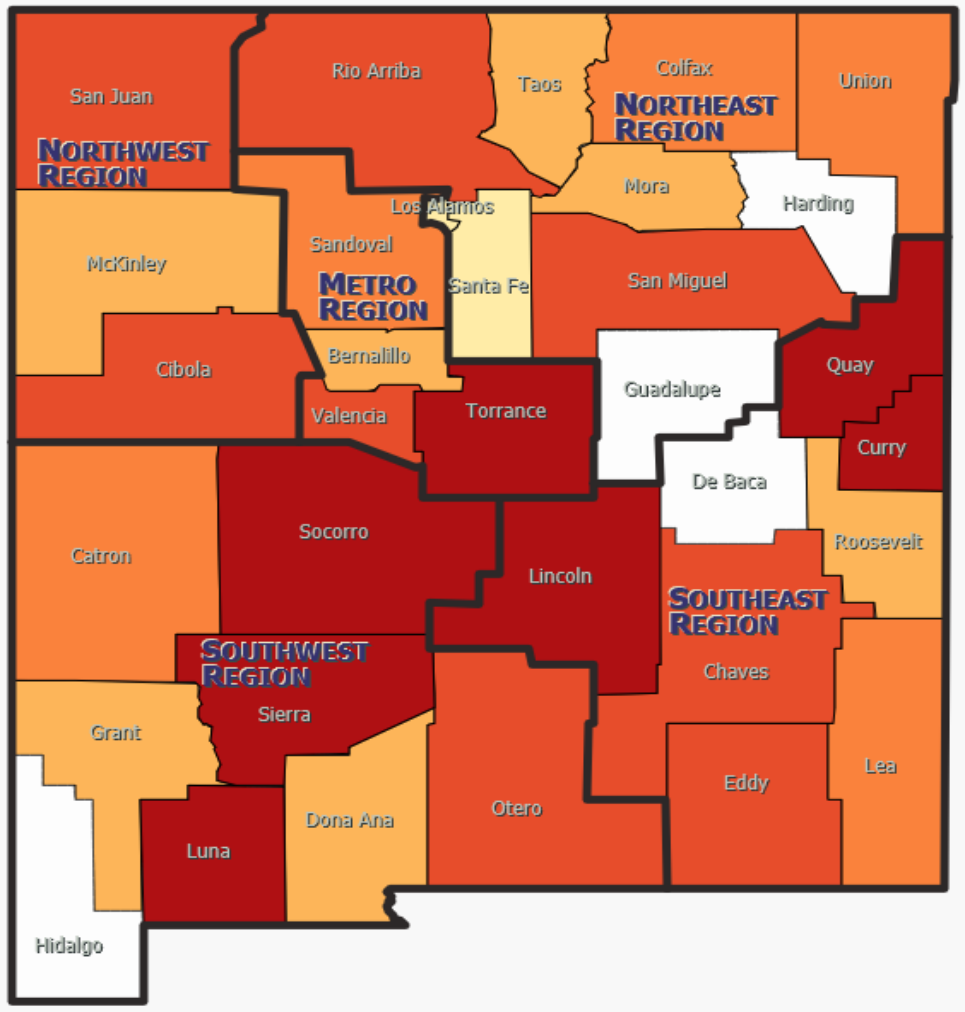
Health Behaviors and Conditions of Adult New Mexicans



Results from the New Mexico Behavioral Risk Factor Surveillance System (BRFSS) 2022 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 2022

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

Presented by the
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The 2022 BRFSS survey was funded by a cooperative agreement with the Centers for Disease Control and Prevention (grant number 6 NU58DP006887-02-05), and through support from the Albuquerque Area Southwest Tribal Epidemiology Center; the Behavioral Health Services Division of the NM 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 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 2022 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 misuse, 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 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 2022 NM BRFSS report is available in .pdf format at the NM Department of Health website:

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

Overview

2022 New Mexico BRFSS Topics

Core CDC Components (all states):

Alcohol Consumption
Arthritis
Asthma
Breast and Cervical Cancer Screening
Cancer
Cardiovascular Disease
Chronic Obstructive Pulmonary Disease (COPD)
Colorectal Cancer Screening
Depression
Diabetes
Disability
Exercise (Physical Activity)
Health Care Access
Healthy Days
Health Status
HIV testing
Hypertension Awareness
Immunization (influenza, pneumococcal vaccines)
Inadequate Sleep
Kidney disease
Lung Cancer Screening
Long-term COVID Effects
Oral Health
Tobacco Use

Optional CDC Modules:

Alcohol Screening & Brief Intervention (ASBI)
Cancer Survivorship: Type of Cancer
Marijuana (Cannabis) Use
COVID Vaccination
Family Planning
Firearm Safety
Industry and Occupation
Pre-diabetes
Reactions to Race
Sex at Birth
Sexual Orientation & Gender Identity
Social Determinants and Health Equity

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:

COVID-19
Healthcare Access—additional questions
Sexual & Intimate Partner 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 behaviors may be underestimated or overestimated 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 2022 BRFSS survey data. The Response Rate, Cooperation Rate, and Refusal Rate for the 2022 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.[1] Combined landline and cellphone summary Response, Refusal, and Cooperation Rates were calculated by combining the individual rates, weighted to the respective size of the two samples.

Response Rates, New Mexico and U.S., 2022[1]

	Landline		Cellular		Combined Landline & Cellular	
Rate	**NM**	**US** (median)	**NM**	**US** (median)	**NM**	**US** (median)
Response	48.6%	46.3%	54.5%	44.7%	51.6%	45.9%
Cooperation	59.3%	58.5%	83.9%	83.8%	71.8%	77.0%
Refusal	24.8%	21.8%	9.8%	8.3%	17.2%	12.0%

[1]Centers for Disease Control and Prevention. 2022. 2022 Summary Data Quality Report. https://www.cdc.gov/brfss/annual_data/2022/pdf/2022-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 (CI).

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. Unless specifically stated all bulleted comparisons are statistically significant.

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.

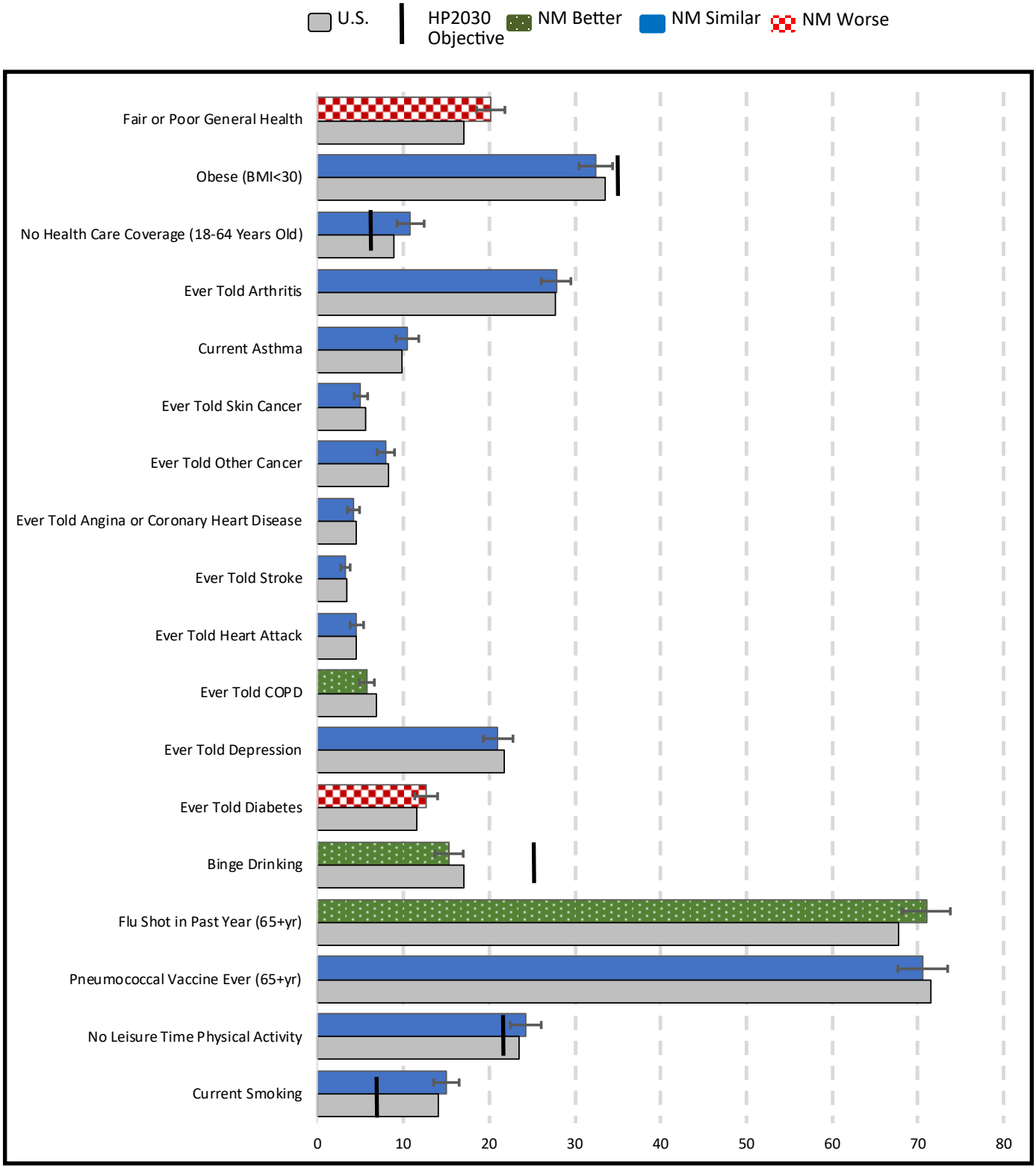
With respect to certain conditions and risk factors, particularly those addressed by core BRFSS questions that were asked of respondents in every state, estimates for New Mexico (NM) were compared to estimates for the U.S. as a whole (U.S. = all 50 states, plus the District of Columbia). These data are presented in the form of a trend chart. When a difference is stated, the U.S. median is not within the 95% CI of the NM estimate.

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 2022, 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 2022 New Mexico Sample

Demographic Characteristics	2022 BRFSS Data		
	Number in Sample*	Unweighted Percent (%)	Weighted Percent(%)
Total	4,758	NA	NA
Age			
18-44	1,239	26.4	45.4
45-64	1,414	30.1	29.3
65+	2,043	43.5	25.3
Sex			
Male	2,066	43.4	48.9
Female	2,692	56.6	51.1
Race/Ethnicity			
AIAN	344	7.4	9.1
Asian or NHOPI	47	1.0	2.4
Black/AA	73	1.6	3.1
Hispanic	1,621	35.0	46.7
White	2,548	55.0	38.8
Sexual Orientation			
Straight	4,131	94.1	91.6
LGB/Other	274	5.9	8.4
Household Income			
< $15,000	322	8.4	8.6
$15,000-$24,999	507	12.8	13.1
$25,000-$49,999	1,262	31.7	33.4
$50,000-$74,999	668	16.8	15.2
> $75,000	1,208	30.4	29.8
Geographic Region			
Northwest	1,024	21.5	9.9
Northeast	1,012	21.3	15.1
Metropolitan	1,189	25.0	44.0
Southeast	654	13.8	13.3
Southwest	879	18.5	17.7
Education Level			
<High School	446	9.4	13.9
High School Grad/GED	1,170	24.7	27.5
Some College	1,247	26.3	32.7
College Grad.	1,882	39.7	25.8
Employment Status			
Employed	2,013	42.8	54.4
Unemployed/Unable to work	527	11.2	12.4
Homemaker/Student	397	8.4	11.37
Retired	1,765	37.5	21.8
Urban/Rural Designation			
Metro	1,100	24.6	42.8
Small/Metro	1,593	35.6	24.1
Mixed Urban/Rural	1,486	33.2	28.0
Rural	292	6.5	5.1

*Respondents who refused to answer or answered “don’t know/not sure” were excluded. Thus, the sample sizes across categories for some variables may not add to the total.

General Health Status

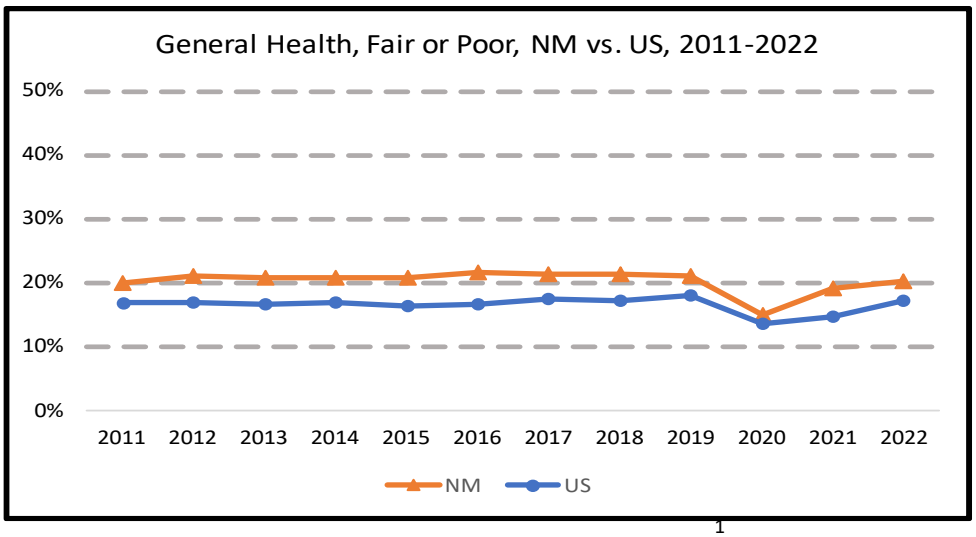
Question:

"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 which allows for broad comparisons across various health conditions.[4]

- In 2022, 20.2% of New Mexico adults had fair or poor general health. This was higher than the US median prevalence (17.1%).
- The prevalence of 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 (17.3%) had a lower prevalence of fair or poor health than both AIAN adults (25.3%) and Hispanic adults (22.3%).

Demographic Characteristics*	General Health, Fair or Poor[a] %	(95% Confidence Interval)
Total	**20.2**	**(18.6-21.8)**
Age		
18-44	**11.4**	**(9.4-13.8)**
45-64	**24.8**	**(21.9-28.0)**
65+	**30.0**	**(27.1-33.1)**
Sex		
Male	**18.9**	**(16.7-21.3)**
Female	**21.4**	**(19.3-23.6)**
Race/Ethnicity		
AIAN	**25.3**	**(19.6-32.1)**
Asian or NHOPI	**	**
Black/AA	**18.7**	**(10.5-30.9)**
Hispanic	**22.3**	**(19.9-25.0)**
White	**17.3**	**(15.2-19.6)**
Sexual Orientation		
Straight	**20.6**	**(19.0-22.4)**
LGB/Other	**21.3**	**(15.3-28.7)**
Household Income		
< $15,000	**38.8**	**(32.4-45.6)**
$15,000-$24,999	**35.7**	**(30.2-41.7)**
$25,000-$49,999	**19.8**	**(16.9-22.9)**
$50,000-$74,999	**17.0**	**(13.4-21.4)**
> $75,000	**10.6**	**(8.2-13.5)**
Geographic Region		
Northwest	**23.1**	**(18.7-28.3)**
Northeast	**18.5**	**(15.8-21.5)**
Metropolitan	**19.0**	**(16.4-21.9)**
Southeast	**24.8**	**(21.1-28.9)**
Southwest	**19.2**	**(16.1-22.8)**



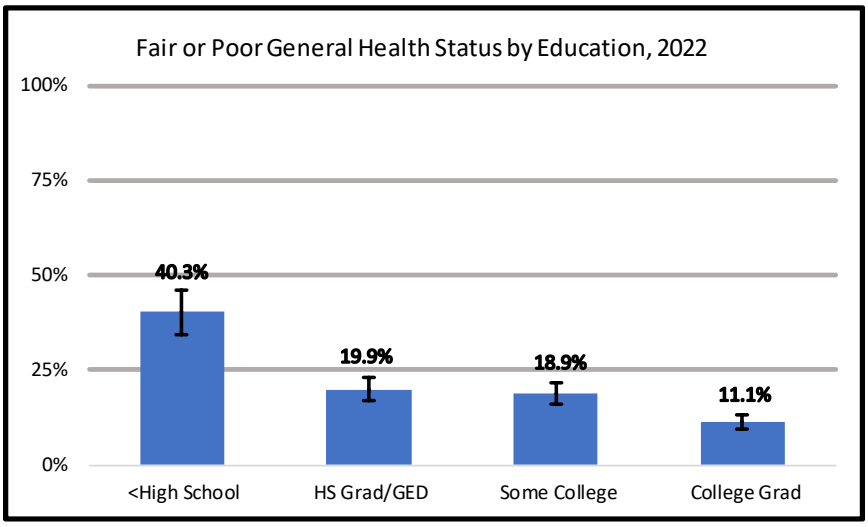
[a] Among all adults, the proportion with either fair or poor general health.

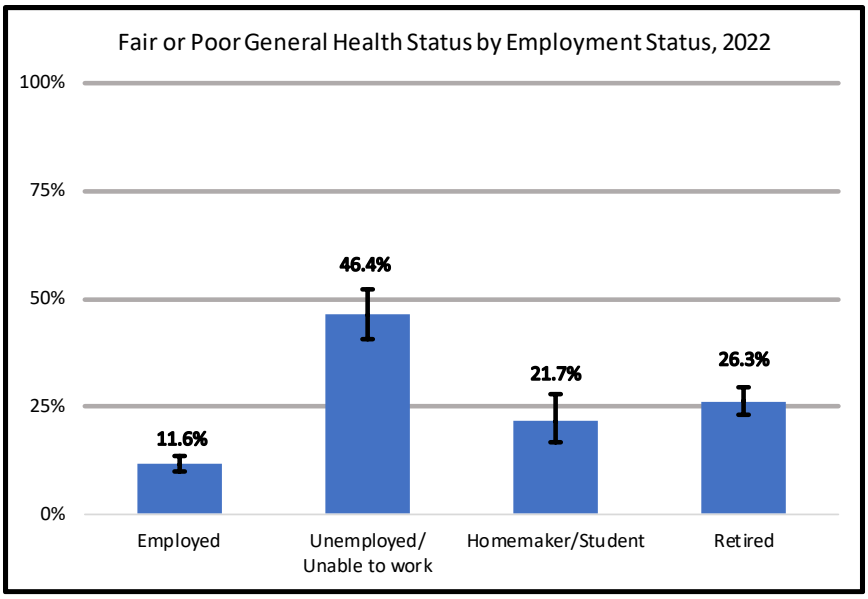
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

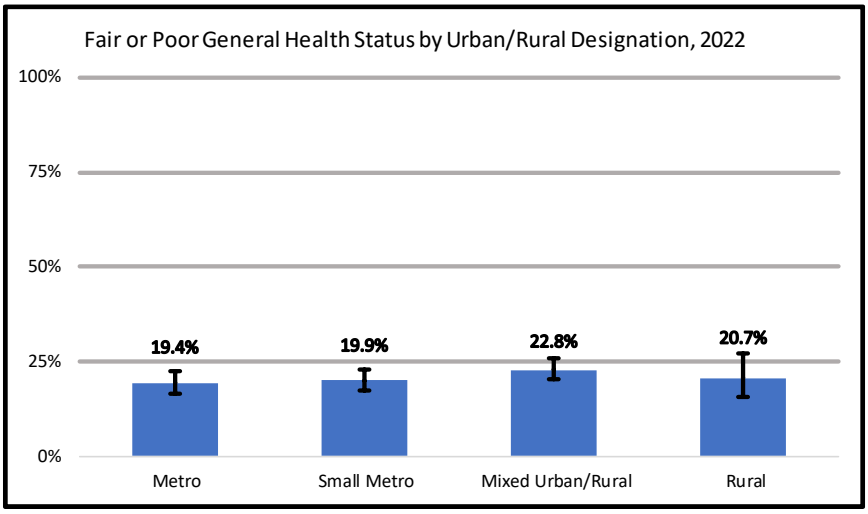
** Suppressed due to a sample denominator <50.

General Health Status

- NM adults with less than a high school education had a two times higher prevalence of fair or poor general health than adults with a high school diploma/GED or some college, and almost four times higher prevalence compared to college graduates.
- Adults who were unable to work/ unemployed had over four times higher prevalence of fair or poor general health than employed adults.
- The prevalence of fair or poor general health was similar among counties designated as metropolitan, small metro, mixed urban/rural, and rural.







Quality of Life

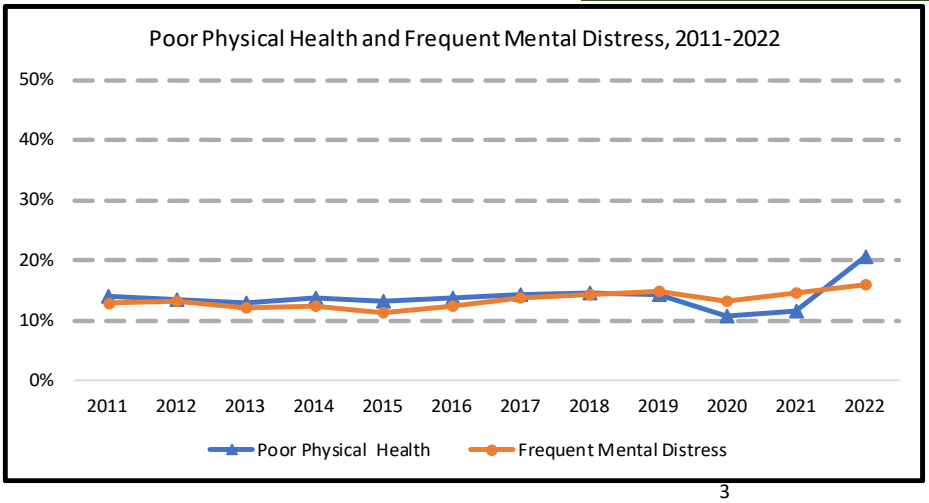
Question:

"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 2022, 20.5% of New Mexico adults experienced poor physical health and 15.9% experienced frequent mental distress.
- Frequent mental distress decreased as age increased.
- Lesbian, gay, bisexual or other adults (39.4%) had a higher prevalence of frequent mental distress than straight adults (13.3%).
- Both poor physical health and frequent mental distress decreased as household income increased.

	Poor Physical Health[a]		Frequent Mental Distress[b]	
Demographic Characteristics*	%	(95% Confidence Interval)	%	(95% Confidence Interval)
Total	**20.5**	**(18.4-22.7)**	**15.9**	**(14.4-17.5)**
Age				
18-44	16.9	(13.8-20.4)	21.0	(18.3-24.1)
45-64	23.4	(19.8-27.6)	14.5	(12.3-17.1)
65+	24.8	(21.1-29.0)	8.6	(7.0-10.5)
Gender				
Male	21.3	(18.0-24.9)	14.8	(12.8-17.2)
Female	19.9	(17.3-22.8)	16.9	(14.8-19.3)
Race/Ethnicity				
AIAN	20.4	(14.2-28.4)	17.1	(11.8-24.0)
Asian or NHOPI	**	**	**	**
Black/AA	28.8	(14.3-49.7)	19.7	(9.5-36.5)
Hispanic	21.0	(17.7-24.7)	16.1	(13.8-18.6)
White	19.7	(16.9-22.8)	15.1	(13.1-17.3)
Sexual Orientation				
Straight	20.6	(18.3-23.0)	13.3	(11.9-14.9)
LGB/Other	23.5	(16.5-32.3)	39.4	(30.9-48.5)
Household Income				
< $15,000	42.7	(34.4-51.5)	28.2	(22.4-34.7)
$15,000-$24,999	31.4	(24.8-38.9)	22.5	(17.8-28.0)
$25,000-$49,999	22.7	(18.4-27.6)	15.6	(12.8-18.8)
$50,000-$74,999	19.0	(14.1-25.0)	16.4	(12.6-21.1)
> $75,000	10.0	(7.3-13.6)	11.5	(8.7-15.0)
Geographic Region				
Northwest	18.7	(13.9-24.6)	16.4	(12.1-21.8)
Northeast	20.5	(16.7-24.9)	16.5	(13.8-19.7)
Metropolitan	19.3	(15.9-23.3)	14.9	(12.4-17.7)
Southeast	24.0	(19.0-29.9)	18.0	(14.4-22.4)
Southwest	21.9	(17.4-27.2)	16.0	(12.7-19.9)



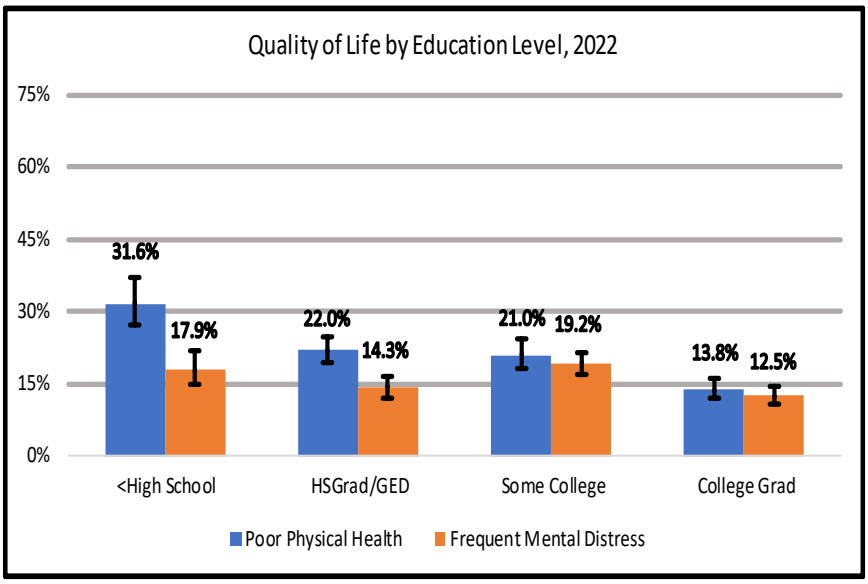
[a] Among all adults, the proportion with 14 or more days of poor physical health in the past 30 days. [b] Among all adults, the proportion with 14 or more days of poor mental health in the past 30 days.

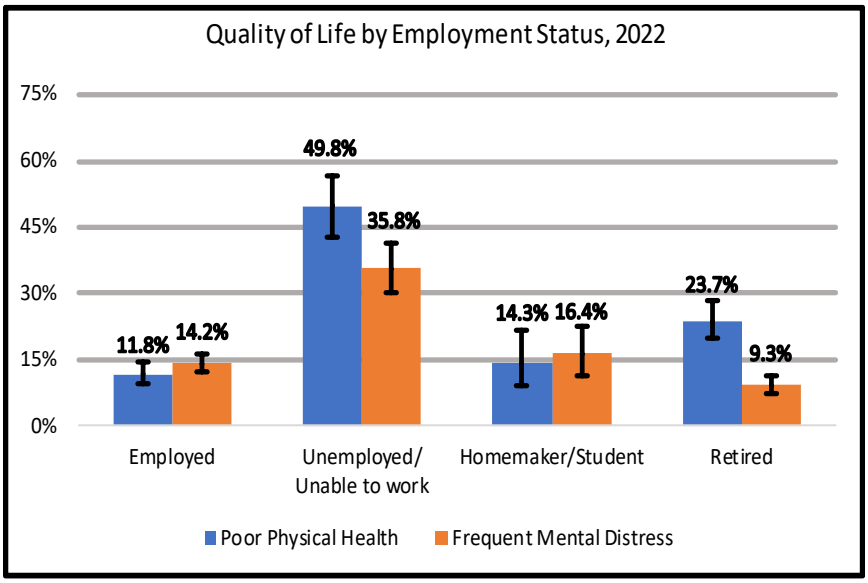
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/ NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

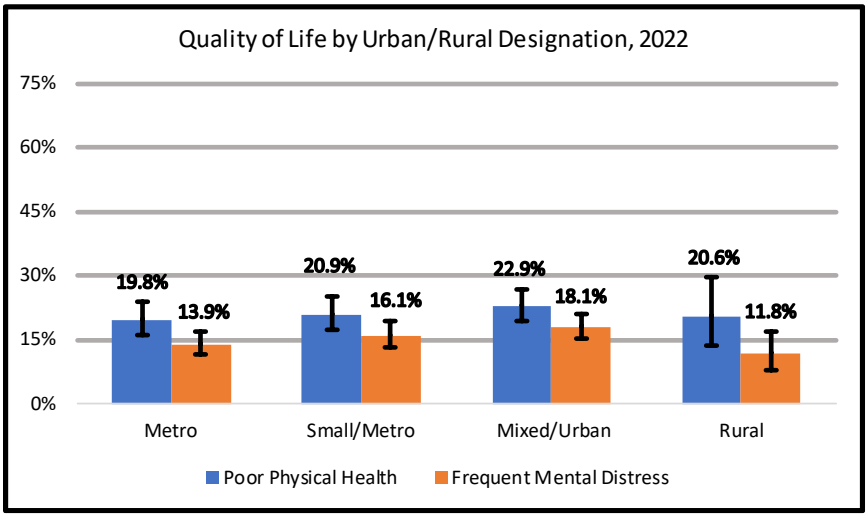
** Suppressed due to a sample denominator <50.

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.







Disability

Questions:

"Some people who are deaf or have serious difficulty hearing use assistive devices to communicate by phone. Are you deaf or do you have serious difficulty hearing?

Are you blind or do you have serious difficulty seeing, even when wearing glasses?

Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

Do you have serious difficulty walking or climbing stairs?

Do you have difficulty dressing or bathing?

Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?"

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 2022, an estimated 31.2% of New Mexico adults had at least one disability.
- The prevalence of at least one disability increased with age.
- The prevalence of at least one disability decreased with increasing household income.
- A greater proportion of lesbian, gay, bisexual, or other adults have at least one disability (42.0%) than straight adults (30.6%).
- The prevalence of at least one disability was higher in the Southeast (36.7%) and Southwest (36.2%) regions than the Metropolitan region (27.1%).

