HEALTHCARE ACCESS AND HEALTH RELATED QUALITY OF LIFE OF NEW MEXICAN ADULTS

Results from the 2023 New Mexico Behavioral Risk Factor Surveillance System

Presented by the
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Acknowledgements

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Executive Summary

Healthcare Access and Health Related Quality of Life

Healthcare access includes more than health insurance coverage and ability to afford services. Health care access may be impacted by transportation, the ability to get time off from work, and availability of healthcare providers among other factors. These factors impact ability to access and receive preventive healthcare such as routine physicals and vaccines, which could lead to early diagnosis of chronic disease and to decreased mortality.[1]

Lack of health insurance coverage is associated with delayed access to healthcare and clinical preventive services.[1] Uninsured adults are more likely to develop preventable illnesses, more likely to suffer complications from those illnesses, and are more likely to die prematurely.[1,2] Thus, lack of healthcare access impacts health related quality of life.

Health related quality of life is the impact of health on an individual's ability to live a fulfilling life.[3] In the Behavioral Risk Factor Surveillance System, health related quality of life is assessed through self-perceived physical and mental health.[4]

Behavioral Risk Factor Surveillance System (BRFSS)

The New Mexico Behavioral Risk Factor Survey (NM BRFSS) is an annual, statewide telephone health survey of New Mexico adults that is conducted through a collaborative effort between the Population Health Surveillance Branch of the Centers for Disease Control and Prevention (CDC) and the New Mexico Department of Health. NM BRFSS data contribute to the CDC's national BRFSS dataset. This ongoing, nationwide surveillance system collects data on how common health conditions and behaviors that affect risk for disease and injury are in the population. New Mexico has participated in the BRFSS since 1986.

The methods of the BRFSS ensure the data is representative of the non-institutionalized adult population. Individuals who are 18 years of age or older, have a cell phone or landline telephone, and live in a private residence or college dormitory can participate in the survey. Participation in the survey is voluntary, and all individual information collected is confidential. Identifying information such as name, date of birth, or address, is not collected. In 2023, New Mexico had a response rate of 47.9% and a sample size of 3,220 respondents.

The data presented in this report are the estimated population percentages of adults with a particular health condition, risk factor, or behavior. By BRFSS convention and the New Mexico Department of Health's Small Numbers Rule, when a particular estimate is based on less than 50 respondents, the

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[1] Ayanian JZ, Weissman JS, Schneider EC, Ginsburg JA, Zaslavsky AM. Unmet health needs of uninsured adults in the United States. JAMA. 2000;284:2061-9.

[2] McWilliams JM, Meara E, Zaslavsky AM, Ayanian JZ. Use of health services by previously uninsured Medicare beneficiaries. N Engl J Med. 2007;357:143-53.

[3] Johns Hopkins Arthritis Center. What is Health Related Quality of Life. Accessed June 2, 2025. https://www.hopkinsarthritis.org/arthritis-research/patient-centered-outcomes-research/what-is-health-related-quality-of-life/

[4] CDC. Measuring Healthy Days. Atlanta, Georgia: CDC, November 2000. https://www.cdc.gov/hrqol/pdfs/mhd.pdf

estimate is not presented because estimates based on small sample sizes are considered unreliable.[5] This impacts reporting for the two smallest race/ethnic populations in NM (Asian/Native Hawaiian or Pacific Islander and Black/African American) when reporting for a single year.

Healthcare Access and Health Related Quality of Life in New Mexico

Nearly a quarter (23%) of NM adults rate their overall health as fair or poor (rather than good, very good, or excellent). This did not vary by Health Region or rurality. Over 40% of adults with an independent living disability experienced 14 or more days of poor mental health in 30 days, compared to only 9% without any disability.

88% of NM adults under 65 have some type of health insurance coverage. That increases to 96% for adults 65 and older. In both age groups, fewer Hispanic adults have health insurance coverage than White and American Indian or Alaska Native adults. Nearly 2/3 (64%) of NM adults ages 65 and older received a yearly flu vaccine. 50% more adults 65 and older in metropolitan areas received a flu vaccine than in rural areas of the state which may indicate an area of need.

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[5] New Mexico Rule for Small Numbers and Public Data Release. https://ibis.doh.nm.gov/contentfile/docs/Standards/NMSmallNumbersRule2006.pdf

Definitions of Frequently Used Terms

• **chronic:** continuing for a long time, ongoing

• **prevalence:** percentage of people with a sickness or condition

• **sample size:** the number of people who answered the survey questions

• **confidence interval:** the range of uncertainty around an estimate

• **independent living disability:** one or more of the following conditions - serious difficulty concentrating, remembering, or making decisions; difficulty dressing or bathing; difficulty doing errands alone such as visiting a doctor's office or shopping

• **physical disability:** one or more of the following conditions - serious difficulty hearing or deaf; serious difficulty seeing or blind; serious difficulty walking or climbing stairs

Fair or Poor Health

Survey Question:

Would you say that in general your health is:

1 Excellent, 2 Very Good, 3 Good, 4 Fair, 5 Poor

Prevalence of Fair or Poor Health Among Adults, BRFSS 2011-2023
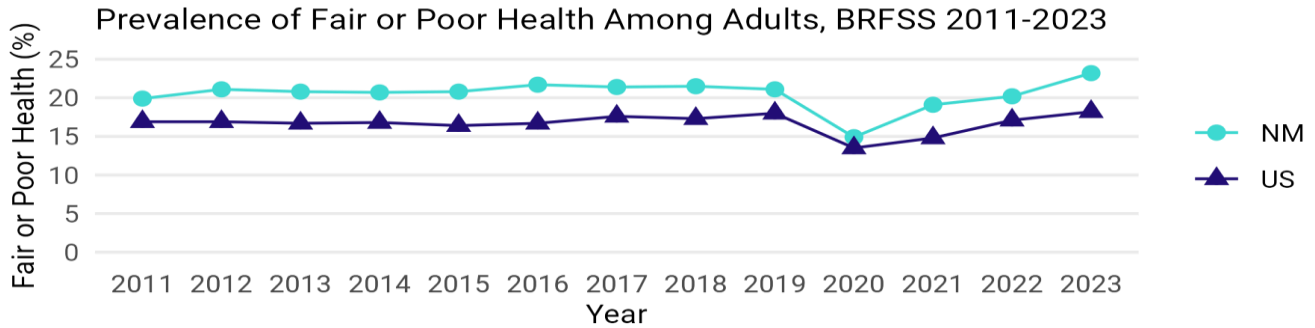
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Among New Mexican adults:

- 23.2% have fair or poor health.
- AIAN adults have 1.6 times higher prevalence of fair or poor health than White adults.
- Those with an annual household income less than $15,000 have 5.2 times higher prevalence of fair or poor health than those with an annual household income of $75,000 or greater.

Fair or Poor Health Prevalence by Health Region
New Mexican adults, 2023

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Fair or Poor Health Prevalence by Sex & Age
New Mexican adults, 2023

