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ACKNOWLEDGEMENTS

This document was developed by the New Mexico Department of Health, Office of Health Equity, with contributions from throughout the Department. The Office of Health Equity would particularly like to thank the following individuals for providing data, programmatic information, or technical assistance in the development of this report.

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## Understanding the Report

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The New Mexico Department of Health is pleased to present the twelfth edition of Health Equity in New Mexico. This report is intended to provide relevant and timely information regarding the health status of the various population groups in our state to help inform, educate, and empower readers on equity issues. It is also intended to be a tool for community, state, and tribal partners and policymakers to use in the design and implementation of effective strategies to decrease health disparities and improve health outcomes for all people in New Mexico.

Achieving equity in health outcomes depends upon a shared understanding of health disparities among different populations and the factors that create those disparities. Health disparities refer to preventable differences in the quality of health and health care that exist among specific population groups. Health disparities occur across many dimensions, including: socioeconomic status, race/ethnicity, age, gender, sexual orientation, disability status, primary language, and location. New Mexico is a minority-majority state where greater than 60% of the population self-identifies as a racial or ethnic minority. According to 2015 U.S. Census Bureau estimates, 2,085,109 people live in New Mexico. Of these, 48% self-identify as Hispanic, 38.4% self-identify as non-Hispanic and 10.5% self-identify as American Indian. Almost 25% of the population lives in a rural area (with the percentage of the state’s population living in a Primary Care Health Professional Shortage Area estimated at over 40%), 10.1% are disabled, and nearly 3% of New Mexican adults identified as lesbian, gay, or bisexual. Additionally, 36% of the state’s population over the age of four speaks a language other than English at home (Figure 3), and nearly 20% of the population lives below the poverty level. In other words, the majority of New Mexicans belong to at least one population group at high risk of experiencing health disparities. Accordingly, to improve health for New Mexico overall, public health must have in its core principles and values the advancement of health equity and the elimination of health disparities.

1 The 23 federally recognized Pueblos, Tribes and Nations include: 19 pueblos – Acoma, Cochiti, Isleta, Laguna, Nambe, Ohkay Owingeh, Picuris, Pojoaque, Sandia, San Felipe, San Ildefonso, Santa Ana, Santa Clara, Santo Domingo, Taos, Tesuque, Jemez, Zia, Zuni; Navajo Nation; Mescalero Apache Tribe; Jicarilla Apache Nation; Fort Sill Apache Tribe of Oklahoma; and Urban off-reservation populations.
The New Mexico Department of Health’s (NMDOH) mission is to promote health and wellness, improve health outcomes, and assure safety net services for all people in New Mexico. NMDOH functions as a centralized state health system. The main location is in the state capital, Santa Fe. There are 54 local public health offices divided among 4 regional offices: Northeast, Northwest, Southeast, and Southwest. There is also an unofficial, but commonly used, fifth region, referred to as “the Metro region.” The Metro region consists of Valencia, Torrance, Sandoval, and Bernalillo counties. However, for administrative purposes, the Metro area is part of the Northwest region.

NMDOH operating budget operates with general and other state fund and transfers, and to a lesser degree, with federal revenue streams. The state is facing economic challenges but NMDOH is fully committed to meeting the needs of its customers, and strategically aligns its budget to address key population health initiatives while finding ways to improve collaboration among state and local partners. The local and regional offices provide vital public health services, including immunizations, disease and injury prevention, and health education. They are crucial to the Department’s efforts to reduce health disparities in New Mexico.

The Department consists of eight program areas. Two were instrumental in gathering the information for this report, the Epidemiology and Response Division and the Public Health Division. The Epidemiology and Response Division engages in a variety of activities, including: tracking health and disease; monitoring health status to identify community health problems; diagnosis, investigations, and control of outbreaks and health problems in communities; and providing health information. The Public Health Division provides a coordinated system of community-based public health services focusing on disease prevention and health promotion to improve health status, reduce disparities, and ensure timely access to quality, culturally-sensitive health care.

The Department of Health has selected a group of indicators that represent New Mexico’s most pressing health concerns. These indicators are based on New Mexico health status data, Healthy People 2020, and the Centers for Disease Control and Prevention’s Winnable Battles. These indicators include:

- Child and adolescent obesity,
- Diabetes,
- Tobacco use,
- Teen births,
- Adult immunizations,
- Oral health,
- Older adult falls,
- Drug overdose deaths, and
- Alcohol-related deaths.

Throughout this report, where an indicator aligns with state or national priorities from the Department of Health Strategic Plan, Healthy People 2020, or Healthy Border 2020, the state or national objective is listed. Objectives are not available for every indicator, and some indicators have greater disparities in New Mexico than others. These differences are noted where they exist. Healthy People 2020 objectives are followed by the objective number in parenthesis; for example: “Reduce the diabetes death rate (D-3).”
OFFICE OF HEALTH EQUITY

The Office of Health Equity (OHE) is housed within the Office of Policy and Accountability. As part of a policy office, the focus is on broader, systemic changes to advance health equity. These include taking a Health in All Policies approach to health disparities in the state, evaluating contributing factors like social determinants of health, identifying data related to those determinants, and proposing solutions that consider individual and community resources and needs, as well as evidence-based practices.

Key projects include this report, cultural competency and medical interpreter trainings, facilitating a Department-wide Health Equity Work Group, developing and conducting an annual Linguistic and Cultural Competence Policy Assessment, Spanish translation services, Interpreter training (Spanish and Navajo), and delivering a NMDOH staff Public Health Spanish course.

OFFICE OF BORDER HEALTH

The mission of the Office of Border Health is to improve health status and health services in the New Mexico/Mexico Border Region² and other border-impact areas of the State. The Office of Border Health is in Las Cruces, New Mexico, in the Southwestern Health Region.

The Office of Border Health collaborates on health initiatives with U.S.-Mexico Border Health Commission (BHC)³, Mexico, and other border states. Key priorities are established by the BHC, and are guided by the Healthy Border 2020 public health priorities. The public health challenges in the border region are often different than the rest of the state and unique to the border population.

OFFICE OF THE TRIBAL LIAISON

The mission statement of the Office of the Tribal Liaison is to support better health and wellness outcomes among sovereign nations in New Mexico. In 2009, New Mexico legislature signed a State Tribal Collaboration Act to promote positive government-to-government relations between the State and Tribes. As a result, all state agencies have a Tribal Liaison, and New Mexico also has a Cabinet Level Secretary of Indian Affairs. Tribal Liaisons work closely with the Indian Affairs Department on a variety of issues impacting New Mexico's tribes, pueblos, and nations.

The Department of Health Office of the Tribal Liaison works to strengthen tribal health and public health systems through on-going collaboration with American Indian tribes, pueblos, and nations which respect the tenets of sovereignty and self-determination held by indigenous nations in the state.

²For data and analytical purposes, the border region in New Mexico is defined in this report as the three counties in southern New Mexico that are contiguous with Mexico on the U.S.-Mexico border: Doña Ana, Luna, and Hidalgo.
³The U.S.-Mexico Border Health Commission (BHC) defines the border region as the area of land along the U.S.-Mexico border that extends 100 km, or 62.5 miles, north and south of the international boundary, per the La Paz Agreement.
New Mexico is a vast state comprising 121,298 square miles. It is the fifth largest state by land mass, but has only four cities with populations of 50,000 or more, and only 17.2 persons per square mile, making it one of the most rural states. Geography impacts health care and health outcomes by influencing when people access care and how often, their choice of provider, the type of care available, and differences in the environment, among other things. Due to its size and lack of population centers, many people residing in rural parts of the state find it difficult to access basic resources such as health centers, hospitals, food pantries, and grocery stores. Over 40% of the state’s population is estimated to live in a Primary Care Health Professional Shortage Area.

The great diversity of peoples, practices, and beliefs in New Mexico sometimes creates barriers to health equity and impacts overall health status. One important measure of general health status is Self-Assessed Health Status, or Self-Rated Health, which identifies how an individual perceives his or her health. This indicator is a good predictor of important health outcomes including functional status, chronic illness, and mortality, and it is associated with an individual’s education level, socioeconomic status, and race or ethnicity. It also allows for comparisons across populations and over time.

