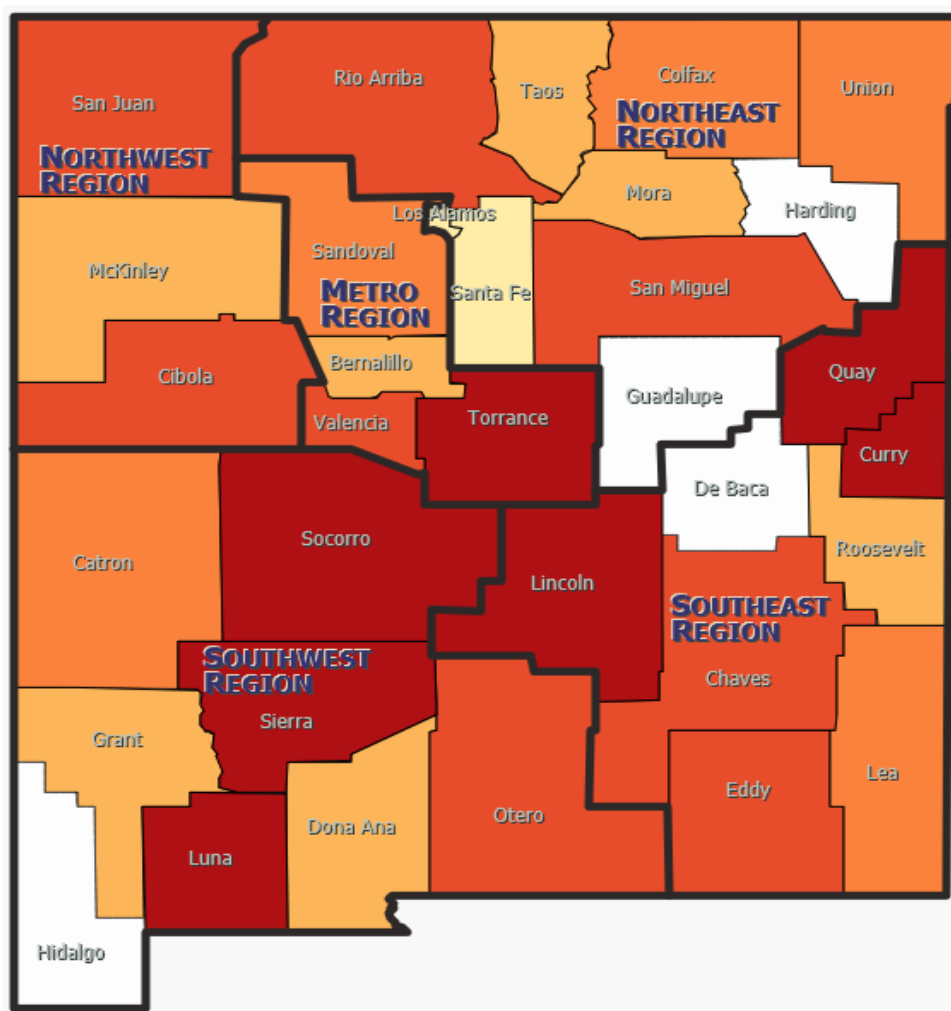


Health Behaviors and Conditions of Adult New Mexicans



Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS) 2020 Annual Report



Health Behaviors and Conditions
of
Adult New Mexicans
2020
*Results from the New Mexico
Behavioral Risk Factor Surveillance System
(BRFSS)*

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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 2020 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 2020 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 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 2020 questionnaire can be obtained by contacting:

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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 1980s, 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. The core has questions that are included annually and biennially. 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 2020 NM BRFSS report is available in .pdf format at the NM Department of Health website:

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

Overview

2020 New Mexico BRFSS Topics

Core CDC Components (all states):

Alcohol Consumption
Arthritis
Asthma
Breast and Cervical Cancer Screening
Cancer
Cardiovascular Disease Prevalence
Chronic Obstructive Pulmonary Disease
Colorectal Cancer Screening
Depression
Diabetes
Disability
Exercise (physical activity)
Falls
Health Status
Healthy Days
Health Care Access
HIV Test History
Immunization
Kidney Disease
Oral Health
Prostate Cancer Screening
Seatbelt Use and Drinking and Driving
Tobacco Use—Current Cigarette Smoking

Optional CDC Modules:

Cancer Survivorship
Childhood Asthma Prevalence
Diabetes
E-Cigarettes
Family Planning
Industry and Occupation
Prediabetes
Sex at Birth
Sexual Orientation and Gender Identity

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:

Binge Drinking
Chronic Pain
Firearms
Healthcare Access
Marijuana Use
Sexual Violence
Suicide
Tribal Affiliation

Overview

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 and the relative estimates.

Overview

Limitations and Strengths

Response Rates

The measures of response presented here were designed to summarize the quality of the 2020 BRFSS survey data. The Response Rate, Cooperation Rate, and Refusal Rate for the 2020 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.¹

Response Rates, New Mexico and U.S., 2020 ¹						
	Landline		Cellular		Combined Landline & Cellular	
Rate	NM	US	NM	US	NM	US
Response	51.3%	50.6%	53.7%	46.4%	52.3%	47.9%
Cooperation	62.2%	63.7%	82.8%	82.5%	71.0%	73.8%
Refusal	20.9%	18.7%	10.3%	5.2%	-	-

¹Centers for Disease Control and Prevention. 2020. 2020 Summary Data Quality Report. https://www.cdc.gov/brfss/annual_data/2020/pdf/2020-sdqr-508.pdf

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 17.0 was used to estimate SE and to produce the corresponding 95% confidence interval estimates presented in this report. Stata/MP 17.0 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 /Alaskan Natives (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.

Overview

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.

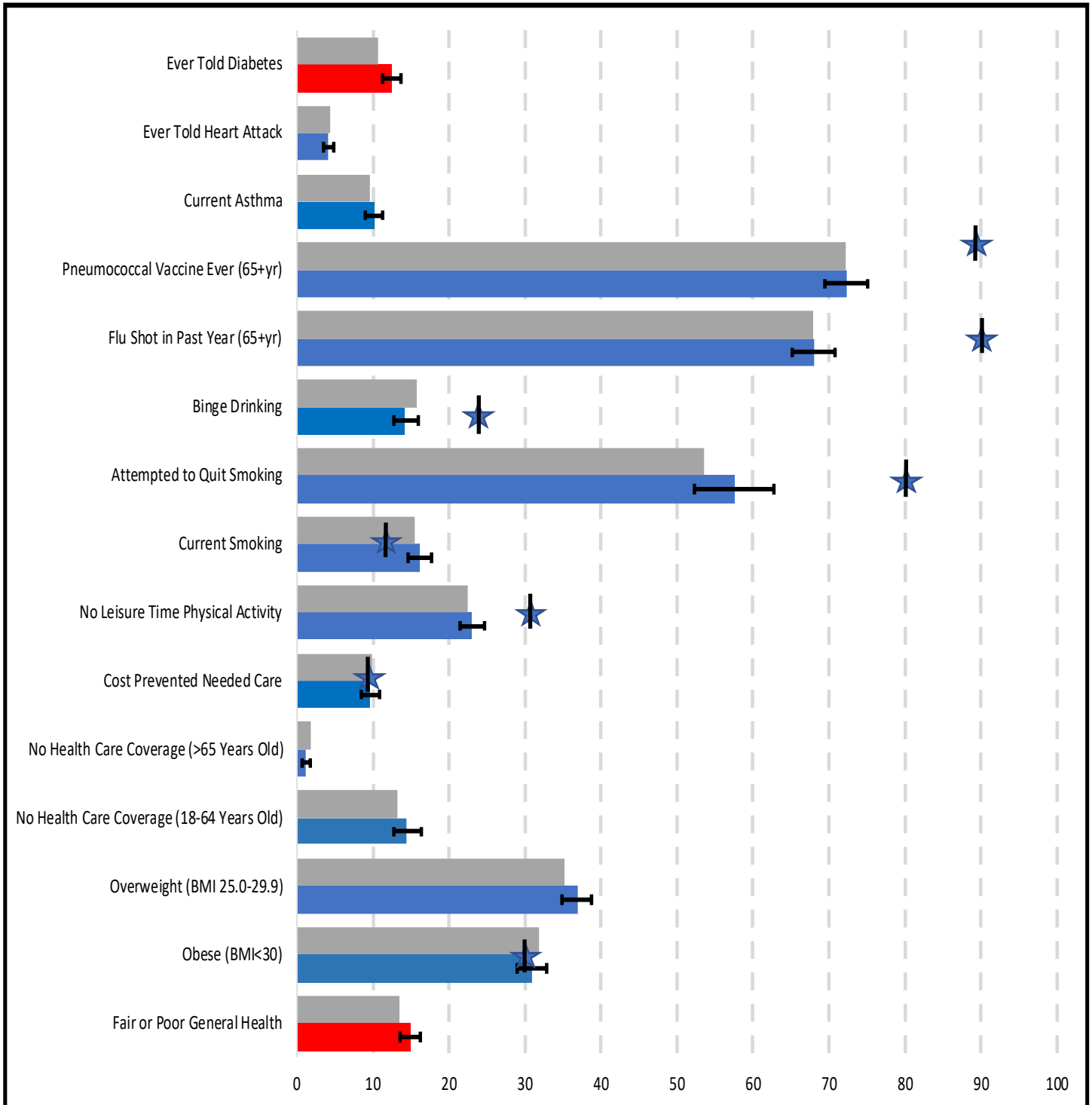
Since data were collected in 2020, healthy People 2020 goals and objectives are mentioned when applicable. Healthy People 2020 provided science-based, national objectives for improving health developed to provide measurable goals and objectives that can be applied to New Mexico.⁵ This report will compare the estimated population percentages of adults with a particular condition, risk factor, or behavior with the Healthy People 2020 objectives.

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 2020, 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 were national goals and objectives are also shown where available.

U.S.
 HP2020 Objective
 NM Better
 NM Similar
 NM Worse



Demographics of the 2020 New Mexico Sample

Demographic Characteristics	2020 BRFSS Data			2020 Pop. Estimates [¥]
	Number in Sample*	Unweighted Percent (%)	Weighted Percent(%)	
Total	7,005	100.0	100.0	
Age				
18-44	1,901	27.4	45.5	45.3
45-64	2,188	31.5	30.6	30.8
65+	2,852	41.1	23.9	23.9
Gender				
Male	3,030	43.3	49.0	49.1
Female	3,975	56.8	51.0	50.9
Race/Ethnicity				
AIAN	716	10.5	8.8	8.6
Asian or NHOPI	53	0.8	1.3	1.9
Black/AA	79	1.2	1.6	2.2
Hispanic	2,256	33.0	48.1	46.2
White	3,725	54.6	40.2	41.0
Sexual Orientation				
Straight	6,315	95.4	94.1	NA
LGB/Other	307	4.7	5.9	NA
Household Income				
< \$15,000	643	11.1	11.4	NA
\$15,000-\$24,999	1,280	22.1	24.2	NA
\$25,000-\$49,999	1,419	24.5	24.0	NA
\$50,000-\$74,999	868	15.0	13.6	NA
> \$75,000	1,587	27.4	26.8	NA
Geographic Region				
Northwest	2,028	29.0	10.0	NA
Northeast	1,438	20.5	14.7	NA
Metropolitan	1,473	21.0	44.5	NA
Southeast	949	13.6	13.3	NA
Southwest	1,117	16.0	17.5	NA
Education Level				
<HS	675	9.7	15.3	NA
HS Grad/GED	1,955	28.0	27.5	NA
Some College	1,937	27.7	32.9	NA
College Grad.	2,418	34.6	24.2	NA
Employment Status				
Employed	2,973	43.0	52.4	NA
Unemployed/Unable to work	924	13.4	15.0	NA
Homemaker/Student	629	9.1	11.6	NA
Retired	2,394	34.6	21.0	NA
Urban/Rural Designation				
Metro	1,392	20.8	43.5	44.1
Small/Metro	2,315	34.5	23.7	23.6
Mixed Urban/Rural	2,573	38.4	28.0	27.8
Rural	428	6.4	4.8	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?”

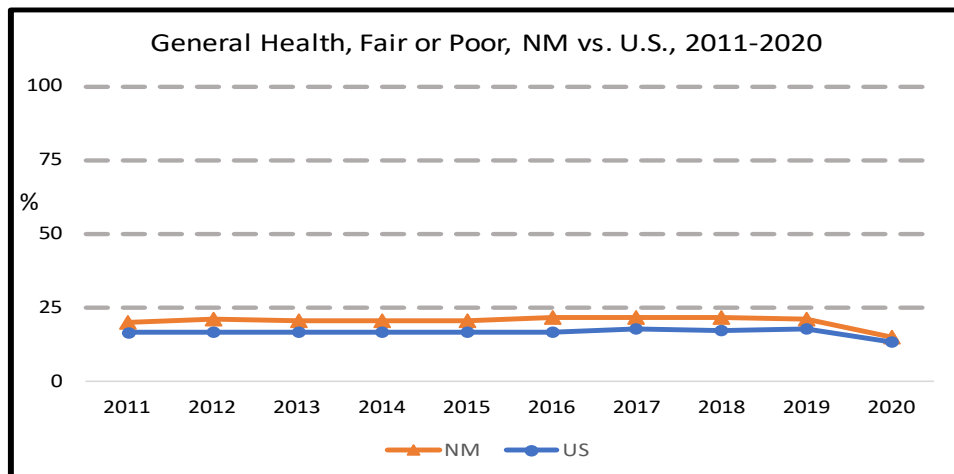
Self-reported health status is how a person perceives their own health, it is a very important indicator of health among different populations and allows for broad comparisons across various health conditions.²

- In 2020, 14.9% 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.
- Asian or NHOPI (1.1%) and White adults (11.5%) reported a significantly lower prevalence of fair or poor health than AIAN (20.6%) and Hispanic(17.1%) adults.
- In 2020, the prevalence of fair or poor general health among NM adults (14.9%) was slightly higher than that of the U.S. median prevalence (13.9%).

General Health, Fair or Poor^a

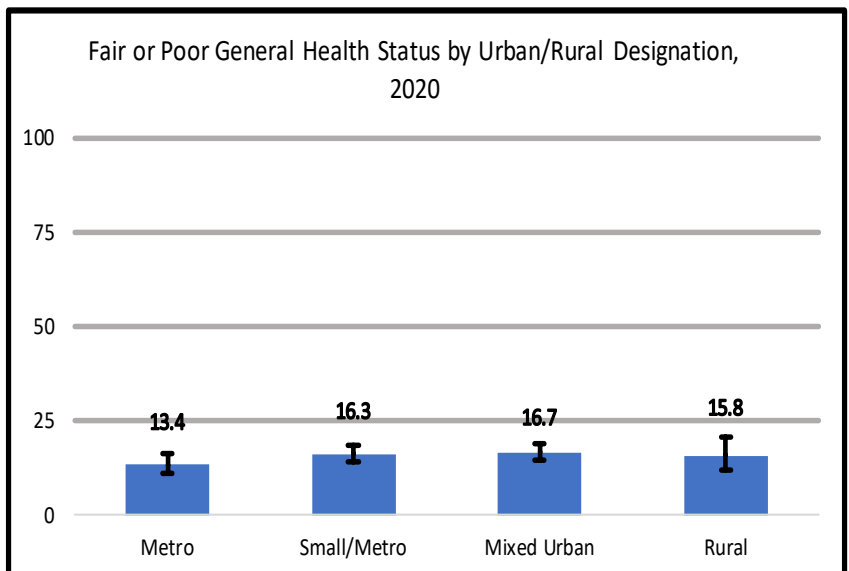
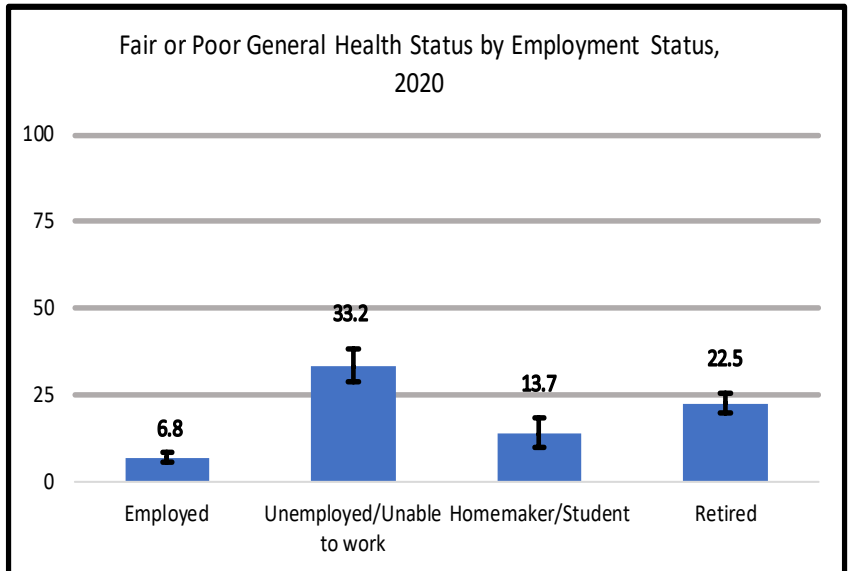
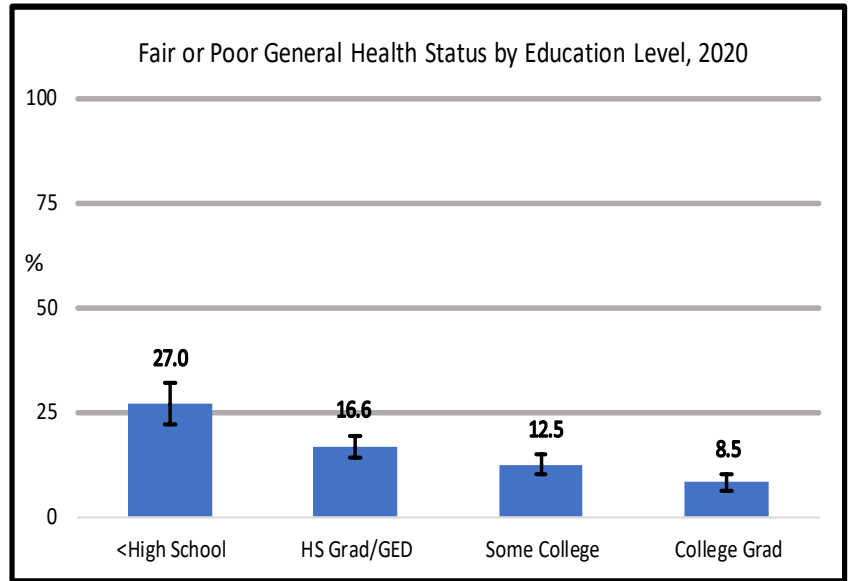
Demographic Characteristics	%	(95% Confidence Interval)
Total	14.9	(13.6-16.2)
Age		
18-44	8.6	(7.0-10.5)
45-64	17.0	(14.6-19.6)
65+	24.4	(21.8-27.2)
Gender		
Male	13.1	(11.4-15.0)
Female	16.6	(14.8-18.6)
Race/Ethnicity		
AIAN	20.6	(15.6-26.6)
Asian or NHOPI	1.1	(0.2-6.2)
Black/AA	11.5	(5.5-22.7)
Hispanic	17.1	(15.1-19.4)
White	11.5	(10.1-13.2)
Sexual Orientation		
Straight	15.2	(13.8-16.7)
LGB/Other	15.8	(10.8-22.6)
Household Income		
< \$15,000	34.3	(28.6-40.5)
\$15,000-\$24,999	21.1	(18.0-24.5)
\$25,000-\$49,999	11.8	(9.2-15.0)
\$50,000-\$74,999	8.7	(6.3-11.8)
> \$75,000	5.9	(4.4-7.9)
Geographic Region		
Northwest	17.9	(15.2-21.0)
Northeast	16.0	(13.7-18.6)
Metropolitan	13.0	(10.8-15.5)
Southeast	16.4	(13.6-19.5)
Southwest	15.9	(13.3-18.9)

^a Among all adults, the proportion reporting that their health, in general was either fair or poor.

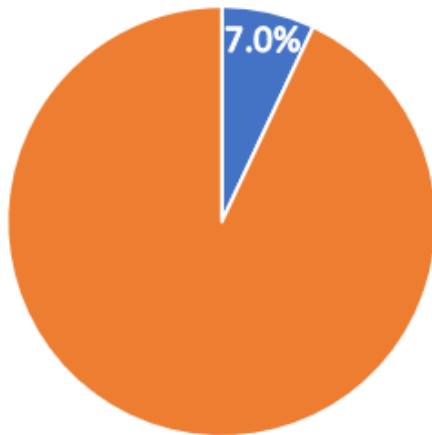


General Health Status

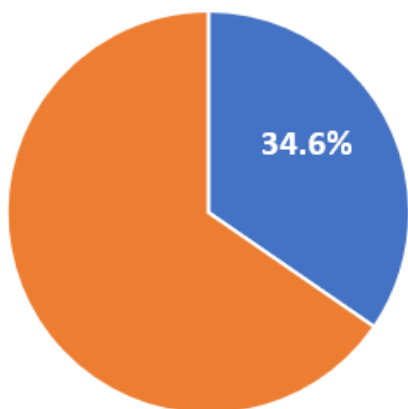
- NM adults with less than a high school education (27.0%) reported a significantly higher prevalence of fair or poor general health than adults with a high school diploma/GED, some college, and college graduates.
- Adults who reported they were unable to work/unemployed (33.2%) reported a significantly higher prevalence of fair or poor health than employed adults (6.8%).
- 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 no disabilities



Percent with Fair/Poor Health with at least one disability



Quality of Life

Question:

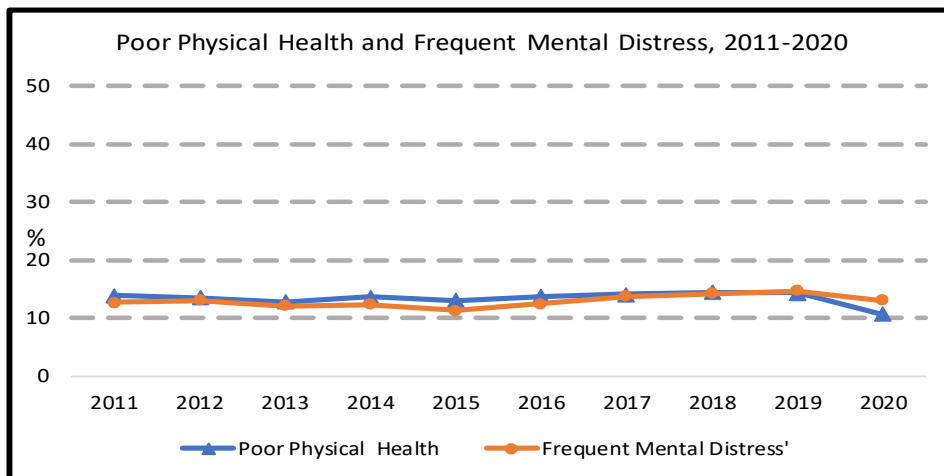
“Now thinking about your physical/mental health...for how many days during the past 30 days was your physical/mental health not good?”

The Centers for Disease Control and Prevention defines health-related quality of life as “an individual’s or group’s perceived physical and mental health over time”.²

- In 2020, 10.7% of New Mexico adults reported poor physical health and 13.1% 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 (15.0%) reported a higher prevalence of frequent mental distress than males (11.2%). This difference was not statistically significant.
- LGB/other adults (29.9%) had a significantly higher prevalence of frequent mental distress than straight adults (12.1%).

