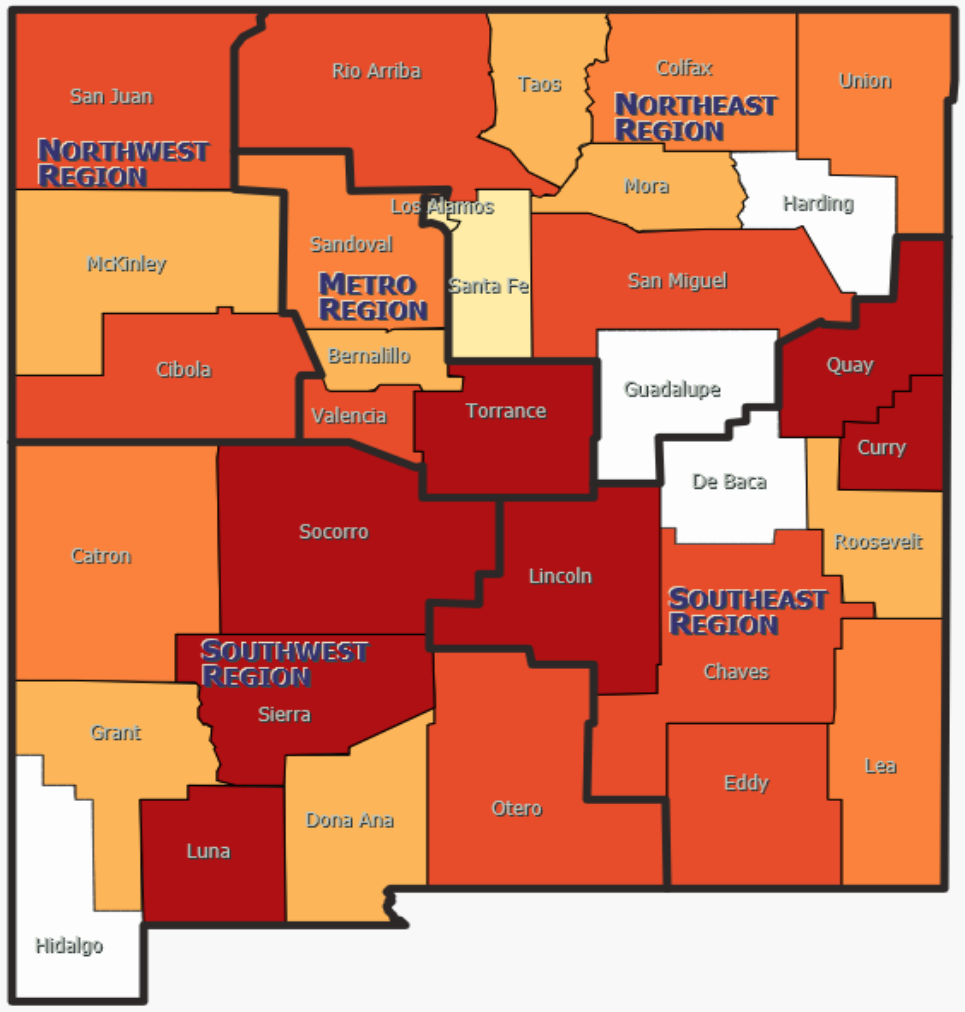
Health Behaviors and Conditions of Adult New Mexicans



Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS) 2019 Annual Report

BRFSS
Behavioral Risk Factor Surveillance System

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH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Health Behaviors and Conditions of Adult New Mexicans 2019

Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS)

Presented by the
New Mexico Department of Health
Tracie Collins, MD, Secretary Designate

Epidemiology and Response Division
Christine Ross, MD, MPH, Director, State Epidemiologist
Toby Rosenblatt, MPA, Chief, Injury & Behavioral Epidemiology
Dan Green, MPH, Survey Epidemiology Section Manager
Christopher Whiteside, MPH, BRFSS Epidemiologist
Melissa Herrera, MS, Survey Unit Manager & BRFSS Coordinator
Erma Romero, Data Collection Supervisor
Veronica Ulibarri, Data Collection Supervisor

Report prepared by:
Christopher Whiteside, MPH

Acknowledgements

The New Mexico Department of Health and the Epidemiology & Response Division would like to thank the residents of New Mexico who participated in the 2019 survey of the Behavioral Risk Factor Surveillance System (BRFSS). These participants gave their time and described their health status and related behaviors to help improve the health of all New Mexicans. This report would also not be possible without the tremendous work of the team of interviewers who conducted the interviews.

The 2019 BRFSS survey was funded by a cooperative agreement with the Centers for Disease Control and Prevention (Grant number 6 NU58DP006050-04-03), and through support from the Albuquerque Area Southwest Tribal Epidemiology Center; the Alzheimer's Association, the Behavioral Health Services Division of the Human Services Department; and the following programs or bureaus of the New Mexico Department of Health: The Chronic Disease programs of the Chronic Disease Prevention and Control Bureau of the Public Health Division; the Injury & Behavioral Health Epidemiology, Environmental Epidemiology, and the Infectious Disease Epidemiology bureaus of the Epidemiology & Response Division.

BRFSS data and supporting documentation are available at:

www.cdc.gov/brfss

Or

https://nmhealth.org/about/erd/ibeb/brfss/

Additionally, BRFSS data and copies of this report and the 2019 questionnaire can be obtained by contacting:

Christopher Whiteside at (505) 476-3595 or christopher.whitesi@state.nm.us.

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Overview

What is the BRFSS?

Chronic disease, injury, substance abuse, and infectious disease are the leading causes of morbidity and mortality in the U.S. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide surveillance system that collects data on the prevalence of health conditions in the population and behaviors that affect risk for disease and injury. The surveillance system uses telephone survey methods to collect data in all 50 states, the District of Columbia, Guam, and Puerto Rico. Individuals who are 18 years of age and older, use a cell phone or live in a private residential household with landline telephone service, are eligible for the survey. Adults who do not have a cell phone for personal use and do not have access to a landline telephone are not eligible for the survey. Additionally, adults who live in college dormitories, nursing homes, or group homes and do not have a cell phone for personal use or live in institutions, such as prisons, are not eligible for the survey.

The BRFSS was initiated in the early 1980s after significant evidence had accumulated that behaviors play a major role in the risk for premature morbidity and mortality. Prior to that time, periodic national surveys were conducted to evaluate health behaviors for the entire United States, but data were not available at the state level. Because states were ultimately responsible for efforts to reduce health risk behaviors, state level data were deemed critical.

At about the same time, telephone surveys were emerging as an acceptable means of collecting prevalence data. Telephone surveys were relatively easy for states and local agencies to administer. As a result of these concurrent developments, telephone surveys were developed by the Centers for Disease Control and Prevention (CDC) to monitor state-level prevalence of the major behavioral risk factors associated with premature morbidity and mortality. Feasibility studies were conducted in the early 1980's, and the CDC established the BRFSS in 1984 with 15 states participating. New Mexico began participating in the BRFSS in 1986.

The CDC has developed a core set of questions that is included in the questionnaire of every state. Optional modules of questions on a variety of topics have been developed by the CDC and made available to the states. Additionally, states are free to include other questions that have been borrowed from other surveys or developed by the state, provided that space is available in the questionnaire and the state provides funding to cover the additional cost. Such questions are referred to as ‘state-added’ questions.

Participation in the survey is voluntary, and all data collected are confidential. The identity of the respondent is never known to the interviewer, and the last two digits of the phone number are never sent to the CDC. The CDC removes the remaining eight digits of the phone number from the data file after completing a quality assurance protocol.

The BRFSS is supported and coordinated by the Division of Population Health, Population Health Surveillance Branch, of the CDC.

The CDC has a web site dedicated to the BRFSS:

http://www.cdc.gov/brfss

This 2019 NM BRFSS report is available in .pdf format at the NM Department of Health website:

https://nmhealth.org/about/erd/ibeb/brfss/data/

Overview

2019 New Mexico BRFSS Topics

Core CDC Components (all states):
Alcohol Consumption
Arthritis
Asthma
Cancer
Cardiovascular Disease Prevalence
Chronic Obstructive Pulmonary Disease
Colorectal Cancer Screening
Depression
Diabetes
Disability
Exercise (physical activity)
Health Status
Healthy Days
Health Care Access
HIV Test History
Immunization
Kidney Disease
Tobacco Use—Current Cigarette Smoking
Fruits and Vegetables Intake

Optional CDC Modules:
Adverse Childhood Experiences
Childhood Asthma Prevalence
Cognitive Decline
Diabetes
Family Planning
Home/Self-measured Blood Pressure
Industry and Occupation
Prediabetes

Demographics Section (all states):
Age
Annual Household Income
County of Residence
Current Pregnancy Status (female respondents < 45)
Education
Employment Status
Gender
Height
Housing (Own or Rent)
Marital Status
Number of Children in Household
Number of Residential Telephone Numbers
Race/Ethnicity
Telephone Coverage
Veteran Status
Weight
Zip Code of Residence

State-added Questions on the following topics were included:
Firearms
Gender Identity
Healthcare Access
Sexual Orientation
Suicide
Tribal Affiliation

Limitations and Strengths

Individuals without cellular telephones for personal use and who do not belong to a household with a landline telephone are not eligible to participate in the BRFSS survey. Data collected by the Bureau of the Census under contract with the Federal Communications Commission (FCC) indicate that unemployed persons and lower income households are less likely than other residents to have telephones. Consequently, the BRFSS sample is likely to include a greater proportion of higher income households and employed persons than the population of the state as a whole.

The BRFSS relies on adults to provide information on their own health behaviors and conditions. Respondents may be reluctant to report behaviors that are considered undesirable such as drinking and driving. Respondents may also have trouble remembering details about past behaviors or may remember them incorrectly. Consequently, the prevalence of these behaviors may be underestimated by the survey.

Telephone interviews have a number of advantages over other sampling methods such as face-to-face interviews and self-administered questionnaires. The lower cost of telephone interviews makes it possible to include a larger number of adults in the survey than would be possible if a face-to-face survey were conducted. Telephone surveys are also easier to monitor for quality assurance purposes than are face-to-face surveys. Telephone interviews are administered by a trained interviewer while self-administered mail-out surveys may be affected by the literacy of the selected respondents and could be completed by family members other than the one selected, which may affect the accuracy of the information collected.

Overview

Limitations and Strengths

Response Rates

The measures of response presented here were designed to summarize the quality of the 2019 BRFSS survey data. The Response Rate, Cooperation Rate, and Refusal Rate for the 2019 BRFSS were calculated using standards set by the American Association of Public Opinion Research (AAPOR). The Cooperation Rate presents the percentage of complete and partially completed interviews among contacted and eligible respondents. The Refusal Rate presents the percentage of refusals among all eligible and likely eligible phone numbers in the sample. Separate cooperation and refusal rates were calculated for landline and cellular telephone samples. The Response Rate is a measure meant to provide an overall summary of survey administration and response. Separate response rates are calculated for landline and cellular telephone samples, after which a combined summary Response Rate is calculated by combining the individual rates, weighted to the respective size of the two samples.

Response Rates, New Mexico and U.S., 2019

	Landline		Cellular		Combined Landline & Cellular	
Rate	NM	US	NM	US	NM	US
Response Rate	53.5%	53.3%	50.4%	45.9%	52.2%	49.4%
Cooperation	60.3%	62.8%	82.2%	84.5%	69.4%	73.3%
Refusal	23.9%	18.7%	10.9%	6.9%	*	*

*Unavailable in 2019.

Overview

Data Presentation

The data in this report are presented in either tables or graphs, and are the estimated population percentages of adults with a particular condition, risk factor, or behavior. Like any estimate produced from population surveys, the estimates produced from the BRFSS are subject to error. Two related measures of error are the standard error (SE) and the 95% confidence interval. Stata/MP 16.1 was used to estimate SE and to produce the corresponding 95% confidence interval estimates presented in this report. Stata/MP 16.1 is statistical analysis software that considers the complex sample design of the BRFSS to calculate appropriate SE and 95% confidence intervals.

Statistical significance for the difference between prevalence was determined by comparing the 95% confidence intervals. Throughout this report, we consider the difference between two estimates to be statistically significant when the 95% CI's do not overlap. When 95% CI's overlap, it is considered that there is no statistically significant difference between two estimates. Throughout this report, lack of statistical significance is often stated by saying there was no measurable difference between two estimates.

In the tables presented throughout this report, the weighted population estimates along with the 95% confidence intervals are shown. By BRFSS convention and the NMDOH Small Numbers Rule, when a particular estimate is based on less than 50 respondents, the weighted percentage, and associated 95% confidence intervals are not presented because estimates based on small sample sizes are considered unreliable. Bar graphs included in this report include the 95% confidence interval corresponding to the relevant point estimate.

Five race/ethnicity categories are presented. American Indian (presented as AIAN), Asian or Native Hawaiian or Other Pacific Islander (presented as Asian/NHOPI), Black or African American (presented as Black/AA), Hispanic, and White (which refers to non-Hispanic White). Asian and Native Hawaiian or Other Pacific Islander are grouped together, which is a common convention when the sample size of Asian and/or NHOPI respondents is too small to present as a distinct group. Respondents reporting Hispanic ethnicity were coded to Hispanic regardless of self-reported race.

Data Presentation cont.

In general, population estimates with smaller standard errors (SE) are more precise and reliable than population estimates with larger SE. Sample size influences the magnitude of an estimate's probability of error and so affects the likely precision of the estimate. This issue is particularly relevant to some estimates presented by race/ethnicity where the number of Black/AAs, and Asian/NHOPI sampled was small, resulting in large SE and estimates that were unreliable. Discerning possible differences between rates of conditions or risk factors in these smaller populations and the larger White, non-Hispanic, Hispanic, and AIAN populations was often difficult. This issue is relevant to estimates for any small population group, such as a narrowly defined age group, a small number of respondents with a particular health condition, or a small demographic group such as adults who were retired.

With respect to certain conditions and risk factors, particularly those addressed by core BRFSS questions that were asked of respondents in every state, estimates for New Mexico (NM) were compared to estimates for the U.S. as a whole (U.S. = all 50 states, plus the District of Columbia). These data are presented in the form of a trend chart.

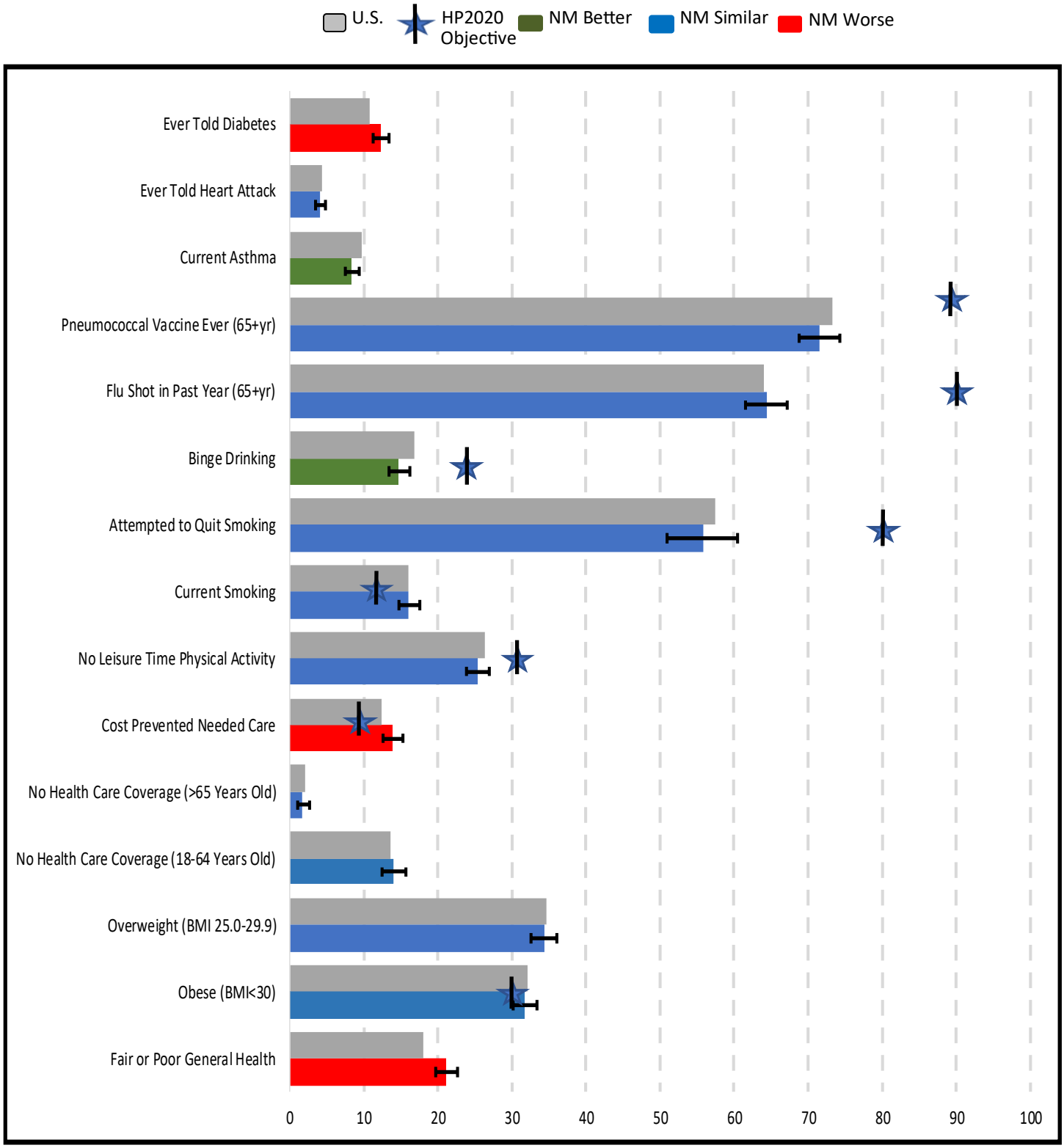
Trend charts are presented with a break in the trend lines between data years 2010 and 2011. Beginning in 2011, cellular telephones were included in the sample and over 66% of 2019 interviews were conducted with adults on cellular telephones. Additionally, significant changes were made to the process of weighting BRFSS data beginning with the 2011 data set. These two very important and significant changes to the BRFSS preclude the comparison of 2011 and later estimates to those of earlier years, hence the break presented in trend lines in this report.

Healthy People 2020 goals and objectives are mentioned when applicable. Healthy People 2020 provides science-based, national objectives for improving health developed to provide measurable goals and objectives that can be applied to New Mexico.[5]

Summary

NM Health Risk Factors and Preventive Health Care

This chart summarizes the prevalence of health care access, preventive health care, and behavioral indicators among adult New Mexicans in 2019, compared to the U.S. NM estimates are presented as being either **better** than, **worse** than, or **similar** to the U.S. rate. Healthy People 2020 objectives which are national goals and objectives are also shown where available.



Demographics of the 2019 New Mexico Sample

Demographic Characteristics	2019 BRFSS Data: Number in Sample*	Unweighted Percent (%)	Weighted Percent(%)	2019 Pop. Estimates¥
Total	5,975	100.0	100.0	
Age				
18-44	1,604	27.1	45.6	45.3
45-64	2,041	34.5	31.1	31.4
65+	2,278	38.4	23.3	23.3
Gender				
Male	2,767	46.3	49.1	49.1
Female	3,208	53.7	50.9	50.9
Race/Ethnicity				
AIAN	546	9.4	9.1	8.6
Asian or NHOPI	48	0.8	1.0	1.9
Black/AA	83	1.4	2.1	2.2
Hispanic	1,928	33.2	47.7	46.0
White	3,211	55.2	40.1	41.3
Sexual Orientation				
Straight	5,245	96.4	94.9	NA
LGB/Other	198	3.6	5.1	NA
Household Income				
< $15,000	638	12.6	12.7	NA
$15,000-$24,999	1,054	20.9	22.4	NA
$25,000-$49,999	1,274	25.2	26.0	NA
$50,000-$74,999	682	13.5	12.4	NA
> $75,000	1,405	27.8	26.5	NA
Geographic Region				
Northwest	1,387	23.2	10.1	10.1
Northeast	1,070	17.9	14.8	14.7
Metropolitan	1,487	24.9	44.4	44.2
Southeast	1,015	17.0	13.2	13.3
Southwest	1,016	17.0	17.5	17.7
Education Level				
<HS	661	11.1	15.7	NA
HS Grad/GED	1,549	26.0	27.2	NA
Some College	1,634	27.4	33.3	NA
College Grad.	2,117	35.5	23.8	NA
Employment Status				
Employed	2,730	46.2	54.8	NA
Unemployed/Unable to work	728	12.3	13.0	NA
Homemaker/Student	544	9.2	12.3	NA
Retired	1,905	32.3	19.9	NA
Urban/Rural Designation				
Metro	1,425	24.8	44.1	44.2
Small/Metro	1,740	30.3	22.8	23.5
Mixed Urban/Rural	2,141	37.3	27.3	27.7
Rural	434	7.6	5.7	4.6

*Respondents who answered "don't know not sure" or who refused to answer were excluded. Consequently, the sample sizes across categories for some variables may not add to the total.

¥ ACS: ¥ Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://gps.unm.edu/. The Bureau of Business and Economic Research (BBER) and the Geospatial and Population Studies (GPS) Program are both housed within the UNM Institute for Applied Research Services (IARS).

General Health Status

Question:

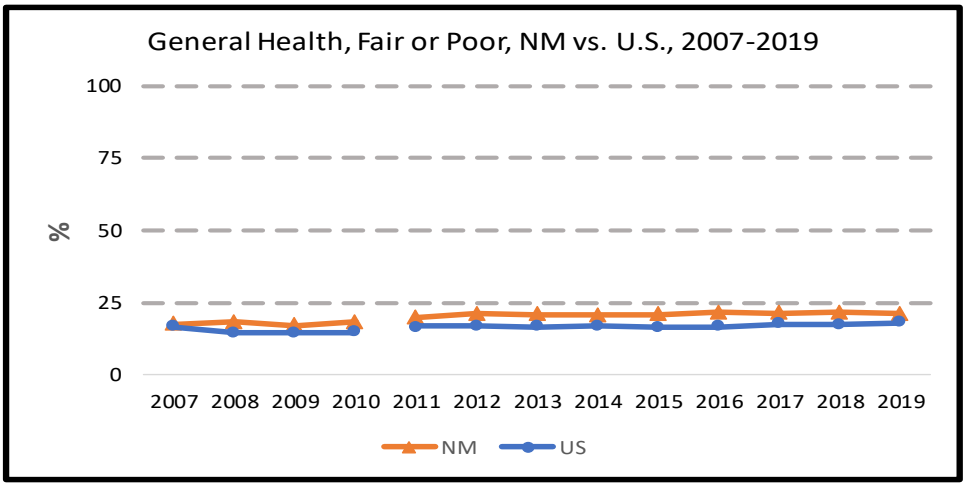
"Would you say that in general, your health is: Excellent, Very good, Good, Fair, or Poor?

Self-reported health status is how a person perceives their own health, is a very important indicator of health among different populations, and allows for broad comparisons across various health conditions.[1]

- In 2019, 21.1% of New Mexico adults reported that their general health was either fair or poor.
- Fair or poor general health increased with age and decreased with increasing household income.
- The prevalence of fair or poor general health status was similar among geographic regions.
- White adults (17.2%) reported a significantly lower prevalence of fair or poor health than AIAN (25.9%) and Hispanic(23.8%) adults.
- In 2019, the prevalence of fair or poor general health among NM adults (21.1%) was higher than that of the U.S. median prevalence (18.0%).

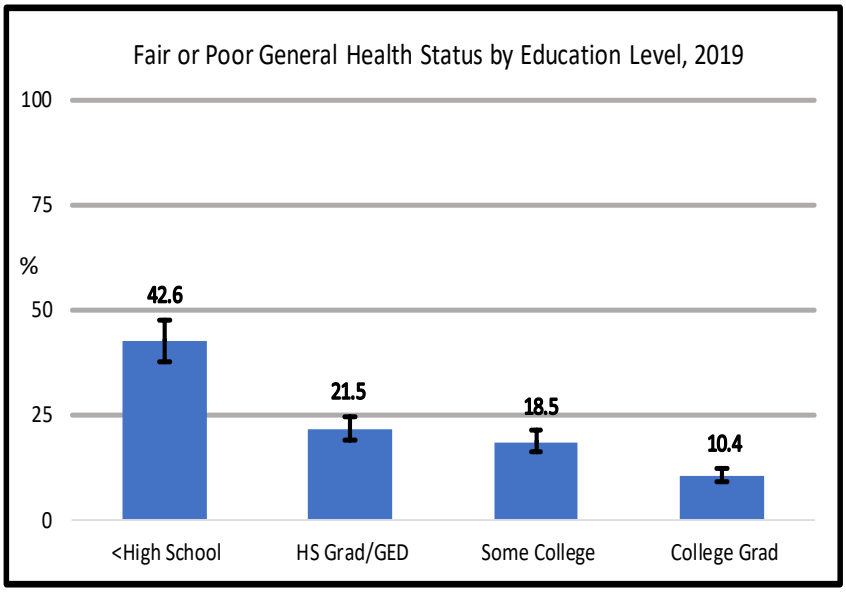
Demographic Characteristics	General Health, Fair or Poor[a] %	(95% Confidence Interval)
Total	**21.1**	**(19.7-22.6)**
Age		
18-44	13.0	(11.1-15.2)
45-64	26.1	(23.5-28.8)
65+	30.9	(28.1-33.8)
Gender		
Male	19.5	(17.6-21.6)
Female	22.7	(20.7-24.8)
Race/Ethnicity		
AIAN	25.9	(21.1-31.4)
Asian or NHOPI	**	**
Black/AA	25.9	(15.2-40.6)
Hispanic	23.8	(21.5-26.2)
White	17.2	(15.3-19.2)
Sexual Orientation		
Straight	21.2	(19.7-22.8)
LGB/Other	23.7	(16.8-32.4)
Household Income		
< $15,000	40.7	(35.6-45.9)
$15,000-$24,999	28.3	(24.8-32.1)
$25,000-$49,999	17.7	(14.9-20.9)
$50,000-$74,999	16.2	(12.5-20.6)
> $75,000	6.8	(5.3-8.8)
Geographic Region		
Northwest	22.7	(19.5-26.2)
Northeast	18.0	(15.3-21.0)
Metropolitan	19.9	(17.4-22.5)
Southeast	23.8	(21.0-26.9)
Southwest	24.1	(20.9-27.6)

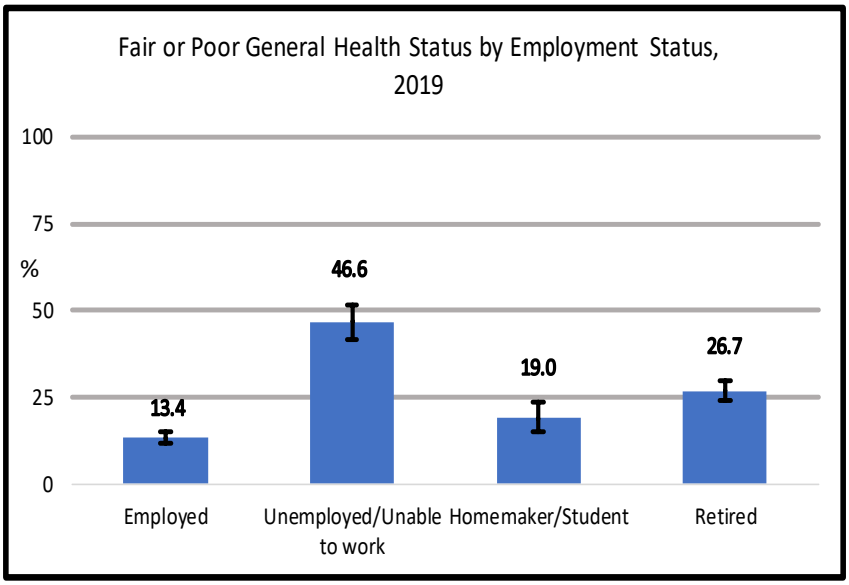
[a] Among all adults, the proportion reporting that their health, in general was either fair or poor. ** Suppressed due to a denominator <50.