In New Mexico, more than 20% of the population has reported a health status of fair or poor, with greater disparities among Hispanics, Blacks or African Americans, and American Indians, and well over the national average of 16.7%. Specifically, individuals with less than a high school education, and those making less than $15,000 a year report fair or poor health status more so than any other group. The Northwest and Metro regions of the state have better Self-Rated Health than other regions.
### General Health Status

#### Fair or Poor

#### Alignment with State or National Priorities

**Healthy People 2020:**
- Improved health outcomes for the people of New Mexico (Result 1)

**Healthy Border 2020:**
- Increase the proportion of adults who self-report good or better health (HRQOL/WB-1)

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#### Percentage of New Mexicans Reporting Fair or Poor Health Status by Income and Health Region 2012-2016

- **Northwest**
- **Northeast**
- **Metro**
- **Southeast**
- **Southwest**

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#### Percentage of New Mexicans Reporting Fair or Poor Health Status by Educational Attainment and Health Region 2012-2016

- **Below High School**
- **High School or GED**
- **Some College or Tech**
- **College Graduate**
Reducing health disparities requires knowledge and understanding of the many factors that influence health, and is an overarching goal of the Healthy People 2020 initiative. The New Mexico Department of Health and the Office of Health Equity strive to align with Healthy People 2020 goals, as well as other state, regional and national priorities aimed at achieving health equity. For example, the Office of Health Equity participates on the National Partnership for Action to End Disparities, Southwest Region VI Health Equity Council (RHEC);\(^4\) which is one of 10 Regional Health Equity Councils in the United States aligned under the National Stakeholder Strategy for Achieving Health Equity. In early 2016, RHEC VI published their regional scan of current and emerging health trends in the Southwest Region.\(^5\)

References:
- American FactFinder, [www.factfinder.census.gov](http://www.factfinder.census.gov)
- CDC Health-Related Quality of Life, [www.cdc.gov/hrqol](http://www.cdc.gov/hrqol)
- CDC Winnable Battles, [www.cdc.gov/winnablebattles](http://www.cdc.gov/winnablebattles)
- Healthy People 2020, [www.healthypeople.gov](http://www.healthypeople.gov)
- New Mexico’s Indicator Based Information System, [https://ibis.health.state.nm.us](https://ibis.health.state.nm.us)
- United States – México Border Health Commission, [www.borderhealth.org](http://www.borderhealth.org)

\(^4\) The Southwest Regional Health Equity Council is comprised of members from New Mexico, Texas, Oklahoma, Louisiana, and Arkansas.

\(^5\) The Southwest Regional Health Equity Council launched the Blueprint: Call to Action and can be found at: [http://region6.npa-rhec.org/in-the-spotlight/blueprint](http://region6.npa-rhec.org/in-the-spotlight/blueprint)
The indicators included in this report represent population health issues of importance in New Mexico. Indicators were selected for inclusion in the report based on several factors, including:

1. Alignment with the New Mexico Department of Health Strategic Plan: Fiscal Year 2017-2019, and A Healthier New Mexico: New Mexico State Health Improvement Plan. These documents describe health issues that have been prioritized for action by the New Mexico Department of Health.

2. The health issue is recognized nationally as an issue of concern for which effective strategies exist to improve population health relating to that issue.

3. Disparities in the health of certain population groups are known to exist, and there is a clear population burden in the state. In some cases, data may not be presented because there were too few events occurring for those populations in New Mexico. In these cases, further exploration of the population health disparities, including adoption of a data development agenda, is suggested.

NEW MEXICO INDICATOR-BASED INFORMATION SYSTEM
Many of the estimates included in this report were derived using the New Mexico Department of Health’s Indicator Based Information System (NM-IBIS). This is an internet based public access system of data files relating to the health of New Mexico. IBIS can be accessed at https://ibis.health.state.nm.us/ for more information.

INTERNATIONAL CLASSIFICATION OF DISEASES
ICD stands for International Classification of Diseases. It is a coding system maintained by the World Health Organization and the U.S. National Center for Health Statistics used to classify causes of death on death certificates and diagnoses, injury causes, and medical procedures for hospital and emergency department visits. These codes are updated periodically to account for advances in medical technology. The U.S. is currently using the 10th revision (ICD-10).
Women who receive early and regular prenatal care (PNC) are more likely to have a healthy baby at full term and experience fewer complications during pregnancy. Healthcare providers recommend that women begin prenatal care in the first trimester (first three months) of their pregnancy. In 2016, 63.4% of NM women initiated prenatal care in the first trimester, significantly under the U.S. average of 77.2%.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Percentage of Women Who Initiated Prenatal Care in the First Trimester

- **Between 2014 and 2016**, American Indian women were least likely to access early prenatal care (55.4%), followed by Hispanic women (63.2%). By comparison, 70.8% of non-Hispanic white women initiated prenatal care in the first trimester.
- Poor control of diabetes during pregnancy increases the chances of having a baby with birth defects as well as increasing chances of pre-eclampsia or eclampsia in the mother.
- Women can safely receive vaccinations, such as flu or pertussis shots, during pregnancy.
- Just 56.6% of women residing in US-Mexico border counties received prenatal care in the first trimester.

**Did you know?**

- Between 2014 and 2016, American Indian women were least likely to access early prenatal care (55.4%), followed by Hispanic women (63.2%). By comparison, 70.8% of non-Hispanic white women initiated prenatal care in the first trimester.
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Program Highlights

- Families FIRST is a statewide program to provide perinatal case management for Medicaid-eligible pregnant and postpartum women, and their children 0-3 years old. It collaborates with the Children, Youth, and Families Department and other home visiting programs to support families in accessing perinatal services and social support.
- La Clínica de Familia and Ben Archer Health Center Healthy Start sites in Las Cruces work with NMDOH to support women and families with perinatal case management and assure they are receiving recommended prenatal and postpartum care.
- New Mexico has been selected to partner with other border states in a Collaborative Improvement & Innovation Network (CoIIN) project to address access to prenatal care.
- The Office of African American Affairs continues to support group prenatal care and other innovative models to improve the quality and impact of prenatal care in NM.


Actions and Recommendations

- NMDOH partners with community and clinical stakeholders in the Perinatal Collaborative to improve birth outcomes through sharing protocols and the early detection and treatment of neonatal abstinence syndrome with NM birth hospitals.

References:

- NMDOH Families First Program, http://nmhealth.org/about/phd/fhb/ffp/
Low birth weight (LBW) increases the risk for infant mortality and morbidity. As birth weight decreases, the risk for death increases. Low birth weight infants who survive often require intensive care at birth, may develop chronic illnesses, and later may require special education services. Health care costs and length of hospital stay are higher for LBW infants.

**Did you know?**

- Low birth weight (< 2,500 grams) with preterm (<37 weeks gestation) is the single most important factor affecting mortality in the first 28 days of life and a significant determinant of post-neonatal (after 28 days) mortality.
- Black or African American women continue to have a higher percentage of LBW infants than any other race or ethnicity in NM.
- Smoking during pregnancy is strongly associated with LBW and preterm delivery and the leading modifiable cause of LBW.
- Education levels are an important measure of inequity in infant birthweight outcomes; in 2016 over 10% of women with less than high school education had a LBW infant compared to 7.7% of women with a college degree.
LOW BIRTH WEIGHT

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Program Highlights

• The Text4Baby program (Text4Bebe in Spanish) is a text messaging service provided throughout a woman's pregnancy and during the child's first year with important messages about prenatal care, child development, parenting, and more. https://www.text4baby.org/
• The Title V Maternal and Child Health Block grant action plan for 2016-2020 prioritizes access to doula and midwifery care among Medicaid-eligible women.
• The University of New Mexico (UNM) maintains the Physician Access Line for Service (PALS), a consultation, transfer and referral service. Physicians can access a perinatologist for consultations, and arrange transport for patients requiring intensive management, including women in preterm labor, who typically give birth to LBW infants.

Actions and Recommendations

• The U.S.-Mexico Border Health Commission organizes, plans, and implement activities to promote early detection of high-risk pregnancies.
• The Maternal Health program is pursuing policy changes to promote the use of promotoras, community health workers and doulas in prenatal care settings across the state.

References:
• Birth Outcomes – Low Birthweight, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/LowBirthWt.Year.NM_US.html
• NMDOH Maternal & Child Health, http://nmhealth.org/about/phd/fhb/mch
• Text4Baby, https://partners.text4baby.org
Infant mortality includes infant deaths under 1 year of age. Overall, birth defects, including congenital malformations, deformations and chromosomal abnormalities are the leading cause of infant death (20.1% of deaths). Disorders related to short gestation and low birth weight are second, making up 16.6% of deaths.

- There was a decrease from 5.9 infant deaths per 1,000 live births in the three-year span of 2010-2012 to 5.3 in the span of 2013-2015.
- Studies have shown that children born prematurely, especially those with very low birth weight, have an increased risk of neurological problems ranging from attention deficit hyperactivity disorder to cerebral palsy or intellectual disability in comparison with those born at term gestation.
- Disparities by maternal race and ethnicity persist, with babies born to Black or African American women experiencing the highest infant mortality rates (11.8 per 1,000 live births in 2013-2015). The next highest rate is among Hispanic women at 8.1 per 1,000 live births.
- New Mexico’s infant mortality rate in 2014 was 5.4 per 1,000 live births, slightly lower than the national rate of 5.8 per 1,000. Infant mortality rates are lower in the border region than the non-border region, at 5.0 per 1,000 live births.
- Neural tube defects, such as spina bifida and anencephaly, are a focus of Healthy Border 2020. Folic acid, when taken before and during pregnancy, can help reduce the occurrence of these defects. Babies born with anencephaly cannot survive.
INFANT MORTALITY
NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

INFANT MORTALITY

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Infant Mortality Rates (0-364 days)

Program Highlights

- NMDOH is collaborating with the statewide Perinatal Quality Collaborative to reduce Neonatal Abstinence Syndrome, Early Elective Deliveries, and delay parenthood through long-acting reversible contraceptives (LARC) initiatives – which all impact infant mortality. Key partners include the University of New Mexico and the March of Dimes.
- The Women, Infants, and Children (WIC) program provides supplemental nutrition to pregnant women, nutrition education and counseling at WIC clinics, as well as screening and referrals to other health, welfare and social services.
- New Mexico is continuing its participation in the Collaborative Improvement & Innovation Network (CoIIN) a national initiative to reduce infant mortality. The Family Health Bureau coordinates the CoIIN in New Mexico, focusing its efforts on safe sleep, smoking cessation, and perinatal regionalization (establishing systems designating where infants are born or transferred according to the level of care they need at birth).

