Health Behaviors and Conditions
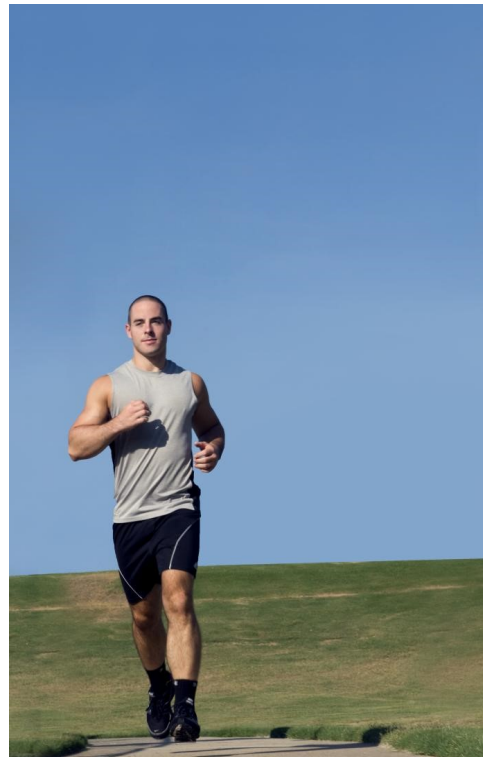## of
Adult New Mexicans

Results from the New Mexico
Behavioral Risk Factor Surveillance System
(BRFSS)
2016 Annual Report

NEW MEXICO
DEPARTMENT OF
HEALTH

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HEALTH

Health Behaviors and Conditions
of
Adult New Mexicans
2016
Results from the New Mexico
Behavioral Risk Factor Surveillance System
(BRFSS)

Presented by the
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Overview

What is the BRFSS?

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

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

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

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

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

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

The CDC has a web site dedicated to the BRFSS:

http://www.cdc.gov/brfss

This 2016 NM BRFSS report is available in .pdf format at the NM Department of Health website:

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

Overview

2016 New Mexico BRFSS Topics

Core Components (all states):

Alcohol Consumption

Arthritis

Asthma

Breast and Cervical Cancer Screening

Cancer

Cardiovascular Disease Prevalence

Chronic Obstructive Pulmonary Disease

Colorectal Cancer Screening

Depression

Diabetes

Disability

Exercise

Health Status

Healthy Days

Health Care Access

HIV Test History

Immunization

Inadequate Sleep

Injury

Kidney Disease

Mammography Screening

Oral Health

Physical Activity

Prostate Cancer Screening

Tobacco Use—Current Cigarette Smoking

Optional Modules:

Childhood Asthma Prevalence

Health Care Access

Industry and Occupation

Pre-Diabetes

Cognitive Decline

Demographics Section (all states):

Age

Annual Household Income

County of Residence

Current Pregnancy Status (female respondents < 45)

Education

Employment Status

Gender

Height

Housing (Own or Rent)

Marital Status

Number of Children in Household

Number of Residential Telephone Numbers

Race/Ethnicity

Telephone Coverage

Veteran Status

Weight

Zip Code of Residence

State-added Questions on the following topics were included:

Sexual & Intimate Partner Violence

Suicide

Anxiety and Depression

Gender Identity

Sexual Orientation

Tribal Affiliation

Firearms

Limitations and Strengths

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

In recent years, a rapidly growing portion of the adult population has been moving to exclusive use of cellular telephones. This shift is most pronounced among younger adults but has been accelerating and has included all age groups in recent years. For a decade, the Centers for Disease Control has been actively studying the issues related to inclusion of cellular telephones in the BRFSS and other telephone surveys. The information gathered through these studies has been used to prepare for the inclusion of cell phone numbers in the BRFSS. Beginning with the 2011 BRFSS, cellular telephones were included as a formal part of the sampling process and in 2016 cellular telephone interviews were included in the data analyzed for this report.

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

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

Overview

Limitations and Strengths

Response Rates

The measures of response presented here were designed to summarize the quality of the 2016 BRFSS survey data. The Response Rate, Cooperation Rate, and Refusal Rate for the 2016 BRFSS were calculated using standards set by the American Association of Public Opinion Research (AAPOR). The Cooperation Rate presents the percentage of complete and partial complete interviews among contacted and eligible respondents. The Refusal Rate presents the percentage of refusals among all eligible and likely eligible phone numbers in the sample. Separate cooperation and refusal rates were calculated for land-line and cellular telephone samples. The Response Rate is a measure meant to provide an overall summary of survey administration and response. Separate response rates are calculated for landline and cellular telephone samples and then a combined summary Response Rate is calculated by combining the individual rates, weighted to the respective size of the two samples.

Response Rates, New Mexico and U.S., 2016						
	Landline		Cellular		Combined Landline & Cellular	
Rate	NM	US	NM	US	NM	US
Response	51.3%	47.7%	53.4%	46.3%	51.8%	47.1%
Cooperation	59.7%	64.5%	82.2%	83.3%	65.3%	70.5%
Refusal	22.8%	15.7%	10.5%	7.9%	18.1%	12.7%

Overview

Data Presentation

The data in this report are presented in either tables or graphs, and are the estimated population percentages of adults with a particular condition, risk factor, or behavior. Like any estimate produced from population surveys, the estimates produced from the BRFSS are subject to error . Two related measures of error are the standard error (SE) and the 95% confidence interval. Stata/MP 14.2 was used to estimate SE and to produce the corresponding 95% confidence interval estimates presented in this report. Stata/MP 14.2 is statistical analysis software that considers the complex sample design of the BRFSS to calculate appropriate SE and 95% confidence intervals.

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

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

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

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

Trend charts are presented with a break in the trend lines between data years 2010 and 2011. Beginning in 2011, cellular telephones were included in the sample and nearly 50% of 2016 interviews were conducted with adults on cellular telephones. Additionally, significant changes were made to the process of weighting BRFSS data beginning with the 2011 data set. These two very important and significant changes to the BRFSS preclude the comparison of 2011 and later estimates to those of earlier years, hence the break presented in trend lines in this report.

Summary

NM Health Risk Factors and Preventive Health Care

This chart summarizes the prevalence of health care access, preventive health care, and behavioral indicators among adult New Mexicans in 2016, compared to the U.S. NM estimates are presented as being either **better** than, **worse** than, or **similar** to the U.S. rate. Healthy People 2020 objectives are also shown where available.

Legend: U.S. | ★ HP2020 | NM Better | NM Similar | NM Worse

Chart categories (top to bottom):
- Ever Told Diabetes
- Ever Told Heart Attack
- Current Asthma
- Mammogram Past 2 Years (Women 50-74y)
- Colonoscopy in the past 10y (50-75y)
- Pneumococcal Vaccine Ever (65+yr)
- Flu Shot in Past Year (65+yr)
- Binge Drinking
- Attempted to Quit Smoking
- Current Smoking
- No Leisure Time Physical Activity
- Cost Prevented Needed Care
- No Health Care Coverage (>65 Years Old)
- No Health Care Coverage (18-64 Years Old)
- Overweight (BMI 25.0-29.9)
- Obese (BMI<30)
- Fair or Poor General Health

X-axis: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100

Demographics of the 2016 New Mexico Sample

Demographic Characteristics	Number in Sample*	2016 BRFSS Data Unweighted Percent (%)	Weighted Percent(%)	2016 ACS Pop. Estimates¥
Total	6024	100.0	100.0	
Age				
18-44	1512	25.4	46.2	45.5
45-64	2303	38.7	32.5	33.0
65+	2133	35.9	21.3	21.5
Gender				
Male	2600	43.2	49.1	49.1
Female	3424	56.8	50.9	50.9
Race/Ethnicity				
AIAN	588	10.0	8.4	8.1
Asian or NHOPI	55	0.9	1.4	1.8
Black/AA	67	1.1	2.0	2.1
Hispanic	1949	33.1	46.0	44.9
White	3224	54.8	42.2	43.1
Sexual Orientation				
Straight	5572	97.1	96.6	NA
LGB/Other	169	2.9	3.4	NA
Household Income				
< $15,000	744	14.4	14.4	NA
$15,000-$24,999	1168	22.6	24.4	NA
$25,000-$49,999	1334	25.7	25.6	NA
$50,000-$74,999	714	13.8	12.4	NA
> $75,000	1220	23.5	23.3	NA
Geographic Region				
Northwest	1407	23.3	10.0	10.1
Northeast	1098	18.2	14.7	17.3
Metropolitan	1300	21.6	44.2	44.0
Southeast	950	15.8	13.7	13.5
Southwest	1269	21.1	17.4	17.7
Education Level				
<HS	720	12.0	16.7	NA
HS Grad/GED	1631	27.1	26.8	NA
Some College	1684	28.0	33.5	NA
College Grad.	1976	32.9	23.0	NA
Employment Status				
Employed	2703	45.1	53.8	NA
Unemployed/Unable to work	799	13.3	14.1	NA
Homemaker/Student	618	10.3	12.9	NA
Retired	1876	31.3	19.2	NA
Urban/Rural Designation				
Metro	1242	21.3	43.4	44.0
Small/Metro	1992	34.2	23.1	23.3
Mixed Urban/Rural	2161	37.1	28.0	28.0
Rural	430	7.4	5.5	4.7

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

¥ Source: U.S. Bureau of the Census. NA indicates that Inter-Censal data were not available for this category.

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General Health Status

Question:

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

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

- In 2016, 21.7% of New Mexico adults reported that their general health was either fair or poor.

- Fair or poor general health increased with age and decreased with increasing household income.

- The prevalence of fair or poor general health status was similar among geographic regions.

- White adults (16.4%) reported a significantly lower prevalence of fair or poor health than AIAN (25.2%) and Hispanic (26.2) adults.

- In 2016, the prevalence of fair or poor general health among NM adults (21.7%) was higher than that of U.S. median prevalence (16.7%)

Demographic Characteristics	General Health, Fair or Poor[a] %	(95% Confidence Interval)
Total	**21.7**	**(20.2-23.2)**
Age		
18-44	13.0	(10.9-15.3)
45-64	28.2	(25.7-30.9)
65+	30.6	(27.7-33.6)
Gender		
Male	19.6	(17.6-21.8)
Female	23.7	(21.6-25.9)
Race/Ethnicity		
AIAN	25.2	(20.6-30.3)
Asian or NHOPI	6.7	(2.4-17.6)
Black/AA	17.5	(8.9-31.4)
Hispanic	26.2	(23.6-28.8)
White	16.4	(14.6-18.3)
Sexual Orientation		
Straight	22.0	(20.5-23.6)
LGB/Other	27.5	(18.8-38.2)
Household Income		
< $15,000	44.9	(39.9-50.0)
$15,000-$24,999	26.9	(23.5-30.5)
$25,000-$49,999	19.4	(16.3-22.8)
$50,000-$74,999	9.8	(7.4-12.9)
> $75,000	9.7	(7.6-12.3)
Geographic Region		
Northwest	21.7	(18.7-24.9)
Northeast	19.6	(17.0-22.5)
Metropolitan	20.9	(18.3-23.8)
Southeast	23.4	(20.0-27.2)
Southwest	23.9	(21.2-27.0)

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

General Health, Fair or Poor, NM vs. U.S., 2007-2016
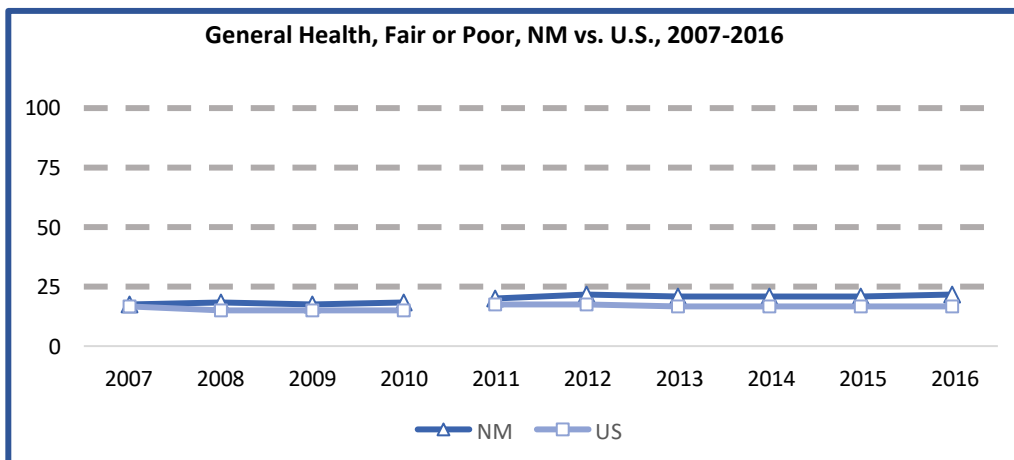
General Health Status

- NM adults with less than a high school education (43.7%) reported a significantly higher prevalence of fair or poor general health than adults with a High school diploma/GED , some college, and college graduates.

- Adults who reported they were unable to work/unemployed (50.1%) reported a significantly higher prevalence of fair or poor health than employed adults (13.8%).

- The prevalence of fair or poor general health was similar among counties designated as metropolitan, small metro, mixed urban/rural, and rural.
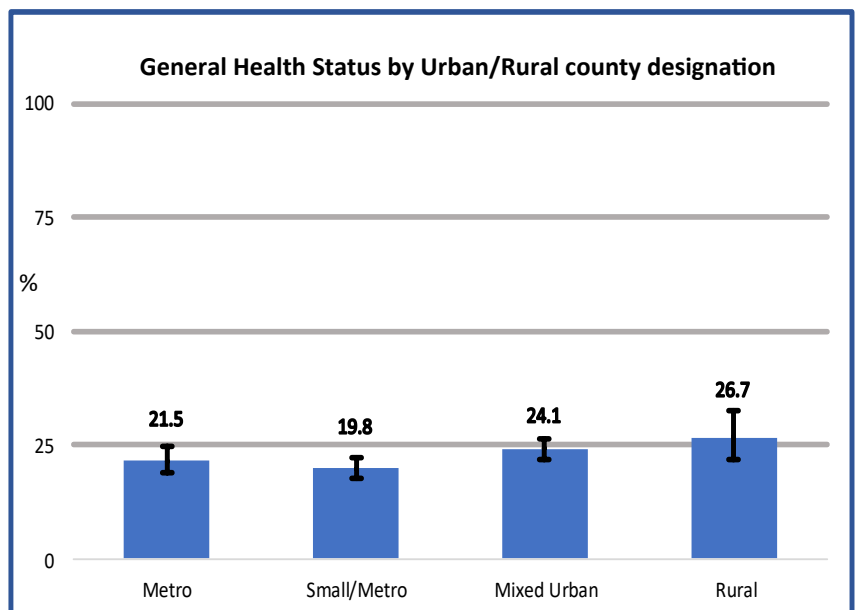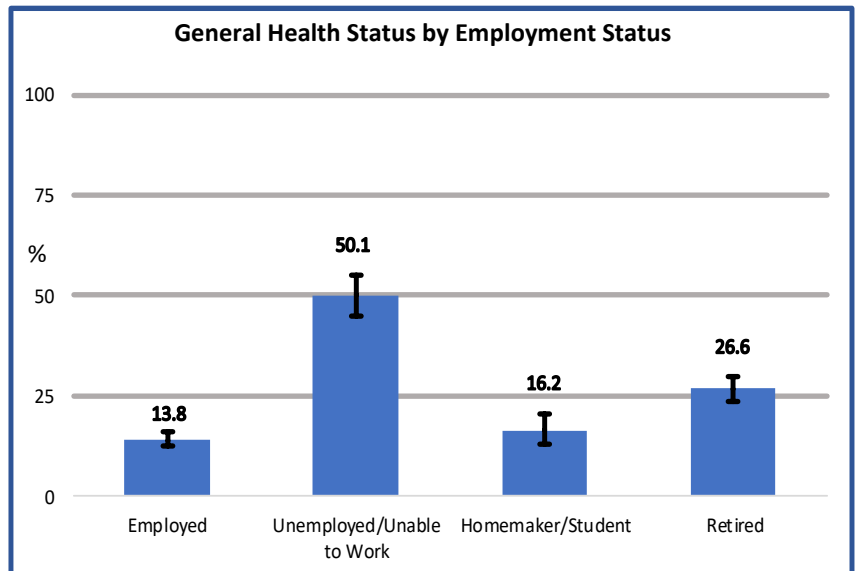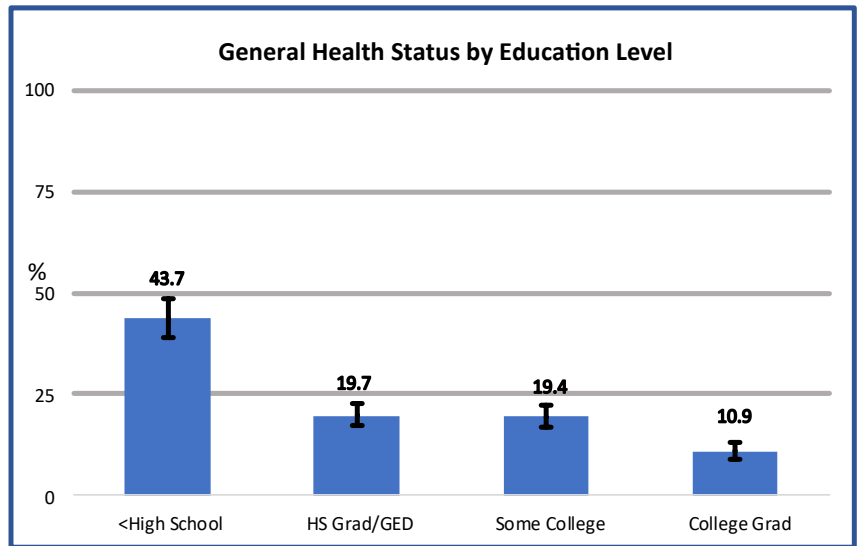
Percent with Fair/Poor Health with at least one disability

48%
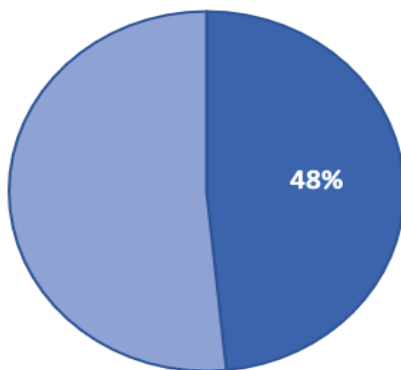
Percent with Fair/Poor Health with no disabilities

10.8%

General Health Status by Education Level

Education Level	%
<High School	43.7
HS Grad/GED	19.7
Some College	19.4
College Grad	10.9

General Health Status by Employment Status

Employment Status	%
Employed	13.8
Unemployed/Unable to Work	50.1
Homemaker/Student	16.2
Retired	26.6

General Health Status by Urban/Rural county designation

County designation	%
Metro	21.5
Small/Metro	19.8
Mixed Urban	24.1
Rural	26.7

Quality of Life

Question:

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

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

- In 2016, 14.4% of New Mexico adults reported poor physical health and 12.5% reported poor mental health.

- Poor physical health increased with age while poor mental health decreased.

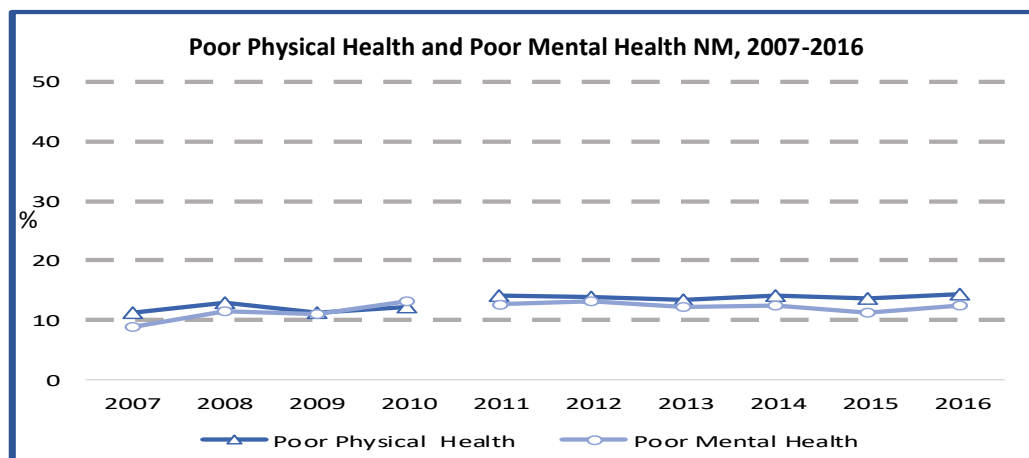- Both poor physical health and poor mental health decreased with Household income.

- Females (16.1%) reported a higher prevalence of poor physical health than males (12.7%).

- Asian or NHOPI adults had a significantly lower prevalence of poor physical health than adults in all other race/ ethnicity groups.

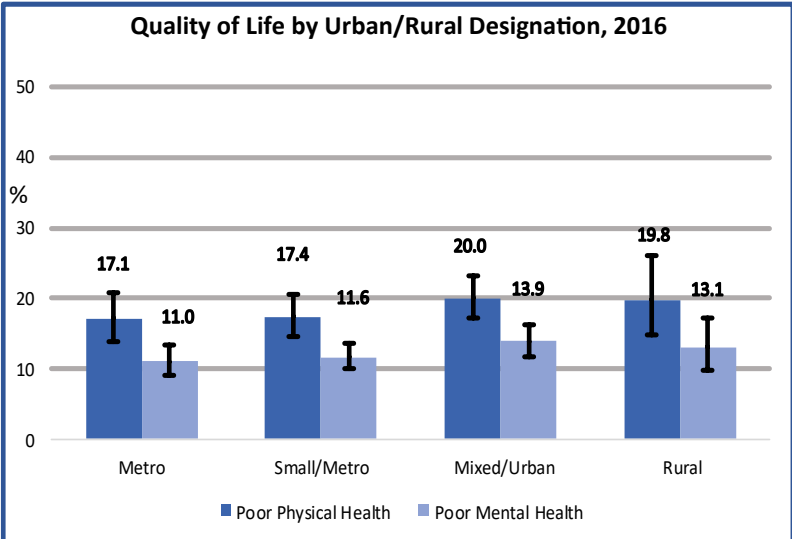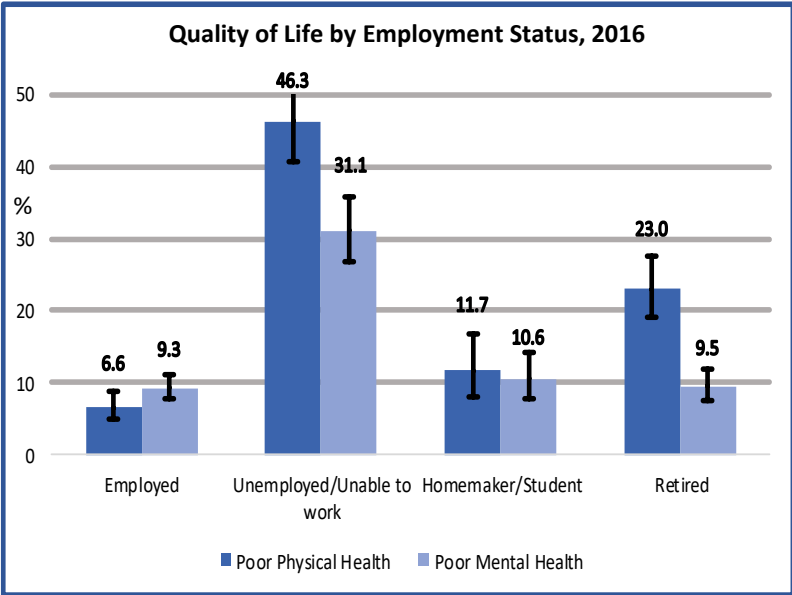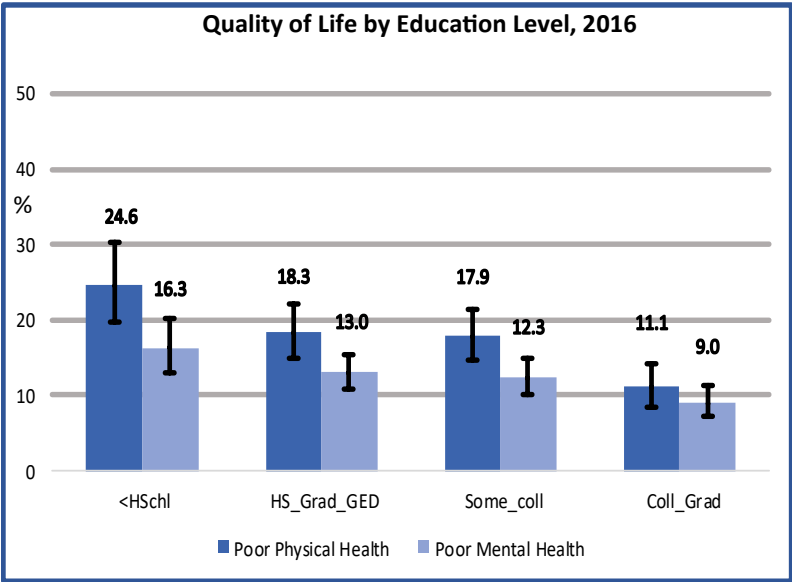| Demographic Characteristics	Poor Physical Health[a]		Poor Mental Health[b]	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	**14.4**	**(13.2-15.7)**	**12.5**	**(11.3-13.8)**
Age				
18-44	7.2	(5.9-9.1)	12.9	(10.8-15.3)
45-64	19.9	(17.8-22.3)	13.4	(11.6-15.3)
65+	21.3	(18.7-24.1)	9.9	(8.1-12.1)
Gender				
Male	12.7	(11.1-14.4)	12.1	(10.3-14.2)
Female	16.1	(14.4-17.9)	12.8	(11.3-14.6)
Race/Ethnicity				
AIAN	13.6	(10.4-17.5)	16.7	(11.8-23.1)
Asian or NHOPI	3.7	(1.2-11.2)	5.8	(2.0-16.0)
Black/AA	12.1	(5.3-25.3)	15.3	(6.1-33.4)
Hispanic	14.7	(12.7-16.8)	12.1	(10.3-14.2)
White	14.5	(12.9-16.2)	12.0	(10.3-13.8)
Sexual Orientation				
Straight	14.3	(13.1-15.6)	11.6	(10.5-13.0)
LGB/Other	18.1	(11.8-26.7)	21.2	(14.1-30.6)
Household Income				
< $15,000	28.8	(24.6-33.4)	23.4	(19.3-28.0)
$15,000-$24,999	17.1	(14.4-20.3)	15.4	(12.6-18.6)
$25,000-$49,999	12.9	(10.5-15.7)	11.9	(9.5-14.9)
$50,000-$74,999	9.2	(6.8-12.3)	10.0	(7.2-13.8)
> $75,000	7.9	(6.1-10.1)	5.7	(3.7-8.5)
Geographic Region				
Northwest	14.5	(12.2-17.3)	13.2	(10.3-16.8)
Northeast	14.1	(11.9-16.8)	14.6	(11.9-17.8)
Metropolitan	13.9	(11.8-16.4)	11.9	(9.8-14.4)
Southeast	15.2	(12.9-17.5)	14.6	(11.9-17.8)
Southwest	14.4	(13.2-15.7)	10.1	(8.3-12.3)

[a] Among all adults, the proportion reporting 14 or more days of poor physical health. [b] Among all adults, the proportion reporting 14 or more days of poor mental health.

Poor Physical Health and Poor Mental Health NM, 2007-2016

Quality of Life

- Among NM adults, the prevalence of both poor physical health and poor mental health decreased with education level.

- Both poor physical health and poor mental health were reported significantly higher among NM adults who were unemployed or unable to work.

- The prevalence of poor physical health and poor mental health was similar across Urban/ Rural county designation.

- Adults with disabilities (36.6% and 29.1%) were more likely to have both poor physical health and poor mental health than adults without disabilities (5.0% and 6.1%, respectively).

Quality of Life by Education Level, 2016

	Poor Physical Health	Poor Mental Health
<HSchl	24.6	16.3
HS_Grad_GED	18.3	13.0
Some_coll	17.9	12.3
Coll_Grad	11.1	9.0

Quality of Life by Employment Status, 2016

	Poor Physical Health	Poor Mental Health
Employed	6.6	9.3
Unemployed/Unable to work	46.3	31.1
Homemaker/Student	11.7	10.6
Retired	23.0	9.5

Quality of Life by Urban/Rural Designation, 2016

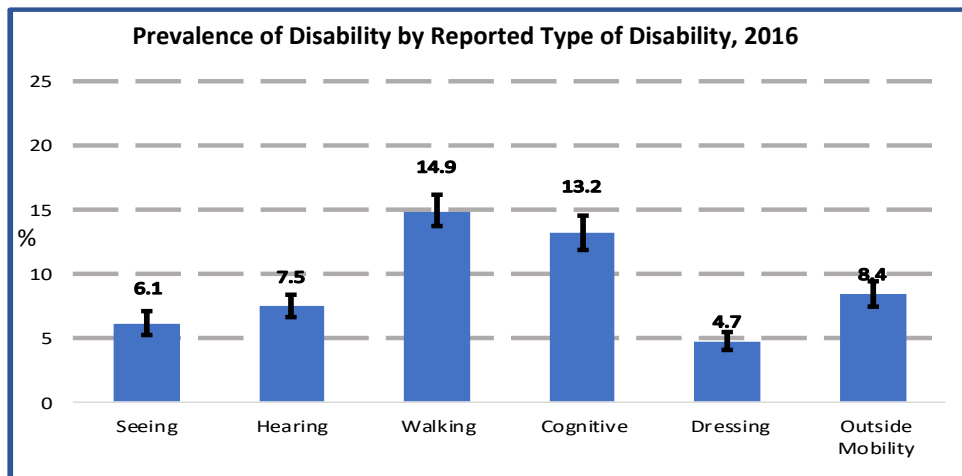|	Poor Physical Health	Poor Mental Health
Metro	17.1	11.0
Small/Metro	17.4	11.6
Mixed/Urban	20.0	13.9
Rural	19.8	13.1

Disability

Question:

"The following questions are about health problems and impairments you may have? Such as difficulty seeing, hearing, walking, and outside mobility."