	At Least One Disability[a]	
Demographic Characteristics*	**%**	**(95% Confidence Interval)**
Total	**31.2**	**(29.4-33.1)**
Age		
18-44	21.5	(18.8-24.5)
45-64	32.4	(29.2-35.7)
65+	47.6	(44.4-50.8)
Sex		
Male	29.5	(26.9-32.2)
Female	32.9	(30.4-35.5)
Race/Ethnicity		
AIAN	27.1	(21.4-33.7)
Asian or NHOPI	**	**
Black/AA	34.7	(22.1-49.9)
Hispanic	31.6	(28.8-34.6)
White	32.1	(29.5-34.8)
Sexual Orientation		
Straight	30.6	(28.7-32.6)
LGB/Other	42.0	(33.8-50.6)
Household Income		
< $15,000	54.1	(46.9-61.0)
$15,000-$24,999	47.6	(41.5-53.7)
$25,000-$49,999	30.5	(27.1-34.1)
$50,000-$74,999	26.7	(22.3-31.5)
> $75,000	18.0	(15.1-21.3)
Geographic Region		
Northwest	30.7	(26.0-35.9)
Northeast	32.8	(29.3-36.5)
Metropolitan	27.1	(24.1-30.4)
Southeast	36.7	(32.3-41.4)
Southwest	36.2	(32.1-40.6)

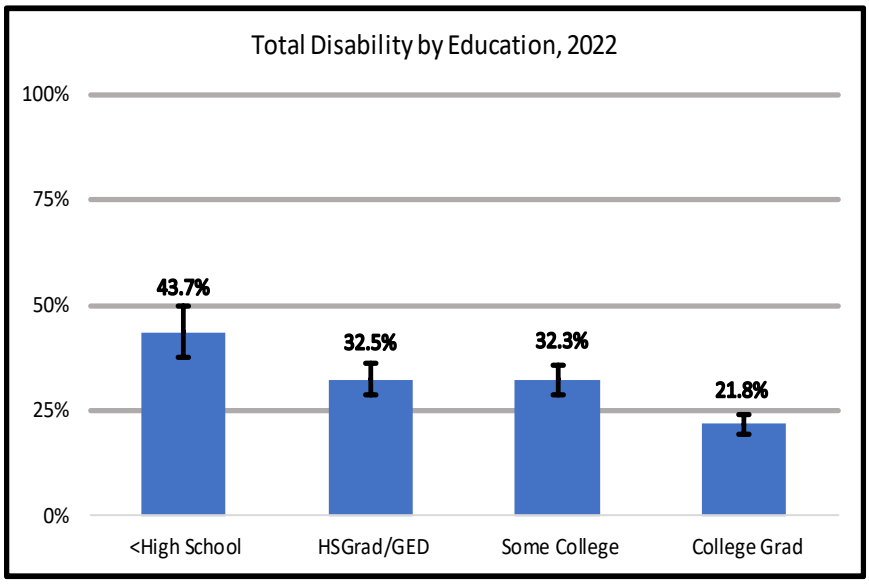
[a]Among all adults, those who said yes to at least one disability; serious difficulty with any of the following: seeing (vision), hearing, walking/climbing stairs (mobility), dressing/bathing (self-care), running errand alone (independent living), or cognition (concentrating, remembering, or making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

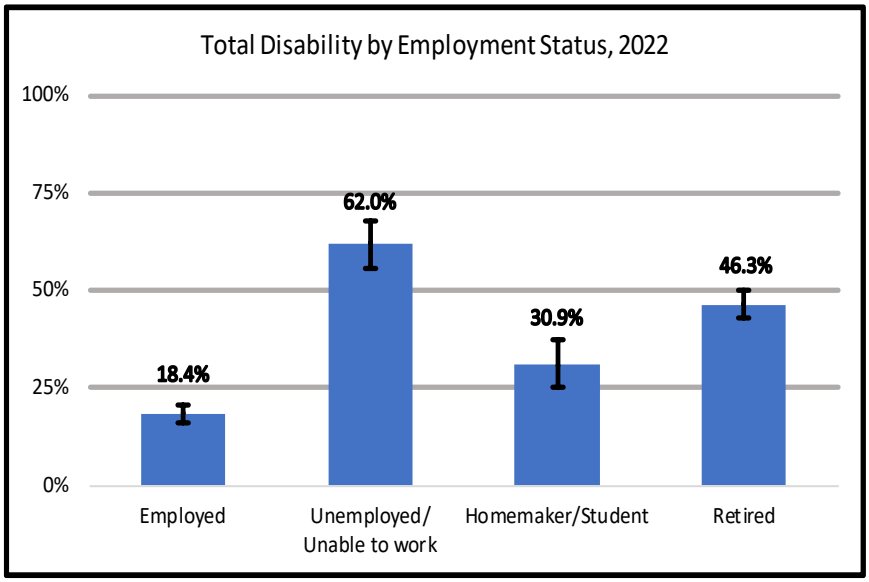
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

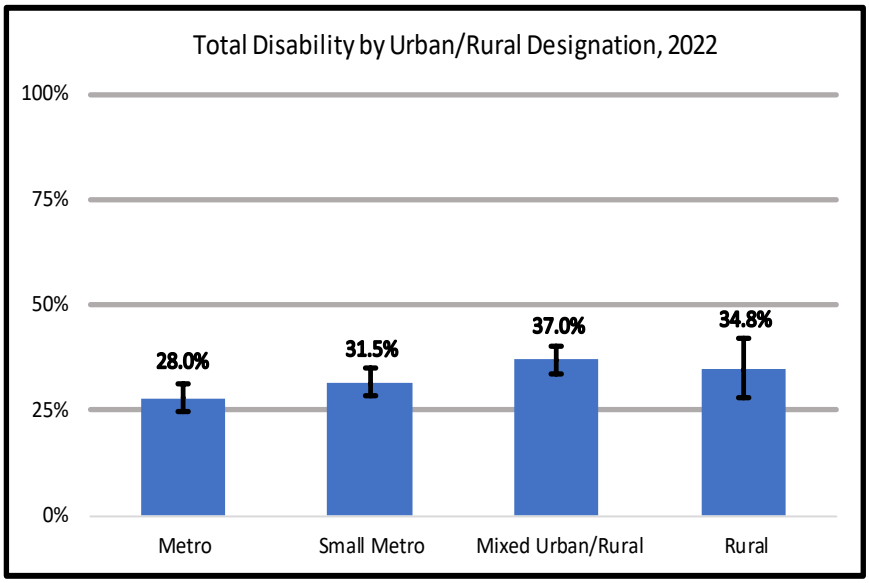
** Suppressed due to a sample denominator <50.

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 higher prevalence of at least one disability (43.7%) than adults with a college degree (21.8%).
- NM adults who were either unemployed and/or unable to work had over three times higher prevalence of having at least one disability (62.0%) than employed adults (18.4%).
- The prevalence of disability was comparable across rural & urban areas.







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.

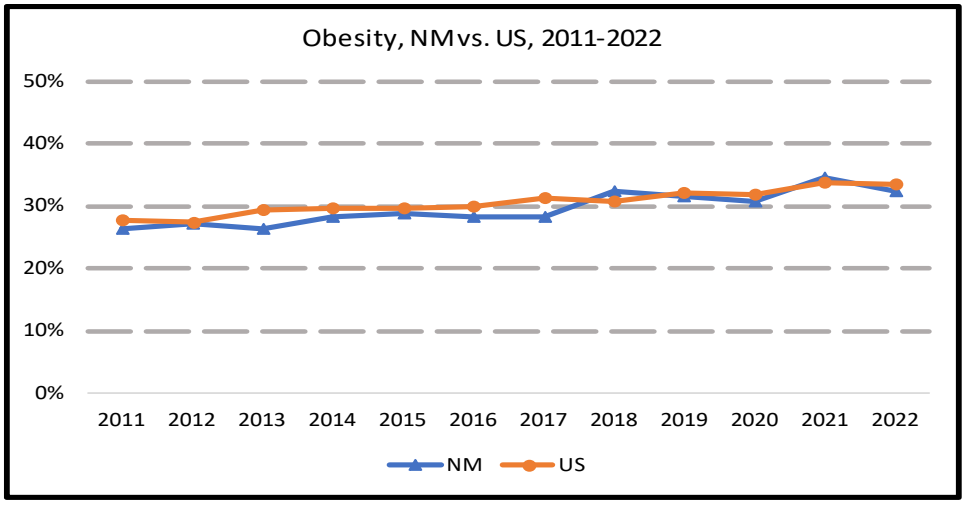
- The Healthy People (HP) 2030 goal for obesity among adults is 36.0%. In 2022, 32.4% of New Mexico adults were obese. The prevalence of obesity in New Mexico was similar to the U.S. median prevalence (33.6%).
- Adults aged 65+ had a lower prevalence of obesity (24.0%) than younger age groups.
- Prevalence of obesity did not differ by sex or sexual orientation.
- AIAN adults had a higher prevalence of obesity (45.0%) than White adults (26.3%).
- Adults in the Northwest, Southwest, and Southeast regions of NM had higher prevalence of obesity than adults in the Northeast and Metropolitan regions.

Demographic Characteristics*	Obese[a] %	Obese[a] (95% Confidence Interval)
Total	**32.4**	**(30.5-34.4)**
Age		
18-44	33.3	(30.0-36.7)
45-64	38.3	(34.9-41.9)
65+	24.0	(21.3-26.9)
Sex		
Male	32.2	(29.4-35.1)
Female	32.6	(29.9-35.4)
Race/Ethnicity		
AIAN	42.8	(35.3-50.5)
Asian or NHOPI	**	**
Black/AA	36.9	(24.2-51.8)
Hispanic	36.4	(33.2-39.6)
White	26.3	(23.8-28.9)
Sexual Orientation		
Straight	33.3	(31.3-35.5)
LGB/Other	32.1	(24.5-40.9)
Household Income		
< $15,000	34.9	(28.2-42.2)
$15,000-$24,999	37.1	(31.3-43.3)
$25,000-$49,999	31.9	(28.3-35.8)
$50,000-$74,999	33.8	(28.8-39.3)
> $75,000	32.6	(28.9-36.6)
Geographic Region		
Northwest	39.6	(34.2-45.3)
Northeast	27.4	(24.0-31.1)
Metropolitan	28.5	(25.2-31.9)
Southeast	40.7	(35.9-45.6)
Southwest	36.4	(32.0-41.0)

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

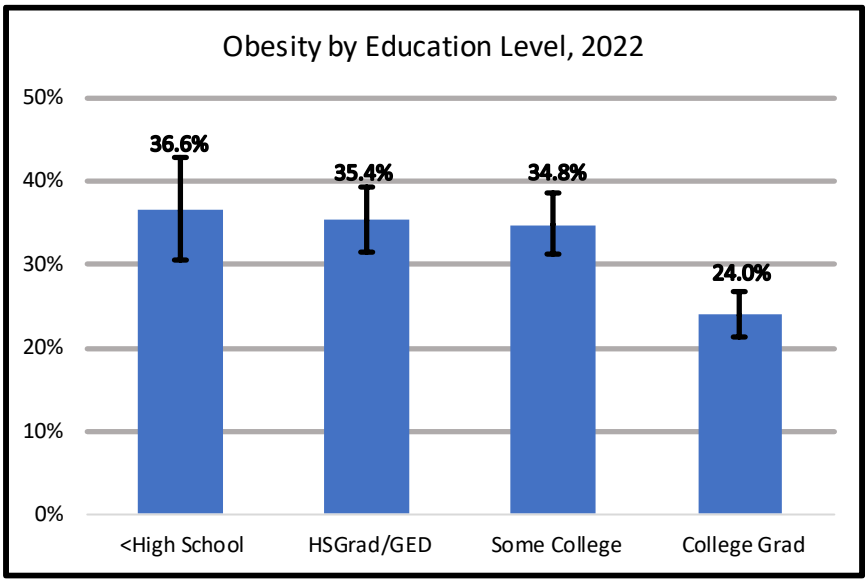
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

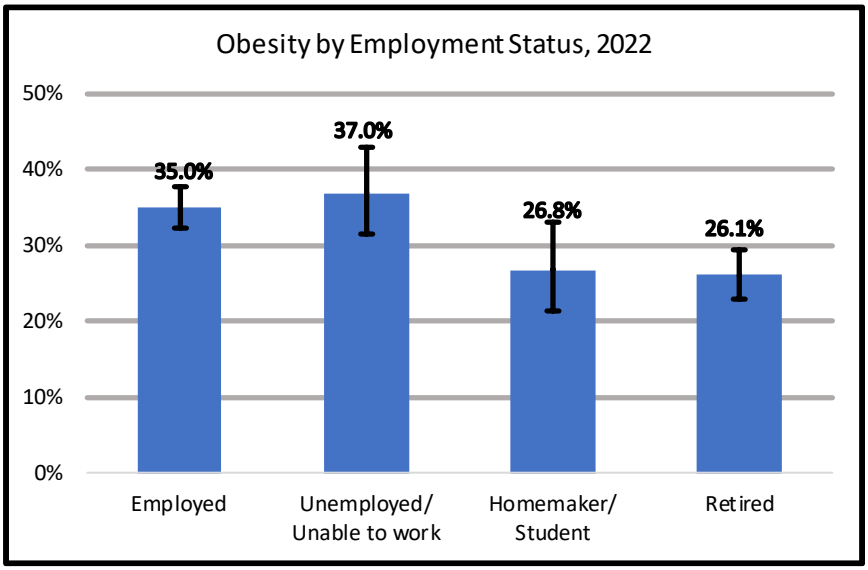
** Suppressed due to a sample denominator <50.

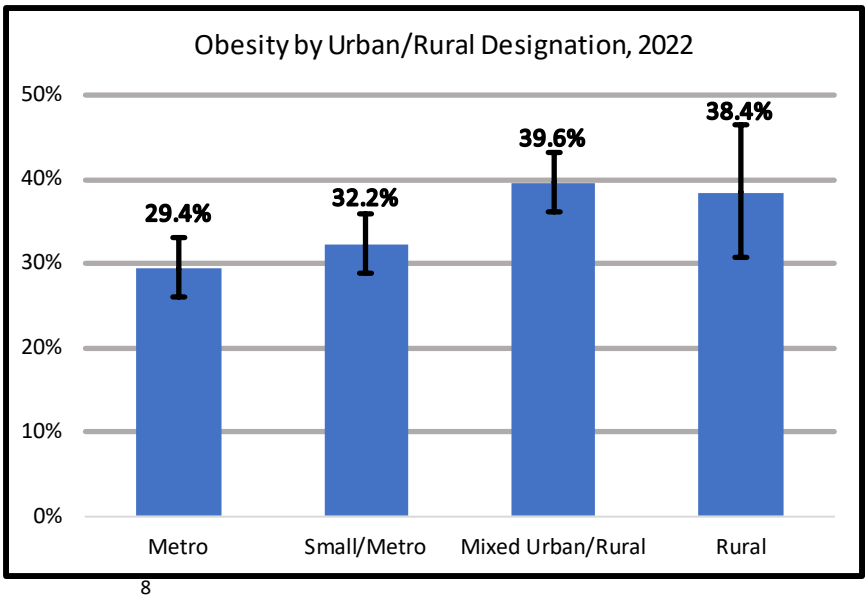


Weight Status

- College graduates had lower prevalence of obesity (24.0%) than adults who were not college graduates.
- NM adults who were unemployed/unable to work had a higher prevalence of obesity (37.0%) compared to retired adults (26.1%). There was no difference in prevalence of obesity by employment status after adjusting for age.
- The was no significant difference in obesity prevalence by urban/rural county designation.







Health Care Coverage (Adults 18-64)

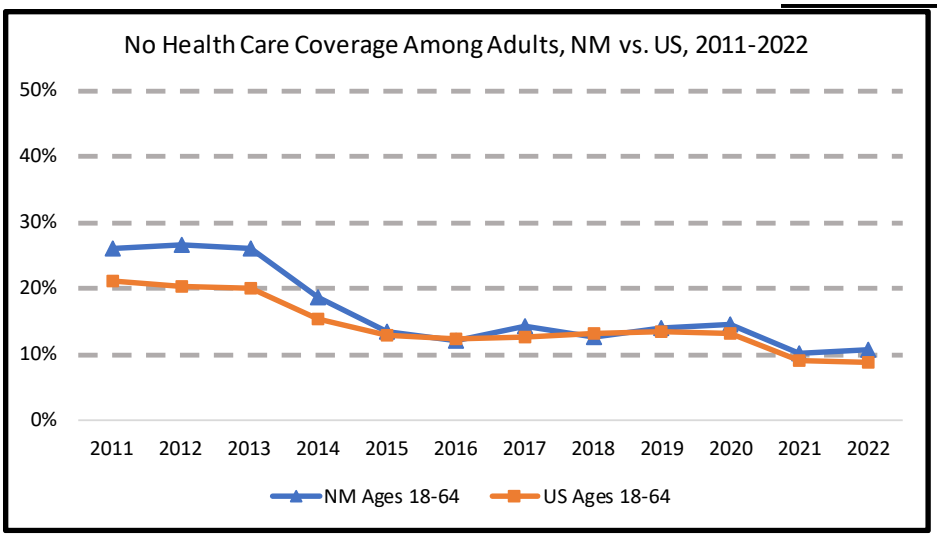
Question:

"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 2022, 10.8% of New Mexico adults 18-64 did not have health care coverage which was similar to the U.S. median prevalence (8.8%).
- The Healthy People 2030 target is to have 92.4% of adults insured by 2030 (<7.6% uninsured), while only 89.2% of NM adults had health care coverage in 2022.
- A higher proportion of Hispanic adults (15.3%) report lack of health care coverage than AIAN adults (6.1%) and White adults (6.4%).

Demographic Characteristics*	No Health Care Coverage Among Adults 18-64[a] %	(95% Confidence Interval)
Total	10.8	(9.3-12.4)
Age		
18-44	11.4	(9.4-13.9)
45-64	9.8	(7.9-12.1)
Sex		
Male	11.5	(9.3-14.0)
Female	10.1	(8.1-12.4)
Race/Ethnicity		
AIAN	6.1	(3.2-11.3)
Asian or NHOPI	**	**
Black/AA	**	**
Hispanic	15.3	(12.8-18.1)
White	6.4	(4.7-8.5)
Sexual Orientation		
Straight	11.4	(9.8-13.4)
LGB/Other	7.6	(4.1-13.5)
Household Income		
< $15,000	14.0	(9.0-21.2)
$15,000-$24,999	21.2	(15.4-28.5)
$25,000-$49,999	13.6	(10.5-17.4)
$50,000-$74,999	6.7	(4.2-10.5)
$75,000+	2.8	(1.5-5.2)
Geographic Region		
Northwest	7.6	(4.7-11.8)
Northeast	9.7	(7.1-12.9)
Metropolitan	12.3	(9.7-15.5)
Southeast	11.0	(7.9-15.1)
Southwest	9.5	(6.8-13.2)



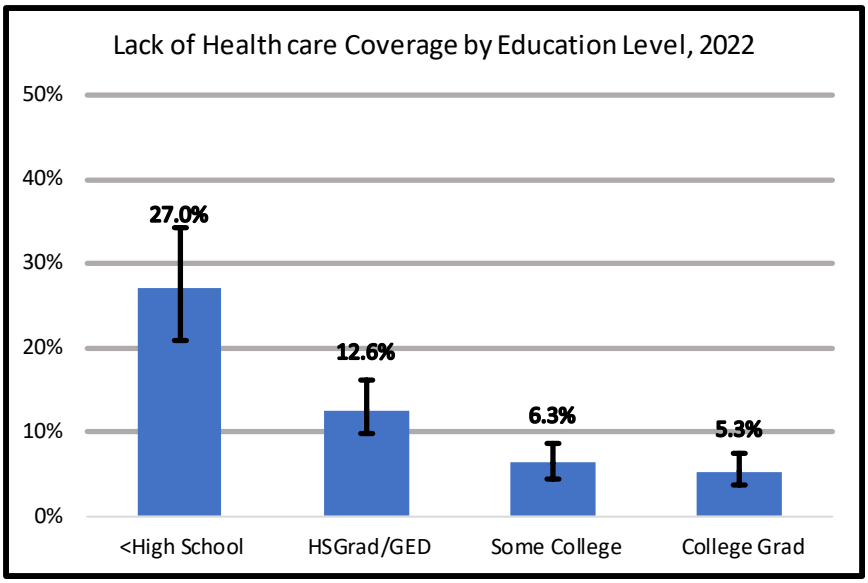
[a]Among adults aged 18-64 years, the proportion who had no health care coverage, including health insurance, prepaid plans such as HMO's, or government plans, such as Medicaid or Indian Health Services.

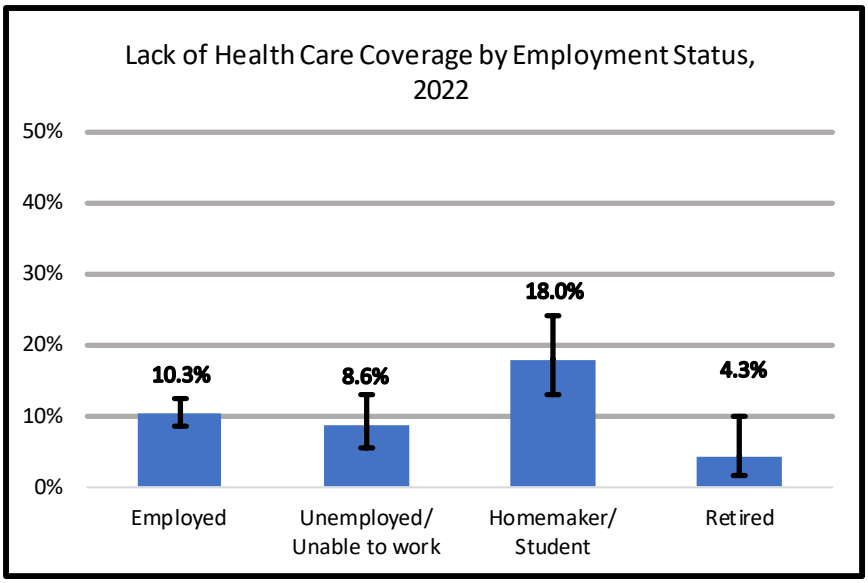
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

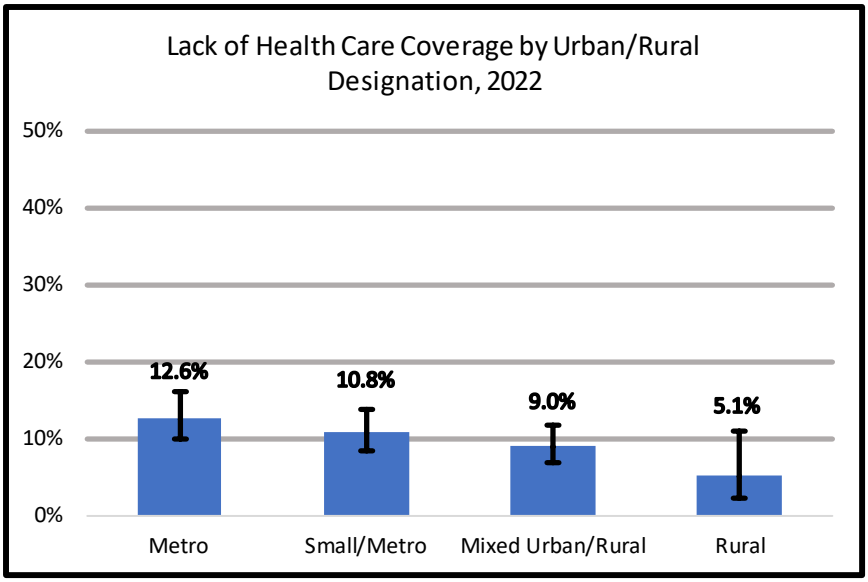
** Suppressed due to a sample denominator <50.

Health Care Coverage (Adults 18-64)

- 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.







Arthritis

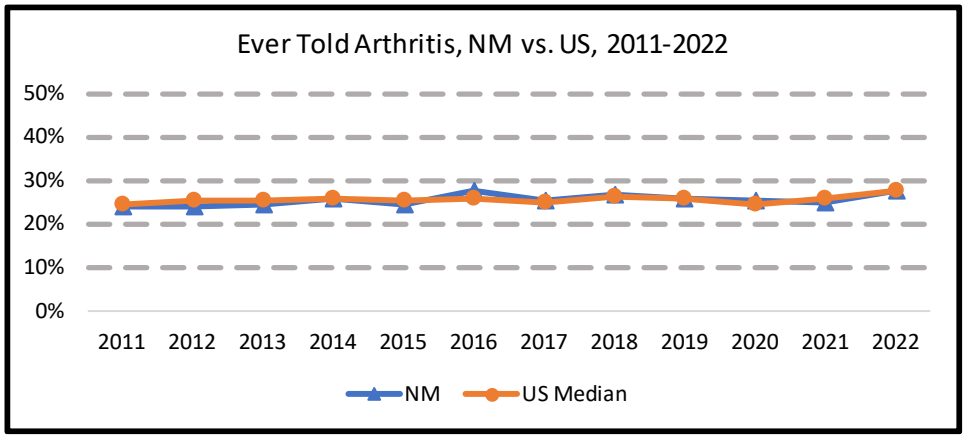
Question:

"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 2022, 27.8% 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 (27.7%).
- The percentage of females with diagnosed arthritis (30.9%) was higher than that of adult males (24.5%). 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 50.7%.
- The percentage of adults with diagnosed arthritis was higher among White adults (34.4%) than among AIAN (17.0%) and Hispanic adults (24.0%).
- Prevalence of diagnosed arthritis was lower among adults with a household income of $75,000 or more (23.7%) than adults with a household income of $15,000-$24,999 (34.2%) or <$15,000 (36.5%).

Demographic Characteristics*	Ever Told Arthritis[a] %	Ever Told Arthritis[a] (95% Confidence Interval)
Total	**27.8**	**(26.1-29.5)**
Age		
18-44	10.1	(8.3-12.3)
45-64	35.5	(32.2-38.9)
65+	50.7	(47.5-53.8)
Sex		
Male	24.5	(22.1-27.0)
Female	30.9	(28.5-33.3)
Race/Ethnicity		
AIAN	17.0	(12.2-23.2)
Asian or NHOPI	**	**
Black/AA	36.7	(23.8-51.9)
Hispanic	24.0	(21.6-26.7)
White	34.4	(31.9-37.0)
Sexual Orientation		
Straight	28.4	(26.6-30.3)
LGB/Other	23.8	(17.7-31.1)
Household Income		
< $15,000	36.5	(30.3-43.3)
$15,000-$24,999	34.2	(28.8-40.0)
$25,000-$49,999	27.8	(24.5-31.4)
$50,000-$74,999	29.9	(25.5-34.7)
$75,000+	23.7	(20.7-27.0)
Geographic Region		
Northwest	21.7	(17.8-26.3)
Northeast	29.5	(26.4-32.9)
Metropolitan	27.1	(24.2-30.2)
Southeast	31.4	(27.3-35.7)
Southwest	28.6	(25.0-32.6)



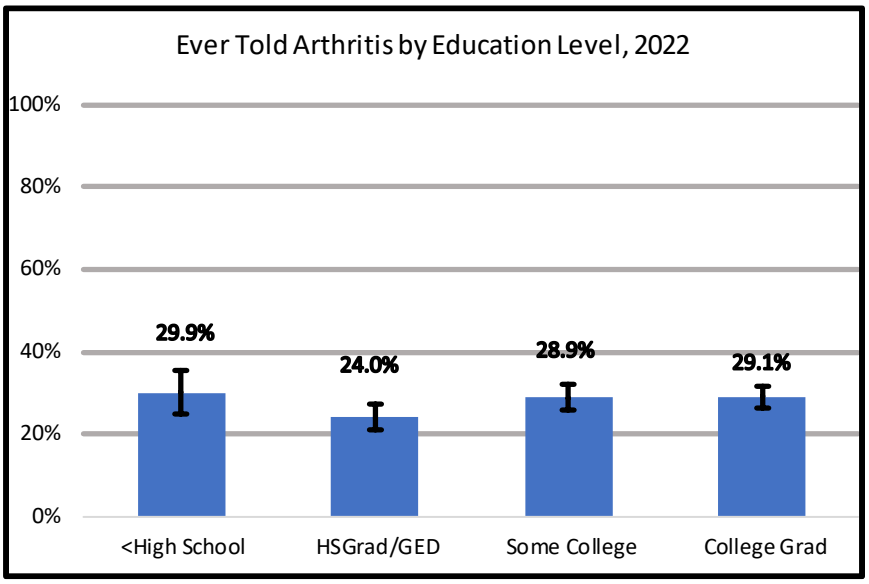
[a]Among all adults , the proportion who have ever been told by a doctor that they had some form of arthritis, rheumatoid arthritis, gout, lupus, or fibromyalgia.