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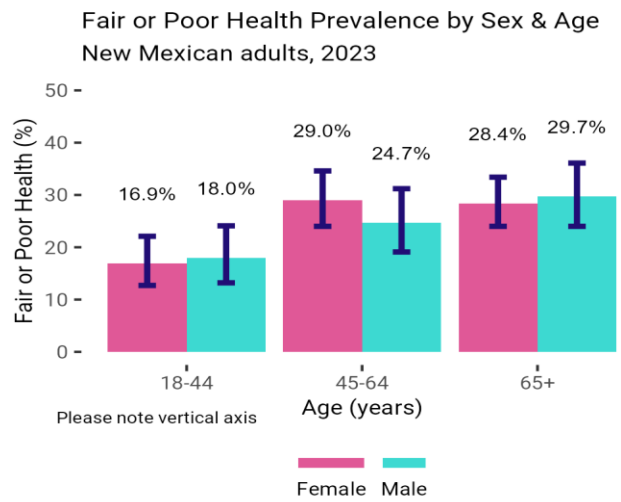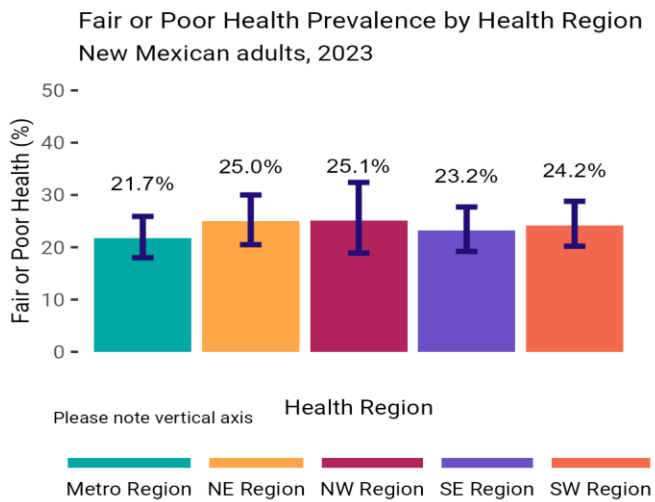
		Fair or Poor Health (%)[*]	95% Confidence Interval[†]
Total	State	23.2	[21.0 - 25.4]
Age	18-44	17.5	[14.2 - 21.4]
	45-64	26.9	[23.1 - 31.1]
	65+	29.0	[25.4 - 32.9]
Sex	Male	22.8	[19.6 - 26.4]
	Female	23.5	[20.7 - 26.5]
Race/Ethnicity[‡]	AIAN	28.7	[20.9 - 38.0]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	26.6	[23.0 - 30.6]
	White	17.4	[15.1 - 20.0]
Sexual Orientation[§]	Heterosexual	22.6	[20.4 - 25.1]
	LGB, other	24.5	[16.2 - 35.2]
Disability Status	No Disability	11.2	[9.3 - 13.4]
	Physical Disability Alone	41.4	[34.7 - 48.4]
	Independent Living Disability Alone	30.2	[22.2 - 39.5]
	Both Physical and Independent Living Disability	64.4	[56.9 - 71.3]
Household Income	<$15,000	53.9	[43.9 - 63.6]
	$15,000-$24,999	38.7	[30.6 - 47.5]
	$25,000-$49,999	27.8	[23.6 - 32.3]
	$50,000-$74,999	18.3	[13.5 - 24.4]
	$75,000	10.3	[7.2 - 14.6]
Education Level	<High School	40.5	[33.2 - 48.1]
	Highschool Grad/GED	22.5	[19.7 - 25.6]
	College Graduate	15.7	[12.9 - 19.0]
Employment Status	Employed	15.4	[12.6 - 18.7]
	Unemployed/Unable to work	57.6	[50.4 - 64.5]
	Homemaker/Student	17.1	[12.2 - 23.3]
	Retired	26.7	[23.0 - 30.8]
Urban/Rural	Metropolitan (Metro)	21.7	[17.7 - 26.4]
	Small Metro	24.5	[20.6 - 28.8]
	Mixed Urban/Rural	23.9	[20.5 - 27.7]
	Rural	26.8	[19.8 - 35.1]

~ Estimate suppressed because sample size <50.

[*] Among NM adults, the proportion of each demographic who rate their health as fair or poor.

[†] 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

[‡] Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

[§] Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).

Poor Physical Health

Survey Question:

Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?
- poor physical health = 14 or more of past 30 days

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Prevalence of Poor Physical Health Among Adults, BRFSS 2011-2023

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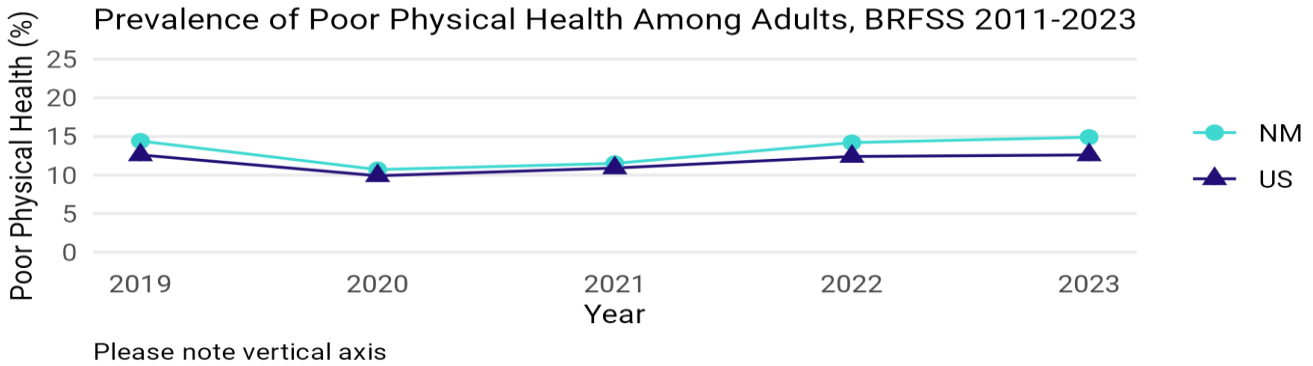
Among New Mexican adults:

- 14.9% have poor physical health 14 or more days out of the past 30.
- Those 65 or older have 1.8 times higher prevalence of 14 or more out of 30 days of poor physical health than adults aged 18-44.
- Those who are unemployed or unable to work have 4.6 times higher prevalence of 14 or more poor physical health days than employed adults.

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Poor Physical Health Prevalence by Health Region
New Mexican adults, 2023

Please note vertical axis

Poor Physical Health Prevalence by Sex & Age
New Mexican adults, 2023

Please note vertical axis

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		Poor Physical Health, 14+ of past 30 days (%)[*]	95% Confidence Interval[†]
Total	State	14.9	[13.1 - 16.9]
Age	18-44	11.3	[8.5 - 14.8]
	45-64	15.3	[12.4 - 18.7]
	65+	20.6	[17.4 - 24.2]
Sex	Male	15.8	[13.0 - 19.2]
	Female	14.1	[12.0 - 16.4]
Race/Ethnicity[‡]	AIAN	17.9	[11.8 - 26.3]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	15.6	[12.6 - 19.1]
	White	14.1	[11.9 - 16.6]
Sexual Orientation[§]	Heterosexual	14.9	[13.0 - 17.1]
	LGB, other	16.5	[10.6 - 24.8]
Disability Status	No Disability	5.8	[4.6 - 7.2]
	Physical Disability Alone	24.2	[18.8 - 30.4]
	Independent Living Disability Alone	22.6	[15.1 - 32.3]
	Both Physical and Independent Living Disability	51.2	[43.6 - 58.7]
Household Income	<$15,000	36.9	[27.8 - 46.9]
	$15,000-$24,999	23.5	[17.2 - 31.2]
	$25,000-$49,999	16.1	[12.9 - 19.8]
	$50,000-$74,999	11.4	[7.0 - 18.1]
	$75,000	8.0	[5.3 - 11.8]
Education Level	<High School	23.7	[17.3 - 31.5]
	Highschool Grad/GED	14.2	[12.0 - 16.9]
	College Graduate	11.6	[9.4 - 14.3]
Employment Status	Employed	8.9	[6.6 - 11.8]
	Unemployed/Unable to work	41.2	[34.5 - 48.3]
	Homemaker/Student	5.3	[3.2 - 8.7]
	Retired	20.1	[16.5 - 24.2]
Urban/Rural	Metropolitan (Metro)	15.0	[11.5 - 19.3]
	Small Metro	15.4	[12.2 - 19.2]
	Mixed Urban/Rural	14.1	[11.5 - 17.2]
	Rural	23.2	[16.5 - 31.6]

~ Estimate suppressed because sample size <50.

[*] Among NM adults, the proportion of each demographic who had 14 or more days of poor physical health in the past 30 days.

[†] 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

[‡] Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

[§] Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).
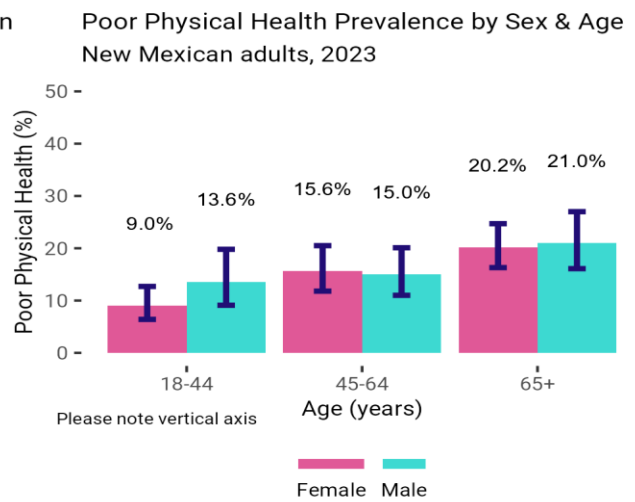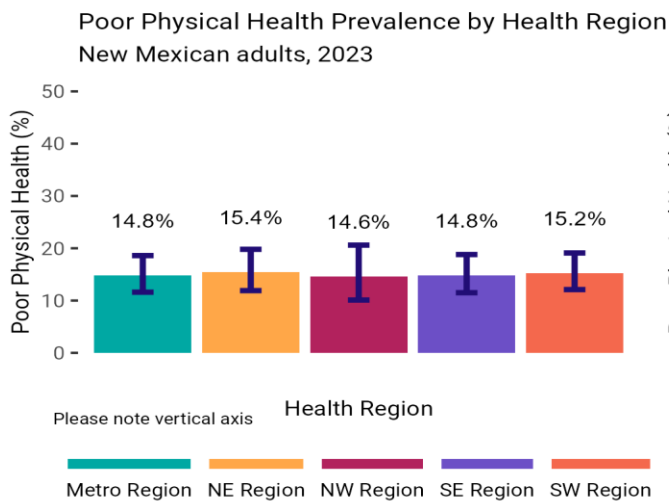
Poor Mental Health