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

- In 2016, an estimated 28.6% of New Mexico adults reported at least one disability.

- The prevalence of at least one disability increased with age.

- The prevalence of having at least one disability decreased with increasing household income.

- LGB/Other adults (42.1%) were more likely to have at least one disability than straight adults (28.4%) .

- Asian or NHOPI adults had a significantly lower prevalence of at least one disability (9.6%) than all other race/ethnicity groups.
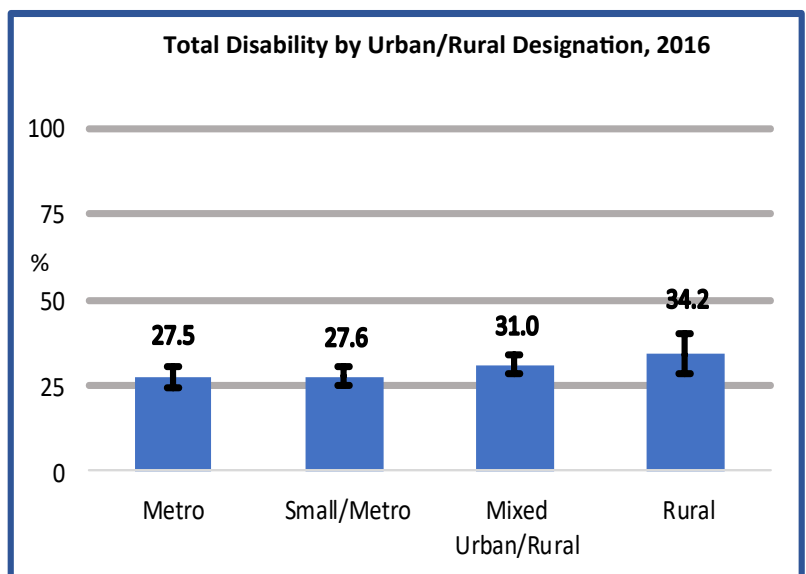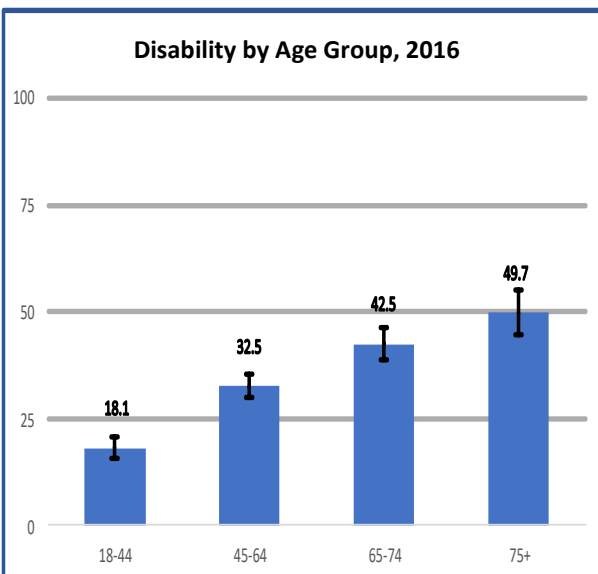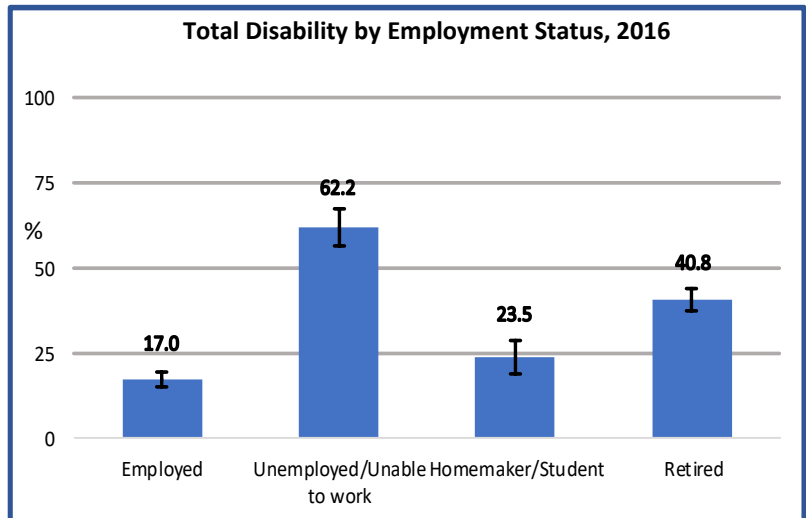
Demographic Characteristics	%	Total Disability[a] (95% Confidence Interval)
Total	**28.6**	**(26.9-30.3)**
Age		
18-44	18.1	(15.6-20.9)
45-64	32.5	(29.8-35.3)
65+	45.4	(42.3-48.6)
Gender		
Male	27.0	(24.5-29.5)
Female	30.2	(27.9-32.6)
Race/Ethnicity		
AIAN	34.0	(28.2-40.4)
Asian or NHOPI	9.6	(4.5-19.3)
Black/AA	36.8	(21.3-55.6)
Hispanic	28.7	(26.0-31.6)
White	26.9	(24.7-29.1)
Sexual Orientation		
Straight	28.4	(26.6-30.2)
LGB/Other	42.1	(32.0-53.0)
Household Income		
< $15,000	51.6	(46.3-56.8)
$15,000-$24,999	33.9	(30.1-37.9)
$25,000-$49,999	27.2	(23.7-30.9)
$50,000-$74,999	17.6	(14.3-21.6)
> $75,000	13.4	(10.9-16.4)
Geographic Region		
Northwest	30.1	(26.4-34.1)
Northeast	29.3	(25.9-32.9)
Metropolitan	27.4	(24.3-30.7)
Southeast	28.8	(25.3-32.6)
Southwest	30.1	(26.9-33.4)

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

Prevalence of Disability by Reported Type of Disability, 2016

Type	%
Seeing	6.1
Hearing	7.5
Walking	14.9
Cognitive	13.2
Dressing	4.7
Outside Mobility	8.4

Disability

- Among NM adults, the prevalence of at least one disability decreased with education level. NM adults with less than a high school diploma/GED had a significantly higher prevalence of at least one disability (48.1%) than adults with a college degree (17.2%).

- NM adults who were either unemployed and/or unable to work had a significantly higher prevalence of having at least one disability (62.2%) than employed adults (17.0%).

- The prevalence of at least one disability was similar among Urban/Rural county designation.

Total Disability by Education, 2016

<High School	HSGrad/GED	Some College	College Grad
48.1	28.3	27.2	17.2

Total Disability by Employment Status, 2016

Employed	Unemployed/Unable to work	Homemaker/Student	Retired
17.0	62.2	23.5	40.8

Disability by Age Group, 2016

18-44	45-64	65-74	75+
18.1	32.5	42.5	49.7

Total Disability by Urban/Rural Designation, 2016

| Metro	Small/Metro	Mixed Urban/Rural	Rural
27.5	27.6	31.0	34.2

Weight Status

Questions:

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

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

- In 2016, 28.3% of New Mexico adults were classified as obese. The prevalence of obesity in New Mexico is slightly lower than the U.S. median prevalence (29.9%).

- There was no measurable difference in obesity by age, gender, sexual orientation, or household income.

- AIAN adults had a significantly higher prevalence of obesity (39.0%) than all other race/ethnicities.

- Adults in the Northwest region had the highest prevalence of obesity (33.9%) while those in the Northeast region had the lowest (19.8%).

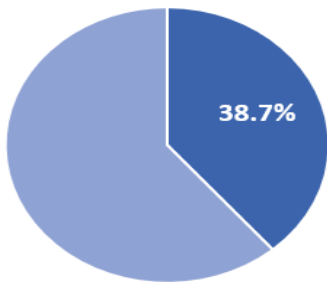| Demographic Characteristics	Obese[a] %	(95% Confidence Interval)
Total	**28.3**	**(26.6-30.1)**
Age		
18-44	28.3	(25.3-31.6)
45-64	31.5	(28.9-34.3)
65+	24.0	(21.5-26.8)
Gender		
Male	29.1	(26.5-31.8)
Female	27.6	(25.3-30.0)
Race/Ethnicity		
AIAN	39.0	(33.3-45.1)
Asian or NHOPI	11.1	(4.1-26.5)
Black/AA	24.8	(13.1-41.8)
Hispanic	29.6	(26.7-32.6)
White	25.4	(23.2-27.8)
Sexual Orientation		
Straight	28.5	(26.7-30.4)
LGB/Other	28.8	(20.0-39.5)
Household Income		
< $15,000	32.7	(28.1-37.7)
$15,000-$24,999	27.7	(24.2-31.5)
$25,000-$49,999	29.7	(26.0-33.6)
$50,000-$74,999	27.6	(22.7-33.0)
> $75,000	25.9	(22.1-30.0)
Geographic Region		
Northwest	33.9	(30.1-37.9)
Northeast	19.8	(16.9-23.0)
Metropolitan	26.8	(23.7-30.2)
Southeast	33.0	(29.1-37.0)
Southwest	32.5	(28.9-36.2)

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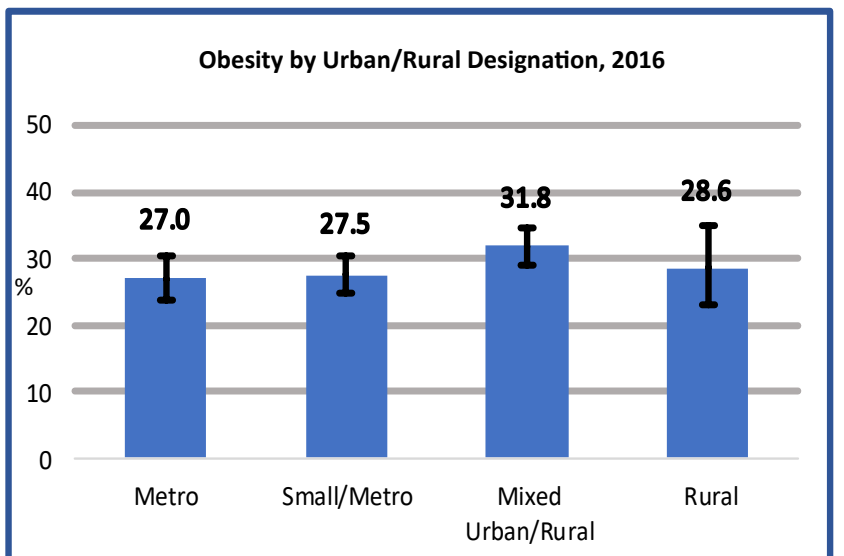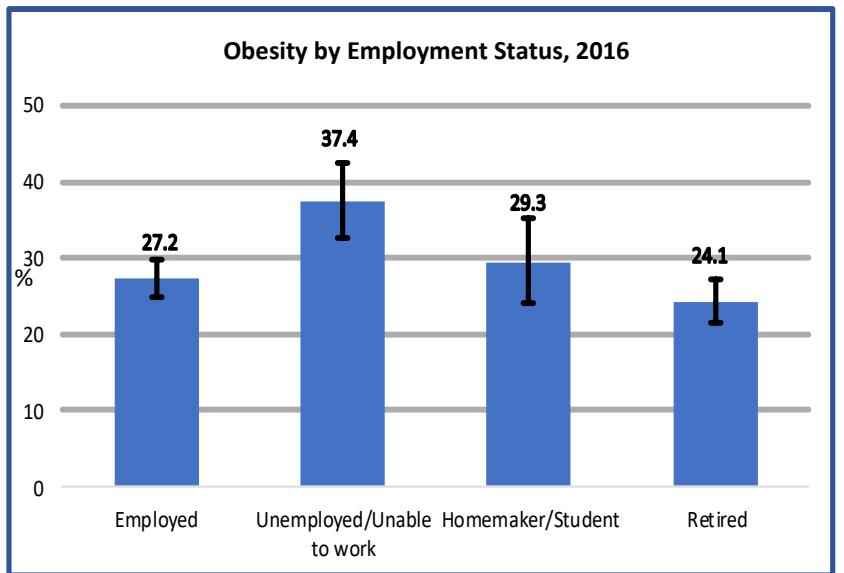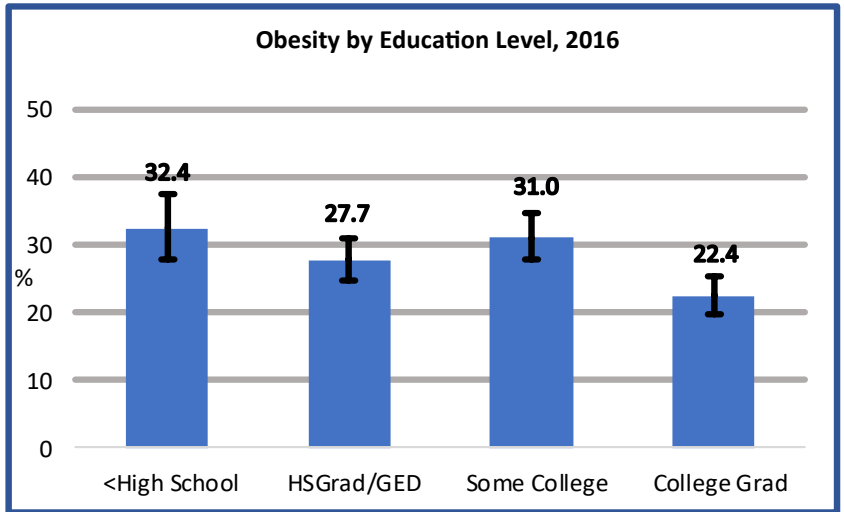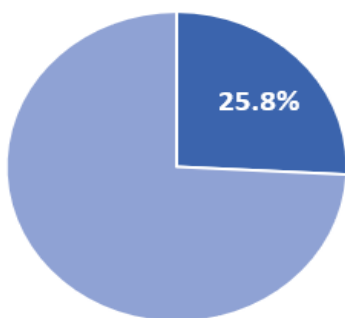

Obesity, NM vs US, 2007-2016
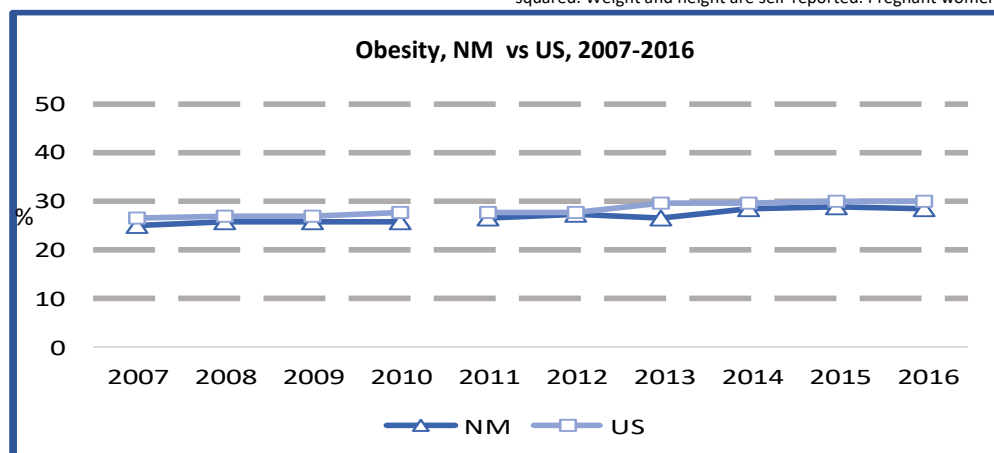
Weight Status

- The Healthy People (HP) 2020 goal for obesity among adults is set at 30.5% . The prevalence of obesity among NM adults is currently 28.5%, 1.5 percentage points lower than the HP2020 goal.[5]
- College graduates had a significantly lower prevalence of obesity that those with less than a high school education.
- NM adults who were unemployed/unable to work reported a higher prevalence of obesity (37.4%) compared to retired adults (24.1%) and employed adults (27.2%).
- The prevalence of obesity was similar by Urban/Rural county designation.
- Adults who reported exercising (leisure-time physical activity) had significantly less obesity than adults who reported no exercise.

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

38.7%

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

25.8%

Obesity by Education Level, 2016

	<High School	HSGrad/GED	Some College	College Grad
%	32.4	27.7	31.0	22.4

Obesity by Employment Status, 2016

	Employed	Unemployed/Unable to work	Homemaker/Student	Retired
%	27.2	37.4	29.3	24.1

Obesity by Urban/Rural Designation, 2016

	Metro	Small/Metro	Mixed Urban/Rural	Rural
%	27.0	27.5	31.8	28.6

Lack of Health Care Coverage (Adults 18-64)

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

- In 2016, an estimated 12.0% of New Mexico adults re-ported having no health care coverage. The prevalence of no health care coverage among NM adults 18-64 was slightly lower than the U.S. median prevalence (12.3%).

- The prevalence of no health care coverage decreased with age.

- The prevalence of no health care coverage decreased by over 54% since 2011, going from 26.1% in 2011 to 12.0% in 2016.

- Males (13.5%) reported a higher prevalence of no health care than females (10.4%). White adults (7.3%) reported a significantly lower prevalence than Hispanic adults.

No Health Care Coverage Among Adults 18-64[a]

Demographic Characteristics	%	(95% Confidence Interval)
Total	**12.0**	**(10.5-13.6)**
Age		
18-44	14.0	(11.9-16.5)
45-64	9.1	(7.5-11.0)
Gender		
Male	13.5	(11.4-16.0)
Female	10.4	(8.5-12.7)
Race/Ethnicity		
AIAN	8.4	(5.7-12.3)
Asian or NHOPI	0.0	(.-.)
Black/AA	12.8	(4.5-31.3)
Hispanic	16.6	(14.1-19.5)
White	7.3	(5.7-9.3)
Sexual Orientation		
Straight	12.1	(10.6-13.8)
LGB/Other	12.9	(6.9-23.1)
Household Income		
< $15,000	15.0	(10.9-20.3)
$15,000-$24,999	22.6	(18.3-27.4)
$25,000-$49,999	13.1	(10.1-16.9)
$50,000-$74,999	6.3	(3.7-10.6)
> $75,000	3.1	(1.8-5.0)
Geographic Region		
Northwest	10.5	(7.9-13.8)
Northeast	13.2	(10.2-16.9)
Metropolitan	10.3	(7.9-13.4)
Southeast	16.7	(13.4-20.8)
Southwest	12.5	(9.5-16.1)

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

No Health Care Coverage Among Adults, NM vs. U.S.
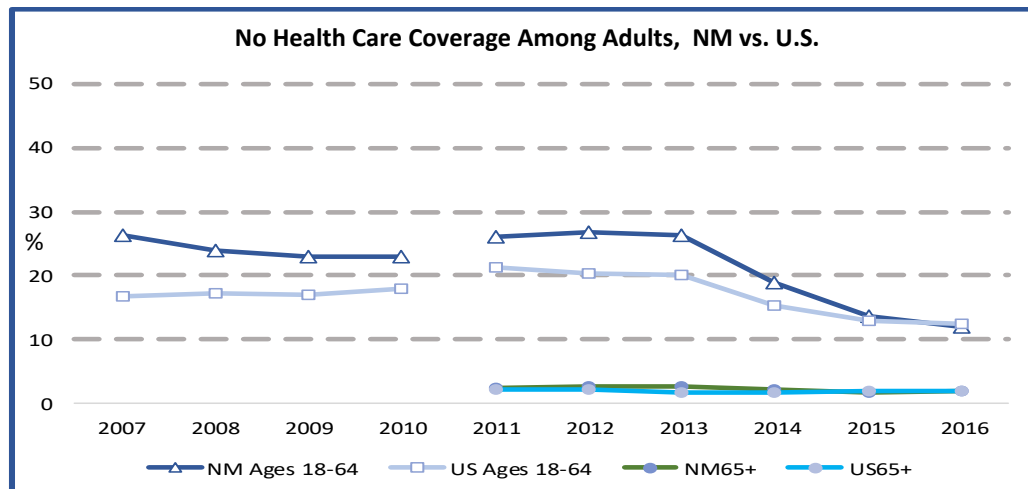
Lack of Health Care Coverage (Adults 18-64)

- The HP 2020 target is to have 100% of adults insured by 2020. Since the prevalence of no health care coverage among New Mexico adults is currently 12.0%, this prevalence would have to decrease by 2.5 percentage points each year to meet this goal.

- The prevalence of no health care coverage decreased with increasing education level.

- Homemakers/students reported a higher prevalence of no health care coverage compared to retired adults.

- The prevalence of no health care coverage was similar across geographic regions.

- Adults without health care coverage were significantly less likely to receive any of five preventative health care services than were adults with coverage.

Lack of Health Care Coverage by Education Level

Category	%
<High School	26.9
HSGrad/GED	14.7
Some College	7.5
College Grad	4.8

Lack of Health Care Coverage by Employment Status

Category	%
Employed	11.4
Unemployed/Unable to work	10.1
Homemaker/Student	18.3
Retired	4.6

Percentage of NM adults with preventive services with coverage vs. adults with no coverage

- Oral Health Visit w/in Past Year
- Mammogram within Past 2 Years, 50+
- Colorectal Cancer Screen Among Adults Age 50+
- Cholesterol Check w/in past 5 yrs
- Age 65+ with Pneumonia Vaccination

Legend: No Coverage, Coverage

Lack of Health Care Coverage by Urban/Rural

Category	%
Metro	10.6
Small/Metro	13.9
Mixed Urban/Rural	12.8
Rural	17.1

Oral Health Care

Question:

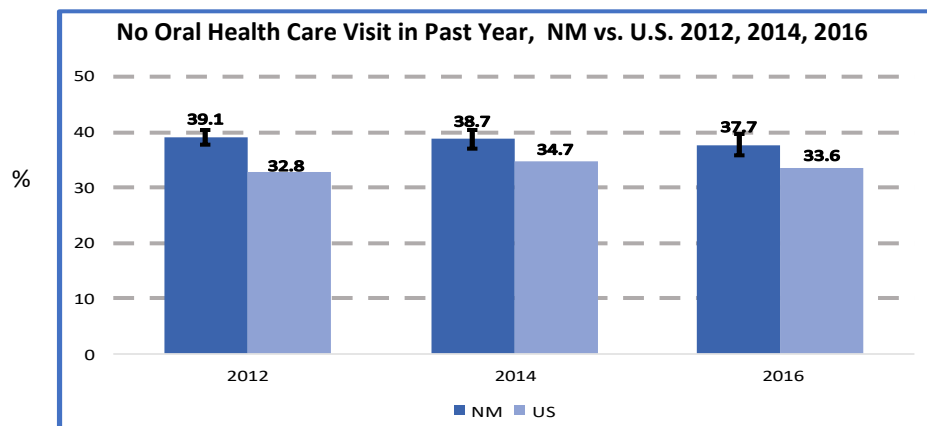"How long has it been since you last visited a dentist or a dental clinic for any reason?..."

Regular dental visits are important in maintaining good oral health. In addition to care of the teeth and gums, dental visits are important in the early detection and treatment of oral diseases. Barriers include limited availability and access to dental services, lack of awareness of need, cost, and fear of dental procedures.[9,10]

- In 2016, 37.7% of New Mexico adults had no oral health visit in the past year. The prevalence of no oral health visit in the past year among NM adults was higher than the U.S. median prevalence (33.6%).

- The prevalence of no oral health care visit in the past year decreased significantly with increasing income level.

- The prevalence of no oral health care visit in the past year has not changed significantly since 2012; 39.1% in 2012, 38.7 % in 2014 and 37.7% in 2016.

- Males (41.4%) reported a higher prevalence of no oral health care visit in the past year than females (34.2%) and AIAN adults (47.9%) reported a significantly higher prevalence than White adults (33.8%).

- Adults in the Southeast (48.0%) and in the Northwest (46.6%) were more likely to not have an oral health visit in the past year than adults in the Southwest (38.5%), Northeast (35.8%), or the Metropolitan region (32.9%).

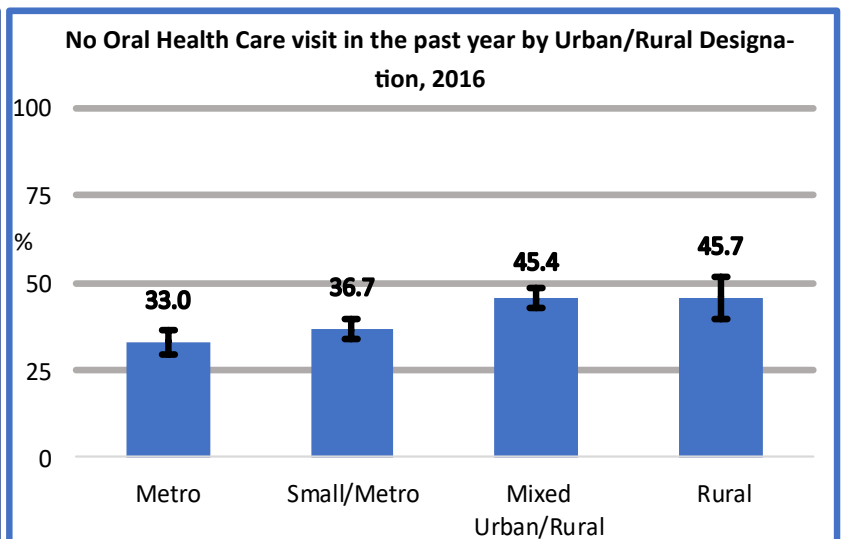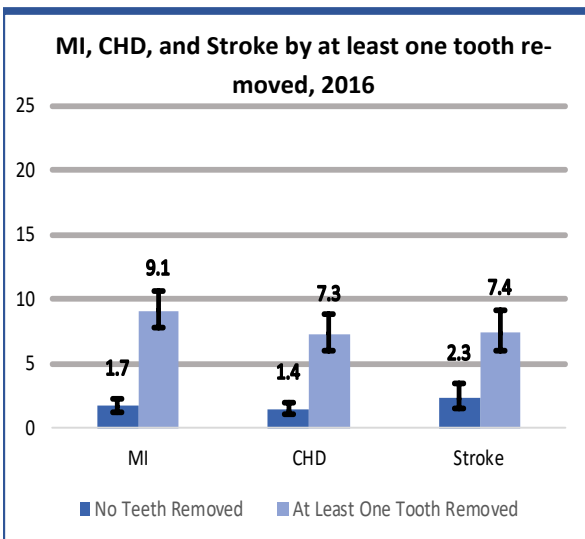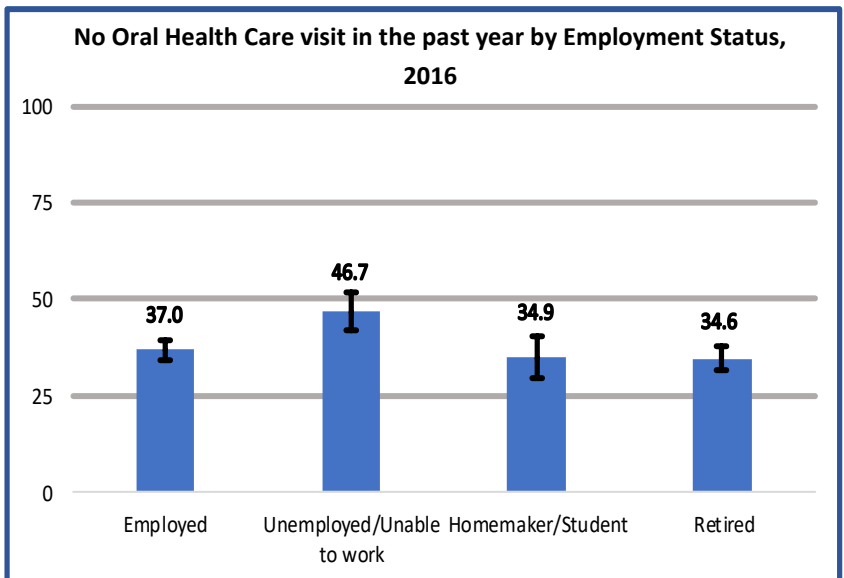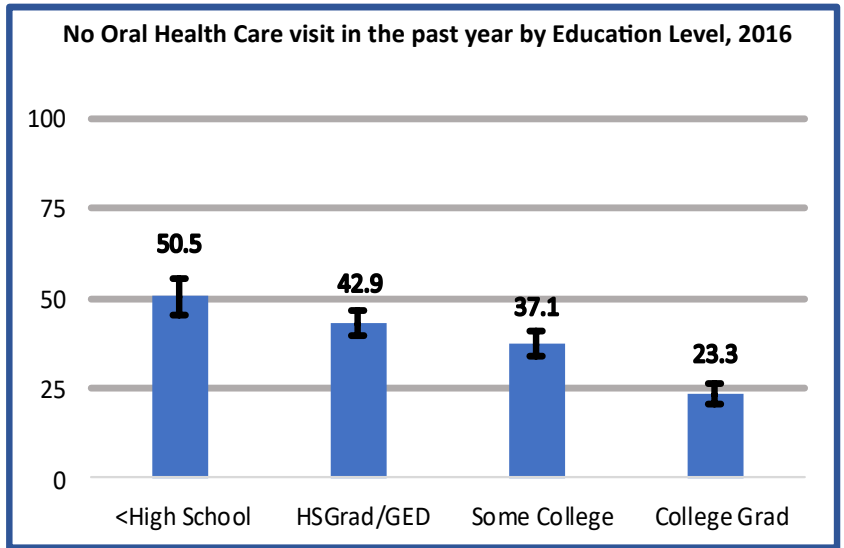| Demographic Characteristics	No Oral Health Visit in Past Year[a]	
	%	(95% Confidence Interval)
Total	**37.7**	**(35.9-39.6)**
Age		
18-44	39.0	(35.8-42.3)
45-64	36.7	(34.0-39.5)
65+	36.5	(33.6-39.6)
Gender		
Male	41.4	(38.6-44.2)
Female	34.2	(31.9-36.6)
Race/Ethnicity		
AIAN	47.9	(41.8-54.0)
Asian or NHOPI	34.9	(19.7-53.9)
Black/AA	28.9	(16.3-46.0)
Hispanic	39.7	(36.7-42.8)
White	33.8	(31.4-36.3)
Sexual Orientation		
Straight	37.5	(35.6-39.4)
LGB/Other	43.2	(33.3-53.6)
Household Income		
< $15,000	47.6	(42.5-52.7)
$15,000-$24,999	47.5	(43.3-51.8)
$25,000-$49,999	41.2	(37.3-45.3)
$50,000-$74,999	25.4	(21.0-30.3)
> $75,000	22.4	(19.0-26.3)
Geographic Region		
Northwest	46.6	(42.5-50.7)
Northeast	35.8	(32.1-39.6)
Metropolitan	32.9	(29.7-36.4)
Southeast	48.0	(43.8-52.2)
Southwest	38.5	(35.1-42.1)

[a] Among all adults , the proportion who reported no dentist or a dental clinic visit for any reason in the past year.

