

Results from the New Mexico Online Survey of Maternal and Child Health Priorities

April, 2010



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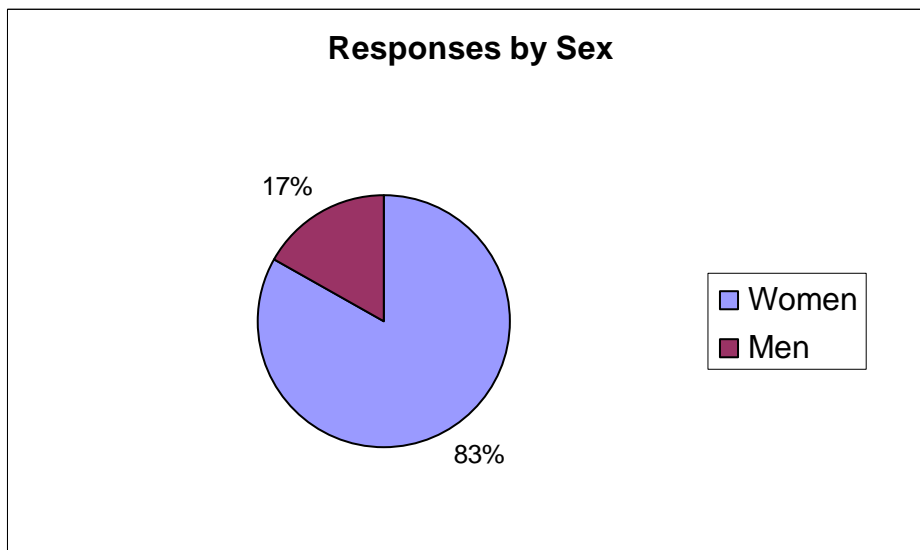
I. Characteristics of Respondents to the Online Maternal and Child Health Priorities Survey (Demographics)

There were 518 complete responses collected between March 9 and April 5, 2010.

Note: percentages do not always total to 100 because of rounding and unreported data. Demographic numbers do not always add up to the total number of responses because of missing data.

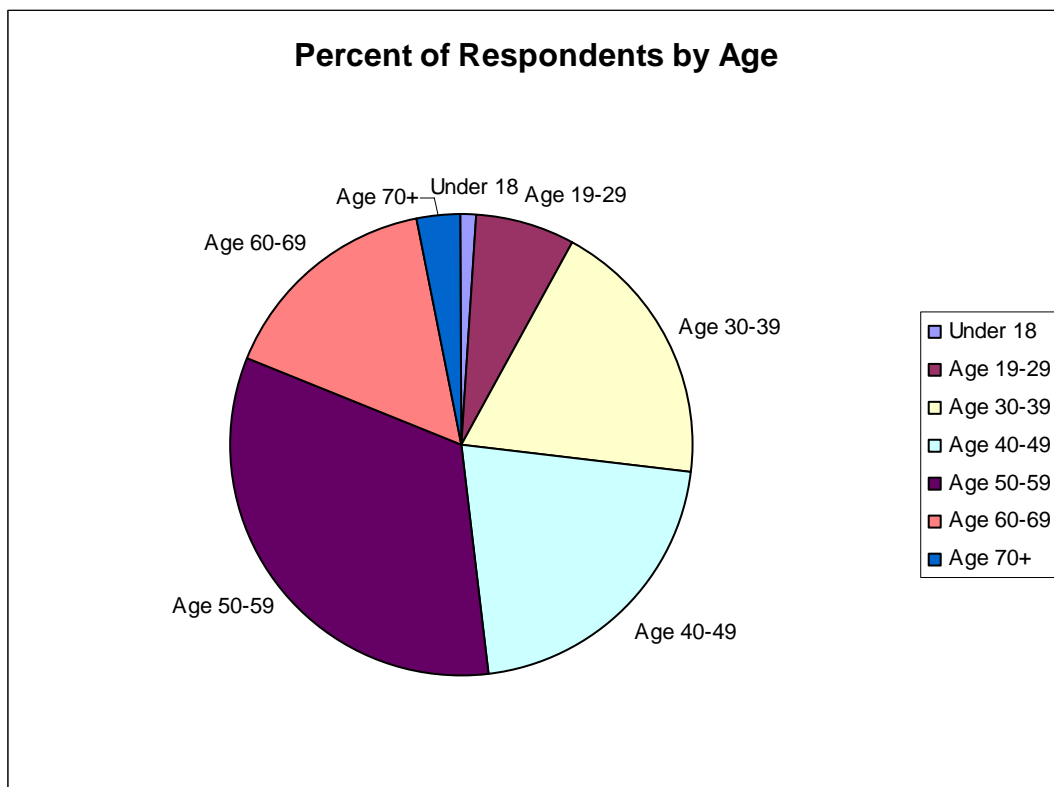
Responses by Sex:

425 women and 87 men responded.



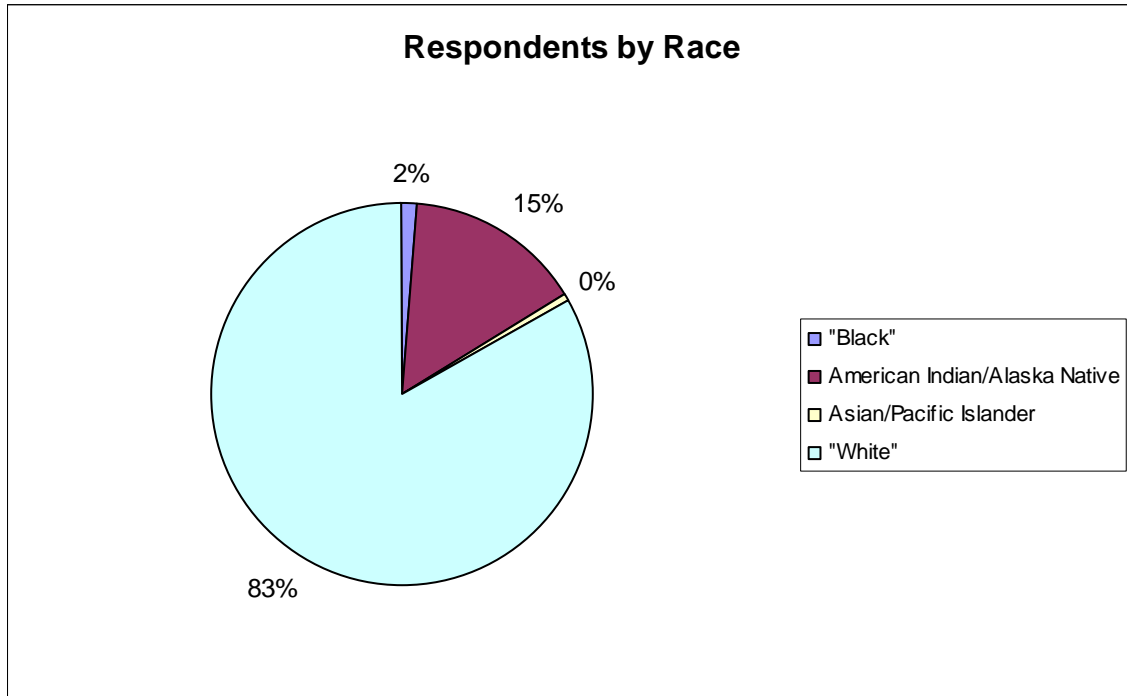
Responses by age-group:

- 1% of respondents were under age 18
- 7% were age 19-29
- 19% were age 30-39
- 21% were age 40-49
- 33% were age 50-59
- 16% were age 60-69
- 3% were age 70 and older



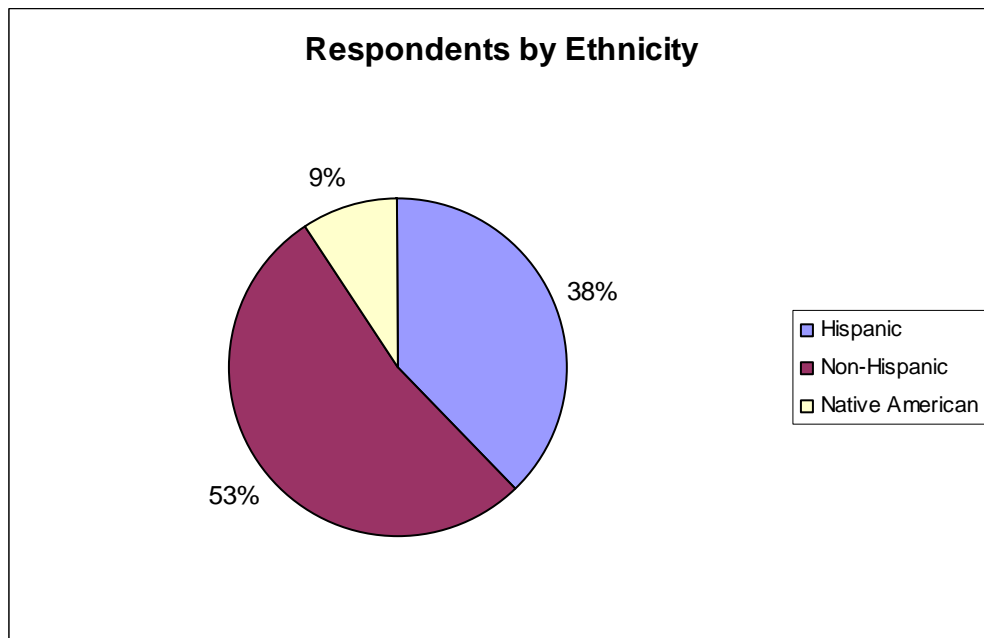
Responses by Race:

There were 7 “Black” respondents, 69 American Indian/Alaska Native respondents, 2 Asian/Pacific Islander respondents, and 384 were “White”.



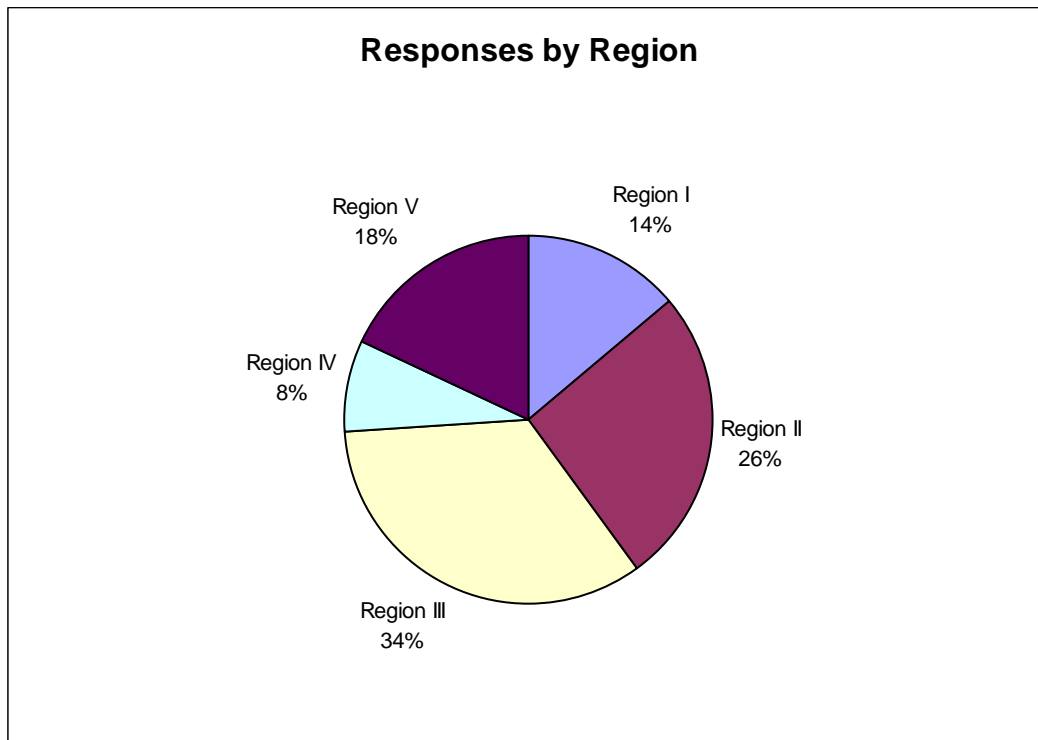
Responses by Ethnicity:

169 respondents were Hispanic, 236 were non-Hispanic, and 41 were Native American.

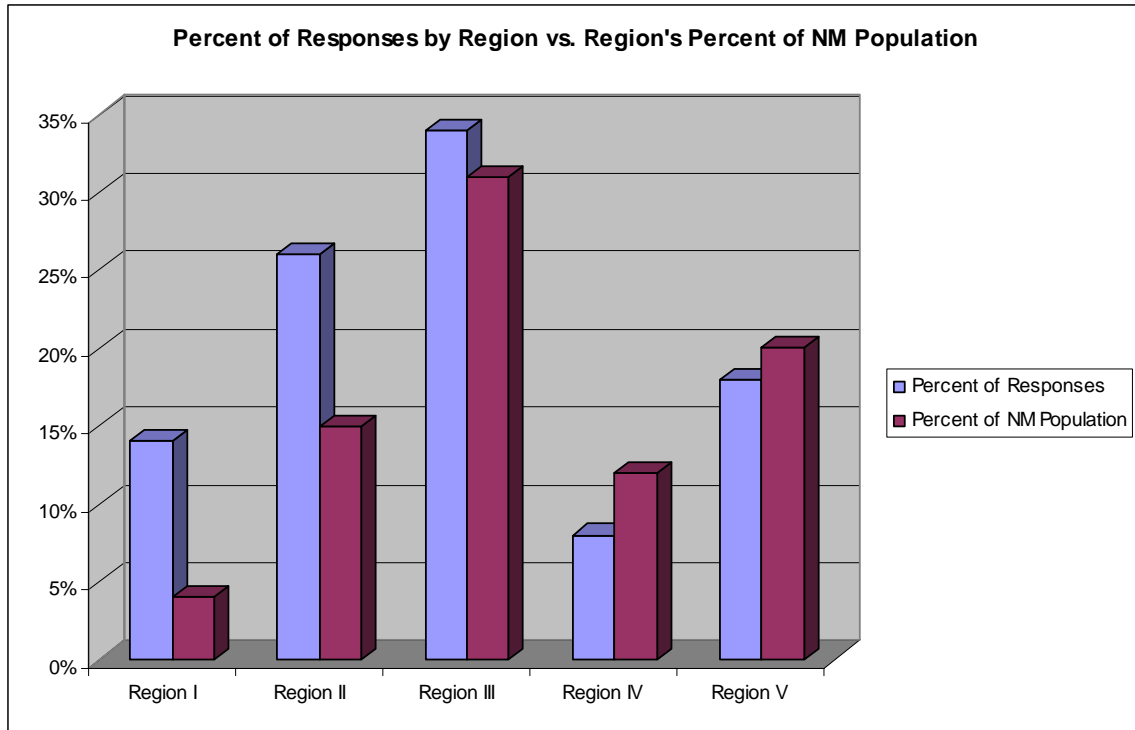


Responses by Region:

