

Depression among New York City Adults

Depression is a common mental health condition that can affect anyone. Symptoms include sadness, loss of interest in activities that used to bring enjoyment, difficulty concentrating, and feeling tired or having reduced energy. Depression not only affects how one feels but also how one manages daily activities. Maintaining relationships with family and friends can become difficult and work productivity may suffer.

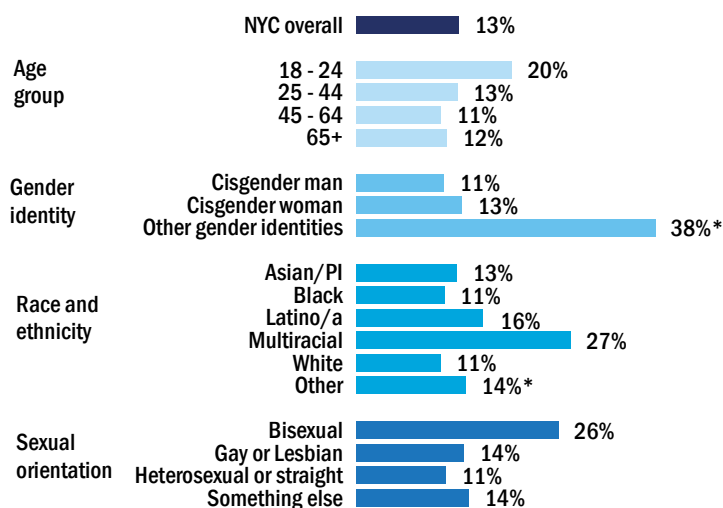
Several factors, many of which are grounded in social, economic, and environmental inequities, can increase the risk of depression. Factors include inequities in access to resources such as food, housing, and healthcare; having a chronic illness; and experiencing stressful and traumatic life events.^{1,2} Depression can

also impact health behaviors; for example, it's associated with higher levels of smoking and lower levels of physical activity.³

People of all ages, races, and ethnicities can be impacted by depression, however, it can disproportionately affect historically marginalized groups.⁴ People of color and people living below the poverty level are at higher risk of experiencing depression. The aim of this report is to examine the prevalence of depression and treatment utilization among different groups characterized by demographic dimensions, social drivers of health, health behaviors and other conditions among adults in New York City (NYC).

Prevalence of depression differed by age, gender identity, sexual orientation, and race and ethnicity

Prevalence of depression among New York City adults, 2022



Asian/Pacific Islander, Black, multiracial, and White race categories exclude Latino/a ethnicity. Latino/a includes Hispanic or Latino/a of any race. White race includes adults who self-identified as White, North African, or Middle Eastern, Other race include adults who self-identified as Other or Native American.

*Estimate should be interpreted with caution due to small sample size.

Source: NYC Community Health Survey, 2022

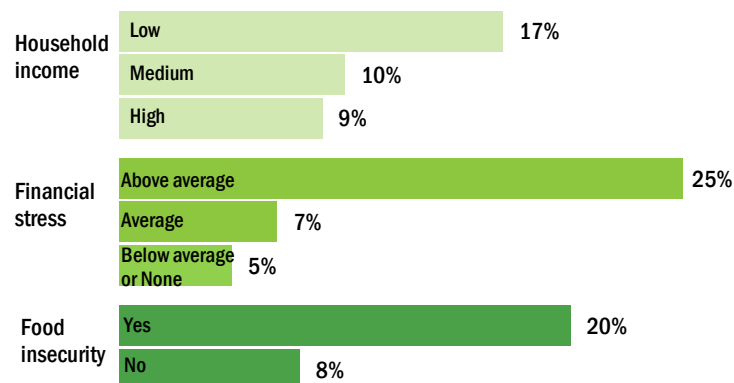
- In 2022, approximately 845,000 (13%) adult New Yorkers had depression.
- Younger adults (ages 18 to 24 years) were more likely to experience depression in the past two weeks than older adults (ages 25 or older).
- Compared with both cisgender women and men, adults that identify as another gender identity had a higher prevalence of depression.
- The prevalence of depression was higher among adults that identified as multiracial (27%) compared with Asian/Pacific Islander (13%), Black (11%), Latino/a (16%), and White adults (11%).
- NYC adults that identify as bisexual were more likely to experience depression compared with adults that identify as gay or lesbian, heterosexual or another sexual orientation (26% vs. 14%, 11%, or 14%, respectively).

