The age-adjusted death rate is calculated by weighting the age-specific death rates and summing the products. Since 1999 the 2000 United States standard population has been used in determining the weights.

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	8.6*	4.6 - 14.7
American Indian/Alaska Native	47.5	41.5 - 53.4
Asian/Pacific Islander	2.6*	0.5 - 7.7
Hispanic	23.0	21.0 - 24.9
White	16.8	15.2 - 18.5

*Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files; **Population**: Bureau of Business and Economic Research, UNM, 2004.

14. Suicide:

Suicides are deaths for which the underlying cause of death is listed as suicide on the death certificate and divided by the mid-year population and age-adjusted to the 2000 United States standard population.[4]

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	5.2*	2.4 - 9.9
American Indian/Alaska Native	16.9	13.6 - 20.2
Asian/Pacific Islander	6.5*	2.6 - 13.4
Hispanic	14.7	13.1 - 16.3
White	20.2	18.5 - 21.9

*Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files; **Population**: Bureau of Business and Economic Research, UNM, 2004.

15. Youth Suicide:

Youth Suicide are deaths to youth ages 15-24 for which the underlying cause of death is listed as suicide on the death certificate and divided by the 15-24 population.

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	10.7*	2.2 - 31.1
American Indian/Alaska Native	28.4	19.8 - 39.5
Asian/Pacific Islander	18.1*	3.7 - 52.9
Hispanic	23.6	19.2 - 28.8
White	15.1	11.1 - 20.1

*Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files; **Population**: Bureau of Business and Economic Research, UNM, 2004.

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[4] To account for differences in population age distributions, the age-adjusted death rate is used to compare relative mortality risks between groups and over time. The age-adjusted death rate is calculated by weighting the age-specific death rates and summing the products. Since 1999 the 2000 United States standard population has been used in determining the weights.

16. Homicide:

Homicides are deaths for which the underlying cause of death is listed as homicide and divided by the mid-year population. Death rates are age-adjusted to the 2000 United States standard population.[5]

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	10.7*****	5.9 - 18.0
American Indian/Alaska Native	13.1	10.4 - 16.3
Asian/Pacific Islander	3.3*	0.7 - 9.8
Hispanic	10.5	9.2 - 11.8
White	4.7	3.8 - 5.5

*****Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files; **Population**: Bureau of Business and Economic Research, UNM, 2004.

17. Smoking Among Adults:

Smoking among adults is the percent of adults who indicate they currently smoke. Rates are estimated percents of population based on sample response.

Race	Percent
African-American/Black	26.5
American Indian/Alaska Native	20.5
Asian/Pacific Islander	13.0
Hispanic	22.5
White	20.7

Source of data: New Mexico Behavioral Risk Factor Surveillance System 2003-2005 Combined Data Set, New Mexico Department of Health, Epidemiology and Response Division.

18. Drug- Related Deaths:

Drug-related deaths are deaths for which any of the following are listed as the underlying cause of death on the death certificate: mental and behavioral disorders due to psychoactive substance abuse; poisoning by and exposure to drugs, medications and biological substances; assault and intentional self-poisoning by drugs, medications and biological, and poisoning by undetermined intent. Deaths are then divided by the population and age-adjusted to the 2000 United States standard population.[5]

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	14.0*****	8.0 - 22.7
American Indian/Alaska Native	4.4	2.8 - 6.5
Asian/Pacific Islander	0.8*****	0.0 - 4.4
Hispanic	14.6	13.1 - 16.2
White	11.6	10.3 - 13.0

*****Rates denoted by an asterisk are based on less than 20 events and may fluctuate greatly from year to year.

Source of Data: Deaths: Vital Records and Health Statistics, 2003-preliminary 2005 death files, data compiled by Substance Abuse Epidemiology Unit; **Population**: Bureau of Business and Economic Research, UNM, 2004.

[5] To account for differences in population age distributions, the age-adjusted death rate is used to compare relative mortality risks between groups and over time. The age-adjusted death rate is calculated by weighting the age-specific death rates and summing the products. Since 1999 the 2000 United States standard population has been used in determining the weights.

19. Alcohol Related Deaths:

Deaths considered to be either directly or indirectly attributable to alcohol. Directly alcohol-attributable deaths are those for which any of the following are listed as the underlying cause of death on the death certificate: alcoholic psychoses, alcohol dependence syndrome, nondependent abuse of alcohol, alcoholic polyneuropathy, alcoholic cardiomyopathy, alcoholic gastritis, alcoholic fatty liver, acute alcoholic hepatitis, alcoholic cirrhosis of the liver, other alcoholic liver damage, excess blood alcohol level, and accidental poisoning by ethyl alcohol. Indirectly alcohol-attributable deaths (i.e., deaths for which alcohol is sometimes a contributing factor) include respiratory tuberculosis, diabetes mellitus, certain cancers, hypertension, hepatitis, unspecified liver cirrhosis, suicide, homicide, motor vehicle crashes and accidental injury. The proportion of deaths from indirectly alcohol-attributable causes that were counted as alcohol-related was determined by alcohol-attributable fractions (AAFs) obtained from the Center for Substance Abuse Treatment. Rates were calculated by dividing three-year total deaths (2003-2005) by the mid-year population (2004), and age-adjusting to the 2000 United States standard population.[6]

Race	Rate (per 100,000)	Confidence Interval
African-American/Black	35.4	24.6 - 49.9
American Indian/Alaska Native	106.6	97.1 - 116.9
Asian/Pacific Islander	20.3*	9.1 - 43.4
Hispanic	62.8	59.3 - 66.4
White	45.3	42.9 - 47.9

Source of data: Deaths: New Mexico Department of Health, Bureau of Vital Records and Health Statistics, 2003-preliminary 2005 death files, data compiled by Substance Abuse Epidemiology Unit;
Population: Bureau of Business and Economic Research, UNM, 2004.

[6] To account for differences in population age distributions, the age-adjusted death rate is used to compare relative mortality risks between groups and over time. The age-adjusted death rate is calculated by weighting the age-specific death rates and summing the products. Since 1999 the 2000 United States standard population has been used in determining the weights.