Grant County Community Health Profile

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 Grant County in 2013 was estimated at 29,328. The population has decreased .5 percent since the 2010 census.

The 5.9% of the population is less than 5 years old, 22.7% is over 64 years old

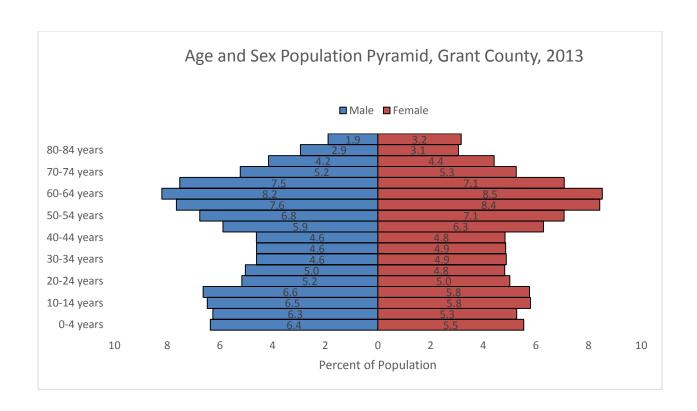
49% percent of the population is Hispanic or Latino.

4.7% of the population is foreign-born.

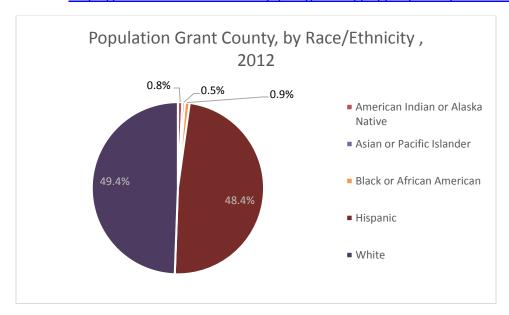
These data are from the Census Quick Facts, http://quickfacts.census.gov/qfd/states/35/35017.html

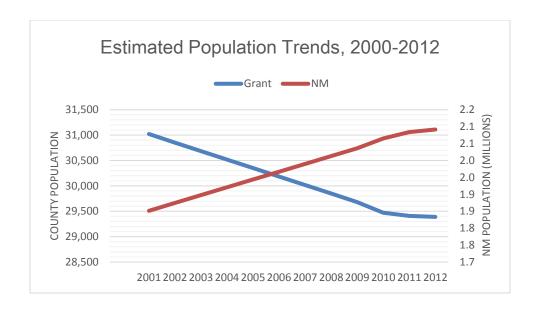
Grant County Population by Age and Sex, 2012						
	Male	Female				
Age	Count	Percent	Count	Percent		
Total	14433		14957			
0-4 years	918	6.4	828	5.5		
5-9 years	904	6.3	788	5.3		
10-14 years	935	6.5	867	5.8		
15-19 years	958	6.6	861	5.8		
20-24 years	746	5.2	749	5.0		
25-29 years	726	5.0	720	4.8		
30-34 years	665	4.6	729	4.9		
35-39 years	665	4.6	726	4.9		
40-44 years	666	4.6	722	4.8		
45-49 years	849	5.9	940	6.3		
50-54 years	976	6.8	1057	7.1		
55-59 years	1104	7.6	1260	8.4		
60-64 years	1184	8.2	1275	8.5		
65-69 years	1086	7.5	1058	7.1		
70-74 years	754	5.2	786	5.3		
75-79 years	599	4.2	660	4.4		
80-84 years	425	2.9	458	3.1		
85+ years	273	1.9	473	3.2		

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



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





Approximately 662 people live in group quarters. These include jails, prisons, nursing homes, and dormitories.

Single Parent Households

Single Parent Households, Grant County 2008-12

Total Households	12,307	
Single Male Householder	614	5%
Single Female Householder	1,581	13%
Number of grandparents responsible		
for children under 18 years old	571	

Housing

In 2012, there were 14,691 housing units in Grant County; 7.2% were multi-unit structures; 76% of housing units were owner-occupied. The median value of an owner-occupied home in 2008-12 was \$127,300. There are (an average) of 2.4 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 Grant County, 27% of owners with a mortgage paid 30% or more of their income for housing while 51% of renters had excessive housing costs.

Source American Community Survey, 2008-12. Table ACS_12_5Yr_DP04

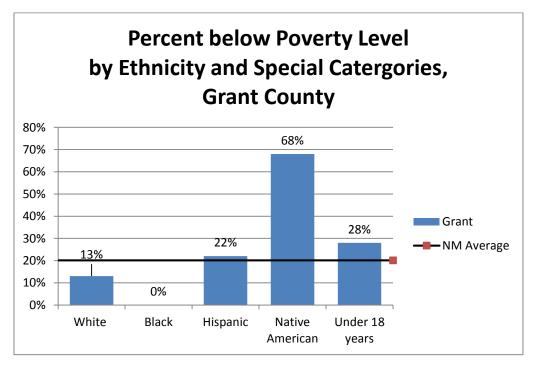
Homelessness

In the 2013 NM Point in Time Survey, In Grant County there were 8 people found experiencing homelessness.