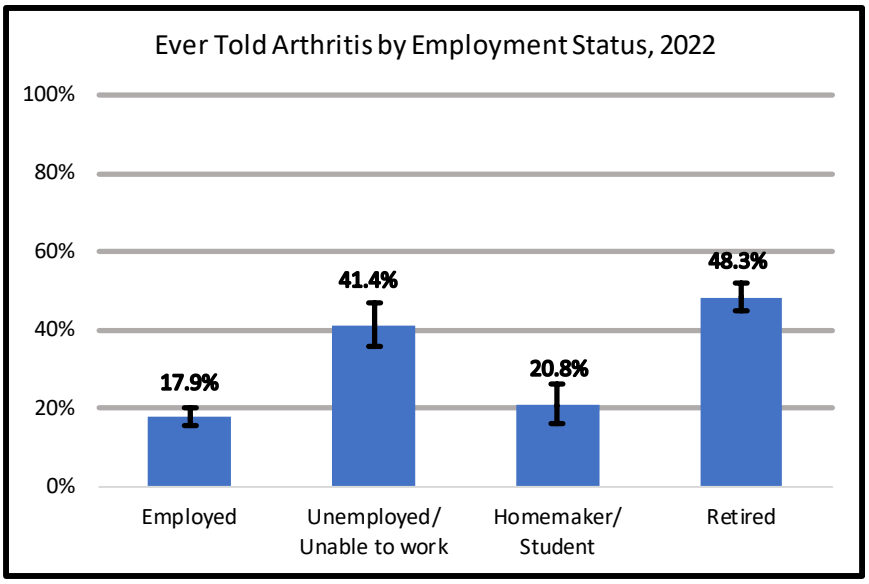
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

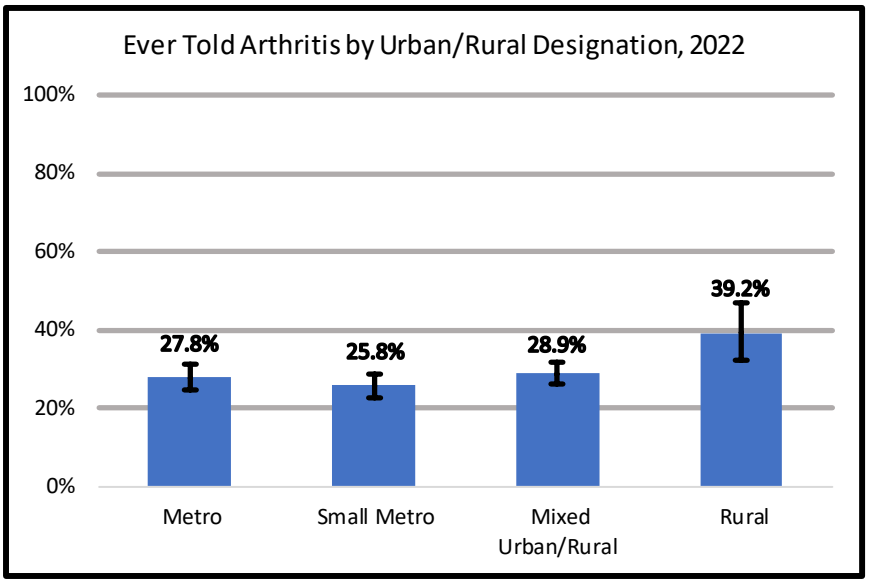
** Suppressed due to a sample denominator <50.

Arthritis

- Adults in the Northwest region had lower prevalence of diagnosed arthritis (21.7%) than adults in Northeast (29.5%) and Southeast region (31.4%).
- Among NM adults with an employment status of retired (48.3%) or unemployed/ unable to work (41.4%), the prevalence of diagnosed arthritis was higher than employed (17.9%) or homemaker/student (20.8%) adults.







Asthma

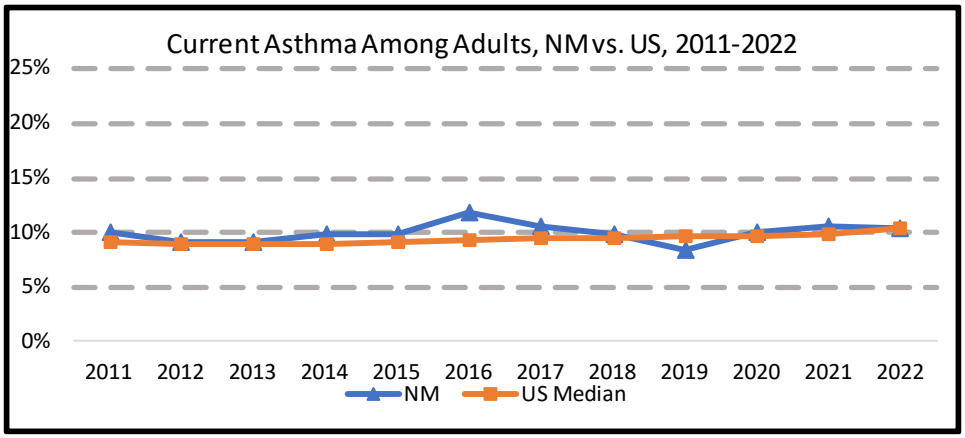
Questions:

"(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 2022, 10.4% of New Mexico adults had asthma. The prevalence of current asthma among NM adults was the same as the U.S. median prevalence (10.4%).
- The percentage of females who currently had asthma (13.0%) was higher than that of males (7.7%).
- The prevalence of current asthma among lesbian, gay, bisexual, or other adults was two times higher than among straight adults.
- 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	**10.4**	**(9.3-11.7)**
Age		
18-44	10.3	(8.4-12.5)
45-64	10.5	(8.7-12.7)
65+	10.7	(8.7-13.0)
Sex		
Male	7.7	(6.4-9.3)
Female	13.0	(11.2-15.0)
Race/Ethnicity		
AIAN	9.9	(6.6-14.7)
Asian or NHOPI	**	**
Black/AA	15.4	(7.8-28.2)
Hispanic	9.0	(7.4-10.9)
White	12.0	(10.1-14.1)
Sexual Orientation		
Straight	9.3	(8.2-10.5)
LGB/Other	21.0	(14.8-28.9)
Household Income		
< $15,000	14.6	(10.6-19.8)
$15,000-$24,999	12.0	(8.9-16.0)
$25,000-$49,999	9.4	(7.4-11.9)
$50,000-$74,999	10.3	(7.5-13.9)
> $75,000	10.2	(8.0-13.0)
Geographic Region		
Northwest	8.7	(6.4-11.8)
Northeast	12.3	(10.0-14.9)
Metropolitan	9.2	(7.4-11.3)
Southeast	11.2	(8.5-14.8)
Southwest	12.3	(9.4-15.9)



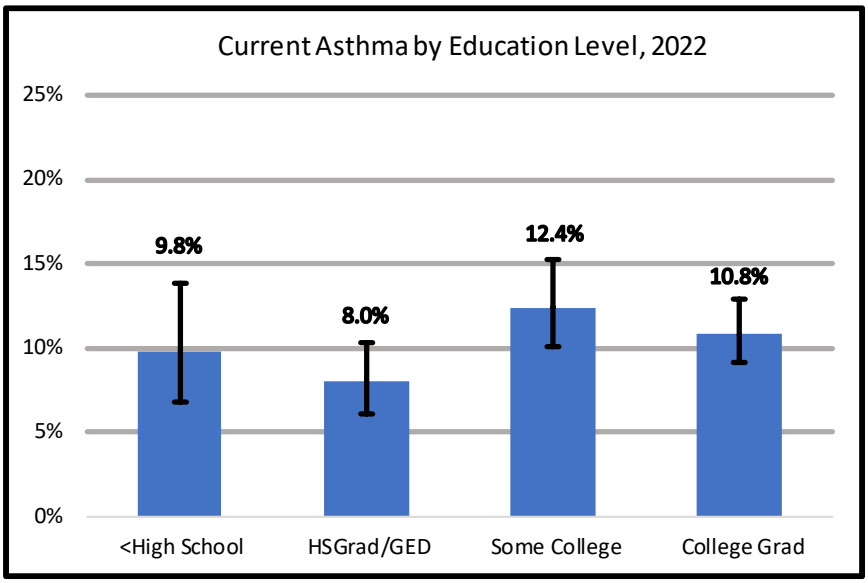
[a] Among all adults, the proportion that were ever told by a doctor, nurse, or other health care professional that had asthma and report that they still have asthma.

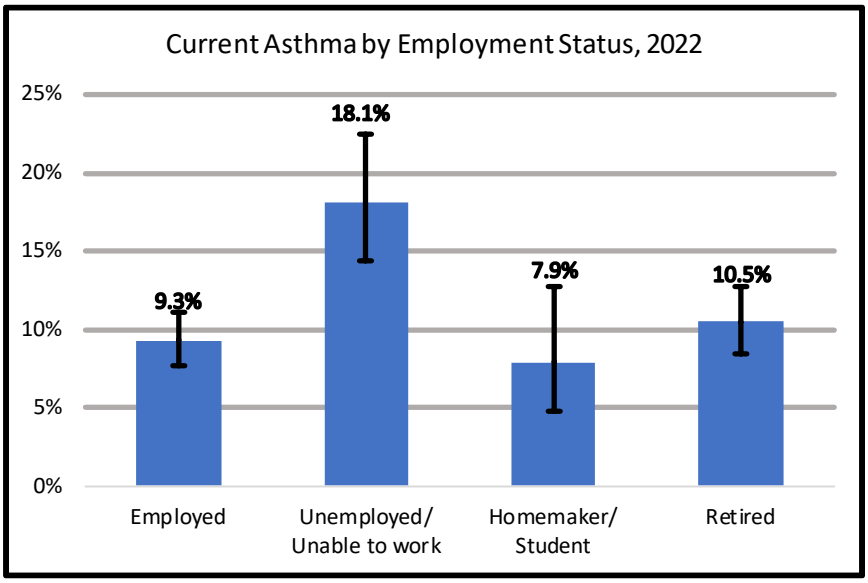
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

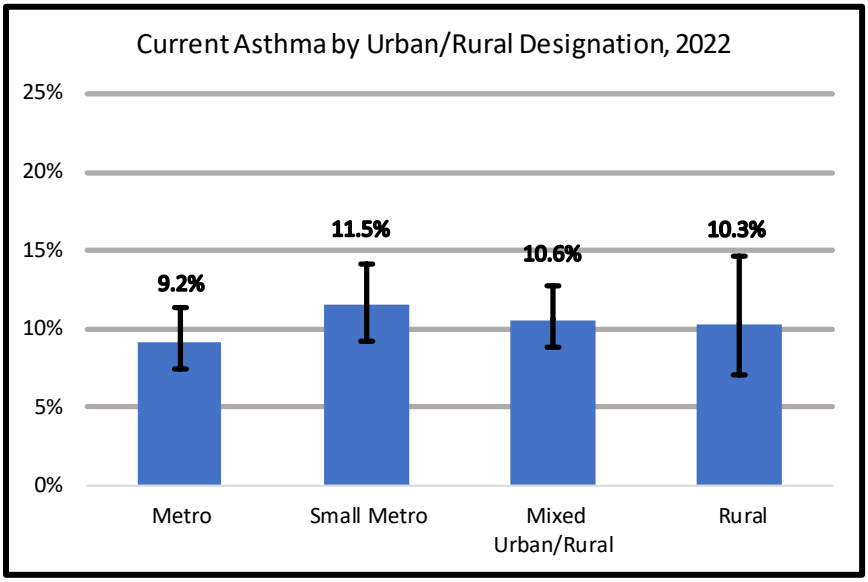
** Suppressed due to a sample denominator <50.

Asthma

- The prevalence of current asthma did not vary significantly by education level or urban/rural county designation.
- Adults who were unemployed or unable to work had a higher prevalence of asthma than adults who were employed, retired, or homemakers/students.







Chronic Obstructive Pulmonary Disease (COPD)

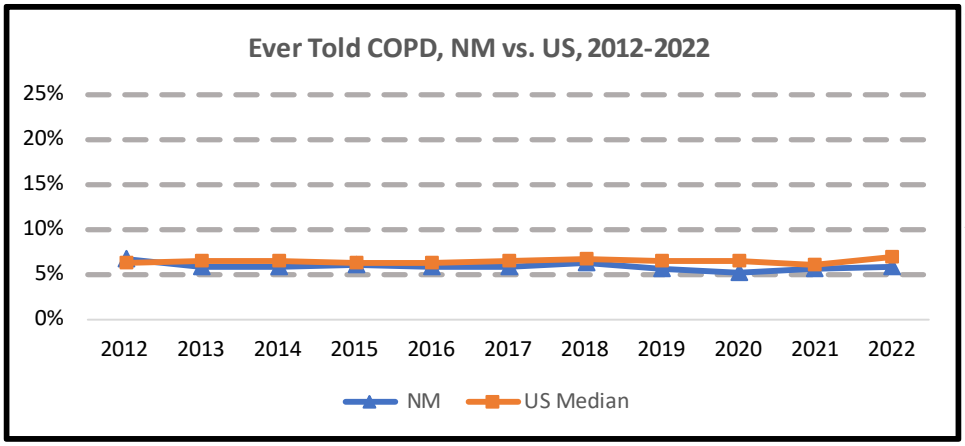
Question:

"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 2022, 5.7% of New Mexico adults had been diagnosed with some form of COPD. This was lower than the U.S. median COPD prevalence (6.9%).
- White adults (9.7%) were more likely to have diagnosed COPD than AIAN (3.6%) and Hispanic adults (2.6%).
- Prevalence of COPD decreased as household income increased.
- There was no difference in the prevalence of COPD by sex or geographical region.

Demographic Characteristics*	Ever Told COPD[a] %	Ever Told COPD[a] (95% Confidence Interval)
Total	**5.7**	**(4.9-6.6)**
Age		
18-44	1.5	(0.9-2.3)
45-64	6.2	(4.6-8.2)
65+	12.8	(10.7-15.2)
Sex		
Male	4.8	(3.8-6.1)
Female	6.4	(5.3-7.8)
Race/Ethnicity		
AIAN	3.6	(1.8-7.3)
Asian or NHOPI	**	**
Black/AA	8.9	(3.2-22.5)
Hispanic	2.6	(2.0-3.4)
White	9.7	(8.1-11.6)
Sexual Orientation		
Straight	5.5	(4.7-6.4)
LGB/Other	6.1	(3.2-11.1)
Household Income		
<$15,000	12.5	(9.0-17.3)
$15-24,999	7.2	(5.1-10.1)
$25-49,999	5.4	(3.9-7.3)
$50-74,999	4.7	(3.1-7.0)
$75,000+	3.9	(2.5-6.0)
Geographic Region		
Northwest	4.6	(2.9-7.2)
Northeast	6.3	(4.9-8.2)
Metropolitan	4.9	(3.6-6.7)
Southeast	7.8	(5.8-10.3)
Southwest	5.9	(4.5-7.7)



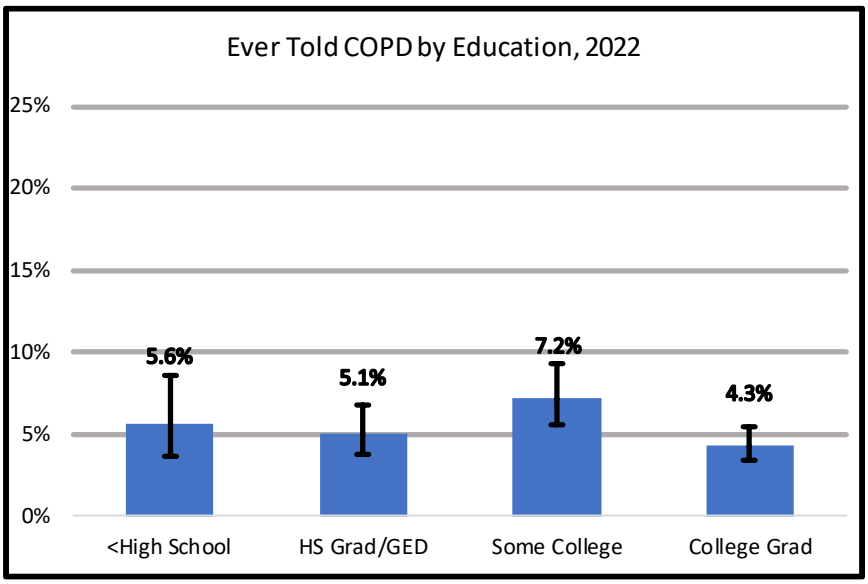
[a]Among all adults , the proportion ever told by a doctor that they had chronic obstructive pulmonary disease (COPD), emphysema or chronic bronchitis.

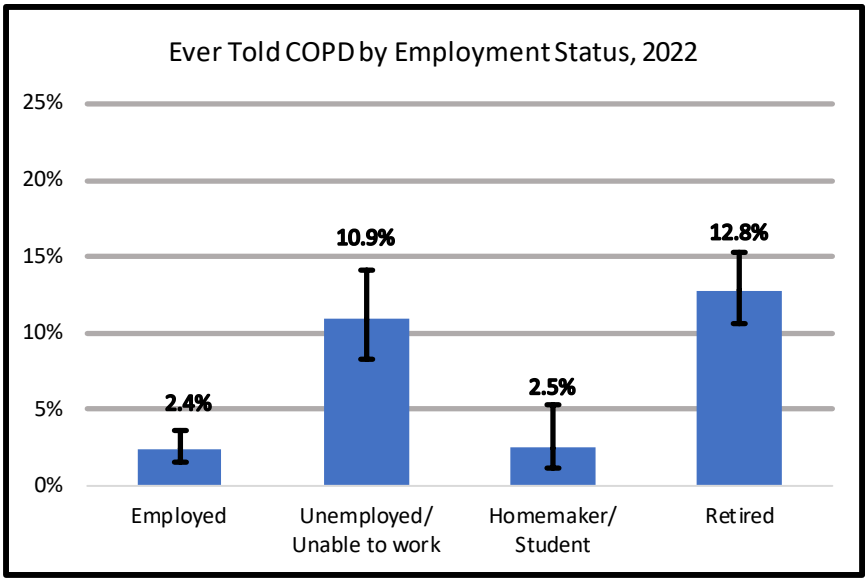
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

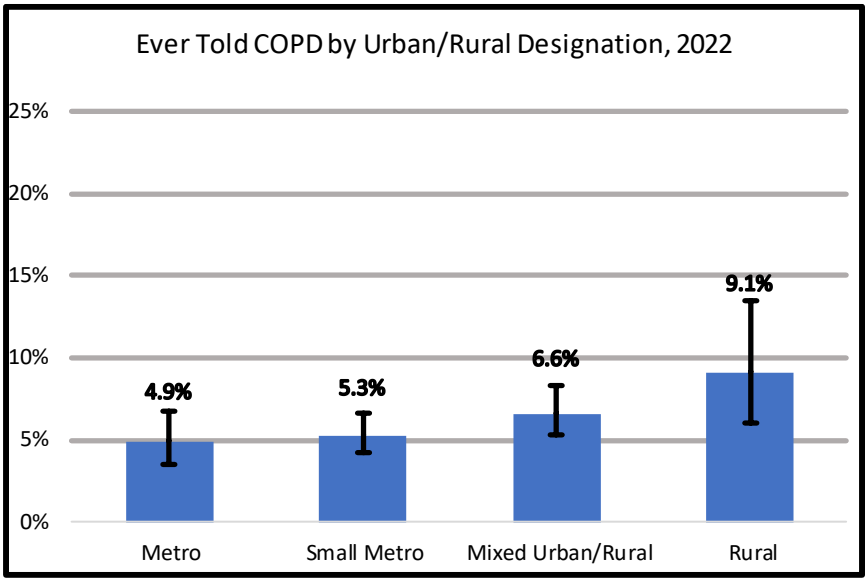
** Suppressed due to a sample denominator <50.

Chronic Obstructive Pulmonary Disease (COPD)

- The prevalence of diagnosed COPD did not vary by education.
- Adults who were retired or unemployed/ unable to work were more likely to have been diagnosed with COPD than adults who were employed or homemakers/ students.
- Prevalence of diagnosed COPD did not differ by urban/rural county designation.







Cardiovascular Disease

Question:

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

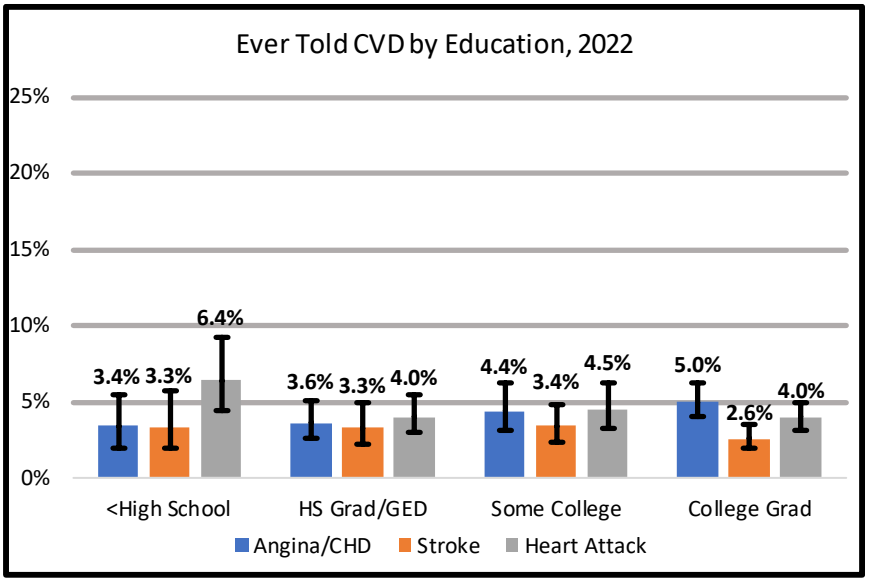
Heart disease is the leading cause of death for both men and women in the U.S.[12] It is also one of the leading causes of disability in the U.S. Stroke is a leading cause of death in the U.S.[13] Cardiovascular disease (CVD) is defined here as having a history of one or more of the following conditions in the table. 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]

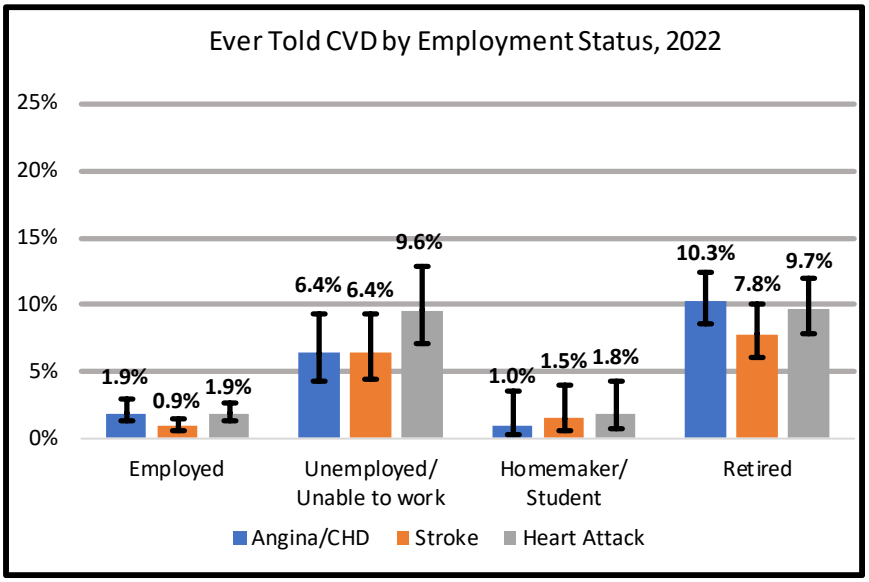
Demographic Characteristics	Ever Told Angina or Coronary Heart Disease[a] %	(95% Confidence Interval)	Ever Told Stroke[b] %	(95% Confidence Interval)	Ever Told Heart Attack[c] %	(95% Confidence Interval)
Total	**4.2**	**(3.5-4.9)**	**3.2**	**(2.6-3.8)**	**4.5**	**(3.9-5.3)**
Age						
18-44	0.5	(0.2-1.1)	0.7	(0.3-1.4)	0.4	(0.2-0.9)
45-64	3.9	(2.7-5.6)	3.3	(2.3-4.6)	4.6	(3.4-6.1)
65+	11.3	(9.4-13.6)	7.5	(5.9-9.5)	12.2	(10.1-14.6)
Sex						
Male	4.4	(3.6-5.5)	2.7	(2.0-3.6)	5.7	(4.7-6.9)
Female	3.9	(3.0-5.1)	3.6	(2.8-4.7)	3.4	(2.6-4.5)
Race/Ethnicity						
AIAN	4.7	(2.5-8.7)	3.4	(1.8-6.4)	4.3	(2.3-8.1)
Asian or NHOPI	**	**	**	**	**	**
Black/AA	2.6	(0.8-8.0)	3.3	(0.7-14.7)	4.5	(1.8-10.8)
Hispanic	2.5	(1.8-3.3)	2.7	(1.9-3.7)	3.4	(2.6-4.5)
White	6.1	(4.9-7.7)	3.8	(2.9-5.0)	6.1	(4.9-7.5)
Sexual Orientation						
Straight	4.0	(3.4-4.8)	3.2	(2.6-3.9)	4.6	(3.9-5.4)
LGB/Other	4.5	(2.0-9.9)	2.3	(1.0-5.1)	4.1	(2.2-7.5)
Household Income						
< $15,000	7.4	(4.7-11.5)	5.8	(3.5-9.4)	7.5	(4.8-11.7)
$15,000-$24,999	4.2	(2.6-6.8)	2.9	(1.6-5.2)	6.3	(4.2-9.4)
$25,000-$49,999	3.8	(2.7-5.2)	2.9	(1.9-4.3)	4.3	(3.2-5.6)
$50,000-$74,999	4.1	(2.7-6.3)	4.1	(2.6-6.5)	5.6	(3.7-8.6)
$75,000+	4.2	(2.8-6.2)	1.8	(1.1-2.8)	2.7	(1.7-4.3)
Geographic Region						
Northwest	3.2	(2.0-5.1)	2.3	(1.4-3.8)	4.0	(2.7-6.0)
Northeast	5.1	(3.7-6.9)	3.4	(2.4-5.0)	4.3	(3.1-5.9)
Metropolitan	3.9	(2.9-5.4)	3.4	(2.5-4.8)	3.8	(2.7-5.1)
Southeast	4.6	(3.1-6.7)	2.6	(1.6-4.2)	7.6	(5.7-10.1)
Southwest	4.3	(3.1-6.0)	3.1	(2.2-4.5)	4.7	(3.4-6.6)

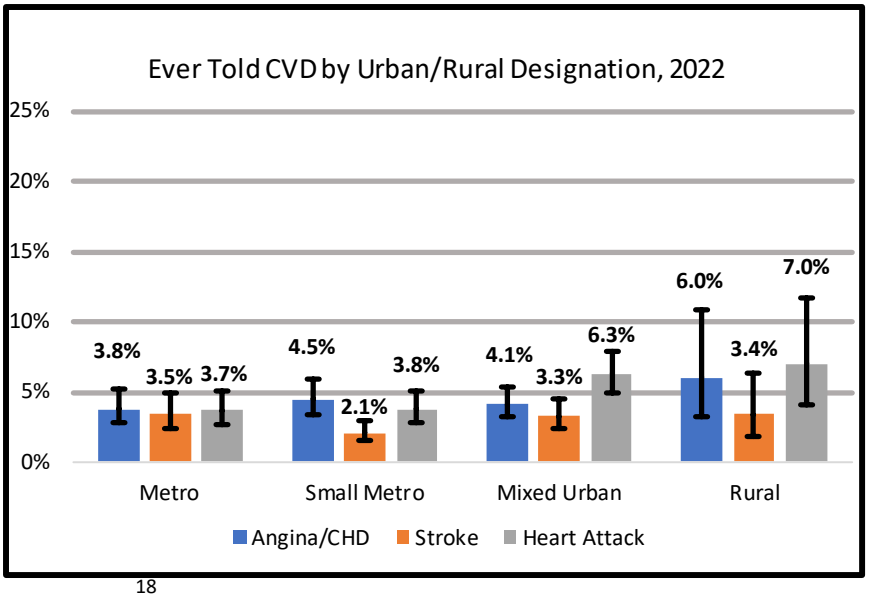
Among all adults, the proportion ever told by a doctor that: [a] they had angina or coronary heart disease, [b]they had a stroke, or [c]they had a heart attack or myocardial infarction." ** Suppressed due to a sample denominator <50.

Cardiovascular Disease

- Among NM adults in 2022, heart attack (4.5%) was more common than stroke (3.2%). The prevalence of angina or coronary heart disease (CHD) among NM adults in 2022 was 4.2%. NM has similar prevalence of each cardiovascular disease outcome to the US as a whole (4.4% CHD, 3.4% stroke, and 4.5% heart attack).
- The prevalence of CVD increased with age.
- Males had a higher prevalence of heart attack (5.7%) then women (3.4%).
- The prevalence of CVD decreased as household income increased.
- Among adults 65+, there was no difference in angina/CHD or stroke prevalence by employment status.
- Among adults 65+, those who were unemployed/unable to work were 2.7 times more likely to have had a heart attack than adults 65+ who were retired.







Diabetes & Pre-diabetes

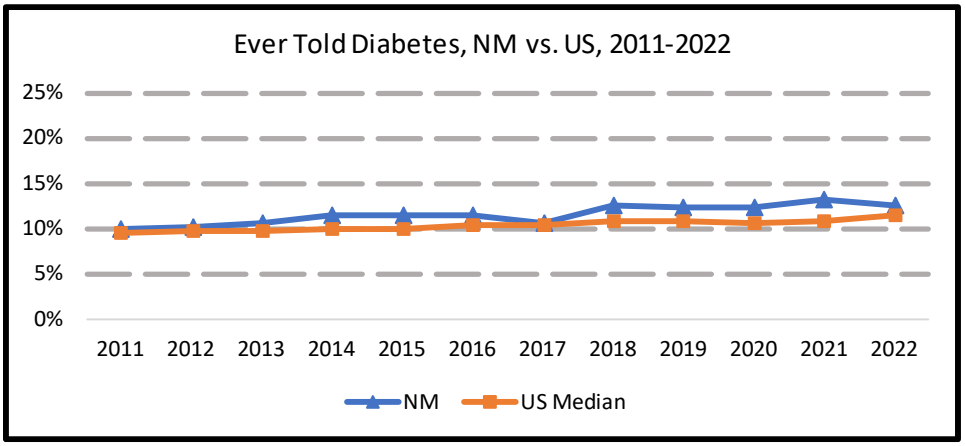
Question:

"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 2022, the percentage of adults in New Mexico with diagnosed diabetes was 12.6%. The NM prevalence was higher than the U.S. adult diabetes prevalence (11.5%).
- Both diagnosed diabetes and pre-diabetes have lower prevalence among adults aged 18-44 than older adults.
- Among younger adults (18-44), pre-diabetes is more common than diabetes, while in older adults (65+) diabetes is more common than pre-diabetes.

