

2009 GEOGRAPHIC ACCESS DATA SYSTEM

Selected Healthcare Professionals in New Mexico

(This report has been revised as of September 2010)



**New Mexico
Health Policy Commission
May 2010**



REPORT REVISIONS

This report has been revised as of September 2010. The New Mexico Health Policy Commission (HPC) discovered errors in the Geographic Access Data System queries used to produce the original version of this report. The primary error occurred with three counties: San Juan, San Miguel and Sandoval counties. Population estimates and/or data counts were transposed for these three counties. While all data queries by county were re-run, this error appears to have only affected the following healthcare professions: certified nurse midwives, licensed midwives, social workers, and EMT-Basics. Through the process of re-running all data queries by county, the HPC discovered an additional error that occurred in the data query by county for paramedics. The original data was grouped by county based on the county that was reported to the HPC in the data file for paramedics. It was later determined that many of the county codes submitted within the data file did not correspond to the national standardized county Federal Information Processing Standard (FIPS) code based on the zip code of the licensee, which is the standard method of reporting counties used by the HPC. The county data was corrected to align with the standard methodology used throughout this report. Therefore, the revised report for paramedics has a slightly different distribution by county than previously reported while the total number of paramedics did not change.

The HPC has made all corrections to the report that resulted from the data errors as well as some additional changes for clarification.

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Sources of Data

New Mexico Geographic Access Data System: The HPC annually collects healthcare workforce licensure data that is compiled into the HPC's Geographic Access Data system or GADS. This data includes demographic and other information regarding licensed healthcare professionals. The New Mexico healthcare professional workforce data provided in this report was generated from the GADS unless otherwise indicated.

New Mexico Population Estimates: New Mexico population estimates used in calculations presented in tables and maps by county were generated by the Bureau of Business and Economic Research (BBER), University of New Mexico. The BBER evaluates all input data and employs a housing unit-based methodology, validated by building permits and birth/death records. Population estimates for 2008 were used since 2009 data were not yet available.

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EXECUTIVE SUMMARY

The New Mexico Health Information System (HIS), administered by the New Mexico Health Policy Commission (HPC), was established pursuant to the Health Information System Act, NMSA 1978 Section 24-14A-1 thru Section 24-14A-10. The purpose of the HIS is to collect, analyze, and disseminate health data and information for use by public and private entities in health planning and policy development. The HPC gives the highest priority to the collection of data to support informed healthcare decision-making throughout the state.

Pursuant to the HIS Act, the HPC collects information from various state departments and licensing boards and maintains a Geographic Access Data System (GADS). The GADS database consists of licensure information regarding the healthcare professional workforce, including licensure information by age, gender, county and other factors.

The provision of adequate healthcare services to all New Mexicans is not only dependent upon each individual having a means of healthcare coverage; each individual must also have feasible access to healthcare providers. The supply and distribution of our health professional workforce, as examined in this report, is a major component for measuring the adequacy of New Mexico's current access to healthcare services.

This report provides licensure information on medical professionals, nursing professionals, midwives, dental professionals, pharmacy professionals, behavioral health professionals, emergency medical service professionals, and chiropractors. The following are some 2009 statistical highlights regarding these healthcare professionals:

- Of the 4,689 New Mexico licensed physicians, 51.9% were licensed with a Bernalillo County address. Bernalillo and Santa Fe counties had the highest rates of licensed physicians per 1,000 population at 3.74. There were no licensed physicians with a Hidalgo County address. Nearly half (47.9%) of New Mexico licensed physicians were age 55 and over, and 59.4% were male.
- Of the 499 New Mexico licensed physician assistants (PAs), 46.5% were licensed with a Bernalillo County address. Grant County had the highest rate of licensed PAs per 1,000 population at 0.62. There were no licensed PAs with a Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay or Union County address. The majority of New Mexico licensed PAs (43.5%) were 25-44 years of age, and 56.3% were female.
- Of the 804 New Mexico licensed certified nurse practitioners (CNPs), 41.8% were licensed with a Bernalillo County address. Quay County had the highest rate of licensed CNPs per 1,000 population at 0.68. There were no licensed CNPs with a Catron or Harding County address. About half (49.9%) of New Mexico licensed CNPs were age 55 and over, and 89.7% were female.

- Of the 17,694 New Mexico licensed registered nurses (RNs), 39.3% were licensed with a Bernalillo County address. San Miguel County had the highest rate of licensed RNs per 1,000 population at 11.28. The majority of New Mexico licensed RNs (35.2%) were 25-44 years of age, and 89.7% were female.
- Of the 140 New Mexico licensed certified nurse midwives (CNMs), 47.9% were licensed with a Bernalillo County address. Bernalillo and McKinley counties had the highest rate of CNMs per 1,000 population at 0.10. There were 14 counties in which there were no licensed CNMs.
- Of the 961 New Mexico licensed dentists, 41.9% were licensed with a Bernalillo County address. Los Alamos County had the highest rate of licensed dentists per 1,000 population at 0.90. There were no licensed dentists with a Guadalupe, Harding, Hidalgo, Mora or Union County address. Just over half (50.8%) of New Mexico licensed dentists were age 55 and over, and 80.7% were male.
- Of the 1,605 New Mexico licensed pharmacists, 54.5% were licensed with a Bernalillo County address. Bernalillo County had the highest rate of licensed pharmacists per 1,000 population at 1.34. There were no licensed pharmacists with a Catron, Guadalupe, Harding or Hidalgo County address. The gender distribution for pharmacists was about equal with slightly more male pharmacists.
- Of the 3,333 New Mexico licensed social workers, 34.2% were licensed with a Bernalillo County address. San Miguel County had the highest rate of licensed social workers per 1,000 population at 4.90. There were no licensed social workers with a Harding County address. The majority of New Mexico licensed social workers (33.2%) were 25-44 years of age, and 79.6% were female.
- Of the 1,123 New Mexico licensed paramedics, 39.4% were licensed with a Bernalillo County address. Roosevelt County had the highest rate of licensed paramedics per 1,000 population at 1.09. There were no licensed paramedics with a Catron or Harding County address. The majority of New Mexico licensed paramedics (65.6%) were 25-44 years of age, and 79.9% were male.

DISCLAIMER

While licensure data provides the ability to measure select variables of the healthcare professional workforce over time, there are several limitations. For instance, it is possible that an individual may hold an active license, but may not be engaged in active practice or may be providing services in another state. In addition, licensure data does not include the number of hours a health care professional is actually employed in his or her profession. Therefore, this data does not necessarily reflect full-time positions or service provided exclusively in New Mexico.

Further, healthcare professionals are required to provide a practice address to their licensing board; however, neither the licensing boards nor the HPC have verified the accuracy of these addresses. Additionally, it is not known if a given licensed healthcare professional is practicing in multiple locations, in different counties, or is practicing in another state.

Most data counts presented in this report are by license number. Therefore, each license number is counted only once unless otherwise noted, as in cases of multiple specialties. Out-of-state and unknown zip codes are excluded from data counts. The type of data presented in each chapter of this report may vary based upon data provided to the HPC by state departments and licensing boards.

MEDICAL PROFESSIONALS

PHYSICIANS¹

Physicians diagnose illnesses and prescribe and administer treatment for people suffering from injury or disease. Physicians examine patients, obtain medical histories, and order, perform, and interpret diagnostic tests. They also counsel patients on diet, hygiene, and preventive health care.

There are two types of physicians - doctors of medicine (MDs) and doctors of osteopathic medicine (DOs). MDs are also known as allopathic physicians. While both MDs and DOs may use all accepted methods of treatment, including drugs and surgery, DOs place special emphasis on the body's musculoskeletal system, preventive medicine, and holistic patient care. DOs are most likely to be primary care specialists; although they can be found in all specialties. In the United States, about half of DOs practice general or family medicine, general internal medicine, or general pediatrics.

Physician Education²

The minimum educational requirement for entry into medical school is three years of college. However, most applicants have at least a bachelor's degree, and many have advanced degrees.

Students spend most of the first two years of medical school in laboratories and classrooms, taking courses such as anatomy, biochemistry, physiology, pharmacology, psychology, microbiology, pathology, medical ethics, and laws governing medicine. They also learn to take medical histories, examine patients, and diagnose illnesses.

During their last two years, and under the supervision of experienced physicians, students work with patients in hospitals and clinics, learning acute, chronic, preventive, and rehabilitative care. Through rotations in internal medicine, family practice, obstetrics and gynecology, pediatrics, psychiatry, and surgery, they gain experience in the diagnosis and treatment of illness.

Following medical school, almost all MDs enter a residency—graduate medical education in a specialty that takes the form of paid on-the-job training, usually in a hospital. Most DOs serve a 12-month rotating internship after graduation and before entering a residency, which may last two to six years.

In 2008, there were 129 medical schools accredited by the Liaison Committee on Medical Education (LCME). The LCME is the national accrediting body for MD medical

¹ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Physicians. Retrieved 3/1/10 from <http://www.bls.gov/oco/ocos074.htm>

² Ibid.

education programs. The American Osteopathic Association accredits schools that award a DO degree; in 2008 there were 25 schools accredited to offer a DO degree in 31 locations.

Physician Supply

The United States is facing a growing shortage of physicians. As a result of population growth, aging and other factors, physician supply will not meet physician demand. According to the Association of American Medical Colleges (AAMC), simply educating and training more physicians will not be enough to address this shortage. Instead, complex changes such as improving efficiency, reconfiguring the way some services are delivered and making better use of our physicians will also be needed.

The AAMC reports that, in 2008, there were 254.5 active physicians per 100,000 population in the United States, ranging from a high of 405.4 in Massachusetts to a low of 174.2 in Mississippi. The states with the highest number of physicians per 100,000 population were concentrated in the northeast. New Mexico ranked 32nd among the states with a rate of 227.6 active physicians per 100,000 population.³

According to the Bureau of Labor Statistics, physicians and surgeons held approximately 661,400 jobs in the United States in 2008. This number is projected to increase by 22% to about 805,500 physicians and surgeons by 2018.⁴

According to GADS data, there were 4,689 physicians licensed in New Mexico in 2009. This was a 4.7% increase from the 4,478 New Mexico licensed physicians in 2007.

Physicians by Age

According to the AAMC, nearly one fourth (24.7%) of the active physician workforce in the United States was age 60 or older in 2008. There was limited variation among the states in the percentage of physicians who were age 60 or older. California had the highest percentage at 29.2%, and North Carolina had the lowest percentage at 19.3%. New Mexico ranked 4th among the states with 27.2% of active physicians who were age 60 or older.⁵

As shown on the chart on the following page, in 2009, 1,407 (30.0%) New Mexico licensed physicians were 55-64 years of age, and 840 (17.9%) were age 65 and over. Therefore, nearly half (47.9%) of New Mexico licensed physicians were age 55 and over while 2,428 (51.8%) were under the age of 55. Age was unknown for 14 (0.3%) New Mexico licensed physicians.

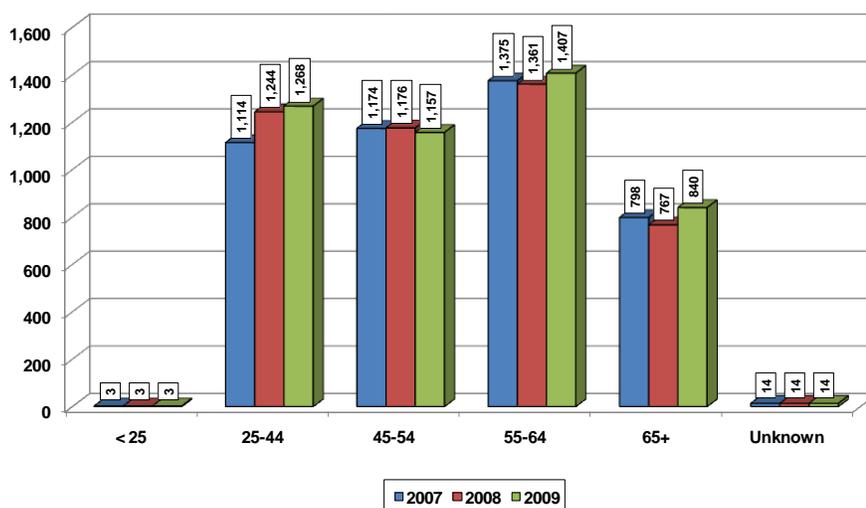
³ Association of American Medical Colleges. (November 2009). *2009 State Physician Workforce Data Book*. Retrieved 3/12/10 from <http://www.aamc.org/workforce/start.htm>

⁴ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*, Physicians. Retrieved 3/1/10 from <http://www.bls.gov/oco/ocos074.htm>

⁵ Association of American Medical Colleges. (November 2009). *2009 State Physician Workforce Data Book*. Retrieved 3/12/10 from <http://www.aamc.org/workforce/start.htm>

From 2007 to 2009, the number of licensed physicians 55-64 years of age and the number of licensed physicians age 65 and over increased by 2.3% and 5.3%, respectively. The total number of licensed physicians age 55 and over increased by 3.4% from 2,173 in 2007 to 2,427 in 2009. However, the number of licensed physicians under the age of 55 also increased by 6.0% from 2,291 in 2007 to 2,428 in 2009. The most significant percentage change occurred in licensed physicians 25-44 years of age, which increased 13.8% from 2007 to 2009.

Licensed Physicians by Age, New Mexico, 2007-2009



Physicians by Gender

According to the AAMC, in 2008, 28.9% of active physicians were female in the United States. Massachusetts had the highest percentage of female physicians (35.1%) while Idaho had the lowest percentage (19.9). New Mexico ranked 3rd among the states with 33.3% of active physicians who were female.⁶

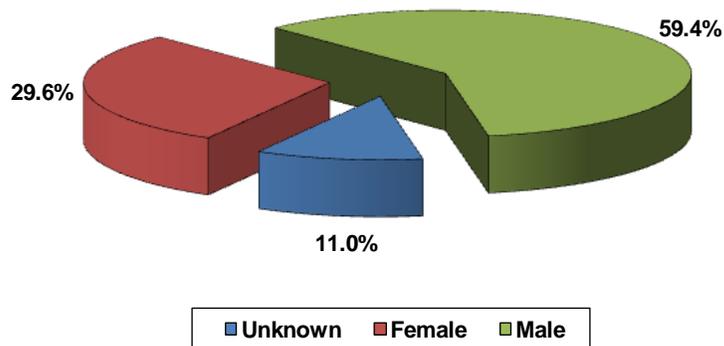
This increase in female physicians has many implications. The AAMC reports that in general, female physicians expect to retire earlier than males. Female physicians also work, on average, 7.4 fewer hours per week than male physicians. In addition, female physicians under the age of 50 value time for family and personal life more highly than male physicians. Further, female physicians are more likely to work part-time and to take extended leave. When taking all of these factors into consideration, the increase in female physicians suggests a downward movement in effective supply, given any actual number of physicians.⁷

⁶ Association of American Medical Colleges. (November 2009). *2009 State Physician Workforce Data Book*. Retrieved 3/12/10 from <http://www.aamc.org/workforce/start.htm>

⁷ Association of American Medical Colleges. (November 2008). *The Complexities of Physician Supply and Demand: Projections Through 2025*. Retrieved 3/12/10 from <http://www.aamc.org/workforce/start.htm>

As shown on the chart below, in 2009, 2,785 (59.4%) New Mexico licensed physicians were male while 1,390 (29.6%) were female. Gender was unknown for 514 (11.0%) New Mexico licensed physicians. From 2007 to 2009, there was an 11.6% increase in the number of licensed female physicians and a 4.3% increase in the number of licensed male physicians.

Licensed Physicians by Gender, New Mexico, 2009



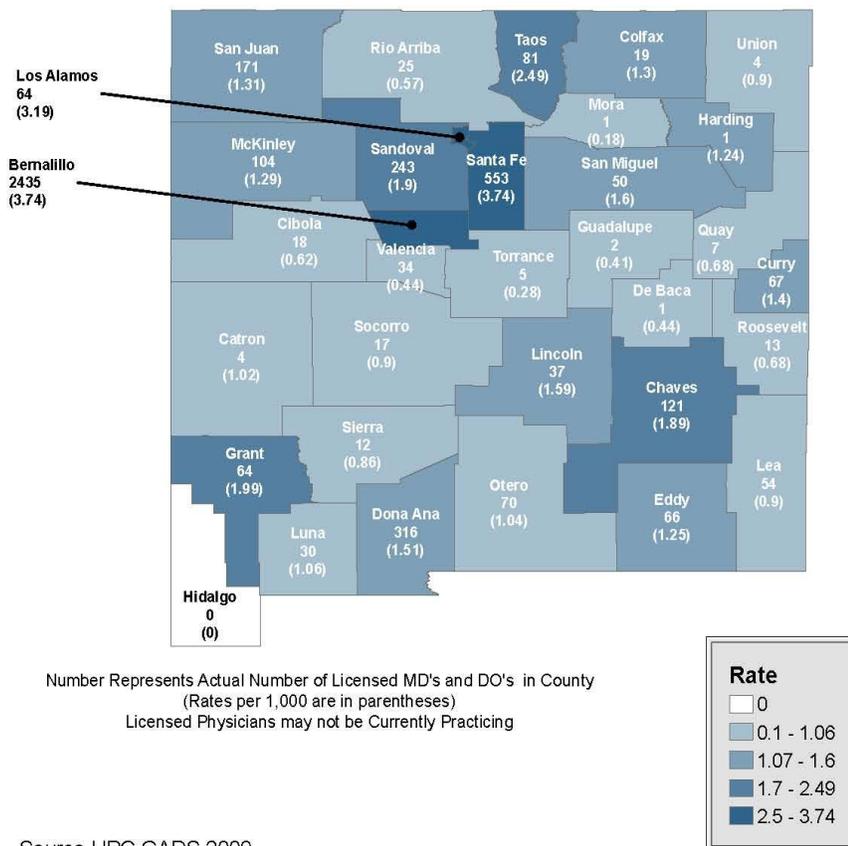
Physicians by County

As indicated on the table on the following page, in 2009, 2,435 (51.9%) New Mexico licensed physicians were licensed with a Bernalillo County address followed by 553 (11.8%) with a Santa Fe County address and 316 (6.7%) with a Dona Ana County address. Bernalillo and Santa Fe counties had the highest rates of licensed physicians per 1,000 population at 3.74 followed by Los Alamos County at 3.19 and Taos County at 2.49. There were no licensed physicians with a Hidalgo County address.

Licensed Physicians by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Physicians | Percent of Licensed Physicians | Rate Per 1,000 Population |
|-------------------|-------------------|------------------------------|--------------------------------------|---------------------------------------|----------------------------------|
| Bernalillo | 651,612 | 31.3% | 2,435 | 51.9% | 3.74 |
| Catron | 3,939 | 0.2% | 4 | 0.1% | 1.02 |
| Chaves | 64,087 | 3.1% | 121 | 2.6% | 1.89 |
| Cibola | 28,886 | 1.4% | 18 | 0.4% | 0.62 |
| Colfax | 14,653 | 0.7% | 19 | 0.4% | 1.30 |
| Curry | 48,005 | 2.3% | 67 | 1.4% | 1.40 |
| De Baca | 2,284 | 0.1% | 1 | 0.0% | 0.44 |
| Dona Ana | 209,224 | 10.1% | 316 | 6.7% | 1.51 |
| Eddy | 52,903 | 2.5% | 66 | 1.4% | 1.25 |
| Grant | 32,113 | 1.5% | 64 | 1.4% | 1.99 |
| Guadalupe | 4,839 | 0.2% | 2 | 0.0% | 0.41 |
| Harding | 809 | 0.0% | 1 | 0.0% | 1.24 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 54 | 1.2% | 0.90 |
| Lincoln | 23,236 | 1.1% | 37 | 0.8% | 1.59 |
| Los Alamos | 20,048 | 1.0% | 64 | 1.4% | 3.19 |
| Luna | 28,319 | 1.4% | 30 | 0.6% | 1.06 |
| McKinley | 80,387 | 3.9% | 104 | 2.2% | 1.29 |
| Mora | 5,542 | 0.3% | 1 | 0.0% | 0.18 |
| Otero | 67,472 | 3.2% | 70 | 1.5% | 1.04 |
| Quay | 10,291 | 0.5% | 7 | 0.1% | 0.68 |
| Rio Arriba | 44,167 | 2.1% | 25 | 0.5% | 0.57 |
| Roosevelt | 19,243 | 0.9% | 13 | 0.3% | 0.68 |
| San Juan | 130,093 | 6.3% | 171 | 3.6% | 1.31 |
| San Miguel | 31,204 | 1.5% | 50 | 1.1% | 1.60 |
| Sandoval | 127,928 | 6.2% | 243 | 5.2% | 1.90 |
| Santa Fe | 147,869 | 7.1% | 553 | 11.8% | 3.74 |
| Sierra | 13,933 | 0.7% | 12 | 0.3% | 0.86 |
| Socorro | 18,863 | 0.9% | 17 | 0.4% | 0.90 |
| Taos | 32,494 | 1.6% | 81 | 1.7% | 2.49 |
| Torrance | 17,923 | 0.9% | 5 | 0.1% | 0.28 |
| Union | 4,448 | 0.2% | 4 | 0.1% | 0.90 |
| Valencia | 77,545 | 3.7% | 34 | 0.7% | 0.44 |
| New Mexico | 2,080,048 | 100% | 4,689 | 100% | 2.25 |

New Mexico Distribution of Licensed Physicians by County, 2009



Source HPC GADS 2009
Health Policy Commission Geographic Access Data System

Physicians by Type and Specialty

As previously indicated, there were a total of 4,689 New Mexico licensed physicians in 2009. The table below indicates the number of physicians by type and specialty. Note that physicians may be licensed in both primary care and other specialties; therefore, the number of primary care physicians and specialty care physicians will not equal the total number of physicians; instead, it will be greater.

Licensed Physicians by Type, New Mexico, 2009

| Specialty | Physician Type | | |
|----------------|----------------|-------------|--------------|
| | Allopathic | Osteopathic | Total |
| Primary Care | 2,194 | 248 | 2,442 |
| Specialty Care | 2,310 | 5 | 2,315 |
| Unknown | 514 | 0 | 514 |
| Total | 5,018 | 253 | 5,271 |

Note: Physicians may have more than one specialty; therefore, physicians with multiple specialties are counted more than once.

PRIMARY CARE PHYSICIANS⁸

According to the American Academy of Family Physicians (AAFP), a primary care physician is a generalist physician who provides care to a patient at the point of first contact and takes continuing responsibility for providing that patient's care. The primary care physician serves as the entry point for substantially all of the patient's medical and health care needs regardless of the origin of the problem, organ system or diagnosis.

Physicians who are not trained in the primary care specialties of family medicine, general internal medicine, or general pediatrics may sometimes provide patient care services that are usually delivered by primary care physicians.

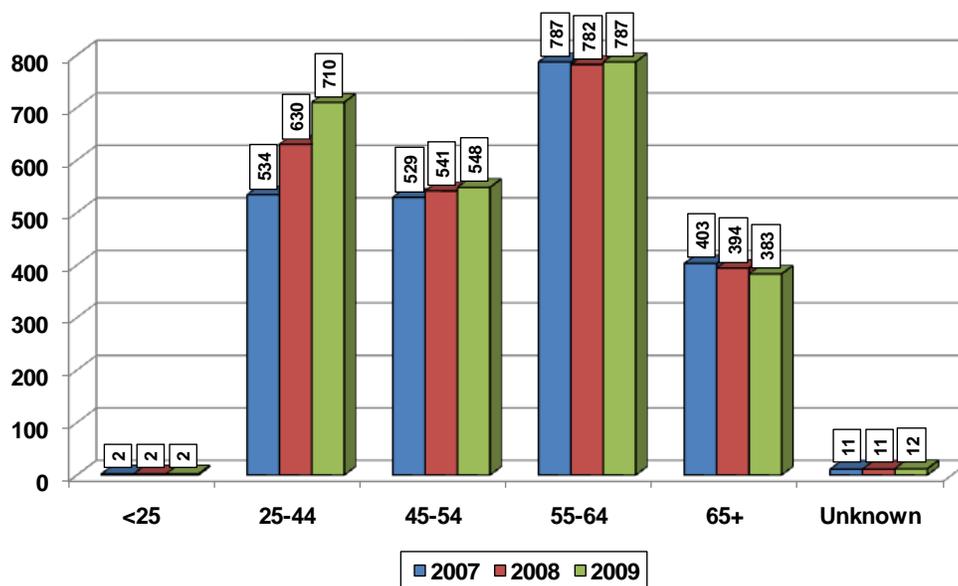
⁸ American Academy of Family Physicians. Primary Care. Retrieved 3/4/10 from <http://www.aafp.org/online/en/home/policy/policies/p/primarycare.html>

Primary Care Physicians by Age

In 2009, there were 2,442 primary care physicians licensed in New Mexico. As shown on the chart below, 787 (32.2%) New Mexico licensed primary care physicians were 55-64 years of age, and 383 (15.7%) were age 65 and over. Therefore, 47.9% of licensed primary care physicians were age 55 and over while 51.6% were under the age of 55. Age was unknown for 12 (0.5%) New Mexico licensed primary care physicians.

From 2007 to 2009, the number of New Mexico licensed primary care physicians 55-64 years of age remained the same while the number of licensed primary care physicians age 65 and over decreased by 5.0%. The total number of licensed primary care physicians age 55 and over decreased by 1.7% from 1,190 in 2007 to 1,170 in 2009. The number of licensed primary care physicians under the age of 55 increased by 18.3% from 1,065 in 2007 to 1,260 in 2009. The most significant percentage change occurred in licensed primary care physicians 25-44 years of age, which increased 33.0% from 2007 to 2009.

Licensed Primary Care Physicians by Age, New Mexico, 2007-2009

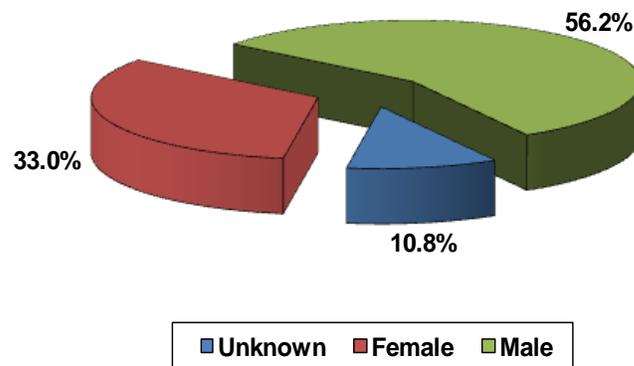


Note: Data for Primary Care Physicians includes Family & General Practice, General Internal Medicine, Geriatric Medicine, General Pediatrics, Obstetrics & Gynecology, and Sports Medicine.

Primary Care Physicians by Gender

As shown on the chart below, in 2009, 1,373 (56.2%) New Mexico licensed primary care physicians were male while 806 (33.0%) were female. Gender was unknown for 263 (10.8%) New Mexico licensed primary care physicians. From 2007 to 2009, there was a 14.3% increase in the number of licensed female primary care physicians and a 5.7% increase in the number of licensed male primary care physicians.

Licensed Primary Care Physicians by Gender, New Mexico, 2009



Note: Data for Primary Care Physicians includes Family & General Practice, General Internal Medicine, Geriatric Medicine, General Pediatrics, Obstetrics & Gynecology, and Sports Medicine.

Primary Care Physicians by County

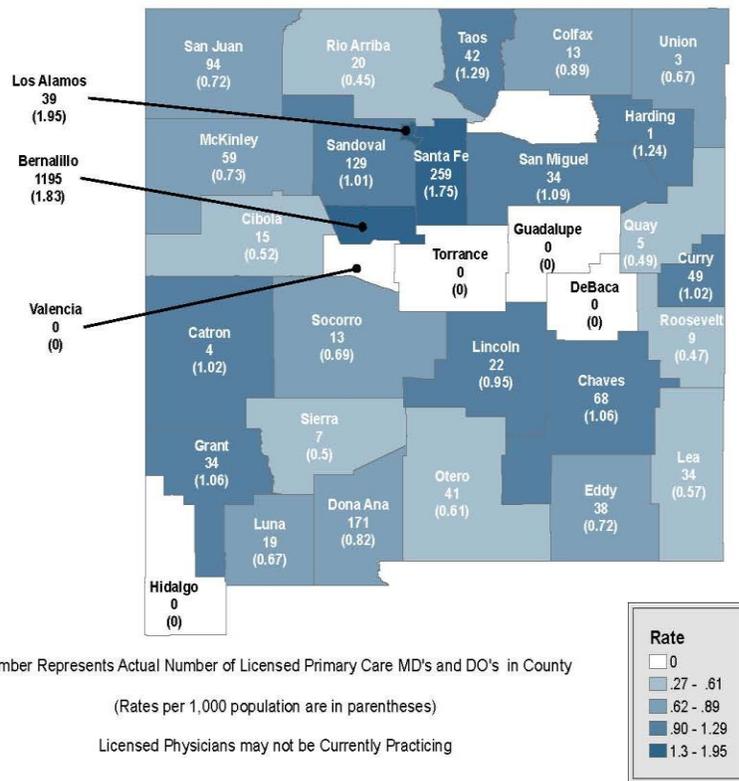
As indicated on the table on the following page, in 2009, 1,195 (48.9%) New Mexico licensed primary care physicians were licensed with a Bernalillo County address followed by 259 (10.6%) with a Santa Fe County address and 171 (7.0%) with a Dona Ana County address. Los Alamos County had the highest rate of licensed primary care physicians per 1,000 population at 1.95 followed by Bernalillo County at 1.83 and Santa Fe County at 1.75. There were no licensed primary care physicians with a De Baca, Guadalupe or Hidalgo County address.

Licensed Primary Care Physicians by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Primary Care Physicians | Percent of Licensed Primary Care Physicians | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--|---|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,195 | 48.9% | 1.83 |
| Catron | 3,939 | 0.2% | 4 | 0.2% | 1.02 |
| Chaves | 64,087 | 3.1% | 68 | 2.8% | 1.06 |
| Cibola | 28,886 | 1.4% | 15 | 0.6% | 0.52 |
| Colfax | 14,653 | 0.7% | 13 | 0.5% | 0.89 |
| Curry | 48,005 | 2.3% | 49 | 2.0% | 1.02 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 171 | 7.0% | 0.82 |
| Eddy | 52,903 | 2.5% | 38 | 1.6% | 0.72 |
| Grant | 32,113 | 1.5% | 34 | 1.4% | 1.06 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 1 | 0.0% | 1.24 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 34 | 1.4% | 0.57 |
| Lincoln | 23,236 | 1.1% | 22 | 0.9% | 0.95 |
| Los Alamos | 20,048 | 1.0% | 39 | 1.6% | 1.95 |
| Luna | 28,319 | 1.4% | 19 | 0.8% | 0.67 |
| McKinley | 80,387 | 3.9% | 59 | 2.4% | 0.73 |
| Mora | 5,542 | 0.3% | 1 | 0.0% | 0.18 |
| Otero | 67,472 | 3.2% | 41 | 1.7% | 0.61 |
| Quay | 10,291 | 0.5% | 5 | 0.2% | 0.49 |
| Rio Arriba | 44,167 | 2.1% | 20 | 0.8% | 0.45 |
| Roosevelt | 19,243 | 0.9% | 9 | 0.4% | 0.47 |
| San Juan | 130,093 | 6.3% | 94 | 3.8% | 0.72 |
| San Miguel | 31,204 | 1.5% | 34 | 1.4% | 1.09 |
| Sandoval | 127,928 | 6.2% | 129 | 5.3% | 1.01 |
| Santa Fe | 147,869 | 7.1% | 259 | 10.6% | 1.75 |
| Sierra | 13,933 | 0.7% | 7 | 0.3% | 0.50 |
| Socorro | 18,863 | 0.9% | 13 | 0.5% | 0.69 |
| Taos | 32,494 | 1.6% | 42 | 1.7% | 1.29 |
| Torrance | 17,923 | 0.9% | 4 | 0.2% | 0.22 |
| Union | 4,448 | 0.2% | 3 | 0.1% | 0.67 |
| Valencia | 77,545 | 3.7% | 20 | 0.8% | 0.26 |
| New Mexico | 2,080,048 | 100% | 2,442 | 100% | 1.17 |

Note: Data for Primary Care Physicians includes Family & General Practice, General Internal Medicine, Geriatric Medicine, General Pediatrics, Obstetrics & Gynecology, and Sports Medicine.

New Mexico Distribution of Licensed Primary Care Physicians by County, 2009



Source HPC GADS 2009, Map: U.S. Census Bureau, 2000

Health Policy Commission Geographic Access Data System

SPECIALTY CARE PHYSICIANS

As indicated on the table below, there were 2,315 New Mexico licensed specialty care physicians with 2,749 licenses in 2009. As previously noted, physicians may be licensed in more than one specialty; therefore, the total number of licenses will be greater than the total number of physicians. The specialty physician workforce is presented in three groups: Internal Medicine, Surgical and Other Specialties.

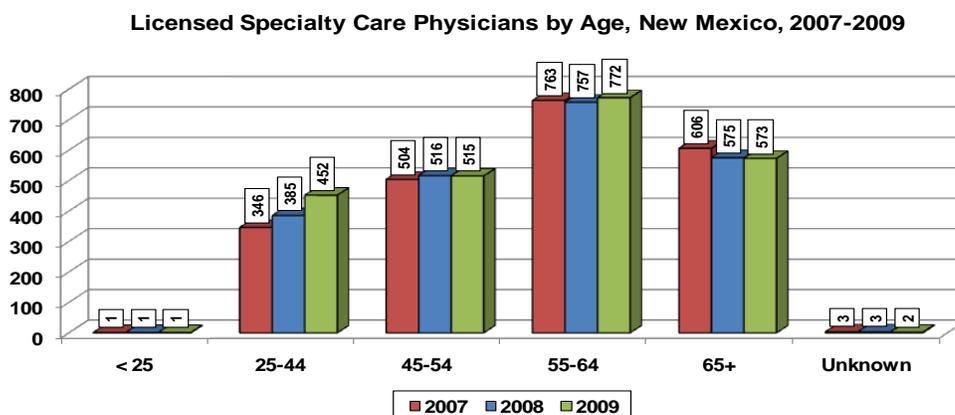
Licensed Specialty Care Physicians by Type, New Mexico, 2009

| Specialty | Number of Specialty Care Licenses |
|--|-----------------------------------|
| Internal Medicine Specialties | 453 |
| Cardiovascular Diseases | 98 |
| Critical Care Medicine | 30 |
| Endocrinology | 34 |
| Gastroenterology | 52 |
| Hematology/Oncology | 78 |
| Infectious Disease | 37 |
| Nephrology | 38 |
| Pulmonary Diseases | 51 |
| Rheumatology | 29 |
| Other Internal Medicine Specialties | 6 |
| Surgical Specialties | 581 |
| General Surgery | 198 |
| Neurological Surgery | 25 |
| Orthopedic Surgery | 162 |
| Otolaryngology | 56 |
| Plastic Surgery | 24 |
| Thoracic Surgery | 26 |
| Urology | 36 |
| Other Surgical Specialties | 54 |
| Other Specialties | 1,715 |
| Allergy/Immunology | 24 |
| Anesthesiology | 201 |
| Dermatology | 56 |
| Emergency Medicine | 248 |
| Neurology | 77 |
| Occupational Medicine | 47 |
| Ophthalmology | 95 |
| Pathology | 52 |
| Pediatric Subspecialty | 77 |
| Physical Medicine and Rehabilitation | 62 |
| Psychiatry - Adult | 308 |
| Psychiatry - Child/Adolescent | 37 |
| Radiology | 180 |
| Other | 251 |
| Total Specialty Care Licenses | 2,749 |
| Total Specialty Care Physicians | 2,315 |

Specialty Care Physicians by Age

As shown on the chart below, in 2009, 1,345 (58.1%) New Mexico licensed specialty care physicians were age 55 and over while 968 (41.8%) were under the age of 55. Only one New Mexico licensed specialty care physician was under the age of 25. Age was unknown for 2 (0.1%) New Mexico licensed specialty care physicians.

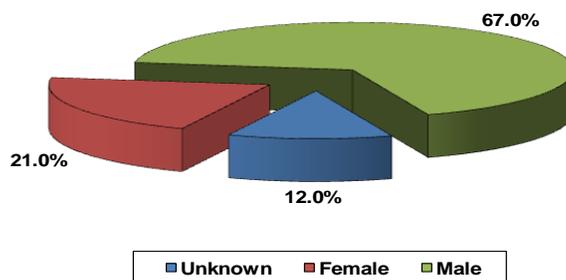
From 2007 to 2009, the number of licensed specialty care physicians under the age of 55 increased by 13.7% while the number of licensed specialty care physicians age 55 and over decreased by 1.8%. For known ages, the most significant percentage change occurred in licensed physicians 25-44 years of age, which increased by 30.6% from 2007 to 2009.



Specialty Care Physicians by Gender

As shown on the chart below, in 2009, 1,551 (67.0%) New Mexico licensed specialty care physicians were male while 486 (21.0%) were female. Gender was unknown for 278 (12.0%) New Mexico licensed specialty care physicians. From 2007 to 2009, there was a 14.1% increase in the number of licensed female specialty care physicians and a 4.6% increase in the number of licensed male specialty care physicians.

