

Research Brief

New Landscapes of a Majority-Minority State: Politics, Economy, Health, and Well-Being in New Mexico

Highlights from a Statewide Survey

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Executive Summary

A new survey conducted by the Robert Wood Johnson Foundation (RWJF) Center for Health Policy at the University of New Mexico explores how the places New Mexicans live, work, and play impact their health and wellbeing. The New Landscapes of a Majority-Minority State: Politics, Economy, Health, and Well-Being in New Mexico (NLMMS) study, broadly focuses on four major themes: health, wellbeing, civic engagement, and economic development. The NLMMS was tailored to capture information about New Mexicans' lived experiences with an eye toward understanding inequalities across key social determinants of health. For example, while 53% of respondents said that their health was either excellent or very good, this varied amongst racial/ethnic groups from a high of 58% among white respondents to a low of 45% for Native American respondents. In regards to civic engagement, a concept scholars are finding to be linked with health outcomes, 28% of Native Americans said that they can never trust the state government to do what is right, a percentage much higher than that of their Hispanic (19%) and white (18%) counterparts. Finally, a majority of New Mexicans support job creation through the support and development of small business over attracting large out-of-state companies to New Mexico. This policy brief is the first in a series focused on the social determinants of health in New Mexico to be released over the next few months by the RWJF Center for Health Policy at UNM.

Background

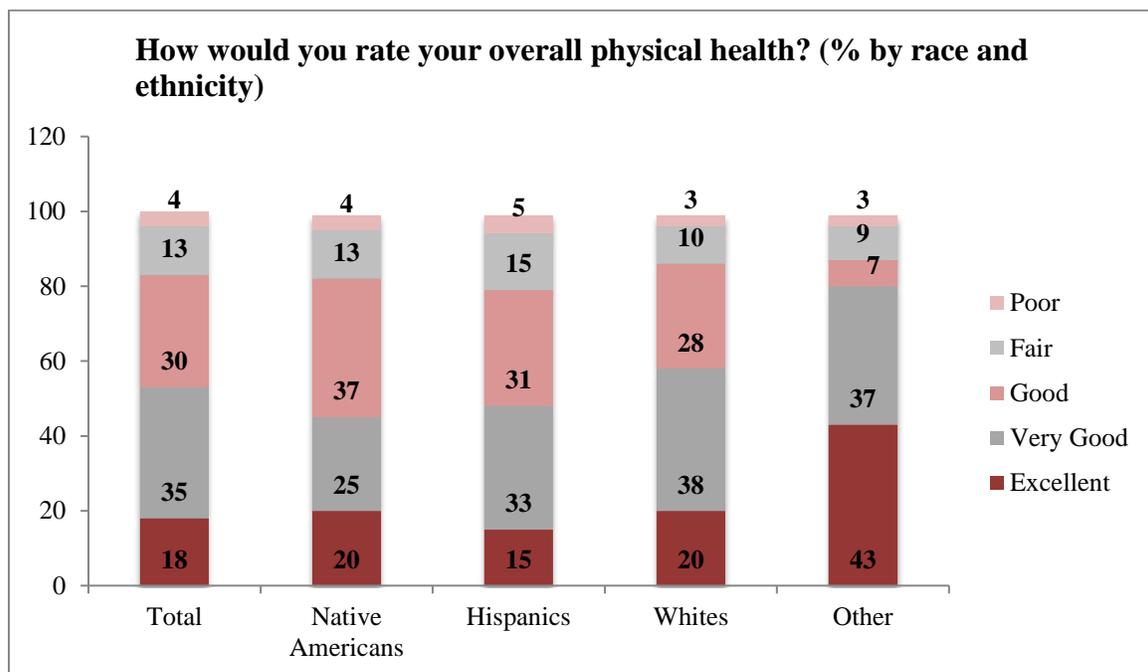
Over the last decade, a large network of individuals, organizations, and governmental agencies in New Mexico (including the New Mexico Department of Health, Office Health of Equity, and the New Mexico Public Health Association) has made a commitment to addressing health disparities and promoting health equity for all New Mexicans. Despite this increased focus on health equity, research focused at understanding the mechanisms through which public policy and health intersect in the state is still limited. This study aims to add to this growing research and contribute to the current efforts aimed at eliminating health disparities in the state of New Mexico through a social determinants of health perspective. The social determinants of health framework captures the social, political, environmental, and economic factors known to be the most powerful determinants of population health (Marmot and Wilkinson, 2015; Marmot, 2003).

