



HEALTH INEQUITIES

BY SEXUAL ORIENTATION
AMONG NEW MEXICAN ADULTS

2011-2014

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Authors and Acknowledgements

Health Inequities by Sexual Orientation among New Mexican Adults, 2011- 2014 October 2016

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Executive Summary

This report includes data and statistics on the health and well-being of lesbian, gay, and bisexual adults living in New Mexico. Data from the 2011, 2012, 2013, and 2014 New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS) have been aggregated to provide sufficient sample size to analyze health outcomes and behaviors by sexual orientation. Due to small sample size, this report does not include data on transgender individuals; however, recent changes to the methods for collecting gender identity will allow subgroup analyses of transgender and gender nonconforming adults in future reports. Below we present highlights from all sections of this report.

Demographics by Sexual Orientation

This report indicates that approximately 47,439 (3%) adults in New Mexico identify as lesbian, gay, or bisexual (LGB).

- LGB adults are younger than straight adults. Approximately 20.8% of lesbian and gay, and 25.7% of bisexual adults are between 18-24 years of age contrasted with 12.9% of straight adults.
- The distribution of sexual orientation does not differ by racial/ethnic groups.
- Lesbian and gay adults (36.1%) are more likely to have a college degree than straight (22.2%) and bisexual adults (23.7%).
- Lesbian and gay adults (52.7%) were as likely to be employed as straight adults (54.0%).
- Bisexual adults (21.6%) were more likely to have a household income below \$15,000 contrasted with straight adults (15.5%).
- LGB adults (33%) were less likely to be married or be part of an unmarried couple than straight adults (55.3%).
- Many lesbian, gay, and bisexual adults (52.0%) live in a metropolitan designated county. However, 25% live in rural areas.
- LGB adults were as likely to be veterans as straight adults.

Differences in Access to Health Care by Sexual Orientation

- LGB adults (78.6%) were as likely straight adults (79.7%) to have some form of health care coverage.
- Bisexual adults (29.0%) were found to be more likely to forgo healthcare due to cost than straight adults (18.2%).

Differences in Chronic Health Conditions by Sexual Orientation

Monitoring chronic conditions is important for understanding the overall health of the population as these impact an individual's life as well as the costs associated with the healthcare system.

- Contrasted with straight adults, lesbian, gay, and bisexual adults were more likely to:
 - have a physical, emotional, or mental impairment that limits activities (Straight adults: 25.0%; LGB adults: 33.6%)
 - have asthma (Straight adults: 9.4%, LGB adults: 15.9%)
 - have doctor-diagnosed pre-diabetes (Straight adults: 7.7%; LGB adults: 10.6%)
 - have doctor-diagnosed depressive disorder (Straight adults: 19.7%; LGB adults: 39.3%)

Differences in Risk Factors by Sexual Orientation

The NMBRFSS measures several important risk factors that impact health and well-being. Excessive alcohol consumption (including binge drinking and heavy drinking), smoking and other tobacco use, are risk factors associated with a variety of chronic diseases, disability, and shorter life expectancy.

- Contrasted with straight adults, LGB adults were:
 - more likely to binge drink (Straight adults: 14.6%; LGB adults: 23.8%)
 - more likely to drink heavily (Straight adults: 5.5%; LGB adults: 12.9)
 - more likely to smoke (Straight adults: 19.5% LGB adults: 31.9%)

High blood pressure and high cholesterol are not only risk factors for heart disease, kidney disease, and stroke, but are also chronic conditions that can be controlled through medication as well as changes in diet and exercise.

- Contrasted with straight adults, LGB adults were:
 - less likely to have been diagnosed with high blood pressure (LGB adults: 23.6%; Straight adults: 29.0%)
 - less likely to have been diagnosed with high cholesterol (LGB adults: 26.5%; Straight adults: 36.4%)

Differences in Protective Factors by Sexual Orientation

In contrast to risk factors, protective behaviors such as routine dental care, current colorectal, breast, and cervical screenings, receiving an HIV test, and flu vaccine are associated with improved health and well-being.

- Lesbian (65.4%) and bisexual women (65.3%) were less likely to be up-to-date for cervical cancer screening than straight women (82.6%)
- Bisexual women (84.1%) were more likely than lesbian (75.2%) or straight (72.3%) women to be up-to-date for breast cancer screening
- LGB adults (64.2%) were more likely to have ever had an HIV test than straight adults (33.2%)

Differences in Quality of Life Measures by Sexual Orientation

The NMBRFSS includes three measures of overall health: number of days of poor physical health, number of days of poor mental health, and general health (measured as excellent, very good, good, fair, or poor).

- Contrasted with straight adults, LGB adults were:
 - more likely report 14 or more days of poor physical health (Straight adults: 13.8%; LGB adults: 16.8%)
 - more likely to report 14 or more days of poor mental health (Straight adults: 12.4%; LGB adults: 21.0%)
 - as likely to report their health as fair or poor (Straight adults: 20.5%; LGB adults: 19.7%)

Intersection between Sexual Orientation & Race/Ethnicity

LGB adults hail from diverse socioeconomic, racial, ethnic, religious, geographic, and cultural backgrounds. Individuals may have multiple identities that impact how they are treated or viewed, and these differences can impact health and well-being. Recent studies have explored the impact of intersecting identities on various health outcomes and found mixed results based on the outcome of interest. For some health outcomes, being a LGB person of color increased the risk of negative health outcomes such as suicide attempts. For other outcomes, such as smoking, identifying as a LGB person of color reduced the risk. Therefore, this report explores differences in health behaviors, conditions, and risk and protective factors among LGB racial/ethnic minorities, LGB white adults, straight racial/ethnic minorities, and straight white adults to gain insight into how intersecting identities impact health.

- American Indian/Alaska Native LGB adults were more likely than white LGB adults and straight adults of all race/ethnicities to be diagnosed with pre-diabetes
- Hispanic and white LGB adults were more likely than American Indian/Alaska Native adults to have a doctor-diagnosed depressive disorder

Introduction

Sexual orientation is a multifaceted concept used to describe an individual's sexual/romantic attractions, behaviors, and/or identity. Terms such as lesbian (a woman primarily attracted to other women), gay (a man primarily attracted to other men), bisexual (a man or woman attracted to both men and women), and straight (a man or woman attracted to a person of the opposite sex or gender) are commonly used to describe a person's sexual orientation. Gender identity, a separate concept from sexual orientation, describes how an individual self-identifies their gender (i.e. man, woman, or neither). The term transgender is commonly used to describe an individual whose gender identity or expression may differ from what is typically associated with the sex assigned at birth. Some individuals, commonly referred to as gender nonconforming, eschew binary definitions of gender identity (i.e. man or woman). A transgender or gender nonconforming individual may identify with a sexual orientation of lesbian, gay, bisexual, straight, or other.

Due to issues of stigma, discrimination, and violence, lesbian, gay, bisexual, and transgender (LGBT) individuals often report poorer health outcomes than their straight counterparts. The disparities are often seen across the life course from adolescence through middle adulthood and into the later stages of life. Overall, lesbian, gay, and bisexual adults are more likely to have limitations due to physical, emotional, or mental health problems.¹ Young (18-30 years old) lesbian and bisexual women are more likely to report fair/poor self-rated health, meet the criteria for depression, be uninsured, and forgo routine physical examinations than straight women. Furthermore, young lesbian, gay, and bisexual men and women are more likely to have a lifetime diagnosis of asthma, be diagnosed with a sexually transmitted infection in the past year, and be on either antidepressants or anti-anxiety medication.² Many of these disparities persist into older adulthood. For example, lesbian, gay, and bisexual adults, 50 years and older, are more likely to report poor mental health, disability, smoking, and excessive drinking than their straight peers. Moreover, older lesbian and bisexual women are more likely to have cardiovascular disease, be obese, and not be up-to date on preventive screenings such as mammograms.³

The lesbian, gay, and bisexual (LGB) population is very diverse with individuals from a variety of racial/ethnic, socioeconomic, religious, geographic, and cultural backgrounds. This diversity often translates into a person having intersecting identities that can impact their health and well-being. For example, recent studies have found unique health outcomes for LGB people of color compared with white LGB people. A 2011 study by O'Donnell et al found an increased risk for suicide attempts among LGB Black and Latino youth compared with White LGB youth.⁴ A study examining the risk of substance use problems not only found increased odds of substance use among lesbian, gay, and bisexual adults, but also significantly higher odds of substance use among lesbian and bisexual Black and Hispanic women.⁵ Yet in another study by Blosnich et al, Black and Asian LGB youth were significantly less likely to smoke compared with Hispanic and White LGB youth.⁶ Incorporating an intersectionality framework into public health will help further reveal how social structures interact to produce the context in which people live.

In recent years, public health has started to take notice of the variety of health disparities facing LGBT people. For example, increasing the population health data on this population has become a Healthy People 2020 goal.⁷ The Centers for Disease Control and Prevention not only provide a variety of reports and factsheets on LGBT health, but also resources for culturally competent health services and

resources for LGB youth and adults.⁸ The Substance Abuse and Mental Health Services Administration also provides data reports on behavioral outcomes among LGBT adults and youth, and provides technical assistance to grantees for including LGBT people in culturally-competent behavioral health programming.⁹ The New Mexico Department of Health is committed to reducing health disparities faced by the LGBT population in New Mexico by providing data on health outcomes for this population and working with stakeholders in the community.

This report provides population health data by sexual orientation for a variety of health outcomes and behaviors collected using the New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), a random-digit dialed survey that includes a representative sample of New Mexico adults (18 years and older). New Mexico started collecting data on sexual orientation for all adults in 2005. During the four years of data (2011-2014) included in this report, methods for collecting gender identity were questionable; therefore, we cannot present outcome data for those identifying as transgender or gender non-conforming. Starting in 2016, however, the NMBRFSS started collecting gender identity using more robust methods, which will allow for future LGBT data reporting that reflects both these important demographic factors.

In this report, we present demographic characteristics by sexual orientation (lesbian or gay, bisexual, straight) and present health inequities between LGB adults and straight adults. We offer new analyses on the intersection of sexual orientation and race/ethnicity. Additionally, we provide some contextual analysis presented in the scientific literature to help understand results of the analyses and recommendations for reducing disparities among LGB adults in New Mexico. Finally, the appendices provide tables for all health outcomes and behaviors examined in the report.

This is the third report from the New Mexico Department of Health focused on the health, well-being, and disparities faced by lesbian, gay, and bisexual (LGB) adults in New Mexico. Previous reports can be found on the New Mexico Tobacco Use Prevention and Control (TUPAC) website at: <http://www.nmtupac.com/#resources>. Additionally, the New Mexico Department of Health has released the first report examining disparities among youth by sexual orientation, available at www.youthrisk.org.



Demographic Characteristics

Approximately 47,439 (~3%) New Mexico adults (18 and older) identified as lesbian, gay, or bisexual in 2014. Nationally, an estimated 5.2 million to 9.2 million US adults (~2.2% – 4.0%) identify as LGB or LGB/T.¹⁰

Table 1: Estimated Percentage of LGB Adults, New Mexico, 2011-2014

	ALL				WOMEN				MEN			
	2011	2012	2013	2014	2011	2012	2013	2014	2011	2012	2013	2014
Lesbian or Gay	1.9%	1.5%	1.7%	1.9%	1.5%	1.6%	2.0%	1.6%	2.3%	1.4%	1.5%	2.2%
Bisexual	1.1%	1.2%	1.2%	1.5%	1.1%	1.7%	1.5%	1.7%	1.2%	0.6%	0.9%	1.3%
Total	3.0%	2.7%	2.9%	3.4%	2.6%	3.3%	3.5%	3.3%	3.4%	2.1%	2.4%	3.4%

Age Distribution

New Mexican LGB adults tended to be younger than straight adults. Approximately 26% percent of bisexual adults and almost 21% of lesbian/gay adults were between the ages of 18-24 (Figure 1). More than half of bisexual adults were under 34 years of age compared with only 40% of lesbian or gay individuals and only 30% of straight individuals. Older adults (65 years and older) comprised a substantial proportion of the LGB adult population.

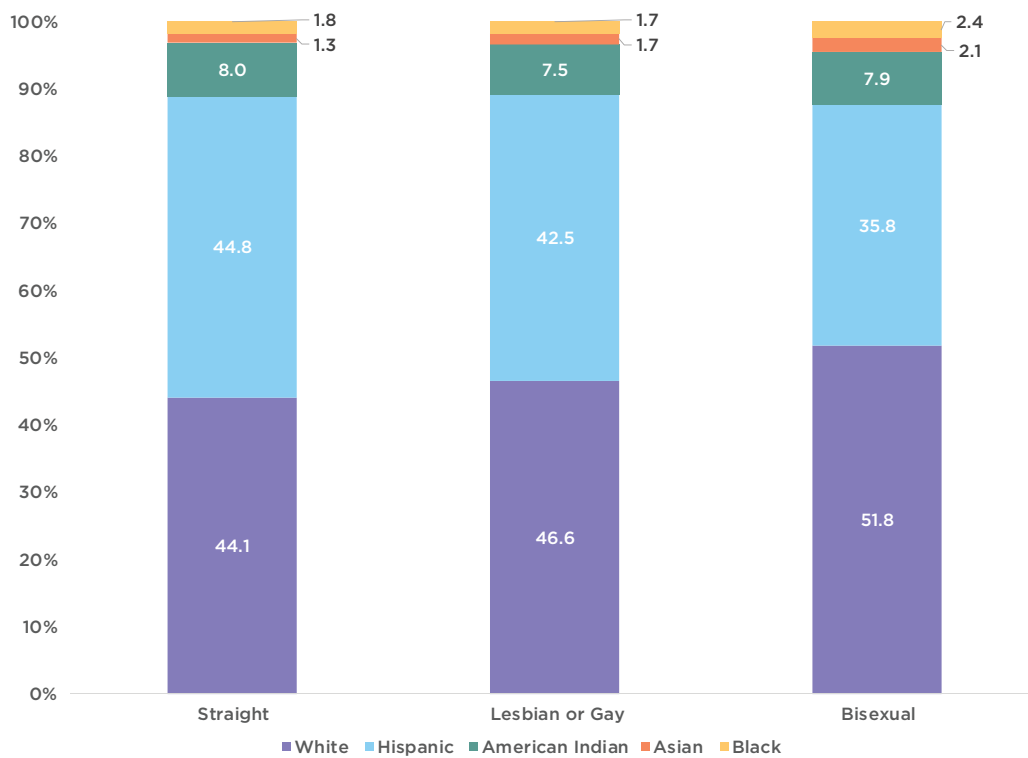
Figure 1: Age distribution among adults by Sexual Orientation, NM, 2011 - 2014



Race & Ethnicity

The racial and ethnic composition did not differ substantially between New Mexican LGB adults and straight adults (Figure 2). Among lesbian, gay, and bisexual adults, Non-Hispanic whites composed the majority of the population followed by Hispanics. American Indian, Asian, and Black adults comprised similar proportions of the straight, lesbian, gay, and bisexual populations.

