Public Health in New Mexico

A New Mexico Local News Fund Backgrounder

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Introduction

The Coronavirus pandemic that hit New Mexico in March 2020, shined a spotlight on the state’s public health system. The state Department of Health Gov. spearheaded disease tracking, education and prevention efforts, while Gov. Michelle Lujan Grisham, a former state secretary of health, received praise for early and aggressive suppression measures, closing public schools and “nonessential” businesses before other states. The Republican Party and others argued the measures were too damaging to the economy, but by late April 2020, Lujan Grisham was credited with successfully flattening the curve over much of the state.

One of the state’s successful strategies was using the award-winning Project ECHO, a tele-mentoring initiative, to train rural and Indian Health Service practitioners and connect healthcare workers across the state as they treated coronavirus patients.

The state Department of Health quickly launched a COVID-19 information website with information in English, Spanish and Vietnamese. A series of public service announcements, “From the Frontline,” aimed to help unaffected New Mexicans connect with those dealing directly with the consequences of the coronavirus, including healthcare workers, a small business owner and woman whose mother died of the disease.

A data portal gave the public and journalists instant access to data and visualizations. The data identified cases at the county and ZIP code level, and by race, gender and age, revealing that coronavirus disproportionately affected Indian Country. The COVID-19 pandemic amplified longtime disparities in access to health care and other basic services in tribal communities. As of mid-April 2020, Native Americans accounted for more than one-third of New Mexico’s confirmed coronavirus cases, although they make up only about 11 percent of the state’s population. One month into the pandemic, the rate of infection on the Navajo Nation was eight times as high as in the state as a whole.

- Report: Health Equity in New Mexico (2019) from the NM Department of Health details the ways that some groups have less access to health care and a lower quality of care and gives recommendations for change.
New Mexico already struggled with poor health outcomes

For many years New Mexico has had some of the nation’s highest rates of suicide, alcohol-induced death, homicide, fatal traffic crashes and drug overdose deaths, according to state-compiled statistics. But it also has relatively low rates of some of the most common causes of death, including cancer, Alzheimer’s disease, stroke and heart disease.

Some rural counties struggle with access to primary care. Several have less than one provider per thousand residents. Source: NM Department of Health

- Chart: How New Mexico Compares (2019) listing the state’s ranking on 40 health measures.
Since 2008 New Mexico has seen significant improvement in health insurance coverage, infant mortality, the number of adults getting the flu shot, and the number of young people drinking alcohol and using tobacco. The state’s drug overdose ranking—34th in 2018—went up 16 places over the past decade, partly because of aggressive intervention and partly because the problem worsened in other states.

In 2019, state health officials identified nine most pressing health concerns:

- Child and adolescent obesity
- Diabetes
- Tobacco use
- Teen births
- Adult immunizations
- Oral health
- Older adult falls
- Drug overdose deaths
- Alcohol-related deaths

Progress on those fronts is overseen in part by the Legislative Finance Committee, which receives program evaluation reports from state agencies including the Department of Health. During the summer, the Legislative Health and Human Services Committee invites state agencies to present their proposed budgets, and those hearings are a source of insight into its progress and priorities.

- Tool: The New Mexico Indicator-Based Information System (NM-IBIS) is the data portal for the state Department of Health.

The public health system includes many independent organizations

The public health system is made up of state and local public health agencies, doctors and other healthcare providers, public safety agencies, community organizations and many other elements of society. Ideally, all these groups work together to figure out what the community’s health problems are, develop ways to solve those problems and then make sure the solutions working. At the center of New Mexico’s system is the state Department of Health, which has a $600 million annual budget and the largest workforce of any state agency, with nearly 4,000 employees. The department does much of the work that in other states is done by county- and city-level public health departments.

For example, it runs 52 public health offices that offer immunizations, birth control, education and other services. But it is one of many organizations in the state that offer direct care.
**Medicaid expansion boosted coverage**

While 37% of New Mexicans get health insurance through their jobs, only slightly fewer, about 34%, are covered by Medicaid and the Children’s Health Insurance Plan (CHIP).

The state’s **uninsured rate** has declined by half since 2013, but at 22%, remains higher than the national average of 17%.

New Mexico’s Medicaid plan, called Centennial Care, is administered by the Human Services Department. About 70 percent of the program’s $5 billion budget comes from the federal government, but it is also one of the state’s largest expenses, at about 15 percent of the state budget.

In 2013, Republican Gov. Susana Martinez decided to participate in the Medicaid expansion, eventually providing coverage to 250,000 more people.

- Tool: State Health Facts, Kaiser Family Foundation is a massive repository of information, culled from public and private sources, on more than 800 indicators, including Medicaid.

**Health insurance costs continue to rise**

Over the past ten years, the **cost of health insurance has outpaced** the growth in workers’ wages, and for working families, health care costs now amount to 13.5% of their income.

For New Mexico workers with employer-based health insurance, the **average annual family premium** is $4,723. Their employers pay an average of $13,138 for the same family policy, for a total annual premium of $17,861. Those rates generally track with the national average, though New Mexicans pay about $700 less than the average.

**Presbyterian Healthcare Services** is the state’s largest health insurance company, covering about 30% of the market, followed by Molina Healthcare, Blue Cross / Blue Shield and United HealthCare.
Other sources of health care

The Indian Health Service, part of the U.S. Department of Health and Human Services, is responsible for providing healthcare to American Indians and Alaska Natives. Individuals who are eligible for IHS care may also qualify for Medicare or Medicaid and purchase supplemental private insurance.

The Albuquerque Area office of IHS serves 20 Pueblos, two Apache bands, three Navajo Chapters and two Ute tribes in four states. The office runs a substance abuse treatment center and a dental clinic for children and young adults. The Navajo Area office is in Window Rock, Arizona.

The U.S. Department of Veterans Affairs runs the Raymond G. Murphy VA Medical Center in Albuquerque and 13 community-based outpatient clinics across the state, serving New Mexico’s nearly 150,000 veterans.

Albuquerque Health Care for the Homeless offers primary health care services, dental care, and social and behavioral health care from its headquarters in downtown Albuquerque.

First Nations Community Healthsource is a nonprofit urban Indian health center providing primary care, behavioral health, homeless outreach, social services and many other services at two locations in Albuquerque.