

# De Baca County

## Community Health Profile

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### Introduction

This profile describes the current health status of the county. With this information, the community can complete an assessment and begin to address specific issues and set goals for health improvement.

The data in this report is drawn from standard sources most of which are available from the NM Indicator Based Information System (IBIS) for Public Health operated by the New Mexico Department of Health. Data from the US Census, state birth and death files, Youth Risk and Resiliency Survey, as well as official population estimates are available on this site.

This report provides selected indicators for each county and comparison to the state as a whole. Here we provide only basic indicators. When a county chooses to address an issue or problem, residents and health councils can work with the regional DOH epidemiologists and health promotion team to gather additional data. For example, if a county decides to take on deaths due to motor vehicle crashes, they will want to find out more about the location of crashes, types of vehicles, and involvement of alcohol.

**Trends:** For many of the indicators, trends are presented. The DOH has been using the Results Based Accountability and Turning the Curve methods for planning and priority setting which are based on trends.

**Small Numbers:** The population density of many New Mexico counties is quite low. This means that in a single year the number of deaths is small and often quite variable from year to year. The trends in this report (except for counties with large populations) are shown as averages of three years: 2001-2003, 2004-2006, 2007-2009, 2010-2012. Even then, sparsely populated counties will not have enough births or deaths to report or see a trend. For example, Hidalgo county reported only one infant death from 2006-12. Even when events are more common, there may not be enough to break rates down by age, sex, or race/ethnicity.

**Rates:** Most data included here are shown as rates and/or counts. A count is simply how many events occurred in a given time. A rate is the number of events in the time period divided by the population at risk for the event multiplied by a number like 100, 1000, or 100,000. Rates can be when the multiplier is 100, we have a percentage. For example, a measure of poverty might be the number of households in a county whose income is below the federal poverty line divided by then total number of households multiplied by 100 (392 households in poverty/1824 households = $392/1824 * 100 = 21.5\%$ ).

Rare events, such as deaths for a particular (rare) cause, require multiplying by a larger number to get a whole number. If there were 9 cases of cancer in a population of 4834,  $9/4834=.0018622$ . But when we multiply that by 100,000 we get 186.2 per 100,000 people, an easier number to imagine. Death rates are conventionally reported per 100,000 people in the population, but you will see that Female Breast Cancer is reported per 100,000 women. Births are more common, so they are reported per 1000 people; a fertility rate is even more specific the number of live births per 1000 women of child bearing ages.

Finally, when we compare county death rates, there is an additional issue. The population of a county with a younger population will have a different set of causes of death than an older population. We expect there to be more heart attacks and falls in a county with a large proportion of the population over 60 and more bicycle crashes where the population is under 20. In order to make the counties comparable, we calculate the rates as if they occurred in a standard population. You do not have to know how this is done, just that when you see “Age Adjusted Rates” it means that the rate has been calculated to allow valid comparison across different populations. One more detail: if we compare specific age groups in different counties, no adjustment is required because we are looking at the same age-defined segment of the population in each county.

### Purpose of this Profile

This profile is provided to assist county councils and other organizations as well as citizens and policy makers to assess the health of their county population. This information is presented as simply as possible so that people who are not health professionals can see a difference between their community and the state as a whole and begin the process of planning for better health.

### Organization of this report

Basic demographic and economic information is provided in *Quick Facts*. Population by age and sex is shown as a table and population pyramid graphic. The NM Dept. of Health commissioned an analysis of the undercount of Hispanics and minorities by UNM Bureau of Business and Economic Research (BBER). The result was a new set of population estimates that have been integrated with the IBIS data bases

Health is related in complex ways to education, so we report on graduation rates in *Education* by gender, race/ethnicity and economic disadvantage. Where a county is served by more than one district, graduation rates are given for each district. Graduation data are from the NM Public Education Department web site.

*Risk and Resiliency* are measures that either predispose a population to poor health or protect them and promote good health. These measures come from two surveys: the Behavioral Risk Factor Surveillance Survey (BRFSS) managed by the Department of Health and the Youth Risk and Resiliency carried out in schools and managed by the UNM Prevention Research Center.

*Chronic Disease* The leading causes of death from chronic diseases are shown as trends and where population is sufficient by race/ethnicity. Trends for chronic disease are three year averages beginning in 2001 and ending in 2012. In counties with the lowest population, even combining three years, often does not produce stable rates.

*Injury* Deaths due to leading types of injuries, motor vehicle, suicide, falls and all injuries are shown Deaths due to poisoning are shown. The main component of poisoning is drug overdose deaths.

*Births* Total births, births by mother's age and ethnicity are included here. Infant mortality is also shown in this section.

A final section summarizes health resources available in the county.

## Population

The population of De Baca County in 2012 was estimated at 1,907. The population has decreased 5.7 percent since the 2010 census.

The 6.3% of the population is less than 5 years old, 24.2% is over 65 years old.

39.3% percent of the population is of Hispanic origin.

4.3% of the population is foreign-born.

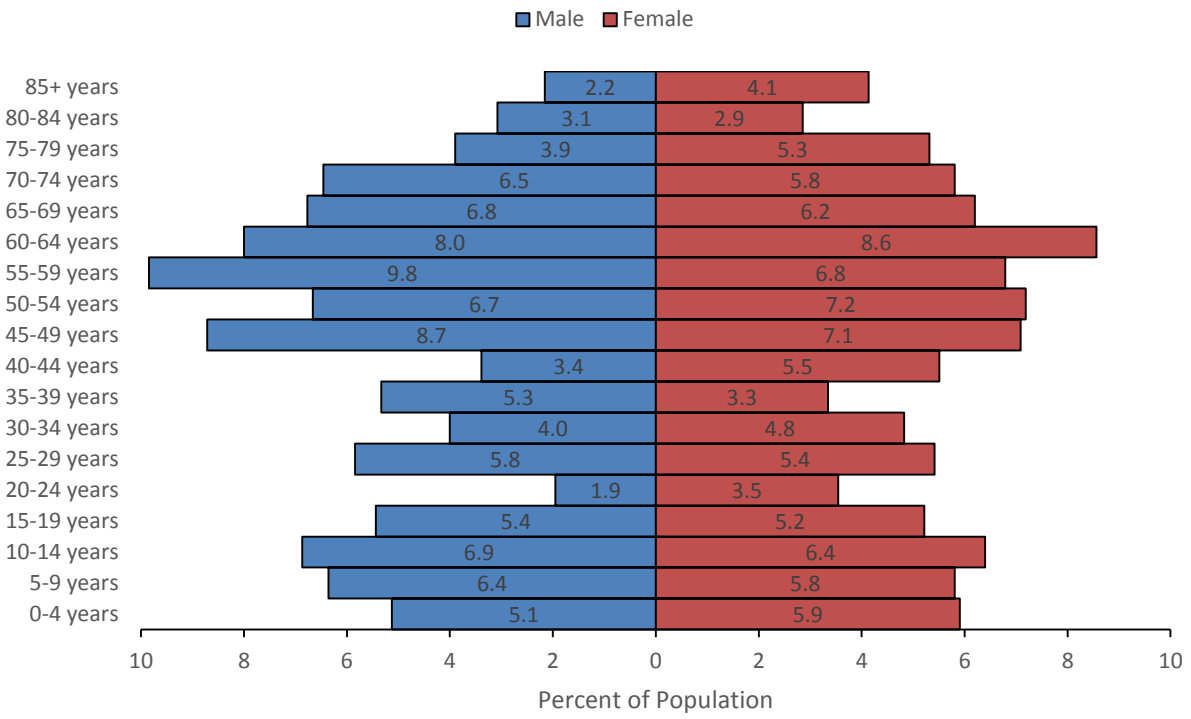
These data are from the Census Quick Facts,  
<http://quickfacts.census.gov/qfd/states/35/35011.html>

De Baca Population by Age and Sex, 2012

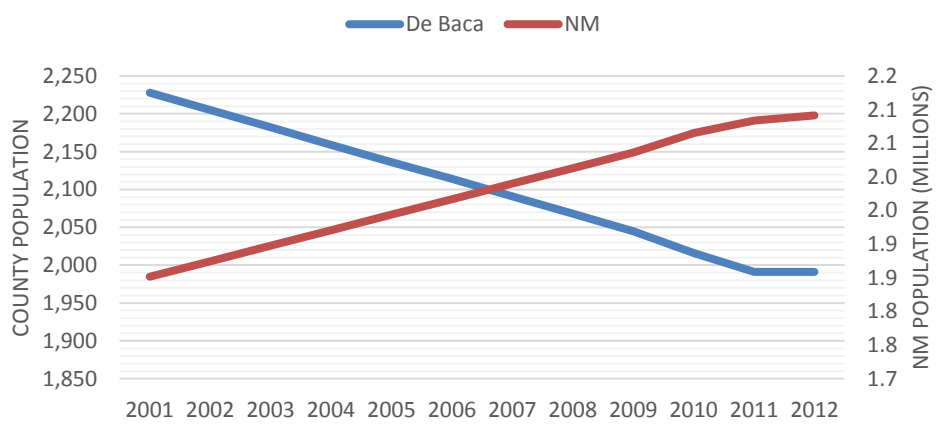
Age	Male		Female	
	Count	Percent	Count	Percent
Total	975		1016	
0-4 years	50	5.1	60	5.9
5-9 years	62	6.4	59	5.8
10-14 years	67	6.9	65	6.4
15-19 years	53	5.4	53	5.2
20-24 years	19	1.9	36	3.5
25-29 years	57	5.8	55	5.4
30-34 years	39	4.0	49	4.8
35-39 years	52	5.3	34	3.3
40-44 years	33	3.4	56	5.5
45-49 years	85	8.7	72	7.1
50-54 years	65	6.7	73	7.2
55-59 years	96	9.8	69	6.8
60-64 years	78	8.0	87	8.6
65-69 years	66	6.8	63	6.2
70-74 years	63	6.5	59	5.8
75-79 years	38	3.9	54	5.3
80-84 years	30	3.1	29	2.9
85+ years	21	2.2	42	4.1

Source <https://ibis.health.state.nm.us/query/result/pop/PopMain/Count.html>

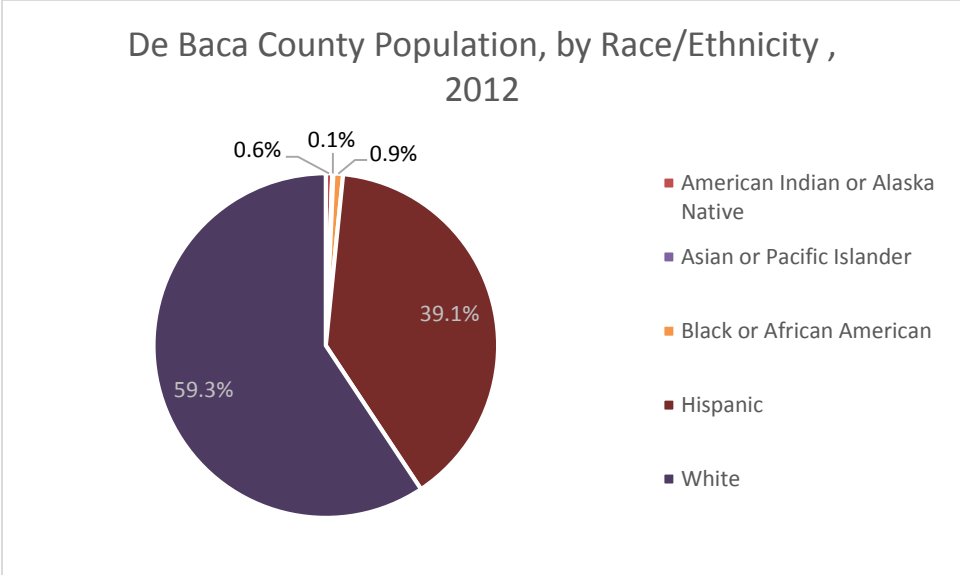
### Age and Sex Population Pyramid, De Baca County, 2012



### Estimated Population Trends, 2000-2012



Source: <https://ibis.health.state.nm.us/query/result/pop/PopMain/Count.html>



Race/Ethnicity	De Baca	Percent	NM	Percent
Total	1991	100.0%	2091432	100.0%
American Indian or Alaska Native	12	0.6%	183169	8.8%
Asian or Pacific Islander	2	0.1%	31101	1.5%
Black or African American	18	0.9%	42825	2.0%
Hispanic	778	39.1%	969417	46.4%
White	1181	59.3%	864919	41.4%

Approximately 38 people live in group quarters. These include jails, prisons, nursing homes, and dormitories.