Actions and Recommendations

- In an effort to reduce disparities in birth outcomes, New Mexico is a part of the 3rd Cohort of The Institute for Equity in Birth Outcomes. The Equity Institute is a 3-year collaborative of local public health departments and their multi-sector community partners. The Equity Institute will help maximize, leverage, and accelerate the transfer and application of science to practice.
- The U.S. Department of Health and Human Services Secretary's Advisory Committee on Infant Mortality is a public-private partnership that was established to make recommendations on: 1) programs designed to reduce infant mortality and improve the health status of pregnant women and infants; 2) strategies to coordinate state, local, private, and federal programs that address infant mortality; 3) implementation of the Healthy Start Program and the Healthy People 2020 infant mortality objectives, and 4) strategies to reduce preterm birth rate through research, programs, and education.

References:
- NMDOH Women, Infants, and Children, http://nmhealth.org/about/phd/fhb/wic
- Secretary’s Advisory Committee on Infant Mortality, http://www.hrsa.gov/advisorycommittees/mchbadvisory/InfantMortality
Factors in New Mexico’s high teen birth rates include poverty, education, rural vs. urban population, and access to family planning services.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Teen Birth Rate for Females Ages 15-19 Years

Did you know?

- Since 2010, the teen birth rate in NM for 15-19-year-olds has declined by 35.6%. Nationally, it has declined by 36%. There are still large disparities among Hispanics and American Indians.
- NM over the past few years has had one of the highest teen birth rates in the nation.
- The teen birth rate is higher in the border region than in the non-border region.
- Teens who have dropped out of school are more likely to become pregnant and have a child than their peers who stay in school.
- In 2016, NM’s teen birth rate for 15-19-year-olds was 29.4 per 1,000.
- Factors that influence the high teen birth rate include access to family planning services, poverty, lack of health insurance, transportation barriers, and education.
- In 2016, teen birth rates were highest in the Southeast region, followed by the Southwest region. Luna County had the highest teen birth rate in the state, at 70.9 per 1000.
- Preventing teen pregnancy through adult-teen communication programs to improve reproductive health dialogue is an objective of Healthy Border 2020
**Program Highlights**

- Confidential reproductive health services are provided at low or no cost at Public Health Offices statewide, as well as some community health centers and school-based health centers.
- Teen Outreach Program (TOP) is a program for teen pregnancy prevention and reducing school failure and suspension for teens in grades 6-12. Project AIM (Adult Identity Mentoring) is a youth development intervention designed to reduce sexual risk behaviors among youth ages 11-14.
- From Playground to Prom is an adult-teen communication program designed to increase parents’ confidence in talking with their children about sex and sexuality.
- BrdsNBz New Mexico offers teens free, confidential, and accurate answers to sexual health questions via text message in either English or Spanish.

**Actions and Recommendations**

- Increased access to confidential, low- or no-cost clinical family planning services including shared decision making, counseling and options for most and moderately effective contraceptive methods.
- Service-learning, positive youth development, and comprehensive sex education programs.
- Adult-teen communication programming to give adults information and skills to communicate effectively with young people about reducing risky sexual behavior.
- Telemedicine services to increase access to birth control for high risk populations in areas with clinician shortages.
- Social media campaigns about birth control and where to find services.

References:

- NMDOH Family Planning Program, [http://nmhealth.org/about/phd/fhb/fpp/](http://nmhealth.org/about/phd/fhb/fpp/)
- Teen Birth Rate, NM-IBIS, [https://ibis.health.state.nm.us/indicator/view/BirthTeen_15_19.Year.NM_US.Age.html](https://ibis.health.state.nm.us/indicator/view/BirthTeen_15_19.Year.NM_US.Age.html)
Diabetes can lower life expectancy and increase the risk of heart disease. It is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness. Diabetes and its complications can often be prevented, delayed or managed.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Diagnosed Diabetes in Adults Ages 18 and Older

**Did you know?**

- In 2016, diabetes prevalence was significantly higher among American Indians/Alaska Native adults than among Hispanic and white adults. The prevalence among Hispanic adults was significantly higher than among white adults.
- Diabetes prevalence in NM was highest among adults with less than a high school education, and among adults living in a household with annual income less than $25,000.
- Diabetes prevalence was higher in the border region than in the non-border region.
- Diabetes was the 6th leading cause of death overall in New Mexico in 2016, but there were significant differences by race/ethnicity: 4th among Asian/Pacific Islanders, 5th among Hispanics and American Indians, 7th among Black/African Americans, and 8th among Whites.
- Diabetes hospitalizations are considered potentially preventable hospitalizations. The age-adjusted rate of hospitalizations has increased by 12% between 2007 and 2014.
- Based on the Centers for Disease Control and Prevention's Diabetes State Burden Toolkit, using 2013 dollars, direct medical and non-medical costs for diagnosed prediabetes and diagnosed and undiagnosed diabetes are about 2.6 billion dollars a year.
Program Highlights

- The Diabetes Prevention and Control Program is:
  - Building a state infrastructure for the National Diabetes Prevention Program to prevent or delay diabetes in persons at high risk;
  - Providing community resources to help people manage their diabetes through skill building, such as the Stanford University Diabetes Self-Management Program and Kitchen Creations cooking schools; and
  - Supporting health system interventions that improve disease management indicators such as blood glucose, blood pressure, and cholesterol.

Actions and Recommendations

- The CDC recommends improving the quality of care for people with and at-risk for diabetes; increasing access to sustainable self-management education and support services; and increasing the use of lifestyle change programs to prevent or delay the onset of diabetes, which is shown to reduce long-term utilization of diabetes-related clinical and hospital services.
- For people who already have diabetes, the key message is that diabetes complications can be prevented and managed. Strategies should target improving A1C levels, controlling blood pressure and cholesterol, and tobacco cessation.
- Allocate state and federal resources in populations and geographic areas of highest risk.

References:
- CDC National Diabetes Prevention Program [www.cdc.gov/diabetes/prevention/about.htm](http://www.cdc.gov/diabetes/prevention/about.htm)
- Diabetes (Diagnosed) Deaths, Diabetes Prevalence, Diabetes Hospitalizations; NM-IBIS, [http://ibis.health.state.nm.us](http://ibis.health.state.nm.us)
- New Mexico Diabetes Prevention and Control Program, 505-476-7617 or 1-888-523-2966, [www.diabetesnm.org](http://www.diabetesnm.org)
Obesity has been identified as a super-priority for the New Mexico Department of Health along with teen births, diabetes, and substance misuse.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Obesity in Adults Ages 18 and Older (BMI 30 or greater)

![Graph showing obesity trends by race/ethnicity in New Mexico](image)

Improvements were made to the BRFSS sampling and weighting procedures to make the data better represent the New Mexico population. Data from the earlier period are not comparable to data from 2011-forward.

**Did you know?**

- While obesity among adults in New Mexico (NM) and the United States (US) has been on a steady rise over the past few decades, prevalence may be beginning to level off in NM. In 2014, 28.4% of NM adults were obese, compared to 28.8% in 2015 and 28.3% in 2016.
- Obesity prevalence is higher in the NM border counties (33.3%) compared to non-border counties (29.0%), a statistically significant difference.
- Obesity has decreased among third grade students since 2010 from 22.6% to 19.4%. However, kindergarten students have experienced a slight incline over the past seven years, from 13.2% to 14.9%.
- Obesity among American Indian third grade students has decreased from 36.6% in 2010 to 27.1% in 2016. During the same time frame, American Indian kindergarten students showed a more modest decrease in obesity from 25.5% to 23.3%.
- Obesity among Hispanic third grade students has remained level over time and obesity among Hispanic kindergarten students has increased from 12.9% to 16.8%. Hispanic students comprise the majority of elementary school-age children in NM.
- Rates of overweight and obesity continue to remain high across grades, genders, and race/ethnicities in NM, highlighting the continuing need for: 1) collaboration across state and local agencies to implement sustainable obesity prevention initiatives; and 2) increased opportunities for healthy eating and physical activity among pre-school and elementary school-age children and their families.
Program Highlights

- Healthy Kids Healthy Communities (HKHC), a key initiative of NMDOH's Obesity, Nutrition and Physical Activity Program (ONAPA), was launched in 2011 to address childhood obesity by working directly with local communities to increase healthy eating and active living opportunities for elementary school-age and preschool children throughout the state.
- HKHC reach: 14 counties and 3 tribal communities; 36,768 children (24% of NM public elementary school population).
- In school year 2016-17, 32,700 students in 98 HKHC elementary schools had increased healthy eating opportunities during the school day on an ongoing and regular basis (salad bars, edible gardens, classroom fruit and vegetable tastings), and 25,066 students in 75 HKHC elementary schools had increased physical activity opportunities before, during, and after school on an ongoing and regular basis (walk and roll to school programs, active schoolyards).
- HKHC collectively leveraged 2.6 million dollars and 38,000 volunteer hours to support healthy eating and physical activity initiatives across all HKHC communities in 2016-17.
- ONAPA and its partners built support for measuring heights and weights for an additional 2,961 students in 32 HKHC schools so HKHC communities would have more representative childhood obesity data.