Source NM Coalition to End Homelessness. 2013. Point in Time Count Results. http://nmceh.org/pages/homelessnessReports.html

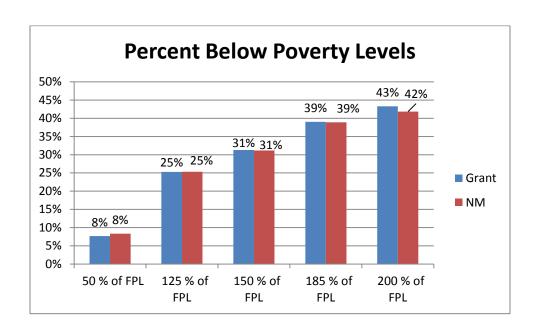
Income and Poverty

Average per capita money income (2008-12) was \$22,415 and median household income was \$37,525. According to the Census Bureau in 2012, about a fifth of the population lived below the poverty line. The unemployment rate (2012) was 6.9%. 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.



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



Education and Language

Education and Language	Grant Co	NM
Language other than English spoken at home	32.1%	36.0%
High School Graduate or Higher	84.1%	83.4%
Bachelor's degree or higher	24.2%	25.6%
		_

These data are from the Census Quick Facts,

http://quickfacts.census.gov/qfd/states/35/35045.html

Grant County School Enrollment

SCHOOL ENROLLMENT		
Population 3 years and over enrolled in school	7,166	
Nursery school, preschool	319	4.5%
Kindergarten	295	4.1%
Elementary school (grades 1-8)	2,826	39.4%
High school (grades 9-12)	1,534	21.4%
College or graduate school	2,192	30.6%

Grant County Educational Attainment

EDUCATIONAL ATTAINMENT		
Population 25 years and over	20,803	
Less than 9th grade	1,379	6.6%
9th to 12th grade, no diploma	1,924	9.2%
High school graduate (includes equivalency)	5,786	27.8%
Some college, no degree	5,115	24.6%
Associate's degree	1,570	7.5%
Bachelor's degree	2,781	13.4%
Graduate or professional degree	2,248	10.8%

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

Four Year Graduation Rate, by District, Grant County 2012 By District

Category	Silver	Cobre
All Students	82.6	93.5
Female	84.6	94.1
Male	71.2	93.0
Caucasian	85.1	93.3
Hispanic	82.3	93.4
American Indian		
Economically Disadvantaged	73.1	93.7
Students w Disabilities	66.0	98.0
English Language Learners	91.5	96.8

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

Child Abuse

Child Abuse Investigations, July 2012-June 2013

Cilia Abase investigations, July 2012 Julie 2013						
	Accepted	%	Number of substantiated child	Child Victim Rate per 1000		
County	Reports	substantiated	victims	children		
Grant County	378	31.3%	121	16.8		
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

Risk and Resiliency

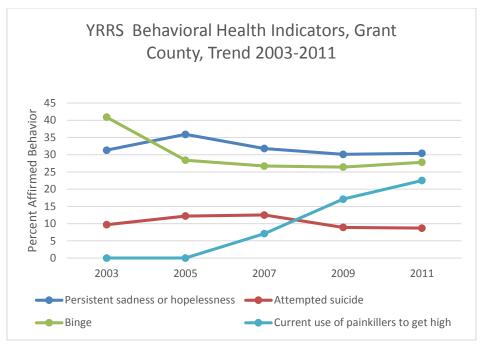
Risk and Resiliency is measured by a two surveys, the Behavior Risk Factor Surveillance Survey conducted by the NM Department of Health and the Youth Risk and Resiliency Survey conducted by school districts. The YRRS measures are self-reported by the student.