**Single Parent Households**

**Single Parent Households, De Baca County 2008-12**

Total Households	751	
Single Male Householder	31	4.1%
Single Female Householder	73	9.7%
Number of grandparents responsible for children under 18 years old	11	

**Housing**

In 2012, there were 1,344 housing units in De Baca County; 5.4% were multi-unit structures; 78.6% of housing units were owner-occupied. The median value of an owner-occupied home in 2008-12 was \$78,000. There are (an average) of 2.7 persons per household.

### Households paying excessive (>30% income) in rent/house payments)

Families that pay more than about one third of their income for housing may be limiting expenditures on other budget items such as food or medicine. Those paying excessive rent may also be at risk for losing their home. A high percentage of people paying excessive rent may also indicate lack of affordable housing. Two measures from the Census address this: Selected Monthly Owner Costs as Percentage of Household Income (SMOCAPI) and Gross Rent as a Percentage of Household Income (GRAPI).

In De Baca County, 8.6% of owners with a mortgage paid 30% or more of their income for housing while 42% of renters had excessive housing costs.

Source American Community Survey, 2008-12. Table ACS\_12\_5Yr\_DP04

### Homelessness

According to the 2013 NM Point in Time Survey, In De Baca County there were no people found experiencing homelessness.

Source NM Coalition to End Homelessness. 2013. Point In Time Count Results.

<http://nmceh.org/pages/homelessnessReports.html>

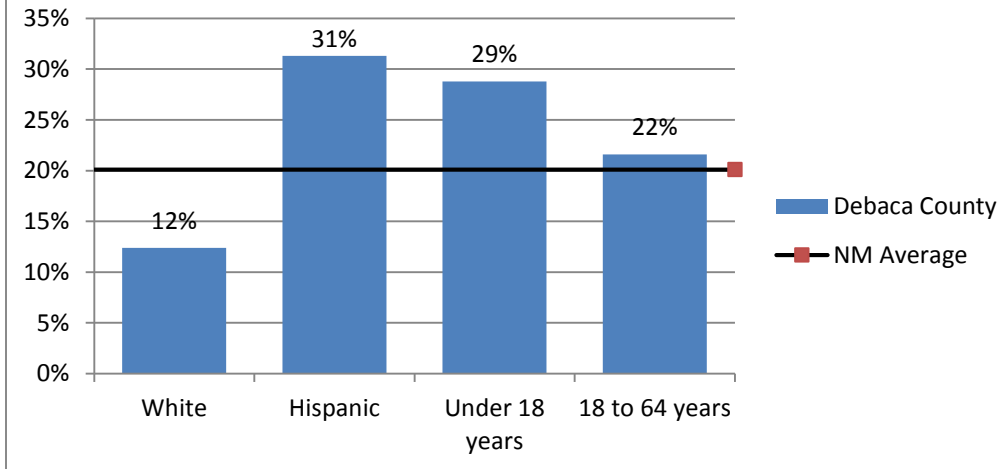
### Income and Poverty

Average per capita money income (2008-12) was \$19,357 and median household income was \$32,554. According to the Census Bureau in 2012, 22.3%, of the population lived below the poverty line. The unemployment rate (2012) was 4.3%. This is the proportion of the work force that is unemployed and looking for work. The Federal Poverty Level varies by family size; for a family of four the rate was \$23,050 in 2012.

Sources: Income— these data are from the Census Quick

Facts, <http://quickfacts.census.gov/qfd/states/35/35011.html> Unemployment: <http://www.bls.gov/lau/data.htm>

## Percent below Poverty Level by Ethnicity and Special Categories, De Baca County

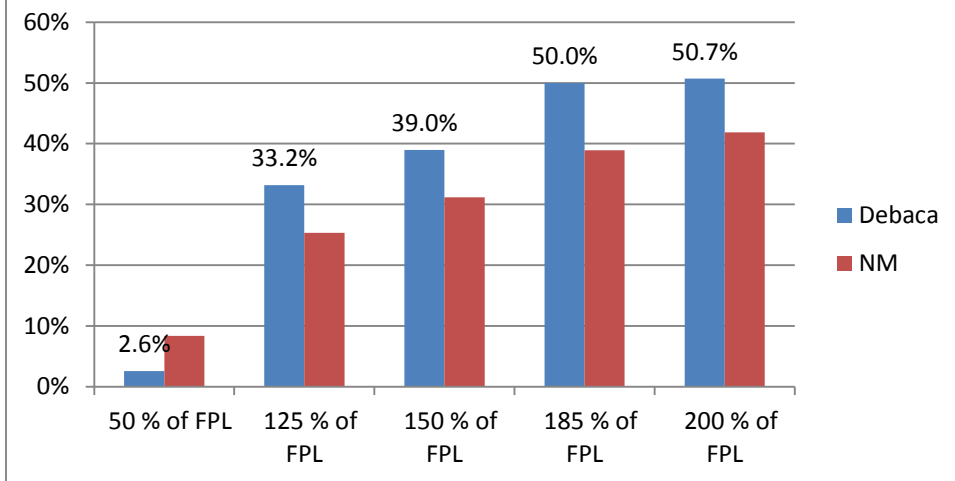


Source: 2008-12 American Community Survey, 5 year Estimates table S1701

See the following site for information on federal poverty level:

<http://aspe.hhs.gov/poverty/12poverty.shtml>

## Percent Below Poverty Levels





## Education and Language

Education and Language	De Baca	New Mexico
Language other than English spoken at home	32.0%	36%
High School Graduate or Higher	78.7%	83.4%
Bachelor's degree or higher	21.0%	25.6%

These data are from the Census Quick Facts,

<http://quickfacts.census.gov/qfd/states/35/35011.html>

## De Baca County School Enrollment

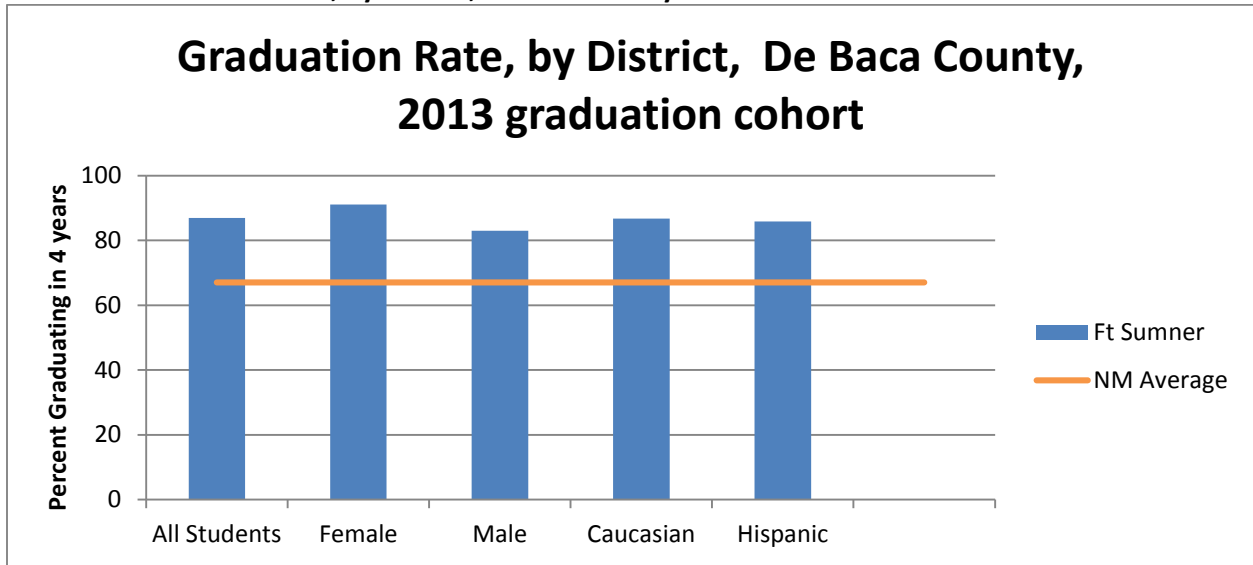
SCHOOL ENROLLMENT	Number	Percent
Population 3 years and over enrolled in school	625	
Nursery school, preschool	43	6.9%
Kindergarten	49	7.8%
Elementary school (grades 1-8)	330	52.8%
High school (grades 9-12)	134	21.4%
College or graduate school	69	11.0%

## De Baca County Educational Attainment

EDUCATIONAL ATTAINMENT	Number	Percent
Population 25 years and over	1,412	
Less than 9th grade	145	10.3%
9th to 12th grade, no diploma	156	11.0%
High school graduate (includes equivalency)	469	33.2%
Some college, no degree	261	18.5%
Associate's degree	84	5.9%
Bachelor's degree	198	14.0%
Graduate or professional degree	99	7.0%

Source: American Community Survey, 2008-12, Selected Social Indicators, DP02, 5 year estimate

Four Year Graduation Rate, by District, De Baca County 2013



Category	Ft Sumner
All Students	86.9
Female	91.1
Male	83
Caucasian	86.7
African American	
Hispanic	85.8

NM Public Education Department <http://ped.state.nm.us/Graduation/index.html>

Child Abuse

Child Abuse Investigations, July 2012-June 2013

County	Accepted Reports	% substantiated	Number of substantiated child victims	Child Victim Rate per 1000 children
De Baca	19	42.9%	5	10.4
NM	18197	25%	7788	13.4

Source: 360 Yearly State Fiscal Year 2013, NM Children Youth and Families Department.