No Oral Health Care Visit in Past Year, NM vs. U.S. 2012, 2014, 2016

Year	NM	US
2012	39.1	32.8
2014	38.7	34.7
2016	37.7	33.6

Oral Health Care

- The prevalence of no oral health care visit in the past year decreases with increasing education level. The rate for NM adults with less than a High School diploma/GED (50.5%) was significantly higher than College Graduates (23.3%).

- NM adults who were unemployed/unable to work (46.7%) were more likely than those who were employed (37.0%) to have no oral health care visit in the past year.

- Adults residing in a county designated as Rural (45.7%) or Mixed Urban/Rural (45.4%) were less likely than those residing in Metro or Small/Metro designated counties to have visited a dentist or dental clinic in the past year.

- 45.3% of adults had lost one or more teeth due to decay or gum disease.

- Adults who lost one or more teeth to decay or gum disease were more likely to have been diagnosed with coronary heart disease, myocardial infarction, or stroke.

No Oral Health Care visit in the past year by Education Level, 2016

<High School	50.5
HSGrad/GED	42.9
Some College	37.1
College Grad	23.3

No Oral Health Care visit in the past year by Employment Status, 2016

Employed	37.0
Unemployed/Unable to work	46.7
Homemaker/Student	34.9
Retired	34.6

MI, CHD, and Stroke by at least one tooth removed, 2016

	No Teeth Removed	At Least One Tooth Removed
MI	1.7	9.1
CHD	1.4	7.3
Stroke	2.3	7.4

No Oral Health Care visit in the past year by Urban/Rural Designation, 2016

Metro	33.0
Small/Metro	36.7
Mixed Urban/Rural	45.4
Rural	45.7

Arthritis

Question:

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

There are over 100 forms of rheumatic disease commonly referred to as arthritis, including osteoarthritis, rheumatoid arthritis, fibromyalgia, and gout. Arthritis is the most common cause of disability in the U.S.[10]

- In 2016, 27.7% of New Mexico adults had been diagnosed with some form of arthritis. The prevalence of arthritis among NM adults was slightly higher than the U.S. median prevalence (25.8%).

- The percentage of women with diagnosed arthritis (32.4%) was higher than that of adult men (22.9%). This association between arthritis and gender has been consistent over time.

- Arthritis is strongly associated with age, the prevalence among adults over 65 years was 55.3%.

- The percentage of adults with diagnosed arthritis was higher among White adults than among AIAN, Asian/NHOPI, and Hispanic adults.

- Among adults living in households with an annual income of $75,000 or more, the prevalence of diagnosed arthritis was lower than those of income categories of less than $50,000.
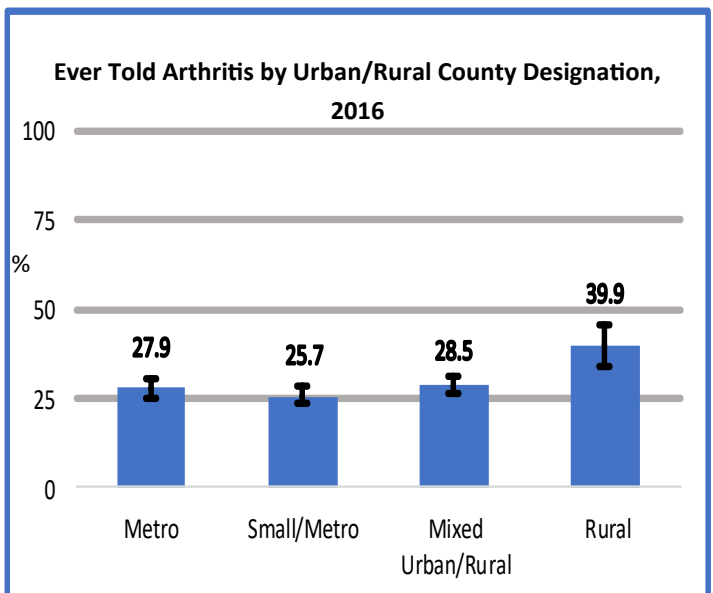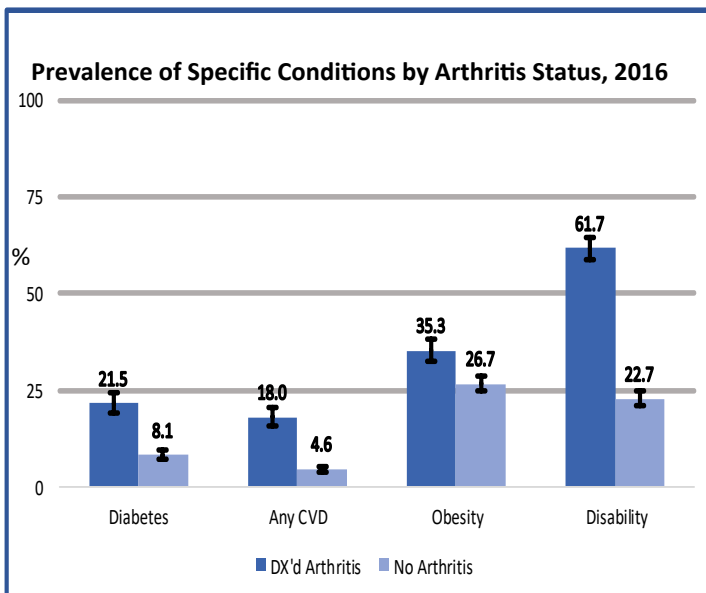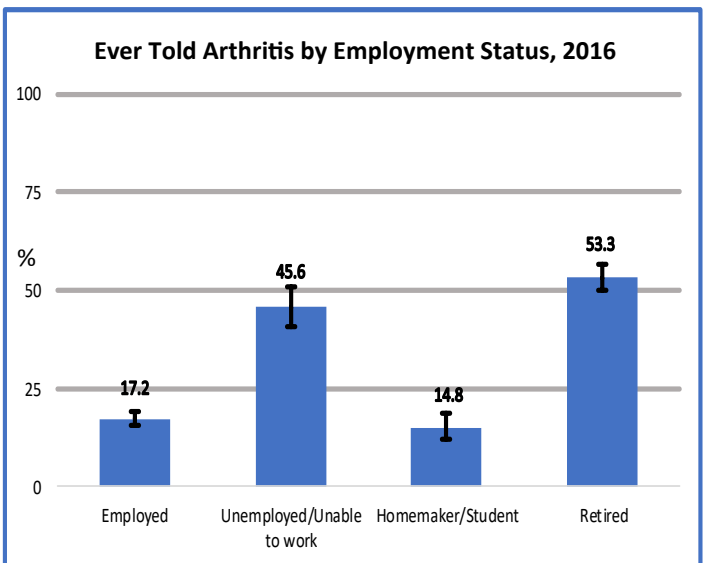
Demographic Characteristics	Ever Told Arthritis[a]	
	%	(95% Confidence Interval)
Total	**27.7**	**(26.2-29.3)**
Age		
18-44	9.8	(8.0-11.8)
45-64	34.6	(32.0-37.3)
65+	55.3	(52.3-58.3)
Gender		
Male	22.9	(20.8-25.1)
Female	32.4	(30.3-34.7)
Race/Ethnicity		
AIAN	21.5	(17.3-26.5)
Asian or NHOPI	11.7	(4.1-28.9)
Black/AA	12.6	(6.3-23.7)
Hispanic	22.7	(20.5-25.2)
White	35.6	(33.3-38.0)
Sexual Orientation		
Straight	28.1	(26.5-29.8)
LGB/Other	31.9	(22.9-42.5)
Household Income		
< $15,000	36.8	(32.1-41.7)
$15,000-$24,999	26.3	(23.2-29.7)
$25,000-$49,999	28.0	(24.7-31.5)
$50,000-$74,999	26.7	(22.5-31.4)
> $75,000	24.2	(21.1-27.5)
Geographic Region		
Northwest	21.9	(19.2-24.8)
Northeast	30.9	(27.6-34.3)
Metropolitan	27.3	(24.5-30.2)
Southeast	29.1	(25.8-32.6)
Southwest	28.6	(25.8-31.5)

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

Ever Told Arthritis, NM vs. U.S.
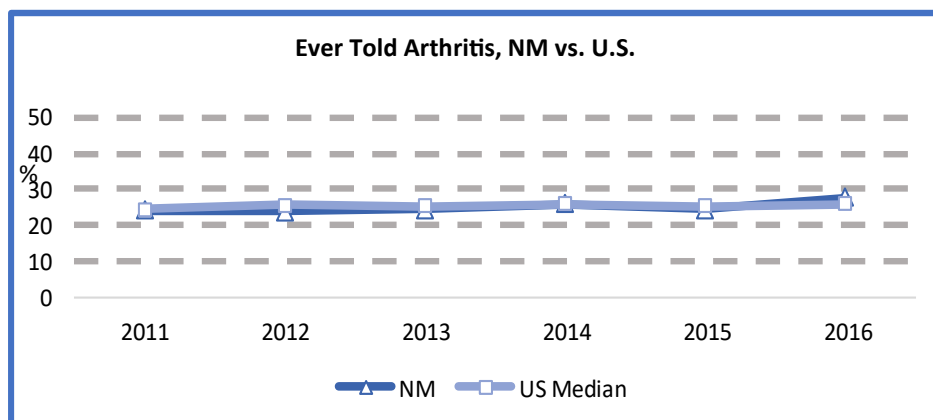
Arthritis

- The prevalence of diagnosed arthritis did not vary by sexual orientation or education level .

- Among NM adults with an employment status of retired or unemployed/unable to work, the prevalence of diagnosed arthritis was significantly higher than employed or homemaker/student adults.

- The prevalence of diagnosed arthritis was slightly lower among adult residents of the Northwest region compared to the other regions.

- Arthritis diagnosis was higher in counties designated as rural areas compared to all other areas.

- Adults with diagnosed arthritis were more likely to have fair or poor health status, to have diabetes, cardiovascular disease, to be obese, or disabled.

Ever Told Arthritis by Education Level, 2016

Category	%
<High School	31.9
HSGrad/GED	24.9
Some College	28.7
College Grad	26.5

Ever Told Arthritis by Employment Status, 2016

Category	%
Employed	17.2
Unemployed/Unable to work	45.6
Homemaker/Student	14.8
Retired	53.3

Prevalence of Specific Conditions by Arthritis Status, 2016

Condition	DX'd Arthritis	No Arthritis
Diabetes	21.5	8.1
Any CVD	18.0	4.6
Obesity	35.3	26.7
Disability	61.7	22.7

Ever Told Arthritis by Urban/Rural County Designation, 2016

| Category	%
Metro	27.9
Small/Metro	25.7
Mixed Urban/Rural	28.5
Rural	39.9

Asthma

Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways. Asthma attacks can vary from mild to life threatening. Symptoms can include shortness of breath, cough, wheezing, and chest pain or tightness.[11]

- In 2016, 11.8% of New Mexico adults currently had asthma at the time of the interview. The prevalence of current asthma among NM adults was higher than the U.S. Median prevalence (9.3%).

- The percentage of women who currently had asthma (14.4%) was significantly higher than that of men (9.0%).

- The prevalence of current asthma among LGB/other was higher than among straight adults, 14.7% and 11.7%, respectively.

- Low income adults (<$15,000) were more likely to report asthma than other income categories.

- The prevalence of current asthma did not vary significantly by age.
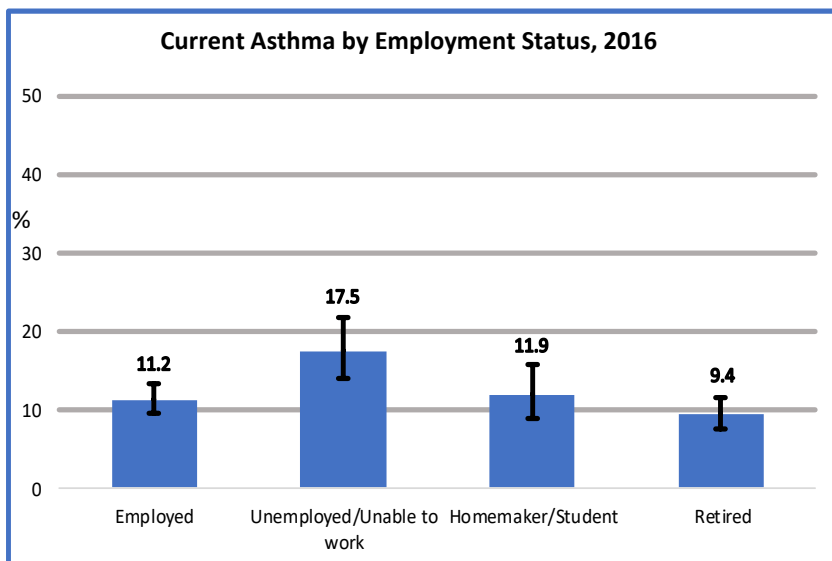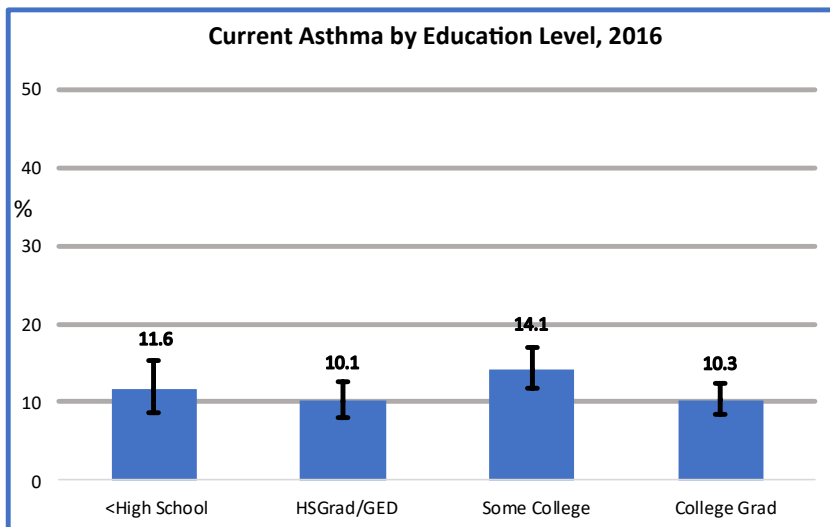
Current Asthma[a]

Demographic Characteristics	%	(95% Confidence Interval)
Total	**11.8**	**(10.5-13.2)**
Age		
18-44	12.9	(10.7-15.5)
45-64	11.4	(9.7-13.3)
65+	10.1	(8.3-12.3)
Gender		
Male	9.0	(7.4-11.0)
Female	14.4	(12.7-16.4)
Race/Ethnicity		
AIAN	9.4	(6.6-13.4)
Asian or NHOPI	5.7	(1.9-15.8)
Black/AA	8.7	(3.2-21.7)
Hispanic	12.6	(10.4-15.0)
White	11.4	(9.9-13.1)
Sexual Orientation		
Straight	11.7	(10.4-13.2)
LGB/Other	14.7	(8.1-25.3)
Household Income		
< $15,000	15.0	(11.8-19.0)
$15,000-$24,999	10.5	(8.3-13.3)
$25,000-$49,999	10.6	(8.2-13.6)
$50,000-$74,999	10.7	(7.6-14.8)
> $75,000	12.3	(9.5-15.8)
Geographic Region		
Northwest	9.9	(7.9-12.5)
Northeast	9.9	(7.9-12.3)
Metropolitan	13.3	(10.9-16.0)
Southeast	11.6	(9.2-14.5)
Southwest	10.8	(8.8-13.3)

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

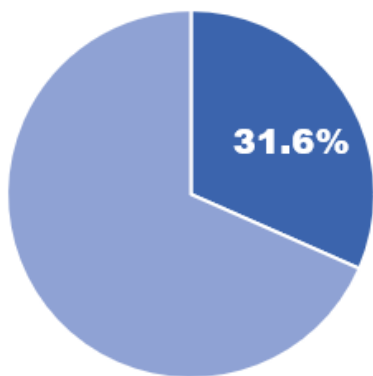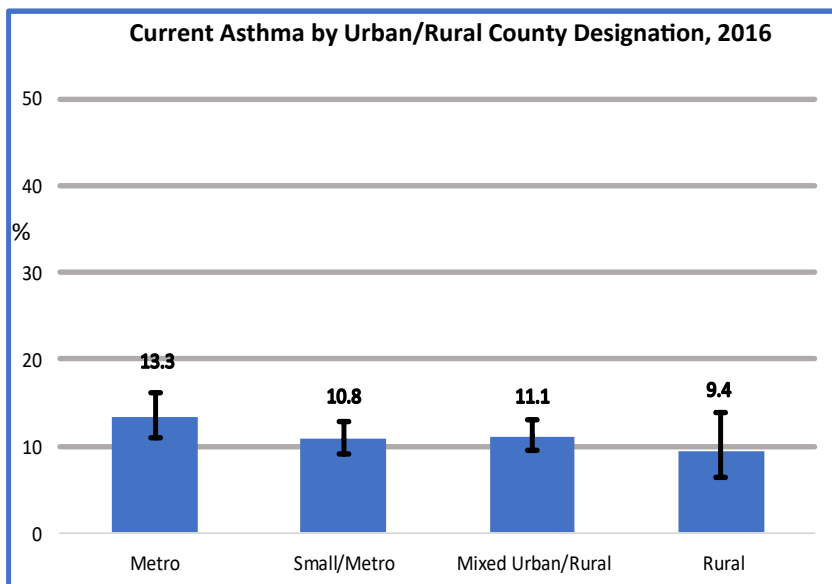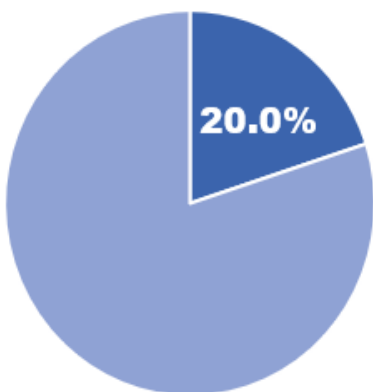### Current Asthma Among Adults, NM vs. U.S.
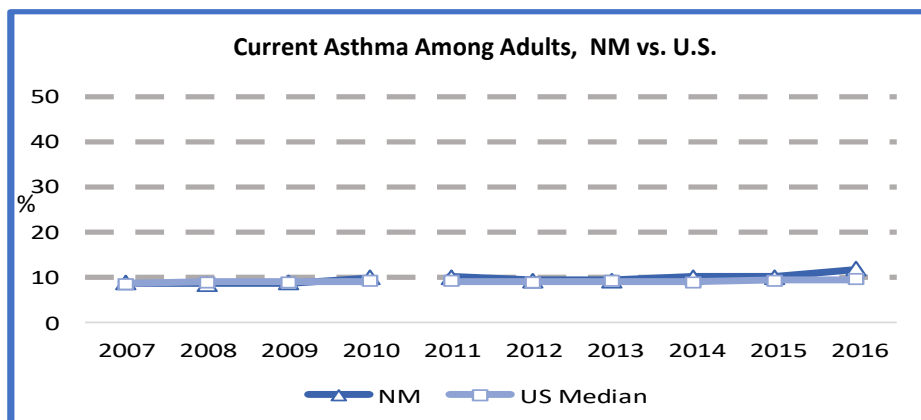
Asthma

- The prevalence of current asthma did not vary significantly by education level.

- Adults who were unemployed/unable to work were more likely to report current asthma, (17.5%) than those who were retired (9.4%), employed (11.2%), or a homemaker or student (11.9%).

- The prevalence of current diagnosed asthma did not vary significantly by Urban/Rural county designation.

- Adults with current asthma were more likely to report disability/activity limitation (38.7%) compared to those without current asthma (21.5%).

Fair/Poor Health with Asthma, 2016

31.6%

Fair/Poor Health without Asthma, 2016

20.0%

Current Asthma by Education Level, 2016

	<High School	HSGrad/GED	Some College	College Grad
%	11.6	10.1	14.1	10.3

Current Asthma by Employment Status, 2016

	Employed	Unemployed/Unable to work	Homemaker/Student	Retired
%	11.2	17.5	11.9	9.4

Current Asthma by Urban/Rural County Designation, 2016

|	Metro	Small/Metro	Mixed Urban/Rural	Rural
%	13.3	10.8	11.1	9.4

Cancer

Question:

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

Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer.[12]

- In 2016, an estimated 10.3% of adults had a history of any type of cancer, 6.3% had a history of cancer other than skin cancer, and 5.3% had a history of skin cancer. There was no difference between NM and the U.S.
- There was a strong association with age, older adults being much more likely to have a history of cancer.
- For history all types of cancer and any type of cancer, the prevalence was higher among Women (11.5% and 7.7%) than men (9.1% and 4.8%).
- History of any cancer was higher among White adults (16.9%) than all other racial/ethnic groups and history of non-skin cancer was higher among White adults (8.7%) than among AIAN, Asian NHOPI, and Hispanic adults.

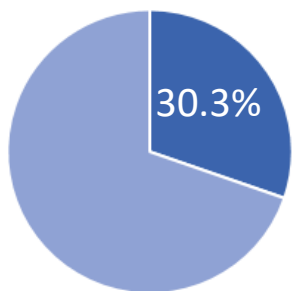| Demographic Characteristics	Ever Told Skin Cancer[a] %	(95% Confidence Interval)	Ever Told Any Other Types of Cancer[b] %	(95% Confidence Interval)	Ever Told Cancer[c] %	(95% Confidence Interval)
Total	5.3	(4.7-6.1)	6.3	(5.5-7.1)	10.3	(9.4-11.4)
Age						
18-44	0.8	(0.5-1.5)	2.3	(1.5-3.5)	2.9	(2.0-4.1)
45-64	4.9	(3.9-6.2)	6.6	(5.3-8.1)	10.9	(9.3-12.7)
65+	15.4	(13.3-17.7)	14.5	(12.4-16.9)	25.5	(22.9-28.2)
Gender						
Male	5.8	(4.9-7.0)	4.8	(3.8-6.0)	9.1	(7.9-10.6)
Female	4.9	(4.1-5.8)	7.7	(6.6-9.0)	11.5	(10.2-13.0)
Race/Ethnicity						
AIAN	1.5	(0.5-4.2)	4.0	(2.6-6.1)	4.7	(3.0-7.2)
Asian or NHOPI	2.1	(0.4-10.1)	4.3	(0.8-20.4)	6.4	(1.8-20.3)
Black/AA	0.0	(.-.)	6.0	(2.2-15.6)	6.1	(2.2-15.9)
Hispanic	1.3	(0.8-2.1)	4.3	(3.2-5.7)	5.3	(4.1-6.7)
White	10.4	(9.2-11.8)	8.7	(7.5-10.0)	16.9	(15.3-18.6)
Sexual Orientation						
Straight	5.5	(4.8-6.3)	6.3	(5.5-7.2)	10.4	(9.5-11.5)
LGB/Other	4.8	(2.5-8.9)	7.3	(3.5-14.6)	11.5	(6.8-18.7)
Household Income						
< $15,000	2.1	(1.2-3.8)	9.4	(6.6-13.1)	10.3	(7.5-14.1)
$15,000-$24,999	3.7	(2.6-5.0)	6.7	(5.2-8.8)	9.5	(7.6-11.7)
$25,000-$49,999	5.9	(4.5-7.8)	6.1	(4.5-8.3)	10.3	(8.3-12.8)
$50,000-$74,999	8.2	(6.3-10.7)	5.1	(3.7-7.0)	12.1	(9.7-15.0)
> $75,000	6.9	(5.4-8.7)	4.9	(3.6-6.5)	10.7	(8.8-13.0)
Geographic Region						
Northwest	3.3	(2.4-4.4)	5.8	(4.4-7.5)	8.1	(6.6-10.0)
Northeast	4.3	(3.3-5.7)	5.8	(4.5-7.5)	9.4	(7.7-11.3)
Metropolitan	5.7	(4.5-7.1)	7.0	(5.6-8.7)	11.2	(9.5-13.2)
Southeast	5.7	(4.4-7.3)	4.2	(3.1-5.6)	9.3	(7.6-11.3)
Southwest	6.2	(5.1-7.5)	6.8	(5.5-8.3)	11.1	(9.5-12.9)

Among all adults, the proportion ever told by a doctor that: [a]they had skin cancer, [b]they had a form of cancer other than skin cancer, or [c]they had skin cancer or any other type of cancer.
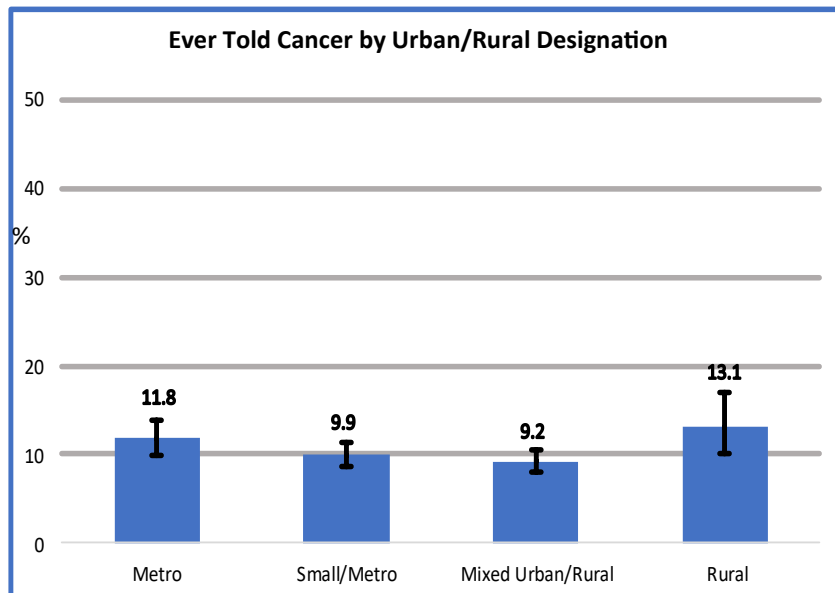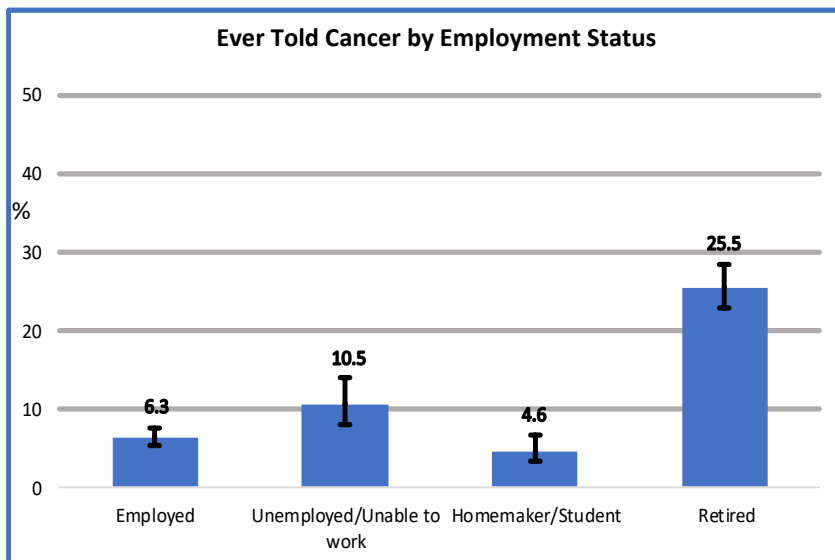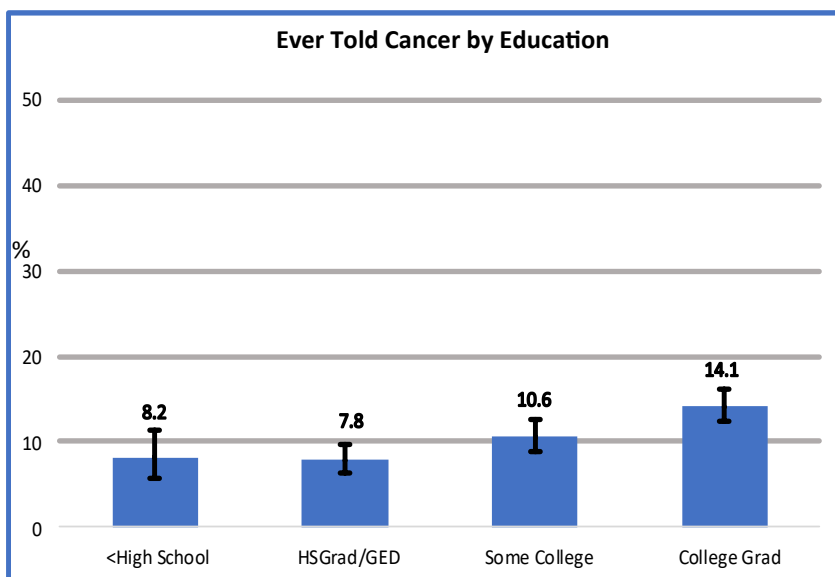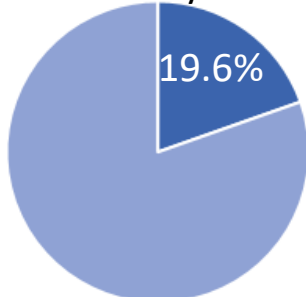
Other Cancer
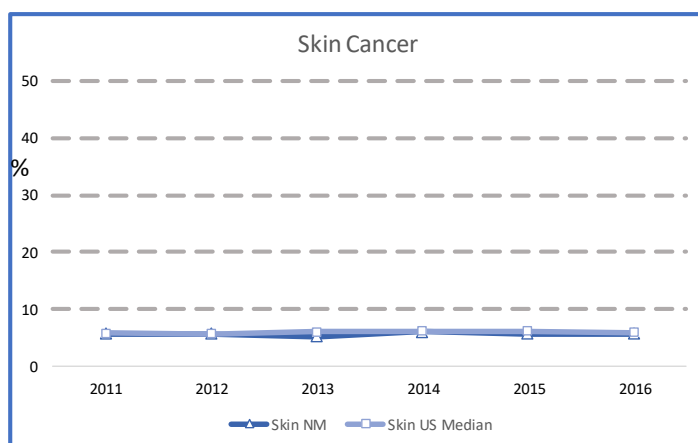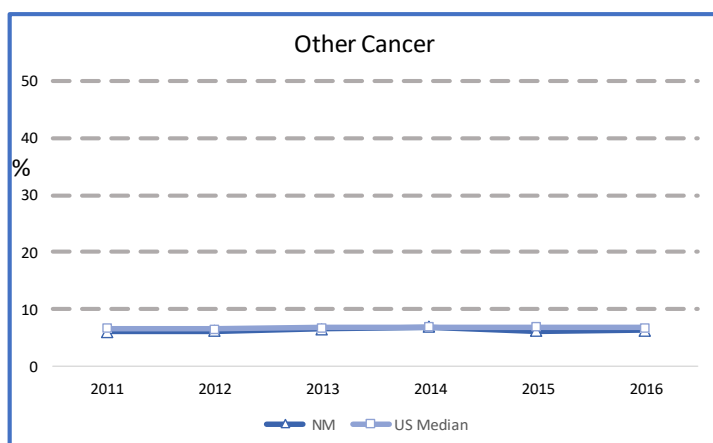
Skin Cancer

Cancer

- History of skin cancer was higher among adults with higher education levels.