New Mexico is a culturally diverse state with significant disparities in health outcomes and the many components of the social determinants, including poverty, educational attainment, access to healthy food, and experiences with discrimination. This project looks to improve our collective understanding of the relationship between the main social determinants and health and well-being as well as the mechanisms underlying these relationships. Our team is comprised of RWJF and UNM Center for Health Policy Ph.D. fellows who worked as a multidisciplinary team to conduct this study based on our training in the social determinants of health and health policy. It is our goal to utilize our research to help inform policy decisions focused on improving the health of New Mexico's population during a difficult economic climate for the state when policy makers will need to be incredibly efficient when considering policy interventions for funding.

Key Findings

Health and Well-Being

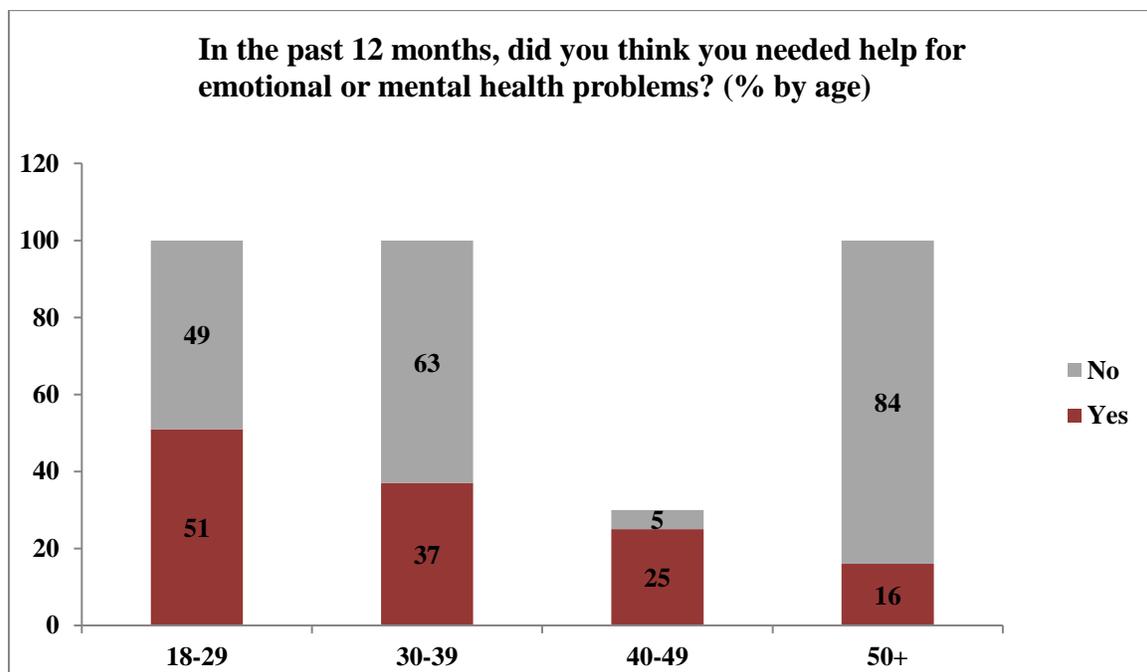
The health and well-being measures used in the NLMMS are vital to our study, as they serve as the primary outcomes we use across our more in-depth research projects. We utilize the large sample size of our survey to explore disparities across these indicators whenever possible across race, ethnicity, gender and socio-economic status. In line with public health and social science research, we asked respondents to rate their overall physical health as either excellent, very good, good, fair, or poor. We found that 18% of respondents rated their health as excellent, over a third (35%) said it was very good, 30% said good, 13% said fair, and only 4% said their health was poor. There is variation in self-rated health between racial and ethnic groups. Among groups with enough respondents to include in our analysis, Hispanics had the highest percentage reporting poor health with 20% rating their physical health as fair or poor.



Language is also relevant, with Spanish speakers reporting worse health than those interviewed in English. While 53% of English speakers reported excellent and very good health, only 27% of Spanish speakers did so. Women and men had similar reported health, with 52% of women and 54% of men saying they are in excellent or very good physical health. Among age groups, those between the ages of 18-29 (23%) were more likely to report excellent health while those aged 50+ were more likely to report poor physical health (6%). Additionally, those with the lowest education (27%) and income (28%) levels had higher percentages of reporting fair or poor physical health compared to those of higher education levels and incomes. For example, only 11% of those with a

college degree and only 7% of those with incomes of \$80,000 or above reported fair or poor health.

