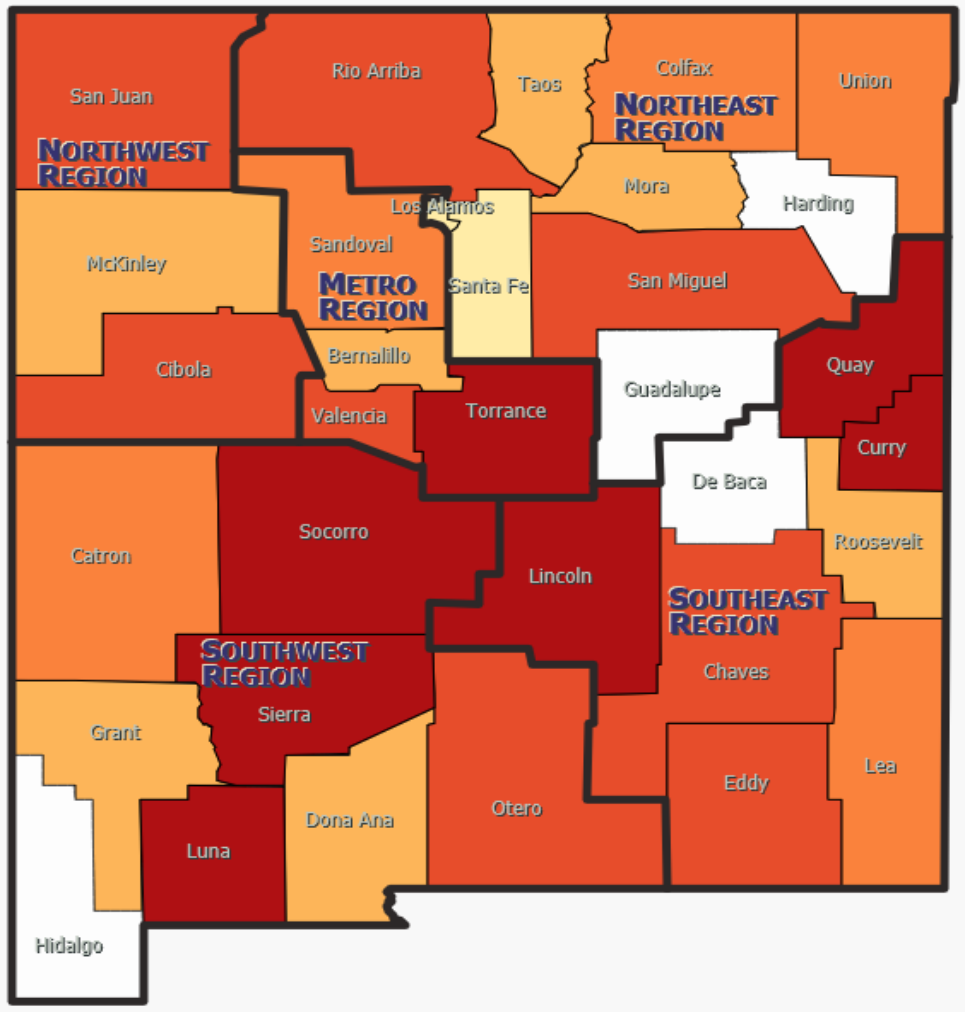
Health Behaviors and Conditions of Adult New Mexicans



Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS) 2021 Annual Report

BRFSS
Behavioral Risk Factor Surveillance System

NMDOH
NEW MEXICO DEPARTMENT OF HEALTH

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Health Behaviors and Conditions of Adult New Mexicans 2021

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 2021 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 2021 BRFSS survey was funded by a cooperative agreement with the Centers for Disease Control and Prevention (grant number 1 NU58DP006887-01-00), 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, and the Nicotine Use Prevention and Control Program of the Population and Community Health Bureau of the Public Health Division; the Injury & Behavioral 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 2021 questionnaire can be obtained by contacting:

Dr. Stephanie Lashway at (505) 476-3595 or stephanie.lashway@doh.nm.gov.

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Overview

What is the BRFSS?

Chronic disease, injury, substance abuse, and infectious disease are the leading causes of morbidity and mortality in the U.S. The Behavioral Risk Factor Surveillance System (BRFSS) is an ongoing, nationwide surveillance system that collects data on the prevalence of health conditions in the population and behaviors that affect risk for disease 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 play 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 1980s, 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. The core has questions that are included annually and biennially. 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 2021 NM BRFSS report is available in .pdf format at the NM Department of Health website:

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

Overview

2021 New Mexico BRFSS Topics

Core CDC Components (all states):
Alcohol Consumption
Arthritis
Asthma
Cardiovascular Disease
Cholesterol Awareness
Chronic obstructive pulmonary disease (COPD)
Depression
Diabetes
Fruits and Vegetables
Health Care Access
Healthy Days
Health Status
HIV testing
Hypertension Awareness
Immunization (influenza, pneumococcal vaccines)
Kidney disease
Physical Activity
Tobacco Use

Optional CDC Modules:
Blood Pressure
Cancer
Caregiver
Sex at Birth
Sexual Orientation & Gender Identity

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 Question Topics:
Cannabis Use
COVID-19
Firearm Safety
Healthcare Access—additional questions
Hypertension Awareness
Sexual Violence
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.

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 and the relative estimates.

Overview

Limitations and Strengths

Response Rates

The measures of response presented here were designed to summarize the quality of the 2021 BRFSS survey data. The Response Rate, Cooperation Rate, and Refusal Rate for the 2021 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, after which a combined summary Response Rate is calculated by combining the individual rates, weighted to the respective size of the two samples.[1]

Response Rates, New Mexico and U.S., 2021[1]						
	Landline		**Cellular**		**Combined Landline & Cellular**	
Rate	**NM**	**US**	**NM**	**US**	**NM**	**US**
Response	51.0%	48.7%	51.6%	42.0%	51.4%	44.0%
Cooperation	61.5%	60.1%	82.6%	82.9%	75.3%	75.5%
Refusal	21.7%	18.8%	10.1%	8.3%	14.1%	11.7%

[1]Centers for Disease Control and Prevention. 2021. 2021 Summary Data Quality Report. https://www.cdc.gov/brfss/annual_data/2021/pdf/2021-DQR-508.pdf

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 17.0 was used to estimate SE and to produce the corresponding 95% confidence interval estimates presented in this report. Stata/MP 17.0 is statistical analysis software that considers the complex sample design of the BRFSS to calculate appropriate SE and 95% confidence intervals.

Statistical significance for the difference between prevalence estimates was determined by comparing the 95% confidence intervals. Throughout this report, we consider the difference between two estimates to be statistically significant when the 95% CI's do not overlap. When 95% CI's overlap, it is considered that there is no statistically significant difference between two estimates and in the text the word significant refers to statistical significance.

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.[2] 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 /Alaskan Natives (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.

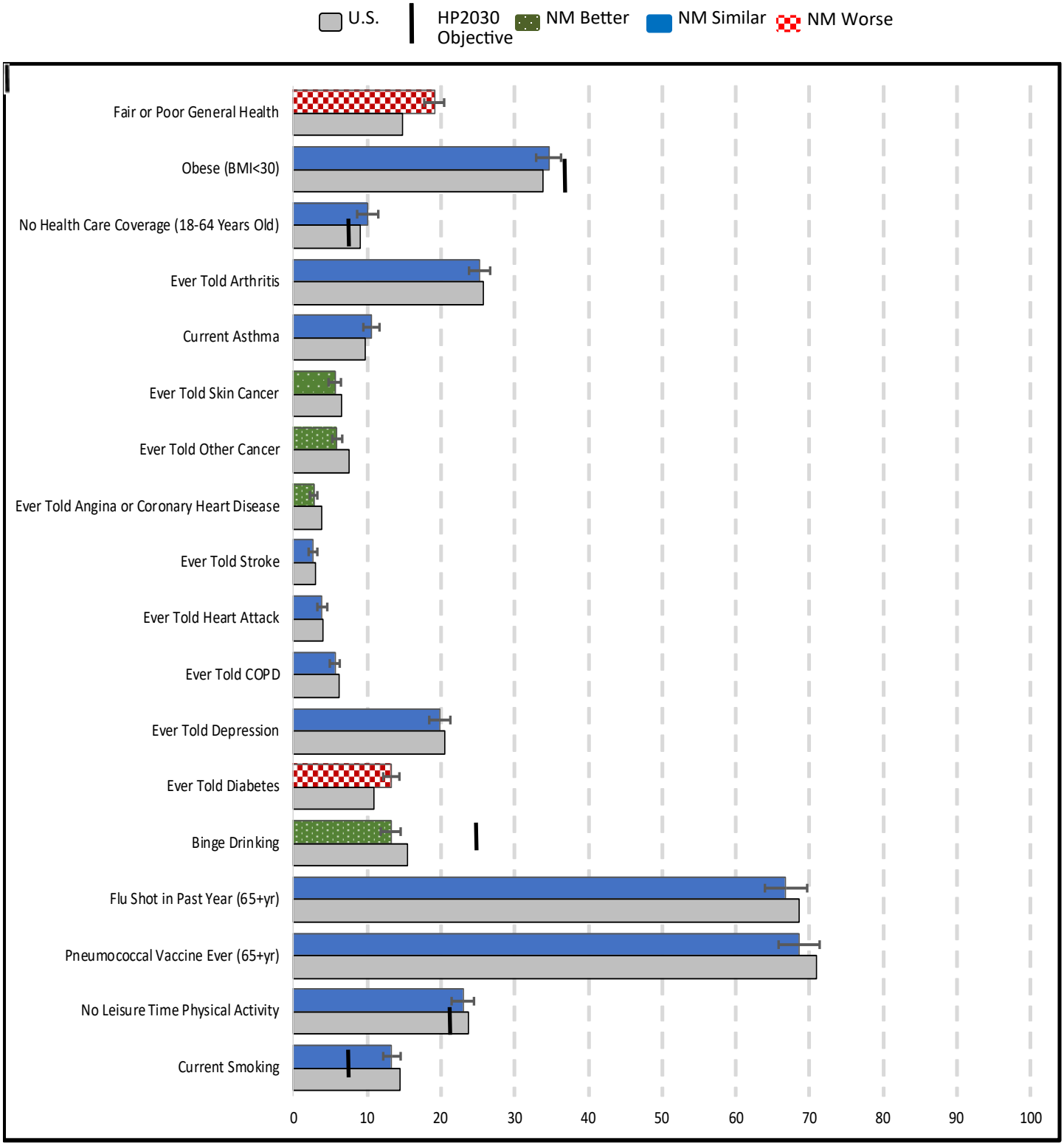
With respect to certain conditions and risk factors, particularly those addressed by core BRFSS questions that were asked of respondents in every state, estimates for New Mexico (NM) were compared to estimates for the U.S. as a whole (U.S. = all 50 states, plus the District of Columbia). These data are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

Healthy People 2030 goals and objectives are mentioned when applicable. Healthy People 2030 provides science-based, national objectives for improving health developed to provide measurable goals and objectives that can be applied to New Mexico.[3] This report will compare the estimated population percentages of adults with a particular condition, risk factor, or behavior with the Healthy People 2030 objectives.

Summary

NM Health Risk Factors and Preventive Health Care

This chart summarizes the prevalence of health care access, preventive health care, and behavioral indicators among adult New Mexicans in 2021, 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 2030 objectives which are national goals and objectives are also shown where available.



Demographics of the 2021 New Mexico Sample

Demographic Characteristics	2021 BRFSS Data			2021 Pop. Estimates¥
	Number in Sample*	Unweighted Percent (%)	Weighted Percent(%)	
Total	6,362	100.0	100.0	1,648,329
Age				
18-44	2,140	34.0	45.5	747,417
45-64	2,059	32.7	29.8	505,060
65+	2,105	33.4	24.6	395,851
Sex				
Male	2,862	45.0	48.9	807,900
Female	3,500	55.0	51.1	840,429
Race/Ethnicity				
AIAN	668	10.8	8.7	142,078
Asian or NHOPI	78	1.3	1.4	31,761
Black/AA	76	1.2	2.3	36,389
Hispanic	2,282	37.0	47.8	762,431
White	3,068	49.7	39.8	675,669
Sexual Orientation				
Straight	5,609	93.8	92.5	NA
LGB/Other	373	6.2	7.5	NA
Household Income				
< $15,000	506	9.5	9.6	NA
$15,000-$24,999	759	14.2	14.4	NA
$25,000-$49,999	1,722	32.3	32.4	NA
$50,000-$74,999	864	16.2	16.0	NA
> $75,000	1,488	27.9	27.6	NA
Geographic Region				
Northwest	1,623	25.5	9.9	NA
Northeast	1,314	20.7	14.7	NA
Metropolitan	1,504	23.6	44.6	NA
Southeast	801	12.6	13.2	NA
Southwest	1,120	17.6	17.7	NA
Education Level				
<HS	658	10.4	14.3	NA
HS Grad/GED	1,669	26.3	27.5	NA
Some College	1,740	27.4	33.1	NA
College Grad.	2,276	35.9	25.1	NA
Employment Status				
Employed	3,077	48.9	53.8	NA
Unemployed/Unable to work	835	13.3	13.8	NA
Homemaker/Student	585	9.3	11.14	NA
Retired	1,790	28.5	21.3	NA
Urban/Rural Designation				
Metro	1,410	23.3	43.7	724,884
Small/Metro	2,268	37.4	23.9	388,160
Mixed Urban/Rural	2,065	34.1	27.8	460,068
Rural	317	5.2	4.6	75,218

*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:

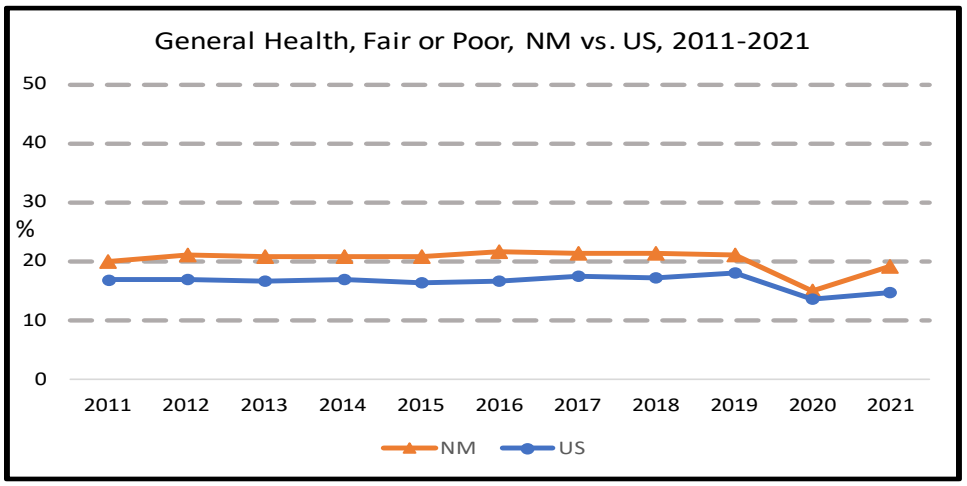
"Would you say that in general, your health is: Excellent, Very good, Good, Fair, or Poor?

Self-reported health status is how a person perceives their own health, and is a very important indicator of health among different populations and allows for broad comparisons across various health conditions.[4]

- In 2021, 19.1% of New Mexico adults reported that their general health was either fair or poor. This was higher than the US median prevalence (14.8%).
- Fair or poor general health increased with age and decreased with increasing household income.
- The prevalence of fair or poor general health status was similar by geographic region.
- White adults (15.9%) had a statistically significant lower prevalence of fair or poor health than AIAN (21.7%) and Hispanic (21.0%) adults.
- NM adults with less than a high school education (36.8%) reported a significantly higher prevalence of fair or poor general health than adults with a high school diploma/GED, some college, and college graduates.

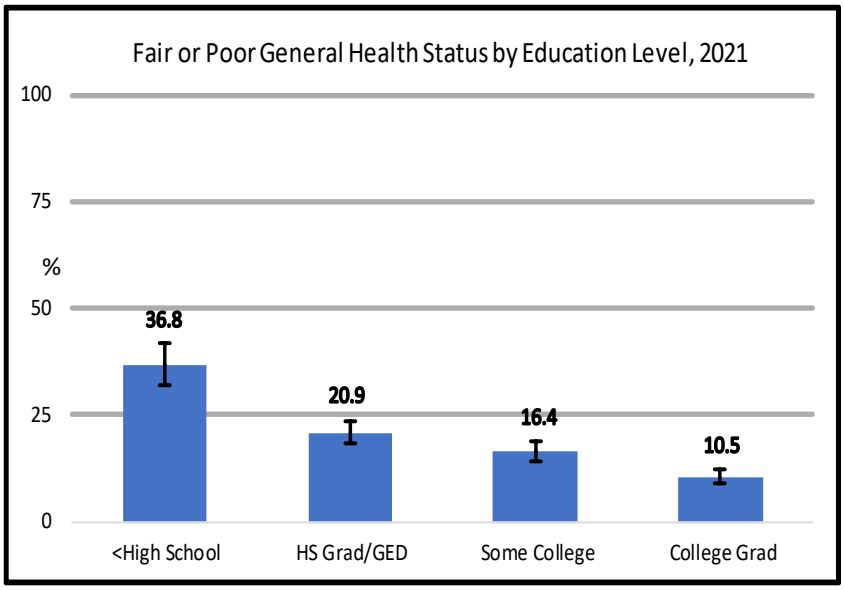
Demographic Characteristics	General Health, Fair or Poor[a] %	(95% Confidence Interval)
Total	**19.1**	**(17.8-20.4)**
Age		
18-44	**12.6**	**(10.9-14.6)**
45-64	**22.9**	**(20.5-25.4)**
65+	**26.2**	**(23.6-29.0)**
Sex		
Male	**18.6**	**(16.8-20.6)**
Female	**19.5**	**(17.8-21.3)**
Race/Ethnicity		
AIAN	**21.7**	**(17.9-26.1)**
Asian or NHOPI	**19.6**	**(9.8-35.2)**
Black/AA	**15.0**	**(7.8-27.0)**
Hispanic	**21.0**	**(18.9-23.2)**
White	**15.9**	**(14.2-17.8)**
Sexual Orientation		
Straight	**18.7**	**(17.4-20.2)**
LGB/Other	**22.5**	**(17.3-28.7)**
Household Income		
< $15,000	**45.7**	**(40.2-51.3)**
$15,000-$24,999	**29.1**	**(25.0-33.7)**
$25,000-$49,999	**18.5**	**(16.2-21.1)**
$50,000-$74,999	**12.6**	**(9.8-16.1)**
> $75,000	**7.6**	**(5.8-9.9)**
Geographic Region		
Northwest	**22.1**	**(19.3-25.1)**
Northeast	**16.7**	**(14.4-19.2)**
Metropolitan	**18.1**	**(15.9-20.6)**
Southeast	**20.3**	**(17.3-23.6)**
Southwest	**20.9**	**(18.3-23.7)**

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

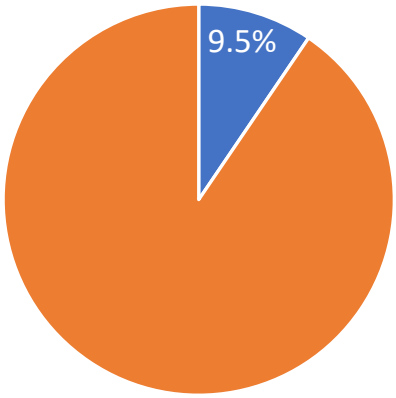


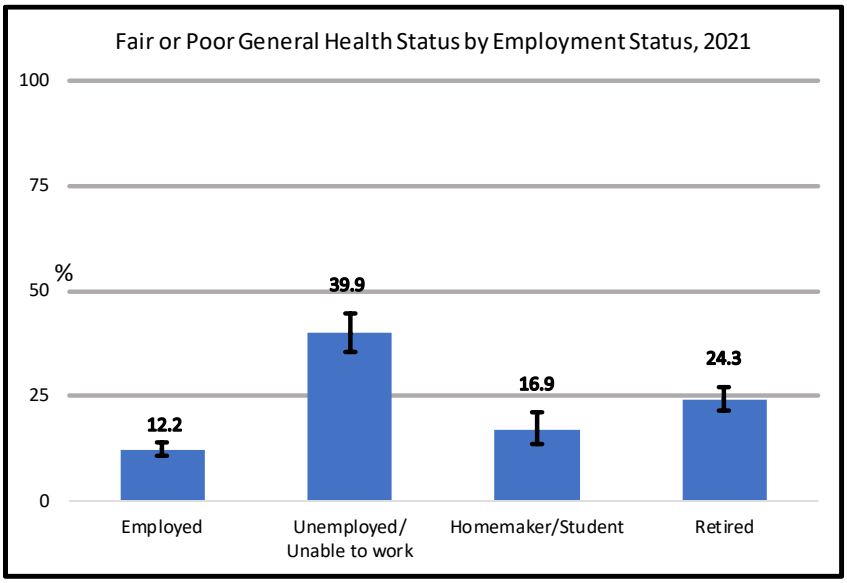
General Health Status

- Adults who were unable to work/ unemployed reported a significantly higher prevalence of fair or poor health (39.9%) than employed adults (12.2%).
- The prevalence of fair or poor general health was similar among counties designated as metropolitan, small metro, mixed urban/rural, and rural.

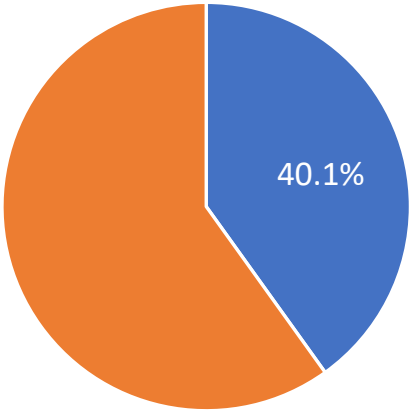


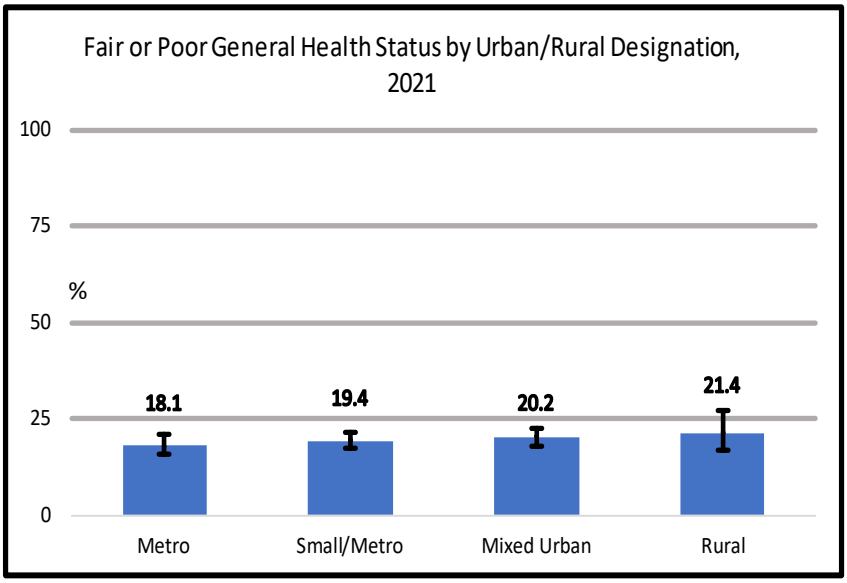
Fair/poor health among adults with no disabilities, 2021





Fair/poor health among adults with at least one disability, 2021





Quality of Life

Question:

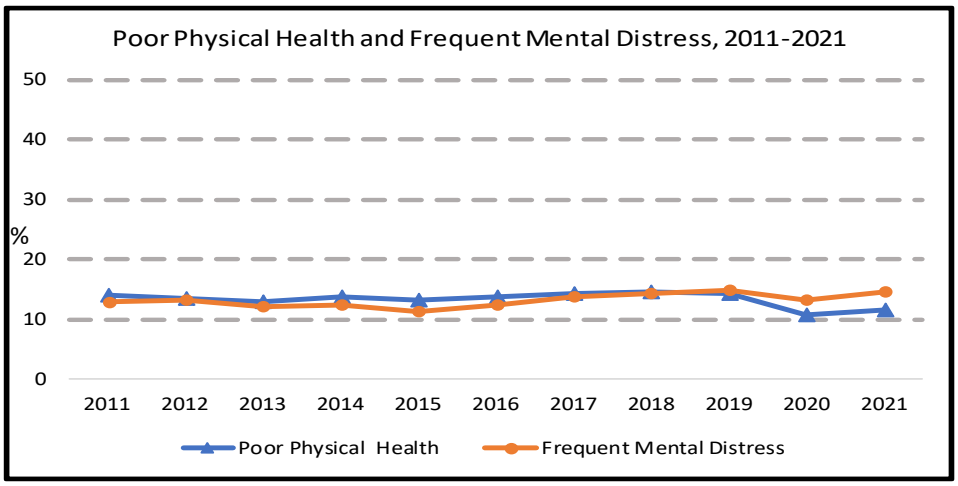
"Now thinking about your physical/ mental health...for how many days during the past 30 days was your physical/mental health not good?

The Centers for Disease Control and Prevention defines health-related quality of life as "an individual's or group's perceived physical and mental health over time".[4]

- In 2021, 11.5% of New Mexico adults experienced poor physical health and 14.5% experienced 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 (17.5%) experienced a statistically significant higher prevalence of frequent mental distress than males (11.4%).
- LGB/other adults (28.5%) had a significantly higher prevalence of frequent mental distress than straight adults (13.4%).

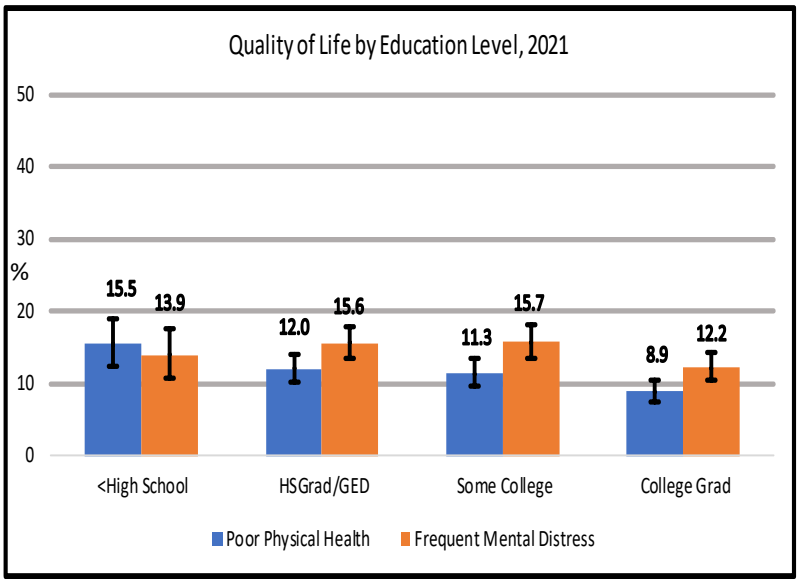
Demographic Characteristics	Poor Physical Health[a] %	Poor Physical Health[a] (95% Confidence Interval)	Frequent Mental Distress[b] %	Frequent Mental Distress[b] (95% Confidence Interval)
Total	**11.5**	**(10.5-12.5)**	**14.5**	**(13.4-15.7)**
Age				
18-44	6.7	(5.5-8.2)	16.1	(14.3-18.1)
45-64	14.9	(13.0-17.0)	16.3	(14.2-18.6)
65+	16.2	(14.1-18.7)	9.3	(7.7-11.2)
Sex				
Male	10.5	(9.1-12.0)	11.4	(10.0-13.1)
Female	12.4	(11.0-13.9)	17.5	(15.7-19.3)
Race/Ethnicity				
AIAN	11.1	(8.1-15.0)	15.3	(11.7-19.7)
Asian or NHOPI	13.8	(6.0-28.5)	5	(1.5-15.6)
Black/AA	10.4	(4.5-22.2)	14.5	(7.5-26.2)
Hispanic	11.3	(9.8-13.0)	14.2	(12.5-16.1)
White	11.3	(9.9-12.9)	14.9	(13.2-16.8)
Sexual Orientation				
Straight	11.4	(10.4-12.6)	13.4	(12.2-14.6)
LGB/Other	13.7	(9.7-19.1)	28.5	(22.7-35.0)
Household Income				
< $15,000	27.4	(22.7-32.7)	25.7	(21.0-31.0)
$15,000-$24,999	17.4	(14.1-21.2)	18.8	(15.3-22.8)
$25,000-$49,999	12.2	(10.2-14.4)	15.7	(13.5-18.2)
$50,000-$74,999	7.6	(5.5-10.4)	12.5	(9.7-16.0)
> $75,000	4.4	(3.2-6.0)	9.7	(7.8-12.0)
Geographic Region				
Northwest	10.9	(9.0-13.1)	15.6	(13.1-18.6)
Northeast	11.2	(9.3-13.5)	12.9	(10.9-15.1)
Metropolitan	10.9	(9.2-12.9)	14.6	(12.6-16.8)
Southeast	12.7	(10.3-15.4)	15.6	(12.7-18.9)
Southwest	12.4	(10.4-14.8)	14.3	(12.0-16.9)

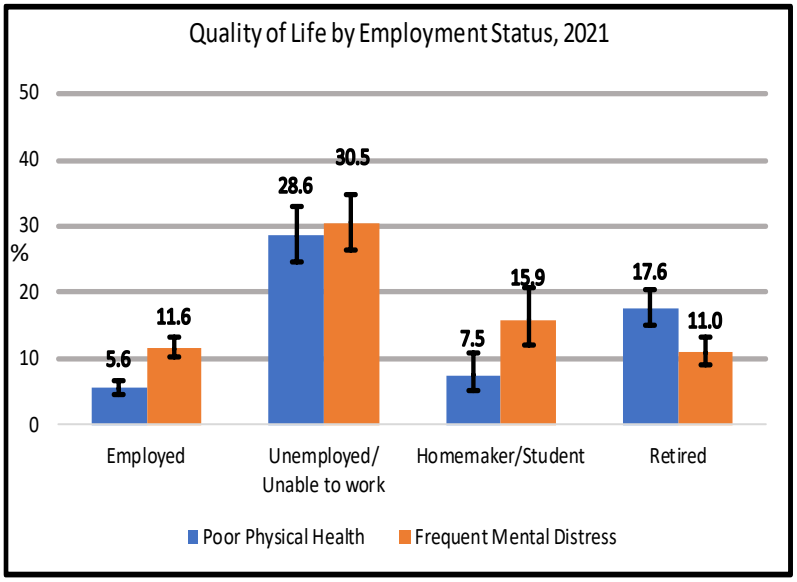
[a] Among all adults, the proportion reporting 14 or more days of poor physical health. [b] Among all adults, the proportion reporting 14 or more days of poor mental health.

