



ITAL SIGNS

Health Care Faces Big Challenges in New Mexico

by Darrell J. Pehr

Food or medicine? For some impoverished people living in northern Doña Ana County, that is the choice.

“They feel that they have to ask themselves, ‘Am I going to eat today or am I going to take my pills?’” says Marie Castillo, RN, a certified diabetes educator at the Ben Archer Health Center in Hatch. And in a state that ranks second in the number of people without medical insurance, making decisions between food and medicine isn’t limited to this New Mexico county.

Across the state, the status of health care varies as much as the terrain and the people who live here.

The state has the most deaths due to chronic liver disease and cirrhosis in the United States (more than 25 percent higher than the next state). The state ranks dead last, below all other states and the District of Columbia, in the number of women getting prenatal care in their first trimester (just 69 percent). But compared to the rest of the

nation, New Mexico has low rates of death due to heart disease (43rd) and cancer (49th).

Rural vs. urban

Health care challenges are different in rural and urban areas. Leah Tolley, nurse manager for the Hidalgo Public Health Office in Lordsburg, compares a day at the health office with the days she worked as an emergency room nurse in Atlanta, Ga.

On busy days, “it’s very much like being in an ER,” she says. She may help a couple with family planning, immunize a child, then test someone for tuberculosis. But the differences between Hidalgo County, population 6,000, and metropolitan Atlanta, population 4.1 million, widen when distance to health care services is considered.

Emergency personnel could take 45 minutes to reach an accident site at Animas, then spend at least that long getting a patient to a hospital in Silver City or Las Cruces.

In trauma care, the first hour after a serious injury is referred to as



Recipe for success: Sandra Jones, left, nutrition educator in Sierra County for NMSU’s Cooperative Extension Service, and Marie Castillo, RN, a certified diabetes educator at the Ben Archer Health Center in Hatch, refer to a list of ingredients during a cooking class for people with diabetes. Castillo says regular health care, as well as a proper diet, can make a big difference in managing diabetes.

says. “Some of them don’t even have transportation to come see the provider.” To help, the center offers vans to transport people, low-cost medical services, case management and health education.

But in spite of the poverty and other challenges, Castillo sees progress.

“Here in Hatch, I think it’s getting better,” she says. “The more they come in for treatment and education, the better their chances of preventing the devastating complications that can come with little or no education on how to live a healthier life.”

In cities, the challenge is often to connect people with services— not overcoming distance, but a lack of awareness about prevention.

David Selvage, a physician’s assistant at the Las Cruces Public Health Office, says the office’s mission is preventing diseases and complications. “Education and awareness are critical,” Selvage says.

the “golden hour,” when lifesaving measures are most effective.

“Here, the golden hour is nearly eaten up just getting services to them,” Tolley says. While emergency personnel do the best they can, the clock is ticking.

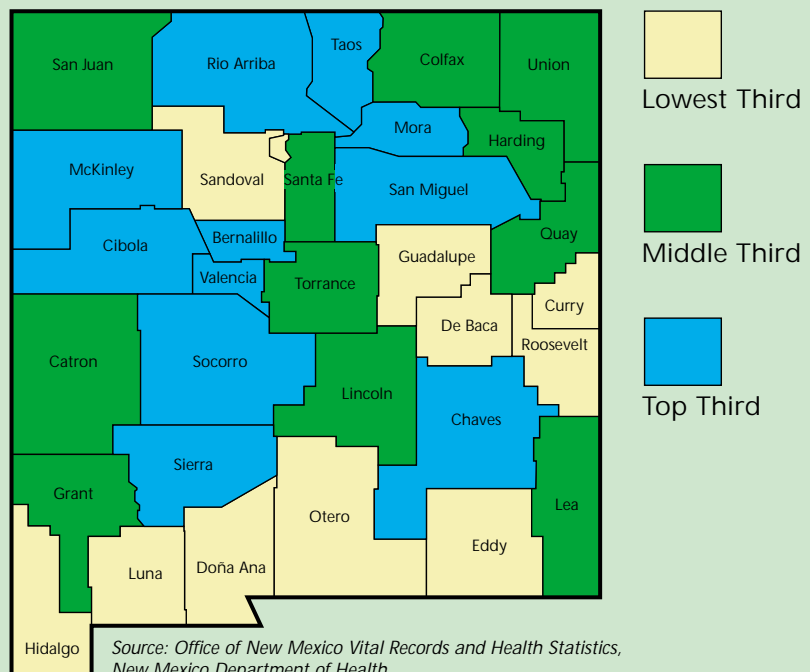
“We’re rural, we’re out there, and you can’t get anywhere fast,” she says. “We depend a lot on air ambulances.”