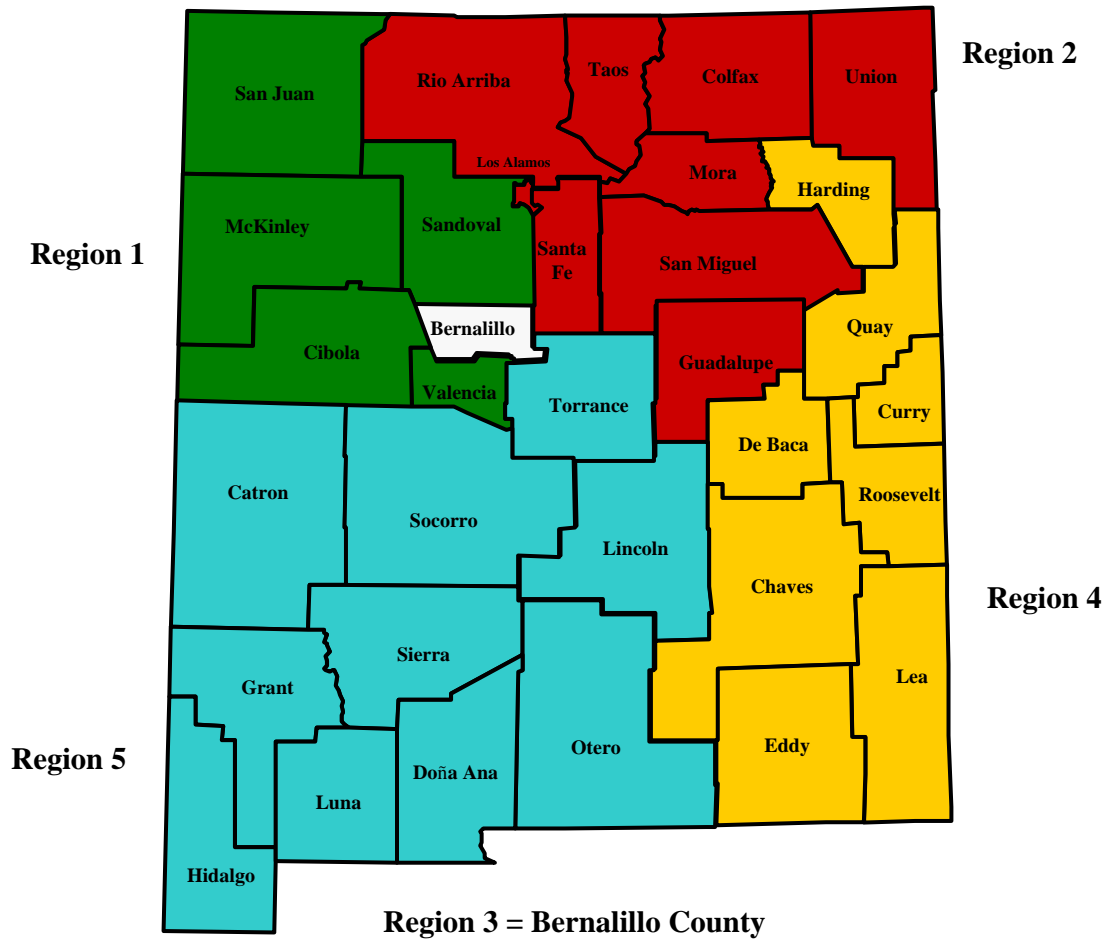
- 14% (75) of responses came from region one, which represents 4% of the NM population
- 26% (133) of responses came from region two, which represents 15% of the NM population
- 34% (174) of responses came from region three, which represents 31% of the NM population
- 8% (42) of responses came from region four, which represents 12% of the NM population
- 18% (94) of responses came from region five, which represents 20% of the NM population



Reponses by Region, continued.

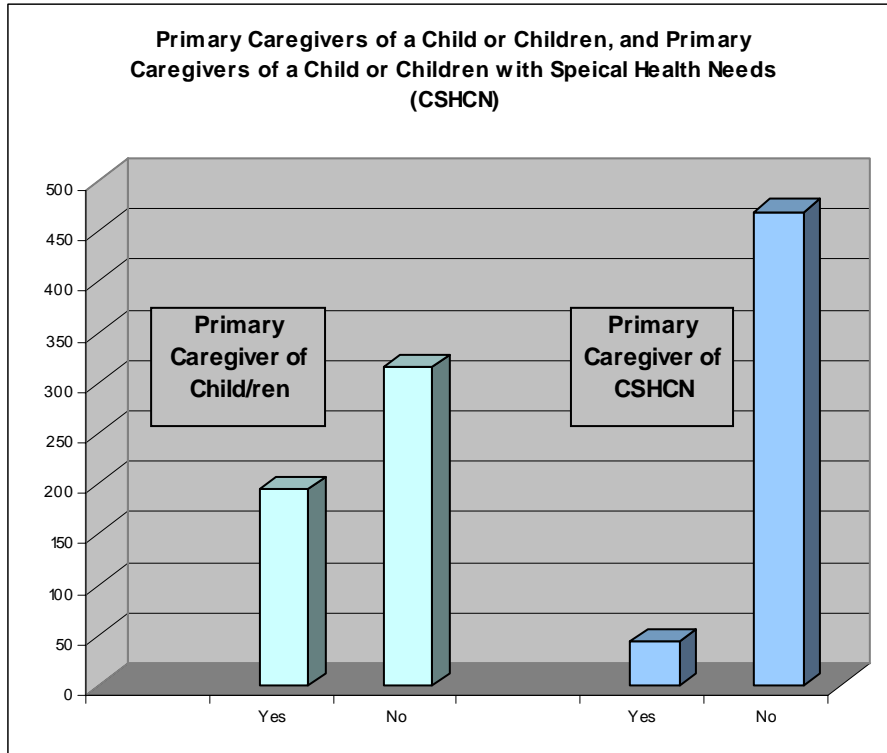


Map of Public Health Division Regions



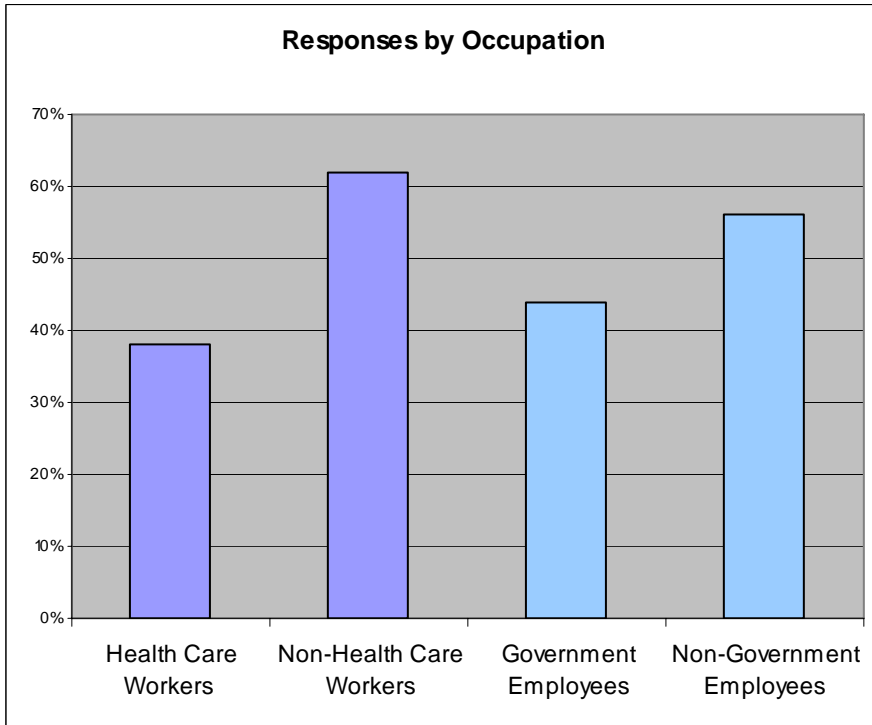
Responses by caregiver status:

- 195 respondents were the primary caregivers of a child or children, and 315 were not.
- 44 respondents were the primary caregivers of a child or children with special needs, and 469 were not.



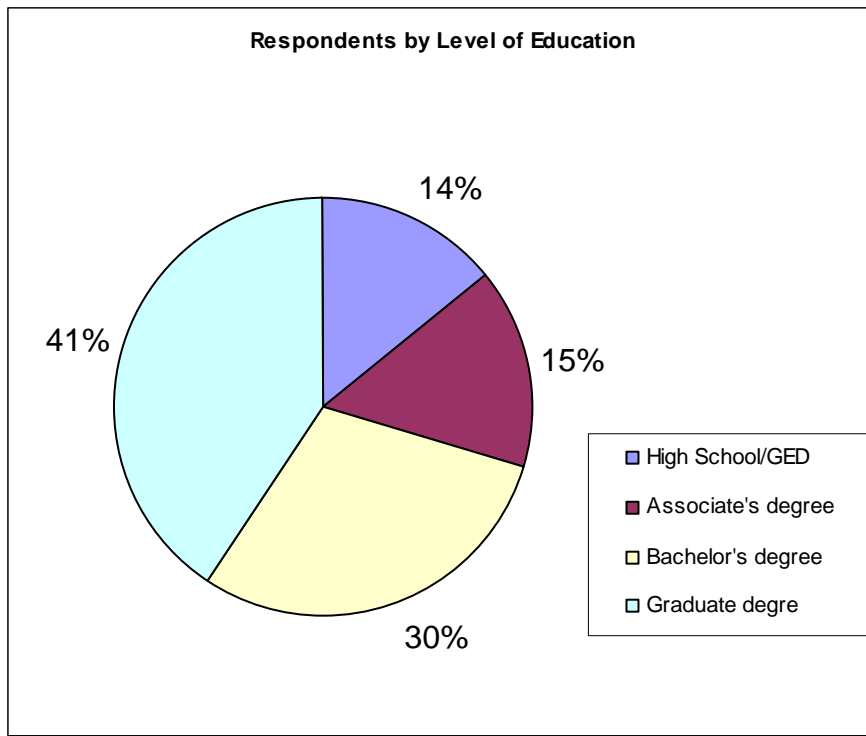
Responses by Occupation:

- 38% of respondents were health care workers and 62% were in other occupations.
- 44% were employed by the government, 56% were not.



Responses by level of education:

- 14% of respondents had graduated from high school or received a GED
- 15% had an associate's degree
- 29% had a bachelor's degree
- 40% of respondents had a graduate degree



Respondents' Ranks of Maternal and Child Health Priorities: Statewide and by Region

*All regions ranked Access to Services and Health Insurance for the MCH Population and Child Abuse as their top two priorities

Statewide: 518 Responses	Rank
Access to Services and Health Insurance for the MCH Population	1
Child Abuse	2
Teen Pregnancy and STDs	3
Youth Alcohol and Substance Abuse	4
Hunger and Food Insecurity	5
Preconception and Prenatal Care	6
Positive Youth Development	7
Youth Mental Health	8
Rural Access to Services and Providers	9
Child and Youth Obesity	10
Youth Violence	11
Intimate Partner Violence	12
Diabetes	13
Infant Mortality and Morbidity	14
Immunizations	15
Child/Youth Unintentional Injury	16
Cohesion and Reimbursement of Special Needs Services	17
Maternal Depression	18
Oral Health	19
Harm Reduction from Drug Abuse	20
Male Involvement in Family Planning and Fatherhood	21
Infant Mental Health	22
Asthma	23
Breastfeeding	24
Children with Special Health Care Needs Transition to Adulthood	25

Region 1 * 75 Responses	Rank
Access to Services and Health Insurance for the MCH Population	1
Child Abuse	2
Youth Alcohol and Substance Abuse	3
Teen Pregnancy and STDs	4
Youth Mental Health	5
Preconception and Prenatal Care	6
Youth Violence	7
Positive Youth Development	8
Hunger and Food Insecurity	9
Child and Youth Obesity	10
Rural Access to Services and Providers	11
Diabetes	12
Intimate Partner Violence	13
Child/Youth Unintentional Injury	14
Immunizations	15
Infant Mortality and Morbidity	16
Male Involvement in Family Planning and Fatherhood	17
Maternal Depression	18
Cohesion and Reimbursement of Special Needs Services	19
Infant Mental Health	20
Harm Reduction from Drug Abuse	21
Oral Health	22
Asthma	23
Children with Special Health Care Needs Transition to Adulthood	24
Breastfeeding	25
<p>*Region 1, in the Northwest part of the state, includes the following counties: Cibola, McKinley, Sandoval, San Juan, Valencia.</p>	

Region 2* 133 Responses	Rank
Access to Services and Health Insurance for the MCH Population	1
Child Abuse	2
Hunger and Food Insecurity	3
Positive Youth Development	4
Preconception and Prenatal Care	5
Youth Alcohol and Substance Abuse	6
Teen Pregnancy and STDs	7
Rural Access to Services and Providers	8
Youth Mental Health	9
Child and Youth Obesity	10
Youth Violence	11
Intimate Partner Violence	12
Diabetes	13
Cohesion and Reimbursement of Special Needs Services	14
Infant Mortality and Morbidity	15
Maternal Depression	16
Immunizations	17
Child/Youth Unintentional Injury	18
Oral Health	19
Male Involvement in Family Planning and Fatherhood	20
Infant Mental Health	21
Harm Reduction from Drug Abuse	22
Asthma	23
Breastfeeding	24
Children with Special Health Care Needs Transition to Adulthood	25
Region 2, in the Northeast part of the state, includes the following counties: Colfax, Guadalupe, Los Alamos, Mora, Rio Arriba, San Miguel, Santa Fe, Taos, Union.	

Region 3* 174 Responses	Rank
Access to Services and Health Insurance for the MCH Population	1
Child Abuse	2
Preconception and Prenatal Care	3
Hunger and Food Insecurity	4
Teen Pregnancy and STDs	5
Youth Mental Health	6
Positive Youth Development	7
Youth Alcohol and Substance Abuse	8
Child and Youth Obesity	9
Youth Violence	10
Rural Access to Services and Providers	11
Intimate Partner Violence	12
Infant Mortality and Morbidity	13
Diabetes	14
Child/Youth Unintentional Injury	15
Immunizations	16
Cohesion and Reimbursement of Special Needs Services	17
Maternal Depression	18
Oral Health	19
Harm Reduction from Drug Abuse	20
Infant Mental Health	21
Male Involvement in Family Planning and Fatherhood	22
Asthma	23
Breastfeeding	24
Children with Special Health Care Needs Transition to Adulthood	25
Region 3 is Bernalillo County.	

Region 4* 42 Responses	Rank
Child Abuse	1
Access to Services and Health Insurance for the MCH Population	2
Teen Pregnancy and STDs	3
Youth Alcohol and Substance Abuse	4
Preconception and Prenatal Care	5
Hunger and Food Insecurity	6
Positive Youth Development	7
Rural Access to Services and Providers	8
Child and Youth Obesity	9
Diabetes	10
Youth Mental Health	11
Youth Violence	12
Intimate Partner Violence	13
Child/Youth Unintentional Injury	14
Immunizations	15
Oral Health	16
Cohesion and Reimbursement of Special Needs Services	17
Male Involvement in Family Planning and Fatherhood	18
Infant Mortality and Morbidity	19
Asthma	20
Harm Reduction from Drug Abuse	21
Maternal Depression	22
Infant Mental Health	23
Children with Special Health Care Needs Transition to Adulthood	24
Breastfeeding	25
*Region 4, in the Southeast part of the state, includes the following counties: Chaves, Curry, De Baca, Eddy, Harding, Lea, Quay, Roosevelt.	

Region 5* 94 Responses	Rank
Access to Services and Health Insurance for the MCH Population	1
Child Abuse	2
Youth Alcohol and Substance Abuse	3
Teen Pregnancy and STDs	4
Rural Access to Services and Providers	5
Hunger and Food Insecurity	6
Preconception and Prenatal Care	7
Youth Mental Health	8
Positive Youth Development	9
Youth Violence	10
Child and Youth Obesity	11
Diabetes	12
Intimate Partner Violence	13
Immunizations	14
Infant Mortality and Morbidity	15
Maternal Depression	16
Harm Reduction from Drug Abuse	17
Cohesion and Reimbursement of Special Needs Services	18
Male Involvement in Family Planning and Fatherhood	19
Child/Youth Unintentional Injury	20
Oral Health	21
Asthma	22
Breastfeeding	23
Infant Mental Health	24
Children with Special Health Care Needs Transition to Adulthood	25
*Region 5, in the Southwest part of the state, includes the following counties: Catron, Doña Ana, Grant, Hidalgo, Lincoln, Luna, Otero, Sierra, Socorro, Torrance.	