[http://cyfd.org/docs/360ANNUAL\\_FY13\\_1210.pdf](http://cyfd.org/docs/360ANNUAL_FY13_1210.pdf)

## Risk and Resiliency

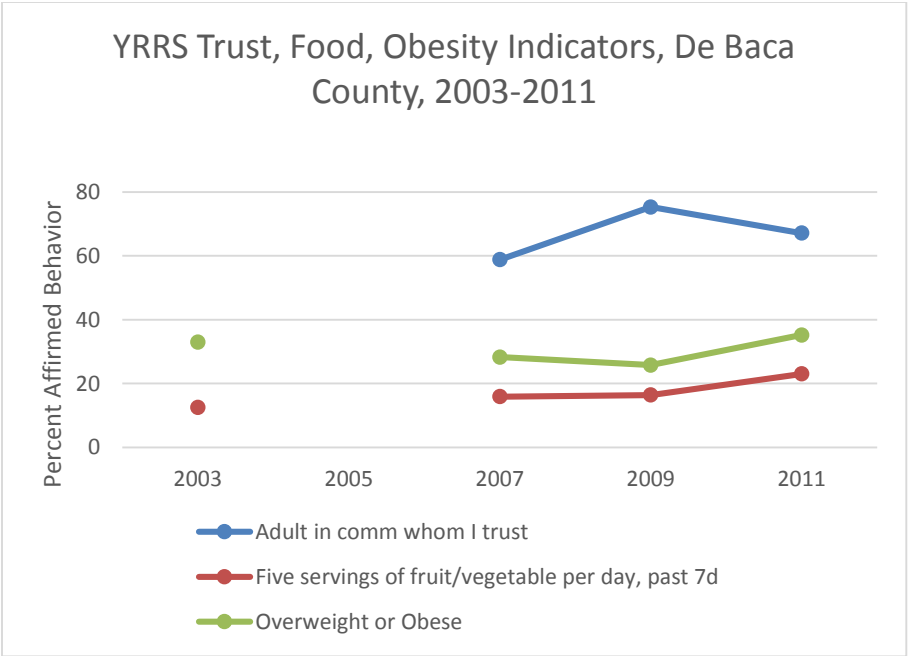
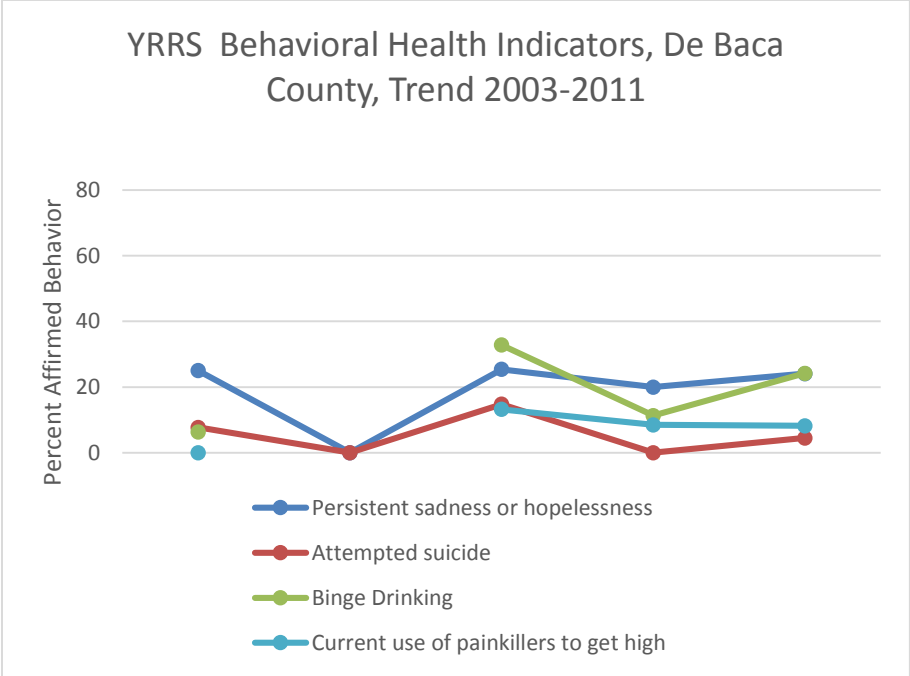
Risk and Resiliency is measured by a two surveys, the Behavior Risk Factor Surveillance Survey conducted by the NM Department of Health and the Youth Risk and Resiliency Survey conducted by school districts. The YRRS measures are self-reported by the student.

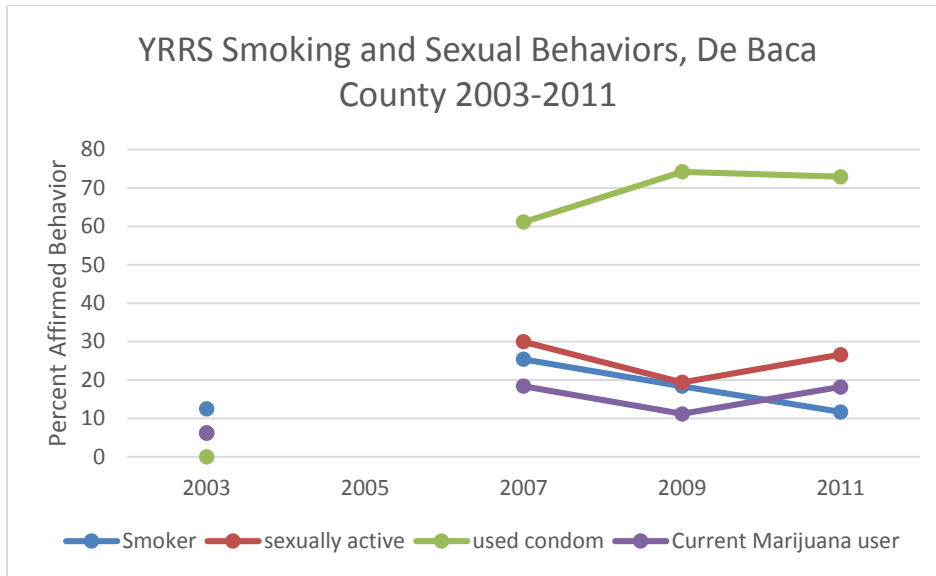
### Adolescent Indicators

Measure	De Baca	NM
Adolescent Risk and Resiliency Measures		
Ate Five or More Servings of Fruit or Vegetables per Day 2009,2010,2011	18.4%	23.8%
Adolescent Obesity, self-reported BMI above 95th percentile for age and sex	10.9%	12.4%
Youth Smoking Prevalence, percentage of students who smoked cigarettes on or more days in the past month	18.5%	22.7%
Youth with Feeling of Sadness or Hopelessness	23.2%	30.8%
Youth with Caring and Supportive relationship to family	67 %	55.2%
Binge Drinking	22.8%	24.9%

Youth Risk and Resiliency Survey (YRRS) 2007, 2009, 2011 surveys grades 9-12

<https://ibis.health.state.nm.us/query/selection/yrrs/YRRSSelection.html>





YRRS was not done in 2005

De Baca	2003	2005	2007	2009	2011	Average 2007-2011
Persistent sadness or hopelessness	25		25.4	20	24.1	23.2
Attempted suicide	7.7		14.8	0	4.5	6.4
Binge Drinking	6.3		32.8	11.3	24.2	22.8
Current Marijuana user	6.3		18.4	11.2	18.2	15.9
Current use of painkillers to get high			13.2	8.5	8.2	10.0
Ever used illegal injection drugs			7.4	3.5	1	4.0
Smoker	12.5		25.4	18.4	11.7	18.5
sexually active	6.2		30	19.4	26.6	25.3
used condom			61.1	74.2	72.9	69.4
Trusted Adult in Community	81.3		58.8	75.3	67.1	67.1
Five servings of fruit/vegetable per day, past 7d	12.5		15.9	16.4	23	18.4
Overweight or Obese	33		28.3	25.8	35.2	29.8
Obese			11.3	8.7	12.6	10.9

## Adult Risk Indicators

Obesity and Smoking constitute risk factors for many chronic diseases and early death.

Physical Activity and a diet with many fruits and vegetables are protective. These data are self-reported via the Behavioral Risk Factor Surveillance System (BRFSS).

Measure	De Baca Co	NM
General Self-Reported Health Status, percentage of adults reporting fair or poor health 2008, 2009, 2010	23.6%	17.5%
Adult Physical Activity, 2005,2007, 2009	54.5%	52.5%
Adults Consuming 5 or more servings of fruits and vegetable per day, 2007, 2009	20.1%	22.4%
Obesity Among Adults bmi >25 2001,2012	55%	62.7%
Adult Smoking Prevalence current smoker, 2011, 2012	16.6%	21.0%

Smoking varies by race, ethnicity and other demographic factors. Smoking prevalence tends to be higher among the poor, mentally ill, and LGBT populations. For example in NM, among households with income less than \$15,000, 34% smoke; with income of \$50,000 or more, the rate is 12%, almost a threefold difference. In 2011, 48% of adults who characterized themselves as bisexual smoked.

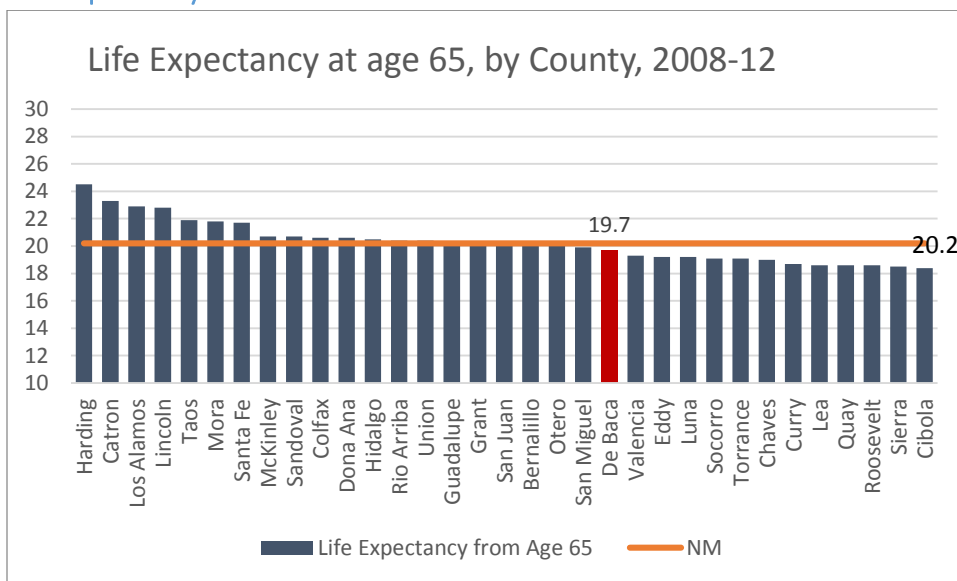
## Mortality

### Leading Causes of Death

Causes	De Baca	NM
Total	692.9	616.3
Neoplasm, malignant (ICD10: C00-C97)	214.6	147.9
Circulatory, Heart disease (ICD10: I00-I09, I11, I13, I20-I51)	157.1	150
Injury, Unintentional injuries (ICD10: V01-X59, Y85-Y86)	67.5	62.4
Respiratory, Chronic lower respiratory diseases (ICD10: J40-J47)	57.5	45.9
Respiratory, Influenza and pneumonia (ICD10: J09-J18)	47.6	15.2
Circulatory, Cerebrovascular diseases (ICD10: I60-I69)	31	34.2
Injury, Intentional self-harm (suicide) (ICD10: X60-X84, Y87.0, *U03)	28.4	19.9
Diabetes mellitus (ICD10: E10-E14)	20	27.8
Parkinson's disease (ICD10: G20-G21)	11.6	8.1
Neoplasm, In situ, benign and of uncertain or unknown behavior (ICD10: D00-D48)	10.5	4.2