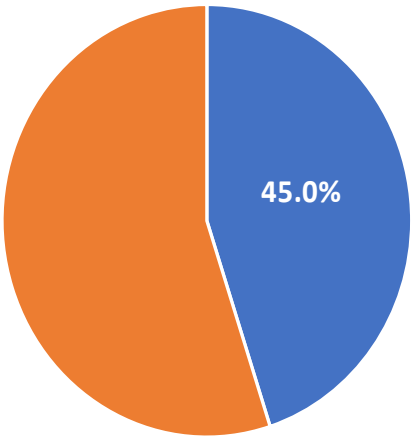
General Health Status

- NM adults with less than a high school education (42.6%) reported a significantly higher prevalence of fair or poor general health than adults with a high school diploma/GED, some college, and college graduates.
- Adults who reported they were unable to work/unemployed (46.6%) reported a significantly higher prevalence of fair or poor health than employed adults (13.4%).
- The prevalence of fair or poor general health was similar among counties designated as metropolitan, small metro, mixed urban/rural, and rural.

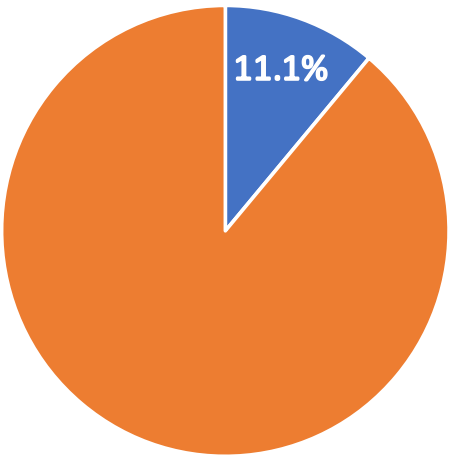


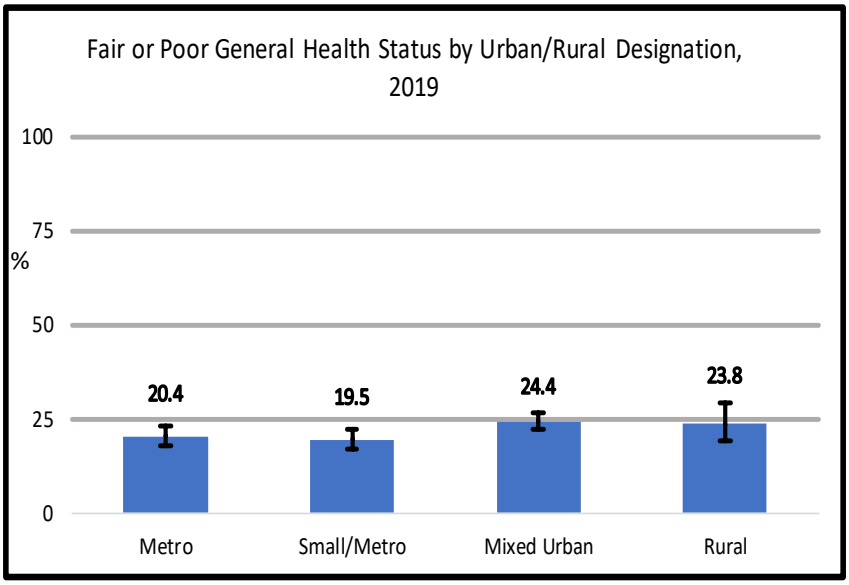


Percent with Fair/Poor Health with at least one disability



Percent with Fair/Poor Health with no disabilities





Quality of Life

Question:

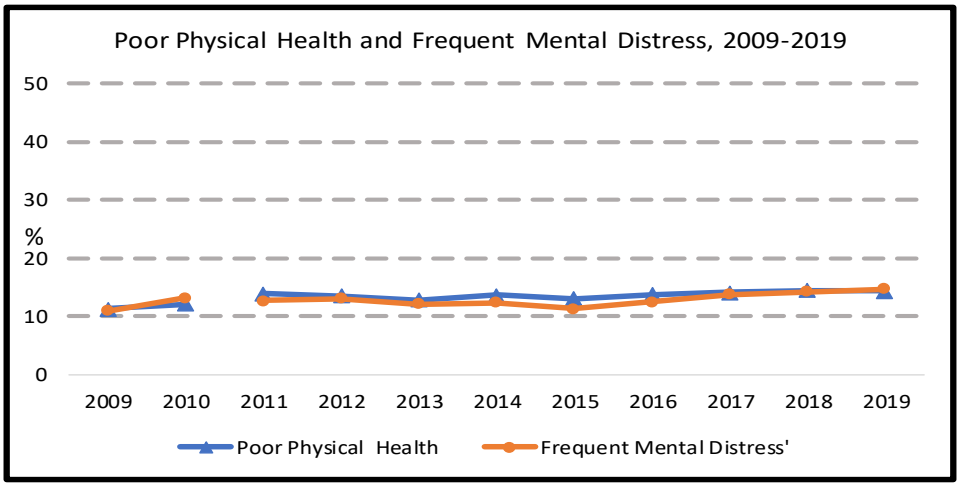
"Now thinking about your physical/ mental health...for how many days during the past 30 days was your physical/mental health not good?

The Centers for Disease Control and Prevention has defined health-related quality of life as "an individual's or group's perceived physical and mental health over time".[2]

- In 2019, 14.4% of New Mexico adults reported poor physical health and 14.8% reported frequent mental distress.
- Poor physical health increased with age while frequent mental distress decreased.
- Both poor physical health and frequent mental distress decreased as household income increased.
- Females (17.2%) reported a higher prevalence of frequent mental distress than males (12.2%).
- LGB/Other adults (28.5%) had a significantly higher prevalence of frequent mental distress than Straight adults (14.1%).

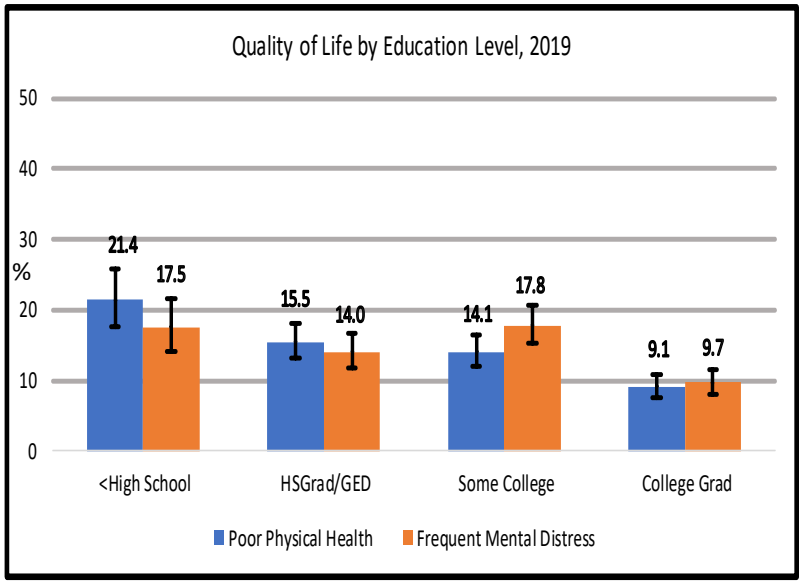
Demographic Characteristics	Poor Physical Health[a] %	Poor Physical Health[a] (95% Confidence Interval)	Frequent Mental Distress[b] %	Frequent Mental Distress[b] (95% Confidence Interval)
Total	**14.4**	**(13.2-15.7)**	**14.8**	**(13.5-16.1)**
Age				
18-44	8.9	(7.4-10.8)	17.6	(15.4-20.1)
45-64	18.5	(16.2-21.0)	14.4	(12.4-16.6)
65+	19.8	(17.4-22.4)	10.0	(8.3-12.1)
Gender				
Male	13.1	(11.4-14.9)	12.2	(10.6-14.0)
Female	15.7	(14.0-17.5)	17.2	(15.4-19.3)
Race/Ethnicity				
AIAN	15.3	(11.4-20.3)	17.8	(13.3-23.3)
Asian or NHOPI	**	**	**	**
Black/AA	9.0	(3.8-19.8)	8.7	(3.9-18.3)
Hispanic	13.9	(12.1-15.9)	15.5	(13.5-17.7)
White	15.1	(13.4-17.0)	14.1	(12.3-16.0)
Sexual Orientation				
Straight	14.4	(13.1-15.8)	14.1	(12.8-15.5)
LGB/Other	17.2	(11.4-25.2)	28.5	(20.7-37.8)
Household Income				
< $15,000	26.9	(22.8-31.5)	27.5	(22.8-32.8)
$15,000-$24,999	19.4	(16.3-22.8)	19.1	(16.0-22.7)
$25,000-$49,999	12.8	(10.4-15.6)	12.7	(10.2-15.6)
$50,000-$74,999	11.2	(7.9-15.6)	11.0	(8.0-14.9)
> $75,000	5.9	(4.6-7.6)	8.3	(6.4-10.7)
Geographic Region				
Northwest	15.5	(12.8-18.5)	14.8	(12.1-18.0)
Northeast	12.6	(10.4-15.1)	14.2	(11.7-17.2)
Metropolitan	13.2	(11.2-15.5)	14.6	(12.4-17.1)
Southeast	16.6	(14.3-19.3)	14.9	(12.4-17.8)
Southwest	16.7	(14.0-19.9)	15.6	(12.8-18.9)

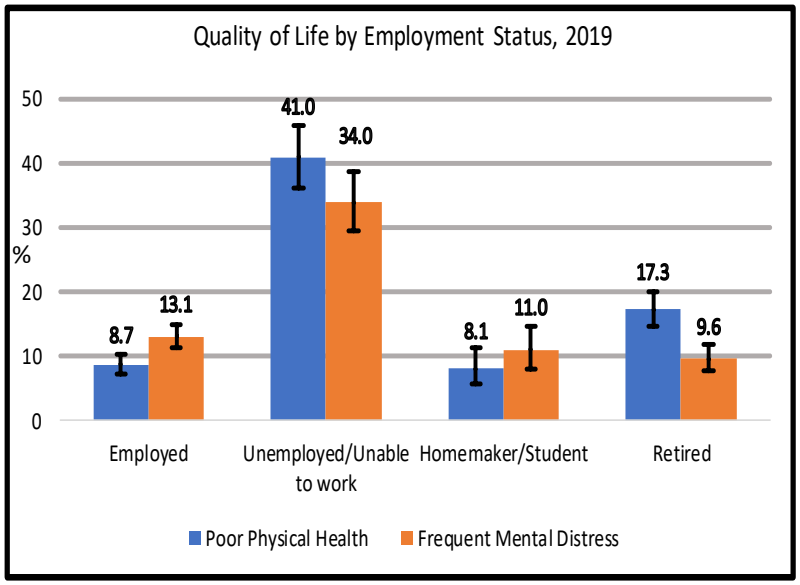
[a] Among all adults, the proportion reporting 14 or more days of poor health. [b] Among all adults, the proportion reporting 14 or more days of poor mental health. ** Suppressed due to a denominator <50.

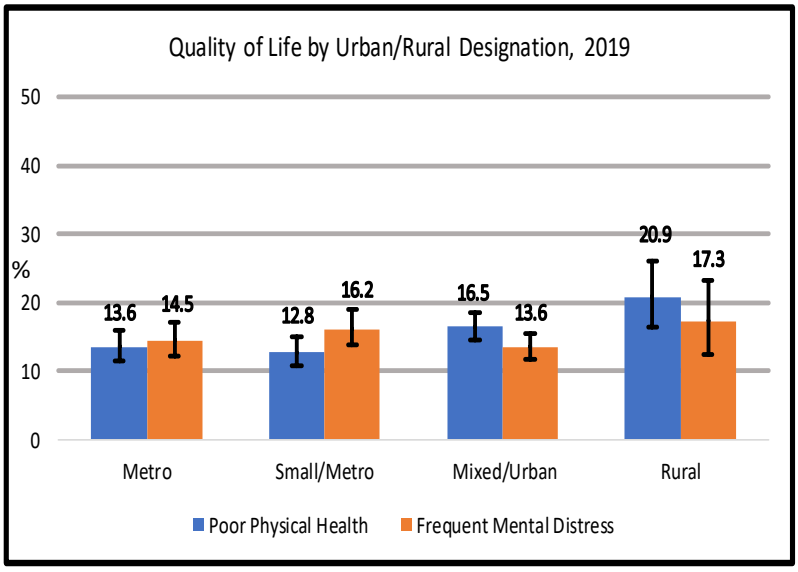


Quality of Life

- Among NM adults, the prevalence of both poor physical health and frequent mental distress decreased with higher education level.
- Both poor physical health and frequent mental distress were reported significantly higher among NM adults who were unemployed or unable to work.
- The prevalence of poor physical health and frequent mental distress was similar across Urban/Rural county designation.
- Adults with disabilities (34.2% and 30.5%) were more likely to have both poor physical health and frequent mental distress than adults without disabilities (6.5% and 8.6%, respectively).







Disability

Question:

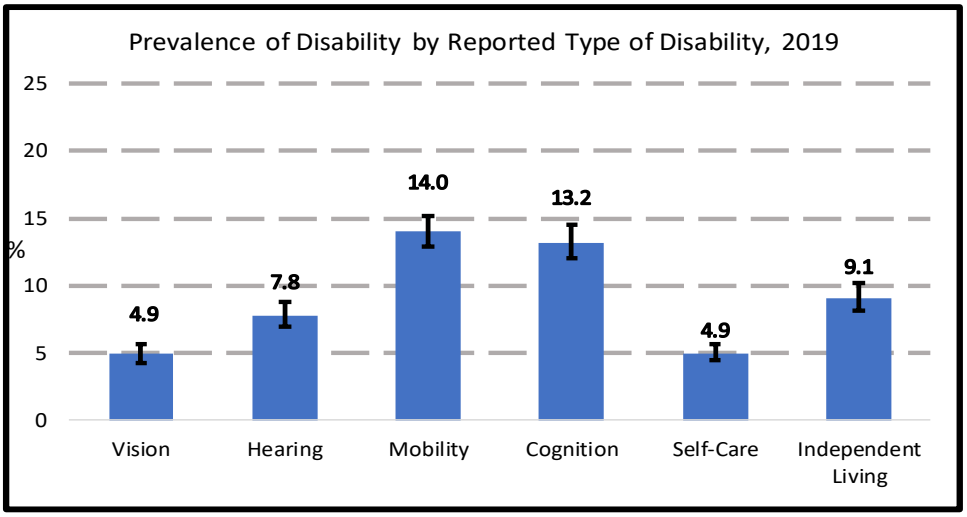
"The following questions are about health problems and impairments you may have, such as difficulty seeing, hearing, walking, and independent living?"

In the Americans with Disabilities Act, an individual with a disability is defined as a person who is substantially limited in one or more major life activities by a physical or mental impairment, a person who has a history of such an impairment, or a person who is perceived by others as having such an impairment.[3]

- In 2019, an estimated 29.0% of New Mexico adults reported at least one disability.
- The prevalence of at least one disability increased with age.
- The prevalence of having at least one disability decreased with increasing household income.
- LGB/Other adults (36.8%) were more likely to have at least one disability than straight adults (28.6%). This was not statistically significant.
- The most prevalent disability was difficulty walking (14.0%). The highest prevalence of difficulty walking was among adults over 65 years of age (27.9%).

Demographic Characteristics	Total Disability[a] %	Total Disability[a] (95% Confidence Interval)
Total	**29.0**	**(27.4-30.7)**
Age		
18-44	20.1	(17.7-22.8)
45-64	31.6	(28.9-34.4)
65+	43.3	(40.3-46.3)
Gender		
Male	28.4	(26.1-30.8)
Female	29.6	(27.4-32.0)
Race/Ethnicity		
AIAN	26.9	(22.1-32.3)
Asian or NHOPI	**	**
Black/AA	31.5	(19.4-46.7)
Hispanic	30.6	(28.0-33.3)
White	27.7	(25.5-30.0)
Sexual Orientation		
Straight	28.6	(26.9-30.4)
LGB/Other	36.8	(28.2-46.3)
Household Income		
< $15,000	51.2	(45.8-56.7)
$15,000-$24,999	37.5	(33.5-41.7)
$25,000-$49,999	28.5	(25.1-32.1)
$50,000-$74,999	20.6	(16.5-25.3)
> $75,000	11.9	(9.7-14.5)
Geographic Region		
Northwest	29.9	(26.2-34.0)
Northeast	30.0	(26.5-33.8)
Metropolitan	26.3	(23.6-29.3)
Southeast	34.2	(30.8-37.7)
Southwest	30.7	(27.1-34.5)

[a]Among all adults, those who said yes to at least one disability; difficulty seeing, hearing, walking, remembering, dressing/bathing and mobility to run errands. ** Suppressed due to a denominator <50.



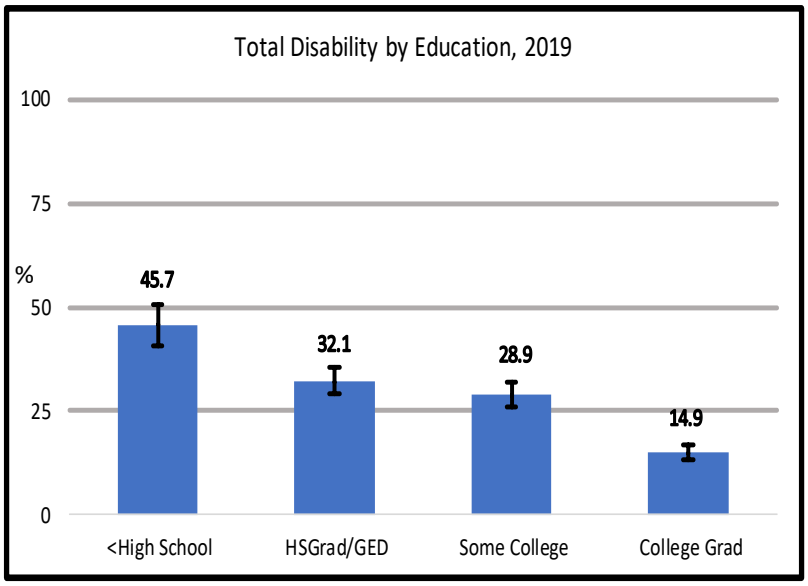
Disability

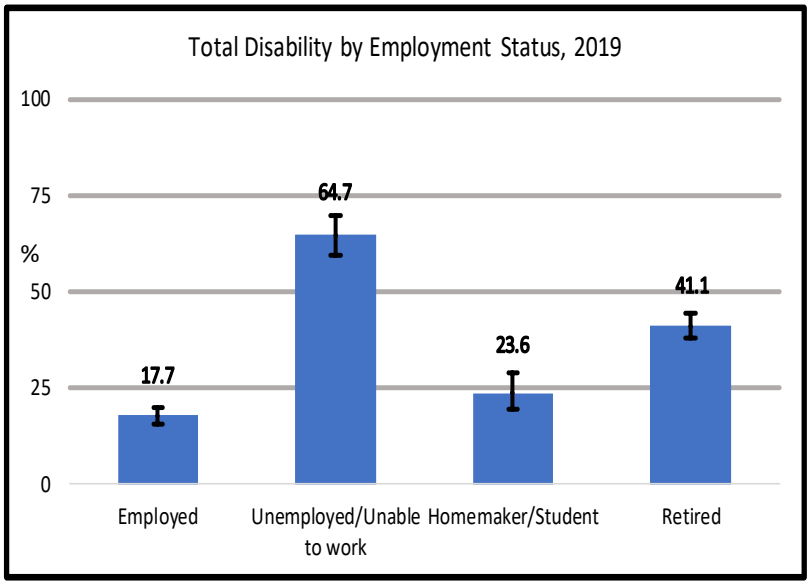
- Among NM adults, the prevalence of at least one disability decreased with increasing education level. NM adults with less than a high school diploma/GED had a significantly higher prevalence of at least one disability (45.7%) than adults with a college degree (14.9%).

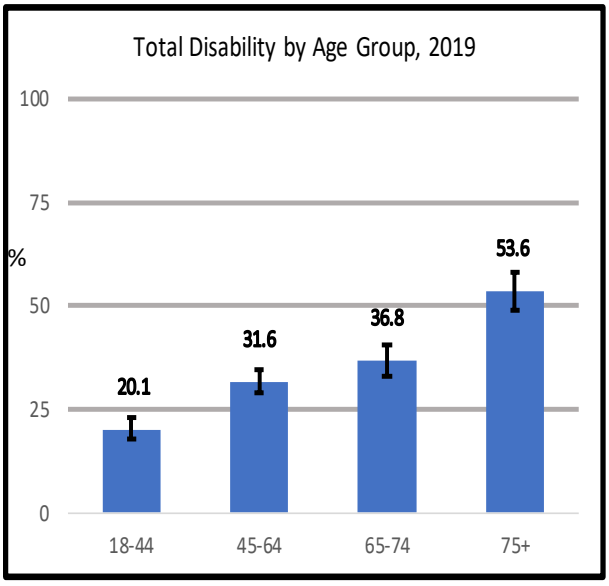
- NM adults who were either unemployed and/or unable to work had a significantly higher prevalence of having at least one disability (64.7%) than employed adults (17.7%).

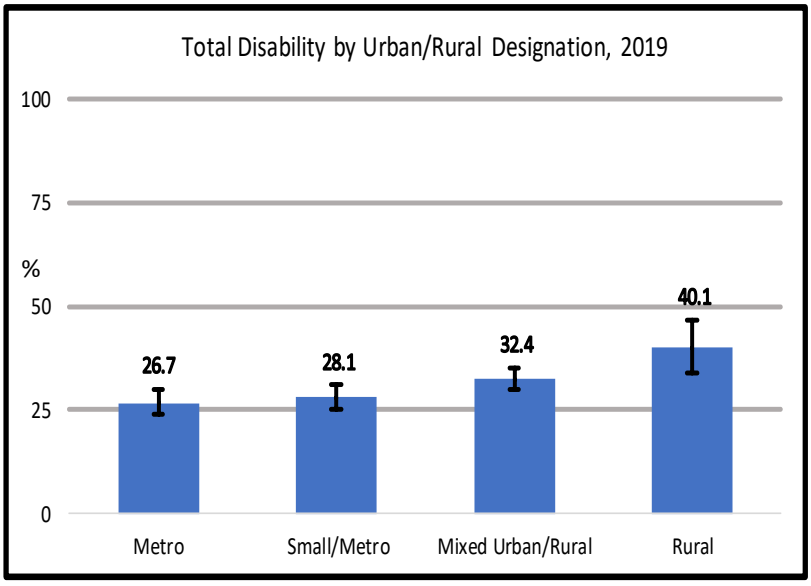
- Adults in counties designated as rural (40.1%) had a significantly higher prevalence of at least one disability compared to adults in the metropolitan counties (26.7%)

- The prevalence of disability increased with age as over 50 percent of adults over 75 years of age had at least one disability.









Weight Status

Questions:

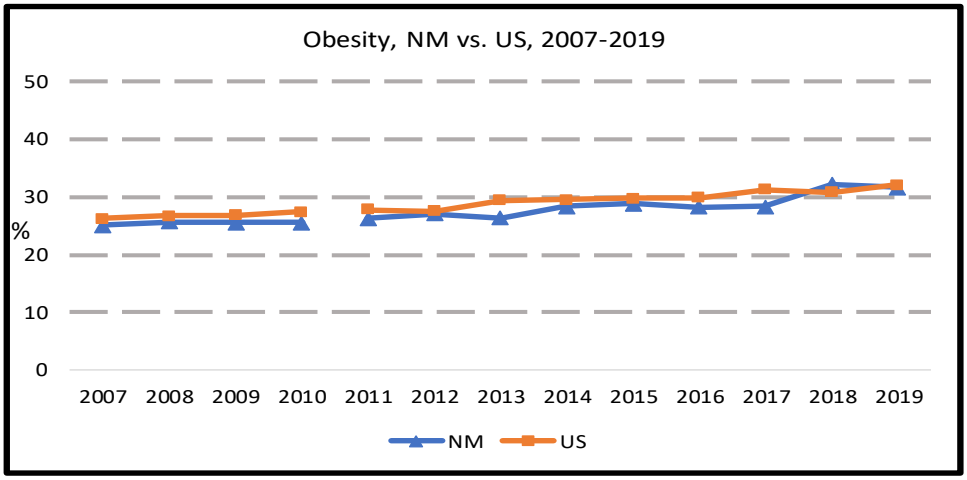
"About how much do you weigh without shoes? About how tall are you?"

Overweight and obesity have been proven to increase the risk of diseases and health conditions such as high blood pressure, diabetes, coronary heart disease, stroke, gallbladder disease, high cholesterol, and some forms of cancer.[4] Overweight is defined as having a body mass index (BMI) between 25.0 and 29.9, and obesity is defined as a BMI greater than or equal to 30.0.

- In 2019, 31.7% of New Mexico adults were obese. The prevalence of obesity in New Mexico was lower than the U.S. median prevalence (32.1%).
- Adults in the middle age range had a higher prevalence of obesity (36.5%) than adults aged 65 and older (24.8%) and adults 18-44 (32.0%).
- There was no measurable difference in obesity by gender.
- AIAN adults had a significantly higher prevalence of obesity (45.8%) than all other races/ethnicities.
- Adults in the lowest household income category had a significantly higher prevalence of obesity (37.1%) compared to adults in the highest category (29.9%).
- Adults in the Northwest region had the highest prevalence of obesity (42.1%) while those in the Northeast region had the lowest (27.1%).

	Obese[a]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**31.7**	**(30.0-33.5)**
Age		
18-44	32.0	(29.1-35.0)
45-64	36.5	(33.6-39.5)
65+	24.8	(22.3-27.6)
Gender		
Male	31.0	(28.6-33.5)
Female	32.5	(30.0-35.1)
Race/Ethnicity		
AIAN	45.8	(39.5-52.2)
Asian or NHOPI	**	**
Black/AA	37.4	(24.2-52.8)
Hispanic	34.6	(31.8-37.6)
White	25.4	(23.3-27.7)
Sexual Orientation		
Straight	31.9	(30.1-33.8)
LGB/Other	28.5	(20.6-37.9)
Household Income		
< $15,000	37.1	(31.9-42.6)
$15,000-$24,999	36.6	(32.5-40.9)
$25,000-$49,999	29.5	(25.8-33.4)
$50,000-$74,999	31.0	(26.1-36.3)
> $75,000	29.9	(26.6-33.3)
Geographic Region		
Northwest	42.1	(37.6-46.7)
Northeast	27.1	(23.7-30.7)
Metropolitan	29.9	(26.9-33.1)
Southeast	36.0	(32.4-39.7)
Southwest	31.4	(27.6-35.5)

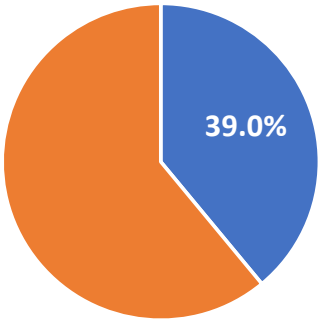
[a]Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.
Note: BMI, body mass index, is defined as weight (in kg) divided by height (in meters) squared. Weight and height are self-reported. Pregnant women were excluded. ** Suppressed due to a denominator <50.