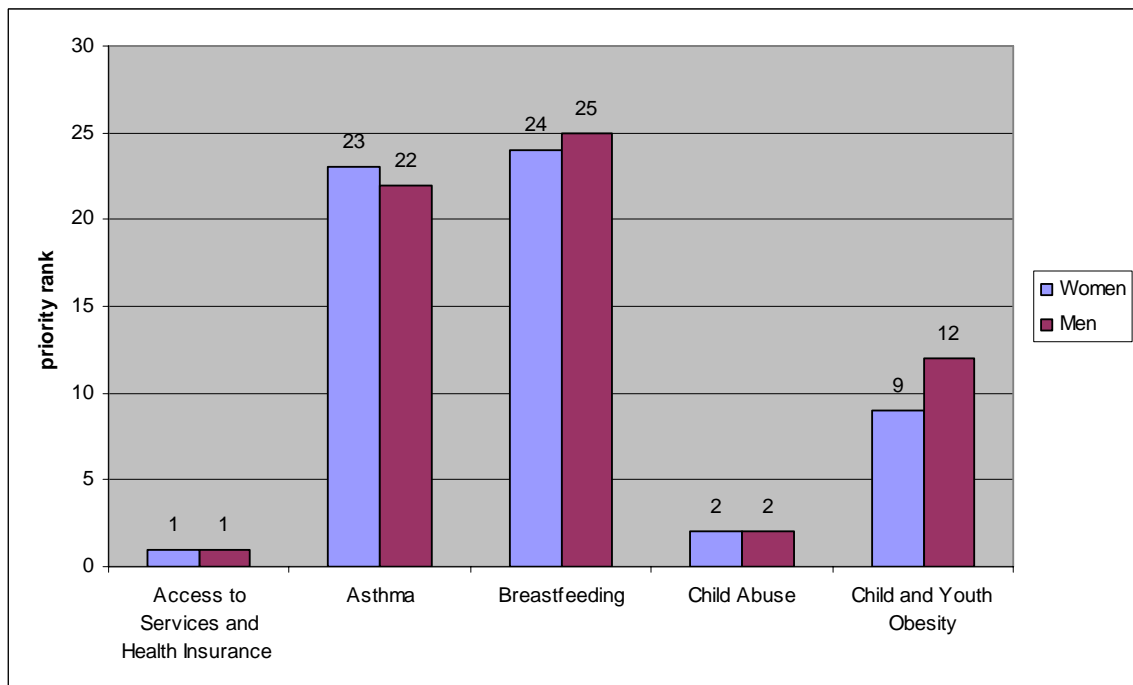
Maternal and Child Health Priorities Compared by Region	State	Region 1	Region 2	Region 3	Region 4	Region 5
Access to Services & Health Insurance for the MCH Population	1	1	1	1	2	1
Asthma	23	23	23	23	20	22
Breastfeeding	24	25	24	24	25	23
Child Abuse	2	2	2	2	1	2
Child and Youth Obesity	10	10	10	9	9	11
Child/Youth Unintentional Injury	16	14	18	15	14	20
Adulthood	25	24	25	25	24	25
Cohesion and Reimbursement of Special Needs Services	17	19	14	17	17	18
Diabetes	13	12	13	14	10	12
Harm Reduction from Drug Abuse	20	21	22	20	21	17
Hunger and Food Insecurity	5	9	3	4	6	6
Immunizations	15	15	17	16	15	14
Infant Mental Health	22	20	21	21	23	24
Infant Mortality and Morbidity	14	16	15	13	19	15
Intimate Partner Violence	12	13	12	12	13	13
Male Involvement in Family Planning and Fatherhood	21	17	20	22	18	19
Maternal Depression	18	18	16	18	22	16
Oral Health	19	22	19	19	16	21
Positive Youth Development	7	8	4	7	7	9
Preconception and Prenatal Care	6	6	5	3	5	7
Rural Access to Services and Providers	9	11	8	11	8	5
Teen Pregnancy and STDs	3	4	7	5	3	4
Youth Alcohol and Substance Abuse	4	3	6	8	4	3
Youth Mental Health	8	5	9	6	11	8
Youth Violence	11	7	11	10	12	10

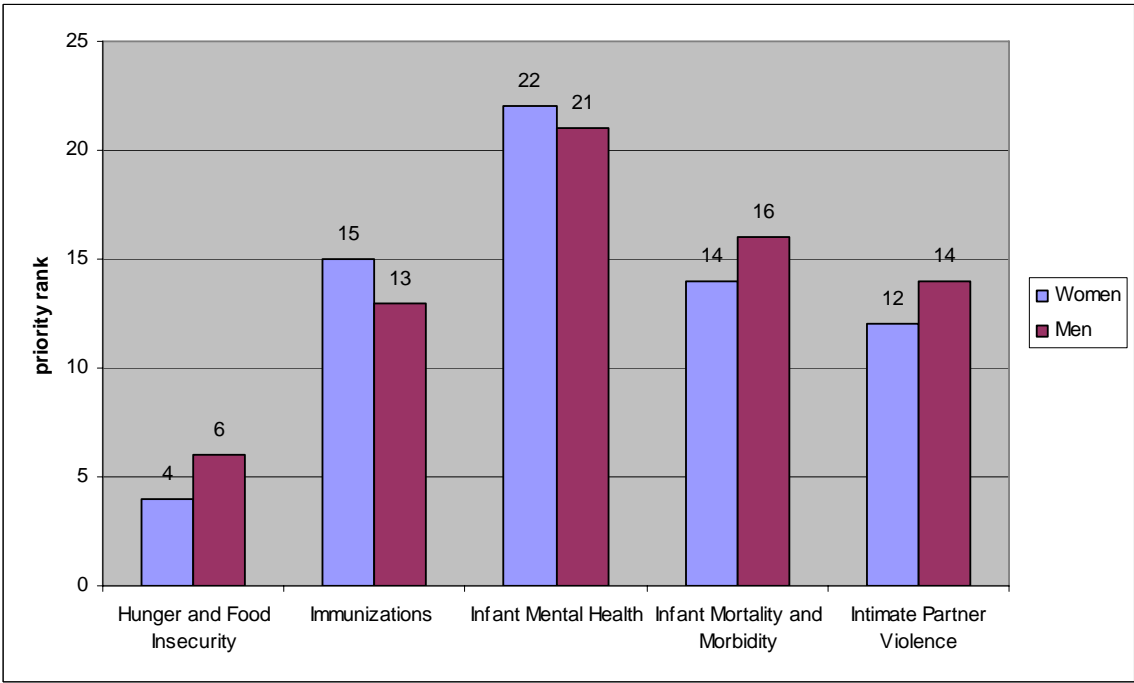
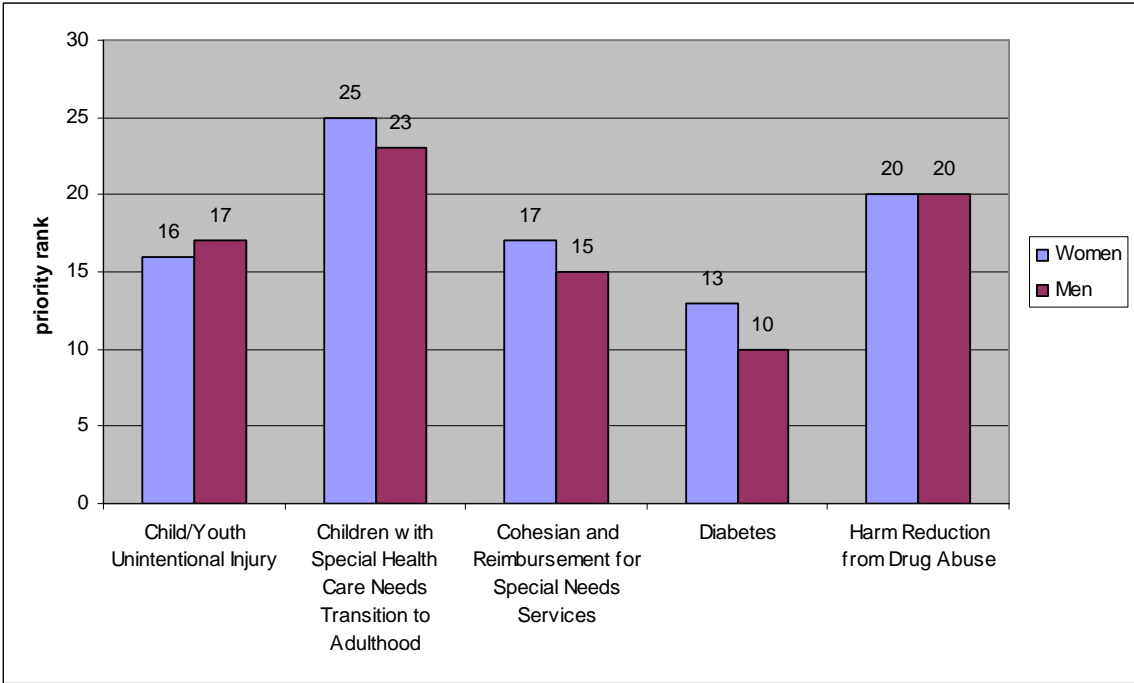
Maternal and Child Health Priority Ranks by Sex.

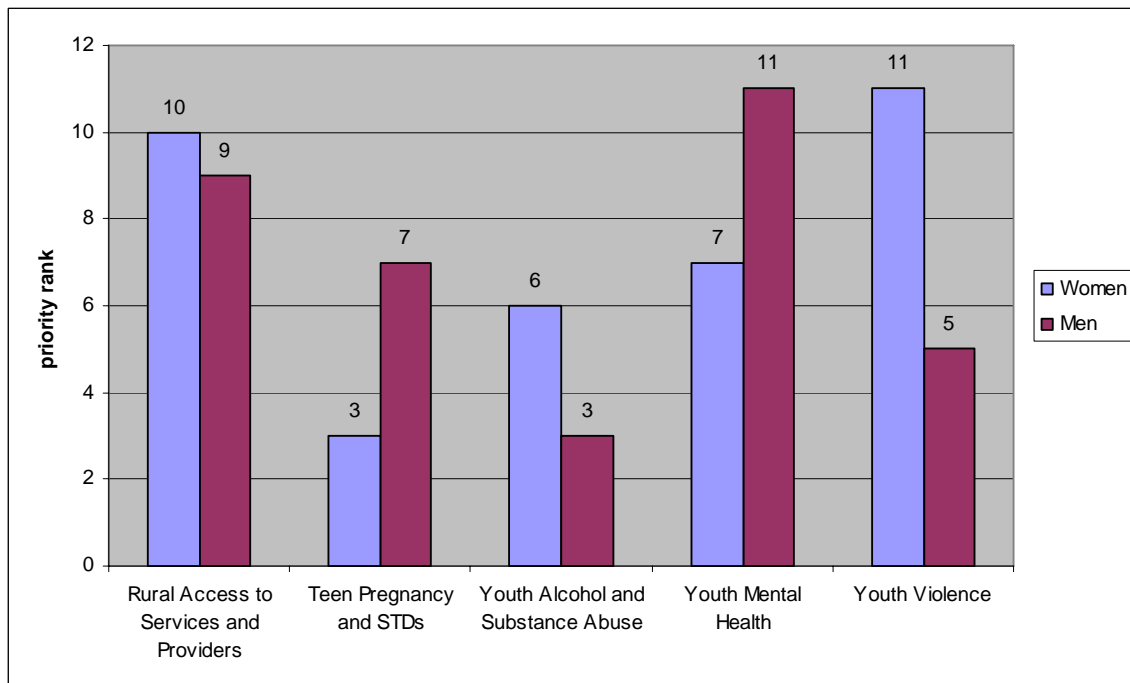
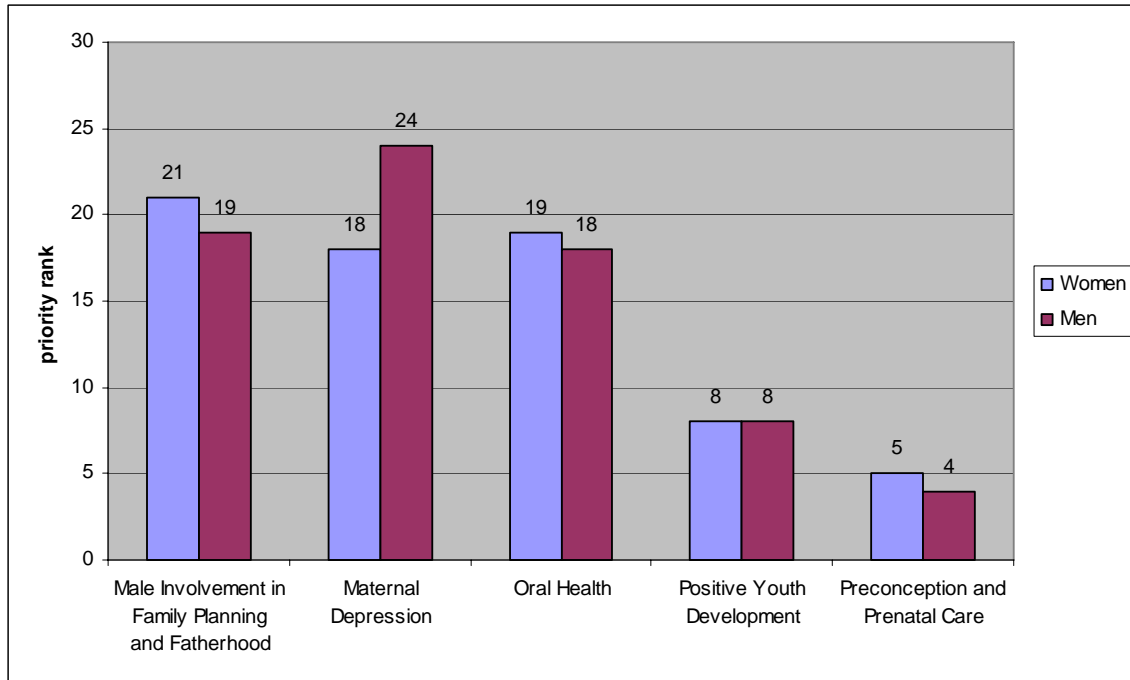
A lower rank number indicates that respondents felt the priority was more important, and a higher rank number indicates that respondents felt the priority was less important. For example, 1 = most important, 25 = least important.

Priorities are presented in alphabetical order.

425 women, and 87 men responded.







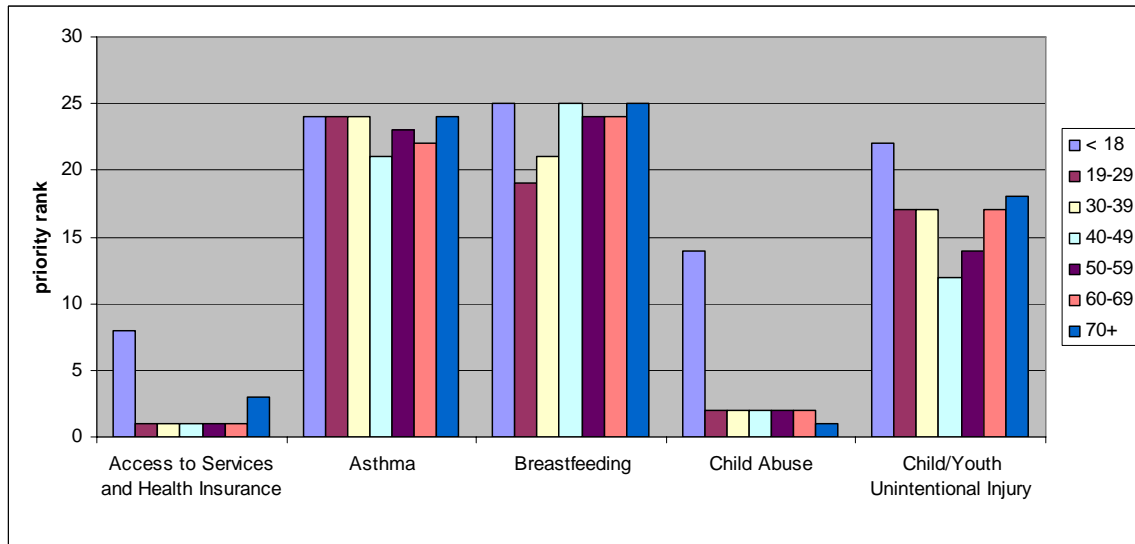
Maternal and Child Health Priority Ranks by Age.