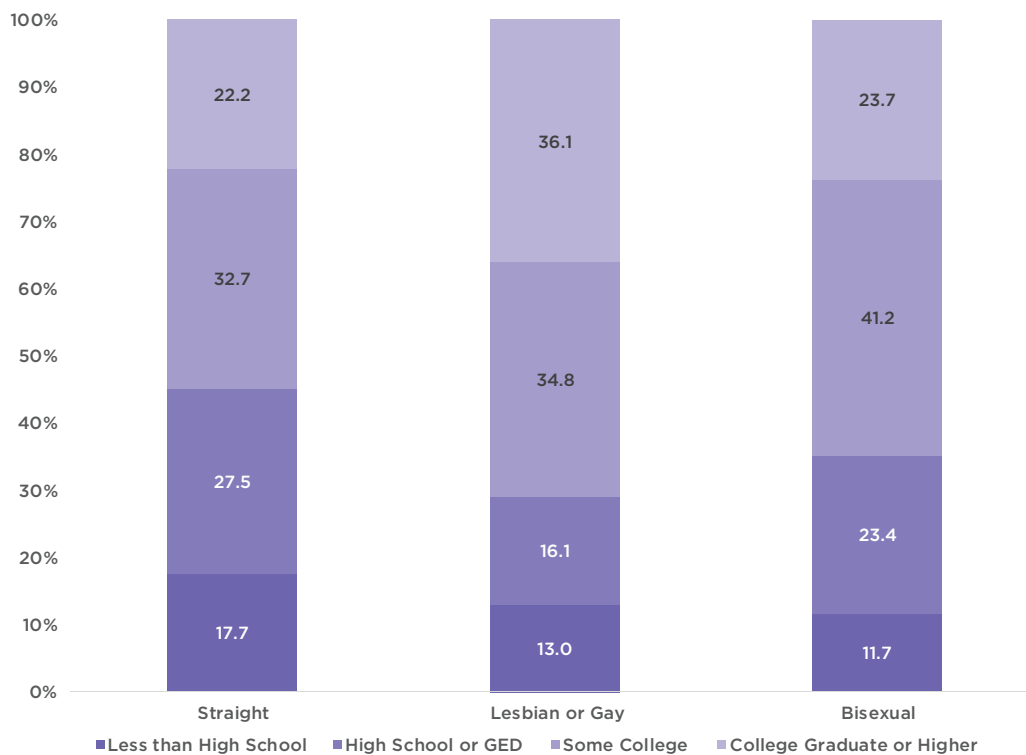
Figure 2: Race/Ethnicity among adults by Sexual Orientation, NM, 2011-2014



Educational Attainment

There were substantial differences in educational attainment among New Mexican LGB adults and straight adults (Figure 3). Lesbian and gay adults were more likely to be a college graduate or higher when compared with straight adults. Bisexual adults were more likely to have some college and were least likely to have less than a high school education. Men and women had similar educational profiles.

Figure 3: Education attainment among adults by Sexual Orientation, NM, 2011-2014

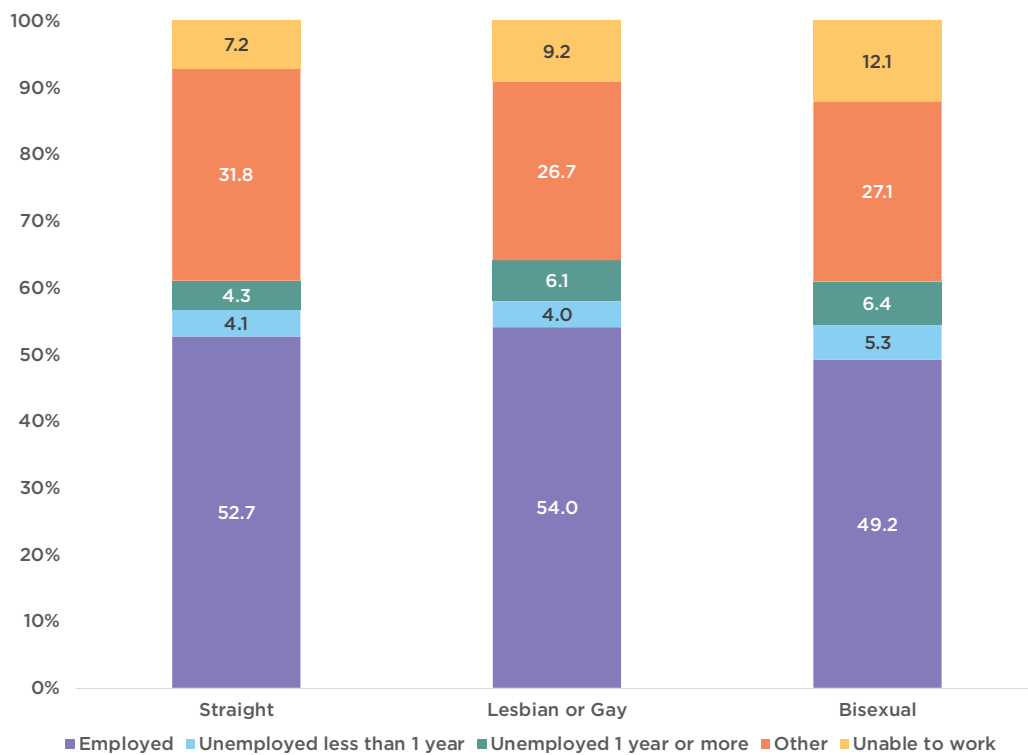


Employment Status

Employment was categorized into five exclusive categories. Individuals working for wages or self-employed were considered “employed.” Individuals who were unemployed were distinguished by the amount of time they had been out of work. Retired individuals, students, and homemakers comprised the “other” category.

Bisexual adults were more likely to be “unable to work” than straight adults. There were no significant differences in employment status between lesbian, gay, and straight adults (Figure 4).

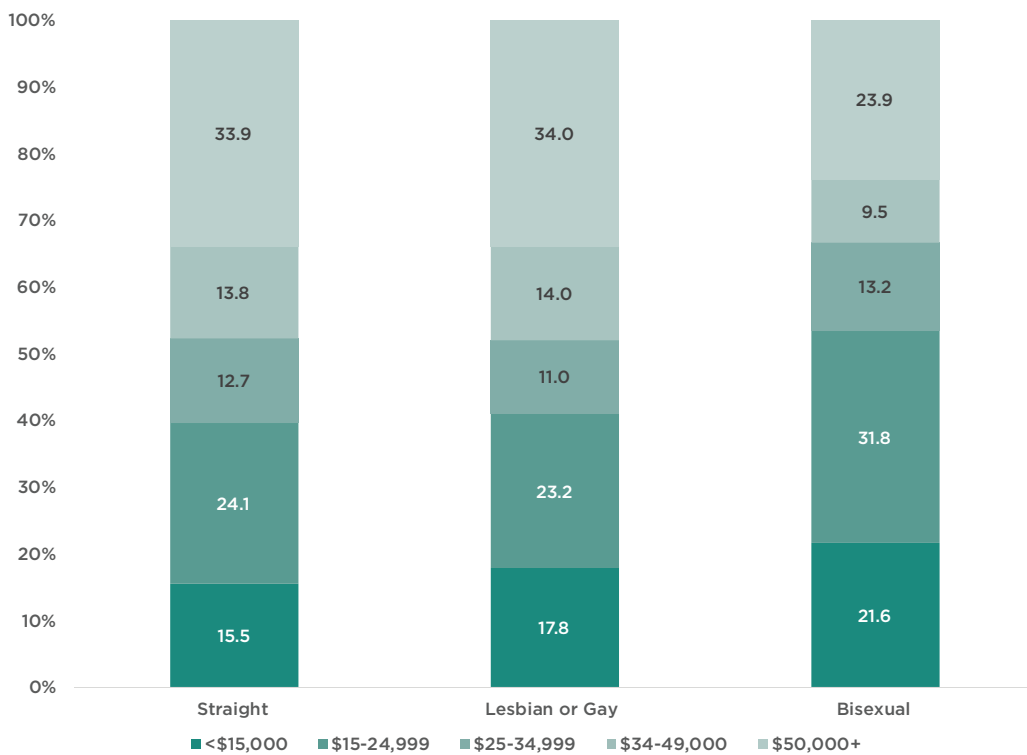
Figure 4: Employment status among adults by Sexual Orientation, NM, 2011 - 2014



Annual Household Income

Despite higher levels of educational attainment, New Mexican LGB adults, particularly bisexuals, were more likely to have a household income below \$15,000 contrasted with straight adults (Figure 5). Although straight women were more likely to have a household income of less than \$15,000 [18% (17.1 – 18.8)] compared with straight men [13.2% (12.4 – 14.0)], there were no significant differences by gender among lesbian, gay, and bisexual adults.

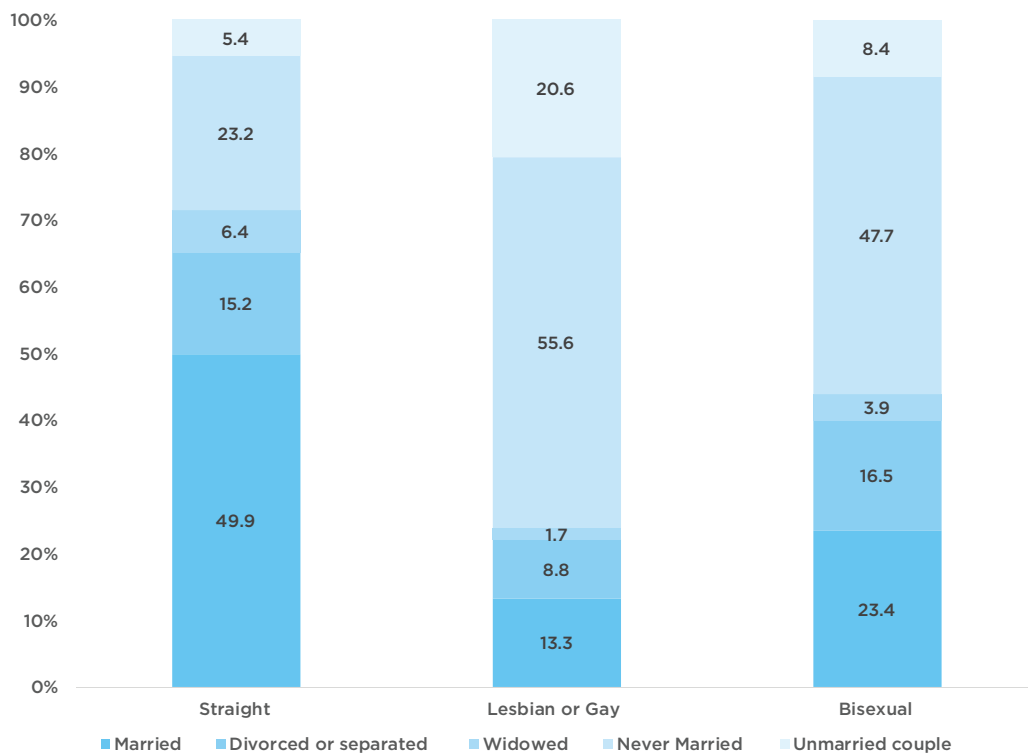
Figure 5: Annual household income among adults by Sexual Orientation, NM, 2011 - 2014



Marital Status

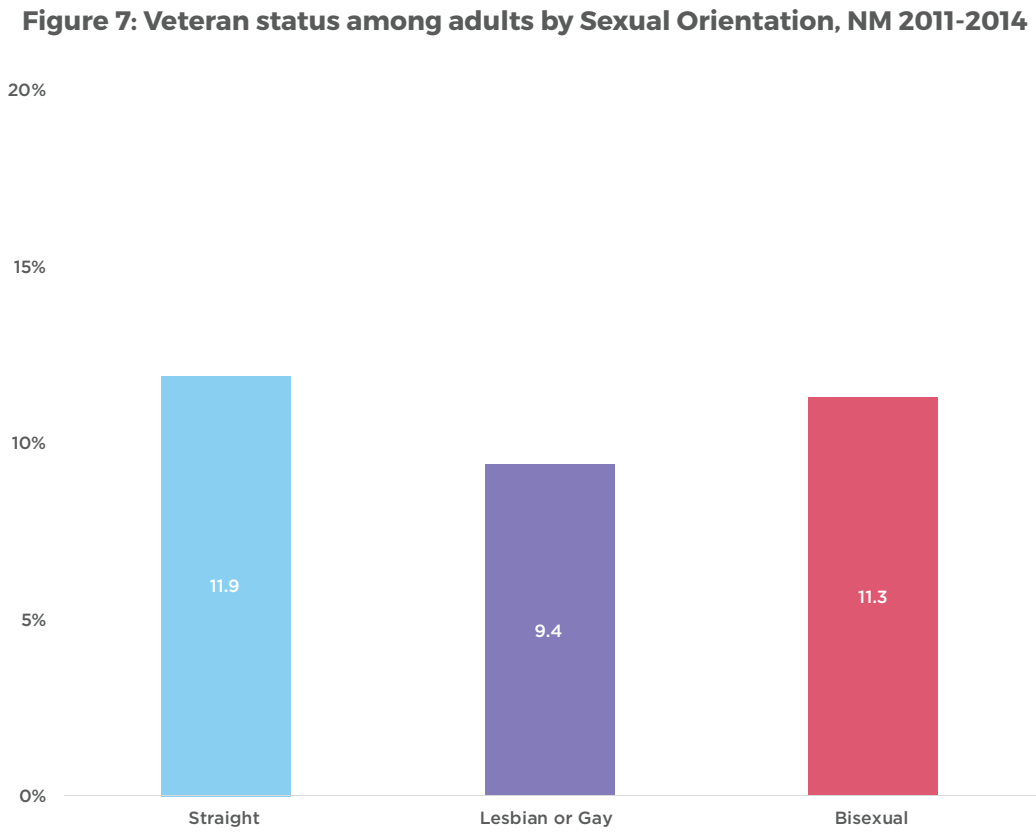
Marital status is associated with differences in some health outcomes. LGB adults were more likely to have never been married than straight adults. However, lesbian and gay adults were more likely than bisexual adults to be part of an unmarried couple. We found a much larger proportion (13.3%) of lesbian and gay adults who are married compared to the previous Health Inequities by Sexual Orientation 2005-2011 report (4.1% in 2005 – 2011). The New Mexico Supreme Court ruled that the state must allow same sex couples to marry in 2013, ahead of the 2015 decision by the United States Supreme Court.

Figure 6: Marital status among adults by Sexual Orientation, NM 2011-2014



Veteran Status

An estimated 13.5% of adults in New Mexico have served in the armed forces. New Mexican LGB adults were as likely to have served on active duty in the United States Armed Forces as straight adults.