- Adults who were retired or unable to work were more likely to have a history of skin or other type of cancer. Adjustment for age eliminated the difference between retired and categories other than unable to work. Adults who reported that they were unemployed/unable to work were significantly more likely to have a history of any cancer and any non-skin cancer.

- There was no statistically significant difference in the prevalence of any type of cancer or any cancer except skin cancer by geographical region or urban/rural county designation.

- Adults with history of cancer were more likely to currently have fair or poor general health status, 30.3% versus 19.6%.

Fair/Poor General Health among NM adults with a history of cancer

30.3%

Fair/Poor General Health among NM adults with no history of cancer

19.6%

Ever Told Cancer by Education

%

- <High School: 8.2
- HSGrad/GED: 7.8
- Some College: 10.6
- College Grad: 14.1

Ever Told Cancer by Employment Status

%

- Employed: 6.3
- Unemployed/Unable to work: 10.5
- Homemaker/Student: 4.6
- Retired: 25.5

Ever Told Cancer by Urban/Rural Designation

%

- Metro: 11.8
- Small/Metro: 9.9
- Mixed Urban/Rural: 9.2
- Rural: 13.1

Cardiovascular Disease

Question:

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

Heart disease is the leading cause of death for both men and women in the U.S.[13] It is also one of the leading causes of disability in the U.S. Stroke is the third leading cause of death in the US.[14]

- In 2016, 4.0% of New Mexico adults had ever been told they had angina or coronary heart disease, 3.3% had ever been told they had a stroke, and 5.1% they had a heart attack.
- When combining all three measures into one indicator, an estimated 8.0% of New Mexico adults have ever been told by a doctor that they had some form of cardiovascular disease.
- The prevalence of all three diseases increased with age and decreased with increasing household income level.

Demographic Characteristics	Ever Told Angina or Coronary Heart Disease[a]		Ever Told Stroke[b]		Ever Told Heart Attack[c]	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	**4.0**	**(3.4-4.8)**	**3.3**	**(2.8-4.0)**	**5.1**	**(4.4-5.8)**
Age						
18-44	1.1	(0.5-2.4)	0.9	(0.4-1.9)	0.8	(0.4-1.7)
45-64	3.7	(2.8-4.9)	3.7	(2.6-5.1)	5.7	(4.4-7.3)
65+	11.0	(9.1-13.1)	8.0	(6.5-9.8)	13.3	(11.3-15.5)
Gender						
Male	5.2	(4.1-6.5)	2.9	(2.1-3.9)	6.1	(5.1-7.4)
Female	2.9	(2.3-3.7)	3.8	(3.0-4.7)	4.0	(3.2-5.0)
Race/Ethnicity						
AIAN	3.1	(1.7-5.6)	4.1	(2.6-6.6)	6.2	(4.0-9.4)
Asian or NHOPI	1.9	(0.3-10.5)	1.1	(0.2-7.6)	0.2	(0.0-1.3)
Black/AA	0.6	(0.1-2.6)	1.7	(0.5-5.6)	0.8	(0.1-5.6)
Hispanic	3.4	(2.5-4.8)	2.8	(1.9-4.1)	4.5	(3.5-5.8)
White	4.9	(4.0-5.9)	3.8	(3.0-4.7)	5.7	(4.8-6.8)
Sexual Orientation						
Straight	4.3	(3.6-5.1)	3.5	(2.9-4.2)	5.4	(4.7-6.2)
LGB/Other	2.5	(0.8-7.2)	2.8	(0.6-13.1)	2.2	(0.8-5.4)
Household Income						
< $15,000	3.5	(2.3-5.5)	4.4	(2.9-6.5)	7.3	(5.0-10.5)
$15,000-$24,999	4.9	(3.5-6.7)	4.7	(3.5-6.5)	5.7	(4.3-7.5)
$25,000-$49,999	4.8	(3.5-6.6)	3.4	(2.2-5.0)	5.9	(4.4-7.9)
$50,000-$74,999	4.6	(2.5-8.4)	1.1	(0.6-2.0)	3.3	(2.1-5.1)
>$75,000	2.9	(2.0-4.3)	1.9	(1.1-3.3)	3.4	(2.3-4.9)
Geographic Region						
Northwest	3.6	(2.6-5.2)	4.5	(3.2-6.3)	6.1	(4.6-8.0)
Northeast	3.9	(2.8-5.4)	2.1	(1.3-3.2)	4.2	(3.0-5.8)
Metropolitan	3.8	(2.7-5.3)	3.3	(2.3-4.7)	4.5	(3.4-6.0)
Southeast	4.4	(3.3-5.9)	2.7	(1.8-3.9)	6.2	(4.8-8.0)
Southwest	4.8	(3.5-6.5)	4.2	(3.2-5.6)	5.7	(4.4-7.3)

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

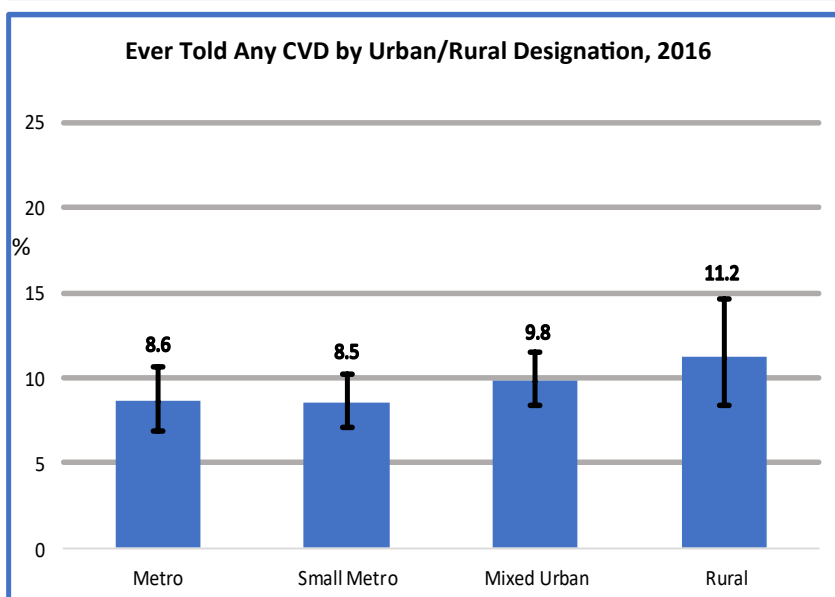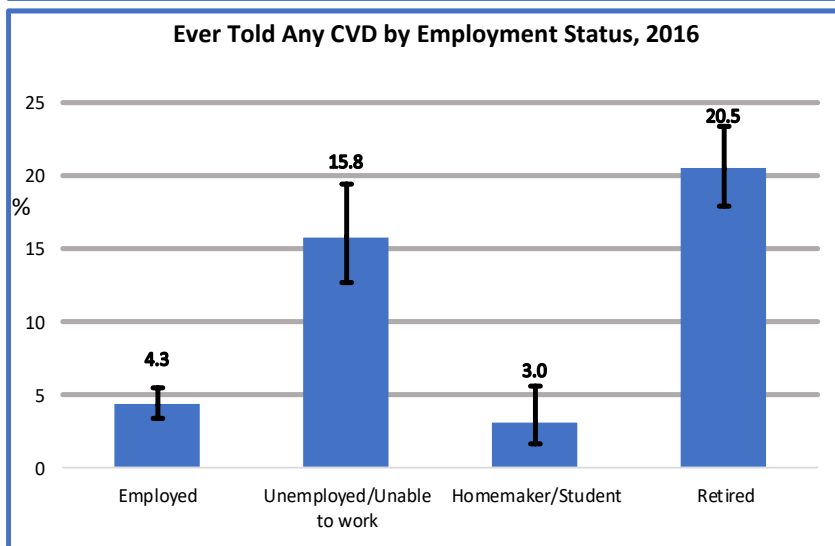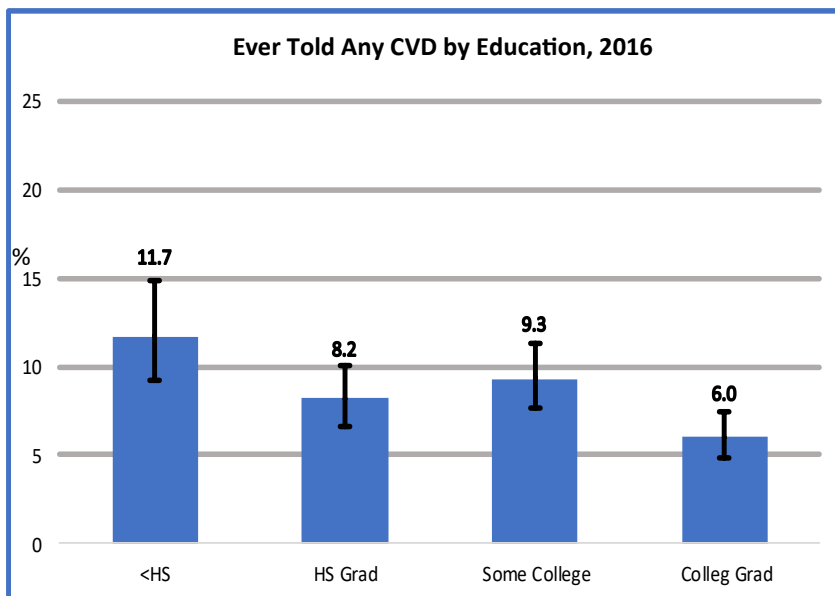Cardiovascular Diseases, NM vs US, 2016
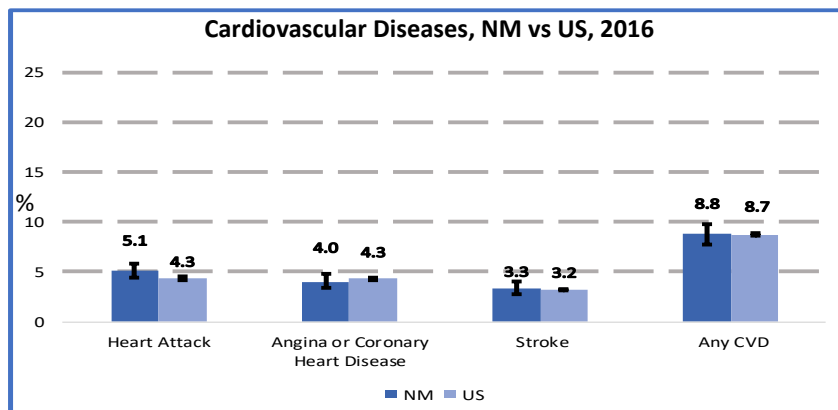
Cardiovascular Disease

Health conditions such as high blood cholesterol levels, high blood pressure, obesity, and diabetes mellitus can increase the risk of cardiovascular disease (CVD). Behavioral factors, including tobacco and alcohol use, diets high in saturated fat and cholesterol, and physical inactivity, may also increase the risk of development of cardiovascular disease.[13]

- There was no statistically measurable difference by race/ ethnicity.

- Males were more likely than women to have a history of myocardial infarction and coronary heart disease (5.2% and 6.1%) than females (2.9% and 4.0%) but there was no statistically significant difference between them for stroke.

- Adults with less education or lower annual household income were more likely to have a history of CVD.

- Adults who were unable to work were much more likely to have a history of CVD than those who were employed. Adjustment for age nearly eliminated the difference between retired and other employment categories.

- Current and former smokers were more likely to report cardiovascular disease, particularly myocardial infarction and stroke, than adults who had never smoked.

Ever Told Any CVD by Education, 2016

<HS	HS Grad	Some College	Colleg Grad
11.7	8.2	9.3	6.0

Ever Told Any CVD by Employment Status, 2016

Employed	Unemployed/Unable to work	Homemaker/Student	Retired
4.3	15.8	3.0	20.5

Ever Told Any CVD by Urban/Rural Designation, 2016

Metro	Small Metro	Mixed Urban	Rural
8.6	8.5	9.8	11.2

Cognitive Decline

Question:

"During the past 12 months, have you experienced confusion or memory loss that is happening more often or is getting worse?"

Alzheimer's disease is a leading cause of disability in the United States.[15] Older adults with dementia are 3 times more likely to have preventable hospitalizations.[15] As their dementia worsens, people need more medical and support services and, often, long-term care. These challenges can exact an emotional, physical, and financial toll on their families, caregivers, and society.[16]

- In 2016, 12.5% of New Mexico adults over 45 had experienced cognitive decline in the past 12 months.

- The prevalence of cognitive decline increased sharply for New Mexico adults over 85 years of age.

- The prevalence of cognitive decline was higher among Hispanic adults over 45 years of age (16.3%) compared to White adults over 45 years of age (9.9%).

- Males over 45 (14.5%) reported a higher prevalence of cognitive decline than females over 45 (11.0%).

- New Mexico adults over 45 with less income were more likely to experience cognitive decline.

Demographic Characteristics	Cognitive Decline[a] %	(95% Confidence Interval)
Total	**12.5**	**(11.0-14.1)**
Age		
45-64	12.7	(10.7-15.0)
65+	12.5	(10.4-14.9)
Gender		
Male	14.2	(11.7-17.0)
Female	11.0	(9.4-12.9)
Race/Ethnicity		
AIAN	13.2	(8.5-19.9)
Asian or NHOPI	**	**
Black/AA	**	**
Hispanic	16.3	(13.3-19.8)
White	9.9	(8.4-11.6)
Sexual Orientation		
Straight	12.4	(10.9-14.1)
LGB/Other	25.6	(14.3-41.3)
Household Income		
< $15,000	21.6	(16.8-27.2)
$15,000-$24,999	17.4	(13.6-21.9)
$25,000-$49,999	13.2	(10.0-17.2)
$50,000-$74,999	9.6	(6.3-14.3)
> $75,000	5.5	(3.6-8.5)
Geographic Region		
Northwest	9.2	(6.8-12.3)
Northeast	11.1	(8.8-13.9)
Metropolitan	13.2	(10.4-16.6)
Southeast	12.3	(9.6-15.6)
Southwest	14.1	(11.6-17.2)

[a]Among all adults , the proportion who reported in the past 12 months experiencing confusion of memory loss that is happening more often or getting worse.
** Suppressed due to a denominator <50 and/or a relative standard error>30%.

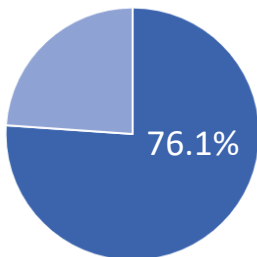Cognitive Decline by 10 yr. age groups, NM 2016
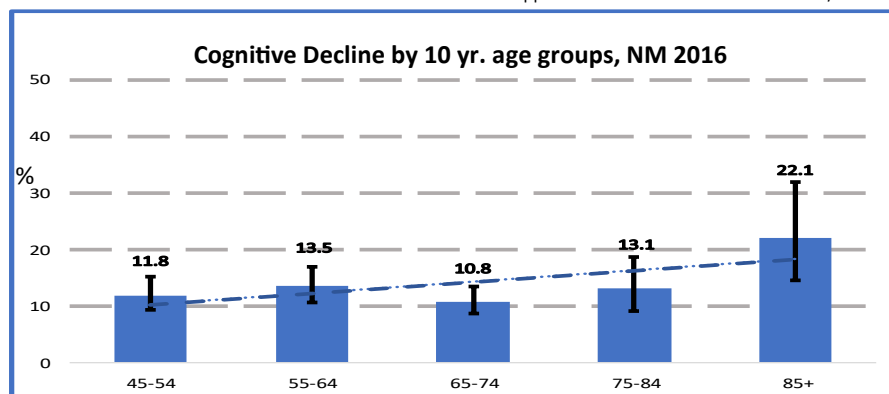
Cognitive Decline

- Adults over 45 with less education were more likely to report cognitive decline.

- Adults over 45 who were unemployed/ unable to work had significantly higher prevalence of cognitive decline compared to employed, homemaker/student, or retired adults over 45.

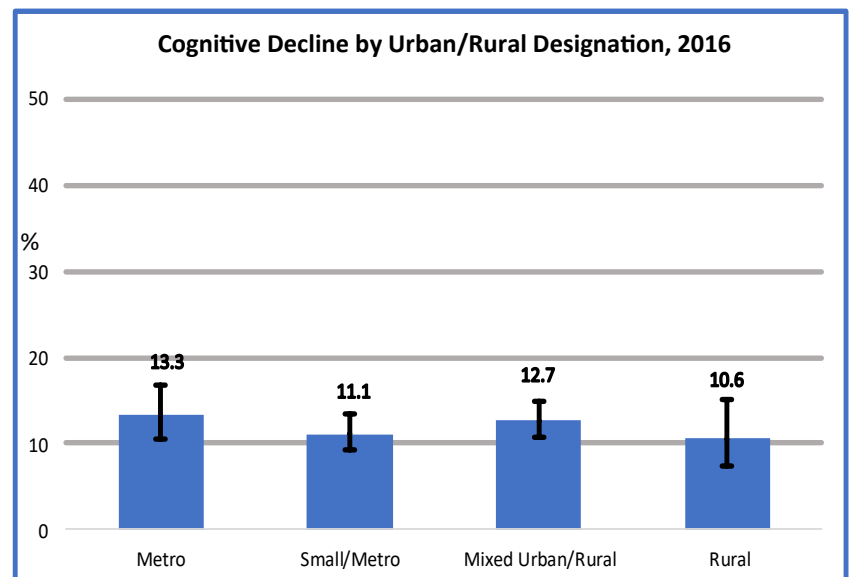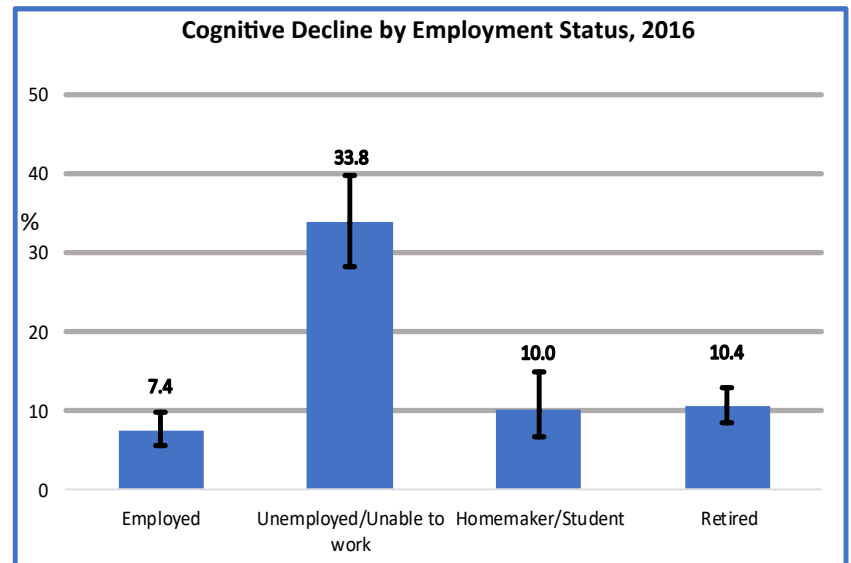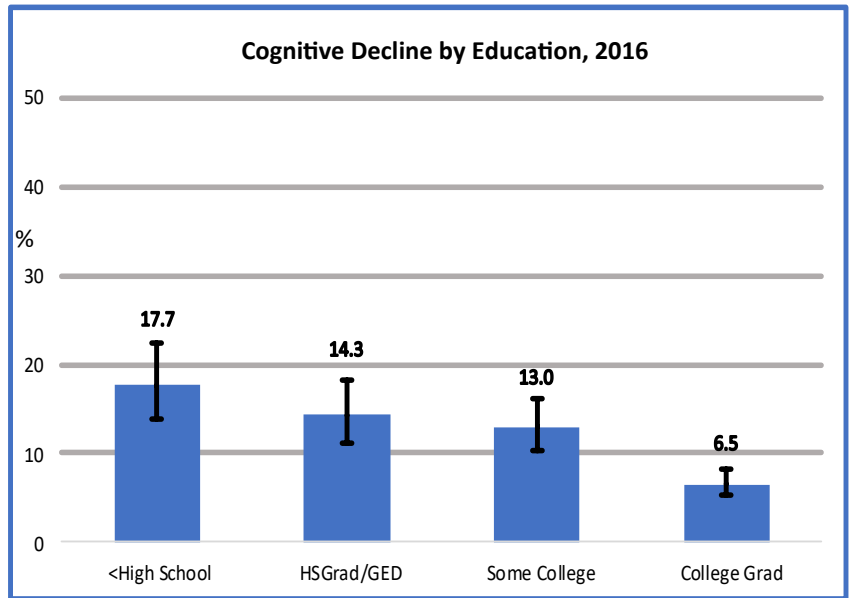- There was no measurable difference by geographic region or urban/rural county designation.

Percent with memory problems who have not talked to a health care provider.

53.6%
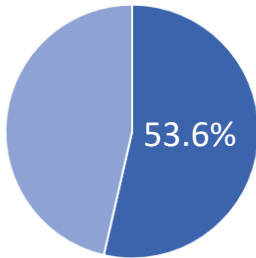
Percent with memory problems who have at least one other chronic disease.*

76.1%

*Defined as arthritis, asthma, COPD, cancer, cardiovascular disease, and diabetes.

Cognitive Decline by Education, 2016

Category	%
<High School	17.7
HSGrad/GED	14.3
Some College	13.0
College Grad	6.5

Cognitive Decline by Employment Status, 2016

Category	%
Employed	7.4
Unemployed/Unable to work	33.8
Homemaker/Student	10.0
Retired	10.4

Cognitive Decline by Urban/Rural Designation, 2016

Category	%
Metro	13.3
Small/Metro	11.1
Mixed Urban/Rural	12.7
Rural	10.6

22

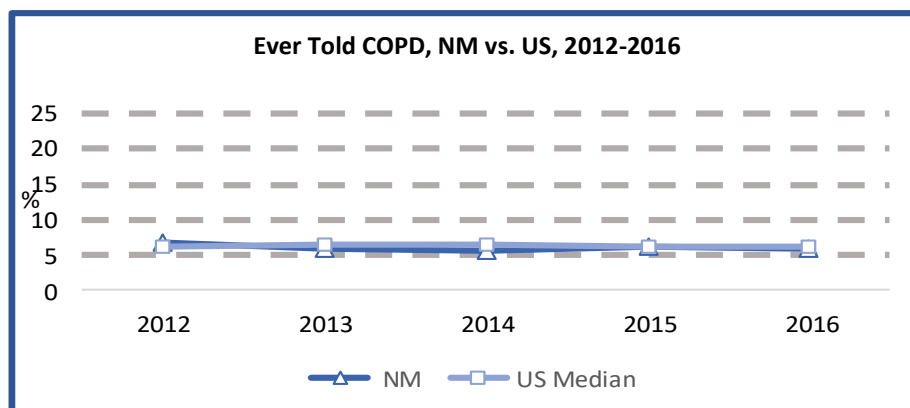# Chronic Obstructive Pulmonary Disease (COPD)

Question:

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

Chronic Obstructive Pulmonary Disease, or COPD, is a serious lung disease that makes it hard to breathe and gets worse over time. COPD includes two main conditions, emphysema and chronic bronchitis.[18] Other causes include exposure to smoke caused by burning wood and worksite dusts and chemicals.[19]

- In 2016, 5.8% of New Mexico adults had been diagnosed with some form of COPD. This was lower than the U.S. median COPD prevalence, 6.3%.
- The prevalence of COPD among females (7.0%) was significantly higher than among males (4.5%).
- There was a difference in the prevalence of COPD by sexual orientation. However it was not statistically significant.
- White adults (7.1%) were more likely to have COPD than AIAN (2.7%) and Hispanic adults (4.9%).
- There was a gradient in COPD prevalence by level of household income. Those living in households with income more than $75,000 per year had a lower prevalence of COPD (3.2%), and those at the lowest income level of less than $15,000 a year had higher COPD prevalence (8.8%).
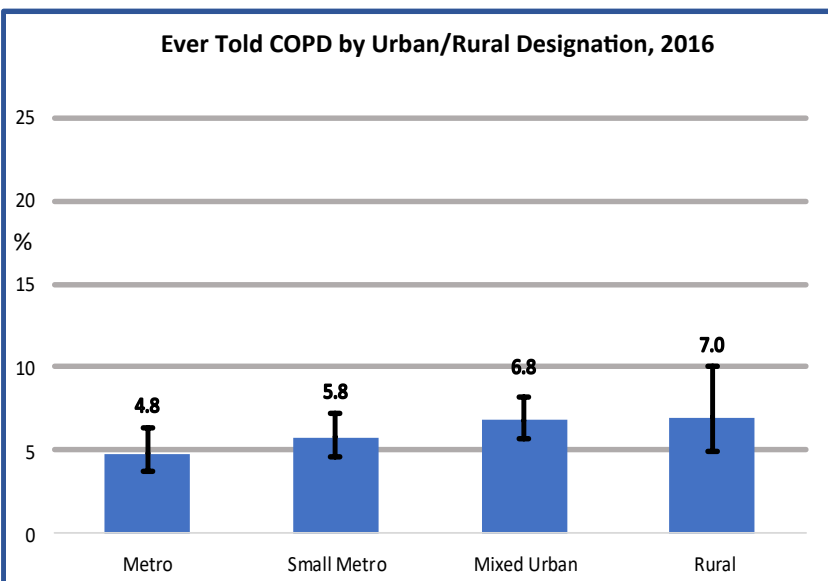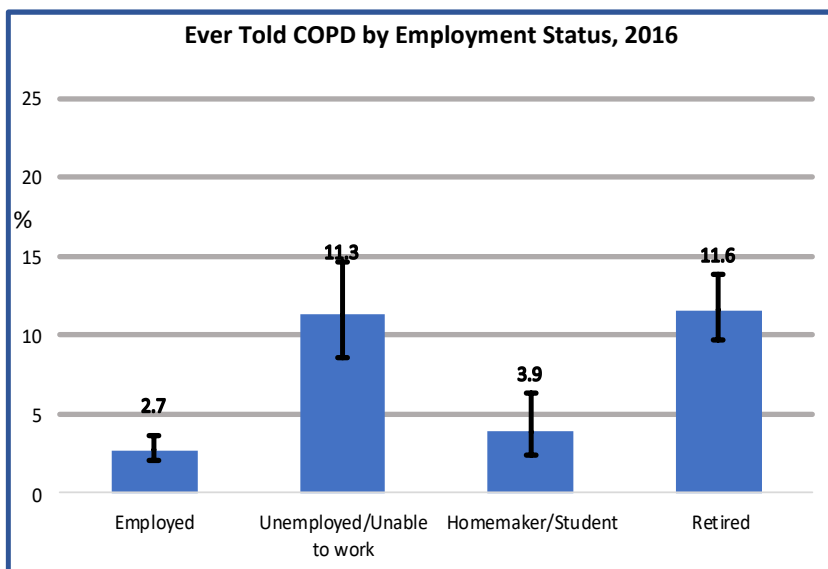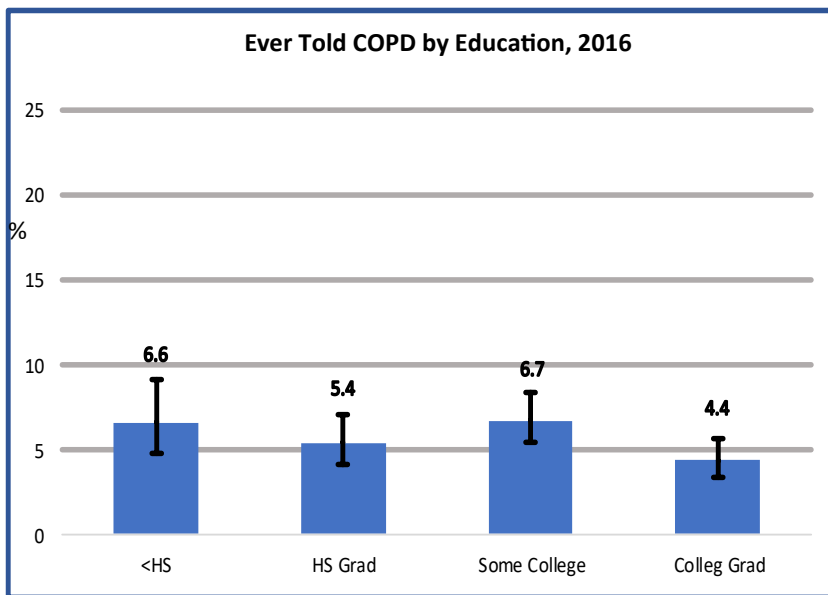
Ever Told COPD[a]

Demographic Characteristics	%	(95% Confidence Interval)
Total	**5.8**	**(5.1-6.6)**
Age		
18-44	2.5	(1.6-3.8)
45-64	6.2	(5.1-7.6)
65+	11.8	(10.1-13.9)
Gender		
Male	4.5	(3.7-5.5)
Female	7.0	(5.9-8.3)
Race/Ethnicity		
AIAN	2.7	(1.7-4.3)
Asian or NHOPI	1.7	(0.2-11.2)
Black/AA	9.3	(2.2-32.3)
Hispanic	4.9	(3.9-6.2)
White	7.1	(6.1-8.3)
Sexual Orientation		
Straight	5.9	(5.2-6.7)
LGB/Other	2.8	(1.3-5.6)
Household Income		
< $15,000	8.8	(6.8-11.4)
$15,000-$24,999	6.3	(4.9-8.1)
$25,000-$49,999	7.2	(5.6-9.4)
$50,000-$74,999	3.5	(2.3-5.2)
> $75,000	3.2	(2.1-4.8)
Geographic Region		
Northwest	4.8	(3.7-6.3)
Northeast	5.5	(4.1-7.3)
Metropolitan	5.2	(4.0-6.8)
Southeast	7.2	(5.5-9.4)
Southwest	6.9	(5.5-8.6)

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

Ever Told COPD, NM vs. US, 2012-2016

Chronic Obstructive Pulmonary Disease (COPD)

- The prevalence of COPD was lower among adults with a college degree or more education among all education levels.