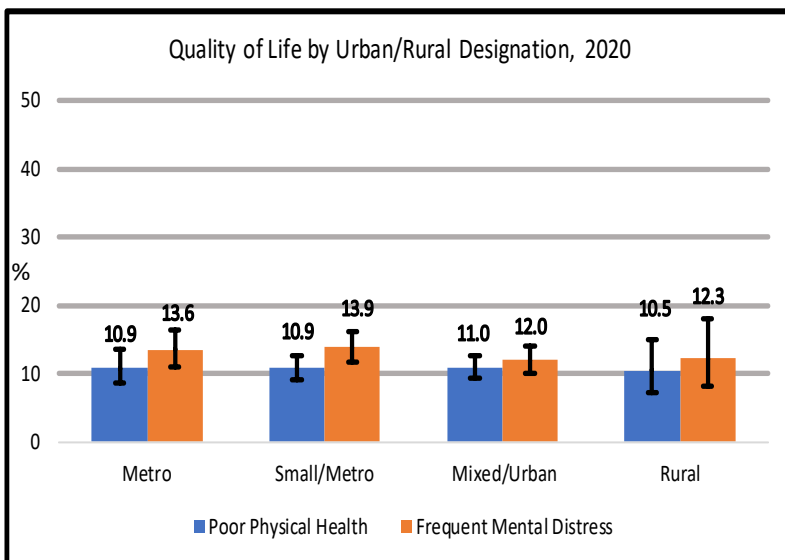
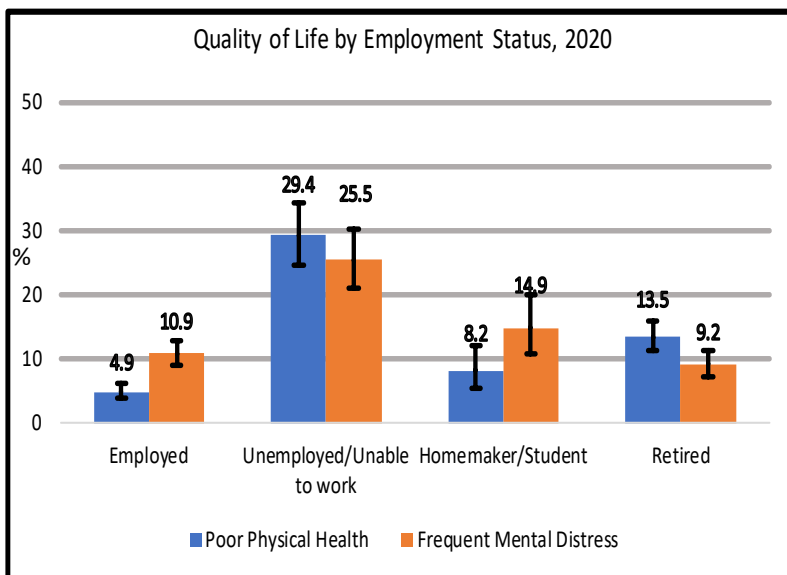
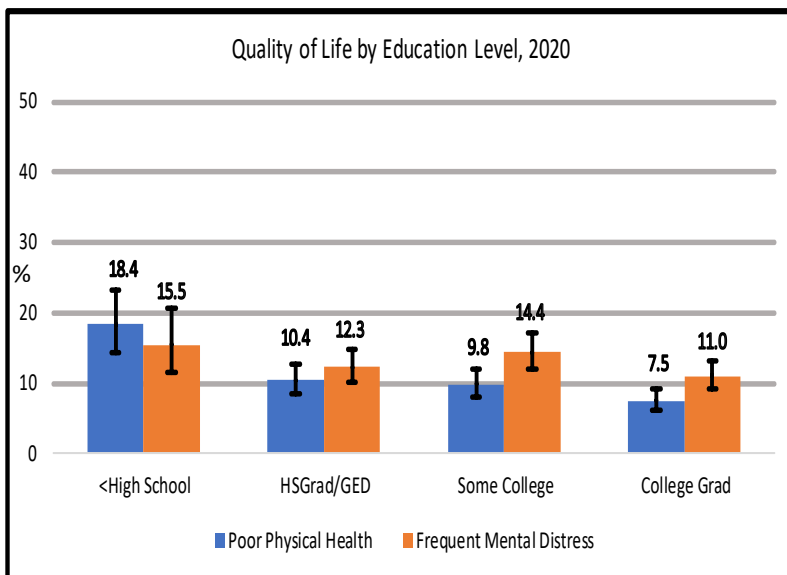
Demographic Characteristics	Poor Physical Health ^a		Frequent Mental Distress ^b	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	10.7	(9.6-11.9)	13.1	(11.8-14.6)
Age				
18-44	6.1	(4.8-7.9)	14.9	(12.6-17.4)
45-64	14.2	(11.9-16.9)	14.3	(12.1-16.9)
65+	15.0	(12.8-17.4)	8.2	(6.6-10.3)
Gender				
Male	8.7	(7.3-10.3)	11.2	(9.4-13.3)
Female	12.6	(10.9-14.5)	15.0	(13.2-17.1)
Race/Ethnicity				
AIAN	10.6	(6.8-16.1)	11.2	(7.6-16.1)
Asian or NHOPI	0.2	(0.0-1.1)	8.4	(2.2-27.5)
Black/AA	9.5	(4.0-20.9)	14.3	(6.4-28.8)
Hispanic	10.9	(9.2-12.9)	12.7	(10.7-15.0)
White	10.3	(8.8-12.1)	14.0	(12.1-16.2)
Sexual Orientation				
Straight	11.0	(9.8-12.4)	12.1	(10.8-13.6)
LGB/Other	11.3	(7.4-16.8)	29.9	(22.4-38.7)
Household Income				
< \$15,000	25.6	(20.4-31.6)	24.4	(19.3-30.5)
\$15,000-\$24,999	13.7	(11.0-17.1)	14.4	(11.6-17.7)
\$25,000-\$49,999	11.1	(8.4-14.5)	13.4	(10.2-17.4)
\$50,000-\$74,999	5.3	(3.8-7.3)	13.4	(10.0-17.7)
> \$75,000	5.2	(3.8-7.0)	8.0	(6.1-10.3)
Geographic Region				
Northwest	10.5	(8.4-13.0)	12.7	(10.4-15.4)
Northeast	11.6	(9.7-13.8)	10.7	(8.8-12.8)
Metropolitan	10.5	(8.5-13.0)	13.8	(11.4-16.6)
Southeast	9.4	(7.4-11.9)	12.2	(9.7-15.2)
Southwest	11.4	(9.3-14.0)	14.6	(11.8-17.9)

^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.



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 were more likely to have both poor physical health (27.5%) and frequent mental distress (25.3%) than adults without disabilities (4.3% and 8.1%, respectively).



Disability

Question:

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

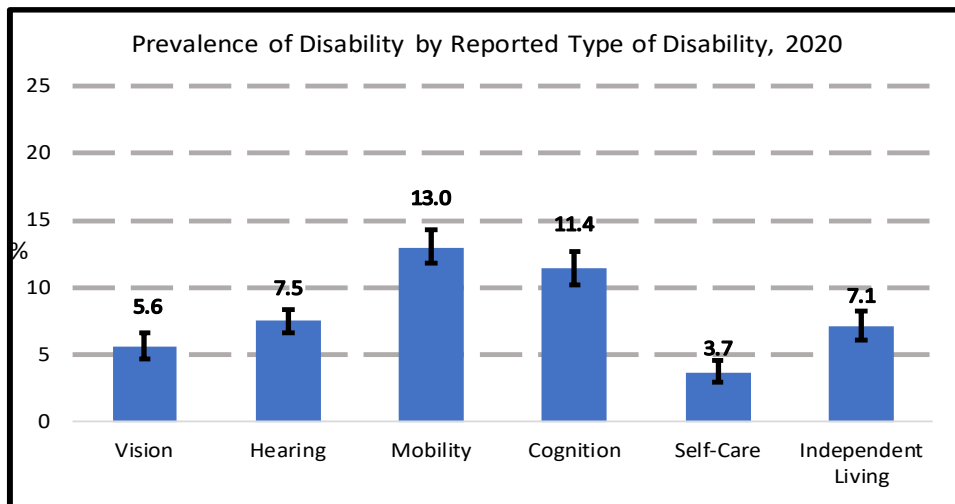
In the Americans with Disabilities Act, an individual with a disability is defined as a person who is substantially limited in one or more major life activities by a physical or mental impairment, a person who has a history of such an impairment, or a person who is perceived by others as having such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

- In 2020, an estimated 27.8% 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.
- There were no measurable differences by Race/Ethnicity or Sexual Orientation
- The most prevalent disability was difficulty walking (mobility) (13.0%). The highest prevalence of difficulty walking was among adults over 65 years of age (26.8%).

Total Disability^a

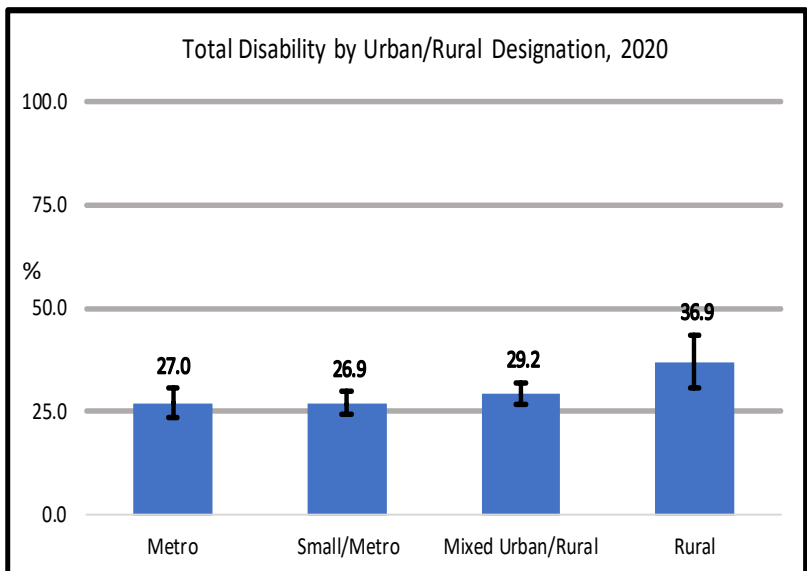
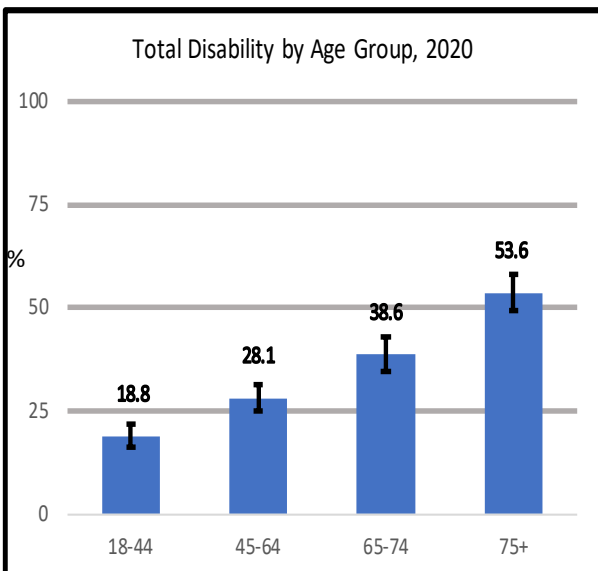
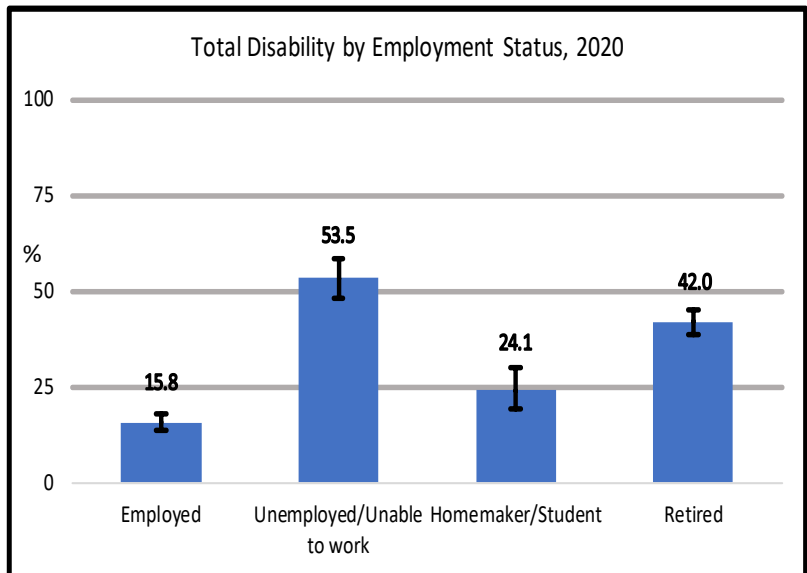
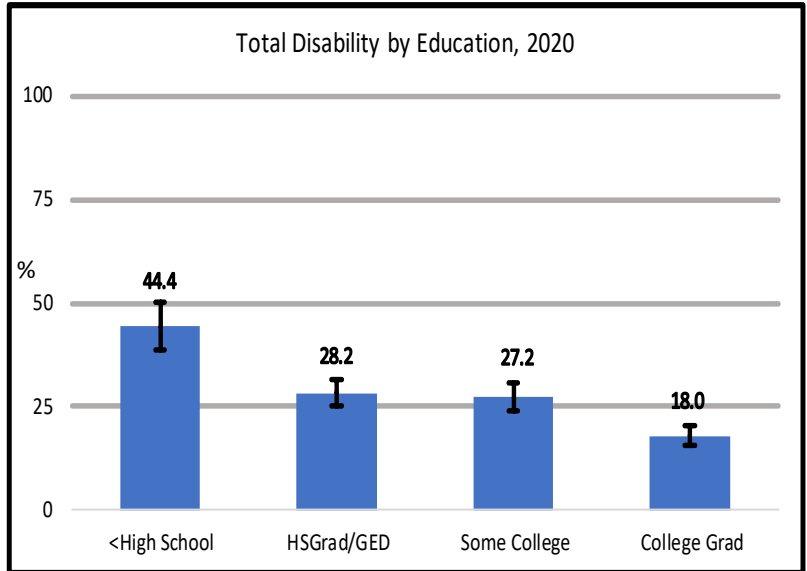
Demographic Characteristics	%	(95% Confidence Interval)
Total	27.8	(26.1-29.6)
Age		
18-44	18.8	(16.2-21.7)
45-64	28.1	(25.1-31.3)
65+	44.5	(41.5-47.6)
Gender		
Male	26.2	(23.7-28.8)
Female	29.4	(27.1-31.9)
Race/Ethnicity		
AIAN	31.8	(26.1-38.2)
Asian or NHOPI	25.8	(12.2-46.5)
Black/AA	22.8	(12.5-37.9)
Hispanic	28.6	(25.8-31.6)
White	26.2	(24.0-28.6)
Sexual Orientation		
Straight	28.3	(26.4-30.2)
LGB/Other	25.4	(18.8-33.4)
Household Income		
< \$15,000	53.4	(46.9-59.8)
\$15,000-\$24,999	32.5	(28.6-36.6)
\$25,000-\$49,999	28.1	(24.0-32.6)
\$50,000-\$74,999	21.4	(17.3-26.1)
> \$75,000	12.8	(10.7-15.4)
Geographic Region		
Northwest	31.4	(27.9-35.1)
Northeast	25.9	(23.2-28.9)
Metropolitan	26.6	(23.5-30.0)
Southeast	27.2	(23.7-30.9)
Southwest	31.1	(27.5-34.8)

^aAmong all adults, those who said yes to at least one disability; difficulty seeing, hearing, walking, remembering, dressing/bathing and mobility to run errands.



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 (44.4%) than adults with a college degree (18.0%).
- NM adults who were either unemployed and/or unable to work had a significantly higher prevalence of having at least one disability (53.5%) than employed adults (15.8%).
- Adults in counties designated as rural (36.9%) had a significantly higher prevalence of at least one disability compared to adults in the metropolitan counties (27.0%).
- 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:

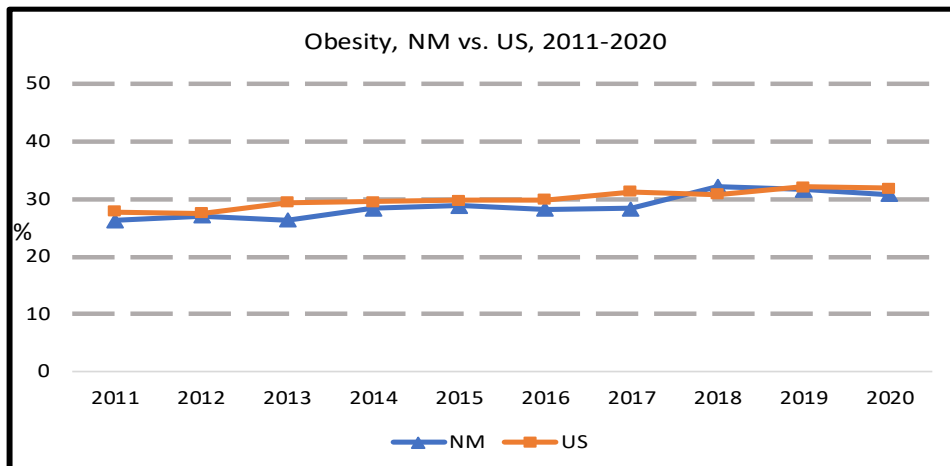
“About how much do you weigh without shoes? About how tall are you?”

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 2020, 30.9% of New Mexico adults were obese. The prevalence of obesity in New Mexico was lower than the U.S. median prevalence (31.9%).
- Adults in the middle age range had a higher prevalence of obesity (38.9%) than adults aged 65 and older (24.2%) and adults 18-44 (29.0%).
- There was no measurable difference in obesity by gender.
- AIAN adults had a significantly higher prevalence of obesity (45.0%) than all other races/ethnicities.
- Adults in the middle household income category had a significantly higher prevalence of obesity (36.0%) compared to adults in the highest category (27.4%).
- In NM adults in the Northwest region had the highest prevalence of obesity (36.6%) while those in the Northeast region had the lowest (23.4%).

Demographic Characteristics	Obese ^a	
	%	(95% Confidence Interval)
Total	30.9	(29.0-32.8)
Age		
18-44	29.0	(26.0-32.1)
45-64	38.9	(35.6-42.3)
65+	24.2	(21.5-27.1)
Gender		
Male	30.7	(28.1-33.5)
Female	31.1	(28.5-33.7)
Race/Ethnicity		
AIAN	45.0	(38.6-51.5)
Asian or NHOPI	6.8	(2.4-17.5)
Black/AA	36.8	(22.7-53.4)
Hispanic	34.7	(31.7-37.9)
White	24.0	(21.7-26.5)
Sexual Orientation		
Straight	31.6	(29.6-33.6)
LGB/Other	31.2	(23.9-39.7)
Household Income		
< \$15,000	34.6	(28.4-41.3)
\$15,000-\$24,999	32.8	(28.7-37.2)
\$25,000-\$49,999	36.0	(31.6-40.7)
\$50,000-\$74,999	29.0	(24.3-34.2)
> \$75,000	27.4	(24.1-31.1)
Geographic Region		
Northwest	36.6	(32.8-40.4)
Northeast	23.4	(20.6-26.4)
Metropolitan	29.7	(26.4-33.4)
Southeast	38.1	(34.1-42.3)
Southwest	31.4	(27.7-35.3)

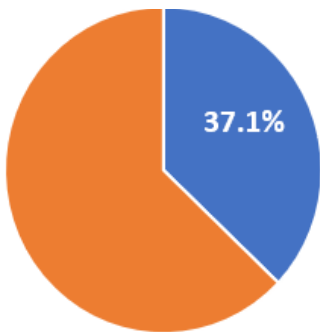
^aAmong all adults, the proportion of respondents whose BMI was greater than or equal to 30.0. Note: BMI, body mass index, is defined as weight (in kg) divided by height (in meters) squared. Weight and height are self-reported. Pregnant women were excluded.



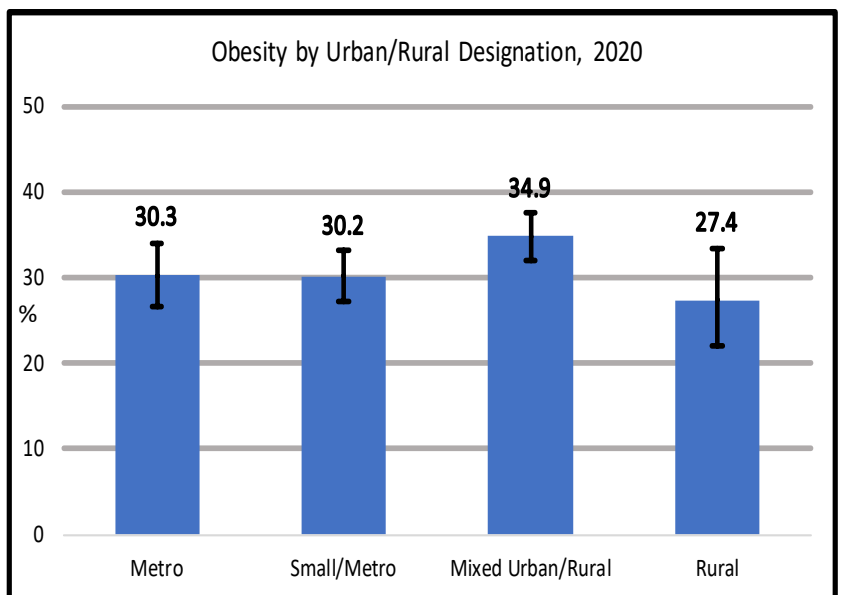
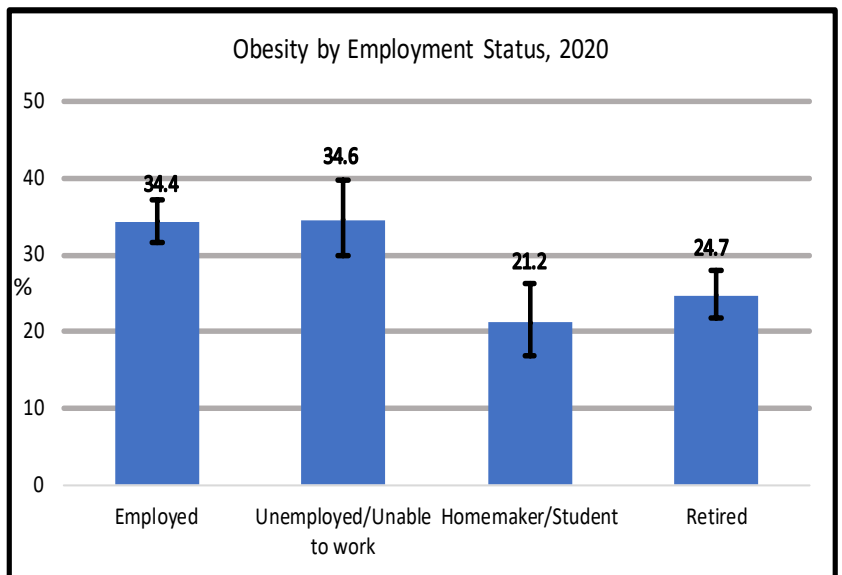
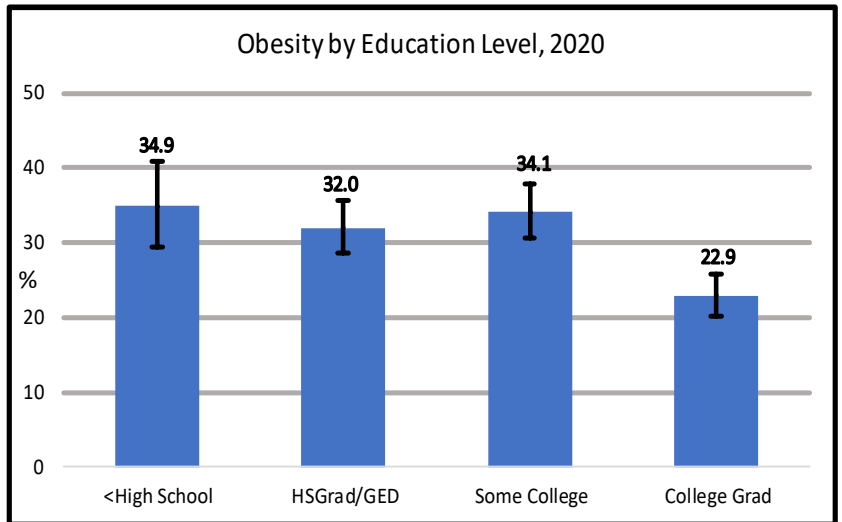
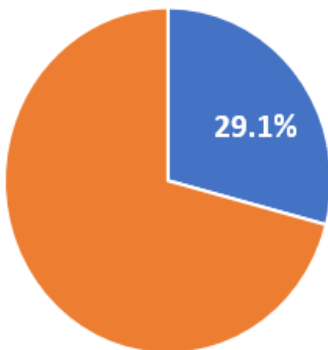
Weight Status

- The Healthy People (HP) 2020 goal for obesity among adults was 30.5%. The prevalence of obesity among NM adults in 2020 was 30.9%, only 0.4 percentage points higher than the HP2020 goal.⁵
- College graduates had a significantly lower prevalence of obesity than those with less than a high school education.
- NM adults who were unemployed/unable to work reported a higher prevalence of obesity (34.6%) compared to retired adults (24.7%).
- There was no measurable difference 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...?