Licensed Specialty Care Physicians by Gender, New Mexico, 2009



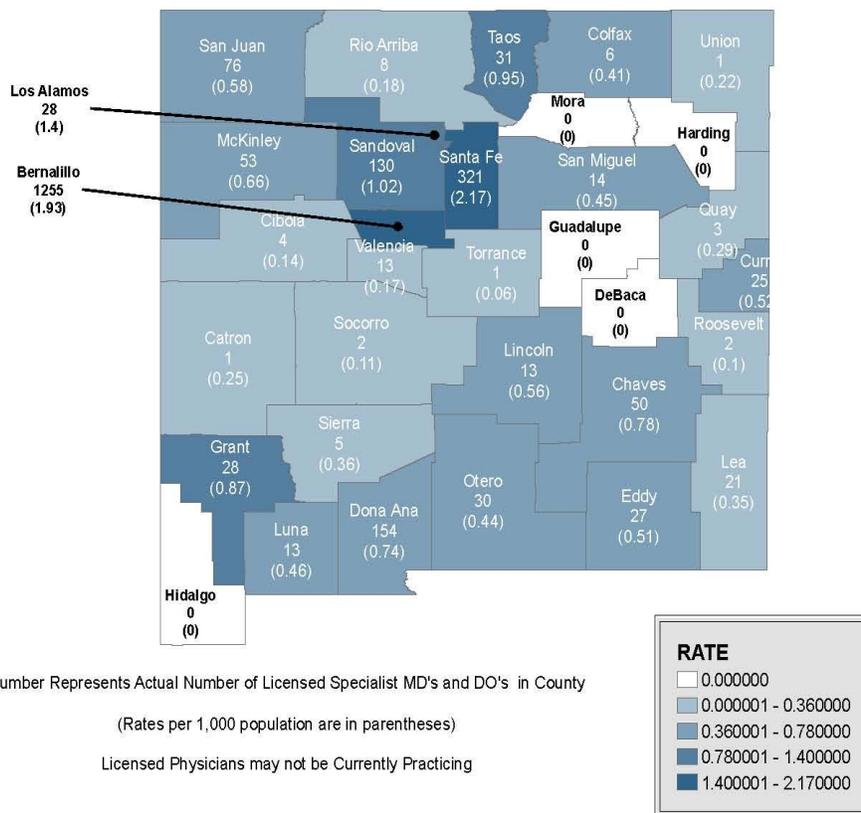
Specialty Care Physicians by County

As indicated on the table below, in 2009, 1,255 (54.2%) New Mexico licensed specialty care physicians were licensed with a Bernalillo County address followed by 321 (13.9%) with a Santa Fe County address and 154 (6.7%) with a Dona Ana County address. Santa Fe County had the highest rate of licensed specialty care physicians per 1,000 population at 2.17 followed by Bernalillo County at 1.93 and Los Alamos County at 1.40. There were no licensed specialty care physicians with a De Baca, Guadalupe, Harding, Hidalgo or Mora County address.

Licensed Specialty Care Physicians by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Specialty Care Physicians | Percent of Licensed Specialty Care Physicians | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--|---|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,255 | 54.2% | 1.93 |
| Catron | 3,939 | 0.2% | 1 | 0.0% | 0.25 |
| Chaves | 64,087 | 3.1% | 50 | 2.2% | 0.78 |
| Cibola | 28,886 | 1.4% | 4 | 0.2% | 0.14 |
| Colfax | 14,653 | 0.7% | 6 | 0.3% | 0.41 |
| Curry | 48,005 | 2.3% | 25 | 1.1% | 0.52 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 154 | 6.7% | 0.74 |
| Eddy | 52,903 | 2.5% | 27 | 1.2% | 0.51 |
| Grant | 32,113 | 1.5% | 28 | 1.2% | 0.87 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 21 | 0.9% | 0.35 |
| Lincoln | 23,236 | 1.1% | 13 | 0.6% | 0.56 |
| Los Alamos | 20,048 | 1.0% | 28 | 1.2% | 1.40 |
| Luna | 28,319 | 1.4% | 13 | 0.6% | 0.46 |
| McKinley | 80,387 | 3.9% | 53 | 2.3% | 0.66 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 30 | 1.3% | 0.44 |
| Quay | 10,291 | 0.5% | 3 | 0.1% | 0.29 |
| Rio Arriba | 44,167 | 2.1% | 8 | 0.3% | 0.18 |
| Roosevelt | 19,243 | 0.9% | 2 | 0.1% | 0.10 |
| San Juan | 130,093 | 6.3% | 76 | 3.3% | 0.58 |
| San Miguel | 31,204 | 1.5% | 14 | 0.6% | 0.45 |
| Sandoval | 127,928 | 6.2% | 130 | 5.6% | 1.02 |
| Santa Fe | 147,869 | 7.1% | 321 | 13.9% | 2.17 |
| Sierra | 13,933 | 0.7% | 5 | 0.2% | 0.36 |
| Socorro | 18,863 | 0.9% | 2 | 0.1% | 0.11 |
| Taos | 32,494 | 1.6% | 31 | 1.3% | 0.95 |
| Torrance | 17,923 | 0.9% | 1 | 0.0% | 0.06 |
| Union | 4,448 | 0.2% | 1 | 0.0% | 0.22 |
| Valencia | 77,545 | 3.7% | 13 | 0.6% | 0.17 |
| New Mexico | 2,080,048 | 100% | 2,315 | 100% | 1.11 |

New Mexico Distribution of Specialty Care Physicians by County, 2009



Source HPC GADS 2009, Map: U.S. Census Bureau, 2000
 Health Policy Commission Geographic Access Data System

PHYSICIAN ASSISTANTS⁹

Physician Assistants (PAs) work under the supervision of physicians and surgeons. However, PAs may serve as primary care providers in rural areas where a physician is present for only one or two days each week. In these cases, the PA consults with the supervising physician and other medical professionals as needed and as required by law.

Many PAs work in primary care specialties, such as general internal medicine, pediatrics, or family medicine. Other specialty areas include general and thoracic surgery, emergency medicine, orthopedics, and geriatrics. PAs specializing in surgery provide preoperative and postoperative care and may work as first or second assistants during major surgery.

PAs are formally trained to provide diagnostic, therapeutic, and preventive healthcare services, as delegated by a physician. PAs may take medical histories, examine and treat patients, order and interpret laboratory tests and x-rays, and make diagnoses. They also treat minor injuries by suturing, splinting, and casting. PAs record progress notes, instruct and counsel patients, and order or carry out therapy. PAs may also prescribe certain medications. In some establishments, PAs are responsible for managerial duties, such as ordering medical supplies or equipment and supervising medical technicians and assistants. The duties of PAs are determined by the supervising physician and by state law.

Physician Assistant Education¹⁰

Physician Assistants are educated in medical programs accredited by the Accreditation Review Commission on Education for the Physician Assistant (ARC-PA). The average PA program curriculum runs approximately 26 months. There are more than 140 accredited programs in the United States, including two programs in New Mexico, one at the University of New Mexico and one at the University of St. Francis in Albuquerque. All PA programs must meet the same ARC-PA standards.

PA education consists of classroom and laboratory instruction in the basic medical and behavioral sciences followed by clinical rotations in internal medicine, family medicine, surgery, pediatrics, obstetrics and gynecology, emergency medicine, and geriatric medicine.

PAs are required to take ongoing continuing medical education classes and be retested on their clinical skills on a regular basis. A number of postgraduate PA programs have also been established to provide practicing PAs with advanced education in medical specialties.

⁹ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*, Physician Assistants. Retrieved 4/9/10 from <http://www.stats.bls.gov/oco/ocos081.htm>

¹⁰ American Academy of Physician Assistants. Physician Assistant Programs. Retrieved 4/9/10 from <http://www.aapa.org/education-and-certification/physician-assistant-programs>

According to the American Academy of Physician Assistants (AAPA), most PA programs require applicants to have previous health care experience and some college education. The typical applicant holds a bachelor's degree and approximately four years of health care experience. It is common for nurses, emergency medical technicians (EMTs) and paramedics to apply to PA programs.

Physician Assistant Supply

According to the Bureau of Labor Statistics, PAs held approximately 74,800 jobs in the United States in 2008. This number is projected to increase by 39% to 103,900 PAs by 2018.¹¹

The *2009 AAPA Physician Assistant Census Report for the Mountain Census Division* indicates that 39.3% of New Mexico PAs practice in family/general medicine compared to 24.8% in the United States as indicated on the table below.¹²

Number and Percent Distribution of Clinically Practicing Respondents by General Specialty Practiced for Primary Employer, 2009

| General Specialty | New Mexico | | United States | |
|--|------------|---------------|---------------|---------------|
| | Count | Percent | Count | Percent |
| Family/General Medicine | 46 | 39.3% | 4,454 | 24.8% |
| General Internal Medicine | 8 | 6.8% | 1,151 | 6.4% |
| Emergency Medicine | 5 | 4.3% | 1,851 | 10.3% |
| General Pediatrics | 5 | 4.3% | 386 | 2.2% |
| General Surgery | 1 | 0.9% | 480 | 2.7% |
| Internal Medicine: Cardiology | 3 | 2.6% | 579 | 3.2% |
| Other Internal Medicine Subspecialties | 9 | 7.7% | 1,356 | 7.6% |
| Pediatric Subspecialties | 3 | 2.6% | 335 | 1.9% |
| Surgery: Orthopedics | 5 | 4.3% | 1,749 | 9.7% |
| Surgery: Cardiovascular/Cardiothoracic | 1 | 0.9% | 532 | 3.0% |
| Surgery: Neurological | 0 | 0.0% | 434 | 2.4% |
| Other Surgery Subspecialties | 5 | 4.3% | 1,306 | 7.3% |
| Ob/Gyn | 2 | 1.7% | 420 | 2.3% |
| Occupational Medicine | 6 | 5.1% | 405 | 2.3% |
| Dermatology | 0 | 0.0% | 681 | 3.8% |
| Other | 18 | 15.4% | 1,828 | 10.2% |
| Total Respondents | 117 | 100.0% | 17,947 | 100.0% |

Source: Respondents of 2009 AAPA Census Survey

Similar to national statistics on workplace location, most New Mexico PAs work in physician practices. However, New Mexico has more than double the national rate of PAs who work in community health centers as indicated on the table on the following page.

¹¹ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*, Physician Assistants. Retrieved 4/9/10 from <http://www.stats.bls.gov/oco/ocos081.htm>

¹² American Academy of Physician Assistants. (January 2010). *2009 AAPA Physician Assistant Census Report for the Mountain Census Division*. Retrieved 4/9/10 from <http://www.aapa.org/about-pas/data-and-statistics/aapa-census/2009-data>

**Number and Percent Distribution of Clinically Practicing Respondents
by Type of Primary Employer, 2009**

| Primary Employer | New Mexico | | United States | |
|--------------------------|------------|---------------|---------------|---------------|
| | Count | Percent | Count | Percent |
| Self Employed | 5 | 4.3% | 416 | 2.3% |
| Solo physician practice | 14 | 12.1% | 2,085 | 11.6% |
| Group physician practice | 37 | 31.9% | 7,930 | 44.2% |
| Hospital | 25 | 21.6% | 4,367 | 24.3% |
| Community health center | 16 | 13.8% | 1,065 | 5.9% |
| Other | 19 | 16.4% | 2,091 | 11.6% |
| Total Respondents | 116 | 100.0% | 17,954 | 100.0% |

Source: Respondents of 2009 AAPA Census Survey

As indicated on the table below, at the national level, about 8.2% of PAs work for some type of government agency while in New Mexico 23.5% of PAs are government employees. Nationally, the Department of Veterans' Affairs is the largest government employer of PAs, accounting for 2.2% of PA employment. In New Mexico, the largest government employer of PAs is state government at 8.7%.¹³

**Number and Percent Distribution of Clinically Practicing Respondents
by Primary Employer's Government Affiliation, 2009**

| Primary Employer Government Affiliation | New Mexico | | United States | |
|---|------------|---------------|---------------|----------------|
| | Count | Percent | Count | Percent |
| Not government employed | 88 | 76.5% | 16,366 | 91.80% |
| Air Force | 0 | 0.0% | 64 | 0.36% |
| Army | 1 | 0.9% | 204 | 1.14% |
| Navy | 0 | 0.0% | 51 | 0.29% |
| Coast Guard | 0 | 0.0% | 14 | 0.08% |
| Department of Veterans Affairs | 3 | 2.6% | 397 | 2.23% |
| Federal Bureau of Prisons or DOJ | 1 | 0.9% | 17 | 0.10% |
| Indian Health Service | 4 | 3.5% | 56 | 0.31% |
| US Public Health Service | 1 | 0.9% | 52 | 0.29% |
| Other Federal Government | 6 | 5.2% | 86 | 0.48% |
| State Government | 10 | 8.7% | 354 | 1.99% |
| Local Government | 1 | 0.9% | 161 | 0.90% |
| Other Government (e.g. foreign) | 0 | 0.0% | 6 | 0.03% |
| Total Respondents | 115 | 100.0% | 17,828 | 100.00% |

Source: Respondents of 2009 AAPA Census Survey

According to GADS data, there were 499 PAs licensed in New Mexico in 2009. This was a 12.6% increase from the 443 New Mexico licensed PAs in 2007.

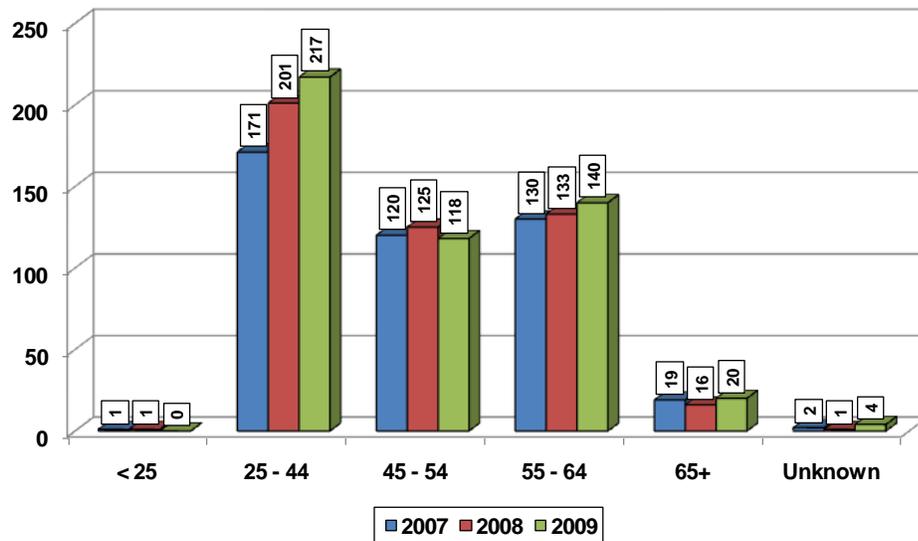
¹³ American Academy of Physician Assistants. (January 2010). *2009 AAPA Physician Assistant Census Report for the Mountain Census Division*. Retrieved 4/9/10 from <http://www.aapa.org/about-pas/data-and-statistics/aapa-census/2009-data>

Physician Assistants by Age

The 2009 AAPA Physician Assistant Census Report for the Mountain Census Division indicates that the average age of census respondents was 41 years. Average age at the time of graduation from PA school was 30 years.¹⁴

As shown on the chart below, 217 (43.5%) New Mexico licensed PAs were 25-44 years of age; 140 (28.1%) were 55-64 years of age; 118 (23.6%) were 45-54 years of age; and 20 (4.0%) were 65 and over. Age was unknown for 4 (0.8%) New Mexico licensed PAs. From 2007 to 2009, the most significant percentage change occurred in licensed PAs 25-44 years of age, which increased by 26.9%.

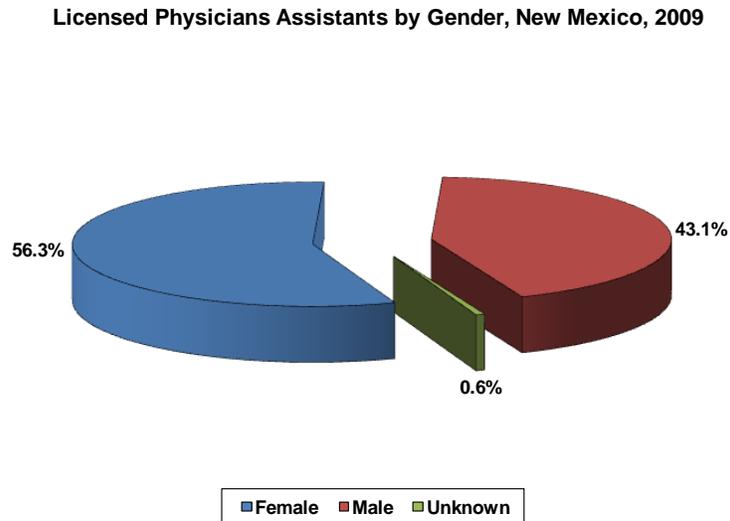
Licensed Physician Assistants by Age, New Mexico, 2007-2009



¹⁴ American Academy of Physician Assistants. (January 2010). 2009 AAPA Physician Assistant Census Report for the Mountain Census Division. Retrieved 4/9/10 from <http://www.aapa.org/about-pas/data-and-statistics/aapa-census/2009-data>

Physician Assistants by Gender

As shown on the chart below, in 2009, 281 (56.3%) New Mexico licensed PAs were female while 215 (43.1%) were male. Gender was unknown for three (0.6%) New Mexico licensed PAs. From 2007 to 2009, there was a 17.5% increase in the number of licensed male PAs and a 9.3% increase in the number of licensed female PAs.



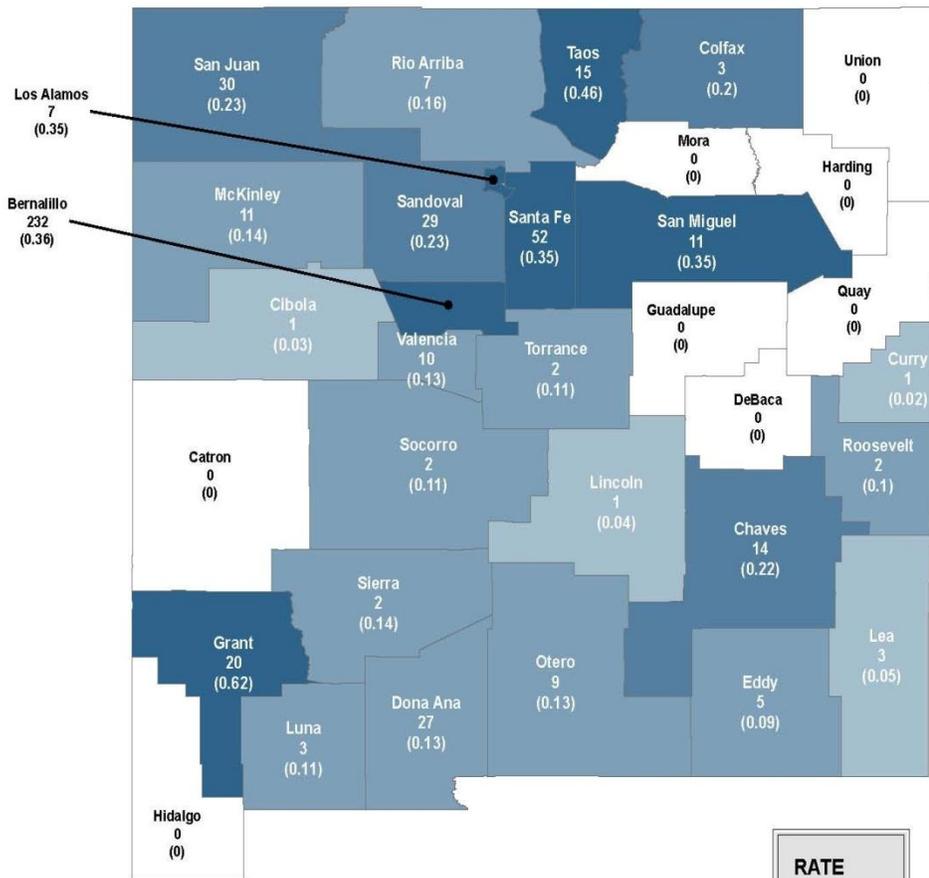
Physician Assistants by County

As indicated on the table on the following page, in 2009, 232 (46.5%) New Mexico licensed PAs were licensed with a Bernalillo County address followed by 52 (10.4%) with a Santa Fe County address and 30 (6.0%) with a San Juan County address. Grant County had the highest rate of licensed PAs per 1,000 population at 0.62 followed by Taos County at 0.46 and Bernalillo County at 0.36. There were no licensed PAs with a Catron, De Baca, Guadalupe, Harding, Hidalgo, Mora, Quay, or Union County address.

Licensed Physician Assistants by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Physician Assistants | Percent of Licensed Physician Assistants | Rate Per 1,000 Population |
|-------------------|-------------------|------------------------------|--|---|----------------------------------|
| Bernalillo | 651,612 | 31.3% | 232 | 46.5% | 0.36 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 14 | 2.8% | 0.22 |
| Cibola | 28,886 | 1.4% | 1 | 0.2% | 0.03 |
| Colfax | 14,653 | 0.7% | 3 | 0.6% | 0.20 |
| Curry | 48,005 | 2.3% | 1 | 0.2% | 0.02 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 27 | 5.4% | 0.13 |
| Eddy | 52,903 | 2.5% | 5 | 1.0% | 0.09 |
| Grant | 32,113 | 1.5% | 20 | 4.0% | 0.62 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 3 | 0.6% | 0.05 |
| Lincoln | 23,236 | 1.1% | 1 | 0.2% | 0.04 |
| Los Alamos | 20,048 | 1.0% | 7 | 1.4% | 0.35 |
| Luna | 28,319 | 1.4% | 3 | 0.6% | 0.11 |
| McKinley | 80,387 | 3.9% | 11 | 2.2% | 0.14 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 9 | 1.8% | 0.13 |
| Quay | 10,291 | 0.5% | 0 | 0.0% | 0.00 |
| Rio Arriba | 44,167 | 2.1% | 7 | 1.4% | 0.16 |
| Roosevelt | 19,243 | 0.9% | 2 | 0.4% | 0.10 |
| San Juan | 130,093 | 6.3% | 30 | 6.0% | 0.23 |
| San Miguel | 31,204 | 1.5% | 11 | 2.2% | 0.35 |
| Sandoval | 127,928 | 6.2% | 29 | 5.8% | 0.23 |
| Santa Fe | 147,869 | 7.1% | 52 | 10.4% | 0.35 |
| Sierra | 13,933 | 0.7% | 2 | 0.4% | 0.14 |
| Socorro | 18,863 | 0.9% | 2 | 0.4% | 0.11 |
| Taos | 32,494 | 1.6% | 15 | 3.0% | 0.46 |
| Torrance | 17,923 | 0.9% | 2 | 0.4% | 0.11 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 10 | 2.0% | 0.13 |
| New Mexico | 2,080,048 | 100% | 499 | 100% | 0.24 |

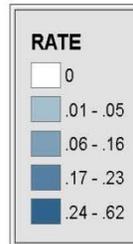
New Mexico Distribution of Licensed Physician Assistants by County, 2009



Number represents actual number of licensed PA's in county.

(Rates per 1,000 population are in parentheses)

Licensed PA's may not be currently practicing.



Source HPC GADS 2009, Map: U.S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

NURSE PRACTITIONERS¹⁵

Nurse practitioners (NPs) are advanced practice nurses who provide healthcare services similar to those of physicians. NPs diagnose and treat a wide range of health problems. Besides clinical care, NPs focus on health promotion, disease prevention, health education and counseling.

Nurse practitioners are licensed in all states and practice under the rules and regulations of the state in which they are licensed. Most NPs are nationally certified in their specialty area and are recognized as expert healthcare providers. These NPs are referred to as certified nurse practitioners (CNPs).

NPs provide a full range of services including:

- Order, perform and interpret diagnostic tests such as lab work and x-rays;
- Diagnose and treat acute and chronic conditions such as diabetes, high blood pressure, infections and injuries;
- Prescribe medications and other treatments;
- Manage patients' overall care;
- Spend time counseling patients; and
- Help patients learn how their actions affect their health and well-being.

NPs specialize in many areas, including:

- Acute Care,
- Adult Health,
- Family Health,
- Gerontology Health,
- Neonatal Health,
- Oncology,
- Pediatric/Child Health,
- Psychiatric/Mental Health, and
- Women's Health.

NPs may also practice in sub-specialty areas such as:

- Allergy and Immunology,
- Cardiovascular,
- Dermatology,
- Emergency,
- Endocrinology,
- Gastroenterology,
- Hematology and Oncology,
- Neurology,

¹⁵ American Academy of Nurse Practitioners. FAQs About Nurse Practitioners. Retrieved 4/9/10 from <http://aanp.org/NR/rdonlyres/67BE3A60-6E44-42DF-9008-DF7C1F0955F7/0/2010FAQsWhatsAnNP.pdf>

- Occupational Health,
- Orthopedics,
- Pulmonology & Respiratory,
- Sports Medicine, and
- Urology.

Nurse Practitioner Education

A nurse practitioner is an advanced practice nursing specialty. Entry-level preparation for NP practice is a master's degree. NP education provides theoretical and empirical knowledge in addition to clinical, technical and ethical learning experiences for delivery of care and role development in advanced nursing practice. The emphasis in a master's program preparing NPs is on the development of clinical and professional expertise necessary for comprehensive primary care and specialty care practice in a variety of settings. According to the American Academy of Nurse Practitioners (AANP), NP curriculum should be designed to prepare graduates to qualify for certification in their anticipated area of practice. NP programs also cultivate advanced skills in the roles of educator, counselor, advocate, consultant, manager, researcher, and mentor. The clinical portion of the curriculum should be delivered by faculty who maintain current clinical expertise, licensure, and certification.¹⁶

According to the Bureau of Labor Statistics, in all states, students must graduate from an approved nursing program and pass a national licensing examination, known as the National Council Licensure Examination (NCLEX-RN), in order to obtain a nursing license. All states require periodic renewal of licenses, which may require continuing education.

Certification is common, and sometimes required for advanced practice nursing specialties. Upon completion of their educational programs, most advanced practice nurses become nationally certified in their area of specialty. In some states, certification in a specialty is required in order to practice in that specialty.

Nurse Practitioner Supply

The AANP reports that there are currently 125,000 NPs practicing in the United States today. Of those 125,000 NPs:

- Approximately 8,000 new NPs were prepared in 2008;
- 88% of NPs have graduate degrees;
- 92% of NPs maintain national certification;
- 39% of NPs hold hospital privileges;
- 13% have long term care privileges;
- 96.5% of NPs prescribe medications and write an average of 19 prescriptions per day;

¹⁶ American Academy of Nurse Practitioners. NP Curriculum. Retrieved 4/9/10 from <http://aanp.org/NR/rdonlyres/3834DE22-2E54-4FDE-98DE-5811678DE17C/0/NPCurriculumStatement03.pdf>

- NPs hold prescriptive privilege in all 50 states, including controlled substances in all but three;
- NPs write approximately 556 million prescriptions annually;
- 62% of NPs see three to four patients per hour;
- 12% see over five patients per hour;
- 66% of NPs practice in at least one primary care site;
- 31% practice in at least one non-primary care site, such as inpatient, emergency, surgical, or specialty practice; and
- Malpractice rates remain low; only 1.4% have been named as primary defendants in a malpractice case.¹⁷

According to GADS data, there were 804 CNPs licensed in New Mexico in 2009. This was a 17.5% increase from the 684 New Mexico licensed CNPs in 2007.

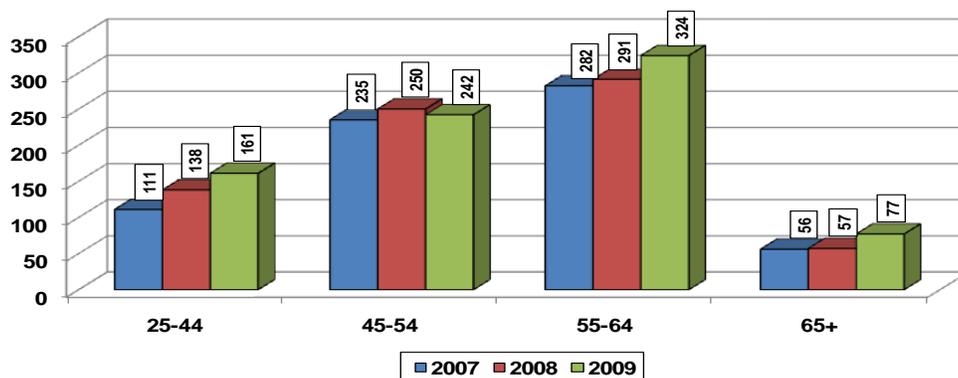
Nurse Practitioners by Age

In the United States, the average NP is 48 years of age and has been in practice for 10.5 years.¹⁸

As shown on the chart below, in 2009, 324 (40.3%) New Mexico licensed CNPs were 55-64 years of age and 77 (9.6%) were age 65 and over. Therefore, approximately 49.9% of licensed CNPs were age 55 and over and 50.1% were under the age of 55.

From 2007 to 2009 the number of New Mexico licensed CNPs age 55 and over, increased by 18.6% and the number of licensed CNPs under the age of 55 increased by 16.5%. From 2007 to 2009, the most significant percentage change occurred in licensed CNPs 25-44 years of age, which increased by 45.0%.

Licensed Certified Nurse Practitioners by Age, New Mexico, 2007-2009



Note: All New Mexico licensed CNPs are also licensed RNs. About 94.9% of New Mexico licensed CNPs are also New Mexico licensed RNs and are included in both CNP and RN counts. The remainder of New Mexico licensed CNPs hold RN licenses in other states.

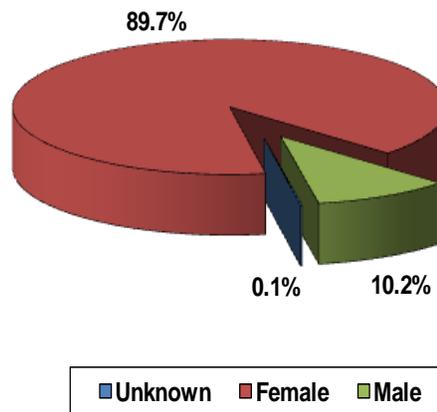
¹⁷ American Academy of Nurse Practitioners. Nurse Practitioner Fact Sheet. Retrieved 4/9/10 from <http://aanp.org/NR/rndonlyres/54B71B02-D4DB-4A53-9FA6-23DDA0EDD6FC/0/NPFacts6.pdf>

¹⁸ Ibid.

Nurse Practitioners by Gender

As shown on the chart below, in 2009, 721 (89.7%) New Mexico licensed CNPs were female while only 82 (10.2%) were male. Gender was unknown for one (0.1%) New Mexico licensed CNP. From 2007 to 2009, there was an 18.8% increase in the number of licensed male CNPs and a 17.4% increase in the number of licensed female CNPs.

Licensed Certified Nurse Practitioners by Gender, New Mexico, 2009



Note: All New Mexico licensed CNPs are also licensed RNs. About 94.9% of New Mexico licensed CNPs are also New Mexico licensed RNs and are included in both CNP and RN counts. The remainder of New Mexico licensed CNPs hold RN licenses in other states.

Nurse Practitioners by County

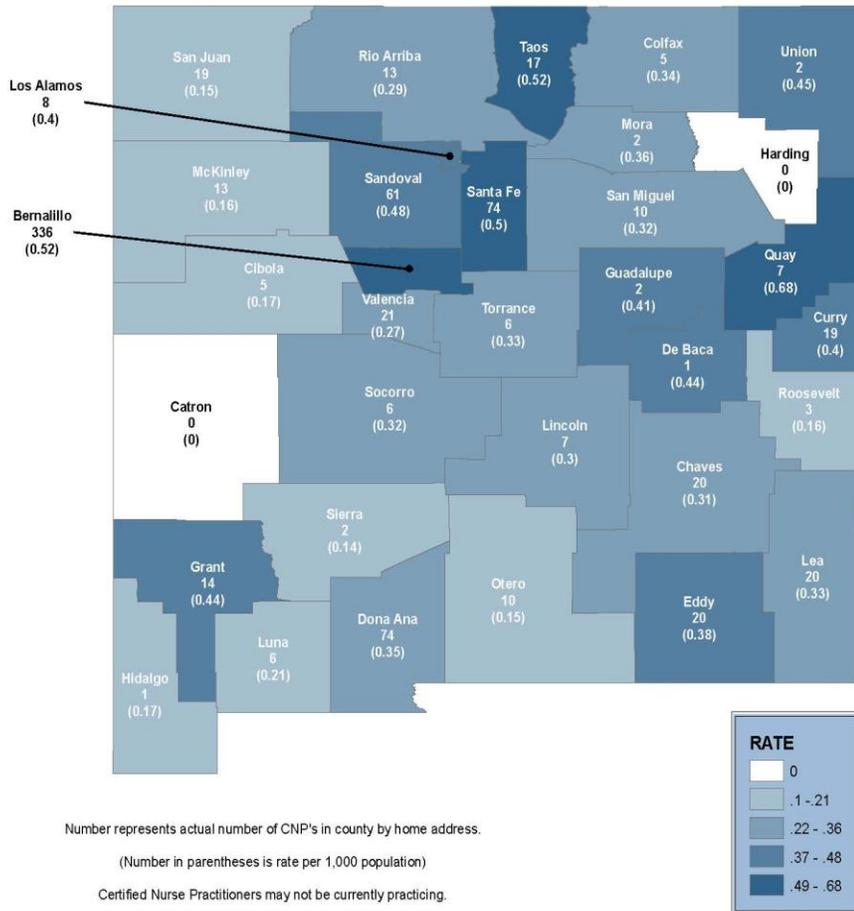
As indicated on the table on the following page, 336 (41.8%) New Mexico licensed CNPs were licensed with a Bernalillo County address followed by 74 (9.2%) with a Dona Ana County and Santa Fe County address and 61 (7.6%) with a Sandoval County address. Quay County had the highest rate of licensed CNPs per 1,000 population at 0.68 followed by Bernalillo and Taos counties at 0.52 and Santa Fe County at 0.50. There were no licensed CNPs with a Catron or Harding County address.

Licensed Certified Nurse Practitioners by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Certified Nurse Practitioners | Percent of Licensed Certified Nurse Practitioners | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--|---|---------------------------|
| Bernalillo | 651,612 | 31.3% | 336 | 41.8% | 0.52 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 20 | 2.5% | 0.31 |
| Cibola | 28,886 | 1.4% | 5 | 0.6% | 0.17 |
| Colfax | 14,653 | 0.7% | 5 | 0.6% | 0.34 |
| Curry | 48,005 | 2.3% | 19 | 2.4% | 0.40 |
| De Baca | 2,284 | 0.1% | 1 | 0.1% | 0.44 |
| Dona Ana | 209,224 | 10.1% | 74 | 9.2% | 0.35 |
| Eddy | 52,903 | 2.5% | 20 | 2.5% | 0.38 |
| Grant | 32,113 | 1.5% | 14 | 1.7% | 0.44 |
| Guadalupe | 4,839 | 0.2% | 2 | 0.2% | 0.41 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 1 | 0.1% | 0.17 |
| Lea | 59,711 | 2.9% | 20 | 2.5% | 0.33 |
| Lincoln | 23,236 | 1.1% | 7 | 0.9% | 0.30 |
| Los Alamos | 20,048 | 1.0% | 8 | 1.0% | 0.40 |
| Luna | 28,319 | 1.4% | 6 | 0.7% | 0.21 |
| McKinley | 80,387 | 3.9% | 13 | 1.6% | 0.16 |
| Mora | 5,542 | 0.3% | 2 | 0.2% | 0.36 |
| Otero | 67,472 | 3.2% | 10 | 1.2% | 0.15 |
| Quay | 10,291 | 0.5% | 7 | 0.9% | 0.68 |
| Rio Arriba | 44,167 | 2.1% | 13 | 1.6% | 0.29 |
| Roosevelt | 19,243 | 0.9% | 3 | 0.4% | 0.16 |
| San Juan | 130,093 | 6.3% | 19 | 2.4% | 0.15 |
| San Miguel | 31,204 | 1.5% | 10 | 1.2% | 0.32 |
| Sandoval | 127,928 | 6.2% | 61 | 7.6% | 0.48 |
| Santa Fe | 147,869 | 7.1% | 74 | 9.2% | 0.50 |
| Sierra | 13,933 | 0.7% | 2 | 0.2% | 0.14 |
| Socorro | 18,863 | 0.9% | 6 | 0.7% | 0.32 |
| Taos | 32,494 | 1.6% | 17 | 2.1% | 0.52 |
| Torrance | 17,923 | 0.9% | 6 | 0.7% | 0.33 |
| Union | 4,448 | 0.2% | 2 | 0.2% | 0.45 |
| Valencia | 77,545 | 3.7% | 21 | 2.6% | 0.27 |
| New Mexico | 2,080,048 | 100% | 804 | 100% | 0.39 |

Note: All New Mexico licensed CNPs are also licensed RNs. About 94.9% of New Mexico licensed CNPs are also New Mexico licensed RNs and are included in both CNP and RN counts. The remainder of New Mexico licensed CNPs hold RN licenses in other states. For CNPs, residential addresses are used for counts by county per data provided by the New Mexico Board of Nursing.

New Mexico Distribution of Certified Nurse Practitioners by County, 2009



Source HPC GADS 2008, Map: U.S. Census, 2000
 Health Policy Commission Geographic Access Data System

NURSING PROFESSIONALS

REGISTERED NURSES¹⁹

Registered nurses (RNs) treat patients, educate patients and the public about various medical conditions, and provide advice and emotional support to patients and their family members. RNs record patients' medical histories and symptoms, help perform diagnostic tests and analyze results, operate medical machinery, administer treatment and medications, and help with patient follow-up and rehabilitation.

RNs teach patients and their families how to manage their illnesses or injuries, often explaining post-treatment home care needs. They provide support and information related to diet, nutrition, exercise programs, self-administration of medication and physical therapy. Some RNs work to promote general health by educating the public on warning signs and symptoms of disease. RNs may also run general health screening or immunization clinics, blood drives, and/or public seminars on various conditions.

When caring for patients, RNs establish a plan of care or contribute to an existing plan. Plans may include numerous activities such as administering medication, including careful checking of dosages and avoiding interactions; starting, maintaining, and discontinuing intravenous (IV) lines for fluid, medication, blood, and blood products; administering therapies and treatments; observing the patient and recording those observations; and consulting with physicians and other health care clinicians.

Some RNs provide direction to licensed practical nurses (LPNs) and nursing aids regarding patient care. RNs with advanced educational preparation and training may perform diagnostic and therapeutic procedures and may have prescriptive authority.