Green Indicates the county rate is better, lower, than the New Mexico rate

### Life Expectancy

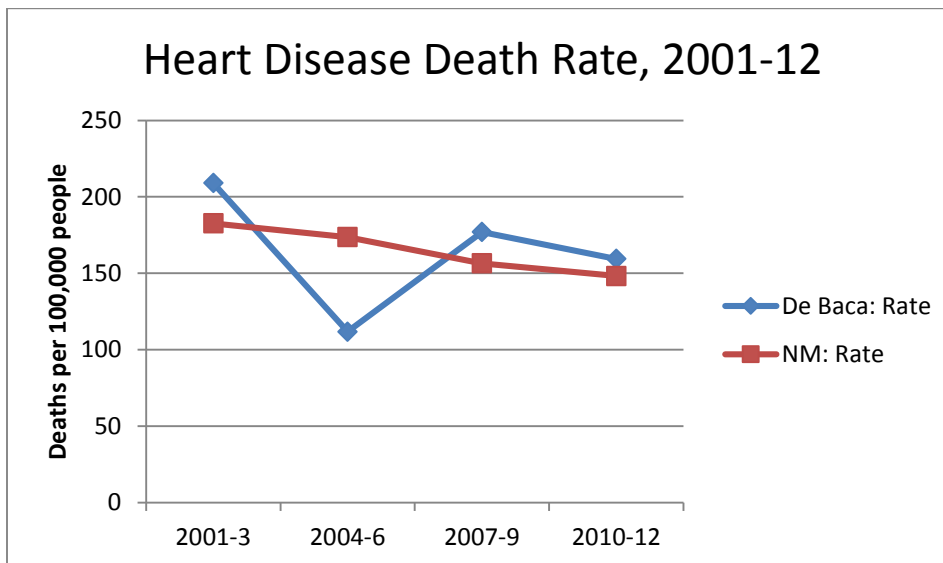


The number of years a person is expected to live after age 65 varies from 24.5 to 18.4

## Chronic Diseases

Chronic diseases are conditions that develop slowly, often inconspicuously, and even with treatment affect a person throughout his or her lifetime. Chronic diseases are often the result of lifestyle choices (such as smoking), exposure to environmental pollution or toxins, and genetics (some cancers). Increasingly, overeating and resulting obesity have been cited as causes of many chronic diseases, including diabetes, heart disease, stroke, and some cancers. Chronic diseases do not have a single cause. The effects of multiple factors are often cumulative, that is, they combine over time to increase a person's risk.

The death rates shown below are adjusted to make the county and state populations comparable (in terms of ages). The rates are the number of deaths per 100,000 thousand people susceptible to the disease.

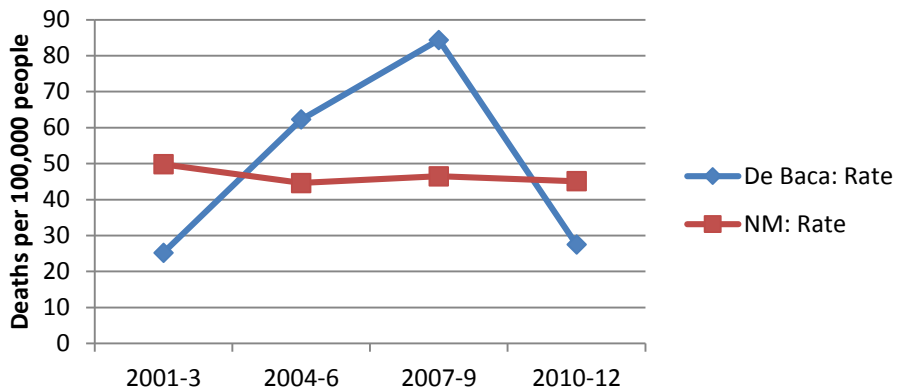


Heart Disease Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	209	111.8	177	159.4
De Baca: Deaths	29	13	19	18
NM: Rate	182.7	173.6	156.5	148.2



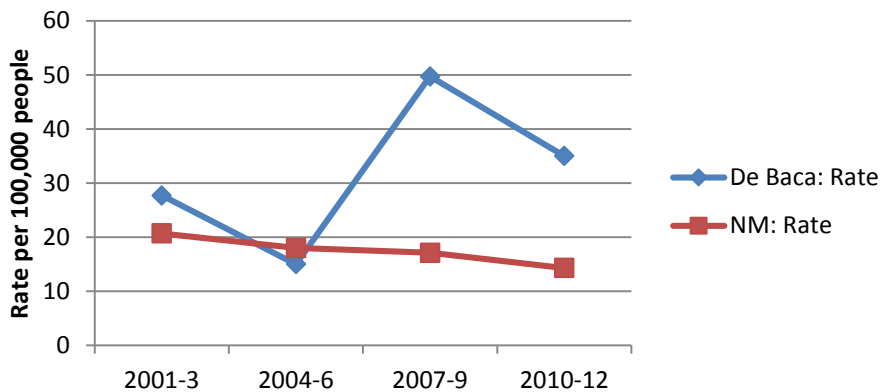
## Lower Respiratory (COPD), Death Rate 2001-12



Lower Respiratory (COPD) Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	25.2	62.3	84.4	27.5
De Baca: Deaths	3	8	10	3
NM: Rate	49.8	44.6	46.5	45.1

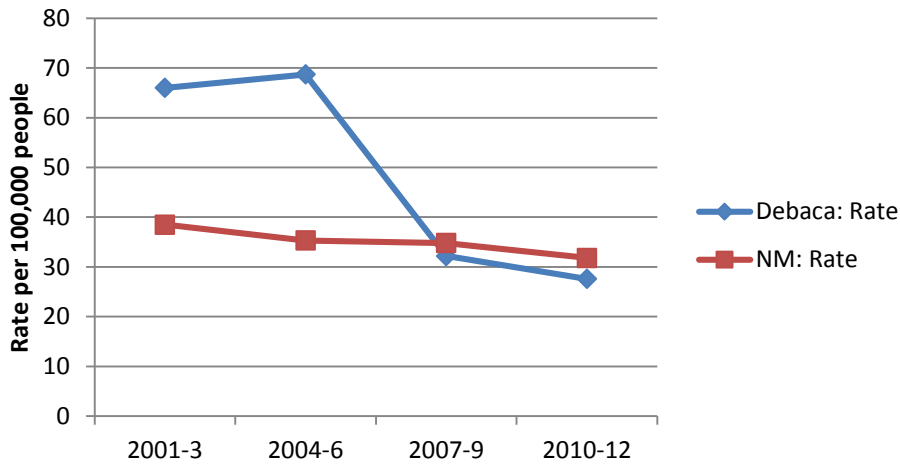
## Influenza and Pneumonia Death Rate, 2001-12



Influenza-Pneumonia Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	27.7	15	49.7	35
De Baca: Deaths	4	2	4	4
NM: Rate	20.7	18	17.1	14.3

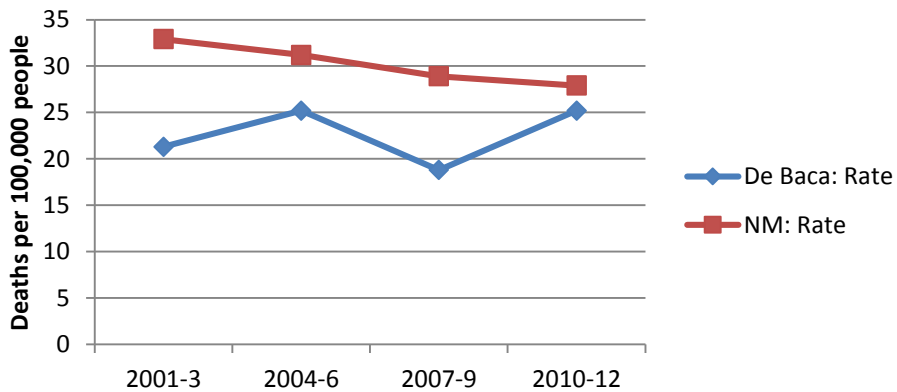
### Lung Cancer Death Rate, 2001-12



Lung Cancer Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	66	68.7	32.2	27.6
De Baca: Deaths	8	6	4	3
NM: Rate	38.5	35.3	34.8	31.8

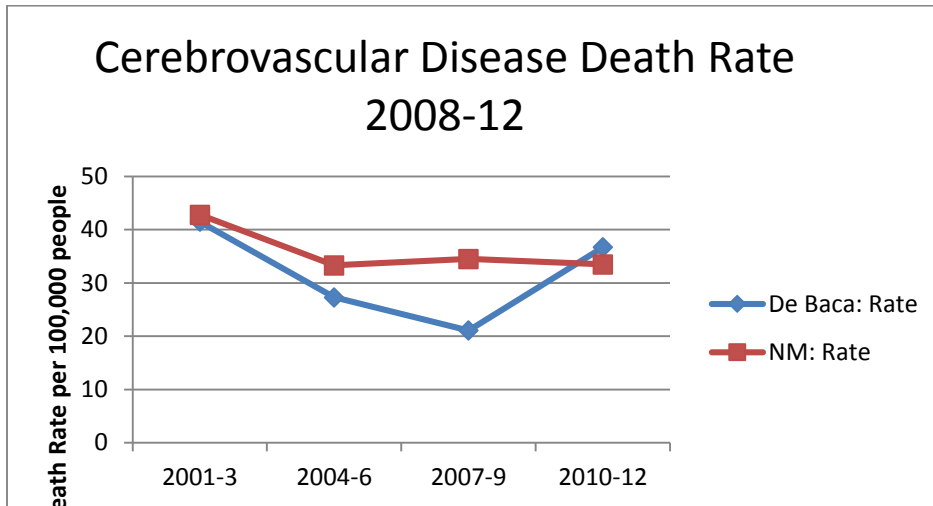
### Diabetes Mellitus Death Rate, 2001-12



Diabetes Mellitus Death Rates

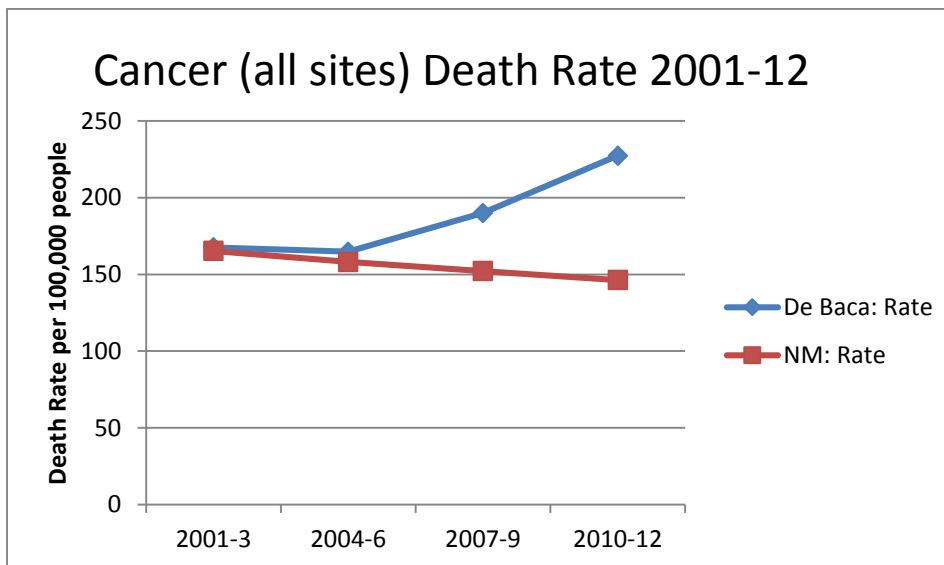
	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	21.3	25.2	18.8	25.2
De Baca: Deaths	3	3	2	3
NM: Rate	32.9	31.2	28.9	27.9

Although diabetes is a disease and a cause of death in its own right, it worsens or increases the risk for many other diseases. Obesity is one of the main risk factors for diabetes.