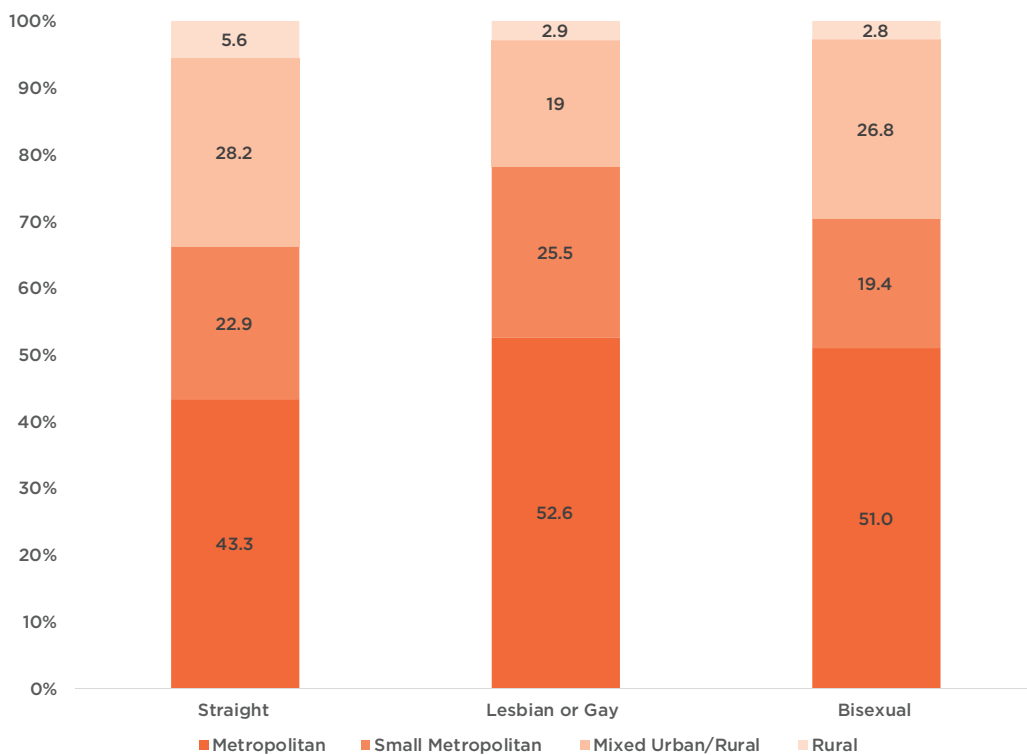


County Designation

The New Mexico Department of Health (NMDOH) uses the National Center for Health Statistics (NCHS) Urban-Rural Classification Scheme to determine the urbanization level of the state's 33 counties. New Mexico counties fall into one of four NCHS categories: Medium Metro, Small Metro, Micropolitan, and Noncore. For ease of use, NMDOH renamed these categories as Metropolitan, Small Metropolitan, Mixed Urban/Rural, and Rural, respectively.

Based on the current classification of New Mexico counties, the majority of LGB New Mexican adults live in metropolitan areas such as Bernalillo, Sandoval, and Santa Fe counties. However, approximately one third of LGB adults live in mixed urban/rural counties. Few LGB adults live in counties designated rural.

Figure 8: County designation among adults by Sexual Orientation, NM 2011-2014



For information on NCHS classification scheme:
http://www.cdc.gov/nchs/data_access/urban_rural.htm.

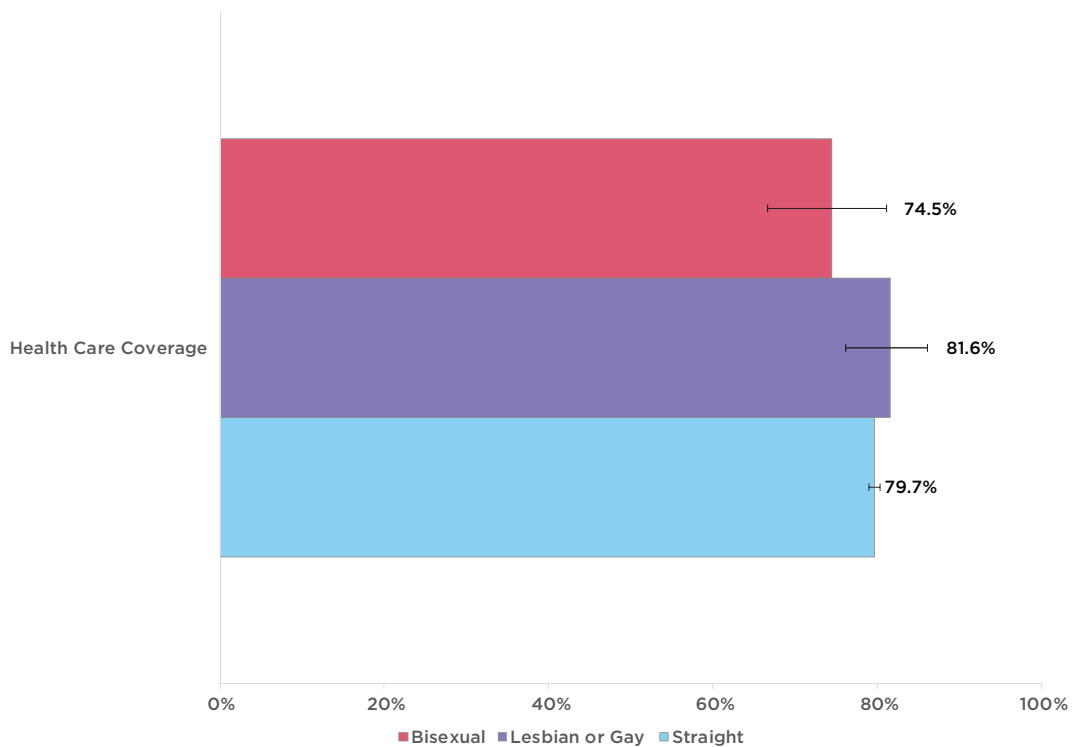
For a map showing the designations for New Mexico counties:
https://ibis.health.state.nm.us/resource/CHA_Resources.html.

Health Inequities among New Mexican Adults by Sexual Orientation

Health Care Coverage

Overall, the majority of New Mexican adults had health care coverage; however, there were differences in both health care coverage and access to care by sexual orientation. Bisexual adults were less likely than straight adults and lesbian and gays to have health care coverage. This difference appears to be driven by bisexual men, who were less likely to have health coverage (63.7% [49.5-75.9]) compared to straight men (77.1% [76.1-78.2]) and gay men (80.2% [72.0-86.4]).

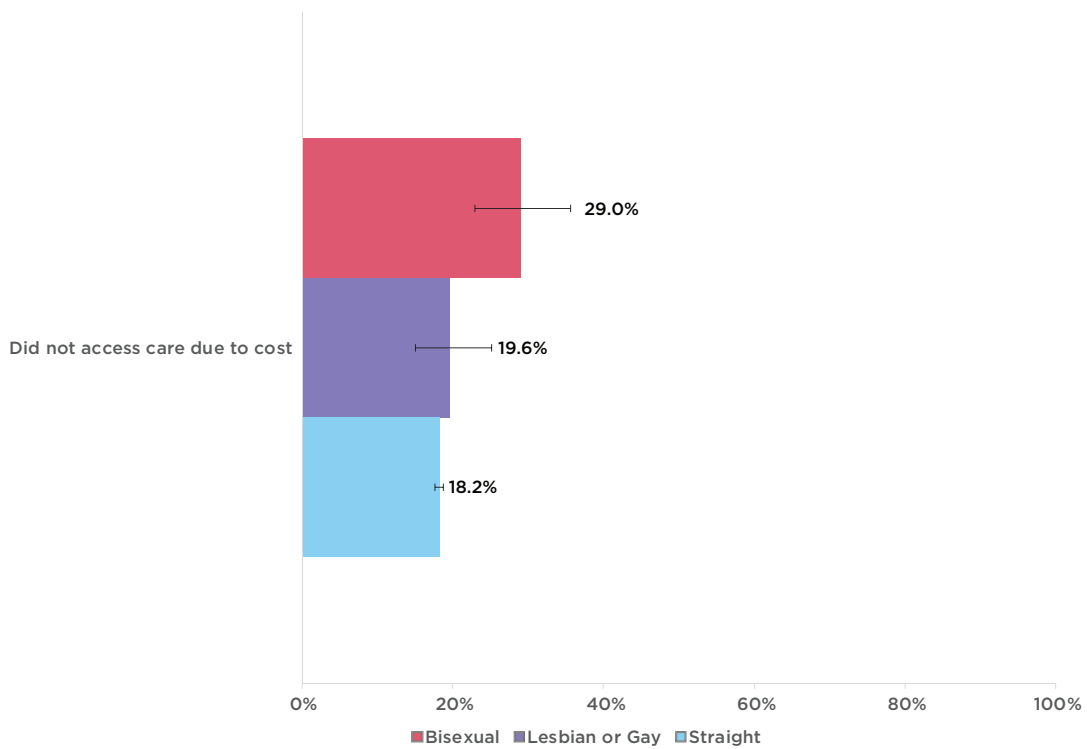
Figure 9: Estimated prevalence of adults with health care coverage by Sexual Orientation, NM 2011-2014



Access to Care

Access to care differed significantly among New Mexican adults by sexual orientation. Bisexual adults were significantly more likely to not access healthcare due to cost compared with straight adults. Bisexual men (28.5% [18.9 -40.5]) were significantly more likely than straight men (16.5% [15.6 – 17.4]) to forgo care due to cost.

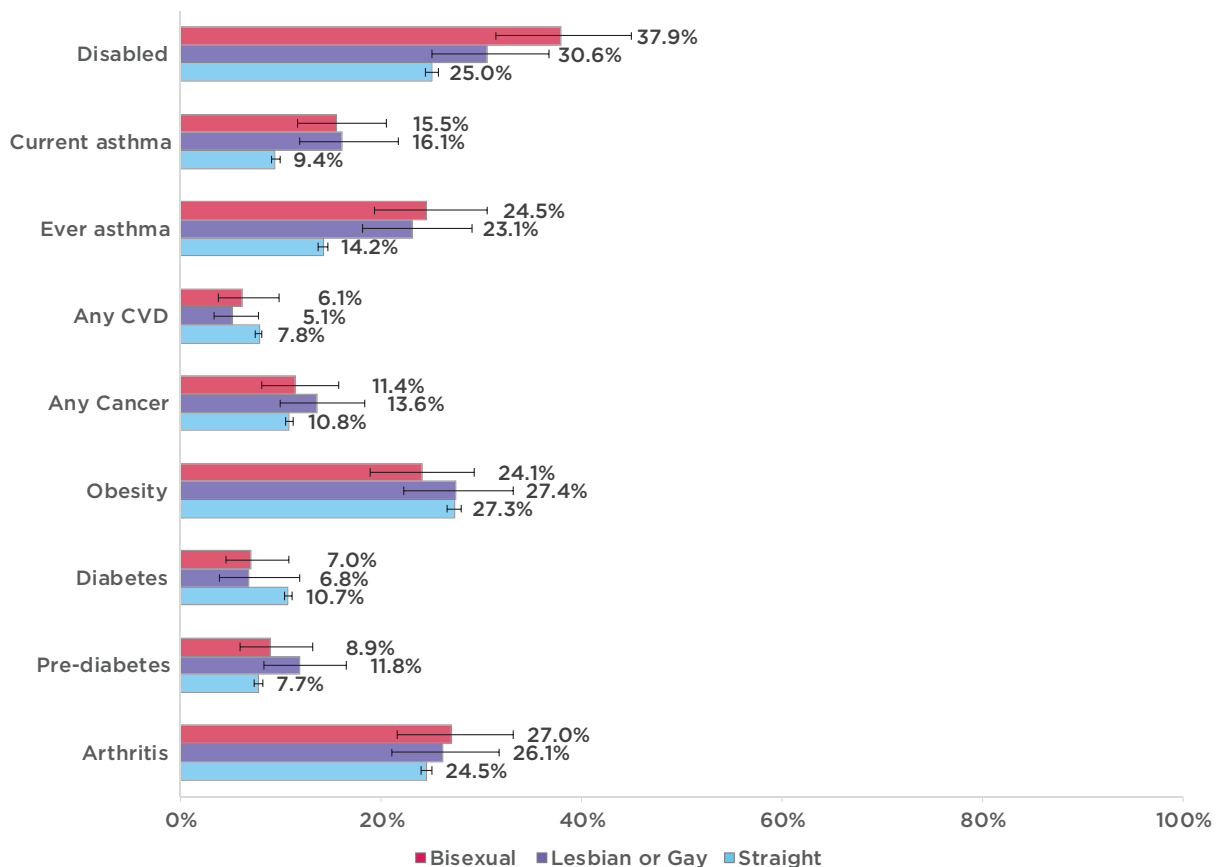
Figure 10: Estimated prevalence of adults who did not access care due to cost by Sexual Orientation, NM 2011-2014



Chronic Conditions

New Mexican LGB adults were more likely than straight adults to be disabled. The NMBRFSS defines disability as having a physical, mental, or emotional health impairment that limits activities and/or requires use of equipment for a health problem. These differences were significant among women (Appendix E), but not among men (Appendix C). LGB adults were more likely to have ever been told they had asthma and more likely to currently have asthma than straight adults, even after adjusting for smoking (data not shown). Specifically, LGB women (Appendix E) were more likely than LGB or straight men (Appendix C) to currently have asthma. LGB adults had a higher prevalence of any form of cancer (including skin cancer) than straight adults. Bisexual adults had a slightly lower prevalence of obesity than lesbian, gay and straight adults. LGB adults were less likely than straight adults to have been diagnosed with diabetes; however, LGB adults were significantly more likely than straight adults to have been told they have pre-diabetes. Furthermore, LGB men were more likely than LGB women to have diabetes. There was not a statistically significant difference in the estimated prevalence of cardiovascular disease or arthritis by sexual orientation. Differences in chronic health conditions persisted even after adjustment for the difference in age between straight, lesbian, gay, and bisexual adult populations.

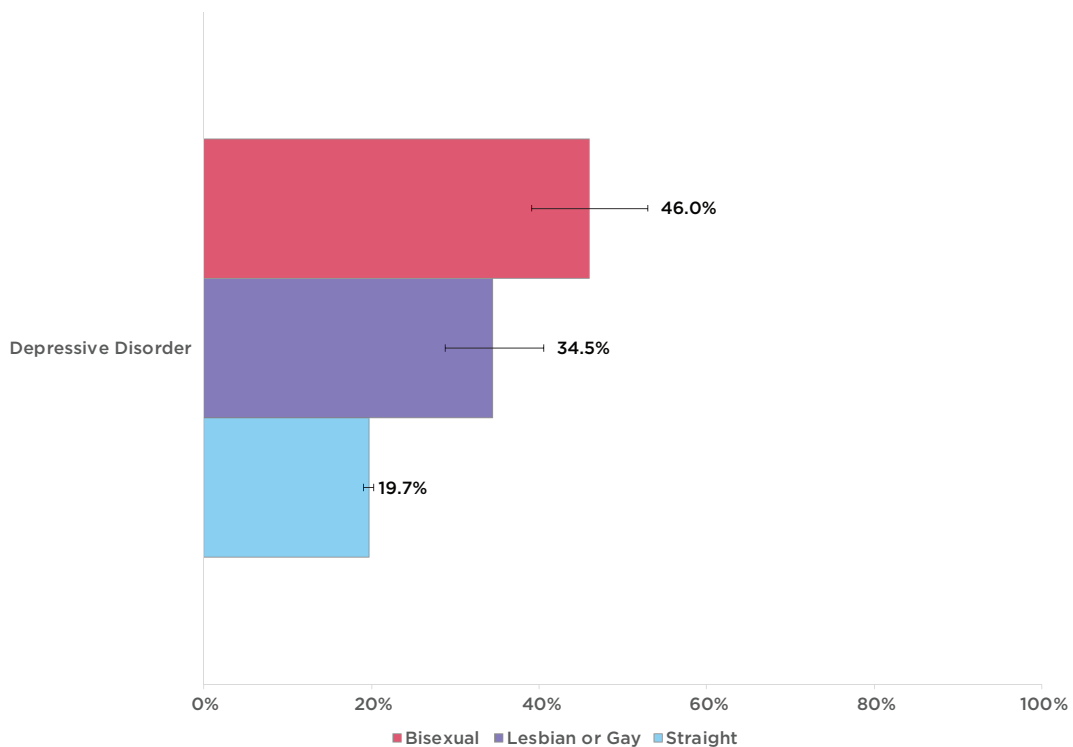
Figure 11: Estimated prevalence of adults diagnosed with chronic conditions by Sexual Orientation, NM 2011-2014



Mental Health

Bisexual, lesbian, and gay adults were far more likely to report ever been diagnosed with a depressive disorder (including depression, major depression, dysthymia, or minor depression) than straight adults (Figure 12). Nearly 50% of bisexual adults and 35% of lesbian and gay adults reported depression. This result is similar to the previous Health Inequities by Sexual Orientation 2005-2011 report. Since questions about suicide, suicidal ideation, and anxiety were only asked in 2011 and results were included in the previous report, they have not been included here.

