

Con Alma Health Foundation

AUGUST 2012

Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond

Key Findings and Recommendations



*The Heart & Soul of
Health in New Mexico*

Based on our rapidly changing environment, Con Alma Health Foundation determined to update its landmark research project of 2006, “Closing the Health Disparity Gap in New Mexico: A Roadmap for Grantmaking.” This 2012 report focuses on health equity, added community voices through focus groups, updated secondary data; and includes current challenges and issues such as federal health care reform.

Con Alma’s grantmaking has evolved and so has the Foundation’s role in engaging stakeholders in public policy issues, leveraging resources to increase philanthropic engagement and dollars for New Mexico, and promoting statewide initiatives. The Foundation’s assets go beyond the dollars with which it makes grants; Con Alma also serves as a convener and as a catalyst for positive, systemic change.

Key Findings Summary

1. Improved conditions and policies that address Social Determinants of Health and advance health equity, especially among racially and ethnically diverse and underserved populations, can significantly improve health in New Mexico.
2. Access to quality and affordable health care services continues to be a barrier to good health, especially in rural New Mexico, communities of color, and underserved populations (e.g. elderly, immigrants, border communities, and veterans).
3. Prevention, nutrition, health promotion and holistic health are critical to improving health in New Mexico.
4. Our rapidly changing environment, including demographic shifts, will have major implications in health for the people and communities of New Mexico.

Key Findings

1. Improved conditions and policies that address Social Determinants of Health and advance health equity, especially among racially and ethnically diverse and underserved populations, can significantly improve health in New Mexico.

- The correlation between poverty, educational attainment, and good health is evident when comparing health outcomes for New Mexico’s children and others in the United States. New Mexico ranks 48 and 49 respectively in teen death and teen birth rates.

- Racial and ethnic minorities suffer higher rates of mortality and illness compared with other Americans, and receive a lower quality of health care.
- New Mexico has the second highest poverty rate in the nation.
- The number of households receiving food stamps has almost doubled during the recession, from 6 percent to 11 percent.
- Children ages 0–5 are more likely to die: New Mexico experienced a 20 percent increase in youth death rates since 2000.

2. Access to quality and affordable health care services continues to be a barrier to good health, especially in rural New Mexico, communities of color, and underserved populations (e.g. elderly, immigrants, border communities, and veterans).

- New Mexico has the second highest rate of uninsured in the nation (21.6 percent).
- Hispanic and American Indian adults were over twice as likely to be without health insurance coverage as whites.
- Native Americans lack a consistent health benefits package.
- The health workforce is neither diverse nor culturally competent. Minorities make up 59 percent of the population, but only 11 percent of the nursing workforce.
- Thirty-two of the state’s 33 counties are defined as Health Professional Shortage areas.
- Substance abuse/dependence and/or mental disorders affect more than half a million people in New Mexico: 24.3 percent will need help from the publicly funded care system.
- Returning veterans from Iraq and Afghanistan are expected to increase the number of veterans in NM. Veterans, especially in rural areas, lack access to essential health care & behavioral services.

3. Prevention, nutrition, health promotion & holistic health are critical to improving health in NM.

- Nationally, there has been a shift in the conversation about health care in the last decade to focus on prevention, access and alleviating equity boundaries.
- The percentage of obesity among the state’s population doubled from 1990–2009. Obesity can lead to heart disease, stroke, diabetes, and some cancers.

- Preventative oral health is limited, especially in rural areas, which can result in impaired general health, particularly impacting the mortality rate due to heart disease at younger ages.
- Health care reform provides opportunities to implement prevention, and wellness programs.

4. Our rapidly changing environment, including demographic shifts, will have major implications in health for the people and communities of New Mexico.

- People of color in New Mexico comprise 58.7 percent of the population in the 2010 Census and fare far worse than their white counterparts across a range of health indicators.
- The NM Hispanic population increased by 25 percent compared to a 13 percent increase in total population.
- NM residents 18 and under account for almost one in five of the population (18 percent in 2010); and the Hispanic population under 18 years of age was 58 percent, the largest in the U.S.
- The largest percent increase from 2000 to 2010 was among those 60 years to 64 years, at 5.8 percent. By 2030, the state will rank fourth in the nation in percentage of population age 65 and older; currently New Mexico is 39th.
- Almost half of New Mexico's grandparents provide a home for their grandchildren.
- Minority child populations show the most dramatic shift: almost three in four children under five is African American (2 percent), Hispanic (59 percent) or Native American (12 percent).