*Estimate should be interpreted with caution due to small sample size.

Definitions: **Depression:** Identified as adults scoring 10 to 24 points on the Patient Health Questionnaire (PHQ)-8. This eight question screening instrument assesses depressive symptom frequencies over the past two weeks on a scale ranging from 0 (not at all) to 3 (nearly every day). **Race and ethnicity:** For the purpose of this publication, Latino/a includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White Asian/Pacific Islander, and multiracial race categories exclude those who identified as Latino/a. **Not in labor force** includes adults that are retired, homemakers, students, or unable to work. **Household income:** Low indicates households living <200% of the Federal Poverty Level (FPL), medium for households living between 200-399% of the FPL, and high for households living ≥400% of the FPL.

Experiencing financial distress was associated with a higher prevalence of depression

Prevalence of depression among New York City adults by financial distress, 2022



Household income: Low=income <200% of Federal Poverty Level (FPL), medium=200%-399% of FPL, high= $\geq$ 400% FPL. Food security: worried food would run out or food did not last before there was money to buy more.

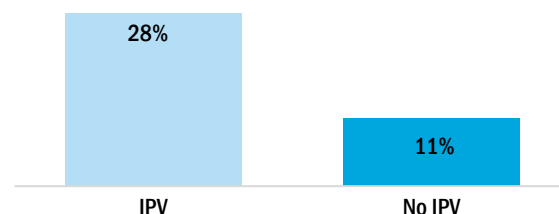
Source: NYC Community Health Survey, 2022

- Adults with the lowest household income had the highest prevalence of depression (17%) compared with those with medium and high household incomes (10% and 9%, respectively).
- Adults who perceived their level of financial stress as above average (25%) were more likely to have depression than adults who reported average financial stress (7%) or below average/no financial stress (5%).
- Adults in households that often or sometimes experienced food insecurity (worried food would run out or bought food that did not last without having money to buy more) were more likely to have depression than those in households that did not experience food insecurity in the past 12 months (20% vs. 8%).

Depression was higher for adult New Yorkers that experienced stressful or traumatic events

- The prevalence of depression was higher among adults who reported they had ever been physically or verbally hurt by an intimate partner (28%) than among those who had not experienced intimate partner violence (11%).
- Adults who had experienced the death of a friend or family member since February 2020 were more likely to have depression compared with adults who had not experience a death (15% vs. 11%).

Prevalence of depression among New York City adults that ever experienced intimate partner violence (IPV), 2022

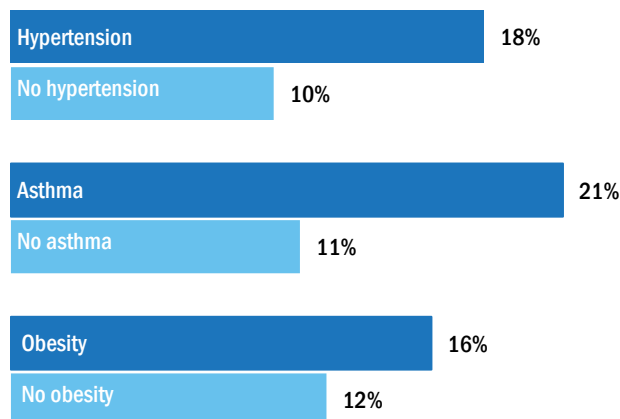


Source: NYC Community Health Survey, 2022

New Yorkers with some chronic health conditions were more likely to be depressed

- Adults who self-rated their general health as fair or poor were more likely to experience depression compared with those who rated their health as excellent, very good, or good (39% vs. 8%).
- Adults who had ever been told by a medical professional that they had hypertension, asthma, or obesity had a higher prevalence of depression compared with those who had never been told they had these conditions.
- The prevalence of depression was similar among adults that do and do not have a history of diabetes.
- Adults were twice as likely to have depression if they had two or more of the chronic health conditions mentioned above (21%) compared with those that had none (10%).