Actions and Recommendations

- Because healthy eating and active living are the two major lifestyle factors that can help prevent obesity, HKHC focuses exclusively on sustainable environmental, policy, and systems changes to support these behaviors in a multi-sector, community coalition-driven approach.
- HKHC has strong partnerships with state agencies and local community organizations to implement obesity prevention strategies coupled with nutrition education in the following settings: schools, early care and education, the food system, and the built environment.

References:
- New Mexico Childhood Obesity 2016 Update, https://nmhealth.org/data/view/chronic/2043/
- Obesity – Adolescent Prevalence, NM IBIS, https://ibis.health.state.nm.us/indicator/view/ObesityYouth.Year.NM_US.html
- Obesity – Adult Prevalence, NM IBIS, https://ibis.health.state.nm.us/indicator/view/ObesityAdult.Year.NM_US.html
- Healthy Kids New Mexico: http://archive.healthykidsnm.org/
Heart disease and stroke are common cardiovascular diseases that remain leading causes of death and disability in New Mexico. The Heart Disease & Stroke Prevention (HDSP) Program promotes cardiovascular health for all New Mexicans across the lifespan, and works to reduce the impact of heart disease and stroke, especially in priority populations.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Cardiovascular Disease in Adults Ages 18 and Older (Diagnosed Stroke, Myocardial Infarction, or Coronary Heart Disease)

Improvements were made to the BRFSS sampling and weighting procedures to make the data better represent the New Mexico population. Data from the earlier period are not comparable to data from 2011-forward.

**Did you know?**

- Heart disease was the leading cause of death accounting for 20% of all deaths in New Mexico in 2016. Cerebrovascular disease, primarily stroke, was the 5th leading cause of death in 2016.
- In 2016, the overall death rate for heart disease was 143.8 per 100,000 people. African American adults had the highest heart disease death rate. This rate was statistically significantly higher than the overall rate for the state and that of all other racial/ethnic groups. The heart disease death rate of White adults was statistically significantly higher than the rates of all other racial/ethnic groups except for African American adults.
- In 2016, the overall death rate for stroke was 33.8 per 100,000 people. There was no statistically significant difference in stroke death rates by race/ethnicity.
- In 2016, age-adjusted rates of ever having been diagnosed with coronary heart disease, heart attack, and/or stroke was the highest among adults living in households with an annual income between $10,000 and less than $20,000 (10.8%) and lowest among adults living in households with an annual income greater than $50,000 (5.9%).
- In 2016, age-adjusted diagnosed coronary heart disease, heart attack, and/or stroke among adults with a college degree or higher education (4.5%) was significantly lower than among adults with less education. Apparent differences between those with less than a high school education (9.5%), high school (8.3%), or some college education (8.8%) were not statistically significant.
- Adults with any diagnosed coronary heart disease were far more likely to be unable to work (19.8%) than adults with no history of cardiovascular disease (6.6%), even after adjusting for age.
HEART DISEASE AND STROKE

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Cardiovascular Disease in Adults Ages 18 and Older
(Diagnosed Stroke, Myocardial Infarction, or Coronary Heart Disease)

Program Highlights

• 29 of 36 identified health systems have been assessed for policies and systems in place to support high quality service delivery for their adult primary care patients with respect to electronic health record (EHR) and health information technology (HIT) use and quality reporting. Health systems were also assessed for screening and referral and management of prediabetes, diabetes and hypertension.
• 3 federally-qualified health centers (FQHC) with clinics located in Las Cruces, Silver City and Ft. Sumner committed to implementing population health management approaches to improve patient outcomes for hypertension and diabetes control.
• Lovelace Health System in Albuquerque is using their EHR to identify patients with undiagnosed hypertension to catch patients “hiding in plain sight.” This refers to patients who have 2 or more high blood pressure (BP) readings in a measurement period without a diagnosis of hypertension.
• Technical assistance opportunities have been identified for 12 health systems to implement and improve existing quality reporting and team-based care practices.
• Supported and participated in the planning of the American Heart Association's (AHA) 4th annual Go Red for Native Women: Drum to the Beat of a Healthy Heart summit reaching over 193 participants.

Actions and Recommendations

• Implementing clinical-decision support systems (CDSS) at the point-of-care: Using health system assessment results, HDSP and its partners are providing technical assistance to health systems to implement CDSS.
• Incorporating team-based care in health systems & Interventions engaging CHWs: HDSP works with UNM College of Pharmacy to utilize pharmacist-clinicians and pharmacy students in the management of hypertension and diabetes for patients. HDSP works with the Office of CHWs to promote the value of CHWs as members of the healthcare team and to increase the number of CHWs in New Mexico.
• Implementing self-measured blood pressure monitoring interventions & Interactive digital interventions for blood pressure self-management: HDSP partners with Million Hearts and the AHA to teach clinical and community groups the importance of getting your BP checked, knowing your numbers, and self-measured BP monitoring tied with clinical support.

References:
• Heart disease deaths, https://ibis.health.state.nm.us/indicator/view/CardioVasDiseasePrevl.Year.html
• Healthy People 2020: Heart Disease and Stroke, https://www.healthypeople.gov/2020/topics-objectives/topic/heart-disease-and-stroke
• Million Hearts Initiative, http://millionhearts.hhs.gov/
• The Community Guide: Task Force Finding for Cardiovascular Disease, https://www.thecommunityguide.org/content/task-force-findings-cardiovascular-disease
Influenza (flu) is a contagious respiratory illness caused by influenza viruses. Flu-related illness can be severe and can lead to complications such as pneumonia and death. Pneumonia is an infection of the lungs with a variety of causes that can also have severe complications, including death.

TRENDS BY RACE/ETHNICITY IN NEW MEXICO

Influenza and Pneumonia Deaths per 100,000 population

Did you know?

- Some groups, such as the elderly, young children, and people with certain health conditions, are at higher risk for serious complications and death from influenza and pneumonia due to weaker immune systems.
- From 20012 to 2016, pneumonia and/or influenza were the 11th leading underlying cause of death in New Mexico.
- The majority of pneumonia and influenza deaths are among older adults (85+ years).
- American Indians in New Mexico experience the highest rates of influenza- and pneumonia deaths, approximately double the New Mexico and U.S. rates.
**Program Highlights**

- NMDOH offers vaccinations for people without insurance or who are otherwise unable to get immunized. Those with insurance can present their insurance cards and get vaccinated.
- NMDOH has begun to engage the state's healthcare partners through disseminating data regarding health disparities surrounding pneumonia and influenza-related hospitalizations and deaths in the state. This has included presentations at hospitals, professional organizations and at infectious disease conferences to encourage the use of immunization to prevent infection.
- In 2017, the New Mexico state legislature passed a bill (HB 274) that requires hospitals to offer influenza and pneumococcal vaccine to patients 65 and older before discharge from the hospital.

**Actions and Recommendations**

- The CDC and NMDOH recommend that everyone 6 months of age and older get their flu vaccine.
- NMDOH suggests contacting healthcare providers or pharmacies to receive vaccine for protection against influenza and pneumonia.
  - Pneumococcal vaccine can be given at the same time as flu vaccine to patients who qualify.
  - It is an important additional form of protection because influenza frequently causes types of pneumonia that can be prevented by the pneumococcal vaccine.
- Good hygiene practices can also help such as washing hands regularly, cleaning hard surfaces that are touched often (like doorknobs and countertops), and coughing or sneezing into a tissue, elbow or sleeve.
- You can also reduce your risk of getting pneumonia by preventing chronic illnesses such as diabetes and HIV/AIDS, and limiting exposure to cigarette smoke.

**References:**

- Influenza and Pneumonia Deaths, NM-IBIS, [https://ibis.health.state.nm.us/query/selection/mort/ MortSelection.html](https://ibis.health.state.nm.us/query/selection/mort/ MortSelection.html)
- NMDOH Immunizations Program, [http://nmhealth.org/about/phd/idb/imp/](http://nmhealth.org/about/phd/idb/imp/)
Chlamydia is the most common bacterial sexually transmitted infection (STI). It is the leading preventable cause of infertility, and screening and treatment are the best means of preventing infertility. Anyone who is sexually active can get an STI, including gonorrhea, syphilis, or chlamydia. STIs can cause very serious complications when not treated, but most of them can be cured or treated with the right medications.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Chlamydia and gonorrhea disproportionately affect African American, American Indian, and Hispanic populations in New Mexico.