Survey Question:

Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?
- poor mental health = 14 or more out of 30 days

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Prevalence of Poor Mental Health Among Adults, BRFSS 2011-2023

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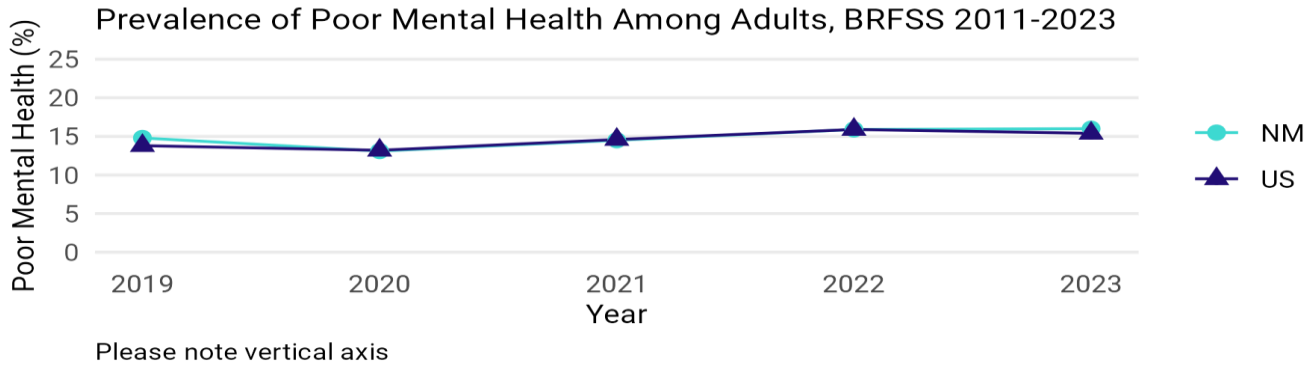
Among New Mexican adults:

- 16.0% had 14 or more days of poor mental health in the past 30 days.
- Ages 18-44 have 2.2 times higher prevalence of poor mental health than those 65 and older.
- Those with an independent living disability have 4.5 times higher prevalence of poor mental health than those without disability.

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Poor Mental Health Prevalence by Health Region
New Mexican adults, 2023

Please note vertical axis

Metro Region NE Region NW Region SE Region SW Region

Poor Mental Health Prevalence by Sex & Age
New Mexican adults, 2023

Please note vertical axis

Female Male

		Poor Mental Health, 14+ of past 30 days (%)*	95% Confidence Interval†
Total	State	16.0	[14.0 - 18.3]
Age	18-44	21.1	[17.4 - 25.3]
	45-64	14.4	[11.5 - 17.9]
	65+	9.6	[7.3 - 12.6]
Sex	Male	14.8	[11.9 - 18.3]
	Female	17.2	[14.6 - 20.2]
Race/Ethnicity‡	AIAN	16.8	[10.7 - 25.3]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	15.9	[12.8 - 19.6]
	White	16.1	[13.4 - 19.3]
Sexual Orientation§	Heterosexual	15.4	[13.2 - 17.8]
	LGB, other	28.2	[19.4 - 38.9]
Disability Status	No Disability	9.2	[7.4 - 11.4]
	Physical Disability Alone	14.2	[9.7 - 20.4]
	Independent Living Disability Alone	41.0	[31.6 - 51.1]
	Both Physical and Independent Living Disability	36.9	[29.9 - 44.5]
Household Income	<$15,000	35.2	[26.1 - 45.5]
	$15,000-$24,999	19.9	[13.7 - 27.9]
	$25,000-$49,999	14.8	[11.6 - 18.6]
	$50,000-$74,999	17.0	[11.5 - 24.4]
	$75,000	12.4	[8.8 - 17.2]
Education Level	<High School	19.6	[13.5 - 27.6]
	Highschool Grad/GED	18.1	[15.4 - 21.2]
	College Graduate	9.5	[7.3 - 12.3]
Employment Status	Employed	14.6	[11.7 - 18.0]
	Unemployed/Unable to work	36.7	[30.1 - 43.9]
	Homemaker/Student	13.5	[8.9 - 19.9]
	Retired	10.3	[7.6 - 13.8]
Urban/Rural	Metropolitan (Metro)	19.7	[15.6 - 24.6]
	Small Metro	11.7	[8.9 - 15.2]
	Mixed Urban/Rural	16.0	[13.0 - 19.6]
	Rural	14.8	[9.2 - 23.1]

~ Estimate suppressed because sample size <50.

*Among NM adults, the proportion of each demographic who had 14 or more days of poor mental health in the past 30 days.

† 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

‡ Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

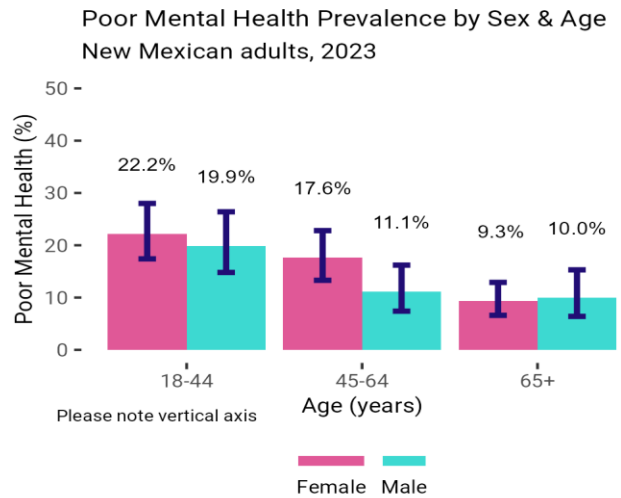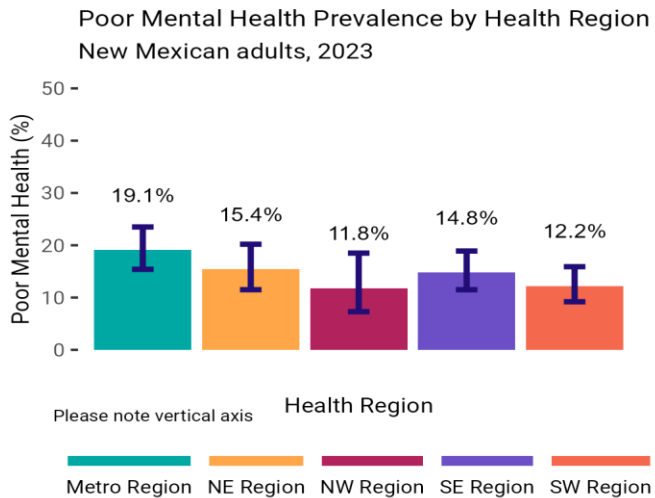§ Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).

Health Insurance Coverage

Survey Question:

What is the current source of your health insurance? / Binary measure of health insurance coverage created from this question.

Prevalence of Health Insurance Coverage, Age 18-64, BRFSS 2011-2023
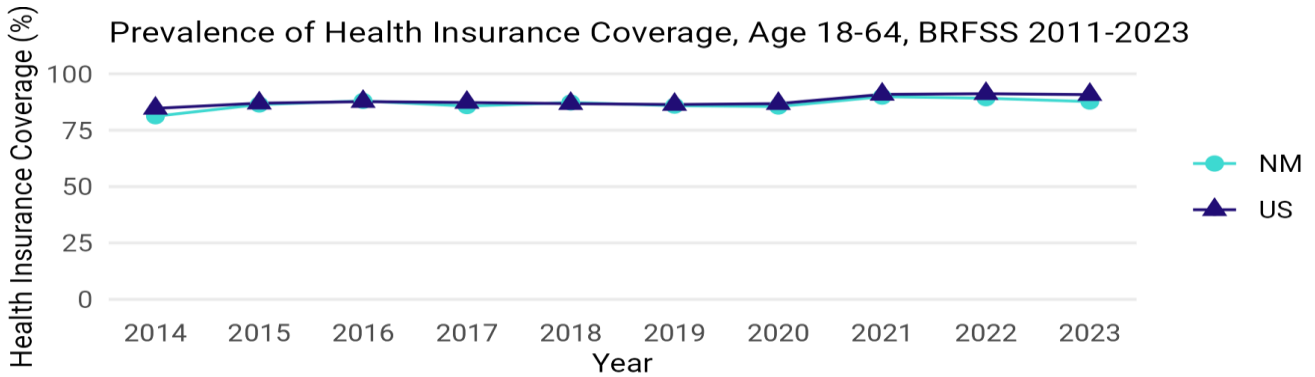
Among New Mexican adults ages 18-64:

- 87.7% have health insurance coverage.
- A smaller proportion of Hispanic adults have health insurance coverage (82.8%) than both American Indian/Alaska Native (93.9%) and White adults (92.3%).
- College graduates have 1.3 times higher prevalence of health insurance coverage than those who did not graduate high school or get a GED.

