

Adult Behavioral Risk Factors and Health Conditions in New Mexico, 2010

Chronic disease, injury, substance abuse, and infectious disease are the leading causes of morbidity and mortality in the U.S. Routine collection of data to describe the prevalence and distribution of these important health issues, as well as the behaviors that put people at risk of poor health is essential to developing effective programs that benefit 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 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 2010 New Mexico BRFSS and included here were general health status, health care coverage, oral health, seasonal influenza and pneumococcal vaccination, preventive health screening, disability, asthma, diabetes, tobacco use, binge drinking, obesity, and leisure-time physical activity.

Data Presentation

The statistics presented in this brief report are the estimated percentages of New Mexico adults reporting a particular health-related behavior or condition. Each estimate is accompanied by a 95% confidence interval (95% CI) in parentheses. The 95% confidence interval 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 higher (■) or lower (□) than the estimate for the U.S. adult population. If there was no statistically significant dif-

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ference between the NM estimate and that of the U.S., then the behavior or condition was designated as similar (●), no statistical difference.

Results

In 2010, interviews were completed with 6,997 New Mexico residents 18 years of age or older. The Cooperation Rate, an important measure of response, of the 2010 NM BRFSS was seventy-seven percent (77.2%), 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 and indicates whether this was higher or lower and better or worse than that of the U.S..

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

- New Mexico adults were more likely to report their general health status as Fair or Poor (18.3%) than adults nationally (14.7%).
- The percentage of adult New Mexicans with health care coverage (80.9%) was lower than that of the U.S. (85.0%).
- 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%) were covered by a plan than that for the U.S. (82.2%).
- The percentage of adult New Mexicans who reported a disability (23.0%) was higher than that of the U.S. (21.2%).

- New Mexico adults over the age of 50 were less likely than adults over 50 nationally to report having had an endoscopy to screen for colorectal cancer (61.3% vs 65.3%).
- New Mexico women age 50+ were less likely to report having had a mammogram in the previous 2 years than women age 50+, nationally (75.2% vs. 77.9%).

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

- NM adults age 65+ were more likely to have been vaccinated against seasonal influenza (69.3% vs. 66.5%).
- The percentage of adult New Mexicans who reported binge drinking (11.1%) was lower than that of the U.S. (14.8%).
- 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 men and women nationally.
- Adult New Mexicans were less likely than adults across the U.S. to be obese (25.6% vs. 27.8%).
- Adult New Mexicans age 50+ were less likely than adults age 50+ across the U.S. to have been diagnosed with any one of three forms of cardiovascular disease (14.0% vs. 16.3%).
- A lower percentage of adult New Mexicans had failed to engage in any leisure-time physical activity (21.6% vs. 24.4%).

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

- Hispanic, American Indian, and Black/African American adults were over twice as likely to be without health insurance coverage as Whites (28.6%, 32.3% and 23.0% vs. 9.6%). Small sample size prevented effective comparison of the Asian-Native Hawaiian/Pacific Islander (NHOPI) population to the others.
- Though adults age 65+ qualify for Medicare and nearly all adults in this age range had coverage, Hispanic and American Indian adults in this age range were significantly more likely to be without coverage than White adults in this age range – an issue worthy of further study.