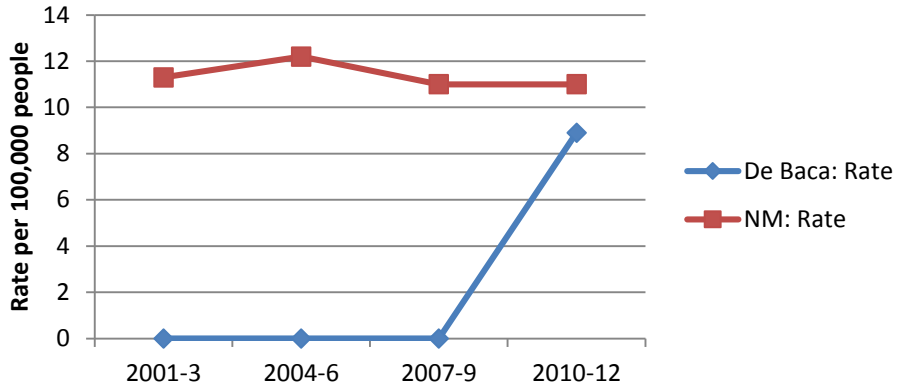
	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	41.5	27.3	21.1	36.7
De Baca: Deaths	6	3	3	4
NM: Rate	42.8	33.3	34.5	33.5

Cerebrovascular disease is commonly called “stroke”. This is one of many diseases whose risk rises with smoking.



	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	167.6	164.8	190.1	227.4
De Baca: Deaths	21	17	19	21
NM: Rate	165.3	158.1	152.2	146.3

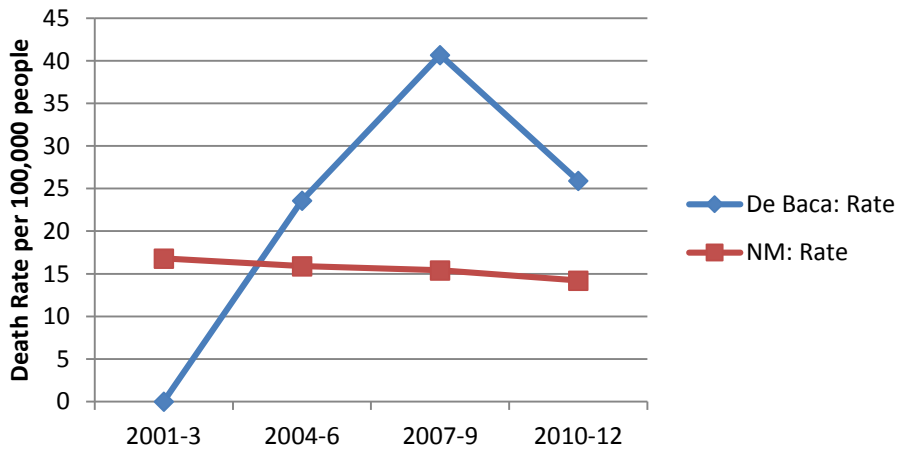
## Breast Cancer Death Rate, 2001-12



Breast Cancer Death Rates

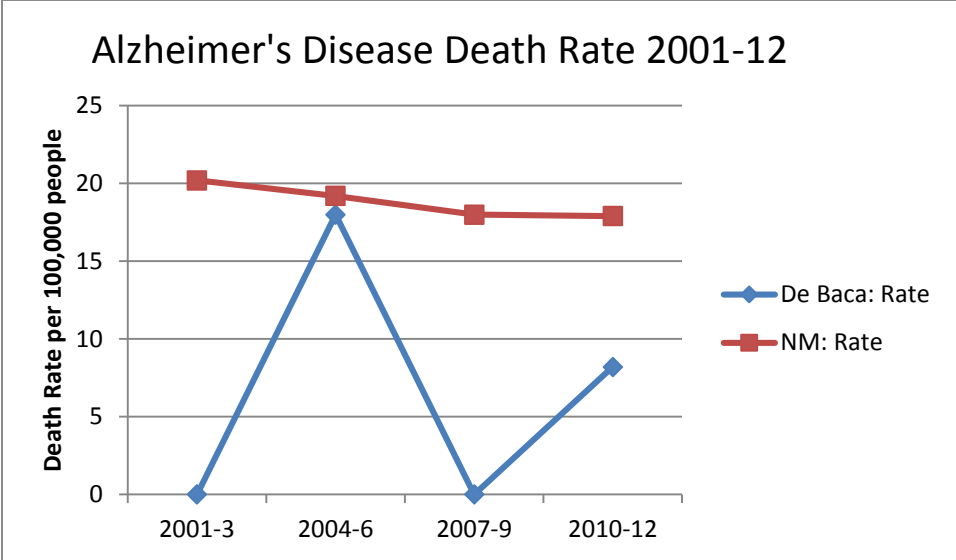
	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	0	0	0	8.9
De Baca: Deaths	0	0	0	1
NM: Rate	11.3	12.2	11	11

## Colon Cancer Death Rate 2001-12



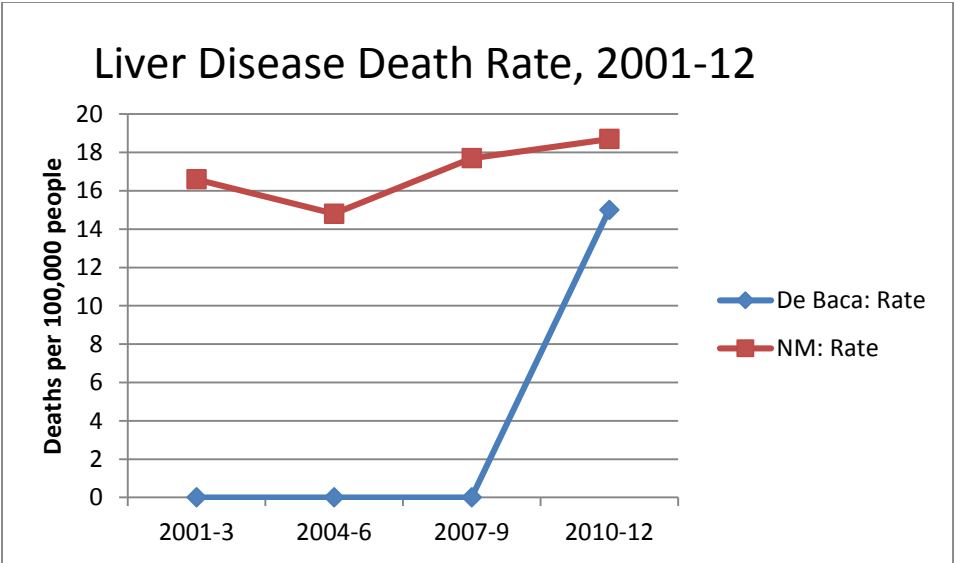
Colon Cancer Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	0	23.6	40.7	25.9
De Baca: Deaths	0	2	4	3
NM: Rate	16.8	15.9	15.4	14.2



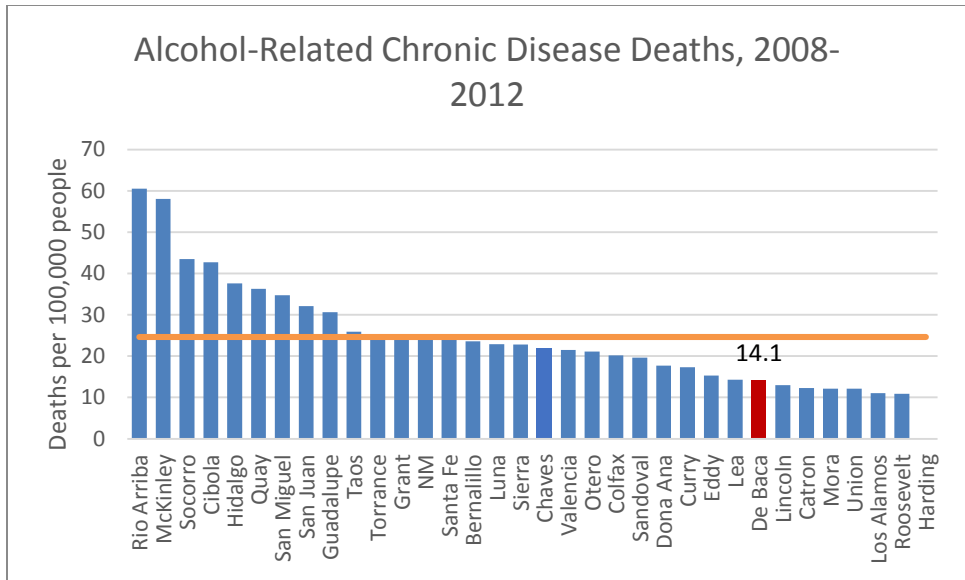
Alzheimer's Disease Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	0	18	0	8.2
De Baca: Deaths	0	3	0	1
NM: Rate	20.2	19.2	18	17.9



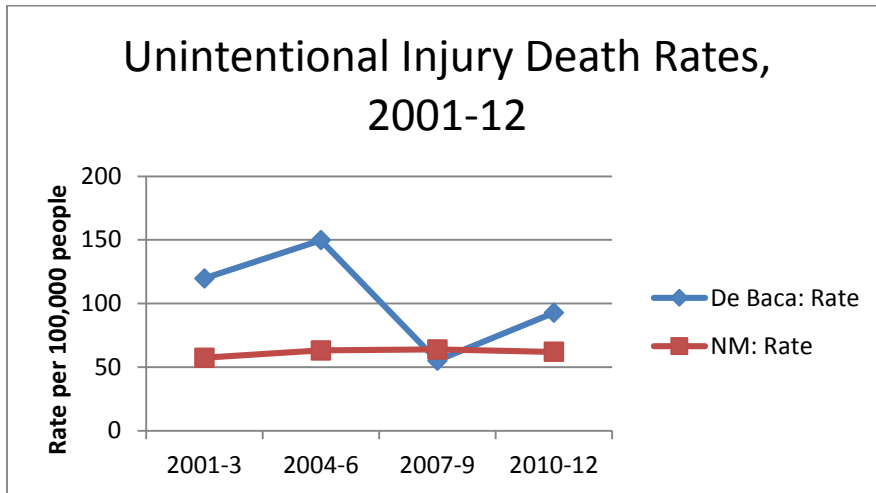
Liver Disease Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	0	0	0	15
De Baca: Deaths	0	0	0	1
NM: Rate	16.60	14.80	17.70	18.70



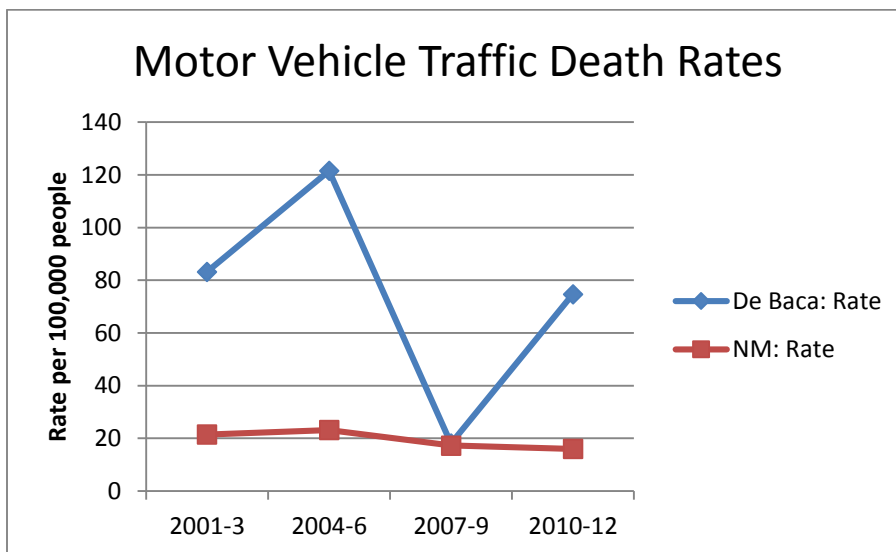
This chart includes chronic conditions directly and 100% attributable to consumption of alcohol. Included in this definition from the CDC’s Alcohol-Related Disease Impact (ARDI) program ([http://apps.nccd.cdc.gov/DACH\\_ARDI/Info/ICDCodes.aspx](http://apps.nccd.cdc.gov/DACH_ARDI/Info/ICDCodes.aspx)): (alcohol) psychosis, abuse, dependence syndrome, myopathy, cardiomyopathy; alcoholic gastritis and liver disease; fetal alcohol syndrome, fetus and newborn affected by maternal use of alcohol, and alcoholic induced chronic pancreatitis. Conditions in which alcohol contributes, either directly or indirectly, to mortality are not included in this measure.