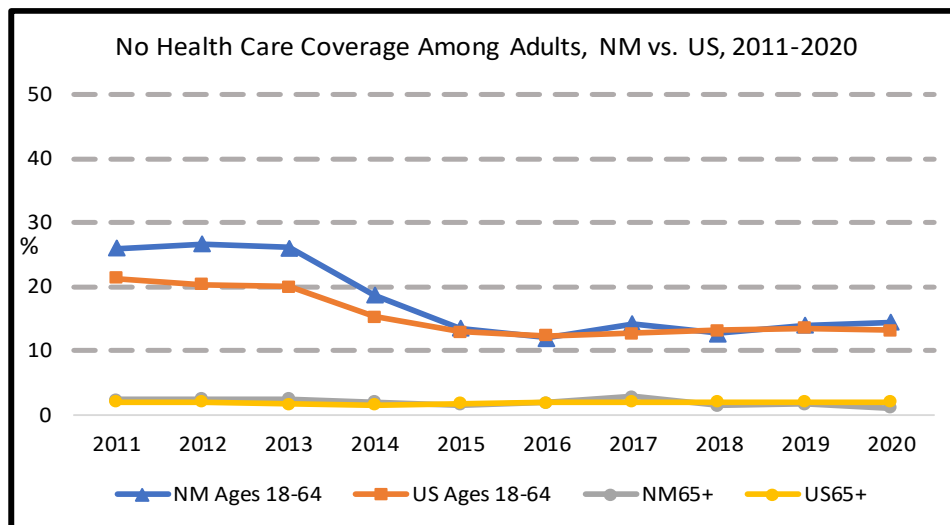
No Health Care Coverage Among Adults 18-64^a

Demographic Characteristics	%	(95% Confidence Interval)
Total	14.5	(12.8-16.3)
Age		
18-44	15.8	(13.5-18.5)
45-64	12.6	(10.5-15.0)
Gender		
Male	16.1	(13.6-19.0)
Female	12.9	(10.9-15.3)
Race/Ethnicity		
AIAN	6.2	(4.0-9.5)
Asian or NHOPI	**	**
Black/AA	**	**
Hispanic	20.8	(18.0-23.9)
White	7.4	(5.8-9.5)
Sexual Orientation		
Straight	14.8	(13.0-16.8)
LGB/Other	9.6	(5.6-15.8)
Household Income		
< \$15,000	18.2	(12.4-26.0)
\$15,000-\$24,999	22.0	(18.1-26.6)
\$25,000-\$49,999	16.8	(12.8-21.9)
\$50,000-\$74,999	11.6	(8.0-16.5)
> \$75,000	3.4	(2.0-5.8)
Geographic Region		
Northwest	12.3	(9.5-15.7)
Northeast	17.2	(14.0-20.9)
Metropolitan	12.7	(9.9-16.2)
Southeast	19.8	(15.9-24.3)
Southwest	14.2	(11.0-18.2)

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}

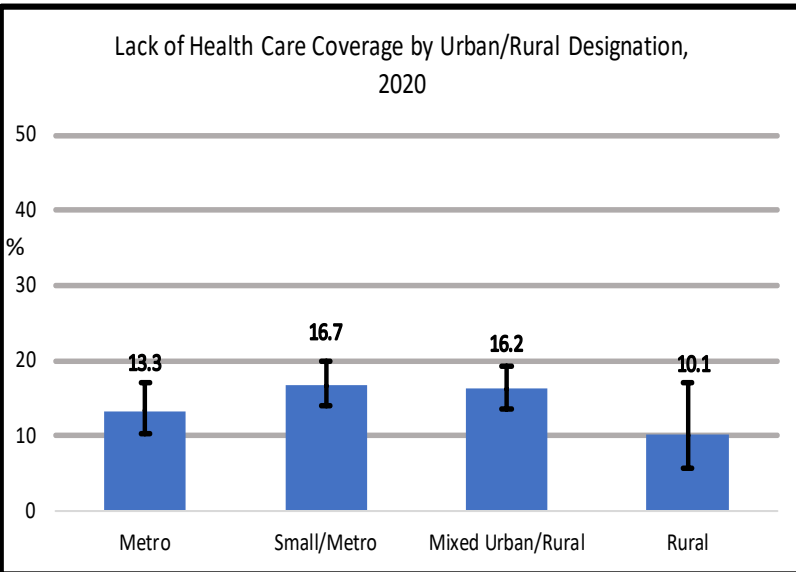
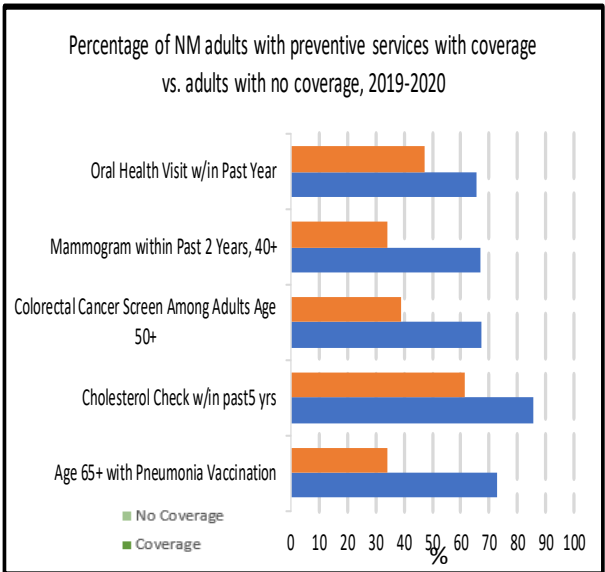
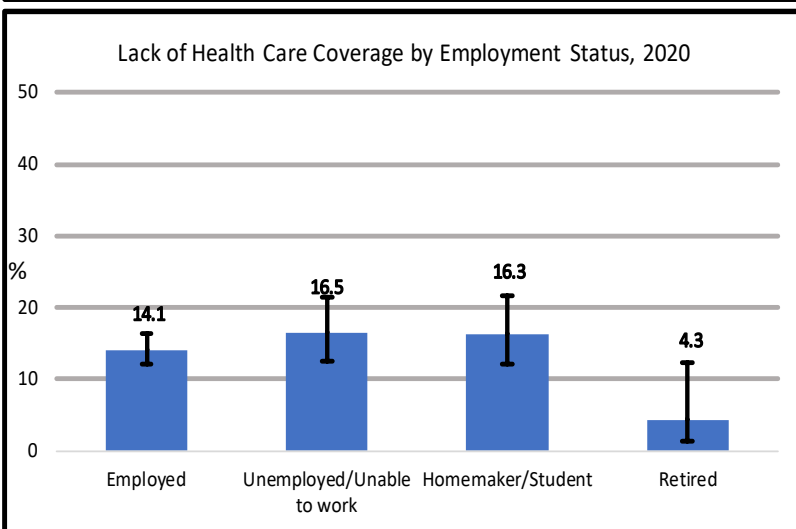
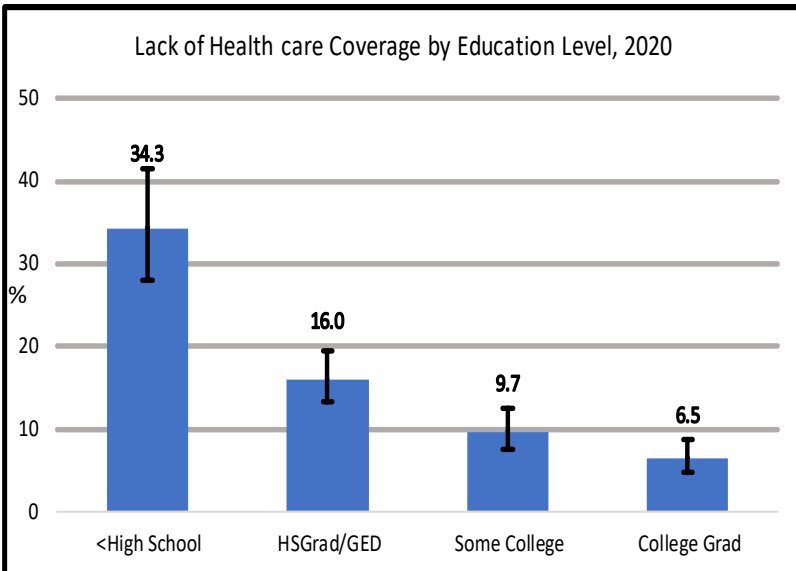
- In 2020, 14.5% of New Mexico adults 18-64 reported having no health care coverage. The prevalence of no health care coverage among NM adults 18-64 was higher than the U.S. median prevalence (13.2%).
- The prevalence of no health care coverage decreased with age.
- Those reporting household income more than \$75,000 per year had the lowest prevalence of no health care coverage (3.4%), and those at \$15,000-\$24,999 income level had the highest (22.0%).
- Males (15.6%) reported a higher prevalence of no health care coverage than females (12.5%). That difference was not significant.
- AIAN (6.2%) and White adults (7.4%) reported a significantly lower prevalence than Hispanic adults (20.8%).

^aAmong 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 was to have 100% of adults insured by 2020. Since the prevalence of no health care coverage among New Mexico adults was 14.5% in 2020 NM did not meet the goal.
- The prevalence of no health care coverage decreased with increasing education level.
- Homemakers/students reported a higher prevalence of no health care coverage than retired adults.
- The prevalence of no health care coverage was similar across geographic region and urban rural designation.
- Adults without health care coverage were significantly less likely to receive any of five preventative health care services than were adults with coverage.



Oral Health Care

Question:

“How long has it been since you last visited a dentist or a dental clinic for any reason?...”

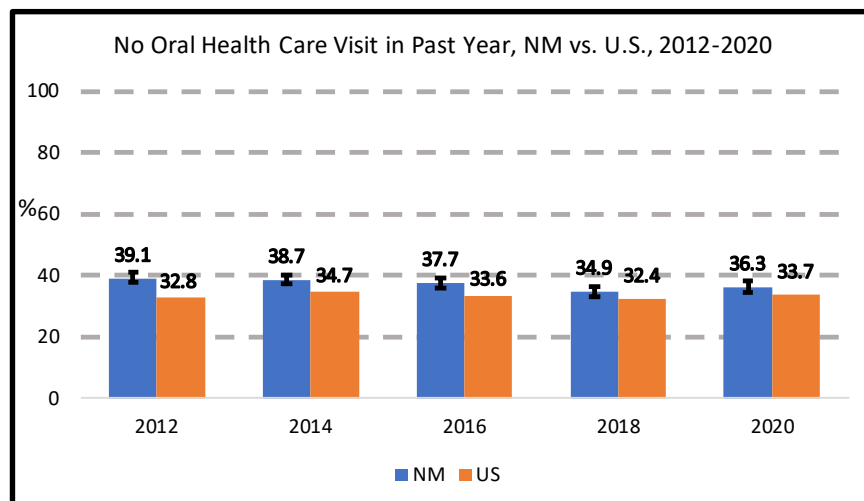
Regular dental visits are important in maintaining good oral health. In addition to care of the teeth and gums, dental visits are important in the early detection and treatment of oral diseases. Barriers include limited availability and access to dental services, lack of awareness of need, cost, and fear of dental procedures.⁸

- In 2020, 36.3% of New Mexico Adults had no oral health visit in the past year. The prevalence of no oral health visit in the past year among NM adults was higher than the U.S. median prevalence (33.7%).
- The prevalence of no oral health care visit in the past year decreased significantly with increasing income level.
- Males (41.0%) reported a higher prevalence of no oral health care visit in the past year than females (31.7%).
- There was no measurable difference by age, race/ethnicity, or sexual orientation.
- In NM, adults in the Southeast (44.4%) and in the Northwest (42.4%) were less likely to have an oral health visit in the past year than adults in the Northeast (31.0%), or the Metropolitan region (33.6%).

No Oral Health Visit in Past Year^a

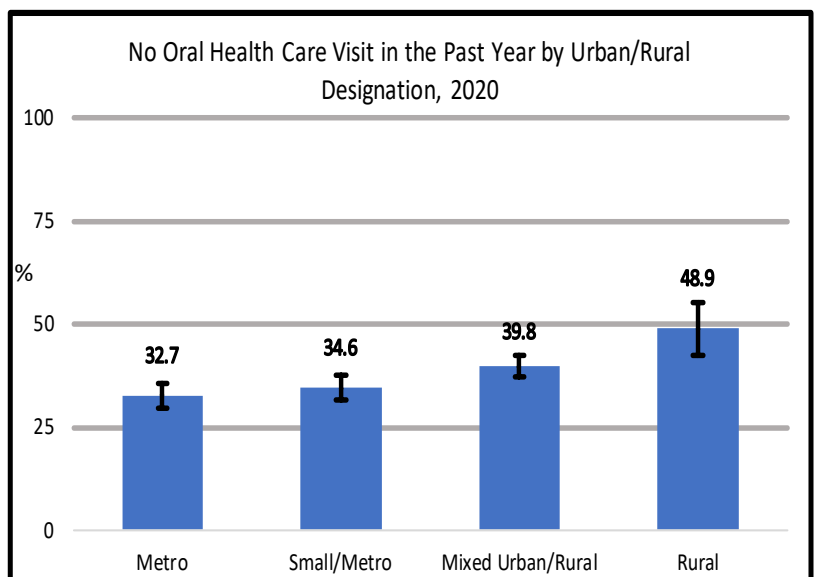
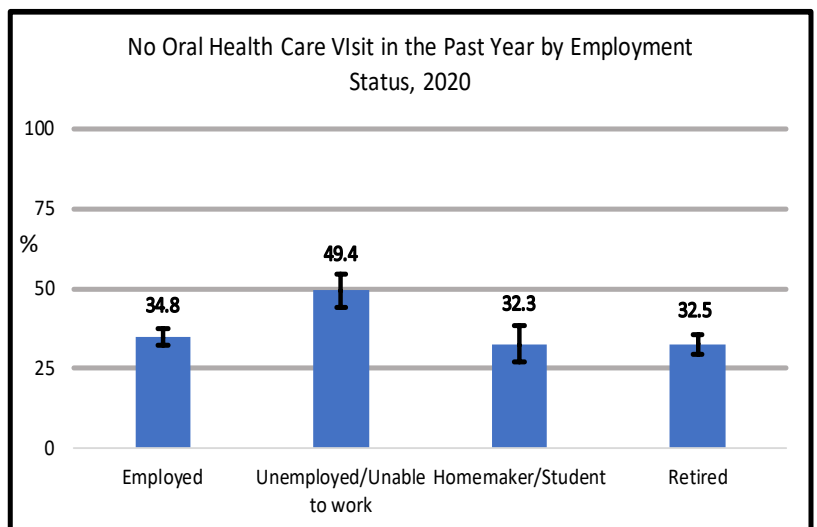
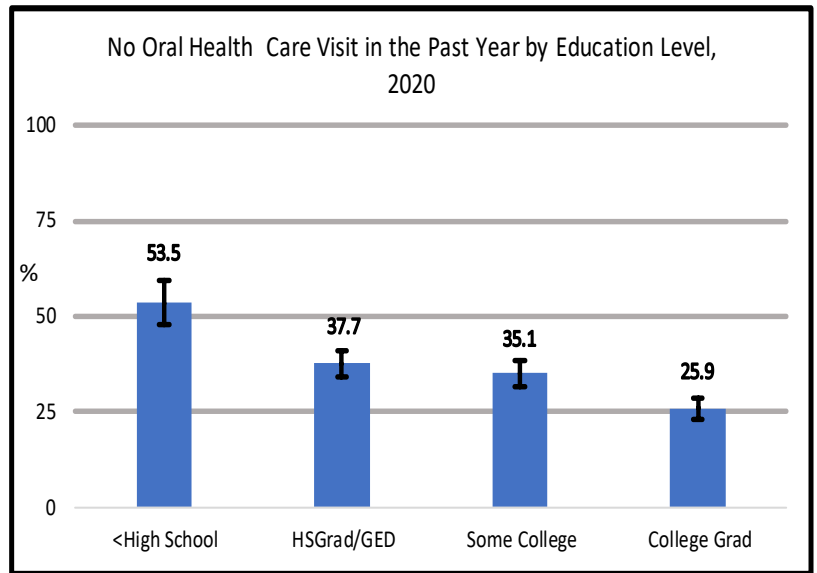
Demographic Characteristics	%	(95% Confidence Interval)
Total	36.3	(34.4-38.2)
Age		
18-44	38.2	(35.0-41.5)
45-64	34.5	(31.5-37.6)
65+	34.8	(32.0-37.7)
Gender		
Male	41.0	(38.2-43.9)
Female	31.7	(29.3-34.2)
Race/Ethnicity		
AIAN	39.3	(33.8-45.2)
Asian or NHOPI	43.6	(25.5-63.6)
Black/AA	26.8	(14.2-44.8)
Hispanic	38.2	(35.2-41.3)
White	33.2	(30.8-35.8)
Sexual Orientation		
Straight	35.4	(33.5-37.4)
LGB/Other	36.3	(28.9-44.5)
Household Income		
< \$15,000	53.2	(46.8-59.5)
\$15,000-\$24,999	47.3	(43.0-51.7)
\$25,000-\$49,999	39.6	(35.1-44.2)
\$50,000-\$74,999	33.6	(28.7-38.8)
> \$75,000	20.9	(18.0-24.2)
Geographic Region		
Northwest	42.4	(38.6-46.2)
Northeast	31.0	(27.9-34.2)
Metropolitan	33.6	(30.2-37.1)
Southeast	44.4	(40.3-48.5)
Southwest	38.0	(34.2-42.0)

^a Among all adults, the proportion who reported a dentist or a dental clinic visit for any reason in the past year.



Oral Health Care

- The prevalence of no oral health care visit in the past year decreases with increasing education level. The rate for NM Adults with less than a High School diploma/GED (53.5%) was significantly higher than College Graduates (25.9%).
- NM adults who were unemployed/unable to work (49.4%) were less likely than those who were employed (34.8%) to have an oral health care visit in the past year.
- Adults residing in a county designated as Rural (48.9%) were less likely than those residing in Metro designated counties to have visited a dentist or dental clinic in the past year.
- 42.9% of adults had lost one or more teeth due to decay or gum disease.
- Adults who lost one or more teeth to decay or gum disease were more likely to have been diagnosed with coronary heart disease (6.0%-with one tooth removed, 1.9% with no teeth removed), myocardial infarction or heart attack (6.8%-with one tooth removed, 1.7% with no teeth removed), or stroke (4.7%-with one tooth removed, 1.3% with no teeth removed).



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?”

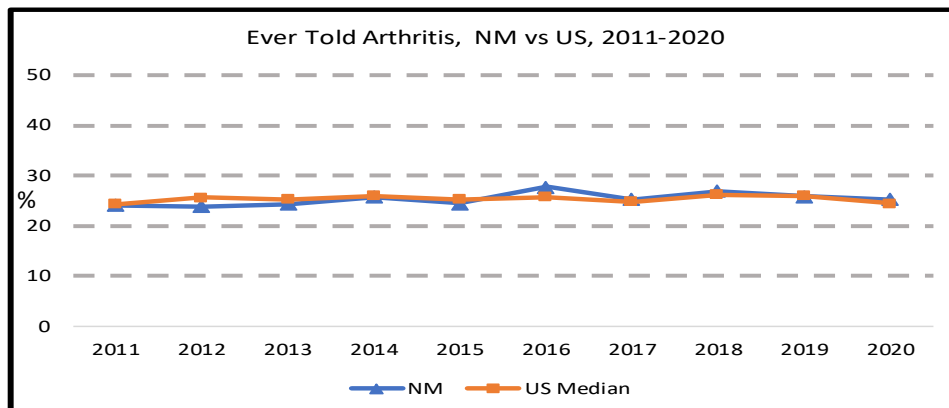
There are over 100 forms of rheumatic disease commonly referred to as arthritis, including osteoarthritis, rheumatoid arthritis, fibromyalgia, and gout. Arthritis is the most common cause of disability in the U.S.⁹

- In 2020, 25.4% 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 (24.5%).
- The percentage of women with diagnosed arthritis (29.5%) was higher than that of adult men (21.1%). 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 46.4%.
- 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.

Ever Told Arthritis^a

Demographic Characteristics	%	(95% Confidence Interval)
Total	25.4	(23.8-27.0)
Age		
18-44	10.1	(8.3-12.2)
45-64	31.7	(28.7-34.8)
65+	46.4	(43.4-49.5)
Gender		
Male	21.1	(19.0-23.3)
Female	29.5	(27.3-31.9)
Race/Ethnicity		
AIAN	14.4	(10.4-19.6)
Asian or NHOPI	17.1	(7.1-35.8)
Black/AA	13.8	(6.8-25.9)
Hispanic	23.3	(20.9-25.9)
White	30.8	(28.5-33.1)
Sexual Orientation		
Straight	26.2	(24.6-28.0)
LGB/Other	20.1	(14.4-27.3)
Household Income		
< \$15,000	34.4	(28.8-40.6)
\$15,000-\$24,999	24.2	(20.9-27.9)
\$25,000-\$49,999	27.2	(23.5-31.2)
\$50,000-\$74,999	26.3	(22.1-31.0)
> \$75,000	21.3	(18.6-24.3)
Geographic Region		
Northwest	20.9	(18.3-23.7)
Northeast	27.4	(24.8-30.3)
Metropolitan	25.1	(22.3-28.2)
Southeast	25.2	(22.0-28.6)
Southwest	27.1	(24.0-30.5)

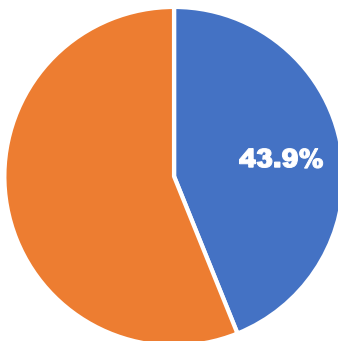
^aAmong all adults, the proportion who reporting ever been told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.



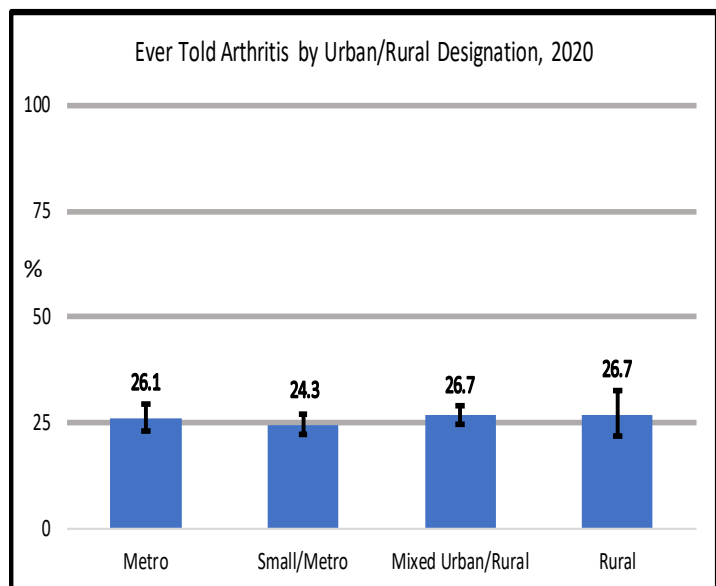
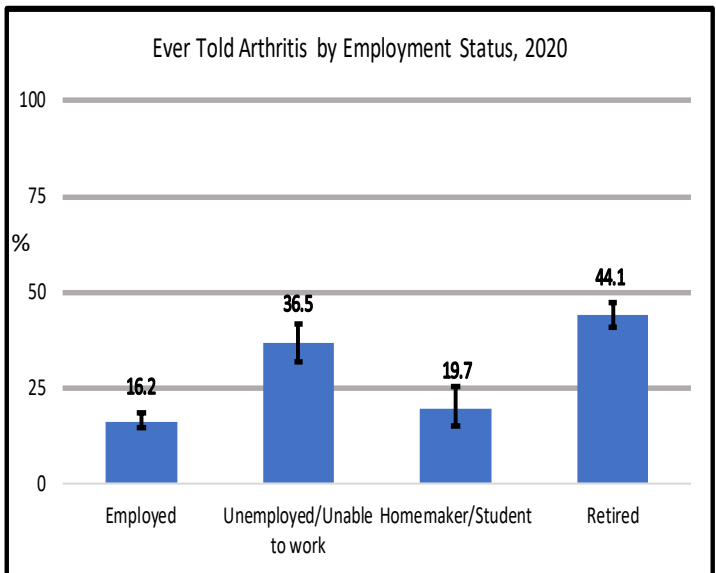
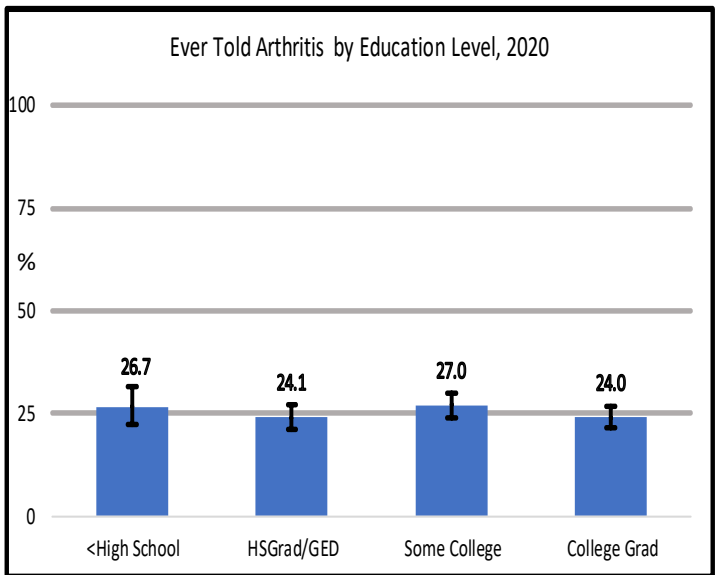
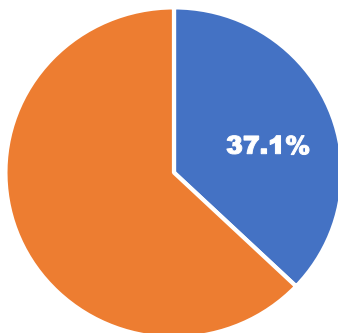
Arthritis

- 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 (29.6% vs. 9.8%), to have diabetes (21.0% vs. 9.5%), cardiovascular disease (16.4% vs. 4.8%), or have a disability (51.5% vs. 19.5%).
- In 2019, 43.9% of adults with arthritis reported that arthritis limited their usual activities while 37.1% said that arthritis affected whether they worked.

Limited Usual Activities



Affected Whether you Work



Asthma

Questions:

“(Ever told) you had asthma?
Do you still have asthma?”

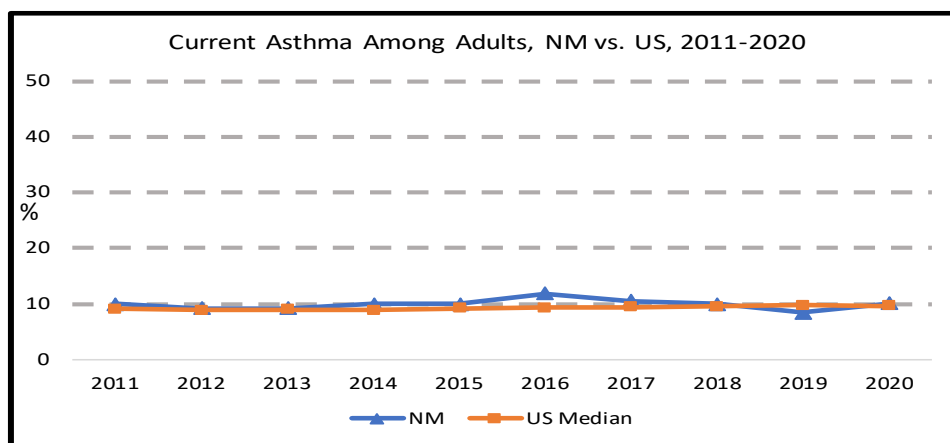
Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways. Asthma attacks can vary from mild to life threatening. Symptoms can include shortness of breath, cough, wheezing, and chest pain or tightness.¹⁰

- In 2020, 10.1% of New Mexico adults had asthma. The prevalence of current asthma among NM adults was similar to the U.S. Median prevalence (9.6%).
- The percentage of women who currently had asthma (11.5%) was higher than that of men (8.5%) this was not statistically significant.
- The prevalence of current asthma among LGB/other was higher than among straight adults, 13.4% and 9.8%, respectively. This was not 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.