RNs can specialize in one or more areas of patient care. Generally, there are four ways to specialize. RNs can choose a particular work setting or type of treatment, such as perioperative nurses, who work in operating rooms and assist surgeons. RNs may also choose to specialize in specific health conditions, as do diabetes management nurses who assist patients to manage diabetes. Other RNs specialize in working with one or more organs or body system types, such as dermatology nurses, who work with patients who have skin disorders. RNs can also choose to work with a well-defined population, such as geriatric nurses who work with the elderly. Some RNs may combine specialties. For example, pediatric oncology nurses deal with children and adolescents who have cancer.

¹⁹ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Registered Nurses. Retrieved 4/13/10 from <http://www.bls.gov/oco/ocos083.htm>

Registered Nurse Education

There are three major educational paths for RNs – programs that offer a bachelor’s of science degree in nursing (BSN), an associate degree in nursing (ADN), or a diploma.

- BSN programs, offered by colleges and universities, take about four years to complete.
- ADN programs, offered by community and junior colleges, take about two to three years to complete.
- Diploma programs, administered in hospitals, last about three years.

Generally, licensed graduates of any of these three types of educational programs qualify for entry-level positions. However, many RNs with an ADN or diploma later enter bachelor’s programs that will allow them to perform a broader scope of nursing practice.

Education beyond a bachelor’s degree may also help students looking to enter certain fields or increase advancement opportunities. All advanced practice nursing specialties require at least a master’s degree. Most programs require a BSN degree for entry and about two additional years of full-time study. Some programs also require at least one to two years of clinical experience as an RN for admission.²⁰

In New Mexico, the following baccalaureate degree programs of nursing are approved by the Board of Nursing:

- University of New Mexico, College of Nursing; and
- New Mexico State University, School of Nursing.

In New Mexico, the following associate degree programs of nursing are approved by the Board of Nursing:

- New Mexico Junior College, Department of Nursing;
- Eastern New Mexico University-Roswell, Department of Nursing;
- Luna Community College, Department of Nursing;
- San Juan College, Department of Nursing;
- Clovis Community College, Department of Nursing;
- New Mexico State University-Carlsbad, Department of Nursing;
- University of New Mexico-Gallup, Department of Nursing;
- Northern New Mexico College, Health Occupations Division;
- Central New Mexico Community College, Department of Nursing;
- Santa Fe Community College, Department of Nursing;
- Western New Mexico University, Department of Nursing;
- New Mexico State University-Alamogordo, Department of Nursing;

²⁰ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Registered Nurses. Retrieved 4/13/10 from <http://www.bls.gov/oco/ocos083.htm>

- Dona Ana Community College, Department of Nursing ;
- Apollo College, Department of Nursing;
- Anamarc Educational Institute, Department of Nursing; and
- Pima Medical Institute, Department of Nursing.

Registered Nurse Supply

Although the national nursing shortage has eased due to the recession, the shortage is projected to grow to 260,000 RNs by 2025.²¹ According to the Health Resources and Services Administration (HRSA), the RN shortage will continue to grow if the following trends continue:

- The growing and aging of the U.S. population;
- High demand for high quality of care;
- The RN workforce at or approaching retirement age; and
- Difficulty attracting new RNs and retaining the existing workforce.²²

According to the Bureau of Labor Statistics, RNs held approximately 2.6 million jobs in 2008. This number is projected to increase by about 22% to 3.2 million jobs by 2018.²³

According to GADS data, there were 17,694 RNs licensed in New Mexico in 2009. This was a 17.3% increase from the 15,090 New Mexico licensed RNs in 2007.

Registered Nurses by Age

The 2004 National Sample Survey of Registered Nurses (NSSRN) documents the continuing trend in the aging RN population. According to the survey, the average age of the RN population continued to increase to 46.8 years of age in 2004, compared to 45.2 years in 2000, and 44.3 years in 1996. The average age of the RN population was 45.2 in 2000 compared to 44.3 in 1996.²⁴

As shown on the chart on the following page, in 2009, 6,232 (35.2%) New Mexico licensed RNs were 25-44 years of age; 4,896 (27.7%) were 55-64 years of age; 4,643 (26.2%) were 45-54 years of age; 1,507 (8.5%) were age 65 and over; and 234 (1.3%) were under the age of 25. Age was unknown for 182 (1.0%) New Mexico licensed RNs. In 2009, 62.8% of New Mexico licensed RNs were under the age of 55 and 36.2% were age 55 and over.

²¹ American Association of Colleges of Nursing. (June 2009) Nursing Shortage Fact Sheet. Retrieved 4/13/10 from www.aacn.nche.edu/Media/FactSheets/NursingShortage.htm

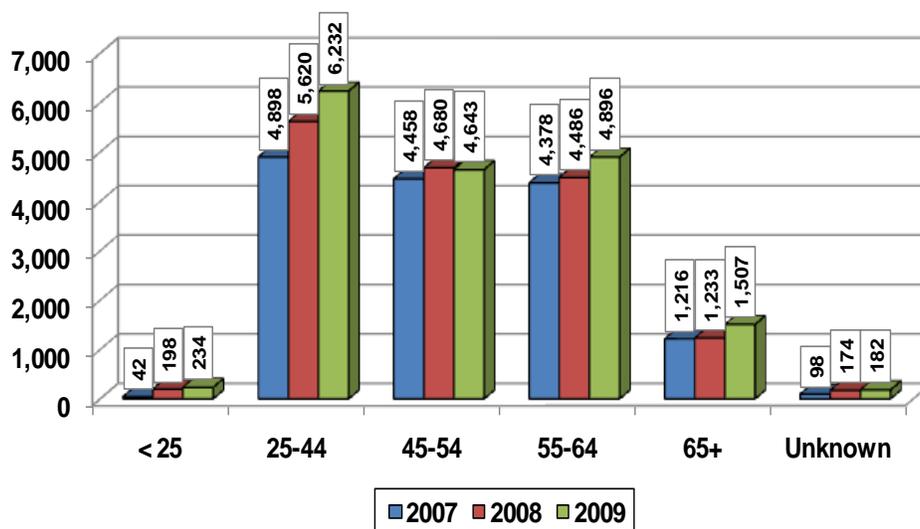
²² Health Resources and Services Administration. (September 2004) *What is Behind HRSA's Projected Supply, Demand, and Shortage of Registered Nurses?* Retrieved 4/13/10 from <http://bhpr.hrsa.gov/healthworkforce/reports/behindrnprojections/index.htm>

²³ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Registered Nurses. Retrieved 4/13/10 from <http://www.bls.gov/oco/ocos083.htm>

²⁴ Health Resources and Services Administration. (June 2006). *The Registered Nurse Population 1980-2004: Findings from the National Sample Survey of Registered Nurses*. Retrieved 4/13/10 from <http://bhpr.hrsa.gov/healthworkforce/rnsurvey04/>

The number of New Mexico licensed RNs under the age of 55 increased by 18.2% from 9,398 in 2007 to 11,109 in 2009. The number of licensed RNs age 55 and over increased by 14.5% from 5,594 in 2007 to 6,403 in 2009. From 2007 to 2009, the most significant percentage change occurred in the number of licensed RNs under the age of 25, which increased by 457.1%.

Licensed Registered Nurses by Age, New Mexico, 2007-2009



Note: About 4.3% of New Mexico licensed RNs are also New Mexico licensed CNPs and are included in both RN and CNP counts. About 0.99% of New Mexico licensed RNs hold both a New Mexico RN and a New Mexico LPN license and are included in both RN and LPN counts.

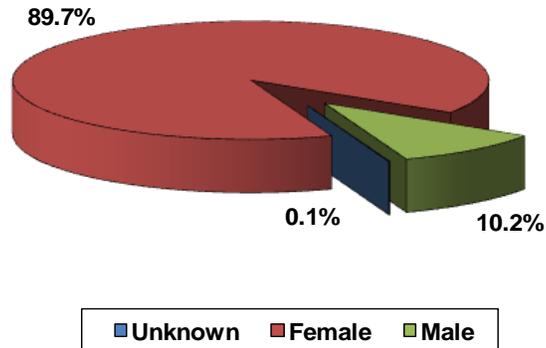
Registered Nurses by Gender

In general, nursing is a female dominated profession. According to the 2004 NSSRN, men comprise only 5.8% of the nation's nursing workforce; this percentage has climbed steadily since the NSSRN was first conducted in 1980. The number of men in nursing has increased 273.2% in this time period from 45,060 male nurses in 1980 to 168,181 male nurses in 2004.²⁵

As shown on the chart on the following page, in 2009, 15,872 (89.7%) New Mexico licensed RNs were female while only 1,812 (10.2%) were male. Gender was unknown for 10 (0.1%) New Mexico licensed RNs. From 2007 to 2009, the number of licensed male RNs increased by 22.8% and the number of licensed female RNs increased by 16.6%.

²⁵ Health Resources and Services Administration. (June 2006). *The Registered Nurse Population 1980-2004: Findings from the National Sample Survey of Registered Nurses*. Retrieved 4/13/10 from <http://bhpr.hrsa.gov/healthworkforce/msurvey04/>

Licensed Registered Nurses by Gender, New Mexico, 2009



Note: About 4.3% of New Mexico licensed RNs are also New Mexico licensed CNPs and are included in both RN and CNP counts. About 0.99% of New Mexico licensed RNs hold both a New Mexico RN and a New Mexico LPN license and are included in both RN and LPN counts.

Registered Nurses by County

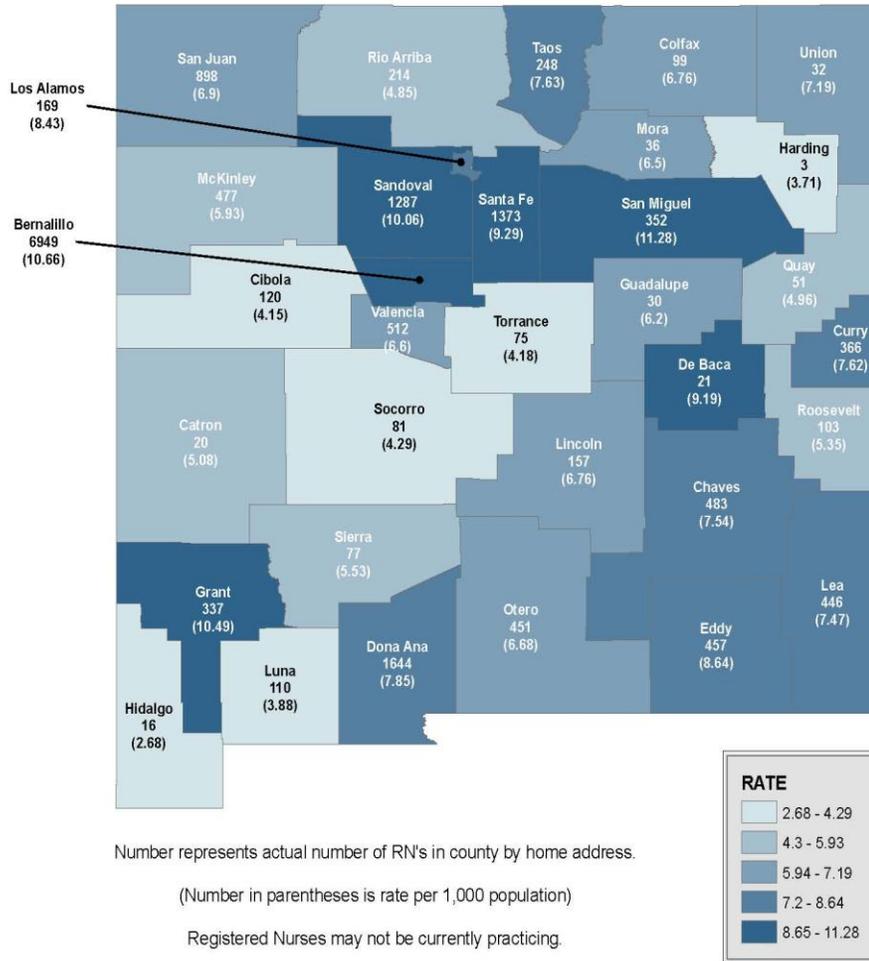
As indicated on the table on the following page, in 2009, 6,949 (39.3%) New Mexico licensed RNs were licensed with a Bernalillo County address followed by 1,644 (9.3%) with Dona Ana County address and 1,373 (7.8%) with Santa Fe County address. San Miguel County had the highest rate of licensed RNs per 1,000 population at 11.28 followed by Bernalillo County at 10.66 and Grant County at 10.49.

Licensed Registered Nurses by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Registered Nurses | Percent of Licensed Registered Nurses | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--------------------------------------|---------------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 6,949 | 39.3% | 10.66 |
| Catron | 3,939 | 0.2% | 20 | 0.1% | 5.08 |
| Chaves | 64,087 | 3.1% | 483 | 2.7% | 7.54 |
| Cibola | 28,886 | 1.4% | 120 | 0.7% | 4.15 |
| Colfax | 14,653 | 0.7% | 99 | 0.6% | 6.76 |
| Curry | 48,005 | 2.3% | 366 | 2.1% | 7.62 |
| De Baca | 2,284 | 0.1% | 21 | 0.1% | 9.19 |
| Dona Ana | 209,224 | 10.1% | 1,644 | 9.3% | 7.86 |
| Eddy | 52,903 | 2.5% | 457 | 2.6% | 8.64 |
| Grant | 32,113 | 1.5% | 337 | 1.9% | 10.49 |
| Guadalupe | 4,839 | 0.2% | 30 | 0.2% | 6.20 |
| Harding | 809 | 0.0% | 3 | 0.0% | 3.71 |
| Hidalgo | 5,978 | 0.3% | 16 | 0.1% | 2.68 |
| Lea | 59,711 | 2.9% | 446 | 2.5% | 7.47 |
| Lincoln | 23,236 | 1.1% | 157 | 0.9% | 6.76 |
| Los Alamos | 20,048 | 1.0% | 169 | 1.0% | 8.43 |
| Luna | 28,319 | 1.4% | 110 | 0.6% | 3.88 |
| McKinley | 80,387 | 3.9% | 477 | 2.7% | 5.93 |
| Mora | 5,542 | 0.3% | 36 | 0.2% | 6.50 |
| Otero | 67,472 | 3.2% | 451 | 2.5% | 6.68 |
| Quay | 10,291 | 0.5% | 51 | 0.3% | 4.96 |
| Rio Arriba | 44,167 | 2.1% | 214 | 1.2% | 4.85 |
| Roosevelt | 19,243 | 0.9% | 103 | 0.6% | 5.35 |
| San Juan | 130,093 | 6.3% | 898 | 5.1% | 6.90 |
| San Miguel | 31,204 | 1.5% | 352 | 2.0% | 11.28 |
| Sandoval | 127,928 | 6.2% | 1,287 | 7.3% | 10.06 |
| Santa Fe | 147,869 | 7.1% | 1,373 | 7.8% | 9.29 |
| Sierra | 13,933 | 0.7% | 77 | 0.4% | 5.53 |
| Socorro | 18,863 | 0.9% | 81 | 0.5% | 4.29 |
| Taos | 32,494 | 1.6% | 248 | 1.4% | 7.63 |
| Torrance | 17,923 | 0.9% | 75 | 0.4% | 4.18 |
| Union | 4,448 | 0.2% | 32 | 0.2% | 7.19 |
| Valencia | 77,545 | 3.7% | 512 | 2.9% | 6.60 |
| New Mexico | 2,080,048 | 100% | 17,694 | 100% | 8.51 |

Note: About 4.3% of New Mexico licensed RNs are also New Mexico licensed CNPs and are included in both RN and CNP counts. About 0.99% of New Mexico licensed RNs hold both a New Mexico RN and a New Mexico LPN license and are included in both RN and LPN counts. For RNs, residential addresses are used for counts by county per data provided by the New Mexico Board of Nursing.

New Mexico Distribution of Registered Nurses by County, 2009



Source HPC GADS 2009, Map: U.S. Census, 2000
 Health Policy Commission Geographic Access Data System

LICENSED PRACTICAL NURSES²⁶

Licensed practical nurses (LPNs) care for people who are sick, injured, convalescent, or disabled. They work under the direction of physicians and registered nurses.

LPNs care for patients in many ways. They often provide basic bedside care. Many LPNs measure and record patients' vital signs such as height, weight, temperature, blood pressure, pulse, and respiration. They also prepare and give injections and enemas, monitor catheters, dress wounds, and give alcohol rubs and massages. To help keep patients comfortable, they assist with bathing, dressing, and personal hygiene, moving in bed, standing, and walking. They might also feed patients who need help eating. Experienced LPNs may supervise nursing assistants and aides.

In addition, LPNs collect samples for testing, perform routine laboratory tests, and record food and fluid intake and output. They clean and monitor medical equipment. Sometimes, they help physicians and RNs perform tests and procedures. Some LPNs help to deliver, care for, and feed babies.

LPNs also monitor their patients and report adverse reactions to medications or treatments. They gather information from patients, including their health history and how they are currently feeling. They may use this information to complete insurance forms, pre-authorizations, and referrals, and they share information with registered nurses and doctors to help determine the best course of care for patients.

Most LPNs are generalists and work in all areas of health care. Some work in a settings such as nursing homes, doctor's offices, or in home health care. LPNs in nursing care facilities help to evaluate residents' needs, develop care plans, and supervise the care provided by nursing aides. In doctors' offices and clinics, they may be responsible for making appointments, keeping records, and performing other clerical duties. LPNs who work in home health care may prepare meals and teach family members simple nursing tasks.

Licensed Practical Nurse Education²⁷

Licensed practical nurses must complete a state-approved training program in practical nursing to be eligible for licensure. Most training programs are available from technical and vocational schools or community and junior colleges. Other programs are available through high schools, hospitals, and colleges and universities. A high school diploma or its equivalent usually is required for entry, although some programs accept candidates without a diploma, and some programs are part of a high school curriculum.

²⁶ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Licensed Practical and Licensed Vocational Nurses. Retrieved 4/13/10 from <http://www.bls.gov/oco/ocos102.htm>

²⁷ Ibid.

Most year-long practical nursing programs include both classroom study and supervised clinical practice. Classroom study covers basic nursing concepts and subjects related to patient care, including anatomy, physiology, medical-surgical nursing, pediatrics, obstetrics nursing, pharmacology, nutrition, and first aid. Clinical practice is usually in a hospital but sometimes includes other settings. All states require LPNs to pass a licensing examination known as the NCLEX-PN after completing a state-approved practical nursing program.

In New Mexico, the following practical nursing programs are approved by the Board of Nursing:

- APS Career Enrichment Center, Practical Nurse Program; and
- Computer Career Center, Practical Nurse Program.

Licensed Practical Nurse Supply

According to the Bureau of Labor Statistics, consistent with the demand for RNs, demand for LPNs will be driven by the increase in the aging population. Older persons have an increased incidence of injury and illness, which will increase their demand for healthcare services. In addition, with better medical technology, people are living longer, increasing the demand for long-term healthcare. Job growth will occur over all healthcare settings but especially those that service the geriatric population like nursing care facilities, community care facilities, and home healthcare services.

The Bureau of Labor Statistics reports that LPNs held about 753,600 jobs in 2008. This number is projected to increase by 21% to 909,200 by 2018.²⁸

According to GADS data, there were 3,110 LPNs licensed in New Mexico in 2009. This was a 23.0% increase from the 2,529 New Mexico licensed LPNs in 2007.

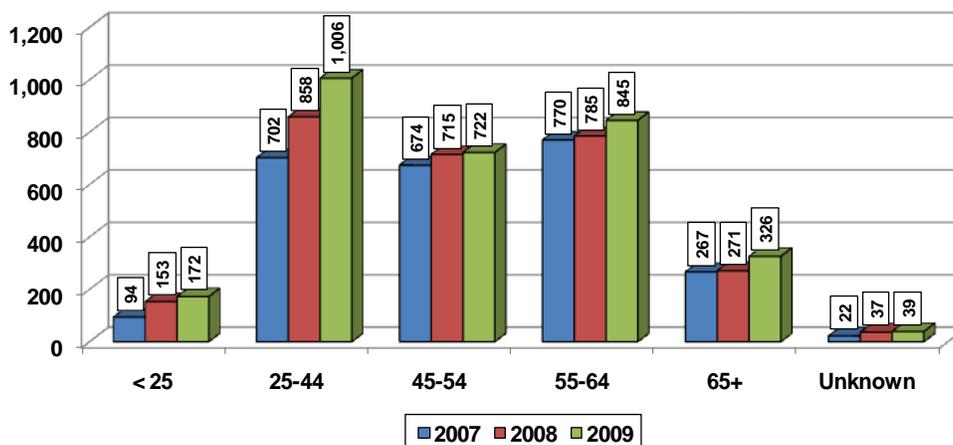
Licensed Practical Nurses by Age

As shown on the chart on the following page, in 2009, 1,006 (32.3%) New Mexico licensed LPNs were 25-44 years of age; 845 (27.2%) were 55-64 years of age; 722 (23.2%) were 45-54 years of age; 326 (10.5%) were age 65 and over; and 172 (5.5%) were under the age of 25. Age was unknown for 39 (1.3%) New Mexico licensed LPNs. In 2009, 61.1% of New Mexico LPNs were under the age of 55 and 37.7% were age 55 and over.

The number of New Mexico LPNs under the age of 55 increased by 29.3% from 1,470 in 2007 to 1,900 in 2009. The number of LPNs age 55 and over increased by 12.9% from 1,037 in 2007 to 1,171 in 2009. From 2007 to 2009, the most significant percentage change occurred in the number of licensed LPNs under the age of 25, which increased by 83.0%.

²⁸ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Licensed Practical and Licensed Vocational Nurses. Retrieved 4/13/10 from <http://www.bls.gov/oco/ocos102.htm>

Licensed Practical Nurses by Age, New Mexico, 2007-2009

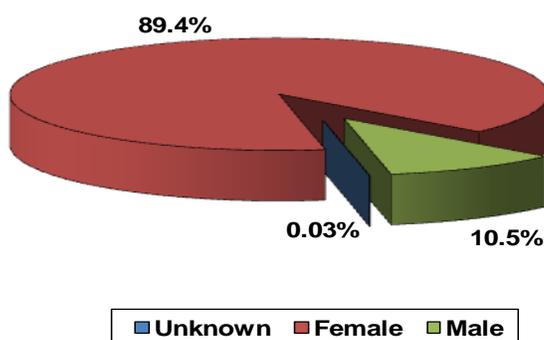


Note: About 5.7% of New Mexico LPNs hold both a New Mexico LPN and a New Mexico RN license and are included in both LPN and RN counts.

Licensed Practical Nurses by Gender

As shown on the chart below, in 2009, 2,781 (89.4%) New Mexico licensed LPNs were female while only 328 (10.5%) were male. Gender was unknown for one (0.03%) New Mexico licensed LPN. From 2007 to 2009, the number of male LPNs increased by 32.8% and the number of female LPNs increased by 21.9%.

Licensed Practical Nurses by Gender, New Mexico, 2009



Note: About 5.7% of New Mexico LPNs hold both a New Mexico LPN and a New Mexico RN license and are included in both LPN and RN counts.

Licensed Practical Nurses by County

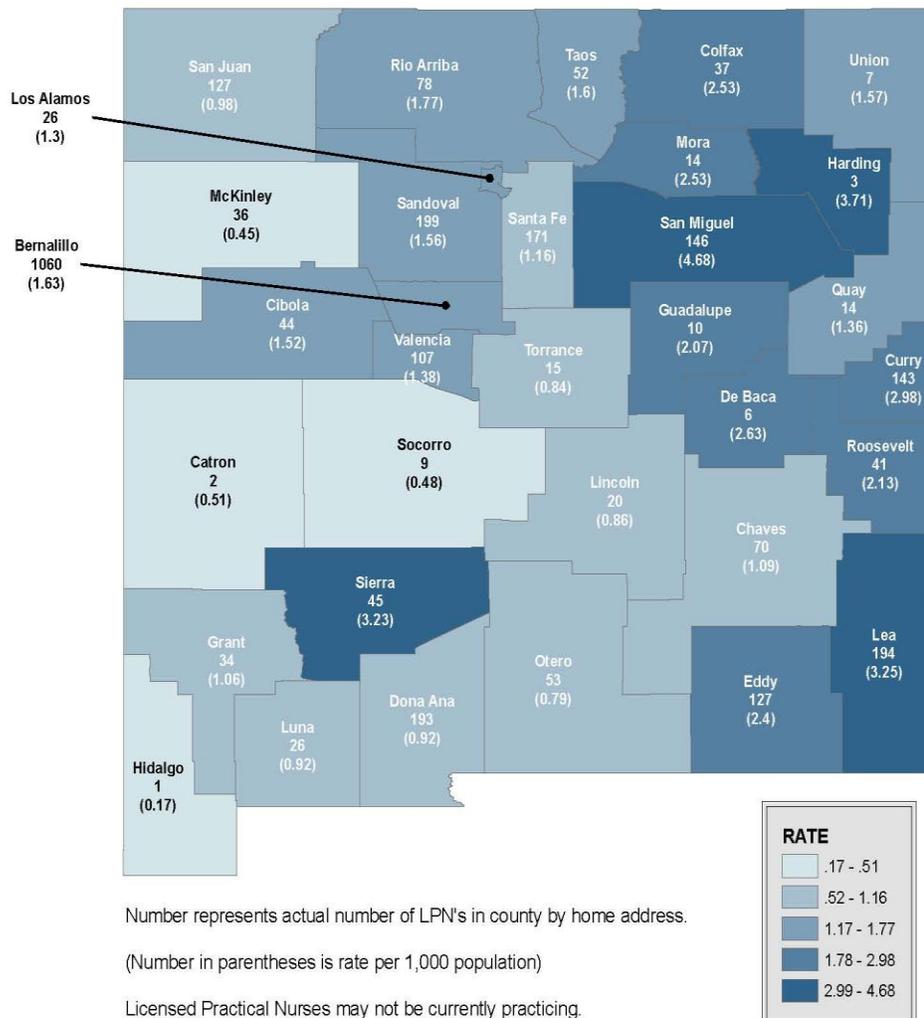
As indicated on the table below, in 2009, 1,060 (34.1%) New Mexico licensed LPNs were licensed with a Bernalillo County address followed by 199 (6.4%) with Sandoval County address and 194 (6.2%) with Lea County address. San Miguel County had the highest rate of LPNs per 1,000 population at 4.68 followed by Harding County at 3.71 and Lea County at 3.25.

Licensed Practical Nurses by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Practical | Percent of Licensed Practical | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|------------------------------|-------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,060 | 34.1% | 1.63 |
| Catron | 3,939 | 0.2% | 2 | 0.1% | 0.51 |
| Chaves | 64,087 | 3.1% | 70 | 2.3% | 1.09 |
| Cibola | 28,886 | 1.4% | 44 | 1.4% | 1.52 |
| Colfax | 14,653 | 0.7% | 37 | 1.2% | 2.53 |
| Curry | 48,005 | 2.3% | 143 | 4.6% | 2.98 |
| De Baca | 2,284 | 0.1% | 6 | 0.2% | 2.63 |
| Dona Ana | 209,224 | 10.1% | 193 | 6.2% | 0.92 |
| Eddy | 52,903 | 2.5% | 127 | 4.1% | 2.40 |
| Grant | 32,113 | 1.5% | 34 | 1.1% | 1.06 |
| Guadalupe | 4,839 | 0.2% | 10 | 0.3% | 2.07 |
| Harding | 809 | 0.0% | 3 | 0.1% | 3.71 |
| Hidalgo | 5,978 | 0.3% | 1 | 0.0% | 0.17 |
| Lea | 59,711 | 2.9% | 194 | 6.2% | 3.25 |
| Lincoln | 23,236 | 1.1% | 20 | 0.6% | 0.86 |
| Los Alamos | 20,048 | 1.0% | 26 | 0.8% | 1.30 |
| Luna | 28,319 | 1.4% | 26 | 0.8% | 0.92 |
| McKinley | 80,387 | 3.9% | 36 | 1.2% | 0.45 |
| Mora | 5,542 | 0.3% | 14 | 0.5% | 2.53 |
| Otero | 67,472 | 3.2% | 53 | 1.7% | 0.79 |
| Quay | 10,291 | 0.5% | 14 | 0.5% | 1.36 |
| Rio Arriba | 44,167 | 2.1% | 78 | 2.5% | 1.77 |
| Roosevelt | 19,243 | 0.9% | 41 | 1.3% | 2.13 |
| San Juan | 130,093 | 6.3% | 127 | 4.1% | 0.98 |
| San Miguel | 31,204 | 1.5% | 146 | 4.7% | 4.68 |
| Sandoval | 127,928 | 6.2% | 199 | 6.4% | 1.56 |
| Santa Fe | 147,869 | 7.1% | 171 | 5.5% | 1.16 |
| Sierra | 13,933 | 0.7% | 45 | 1.4% | 3.23 |
| Socorro | 18,863 | 0.9% | 9 | 0.3% | 0.48 |
| Taos | 32,494 | 1.6% | 52 | 1.7% | 1.60 |
| Torrance | 17,923 | 0.9% | 15 | 0.5% | 0.84 |
| Union | 4,448 | 0.2% | 7 | 0.2% | 1.57 |
| Valencia | 77,545 | 3.7% | 107 | 3.4% | 1.38 |
| New Mexico | 2,080,048 | 100% | 3,110 | 100% | 1.50 |

Note: About 5.7% of New Mexico LPNs hold both a New Mexico LPN and a New Mexico RN license and are included in both LPN and RN counts. For LPNs, residential addresses are used for counts by county per data provided by the New Mexico Board of Nursing.

New Mexico Distribution of Licensed Practical Nurses by County, 2009



Source HPC GADS 2009, Map: U.S. Census Bureau, 2000
 Health Policy Commission Geographic Access Data System

MIDWIFERY PROFESSIONALS

MIDWIVES

The Midwives Model of Care is based on the fact that pregnancy and birth are normal life events. The Midwives Model of Care includes:

- Monitoring the physical, psychological and social well-being of the mother throughout the childbearing cycle;
- Providing the mother with individualized education, counseling, and prenatal care, continuous hands-on assistance during labor and delivery, and postpartum support;
- Minimizing technological interventions; and
- Identifying and referring women who require obstetrical attention.

The application of this model has been proven to reduce the incidence of birth injury, trauma, and cesarean section.²⁹

The New Mexico Midwives Association indicates that midwifery care occurs independently within the healthcare system of the community, using appropriate resources for referrals to meet psychosocial, medical, economic, cultural, or family needs. A midwife's care may include antepartum, intrapartum and postpartum care; pediatric care; and well woman care.³⁰

This section focuses on two types of midwives in New Mexico: certified nurse-midwives (CNMs) and licensed midwives (LMs). Both CNMs and LMs are regulated by the New Mexico Department of Health.

CERTIFIED NURSE MIDWIVES

Certified nurse-midwives provide primary healthcare to women of childbearing age including: prenatal care, labor and delivery care, care after birth, gynecological exams, newborn care, assistance with family planning decisions, preconception care, menopausal management and counseling in health maintenance and disease prevention. According to the American College of Nurse-Midwives (ACNM), CNMs attend almost eight percent of the births in the United States. Ninety-six percent of these births are in hospitals.³¹

Certified nurse-midwives are educated in the two disciplines of nursing and midwifery and possess evidence of certification according to the requirements of the ACNM.³²

²⁹ Midwives Alliance of North America. Midwives Model of Care. Retrieved 4/20/10 from <http://mana.org/definitions.html#MMOC>

³⁰ New Mexico Department of Health. (June 2008) *Practice Guidelines for New Mexico Midwives 2008 Edition*. Retrieved 4/20/10 from <http://nmhealth.org/pdf/NMMA%20Practice%20Guidelines%202008.pdf>

³¹ American College of Nurse Midwives. Differences between Nurse-Midwives, Other Midwives and Doulas. Retrieved 4/21/10 from http://www.mymidwife.org/nurse_midwife.cfm

³² Midwives Alliance of North America. Certified Nurse Midwife. Retrieved 4/20/10 from <http://mana.org/definitions.html#CNM>

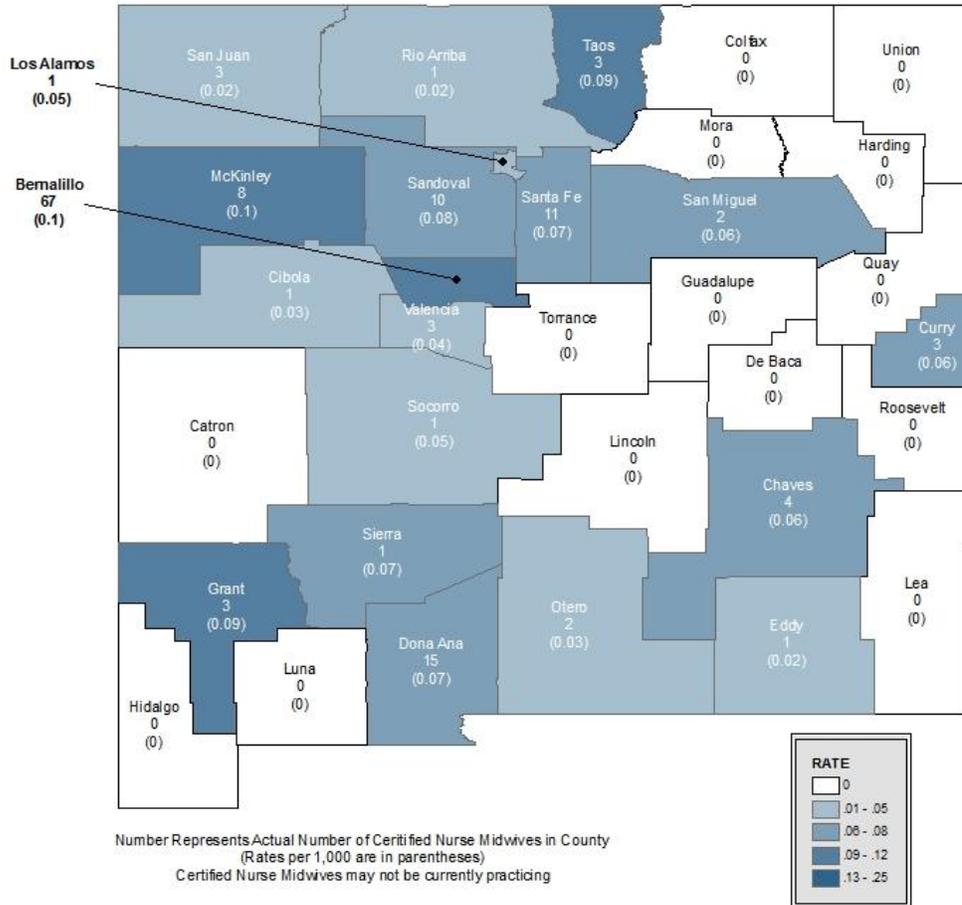
Certified Nurse Midwives by County

As indicated on the table below, of the 140 New Mexico licensed CNMs in 2009, 67 (47.9%) were licensed with a Bernalillo County address followed by 15 (10.7%) with Dona Ana County address and 11 (7.9%) with a Santa Fe County address. Bernalillo and McKinley counties had the highest rate of CNMs per 1,000 population at 0.10 followed by Grant and Taos counties at 0.09 and Sandoval County at 0.08. There were 14 counties in which there were no licensed CNMs.

Licensed Certified Nurse Midwives by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Certified Nurse Midwives | Percent of Licensed Certified Nurse Midwives | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|---|--|---------------------------|
| Bernalillo | 651,612 | 31.3% | 67 | 47.9% | 0.10 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 4 | 2.9% | 0.06 |
| Cibola | 28,886 | 1.4% | 1 | 0.7% | 0.03 |
| Colfax | 14,653 | 0.7% | 0 | 0.0% | 0.00 |
| Curry | 48,005 | 2.3% | 3 | 2.1% | 0.06 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 15 | 10.7% | 0.07 |
| Eddy | 52,903 | 2.5% | 1 | 0.7% | 0.02 |
| Grant | 32,113 | 1.5% | 3 | 2.1% | 0.09 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 0 | 0.0% | 0.00 |
| Lincoln | 23,236 | 1.1% | 0 | 0.0% | 0.00 |
| Los Alamos | 20,048 | 1.0% | 1 | 0.7% | 0.05 |
| Luna | 28,319 | 1.4% | 0 | 0.0% | 0.00 |
| McKinley | 80,387 | 3.9% | 8 | 5.7% | 0.10 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 2 | 1.4% | 0.03 |
| Quay | 10,291 | 0.5% | 0 | 0.0% | 0.00 |
| Rio Arriba | 44,167 | 2.1% | 1 | 0.7% | 0.02 |
| Roosevelt | 19,243 | 0.9% | 0 | 0.0% | 0.00 |
| San Juan | 130,093 | 6.3% | 3 | 2.1% | 0.02 |
| San Miguel | 31,204 | 1.5% | 2 | 1.4% | 0.06 |
| Sandoval | 127,928 | 6.2% | 10 | 7.1% | 0.08 |
| Santa Fe | 147,869 | 7.1% | 11 | 7.9% | 0.07 |
| Sierra | 13,933 | 0.7% | 1 | 0.7% | 0.07 |
| Socorro | 18,863 | 0.9% | 1 | 0.7% | 0.05 |
| Taos | 32,494 | 1.6% | 3 | 2.1% | 0.09 |
| Torrance | 17,923 | 0.9% | 0 | 0.0% | 0.00 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 3 | 2.1% | 0.04 |
| New Mexico | 2,080,048 | 100% | 140 | 100% | 0.07 |

New Mexico Distribution of Certified Nurse Midwives by County, 2009



Source HPC GADS 2009, Map: U.S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

LICENSED MIDWIVES

Licensed midwives practice midwifery, but they are not registered nurses, and are not certified. The ACNM does offer a certified midwife (CM) designation for licensed midwives who graduate from a midwifery school accredited by the ACNM, and pass a certification exam. The CM designation is for licensed midwives who want to show that they practice midwifery at an accredited standard.³³

The majority of LMs practice in out-of-hospital settings and oversee births in homes and birth centers. However, hospitals around the country are beginning to offer midwives hospital privileges as more and more women are choosing to use midwives to assist with their births.³⁴

Licensed Midwives by County

As indicated on the table on the following page, of the 27 New Mexico licensed midwives in 2009, nine (33.3%) were licensed with a Bernalillo County address followed by five (18.5%) with Santa Fe and Taos County addresses and two (7.4%) with a Rio Arriba County address. Taos County had the highest rate of licensed midwives per 1,000 population at 0.15 followed by Rio Arriba County at 0.05 and Luna County at 0.04. There were 23 counties in which there were no licensed midwives.