## Unintentional Injuries



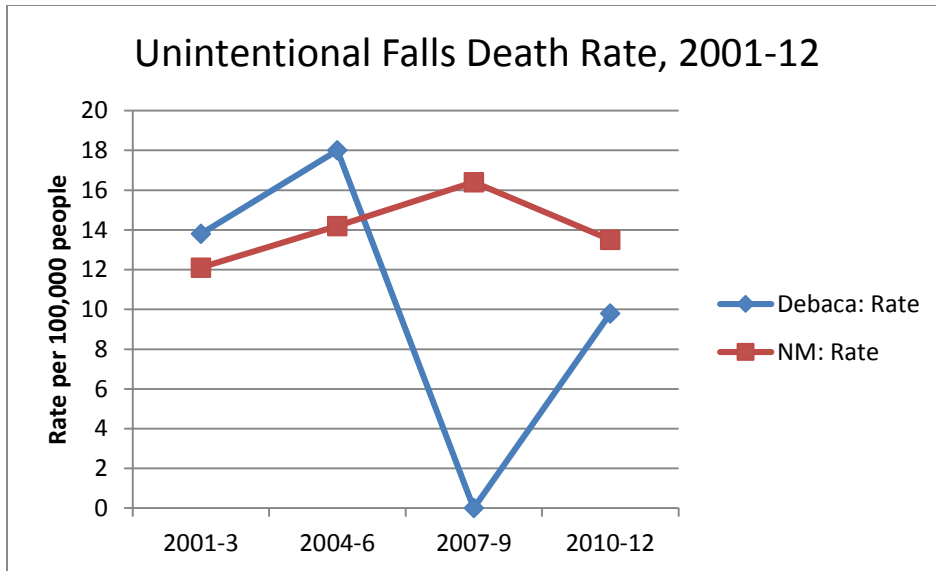
Unintentional Injury Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	119.7	149.7	55	92.7
De Baca: Deaths	8	10	3	6
NM: Rate	57.3	63.1	63.9	61.9



Motor Vehicle Traffic Death Rates

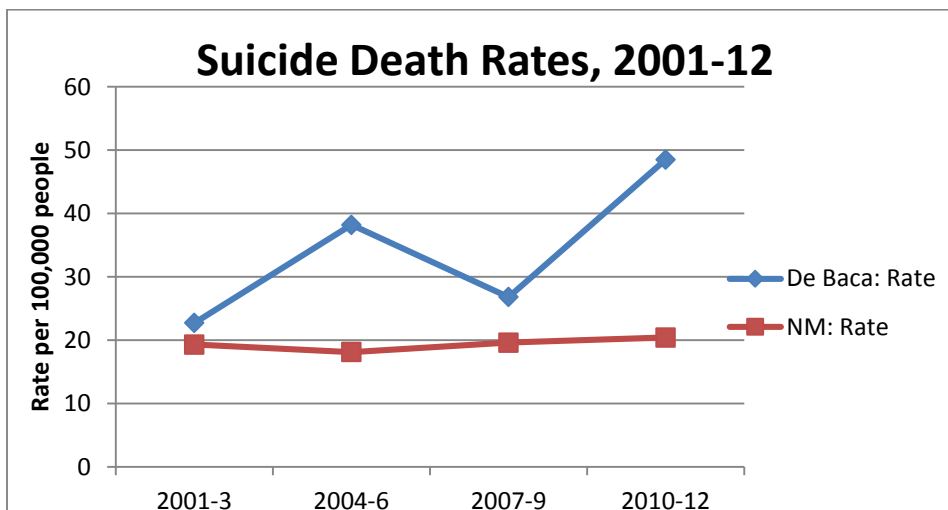
	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	83.2	121.5	18.1	74.7
De Baca: Deaths	5	7	1	4
NM: Rate	21.5	23.2	17.3	16



Unintentional Falls Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	13.8	18	0	9.8
De Baca: Deaths	2	2	0	1
NM: Rate	12.1	14.2	16.4	13.5

Deaths from falls include primarily elderly people. The average age at death from falls is about 72 years.



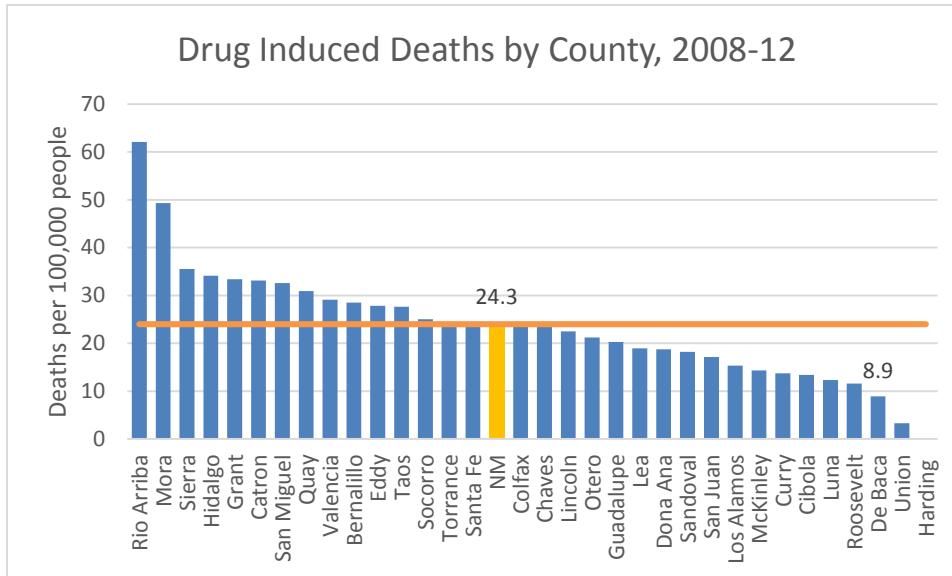
Suicide Death Rates

	2001-3	2004-6	2007-9	2010-12
De Baca: Rate	22.7	38.2	26.8	48.5
De Baca: Deaths	2	2	1	3
NM: Rate	19.3	18.1	19.6	20.4



## Deaths Due to Drug Overdose

In 2007-11 there were 2,401 deaths due to drug overdose in NM, 1 in De Baca County.

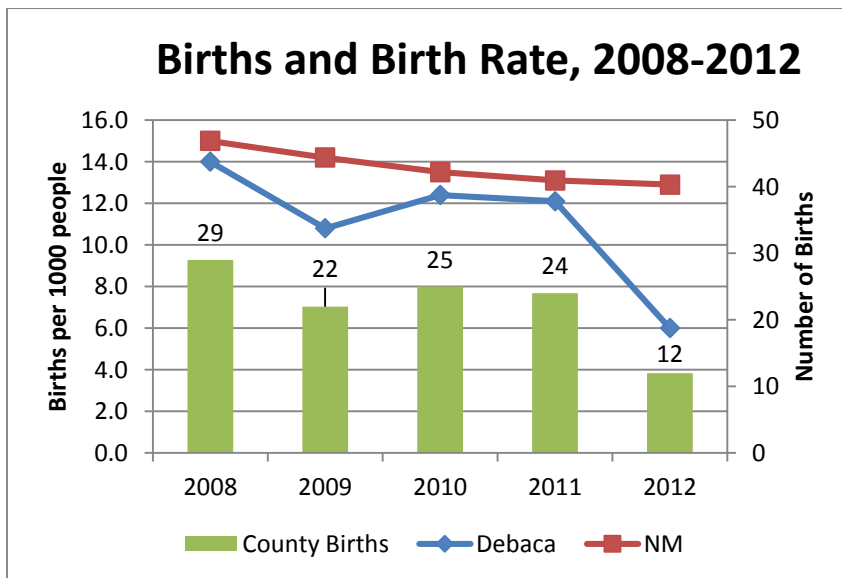


De Baca County drug-induced death rate is well below the state average. See [https://ibis.health.state.nm.us/indicator/complete\\_profile/DrugIndDth.html](https://ibis.health.state.nm.us/indicator/complete_profile/DrugIndDth.html)

The main codes for drug overdose are X40-X44, X60-64, X85.