Current Asthma^a

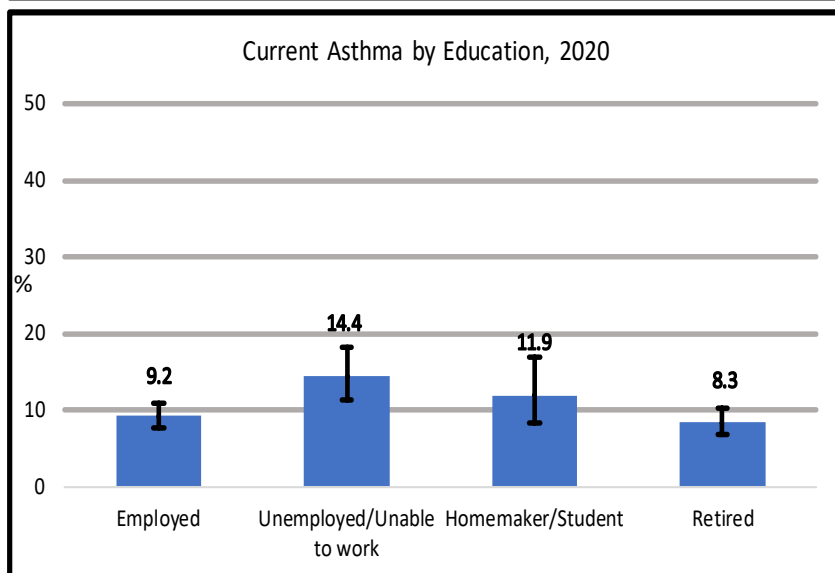
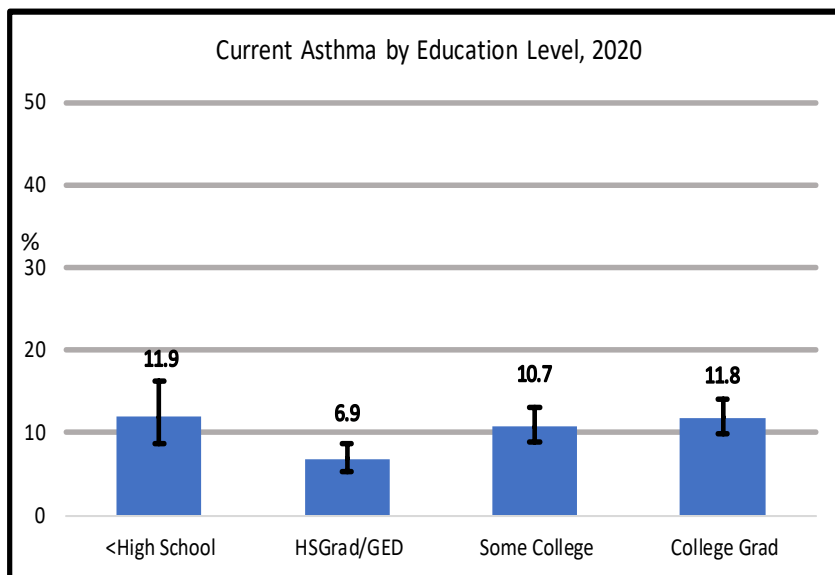
Demographic Characteristics	Current Asthma ^a	
	%	(95% Confidence Interval)
Total	10.1	(9.0-11.3)
Age		
18-44	9.7	(7.9-11.7)
45-64	11.7	(9.8-14.0)
65+	8.7	(7.2-10.5)
Gender		
Male	8.5	(7.0-10.3)
Female	11.5	(10.0-13.2)
Race/Ethnicity		
AIAN	9.8	(6.9-13.9)
Asian or NHOPI	1.3	(0.3-5.8)
Black/AA	25.4	(12.6-44.6)
Hispanic	9.2	(7.6-11.1)
White	10.8	(9.2-12.5)
Sexual Orientation		
Straight	9.8	(8.7-11.1)
LGB/Other	13.4	(9.0-19.5)
Household Income		
< \$15,000	13.9	(10.3-18.5)
\$15,000-\$24,999	10.3	(7.9-13.3)
\$25,000-\$49,999	9.3	(7.0-12.3)
\$50,000-\$74,999	8.0	(5.6-11.3)
> \$75,000	10.7	(8.5-13.4)
Geographic Region		
Northwest	11.6	(9.3-14.3)
Northeast	9.8	(8.0-12.0)
Metropolitan	10.6	(8.6-12.8)
Southeast	8.3	(6.3-10.8)
Southwest	9.5	(7.3-12.3)

^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.

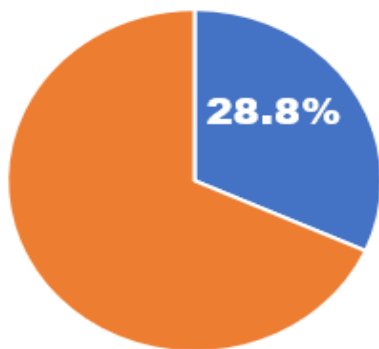


Asthma

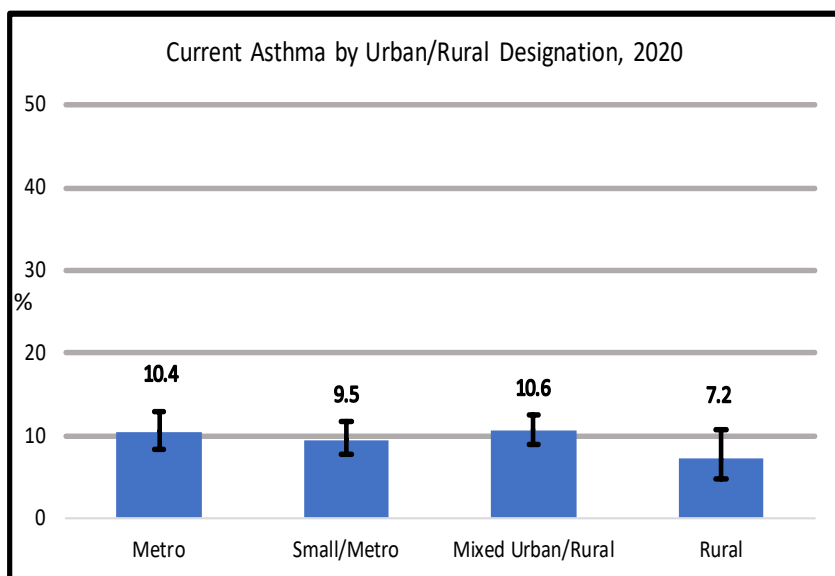
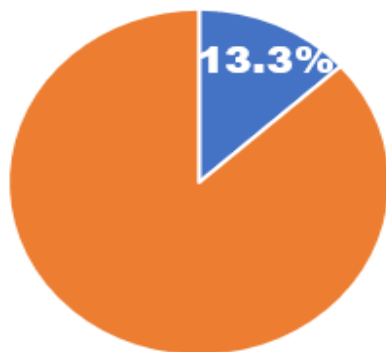
- The prevalence of current asthma did not vary significantly by education level.
- Adults who were unemployed/unable to work were more likely to report current asthma, (14.4%) than those who were retired (8.3%) or employed (9.2%).
- The prevalence of current diagnosed asthma did not vary significantly by Urban/Rural county designation.
- Adults with current asthma were more likely to report disability/activity limitation (28.8%) compared to those without current asthma (13.3%).



Fair/Poor Health with Asthma, 2020



Fair/Poor Health without Asthma, 2020



Cancer

Question:

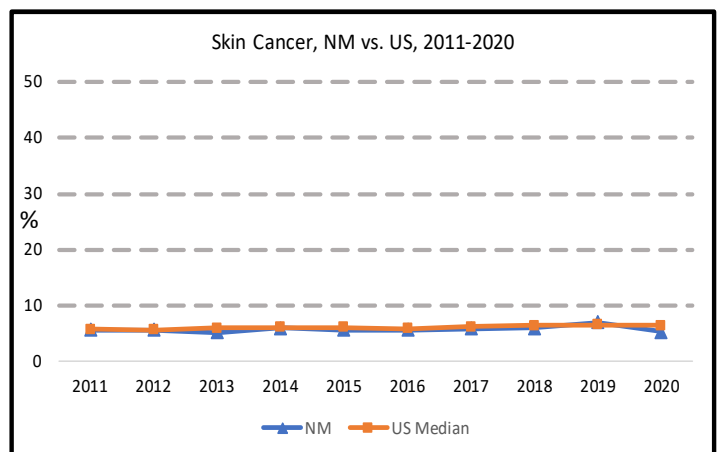
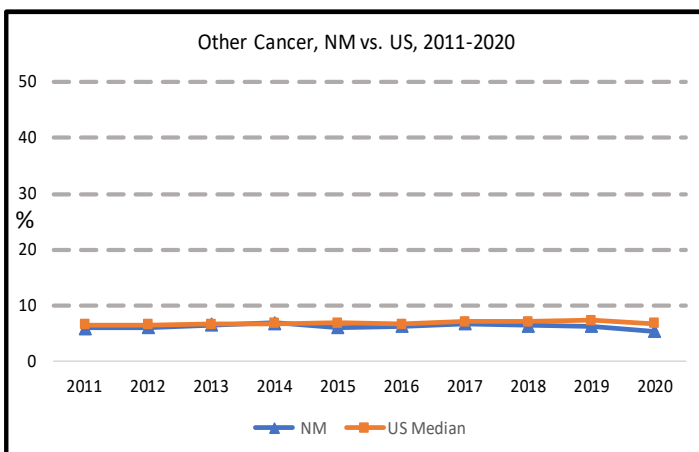
“(Ever told) you had skin cancer, any other types of cancer?”

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.¹¹

- In 2020, an estimated 9.6% of adults had a history of any type of cancer, 5.4% had a history of cancer other than skin cancer, and 5.3% 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.
- History of any cancer was higher among White adults (18.4%) than all other racial/ethnic groups and history of skin cancer was higher among White adults (11.6%) than among all other racial/ethnic groups.

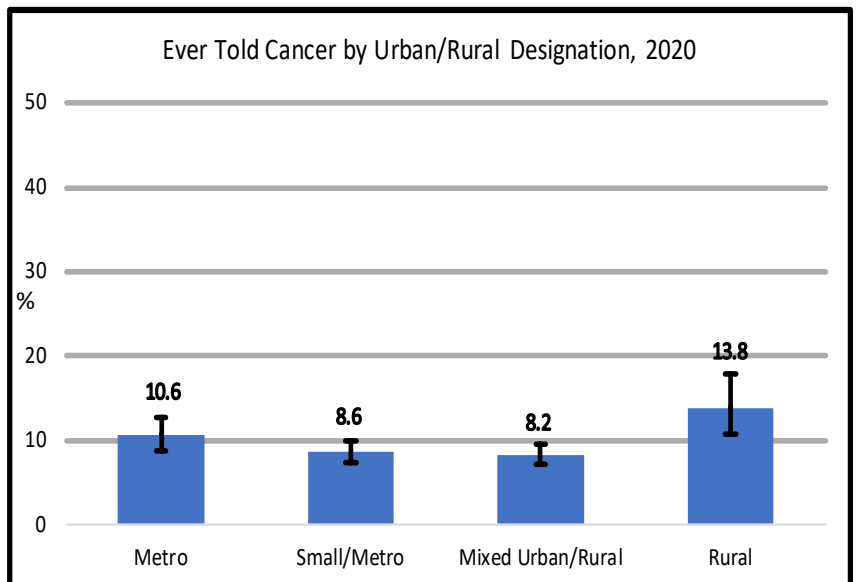
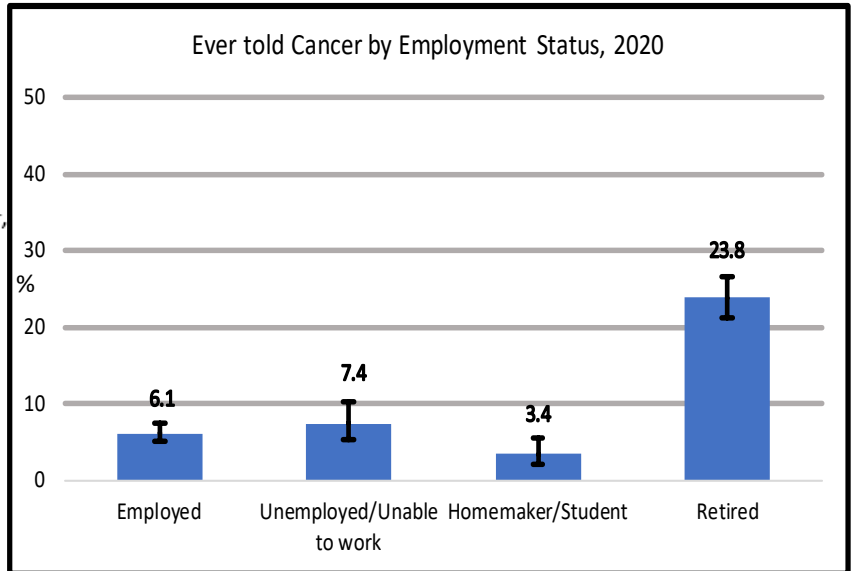
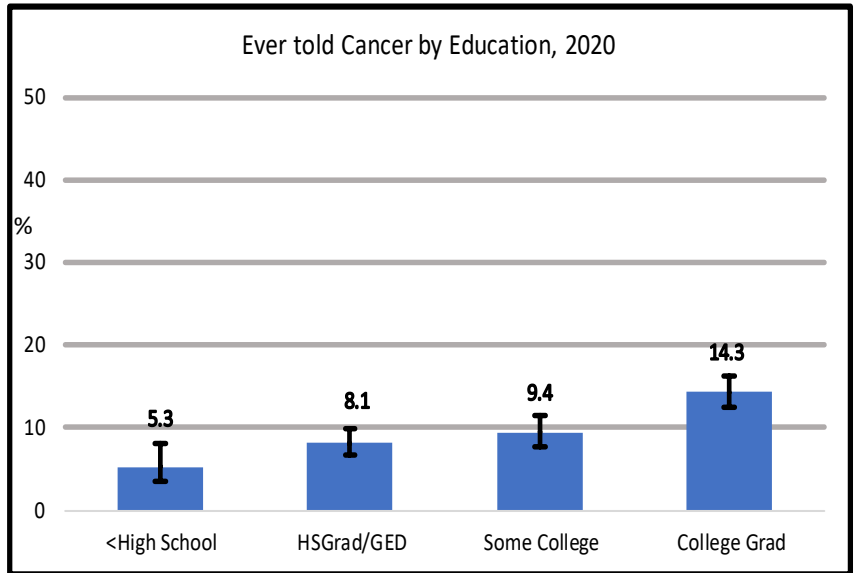
Demographic Characteristics	Ever Told Skin Cancer ^a		Ever Told Any Other Types of Cancer ^b		Ever Told Cancer ^c	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	5.3	(4.6-6.0)	5.4	(4.7-6.1)	9.6	(8.7-10.6)
Age						
18-44	0.8	(0.4-1.5)	0.8	(0.5-1.5)	1.6	(1.0-2.4)
45-64	5.4	(4.2-6.9)	5.6	(4.2-7.4)	10.1	(8.3-12.2)
65+	13.6	(11.7-15.6)	13.9	(12.1-15.9)	24.1	(21.8-26.7)
Gender						
Male	5.8	(4.8-7.0)	4.3	(3.6-5.2)	9.0	(7.8-10.4)
Female	4.8	(4.0-5.7)	6.4	(5.4-7.6)	10.2	(8.9-11.6)
Race/Ethnicity						
AIAN	0.4	(0.1-1.3)	1.5	(0.8-2.7)	1.8	(1.0-3.2)
Asian or NHOPI	0.0	(-)	0.2	(0.0-1.2)	0.2	(0.0-1.2)
Black/AA	0.7	(0.1-4.9)	2.6	(0.9-7.5)	2.6	(0.9-7.5)
Hispanic	1.1	(0.7-1.9)	3.2	(2.4-4.2)	4.2	(3.2-5.4)
White	11.6	(10.1-13.1)	9.3	(8.0-10.7)	18.4	(16.6-20.3)
Sexual Orientation						
Straight	5.4	(4.7-6.1)	5.7	(5.0-6.5)	9.9	(9.0-11.0)
LGB/Other	2.6	(1.2-5.2)	4.7	(2.6-8.4)	6.8	(4.1-10.9)
Household Income						
< \$15,000	3.6	(1.9-6.6)	5.2	(3.4-8.0)	8.3	(5.7-11.9)
\$15,000-\$24,999	2.6	(1.8-3.8)	4.2	(2.8-6.3)	6.5	(4.8-8.7)
\$25,000-\$49,999	5.4	(3.9-7.4)	4.8	(3.5-6.6)	9.4	(7.4-11.9)
\$50,000-\$74,999	7.0	(5.0-9.7)	7.6	(5.5-10.5)	12.0	(9.4-15.4)
> \$75,000	7.6	(6.1-9.4)	5.8	(4.5-7.3)	11.9	(10.0-14.2)
Geographic Region						
Northwest	3.1	(2.4-4.2)	4.4	(3.4-5.6)	6.7	(5.5-8.2)
Northeast	5.5	(4.5-6.8)	6.1	(5.0-7.5)	10.1	(8.6-11.8)
Metropolitan	6.1	(4.9-7.6)	5.4	(4.2-6.9)	10.6	(8.9-12.5)
Southeast	4.4	(3.3-5.8)	5.6	(4.2-7.4)	9.0	(7.3-11.1)
Southwest	5.0	(3.9-6.3)	5.2	(4.0-6.6)	8.9	(7.4-10.7)

Among all adults, the proportion ever told by a doctor that: ^athey had skin cancer, ^bthey had a form of cancer other than skin cancer, or ^cthey had skin cancer or any other type of cancer.

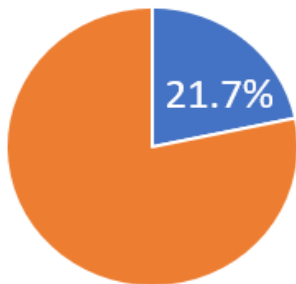


Cancer

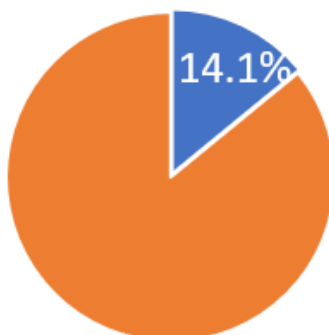
- History of skin cancer was higher among adults with higher education levels.
- Adults who were retired or unable to work were more likely to have a history of skin or other type of cancer. Adjustment for age eliminated the difference between retired and categories other than unable to work.
- There was no statistically significant difference in the prevalence of any type of cancer or any cancer except skin cancer by geographic region however the counties designated as rural (13.8) had a higher prevalence of any cancer compared to mixed/urban rural counties (8.2%).
- Adults with history of cancer were more likely to currently have fair or poor general health status, 21.7% versus 14.1%.



Fair/Poor Health among NM Adults with a history of cancer, 2020



Fair/Poor Health among NM Adults without a History of Cancer, 2020



Cardiovascular Disease

Question:

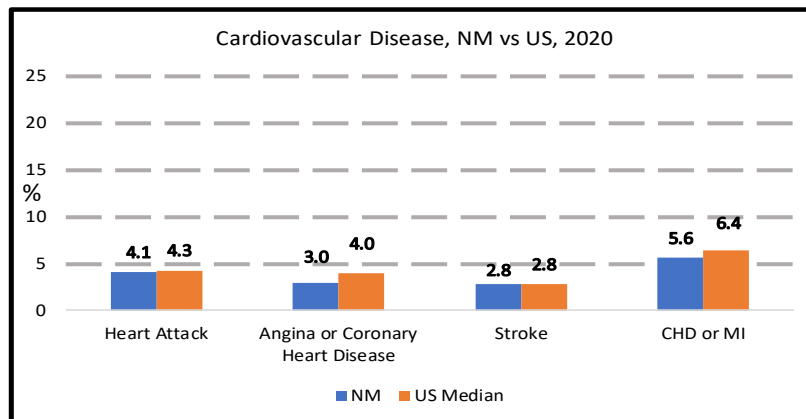
“(Ever told) you had angina or coronary heart disease, stroke, or heart attack?”

Heart disease is the leading cause of death for both men and women in the U.S.¹² It is also one of the leading causes of disability in the U.S. Stroke is the third leading cause of death in the U.S.¹³

- In 2020, 3.8% of New Mexico adults had ever been told they had angina or coronary heart disease (CHD), 2.7% 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 7.7% 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.
- White adults had a significantly higher prevalence of Angina or CHD compared Hispanics and American Indian or Alaskan Natives.

Demographic Characteristics	Ever Told Angina or Coronary Heart Disease ^a		Ever Told Stroke ^b		Ever Told Heart Attack ^c	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	3.8	(3.2-4.5)	2.7	(2.3-3.3)	4.1	(3.5-4.8)
Age						
18-44	0.6	(0.3-1.4)	0.7	(0.4-1.3)	0.6	(0.3-1.1)
45-64	4.0	(2.8-5.6)	2.8	(1.9-4.0)	4.5	(3.2-6.4)
65+	9.9	(8.3-11.7)	6.6	(5.2-8.3)	10.2	(8.6-12.1)
Gender						
Male	4.6	(3.7-5.7)	2.8	(2.1-3.8)	5.0	(4.1-6.1)
Female	3.1	(2.4-4.0)	2.6	(2.1-3.4)	3.2	(2.4-4.2)
Race/Ethnicity						
AIAN	1.4	(0.7-2.6)	2.9	(1.5-5.6)	2.8	(1.5-5.4)
Asian or NHOPI	7.0	(1.0-35.9)	11.0	(3.2-31.3)	0.0	(.-.)
Black/AA	5.6	(1.9-15.5)	2.5	(0.3-15.5)	6.3	(2.2-16.3)
Hispanic	2.9	(2.1-4.0)	1.8	(1.3-2.5)	3.5	(2.5-4.7)
White	5.2	(4.3-6.3)	3.4	(2.6-4.4)	5.1	(4.2-6.2)
Sexual Orientation						
Straight	4.0	(3.4-4.8)	2.7	(2.2-3.2)	4.2	(3.5-5.0)
LGB/Other	2.0	(0.8-4.9)	1.7	(0.7-3.8)	2.5	(1.2-5.2)
Household Income						
< \$15,000	6.3	(4.0-9.9)	6.4	(4.2-9.7)	6.9	(4.5-10.5)
\$15,000-\$24,999	3.0	(1.9-4.7)	1.7	(1.2-2.5)	4.8	(3.3-6.9)
\$25,000-\$49,999	3.8	(2.6-5.4)	3.2	(2.1-4.9)	4.0	(2.9-5.5)
\$50,000-\$74,999	3.6	(2.5-5.3)	2.8	(1.7-4.4)	2.8	(1.8-4.2)
> \$75,000	3.8	(2.6-5.5)	1.7	(0.9-3.0)	2.6	(1.6-4.0)
Geographic Region						
Northwest	2.8	(2.1-3.9)	2.7	(1.8-4.1)	4.8	(3.6-6.3)
Northeast	3.7	(2.7-4.9)	2.8	(1.9-4.0)	3.2	(2.4-4.3)
Metropolitan	3.7	(2.6-5.1)	2.5	(1.7-3.6)	3.8	(2.7-5.3)
Southeast	4.5	(3.3-6.3)	3.3	(2.2-4.8)	5.0	(3.6-6.8)
Southwest	4.3	(3.3-5.7)	3.0	(2.1-4.2)	4.4	(3.3-5.8)

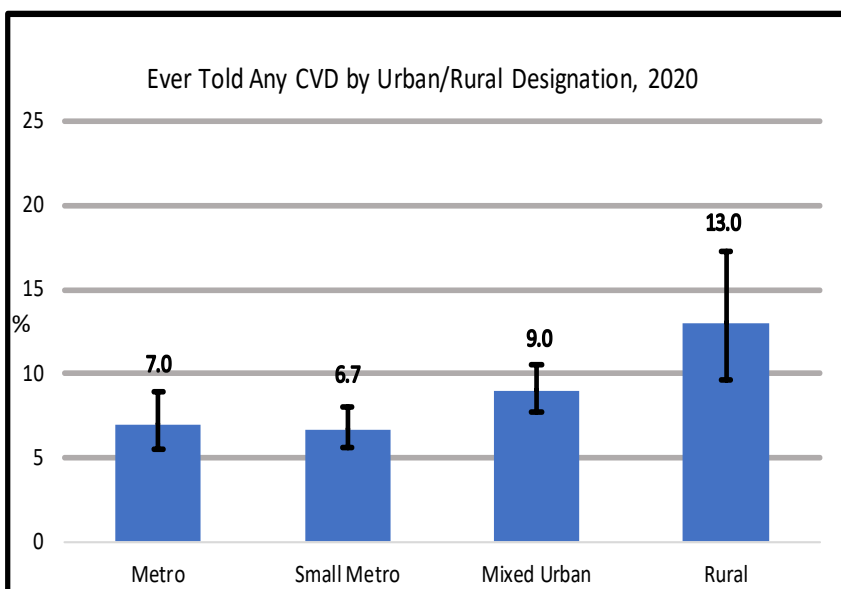
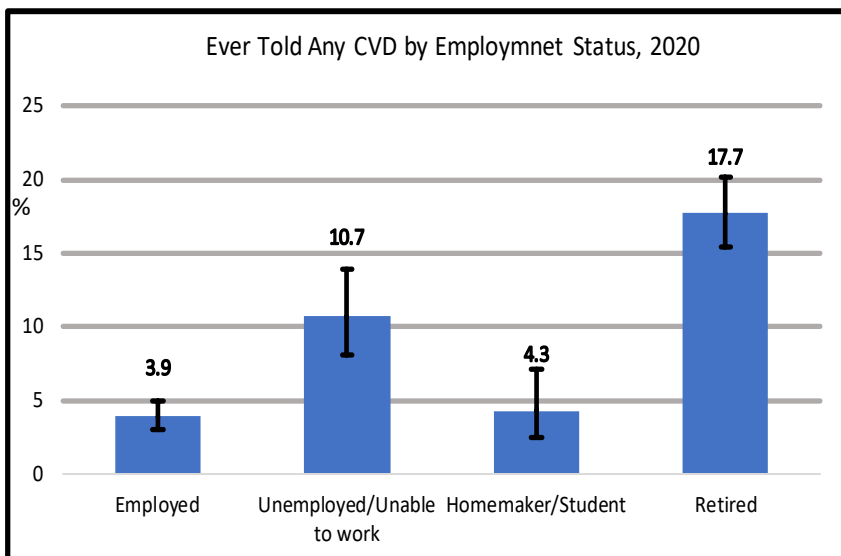
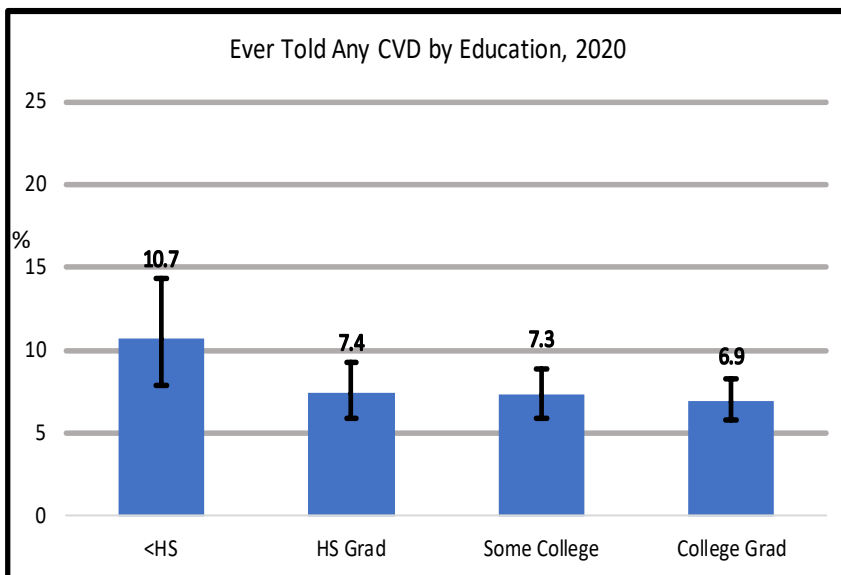
Among all adults, the proportion ever told by a doctor that: ^a they had angina or coronary heart disease, ^b they had a stroke, or ^c they had a heart attack or myocardial infarction.