Demographic Characteristics*	Ever Told Diabetes[a] %	Ever Told Diabetes[a] (95% Confidence Interval)	Ever Told Pre-Diabetes[b] %	Ever Told Pre-Diabetes[b] (95% Confidence Interval)
Total	**12.6**	**(11.4-13.9)**	**13.0**	**(11.7-14.4)**
Age				
18-44	4.3	(3.1-5.9)	8.8	(7.0-11.0)
45-64	16.5	(14.0-19.3)	16.7	(14.3-19.5)
65+	23.2	(20.6-26.2)	15.7	(13.5-18.1)
Sex				
Male	12.8	(11.0-14.9)	11.5	(9.8-13.4)
Female	12.4	(10.8-14.1)	14.4	(12.6-16.4)
Race/Ethnicity				
AIAN	17.3	(12.6-23.3)	11.7	(8.1-16.6)
Asian or NHOPI	**	**	**	**
Black/AA	24.7	(14.8-38.3)	8.9	(3.9-19.0)
Hispanic	12.5	(10.7-14.6)	14.4	(12.4-16.7)
White	10.8	(9.2-12.6)	12.0	(10.3-14.0)
Sexual Orientation				
Straight	13.3	(12.0-14.8)	13.2	(11.8-14.6)
LGB/Other	7.1	(4.0-12.3)	13.0	(8.3-19.6)
Household Income				
< $15,000	17.6	(13.4-22.8)	17.6	(13.0-23.5)
$15,000-$24,999	20.5	(16.0-25.7)	18.4	(14.2-23.5)
$25,000-$49,999	13.8	(11.3-16.7)	12.3	(10.1-14.9)
$50,000-$74,999	10.9	(8.2-14.3)	11.0	(8.5-14.1)
> $75,000	9.7	(7.6-12.1)	12.4	(9.8-15.4)
Geographic Region				
Northwest	15.5	(11.8-20.1)	11.9	(9.0-15.7)
Northeast	11.4	(9.3-13.9)	15.8	(13.2-18.7)
Metropolitan	10.3	(8.4-12.7)	13.4	(11.1-16.0)
Southeast	15.7	(12.8-19.1)	10.3	(7.8-13.4)
Southwest	15.3	(12.6-18.4)	12.3	(9.8-15.3)



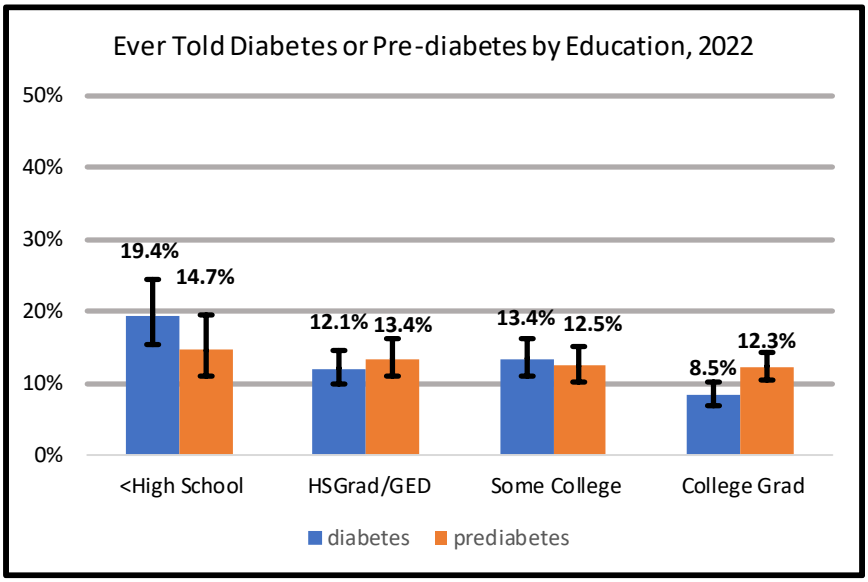
[a]Among all adults, the proportion ever told by a doctor that they had diabetes.

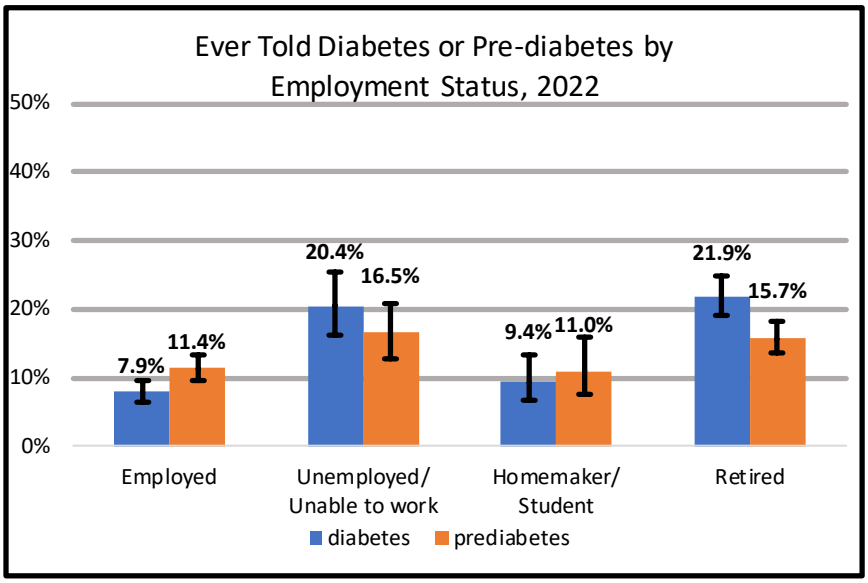
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

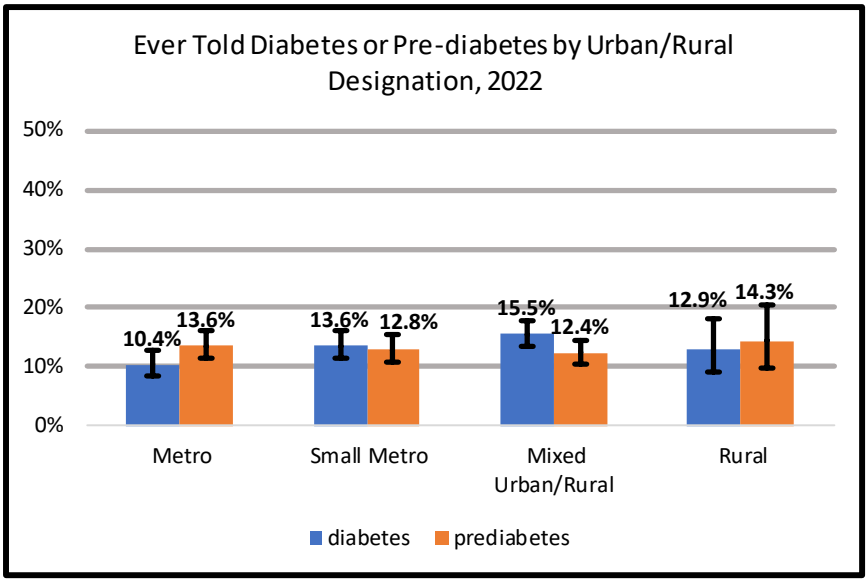
** Suppressed due to a sample denominator <50.

Diabetes & Pre-diabetes

- Diagnosed diabetes was higher among Black/African American adults (24.7%) than among White (10.8%) or Hispanic (12.5%) adults.
- New Mexico adults with less education were more likely to be diagnosed with diabetes; adults with less than a high school education (19.4%) had a higher prevalence than adults with a college graduate education (8.5%).
- There was no difference in prevalence of diagnosed pre-diabetes across education categories.
- In 2022, the prevalence of diagnosed diabetes was higher among adults who were unemployed/unable to work (20.4%) and among retired adults (21.9%) than employed adults (7.9%) and homemaker/student adults (9.4%).
- The prevalence of diagnosed pre-diabetes (11.4%) was higher than the prevalence of diabetes (7.9%) among employed adults. Among retired adults, the prevalence of diabetes (21.9%) was higher than the prevalence of pre-diabetes (15.7%). This difference did not hold when adjusted for age.







Cancer

Question:

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

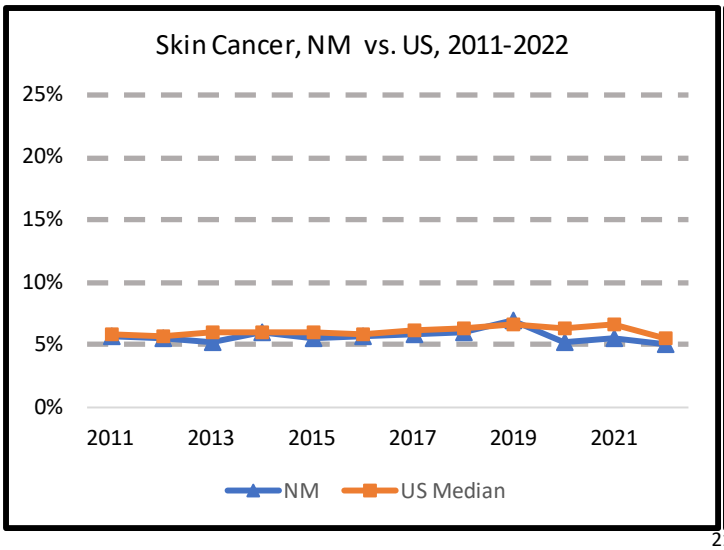
Cancer is a term used for diseases in which abnormal cells divide without control and are able to invade other tissues. There are over 100 different types of cancer.[15] Skin cancers are the most common cancers and individuals with lighter skin are at higher risk of skin cancers.[16]

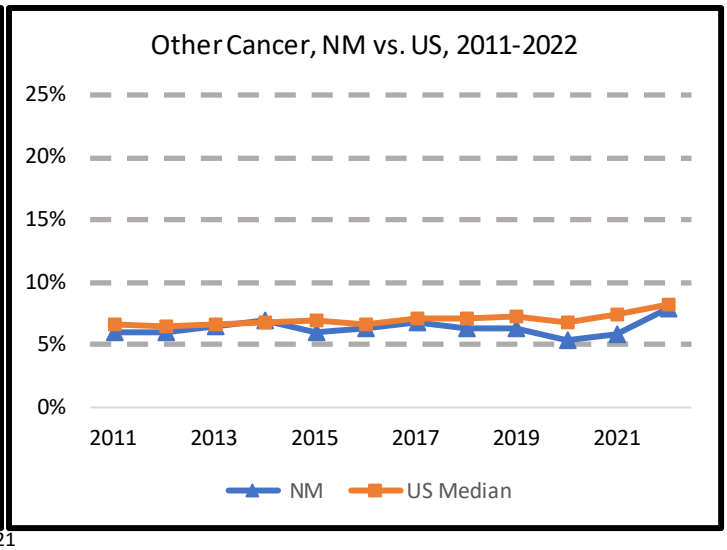
- In 2022, an estimated 10.9% of adults had a history of any type of cancer, 7.9% had a history of cancer other than skin cancer, and 5.0% had a history of skin cancer. Prevalence of cancer in NM was similar to the U.S. median prevalence.
- The prevalence of diagnosed cancer increased with age.
- History of skin cancer was higher among White adults (11.3%) than among all other racial/ethnic groups.
- History of any diagnosed cancer was higher among White adults (20.6%) 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	**5.0**	**(4.3-5.8)**	**7.9**	**(7.0-8.9)**	**10.9**	**(9.9-12.0)**
Age						
18-44	0.9	(0.4-2.1)	1.8	(1.1-2.9)	2.3	(1.5-3.4)
45-64	3.4	(2.5-4.6)	6.1	(4.7-7.9)	8.3	(6.7-10.2)
65+	14.2	(12.3-16.4)	20.5	(18.0-23.2)	29.0	(26.3-32.0)
Sex						
Male	5.1	(4.3-6.2)	6.9	(5.7-8.3)	10.1	(8.7-11.6)
Female	4.9	(3.9-6.0)	8.9	(7.6-10.4)	11.7	(10.2-13.4)
Race/Ethnicity						
AIAN	1.6	(0.5-5.6)	3.6	(1.7-7.3)	4.2	(2.1-8.2)
Asian or NHOPI	**	**	**	**	**	**
Black/AA	3.2	(0.6-14.7)	3.5	(0.8-14.2)	3.5	(0.8-14.2)
Hispanic	0.8	(0.4-1.9)	4.3	(3.2-5.7)	4.6	(3.5-6.0)
White	11.3	(9.9-12.9)	13.5	(11.8-15.4)	20.6	(18.6-22.8)
Sexual Orientation						
Straight	5.3	(4.6-6.2)	8.0	(7.0-9.1)	11.2	(10.0-12.4)
LGB/Other	2.2	(1.2-4.3)	5.6	(3.4-9.1)	6.9	(4.5-10.6)
Household Income						
<$15,000	2.3	(1.0-5.0)	9.3	(6.0-14.0)	10.9	(7.5-15.8)
$15-24,999	2.4	(1.5-3.9)	6.9	(4.5-10.5)	8.1	(5.5-11.7)
$25-49,999	4.0	(2.8-5.7)	7.8	(6.1-9.8)	9.8	(8.0-12.0)
$50-74,999	5.9	(4.1-8.5)	11.2	(8.4-14.8)	14.6	(11.4-18.4)
$75,000+	7.5	(6.1-9.3)	7.3	(5.6-9.3)	12.5	(10.5-14.9)
Geographic Region						
Northwest	3.1	(2.2-4.5)	4.7	(3.5-6.2)	6.3	(4.9-8.0)
Northeast	5.3	(4.1-6.8)	8.8	(7.1-10.9)	12.3	(10.3-14.6)
Metropolitan	5.9	(4.6-7.4)	8.9	(7.2-10.9)	12.0	(10.1-14.2)
Southeast	4.0	(2.8-5.7)	5.4	(3.9-7.4)	9.1	(7.1-11.5)
Southwest	4.4	(3.3-5.9)	8.4	(6.7-10.6)	10.9	(9.0-13.3)

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.

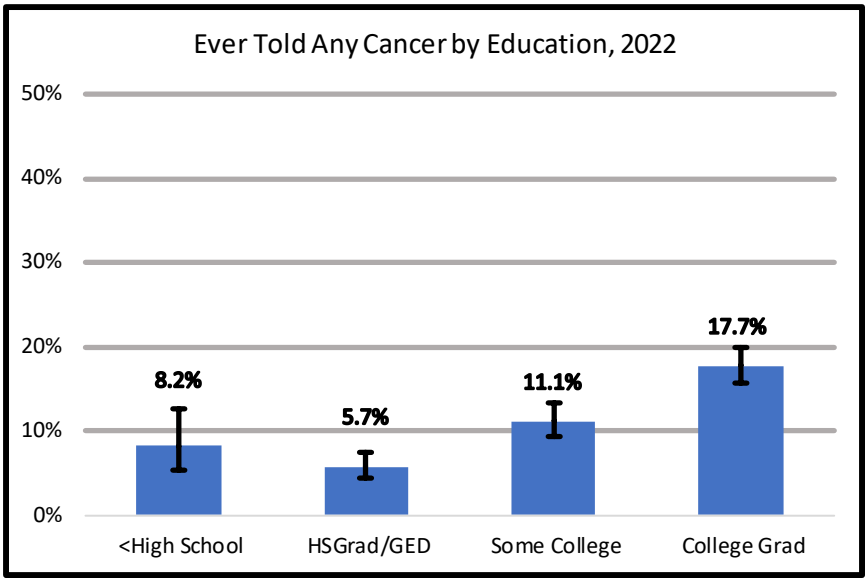
** Suppressed due to a sample denominator <50.

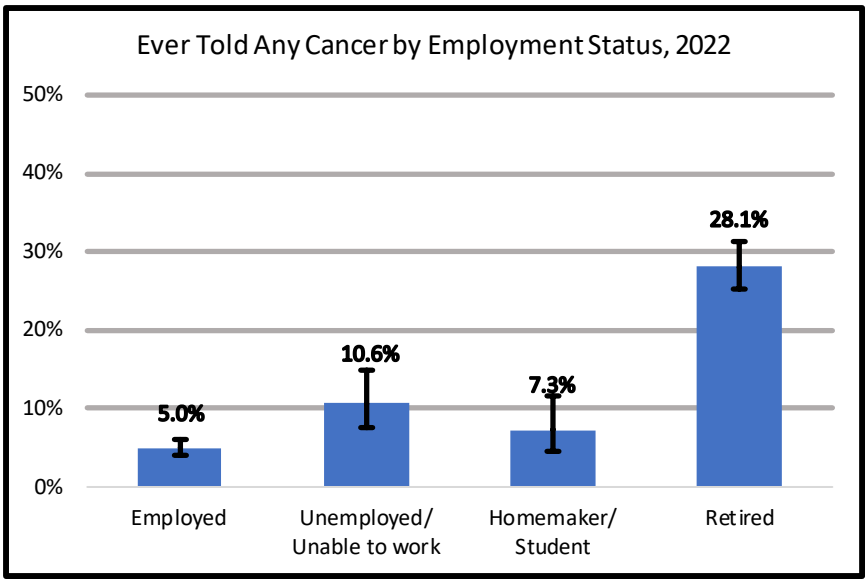


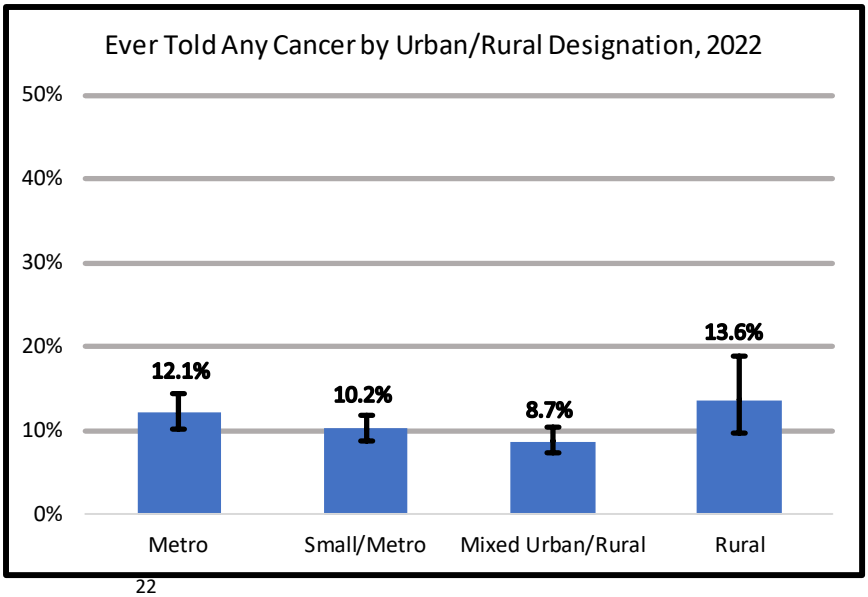


Cancer

- 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.







Depression

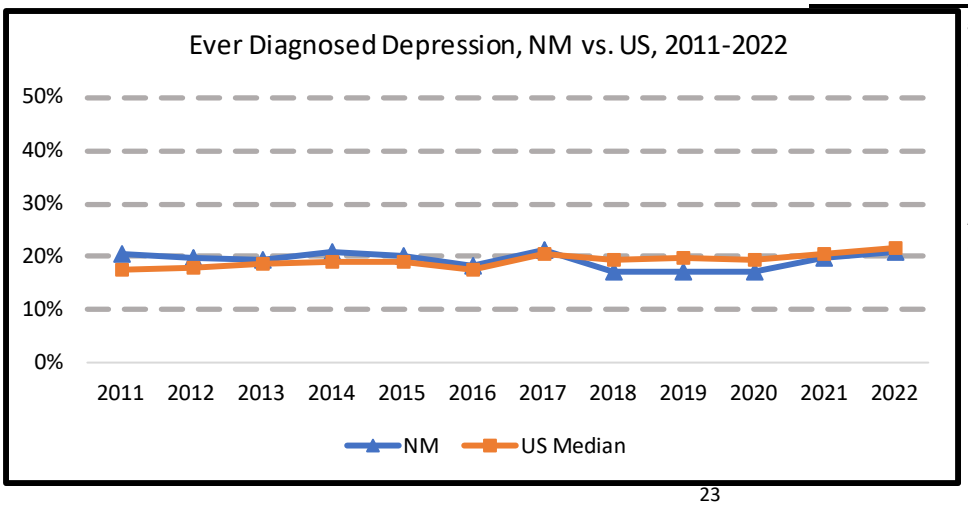
Questions:

"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 2022, 21.0% of NM adults had ever been diagnosed with depression. The prevalence is similar to the U.S. median (21.7%).
- Adults aged 18-44 had a higher prevalence of diagnosed depression (23.0%) than adults over the age of 65 (17.3%).
- Females were more likely to have a history of diagnosed depression (25.1%) than males (16.6%).
- History of diagnosed depression was higher among lesbian, gay, bisexual, or other (47.4%) adults compared to straight adults (18.7%).
- NM adults with a household income of <$15,000 had a higher prevalence of history of diagnosed depression (33.4%) than adults with a household income above $25,000.

Demographic Characteristics*	Ever Told Depression[a] %	(95% Confidence Interval)
Total	**21.0**	**(19.3-22.7)**
Age		
18-44	23.0	(19.9-26.3)
45-64	21.4	(18.8-24.2)
65+	17.3	(15.0-19.8)
Sex		
Male	16.6	(14.5-19.1)
Female	25.1	(22.6-27.7)
Race/Ethnicity		
AIAN	20.2	(14.5-27.5)
Asian or NHOPI	**	**
Black/AA	17.5	(8.4-33.0)
Hispanic	20.3	(17.7-23.1)
White	21.9	(19.6-24.3)
Sexual Orientation		
Straight	18.7	(17.1-20.5)
LGB/Other	47.4	(38.5-56.4)
Household Income		
<$15,000	33.4	(27.3-40.1)
$15-24,999	27.5	(22.3-33.4)
$25-49,999	19.6	(16.3-23.4)
$50-74,999	21.2	(17.1-26.0)
$75,000+	18.0	(14.9-21.6)
Geographic Region		
Northwest	17.9	(13.6-23.3)
Northeast	18.7	(16.0-21.8)
Metropolitan	21.3	(18.4-24.5)
Southeast	23.0	(19.2-27.3)
Southwest	22.2	(18.4-26.5)



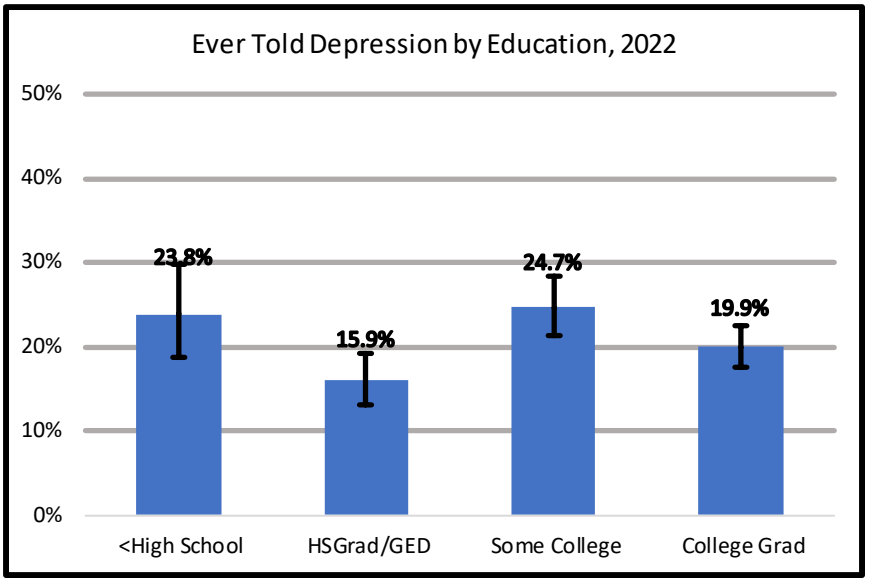
[a]The proportion of adults ever told that they had depression diagnosed by a healthcare professional.

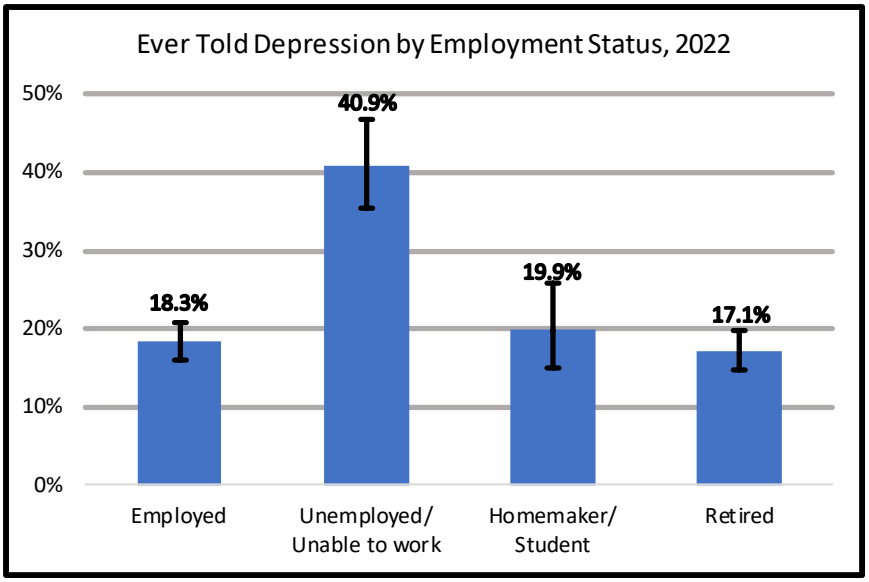
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

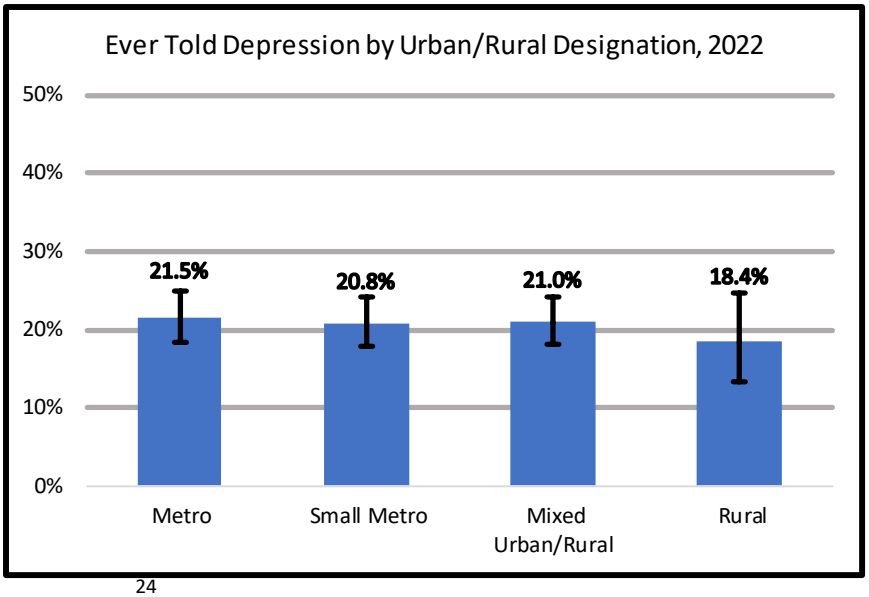
** Suppressed due to a sample denominator <50.

Depression

- Over one-third (40.9%) of adults who were unable to work or unemployed had a history of diagnosed depression. Almost one fifth (18.3%) of adults who were employed had ever been diagnosed.
- There was no significant difference in the prevalence of history of diagnosed depression by geographic region or urban/rural county designation.







Suicidal Ideation

Question:

"In the past 12 months, did you ever seriously consider attempting suicide?"

Suicidal behaviors are a serious public health problem and a major cause of morbidity and mortality in New Mexico. Suicide deaths have increased in both New Mexico and the United States. In 2021, the NM suicide rate was nearly 80% higher than the U.S. rate.[18] In 2020, for each NM adult who died by suicide there were an estimated 231 NM adults who considered a suicide attempt.[19] Recommended strategies for suicide prevention include strengthening and promoting health connections, improving access and delivery of suicide care, and identifying and supporting people at risk.[20]

- In 2022, an estimated 4.5% of New Mexico adults thought about attempting suicide in the past year.
- For NM adults age 18-44, the prevalence of suicidal ideation in the past year (7.3%) was higher than the prevalence among adults age 45-64 (2.9%) and 65+ (2.1%).
- The prevalence of suicidal ideation in the last year among lesbian, gay, bisexual or other adults (11.3%) was nearly 3 times higher than among straight adults (4.0%).
- NM adults with a household income of <$15,000 had a higher prevalence of suicidal ideation (8.2%) than adults with a household income of $50,000-$74,999 (2.5%).

Demographic Characteristics*	Current Suicidal Ideation[a] %	(95% Confidence Interval)
Total	**4.5**	**(3.7-5.6)**
Age		
18-44	7.3	(5.5-9.6)
45-64	2.9	(1.9-4.2)
65+	2.1	(1.4-3.2)
Gender		
Male	5.4	(4.0-7.2)
Female	3.7	(2.7-5.0)
Race/Ethnicity		
AIAN	4.5	(2.0-9.6)
Asian or NHOPI	**	**
Black/AA	1.7	(0.4-7.8)
Hispanic	4.1	(2.9-5.7)
White	4.7	(3.5-6.2)
Sexual Orientation		
Straight	4.0	(3.1-5.0)
LGB/Other	11.3	(6.6-18.8)
Household Income		
< $15,000	8.2	(4.8-13.5)
$15,000-$24,999	6.6	(4.3-10.2)
$25,000-$49,999	5.2	(3.4-7.8)
$50,000-$74,999	2.5	(1.3-4.7)
$75,000+	3.7	(2.3-5.8)
Geographic Region		
Northwest	2.3	(1.2-4.1)
Northeast	4.6	(3.1-6.9)
Metropolitan	5.0	(3.5-7.0)
Southeast	5.1	(3.0-8.4)
Southwest	4.4	(2.8-6.9)

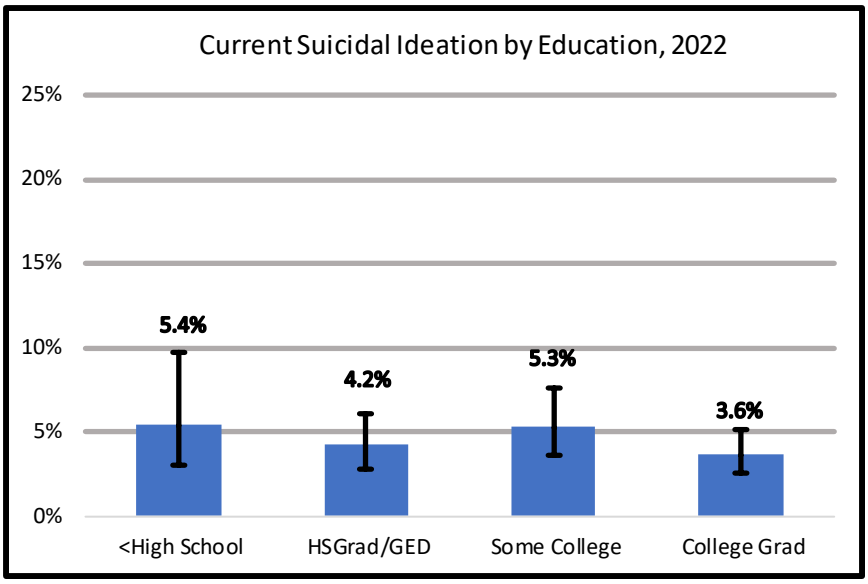
[a]Among all adults , the proportion who had thoughts about attempting suicide in the past year.