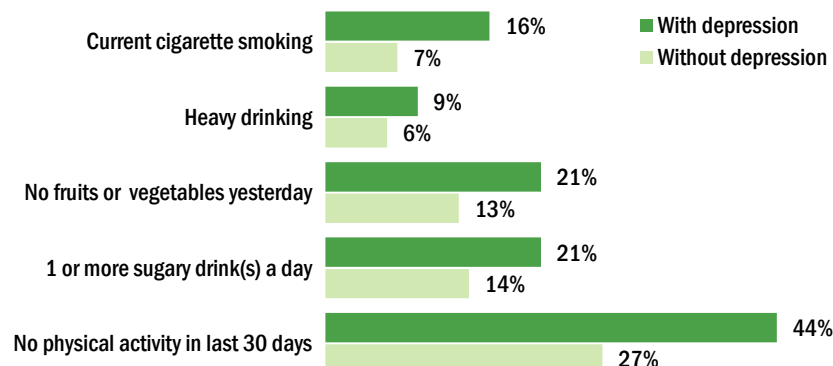
Prevalence of depression among New York City adults with self-reported chronic health conditions, 2022



Source: NYC Community Health Survey, 2022

Depression was associated with health behaviors that can harm overall health

Prevalence of health behaviors among New York City adults with depression, 2022



Heavy drinking : Men having two or more alcohol drinks per day or women having one or more alcohol drink(s) per day in last 30 days. A drink of alcohol is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

Source: NYC Community Health Survey, 2022

- Adults with depression were more likely to currently smoke cigarettes (16%) compared with those without depression (7%).
- Adults with depression were more likely to drink heavily (9%) compared with those without depression (6%).
- Compared with adults without depression, New Yorkers with depression were more likely to: consume sugary drinks daily, have not eaten any fruits or vegetables in the past day, or have not exercised in the past 30 days.

Adults with depression were more likely to have difficulty with daily living activities

- Among adults with depression, 85% reported they had difficulty accomplishing daily activities.

Cognition and communication

- Adults with depression were more likely to have problems remembering and concentrating (79%) than those who did not have depression (29%).
- Adults with depression had more trouble communicating, such as understanding things or being understood (44%), than adults that were not experiencing depression (10%).

Daily tasks

- Adults with depression had a higher prevalence of difficulty caring for themselves, such as washing and putting on clothes (37%) than those who did not have depression (7%).

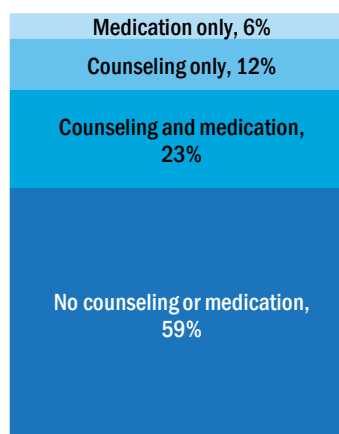
Treatment among adults with depression

- Among adult New Yorkers with depression, 41% received treatment for their mental health in the past 12 months.
- White adults with depression were more likely to receive treatment (56%) than adults that identified as Asian/PI (26%), multiracial (35%*), Latino/a (36%) and Black (39%).

Unmet need for mental health treatment

- Twenty-seven percent of adults with depression reported needing treatment (medication and/or counseling) at some point in the past 12 months but did not get it.
- Adults 65 years or older with depression (11%) had a lower prevalence of unmet treatment need in the past 12 months compared with those 18 to 24 (28%*), 25 to 44 (35%), and 45 to 64 (24%).