**Did you know?**

- Rates of primary and secondary syphilis in New Mexico have increased from 2007 through 2016 by 291%. Between 2015 and 2016 – the most recent years of data collection - there was a case increase of 61%.
- 86% of all reported primary and secondary syphilis cases in 2016 were among males.
- 84% of cases of primary, secondary, and early latent syphilis were among men with male sex partners (MSM).
- The Metro region had the most cases of syphilis in 2016, with the highest case rate occurring in Bernalillo county. The Northwest region had the most cases of gonorrhea and chlamydia in 2016.
- NM ranked 4th in the nation for chlamydia in 2016. Chlamydia predominantly affects adolescents and young adults, 15-24 years old.
- Chlamydia and gonorrhea disproportionately affect African American, American Indian, and Hispanic populations in New Mexico.
- New Mexico experienced a 40% increase in gonorrhea cases from 2015 to 2016.
  - Rates in 2016 among women ages 25-29 increased by 37% compared to 2015.
  - Rates in 2016 among men ages 25-29 increased by 51% compared to 2015.
  - This is a greater increase than from the 2014-2015 timeframe.
The New Mexico Sexually Transmitted Diseases (STD) Prevention Program has as its primary goal the reduction and prevention of the incidence of sexually transmitted diseases including HIV infection. The STD Program provides statewide consultation and technical assistance, partner services, screening, surveillance, health care provider education, case management, and partner notification for reportable STIs in the state.

The New Mexico Medical Board amended the Medical Practice Act to allow health professionals to offer Expedited Partner Treatment (EPT) to partners of patients with chlamydia or gonorrhea under guidelines developed by the New Mexico Department of Health.

- EPT is a mechanism for providers to treat patients with whom they have not established a therapeutic relationship, in order to prevent re-infection of an index patient.
- Patients with uncomplicated gonorrhea or chlamydia have lower rates of re-infection when their sexual partners are provided with EPT.

STIs are the leading preventable causes of infertility; screening and treatment are the best means of prevention.

HIV/STD/Hepatitis Resource Guide is a valuable community based website offering resources and information about services related to HIV, STIs, Viral Hepatitis, and Harm Reduction. It features a searchable guide that will help you find the best and most appropriate services in your area.

References:
- NMDOH Sexually Transmitted Diseases Prevention Program, http://nmhealth.org/about/phd/idb/std/
- Sexually Transmitted Diseases, CDC Fact Sheets, http://www.cdc.gov/std/healthcomm/fact_sheets.htm
Advances in antiretroviral therapy (ART) have been scientifically proven to help people with HIV live long healthy lives and reduce the chance of transmission to others. HIV prevention and services program can reduce new HIV infections in impacted communities by helping persons learn their status and be connected to HIV medical care.

The Federal Health and Human Services (HHS) agency has interpreted recent studies as showing that persons with undetectable HIV viral load on laboratory tests can't pass the virus to others. HHS is promoting the following statement:

“People who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.”

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Newly Diagnosed HIV Infections per 100,000 Population (Adults and Adolescents)

**Did you know?**

- American Indians and Blacks or African Americans have the highest rate of HIV infection in New Mexico, however, African American rates of new infection have dropped significantly over the past 8 years.
- Men have higher rates of HIV infection than do women.
- HIV-TB co-infection is a concern in the border region. One objective of Healthy Border 2020 is to screen for HIV diagnosis in patients with pulmonary TB and vice versa.
- New Mexico has a lower rate of newly diagnosed HIV infections than the national average.
**Actions and Recommendations**

- Maintain statewide syringe services programs (SSP) to reduce or prevent transmission of HIV and hepatitis C virus (HCV).
- Raise community awareness through a leadership presence at awareness events for specific populations such as Gay Pride, Two-Seven African American HIV Awareness Day, National Latino AIDS Awareness Day (NLAAD) and World AIDS Day.
- Ensure targeted services for the populations at greatest risk, including younger gay/bisexual men and transgender persons. Use effective and targeted strategies such as the empowerment programs in Albuquerque and Las Cruces.

**References:**

- NMDOH HIV Prevention Program, [http://nmhealth.org/about/phd/idb/happ](http://nmhealth.org/about/phd/idb/happ)
Motor vehicle traffic-related deaths cause billions of dollars annually in medical and work loss cost nationwide. These deaths also result in an immeasurable burden on the victims' family, friends, and community.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Motor Vehicle Deaths per 100,000 Population

- American Indians in NM experienced the highest motor vehicle death rates.
- There was a 25% increase in the motor vehicle traffic-related death rate between 2015 and 2016.
- Distracted driving, speeding, fatigue and drunk driving are important causes of motor vehicle traffic-related injury death.
- In 2016, the injury death rate is 60% higher in rural counties compared to mixed urban/rural counties.
- Alcohol is involved in one-third of fatal motor vehicle crashes in NM.
- The motor vehicle traffic-related death rate in New Mexico was 38% higher than the national rate in year 2015 (the last year U.S. data is available).
Program Highlights

- The NMDOH Office of Injury Prevention works to reduce injuries including motor vehicle related deaths by monitoring injury data to inform and guide prevention efforts; supporting coalitions, partnerships and professionals; providing technical assistance on public education strategies; and promoting evidence-based policies for injury prevention.

Actions and Recommendations

- Injury Prevention is a priority in Healthy Border 2020, with the objective to reduce traffic-related mortality and injuries by supporting community efforts to improve traffic safety. Strategies for decreasing traffic mortality and injuries including enforcement of seat belt laws, and ensuring that all child safety seats meet industry standards and are installed correctly.
- NM has enacted several laws; including but not limited to: the New Mexico Safety Belt Use Act of 2001; the New Mexico Child Restraint Act of 2005; the 2005 Senate Bill 109, Interlocks for Juvenile DWI Offenders; the 2011 Senate Bill 9, License Requirements for Drivers Under 18; and 2014 Senate Bill 19, Prohibit Texting While Driving had a distracted driving law since 2014, prohibiting texting on a mobile device while driving. In 2016, additional legislation was passed and signed into law prohibiting the use of a handheld mobile device while operating a commercial motor vehicle.
- Increase use of child safety seats and safety belts by providing more training and improved enforcement.
- Address alcohol impaired driving, which is among the most important preventive measures to reduce motor vehicle-related injuries and deaths.
- Increase and improve police traffic enforcement in high injury/death localities.
- Continue safety improvement to roads and improvements in emergency medical services.

References:

In the U.S., every 19 minutes an adult aged 65 and over dies from a fall and every 11 seconds, an older adult is treated in the emergency room for a fall-related injury. Falls are the leading cause of unintentional (accidental) injury death among adults 65 years of age and older in the United States and in New Mexico. Falls at home, and in the community, are preventable. Approximately half of older adults who fall don’t discuss it with their health care provider.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Fall-Related Deaths Among Adults 65+ Years of Age

**Did you know?**

- A serious injury from a fall can limit mobility and independent living. The majority of injuries from falls that lead to death are hip fracture and traumatic brain injury.
- From 2010-2014, American Indian and White men experienced the highest fall-related death rates. Men in each racial or ethnic group experienced higher fall-related death rates than women in the same group.
- Although limited research exists on the causes for racial or ethnic differences, disparities may be related to health and behavior.
- The fall-related death rate among adults 65 years of age and older in New Mexico increased 27% from year 2013 to 2015. The fall-related death rate decreased from 2015 to 2016 by 12%.
- In 2015, the fall-related death rate among adults 65 years and older in New Mexico (104.2/100,000) was 1.7 times the national rate (59.6/100,000). The fall-related death rate among older adults in the U.S. is still increasing.
- NMDOH established an Older Adult Falls Task Force in 2013 as a result of House Joint Memorial 32, to evaluate NM’s current approach to community-based falls prevention and to develop strategies for effective change.
**NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES**

**Fall-Related Deaths Among Adults 65+ Years of Age**

- **Program Highlights**
  - The Office of Injury Prevention coordinates the statewide NM Adult Falls Prevention Coalition. The coalition has prioritized the following prevention strategies: home safety modifications, annual strength and balance screenings, physical activity that improves strength and balance, annual medication review for safety and management, and environmental safety in the community.
  - In FY18, the Adult Falls Prevention Program is working with partners and contractors to expand evidence-based falls prevention programs for older adults throughout the state. The NMDOH sponsors four evidence-based falls prevention exercise programs including “OTAGO”; “Ti Ji Quan: Moving for Better Balance”; “Tai Chi for Arthritis”; and A Matter of Balance: Managing Concerns About Falls.
  - The Office of Injury Prevention works with contractors and community partners to increase the number of health care providers trained in the CDC’s fall prevention toolkit, Stopping Elderly Accidents, Deaths and Injuries (STEADI), which addresses multiple health risk factors for falls.