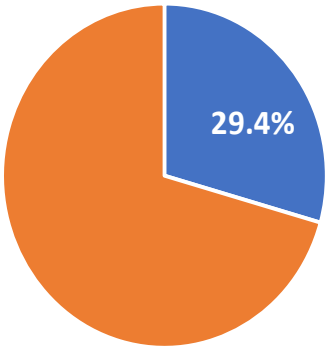
Weight Status

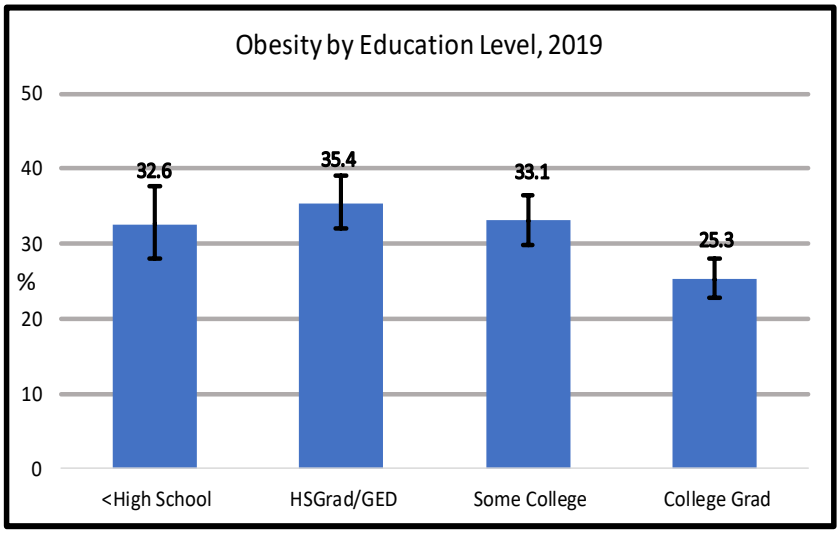
- The Healthy People (HP) 2020 goal for obesity among adults is 30.5%. The prevalence of obesity among NM adults in 2019 was 31.7%, 1.2 percentage points higher than the HP2020 goal.[5]
- College graduates had a significantly lower prevalence of obesity that those with less than a high school education.
- NM adults who were unemployed/unable to work reported a higher prevalence of obesity (38.8%) compared to retired adults (27.3%).
- The prevalence of obesity was similar by Urban/Rural county designation.
- Adults who reported exercising (leisure-time physical activity) had significantly less obesity than adults who reported no exercise.

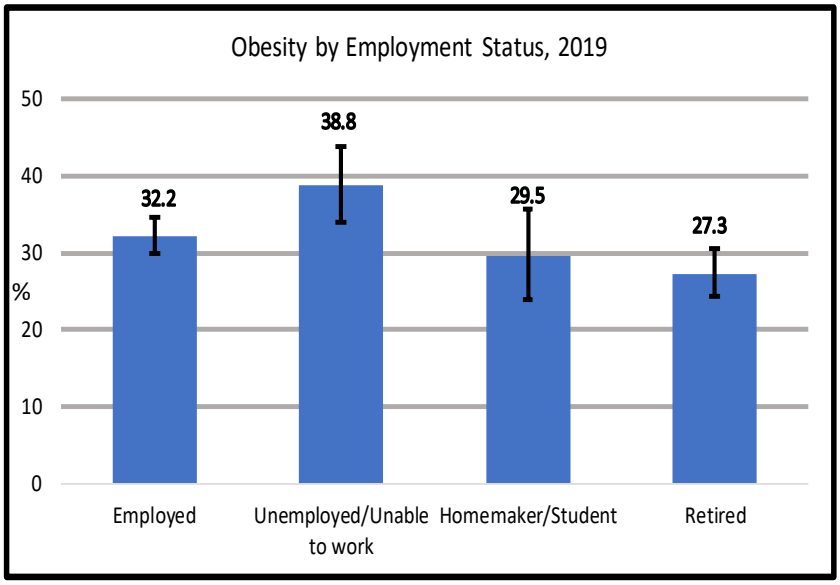
NM adults who report no Leisure-Time Physical activity who are Obese

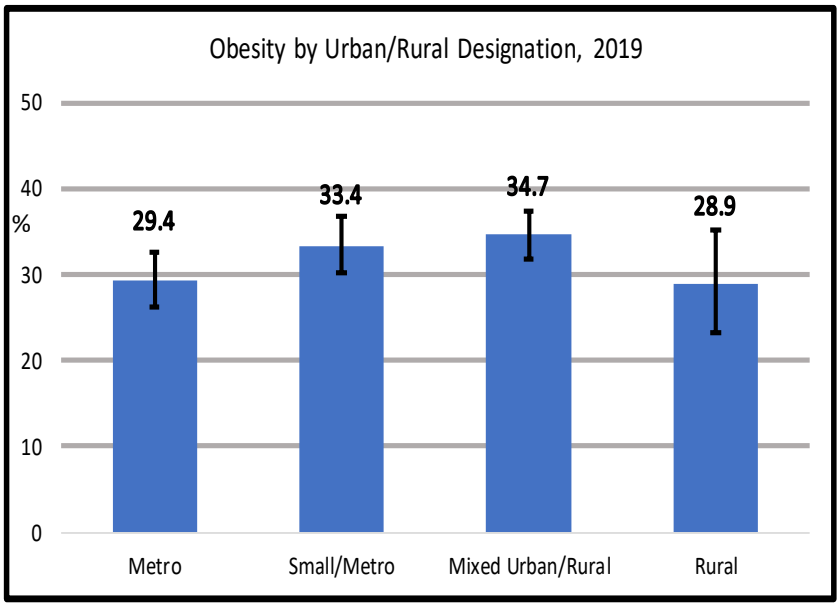


NM adults who report Leisure-Time Physical activity who are Obese









Lack of Health Care Coverage (Adults 18-64)

Question:

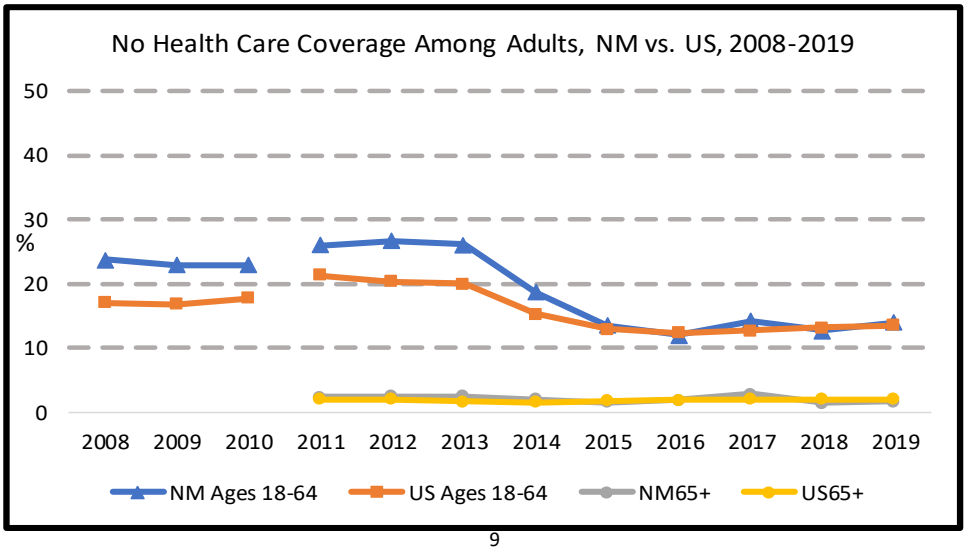
Do you have any kind of health care coverage...?

Lack of health care coverage has been associated with delayed access to health care and clinical preventive services that could lead to early diagnosis of chronic disease and to decreased mortality.[6] Uninsured adults are more likely to develop preventable illnesses, more likely to suffer complications from those illnesses, and are more likely to die prematurely.[6,7]

- In 2019, 14.1% of New Mexico adults reported having no health care coverage. The prevalence of no health care coverage among NM adults 18-64 was higher than the U.S. median prevalence (13.7%).
- The prevalence of no health care coverage decreased with age.
- Those reporting household income more than $75,000 per year had the lowest prevalence of no health care coverage (4.9%), and those at $15,000-$24,999 income level had the highest (21.9%). Those at <$15,000 in household income (12.0%) had a significantly lower prevalence than those at $15,000-$49,999.
- Males (15.6%) reported a higher prevalence of no health care than females (12.5%). AIAN (6.7%) and White adults (8.1%) reported a significantly lower prevalence than Hispanic adults (20.1%).

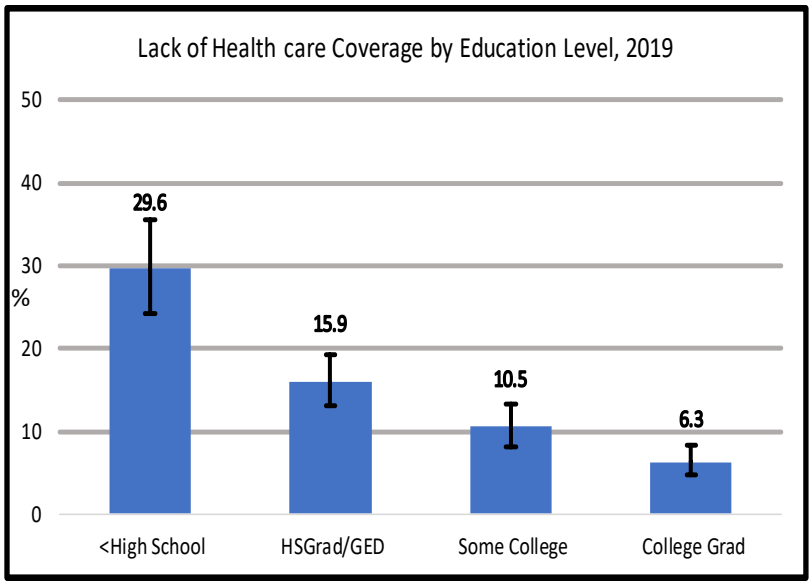
	No Health Care Coverage Among Adults 18-64[a]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**14.1**	**(12.5-15.7)**
Age		
18-44	15.5	(13.3-18.0)
45-64	11.9	(10.1-14.0)
Gender		
Male	15.6	(13.3-18.1)
Female	12.5	(10.6-14.8)
Race/Ethnicity		
AIAN	6.7	(3.6-12.2)
Asian or NHOPI	**	**
Black/AA	11.2	(3.6-29.8)
Hispanic	20.1	(17.5-22.9)
White	8.1	(6.6-10.0)
Sexual Orientation		
Straight	14.5	(12.8-16.3)
LGB/Other	9.0	(4.8-16.1)
Household Income		
< $15,000	12.0	(8.5-16.6)
$15,000-$24,999	21.9	(17.9-26.5)
$25,000-$49,999	19.7	(16.0-23.9)
$50,000-$74,999	8.9	(5.2-14.7)
> $75,000	4.9	(3.3-7.2)
Geographic Region		
Northwest	10.7	(8.0-14.2)
Northeast	14.1	(11.1-17.6)
Metropolitan	14.2	(11.5-17.3)
Southeast	18.6	(15.2-22.5)
Southwest	12.2	(9.2-16.0)

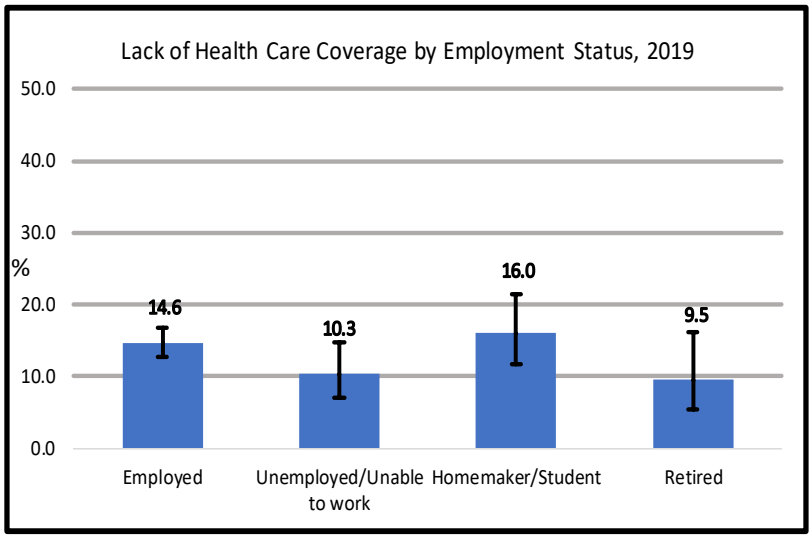
[a]Among adults aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMO's, or government plans, such as Medicaid or Indian Health Services. ** Suppressed due to a denominator <50.

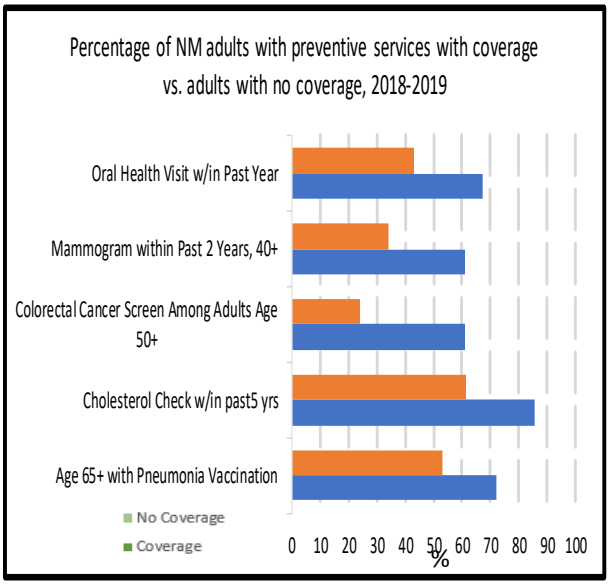


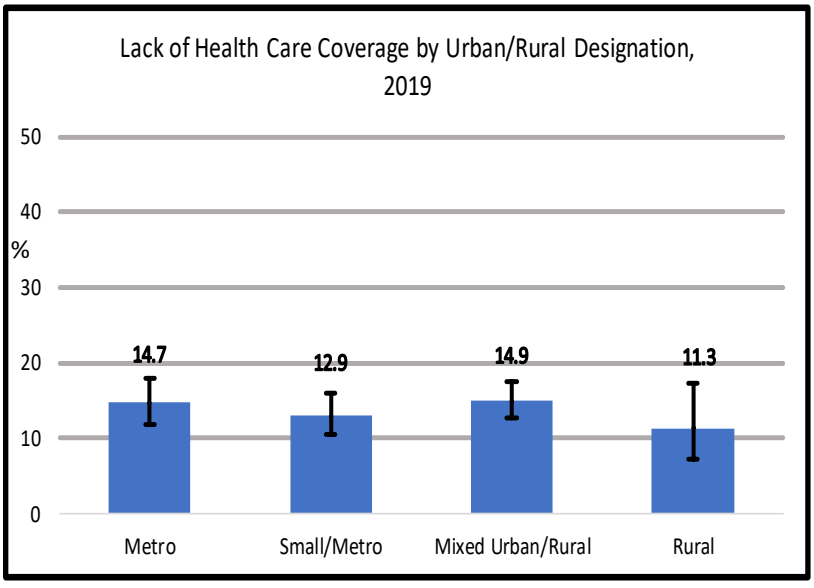
Lack of Health Care Coverage (Adults 18-64)

- The HP 2020 target is to have 100% of adults insured by 2020. Since the prevalence of no health care coverage among New Mexico adults is currently 14.1%, this prevalence would have to decrease by 14.1 percentage points in 2020 to meet this goal.
- The prevalence of no health care coverage decreased with increasing education level.
- Homemakers/students reported a higher prevalence of no health care coverage compared to retired adults.
- The prevalence of no health care coverage was similar across geographic regions.
- Adults without health care coverage were significantly less likely to receive any of five preventative health care services than were adults with coverage.









Arthritis

Question:

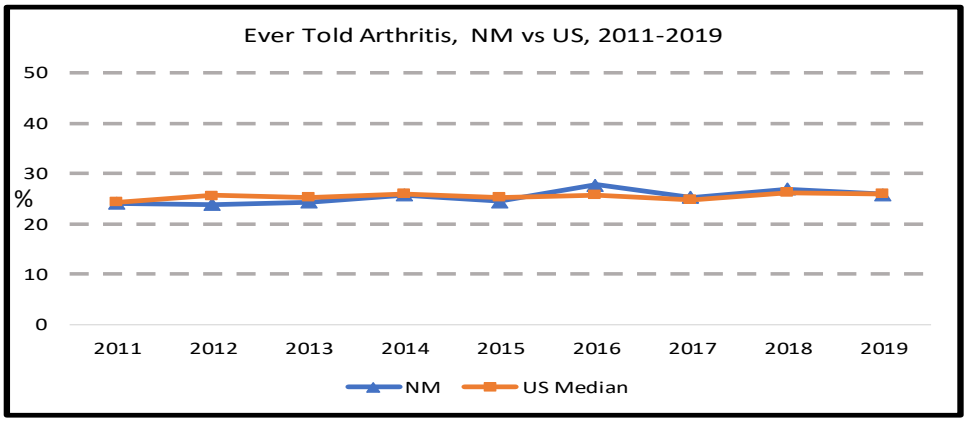
"Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

There are over 100 forms of rheumatic disease commonly referred to as arthritis, including osteoarthritis, rheumatoid arthritis, fibromyalgia, and gout. Arthritis is the most common cause of disability in the U.S.[8]

- In 2019, 25.9% of New Mexico adults had been diagnosed with some form of arthritis. The prevalence of arthritis among NM adults was similar to the U.S. median prevalence (26.0%).
- The percentage of women with diagnosed arthritis (30.1%) was higher than that of adult men (21.5%). This association between arthritis and gender has been consistent over time.
- Arthritis is strongly associated with age, the prevalence among adults over 65 years was 46.9%.
- The percentage of adults with diagnosed arthritis was higher among White adults than among AIAN and Hispanic adults.
- Among adults living in households with an annual income of $75,000 or more, the prevalence of diagnosed arthritis was lower than among those of income categories of less than $15,000.

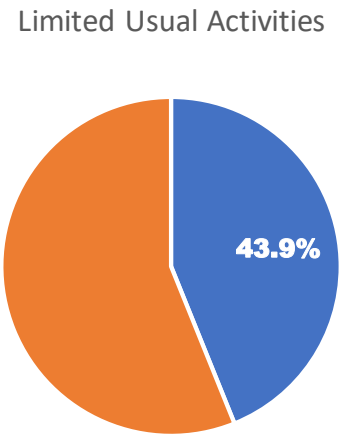
Demographic Characteristics	Ever Told Arthritis[a] %	Ever Told Arthritis[a] (95% Confidence Interval)
Total	**25.9**	**(24.4-27.3)**
Age		
18-44	9.3	(7.8-11.0)
45-64	34.4	(31.7-37.2)
65+	46.9	(44.0-49.9)
Gender		
Male	21.5	(19.6-23.4)
Female	30.1	(28.0-32.3)
Race/Ethnicity		
AIAN	21.3	(16.9-26.5)
Asian or NHOPI	**	**
Black/AA	24.9	(14.7-39.1)
Hispanic	20.9	(18.9-23.1)
White	32.9	(30.7-35.2)
Sexual Orientation		
Straight	25.7	(24.2-27.3)
LGB/Other	23.8	(17.4-31.7)
Household Income		
< $15,000	32.4	(28.0-37.3)
$15,000-$24,999	27.2	(23.8-30.8)
$25,000-$49,999	22.7	(19.9-25.8)
$50,000-$74,999	26.7	(22.6-31.2)
> $75,000	23.7	(21.0-26.7)
Geographic Region		
Northwest	25.4	(22.3-28.9)
Northeast	29.3	(26.2-32.7)
Metropolitan	24.3	(21.8-26.9)
Southeast	28.3	(25.4-31.5)
Southwest	25.4	(22.4-28.6)

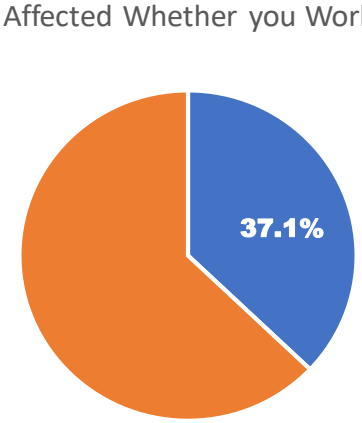
[a]Among all adults , the proportion who reporting ever been told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.
**Suppressed due to a denominator <50.

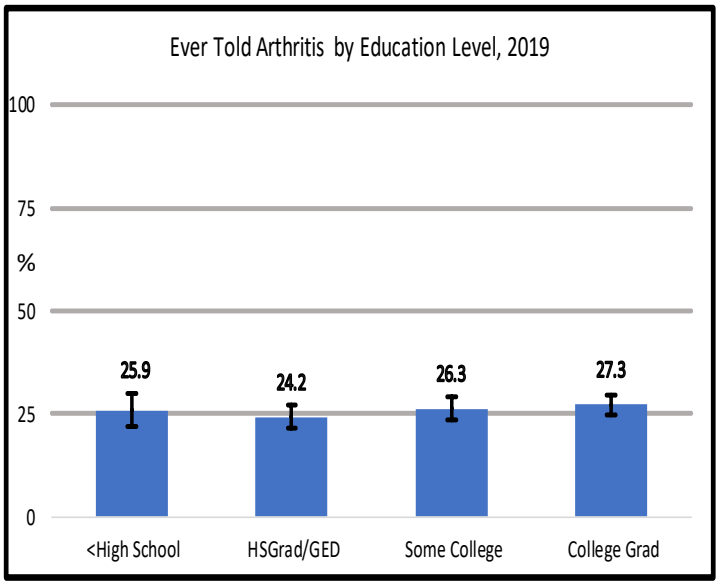


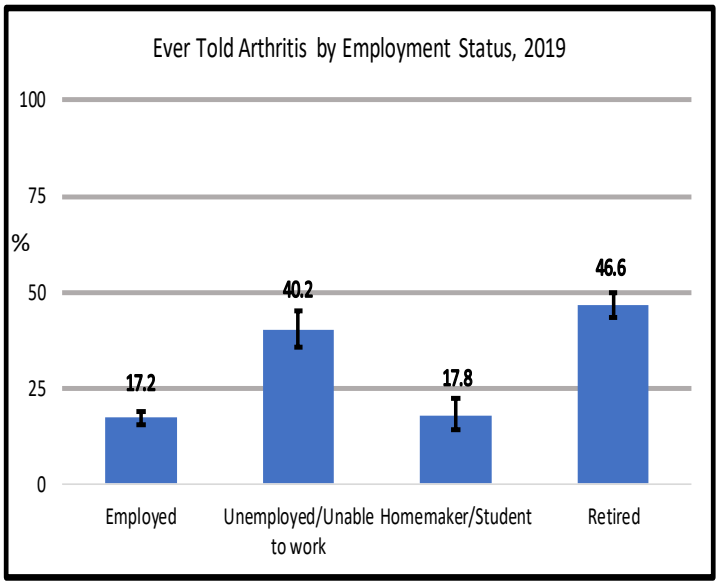
Arthritis

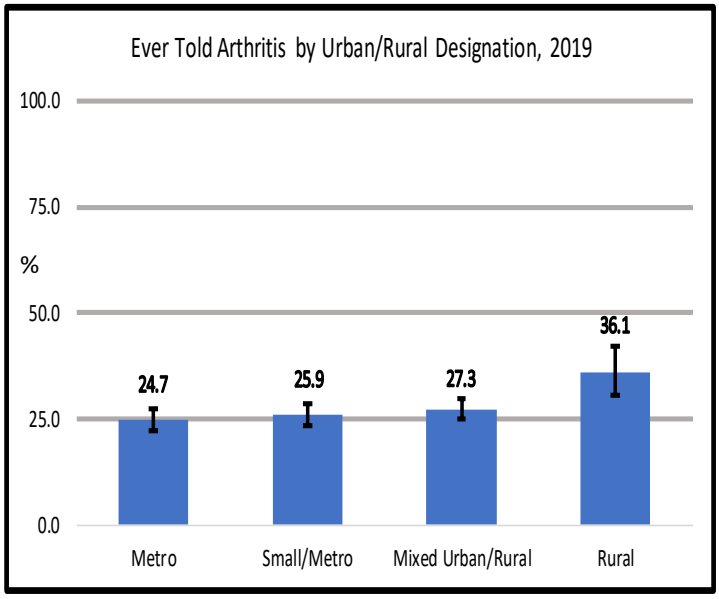
- The prevalence of diagnosed arthritis did not vary by sexual orientation or education level.
- Among NM adults with an employment status of retired or unemployed/unable to work, the prevalence of diagnosed arthritis was significantly higher than employed or homemaker/student adults.
- There was no measurable difference by Urban/Rural county designation.
- Adults with diagnosed arthritis were more likely to have fair or poor health (35.3% and 16.1%), to have diabetes(19.8% and 9.5%), cardiovascular disease (15.6% and 4.7%), or have a disability (52.0% and 20.8%).
- 43.9% of adults with arthritis reported that arthritis limited their usual activities while 37.1% said that arthritis affected whether they worked.











Asthma

Questions:

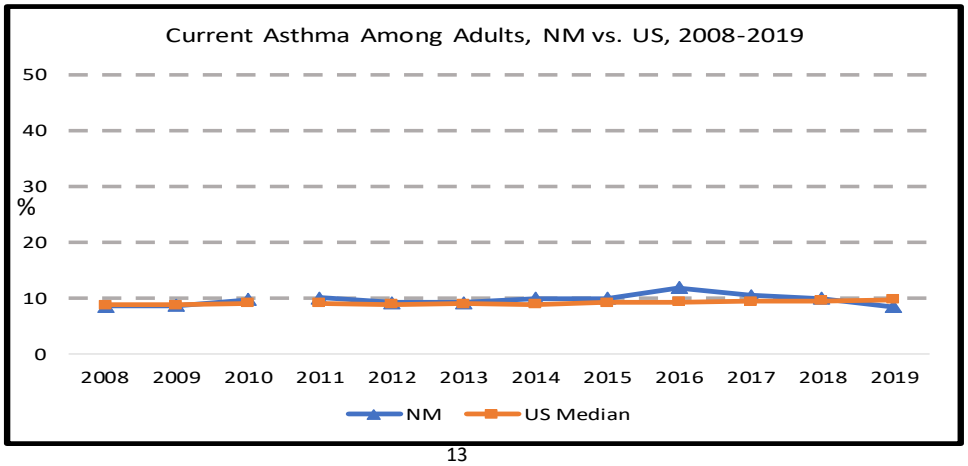
"(Ever told) you had asthma?
Do you still have asthma?"

Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways. Asthma attacks can vary from mild to life threatening. Symptoms can include shortness of breath, cough, wheezing, and chest pain or tightness.[9]

- In 2019, 8.4% of New Mexico adults had asthma at the time of the interview. The prevalence of current asthma among NM adults was lower than the U.S. Median prevalence (9.7%).
- The percentage of women who currently had asthma (10.2%) was significantly higher than that of men (6.6%).
- The prevalence of current asthma among LGB/other was higher than among straight adults, 16.2% and 8.0%, respectively. This was statistically significant.
- Low income adults (<$15,000) were more likely to report asthma than other income categories.
- The prevalence of current asthma did not vary significantly by age.