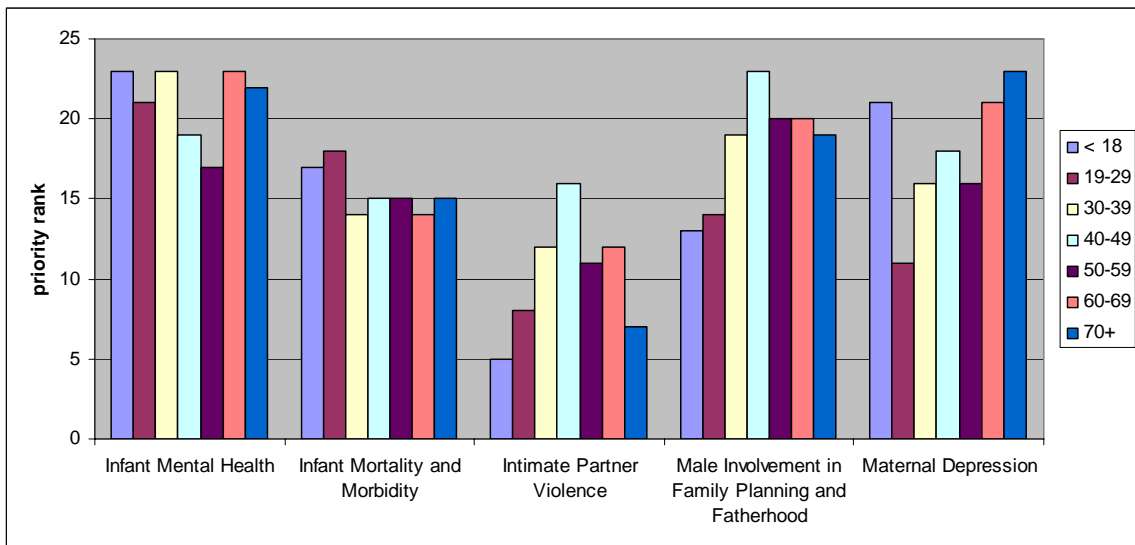
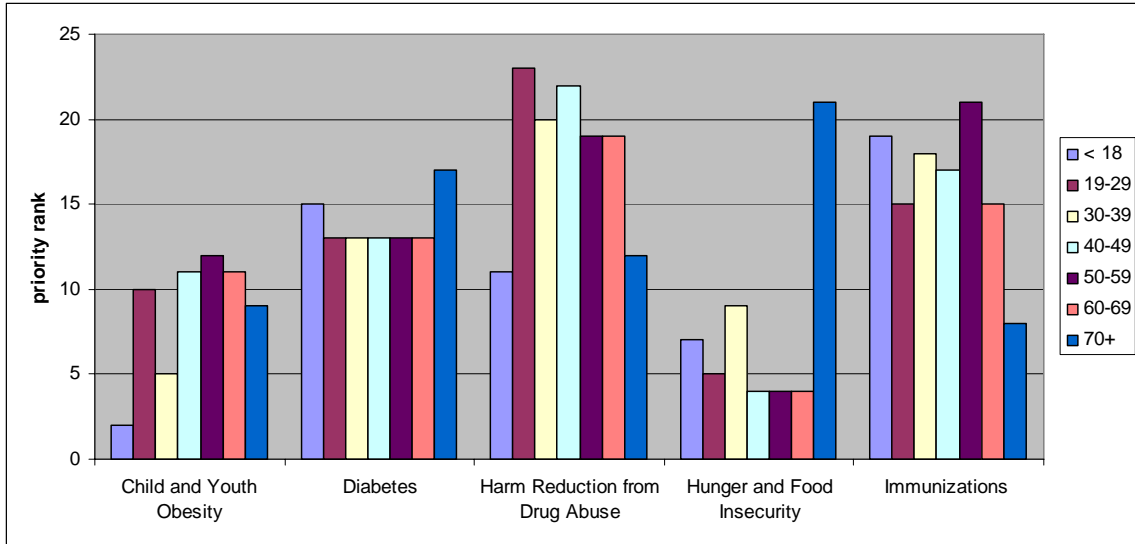
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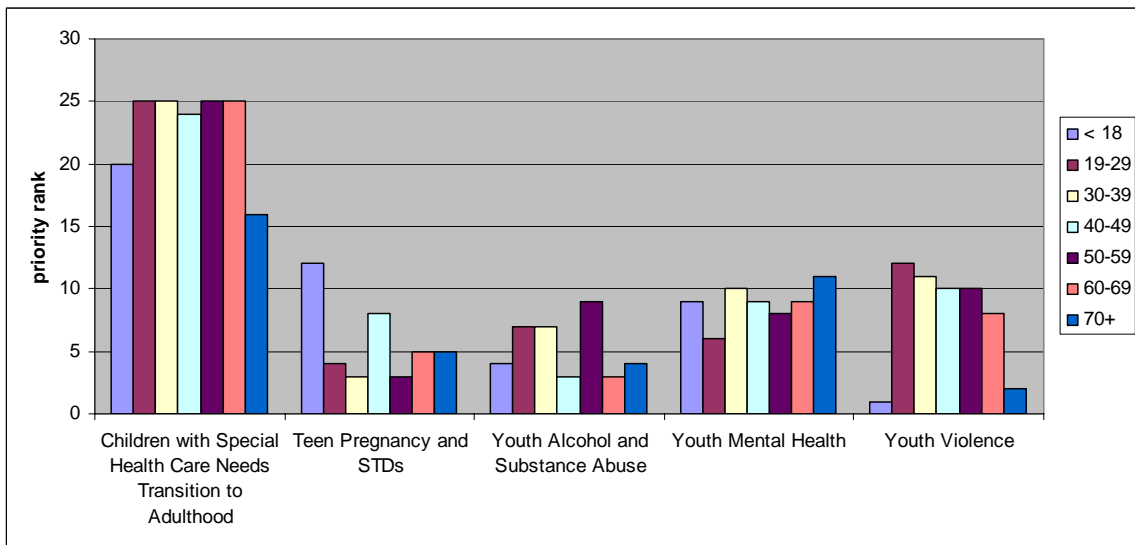
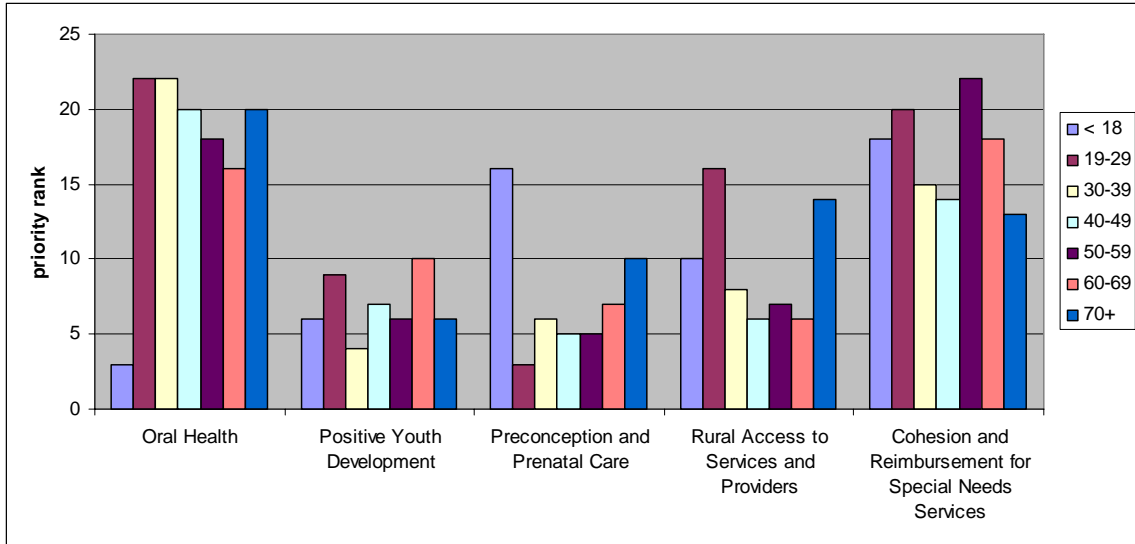
Priorities are presented in alphabetical order.

Please note that there were very few respondents under age 18, and few over age 70, therefore their results should be interpreted with caution.

- 5 respondents were under age 18
- 38 were age 19-29
- 98 were age 30-39
- 106 were age 40-49
- 172 were age 50-59
- 82 were age 60-69
- 14 were age 70 or older







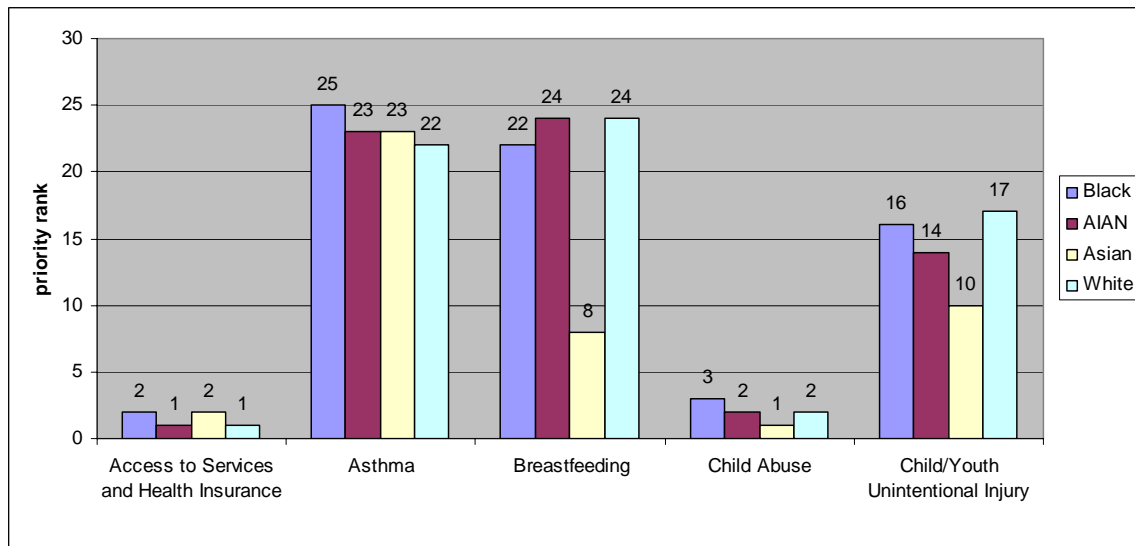
Maternal and Child Health Priority Ranks by Race.

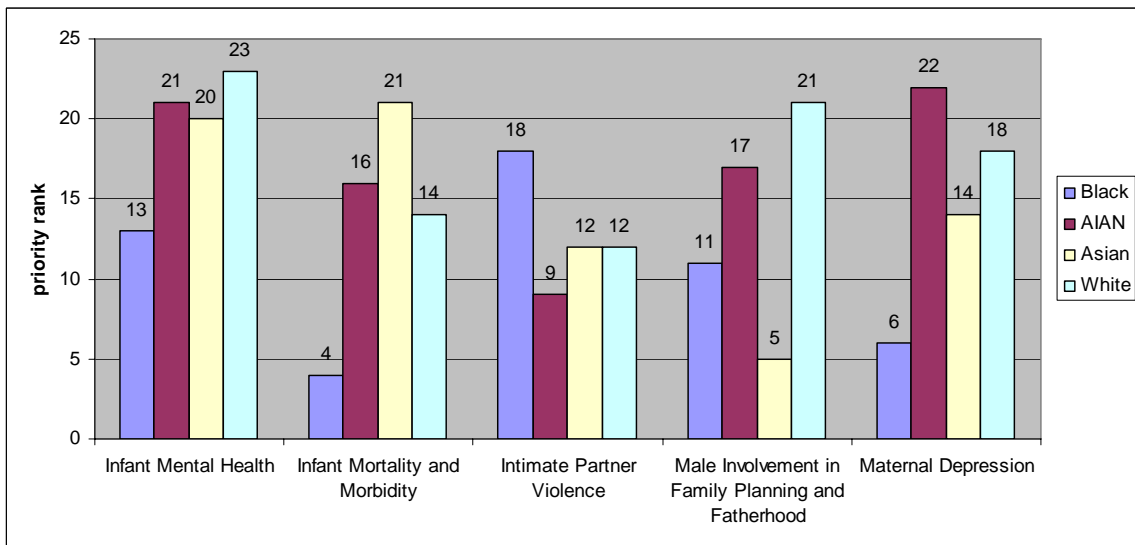
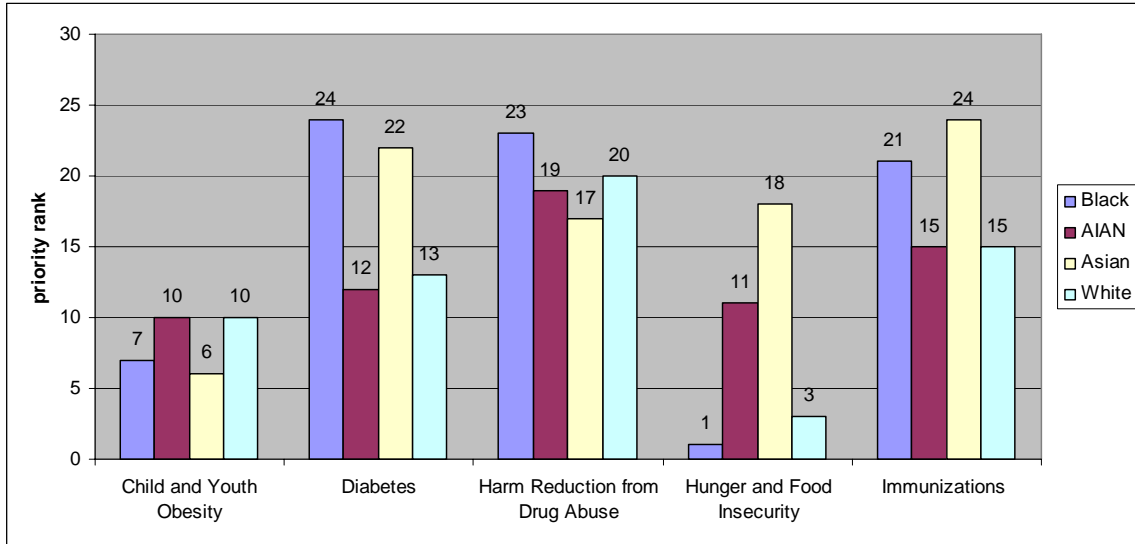
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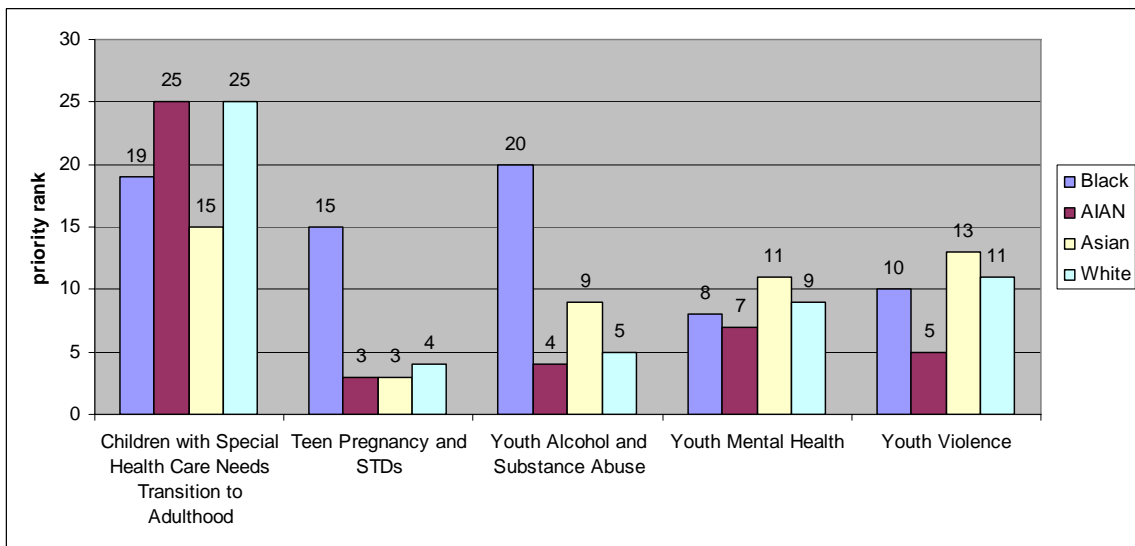
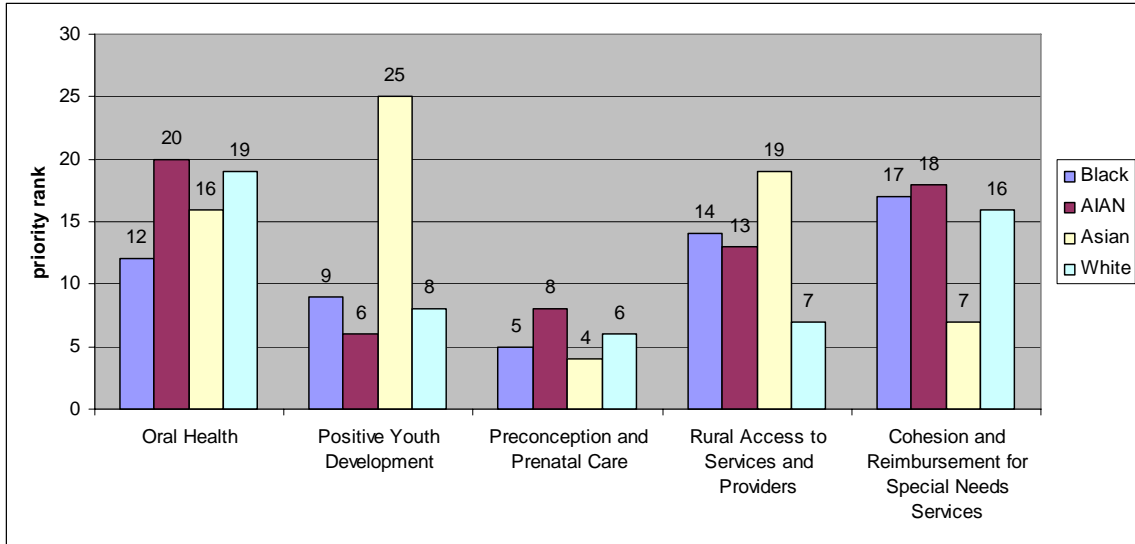
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There were 7 “Black” respondents, 69 American Indian/Alaska Native respondents, 2 Asian/Pacific Island respondents and 384 “White” respondents.





