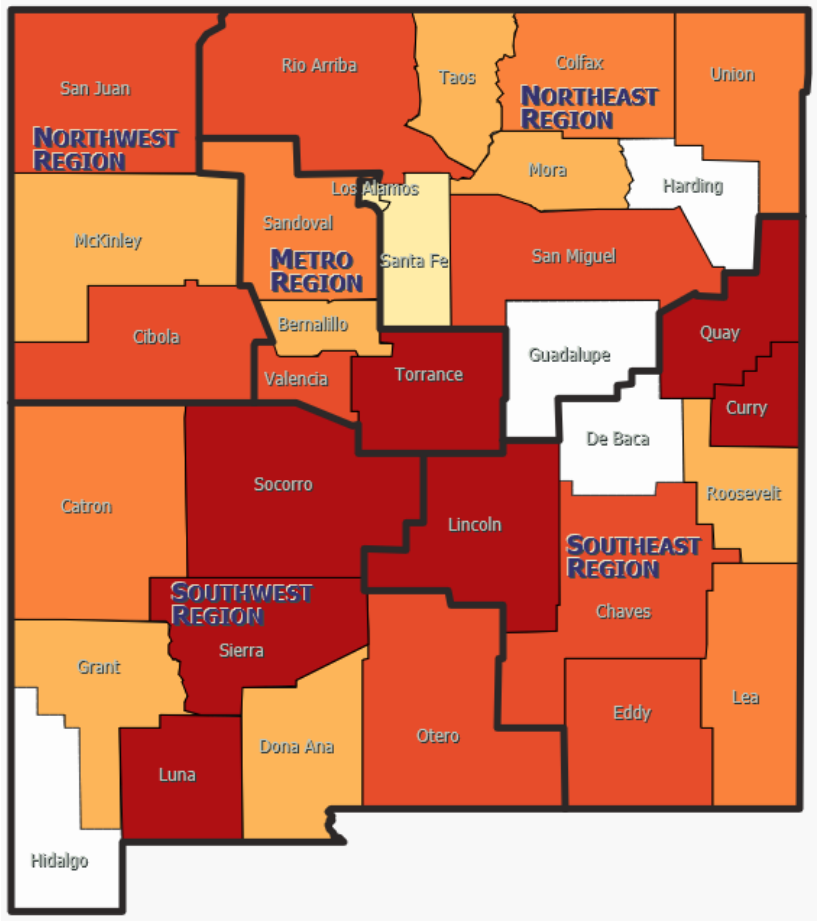
Health Behaviors and Conditions of Adult New Mexicans



Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS) 2018 Annual Report

BRFSS
Behavioral Risk Factor Surveillance System

NEW MEXICO DEPARTMENT OF HEALTH

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Health Behaviors and Conditions of Adult New Mexicans 2018

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

Presented by the
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Acknowledgements

The New Mexico Department of Health and the Epidemiology & Response Division would like to thank the residents of New Mexico who participated in the 2018 survey of the Behavioral Risk Factor Surveillance System (BRFSS). These participants gave their time and described their health status and related behaviors to help improve the health of all New Mexicans. This report would also not be possible without the tremendous work of the team of interviewers who conducted the interviews.

The 2018 BRFSS survey was funded by a cooperative agreement with the Centers for Disease Control and Prevention (Grant numbers 6 NU58DP006050-01-02 and 6 NU58DP006050-04-03), and through support from the Albuquerque Area Southwest Tribal Epidemiology Center; the Behavioral Health Services Division of the Human Services Department; and the following programs or bureaus of the New Mexico Department of Health: The Chronic Disease programs of the Chronic Disease Prevention and Control Bureau of the Public Health Division; the Injury & Behavioral Health Epidemiology, Environmental Epidemiology, and the Infectious Disease Epidemiology bureaus of the Epidemiology & Response Division.

BRFSS data and supporting documentation are available at:

www.cdc.gov/brfss

Or

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

Additionally, BRFSS data and copies of this report and the 2018 questionnaire can be obtained by contacting:

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Table of Contents

Overview

What is the BRFSS?

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

The BRFSS was initiated in the early 1980s after significant evidence had accumulated that behaviors 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 2018 NM BRFSS report is available in .pdf format at the NM Department of Health website:

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

Overview

2018 New Mexico BRFSS Topics

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

Optional CDC Modules:
Childhood Asthma Prevalence
Healthcare Access
Industry and Occupation
Prediabetes

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:
Gender Identity
Sexual & Intimate Partner Violence
Sexual Orientation
Suicide
Tribal Affiliation

Overview

Limitations and Strengths

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

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 2018 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 2018 BRFSS survey data. The Response Rate, Cooperation Rate, and Refusal Rate for the 2018 BRFSS were calculated using standards set by the American Association of Public Opinion Research (AAPOR). The Cooperation Rate presents the percentage of complete and partially completed interviews among contacted and eligible respondents. The Refusal Rate presents the percentage of refusals among all eligible and likely eligible phone numbers in the sample. Separate cooperation and refusal rates were calculated for landline and cellular telephone samples. The Response Rate is a measure meant to provide an overall summary of survey administration and response. Separate response rates are calculated for landline and cellular telephone samples, 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., 2018

	Landline		Cellular		Combined Landline & Cellular	
Rate	NM	US	NM	US	NM	US
Response Rate	50.6%	53.3%	50.4%	43.4%	50.5%	49.9%
Cooperation	57.8%	64.4%	83.4%	83.0%	*	*
Refusal	24.2%	24.2%	9.0%	7.3%	*	*

*Unavailable

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 Black/AAs, and Asian/NHOPI sampled was small, resulting in large SE and estimates that were unreliable. Discerning possible differences between rates of conditions or risk factors in these smaller populations and the larger White, non-Hispanic, Hispanic, and AIAN populations was often difficult. This issue is relevant to estimates for any small population group, such as a narrowly defined age group, a small number of respondents with a particular health condition, or a small demographic group such as adults who were retired.

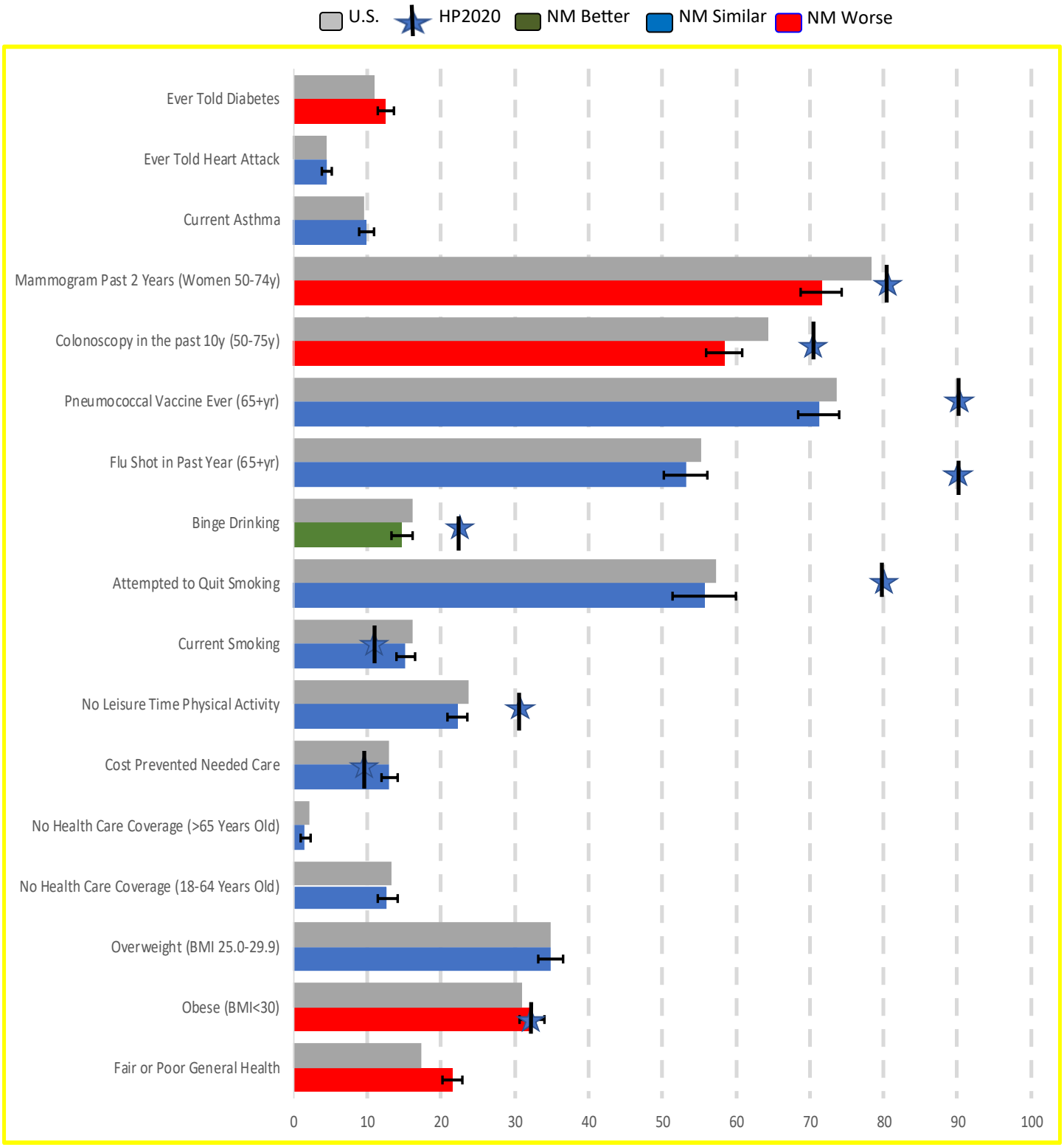
With respect to certain conditions and risk factors, particularly those addressed by core BRFSS questions that were asked of respondents in every state, estimates for the state of New Mexico (NM) were compared to estimates for the U.S. as a whole (U.S. = all 50 states, plus the District of Columbia). These data are presented 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 over 72% of 2018 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 Services

This chart summarizes the prevalence of health care access, preventive health services, and behavioral indicators among adult New Mexicans in 2018, 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.



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Demographics of the 2018 New Mexico Sample

Demographic Characteristics	2018 BRFSS Data			2018 Pop. Estimates¥
	Number in Sample*	Unweighted Percent (%)	Weighted Percent(%)	
Total	6,713	100.0	100.0	
Age				
18-44	1,943	29.2	45.8	45.4
45-64	2,402	36.0	31.4	31.9
65+	2,316	34.8	22.8	22.7
Gender				
Male	3,086	46.0	49.0	49.1
Female	3,617	54.0	51.0	50.9
Race/Ethnicity				
AIAN	655	10.0	8.5	8.6
Asian or NHOPI	54	0.8	1.3	1.9
Black/AA	86	1.3	1.5	2.2
Hispanic	2,193	33.6	46.9	45.8
White	3,540	54.3	41.7	41.7
Sexual Orientation				
Straight	6,133	96.4	95.5	NA
LGB/Other	228	3.6	4.5	NA
Household Income				
< $15,000	853	14.7	14.6	NA
$15,000-$24,999	1,220	21.0	22.4	NA
$25,000-$49,999	1,380	23.8	23.9	NA
$50,000-$74,999	824	14.2	13.8	NA
> $75,000	1,529	26.3	25.3	NA
Geographic Region				
Northwest	1,304	19.4	10.3	10.3
Northeast	1,332	19.8	14.7	14.8
Metropolitan	1,643	24.5	44.3	44.3
Southeast	1,188	17.7	13.2	13.4
Southwest	1,246	18.6	17.5	17.7
Education Level				
<HS	817	12.2	15.7	NA
HS Grad/GED	1,790	26.7	27.0	NA
Some College	1,743	26.0	33.5	NA
College Grad.	2,348	35.1	23.8	NA
Employment Status				
Employed	3,131	47.2	53.7	NA
Unemployed/Unable to work	876	13.2	14.2	NA
Homemaker/Student	661	9.9	12.6	NA
Retired	1,967	29.7	19.6	NA
Urban/Rural Designation				
Metro	1,567	24.3	44.0	44.1
Small/Metro	1,987	30.8	23.5	23.6
Mixed Urban/Rural	2,419	37.5	26.8	27.8
Rural	479	7.4	5.7	4.6

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

¥ Population Estimates: University of New Mexico, Geospatial and Population Studies (GPS) Program, http://gps.unm.edu/. The Bureau of Business and Economic Research (BBER) and the Geospatial and Population Studies (GPS) Program are both housed within the UNM Institute for Applied Research Services (IARS).

General Health Status

Question:

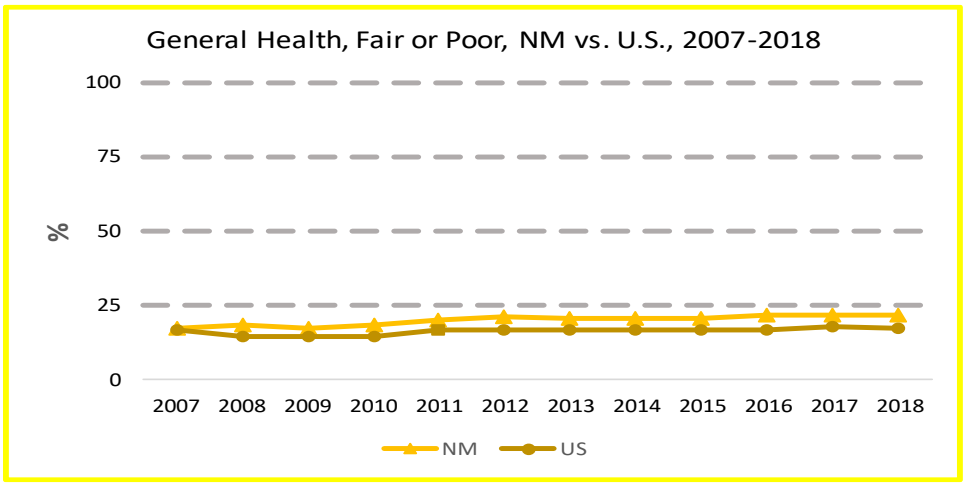
"Would you say that in general, your health is: Excellent, Very good, Good, Fair, or Poor?

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

- In 2018, 21.5% 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 lower in the Metropolitan region compared to the Southeast region.
- White adults (16.6%) reported a significantly lower prevalence of fair or poor health than AIAN (24.8%) and Hispanic (25.6%) adults.
- In 2018, the prevalence of fair or poor general health among NM adults (21.5%) was higher than that of the U.S. median prevalence (17.3%).

Demographic Characteristics	General Health, Fair or Poor[a] %	(95% Confidence Interval)
Total	**21.5**	**(20.2-22.9)**
Age		
18-44	14.5	(12.7-16.6)
45-64	26.1	(23.8-28.6)
65+	29.2	(26.5-32.0)
Gender		
Male	20.9	(19.0-22.9)
Female	22.1	(20.3-24.0)
Race/Ethnicity		
AIAN	24.8	(20.8-29.3)
Asian or NHOPI	5.5	(1.6-17.1)
Black/AA	23.5	(14.3-36.2)
Hispanic	25.6	(23.3-28.0)
White	16.6	(15.0-18.3)
Sexual Orientation		
Straight	21.6	(20.2-23.0)
LGB/Other	24.3	(17.8-32.3)
Household Income		
< $15,000	42.8	(38.4-47.5)
$15,000-$24,999	31.0	(27.6-34.6)
$25,000-$49,999	18.6	(15.9-21.6)
$50,000-$74,999	11.4	(8.9-14.5)
> $75,000	7.6	(6.1-9.4)
Geographic Region		
Northwest	23.6	(20.8-26.7)
Northeast	22.5	(19.5-25.9)
Metropolitan	18.7	(16.6-21.1)
Southeast	24.6	(21.7-27.8)
Southwest	24.3	(21.1-27.7)

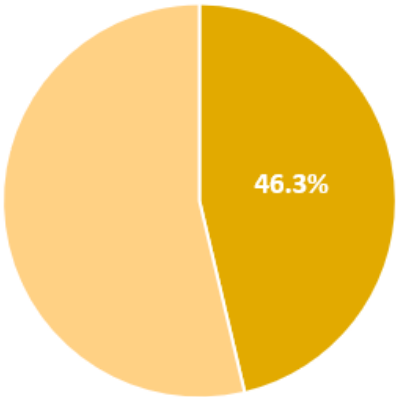
[a] Among all adults, the proportion reporting that their health, in general was either fair or poor.



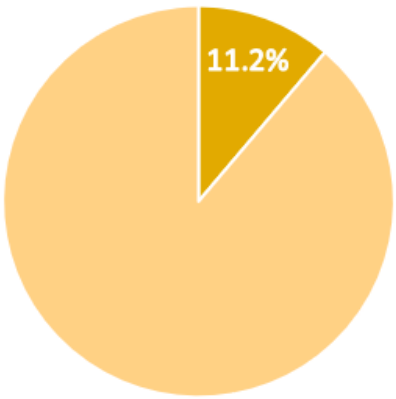
General Health Status

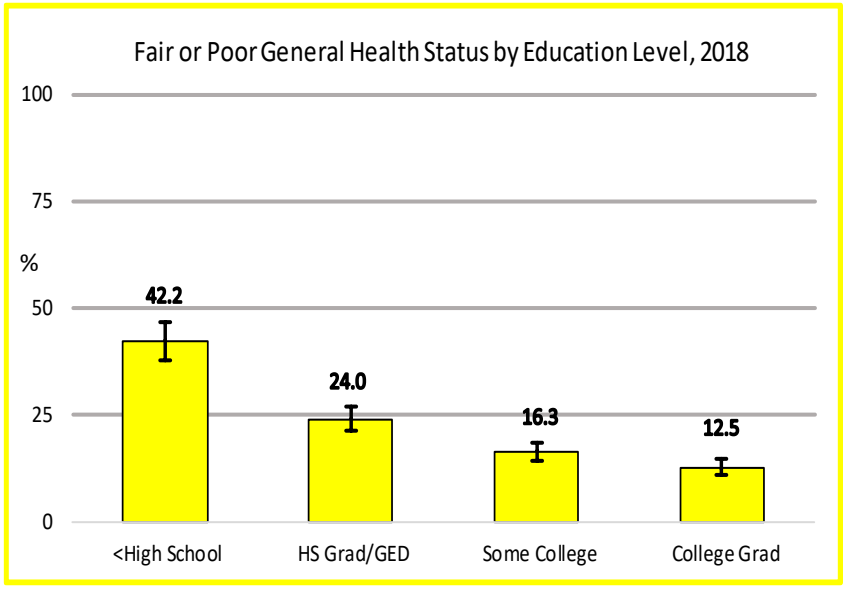
- NM adults with less than a high school education (42.2%) reported a significantly higher prevalence of fair or poor general health than adults with a high school diploma/GED, some college, and college graduates.
- Adults who reported they were unable to work/unemployed (50.0%) reported a significantly higher prevalence of fair or poor health than employed adults (13.2%).
- The prevalence of fair or poor general health was higher among counties designated as rural (29.3%) compared to counties designated as metropolitan (19.3%).

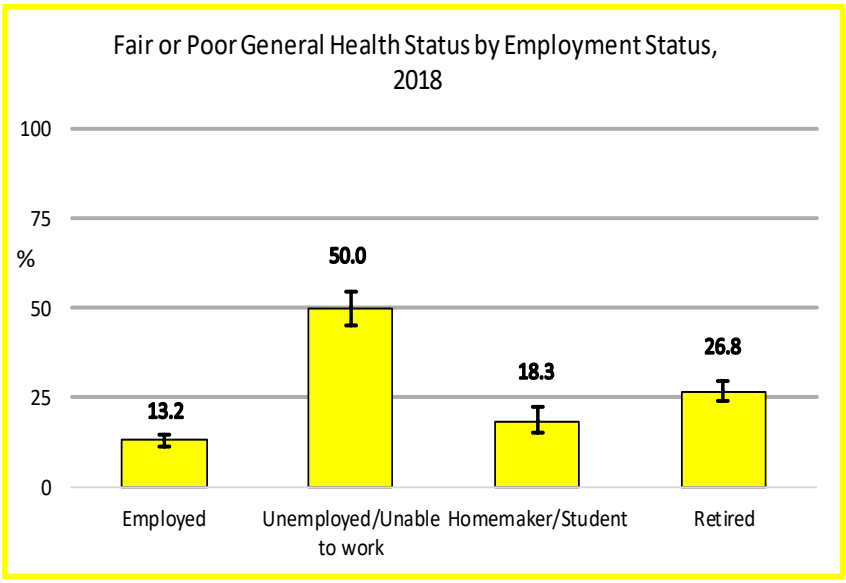
Percent with Fair/Poor Health with at least one disability

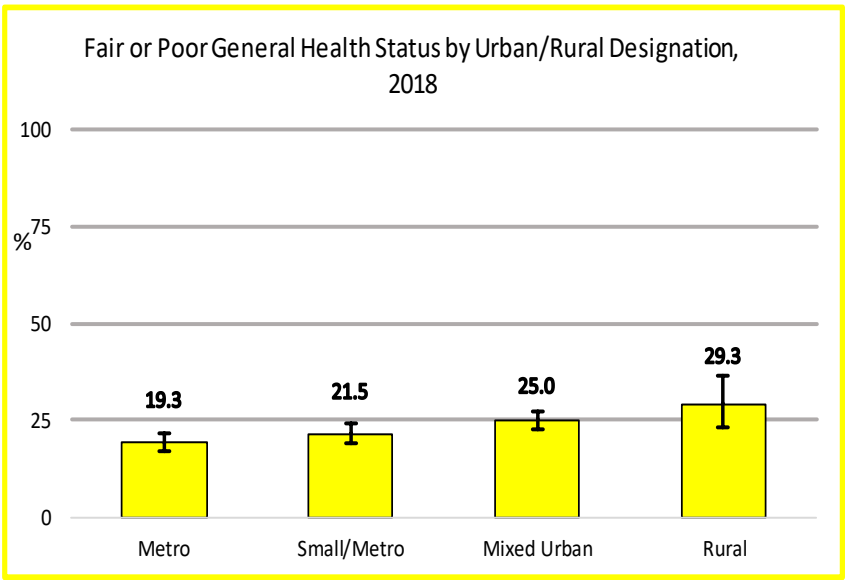


Percent with Fair/Poor Health with no disabilities









Quality of Life

Question:

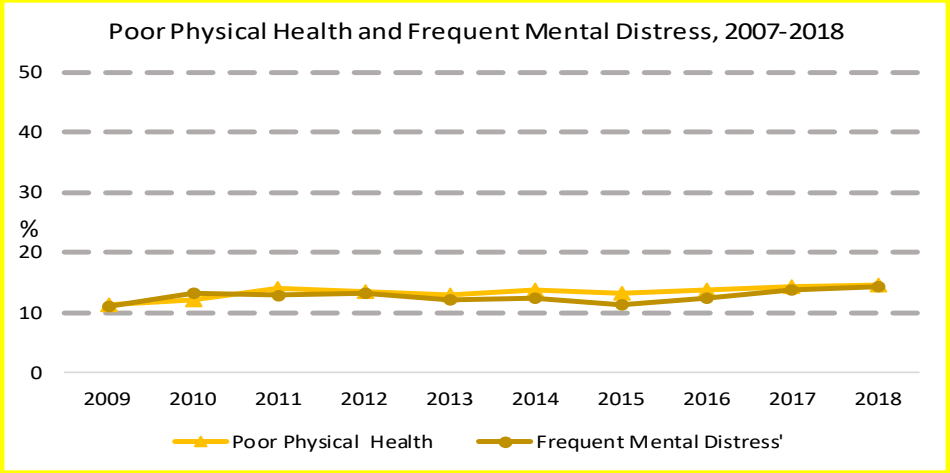
"Now thinking about your physical/ mental health...for how many days during the past 30 days was your physical/mental health not good?

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 2018, 14.4% of New Mexico adults reported poor physical health and 14.3% reported frequent mental distress.
- Poor physical health increased with age while frequent mental distress decreased.
- Both poor physical health and frequent mental distress decreased as household income increased.
- Females (15.8%) reported a higher prevalence of frequent mental distress than males (12.7%).
- LGB/Other adults (34.2%) had a significantly higher prevalence of frequent mental distress than Straight adults (13.2%).

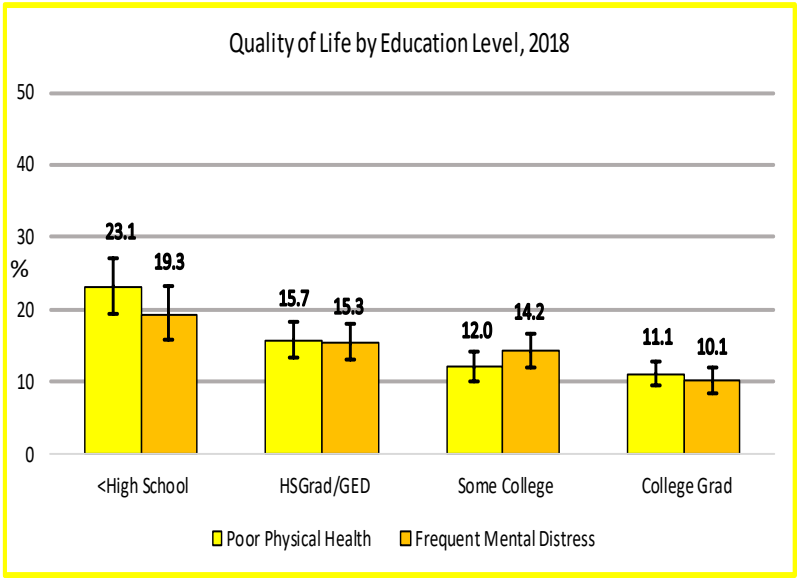
Demographic Characteristics	Poor Physical Health[a] %	Poor Physical Health[a] (95% Confidence Interval)	Frequent Mental Distress[b] %	Frequent Mental Distress[b] (95% Confidence Interval)
Total	**14.5**	**(13.4-15.7)**	**14.3**	**(13.1-15.6)**
Age				
18-44	8.0	(6.5-9.7)	15.5	(13.5-17.6)
45-64	19.3	(17.2-21.7)	15.8	(13.8-18.1)
65+	21.2	(18.8-23.8)	9.3	(7.6-11.3)
Gender				
Male	13.3	(11.6-15.1)	12.7	(11.0-14.5)
Female	15.6	(14.0-17.3)	15.8	(14.1-17.7)
Race/Ethnicity				
AIAN	14.6	(11.6-18.2)	12.6	(9.8-16.0)
Asian or NHOPI	3.7	(0.7-17.4)	19.6	(8.6-38.8)
Black/AA	14.2	(7.3-25.9)	13.1	(6.0-26.2)
Hispanic	14.8	(12.9-16.9)	13.8	(12.1-15.9)
White	13.9	(12.4-15.5)	14.3	(12.7-16.2)
Sexual Orientation				
Straight	14.6	(13.4-15.9)	13.2	(12.0-14.5)
LGB/Other	12.5	(8.5-18.0)	34.2	(26.1-43.2)
Household Income				
< $15,000	27.0	(23.2-31.2)	26.0	(22.0-30.3)
$15,000-$24,999	18.9	(16.1-22.1)	16.4	(13.7-19.6)
$25,000-$49,999	11.5	(9.5-14.0)	13.0	(10.6-15.9)
$50,000-$74,999	10.1	(7.3-13.9)	13.2	(9.9-17.3)
> $75,000	7.4	(5.9-9.3)	6.9	(5.3-9.0)
Geographic Region				
Northwest	14.2	(12.1-16.6)	12.8	(10.7-15.2)
Northeast	17.9	(15.0-21.2)	14.5	(11.8-17.6)
Metropolitan	13.3	(11.5-15.5)	14.0	(12.0-16.3)
Southeast	14.4	(12.1-16.9)	14.9	(12.3-17.9)
Southwest	14.9	(12.2-18.0)	15.4	(12.8-18.4)

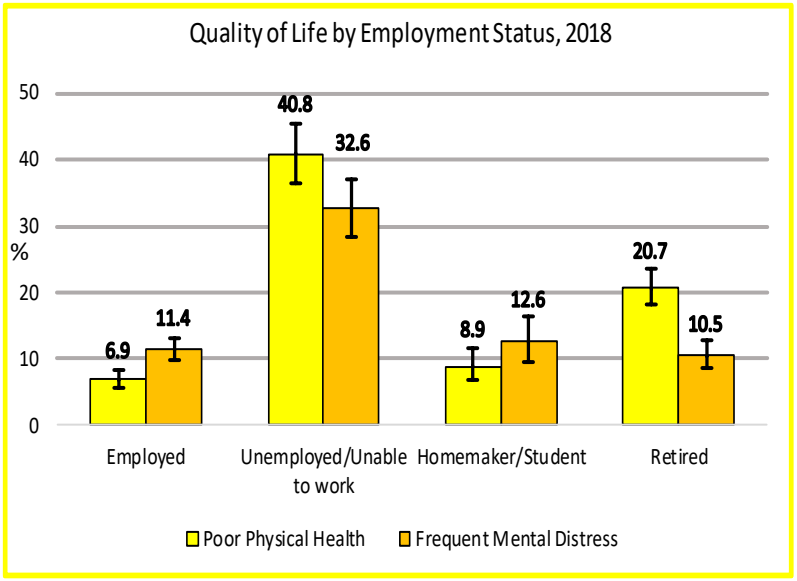
[a] Among all adults, the proportion reporting 14 or more days of poor health. [b] Among all adults, the proportion reporting 14 or more days of poor mental health.