Health Insurance Coverage by Health Region
New Mexican adults ages 18-64, 2023

Health Insurance Coverage by Sex & Age
New Mexican adults ages 18-64, 2023

		Health Insurance Coverage, Ages 18-64 (%)*	95% Confidence Interval†
Total	State	87.7	[85.5 - 89.7]
Age	18-25	92.8	[87.2 - 96.0]
	26-44	86.6	[82.8 - 89.7]
	45-64	86.5	[82.8 - 89.5]
Sex	Male	85.6	[81.9 - 88.6]
	Female	89.8	[87.0 - 92.0]
Race/Ethnicity‡	AIAN	93.9	[88.2 - 97.0]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	82.8	[78.9 - 86.1]
	White	92.3	[89.3 - 94.6]
Sexual Orientation§	Heterosexual	86.3	[83.6 - 88.7]
	LGB, other	97.2	[91.3 - 99.1]
Disability Status	No Disability	87.4	[84.7 - 89.7]
	Physical Disability Alone	80.7	[69.3 - 88.5]
	Independent Living Disability Alone	91.8	[85.4 - 95.6]
	Both Physical and Independent Living Disability	95.0	[89.6 - 97.7]
Household Income	<$15,000	89.2	[80.7 - 94.2]
	$15,000-$24,999	81.1	[72.0 - 87.7]
	$25,000-$49,999	80.6	[75.0 - 85.3]
	$50,000-$74,999	91.4	[86.3 - 94.8]
	$75,000	95.1	[91.8 - 97.1]
Education Level	<High School	71.5	[62.0 - 79.4]
	Highschool Grad/GED	87.8	[84.9 - 90.3]
	College Graduate	95.9	[93.6 - 97.4]
Employment Status	Employed	88.0	[85.2 - 90.4]
	Unemployed/Unable to work	87.0	[80.9 - 91.4]
	Homemaker/Student	86.8	[80.3 - 91.4]
	Retired	93.4	[85.5 - 97.2]
Urban/Rural	Metropolitan (Metro)	88.7	[84.0 - 92.2]
	Small Metro	83.4	[78.3 - 87.5]
	Mixed Urban/Rural	89.1	[85.7 - 91.8]
	Rural	87.1	[77.0 - 93.2]

~ Estimate suppressed because sample size <50.
* Among NM adults, the proportion of each demographic who have health insurance.
† 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.
‡ Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)
§ Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).
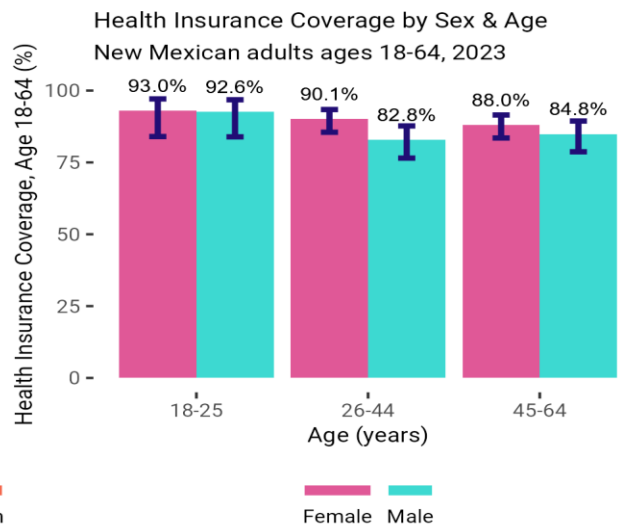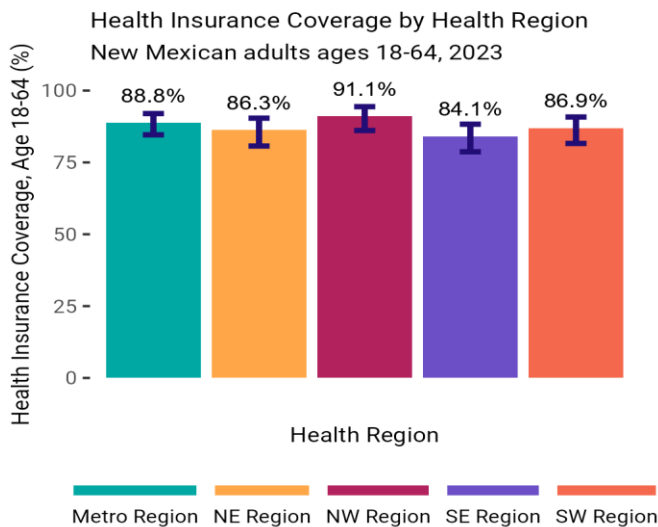
Health Insurance Coverage (Age 65+)

Survey Question:

What is the current source of your health insurance?

Among New Mexican adults:

- 96.4% of those 65 or older have health insurance coverage.
- A smaller proportion of Hispanic adults have health insurance coverage (90.8%) than both American Indian/Alaska Native (99.7%) and White adults (98.9%).
- There is no difference in prevalence of health insurance coverage for ages 65 and older by age, sex, or disability status.
- College graduates have 1.2 times higher prevalence of health insurance coverage than those who did not graduate high school or get a GED.

Health Insurance Coverage, Age 65+ by Sex & Age
New Mexican adults ages 65+, 2023

Health Insurance Coverage, Age 65+ by Health Region
New Mexican adults, 2023
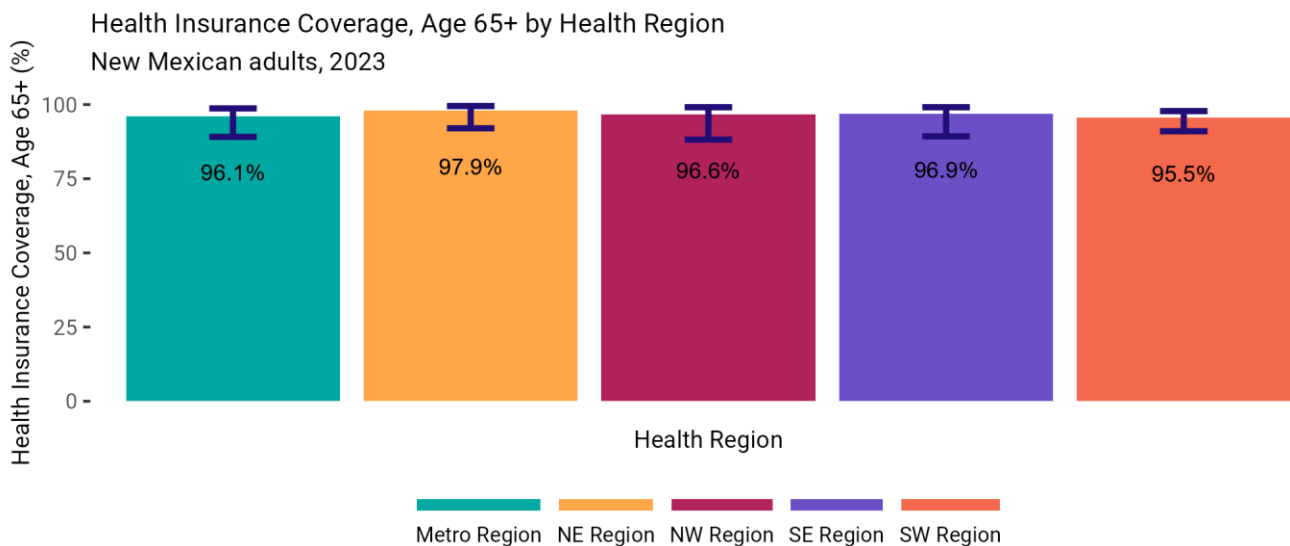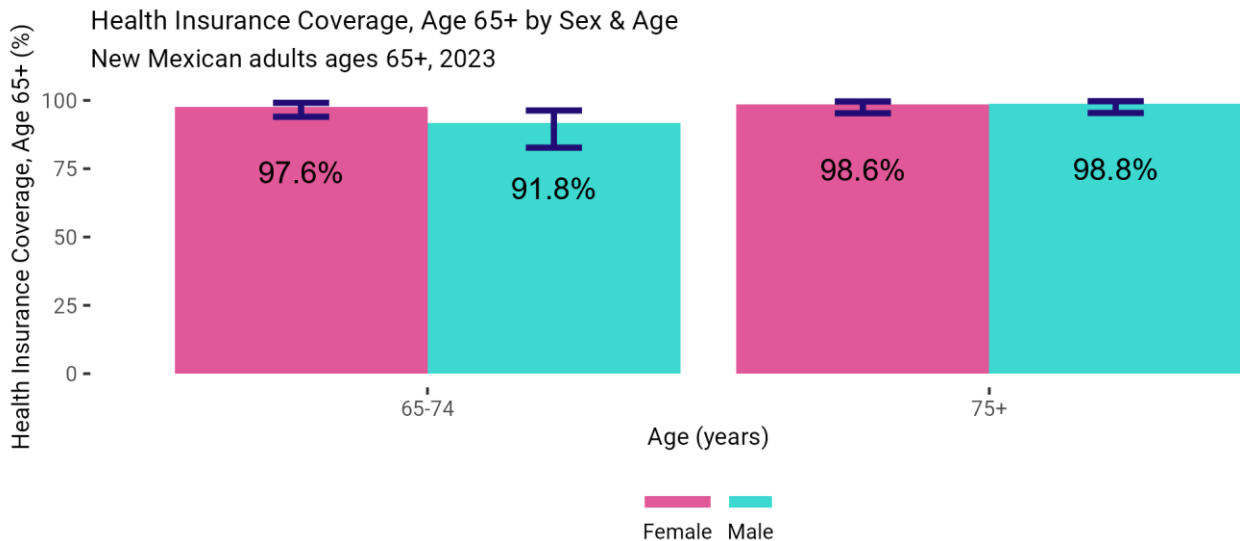
		Health Insurance Coverage, Age 65+ (%)[*]	95% Confidence Interval[†]
Total	State	96.4	[93.8 - 98.0]
Age	65-74	94.9	[90.5 - 97.3]
	75+	98.7	[96.8 - 99.5]
Sex	Male	94.6	[88.8 - 97.4]
	Female	98.0	[95.9 - 99.1]
Race/Ethnicity[‡]	AIAN	99.7	[98.1 - 100.0]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	90.8	[83.1 - 95.2]
	White	98.9	[97.1 - 99.6]
Sexual Orientation[§]	Heterosexual	96.4	[93.2 - 98.1]
	LGB, other	~	[~ - ~]
Disability Status	No Disability	96.9	[92.5 - 98.8]
	Physical Disability Alone	95.7	[86.5 - 98.7]
	Independent Living Disability Alone	99.6	[96.8 - 99.9]
	Both Physical and Independent Living Disability	96.5	[90.4 - 98.8]
Household Income	<$15,000	89.8	[74.6 - 96.4]
	$15,000-24,999	98.8	[92.2 - 99.8]
	$25,000-49,999	94.5	[86.7 - 97.8]
	$50,000+	99.2	[97.0 - 99.8]
Education Level	<High School	82.8	[68.7 - 91.3]
	Highschool Grad/GED	98.7	[97.0 - 99.4]
	College Graduate	99.3	[95.0 - 99.9]
Employment Status	Employed	92.8	[77.8 - 98.0]
	Unemployed/Unable to work	77.8	[58.2 - 89.8]
	Homemaker/Student	95.6	[84.3 - 98.8]
	Retired	99.3	[97.9 - 99.8]
Urban/Rural	Metropolitan (Metro)	95.8	[87.9 - 98.7]
	Small Metro	97.6	[92.6 - 99.2]
	Mixed Urban/Rural	97.3	[93.8 - 98.8]
	Rural	99.3	[95.2 - 99.9]