- The prevalence of a history of COPD was 3 timers higher among adults who were unemployed/unable to work or retired, than employed or homemaker/student.

- The prevalence of history of COPD was slightly higher among adult residents of the Southeast Region and Southwest Region, this was not statistically significant.

- The prevalence was not statistically significant by Urban/Rural county designation.

- History of COPD was higher among current (10.6%) and former smokers (9.5%) than never smokers (3.2%).

- 48.0% of adults with COPD had Fair or Poor general health status, versus 20.0% of adults with no history of COPD . 63.3% of those with COPD had at least one disability, versus 26.4% of adults without COPD.

Ever Told COPD by Education, 2016

	<HS	HS Grad	Some College	Colleg Grad
%	6.6	5.4	6.7	4.4

Ever Told COPD by Employment Status, 2016

	Employed	Unemployed/Unable to work	Homemaker/Student	Retired
%	2.7	11.3	3.9	11.6

Ever Told COPD by Urban/Rural Designation, 2016

	Metro	Small Metro	Mixed Urban	Rural
%	4.8	5.8	6.8	7.0

Depression

Depression is characterized by depressed or sad mood, diminished interest in activities that used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death.[20] The BRFSS asked a series of questions from a validated instrument that can establish a provisional depressive disorder diagnosis using the Diagnostic and Statistical manual of Mental Disorders, Fourth Edition (DSM-IV) criteria.

- In 2016, an estimated 9.8% of New Mexico adults were currently depressed and 18.3% had a history of depression meaning they had ever been told they had depression, this is slightly higher than the U.S. median (17.4%).

- The prevalence of current depression decreased with age, NM adults less than 44 years of age (11.1%) and adults over 65 (5.6%). There was no measurable difference among age groups with a history of depression.

- There was no measurable difference between males and females with current depression. Females had a higher prevalence of history of depression (21.6%) than males (14.9%).
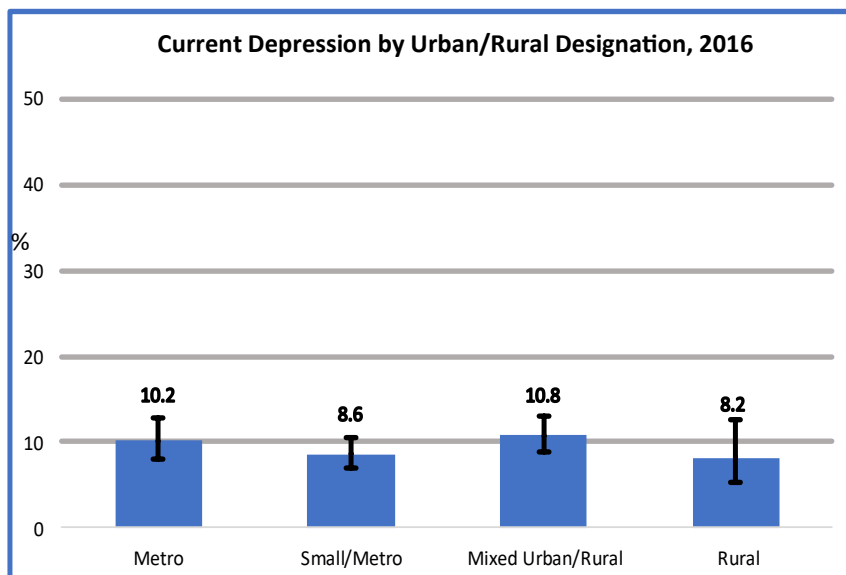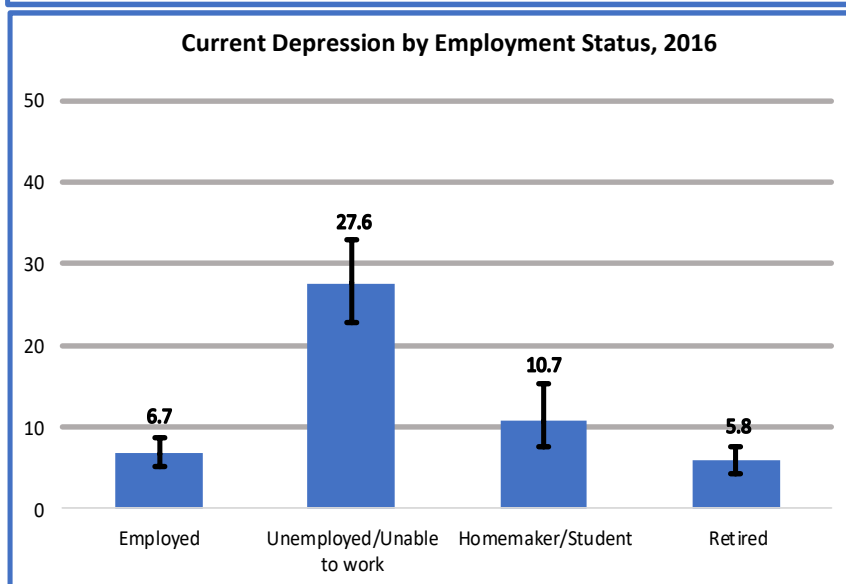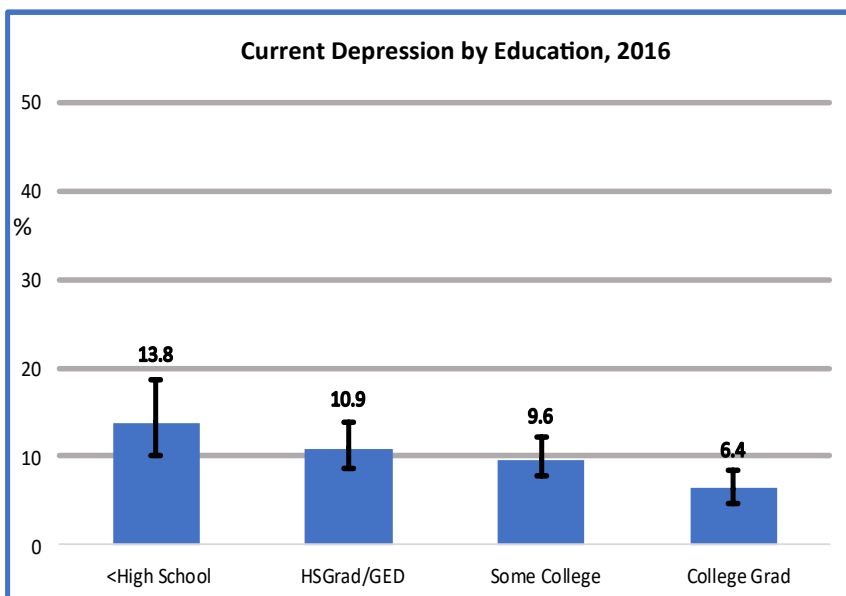
Demographic Characteristics	Current Depression[a] %	(95% Confidence Interval)	Ever Told Depression[b] %	(95% Confidence Interval)
Total	**9.8**	**(8.6-11.2)**	**18.3**	**(16.9-19.9)**
Age				
18-44	11.1	(8.9-13.7)	17.9	(15.4-20.7)
45-64	10.9	(9.2-13.0)	19.8	(17.7-22.1)
65+	5.6	(4.3-7.2)	17.4	(15.0-20.1)
Gender				
Male	8.9	(7.2-11.1)	14.9	(12.8-17.2)
Female	10.7	(9.1-12.6)	21.6	(19.6-23.8)
Race/Ethnicity				
AIAN	11.9	(7.6-18.1)	14.0	(10.5-18.4)
Asian or NHOPI	**	**	4.0	(1.3-11.9)
Black/AA	**	**	22.2	(9.8-42.8)
Hispanic	9.6	(7.8-11.8)	17.2	(15.0-19.7)
White	9.3	(7.6-11.2)	20.2	(18.0-22.5)
Sexual Orientation				
Straight	9.3	(8.0-10.7)	17.3	(15.8-18.9)
LGB/Other	25.9	(17.0-37.4)	34.2	(25.1-44.7)
Household Income				
< $15,000	19.5	(15.4-24.3)	31.1	(26.4-36.1)
$15,000-$24,999	13.6	(10.6-17.3)	18.7	(15.8-22.1)
$25,000-$49,999	7.7	(5.6-10.5)	17.7	(14.7-21.2)
$50,000-$74,999	6.5	(4.4-9.7)	15.3	(11.9-19.6)
> $75,000	5.0	(2.9-8.6)	13.0	(10.0-16.9)
Geographic Region				
Northwest	11.0	(7.9-15.2)	15.4	(12.8-18.3)
Northeast	8.2	(6.3-10.6)	17.4	(14.5-20.7)
Metropolitan	10.1	(7.9-12.8)	20.4	(17.7-23.5)
Southeast	10.8	(8.2-14.0)	16.1	(13.5-19.1)
Southwest	9.1	(7.1-11.7)	17.3	(14.7-20.1)

[a]Among all adults, the proportion who scored 10 or more on the Patient Health Questionnaire depression inventory (PHQ-8) which was administered on the BRFSS questionnaire. [b]The proportion reporting ever being told that they had depression by a healthcare professional. ** Suppressed due to a denominator <50 and/or a relative standard error > 30%.

Ever Diagnosed Depression NM vs US, 2011-2016
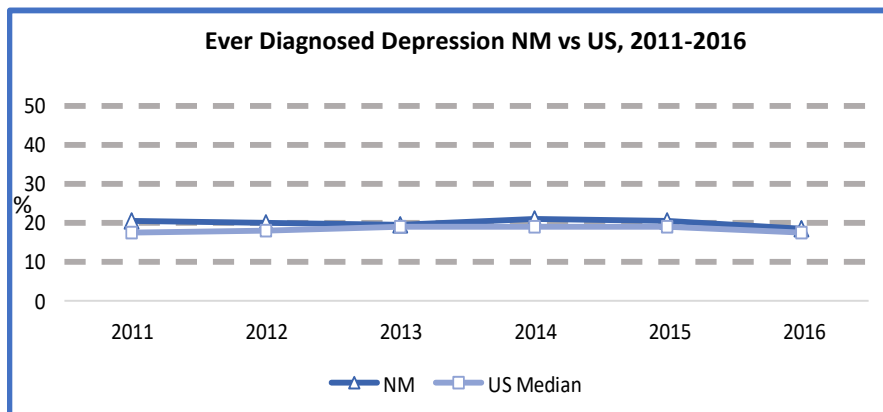
Depression

- There was no measurable difference among race/ethnicity groups for current depression. AIAN (14.0%) and Asians (4.0%) had a significantly lower prevalence of history of depression than the other subgroups.

- Current depression and history of depression were higher among LGB/Other 25.9% and 34.2%, respectively compared to straight adults, 9.3% and 17.3%.

- There was a gradient in prevalence of current depression and history of depression by level of household income. Of lower income adults, 19.5% had current depression and nearly one third (31.1%) had ever been diagnosed with a depressive disorder, decreasing to 5.0% for current depression and 13.0% with a history of depression among adults in the highest household income level.

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

- Over twenty-five percent (27.6%) of adults who were unable to work or unemployed had current depression and 41.4% had a history of diagnosed depression.

Current Depression by Education, 2016

Category	%
<High School	13.8
HSGrad/GED	10.9
Some College	9.6
College Grad	6.4

Current Depression by Employment Status, 2016

Category	%
Employed	6.7
Unemployed/Unable to work	27.6
Homemaker/Student	10.7
Retired	5.8

Current Depression by Urban/Rural Designation, 2016

Category	%
Metro	10.2
Small/Metro	8.6
Mixed Urban/Rural	10.8
Rural	8.2

b The proportion reporting ever being told that they had depression by a healthcare professional.
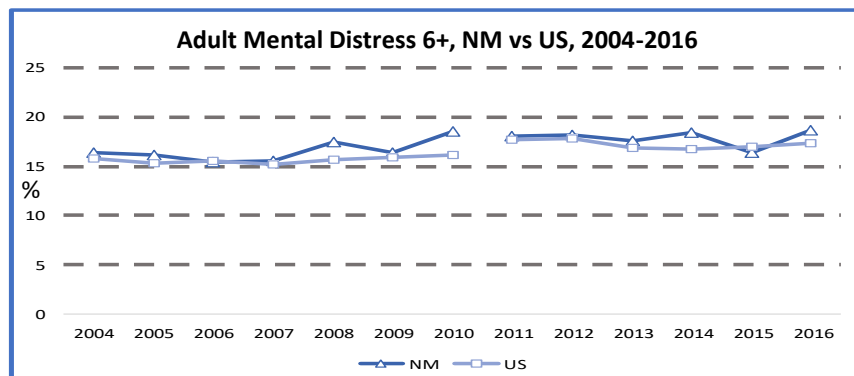
Frequent Mental Distress

Question:

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

Adult mental health issues range in a spectrum from day-to-day challenges with stress, anxiety, and "the blues", to persistent mental health challenges arising from chronic physical conditions such as diabetes, asthma, and obesity, to chronic clinically-diagnosable psychiatric morbidities such as anxiety disorders, schizophrenia, bipolar disorder and depression, to serious life-threatening situations such as suicidal ideation and suicide attempt.[21]

- In 2016, an estimated 18.6% of New Mexico Adults had 6 or more days of poor mental health, slightly higher than the U.S. median prevalence (17.3%).
- Those 65 and older had the lowest rate of 6 days or more of poor mental health (13.8%) and those 18-44 had the highest rate (21.5%).
- There was not a measurable difference between sex or among race/ethnicity with mental distress.
- LGB/other adults had a significantly higher prevalence of 6 or more days of poor mental health (27.6%) than straight adults (18.0%).

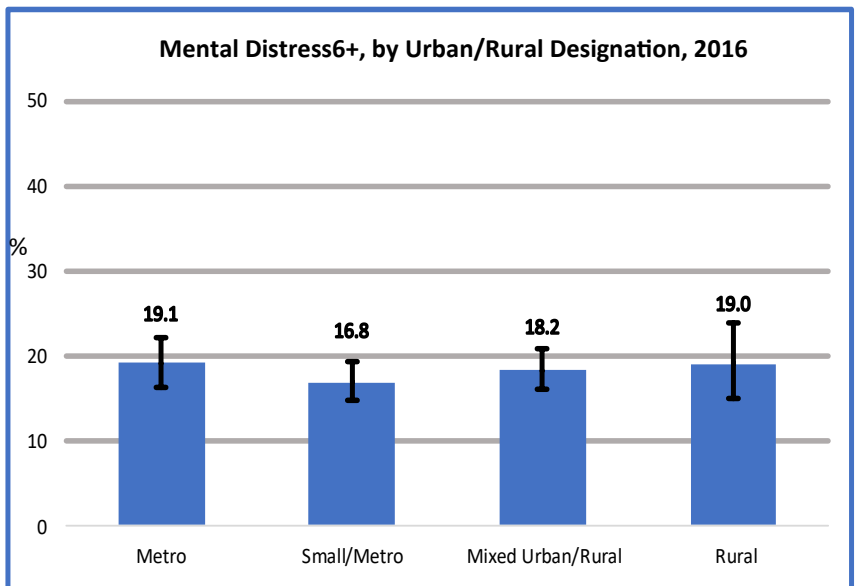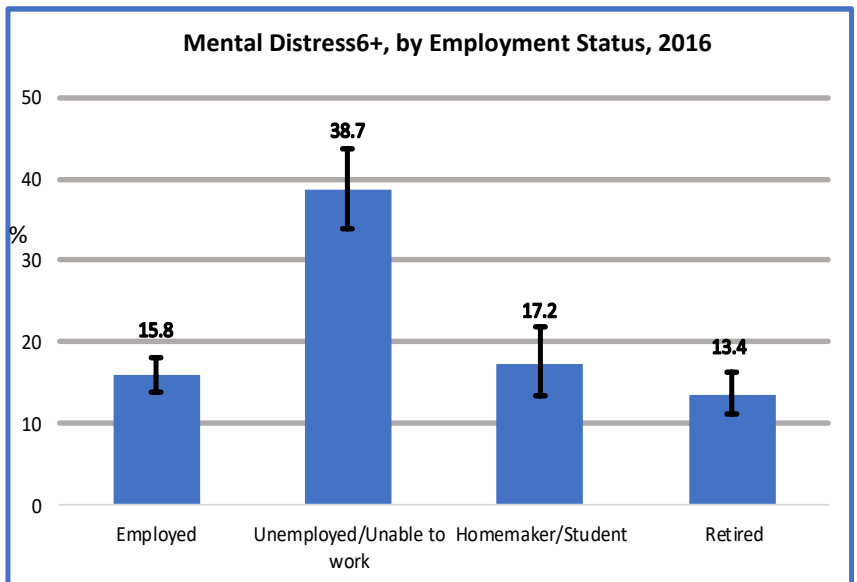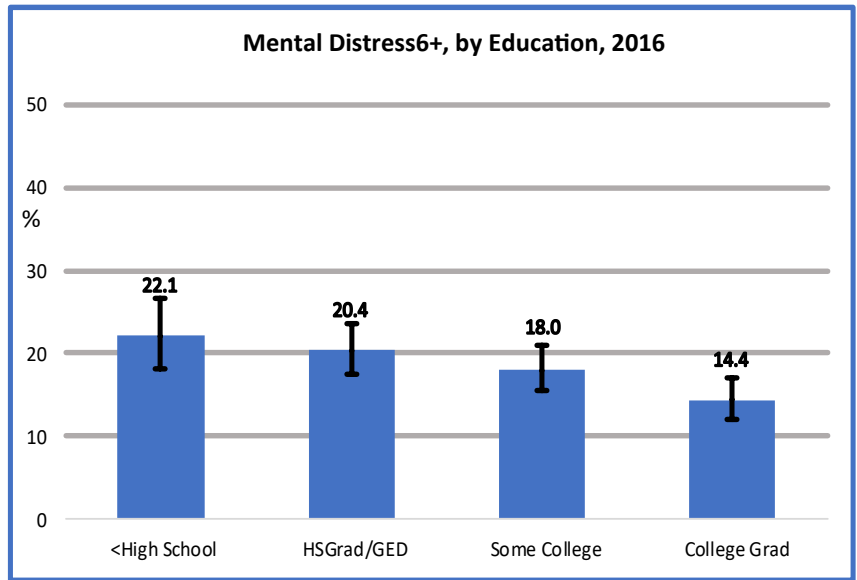| Demographic Characteristics	Mental Distress 6+[a]		Mental Distress 14+[b]	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	**18.6**	**(17.1-20.2)**	**12.5**	**(11.3-13.8)**
Age				
18-44	21.5	(18.8-24.5)	12.9	(10.8-15.3)
45-64	17.5	(15.5-19.6)	13.4	(11.6-15.3)
65+	13.8	(11.6-16.4)	9.9	(8.1-12.1)
Gender				
Male	17.3	(15.2-19.7)	12.1	(10.3-14.2)
Female	19.9	(17.8-22.1)	12.8	(11.3-13.8)
Race/Ethnicity				
AIAN	21.6	(16.4-27.9)	16.7	(11.8-23.17)
Asian or NHOPI	12.6	(4.7-29.6)	5.8	(2.0-16.0)
Black/AA	15.5	(6.3-33.5)	15.3	(6.1-33.4)
Hispanic	18.8	(16.4-21.4)	12.1	(10.3-14.2)
White	17.8	(15.7-20.0)	12.0	(10.3-13.8)
Sexual Orientation				
Straight	18.0	(16.4-19.6)	11.6	(10.5-13.0)
LGB/Other	27.6	(19.7-37.2)	21.2	(14.1-30.6)
Household Income				
< $15,000	30.0	(24.4-35.1)	23.4	(19.3-28.0)
$15,000-$24,999	21.5	(18.1-25.2)	15.4	(12.6-18.6)
$25,000-$49,999	17.8	(14.8-21.3)	11.9	(9.5-14.9)
$50,000-$74,999	15.2	(11.7-19.4)	10.0	(7.2-13.8)
> $75,000	11.9	(9.0-15.7)	5.7	(3.7-8.5)
Geographic Region				
Northwest	18.0	(14.7-21.8)	13.2	(10.3-16.8)
Northeast	19.0	(16.0-22.5)	14.6	(11.9-17.8)
Metropolitan	19.8	(17.1-22.9)	11.9	(9.8-14.4)
Southeast	18.2	(15.2-18.7)	14.6	(11.9-17.8)
Southwest	15.9	(13.5-18.7)	10.1	(8.3-12.3)

[a]Among all adults, the proportion who reported 6 or more days of poor mental health, and [b]the proportion who reported 14 or more days of poor mental health.

Adult Mental Distress 6+, NM vs US, 2004-2016

Frequent Mental Distress

- There was a gradient in prevalence of 6 or more days of poor mental health by level of household income. Almost one third (30.0%) of lower income adults reported 6 or more days of mental distress , declining to 11.9% of adults in the highest income level.

- There was no measurable difference by geographic region or urban/rural county designation in adults with 6 or more days of poor mental health.

- New Mexico adults with less than a high school education had significantly higher prevalence of 6 or more days of poor mental health (22.1%) than college graduates (14.4%).

- Almost forty percent (38.7%) of adults who were unable to work or unemployed adults reported 6 more days of poor mental health compared to 13.4% of retired adults.

- Among New Mexico adults with at least one disability, 36.7% reported 6 or more days of poor mental health, compared to 11.0% among those with no disabilities.

Mental Distress6+, by Education, 2016

Mental Distress6+, by Employment Status, 2016

Mental Distress6+, by Urban/Rural Designation, 2016

Diabetes

Question:

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

Diabetes Mellitus (DM) is a group of diseases characterized by high levels of blood glucose resulting from insufficient insulin production, insulin action, or both. Diabetes can be associated with serious complications including cardiovascular disease, end-stage renal disease, blindness, amputation, and premature death, but people with diabetes can take steps to control the disease and lower the risk of complications.[22]

- The percentage of adults in New Mexico with diagnosed diabetes was 11.6%. The NM rate was higher than the U.S. rate (10.5%). The prevalence of diagnosed diabetes has increased in recent years, both in NM and nationally.

- Diagnosed diabetes was higher among AIAN (18.6%) and Hispanic (12.1%) adults than among White adults (9.9%). Sample size precluded comparison of other groups.

- There was no difference in diabetes prevalence by gender or by LGB/Other status.

- Adults with lower incomes were more likely to have been diagnosed with diabetes, 19.1% for adults with the lowest income category and 7.2% for adults with the highest income category.