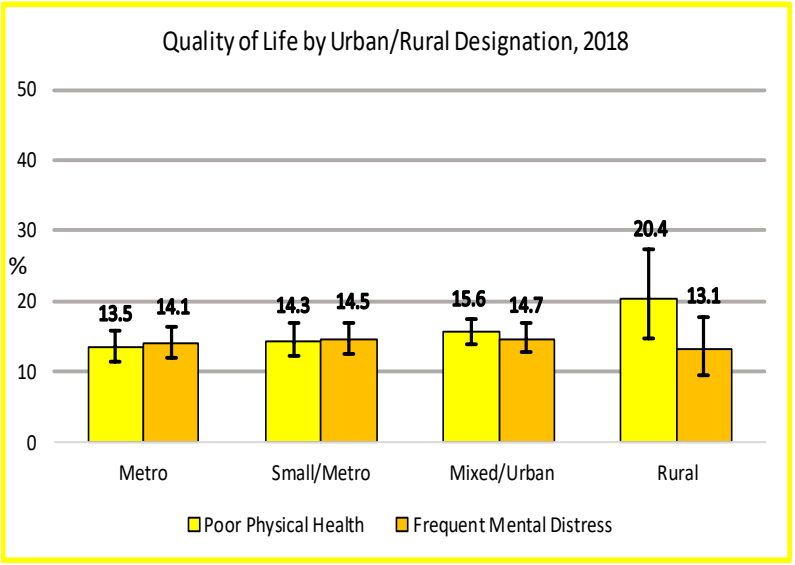


Quality of Life

- Among NM adults, the prevalence of both poor physical health and frequent mental distress decreased with higher education level.
- Both poor physical health and frequent mental distress were reported significantly higher among NM adults who were unemployed or unable to work.
- The prevalence of poor physical health and frequent mental distress was similar across Urban/Rural county designation.
- Adults with disabilities (35.3% and 28.0%) were more likely to have both poor physical health and frequent mental distress than adults without disabilities (5.9% and 8.3%, respectively).
- Nationally 12.0% of adults say their health is fair or poor and 12.4% of adults say they experience frequent mental distress. This is lower than NM adults, 14.5% and 14.3%, respectively.







Disability

Question:

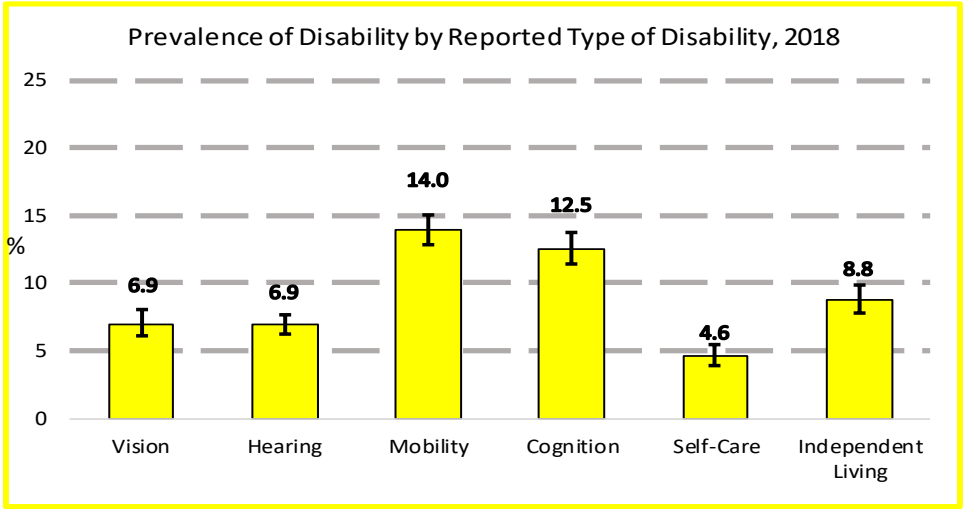
"The following questions are about health problems and impairments you may have. Such as difficulty seeing, hearing, walking, and independent living.

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

- In 2018, an estimated 28.4% 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 (36.9%) were more likely to have at least one disability than straight adults (28.1%). This was not statistically significant.
- The most prevalent disability was difficulty with mobility (14.0%). 27.1% of adults over 65 had difficulty with mobility.

Demographic Characteristics	Total Disability[a] %	Total Disability[a] (95% Confidence Interval)
Total	**28.4**	**(26.9-30.0)**
Age		
18-44	17.2	(15.2-19.5)
45-64	33.4	(30.7-36.2)
65+	43.5	(40.6-46.6)
Gender		
Male	27.2	(25.1-29.5)
Female	29.5	(27.4-31.6)
Race/Ethnicity		
AIAN	32.8	(28.1-37.9)
Asian or NHOPI	12.6	(5.0-28.4)
Black/AA	23.0	(13.8-35.9)
Hispanic	29.1	(26.7-31.7)
White	26.1	(24.1-28.2)
Sexual Orientation		
Straight	28.1	(26.5-29.7)
LGB/Other	36.9	(28.6-46.0)
Household Income		
< $15,000	51.8	(47.0-56.5)
$15,000-$24,999	36.9	(33.3-40.7)
$25,000-$49,999	24.2	(21.1-27.6)
$50,000-$74,999	20.8	(17.1-25.0)
> $75,000	12.8	(10.4-15.8)
Geographic Region		
Northwest	31.8	(28.6-35.2)
Northeast	31.2	(27.7-34.8)
Metropolitan	25.6	(23.0-28.4)
Southeast	30.8	(27.7-34.2)
Southwest	29.5	(26.3-32.9)

[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.



Disability

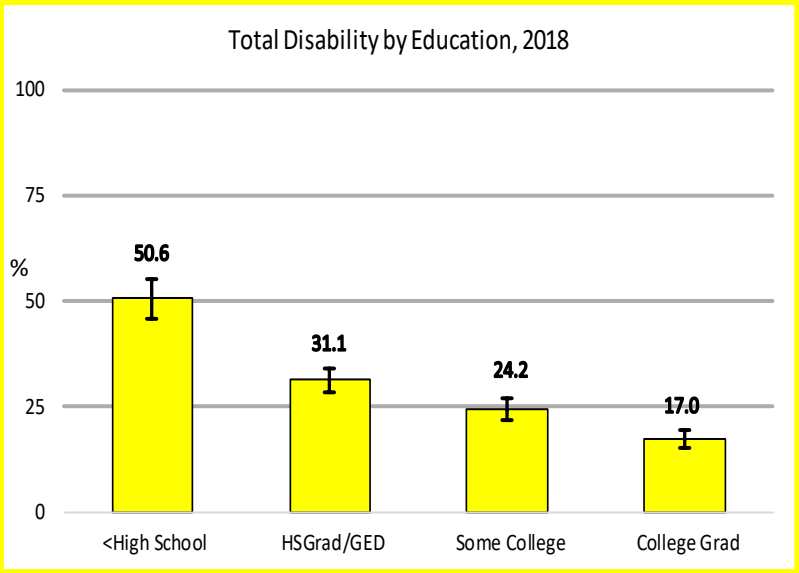
- Among NM adults, the prevalence of at least one disability decreased with increasing education level. NM adults with less than a high school diploma/GED had a significantly higher prevalence of at least one disability (50.6%) than adults with a college degree (17.0%).

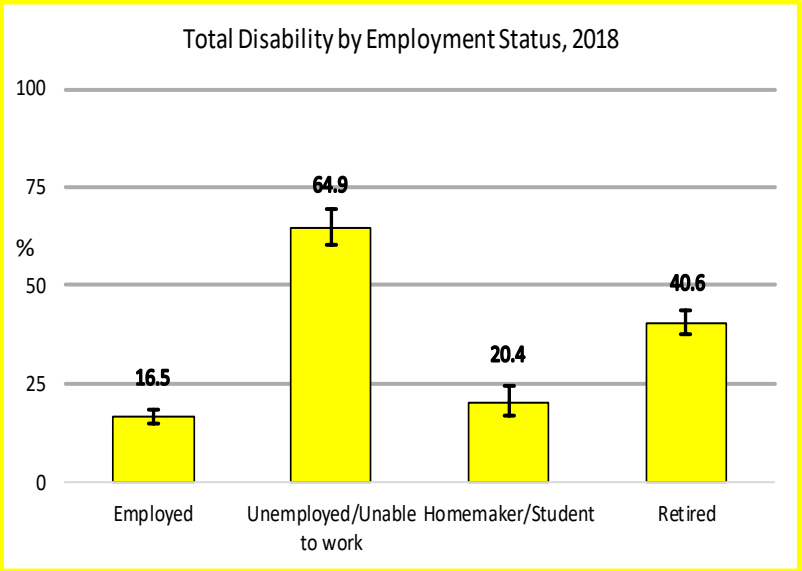
- NM adults who were either unemployed and/or unable to work had a significantly higher prevalence of having at least one disability (64.9%) than employed adults (16.5%).

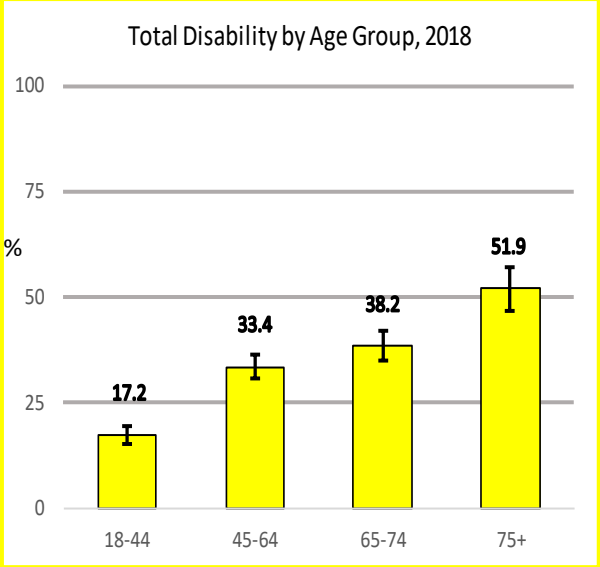
- The prevalence of at least one disability was similar among Urban/Rural county designation.

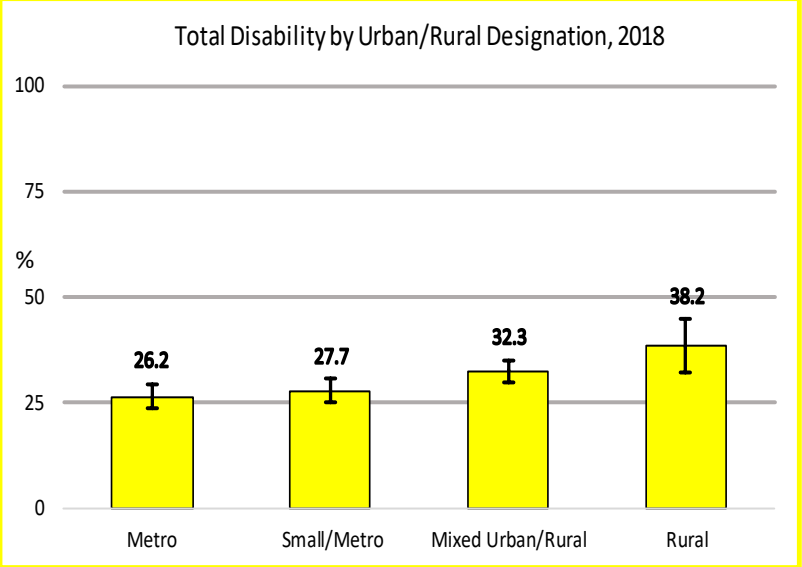
- The prevalence of disability increased with age, over 50 percent of adults over 75 years of age had at least one disability.

- Nationally 26.2% of adults have at least one disability compared to 28.4% of adults in NM.









Weight Status

Questions:

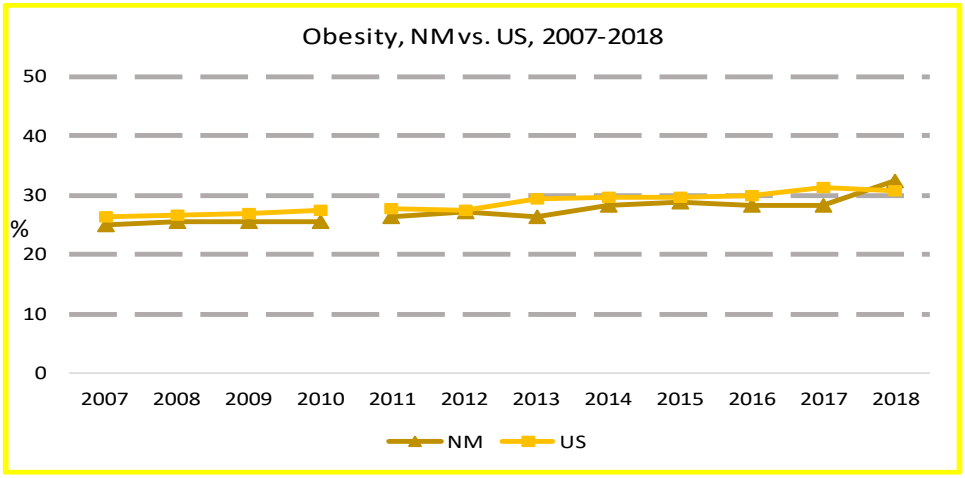
"About how much do you weigh without shoes? About how tall are you?"

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

- In 2018, 32.3% of New Mexico adults were obese. The prevalence of obesity in New Mexico was higher than the U.S. median prevalence (30.9%).
- Adults in the middle age range had a higher prevalence of obesity (36.6%) than adults aged 65 and older (25.0%) and adults 18-44 (33.2%).
- There was no measurable difference in obesity by gender.
- AIAN adults had a significantly higher prevalence of obesity (42.8%) than all other races/ethnicities.
- Adults in the lowest household income category had a significantly higher prevalence of obesity (36.4%) compared to adults in the highest category (28.9%).
- Adults in the Southeast region had the highest prevalence of obesity (38.1%) while those in the Northeast region had the lowest (28.6%).

	Obese[a]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**32.3**	**(30.7-34.0)**
Age		
18-44	33.2	(30.4-36.1)
45-64	36.6	(33.9-39.4)
65+	25.0	(22.6-27.7)
Gender		
Male	31.2	(28.8-33.6)
Female	33.5	(31.2-35.9)
Race/Ethnicity		
AIAN	42.8	(37.5-48.3)
Asian or NHOPI	8.7	(2.1-29.4)
Black/AA	28.3	(16.5-44.1)
Hispanic	37.8	(35.0-40.7)
White	25.5	(23.6-27.6)
Sexual Orientation		
Straight	32.8	(31.1-34.6)
LGB/Other	31.7	(23.4-41.3)
Household Income		
< $15,000	36.4	(32.1-41.0)
$15,000-$24,999	38.0	(34.2-42.1)
$25,000-$49,999	30.6	(27.3-34.2)
$50,000-$74,999	36.2	(31.4-41.4)
> $75,000	28.9	(25.7-32.4)
Geographic Region		
Northwest	37.7	(34.1-41.4)
Northeast	28.6	(25.1-32.4)
Metropolitan	29.9	(27.1-32.9)
Southeast	38.1	(34.5-41.7)
Southwest	34.2	(30.6-38.0)

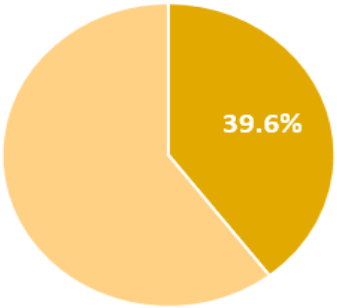
[a]Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.
Note: BMI, body mass index, is defined as weight (in kg) divided by height (in meters) squared. Weight and height are self-reported. Pregnant women were excluded.



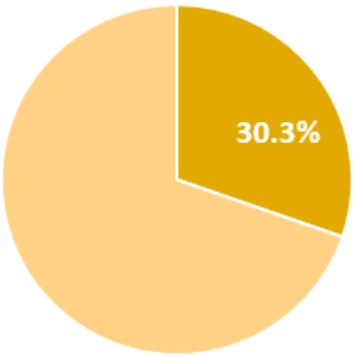
Weight Status

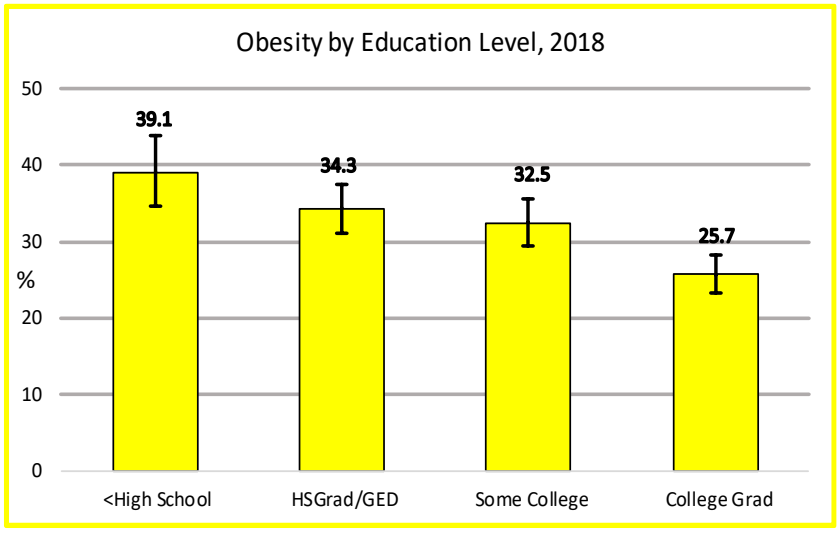
- The Healthy People (HP) 2020 goal for obesity among adults is 30.5%. The prevalence of obesity among NM adults in 2018 was 32.3%, 1.8 percentage points higher than the HP2020 goal.[5]
- College graduates had a significantly lower prevalence of obesity that those with less than a high school education.
- NM adults who were unemployed/unable to work reported a higher prevalence of obesity (38.9%) compared to retired adults (26.5%).
- 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.

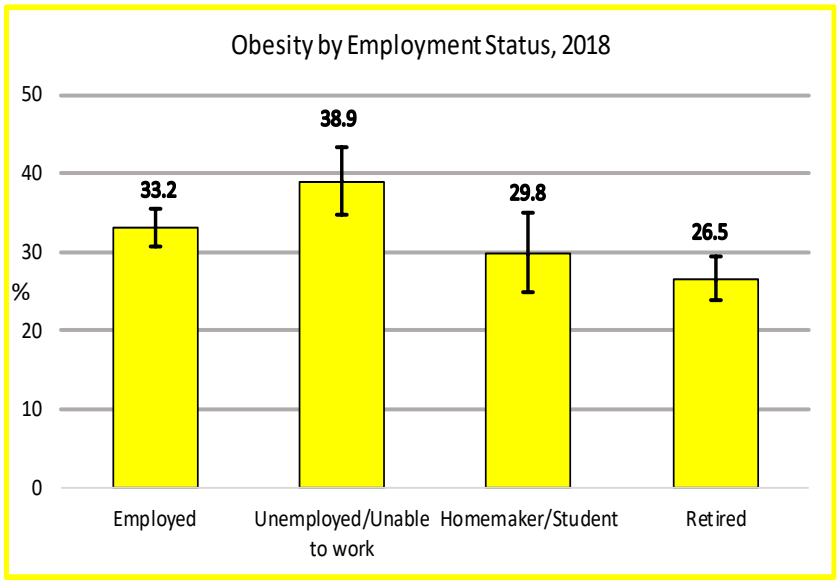
NM adults who report no Leisure-Time Physical activity who are Obese

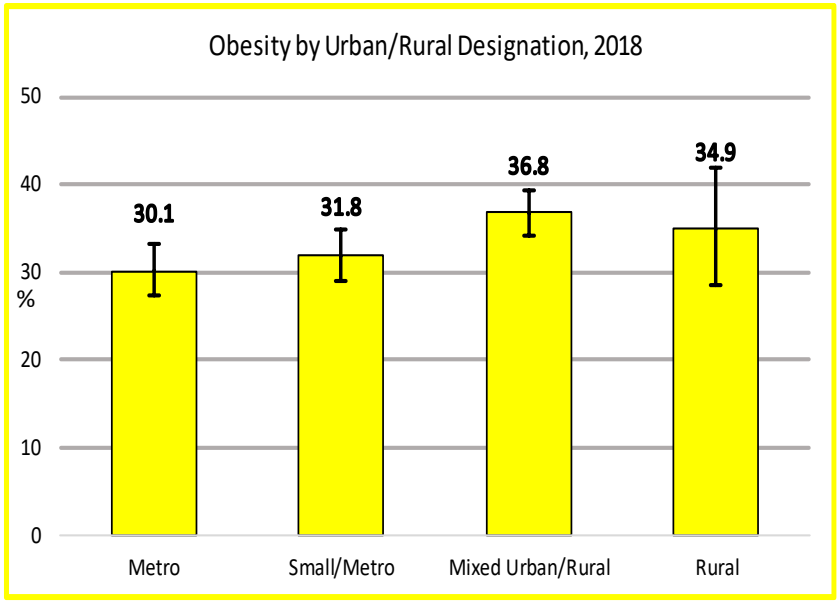


NM adults who report Leisure-Time Physical activity who are Obese









Lack of Health Care Coverage (Adults 18-64)

Question:

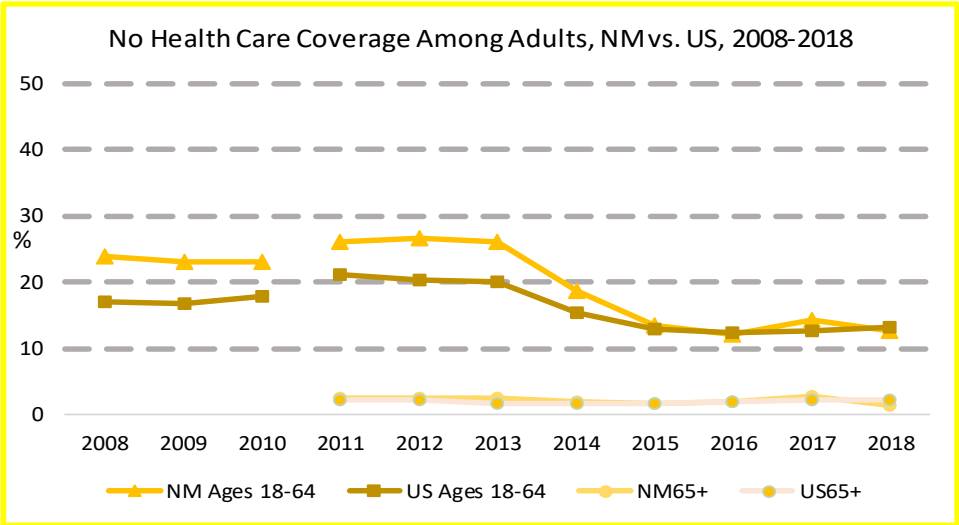
Do you have any kind of health care coverage...?

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

- In 2018, 12.7% of New Mexico adults reported having no health care coverage. The prevalence of no health care coverage among NM adults 18-64 was lower than the U.S. median prevalence (13.2%).
- The prevalence of no health care coverage decreased with age.
- There was a gradient in lack of health care coverage by level of household income. Those reporting household income more than $75,000 per year had the lowest prevalence of no health care coverage (3.7%), and those at $15,000-$24,999 income level had the highest (20.6%).
- Males (14.7%) reported a higher prevalence of no health care coverage than females (10.7%). White adults (7.0%) reported a significantly lower prevalence than Hispanic adults (18.0%).

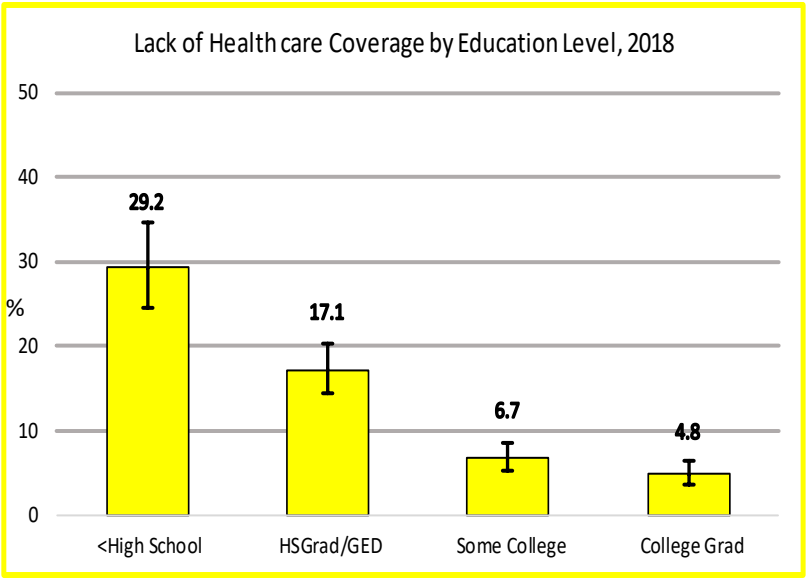
	No Health Care Coverage Among Adults 18-64[a]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**12.7**	**(11.4-14.1)**
Age		
18-44	14.4	(12.5-16.5)
45-64	10.2	(8.7-11.9)
Gender		
Male	14.7	(12.7-16.9)
Female	10.7	(9.1-12.5)
Race/Ethnicity		
AIAN	6.5	(4.1-10.1)
Asian or NHOPI	**	**
Black/AA	7.3	(2.7-18.5)
Hispanic	18.0	(15.8-20.5)
White	7.0	(5.7-8.6)
Sexual Orientation		
Straight	12.8	(11.4-14.3)
LGB/Other	11.0	(5.9-19.6)
Household Income		
< $15,000	16.0	(12.2-20.8)
$15,000-$24,999	20.6	(17.2-24.4)
$25,000-$49,999	16.8	(13.5-20.8)
$50,000-$74,999	7.2	(4.8-10.5)
> $75,000	3.7	(2.4-5.7)
Geographic Region		
Northwest	10.7	(8.4-13.4)
Northeast	12.8	(10.2-16.0)
Metropolitan	12.1	(9.9-14.8)
Southeast	18.7	(15.5-22.3)
Southwest	10.6	(8.2-13.5)

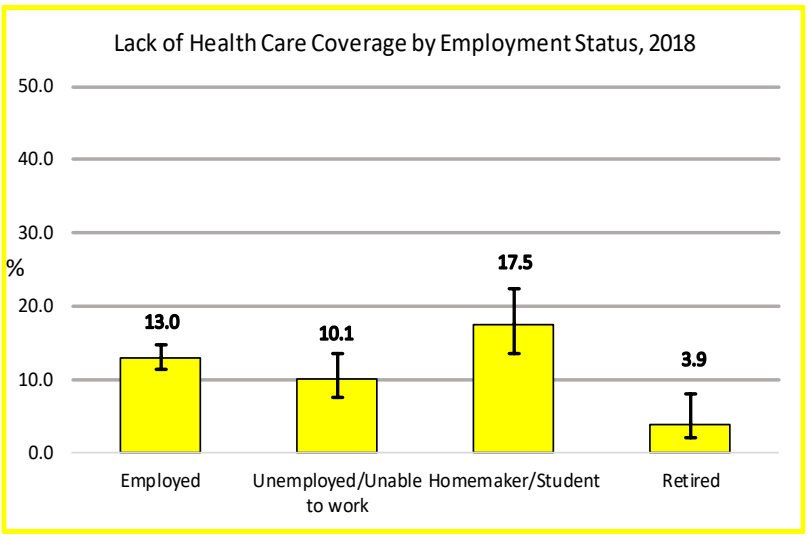
[a]Among adults aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMO's, or government plans, such as Medicaid or Indian Health Services. ** Suppressed due to a denominator <50.