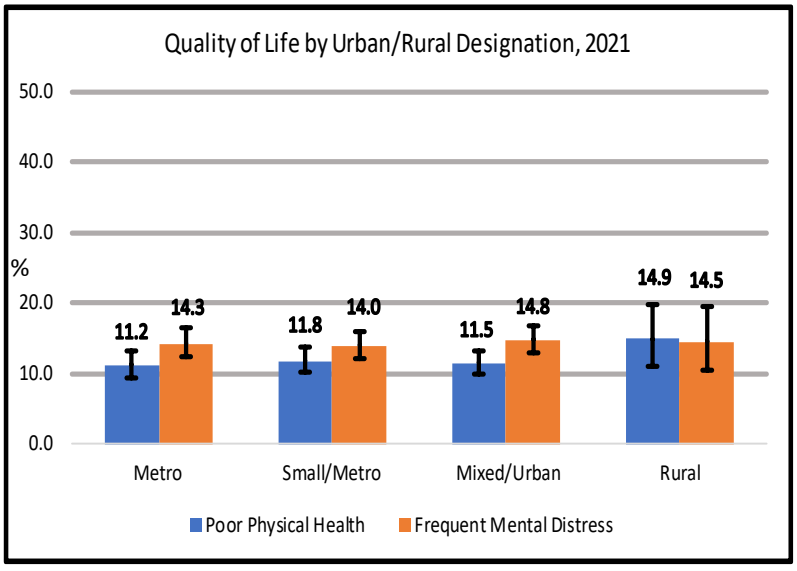


Quality of Life

- Among NM adults, the prevalence of poor physical health decreased with higher education level.
- Both poor physical health and frequent mental distress were 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 were more likely to have both poor physical health (28.3%) and frequent mental distress (29.0%) than adults without disabilities (3.9% and 8.1%, respectively).







Disability

Question:

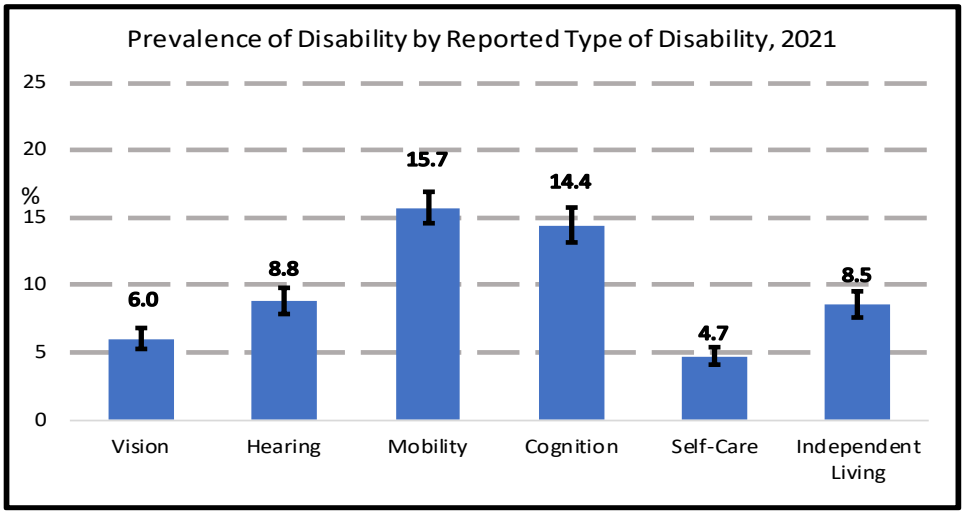
"The following questions are about health problems and impairments you may have, such as difficulty seeing, hearing, walking, and independent living?"

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.[5]

- In 2021, an estimated 32.1% of New Mexico adults had 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.
- There were no significant differences by Race/Ethnicity
- The most prevalent disability was difficulty walking (mobility) (15.7%). The highest prevalence of difficulty walking was among adults over 65 years of age (30.4%).

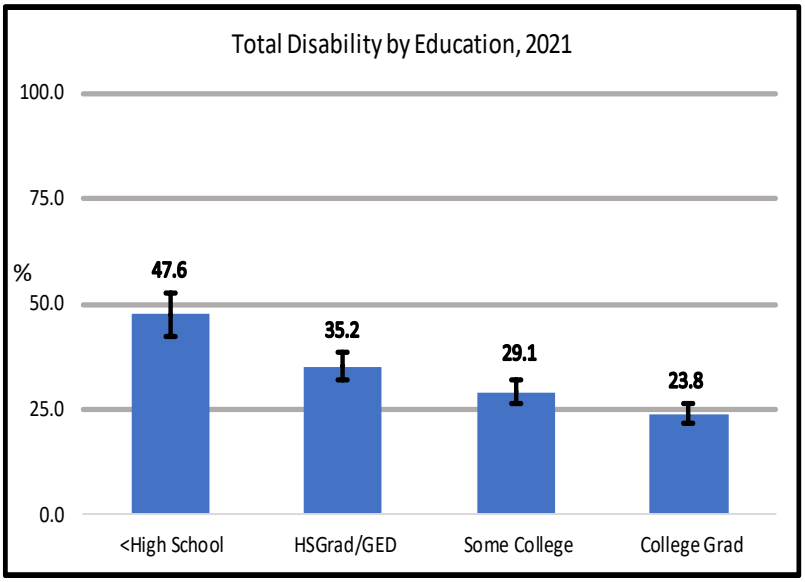
Demographic Characteristics	Total Disability[a] %	Total Disability[a] (95% Confidence Interval)
Total	**32.1**	**(30.5-33.7)**
Age		
18-44	23.2	(20.8-25.7)
45-64	32.9	(30.2-35.8)
65+	47.6	(44.6-50.7)
Sex		
Male	29.0	(26.8-31.3)
Female	35.0	(32.7-37.2)
Race/Ethnicity		
AIAN	29.7	(25.0-35.0)
Asian or NHOPI	26.5	(15.7-41.1)
Black/AA	19.6	(11.2-32.0)
Hispanic	33.0	(30.4-35.6)
White	32.1	(29.8-34.4)
Sexual Orientation		
Straight	31.4	(29.7-33.1)
LGB/Other	40.3	(33.4-47.6)
Household Income		
< $15,000	55.7	(49.9-61.3)
$15,000-$24,999	42.7	(38.0-47.7)
$25,000-$49,999	34.3	(31.2-37.6)
$50,000-$74,999	24.9	(21.1-29.2)
> $75,000	17.9	(15.3-20.8)
Geographic Region		
Northwest	33.9	(30.6-37.5)
Northeast	31.0	(28.1-34.1)
Metropolitan	31.0	(28.2-33.9)
Southeast	32.8	(29.1-36.8)
Southwest	34.1	(30.8-37.4)

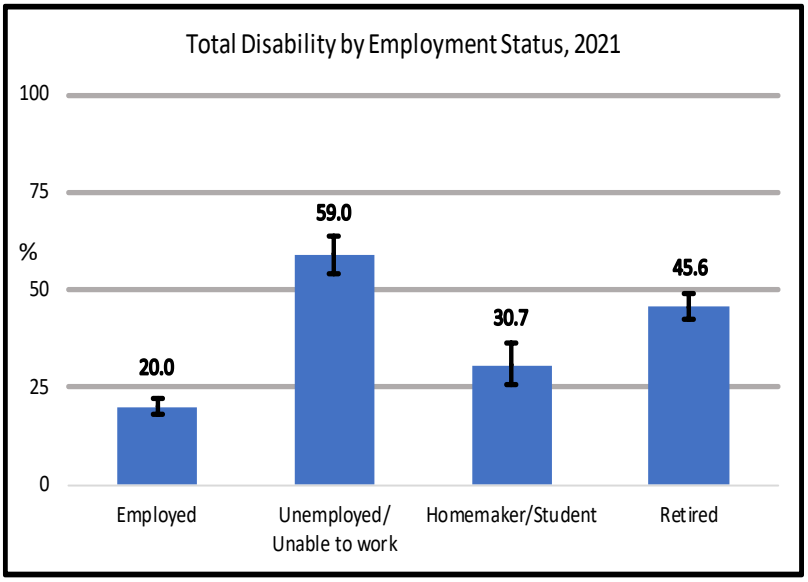
[a]Among all adults, those who said yes to at least one disability; serious difficulty with any of the following: seeing (vision), hearing, walking/climbing stairs (mobility), dressing/bathing (self-care), running errand alone (independent living), or cognition (concentrating, remembering, or making decisions)

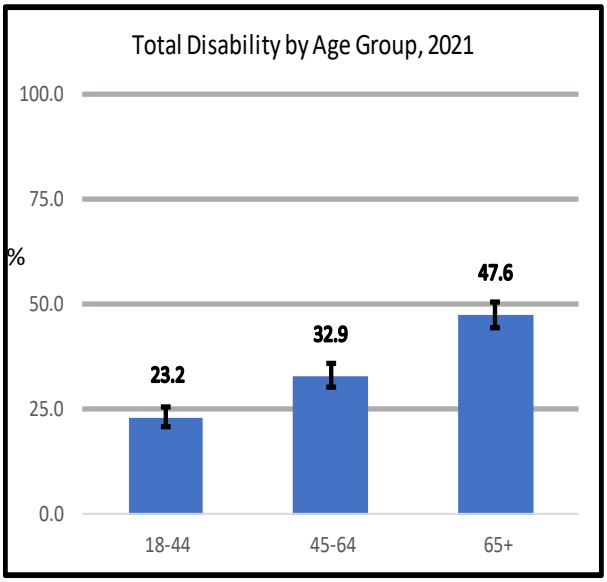


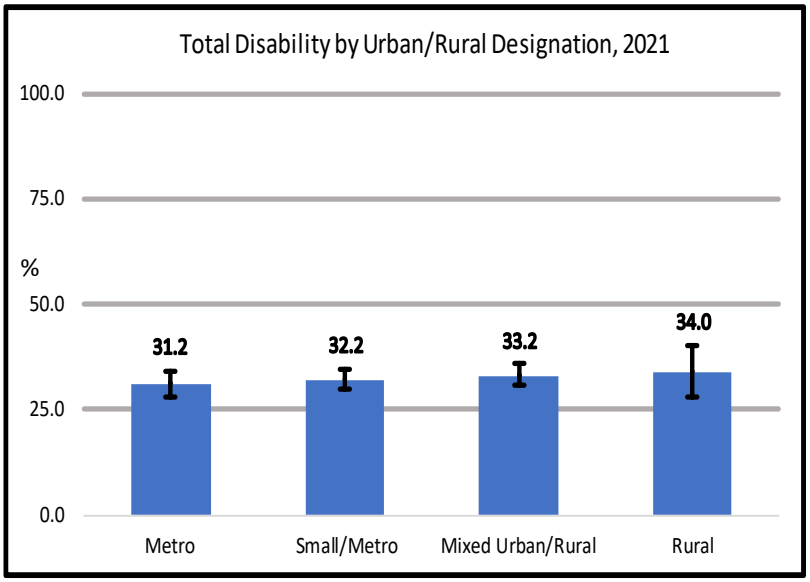
Disability

- 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 three times higher prevalence of at least one disability (47.6%) than adults with a college degree (23.8%).
- NM adults who were either unemployed and/or unable to work had a significantly higher prevalence of having at least one disability (59.0%) than employed adults (20.0%).









Weight Status

Questions:

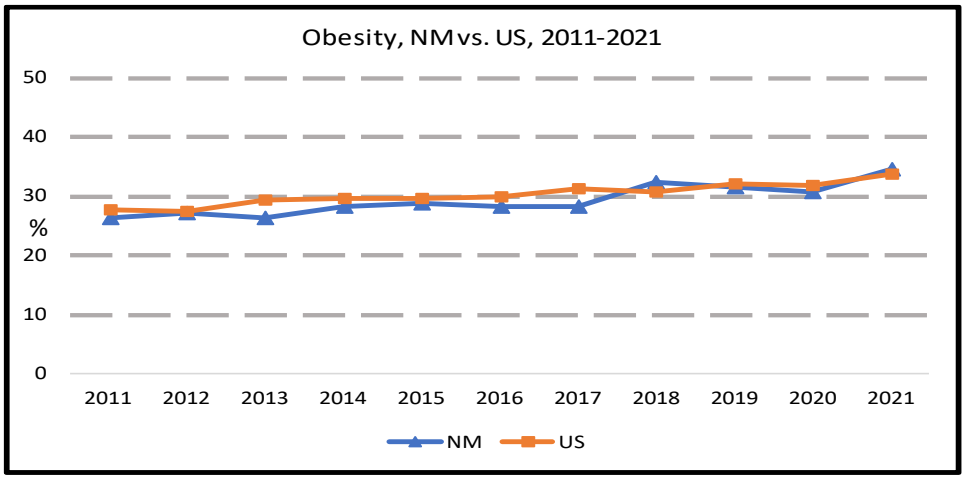
"About how much do you weigh without shoes? About how tall are you?"

Obesity increases 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.[6] Obesity is defined as a BMI greater than or equal to 30.0.

- The Healthy People (HP) 2030 goal for obesity among adults is 36.0%. In 2021, 34.6% of New Mexico adults were obese. The prevalence of obesity in New Mexico was higher than the U.S. median prevalence (33.9%).
- Adults in the middle age range had a higher prevalence of obesity (41.6%) than adults aged 65 and older (26.8%) and adults 18-44 (34.3%).
- There was no significant difference in obesity by gender.
- AIAN adults had a significantly higher prevalence of obesity (45.0%) than Asian or NHOPI, Hispanic, and White adults.
- Adults in the lowest household income category had a significantly higher prevalence of obesity (43.3%) compared to adults in the highest category (30.1%).

Demographic Characteristics	Obese[a] %	Obese[a] (95% Confidence Interval)
Total	**34.6**	**(32.9-36.3)**
Age		
18-44	34.3	(31.6-37.1)
45-64	41.6	(38.6-44.7)
65+	26.8	(24.0-29.8)
Sex		
Male	33.5	(31.2-35.9)
Female	35.6	(33.3-38.0)
Race/Ethnicity		
AIAN	50.2	(44.4-56.0)
Asian or NHOPI	26.1	(14.2-42.9)
Black/AA	35.8	(24.1-49.6)
Hispanic	38.2	(35.5-40.9)
White	27.9	(25.7-30.3)
Sexual Orientation		
Straight	34.5	(32.8-36.4)
LGB/Other	35.9	(29.3-43.1)
Household Income		
< $15,000	43.3	(37.8-49.0)
$15,000-$24,999	37.4	(32.7-42.3)
$25,000-$49,999	37.3	(34.1-40.7)
$50,000-$74,999	35.1	(30.6-39.9)
> $75,000	30.1	(26.9-33.5)
Geographic Region		
Northwest	37.4	(34.0-40.9)
Northeast	30.2	(27.2-33.5)
Metropolitan	32.6	(29.7-35.7)
Southeast	41.5	(37.3-45.8)
Southwest	36.2	(32.8-39.8)

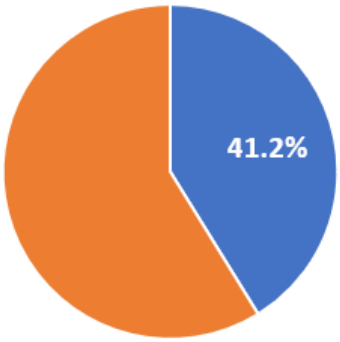
[a]Among all adults, the proportion of respondents whose BMI was greater than or equal to 30.0.
Note: BMI, body mass index, is defined as weight (in kg) divided by height (in meters) squared. Weight and height are self-reported. Pregnant women were excluded.



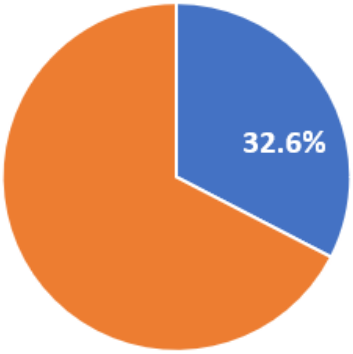
Weight Status

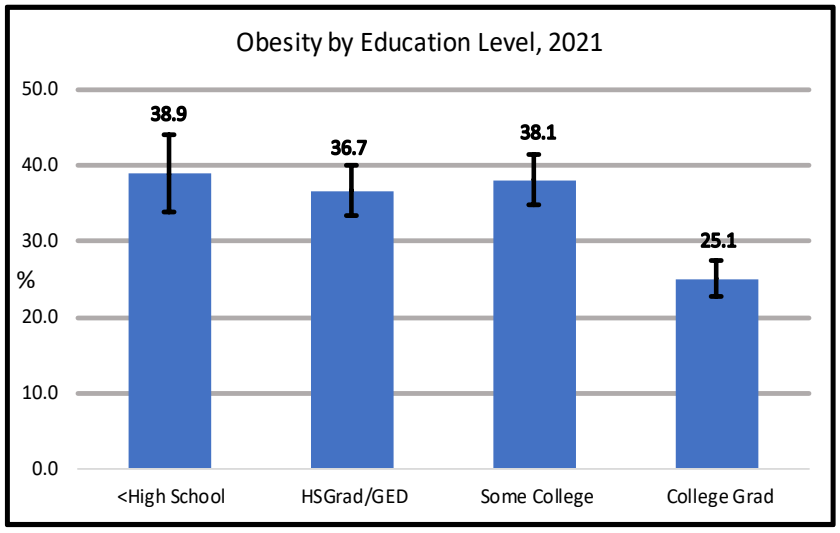
- In NM, adults in the Southeast region had a significantly higher prevalence of obesity (41.5%) than adults in any other region.
- College graduates had a significantly lower prevalence of obesity (25.1%) than adults who were not college graduates.
- NM adults who were unemployed/unable to work had a higher prevalence of obesity (42.1%) compared to retired adults (27.8%).
- The was no significant difference by Urban/ rural county designation.
- Adults who exercised (leisure-time physical activity) had lower prevalence of obesity (32.6%) than adults who did not exercise (41.2%).

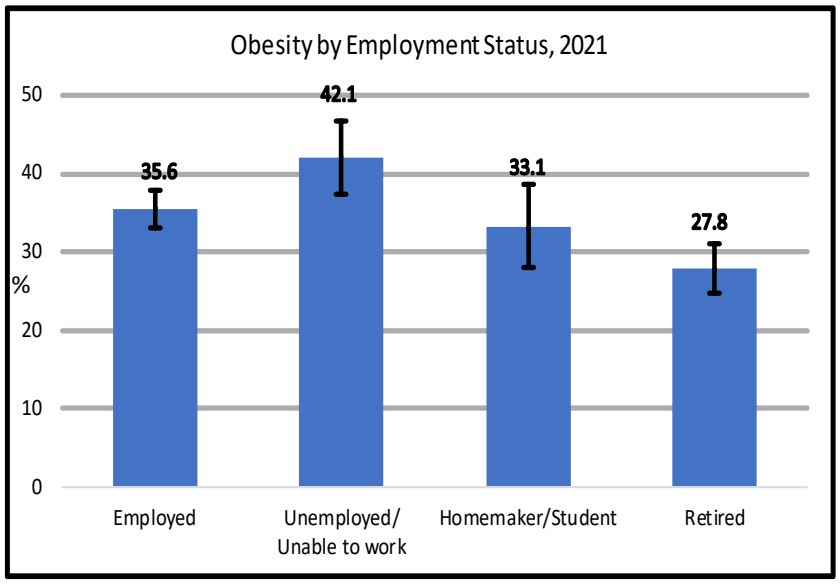
Obesity among adults who do not exercise, 2021

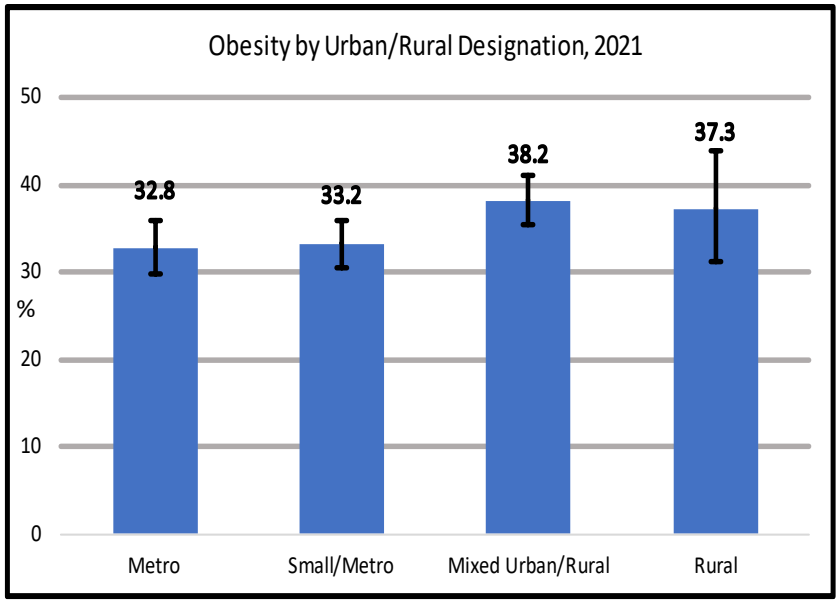


Obesity among adults who exercise, 2021









Lack of Health Care Coverage (Adults 18-64)

Question:

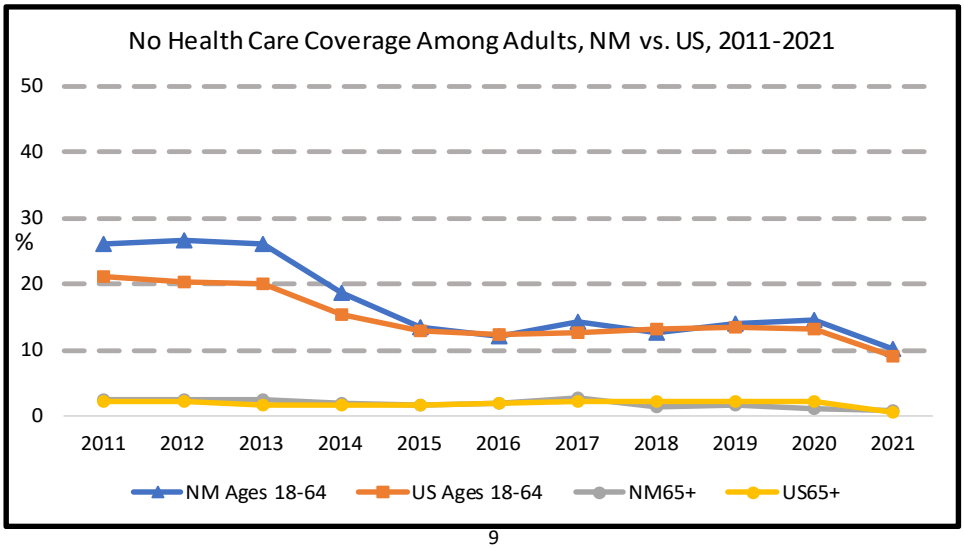
What is the current primary source of your health insurance?

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 decreased mortality.[7] Uninsured adults are more likely to develop preventable illnesses, more likely to suffer complications from those illnesses, and are more likely to die prematurely.[7,8]

- In 2021, 10.1% of New Mexico adults 18-64 did not have health care coverage. The prevalence of no health care coverage among NM adults 18-64 was higher than the U.S. median prevalence (9.1%).
- The HP 2030 target is to have 92.4% of adults insured by 2030 (<7.6% uninsured), while only 90.9% of NM adults had health care coverage.
- Males (12.1%) were more likely to lack health care coverage than females (8.1%).
- A significantly higher proportion of Hispanic adults (13.6%) report lack of health care coverage than AIAN (6.2%), Asian/NHOPI(0.5%), and White adults (7.0%).

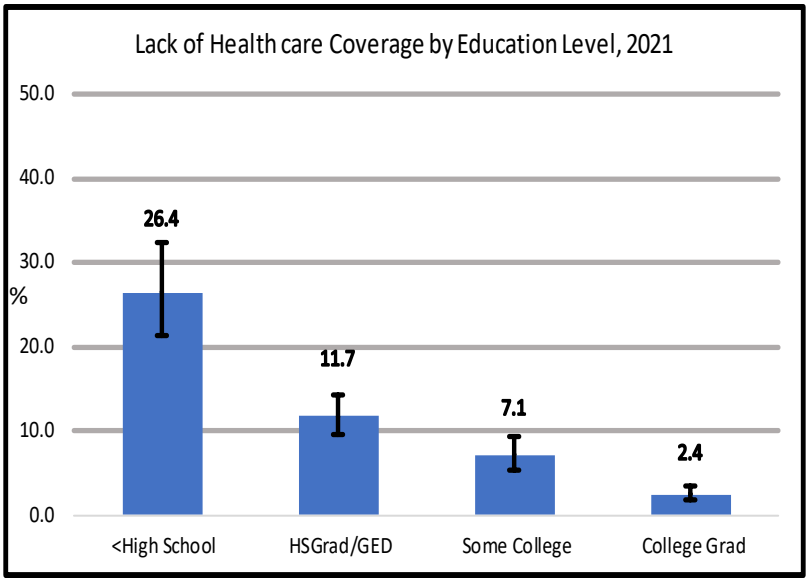
	No Health Care Coverage Among Adults 18-64[a]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**10.1**	**(8.8-11.5)**
Age		
18-44	11.0	(9.3-12.9)
45-64	8.7	(7.1-10.7)
Sex		
Male	12.1	(10.2-14.3)
Female	8.1	(6.6-9.9)
Race/Ethnicity		
AIAN	6.2	(3.9-9.7)
Asian or NHOPI	0.5	(0.1-2.4)
Black/AA	3.2	(0.5-19.4)
Hispanic	13.6	(11.6-15.8)
White	7.0	(5.3-9.0)
Sexual Orientation		
Straight	10.6	(9.2-12.1)
LGB/Other	6.4	(3.4-11.7)
Household Income		
< $15,000	9.6	(6.4-14.2)
$15,000-$24,999	12.6	(9.3-16.8)
$25,000-$49,999	16.6	(13.6-20.0)
$50,000-$74,999	5.2	(3.2-8.4)
> $75,000	3.5	(2.1-5.7)
Geographic Region		
Northwest	9.8	(7.4-12.7)
Northeast	10.1	(7.9-12.8)
Metropolitan	9.2	(7.2-11.8)
Southeast	12.2	(9.4-15.7)
Southwest	10.7	(8.1-14.2)

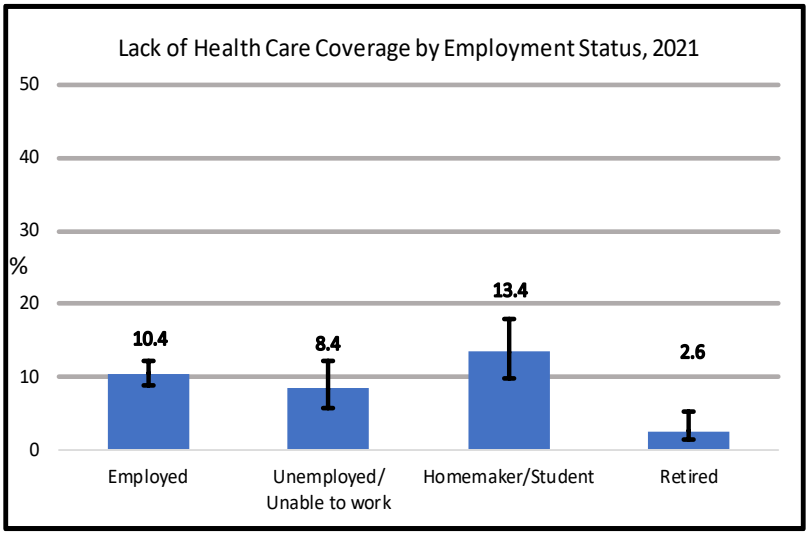
[a]Among adults aged 18-64 years, the proportion who reported having no health care coverage, including health insurance, prepaid plans such as HMO's, or government plans, such as Medicaid or Indian Health Services. ** Suppressed due to a denominator <50.

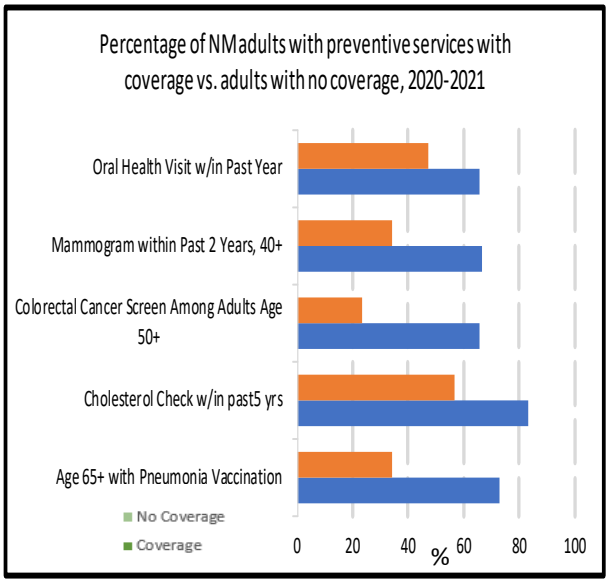


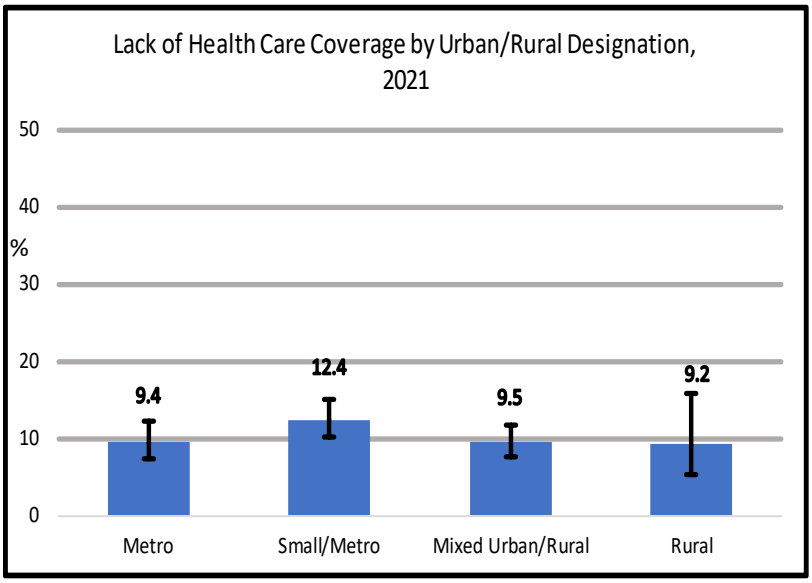
Lack of Health Care Coverage (Adults 18-64)

- Those at the middle income level (an annual household income of $25,000-$49,999) had the highest (16.6%) prevalence of no health care coverage, and those with an annual household income greater than $75,000 had the lowest prevalence of no health care coverage (3.5%).
- The prevalence of no health care coverage decreased with increasing education level.
- Homemakers/students were more likely to lack health care coverage than retired adults.
- The prevalence of no health care coverage was similar across geographic region and urban rural designation.
- Adults without health care coverage were significantly less likely to receive any of five preventative health care services than were adults with coverage.