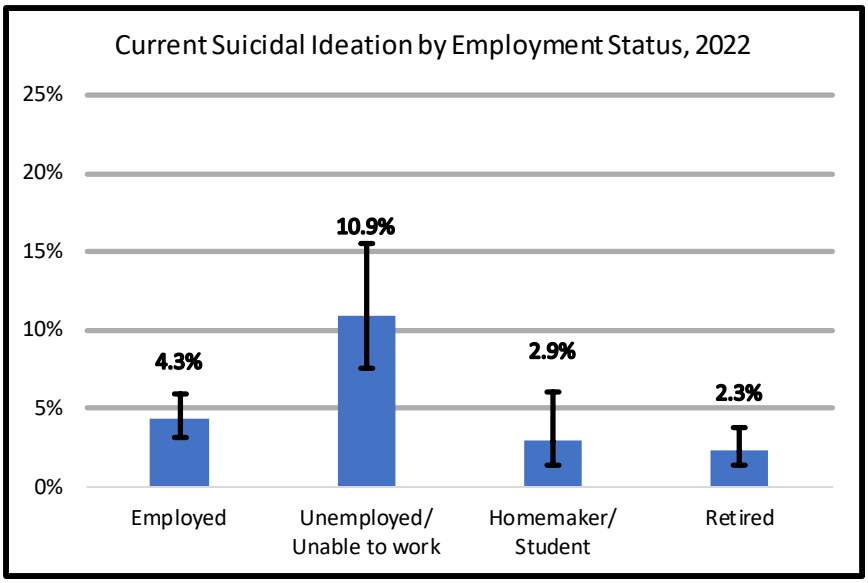
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

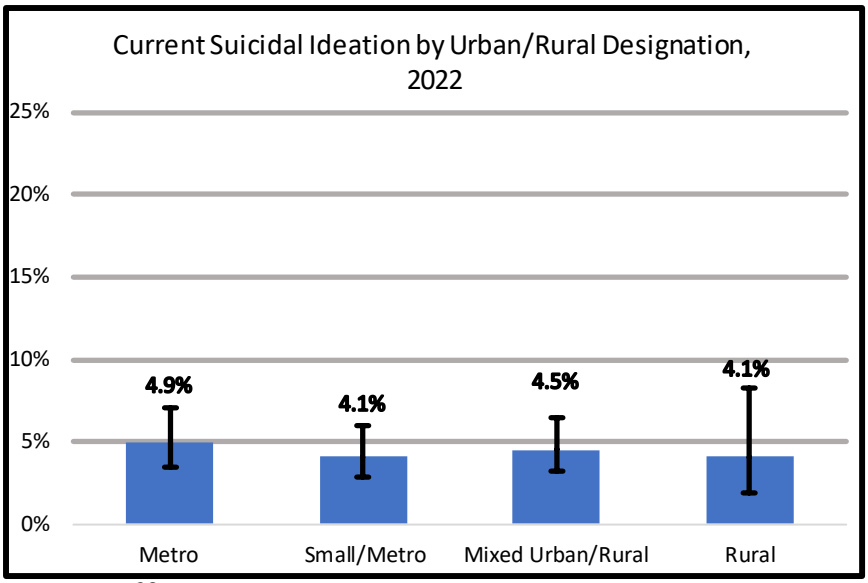
** Suppressed due to a sample denominator <50.

Suicidal Ideation

- New Mexico adults who were unemployed/unable to work were more likely to have thought about suicide in the past year (10.9%) compared to employed adults (4.3%), homemakers/students (2.9%), and retired adults (2.3%).
- Prevalence of suicidal ideation in the past year did not vary significantly by education level or urban/rural county.







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."[21] 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.[21]

- Of New Mexican adults, 14.4% ever experienced someone attempting sex or having sex with them without their consent within their lifetime.
- Adults aged 18-44 years were 2.3 times more likely to have ever experienced sexual violence than adults aged 65+.
- Over 1 in 5 females (22.0%) experienced sexual violence in their lifetime. They were 3.4 times more likely to have experienced sexual violence than males.
- Lesbian, gay, bisexual or other adults were 3.8 times more likely to have experienced sexual violence within their lifetime than straight adults.
- Adults with a household income of $75,000+ were less likely to have experienced sexual violence (13.0%) than adults with a household income of <$15,000 (23.4).

Demographic Characteristics*	Ever Experienced Sexual Violence[a] %	(95% Confidence Interval)
Total	**14.4**	**(12.8-16.2)**
Age		
18-44	19.4	(16.3-23.0)
45-64	12.6	(10.3-15.3)
65+	8.5	(6.7-10.6)
Sex		
Male	6.5	(4.8-8.8)
Female	22.0	(19.4-24.8)
Race/Ethnicity		
AIAN	12.4	(6.9-21.3)
Asian or NHOPI	**	**
Black/AA	13.7	(5.8-29.4)
Hispanic	12.3	(10.0-15.0)
White	16.0	(13.7-18.6)
Sexual Orientation		
Straight	11.8	(10.3-13.4)
LGB/Other	45.4	(35.8-55.3)
Household Income		
< $15,000	23.4	(17.1-31.2)
$15,000-$24,999	17.3	(12.6-23.3)
$25,000-$49,999	10.9	(8.5-14.0)
$50,000-$74,999	16.9	(12.5-22.3)
$75,000+	13.0	(10.0-16.7)
Geographic Region		
Northwest	13.6	(8.8-20.4)
Northeast	14.5	(11.5-18.0)
Metropolitan	13.8	(11.3-16.9)
Southeast	14.3	(10.6-19.2)
Southwest	16.1	(12.4-20.8)

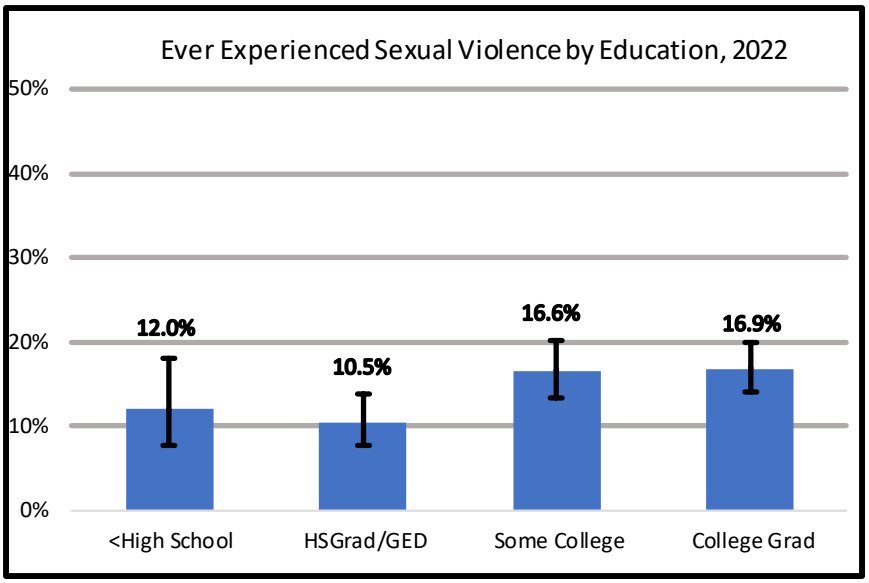
[a]Among NM adults, the percentage who respond yes to either of the following questions: "Has anyone ever attempted to have sex with you after you said or showed that you didn't want to or without your consent, but sex did not occur? Has anyone ever had sex with you after you said or showed that you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

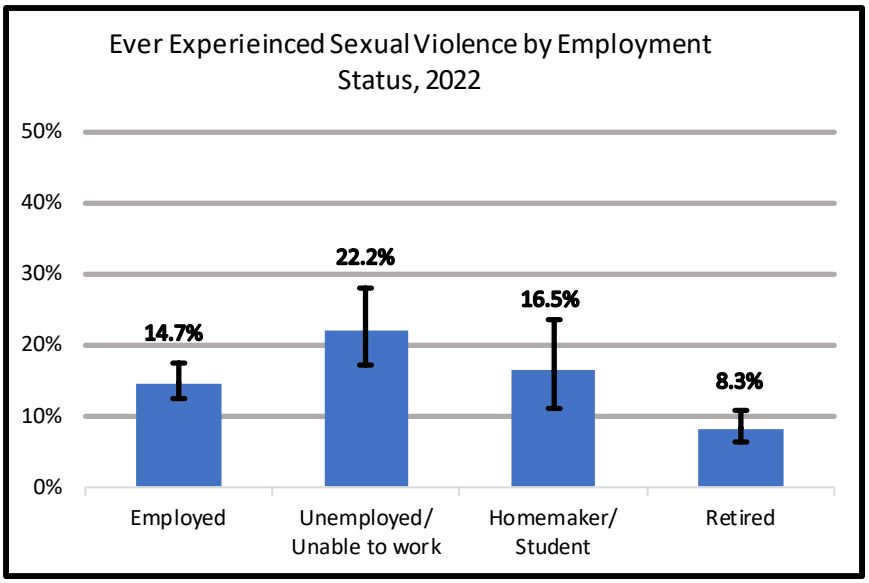
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

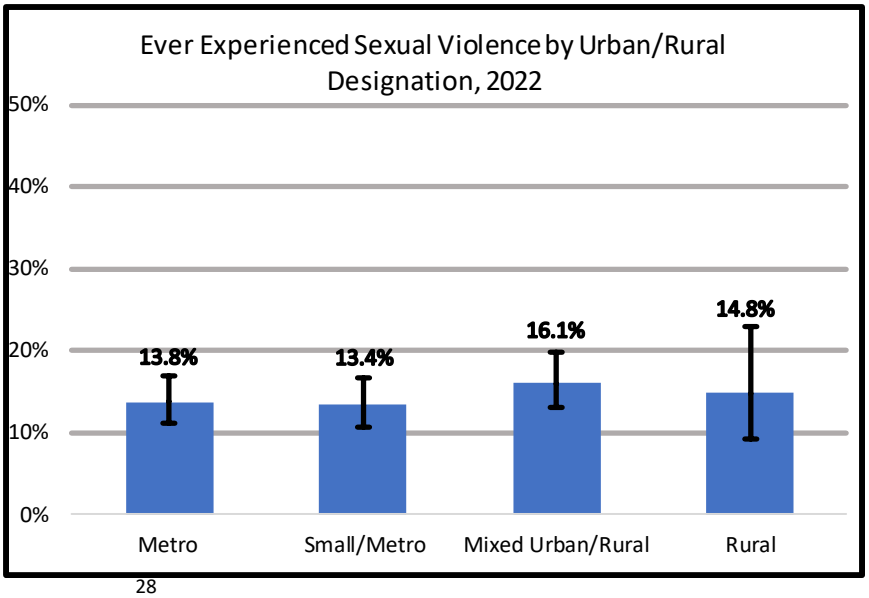
** Suppressed due to a sample denominator <50.

Sexual Violence

- Retired adults were less likely to report ever experiencing sexual violence than adults in all other employment categories.







Alcohol Consumption

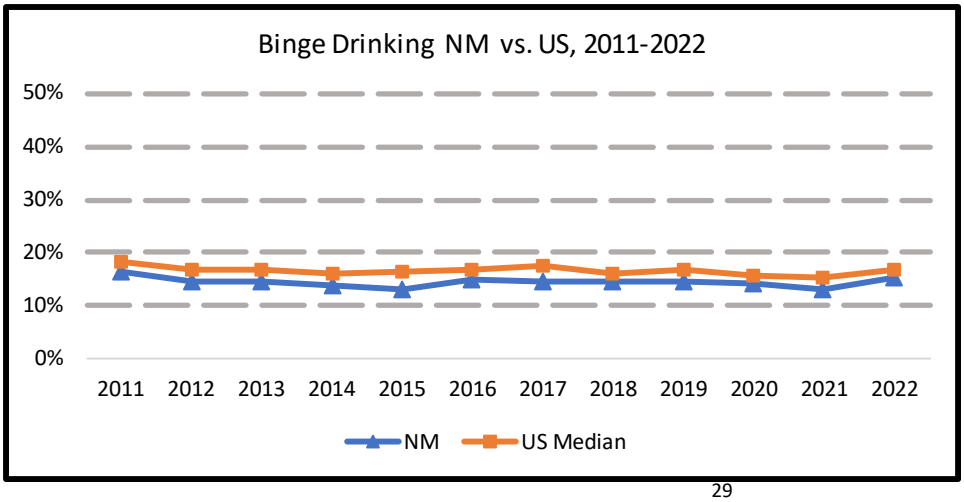
Question:

"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] 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.[22] 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.[22]

- In 2022, the prevalence of binge drinking among NM adults (15.3%) was lower than the U.S. median (17.0%).
- In 2022, 6.3% of NM adults were heavy drinkers.
- Binge drinking was most prevalent among adults age 18-44 (22.6%), and least prevalent among those age 65+ (4.5%).

Demographic Characteristics*	Binge Drinking[a] %	Binge Drinking[a] (95% Confidence Interval)	Heavy Drinking[b] %	Heavy Drinking[b] (95% Confidence Interval)
Total	**15.3**	**(13.7-17.0)**	**6.3**	**(5.3-7.4)**
Age				
18-44	22.6	(19.7-25.9)	8.1	(6.3-10.4)
45-64	13.5	(11.1-16.3)	5.0	(3.7-6.7)
65+	4.5	(3.4-5.9)	4.4	(3.3-5.9)
Sex				
Male	20.3	(17.7-23.1)	7.4	(5.8-9.4)
Female	10.4	(8.7-12.4)	5.1	(4.1-6.5)
Race/Ethnicity				
AIAN	15.2	(10.4-21.6)	4.4	(1.9-9.8)
Asian/NHOPI	**	**	**	**
Black/AA	9.8	(3.5-24.6)	2.9	(0.6-13.1)
Hispanic	17.9	(15.3-20.9)	6.1	(4.6-8.1)
White	13.2	(11.2-15.5)	7.5	(6.1-9.2)
Sexual Orientation				
Straight	14.5	(12.9-16.3)	5.6	(4.6-6.7)
LGB/Other	22.4	(15.5-31.3)	13.3	(8.0-21.4)
Household Income				
<$15,000	9.2	(5.9-13.9)	2.5	(1.0-5.7)
$15,000-$24,999	12.7	(8.8-18.0)	4.8	(2.9-7.9)
$25,000-$49,999	14.8	(11.9-18.3)	5.9	(4.1-8.6)
$50,000-$74,999	19.4	(15.1-24.7)	8.5	(5.9-12.1)
$75,000+	18.2	(15.1-21.8)	7.8	(5.9-10.3)
Geographic Region				
Northwest	12.7	(8.9-17.6)	4.2	(2.0-8.5)
Northeast	9.6	(7.5-12.3)	5.3	(3.9-7.2)
Metropolitan	17.3	(14.5-20.4)	6.4	(4.8-8.4)
Southeast	16.2	(12.6-20.7)	7.6	(5.2-11.1)
Southwest	15.9	(12.7-19.8)	7.0	(4.8-9.9)



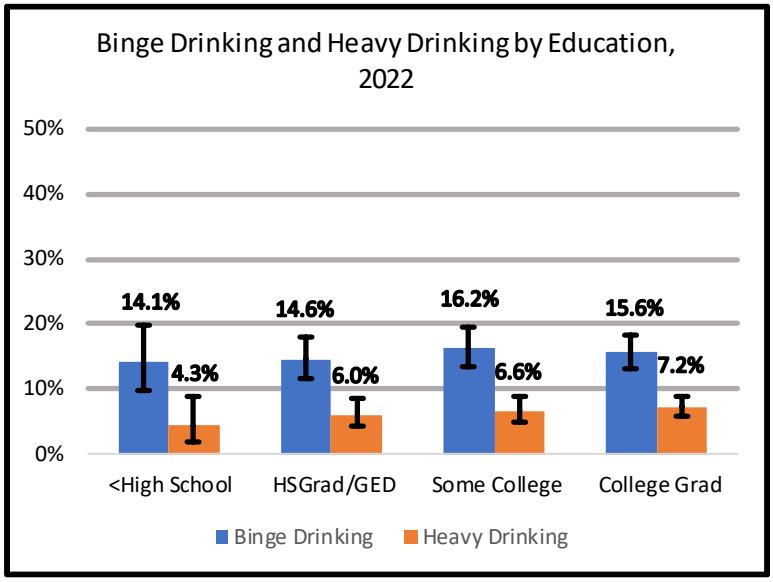
[a]Among all adults, the proportion who consumed five or more drinks per occasion (males) or four or more drinks (females) at least once in the past month or [b]consumed seven or more drinks per week (females) or 14 or more drinks per week (males).

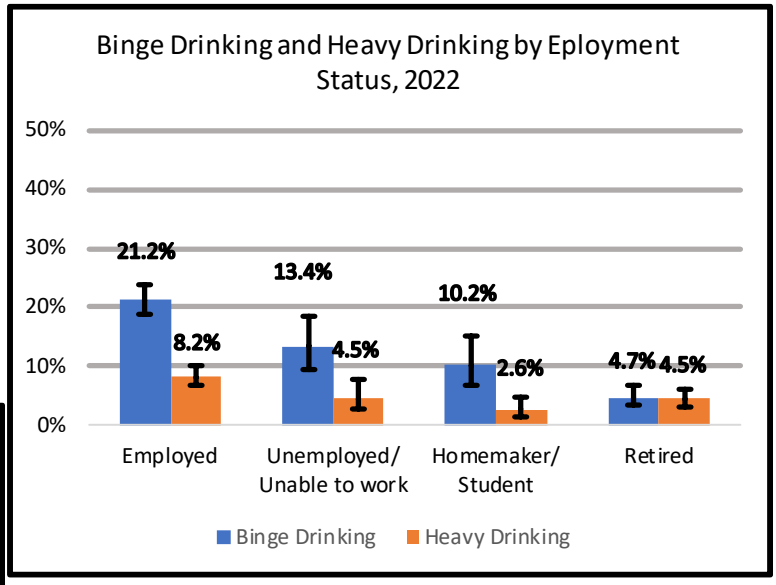
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or other (LGB/Something else)

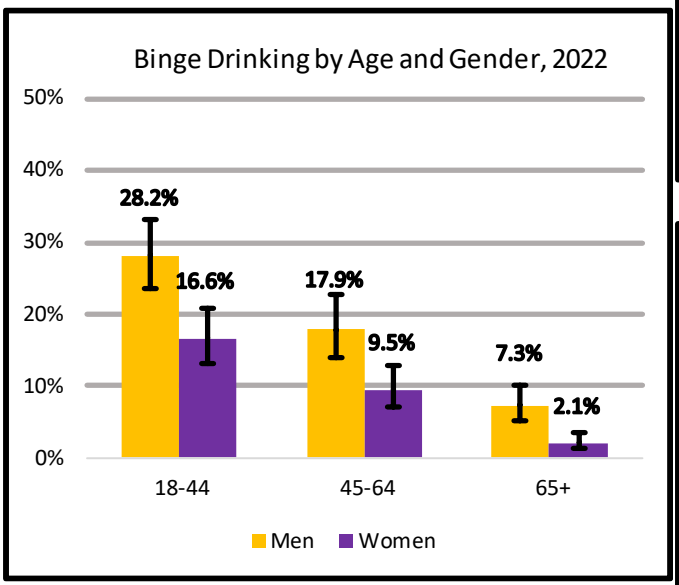
** Suppressed due to a sample denominator <50.

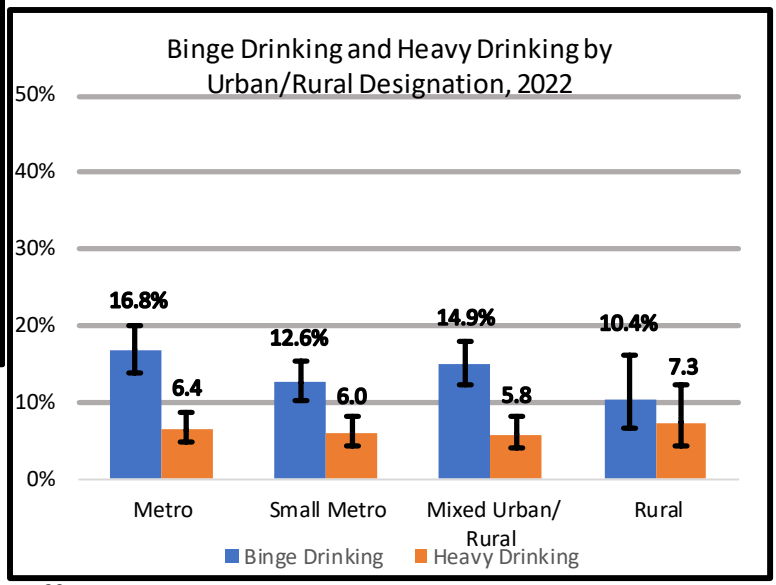
Alcohol Consumption

- The overall prevalence of binge drinking among NM males was 2 times higher than among females.
- Across all age groups, males had a higher prevalence of binge drinking than females.
- The prevalence of heavy drinking among LBG/Other adults was 2.4 times higher than among straight adults.
- Adults in the Northeast Region had a lower prevalence of binge drinking than adults in the Metro, Southeast, and Southwest Regions.
- Employed adults had the highest prevalence of binge drinking among employment categories.
- NM adults who were homemakers or students had lower prevalence of heavy drinking (2.6%) than employed adults (8.2%).
- Over 1 in 4 men aged 18-44 engaged in binge drinking.









Current Cigarette Smoking

Question:

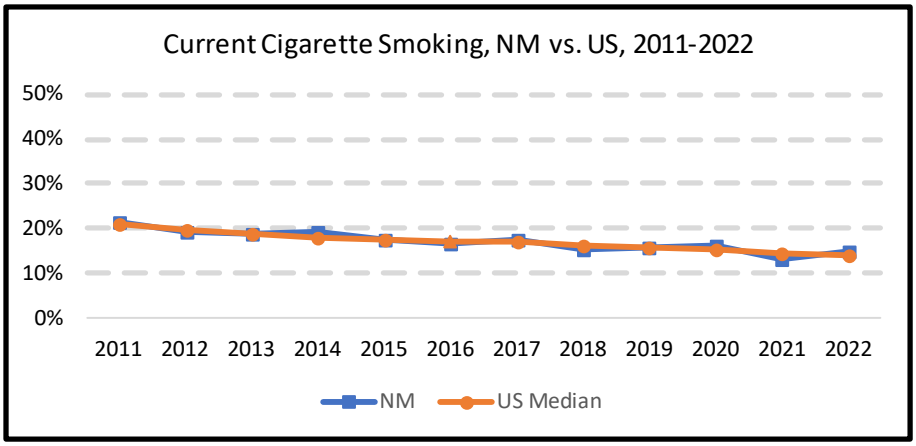
"Have you smoked at least 100 cigarettes in your entire life?"

"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.[23] 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.[23] An estimated 2,802 New Mexicans die due to active cigarette smoking every year.[24] Exposure to second-hand smoke can cause serious health effects, including sudden infant death syndrome, heart attacks, asthma attacks, and lung cancer.[25]

- The Healthy People 2030 target for current smoking among adults is 6.1%.[5] In 2022, 15.0% of New Mexico adults were current smokers. This was similar to the U.S. median prevalence (14.0%).
- Adults age 65+ had lower prevalence of current cigarette smoking (10.8%) than adults age 18-44 years (16.1%).
- Prevalence of current cigarette smoking decreased as household income increased, ranging from 8.9% among adults with a household income of $75,000+ to 23.2% among adults with a household income of <$15,000.

Demographic Characteristics*	Current Smoking[a] %	Current Smoking[a] (95% Confidence Interval)
Total	**15.0**	**(13.5-16.5)**
Age		
18-44	16.1	(13.6-18.9)
45-64	16.8	(14.4-19.5)
65+	10.8	(8.8-13.2)
Sex		
Male	16.8	(14.6-19.3)
Female	13.2	(11.4-15.2)
Race/Ethnicity		
AIAN	14.1	(9.1-21.3)
Asian or NHOPI	**	**
Black/AA	15.9	(7.0-32.2)
Hispanic	15.6	(13.4-18.0)
White	14.9	(12.9-17.2)
Sexual Orientation		
Straight	14.8	(13.3-16.4)
LGB/Other	20.9	(14.3-29.5)
Household Income		
<$15,000	23.2	(18.1-29.3)
$15,000-$24,999	21.3	(16.9-26.5)
$25,000-$49,999	16.7	(14.0-20.0)
$50,000-$74,999	14.6	(11.0-19.1)
$75,000+	8.9	(6.5-12.2)
Geographic Region		
Northwest	15.8	(11.6-21.1)
Northeast	12.6	(10.2-15.4)
Metropolitan	13.1	(10.7-15.8)
Southeast	22.0	(18.1-26.5)
Southwest	16.0	(13.0-19.6)



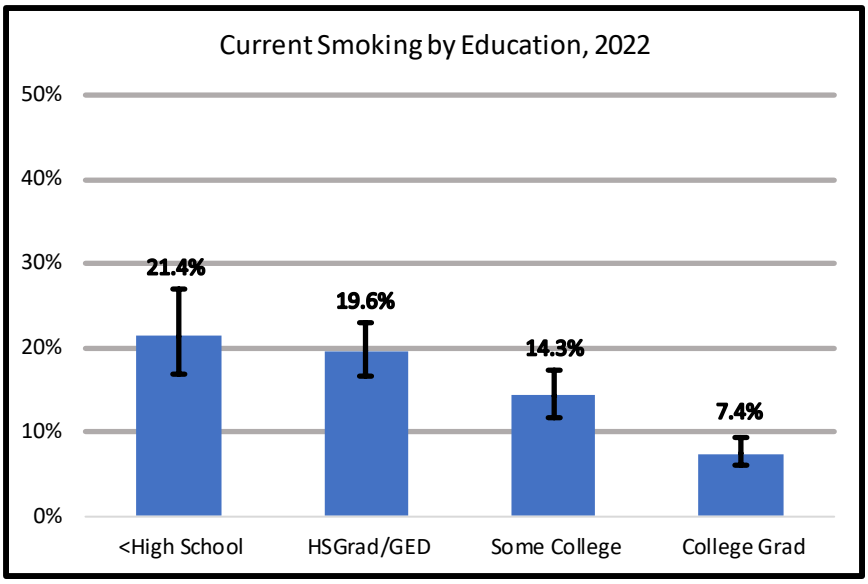
[a]Among all adults , the proportion who had ever smoked at least 100 cigarettes (5 packs) in their life and that they smoke cigarettes now, either every day or some days.

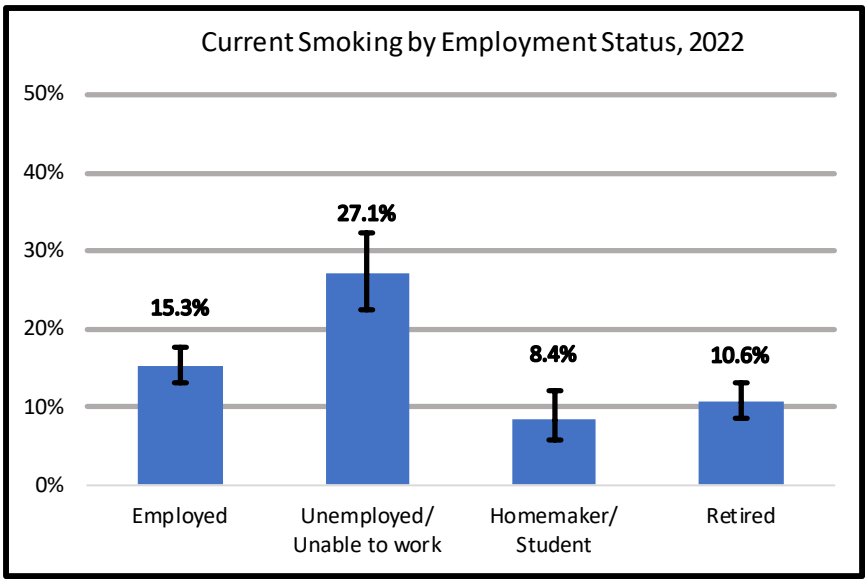
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

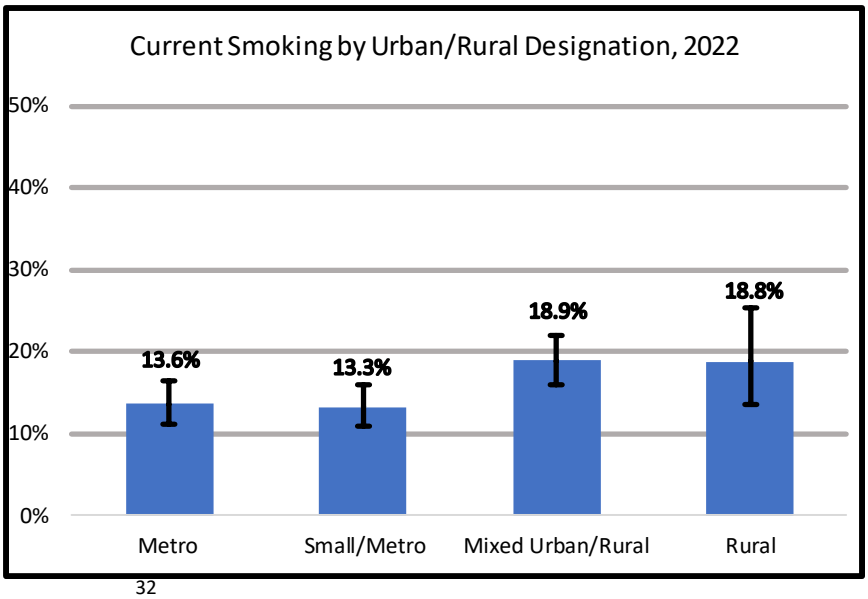
** Suppressed due to a sample denominator <50.