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.¹²

- Males were more likely than females to have a history of CHD (4.6% vs. 3.1%) and myocardial infarction (5.0% vs. 3.2%), 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 (11.9%) compared to adults who had never smoked (5.0%).



Chronic Obstructive Pulmonary Disease (COPD)

Question:

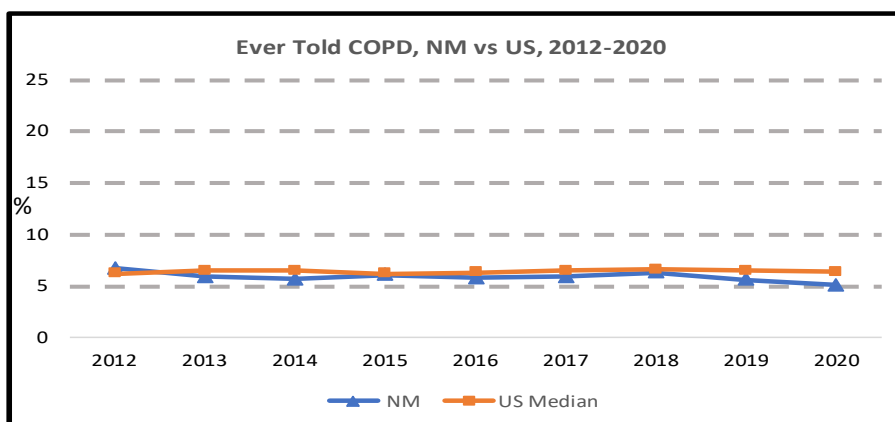
“Have you ever been told by a doctor, nurse or other health professional that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?”

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.¹⁴ Other causes include exposure to smoke caused by burning wood and worksite dusts and chemicals.¹⁵

- In 2020, 5.1% of New Mexico adults had been diagnosed with some form of COPD. This was lower than the U.S. median COPD prevalence, 6.4%.
- There was no measurable difference by gender.
- The difference in the prevalence of COPD by sexual orientation was not statistically significant.
- White adults (7.9%) were more likely to have COPD than AIAN (2.2%) and Hispanic adults (3.1%).
- 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 (3.1%), and those at the lowest income level of less than \$15,000 a year had higher COPD prevalence (9.0%).

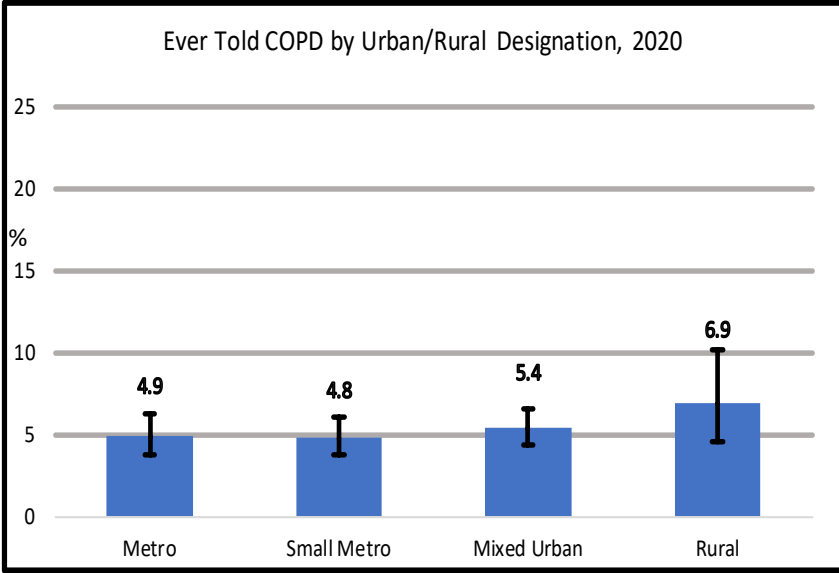
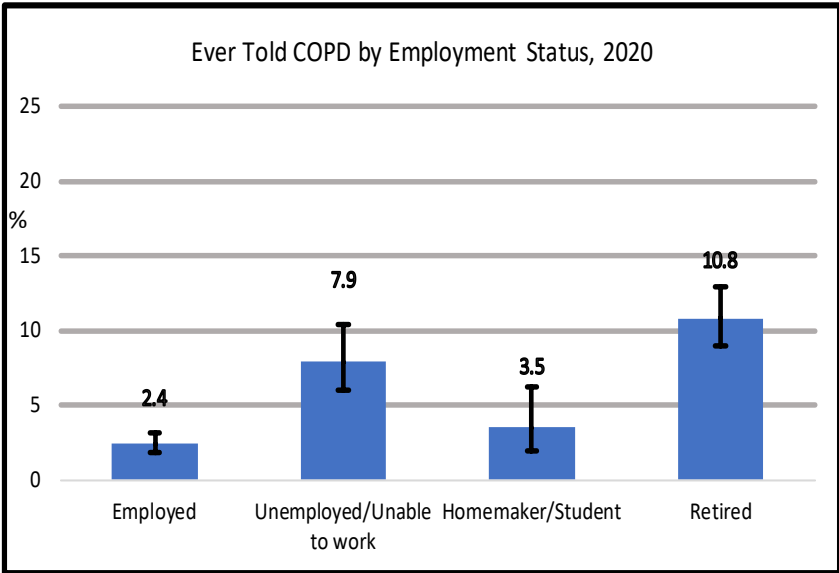
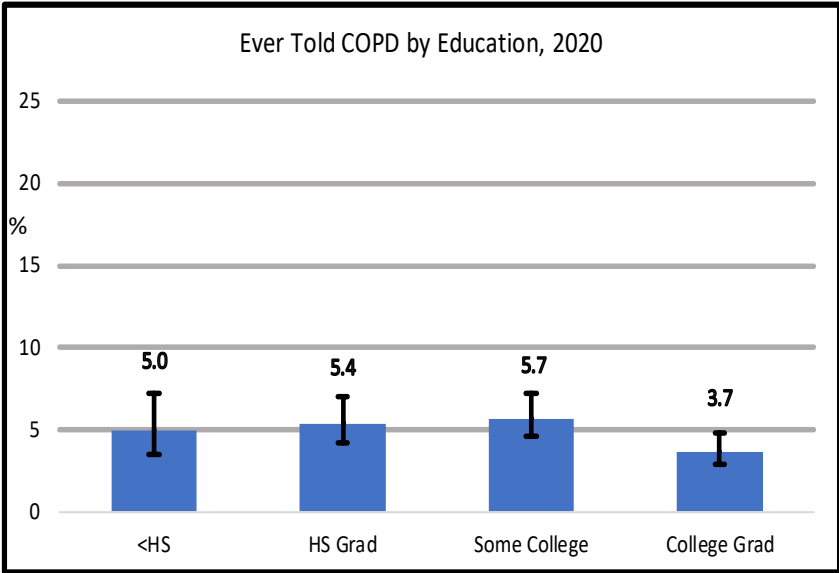
Demographic Characteristics	Ever Told COPD ^a	
	%	(95% Confidence Interval)
Total	5.1	(4.4-5.8)
Age		
18-44	1.4	(0.9-2.3)
45-64	4.9	(3.8-6.2)
65+	12.3	(10.5-14.4)
Gender		
Male	4.6	(3.7-5.7)
Female	5.5	(4.6-6.5)
Race/Ethnicity		
AIAN	2.2	(1.1-4.1)
Asian or NHOPI	2.2	(0.3-12.8)
Black/AA	2.1	(0.6-7.2)
Hispanic	3.1	(2.3-4.0)
White	7.9	(6.7-9.3)
Sexual Orientation		
Straight	5.2	(4.5-6.0)
LGB/Other	3.8	(2.0-7.0)
Household Income		
< \$15,000	9.0	(6.5-12.2)
\$15,000-\$24,999	6.0	(4.6-7.9)
\$25,000-\$49,999	6.3	(4.8-8.4)
\$50,000-\$74,999	3.2	(2.2-4.8)
> \$75,000	3.1	(2.2-4.5)
Geographic Region		
Northwest	4.5	(3.3-6.0)
Northeast	4.7	(3.6-6.1)
Metropolitan	4.8	(3.7-6.1)
Southeast	4.9	(3.6-6.7)
Southwest	6.4	(5.0-8.3)

^aAmong all adults, the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.



Chronic Obstructive Pulmonary Disease (COPD)

- The prevalence of history of COPD was highest in the Southeast region (6.4%) and lowest in the Northwest region (4.5%). This was not statistically significant.
- 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 (9.0%) and former smokers (8.3%) than never smokers (2.8%).
- 44.1% of adults with COPD had fair or poor general health status, versus 13.2% of adults with no history of COPD. 61.6% of those with COPD had at least one disability, versus 26.0% of adults without COPD.



Depression

Questions:

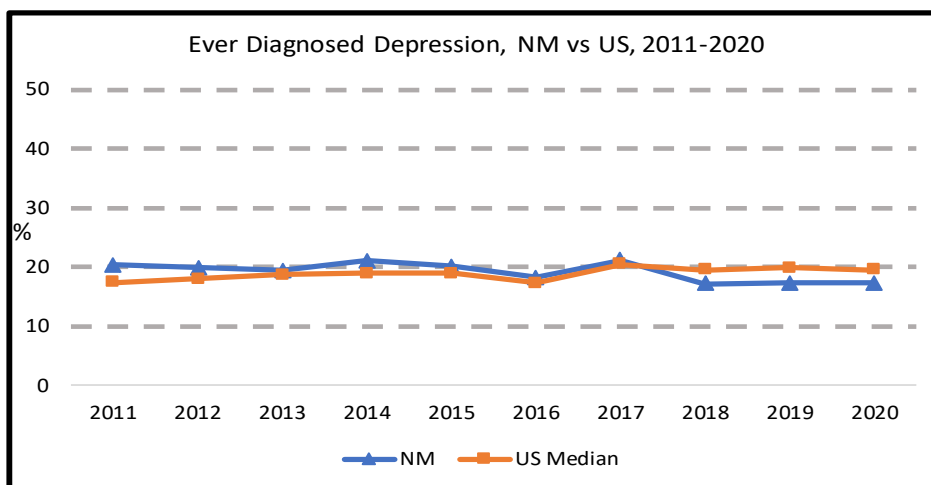
“Have you ever been told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?”

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.¹⁶

- In 2020, 17.6% had a history of depression, meaning they had ever been told they had depression. The prevalence is lower than the U.S. median (19.6%).
- Adults aged 45-64 had a higher prevalence of history of depression (19.1%) than adults over the age of 65 (14.6%).
- Females had a higher prevalence of history of depression (22.3%) than males (12.7%).
- There were no measurable differences by race/ethnicity.
- History of depression was higher among LGB/Other (36.3%), compared to straight adults (16.1%).

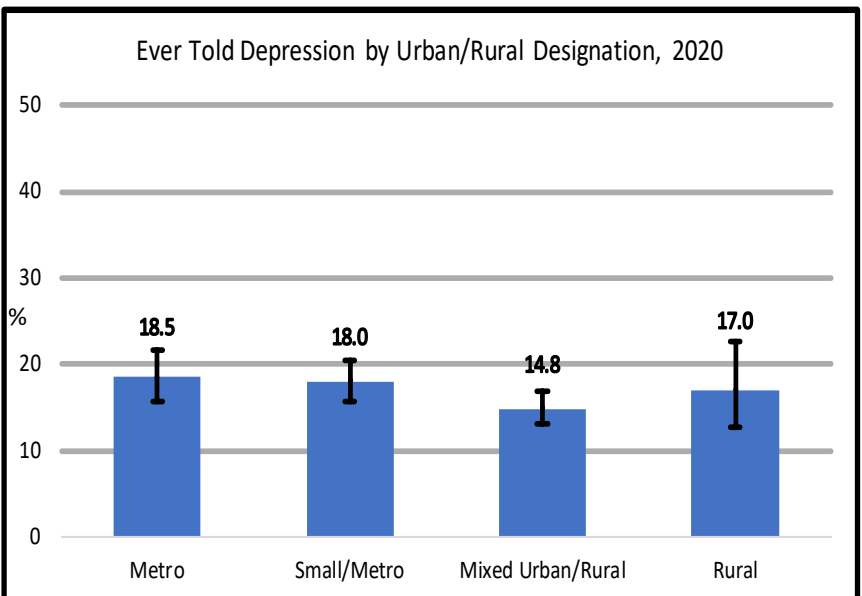
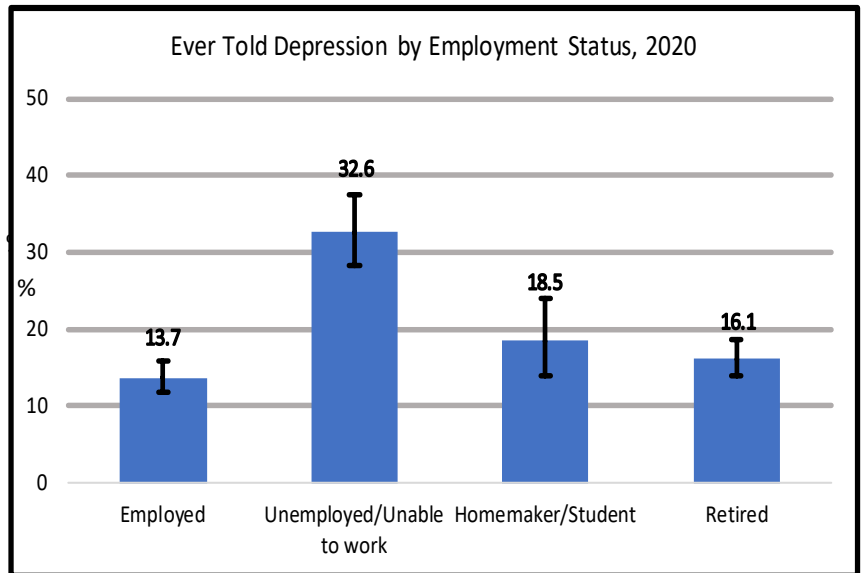
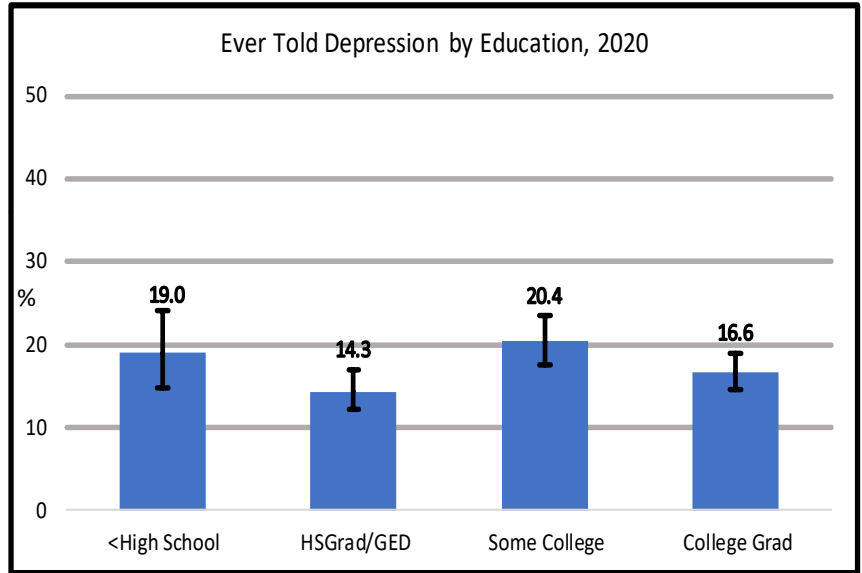
Demographic Characteristics	Ever Told Depression ^a	
	%	(95% Confidence Interval)
Total	17.6	(16.1-19.1)
Age		
18-44	18.2	(15.8-21.0)
45-64	19.1	(16.8-21.7)
65+	14.6	(12.7-16.7)
Gender		
Male	12.7	(10.8-14.8)
Female	22.3	(20.2-24.5)
Race/Ethnicity		
AIAN	13.5	(9.9-18.2)
Asian or NHOPI	8.4	(2.6-24.5)
Black/AA	21.0	(10.5-37.6)
Hispanic	16.1	(14.0-18.6)
White	20.2	(18.1-22.6)
Sexual Orientation		
Straight	16.1	(14.7-17.7)
LGB/Other	36.3	(28.6-44.8)
Household Income		
< \$15,000	30.0	(24.8-35.8)
\$15,000-\$24,999	18.4	(15.2-22.0)
\$25,000-\$49,999	18.2	(14.7-22.4)
\$50,000-\$74,999	12.3	(9.3-16.3)
> \$75,000	15.1	(12.4-18.2)
Geographic Region		
Northwest	14.6	(12.3-17.4)
Northeast	16.4	(14.2-18.9)
Metropolitan	19.3	(16.6-22.3)
Southeast	15.5	(12.8-18.6)
Southwest	17.3	(14.5-20.6)

^aThe proportion reporting ever being told that they had depression by a healthcare professional.



Depression

- There was a gradient in the prevalence of history of depression by level of household income. Of lower income adults, nearly a third (30.0%) had ever been diagnosed with a depressive disorder, decreasing to 15.1% 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.
- Nearly one-third (32.6%) of adults who were unable to work or unemployed had a history of diagnosed depression. 13.7% of adults who were employed had ever been diagnosed.



Diabetes

Question:

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

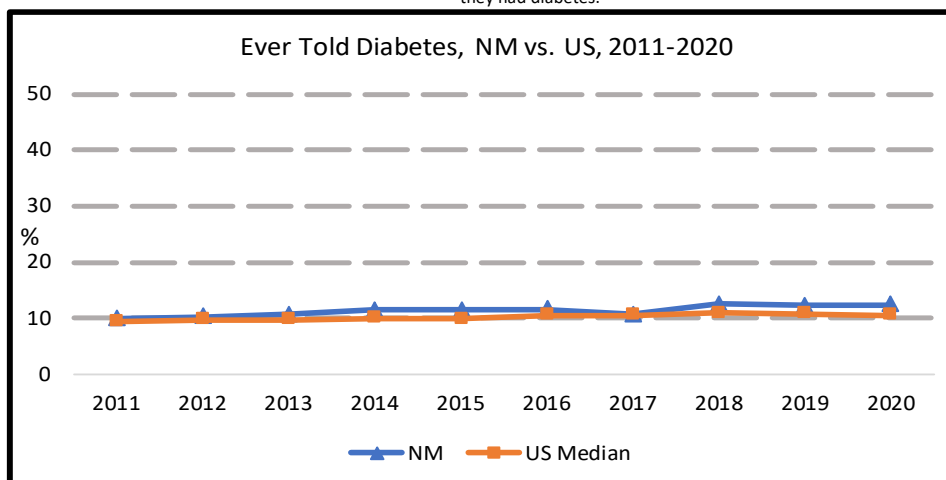
Diabetes Mellitus (DM) is a group of diseases characterized by high levels of blood glucose resulting from insufficient insulin production, insufficient insulin action, or both. Diabetes can be associated with serious complications including cardiovascular disease, end-stage renal disease, blindness, amputation, and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.¹⁷

- In 2020, the percentage of adults in New Mexico with diagnosed diabetes was 12.4%. The NM rate was higher than the U.S. rate (10.6%). The prevalence of diagnosed diabetes has increased in recent years, both in NM and nationally.
- Diagnosed diabetes was higher among AIAN (15.8%) than among White adults (9.2%).
- There was no statistically significant difference in diabetes prevalence by gender.
- Adults with lower incomes were more likely to have been diagnosed with diabetes, 18.2% for adults with the lowest income category and 8.0% for adults with the highest income category.
- In NM, adults in the Northwest region (15.8%) were more likely to have been diagnosed with diabetes while adults in the Northeast region had the lowest (10.9%).

Ever Told Diabetes^a

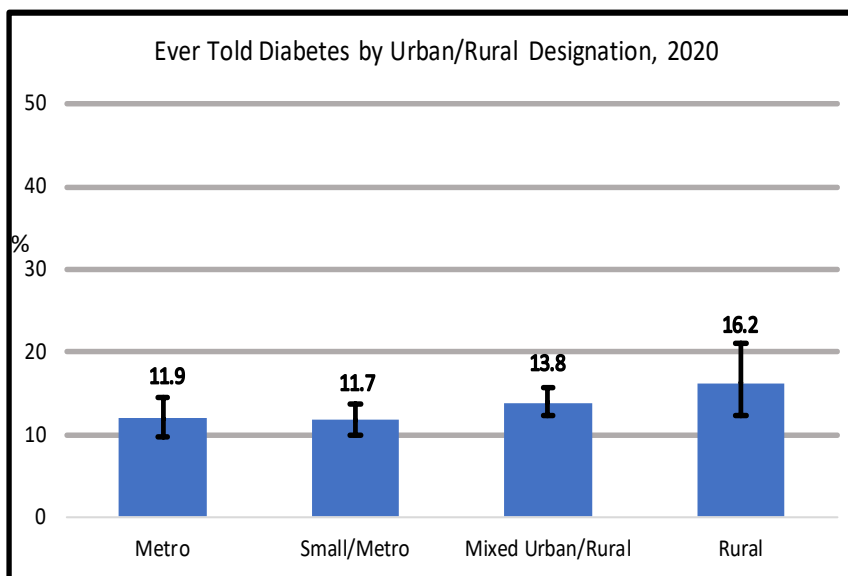
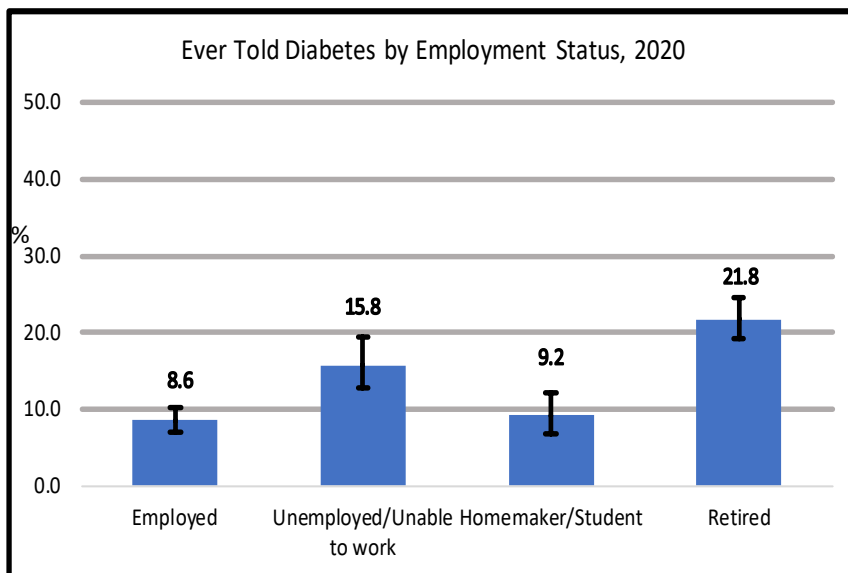
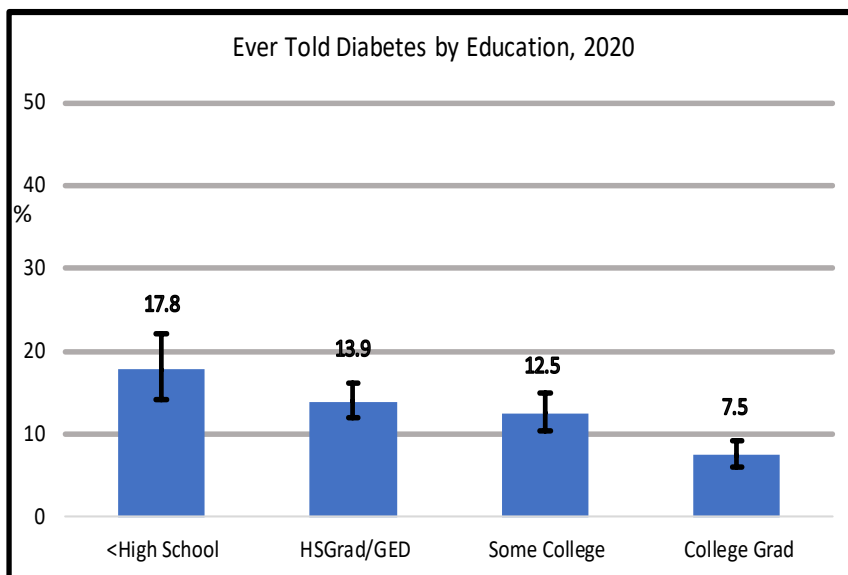
Demographic Characteristics	%	(95% Confidence Interval)
Total	12.4	(11.3-13.7)
Age		
18-44	4.5	(3.2-6.1)
45-64	15.5	(13.3-18.0)
65+	23.7	(21.1-26.4)
Gender		
Male	13.2	(11.4-15.3)
Female	11.7	(10.3-13.2)
Race/Ethnicity		
AIAN	15.8	(12.3-20.2)
Asian or NHOPI	2.3	(0.6-8.5)
Black/AA	9.8	(4.6-19.7)
Hispanic	14.9	(13.0-17.1)
White	9.2	(7.9-10.8)
Sexual Orientation		
Straight	12.9	(11.7-14.3)
LGB/Other	7.5	(4.6-12.0)
Household Income		
< \$15,000	18.2	(14.5-22.6)
\$15,000-\$24,999	12.9	(10.5-15.7)
\$25,000-\$49,999	12.6	(9.9-15.9)
\$50,000-\$74,999	11.8	(9.0-15.4)
> \$75,000	8.0	(6.2-10.3)
Geographic Region		
Northwest	15.8	(13.4-18.6)
Northeast	10.9	(9.2-12.9)
Metropolitan	11.8	(9.7-14.2)
Southeast	12.6	(10.4-15.3)
Southwest	13.3	(11.2-15.8)

^aAmong all adults, the proportion reporting that they were ever told by a doctor that they had diabetes.



