

## Adult Behavioral Risk Factors and Health Conditions in New Mexico, 2009

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

The BRFSS covers many topics - too many to include in a brief report such as this. Key topics addressed in the 2009 New Mexico BRFSS and included here were health care coverage, hypertension, disability, seasonal influenza and pneumococcal vaccination, diagnosed arthritis, asthma, high cholesterol, diabetes, tobacco use, binge drinking, obesity, and physical activity.

### Data Presentation

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

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terval (95% CI) in parentheses. The 95% confidence interval would include the true population measure in 95% of repeated samples and serves as an estimation of the amount of error present in the estimate.

For each health behavior/condition, the NM rate was compared to that of the nation as a whole ('U.S.'), and if the differences between NM and the U.S. were statistically significant, designated as being either higher or lower than the estimate for the U.S. adult population. If there was no statistically significant difference between the NM estimate and that of the U.S., then the behavior or condition was designated as similar.

### Results

Interviews were completed with 8,837 New Mexico residents 18 years of age or older. The Cooperation Rate, an important measure of response, of the 2009 NM BRFSS was seventy-seven percent (76.6%), well above the CDC minimum guideline of sixty-five percent. The table summarizes the estimated percentage of adult New Mexicans with various health conditions and behaviors in 2009.

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

- The percentage of adult New Mexicans with health care coverage (80.6%) was lower than that of the U.S. (85.6%).
- The availability of coverage through Medicare means that nearly all adults age 65 or more are covered by a health care plan. Among New Mexico adults under 65, fewer (77.0%) are

covered by a plan than that for the U.S. (83.1%).

- The percentage of adult New Mexicans who reported a disability (20.8%) was higher than that of the U.S. (18.9%).

On the positive side, adult New Mexicans were healthier than adults across the U.S. for some conditions. For example,

- The percentage of adult male New Mexicans who reported binge drinking (12.8%) was lower than that of the U.S. (15.8%).
- Though males were more than two times as likely to report binge drinking as females, both male and female adult New Mexicans were less likely to report binge drinking than adults across the country.
- Adult New Mexicans were less likely than adults across the U.S. to report a diagnosis of high blood pressure (26.6% versus 28.7%, respectively).
- Adult New Mexicans were more likely than adults across the U.S. to meet recommended levels of moderate or vigorous physical activity (53.3% versus 51.0%, respectively).

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

- Hispanic and American Indian adults were over twice as likely to be without health insurance coverage as Whites (26.4% & 40.9% vs. 10.9%). Asian adults also had high coverage, with only 14.5% reporting a lack of coverage.
- Cost was more likely to have prevented African Americans, Hispanics or American Indians than Whites from obtaining needed medical care in the past 12 months (26.4%, 21.0% & 23.6% vs. 9.8%).

- American Indian, African American, and Hispanic adults were more likely to be diagnosed with diabetes than Whites (11.4%, 14.9%, & 10.9% vs. 6.4%).
- American Indian adults were more likely to be current smokers of cigarettes than White adults (24.9% vs. 16.3%). There was no measurable difference between other groups. The prevalence of tobacco use among American Indian adults has increased significantly in recent years. In 2005, only 15% of American Indian adults were current smokers.

All racial/ethnic groups reported high rates of overweight/obesity. Hispanic (67.4%) and American Indian (68.0%) adults were more likely to be overweight or obese than White (56.7%) and Asian/Native Hawaiian and Other Pacific Islander (NHOPI) (49.7%) adults. Small sample size made comparison of the African American rate (72.7%) to others difficult but this percentage is consistent with the national figure for this group (72.1%).

Lower education and household income were often correlated with a higher prevalence of health risk behaviors and conditions. It is likely that the observed disparities between rates among Hispanics and American Indians versus Whites were at least partly due to differences in income and education. For example, based on the BRFSS demographic data, an estimated 7% of Hispanics and 8% of American Indians lived in households with a total annual income less than \$10,000 while only 2% of Whites lived in households with an annual income below this amount. Similarly, only 25% of American Indian and 28% of Hispanic adults lived in households with an annual income of \$50,000 or more compared to 55% of White adults. An estimated 21% of Hispanics and 17% of American Indians in New Mexico did not complete high school, compared to 4% of Whites. In addition to others, the following health indicators were associated with income and education:

- Lack of health care coverage
- Diabetes
- Tobacco use
- Obesity

## Conclusions

The BRFSS has maintained a strong focus on behaviors linked to heart disease, stroke, cancer, and diabetes – the nation’s leading health conditions resulting in death. Behavioral risk factors for these conditions that are routinely covered by the BRFSS include inadequate physical activity, inadequate consumption of fruit and vegetables, excess body weight, and use of tobacco.

Differences were observed in the rates of health risk behaviors and conditions among the different racial/ethnic groups in New Mexico. Rates also differed according to income and education. Small sample sizes among Black/African Americans (124 interviews) and Asian/NHOPI (89 interviews) made it difficult to identify differences between these two groups and other racial/ethnic groups. The small sample sizes made the estimates for these groups less reliable than estimates obtained for groups with larger sample sizes. The

challenge to adequately sample American Indians and other racial/ethnic groups is a continuing concern. The BRFSS is an important resource for information on the health conditions and health risk behaviors of adult New Mexicans, providing yearly updates on the prevalence and distribution, as well as the ability to monitor trends over time, of many conditions and behaviors.

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**Table. Percentage of Adults with Selected Health Behaviors and Conditions  
New Mexico, 2009**

<b>Risk Factor/Condition</b>	<b>Weighted Percent (95% CI)</b>	<b>New Mexico versus U.S.*</b>
<b>With Health Care Coverage (all adults age 18+)</b>	<b>80.6% (79.1, 80.2)</b>	<b>Lower</b>
<b>Diagnosed High Blood Pressure</b>	<b>26.6% (25.3, 27.9)</b>	<b>Lower</b>
<b>Disability</b>	<b>20.8% (19.6, 22.0)</b>	<b>Higher</b>
<b>Flu Shot During the Past Year (Ages 65 years and older)</b>	<b>68.3% (66.1, 70.4)</b>	<b>Similar</b>
<b>Pneumococcal Vaccine Ever (Ages 65 years and older)</b>	<b>67.6% (65.4, 69.7)</b>	<b>Similar</b>
<b>Diagnosed Arthritis</b>	<b>25.7% (24.5, 27.0)</b>	<b>Similar</b>
<b>Current Asthma</b>	<b>8.6% (7.8, 9.5)</b>	<b>Similar</b>
<b>Told Cholesterol was High (of 76% of adults ever tested)</b>	<b>34.2% (32.7, 35.7)</b>	<b>Lower</b>
<b>Diabetes</b>	<b>8.6% (7.9, 9.3)</b>	<b>Similar</b>
<b>Current Smoking</b>	<b>17.9% (16.6, 19.3)</b>	<b>Similar</b>
<b>Binge Drinking (Males: 5+ drinks; Females: 4+ drinks on an occasion)</b>	<b>12.8% (11.5, 14.1)</b>	<b>Lower</b>
<b>Obese (BMI <math>\geq</math> 30.0)</b>	<b>25.6% (24.1, 27.0)</b>	<b>Similar</b>
<b>Met Recommendations for Moderate to Vigorous Activity</b>	<b>53.3% (51.6, 55.0)</b>	<b>Higher</b>

\* U.S.: the 50 states plus the District of Columbia