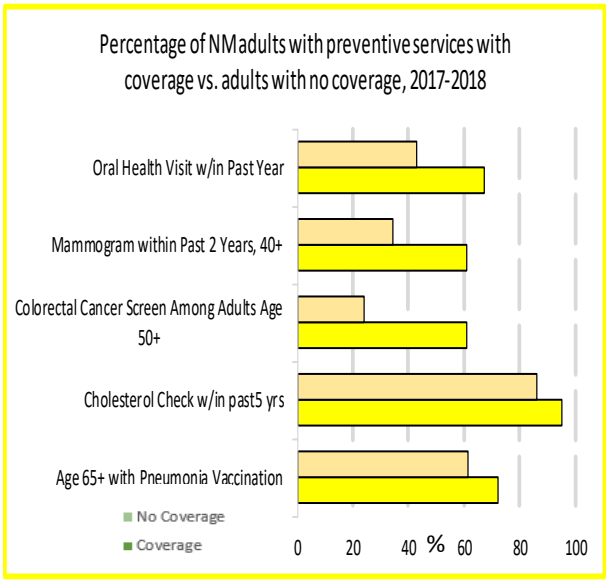


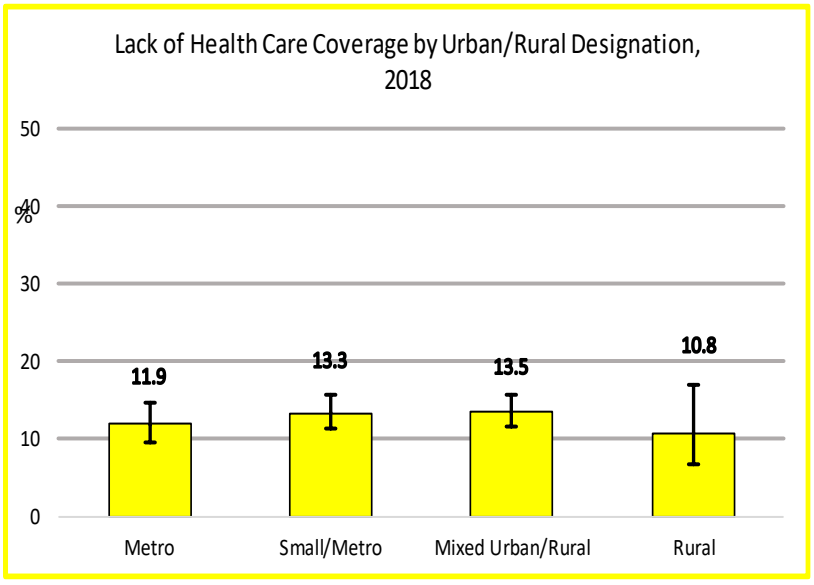
Lack of Health Care Coverage (Adults 18-64)

- 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 12.7%, this prevalence would have to decrease by 6.35 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.









Oral Health Care

Question:

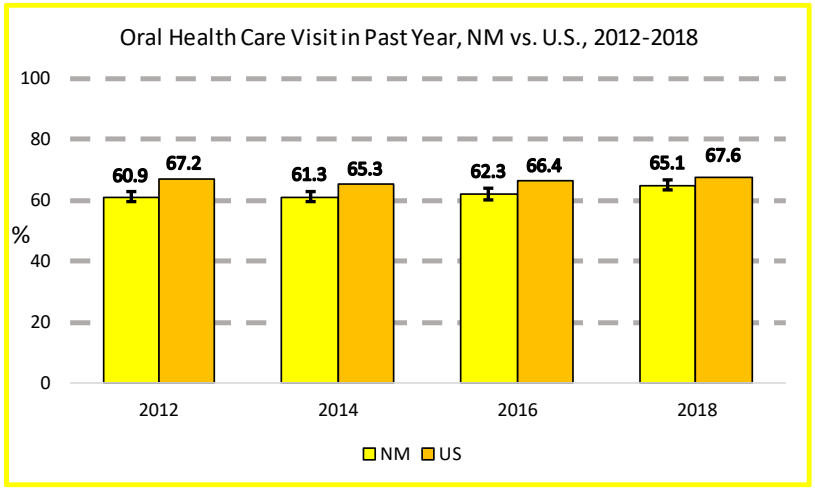
"How long has it been since you last visited a dentist or a dental clinic for any reason?..."

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

- In 2018, 65.1% of New Mexico Adults had an oral health visit in the past year. The prevalence of an oral health visit in the past year among NM adults was lower than the U.S. median prevalence (67.6%).
- The prevalence of an oral health care visit in the past year increased significantly with increasing income level.
- Males (61.9%) reported a lower prevalence of an oral health care visit in the past year than females (68.1%) and AIAN adults (58.1%) reported a significantly lower prevalence than White adults (70.2%).
- Adults in the Southeast (57.2%) and in the Northwest (56.4%) were less likely to have an oral health visit in the past year than adults in the Northeast (70.3%), or the Metropolitan region (69.1%).

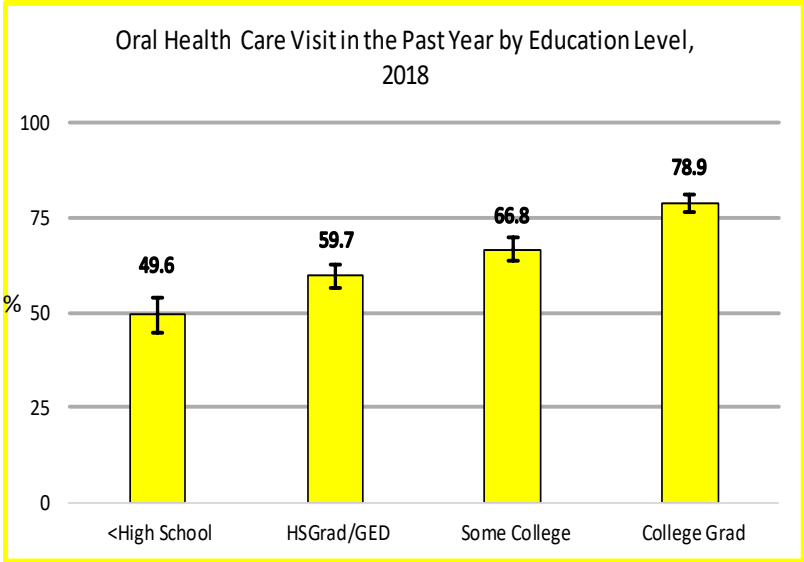
Demographic Characteristics	Oral Health Visit in Past Year[a] %	(95% Confidence Interval)
Total	**65.1**	**(63.4-66.7)**
Age		
18-44	63.3	(60.5-66.0)
45-64	65.4	(62.7-68.0)
65+	67.6	(64.7-70.3)
Gender		
Male	61.9	(59.4-64.3)
Female	68.1	(65.9-70.3)
Race/Ethnicity		
AIAN	58.1	(52.8-63.3)
Asian or NHOPI	67.4	(50.0-81.1)
Black/AA	77.9	(65.8-86.6)
Hispanic	61.3	(58.5-64.1)
White	70.2	(68.0-72.3)
Sexual Orientation		
Straight	64.9	(63.1-66.6)
LGB/Other	65.2	(56.1-73.3)
Household Income		
< $15,000	48.5	(43.9-53.2)
$15,000-$24,999	56.9	(53.0-60.7)
$25,000-$49,999	63.0	(59.2-66.6)
$50,000-$74,999	72.6	(67.7-77.0)
> $75,000	79.0	(75.9-81.8)
Geographic Region		
Northwest	56.4	(52.8-60.0)
Northeast	70.3	(66.7-73.6)
Metropolitan	69.1	(66.2-72.0)
Southeast	57.2	(53.6-60.7)
Southwest	61.3	(57.6-64.9)

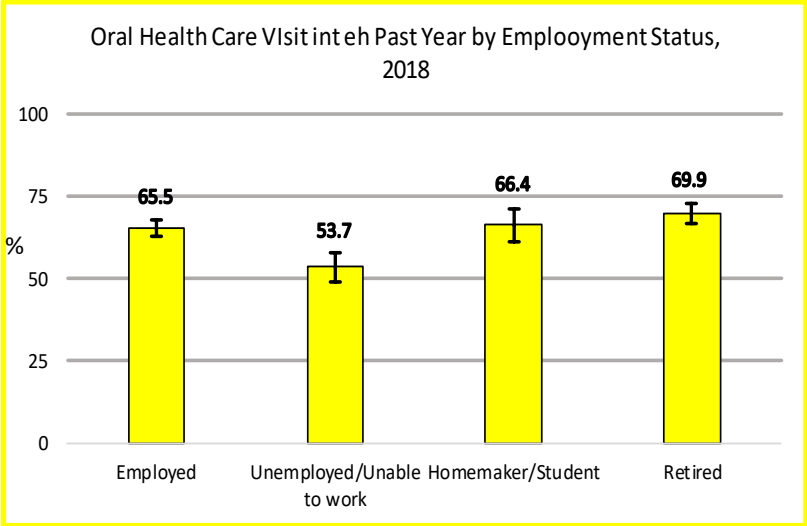
[a] Among all adults , the proportion who reported a dentist or a dental clinic visit for any reason in the past year.

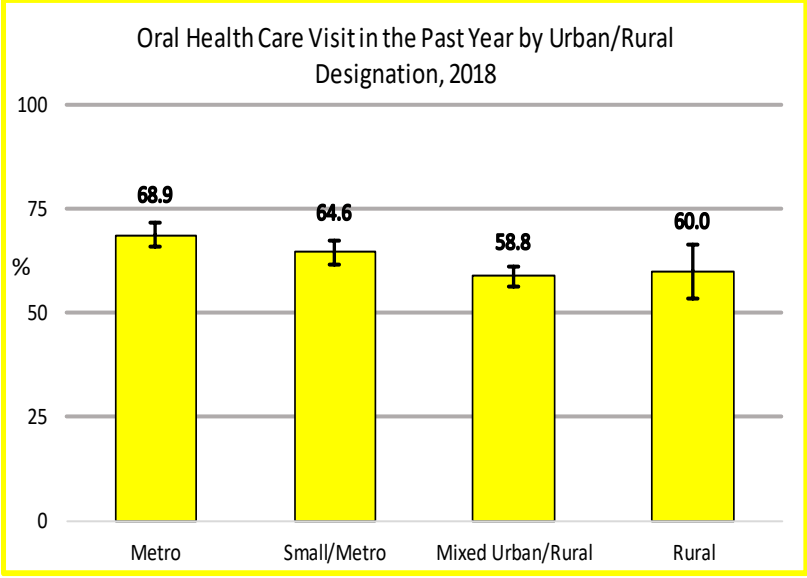


Oral Health Care

- The prevalence of an oral health care visit in the past year increases with increasing education level. The rate for NM Adults with less than a High School diploma/GED (49.6%) was significantly lower than College Graduates (78.9%).
- NM adults who were unemployed/unable to work (53.7%) were less likely than those who were employed (65.5%) to have an oral health care visit in the past year.
- Adults residing in a county designated as Mixed Urban/Rural (58.8%) 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.
- 43.8% 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 statistically significantly more likely to have been diagnosed with coronary heart disease(5.7%-with one tooth removed, 1.6% with no teeth removed), myocardial infarction or heart attack (8.0%-with one tooth removed, 1.7% with no teeth removed), or stroke (4.6%-with one tooth removed, 1.8% with no teeth removed).







Colorectal Cancer Screening

Questions:

"How long has it been since you had you last sigmoidoscopy or colonoscopy?"

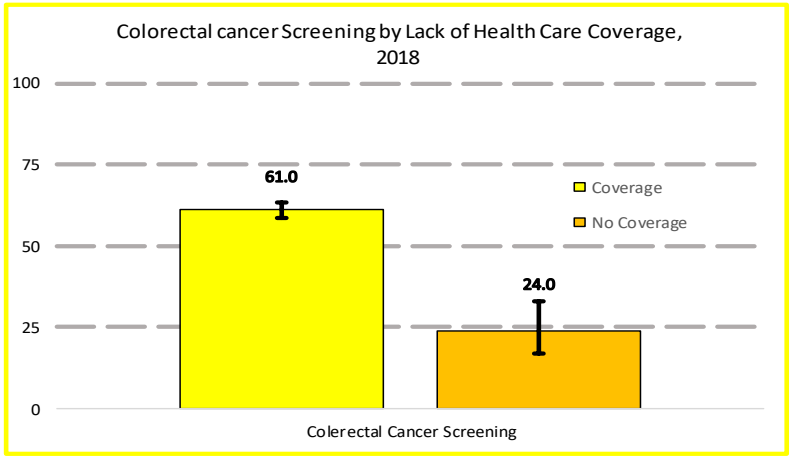
"How long has it been since you had your last P.S.A. test?

Cancer remains one of the areas of public health focus because it is a leading cause of death in the United States.[9] Screening for cancer is a priority because cancer screening tools have led to a decline in deaths from some cancers.[9]

- In 2018, 58.4% of adults aged 50-75 had a colonoscopy within the past 10 years. This was lower than the national median (64.3%).
- The percentage of adults who had a colonoscopy in the past 10 years increased with age.
- White adults (64.7%) had a significantly higher percentage having had a colonoscopy compared to AIAN (36.9%) and Hispanic adults (54.4%).
- Adults with colorectal cancer screenings increased as income increased.
- Adults in the Northwest region had the lowest percentage of having had a colonoscopy in past 10 years, while adults in the Metropolitan region had the highest.

	Colorectal Cancer Screening	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**58.4**	**(56.0-60.8)**
Age		
45-64	52.2	(48.9-55.4)
65+	68.7	(65.4-71.8)
Gender		
Male	55.5	(52.0-59.0)
Female	61.0	(57.7-64.2)
Race/Ethnicity		
AIAN	36.9	(29.5-45.0)
Asian or NHOPI	**	**
Black/AA	**	**
Hispanic	54.4	(50.0-58.9)
White	64.7	(61.8-67.5)
Sexual Orientation		
Straight	58.5	(56.0-61.0)
LGB/Other	68.4	(54.9-79.4)
Household Income		
< $15,000	43.0	(36.7-49.4)
$15,000-$24,999	50.5	(44.7-56.2)
$25,000-$49,999	59.4	(54.3-64.3)
$50,000-$74,999	68.1	(61.7-73.8)
> $75,000	67.6	(62.6-72.2)
Geographic Region		
Northwest	44.9	(40.1-49.9)
Northeast	57.8	(52.5-62.9)
Metropolitan	65.8	(61.3-70.1)
Southeast	51.2	(46.1-56.3)
Southwest	52.8	(47.9-57.7)

Among adults 50-75, the proportion reporting that they had a colonoscopy within the past 10 years. ** Suppressed due to a denominator <50.



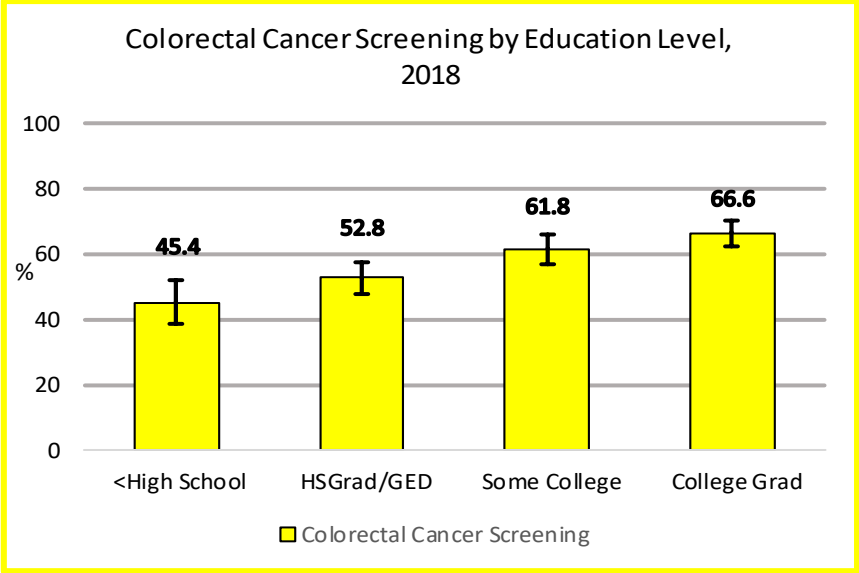
Colorectal Cancer Screening

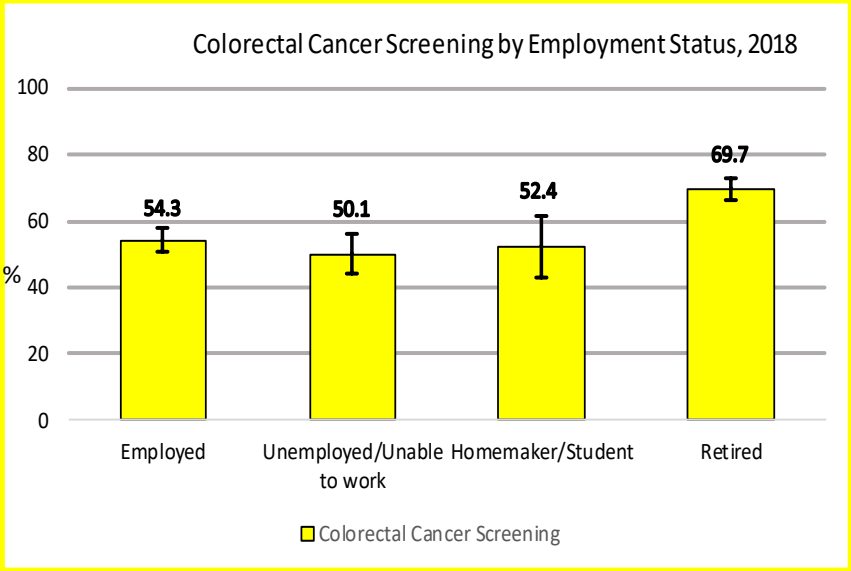
- The Healthy People 2020 target is to have 70.5% of adults 50 to 75 having received a colorectal cancer screening.[5]

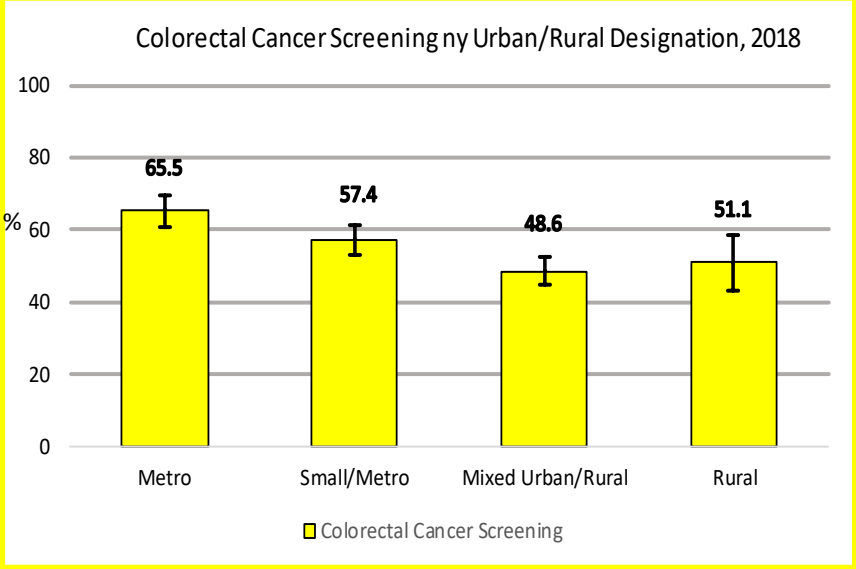
- New Mexico adults with less education were less likely to have had a colorectal cancer screening, adults with less than a high school education (45.4%) had a lower percentage than adults with a college graduate education (66.6%).

- The percentage of retired adults with a colorectal cancer screening was higher among adults who were retired compared to all other employment categories, however these differences were eliminated when adjusting for age.

- Adults in Metropolitan counties (65.5%) had a significantly higher percentage of adults with a colorectal screening in the past ten year than adults in Rural counties (51.1%).







Breast and Cervical Cancer Screening

Questions:

"How long has it been since you had your last mammogram?"

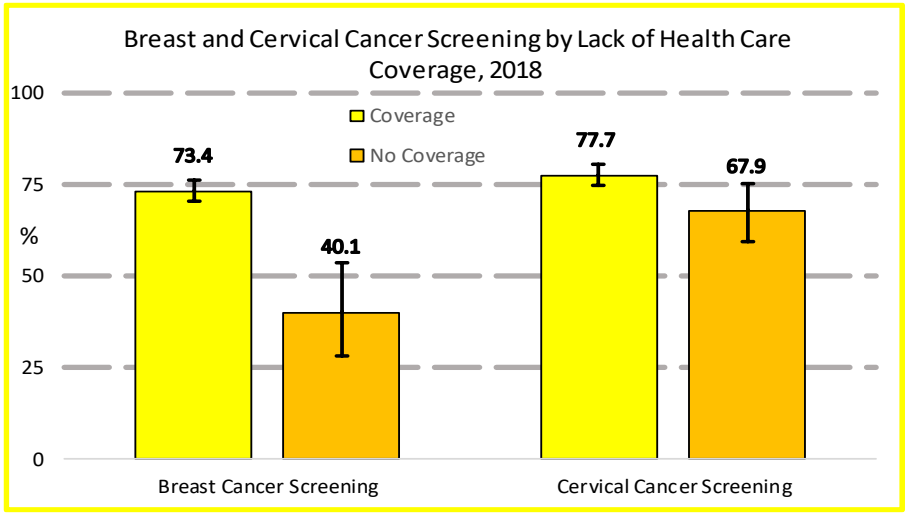
"How long has it been since you had your last Pap test?

Early detection of breast cancer is important in finding early stages of breast cancer that are treatable.[10] The accepted recommendation for average risk women is a mammogram every two years.[10] Most cases of cervical cancer are preventable by routine screening and treatment.[11]

- In 2018, the percentage of women 50 and up who met the recommendation of a mammogram in the past two year was 71.7% and the percentage of women under 65 who had a cervical cancer screen in the past three years was 76.8% .
- There were no measurable differences by Race/Ethnicity or Sexual Orientation.
- Women in the lower income category (64.8%) were less likely to have had a mammogram in the past two years compared to women in the highest income category (78.8%).
- The Southwest region had the lowest percentage of breast cancer screening, while the Northwest region had the lowest cervical cancer screen compared to the Metropolitan region.

Demographic Characteristics	Breast Cancer Screening[a] %	Breast Cancer Screening[a] (95% Confidence Interval)	Cervical Cancer Screening[b] %	Cervical Cancer Screening[b] (95% Confidence Interval)
Total	**71.7**	**(68.8-74.4)**	**76.8**	**(73.9-79.4)**
Race/Ethnicity				
AIAN	72.0	(62.2-80.1)	68.9	(57.5-78.3)
Asian or NHOPI	**	**	**	**
Black/AA	**	**	**	**
Hispanic	74.7	(69.3-79.3)	80.9	(76.8-84.4)
White	69.6	(65.6-73.2)	74.0	(69.8-77.7)
Sexual Orientation				
Straight	71.9	(68.9-74.7)	77.8	(74.9-80.5)
LGB/Other	**	**	66.2	(52.5-77.6)
Household Income				
< $15,000	64.8	(56.7-72.2)	76.6	(69.8-82.2)
$15,000-$24,999	67.0	(59.4-73.8)	75.5	(68.2-81.5)
$25,000-$49,999	69.8	(63.1-75.7)	76.9	(70.6-82.2)
$50,000-$74,999	72.2	(64.2-79.0)	75.7	(66.6-82.9)
> $75,000	78.8	(73.1-83.6)	83.0	(77.9-87.1)
Geographic Region				
Northwest	66.0	(59.6-71.9)	67.8	(61.0-73.9)
Northeast	67.1	(60.0-73.5)	75.4	(67.6-81.9)
Metropolitan	76.6	(71.4-81.1)	81.7	(76.9-85.7)
Southeast	60.0	(53.0-66.7)	70.0	(63.3-75.9)
Southwest	75.3	(69.6-80.2)	74.9	(68.5-80.5)

[a]Among women aged 50 and up, the proportion reporting that that have had a mammogram within the past two years. [b]Among women aged 21-65 the proportion reporting having had a pap test in the past three years. **Suppressed due to a denominator <50.



Breast and Cervical Cancer Screening

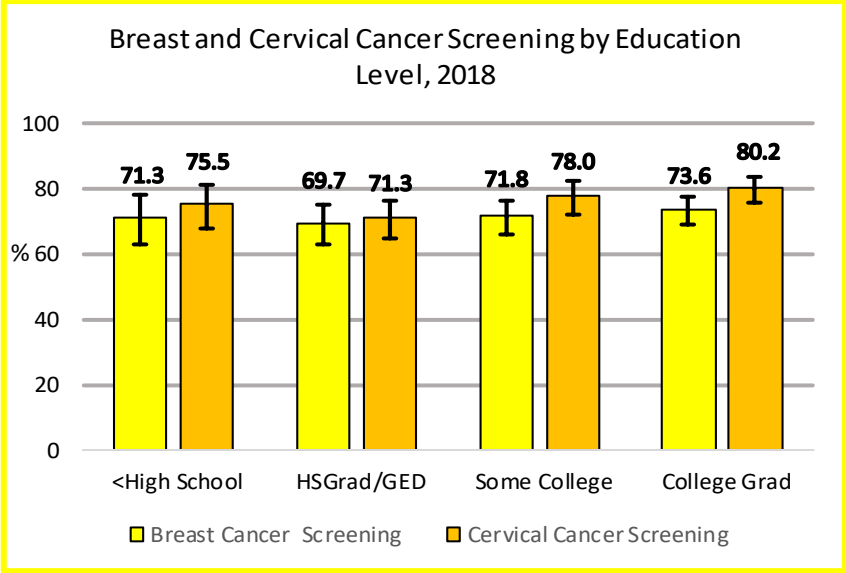
- The Healthy People 2020 target is to have 81.1% of females aged 50 to 74 years receiving a breast cancer screening and 93.0% receiving a cervical cancer screening based upon the most recent guidelines.[5]

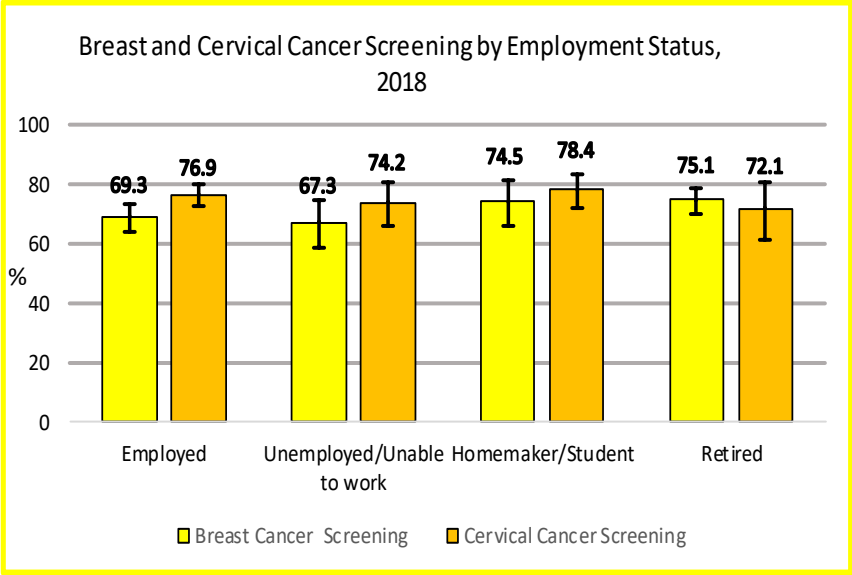
- Women with less education were less likely to have had a mammogram compared to women with college graduate education. There was no measurable difference cervical cancer screening by education.

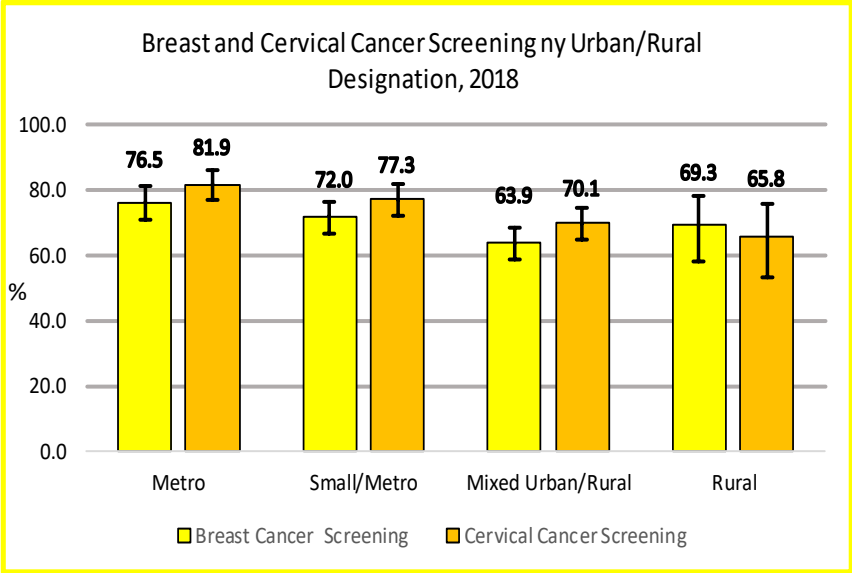
- There was no measurable difference by employment status for either breast cancer screening or cervical cancer screening.

- Women in counties designated as Rural (65.8%) were less likely to have a cervical cancer screening than women in counties designated as Metropolitan (81.9%). There was no measurable difference by Urban/ Rural designation for breast cancer screening.

- Nationally, 78.3% of women over 50 had a mammogram in the past 2 years and 80.2% of women 18-64 had a cervical cancer screen in the past three years compared to 71.7% and 76.8% in respectively in NM.