Transportation in rural areas is critical for chronic illnesses, too. Just getting people to make regular visits to the clinic in Hatch is difficult, Castillo says, although monitoring is vital to prevent complications from diabetes and high blood pressure.

Many patients put off treatment until conditions become acute.

“The main thing is money. They don’t have enough money for medication or to see a provider,” Castillo

Alcohol- and Drug-Related Deaths





Healthy behaviors: Extension health specialist Bruce Jacobs says people can do a lot to lower their risk from cancer and heart disease, the leading causes of death in the United States. He suggests people develop a healthy diet, exercise, manage stress, avoid tobacco use and have timely medical check-ups.

Challenges we all face

Some health care statistics are similar across the state. Diabetes, for example, affects 8.9 percent of adult New Mexicans, with similar rates from county to county. But the impact is huge, with more than 120,000 adults suffering from the disease. Diabetes is the sixth leading cause of death in New Mexico and cost more than \$1 billion to treat in 2002.

“Diabetes is a huge problem in our state and growing,” Selvage says. Castillo and Tolley agree, each placing the disease near the top of the list of health concerns in their counties.

Diabetes is certainly on the radar screen for NMSU’s Cooperative Extension Service, which offers cooking classes, exercise programs, medical testing and support groups for people with diabetes and their families. NMSU works with the state health department and the Joslin Diabetes Center, affiliated with Harvard Medical School. (See related

story, p. 6.)

“Diabetes is a devastating health issue in New Mexico and across the nation,” says Extension health specialist Bruce Jacobs. “Without prevention and control, it will continue to cause sickness, dismemberment and death. The costs, both financial and in human suffering, are staggering.”

Jacobs notes that New Mexico also has the fourth highest teen birth rate and fifth highest rate of violent crime, which includes violence against women. (See related story, p. 22.)

Substance abuse complicates health care on many levels, and even small communities cannot escape this scourge.

In recent years, New Mexico has been hit by a growing methamphetamine presence. While police seized 47 meth labs in 1999, the number increased to 190 in 2003.

Methamphetamine use has jumped in Hidalgo County, espe-

cially during the past six months.

Tolley is seeing the impact of this “very potent and horrifying drug” on the community, from increased potential for violence to neglected children living among those who manufacture and use the drug. “That has been my number one problem of late,” she says. “That is the predominant drug.”

Economic development to bring better jobs, with medical insurance, is sorely needed. While Tolley’s office provides services on a sliding scale, even a small cost can keep people, especially the very poor, from pursuing treatment.

“It does hamper people seeking care, or they wait until they get really sick and they have to come in,” Tolley says.

Substance abuse also is among Selvage’s top health concerns, as are violent death by homicide or suicide, hepatitis C, unplanned teenage pregnancy and sexually transmitted diseases.

On the mend: solutions

In a poor state with vast distances between health care services in some places, and gaps in health care delivery in others, what can be done?

The state’s Comprehensive Strategic Health Plan, authorized by the 2004 Legislature, is a good start, says Selvage.

“That’s really a vital first step,” he says. The plan, written by the New Mexico Department of Health and Health Policy Commission, is designed to evolve to meet critical needs. The 2004 plan lists childhood immunizations, obesity, teenage pregnancy and youth suicide as health priorities.

Selvage says long-lasting solutions must address factors like high school graduation rates, job opportunities and numbers of health care providers.

Programs like an accelerated nurs-

ing degree program at NMSU can help get health care providers into the field more quickly, shaving eight months from the time it normally takes to earn nursing credentials.

Alison Mann, assistant professor and program director, says 48 nurses will graduate from the program in its first three years. A \$1 million grant from the federal Health Resources and Service Administration funds the program.

Mann says the program is geared to produce culturally competent nurses equipped to work in border areas. “They can use the richness of a person’s background to help them get well.”

But the demand for nurses is so great that students are recruited not long after joining the program. Area and regional hospitals are ready to hire NMSU graduates. “They can’t wait to get our students,” Mann says.

