Multiple-cause mortality files from 1999–2001 were obtained to describe premature heart disease (PHD) deaths and the role of diabetes as a contributing cause in heart disease (HD) mortality in American Indians, Hispanics, and non-Hispanic Whites in New Mexico. The proportion and rate of PHD and diabetes-related HD death were calculated and reported by race/ethnicity and gender. Results indicate that from 1999 to 2001, 24% of all deaths in New Mexico reported HD as the leading cause of death. Of these, 16.6% occurred in persons <65 years of age and were therefore classified as premature. The proportion of premature HD deaths was substantially higher in the American-Indian (29.2%) and Hispanic (20.8%) populations compared to Whites (13.7%). Furthermore, diabetes contributed to almost 18% of premature HD deaths in American Indians and Hispanics and to 10% of premature HD among Whites. These findings suggest that American Indians and Hispanics are disproportionately affected by premature HD death and that diabetes as a contributing cause is greater among these populations compared to non-Hispanic Whites. (Ethn Dis. 2006;16:85–88)

**Key Words:** Diabetes Mellitus, Heart Disease, New Mexico, Premature Mortality

---

**INTRODUCTION**

Premature deaths from heart disease, defined as heart disease (HD) death in persons <65 years of age, accounted for almost 17% of all HD deaths in the United States in 2001. The proportion of premature deaths among all HD decedents was lowest in Whites (14.7%) and highest among American Indians (36%). Premature heart disease (PHD) death was also higher in Hispanics than in non-Hispanics, 23.5% compared to 16.5%, respectively. Because HD death rates are higher among persons with diabetes than among those without diabetes, some of the racial/ethnic differences in PHD deaths may be influenced by underlying differences in the prevalence of diabetes. Both Hispanic and American-Indian populations are at higher risk for diabetes than their non-Hispanic White counterparts. However, Hispanic individuals with diabetes may not be as vulnerable to HD as other populations with diabetes, although the data are not consistent across studies. Because the population of New Mexico was 9.5% American Indian, 42.1% Hispanic, and 44.7% non-Hispanic White in 2000 (www.census.gov), New Mexico’s diverse population presents an ideal opportunity to examine the potential role of diabetes in racial and ethnic differences in PHD deaths. The overall proportion of PHD deaths was 16.6% in New Mexico, which is similar to the overall proportion for the nation in 2001. Heart disease (HD) mortality rates (per 100,000) in 2001 for non-Hispanic Whites and Hispanics of any race were very similar (202.5 and 234.6, respectively) and were lower among American Indians (170.8) in New Mexico. Previous reports suggest recent changes in mortality in New Mexico’s racial/ethnic populations. For example, studies from the 1970s showed that Hispanics in New Mexico had much lower death rates for ischemic or coronary HD compared to Whites, and coronary HD was uncommon in southwestern American Indians. Death rates with diabetes as the underlying cause of death in New Mexico were also lower during this same period among Hispanic and American Indian-populations than among Whites in New Mexico. Al-though data describing the prevalence of diabetes in New Mexico’s racial/ethnic populations are lacking, since the 1970s, diabetes as the underlying cause of death increased in the state, particularly among American Indians and Hispanics. Thus, changes in ischemic HD mortality in New Mexico’s White, Hispanic, and American-Indian populations have occurred in conjunction with increasing death rates for diabetes. This report describes current PHD mortality and the relative contribution of diabetes to PHD mortality in New Mexico’s multi-racial/ethnic population.

**METHODS**

Multiple-cause mortality files were obtained from the National Center for