Arthritis

Question:

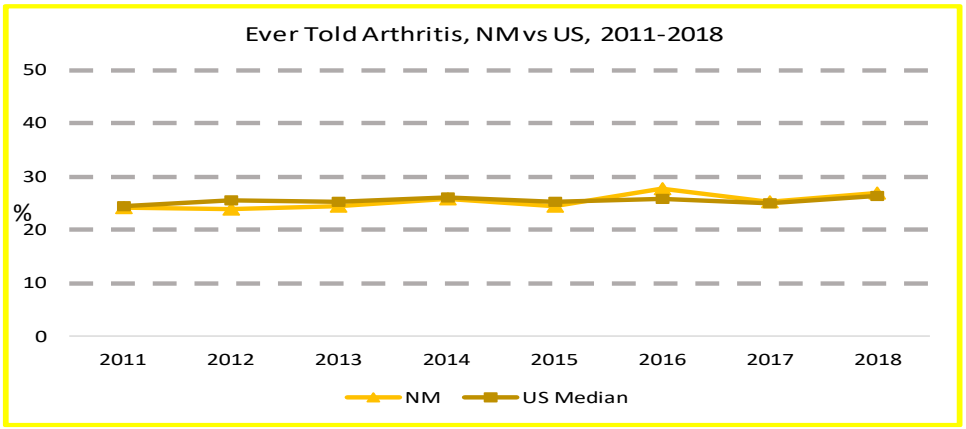
"Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

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.[12]

- In 2018, 27.0% of New Mexico adults had been diagnosed with some form of arthritis. The prevalence of arthritis among NM adults was similar to the U.S. median prevalence (26.3%).
- The percentage of women with diagnosed arthritis (30.5%) was higher than that of adult men (23.2%). 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 52.1%.
- The percentage of adults with diagnosed arthritis was higher among White adults than among AIAN and Hispanic adults.
- Among adults living in households with an annual income of $75,000 or more, the prevalence of diagnosed arthritis was lower than those of income categories of less than $15,000.

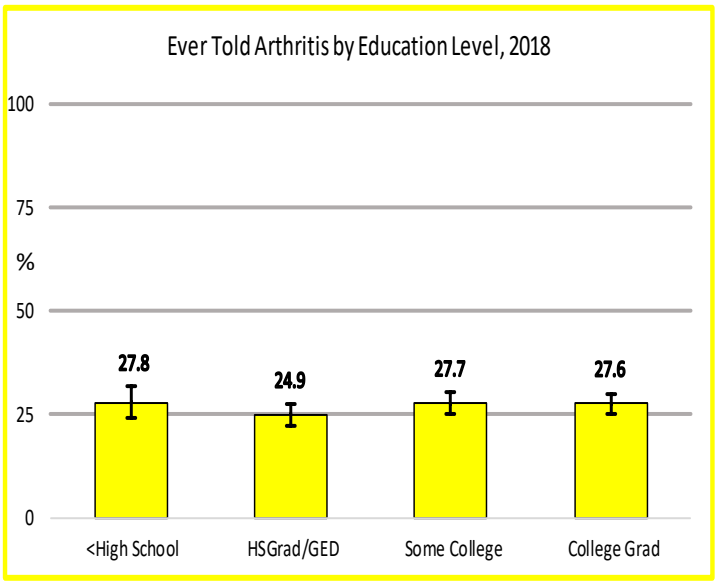
Demographic Characteristics	Ever Told Arthritis[a] %	Ever Told Arthritis[a] (95% Confidence Interval)
Total	**27.0**	**(25.6-28.4)**
Age		
18-44	9.2	(7.7-10.9)
45-64	34.5	(31.9-37.3)
65+	52.1	(49.1-55.0)
Gender		
Male	23.2	(21.3-25.2)
Female	30.5	(28.5-32.6)
Race/Ethnicity		
AIAN	17.4	(14.1-21.3)
Asian or NHOPI	5.9	(2.1-15.7)
Black/AA	26.0	(16.0-39.4)
Hispanic	22.6	(20.5-24.9)
White	33.5	(31.4-35.7)
Sexual Orientation		
Straight	27.3	(25.8-28.8)
LGB/Other	20.7	(14.1-29.5)
Household Income		
< $15,000	33.4	(29.3-37.7)
$15,000-$24,999	27.1	(24.1-30.4)
$25,000-$49,999	26.2	(23.3-29.4)
$50,000-$74,999	29.9	(25.5-34.8)
> $75,000	22.3	(19.9-25.0)
Geographic Region		
Northwest	21.8	(19.3-24.6)
Northeast	31.5	(28.3-34.8)
Metropolitan	27.2	(24.6-29.9)
Southeast	29.2	(26.3-32.4)
Southwest	23.9	(21.3-26.8)

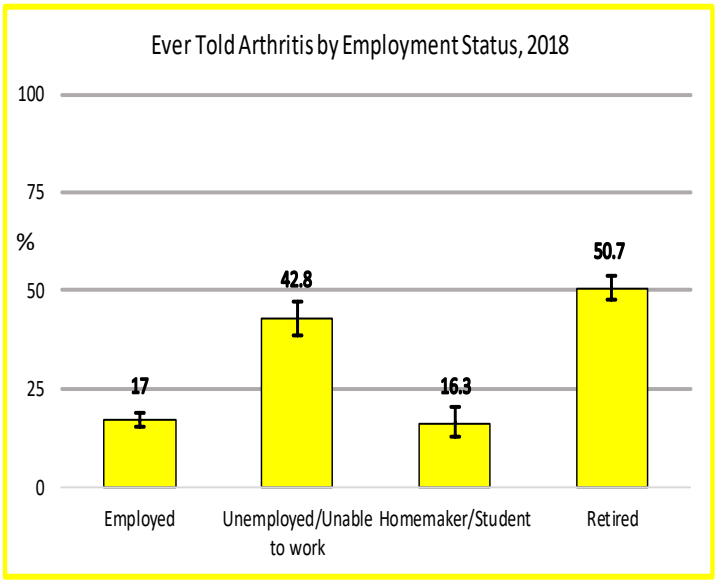
[a]Among all adults , the proportion who reporting ever been told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

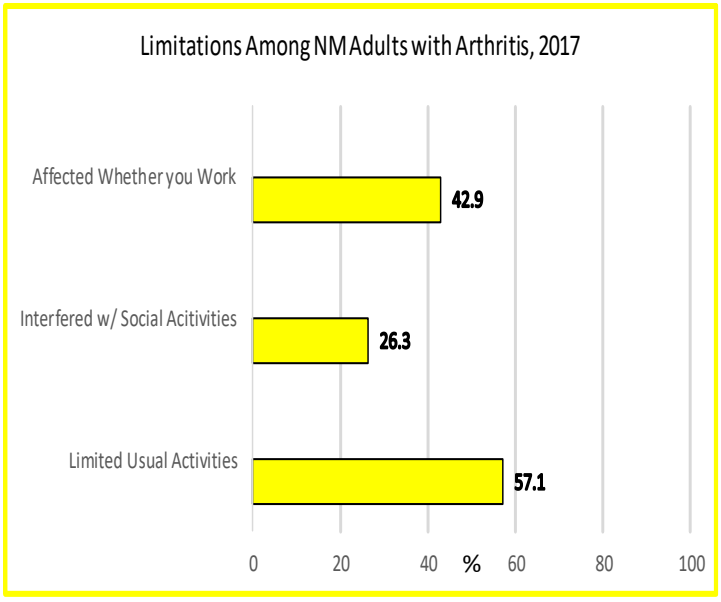


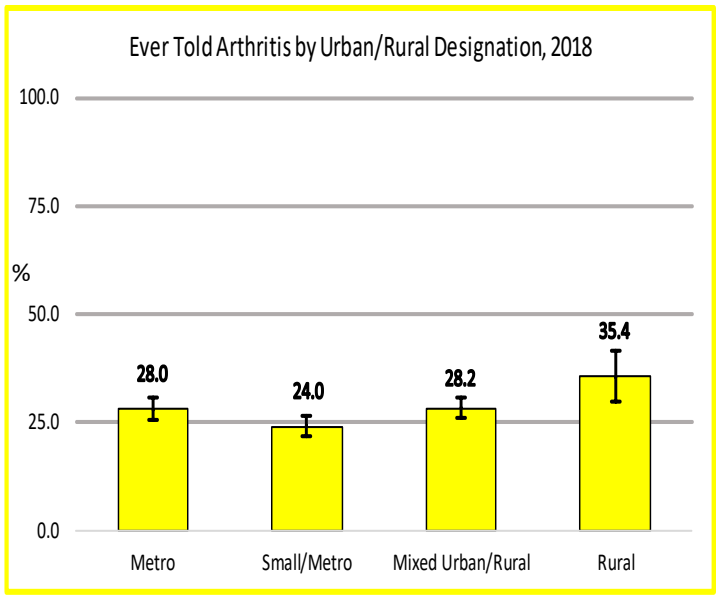
Arthritis

- 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.
- Adults with diagnosed arthritis were more likely to have fair or poor health (38.3% and 15.3%), to have diabetes (20.8% and 9.4%), cardiovascular disease (16.9% and 5.1%), to be obese (36.6% and 30.7%), or have a disability (50.3% and 20.3%).
- In 2017, 7.1% of adults with arthritis reported that arthritis limited their usual activities.









Asthma

Questions:

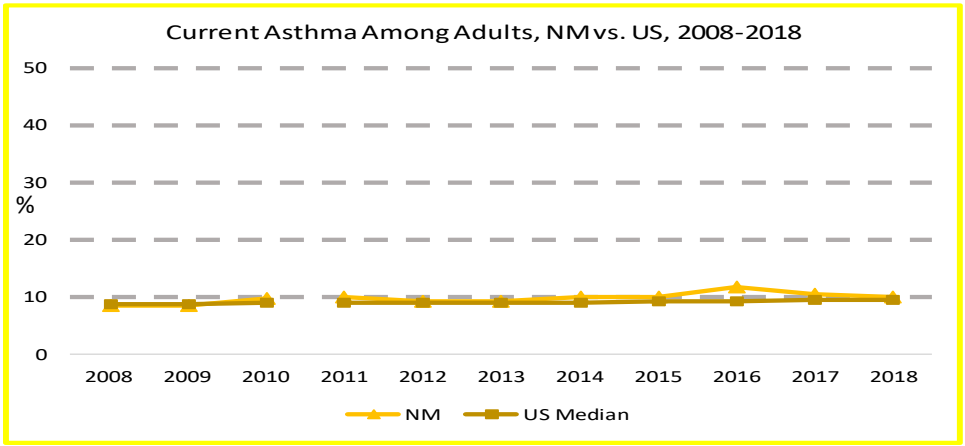
"(Ever told) you had asthma?
Do you still have asthma?"

Asthma is a chronic respiratory disease characterized by episodes or attacks of inflammation and narrowing of small airways. Asthma attacks can vary from mild to life threatening. Symptoms can include shortness of breath, cough, wheezing, and chest pain or tightness.[13]

- In 2018, 9.9% of New Mexico adults had asthma at the time of the interview. The prevalence of current asthma among NM adults was similar to the U.S. Median prevalence (9.5%).
- The percentage of women who currently had asthma (13.0%) was significantly higher than that of men (6.6%).
- The prevalence of current asthma among LGB/other was higher than among straight adults, 18.2% and 19.6%, respectively. This was statistically significant.
- Low income adults (<$15,000) were more likely to report asthma than other income categories.
- The prevalence of current asthma did not vary significantly by age.

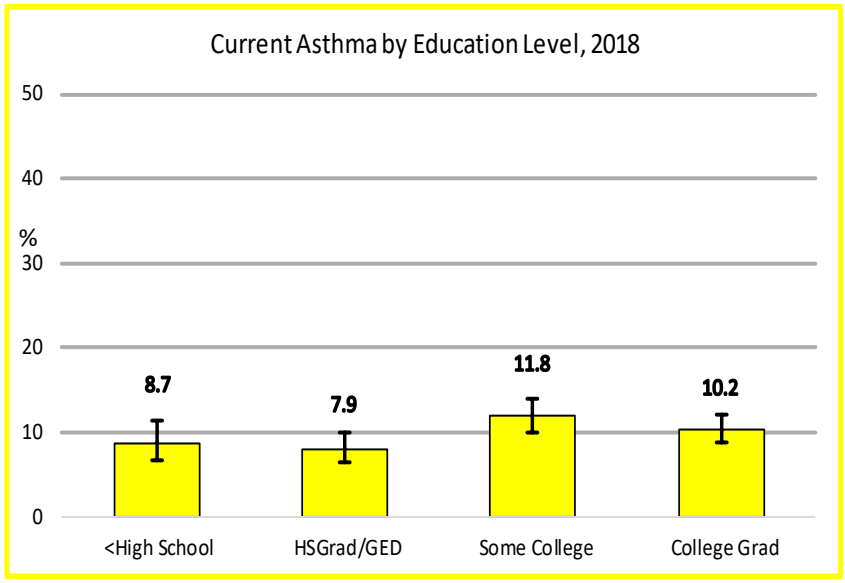
Demographic Characteristics	Current Asthma[a] %	Current Asthma[a] (95% Confidence Interval)
Total	**9.9**	**(8.9-10.9)**
Age		
18-44	7.9	(6.6-9.5)
45-64	11.7	(9.9-13.8)
65+	11.4	(9.6-13.5)
Gender		
Male	6.6	(5.6-7.9)
Female	13.0	(11.5-14.6)
Race/Ethnicity		
AIAN	9.3	(6.9-12.4)
Asian or NHOPI	7.7	(2.5-21.5)
Black/AA	9.7	(3.8-22.6)
Hispanic	8.9	(7.4-10.7)
White	11.4	(10.0-13.0)
Sexual Orientation		
Straight	9.6	(8.6-10.7)
LGB/Other	18.2	(12.5-25.6)
Household Income		
< $15,000	12.2	(9.6-15.4)
$15,000-$24,999	10.6	(8.5-13.0)
$25,000-$49,999	9.4	(7.4-11.8)
$50,000-$74,999	9.1	(6.9-12.0)
> $75,000	9.8	(7.9-12.1)
Geographic Region		
Northwest	8.5	(6.8-10.5)
Northeast	9.2	(7.5-11.3)
Metropolitan	10.7	(9.0-12.7)
Southeast	9.7	(7.7-12.2)
Southwest	9.3	(7.5-11.5)

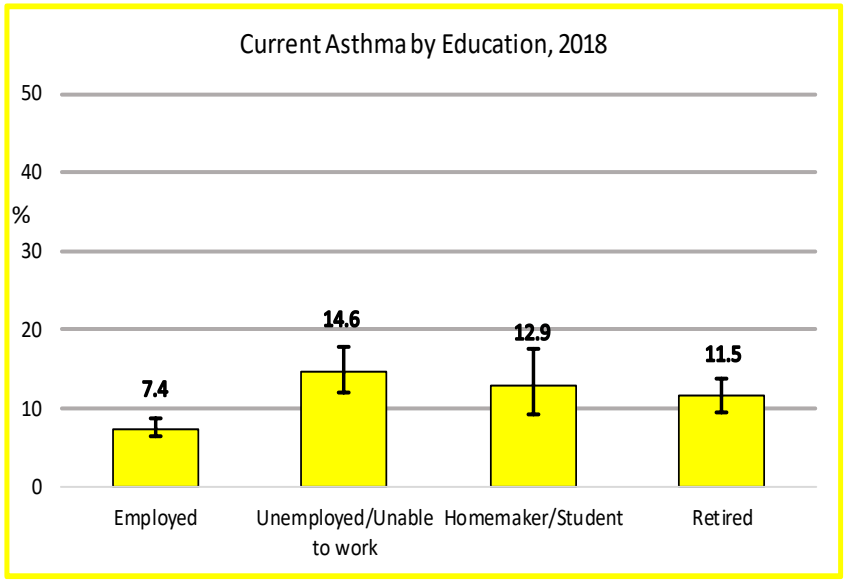
[a] Among all adults, the proportion reporting that they were ever told by a doctor, nurse, or other health care professional that had asthma and report that they still have asthma.

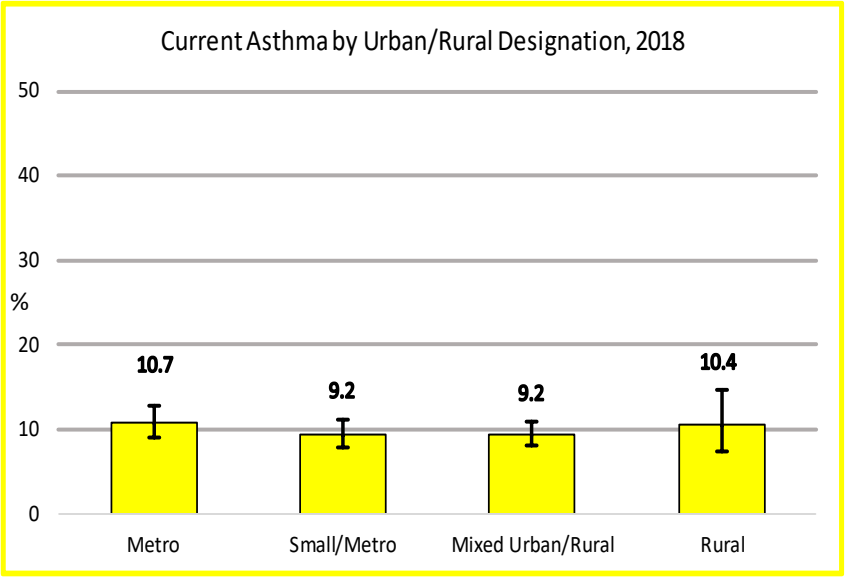


Asthma

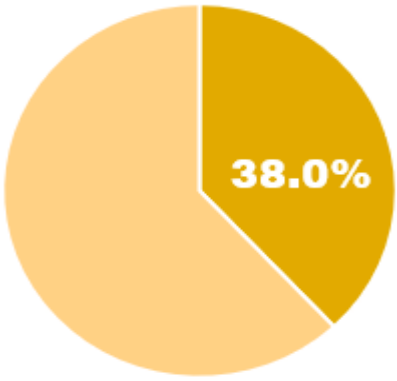
- The prevalence of current asthma did not vary significantly by education level.
- Adults who were unemployed/unable to work were more likely to report current asthma, (14.6%) than those who were employed (8.6%). The prevalence of current diagnosed asthma did not vary significantly by Urban/Rural county designation.
- Adults with current asthma were more likely to report disability/activity limitation (28.3%) compared to those without current asthma (12.2%) and to report fair or poor health.



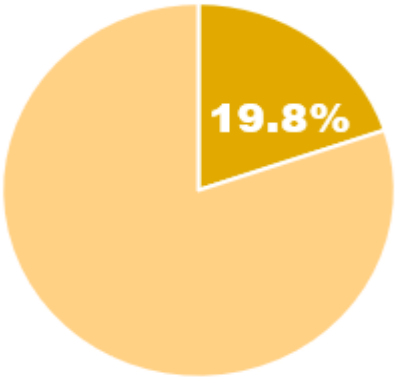




Fair/Poor Health with Asthma, 2018



Fair/Poor Health without Asthma, 2018



Cancer

Question:

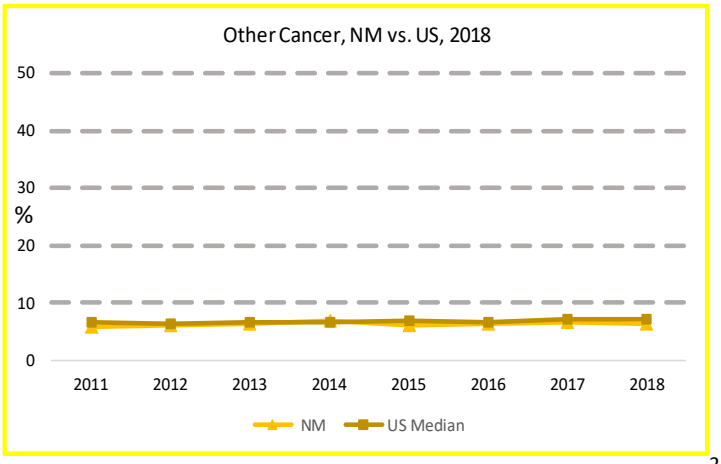
"(Ever told) you had skin cancer, any other types of cancer?"

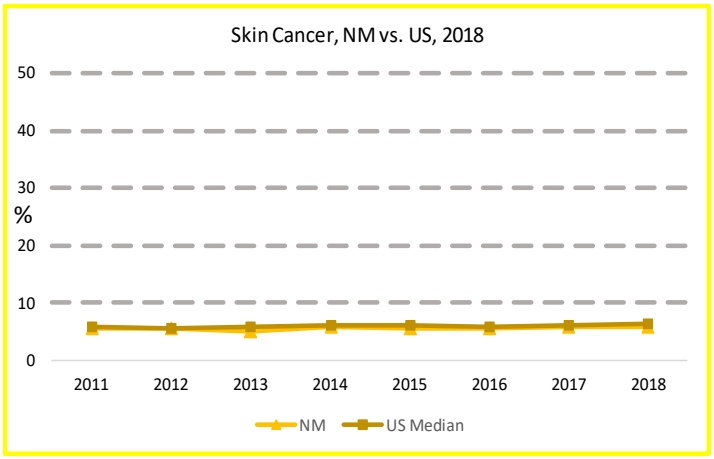
Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer.[14]

- In 2018, an estimated 11.1% of adults had a history of any type of cancer, 6.4% had a history of cancer other than skin cancer, and 6.0% had a history of skin cancer. There was no significant difference between NM and the U.S.
- There was a strong association with age, older adults being much more likely to have a history of cancer.
- For history of all types of cancer and any other type of cancer, the prevalence was higher among women (11.9% and 10.3%) than men (7.6% and 5.1%).
- History of any cancer was higher among White adults (18.3%) than all other racial/ethnic groups and history of non-skin cancer was higher among White adults (9.3%) than among AIAN 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	**6.0**	**(5.3-6.8)**	**6.4**	**(5.7-7.2)**	**11.1**	**(10.2-12.1)**
Age						
18-44	0.8	(0.4-1.4)	1.9	(1.4-2.8)	2.6	(1.9-3.5)
45-64	5.6	(4.5-7.0)	7.0	(5.7-8.5)	11.8	(10.2-13.7)
65+	16.5	(14.4-18.9)	14.5	(12.5-16.7)	26.8	(24.2-29.6)
Gender						
Male	6.4	(5.4-7.6)	5.1	(4.3-6.1)	10.3	(9.1-11.7)
Female	5.6	(4.7-6.6)	7.6	(6.6-8.8)	11.9	(10.6-13.4)
Race/Ethnicity						
AIAN	1.9	(0.8-4.4)	3.1	(1.8-5.2)	4.9	(3.1-7.7)
Asian or NHOPI	0.0	(.-.)	2.1	(0.5-8.3)	2.2	(0.5-8.6)
Black/AA	0.0	(.-.)	5.4	(1.6-17.4)	5.4	(1.6-17.4)
Hispanic	1.9	(1.3-2.9)	4.6	(3.8-5.7)	6.2	(5.1-7.6)
White	11.7	(10.4-13.2)	9.3	(8.1-10.7)	18.3	(16.6-20.1)
Sexual Orientation						
Straight	6.1	(5.4-6.9)	6.6	(5.8-7.4)	11.4	(10.4-12.4)
LGB/Other	3.2	(1.4-6.9)	2.9	(1.6-5.3)	5.5	(3.1-9.4)
Household Income						
< $15,000	3.0	(2.0-4.6)	6.9	(5.1-9.3)	9.0	(6.9-11.6)
$15,000-$24,999	3.5	(2.5-5.0)	6.0	(4.6-7.8)	8.4	(6.7-10.4)
$25,000-$49,999	8.4	(6.6-10.7)	5.6	(4.4-7.2)	12.6	(10.4-15.0)
$50,000-$74,999	4.7	(3.5-6.2)	7.2	(5.3-9.7)	10.7	(8.5-13.4)
> $75,000	7.3	(5.9-8.9)	6.8	(5.3-8.6)	12.7	(10.7-14.9)
Geographic Region						
Northwest	3.9	(2.9-5.1)	5.6	(4.3-7.4)	8.2	(6.6-10.1)
Northeast	7.1	(5.7-8.7)	8.8	(7.1-10.8)	14.1	(12.1-16.5)
Metropolitan	6.5	(5.3-8.1)	6.6	(5.4-8.2)	11.9	(10.1-13.8)
Southeast	5.4	(4.3-6.7)	5.4	(4.3-6.9)	10.1	(8.5-12.0)
Southwest	5.5	(4.4-6.8)	5.0	(4.0-6.2)	9.3	(7.9-11.0)

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.

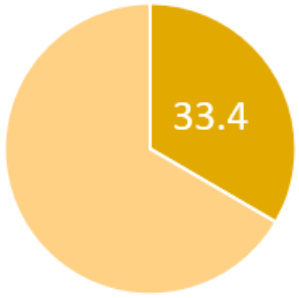




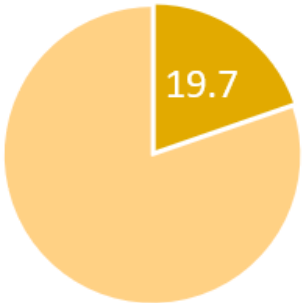
Cancer

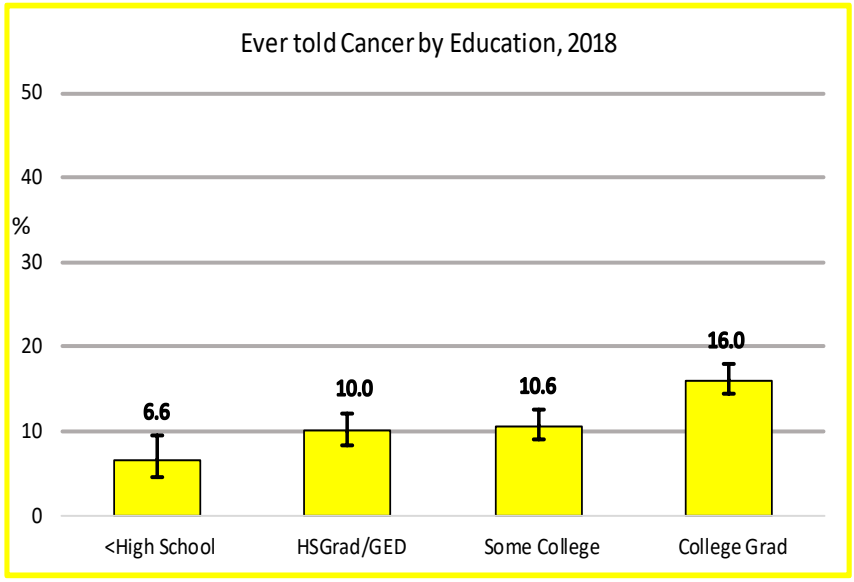
- History of cancer was higher among adults with higher education levels.
- Adults who were retired or unable to work were more likely to have a history of skin or other type of cancer. Adjustment for age eliminated the difference between retired and categories other than unable to work.
- There was no statistically significant difference in the prevalence of any type of cancer or any cancer except skin cancer by geographic region or urban/rural county designation.
- Adults with history of cancer were more likely to currently have fair or poor general health status, 33.4% versus 19.7%.