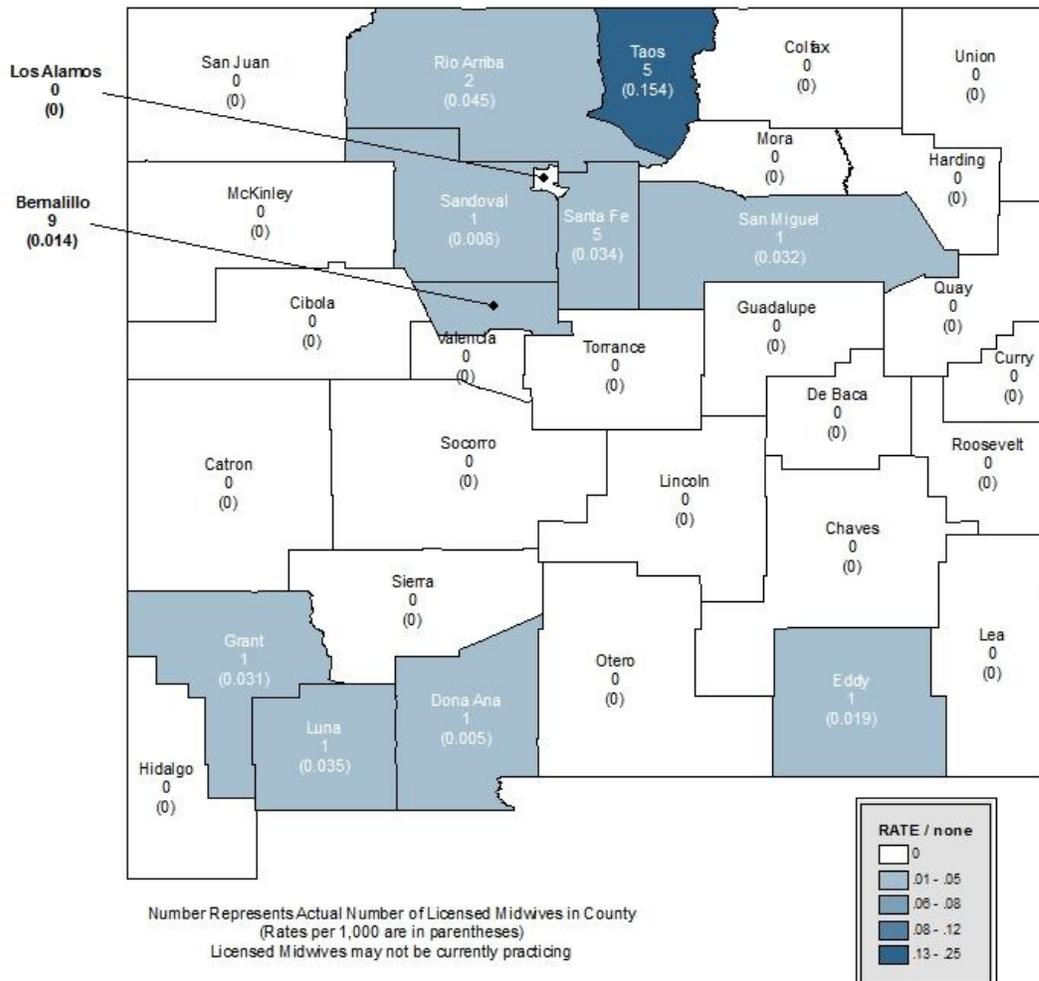
³³ AllNursingSchools. Become a Certified Nurse Midwife. Retrieved 4/20/10 from <http://www.allnursingschools.com/faqs/cnm.php>

³⁴ Ibid.

Licensed Midwives by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Midwives | Percent of Licensed Midwives | Rate Per 1,000 Population |
|-------------------|-------------------|------------------------------|------------------------------------|-------------------------------------|----------------------------------|
| Bernalillo | 651,612 | 31.3% | 9 | 33.3% | 0.014 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.000 |
| Chaves | 64,087 | 3.1% | 0 | 0.0% | 0.000 |
| Cibola | 28,886 | 1.4% | 0 | 0.0% | 0.000 |
| Colfax | 14,653 | 0.7% | 0 | 0.0% | 0.000 |
| Curry | 48,005 | 2.3% | 0 | 0.0% | 0.000 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.000 |
| Dona Ana | 209,224 | 10.1% | 1 | 3.7% | 0.005 |
| Eddy | 52,903 | 2.5% | 1 | 3.7% | 0.019 |
| Grant | 32,113 | 1.5% | 1 | 3.7% | 0.031 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.000 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.000 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.000 |
| Lea | 59,711 | 2.9% | 0 | 0.0% | 0.000 |
| Lincoln | 23,236 | 1.1% | 0 | 0.0% | 0.000 |
| Los Alamos | 20,048 | 1.0% | 0 | 0.0% | 0.000 |
| Luna | 28,319 | 1.4% | 1 | 3.7% | 0.035 |
| McKinley | 80,387 | 3.9% | 0 | 0.0% | 0.000 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.000 |
| Otero | 67,472 | 3.2% | 0 | 0.0% | 0.000 |
| Quay | 10,291 | 0.5% | 0 | 0.0% | 0.000 |
| Rio Arriba | 44,167 | 2.1% | 2 | 7.4% | 0.045 |
| Roosevelt | 19,243 | 0.9% | 0 | 0.0% | 0.000 |
| San Juan | 130,093 | 6.3% | 0 | 0.0% | 0.000 |
| San Miguel | 31,204 | 1.5% | 1 | 3.7% | 0.032 |
| Sandoval | 127,928 | 6.2% | 1 | 3.7% | 0.008 |
| Santa Fe | 147,869 | 7.1% | 5 | 18.5% | 0.034 |
| Sierra | 13,933 | 0.7% | 0 | 0.0% | 0.000 |
| Socorro | 18,863 | 0.9% | 0 | 0.0% | 0.000 |
| Taos | 32,494 | 1.6% | 5 | 18.5% | 0.154 |
| Torrance | 17,923 | 0.9% | 0 | 0.0% | 0.000 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.000 |
| Valencia | 77,545 | 3.7% | 0 | 0.0% | 0.000 |
| New Mexico | 2,080,048 | 100% | 27 | 100% | 0.013 |

New Mexico Distribution of Licensed Midwives by County, 2009



DENTAL PROFESSIONALS

DENTISTS³⁵

Dentists diagnose and treat problems with teeth and tissues in the mouth, along with giving advice and administering care to help prevent future problems. They provide instruction on diet, brushing, flossing, the use of fluorides, and other aspects of dental care. They remove tooth decay, fill cavities, examine x-rays, place protective plastic sealants on children's teeth, straighten teeth, and repair fractured teeth. They also perform corrective surgery on gums and supporting bones to treat gum diseases. Dentists extract teeth and make models and measurements for dentures to replace missing teeth. They also administer anesthetics and write prescriptions for antibiotics and other medications.

Dentists in private practice oversee a variety of administrative tasks, including bookkeeping and the buying of equipment and supplies. They may employ and supervise dental hygienists, dental assistants, dental laboratory technicians, and receptionists.

Most dentists are general practitioners, handling a variety of dental needs. Other dentists practice in any of nine specialty areas:

- Orthodontists - straighten teeth by applying pressure to the teeth with braces or other appliances;
- Oral and maxillofacial surgeons - operate on the mouth, jaws, teeth, gums, neck, and head;
- Pediatric dentists - focus on dentistry for children and special-needs patients;
- Periodontists - treat gums and bones supporting the teeth;
- Prosthodontists - replace missing teeth with permanent fixtures, such as crowns and bridges, or with removable fixtures such as dentures;
- Endodontists - perform root canal therapy;
- Oral pathologists - diagnose oral diseases;
- Oral and maxillofacial radiologists - diagnose diseases in the head and neck through the use of imaging technologies; and
- Public health dentists - promote good dental health and prevent dental diseases within the community.

³⁵ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*. Dentists. Retrieved 2/24/10 from <http://www.bls.gov/oco/ocos072.htm>

Dentist Education

All dental schools require applicants to take the Dental Admissions Test (DAT). When selecting students, schools consider scores earned on the DAT, applicants' grade point averages, and information gathered through recommendations and interviews.

Dental school usually lasts four academic years. Studies begin with classroom instruction and laboratory work in science, including anatomy, microbiology, biochemistry, and physiology. Beginning courses in clinical sciences, including laboratory techniques, are also completed. During the last two years, students treat patients, usually in dental clinics, under the supervision of licensed dentists. Most dental schools award the degree of Doctor of Dental Surgery (DDS). Others award an equivalent degree, Doctor of Dental Medicine (DMD).³⁶

According to the American Dental Association (ADA), there were 57 dental schools operating in the United States in 2008-09. Twenty-three of these schools awarded a DMD and 34 granted a DDS degree. Thirty-seven dental schools in the United States (64.9%) were classified as public, 16 as private (28.1%) and four as private-state related (7.0%). The number of schools and their classification has not changed significantly over the past decade. During the 1998-99 school year, there were 55 dental schools in the United States, of which 36 (65.5%) were classified as public, 14 (25.5%) as private and five (9.1%) as private-state related. The ADA reports that the overall number of dental school graduates increased by 17.1% from 4,095 in 1999 to 4,796 in 2008.³⁷

Dentist Supply

According to the Bureau of Labor Statistics, dentists held approximately 141,900 jobs in the United States in 2008. This number is projected to increase by 16% to about 164,000 dentists by 2018. However, employment of dentists is not expected to keep pace with the increased demand for dental services.

The demand for dental services is expected to continue to increase. The overall U.S. population is growing, and the elderly segment of the population is growing even faster. These factors will increase the demand for dental care. Many members of the baby-boom generation will need complicated dental work. In addition, elderly people are more likely to retain their teeth; therefore, they will require much more care than in the past. The younger generation will continue to need preventive checkups despite an overall increase in the dental health of the public over the last few decades. Recently, some private insurance providers have increased their dental coverage. If this trend continues, people with new or expanded dental insurance will be more likely to visit a dentist than in the past.

³⁶ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*. Dentists. Retrieved 2/24/10 from <http://www.bls.gov/oco/ocos072.htm>

³⁷ American Dental Association. (February 2010). *2008-09 Survey of Dental Education Academic Programs, Enrollment, and Graduates – Volume 1*. Retrieved 2/24/10 from http://www.ada.org/ada/prod/survey/survey_ed_vol1.pdf

However, productivity increases from new technology, as well as the tendency to assign more tasks to dental hygienists and assistants, will allow dentists to perform more work than they have in the past. As their practices expand, dentists are likely to hire more hygienists and dental assistants to handle routine services.

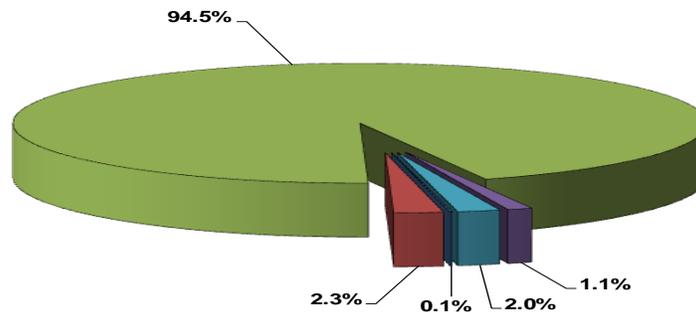
In 2009, employment was distributed among general practitioners and specialists as follows:

- General Dentistry 120,200 (84.6%)
- Orthodontics 7,700 (5.4%)
- Oral and Maxillofacial Surgery 6,700 (4.7%)
- Prosthodontics 500 (0.4%)
- All Other Specialties 6,900 (4.9%)³⁸

According to GADS data, there were a total of 961 New Mexico licensed dentists in 2009. This was an 8.5% increase from the 886 licensed dentists in 2007. As shown on the chart below, 2009 employment was distributed as follows:

- General Dentistry 908 (94.5%)
- Orthodontics 22 (2.3%)
- Oral and Maxillofacial Surgery 11 (1.1%)
- Prosthodontics 1 (0.1%)
- All Other Specialties 19 (2.0%)

Licensed Dentists by Specialty, New Mexico, 2009



■ Prosthodontics ■ Orthodontics ■ General Dentistry ■ Oral and Maxillofacial Surgery ■ All Other Specialties

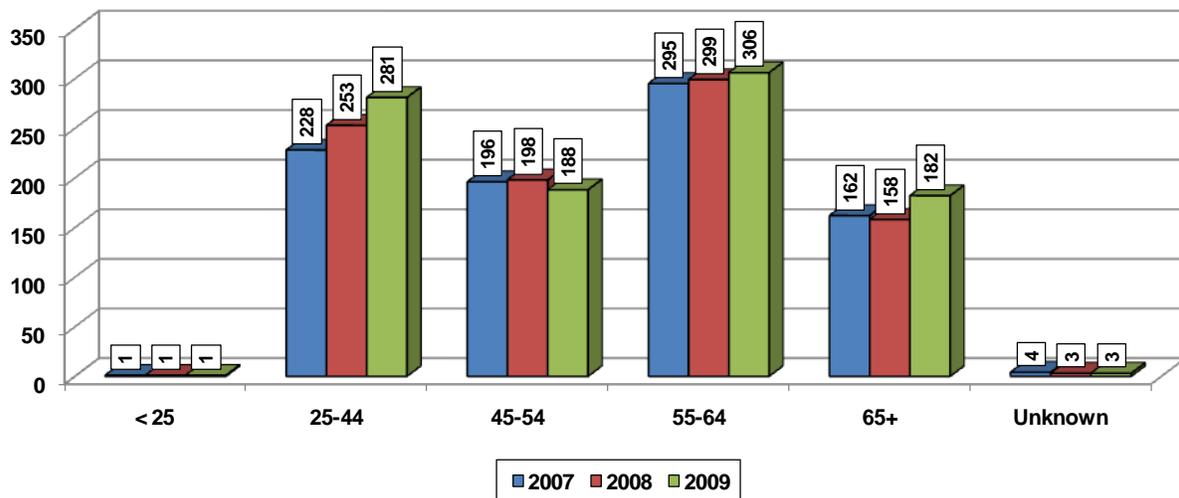
³⁸ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*. Dentists. Retrieved 2/24/10 from <http://www.bls.gov/oco/ocos072.htm>

Dentists by Age

As shown on the chart below, in 2009, 306 (31.8%) New Mexico licensed dentists were 55-64 years of age, and 182 (18.9%) were age 65 and over. Therefore, 50.8% of licensed dentists were age 55 and over while 470 (48.9%) were under the age of 55. Age was unknown for three (0.3%) New Mexico licensed dentists.

The number of licensed dentists age 55 and over increased by 6.8% from 457 in 2007 to 488 in 2009. However, the number of licensed dentists under the age of 55 also increased by 10.6% from 425 in 2007 to 470 in 2009. The most significant percentage change occurred in licensed dentists 25-44 years of age, which increased by 23.2% from 228 in 2007 to 281 in 2009.

Licensed Dentists by Age, New Mexico, 2007-2009

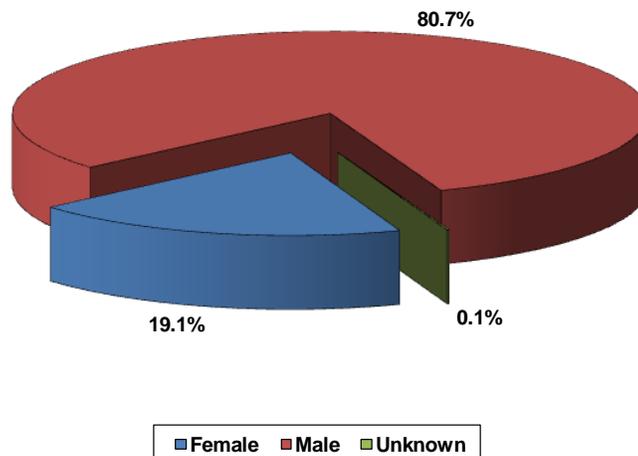


Dentists by Gender

Historically dentists were primarily males; however, the portion of female dental graduates is rising. According to the ADA, the number of male graduates increased by 0.5% from 2,649 in 1999 to 2,661 in 2008 while the number of female graduates increased by 47.6% from 1,446 in 1999 to 2,135 in 2008.³⁹ This has implications for the supply of dental care, since female dentists are twice as likely as male dentists to work part time (27.4 percent compared with 12.1 percent) and to do so more consistently throughout their careers as they balance work and family responsibilities.⁴⁰

As shown on the chart below, in 2009, 776 (80.7%) New Mexico licensed dentists were male while 184 (19.1%) were female. Gender was unknown for one (0.1%) New Mexico licensed dentist. From 2007 to 2009, there was a 22.7% increase in the number of licensed female dentists and a 5.7% increase in the number of male dentists.

Licensed Dentists by Gender, New Mexico, 2009



Dentists by County

There is strong agreement about the uneven distribution of dentists, with too few in rural and inner-city areas of the country and too few who care for low-income people, young children, the elderly, people with disabilities and immigrants. Anyone who cannot physically travel to a dental office to receive care can be considered underserved, since the primary model of dental care is ambulatory-only.

³⁹ American Dental Association. (February 2010). *2008-09 Survey of Dental Education Academic Programs, Enrollment, and Graduates – Volume 1*. Retrieved 2/24/10 from http://www.ada.org/ada/prod/survey/survey_ed_vol1.pdf

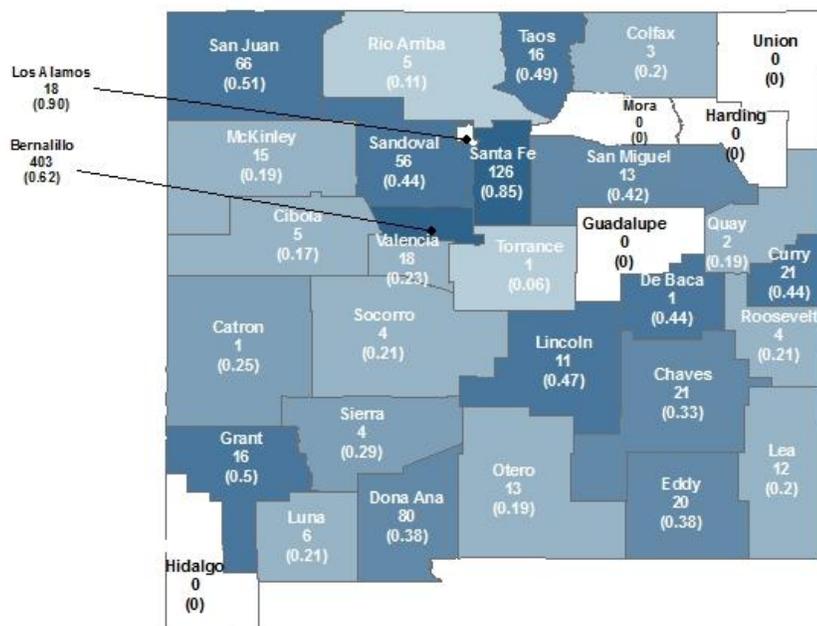
⁴⁰ The PEW Center on the States. (May 2009). *Help Wanted: A Policy Maker's Guide to New Dental Providers*. Retrieved 2/24/10 from http://www.pewcenteronthestates.org/uploadedFiles/Dental_Report_final_Low%20Res.pdf

As indicated on the table below, in 2009, 403 (41.9%) New Mexico licensed dentists were licensed with a Bernalillo County address followed by 126 (13.1%) with a Santa Fe County address and 80 (8.3%) with a Dona Ana County address. Los Alamos County had the highest rate of licensed dentists per 1,000 population at 0.90 followed by Santa Fe County at 0.85 and Bernalillo County at 0.62. There were no licensed dentists with a Guadalupe, Harding, Hidalgo, Mora, or Union County address.

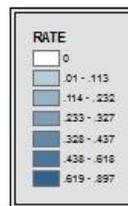
Licensed Dentists by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Dentists | Percent of Licensed Dentists | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|-----------------------------|------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 403 | 41.9% | 0.62 |
| Catron | 3,939 | 0.2% | 1 | 0.1% | 0.25 |
| Chaves | 64,087 | 3.1% | 21 | 2.2% | 0.33 |
| Cibola | 28,886 | 1.4% | 5 | 0.5% | 0.17 |
| Colfax | 14,653 | 0.7% | 3 | 0.3% | 0.20 |
| Curry | 48,005 | 2.3% | 21 | 2.2% | 0.44 |
| De Baca | 2,284 | 0.1% | 1 | 0.1% | 0.44 |
| Dona Ana | 209,224 | 10.1% | 80 | 8.3% | 0.38 |
| Eddy | 52,903 | 2.5% | 20 | 2.1% | 0.38 |
| Grant | 32,113 | 1.5% | 16 | 1.7% | 0.50 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 12 | 1.2% | 0.20 |
| Lincoln | 23,236 | 1.1% | 11 | 1.1% | 0.47 |
| Los Alamos | 20,048 | 1.0% | 18 | 1.9% | 0.90 |
| Luna | 28,319 | 1.4% | 6 | 0.6% | 0.21 |
| McKinley | 80,387 | 3.9% | 15 | 1.6% | 0.19 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 13 | 1.4% | 0.19 |
| Quay | 10,291 | 0.5% | 2 | 0.2% | 0.19 |
| Rio Arriba | 44,167 | 2.1% | 5 | 0.5% | 0.11 |
| Roosevelt | 19,243 | 0.9% | 4 | 0.4% | 0.21 |
| San Juan | 130,093 | 6.3% | 66 | 6.9% | 0.51 |
| San Miguel | 31,204 | 1.5% | 13 | 1.4% | 0.42 |
| Sandoval | 127,928 | 6.2% | 56 | 5.8% | 0.44 |
| Santa Fe | 147,869 | 7.1% | 126 | 13.1% | 0.85 |
| Sierra | 13,933 | 0.7% | 4 | 0.4% | 0.29 |
| Socorro | 18,863 | 0.9% | 4 | 0.4% | 0.21 |
| Taos | 32,494 | 1.6% | 16 | 1.7% | 0.49 |
| Torrance | 17,923 | 0.9% | 1 | 0.1% | 0.06 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 18 | 1.9% | 0.23 |
| New Mexico | 2,080,048 | 100% | 961 | 100% | 0.46 |

New Mexico Distribution of Licensed Dentists by County, 2009



Color-coded by rate per 1000 population in county.
 Number Represents Actual Number of Licensed Dentists in County
 (Rates per 1,000 are in parentheses)
 Licensed Dentists may not be Currently Practicing



Source HPC GADS 2009, Map: US Census, 2000

Health Policy Commission Geographic Access Data System

DENTAL HYGIENISTS⁴¹

Dental hygienists remove soft and hard deposits from teeth, teach patients how to practice good oral hygiene, and provide other preventive dental care. They examine patients' teeth and gums, recording the presence of diseases or abnormalities.

Dental hygienists use an assortment of tools to complete their tasks. Hand and rotary instruments and ultrasonic devices are used to clean and polish teeth, which includes removing tartar, stains, and plaque. Hygienists also use x-ray machines to take dental pictures. They may use models of teeth to explain oral hygiene, perform root planning as a periodontal therapy, or apply cavity-preventative agents such as fluorides and pit and fissure sealants.

Other tasks hygienists may perform vary by state. In some states, hygienists are allowed to administer anesthetics, while in others they administer local anesthetics using syringes. Some states also allow hygienists to place and carve filling materials, temporary fillings, and periodontal dressings; remove sutures; and smooth and polish metal restorations.

Hygienists sometimes make a diagnosis and other times prepare clinical and laboratory diagnostic tests for the dentist to interpret. Hygienists sometimes work chair-side with the dentist during treatment.

Dental Hygienist Education⁴²

According to the American Dental Hygienists' Association (ADHA), a dental hygiene education requires an average of 86 credit hours for an associate degree or 122 credit hours for a baccalaureate degree. The majority of programs (86%) are semester-based and 40% include summer study. Few programs (15%) offer a part-time curriculum and 36% offer at least some opportunities for distance learning. Master's degree and degree completion programs are most likely to offer distance learning. Dental Hygiene entry-level programs are accredited by the Commission on Dental Accreditation (CODA). Dental hygiene degrees are offered in a variety of institutional settings.

Over 6,000 student dental hygienists graduate per year from accredited entry-level dental hygiene programs nationally, with opportunities for advanced degrees through degree completion and/or master degree programs. September, 2009 programs included:

⁴¹ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*. Dental Hygienists. Retrieved 3/1/10 from <http://www.bls.gov/oco/ocos097.htm>

⁴² American Dental Hygienists' Association. (September 2009). *Dental Hygiene Education Facts*. Retrieved 3/1/10 from http://www.adha.org/downloads/edu/dh_ed_fact_sheet.pdf

- 309 entry-level dental hygiene programs - Entry-level programs prepare graduates for the clinical practice of dental hygiene. These include certificate, associate degree and baccalaureate degree programs.
- 60 degree completion programs - Degree completion programs are designed for licensed dental hygienists who have completed their professional education and earned a certificate or associate's degree. The baccalaureate degree awarded through these programs can be in dental hygiene or a related area.
- 20 master degree programs - Master degree programs prepare graduates for careers as educators, administrators and researchers. 100% of programs include research methods/application, 87% include leadership, 47% include content such as educational theory and methods, statistics, epidemiology, basic sciences and clinical practice. One-half of all programs reported their current students are interested in teaching.

Dental Hygienist Supply

According to the Bureau of Labor Statistics, dental hygienists held about 174,100 jobs in the United States in 2008. This number is projected to increase by 36% to 237,000 in 2018. About 51% of dental hygienists worked part-time. Almost all jobs for dental hygienists were in dental offices (approximately 96%). A very small number of dental hygienists worked for employment services, in physician offices, or in other industries.

The demand for dental services is expected to grow due to population growth, older people increasingly retaining more teeth, and a growing emphasis on preventative dental care. To meet this demand, facilities that provide dental care will increasingly employ dental hygienists.

Older dentists, who have been less likely to employ dental hygienists, are leaving the occupation and will be replaced by recent graduates who are more likely to employ one or more hygienists. In addition, as dentists' workloads increase, they are expected to hire more hygienists to perform preventive dental care such as cleaning so that they may devote more of their own time to more complex procedures.⁴³

According to GADS data, there were 937 dental hygienists licensed in New Mexico in 2009. This was a 12.6% increase from the 832 New Mexico licensed dental hygienists in 2007.

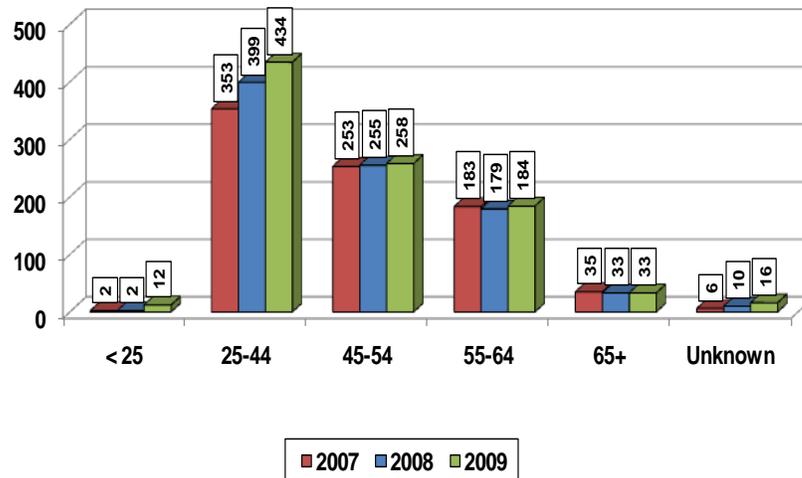
Dental Hygienists by Age

As shown on the chart on the following page, in 2009, 434 (46.3%) New Mexico licensed dental hygienists were 25-44 years of age; 258 (27.5%) were 45-54 years of age; 184 (19.6%) were 55-64 years of age; 33 (3.5%) were 65 and over; and 12 (1.3%) were under the age of 25. Age was unknown for 16 (1.7%) New Mexico licensed dental hygienists.

⁴³ Bureau of Labor Statistics, U.S. Department of Labor. *Occupational Outlook Handbook, 2010-11 Edition*. Dental Hygienists. Retrieved 3/1/10 from <http://www.bls.gov/oco/ocos097.htm>

From 2007 to 2009, the number of licensed dental hygienists under the age of 55 increased by 15.8% while the number of licensed dental hygienists age 55 and over only increased by 0.5%. The most significant percentage change occurred in the number of licensed dental hygienists under 25 years of age, which increased by 500.0% from 2007 to 2009.

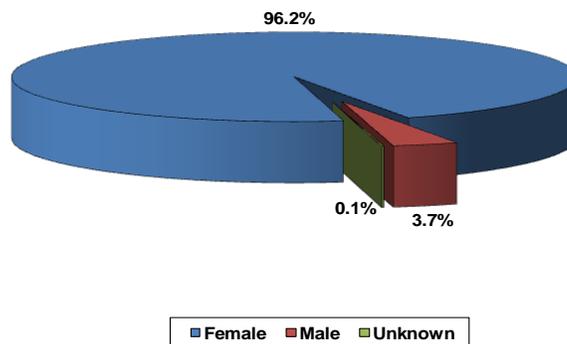
Licensed Dental Hygienists by Age, New Mexico, 2007-2009



Dental Hygienists by Gender

As shown on the chart below, in 2009, 901 (96.2%) New Mexico licensed dental hygienists were female. Only 35 (3.7%) licensed dental hygienists were male. Gender was unknown for one (0.1%) New Mexico licensed dental hygienist. From 2007 to 2009, there was a 12.9% increase in the number of licensed male dental hygienists and a 12.5% increase in the number of licensed female dental hygienists.

Licensed Dental Hygienists by Gender, New Mexico, 2009



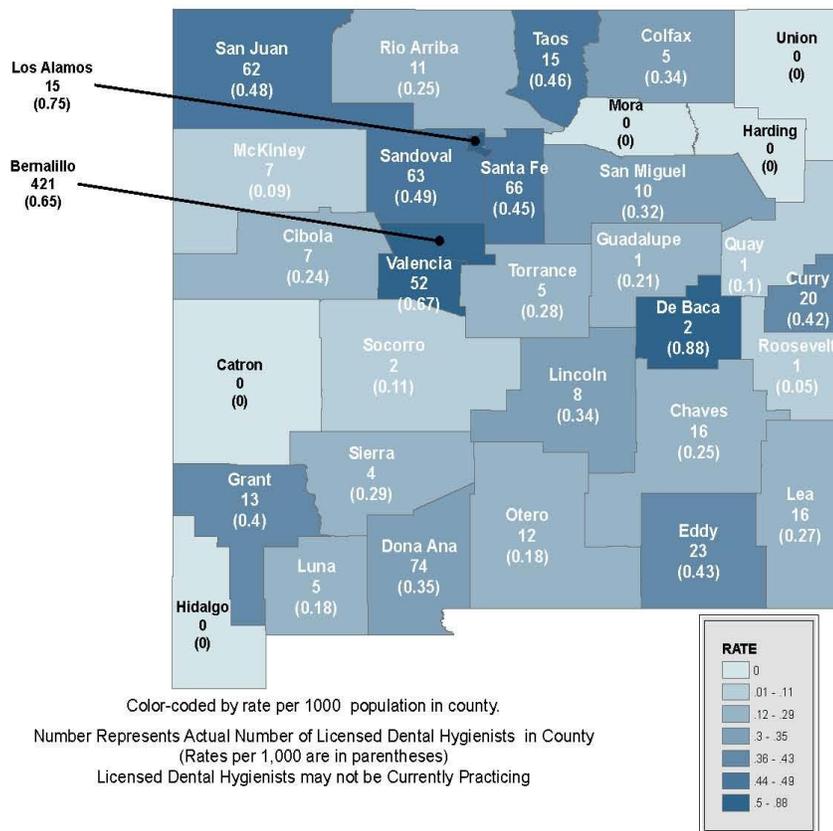
Dental Hygienists by County

As indicated on the table below, in 2009, 421 (44.9%) New Mexico licensed dental hygienists were licensed with a Bernalillo County address followed by 74 (7.9%) with a Dona Ana County address and 66 (7.0%) with a Santa Fe County address. De Baca County had the highest rate of licensed dental hygienists per 1,000 population at 0.88 followed by Los Alamos County at 0.75 and Valencia County at 0.67. There were no licensed dental hygienists with a Catron, Harding, Hidalgo, Mora, or Union County address.

Licensed Dental Hygienists by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Dental Hygienists | Percent of Licensed Dental Hygienists | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--------------------------------------|---------------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 421 | 44.9% | 0.65 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 16 | 1.7% | 0.25 |
| Cibola | 28,886 | 1.4% | 7 | 0.7% | 0.24 |
| Colfax | 14,653 | 0.7% | 5 | 0.5% | 0.34 |
| Curry | 48,005 | 2.3% | 20 | 2.1% | 0.42 |
| De Baca | 2,284 | 0.1% | 2 | 0.2% | 0.88 |
| Dona Ana | 209,224 | 10.1% | 74 | 7.9% | 0.35 |
| Eddy | 52,903 | 2.5% | 23 | 2.5% | 0.43 |
| Grant | 32,113 | 1.5% | 13 | 1.4% | 0.40 |
| Guadalupe | 4,839 | 0.2% | 1 | 0.1% | 0.21 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 16 | 1.7% | 0.27 |
| Lincoln | 23,236 | 1.1% | 8 | 0.9% | 0.34 |
| Los Alamos | 20,048 | 1.0% | 15 | 1.6% | 0.75 |
| Luna | 28,319 | 1.4% | 5 | 0.5% | 0.18 |
| McKinley | 80,387 | 3.9% | 7 | 0.7% | 0.09 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 12 | 1.3% | 0.18 |
| Quay | 10,291 | 0.5% | 1 | 0.1% | 0.10 |
| Rio Arriba | 44,167 | 2.1% | 11 | 1.2% | 0.25 |
| Roosevelt | 19,243 | 0.9% | 1 | 0.1% | 0.05 |
| San Juan | 130,093 | 6.3% | 62 | 6.6% | 0.48 |
| San Miguel | 31,204 | 1.5% | 10 | 1.1% | 0.32 |
| Sandoval | 127,928 | 6.2% | 63 | 6.7% | 0.49 |
| Santa Fe | 147,869 | 7.1% | 66 | 7.0% | 0.45 |
| Sierra | 13,933 | 0.7% | 4 | 0.4% | 0.29 |
| Socorro | 18,863 | 0.9% | 2 | 0.2% | 0.11 |
| Taos | 32,494 | 1.6% | 15 | 1.6% | 0.46 |
| Torrance | 17,923 | 0.9% | 5 | 0.5% | 0.28 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 52 | 5.5% | 0.67 |
| New Mexico | 2,080,048 | 100% | 937 | 100% | 0.45 |

New Mexico Distribution of Licensed Dental Hygienists by County, 2009



Source HPC GADS 2009, Map: US Census, 2000

Health Policy Commission Geographic Access Data System

DENTAL ASSISTANTS⁴⁴

Dental assistants work closely with, and under the supervision of dentists. Assistants perform a variety of patient care and office and laboratory duties.

Dental assistants sterilize and disinfect instruments and equipment, prepare and lay out the instruments and materials required to treat each patient, and obtain and update patients' dental records. Assistants make patients as comfortable as possible in the dental chair and prepare them for treatment. During dental procedures, assistants work alongside the dentist to provide assistance. They hand instruments and materials to dentists and keep patients' mouths dry and clear by using suction or other devices. They also instruct patients on postoperative and general oral health care.

Dental assistants may prepare materials for impressions and restorations and process dental x-rays as directed by a dentist. They may also remove sutures, apply topical anesthetics to gums or cavity-preventive agents to teeth, remove excess cement used in the filling process, and place dental dams to isolate teeth for treatment. Many states are expanding dental assistants' duties to include tasks such as coronal polishing and restorative dentistry functions for those assistants who meet specific training and experience requirements.

Dental assistants with laboratory duties make casts of the teeth and mouth from impressions, clean and polish removable appliances, and make temporary crowns. Those with office duties schedule and confirm appointments, receive patients, keep treatment records, send bills, receive payments, and order dental supplies and materials.

Dental Assistant Education⁴⁵

According to the Bureau of Labor Statistics, in most states, there are no formal education or training requirements to become an entry-level dental assistant. High school students interested in a career as a dental assistant should take courses in biology, chemistry, health, and office practices. For those wishing to pursue further education, the Commission on Dental Accreditation (CODA) approved 281 dental-assisting training programs in 2009. Programs include classroom, laboratory, and preclinical instruction in dental-assisting skills and related theory. Most programs take close to one year to complete and lead to a certificate or diploma. Two-year programs offered in community and junior colleges lead to an associate degree. All programs require a high school diploma or its equivalent, and some require science or computer-related courses for admission. A number of private vocational schools offer 4- to 6-month courses in dental assisting, but CODA does not accredit these programs.

⁴⁴ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*. Dental Assistants. Retrieved 3/1/10 from <http://www.bls.gov/oco/ocos163.htm>

⁴⁵ Ibid.

A large number of dental assistants learn through on-the-job training. A period of on-the-job training is often required even for those who have completed a dental-assisting program or have some previous experience. Different dentists may have their own styles of doing things that need to be learned before an assistant can be comfortable working with them.

Dental Assistant Supply

According to the Bureau of Labor Statistics, dental assistants held about 295,300 jobs in the United States in 2008. This number is projected to increase by 36% to 400,900 in 2018. Almost all jobs for dental assistants were in dental offices (approximately 93%). A small number of jobs were in the federal, state, and local governments or in physician offices.