Demographic Characteristics	Current Asthma[a] %	Current Asthma[a] (95% Confidence Interval)
Total	**8.4**	**(7.5-9.4)**
Age		
18-44	8.2	(6.8-10.0)
45-64	8.4	(7.0-10.0)
65+	8.9	(7.2-10.8)
Gender		
Male	6.6	(5.4-8.0)
Female	10.2	(8.9-11.7)
Race/Ethnicity		
AIAN	5.8	(3.8-8.8)
Asian or NHOPI	**	**
Black/AA	11.6	(5.4-23.1)
Hispanic	7.8	(6.4-9.4)
White	9.7	(8.3-11.2)
Sexual Orientation		
Straight	8.0	(7.1-9.1)
LGB/Other	16.2	(10.4-24.2)
Household Income		
< $15,000	13.2	(10.0-17.4)
$15,000-$24,999	9.2	(7.1-11.8)
$25,000-$49,999	7.5	(5.7-9.7)
$50,000-$74,999	7.3	(5.1-10.3)
> $75,000	6.9	(5.3-8.9)
Geographic Region		
Northwest	7.6	(5.8-10.0)
Northeast	7.4	(5.7-9.6)
Metropolitan	8.8	(7.2-10.7)
Southeast	9.8	(7.7-12.2)
Southwest	7.8	(6.1-9.9)

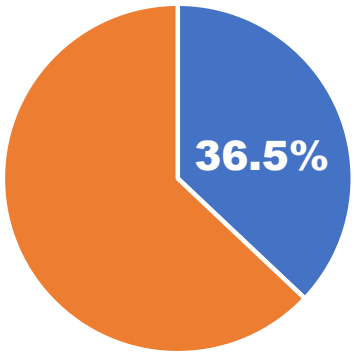
[a] Among all adults, the proportion reporting that they were ever told by a doctor, nurse, or other health care professional that had asthma and report that they still have asthma. **Suppressed due to a denominator <50.



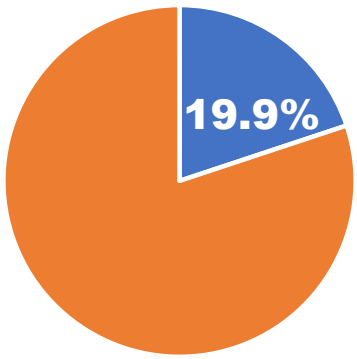
Asthma

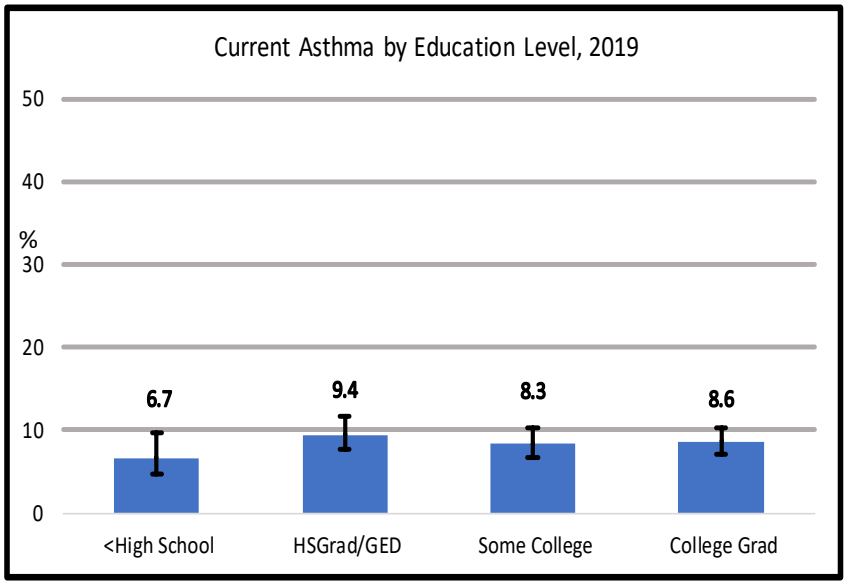
- The prevalence of current asthma did not vary significantly by education level.
- Adults who were unemployed/unable to work were more likely to report current asthma, (13.9%) than those who were retired (8.1%), employed (7.4%), or a homemaker or student (7.5%).
- The prevalence of current diagnosed asthma did not vary significantly by Urban/Rural county designation.
- Adults with current asthma were more likely to report disability/activity limitation (28.1%) compared to those without current asthma (12.8%).

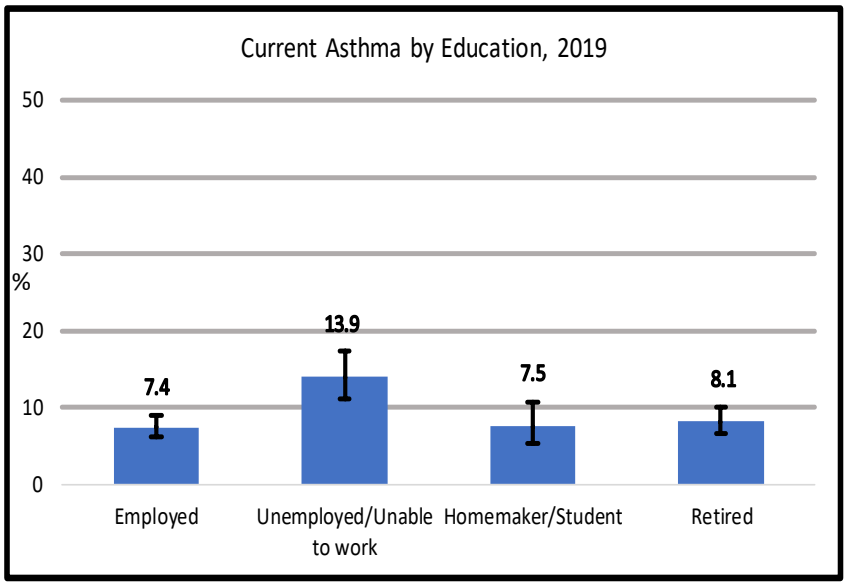
Fair/Poor Health with Asthma, 2019

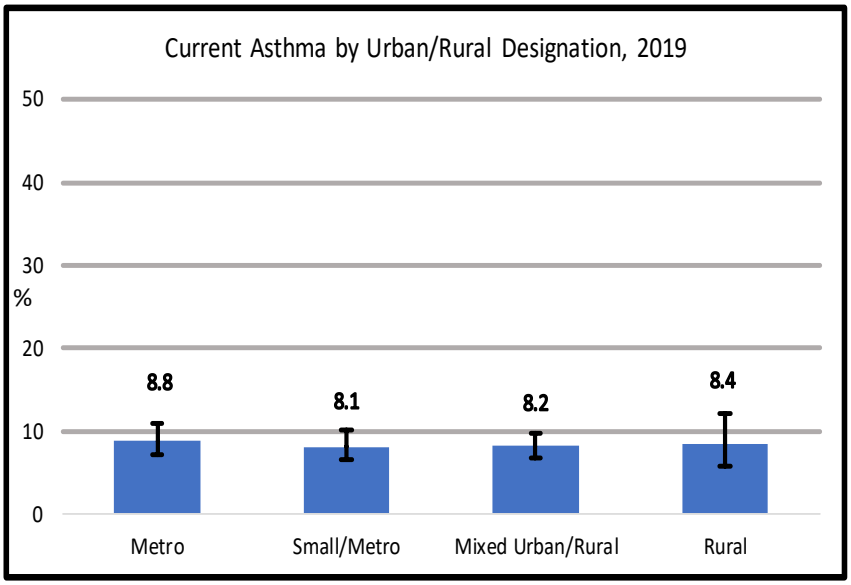


Fair/Poor Health without Asthma, 2019









Cancer

Question:

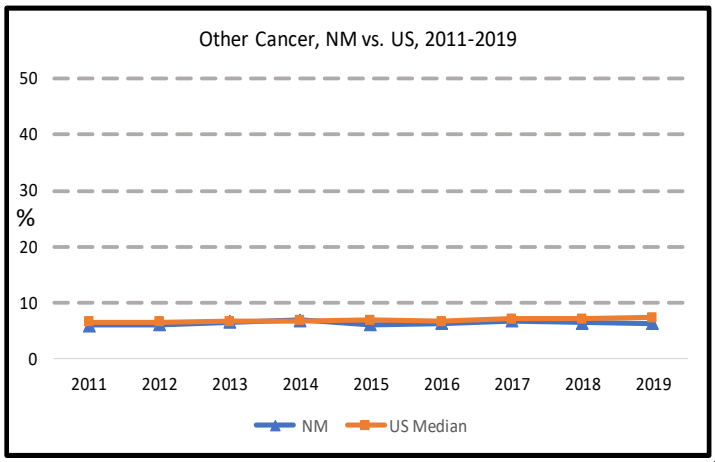
"(Ever told) you had skin cancer, any other types of cancer?"

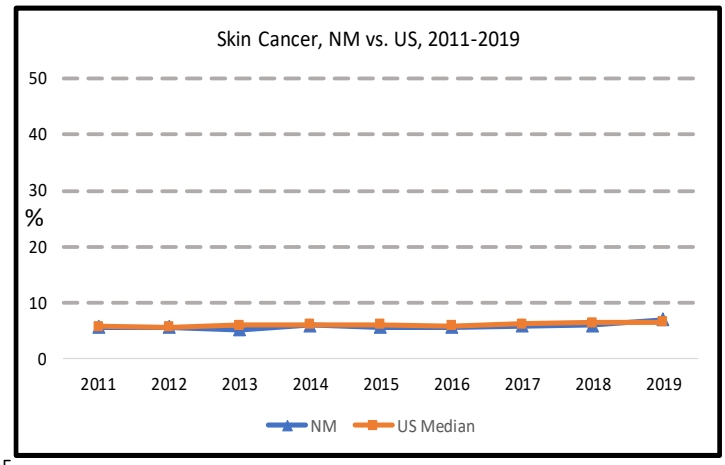
Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer.[10]

- In 2019, an estimated 12.0% of adults had a history of any type of cancer, 7.0% had a history of cancer other than skin cancer, and 6.3% had a history of skin cancer. There was no significant difference between NM and the U.S.
- There was a strong association with age, older adults being much more likely to have a history of cancer.
- For history of any other type of cancer, the prevalence was higher among women (8.4%) than men (5.6%).
- History of any cancer was higher among White adults (20.7%) than all other racial/ethnic groups and history of non-skin cancer was higher among White adults (13.2%) than among all other racial/ethnic groups.

Demographic Characteristics	Ever Told Skin Cancer[a] %	(95% Confidence Interval)	Ever Told Any Other Types of Cancer[b] %	(95% Confidence Interval)	Ever Told Cancer[c] %	(95% Confidence Interval)
Total	**6.3**	**(5.7-7.1)**	**7.0**	**(6.3-7.9)**	**12.0**	**(11.0-13.0)**
Age						
18-44	0.5	(0.3-1.1)	1.5	(0.9-2.4)	2.0	(1.4-3.0)
45-64	6.0	(4.9-7.4)	7.3	(5.9-8.9)	12.6	(10.9-14.6)
65+	18.0	(15.9-20.4)	17.4	(15.2-19.7)	30.6	(27.9-33.4)
Gender						
Male	6.6	(5.7-7.7)	5.6	(4.6-6.7)	11.0	(9.7-12.5)
Female	6.1	(5.1-7.1)	8.4	(7.3-9.7)	12.9	(11.5-14.5)
Race/Ethnicity						
AIAN	0.8	(0.3-2.0)	4.5	(2.9-7.0)	5.2	(3.4-7.7)
Asian or NHOPI	**	**	**	**	**	**
Black/AA	2.3	(0.5-9.0)	0.9	(0.3-2.9)	3.2	(1.1-9.0)
Hispanic	1.7	(1.2-2.4)	4.5	(3.6-5.7)	5.9	(4.9-7.2)
White	13.2	(11.7-14.8)	10.5	(9.1-12.0)	20.7	(18.9-22.6)
Sexual Orientation						
Straight	6.5	(5.8-7.3)	7.1	(6.3-8.1)	12.4	(11.3-13.5)
LGB/Other	1.6	(0.6-4.1)	4.6	(2.0-9.9)	6.1	(3.2-11.4)
Household Income						
< $15,000	2.3	(1.4-3.8)	6.5	(4.5-9.2)	8.6	(6.3-11.5)
$15,000-$24,999	4.8	(3.5-6.5)	6.5	(4.8-8.7)	9.6	(7.6-12.0)
$25,000-$49,999	6.1	(4.7-7.8)	7.5	(5.9-9.5)	12.4	(10.3-14.8)
$50,000-$74,999	8.8	(6.7-11.5)	8.1	(5.7-11.2)	14.4	(11.4-18.1)
> $75,000	8.4	(6.9-10.2)	5.5	(4.3-7.0)	12.9	(11.0-15.0)
Geographic Region						
Northwest	3.9	(2.9-5.2)	5.4	(4.1-6.9)	8.9	(7.2-10.8)
Northeast	6.3	(5.0-7.8)	7.9	(6.2-9.9)	12.7	(10.6-15.0)
Metropolitan	7.2	(5.9-8.7)	7.3	(6.0-8.9)	13.1	(11.3-15.0)
Southeast	5.8	(4.6-7.3)	6.2	(4.9-7.8)	10.7	(9.0-12.8)
Southwest	5.9	(4.8-7.4)	7.2	(5.7-9.0)	11.5	(9.7-13.6)

Among all adults, the proportion ever told by a doctor that: [a]they had skin cancer, [b]they had a form of cancer other than skin cancer, or [c]they had skin cancer or any other type of cancer. **Suppressed due to a denominator <50.

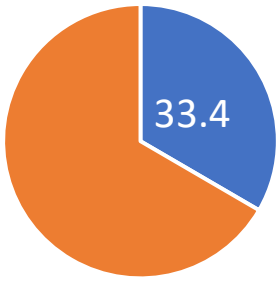




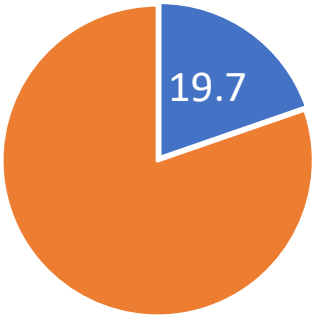
Cancer

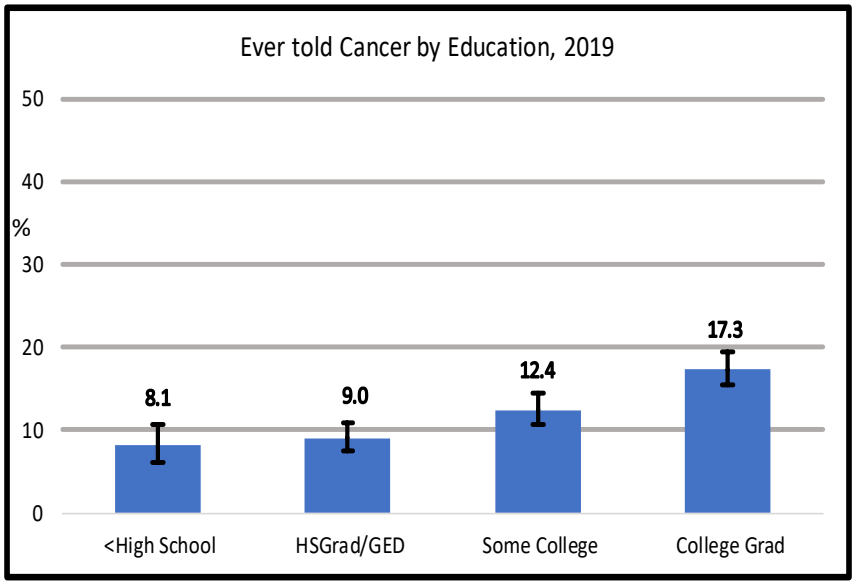
- History of skin cancer was higher among adults with higher education levels.
- Adults who were retired or unable to work were more likely to have a history of skin or other type of cancer. Adjustment for age eliminated the difference between retired and categories other than unable to work.
- There was no statistically significant difference in the prevalence of any type of cancer or any cancer except skin cancer by geographic region or urban/rural county designation.
- Adults with history of cancer were more likely to currently have fair or poor general

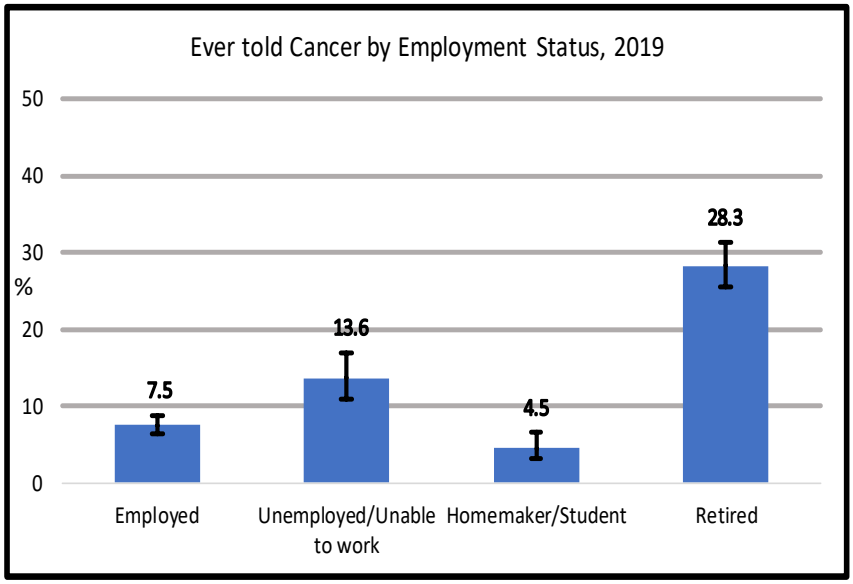
Fair/Poor Health among NM Adults with a history of cancer, 2019

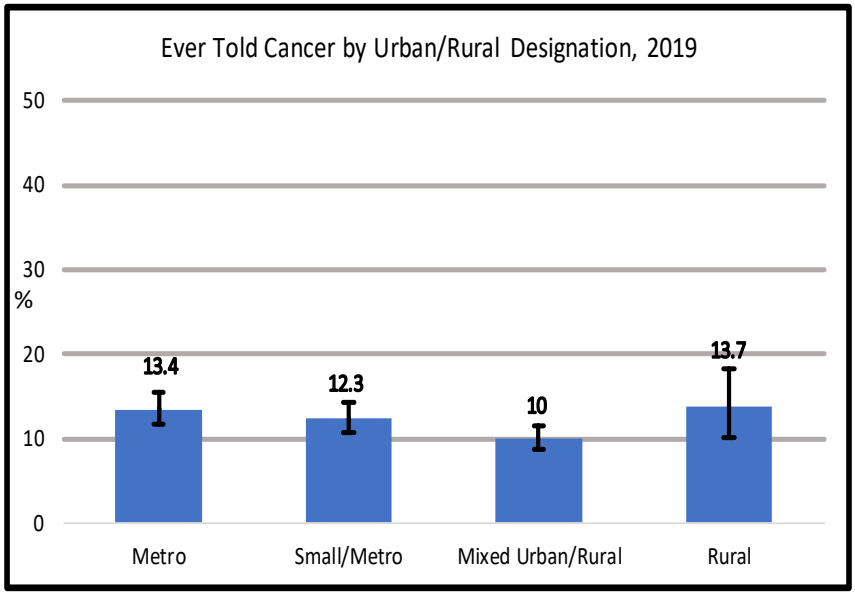


Fair/Poor Health among NM Adults without a History of Cancer, 2019









Cardiovascular Disease

Question:

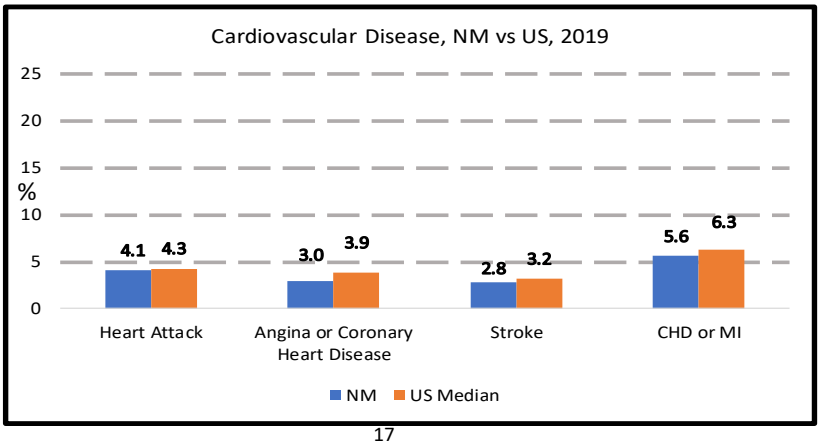
"(Ever told) you had angina or coronary heart disease, stroke, or heart attack?"

Heart disease is the leading cause of death for both men and women in the U.S.[11] It is also one of the leading causes of disability in the U.S. Stroke is the third leading cause of death in the US.[11]

- In 2019, 3.0% of New Mexico adults had ever been told they had angina or coronary heart disease, 2.8% had ever been told they had a stroke, and 4.1% they had a heart attack.
- When combining all three measures into one indicator, an estimated 7.5% of New Mexico adults had ever been told by a doctor that they had some form of cardiovascular disease.
- The prevalence of all three diseases increased with age and decreased with increasing household income level.

Demographic Characteristics	Ever Told Angina or Coronary Heart Disease[a] %	(95% Confidence Interval)	Ever Told Stroke[b] %	(95% Confidence Interval)	Ever Told Heart Attack[c] %	(95% Confidence Interval)
Total	**3.0**	**(2.5-3.5)**	**2.8**	**(2.3-3.3)**	**4.1**	**(3.5-4.8)**
Age						
18-44	0.2	(0.1-0.5)	0.6	(0.3-1.2)	0.6	(0.3-1.2)
45-64	3.1	(2.3-4.1)	2.3	(1.6-3.1)	4.6	(3.6-6.0)
65+	8.3	(6.7-10.3)	7.9	(6.4-9.7)	10.3	(8.5-12.3)
Gender						
Male	3.2	(2.6-4.1)	2.6	(2.0-3.3)	4.5	(3.7-5.5)
Female	2.7	(2.1-3.6)	3.0	(2.4-3.9)	3.7	(2.9-4.7)
Race/Ethnicity						
AIAN	1.8	(0.9-3.5)	2.2	(1.2-3.9)	2.9	(1.7-5.0)
Asian or NHOPI	**	**	**	**	**	**
Black/AA	0.0	(.-.)	4.6	(1.3-15.0)	4.1	(1.2-12.8)
Hispanic	2.0	(1.4-2.8)	2.1	(1.6-2.9)	3.7	(2.9-4.8)
White	4.7	(3.8-5.7)	3.6	(2.8-4.6)	4.7	(3.9-5.8)
Sexual Orientation						
Straight	3.0	(2.5-3.6)	2.9	(2.4-3.6)	4.0	(3.4-4.7)
LGB/Other	1.7	(0.5-6.1)	0.8	(0.2-3.3)	2.7	(1.0-7.4)
Household Income						
< $15,000	4.3	(2.7-6.8)	4.2	(2.7-6.6)	5.8	(3.9-8.6)
$15,000-$24,999	2.8	(2.0-3.9)	3.6	(2.6-5.0)	4.2	(3.1-5.8)
$25,000-$49,999	2.0	(1.4-3.0)	2.9	(2.0-4.3)	3.3	(2.2-4.7)
$50,000-$74,999	3.9	(2.2-6.6)	1.6	(0.9-2.8)	4.0	(2.6-6.2)
> $75,000	2.6	(1.7-3.9)	1.4	(0.8-2.2)	2.4	(1.6-3.7)
Geographic Region						
Northwest	2.5	(1.7-3.5)	2.4	(1.5-3.8)	3.3	(2.3-4.6)
Northeast	2.7	(1.9-3.8)	2.1	(1.3-3.4)	3.7	(2.7-5.1)
Metropolitan	2.7	(1.9-3.8)	2.4	(1.7-3.3)	3.2	(2.3-4.5)
Southeast	4.2	(3.2-5.6)	4.4	(3.3-5.9)	6.8	(5.4-8.7)
Southwest	3.3	(2.4-4.6)	3.5	(2.4-5.1)	5.0	(3.6-6.7)

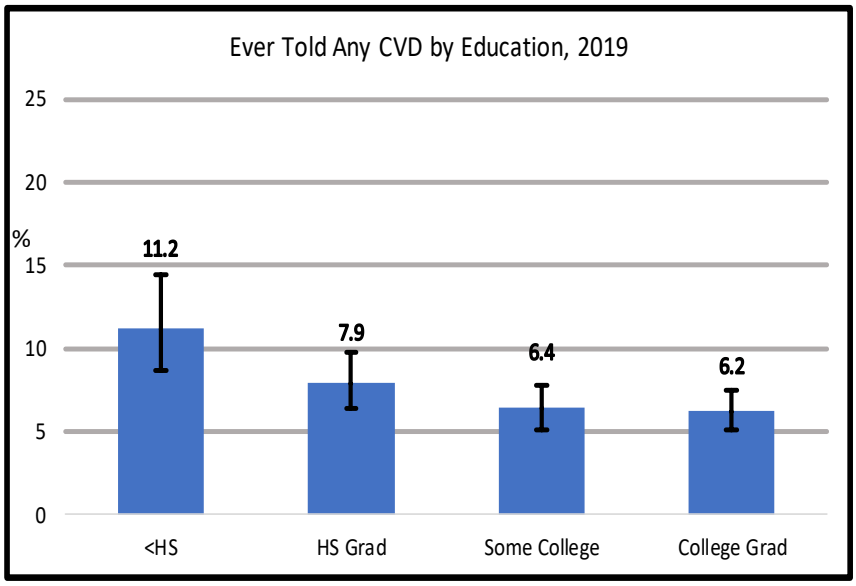
Among all adults, the proportion ever told by a doctor that: [a] they had angina or coronary heart disease, [b]they had a stroke, or [c]they had a heart attack or myocardial infarction. ** Suppressed due to a denominator <50.

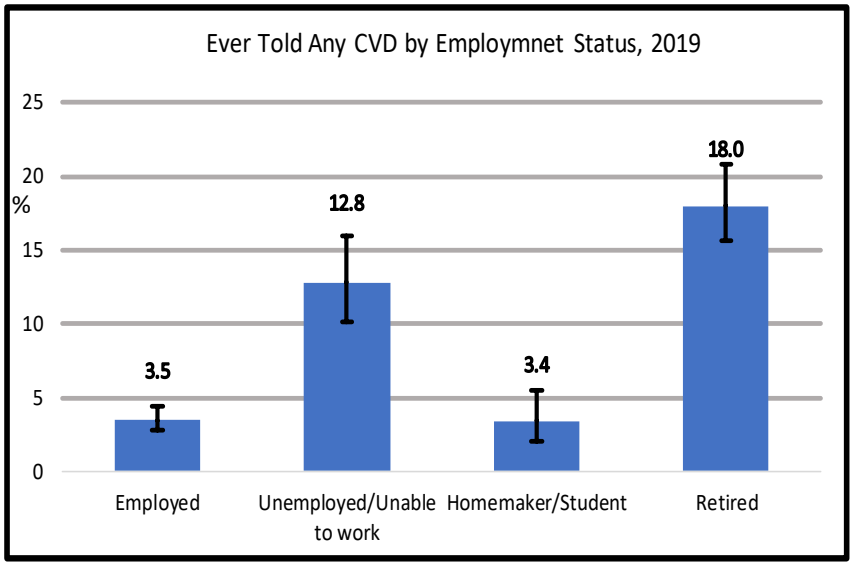


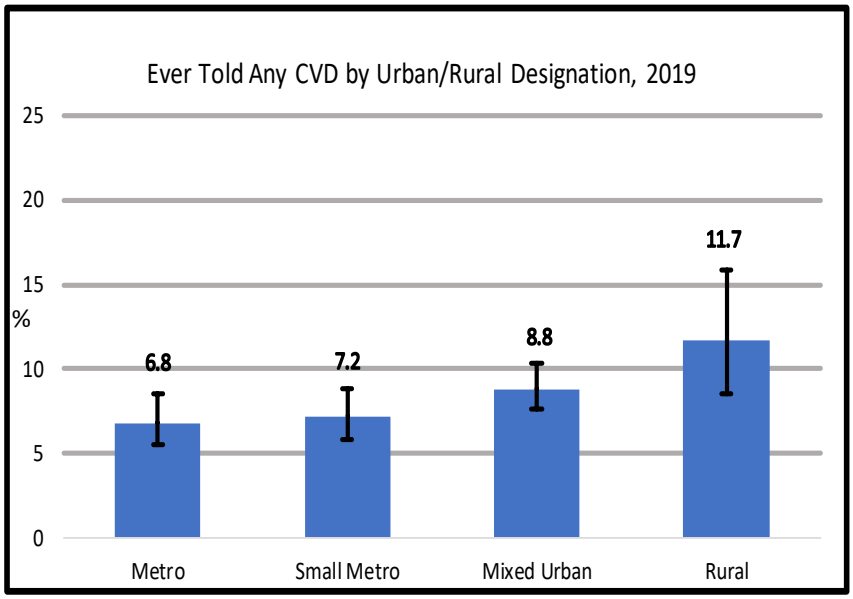
Cardiovascular Disease

Health conditions such as high blood cholesterol levels, high blood pressure, obesity, and diabetes mellitus can increase the risk of cardiovascular disease (CVD). Behavioral factors, including tobacco and alcohol use, diets high in saturated fat and cholesterol, and physical inactivity, may also increase the risk of development of cardiovascular disease.[11]

- There was no statistically measurable difference by race/ethnicity.
- Males were more likely than women to have a history of coronary heart disease and myocardial infarction (4.5% and 3.2%), than females (3.7% and 2.7%), but these difference were not statistically significant.
- Adults with less education or lower annual household income were more likely to have a history of CVD.
- Adults who were unemployed/unable to work were much more likely to have a history of CVD than those who were employed. Adjustment for age nearly eliminated the difference between retired and other employment categories.
- Former smokers were more likely to have a history of any CVD (11.2%) compared to adults who had never smoked (5.1%).