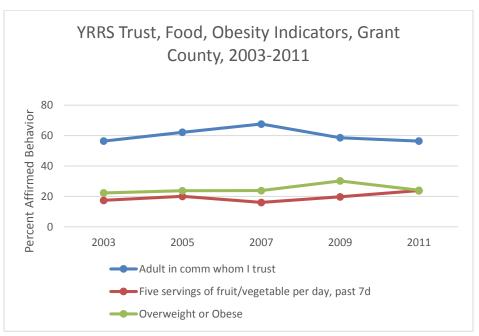
Adolescent Indicators

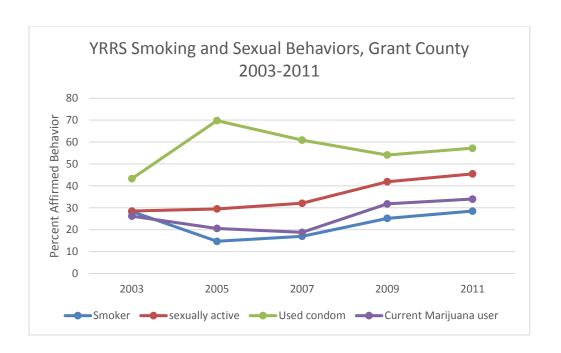
Measure	Grant	NM
Adolescent Risk and Resiliency Measures		
Ate Five or More Servings of Fruit or Vegetables per Day 2009,2010,2011	20%	23.8%
Adolescent Obesity, self-reported BMI above 95th percentile for age and sex	14%	12.4%
Youth Smoking Prevalence, percentage of students who smoked cigarettes on or more days in the past month	29%	22.7%
Youth with Feeling of Sadness or Hopelessness	35/%	30.8%
Youth with Trusted Adult in Community	56.4 %	55.0%
Binge Drinking	29%	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







Grant County	2003	2005	2007	2009	2011	Avg. 07-11
Persistent sadness or hopelessness	31.8	26.4	23.1	31.4	35.2	29.9
Attempted suicide	14.9	9.1	6.2	9.1	12.4	9.2
Binge Drinking	40.2	29.9	23.5	31.4	33.1	29.3
Current Marijuana user	26.2	20.6	18.8	31.8	34	28.2
Current use of painkillers to get high			7.1	17.1	22.5	15.6
Ever used illegal injection drugs	2.2	3.5	2.4	4	7.8	4.7
Smoker	28.3	14.7	17	25.2	28.5	23.6
Sexually active	28.5	29.5	32.1	41.9	45.5	39.8
Used condom	43.3	69.8	60.9	54.1	57.2	57.4
Adult in common whom I trust	56.4	62.2	67.6	58.6	56.4	60.9
Five servings of fruit/vegetable per day, past week	17.4	20	16	19.7	23.8	19.8
Overweight or Obese	22.3	23.7	23.8	30.2	24	26.0
Obese	11.5	9.9	9.4	16	9	11.5

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	Grant Co	NM
General Self-Reported Health Status, percentage of adults reporting fair or poor		
health	21.2%	17.5%
Adult Physical Activity, 2005,2007, 2009	55.6%	52.5%
Adults Consuming 5 or more servings of fruits		
and vegetable per day, 2007, 2009	27%	22.4%
Obesity Among Adults bmi >25, 2011, 2012	67.1%	60.8%
Adult Smoking Prevalence current smoker,		
2011, 2012	20.4%	18.8%

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.

Adult Smoking Prevalence by Race and Ethnicity (2011), Age Adjusted	Grant	NM
White	16.2%	22%
Hispanic	26.9%	23%
Black		31%
Native American		21%
Asian		9%

Mortality

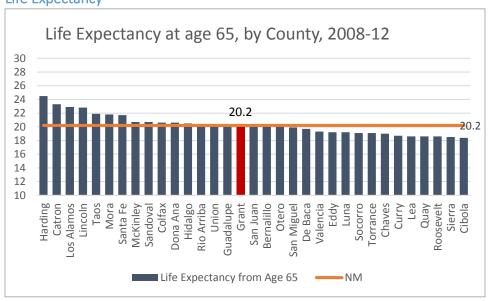
Leading Causes of Death

Leading Causes of Death 2008-12, Ranked by Age-Adjusted Rate (Deaths per 100,000)

Causes	Grant	NM
Total	631.9	616.3
Circulatory, Heart disease (ICD10: I00-I09, I11, I13, I20-I51)	153.6	150
Neoplasm, malignant (ICD10: C00-C97)	150	147.9
Injury, Unintentional injuries (ICD10: V01-X59, Y85-Y86)	58.8	62.4
Respiratory, Chronic lower respiratory diseases (ICD10: J40-J47)	50	45.9
Injury, Intentional self-harm (suicide) (ICD10: X60-X84, Y87.0, *U03	38.6	19.9
Circulatory, Cerebrovascular diseases (ICD10: I60-I69)	38.4	34.2
Diabetes mellitus (ICD10: E10-E14)	20.8	27.8
Chronic liver disease and cirrhosis (ICD10: K70, K73-K74)	19.9	18.1
Respiratory, Influenza and pneumonia (ICD10: J09-J18)	17.5	15.2
Alzheimer's disease (ICD10: G30)	15	18.1