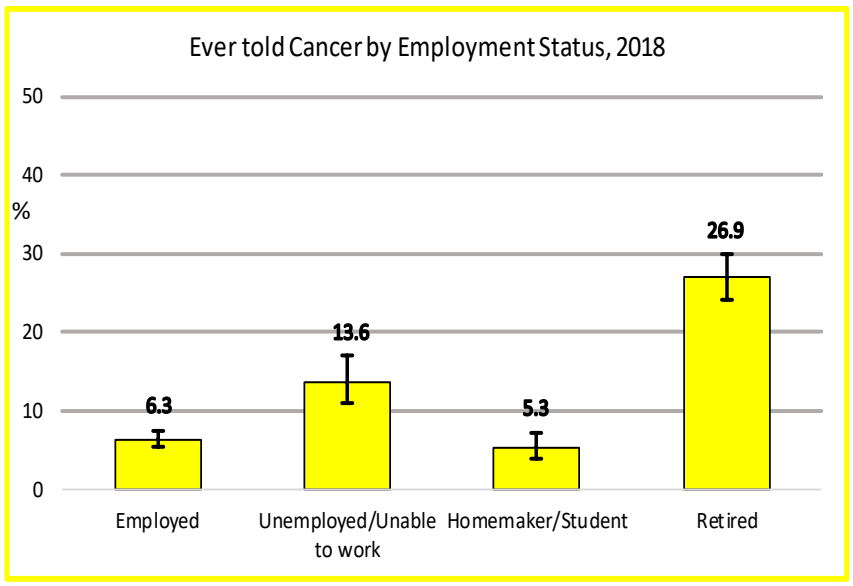
Fair/Poor Health among NM Adults with a history of cancer, 2018

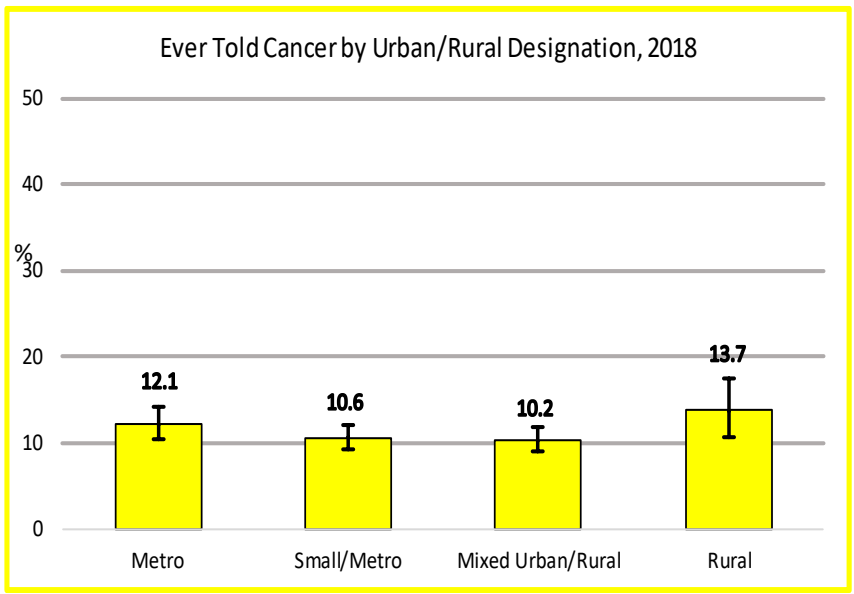


Fair/Poor Health among NM Adults without a History of Cancer, 2018









Cardiovascular Disease

Question:

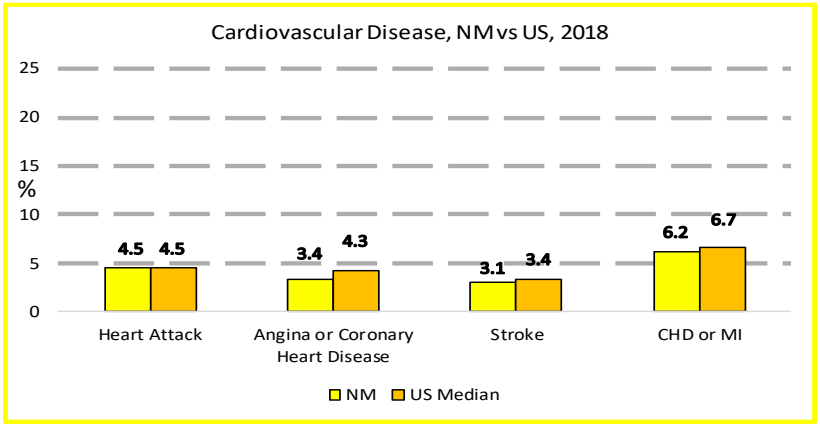
"(Ever told) you had angina or coronary heart disease, stroke, or heart attack?"

Heart disease is the leading cause of death for both men and women in the U.S.[11] 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.[15]

- In 2018, 3.4% of New Mexico adults had ever been told they had angina or coronary heart disease, 3.1% had ever been told they had a stroke, and 4.5% they had a heart attack.
- When combining all three measures into one indicator, an estimated 8.2% of New Mexico adults had ever been told by a doctor that they had some form of cardiovascular disease.
- The prevalence of all three diseases increased with age and decreased with increasing household income level.

Demographic Characteristics	Ever Told Angina or Coronary Heart Disease[a] %	(95% Confidence Interval)	Ever Told Stroke[b] %	(95% Confidence Interval)	Ever Told Heart Attack[c] %	(95% Confidence Interval)
Total	**3.4**	**(2.9-3.9)**	**3.1**	**(2.6-3.6)**	**4.5**	**(3.9-5.1)**
Age						
18-44	0.5	(0.2-0.9)	0.8	(0.4-1.3)	1.4	(0.9-2.1)
45-64	3.7	(2.9-4.7)	3.6	(2.7-4.8)	4.7	(3.7-6.0)
65+	8.9	(7.5-10.6)	7.0	(5.7-8.7)	10.3	(8.7-12.2)
Gender						
Male	4.2	(3.5-5.0)	3.0	(2.4-3.9)	5.9	(5.0-6.9)
Female	2.6	(2.1-3.3)	3.1	(2.5-3.9)	3.1	(2.4-3.9)
Race/Ethnicity						
AIAN	2.4	(1.4-4.1)	3.6	(2.2-5.6)	4.6	(2.9-7.3)
Asian or NHOPI	0.6	(0.1-4.0)	0.6	(0.1-4.0)	0.6	(0.1-4.5)
Black/AA	2.5	(0.8-7.8)	0.5	(0.1-3.4)	7.3	(2.8-18.0)
Hispanic	2.6	(2.0-3.5)	2.7	(2.0-3.6)	3.7	(2.8-4.7)
White	4.5	(3.8-5.3)	3.4	(2.7-4.3)	5.4	(4.6-6.5)
Sexual Orientation						
Straight	3.4	(3.0-4.0)	3.0	(2.5-3.6)	4.3	(3.7-5.0)
LGB/Other	2.6	(1.2-5.3)	3.8	(1.8-7.8)	5.5	(2.9-10.1)
Household Income						
< $15,000	5.6	(4.0-7.7)	5.0	(3.4-7.2)	7.4	(5.5-9.8)
$15,000-$24,999	3.1	(2.3-4.3)	5.0	(3.6-6.9)	5.1	(3.9-6.7)
$25,000-$49,999	3.5	(2.6-4.7)	2.6	(1.8-3.7)	4.6	(3.4-6.2)
$50,000-$74,999	3.7	(2.4-5.8)	2.3	(1.3-3.9)	4.9	(3.2-7.3)
> $75,000	2.5	(1.7-3.5)	1.3	(0.8-2.1)	1.8	(1.2-2.9)
Geographic Region						
Northwest	3.4	(2.4-4.7)	3.6	(2.5-5.1)	4.6	(3.4-6.2)
Northeast	3.4	(2.5-4.7)	4.3	(2.9-6.4)	4.6	(3.2-6.6)
Metropolitan	3.1	(2.4-4.1)	2.3	(1.7-3.1)	4.1	(3.2-5.3)
Southeast	4.5	(3.5-5.7)	3.2	(2.3-4.4)	6.2	(5.0-7.8)
Southwest	3.2	(2.4-4.3)	3.6	(2.5-5.1)	3.8	(2.9-5.1)

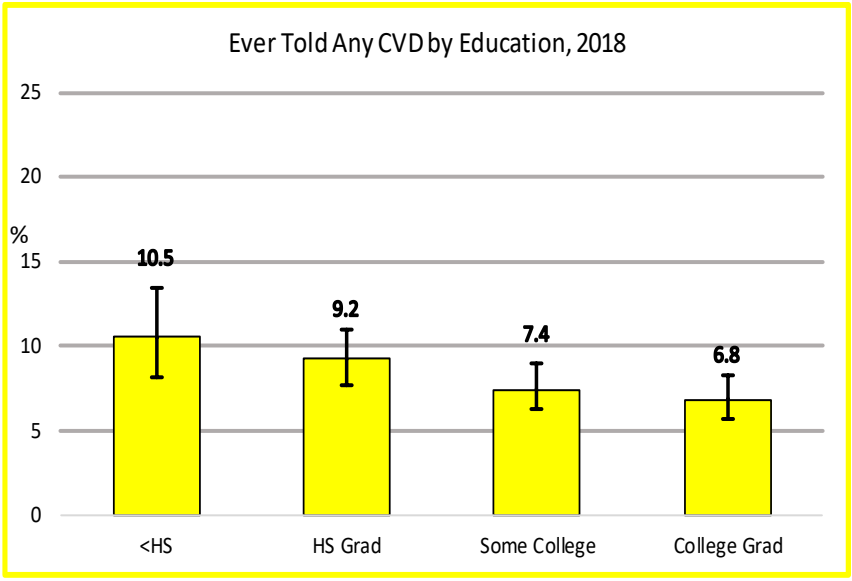
Among all adults, the proportion ever told by a doctor that: [a] they had angina or coronary heart disease, [b]they had a stroke, or [c]they had a heart attack or myocardial infarction.

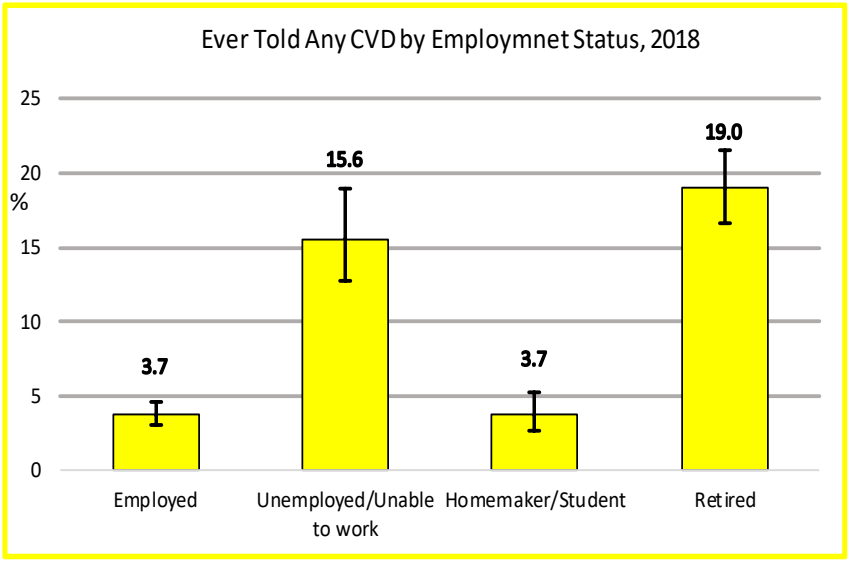


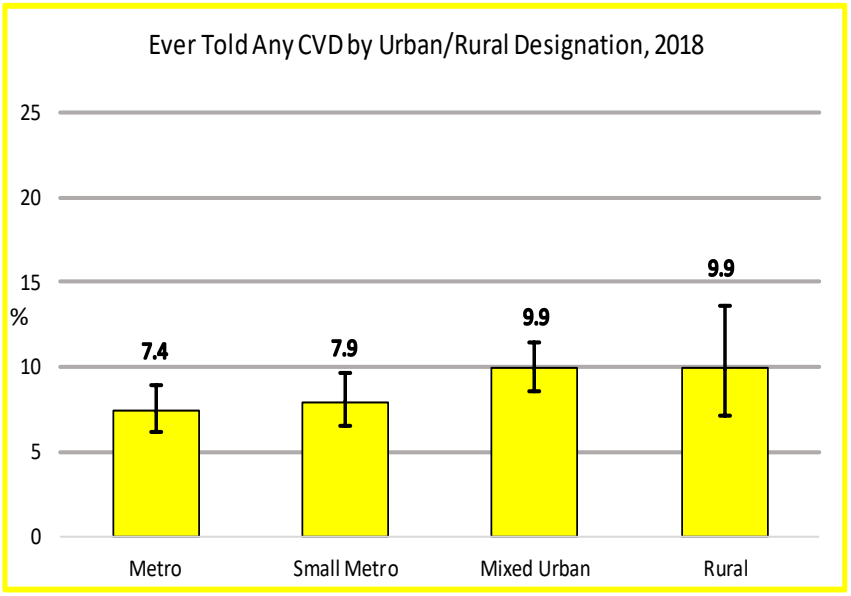
Cardiovascular Disease

Health conditions such as high blood cholesterol levels, high blood pressure, obesity, and diabetes mellitus can increase the risk of cardiovascular disease (CVD). Behavioral factors, including tobacco and alcohol use, diets high in saturated fat and cholesterol, and physical inactivity, may also increase the risk of development of cardiovascular disease.[15]

- There was no statistically measurable difference by race/ethnicity.
- Males were more likely than women to have a history of coronary heart disease and myocardial infarction (4.2% and 5.9%), than females (2.6% and 3.1%).
- Adults with less education or lower annual household income were more likely to have a history of CVD.
- Adults who were unemployed/unable to work were much more likely to have a history of CVD than those who were employed. Adjustment for age nearly eliminated the difference between retired and other employment categories.
- Former smokers were more likely to have a history of any CVD (12.2%) compared to adults who had never smoked (5.8%).







Chronic Obstructive Pulmonary Disease (COPD)

Question:

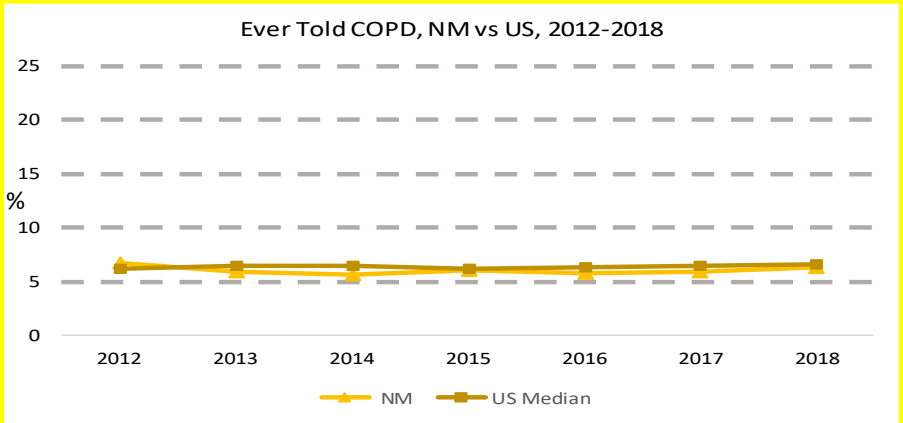
"Have you ever been told by a doctor, nurse or other health professional that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?"

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.[16] Other causes include exposure to smoke caused by burning wood and worksite dusts and chemicals.[17]

- In 2018, 6.3% of New Mexico adults had been diagnosed with some form of COPD. This was similar to the U.S. median COPD prevalence, 6.6%.
- The prevalence of COPD among females (7.1%) was higher than among males (5.5%).
- The difference in the prevalence of COPD by sexual orientation was not statistically significant.
- White adults (8.4%) were more likely to have COPD than AIAN (3.7%) and Hispanic adults (5.0%).
- 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 (10.9%).

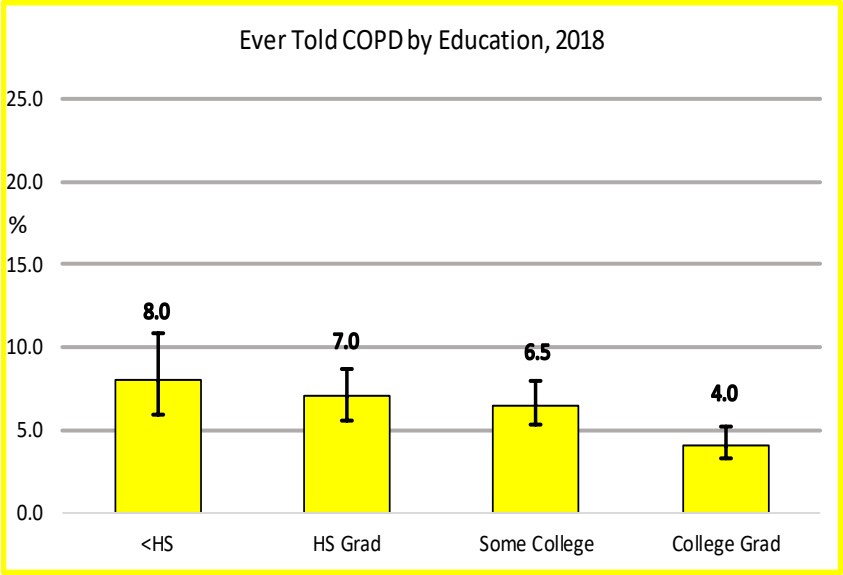
Demographic Characteristics	Ever Told COPD[a] %	Ever Told COPD[a] (95% Confidence Interval)
Total	**6.3**	**(5.6-7.1)**
Age		
18-44	1.6	(1.0-2.3)
45-64	8.5	(7.0-10.2)
65+	12.9	(11.0-15.0)
Gender		
Male	5.5	(4.6-6.6)
Female	7.1	(6.0-8.3)
Race/Ethnicity		
AIAN	3.7	(2.3-5.9)
Asian or NHOPI	3.1	(1.1-8.9)
Black/AA	4.5	(1.8-10.8)
Hispanic	5.0	(3.9-6.3)
White	8.4	(7.3-9.6)
Sexual Orientation		
Straight	6.1	(5.4-7.0)
LGB/Other	7.9	(4.6-13.4)
Household Income		
< $15,000	10.9	(8.3-14.1)
$15,000-$24,999	7.3	(5.8-9.2)
$25,000-$49,999	7.2	(5.5-9.4)
$50,000-$74,999	5.0	(3.4-7.2)
> $75,000	3.2	(2.3-4.5)
Geographic Region		
Northwest	6.4	(5.0-8.1)
Northeast	6.9	(5.1-9.3)
Metropolitan	6.0	(4.8-7.5)
Southeast	6.9	(5.5-8.6)
Southwest	6.0	(4.7-7.5)

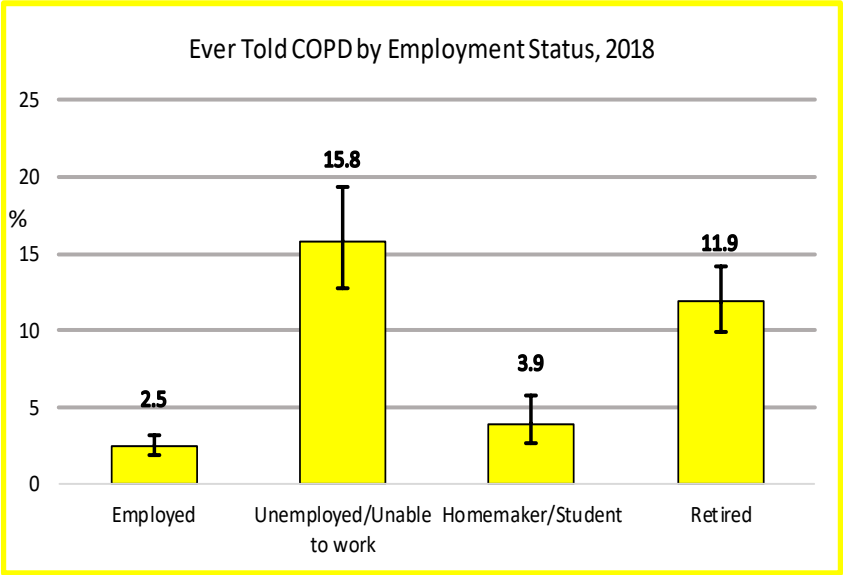
[a]Among all adults , the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.

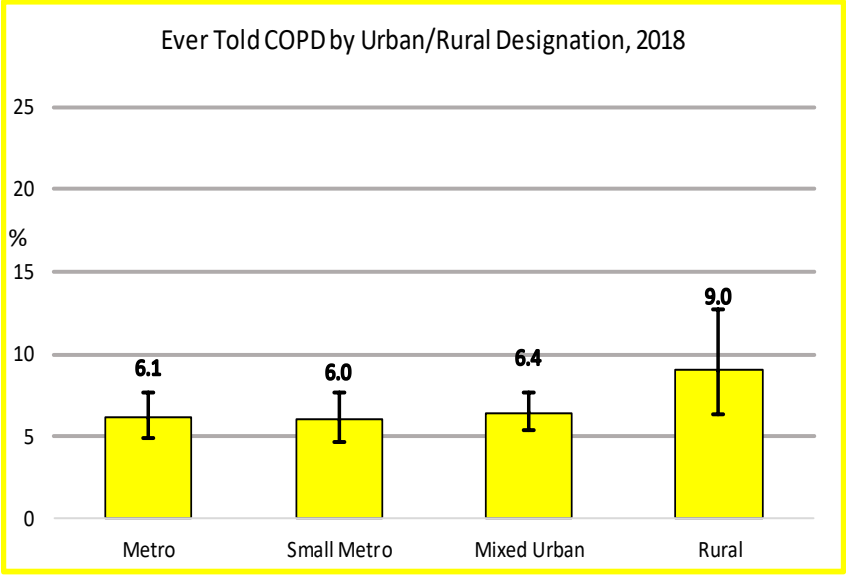


Chronic Obstructive Pulmonary Disease (COPD)

- 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 more than 3 times higher among adults who were unemployed/unable to work or retired, than employed or homemaker/ student.
- The prevalence was not statistically significant different by Urban/Rural county designation.
- History of COPD was higher among current (11.2%) and former smokers (10.9%) than never smokers (3.1%).
- 59.5% of adults with COPD had fair or poor general health status, versus 18.8% of adults with no history of COPD. 65.0% of those with COPD had at least one disability, versus 25.7% of adults without COPD.







Depression

Questions:

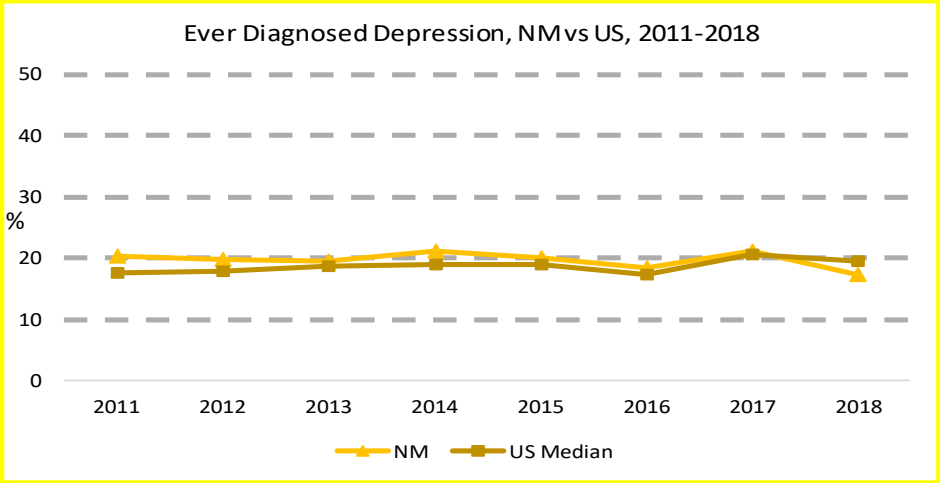
"Have you ever been told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Depression is characterized by depressed or sad mood, diminished interest in activities that used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death.[18]

- In 2018, 17.2% had a history of depression meaning they had ever been told they had depression, this is slightly lower than the U.S. median (19.5%).
- Adults aged 45-64 had a higher prevalence of history of depression (20.5%) than adults over the age of 65 (14.9%).
- Females had a higher prevalence of history of depression (20.9%) than males (13.3%).
- White adults (19.2%) were more likely to have a history of depression than AIAN adults (12.7%).
- History of depression was higher among LGB/Other (43.1%), compared to Straight adults (16.2%).

Demographic Characteristics	Ever Told Depression[a] %	Ever Told Depression[a] (95% Confidence Interval)
Total	**17.2**	**(16.0-18.6)**
Age		
18-44	16.4	(14.4-18.5)
45-64	20.5	(18.2-23.0)
65+	14.9	(12.9-17.1)
Gender		
Male	13.3	(11.8-15.1)
Female	20.9	(19.0-23.0)
Race/Ethnicity		
AIAN	12.7	(9.9-16.0)
Asian or NHOPI	8.5	(2.4-26.2)
Black/AA	15.1	(7.2-29.0)
Hispanic	16.1	(14.1-18.3)
White	19.1	(17.3-20.9)
Sexual Orientation		
Straight	16.2	(14.9-17.5)
LGB/Other	43.1	(34.3-52.4)
Household Income		
< $15,000	28.2	(24.3-32.5)
$15,000-$24,999	18.1	(15.4-21.3)
$25,000-$49,999	15.9	(13.4-18.8)
$50,000-$74,999	15.8	(12.3-20.1)
> $75,000	11.2	(9.2-13.6)
Geographic Region		
Northwest	15.3	(13.0-17.9)
Northeast	19.4	(16.8-22.3)
Metropolitan	18.3	(16.0-20.8)
Southeast	15.8	(13.3-18.6)
Southwest	15.0	(12.5-17.7)

[a]The proportion reporting ever being told that they had depression by a healthcare professional.

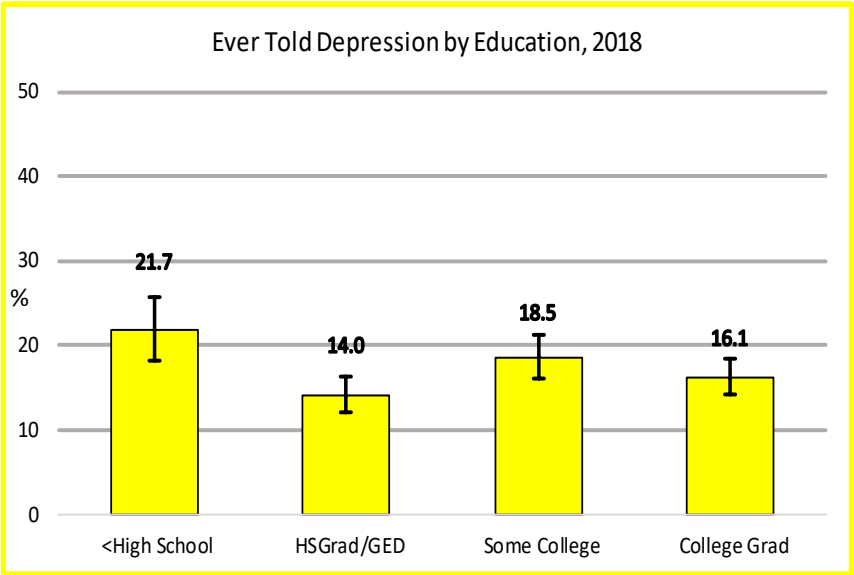


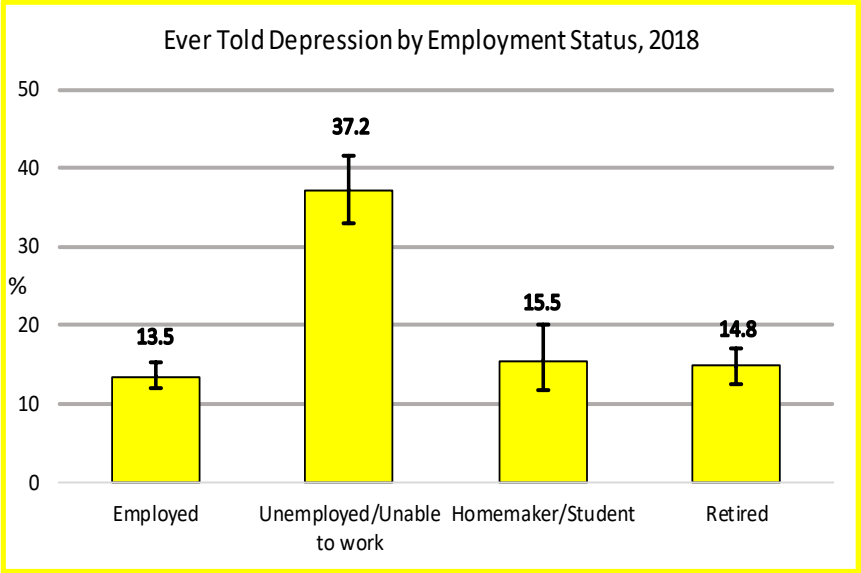
Depression

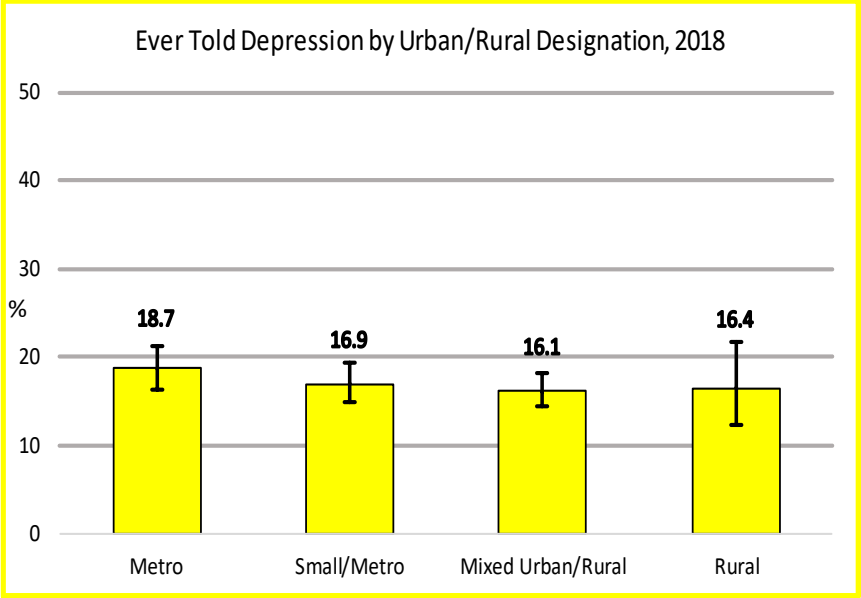
- There was a gradient in the prevalence of history of depression by level of household income. Of lower income adults, over one third (36.4%) had ever been diagnosed with a depressive disorder, decreasing to 16.1% among adults in the highest household income level.

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

- Over one-third (37.2%) of adults who were unable to work or unemployed had a history of diagnosed depression.