- Adults in the Northwest region (16.3%) were more likely to have been diagnosed with diabetes while adults in the Metropolitan region had the lowest .
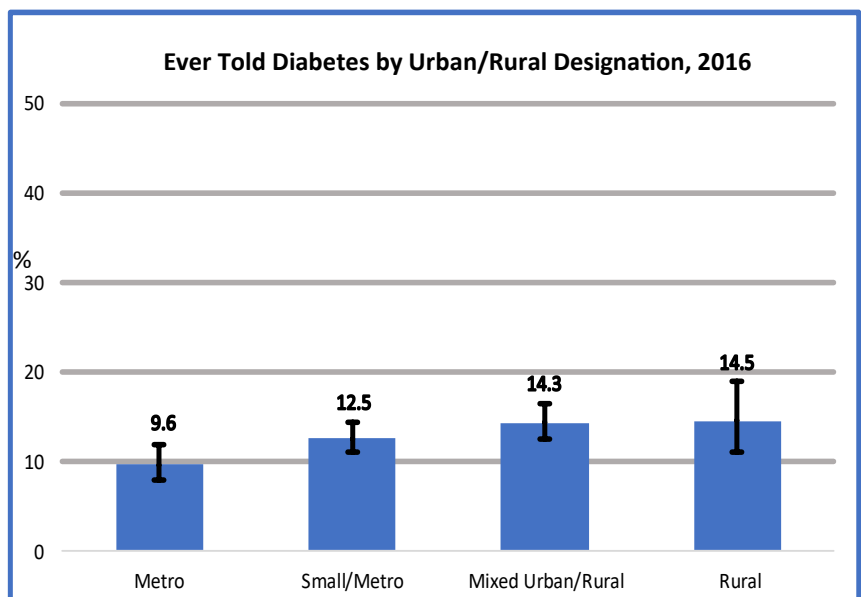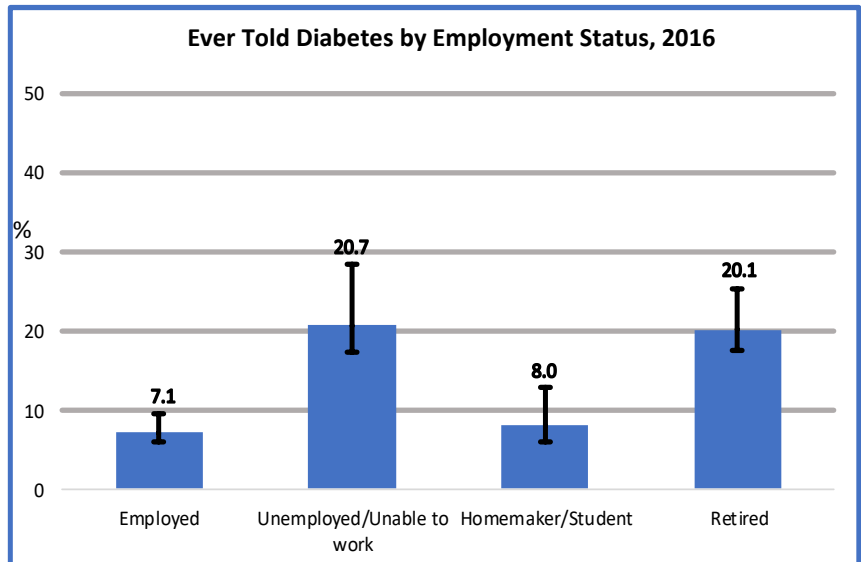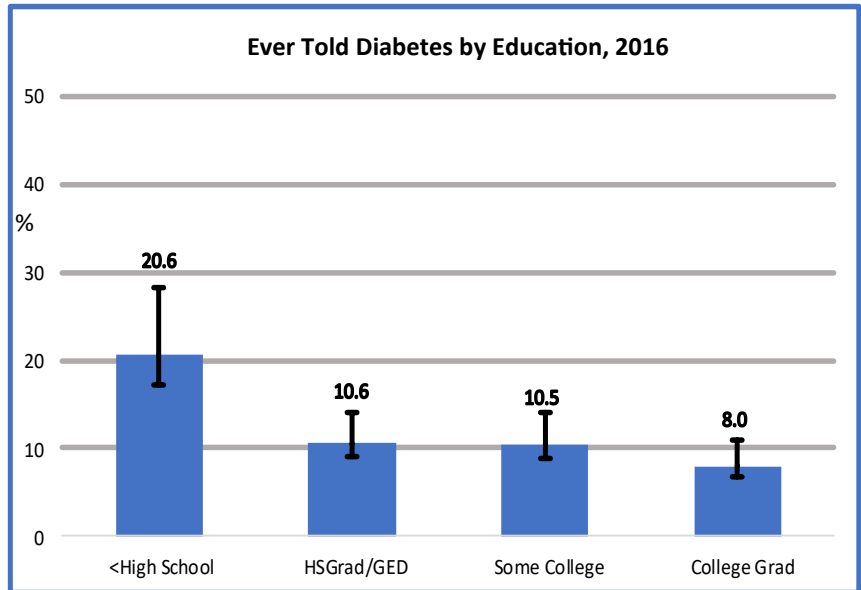
Demographic Characteristics	Ever Told Diabetes[a]	
	%	(95% Confidence Interval)
Total	**11.6**	**(10.6-12.7)**
Age		
18-44	3.6	(2.6-5.0)
45-64	15.6	(13.7-17.8)
65+	22.8	(20.3-25.5)
Gender		
Male	12.2	(10.7-13.8)
Female	11.1	(9.7-12.6)
Race/Ethnicity		
AIAN	18.6	(15.0-22.8)
Asian or NHOPI	11.7	(4.1-28.9)
Black/AA	9.7	(3.7-23.3)
Hispanic	12.1	(10.5-13.9)
White	9.9	(8.6-11.4)
Sexual Orientation		
Straight	11.8	(10.7-12.9)
LGB/Other	9.3	(5.1-16.5)
Household Income		
< $15,000	19.1	(15.9-22.9)
$15,000-$24,999	13.7	(11.4-16.4)
$25,000-$49,999	9.9	(7.9-12.4)
$50,000-$74,999	9.2	(6.9-12.2)
> $75,000	7.2	(5.7-9.1)
Geographic Region		
Northwest	16.3	(13.8-19.1)
Northeast	10.9	(9.0-13.1)
Metropolitan	9.4	(7.8-11.4)
Southeast	13.2	(10.6-16.3)
Southwest	13.7	(11.7-16.0)

[a]Among all adults, the proportion reporting that they were ever told by a doctor that they had diabetes.

Ever Told Diabetes NM vs US, 2007-2016
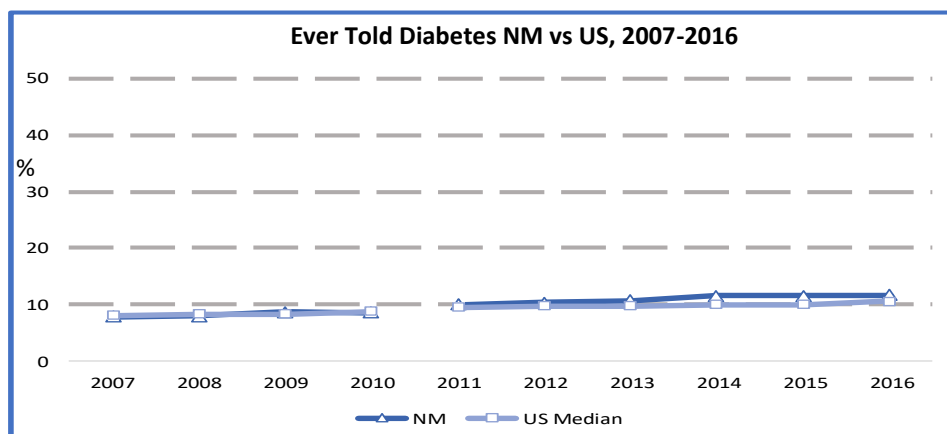
Diabetes

- New Mexico adults with less education were more likely to be diagnosed with diabetes; adults with less than a high school education (20.6%) had a higher prevalence than adults with a college graduate education (8.0%).

- In 2016, the prevalence of diagnosed diabetes was much higher among adults who were unemployed/unable to work (20.7%) and among retired adults (20.1%) compared to employed adults (7.1%) and homemaker/student adults (8.0%).

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

- Adults who were obese had the highest prevalence of diagnosed diabetes (19.4%) followed by overweight individuals (11.6%) and adults within the healthy weight range (5.2%).

- Over half of adults (50.2%) with diagnosed diabetes had fair or poor general health status, compared to 17.9% of adults with diagnosed diabetes.

- Over half (54.1%) of adults with diagnosed diabetes were disabled, compared to 25.2% of those without diagnosed diabetes.

Ever Told Diabetes by Education, 2016

Category	%
<High School	20.6
HSGrad/GED	10.6
Some College	10.5
College Grad	8.0

Ever Told Diabetes by Employment Status, 2016

Category	%
Employed	7.1
Unemployed/Unable to work	20.7
Homemaker/Student	8.0
Retired	20.1

Ever Told Diabetes by Urban/Rural Designation, 2016

| Category	%
Metro	9.6
Small/Metro	12.5
Mixed Urban/Rural	14.3
Rural	14.5

Alcohol Consumption

Question:

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

Excessive alcohol consumption is a contributing factor to morbidity and mortality from many causes.[23] Acute binge drinking (defined as 5 or more drinks for males and 4 or more drinks for females on at least one occasion during the past month) is strongly associated with injuries and death from motor vehicle crashes, homicide, suicide, falls and drug overdose. Chronic 'heavy' drinking (defined as > 2 drinks per day for men and > 1 drink per day for women on average during the past month) is strongly associated with numerous alcohol-related diseases, most notably alcohol-related chronic liver disease.[23]

- In New Mexico the prevalence of binge drinking was 15.0%, lower than the U.S. median of 16.9%. 5.5% of New Mexico adults were heavy drinkers. Although the rates of binge drinking were lower in NM than the U.S., over the past 20 years, New Mexico has consistently had among the highest alcohol-related death rates in the U.S.[23]

- Binge drinking was more prevalent among the younger age groups, but was relatively uncommon in the older age groups, ranging from a high of 22.6% in those 18-44 years of age to 2.9% in those 65+. Heavy drinking was more evenly distributed across age groups.
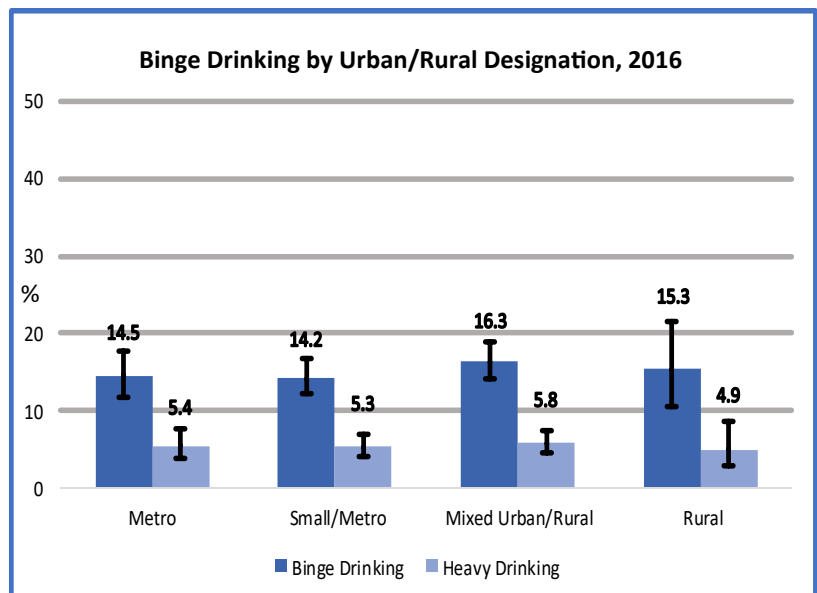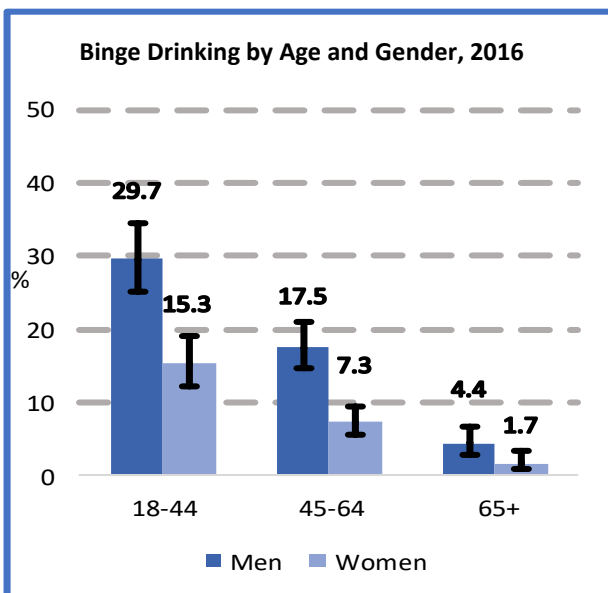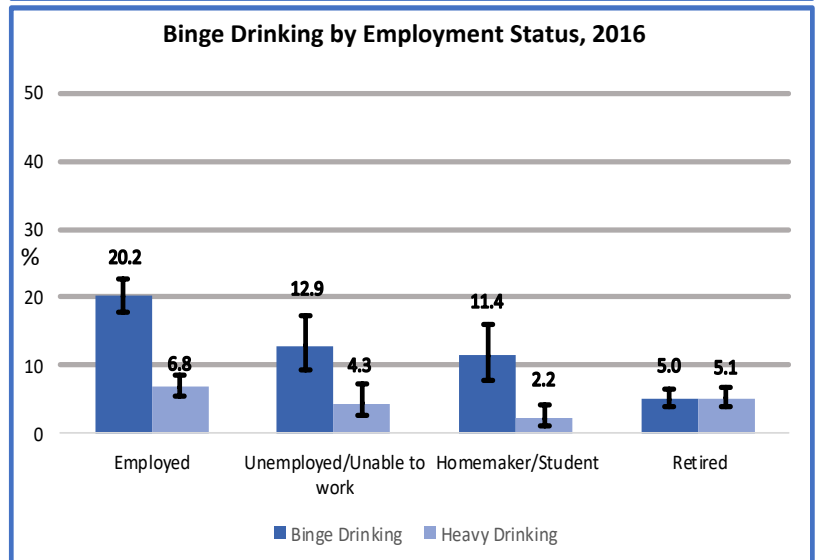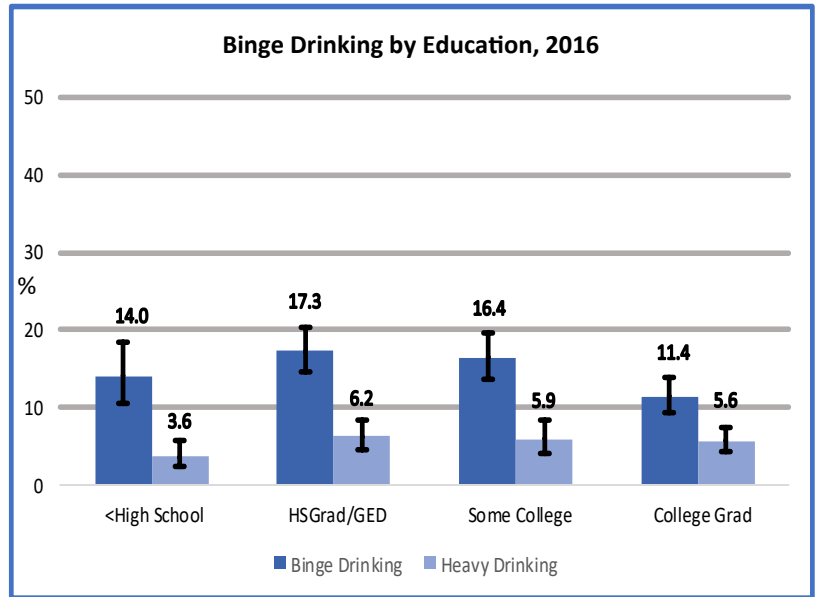
Demographic Characteristics	Binge Drinking[a]		Heavy Drinking[b]	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	**15.0**	**(13.5-16.6)**	**5.5**	**(4.6-6.6)**
Age				
18-44	22.6	(19.8-25.7)	6.3	(4.7-8.4)
45-64	12.2	(10.5-14.2)	5.4	(4.3-6.7)
65+	2.9	(2.1-4.2)	3.9	(2.8-5.3)
Gender				
Male	20.8	(18.3-23.5)	6.2	(4.8-8.1)
Female	9.5	(8.0-11.3)	4.9	(3.9-6.0)
Race/Ethnicity				
AIAN	16.4	(12.1-21.9)	6.9	(4.2-11.0)
Asian or NHOPI	4.4	(1.0-17.4)	0.0	(.)
Black/AA	7.4	(3.0-16.8)	1.4	(0.2-9.7)
Hispanic	18.0	(15.5-20.9)	5.5	(4.0-7.4)
White	12.2	(10.4-14.2)	5.8	(4.7-7.1)
Sexual Orientation				
Straight	15.0	(13.4-16.7)	5.6	(4.7-6.7)
LGB/Other	19.6	(12.4-29.5)	5.6	(2.5-12.0)
Household Income				
< $15,000	11.9	(8.6-16.3)	4.3	(2.6-7.1)
$15,000-$24,999	15.4	(12.5-18.8)	3.7	(2.5-5.4)
$25,000-$49,999	17.4	(14.2-21.1)	5.8	(4.2-7.9)
$50,000-$74,999	16.6	(12.5-21.6)	5.4	(3.4-8.4)
> $75,000	16.0	(12.6-20.1)	8.0	(5.5-11.6)
Geographic Region				
Northwest	12.7	(10.1-16.0)	5.5	(3.7-7.9)
Northeast	13.5	(11.0-16.5)	4.3	(3.1-5.9)
Metropolitan	14.2	(11.6-17.3)	5.5	(3.9-7.6)
Southeast	18.3	(15.0-22.3)	6.1	(4.4-8.4)
Southwest	16.9	(14.1-20.1)	6.2	(4.5-8.5)

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

Binge Drinking NM vs US, 2007-2016

31
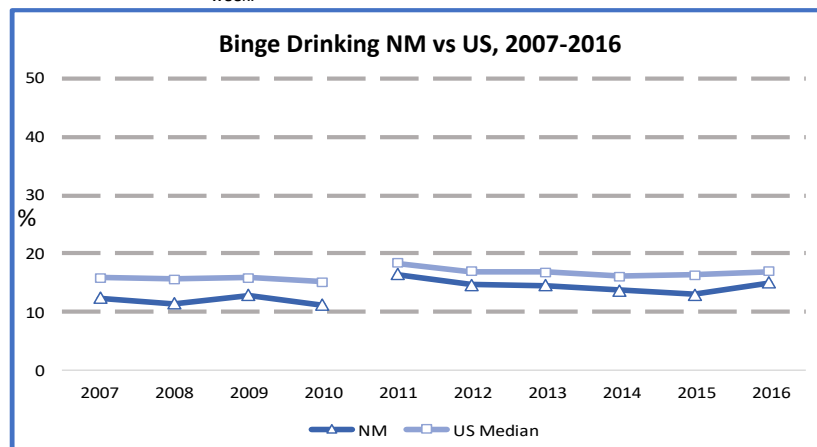
Alcohol Consumption

- Binge drinking was statistically significantly higher among adult males (20.8%) than among adult females (9.5%).
- There was no measurable difference in heavy drinking by race/ethnicity.
- There was no measurable difference in binge drinking or heavy drinking by income level or sexual orientation.
- Adults with a High School diploma/GED had a higher prevalence of binge drinking (17.3%) compared to college graduates (11.4%).
- Employed adults had a significantly higher prevalence of binge drinking than all other employment status categories.
- There was no measurable difference for binge drinking by Urban/Rural county designation.

Binge Drinking by Education, 2016

	Binge Drinking	Heavy Drinking
<High School	14.0	3.6
HSGrad/GED	17.3	6.2
Some College	16.4	5.9
College Grad	11.4	5.6

Binge Drinking by Employment Status, 2016

	Binge Drinking	Heavy Drinking
Employed	20.2	6.8
Unemployed/Unable to work	12.9	4.3
Homemaker/Student	11.4	2.2
Retired	5.0	5.1

Binge Drinking by Age and Gender, 2016

	Men	Women
18-44	29.7	15.3
45-64	17.5	7.3
65+	4.4	1.7

Binge Drinking by Urban/Rural Designation, 2016

	Binge Drinking	Heavy Drinking
Metro	14.5	5.4
Small/Metro	14.2	5.3
Mixed Urban/Rural	16.3	5.8
Rural	15.3	4.9

Leisure-Time Physical Activity

Question:

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

Among the health benefits of regular physical activity are reduced risk of coronary heart disease, lower heart rate and blood pressure, reduced weight, lower serum triglyceride levels, increased "good" cholesterol, reduced risk of osteoporosis, boosting of immune function, beneficial effect on clotting mechanisms and improved psychological well-being and quality of life. [24,25]

During even years, the BRFSS includes only a single question about leisure-time physical activity, as presented here. The odd year BRFSS questionnaire includes an expanded set of physical activity questions that provide for description of frequency and intensity of physical activity.

- In New Mexico, 79.7% of New Mexico adults reported participating in any form of leisure-time physical activity. This percentage was slightly higher than the U.S. median (76.9%).

- Adults 18-44 were significantly more likely to participate in any form of leisure-time physical activity (85.3%) than adults over 65 (72.0%).

- Adults males (83.0%) were significantly more likely to have some form of leisure-time physical activity than were females (76.6%).

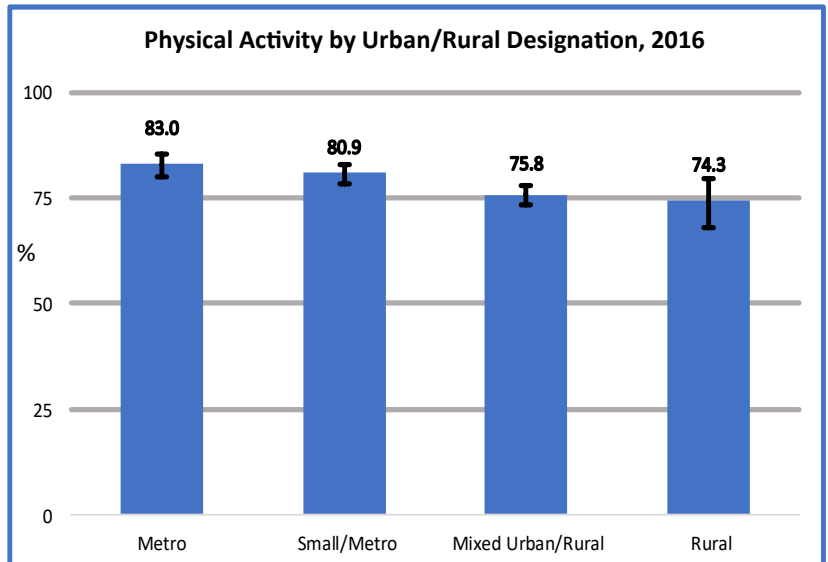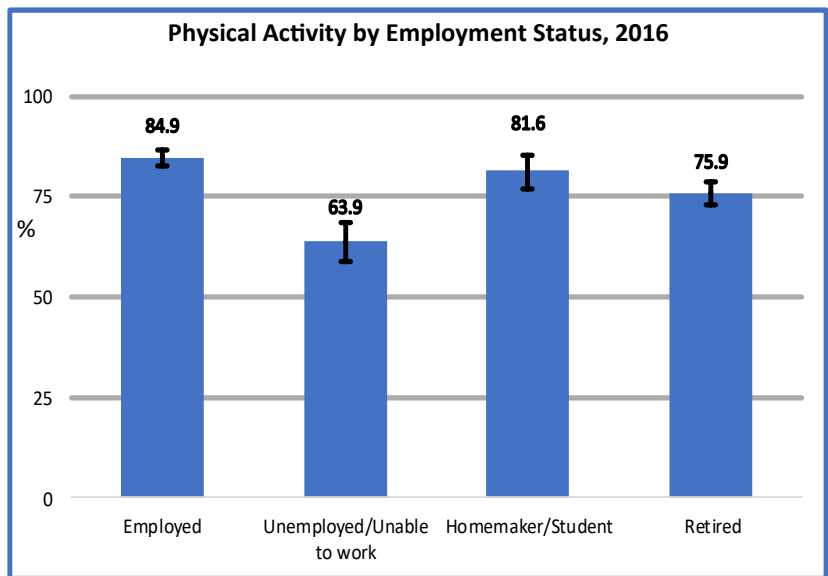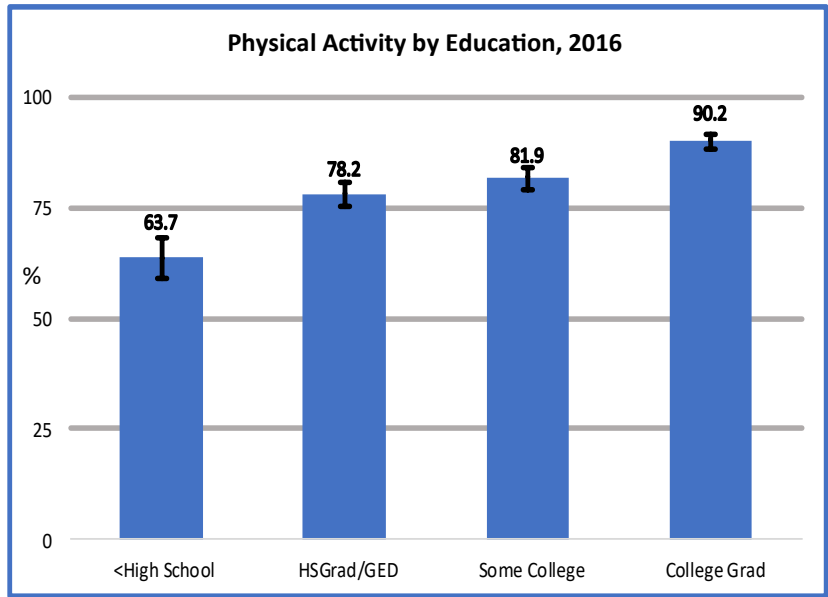| Demographic Characteristics	Leisure-Time Physical Activity[a]	
	%	(95% Confidence Interval)
Total	**79.7**	**(78.2-81.2)**
Age		
18-44	85.3	(82.8-87.4)
45-64	77.3	(74.8-79.6)
65+	72.0	(69.2-74.7)
Gender		
Male	83.0	(80.9-84.9)
Female	76.6	(74.4-78.7)
Race/Ethnicity		
AIAN	75.2	(69.8-79.9)
Asian or NHOPI	84.9	(70.0-93.1)
Black/AA	83.0	(69.2-91.4)
Hispanic	77.5	(74.9-79.9)
White	82.8	(80.9-84.5)
Sexual Orientation		
Straight	80.0	(78.5-81.5)
LGB/Other	83.2	(73.2-90.0)
Household Income		
< $15,000	68.2	(63.3-72.8)
$15,000-$24,999	73.6	(69.9-77.1)
$25,000-$49,999	81.1	(77.9-84.0)
$50,000-$74,999	87.4	(83.5-90.5)
> $75,000	91.0	(88.8-92.8)
Geographic Region		
Northwest	73.7	(70.1-77.0)
Northeast	84.0	(81.4-86.4)
Metropolitan	82.4	(79.6-84.9)
Southeast	74.3	(70.9-77.4)
Southwest	77.0	(73.7-80.0)

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

Physical Activity NM vs US, 2007-2016
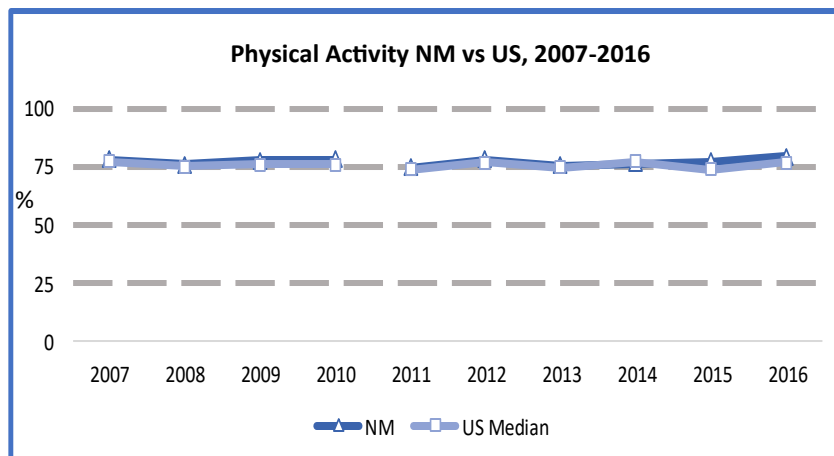
Leisure-Time Physical Activity

- In New Mexico, White adults (82.8%) were significantly more likely to have any leisure-time physical activity than AIAN adults (75.2%).

- There was not a statistically significant difference in leisure-time physical activity between LGB/Other adults (83.2%) and straight adults (80.0%).

- There was a gradient in leisure-time physical activity by level of education and by annual household income. 63.7% of adults with less than a high school education engaged in leisure-time physical activity, compared to 90.2% of those with a college education. Similarly, 68.2% of adults living in households with annual income of less than $15,000 engaged in leisure-time physical activity, compared to 91.0% of those living in households with annual income of $75,000 or more.

- By employment status, leisure-time physical activity was lowest among those unemployed/unable to work (63.9%). Employed adults had the highest rate of leisure-time physical activity at 84.9%.

- Adults residing in the Northwest region (73.7%) were less likely to have engaged in leisure-time physical activity than those residing in the Northeast or Metropolitan area at 84.0% and 82.4% respectively.

- Adults who engaged in leisure-time physical activity were less likely to have fair or poor general health status (16.8% vs. 40.9%), less likely to have a disability (23.0% vs. 50.9%), diabetes (9.5% vs. 20.0%), any cardiovascular disease (7.3% vs. 14.2%), to be obese (25.8% vs. 38.7%), or to be unable to work (5.2% vs. 18.2%).

Physical Activity by Education, 2016

<High School	HSGrad/GED	Some College	College Grad
63.7	78.2	81.9	90.2

Physical Activity by Employment Status, 2016

Employed	Unemployed/Unable to work	Homemaker/Student	Retired
84.9	63.9	81.6	75.9

Physical Activity by Urban/Rural Designation, 2016

| Metro	Small/Metro	Mixed Urban/Rural	Rural
83.0	80.9	75.8	74.3

Seatbelt Use

Question:

"How often do you use seat belts when you drive or ride in a car? Would you say— Always, Nearly Always, Sometimes, Seldom, Never?"

The consistent use of seat belts greatly reduces the risk of injury and increases the probability of survival. The National Highway Traffic Safety Administration (NHTSA) estimated that nearly 13,000 lives were saved by seat belts during 2009.[26] The Healthy People 2020 Objective IVP-15 is that 92% of adults are using a seat belt every time when driving or riding in a car.[27]

- In New Mexico in 2016, 96.2% of New Mexico adults reported always or almost always use a seatbelt when driving or riding in a car, significantly higher than the percentage of adults across the U.S. (94.3%).
- The percentage of adults who always or almost always wore a seatbelt when driving or riding in a car was lowest among adults less than 45 years of age (95.3%).
- 94.4% of males always or almost always use a seatbelt when driving or riding in a car, significantly lower than the percentage of females (98.0%).
- There was no statistically significant difference in the prevalence of consistent seatbelt use by race/ethnicity, sexual orientation, or geographic region.