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

Life Expectancy

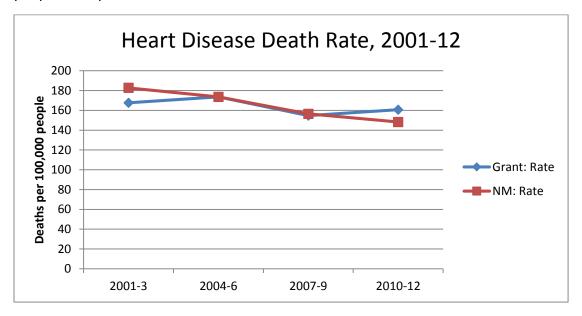


The number of years a person is expected to live after age 65 varies from 24.5 to 18.4

Chronic Diseases

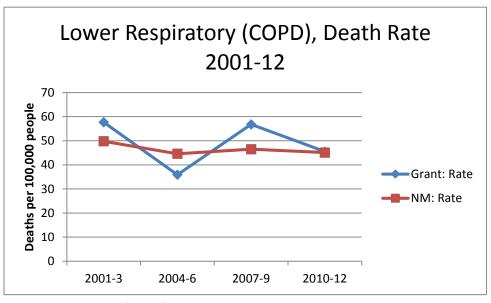
Chronic diseases are conditions that develop slowly, often inconspicuously, and even with treatment affect a person throughout his or her lifetime. Chronic diseases are often the result of lifestyle choices (such as smoking), exposure to environmental pollution or toxins, and genetics (some cancers). 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.



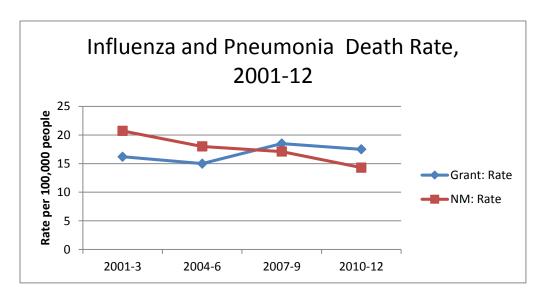
Heart Disease Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	167.6	173.6	154.7	160.7
Grant: Deaths	200	218	208	225
NM: Rate	182.7	173.6	156.5	148.2



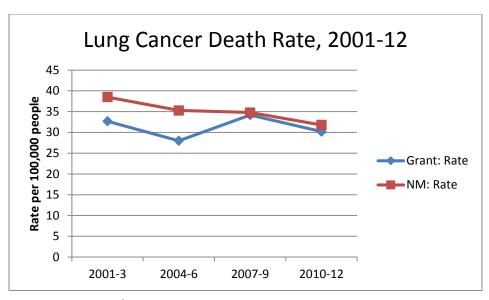
Lower Respiratory (COPD) Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	57.7	35.9	56.8	45.5
Grant: Deaths	70	47	78	66
NM: Rate	49.8	44.6	46.5	45.1



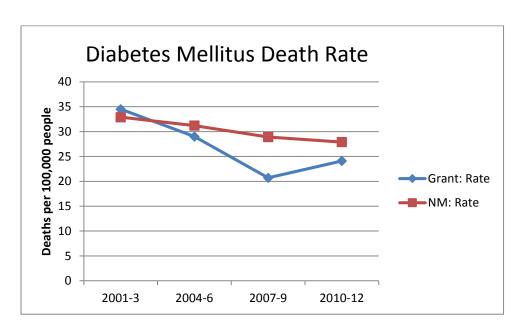
Influenza-Pneumonia Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	16.2	15	18.5	17.5
Grant: Deaths	19	19	25	22
NM: Rate	20.7	18	17.1	14.3



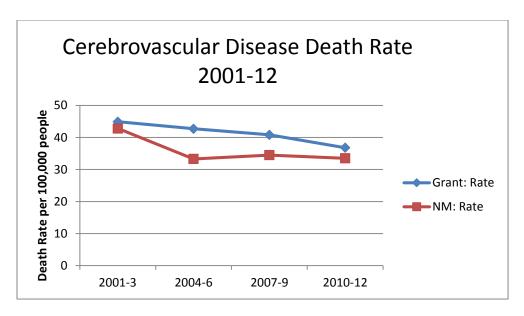
Lung Cancer Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	32.7	28	34.2	30.2
Grant: Deaths	41	35	49	46
NM: Rate	38.5	35.3	34.8	31.8



Diabetes Mellitus Death Rate

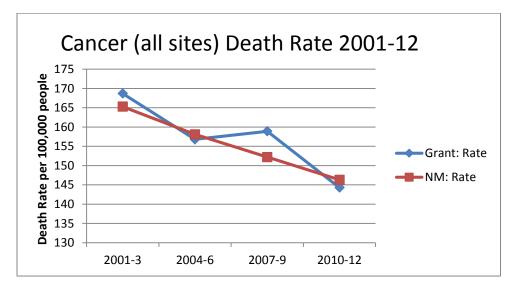
	2001-3	2004-6	2007-9	2010-12
Grant: Rate	34.5	29	20.7	24.1
Grant: Deaths	42	37	26	32
NM: Rate	32.9	31.2	28.9	27.9