Arthritis

Question:

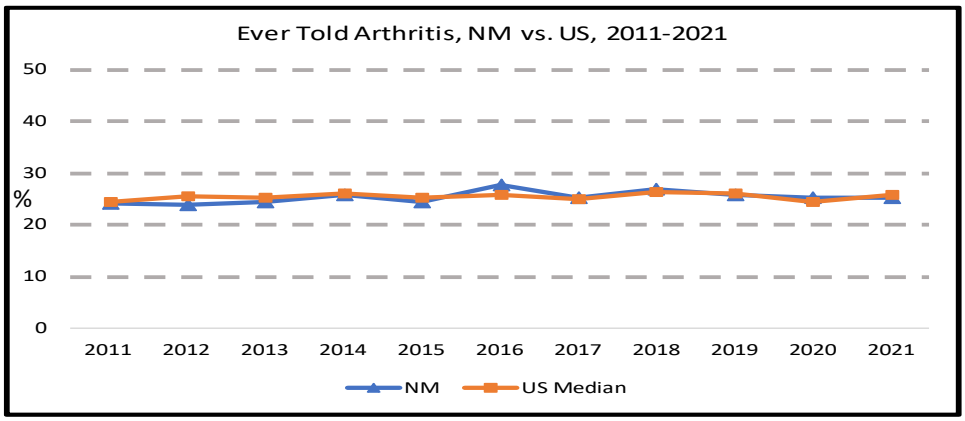
"Have you ever been told by a doctor or other health professional that you have some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia?"

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.[9]

- In 2021, 25.2% 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 (25.8%).
- The percentage of women with diagnosed arthritis (30.2%) was higher than that of adult men (20.0%). 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 46.9%.
- 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 among those of income categories of less than $15,000.

Demographic Characteristics	Ever Told Arthritis[a] %	Ever Told Arthritis[a] (95% Confidence Interval)
Total	**25.2**	**(23.8-26.6)**
Age		
18-44	8.5	(7.1-10.0)
45-64	32.9	(30.2-35.6)
65+	46.9	(43.9-49.9)
Sex		
Male	20.0	(18.2-22.0)
Female	30.2	(28.1-32.3)
Race/Ethnicity		
AIAN	19.5	(15.3-24.4)
Asian or NHOPI	16.2	(8.2-29.6)
Black/AA	26.3	(16.0-40.1)
Hispanic	20.6	(18.7-22.7)
White	31.9	(29.7-34.2)
Sexual Orientation		
Straight	25.7	(24.3-27.3)
LGB/Other	22.8	(17.5-29.0)
Household Income		
< $15,000	33.6	(28.6-39.0)
$15,000-$24,999	26.0	(22.1-30.4)
$25,000-$49,999	25.1	(22.4-27.9)
$50,000-$74,999	25.1	(21.4-29.3)
> $75,000	21.6	(19.0-24.4)
Geographic Region		
Northwest	22.0	(19.5-24.6)
Northeast	27.3	(24.6-30.2)
Metropolitan	25.2	(22.8-27.9)
Southeast	26.9	(23.6-30.5)
Southwest	23.8	(21.1-26.7)

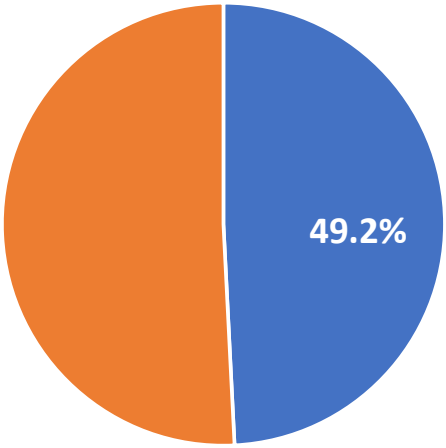
[a]Among all adults , the proportion who reporting ever been told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.



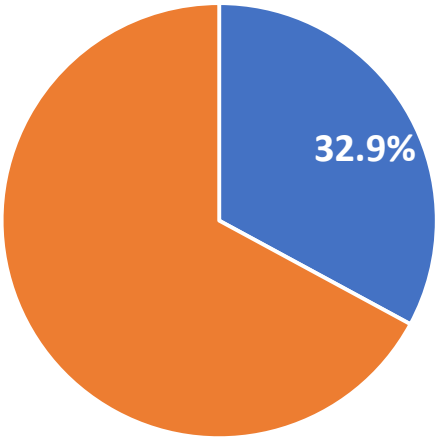
Arthritis

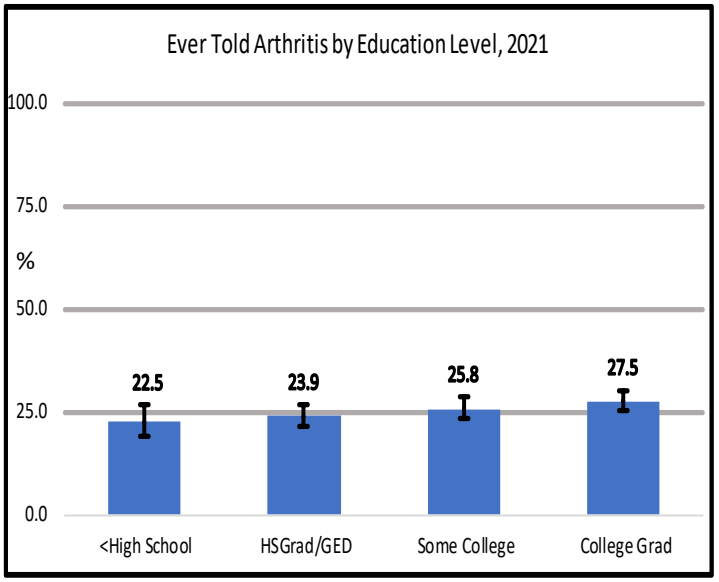
- The prevalence of diagnosed arthritis did not vary by sexual orientation or education level.
- Among NM adults with an employment status of retired or unemployed/unable to work, the prevalence of diagnosed arthritis was significantly higher than employed or homemaker/student adults.
- Adults with diagnosed arthritis were more likely to have fair or poor health (33.4% vs. 14.2%), to have cardiovascular disease (14.4% vs. 4.9%), or have a disability (56.1% vs. 23.8%), even after adjustment for age category.
- In 2019, 49.2% of adults with arthritis reported that arthritis limited their usual activities while 32.9% said that arthritis affected whether they worked.

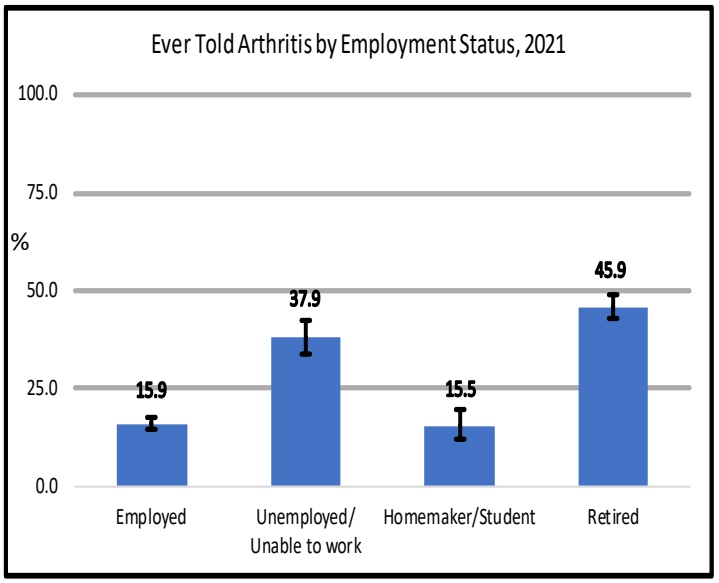
Usual activities limited by arthritis, among adults with arthritis, 2021

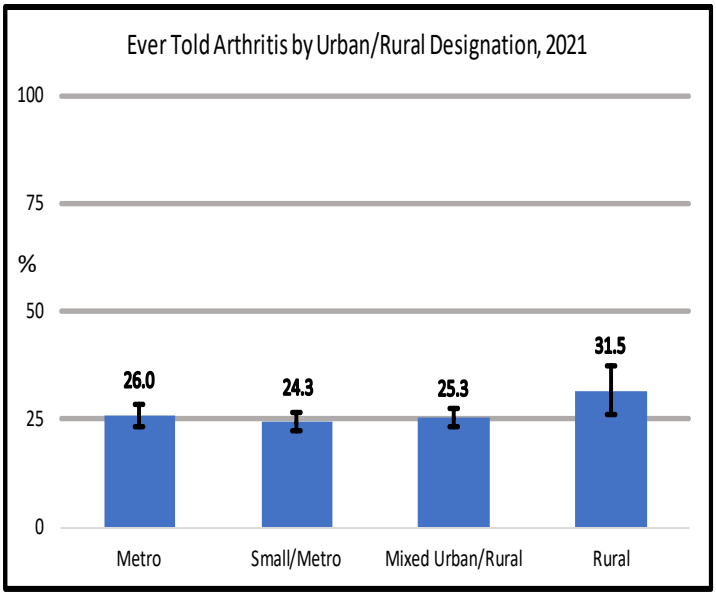


Work affected by arthritis, among adults with arthritis, 2021









Asthma

Questions:

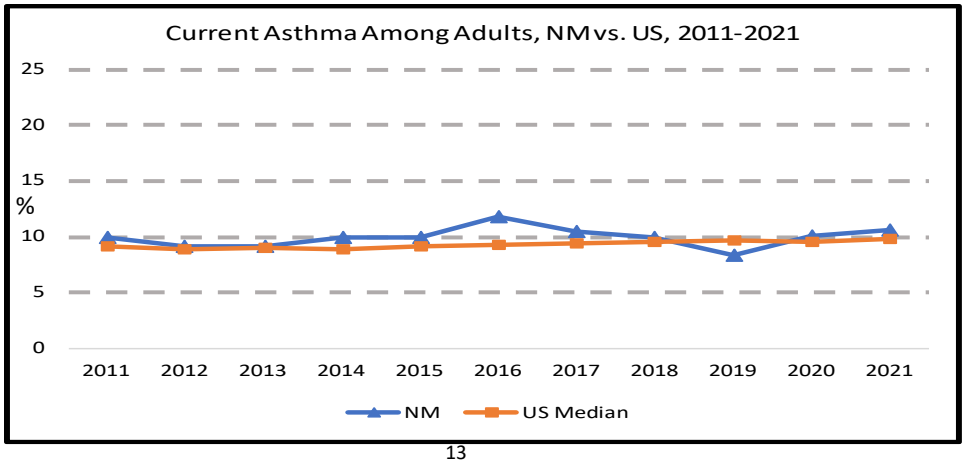
"(Ever told) you had asthma?
Do you still have asthma?"

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.[10]

- In 2021, 10.6% of New Mexico adults had asthma. The prevalence of current asthma among NM adults was similar to the U.S. median prevalence (9.8%).
- The percentage of women who currently had asthma (14.3%) was higher than that of men (6.6%).
- The prevalence of current asthma among LGB/other was higher than among straight adults, 20.9% vs 9.8%, respectively.
- The prevalence of current asthma did not vary significantly by age, race/ethnicity, or geographic region.

Demographic Characteristics	Current Asthma[a] %	Current Asthma[a] (95% Confidence Interval)
Total	**10.6**	**(9.6-11.7)**
Age		
18-44	11.0	(9.4-12.9)
45-64	9.3	(7.8-11.0)
65+	11.1	(9.3-13.2)
Sex		
Male	6.6	(5.5-8.0)
Female	14.3	(12.8-16.1)
Race/Ethnicity		
AIAN	7.4	(5.4-10.1)
Asian or NHOPI	7.7	(2.8-19.3)
Black/AA	9.5	(4.3-19.9)
Hispanic	10.4	(8.9-12.2)
White	11.6	(10.1-13.3)
Sexual Orientation		
Straight	9.8	(8.8-10.9)
LGB/Other	20.9	(15.4-27.8)
Household Income		
< $15,000	13.7	(10.4-18.0)
$15,000-$24,999	12.4	(9.6-15.9)
$25,000-$49,999	11.3	(9.3-13.5)
$50,000-$74,999	9.7	(7.3-12.8)
> $75,000	9.1	(7.2-11.5)
Geographic Region		
Northwest	10.1	(8.3-12.3)
Northeast	10.0	(8.3-12.0)
Metropolitan	11.3	(9.5-13.4)
Southeast	10.3	(8.1-13.1)
Southwest	9.7	(7.9-11.8)

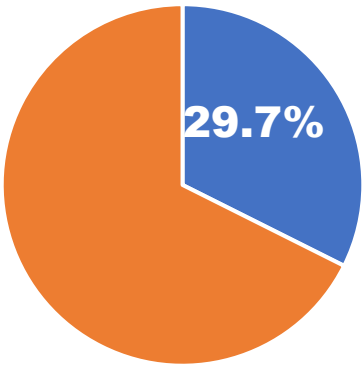
[a] Among all adults, the proportion reporting that they were ever told by a doctor, nurse, or other health care professional that had asthma and report that they still have asthma.



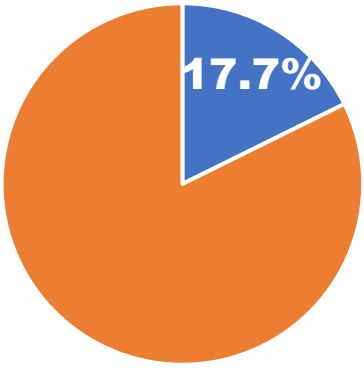
Asthma

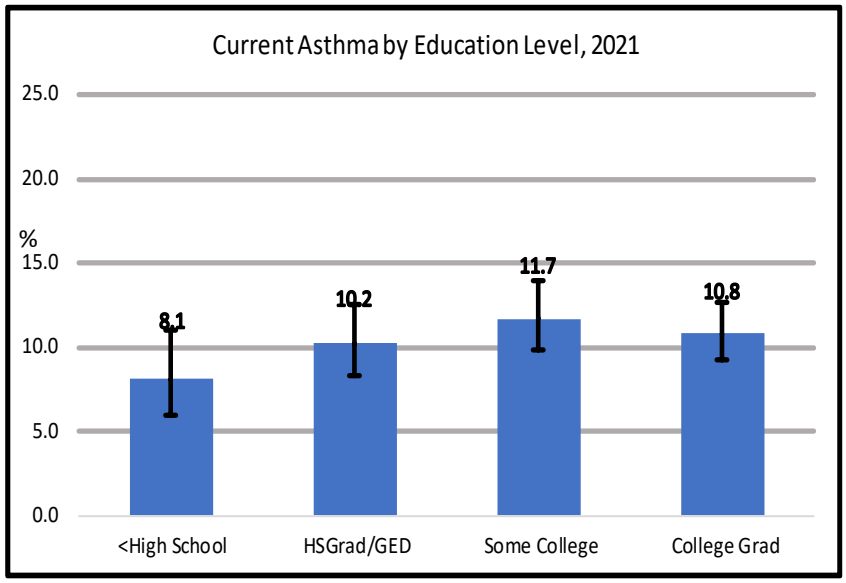
- The prevalence of current asthma did not vary significantly by education level, employment status, or Urban/rural county designation.
- Adults with current asthma were more likely to report fair/poor health (29.7%) compared to those without current asthma (17.7%).

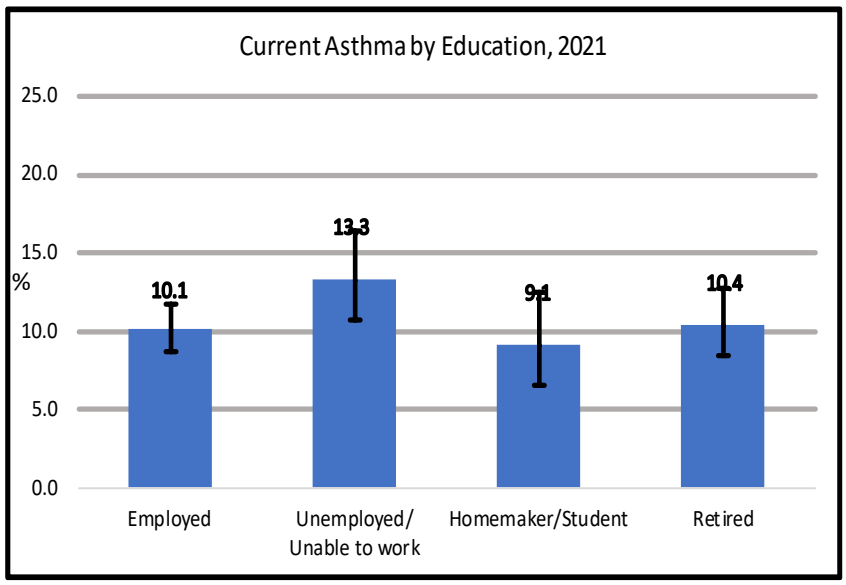
Fair/poor health among adults with current asthma, 2021

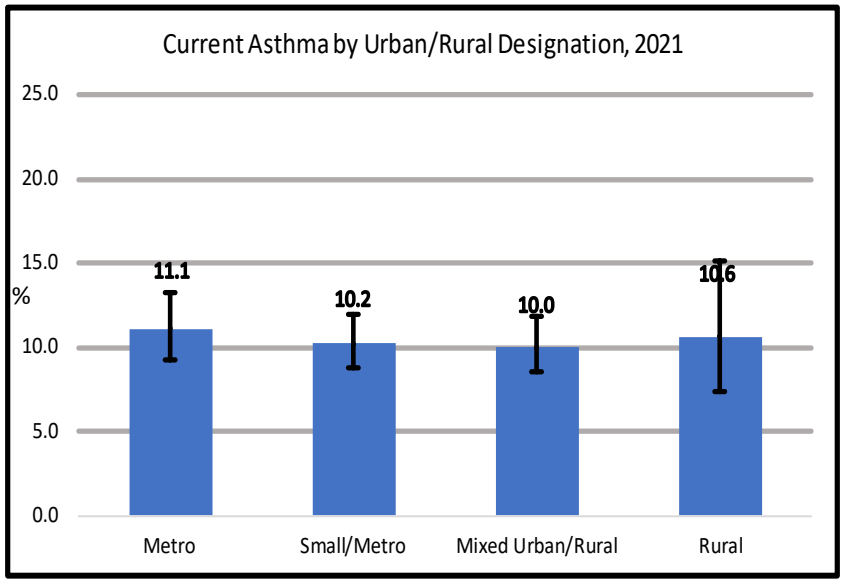


Fair/poor health among adults without current asthma, 2021









Chronic Obstructive Pulmonary Disease (COPD)

Question:

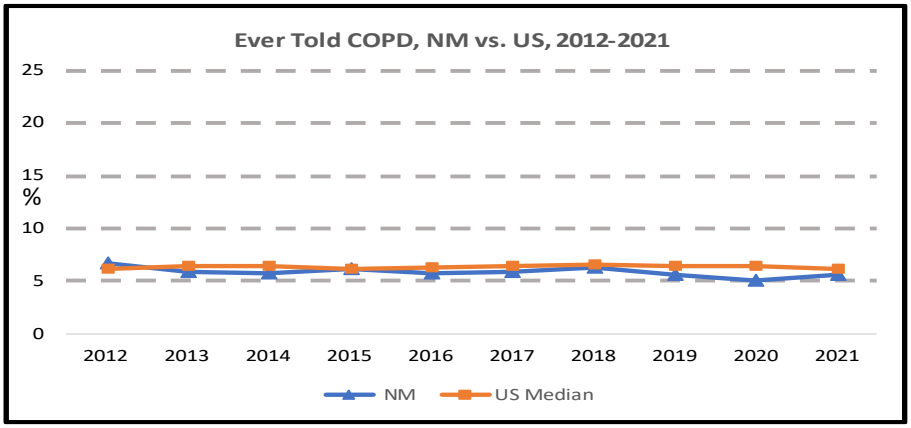
"Have you ever been told by a doctor, nurse or other health professional that you have COPD (chronic obstructive pulmonary disease), emphysema or chronic bronchitis?"

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.[11] Causes include exposure to tobacco smoke, pollution, and respiratory infections.[11]

- In 2021, 5.6% of New Mexico adults had been diagnosed with some form of COPD. This was lower than the U.S. median COPD prevalence, 6.1%.
- Females were significantly more likely to report COPD than males.
- White adults (8.6%) were significantly more likely to have COPD than AIAN (2.8%) and Hispanic adults (3.8%).
- Prevalence of COPD decreased as household income increased.
- There was no difference in the prevalence of a history of COPD by geographical region.

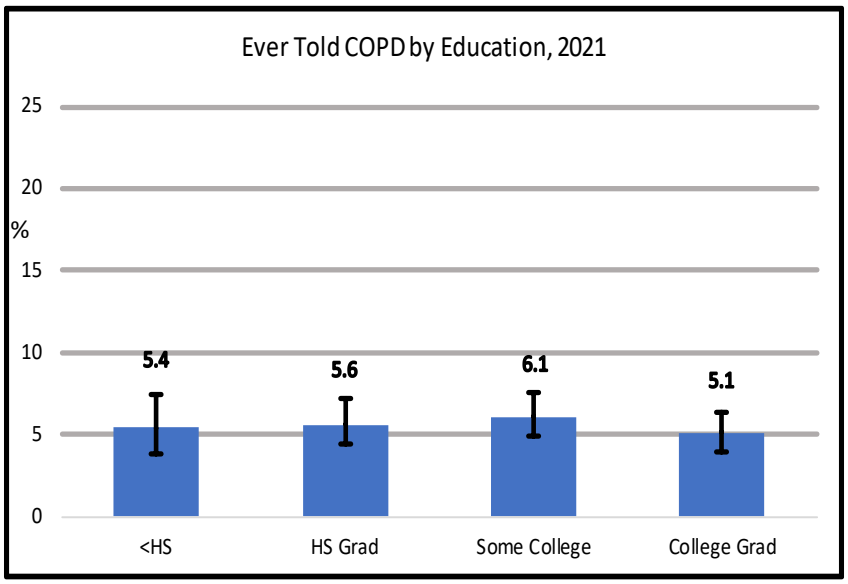
Demographic Characteristics	Ever Told COPD[a] %	Ever Told COPD[a] (95% Confidence Interval)
Total	**5.6**	**(4.9-6.3)**
Age		
18-44	1.9	(1.3-2.7)
45-64	5.2	(4.1-6.5)
65+	12.9	(11.0-15.1)
Sex		
Male	4.5	(3.7-5.5)
Female	6.6	(5.6-7.8)
Race/Ethnicity		
AIAN	2.8	(1.6-4.9)
Asian or NHOPI	2.6	(0.9-7.5)
Black/AA	1.2	(0.3-4.9)
Hispanic	3.8	(2.9-4.8)
White	8.6	(7.4-10.0)
Sexual Orientation		
Straight	5.7	(5.0-6.6)
LGB/Other	5.9	(3.5-9.7)
Household Income		
< $15,000	12.7	(9.3-17.2)
$15,000-$24,999	8.3	(6.3-10.9)
$25,000-$49,999	5.6	(4.4-7.1)
$50,000-$74,999	4.6	(3.0-7.0)
> $75,000	3.1	(2.2-4.3)
Geographic Region		
Northwest	4.6	(3.6-5.9)
Northeast	5.3	(4.1-6.9)
Metropolitan	5.7	(4.5-7.1)
Southeast	6.3	(4.7-8.3)
Southwest	5.7	(4.5-7.3)

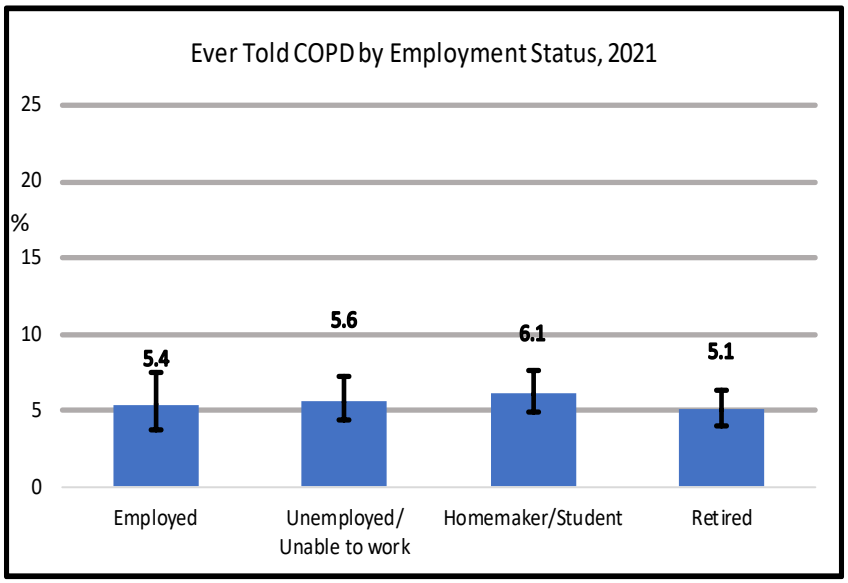
[a]Among all adults , the proportion reporting ever being told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or

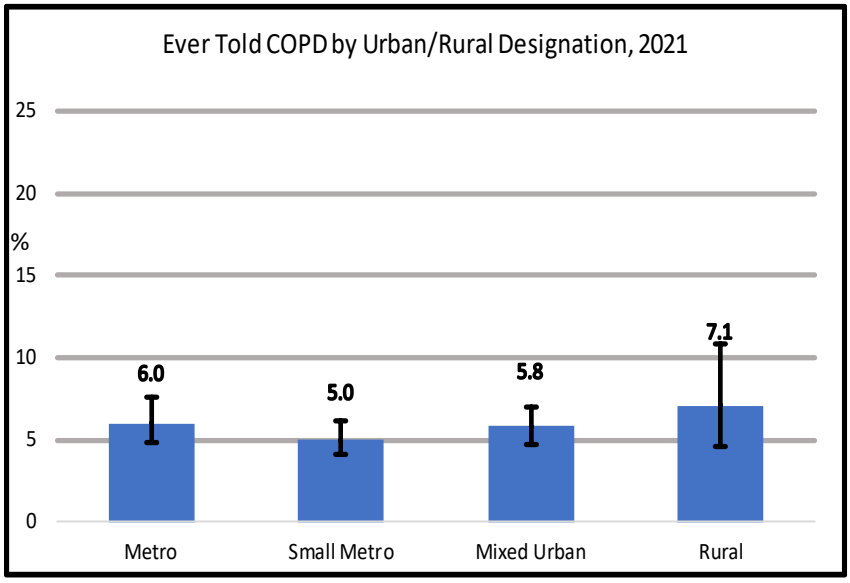


Chronic Obstructive Pulmonary Disease (COPD)

- The prevalence of history of COPD was not statistically significant different by educational attainment, employment status, or urban/rural county designation.
- History of COPD was higher among current (12.1%) and former smokers (10.5%) than never smokers (2.4%).
- 50.9% of adults with COPD had fair or poor general health status, versus 17.2% of adults with no history of COPD.







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.[12] It is also one of the leading causes of disability in the U.S. Stroke is a leading cause of death in the U.S.[13]

- In 2021, 2.8% of New Mexico adults had ever been told they had angina or coronary heart disease (CHD), 2.7% had ever been told they had a stroke, and 3.9% they had a heart attack.
- Males were significantly more likely than females to have a history of heart attack (5.4% vs. 2.5%).
- When combining all three measures into one indicator, an estimated 7.3% 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.

