

CON ALMA HEALTH FOUNDATION

Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking

KEY FINDINGS SUMMARY

1. Native Americans, Hispanic/Latinos, African Americans, and Immigrant children suffer the greatest burden of health disparities in New Mexico.

- A growing body of research demonstrates that racial and ethnic disparities in health constitute a national crisis and is a growing public health challenge.
- Historical trauma/oppression, along with the under-funding of the Indian Health Services have had a detrimental impact on the health and well-being of Native American children.
- African American babies face the highest infant mortality levels in New Mexico.
- Language problems are one of the leading barriers to accessing and utilizing health care services among Hispanics/Latinos and Native Americans in New Mexico.
- If the US-Mexico border area were its own state, it would rank last in access to health care; second in death rates due to hepatitis; third in deaths related to diabetes; last in per capita income; and first in the percentage of uninsured.

2. New Mexico has the most significant shortage of health professionals in the nation in its rural, geographically remote Hispanic/Latino and Native American communities.

- The total number of New Mexico physicians per 1000 population (1.69) significantly lags behind the national benchmark (2.42).
- Over 41% of New Mexico's RNs and 43% of LPNs are over the age 50, which is older than the national average of 46.2 years. This will result in the need for an additional 4,520 RNs and 680 LPNs by 2012 in New Mexico.

3. In 2004, 22 percent of NM's residents were uninsured.

- Twenty-eight percent of Native Americans and 23% of Hispanics do not have health insurance.
- The group most likely to have no health insurance is adults between the ages of 18–34.
- Emergency care remains a regular source of care for immigrants who have no regular physician and no health insurance. In addition, they often delay care due to real fears of deportation and language and cultural barriers.
- Education level of adults is a major predictor of whether they have access to health insurance coverage.
- Insurance penetration is lowest in the southern and northwestern parts of New Mexico.



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RECOMMENDATIONS FOR GRANTMAKING AND BEYOND

INVEST IN PEOPLE

Strategy 1: Youth and Workforce Development

Provide grants to nonprofits that:

- Serve preadolescent children in activities that include family, school and communities in providing preventative health and oral health as well as reducing youth risk behaviors (obesity and diabetes, substance abuse, teen pregnancy, domestic violence, injury, etc.).
- Strive to eliminate health disparities by addressing the specific needs of the populations they serve (culturally and linguistically appropriate services).
- Recruit and train for entrance into the health care workforce and that assist low-income residents with entrance into health care careers that offer livable wages.
- Utilize and evaluate indigenous models of health care that aim to reduce health disparities in health services access, quality of care and improve health conditions of racial and ethnic minorities such as: Community Health Workers/Promotores; traditional healers such as medicine men and women and curanderas/os; and leadership development for people of color in the health professions and that advocate for public and institutional policies to promote diversity in the health professions.

Strategy 2: Developing political and technical skills

Provide support and strengthen nonprofit organizations that:

- Seek to improve the health of underserved populations through community organizing.
- Offer technical and capacity building skills.
- Support collaborations, such as partnerships between public health departments and community-based health programs for leadership development and training.
- Support mentoring programs that address community health issues.

INVEST IN THE SYSTEM

While there are no easy answers to the problem of health disparities, Con Alma will continue to build on its track record of providing resources and engaging the community in the goal of eliminating inequalities in health care in NM. Con Alma serves as a catalyst for positive, systemic change in health care at all levels of the system. The following recommendations address “systems reform” and suggestions on where to invest the Foundation’s resources in order to better serve all New Mexicans.

- Continue to provide support to small, innovative and promising programs that develop new approaches to improving health access and that establish evidence of effective strategies and interventions specific to New Mexico. The development of new models of care and services for vulnerable populations, people who typically fall through the cracks in our health care system, is essential to Con Alma’s mission.
- Continue to provide general operating support to nonprofit, health-related organizations to help underwrite the day-to-day administrative, infrastructure and overhead costs that enable them to carry out their mission.
- Provide increased grants to coalitions, collaborations and local networks to organize systems level interventions and develop public policies that move toward achieving health insurance coverage for all New Mexicans, increasing access to and quality of health care and reducing health disparities.

Con Alma Health Foundation’s assets go beyond the dollars with which it makes grants. The energy and talent of its board and community advisory members, its staff and network of community-based organizations provide important non-cash assets to the community and add value to its grants.

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