Cerebrovascular Diseases Death Rate

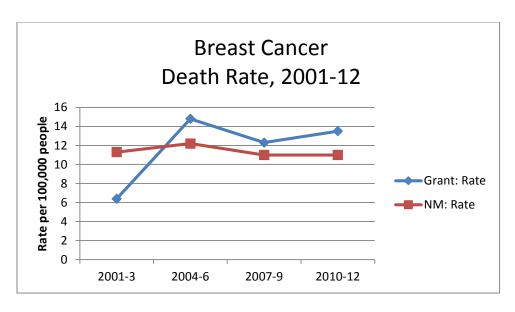
	2001-3	2004-6	2007-9	2010-12
Grant: Rate	44.9	42.7	40.8	36.8
Grant: Deaths	53	55	55	52
NM: Rate	42.8	33.3	34.5	33.5

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



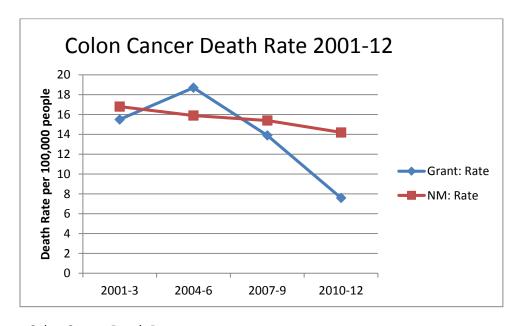
Cancer-all sites Death Rate

-				
	2001-3	2004-6	2007-9	2010-12
Grant: Rate	168.7	156.8	158.9	144.3
Grant: Deaths	201	198	216	211
NM: Rate	165.3	158.1	152.2	146.3



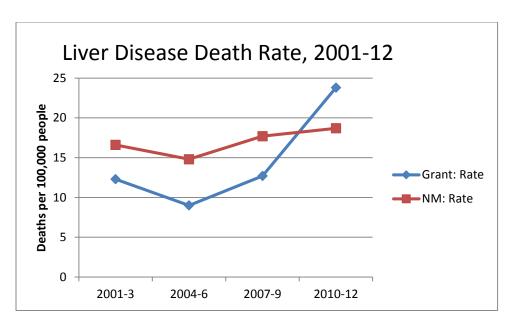
Breast Cancer Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	6.4	14.8	12.3	13.5
Grant: Deaths	8	18	14	18
NM: Rate	11.3	12.2	11	11



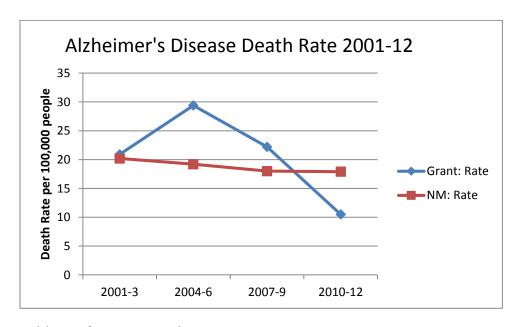
Colon Cancer Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	15.5	18.7	13.9	7.6
Grant: Deaths	18	25	19	11
NM: Rate	16.8	15.9	15.4	14.2



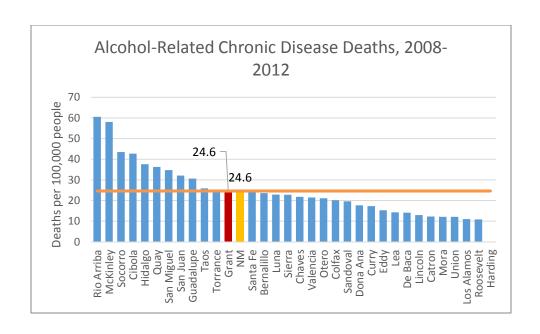
Liver Disease Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	12.3	9	12.7	23.8
Grant: Deaths	14	12	16	30
NM: Rate	16.60	14.80	17.70	18.70



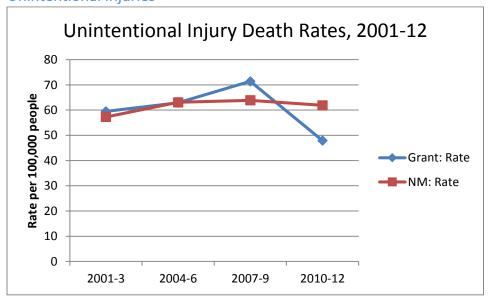
Alzheimer's Disease Death Rate

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	20.9	29.4	22.2	10.5
Grant: Deaths	25	37	30	15
NM: Rate	20.2	19.2	18	17.9