We also asked respondents about their mental health. The survey asked, “in the past 12 months, did you think you needed help for emotional or mental health problems, such as feeling sad, anxious, or nervous?” Although seventy-two percent of respondents answered no, a sizable 28% answered yes to having needed emotional or mental help. Native Americans (44%), women (33%), those between 18-29 years old (51%), the uninsured (38%), those with a high school degree or less (39%), those earning less than \$40,000 per year (40%), and those that identified as LGBTQI (54%) were the groups more likely to report needing help. The Native American and LGBTQI populations face severe inequalities in mental health, both reporting significantly higher percentages of problems with mental health than the overall average across the state’s adult population.



Along with physical and mental health, we were interested in the life satisfaction of New Mexicans. We asked respondents, “overall, how satisfied are you with life as a whole these days?” Life satisfaction was measured on a 1-10 scale with 10 being completely satisfied and 1 being not at all satisfied. The mean response for the total sample was 7.64. The groups with the highest mean responses were: Spanish speakers (8.49), the foreign born (8.16), those aged 50+ (7.99), and those earning \$80,000 per year (8.15).

Civic Engagement

Civic engagement and political measures are critical in understanding social determinants of health, as perceptions of political corruption, trust in government, and citizens

perceptions of their ability to influence major political decisions on issues that directly impact them are all likely correlated with their health and well-being. We asked our respondents how much of the time they think they can trust the state government to do what is right. Over 50% of respondents only trust their government to do what is right some of the time, with a much smaller percentage reporting that they trust their government to always do what is right (3%). Those who are uninsured are more likely to *never* trust the state government to do what is right at 30% than those who have insurance at 19%.

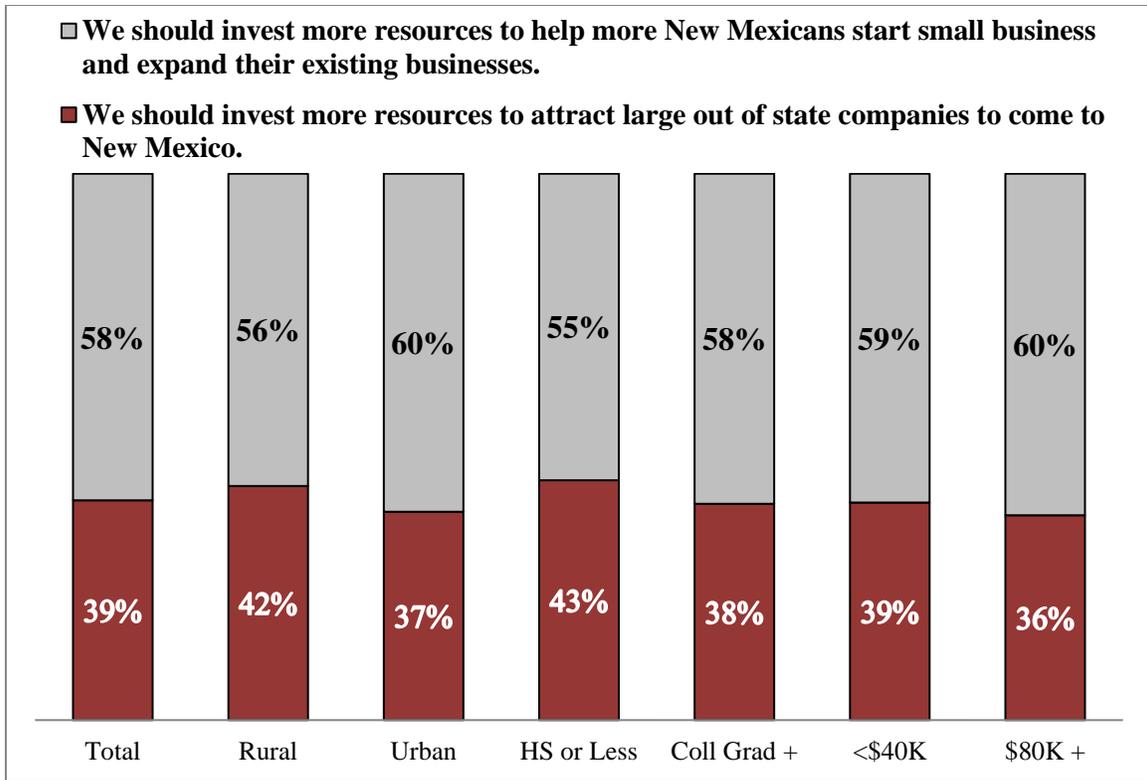
We also asked respondents about their perceived ability to influence local government decision-making. Interestingly, those who are U.S.-born are more likely (40%) to feel they cannot influence local government decision-making at all than those born in other countries (28)%. This finding, coupled with higher life satisfaction levels among foreign-born and Spanish speaking respondents call for a more in-depth brief on New Mexico's immigrant community that will be released later this year. We will follow up with a brief specifically focused on New Mexicans views regarding political corruption and the potential policy interventions that can decrease corruption and increase civic engagement later this week.