Chronic Obstructive Pulmonary Disease (COPD)

Question:

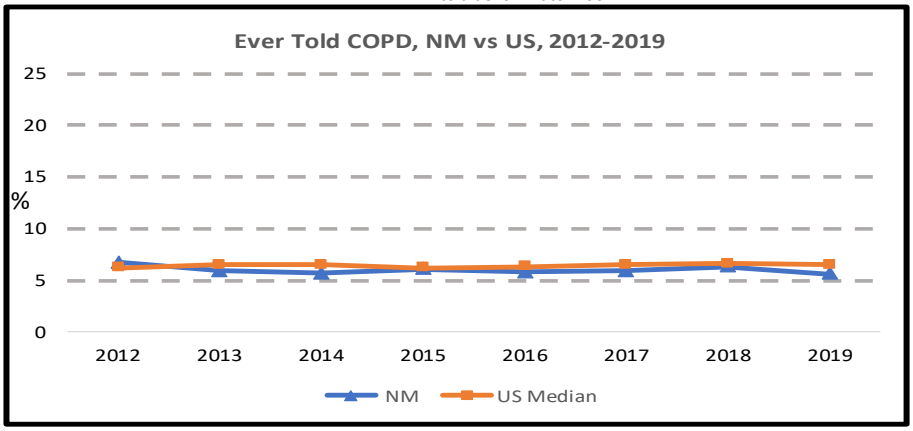
"Have you ever been told by a doctor, nurse or other health professional that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?"

Chronic obstructive pulmonary disease, or COPD, is a serious lung disease that makes it hard to breathe and gets worse over time. COPD includes two main conditions, emphysema and chronic bronchitis.[12] Other causes include exposure to smoke caused by burning wood and worksite dusts and chemicals.[13]

- In 2019, 5.6% of New Mexico adults had been diagnosed with some form of COPD. This was lower than the U.S. median COPD prevalence, 6.5%.
- The was no measurable difference by gender.
- The difference in the prevalence of COPD by sexual orientation was not statistically significant.
- White adults (8.3%) were more likely to have COPD than AIAN (2.4%) and Hispanic adults (3.7%).
- There was a gradient in COPD prevalence by level of household income. Those living in households with income more than $75,000 per year had a lower prevalence of COPD (2.9%), and those at the lowest income level of less than $15,000 a year had higher COPD prevalence (9.2%).

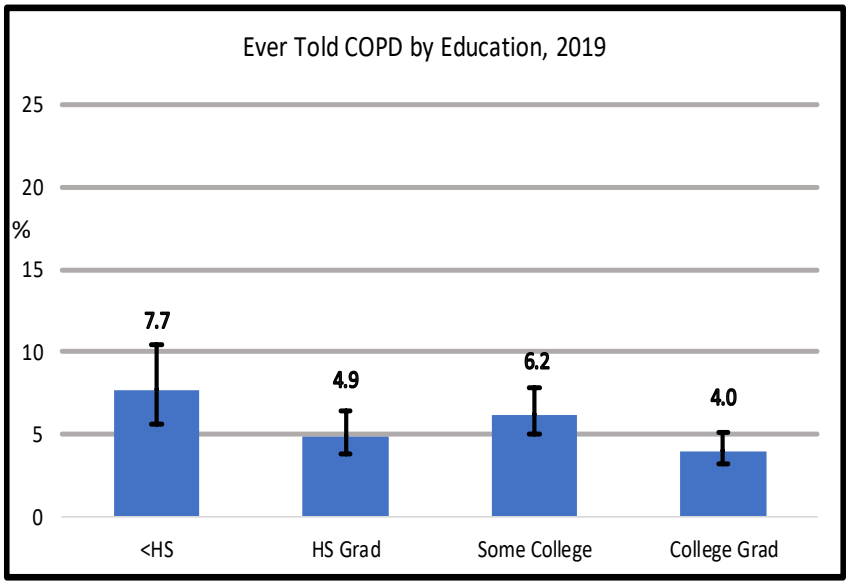
Demographic Characteristics	Ever Told COPD[a] %	Ever Told COPD[a] (95% Confidence Interval)
Total	**5.6**	**(4.9-6.3)**
Age		
18-44	2.2	(1.5-3.2)
45-64	5.7	(4.6-7.0)
65+	12.1	(10.2-14.3)
Gender		
Male	5.5	(4.6-6.7)
Female	5.6	(4.7-6.7)
Race/Ethnicity		
AIAN	2.4	(1.4-4.0)
Asian or NHOPI	**	**
Black/AA	9.1	(3.7-20.6)
Hispanic	3.7	(2.9-4.9)
White	8.3	(7.2-9.7)
Sexual Orientation		
Straight	5.6	(4.9-6.4)
LGB/Other	6.3	(3.5-11.1)
Household Income		
< $15,000	9.2	(6.7-12.5)
$15,000-$24,999	6.5	(4.9-8.7)
$25,000-$49,999	5.3	(4.0-6.9)
$50,000-$74,999	4.0	(2.6-6.2)
> $75,000	2.9	(2.1-4.0)
Geographic Region		
Northwest	4.4	(3.3-5.9)
Northeast	5.8	(4.3-7.9)
Metropolitan	4.9	(3.8-6.3)
Southeast	7.6	(6.1-9.6)
Southwest	6.0	(4.6-7.8)

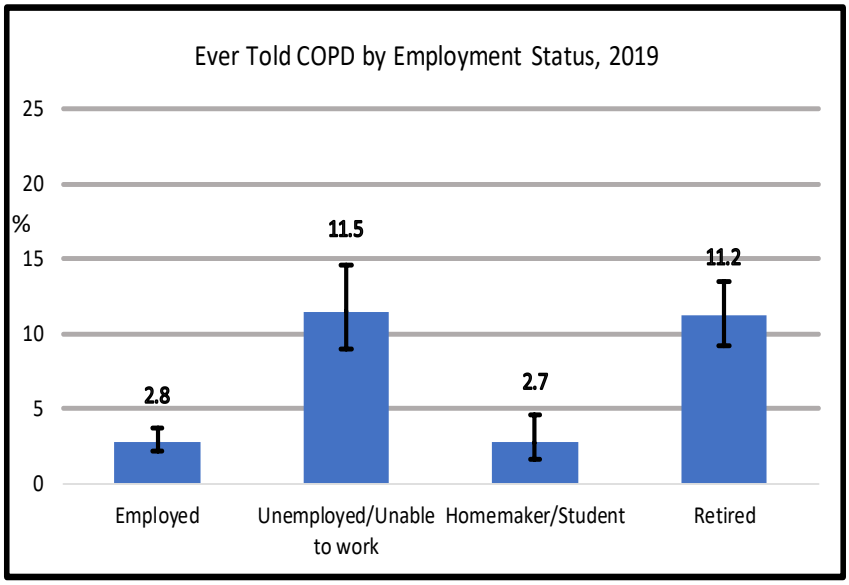
[a]Among all adults , the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis. **Suppressed due to a denominator <50.

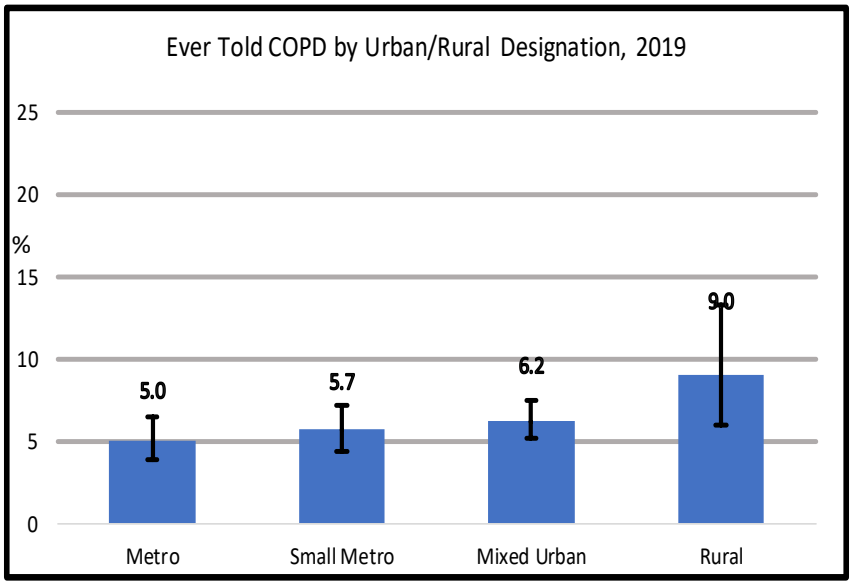


Chronic Obstructive Pulmonary Disease (COPD)

- The prevalence of history of COPD was highest in the Southeast region (7.6%) and lowest in the Northwest region (4.4%).
- The prevalence of COPD was lower among adults with a college degree or more education among all education levels.
- The prevalence of a history of COPD was more than 3 times higher among adults who were unemployed/unable to work or retired, than employed or homemaker/ student.
- The prevalence was not statistically significant different by Urban/Rural county designation.
- History of COPD was higher among current (13.2%) and former smokers (11.1%) than never smokers (2.5%).
- 52.6% of adults with COPD had fair or poor general health status, versus 19.2% of adults with no history of COPD. 66.6% of those with COPD had at least one disability, versus 26.6% of adults without COPD.







Depression

Questions:

"Have you ever been told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

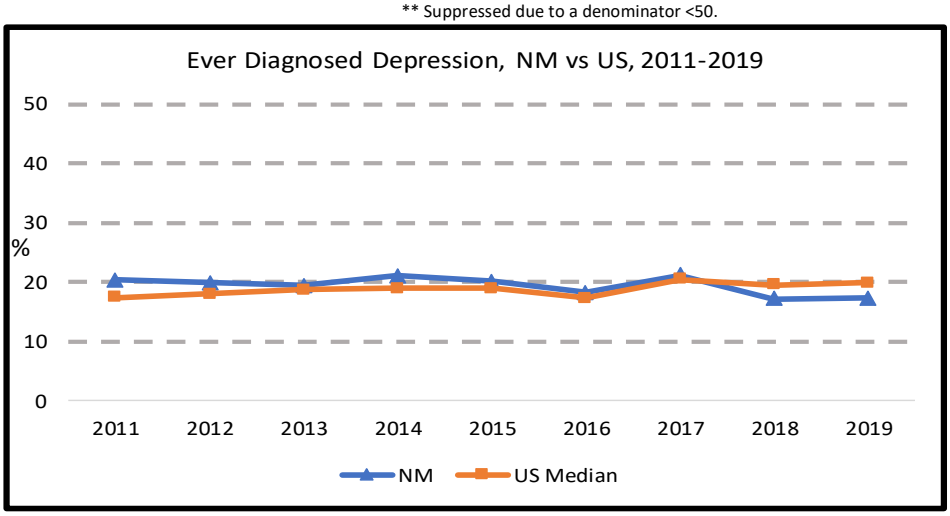
Depression is characterized by depressed or sad mood, diminished interest in activities that used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death.[15]

- In 2019, 17.3% had a history of depression, meaning they had ever been told they had depression. The prevalence is lower than the U.S. median (19.9%).
- Adults aged 45-64 had a higher prevalence of history of depression (19.2%) than adults over the age of 65 (16.0%). This was not statistically significant.
- Females had a higher prevalence of history of depression (20.6%) than males (13.9%).
- There were no measurable difference by race/ethnicity.
- History of depression was higher among LGB/Other (37.0%), compared to Straight adults (16.2%).

Demographic Characteristics	Ever Told Depression[a] %	Ever Told Depression[a] (95% Confidence Interval)
Total	**17.3**	**(16.0-18.8)**
Age		
18-44	16.9	(14.8-19.3)
45-64	19.2	(17.1-21.6)
65+	16.0	(13.8-18.4)
Gender		
Male	13.9	(12.2-15.8)
Female	20.6	(18.7-22.7)
Race/Ethnicity		
AIAN	12.3	(8.8-16.8)
Asian or NHOPI	**	**
Black/AA	19.4	(11.0-32.0)
Hispanic	17.8	(15.7-20.1)
White	17.8	(15.9-19.8)
Sexual Orientation		
Straight	16.2	(14.8-17.6)
LGB/Other	37.0	(28.4-46.6)
Household Income		
< $15,000	29.5	(25.0-34.5)
$15,000-$24,999	22.2	(18.8-25.9)
$25,000-$49,999	17.5	(14.7-20.7)
$50,000-$74,999	13.3	(10.1-17.1)
> $75,000	10.8	(8.7-13.4)
Geographic Region		
Northwest	16.2	(13.3-19.4)
Northeast	18.9	(16.0-22.1)
Metropolitan	17.0	(14.7-19.5)
Southeast	16.6	(14.0-19.6)
Southwest	18.2	(15.2-21.6)

[a]The proportion reporting ever being told that they had depression by a healthcare professional.

** Suppressed due to a denominator <50.

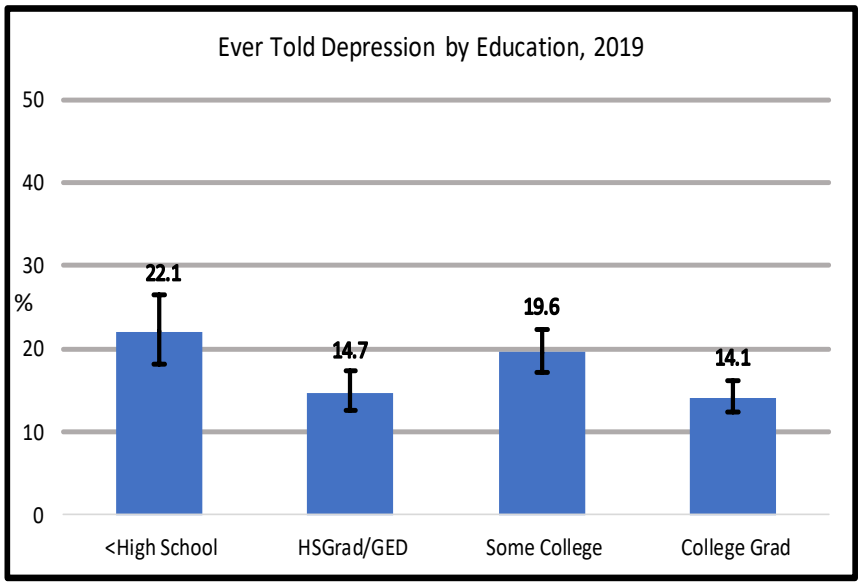


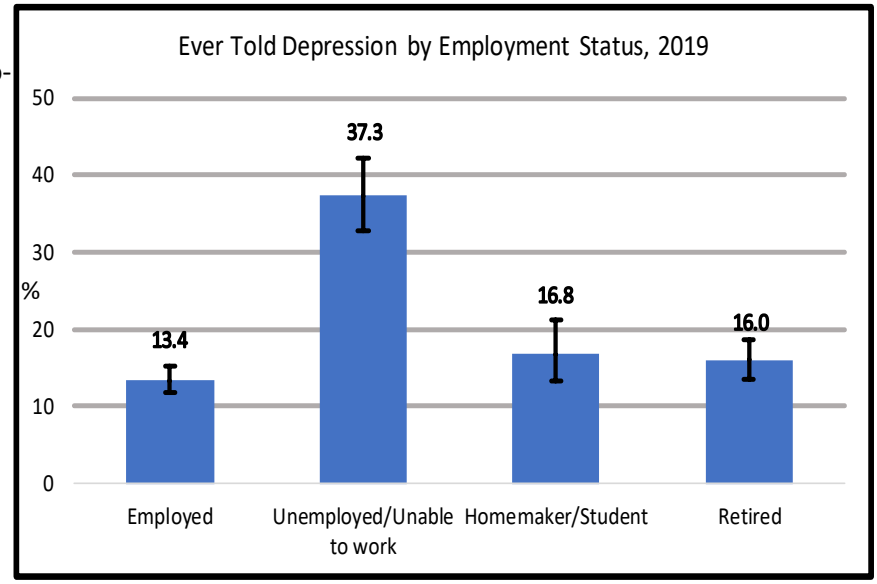
Depression

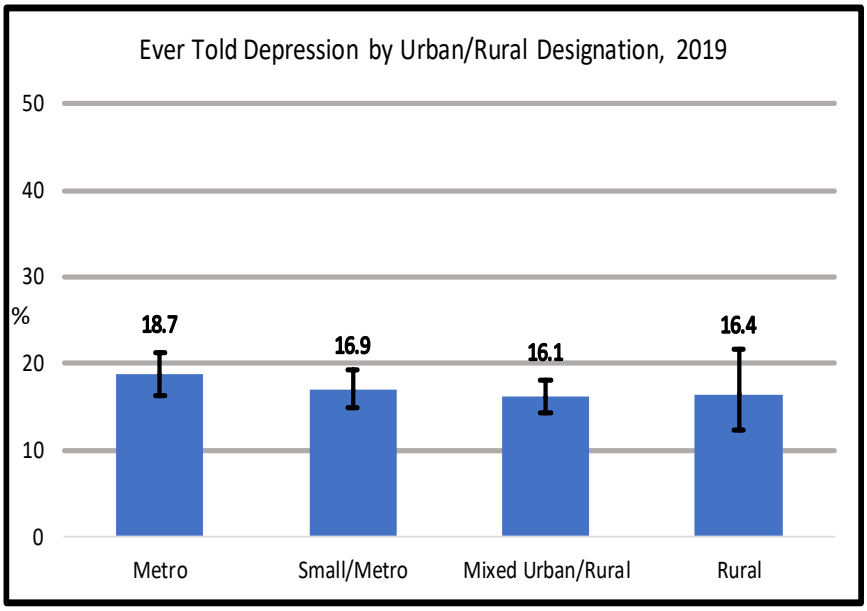
- There was a gradient in the prevalence of history of depression by level of household income. Of lower income adults, over one fourth (29.5%) had ever been diagnosed with a depressive disorder, decreasing to 10.1% among adults in the highest household income level.

- There was no measurable difference in current depression or history of depression by geographic region or urban/rural county designation.

- Over one-third (37.3%) of adults who were unable to work or unemployed had a history of diagnosed depression.







Diabetes

Question:

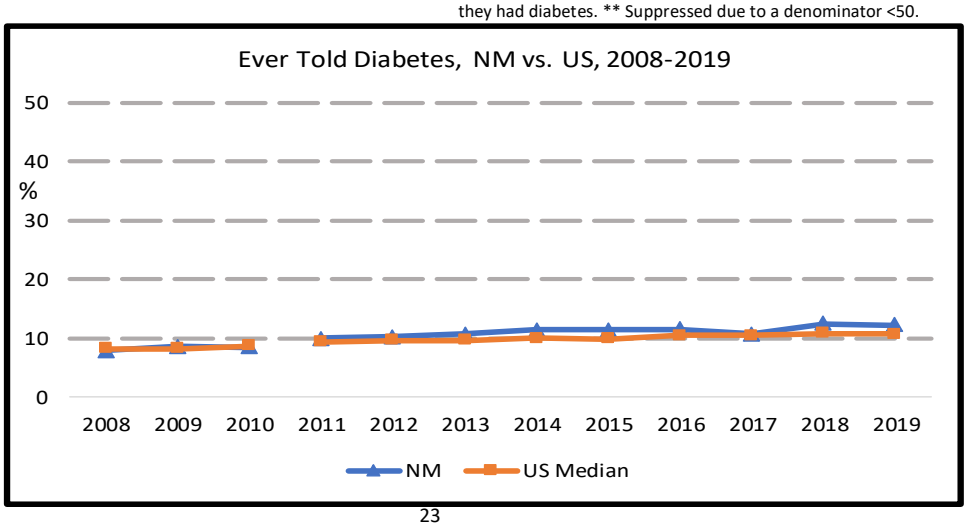
"Have you ever been told by a doctor that you have diabetes?"

Diabetes Mellitus (DM) is a group of diseases characterized by high levels of blood glucose resulting from insufficient insulin production, insulin action, or both. Diabetes can be associated with serious complications including cardiovascular disease, end-stage renal disease, blindness, amputation, and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.[16]

- In 2019, the percentage of adults in New Mexico with diagnosed diabetes was 12.3%. The NM rate was higher than the U.S. rate (10.8%). The prevalence of diagnosed diabetes has increased in recent years, both in NM and nationally.
- Diagnosed diabetes was higher among AIAN (16.5%) than among White adults (9.4%).
- There was no statistically significant difference in diabetes prevalence by gender.
- Adults with lower incomes were more likely to have been diagnosed with diabetes, 19.0% for adults with the lowest income category and 8.0% for adults with the highest income category.
- Adults in the Northwest region (15.4%) were more likely to have been diagnosed with diabetes while adults in the Metropolitan region had the lowest (10.4%).

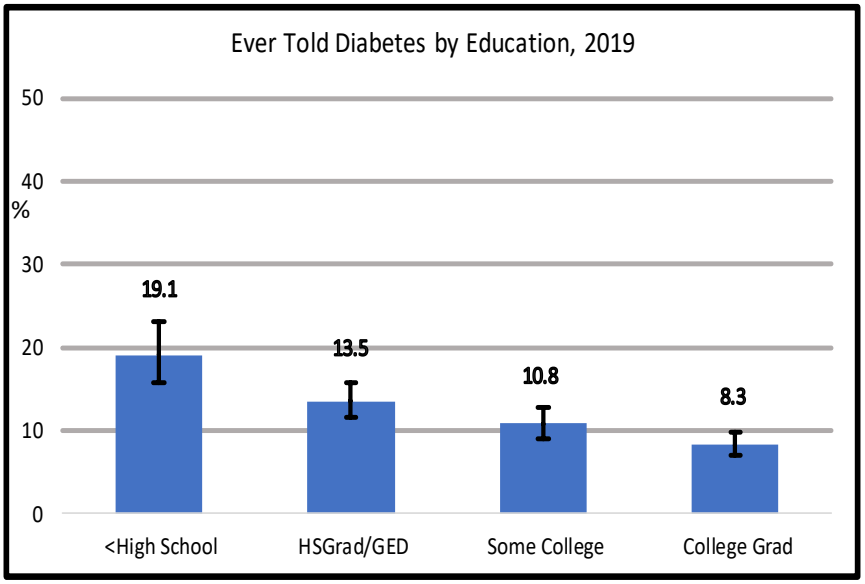
Demographic Characteristics	Ever Told Diabetes[a] %	Ever Told Diabetes[a] (95% Confidence Interval)
Total	**12.3**	**(11.2-13.4)**
Age		
18-44	4.3	(3.2-5.7)
45-64	16.0	(14.1-18.2)
65+	23.0	(20.5-25.6)
Gender		
Male	12.1	(10.6-13.6)
Female	12.4	(11.0-14.1)
Race/Ethnicity		
AIAN	16.5	(12.9-20.9)
Asian or NHOPI	**	**
Black/AA	10.8	(5.3-20.7)
Hispanic	13.9	(12.2-15.8)
White	9.4	(8.1-10.8)
Sexual Orientation		
Straight	12.1	(11.0-13.3)
LGB/Other	9.5	(5.1-16.8)
Household Income		
< $15,000	19.0	(15.4-23.1)
$15,000-$24,999	15.0	(12.4-18.1)
$25,000-$49,999	10.2	(8.3-12.4)
$50,000-$74,999	10.7	(8.1-14.0)
> $75,000	8.0	(6.3-10.0)
Geographic Region		
Northwest	15.4	(12.6-18.7)
Northeast	11.5	(9.5-13.9)
Metropolitan	10.4	(8.7-12.4)
Southeast	13.4	(11.3-15.8)
Southwest	14.8	(12.3-17.7)

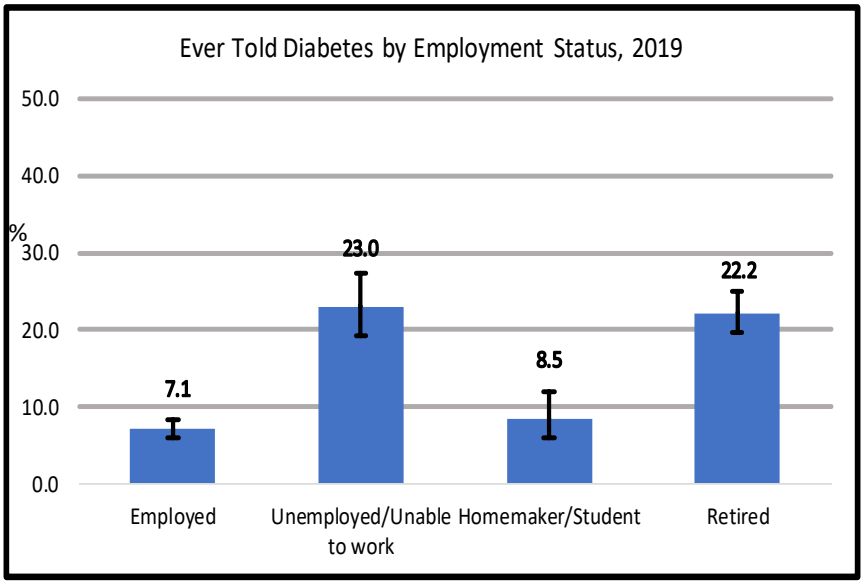
[a]Among all adults, the proportion reporting that they were ever told by a doctor that they had diabetes. ** Suppressed due to a denominator <50.