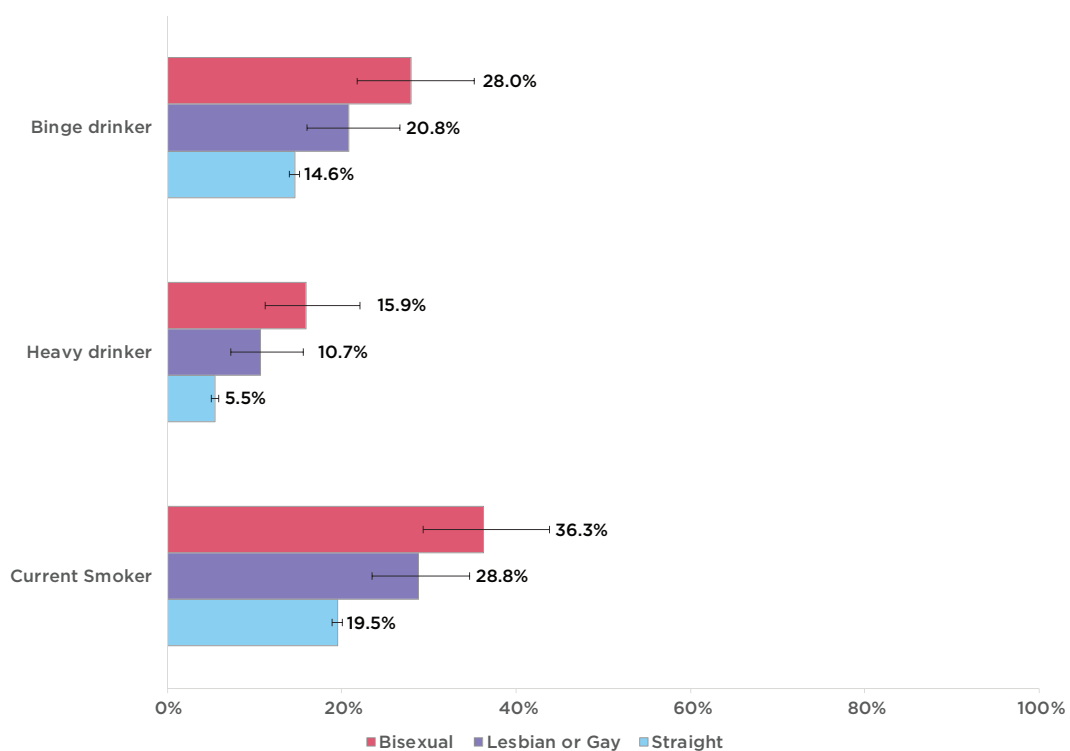
Figure 12: Estimated prevalence of adults diagnosed with a depressive disorder by Sexual Orientation, NM 2011-2014



Risk Factors

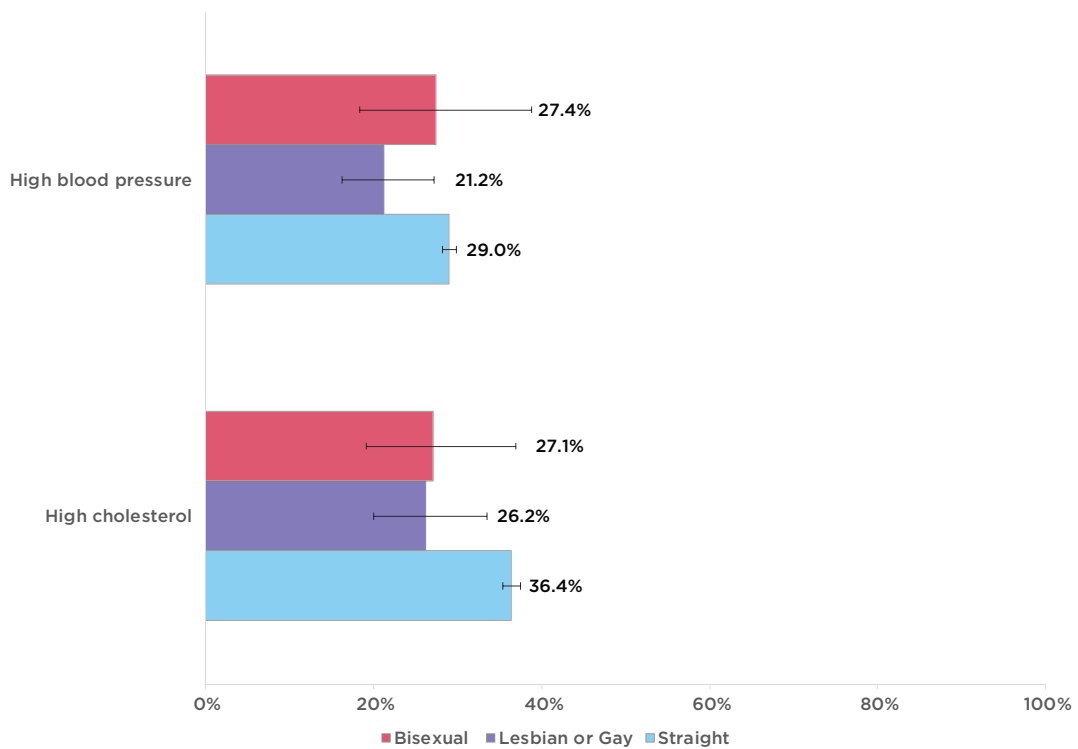
Excessive drinking and smoking are important risk factors for negative health outcomes. New Mexican LGB adults were significantly more likely than straight adults to binge drink, heavily drink, and currently smoke (Figure 13). Bisexuals had the highest prevalence of binge drinking among both men (10.8% [5.8-19.0]) and women (19.0% [12.6-27.7]). Bisexual women were more likely than lesbian women (15.3% [9.7-23.3]), gay men (6.5% [3.2-12.9]), and bisexual men (10.8% [5.8-19.0]) to be heavy drinkers (see Appendix E and F). Furthermore, bisexual adults and lesbian and gay adults were significantly more likely to smoke than straight adults.

Figure 13: Estimated prevalence of binge drinking, heavy drinking, and smoking among adults by Sexual Orientation, NM 2011-2014



High blood pressure and high cholesterol are risk factors associated with poor cardiovascular and renal disease outcomes, which can impact physical health and well-being. Often these conditions are asymptomatic making diagnosis and management very important. Lesbian and gay adults were less likely to report being diagnosed with high blood pressure and high cholesterol than bisexual adults (Figure 14).

Figure 14: Estimated prevalence of diagnosed high blood pressure and high cholesterol among adults by Sexual Orientation, NM 2011-2014



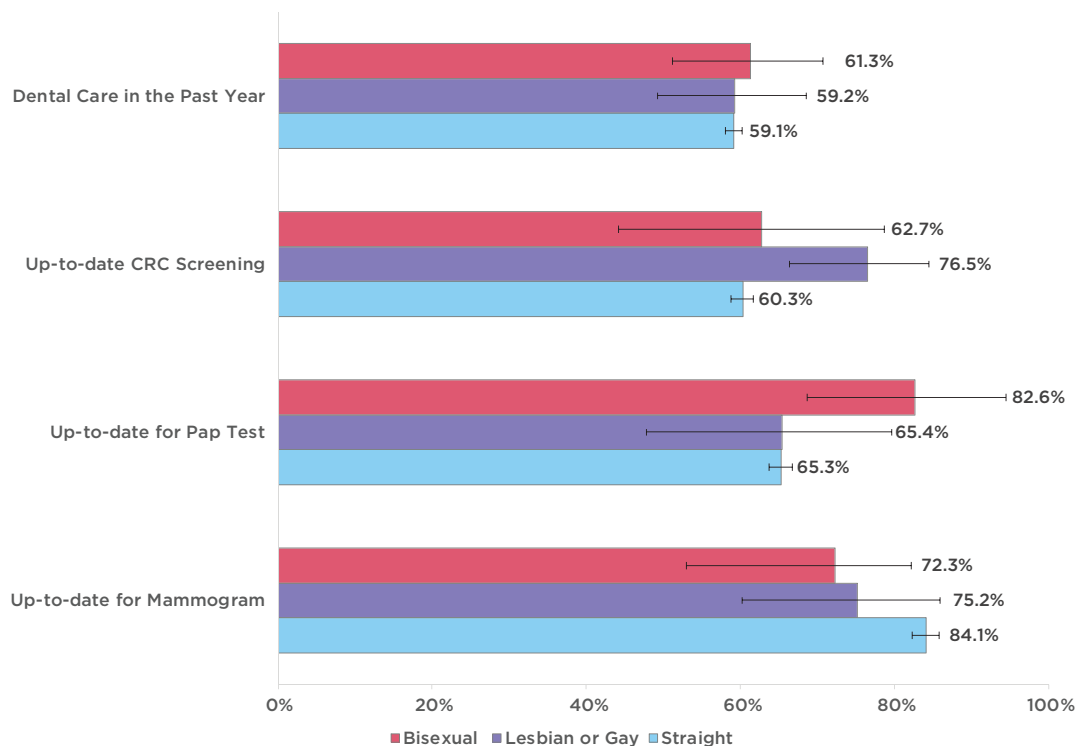
Protective Factors

Some behaviors and health care services are considered to promote good physical health and prevent the onset of disease. These include receiving dental care within the past year, being up-to-date for health screenings, receiving a HIV test, and receiving a flu vaccine within the past year.

Among women, having an up-to-date pap test and mammogram are important for cervical and breast cancer early detection and prevention. Current guidelines from the US Preventive Services Taskforce recommend that all women age 21-65 without a hysterectomy have a pap test every 3 years for early detection of cervical cancer¹¹ and women 50-74 years of age begin breast cancer screening (i.e. mammograms) every two years.¹²

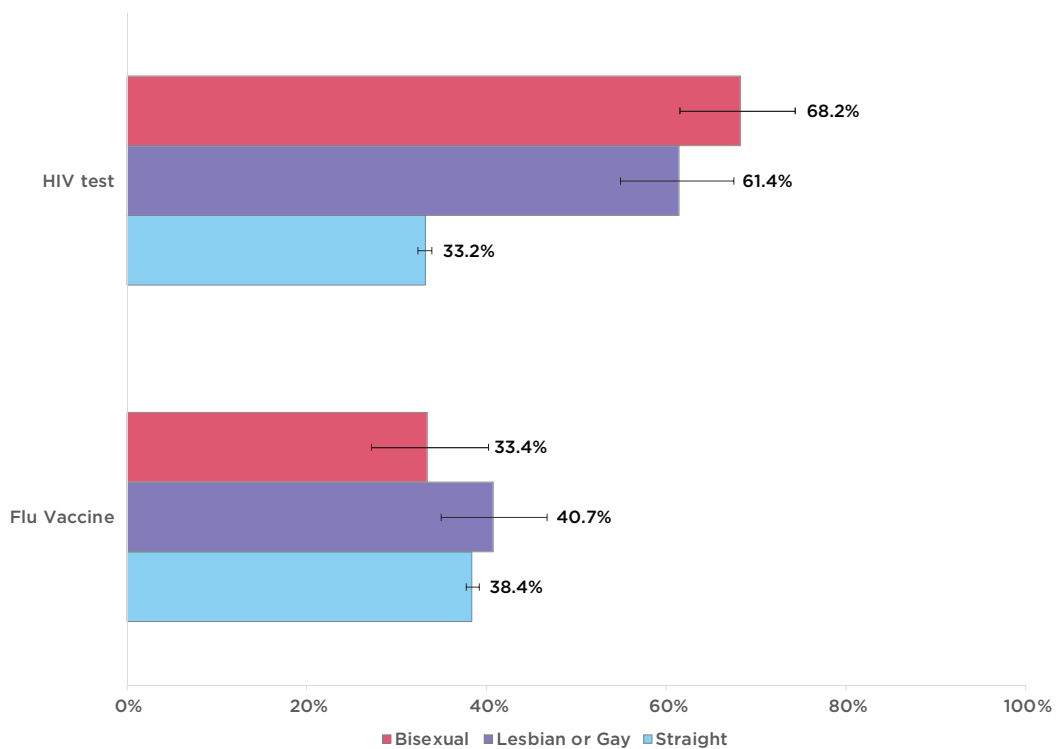
Lesbian, gay, and bisexual adults were as likely to have a routine dental visit in the past year compared with straight adults. Lesbian and gays aged 50-75 were significantly more likely to have an up-to-date colorectal cancer screening compared with straight and bisexual adults aged 50-75. Lesbian and bisexual women were significantly less likely than straight women to have had a recent pap test. There was no significant difference in having an up-to-date mammogram among lesbian, bisexual, and straight women (Figure 15).

Figure 15: Estimated prevalence of routine dental care and up-to-date colorectal cancer screening among adults; estimated prevalence of up-to-date cervical cancer screening and breast cancer screening among women by Sexual Orientation, NM 2012 & 2014



LGB adults were significantly more likely to have ever had a HIV test compared with straight adults. This difference was driven by a high prevalence among bisexual women (72% [64 – 78.9]), gay men (76% [65.5 – 84.1]), and bisexual men (61.9% [49.5 – 72.9]). There was no statistically significant difference in receiving a flu vaccine by sexual orientation (Figure 16).