Prevalence of mental health treatment among New York City adults with depression, 2022



Source: NYC Community Health Survey, 2022

Implications

While depression can be experienced by anyone, different groups are affected by depression at different rates. This report shows young adults, adults who identify as bisexual, adults who identify with a gender identity other than cisgender man or woman, and adults who identify as multiracial are more likely to experience depression. People exposed to social drivers of health such as food insecurity and financial stress, and people who have experienced intimate partner violence also have higher prevalence of depression. Additionally, depression can, and often does, co-exist with chronic health conditions such as asthma and hypertension. Our findings show that many New Yorkers with depression either did not receive any counseling or medication for their mental health condition or were not always able to access the treatment they needed. These findings indicate the need for routine depression screening and improved access to mental health care, particularly for adults at increased risk of depression.

The NYC Health Department is working to increase access to mental health treatment by advocating for policies that reduce financial barriers such as better enforcement of care parity laws, reducing burdensome out of pocket costs for patients, and modifying existing Medicaid policies to ensure more comprehensive coverage. The City also offers resources, trainings, and programs to help connect people to mental health services. This includes 988, a free and confidential behavioral health support and referral service, and the [Mental Health First Aid training](#), which teaches New Yorkers the skills needed to identify and respond to signs of mental health and substance use challenges and crises. The City also supports community members by training community health workers to engage in mental health education and support with coping skills, provide mental health and social needs screening assessments, and share referral links to connect those in need with available resources.

For free, confidential mental health and substance use support for you and your loved ones, call or text 988 or chat online at nyc.gov/988, anytime. Trained counselors are available 24/7 by phone in over 200 languages, and text and chat services are available in English and Spanish.

Health equity is attainment of the highest level of health and well-being for all people. Not all New Yorkers have the same opportunities to live a healthy life. Achieving health equity requires focused and ongoing efforts to address historical and contemporary injustices such as discrimination based on social position (e.g., class, immigration status) or social identities (e.g., race, gender, sexual orientation). For more information, visit the Centers for Disease Control and Prevention's [Health Equity](#) page.

Authors: Jo-Anne Caton, Rachel Suss, Melanie Close, Christina Norman

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Data Source: [Community Health Survey \(CHS\) 2022](#) is conducted annually by the Health Department with approximately 9,000 - 10,000 non-institutionalized adults ages 18 and older. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online. Estimates are age-adjusted to the U.S. 2000 standard population. For more survey details, visit nyc.gov/site/doh/data/data-sets/community-health-survey.page.

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4. Bailey RK, Mokonogho J, Kumar A. Racial and ethnic differences in depression: current perspectives. *Neuropsychiatr Dis Treat*. 2019;15:603-609.

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New York City Department of Health and Mental Hygiene





Epi Data Tables

July 2024, No. 141

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Data Sources

Community Health Survey (CHS) 2022 is conducted annually by the Health Department with approximately 9,000 - 10,000 non-institutionalized adults ages 18 and older. Since 2021, the CHS has used a random sample of NYC mailing addresses, with mailings sent to households asking the adult with the most recent birthday to take the survey, and most surveys are self-completed online. Estimates are age-adjusted to the U.S. 2000 standard population. For more survey details, visit nyc.gov/site/doh/data/data-sets/community-health-survey.page

Table 1. Prevalence of current depression among New York city adults by demographic characteristics, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Depression Overall	12.9	11.7	14.1	
Age group				
18- 24	19.7	14.8	25.7	ref
25 - 44	12.8	11.2	14.7	0.017
45 - 64	10.7	9.3	12.4	0.002
65+	11.5 U	9.3	14.2	0.007
Gender identity				
Cisgender man	11.1	9.6	12.9	0.050
Cisgender woman	13.4	11.9	15.0	ref
Other gender identities	38.0 *	25.5	52.2	<0.001
Race and ethnicity¹				
Asian/Pacific Islander	12.8	10.5	15.4	0.003
Black	11.2	8.5	14.5	0.001
Latino/a	16.1	13.8	18.7	0.021
Multiracial	27.1	19.0	37.2	ref
White	10.6	9.0	12.5	0.001
Other	13.9 *	6.6	26.8	0.052
Sexual orientation				
Gay/lesbian	13.6	9.4	19.4	0.011
Heterosexual	11.4	10.2	12.6	<0.001
Bisexual	25.6	18.7	34.1	ref
Something else	14.3	8.7	22.5	0.032