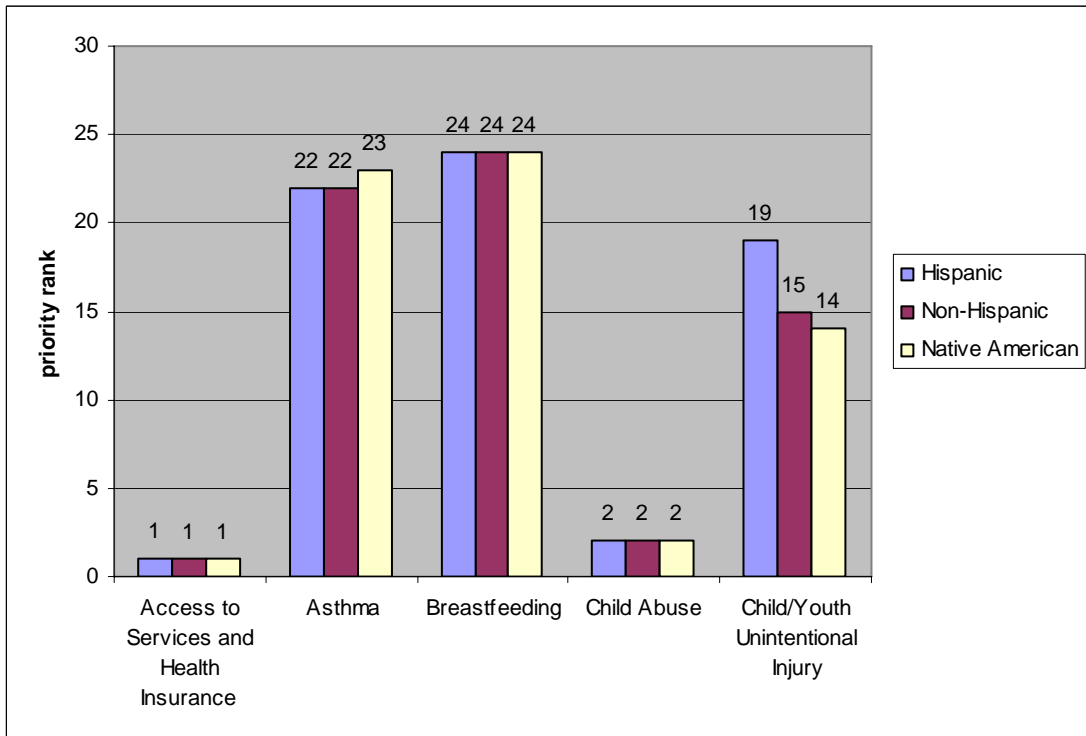


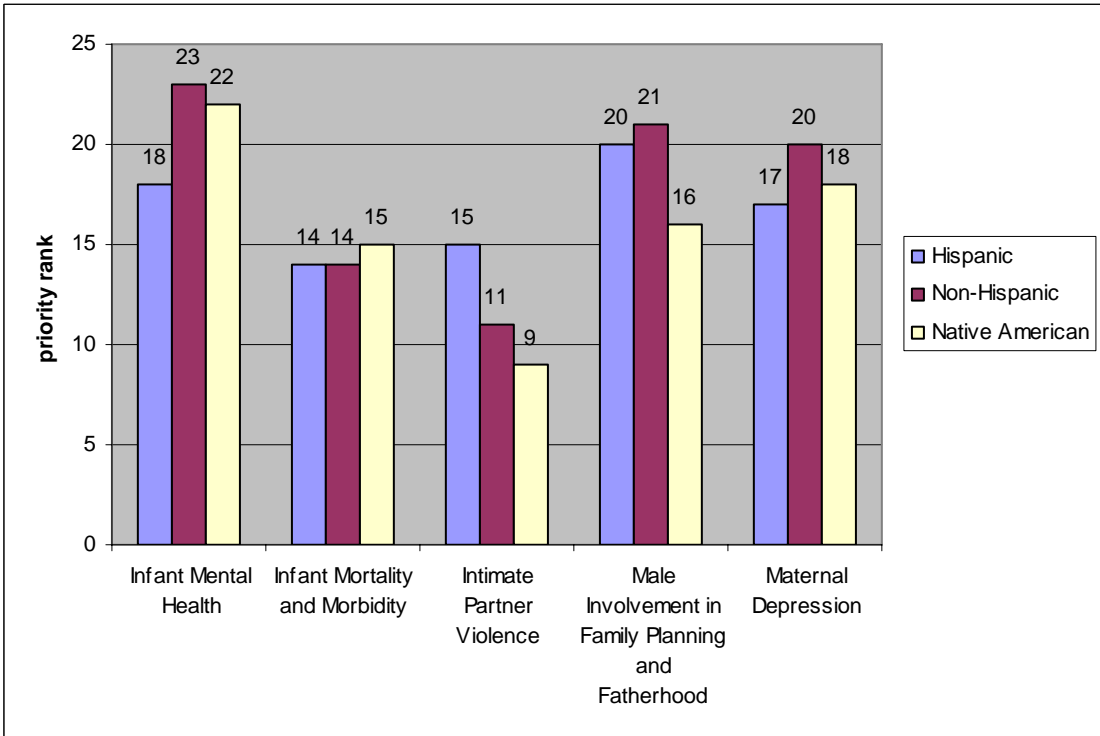
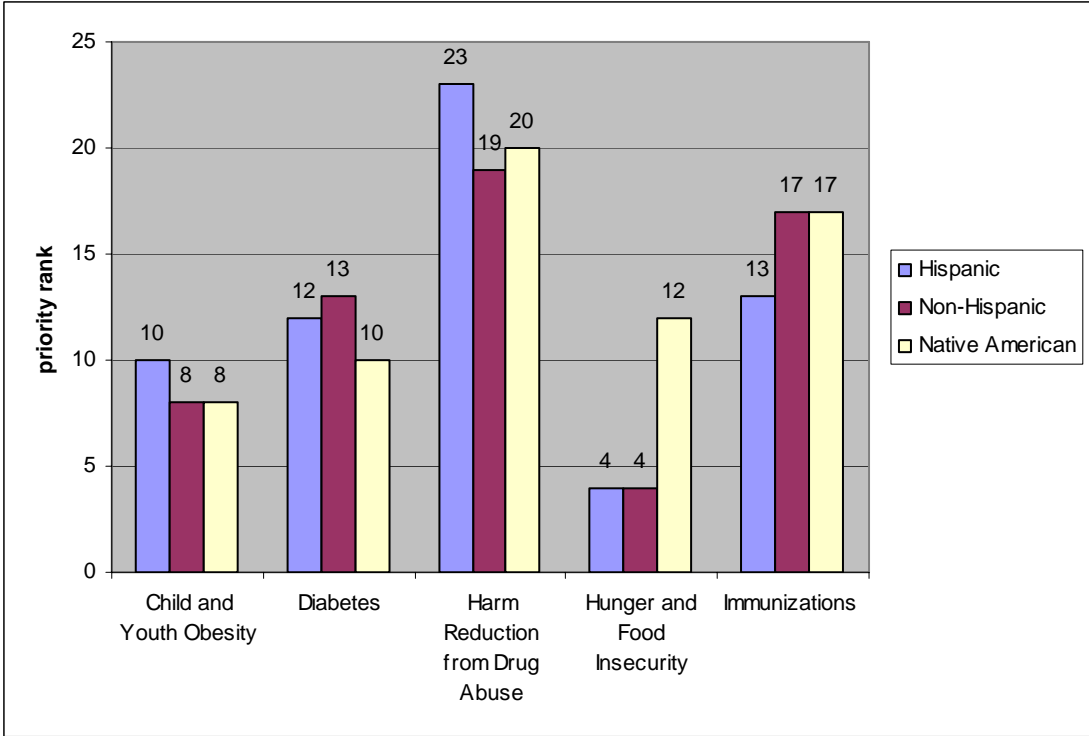
Maternal and Child Health Priority Ranks by Ethnicity.

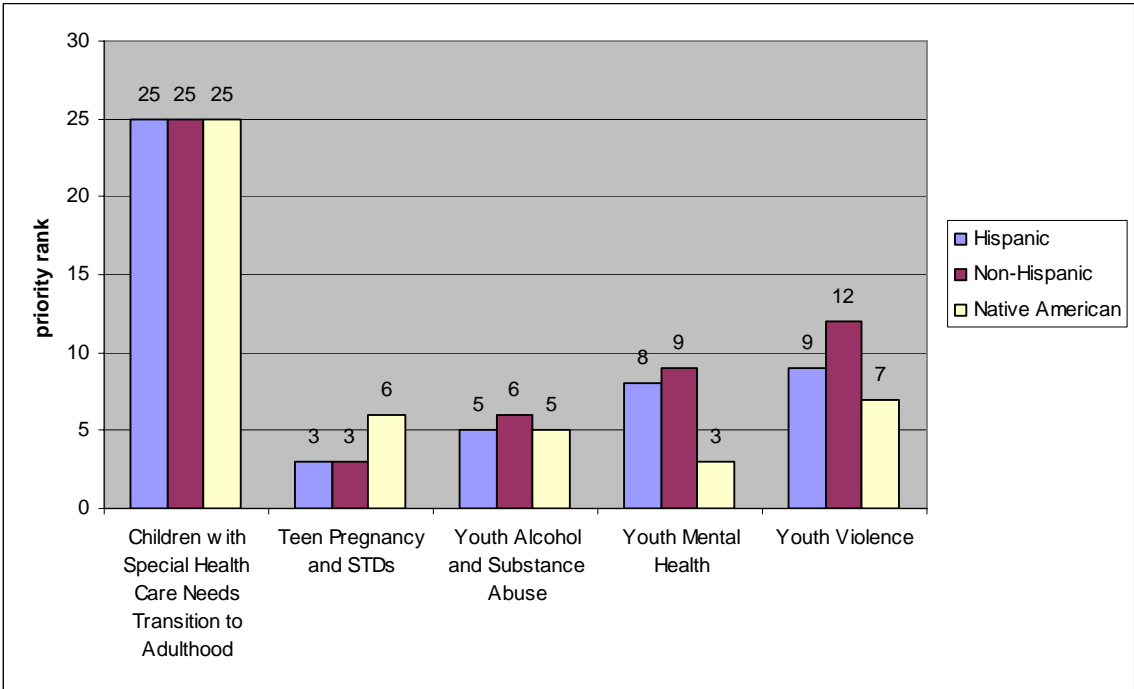
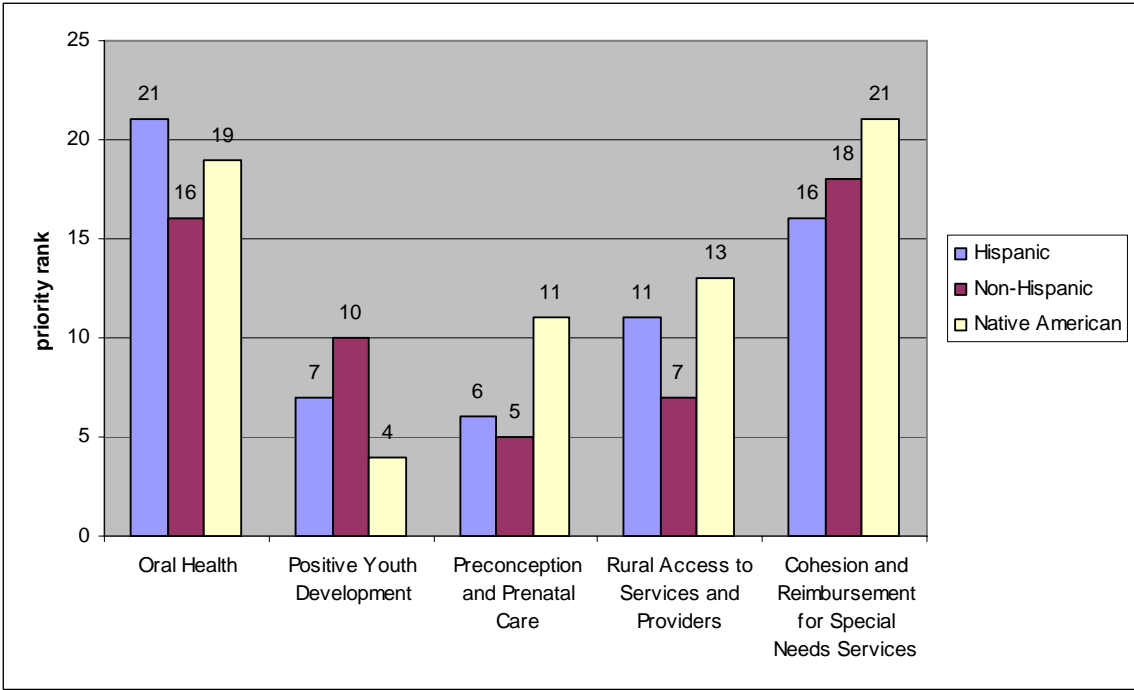
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- 236 were Non-Hispanic
- 41 were Native American