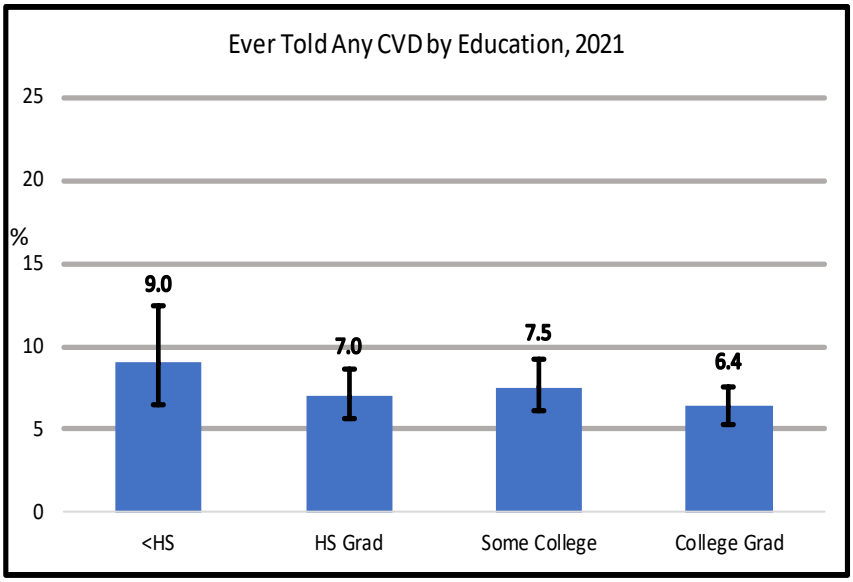
Demographic Characteristics	Ever Told Angina or Coronary Heart Disease[a] %	(95% Confidence Interval)	Ever Told Stroke[b] %	(95% Confidence Interval)	Ever Told Heart Attack[c] %	(95% Confidence Interval)
Total	**2.8**	**(2.4-3.3)**	**2.7**	**(2.2-3.3)**	**3.9**	**(3.3-4.6)**
Age						
18-44	0.6	(0.4-1.1)	0.9	(0.5-1.5)	0.7	(0.3-1.7)
45-64	3.1	(2.2-4.2)	3.1	(2.2-4.2)	4.8	(3.7-6.1)
65+	6.6	(5.3-8.2)	5.5	(4.3-7.0)	8.9	(7.3-10.7)
Sex						
Male	3.3	(2.6-4.1)	2.2	(1.7-2.9)	5.4	(4.4-6.5)
Female	2.3	(1.8-3.1)	3.2	(2.5-4.1)	2.5	(1.9-3.2)
Race/Ethnicity						
AIAN	2.5	(1.5-4.3)	1.6	(0.9-2.8)	4.2	(2.7-6.4)
Asian or NHOPI	1.3	(0.3-5.1)	1.6	(0.4-6.5)	3.4	(1.0-11.0)
Black/AA	1.5	(0.4-4.8)	5.2	(1.4-17.6)	1.8	(0.5-6.0)
Hispanic	2.2	(1.6-3.1)	2.0	(1.4-2.8)	3.4	(2.6-4.6)
White	3.6	(2.9-4.5)	3.4	(2.7-4.2)	4.7	(3.8-5.7)
Sexual Orientation						
Straight	3.0	(2.5-3.6)	2.5	(2.1-3.1)	4.1	(3.5-4.8)
LGB/Other	2.0	(1.0-4.2)	1.9	(0.8-4.3)	3.0	(1.4-6.3)
Household Income						
< $15,000	5.9	(3.9-8.7)	5.4	(3.4-8.7)	5.8	(3.9-8.5)
$15,000-$24,999	3.1	(1.9-4.9)	3.5	(2.3-5.4)	7.0	(4.6-10.5)
$25,000-$49,999	2.7	(1.9-3.7)	2.7	(2.0-3.7)	3.2	(2.4-4.3)
$50,000-$74,999	2.9	(1.7-4.9)	3.1	(1.8-5.6)	4.2	(2.7-6.5)
> $75,000	1.7	(1.1-2.8)	0.8	(0.5-1.3)	2.1	(1.4-3.3)
Geographic Region						
Northwest	3.4	(2.5-4.7)	2.2	(1.6-3.2)	4.6	(3.4-6.1)
Northeast	3.0	(2.1-4.3)	2.4	(1.6-3.5)	3.1	(2.2-4.3)
Metropolitan	1.9	(1.3-2.9)	2.5	(1.7-3.5)	3.3	(2.3-4.5)
Southeast	4.2	(3.0-5.9)	4.0	(2.7-5.8)	6.2	(4.6-8.3)
Southwest	3.4	(2.5-4.7)	2.8	(2.0-4.0)	4.1	(3.1-5.5)

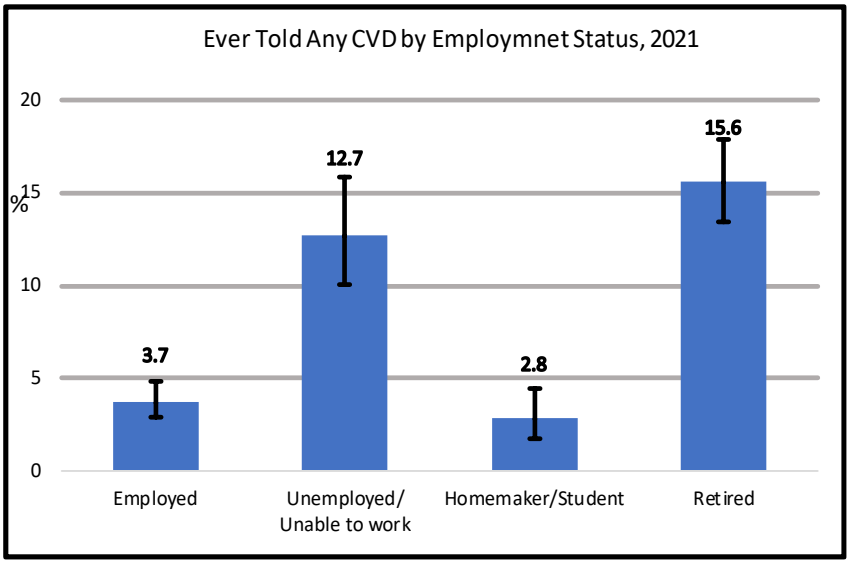
Among all adults, the proportion ever told by a doctor that: [a] they had angina or coronary heart disease, [b]they had a stroke, or [c]they had a heart attack or myocardial infarction."

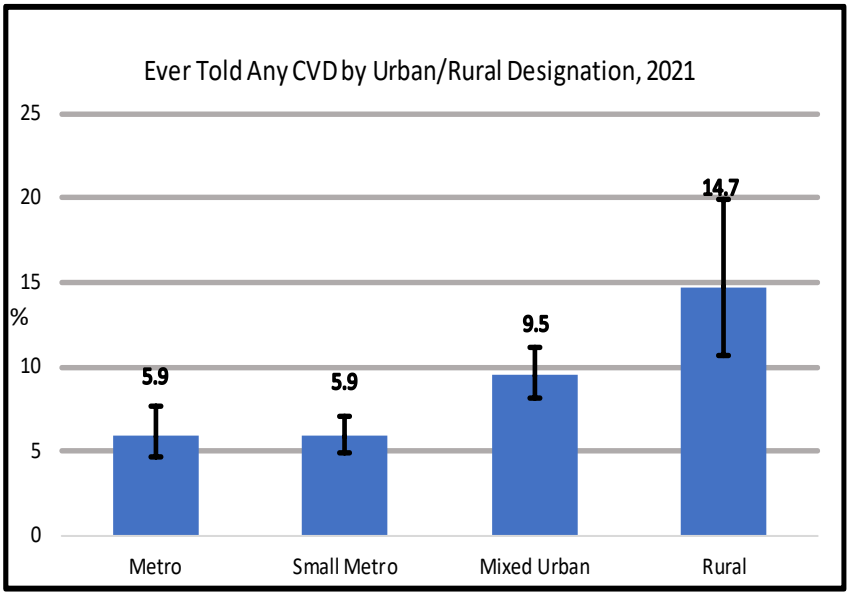
Cardiovascular Disease

Cardiovascular disease (CVD) is defined here as having a history of (one or more or the conditions on the previous page). 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.[12]

- Adults who were unemployed/unable to work were significantly 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.
- Adults in rural areas were significantly more likely to report a history of CVD than adults in metropolitan areas.
- Former cigarette smokers were more likely to have a history of any CVD (10.6%) compared to adults who had never smoked (5.5%).







Diabetes

Question:

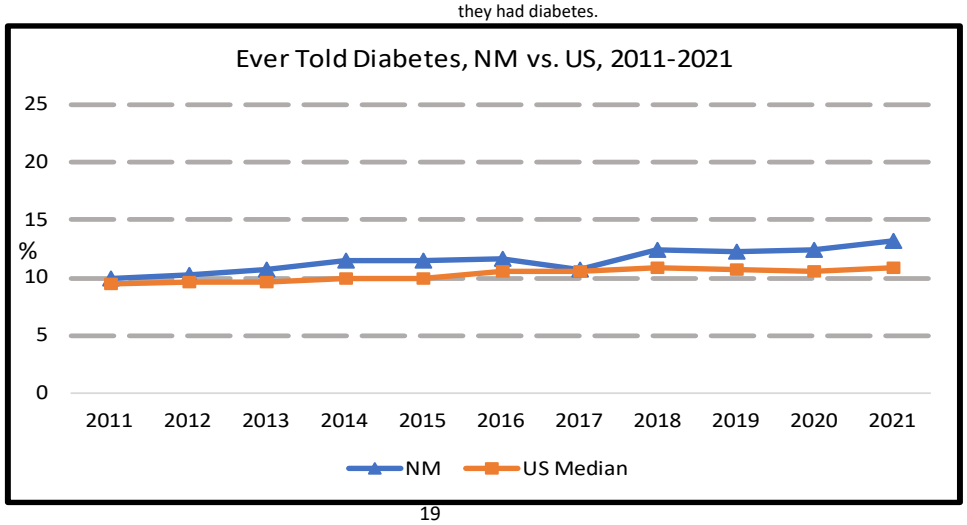
"Have you ever been told by a doctor that you have diabetes?"

Diabetes mellitus (DM) is a group of diseases characterized by high levels of blood glucose resulting from insufficient insulin production, insufficient 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.[14]

- In 2021, the percentage of adults in New Mexico with diagnosed diabetes was 13.2%. The NM rate was higher than the U.S. rate (11.1%). The prevalence of diagnosed diabetes has increased in recent years, both in NM and nationally.
- Diagnosed diabetes was significantly higher among AIAN adults (19.5%) than among White adults (10.1%).
- There was no statistically significant difference in diabetes prevalence by gender.
- Adults with lower incomes were more likely to have been diagnosed with diabetes, 23.6% for adults with the lowest income category and 7.5% for adults with the highest income category.

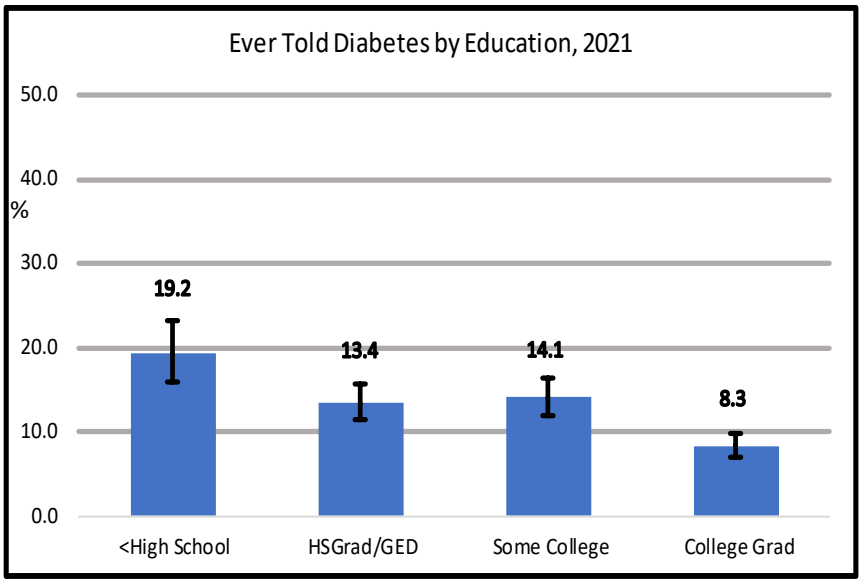
Demographic Characteristics	Ever Told Diabetes[a] %	Ever Told Diabetes[a] (95% Confidence Interval)
Total	**13.2**	**(12.1-14.3)**
Age		
18-44	4.6	(3.5-5.9)
45-64	19.5	(17.2-22.0)
65+	21.6	(19.2-24.3)
Sex		
Male	12.7	(11.2-14.4)
Female	13.6	(12.1-15.3)
Race/Ethnicity		
AIAN	19.5	(15.6-24.2)
Asian or NHOPI	9.7	(4.0-21.4)
Black/AA	6.8	(3.0-15.0)
Hispanic	15.2	(13.4-17.2)
White	10.1	(8.8-11.7)
Sexual Orientation		
Straight	13.5	(12.4-14.8)
LGB/Other	9.2	(6.2-13.5)
Household Income		
< $15,000	23.6	(19.3-28.5)
$15,000-$24,999	17.7	(14.4-21.5)
$25,000-$49,999	15.1	(12.9-17.6)
$50,000-$74,999	11.5	(8.7-15.0)
> $75,000	7.5	(5.9-9.6)
Geographic Region		
Northwest	15.2	(13.0-17.7)
Northeast	11.1	(9.3-13.3)
Metropolitan	13.6	(11.7-15.9)
Southeast	12.8	(10.5-15.5)
Southwest	12.9	(10.9-15.1)

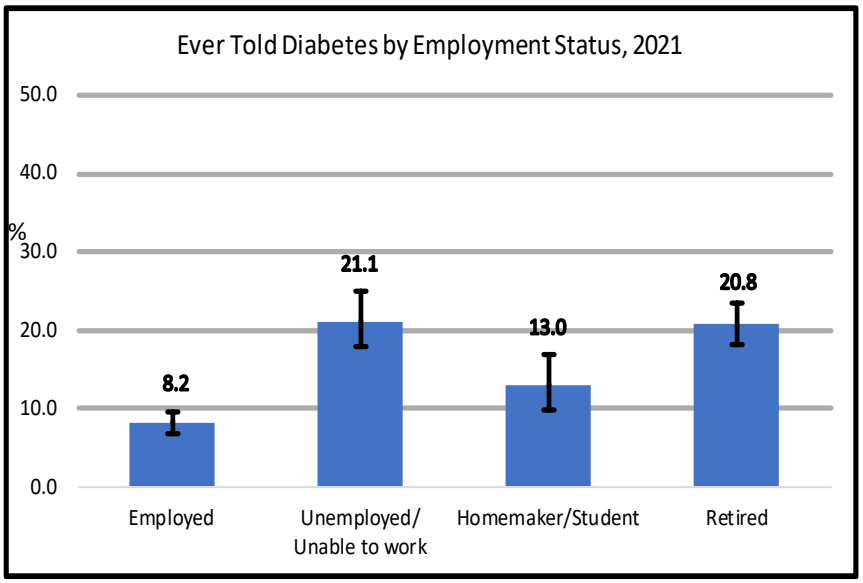
[a]Among all adults, the proportion reporting that they were ever told by a doctor that they had diabetes.

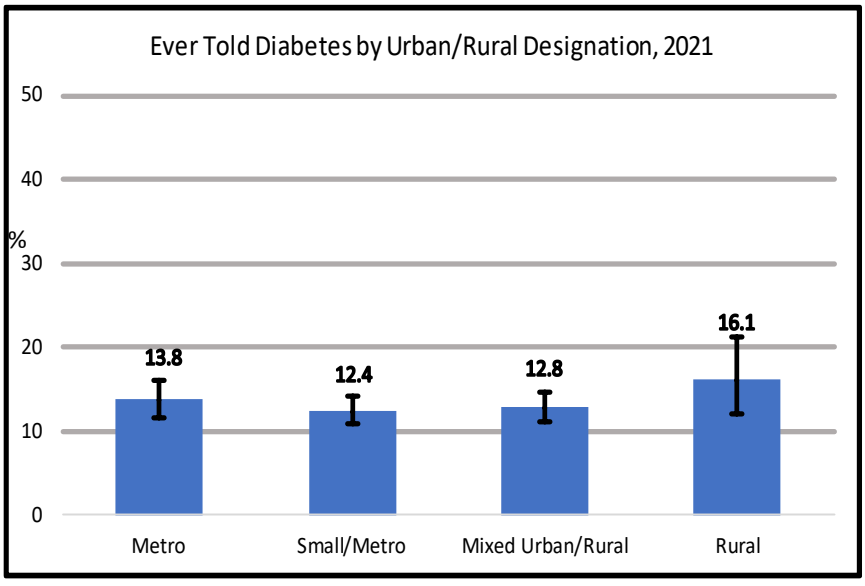


Diabetes

- New Mexico adults with less education were more likely to be diagnosed with diabetes; adults with less than a high school education (19.2%) had a higher prevalence than adults with a college graduate education (8.3%).
- In 2021, the prevalence of diagnosed diabetes was higher among adults who were unemployed/unable to work (21.1%) and among retired adults (20.8%) than employed adults (8.2%) and homemaker/student adults (13.0%).
- Adults who were obese had the highest prevalence of diagnosed diabetes (19.9%) followed by overweight individuals (12.1%) and adults within the healthy weight range (7.7%).
- 46.3% of adults with diagnosed diabetes had fair or poor general health status, compared to 14.9% of adults without diagnosed diabetes.
- Half (53.1%) of adults with diagnosed diabetes had a disability, compared to 28.8% of those without diagnosed diabetes.







Cancer

Question:

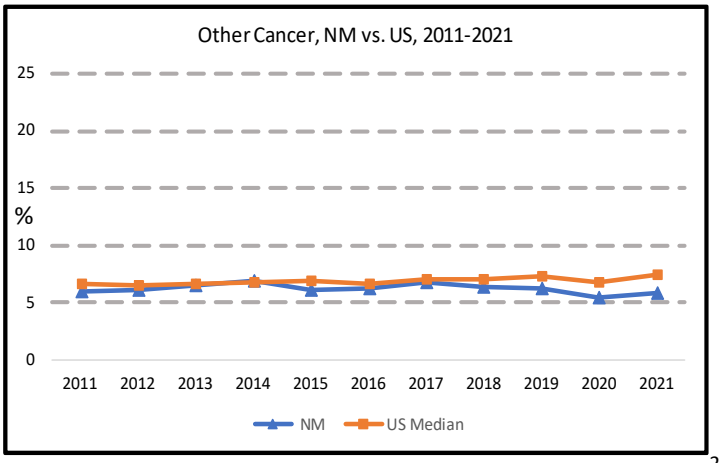
"(Ever told) you had skin cancer, any other types of cancer?"

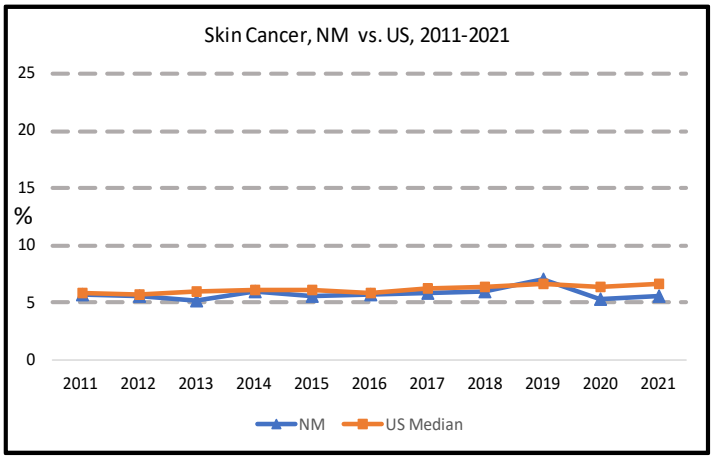
Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer.[15] Skin cancers are the most common cancers and individuals with lighter skin are at higher risk of skin cancers.[16]

- In 2021, an estimated 10.2% of adults had a history of any type of cancer, 5.9% had a history of cancer other than skin cancer, and 5.6% had a history of skin cancer. Prevalence of cancer in NM was similar to the U.S. median prevalence.
- Older adults were much more likely to report a history of cancer than younger adults.
- History of skin cancer was higher among White adults (11.6%) than among all other racial/ethnic groups. History of any cancer was higher among White adults (18.3%) than all other racial/ethnic groups.

Demographic Characteristics	Ever Told Skin Cancer[a] %	Ever Told Skin Cancer[a] (95% Confidence Interval)	Ever Told Any Other Types of Cancer[b] %	Ever Told Any Other Types of Cancer[b] (95% Confidence Interval)	Ever Told Cancer[c] %	Ever Told Cancer[c] (95% Confidence Interval)
Total	**5.6**	**(5.0-6.4)**	**5.9**	**(5.2-6.6)**	**10.2**	**(9.3-11.2)**
Age						
18-44	0.4	(0.2-0.8)	1.5	(0.9-2.3)	1.8	(1.3-2.7)
45-64	5.2	(4.0-6.6)	5.0	(3.9-6.5)	9.7	(8.1-11.6)
65+	16.0	(14.0-18.2)	14.9	(12.9-17.1)	26.5	(24.0-29.2)
Sex						
Male	5.8	(4.9-6.9)	4.6	(3.7-5.6)	9.5	(8.2-10.9)
Female	5.5	(4.6-6.5)	7.1	(6.1-8.3)	10.9	(9.7-12.3)
Race/Ethnicity						
AIAN	1.7	(0.7-4.1)	2.4	(1.4-4.0)	3.8	(2.3-6.3)
Asian or NHOPI	2.9	(0.5-16.0)	0.7	(0.1-5.0)	3.6	(0.8-14.9)
Black/AA	0.0	**	3.4	(1.0-11.2)	3.4	(1.0-11.2)
Hispanic	1.4	(0.9-2.1)	4.0	(3.2-5.1)	5.2	(4.2-6.3)
White	11.9	(10.5-13.5)	9.0	(7.7-10.5)	18.3	(16.6-20.2)
Sexual Orientation						
Straight	5.9	(5.2-6.7)	6.0	(5.2-6.8)	10.6	(9.6-11.7)
LGB/Other	4.0	(2.5-6.4)	4.1	(2.5-6.7)	7.3	(5.0-10.5)
Household Income						
< $15,000	4.5	(2.7-7.6)	4.8	(3.1-7.3)	8.3	(5.8-11.7)
$15,000-$24,999	3.9	(2.6-5.7)	6.9	(4.9-9.5)	9.8	(7.5-12.8)
$25,000-$49,999	3.7	(2.8-4.8)	5.3	(4.2-6.8)	8.4	(6.9-10.1)
$50,000-$74,999	5.5	(4.1-7.4)	5.5	(4.0-7.6)	9.7	(7.7-12.3)
> $75,000	7.9	(6.4-9.7)	5.7	(4.3-7.5)	12.1	(10.2-14.5)
Geographic Region						
Northwest	2.9	(2.2-3.8)	5.5	(4.3-7.1)	7.8	(6.4-9.5)
Northeast	6.0	(4.8-7.4)	5.6	(4.4-7.0)	10.6	(9.0-12.5)
Metropolitan	6.2	(5.0-7.6)	6.5	(5.2-8.0)	11.1	(9.5-12.9)
Southeast	4.7	(3.4-6.4)	6.2	(4.7-8.2)	9.5	(7.6-11.8)
Southwest	6.2	(5.0-7.7)	4.5	(3.4-5.9)	9.7	(8.1-11.6)

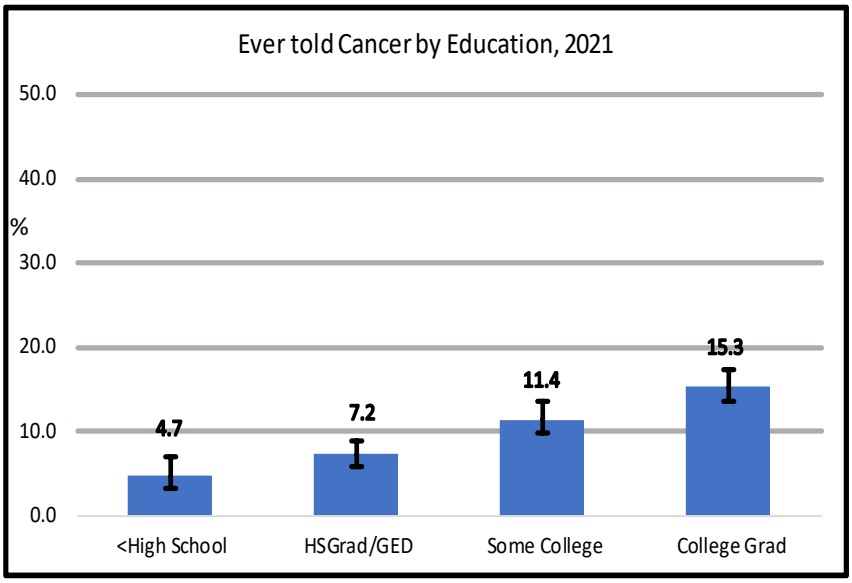
Among all adults, the proportion ever told by a doctor that: [a]they had skin cancer, [b]they had a form of cancer other than skin cancer, or [c]they had skin cancer or any other type of cancer.

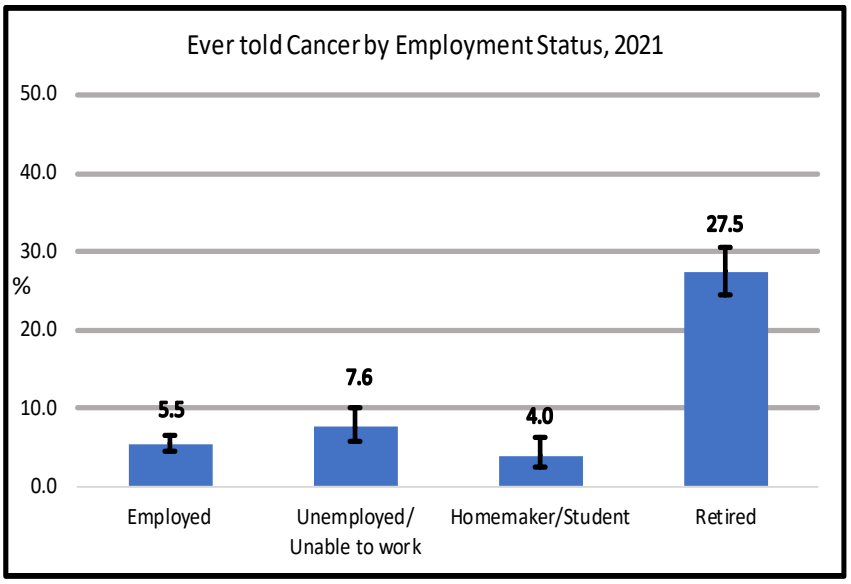


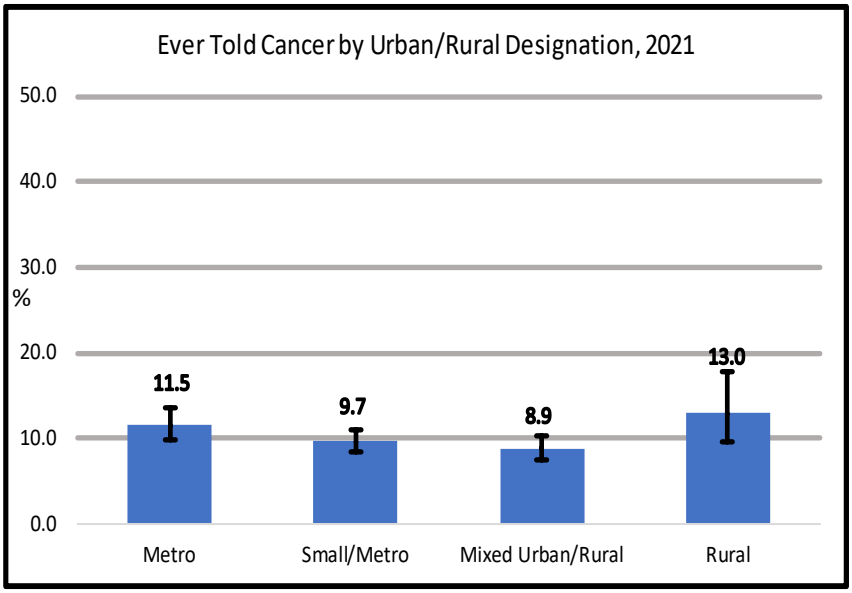


Cancer

- History of skin cancer was higher among adults with higher education levels.
- Retired adults had the highest prevalence of any type of cancer. This was mainly a function of age; when adjusted for age, there was no difference in cancer prevalence by employment status.
- Adults with history of cancer were more likely to currently report fair or poor general health status, 28.47% versus 17.9%.







Depression

Questions:

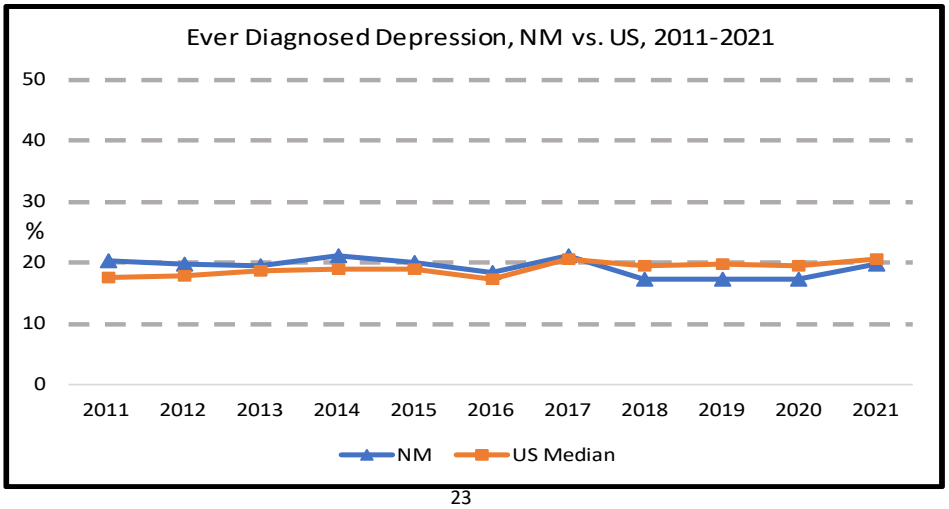
"Have you ever been told you have a depressive disorder (including depression, major depression, dysthymia, or minor depression)?"

Depression symptoms include 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.[17]

- In 2021, 19.8% had a history of depression, meaning they had ever been told they had depression. The prevalence is similar to the U.S. median (20.5%).
- Adults aged 45-64 had a significantly higher prevalence of history of depression (21.9%) than adults over the age of 65 (15.3%).
- Females were significantly more likely to have a history of depression (25.4%) than males (14.0%).
- American Indian and Alaska Native (10.8%) adults experienced a statistically significant lower prevalence of depression than Hispanic (19.6%) or White (23.2%) adults.
- History of depression was significantly higher among LGB/Other (41.8%), compared to straight adults (17.9%).