Diabetes

- New Mexico adults with less education were more likely to be diagnosed with diabetes; adults with less than a high school education (17.8%) had a higher prevalence than adults with a college graduate education (7.5%).
- In 2020, the prevalence of diagnosed diabetes was much higher among adults who were unemployed/unable to work (15.8%) and among retired adults (21.8%) than employed adults (8.6%) and homemaker/student adults (9.2%).
- There 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 a third of adults (36.0%) with diagnosed diabetes had fair or poor general health status, compared to 11.9% of adults with diagnosed diabetes.
- Nearly half (47.3%) of adults with diagnosed diabetes had a disability, compared to 25.1% of those without diagnosed diabetes.



Alcohol Consumption

Question:

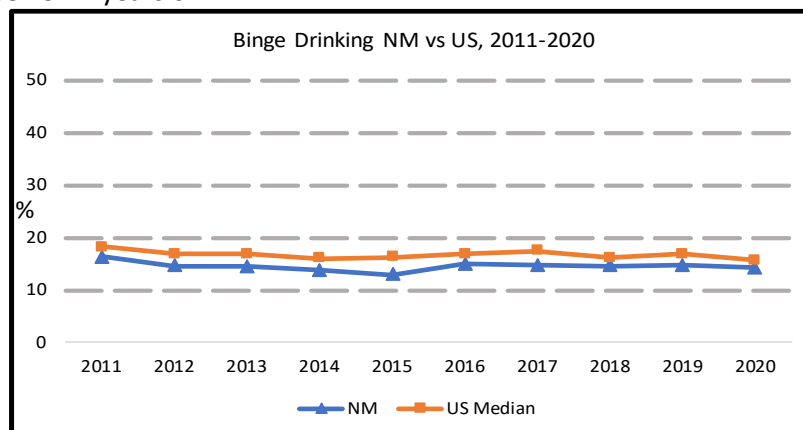
“Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (women) drinks on a single occasion?”

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 2020, the prevalence of binge drinking was 14.2%, lower than the U.S. median of 15.7%. 6.7% 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 21.5% in those 18-44 years of age to 3.5% in those 65+.
- Heavy drinking was more evenly distributed across age groups.

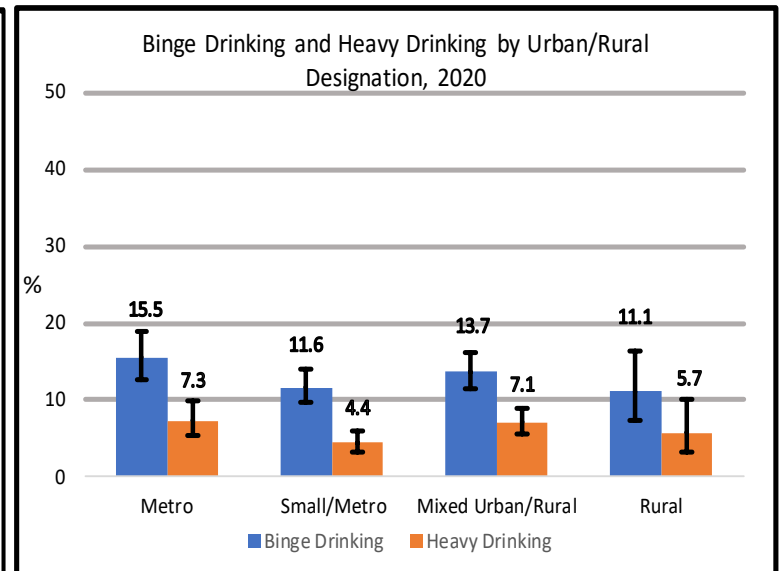
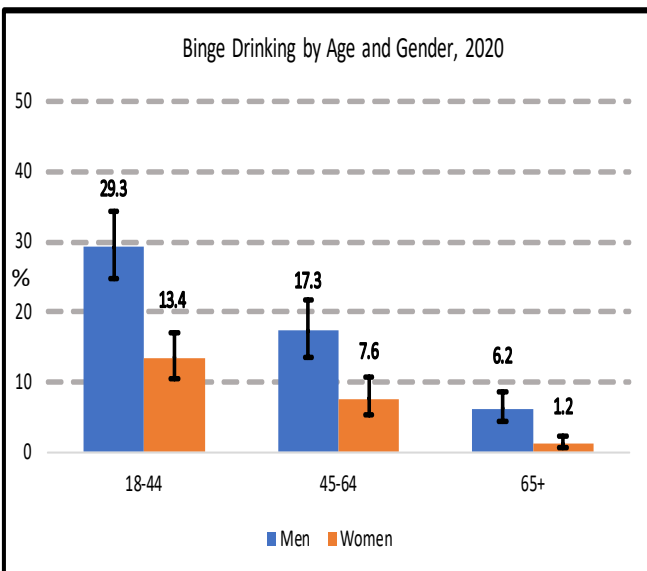
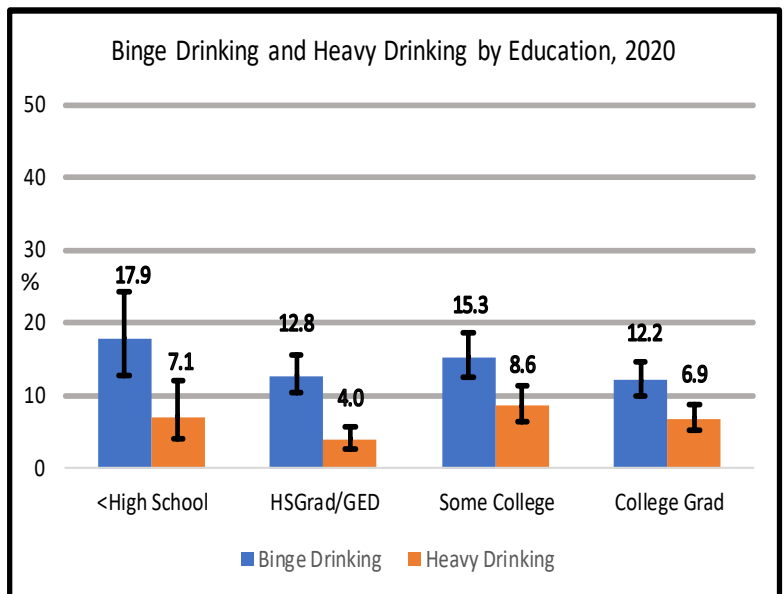
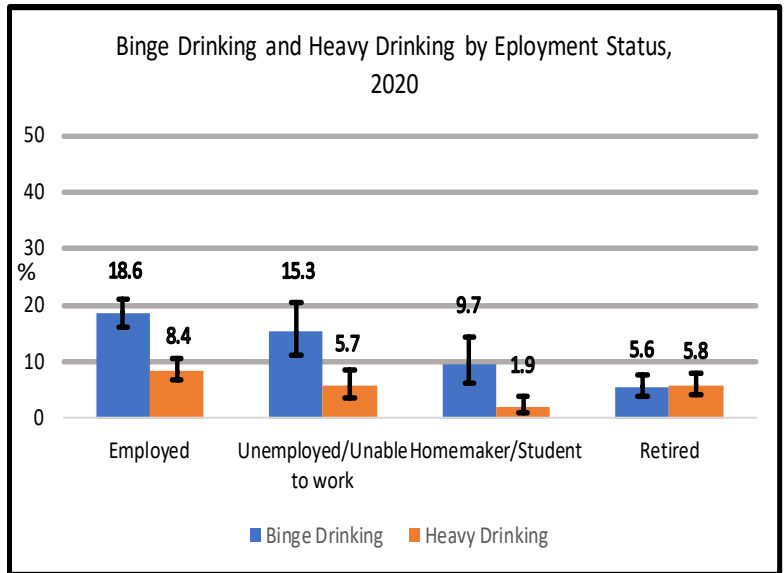
Demographic Characteristics	Binge Drinking ^a		Heavy Drinking ^b	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	14.2	(12.7-15.9)	6.7	(5.6-7.9)
Age				
18-44	21.5	(18.6-24.7)	8.4	(6.5-11.0)
45-64	12.3	(10.0-14.9)	6.5	(5.0-8.3)
65+	3.5	(2.6-4.7)	3.9	(2.9-5.2)
Gender				
Male	20.4	(17.8-23.3)	9.1	(7.2-11.3)
Female	8.4	(6.9-10.2)	4.4	(3.5-5.7)
Race/Ethnicity				
AIAN	16.3	(11.7-22.2)	6.1	(3.3-11.1)
Asian or NHOPI	1.0	(0.1-7.0)	1.9	(0.4-7.5)
Black/AA	15.1	(5.8-34.0)	11.0	(3.2-31.3)
Hispanic	16.4	(13.9-19.4)	6.2	(4.6-8.3)
White	11.9	(9.9-14.1)	7.5	(6.0-9.3)
Sexual Orientation				
Straight	13.4	(11.9-15.2)	6.3	(5.2-7.6)
LGB/Other	17.9	(11.7-26.3)	7.8	(4.3-13.7)
Household Income				
< \$15,000	14.0	(9.1-20.9)	6.6	(3.7-11.7)
\$15,000-\$24,999	16.2	(12.6-20.6)	6.1	(3.9-9.2)
\$25,000-\$49,999	15.1	(11.6-19.4)	7.4	(5.0-11.0)
\$50,000-\$74,999	15.7	(12.0-20.2)	9.5	(6.6-13.6)
> \$75,000	14.9	(12.2-18.1)	6.5	(4.8-8.6)
Geographic Region				
Northwest	12.9	(10.0-16.4)	4.7	(3.3-6.7)
Northeast	10.9	(8.8-13.4)	5.2	(3.8-7.2)
Metropolitan	16.0	(13.2-19.4)	7.5	(5.6-10.1)
Southeast	12.8	(10.1-16.1)	7.7	(5.6-10.5)
Southwest	14.2	(11.3-17.7)	6.2	(4.3-8.7)

^aAmong 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 ^breporting consuming seven or more drinks per week.



Alcohol Consumption

- Binge drinking was significantly higher among adult males (20.4%) than among adult females (8.4%).
- 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 (18.6%) than retired adults (5.6%).
- There was no measurable difference for binge drinking by Urban/Rural county designation.



Immunizations Among Adults 65+

Question:

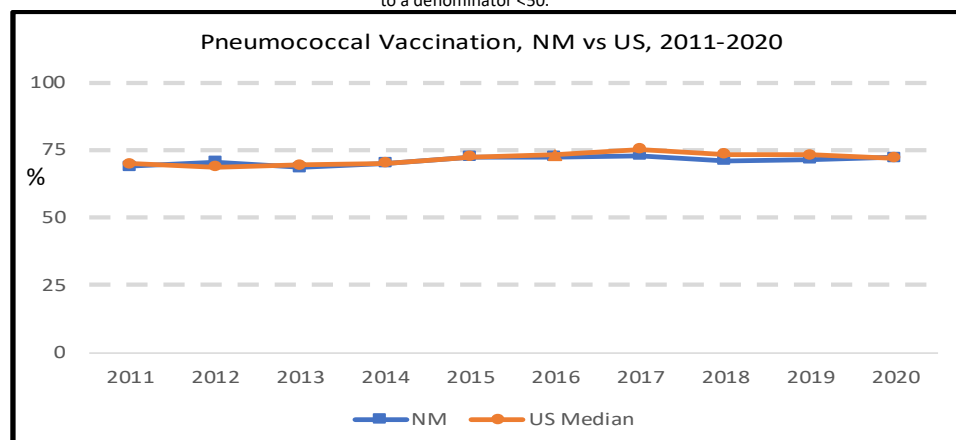
“During the past 12 months have you had either a flu shot or flu vaccine?
Have you ever had a pneumonia shot?”

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 2020, 64.4% of New Mexico adults 65 and older received a flu vaccine and 72.4% have ever had a pneumonia shot.
- Pneumococcal vaccination was similar to the national estimates (72.2%).
- 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.
- There was no measurable difference by Geographic Region for either immunization.

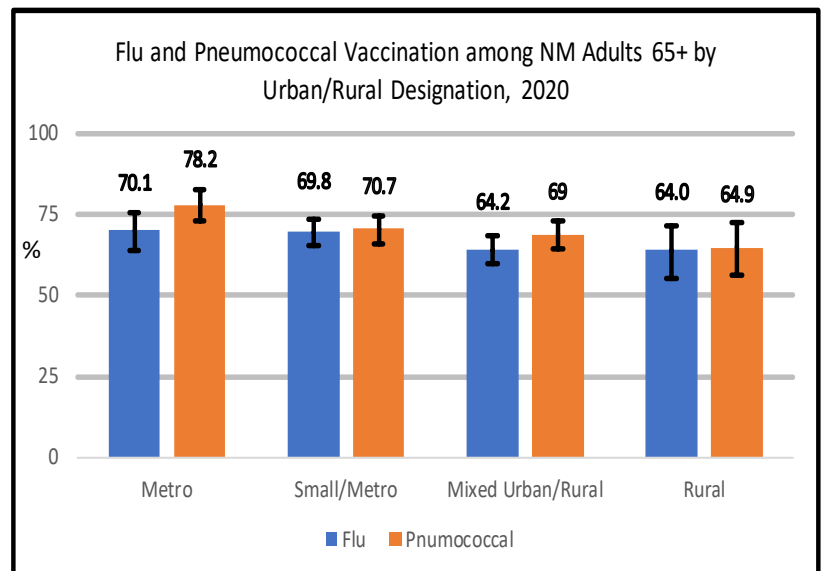
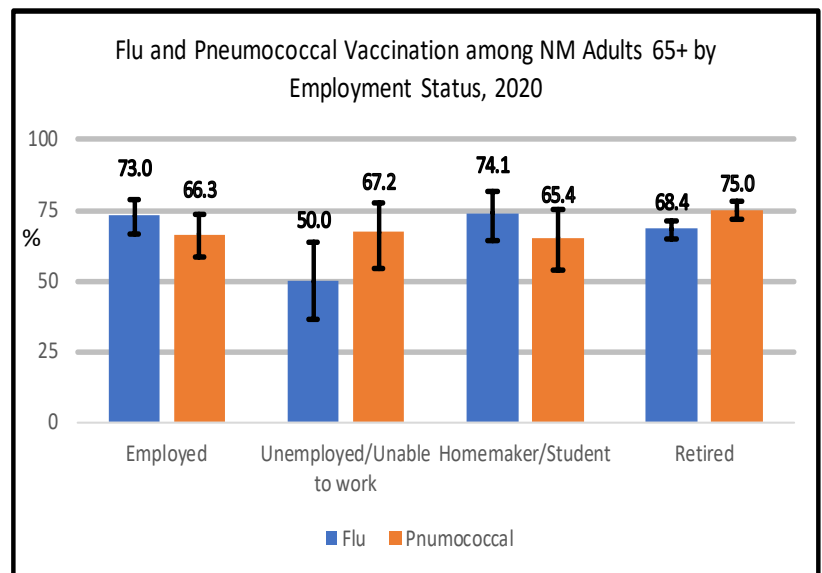
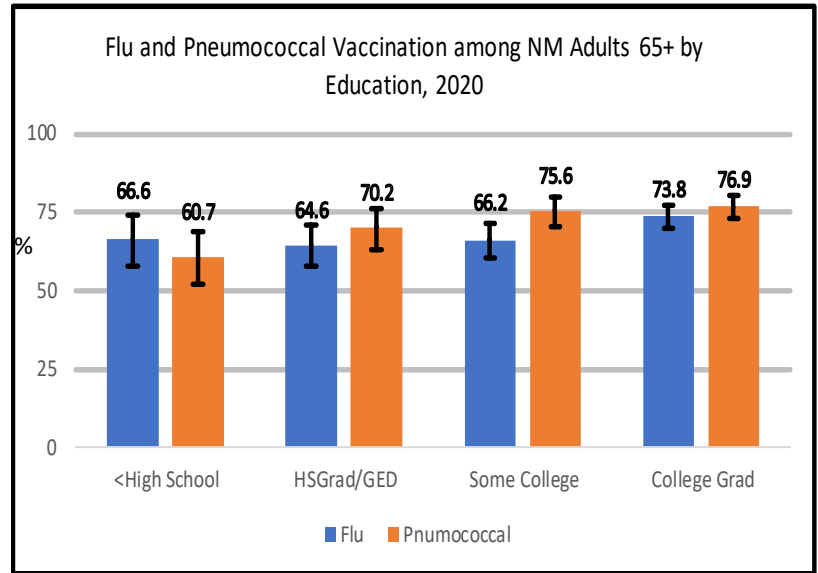
Demographic Characteristics	Flu Vaccine ^a		Pneumonia Vaccine ^b	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	68.1	(65.2-70.8)	72.4	(69.5-75.1)
Age				
65-74	67.1	(63.1-70.9)	68.2	(64.1-72.0)
75+	69.6	(65.5-73.4)	78.8	(75.0-82.1)
Gender				
Male	67.3	(62.6-71.7)	71.0	(66.6-75.0)
Female	68.7	(65.0-72.1)	73.5	(69.7-77.0)
Race/Ethnicity				
AIAN	73.6	(52.8-87.4)	67.2	(46.6-82.8)
Asian or NHOPI	**	**	**	**
Black/AA	**	**	**	**
Hispanic	67.5	(62.0-72.5)	68.4	(62.8-73.4)
White	67.3	(63.8-70.5)	75.5	(72.3-78.4)
Sexual Orientation				
Straight	67.8	(64.7-70.7)	73.2	(70.3-75.8)
LGB/Other	74.0	(59.4-84.6)	79.8	(64.0-89.8)
Household Income				
< \$15,000	63.3	(51.2-73.9)	73.1	(63.8-80.8)
\$15,000-\$24,999	66.2	(59.4-72.4)	65.6	(58.8-71.8)
\$25,000-\$49,999	62.8	(56.2-69.0)	72.1	(65.8-77.7)
\$50,000-\$74,999	76.1	(68.9-82.0)	79.9	(72.7-85.6)
> \$75,000	77.1	(71.4-82.0)	78.7	(72.8-83.6)
Geographic Region				
Northwest	65.8	(59.8-71.3)	66.7	(60.3-72.6)
Northeast	70.4	(65.8-74.6)	70.7	(65.8-75.2)
Metropolitan	70.7	(64.9-75.9)	77.1	(71.4-82.0)
Southeast	63.4	(56.9-69.4)	67.2	(60.5-73.3)
Southwest	63.9	(58.2-69.2)	69.0	(63.3-74.2)

^aAmong 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. ^bAmong 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 ever having the pneumonia vaccine (64.9%) compared to adults over 65 years of age who reside in metropolitan counties(78.2%).



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?”

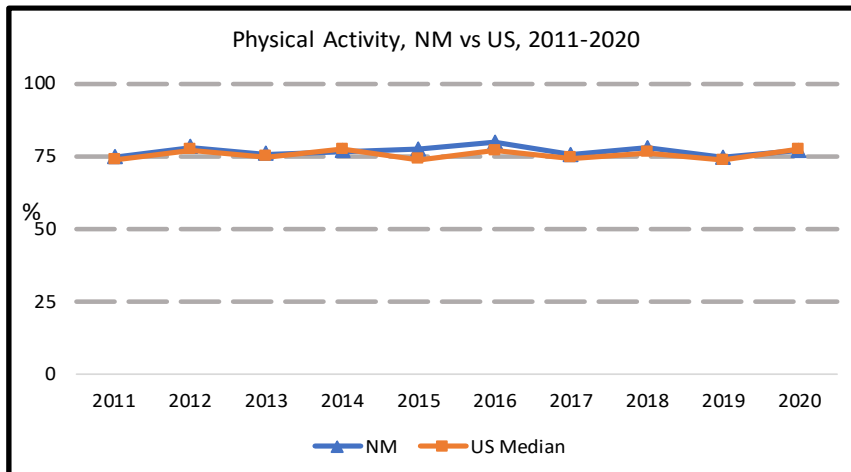
Among the health benefits of regular physical activity are reduced risk of coronary heart disease, lower heart rate and blood pressure, reduced weight, lower serum triglyceride levels, increased “good” cholesterol, reduced risk of osteoporosis, boosting of immune function, beneficial effect on clotting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

- In New Mexico, 77.0% of adults reported participating in any form of leisure-time physical activity. This percentage was similar to the U.S. median (77.5%).
- Adults 18-44 were significantly more likely to participate in any form of leisure-time physical activity (79.6%) than adults over 65 years of age (71.3%).
- Adults males (78.9%) were more likely to have some form of leisure-time physical activity than were females (75.2%). This difference was not statistically significant.
- White adults (82.3%) were more likely to have some form of leisure time physical activity than Hispanic adults (72.4) and AIAN adults (73.6%).