Diabetes

Question:

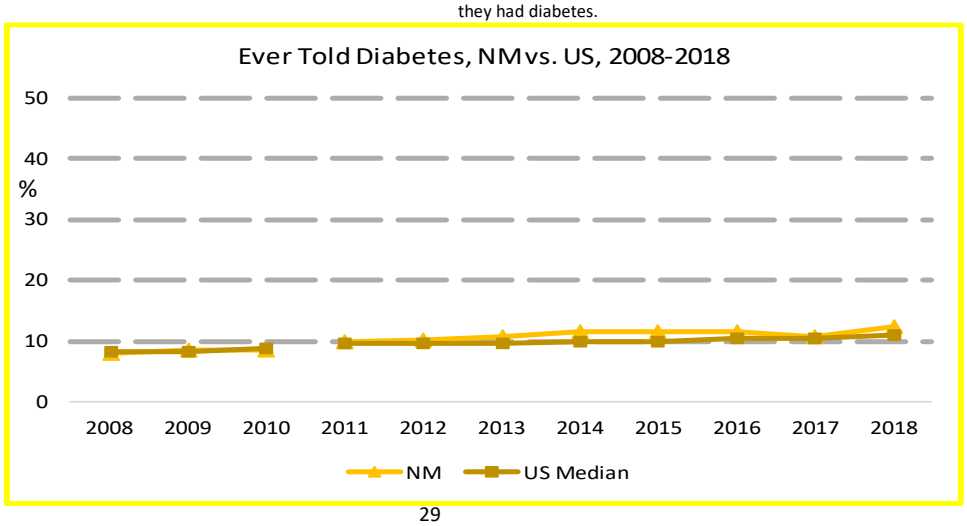
"Have you ever been told by a doctor that you have diabetes?"

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.[19]

- In 2018, the percentage of adults in New Mexico with diagnosed diabetes was 12.5%. The NM rate was higher than the U.S. rate (10.9%). The prevalence of diagnosed diabetes has increased in recent years, both in NM and nationally.
- Diagnosed diabetes was higher among AIAN (20.7%) than among White adults (9.6%).
- There was no statistically significant difference in diabetes prevalence by gender.
- Adults with lower incomes were more likely to have been diagnosed with diabetes, 18.1% for adults with the lowest income category and 7.0% for adults with the highest income category.
- Adults in the Northwest region (16.2%) were more likely to have been diagnosed with diabetes while adults in the Metropolitan region had the lowest (12.0%).

Demographic Characteristics	Ever Told Diabetes[a] %	Ever Told Diabetes[a] (95% Confidence Interval)
Total	**12.5**	**(11.5-13.6)**
Age		
18-44	4.3	(3.4-5.4)
45-64	16.4	(14.3-18.7)
65+	23.7	(21.2-26.3)
Gender		
Male	11.9	(10.5-13.5)
Female	13.1	(11.7-14.7)
Race/Ethnicity		
AIAN	20.7	(17.0-24.9)
Asian or NHOPI	12.4	(4.1-32.0)
Black/AA	22.7	(13.7-35.4)
Hispanic	13.7	(12.0-15.6)
White	9.6	(8.4-10.9)
Sexual Orientation		
Straight	13.2	(12.1-14.4)
LGB/Other	7.4	(4.3-12.2)
Household Income		
< $15,000	18.1	(14.9-21.8)
$15,000-$24,999	17.1	(14.5-20.0)
$25,000-$49,999	11.1	(9.1-13.6)
$50,000-$74,999	11.6	(9.2-14.5)
> $75,000	7.0	(5.6-8.7)
Geographic Region		
Northwest	16.2	(13.8-18.8)
Northeast	12.4	(10.2-14.9)
Metropolitan	12.0	(10.2-14.1)
Southeast	12.2	(10.3-14.4)
Southwest	12.0	(10.1-14.3)

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



Diabetes

- New Mexico adults with less education were more likely to be diagnosed with diabetes; adults with less than a high school education (18.4%) had a higher prevalence than adults with a college graduate education (9.3%).

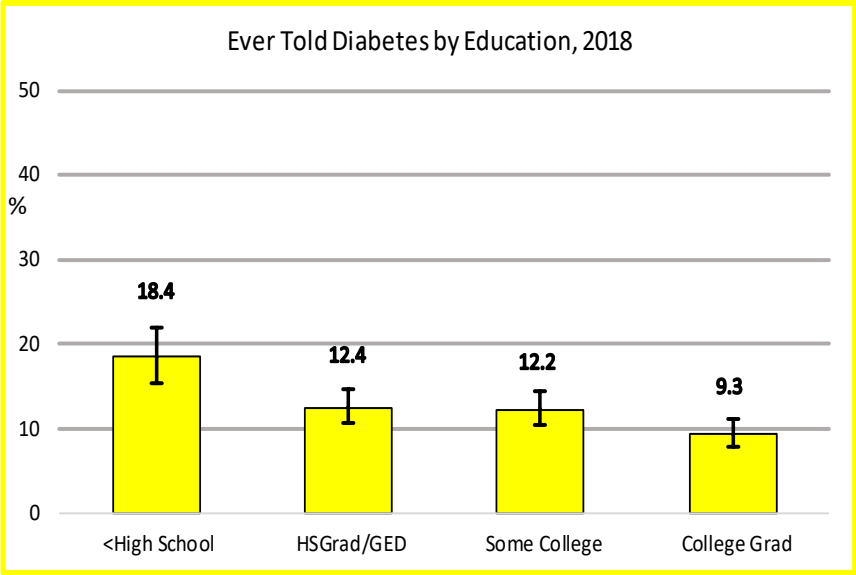
- In 2018, the prevalence of diagnosed diabetes was much higher among adults who were unemployed/unable to work (21.3%) and among retired adults (23.0%) compared to employed adults (7.0%) and homemaker/student adults (10.9%).

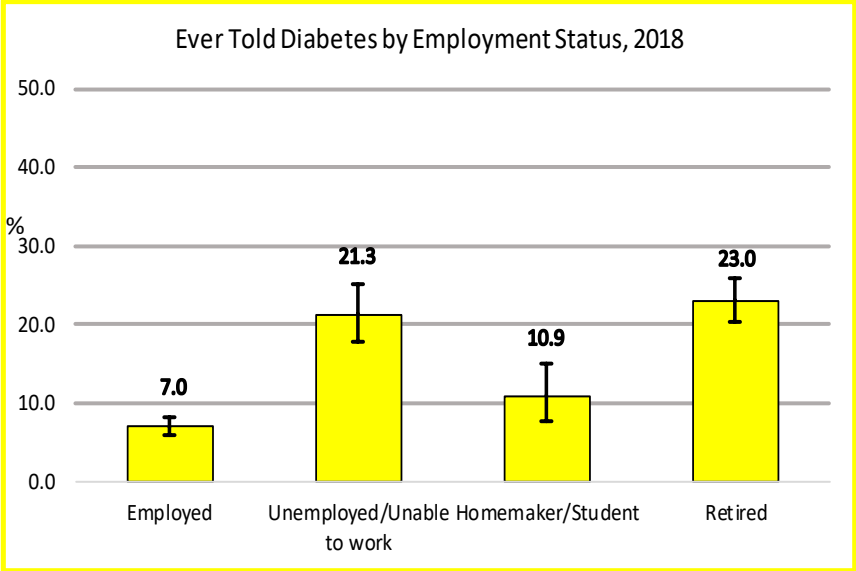
- The was no measurable difference by Urban/Rural designation.

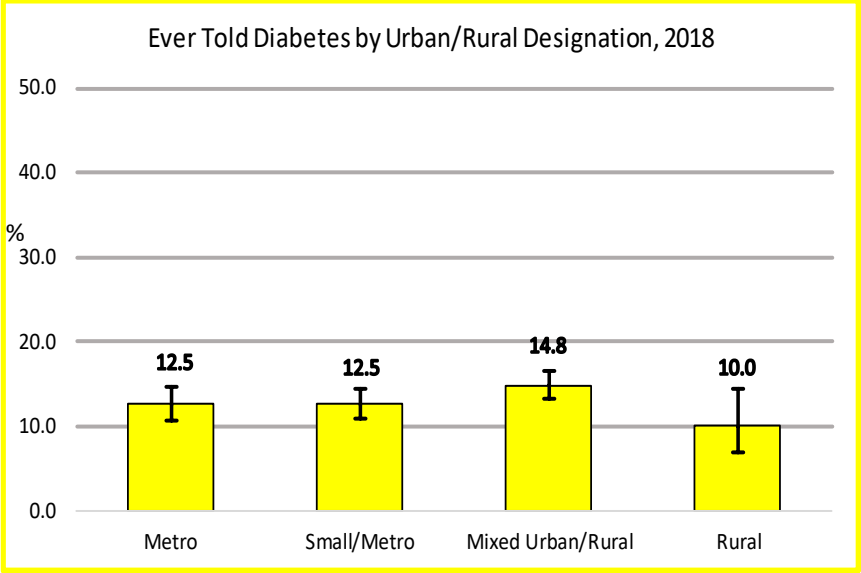
- Adults who were obese had the highest prevalence of diagnosed diabetes (20.1%) followed by overweight individuals (11.2%) and adults within the healthy weight range (6.7%).

- Nearly half of adults (49.0%) with diagnosed diabetes had fair or poor general health status, compared to 17.6% of adults with diagnosed diabetes.

- Over half (50.7%) of adults with diagnosed diabetes had a disability, compared to 25.2% of those without diagnosed diabetes.







Alcohol Consumption

Question:

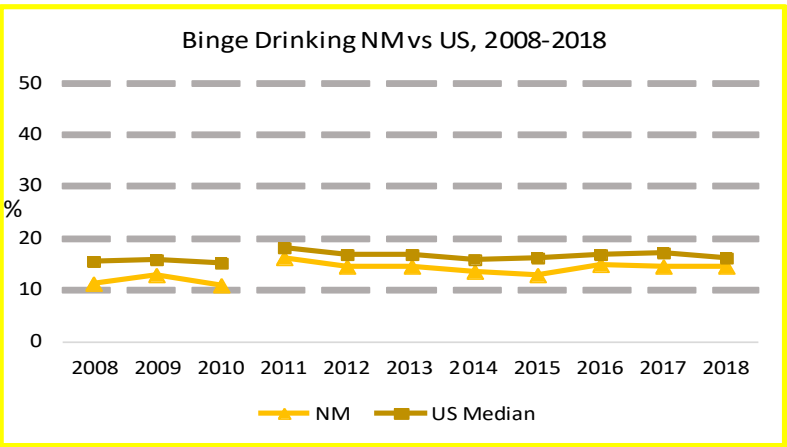
"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (women) drinks on a single occasion?"

Excessive alcohol consumption is a contributing factor to morbidity and mortality from many causes.[18] Acute binge drinking (defined as 5 or more drinks for males and 4 or more drinks for females on at least one occasion during the past month) is strongly associated with injuries and death from motor vehicle crashes, homicide, suicide, falls and drug overdose. Chronic 'heavy' drinking (defined as > 2 drinks per day for men and > 1 drink per day for women on average during the past month) is strongly associated with numerous alcohol-related diseases, most notably alcohol-related chronic liver disease.[19]

- In 2018, the prevalence of binge drinking was 14.6%, lower than the U.S. median of 16.2%. 5.3% of New Mexico adults were heavy drinkers. Although the rates of binge drinking were lower in NM than the U.S., over the past 20 years, New Mexico has consistently had among the highest alcohol-related death rates in the U.S.[18]
- Binge drinking was more prevalent among the younger age groups, but was relatively uncommon in the older age groups, ranging from a high of 21.6% in those 18-44 years of age to 4.4% in those 65+. Heavy drinking was more evenly distributed across age groups.

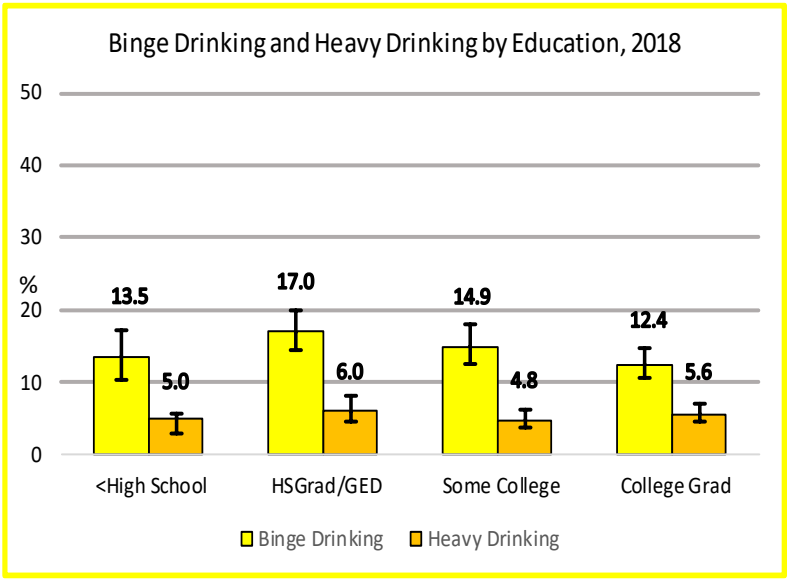
Demographic Characteristics	Binge Drinking[a] %	Binge Drinking[a] (95% Confidence Interval)	Heavy Drinking[b] %	Heavy Drinking[b] (95% Confidence Interval)
Total	**14.6**	**(13.3-16.1)**	**5.3**	**(4.6-6.1)**
Age				
18-44	21.6	(19.1-24.2)	5.6	(4.4-7.1)
45-64	12.4	(10.6-14.5)	5.6	(4.5-6.9)
65+	4.4	(3.3-5.7)	4.6	(3.5-6.0)
Gender				
Male	20.2	(18.1-22.5)	6.3	(5.2-7.7)
Female	9.4	(7.9-11.1)	4.4	(3.6-5.3)
Race/Ethnicity				
AIAN	17.1	(12.4-23.1)	5.0	(3.2-7.7)
Asian or NHOPI	15.3	(5.3-36.9)	1.2	(0.2-8.2)
Black/AA	10.6	(4.9-21.5)	4.3	(1.5-11.3)
Hispanic	17.3	(15.0-19.8)	4.8	(3.7-6.3)
White	12.0	(10.5-13.7)	6.3	(5.4-7.5)
Sexual Orientation				
Straight	14.5	(13.1-15.9)	5.4	(4.6-6.2)
LGB/Other	19.6	(12.5-29.3)	7.8	(4.4-13.7)
Household Income				
< $15,000	11.3	(8.6-14.6)	4.6	(3.0-7.1)
$15,000-$24,999	13.2	(10.3-16.8)	4.5	(3.2-6.3)
$25,000-$49,999	13.8	(11.4-16.7)	4.6	(3.4-6.2)
$50,000-$74,999	19.2	(15.1-24.1)	6.6	(4.7-9.2)
> $75,000	16.7	(14.2-19.6)	6.4	(5.0-8.2)
Geographic Region				
Northwest	12.5	(10.1-15.3)	5.8	(4.3-7.8)
Northeast	11.8	(9.7-14.4)	6.2	(4.8-8.0)
Metropolitan	14.5	(12.3-17.1)	3.8	(2.9-5.1)
Southeast	17.8	(14.9-21.1)	7.0	(5.0-9.6)
Southwest	16.2	(13.2-19.7)	6.9	(4.9-9.6)

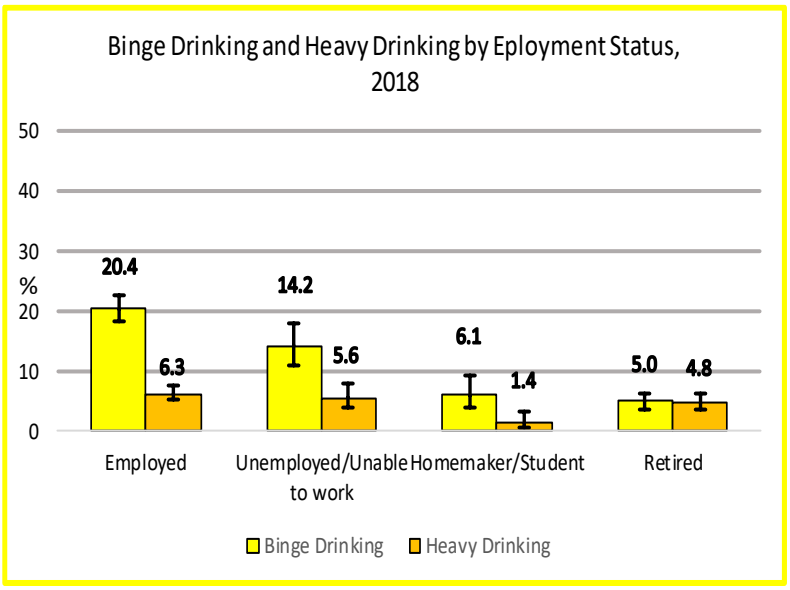
[a]Among all adults, the proportion reporting consuming five or more drinks per occasion (males) or four or more drinks (females) at least once in the past month or [b]reporting consuming seven or more drinks per week.

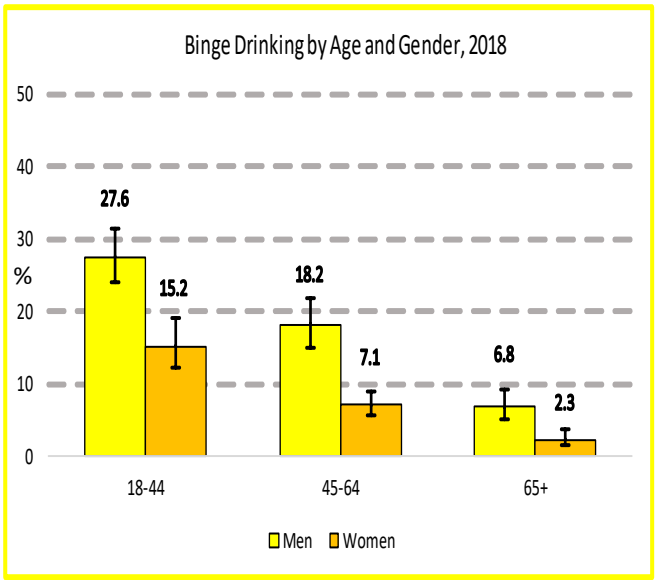


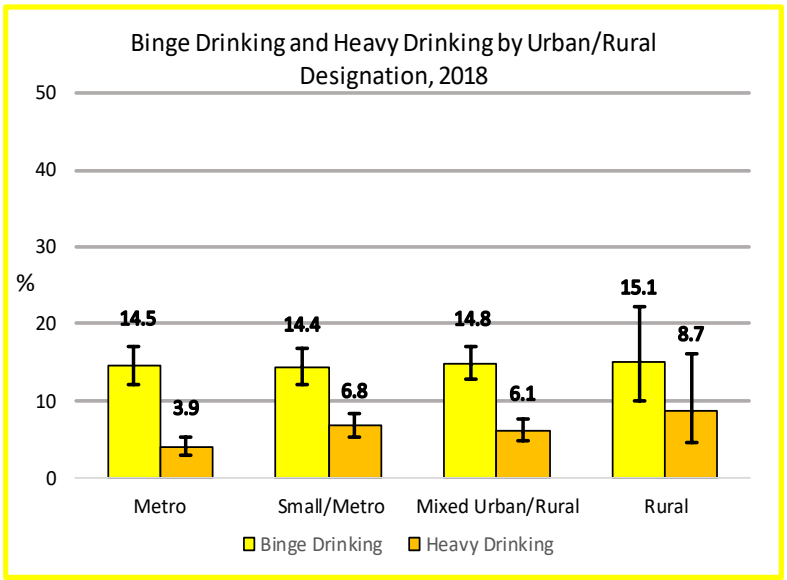
Alcohol Consumption

- Binge drinking was statistically significantly higher among adult males (20.2%) than among adult females (9.4%).
- Hispanics (17.3%) had a higher prevalence of binge drinking than Whites (12.0%).
- Adults with a household income of $50,000-$74,999 (19.2%) had a higher prevalence of binge drinking compared to adults in the lowest in come category <$15,000 (11.3%).
- LGB/Other adults had a higher prevalence of binge drinking than Straight adults, this was not statistically significant.
- There was no measurable difference in binge drinking or heavy drinking by education.
- Employed adults had a significantly higher prevalence of binge drinking (20.4%) than retired adults (5.0%).
- There was no measurable difference for binge drinking by Urban/Rural county designation.









Immunizations Among Adults 65+

Question:

"During the past 12 months have you had either a flu shot or flu vaccine?

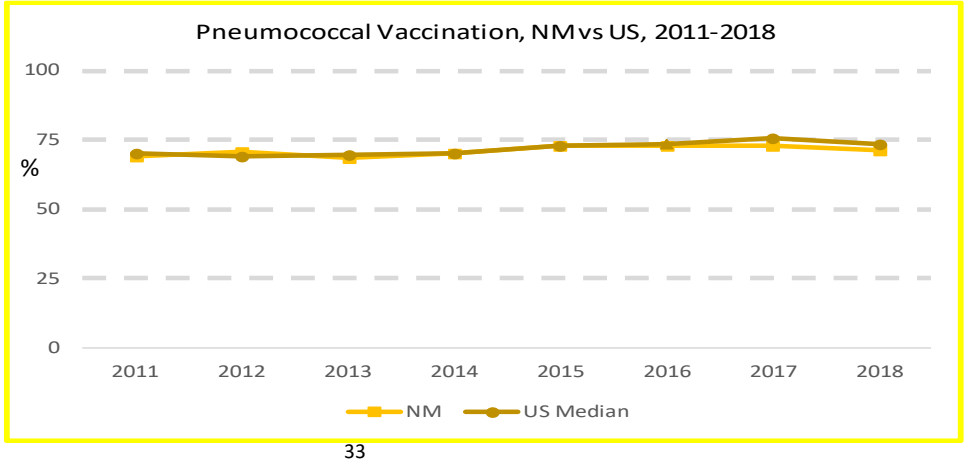
Have you ever had a pneumonia shot?"

People 65 years and older are at a greater risk of serious complications from the flu and from pneumonia. Monitoring adult immunizations against influenza and pneumococcal disease is an important indicator within public health to assess the morbidity and mortality associated with both of these diseases.[20]

- In New Mexico in 2018, 53.2% of New Mexico adults 65 and older received a flu vaccine and 71.3% report that they have ever had a pneumonia shot.
- A greater percentage of White adults have ever had a pneumonia shot (73.4%) compared to all other race/ethnicities. There were no measurable difference of having a flu shot by race/ethnicity.
- The prevalence of both having a flu vaccine in the past year and ever having a pneumonia vaccine was similar by gender.
- There was a higher prevalence of having a flu shot in adults with a household income of >$75,000 (61.0%) than adults with a household income of $15,000-$24,999 (45.5%). The prevalence of ever having a pneumonia shot increased with household income.

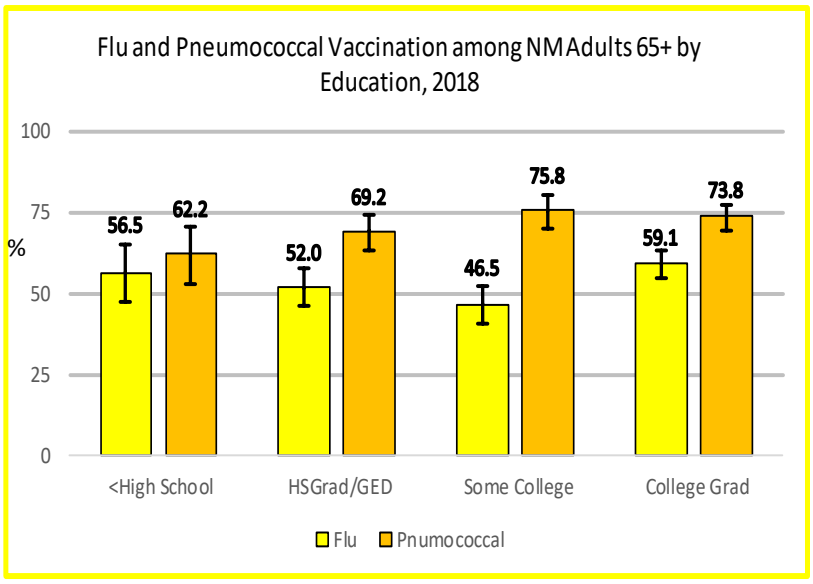
	Flu Vaccine[a]		Pneumonia Vaccine[b]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**	**%**	**(95% Confidence Interval)**
Total	**53.2**	**(50.2-56.1)**	**71.3**	**(68.4-74.0)**
Age				
65-74	49.8	(46.2-53.4)	68.6	(65.2-71.9)
75+	58.4	(53.2-63.4)	75.5	(70.3-79.9)
Gender				
Male	53.1	(48.5-57.7)	67.6	(62.9-71.9)
Female	53.3	(49.3-57.2)	74.4	(70.7-77.8)
Race/Ethnicity				
AIAN	60.9	(47.7-72.6)	59.3	(46.0-71.3)
Asian or NHOPI	**	**	**	**
Black/AA	**	**	**	**
Hispanic	52.2	(46.4-58.0)	68.9	(63.2-74.0)
White	53.3	(49.6-57.0)	73.4	(69.8-76.8)
Sexual Orientation				
Straight	52.8	(49.6-55.9)	71.0	(68.0-73.9)
LGB/Other	**	**	**	**
Household Income				
< $15,000	56.4	(47.4-65.0)	62.5	(53.2-70.9)
$15,000-$24,999	45.5	(38.9-52.3)	65.3	(58.4-71.5)
$25,000-$49,999	50.8	(44.5-57.0)	74.4	(68.8-79.4)
$50,000-$74,999	54.3	(46.2-62.2)	78.2	(70.2-84.6)
> $75,000	61.0	(54.5-67.2)	78.8	(73.2-83.5)
Geographic Region				
Northwest	50.2	(43.7-56.8)	68.3	(61.8-74.2)
Northeast	47.6	(42.0-53.4)	71.8	(66.2-76.8)
Metropolitan	59.5	(53.7-65.2)	77.3	(71.6-82.2)
Southeast	48.3	(42.1-54.6)	61.4	(54.8-67.6)
Southwest	49.1	(43.4-54.7)	65.4	(59.6-70.7)

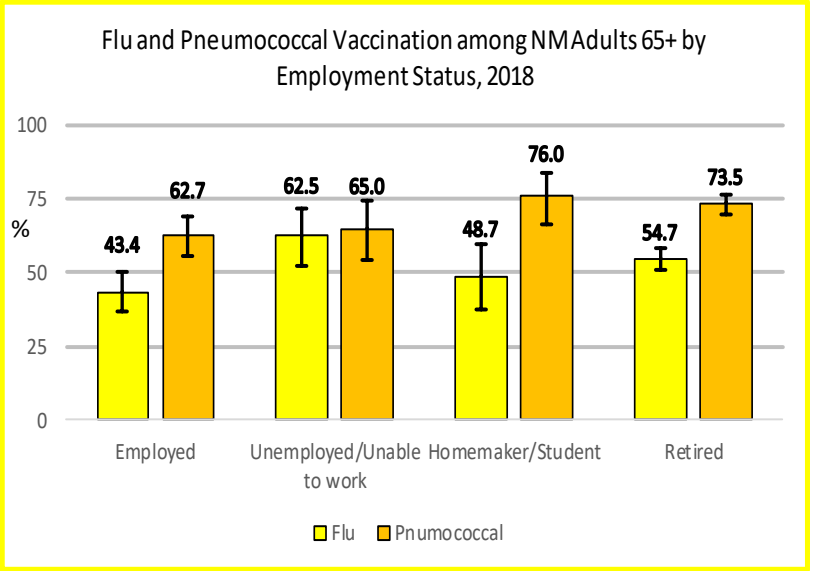
[a]Among adults aged 65 years and older, the proportion reporting that they had a flu vaccine, either by injection or sprayed in the nose in the past 12 months. [b]Among adults 65 years and older, the proportion reporting that they ever had pneumococcal vaccine. ** Suppressed due to a denominator <50.

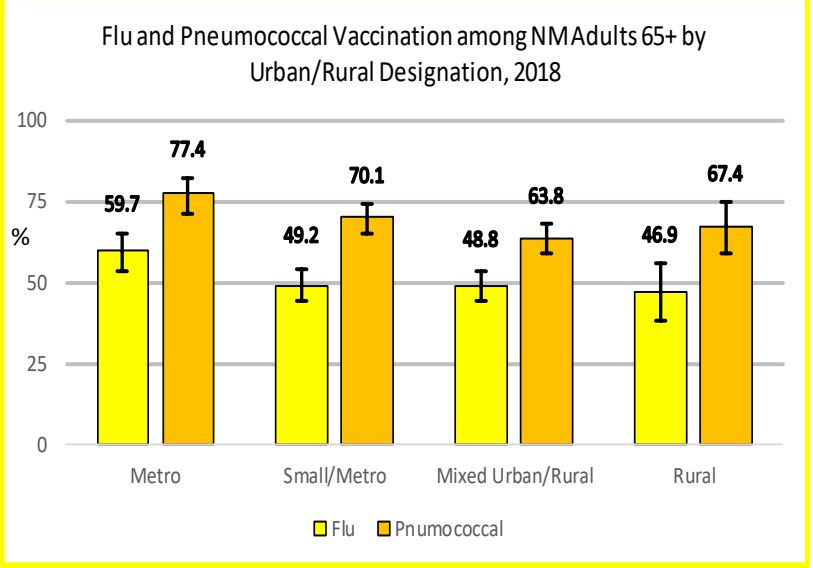


Immunizations Among Adults 65+

- There was no statistically significant difference in the prevalence of either having a flu vaccine the past year or ever having the pneumonia vaccine by education.
- Adults over 65 years of age who were retired had a significantly higher prevalence of ever having the pneumonia vaccine than employed adults over 65 years of age. There was no measurable difference in flu vaccine in the past year by employment status.
- Adults over 65 years of age residing in rural counties had lower prevalence of both having the flu vaccine in the past year (46.9%) and ever having the pneumonia vaccine (67.4%) compared to adults over 65 years of age who reside in metropolitan counties(59.7% and 77.4 %, respectively). This difference was not statistically significant.