Recommendations for Grantmaking

- Invest in communities
- Invest in health basics
- Leverage resources
- Invest in systems change

1) INVEST IN COMMUNITIES

The data and focus group responses point to the Con Alma's core mission to understand and respond to the health rights and needs of the culturally and demographically diverse peoples and communities of New Mexico. They also underscore Con Alma's core values to involve, collaborate and partner with New Mexico communities.

Recommendations:

- Support improved access to quality and affordable health care. This includes supporting programs that increase the scope of medical services in rural clinics, increase transportation to health facilities and enhance educational efforts that make Medicaid more understandable to the community user.
- Expand grantmaking to rural communities, including efforts that seek to link rural communities to health care resources from other areas such as tele-health and sharing means to implement best practices with limited resources.
- Strengthen outreach to Tribes, Pueblos, Apache Nation, and Navajo Nation.
- Fund programs that increase cultural and linguistic competency with providers trained to be culturally competent, that increase access to bilingual health and that support traditional uses such as *promotoras* and traditional healers.
- Support preservation and enhancement of cultural and spiritual assets.
- Give grants that increase and diversify the health workforce and support leadership development for people of color in health care professions.

2) INVEST IN HEALTH BASICS

Communities need the most basic of health care: sufficient access to primary care physicians and other health professionals, oral health, mental health services and preventative measures that alleviate undesired health care outcomes.

Recommendations:

- Continue to support organizations that promote wellness strategies such as prevention, nutrition, health promotion, holistic health, and spiritual health and well being.
- Provide support for replications of basic health programs that have worked elsewhere.
- Give grants to nonprofit organizations that offer technical and capacity building skills.
- Continue general operating support to nonprofit, health-related organizations to support infrastructure and administrative overhead costs.
- Continue to fund organizations that serve preadolescent children (below age 10) to encourage healthy lifestyles (reducing youth risk behaviors such as obesity, diabetes, substance abuse, teen pregnancy and accidental deaths.)

- Support programs that provide mental health care in wrap-around approaches in rural communities.

3) LEVERAGE RESOURCES

Leverage Con Alma Health Foundation's human and financial resources to attract other resources for New Mexico; and support/encourage multi-sector collaboration.

Recommendations:

- Leverage Con Alma Health Foundation's resources to attract local, state and national funding and other resources to improve health in New Mexico.
- Continue to participate in advocacy networks that pool resources and ideas to lead to improved health policy making at the state and local levels.
- Support collaborations such as partnerships between public health departments and community-based health programs and organizations offering mentoring programs to tap underutilized community resources and strengthen social networks.
- Support organizational efforts to enhance coordination and multisector collaboration.

4) INVEST IN SYSTEMS CHANGE

Innovation, leadership, acting as an effective advocate and promoting change are all underpinnings of Con Alma's mission. While experience has shown there are no easy answers to the mission of health equity, Con Alma can continue to serve as a catalyst for positive, systemic change in New Mexico.

Recommendations:

- Support policies that advance health equity, especially among racially and ethnically diverse populations, and underserved populations/communities.
- Support policy development through research, evaluation and advocacy.
- Support programs that provide analysis of health data, policy issues and programs.
- Support workforce development that provides a pathway to health care professions. Inherent in this goal is encouraging organizations to use innovative models that blend traditional and nontraditional health and support cultural and linguistic competency.

- Support and strengthen nonprofits that seek to improve the health of underserved populations through community organizing and advocacy.
- Provide support and foster collaborations for organizations to educate legislators and policy makers on the work of nonprofits in New Mexico on strengthening health equity and on the impact of Medicaid and the Patient Protection and Affordable Care Act to the state's underserved populations.

Beyond Grantmaking

Getting from here to health equity depends on a broad policy focus; collaboration to address social determinants; a multi-stakeholder and sector approach and support for the civic capacity of the community. Con Alma will continue to engage stakeholders in public policy issues, leverage resources to increase philanthropic engagement and dollars for New Mexico, and promote statewide initiatives to improve health. Con Alma Health Foundation's assets go beyond the dollars with which it makes grants; the Foundation will continue to serve as a convener and as a catalyst for positive, systemic change.

*Please visit www.conalma.org for the full report and/or Executive Summary: **Health Equity in New Mexico: A Roadmap for Grantmaking and Beyond, August 2012.***



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