Leisure-Time Physical Activity^a

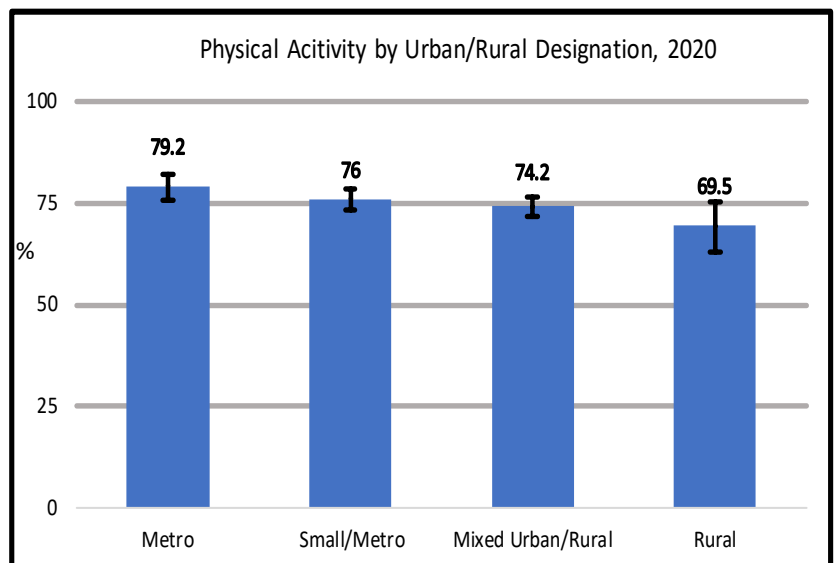
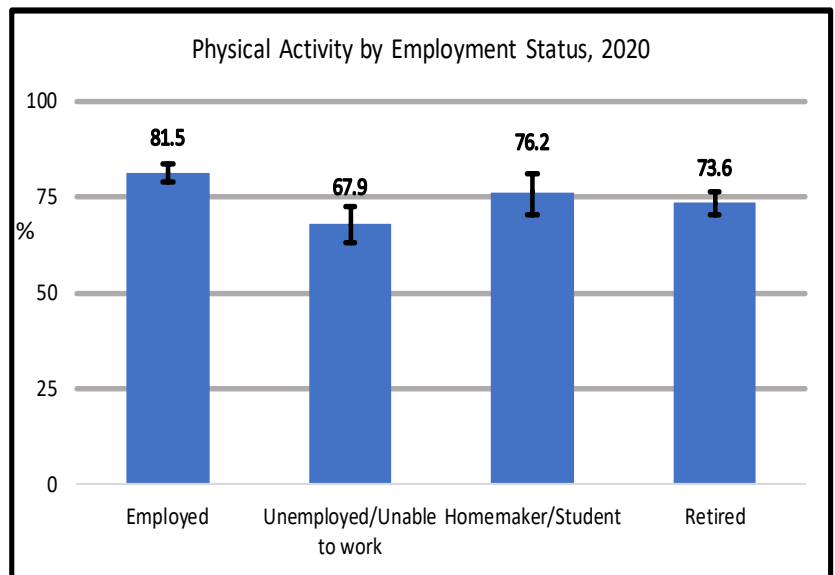
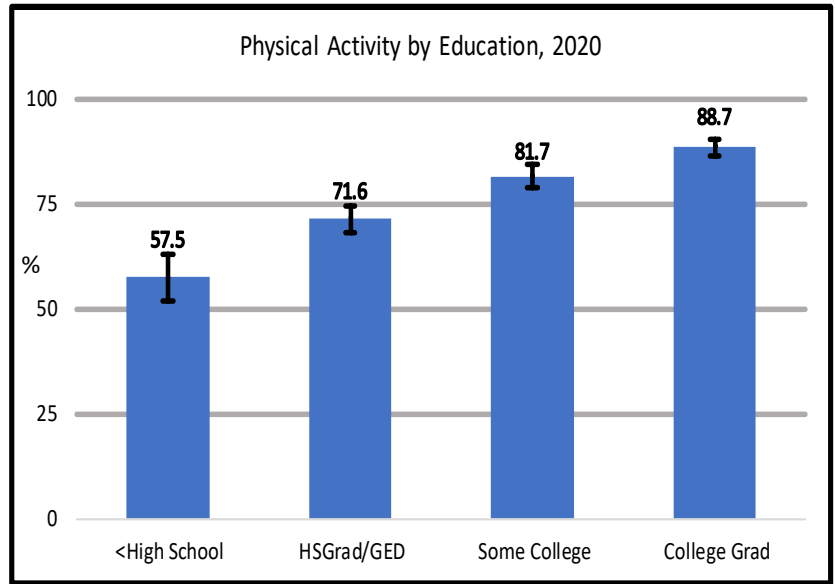
Demographic Characteristics	%	(95% Confidence Interval)
Total	77.0	(75.3-78.6)
Age		
18-44	79.6	(76.6-82.2)
45-64	77.4	(74.6-79.9)
65+	71.3	(68.3-74.0)
Gender		
Male	78.9	(76.4-81.1)
Female	75.2	(72.7-77.4)
Race/Ethnicity		
AIAN	73.6	(67.3-79.0)
Asian or NHOPI	87.0	(65.5-95.9)
Black/AA	82.4	(67.6-91.3)
Hispanic	72.4	(69.5-75.1)
White	82.3	(80.3-84.2)
Sexual Orientation		
Straight	76.2	(74.4-77.9)
LGB/Other	84.3	(77.7-89.2)
Household Income		
< \$15,000	61.6	(55.1-67.6)
\$15,000-\$24,999	67.1	(62.8-71.1)
\$25,000-\$49,999	78.9	(74.8-82.5)
\$50,000-\$74,999	82.8	(78.7-86.2)
> \$75,000	91.5	(89.5-93.1)
Geographic Region		
Northwest	75.8	(72.3-78.9)
Northeast	78.3	(75.3-80.9)
Metropolitan	79.4	(76.1-82.3)
Southeast	70.9	(67.0-74.5)
Southwest	75.1	(71.5-78.4)

^aAmong 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.



Leisure-Time Physical Activity

- There difference in leisure-time physical activity between LGB/Other adults (84.3%) and straight adults (76.2%) was not statistically significant.
- There was a gradient in leisure-time physical activity by level of education and by annual household income. 57.5% of adults with less than a high school education engaged in leisure-time physical activity, compared to 88.7% of those with a college education. Similarly, 61.6% of adults living in households with annual income of less than \$15,000 engaged in leisure-time physical activity, compared to 91.5% 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 (67.9%). Employed adults had the highest rate of leisure-time physical activity at 81.5%.
- Adults residing in the Southeast region (70.9%) were less likely to have engaged in leisure-time physical activity than those residing in the Metropolitan area (79.4%).
- Adults who engaged in leisure-time physical activity were less likely to have fair or poor general health status (11.4% vs. 26.5%), diabetes (10.8% vs. 17.7%), any cardiovascular disease (7.0% vs. 10.1%), or to be obese (29.1% vs. 37.1%).



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?”

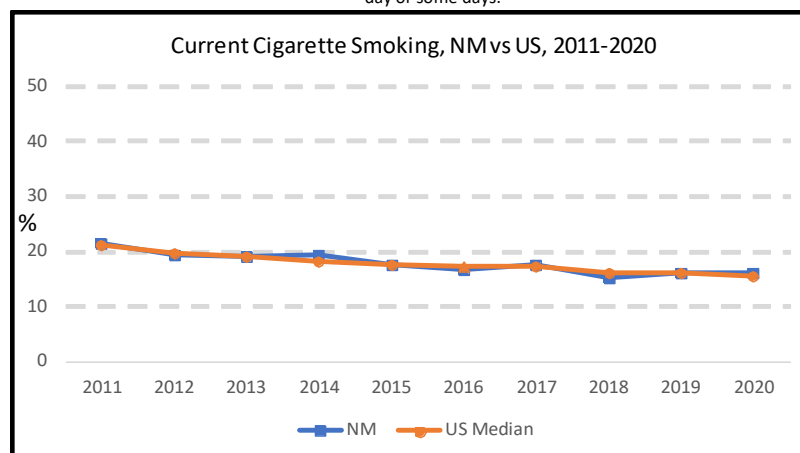
Smoking cigarettes harms nearly every organ of the body. It causes about 85% of deaths from lung cancer and chronic obstructive pulmonary disease. Smokers are 2 to 4 times more likely to have coronary heart disease and stroke.²¹ An estimated 42,000 New Mexicans suffer from chronic smoking-related illnesses 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 2020, 16.1% of New Mexico adults were current smokers. This was slightly higher than the U.S. median prevalence (15.5%).
- The prevalence of current smoking decreases significantly with age. Adults 18-44 were the most likely to be current smokers (18.6%) and adults 65+ were least likely (10.7%).
- Males (19.0%) reported a significantly higher prevalence of current smoking than females (13.2%).
- AIAN adults (9.6%) had a lower prevalence of current smoking compared to Hispanic and White adults.
- LGB/Other adults had significantly higher prevalence of current smoking (19.1%) than straight adults (15.5%). This was not significant.
- Over the past ten years the prevalence of current smoking has decreased by over 25% in New Mexico and nationally.

Current Smoking^a

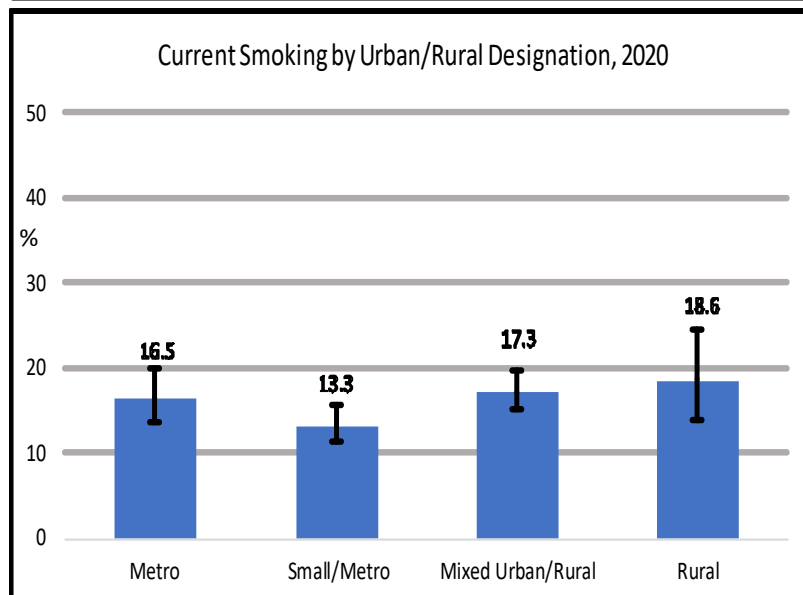
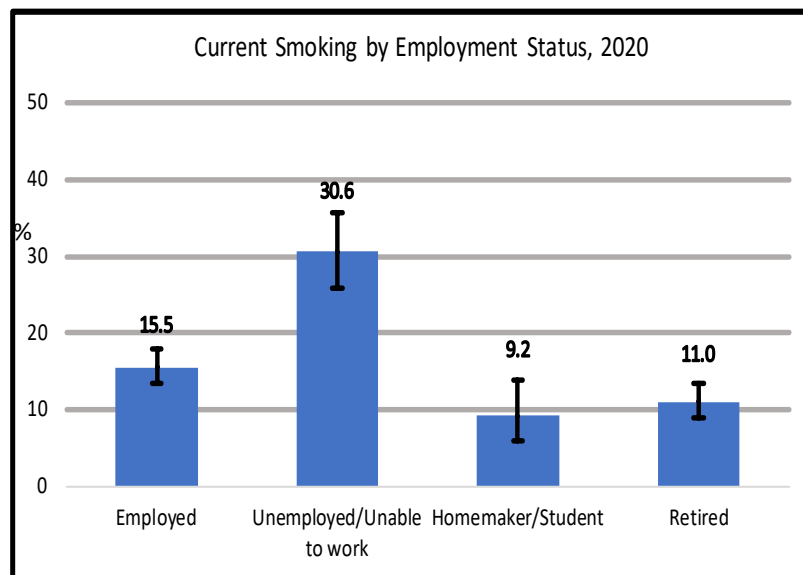
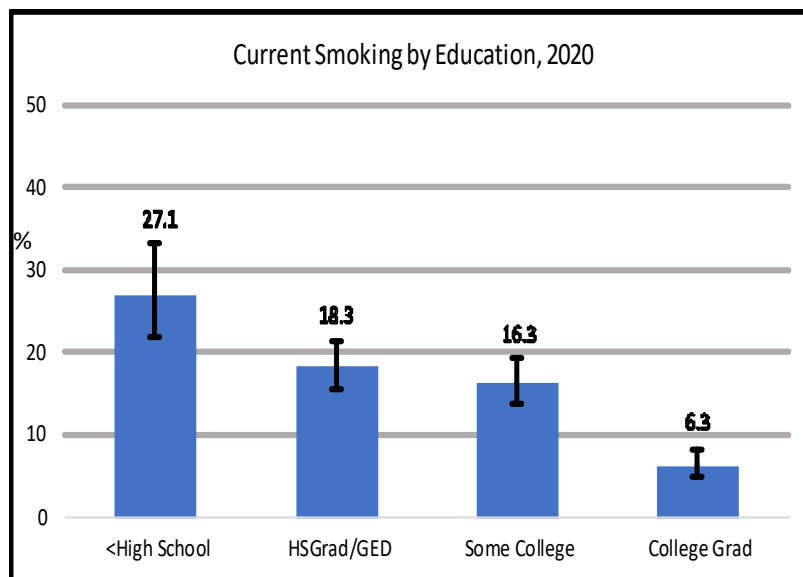
Demographic Characteristics	%	(95% Confidence Interval)
Total	16.1	(14.6-17.7)
Age		
18-44	18.6	(16.0-21.5)
45-64	16.6	(14.2-19.3)
65+	10.7	(8.8-13.0)
Gender		
Male	19.0	(16.7-21.6)
Female	13.2	(11.4-15.3)
Race/Ethnicity		
AIAN	9.6	(6.6-13.6)
Asian or NHOPI	11.3	(2.9-35.4)
Black/AA	26.0	(13.7-43.8)
Hispanic	17.1	(14.6-19.8)
White	15.8	(13.8-18.1)
Sexual Orientation		
Straight	15.5	(14.0-17.3)
LGB/Other	19.1	(13.2-26.8)
Household Income		
< \$15,000	27.3	(21.9-33.6)
\$15,000-\$24,999	23.1	(19.5-27.2)
\$25,000-\$49,999	17.0	(13.4-21.4)
\$50,000-\$74,999	13.2	(9.8-17.5)
> \$75,000	9.3	(7.0-12.3)
Geographic Region		
Northwest	15.2	(12.4-18.5)
Northeast	12.1	(10.0-14.5)
Metropolitan	16.4	(13.7-19.6)
Southeast	18.9	(15.8-22.4)
Southwest	16.8	(13.9-20.2)

^aAmong 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.



Current Cigarette Smoking

- The HP 2020 target for current smoking among adults was 12.0%.⁵ New Mexico missed the goal by 4.1 percentage points.
- The prevalence of current cigarette smoking was highest among New Mexico adults with the lowest level of household income (27.3%) and lowest among adults with the highest level of household income (9.3%).
- The Southeast Region (18.9%) had the highest prevalence of current smoking while the Northeast region (12.1%) had the lowest.
- The prevalence of current cigarette smoking was highest among adults with less than a high school education (27.1%) and lowest among college graduates (6.3%).
- The prevalence of current smoking was higher among unemployed/unable to work adults (30.6%) than all other categories of employment status, most notably retired adults (11.0%).
- There was no measurable difference in the prevalence of current smoking by Urban/Rural county designation.
- 57.6% of adults who smoked tried to quit at least once in the past year.
- 25.2% of adults are former smokers, and 58.7% of adults have never smoked cigarettes.
- Current smokers were more likely to have a disability (38.3% vs 25.8%); to describe their general health as Fair or Poor (20.7% vs 13.8%); to have been diagnosed with COPD, emphysema, or chronic bronchitis (9.8% vs 4.4%), or to be unable to work (12.8% vs 5.8%).



Current E-Cigarette Use

Question:

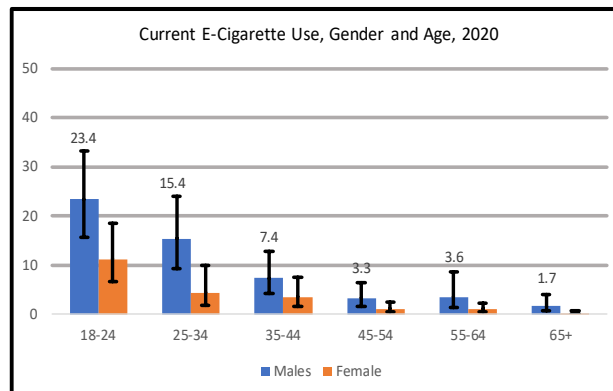
“Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?”

Recent outbreaks of lung injury among e-cigarette users suggest that e-cigarettes are not safe for youth, pregnant women, or adults who do not use tobacco products. E-cigarettes may potentially aid in smoking cessation when used by adult smokers who are not pregnant, if used as a complete substitute for regular cigarettes and other smoked tobacco products. More surveillance and research is being done to help understand the long-term health effects of e-cigarette use.²⁴

- In 2020, 5.6% of New Mexico adults were current e-cigarette users. This was slightly higher than the 2017 prevalence in New Mexico (4.9%).
- The prevalence of current e-cigarette use decreases significantly with age. Adults 18-44 were the most likely to be current e-cigarette users (10.5%) and adults 65+ were least likely (0.9%).
- Males (8.4%) reported a higher prevalence of current e-cigarette use than females (2.9%).
- There was no significant difference by race/ethnicity.
- LGB/Other adults had a higher prevalence of current e-cigarette use (13.8%) than straight adults (5.1%).

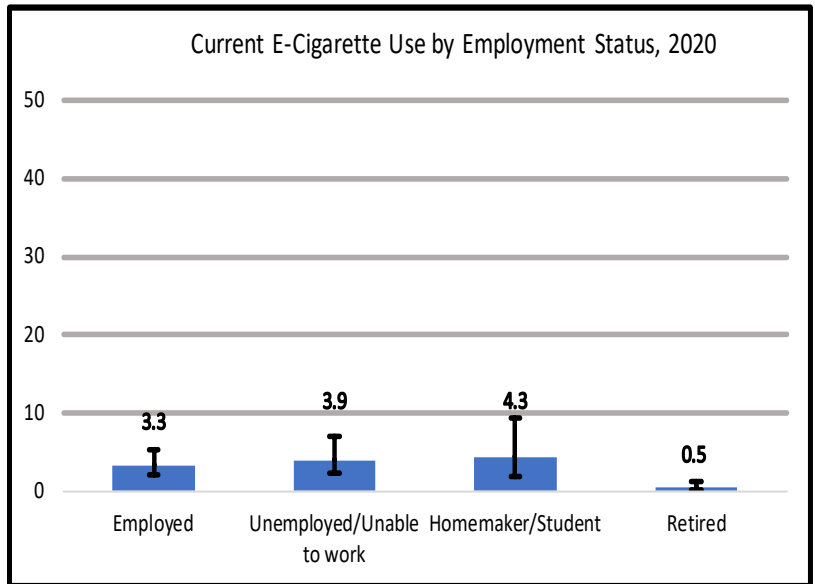
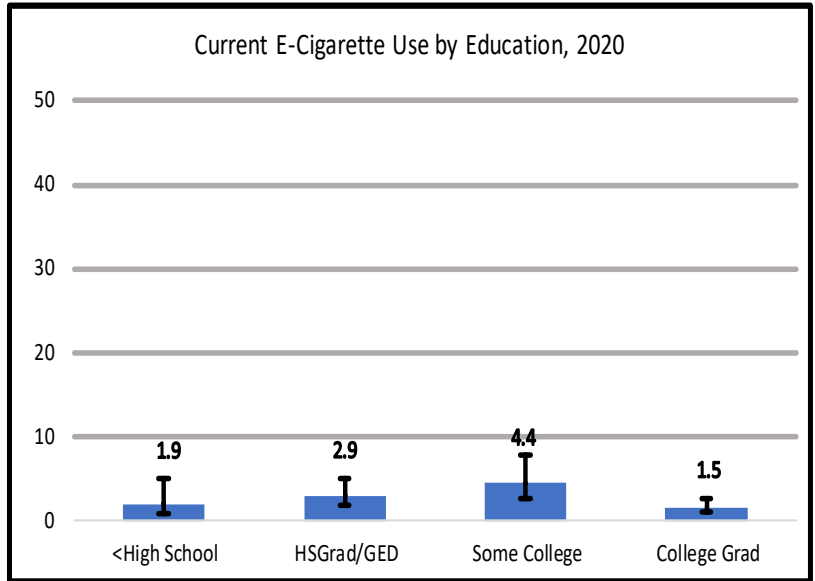
Demographic Characteristics	Current E-cigarette Use ^a	
	%	(95% Confidence Interval)
Total	5.6	(4.5-6.8)
Age		
18-44	10.5	(8.3-13.1)
45-64	2.3	(1.5-3.6)
65+	0.9	(0.4-1.9)
Gender		
Male	8.4	(6.6-10.7)
Female	2.9	(2.1-4.1)
Race/Ethnicity		
AIAN	3.4	(1.8-6.3)
Asian or NHOPI	**	**
Black/AA	1.9	(0.3-12.5)
Hispanic	7.2	(5.4-9.5)
White	4.5	(3.3-6.0)
Sexual Orientation		
Straight	5.1	(4.1-6.4)
LGB/Other	13.8	(8.4-21.7)
Household Income		
< \$15,000	3.9	(2.1-7.2)
\$15,000-\$24,999	5.9	(3.7-9.2)
\$25,000-\$49,999	6.7	(4.2-10.6)
\$50,000-\$74,999	6.1	(3.7-9.9)
> \$75,000	4.3	(2.7-6.9)
Geographic Region		
Northwest	5.1	(3.6-7.2)
Northeast	5.6	(4.0-7.9)
Metropolitan	5.6	(3.8-8.2)
Southeast	5.1	(3.3-7.7)
Southwest	6.2	(4.0-9.4)

^aAmong all adults, the proportion who reported that they now use e-cigarettes or other electronic vaping products every day or some days. ** Suppressed due to a denominator <50.

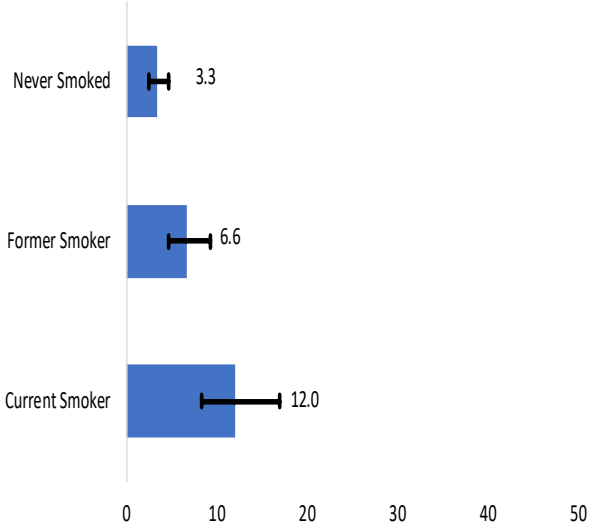


Current E-Cigarette Use

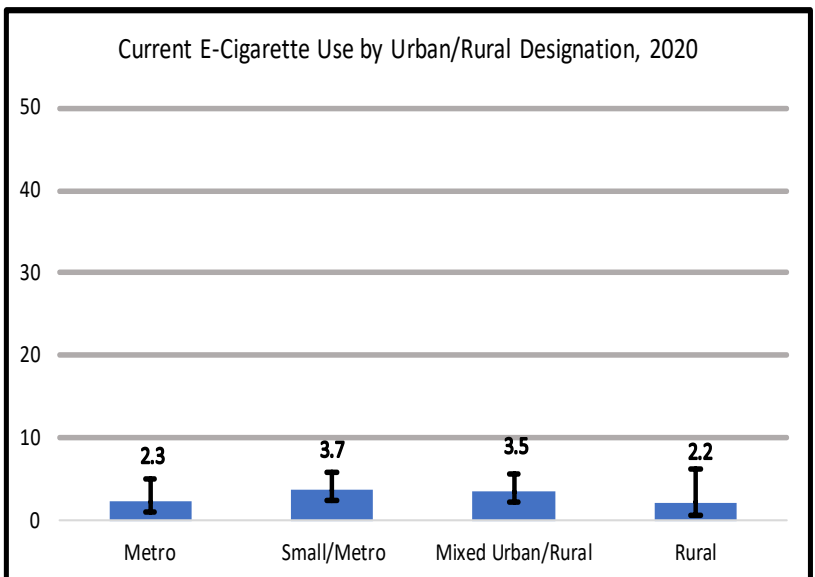
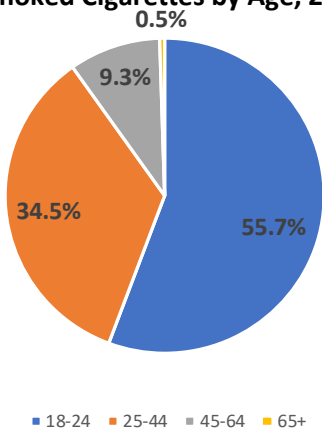
- There was no measurable difference by income or education for current e-cigarette use.
- Adults who were retired had a much lower prevalence of current e-cigarette use than all other adults by employment status.
- There was no measurable difference by urban/rural county designation.
- The prevalence of current e-cigarette use was higher among current smokers (12.0%) and former smokers (6.6%) than adults who never smoked (3.3%).
- More than half (55.7%) of current e-cigarette users who have never smoked cigarettes are age 18-24 and 90.2% are age 18-44.



Current E-Cigarette Use by Smoking Status, 2020



Percentage of E-Cigarette Users who Never Smoked Cigarettes by Age, 2020



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?”

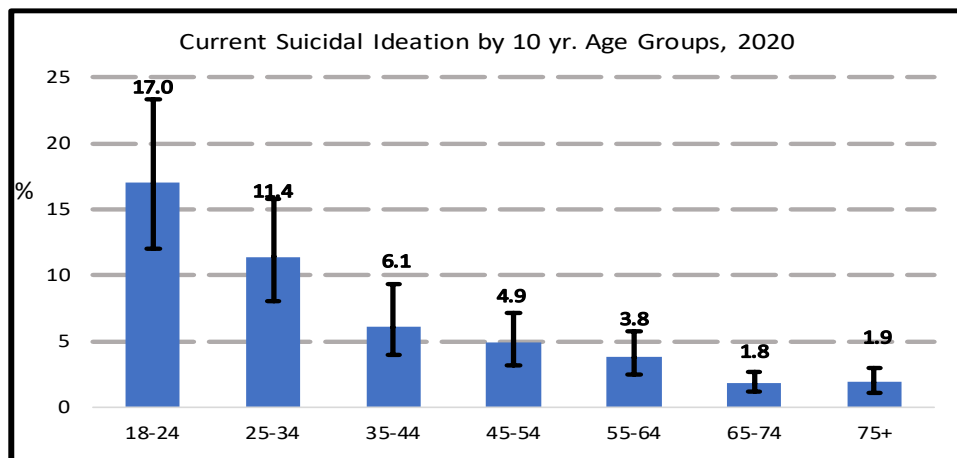
Suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality in New Mexico. Suicide deaths have been increasing in both New Mexico and the United States, with suicide death rates in NM at least 50% higher than U.S. rates over the past 20 years. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide.²⁵

- In 2020, an estimated 6.6% 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 11.1% and 1.8% 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.