Population growth, greater retention of natural teeth by middle-aged and older people, and an increased emphasis on preventative dental care for younger generations will fuel demand for dental services. Older dentists, who have been less likely to employ assistants or have employed fewer, are leaving the occupation and will be replaced by recent graduates who are more likely to use one or more assistants. In addition, as dentists' workloads increase, they are expected to hire more assistants to perform routine tasks, so that they may devote more of their own time to more complex procedures.⁴⁶

According to GADS data, there were 1,878 dental assistants licensed in New Mexico in 2009. This was an 18.5% increase from the 1,585 New Mexico licensed dental assistants in 2007.

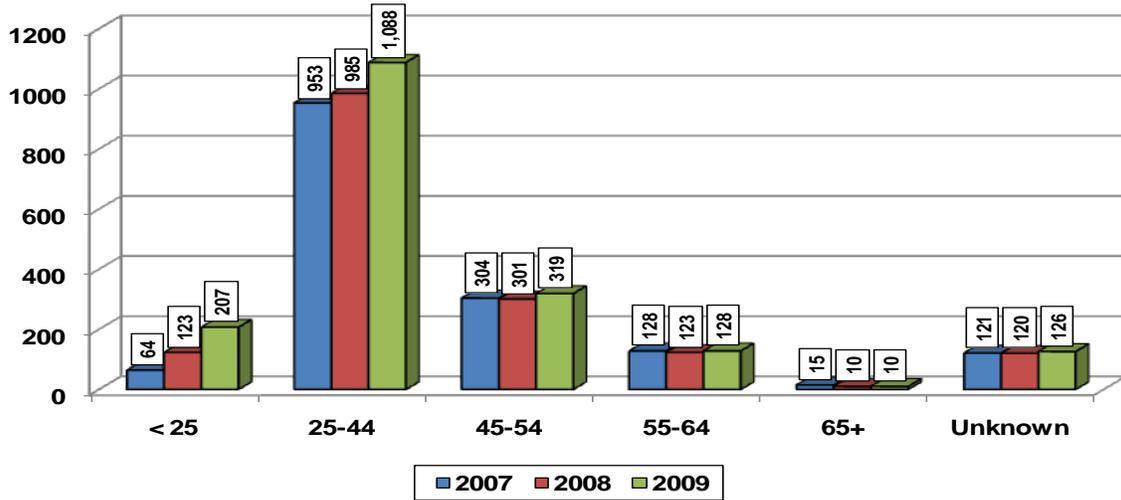
Dental Assistants by Age

As shown on the chart on the following page, in 2009, 1,088 (57.9%) New Mexico licensed dental assistants were 25-44 years of age; 319 (17.0%) were 45-54 years of age; 207 (11.0%) were under the age of 25; 128 (6.8%) were 55-64 years of age; and 10 (0.5%) were 65 and over. Age was unknown for 126 (6.7%) New Mexico licensed dental assistants.

From 2007 to 2009, the number of licensed dental assistants under the age of 55 increased by 22.2% while the number of licensed dental assistants age 55 and over decreased by 3.5%. The most significant percentage change occurred in the number of licensed dental assistants under 25 years of age, which increased by 223.4% from 2007 to 2009.

⁴⁶ Bureau of Labor Statistics, U.S. Department of Labor, *Occupational Outlook Handbook, 2010-11 Edition*. Dental Assistants. Retrieved 3/1/10 from <http://www.bls.gov/oco/ocos163.htm>

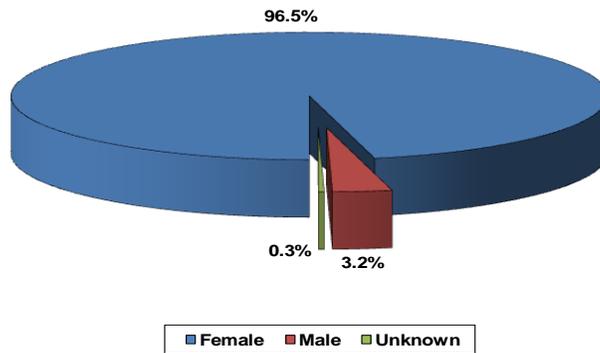
Licensed Dental Assistants by Age, New Mexico, 2007-2009



Dental Assistants by Gender

As shown on the chart below, in 2009, 1,812 (96.5%) New Mexico licensed dental assistants were female. Only 60 (3.2%) licensed dental assistants were male. Gender was unknown for 6 (0.3%) New Mexico licensed dental assistants. From 2007 to 2009, there was a 46.3% increase in the number of licensed male dental assistants and an 18.7% increase in the number of licensed female dental assistants.

Licensed Dental Assistants by Gender, New Mexico, 2009



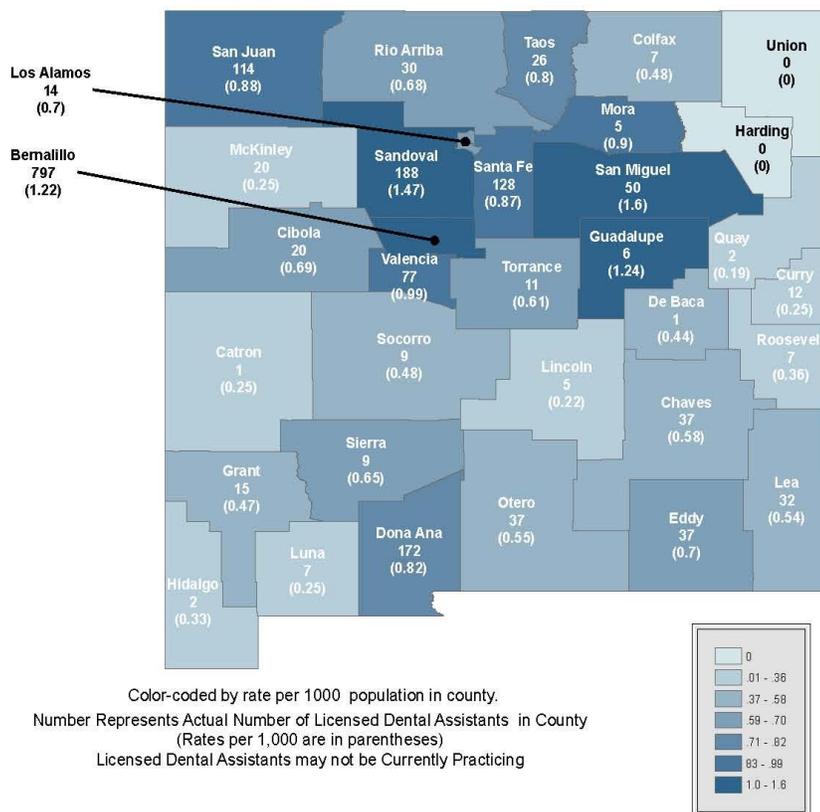
Dental Assistants by County

As indicated on the table below, in 2009, 797 (42.4%) New Mexico licensed dental assistants were licensed with a Bernalillo County address followed by 188 (10.0%) with a Sandoval County address and 172 (9.2%) with a Dona Ana County address. San Miguel County had the highest rate of licensed dental assistants per 1,000 population at 1.60 followed by Sandoval County at 1.47 and Guadalupe County at 1.24. There were no licensed dental assistants with a Harding or Union County address.

Licensed Dental Assistants by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Dental Assistants | Percent of Licensed Dental Assistants | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--------------------------------------|---------------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 797 | 42.4% | 1.22 |
| Catron | 3,939 | 0.2% | 1 | 0.1% | 0.25 |
| Chaves | 64,087 | 3.1% | 37 | 2.0% | 0.58 |
| Cibola | 28,886 | 1.4% | 20 | 1.1% | 0.69 |
| Colfax | 14,653 | 0.7% | 7 | 0.4% | 0.48 |
| Curry | 48,005 | 2.3% | 12 | 0.6% | 0.25 |
| De Baca | 2,284 | 0.1% | 1 | 0.1% | 0.44 |
| Dona Ana | 209,224 | 10.1% | 172 | 9.2% | 0.82 |
| Eddy | 52,903 | 2.5% | 37 | 2.0% | 0.70 |
| Grant | 32,113 | 1.5% | 15 | 0.8% | 0.47 |
| Guadalupe | 4,839 | 0.2% | 6 | 0.3% | 1.24 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 2 | 0.1% | 0.33 |
| Lea | 59,711 | 2.9% | 32 | 1.7% | 0.54 |
| Lincoln | 23,236 | 1.1% | 5 | 0.3% | 0.22 |
| Los Alamos | 20,048 | 1.0% | 14 | 0.7% | 0.70 |
| Luna | 28,319 | 1.4% | 7 | 0.4% | 0.25 |
| McKinley | 80,387 | 3.9% | 20 | 1.1% | 0.25 |
| Mora | 5,542 | 0.3% | 5 | 0.3% | 0.90 |
| Otero | 67,472 | 3.2% | 37 | 2.0% | 0.55 |
| Quay | 10,291 | 0.5% | 2 | 0.1% | 0.19 |
| Rio Arriba | 44,167 | 2.1% | 30 | 1.6% | 0.68 |
| Roosevelt | 19,243 | 0.9% | 7 | 0.4% | 0.36 |
| San Juan | 130,093 | 6.3% | 114 | 6.1% | 0.88 |
| San Miguel | 31,204 | 1.5% | 50 | 2.7% | 1.60 |
| Sandoval | 127,928 | 6.2% | 188 | 10.0% | 1.47 |
| Santa Fe | 147,869 | 7.1% | 128 | 6.8% | 0.87 |
| Sierra | 13,933 | 0.7% | 9 | 0.5% | 0.65 |
| Socorro | 18,863 | 0.9% | 9 | 0.5% | 0.48 |
| Taos | 32,494 | 1.6% | 26 | 1.4% | 0.80 |
| Torrance | 17,923 | 0.9% | 11 | 0.6% | 0.61 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 77 | 4.1% | 0.99 |
| New Mexico | 2,080,048 | 100% | 1,878 | 100% | 0.90 |

New Mexico Distribution of Licensed Dental Assistants by County, 2009



Source HPC GADS 2009, Map: US Census, 2000
 Health Policy Commission Geographic Access Data System

PHARMACY PROFESSIONALS

PHARMACISTS⁴⁷

Pharmacists distribute prescription drugs as well as advise patients, physicians and other health practitioners on the selection, dosages, interactions, and side effects of medications. In addition, pharmacists monitor the health and progress of patients to ensure the safe and effective use of medication. The actual mixing of ingredients to form medications (compounding) is a small part of a pharmacist's practice because most medications are produced by pharmaceutical companies in a standard dosage and drug delivery form. Most pharmacists work in community settings such as retail drugstores, or in health care facilities such as hospitals.

Some pharmacists specialize in specific drug therapy areas, such as intravenous nutrition support, oncology (cancer), nuclear pharmacy (used for chemotherapy), geriatric pharmacy, and psychiatric pharmacy (the use of drugs to treat behavioral health disorders).

Pharmacists may also be involved in research for pharmaceutical manufacturers, developing new drugs and testing their effects. Others work in marketing or sales, providing clients with expertise on the use, effectiveness, and possible side effects of drugs. Some pharmacists may work for health insurance companies, developing pharmacy benefit packages and carrying out cost-benefit analyses on certain drugs. Others work for the government, managed care organizations, public health care services, the armed services, or pharmacy associations. Some pharmacists may also be employed as college faculty.

Pharmacist Education

Pharmacists must earn a PharmD degree from an accredited college or school of pharmacy. The PharmD degree has replaced the Bachelor of Pharmacy degree, which is no longer being awarded. An applicant must have completed at least two years of specific professional study to be admitted to a PharmD program. This generally includes courses in mathematics and natural sciences, such as chemistry, biology, and physics, as well as courses in the humanities and social sciences. While it is not specifically required, most applicants have completed three or more years at a college or university before moving on to a PharmD program.

PharmD programs generally take four years to complete. The courses offered are designed to teach students about all aspects of drug therapy. In addition, students learn how to communicate with patients and other healthcare providers about drug

⁴⁷ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Pharmacists. Retrieved 4/22/10 from <http://www.bls.gov/oco/ocos079.htm>

information and patient care. Students in PharmD programs also spend time working with licensed pharmacists in a variety of practice settings.⁴⁸

As indicated by the Health Resources and Services Administration, the number of colleges and schools of pharmacy with accredited professional degree programs rose from 82 in 2000 to 92 by 2005. Further, the number of entry-level degree graduates from schools of pharmacy increased from 7,300 in 2000 to 9,100 in 2005. This number will likely continue to increase to about 12,000 graduates per year by 2030. In addition, the use of distance learning models in pharmacy education has increased and has contributed to the growth in existing training programs.⁴⁹

Pharmacist Supply

According to the Bureau of Labor Statistics, pharmacists held about 269,900 jobs in the United States in 2008. This number is projected to increase by 17% to 315,800 in 2018.⁵⁰

The Health Resources and Services Administration reports that while the supply of pharmacists is rising, substantial growth in supply is still needed to meet the projected surge in demand for pharmacist services. The major determinants of demand for pharmacists include:

- Population growth and the growth of the elderly population;
- Rising per capita consumption of pharmaceuticals;
- Increased need for pharmacists to counsel and educate patients as drugs become more complex and a growing proportion of the population receives care for chronic conditions; and
- Increased use of pharmacy technicians and technology that can improve productivity, reducing the demand for pharmacists.⁵¹

According to GADS data, there were 1,605 pharmacists licensed in New Mexico in 2009. This was a 6.9% increase from the 1,501 New Mexico licensed pharmacists in 2007.

⁴⁸ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Pharmacists. Retrieved 4/22/10 from <http://www.bls.gov/oco/ocos079.htm>

⁴⁹ Health Resources and Services Administration. (December 2008). *The Adequacy of Pharmacist Supply: 2004 to 2030*. Retrieved 4/22/10 from <ftp://ftp.hrsa.gov/bhpr/workforce/pharmacy.pdf>

⁵⁰ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Pharmacists. Retrieved 4/22/10 from <http://www.bls.gov/oco/ocos079.htm>

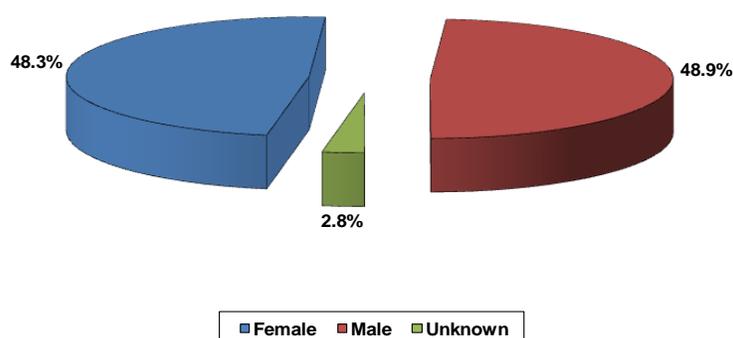
⁵¹ Health Resources and Services Administration. (December 2008). *The Adequacy of Pharmacist Supply: 2004 to 2030*. Retrieved 4/22/10 from <ftp://ftp.hrsa.gov/bhpr/workforce/pharmacy.pdf>

Pharmacists by Gender

The proportion of female pharmacists in the United States has increased from below 13% in 1970 to nearly half of all pharmacists today. While the slight majority of active pharmacists are male, male pharmacists tend to be older than female pharmacists. Two thirds of new graduates are women, and most pharmacists nearing retirement are men; therefore, the proportion of pharmacists that are women will continue to rise. By 2020, approximately 62% of active pharmacists are expected to be women. Female pharmacists tend to work fewer hours per year than their male colleagues, so the full-time equivalent supply will grow at a slightly lower rate than will the active supply.⁵²

As shown on the chart below, in 2009, 785 (48.9%) New Mexico licensed pharmacists were male and 775 (48.3%) were female. Gender was unknown for 45 (2.8%) New Mexico licensed pharmacists. From 2007 to 2009, there was a 10.4% increase in the number of licensed female pharmacists and a 1.2% increase in the number of licensed male pharmacists.

Licensed Pharmacists by Gender, New Mexico, 2009



Pharmacists by County

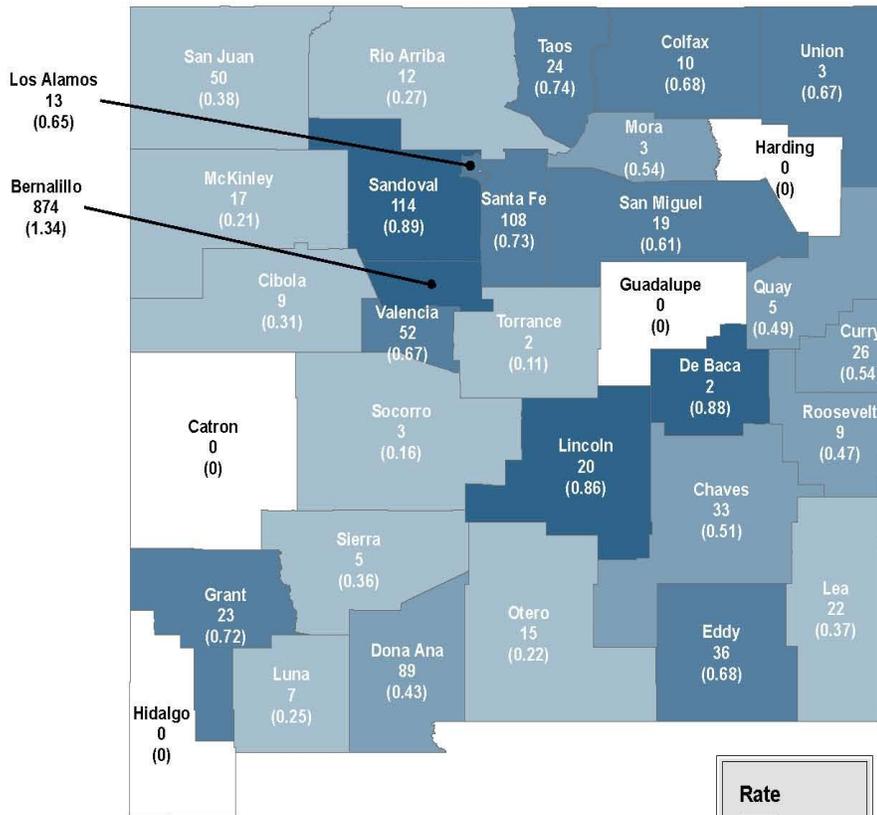
As indicated on the table on the following page, in 2009, 874 (54.5%) New Mexico licensed pharmacists, were licensed with a Bernalillo County address followed by 114 (7.1%) with a Sandoval County address and 108 (6.7%) with a Santa Fe County address. Bernalillo County had the highest rate of licensed pharmacists per 1,000 population at 1.34 followed by Sandoval County at 0.89 and De Baca County at 0.88. There were no licensed pharmacists with a Catron, Guadalupe, Harding or Hidalgo County address.

⁵² Health Resources and Services Administration. (December 2008). *The Adequacy of Pharmacist Supply: 2004 to 2030*. Retrieved 4/22/10 from <ftp://ftp.hrsa.gov/bhpr/workforce/pharmacy.pdf>

Licensed Pharmacists by County, New Mexico, 2009

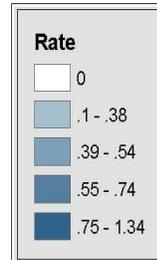
| County | Population | Percent of Population | Number of Licensed Pharmacists | Percent of Licensed Pharmacists | Rate Per 1,000 Population |
|-------------------|-------------------|------------------------------|---------------------------------------|--|----------------------------------|
| Bernalillo | 651,612 | 31.3% | 874 | 54.5% | 1.34 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 33 | 2.1% | 0.51 |
| Cibola | 28,886 | 1.4% | 9 | 0.6% | 0.31 |
| Colfax | 14,653 | 0.7% | 10 | 0.6% | 0.68 |
| Curry | 48,005 | 2.3% | 26 | 1.6% | 0.54 |
| De Baca | 2,284 | 0.1% | 2 | 0.1% | 0.88 |
| Dona Ana | 209,224 | 10.1% | 89 | 5.5% | 0.43 |
| Eddy | 52,903 | 2.5% | 36 | 2.2% | 0.68 |
| Grant | 32,113 | 1.5% | 23 | 1.4% | 0.72 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 22 | 1.4% | 0.37 |
| Lincoln | 23,236 | 1.1% | 20 | 1.2% | 0.86 |
| Los Alamos | 20,048 | 1.0% | 13 | 0.8% | 0.65 |
| Luna | 28,319 | 1.4% | 7 | 0.4% | 0.25 |
| McKinley | 80,387 | 3.9% | 17 | 1.1% | 0.21 |
| Mora | 5,542 | 0.3% | 3 | 0.2% | 0.54 |
| Otero | 67,472 | 3.2% | 15 | 0.9% | 0.22 |
| Quay | 10,291 | 0.5% | 5 | 0.3% | 0.49 |
| Rio Arriba | 44,167 | 2.1% | 12 | 0.7% | 0.27 |
| Roosevelt | 19,243 | 0.9% | 9 | 0.6% | 0.47 |
| San Juan | 130,093 | 6.3% | 50 | 3.1% | 0.38 |
| San Miguel | 31,204 | 1.5% | 19 | 1.2% | 0.61 |
| Sandoval | 127,928 | 6.2% | 114 | 7.1% | 0.89 |
| Santa Fe | 147,869 | 7.1% | 108 | 6.7% | 0.73 |
| Sierra | 13,933 | 0.7% | 5 | 0.3% | 0.36 |
| Socorro | 18,863 | 0.9% | 3 | 0.2% | 0.16 |
| Taos | 32,494 | 1.6% | 24 | 1.5% | 0.74 |
| Torrance | 17,923 | 0.9% | 2 | 0.1% | 0.11 |
| Union | 4,448 | 0.2% | 3 | 0.2% | 0.67 |
| Valencia | 77,545 | 3.7% | 52 | 3.2% | 0.67 |
| New Mexico | 2,080,048 | 100% | 1,605 | 100% | 0.77 |

New Mexico Distribution of Registered Pharmacists by County, 2009



Number Represents Actual Number of Registered Pharmacists in County
(Rates per 1,000 are in parentheses)
Registered Pharmacists may not be Currently Practicing

Source HPC GADS 2009, Map: U.S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System



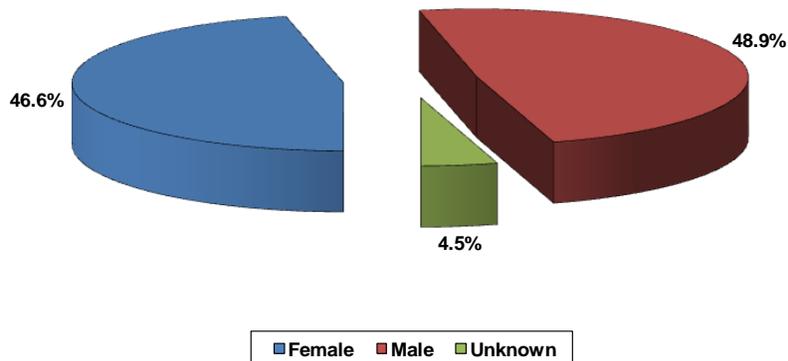
PHARMACIST CLINICIANS

In New Mexico, a pharmacist clinician is a registered pharmacist with advanced training in the areas of physical assessment and pharmacotherapy who practices with prescriptive authority under the supervision of a physician.

Pharmacist Clinicians by Gender

As shown on the chart below, in 2009, 43 (48.9%) of the 88 New Mexico licensed pharmacist clinicians were male and 41 (46.6%) were female. Gender was unknown for 4 (4.5%) New Mexico licensed pharmacist clinicians. From 2007 to 2009, there was a 7.5% increase in the number of licensed male pharmacist clinicians and no change in the number of licensed female pharmacist clinicians.

Licensed Pharmacist Clinicians by Gender, New Mexico, 2009



Pharmacist Clinicians by County

As indicated on the table below, in 2009, 54 (61.4%) New Mexico licensed pharmacist clinicians were licensed with a Bernalillo County address followed by 5 (5.7%) with a Dona Ana County address and 4 (4.5%) with an Eddy, Sandoval, Santa Fe, Taos, and Valencia County address. Taos County had the highest rate of licensed pharmacist clinicians per 1,000 population at 0.12 followed by San Miguel County at 0.10 and Bernalillo and Eddy counties at 0.08. There were no licensed pharmacist clinicians in 19 counties.

Licensed Pharmacist Clinicians by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Pharmacist Clinicians | Percent of Licensed Pharmacist Clinicians | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--|---|---------------------------|
| Bernalillo | 651,612 | 31.3% | 54 | 61.4% | 0.08 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 0 | 0.0% | 0.00 |
| Cibola | 28,886 | 1.4% | 0 | 0.0% | 0.00 |
| Colfax | 14,653 | 0.7% | 0 | 0.0% | 0.00 |
| Curry | 48,005 | 2.3% | 0 | 0.0% | 0.00 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 5 | 5.7% | 0.02 |
| Eddy | 52,903 | 2.5% | 4 | 4.5% | 0.08 |
| Grant | 32,113 | 1.5% | 1 | 1.1% | 0.03 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 0 | 0.0% | 0.00 |
| Lincoln | 23,236 | 1.1% | 1 | 1.1% | 0.04 |
| Los Alamos | 20,048 | 1.0% | 0 | 0.0% | 0.00 |
| Luna | 28,319 | 1.4% | 1 | 1.1% | 0.04 |
| McKinley | 80,387 | 3.9% | 1 | 1.1% | 0.01 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 0 | 0.0% | 0.00 |
| Quay | 10,291 | 0.5% | 0 | 0.0% | 0.00 |
| Rio Arriba | 44,167 | 2.1% | 0 | 0.0% | 0.00 |
| Roosevelt | 19,243 | 0.9% | 0 | 0.0% | 0.00 |
| San Juan | 130,093 | 6.3% | 1 | 1.1% | 0.01 |
| San Miguel | 31,204 | 1.5% | 3 | 3.4% | 0.10 |
| Sandoval | 127,928 | 6.2% | 4 | 4.5% | 0.03 |
| Santa Fe | 147,869 | 7.1% | 4 | 4.5% | 0.03 |
| Sierra | 13,933 | 0.7% | 1 | 1.1% | 0.07 |
| Socorro | 18,863 | 0.9% | 0 | 0.0% | 0.00 |
| Taos | 32,494 | 1.6% | 4 | 4.5% | 0.12 |
| Torrance | 17,923 | 0.9% | 0 | 0.0% | 0.00 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 4 | 4.5% | 0.05 |
| New Mexico | 2,080,048 | 100% | 88 | 100% | 0.04 |

PHARMACY TECHNICIANS⁵³

Pharmacy technicians assist pharmacists in preparing prescription medications, providing customer service, and performing administrative duties within a pharmacy setting. Technicians are generally responsible for receiving prescription requests, counting tablets, and labeling bottles. In organizations that do not have pharmacy aides, pharmacy technicians may be responsible for clerical duties such as answering phones, stocking shelves, and operating cash registers.

Pharmacy technicians who work in retail or mail-order pharmacies have varying responsibilities, depending on state rules and regulations. Technicians receive written prescriptions or requests for prescription refills from patients. They may also receive prescriptions sent electronically from doctors' offices. They must verify that information on the prescription is complete and accurate. To prepare the prescription, technicians must retrieve, count, pour, weigh, measure, and sometimes mix the medication. Then, they prepare the prescription labels, select the type of prescription container, and affix the prescription and auxiliary labels to the container. Once the prescription is filled, technicians price and file the prescription, which must be checked by a pharmacist before it is given to the patient. Technicians may establish and maintain patient profiles, prepare insurance claim forms, and stock and take inventory of prescription and over-the-counter medications.

In hospitals, nursing homes, and assisted-living facilities, technicians may have additional responsibilities such as preparing sterile solutions and delivering medications to nurses or physicians. Technicians may also record information about the prescribed medication onto the patient's profile.

Pharmacy Technician Education⁵⁴

There are no standard training requirements for pharmacy technicians; however, some states may require a high school diploma or its equivalent. Most pharmacy technicians receive informal on-the-job training, which generally ranges between three and twelve months.

Formal technician education programs are available through a variety of organizations, including community colleges, vocational schools, hospitals, and the military. These programs range from six months to two years and include classroom and laboratory work. They cover a variety of subject areas, such as medical and pharmaceutical terminology, pharmaceutical calculations, pharmacy recordkeeping, pharmaceutical techniques, and pharmacy law and ethics. Many training programs include internships, in which students gain hands-on experience in actual pharmacies. After completion, students receive a diploma, a certificate, or an associate's degree, depending on the program.

⁵³ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Pharmacy Technicians. Retrieved 4/22/10 from <http://www.bls.gov/oco/ocos325.htm>

⁵⁴ Ibid.

Pharmacy Technician Supply

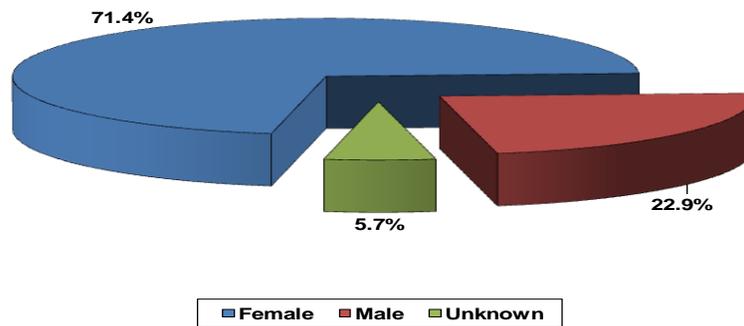
According to the Bureau of Labor Statistics, pharmacy technicians held about 326,300 jobs in the United States in 2008. This number is projected to increase by 31% to 426,000 in 2018. However, the demand for pharmacy technicians is also projected to increase. The increased number of middle-aged and elderly people, who use more prescription drugs than younger people, is projected to increase demand for pharmacy workers. In addition, as scientific advances lead to new drugs, and as more people obtain prescription drug coverage, pharmacy workers will be needed in growing numbers.⁵⁵

According to GADS data, there were 3,114 pharmacy technicians licensed in New Mexico in 2009. This was a 17.2% increase from the 2,656 New Mexico licensed pharmacy technicians in 2007.

Pharmacy Technicians by Gender

As shown on the chart below, in 2009, 2,223 (71.4%) New Mexico licensed pharmacy technicians were female while only 713 (22.9%) were male. Gender was unknown for 178 (5.7%) New Mexico licensed pharmacy technicians. From 2007 to 2009, there was a 16.5% increase in the number of licensed male pharmacy technicians and a 14.8% increase in the number of licensed female pharmacy technicians.

Licensed Pharmacy Technicians by Gender, New Mexico, 2009



Pharmacy Technicians by County

As indicated on the table on the following page, in 2009, 1,417 (45.5%) New Mexico licensed pharmacy technicians were licensed with a Bernalillo County address followed by 254 (8.2%) with a Sandoval County address and 237 (7.6%) with a Dona Ana County address. Bernalillo County had the highest rate of licensed pharmacy technicians per 1,000 population at 2.17 followed by Sandoval County at 1.99 and

⁵⁵ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Pharmacy Technicians. Retrieved 4/22/10 from <http://www.bls.gov/oco/ocos325.htm>

Valencia County at 1.74. There were no licensed pharmacy technicians with a Catron or Harding County address.

Licensed Pharmacy Technicians by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Pharmacy Technicians | Percent of Licensed Pharmacy Technicians | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|---|--|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,417 | 45.5% | 2.17 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 99 | 3.2% | 1.54 |
| Cibola | 28,886 | 1.4% | 22 | 0.7% | 0.76 |
| Colfax | 14,653 | 0.7% | 18 | 0.6% | 1.23 |
| Curry | 48,005 | 2.3% | 49 | 1.6% | 1.02 |
| De Baca | 2,284 | 0.1% | 3 | 0.1% | 1.31 |
| Dona Ana | 209,224 | 10.1% | 237 | 7.6% | 1.13 |
| Eddy | 52,903 | 2.5% | 83 | 2.7% | 1.57 |
| Grant | 32,113 | 1.5% | 51 | 1.6% | 1.59 |
| Guadalupe | 4,839 | 0.2% | 2 | 0.1% | 0.41 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 5 | 0.2% | 0.84 |
| Lea | 59,711 | 2.9% | 63 | 2.0% | 1.06 |
| Lincoln | 23,236 | 1.1% | 28 | 0.9% | 1.21 |
| Los Alamos | 20,048 | 1.0% | 14 | 0.4% | 0.70 |
| Luna | 28,319 | 1.4% | 21 | 0.7% | 0.74 |
| McKinley | 80,387 | 3.9% | 29 | 0.9% | 0.36 |
| Mora | 5,542 | 0.3% | 2 | 0.1% | 0.36 |
| Otero | 67,472 | 3.2% | 79 | 2.5% | 1.17 |
| Quay | 10,291 | 0.5% | 9 | 0.3% | 0.87 |
| Rio Arriba | 44,167 | 2.1% | 55 | 1.8% | 1.25 |
| Roosevelt | 19,243 | 0.9% | 22 | 0.7% | 1.14 |
| San Juan | 130,093 | 6.3% | 110 | 3.5% | 0.85 |
| San Miguel | 31,204 | 1.5% | 45 | 1.4% | 1.44 |
| Sandoval | 127,928 | 6.2% | 254 | 8.2% | 1.99 |
| Santa Fe | 147,869 | 7.1% | 173 | 5.6% | 1.17 |
| Sierra | 13,933 | 0.7% | 15 | 0.5% | 1.08 |
| Socorro | 18,863 | 0.9% | 19 | 0.6% | 1.01 |
| Taos | 32,494 | 1.6% | 34 | 1.1% | 1.05 |
| Torrance | 17,923 | 0.9% | 17 | 0.5% | 0.95 |
| Union | 4,448 | 0.2% | 4 | 0.1% | 0.90 |
| Valencia | 77,545 | 3.7% | 135 | 4.3% | 1.74 |
| New Mexico | 2,080,048 | 100% | 3,114 | 100% | 1.50 |

BEHAVIORAL HEALTH PROFESSIONALS

PSYCHIATRISTS⁵⁶

Psychiatrists assess and treat mental illnesses through a combination of psychotherapy, psychoanalysis, hospitalization, and medication. Psychotherapy involves regular discussions with patients about their problems. Psychiatrists help patients find solutions through changes in their behavioral patterns, the exploration of their past experiences, or group and family therapy sessions. Psychoanalysis involves long-term psychotherapy and counseling for patients. In many cases, medications are administered to correct chemical imbalances that cause emotional problems.

Psychiatrists may specialize in specific areas such as:

- Child and adolescent psychiatry;
- Geriatric psychiatry;
- Addiction psychiatry; and
- Forensic psychiatry.

Psychiatrist Education⁵⁷

Psychiatrists are physicians and hold a medical degree with a specialty in psychiatry. The minimum educational requirement for entry into medical school is three years of college. However, most applicants have at least a bachelor's degree, and many have advanced degrees.

Students spend most of the first two years of medical school in laboratories and classrooms, taking courses such as anatomy, biochemistry, physiology, pharmacology, psychology, microbiology, pathology, medical ethics, and laws governing medicine. They also learn to take medical histories, examine patients, and diagnose illnesses.

During their last two years, and under the supervision of experienced physicians, students work with patients in hospitals and clinics, learning acute, chronic, preventive, and rehabilitative care. Through rotations in internal medicine, family practice, obstetrics and gynecology, pediatrics, psychiatry, and surgery, they gain experience in the diagnosis and treatment of illness.

⁵⁶ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Physicians and Surgeons. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos074.htm>

⁵⁷ Ibid.

Psychiatrist Supply

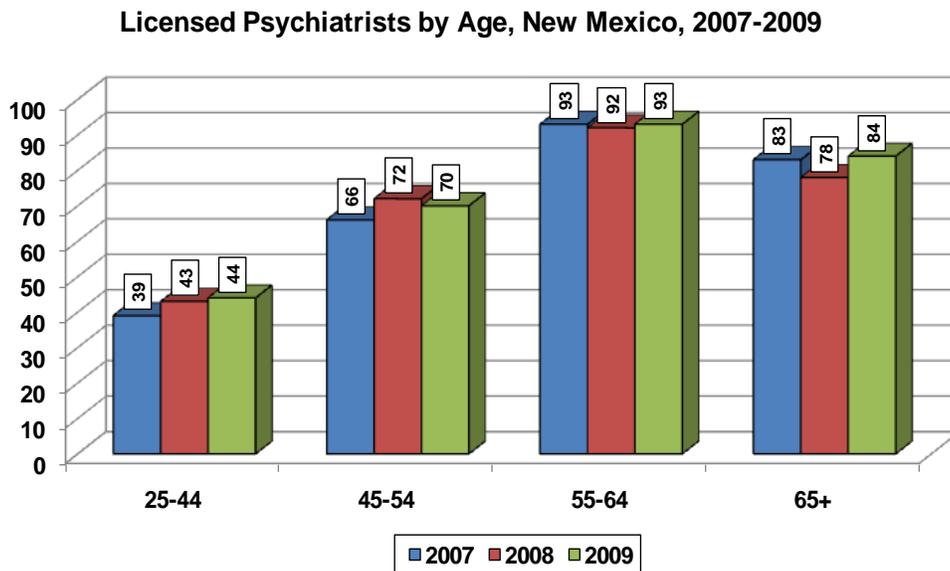
According to the Bureau of Labor Statistics, physicians and surgeons held about 661,400 jobs in the United States in 2008. Psychiatrists held about 5.2% of these jobs. The number of physicians and surgeons is projected to increase by 22% to 805,500 jobs by 2018.⁵⁸ If psychiatrists held about 5.2% of these jobs, the number of psychiatrists would increase to nearly 41,886 by 2018.

According to GADS data, there were 291 psychiatrists licensed in New Mexico in 2009. This was a 3.6% increase from the 281 New Mexico licensed psychiatrists in 2007.