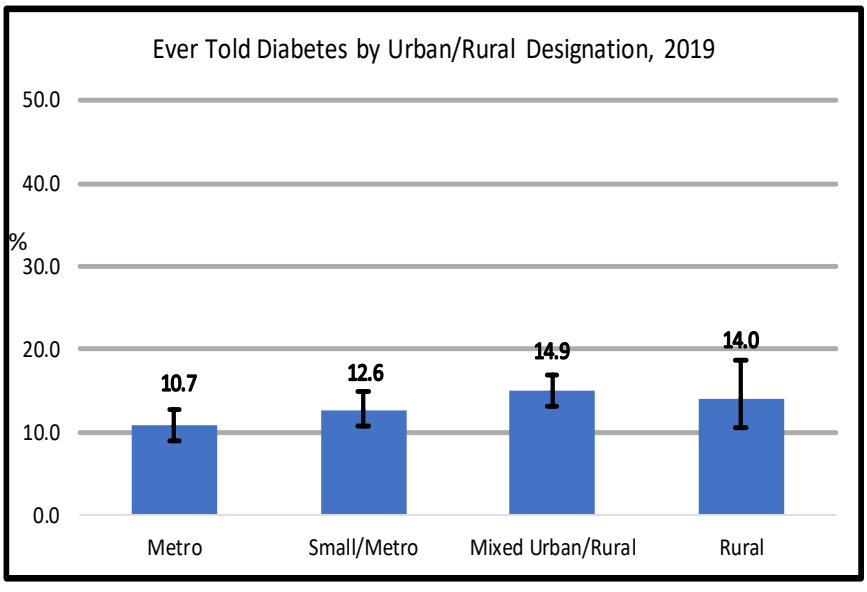


Diabetes

- New Mexico adults with less education were more likely to be diagnosed with diabetes; adults with less than a high school education (19.1%) had a higher prevalence than adults with a college graduate education (8.3%).
- In 2019, the prevalence of diagnosed diabetes was much higher among adults who were unemployed/unable to work (23.0%) and among retired adults (22.2%) compared to employed adults (7.1%) and homemaker/student adults (8.5%).
- The was no measurable difference by Urban/Rural designation.
- Adults who were obese had the highest prevalence of diagnosed diabetes (18.9%) followed by overweight individuals (11.6%) and adults within the healthy weight range (7.0%).
- Over half of adults (52.4%) with diagnosed diabetes had fair or poor general health status, compared to 17.7% of adults with diagnosed diabetes.
- Over half (52.9%) of adults with diagnosed diabetes had a disability, compared to 16.7% of those without diagnosed diabetes.







Adverse Childhood Events

Question:

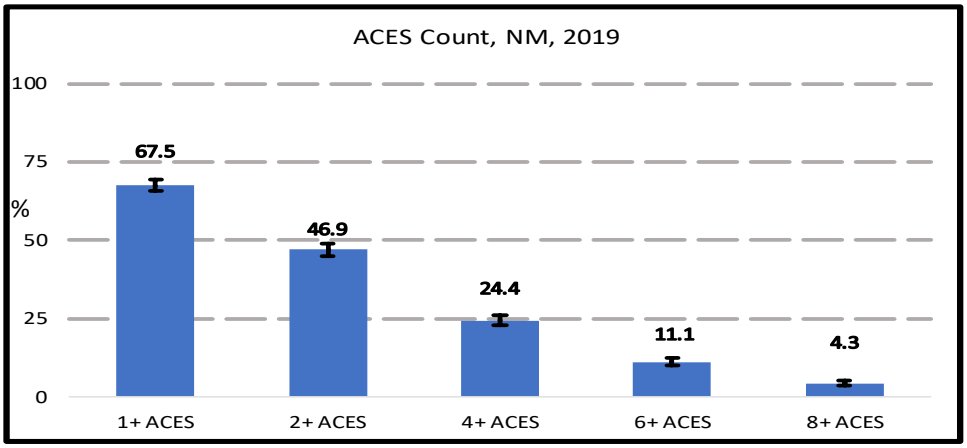
"We'd like to ask you questions about events that happened during your childhood. Now, looking back before you were 18 years of age- -. Did you experience any of the following...? "

Adverse experiences in childhood is associated with adult morbidity and mortality.[17] The BRFSS Adverse Childhood Experiences (ACE) module consists of 11 questions that fit into 8 categories: emotional abuse, physical abuse, sexual abuse, parental separation/divorce, household substance use, household domestic violence, household member incarcerated, and household mental illness.

- In 2019, the percentage of adults in New Mexico with four or more ACEs was 24.4%. A national estimate is not available.
- ACEs were more prevalent among adults 18-44 years of age.
- The prevalence of ACEs was higher in females (26.6%) than males (22.2%). This difference was not statistically significant.
- AIAN had a significantly higher prevalence than other White adults.
- The prevalence of ACEs decreased with increasing household income.
- There was no measurable difference by geographic region.

Demographic Characteristics	Adverse Childhood Events[a] %	Adverse Childhood Events[a] (95% Confidence Interval)
Total	**24.4**	**(22.7-26.2)**
Age		
18-44	31.9	(28.8-35.2)
45-64	24.1	(21.5-26.9)
65+	11.9	(9.9-14.3)
Gender		
Male	22.2	(19.8-24.7)
Female	26.6	(24.2-29.1)
Race/Ethnicity		
AIAN	33.1	(27.0-39.8)
Asian or NHOPI	**	**
Black/AA	37.1	(22.5-54.5)
Hispanic	24.3	(21.6-27.2)
White	22.7	(20.5-25.1)
Sexual Orientation		
Straight	23.6	(21.8-25.4)
LGB/Other	43.8	(34.4-53.7)
Household Income		
< $15,000	29.1	(24.2-34.6)
$15,000-$24,999	28.9	(24.7-33.4)
$25,000-$49,999	24.5	(20.9-28.5)
$50,000-$74,999	21.3	(16.9-26.6)
> $75,000	21.7	(18.6-25.3)
Geographic Region		
Northwest	28.1	(24.1-32.5)
Northeast	22.6	(19.4-26.1)
Metropolitan	25.0	(22.0-28.2)
Southeast	21.8	(18.5-25.4)
Southwest	24.4	(20.7-28.6)

[a]Among all adults, the proportion that experienced four or more adverse childhood experiences during their childhood. ** Suppressed due to a denominator <50.



Adverse Childhood Events

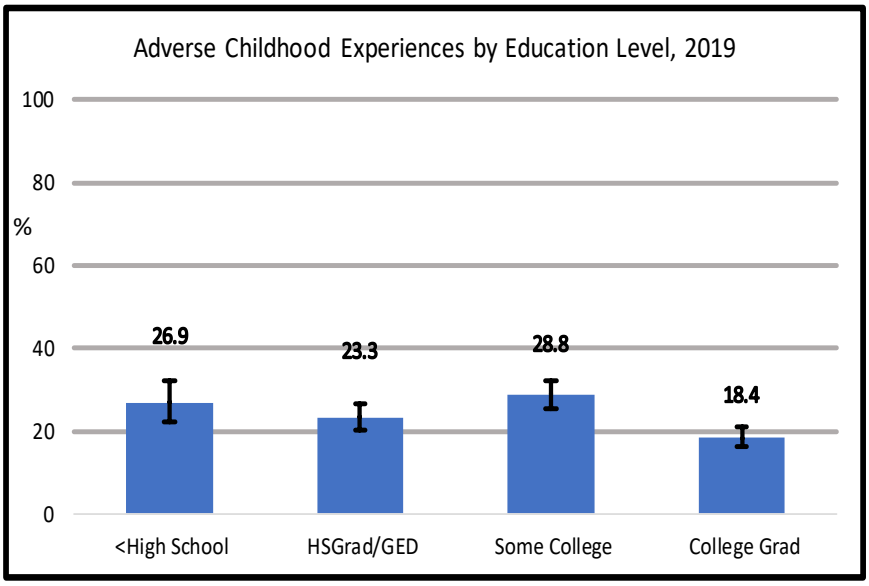
- New Mexico adults with less education were more likely to have experienced four or more ACE. Adults with less than a high school education (26.9%) had a higher prevalence than adults with a college graduate education (18.4%).

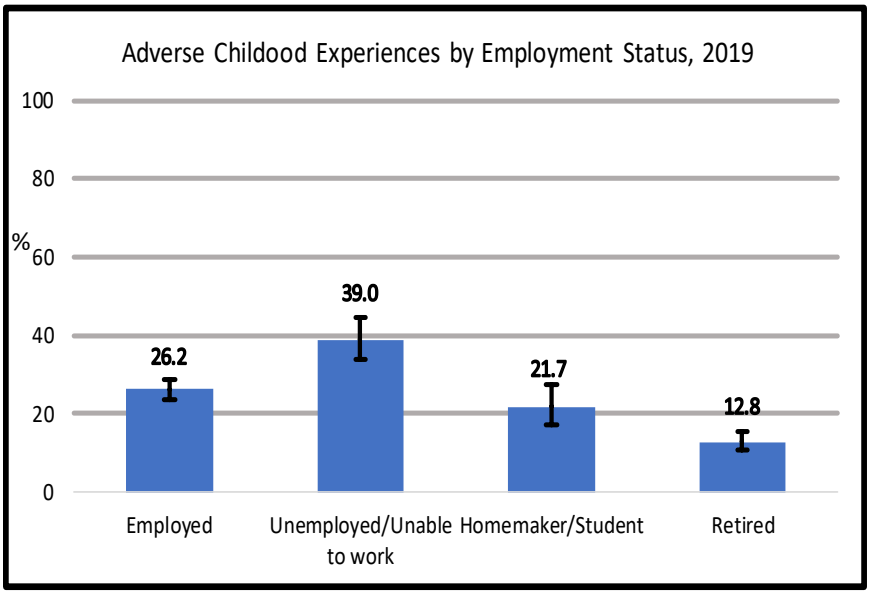
- The prevalence of four or more ACE was much higher among adults who were unemployed/unable to work (39.0%) compared to all other employment categories.

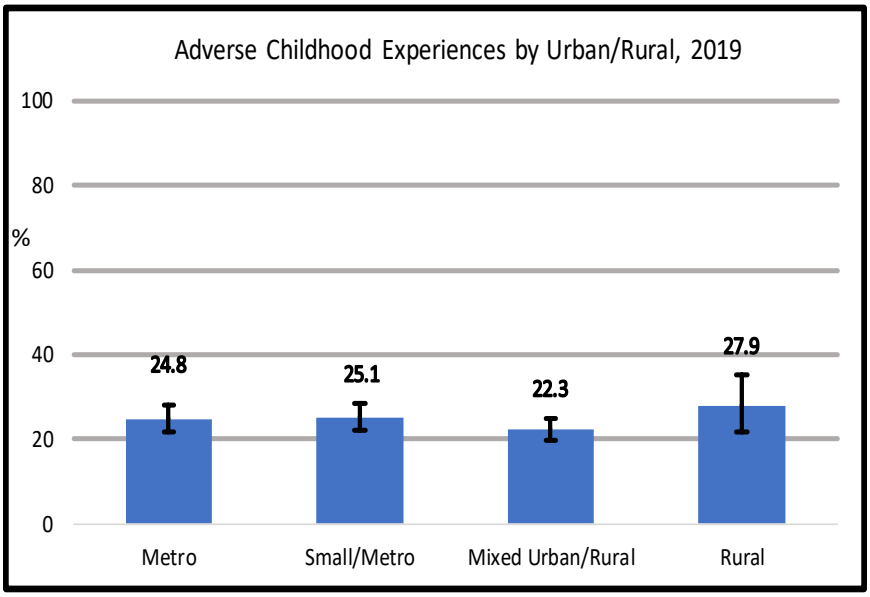
- The was no measurable difference by Urban/Rural designation.

- Adults with four or more ACE were more likely to report fair/poor health (25.7%) compared to adults with less than four ACE or no ACE (19.6%).

- Adults with four or more ACE (28.1%) had a higher prevalence of frequent mental distress than adults with less than four ACE or no ACE (10.4%).







Alcohol Consumption

Question:

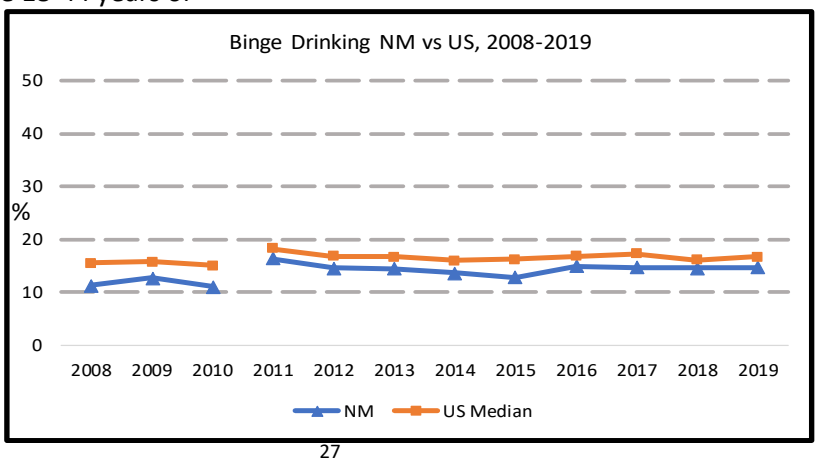
"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (women) drinks on a single occasion?"

Excessive alcohol consumption is a contributing factor to morbidity and mortality from many causes.[18] Acute binge drinking (defined as 5 or more drinks for males and 4 or more drinks for females on at least one occasion during the past month) is strongly associated with injuries and death from motor vehicle crashes, homicide, suicide, falls and drug overdose. Chronic 'heavy' drinking (defined as > 2 drinks per day for men and > 1 drink per day for women on average during the past month) is strongly associated with numerous alcohol-related diseases, most notably alcohol-related chronic liver disease.[18]

- In 2019, the prevalence of binge drinking was 14.7%, lower than the U.S. median of 16.8%. 6.0% of New Mexico adults were heavy drinkers. Although the rates of binge drinking were lower in NM than the U.S., over the past 20 years, New Mexico has consistently had among the highest alcohol-related death rates in the U.S.[18]
- Binge drinking was more prevalent among the younger age groups, but was relatively uncommon in the older age groups, ranging from a high of 22.6% in those 18-44 years of age to 3.4% in those 65+. Heavy drinking was more evenly distributed across age groups.

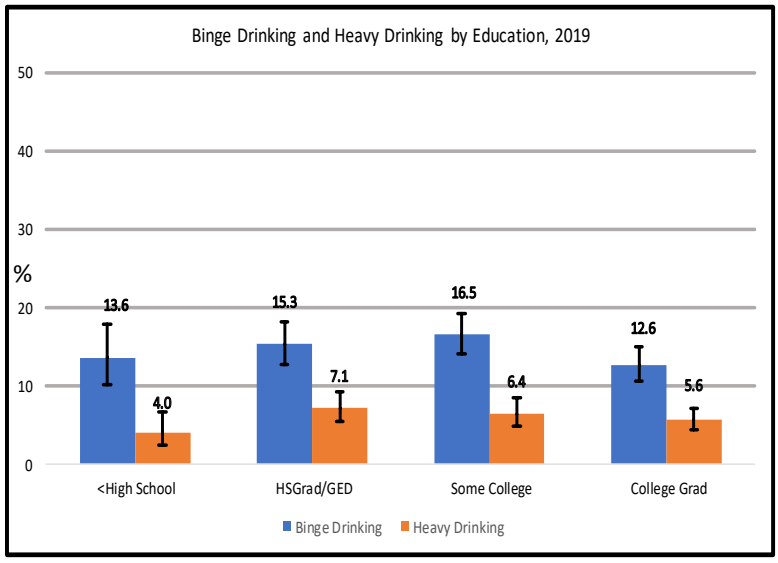
Demographic Characteristics	Binge Drinking[a] %	Binge Drinking[a] (95% Confidence Interval)	Heavy Drinking[b] %	Heavy Drinking[b] (95% Confidence Interval)
Total	**14.7**	**(13.4-16.2)**	**6.0**	**(5.1-7.0)**
Age				
18-44	22.6	(20.0-25.3)	7.2	(5.6-9.1)
45-64	12.2	(10.3-14.4)	5.8	(4.5-7.3)
65+	3.4	(2.5-4.6)	4.1	(3.1-5.4)
Gender				
Male	20.0	(17.8-22.3)	7.6	(6.2-9.1)
Female	9.8	(8.2-11.6)	4.5	(3.5-5.8)
Race/Ethnicity				
AIAN	13.9	(10.0-18.9)	5.4	(3.1-9.4)
Asian or NHOPI	**	**	**	**
Black/AA	18.8	(8.9-35.2)	8.0	(2.5-22.6)
Hispanic	17.2	(15.0-19.7)	6.1	(4.8-7.9)
White	12.2	(10.5-14.1)	5.9	(4.8-7.1)
Sexual Orientation				
Straight	14.9	(13.5-16.5)	6.2	(5.2-7.2)
LGB/Other	23.3	(15.9-32.8)	7.2	(3.5-14.0)
Household Income				
< $15,000	13.2	(9.8-17.6)	5.7	(3.6-9.2)
$15,000-$24,999	13.2	(10.5-16.5)	4.8	(3.3-6.9)
$25,000-$49,999	16.7	(13.6-20.4)	7.9	(5.8-10.7)
$50,000-$74,999	11.8	(8.5-16.0)	5.2	(3.3-8.1)
> $75,000	18.2	(15.3-21.4)	7.3	(5.5-9.7)
Geographic Region				
Northwest	13.6	(10.8-17.0)	4.1	(2.6-6.3)
Northeast	12.0	(9.6-14.9)	5.9	(4.4-8.0)
Metropolitan	15.1	(12.8-17.8)	6.8	(5.3-8.7)
Southeast	16.7	(13.9-20.0)	6.3	(4.6-8.4)
Southwest	15.3	(12.3-18.8)	4.8	(3.3-7.0)

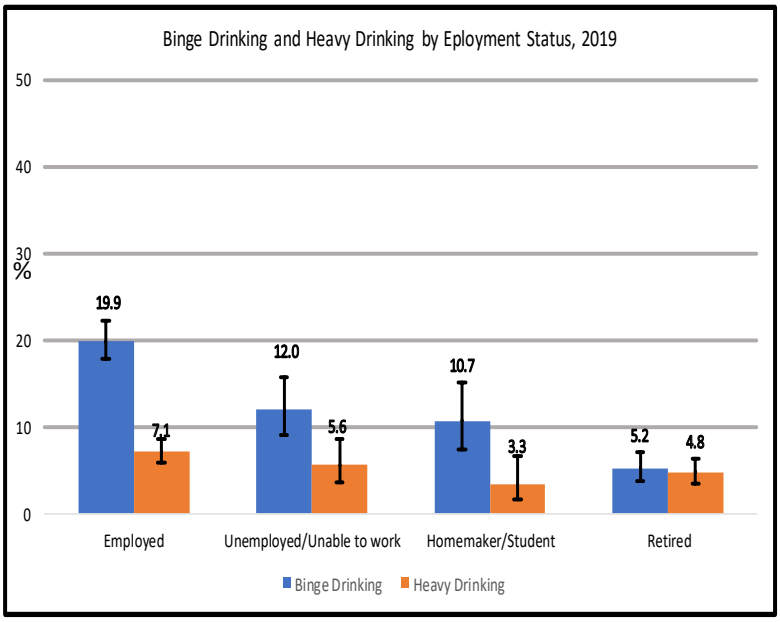
[a]Among all adults, the proportion reporting consuming five or more drinks per occasion (males) or four or more drinks (females) at least once in the past month or [b]reporting consuming seven or more drinks per week.

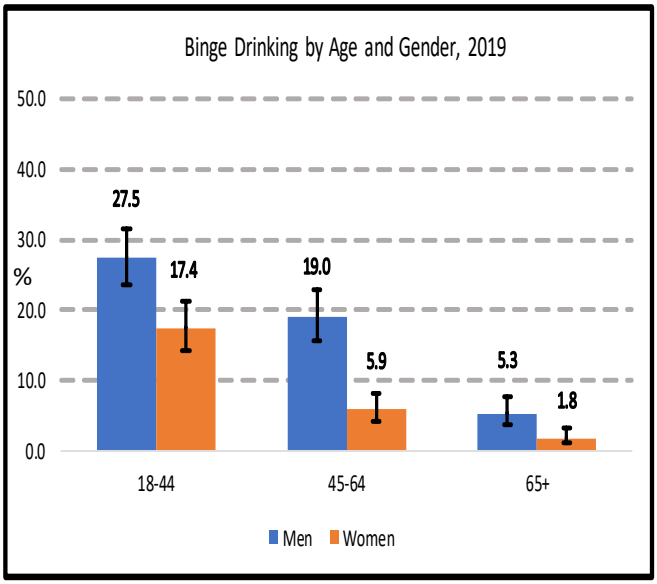


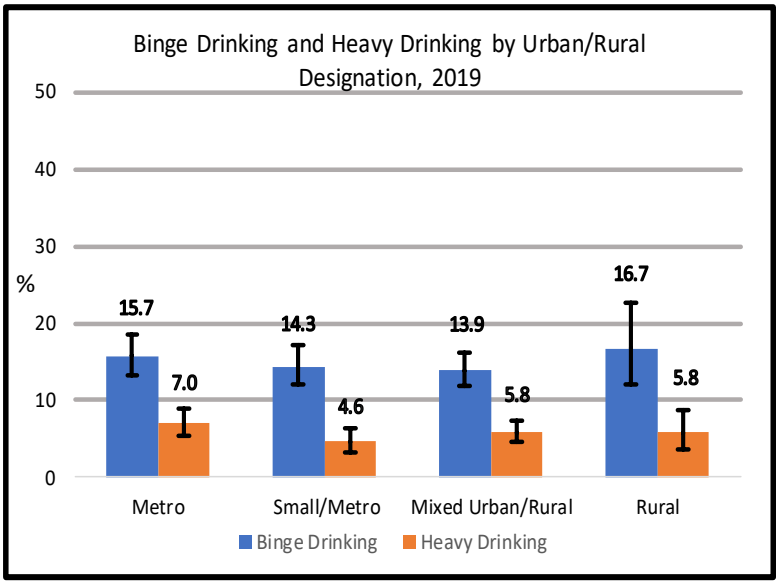
Alcohol Consumption

- Binge drinking was statistically significantly higher among adult males (20.0%) than among adult females (9.8%).
- There was no measurable difference in binge drinking or heavy drinking by race/ethnicity.
- There was no measurable difference in binge drinking or heavy drinking by income level or sexual orientation.
- There was no statistically significant difference in binge drinking or heavy drinking by education level.
- Employed adults had a significantly higher prevalence of binge drinking (19.9%) than retired adults (5.2%).
- There was no measurable difference for binge drinking by Urban/Rural county designation.









Immunizations Among Adults 65+

Question:

"During the past 12 months have you had either a flu shot or flu vaccine?

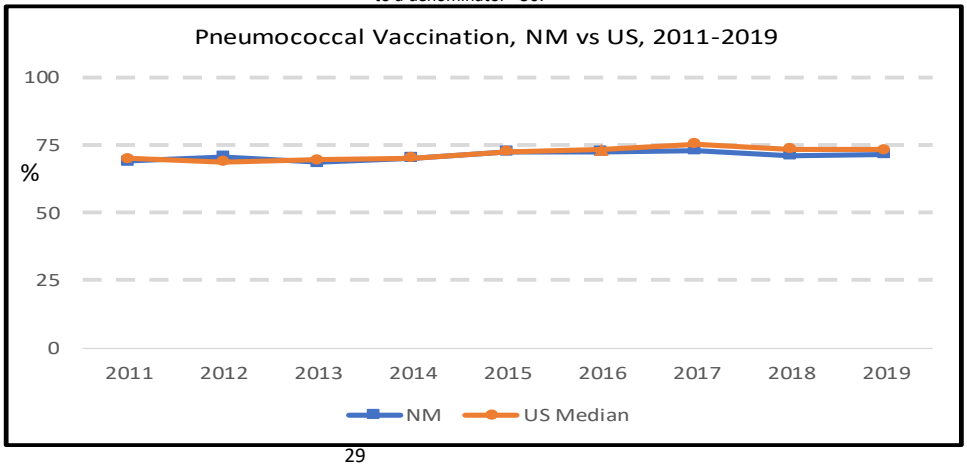
Have you ever had a pneumonia shot?"

People 65 years and older are at a greater risk of serious complications from the flu and from pneumonia. The CDC recommends the use of both the annual flu vaccine and a pneumonia shot to adults over 65 to reduce the morbidity and mortality associated with both of these diseases.[19]

- In New Mexico in 2019, 64.4% of New Mexico adults 65 and older received a flu vaccine and 71.6% have ever had a pneumonia shot.
- A greater percentage of White adults had a pneumonia shot compared to all other race/ethnicities, this was not statistically significant. There was no measurable difference by race for flu shot.
- The prevalence of both having a flu vaccine in the past year and ever having a pneumonia vaccine was similar by gender.
- Adults in the Metropolitan region (71.8% and 78.5) were more likely to have had a flu vaccine the past year and ever having a pneumonia vaccine compared to adults in the Northwest Region (59.3% and 66.3%).

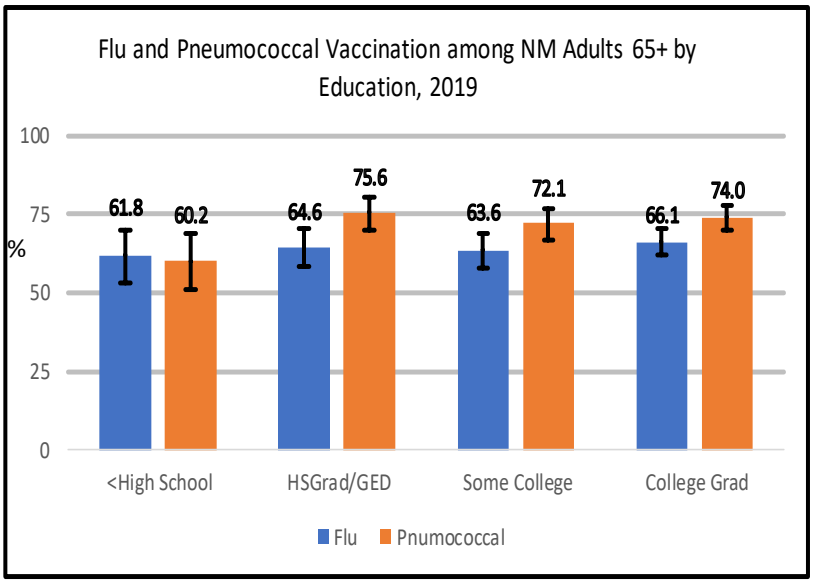
Demographic Characteristics	Flu Vaccine[a] %	Flu Vaccine[a] (95% Confidence Interval)	Pneumonia Vaccine[b] %	Pneumonia Vaccine[b] (95% Confidence Interval)
Total	**64.4**	**(61.5-67.2)**	**71.6**	**(68.8-74.3)**
Age				
65-74	60.8	(56.9-64.5)	69.0	(65.3-72.5)
75+	70.2	(65.9-74.1)	75.9	(71.5-79.8)
Gender				
Male	62.8	(58.4-67.1)	68.5	(64.1-72.6)
Female	65.7	(61.8-69.4)	74.3	(70.6-77.6)
Race/Ethnicity				
AIAN	69.3	(57.6-79.0)	60.2	(46.9-72.1)
Asian or NHOPI	**	**	**	**
Black/AA	**	**	**	**
Hispanic	63.3	(57.4-68.8)	69.7	(63.9-74.9)
White	65.7	(62.3-69.0)	74.1	(70.9-77.1)
Sexual Orientation				
Straight	64.4	(61.2-67.4)	72.5	(69.5-75.2)
LGB/Other	**	**	**	**
Household Income				
< $15,000	55.1	(44.6-65.2)	65.1	(54.5-74.5)
$15,000-$24,999	59.7	(52.6-66.5)	69.3	(62.5-75.5)
$25,000-$49,999	59.9	(53.6-65.8)	71.8	(65.9-76.9)
$50,000-$74,999	71.3	(63.0-78.4)	79.5	(71.5-85.8)
> $75,000	71.1	(64.9-76.7)	75.5	(69.3-80.8)
Geographic Region				
Northwest	59.3	(52.5-65.7)	66.3	(59.3-72.7)
Northeast	62.3	(56.9-67.3)	67.9	(62.6-72.8)
Metropolitan	71.8	(66.2-76.8)	78.5	(73.1-83.0)
Southeast	54.4	(47.9-60.7)	62.4	(55.9-68.6)
Southwest	58.2	(52.1-64.0)	67.9	(61.9-73.4)

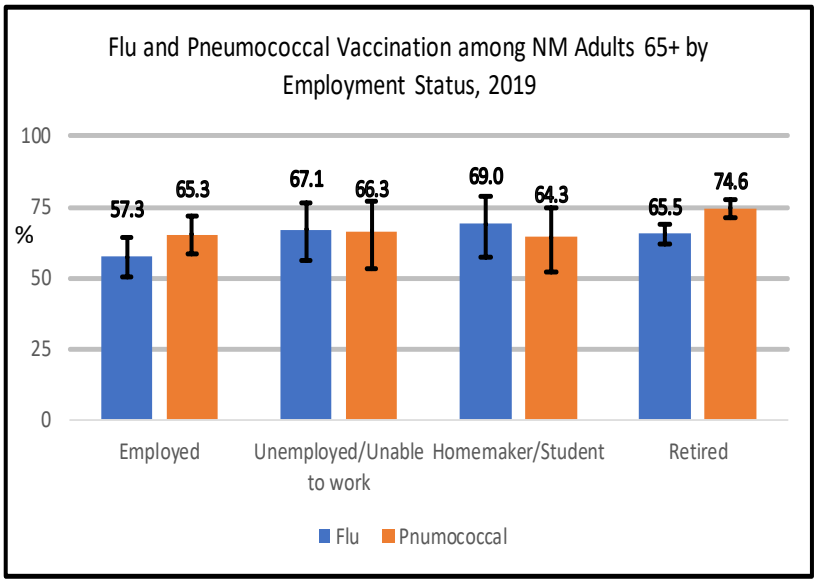
[a]Among adults aged 65 years and older, the proportion reporting that they had a flu vaccine, either by injection or sprayed in the nose in the past 12 months. [b]Among adults 65 years and older, the proportion reporting that they ever had pneumococcal vaccine. ** Suppressed due to a denominator <50.