Demographic Characteristics	Seatbelt Use[a] %	(95% Confidence Interval)
Total	**96.2**	**(95.3-96.9)**
Age		
18-44	95.3	(93.6-96.6)
45-64	96.8	(95.7-97.7)
65+	97.0	(95.9-97.9)
Gender		
Male	94.4	(92.8-95.6)
Female	98.0	(97.1-98.6)
Race/Ethnicity		
AIAN	96.6	(94.3-98.0)
Asian or NHOPI	94.9	(71.6-99.3)
Black/AA	89.8	(65.0-97.7)
Hispanic	96.4	(94.9-97.5)
White	96.3	(95.1-97.1)
Sexual Orientation		
Straight	96.2	(95.3-97.0)
LGB/Other	95.7	(88.4-98.5)
Household Income		
< $15,000	93.2	(88.8-96.0)
$15,000-$24,999	95.2	(93.0-96.8)
$25,000-$49,999	97.4	(96.1-98.3)
$50,000-$74,999	97.4	(95.2-98.6)
> $75,000	97.6	(96.2-98.5)
Geographic Region		
Northwest	95.7	(93.3-97.3)
Northeast	95.6	(92.7-97.4)
Metropolitan	97.0	(95.4-98.0)
Southeast	94.7	(92.0-96.5)
Southwest	96.3	(94.3-97.6)

[a]Among adults, the proportion reporting that they always used a seatbelt when driving or riding in a car.

Always Wear a Seatbelt NM vs US, 2011-2015, Almost Always / Always wear a seatbelt, 2016
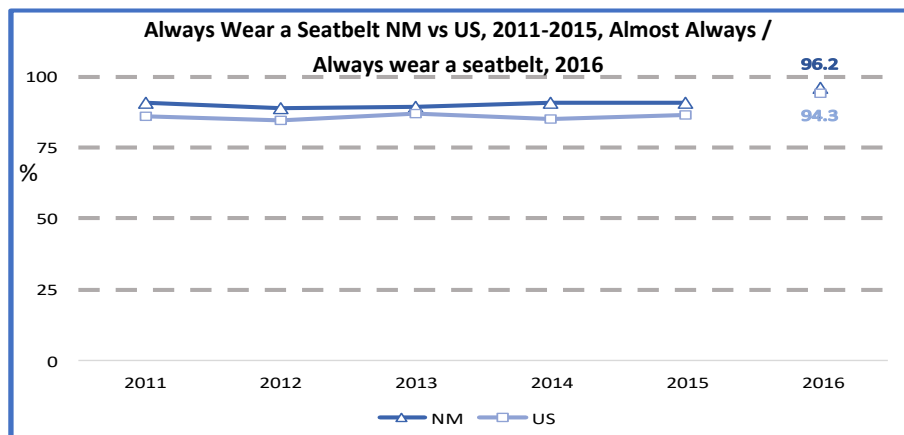
Seatbelt Use

- 93.2% of New Mexico adults living in households with annual income of less than $15,000 always or almost always wore a seatbelt while driving or riding in car, compared to 97.6% of those living in households with annual income of $75,000 or more.

- Adults with less than a High School education had a significantly lower percentage of always or almost always using a seatbelt (94.4%) compare to college graduates (98.3%).

- There was no measurable difference in the percentage of seatbelt use by employment status.

- The prevalence of consistent seatbelt use was lower in counties designated as rural (92.3%) compared to counties designated as small/metro (97.2%).

- Adults who had thoughts about committing suicide in the past year (90.6%) were less likely than adults who did not have thoughts about committing suicide (96.8%) to always or almost always wear their seatbelt.

Seatbelt Use by Education, 2016

	<High School	HSGrad/GED	Some College	College Grad
%	94.4	94.7	96.7	98.3

Seatbelt Use by Employment Status, 2016

	Employed	Unemployed/Unable to work	Homemaker/Student	Retired
%	96.1	95.5	95.6	97.4

Seatbelt Use by Urban/Rural Designation, 2016

	Metro	Small/Metro	Mixed Urban/Rural	Rural
%	96.9	97.2	94.9	92.3
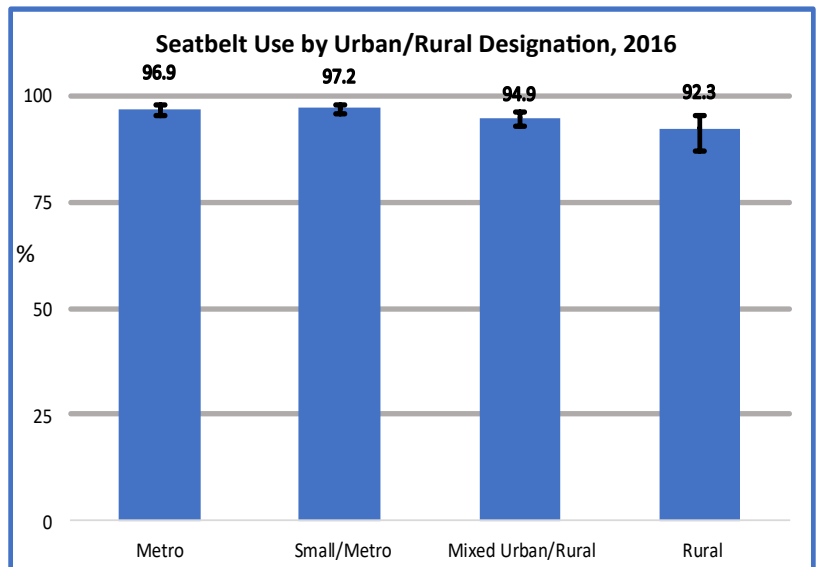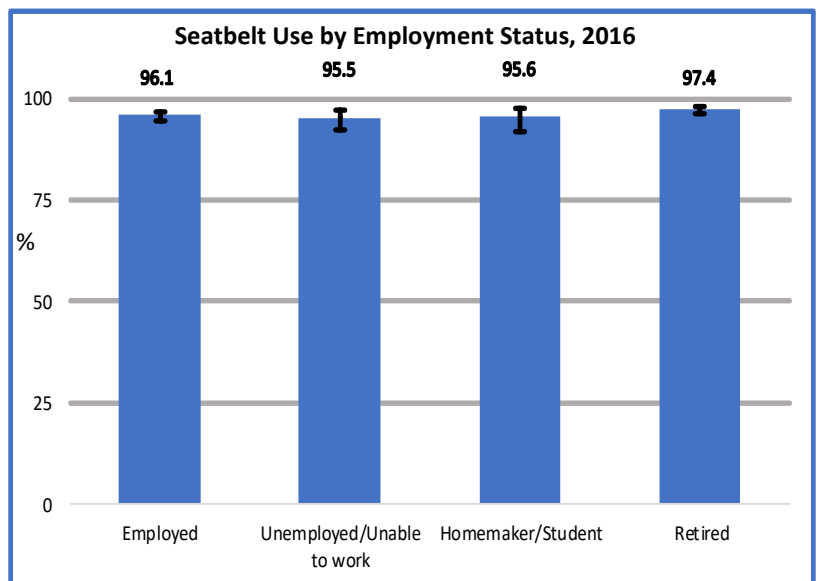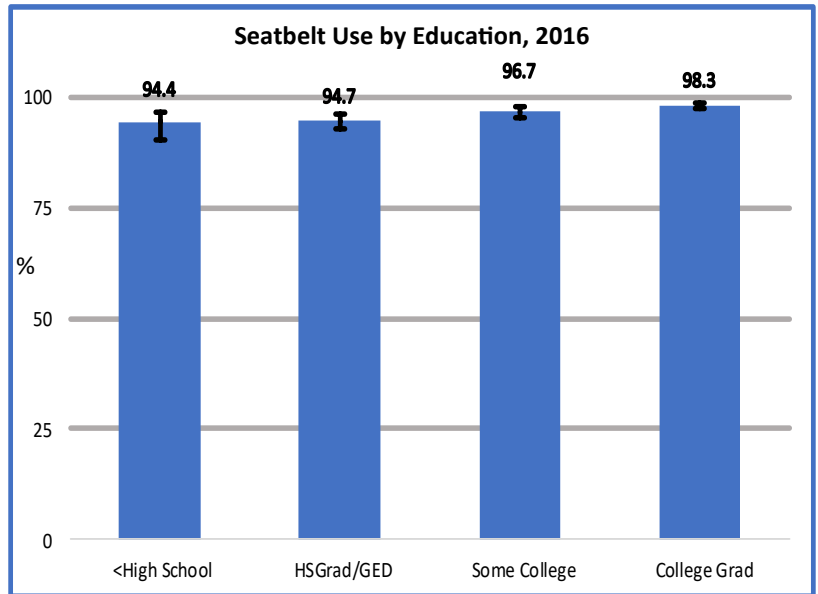
Current Cigarette Smoking

Question:

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

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

Smoking cigarettes harms nearly every organ of the body. It causes about 85% of deaths from lung cancer and chronic obstructive pulmonary disease. Smokers are 2 to 4 times more likely to have coronary heart disease and stroke.[28] An estimated 42,000 New Mexicans suffer from chronic smoking-related illnesses and about 2,100 die every year.[29,30] Exposure to second-hand smoke can cause serious health effects, including sudden infant death syndrome, asthma in children, heart attacks, and lung cancer.[28]

- In 2016, 16.6% of New Mexico adults were current smokers. This was similar to the U.S. median prevalence (17.0%).

- The prevalence of current smoking decreases significantly with age. Adults 18-44 were the most likely to be current smokers (19.3%) and adults 65+ were least likely (8.3%).

- Males (19.4%) reported a significantly higher prevalence of current smoking than females (14.0%).

- AIAN adults were less likely to be current cigarette smokers (15.1%) than Hispanic adults (17.3%).

- 61.8% of adults current smokers tried to quit at least once in the past year.

- 25.6% of adults are former smokers, and 57.7% of adults have never smoked cigarettes.

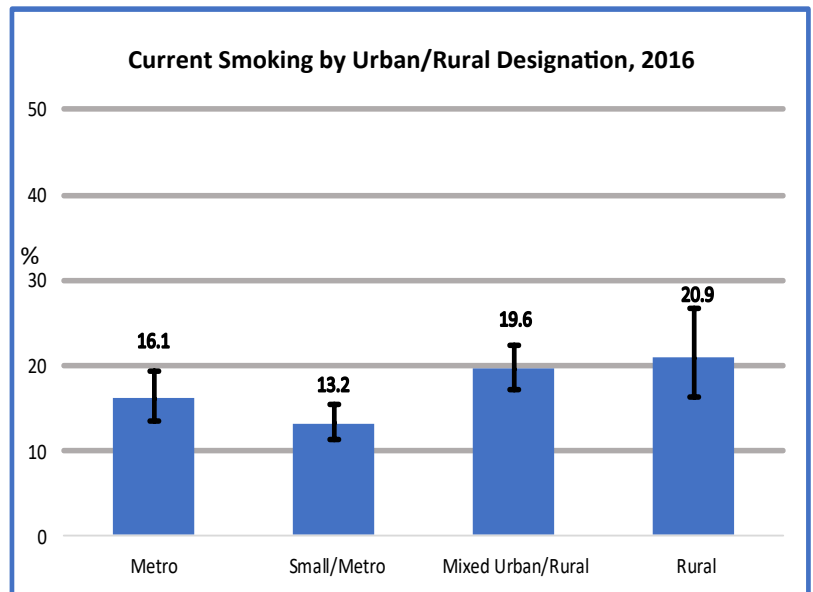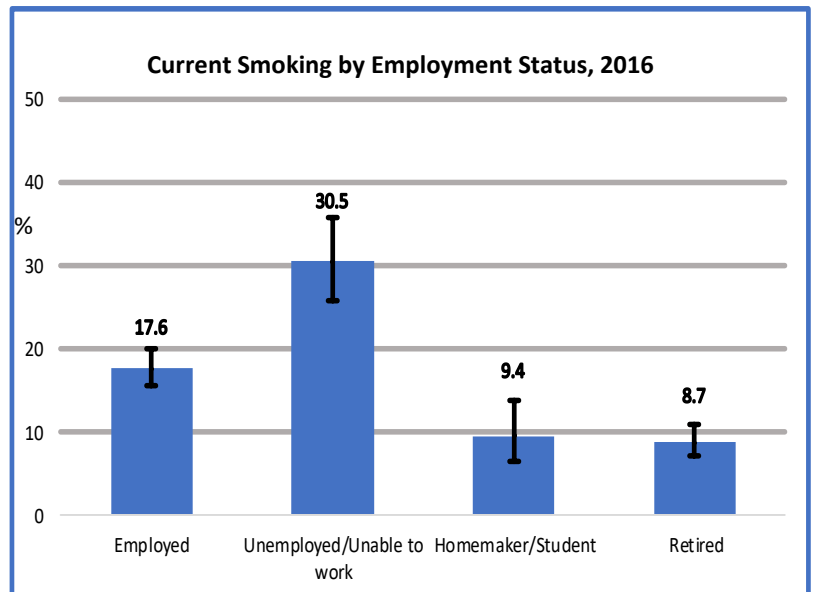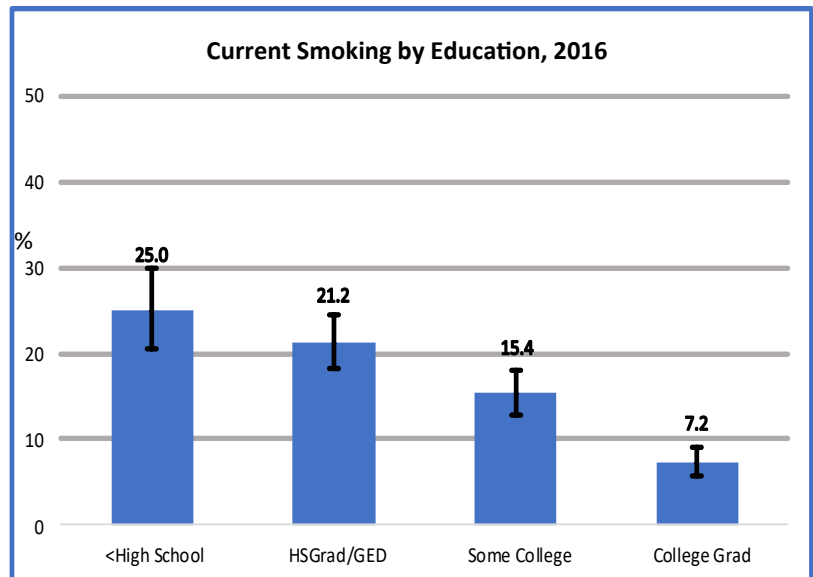| Demographic Characteristics	Current Smoking[a] %	(95% Confidence Interval)
Total	**16.6**	**(15.1-18.2)**
Age		
18-44	19.3	(16.7-22.3)
45-64	17.9	(15.8-20.2)
65+	8.3	(6.9-10.0)
Gender		
Male	19.4	(17.0-22.0)
Female	14.0	(12.3-15.9)
Race/Ethnicity		
AIAN	15.1	(10.6-21.1)
Asian or NHOPI	17.8	(5.6-44.2)
Black/AA	31.5	(16.5-51.6)
Hispanic	17.3	(14.9-19.9)
White	15.3	(13.4-17.3)
Sexual Orientation		
Straight	16.4	(14.9-18.0)
LGB/Other	25.2	(17.1-35.7)
Household Income		
< $15,000	27.6	(23.1-32.5)
$15,000-$24,999	20.7	(17.3-24.5)
$25,000-$49,999	16.6	(13.7-20.1)
$50,000-$74,999	12.0	(8.7-16.3)
> $75,000	7.2	(5.3-9.7)
Geographic Region		
Northwest	16.3	(13.1-20.1)
Northeast	13.0	(10.4-16.0)
Metropolitan	16.3	(13.6-19.3)
Southeast	22.5	(19.0-26.4)
Southwest	16.2	(13.7-19.1)

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

Current Cigarette Smoking NM vs US, 2007-2016
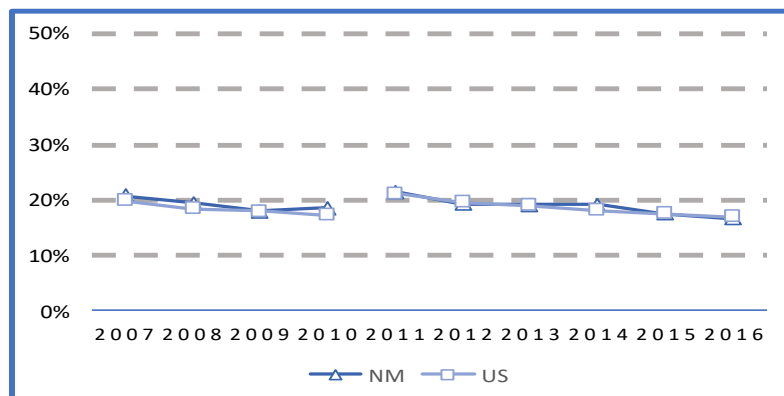
Current Cigarette Smoking

- The HP 2020 target for current smoking among adults is 12.0%. In order to meet this target the current smoking prevalence among New Mexico adults will need to decrease by 4.6 percentage points during the next four years.[5]

- The prevalence of tobacco use was highest among New Mexico adults with the lowest level of household income (27.6%) and lowest among adults with the highest level of household income (7.2%).

- The Southeast region had the highest prevalence of current smoking (22.5%) while the Northeast region had the lowest (13.0%).

- The prevalence of current cigarette smoking was highest among adults with less than a high school education (25.0%) and lowest among college graduates (7.2%).

- The prevalence of current smoking was higher among unemployed/unable to work adults (30.5%) than all other categories of employment status, most notably retired adults (8.7%).

- Current smoking was highest among Rural designated counties (20.9%) compared to Small/Metro designated counties (13.2%).

- Current smokers (13.2%) were more likely than non-smokers to be without some form of health care coverage than non-smokers (8.8%); to have a disability (38.7% vs 26.6%); to describe their general health as Fair or Poor (27.4% vs 20.5%); to currently be depressed (21.6% vs 7.4%); to have been diagnosed with COPD , emphysema , or chronic bronchitis (10.6% vs 4.9%) , or to be unable to work (13.3% vs 6.7%).

Current Smoking by Education, 2016

<High School	HSGrad/GED	Some College	College Grad
25.0	21.2	15.4	7.2

Current Smoking by Employment Status, 2016

Employed	Unemployed/Unable to work	Homemaker/Student	Retired
17.6	30.5	9.4	8.7

Current Smoking by Urban/Rural Designation, 2016

Metro	Small/Metro	Mixed Urban/Rural	Rural
16.1	13.2	19.6	20.9

Sexual Violence

Question:

"In the past 12 months, has anyone ATTEMPTED to or HAD SEX with you after you said or showed that you didn't want to or without your consent ?"

Sexual violence and intimate partner violence are major public health problems. Survivors of these forms of violence can experience physical injury, mental health consequences such as depression, anxiety, low self-esteem, and suicide attempts, other health consequences such as gastrointestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications. These consequences can lead to hospitalization, disability, or death. [31]

- In 2016, 1.5% of New Mexico adults were victims of sexual violence.

- New Mexico adults 18-44 had the highest prevalence of sexual violence victimization (2.8%)

- Females (1.9%) reported a higher prevalence of being victims of sexual violence than males (1.0%) although the difference was not statistically significant.

- Perpetrators of sexual violence were overwhelmingly male. 98.9% of female victims said the person who committed the assault was male and 60.8% of male victims say the perpetrator was male.

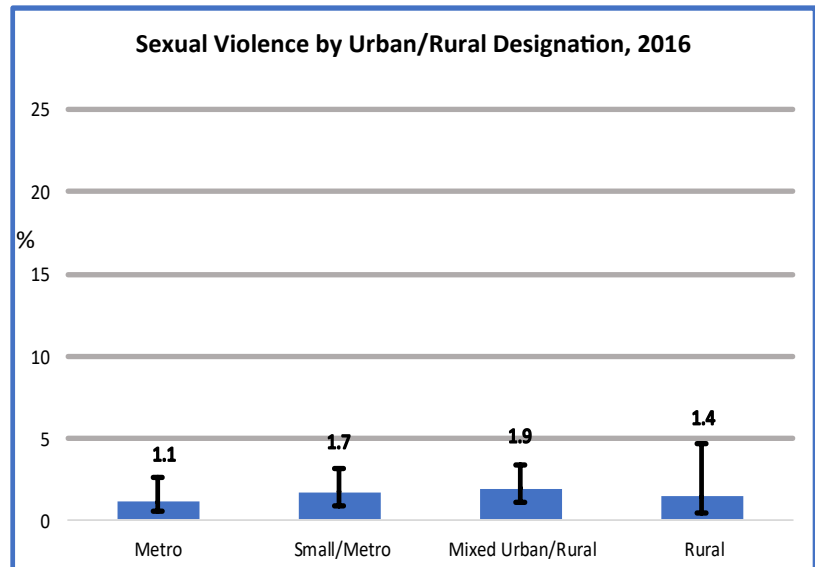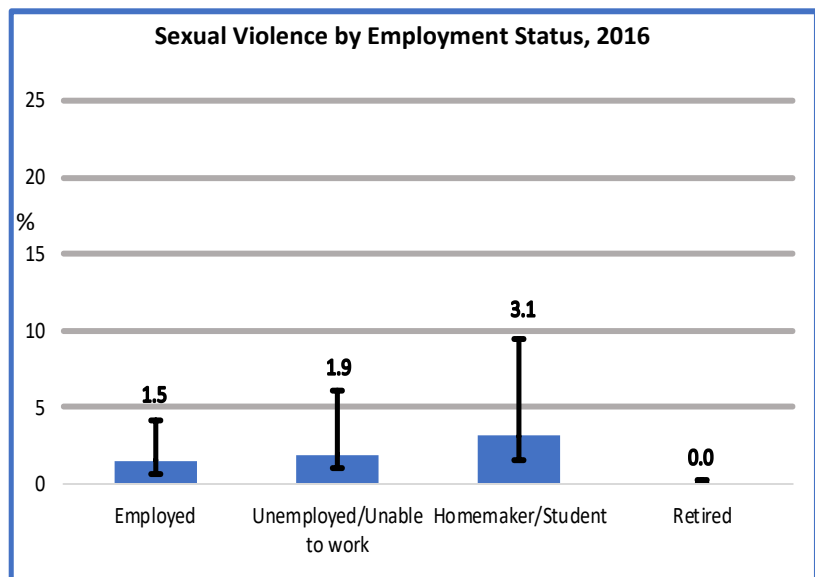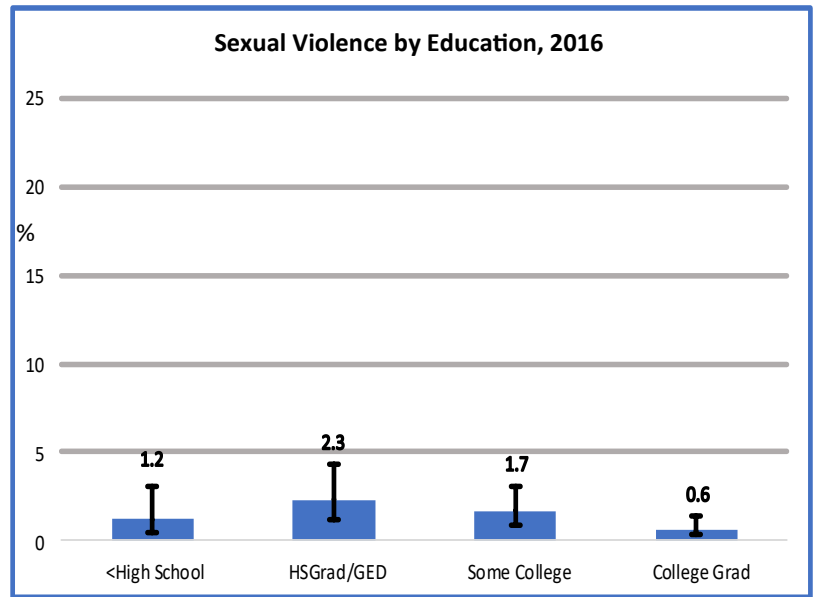| Demographic Characteristics	Sexual Violence[a] %	(95% Confidence Interval)
Total	1.5	(1.0-2.2)
Age		
18-44	2.8	(1.8-4.3)
45-64	0.6	(0.4-1.2)
65+	0.0	(0.0-0.2)
Gender		
Male	1.0	(0.5-1.9)
Female	1.9	(1.2-3.1)
Race/Ethnicity		
AIAN	1.1	(0.4-2.7)
Asian or NHOPI	*	**
Black/AA	*	**
Hispanic	1.2	(0.6-2.3)
White	1.6	(0.9-2.6)
Sexual Orientation		
Straight	1.4	(1.0-2.1)
LGB/Other	4.3	(1.4-12.4)
Household Income		
< $15,000	2.6	(1.3-5.4)
$15,000-$24,999	1.8	(0.7-4.1)
$25,000-$49,999	1.5	(0.6-3.6)
$50,000-$74,999	1.9	(0.8-4.2)
> $75,000	0.3	(0.1-1.8)
Geographic Region		
Northwest	1.5	(0.7-3.4)
Northeast	1.0	(0.4-2.7)
Metropolitan	1.1	(0.5-2.6)
Southeast	3.8	(2.1-6.5)
Southwest	1.0	(0.4-2.5)

[a]Among adults, the proportion who reported that anyone attempted to or had sex with them after they said or showed that they didn't want to or without their consent.

** Suppressed due to a denominator <50 and/or a relative standard error>30%.

Perpetrators of Sexual Violence by Respondent's Gender NM, 2016
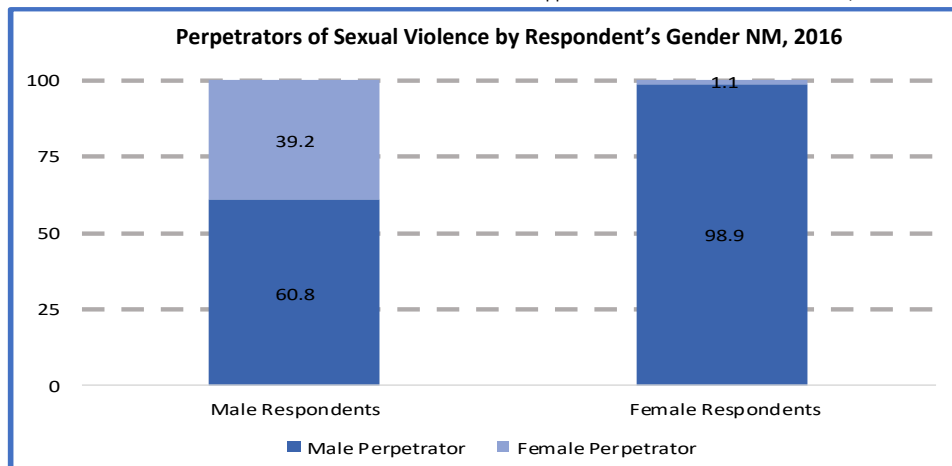
Sexual Violence

- In New Mexico, adults who were lesbian, gay, or bisexual (LGB/Other), were three times more likely to have been the victim of sexual assault/attempt than straight adults 4.3% and 1.4%, respectively.

- There was not a statistically significant difference in reported sexual assault/attempt by race/ethnicity.

- Among adults living in households with an annual income of less than $15,000 (2.6%), the likelihood of sexual assault/attempt was higher than adults with an annual income of more than $75,000 (0.3%).

- The prevalence of sexual assaults/attempts was higher in the Southeast region of the state compared to all other regions.

- There was not a statistically significant difference in sexual assault/attempts by education level, employment status, or Urban/Rural county designation.

Sexual Violence by Education, 2016

%

<High School	HSGrad/GED	Some College	College Grad
1.2	2.3	1.7	0.6

Sexual Violence by Employment Status, 2016

%

Employed	Unemployed/Unable to work	Homemaker/Student	Retired
1.5	1.9	3.1	0.0

Sexual Violence by Urban/Rural Designation, 2016

%

| Metro	Small/Metro	Mixed Urban/Rural	Rural
1.1	1.7	1.9	1.4

Suicidal Behaviors

Question:

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

Suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality in New Mexico. Suicide deaths have been increasing in both New Mexico and the United States, with suicide death rates in NM at least 50% higher than U.S. rates over the past 20 years. Mental disorders, particularly clinical depression, increase the risk for both attempted suicide and suicide.[32]

- In New Mexico, an estimated 5.6% of adults have thought about committing suicide in the past year and 6.1% have ever attempted suicide.

- For adults 18-44, the prevalence of suicidal ideation in the past year and having ever attempted suicide are 7.1% and 6.1% respectively, and 2.8% and 3.8% among adults aged 65+.