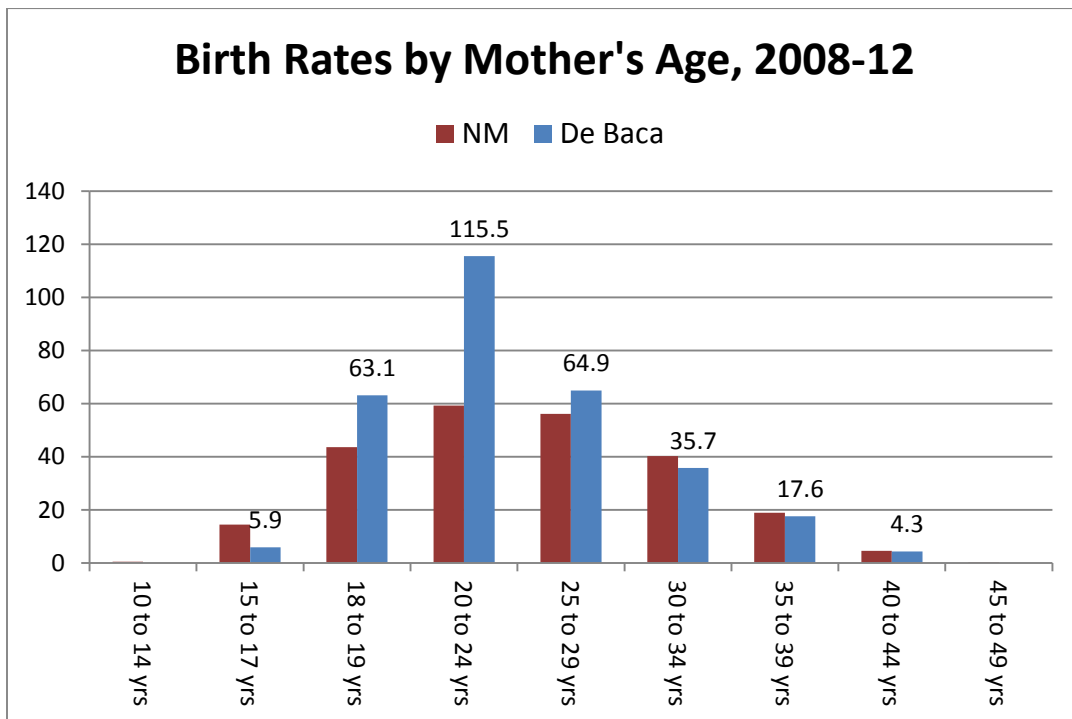
## Births

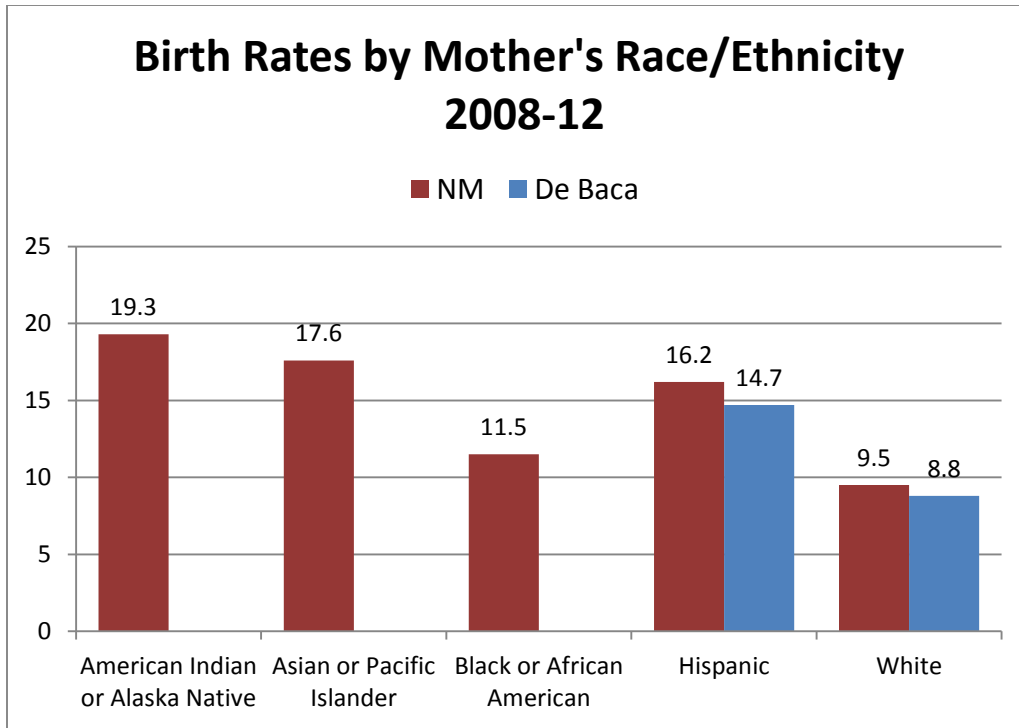
Number of Births 2008-12



### Number and Percentage of Births by Mother's Age

2008-2012	De Baca			NM		
Age group	Births	Population	Rate	Births	Population	Rate
10 to 14				255	711,772	0.4
15 to 17	2	337	5.9	6,468	449,182	14.4
18 to 19	14	222	63.1	13,055	299,422	43.6
20 to 24	33	286	115.5	41,787	705,404	59.2
25 to 29	37	570	64.9	38,894	693,507	56.1
30 to 34	16	448	35.7	25,707	639,176	40.2
35 to 39	8	454	17.6	11,816	624,147	18.9
40 to 44	2	467	4.3	2,845	629,765	4.5
45 to 49				188	715,236	0.3
50+				22	3384155	0
Total Births	112			141,037		
Percent to 15-19 yr. olds	14.3%	Rate	28.62	13.8%	Rate	26.08





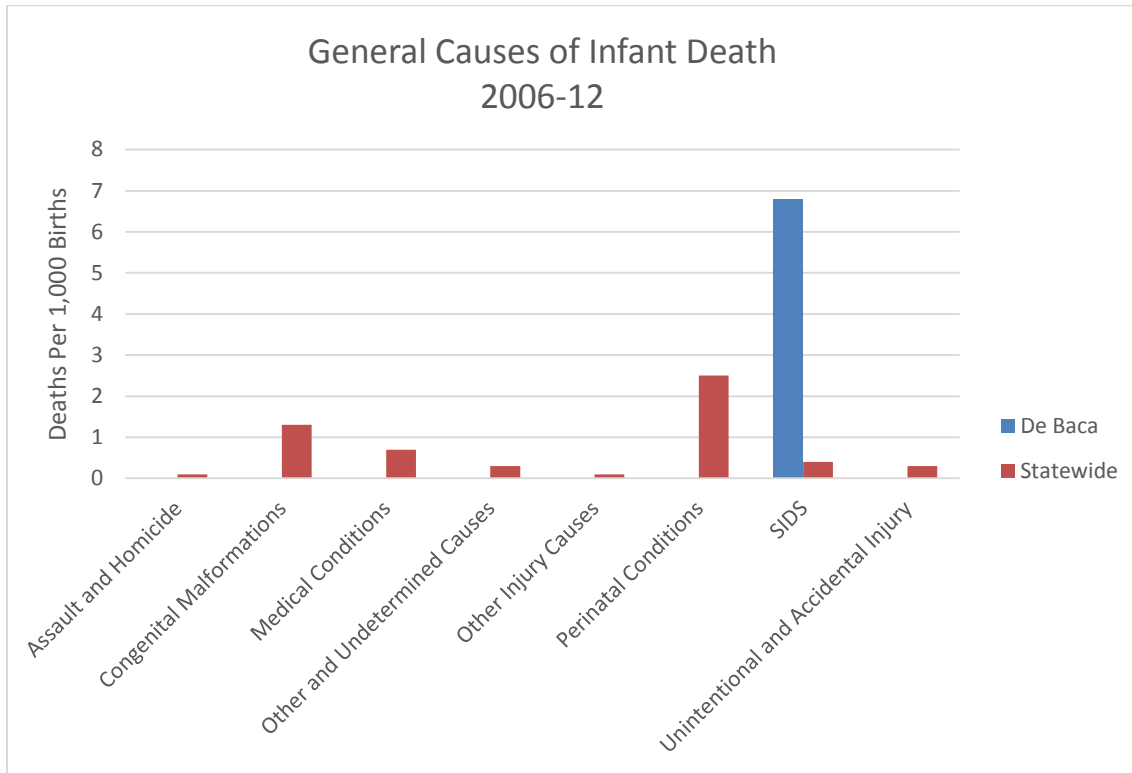
2008-12	De Baca				NM		
	Births	Population	Birth Rate	Pop. Avg	Births	Population	Birth Rate
American Indian or Alaska Native					17517	906013	19.3
Asian or Pacific Islander					2656	151115	17.6
Black or African American					2405	209489	11.5
Hispanic	58	3935	14.7	787	77018	4755227	16.2
White	53	6026	8.8	1205.2	40634	4267697	9.5
Total	112	10111	11.1	2022.2	141060	10289540	13.7

### Infant Mortality Rate

In De Baca County, 2008-2012, there was 1 infant death for 112 births, a rate of 8.9 per 1000 live births. This is the higher than the NM rate. This rate is not stable because of small population.

Infant mortality, often cited as a general indicator of well-being of a population, has increased in NM since 2010 after improving from 2008-2009.

## Leading causes of Infant Deaths



General Causes of Infant Death	Statewide			De Baca		
	Number of Deaths	Number of Live Births	Deaths Per 1,000 Births	Number of Deaths	Number of Live Births	Deaths Per 1,000 Births
Assault and Homicide	23		0.1			
Congenital Malformations	269		1.3			
Medical Conditions	141		0.7			
Other and Undetermined Causes	58		0.3			
Other Injury Causes	19		0.1			
Perinatal Conditions	500		2.5			
SIDS	74		0.4	1		6.8
Unintentional and Accidental Injury	53		0.3			
<b>Total</b>	<b>1137</b>	<b>201578</b>	<b>5.6</b>	<b>1</b>	<b>148</b>	<b>6.8</b>

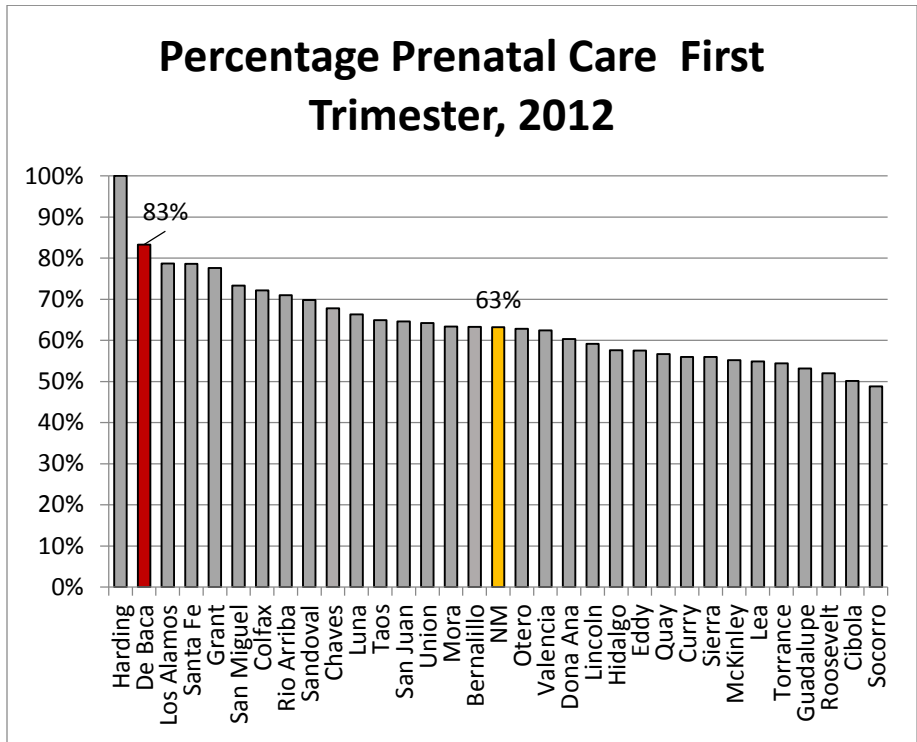
Medical conditions refer to diseases and conditions of the infant.

Perinatal Condition refer to short gestation and problems during pregnancy.

SIDS--Sudden infant death syndrome.

For this chart the time reference was expanded to 2006-12. These rates are unstable because of small numbers.