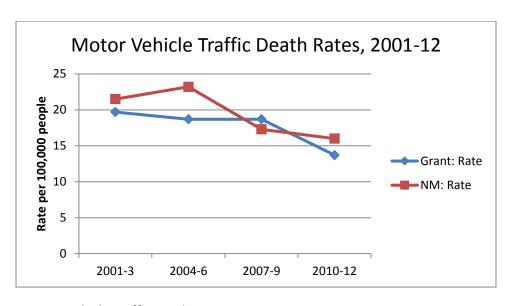
This chart includes chronic conditions directly and 100% attributable to consumption of alcohol. Included in this definition from the CDC's Alcohol-Related Disease Impact (ARDI) program (http://apps.nccd.cdc.gov/DACH_ARDI/Info/ICDCodes.aspx): (alcohol) psychosis, abuse, dependence syndrome, myopathy, 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



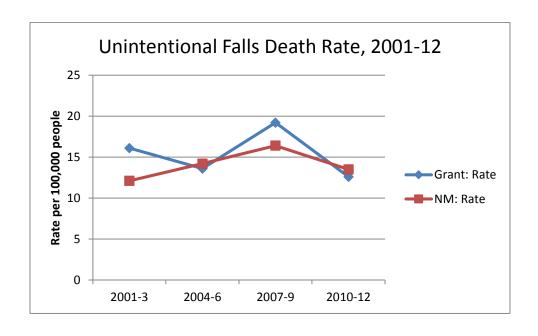
Unintentional Injury Death Rates

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	59.5	62.9	71.4	47.9
Grant: Deaths	56	58	69	47
NM: Rate	57.3	63.1	63.9	61.9



Motor Vehicle Traffic Death Rates

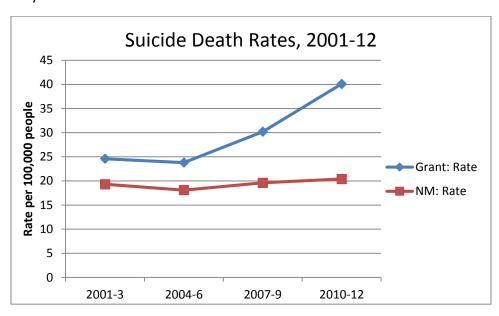
	2001-3	2004-6	2007-9	2010-12
Grant: Rate	19.7	18.7	18.7	13.7
Grant: Deaths	18	15	15	13
NM: Rate	21.5	23.2	17.3	16



Unintentional Fall Death Rates

	2001-3	2004-6	2007-9	2010-12
Grant: Rate	16.1	13.6	19.2	12.6
Grant: Deaths	18	17	25	17
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.

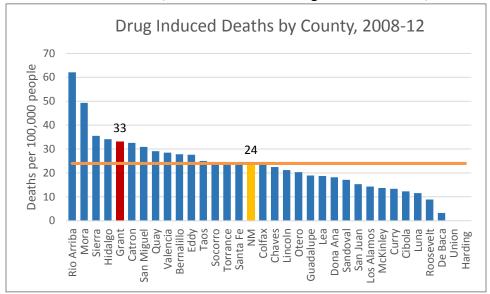


Suicide Death Rates

	2001-3	2004-6	2007-9	2010-12				
Grant: Rate	24.6	23.8	30.2	40.1				
Grant: Deaths	21	22	26	30				
NM: Rate	19.3	18.1	19.6	20.4				

Deaths Due to Drug Overdose

In 2008-12 there were 2,401 deaths due to drug overdose in NM, 41 in Grant County

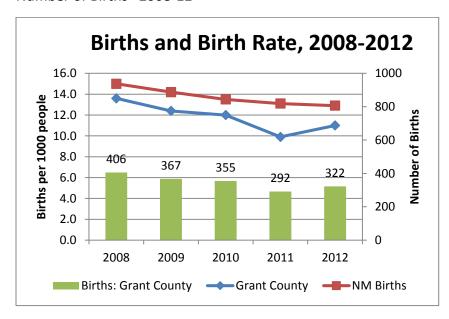


The Grant County drug-induced death rate is the fifth highest in the state https://ibis.health.state.nm.us/indicator/complete profile/DrugIndDth.html

The main ICD 10 codes for drug overdose are X40-X44, X60-64, X85.