Psychiatrists by Age

As shown on the chart below, in 2009, 93 (32.0%) New Mexico licensed psychiatrists were 55-64 years of age, and 84 (28.9%) were age 65 and over. Therefore, 60.8% of New Mexico licensed psychiatrists were age 55 and over while 39.2% were under the age of 55.

From 2007 to 2009, the number of New Mexico licensed psychiatrists age 55 and over increased by only 0.6% while the number of licensed psychiatrists under the age of 55 increased by 8.6%. The most significant percentage change occurred in the number of licensed psychiatrists age 25-44, which increased by 12.8% from 2007 to 2009.

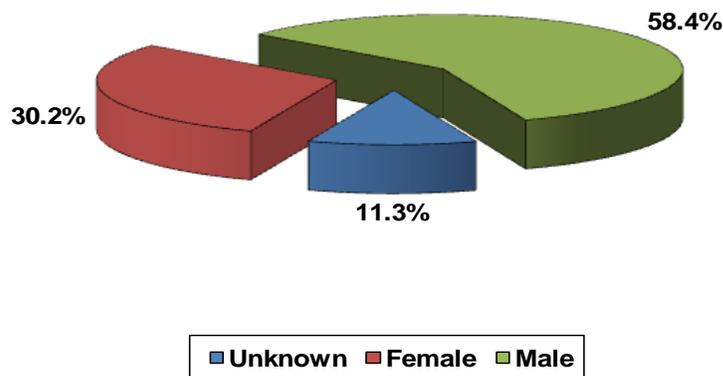


⁵⁸ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Physicians and Surgeons. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos074.htm>

Psychiatrists by Gender

As shown on the chart below, in 2009, 170 (58.4%) New Mexico licensed psychiatrists were male while 88 (30.2%) were female. Gender was unknown for 33 (11.3%) New Mexico licensed psychiatrists. From 2007 to 2009, there was an 8.6% increase in the number of licensed female psychiatrists and a 4.9% increase in the number of licensed male psychiatrists.

Licensed Psychiatrists by Gender, New Mexico, 2009



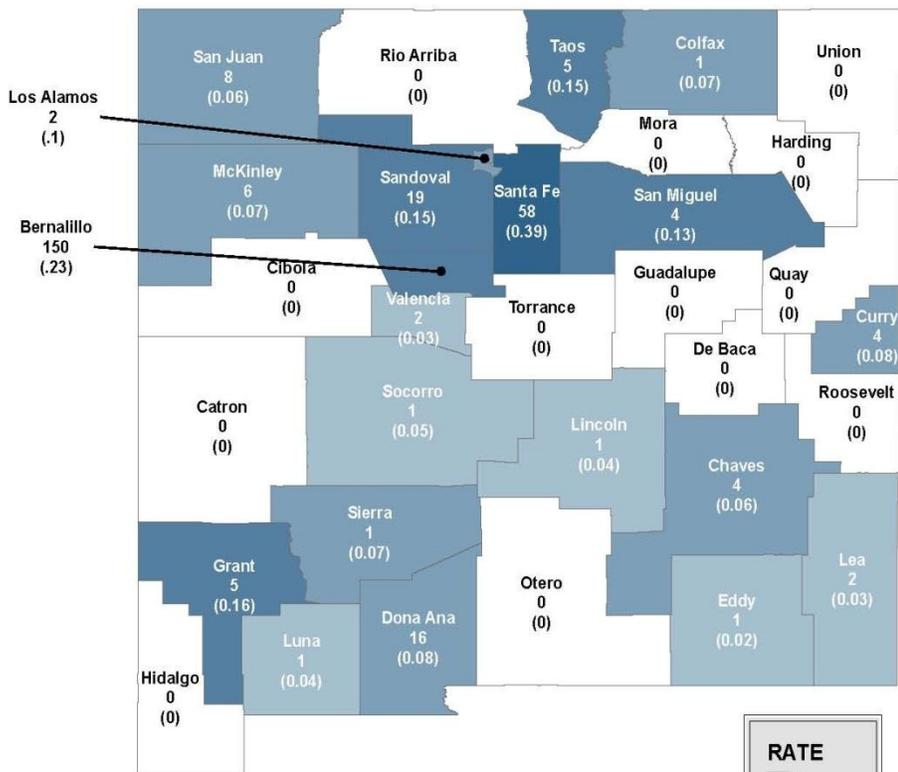
Psychiatrists by County

As indicated on the table on the following page, in 2009, 150 (51.5%) New Mexico licensed psychiatrists were licensed with a Bernalillo County address followed by 58 (19.9%) with a Santa Fe County address and 19 (6.5%) with a Sandoval County address. Santa Fe County had the highest rate of licensed psychiatrists per 1,000 population at 0.39 followed by Bernalillo County at 0.23 and Grant County at 0.16. There were no licensed psychiatrists in 13 counties.

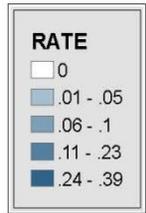
Licensed Psychiatrists by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Psychiatrists | Percent of Licensed Psychiatrists | Rate Per 1,000 Population |
|-------------------|-------------------|------------------------------|---|--|----------------------------------|
| Bernalillo | 651,612 | 31.3% | 150 | 51.5% | 0.23 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 4 | 1.4% | 0.06 |
| Cibola | 28,886 | 1.4% | 0 | 0.0% | 0.00 |
| Colfax | 14,653 | 0.7% | 1 | 0.3% | 0.07 |
| Curry | 48,005 | 2.3% | 4 | 1.4% | 0.08 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 16 | 5.5% | 0.08 |
| Eddy | 52,903 | 2.5% | 1 | 0.3% | 0.02 |
| Grant | 32,113 | 1.5% | 5 | 1.7% | 0.16 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 2 | 0.7% | 0.03 |
| Lincoln | 23,236 | 1.1% | 1 | 0.3% | 0.04 |
| Los Alamos | 20,048 | 1.0% | 2 | 0.7% | 0.10 |
| Luna | 28,319 | 1.4% | 1 | 0.3% | 0.04 |
| McKinley | 80,387 | 3.9% | 6 | 2.1% | 0.07 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 0 | 0.0% | 0.00 |
| Quay | 10,291 | 0.5% | 0 | 0.0% | 0.00 |
| Rio Arriba | 44,167 | 2.1% | 0 | 0.0% | 0.00 |
| Roosevelt | 19,243 | 0.9% | 0 | 0.0% | 0.00 |
| San Juan | 130,093 | 6.3% | 8 | 2.7% | 0.06 |
| San Miguel | 31,204 | 1.5% | 4 | 1.4% | 0.13 |
| Sandoval | 127,928 | 6.2% | 19 | 6.5% | 0.15 |
| Santa Fe | 147,869 | 7.1% | 58 | 19.9% | 0.39 |
| Sierra | 13,933 | 0.7% | 1 | 0.3% | 0.07 |
| Socorro | 18,863 | 0.9% | 1 | 0.3% | 0.05 |
| Taos | 32,494 | 1.6% | 5 | 1.7% | 0.15 |
| Torrance | 17,923 | 0.9% | 0 | 0.0% | 0.00 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 2 | 0.7% | 0.03 |
| New Mexico | 2,080,048 | 100% | 291 | 100% | 0.14 |

New Mexico Distribution of Licensed Psychiatrists by County, 2009



Number Represents Actual Number of Licensed Psychiatrists in County
(Rates per 1,000 are in parentheses)
Licensed Psychiatrists may not be Currently Practicing



Source HPC GADS 2009, Map: U.S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

Psychiatrists by Specialty and County

The following table indicates New Mexico licensed psychiatrists by county and specialty. However, psychiatrists may be licensed in more than one specialty; therefore, the total number of psychiatrist licenses by specialty will be greater than the total number of psychiatrists. As previously indicated, there were no licensed psychiatrists in 15 counties. These counties are not included in the table.

Licensed Psychiatrists by Specialty and County, New Mexico, 2009

| County | Psychiatry | Psychiatry Board Certified | Child & Adolescent Psychiatry | Child & Adolescent Psychiatry Board Certified | Geriatric Psychiatry | Geriatric Psychiatry Board Certified | Addiction Psychiatry | Addiction Psychiatry Board Certified | Forensic Psychiatry | Forensic Psychiatry Board Certified | Totals |
|---------------|------------|----------------------------|-------------------------------|---|----------------------|--------------------------------------|----------------------|--------------------------------------|---------------------|-------------------------------------|------------|
| Bernalillo | 56 | 94 | 7 | 15 | 3 | 6 | | 5 | | 3 | 189 |
| Chaves | 2 | 2 | | | | | | | | | 4 |
| Colfax | | 1 | | | | | | | | | |
| Curry | 2 | 2 | | | | | | | | | 4 |
| Dona Ana | 8 | 7 | 1 | 1 | | | | | | | 17 |
| Eddy | | 1 | | | | | | | | | 1 |
| Grant | 3 | 2 | | | | | | | | | 5 |
| Lea | 1 | 1 | | | | 1 | | | | | 3 |
| Lincoln | | 1 | | | | | | | | | 1 |
| Los Alamos | 2 | | | | | | | | | | 2 |
| Luna | 1 | | | | | | | | | | |
| McKinley | 3 | 3 | | 1 | | | | | | | 7 |
| San Juan | 6 | 2 | 1 | | | | | | | | 9 |
| San Miguel | 4 | | | | | | | | | | 4 |
| Sandoval | 7 | 13 | 1 | 4 | | 1 | | 1 | | 1 | 28 |
| Santa Fe | 15 | 44 | 1 | 7 | | 1 | | | | | 68 |
| Sierra | | 1 | | | | | | | | | 1 |
| Socorro | 1 | | | | | | | | | | 1 |
| Taos | | 5 | | | | | | | | | 5 |
| Valencia | 2 | | | | | | | | | | 2 |
| Totals | 113 | 179 | 11 | 28 | 3 | 9 | 0 | 6 | 0 | 4 | 353 |

Note: A psychiatrist may have more than one specialty; therefore, psychiatrists with more than one specialty are counted more than once.

PSYCHOLOGISTS⁵⁹

Psychologists study mental processes and human behavior by observing, interpreting, and recording how people relate to one another and the environment. Psychologists formulate theories, or hypotheses, which are possible explanations for what they observe, but unlike other social science disciplines, psychologists often concentrate on individual behavior and, specifically, in the beliefs and feelings that influence a person's actions.

Research methods vary with each topic that psychologists study; however, the primary techniques used are observation, assessment, and experimentation. Psychologists sometimes gather information and evaluate behavior through controlled laboratory experiments, hypnosis, biofeedback, psychoanalysis, or psychotherapy, or by administering personality, performance, aptitude, or intelligence tests. Other methods include interviews, questionnaires, clinical studies, surveys, and observation.

Psychologists perform various duties in different industries. For example, those working in health service fields may provide mental healthcare in hospitals, clinics, schools, or private settings. Psychologists employed in applied settings, such as business, industry, government, or nonprofit organizations, may provide training, conduct research, design organizational systems, and act as advocates for psychology.

Psychologists usually specialize in one or more of the following areas:

- Clinical Psychologists – constitute the largest group of psychologists. Clinical psychologists assess, diagnose, treat, and prevent mental disorders. Some clinical psychologists specialize in treating severe psychological disorders, such as schizophrenia and depression. Others may help people deal with personal issues, such as divorce or the death of a loved one. Clinical psychologists may work in settings such as hospitals, universities and medical schools, physical rehabilitation settings, community mental health centers, crisis counseling services, or drug rehabilitation centers.

Areas of specialization within clinical psychology include:

- Health Psychologists - study how biological, psychological, and social factors affect health and illness.
 - Neuropsychologists - study the relation between the brain and behavior.
 - Geropsychologists - deal with the special problems faced by the elderly.
- Counseling Psychologists - advise people on how to deal with problems of everyday living, including problems in the home, place of work, or community, to help improve their quality of life. Counseling psychologists may work in settings

⁵⁹ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Psychologists. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos056.htm>

such as university or crisis counseling centers, hospitals, rehabilitation centers, and individual or group practices.

- School Psychologists - work with students in early childhood and elementary and secondary schools. School psychologists address students' learning and behavioral problems, suggest improvements to classroom management strategies or parenting techniques, and evaluate students with disabilities and gifted and talented students to help determine the best way to educate them.
- Developmental Psychologists - study the physiological, cognitive, and social development that takes place throughout life. Some specialize in behavior during infancy, childhood, and adolescence, or changes that occur during maturity or old age. Developmental psychologists may also study developmental disabilities and their effects.
- Social Psychologists - examine people's interactions with others and with the social environment. Social psychologists work in organizational consultation, marketing research, systems design, or other applied psychology fields. Many social psychologists specialize in a niche area, such as group behavior, leadership, attitudes, and perception.
- Experimental or Research Psychologists - work in university and private research centers and in business, nonprofit, and governmental organizations. They study the behavior of both human beings and animals, such as rats, monkeys, and pigeons. Prominent areas of study in experimental research include motivation, thought, attention, learning and memory, sensory and perceptual processes, effects of substance abuse, and genetic and neurological factors affecting behavior.
- Forensic Psychologists - use psychological principles in the legal and criminal justice system to help judges, attorneys, and other legal professionals understand the psychological findings of a particular case. They are usually designated as an expert witness and typically specialize in one of three areas: family court, civil court, and criminal court.

Psychologist Education⁶⁰

A doctoral degree is usually required for independent practice as a psychologist. A doctoral degree generally requires about five years of full-time graduate study, culminating in a dissertation based on original research. Courses in quantitative experimental methods and research design are an integral part of graduate study and are necessary to complete the dissertation. The PsyD degree may be based on practical work and examinations rather than a dissertation. In clinical, counseling, and

⁶⁰ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Psychologists. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos056.htm>

school psychology, the requirements for the doctoral degree usually include an additional year of post-doctoral supervised experience.

A specialist degree or its equivalent is required in most states for an individual to work as a school psychologist, although some states credential school psychologists with master's degrees. A specialist (EdS) degree in school psychology requires a minimum of two years of full-time graduate study and a one-year full-time internship during the third year. Because their professional practice addresses educational and mental health components of students' development, school psychologists' training includes coursework in both education and psychology.

For admission to graduate psychology programs, some universities require applicants to have an undergraduate major in psychology. Others prefer only coursework in basic psychology with additional courses in the biological, physical, and social sciences, and in statistics and mathematics.

The American Psychological Association (APA) accredits doctoral training programs in clinical, counseling, and school psychology, as well as institutions that provide internships for doctoral students in school, clinical, and counseling psychology. The National Association of School Psychologists, with the assistance of the National Council for Accreditation of Teacher Education, helps to approve advanced degree programs in school psychology.

Clinical psychologists in Louisiana and New Mexico who prescribe medication are required to complete a post-doctoral master's degree in clinical psychopharmacology and pass a national exam approved by the State Board of Examiners of psychologists.

Psychologist Supply

According to the Bureau of Labor Statistics, psychologists held about 170,200 jobs in the United States in 2008. This number is projected to increase by 12% to 190,000 by 2018. Employment is expected to grow because of increased demand for psychological services in schools, hospitals, social service agencies, mental health centers, substance abuse treatment clinics, consulting firms, and private companies.

For example, rising healthcare costs associated with unhealthy lifestyles such as smoking, alcoholism, and obesity will continue to increase demand for clinical psychologists. An increase in the number of employee assistance programs, which help workers deal with personal problems will also increase demand for clinical and counseling specialties. The growing elderly population will increase the demand for psychologists trained in geropsychology to help people deal with the mental and physical changes that occur as individuals grow older. There will also be an increased need for psychologists to work with returning veterans.⁶¹

⁶¹ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Psychologists. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos056.htm>

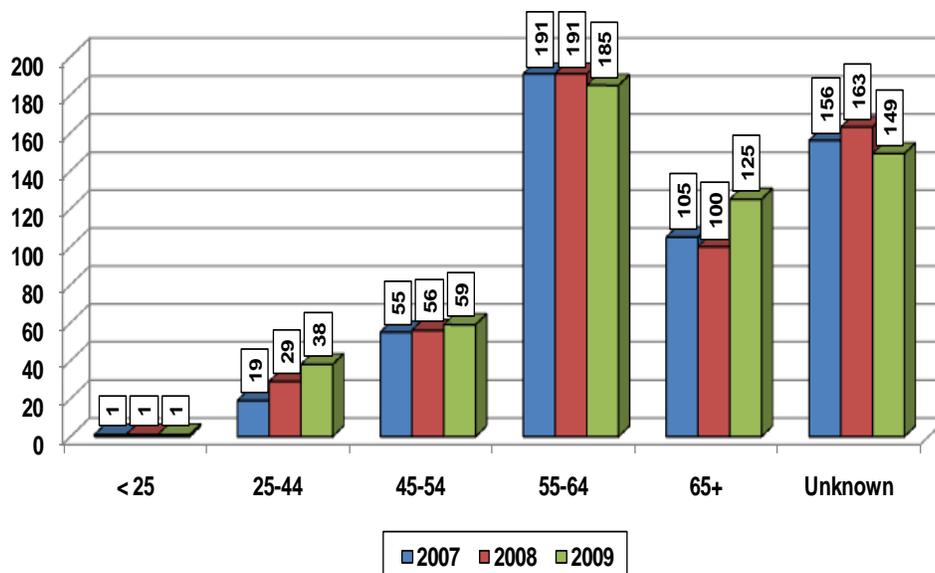
According to GADS data, there were 557 psychologists licensed in New Mexico in 2009. This was a 5.7% increase from the 527 New Mexico licensed psychologists in 2007.

Psychologists by Age

As shown on the chart below, in 2009, 185 (33.2%) New Mexico licensed psychologists were 55-64 years of age, and 125 (22.4%) were age 65 and over. Therefore, 55.7% of New Mexico licensed psychologists were age 55 and over while 17.6% were under the age of 55. Age was unknown for 149 (26.8%) New Mexico licensed psychologists.

From 2007 to 2009, the number of New Mexico licensed psychologists under the age of 55 increased by 30.7% while the number of licensed psychologists age 55 and over only increased by 1.5%. The most significant percentage change occurred in the number of licensed psychologists age 25-44, which increased by 100.0% from 2007 to 2009.

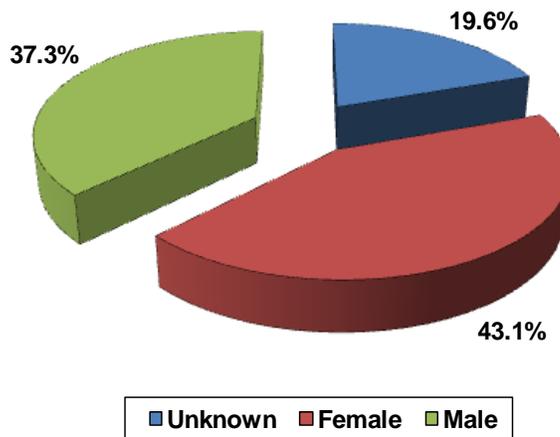
Licensed Psychologists by Age, New Mexico, 2007-2009



Psychologists by Gender

As shown on the chart below, in 2009, 240 (43.1%) New Mexico licensed psychologists were female and 208 (37.3%) were male. Gender was unknown for 109 (19.6%) New Mexico licensed psychologists. From 2007 to 2009, there was a 10.6% increase in the number of licensed female psychologists and a 0.5% increase in the number of licensed male psychologists.

Licensed Psychologists by Gender, 2009



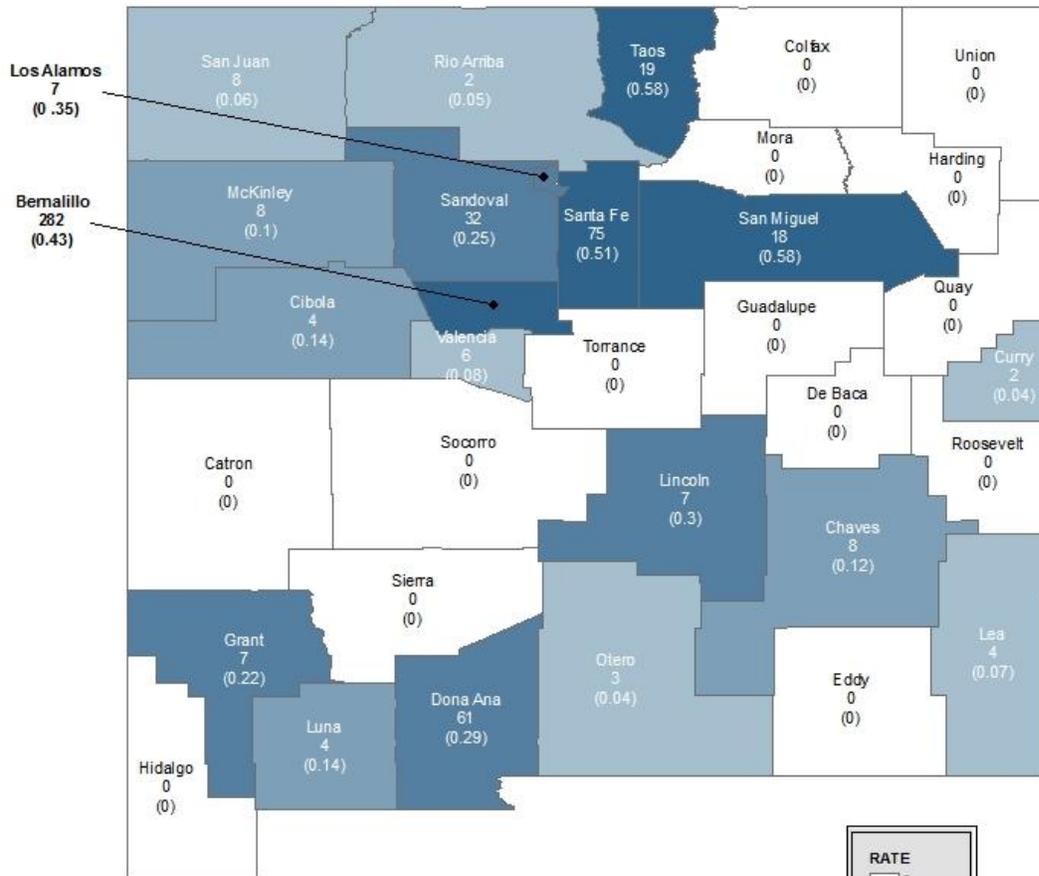
Psychologists by County

As indicated on the table on the following page, in 2009, 282 (50.6%) New Mexico licensed psychologists were licensed with a Bernalillo County address followed by 75 (13.5%) with a Santa Fe County address and 61 (11.0%) with a Dona Ana County address. San Miguel and Taos counties had the highest rate of licensed psychologists per 1,000 population at 0.58 followed by Santa Fe County at 0.51 and Bernalillo County at 0.43. There were no licensed psychologists in 14 counties.

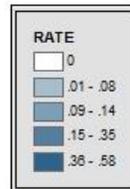
Licensed Psychologists by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Psychologists | Percent of Licensed Psychologists | Rate Per 1,000 Population |
|-------------------|-------------------|------------------------------|---|--|----------------------------------|
| Bernalillo | 651,612 | 31.3% | 282 | 50.6% | 0.43 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 8 | 1.4% | 0.12 |
| Cibola | 28,886 | 1.4% | 4 | 0.7% | 0.14 |
| Colfax | 14,653 | 0.7% | 0 | 0.0% | 0.00 |
| Curry | 48,005 | 2.3% | 2 | 0.4% | 0.04 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 61 | 11.0% | 0.29 |
| Eddy | 52,903 | 2.5% | 0 | 0.0% | 0.00 |
| Grant | 32,113 | 1.5% | 7 | 1.3% | 0.22 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 4 | 0.7% | 0.07 |
| Lincoln | 23,236 | 1.1% | 7 | 1.3% | 0.30 |
| Los Alamos | 20,048 | 1.0% | 7 | 1.3% | 0.35 |
| Luna | 28,319 | 1.4% | 4 | 0.7% | 0.14 |
| McKinley | 80,387 | 3.9% | 8 | 1.4% | 0.10 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 3 | 0.5% | 0.04 |
| Quay | 10,291 | 0.5% | 0 | 0.0% | 0.00 |
| Rio Arriba | 44,167 | 2.1% | 2 | 0.4% | 0.05 |
| Roosevelt | 19,243 | 0.9% | 0 | 0.0% | 0.00 |
| San Juan | 130,093 | 6.3% | 8 | 1.4% | 0.06 |
| San Miguel | 31,204 | 1.5% | 18 | 3.2% | 0.58 |
| Sandoval | 127,928 | 6.2% | 32 | 5.7% | 0.25 |
| Santa Fe | 147,869 | 7.1% | 75 | 13.5% | 0.51 |
| Sierra | 13,933 | 0.7% | 0 | 0.0% | 0.00 |
| Socorro | 18,863 | 0.9% | 0 | 0.0% | 0.00 |
| Taos | 32,494 | 1.6% | 19 | 3.4% | 0.58 |
| Torrance | 17,923 | 0.9% | 0 | 0.0% | 0.00 |
| Union | 4,448 | 0.2% | 0 | 0.0% | 0.00 |
| Valencia | 77,545 | 3.7% | 6 | 1.1% | 0.08 |
| New Mexico | 2,080,048 | 100% | 557 | 100% | 0.27 |

New Mexico Distribution of Psychologists by County, 2009



Number Represents Actual Number of Psychologists in County
 (Rates per 1,000 are in parentheses)
 Psychologists may not be currently practicing



Source HPC GADS 2009, Map: U. S. Census Bureau, 2000
 Health Policy Commission Geographic Access Data System

SOCIAL WORKERS⁶²

Social workers help people cope with and solve issues in their everyday lives, such as family problems, personal problems and dealing with relationships. Some social workers help clients with disabilities, life-threatening diseases and social problems, such as inadequate housing, unemployment, or substance abuse. Social workers also assist families that have serious domestic conflicts, which may involve child or spousal abuse. Social workers may also conduct research, advocate for improved services, or become involved in planning or policy development. Many social workers specialize in serving a particular population or working in a specific setting.

- Child, family, and school social workers - provide social services and assistance to improve the social and psychological functioning of children and their families. They assess their client's needs and offer assistance to improve their situation. Child, family, and school social workers may also be known as child welfare social workers, family services social workers, or child protective services social workers. They often work for individual and family services agencies, schools, or state or local governments.
- Medical and public health social workers - provide psychosocial support to individuals, families, or vulnerable populations so they can cope with chronic, acute, or terminal illnesses, such as Alzheimer's disease, cancer, or AIDS. They also advise family caregivers, counsel patients, and help plan for patients' needs after discharge from hospitals. Some specialize in services for senior citizens and their families. These social workers may run support groups for the adult children of aging parents. They may also assess, coordinate, and monitor services such as housing, transportation, and long-term care. They may also be known as gerontological social workers. Medical and public health social workers may work for hospitals, nursing and personal care facilities, individual and family services agencies, or local governments.
- Mental health and substance abuse social workers - assess and treat individuals with mental illness or substance abuse problems. Such services include individual and group therapy, outreach, crisis intervention, social rehabilitation, and teaching skills needed for everyday living. They may also provide services to assist family members of those who suffer from addiction or other mental health issues. These workers may work in outpatient facilities, where clients come in for treatment and then leave, or in inpatient programs, where patients reside at the facility. Some mental health and substance social workers may work in employee-assistance programs. In this setting, they may help people cope with job-related pressures or with personal problems that affect the quality of their work. Other social workers work in private practice, where they are employed

⁶² United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Social Workers. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos060.htm>

directly by the client. These social workers may also be known as clinical social workers, occupational social workers, or substance abuse social workers.

Other types of social workers include social work administrators, researchers, planners and policymakers, who develop and implement programs to address issues such as child abuse, homelessness, substance abuse, poverty, and violence.

Social Worker Education⁶³

A bachelor's degree in social work (BSW) is the most common minimum requirement to qualify for a job as a social worker; however, majors in psychology, sociology, and related fields may qualify for some entry-level jobs, especially in small community agencies. Bachelor's degree programs prepare graduates for direct service positions, such as caseworker, mental health assistant, group home worker and residential counselor. These programs include courses in social work values and ethics, dealing with a culturally diverse clientele and at-risk populations, promotion of social and economic justice, human behavior and the social environment, social welfare policy and services, social work practice, social research methods, and field education. Accredited programs require a minimum of 400 hours of supervised field experience.

Although a bachelor's degree is sufficient for entry into the field, an advanced degree has become the standard for many positions. A master's degree in social work (MSW) is typically required for positions in health settings and is required for clinical work as well. Some jobs in public and private agencies may also require an advanced degree, such as a master's degree in social services policy or administration. Supervisory, administrative, and staff training positions usually require an advanced degree. College and university teaching positions and most research appointments normally require a doctorate in social work (DSW) or PhD.

As of June 2009, the Council on Social Work Education accredited 468 bachelor's programs and 196 master's programs. The Group for the Advancement of Doctoral Education listed 74 doctoral programs in social work in the United States.

Social Worker Supply

According to the Bureau of Labor Statistics, social workers held about 642,000 jobs in the United States in 2008. This number is projected to increase by 16% to 745,400 by 2018.

However, growth is expected to vary by specialty as follows:

- Employment of child, family, and school social workers is expected to increase by about 12% as these workers are needed to investigate child abuse cases, place children in foster care and with adoptive families. In addition, demand for

⁶³ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Social Workers. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos060.htm>

school social workers will continue and lead to more jobs as efforts are expanded to respond to rising student enrollments, as well as the continued emphasis on integrating children with disabilities into the general school population.

- Employment of mental health and substance abuse social workers is expected to increase by nearly 20% as substance abusers are increasingly being placed into treatment programs instead of being sentenced to prison. In addition, opportunities for social workers in private practice will expand as they are preferred over more costly psychologists. Further, the passage of legislation that requires insurance plans offered by employers to cover mental health treatment in a manner that is equal to treatment of physical health may increase the demand for mental health treatment.
- Employment of medical and public health social workers is expected to increase by 22% due to the rise in the elderly population. These social workers will be needed to assist in finding the best care and assistance for the aging, as well as to support their families. Employment of social workers with backgrounds in gerontology is also expected to increase, particularly in the growing numbers of assisted-living and senior-living communities. The expanding senior population will also increase demand for social workers in nursing homes, long-term care facilities, home care agencies, and hospices.⁶⁴

According to GADS data, there were 3,333 social workers licensed in New Mexico in 2009. This was a 4.4% increase from the 3,194 New Mexico licensed social workers in 2007.

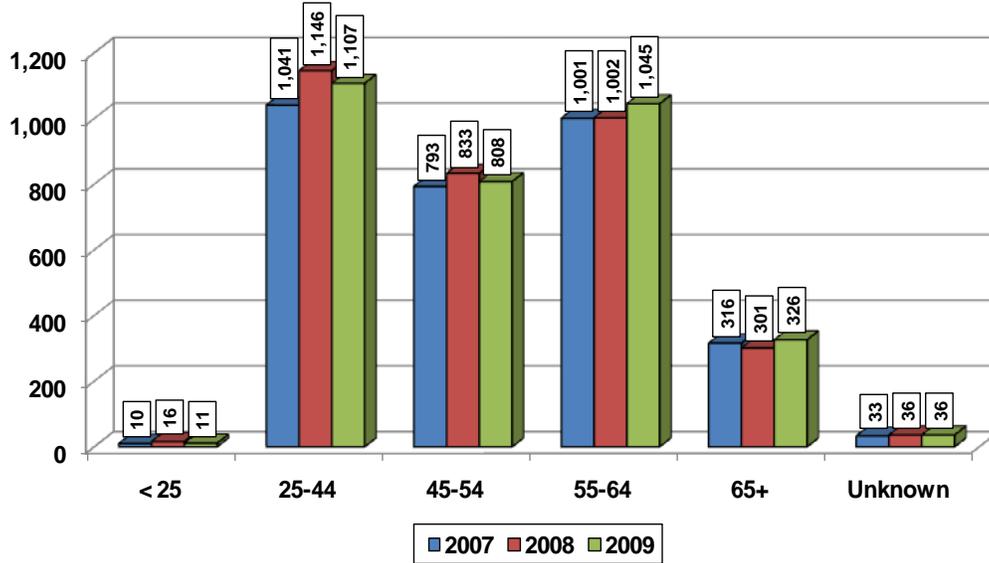
Social Workers by Age

As shown on the chart on the following page, in 2009, 1,107 (33.2%) New Mexico licensed social workers were 25-44 years of age; 1,045 (31.4%) were 55-64 years of age; 808 (24.2%) were 45-54 years of age; 326 (9.8%) were 65 and over; and 11 (0.3%) were under the age of 25. Age was unknown for 36 (1.1%) New Mexico licensed social workers.

From 2007 to 2009, the number of New Mexico licensed social workers under the age of 55 increased by 4.4%, and the number of licensed social workers age 55 and over increased by 4.1%. For known ages, the most significant percentage change occurred in the number of licensed social workers age 25-44, which increased by 6.3% from 2007 to 2009.

⁶⁴ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Social Workers. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos060.htm>

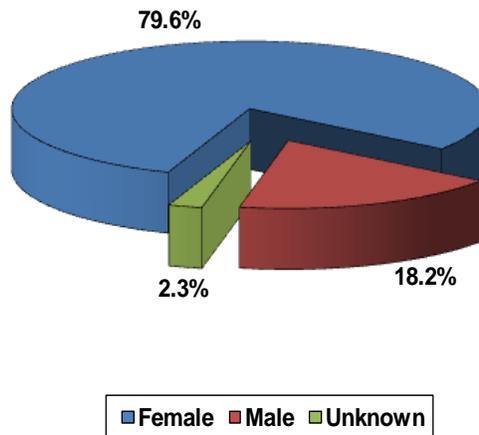
Licensed Social Workers by Age, New Mexico, 2007-2009



Social Workers by Gender

As shown on the chart below, in 2009, 2,652 (79.6%) New Mexico licensed social workers were female and 605 (18.2%) were male. Gender was unknown for 76 (2.3%) New Mexico licensed social workers. From 2007 to 2009, there was a 5.8% increase in the number of licensed male social workers and a 4.5% increase in the number of licensed female social workers.

Licensed Social Workers by Gender, New Mexico, 2009



Social Workers by Specialty

As previously indicated, social workers may specialize in specific areas. The table below indicates New Mexico licensed social workers by specialty. However, social workers may be licensed in more than one specialty; therefore, the total number of social worker licenses by specialty will be greater than the total number of social workers.

Licensed Social Workers by Specialty, New Mexico, 2009

| Specialty | Number of Licenses |
|-------------------------------------|--------------------|
| Licensed Clinical Social Worker | 1,122 |
| Social Worker - Community Organizer | 42 |
| Social Worker - Research | 20 |
| Medical Social Worker | 158 |
| School Social Worker | 138 |
| No Specialty Declared | 2,174 |
| Social Worker Administrator | 118 |
| Total Social Worker Licenses | 3,772 |
| Total Social Workers | 3,333 |

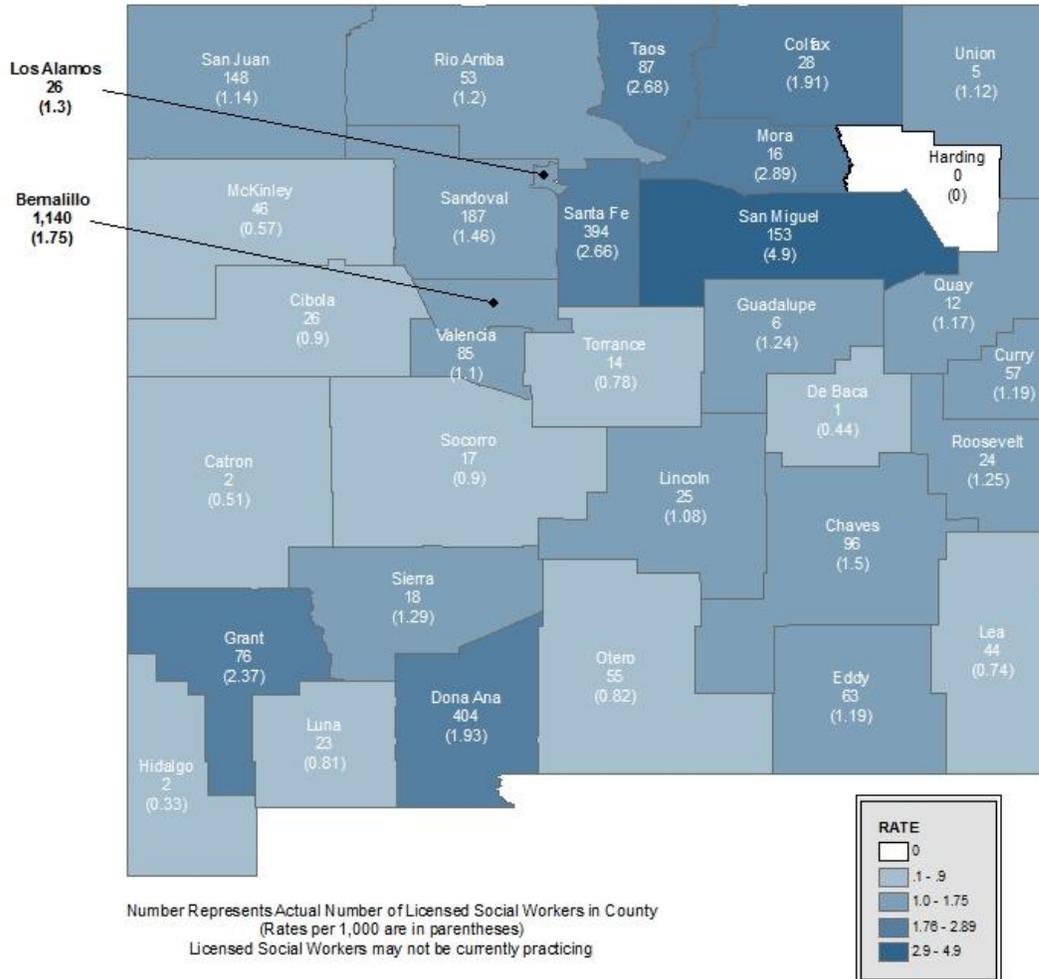
Social Workers by County

As indicated on the table on the following page, in 2009, 1,140 (34.2%) New Mexico licensed social workers were licensed with a Bernalillo County address followed by 404 (12.1%) with a Dona Ana County address and 394 (11.8%) with a Santa Fe County address. San Miguel County had the highest rate of licensed social workers per 1,000 population at 4.90 followed by Mora County at 2.89 and Taos County at 2.68. There were no licensed social workers with a Harding County address.