- **Actions and Recommendations**
  - Research indicates that physical activity programs that improve balance and strength among older adults are the most effective at decreasing the risk of falls, the incidence of falls, and the fear of falling among older adults.
  - Have vision checked by a health care provider at least once a year and update eyeglasses to maximize vision.
  - Make homes safer by reducing tripping hazards, adding grab bars inside and outside the tub or shower and next to the toilet, adding railings on both sides of stairways, and improve interior home lighting.
  - Improve mechanisms for health care providers to screen and refer older adults who may be at risk for falls to community-based falls prevention and physical activity programs.
  - Empower all individuals to promote falls prevention strategies in their communities.

**References:**
- Injury: Death from Falls, NM-IBIS, [https://ibis.health.state.nm.us/indicator/view/InjuryDeathFalls-Year_NM_US.html](https://ibis.health.state.nm.us/indicator/view/InjuryDeathFalls-Year_NM_US.html)
- New Mexico Falls Prevention, [http://nmstopfalls.org](http://nmstopfalls.org)
In New Mexico, suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality. Over the last 20 years, suicide death rates in New Mexico have been at least 50% higher than national rates. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide. Other risk factors associated with suicide include a previous suicide attempt, alcohol and substance abuse, a family history of suicide, a history of child maltreatment, feelings of hopelessness, isolation, barriers to mental health treatment, loss (of relationships, social connections, work, finances), physical illness, and easy access to lethal methods, such as firearms.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Suicides per 100,000 Population

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**Did you know?**

- From 2006 to 2015, suicide deaths increased in NM by about 33% compared to a 21% increase in the U.S. From 1999-2016, suicide deaths increased in all age groups except among children and youth 10-24 years of age. The largest increase in suicide deaths was among middle-aged adults 45-64 years (37%), followed by young adults 25-44 years (32%).
- From 2012-2016, the male suicide rate was more than 3 times higher than the female rate, and males had higher suicide rates in all age and racial/ethnic groups.
- Among males, the highest suicide rates were in elderly males 75 years and older, whereas the highest rates among females were among those 35 to 54 years.
- Whites had the highest suicide rate, followed by American Indians and Hispanics. White and American Indian males had suicide rates that were significantly higher than males in other racial/ethnic groups.
- Compared to other racial/ethnic groups, American Indians had the highest suicide rates among youth and young adults 15-34 years, while Whites had the highest suicide rates among adults 35 years and older.
- Rural counties had significantly higher suicide rates compared to metropolitan and small metro counties, and mixed urban-rural counties had significantly higher rates compared to metropolitan counties.
- The highest suicide rates were in the Northwest (25.4 per 100,000 population) and Northeast (25.0 per 100,000 population) Public Health Regions. These two regions had significantly higher suicide rates compared to the Metro Region.
- Suicides due to firearm injuries accounted for most suicide deaths, followed by suffocation and poisoning. From 2009-2016, age-adjusted firearm suicide death rates increased by 21%, and suffocation suicide death rates increased by 38%.
NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Program Highlights

• The NMDOH Office of School and Adolescent Health (OSAH) continues to promote mental health among students by providing training and funding for school-based health clinics locally and statewide.
• NM Suicide Intervention Project (NMSIP) provides Question, Persuade and Refer (QPR) Training to a variety of community groups as well as Natural Helper Training to youth at some middle schools. NMSIP accepts referrals from surrounding area schools for same-day assessments for youth who have been identified as at-risk of suicide and provides counseling and therapy when needed.

Actions and Recommendations

• Most individuals at risk for suicidal thoughts or behavior tell someone before they try to take their own lives. Prevent suicide among loved ones by learning to recognize the signs of someone at risk, taking those signs seriously and knowing how to respond to them. The emotional crises that usually precede suicide are most often both recognizable and treatable. Prevent suicide through early recognition and treatment of depression and other psychiatric illnesses.

References:
• NMDOH Suicide Prevention Program, http://nmhealth.org/about/phd/hsb/supp/
• Suicide Death, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/SuicDeath.Year.NM_US.html
• NMDOH Injury Prevention Program, http://nmhealth.org/about/erd/ieib/ipp
Homicide, or assault death, caused by injuries purposely inflicted by other persons, is a significant public health problem in New Mexico. Homicides also affect the surviving family, friends, and community. In addition to the medical and funeral costs, the trauma, grief, and bereavement experienced by these individuals have long-lasting impacts that affect many aspects of their lives.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Homicide Deaths per 100,000 Population

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- **American Indian/Alaska Native**
- **Asian/Pacific Islander**
- **Black/African American**
- **Hispanic**
- **White**

**Did you know?**

- In 2016, homicide was a second leading cause of death among infants and children 0-14 years; and the third leading cause of death among adolescents and adults 15-34 years.
- There were 186 homicides in 2016, accounting for 7,196 Years of Potential Life Lost (YPLL) before the age of 75, the sixth highest cause of premature death in the state.
- Firearm was the leading cause of homicide death, accounting for 60.8% of homicides, followed by other causes (23.7%), cut/pierce (9.1%) and suffocation (6.5%).
- From 2012-2016, homicide rates among males were significantly higher than females across all age groups from 15-64 years. The highest homicide rate was among males 20-24 years of age, 24.7 per 100,000.
- In the past five years, female homicide rates more than doubled, while male rates increased by 27.5%.
- More than one half (53.1%) of female homicides were intimate partner violence related, i.e. the victim was killed by a current or former girlfriend/boyfriend, dating partner, ongoing sexual partner, or spouse.
- American Indians and Blacks were disproportionately represented among homicides, with homicide rates 3.2 and 3.8 times higher than Whites, respectively.
- Annual homicide rates in NM have consistently been higher than U.S. rates. In 2015, the age-adjusted homicide rate in NM was 38% higher than the U.S. homicide rate.
- Recently, the age-adjusted homicide rate in NM increased by 42%, from 6.6 per 100,000 in 2013 to 9.4 per 100,000 in 2016, the highest homicide rate in the past 18 years.
- The border region has a lower homicide death rate than the non-border region.
HOMICIDE

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Homicide Deaths per 100,000 Population

Program Highlights

- The New Mexico Violent Death Reporting System (NM-VDRS) collects comprehensive information about all violent deaths occurring in the NM, including homicide. This active, population-based surveillance system links data from multiple sources into one incident record to help understand the “who, what, when, where, and why” about violent death occurrence in NM; and to inform targeted interventions to reduce and prevent violence related injury outcomes in NM.
- The NM Department of Health contracts with eleven community-based sexual violence prevention programs across the state to deliver primary prevention programs that focus on identifying and understanding healthy relationships, rape myth, gender norms, and bystander intervention. Some programs focus specifically on members of disparate communities, including people living with disabilities, the immigrant community, and lesbian, gay, bisexual, transgender, or questioning (LGBTQ) populations to reduce sexual violence victimization risk factors and promote protective factors.

Actions and Recommendations

- The Centers for Disease Control and Prevention Division of Violence Prevention has developed multiple technical packages to help states and communities prevent violence based on the best available evidence. The strategies and approaches included in each package have differing levels of impact, depending on whether they are implemented at the societal level or the individual and relationship levels.
- Societal strategies, such as strengthening economic supports to families and changing social norms, are hypothesized to have the broadest public health impact. For example, low income is linked to children’s development, academic achievement, and health, including exposure to child abuse and neglect. Child abuse and neglect can be reduced by strengthening household financial security.

References:
- New Mexico Death Certificate Database Retrieved on November 1, 2017  http://ibis.health.state.nm.us/.
Smoking is the leading preventable cause of death in the United States. Smoking is initiated and established primarily during adolescence, with more than 80% of adult smokers first smoking before age 18. In New Mexico, over 2,600 people die from tobacco use annually and another 78,000 live with tobacco-related diseases. Annual smoking-related medical costs in NM total $844 million.

**Did you know?**

- Cigarette smoking rates among New Mexico adults have declined to a historic low (16.6%), and they continue to track closely to US rates.
- However, smoking rates are still high among certain groups, including people with lower levels of education or income, people enrolled in Medicaid or who are uninsured, people with a disability, and African Americans.
- The 2016 smoking rate among women (13.9%) in NM is inching closer toward meeting the Healthy People 2020 target of 12% or lower.
- Smoking among lesbian women declined by 44% between 2011-2016; smoking also declined by 27% among bisexual women during this timeframe.
- The landscape of tobacco uses and nicotine addiction is changing in light of emerging products. In New Mexico, about 12% of 18-29-year-old and 15% of all cigarette smokers (18+ years) currently use e-cigarettes.
- The Tobacco Program is working with partners in the border region on smoke-free efforts and promoting the DEJELO YA Spanish-language tobacco cessation services.
SMOKING AMONG ADULTS

NEW MEXICO, NEW MEXICO BORDER AND NON-BORDER, AND UNITED STATES

Smoking Prevalence in Adults Ages 18 and Older

Program Highlights

The NM Tobacco Program has a five-year action plan for 2015-2020 to do the following work together with its contractors and other statewide partners.