- There was no measurable difference by gender for suicidal ideation. However, females had a significantly higher prevalence of ever attempting suicide (7.5%) to males (4.6%).
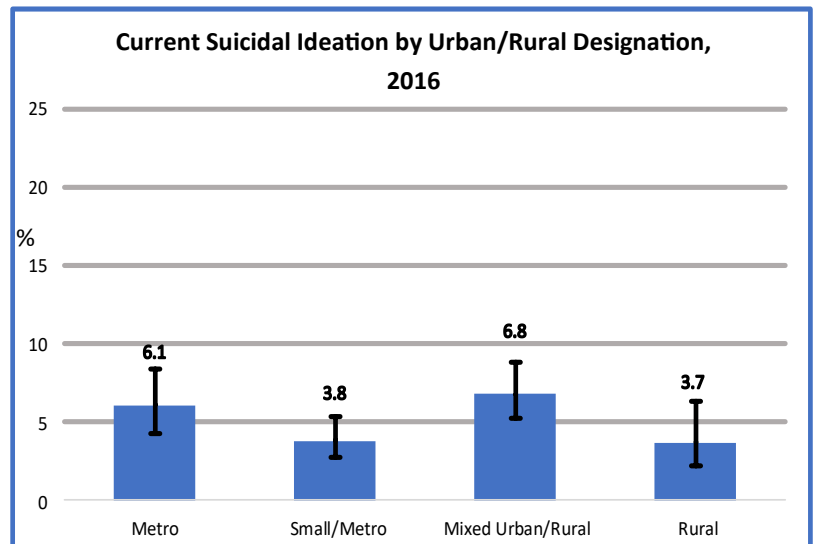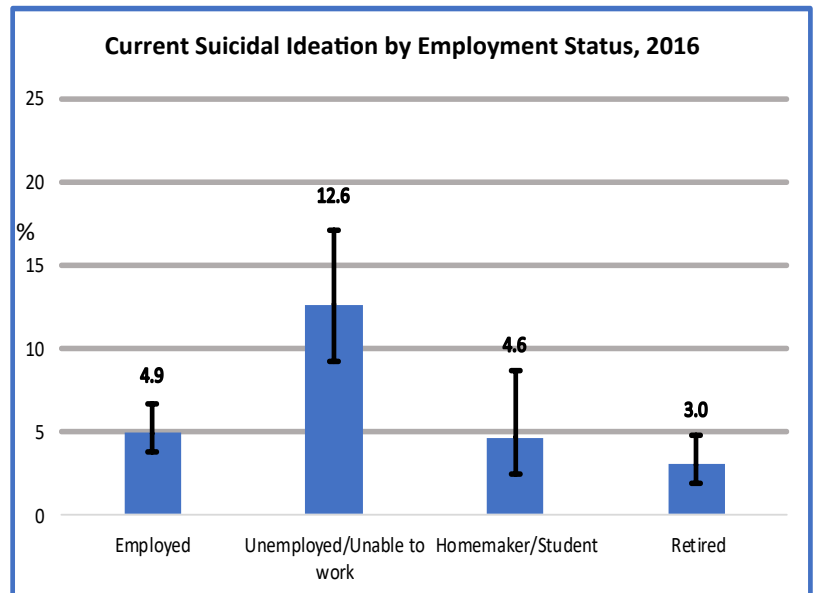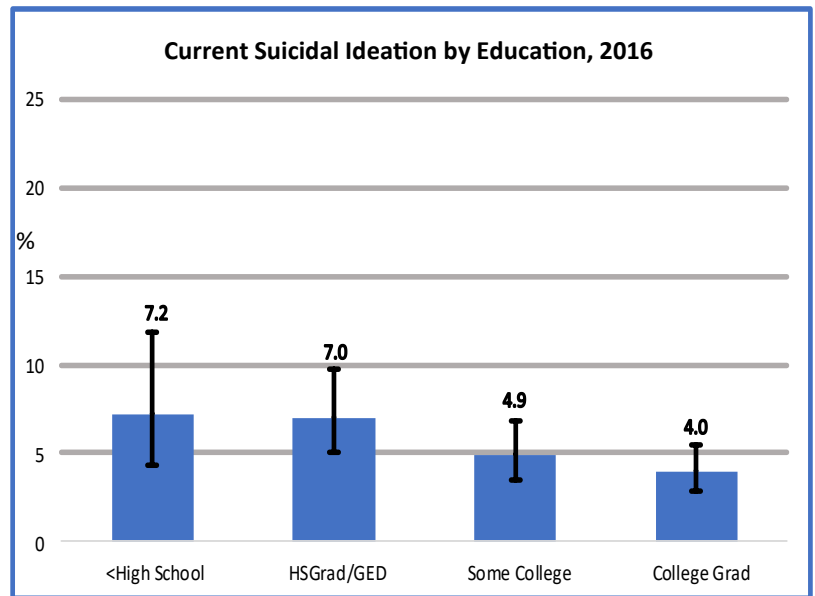
Demographic Characteristics	Current Suicidal Ideation[a]		Ever Attempted Suicide[b]	
	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	5.6	(4.6-6.8)	6.1	(5.1-7.1)
Age				
18-44	7.1	(5.3-9.4)	7.7	(5.9-9.8)
45-64	5.4	(4.2-7.0)	5.5	(4.4-6.9)
65+	2.8	(1.8-4.2)	3.8	(2.6-5.4)
Gender				
Male	6.1	(4.6-8.0)	4.6	(3.4-6.1)
Female	5.1	(4.0-6.6)	7.5	(6.1-9.1)
Race/Ethnicity				
AIAN	4.1	(1.9-8.7)	9.3	(5.6-15.1)
Asian or NHOPI	*	**	*	**
Black/AA	20.0	(7.6-43.0)	8.1	(2.9-21.1)
Hispanic	5.4	(4.0-7.2)	5.6	(4.3-7.3)
White	5.6	(4.2-7.4)	6.0	(4.7-7.6)
Sexual Orientation				
Straight	5.1	(4.2-6.3)	5.4	(4.5-6.4)
LGB/Other	20.1	(12.4-30.9)	23.0	(14.7-34.1)
Household Income				
< $15,000	10.7	(7.5-15.0)	13.4	(9.9-17.9)
$15,000-$24,999	6.3	(4.3-9.2)	6.4	(4.8-8.6)
$25,000-$49,999	4.1	(2.7-6.3)	5.4	(3.5-8.1)
$50,000-$74,999	4.0	(2.3-6.8)	4.5	(2.4-8.1)
> $75,000	3.2	(1.6-6.2)	2.1	(1.2-3.6)
Geographic Region				
Northwest	4.3	(3.0-6.3)	6.4	(4.5-9.0)
Northeast	5.6	(3.6-8.7)	6.0	(4.4-8.1)
Metropolitan	6.0	(4.3-8.4)	6.0	(4.4-8.2)
Southeast	7.5	(5.4-10.5)	5.7	(3.9-8.5)
Southwest	3.9	(2.6-5.7)	6.3	(4.6-8.5)

[a]Among all adults , the proportion who reported having thoughts about suicide in the past year, [b]and reported ever attempting suicide. ** Suppressed due to a denominator <50 and/or a relative standard error>30%.

Current Suicidal Ideation by 10 yr. Age Groups, 2016
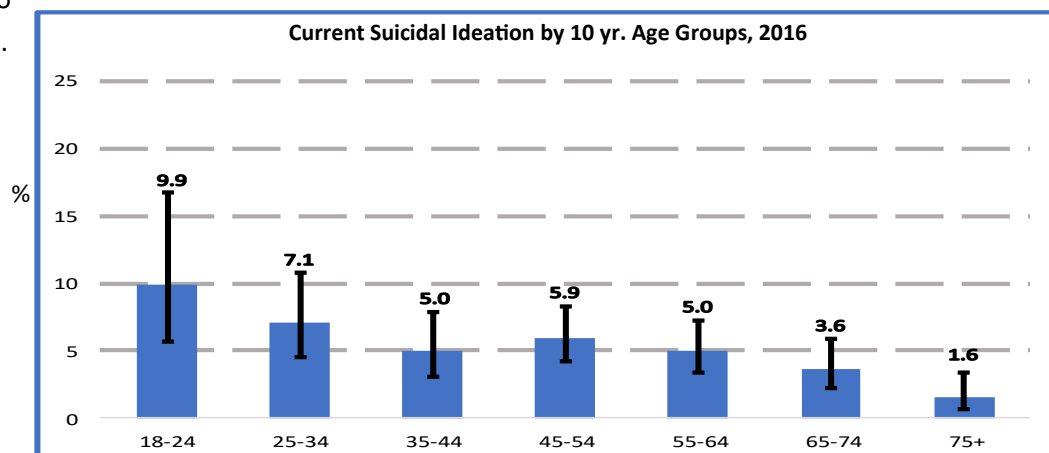
Suicidal Behaviors

- There was no statistically significant difference among racial categories with current suicidal ideation or attempted suicide.

- Over twenty percent (20.1%) of LGB/other adults said they thought about committing suicide in the past year compared to 5.1% of straight adults. Also 23.0% LGB adults had ever attempted suicide compared to 5.4% of straight adults.

- There was a gradient in the prevalence of suicidal ideation by income with adults in the lowest household income category, (less than $15,000 per year) reporting a prevalence of 10.7% compare to adults in the highest income category (3.2%)

- New Mexico adults who were unemployed/ unable to work were more likely to have thought about suicide in the past year (12.6%) compared to employed adults (4.9%).

- Adults with at least one disability and adults with fair or poor health were more likely to have thought about suicide in the past year (12.6% and 9.2% respectively) compared to adults with no disabilities and adults with excellent, very good, or good health (2.7% and 4.6%, respectively).

Current Suicidal Ideation by Education, 2016

Current Suicidal Ideation by Employment Status, 2016

Current Suicidal Ideation by Urban/Rural Designation, 2016

Firearms

Question:

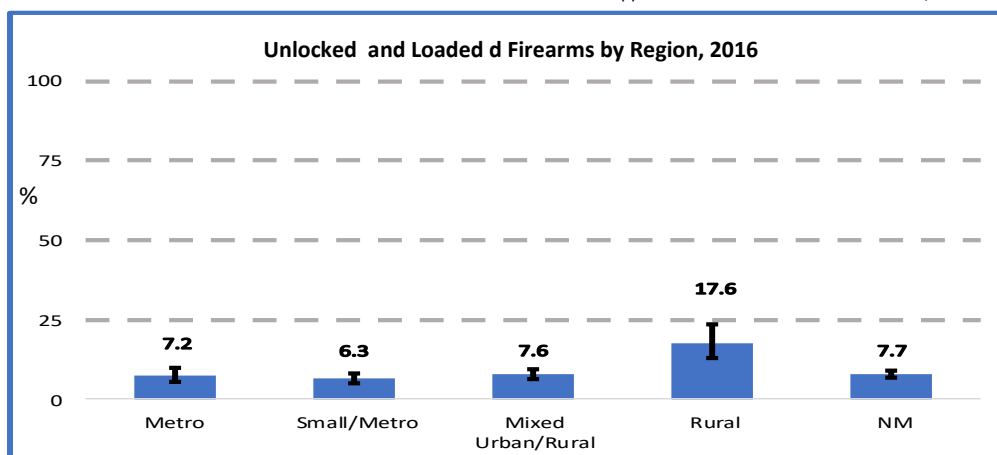"Are any firearms now kept in or around your home? Are any of these firearms now unlocked and loaded?"

In the United States firearm violence is a leading cause of death and injuries. It is important to improve confounder selection and control in public health for Identifying characteristics associated with unintentional firearm violence .[33]

- In New Mexico, an estimated 37.9% of all adults kept a firearm in or around their home and 7.7% of all adults had an unlocked and loaded firearm. Among New Mexico adults that have a loaded gun, 58.4% said the guns are also unlocked.

- A greater percentage of White adults said they have firearms kept in or around their homes (47.9%) compared to AIAN (31.9%). Among all White adults 11.9% had an unlocked and loaded firearm around the house.

- LGB/Other adults had a significantly lower prevalence of unlocked and loaded firearms in or around their home.

- There was a gradient in firearms kept in the home and unlocked and loaded firearms in the home by household income level. 2.8% of adults living in households with annual income less than $15,000 had an unlocked and loaded firearm in or around their home, compared to 12.6% of adults with annual income of $75,000 or more.

Demographic Characteristics	Firearms in Home[a] %	(95% Confidence Interval)	Unlocked and Loaded Firearms[b] %	(95% Confidence Interval)
Total	**37.9**	**(35.8-40.0)**	**7.7**	**(6.6-9.0)**
Age				
18-44	37.9	(34.3-41.7)	7.4	(5.4-9.9)
45-64	37.9	(35.0-40.9)	7.7	(6.2-9.4)
65+	37.7	(34.5-40.9)	8.1	(6.7-9.8)
Gender				
Male	48.1	(44.9-51.4)	10.9	(8.9-13.2)
Female	28.5	(26.1-30.9)	4.8	(3.8-5.9)
Race/Ethnicity				
AIAN	25.9	(20.3-32.3)	1.2	(0.5-3.1)
Asian or NHOPI	*	**	*	**
Black/AA	*	**	*	**
Hispanic	31.9	(28.6-35.3)	5.2	(3.6-7.4)
White	47.9	(45.1-50.8)	11.9	(10.1-13.9)
Sexual Orientation				
Straight	38.4	(36.3-40.6)	8.0	(6.8-9.3)
LGB/Other	32.6	(22.6-44.4)	2.1	(0.9-4.8)
Household Income				
< $15,000	17.4	(13.1-22.6)	2.8	(1.0-7.8)
$15,000-$24,999	24.5	(20.7-28.8)	5.1	(3.3-7.9)
$25,000-$49,999	41.2	(36.9-45.7)	8.3	(6.0-11.3)
$50,000-$74,999	53.4	(47.3-59.3)	8.4	(5.5-12.6)
> $75,000	54.7	(50.1-59.3)	12.6	(9.7-16.0)
Geographic Region				
Northwest	37.0	(32.7-41.6)	5.5	(4.1-7.3)
Northeast	37.0	(33.2-41.0)	6.8	(5.0-9.2)
Metropolitan	36.2	(32.5-40.2)	7.2	(5.2-9.8)
Southeast	43.3	(38.7-48.1)	9.9	(7.5-13.1)
Southwest	39.2	(35.2-43.2)	9.2	(7.2-11.8)

[a]Among all adults, the proportion who say they have any firearms kept in or around their home.
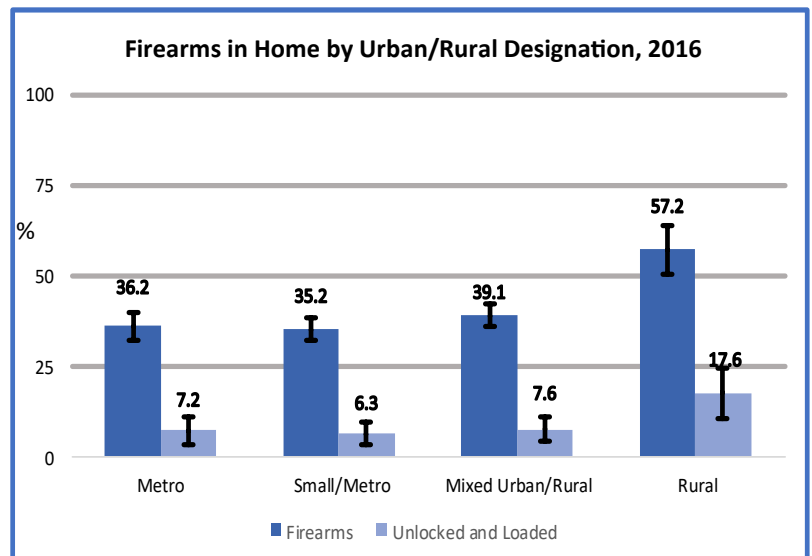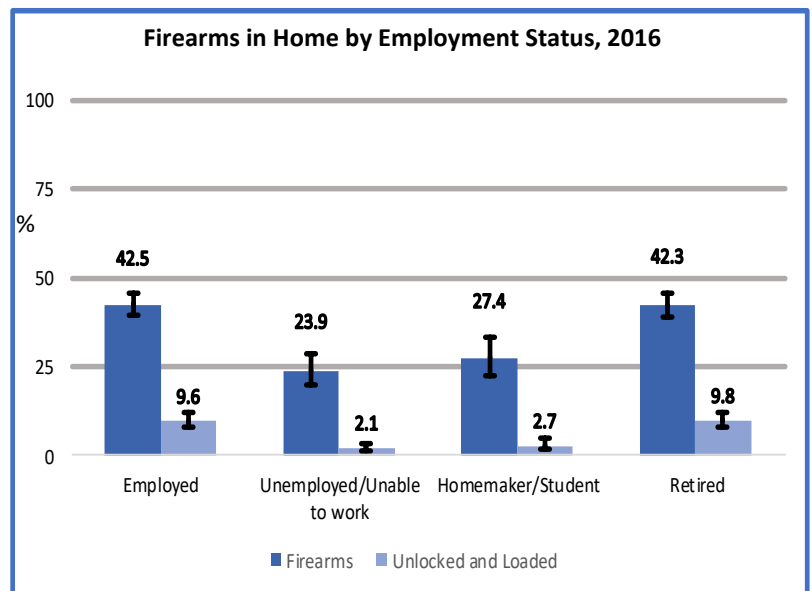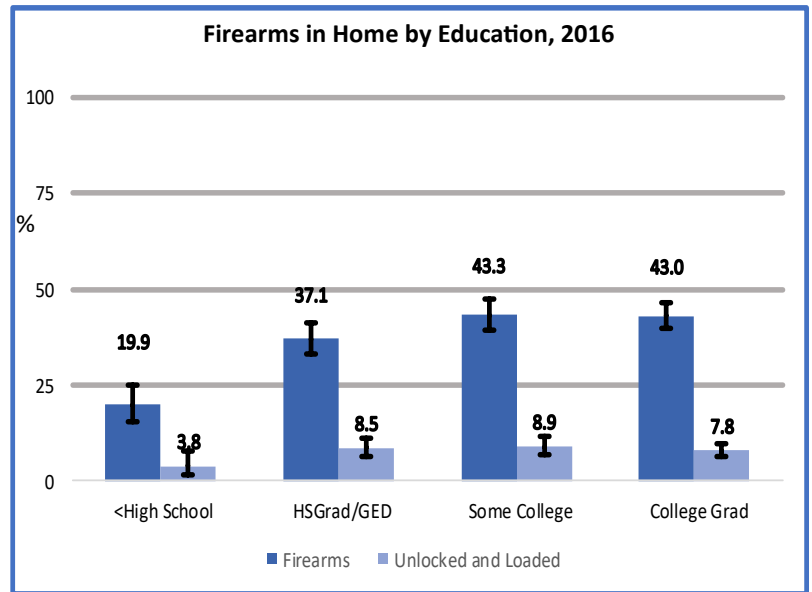[b]Among all adults, the proportion who say have a loaded and unlocked firearm in or around their home. ** Suppressed due to a denominator <50 and/or a relative standard error>30%.

Unlocked and Loaded d Firearms by Region, 2016

Metro: 7.2, Small/Metro: 6.3, Mixed Urban/Rural: 7.6, Rural: 17.6, NM: 7.7

Firearms

- Adults residing in the Northwest region were least likely to have a firearm in the home (37.0%) and to have an unlocked and load firearm (5.5%). Adults residing in the Southeast region had the highest prevalence of unlocked and load firearms in the home (9.9%).

- Although adults with some college or a college degree had the highest prevalence of firearms in or around the home (43.0% and 43.3%, respectively) compared to adults with less than a high school diploma (19.9%), there was no statistically significant difference in the prevalence of unlocked and loaded firearm by education level.

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

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

Firearms in Home by Education, 2016

Firearms in Home by Employment Status, 2016

Firearms in Home by Urban/Rural Designation, 2016

Appendix I-Methods

The New Mexico Behavioral Risk Factor Survey (BRFSS) is an annual, statewide telephone survey of New Mexico adults aged 18 years and older that is conducted through a collaborative effort between the Population Health Surveillance Branch (PHSB) of the Centers for Disease Control and Prevention (CDC) and the New Mexico Department of Health (NMDOH). New Mexico's Behavioral Risk Factor Surveillance System (BRFSS) data contribute to the CDC Behavioral Risk Factor Surveillance System (BRFSS) that is conducted within every state, the District of Columbia, and several U.S. territories. In 2016, the New Mexico BRFSS collected data from both landline and cell phone respondents. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed methodology with a disproportionate stratification based on phone bank density, and whether or not the phone numbers were directory listed. The sample of cell phone numbers was randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange.

Telephone Status for Adults Aged 18 and Over, New Mexico , 2013-2015
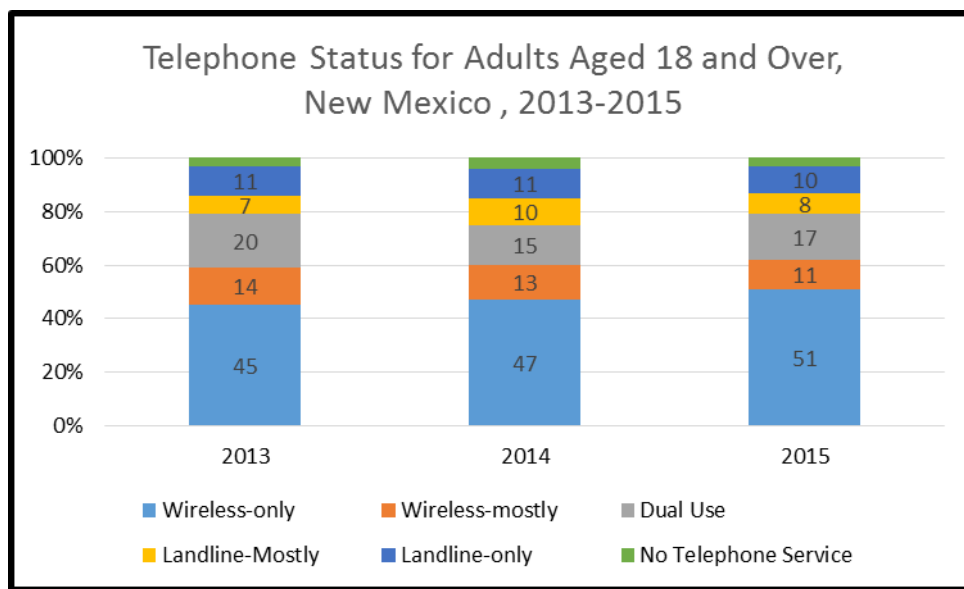
Quality assurance

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

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

➢ Prompt and frequent feedback to interviewers

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

➢ Monitoring interviewers at least once a month. New interviewers are monitored closely until the CDC BRFSS protocol is followed consistently.

Appendix I-Methods

**Implications of Sampling Design for Estimates Presented in this Report**

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

➢ The Sampling Weight adjusts for the fact that adults within the population had different probabilities of being included in the sample, because:

- Households with landline telephone numbers in the low-density stratum had a lower probability of being selected than households with phone numbers in the high-density stratum.
- Households with more than one landline telephone line had a greater chance of being selected.
- In landline households housing many adults, each adult had a proportionally smaller chance of being randomly selected than an adult who was the sole adult of the selected household.
- Each cellular telephone number had a probability of selection based on the total number of cell phone numbers in the cell phone sample.

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

Stata 14.2 MP software was used for all analyses in this report. Stata 14.2 MP includes a suite of data analysis commands which are specifically designed for the analysis of complex sample survey data, such as that of the BRFSS.

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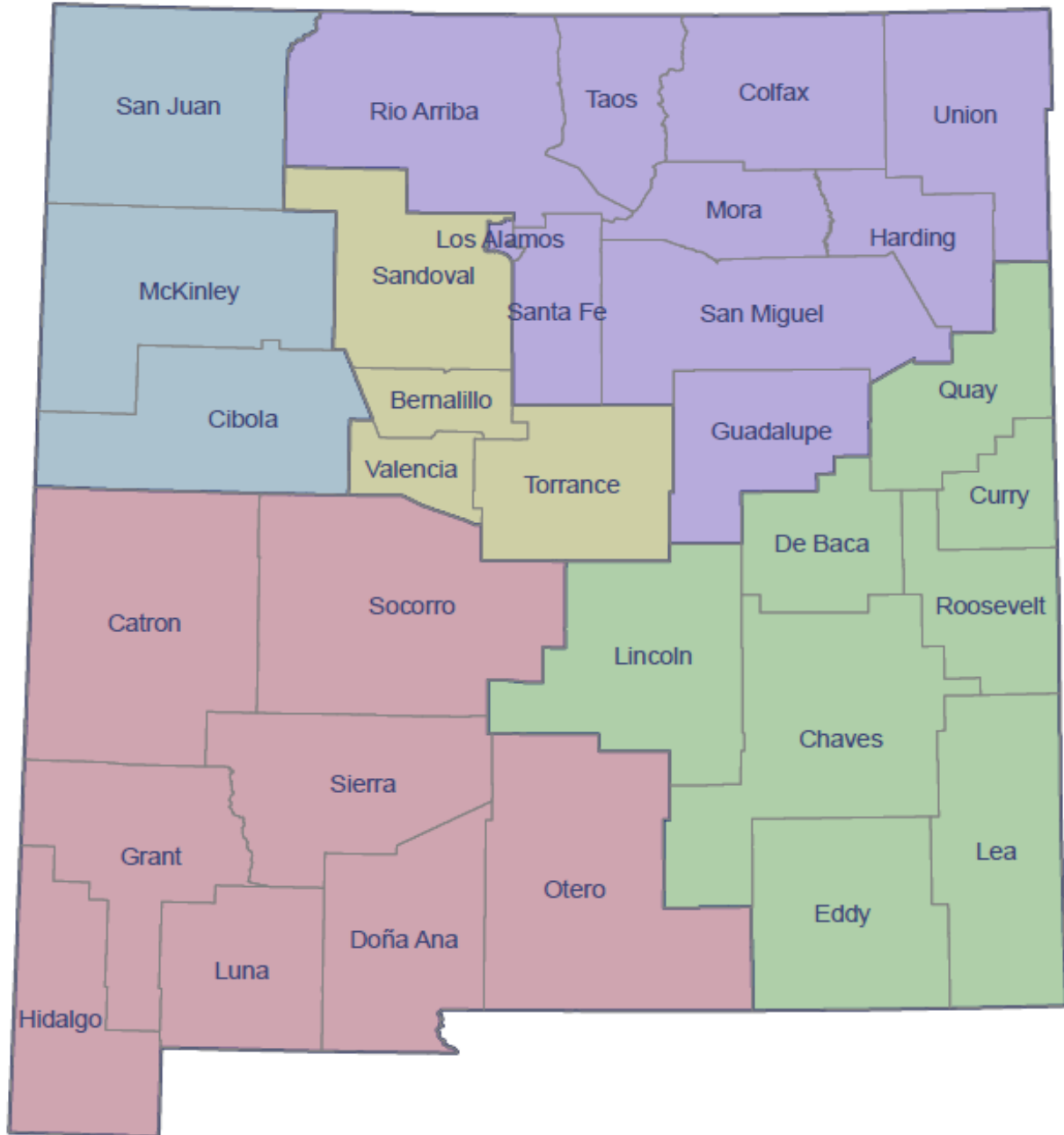
Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
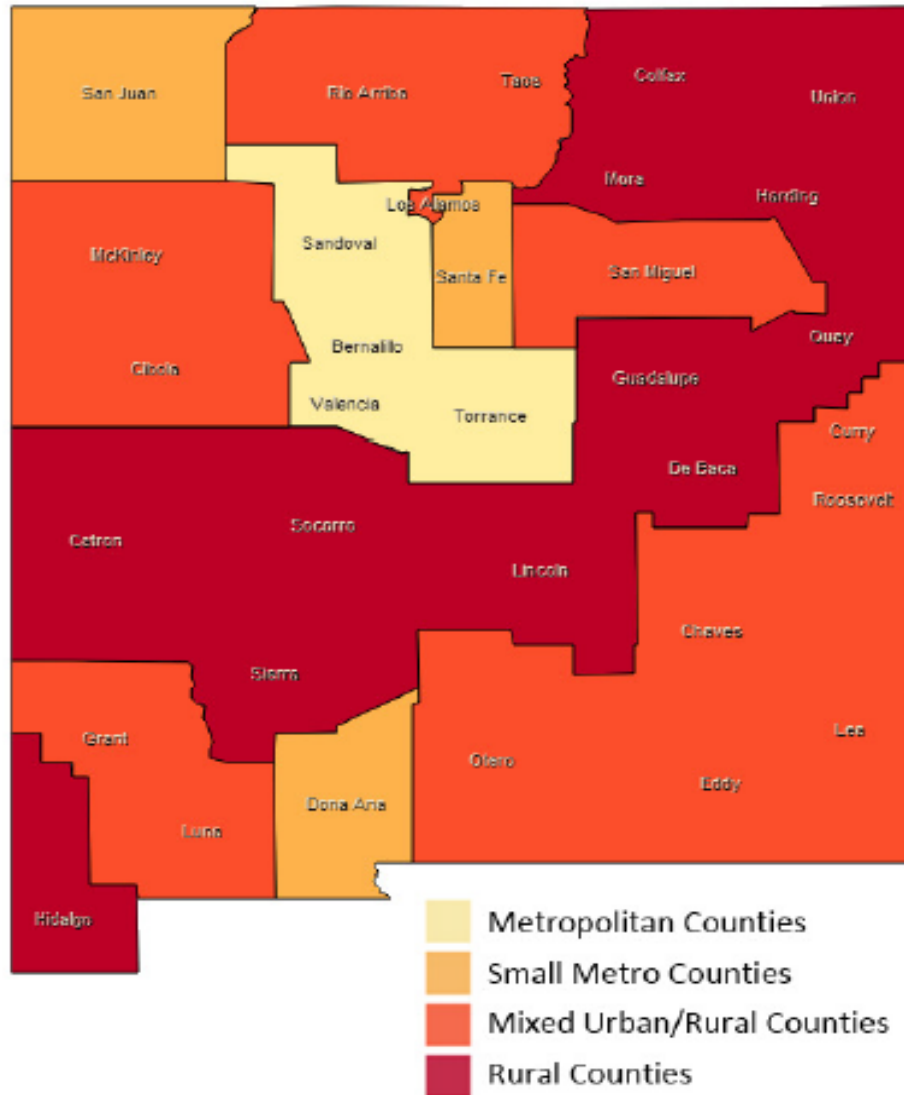**Metro Region:** Bernalillo, Sandoval, Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, Chaves, Eddy, and Lea Counties
Southwest Region: Catron, Socorro, Grant, Sierra, Hidalgo, Luna, Doña Ana, Otero

Effective September 4, 2012

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

Metopolitan Counties: Bernalillo, Sandoval, Torrance, Valencia

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

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

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

November 2014

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