Current Cigarette Smoking

- The prevalence of current cigarette smoking was highest among adults with less than a high school education (21.4%) and lowest among college graduates (7.4%).
- The prevalence of current smoking was higher among unemployed/unable to work adults (27.1%) than all other categories of employment status.
- The majority (59.0%) of NM adults have never smoked cigarettes and 26.1% are former smokers (smoked at least 100 cigarettes, but do not smoke cigarettes now).







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-cigarette aerosol may contain fewer toxic chemicals than regular cigarette smoke, but still contains harmful substances such as nicotine, heavy metals (like lead), volatile organic compounds, and cancer-causing agents.[26] Nicotine is an addictive substance that is toxic to developing fetuses and harmful to adolescent brain development.[26] More surveillance and research is being done to help understand the long-term health effects of e-cigarette use.[26]

- In 2022, 7.3% of New Mexico adults were current e-cigarette users, similar to the US median of 7.7%.
- The prevalence of current e-cigarette use decreases with age. Adults 18-44 were the most likely to be current e-cigarette users (13.1%) and adults 65+ were least likely (1.8%).
- Lesbian, gay, bisexual or other adults had a higher prevalence of current e-cigarette use (15.9%) than straight adults (6.5%).

	Current E-Cigarette Use[a]	
Demographic Characteristics*	**%**	**(95% Confidence Interval)**
Total	**7.3**	**(6.2-8.7)**
Age		
18-44	13.1	(10.7-15.9)
45-64	3.4	(2.4-4.9)
65+	1.8	(1.0-3.2)
Sex		
Male	8.4	(6.7-10.4)
Female	6.3	(4.8-8.2)
Race/Ethnicity		
AIAN	5.9	(3.0-11.1)
Asian or NHOPI	**	**
Black/AA	15.3	(5.8-34.6)
Hispanic	8.2	(6.4-10.5)
White	5.3	(4.1-6.9)
Sexual Orientation		
Straight	6.5	(5.4-7.9)
LGB/Other	15.9	(10.2-24.0)
Household Income		
< $15,000	6.8	(3.7-12.4)
$15,000-$24,999	5.3	(3.0-9.2)
$25,000-$49,999	9.3	(7.0-12.2)
$50,000-$74,999	7.7	(4.7-12.4)
> $75,000	5.9	(4.0-8.7)
Geographic Region		
Northwest	4.0	(2.6-6.3)
Northeast	5.5	(3.7-8.0)
Metropolitan	7.9	(5.9-10.5)
Southeast	10.0	(7.1-14.0)
Southwest	7.3	(4.9-10.7)

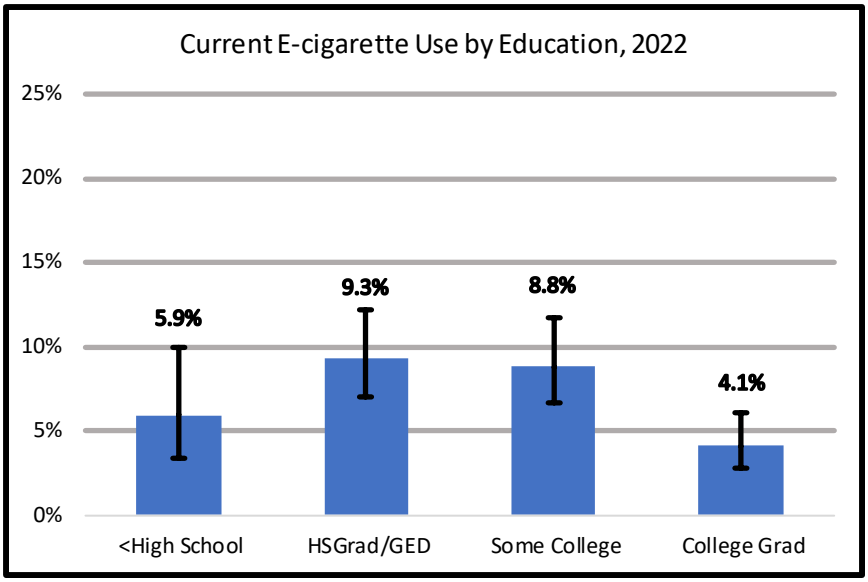
[a]Among all adults , the proportion who now use e-cigarettes or other electronic vaping products every day or some days.

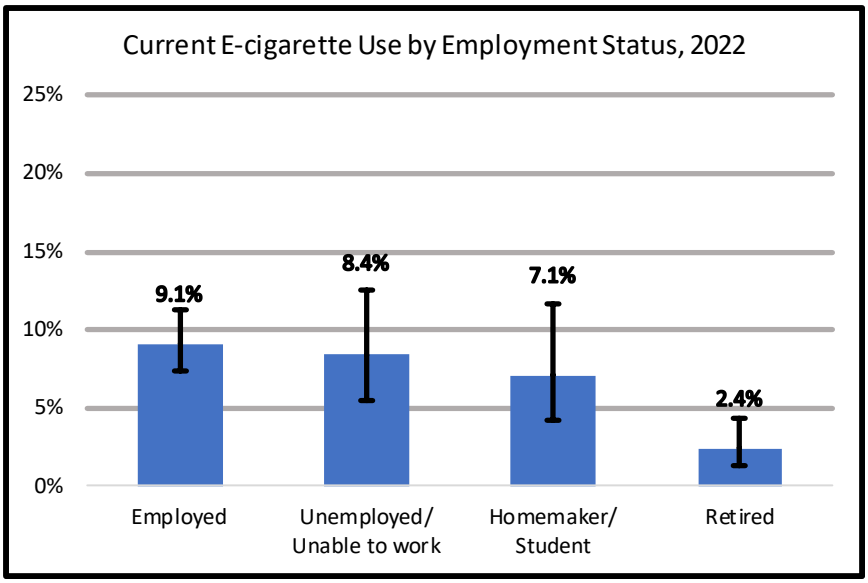
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

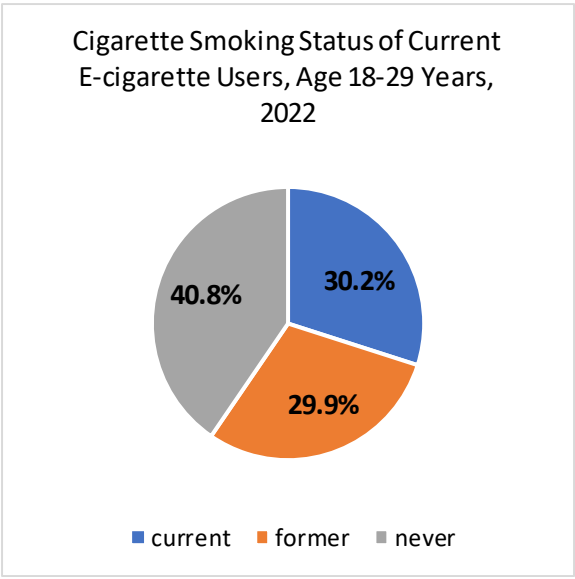
** Suppressed due to a sample denominator <50.

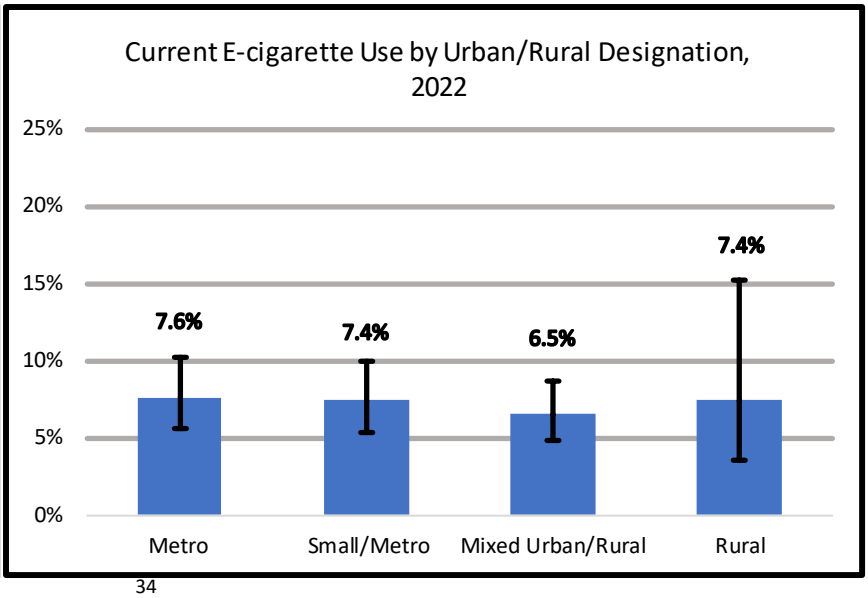
Current E-Cigarette Use

- College graduates were 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 cigarette smokers (16.1%) and former cigarette smokers (11.3%) than adults who never smoked cigarettes (3.3%).
- Among young adults (age <30 years), 40.8% of current e-cigarette users never smoked cigarettes.









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.[27,28] These concerns include cognitive impairment, mental health conditions, driving impairment, cancer, respiratory conditions, gastrointestinal conditions, and other substance use.[27,28] The public health impacts of cannabis use need to be studied and monitored further to fully describe the potential health consequences of using cannabis.[27,28]

- 16.8% of New Mexico adults had used cannabis at least once in the last 30 days.
- The prevalence of cannabis use decreased with age from 22.7% among adults age 18-44 years to 10.5% among adults 65+.
- Cannabis use in the past 30 days was higher among males (19.7%) than females (13.9%).
- Lesbian, gay, bisexual or other adults were 2.5 times more likely to have used cannabis in the past 30 days than straight adults.
- NM adults with a household income <$15,000 had a higher prevalence of cannabis use (26.3%) than those with a household income of $75,000+ (12.1%).

Demographic Characteristics*	Used Cannabis (past 30 days)[a] %	(95% Confidence Interval)
Total	**16.8**	**(15.1-18.6)**
Age		
18-44	22.7	(19.5-26.2)
45-64	14.0	(11.6-16.8)
65+	10.5	(8.6-12.7)
Sex		
Male	19.7	(17.0-22.7)
Female	13.9	(12.0-16.1)
Race/Ethnicity		
AIAN	15.8	(10.7-22.7)
Asian or NHOPI	**	**
Black/AA	21.2	(10.7-37.6)
Hispanic	15.5	(12.9-18.4)
White	18.3	(16.0-20.9)
Sexual Orientation		
Straight	15.0	(13.3-16.7)
LGB/Other	37.6	(29.2-46.8)
Household Income		
< $15,000	26.3	(20.2-33.6)
$15,000-$24,999	15.3	(11.3-20.3)
$25,000-$49,999	20.1	(16.6-24.1)
$50,000-$74,999	17.8	(13.4-23.3)
$75,000 +	12.1	(9.5-15.2)
Geographic Region		
Northwest	16.7	(12.5-21.9)
Northeast	19.6	(16.4-23.1)
Metropolitan	17.2	(14.2-20.6)
Southeast	14.6	(11.2-18.8)
Southwest	14.9	(11.7-18.8)

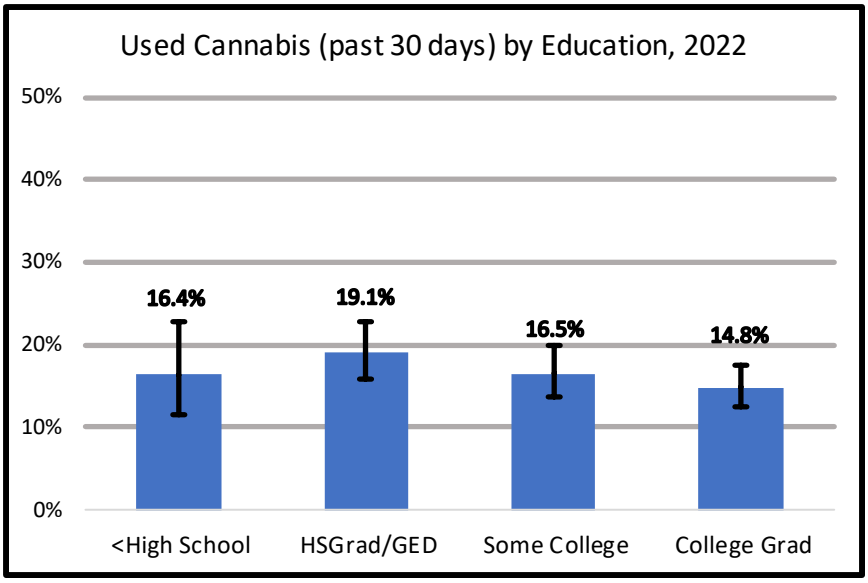
[a]Among NM adults, percentage who used cannabis 1 or more days during the past 30 days.

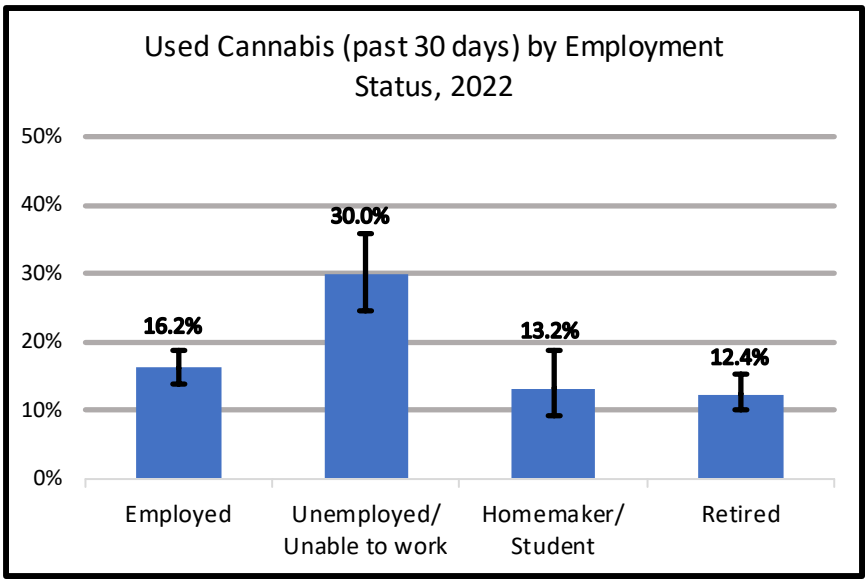
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

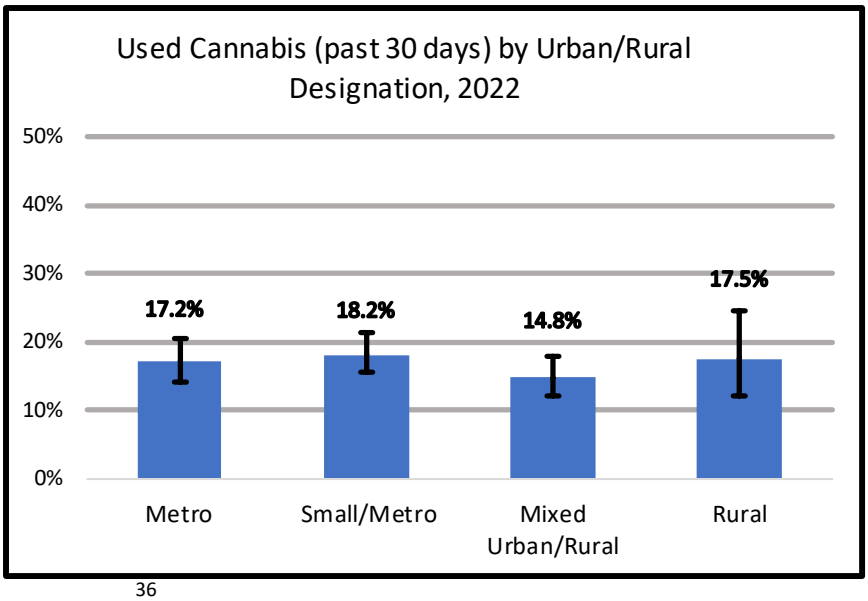
** Suppressed due to a sample denominator <50.

Cannabis Use

- Adults who were unemployed or unable to work were 1.9 times more likely to have used cannabis in the past 30 days than employed adults.
- Of adults who used cannabis in the past 30 days, 56.1% used it daily.







Immunizations Among Adults 65+

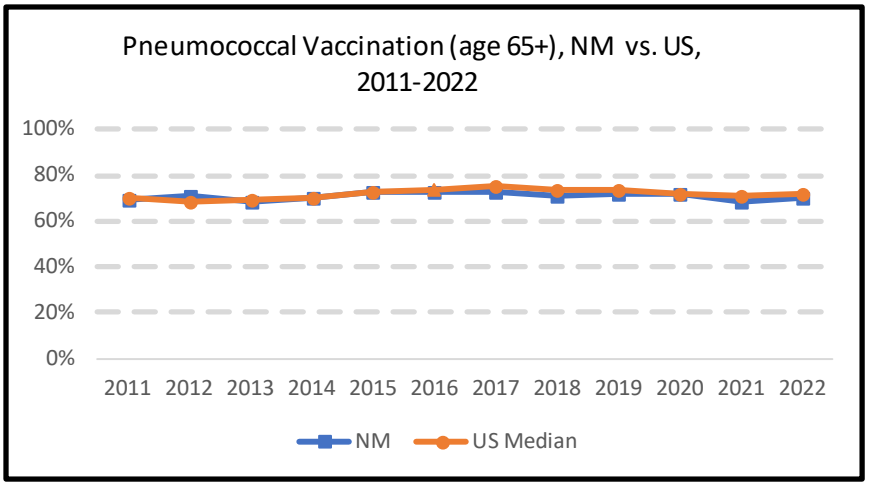
Question:

"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.[29]

- In New Mexico in 2022, 71.0% of New Mexico adults 65 and older received a flu vaccine which was higher than the US median (67.8%).
- Pneumococcal vaccination prevalence among NM adults 65 and older was 70.6% in 2022, similar to the US median (71.6%).
- Women were more likely to have had the pneumonia vaccine (76.5%) than men (63.5%).

Demographic Characteristics*	Flu Vaccine[a] %	Flu Vaccine[a] (95% Confidence Interval)	Pneumonia Vaccine[b] %	Pneumonia Vaccine[b] (95% Confidence Interval)
Total	**71.0**	**(68.1-73.8)**	**70.6**	**(67.5-73.5)**
Age				
65-74	68.2	(64.2-72.0)	66.6	(62.3-70.7)
75+	75.4	(71.1-79.2)	77.0	(72.7-80.8)
Sex				
Male	70.9	(66.3-75.0)	63.5	(58.6-68.3)
Female	71.2	(67.2-74.9)	76.5	(72.7-79.9)
Race/Ethnicity				
AIAN	84.4	(72.6-91.8)	69.4	(53.7-81.6)
Asian or NHOPI	**	**	**	**
Black/AA	**	**	**	**
Hispanic	73.4	(67.6-78.5)	62.7	(56.1-68.8)
White	68.9	(65.2-72.3)	73.9	(70.3-77.2)
Sexual Orientation				
Straight	70.5	(67.3-73.4)	69.9	(66.6-73.0)
LGB/Other	74.0	(58.6-85.2)	71.3	(53.7-84.2)
Household Income				
< $15,000	62.4	(50.1-73.3)	53.5	(41.2-65.4)
$15,000-$24,999	74.2	(65.6-81.2)	60.8	(50.8-70.0)
$25,000-$49,999	69.5	(63.6-74.7)	75.1	(69.5-79.9)
$50,000-$74,999	67.6	(59.2-75.0)	74.1	(65.6-81.0)
> $75,000	76.8	(70.8-81.9)	76.7	(70.5-82.0)
Geographic Region				
Northwest	65.5	(57.3-72.8)	63.4	(54.3-71.6)
Northeast	66.7	(60.7-72.2)	68.9	(62.8-74.4)
Metropolitan	77.3	(71.9-82.0)	76.2	(70.6-81.1)
Southeast	60.9	(52.8-68.4)	67.0	(58.8-74.3)
Southwest	70.2	(63.9-75.7)	65.4	(58.9-71.4)



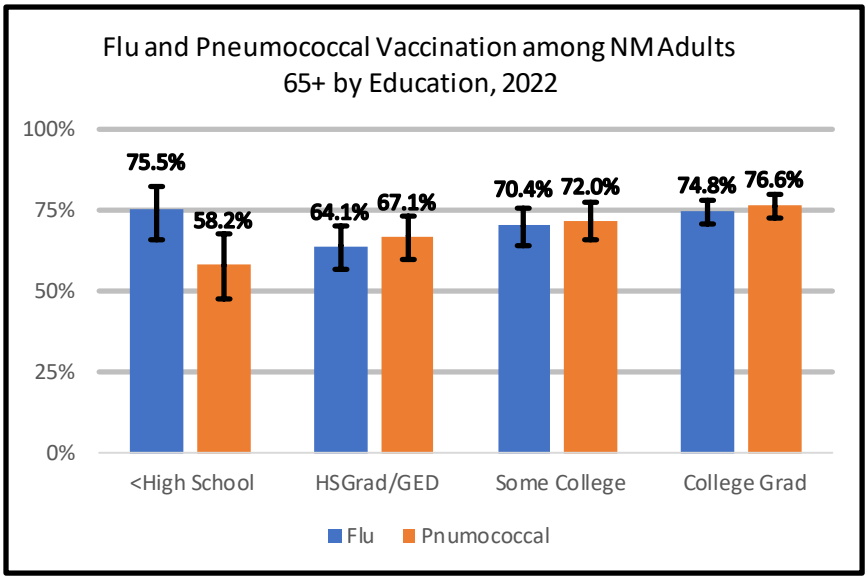
[a]Among adults aged 65 years and older, the proportion that had a flu vaccine, either by injection or sprayed in the nose in the past 12 months. [b]Among adults 65 years and older, the proportion that ever had pneumococcal vaccine.

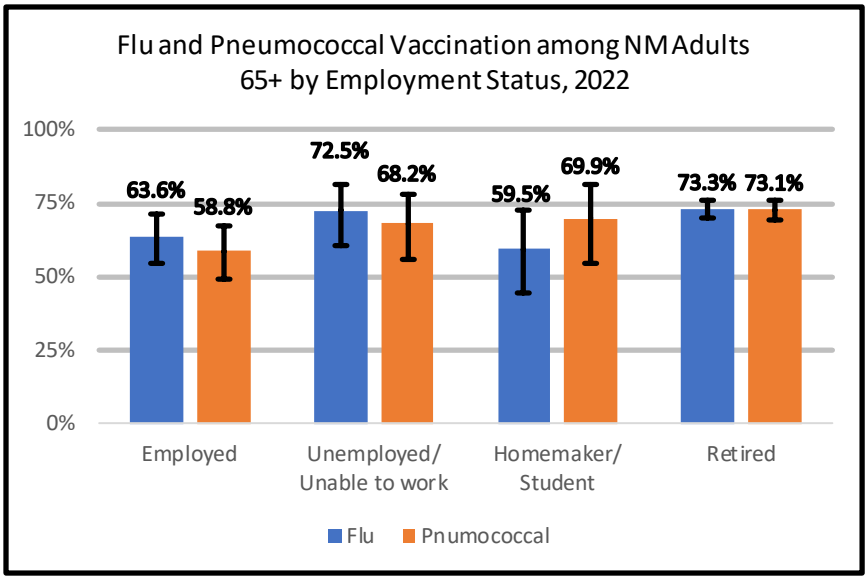
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

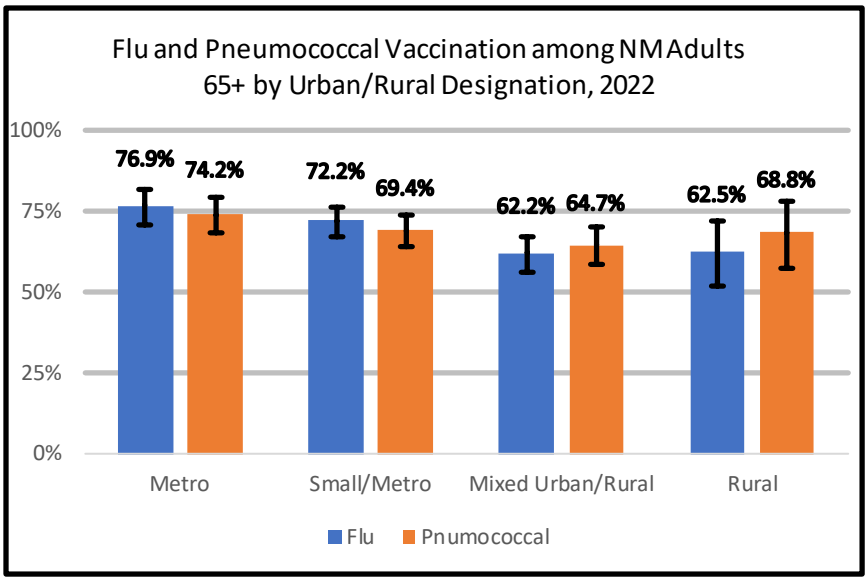
** Suppressed due to a sample denominator <50.

Immunizations Among Adults 65+

- American Indian/Alaska Native adults had a higher prevalence of flu vaccination (84.4%) than White adults (68.9%).
- Hispanic adults had a lower prevalence of pneumococcal vaccination (62.7%) than White adults (73.9%).
- Prevalence of pneumococcal vaccination among NM adults aged 65+ increased as household income increased.
- Adults in the metropolitan region were more likely to have received a flu vaccine than adults in the Southeast region.
- Retired adults aged 65+ had higher vaccination prevalence than employed adults age 65+.







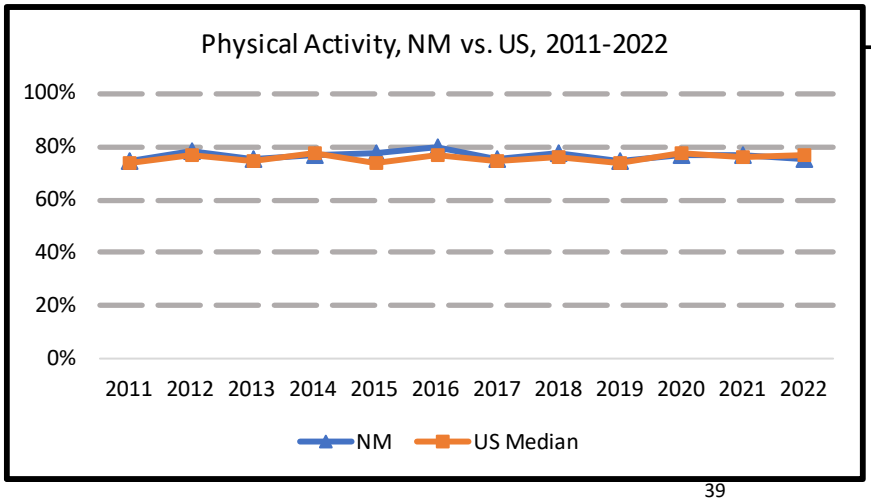
Leisure-Time Physical Activity

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.[30]

- In New Mexico, 75.7% of adults participated in any form of leisure-time physical activity. This percentage was similar to the U.S. median (76.6%).
- Adults 18-44 were more likely to participate in any form of leisure-time physical activity (78.5%) than adults 65+ years of age (72.7%).
- Adult males (78.6%) were more likely to have some form of leisure-time physical activity than were females (72.9%).
- White adults (79.7%) were more likely to have some form of leisure time physical activity than Hispanic adults (73.3%) and AIAN adults (68.2%).



Demographic Characteristics*	Leisure-Time Physical Activity[a] %	(95% Confidence Interval)
Total	**75.7**	**(73.9-77.4)**
Age		
18-44	78.5	(75.3-81.4)
45-64	74.0	(70.9-76.9)
65+	72.7	(69.8-75.4)
Sex		
Male	78.6	(76.1-81.0)
Female	72.9	(70.2-75.4)
Race/Ethnicity		
AIAN	68.2	(60.9-74.8)
Asian or NHOPI	**	**
Black/AA	74.0	(60.4-84.2)
Hispanic	73.3	(70.4-76.0)
White	79.7	(77.3-81.9)
Sexual Orientation		
Straight	75.2	(73.3-77.1)
LGB/Other	74.7	(65.5-82.1)
Household Income		
< $15,000	65.7	(58.9-72.0)
$15,000-$24,999	66.3	(60.3-71.9)
$25,000-$49,999	71.7	(67.8-75.3)
$50,000-$74,999	81.3	(76.7-85.2)
> $75,000	86.2	(83.0-88.9)
Geographic Region		
Northwest	71.8	(66.3-76.7)
Northeast	78.1	(74.8-81.1)
Metropolitan	78.1	(74.8-81.1)
Southeast	66.9	(62.3-71.1)
Southwest	76.4	(72.5-79.8)

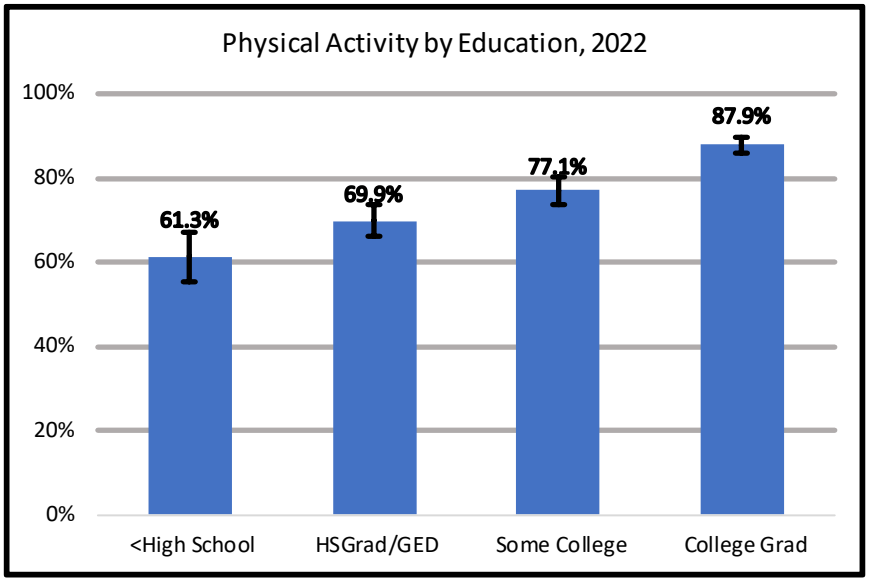
[a]Among all adults , the proportion that participated in leisure-time physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise in the past month.