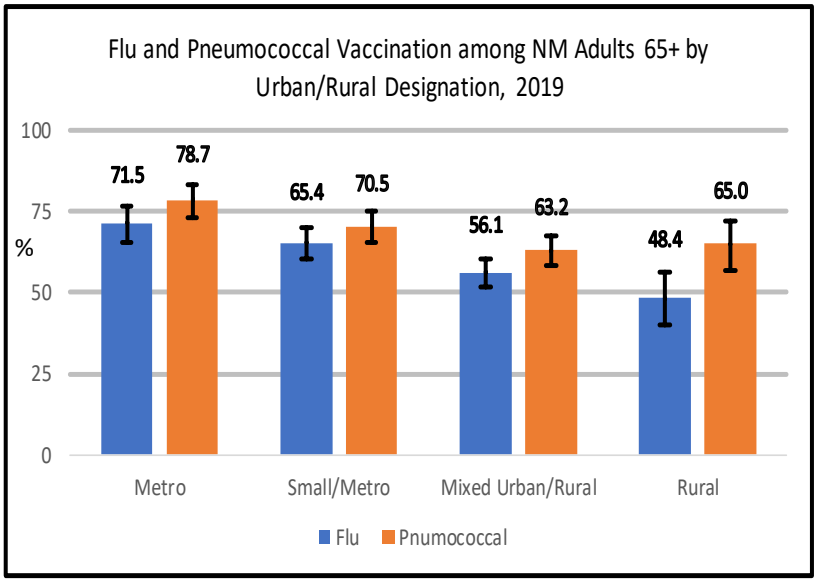


Immunizations Among Adults 65+

- There was no measurable difference in the prevalence of either having a flu vaccine the past year or ever having the pneumonia vaccine by education.
- Adults over 65 years of age who were retired had a significantly higher prevalence of ever having the pneumonia vaccine than employed adults over 65 years of age. There was no measurable difference in flu vaccination in the past year by employment status.
- Adults over 65 years of age residing in rural counties have a much lower prevalence of both having the flu vaccine in the past year (48.4%) and ever having the pneumonia vaccine (65.0%) compared to adults over 65 years of age who reside in metropolitan counties (71.5% and 78.7%, respectively).







Leisure-Time Physical Activity

Question:

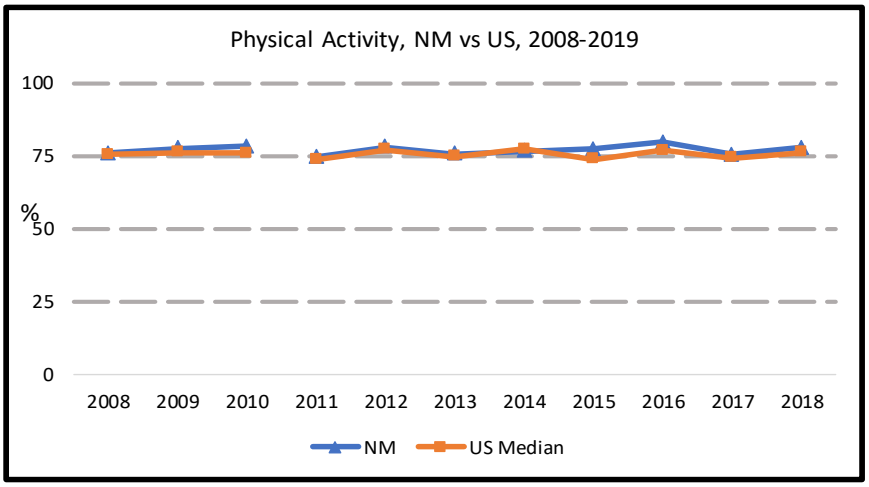
"During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

Among the health benefits of regular physical activity are reduced risk of coronary heart disease, lower heart rate and blood pressure, reduced weight, lower serum triglyceride levels, increased "good" cholesterol, reduced risk of osteoporosis, boosting of immune function, beneficial effect on clotting mechanisms and improved psychological well-being and quality of life. [20]

- In New Mexico, 74.6% of adults reported participating in any form of leisure-time physical activity. This percentage was slightly higher than the U.S. median (73.7%).
- Adults 18-44 were significantly more likely to participate in any form of leisure-time physical activity (78.3%) than adults over 65 years of age (70.2%).
- Adults males (76.3%) were more likely to have some form of leisure-time physical activity than were females (73.0%). This difference was not statistically significant.
- White adults (78.7%) were more likely to have some form of leisure time physical activity than Hispanic adults (70.2%).

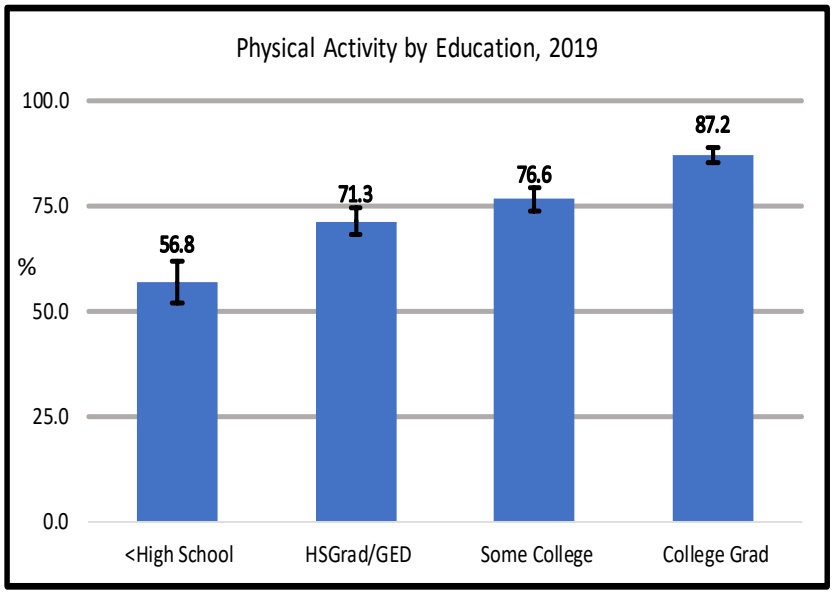
Demographic Characteristics	Leisure-Time Physical Activity[a] %	Leisure-Time Physical Activity[a] (95% Confidence Interval)
Total	**74.6**	**(73.0-76.2)**
Age		
18-44	78.3	(75.6-80.8)
45-64	72.8	(70.0-75.5)
65+	70.2	(67.3-72.9)
Gender		
Male	76.3	(74.0-78.6)
Female	73.0	(70.7-75.2)
Race/Ethnicity		
AIAN	76.7	(70.6-81.8)
Asian or NHOPI	**	**
Black/AA	76.8	(59.9-88.0)
Hispanic	70.2	(67.4-72.7)
White	78.7	(76.6-80.6)
Sexual Orientation		
Straight	74.2	(72.5-75.9)
LGB/Other	81.7	(73.1-88.0)
Household Income		
< $15,000	62.6	(57.3-67.7)
$15,000-$24,999	67.2	(63.1-71.1)
$25,000-$49,999	74.6	(71.0-77.8)
$50,000-$74,999	77.9	(72.7-82.3)
> $75,000	87.5	(84.9-89.7)
Geographic Region		
Northwest	73.3	(69.1-77.1)
Northeast	75.4	(71.9-78.6)
Metropolitan	77.1	(74.2-79.8)
Southeast	65.8	(62.2-69.3)
Southwest	74.9	(71.3-78.3)

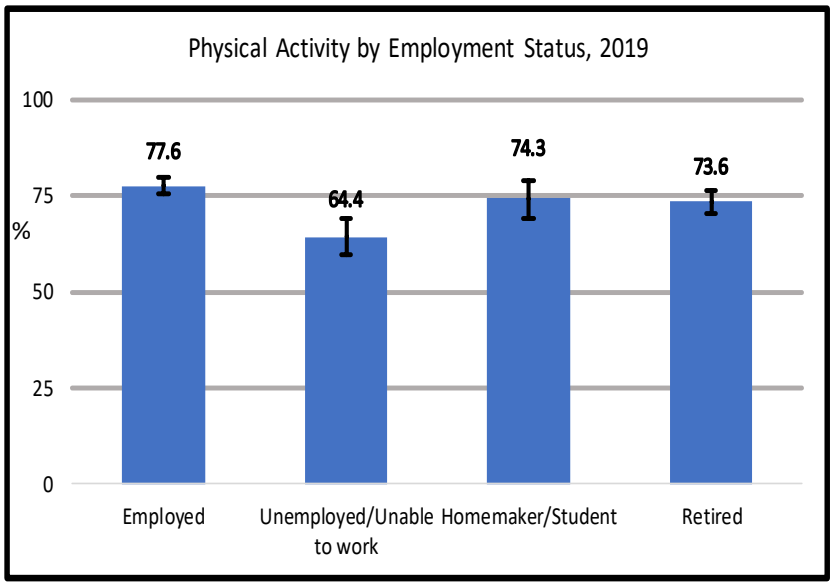
[a]Among all adults , the proportion reporting they had participated in leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise in the past month. ** Suppressed due to a denominator <50.

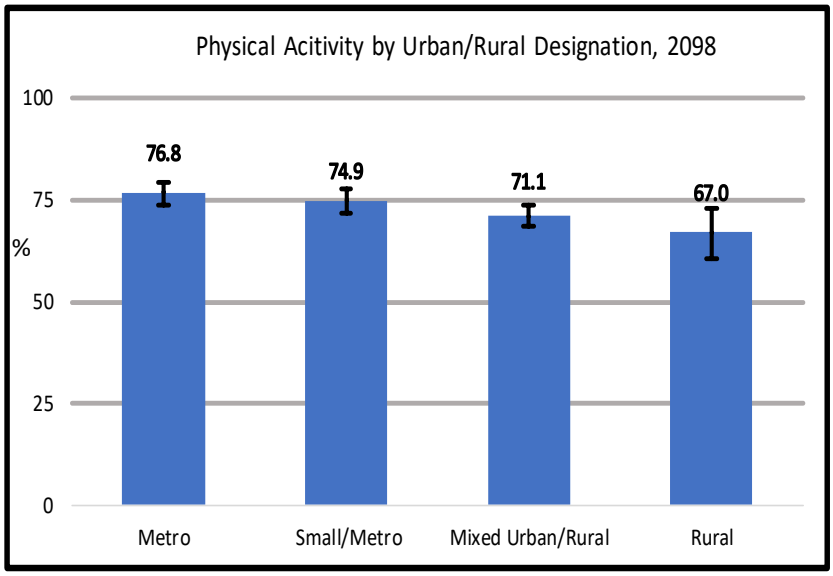


Leisure-Time Physical Activity

- There was not a statistically significant difference in leisure-time physical activity between LGB/Other adults (81.4%) and straight adults (74.9%).
- There was a gradient in leisure-time physical activity by level of education and by annual household income. 56.8% of adults with less than a high school education engaged in leisure-time physical activity, compared to 87.2% of those with a college education. Similarly, 62.6% of adults living in households with annual income of less than $15,000 engaged in leisure-time physical activity, compared to 87.5% of those living in households with annual income of $75,000 or more.
- By employment status, leisure-time physical activity was lowest among those unemployed/unable to work (64.4%). Employed adults had the highest rate of leisure-time physical activity at 73.6%.
- Adults residing in the Southeast region (65.8%) were less likely to have engaged in leisure-time physical activity than those residing in the Metropolitan area (77.1%).
- Adults who engaged in leisure-time physical activity were less likely to have fair or poor general health status (16.6% vs. 34.5%), diabetes (10.7% vs. 17.1%), any cardiovascular disease (6.4% vs. 10.7%), or to be obese (29.4% vs. 39.0%).







Current Cigarette Smoking

Question:

"Have you smoked at least 100 cigarettes in your entire life?"

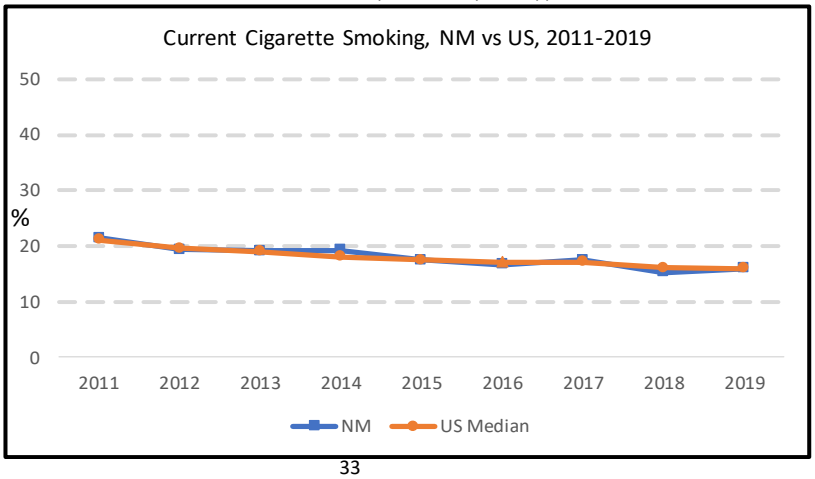
"Do you now smoke cigarettes every day, some days, or not at all?"

Smoking cigarettes harms nearly every organ of the body. It causes about 85% of deaths from lung cancer and chronic obstructive pulmonary disease. Smokers are 2 to 4 times more likely to have coronary heart disease and stroke.[21] An estimated 42,000 New Mexicans suffer from chronic smoking-related illnesses and about 2,100 die every year.[22] Exposure to second-hand smoke can cause serious health effects, including sudden infant death syndrome, asthma in children, heart attacks, and lung cancer.[23]

- In 2019, 16.0% of New Mexico adults were current smokers. This was equal to the U.S. median prevalence (16.0%).
- The prevalence of current smoking decreases significantly with age. Adults 18-44 were the most likely to be current smokers (18.9%) and adults 65+ were least likely (9.0%).
- Males (18.3%) reported a significantly higher prevalence of current smoking than females (13.8%).
- There were no measurable differences by race/ethnicity
- LGB/Other adults had significantly higher prevalence of current smoking (27.4%) than Straight adults (15.9%).
- The prevalence of tobacco use was highest among New Mexico adults with the lowest level of household income (21.9%) and lowest among adults with the highest level of household income (9.8%).

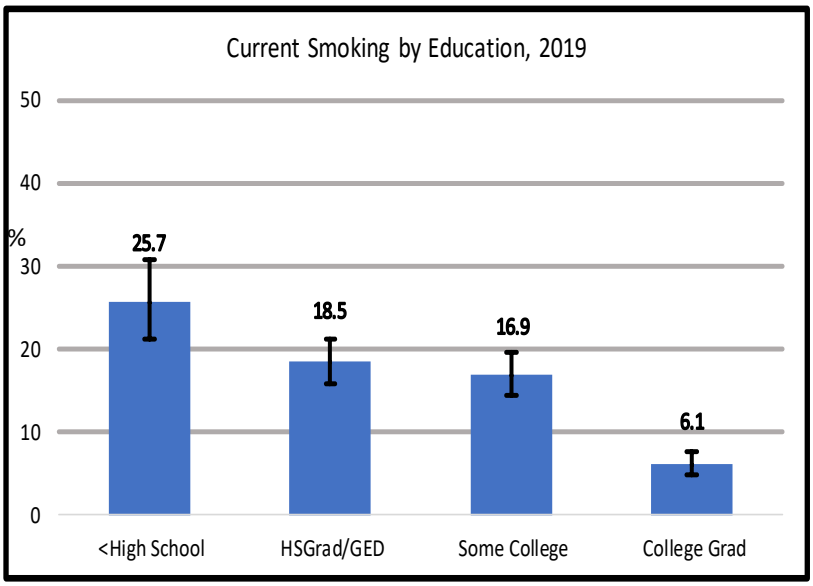
Demographic Characteristics	Current Smoking[a] %	Current Smoking[a] (95% Confidence Interval)
Total	**16.0**	**(14.7-17.5)**
Age		
18-44	18.9	(16.5-21.5)
45-64	17.3	(15.2-19.7)
65+	9.0	(7.4-10.9)
Gender		
Male	18.3	(16.3-20.6)
Female	13.8	(12.1-15.7)
Race/Ethnicity		
AIAN	12.2	(8.6-17.0)
Asian or NHOPI	**	**
Black/AA	25.8	(15.1-40.4)
Hispanic	17.0	(14.8-19.4)
White	15.2	(13.4-17.2)
Sexual Orientation		
Straight	15.9	(14.5-17.5)
LGB/Other	27.4	(19.7-36.7)
Household Income		
< $15,000	21.9	(17.9-26.6)
$15,000-$24,999	20.4	(17.2-24.2)
$25,000-$49,999	18.6	(15.5-22.1)
$50,000-$74,999	11.3	(8.2-15.4)
> $75,000	9.8	(7.7-12.4)
Geographic Region		
Northwest	15.4	(12.5-18.8)
Northeast	15.1	(12.4-18.2)
Metropolitan	15.7	(13.3-18.3)
Southeast	18.6	(15.8-21.9)
Southwest	16.2	(13.4-19.6)

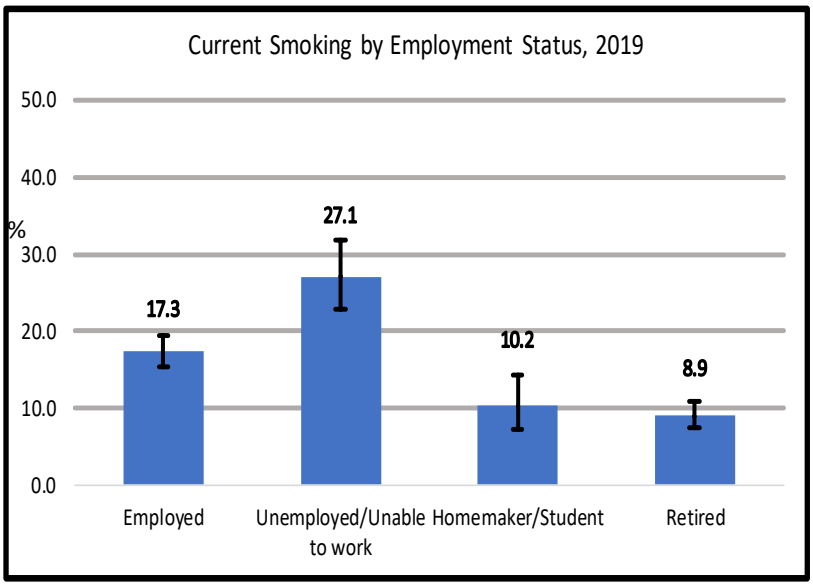
[a]Among all adults , the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or some days.** Suppressed due to a denominator <50.

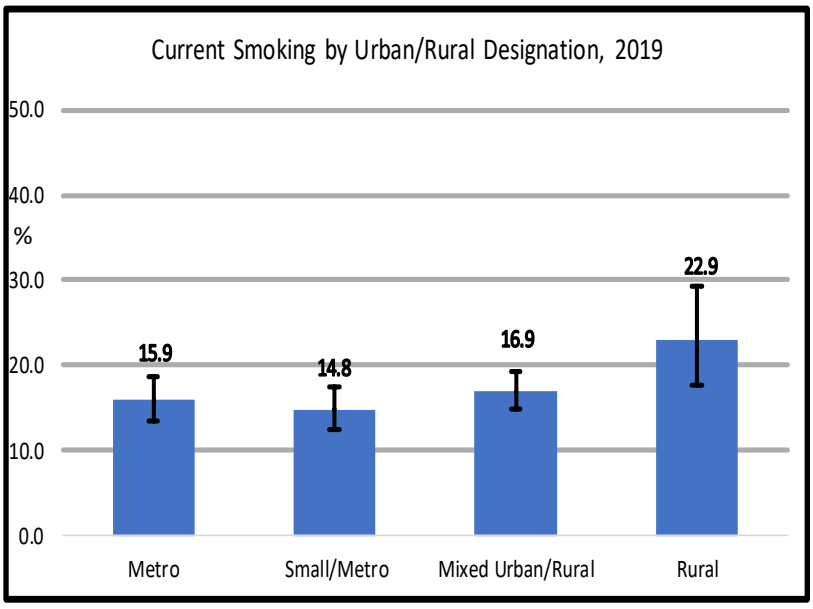


Current Cigarette Smoking

- The HP 2020 target for current smoking among adults is 12.0%. In order to meet this target the current smoking prevalence among New Mexico adults will need to decrease by 4.0 percentage points over the next year.[5]
- There were no measurable differences by geographic region or urban/rural designation.
- The prevalence of current cigarette smoking was highest among adults with less than a high school education (25.7%) and lowest among college graduates (6.1%).
- The prevalence of current smoking was higher among unemployed/unable to work adults (27.1%) than all other categories of employment status, most notably retired adults (8.9%).
- 55.8% of adult current smokers tried to quit at least once in the past year.
- 24.6% of adults are former smokers, and 59.4% of adults have never smoked cigarettes.
- Current smokers were more likely to have a disability (42.8% vs 26.5%); to describe their general health as Fair or Poor (28.0% vs 19.8%); to have been diagnosed with COPD, emphysema, or chronic bronchitis(9.8% vs 4.8%), or to be unable to work (14.4% vs 6.5%).







Suicidal Ideation

Question:

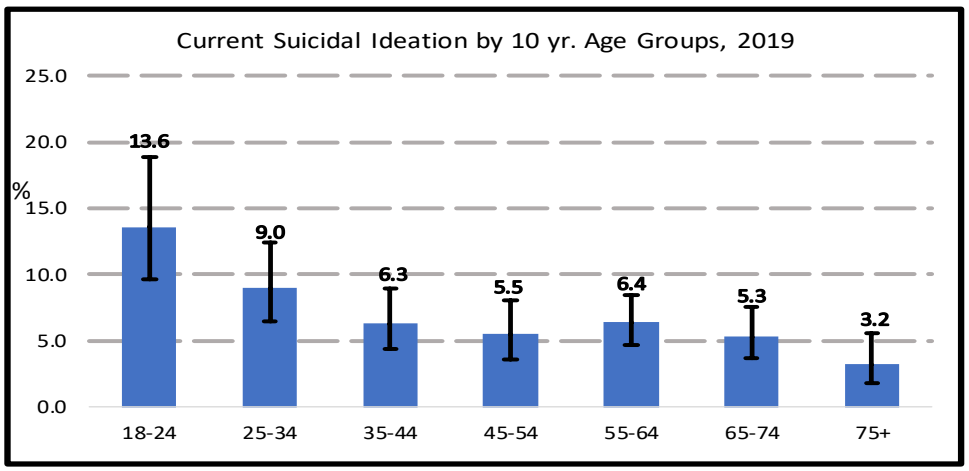
"In the past year, have you felt so low at times that you thought about committing suicide? Have you ever attempted suicide?"

Suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality in New Mexico. Suicide deaths have been increasing in both New Mexico and the United States, with suicide death rates in NM at least 50% higher than U.S. rates over the past 20 years. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide.[24]

- In 2019, an estimated 7.0% of New Mexico adults thought about committing suicide in the past year.
- For adults 18-44, the prevalence of suicidal ideation in the past year was 9.3% and 4.5% among adults aged 65+.
- There was no measurable difference by gender for suicidal ideation or ever attempted suicide.
- There was no measurable difference among racial categories with current suicidal ideation.

Demographic Characteristics	Current Suicidal Ideation[a] %	(95% Confidence Interval)
Total	**7.0**	**(6.1-8.0)**
Age		
18-44	9.3	(7.6-11.3)
45-64	5.9	(4.6-7.5)
65+	4.5	(3.3-6.1)
Gender		
Male	6.9	(5.6-8.4)
Female	7.1	(5.8-8.7)
Race/Ethnicity		
AIAN	6.4	(3.9-10.2)
Asian or NHOPI	**	**
Black/AA	11.4	(4.2-27.5)
Hispanic	6.8	(5.4-8.5)
White	7.5	(6.2-9.1)
Sexual Orientation		
Straight	6.4	(5.5-7.4)
LGB/Other	19.1	(12.8-27.6)
Household Income		
< $15,000	10.8	(7.8-14.7)
$15,000-$24,999	7.7	(5.8-10.1)
$25,000-$49,999	7.4	(5.4-10.2)
$50,000-$74,999	6.9	(4.5-10.5)
> $75,000	3.2	(2.2-4.6)
Geographic Region		
Northwest	8.3	(6.1-11.2)
Northeast	7.7	(5.8-10.2)
Metropolitan	6.0	(4.6-7.9)
Southeast	6.6	(4.9-8.9)
Southwest	8.3	(6.1-11.3)

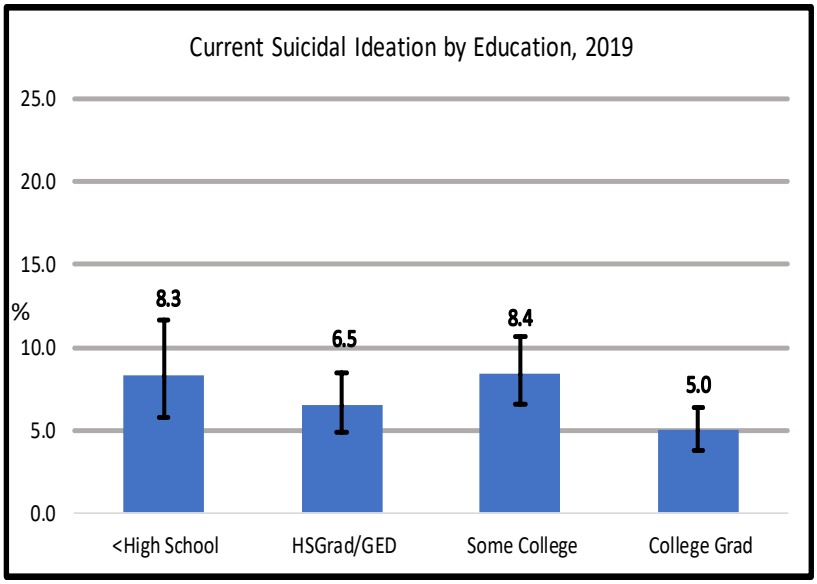
[a]Among all adults , the proportion who reported having thoughts about suicide in the past year. ** Suppressed due to a denominator <50.