Leisure-Time Physical Activity

Question:

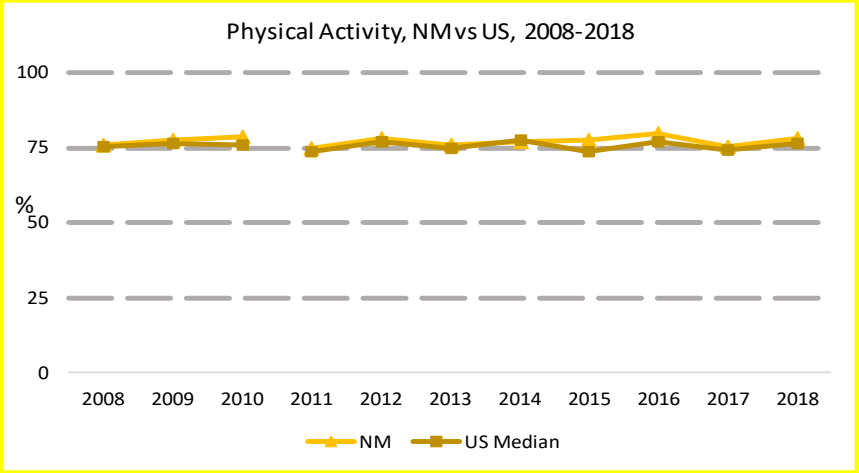
"During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

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.[21]

- In New Mexico, 77.8% of adults reported participating in any form of leisure-time physical activity. This percentage was slightly higher than the U.S. median (76.2%).
- Adults 18-44 were significantly more likely to participate in any form of leisure-time physical activity (82.5%) than adults over 65 years of age (70.4%).
- Adults males (80.8%) were more likely to have some form of leisure-time physical activity than were females (74.9%).
- AIAN (73.3%) adults were less likely have some form of leisure-time physical activity than White adults (79.9%).

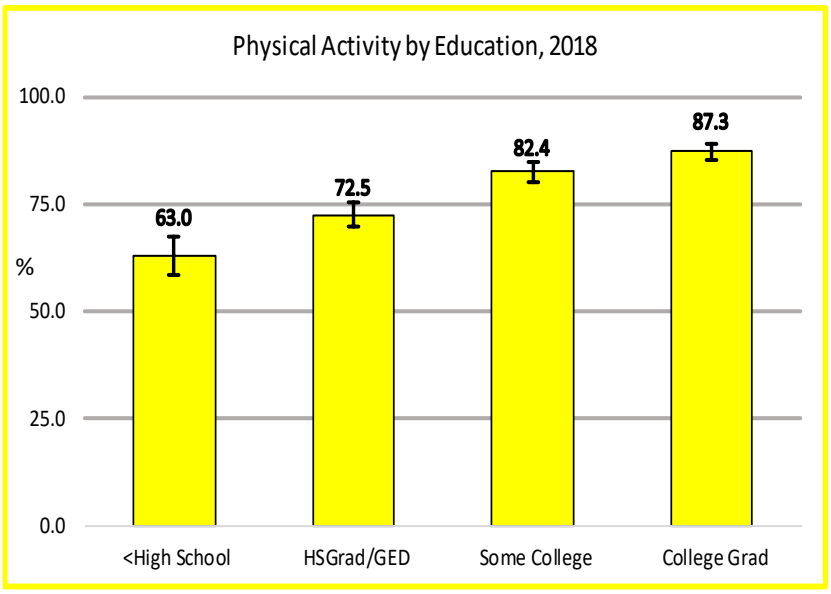
Demographic Characteristics	Leisure-Time Physical Activity[a] %	Leisure-Time Physical Activity[a] (95% Confidence Interval)
Total	**77.8**	**(76.4-79.2)**
Age		
18-44	82.5	(80.2-84.5)
45-64	76.3	(73.9-78.6)
65+	70.4	(67.4-73.2)
Gender		
Male	80.8	(78.8-82.8)
Female	74.9	(72.9-76.9)
Race/Ethnicity		
AIAN	73.3	(68.3-77.7)
Asian or NHOPI	79.2	(62.2-89.8)
Black/AA	79.4	(66.1-88.4)
Hispanic	76.5	(74.1-78.7)
White	79.9	(78.0-81.7)
Sexual Orientation		
Straight	77.3	(75.8-78.8)
LGB/Other	81.4	(73.7-87.3)
Household Income		
< $15,000	64.5	(59.9-68.8)
$15,000-$24,999	69.6	(66.0-73.1)
$25,000-$49,999	78.1	(74.8-81.1)
$50,000-$74,999	85.8	(82.4-88.6)
> $75,000	87.6	(85.0-89.8)
Geographic Region		
Northwest	75.0	(71.8-78.0)
Northeast	78.7	(75.5-81.7)
Metropolitan	80.4	(77.9-82.7)
Southeast	72.6	(69.4-75.5)
Southwest	76.2	(73.0-79.1)

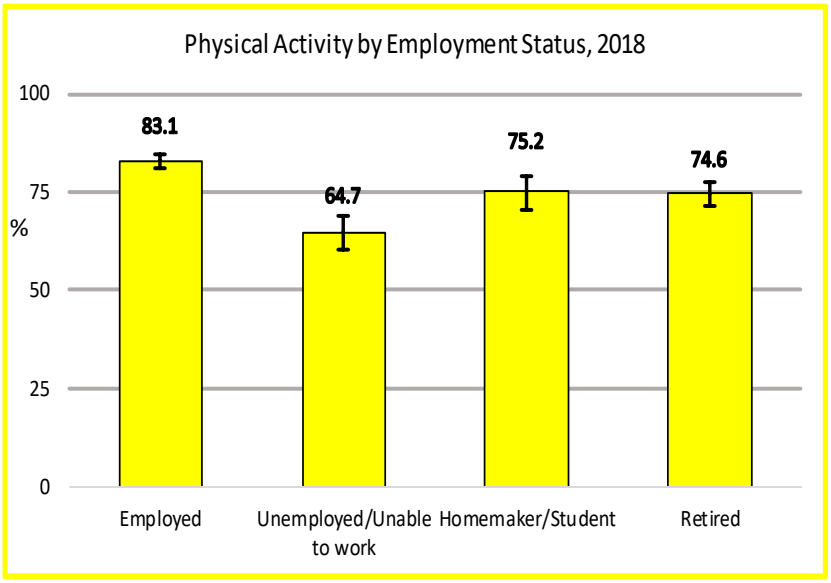
[a]Among all adults , the proportion reporting they had participated in leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise in the past month.

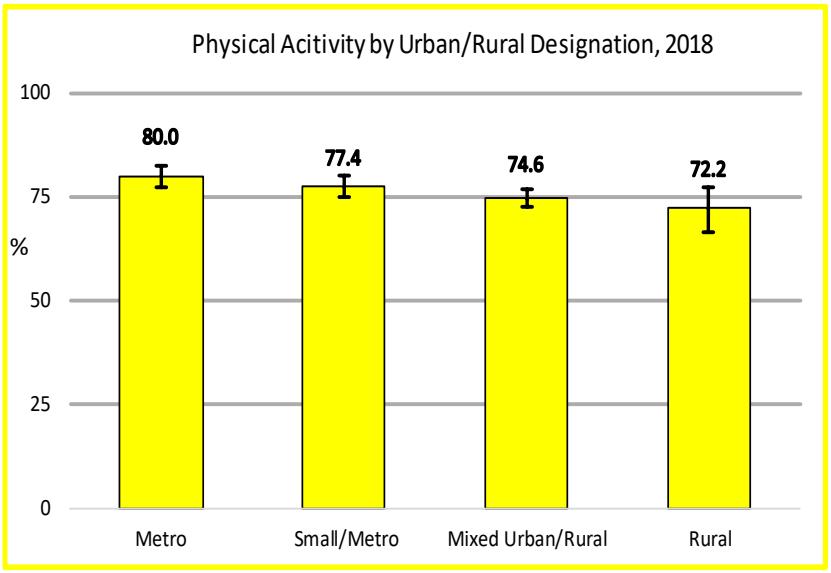


Leisure-Time Physical Activity

- There was not a statistically significant difference in leisure-time physical activity between LGB/Other adults and straight adults.
- There was a gradient in leisure-time physical activity by level of education and by annual household income. 63.0% of adults with less than a high school education engaged in leisure-time physical activity, compared to 87.3% of those with a college education. Similarly, 64.5% of adults living in households with annual income of less than $15,000 engaged in leisure-time physical activity, compared to 87.6% 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 (64.7%). Employed adults had the highest rate of leisure-time physical activity at 83.1%.
- Adults residing in the Southeast region (72.6%) were less likely to have engaged in leisure-time physical activity than those residing in the Metropolitan area (80.4%).
- Adults who engaged in leisure-time physical activity were less likely to have fair or poor general health status (17.0% vs. 37.4%), diabetes (10.9% vs. 18.4%), any cardiovascular disease (7.1% vs. 12.2%), or to be obese (30.3% vs. 39.6%).







Seatbelt Use

Question:

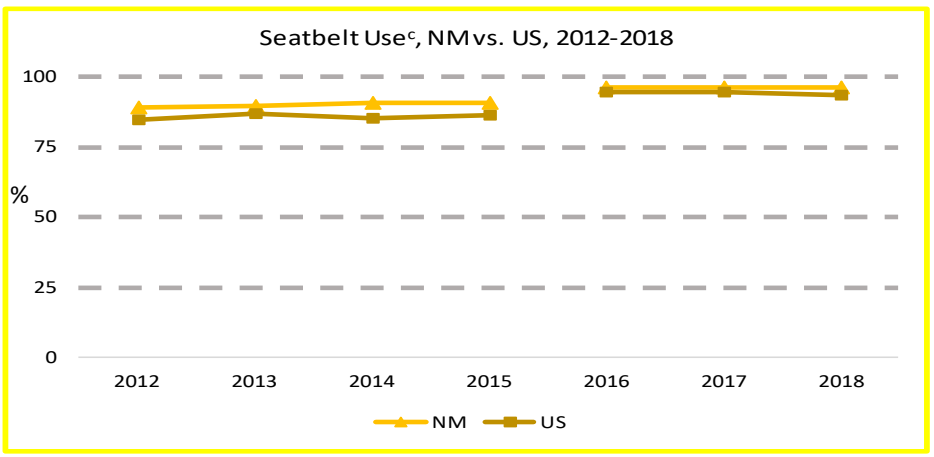
"How often do you use seat belts when you drive or ride in a car? Would you say— Always, Nearly Always, Sometimes, Seldom, Never?"

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 15,000 lives were saved by seat belts during 2016.[22] 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.[22]

- In New Mexico in 2018, 96.2% of adults reported always or almost always use a seatbelt when driving or riding in a car, higher than the median percentage of adults across the U.S. (93.7%).
- 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%).
- 94.5% of males always or almost always use a seatbelt when driving or riding in a car, significantly lower than the percentage of females (97.7%).
- There was no statistically significant difference in the prevalence of consistent seatbelt use by race/ethnicity, household income, sexual orientation, or geographic region.

Demographic Characteristics	Seatbelt Use[a] %	Seatbelt Use[a] (95% Confidence Interval)
Total	**96.2**	**(95.5-96.8)**
Age		
18-44	95.3	(93.9-96.4)
45-64	96.9	(95.8-97.7)
65+	96.9	(95.7-97.7)
Gender		
Male	94.5	(93.2-95.6)
Female	97.7	(97.0-98.3)
Race/Ethnicity		
AIAN	96.6	(94.7-97.8)
Asian or NHOPI	96.4	(81.6-99.4)
Black/AA	93.0	(79.3-97.9)
Hispanic	95.6	(94.3-96.7)
White	96.9	(96.0-97.6)
Sexual Orientation		
Straight	96.3	(95.6-96.9)
LGB/Other	94.1	(87.4-97.3)
Household Income		
< $15,000	95.3	(92.9-96.9)
$15,000-$24,999	96.1	(94.3-97.4)
$25,000-$49,999	95.9	(93.9-97.3)
$50,000-$74,999	95.9	(92.9-97.7)
> $75,000	96.5	(95.0-97.6)
Geographic Region		
Northwest	96.5	(95.1-97.6)
Northeast	96.7	(95.0-97.9)
Metropolitan	96.3	(95.0-97.3)
Southeast	94.6	(92.2-96.2)
Southwest	96.4	(94.6-97.5)

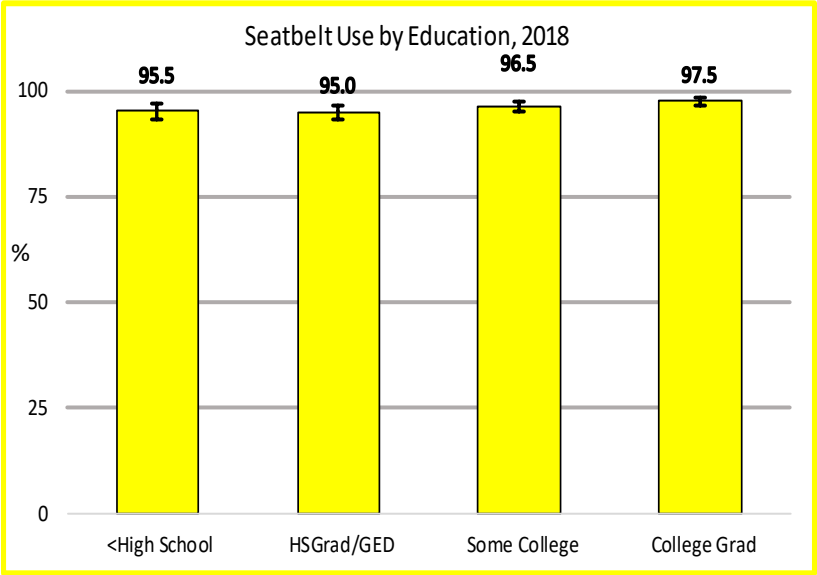
[a]Among adults, the proportion reporting that they always used a seatbelt when driving or riding in a car.

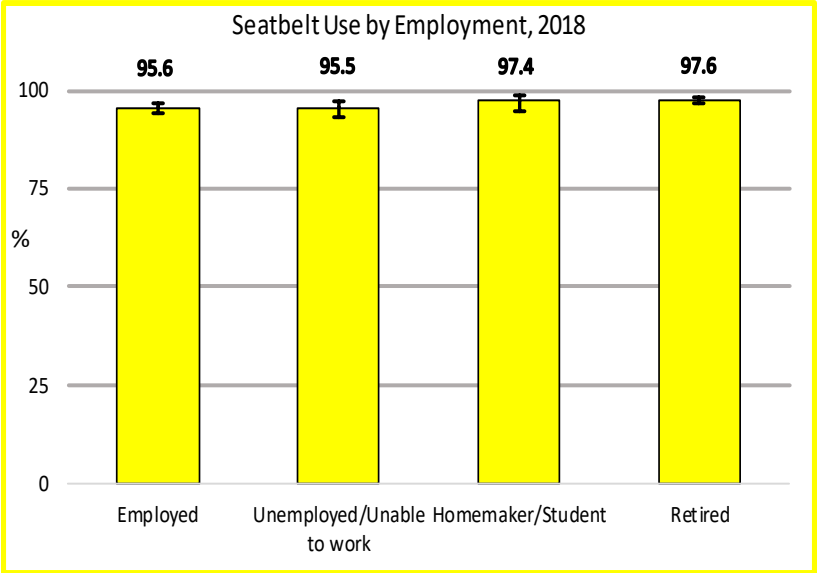


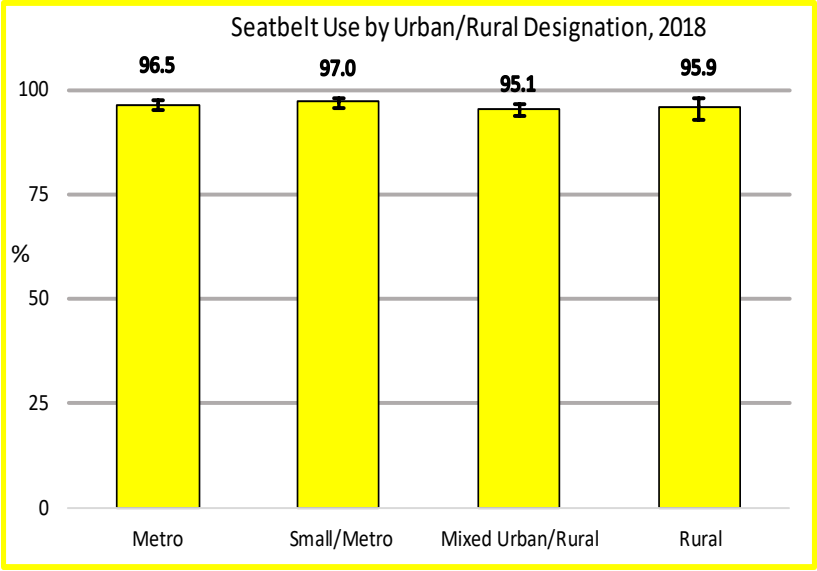
[c]Always wear a seatbelt NM vs US, 2011-2015, almost always/always wear a seatbelt, 2016-2018

Seatbelt Use

- There was no measurable difference in seatbelt use by education level or employment status.
- The was no measurable difference in the percentage of seatbelt use by urban/rural county designation.
- In 2016-2018, Adults who had thoughts about committing suicide in the past year (92.9%) were less likely than adults who did not have thoughts about committing suicide (96.6%) to always or almost always wear their seatbelt.







Current Cigarette Smoking

Question:

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

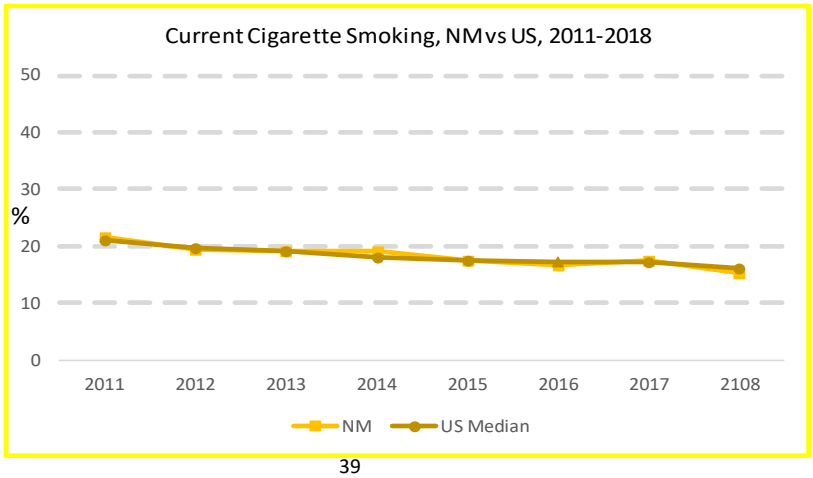
"Do you now smoke cigarettes every day, some days, or not at all?"

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.[24] An estimated 42,000 New Mexicans suffer from chronic smoking-related illnesses and about 2,100 die every year.[25] Exposure to second-hand smoke can cause serious health effects, including sudden infant death syndrome, asthma in children, heart attacks, and lung cancer.[26]

- In 2018, 15.2% of New Mexico adults were current smokers. This was lower than the U.S. median prevalence (16.1%).
- The prevalence of current smoking decreases significantly with age. Adults 18-44 were the most likely to be current smokers (15.8%) and adults 65+ were least likely (9.4%).
- Males (17.3%) reported a significantly higher prevalence of current smoking than females (13.2%).
- AIAN adults were more likely to be current cigarette smokers (17.4%) than White adults (14.9%).
- LGB/Other adults had significantly higher prevalence of current smoking (23.2%) than Straight adults (14.9%).
- The prevalence of tobacco use was highest among New Mexico adults with the lowest level of household income (24.2%) and lowest among adults with the highest level of household income (7.1%).

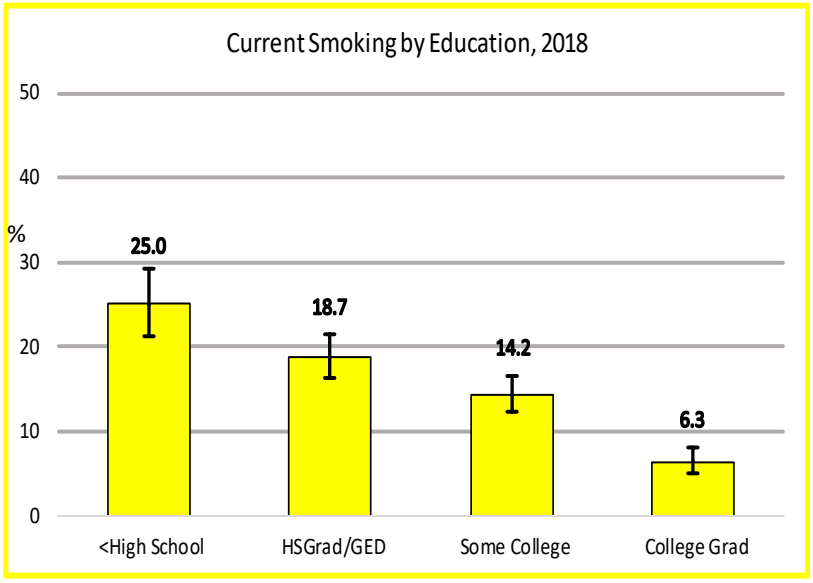
Demographic Characteristics	Current Smoking[a] %	Current Smoking[a] (95% Confidence Interval)
Total	**15.2**	**(14.0-16.4)**
Age		
18-44	15.8	(13.8-17.9)
45-64	18.8	(16.8-21.0)
65+	9.4	(7.8-11.3)
Gender		
Male	17.3	(15.5-19.2)
Female	13.2	(11.8-14.8)
Race/Ethnicity		
AIAN	17.4	(13.7-21.7)
Asian or NHOPI	7.1	(2.4-19.2)
Black/AA	15.5	(8.5-26.5)
Hispanic	15.6	(13.6-17.7)
White	14.9	(13.3-16.6)
Sexual Orientation		
Straight	14.9	(13.7-16.2)
LGB/Other	23.3	(16.7-31.6)
Household Income		
< $15,000	24.2	(20.6-28.3)
$15,000-$24,999	22.8	(19.7-26.2)
$25,000-$49,999	15.3	(12.9-18.1)
$50,000-$74,999	9.3	(6.9-12.4)
> $75,000	7.1	(5.6-9.0)
Geographic Region		
Northwest	19.8	(16.9-23.0)
Northeast	14.1	(11.6-16.9)
Metropolitan	12.3	(10.4-14.3)
Southeast	19.6	(16.9-22.8)
Southwest	17.5	(14.7-20.9)

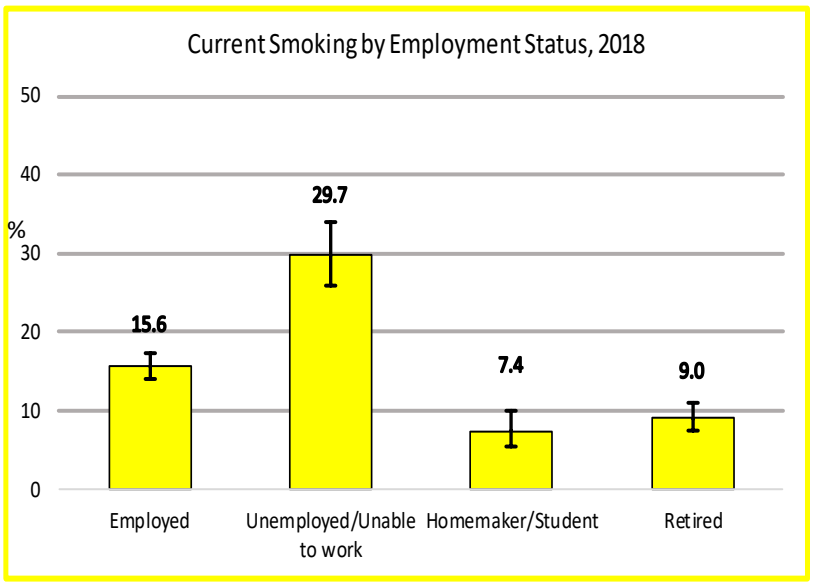
[a]Among all adults , the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or some days.

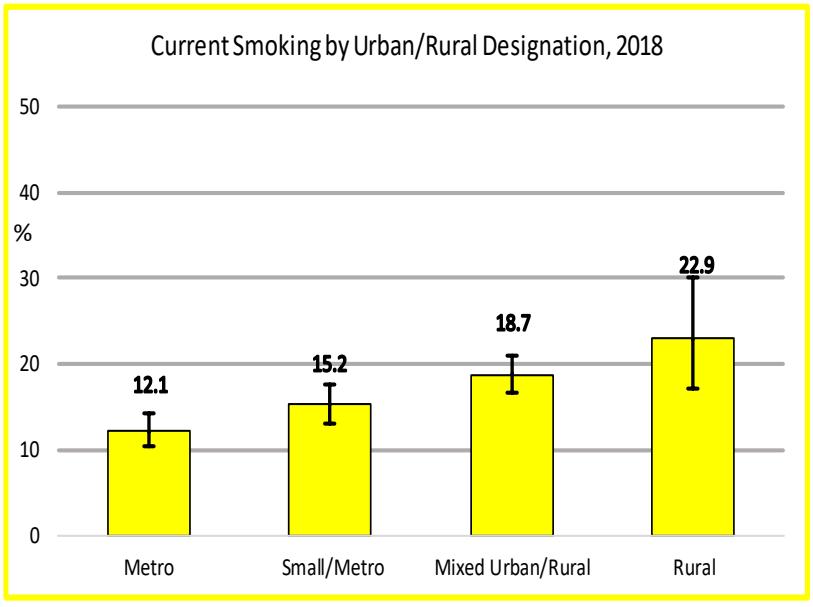


Current Cigarette Smoking

- 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 3.2 percentage points during the next two years.[5]
- The Northwest region had the highest prevalence of current smoking (19.8%) while the Metropolitan region had the lowest (12.3%).
- The prevalence of current cigarette smoking was highest among adults with less than a high school education (25.0%) and lowest among college graduates (6.3%).
- The prevalence of current smoking was higher among unemployed/unable to work adults (29.7%) than all other categories of employment status, most notably retired adults (9.0%).
- Current smoking was highest among Rural designated counties (22.9%) compared to Small/Metro designated counties (12.1%).
- 55.7% of adult current smokers tried to quit at least once in the past year.
- 25.5% of adults are former smokers, and 59.3% of adults have never smoked cigarettes.
- Current smokers (13.5%) were more likely than non-smokers to be without some form of health care coverage than non-smokers (9.4%); to have a disability (42.8% vs 25.8%); to describe their general health as Fair or Poor (32.2% vs 19.6%); to have been diagnosed with COPD, emphysema, or chronic bronchitis (11.2% vs 5.4%), or to be unable to work (18.0% vs 7.5%).







Sexual Violence

Question:

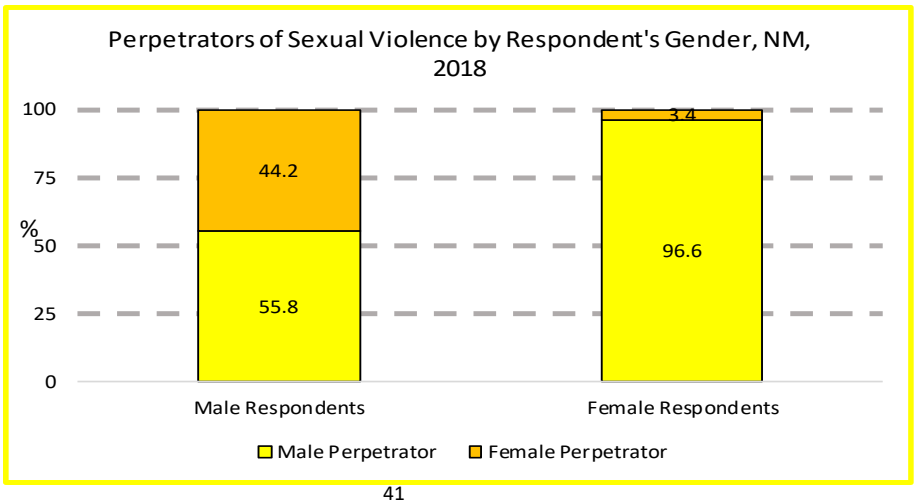
"In the past 12 months, has anyone ATTEMPTED to or HAD SEX with you after you said or showed that you didn't want to or without your consent ?"