- Among adults less than age 65, cost was more likely to have prevented African Americans, Hispanics or American Indians from obtaining needed medical care in the past 12 months than Whites (34.0%, 25.6% and 18.8% vs. 12.9%).
- American Indian and Hispanic adults were more likely than White adults to report their general health status to be Fair or Poor (23.3%, 22.3% vs. 14.2%). Small sample size inhibited comparison to other groups.
- Thirty-three percent (33.2%) of all adults had not seen a dentist or hygienist in the past year. Hispanic adults were less likely than White adults to have seen a dentist or hygienist in the past year.
- American Indian, African American, and Hispanic adults were more likely to be diagnosed with diabetes than Whites (10.0%, 13.3%, and 9.6% vs. 7.4%). Adjusting for differences in age distribution, Asian/NHOPI adults were also significantly more likely than White adults to be diagnosed with diabetes.
- There was little difference between groups in the prevalence of disability. However, White adults (27.6%) were more likely to have a disability than Hispanic adults (17.6%), even after adjusting for differences in age distribution.
- Black/African American adults had the highest prevalence of current smoking (29.0%) but small sample size made statistical comparison to other groups difficult. Adjusting for differences in age distribution, this rate was significantly higher than that of White adults. American Indian adults were more likely to be current smokers of cigarettes than White adults (24.1% vs. 15.8%). However, at least some portion of this difference was explained by differences in age distribution, American Indian adults being younger, on average, than White adults. The prevalence of tobacco use among American Indian adults has increased significantly in recent years, up from only 15% in 2005.
- There were no significant differences by race/ethnicity among women for either mammogram or PAP test.
- The prevalence of obesity was high across all racial/ethnic groups with the exception of Asian/NHOPI adults. American Indian (41.9%) and Hispanic (29.7%) adults were more likely to be overweight or obese than

White (20.6%) and Asian/NHOPI (9.1%) adults. Small sample size made comparison of the African American rate (28.4%) to others difficult.

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 racial/ethnic groups were at least partly due to differences in income and education. In addition to others, the following health indicators were associated with income and education:

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

Conclusions

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 statistically significant 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.

For more information about this article or the BRFSS, contact Wayne Honey (476-3595, wayne.honey@state.nm.us) or Vivian Heye (476-3569, vivian.hey@state.nm.us). For full New Mexico BRFSS reports, entitled 'Health Behaviors and Conditions of New Mexicans', go to the NM Department of Health website at <http://www.health.state.nm.us/hdata.html> and click on 'Health Behaviors', then 'Adults', then choose the year of interest. For on-line access to BRFSS data, go to NM IBIS: <http://ibis.health.state.nm.us>.

NM IBIS provides direct access to multiple years of BRFSS data with the ability to produce tables according to the user's needs. NM IBIS includes a limited standard set of BRFSS variables. The NM IBIS contact is Lois Haggard, PhD at lois.haggard@state.nm.us or 827-5274.

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Percentage of Adults with Selected Health Behaviors and Conditions, New Mexico, 2010

Risk Factor/Condition	Weighted Percent (95% CI)	New Mexico vs. U.S.* Rate
Have Health Insurance Coverage, Age 18+	80.9 (79.2, 82.6)	Lower
Have Health Care Coverage, Age 18-64	77.0 (74.9, 79.0)	Lower
General Health Status Reported as Fair or Poor	18.3 (17.0, 19.6)	Higher
No oral health visit in the past year	32.8 (31.1, 34.6)	Higher
Influenza shot during the past year Age 65+	69.3 (67.0, 71.4)	Higher
Pneumococcal vaccine ever Age 65+	68.8 (66.2, 70.8)	Similar
Mammogram within past 2 years - Women Age 50+	75.2 (73.3, 77.1)	Lower
Pap smear within past 3 years	80.4 (77.9, 82.7)	Similar
Diabetes	8.5 (7.8, 9.3)	Similar
Disability	23.0 (21.6, 24.4)	Higher
Current smoking	18.5 (16.9, 20.1)	Similar
Binge drinking 5+ drinks on occasion, Males and Females	11.1 (9.8, 12.5)	Lower
Binge drinking 5+ drinks on occasion, Males	16.0 (13.7, 18.6)	Lower
Binge drinking 5+ drinks on occasion, Females	6.5 (5.4, 7.8)	Lower
Obese (BMI greater than or equal to 30.0)	25.6 (24.0, 27.3)	Lower
Did not engage in physical activities in the past 30 days	21.6 (20.2, 23.1)	Lower
Any Cardiovascular Disease (MI, CHD, or Stroke) Age 50+	14.0 (12.8, 15.2)	Lower

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