Suicidal Ideation

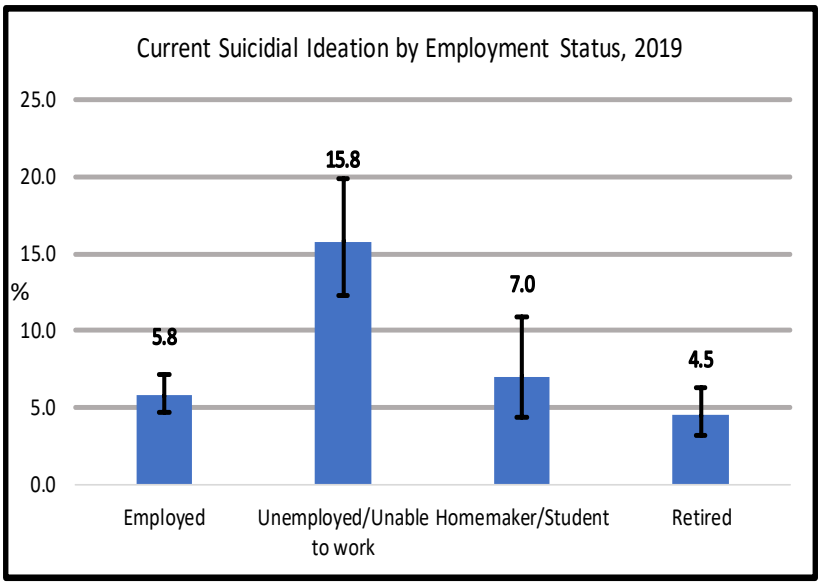
- Nearly one in five (19.1) LGB/other adults said they thought about committing suicide in the past year compared to 6.4% of Straight adults.

- There was a gradient in the prevalence of suicidal ideation by income with adults in the lowest household income category, (less than $15,000 per year) reporting a prevalence of 10.8% compare to adults in the highest income category (3.2%).

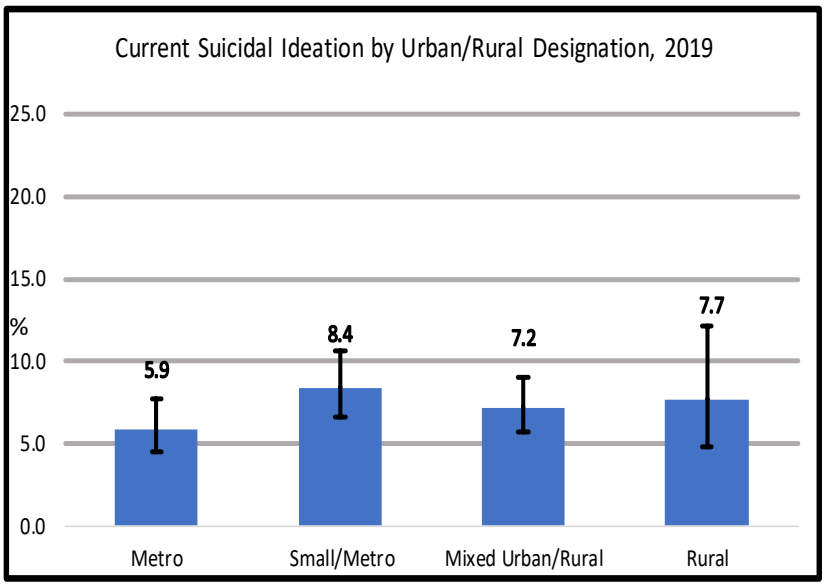


- New Mexico adults who were Unemployed/ Unable to work were more likely to have thought about suicide in the past year (15.8%) compared to employed adults (5.8%).

- There was no measurable difference in suicidal behaviors by Urban/Rural designation.



- Adults with at least one disability and adults with fair or poor health were more likely to have thought about suicide in the past year (14.4% and 12.4% respectively) compared to adults with no disabilities and adults with excellent, very good, or good health (3.9% and 5.6%, respectively).



Firearms

Question:

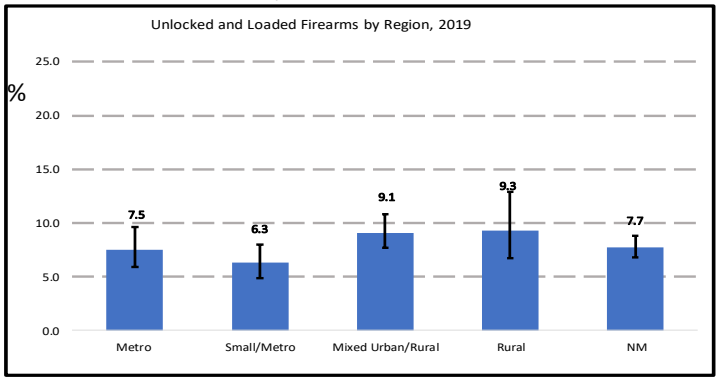
"Are any firearms now kept in or around your home? Are any of these firearms now unlocked and loaded?"

In the United States firearm violence is a leading cause of death and injuries. It is important to improve confounder selection and control in public health for Identifying characteristics associated with unintentional firearm violence .[24]

- In New Mexico, an estimated 39.% of all adults kept a firearm in or around their home and 7.7% of all adults had an unlocked and loaded firearm. Among New Mexico adults that have a loaded gun, 56.5% said the guns are also unlocked.
- A greater percentage of White adults (52.3%) said they have firearms kept in or around their homes compared to AIAN (28.5%). Among all White adults 12.2% had an unlocked and loaded firearm around the house.
- LGB/Other adults had a significantly lower prevalence of unlocked and loaded firearms in or around their home.
- There was a gradient in firearms kept in the home and unlocked and loaded firearms in the home by household income level. 3.6% of adults living in households with annual income less than $15,000 had an unlocked and loaded firearm in or around their home, compared to 14.4% of adults with annual income of $75,000 or more.

Demographic Characteristics	Firearms in Home[a] %	Firearms in Home[a] (95% Confidence Interval)	Unlocked and Loaded Firearms[b] %	Unlocked and Loaded Firearms[b] (95% Confidence Interval)
Total	**39.1**	**(37.2-41.0)**	**7.7**	**(6.8-8.8)**
Age				
18-44	37.7	(34.3-41.1)	6.4	(4.8-8.3
45-64	38.3	(35.2-41.4)	7.8	(6.4-9.5)
65+	42.6	(39.4-45.8)	10.2	(8.5-12.2)
Gender				
Male	46.8	(43.9-49.7)	10.4	(8.8-12.2)
Female	31.6	(29.2-34.2)	5.1	(4.1-6.3)
Race/Ethnicity				
AIAN	28.5	(22.8-35.1)	1.7	(0.9-3.3)
Asian or NHOPI	**	**	*	**
Black/AA	33.6	(20.0-50.5)	5.2	(1.2-20.1)
Hispanic	30.2	(27.3-33.3)	5.3	(4.0-7.1)
White	52.3	(49.6-55.1)	12.2	(10.7-14.0)
Sexual Orientation				
Straight	40.2	(38.2-42.2)	8.2	(7.2-9.4)
LGB/Other	24.7	(17.4-33.7)	1.1	(0.4-3.0)
Household Income				
< $15,000	16.2	(12.7-20.6)	3.6	(2.3-5.6)
$15,000-$24,999	26.9	(23.1-31.2)	3.4	(2.4-4.8)
$25,000-$49,999	38.9	(34.7-43.3)	6.7	(5.1-8.8)
$50,000-$74,999	51.1	(45.2-57.0)	11.3	(7.8-16.2)
> $75,000	60.5	(56.7-64.2)	14.4	(11.8-17.4)
Geographic Region				
Northwest	37.1	(32.8-41.7)	6.7	(4.9-9.1)
Northeast	39.8	(35.8-43.8)	6.2	(4.7-8.1)
Metropolitan	37.1	(33.8-40.6)	7.5	(5.8-9.5)
Southeast	46.2	(42.1-50.4)	11.7	(9.5-14.4)
Southwest	39.3	(34.9-43.8)	7.3	(5.6-9.5)

[a]Among all adults, the proportion who say they have any firearms kept in or around their home.
[b]Among all adults, the proportion who say have a loaded and unlocked firearm in or around their home. ** Suppressed due to a denominator <50.



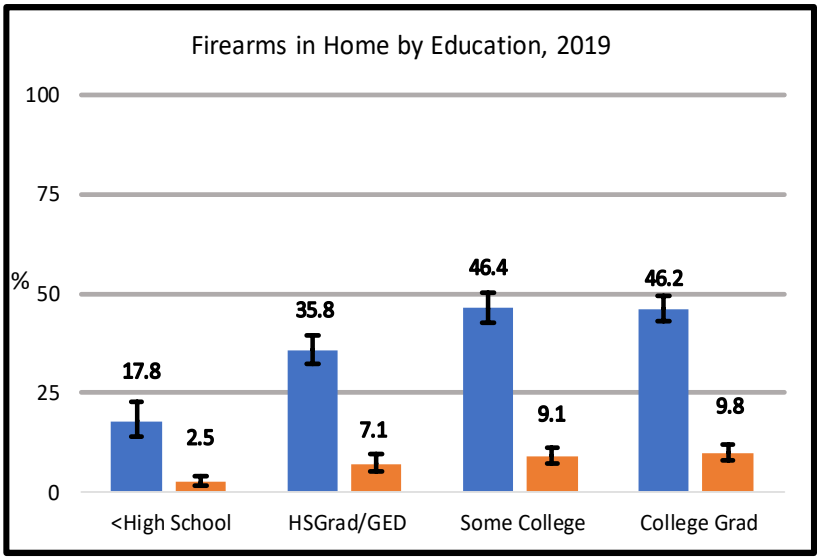
Firearms

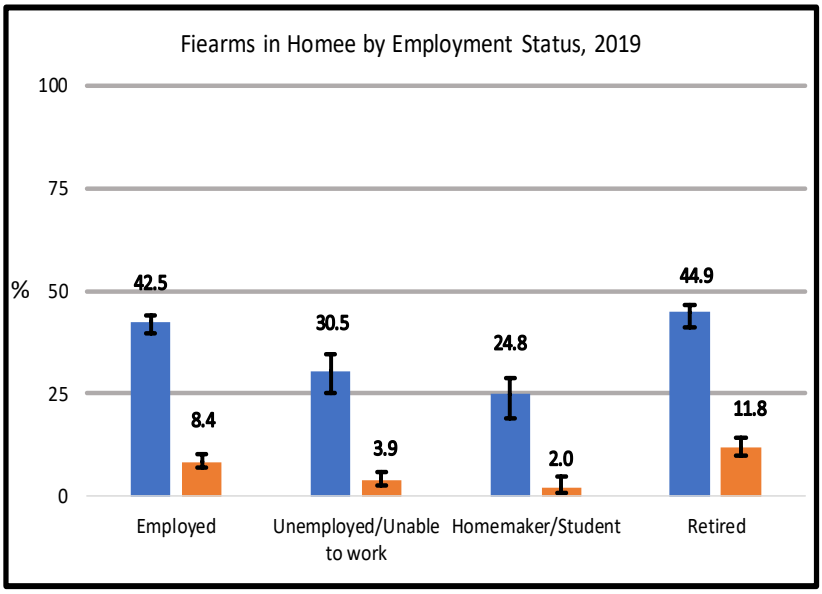
- Adults residing in the Northwest region were least likely to have a firearm in the home (37.1%) while adults in the Northeast were least likely to have an unlocked and loaded firearm (6.2%). Adults residing in the Southeast region had the highest prevalence of unlocked and load firearms in the home (11.7%).

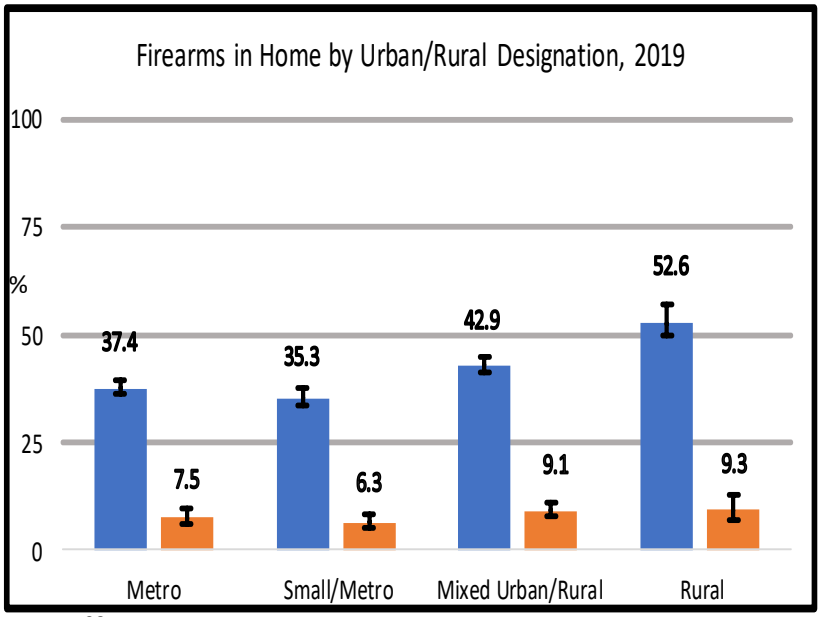
- Adults with some college or a college degree had the highest prevalence of firearms in or around the home (46.4% and 46.2%, respectively) compared to adults with less than a high school diploma (17.8%).

- Retired and employed adults had the highest prevalence of firearms in or around the home and the highest prevalence of unlocked and loaded firearms in or around the home, compared to adults who were unemployed/unable to work and students.

- In New Mexico, adults living in counties designated as rural had a higher prevalence of having a firearm in or around the home and having an unlocked and loaded firearm in the home.



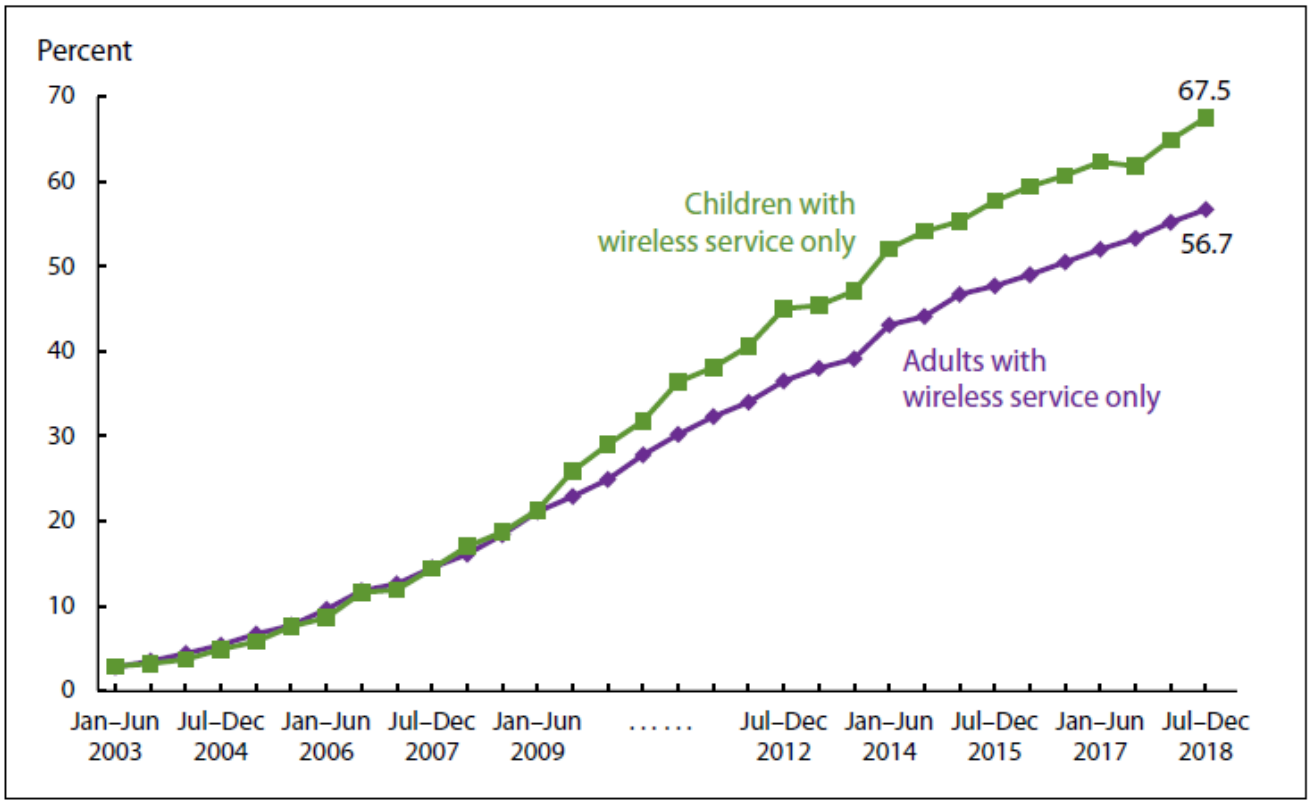




Appendix I-Methods

The New Mexico Behavioral Risk Factor Survey (BRFSS) is an annual, statewide telephone survey of New Mexico adults aged 18 years and older that is conducted through a collaborative effort between the Population Health Surveillance Branch (PHSB) of the Centers for Disease Control and Prevention (CDC) and the New Mexico Department of Health (NMDOH). New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) data contribute to the CDC Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and several U.S. territories. In 2019, the New Mexico BRFSS collected data from both landline and cell phone respondents. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed methodology with a disproportionate stratification based on phone bank density, and whether or not the phone numbers were directory listed. The sample of cell phone numbers was randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange.

Figure. Percentages of adults and children living in households with only wireless telephone service: United States, 2003–2018



NOTE: Adults are aged 18 and over; children are under age 18.
SOURCE: NCHS, National Health Interview Survey.

Appendix I-Methods

Implications of Sampling Design for Estimates Presented in this Report

The estimates presented in this report are weighted percentages. Records of the sample were adjusted by a weighting factor to produce the prevalence estimates representative of the adult population as a whole. There are several components to the weight used to adjust the sample percentage.

- The Sampling Weight adjusts for the fact that adults within the population had different probabilities of being included in the sample, because:
  - Households with landline telephone numbers in the low-density stratum had a lower probability of being selected than households with phone numbers in the high-density stratum.
  - Households with more than one landline telephone line had a greater chance of being selected.
  - In landline households housing many adults, each adult had a proportionally smaller chance of being randomly selected than an adult who was the sole adult of the selected household.
  - Each cellular telephone number had a probability of selection based on the total number of cell phone numbers in the cell phone sample.

- A weighting procedure known as iterative proportional fitting (known commonly as "raking") was used to adjust for differences between the distribution of the sample and that of the adult population, by gender, age, Region of residence, Race/Ethnicity, Phone Type (Cell or Landline), Home Ownership (Rent or Own), Education, Marital Status, Gender by Race/Ethnicity, Age by Gender, and Age by Race/Ethnicity, as determined by the Bureau of the Census. This component of the weighting process attempts to adjust the estimates so that they better reflect the adult population of the state. This weighting system, new in 2011, along with inclusion of cell phone interviews, results in some important changes in estimates over those of previous years. Studies have demonstrated that there is every reason to believe these improvements to the BRFSS, inclusion of cellular telephones and weighting by iterative proportional fitting result in improved, more representative, estimates over those of previous years.

Stata 16.1 MP software was used for all analyses in this report. Stata 16.1 MP includes a suite of data analysis commands which are specifically designed for the analysis of complex sample survey data, such as that of the BRFSS.

Quality assurance

While error in survey estimates cannot be avoided entirely, the Survey Section goes to great lengths to reduce non-sampling error. Some examples of measures taken to reduce error include:

- Training the interviewers at hire, at the beginning of each new survey year, and at the beginning of each new month of the survey.

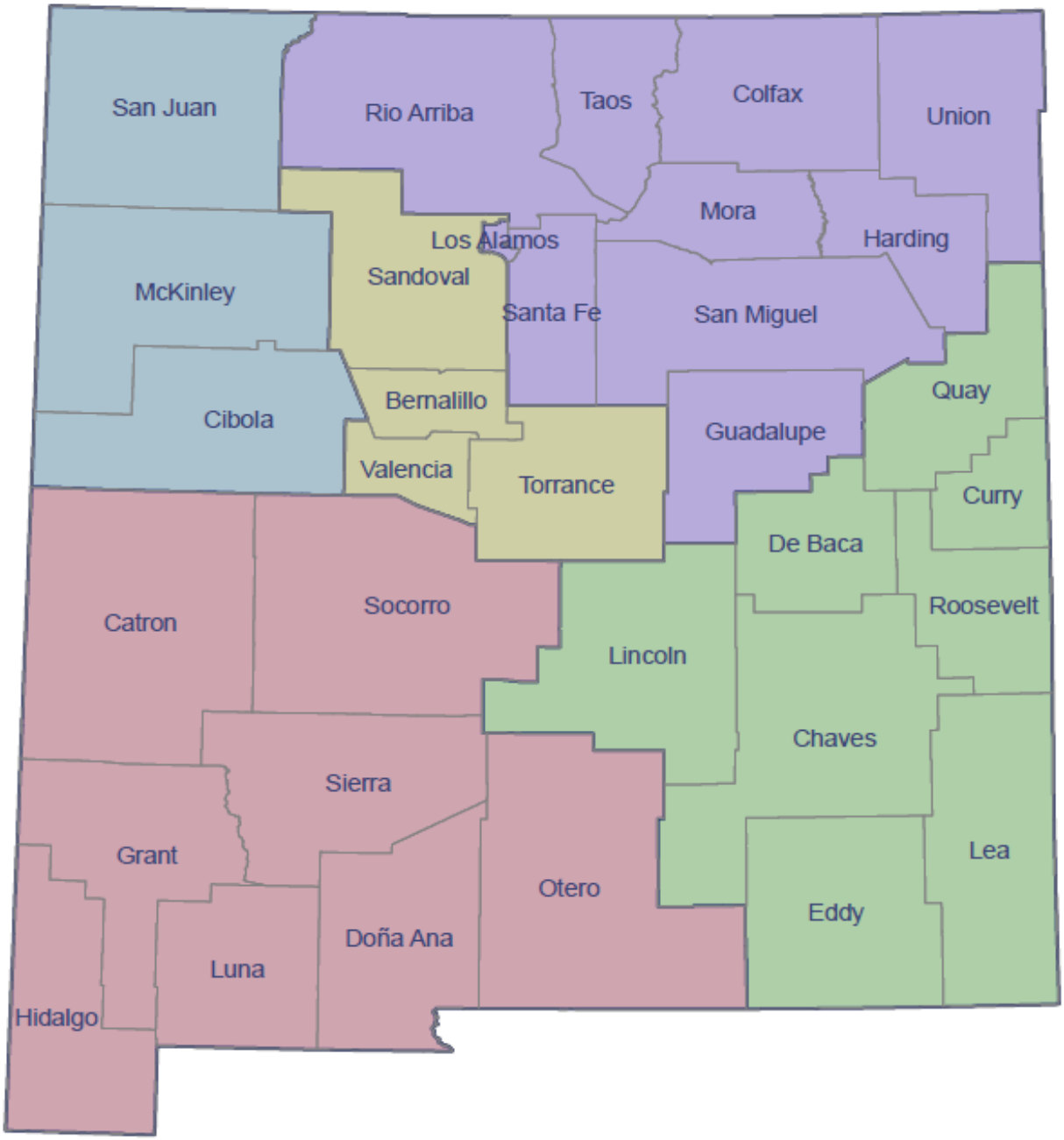
- Prompt and frequent feedback to interviewers

- Review of keyed data for extreme or invalid values by a software program at the end of the each month, prior to submission of the data to the CDC.

- Monitoring interviewers at least once a month, new interviewers are monitored closely until the CDC BRFSS protocol is followed consistently.

Appendix II-Maps

New Mexico Health Regions

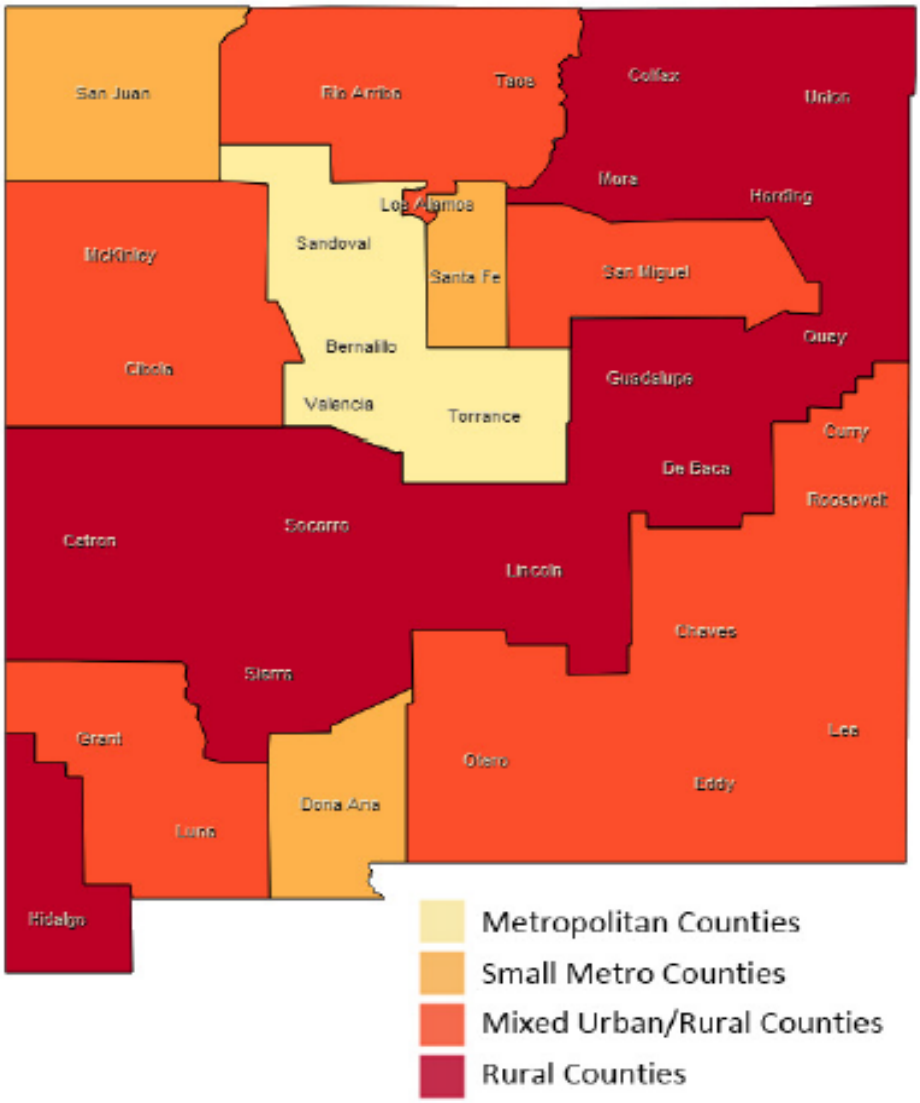


Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties
Southwest Region: Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero

Effective September 4, 2012

Appendix II-Maps

Metropolitan, Small Metro, Mixed Urban/Rural and Rural New Mexico Counties



Metopolitan Counties: Bernalillo, Sandoval, Torrance, Valencia

Small Metro Counties: Doña Ana, San Juan, Santa Fe

Mixed Urban/Rural Counties: Cibola, Chaves, Curry, Eddy, Grant, Lea, Los Alamos, Luna, McKinley, Otero, Rio Arriba, Roosevelt, San Miguel, Taos

Rural Counties: Catron, Colfax, De Baca, Guadalupe, Harding, Hidalgo, Lincoln, Mora, Quay, Sierra, Socorro, Union

November 2014

Source: https://ibis.health.state.nm.us/view/docs/CHA/UrbanRuralCounties.pdf

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New Mexico Department of Health
1190 S. Saint Francis Drive
P.O. Box 26110
Santa Fe, NM 87502
Telephone: (505) 476-3595