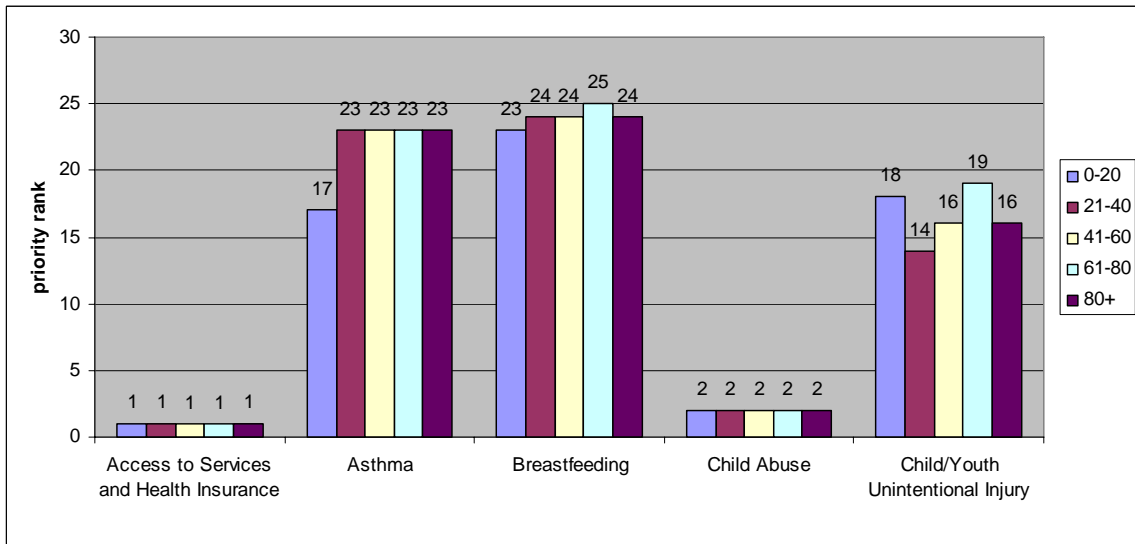


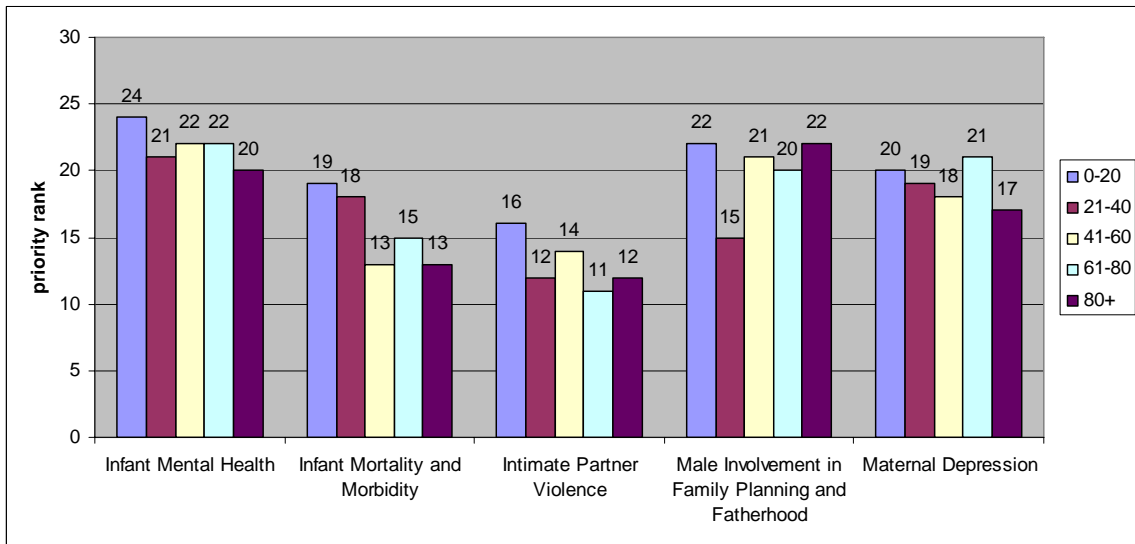
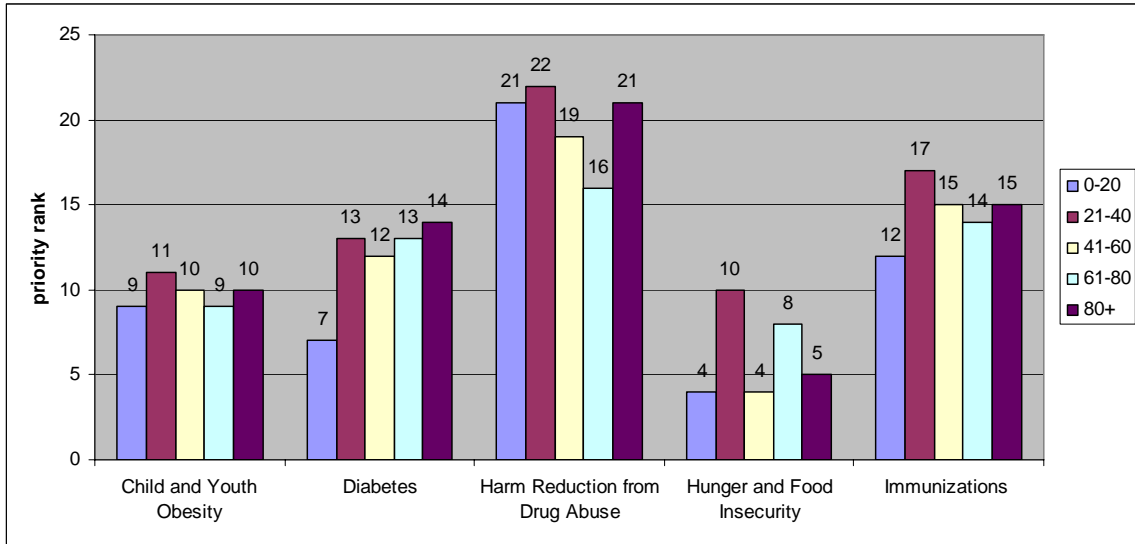
Maternal and Child Health Priority Ranks by Income.

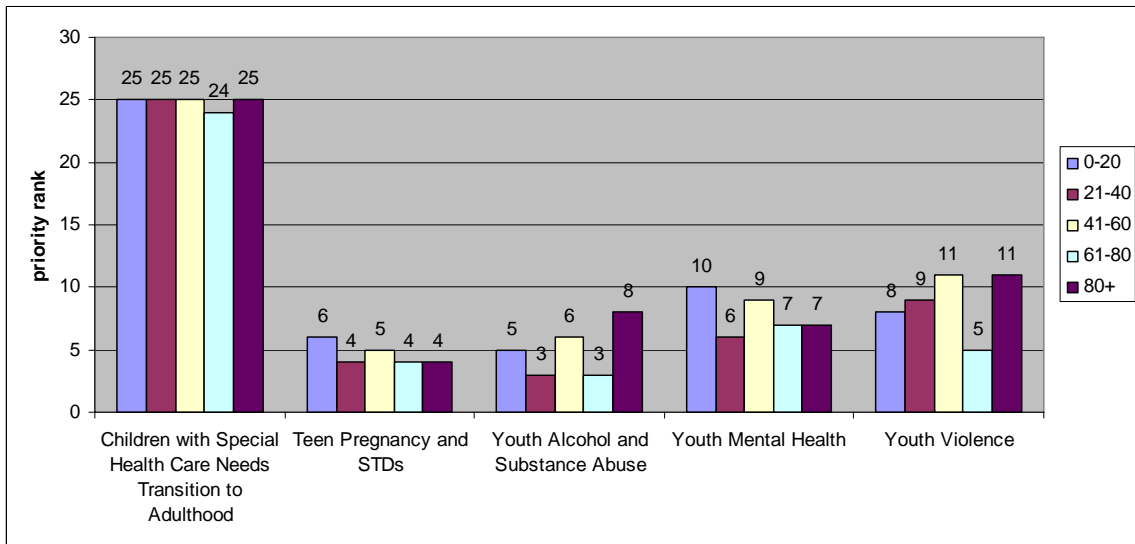
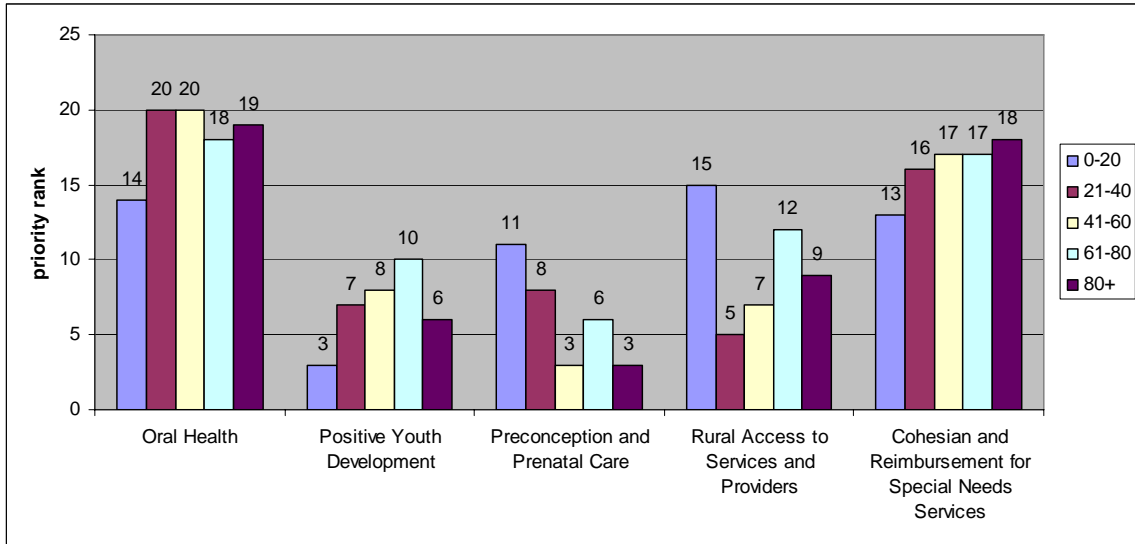
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- 39 respondents had a household income of \$0-20 thousand dollars per year
- 103 had a household income of \$21-40 thousand per year
- 140 had a household income of \$41-60 thousand per year
- 99 had a household income of \$61-80 thousand per year
- 131 had a household income of over \$80 thousand dollars per year





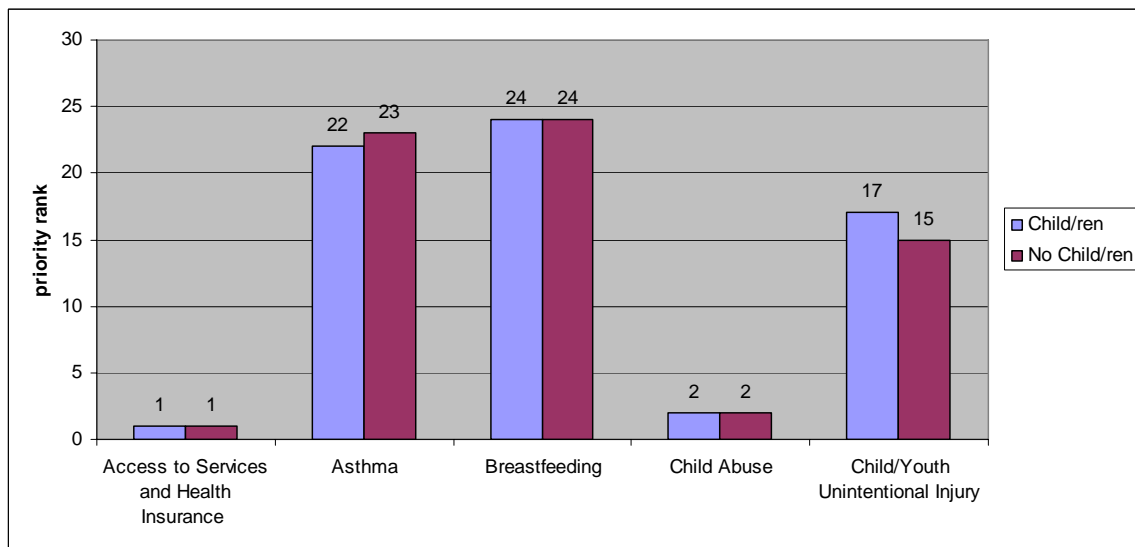


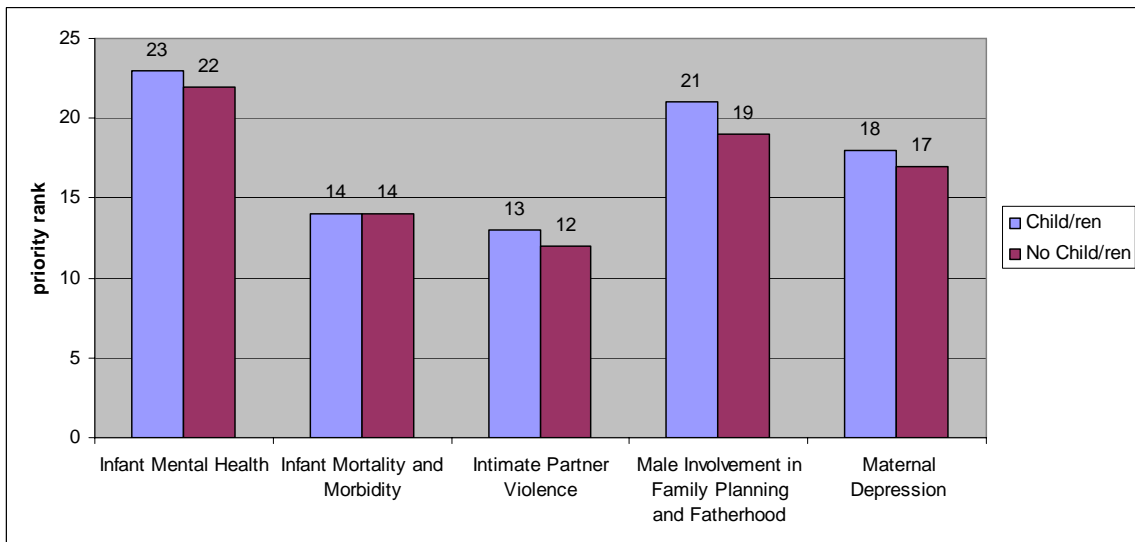
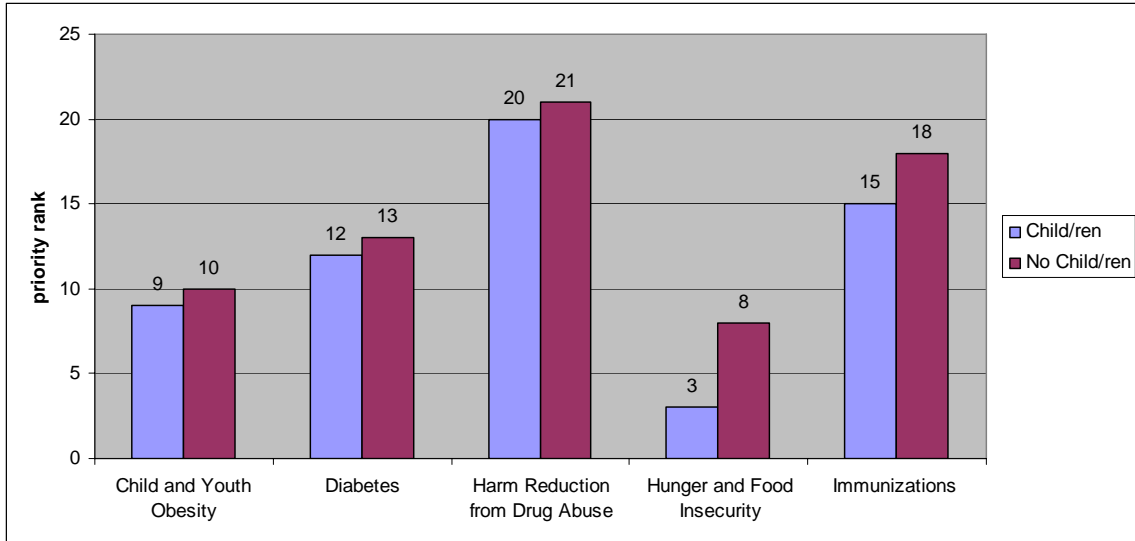
Maternal and Child Health Priority Ranks by Primary Caregiver of Children or Not.