~ Estimate suppressed because sample size <50.

[*] Among NM adults aged 65+, the proportion of each demographic who have health insurance.

[†] 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

[‡] Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

[§] Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).

Routine Healthcare Check-up (Past Year)

Survey Question:

About how long has it been since you last visited a doctor for a routine checkup?

Among New Mexican adults:

- 70.2% have had a routine checkup within the past year.
- Those 65 years or older have 1.5 times higher prevalence of a routine checkup in the past year than those aged 18-44 years.
- White adults have 1.1 times higher prevalence of routine checkup in the past year than Hispanic adults.
- There is no difference in prevalence of routine checkup by sex, sexual orientation, household income, education level, or urban/rural locality.

Routine Check-up (Past Year) by Sex & Age
New Mexican adults, 2023

Routine Check-up (Past Year) by Health Region
New Mexican adults, 2023
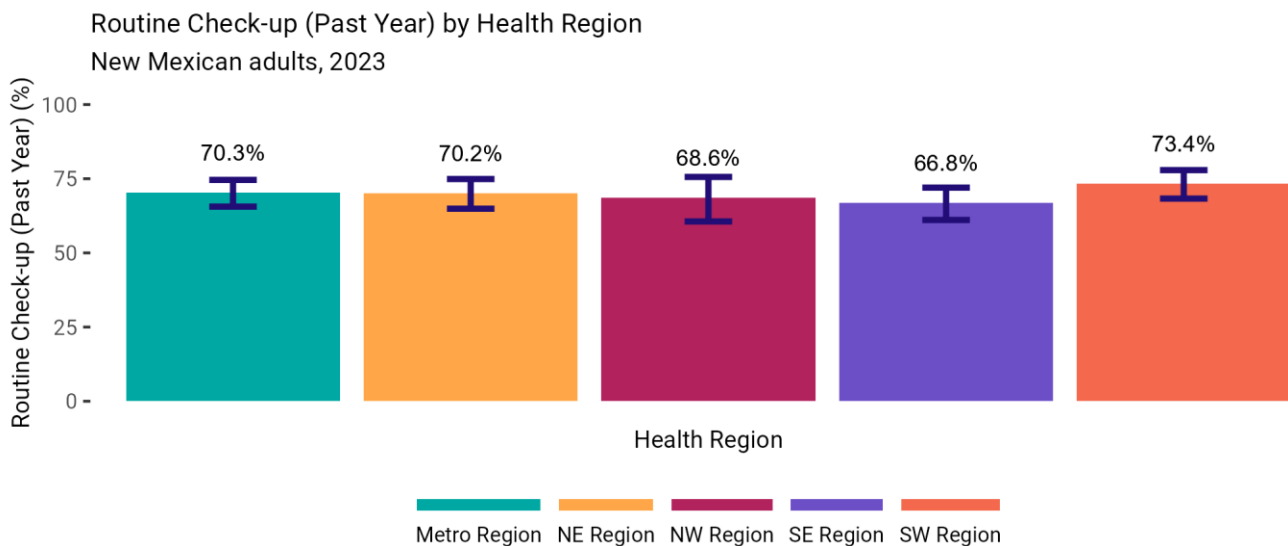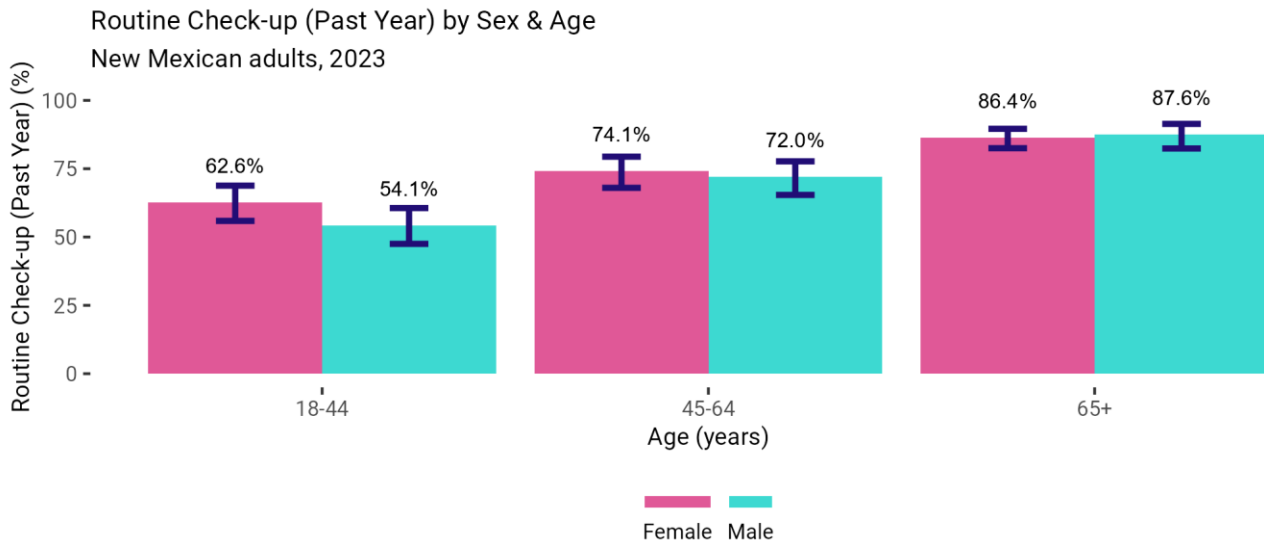
		Routine Healthcare Check-up (Past Year)[*]	95% Confidence Interval[†]
Total	State	70.2	[67.6 - 72.7]
Age	18-44	58.3	[53.7 - 62.8]
	45-64	73.1	[68.7 - 77.0]
	65+	87.0	[83.9 - 89.5]
Sex	Male	67.8	[63.9 - 71.4]
	Female	72.5	[68.9 - 75.7]
Race/Ethnicity[‡]	AIAN	69.4	[60.1 - 77.3]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	65.7	[61.3 - 69.8]
	White	74.6	[71.2 - 77.6]
Sexual Orientation[§]	Heterosexual	69.5	[66.6 - 72.3]
	LGB, other	73.1	[62.6 - 81.5]
Disability Status	No Disability	68.4	[65.1 - 71.4]
	Physical Disability Alone	79.1	[72.8 - 84.3]
	Independent Living Disability Alone	62.0	[52.0 - 71.1]
	Both Physical and Independent Living Disability	82.4	[76.2 - 87.3]
Household Income	<$15,000	67.2	[57.1 - 75.9]
	$15,000-$24,999	69.0	[59.6 - 77.0]
	$25,000-$49,999	68.2	[63.3 - 72.8]
	$50,000-$74,999	72.5	[65.5 - 78.6]
	$75,000	70.3	[65.4 - 74.8]
Education Level	<High School	69.5	[61.4 - 76.6]
	Highschool Grad/GED	68.5	[65.0 - 71.8]
	College Graduate	74.2	[69.9 - 78.2]
Employment Status	Employed	63.1	[59.1 - 66.8]
	Unemployed/Unable to work	70.4	[63.4 - 76.6]
	Homemaker/Student	66.8	[58.2 - 74.4]
	Retired	88.0	[84.8 - 90.6]
Urban/Rural	Metropolitan (Metro)	69.5	[64.3 - 74.3]
	Small Metro	72.6	[67.9 - 76.8]
	Mixed Urban/Rural	67.1	[62.8 - 71.2]
	Rural	74.5	[65.6 - 81.8]