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

¹ For the purpose of this publication, Latino/a includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White Asian/Pacific Islander, and Multiracial race categories exclude those who identified as Latino/a.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 2. Prevalence of current depression among New York City adults by financial distress, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Household income				
<200% FPL	16.6	14.6	18.7	ref
200-399% FPL	10.4	8.5	12.6	<0.001
400+% FPL	9.1	7.5	11.2	<0.001
Food insecurity¹				
Yes	20.1	17.8	22.5	<0.001
No	8.3	7.2	9.5	ref
Financial stress level				
Above average	25.0	22.5	27.6	<0.001
Average	7.1	6.0	8.5	ref
Below average	4.6	3.4	6.2	0.008

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¹Food insecurity: Worried whether food would run out before household got money to buy more or that food household bought didn't last and household didn't have money to get more

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 3. Prevalence of current depression among New York City adults by intimate partner violence and death of a friend or family member since February 2020, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Intimate partner violence				
Yes	27.6	23.6	32.0	<0.001
No	10.6	9.5	11.9	ref
Did experience intimate partner violence by gender identity				
Cisgender man	26.2	19.6	34.2	0.214
Cisgender woman	27.1	22.6	32.2	0.228
Other gender identities	36.5 U	23.5	51.9	ref
Death of friend or family member since February 2020				
Yes	14.8	13.0	16.8	0.002
No	11.0	9.6	12.6	ref

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95% Confidence Intervals (CIs) are a measure of estimate imprecision: the wider the CI, the more imprecise the estimate.

Bold p-values indicate statistically significant difference from the reference group.

Table 4. Prevalence of current depression among New York City adults by health conditions, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
General health				
Excellent, very good, or good	8.2	7.2	9.3	ref
Fair or poor	39.3	34.7	44.1	<0.001
Hypertension				
Yes	18.1	14.6	22.3	<0.001
No	10.8	9.6	12.2	ref
Ever asthma				
Yes	21.1	17.9	24.8	<0.001
No	11.4	10.2	12.7	ref
Diabetes				
Yes	17.0	11.8	23.8	0.132
No	12.3	11.1	13.5	ref
Obesity				
Yes	15.8	13.5	18.3	0.003
No	11.6	10.3	13.0	ref
Number of conditions				
None	9.5 D	8.1	11.1	ref
One	12.9	10.8	15.4	0.015
Two or more	20.5 D	16.9	24.5	<0.001

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95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 5. Prevalence of health behaviors among New York city adults with depression, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Current cigarette smoking				
With depression	16.1	13.0	19.8	<0.001
Without depression	7.5 D	6.6	8.5	ref
Heavy drinking¹				
With depression	9.4	7.2	12.2	0.007
Without depression	5.9	5.2	6.7	ref
No fruit or vegetables yesterday				
With depression	20.8	17.4	24.8	<0.001
Without depression	12.8	11.6	14.2	ref
One or more sugar sweetened beverages on average per day				
With depression	20.9	17.4	25.0	<0.001
Without depression	13.5 D	12.2	14.9	ref
No physical activity in last 30 days				
With depression	44.2	39.6	48.9	<0.001
Without depression	26.9	25.4	28.5	ref

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

¹Heavy drinking : Men having more than two alcohol drinks per day or women having more than one alcohol drink(s) per day in last 30 days. A drink of alcohol is one can or bottle of beer, one glass of wine, one can or bottle of wine cooler, one cocktail, or one shot of liquor.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 6. Prevalence of daily functioning difficulty among New York City adults with depression, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Difficulty remembering or concentrating, self-care¹, or communicating				
With depression	84.8	81.3	87.7	<0.001
Without depression	33.0	31.4	34.6	ref
Difficulty remembering or concentrating				
With depression	79.1	75.2	82.6	<0.001
Without depression	29.3	27.7	30.9	ref
Difficulty with self-care				
With depression	36.7	32.6	41.1	<0.001
Without depression	6.8	6.0	7.7	ref
Difficulty communicating				
With depression	44.2	39.8	48.8	<0.001
Without depression	9.9	8.8	11.0	ref