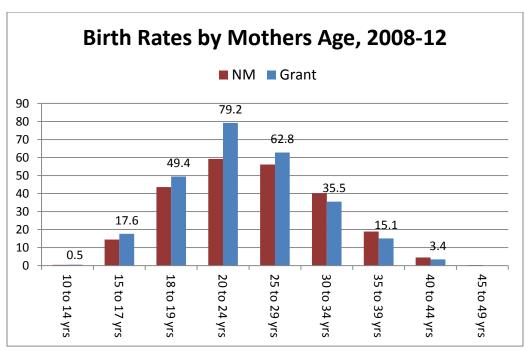
Births

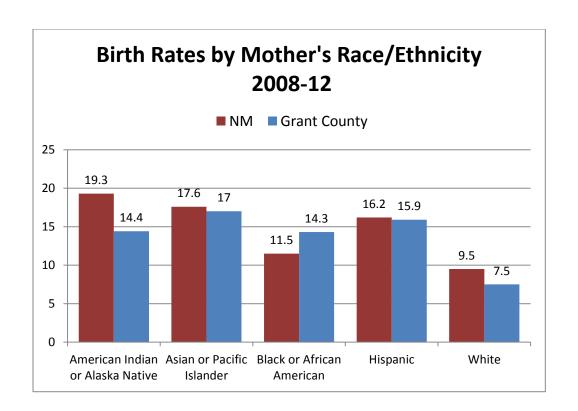
Number of Births 2008-12



Births by Mother's Age

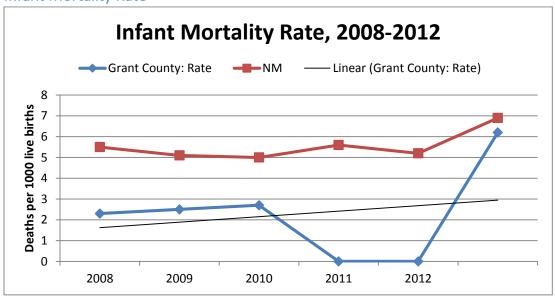
2008-2012		Grant Count	У		NM	
	Births	Population	Rate	Births	Population	Rate
10 to 14	5	9256	0.5	255	711,772	0.4
15 to 17	99	5619	17.6	6,468	449,182	14.4
18 to 19	185	3746	49.4	13,055	299,422	43.6
20 to 24	606	7649	79.2	41,787	705,404	59.2
25 to 29	461	7346	62.8	38,894	693,507	56.1
30 to 34	252	7106	35.5	25,707	639,176	40.2
35 to 39	108	7170	15.1	11,816	624,147	18.9
40 to 44	25	7247	3.4	2,845	629,765	4.5
45 to 49				188	715,236	0.3
50+	1	65829	0	22	3384155	0
	1,742			141,037		
Births to teens	284			19523		
Percent to 15-19 yr olds	16.3%	Rate	30.33	13.8%	Rate	26.08





2008-12	Grant County				NM		
	Births	Population	Birth Rate	Pop 5yr avg	Births	Population	Birth Rate
American Indian or Alaska Native	18	1246	14.4	249.2	17517	906013	19.3
Asian or Pacific Islander	12	707	17	141.4	2656	151115	17.6
Black or African American	18	1257	14.3	251.4	2405	209489	11.5
Hispanic	1141	71815	15.9	14363	77018	4755227	16.2
White	549	72777	7.5	14555.4	40634	4267697	9.5
Total	1742	147802	11.8	29560.4	141060	10289540	13.7

Infant Mortality Rate



Infant Mortality Rate. 2008-2012, Grant County

Infant Mortality Trend 2008-12

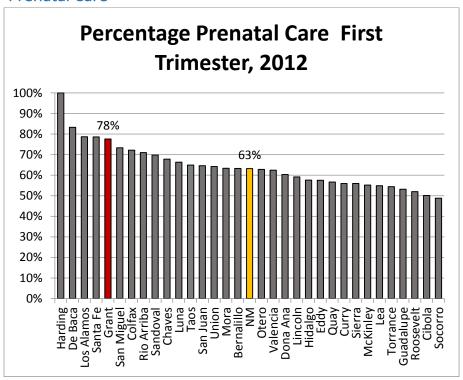
	Total	2008	2009	2010	2011	2012
Grant County: Infant Deaths	4	1	1	0	0	2
Grant County: Live births	1,742	406	367	355	292	322
Grant County: Rate	2.3	2.5	2.7	0	0	6.2
NM	Total	2008	2009	2010	2011	2012
NM	782	153	145	155	143	186
NM	141060	30154	28872	27793	27251	26990
NM	5.5	5.1	5	5.6	5.2	6.9

In Grant County, 2008-2012, there were only 4 infant deaths for 1742 births, a rate of 2.3 per 1000 live births. This is the lower than the NM rate. Infant mortality, often cited as a general indicator of well-being of a population, has increased in NM since 2010 after decreasing slightly from 2008-2009. The linear trend line shows that despite the very few infant deaths, the Grant County is following the State, though at a lower level.