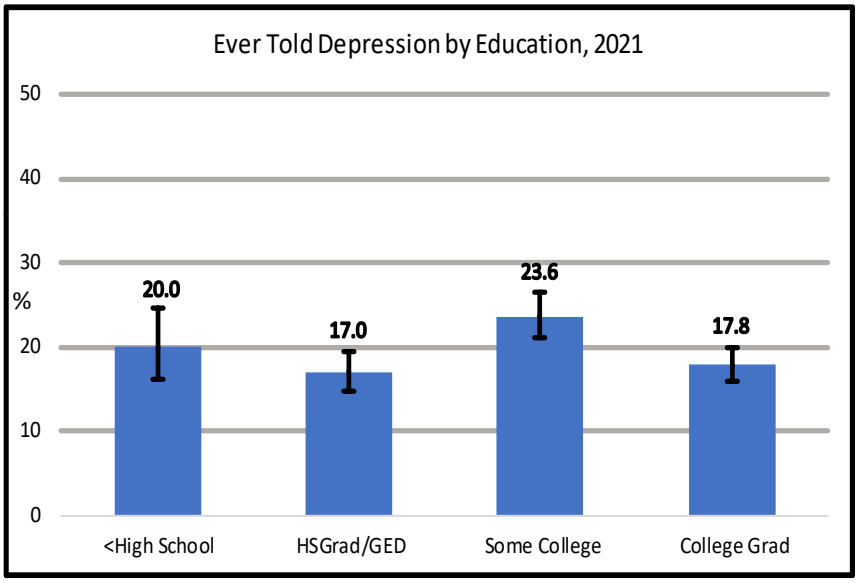
Demographic Characteristics	Ever Told Depression[a] %	Ever Told Depression[a] (95% Confidence Interval)
Total	**19.8**	**(18.5-21.2)**
Age		
18-44	20.9	(18.8-23.3)
45-64	21.9	(19.6-24.5)
65+	15.3	(13.2-17.7)
Sex		
Male	14.0	(12.3-15.8)
Female	25.4	(23.4-27.6)
Race/Ethnicity		
AIAN	10.8	(8.2-14.2)
Asian or NHOPI	10.4	(4.5-22.0)
Black/AA	16.3	(8.3-29.4)
Hispanic	19.6	(17.5-21.9)
White	23.2	(21.1-25.4)
Sexual Orientation		
Straight	17.9	(16.5-19.3)
LGB/Other	41.8	(34.9-49.1)
Household Income		
< $15,000	31.9	(26.9-37.3)
$15,000-$24,999	23.2	(19.3-27.5)
$25,000-$49,999	18.9	(16.5-21.6)
$50,000-$74,999	17.3	(13.9-21.2)
> $75,000	16.4	(13.9-19.3)
Geographic Region		
Northwest	14.9	(12.8-17.4)
Northeast	18.5	(16.2-21.1)
Metropolitan	22.2	(19.7-24.9)
Southeast	18.8	(15.8-22.2)
Southwest	18.3	(15.8-21.1)

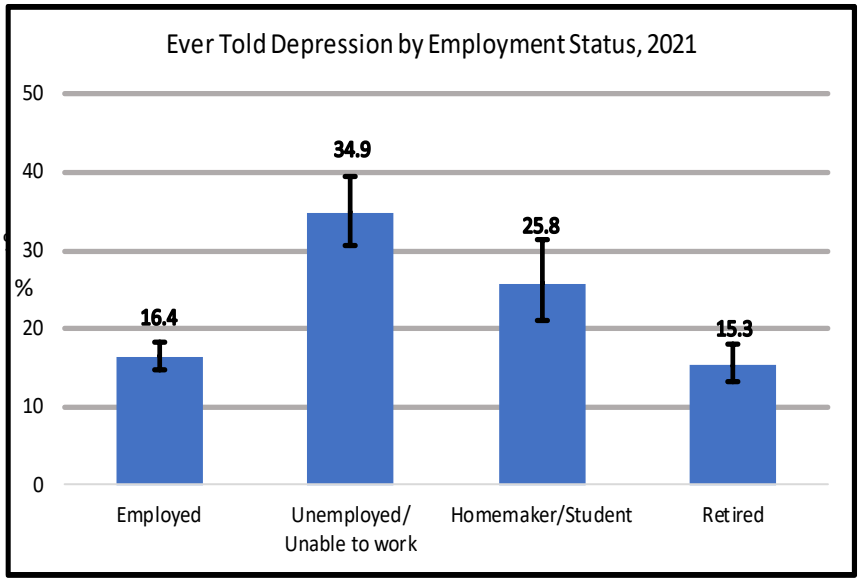
[a]The proportion of adults reporting ever being told that they had depression diagnosed by a healthcare professional.

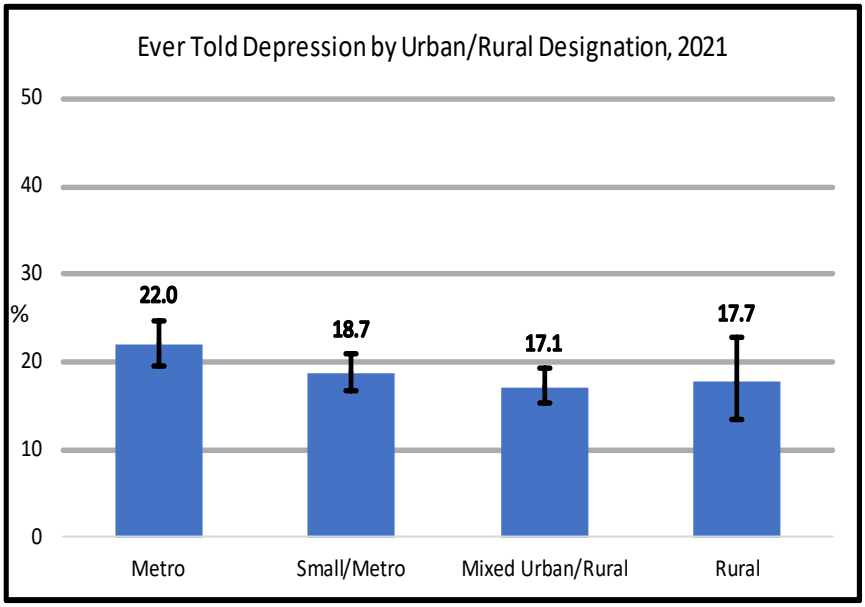


Depression

- There was no significant difference in current depression or history of depression by geographic region or urban/rural county designation.
- One-third (34.9%) of adults who were unable to work or unemployed had a history of diagnosed depression. 16.4% of adults who were employed had ever been diagnosed.
- Of lower income adults, nearly a third (31.9%) had ever been diagnosed with a depressive disorder, decreasing to 16.1% among adults in the highest household income level.







Suicidal Ideation

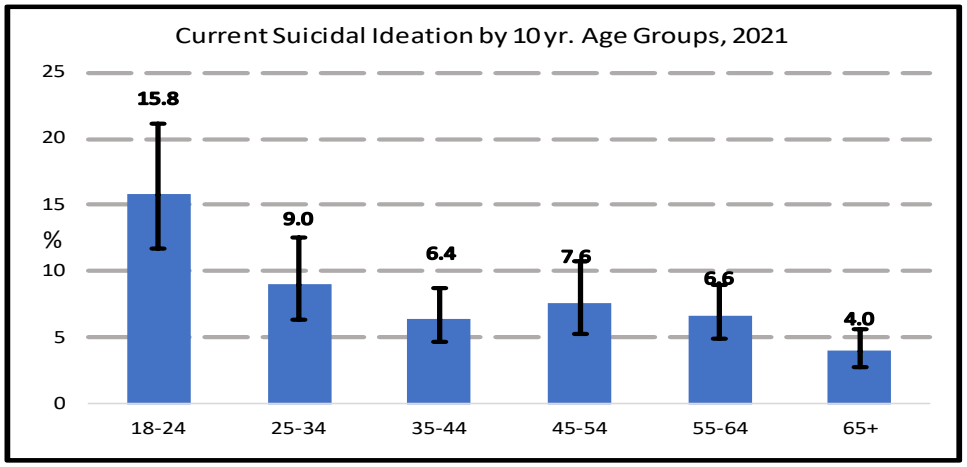
Question:

"In the past year, have you felt so low at times that you thought about committing 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.[18]

- In 2021, an estimated 7.6% 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 10.1%. The prevalence was 4.0% among adults aged 65+.
- There was no significant difference by gender for suicidal ideation or ever attempted suicide.
- There was no significant difference among racial categories with current suicidal ideation.

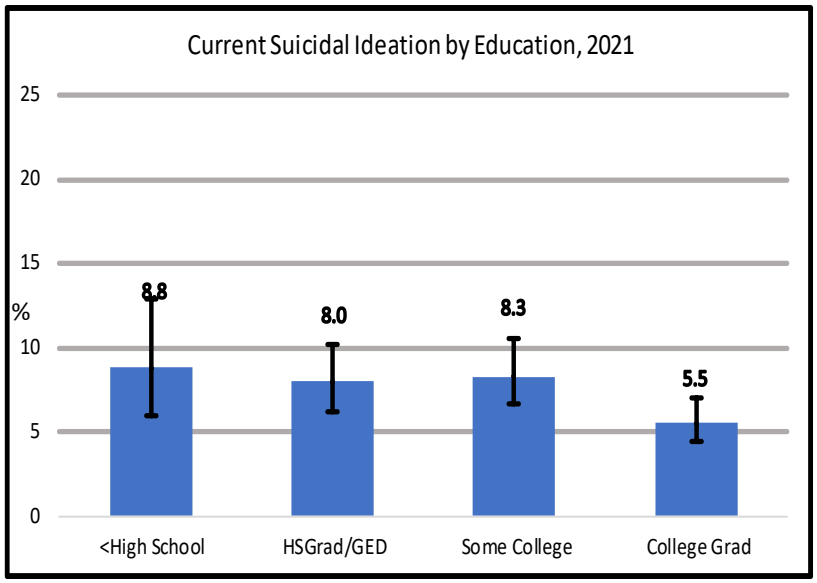
Demographic Characteristics	Current Suicidal Ideation[a] %	Current Suicidal Ideation[a] (95% Confidence Interval)
Total	**7.6**	**(6.6-8.7)**
Age		
18-44	10.1	(8.3-12.1)
45-64	7.2	(5.7-9.1)
65+	4.0	(2.9-5.6)
Sex		
Male	7.8	(6.4-9.4)
Female	7.4	(6.1-9.0)
Race/Ethnicity		
AIAN	4.4	(2.7-7.1)
Asian or NHOPI	8.7	(2.9-22.9)
Black/AA	5.6	(2.1-14.1)
Hispanic	8.0	(6.4-9.9)
White	8.0	(6.6-9.6)
Sexual Orientation		
Straight	6.2	(5.3-7.3)
LGB/Other	25.7	(19.5-33.0)
Household Income		
< $15,000	16.8	(12.6-22.1)
$15,000-$24,999	8.7	(6.2-12.1)
$25,000-$49,999	7.9	(6.0-10.3)
$50,000-$74,999	5.5	(3.6-8.4)
> $75,000	4.5	(3.1-6.6)
Geographic Region		
Northwest	5.7	(4.3-7.5)
Northeast	6.6	(5.1-8.5)
Metropolitan	8.5	(6.8-10.6)
Southeast	6.8	(4.8-9.6)
Southwest	7.7	(5.8-10.2)

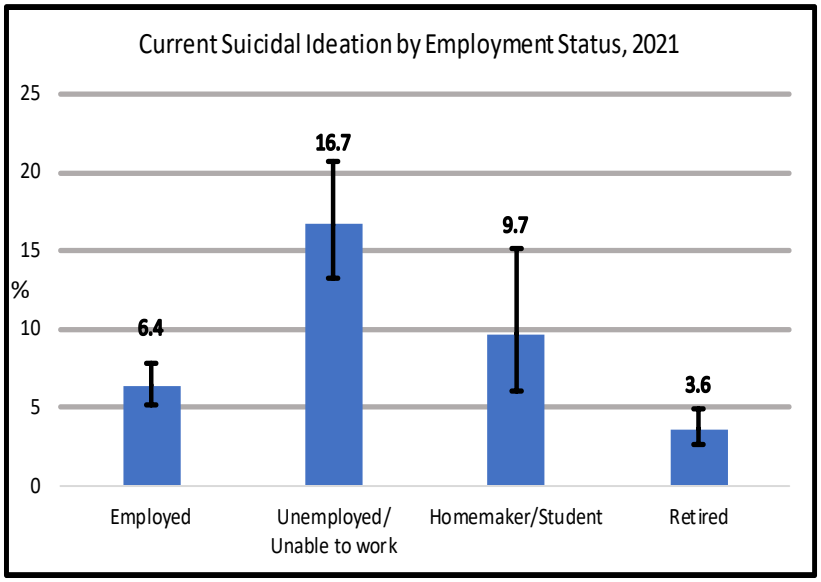


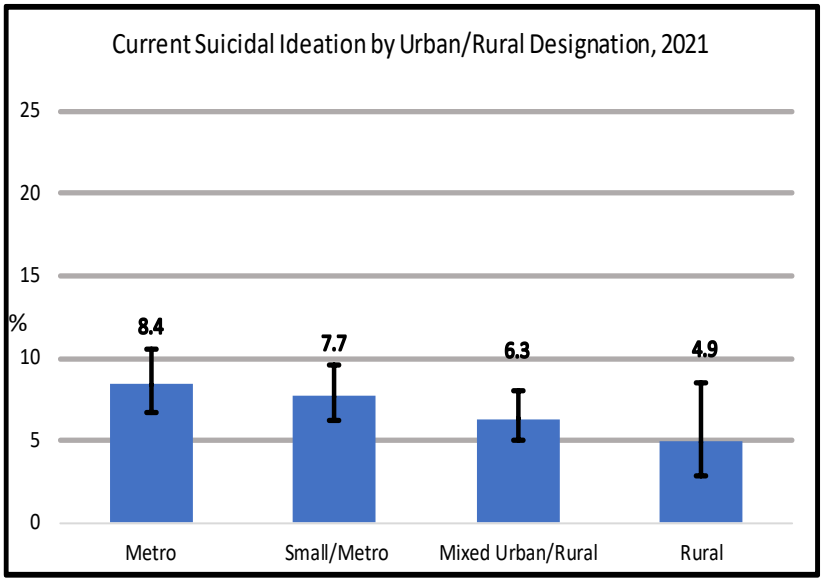
[a]Among all adults , the proportion who reported having thoughts about suicide in the past year

Suicidal Ideation

- The prevalence of suicidal ideation in the last year among LGB/other adults (25.7%) was 4 times higher than among straight adults (6.2%).
- 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 16.8% compare to adults in the highest income category (4.5%).
- New Mexico adults who were unemployed/ unable to work were more likely to have thought about suicide in the past year (16.7%) compared to employed adults (6.4%).
- There was no statistically significant difference in suicidal behaviors by geographic region or urban/rural designation.
- Adults with at least one disability (15.0%) and adults with fair or poor health (14.0%) were more likely to have thought about suicide in the past year compared to adults with no disabilities (4.0%) and adults with excellent, very good, or good health (6.0%).







Sexual Violence

Question:

"Has anyone ever attempted to have sex with you after you said or showed that you didn't want to or without your consent, but sex did not occur? Has anyone ever had sex with you after you said or showed that you didn't want them to or without your consent?"

The CDC defines sexual violence as "sexual activity when consent is not obtained or freely given."[19] Beyond acute trauma, experiencing sexual violence increases risk for a variety of health issues. These include post-traumatic stress disorder, depression, cardiovascular disease, and gastrointestinal disorders.[19]

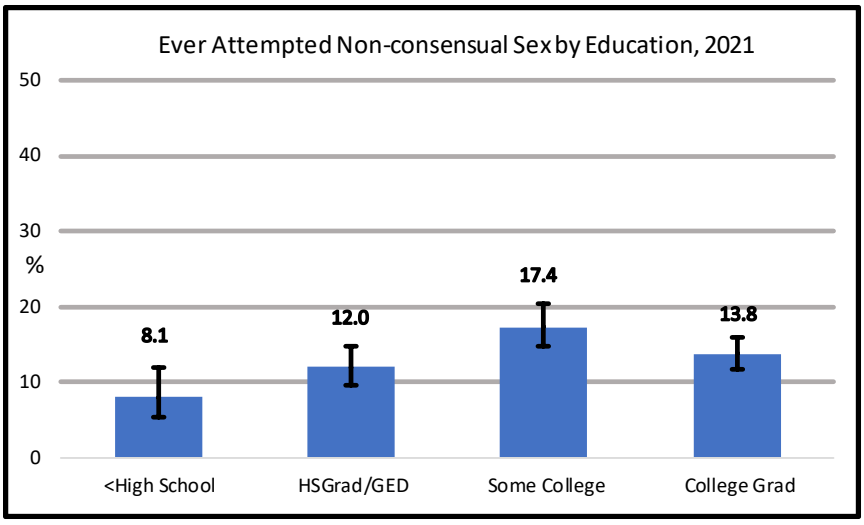
- Of New Mexican adults, 13.7% ever experienced someone attempting sex or having sex with them without their consent within their lifetime.
- Adults 65 years and older were significantly less likely to have ever experienced sexual violence than younger ages.
- 20.8% or 1 in 5 females experienced sexual violence in their lifetime. They were 3.4 times more likely to have experienced sexual violence than males.
- LGB/Other adults were 2.9 times more likely to have experienced sexual violence within their lifetime than straight adults.

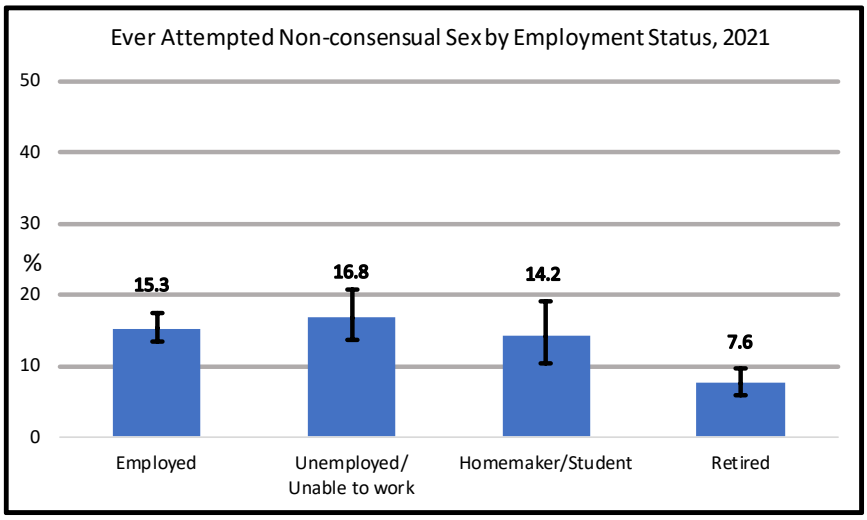
Demographic Characteristics		Ever Experienced Sexual Violence[a] %	Ever Experienced Sexual Violence[a] (95% Confidence Interval)
Total		**13.7**	**(12.4-15.2)**
Age			
	18-44	17.4	(15.1-20.1)
	45-64	13.0	(11.0-15.3)
	65+	8.3	(6.6-10.4)
Sex			
	Male	6.1	(4.9-7.7)
	Female	20.8	(18.7-23.1)
Race/Ethnicity			
	AIAN	9.3	(6.4-13.4)
	Asian or NHOPI	6.0	(1.7-19.1)
	Black/AA	10.9	(4.6-23.6)
	Hispanic	12.4	(10.4-14.7)
	White	16.7	(14.7-19.0)
Sexual Orientation			
	Straight	12.1	(10.8-13.5)
	LGB/Other	35.1	(28.3-42.6)
Household Income			
	< $15,000	16.6	(12.5-21.7)
	$15,000-$24,999	14.4	(11.1-18.6)
	$25,000-$49,999	14.9	(12.5-17.7)
	$50,000-$74,999	14.6	(10.8-19.4)
	> $75,000	12.4	(10.0-15.4)
Geographic Region			
	Northwest	10.5	(8.4-12.9)
	Northeast	11.8	(9.9-14.1)
	Metropolitan	15.8	(13.4-18.5)
	Southeast	10.4	(7.9-13.5)
	Southwest	14.5	(11.9-17.6)

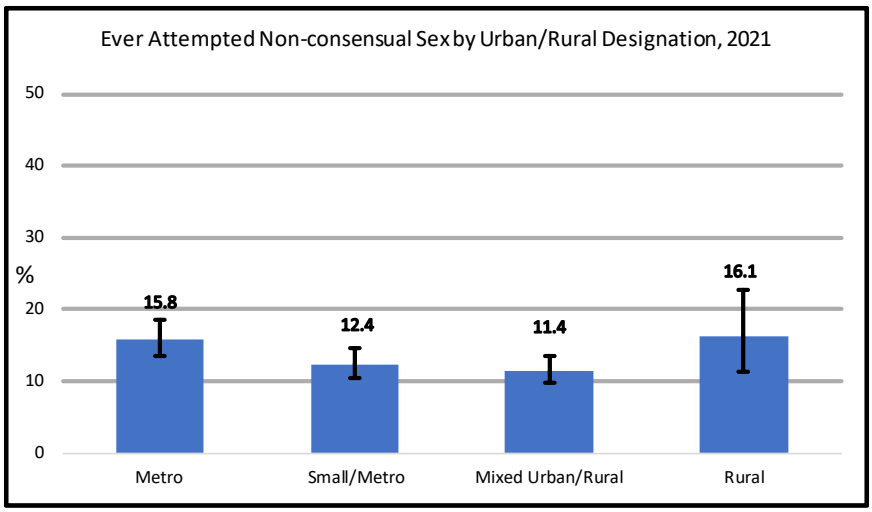
[a]Among NM adults, the percentage who respond yes to either of the following questions: "Has anyone ever attempted to have sex with you after you said or showed that you didn't want to or without your consent, but sex did not occur? Has anyone ever had sex with you after you said or showed that you didn't want them to or without your consent?"

Sexual Violence

- There were no significant differences in likelihood of having experienced sexual violence by race/ethnicity, household income, or geographic region.
- There was no significant difference in prevalence of ever experiencing sexual violence by education level or urban/rural county.
- Retired adults were less likely to report ever experiencing sexual violence than adults in all other employment categories.







Alcohol Consumption

Question:

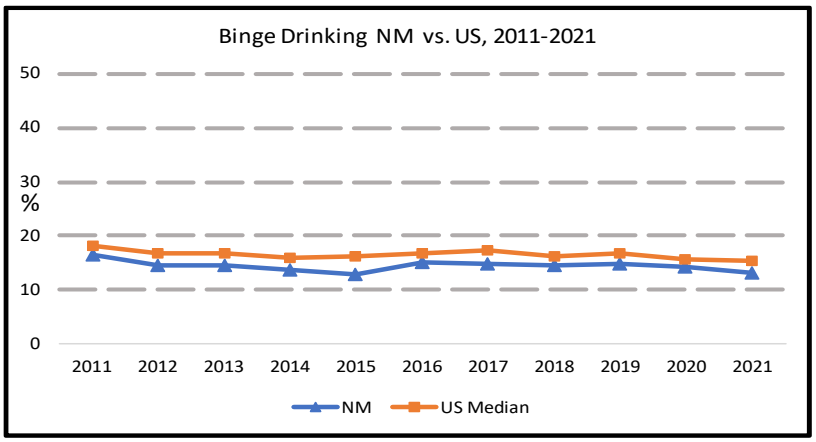
"Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more (men) or 4 or more (women) drinks on a single occasion?"

Excessive alcohol consumption is a contributing factor to morbidity and mortality from many causes.[20] 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.[20]

- In 2021, the prevalence of binge drinking among NM adults was 13.2%, lower than the U.S. median of 15.4%. 4.8% of New Mexico adults were heavy drinkers.
- Binge drinking was more prevalent among the younger age groups, but was relatively uncommon in the older age groups, ranging from a high of 20.0% in those 18-44 years of age to 3.0% in those 65+.
- Binge drinking was significantly higher among adult males (16.9%) than among adult females (9.7%).
- Hispanic adults were more likely to report binge drinking (15.9%) than White adults (10.6%), but there was no significant difference in heavy drinking by race/ethnicity.

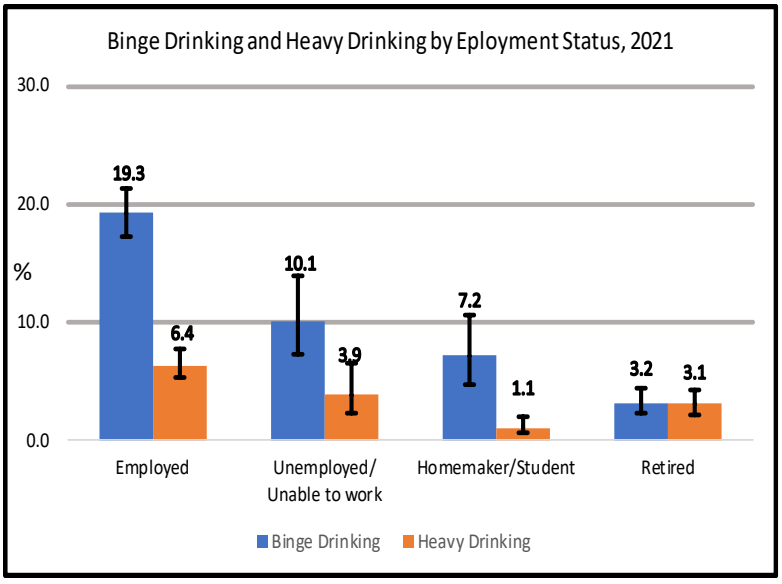
Demographic Characteristics	Binge Drinking[a] %	Binge Drinking[a] (95% Confidence Interval)	Heavy Drinking[b] %	Heavy Drinking[b] (95% Confidence Interval)
Total	**13.2**	**(12.0-14.5)**	**4.8**	**(4.1-5.6)**
Age				
18-44	20.0	(17.8-22.4)	6.0	(4.7-7.5)
45-64	11.5	(9.6-13.7)	4.8	(3.7-6.3)
65+	3.0	(2.0-4.5)	2.6	(1.7-4.0)
Sex				
Male	16.9	(15.0-18.9)	5.1	(4.0-6.3)
Female	9.7	(8.2-11.3)	4.5	(3.6-5.7)
Race/Ethnicity				
AIAN	11.0	(7.6-15.5)	3.8	(1.8-8.2)
Asian or NHOPI	6.4	(2.2-17.1)	3.8	(0.9-15.6)
Black/AA	13.3	(5.9-27.0)	8.5	(3.0-21.8)
Hispanic	15.9	(13.9-18.1)	4.7	(3.7-6.0)
White	10.6	(9.0-12.3)	5.1	(4.0-6.3)
Sexual Orientation				
Straight	12.3	(11.1-13.7)	4.5	(3.7-5.3)
LGB/Other	22.8	(17.3-29.4)	10.1	(6.5-15.5)
Household Income				
< $15,000	11.9	(8.3-16.9)	3.7	(2.0-6.5)
$15,000-$24,999	11.9	(9.1-15.4)	5.0	(3.3-7.6)
$25,000-$49,999	12.9	(10.8-15.4)	4.9	(3.6-6.6)
$50,000-$74,999	16.8	(13.0-21.5)	6.4	(4.1-9.8)
> $75,000	16.8	(14.3-19.7)	5.6	(4.2-7.6)
Geographic Region				
Northwest	11.6	(9.3-14.3)	3.3	(2.2-4.8)
Northeast	13.0	(10.9-15.3)	5.6	(4.4-7.2)
Metropolitan	13.1	(11.0-15.5)	4.9	(3.6-6.5)
Southeast	13.8	(11.0-17.2)	4.0	(2.7-6.0)
Southwest	13.9	(11.3-16.9)	5.2	(3.8-7.1)

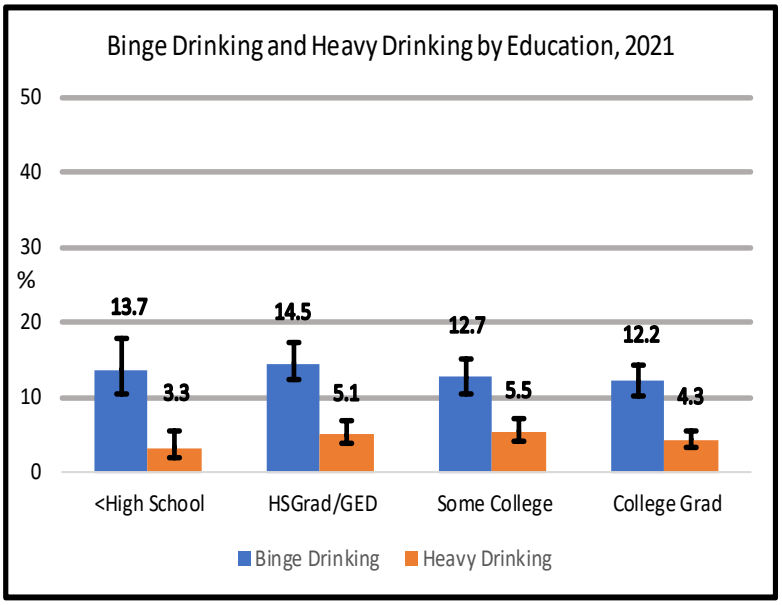
[a]Among all adults, the proportion reporting consuming five or more drinks per occasion (males) or four or more drinks (females) at least once in the past month or [b]reporting consuming seven or more drinks per week.

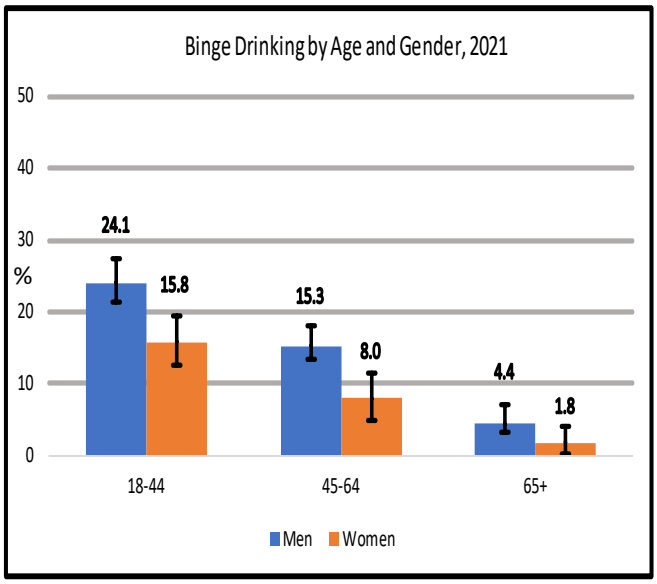


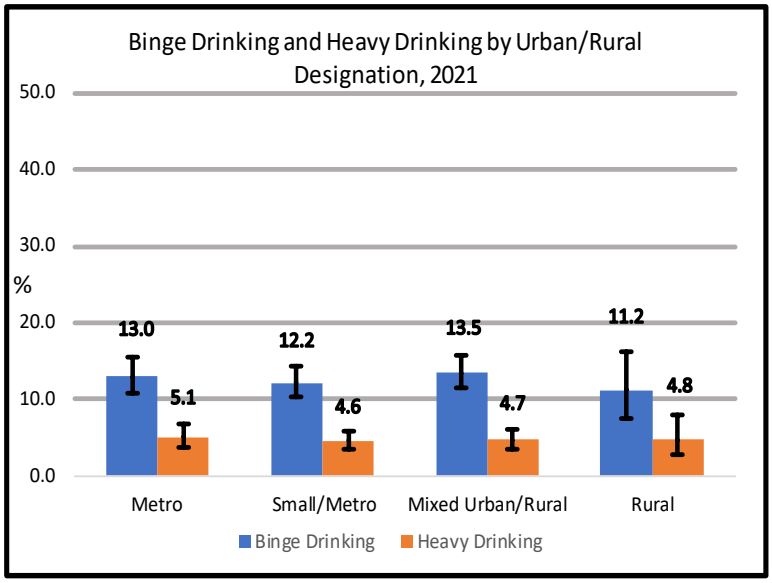
Alcohol Consumption

- LGB adults (10.1%) were more than twice as likely as straight adults (4.5%) to report heavy drinking and also had higher prevalence of binge drinking than straight adults.
- There was no significant difference in binge drinking or heavy drinking by income level.
- There was no statistically significant difference in binge drinking or heavy drinking by education level.
- Employed adults had a significantly higher prevalence of binge drinking (19.3%) than retired adults (3.2%).
- There was no significant difference for binge drinking by Urban/rural county designation.