Licensed Social Workers by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Social Workers | Percent of Licensed Social Workers | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|-----------------------------------|------------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,140 | 34.2% | 1.75 |
| Catron | 3,939 | 0.2% | 2 | 0.1% | 0.51 |
| Chaves | 64,087 | 3.1% | 96 | 2.9% | 1.50 |
| Cibola | 28,886 | 1.4% | 26 | 0.8% | 0.90 |
| Colfax | 14,653 | 0.7% | 28 | 0.8% | 1.91 |
| Curry | 48,005 | 2.3% | 57 | 1.7% | 1.19 |
| De Baca | 2,284 | 0.1% | 1 | 0.0% | 0.44 |
| Dona Ana | 209,224 | 10.1% | 404 | 12.1% | 1.93 |
| Eddy | 52,903 | 2.5% | 63 | 1.9% | 1.19 |
| Grant | 32,113 | 1.5% | 76 | 2.3% | 2.37 |
| Guadalupe | 4,839 | 0.2% | 6 | 0.2% | 1.24 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 2 | 0.1% | 0.33 |
| Lea | 59,711 | 2.9% | 44 | 1.3% | 0.74 |
| Lincoln | 23,236 | 1.1% | 25 | 0.8% | 1.08 |
| Los Alamos | 20,048 | 1.0% | 26 | 0.8% | 1.30 |
| Luna | 28,319 | 1.4% | 23 | 0.7% | 0.81 |
| McKinley | 80,387 | 3.9% | 46 | 1.4% | 0.57 |
| Mora | 5,542 | 0.3% | 16 | 0.5% | 2.89 |
| Otero | 67,472 | 3.2% | 55 | 1.7% | 0.82 |
| Quay | 10,291 | 0.5% | 12 | 0.4% | 1.17 |
| Rio Arriba | 44,167 | 2.1% | 53 | 1.6% | 1.20 |
| Roosevelt | 19,243 | 0.9% | 24 | 0.7% | 1.25 |
| San Juan | 130,093 | 6.3% | 148 | 4.4% | 1.14 |
| San Miguel | 31,204 | 1.5% | 153 | 4.6% | 4.90 |
| Sandoval | 127,928 | 6.2% | 187 | 5.6% | 1.46 |
| Santa Fe | 147,869 | 7.1% | 394 | 11.8% | 2.66 |
| Sierra | 13,933 | 0.7% | 18 | 0.5% | 1.29 |
| Socorro | 18,863 | 0.9% | 17 | 0.5% | 0.90 |
| Taos | 32,494 | 1.6% | 87 | 2.6% | 2.68 |
| Torrance | 17,923 | 0.9% | 14 | 0.4% | 0.78 |
| Union | 4,448 | 0.2% | 5 | 0.2% | 1.12 |
| Valencia | 77,545 | 3.7% | 85 | 2.6% | 1.10 |
| New Mexico | 2,080,048 | 100% | 3,333 | 100% | 1.60 |

New Mexico Distribution of Licensed Social Workers by County, 2009



Source HPC GADS 2009, Map: U. S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

COUNSELORS⁶⁵

Counselors work in diverse settings designed to provide counseling, rehabilitation, and support services. They may work with children, adolescents, adults, or families that have multiple issues, such as mental health disorders and addiction, disability and employment needs, school problems or career counseling needs, and trauma. Counselors' duties may vary greatly, depending on their specialty, which is determined by the setting in which they work and the population they serve.

- Educational, vocational, and school counselors provide career, personal, social and educational counseling to individuals and groups. School counselors assist students of all levels, from elementary school to postsecondary education. They work with individuals and organizations to promote the academic, career, personal, and social development of children and youth. School counselors help students evaluate their abilities, interests, talents, and personalities to develop realistic academic and career goals. Counselors use interviews, counseling sessions, interest and aptitude assessment tests, and other methods to evaluate and advise students. Counselors often work with students who have academic and social development problems or other special needs.
- Vocational counselors, also called employment counselors or career counselors, provide career counseling outside of the school setting. Their primary focus is to help individuals with career decisions. Vocational counselors evaluate the client's education, training, work history, interests, skills, and personality traits. They may arrange for aptitude and achievement tests to help the client make career decisions. They also work with individuals to develop their job-search skills and assist clients in locating and applying for jobs. In addition, career counselors provide support to people experiencing job loss, job stress, or other career transition issues.
- Rehabilitation counselors help people deal with the personal, social, and vocational effects of disabilities. They counsel people with both physical and emotional disabilities resulting from birth defects, illness or disease, accidents, or other causes. They evaluate the strengths and limitations of individuals, provide personal and vocational counseling, offer case management support, and arrange for medical care, vocational training, and job placement. Rehabilitation counselors interview both individuals with disabilities and their families, evaluate school and medical reports, and confer with physicians, psychologists, employers, and physical, occupational, and speech therapists to determine the capabilities and skills of the individual. Rehabilitation counselors work toward increasing the person's capacity to live independently by facilitating and coordinating with other service providers.

⁶⁵ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Counselors. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos067.htm>

- Mental health counselors work with individuals, families, and groups to address and treat mental and emotional disorders and to promote mental health. They are trained in a variety of therapeutic techniques used to address issues such as depression, anxiety, addiction and substance abuse, suicidal impulses, stress, trauma, low self-esteem, and grief. They also help with job and career concerns, educational decisions, mental and emotional health issues, and relationship problems. In addition, they may be involved in community outreach, advocacy, and mediation activities. Some specialize in delivering mental health services for the elderly. Mental health counselors often work closely with other mental health specialists, such as psychiatrists, psychologists, clinical social workers, psychiatric nurses, and school counselors.
- Substance abuse and behavioral disorder counselors help people who have problems with alcohol, drugs, gambling, and eating disorders. They counsel individuals to help them to identify behaviors and problems related to their addiction. Counselors are trained to assist in developing personalized recovery programs that help to establish healthy behaviors and provide coping strategies. Substance abuse and behavioral disorder counselors often work with family members who are affected by the addictions of their loved ones. Counselors must be able to recognize how addiction affects the entire person and those around him or her.
- Marriage and family therapists apply family systems theory, principles, and techniques to address and treat mental and emotional disorders. In doing so, they modify people's perceptions and behaviors, enhance communication and understanding among family members, and help to prevent family and individual crises. They may work with individuals, families, couples, and groups. Marriage and family therapy differs from traditional therapy because less emphasis is placed on an identified client or internal psychological conflict. The focus is on viewing and understanding their clients' symptoms and interactions within their existing environment. Marriage and family therapists may also make appropriate referrals to psychiatric resources, perform research, and teach courses in human development and interpersonal relationships.

Counselor Education⁶⁶

Education requirements vary with occupational specialty and by state licensure and certification requirements. A master's degree is usually required to be licensed or certified as a counselor. Counselor education programs in colleges and universities are often found in departments of education, psychology, or human services. Fields of study include:

- College student affairs;
- Elementary or secondary school counseling;

⁶⁶ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Counselors. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos067.htm>

- Education;
- Gerontological counseling;
- Marriage and family therapy;
- Substance abuse or addictions counseling;
- Rehabilitation counseling;
- Agency or community counseling;
- Clinical mental health counseling;
- Career counseling; and
- Related fields.

Courses are often grouped into the following core areas:

- Human growth and development;
- Social and cultural diversity;
- Relationships;
- Group work;
- Career development;
- Counseling techniques;
- Assessment;
- Research and program evaluation; and
- Professional ethics and identity.

In an accredited master's degree program, 48 to 60 semester hours of graduate study, including a period of supervised clinical experience in counseling, are typically required.

Counselor Supply

According to the Bureau of Labor Statistics, counselors held about 665,500 jobs in the United States in 2008. This number is projected to increase by 18% to 782,200 by 2018.

However, growth is expected to vary by specialty as follows:

- Employment of substance abuse and behavioral disorder counselors is expected to increase by 21% as society becomes more knowledgeable about addiction and more people seek treatment. In addition, drug offenders are increasingly being sent to treatment programs rather than to jail.
- Employment of educational, vocational, and school counselors is expected to increase by 14% as multiple job and career changes become common and as workers become increasingly aware of counseling services. In addition, states require elementary schools to employ counselors. Expansion of the responsibilities of school counselors is also likely increase employment.
- Employment of mental health counselors is expected to increase by 24% as managed care systems and insurance companies are increasingly providing for

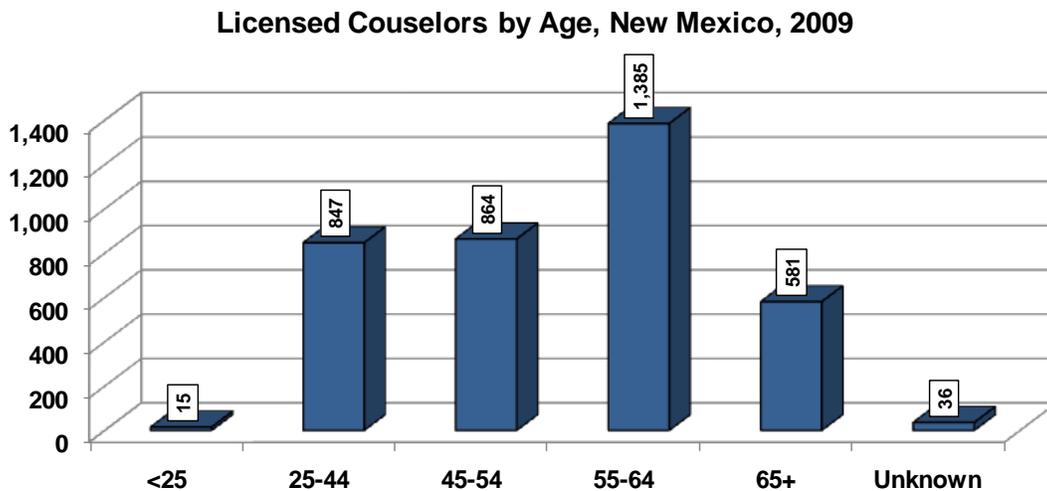
reimbursement of counselors as a less costly alternative to psychiatrists and psychologists. In addition, there has been increased demand for mental health services as individuals become more willing to seek help.

- Employment of rehabilitation counselors is expected to increase by 19% as the number of people who need rehabilitation counseling will increase as the size of the elderly population, whose members become injured or disabled at a higher rate than other age groups, increases and as treatment for mental health related disabilities increases.
- Employment of marriage and family therapists is expected to increase by 14% due to an increased recognition of the field. It is becoming more common for people to seek help for their marital and family problems than it was in the past.⁶⁷

According to GADS data, there were 3,728 counselors licensed in New Mexico in 2009. This was a 12.8% increase from the 3,305 New Mexico licensed counselors in 2007.

Counselors by Age

As shown on the chart below, in 2009, 1,385 (37.2%) New Mexico licensed counselors were 55-64 years of age and 581 (15.6%) were age 65 and over. Therefore 52.8% of New Mexico licensed counselors were age 55 and over while 46.3% were under the age of 55. Age was unknown for 36 (1.0%) New Mexico licensed counselors.

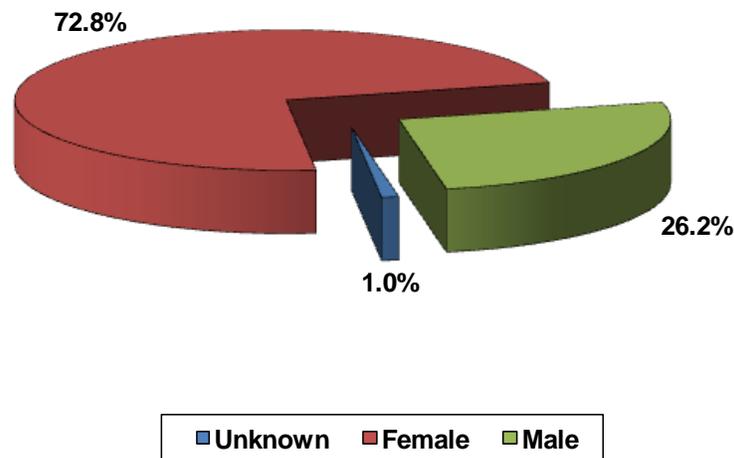


⁶⁷ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Counselors. Retrieved 4/26/10 from <http://www.bls.gov/oco/ocos067.htm>

Counselors by Gender

As shown on the chart below, in 2009, 2,713 (72.8%) New Mexico licensed counselors were female and 977 (26.2%) were male. Gender was unknown for 38 (1.0%) New Mexico licensed counselors. From 2007 to 2009, there was a 13.7% increase in the number of licensed female counselors and a 10.3% increase in the number of licensed male counselors.

Licensed Counselors by Gender, New Mexico, 2009



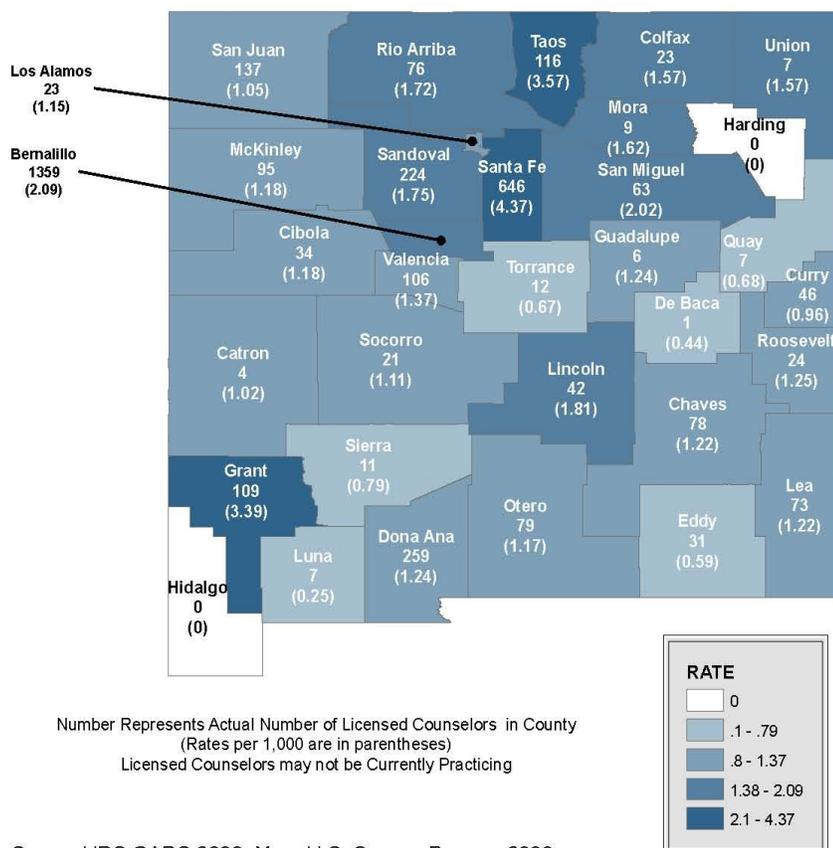
Counselors by County

As indicated on the table on the following page, in 2009, 1,359 (36.5%) New Mexico licensed counselors were licensed with a Bernalillo County address followed by 646 (17.3%) with a Santa Fe County address and 259 (6.9%) with a Dona Ana County address. Santa Fe County had the highest rate of licensed counselors per 1,000 population at 4.37 followed by Taos County at 3.57 and Grant County at 3.39. There were no licensed counselors with a Harding or Hidalgo County address.

Licensed Counselors by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Counselors | Percent of Licensed Counselors | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|-------------------------------|--------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,359 | 36.5% | 2.09 |
| Catron | 3,939 | 0.2% | 4 | 0.1% | 1.02 |
| Chaves | 64,087 | 3.1% | 78 | 2.1% | 1.22 |
| Cibola | 28,886 | 1.4% | 34 | 0.9% | 1.18 |
| Colfax | 14,653 | 0.7% | 23 | 0.6% | 1.57 |
| Curry | 48,005 | 2.3% | 46 | 1.2% | 0.96 |
| De Baca | 2,284 | 0.1% | 1 | 0.0% | 0.44 |
| Dona Ana | 209,224 | 10.1% | 259 | 6.9% | 1.24 |
| Eddy | 52,903 | 2.5% | 31 | 0.8% | 0.59 |
| Grant | 32,113 | 1.5% | 109 | 2.9% | 3.39 |
| Guadalupe | 4,839 | 0.2% | 6 | 0.2% | 1.24 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 0 | 0.0% | 0.00 |
| Lea | 59,711 | 2.9% | 73 | 2.0% | 1.22 |
| Lincoln | 23,236 | 1.1% | 42 | 1.1% | 1.81 |
| Los Alamos | 20,048 | 1.0% | 23 | 0.6% | 1.15 |
| Luna | 28,319 | 1.4% | 7 | 0.2% | 0.25 |
| McKinley | 80,387 | 3.9% | 95 | 2.5% | 1.18 |
| Mora | 5,542 | 0.3% | 9 | 0.2% | 1.62 |
| Otero | 67,472 | 3.2% | 79 | 2.1% | 1.17 |
| Quay | 10,291 | 0.5% | 7 | 0.2% | 0.68 |
| Rio Arriba | 44,167 | 2.1% | 76 | 2.0% | 1.72 |
| Roosevelt | 19,243 | 0.9% | 24 | 0.6% | 1.25 |
| San Juan | 130,093 | 6.3% | 137 | 3.7% | 1.05 |
| San Miguel | 31,204 | 1.5% | 63 | 1.7% | 2.02 |
| Sandoval | 127,928 | 6.2% | 224 | 6.0% | 1.75 |
| Santa Fe | 147,869 | 7.1% | 646 | 17.3% | 4.37 |
| Sierra | 13,933 | 0.7% | 11 | 0.3% | 0.79 |
| Socorro | 18,863 | 0.9% | 21 | 0.6% | 1.11 |
| Taos | 32,494 | 1.6% | 116 | 3.1% | 3.57 |
| Torrance | 17,923 | 0.9% | 12 | 0.3% | 0.67 |
| Union | 4,448 | 0.2% | 7 | 0.2% | 1.57 |
| Valencia | 77,545 | 3.7% | 106 | 2.8% | 1.37 |
| New Mexico | 2,080,048 | 100% | 3,728 | 100% | 1.79 |

New Mexico Distribution of Licensed Counselors by County, 2009



EMERGENCY MEDICAL SERVICE PROFESSIONALS

The National Registry of Emergency Medical Technicians (NREMT) certifies emergency medical service providers at five levels: First Responder, EMT-Basic, EMT-Intermediate/85, EMT-Intermediate/99, and Paramedic. However, some states have their own certification programs and use distinct names and titles.

CERTIFIED FIRST RESPONDERS⁶⁸

Certified first responders are those emergency workers who arrive at the scene of an accident or medical emergency first. The first responder's duties include providing medical assistance and calling other emergency caregivers to the scene.

Certified First Responder Education⁶⁹

A high school diploma or GED is usually required to enter a certified first responder training program. First responders can take classes through a community college, online or through a community organization such as the American Red Cross. Certified first responders take between 40 and 60 hours of classes. They learn scene safety and basic patient assessment.

Certified First Responders by Age

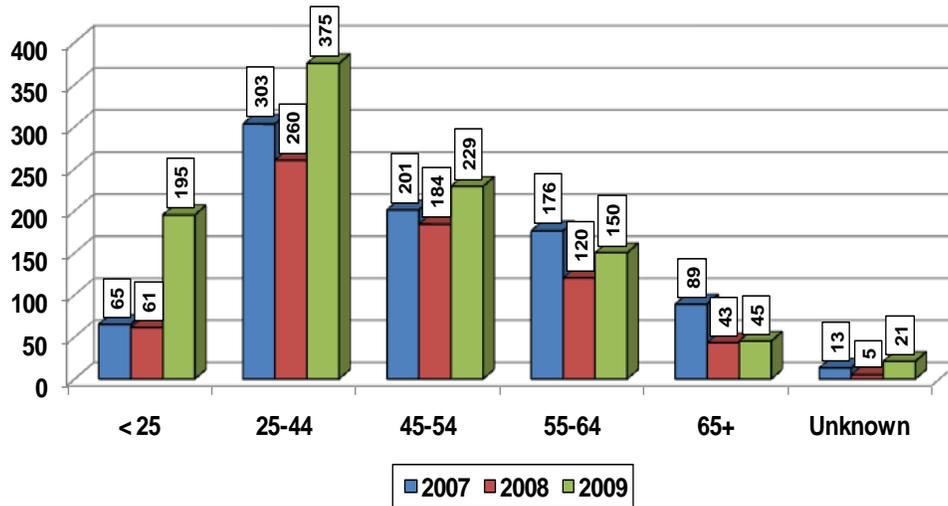
In 2009, there were a total of 1,015 certified first responders in New Mexico. As shown on the chart on the following page, 375 (36.9%) New Mexico certified first responders were 25-44 years of age; 229 (22.6%) were 45-54 years of age; 195 (19.2%) were under the age of 25; 150 (14.8%) were 55-64 years of age; and 45 (4.4%) were age 65 and over. Age was unknown for 21 (2.1%) New Mexico certified first responders.

From 2007 to 2009, the number of New Mexico certified first responders under the age of 55 increased by 40.4% while the number of certified first responders age 55 and over decreased by 26.4%. The most significant percentage change occurred in the number of certified first responders under the age of 25, which increased by 200.0% from 2007 to 2009.

⁶⁸ National Association of Emergency Medical Technicians. (2008). Careers in EMS. Retrieved on 4/29/10 from http://www.naemt.org/become_a_member/careers/careers_landing.aspx

⁶⁹ Ibid.

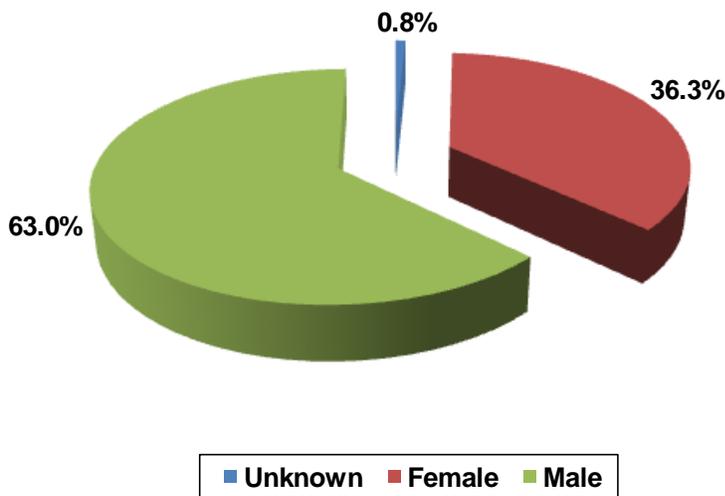
Certified First Responders by Age, New Mexico, 2007-2009



Certified First Responders by Gender

As shown on the chart below, in 2009, 639 (63.0%) New Mexico certified first responders were male and 368 (36.3%) were female. Gender was unknown for 8 (0.8%) New Mexico certified first responders. From 2007 to 2009, there was a 26.0% increase in the number of female certified first responders and a 15.1% increase in the number of male certified first responders.

Certified First Responders by Gender, 2009



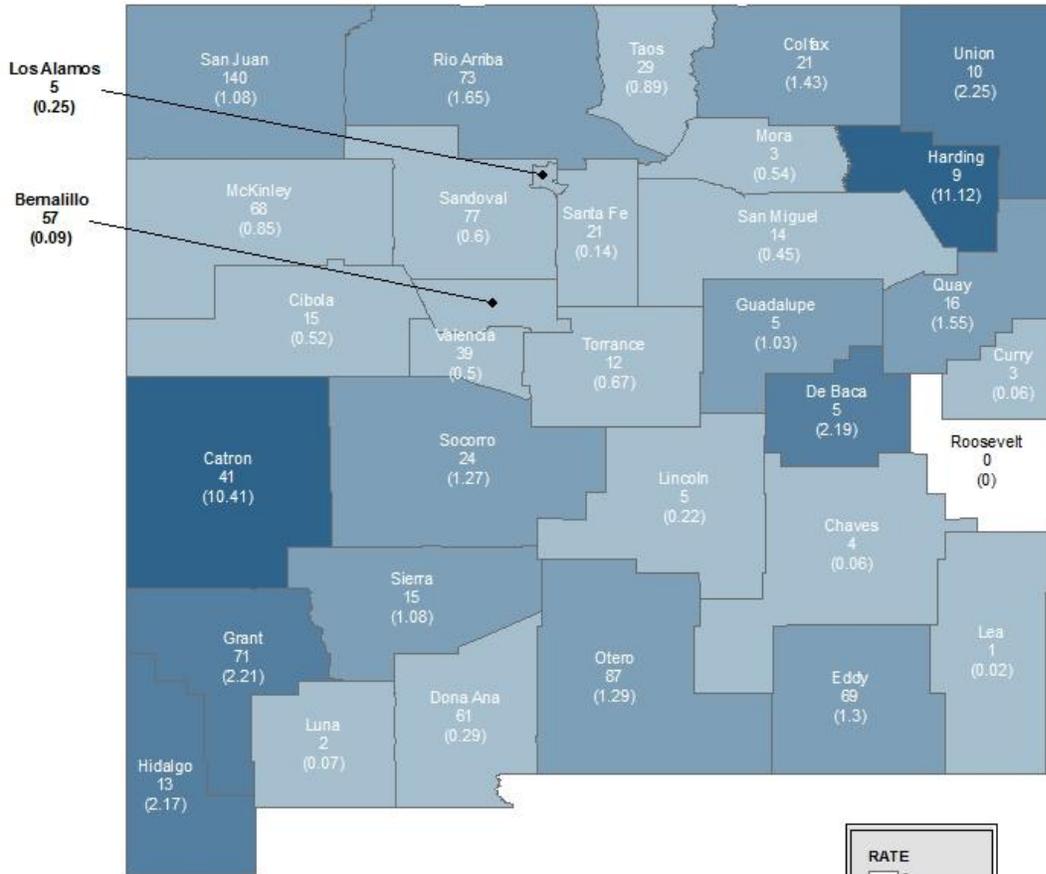
Certified First Responders by County

As indicated on the table below, in 2009, 140 (13.8%) New Mexico certified first responders were licensed with a San Juan County address followed by 87 (8.6%) with an Otero County address and 77 (7.6%) with a Sandoval County address. Harding County had the highest rate of certified first responders per 1,000 population at 11.12 followed by Catron County at 10.41 and Union County at 2.25. There were no certified first responders licensed with a Roosevelt County address.

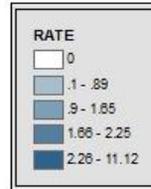
Certified First Responders by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Certified First Responders | Percent of Certified First Responders | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--------------------------------------|---------------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 57 | 5.6% | 0.09 |
| Catron | 3,939 | 0.2% | 41 | 4.0% | 10.41 |
| Chaves | 64,087 | 3.1% | 4 | 0.4% | 0.06 |
| Cibola | 28,886 | 1.4% | 15 | 1.5% | 0.52 |
| Colfax | 14,653 | 0.7% | 21 | 2.1% | 1.43 |
| Curry | 48,005 | 2.3% | 3 | 0.3% | 0.06 |
| De Baca | 2,284 | 0.1% | 5 | 0.5% | 2.19 |
| Dona Ana | 209,224 | 10.1% | 61 | 6.0% | 0.29 |
| Eddy | 52,903 | 2.5% | 69 | 6.8% | 1.30 |
| Grant | 32,113 | 1.5% | 71 | 7.0% | 2.21 |
| Guadalupe | 4,839 | 0.2% | 5 | 0.5% | 1.03 |
| Harding | 809 | 0.0% | 9 | 0.9% | 11.12 |
| Hidalgo | 5,978 | 0.3% | 13 | 1.3% | 2.17 |
| Lea | 59,711 | 2.9% | 1 | 0.1% | 0.02 |
| Lincoln | 23,236 | 1.1% | 5 | 0.5% | 0.22 |
| Los Alamos | 20,048 | 1.0% | 5 | 0.5% | 0.25 |
| Luna | 28,319 | 1.4% | 2 | 0.2% | 0.07 |
| McKinley | 80,387 | 3.9% | 68 | 6.7% | 0.85 |
| Mora | 5,542 | 0.3% | 3 | 0.3% | 0.54 |
| Otero | 67,472 | 3.2% | 87 | 8.6% | 1.29 |
| Quay | 10,291 | 0.5% | 16 | 1.6% | 1.55 |
| Rio Arriba | 44,167 | 2.1% | 73 | 7.2% | 1.65 |
| Roosevelt | 19,243 | 0.9% | 0 | 0.0% | 0.00 |
| San Juan | 130,093 | 6.3% | 140 | 13.8% | 1.08 |
| San Miguel | 31,204 | 1.5% | 14 | 1.4% | 0.45 |
| Sandoval | 127,928 | 6.2% | 77 | 7.6% | 0.60 |
| Santa Fe | 147,869 | 7.1% | 21 | 2.1% | 0.14 |
| Sierra | 13,933 | 0.7% | 15 | 1.5% | 1.08 |
| Socorro | 18,863 | 0.9% | 24 | 2.4% | 1.27 |
| Taos | 32,494 | 1.6% | 29 | 2.9% | 0.89 |
| Torrance | 17,923 | 0.9% | 12 | 1.2% | 0.67 |
| Union | 4,448 | 0.2% | 10 | 1.0% | 2.25 |
| Valencia | 77,545 | 3.7% | 39 | 3.8% | 0.50 |
| New Mexico | 2,080,048 | 100% | 1,015 | 100% | 0.49 |

New Mexico Distribution of First Responders by County, 2009



Number Represents Actual Number of EMS - First Responders in County
(Rates per 1,000 are in parentheses)
EMS - First Responders may not be currently practicing



Source HPC GADS 2009, Map: U. S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

EMT-BASICS⁷⁰

An EMT trained at this level is prepared to care for patients at the scene of an accident and while transporting patients by ambulance to the hospital under the direction of more highly trained medical personnel. EMT-Basics have emergency skills to assess a patient's condition and manage respiratory, cardiac, and trauma emergencies.

EMT-Basic Education⁷¹

A high school diploma or GED is usually required to enter a formal EMT training program. Training is offered at progressive levels:

- EMT-Basic,
- EMT-Intermediate, and
- Paramedic.

At the EMT-Basic level, coursework emphasizes performing emergency skills such as managing respiratory, trauma and cardiac emergencies, and patient assessments. Formal courses are often combined with time in an emergency department or ambulance. The program provides instruction and practice in dealing with bleeding, fractures, airway obstruction, cardiac arrest, and emergency childbirth. Students learn how to use and maintain common emergency equipment, such as backboards, suction devices, splints, oxygen delivery systems, and stretchers. Graduates of approved EMT-Basic training programs must pass a written and practical examination administered by the state licensing agency or the NREMT.

EMT-Basics by Age

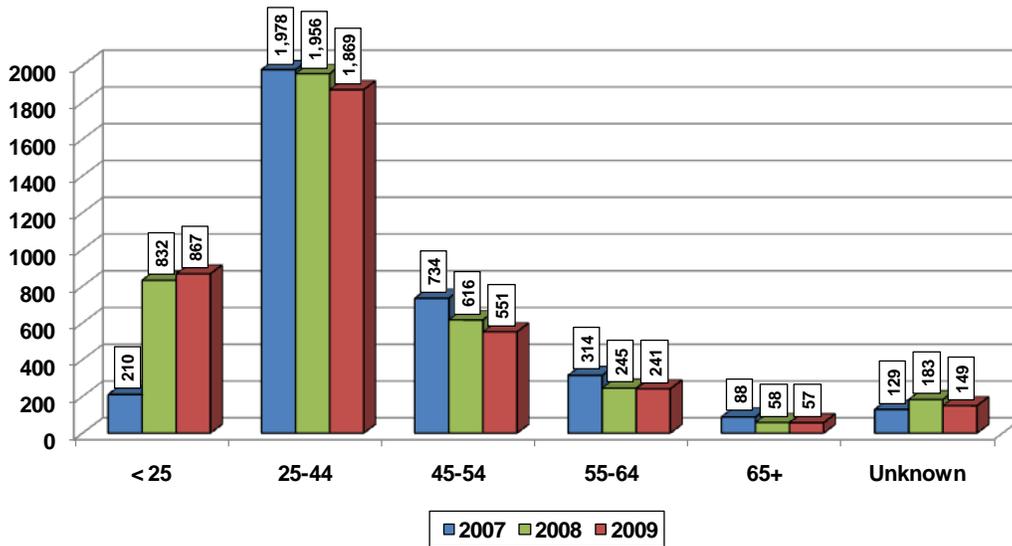
In 2009, there were a total of 3,734 EMT-Basics licensed in New Mexico. As shown on the chart on the following page, 1,869 (50.1%) New Mexico licensed EMT-Basics were 25-44 years of age; 867 (23.2%) were under the age of 25; 551 (14.8%) were 45-54 years of age; 241 (6.5%) were 55-64 years of age; and 57 (1.5%) were age 65 and over. Age was unknown for 149 (4.0%) New Mexico licensed EMT-Basics.

From 2007 to 2009, the number of New Mexico licensed EMT-Basics under the age of 55 increased by 12.5% while the number of licensed EMT-Basics age 55 and over decreased by 25.9%. The most significant percentage change occurred in the number of licensed EMT-Basics under the age of 25, which increased by 312.9% from 2007 to 2009.

⁷⁰ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Emergency Medical Technicians and Paramedics. Retrieved on 4/29/10 from <http://www.bls.gov/oco/ocos101.htm>

⁷¹ Ibid.

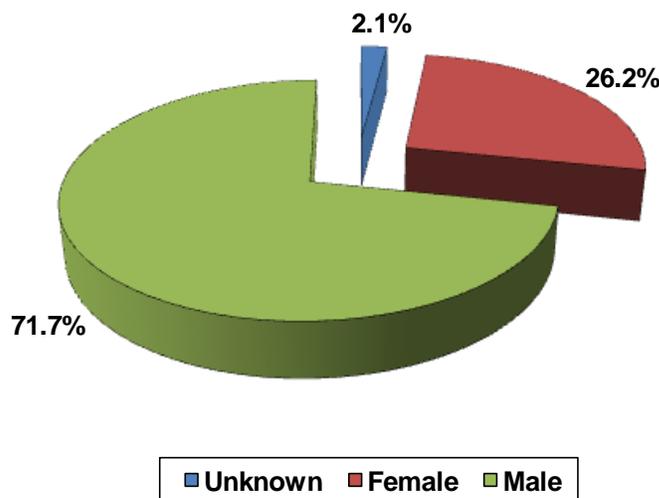
Licensed EMT-Basics by Age, New Mexico, 2007-2009



EMT-Basics by Gender

As shown on the chart below, in 2009, 2,679 (71.7%) New Mexico licensed EMT-Basics were male and 978 (26.2%) were female. Gender was unknown for 77 (2.1%) New Mexico licensed EMT-Basics. From 2007 to 2009, there was a 7.2% increase in the number of licensed male EMT-Basics and a 2.7% increase in the number of licensed female EMT-Basics.

Licensed EMT-Basics by Gender, 2009



EMT-Basics by County

As indicated on the table below, in 2009, 1,414 (37.9%) New Mexico licensed EMT-Basics were licensed with a Bernalillo County address followed by 331 (8.9%) with a Sandoval County address and 254 (6.8%) with a Santa Fe County address. Catron County had the highest rate of licensed EMT-Basics per 1,000 population at 7.87 followed by Union County at 4.05 and Colfax County at 3.14.

Licensed EMT-Basics by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed EMT-Basics | Percent of Licensed EMT-Basics | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|-------------------------------|--------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 1,414 | 37.9% | 2.17 |
| Catron | 3,939 | 0.2% | 31 | 0.8% | 7.87 |
| Chaves | 64,087 | 3.1% | 86 | 2.3% | 1.34 |
| Cibola | 28,886 | 1.4% | 32 | 0.9% | 1.11 |
| Colfax | 14,653 | 0.7% | 46 | 1.2% | 3.14 |
| Curry | 48,005 | 2.3% | 32 | 0.9% | 0.67 |
| De Baca | 2,284 | 0.1% | 7 | 0.2% | 3.06 |
| Dona Ana | 209,224 | 10.1% | 212 | 5.7% | 1.01 |
| Eddy | 52,903 | 2.5% | 58 | 1.6% | 1.10 |
| Grant | 32,113 | 1.5% | 44 | 1.2% | 1.37 |
| Guadalupe | 4,839 | 0.2% | 11 | 0.3% | 2.27 |
| Harding | 809 | 0.0% | 1 | 0.0% | 1.24 |
| Hidalgo | 5,978 | 0.3% | 16 | 0.4% | 2.68 |
| Lea | 59,711 | 2.9% | 75 | 2.0% | 1.26 |
| Lincoln | 23,236 | 1.1% | 62 | 1.7% | 2.67 |
| Los Alamos | 20,048 | 1.0% | 47 | 1.3% | 2.34 |
| Luna | 28,319 | 1.4% | 28 | 0.7% | 0.99 |
| McKinley | 80,387 | 3.9% | 100 | 2.7% | 1.24 |
| Mora | 5,542 | 0.3% | 7 | 0.2% | 1.26 |
| Otero | 67,472 | 3.2% | 102 | 2.7% | 1.51 |
| Quay | 10,291 | 0.5% | 29 | 0.8% | 2.82 |
| Rio Arriba | 44,167 | 2.1% | 82 | 2.2% | 1.86 |
| Roosevelt | 19,243 | 0.9% | 38 | 1.0% | 1.97 |
| San Juan | 130,093 | 6.3% | 221 | 5.9% | 1.70 |
| San Miguel | 31,204 | 1.5% | 37 | 1.0% | 1.19 |
| Sandoval | 127,928 | 6.2% | 331 | 8.9% | 2.59 |
| Santa Fe | 147,869 | 7.1% | 254 | 6.8% | 1.72 |
| Sierra | 13,933 | 0.7% | 12 | 0.3% | 0.86 |
| Socorro | 18,863 | 0.9% | 22 | 0.6% | 1.17 |
| Taos | 32,494 | 1.6% | 94 | 2.5% | 2.89 |
| Torrance | 17,923 | 0.9% | 50 | 1.3% | 2.79 |
| Union | 4,448 | 0.2% | 18 | 0.5% | 4.05 |
| Valencia | 77,545 | 3.7% | 135 | 3.6% | 1.74 |
| New Mexico | 2,080,048 | 100% | 3,734 | 100% | 1.80 |

EMT-INTERMEDIATES⁷²

EMT-Intermediates have more advanced training than EMT-Basics. However, the specific tasks that those certified at this level are allowed to perform varies greatly from state to state.