~ Estimate suppressed because sample size <50.

[*] Among NM adults, the proportion of each demographic who have had a routine healthcare check-up within the past year.

[†] 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

[‡] Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

[§] Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).

Have Personal Healthcare Provider

Survey Question:

Do you have one person or a group of doctors that you think of as your personal health care provider?

Among New Mexican adults:

- 73.5% have a personal healthcare provider.
- Females are 1.2 times more likely to have a personal healthcare provider than males.
- A higher proportion of White adults (81.0%) have a personal healthcare provider than American Indian/Alaska Native (66.3%) and Hispanic (68.6%) adults.
- Those with a college degree are 1.2 times more likely to have a personal healthcare provider than those with less than a high school degree or GED.

Have Personal Healthcare Provider by Sex & Age
New Mexican adults, 2023

Have Personal Healthcare Provider by Health Region
New Mexican adults, 2023
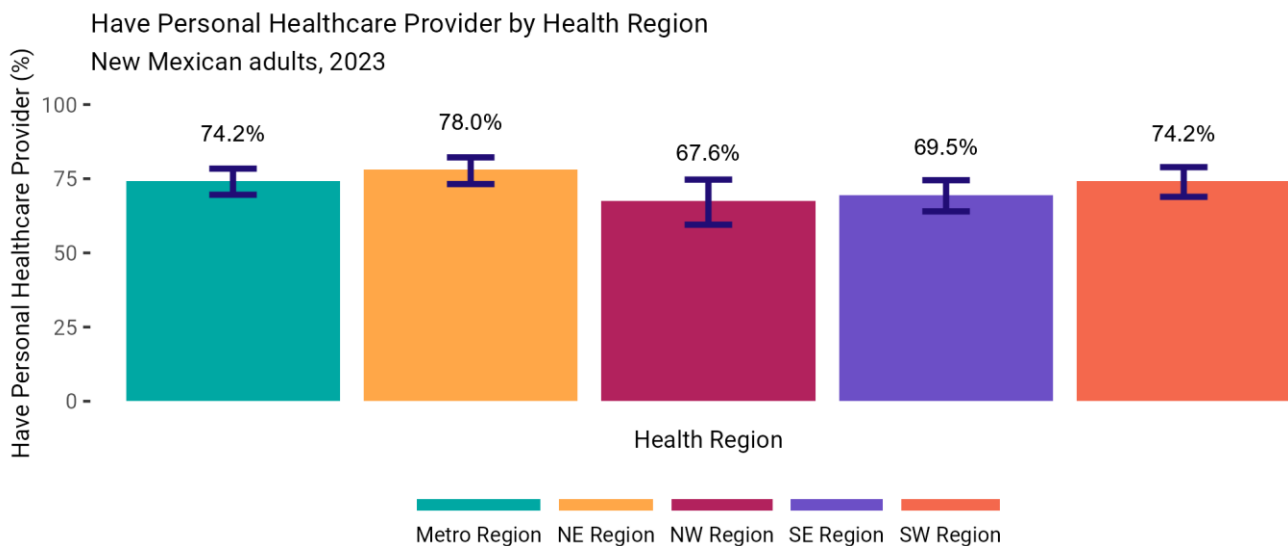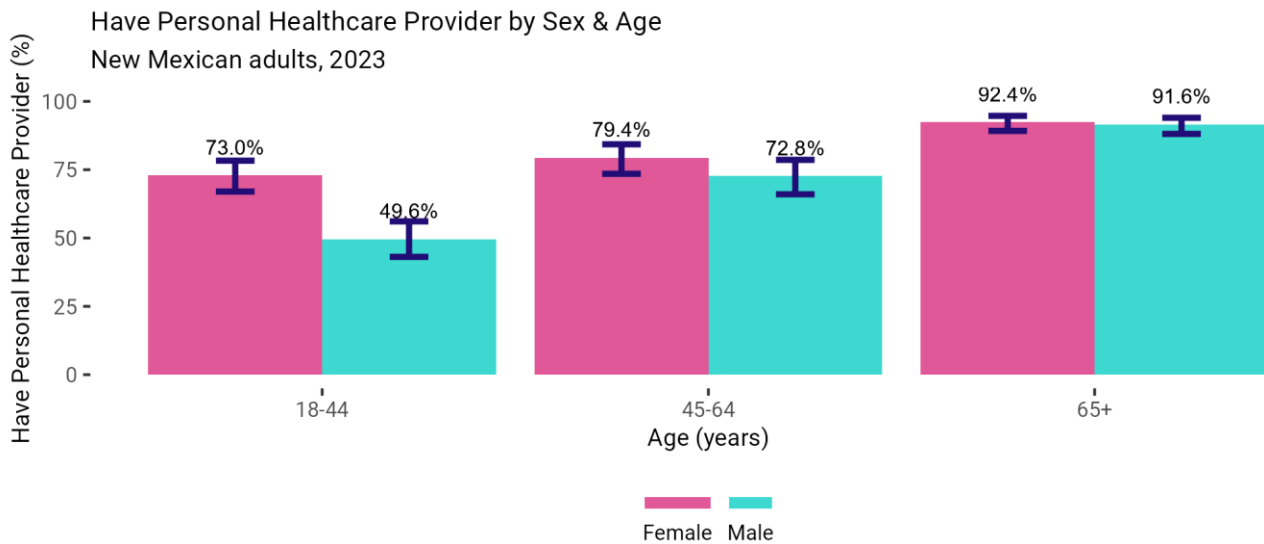
		Have Personal Healthcare Provider (%)*	95% Confidence Interval†
Total	State	73.5	[71.0 - 75.9]
Age	18-44	61.1	[56.5 - 65.6]
	45-64	76.2	[71.8 - 80.1]
	65+	92.0	[89.8 - 93.8]
Sex	Male	66.6	[62.6 - 70.4]
	Female	80.0	[76.9 - 82.9]
Race/Ethnicity‡	AIAN	66.3	[56.6 - 74.8]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	68.6	[64.2 - 72.6]
	White	81.0	[77.9 - 83.8]
Sexual Orientation§	Heterosexual	74.7	[72.0 - 77.3]
	LGB, other	67.6	[55.2 - 78.0]
Disability Status	No Disability	72.1	[68.9 - 75.0]
	Physical Disability Alone	81.5	[75.3 - 86.5]
	Independent Living Disability Alone	66.7	[56.6 - 75.4]
	Both Physical and Independent Living Disability	83.6	[76.2 - 89.0]
Household Income	<$15,000	70.9	[61.2 - 79.1]
	$15,000-$24,999	74.3	[66.0 - 81.1]
	$25,000-$49,999	68.9	[63.9 - 73.5]
	$50,000-$74,999	77.7	[71.0 - 83.2]
	$75,000	78.4	[73.6 - 82.6]
Education Level	<High School	69.1	[61.5 - 75.8]
	Highschool Grad/GED	70.2	[66.6 - 73.5]
	College Graduate	83.3	[79.7 - 86.4]
Employment Status	Employed	66.0	[62.0 - 69.6]
	Unemployed/Unable to work	78.3	[71.8 - 83.7]
	Homemaker/Student	70.0	[61.3 - 77.5]
	Retired	91.2	[88.3 - 93.4]
Urban/Rural	Metropolitan (Metro)	75.0	[69.9 - 79.5]
	Small Metro	75.8	[71.3 - 79.9]
	Mixed Urban/Rural	70.1	[65.5 - 74.2]
	Rural	78.7	[70.4 - 85.1]

~ Estimate suppressed because sample size <50.