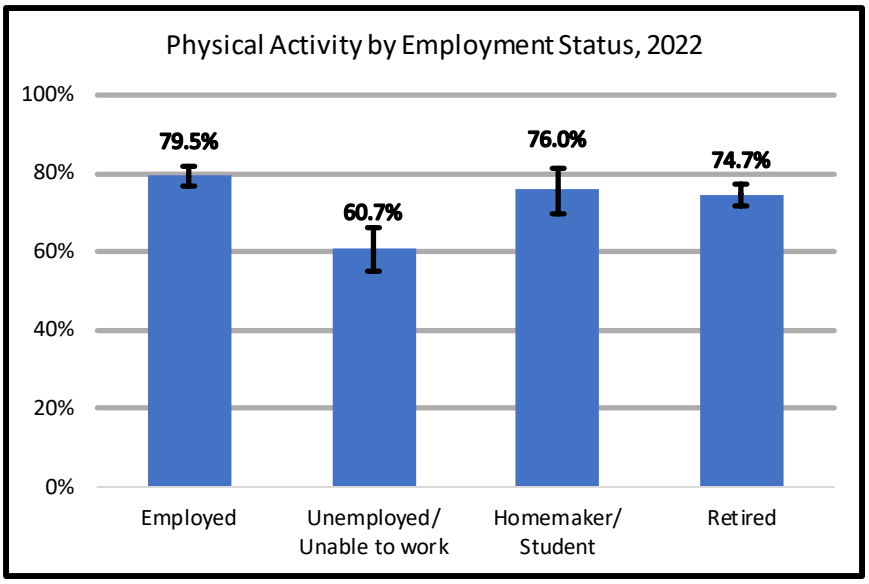
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

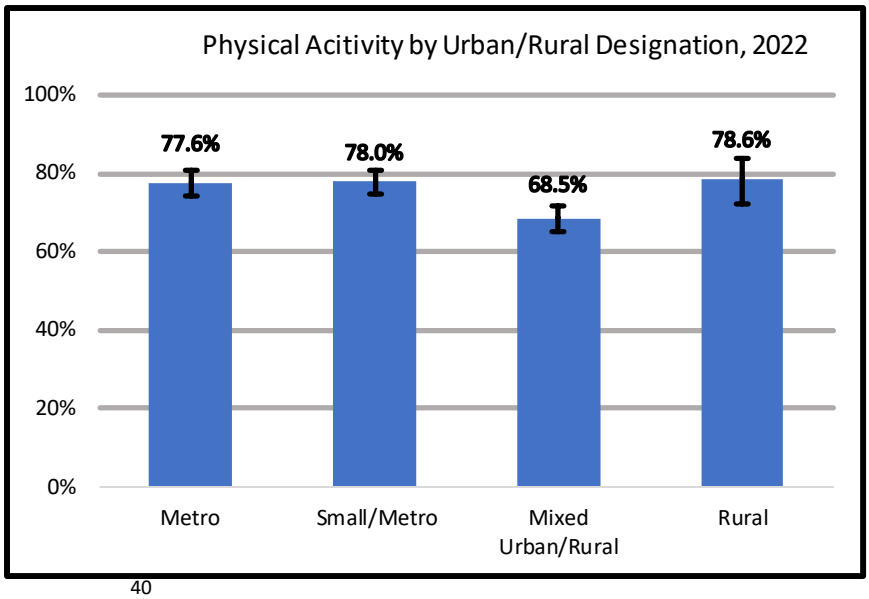
** Suppressed due to a sample denominator <50.

Leisure-Time Physical Activity

- Prevalence of leisure-time physical activity increased with annual household income; 65.7% of adults living in households with annual income of less than $15,000 engaged in leisure-time physical activity, compared to 86.2% of those living in households with annual income of $75,000 or more.
- There was a gradient in leisure-time physical activity by level of education and by annual household income. 61.3% of adults with less than a high school education engaged in leisure-time physical activity, compared to 87.9% of those with a college education.
- By employment status, leisure-time physical activity was lowest among those unemployed/unable to work (60.7%). Employed adults had the highest rate of leisure-time physical activity at 79.5%.







Firearm Safety

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.[31]

- In New Mexico in 2022, an estimated 37.3% of all adults had a firearm in or around their home and 7.8% of all adults had an unlocked and loaded firearm.
- A greater proportion of males had a firearm in or around their home (44.9%) than females (30.1%).
- A greater percentage of White adults (46.3%) have firearms kept in or around their homes compared to AIAN (25.2%). Among all White adults, 10.0% had an unlocked and loaded firearm around the house.
- The proportion of adults living in households with a firearm and with an unlocked and loaded firearm increased as household income increased. Households with an income of $75,000+ were 3.6 times more likely to have a firearm and 4.1 times more likely to have an unlocked and loaded firearm than households with an annual income of <$15,000.

Demographic Characteristics*	Firearms in Home[a] %	Firearms in Home[a] (95% Confidence Interval)	Unlocked and Loaded Firearms[b] %	Unlocked and Loaded Firearms[b] (95% Confidence Interval)
Total	**37.3**	**(35.1-39.6)**	7.8	(6.6-9.1)
Age				
18-44	35.6	(31.8-39.6)	6.9	(5.0-9.4)
45-64	39.6	(35.9-43.4)	7.8	(6.0-10.1)
65+	37.3	(33.9-40.7)	9.0	(7.2-11.3)
Gender				
Male	44.9	(41.5-48.5)	11.2	(9.2-13.6)
Female	30.1	(27.5-32.9)	4.5	(3.4-6.0)
Race/Ethnicity				
AIAN	25.2	(18.4-33.5)	2.5	(1.2-5.1)
Asian or NHOPI	**	**	**	**
Black/AA	32.5	(19.8-48.5)	4.3	(1.0-16.2)
Hispanic	33.1	(29.8-36.6)	6.5	(4.8-8.8)
White	46.3	(43.1-49.4)	10.0	(8.3-11.9)
Sexual Orientation				
Straight	37.8	(35.5-40.1)	8.1	(6.9-9.6)
LGB/Other	32.1	(24.1-41.5)	3.9	(2.0-7.8)
Household Income				
<$15,000	15.0	(10.2-21.6)	2.9	(1.4-5.9)
$15-24,999	19.0	(14.8-24.1)	3.9	(2.3-6.4)
$25-49,999	34.0	(30.0-38.2)	6.8	(5.1-9.2)
$50-74,999	42.2	(36.3-48.2)	10.3	(7.1-14.7)
$75,000+	54.6	(50.1-59.0)	11.9	(9.0-15.6)
Geographic Region				
Northwest	38.0	(31.9-44.5)	6.0	(4.2-8.5)
Northeast	34.3	(30.5-38.4)	5.6	(4.1-7.7)
Metropolitan	33.8	(30.0-37.8)	6.1	(4.3-8.5)
Southeast	44.9	(39.5-50.5)	14.3	(10.6-18.9)
Southwest	42.4	(37.5-47.5)	10.2	(7.4-13.9)

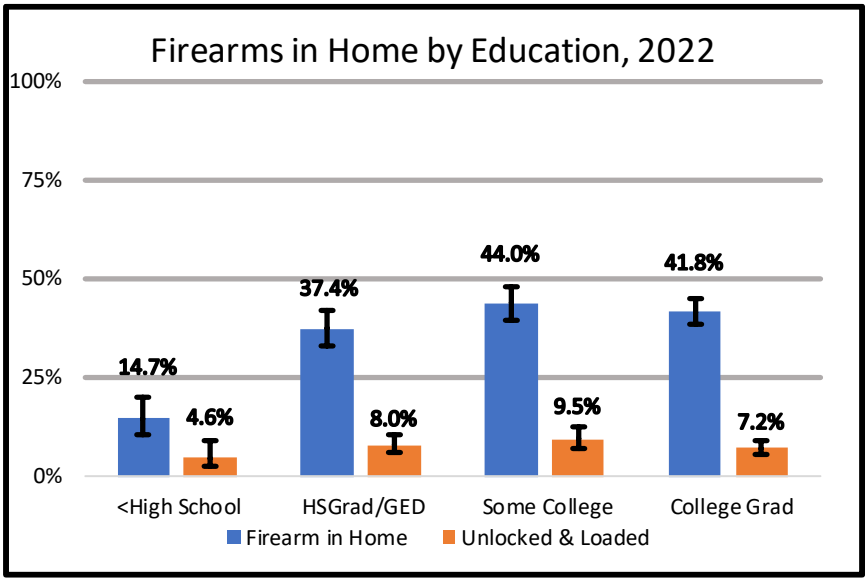
[a]Among all adults, the proportion who say they have any firearms kept in or around their home. [b]Among all adults, the proportion who say they have a loaded and unlocked firearm in or around their home.

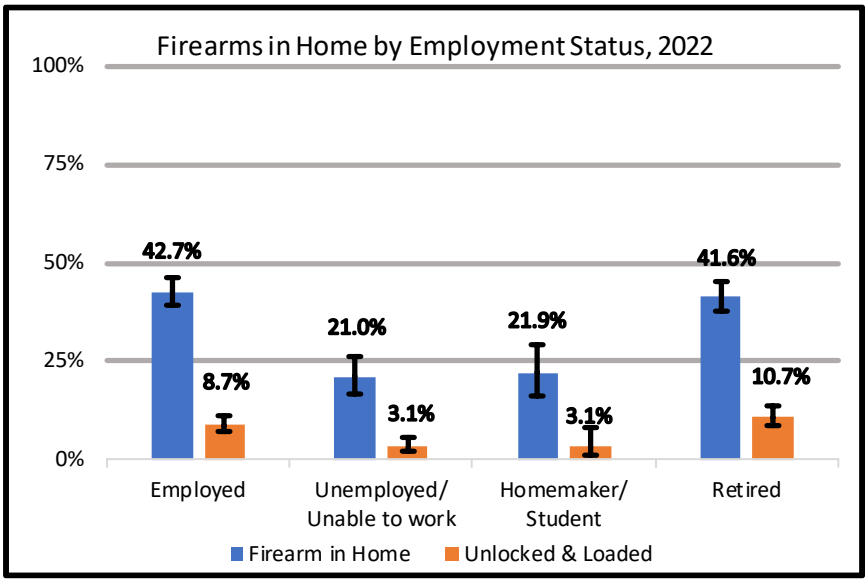
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

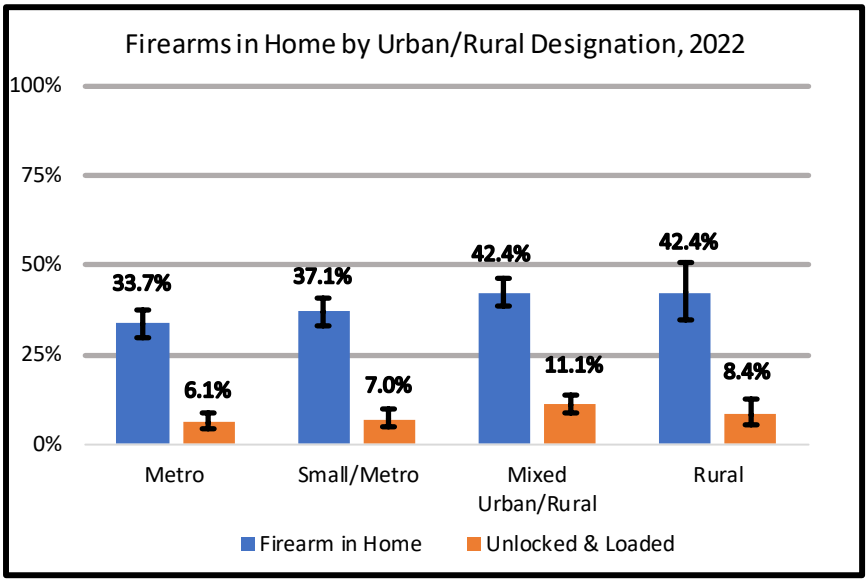
** Suppressed due to a sample denominator <50.

Firearm Safety

- While the prevalence of firearms in/ around the home did not vary significantly by region, the Southeast region had a higher prevalence of loaded and unlocked firearms in/around the home than the Northern and Metropolitan regions.
- Adults with less than a high school diploma had a lower prevalence of firearms in or around the home than adults of all other education levels.
- 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.







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.[32] Wearing a face mask indoors in public reduces risk of infection and was required in NM from May 2020 through February 2022.[33]

- In 2022, most New Mexican adults followed social distance guidelines and wore face masks in public.
- A greater proportion of people always followed social distancing guidelines (80.8%) compared to the proportion of people who always or almost always wore face masks in public (52.8%).
- New Mexicans aged 65+ years were more likely to always or almost always wear a face mask in public than younger age groups.
- AIAN adults were 1.8 times more likely to always or almost always wear a face mask in public than White adults.

Demographic Characteristics*		Always Follow Social Distance Guidelines[a] %	Always Follow Social Distance Guidelines[a] (95% Confidence Interval)	Always/Almost Always Wear Face Mask in Public[b] %	Always/Almost Always Wear Face Mask in Public[b] (95% Confidence Interval)
Total		**80.8**	**(79.1-82.5)**	**52.8**	**(50.6-54.9)**
Age					
	18-44	80.5	(77.3-83.4)	48.1	(44.3-52.0)
	45-64	80.1	(77.1-82.9)	52.8	(49.1-56.5)
	65+	82.9	(80.5-85.1)	61.4	(58.2-64.5)
Sex					
	Male	76.6	(73.8-79.2)	48.2	(44.9-51.5)
	Female	84.9	(82.7-86.8)	57.1	(54.1-60.0)
Race/Ethnicity					
	AIAN	93.4	(89.5-96.0)	77.3	(70.4-82.9)
	Asian or NHOPI	**	**	**	**
	Black/AA	89.0	(77.7-95.0)	61.2	(45.8-74.7)
	Hispanic	83.6	(80.7-86.1)	56.1	(52.6-59.5)
	White	73.7	(71.0-76.2)	43.3	(40.3-46.3)
Sexual Orientation					
	Straight	80.6	(78.8-82.3)	51.3	(49.0-53.6)
	LGB/Other	83.8	(75.5-89.7)	68.8	(60.4-76.2)
Household Income					
	< $15,000	89.2	(83.9-92.9)	60.7	(53.2-67.8)
	$15,000-$24,999	90.7	(87.2-93.4)	68.0	(61.8-73.6)
	$25,000-$49,999	84.2	(80.8-87.1)	56.7	(52.5-60.9)
	$50,000-$74,999	78.5	(73.6-82.7)	46.6	(40.8-52.5)
	> $75,000	71.6	(67.6-75.4)	41.7	(37.6-46.0)
Geographic Region					
	Northwest	86.6	(83.2-89.4)	61.4	(55.9-66.7)
	Northeast	83.9	(80.9-86.5)	58.6	(54.5-62.5)
	Metropolitan	80.0	(76.7-83.0)	52.9	(48.9-56.8)
	Southeast	72.5	(67.7-76.8)	37.4	(32.6-42.5)
	Southwest	83.0	(79.3-86.2)	53.9	(49.1-58.7)

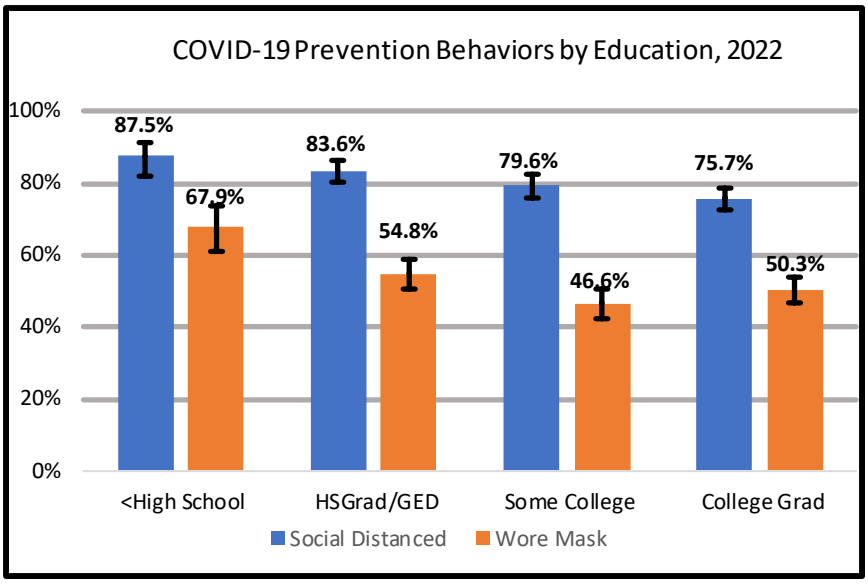
[a]Percentage of New Mexico adults who always follow guidelines of social distancing at home, at work, and in the community. [b]Among NM adults, the percentage who always or almost always wear a face mask when in public.

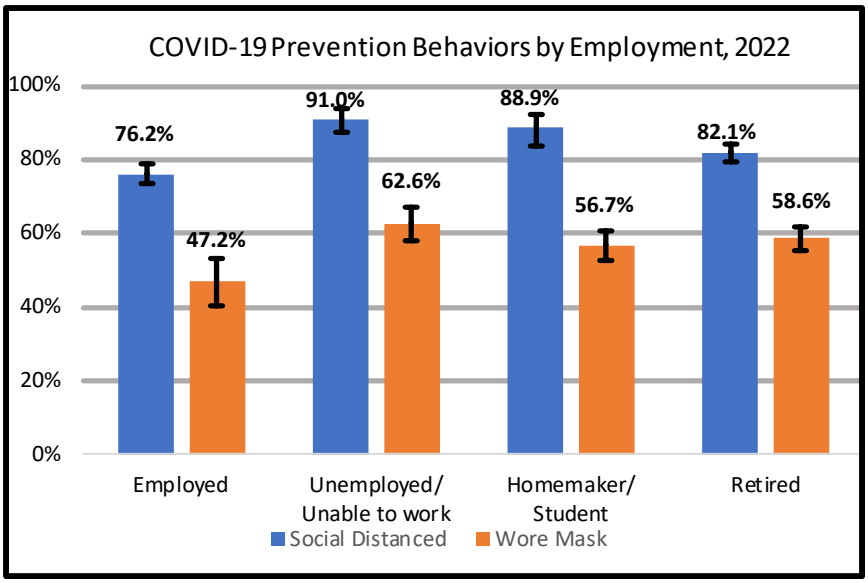
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

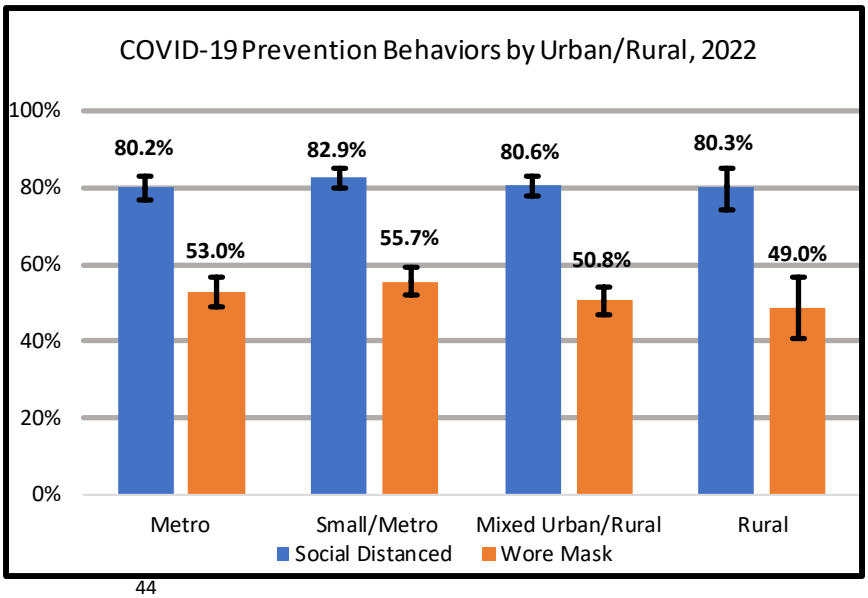
** Suppressed due to a sample denominator <50.

COVID-19 Prevention Behaviors

- 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 less likely to always or almost always wear a face mask than adults who did not graduate high school.
- Employed adults were less likely to always following social distance guidelines and less likely to always or almost always wear a mask than other adults.







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.

- In 2022, 21.8% of NM adults lost income because of COVID-19.
- Adults 65+ years of age were less likely to have lost income from a job or business because of COVID-19 than younger adults.
- As household income increased the proportion of adults with income loss due to COVID-19 decreased.

Demographic Characteristics*		Lost Income due to COVID-19[a] %	Lost Income due to COVID-19[a] (95% Confidence Interval)
Total		21.8	(20.0-23.7)
Age			
	18-44	28.0	(24.8-31.5)
	45-64	25.1	(21.9-28.6)
	65+	7.4	(5.9-9.4)
Sex			
	Male	23.9	(21.2-26.9)
	Female	19.8	(17.4-22.3)
Race/Ethnicity			
	AIAN	27.3	(20.6-35.2)
	Asian or NHOPI	**	**
	Black/AA	24.1	(12.8-40.8)
	Hispanic	22.8	(20.0-25.9)
	White	19.3	(16.9-22.0)
Sexual Orientation			
	Straight	21.8	(19.9-23.8)
	LGB/Other	22.2	(15.6-30.7)
Household Income			
	< $15,000	26.0	(20.1-32.9)
	$15,000-$24,999	27.7	(22.3-33.9)
	$25,000-$49,999	26.4	(22.7-30.4)
	$50,000-$74,999	18.5	(14.4-23.5)
	$75,000+	16.9	(13.9-20.4)
Geographic Region			
	Northwest	23.3	(18.3-29.2)
	Northeast	20.6	(17.3-24.3)
	Metropolitan	20.9	(17.9-24.4)
	Southeast	24.2	(19.9-29.1)
	Southwest	22.2	(18.3-26.6)

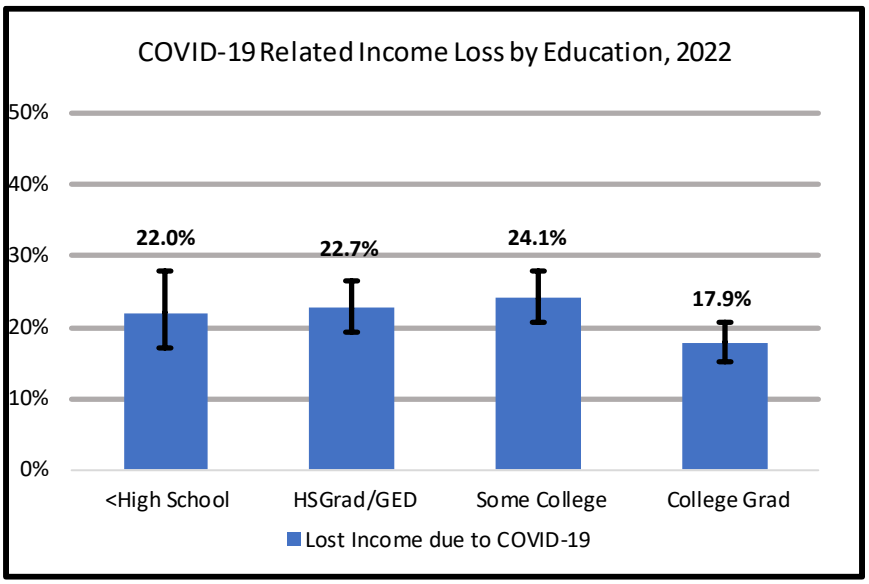
[a]Among NM adults, the percentage who lost income from a job or business because of COVID-19.

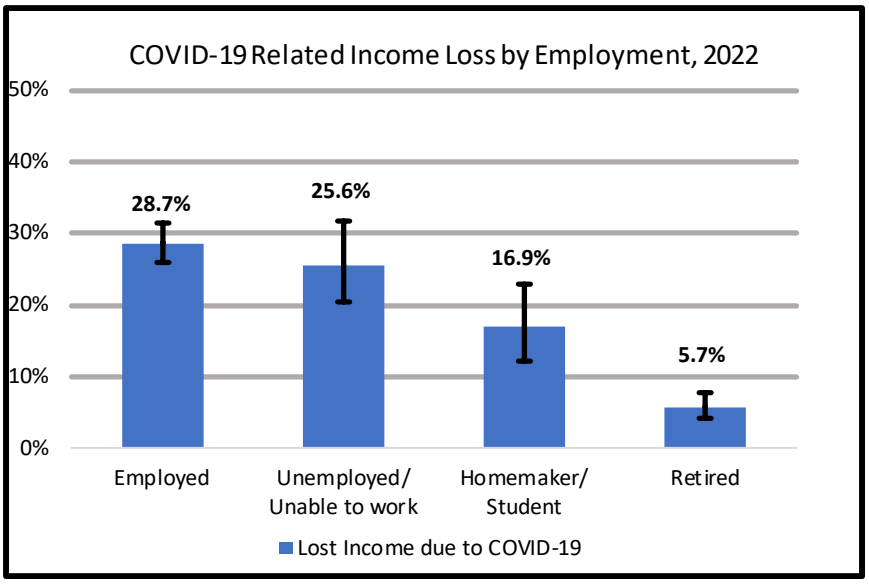
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

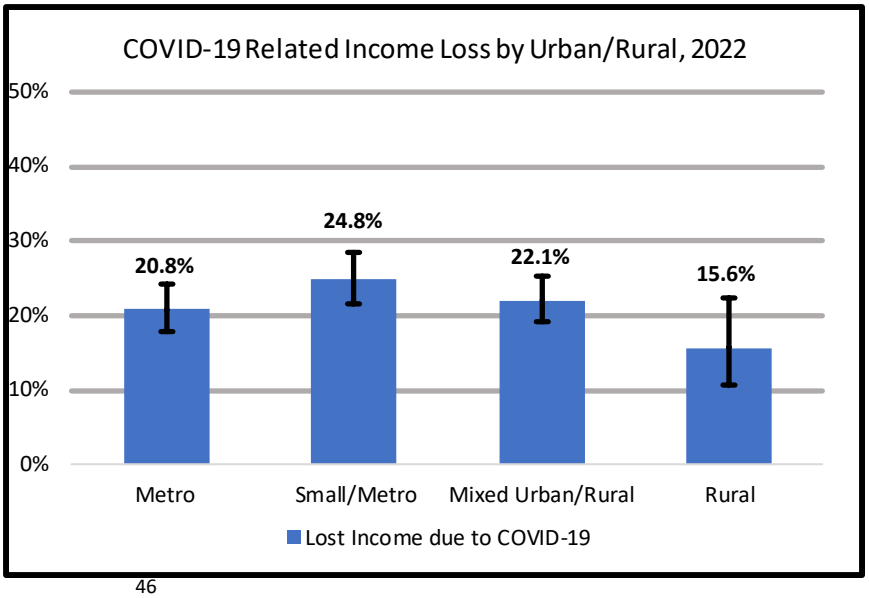
** Suppressed due to a sample denominator <50.

COVID-19-Related Income Loss

- College graduates were the least likely to report income loss because of COVID-19.
- Retired adults were 5 times less likely to report COVID-19 related income loss than employed adults and 4.5 times less likely to have COVID-19 relation income loss than adults who were unemployed or unable to work.
- 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.[34] In March 2021, the federal government passed a bill funding rental assistance.[35]

- 1.6% of New Mexican adults lost housing due to COVID-19.
- New Mexicans aged 65+ years had less housing loss (0.3%) than people aged 18-44 (1.9%) and aged 45-64 (2.4%).
- Housing loss due to COVID-19 was less prevalent as household income increased. Adults with an annual household income <$15,000 were 11 times more likely to experience COVID-19 related housing loss than adults with a household income of $75,000 or more.
- There was no difference in proportion of people with housing loss because of COVID-19 by sex, race/ethnicity, sexual orientation, or geographic region.

Demographic Characteristics*		Lost Housing due to COVID-19[a] %	Lost Housing due to COVID-19[a] (95% Confidence Interval)
Total		**1.6**	**(1.2-2.2)**
Age			
	18-44	1.9	(1.2-2.9)
	45-64	2.4	(1.5-3.8)
	65+	0.3	(0.2-0.8)
Sex			
	Male	1.8	(1.1-2.8)
	Female	1.5	(1.0-2.2)
Race/Ethnicity			
	AIAN	2.4	(0.9-6.1)
	Asian or NHOPI	**	**
	Black/AA	2.7	(0.7-10.6)
	Hispanic	1.8	(1.1-2.7)
	White	1.2	(0.7-1.9)
Sexual Orientation			
	Straight	1.6	(1.2-2.2)
	LGB/Other	2.2	(1.0-4.8)
Household Income			
	< $15,000	6.8	(4.0-11.3)
	$15,000-$24,999	3.0	(1.5-5.7)
	$25,000-$49,999	1.4	(0.7-2.7)
	$50,000-$74,999	0.8	(0.3-2.1)
	$75,000+	0.6	(0.3-1.6)
Geographic Region			
	Northwest	2.1	(1.0-4.3)
	Northeast	1.1	(0.6-2.2)
	Metropolitan	1.1	(0.6-2.2)
	Southeast	2.3	(1.2-4.3)
	Southwest	2.7	(1.6-4.5)

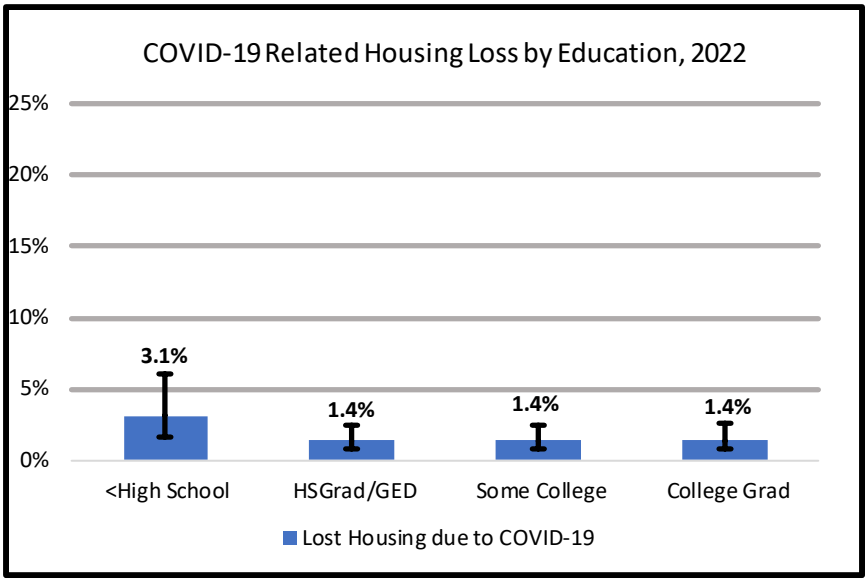
[a]Among NM adults, the percentage who lost housing because of COVID-19.