Economic Development

Our research team was very interested in exploring the relationship between economic development and health, recognizing that New Mexico is undergoing one of the toughest economic periods in our state's history and that the economic stress associated with this climate is detrimental to the health of the population. For example, the U.S. Bureau of Labor Statistics reported an unemployment rate in New Mexico of 6.7% compared to 4.9% nationally. The high unemployment rate in New Mexico is critical given that research has found that employment and health outcomes are highly correlated.¹

We asked respondents to indicate which approach comes closest to their thoughts about how to create jobs in New Mexico: expanding small business or attracting large out of state business. We found that 58% of the sample responded we should invest more resources to help more New Mexicans start and expand existing small businesses. Conversely, only 39% said we should invest more resources to attract large out-of-state businesses to come to New Mexico. Those in rural areas and those with a high school education or less were more open to investing resources to attract out-of-state businesses. The results were fairly consistent across income and education levels.

¹ Robert Wood Johnson Foundation Health Policy Snap Shot Issue Brief March 2013
www.rwjf.org/healthpolicy



When asked what the state’s economic development strategy should be, 30% said they did not care where the jobs come from as long as there were jobs; 38% said we should do more to support locally owned businesses; 12% thought big public institutions such as universities and hospitals should do more to invest in local economic development; and 18% said our economy relies too much on government spending for jobs. Those with a high school diploma or less and those making under \$40,000 per year were more likely to be ambivalent about where the jobs come from. Those with at least a college degree and those making more than \$80,000 per year were more likely to say that the state relied too much on government spending for jobs.

Future Research and Forthcoming Policy Briefs

The team is preparing to release additional policy briefs to expand on each of these major areas that were introduced in this brief as well as other relevant topics with significant implications for the state of New Mexico. We will release a series of policy briefs over the year drawing from this survey concerning topics such as support for increasing taxes for sugary drinks/soda in New Mexico, provider and patient racial concordance, the relationship between social determinants and local economic development policies, as well as the health of immigrants in New Mexico. Because this is a mixed-methods project, we are currently developing qualitative methodologies to explore mechanisms uncovered in the quantitative results in more depth in the coming months.

Survey Methodology

The New Landscapes of a Majority-Minority State study was conducted from September 3rd to September 27th, 2016, and relied on a total sample of 1,505 respondents, of which 753 interviews were conducted through a mixed-mode approach over the phone (603 landline and 150 cellphone) and 752 through the web to capture a wider segment of the New Mexican population that lacks a land-line telephone or prefer to engage in on-line surveys. The Pacific Market Research in Renton, Washington administered all the phone calls, and the interviewers were fully bilingual. Similarly, the survey administered through web allowed respondents to complete it in either English or Spanish, and had the exact same questions as the phone interviews. For the web sample, respondents were randomly drawn from the Latino Decision's state panel of Latino adults, and were weighted to be representative of the population of New Mexico. All samples were combined and weighted to match the 2013 Current Population Survey universe estimate for the state of New Mexico with respect to age, place of birth, race/ethnicity, gender, and state. The survey consisted of about 96 questions, including several skip pattern questions. On average, the length of the survey was about 20 minutes. With a response rate of 17.7 percent for the telephone sample, the survey has an overall margin of error of +/- 2.5 percent.

Research Team

The survey research team was led by Doctoral Fellows at the Robert Wood Johnson Center for Health Policy at UNM including: C. Estela Vasquez Guzman (Student Co-PI), Melina Juárez (Student Co-PI), Brooke Abrams, Barbara Gomez Aguinaga, Mario Chavez, Eric Griego, Mia Livaudais, Carmela Roybal, and Kristina Piorkowski.

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