Current Cigarette Smoking

Question:

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

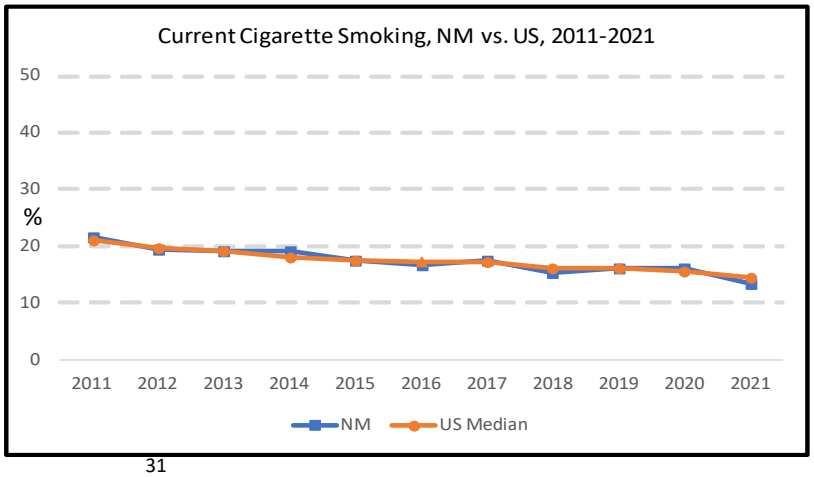
"Do you now smoke cigarettes every day, some days, or not at all?"

Smoking cigarettes harms nearly every organ of the body and is the leading cause of preventable death in the US.[20] It causes about 90% of deaths from lung cancer and about 80% of deaths from chronic obstructive pulmonary disease.[21] Smokers are 2 to 4 times more likely to have coronary heart disease and stroke.[21] An estimated 2,802 New Mexicans die due to active cigarette smoking every year.[22] Exposure to second-hand smoke can cause serious health effects, including sudden infant death syndrome, heart attacks, asthma attacks, and lung cancer.[23]

- The HP 2030 target for current smoking among adults is 6.1%.[5] In 2021, 13.3% of New Mexico adults were current smokers. This was similar to the U.S. median prevalence (14.4%).
- The prevalence of current smoking decreases significantly with age. Adults 18-44 were the most likely to be current smokers (15.2%) and adults 65+ were least likely (9.2%).
- There were no statistically significant differences by race/ethnicity or sexual orientation in prevalence of current smoking.
- The prevalence of current cigarette smoking was highest among New Mexico adults with the lowest level of household income (25.4%) and lowest among adults with the highest level of household income (5.7%).

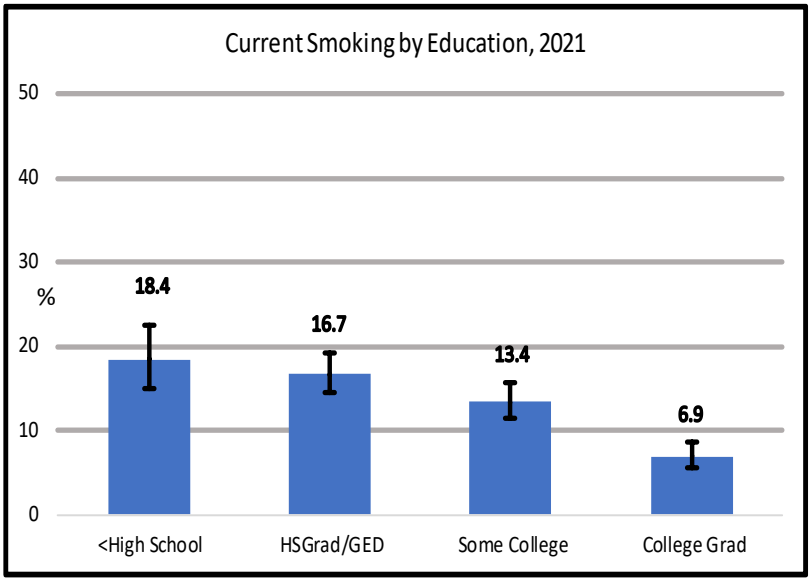
Demographic Characteristics	Current Smoking[a] %	Current Smoking[a] (95% Confidence Interval)
Total	**13.3**	**(12.2-14.5)**
Age		
18-44	15.2	(13.4-17.3)
45-64	14.2	(12.3-16.4)
65+	9.2	(7.7-11.0)
Sex		
Male	14.0	(12.4-15.8)
Female	12.7	(11.2-14.3)
Race/Ethnicity		
AIAN	14.6	(10.8-19.5)
Asian or NHOPI	8.6	(3.1-21.4)
Black/AA	19.1	(10.3-32.7)
Hispanic	12.6	(11.0-14.4)
White	13.9	(12.2-15.7)
Sexual Orientation		
Straight	13.0	(11.8-14.2)
LGB/Other	16.3	(12.1-21.7)
Household Income		
< $15,000	25.4	(20.7-30.7)
$15,000-$24,999	20.2	(16.6-24.4)
$25,000-$49,999	16.4	(14.2-18.8)
$50,000-$74,999	9.9	(7.3-13.1)
> $75,000	5.7	(4.3-7.4)
Geographic Region		
Northwest	15.9	(13.3-18.9)
Northeast	11.0	(9.2-13.2)
Metropolitan	11.4	(9.6-13.5)
Southeast	17.9	(15.0-21.2)
Southwest	15.4	(12.9-18.2)

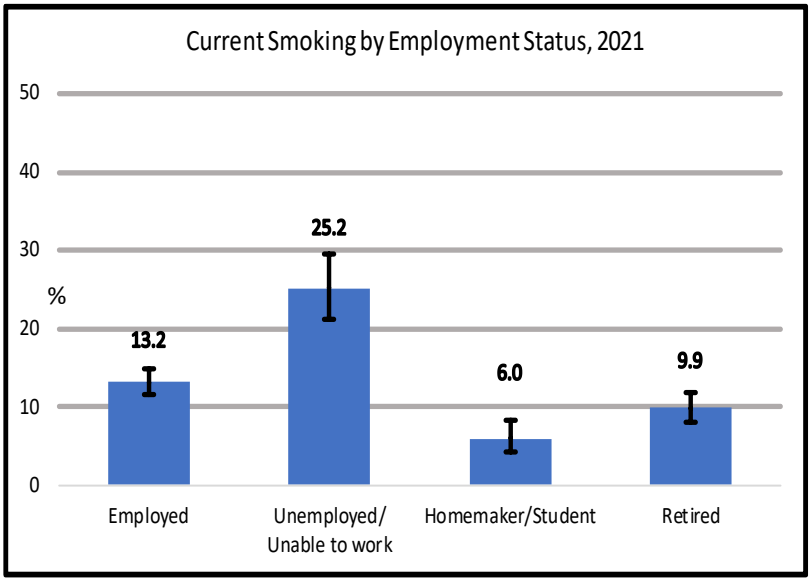
[a]Among all adults , the proportion who reported that they had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or some days.

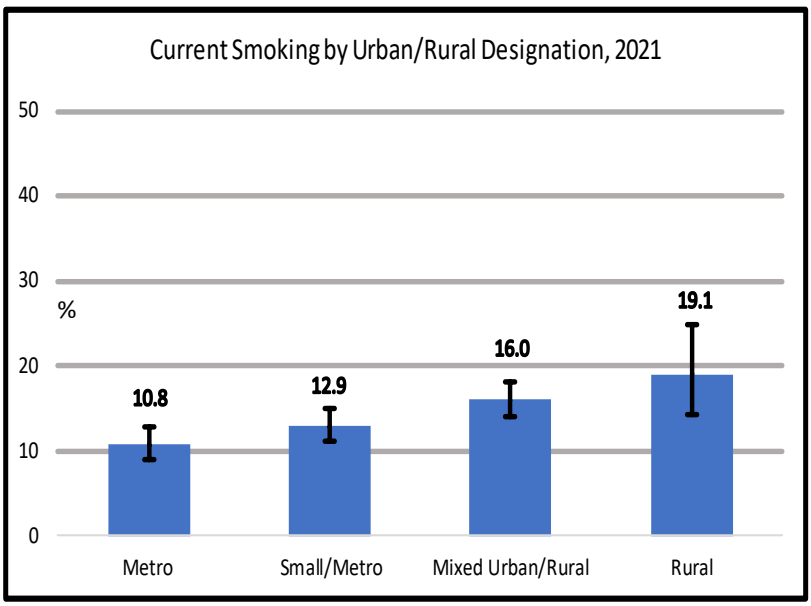


Current Cigarette Smoking

- The prevalence of current cigarette smoking was highest among adults with less than a high school education (18.4%) and lowest among college graduates (6.9%).
- The prevalence of current smoking was higher among unemployed/unable to work adults (25.2%) than all other categories of employment status, most notably homemakers/students.
- There was no significant difference in the prevalence of current smoking by Urban/rural county designation.
- 25.5% of NM adults are former smokers, and 61.2% of NM adults have never smoked cigarettes.







Current E-Cigarette Use

Question:

"Do you now use e-cigarettes or other electronic vaping products every day, some days, or not at all?"

E-cigarettes are not safe for youth, pregnant women, or adults who do not use tobacco products. They can contain harmful substances such as nicotine, heavy metals like lead, and cancer-causing agents.[24] For current adult smokers who are not pregnant only, completely substituting regular cigarettes and other smoked tobacco products with e-cigarettes may potentially aid in smoking cessation. More surveillance and research is being done to help understand the long-term health effects of e-cigarette use.[24]

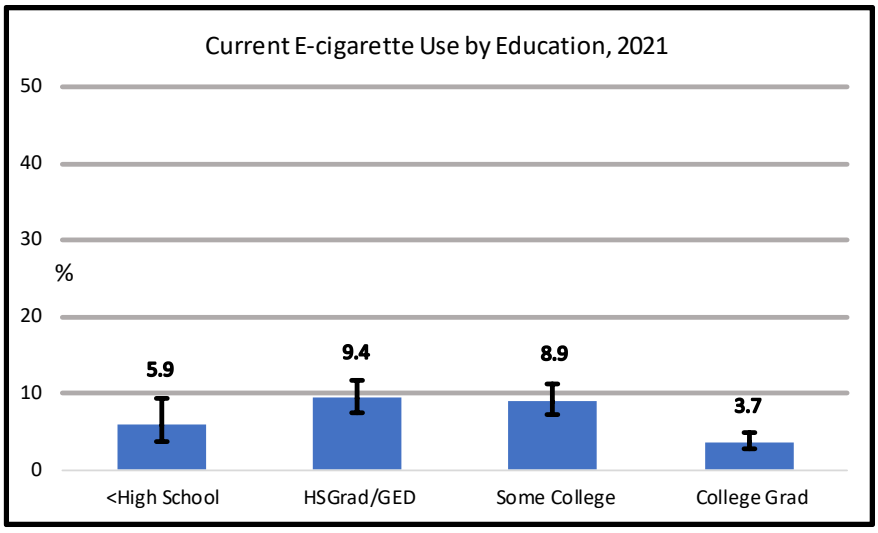
- In 2021, 7.3% of New Mexico adults were current e-cigarette users. This was slightly higher than the 2020 prevalence in New Mexico (5.6%).
- The prevalence of current e-cigarette use decreases significantly with age. Adults 18-44 were the most likely to be current e-cigarette users (12.9%) and adults 65+ were least likely (1.8%).
- Males (8.1%) had a higher prevalence of current e-cigarette use than females (6.5%).
- There was no significant difference by race/ethnicity.
- LGB/Other adults had a higher prevalence of current e-cigarette use (15.4%) than straight adults (6.7%).
- The prevalence of current e-cigarette smoking decreased as annual household income increased.

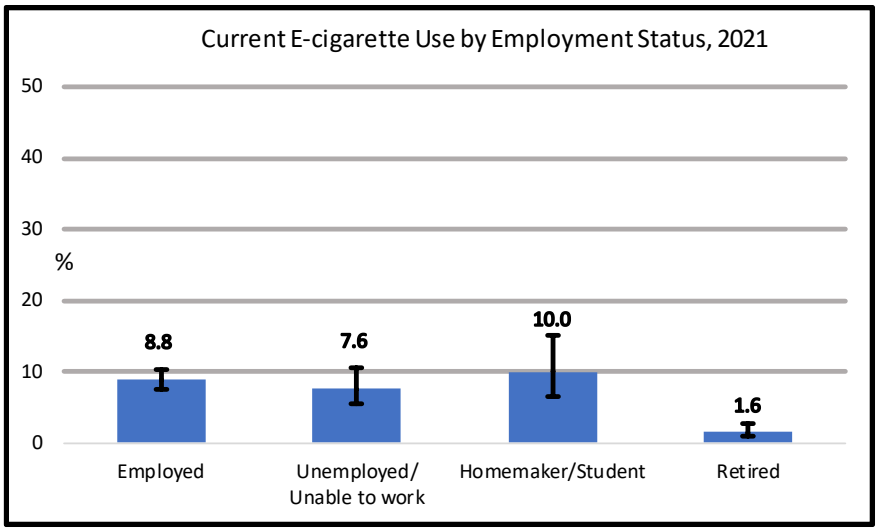
Demographic Characteristics		Current E-Cigarette Use[a] %	Current E-Cigarette Use[a] (95% Confidence Interval)
Total		**7.3**	**(6.3-8.3)**
Age			
	18-44	12.9	(11.0-15.0)
	45-64	3.6	(2.6-4.9)
	65+	1.8	(1.1-2.9)
Sex			
	Male	8.1	(6.7-9.7)
	Female	6.5	(5.3-8.0)
Race/Ethnicity			
	AIAN	4.7	(2.6-8.1)
	Asian or NHOPI	3.7	(1.2-10.5)
	Black/AA	10.4	(3.8-25.6)
	Hispanic	8.0	(6.5-9.8)
	White	7.2	(5.9-8.7)
Sexual Orientation			
	Straight	6.7	(5.8-7.9)
	LGB/Other	15.4	(10.7-21.6)
Household Income			
	< $15,000	11.1	(7.7-15.9)
	$15,000-$24,999	6.3	(4.3-9.1)
	$25,000-$49,999	6.6	(5.1-8.6)
	$50,000-$74,999	8.9	(6.2-12.5)
	> $75,000	5.8	(4.1-8.2)
Geographic Region			
	Northwest	5.7	(4.2-7.5)
	Northeast	6.9	(5.4-8.9)
	Metropolitan	7.4	(5.9-9.4)
	Southeast	6.5	(4.6-9.2)
	Southwest	8.5	(6.4-11.4)

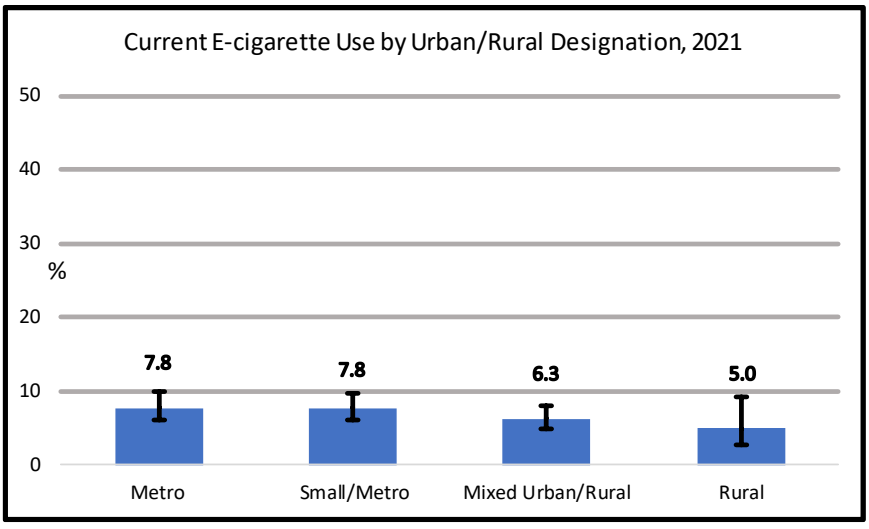
[a]Among all adults , the proportion who reported that they now use e-cigarettes or other electronic vaping products every day or some days.

Current E-Cigarette Use

- College graduates were significantly less likely to currently use e-cigarettes than high school graduates and adults with some college education.
- Adults who were retired had a much lower prevalence of current e-cigarette use than all other adults by employment status.
- There was no significant difference by urban/rural county designation.
- The prevalence of current e-cigarette use was higher among current smokers (15.2%) and former smokers (9.8%) than adults who never smoked (4.5%).
- Among adults who have never smoked a cigarette, 90.3% of current e-cigarette users are age 18-44.







Cannabis Use

Question:

"During the past 30 days, on how many days did you use marijuana or cannabis?"

In New Mexico, the medical cannabis program was established in 2007. Possession of small amounts of cannabis was decriminalized in 2019. Adult recreational use of cannabis became legal in New Mexico on June 29, 2021; however, retail market sales did not begin until April 2022. Cannabis use is associated with many health concerns, particularly for high THC concentration use and frequent use.[25,26] These concerns include cognitive impairment, mental health conditions, driving impairment, cancer, respiratory conditions, gastrointestinal conditions, and other substance use.[25,26] The public health impacts of cannabis use need to be studied and monitored further to fully describe the potential health consequences of using cannabis.[25,26]

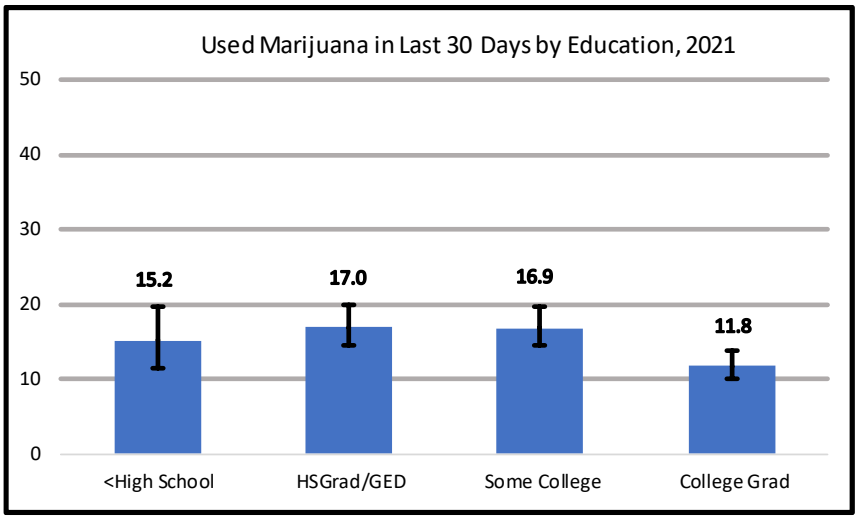
- 15.4% of New Mexico adults had used cannabis at least one day in the last 30 days.
- A significantly higher proportion of 18-44 year-olds reported cannabis use (21.6%) than adults 45 or older. Significantly fewer adults 65+ years of age used cannabis in the past 30 days than adults <65 years old.
- Cannabis use in the past 30 days was significantly higher among males (17.9%) than females (13.0%).
- NM adults with a household income <$15,000 had a significantly higher prevalence of cannabis use (23.2%) than those with a household income of $50,000—$74,999 (13.0%) and >$75,000 (11.9%).
- There was no significant difference between race/ethnicities or by geographic region.

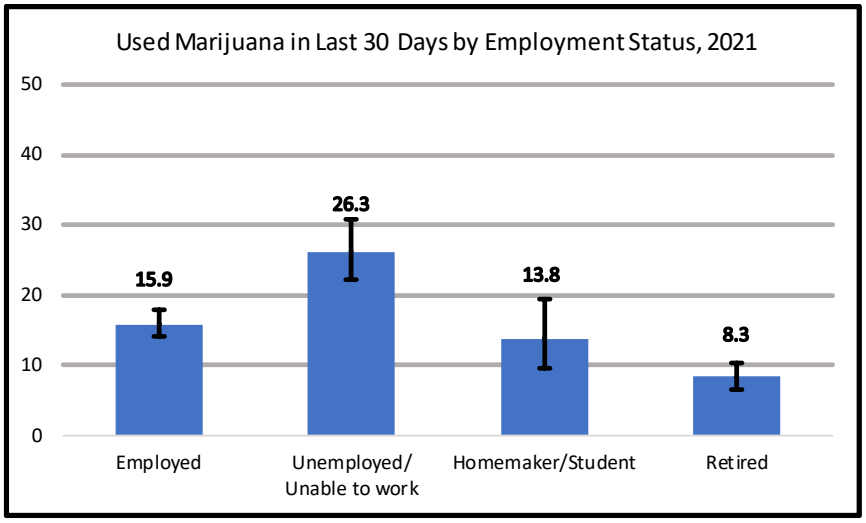
Demographic Characteristics		Used Marijuana in past 30 days[a] %	(95% Confidence Interval)
Total		**15.4**	**(14.1-16.8)**
Age			
	18-44	21.6	(19.2-24.2)
	45-64	13.2	(11.1-15.6)
	65+	7.8	(6.3-9.5)
Sex			
	Male	17.9	(15.9-20.2)
	Female	13.0	(11.4-14.8)
Race/Ethnicity			
	AIAN	14.4	(10.8-18.8)
	Asian or NHOPI	15.3	(6.8-31.1)
	Black/AA	15.3	(7.7-28.2)
	Hispanic	16.1	(14.0-18.4)
	White	15.2	(13.4-17.3)
Sexual Orientation			
	Straight	14.1	(12.8-15.6)
	LGB/Other	33.4	(26.8-40.8)
Household Income			
	< $15,000	23.2	(18.4-28.7)
	$15,000-$24,999	18.1	(14.7-22.2)
	$25,000-$49,999	18.0	(15.4-21.0)
	$50,000-$74,999	13.0	(10.1-16.7)
	> $75,000	11.9	(9.5-14.8)
Geographic Region			
	Northwest	14.8	(12.3-17.6)
	Northeast	16.1	(13.8-18.7)
	Metropolitan	16.9	(14.5-19.6)
	Southeast	12.2	(9.4-15.8)
	Southwest	13.8	(11.3-16.8)

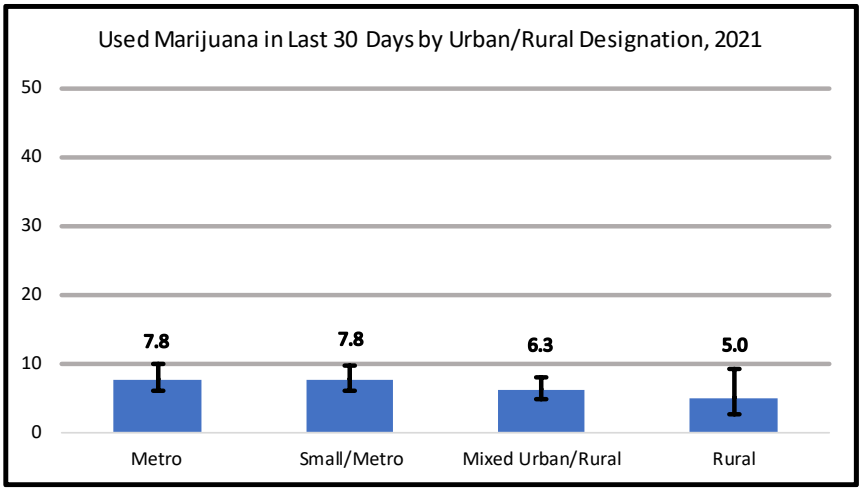
[a]Among NM adults, percentage who reported using cannabis 1 or more days during the past 30 days.

Cannabis Use

- College graduates were less likely to report using cannabis in the past 30 days than adults with lower levels of educational attainment.
- There was no significant difference in cannabis use by employment status or urban/rural designation.
- Of adults who used cannabis in the past 30 days, 61.2% used it daily or near daily.







Immunizations Among Adults 65+

Question:

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

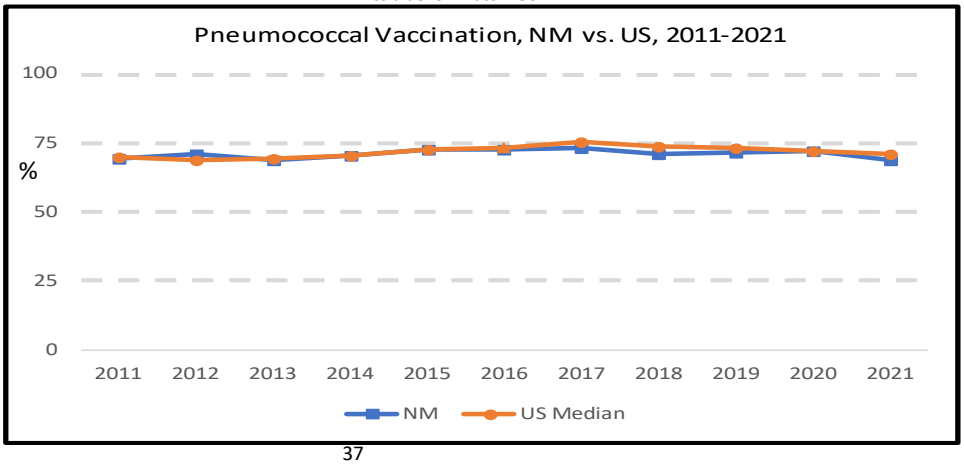
Have you ever had a pneumonia shot?"

People 65 years and older are at a greater risk of serious complications from the flu and from pneumonia. The CDC recommends the use of both the annual flu vaccine and a pneumonia shot to adults over 65 to reduce the morbidity and mortality associated with both of these diseases.[27]

- In New Mexico in 2021, 66.8% of New Mexico adults 65 and older received a flu vaccine and 68.6% have ever had a pneumonia shot.
- Both flu vaccination and pneumococcal vaccination prevalence in NM were slightly lower than the national estimates (68.6% and 71.0% respectively).
- A higher prevalence of White adults had a pneumonia shot compared to all other race/ethnicities, this was not statistically significant. There was no significant difference by race for flu shot.
- Females were slightly more likely to have received a flu vaccine in the last year and significantly more likely to have ever had a pneumonia vaccine than males.
- Adults in the metropolitan region were more likely to have received a pneumonia vaccine than adults in other regions.

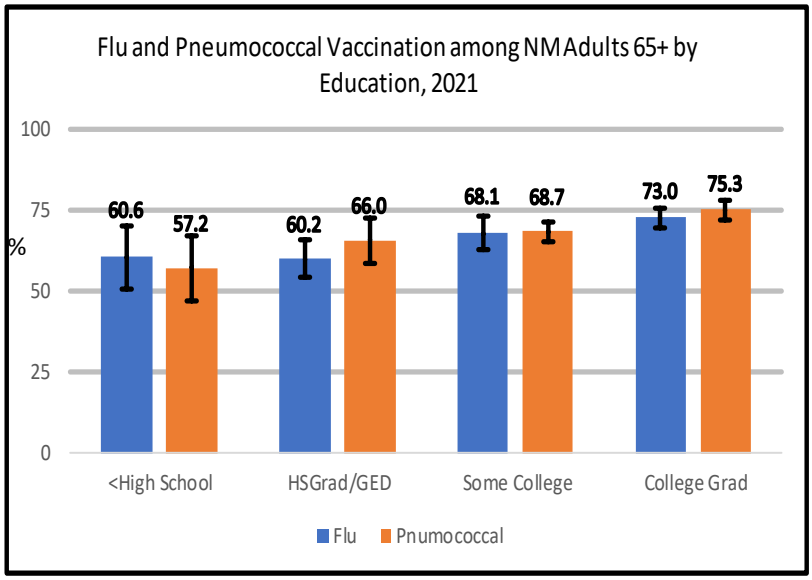
	Flu Vaccine[a]		Pneumonia Vaccine[b]	
Demographic Characteristics	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	**66.8**	**(63.8-69.6)**	**68.6**	**(65.6-71.4)**
Age				
65-74	63.0	(59.0-66.8)	65.1	(61.1-68.9)
75+	72.6	(68.3-76.6)	73.9	(69.4-77.9)
Sex				
Male	63.7	(59.1-68.1)	62.3	(57.6-66.7)
Female	69.3	(65.4-72.9)	73.6	(69.9-77.1)
Race/Ethnicity				
AIAN	69.1	(52.3-82.0)	55.7	(38.9-71.3)
Asian or NHOPI	**	**	**	**
Black/AA	**	**	**	**
Hispanic	65.0	(59.2-70.4)	65.3	(59.5-70.7)
White	67.6	(63.9-71.0)	71.3	(67.7-74.5)
Sexual Orientation				
Straight	67.8	(64.6-70.7)	68.8	(65.8-71.8)
LGB/Other	62.6	(43.2-78.7)	68.7	(47.9-84.0)
Household Income				
< $15,000	52.8	(42.5-62.9)	59.4	(48.9-69.1)
$15,000-$24,999	56.3	(47.1-65.1)	58.6	(49.5-67.2)
$25,000-$49,999	64.5	(58.3-70.2)	67.4	(61.3-72.9)
$50,000-$74,999	74.2	(67.1-80.3)	67.7	(59.0-75.2)
> $75,000	75.2	(69.2-80.3)	77.4	(71.7-82.2)
Geographic Region				
Northwest	62.2	(55.6-68.3)	65.7	(59.0-71.9)
Northeast	67.3	(61.7-72.5)	62.2	(56.4-67.6)
Metropolitan	71.1	(65.3-76.2)	77.2	(71.7-81.9)
Southeast	60.4	(52.6-67.7)	60.5	(52.6-67.9)
Southwest	62.3	(56.6-67.7)	61.4	(55.5-67.0)

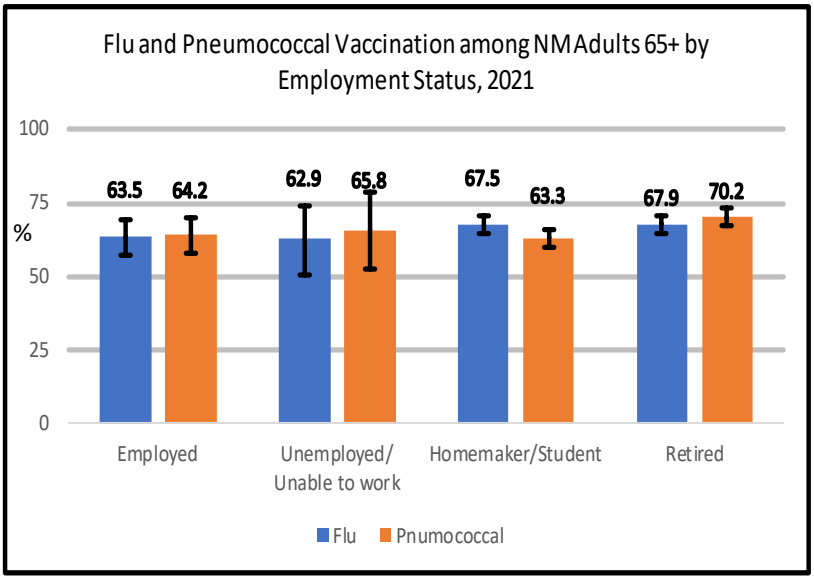
[a]Among adults aged 65 years and older, the proportion reporting that they had a flu vaccine, either by injection or sprayed in the nose in the past 12 months. [b]Among adults 65 years and older, the proportion reporting that they ever had pneumococcal vaccine. ** Suppressed due to a denominator <50.