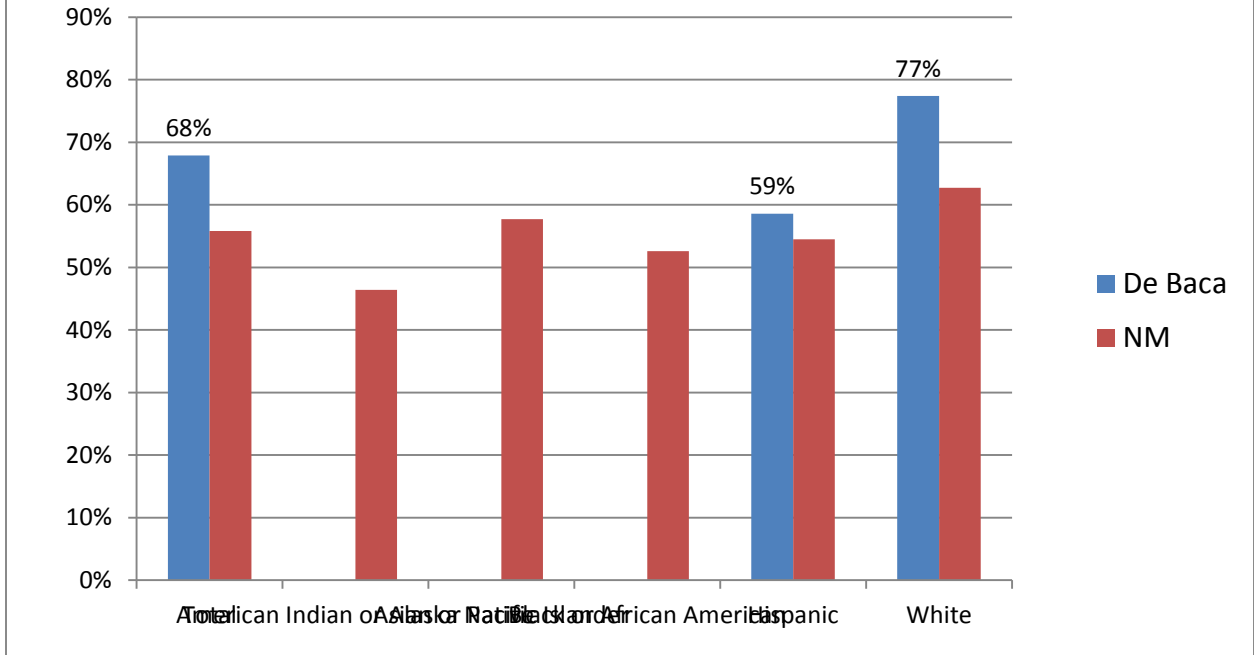
## Prenatal Care



Prenatal care in the first three months helps catch problems early and affords opportunity for education of mothers. It also indicates access to health care services since prenatal care is available through Medicaid.

In the above chart, Harding and De Baca Counties had 5 and 12 births respectively, so their percentages may not be stable.

## Percentage of Mothers with Adequate Prenatal Care, 2005-2012



**Data Table of Percentage With Kotelchuck Prenatal Care=Adequate or Adequate-Plus by Mother's Race and Ethnicity and Mother's County of Residence**

	Total	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	Hispanic	White	
<b>De Baca</b>	67.9%				58.6%	77.4%	
<b>NM</b>	55.8%	46.4%	57.7%	52.6%	54.5%	62.7%	

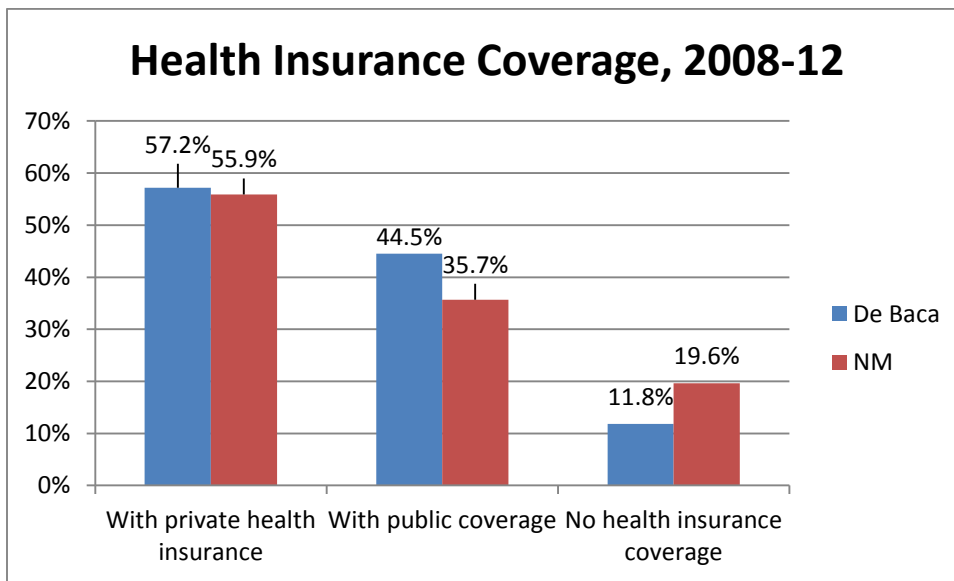
In this chart, higher is better. Whites and Asians begin prenatal care earlier than others.

Doctors recommend that mothers-to-be see their health care provider before the 13th week of pregnancy and to go back for at least 13 visits before birth.

The Kotelchuck Index combines when prenatal care began and the number of visits. Adequate indicates the mother received at least 80% of the indicated number of visits for when her prenatal care began.

## Access to SNAP and Health Insurance

Households Receiving SNAP/Food Stamp Benefit			
De Baca County		NM	
Number	Percent	Number	Percent
92	12.3%	97,304	12.7%



Source: U.S. Census Bureau, Small Area Health Insurance Estimates, <http://www.census.gov/did/www/sahie/data/>.

## Health Resources

### Health Resources, 2011





	De Baca Co.	NM
Population 2011	1945	
Primary Care Physicians	1	1535
PCP per 100,000 people	51.4	73.7
Pediatricians	0	291
Pediatricians per 100,000 people under age 20		50.3
Obstetrician/Gynecologists	0	181
OB/GYM per 100,000 women		17.2
Psychiatrists	0	197
Psychiatrists per 100,000 people		9.5
Dentists	2	974
Dentists per 100,000 people	98.8	47.3
Short Term General Hospitals	0	41
STGH Beds		4,130
Federally Qualified Health Centers	1	100
Community Health Centers	2	152
School Based Health Centers	1	74
Medicare Beneficiaries	542	326,559
Percent of Population	27.9	15.7
Medicaid Beneficiaries	530	561,762
Percent of population	27.2	27

Area Health Resource File, HRSA.

<http://arf.hrsa.gov/arfdashboard/HRCT.aspx>



**New Mexico Ranks 50th in Child Well-Being**  
**2013 NM KIDS COUNT Profile**  
**San Miguel County**

 <p><b>ECONOMIC WELL-BEING</b></p>	<p><b>Children in Poverty 2010</b></p> <p>32%</p> <p>NM Rate: 27%</p>	<p><b>Families in which Parents Lack Secure Employment 2010</b></p> <p>43%</p> <p>NM Rate: 39%</p>	<p><b>Families with a High Housing Cost Burden 2010</b></p> <p>Rent: 41% Own: 26%</p> <p>NM Rate: Rent: 43% Own: 25%</p>	<p><b>Teens (16-19) Not in School and Not Working 2010</b></p> <p>10%</p> <p>NM Rate: 10%</p>
 <p><b>EDUCATION</b></p>	<p><b>Children Attending Preschool 2010</b></p> <p>29%</p> <p>NM Rate: 40%</p>	<p><b>Fourth Graders Proficient in Reading 2013</b></p> <p><i>Las Vegas City: 51%</i> <i>Pecos: 46%</i> <i>West Las Vegas: 50%</i></p> <p>NM Rate: 48%</p>	<p><b>Eighth Graders Proficient in Math 2013</b></p> <p><i>Las Vegas City: 23%</i> <i>Pecos: 22%</i> <i>West Las Vegas: 30%</i></p> <p>NM Rate: 42%</p>	<p><b>High School Students Graduating on Time 2013</b></p> <p><i>Las Vegas City: 80%</i> <i>Pecos: 72%</i> <i>West Las Vegas: 71%</i></p> <p>NM Rate: 70%</p>
 <p><b>HEALTH</b></p>	<p><b>Low Birth Weight Babies 2012</b></p> <p>9.4%</p> <p>NM Rate: 7.6%</p>	<p><b>Children without Health Insurance 2011</b></p> <p>10%</p> <p>NM Rate: 10%</p>	<p><b>Child and Teen Deaths per 100,000 2012</b></p> <p>Child (1-14): 21 Teen (15-19): 42</p> <p>NM Rate: Child: 19 Teen: 69</p>	<p><b>Teens who Binge Drink 2011</b></p> <p>28%</p> <p>NM Rate: 24%</p>
 <p><b>FAMILY AND COMMUNITY</b></p>	<p><b>Children in Single Parent Families 2011</b></p> <p>52%</p> <p>NM Rate: 36%</p>	<p><b>Families where Household Head Lacks a High School Diploma 2011</b></p> <p>17%</p> <p>NM Rate: 18%</p>	<p><b>Children Living in High Poverty Areas 2011</b></p> <p>26%</p> <p>NM Rate: 21%</p>	<p><b>Teen Births per 1,000 2012</b></p> <p>42</p> <p>NM Rate: 45</p>

Note: NA means data "not available"  
 Data provided by NM KIDS COUNT/NM Voices for Children for the NM Department of Health, 2014



**Sources:**

*Children in Poverty:* American Community Survey, 2006-2010, Table B17006.  
*Children whose Parents Lack Secure Employment:* American Community Survey, 2006-2010, Table B17016.  
*Families with a High Housing (Rent) Cost Burden:* American Community Survey, 2006-2010, Table B25070.  
*Families with a High Housing (Ownership) Cost Burden:* American Community Survey, 2006-2010, Table B25091.  
*Teens Not in School and Not Working:* American Community Survey, 2007-2011, Table 14005.  
*Children ages 3 to 4 Attending Preschool:* American Community Survey, 2006-2010, Table B14003.  
*Fourth Graders Proficient in Reading and 8<sup>th</sup> Graders Proficient in Math:* NM Public Education Department. Retrieved from: <http://www.ped.state.nm.us/Assessment/Accountability/AcademicGrowth/NMSBA.html>.  
*High School Students Graduating on Time:* NM Public Education Department, 2013 4-Year Cohort Graduation Rates at: <http://ped.state.nm.us/Graduation/index.html>  
*Low Birth-Weight Babies:* NM Department of Health, IBIS Database, Query Results for Percentage of Low Birth Weight Infants at: <https://ibis.health.state.nm.us/query/result/birth/BirthWtCnty/BirthWtLow.html>  
*Children without Health Insurance:* U.S. Census, Small Area Health Insurance Estimates (SAHIE), 2011.  
*Child Death Rate per 100,000:* NM Department of Health, IBIS Database, Query Results for Crude Rates, Ages 1-14, deaths per 100,000 Measure at: <https://ibis.health.state.nm.us/query/result/mort/MortCntyCD10/CrudeRate.html>  
*Teen Death Rate per 100,000:* NM Department of Health, IBIS Database, Query Results for Crude Rates, Ages 15-19, deaths per 100,000 Measure at: <https://ibis.health.state.nm.us/query/result/mort/MortCntyCD10/CrudeRate.html>  
*Teens Who Binge Drink:* NM Youth Risk and Resiliency Survey, 2011, NM Department of Health and NM Public Education Department at: [https://ibis.health.state.nm.us/indicator/view\\_numbers/BingeDrinkYouth.Cnty.html](https://ibis.health.state.nm.us/indicator/view_numbers/BingeDrinkYouth.Cnty.html).  
*Children in Single Parent Families:* American Community Survey, 2006-2010, Table B09002.  
*Families where Household Head Lacks a High School Diploma:* American Community Survey, 2007-2011, Table B17018.  
*Children Living in High Poverty Areas:* 2011 data from the American Community Survey prepared by Population Reference Bureau for NM KIDS COUNT.  
*Teen (ages 15-19) Births per 1,000:* NM Department of Health, IBIS Database, Query Criteria for the Adolescent Births, Girls Age 15-19 Measure (per 1,000) at: [https://ibis.health.state.nm.us/query/result/birth/AdolBirthCnty/AdolBirth15\\_19.html](https://ibis.health.state.nm.us/query/result/birth/AdolBirthCnty/AdolBirth15_19.html)