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. [27]

- In 2018, 1.9% of New Mexico adults were victims of sexual violence and 11.8% were victims in their lifetime.
- New Mexico adults 18-44 had the highest prevalence of sexual violence victimization (3.0%-<12mos; 13.8%-lifetime).
- Females (1.9%-<12mos; 18.7%-lifetime) reported a higher prevalence of being victims of sexual violence than males (0.9%-<12mos; 4.4%-lifetime).
- Perpetrators of sexual violence were overwhelmingly male. 96.6% of female victims said the person who committed the assault was male and 55.8% of male victims say the perpetrator was male.

Demographic Characteristics	Sexual Violence <12mos[a] %	Sexual Violence <12mos[a] (95% Confidence Interval)	Lifetime Sexual Violence[b] %	Lifetime Sexual Violence[b] (95% Confidence Interval)
Total	**1.4**	**(1.0-2.1)**	**11.8**	**(10.7-13.1)**
Age				
18-44	3.0	(2.0-4.4)	13.8	(11.7-16.2)
45-64	0.2	(0.1-0.5)	12.2	(10.5-14.1)
65+	0.1	(0.0-0.5)	7.4	(6.1-9.0)
Gender				
Male	0.9	(0.4-1.9)	4.4	(3.4-5.7)
Female	1.9	(1.2-2.9)	18.7	(16.7-20.7)
Race/Ethnicity				
AIAN	1.5	(0.6-3.6)	10.1	(7.5-13.6)
Asian or NHOPI	**	**	**	**
Black/AA	3.6	(0.5-21.3)	12.9	(4.4-32.3)
Hispanic	1.6	(0.9-2.9)	9.8	(8.0-11.9)
White	1.0	(0.6-1.7)	14.1	(12.5-15.9)
Sexual Orientation				
Straight	1.1	(0.7-1.7)	10.4	(9.3-11.6)
LGB/Other	8.2	(4.1-15.8)	41.4	(32.3-51.2)
Household Income				
< $15,000	1.6	(0.7-3.4)	13.1	(10.3-16.5)
$15,000-$24,999	2.5	(1.2-4.9)	11.3	(8.8-14.3)
$25,000-$49,999	1.6	(0.7-3.4)	11.7	(9.4-14.5)
$50,000-$74,999	0.0	(0.0-0.3)	13.9	(10.1-18.8)
> $75,000	0.6	(0.1-2.6)	11.5	(9.3-14.1)
Geographic Region				
Northwest	1.6	(0.7-3.2)	9.5	(7.7-11.8)
Northeast	0.7	(0.3-1.8)	12.0	(9.9-14.5)
Metropolitan	1.4	(0.7-2.7)	13.0	(11.0-15.4)
Southeast	1.3	(0.5-3.9)	11.2	(8.8-14.2)
Southwest	1.9	(0.9-4.1)	10.3	(8.0-14.2)

[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 in the past 12 months [b] or lifetime. ** Suppressed due to a denominator <50.



Sexual Violence

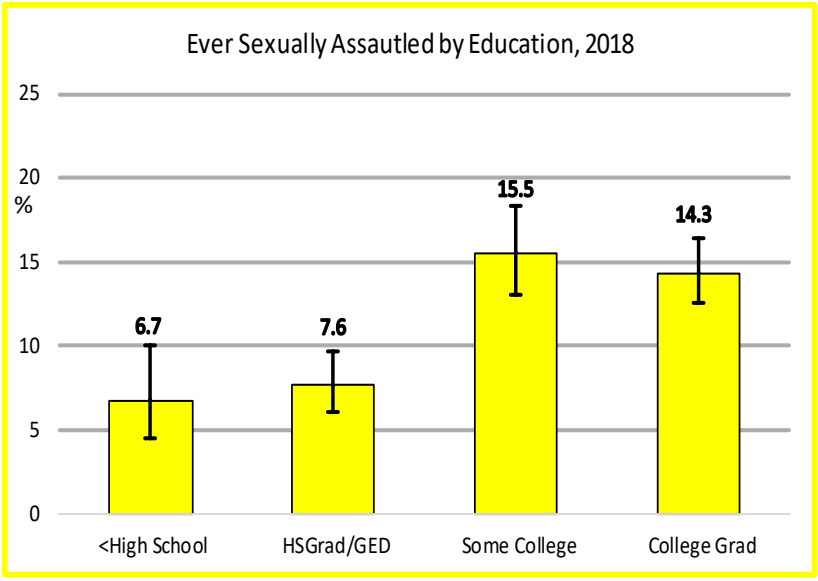
- In New Mexico, adults who were lesbian, gay, or bisexual (LGB/Other), were more than twice as likely to have been the victim of sexual assault/attempt than Straight adults at 8.2% -<12mos; 41.4%-lifetime and 1.1%-<12mos; 10.4%-lifetime, respectively.

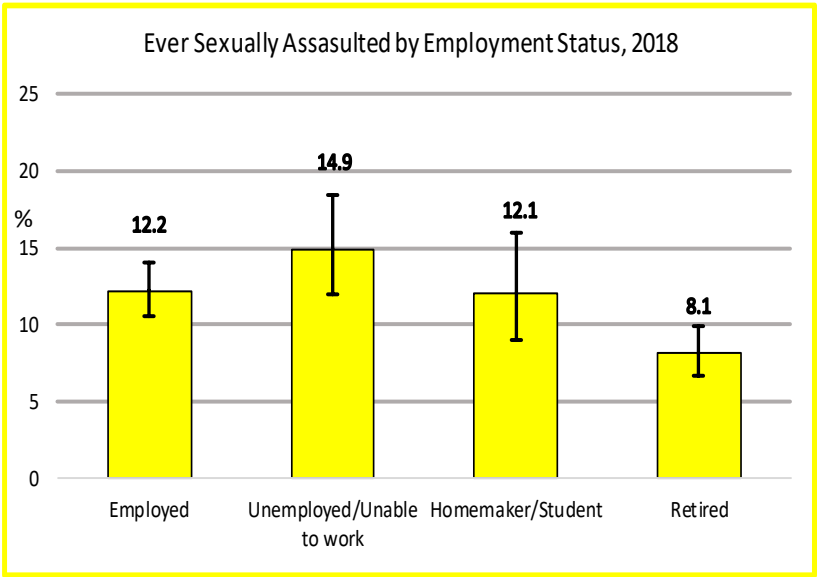
- There was not a statistically significant difference in the reported sexual assault/attempt by race/ethnicity for sexual assault victimization in the past 12 months. However Whites (14.1%) had a higher prevalence of being victims than Hispanics (9.8%).

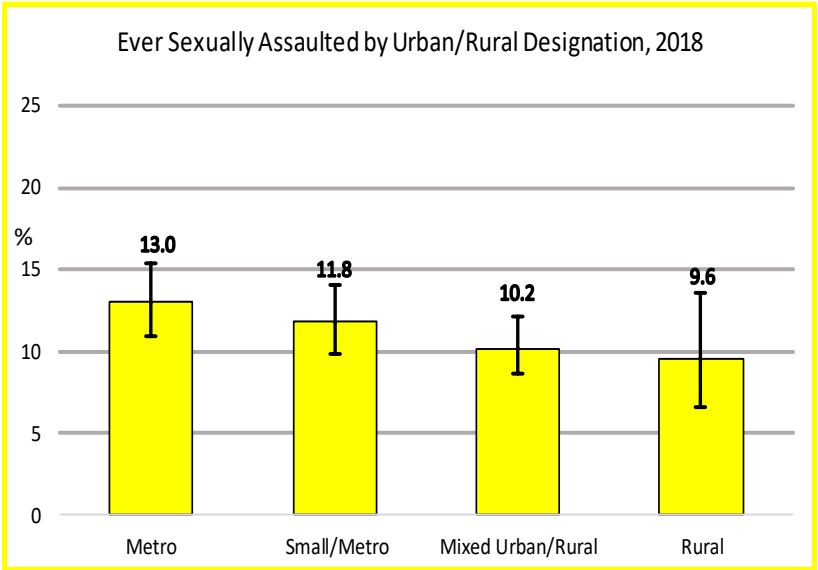
- Lifetime sexual assault was significantly higher among White victims (14.1%) than Hispanics (9.8%).

- There was not a statistically significant difference in the reported sexual assault/attempt by geographic region or urban/rural county designation.

- There was not a statistically significant difference in sexual assault/attempt by education level, or employment status.







Suicidal Behaviors

Question:

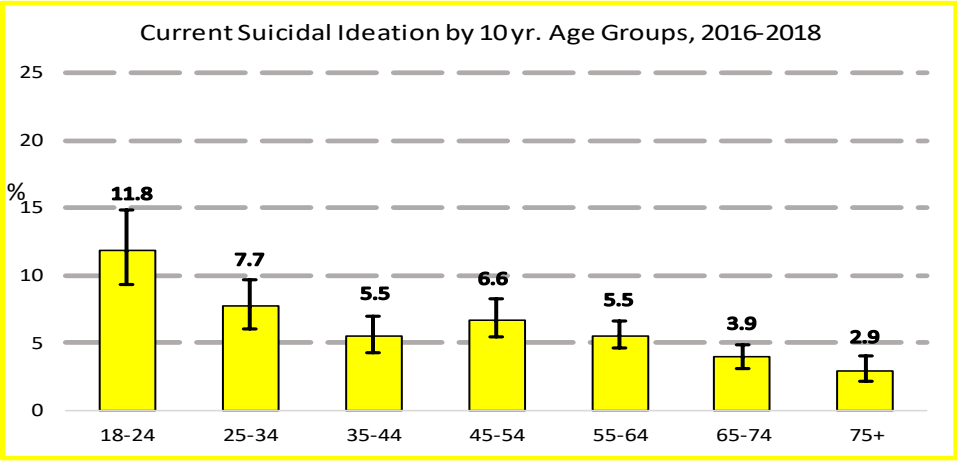
"In the past year, have you felt so low at times that you thought about committing suicide? Have you ever attempted suicide?"

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.[28]

- In 2018, 7.0% of New Mexico adults thought about committing suicide in the past year.
- For adults 18-44, the prevalence of suicidal ideation in the past year was 9.2% and 4.0% among adults aged 65+.
- There was no measurable difference by gender for suicidal ideation or ever attempted suicide.
- There was no statistically significant difference among racial categories with current suicidal ideation.

Demographic Characteristics	Current Suicidal Ideation[a] %	(95% Confidence Interval)
Total	**7.0**	**(6.1-8.1)**
Age		
18-44	9.2	(7.5-11.3)
45-64	6.4	(5.1-8.0)
65+	4.0	(3.0-5.3)
Gender		
Male	7.3	(6.0-8.9)
Female	6.7	(5.5-8.2)
Race/Ethnicity		
AIAN	8.0	(5.5-11.6)
Asian or NHOPI	**	**
Black/AA	2.1	(0.5-8.5)
Hispanic	6.6	(5.2-8.4)
White	7.6	(6.3-9.2)
Sexual Orientation		
Straight	6.0	(5.1-7.0)
LGB/Other	28.4	(20.0-38.6)
Household Income		
< $15,000	13.4	(10.5-17.0)
$15,000-$24,999	7.9	(5.8-10.6)
$25,000-$49,999	5.2	(3.8-7.2)
$50,000-$74,999	5.0	(2.7-9.2)
> $75,000	4.2	(2.7-6.3)
Geographic Region		
Northwest	8.0	(6.1-10.4)
Northeast	6.9	(5.3-9.0)
Metropolitan	7.8	(6.1-9.9)
Southeast	6.8	(4.9-9.3)
Southwest	4.8	(3.4-6.7)

[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.



Suicidal Behaviors

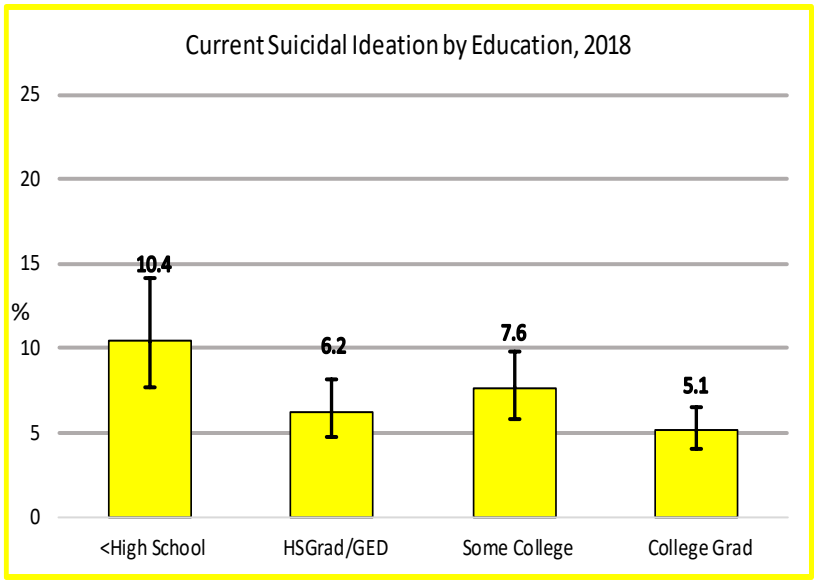
- More than one in four (28.4%) LGB/other adults said they thought about committing suicide in the past year compared to 6.0% of Straight adults.

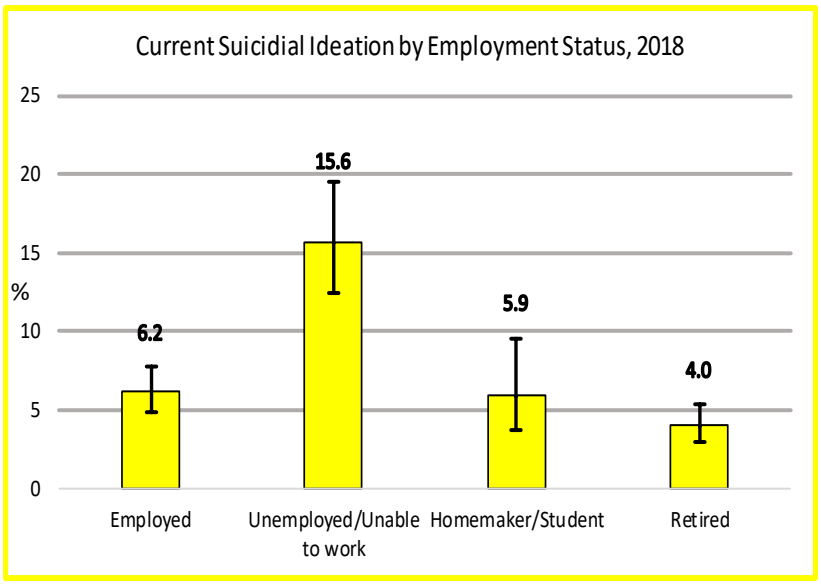
- There was a gradient in the prevalence of suicidal ideation by income with adults in the lowest household income category, (less than $15,000 per year) reporting a prevalence of 13.4% compare to adults in the highest income category (4.2%).

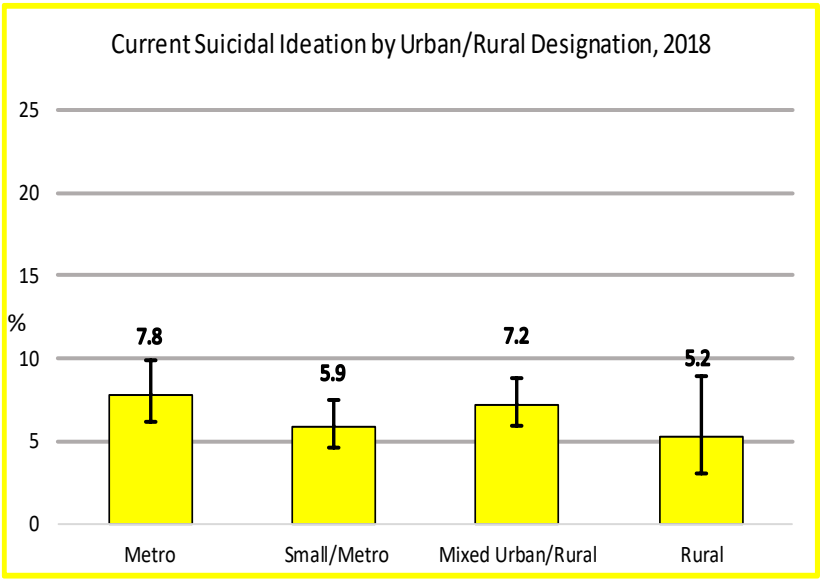
- New Mexico adults who were Unemployed/ Unable to work were more likely to have thought about suicide in the past year (15.6%) compared to employed adults (6.2%).

- There was not measurable difference in suicidal behaviors by Urban/Rural designation.

- Adults with at least one disability and adults with fair or poor health were more likely to have thought about suicide in the past year (14.1% and 12.8% respectively) compared to adults with no disabilities and adults with excellent, very good, or good health (3.7% and 5.3%, respectively).



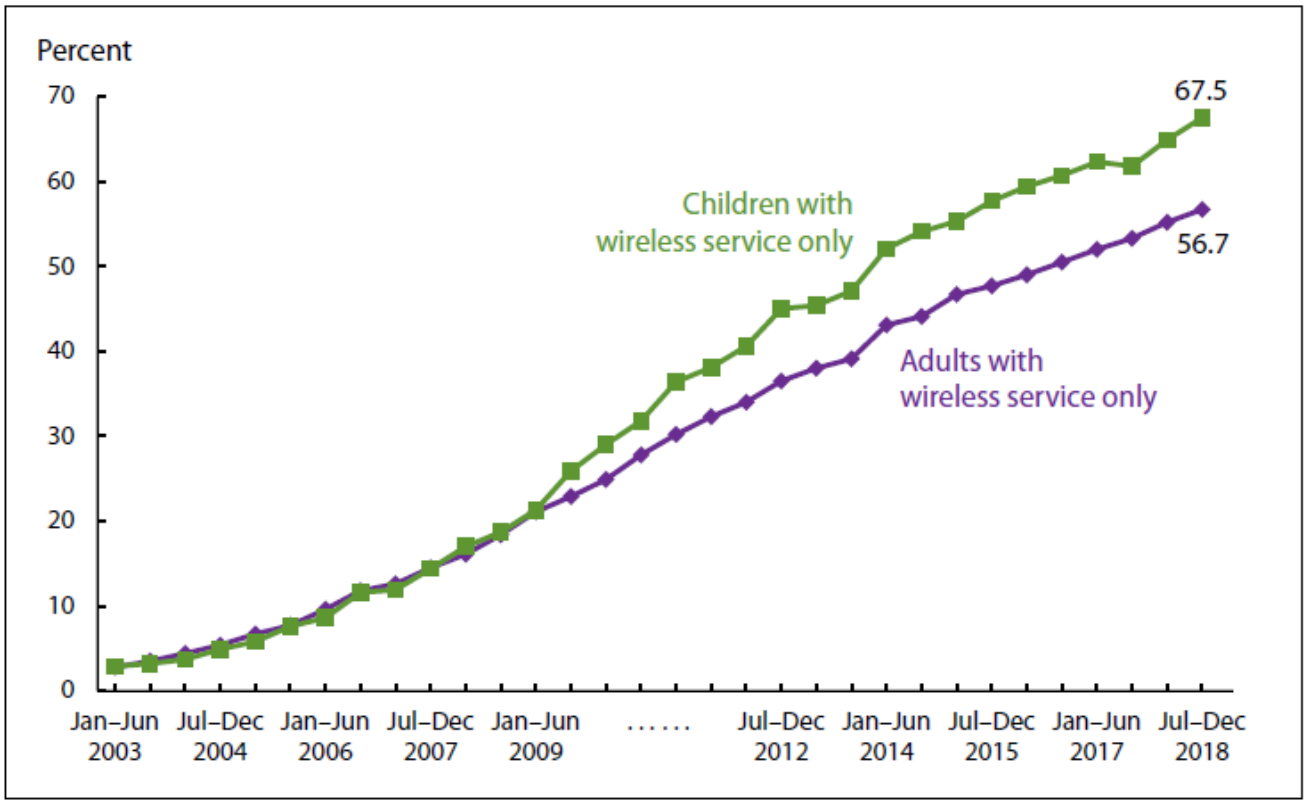




Appendix I-Methods

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 2018, the New Mexico BRFSS collected data from both landline and cell phone respondents. The sample of landline telephone numbers was selected using a list-assisted, random-digit-dialed methodology with a disproportionate stratification based on phone bank density, and whether or not the phone numbers were directory listed. The sample of cell phone numbers was randomly selected from dedicated cellular telephone banks sorted on the basis of area code and exchange**.**

Figure. Percentages of adults and children living in households with only wireless telephone service: United States, 2003–2018



NOTE: Adults are aged 18 and over; children are under age 18.
SOURCE: NCHS, National Health Interview Survey.

Appendix I-Methods

Implications of Sampling Design for Estimates Presented in this Report

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

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

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

- A weighting procedure known as iterative proportional fitting (known commonly as "raking") was used to adjust for differences between the distribution of the sample and that of the adult population, by gender, age, Region of residence, Race/Ethnicity, Phone Type (Cell or Landline), Home Ownership (Rent or Own), Education, Marital Status, Gender by Race/Ethnicity, Age by Gender, and Age by Race/Ethnicity, as determined by the Bureau of the Census. This component of the weighting process attempts to adjust the estimates so that they better reflect the adult population of the state. 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.

Quality assurance

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

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

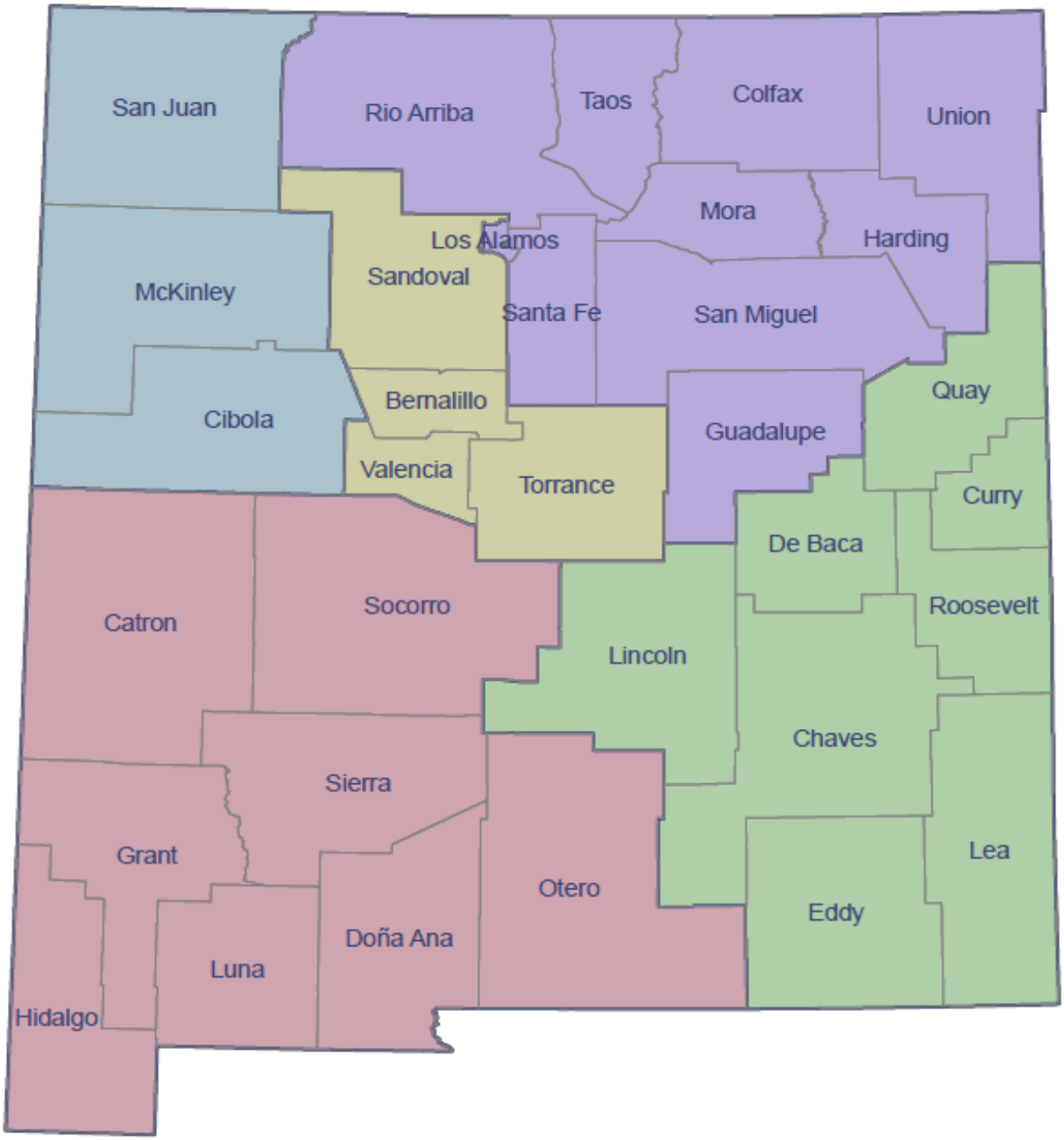
- Prompt and frequent feedback to interviewers

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

- Monitoring interviewers at least once a month, new interviewers are monitored closely until the CDC BRFSS protocol is followed consistently.

Appendix II-Maps

New Mexico Health Regions

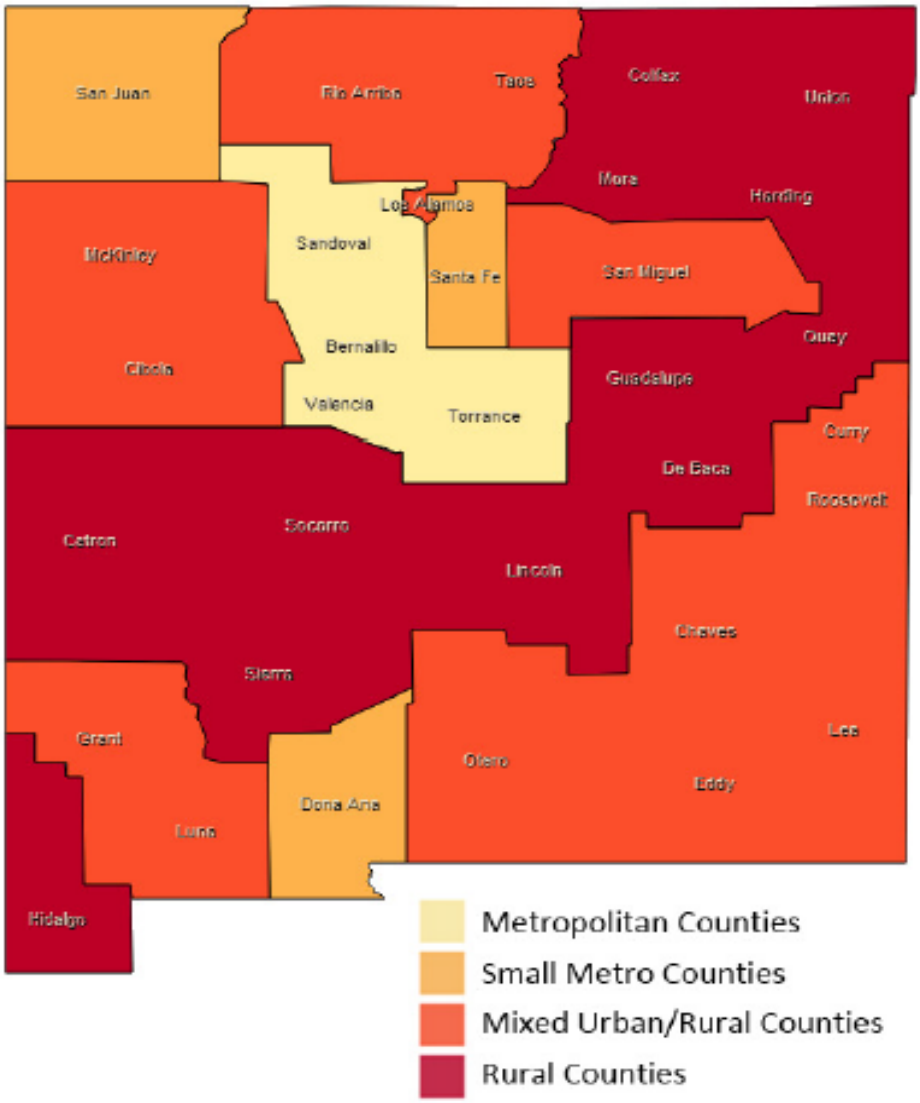


Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt,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

Effective September 4, 2012

Appendix II-Maps

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



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

Source: https://ibis.health.state.nm.us/view/docs/CHA/UrbanRuralCounties.pdf

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