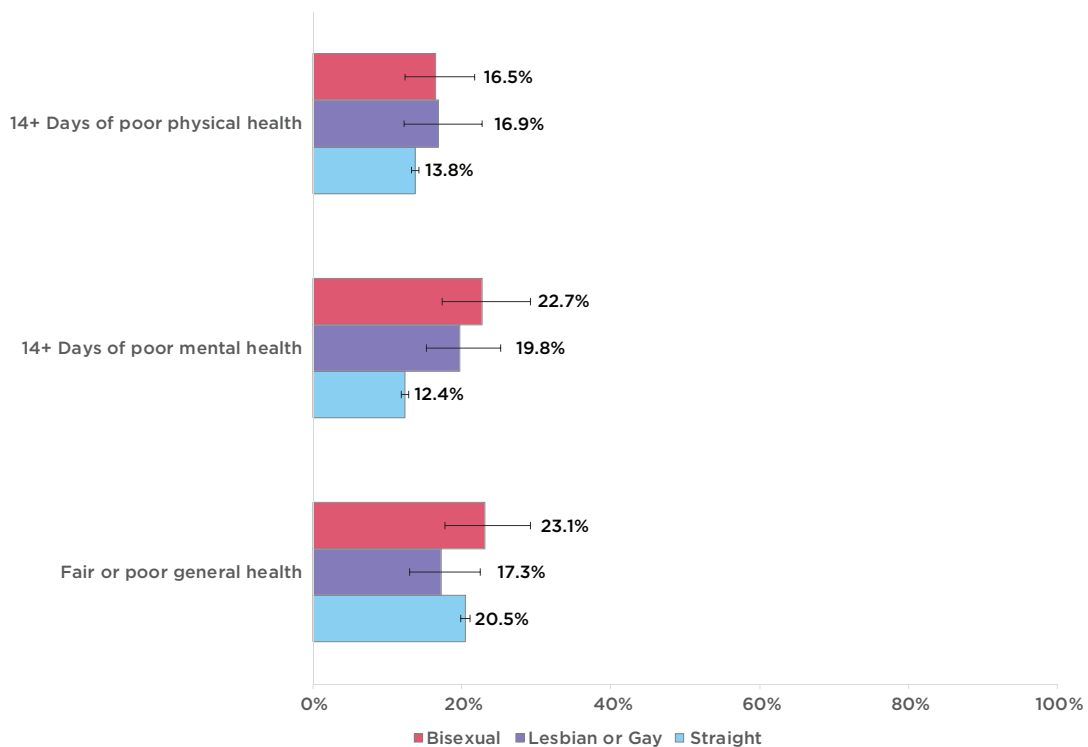
Figure 16: Estimated prevalence of ever receiving a HIV test and receiving a flu vaccine in the past year among adults by Sexual Orientation, NM 2011 - 2014



Quality of Life

Poor physical, mental, and general health differed substantially between LGB adults and straight adults. Bisexual adults were more likely than lesbian, gay and straight adults to report 14 or more days of poor physical health. Lesbian and gay adults were slightly more likely than bisexual adults to report 14 or more days of poor mental health. Bisexual, lesbian, and gay adults were significantly more likely to report that their general health was fair or poor compared with straight adults (Figure 17).

Figure 17: Estimated prevalence of poor physical health, poor mental health, and fair or poor general health among adults by Sexual Orientation, NM 2011 - 2014



Health Inequities: Intersection of Sexual Orientation and Race/Ethnicity

Intersectionality is “a theoretical framework for understanding how multiple social identities such as race, gender, sexual orientation, SES [socioeconomic status], and disability intersect at the micro level of individual experience to reflect interlocking systems of privilege and oppression (i.e. racism, sexism, heterosexism, classism) at the macro social-structural level.”¹³ In other words, intersectionality is a way to examine the synergy of an individual’s multiple identities and how it impacts and shapes the individual’s experiences, including their health and well-being. In her seminal work, “Mapping the Margins: intersectionality, identity politics, and violence against women of color,” Kimberlé Crenshaw examines how racism, immigrant status, and socioeconomic status collide to create vastly different experiences for women of color and white women impacted by domestic violence as well as structural differences in how each group attempts to access help.¹⁴ However, this is only one example of how intersectionality underscores important differences in well-being. Individuals of varying backgrounds comprise the LGB community in New Mexico. This report has already presented evidence of differences in health outcomes and behaviors between the LGB community and those identifying as straight. In this section, we highlight the intersection of race/ethnicity and sexual orientation to provide greater insight into the mechanisms that may drive some of these disparities.

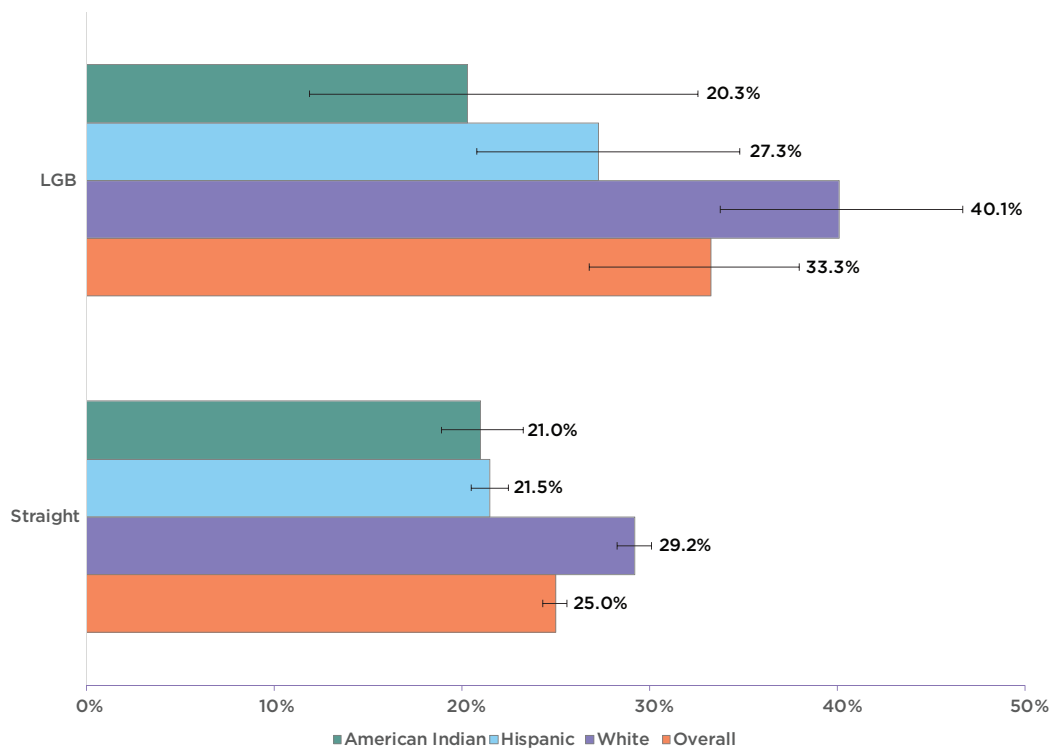
For the following analysis, sexual orientation was recoded as a binary variable comparing all lesbian, gay, and bisexual individuals to straight individuals. Race was recoded to include only Non-Hispanic White, Hispanic, and American Indian. Due to small sample size, it was difficult to calculate reliable estimates for Black/African American and Asian/Pacific Islander populations. Logistic regression was used to test for statistical interaction between sexual orientation and race/ethnicity for all health outcomes and behaviors previously described. For interaction terms, an $\alpha=.10$ was used to determine statistical significance. For outcomes with statistically significant interactions, two-way prevalence tables between race/ethnicity and the outcomes of interest were created separately for LGB and straight populations.

All health outcomes previously presented in this report were examined by sexual orientation and race/ethnicity. There was not a consistent pattern that emerged from this analysis. For many health outcomes, there was not a significant difference by race/ethnicity among lesbian, gay, and bisexual adults. Additionally, there was not a significant difference in the prevalence of most outcomes by sexual orientation among racial/ethnic minorities. However, for a few health conditions and behaviors, LGB adults from racial/ethnic minority groups had a significantly different prevalence than LGB white adults and straight adults from racial/ethnic minority groups.

Disability

For the NMBRFSS, disability is any physical, emotional, or mental health impairment that limits activities or requires the use of equipment. Among LGB adults, American Indian and Hispanic adults were less likely than White adults to have a disability. Furthermore, there was not a significant difference between LGB American Indian and Hispanic adults and straight American Indian and Hispanic adults (Figure 18).

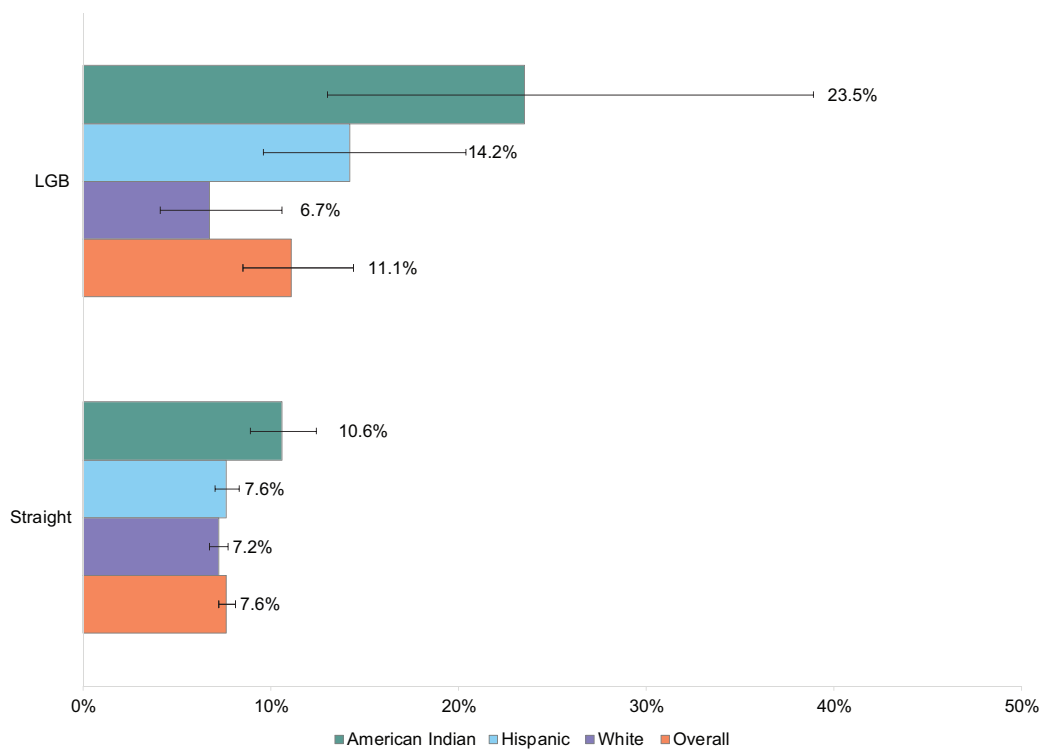
Figure 18: Estimated prevalence of disability among adults by Sexual Orientation and Race/Ethnicity, NM 2010-2014



Prediabetes

Overall, LGB adults were more likely to have prediabetes than straight adults. However, within the LGB community, American Indian LGB adults were three times more likely to have prediabetes than White LGB adults (Figure 19). We saw these differences among women, but not men. Among lesbian women, the prevalence of prediabetes was 23.4% [9.7 – 46.5] among American Indian adults, 12.6% [7.2 – 21.1] among Hispanic adults, and 5.4% [3.2 – 9.0] among White adults. Among straight women, the prevalence of prediabetes was 10.3% [8.4 – 12.6] among American Indian adults, 7.9% [7.1 – 8.7] among Hispanic adults, and 6.8% [6.2 – 7.5] among White adults.

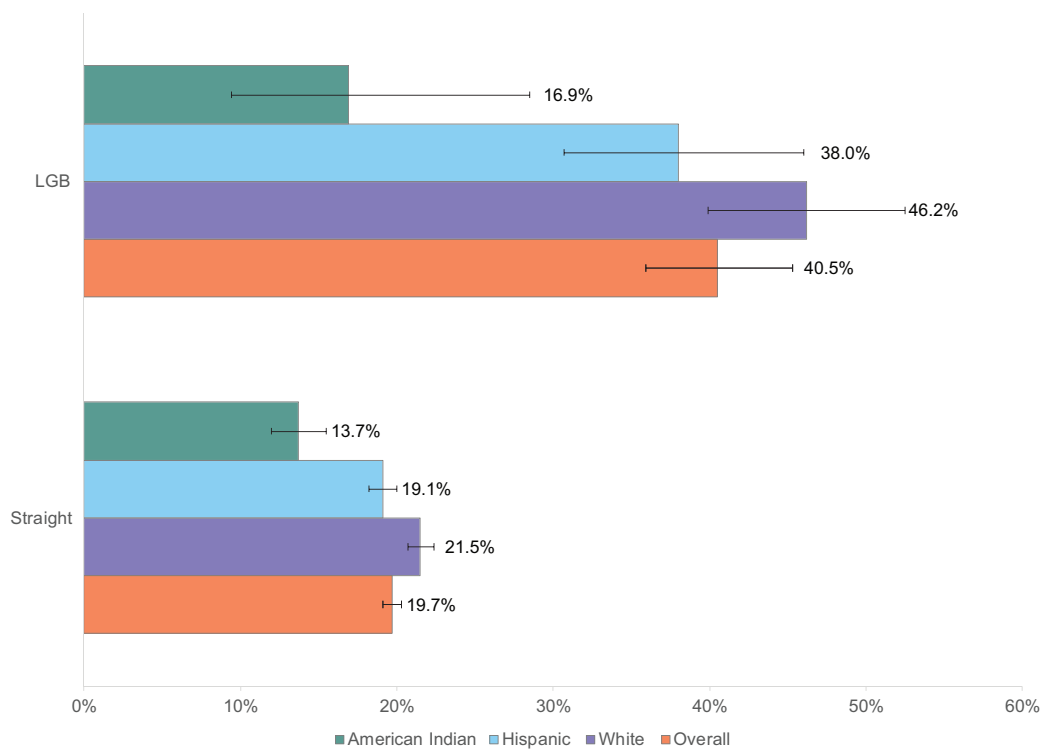
Figure 19: Estimated Prevalence of Prediabetes among adults by Sexual Orientation and Race/Ethnicity, NM 2011-2014



Depressive Disorder

Doctor-diagnosed depressive disorder is prevalent among LGB adults in New Mexico. However, within the LGB population, American Indians had a significantly lower prevalence of diagnosed depressive disorder compared with LGB Hispanics and Whites (Figure 19). Moreover, LGB Hispanic and White adults were almost three times as likely to have ever had a depressive disorder compared with straight Hispanic and White adults. These differences appeared to be driven by a lower prevalence of depressive disorder among American Indian men (9.9% [3.5 – 24.9]). Among lesbian women, there was not a statistically significant difference in the prevalence of depression by race/ethnicity.