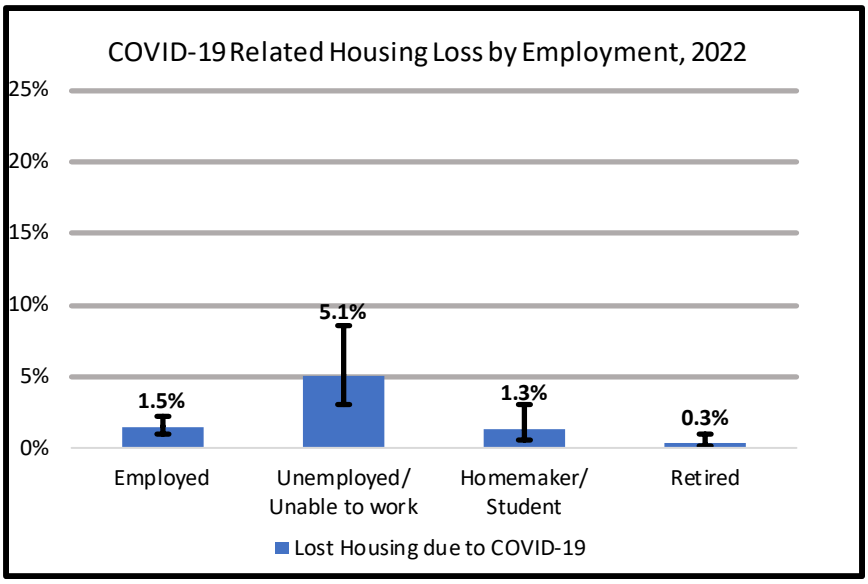
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/ AA), Lesbian, gay, bisexual or something else (LGB/Other)

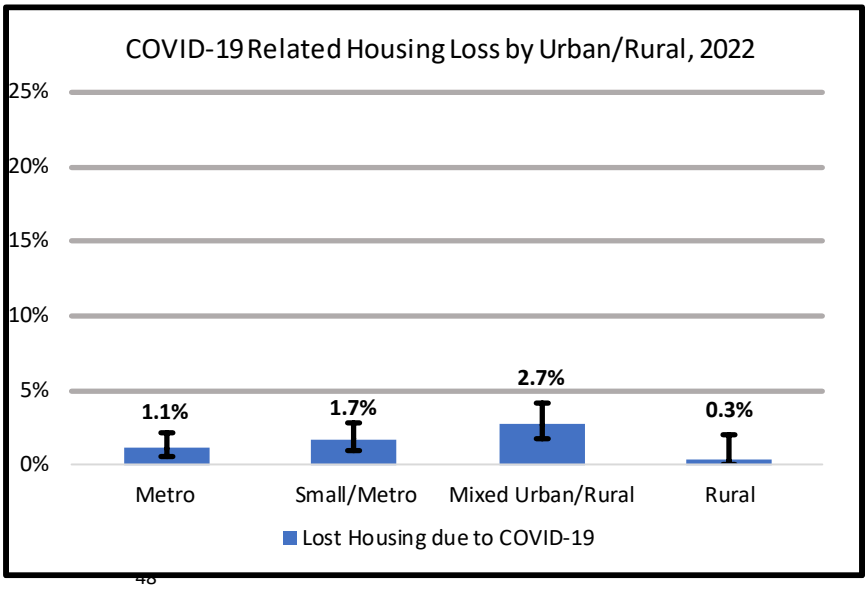
** Suppressed due to a sample denominator <50.

COVID-19-Related Housing Loss

- Adults who were unemployed or unable to work were more likely to report COVID-19 related loss of housing than all other employment categories.







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.[36] During the COVID-19 pandemic, unemployment in the US rose to the highest rate since World War II (14.4%).[37] 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]

- 1.8% of New Mexican adults lost health care coverage because of COVID-19.
- Adults aged 65 years and older had a lower prevalence of health care coverage loss (0.5%) than younger adults.
- As household income increased, the proportion of people with health care coverage loss due to COVID-19 decreased.

Demographic Characteristics*		Lost Healthcare Coverage due to COVID-19[a] %	(95% Confidence Interval)
Total		**1.8**	**(1.3-2.4)**
Age			
	18-44	1.6	(1.0-2.6)
	45-64	2.8	(1.9-4.2)
	65+	0.5	(0.2-1.2)
Sex			
	Male	1.8	(1.2-2.7)
	Female	1.8	(1.2-2.6)
Race/Ethnicity			
	AIAN	1.5	(0.6-3.6)
	Asian or NHOPI	**	**
	Black/AA	0.0	(.-.)
	Hispanic	1.8	(1.2-2.8)
	White	2.0	(1.2-3.1)
Sexual Orientation			
	Straight	1.7	(1.2-2.3)
	LGB/Other	2.9	(1.3-6.4)
Household Income			
	< $15,000	2.6	(1.4-4.9)
	$15,000-$24,999	2.4	(1.2-4.8)
	$25,000-$49,999	1.6	(0.9-2.9)
	$50,000-$74,999	1.0	(0.4-2.3)
	$75,000+	1.5	(0.8-2.9)
Geographic Region			
	Northwest	1.5	(0.8-2.8)
	Northeast	2.5	(1.4-4.3)
	Metropolitan	1.4	(0.8-2.5)
	Southeast	2.8	(1.5-5.0)
	Southwest	1.5	(0.7-3.0)

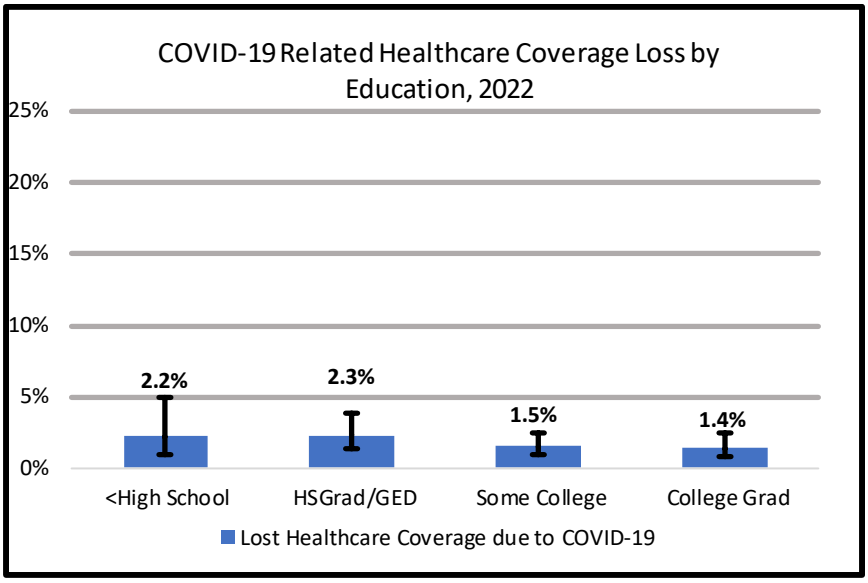
[a]Among NM adults, those who lost health care coverage because of COVID-19.

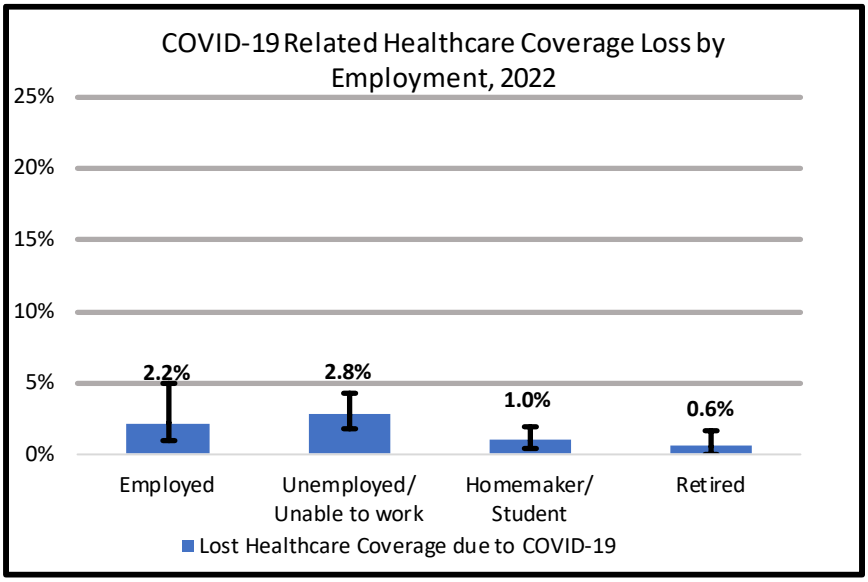
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

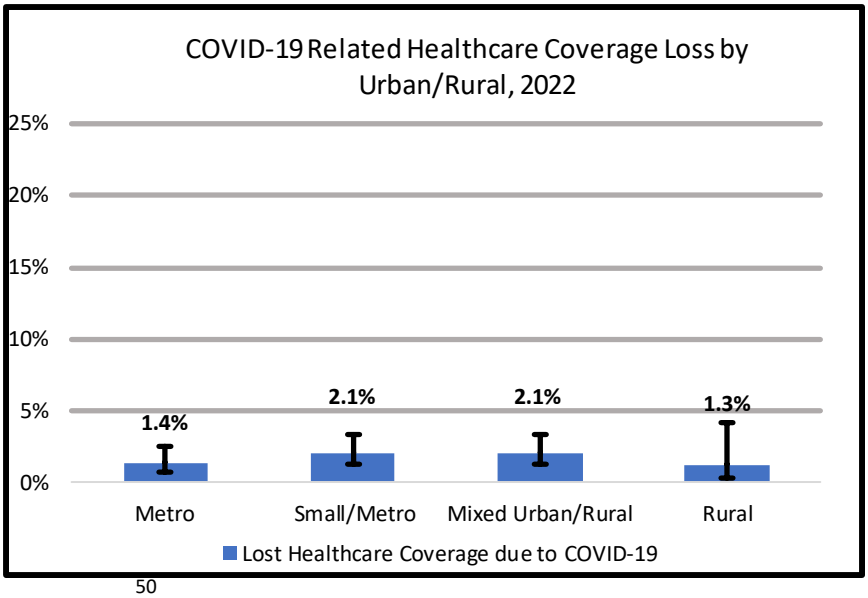
** Suppressed due to a sample denominator <50.

COVID-19-Related Loss of Health Care Coverage

- Adults in NM who were unemployed or unable to work had a higher prevalence of health care coverage loss due to COVID-19 than adults who were retired or were homemakers or students.







Oral Health

Question:

"Including all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists, how long has it been since you last visited a dentist or a dental clinic for any reason?"

Regular oral healthcare supports more than just healthy teeth and gums. Oral health impacts the immune system, quality of life, and overall health.[38] Additionally, oral health may be impacted by other health conditions or treatments for those conditions.[38]

- In 2022, 61.7% of NM adults had visited a dentist or dental clinic for any reason in the past 12 months.
- Females (66.0%) were more likely to have visited a dental clinic in the past year than males (57.2%).
- The prevalence of NM adults who had visited a dental clinic in the past 12 months did not differ by age, race/ethnicity, or sexual orientation.
- The prevalence of dental visits among NM adults increased with household income.
- Adults in the Northeast region were more likely to have visited a dental clinic in the past 12 months than adults in the Southeast.

	Dentist Visit in Past Year[a]	
Demographic Characteristics*	**%**	**(95% Confidence Interval)**
Total	**61.7**	**(59.7-63.7)**
Age		
18-44	59.7	(56.1-63.2)
45-64	61.2	(57.8-64.6)
65+	66.1	(63.0-69.1)
Sex		
Male	57.2	(54.2-60.2)
Female	66.0	(63.2-68.7)
Race/Ethnicity		
AIAN	57.2	(49.6-64.4)
Asian or NHOPI	**	**
Black/AA	74.6	(60.4-85.0)
Hispanic	58.3	(55.1-61.5)
White	66.1	(63.3-68.7)
Sexual Orientation		
Straight	62.0	(59.8-64.1)
LGB/Other	55.9	(46.7-64.6)
Household Income		
< $15,000	50.3	(43.4-57.3)
$15,000-$24,999	45.6	(39.6-51.8)
$25,000-$49,999	57.9	(53.7-61.9)
$50,000-$74,999	68.0	(62.8-72.8)
$75,000+	75.4	(71.5-79.0)
Geographic Region		
Northwest	60.7	(54.9-66.2)
Northeast	64.9	(61.2-68.5)
Metropolitan	62.4	(58.7-65.9)
Southeast	55.7	(50.9-60.4)
Southwest	62.4	(58.0-66.6)

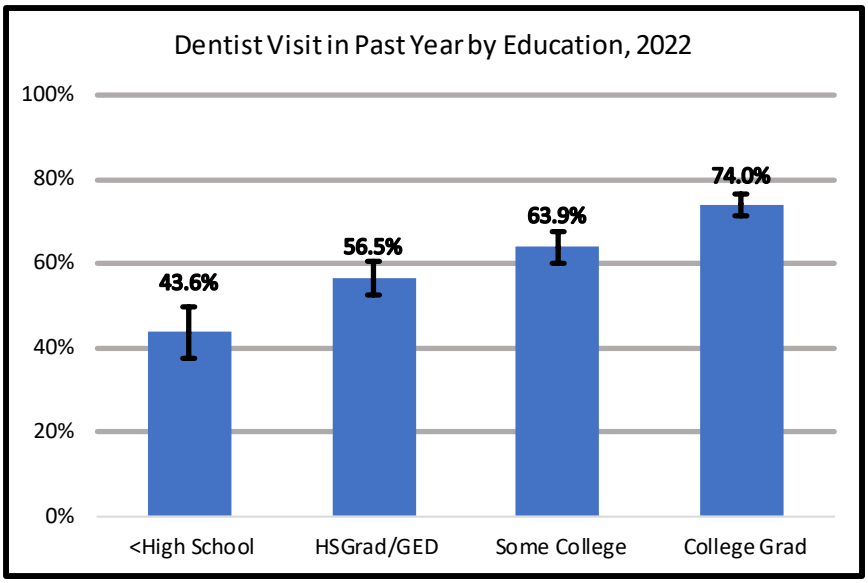
[a]Among NM adults, the percentage who had visited any type of dentist (including orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists,) in the past year

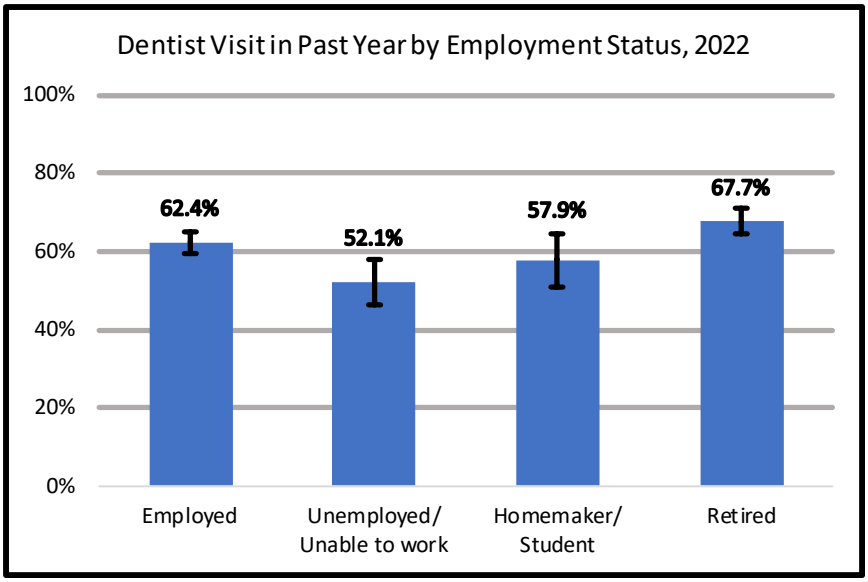
*Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA), Lesbian, gay, bisexual or something else (LGB/Other)

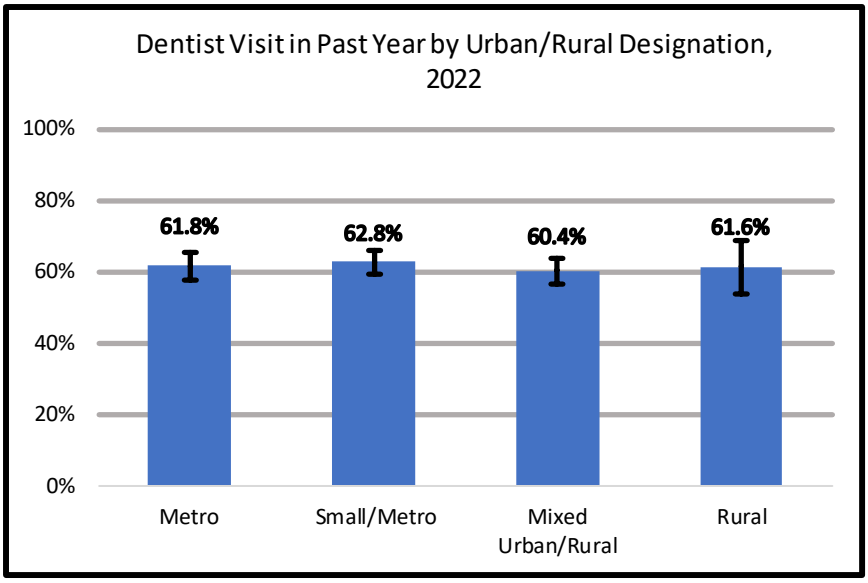
** Suppressed due to a sample denominator <50.

Oral Health

- The prevalence of oral health visits in the past year increases with education level.
- Prevalence of oral health visits did not vary by employment status or urban/rural designation.



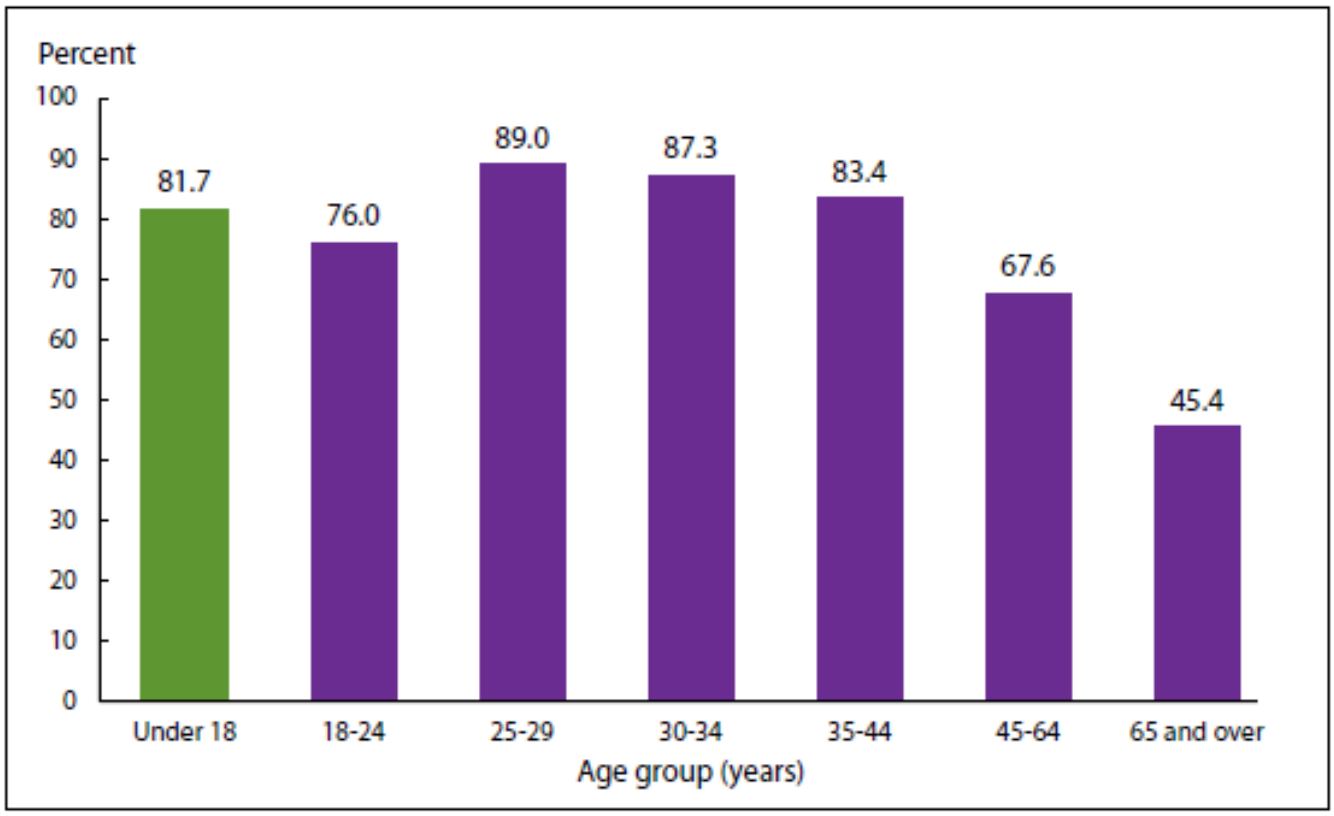




Appendix I-Methods

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 2022, 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, January–June 2022



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.

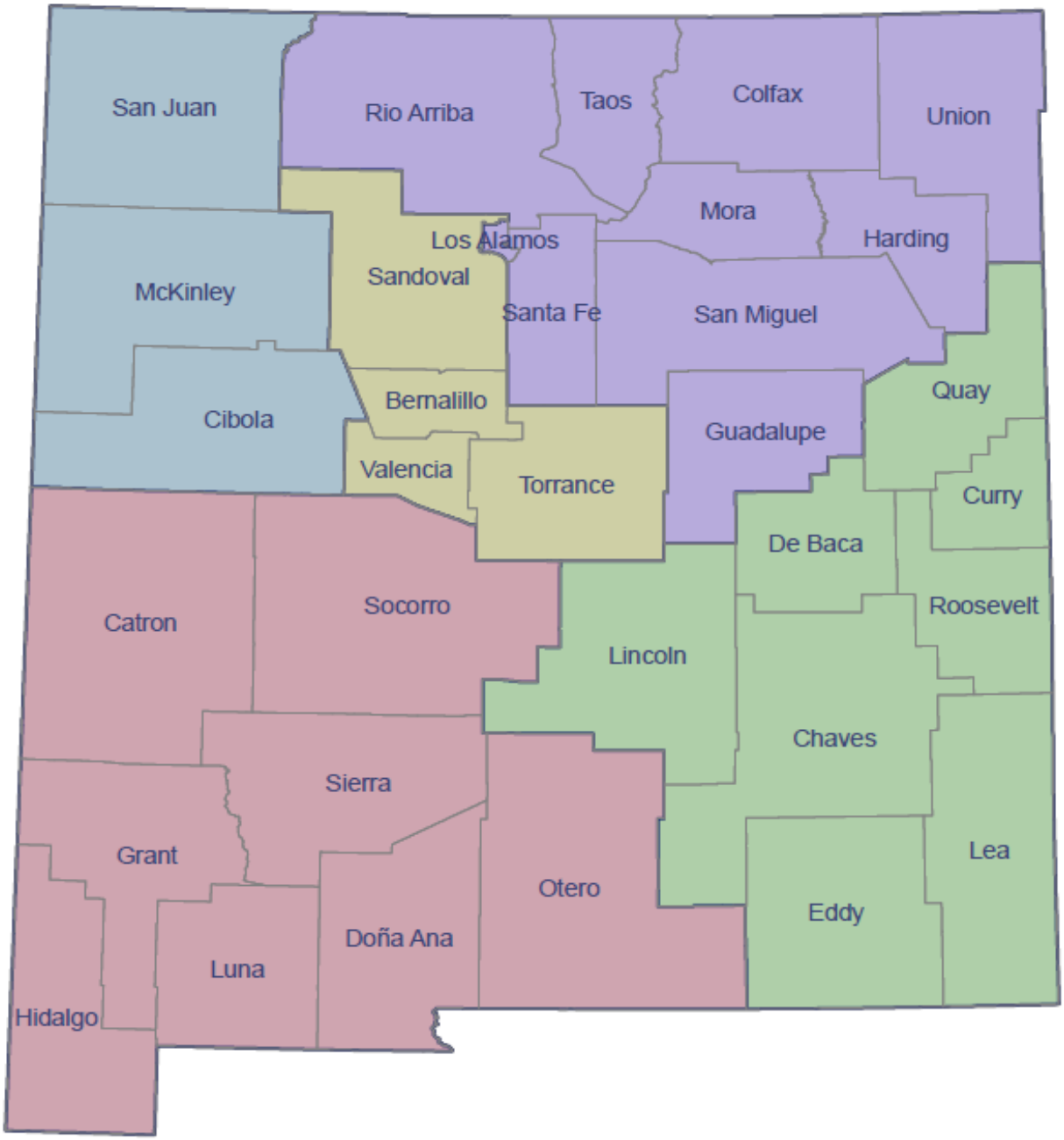
Quality assurance

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

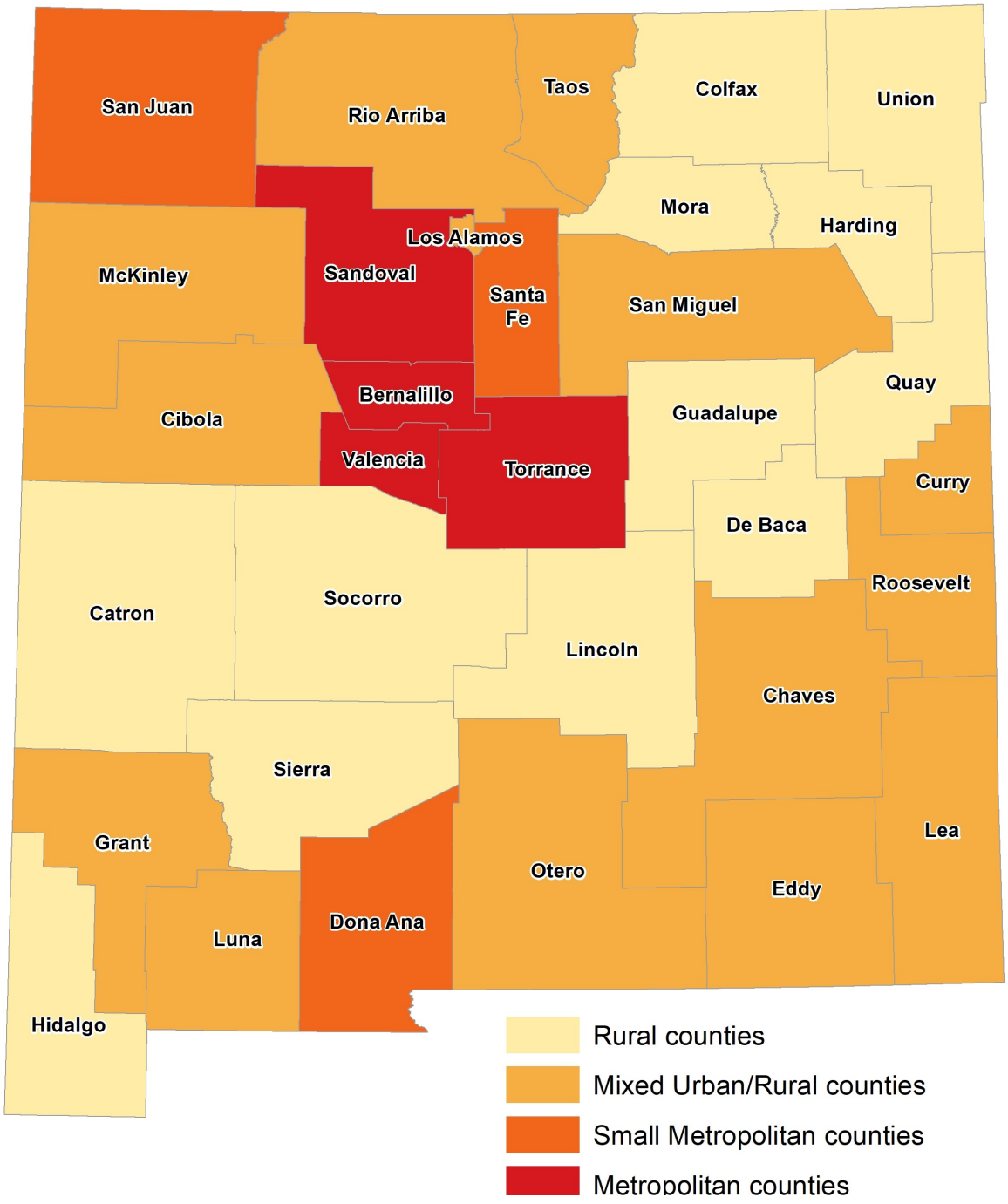


Northwest Region: San Juan, McKinley, and Cibola Counties
Northeast Region: Rio Arriba, Taos, Colfax, Union, Los Alamos, Santa Fe, Mora, San Miguel, Guadalupe, and Harding Counties
Metro Region: Bernalillo, Sandoval, Torrance, and Valencia Counties
Southeast Region: Quay, DeBaca, Curry, Lincoln, Roosevelt,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