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

¹Self-care - includes activities such as washing all over or getting dressed

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 7. Prevalence of mental health treatment among New York City adults with depression, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval
Mental health treatment			
No counseling or medication	59.5 D	54.9	63.9
Counseling only	11.6	8.8	15.2
Medication only	5.9	4.2	8.4
Counseling and medication	23.0	19.7	26.6

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 8. Prevalence of mental health treatment by race and ethnicity, country of birth, education level, and employment status among New York City adults with depression, 2022

Source: Community Health Survey, 2022

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Race and ethnicity¹				
Asian/Pacific Islander	25.8	18.9	34.3	<0.001
Black	39.0	30.2	48.7	0.006
Latino/a	36.2	29.2	43.8	<0.001
Multiracial	34.7 *	19.6	53.7	0.031
White	56.1	48.2	63.6	ref
Other	^			
Country of birth				
U.S born, including U.S territories	44.6	39.0	50.3	ref
Born outside the U.S.	36.0	28.9	43.8	0.071
Education level				
Less than high school	38.2 *	26.1	51.9	ref
High school graduate	40.8	32.4	49.8	0.744
Some college or technical school	31.7	24.8	39.6	0.401
College graduate	49.5 U	43.3	55.8	0.128
Employment status²				
Employed	34.1	27.9	41.0	ref
Unemployed	36.2 *	24.9	49.2	0.774
Not in labor force	49.2	39.4	59.0	0.013
Multiple selection	39.6 *	25.8	55.2	0.517

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¹For the purpose of this publication, Latino/a includes persons of Hispanic or Latino origin, as identified by the survey question "Are you Hispanic or Latino?" and regardless of reported race. Black, White Asian/Pacific Islander, and Multiracial race categories exclude those who identified as Latino/a.

²Not in labor force includes adults that are retired, homemakers, students, or unable to work.

^ Data are suppressed due to imprecise and unreliable estimates.

95% Confidence Intervals (CIs) are a measure of estimate precision: the wider the CI, the more imprecise the estimate.

Bold p-values are significant at the 0.05 level.

Table 9. Prevalence of needing mental health treatment but not getting it by age group, sexual orientation, insurance coverage, and financial stress among New York City adults with depression, 2022*Source: Community Health Survey, 2022*

Data are weighted to the adult residential population per the American Community Survey, 2021.

Data are age-adjusted to the US 2000 Standard Population except those stratified by age group

	Prevalence	Lower 95% Confidence Interval	Upper 95% Confidence Interval	p-value
Unmet mental health need	26.8	23.2	30.8	
Age group				
18- 24	27.5 * U	16.9	41.5	0.017
25 - 44	35.2	28.9	42.0	<0.001
45 - 64	24.3	18.7	31.0	0.001
65+	11.0	6.8	17.5	ref
Sexual orientation				
Gay/lesbian	28.1 *	16.7	43.4	0.691
Heterosexual	25.3	21.2	29.8	ref
Bisexual	30.7 *	19.3	45.1	0.439
Something else	36.4 *	22.7	52.6	0.173
Have insurance coverage				
Yes	26.4	22.7	30.5	ref
No	29.4 *	19.7	41.4	0.614
Financial stress				
Above average	30.2	25.5	35.3	0.035
Average	21.7	15.9	28.8	ref
Below average	25.0 *	15.7	37.3	0.607

*Estimate should be interpreted with caution. Estimate's Relative Standard Error (a measure of estimate precision) is greater than 30%, the 95% Confidence Interval half-width is greater than 10, or the sample size is less than 50, making the estimate potentially unreliable.

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