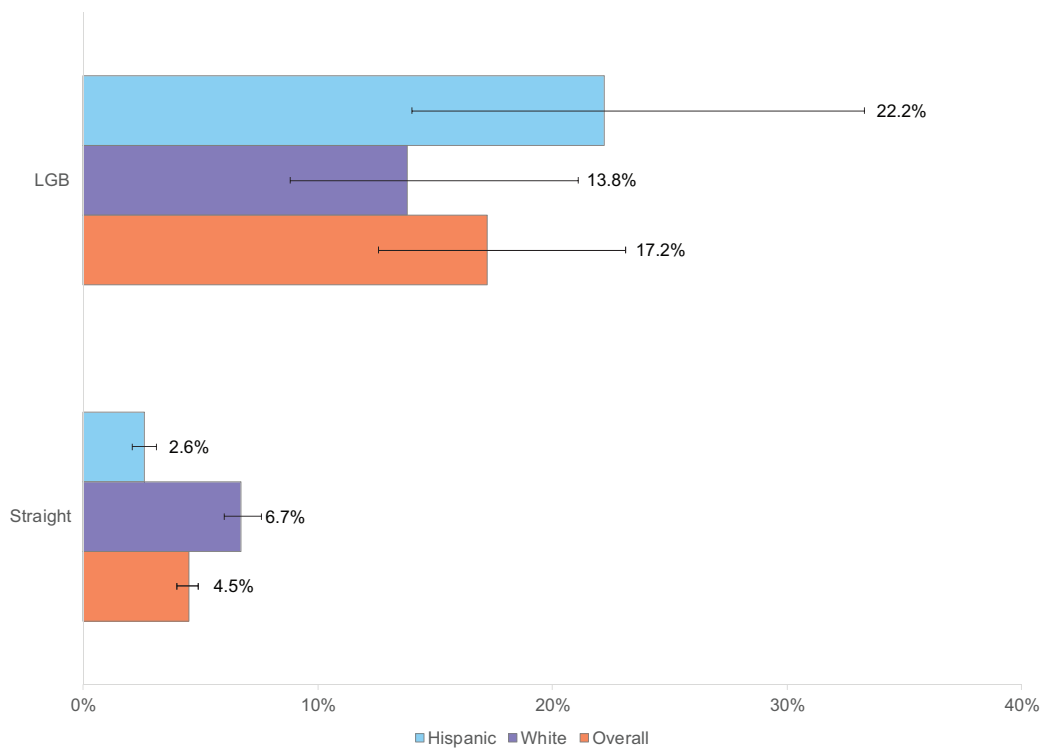
Figure 20: Estimated prevalence of doctor-diagnosed depressive disorder among adults by Sexual Orientation and Race/Ethnicity, NM 2010-2014



Heavy Drinking

Overall, LGB adults were significantly more likely to drink heavily compared with straight adults. However, these differences were not consistent by gender nor racial/ethnic identity. There was a statistically significant interaction between sexual orientation and race/ethnicity for this outcome among women, but not among men. Lesbian and bisexual women were significantly more likely to drink heavily than straight women. Straight Hispanic women were significantly less likely to be heavy drinkers than straight White women. However, among lesbian women, differences by race/ethnicity were not statistically significant (Figure 20).

Figure 21: Estimated prevalence of heavy drinking among women by Sexual Orientation and Race/Ethnicity



Note: Estimates for American Indian population have been suppressed due to small numbers.

Health Inequities by Sexual Orientation: Context Matters

This report presents many health disparities between lesbian, gay, bisexual, and straight adults in New Mexico. Among LGB adults, there was a significantly higher prevalence of disability, current asthma, prediabetes, depression, excessive alcohol use, smoking, and frequent mental distress (i.e. 14+ days of poor mental health). Lesbian women were less likely to have an up-to-date cervical cancer screening (i.e. pap test). Although there was no disparity found with obesity (LGB adults were similar to straight adults), the high prevalence of obesity in the community warrants interventions that include lesbian, gay, and bisexual adults.

There is nothing inherent about identifying as lesbian, gay, or bisexual that would lead to marked differences in health and well-being. Rather, these identities could be thought of as markers for the stresses caused by stigma, discrimination, and violence (i.e. minority stress framework) perpetrated by both social structures and individuals when identifying as other than heterosexual or straight.^{15,16} These stressors are associated with increased prevalence of mental health disorders and substance use among lesbian, gay, and bisexual adults.^{17,18} Recent research has also found an association between stressors and physical health conditions.^{19,20} Furthermore, homophobia and bias within the healthcare system create additional barriers for lesbian, gay, and bisexual people when attempting to access care and may even deter some from seeking care.²¹ Fear of disclosing one's orientation and/or bias from healthcare providers can lead to suboptimal care, which can exacerbate health disparities among lesbian, gay, and bisexual adults.²¹ These social structures must be considered when examining disparities and developing interventions.

Lesbian, gay, and bisexual people hail from diverse backgrounds; therefore, many may also have multiple intersecting identities (i.e. intersectionality) and public health must begin to understand how these intersections affect health outcomes and behaviors.¹³ Evidence on the role intersecting identities plays in health outcomes is relatively new in public health and some results seem rather surprising. While studies have shown increased risk for suicide attempt and substance use issues among lesbian, gay, and bisexual racial/ethnic minorities compared to both straight white and LGB white people^{4,5}, other studies have found no evidence of increased risk for poor self-rated health, functional limitation, and current smoking beyond racial/ethnic disparities.^{6,22} In our analyses of intersectionality, for several outcomes we found disparities by race/ethnicity, but not race/ethnicity and sexual orientation. Of those outcomes

where both race/ethnicity and sexual orientation played a part, in some cases LGB racial/ethnic minorities had better health outcomes contrasted with white LGB and white straight adults. We must think carefully about these results and what they reveal (or do not reveal) about LGB people of color in New Mexico.

For this report, we have focused primarily on one dimension of sexual orientation, namely identity. However, sexual orientation also includes dimensions of attraction (both sexual and romantic) and sexual behavior. Therefore, there may be New Mexican adults who have same-sex attraction or behavior, but do not



identify themselves using the LGB umbrella though they may face similar barriers. Moreover, this report does not include transgender or gender nonconforming individuals due to inadequate population-level data; however, these populations also face similar stigma and discrimination that have been shown to lead to worse health outcomes.²³



The mission of the New Mexico Department of Health is to “promote the health and wellness, improve outcomes, and assure safety net services for all people in New Mexico.” To serve this mission, it is imperative that interventions and preventive programs are not only inclusive of lesbians, gays, and bisexuals, but also consider the unique outcomes experienced by those with intersecting marginalized identities.

Recommendations and Examples of Efforts to Address Inequities

Recommendations

1. Increase the collection of sexual orientation and gender identity data in population health data pursuant to the Healthy People 2020 goals.
2. Prioritize the analysis of health disparities by sexual orientation across various health outcomes.
3. Incorporate the context (social, environmental, political) into the discussion of health disparities by sexual orientation and the creation of interventions.
4. Build relationships with organizations that serve the LGBT community.

New Mexico Department of Health (NMDOH) Efforts to Address LGBT Inequities

1. In 2016, the New Mexico Department of Health revised the Behavioral Risk Factor Surveillance System to collect data on transgender and gender non-conforming individuals by utilizing a two-step question method to gather information on biological sex and current gender identity. The department has been collecting data on sexual orientation among all adults in the NMBRFSS since 2005.
2. The NMDOH Office of Policy and Accountability has convened an LGBT task force of multi-agency and community stakeholders to develop an LGBT report and recommendations.
3. The Tobacco Use Prevention and Control Program and the Sexual Violence Services and Prevention Program provide funding to Fierce Pride, a statewide LGBT health advocacy network to address tobacco, sexual violence, and other health issues at the community level.
4. The Youth Risk and Resiliency Survey (YRRS) continues to include sexual identity measures to track the health, risk, and resiliency of LGBTQ high school youth in New Mexico, and reports are released on the data (www.youthrisk.org).
5. NMDOH Harm Reduction Program contracts with the Transgender Data Resource Center to provide syringe services and naloxone to the community.

Acronyms, Terminology, and Definitions

Acronyms

BRFSS: Behavioral Risk Factor Surveillance System, a population-based, anonymous, telephone health survey of adults. This report also uses the acronym NMBRFSS.

CDC: Centers for Disease Control and Prevention

CRC: Colorectal Cancer Screening

CVD: Cardiovascular disease. Indicates that a person responded that they have one or more of the following: heart attack, coronary heart disease, and/or stroke.

HIV: Human Immunodeficiency Virus. The virus that causes AIDS (Acquired Immunodeficiency Syndrome)

LGBT: Lesbian, gay, bisexual, and transgender. An acronym commonly used to describe the sexual and gender minority community, although it is not all-inclusive. Others use LGBTQIA or variations of this acronym, which includes lesbian, gay, bisexual, transgender, two-spirit, queer or questioning, intersex, asexual or ally. This report focuses on LGB because that information is collected on the NMBRFSS for the years in the report.

Terminology

95% Confidence Interval [95%CI]: Represents the range in which a true value of a measure would exist 95% of the time.

Demographics: The characteristics of human populations and population segments (e.g. age, sex, income, education, occupation, etc.)

Estimates: Approximate values derived from surveys that are best interpreted using confidence intervals

Prevalence: The proportion or percentage of individuals in a population having a disease/condition or participating in an activity that is risky to their health

Definitions

Binge Drinker: Men who reported consuming five or more alcoholic drinks in one sitting in the past 30 days or women who reported consuming four or more alcoholic drinks in one sitting in the past 30 days.

Bisexual: A man or woman who identifies as being sexually attracted to and/or engaging in sexual behavior with both men and women.

Colonoscopy: An exam that lets a health care provider look inside the entire colon and rectum for polyps or signs of cancer. Polyps are small growths that over time can become cancer.

Gay: A man who identifies as being sexually attracted to and/or engaging in sexual behavior with another man. This term is sometimes used more generally as a man or woman who identifies as being sexually attracted to and/or engaging in sexual behavior with a person of the same sex.

Gender: A social construct referring to characteristics such as appearance, behaviors, and roles that distinguish the categories of being a man, woman, or either.

Gender Identity: An individual's internal sense of gender (e.g. male, female, or neither)

Health Disparity: The differences in the burden of disease and other adverse health conditions and behaviors that exist among specific groups compared to the dominant group.

Health Inequity: Health disparities that are believed to be preventable and unjust or unfair

Heavy Drinker: Men who reported consuming 15 or more alcoholic drinks per week or women who reported consuming 8 or more alcoholic drinks per week

Heterosexual: A man or woman who identifies as being sexually attracted to and/or engaging in sexual behavior with persons of the opposite sex. Also commonly known as straight.

Lesbian: A woman who identifies as being sexually attracted to and/or engaging in sexual behavior with another woman.

Mammogram: An x-ray picture of the breast. Screening mammograms are used to check for breast cancer in women who have no signs or symptoms of the disease.

Pap Test: An exam that checks for changes in the cells of the cervix and can be used to screen for cervical cancer. Also called a Pap smear.

Sex: The biological distinction between male and female

Straight: A man or woman who identifies as being sexually attracted to and/or engaging in sexual behavior with persons of the opposite sex

Transgender: A person whose gender identity, expression, or behavior is different from those typically associated with their assigned sex at birth

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Appendix A: Methodology

This report uses data provided by the New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), a random-digit dialed survey of New Mexican adults (18+). Data from 2011, 2012, 2013, and 2014 have been aggregated to account for the small sample size of the LGB population in individual survey years.

Since 2009, sexual orientation was ascertained by asking survey respondents the following:

Do you consider yourself to be one or more of the following:

- A Straight**
- B Gay or Lesbian**
- C Bisexual**
- D Transgender**

You can name a different category if that fits you better:

- E Other, specify: _____**

Due to changes in the BRFSS methodology between 2010 and 2011, findings from this report should not be directly compared with previous reports on LGB health.

Appendix B: Tables

Table A: Demographic Characteristics among Adults by Sexual Orientation, NM 2011-2014

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Age Group (years)												
18-24	1,877	12.9	[12.3,13.6]	50	20.8	[15.5,27.4]	65	25.7	[20.1,32.2]	115	22.9	[18.9,27.4]
25-34	3,562	17.8	[17.2,18.5]	60	18.8	[14.3,24.4]	62	25.1	[18.8,32.7]	122	21.5	[17.6,25.9]
35-44	4,121	16.1	[15.5,16.6]	70	16	[12.1,21.0]	41	11.7	[8.2,16.3]	111	14.2	[11.4,17.6]
45-54	5,849	17.5	[17.0,18.1]	115	18.4	[14.8,22.7]	63	17.9	[13.2,23.9]	178	18.2	[15.2,21.6]
55-64	7,719	16.7	[16.3,17.2]	111	13.4	[10.5,16.9]	58	9.6	[6.8,13.4]	169	11.8	[9.7,14.3]
65+	10,536	19.0	[18.5,19.4]	107	12.5	[9.1,16.8]	58	10.0	[7.2,13.9]	165	11.5	[9.1,14.4]
Race/Ethnicity												
American Indian	2,541	8	[7.6,8.4]	39	7.5	[5.2,10.6]	31	7.9	[5.2,11.7]	70	7.7	[5.8,10.0]
Asian/Pacific Islander	285	1.3	[1.1,1.5]	6	1.7	[0.6,4.9]	8	2.1	[1.0,4.5]	14	1.9	[1.0,3.6]
Black	428	1.8	[1.6,2.1]	11	1.7	[0.8,3.5]	9	2.4	[1.2,4.9]	20	2.0	[1.2,3.3]
Hispanic	11,990	44.8	[44.0,45.5]	151	42.5	[36.4,48.8]	98	35.8	[29.0,43.2]	249	39.7	[35.1,44.5]
White	18,126	44.1	[43.4,44.9]	297	46.6	[40.6,52.7]	192	51.8	[44.7,58.9]	489	48.8	[44.1,53.4]
Educational Attainment												
Less than High School	4,058	17.7	[17.0,18.3]	33	13	[8.9,18.7]	30	11.7	[7.9,17.0]	63	12.5	[9.4,16.3]
High School or GED	9,485	27.5	[26.8,28.1]	74	16.1	[12.3,20.9]	72	23.4	[17.9,29.9]	146	19.1	[15.8,22.9]
Some College	9,192	32.7	[31.9,33.4]	131	34.8	[29.0,41.1]	116	41.2	[34.2,48.5]	247	37.4	[32.9,42.2]
College Degree or Higher	11,074	22.2	[21.7,22.7]	276	36.1	[30.9,41.6]	127	23.7	[19.1,29.1]	403	31.0	[27.3,34.9]
Marital Status												
Married	17,496	49.9	[49.1,50.6]	70	13.3	[9.5,18.3]	81	23.4	[18.2,29.6]	151	17.5	[14.3,21.3]
Divorced or separated	6,249	15.2	[14.7,15.7]	53	8.8	[5.9,12.9]	79	16.5	[12.4,21.7]	132	12.0	[9.5,15.1]
Widowed	3,956	6.4	[6.1,6.7]	18	1.7	[0.9,3.1]	17	3.9	[1.8,8.1]	35	2.6	[1.6,4.4]
Never Married	4,923	23.2	[22.4,23.9]	258	55.6	[49.6,61.5]	140	47.7	[40.8,54.8]	398	52.3	[47.7,56.9]
Unmarried couple	1,179	5.4	[5.0,5.8]	112	20.6	[16.5,25.4]	29	8.4	[5.3,13.2]	141	15.5	[12.7,18.9]
Employment Status												
Employed	15,993	52.7	[51.9,53.4]	278	54.0	[47.8,60.0]	165	49.2	[42.2,56.2]	443	52.0	[47.4,56.5]
Unemployed less than 1 year	945	4.1	[3.7,4.4]	15	4.0	[2.1,7.3]	15	5.3	[2.9,9.5]	30	4.5	[2.9,6.9]
Unemployed 1 year or more	1,053	4.3	[3.9,4.6]	25	6.1	[3.7,9.9]	14	6.4	[3.4,11.7]	39	6.2	[4.2,9.1]
Other	13,128	31.8	[31.1,32.5]	154	26.7	[21.5,32.6]	111	27.1	[21.7,33.2]	265	26.9	[23.0,31.1]
Unable to work	2,649	7.2	[6.9,7.6]	41	9.2	[6.1,13.7]	40	12.1	[8.3,17.2]	81	10.4	[7.9,13.6]

Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]

Annual Household Income

< \$15,000	4,466	15.5	[15.0,16.1]	65	17.8	[13.0,23.8]	73	21.6	[16.4,27.9]	138	19.3	[15.7,23.6]
\$15,000-24,999	6,582	24.1	[23.4,24.8]	99	23.2	[18.1,29.1]	84	31.8	[25.2,39.2]	183	26.6	[22.5,31.2]
\$25,000-34,999	3,778	12.7	[12.2,13.2]	62	11	[7.9,14.9]	38	13.2	[8.1,20.6]	100	11.8	[9.0,15.5]
\$35,000-49,999	4,310	13.8	[13.3,14.3]	72	14	[10.5,18.5]	32	9.5	[5.8,15.1]	104	12.2	[9.5,15.5]
≥ \$50,000	10,730	33.9	[33.2,34.6]	184	34	[28.7,39.9]	87	23.9	[18.6,30.2]	271	30.0	[26.0,34.2]

Veteran Status

Veteran	4,533	11.9	[11.4,12.3]	63	9.4	[6.2,13.8]	48	11.3	[7.9,16.0]	111	10.2	[7.7,13.3]
Not a veteran	29,363	88.1	[87.7,88.6]	450	90.6	[86.2,93.8]	299	88.7	[84.0,92.1]	749	89.8	[86.7,92.3]

County Designation

Metropolitan	9,528	43.3	[42.7,43.9]	191	52.6	[46.6,58.5]	121	51	[44.1,58.0]	312	52.0	[47.4,56.5]
Small Metropolitan	9,406	22.9	[22.3,23.4]	172	25.5	[20.9,30.7]	92	19.4	[15.0,24.6]	264	23.0	[19.6,26.6]
Mixed Urban/Rural	12,143	28.2	[27.7,28.7]	126	19.0	[15.1,23.6]	115	26.8	[21.6,32.7]	241	22.3	[19.0,25.8]
Rural	2,347	5.6	[5.3,5.9]	19	2.9	[1.6,5.0]	15	2.8	[1.5,5.1]	34	2.8	[1.9,4.3]

Source: New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), 2011 - 2014

Table B: Demographic Characteristics among Women by Sexual Orientation, NM 2011-2014

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Age Group (years)												
18-24	960	12.1	[11.2,13.0]	26	21.5	[14.5,30.8]	47	29.5	[22.3,37.9]	73	25.3	[20.1,31.4]
25-34	2,016	17.0	[16.2,17.9]	28	18.6	[12.3,27.1]	45	25.7	[18.9,34.0]	73	22	[17.2,27.7]
35-44	2,375	15.7	[14.9,16.4]	33	13.8	[9.2,20.2]	37	16.9	[11.8,23.6]	70	15.3	[11.7,19.7]
45-54	3,405	17.7	[16.9,18.4]	62	18.1	[13.4,23.9]	35	15.0	[9.6,22.6]	97	16.6	[12.9,21.1]
55-64	4,457	17.0	[16.3,17.6]	67	16.2	[12.0,21.6]	31	6.9	[4.5,10.4]	98	11.8	[9.2,15.0]
65+	6,525	20.6	[20.0,21.3]	63	11.8	[8.4,16.3]	23	6.0	[3.6,9.8]	86	9.1	[6.8,11.9]
Race/Ethnicity												
American Indian	1,606	8.3	[7.8,8.9]	13	4.1	[2.2,7.5]	19	8.7	[5.3,14.0]	32	6.3	[4.2,9.1]
Asian/Pacific Islander	142	1.3	[1.0,1.6]	1	0.2	[0.0,1.6]	5	2.7	[1.1,6.6]	6	1.4	[0.6,3.2]
Black	230	1.7	[1.4,2.0]	7	2.1	[0.9,5.1]	2	0.5	[0.1,2.2]	9	1.3	[0.6,2.9]
Hispanic	7,085	44.5	[43.5,45.5]	83	46.1	[37.8,54.6]	58	33.6	[25.9,42.3]	141	40.2	[34.3,46.4]
White	10,577	44.2	[43.3,45.2]	171	47.5	[39.5,55.6]	127	54.5	[46.0,62.8]	298	50.8	[44.9,56.7]
Educational Attainment												
Less than High School	2,448	17.5	[16.7,18.3]	18	14.4	[8.6,23.2]	18	10.9	[6.6,17.5]	36	12.8	[8.8,18.1]
High School or GED	5,434	26.0	[25.1,26.8]	40	17.8	[12.3,25.1]	44	23.7	[17.2,31.6]	84	20.6	[16.2,25.8]
Some College	5,667	34.4	[33.5,35.4]	64	32.4	[24.9,40.9]	71	38.2	[30.2,47.0]	135	35.1	[29.5,41.2]
College Degree or Higher	6,286	22.1	[21.4,22.8]	157	35.4	[28.9,42.6]	84	27.2	[21.0,34.3]	241	31.5	[27.0,36.5]
Marital Status												
Married	9,590	48.7	[47.8,49.7]	47	17.0	[11.8,24.1]	53	24.5	[18.1,32.3]	100	20.6	[16.3,25.7]
Divorced or separated	3,859	16.2	[15.6,16.9]	36	10.5	[6.8,15.8]	47	15.8	[11.1,22.1]	83	13.0	[9.9,16.9]
Widowed	3,179	9.6	[9.2,10.1]	14	2.4	[1.2,4.8]	9	4.2	[1.5,11.6]	23	3.3	[1.6,6.5]
Never Married	2,520	19.8	[18.9,20.7]	109	48.3	[40.2,56.6]	86	46.7	[38.5,55.1]	195	47.6	[41.7,53.5]
Unmarried couple	684	5.6	[5.1,6.2]	70	21.7	[16.4,28.0]	22	8.7	[5.5,13.5]	92	15.5	[12.2,19.4]
Employment Status												
Employed	8,360	45.6	[44.6,46.6]	157	58.6	[50.4,66.3]	101	42.5	[34.5,50.8]	258	50.9	[45.1,56.8]
Unemployed less than 1 year	477	3.4	[3.0,3.8]	8	3.3	[1.3,7.9]	10	5.7	[2.7,11.6]	18	4.4	[2.5,7.8]
Unemployed 1 year or more	567	3.7	[3.2,4.1]	11	6.5	[3.3,12.5]	12	9.3	[4.7,17.3]	23	7.8	[4.8,12.4]
Other	8,803	39.9	[39.0,40.9]	84	21.8	[16.4,28.3]	66	28.3	[21.7,36.1]	150	24.9	[20.5,29.9]
Unable to work	1,605	7.4	[6.9,7.9]	19	9.8	[5.4,17.1]	28	14.3	[9.3,21.2]	47	11.9	[8.4,16.6]

Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]

Annual Household Income

< \$15,000	2,921	18.0	[17.1,18.8]	31	16.3	[10.6,24.3]	45	20.8	[14.9,28.4]	76	18.4	[14.0,23.7]
\$15,000-24,999	4,041	25.5	[24.6,26.4]	48	23.1	[16.2,31.7]	60	35.7	[27.4,45.0]	108	28.8	[23.2,35.1]
\$25,000-34,999	2,239	12.8	[12.1,13.5]	35	12.1	[7.7,18.7]	27	13.6	[8.9,20.3]	62	12.8	[9.4,17.2]
\$35,000-49,999	2,443	13.0	[12.3,13.7]	38	12.4	[8.4,17.9]	14	5.3	[2.8,9.8]	52	9.2	[6.6,12.6]
≥ \$50,000	5,494	30.8	[29.8,31.7]	110	36.1	[28.7,44.2]	52	24.5	[17.9,32.6]	162	30.8	[25.7,36.5]

Veteran Status

Veteran	393	1.8	[1.5,2.1]	24	5.9	[3.4,10.1]	10	3.5	[1.7,7.3]	34	4.8	[3.1,7.4]
Not a veteran	19,505	98.2	[97.9,98.5]	254	94.1	[89.9,96.6]	208	96.5	[92.7,98.3]	462	95.2	[92.6,96.9]

County Designation

Metropolitan	5,480	43.6	[42.7,44.5]	110	53.4	[45.2,61.3]	82	51.3	[43.0,59.4]	192	52.4	[46.6,58.1]
Small Metropolitan	5,553	23.0	[22.3,23.7]	86	26.5	[19.7,34.5]	62	21.9	[16.1,29.0]	148	24.3	[19.6,29.6]
Mixed Urban/Rural	7,229	28.0	[27.3,28.7]	66	16.6	[12.2,22.1]	68	25.5	[19.5,32.6]	134	20.9	[17.1,25.2]
Rural	1,359	5.4	[5.1,5.8]	12	3.6	[1.8,6.8]	6	1.4	[0.6,3.4]	18	2.5	[1.5,4.3]

Source: New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), 2011 - 2014

Table C: Demographic Characteristics among Men by Sexual Orientation, NM 2011-2014

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Age Group (years)												
18-24	917	13.8	[12.8,14.8]	24	20.2	[13.0,30.0]	18	19.6	[11.9,30.5]	42	20.0	[14.3,27.2]
25-34	1,546	18.7	[17.7,19.7]	32	19.1	[13.1,26.9]	17	24.1	[13.2,39.8]	49	20.8	[15.0,28.2]
35-44	1,746	16.5	[15.6,17.4]	37	18.2	[12.2,26.2]	4	3.5	[1.1,10.7]	41	13.0	[8.9,18.7]
45-54	2,444	17.4	[16.6,18.2]	53	18.8	[13.6,25.3]	28	22.6	[14.5,33.4]	81	20.1	[15.5,25.7]
55-64	3,262	16.5	[15.8,17.2]	44	10.7	[7.0,15.8]	27	13.9	[8.2,22.6]	71	11.8	[8.5,16.1]
65+	4,011	17.2	[16.5,17.9]	44	13.1	[7.9,21.0]	35	16.4	[10.3,24.9]	79	14.3	[10.1,19.8]
Race/Ethnicity												
American Indian	935	7.7	[7.1,8.3]	26	10.7	[6.9,16.3]	12	6.6	[3.1,13.4]	38	9.3	[6.4,13.3]
Asian/Pacific Islander	143	1.3	[1.0,1.6]	5	3.1	[1.0,9.2]	3	1.3	[0.4,4.1]	8	2.5	[1.0,6.2]
Black	198	2.0	[1.6,2.4]	4	1.4	[0.4,4.5]	7	5.3	[2.4,11.5]	11	2.8	[1.4,5.3]
Hispanic	4,905	45.0	[43.8,46.2]	68	39	[30.4,48.3]	40	39.1	[27.3,52.2]	108	39.0	[32.0,46.6]
White	7,549	44.0	[42.9,45.1]	126	45.7	[36.9,54.8]	65	47.7	[35.7,59.9]	191	46.4	[39.3,53.7]
Educational Attainment												
Less than High School	1,610	17.9	[16.9,18.9]	15	11.7	[6.6,19.9]	12	13.0	[6.9,23.1]	27	12.1	[7.9,18.2]
High School or GED	4,051	29.0	[28.0,30.1]	34	14.6	[9.7,21.2]	28	22.9	[14.1,34.9]	62	17.5	[12.8,23.3]
Some College	3,525	30.8	[29.7,31.9]	67	37.1	[28.6,46.4]	45	45.9	[33.8,58.6]	112	40.1	[33.0,47.7]
College Degree or Higher	4,788	22.3	[21.5,23.1]	119	36.7	[28.9,45.2]	43	18.2	[12.2,26.2]	162	30.3	[24.6,36.7]
Marital Status												
Married	7,906	51.0	[49.9,52.2]	23	9.7	[5.0,18.1]	28	21.7	[13.7,32.6]	51	13.9	[9.5,20.0]
Divorced or separated	2,390	14.1	[13.3,14.9]	17	7.3	[3.4,14.7]	32	17.6	[10.8,27.5]	49	10.9	[7.2,16.3]
Widowed	777	3.1	[2.8,3.4]	4	1.0	[0.3,3.2]	8	3.3	[1.5,7.4]	12	1.8	[0.9,3.5]
Never Married	2,403	26.7	[25.6,27.9]	149	62.4	[53.2,70.8]	54	49.3	[37.2,61.5]	203	57.8	[50.5,64.8]
Unmarried couple	495	5.1	[4.6,5.7]	42	19.6	[13.6,27.3]	7	8.1	[2.9,20.3]	49	15.5	[11.0,21.5]
Employment Status												
Employed	7,633	60.0	[58.9,61.1]	121	49.6	[40.7,58.4]	64	59.9	[48.0,70.8]	185	53.2	[45.9,60.3]
Unemployed less than 1 year	468	4.7	[4.2,5.3]	7	4.6	[2.0,10.6]	5	4.7	[1.7,12.5]	12	4.7	[2.4,8.8]
Unemployed 1 year or more	486	4.9	[4.3,5.5]	14	5.7	[2.7,11.7]	2	1.7	[0.3,10.3]	16	4.3	[2.1,8.5]
Other	4,325	23.3	[22.4,24.2]	70	31.4	[23.2,41.0]	45	25.1	[16.9,35.5]	115	29.2	[22.9,36.4]
Unable to work	1,044	7.1	[6.6,7.7]	22	8.7	[4.8,15.1]	12	8.5	[4.0,17.5]	34	8.6	[5.4,13.5]

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Annual Household Income												
< \$15,000	1,545	13.2	[12.4,14.0]	34	19.3	[12.3,28.9]	28	22.9	[14.2,34.7]	62	20.5	[14.8,27.7]
\$15,000-24,999	2,541	22.7	[21.6,23.7]	51	23.3	[16.4,31.9]	24	25.6	[16.2,38.0]	75	24.1	[18.3,30.9]
\$25,000-34,999	1,539	12.6	[11.8,13.4]	27	9.8	[6.3,14.9]	11	12.4	[4.0,32.5]	38	10.7	[6.4,17.4]
\$35,000-49,999	1,867	14.6	[13.8,15.4]	34	15.7	[10.3,23.0]	18	16.1	[8.3,29.0]	52	15.8	[11.1,22.0]
≥ \$50,000	5,236	37.0	[35.9,38.1]	74	32.0	[24.5,40.5]	35	23.0	[15.1,33.5]	109	28.9	[23.1,35.5]
Veteran Status												
Veteran	4,140	22.4	[21.5,23.2]	39	12.6	[7.4,20.6]	38	23.5	[15.5,34.0]	77	16.4	[11.8,22.4]
Not a veteran	9,858	77.6	[76.8,78.5]	196	87.4	[79.4,92.6]	91	76.5	[66.0,84.5]	287	83.6	[77.6,88.2]
County Designation												
Metropolitan	4,048	43	[41.9,44.1]	81	51.9	[43.1,60.6]	39	50.7	[38.3,63.0]	120	51.5	[44.3,58.6]
Small Metropolitan	3,853	22.7	[21.9,23.6]	86	24.6	[18.8,31.5]	30	15.2	[9.7,23.0]	116	21.4	[17.0,26.6]
Mixed Urban/Rural	4,914	28.4	[27.6,29.3]	60	21.3	[15.3,28.8]	47	29	[20.0,39.9]	107	23.9	[18.7,29.9]
Rural	988	5.9	[5.4,6.4]	7	2.3	[0.8,6.1]	9	5.1	[2.3,11.0]	16	3.2	[1.7,6.0]