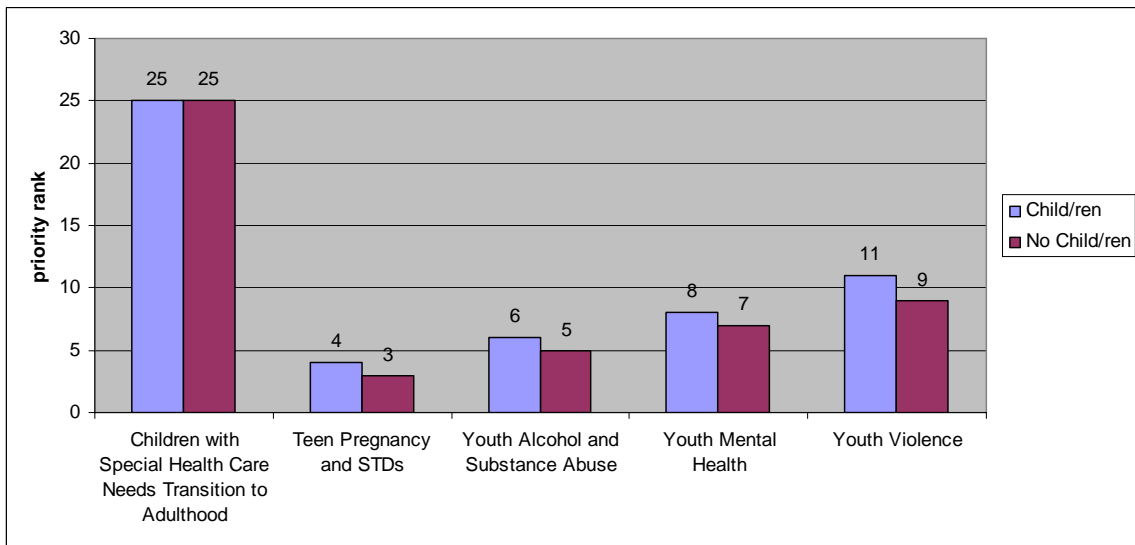
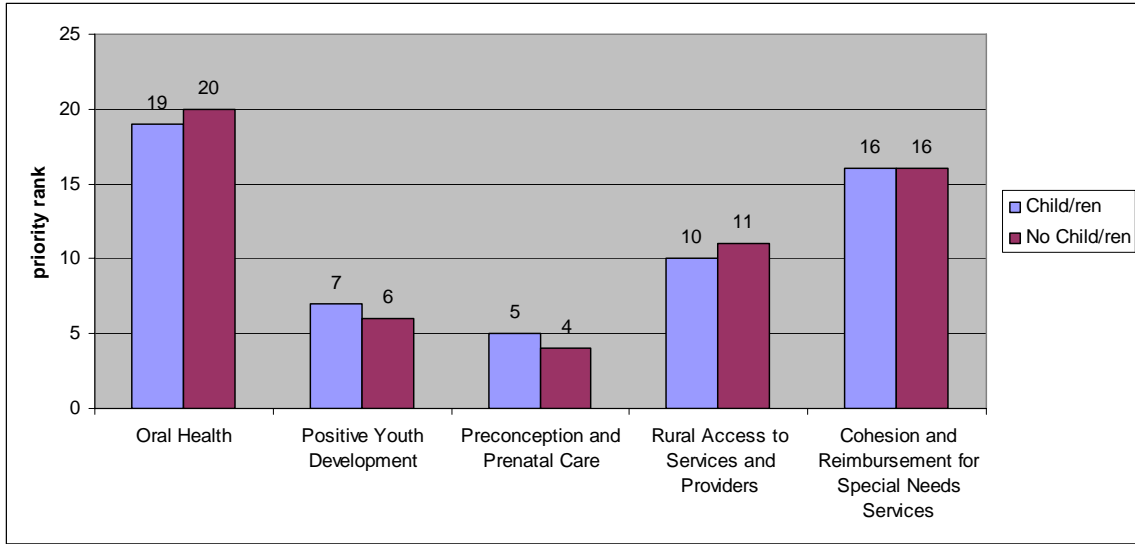
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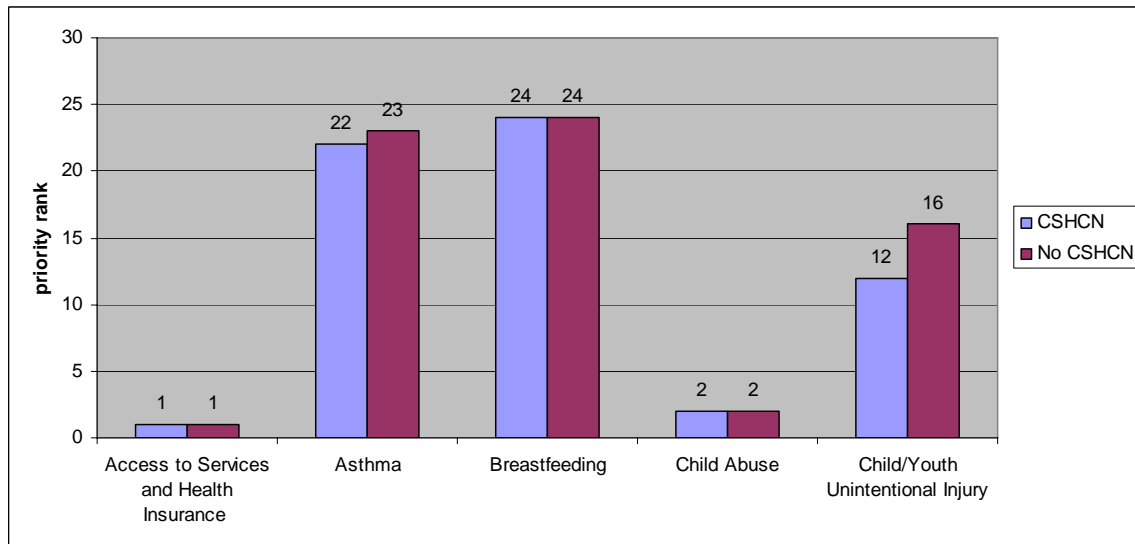


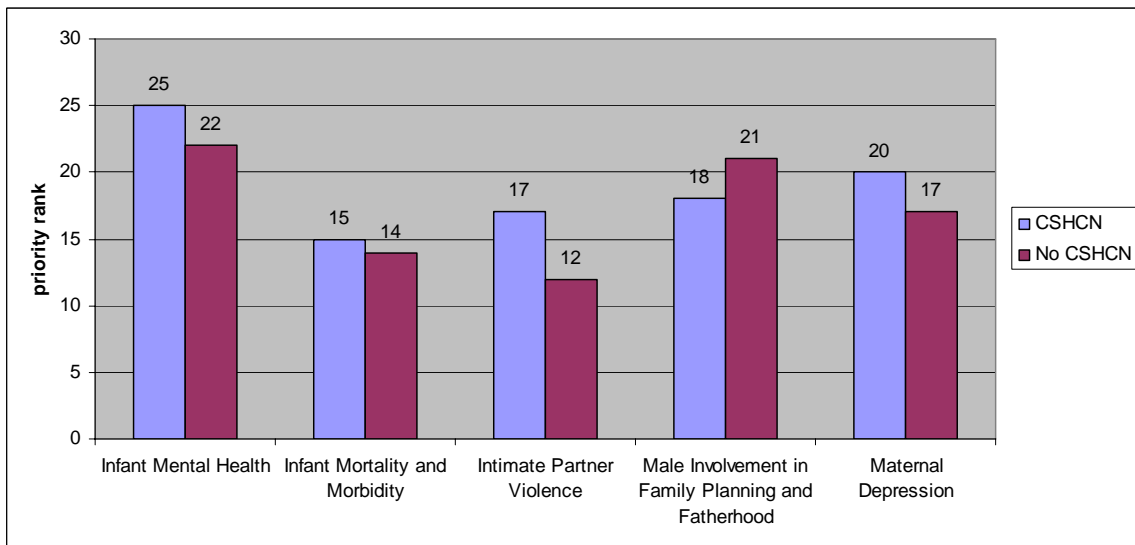
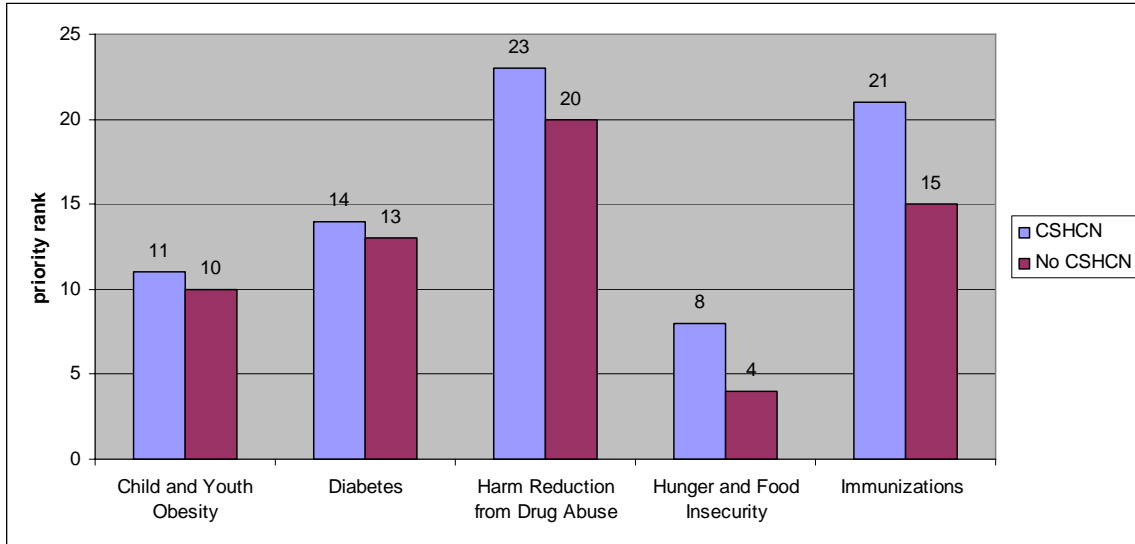
Maternal and Child Health Priority Ranks by Primary Caregiver of a Child or Children with Special Health Needs (CSHCN) or Not.

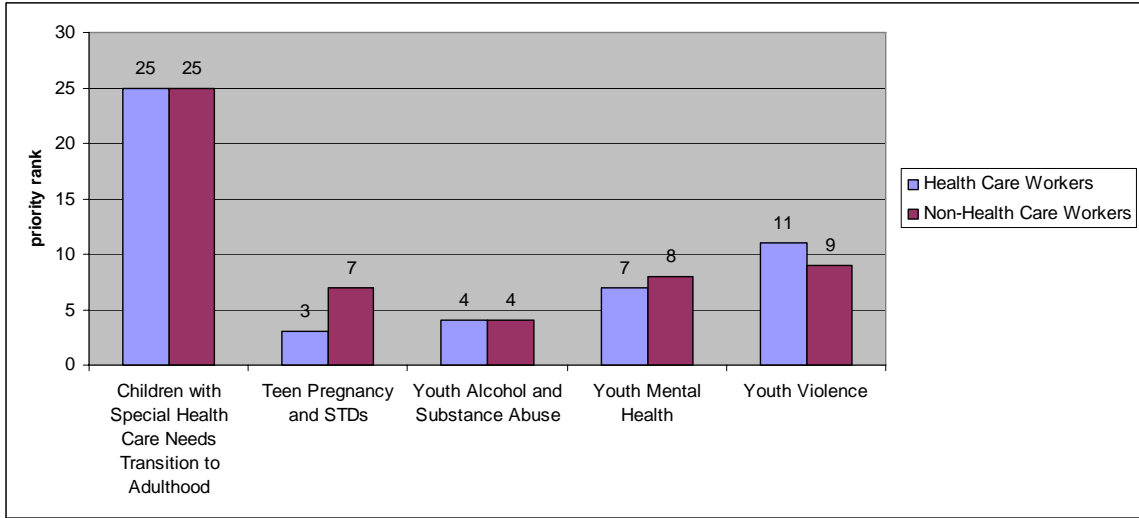
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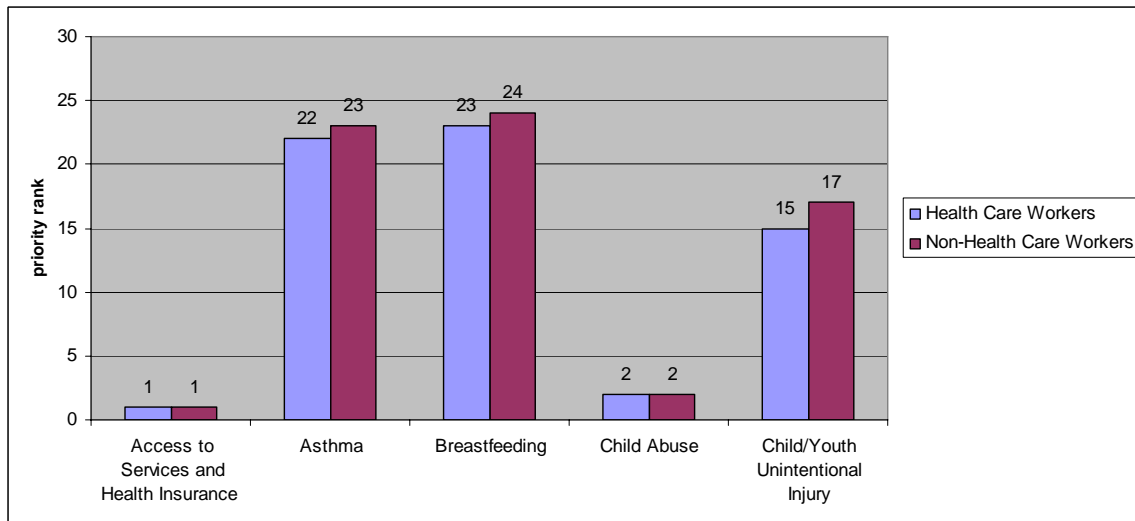


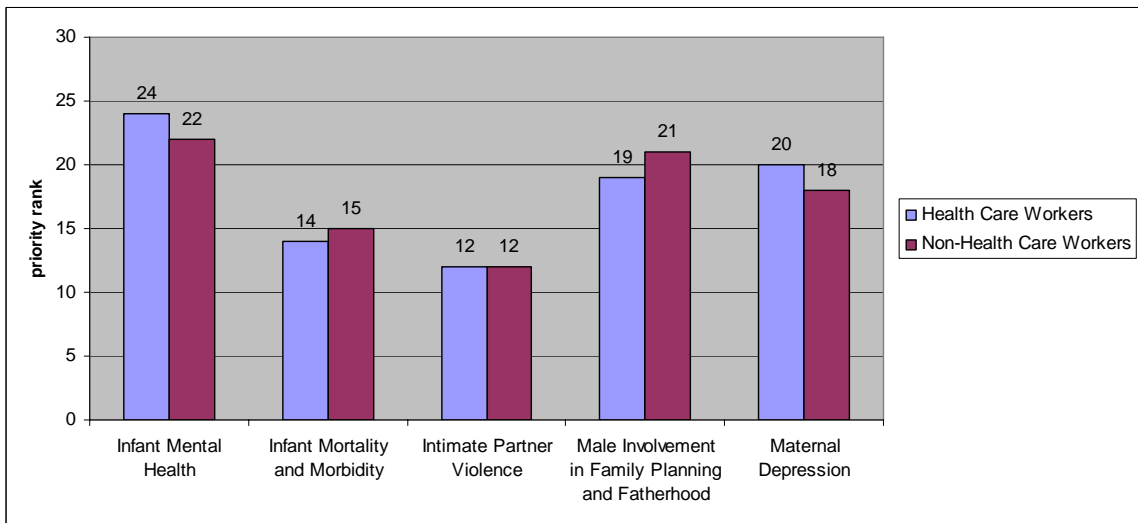
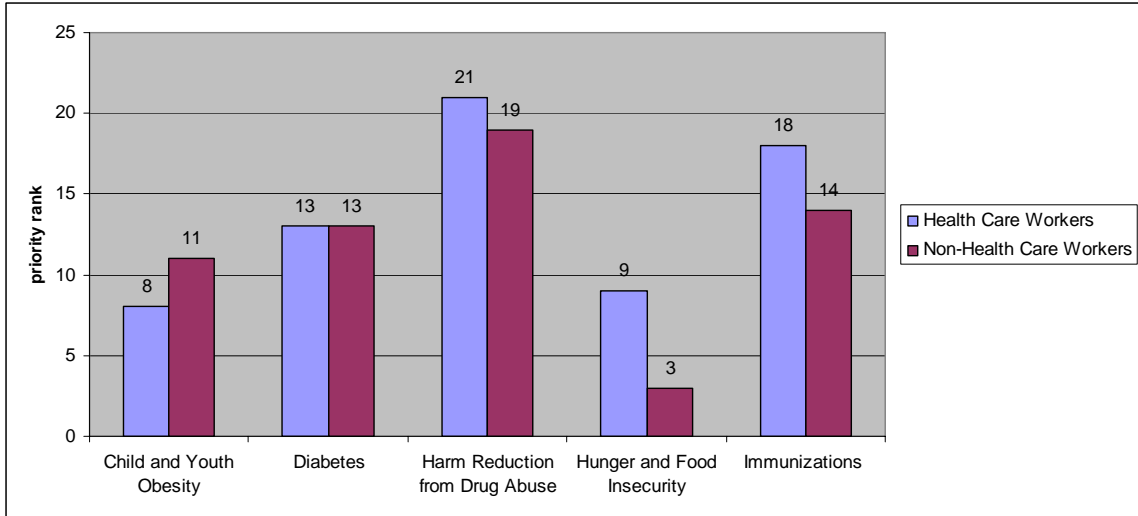
Maternal and Child Health Priority Ranks by Health Care and Non-Health Care Employment.