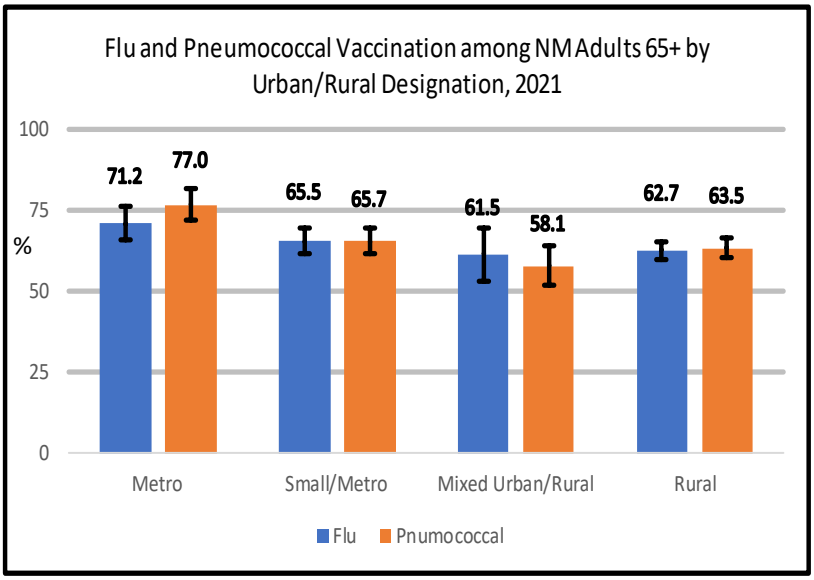


Immunizations Among Adults 65+

- Adults 65+ who are college graduates had a higher prevalence of immunization than other education level groups.
- Among adults over 65 years of age, there was no significant difference in immunization prevalence by employment status or urban/rural county designation.







Leisure-Time Physical Activity

Question:

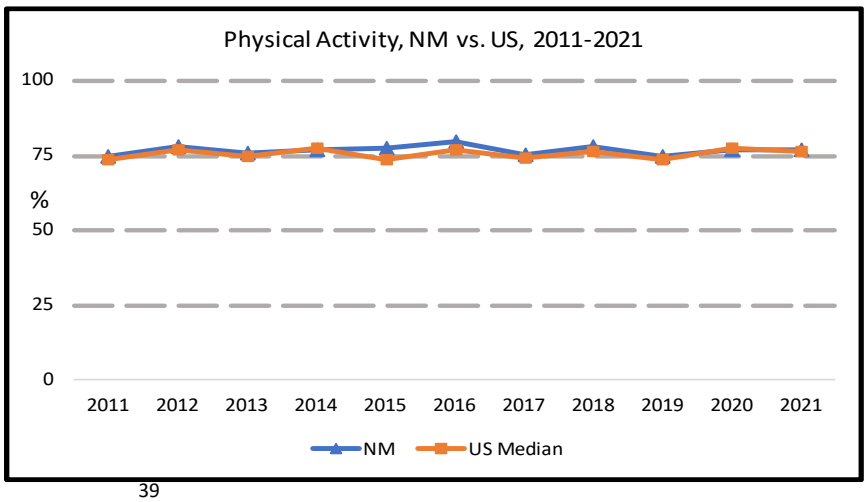
"During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?"

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, reduced risk of type 2 diabetes, reduced risk of multiple cancer types, improved brain health, improved psychological well-being, and improved quality of life.[28]

- In New Mexico, 77.0% of adults participated in any form of leisure-time physical activity. This percentage was similar to the U.S. median (76.3%).
- Adults 18-44 were significantly more likely to participate in any form of leisure-time physical activity (80.6%) than adults over 65 years of age (70.2%).
- Adult males (80.6%) were significantly more likely to have some form of leisure-time physical activity than were females (73.6%).
- White adults (80.6%) were more likely to have some form of leisure time physical activity than Hispanic adults (74.4%) and AIAN adults (75.5%).
- Adults residing in the Southeast and Northwest regions were less likely to have engaged in leisure-time physical activity than those residing in the Metropolitan and Northeast regions.

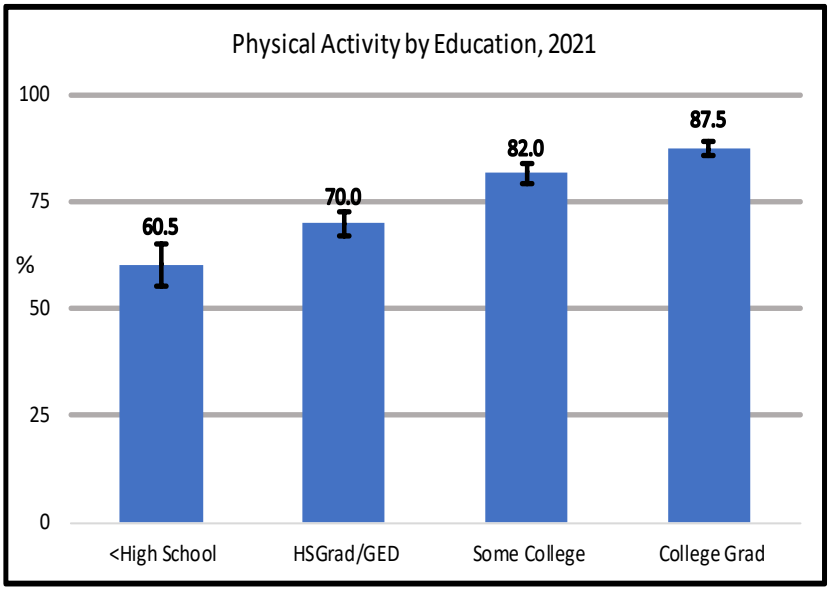
Demographic Characteristics	Leisure-Time Physical Activity[a] %	Leisure-Time Physical Activity[a] (95% Confidence Interval)
Total	**77.0**	**(75.5-78.4)**
Age		
18-44	80.6	(78.2-82.7)
45-64	77.4	(74.9-79.8)
65+	70.2	(67.3-72.9)
Sex		
Male	80.6	(78.6-82.4)
Female	73.6	(71.4-75.6)
Race/Ethnicity		
AIAN	75.5	(70.9-79.5)
Asian or NHOPI	75.5	(60.0-86.3)
Black/AA	76.7	(63.9-86.0)
Hispanic	74.4	(72.0-76.6)
White	80.6	(78.5-82.5)
Sexual Orientation		
Straight	76.8	(75.3-78.3)
LGB/Other	79.3	(72.5-84.8)
Household Income		
< $15,000	61.4	(55.9-66.6)
$15,000-$24,999	74.2	(70.1-77.9)
$25,000-$49,999	74.2	(71.2-77.0)
$50,000-$74,999	81.1	(77.0-84.5)
> $75,000	88.4	(85.9-90.6)
Geographic Region		
Northwest	73.6	(70.6-76.4)
Northeast	80.2	(77.1-83.0)
Metropolitan	78.9	(76.3-81.3)
Southeast	70.7	(66.8-74.2)
Southwest	76.1	(72.9-78.9)

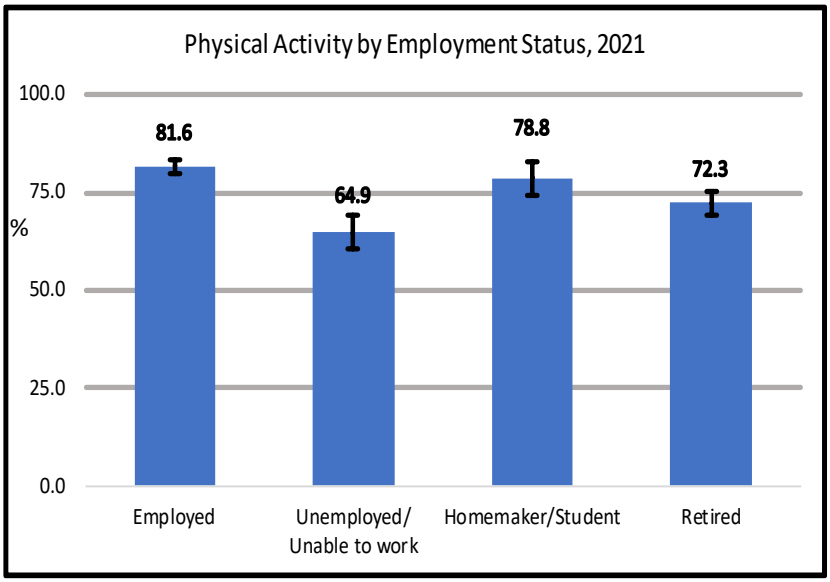
[a]Among all adults , the proportion reporting they had participated in leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise in the past month.

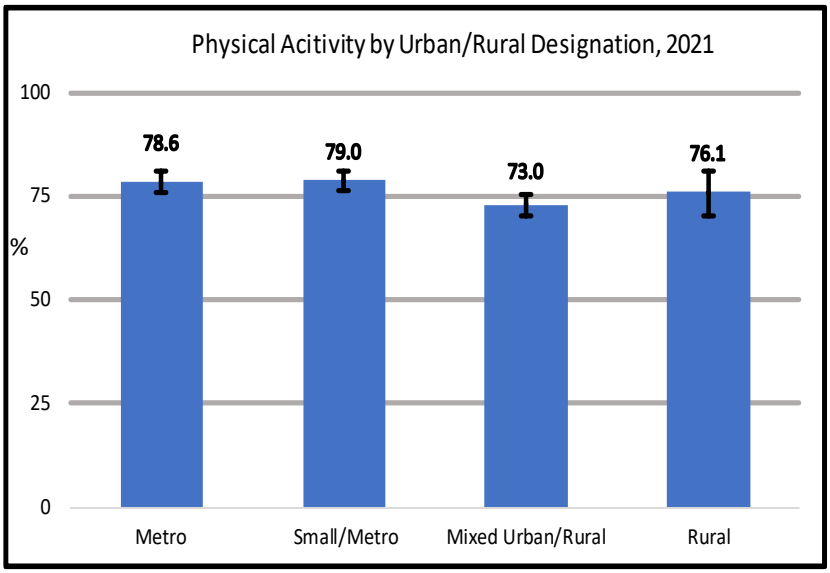


Leisure-Time Physical Activity

- There was a gradient in leisure-time physical activity by level of education and by annual household income. 60.5% of adults with less than a high school education engaged in leisure-time physical activity, compared to 88.5% of those with a college education. Similarly, 61.4% of adults living in households with annual income of less than $15,000 engaged in leisure-time physical activity, compared to 88.4% 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 (64.9%). Employed adults had the highest rate of leisure-time physical activity at 81.6%.
- Adults who engaged in leisure-time physical activity were less likely to have fair or poor general health status (15.0% vs. 32.5%), diabetes (10.4% vs. 22.3%), any cardiovascular disease (6.1% vs. 11.3%), and to be obese (32.6% vs. 41.2%) than those who did not engage in leisure-time physical activity.







Firearms

Question:

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

In the United States firearm violence is a leading cause of death and injuries. To improve public health outcomes, it is important to better understand the relationships between firearms, violence, and additional factors, such as poverty and educational opportunity.[29]

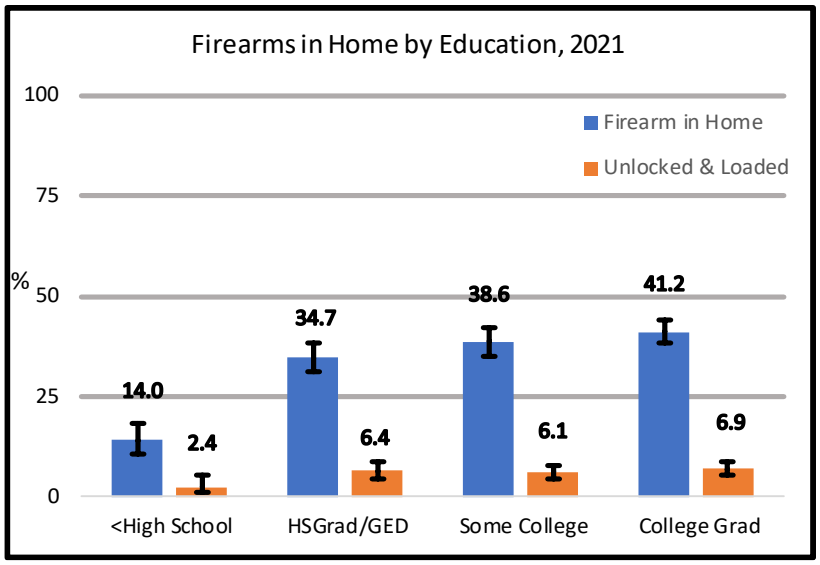
- In New Mexico in 2021, an estimated 34.4% of all adults had a firearm in or around their home and 5.8% of all adults had an unlocked and loaded firearm. Among New Mexico adults that have a loaded gun, 54.2% said the guns are also unlocked.
- A greater percentage of White adults (41.8%) said they have firearms kept in or around their homes compared to AIAN (27.0%). Among all White adults 8.0% had an unlocked and loaded firearm around the house.
- There was a gradient in firearms kept in the home and unlocked and loaded firearms in the home by household income level. 17.3% of adults living in households with annual income less than $15,000 had a firearm in or around their home, compared to 51.5% of adults with annual income of $75,000 or more.

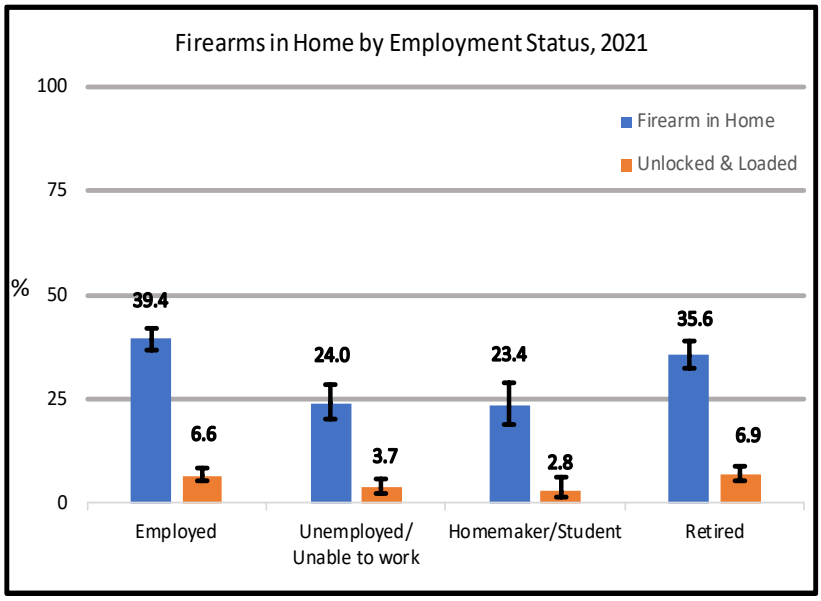
	Firearms in Home[a]		Unlocked and Loaded Firearms[b]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**	**%**	**(95% Confidence Interval)**
Total	**34.4**	**(32.7-36.3)**	**5.8**	**(5.0-6.8)**
Age				
18-44	35.7	(32.7-38.8)	6.1	(4.7-7.9)
45-64	35.0	(32.0-38.1)	4.7	(3.6-6.1)
65+	31.1	(28.1-34.2)	6.7	(5.3-8.5)
Sex				
Male	41.8	(39.1-44.6)	9.1	(7.6-10.9)
Female	27.9	(25.6-30.2)	2.8	(2.1-3.8)
Race/Ethnicity				
AIAN	27.0	(22.2-32.5)	2.5	(1.1-5.6)
Asian or NHOI	25.4	(14.2-41.1)	1.8	(0.4-8.0)
Black/AA	22.8	(13.0-36.8)	5.5	(1.6-17.1)
Hispanic	30.2	(27.6-33.0)	4.6	(3.4-6.3)
White	41.8	(39.0-44.5)	8.0	(6.6-9.6)
Sexual Orientation				
Straight	34.5	(32.7-36.4)	6.0	(5.1-7.0)
LGB/Other	36.5	(29.5-44.2)	3.5	(1.3-9.1)
Household Income				
< $15,000	17.3	(13.2-22.2)	3.6	(1.8-7.1)
$15,000-$24,9	21.7	(17.7-26.3)	4.7	(3.0-7.3)
$25,000-$49,9	28.2	(25.1-31.4)	3.3	(2.4-4.5)
$50,000-$74,9	45.7	(40.6-51.0)	7.5	(5.1-11.0)
> $75,000	51.5	(47.6-55.3)	10.0	(7.8-12.7)
Geographic Region				
Northwest	35.8	(32.4-39.4)	4.4	(3.2-5.9)
Northeast	34.7	(31.6-38.0)	5.0	(3.6-7.0)
Metropolitan	33.5	(30.3-36.9)	5.3	(4.0-7.2)
Southeast	35.3	(31.1-39.9)	7.0	(4.7-10.2)
Southwest	34.9	(31.3-38.8)	7.6	(5.7-10.0)

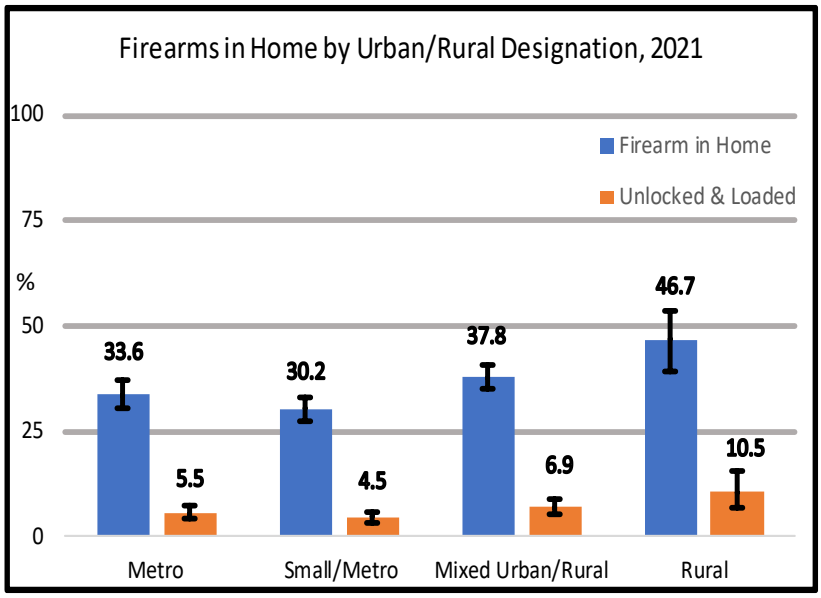
[a]Among all adults, the proportion who say they have any firearms kept in or around their home.
[b]Among all adults, the proportion who say they have a loaded and unlocked firearm in or around their home.

Firearms

- Adults with a college degree had the highest prevalence of firearms in or around the home (41.2%) compared to adults with less than a high school diploma (14.0%).
- Retired and employed adults had the highest prevalence of firearms in or around the home and the highest prevalence of unlocked and loaded firearms in or around the home, compared to adults who were unemployed/unable to work and homemaker/students.
- In New Mexico, adults living in counties designated as rural had a higher prevalence of having a firearm in or around the home and having an unlocked and loaded firearm in the home.







COVID-19 Prevention Behaviors

Questions:

"Are you following the guidelines of social distancing at home, at work, and in the community? How often do you wear a face mask when you are in public?"

COVID-19 is an infectious respiratory virus. The first infection in NM was detected in March 2020. Social distancing is a public health measure intended to reduce disease spread by maintaining physical distance between people and reducing the number of times people come into close contact with each other.[30] Wearing a face mask indoors in public reduces risk of infection and was required in NM from May 2020 through February 2022.[31]

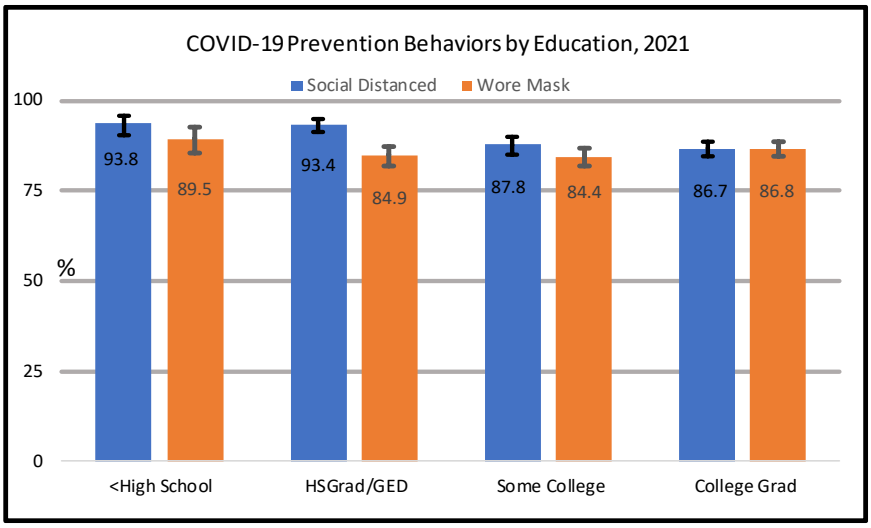
- In 2021, most New Mexican adults self-reported following social distance guidelines and wearing face masks in public.
- A greater proportion of people always followed social distancing guidelines (89.9%) compared to the proportion of people who always or almost always wore face masks in public (85.9%).
- New Mexicans aged 65+ years were more likely to always follow social distance guidelines and to always or almost always wear a face mask in public than younger age groups.
- Women were significantly more likely to report always following social distance guidelines (92.0%) and always or almost always wearing a face mask in public (89.1%) than men (87.6% & 82.4% respectively).

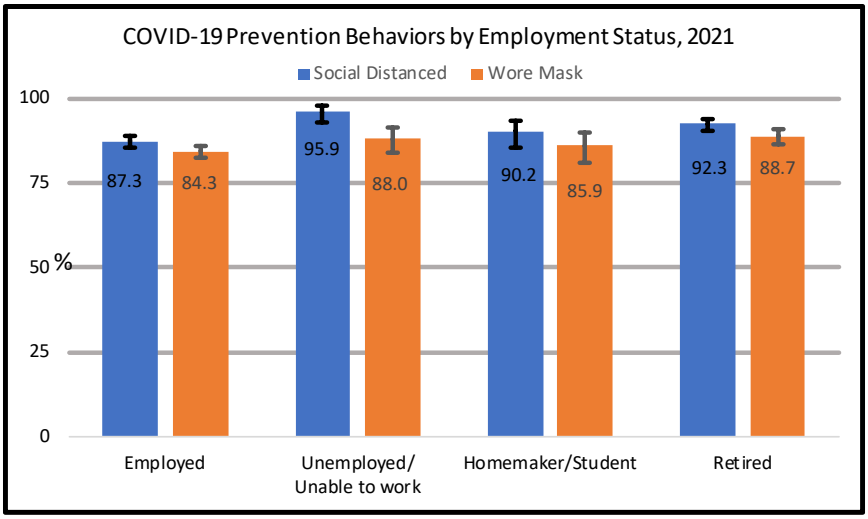
Demographic Characteristics	Always Follow Social Distance Guidelines[a] %	(95% Confidence Interval)	Always/Almost Always Wear Face Mask in Public[b] %	(95% Confidence Interval)
Total	**89.9**	**(88.7-91.0)**	**85.9**	**(84.5-87.1)**
Age				
18-44	87.7	(85.5-89.7)	84.8	(82.4-86.9)
45-64	91.1	(89.2-92.7)	84.4	(82.0-86.6)
65+	92.3	(90.5-93.7)	89.6	(87.7-91.3)
Sex				
Male	87.6	(85.7-89.3)	82.4	(80.3-84.3)
Female	92.0	(90.5-93.4)	89.1	(87.4-90.7)
Race/Ethnicity				
AIAN	94.6	(90.7-97.0)	95.4	(91.9-97.4)
Asian or NHOPI	95.0	(87.6-98.0)	95.7	(88.6-98.5)
Black/AA	91.9	(80.7-96.8)	100.0	**
Hispanic	91.2	(89.2-92.8)	88.2	(86.0-90.0)
White	87.6	(85.8-89.3)	80.4	(78.2-82.4)
Sexual Orientation				
Straight	90.2	(89.0-91.3)	85.9	(84.5-87.2)
LGB/Other	86.1	(79.9-90.6)	86.3	(80.0-90.9)
Household Income				
< $15,000	94.7	(91.7-96.7)	89.9	(85.1-93.3)
$15,000-$24,999	94.2	(91.6-96.1)	90.3	(86.8-92.9)
$25,000-$49,999	91.9	(89.8-93.7)	87.1	(84.6-89.2)
$50,000-$74,999	85.2	(81.0-88.6)	83.4	(79.1-86.9)
> $75,000	86.3	(83.4-88.7)	81.4	(78.2-84.2)
Geographic Region				
Northwest	88.6	(85.8-90.9)	86.1	(83.4-88.5)
Northeast	93.0	(91.1-94.6)	91.0	(88.9-92.7)
Metropolitan	90.0	(87.7-91.9)	86.8	(84.3-89.0)
Southeast	86.5	(83.2-89.3)	73.1	(69.0-76.9)
Southwest	90.2	(87.7-92.3)	88.8	(86.2-90.9)

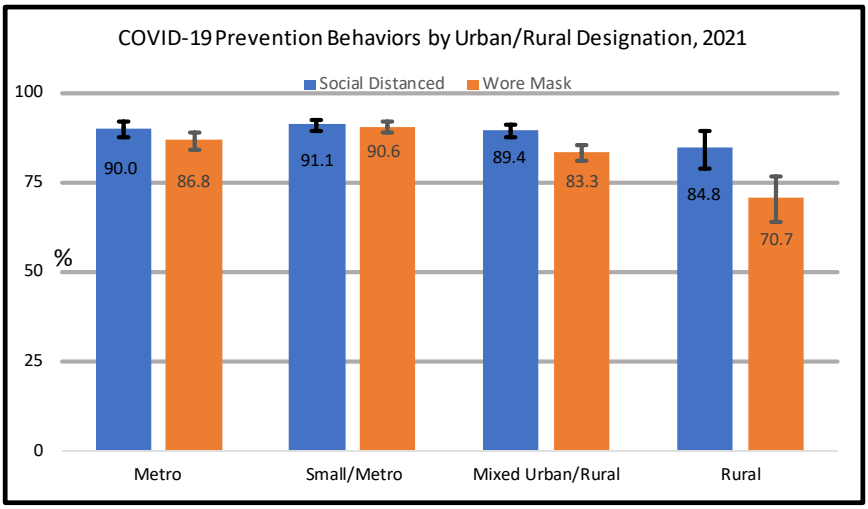
[a]Percentage of New Mexico adults who reported always following guidelines of social distancing at home, at work, and in the community. [b]Among NM adults, the percentage who reported always or almost always wearing a face mask when in public.

COVID-19 Prevention Behaviors

- A significantly higher proportion of American Indian/Alaska Natives (AIAN) New Mexicans always followed social distance guidelines (94.6%) compared to White New Mexicans (87.6%). AIAN adults were also significantly more likely to always or almost always wear a face mask in pubic (95.4%) than Hispanic (88.2%) and White (80.4%) adults.
- The likelihood of always following social distancing guidelines and always/almost always wearing a mask in public decreased as household income increased.
- NM adults with some college education or who were college graduates were significantly less likely to always following social distancing guidelines than adults with lower education levels. There was no significant difference in mask wearing between education levels.
- Employed adults were significantly less likely to always following social distance guidelines than adults who were retired or unemployed/unable to work.
- Retired adults were significantly more likely to always or almost always wear a mask in public (88.7%) than employed adults (84.3%).
- There was not a significant difference in the proportion of adults reporting always following social distance guidelines by urban/rural county designation.
- Adults in rural counties were significantly less likely to always or almost always wear a mask in public (70.7%) than adults in other county designations (all above 80.0%).







COVID-19-Related Income Loss

Question:
"Have you lost income from a job or business because of COVID-19?"

The COVID-19 pandemic severely disrupted the world economy through quarantines, product shortages, and business closures. From March 23, 2020 to May 31, 2020, NM had a statewide stay-at-home order for non-essential workers in order to slow the spread of COVID-19. Income is a nonmedical factor that influences health and economic stability improves health and well-being.

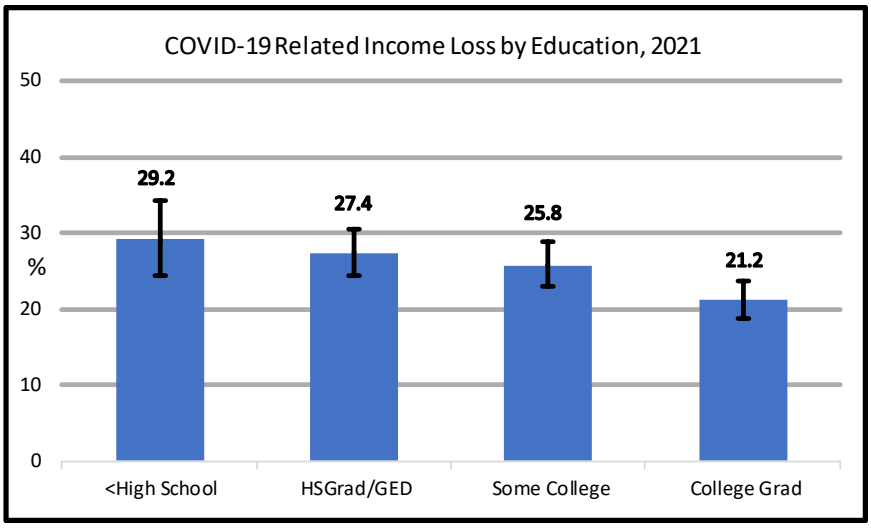
- 25.6% of New Mexican adults lost income because of COVID-19.
- The proportion of individuals reporting COVID-19 related income loss was significantly different among all age groups. Individuals 18-44 years of age were about 3 times more likely to report income loss than individuals 65+ years of age.
- A significantly higher proportion of American Indian/Alaska Native (AIAN) New Mexicans reported income loss due to COVID-19 (30.6%) than White New Mexicans (23.0%).
- LGB/Other individuals were significantly more likely to have income loss because of COVID-19 (34.5%) than straight individuals (24.9%).
- A higher proportion of people in the Northwest region (31.2%) had COVID-19 related income loss than in the Southwest region (23.3%).