* Among NM adults, the proportion of each demographic who have one person or a group of doctors that they think of as their personal healthcare provider.

† 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

‡ Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

§ Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).

Flu Shot Age 65+, Past 12 Months

Survey Question:

During the past 12 months, have you had either a flu vaccine that was sprayed in your nose or a flu shot injected into your arm?

_____

Among New Mexican adults age 65 or older:

- 63.6 have received a flu shot in the past 12 months.
- A smaller proportion of American Indian/Alaska Native adults have received a flu shot in the past 12 months (38.4%) than Hispanic (65.6%) or White (64.6%) adults.
- Those living in a metropolitan area are 1.5 times more likely to have received a flu shot in the past 12 months than adults in rural areas.

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Prevalence of Annual Flu Shot, Age 65+ by Sex
New Mexican adults, 2023
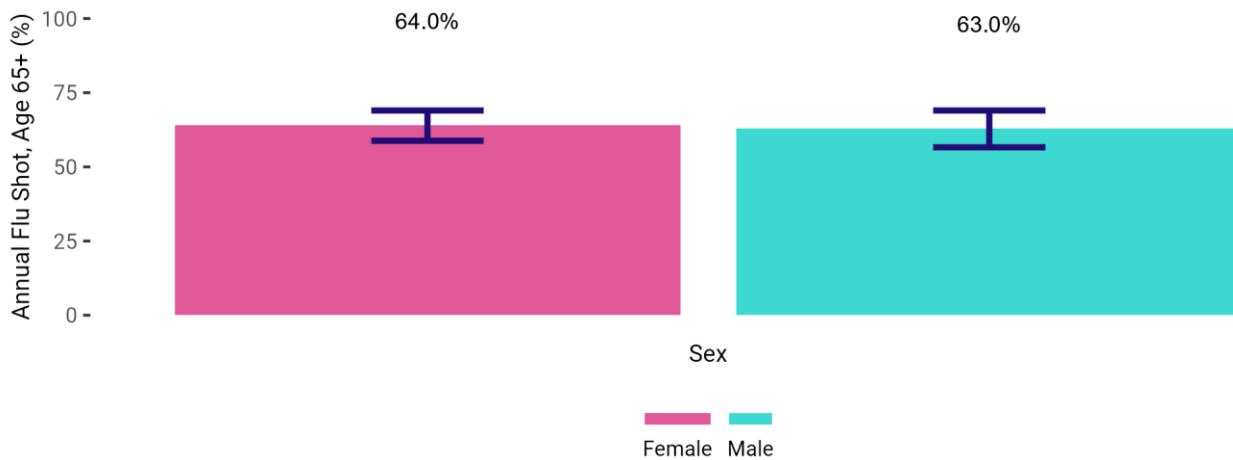
Annual Flu Shot, Age 65+ Prevalence by Health Region
New Mexican adults, 2023
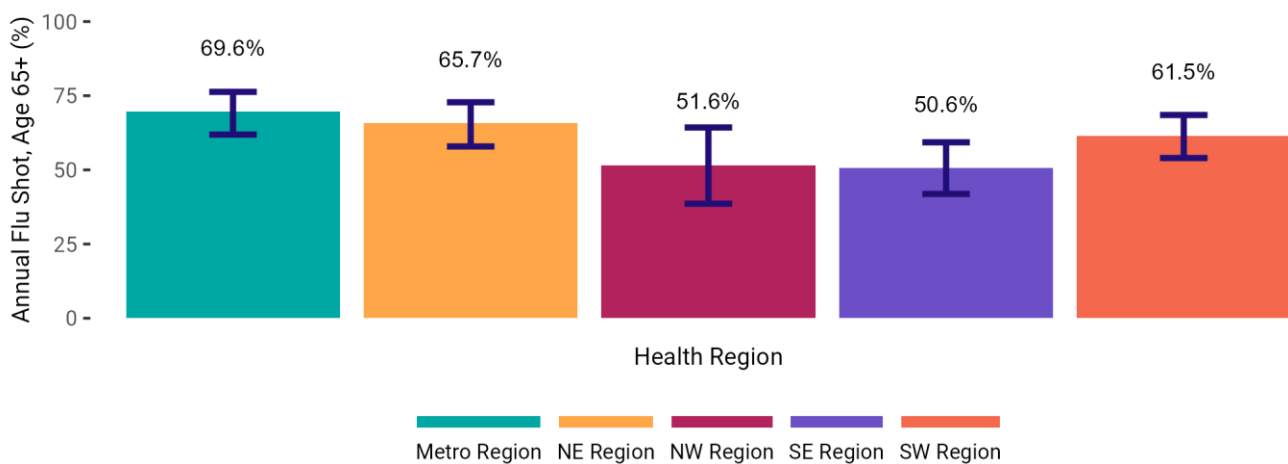
		Annual Flu Shot, Age 65+ (%)[*]	95% Confidence Interval[†]
Total	State	63.6	[59.5 - 67.4]
Sex	Male	63.0	[56.6 - 69.0]
	Female	64.0	[58.8 - 69.0]
Race/Ethnicity[‡]	AIAN	38.4	[22.9 - 56.7]
	Asian/NHOPI	~	[~ - ~]
	Black/AA	~	[~ - ~]
	Hispanic	65.6	[57.4 - 73.0]
	White	64.6	[59.9 - 69.0]
Sexual Orientation[§]	Heterosexual	64.2	[59.9 - 68.2]
	LGB, other	~	[~ - ~]
Disability Status	No Disability	66.4	[61.0 - 71.4]
	Physical Disability Alone	58.0	[49.2 - 66.3]
	Independent Living Disability Alone	67.0	[51.8 - 79.3]
	Both Physical and Independent Living Disability	62.1	[52.4 - 70.9]
Household Income	<$15,000	74.2	[57.0 - 86.1]
	$15,000-$24,999	68.0	[55.9 - 78.1]
	$25,000-$49,999	61.2	[53.2 - 68.6]
	$50,000-$74,999	62.3	[51.3 - 72.1]
	$75,000	68.8	[61.1 - 75.5]
Education Level	<High School	57.2	[44.1 - 69.3]
	Highschool Grad/GED	63.1	[57.4 - 68.5]
	College Graduate	67.1	[61.4 - 72.4]
Employment Status	Employed	58.3	[46.7 - 69.1]
	Unemployed/Unable to work	56.2	[40.2 - 71.0]
	Homemaker/Student	60.4	[42.9 - 75.7]
	Retired	65.5	[60.9 - 69.9]
Urban/Rural	Metropolitan (Metro)	69.7	[61.5 - 76.8]
	Small Metro	68.2	[61.1 - 74.6]
	Mixed Urban/Rural	58.3	[51.5 - 64.8]
	Rural	47.2	[35.4 - 59.3]

~ Estimate suppressed because sample size <50.

[*] Among NM adults, the proportion of each demographic who received a flu shot in the past 12 months.

[†] 95% confidence intervals indicate the range of uncertainty around an estimate. When confidence intervals of two or more estimates overlap, this indicates the estimates are not statistically different.

[‡] Abbreviations: American Indian or Alaska Native (AIAN), Asian or Native Hawaiian or Pacific Islander (Asian/NHOPI), Black or African American (Black/AA)

[§] Abbreviations: Lesbian, gay, bisexual or something else (LGB/Other).

Technical Notes

Survey 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. 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 2023, the New Mexico BRFSS collected data from both landline and cell phone respondents. The sample of landline telephone numbers were 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. The sample phone numbers were provided to the Survey Section through the CDC and their contractor.

Individuals who are 18 years of age or 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 nursing homes, group homes or institutions, such as prisons, are not eligible for the survey. 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. Participation in the survey is voluntary, and all individual information collected is confidential. Identifying information such as name, date of birth, or address, is not collected.

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. Such questions are referred to as 'state-added' questions.

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 errors 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 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.

Strengths and Limitations

Adults 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.

Response Rates

Response rates are meant to provide an overall summary of survey administration and response. Response rates for BRFSS are calculated using standards set by the American Association for Public Opinion Research (AAPOR) Response Rate Formula #4 Standards-Definitions-10th-edition.pdf (aapor.org) (p86). The response rate is the number of respondents who completed the survey as a proportion of all eligible and likely-eligible people. The median survey response rate for all participating states, territories and Washington, DC, in 2023 was 44.7% and ranged from 21.7% to 63.1%. In 2023, New Mexico had a response rate of 47.9%. For detailed information see the 2023 BRFSS Summary Data Quality Report at:
HTTPS://WWW.CDC.GOV/BRFSS/ANNUAL_DATA/2023/PDF/2023-SDQR-508.PDF.