• GOAL 1: Prevent Initiation of Tobacco Use among Youth and Young Adults
• GOAL 2: Eliminate Nonsmokers’ Exposure to Secondhand Smoke
• GOAL 3: Promote Quitting Tobacco Among Youth and Young Adults
• GOAL 4: Identify and Eliminate Tobacco-Related Disparities.

Actions and Recommendations

• Increasing the unit price of tobacco products.
• Restricting minors’ access to tobacco products; restricting the time, place, and manner in which tobacco is marketed and sold.
• Strategic, culturally appropriate, and high impact health communication messages.
• Ensuring that all patients seen in the health care system are screened for tobacco use, receive brief interventions to help them quit, and are offered more intensive counseling and low- or no-cost cessation medications.
• Passage of laws and policies in a comprehensive tobacco control effort to protect the public from secondhand exposure.
• Focusing tobacco prevention and cessation interventions on populations at greatest risk in an effort to reduce tobacco-related health disparities.

References:
• Tobacco Use – Adult Smoking Prevalence, NM-IBIS, https://ibis.health.state.nm.us/indicator/view/TobaccoSmokeAdult.Year_NM_US.html
The consequences of excessive alcohol use are severe in New Mexico. The negative consequences of excessive alcohol use in New Mexico are not limited to death, but also include domestic violence, crime, poverty, and unemployment, as well as chronic liver disease, motor vehicle crash and other injuries, mental illness, and a variety of other medical problems.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

**Did you know?**

- New Mexico's total alcohol-related death rate is the highest in the nation
- The three leading causes of death among youth ages 15-24 – unintentional injury, suicide, and homicide — are all strongly associated with alcohol use.
- 90% of excessive drinkers are not alcohol-dependent.
- In 2012-2016, McKinley and Rio Arriba counties had the highest rates of alcohol-related death, with rates more than twice the state rate and almost 4 times the national rate. Several other counties (Cibola, San Juan, Taos, and San Miguel) had a substantial burden (20 or more alcohol-related deaths per year) and rates more than twice the US rate.
- The border region has lower rates of alcohol-related deaths than the non-border region, although the rates are still higher than the U.S. average.
**Program Highlights**

- NMDOH provides epidemiology support to the Local DWI (Driving While Intoxicated) programs at the Department of Finance and Administration and the Office of Substance Abuse Prevention at the Human Services Department.
- NMDOH also provides research-based materials, resources and evidence-based recommendations to community stakeholders to encourage use of alcohol screening, brief intervention, and regulation of alcohol outlet density.

**Actions and Recommendations**

- Reducing Alcohol Outlet Density, or the number and concentration of alcohol retailers (such as bars, restaurants, liquor stores) in an area, is one recommended strategy. Limits on days and hours of sale can also reduce alcohol-related morbidity and mortality.
- Uphold laws around commercial host liability (“dram shop liability”) that hold alcohol retail establishments liable for injuries or harms caused by illegal service to intoxicated or underage customers.
- Conduct Alcohol Screening and Brief Intervention (A-SBI) - involves screening individuals for excessive drinking, and delivering a brief intervention, which provides personalized feedback about the risks and consequences of excessive drinking.
- Enforce laws prohibiting the sale of alcohol to minors.

**References:**

- Alcohol-Related Deaths, NM-IBIS, [https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.Year.NM_US.html](https://ibis.health.state.nm.us/indicator/view/AlcoholRelatedDth.Year.NM_US.html)
New Mexico's drug overdose death rate has been one of the highest in the nation for most of the last two decades. While NM deaths due to illicit drugs have remained steady during the past decade, deaths due to prescription drugs (particularly opioid pain relievers) have increased dramatically. In addition to the high death rates, drug abuse is one of the costliest health problems in the U.S.

**TRENDS BY RACE/ETHNICITY IN NEW MEXICO**

Drug Overdose Deaths

Did you know?

- During 2012-2016, 46% of drug overdose deaths were caused by prescription drugs, while 36% were caused by illicit drugs, and 18% involved both drug types.
- Hispanic men had the highest total drug overdose death rate during 2012-2016. The rates of total drug overdose death and unintentional drug overdose death among men were roughly 1.5 times that of women.
- Among women, drug overdose death from prescription drugs was more common than from illicit drugs across the age range.
- Illicit drugs were the predominant drug type causing death among males across the age range, and the rates were highest among males aged 25-54 years.
- For all ages combined, Whites and Hispanics have the most deaths due to drug overdose.
- From 2012-2016, the highest drug overdose death rate occurred in Rio Arriba County, while the highest number of deaths occurred in Bernalillo County.
- The border region has a lower drug overdose death rate than the non-border region.
**Program Highlights**

- A law was enacted in 2016 to increase access to naloxone, a medication that can reverse opioid overdoses. The law allows non-clinicians to distribute naloxone while operating under a standing order. NMDOH staff were instrumental in this process.
- The Hepatitis and Harm Reduction Program provides harm reduction prevention education; referrals; syringe services; and overdose prevention services. The Hepatitis and Harm Reduction Program trained and enrolled 2,175 new people in the use of naloxone, with 812 people reporting successfully using naloxone to reverse an overdose. NMDOH distributed almost 6,430 doses of naloxone in 2016.
- Pharmacists are now allowed to prescribe naloxone. There were 1,688 Naloxone claims processed by Medicaid.
- NMDOH and the Board of Pharmacy are increasing efforts to better monitor prescribing practices and educate providers to reduce prescribing of opioids.

**Actions and Recommendations**

- Enforcement of laws and policies designed to prevent the supply and sale of illicit substances.
- Enforcement of the 911 Good Samaritan law. This law provides limited immunity from drug possession charges when a drug-related overdose victim or a witness to an overdose seeks medical assistance.
- Promote available, accessible, and affordable mental health and recovery services for those needing support.
- Support development of policies that discourage overuse or misuse of prescription and over-the-counter drugs. Promote improvement in prescribing practices.

**References:**

- NMDOH Injury Prevention Program, [http://nmhealth.org/about/erd/ibeb/ipp](http://nmhealth.org/about/erd/ibeb/ipp)
There are a vast number of significant health indicators that directly impact New Mexican residents, families and communities. These indicators are important, but because NMDOH may not have sufficient reliable data to fully describe health disparities related to them, we have grouped them for presentation here. In the following pages, we highlight several of these indicators including:

- Viral hepatitis because of the significant health burden it has on certain population groups in New Mexico, including Asian/Pacific Islander communities (chronic hepatitis B), people who inject drugs and people who are incarcerated (hepatitis C).
- Youth feeling sad, hopeless and adult mental distress are featured because they were voiced concerns from colleagues in other NMDOH programs;

Information regarding these indicators can be found on NM-IBIS under the alphabetical listing of Health Indicator Reports, searching for the titles:
- Hepatitis B, Acute and Chronic Infections
- Oral Health – Annual Dental Visits Among Adults
- Mental Health – Youth Feeling Sad/Hopeless
- Mental Health – Adult Self-reported Frequent Mental Distress
ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

NMDOH Strategic PLAN: Increase immunizations among preschoolers

HEALTHY PEOPLE 2020: Increase the percentage of children aged 19 to 35 months who receive the recommended doses of DTaP, polio, MMR, Hib, hepatitis B, varicella, and PCV vaccines (IID-8)

HEALTHY BORDER 2020: Educate the public on signs/symptoms and prevention strategies for common communicable diseases; Decrease hepatitis A and hepatitis B incidence by 10% in the U.S. and 1% Mexico

Fast Facts

• The NMDOH Hepatitis and Harm Reduction Program is working in collaboration with community partners in an effort to eliminate hepatitis C in New Mexico. This effort includes Human Services Division – Medicaid, the University of New Mexico Health Sciences, New Mexico Department of Corrections, and many other community partners.

• The NMDOH HIV, Hepatitis, and STD, Program certifies HIV and hepatitis C virus (HCV) testing counselors in conventional and rapid testing methods. Counselors are also provided with tools designed for risk reduction.

• The program is continuing to collaborate with the Epidemiology and Response Division on an innovative and unique project to conduct “Enhanced Surveillance” for cases of HCV infection in persons under age 30. The project has significant potential to reduce HCV transmission in this age group. This can lead to major cost savings for the health care system in future years by reducing the costly cirrhosis, end-stage liver cancer and liver transplant.

• The program also supports rapid HCV testing and counseling training for public health staff and community based partners, including correctional and county detention staff and substance use treatment providers.

Program Highlights

• The NMDOH Hepatitis and Harm Reduction Program is working in collaboration with community partners in an effort to eliminate hepatitis C in New Mexico. This effort includes Human Services Division – Medicaid, the University of New Mexico Health Sciences, New Mexico Department of Corrections, and many other community partners.

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Reference:

• NMDOH Adult Viral Hepatitis Prevention Program, https://nmhealth.org/about/phd/iddb/hip/
The Department of Health, Office of Oral Health (OOH) contracts with dental providers throughout the state to provide preventive and treatment services to low income and uninsured New Mexicans. New Mexico is one of eleven states that provides full dental adult Medicaid preventive and treatment services. OOH conducts preventive pre-school and school based dental sealant and fluoride varnish programs to low income and uninsured children and dental case management. Two New Mexico water purveyors provide fluoridated water to their customers: Santa Fe and Farmington, New Mexico. In 2018 the city of Albuquerque will begin fluoridation.

