

The Prevalence of Health Conditions and Behaviors among Adults in New Mexico, 2006

Chronic disease, injury, substance abuse, and infectious disease are the leading causes of morbidity and mortality in the U.S. Routine collection of data to describe the prevalence and distribution of these important health issues and the behaviors that put people at risk of poor health is essential to developing effective programs of benefit to the population of New Mexico. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide surveillance system that routinely collects data on a variety of health conditions as well as behaviors that affect the risk of ill health. The surveillance system uses telephone survey methods to collect data in all 50 states, the District of Columbia, Guam, Puerto Rico and the U.S. Virgin Islands. The CDC established the BRFSS in 1984 with 15 states participating. New Mexico began participating in the BRFSS in 1986.

Topics addressed in the 2006 New Mexico BRFSS included general health status, health care coverage, exercise, diabetes, oral health, cardiovascular disease, asthma, disability, tobacco use, alcohol consumption, falls, seatbelt use, cancer screening, and HIV/AIDS.

Methods

Individuals who were 18 years of age or older, lived in a private residential household, and had a landline telephone, were eligible for the survey. Each household was randomly selected and then one adult household member was randomly selected to be interviewed. Adults who lived in group homes or institutions such as prisons, college dormitories, or nursing homes, or lived in a household without a landline telephone, were not eligible for the survey. Participation in the survey was voluntary, and no personal identifiers were collected in the survey process.

The BRFSS questionnaire, which typically takes between 15-25 minutes to complete, consists of: 1) a series of core questions that are administered by every state, 2) one or more optional sets of questions ad-

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ressing specific health topics in greater depth (optional modules), and often, 3) a series of State-added questions.

The statistics presented in this brief report are the estimated percentages of New Mexico adults reporting a particular health behavior or condition. These estimated percentages are weighted estimates. Weighting attempts to correct for demographic and sampling-related differences between those adults interviewed and the general adult population. The weighting factor is made up of the sampling weight, which adjusts for differences in the probability of being included in the sample, and the post-stratification weight, which adjusts for differences in the distribution of the sample by geographic residence, gender, and age group when compared to the general population. Each weighted estimate is also accompanied by a 95% confidence interval (95% CI). The 95% confidence interval, defined as the weighted estimate \pm the error term, would include the true population estimate in 95% of repeated samples.

For each health behavior/condition, the NM rate was compared to the rate for the region, defined as states bordering New Mexico ('Region': Arizona, Colorado, Oklahoma, Texas, and Utah), and to the rate for the U.S. as a whole ('U.S. '), and the NM rate was reported as higher or lower if differences were statistically significant.

Results

Interviews were completed with 6,581 New Mexico residents 18 years of age or older. The Cooperation Rate, an important measure of response, of the 2006 NM BRFSS was 77.9%, well above the CDC minimum guideline of 65.0%. The Table on the back page

summarizes the estimated percentage of adult New Mexicans with various health conditions and behaviors in 2006.

While the rates of many health behaviors and conditions in New Mexico were similar (no statistical difference) to those in the Region (i.e. bordering states) and the U.S., there were some exceptions. For example,

- The percentage of adult New Mexicans reporting their general health status to be fair or poor (17.8%) was higher than that of the U.S. (16.2%).
- The percentage of adult New Mexicans without health care coverage (21.7%) was higher than the percentage for the U.S. (15.8%).
- The percentage of adult New Mexicans ages 50 years and older who have ever been screened for colorectal cancer (52.9%) was lower than the percentage for the U.S. (59.1%).
- The percentage of adult New Mexico women ages 50 years and older who had a mammogram within the past 2 years (73.5%) was lower than the percentage for the U.S. (80.1%).

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On the positive side, some rates in New Mexico were

lower than those in the Region and the U.S. For example,

- The percentage of adult New Mexicans who have not visited a dentist or a dental clinic for any reason in the past 12 months (64.9%) was lower than the percentage for the U.S. (69.6%).
- The percentage of adult New Mexicans who reported binge drinking (13.0%) was lower than the percentage for the U.S. (15.0%).
- The percentage of adult New Mexicans who did not engage in any leisure-time physical activity in the past 30 days (22.6%) was lower than the percentage for the Region (25.8%) but was similar to that of the U.S. (24.0%).

Significant racial/ethnic differences in the prevalence of various health behaviors and conditions in New Mexico were also noted. For example,

- Hispanics and Native Americans were more likely to report their health to be fair or poor than White, non-Hispanics (22.6% and 19.3% vs. 15.4%).
- Hispanics and Native Americans were over twice as likely to be without health insurance coverage as White, non-Hispanics (31.4% and 32.9% vs. 12.9%).
- Cost was more likely to have prevented Hispanics and Native Americans than White, non-Hispanics from obtaining needed medical care in the past 12 months (19.8% and 17.5% vs. 11.0%).
- Hispanics were more likely to have visited a dentist in the past 12 months than White, non-Hispanics (40.0% vs. 31.3%).
- All racial/ethnic groups reported high rates of overweight/obesity. Native Americans were more likely to be overweight or obese (75.1%) than any other group, and Hispanics were more likely to be overweight or obese (63.9%) than White, non-Hispanics (54.7%).
- Hispanics were less likely to have engaged in physical activities outside of work in the past 30 days (27.0%) than White, non-Hispanics (20.0%).