Survey Weighting

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 land-line 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 land-line telephone line had a greater chance of being selected.
- In land-line 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.

Another weighting component adjusts for differences between the distribution of the sample and that of the adult population. This weighting is done using a procedure known as iterative proportional fitting ("raking"). Factors adjusted for are sex, age, health 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.

2023 NM BRFSS Sample Demographics

		Unweighted (%)	Weighted (%)	Sample Size (n)
Age	18-44	27.1	44.4	864
	45-64	29.8	29.6	949
	65+	43.1	26.0	1376
Sex	Male	43.5	48.6	1402
	Female	56.5	51.4	1818
Race/Ethnicity[*]	AIAN	12.9	9.1	406
	Asian/NHOPI	1.2	2.0	38
	Black/AA	1.5	2.5	46
	Hispanic	32.9	47.3	1032
	White	51.5	39.2	1617
Sexual Orientation[†]	Heterosexual	94.1	92.0	2669
	LGB, other	5.9	8.0	168
Disability Status	No Disability	63.3	66.3	1961
	Physcial Disability Alone	15.9	13.2	493
	Independent Living Disabiltiy Alone	8.0	10.4	248
	Both Physical and Independent Living Disability	12.8	10.2	395
Household Income	<$15,000	7.7	7.1	209
	$15,000-$24,999	10.7	11.1	292
	$25,000-$49,999	32.3	29.7	878
	$50,000-$74,999	17.0	17.4	464
	$75,000	32.3	34.7	879
Education Level	<High School	9.4	13.6	302
	Highschool Grad/GED	53.3	60.2	1710
	College Graduate	37.3	26.2	1195
Employment Status	Employed	43.4	52.7	1386
	Unemployed/Unable to work	11.9	12.3	381
	Homemaker/Student	9.1	12.4	290
	Retired	35.5	22.6	1133
Urban/Rural	Metropolitan (Metro)	25.2	42.7	739
	Small Metro	30.8	23.3	904
	Mixed Urban/Rural	36.9	29.2	1083
	Rural	7.2	4.8	212
Health Region	NW Region	19.0	9.7	613
	NE Region	18.5	15.0	597
	Metro Region	26.0	44.1	836
	SE Region	16.9	13.2	544
	SW Region	19.6	18.0	630

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

Analysis and 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. The *survey*[6] package in R version 4.3.3[7] with RStudio[8] was used to analyze the data. The *survey* package incorporates the complex sample design of the BRFSS to calculate appropriate SE and 95% confidence intervals (CI). Tables and plots were created using the *gt*[9] and *ggplot2*[10] packages respectively.

In the tables presented throughout this report, the weighted population estimates along with the 95% confidence intervals are shown. Bar graphs included in this report include the 95% confidence interval corresponding to the relevant point estimate. 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.

By BRFSS convention and the New Mexico Department of Health's 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.[11] This often impacts reporting for the two smallest race/ethnic populations in NM (Asian/NHOPI and Black/African American) or other small populations. Reporting on smaller population groups is almost always possible by combining multiple years of data (contact BRFSS epidemiologist for additional information).

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.

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[6] T. Lumley (2024) survey: analysis of complex survey samples. R package version 4.4.

[7] R Core Team (2024). R: A Language and Environment for Statistical Computing. R Foundation for Statistical Computing, Vienna, Austria. <https://www.R-project.org/>.

[8] RStudio 2024.04.0+735 Chocolate Cosmos Release (a00d0e775dbc93e0d79a1bf474e3e8e8de677383, 2024-04-24) for windows Mozilla/5.0 (Windows NT 10.0; Win64; x64) AppleWebKit/537.36 (KHTML, like Gecko) RStudio/2024.04.0+735 Chrome/120.0.6099.291 Electron/28.2.6 Safari/537.36, Quarto 1.4.553

[9] Iannone R, Cheng J, Schloerke B, Hughes E, Lauer A, Seo J, Brevoort K, Roy O (2024). _gt: Easily Create Presentation-Ready Display Tables_. R package version 0.11.1, <https://CRAN.R-project.org/package=gt>.

[10] H. Wickham. ggplot2: Elegant Graphics for Data Analysis. Springer-Verlag New York, 2016.

[11] New Mexico Rule for Small Numbers and Public Data Release. https://ibis.doh.nm.gov/contentfile/docs/Standards/NMSmallNumbersRule2006.pdf
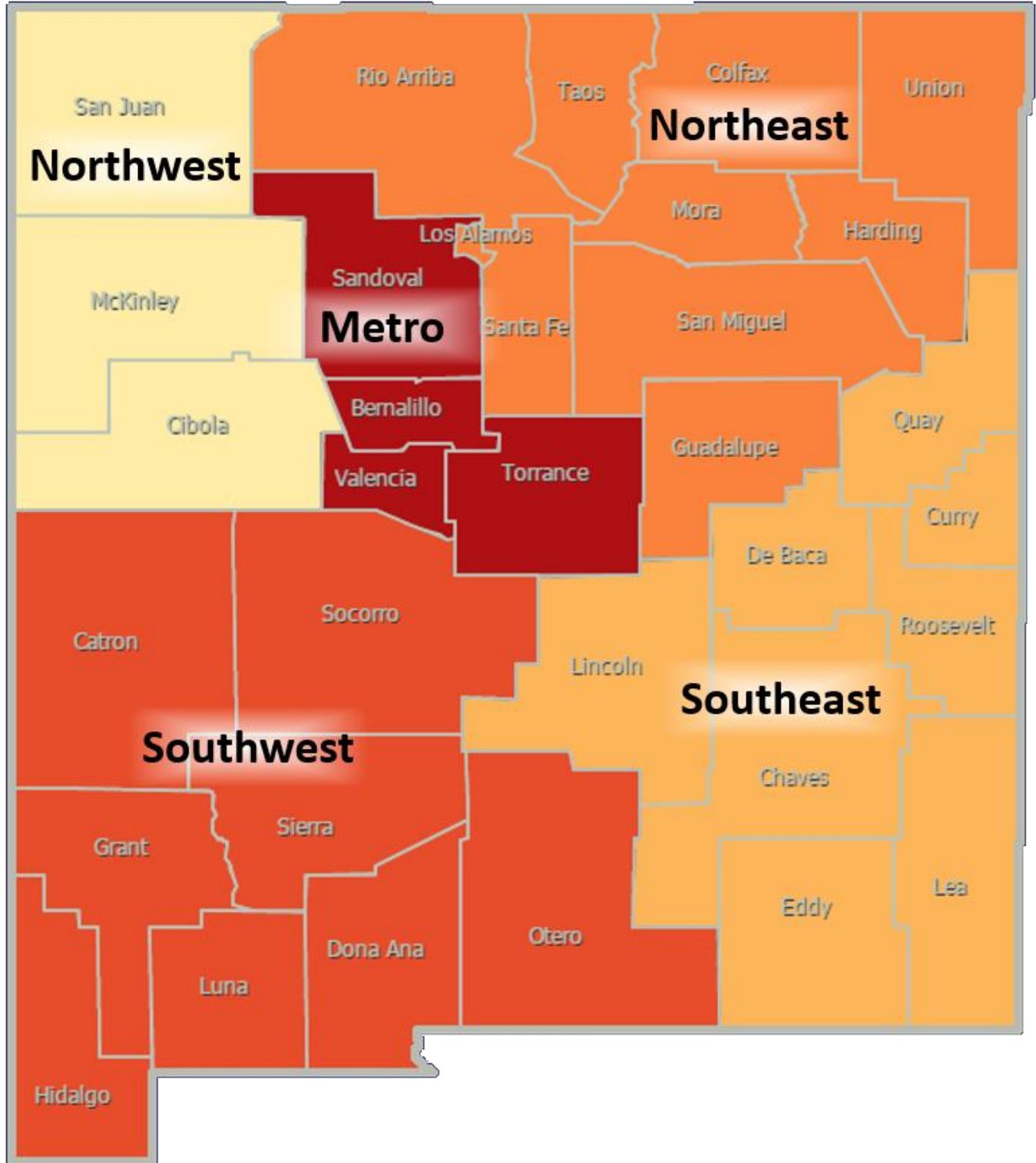
In general, population estimates with smaller standard errors (SE) are more precise and reliable than population estimates with larger SE. Sample size influences the magnitude of an estimate's probability of error and so affects the likely precision of the estimate. This issue is particularly relevant 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. (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.

Maps

New Mexico Health Regions

Metropolitan, Small Metro, Mixed, & Rural New Mexico Counties

Legend:
- Rural counties
- Mixed Urban/Rural counties
- Small Metropolitan counties
- Metropolitan counties