Reference:
- NMDOH Office of Oral Health: https://nmhealth.org/about/phd/hsb/ooh/
• The NMDOH Office of School and Adolescent Health (OSAH) provides training and funding for school-based health clinics which deliver both primary and behavioral health services for students.
• OSAH also provides funding for 30 Natural Helpers programs (peer-to-peer mentoring groups) in elementary, middle and high schools and promotes three crisis lines throughout the state, including New Mexico Crisis and Access Line (NMCAL), Agora, located at the University of New Mexico (UNM) campus in Albuquerque, and the National Suicide Prevention Lifeline.

**Fast Facts**

- Feelings of sadness or hopelessness are a risk factor for depression. Youth who report feelings of sadness or hopelessness are more likely than other students to report suicide attempts and engage in risky behaviors such as binge drinking and illicit drug use.
- In 2015 – the most recent year for which data are available – about one-third of NM youth reported experiencing feelings of sadness or hopelessness. This did not differ meaningfully from that of United States youth. The prevalence of feelings of sadness or hopelessness among youth in NM and the US has remained relatively stable since 2001.
- Girls consistently report higher rates of sadness or hopelessness than boys. The prevalence of such feelings for girls has increased significantly since 2011 while that for boys has remained relatively stable over time.
- In 2015, 11th grade boys reported a significantly higher prevalence of feelings of sadness or hopelessness compared to those in the 9th grade.
- The prevalence of feelings of sadness/hopelessness was significantly greater in 9th-grade Black boys (35.3%) compared to 9th-grade White (13.9%) and Hispanic (19%) boys. 12th-grade White girls had a higher prevalence of sad and hopeless feelings (44.5%) compared to 12th-grade American Indian girls (30.2%).
- Students who identified as lesbian, gay, or bisexual were twice as likely to report feelings of sadness or hopelessness as students who identified as straight.
- Youth from rural New Mexico counties reported significantly lower rates of feeling sad or hopeless compared to those from Metropolitan and Small Metro counties.

**Program Highlights**

- The NMDOH Office of School and Adolescent Health (OSAH) provides training and funding for school-based health clinics which deliver both primary and behavioral health services for students.
- OSAH also provides funding for 30 Natural Helpers programs (peer-to-peer mentoring groups) in elementary, middle and high schools and promotes three crisis lines throughout the state, including New Mexico Crisis and Access Line (NMCAL), Agora, located at the University of New Mexico (UNM) campus in Albuquerque, and the National Suicide Prevention Lifeline.
ADULT MENTAL DISTRESS

ALIGNMENT WITH STATE OR NATIONAL PRIORITIES

HEALTHY PEOPLE 2020: Reduce the proportion of adults who experience major depressive episodes (MHMD-4.2)

HEALTHY BORDER 2020: Maintain or reduce the prevalence of depression

Fast Facts

- Mental Distress is defined as an adult reporting that their mental health was “not good” on six or more of the past 30 days. Mental Distress can be used as a valid and reliable indicator of generalized mental distress with strong associations to both diagnosable depressive symptomology and serious mental illness.
- In 2016, the NM prevalence of Mental Distress was 18.6%. Since 2011, the NM prevalence has remained relatively stable.
- The prevalence of Mental Distress was highest among those 18-24 years, declining significantly after age 54.
- Among those 25-64 years of age, females reported significantly more Mental Distress than males.
- Among those 65+ years of age, American Indians reported a significantly higher prevalence of Mental Distress compared to Hispanics and Whites.
- Adults who identify as lesbian or gay or bisexual were twice as likely to experience Mental Distress as those who identify as heterosexual.
- The prevalence of Mental Distress was highest among those with the least education and the lowest household incomes.

Program Highlights

- The NMDOH Epidemiology and Response Division (ERD) conducts ongoing surveillance for indicators of mental health among adults as well as middle and high school students in every county of New Mexico.
- The Behavioral Health Services Division of the New Mexico Human Services Department (HSD) works to promote and implement effective clinical and professional practices for assessing and treating at-risk individuals.
- In 2014, HSD initiated Centennial Care, a revamping of New Mexico’s Medicaid program, to integrate physical and behavioral health, long-term care and community benefits.
DATA NOTES

RACE AND ETHNICITY
NMDOH collects race and ethnicity data according to the U.S. Department of Health and Human Services Office of Management and Budget (OMB) standards. These standards provide five categories for data collection regarding race: American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, and White. Given the composition of New Mexico’s population, this report combines Native Hawaiian or Other Pacific Islander with Asian. This modification of the OMB standards minimizes the impact of small numbers on the stability of published estimates. The OMB standards also provide two categories for ethnicity (independent of race): Hispanic or Latino, and Not Hispanic or Latino. In this report, race and ethnicity groups were calculated according to NMDOH guidelines. These guidelines combine race and ethnicity into a single construct for data presentation. Persons of Hispanic or Latino ethnicity were classified as Hispanic without consideration of reported race. Persons not of Hispanic or Latino ethnicity were classified according to race. OHE recognizes that categories in this classification are social-political constructs and does not interpret them as being biologic or anthropologic in nature; rather, the categories provide a common language for uniformity and comparability in the collection and use of data on race and ethnicity.

NEW MEXICO HEALTH REGIONS
NMDOH groups New Mexico counties into five health regions for presenting data. The Northwest Region is comprised of Cibola, McKinley, and San Juan counties. The Northeast Region is comprised of Colfax, Guadalupe, Harding, Mora, Los Alamos, Rio Arriba, San Miguel, Santa Fe, Taos, and Union counties. Bernalillo, Sandoval, Torrance, and Valencia counties have been designated as the Metropolitan Region. The Southeast Region is comprised of Chaves, Curry, De Baca, Eddy, Lea, Lincoln, Quay, and Roosevelt counties. Catron, Dona Ana, Grant, Hidalgo, Luna, Otero, Sierra, and Socorro counties comprise the Southwest Region.

RATES
Rates per 100,000 population were generally calculated using population denominators provided by the Geospatial and Population Studies (GPS), located at the University of New Mexico. Rates were calculated by dividing the total number of events of interest (e.g., drug-overdose deaths) during the time period of interest (e.g., a calendar year) by the population for that time period, and multiplying by 100,000. For certain rates calculated for the United States, population denominators were provided by the U.S. Census. Age-adjusted rates were calculated for some of the indicators in this report. An age-adjusted rate controls for the effects of age differences on health event rates. When comparing rates for different geographic areas, age-adjustment is used to control the influence that different population age distributions may have on health event rates. For more information, see https://ibis.health.state.nm.us/resource/AARate.html.
**BRFSS**
The Behavioral Risk Factor Surveillance System (BRFSS) is the nation’s premier system of health-related telephone surveys that collect data about U.S. residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. The BRFSS collects data in all 50 states as well as the District of Columbia and three U.S. territories. The BRFSS annually completes more than 400,000 adult interviews, making it the largest continuously conducted health survey system in the world. Improvements were made to the BRFSS in 2011 to better represent the New Mexico population. Data from the earlier time period are not comparable to data from 2011-forward.

**YRRS**
The Youth Risk and Resiliency Survey (YRRS) is a survey tool to assess the health risk behaviors and resiliency (protective) factors of New Mexico high school and middle school students. The YRRS is part of the national CDC Youth Risk Behavior Surveillance System (YRBSS), but the survey results have widespread benefits for New Mexico at the state, county, and school district levels.

Topic areas for the YRRS include risk behaviors related to alcohol and drug use, unintentional injury, violence, suicidal ideation and attempts, tobacco use, sexual activity, physical activity, and nutrition; resiliency (protective) factors such as relationships in the family, school, community, and with peers; and health status issues such as body weight and asthma.

The YRRS is offered to a selection of high schools and middle schools in each school district in the fall of odd-numbered years. All data are self-reported by students who voluntarily complete the survey during one class period.

**INFECTIONOUS DISEASE DATA**
Infectious disease data are collected through the New Mexico Electronic Disease Surveillance System. This system relies on reported diagnoses from health care providers and laboratories. Providers and laboratories are required to report certain infectious disease information to NMDOH pursuant to the New Mexico Administrative Code Title 7, Chapter 4, Part 3.

**VITAL RECORDS DATA**
Birth and death data used in this report are certified reports of births and deaths. New Mexico vital records data are maintained by NMDOH, Bureau of Vital Records and Health Statistics. U.S. vital records data were obtained from the Centers for Disease Control and Prevention, National Center for Health Statistics.

**STATISTICAL STABILITY**
Data calculations and statistical estimates that are based on a small number of events or a small number of survey participants are generally considered to be unreliable. In order to increase the number of events used to calculate the estimates in this report, data were sometimes combined over multiple years. Estimates are not presented whenever the number of events was fewer than 10, or when the number of survey participants was fewer than 50.