NMSU also reaches out to rural areas through community campus programs that provide basic nursing education, as well as advanced degrees for working nurses, says Mary Hoke, NMSU nursing department head. The basic four-year nursing program on campus was expanded from 32 students to 48 students per semester in 2004 with support from the New Mexico Legislature and private sources.

Prevention is a shortcut to many solutions. “We try to take the preventative track to help you stay healthy,” Tolley says. “It’s a lot cheaper.”

Jacobs believes promoting healthy lifestyles in schools, workplaces and religious institutions is part of the solution. Having providers coordinate services for easier access to more comprehensive care would also help, along with reducing the number of under-

insured and uninsured. Finally, New Mexico must deal with underlying factors that contribute to mental and physical health problems, such as reducing poverty, strengthening families and enhancing community support systems, he says.

While the state’s rates of death due to cancer and heart disease are among the nation’s lowest, people can do more to avoid these killers. “Eating a healthy diet, exercising, managing stress, avoiding tobacco use and timely medical check-ups can contribute to reducing the risk for these diseases,” Jacobs says.

NMSU’s College of Health and Social Services coordinates a program that takes education directly to residents. Health workers with strong ties to the community, called promotoras, work for the Southern Area Health Education Center. They visit homes in Doña Ana and Luna counties to develop a health education plan for each client.

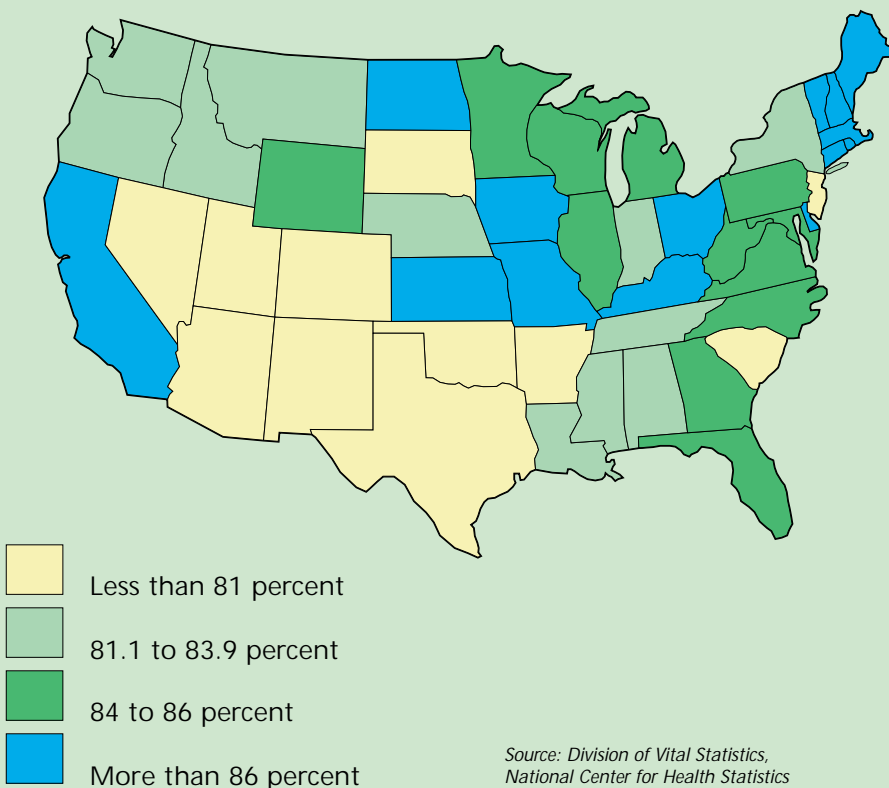
Extension home economists, with support from NMSU faculty, bring research-based information to residents of every New Mexico county on topics like nutrition, parenting and health care. Extension professionals also offer detailed information on family health and wellness.

Progress is being made, from promotoras to prevention to increased educational opportunities for residents and health care professionals. But the state and its residents’ lack of resources will continue to be a burden to improved health care.

“We are a very poor state and we will remain so for the foreseeable future,” Selvage says. “We have to continue to think creatively.”

Jacobs adds that politicians and health care providers must work together to build on successes and to find solutions to challenges in New Mexico. “Innovation needs to occur at the local and state levels.” **R**

Prenatal Care in First Trimester



Source: Division of Vital Statistics, National Center for Health Statistics