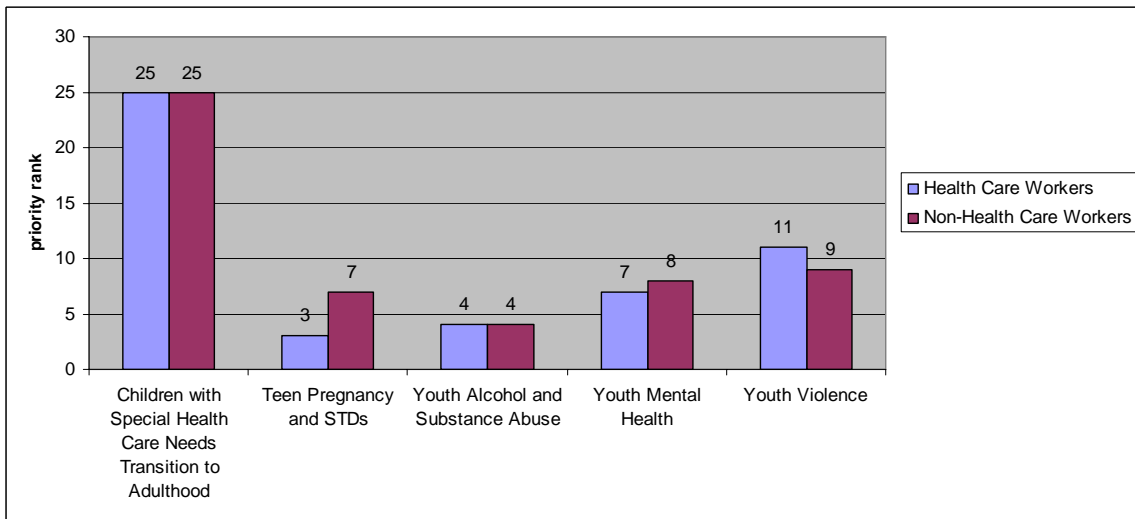
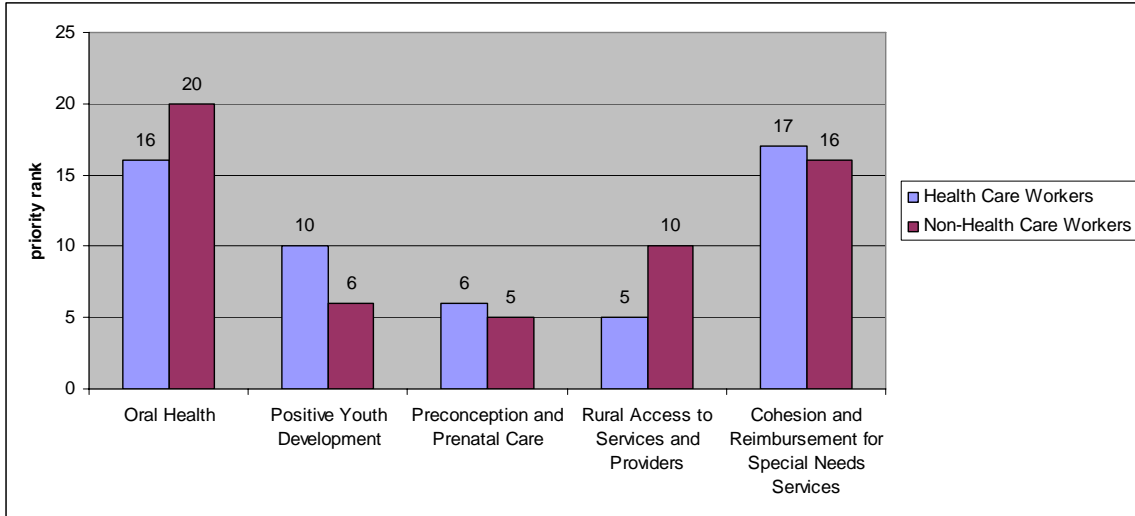
A lower rank number indicates that respondents felt the priority was more important, and a higher rank number indicates that respondents felt the priority was less important. For example, 1 = most important, 25 = least important.

Priorities are presented in alphabetical order.

182 respondents were administrative or clinical health care professionals,
309 were not.





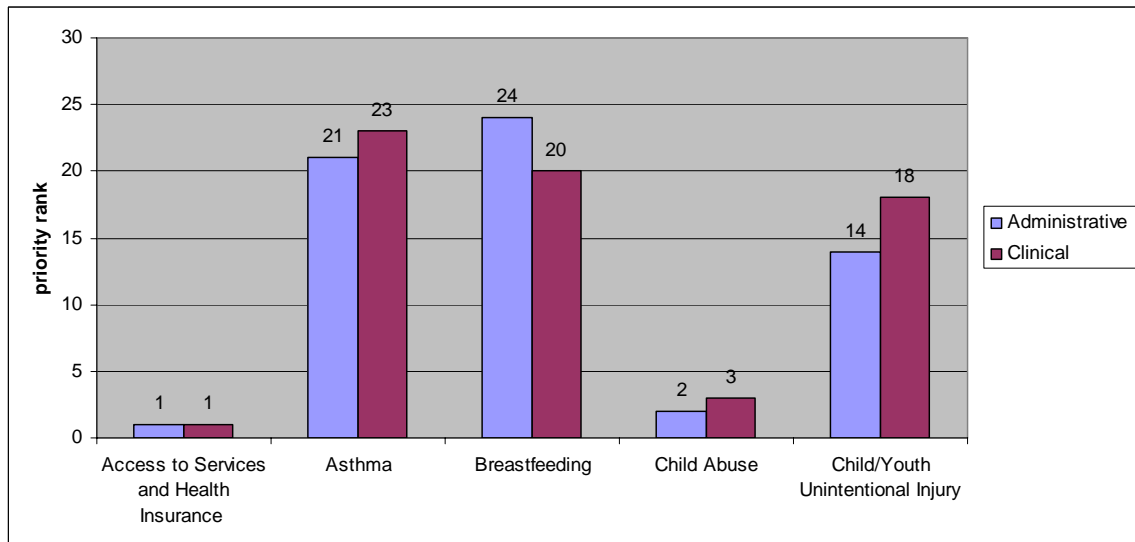


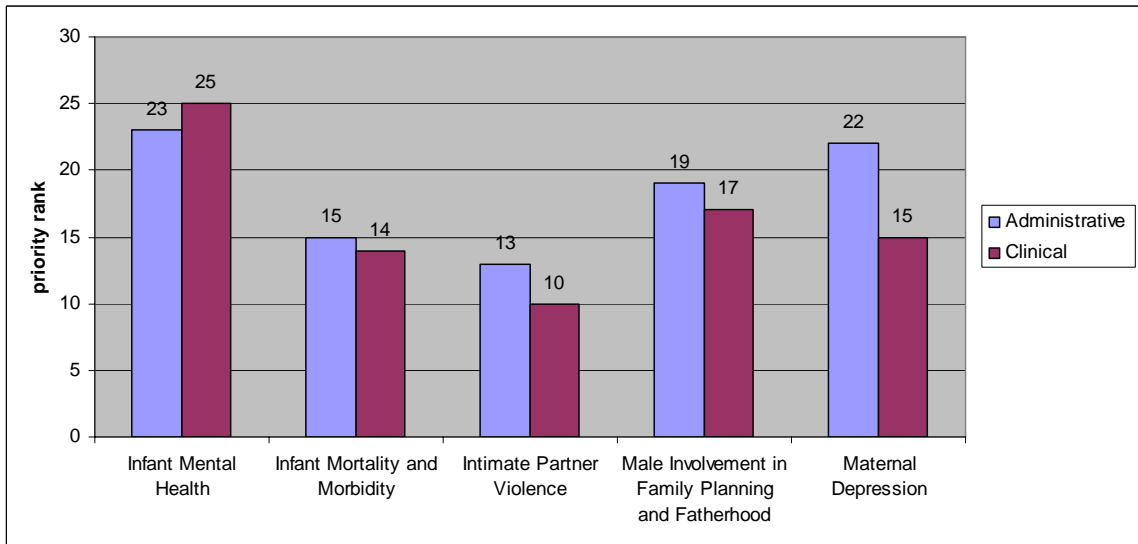
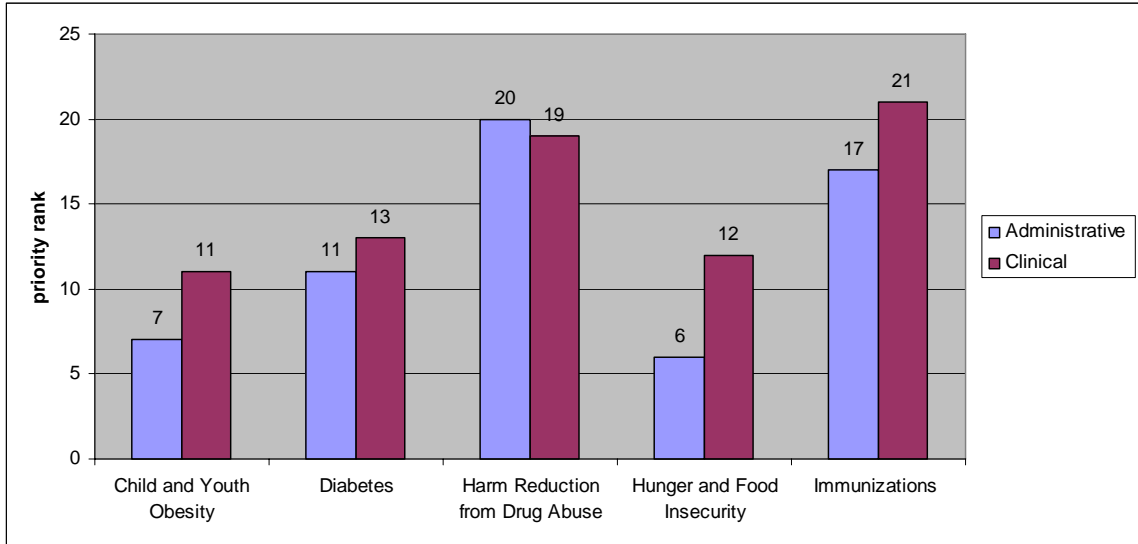
Maternal and Child Health Priority Ranks by Administrative or Clinical Health Care Professional

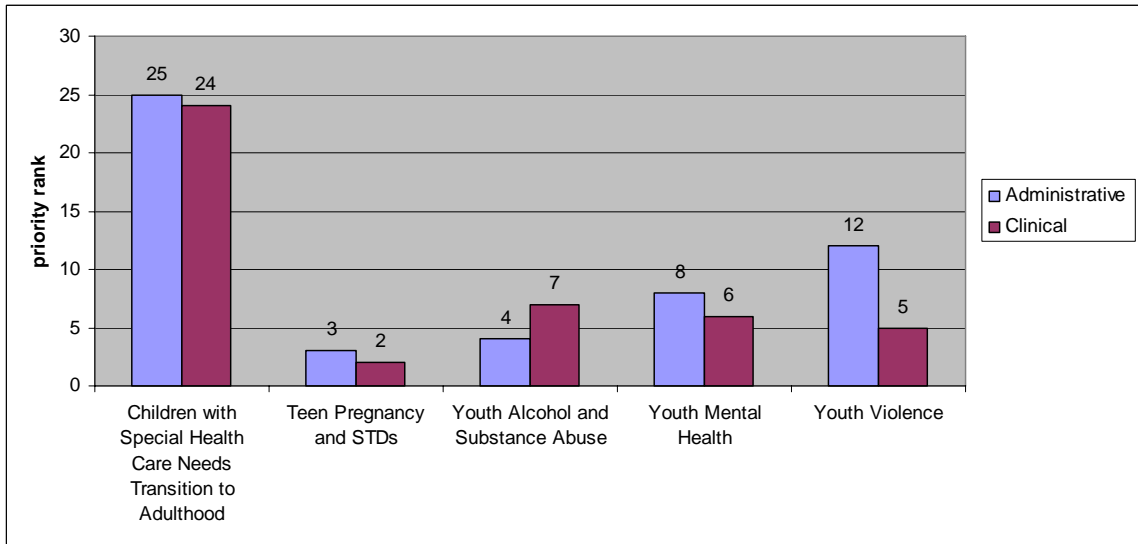
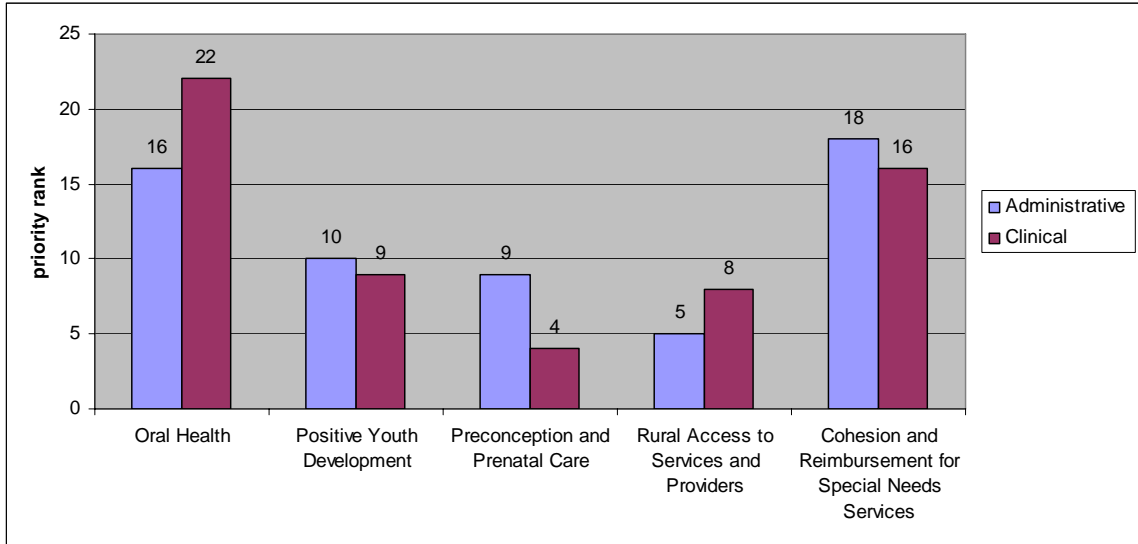
A lower rank number indicates that respondents felt the priority was more important, and a higher rank number indicates that respondents felt the priority was less important. For example, 1 = most important, 25 = least important.

Priorities are presented in alphabetical order.

109 respondents were administrative health care workers and 73 were clinical health care workers.







Maternal and Child Health Priority Ranks by Government and Non-Government Employment.

A lower rank number indicates that respondents felt the priority was more important, and a higher rank number indicates that respondents felt the priority was less important. For example, 1 = most important, 25 = least important.

Priorities are presented in alphabetical order.

221 of the respondents were government employees, and 278 were not.