Source: New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), 2011 - 2014

Table D: Health Behaviors and Conditions among Adults by Sexual Orientation, NM 2011-2014

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Health Care Access												
Have health care coverage	28893	79.7	[79.0,80.3]	445	81.6	[76.1,86.1]	283	74.5	[66.6,81.1]	728	78.6	[74.1,82.6]
Did not access care due to cost	5156	18.2	[17.6,18.8]	77	19.6	[15.1,25.2]	96	29.0	[23.0,35.7]	173	23.5	[19.8,27.7]
Chronic Conditions												
Disabled	9656	25.0	[24.4,25.7]	154	30.6	[25.1,36.7]	132	37.9	[31.4,45.0]	286	33.6	[29.3,38.2]
Current asthma	3301	9.4	[9.0,9.9]	71	16.1	[11.8,21.7]	59	15.5	[11.6,20.5]	130	15.9	[12.8,19.6]
Ever asthma	4712	14.2	[13.7,14.7]	97	23.1	[18.1,29.1]	86	24.5	[19.3,30.6]	183	23.7	[19.9,27.9]
Any CVD	3534	7.8	[7.4,8.1]	35	5.1	[3.3,7.7]	31	6.1	[3.7,9.8]	66	5.5	[4.0,7.5]
Any cancer	5191	10.8	[10.4,11.2]	89	13.6	[9.9,18.3]	50	11.4	[8.1,15.8]	139	12.7	[10.0,15.9]
Obesity	8726	27.3	[26.6,28.0]	120	27.4	[22.2,33.2]	88	24.1	[18.9,30.1]	208	26.0	[22.2,30.2]
Diabetes	4358	10.7	[10.3,11.1]	27	6.8	[3.8,11.8]	34	7.0	[4.5,10.8]	61	6.9	[4.7,10.0]
Pre-diabetes	2608	7.7	[7.3,8.2]	52	11.8	[8.3,16.5]	30	8.9	[5.9,13.1]	82	10.6	[8.1,13.7]
Arthritis	10719	24.5	[24.0,25.1]	155	26.1	[21.1,31.8]	114	27.0	[21.6,33.2]	269	26.5	[22.7,30.6]
Mental Health												
Depressive Disorder	6944	19.7	[19.1,20.3]	164	34.5	[28.8,40.6]	156	46.0	[39.1,53.0]	320	39.3	[34.9,43.9]
Risk Factors												
Binge drinker	3436	14.6	[14.0,15.2]	72	20.8	[16.0,26.7]	78	28.0	[21.8,35.2]	150	23.8	[19.9,28.2]
Heavy drinker	1611	5.5	[5.1,5.9]	47	10.7	[7.3,15.6]	48	15.9	[11.2,22.1]	95	12.9	[9.9,16.5]
Current smoker	5561	19.5	[18.9,20.1]	121	28.8	[23.5,34.7]	94	36.3	[29.4,43.8]	215	31.9	[27.5,36.5]
High blood pressure*	6473	29.0	[28.2,29.9]	79	21.2	[16.2,27.2]	50	27.4	[18.3,38.8]	129	23.6	[18.7,29.4]
High cholesterol*	5848	36.4	[35.4,37.5]	79	26.2	[20.0,33.5]	46	27.1	[19.1,36.9]	125	26.5	[21.4,32.3]
Protective Factors												
Dental care†	10328	61.3	[60.2,62.4]	170	59.2	[49.2,68.5]	113	59.1	[49.0,68.5]	283	59.2	[52.0,65.9]
Up-to-date for CRC screening†	4901	62.7	[61.2,64.1]	84	76.5	[66.3,84.4]	34	60.3	[41.8,76.3]	118	71.0	[61.3,79.0]
Flu vaccine	13528	38.4	[37.7,39.2]	224	40.7	[34.9,46.7]	117	33.4	[27.2,40.2]	341	37.7	[33.4,42.2]
HIV test	8768	33.2	[32.4,33.9]	293	61.4	[54.9,67.5]	199	68.2	[61.5,74.3]	492	64.2	[59.5,68.7]
Quality of Life												
14+ Days of poor physical health	5250	13.8	[13.3,14.3]	69	16.9	[12.3,22.8]	64	16.5	[12.4,21.7]	133	16.8	[13.4,20.7]
14+ Days of poor mental health	3924	12.4	[11.9,12.9]	84	19.8	[15.3,25.2]	77	22.7	[17.4,29.2]	161	21.0	[17.5,25.1]
Fair or poor general health	7370	20.5	[19.9,21.1]	88	17.3	[13.0,22.5]	83	23.1	[17.8,29.3]	171	19.7	[16.3,23.6]

Source: New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), 2011 - 2014
 *2011, 2013 NMBRFSS; † 2012, 2014 NMBRFSS

Table E: Health Behaviors and Conditions among Women by Sexual Orientation, NM 2011-2014

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Health Care Access												
Have health care coverage	17256	82.1	[81.3,82.9]	247	83.2	[75.3,88.9]	184	81.3	[72.8,87.6]	431	82.3	[76.7,86.7]
Did not access care due to cost	3294	19.9	[19.1,20.7]	39	20.5	[14.2,28.6]	62	29.3	[22.2,37.6]	101	19.9	[19.1,20.7]
Chronic Conditions												
Disabled	5752	25.2	[24.4,26.0]	88	33.5	[26.2,41.7]	89	43.0	[34.8,51.6]	177	25.2	[24.4,26.0]
Current asthma	2307	11.7	[11.0,12.3]	49	21.3	[14.6,30.1]	44	17.8	[12.8,24.4]	93	19.7	[15.2,25.1]
Ever asthma	3103	16.0	[15.3,16.7]	64	28.3	[20.8,37.1]	61	25.7	[19.5,33.1]	125	16.0	[15.3,16.7]
Any CVD	1782	6.5	[6.1,6.9]	20	7.6	[4.4,12.7]	13	3.4	[1.8,6.4]	33	5.6	[3.6,8.5]
Any cancer	3111	11.7	[11.2,12.3]	54	14.4	[10.1,20.2]	27	10.5	[6.8,15.9]	81	12.5	[9.5,16.4]
Obesity	5088	27.6	[26.7,28.5]	76	31.6	[24.5,39.6]	61	27.1	[20.5,35.0]	137	29.4	[24.4,35.0]
Diabetes	2508	10.6	[10.1,11.2]	7	1.5	[0.7,3.4]	14	4.6	[2.4,8.6]	21	3.0	[1.8,5.0]
Pre-diabetes	1524	7.6	[7.1,8.1]	24	9.4	[5.4,15.7]	20	8.7	[5.4,13.8]	44	9.1	[6.3,13.0]
Arthritis	6835	27.3	[26.5,28.1]	101	30.6	[24.1,38.0]	78	29.5	[22.9,37.1]	179	30.1	[25.3,35.3]
Mental Health												
Depressive Disorder	4834	24.2	[23.3,25.0]	96	36.3	[29.0,44.3]	112	51.4	[43.1,59.6]	208	43.5	[37.9,49.4]
Risk Factors												
Binge drinker	1248	8.4	[7.9,9.1]	36	23.2	[16.0,32.5]	51	28.1	[20.7,36.9]	87	25.6	[20.2,31.8]
Heavy drinker	827	4.5	[4.1,5.0]	33	15.3	[9.7,23.3]	33	19.0	[12.6,27.7]	66	17.1	[12.6,22.7]
Current smoker	2979	16.5	[15.8,17.3]	65	30.1	[22.9,38.4]	55	32.5	[24.7,41.3]	120	31.2	[25.8,37.2]
High blood pressure*	3690	27.6	[26.5,28.7]	32	14.8	[9.5,22.4]	23	19.8	[11.8,31.4]	55	16.9	[12.1,23.3]
High cholesterol*	3420	35.1	[33.7,36.5]	44	28.3	[19.1,39.8]	26	23.4	[14.4,35.8]	70	26.3	[19.4,34.5]
Protective Factors												
Dental care†	6364	66.3	[64.9,67.6]	96	65.0	[52.1,76.1]	78	63.9	[51.6,74.5]	174	64.4	[55.6,72.3]
Up-to-date for CRC screening†	2926	64.6	[62.7,66.4]	45	70.8	[55.7,82.3]	14	53.4	[31.3,74.3]	59	65.2	[52.5,76.0]
Up-to-date for breast screening†	3346	72.3	[70.5,74.0]	55	75.2	[60.2,85.9]	24	84.1	[64.8,93.9]	79	78.0	[66.3,86.5]
Up-to-date for cervical cancer screening†	3779	82.6	[81.0,84.0]	46	65.4	[47.8,79.6]	51	65.3	[51.3,77.1]	97	65.4	[54.5,74.8]
Flu vaccine	8448	41.9	[40.9,42.9]	121	40.7	[32.9,48.9]	72	35.5	[27.8,44.1]	193	38.2	[32.7,44.1]
HIV test	5214	34.9	[33.9,36.0]	112	45.4	[37.3,53.8]	135	72.0	[64.0,78.9]	247	58.2	[52.1,64.0]
Quality of Life												
14+ Days of poor physical health	3236	14.6	[14.0,15.3]	36	15.9	[10.6,23.2]	47	19.7	[14.2,26.7]	83	17.7	[13.7,22.6]
14+ Days of poor mental health	2536	13.6	[13.0,14.4]	48	21.6	[15.5,29.3]	55	27.0	[19.9,35.7]	103	24.2	[19.3,29.8]
Fair or poor general health	4455	21.3	[20.5,22.1]	54	18.2	[12.7,25.5]	60	26.2	[19.8,33.9]	114	22.0	[17.6,27.1]

Source: New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), 2011 - 2014
 *2011, 2013 NMBRFSS; † 2012, 2014 NMBRFSS

Table F: Health Behaviors and Conditions among Men by Sexual Orientation, NM 2011-2014

	Straight			Lesbian or Gay			Bisexual			Lesbian, Gay, or Bisexual		
	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]	N	%	[95% CI]
Health Care Access												
Have health care coverage	28893	79.7	[79.0,80.3]	445	81.6	[76.1,86.1]	283	74.5	[66.6,81.1]	728	78.6	[74.1,82.6]
Did not access care due to cost	5156	18.2	[17.6,18.8]	77	19.6	[15.1,25.2]	96	29.0	[23.0,35.7]	173	23.5	[19.8,27.7]
Chronic Conditions												
Disabled	9656	25.0	[24.4,25.7]	154	30.6	[25.1,36.7]	132	37.9	[31.4,45.0]	286	33.6	[29.3,38.2]
Current asthma	3301	9.4	[9.0,9.9]	71	16.1	[11.8,21.7]	59	15.5	[11.6,20.5]	130	15.9	[12.8,19.6]
Ever asthma	4712	14.2	[13.7,14.7]	97	23.1	[18.1,29.1]	86	24.5	[19.3,30.6]	183	23.7	[19.9,27.9]
Any CVD	3534	7.8	[7.4,8.1]	35	5.1	[3.3,7.7]	31	6.1	[3.7,9.8]	66	5.5	[4.0,7.5]
Any cancer	5191	10.8	[10.4,11.2]	89	13.6	[9.9,18.3]	50	11.4	[8.1,15.8]	139	12.7	[10.0,15.9]
Obesity	8726	27.3	[26.6,28.0]	120	27.4	[22.2,33.2]	88	24.1	[18.9,30.1]	208	26.0	[22.2,30.2]
Diabetes	4358	10.7	[10.3,11.1]	27	6.8	[3.8,11.8]	34	7.0	[4.5,10.8]	61	6.9	[4.7,10.0]
Pre-diabetes	2608	7.7	[7.3,8.2]	52	11.8	[8.3,16.5]	30	8.9	[5.9,13.1]	82	10.6	[8.1,13.7]
Arthritis	10719	24.5	[24.0,25.1]	155	26.1	[21.1,31.8]	114	27.0	[21.6,33.2]	269	26.5	[22.7,30.6]
Mental Health												
Depressive Disorder	6944	19.7	[19.1,20.3]	164	34.5	[28.8,40.6]	156	46.0	[39.1,53.0]	320	39.3	[34.9,43.9]
Risk Factors												
Binge drinker	3436	14.6	[14.0,15.2]	72	20.8	[16.0,26.7]	78	28.0	[21.8,35.2]	150	23.8	[19.9,28.2]
Heavy drinker	1611	5.5	[5.1,5.9]	47	10.7	[7.3,15.6]	48	15.9	[11.2,22.1]	95	12.9	[9.9,16.5]
Current smoker	5561	19.5	[18.9,20.1]	121	28.8	[23.5,34.7]	94	36.3	[29.4,43.8]	215	31.9	[27.5,36.5]
High blood pressure*	6473	29.0	[28.2,29.9]	79	21.2	[16.2,27.2]	50	27.4	[18.3,38.8]	129	23.6	[18.7,29.4]
High cholesterol*	5848	36.4	[35.4,37.5]	79	26.2	[20.0,33.5]	46	27.1	[19.1,36.9]	125	26.5	[21.4,32.3]
Protective Factors												
Dental care†	10328	61.3	[60.2,62.4]	170	59.2	[49.2,68.5]	113	59.1	[49.0,68.5]	283	59.2	[52.0,65.9]
Up-to-date for CRC screening†	4901	62.7	[61.2,64.1]	84	76.5	[66.3,84.4]	34	60.3	[41.8,76.3]	118	71.0	[61.3,79.0]
Flu vaccine	13528	38.4	[37.7,39.2]	224	40.7	[34.9,46.7]	117	33.4	[27.2,40.2]	341	37.7	[33.4,42.2]
HIV test	8768	33.2	[32.4,33.9]	293	61.4	[54.9,67.5]	199	68.2	[61.5,74.3]	492	64.2	[59.5,68.7]
Quality of Life												
14+ Days of poor physical health	5250	13.8	[13.3,14.3]	69	16.9	[12.3,22.8]	64	16.5	[12.4,21.7]	133	16.8	[13.4,20.7]
14+ Days of poor mental health	3924	12.4	[11.9,12.9]	84	19.8	[15.3,25.2]	77	22.7	[17.4,29.2]	161	21.0	[17.5,25.1]
Fair or poor general health	7370	20.5	[19.9,21.1]	88	17.3	[13.0,22.5]	83	23.1	[17.8,29.3]	171	19.7	[16.3,23.6]

Source: New Mexico Behavioral Risk Factor Surveillance System (NMBRFSS), 2011 - 2014
 *2011, 2013 NMBRFSS; † 2012, 2014 NMBRFSS



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