Leading causes of Infant Deaths

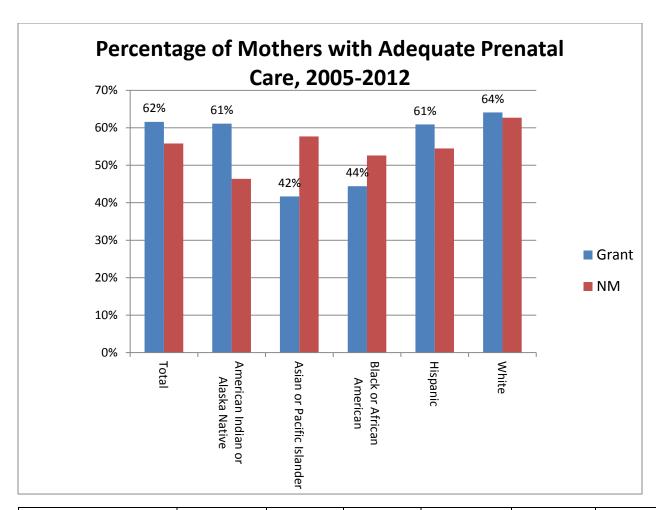
The leading causes of infant deaths are not shown because of small numbers.

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.



	Total	American Indian or Alaska Native	Asian or Pacific Islander	Black or African American	Hispanic	White
Grant	61.6%	61.1%	41.7%	44.4%	60.9%	64.1%
NM	55.8%	46.4%	57.7%	52.6%	54.5%	62.7%

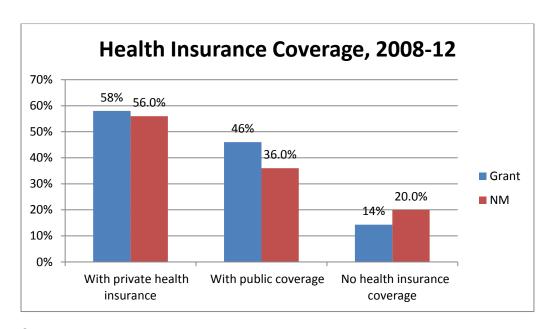
In this chart, higher is better. Whites and Asians begin prenatal care earlier than others.

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						
Grant County	NM					
Number	Percent Number Percent					
1685	13.7%	97,304	13%			



Source: American Community Survey, 2008-12, Table DP03

Health Resources

Health Resources, 2011

Health Resources, 2011	т.	1
	Grant County	NM
Population 2011	29,380	
Primary Care Physicians	23	1535
PCP per 100.000 people	78.3	73.7
Pediatricians	3	291
Pediatricians per 100,000	42.5	50.3
people under age 20		
Obstetrician/Gynecologists	2	181
OB/GYM per 100,000 women	13.4	17.2
Psychiatrists	6	197
Psychiatrists per 100,000 people	20.4	9.5
Dentists	13	974
Dentists per 100,000 people	44.0	47.3
Short Term General Hospitals	1	41
STGH Beds	68	4,130
Federally Qualified Health Centers	8	100
Community Health Centers	11	152
School Based Health Centers	2	74
Medicare Beneficiaries	7,462	326,559
Percent of Population	25.4	15.7
Medicaid Beneficiaries	7,911	561,762
Percent of population	26.9	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 Grant County

3	Children in Poverty 2010	Families in which Parents Lack Secure Employment 2010	Families with a High Housing Cost Burden 2010	Teens (16-19) Not in School and Not Working 2010
ECONOMIC WELL-BEING	26%	49%	Own: 18% NM Rate:	16%
TILL DENIG	NM Rate: 27%	NM Rate: 39%	Rent: 43% Own: 25%	NM Rate: 10%
	Children Attending Preschool 2010	Fourth Graders Proficient in Reading 2013	Eighth Graders Proficient in Math 2013	High School Students Graduating on Time 2013
EDUCATION	35%	Cobre: 38% Silver City: 53%	Cobre: 36% Silver City: 38%	Cobre: 88% Silver City: 83%
EDUCATION	NM Rate: 40%	NM Rate: 46%	NM Rate: 42%	NM Rate: 70%
- i	Low Birth Weight Babies 2012	Children without Health Insurance 2011	Child and Teen Deaths per 100,000 2012	Teens who Binge Drink 2011
HEALTH	6.5%	9%	Child (1-14): 20 Teen (15-19): 110	33%
HEALIII	NM Rate: 7.6%	NM Rate: 10%	NM Rate: Child: 19 Teen: 69	NM Rate: 24%
ij	Children in Single Parent Families 2011	Families where Household Head Lacks a High School Diploma 2011	Children Living in High Poverty Areas 2011	Teen Births per 1,000 2012
FAMILY AND COMMUNITY	38%	14%	0%	52
	NM Rate: 36%	NM Rate: 16%	NM Rate: 21%	NM Rate: 45

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 8th 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/MortCntyICD10/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/MortCntylCD10/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.Cntv.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