EMT-Intermediate Education⁷³

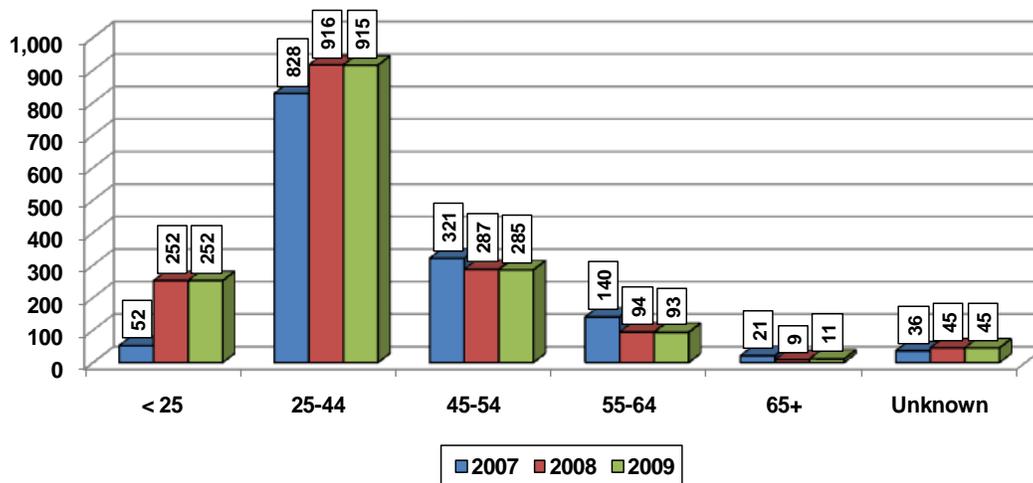
At the EMT-Intermediate level, training requirements vary by state. The nationally defined levels, EMT-Intermediate 1985 and EMT-Intermediate 1999, typically require 30 to 350 hours of training based on scope of practice. Students learn advanced skills such the use of advanced airway devices, intravenous fluids, and some medications.

EMT-Intermediates by Age

In 2009, there were a total of 1,601 EMT-Intermediates licensed in New Mexico. As shown on the chart below, 915 (57.2%) New Mexico licensed EMT-Intermediates were 25-44 years of age; 285 (17.8%) were 45-54 years of age; 252 (15.7%) were under the age of 25; 93 (5.8%) were 55-64 years of age; and 11 (0.7%) were age 65 and over. Age was unknown for 45 (2.8%) New Mexico licensed EMT-Intermediates.

From 2007 to 2009, the number of New Mexico licensed EMT-Intermediates under the age of 55 increased by 20.9% while the number of licensed EMT-Intermediates age 55 and over decreased by 35.4%. The most significant percentage change occurred in the number of licensed EMT-Intermediates under the age of 25, which increased by 384.6% from 2007 to 2009.

Licensed EMT-Intermediates by Age, New Mexico, 2007-2009

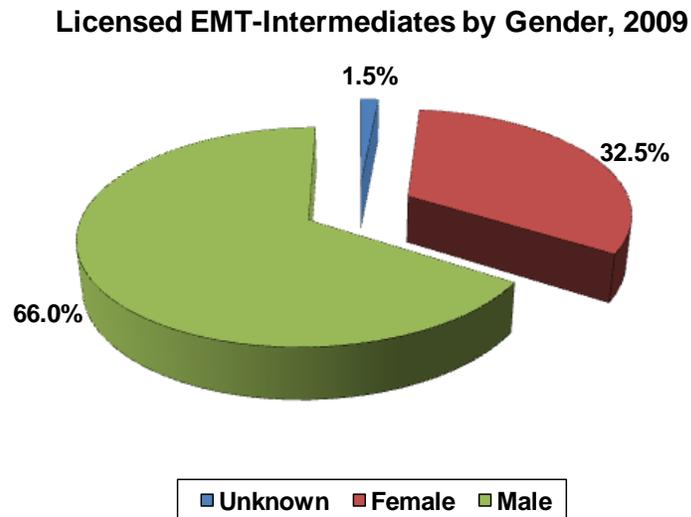


⁷² United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Emergency Medical Technicians and Paramedics. Retrieved on 4/29/10 from <http://www.bls.gov/oco/ocos101.htm>

⁷³ Ibid.

EMT-Intermediates by Gender

As shown on the chart below, in 2009, 1,057 (66.0%) New Mexico licensed EMT-Intermediates were male and 520 (32.5%) were female. Gender was unknown for 24 (1.5%) New Mexico licensed EMT-Intermediates. From 2007 to 2009, there was a 17.6% increase in the number of licensed female EMT-Intermediates and a 10.8% increase in the number of licensed male EMT-Intermediates.



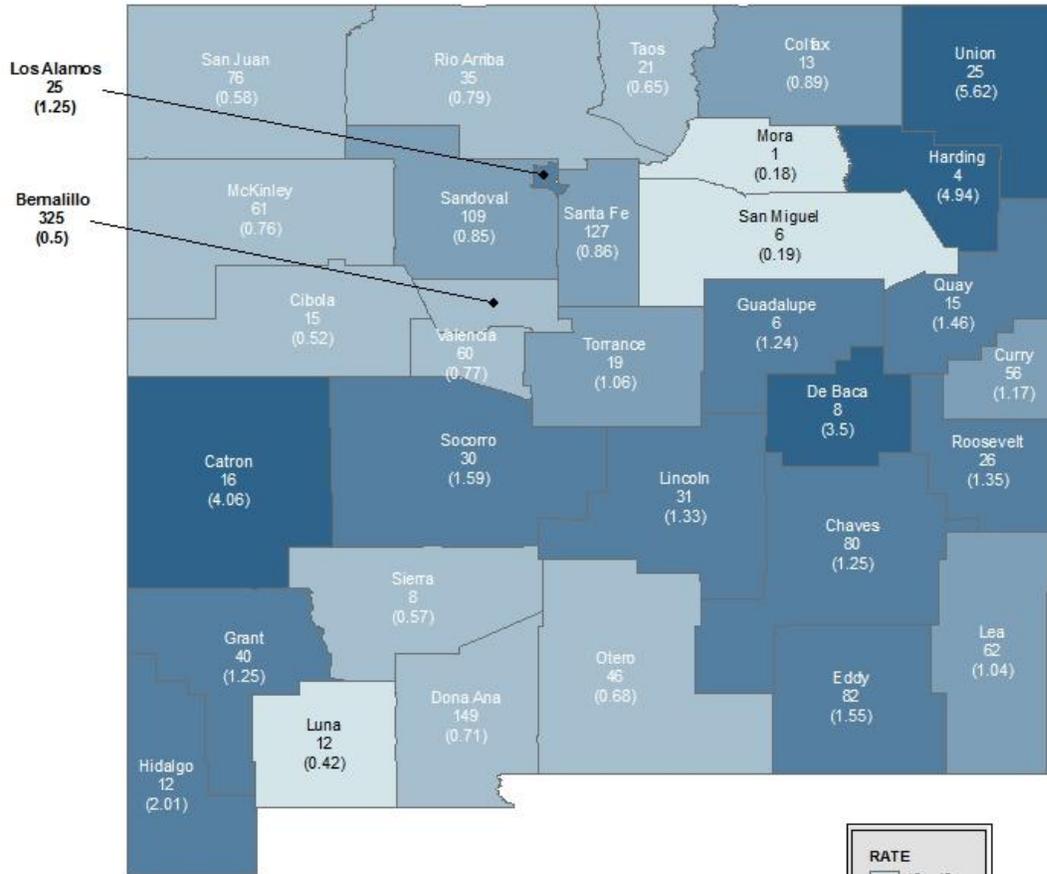
EMT-Intermediates by County

As indicated on the table on the following page, in 2009, 325 (20.3%) New Mexico licensed EMT-Intermediates were licensed with a Bernalillo County address followed by 149 (9.3%) with a Dona Ana County address and 127 (7.9%) with a Santa Fe County address. Union County had the highest rate of licensed EMT-Intermediates per 1,000 population at 5.62 followed by Harding County at 4.94 and Catron County at 4.06.

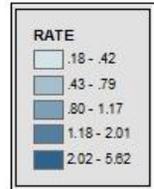
Licensed EMT-Intermediates by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed EMT-Intermediates | Percent of EMT-Intermediates | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|--------------------------------------|------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 325 | 20.3% | 0.50 |
| Catron | 3,939 | 0.2% | 16 | 1.0% | 4.06 |
| Chaves | 64,087 | 3.1% | 80 | 5.0% | 1.25 |
| Cibola | 28,886 | 1.4% | 15 | 0.9% | 0.52 |
| Colfax | 14,653 | 0.7% | 13 | 0.8% | 0.89 |
| Curry | 48,005 | 2.3% | 56 | 3.5% | 1.17 |
| De Baca | 2,284 | 0.1% | 8 | 0.5% | 3.50 |
| Dona Ana | 209,224 | 10.1% | 149 | 9.3% | 0.71 |
| Eddy | 52,903 | 2.5% | 82 | 5.1% | 1.55 |
| Grant | 32,113 | 1.5% | 40 | 2.5% | 1.25 |
| Guadalupe | 4,839 | 0.2% | 6 | 0.4% | 1.24 |
| Harding | 809 | 0.0% | 4 | 0.2% | 4.94 |
| Hidalgo | 5,978 | 0.3% | 12 | 0.7% | 2.01 |
| Lea | 59,711 | 2.9% | 62 | 3.9% | 1.04 |
| Lincoln | 23,236 | 1.1% | 31 | 1.9% | 1.33 |
| Los Alamos | 20,048 | 1.0% | 25 | 1.6% | 1.25 |
| Luna | 28,319 | 1.4% | 12 | 0.7% | 0.42 |
| McKinley | 80,387 | 3.9% | 61 | 3.8% | 0.76 |
| Mora | 5,542 | 0.3% | 1 | 0.1% | 0.18 |
| Otero | 67,472 | 3.2% | 46 | 2.9% | 0.68 |
| Quay | 10,291 | 0.5% | 15 | 0.9% | 1.46 |
| Rio Arriba | 44,167 | 2.1% | 35 | 2.2% | 0.79 |
| Roosevelt | 19,243 | 0.9% | 26 | 1.6% | 1.35 |
| San Juan | 130,093 | 6.3% | 76 | 4.7% | 0.58 |
| San Miguel | 31,204 | 1.5% | 6 | 0.4% | 0.19 |
| Sandoval | 127,928 | 6.2% | 109 | 6.8% | 0.85 |
| Santa Fe | 147,869 | 7.1% | 127 | 7.9% | 0.86 |
| Sierra | 13,933 | 0.7% | 8 | 0.5% | 0.57 |
| Socorro | 18,863 | 0.9% | 30 | 1.9% | 1.59 |
| Taos | 32,494 | 1.6% | 21 | 1.3% | 0.65 |
| Torrance | 17,923 | 0.9% | 19 | 1.2% | 1.06 |
| Union | 4,448 | 0.2% | 25 | 1.6% | 5.62 |
| Valencia | 77,545 | 3.7% | 60 | 3.7% | 0.77 |
| New Mexico | 2,080,048 | 100% | 1,601 | 100% | 0.77 |

New Mexico Distribution of EMT - Intermediates by County, 2009



Number Represents Actual Number of EMT - Intermediates in County
(Rates per 1,000 are in parentheses)
EMT - Intermediates may not be currently practicing



Source HPC GADS 2009, Map: U. S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

PARAMEDICS⁷⁴

Paramedics provide the most extensive pre-hospital care. In addition to carrying out the procedures performed by less advanced EMTs, paramedics may administer drugs orally and intravenously, interpret electrocardiograms (EKGs), perform endotracheal intubations, and use monitors and other complex equipment. However, like EMT-Intermediates, what paramedics are permitted to do varies by state.

Paramedic Education⁷⁵

The most advanced level of training for this occupation is paramedic. At this level, the caregiver receives training in anatomy and physiology as well as advanced medical skills. Most commonly, the training is conducted in community colleges and technical schools and may result in an associate's degree. These programs may take up to one to two years. Such education prepares the graduate to take the NREMT examination to become certified as a paramedic. Extensive related coursework and clinical and field experience is required.

Paramedics by Age

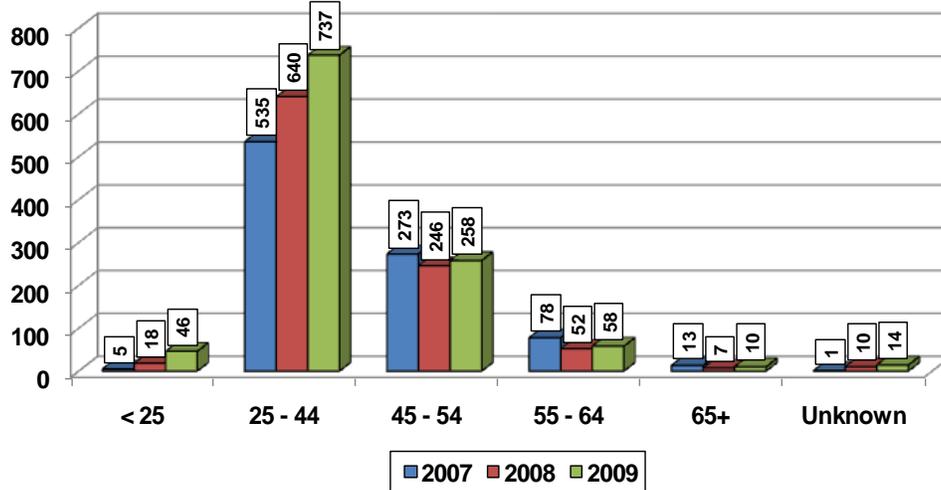
In 2009, there were a total of 1,123 paramedics licensed in New Mexico. As shown on the chart on the following page, 737 (65.6%) New Mexico licensed paramedics were 25-44 years of age; 258 (23.0%) were 45-54 years of age; 58 (5.2%) were 55-64 years of age; 46 (4.1%) were under the age of 25; and 10 (0.9%) were age 65 and over. Age was unknown for 14 (1.2%) New Mexico licensed paramedics.

From 2007 to 2009, the number of New Mexico licensed paramedics under the age of 55 increased by 28.0% while the number of licensed paramedics age 55 and over decreased by 25.3%. The most significant percentage change occurred in the number of licensed paramedics age 25-44, which increased by 37.8% from 2007 to 2009.

⁷⁴ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Emergency Medical Technicians and Paramedics. Retrieved on 4/29/10 from <http://www.bls.gov/oco/ocos101.htm>

⁷⁵ Ibid.

Licensed Paramedics by Age, New Mexico, 2007-2009

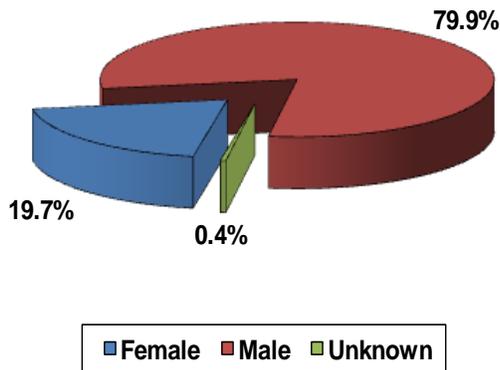


Note: Data includes both career and volunteer paramedics.

Paramedics by Gender

As shown on the chart below, in 2009, 897 (79.9%) New Mexico licensed paramedics were male and 221 (19.7%) were female. Gender was unknown for 5 (0.4%) New Mexico licensed paramedics. From 2007 to 2009, there was a 29.9% increase in the number of licensed female paramedics and a 22.2% increase in the number of licensed male paramedics.

Licensed Paramedics by Gender, New Mexico, 2009



Note: Data includes both career and volunteer paramedics.

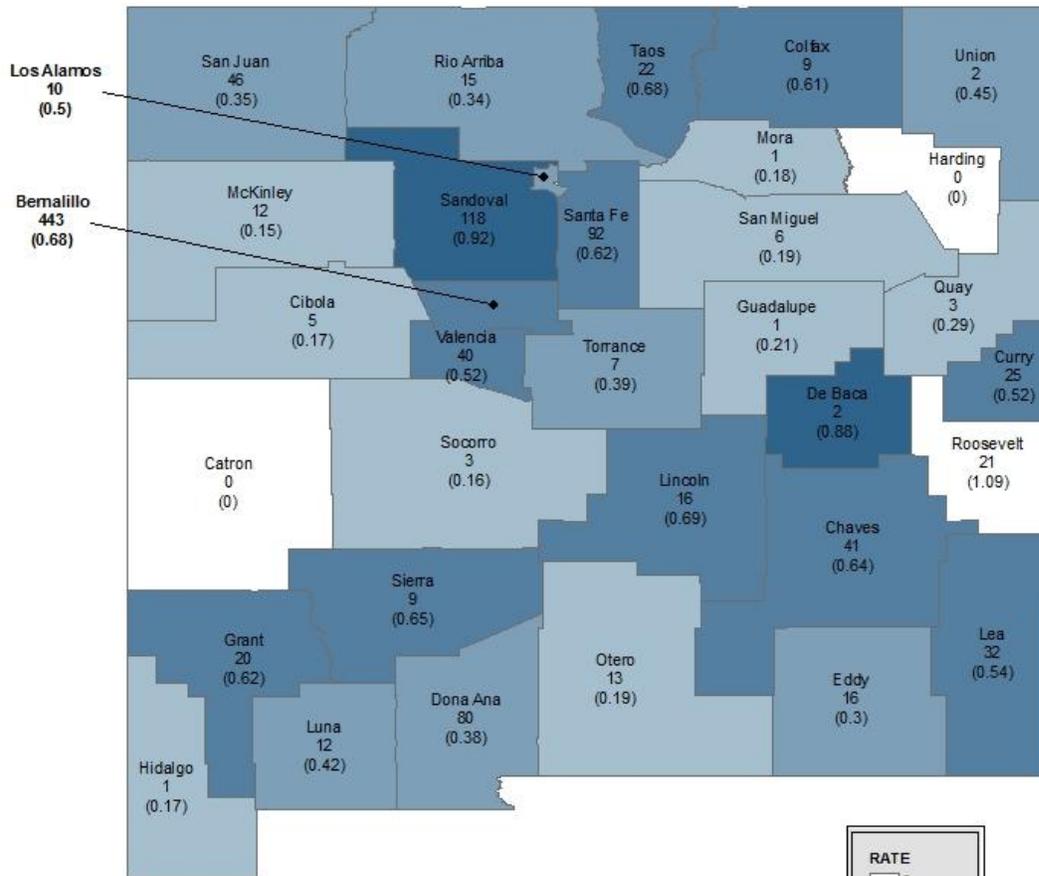
Paramedics by County

As indicated on the table below, in 2009, 443 (39.4%) New Mexico licensed paramedics were licensed with a Bernalillo County address followed by 118 (10.5%) with a Sandoval County address and 92 (8.2%) with a Santa Fe County address. Roosevelt County had the highest rate of licensed paramedics per 1,000 population at 1.09 followed by Sandoval County at 0.92 and De Baca County at 0.88. There were no licensed paramedics with a Catron or Harding County address.

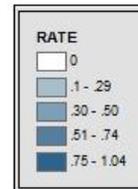
Licensed Paramedics by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Paramedics | Percent of Licensed Paramedics | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|-------------------------------|--------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 443 | 39.4% | 0.68 |
| Catron | 3,939 | 0.2% | 0 | 0.0% | 0.00 |
| Chaves | 64,087 | 3.1% | 41 | 3.7% | 0.64 |
| Cibola | 28,886 | 1.4% | 5 | 0.4% | 0.17 |
| Colfax | 14,653 | 0.7% | 9 | 0.8% | 0.61 |
| Curry | 48,005 | 2.3% | 25 | 2.2% | 0.52 |
| De Baca | 2,284 | 0.1% | 2 | 0.2% | 0.88 |
| Dona Ana | 209,224 | 10.1% | 80 | 7.1% | 0.38 |
| Eddy | 52,903 | 2.5% | 16 | 1.4% | 0.30 |
| Grant | 32,113 | 1.5% | 20 | 1.8% | 0.62 |
| Guadalupe | 4,839 | 0.2% | 1 | 0.1% | 0.21 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 1 | 0.1% | 0.17 |
| Lea | 59,711 | 2.9% | 32 | 2.8% | 0.54 |
| Lincoln | 23,236 | 1.1% | 16 | 1.4% | 0.69 |
| Los Alamos | 20,048 | 1.0% | 10 | 0.9% | 0.50 |
| Luna | 28,319 | 1.4% | 12 | 1.1% | 0.42 |
| McKinley | 80,387 | 3.9% | 12 | 1.1% | 0.15 |
| Mora | 5,542 | 0.3% | 1 | 0.1% | 0.18 |
| Otero | 67,472 | 3.2% | 13 | 1.2% | 0.19 |
| Quay | 10,291 | 0.5% | 3 | 0.3% | 0.29 |
| Rio Arriba | 44,167 | 2.1% | 15 | 1.3% | 0.34 |
| Roosevelt | 19,243 | 0.9% | 21 | 1.9% | 1.09 |
| San Juan | 130,093 | 6.3% | 46 | 4.1% | 0.35 |
| San Miguel | 31,204 | 1.5% | 6 | 0.5% | 0.19 |
| Sandoval | 127,928 | 6.2% | 118 | 10.5% | 0.92 |
| Santa Fe | 147,869 | 7.1% | 92 | 8.2% | 0.62 |
| Sierra | 13,933 | 0.7% | 9 | 0.8% | 0.65 |
| Socorro | 18,863 | 0.9% | 3 | 0.3% | 0.16 |
| Taos | 32,494 | 1.6% | 22 | 2.0% | 0.68 |
| Torrance | 17,923 | 0.9% | 7 | 0.6% | 0.39 |
| Union | 4,448 | 0.2% | 2 | 0.2% | 0.45 |
| Valencia | 77,545 | 3.7% | 40 | 3.6% | 0.52 |
| New Mexico | 2,080,048 | 100.0% | 1,123 | 100.0% | 0.54 |

New Mexico Distribution of Paramedics by County, 2009



Number Represents Actual Number of Paramedics in County
(Rates per 1,000 are in parentheses)
Paramedics may not be currently practicing



Source HPC GADS 2009, Map: U. S. Census Bureau, 2000
Health Policy Commission Geographic Access Data System

CHIROPRACTERS

According to the Bureau of Labor Statistics, chiropractors diagnose and treat patients with health problems of the musculoskeletal system as well as treat the effects of those problems on the nervous system and on general health. Many chiropractic treatments deal specifically with the spine and the manipulation of the spine. Chiropractic is based on the principle that spinal joint misalignments interfere with the nervous system and can result in lower resistance to disease and many different conditions of diminished health.

The chiropractic approach to healthcare focuses on the patient's overall health. Chiropractors provide natural, drugless, nonsurgical health treatments, relying on the body's inherent recuperative abilities. They also recognize that many factors affect health, including exercise, diet, rest, environment, and heredity.

Chiropractors take the patient's health history; conduct physical, neurological, and orthopedic examinations; and may order laboratory tests. X-rays and other diagnostic images are important because of the chiropractor's emphasis on the spine and its proper function. Chiropractors also analyze the patient's posture and spine using a specialized technique. Chiropractors manually adjust the spinal column for patients whose health problems can be traced to the musculoskeletal system.

Some chiropractors use additional procedures in their practices, including therapies using heat, water, light, massage, ultrasound, electric currents, and acupuncture. They may apply supports such as straps, tape, braces, or shoe inserts. Chiropractors often counsel patients about health concepts such as nutrition, exercise, changes in lifestyle, and stress management, but chiropractors do not prescribe drugs or perform surgery. In addition to general chiropractic practice, some chiropractors specialize in sports injuries, neurology, orthopedics, pediatrics, nutrition, internal disorders, or diagnostic imaging.⁷⁶

In New Mexico, chiropractic procedures exclude operative surgery, the prescription or use of controlled or dangerous drugs and the practice of acupuncture.

Chiropractor Education⁷⁷

In 2009, there were 16 chiropractic programs in the United States accredited by the Council on Chiropractic Education. Applicants to chiropractic programs must have at least 90 semester hours of undergraduate study leading toward a bachelor's degree, including courses in English, the social sciences or humanities, organic and inorganic chemistry, biology, physics, and psychology. Many applicants have a bachelor's degree, which may eventually become the minimum entry requirement. Several chiropractic

⁷⁶ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Emergency Chiropractors. Retrieved on 5/3/10 from <http://www.bls.gov/oco/ocos071.htm>

⁷⁷ Ibid.

colleges offer prechiropractic study, as well as a bachelor's degree program. Chiropractic programs require a minimum of 4,200 hours of combined classroom, laboratory, and clinical experience. During the first two years, most chiropractic programs emphasize classroom and laboratory work in sciences such as anatomy, physiology, public health, microbiology, pathology, and biochemistry. The last two years focus on courses in manipulation and spinal adjustment and provide clinical experience in physical and laboratory diagnosis, neurology, orthopedics, geriatrics, physiotherapy, and nutrition. Chiropractic programs and institutions grant the degree of Doctor of Chiropractic (DC).

Chiropractor Supply

According to the Bureau of Labor Statistics, chiropractors held about 49,100 jobs in the United States in 2008. This number is projected to increase by 20% to 58,700 by 2018.

Employment for chiropractors is expected to grow due to increasing consumer demand for alternative healthcare. Chiropractic treatment of the back, neck, extremities, and joints has become more accepted as a result of research and changing attitudes about alternative, noninvasive healthcare practices. In addition, the rapidly expanding older population, with its increased likelihood of mechanical and structural problems, will also increase demand for chiropractors.

However, demand for chiropractic treatment is related to the ability of patients to pay, either directly or through health insurance. Although more insurance plans now cover chiropractic services, the extent of such coverage varies among plans.⁷⁸

According to GADS data, there were 445 chiropractors licensed in New Mexico in 2009. This was a 0.4% decrease from the 447 New Mexico licensed chiropractors in 2007.

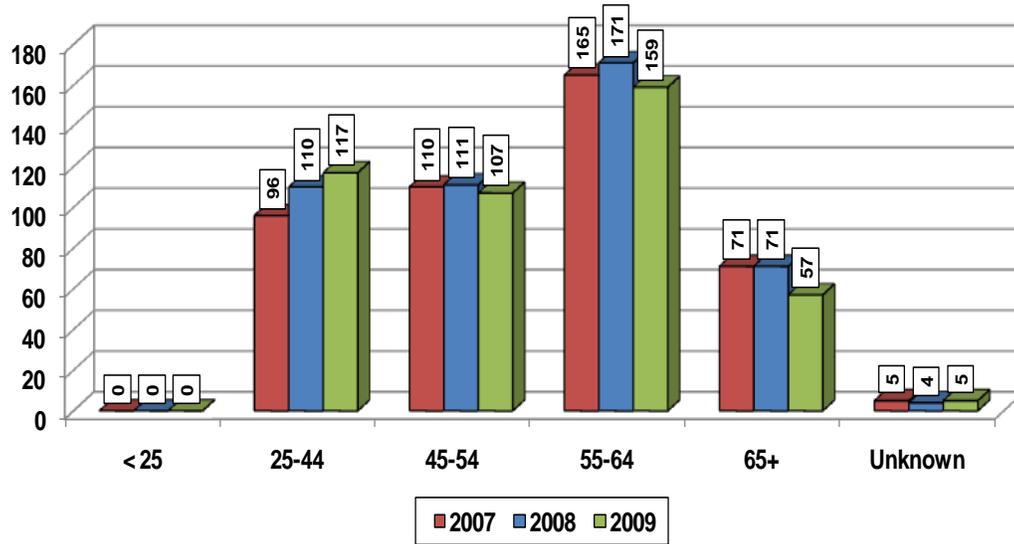
Chiropractors by Age

As shown on the chart on the following page, in 2009, 224 (50.3%) New Mexico licensed chiropractors were under the age of 55 and 216 (48.5%) were age 55 and over. The largest percentage of licensed chiropractors (35.7%) were in the 55-64 age group. Age was unknown for 5 (1.1%) New Mexico licensed chiropractors.

From 2007 to 2009, the number of New Mexico licensed chiropractors under the age of 55 increased by 8.7% while the number of licensed chiropractors age 55 and over decreased by 8.5%. The most significant percentage change occurred in the number of licensed chiropractors age 25-44, which increased by 21.9% from 2007 to 2009.

⁷⁸ United States Department of Labor, Bureau of Labor Statistics. *Occupational Outlook Handbook, 2010-11 Edition*. Emergency Chiropractors. Retrieved on 5/3/10 from <http://www.bls.gov/oco/ocos071.htm>

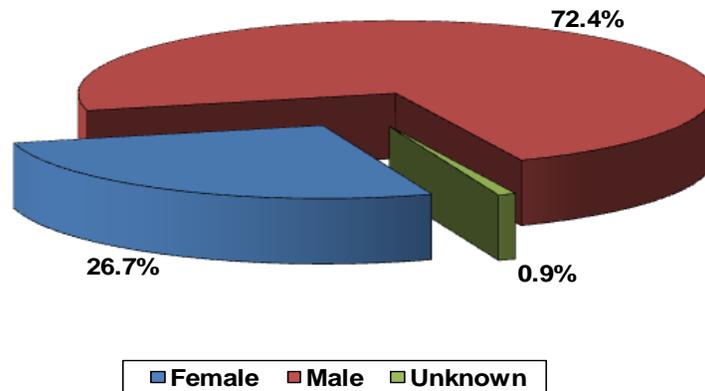
Licensed Chiropractors by Age, New Mexico, 2007-2009



Chiropractors by Gender

As shown on the chart below, in 2009, 322 (72.4%) New Mexico licensed chiropractors were male and 119 (26.7%) were female. Gender was unknown for 4 (0.9%) New Mexico licensed chiropractors. From 2007 to 2009, there was a 5.3% increase in the number of licensed female chiropractors and a 2.7% decrease in the number of licensed male chiropractors.

Licensed Chiropractors by Gender, New Mexico, 2009



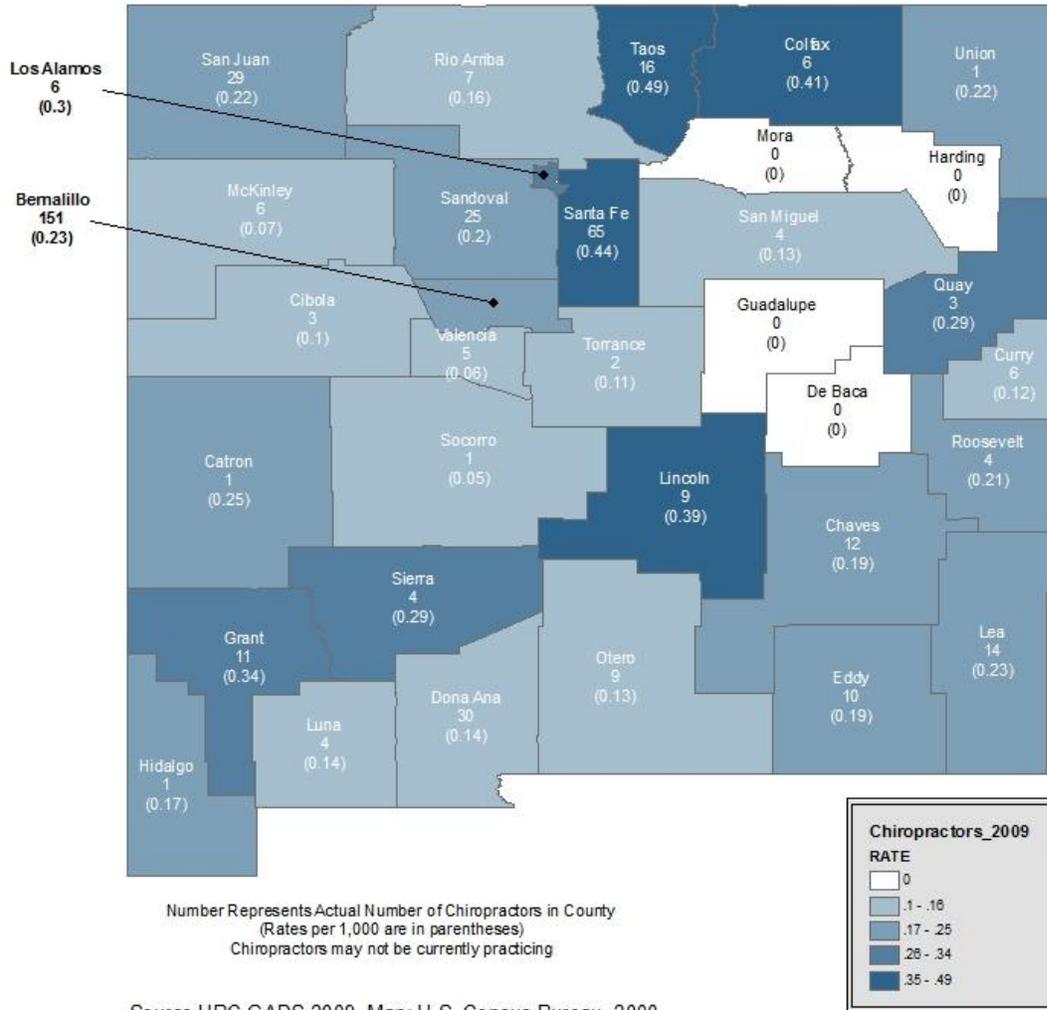
Chiropractors by County

As indicated on the table below, in 2009, 151 (33.9%) New Mexico licensed chiropractors were licensed with a Bernalillo County address followed by 65 (14.6%) with a Santa Fe County address and 30 (6.7%) with a Dona Ana County address. Taos County had the highest rate of licensed chiropractors per 1,000 population at 0.49 followed by Santa Fe County at 0.44 and Colfax County at 0.41. There were no licensed chiropractors with a De Baca, Guadalupe, Harding or Mora County address.

Licensed Chiropractors by County, New Mexico, 2009

| County | Population | Percent of Population | Number of Licensed Chiropractors | Percent of Licensed Chiropractors | Rate Per 1,000 Population |
|-------------------|------------------|-----------------------|----------------------------------|-----------------------------------|---------------------------|
| Bernalillo | 651,612 | 31.3% | 151 | 33.9% | 0.23 |
| Catron | 3,939 | 0.2% | 1 | 0.2% | 0.25 |
| Chaves | 64,087 | 3.1% | 12 | 2.7% | 0.19 |
| Cibola | 28,886 | 1.4% | 3 | 0.7% | 0.10 |
| Colfax | 14,653 | 0.7% | 6 | 1.3% | 0.41 |
| Curry | 48,005 | 2.3% | 6 | 1.3% | 0.12 |
| De Baca | 2,284 | 0.1% | 0 | 0.0% | 0.00 |
| Dona Ana | 209,224 | 10.1% | 30 | 6.7% | 0.14 |
| Eddy | 52,903 | 2.5% | 10 | 2.2% | 0.19 |
| Grant | 32,113 | 1.5% | 11 | 2.5% | 0.34 |
| Guadalupe | 4,839 | 0.2% | 0 | 0.0% | 0.00 |
| Harding | 809 | 0.0% | 0 | 0.0% | 0.00 |
| Hidalgo | 5,978 | 0.3% | 1 | 0.2% | 0.17 |
| Lea | 59,711 | 2.9% | 14 | 3.1% | 0.23 |
| Lincoln | 23,236 | 1.1% | 9 | 2.0% | 0.39 |
| Los Alamos | 20,048 | 1.0% | 6 | 1.3% | 0.30 |
| Luna | 28,319 | 1.4% | 4 | 0.9% | 0.14 |
| McKinley | 80,387 | 3.9% | 6 | 1.3% | 0.07 |
| Mora | 5,542 | 0.3% | 0 | 0.0% | 0.00 |
| Otero | 67,472 | 3.2% | 9 | 2.0% | 0.13 |
| Quay | 10,291 | 0.5% | 3 | 0.7% | 0.29 |
| Rio Arriba | 44,167 | 2.1% | 7 | 1.6% | 0.16 |
| Roosevelt | 19,243 | 0.9% | 4 | 0.9% | 0.21 |
| San Juan | 130,093 | 6.3% | 29 | 6.5% | 0.22 |
| San Miguel | 31,204 | 1.5% | 4 | 0.9% | 0.13 |
| Sandoval | 127,928 | 6.2% | 25 | 5.6% | 0.20 |
| Santa Fe | 147,869 | 7.1% | 65 | 14.6% | 0.44 |
| Sierra | 13,933 | 0.7% | 4 | 0.9% | 0.29 |
| Socorro | 18,863 | 0.9% | 1 | 0.2% | 0.05 |
| Taos | 32,494 | 1.6% | 16 | 3.6% | 0.49 |
| Torrance | 17,923 | 0.9% | 2 | 0.4% | 0.11 |
| Union | 4,448 | 0.2% | 1 | 0.2% | 0.22 |
| Valencia | 77,545 | 3.7% | 5 | 1.1% | 0.06 |
| New Mexico | 2,080,048 | 100% | 445 | 100% | 0.21 |

New Mexico Distribution of Chiropractors by County, 2009



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