Current Suicidal Ideation^a

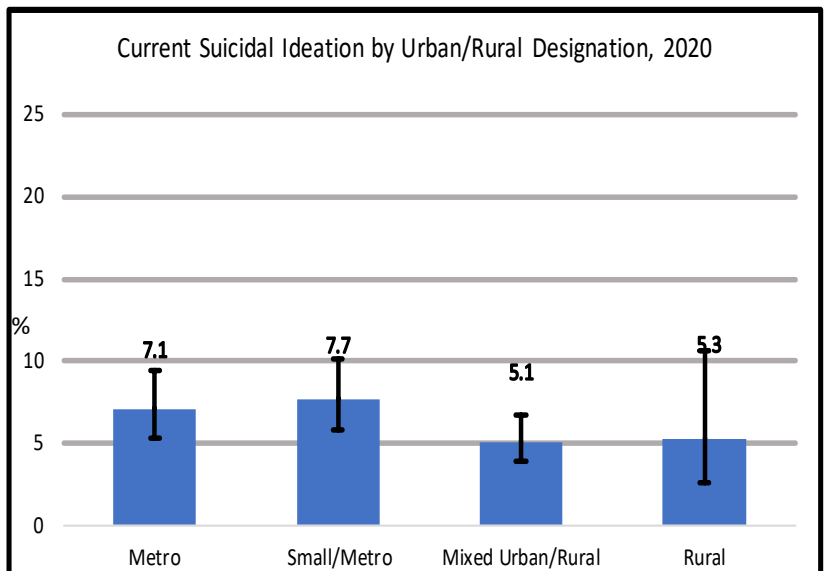
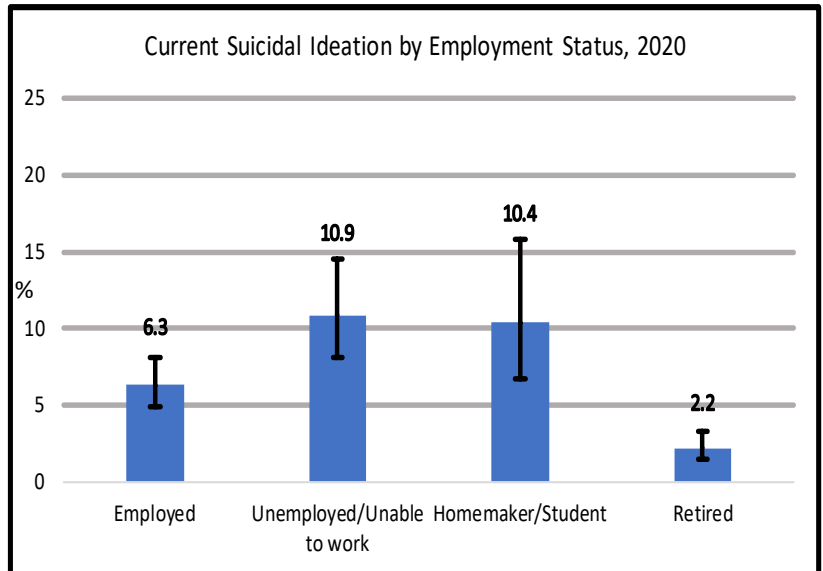
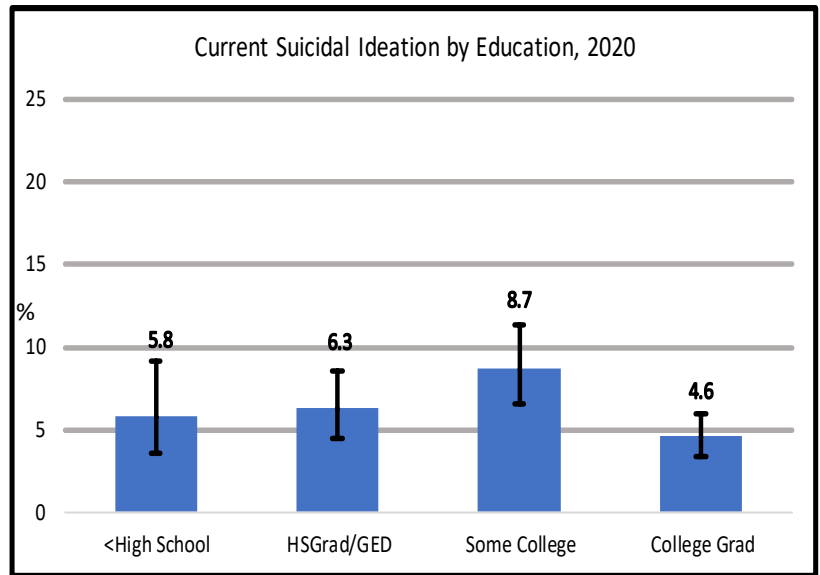
Demographic Characteristics	%	(95% Confidence Interval)
Total	6.6	(5.6-7.8)
Age		
18-44	11.1	(9.0-13.6)
45-64	4.3	(3.2-5.7)
65+	1.8	(1.4-2.5)
Gender		
Male	6.7	(5.3-8.5)
Female	6.5	(5.1-8.2)
Race/Ethnicity		
AIAN	5.1	(2.8-8.9)
Asian or NHOPI	13.1	(3.5-38.2)
Black/AA	16.2	(5.8-37.7)
Hispanic	6.3	(4.7-8.2)
White	6.4	(5.1-8.1)
Sexual Orientation		
Straight	5.8	(4.8-7.0)
LGB/Other	17.9	(12.2-25.5)
Household Income		
< \$15,000	11.2	(7.7-16.0)
\$15,000-\$24,999	6.9	(4.9-9.6)
\$25,000-\$49,999	5.5	(3.7-8.2)
\$50,000-\$74,999	7.1	(4.2-11.7)
> \$75,000	4.2	(2.7-6.3)
Geographic Region		
Northwest	5.6	(3.8-8.1)
Northeast	6.1	(4.5-8.2)
Metropolitan	7.2	(5.4-9.5)
Southeast	5.6	(3.7-8.4)
Southwest	7.0	(4.8-10.1)

^a Among all adults, the proportion who reported having thoughts about suicide in the past year



Suicidal Ideation

- 17.9% of LGB/other adults said they thought about committing suicide in the past year compared to 5.8% 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 11.2% compare to adults in the highest income category (4.2%).
- New Mexico adults who were Unemployed/Unable to work were more likely to have thought about suicide in the past year (10.9%) compared to employed adults (6.3%).
- There was no measurable difference in suicidal behaviors by Geographic Region or 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 (11.6% and 9.6% respectively) compared to adults with no disabilities and adults with excellent, very good, or good health (4.5% and 6.1%, respectively).



Firearms

Question:

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

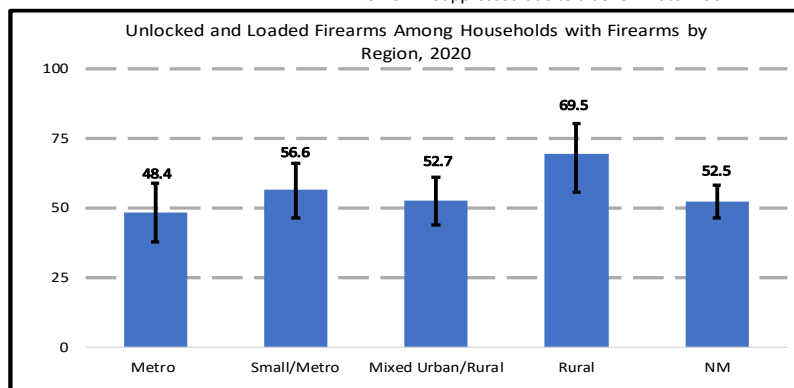
In the United States firearm violence is a leading cause of death and injuries. It is important to improve confounder selection and control in public health for Identifying characteristics associated with unintentional firearm violence .²⁶

- In New Mexico in 2020, an estimated 38.8% of all adults had a firearm in or around their home and 6.8% of all adults had an unlocked and loaded firearm. Among New Mexico adults that have a loaded gun, 52.5% said the guns are also unlocked.
- A greater percentage of White adults (48.8%) said they have firearms kept in or around their homes compared to AIAN (28.3%). Among all White adults 12.1% had an unlocked and loaded firearm around the house.
- There was a gradient in firearms kept in the home and unlocked and loaded firearms in the home by household income level. 21.2% of adults living in households with annual income less than \$15,000 had a firearm in or around their home, compared to 56.7% of adults with annual income of \$75,000 or more.

Demographic Characteristics	Firearms in Home ^a		Unlocked and Loaded Firearms ^b	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	38.8	(36.8-40.9)	6.8	(5.9-7.8)
Age				
18-44	39.8	(36.2-43.5)	4.8	(3.5-6.5)
45-64	37.4	(34.1-40.8)	7.9	(6.3-9.9)
65+	38.9	(35.8-42.0)	8.8	(7.4-10.6)
Gender				
Male	46.4	(43.2-49.6)	9.7	(8.2-11.5)
Female	32.0	(29.4-34.6)	4.1	(3.2-5.2)
Race/Ethnicity				
AIAN	28.3	(23.1-34.3)	3.3	(1.7-6.2)
Asian or NHOPi	19.9	(8.5-39.8)	**	**
Black/AA	31.5	(16.3-52.0)	2.1	(0.5-8.3)
Hispanic	33.1	(29.9-36.4)	3.6	(2.6-4.8)
White	48.8	(45.9-51.7)	12.1	(10.3-14.1)
Sexual Orientation				
Straight	39.6	(37.4-41.7)	7.0	(6.0-8.0)
LGB/Other	35.0	(26.9-44.1)	5.2	(2.7-9.6)
Household Income				
< \$15,000	21.2	(16.5-26.7)	4.6	(2.8-7.5)
\$15,000-\$24,999	23.8	(20.0-27.9)	2.6	(1.7-3.7)
\$25,000-\$49,999	40.3	(35.7-45.2)	5.0	(3.5-7.0)
\$50,000-\$74,999	50.7	(45.1-56.3)	10.8	(7.8-14.7)
> \$75,000	56.7	(52.5-60.9)	12.3	(9.7-15.3)
Geographic Region				
Northwest	33.6	(30.0-37.4)	6.0	(4.5-8.1)
Northeast	36.1	(32.8-39.5)	5.2	(3.9-6.9)
Metropolitan	38.0	(34.2-41.9)	6.4	(4.9-8.4)
Southeast	47.7	(43.1-52.3)	10.3	(8.0-13.3)
Southwest	40.0	(35.7-44.4)	6.9	(5.2-9.1)

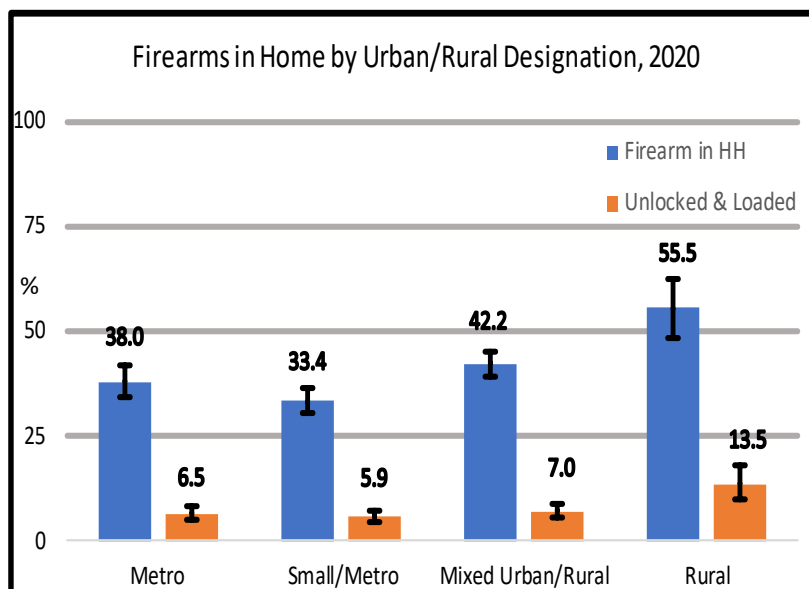
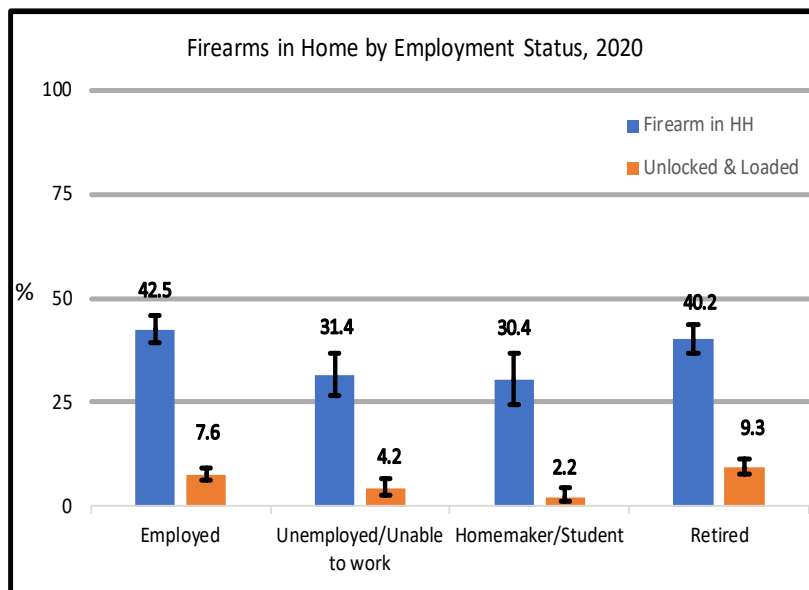
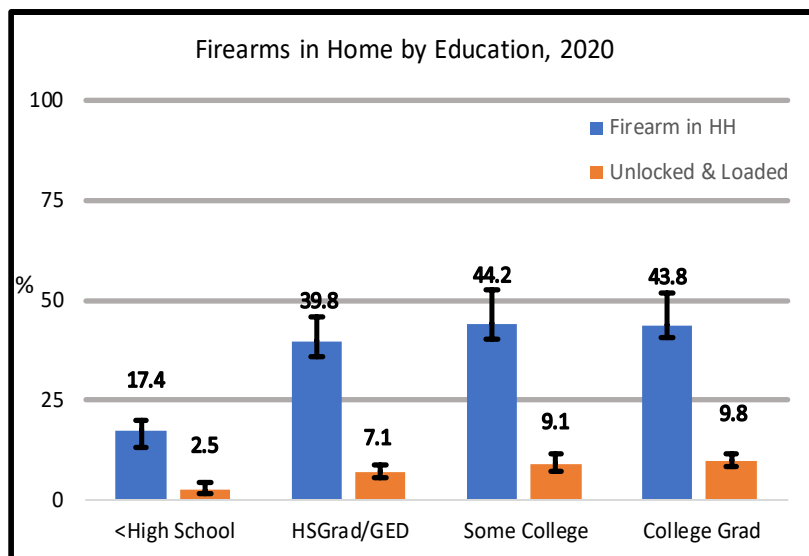
^aAmong all adults, the proportion who say they have any firearms kept in or around their home.

^bAmong all adults, the proportion who say have a loaded and unlocked firearm in or around their home. ** Suppressed due to a denominator <50.



Firearms

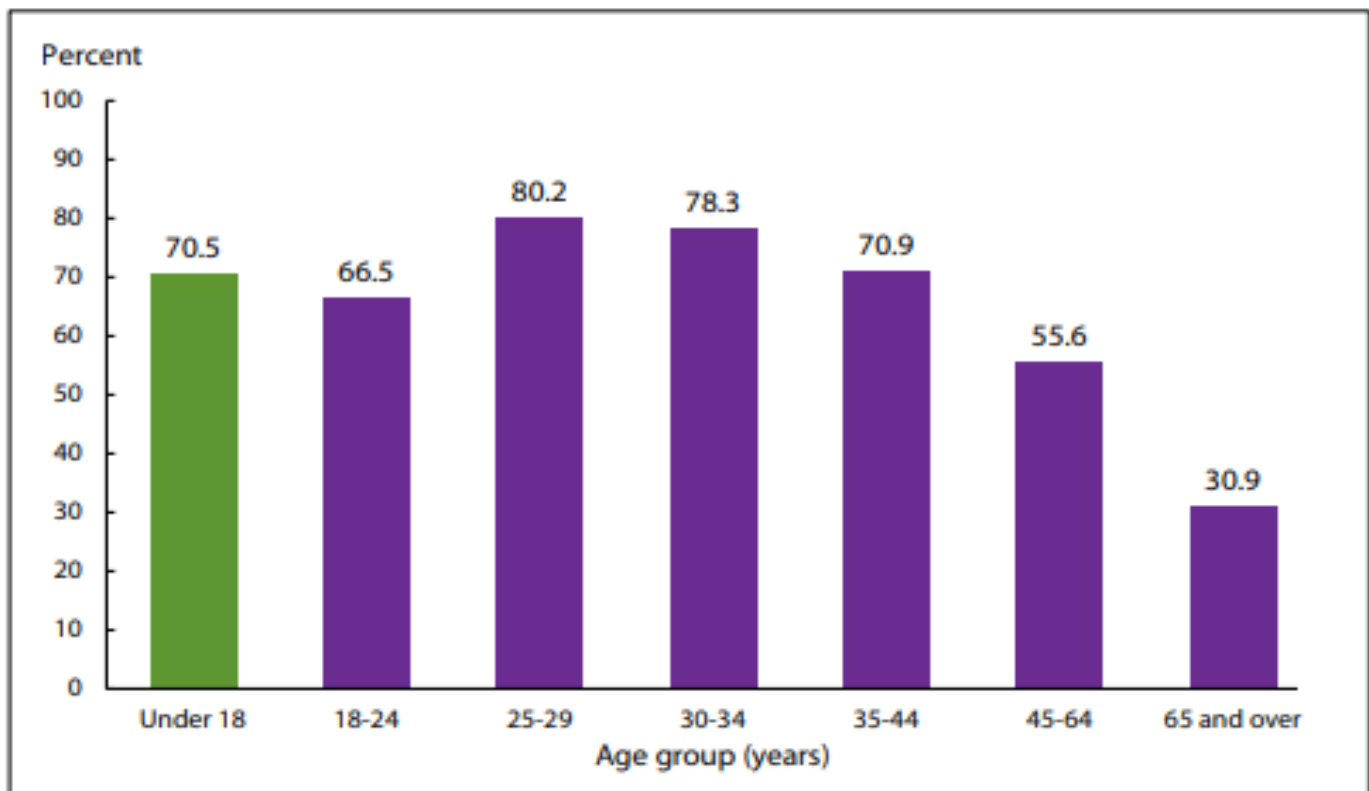
- Adults residing in the Northwest region were least likely to have a firearm in the home (33.6%) while adults in the Northeast were least likely to have an unlocked and loaded firearm (5.2%). Adults residing in the Southeast region had the highest prevalence of unlocked and load firearms in the home (10.3%).
- Adults with some college or a college degree had the highest prevalence of firearms in or around the home (44.2% and 43.8%, 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 homemaker/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 2020, 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 wireless-only adults and of children living in households with only wireless telephone service, by age group: United States, January-June 2019



NOTE: Wireless-only adults are adults who live in households with only wireless telephone service and have their own wireless telephone.
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.

Stata 17.0 MP software was used for all analyses in this report. Stata 17.0 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.

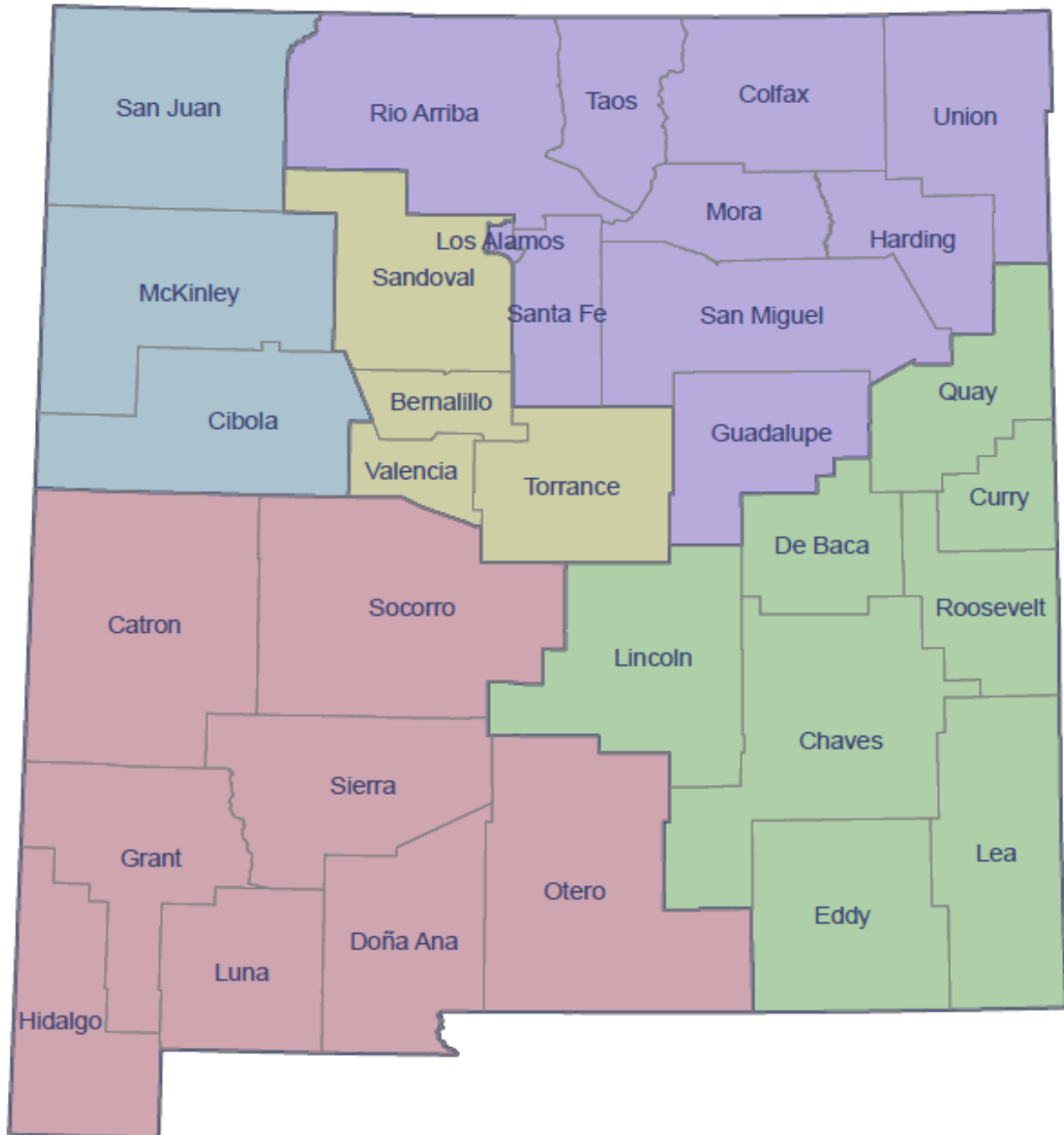
Quality assurance

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

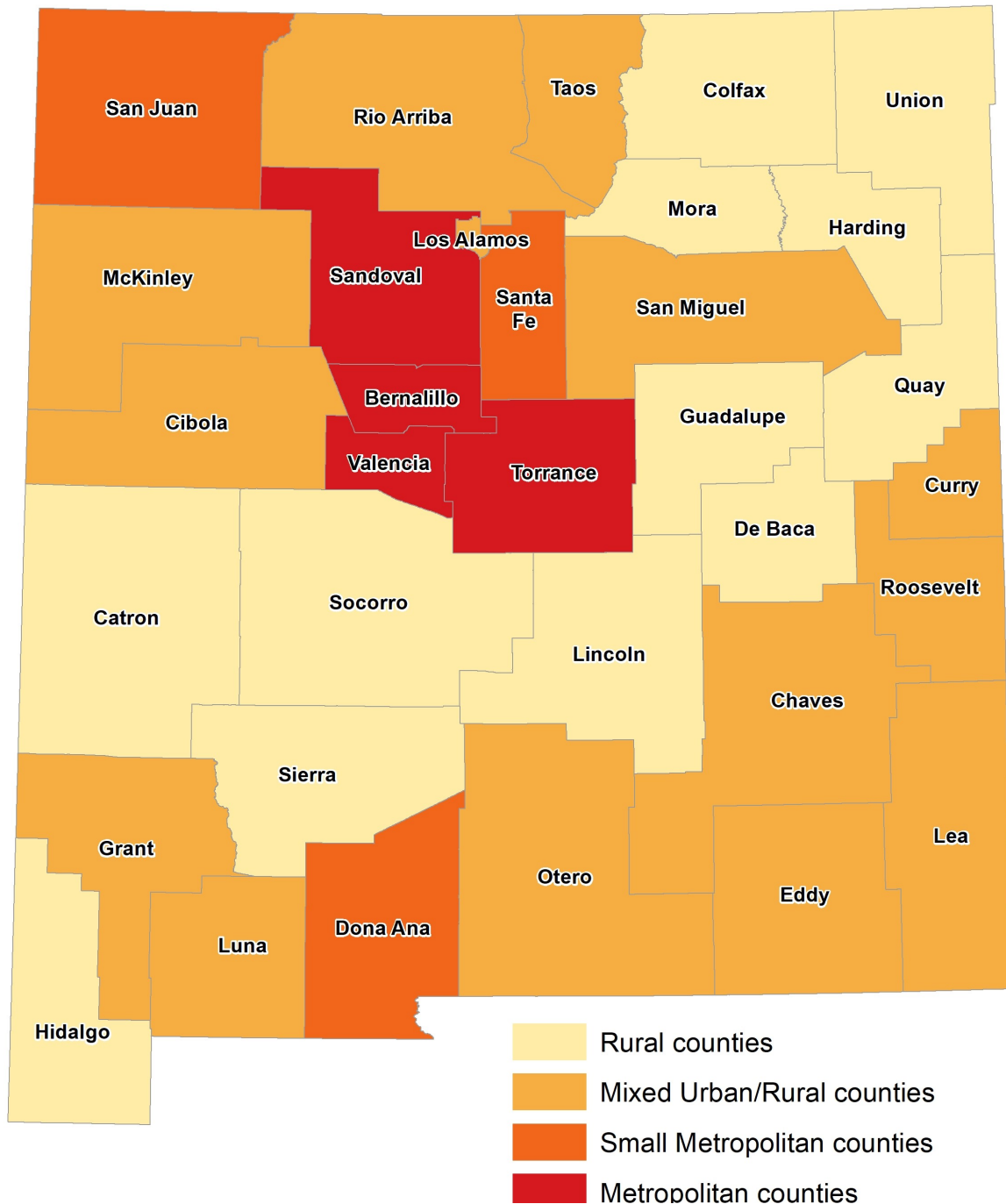
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties

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



Metropolitan 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

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