Lower education and household income often correlated with a higher prevalence of health risk behaviors and conditions and may explain some portion of the racial/ethnic differences described above. For example,

- Fair or poor general health status was associated with less income and education.
- Lack of health care coverage was associated with less income and education.
- Not visiting a dentist in the past 12 months was associated with lower income and less education.
- Not having a Pap smear within the past 3 years was associated with lower income and less education.
- Smoking was associated with lower income and less education.
- Obesity was associated with lower income and less education.
- Not engaging in physical activities in the past 30 days was associated with lower income and less education.

Conclusions

The BRFSS has maintained a strong focus on behaviors linked to heart disease, stroke, cancer, and diabetes – the nation’s leading health conditions resulting in death. Behavioral risk factors for these conditions include inadequate physical activity, poor diet, excess body weight, and tobacco and alcohol use.

Additionally, utilization of preventive screening tests such as mammogram, Pap smear, and colorectal cancer screening increases the likelihood of early diagnosis and treatment of cancer. Overall, rates of health risk behaviors and conditions in adult New Mexicans were very similar to rates in other states in the region and the U.S. The most notable difference was the higher percentage of New Mexicans who were without health insurance; an estimated 22% of New Mexico adults were without health care coverage, compared to adults across the U.S. (16.0%).

Rates of some risk factors and conditions were healthier in New Mexico than in the Region or the U.S. New Mexico adults were more likely to have engaged in physical activities in the past 30 days than adults in the

Region. New Mexico adults were more likely to have visited a dentist than adults in the Region or the U.S. New Mexico adults were less likely to report binge drinking in the previous 30 days than adults across the U.S.

Differences were observed in the rates of health risk behaviors and conditions among the different racial/ethnic groups in New Mexico. Rates also varied by income and education. It is likely that the observed disparities between rates among Hispanics and Native Americans versus White, non-Hispanics were at least partly due to differences in income and education. For example, based on the BRFSS demographic data, an estimated 26% of Hispanics and 31% of Native Americans lived in households with a total annual income below the Federal Poverty Limit for 2006 while 6% of White, non-Hispanics lived in households with an annual income in this range. Similarly, an estimated 25% of Hispanics and 13% of Native Americans in New Mexico did not complete high school, compared to 6% of White, non-Hispanics. Small sample sizes among Black/African Americans (106 interviews) and Asian/Pacific Islanders (60 interviews) made it difficult to produce reasonable estimates and to identify differences between these two groups and other racial/ethnic groups. The challenge to adequately sample smaller population groups is a continuing concern.

The BRFSS is an important resource for information on the health conditions and health risk behaviors of adult New Mexicans, providing yearly updates on the prevalence and distribution of many conditions and behaviors, as well as the ability to monitor trends and to identify which people might be most at risk. For more information about this article, contact:

Wayne Honey (476-3595, wayne.honey@state.nm.us) or Vivian Heye (476-3569, vivian.hey@state.nm.us) or go to <http://www.cdc.gov/brfss/>. For full New Mexico BRFSS reports, entitled ‘Health Behaviors and Conditions of New Mexicans’, in .pdf format, go to the NM Department of Health website: <http://www.health.state.nm.us/hdata.html> and click on ‘Health Behaviors’, then ‘Adults’, then choose the year of interest.

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Table. The Prevalence of Various Health Conditions and Behaviors among Adults in New Mexico, the Region, and the U.S., 2006

Risk Factor/Condition	Weighted Percent (95% CI)**	New Mexico rates vs.	
		Region	U.S.
Have health insurance coverage	78.3 (76.8, 79.7)	Similar	Lower
Have source of on-going care (personal physician)	73.9 (72.2, 75.5)	Similar	Lower
Cost prevented necessary medical care in past year	14.9 (13.7, 16.1)	Similar	Higher
Oral health visit in the past year	35.1 (33.5, 36.7)	Similar	Higher
Flu shot during the past year (Ages 65 years and older)	67.6 (64.7, 70.3)	Similar	Similar
Pneumococcal vaccine ever (Ages 65 years and older)	64.5 (61.5, 67.3)	Similar	Similar
Colorectal cancer screening (Ages 50 years and older)	49.3 (47.3, 51.3)	Similar	Lower
Mammogram within past 2 years (Female over 50 years)	73.5 (71.1, 75.7)	Similar	Lower
No Pap smear within past 3 years	83.1 (81.1, 84.9)	Similar	Similar
Diabetes	7.3 (6.6, 8.1)	Similar	Similar
Current smoking	20.1 (18.8, 21.6)	Similar	Similar
Binge drinking 5+ drinks on occasion (Males and Females)	13.0 (11.9, 14.3)	Lower	Lower
Binge drinking 5+ drinks on occasion – Males	17.7 (15.6, 19.9)	Similar	Lower
Binge drinking 5+ drinks on occasion – Females	8.7 (7.5, 10.1)	Similar	Similar
Overweight/Obese (BMI \geq 25.0)	59.7 (58.0, 61.5)	Similar	Similar
Did not engage in physical activities in the past 30 days	22.6 (21.3, 24.0)	Lower	Similar

‡ Regions includes the 5 states that border New Mexico (Arizona, Colorado, Oklahoma, Texas, and Utah).

* U.S.: the 50 states, plus the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.