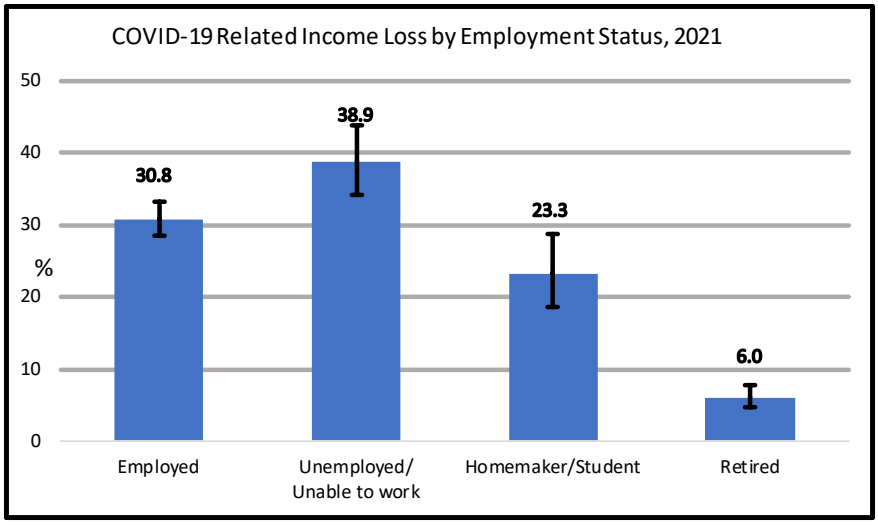
	Lost Income due to COVID-19[a]	
Demographic Characteristics	**%**	**(95% Confidence Interval)**
Total	**25.6**	**(24.0-27.2)**
Age		
18-44	33.9	(31.1-36.8)
45-64	27.2	(24.5-30.0)
65+	9.8	(8.2-11.7)
Sex		
Male	26.6	(24.3-29.0)
Female	24.6	(22.5-26.8)
Race/Ethnicity		
AIAN	30.6	(25.6-36.2)
Asian or NHOPI	17.8	(8.2-34.5)
Black/AA	31.7	(19.8-46.6)
Hispanic	26.9	(24.4-29.5)
White	23.0	(20.8-25.3)
Sexual Orientation		
Straight	24.9	(23.3-26.6)
LGB/Other	34.5	(27.9-41.8)
Household Income		
< $15,000	30.6	(25.2-36.5)
$15,000-$24,999	33.5	(29.0-38.5)
$25,000-$49,999	28.9	(25.8-32.2)
$50,000-$74,999	20.9	(17.2-25.1)
> $75,000	21.6	(18.6-24.9)
Geographic Region		
Northwest	31.2	(27.9-34.8)
Northeast	24.9	(22.2-27.9)
Metropolitan	24.7	(21.9-27.7)
Southeast	28.0	(24.2-32.2)
Southwest	23.3	(20.1-26.9)

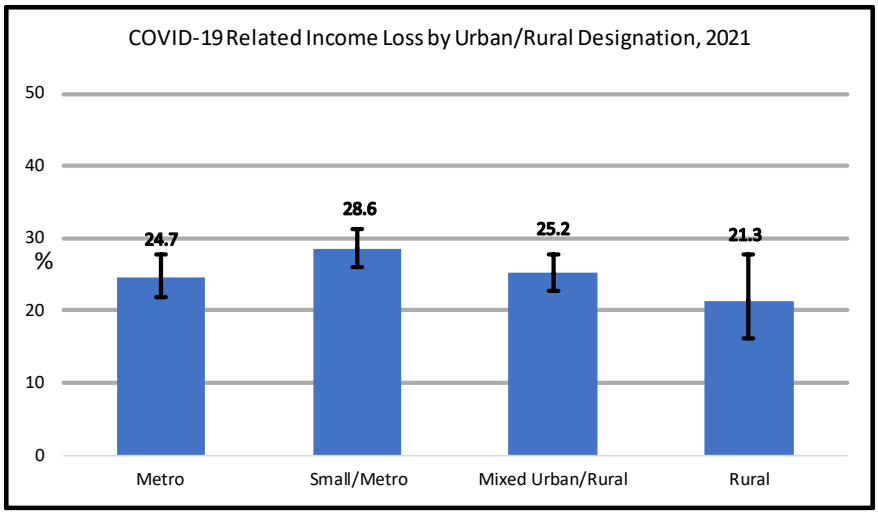
[a]Among NM adults, the percentage who reported they lost income from a job or business because of COVID-19.

COVID-19-Related Income Loss

- As household income increased, people were less likely to report losing income due to COVID-19. People with a household income below $50,000 were significantly more likely to report income loss than people with a household income of $50,000 or greater.
- College graduates were the least likely to report income loss because of COVID-19.
- Retired adults were significantly less likely to report COVID-19 related income loss than other employment classifications, while those who were unemployed or unable to work were the most likely to report income loss.
- There were no significant differences in prevalence of COVID-19 related income loss by urban/rural county designation.







COVID-19-Related Housing Loss

Question:

"Have you lost housing because of COVID-19?"

Six months after COVID-19 reached the US, in July 2020, 26.5% of adults surveyed in the US reported their households had missed the previous month's rent/ mortgage or had slight/no confidence their household could pay next month on time.[32] In March 2021, the federal government passed a bill funding rental assistance.[33]

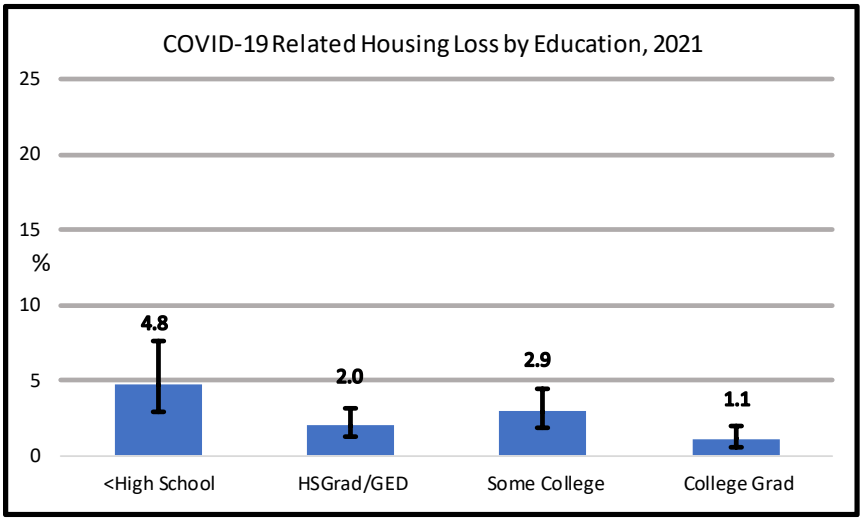
- 2.5% of New Mexican adults reported COVID-19 related housing loss in 2021.
- Younger New Mexicans were more likely to report COVID-19 related housing loss than older people. New Mexicans aged 65+ years reported significantly less housing loss (0.5%) than people aged 18-44 (3.8%) and aged 45-64 (2.3%).
- LGB/Other New Mexicans reported over 3 times higher prevalence of housing loss due to COVID-19 (6.6%) than did straight New Mexicans (2.1%).
- Housing loss due to COVID-19 was less prevalent as household income increased.
- There was no significant difference in proportion of people reporting housing loss because of COVID-19 by sex, race/ ethnicity, or geographic region.

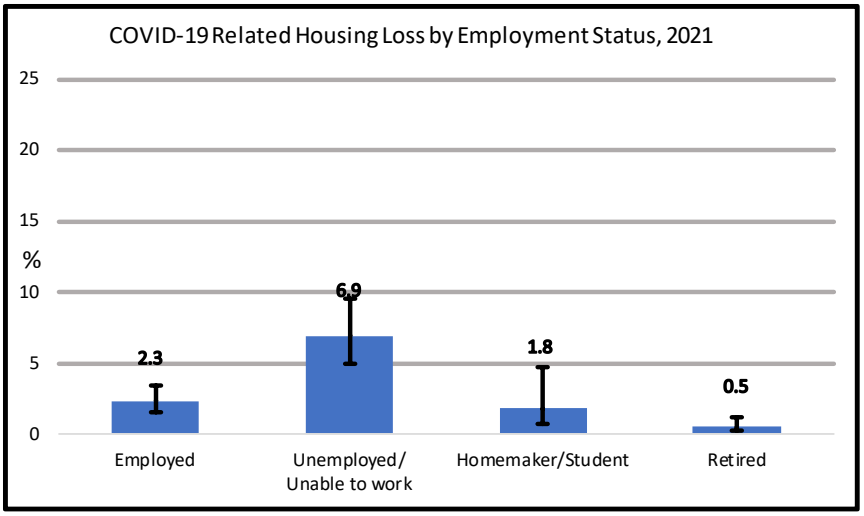
Demographic Characteristics		Lost housing due to COVID-19[a] %	(95% Confidence Interval)
Total		**2.5**	**(2.0-3.2)**
Age			
	18-44	3.8	(2.8-5.2)
	45-64	2.3	(1.6-3.5)
	65+	0.5	(0.2-1.2)
Sex			
	Male	2.0	(1.5-2.8)
	Female	2.9	(2.1-4.1)
Race/Ethnicity			
	AIAN	2.5	(1.3-4.8)
	Asian or NHOPI	1.9	(0.3-12.6)
	Black/AA	3.1	(0.8-11.1)
	Hispanic	2.4	(1.7-3.5)
	White	2.5	(1.6-3.7)
Sexual Orientation			
	Straight	2.1	(1.6-2.7)
	LGB/Other	6.6	(3.3-12.5)
Household Income			
	< $15,000	5.4	(3.1-9.2)
	$15,000-$24,999	4.0	(2.5-6.4)
	$25,000-$49,999	3.1	(2.0-4.6)
	$50,000-$74,999	0.9	(0.3-2.9)
	> $75,000	1.6	(0.7-3.5)
Geographic Region			
	Northwest	1.7	(1.0-2.8)
	Northeast	2.6	(1.7-4.1)
	Metropolitan	2.7	(1.8-4.1)
	Southeast	2.1	(1.2-3.8)
	Southwest	2.5	(1.5-4.3)

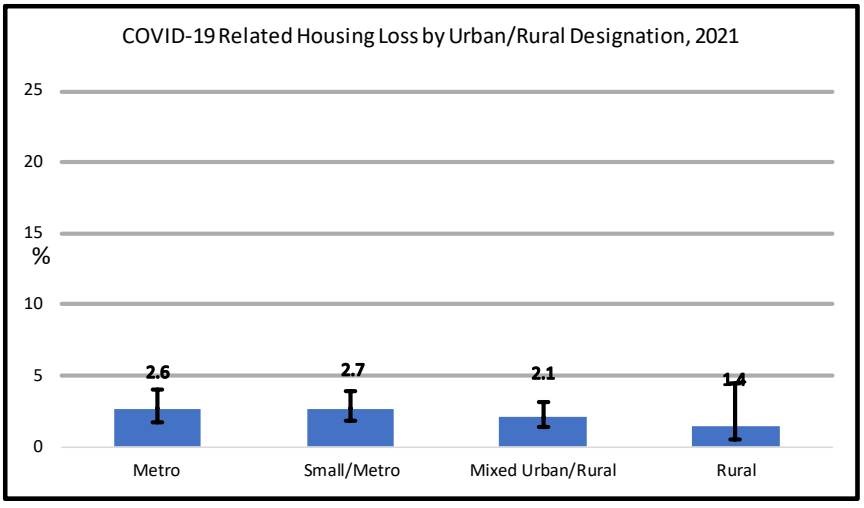
[a]Among NM adults, the percentage who reported losing housing because of COVID-19.

COVID-19-Related Housing Loss

- College graduates were significantly less likely to report loss of housing because of COVID-19 (1.1%) than adults with less than a high school education (4.8%).
- Adults who were unemployed or unable to work were significantly more likely to report COVID-19 related loss of housing than all other employment categories.
- There was no significant difference in the prevalence of COVID-19 related loss of housing by urban/rural county designation.







COVID-19-Related Loss of Health Care Coverage

Question:

"Have you lost health care coverage because of COVID-19?"

Before the COVID-19 pandemic, 55.2% of people had employer-provided health insurance coverage, and so were at risk of losing health care coverage if they lost their job.[34] During the COVID-19 pandemic, unemployment in the US rose to the highest rate since World War II (14.4%).[35] 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 decreased mortality.[7]

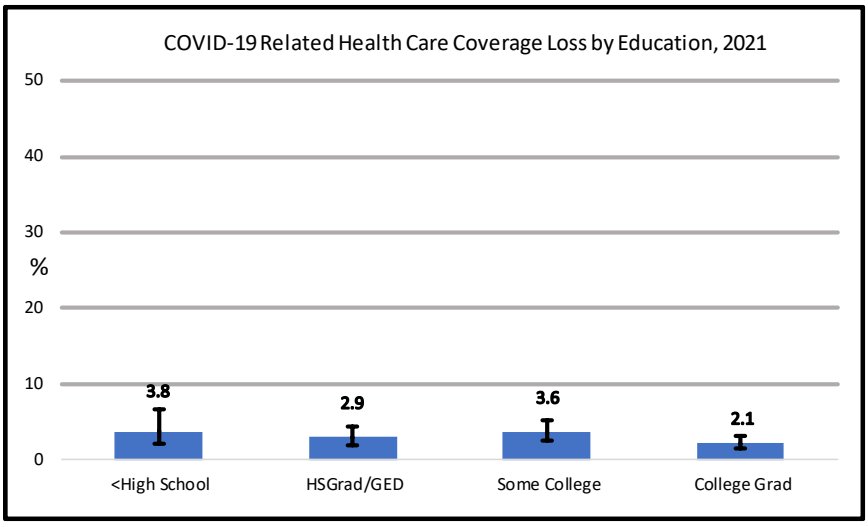
- 3.1% of New Mexican adults reported losing health care coverage because of COVID-19.
- Adults aged 65 years and older reported a significantly lower prevalence of health care coverage loss (0.7%) than younger adults.
- A significantly greater proportion of American Indian/Alaska Natives (AIAN) reported lowing health care coverage because of COVID-19 (5.5%) compared to White (1.9%) and Asian/NHOPI (0.3%).
- As household income increased, the proportion of people reporting health care coverage loss decreased.

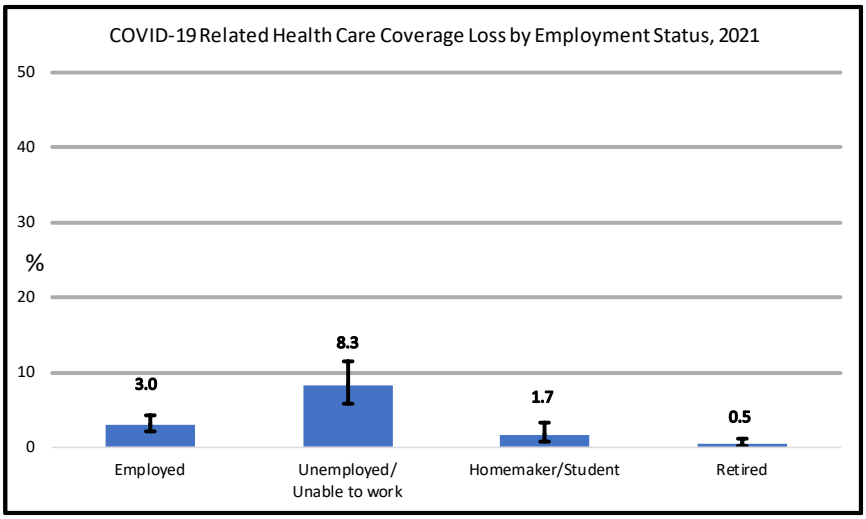
Demographic Characteristics		Lost Healthcare Coverage due to COVID-19[a] %	(95% Confidence Interval)
Total		**3.1**	**(2.5-3.8)**
Age			
	18-44	4.0	(2.9-5.4)
	45-64	3.8	(2.7-5.4)
	65+	0.7	(0.4-1.3)
Sex			
	Male	3.6	(2.7-4.8)
	Female	2.6	(1.8-3.6)
Race/Ethnicity			
	AIAN	5.5	(3.6-8.3)
	Asian or NHOPI	0.3	(0.0-1.8)
	Black/AA	2.3	(0.6-9.0)
	Hispanic	3.5	(2.5-4.8)
	White	1.9	(1.2-2.9)
Sexual Orientation			
	Straight	3.0	(2.4-3.8)
	LGB/Other	2.8	(1.3-5.9)
Household Income			
	< $15,000	5.9	(3.2-10.5)
	$15,000-$24,999	3.9	(2.5-6.2)
	$25,000-$49,999	3.7	(2.5-5.5)
	$50,000-$74,999	2.7	(1.4-5.1)
	> $75,000	1.7	(0.9-3.0)
Geographic Region			
	Northwest	4.4	(3.1-6.1)
	Northeast	2.5	(1.6-3.7)
	Metropolitan	3.0	(2.0-4.5)
	Southeast	2.2	(1.2-3.8)
	Southwest	3.8	(2.5-5.7)

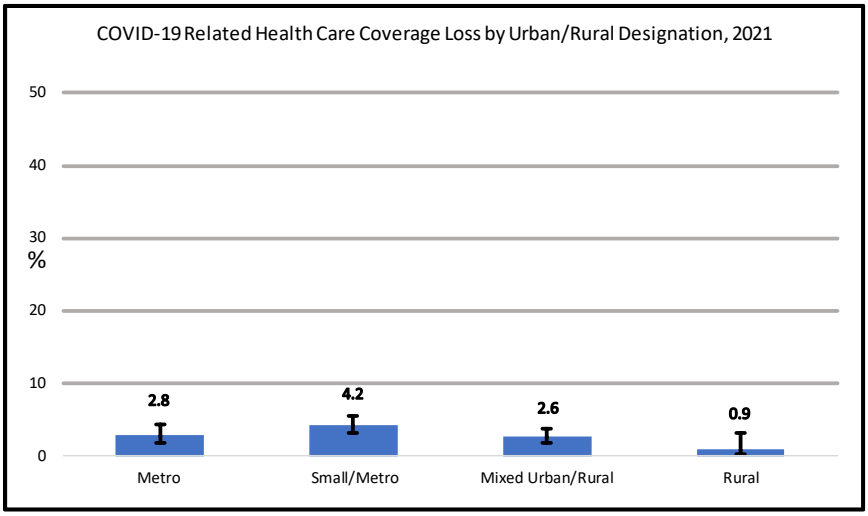
[a]Among NM adults, those who reported losing health care coverage because of COVID-19.

COVID-19-Related Loss of Health Care Coverage

- There was no significant difference in prevalence of COVID-19 related health care coverage loss between geographic regions.
- The prevalence of COVID-19 related health care coverage loss was similar among adults with different levels of education.
- Adults in NM who were unemployed or unable to work experienced significantly higher prevalence of health care coverage loss due to COVID-19 than all other employment groups. Employed adults experienced a significantly higher rate of COVID-19 related loss of health care coverage than adults who were retired, students, or homemakers.



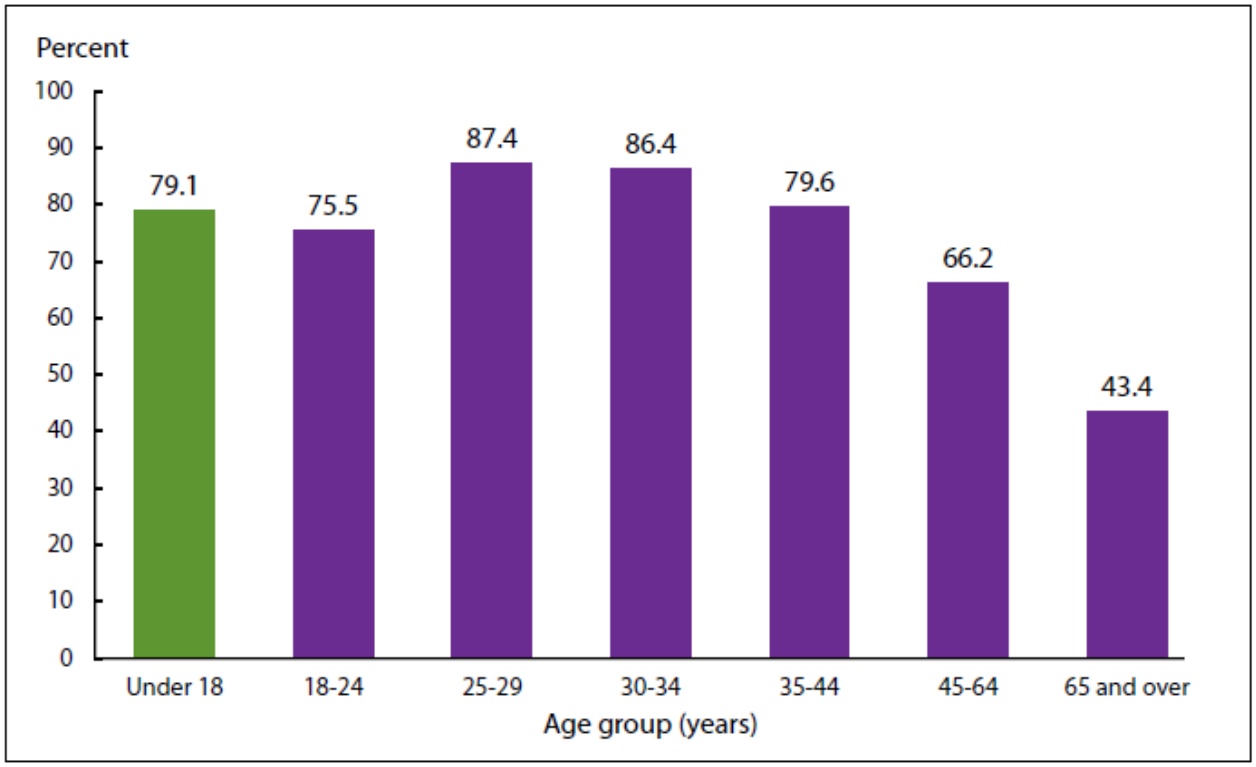




Appendix I-Methods

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 2021, 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 wireless-only adults and of children living in households with only wireless telephone service, by age group: United States, July–December 2021



NOTES: Wireless-only adults are adults who live in households with only wireless telephone service and have their own wireless telephone.
SOURCE: National Center for Health Statistics, 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.

Stata 17.0 MP software was used for all analyses in this report. Stata 17.0 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.

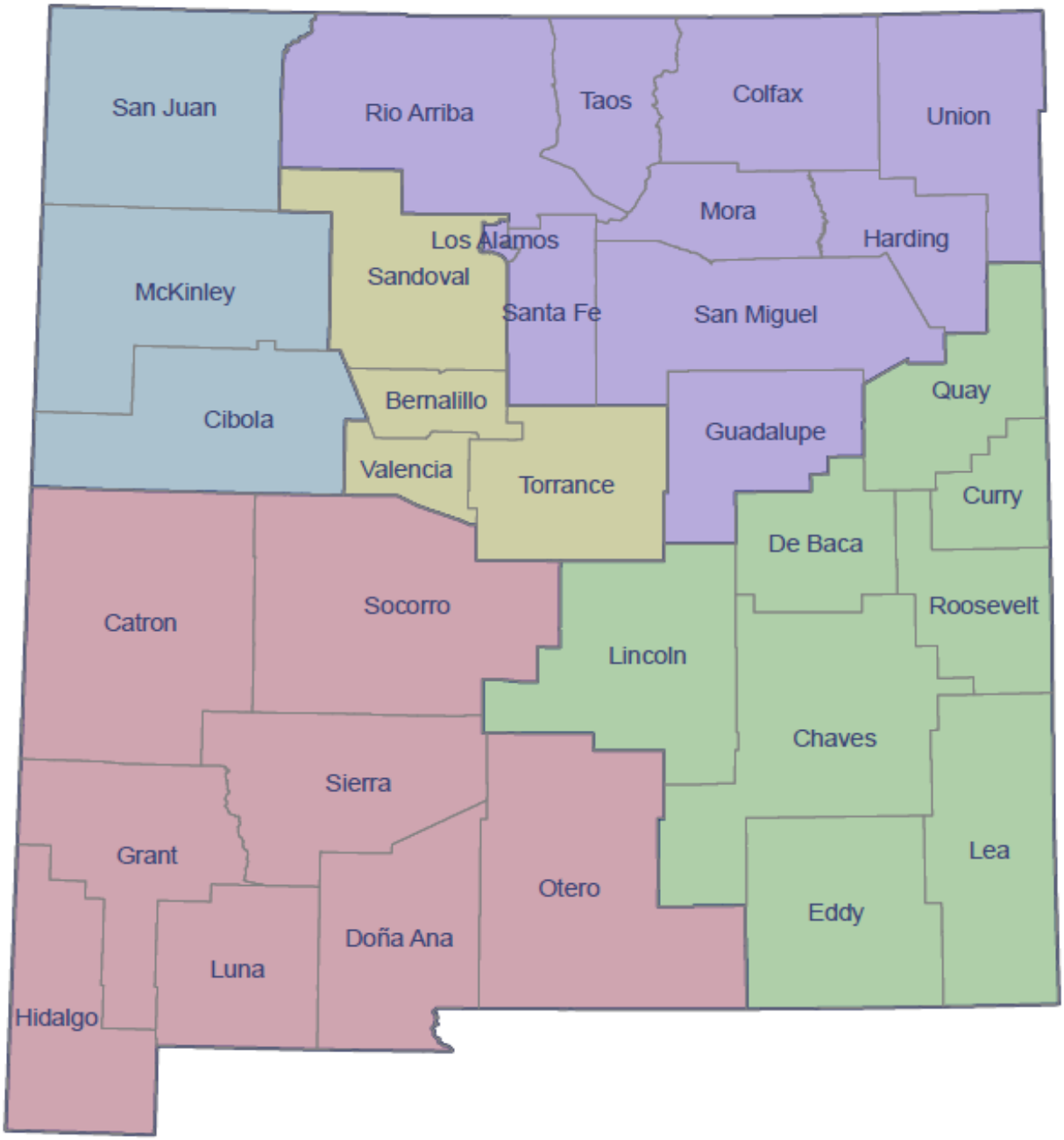
Quality assurance

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

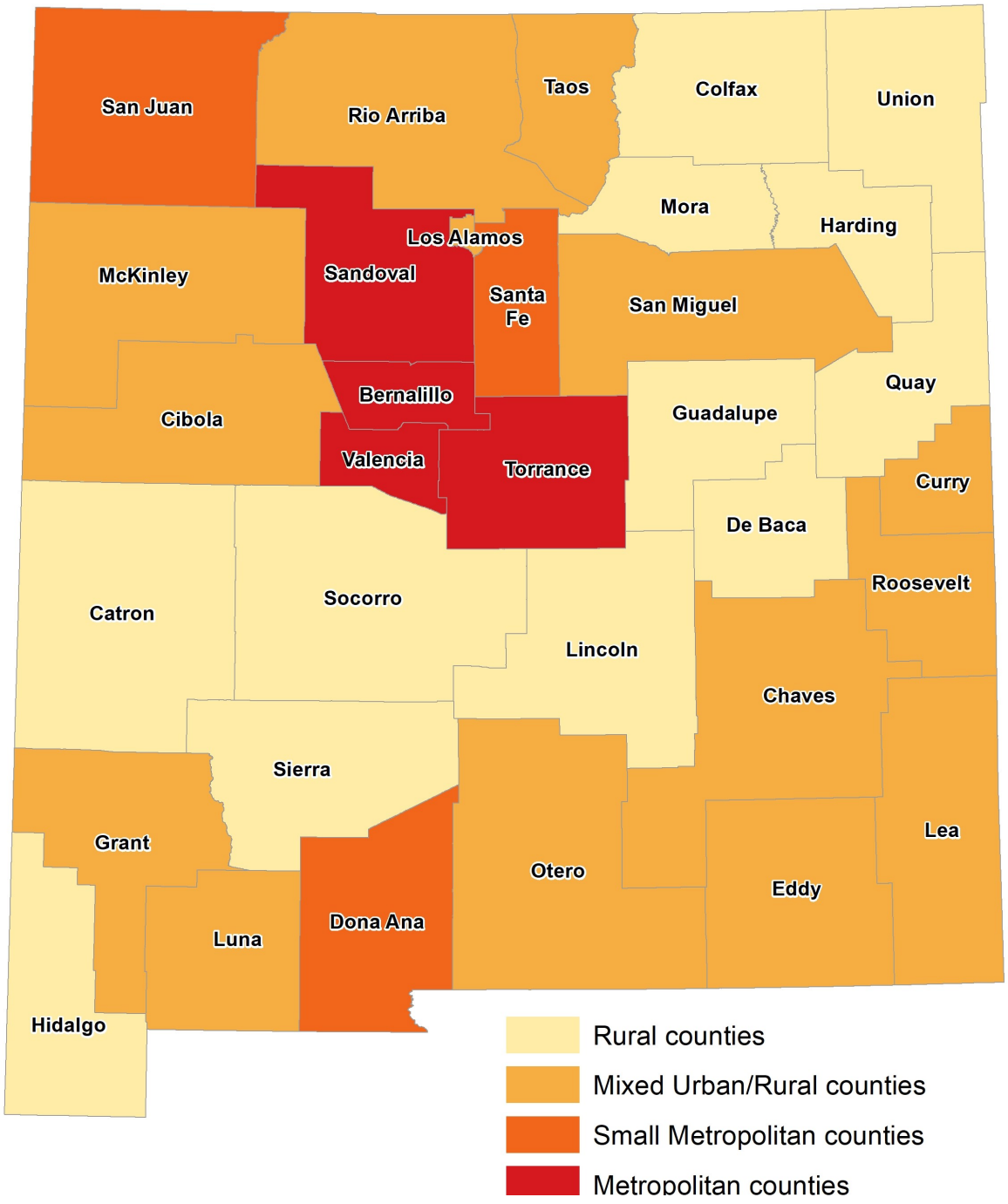


Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt, 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

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